



PROCUREMENT GATEWAY PROCESS

After each approval Gate the Gateway report should be uploaded to YORtender and held against the project record. Contact the Procurement and Contract Management Service if you require support/advice on this process.

▲ **REG. 84** – Refers to Regulation 84 'Reporting and documentation requirements' of the Public Contracts Regulation 2015

Master Category	People
Proclass level 1	Healthcare
Directorate	Health and Adult Services
Service Area	Public Health
Report Author(s)	Tim Wood, Emma Davis
Senior Category Manager	Rachel Woodward
Assistant Director (AD)	Dr Lincoln Sargeant
Project Title	Integrated Sexual Health Service (ISHS)
YORtender reference	TBC
OJEU reference	TBC
Current annual budget (<i>this should match the information in Oracle and be confirmed by the Budget Manager</i>)	£2,750,000
Current annual cost/contract cost ▲ REG. 84	£2,750,000
Estimated future annual cost	See section 4.3 for full details.
Estimated whole life cost	See section 4.3 for full details.
Forecast saving	The Authority is looking to make significant savings on the current budget.
Budget / cost centre (which will pay for this Contract)	43041 Sexual health – STI testing and treatment 43042 Sexual health – contraception 43043 Sexual health – advice, prevention and promotion
Budget Manager	Emma Davis, Health Improvement Manager
Contract period	5+3+2 Initial term: 1 st April 2020 – 31 st March 2025 Extension: 1 st April 2025 – 31 st March 2028 Extension: 1 st April 2028 – 31 st March 2030
MEAT criteria (<i>high level price/quality split</i>)	Price 30% Quality 70%
Procurement risk	<i>High</i>
Appendices	 Re-Procurement Timeline v10.xlsx Project plan  SHS project team risk reg v1.0.xlsm Risk Register

Version/date	V3
The authority to complete the Contract comprises	If, Officers' Delegation Scheme, please specify paragraph number: 3.3 to Schedule 4

GATE 1 - OPTIONS APPRAISAL / PROJECT INITIATION DOCUMENT

1. PROCUREMENT BACKGROUND

Provide a concise summary of the procurement scope, expected deliverables and the recommended procurement option. (Suggested maximum 300 words)

From April 2013, North Yorkshire County Council became responsible under the Local Authorities Regulations 2013 to arrange for the provision of open access sexual health services for everyone present in their area covering:

- free sexually transmitted infection (STI) testing and treatment, and notification of sexual partners of infected persons;
- free contraception and reasonable access to all methods of contraception.

The current Sexual health service started on 1 July 2015 and ends on 31 March 2020. All extension periods have been used.

The incumbent provider is York Teaching Hospital NHS Foundation Trust who deliver the service under the YorSexual Health (YSH) brand.

In 2015 there were three bidders:

- City Health Partnership (scored 52.46%)
- Spectrum Health (scored 59.5%)
- York Teaching Hospital NHS Foundation Trust (scored 83.48%)

City Health Partnership withdrew from the process as they could not deliver the service to the standard within the financial envelope available and they also had difficulty accessing quality clinical accommodation.

The delivery of sexual health services in North Yorkshire is delivered through a countywide integrated service comprising of the following service elements:

- (a) Specialist Sexual Health Service
- (b) Community Outreach Sexual Health Service for Most at Risk Populations
- (c) Support Service for People Living with HIV

Commissioners have strong evidence that the current service delivery model is effective and in line with national guidance and good practice. Due to the removal of the ring-fence on the wider public health budget and the budget pressures this creates post April 2020, NYCC need the ability to negotiate with bidders and explore savings and efficiencies over the proposed contract period. Designing a dynamic procurement approach which ensures negotiation with bidders will achieve this aim.

The recommendation is to utilise the flexibility of the Light Touch Regime (LTR) and carry out an OJEU compliant procurement involving negotiation. The process will adopt the principles of Regulation 29 Competitive Procedure with Negotiation (CPN) whilst embracing the flexibilities of the LTR. The opportunity will be advertised through YORtender.

In North Yorkshire (NY) GU clinic attendance data shows that in 2012/13 there were 9,885 attendances by NY residents at all clinics across England, of these 53% attended services within NY. By 2016/17 there were 15,336 attendances by NY residents at all clinics across England, of these 71% attended services within NY. This reduction in Out of Area attendances has generated financial savings because the cost of these attendances have been absorbed by the block contract instead of being paid for at a tariff price to other sexual health providers around the country from the Out of Area budget.

In NY new STI diagnoses have increased from 337 per 100,000 in 2012, to 426 per 100,000 in 2016, and is as to be expected with the increased number of attendances. This is positive in that people are being treated and therefore reducing onward transmission. Rates are still significantly below the England average.

The chlamydia detection rate has increased in the last two years, and although below the national goal, it is now the same as the England average.

2016/17 data shows: **Specialist service - YorSexualHealth**

- 1,827 STIs diagnosed and treated – chlamydia and genital warts are the most common.
- 4,201 contraception methods were provided (excludes condoms), of these 871 were long-acting reversible contraceptives (LARCs) (excluding injections).
- 53,700 condoms were provided.
- 128 people living with HIV were supported by the Positive Support team.

The service are continually reviewing service provision and feedback from service users and partners in order to adjust and improve service provision. Previously this has included the introduction of new clinics in areas of the county where a need has been identified e.g. Stokesley; consultation with service users on the content of the YSH website; project with the Young Advisers focused on sexual health services and young people; You said – We did facility on the website; Suggestions box within clinics.

The current provider (YorSexualHealth) has developed good relationships with key partner organisations which has enhanced service delivery, and improved outcomes for service users.

2. PRE-PROCUREMENT DISCOVERY STAGE

Describe what steps you have taken, if any, before the commencement of the procurement to carry out a Discovery Stage/Market Engagement. Provide details of stakeholder engagement with service area; trade unions; staff and suppliers where appropriate. This section may also relate to work needed to complete the impact assessment for the Social Value Act recorded in section 6. Detail results of the Discovery Stage/Market Engagement session, and whether these have impacted on the specification.

