



Agenda Item 10

Bristol Health & Wellbeing Board

s	exual Health Re-procurement							
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Date of meeting	19 th August 2015							
Report for Information/Discussion								

1. Purpose of this Paper

This paper describes how Public Health will approach re-commissioning sexual health services and forms part of the first consultation on the Bristol Sexual Health Commissioning Plan (attached Appendix B).

2. Executive Summary

The Bristol Sexual Health Commissioning Plan summarises the key findings from a comprehensive sexual health needs assessment; sets out the key outcomes we will seek to improve sexual health through the commissioning process; identifies a set of principles for service delivery; and sets out options for a commissioning model for the future.

3. Context

Sexual health is one of five mandatory services which local authorities must provide for. From April 2013, contracts which were already in place with service providers were transferred under a Transfer Scheme from PCTs to local authorities. Bristol City Council is the lead commissioner of specialist sexual health services provided by University Hospital (UHB) Trust with North Somerset and South Gloucestershire as co-commissioners through a shared contract. Each local authority public health team also commissions other sexual health services in partnership and independently for example, the voluntary sector and primary care contractors (GPs and Pharmacists).

4. Re-commissioning Sexual Health services

4.1 The Procurement Process

Each local authority is in the process of updating their local sexual health strategies and health needs assessments for sexual health in preparation for further improvements in commissioning and delivering services. From this, Bristol has developed a Sexual Health Commissioning Plan (Appendix B), which will be going out to public consultation in August. Following feedback on the plan, service specifications will be drawn up which will then go out for further consultation across Bristol, North Somerset and South Gloucestershire (BNSSG) in November 2015. By March 2016, we should be in a position to sign off the service model and specifications with a view to service reprocurement commencement in April 2016. Decisions about the procurement options and route will be taken following the consultation. This will include what is in scope and what is excluded from the process. It is anticipated that the re-procurement will be complete by March 2017. See attached Programme Timeline (Appendix C).

4.2 Current Contracts and Expenditure

The breakdown of expenditure for sexual health services provided across Bristol is shown in table 1 below:

Table 1: Sexual Health Contracts (at 2014-15 levels of funding)

Service Provider	Bristol
	£
University Hospitals Bristol - GUM	2,358,452
University Hospitals Bristol - CASH	752,159
Terence Higgins Trust	205,906
Brook	846,093
GPs	450,486
Pharmacies	147,000
Chlamydia Programme	185,922
Other services - specialist nurses etc.	97,419
C-card co-ordination	10,000
Health promotion	18,000
Total	£5,071,437

In addition to the Bristol expenditure above, North Somerset spends £1,375,939, and South Gloucestershire £1,177,391 on commissioning sexual health services for their citizens. The Clinical Commissioning Groups across the area spend £1,744,467 on related sexual health services such as terminations of pregnancy, psychosexual counselling and an African Women's Clinic. The total value of current contracts across all organisation is therefore £9,368,476.

4.3 Governance Arrangements

There is already a collaborative commissioning arrangement across Bristol, North Somerset and South Gloucestershire (BNSSG) to jointly commission sexual health services. It is proposed that this collaborative approach will be used to re-procure the services. Relevant services which are commissioned

by the Clinical Commissioning Groups will also be in scope. NHS England also commissions some sexual health services, but they will not be part of the re-procurement collaboration, although they are being kept fully informed.

A Project Board will be set up which will oversee the whole process and ensure that appropriate decision making is taken within their respective organisations, which will consist of senior representatives of each participating organisation. A Project Steering Group is already in place with relevant sub groups working on different aspects of the procurement and reporting to the Project Board. All interested parties are represented on the Group and on appropriate working groups. Bristol is the lead commissioner for the reprocurement and a Collaborative Commissioning Agreement is in place.

5. Key risks and Opportunities

The key risks of re-commissioning the sexual health services are set out in Appendix A, together with actions to mitigate. The key opportunities arising from the process include ensuring the right services are provided in the right places to the right people and that we look for economies of scale through a joint procurement and ensure the services provide the best value for money.

