

Report Title:	Procurement of the Specialist Integrated Sexual and Reproductive Health Service
Contains Confidential or Exempt Information	Yes Part I – Main Report Part II – Exempt, included as part II paper (Appendix A). Not for publication by virtue of paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972
Cabinet Member:	Councillor Del Campo, Cabinet Member for Adults, Health and Housing Services
Meeting and Date:	Cabinet – 27 th September 2023
Responsible Officer(s):	Tessa Lindfield, Director of Public Health for Berkshire East Dr Jonas Thompson-McCormick, Deputy Director of Public Health Rebecca Willans, Consultant in Public Health for Berkshire East
Wards affected:	All

REPORT SUMMARY

The objectives of this report are to brief Cabinet of work undertaken to secure continuation of specialist integrated Sexual and Reproductive Health (SRH) services beyond the current contract end of 30th June 2024 and to seek approval for the process needed to achieve this. Provision of specialist SRH services is one of a few prescribed functions for use of the public health grant.

This is important to the Royal Borough of Windsor and Maidenhead’s (RBWM’s) vision “Creating a sustainable borough of opportunity and innovation” and objective’s 1 and 3 of the [Corporate Plan \(2021-26\)](#) to create thriving communities and to be a Council trusted to deliver on its promises. SRH services are important to offer clinical expertise regarding management and reduction of sexually transmitted infections, access to contraception and contraceptive advice and other specialist functions such as psychosexual services. These services impact people’s life opportunities, particularly access to contraception, as well as their mental and physical wellbeing.

1. DETAILS OF RECOMMENDATION(S)

RECOMMENDATION: That Cabinet notes the report and:

- i) **Approves a two-year direct award to an eligible provider to ensure continuity of specialist, integrated SRH service provision beyond the 30th June 2024 across Berkshire East (RBWM, Bracknell Forest Council (BFC) and Slough Borough Council.**
- ii) **Delegates authority and accountability for the contract award to BFC as the Lead Authority for the procurement.**
- iii) **BFC work with the market and NHS commissioning bodies to develop a life course response to sexual and reproductive health needs that offers better services for local communities. This process will result in initiation of a procurement of the specialist integrated**

SRH service during the lifetime of the 2-year contract to ensure longer term provision.

2. REASON(S) FOR RECOMMENDATION(S) AND OPTIONS CONSIDERED

Options

2.1 Background

- 2.1.1 The contract for the specialist SRH service for residents in the local authorities across Berkshire East (Bracknell Forest Council (BFC); the Royal Borough of Windsor and Maidenhead (RBWM) and Slough Borough Council) is due to expire on the 30th June 2024.
- 2.1.2 The recommended approach agreed by all local authorities was to retender under the light touch regime of the Public Contracts Regulations 2015 (the Regulations). The maximum financial envelope for BFC and Slough Borough Council was also agreed; for RBWM this occurs at award stage so had not yet taken place.
- 2.1.3 In April 2023, the Head of Service for Public Health gained approval for RBWM to go out to tender for the Berkshire East Sexual and Reproductive (SRH) Service. This included a recommendation to continue joint commissioning arrangements; for RBWM to continue funding 27% of the total contract value; that BFC will lead the procurement process; and that to secure this, BFC would go out to tender under the light touch regime.

2.2 Progress on the tender by BFC to June 2023

- 2.2.4 Since that time, good progress has been made on the procurement delivery plan. The draft Health Needs Assessment has been completed and its findings have been used to inform the design of the draft service specification for the new specialist integrated SRH service.
- 2.2.5 A Prior Information Notice (PIN) was released in March 2023 as part of the tender process to test the market interest. These were assessed by the BFC officers leading the procurement including the Head of Corporate Procurement and the Public Health Strategic Commissioning Manager.
- 2.2.6 Based on the information gathered as part of preparation for tender, a new options appraisal has been undertaken and this paper informs Cabinet of the process most likely to secure good SRH service provision for the public and mitigating potential risks to the Berkshire East local authorities.
- 2.2.7 The options appraisal is included in the part II paper as this includes commercially sensitive information.

3. KEY IMPLICATIONS

- 3.1 The successful outcome intended of the specialist integrated SRH service procurement approach is to secure an eligible provider to deliver the specialist SRH service on a refreshed service specification and new contract by 1st July 2024. This must be delivered within the financial envelope approved by Slough and BFC Council's for their proportion of the contract and to secure RBWMs continued contribution of 27% of the total contract value.
- 3.2 The key implications table is included in the part II paper as this includes commercially sensitive information.