The project team has engaged with other local authorities to understand the market. Initially there was hope that in the period since the service was procured in 2015 the market would have developed. However, our research evidences this is not the case (see below for full details).

City of York Council went out in 2018 to procure a similar service to ourselves and had only one submission which was York Teaching Hospital NHS Foundation Trust. It is the opinion of the project team that York, being of a more compact area with one hospital and CCG, would be more attractive to the market than North Yorkshire which, due to our geographical size, presents particular challenges in relation to service delivery. As part of the market engagement process providers were asked about delivery of a countywide service. Despite the geographical challenges, providers did not raise any issues/ concerns with a countywide provision.

We have also learned of local authorities who have been unsuccessful in their procurements. Warrington, for example, did not award to their ISHS in 2018 after the one tender they received withdrew due to cost concerns.

Our research into the experiences of local authorities across the country has informed us that the market has few suppliers able to deliver a sexual health service and this situation can be exacerbated by a challenging financial envelope.

The national specification is for an Integrated Sexual Health Service, therefore an integrated model is a national standard and is considered best practice. This is supported by the majority of other LAs procuring an integrated service rather than a lot specific service. With an integrated service a person can go through the system without having to be referred elsewhere. This improves outcomes and is better for the person. An integrated service is also more efficient in terms of record keeping as well as reducing management costs and set up costs.

This leads the project team to favour a procurement approach which guarantees maximum competition and allows for negotiation around cost and how this may require negotiation on some elements of the service specification. The minimum standards will be clearly detailed (i.e. the elements of the specification which cannot be negotiated).

The contract risk level has been calculated and mapped and shows a high contract risk level, which is due to the high dependence on a few suppliers. Taking this further using the Kraljic supplier segmentation matrix, the service falls into the strategic category.



Sexual Health
_Contract Risk.xlsx

The Kraljic matrix points towards several strategies:

- Develop a long term supply relationship.
 - Procuring a short term service for example 4 years would not enable a relationship to be formed and developed. A longer term contract, for example 10 years, would enable this and also give scope to explore savings and efficiencies.
- Ensure an effective and predictable relationship
 - An integrated service will assist with this as there will only be one supplier to manage. Therefore splitting into lots should be viewed with caution. Contract management will need to be robust and the service procured will need to be clearly outlined.
- Achieve value for money through collaboration
 - Given the absence of significant competition, the question of how to ensure value for money needs to be addressed. A collaborative relationship which balances power between purchaser and supplier perhaps using performance based agreements or clear expressions of expectations should be explored.
- Investigate the possibility of in-house delivery.
 - There is a barrier to this in that it is a clinical service. The in-house option is discussed in more depth below.

In order to test the market we launched a market engagement via Yortender. Five companies responded (Virgin, Mesmac, SH:24, York Teaching NHS FT and Spectrum CIC).

All were positive about a 10 year contract, with York Teaching NHS FT observing that it allows for innovation and service development and Virgin describing the length as 'ideal in terms of allowing for long term investment and development'.

Initially we were looking for a 3+3+2+2 contract, however, Virgin Health questioned the rationale of the extension period and Spectrum CIC felt a 5+3+2 would be better as there are fewer extensions and a longer initial period. They felt this would make the service more viable. As, 5+3+2 is more attractive to the market, this is how the 10 year service will be structured. In the terms and conditions, there will be a 12 month break clause which we can use if we feel the service is being delivered to an unsatisfactory standard.

We asked providers about delivering savings against the current budget, whilst they recognised this presented challenges, no one said it was unachievable. SH:24 said that transferring some services to online activity could help achieve savings.

The service use the national specification and map this to our own localised version, based on the evidence base, best practice and our own experience of what

has worked during the current contract. The market supported the service specification which is based on the current service model. Therefore no issues were raised with the requirements.

The responses received support the procurement of a 10 year service and the strategy of achieving year on year savings.

3. OPTIONS CONSIDERED

Describe all the identified options for this procurement. In some cases the sections below will not be appropriate for your procurement, if so, a brief description of why the option is not applicable should be given. (Suggested maximum of 200 words per section)

IN HOUSE OPTION

3.1. Overview

This should be specific to the service/supplies/works being considered. Is this being provided in-house now? If so, why is procurement being considered? If the requirement is currently outsourced, why is a possible in-sourcing considered as an option?

An integrated sexual health service must be compliant with relevant legislative requirements as well as NICE and public health best practice guidance; and requires a clinical workforce (medical and nursing), as well as appropriate and effective clinical governance arrangements.

The service provider must be:

- CQC registered
- Compliant with prescribing legislation and guidance
- Compliant with Environment Waste regulations
- Compliant with The Medical Profession (Responsible Officer) Regulations 2010 and The Medical Profession (Responsible Officers) (Amendment) Regulations 2013
- Compliant with professional standards set for doctors and nurses working in the field of sexual health

The Public Health Team has liaised with other Local Authorities across Yorkshire and the Humber to explore whether an in-house ISHS has been successfully established. No local authorities in Yorkshire and Humber have an in-house service.

Therefore the option to provide the sexual health service in house has been considered, however, due to the clinical nature of the service this is not considered to be a viable option.

3.2. Pros and Cons of this option

Summarise these.

Pros

- The Council would have direct control over the service delivery and may have greater flexibility to respond to any future changes in requirements in relation to the service.