6. Implications

The legal and financial implications of re-commissioning these services include compliance with European Union procurement law. The contractual value of the services is in excess of EUR 750,000, which means that we are covered by the "Light Touch" regime set out in the Public Contracts Regulations 2015, regulations 74,75 and 76.

The financial value of the services exceeds the level which requires a key decision by the mayor. The Programme Timeline allows for this to take place in February, when the service model and specifications will be available.

7. Conclusions

This paper has described how Public Health will approach re-commissioning sexual health services and forms part of the first consultation on the Bristol Sexual Health Commissioning Plan (attached Appendix B). The consultation on this commissioning plan is on Bristol City Council's website until the end of October 2015.

8. Recommendations

The HWB are asked to note the contents of the plan and the proposed process.

9. Appendices

Appendix A – Risk Register

Appendix B – Bristol Sexual Health Commissioning Plan Appendix C – Programme Timeline

Appendix A – Risk Register

Risk	Mitigation
Existing providers withdraw from service provision due to uncertainty of future commissioning intentions	All providers will be engaged in the process through stakeholder events and regular meetings with commissioners
No interest in the market to provide the services	Stakeholder events will include a wide range of providers both in the local area and national organisations
New service(s) not in place by April 2017	Allow for extension period to existing contract to cover any slippage
All bids exceed funding available	Declare funding available as part of tender. Tailor specification to funding available
Challenge from unsuccessful suppliers	Seek advice from procurement to ensure process if compliant and fair
Poor specification	Allow sufficient time in the process to ensure a robust consultation with all stakeholders
Selected supplier becomes insolvent	Ensure finance involved in assessment of eligible bidders
Funding is not available to support this work	Ensure funding requirements included in MTFP

Bristol Sexual Health Commissioning Plan



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1 Introduction

1.1 Aims

This plan will inform the development of a new model for sexual health provision in the city, which will then be procured on the open market. This market testing approach will enable Bristol City Council to comply with European Union (EU) procurement law, and provide assurance that it is commissioning sexual health services that provide the best value for money given the limited resources available. The exercise will also provide an opportunity to address some of the gaps and inefficiencies in the current sexual health system. The aim will be to ensure a more joined up and effective system, which is more equitable in outcomes, and with an improved focus on the needs of vulnerable and high risk groups. Additionally, it will be an opportunity to increase the focus on prevention and address the wider determinants that impact on people's sexual health in Bristol.

1.2 Sexual health

Sexual Health is defined by the World Health Organisation (2006) as:

"...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual Health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled."

Local Authorities are held accountable for the sexual health of the population and are measured on a number of public health outcomes, including chlamydia screening success, teenage pregnancy reduction and the prevention and early diagnosis of HIV. In Bristol there is considerable work to do in improving these outcomes despite significant success in our work to date.

Beyond these measures, sexual health is important to both individuals and society. People should be able to:

- Enjoy respectful and consensual sexual relationships at the right time for them
- Have safer sex with minimal risk of illness
- Become pregnant and enjoy parenthood at the right time in their lives to give the best start to their children

Sexual ill health is not equally distributed within the population. Strong links exist between deprivation and STIs, teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), teenagers, young adults and black and minority ethnic groups. Similarly HIV infection in the UK disproportionately affects MSM and Black Africans. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services.

1.3 Commissioning responsibilities and collaborative arrangements

The Health and Social Care Act 2012 split responsibilities for the commissioning of sexual health services between Local Authorities, Clinical Commissioning Groups and NHS England. Since 2013, Local Authorities commission the vast majority of sexual health provision, which includes prevention, sexually transmitted infection testing and treatment, HIV testing, and contraception. Sexual health is one of five mandatory public health services that local authorities must provide. NHS England commissions HIV treatment and sexual assault referral centres, and the Clinical

Commissioning Groups (CCG) commission termination of pregnancy services. There are inter dependencies and this commissioning plan will consider how the three organisations can best work together in Bristol to prevent gaps in services and ensure integrated pathways for service users. See Annex 1 for a more detailed breakdown of commissioning responsibilities.