4. FINANCIAL DETAILS / VALUE FOR MONEY

4.1 The specialist SRH service will be funded through use of RBWM's public health grant; this is appropriate and necessary since SRH services are one of a few prescribed functions for use of the public health grant money.

4.2 The proposed contract value is forecast based on maintaining the current contract value with a maximum uplift of 5% per annum or the Consumer Price Index (whichever is the lower of the two values at the time; i.e. 5% will be the maximum annual increase if the Consumer Price Index is higher than 5%).

4.3 The full details of the contract value (including total maximum value and RBWMs' share) are included in Paper II as this includes commercially sensitive information.

5. LEGAL IMPLICATIONS

5.1 The procurement of Sexual and Reproductive Health Services enables RBWM to meet the following Public Health statutory duties under the Health and Social Care Act 2013 : The mandatory provision of Open Access Sexual and Reproductive Health services by all Local Authorities – Health and Social Care Act 2013.

5.2 All procurement must comply with the Public Contracts Regulations 2015 and Bracknell Forest Councils' contract procedure rules as the host commissioning organisation (Lead Authority). For the contract award, the regulations being applied are Regulation 72-part 1B and 1C or Regulation 32-part 2 C, whichever is most appropriate.

5.3 The recommended option detailed in Paper II is to allow for the best value contract award as well as a compliant one.

6. RISK MANAGEMENT

6.1 A full risk assessment is included in Part II of this paper but cannot be included here as it contains commercially sensitive information.

7. POTENTIAL IMPACTS

7.1 Equalities. An Equality Impact Assessment is available as Appendix B.

7.2 Climate change/sustainability. There are no direct climate change / sustainability implications of this service or procurement process.

7.3 Data Protection/GDPR. The provider of the Specialist Integrated SRH service will process personal data in their management of health care for service users.

7.4 There are staffing implications, including TUPE.

7.5 The mobilisation phase will give an incoming provider time to complete TUPE for any employees of an outgoing provider wishing to transfer to a new provider.

Where TUPE does not apply, the mobilisation phase allows sufficient time for recruiting and training new (or and existing) staff.

7.6 There is no anticipated impact for staff employed by BFC.

7.7 In the event an eligible provider does not accept the Direct Award offer, BFC will run a procurement.

8. CONSULTATION

8.1 Please see paper II since the information in this section is commercially sensitive.

9. TIMETABLE FOR IMPLEMENTATION

9.1 Implementation date if not called in: September 2023. The full implementation stages are set out in paper II as the details contain commercially sensitive information.

9.2 The new contract will need to be in place with an eligible specialist integrated SRH provider by 1st July 2024.

10. APPENDICES

10.1 This report is supported by two appendices:

- Appendix A: Paper II
- Appendix B Equality Impact Assessment

11. BACKGROUND DOCUMENTS

11.1 There are no background documents.

12. CONSULTATION

Name of consultee	Post held	Date sent	Date returned
<i>Mandatory:</i>		<i>Statutory Officer (or deputy)</i>	
Andrew Vallance	Head of Finance/ interim S151 Officer	12.07.23	18.07.23
Elaine Browne	Head of Law & Governance/ Monitoring Officer	12.07.23	17.07.23
<i>Deputies:</i>			
<i>Mandatory:</i>		<i>Procurement Manager (or deputy) - if report requests approval to go to tender or award a contract</i>	
Lyn Hitchinson	Procurement Manager	12.07.23	14.08.23

Mandatory:	<i>Data Protection Officer (or deputy) - if decision will result in processing of personal data; to advise on DPIA</i>		
Samantha Wootton	Data Protection Officer	n/a	n/a
Mandatory:	<i>Equalities Officer – to advise on EQiA, or agree an EQiA is not required</i>		
Ellen McManus-Fry	Equalities & Engagement Officer	12.07.23	15.08.23
Other consultees:			
Directors (where relevant)			
Stephen Evans	Chief Executive	n/a	n/a
Andrew Durrant	Executive Director of Place	n/a	n/a
Kevin McDaniel	Executive Director of Adult Social Care & Health	12.07.23	16.08.23
Lin Ferguson	Executive Director of Children's Services & Education		
Heads of Service (where relevant)			
Jonas Thompson-McCormick	Head of Public Health	12.07.23	
External (where relevant)			
N/A			