Cons:

- There is a small but very experienced market of providers. They have significantly greater experience than the Council in delivering this service.
- Bringing the service in-house would require investment to establish and maintain the service delivery elements and necessary governance arrangements.
- The Council would need to satisfy medical employment and revalidation and clinical governance requirements, which would require specialist resource to be established or sourced.
- The Council does not have known experience of putting all of these arrangements in place for the provision of any other in-house services.
- There is no Local Authority in Yorkshire and Humber which has taken this approach so there is no one to learn from.
- The Council funds this service on a block contract basis. Inflation and other cost pressures are predicted and absorbed by the Provider; unpredictable cost pressures are met by the Provider.
- The Council would need appropriate premises to deliver the service from. These must comply with the relevant clinical guidelines due to the services being delivered.
- TUPE implications. Associated with the staffing cost an in-house service would result in additional costs such as pension contributions.

3.3. Best value considerations

Summarise the likely service and cost issues.

This is not considered to be the best value option due to the above and the significant costs associated with bringing the service in-house for example costs of compliance, staffing and clinical accommodation.

It is unlikely NYCC would be able to benefit from purchasing economies of scales as for example Virgin Health or an NHS provider would.

USE OF AN EXISTING CONTRACT OR FRAMEWORK

3.4. Overview

Are frameworks available? If so, can they meet our requirement? Are there any other constraints?

There are no known existing frameworks which would be able to meet the requirements as set out in the service specifications.

3.5. Pros and Cons of this option

Summarise these. This might include issues about the length of the framework and compromises that might need to be made and whether these are acceptable within the wider context of the procurement decision.

N/A

3.6. Best value considerations

Summarise the likely service and cost issues.

N/A

NEW PROCUREMENT

*If you are completing a negotiated procedure under the Public Contracts Regulations 2015, Regulation 32 (2)(b) or a competitive procedure with negotiation or a competitive dialogue under Regulation 26(4)(a) please ensure you clearly state the rationale for this proposal in 3.7 'Overview' which must comply with the grounds laid out in the Regulations **^REG. 84**. Ensure that you consult your SCM.*

In the table below please tick the potential options you may use for this new procurement.

Potential Procurement Options	Yes	No
Open Procedure	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Restricted Procedure	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Competitive Procedure with Negotiation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Competitive Dialogue	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Innovation Partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Use of the Negotiation Procedure without Prior Publication	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Framework Agreements	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Contract Agreement	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Dynamic Purchasing Systems (DPS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Approved Provider List	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3.7. Overview

Consideration needs to be given to the availability of resources and the overall cost effectiveness of adopting a new procurement.

If a wider cross authority requirement has been identified, might a collaborative procurement give better value for money? What additional complexity and workload would arise if we were to host such a collaborative framework? You may need assistance from your SCM to assess this option.

Open Procurement

Pros

- An open procurement ensures that maximum competition is guaranteed. This is particularly appropriate where it is considered there is a limited market. Due to the specialist and clinical nature of some of the service elements, there is a limited market.
- The evaluation process will be efficient and robust.
- There are clear identified service specifications.
- The process adheres to legislative requirements and Council rules.

Cons

- There is no control over the quality of bidders prior to issuing the ITT, although we would aim to mitigate this through the initial selection questions i.e. including appropriate Thresholds.
- The number of tenders received cannot be controlled. Publishing all the documentation at once should ensure the market clearly understand our requirements, this has also been supported through market engagement.
- Negotiation around cost and efficiencies in the procurement process is not possible.

Although this service falls under the LTR, if we run a process under the principles of Regulation 27, there is no ability to down select potential suppliers. As such if a large number of tenders are received, and subject to meeting the SQ requirements, all tender submissions must be reviewed and evaluated. This could incur significant additional time to the evaluation process with a risk of no contract award.

The main risks/ issues with this process is it offers no ability to negotiate with potential bidders (*see section on CPN in relation to the requirement for this*).

Best value considerations

- The absence of negotiation around cost and efficiencies means that this option is unlikely to achieve best value.

Restricted Procurement

Pros

- Using a restricted process would enable the Council to control the number of potential contractors who advance to ITT stage.
- The evaluation process will be efficient and robust.
- There are clear identified service specifications.
- The process adheres to legislative requirements and Council rules.

Cons

- This process does not guarantee maximum competition which is particularly important where there is a limited market.
- Negotiation around cost and efficiencies in the procurement process is not possible.

Although this service falls under the LTR, if we run a process under the principles of Regulation 28, the timescales are prescriptive (note we could amend the timescales but would offer similar time due to the complexity of the service) and take longer than an open process but enable the council to shortlist based on SQ stage to a minimum of 5 potential suppliers. This process enables the council to therefore reduce the number of suppliers invited to tender. There is a risk that the process may result in the council being unable to award the contract.

As per the open procedure the main risk/ issues with this process is it offers no ability to negotiate with potential bidders (*see section on CPN in relation to the requirement for this*).

Best value considerations

- Where there is a vibrant market, this option enables some control over the number of potential contractors who advance to ITT stage. This is not the case here.

Competitive Procedure with Negotiation (CPN)/Competitive Dialogue (CD)

Pros

- A negotiation process can achieve a successful outcome where the needs and service requirements are unclear and there is or may be no established provider market.
- It can be very useful to explore efficiencies and added value throughout the contract term.
- The evaluation process will be efficient and robust.
- The process adheres to legislative requirements and Council rules.

Cons

- A negotiation process can be lengthy and complex.
- The competitive dialogue process is more useful where the service delivery model is unclear. That is not the case with this service.

The fundamental difference between CD and CPN is that to undertake a CD procurement process the current market is unable to deliver our requirements “as-is” and detailed consultation is required to develop. Another key characteristic is that although the council know what they want to achieve a CD process is only undertaken where we are unable to specify the outcome in detail. Neither of these principles apply. Further to this under a CD process the council are unable to negotiate on the initial tenders. As such this process is not appropriate.

CPN minimises the likelihood of a failed procedure due to unacceptable bids and allows the council the right to negotiate if required. Within the procurement documentation it will be expressly stipulated that the council reserve the right to award the contract after the receipt of initial tenders, if a bid submitted offers best value.