Many of the current specialist sexual health services are commissioned jointly across Bristol, North Somerset and South Gloucestershire local authorities. From April 2013, contracts which were already in place with service providers were transferred under a Transfer Scheme from Primary Care Trusts (PCTs) to local authorities. Given the considerable movement of patients across the local authority boundaries, particularly from North Somerset and South Gloucestershire into Bristol it is proposed to keep this collaborative commissioning arrangement in place for the procurement. Bristol City Council would therefore continue in its role as the lead commissioner for specialist sexual health services, with North Somerset and South Gloucestershire as co-commissioners.

Given the significant overlap between the current Bristol CCG and the Bristol City Council commissioned sexual health services it is proposed to collaborate for this procurement. In particular, this will give an opportunity to review the care pathway for termination of pregnancy services and ensure the best possible integration with contraception and other sexual health services. This is in line with Department of Health Guidance 'Commissioning Sexual Health Services and Interventions (March 2013)' which states that 'local authorities and CCGs should consider working together and with local providers of sexual health and abortion services to ensure that local abortion providers are fully linked into wider sexual health services in their area that offer services such as contraception.'

It has been confirmed that NHS England do not wish to be included in the procurement since they have separate plans in place for the re-commissioning of their services. However, NHS England will remain a key partner throughout the procurement to ensure that the care and treatment people receive is of a high quality and not fragmented.

2 Legal and Policy Context

2.1 Legal Context

The legislation which requires local authorities to arrange for the provision of confidential, open access sexual health services is set out in the Health and Social Care Act 2012. Additionally, local government responsibilities for commissioning most sexual health services and interventions are further detailed in The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013. Regulation 6 requires local authorities to provide, or make arrangements to secure the provision of open access sexual health services in their area. The general duty does not extend to offering services (except for preliminary advice) to those persons undergoing sterilisation or vasectomy procedures or for treating or caring for persons infected with HIV. Regulation 6 states that:

Sexual health services

- (1) Subject to paragraphs (4) and (5), each local authority shall provide, or shall make arrangements to secure the provision of, open access sexual health services in its area—
 - (a) By exercising the public health functions of the Secretary of State to make arrangements for contraceptive services under paragraph 8 of Schedule 1 to the Act (further provision about the Secretary of State and services); and
 - (b) by exercising its functions under section 2B of the Act—
 - (I) for preventing the spread of sexually transmitted infections;
 - (ii) for treating, testing and caring for people with such infections; and
 - (iii) for notifying sexual partners of people with such infections.
- (2) In paragraph (1), references to the provision of open access services shall be construed to mean services that are available for the benefit of all people present in the local authority's area.
- (3) In exercising the functions in relation to the provision of contraceptive services under paragraph (1)(a), each local authority shall ensure that the following is made available—
 - (a) advice on, and reasonable access to, a broad range of contraceptive substances and appliances; and
 - (b)advice on preventing unintended pregnancy.
- (4) The duty of the local authority under paragraph (1)(a) does not include a requirement to offer to any person services relating to a procedure for sterilisation or vasectomy, other than the giving of preliminary advice on the availability of those procedures as an appropriate method of contraception for the person concerned.
- (5) The duty of the local authority under paragraph (1)(b) does not include a requirement to offer services for treating or caring for people infected with Human Immunodeficiency Virus.

http://www.legislation.gov.uk/uksi/2013/351/regulation/6/made

Local authorities also need to follow any general legislation on procuring public sector services which may apply to commissioning and procuring sexual health services. All Public Bodies are subject to the EU Procurement Directives and the UK Public Contract Regulations. The Public Contract Regulations were updated in 2015. Sexual health services fall under the new light-touch regime (LTR)¹. The LTR is a specific set of rules for certain service contracts that tend to be of lower interest to cross-border competition. Those service contracts include certain social, health and education services, defined by Common Procurement Vocabulary (CPV) codes.