Confirmation relevant Cabinet Member(s) consulted	Cabinet Member for Adults, Health and Housing Services	Yes
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REPORT HISTORY

Decision type:	Urgency item?	To follow item?
Cabinet report: Key decision. First entered the Cabinet Forward Plan: 14 th August 2023	No	No

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Appendix B

Equality Impact Assessment

For support in completing this EQIA, please consult the EQIA Guidance Document or contact equality@rbwm.gov.uk

www.rbwm.gov.uk



1. Background Information

Title of policy/strategy/plan:	Specialist Integrated Sexual Health Service
Service area:	Public Health
Directorate:	Adult Social Care and Health

Provide a brief explanation of the proposal:

- What are its intended outcomes?
- Who will deliver it?
- Is it a new proposal or a change to an existing one?

This is a change to the service specification for the Specialist Integrated Sexual Reproductive Health Service (SRH), which has been undertaken in response to a SRH Health Needs Assessment and in preparation for the procurement of a new SRH contract following expiry of the current one on 30th June 2024.

2. Relevance Check

Is this proposal likely to directly impact people, communities or RBWM employees?

- If No, please explain why not, including how you've considered equality issues.
- Will this proposal need a EQIA at a later stage? (for example, for a forthcoming action plan)

Yes, and impact on equality will be managed through ongoing monitoring and a refreshed Health Needs Assessment in circa four to five years time that will be used to inform further service developments.

If 'No', proceed to 'Sign off'. If unsure, please contact equality@rbwm.gov.uk

3. Evidence Gathering and Stakeholder Engagement

Who will be affected by this proposal?

For example, users of a particular service, residents of a geographical area, staff

While the whole resident population may access the SRH service, the HNA identified areas of improvement particularly impacting children and young people, ethnic minority groups, people with a learning disability and asylum seekers. The refreshed service specification has been written using evidence based practice guidance to enhance access for these groups to promote equity of access overall.

Among those affected by the proposal, are protected characteristics (age, sex, disability, race, religion, sexual orientation, gender reassignment, pregnancy/maternity, marriage/civil partnership) disproportionately represented?

For example, compared to the general population do a higher proportion have disabilities?

Yes:

Gender and race: Women of ethnic minority groups (including mainly 'Black', 'Asian' and 'Other').

Age: children and young people

Disability: people who have a learning disability

What engagement/consultation has been undertaken or planned?

- How has/will equality considerations be taken into account?
- Where known, what were the outcomes of this engagement?

For women, including those of ethnic minority groups, the Maternity Voices Partnership and BPAS (current Termination of Pregnancy provider) undertook surveys with service users to understand their contraceptive access choices, barriers and beliefs as this was a theme identified from the data where more information was needed to inform decisions about the equity of access to pre-conception care. The outcomes of this engagement are included in the HNA, which will be published in 2023 and the service specification for the specialist SRH service places more emphasis on the provider undertaking outreach to engage with communities among whom contraceptive access is low.

A professional stakeholder's workshop was held to share the key findings of the HNA and to explore opportunities to address some of the inequities identified for the groups listed above. The outcome of this engagement includes a recommendation to prepare an engagement strategy and provider collaborative including voluntary sector organisations to monitor and respond to the needs of priority population groups. Specifically in the short term this will include engagement with the population groups listed above but acknowledges that in time new inequities may become known and these will also require response.

What sources of data and evidence have been used in this assessment?

Please consult the Equalities Evidence Grid for relevant data. Examples of other possible sources of information are in the Guidance document.

National policies and strategies including those published by the Office for Health Improvement and Disparities, GP data, SRH service data, service user feedback from the MVP, BPAS and the specialist SRH provider.

4. Equality Analysis

Please detail, **using supporting evidence**:

- How the protected characteristics below might influence the needs and experiences of individuals, in relation to this proposal.
- How these characteristics might affect the impact of this proposal.

Tick positive/negative impact as appropriate. If there is no impact, or a neutral impact, state 'Not Applicable'

More information on each protected characteristic is provided in the Guidance document.