Best value considerations

- The service falls under the LTR. Through utilising the flexibility offered by the LTR, we intend to minimise the complexity of the negotiation and focus on the areas where we can reduce cost and realise efficiencies over time. The process will be based on competitive procedure with negotiation rather than competitive dialogue.
- Our requirements are clear, however we seek to negotiate around costs and efficiencies. Due to the ability to negotiate, this is considered the best value option.

3.8. Please confirm if the tender will be divided into Lots? **▲REG. 84**

If no, please provide reasoning for not dividing the tender into lots. This information should also be included in the published tender documentation.

There was consideration of whether the contract lent itself to being divided into Lots, for example based on geographies. Further to the market engagement, the view was taken that the procurement did not lend itself to a lot structure therefore no lots will be included. This is due to the nature of the service.

As explained in the pre-procurement discovery stage we are procuring an integrated service and cannot pull out certain parts. Lotting would cause issues with recharging and the service delivery model across several areas would be complex. Through integration we achieve a holistic person centred approach with better quality which improves outcomes and efficiencies both cashable and non-cashable. Disaggregation of the contract into Lots would impact negatively on the ability to deliver cashable and non-cashable efficiencies throughout the contract term.

3.9. Pros and Cons of this option

Summarise these

The pros and cons of each procurement method are detailed in section 3.7 above. Further to this the recommended route to market will:

Pros

- Through a new procurement we can procure a 10 year contract with the intention of building a long-term strategic relationship.
- Through an approach based on CPN we have the ability to negotiate on cost. Exceeding budget is a high risk area, so this approach mitigates that risk.

Cons

- This will be the first time we have embraced the full flexibilities of the LTR through tailoring the process in this way.
- Negotiation can be a lengthy process.

3.10. Best value considerations

Summarise the likely service and cost issues

This approach is deemed to deliver best value due to the fact it involves negotiation. Procuring the service within budget is one of the highest procurement risks.

4. RECOMMENDED OPTION

4.1. RECOMMENDATION

This section will provide an explanation of why one of the options listed above is now recommended as the basis of this procurement. If the recommended option is an NYCC lead procurement, this should refer to the proposed EU procurement process (i.e. open, restricted, competitive dialogue, negotiated) and any particular conclusion on a route to market, e.g. use of e-auctions or a DPS.

It is recommended that the Council undertakes an OJEU compliant procurement process through YORtender utilising the flexibility of the LTR, as this presents the most effective option and therefore route to procuring the services required at best value.

The procurement will be evaluated on a 70:30 quality:price ratio. This ensures that the weighting is increased in support of quality but also ensures that the Council achieves a competitive element around pricing.

The contract value is greater than the OJEU threshold but there are a limited number of organisations who may be interested in submitting a tender. The use of a negotiation process would be in accordance with the Public Contract Regulations 2015 together with Council procedures. The initial expression of interest stage will be an unrestricted procedure and will ensure maximum competition is guaranteed.

4.2. RISKS / ISSUES OF RECOMMENDED OPTION

Attach the Project Risk/Issue Log as an appendix, if applicable or highlight any key risks here, including risks specific to ICT; TUPE.

E.g. Does the procurement impact upon any existing ICT systems or require new systems? If yes, have Technology and Change been involved in the procurement? Is TUPE likely to apply? Have HR and Legal been notified and are they involved? Are there any specific Health and Safety concerns, if so have you liaised with Health and Safety Officer?

The full risk register is attached. The main risks to note are:

- Timescale to re-procure. There is a project timeline in place and the project group will ensure work is on track.
- Lack of market interest. Market engagement has been done with 5 providers responding. They are positive about our procurement approach.
- Unable to procure the service within budget. This is mitigated by having a negotiation around budget as part of the procurement process.
- Cost increase as a result of Brexit. From the market engagement suppliers are confident around the supply of drugs and we would work with the successful provider to minimise any cost increases.
- Costs of drugs and equipment rises after Brexit as tariffs increase. The NHS is nationally stockpiling drugs and government have put additional measures in place such as a plane chartered to fly in drugs that cannot be stockpiled and warehouses with refrigeration capacity rented.

4.3. POTENTIAL SAVINGS OF RECOMMENDED OPTION

Detail potential savings or possible additional costs likely to arise from this procurement, including budget impact.

Consider whether the outcome will achieve best value, and in particular whether budget savings can be made. Please indicate how you have considered this issue. Please detail the original target saving versus the forecasting saving based on market intelligence, where applicable? Is there a risk of cost increases? If so, how has this been mitigated?

Confirm that there is available budget for the procurement.

Issues you will need to consider should include:

- *Market forces - evidence that costs have gone up or down. This is particularly relevant in a re-procurement exercise.*
- *The specification. Are there opportunities to reduce costs by looking carefully at the way the service is specified or packaged?*
- *Aggregating demand – has possible collaborative procurement been considered?*
- *Ways in which costs can be controlled over the course of the contract. This may need to be reflected in contract terms and conditions.*

The current contract value is £2.75m pa. The ring fence on the public health budget ceases from April 2020, as such there is a requirement to make significant savings in relation to public health commissioned services, including sexual health.

The Authority is recommending use of the competitive procedure with negotiation (CPN) in order to negotiate on price, to achieve significant savings.

The embedded doc demonstrates the cost effectiveness of the current services compared with similar areas across the UK.



BEST+self-assessment sexual health.docx

5. DECISIONS AND CONSENTS REQUIRED

This section should highlight any important decisions already taken. You must highlight any decisions that will need to be taken before the procurement can proceed. Account should be taken of whether the procurement is within or outside the Policy and Budget Framework. Details of the framework can be found in Part 4 – Rules of Procedure, within the County Council’s Constitution. Paragraph 6.9 of the Finance Procedure Rules on the incurring of expenditure, is also particularly relevant here. No procurement can proceed until appropriate decisions have been taken. If the matter is outside the Policy and Budget Framework, further decisions will be required which may be a Key Decision.