There are a small number of new procedural rules for above these thresholds. The main mandatory requirements are:

- i) OJEU Advertising: The publication of a contract notice (CN) or prior information notice (PIN). Except where the grounds for using the negotiated procedure without a call for competition could have been used, for example where there is only one provider capable of supplying the services required.
- ii) The publication of a contract award notice (CAN) following each individual procurement, or if preferred, group such notices on a quarterly basis.
- iii) Compliance with Treaty principles of transparency and equal treatment.
- iv) Conduct the procurement in conformance with the information provided in the OJEU advert (CN or PIN) regarding: any conditions for participation; time limits for contacting/responding to the authority; and the award procedure to be applied.
- v) Time limits imposed by authorities on suppliers, such as for responding to adverts and tenders, must be reasonable and proportionate. There are no stipulated minimum time periods in the LTR rules, so contracting authorities should use their discretion and judgement on a case by case basis.

The LTR rules are flexible on the types of award criteria that may be used, but make clear that certain considerations can be taken into account, including (this is not an exhaustive list):

- the need to ensure quality, continuity, accessibility, affordability availability and comprehensiveness of the services;
- the specific needs of different categories of users , including disadvantaged and vulnerable groups;
- the involvement and empowerment of users; and
- Innovation

2.2 National Policy Context

In March 2013 the Department of Health published a "Framework for Sexual Health Improvement in England" which set out the Government's ambition to improve sexual health and wellbeing of the whole population. This key policy document considers sexual health across the life course, sexual health influences, prevention, and priority areas for sexual health improvement. The ambitions are to reduce inequalities and improve sexual health outcomes; build an honest and open culture where

¹ THE PUBLIC CONTRACTS REGULATIONS 2015 GUIDANCE ON THE NEW LIGHT TOUCH REGIME FOR HEALTH, SOCIAL, EDUCATION AND CERTAIN OTHER SERVICE CONTRACTS

everyone is able to make informed and responsible choices about relationships and sex; and recognise that sexual ill health can affect all parts of society – often when it is least expected.

Whilst acknowledging that some elements of sexual health have already improved in recent years, the framework highlights important issues that still need to be addressed. This includes the need to:

- continue to tackle the stigma, discrimination and prejudice often associated with sexual health matters
- continue to work to reduce the rate of sexually transmitted infections (STIs) using evidencebased preventative interventions and treatment initiatives
- reduce unwanted pregnancies by ensuring that people have access to the full range of contraception, can obtain their chosen method quickly and easily and can take control to plan the number of and spacing between their children
- support women with unwanted pregnancies to make informed decisions about their options as early as possible
- continue to tackle HIV through prevention and increased access to testing to enable early diagnosis and treatment
- promote integration, quality, value for money and innovation in the development of sexual health interventions and services.

The framework sets out how sexual health needs vary according to factors such as age, gender, sexuality and ethnicity, and some groups are particularly at risk of poor sexual health. However, while individuals' needs may vary, there are certain core needs that are common to everyone. There is ample evidence that sexual health outcomes can be improved by:

- accurate, high-quality and timely information that helps people to make informed decisions about relationships, sex and sexual health1
- preventative interventions that build personal resilience and self-esteem and promote healthy choices
- rapid access to confidential, open-access, integrated sexual health services in a range of settings, accessible at convenient times
- early, accurate and effective diagnosis and treatment of STIs, including HIV, combined with the notification of partners who may be at risk
- joined-up provision that enables seamless patient journeys across a range of sexual health and other services – this will include community gynaecology, antenatal and HIV treatment and care services in primary, secondary and community settings

The Public Health Outcomes Framework published by the Department of Health in 2012 which sets out the national & local strategic direction for public health, includes three indicators for local authorities in relation to sexual health services:

- Reduction in under 18 conceptions
- Chlamydia diagnoses in young people (15 to 24 year olds)
- Reduction in numbers of people with HIV diagnosed at a late stage

The Department of Health and Public Health England have produced a number of documents which identify best practice in commissioning sexual health services and identify the roles and responsibilities of the different organisations involved. These can be found here:- https://www.gov.uk/commissioning-regional-and-local-sexual-health-services There is also clear guidance in relation to the clinical delivery of services from relevant professional bodies including the Faculty of Sexual and Reproductive Healthcare (FSRH),

the British Association for Sexual Health and HIV (BASHH), the British HIV Association (BHIVA), the Medical Foundation for Sexual Health and HIV (MEDFASH), the Royal College of Obstetricians and Gynaecologists (RCOG) and the National Institute of Health and Care Excellence (NICE).