	Details and supporting evidence	Potential positive impact	Potential negative impact
Age	See HNA for full analysis; there is limited understanding of the effectiveness of local sexual health promotion for children and young people. Data shows local effort to promote the Safe Sex Berkshire website have been effective in directing young people to the site but the effectiveness of this and how the offer compares to other digital SRH interventions is not known. Therefore engagement work is planned for 2023-2025 to improve the offer for CYP.	Improved awareness of safe sex, reproductive health and safe relationships.	Not acting will likely limit the effectiveness and spread of current SRH health promotion for younger people.
Disability	National evidence and feedback from local professionals suggests the SRH service has a limited accessibility offer for people with a learning disability. Engagement work is needed with this population group to understand what could be put in place to enhance the current offer; also the new service specification has been updated inline with best practice guidance for enhancing access to SRH services for people with this protected characteristic and other disabilities.	Improved access to the service for people with a learning disability	none
Sex	The HNA identified for some groups of women (based on their ethnicity), there were differences in uptake of contraception, setting of contraceptive service uptake and outcomes associated with inadequate contraceptive / preconception support. This is detailed below under ethnicity as this was the variable most influential rather than gender itself.		
Race, ethnicity and religion	The service specification has been updated to ensure the specialist provider engages in outreach with ethnic minority groups, to promote contraceptive choice and engage them in timely preconception care.	Improved support for ethnic minority women in preparing for pregnancy and / or choosing the right contraception for them.	

Sexual orientation and gender reassignment	<p>The HNA identified that gay and bisexual men are over-represented in local STI consultations, with 11% of all tests attributed to this group compared to the various estimations of 2-4% of Berkshire East men aged 16 and over being gay or bisexual (ONS 2023; ONS 2021). This over-representation is to be expected, as men who have sex with men are identified as a high-risk group for STIs and regular testing is recommended.</p> <p>No other findings were identified in the HNA that indicated unmet need; this was in part because the population numbers are relatively small and although the 2021 census captured information about people's sexual orientation, this data is still experimental as a notable proportion of residents did not respond to this question. It is therefore not possible to provide meaningful rates for many indicators of SRH.</p> <p>A need for more outreach into populations where there may be higher demand for STI testing, including among gay and bisexual men, was identified as a recommendation in the HNA and has informed the service specification and wider commissioning intentions.</p>	Improved insights regarding effective local interventions to reduce the risk of exposure to STIs among gay, bisexual and men who have sex with men groups.	
Pregnancy and maternity			
Marriage and civil partnership			
Armed forces community			
Socio-economic considerations e.g. low income, poverty	<p>While socio-economic deprivation is usually associated with poorer health outcomes, the recent SRH HNA did not identify many significant differences in SRH outcomes for people living in the relatively more deprived areas of RBWM compared the less deprived areas.</p> <p>The only outcome where this was the case was higher rates of Terminations of Pregnancy; however the other data associated with effective reproductive health services including contraception did not identify a clear association with deprivation. Ethnicity was a stronger predictor.</p> <p>National evidence suggests rates of HIV and STIs are generally higher in more</p>	Neutral impact at this time.	

	deprived areas, as well as Terminations of Pregnancy. It will be important during the lifetime of the new SRH service to monitor SRH outcomes by deprivation to ensure inequities are identified and managed.		
Children in care/Care leavers	National evidence indicates that Children in Care and Care Leavers are more at risk of experiencing or having experienced sexual abuse. The Specialist SRH service requirements include nationally recommended safeguarding protocol to identify and respond to children at risk.		

5. Impact Assessment and Monitoring

If you have not identified any disproportionate impacts and the questions below are not applicable, leave them blank and proceed to Sign Off.

<p>What measures have been taken to ensure that groups with protected characteristics are able to benefit from this change, or are not disadvantaged by it? For example, adjustments needed to accommodate the needs of a particular group</p> <p>Changes have been made to the specialist SRH service specification and an engagement strategy is being produced to support ongoing monitoring and response.</p>
<p>Where a potential negative impact cannot be avoided, what measures have been put in place to mitigate or minimise this?</p> <ul style="list-style-type: none"> For planned future actions, provide the name of the responsible individual and the target date for implementation. <p>None identified</p>
<p>How will the equality impacts identified here be monitored and reviewed in the future? See guidance document for examples of appropriate stages to review an EQIA.</p> <p>Ongoing monitoring within the specialist SRH service specification the SRH engagement strategy and a refreshed HNA in 4-5 years time.</p>

6. Sign Off

Completed by: Rebecca Willans	Date: 05/07/23
Approved by: Ellen McManus-Fry	Date: 15/08/23

If this version of the EQIA has been reviewed and/or updated:

Reviewed by:	Date:
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