5.1. RELEVANT DECISIONS ALREADY TAKEN

A report was taken to Management Board on 5th February 2019. Approval to proceed to Key Decision was obtained.

The Key Decision was advertised on the forward plan, in accordance with Council procedure. The decision will be taken on 29th March 2019.

HASLT on 20th March. Approval of the proposed route to market.

5.2. DECISIONS STILL TO BE TAKEN

Key decision on 29th March 2019.

5.3. CONSENTS REQUIRED (E.G. PLANNING CONSENTS)

N/A

6. IMPACT ASSESSMENT UNDER THE PUBLIC SERVICES (SOCIAL VALUE) ACT 2012 (THIS SECTION ONLY APPLIES TO SERVICES CONTRACTS IN LINE WITH THE RELEVANT EU THRESHOLD)

This section of the report deals with the key issues which must be taken into account under the terms of this Act. It applies to the procurement of services only, where the whole life value of the contract exceeds the EU limit (currently £164k for services or £589k for Social and Other specific services which fall within the Light Touch Regime). The Act requires that consideration should be given to the matters listed below before decisions are taken on an approach to procurement. All relevant issues should, therefore, be reflected in this Gate1 review. When this section has been completed, it will not be necessary to complete Section 7.3 and 7.4 (sustainability) (Suggested maximum of 200 words per section)

SOCIAL IMPACT

6.1. Issues

What issues have been identified that may be impacted by this procurement?

Open access sexual health services are mandatory services. They are essential to controlling infection and preventing outbreaks of STIs by preventing their onward transmission and reducing unwanted pregnancies. STIs can lead to serious and painful health consequences, ranging from infertility to cancer. Sexual health services contribute to the public health outcomes of:

- Reducing under 18 conceptions
- Increasing chlamydia diagnosis in the 15-24 age group
- Reducing late diagnosis of HIV.

6.2. Research and Consultation

Describe the process that you have carried out to understand these issues and the potential for opportunities to improve the social impact of this procurement. What general or specific stakeholder engagement has taken place?

A refresh of the Sexual Health Needs Assessment February 2019 has been undertaken.

Online market engagement via YORtender 28 February - 8 March 2019.

6.3. Proposals

Describe the specific matters that you intend to reflect in the specification or the approach that you take to this procurement if applicable.

The Service Specifications together with information contained within the procurement documents will allow potential providers to meet the requirements while enabling the Council to assess their ability to mitigate the issues highlighted in 6.1.

ENVIRONMENTAL IMPACT

6.4. Issues

What issues have been identified that may be impacted by this procurement?

- Staff and Service Users travelling to provide or receive a service
- Clinical waste
- Through exploring on-line options, travel may be reduced.

6.5. Research and Consultation

Describe the process that you have carried out to understand these issues and the potential for opportunities to improve the environmental impact of this procurement. What general or specific stakeholder engagement has taken place?

A refresh of the Sexual Health Needs Assessment February 2019 has been undertaken.

Online market engagement via YORtender 28 February - 8 March 2019.

6.6. Proposals

Describe the specific matters that you intend to reflect in the specification or the approach that you take to this procurement if applicable.

Delivery of an integrated service between providers across the whole of North Yorkshire will be highlighted as a priority within the service specification and tender documents, with the successful organisations meeting required standards.

The Service will be delivered across North Yorkshire. The service specification will require potential providers to indicate how they will minimise the need for excessive travel for practitioners and service users and how technology will be used to improve communication.

ECONOMIC IMPACT

6.7. Issues

What issues have been identified that may be impacted by this procurement?

- Business continuity
- Organisation sustainability
- Workforce sustainability

6.8. Research and Consultation

Describe the process that you have carried out to understand these issues and the potential for opportunities to improve the economic impact of this procurement. What general or specific stakeholder engagement has taken place?

A refresh of the Sexual Health Needs Assessment February 2019 has been undertaken.

Online market engagement via YORtender 28 February - 8 March 2019.

6.9. Proposals

Describe the specific matters that you intend to reflect in the specification or the approach that you take to this procurement if applicable.

Appropriate checks will be completed as part of the Procurement to ascertain Organisational suitability to deliver services on behalf of the Council. Contract Management processes will be put in place to manage the successful provider.

7. OTHER IMPACT ASSESSMENTS

EQUALITY

Assessment for equality impact must follow the corporate process detailed at <http://nyccintranet/content/paying-due-regard-equality-using-equality-impact-assessments>

All proposals to start a new service, change an existing service or the funding for that service, or to cease providing a service, must be screened for equality impact.

Use the **initial equality impact assessment screening form** to record your findings. If the screening process indicates that a full equality impact assessment (EIA) should be carried out, use the **EIA template** to record your findings and any mitigating actions.

7.1. **Screening outcome** from initial equality impact assessment screening form

Tick as appropriate

- EIA not relevant or proportionate
- Continue to full EIA

7.2. **Summary of EIA where relevant** (section 12 of EIA template)

Summarise the findings of your EIA, including impacts, recommendation in relation to addressing impacts, including any legal advice, and next steps.

The North Yorkshire ISHS re-procurement will retain open access for all people who live in North Yorkshire or are registered with a North Yorkshire GP practice. The service will continue to have a focus on those priority groups who have a higher risk of ill sexual health. The service is offered free of charge at point of access including free prescription costs for associated medicines. All these factors ensure that all, regardless of age, gender, income and other protected characteristics as outlined by the 2010 Equality Act will be able to access the service.

The service will be insight led (i.e. the service continually seek customer feedback on the service and experiences as well as targeting groups to understand any barriers to the service) and this should be a continuous process throughout the contract, to ensure the service is working hard for the population it serves. The service will be expected to monitor its population and be led by need, this means the service will target age groups with the highest STI prevalence, maintain focus on additional at risk groups and follow technology changes for online testing.