2.3 Local Policy Context

Mayors Vision and Corporate Plan

In November 2013 Bristol's Mayor published his vision for the city. This includes a priority that Bristol be a place where the cared for and the caring, young and old, are respected and valued members of our society; and where living healthy, happy and safe lives is the shared aspiration for every citizen.

How?

- Implement Bristol's Health & Wellbeing Strategy.
- Provide integrated social care and public health services, focusing not just on healthcare but on healthy living and the prevention of ill-health.
- Focus on pre-natal and early years care and support for those families most in need.
- Enable older people to play an active role in their communities and keep living in their own homes wherever possible.
- Promote volunteering and good neighbour programmes throughout the city.

The Corporate Plan articulates how the council will contribute to the Mayor's vision. This includes the following objectives:

- Social care and health services for the citizens of Bristol that focus not just on health care, but on healthy living and the prevention of ill health
- Integrated services for all that enable people to live independent lives and which ensure that vulnerable people of all ages are protected and safe, thereby helping to build resilient communities

Investing in sexual health services will contribute to the mayor's vision by preventing sexual ill health and unintended pregnancies. Services will be focused on people who already experience inequalities associated with their age, gender, ethnicity, sexuality, disability and economic status.

Bristol Youth Links

After a period of multi-agency discussion between Bristol City Council youth and play services, children's social care and NHS Bristol public health directorate, guidelines were produced to support work with all young people in Bristol, in out of school settings. They incorporate guidance for looked after young people and replace the 2003 guidance 'sex and relationships education for looked after young people

The guidance provides the foundation for delivering good quality sex and relationships work with young people across Bristol in out of school settings and will enable staff supporting these young people to feel confident in the work that they are doing. Ultimately, young people will have improved sexual health as they will feel more empowered to better negotiate relationships and more easily access services that can support them.

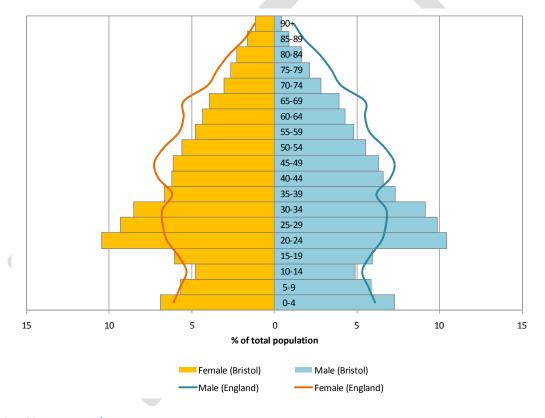
3 Main Findings from the Needs Assessment

A comprehensive Sexual Health Needs Assessment was completed in July 2015². A summary of the findings of this needs assessment has been provided below. The summary covers current sexual health needs of the population (STIs, pregnancy prevention and emerging needs).

3.1 Bristol's population

Bristol's population is currently estimated to be 437,500 and is growing rapidly. The most significant increase over the next two decades is expected to be in the 0-15 year old age group. The 16-24 year age group is the only group expected to reduce over the next decade, with a 0.9% reduction by 2022. This is due to migration out of the city for employment and education and a low birth rate around a decade ago. It is likely to start increasing beyond 2022. Bristol has a much larger proportion of its population in the 20 to 35 year old age group compared to England as a whole.

Figure 1: Population structure of Bristol and England average in quinary age-groups by gender. Source: ONS population estimates mid-2013



3.1.1 Young people

Young people are at increased risk of poor sexual health compared to the general population due to sexual development at this age and societal changes such as sexualised imagery and social media. Services need to be accessible to young people, provide support to parents, teachers and school nurses and adapt to emerging needs.

There are also particular sub-groups of young people that are vulnerable to poor sexual health. These include Looked After Children and care leavers and youth offenders.

² Bennett-Britton, B., Billing, A., Thomas, D. (2015), Sexual Health Needs Assessment, Bristol City Council

3.1.2 Sexual orientation

Local survey data suggests that there are similar proportions of Lesbian, Gay, Bisexual and Transgender (LGBT) people in Bristol to the national average (5-7%). More men than women report being LGBT. Although the LGBT population are spread across the city, the highest numbers were reported in inner-city Bristol (estimated 10% in Lawrence Hill ward).

Gay, bisexual men and other men who have sex with men (MSM) continue to be the groups most affected by HIV infection. HIV testing is particularly important for MSM given over 7,000 men in the UK have undiagnosed HIV infection and 2,600 acquire HIV infection each year.

Large increases have been observed in STIs amongst MSM including Hepatitis C, Gonorrhoea, Syphilis and Shigella dysentery. High levels of sex without condoms probably account for most of this rise, although better detection of gonorrhoea may have contributed.

MSM are at greater risk of anal cancer than the general population and are not currently included in the HPV vaccination programme.

Saunas and sex-on-premises bars and clubs remain important venues for MSM to find partners, but social media is an increasingly efficient and sophisticated way for men to meet others. There is a risk that such applications can normalise risky behaviour and facilitate onward transmission of HIV and other STIs.

It is recommended that information on sexual health should be delivered at school as there is evidence that teaching about the biological or physical aspects of same-sex relationships at school is poor.

Chemsex is an emerging risky behaviour in MSM that has been reported nationally and anecdotally in Bristol. Chemsex is defined as engaging in sexual activities while under the influence of drugs and often involves group sex or a high number of partners in one session. The drugs used include crystal meth, mephedrone and GHB (gammahydroxybutyrate)/GBL (gammabutyrolactone).

3.1.3 Ethnicity

Bristol has a more ethnically diverse population than England as a whole. 16% of the population describe themselves as being of black or minority ethnicity (BME), and 22% describe themselves as not 'white British'. The younger population is much more ethnically diverse with 28% of 0-15 year olds described as BME.

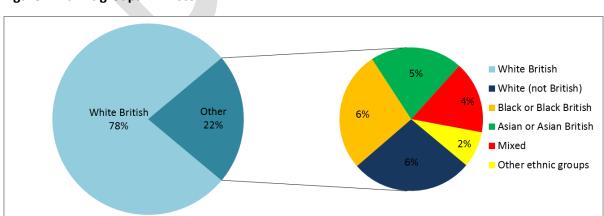


Figure 2: Ethnic groups in Bristol

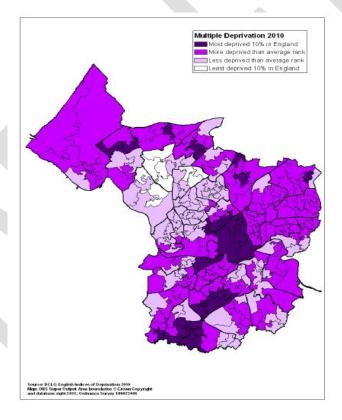
Some black and minority ethnic (BME) groups are at greater risk of poor sexual health, including higher rates of STIs, and female genital mutilation. Black-African communities collectively contain the largest number of people with undiagnosed HIV infection in the UK. The highest rates of STI diagnoses in Bristol have been found among people of black ethnicity. This high rate of STI diagnoses among black ethnic communities is most likely the consequence of a complex interplay of cultural, economic and behavioural factors. Additionally, risk behaviours and STI epidemiology vary between black African and Caribbean ethnic groups.

It is estimated that 170,000 women and girls are living with FGM (female genital mutilation) and 65,000 girls aged 13 and under are at risk of FGM in the UK. Sexual health services should be able to advise on FGM, however in most cases women will need to be referred to a specialist service. The government have announced new measures aimed at bringing an end to FGM in the UK including the reporting system and additional funding.

3.1.4 Deprivation

There are pockets of high deprivation located in the Inner City, East, South and outer Northern areas of Bristol. Poor sexual health is closely correlated with high deprivation and urbanised areas.