North Yorkshire County Council and the provider will ensure annual reports make reference to ongoing work with those most at risk groups as identified from the national service specification, the North Yorkshire Sexual Health Needs Assessment and protected characteristics as defined in the 2010 Equality Act.

GDPR

- 7.3. Please confirm that advice has been sought from the Data Governance team (datagovernance@northyorks.gov.uk) as to whether a Data Protection Impact Assessment (DPIA) is required in relation to the delivery of this contract.

Yes

No

- 7.4. Outcome of advice

DPIA required (please embed the completed DPIA below)

DPIA not required

The DPIA is currently being completed and will be appended to this report once complete.

SUSTAINABILITY

Please attach the completed Sustainability Impact Assessment.

This section only needs to be completed where the Social Value Act does not apply.

- 7.5. Issues

Does your procurement have any positive or negative impacts in respect of sustainability?

N/A

- 7.6. Opportunities and mitigations

Can the procurement be altered (in terms of specification or objectives) or has it already been altered to eliminate or reduce the adverse impact and still meet overall aims?

N/A

SUPPLY CHAIN VISIBILITY

This section only needs to be completed where the contract value is above £5m.

7.7. Please confirm whether the terms and conditions for the procurement will include clauses requiring the prime supplier to:

a. Advertise on Contracts Finder any subcontracting opportunities arising from the contract above a minimum subcontract threshold of £25,000

Yes

No

b. Separately report on how much is spent directly with the SME or VCSE organisation in the delivery of the original contract

Yes

No

If the response above is no, please explain why.

If successful supplier does not already have an established supply chain to meet the requirements of this contract, and assuming there are contracts which meet the above threshold requirement, they will be required to advertise the opportunities through contracts finder and meet the reporting requirements. This will be captured as part of the service specification.

HEALTH AND SAFETY

7.8. Issues

Does your procurement have any negative impacts in respect of Health & Safety?

No Health & Safety issues identified however this will be covered fully in the procurement documentation.

7.9. Opportunities and mitigations

Can the procurement be altered (in terms of specification or objectives) or has it already been altered to eliminate or reduce the adverse impact and still meet overall aims?

N/A

PREMISES

7.10. Issues

Will the supplier be required to deliver service within NYCC premises?

If Yes – please confirm that the Accommodation Service Manager Property Services has been informed.

The successful bidder will not be required to deliver the service within NYCC premises.

Have you already identified suitable premises?

If Yes – Please confirm which premises.

N/A.

7.11. Mitigations/risks

If the supplier is required to delivery services within NYCC premises and how will this be accounted for in relation to cost / insurance / H&S / security/access etc. whilst on site?

N/A.

8. PROJECT INITIATION INFORMATION – OTHER RESOURCES REQUIRED

8.1 The roles and responsibilities identified for the Project Team are set out below.

Project Role	Name(s)	Date Resource Needed
Lead Officer <i>Who will take the role as the senior responsible officer?</i>	Dr Lincoln Sargeant – Director of Public Health	On-going
Project Team Members	Dr Lincoln Sargeant Rachel Richards Emma Davis Jess Marshall Tim Wood	On-going
Procurement Team Members <i>List all members of the project team.</i>	Tim Wood	On-going
Evaluation Team Members <i>List all members of the evaluation panel.</i>	Rachel Richards Emma Davis Jess Marshall	On-going
Procurement Advisor	Rachel Woodward	On-going
Internal Legal Advisor	TBC	
Internal Financial Advisor	N/A	
Internal Technical Advisor <i>Responsible for the determining or advising on the specification.</i>	Public Health Team	On-going
Internal HR Advisor <i>Responsible for advising on TUPE matters.</i>	N/A	
Details of any external advisors <i>If applicable.</i>	N/A	

PROJECT PLAN

Attach your Project Plan as an Appendix, if applicable, **or** summarise the key project milestones here.



Re-Procurement
Timeline v10.xlsx

9. CONTRACT MANAGEMENT FOR THE RECOMMENDED OPTION

9.1. On-going contract management approach

How will the contract be managed and monitoring take place? What potential is available for additional contract management savings or service improvement, during the term of the contract, and how will you include suitable provisions within the specification/contract terms to maximise the potential for these?

These may include changes to the specification of products and services, standardisation, supplier innovation/technology gains etc.

Contract management approaches will need to be reflected in the procurement approach and related paperwork. (Suggested maximum of 200 words)

Quarterly Service Review Meetings will be held between the Provider and the Commissioner Representative and other relevant colleagues, e.g. Contracting. The Provider shall provide a quarterly report of activity data including the Genitourinary Medicine Clinic Activity Dataset (GUMCADv2) - the mandatory surveillance system for STIs and Sexual and Reproductive Health Activity Dataset (SRHAD - anonymised patient-level data on contraceptive and sexual health), as well as monitor performance against the Key Performance Indicators in the Performance and Monitoring Framework.

An annual Contract Review Meeting will be held to assess performance over the previous year where the Provider shall produce an annual report. The annual Review Meeting will include a review of budget and performance against targets as well as agreeing any developments for the ISHS for the forthcoming year.

If at the quarterly and/or annual Review Meeting there are any concerns identified regarding the ISHS meeting the requirements of this Service Specification, then a remedial action plan ("Remedial Action Plan") shall be agreed between the Provider and the Commissioner. At the following Review Meeting there will be a review of performance against the Remedial Action Plan. If the agreed improvement has not been achieved, or performance has deteriorated further, specific clauses of the Contract Conditions may be implemented.

The required outcome of the ISHS and its contribution to sexual health priority indicators are set out in the service specification. The relevance of the KPI's will be reviewed annually and may be amended to specifically address emerging needs or trends. The impact of the Provider's delivery of the ISHS will be monitored against these indicators through the Performance and Monitoring Framework. There are a number of measures within the Performance and Monitoring Framework where an estimated Baseline will be established by mutual agreement with the provider in year one.