Figure 3: Index of Multiple deprivation 2010 for LSOAs in Bristol compared to England Average



3.1.5 People involved in sex work

People involved in sex work are a culturally diverse group that include women, men, and transgender people. They are at higher risk of poor sexual health outcomes including HIV and STIs.

In September 2011 the police estimated 280 women working in the sex market in Bristol, and an estimated 126 women working in 25 parlours in Bristol. This does not include women working from their own homes.

Barriers to people involved in sex work accessing sexual health services include stigma, discrimination, and criminalisation in the societies in which they live. Specialist services should be available to meet all relevant needs, including screening, vaccinations, support for violence and abuse, and ways to leave prostitution.

3.1.6 People with learning disabilities

Young people with learning disabilities do not have good access to sex and relationship education or information. It is recommended that there be more accessible information and support for young people with learning disabilities and for their parents.

The Sexual Health Needs Assessment for Children, young people & adults with learning difficulties in Bristol completed in 2010 highlighted a lack in the education and training of people with learning difficulties and staff caring for them in relation to sex and relationships.

3.1.7 Homeless People

Homeless people are at increased risk of STIs and unwanted pregnancies and can come under pressure to exchange sex for food, shelter, drugs and money.

A street count in November 2014 identified 41 rough sleepers in Bristol. This figure is likely to increase during the summer months. Bristol City Council identifies 400 households in temporary accommodation in 2014.

3.2 Sexually Transmitted Infections and HIV

3.2.1 STIS

Sexually Transmitted Infections (STIs) is a term used to describe a variety of infections passed from person to person through unprotected sexual contact. Some STIs are symptomatic and may result in increased discharge, pain and ulcers, whilst others are asymptomatic and often remain undiagnosed. If STIs remain undiagnosed they can lead to serious complications and have long term health implications such as pelvic inflammatory disease and infertility.

Risk of infection is reduced through consistently and correctly using condoms, reducing the number of sexual partners and avoiding overlapping sexual relationships, and having a sexual health screen either once per year or on changing partners.

Over the last decade the rates of all STIs diagnosed in genitourinary medicine (GUM) clinics have risen across England as a whole. This is partly explained by increased testing through the National Chlamydia Screening Programme (NCSP) and improvements in diagnostic tests, however it is largely due to ongoing unsafe sexual behaviours.

The increases seen nationally are reflected in Bristol. Sharp rises have been observed for syphilis and gonorrhoea in particular. Concurrently, recent rates of genital warts have been rising in Bristol despite reductions nationally.

Much of the rise can be attributed to increased numbers of diagnoses within the MSM community in particular. There is some evidence that this is in part due to cultural practices amongst MSM.

Chlamydia trachomatis is the most common STI in England, and this is reflected in Bristol also. Approximately a third of all Bristol residents aged between 15 and 24 years are screened for chlamydia each year.

Gonorrhoea infection is highly associated with chlamydia co-infection. Gonorrhoea can quickly develop resistance to antibiotics and a national gonococcal surveillance programme has been established in response to this.

Heterosexual men are more likely to have a diagnosis of genital warts, and heterosexual females are more likely to have a diagnosis of genital herpes and chlamydia. Diagnoses of syphilis and gonorrhoea are more likely to be reported in MSM than other groups. Rates of STIs are higher amongst BME groups and in areas of high deprivation.

3.2.2 HIV

The diagnosed prevalence rate of HIV in Bristol in 2013 was 1.68 per 100,000 residents aged 15-59 years. This was lower than the 2.1 per 100,000 observed in England as a whole.

The new diagnosis rate for Avon, Gloucestershire and Wiltshire residents aged 15-59 years (6 per 100,000) was below that of England in 2013 (13 per 100,000).

MSM and black-African communities collectively contain the largest number of people with undiagnosed HIV infection in the UK.

In Bristol 49.4% of diagnoses were classed as late from 2011 to 2013 compared to 45% in England. This higher proportion locally is of particular concern. Heterosexuals were more likely to be diagnosed late than MSM and black-Africans were more likely to be diagnosed late than white people.