9.2. Proposed contract manager

Who will manage the contract once it is awarded? (Suggested maximum of 200 words)

The contract will be managed by the relevant manager who holds the Sexual Health Portfolio within the Public Health Team (Emma Davis) including the wider Public Health Team. The Quality and Monitoring Team will also support the contract management when required.

10. RECOMMENDATIONS

10.1 Directorate Management Team is recommended to approve:

The recommended option as detailed in section 4.

Where there is more than one recommendation or more than one option, the body of the report should set out reasons for adoption or rejection of each course of action.

The recommendation is to utilise the flexibility of the LTR and carry out an OJEU compliant procurement involving negotiation. The process will adopt the principles of Regulation 29, Competitive Procedure with Negotiation whilst embracing the flexibilities of the LTR.

[Gate 1 Authorisations](#)

GATE 2

Senior Category Manager - Authorisation of Documents

1A Advert/OJEU Notice Approved Yes No

Comments

2A SQ & SQ Evaluation Model (if OJEU Restricted Process), draft ITT & draft ITT Evaluation Model

Approved (please indicate) Yes No

Comments

SQ EVALUATION

In those circumstances where evaluations have resulted in a shortlisted supplier and a non-successful supplier having an overall % score within 2 percentage points of each other, confirm that a senior procurement officer* has completed an independent** verification of the process.

** A senior procurement officer is a Senior Category Manager, Senior Category Procurement Officer or Head of Procurement & Contract Management.*

*** The senior procurement officer must not have had any specific involvement in the procurement concerned to ensure independence.*

Yes No N/A

2B ITT & ITT Evaluation Model. If OJEU Restricted Process, this would be the final document – this must include confirmation on whether Legal & Democratic Services have been consulted on any changes to the contract terms and conditions, if applicable.

Approved (please indicate) Yes No

Comments

OJEU PROCUREMENT ONLY

2C Minimum yearly turnover of economic operators – This shall not exceed twice the estimated contract value, except in justified cases, such as reference to specific risks attached to the nature of the works; services; supplies, in which case the main reasons need to be documented below and in the procurement documents. **▲REG. 84**

Comments

2D All procurement documents should be made available through electronic means. If this approach is **not** being used please state the reasons why means of communication other than electronic have been used for the submission of tenders e.g. protecting confidentiality, and confirm how suppliers will access the documents concerned. **▲REG. 84**

Comments

[Gate 2 Authorisations](#)

GATE 3 – Contract Award

1. OVERVIEW OF SUBMISSIONS (SQ AND TENDER WHERE APPLICABLE)

Suggested maximum of 200 words per section

- 1.1. How many expressions of interest were received? How many submissions were received, how many were SMEs?

- 1.2. Were any submissions disqualified i.e. failed threshold(s) or abnormally low price? If yes, why were they disqualified? **▲Reg. 84**

2. TENDER EVALUATION

Officers must detail the tender evaluation process undertaken. Officers should be mindful of commercially sensitive information.

(Suggested maximum of 500 words per section)

- 2.1. How are tenderers ranked? Please ensure you detail the score attained for each supplier specifically related to price; quality and the overall combined evaluation score. **▲Reg. 84**

Rank	Supplier	Price (%)	Quality (%)	Overall % score
1				
2				
3				
4				
5				
6				

- 2.2. In those circumstances where evaluations have resulted in the first and second ranked suppliers overall % score being within 2 percentage points of each other,

confirm that a senior procurement officer* has completed an independent** verification of the process.

* A senior procurement officer is a Senior Category Manager, Senior Category Procurement Officer or Head of Procurement & Contract Management.
** The senior procurement officer must not have had any specific involvement in the procurement concerned to ensure independence.

Yes No N/A

2.3. Please state which Supplier you are recommending contract award to? If this is not the Supplier with the highest aggregate score please explain the rationale. **▲Reg. 84**

2.4. Will any element of the contract be delivered by a sub-contractor(s)? If yes, provide the name(s) of the contractor(s). **▲Reg. 84**

2.5. Confirm whether any conflicts of interests have been identified and how these were remedied so as to avoid any distortion of competition and to ensure equal treatment of all tenderers. **▲Reg. 84**

2.6. If the recommendation is not to award the contract(s) in full or in part, please provide thorough details of why there will be no contract award and what areas of the process/evaluation have led to this outcome. **▲Reg. 84**

2.7. If no tenders, no suitable tenders, no requests to participate or suitable requests to participate have been submitted in response to an open or restricted procedure,

confirm whether the negotiated procedure without prior publication has been used. Confirm the specific reasons for using this procedure. **▲Reg. 84**

3. FINANCIAL INFORMATION

3.1. Whole Life Cost / Budget ▲Reg. 84

State the actual costs for the contract. Include any breakdown of capital and revenue funding. Confirm if the budget identified which covers all known costs. If there is a budget deficit state how this will be dealt with. Detail any savings secured and cross reference to the original forecast and target savings.

3.2. Savings arising from this procurement, including budget impact

Reference should be made to the projected saving identified in the Gate 1. Has the anticipated saving been achieved?

The categories for savings are as detailed below:

- NYPST1 - Direct Price Based Savings
- NYPST2 - Process Savings from Use of Collaborative Arrangements
- NYPST3 - Introduction of Electronic Trading – Purchase to Pay (P2P) process
- NYPST4 - Demand Management
- NYPST5 - Active Price Management
- NYPST6 - Make v Buy / Outsourcing
- NYPST7 - Cost Removal
- NYPST8 - Added Value
- NYPST9 - Risk Reduction
- NYPST10 - Payment Based Savings

Describe the secured saving and all potential future saving(s) in the pipeline against one or more of the categories above, and confirm that this has been agreed with the Budget Manager. If the procurement results in a cost increase please detail the rationale for this.

4. PREPARATION FOR CONTRACT MANAGEMENT

Suggested maximum of 200 words per section

4.1. Does the identified contract manager have the necessary skills and knowledge to manage the contract, if yes, please explain how and why? If no, what training and/or support will be provided?

4.2. What potential is available for additional contract management savings or service improvements during the term of the contract?

4.3. RECOMMENDATIONS [^] Reg. 84

4.4. Directorate Management Team are recommended to:

Where there is more than one recommendation or more than one option, the body of the report should set out reasons for adoption or rejection of each course of action.

Agree to award in line with section 2.3.

[Gate 3 Authorisations](#)

GATE 4(a) – Contract Extension/ Variation

This report must be completed by the Contract Manager

1. CONTRACT EXTENSIONS/ VARIATIONS

Contracts can only be extended or varied where permitted by the terms and conditions of contract, and the wording on the Official Journal of the European Union contract notice if the contract resulted from an EU procurement exercise.

Extending a contract is only an option. Officers should use this section to discuss the various options for on-going service delivery (e.g. extend the contract, obtain requirements from another framework, commence a new procurement etc.). Officers should discuss the strengths and weaknesses of each option before concluding upon the recommended course of action.

If an officer is varying a contract and this is a material change the ACE (LDS) is required to provide approval.

In respect of the option to extend or vary the contract, Officers should comment upon how the contract is performing. Is the contract performing to expectations? Are Service Level Agreements and Key Performance indicators being met? In addition Officers should highlight any other business reasons for proceeding with the proposed contract extension/ variation. Officers should clearly state the consequences of the extension /variation in terms on cost and service delivery.

(Suggested maximum of 750 words)

2. RECOMMENDATIONS

2.1 Directorate Management Team is recommended to:

Recommendations should be stated clearly and briefly.

Where there is more than one recommendation, the body of the report should set out reasons for adoption or rejection of each course of action.



[Gate 4\(a\) Authorisations](#)

GATE 4(b) – Contract Termination (during contract period)

This report must be completed by the Contract Manager

1. CONTRACT TERMINATION

Officers should use this section to discuss the various options for on-going service delivery (e.g. obtain requirements from another framework, commence a new procurement, deliver the service in-house etc.). Officers should discuss the strengths and weaknesses of each option before concluding upon the recommended course of action.

In respect of the option to terminate the contract, Officers should comment upon the rationale for this course of action e.g. performance issues; service no longer required etc. In addition Officers should highlight any other business reasons for proceeding with the proposed termination. Officers should clearly state the consequences of the termination in terms of cost, service delivery and outline contingency plans which are in place. Confirm if this is a critical service and whether there are any financial penalties for early contract termination.

Please note:

Contracts can only be terminated where permitted by the terms and conditions of contract. Officers should seek advice from their SCM or Legal & Democratic Services prior to issuing any formal notice of termination.

(Suggested maximum of 750 words)

2. RECOMMENDATIONS

2.1 Directorate Management Team is recommended to:

Recommendations should be stated clearly and briefly.

Where there is more than one recommendation, the body of the report should set out reasons for adoption or rejection of each course of action.

[Gate 4\(b\) Authorisations](#)

AUTHORISATIONS

If the relevant sign off is given by an email, this should be referenced. For example, the signed box should state “authorised by (name)”. The date box would be the date of that email.

GATE1 OPTIONS APPRAISAL/ PROJECT INITIATION AUTHORISATION

Procurement Assurance Board	Signed	Date
Stacey Speakman and Kirsten Dixon	SS & KDi	15/03/19
Comments: Approved Report circulated to MS and KD for comments prior to PAB. RW talked through the savings element with KD to confirm agreement of the content of the Gateway 1 at this stage.		

Assistant Chief Executive (Legal & Democratic Services)	Signed	Date
B.Khan		
Comments:		

Directorate Management Team	Signed	Date
HASLT	HASLT	20/03/2019
Comments: Key decision taken on [to insert once taken] by HASEX.		

GATE 2 DOCUMENTS AUTHORISATION

OPEN PROCESS (SIGN OFF OF PROCUREMENT DOCUMENTATION)

Senior Category Manager	Signed	Date

RESTRICTED OJEU PROCESS (SIGN OFF OF SQ & DRAFT ITT)

Senior Category Manager	Signed	Date

RESTRICTED OJEU PROCESS (SIGN OFF OF FINAL ITT)

Senior Category Manager	Signed	Date

--	--	--

GATE 3 CONTRACT AWARD AUTHORISATION

Procurement Assurance Board	Signed	Date
Comments:		

Directorate Management Team	Signed	Date
Comments:		

If the Gate 3 approval is not going to the Directorate Management Team, the following approvals must be sought:

Corporate Director (or Assistant Director with delegated authority)	Signed	Date
Comments:		

Assistant Director with responsibility for finance within the Directorate	Signed	Date
Comments:		

GATE 4(a) CONTRACT EXTENSION /VARIATION AUTHORISATION

Procurement Assurance Board	Signed	Date
Comments:		

Directorate Management Team	Signed	Date

Comments:

Assistant Chief Executive (Legal & Democratic Services) – <i>only in cases where the extension is not part of the original contract or where the variation is a material change</i>	Signed	Date
Comments:		

If the Gate 4(a) approval is not going to the Directorate Management Team, the following approvals must be sought:

Corporate Director (or Assistant Director with delegated authority)	Signed	Date
Comments:		

Assistant Director with responsibility for finance within the Directorate	Signed	Date
Comments:		

GATE 4(b) CONTRACT TERMINATION AUTHORISATION

Procurement Assurance Board	Signed	Date
Comments:		

Directorate Management Team	Signed	Date
Comments:		

If the Gate 4(b) approval is not going to the Directorate Management Team, the following approvals must be sought:

Corporate Director (or Assistant Director with delegated authority)	Signed	Date
Comments:		

Assistant Director with responsibility for finance within the Directorate	Signed	Date
Comments:		