3.3 Pregnancy Prevention

For many, pregnancy is a joyous experience and often planned. However often pregnancies are unplanned and unintended. Some women with unintended and unplanned pregnancies will decide to proceed with their pregnancies. While many of these pregnancies will become wanted, the fact that the pregnancy was unplanned may cause financial, housing and relationship pressures, and have impacts on existing children.

Nationally, the highest proportion of unplanned pregnancies occurs in the 16-19 year old age group. Factors associated with unplanned pregnancies are having first sex before the age of 16, lower educational level and not living with a partner. Recent experiences of smoking, having used drugs other than cannabis, and depression are also more common amongst women reporting unplanned pregnancies.

3.3.1 Teenage pregnancy

The Government launched the Teenage Pregnancy Strategy in 1998 in recognition that most teenage pregnancies are unplanned and around half end in an abortion. While for some young women having a child when young can represent a positive turning point in their lives, for many more teenagers bringing up a child is incredibly difficult and often results in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and well-being and the likelihood of both the parent and child living in long-term poverty. Teenage pregnancies in Bristol have shown a steep decline since 2007 and are now only slightly higher than the England average (25.7 per 1,000). There is a stark difference in the rates of teenage conceptions by ward with rates in some wards being as high as 1 in 12, and there is a strong correlation with deprivation.

3.3.2 Contraception

Expert clinical opinion is that long acting reversible contraception (LARC) methods are more cost effective at one year of use compared with the oral contraceptive pill and that increasing the uptake of LARC methods will reduce the numbers of unintended pregnancies. Guidance from NICE (2014) states that, while all methods of contraception are effective, LARC methods such as contraceptive injections, implants, the intra-uterine system or the intrauterine device (IUD) are much more effective at preventing pregnancy than other hormonal methods, and are much more effective than condoms. This is because the effectiveness of barrier methods and oral contraceptive pills depends on their correct and consistent use. By contrast, the effectiveness of LARC methods does not depend on daily concordance. For this reason, Government policy has focused on increasing access to LARC methods over the last decade in order to reduce unplanned pregnancy.

Although progress has been made the uptake of LARC is still low in the UK, at around 12% of women aged 16–49 in 2008–09, compared with 25% for the oral contraceptive pill and 25% for male condoms. The current limited use of LARC suggests that healthcare professionals need better guidance and training so that they can help women make an informed choice.

Unprotected first sex is more likely for the youngest age groups and higher in some BME groups. Access to contraceptive services is most problematic for people in disadvantaged communities.

3.3.3 Emergency contraception

The rate of emergency pill and emergency IUD prescriptions is highest for the 16 to 17 year age group. The rates of emergency pill prescription reduce with age, whereas IUD prescriptions proportionately increase for the older age groups. Younger age groups are more likely to be prescribed emergency contraception more than once.

In Bristol, an improved pathway for emergency IUD access has been developed. Despite this anecdotal evidence suggests that the numbers of emergency IUD fittings have not increased. This needs to be further investigated.

3.3.4 Abortion

In total there were 1545 abortions notified as taking place among Bristol residents in 2013 (DH, 2014). This represents an age standardised rate of 13.8 per 1000 Bristol resident women aged 15-44, which is lower than the England rate of 16.1. As seen nationally, rates of abortion in Bristol are highest amongst 20-24 year olds, followed by 18-19 year olds. Nationally, abortion rates were slightly higher amongst Asian and Black ethnic groups.

Evidence shows that the risk of complications increases the later the gestation. The vast majority of abortions in Bristol are performed at under 13 weeks (90% in 2013), which is slightly below the England average of 92%. Nationally there has been a continuing increase in the proportion of abortions that are performed under 10 weeks since 2003.

Rates of repeat abortions were similar in Bristol to those seen nationally, at 36%.

3.4 Sexual exploitation, violence and coercion

Nationally, at least 29.9% of women and 17.0% of men in England and Wales have, at some point, experienced domestic and sexual violence and abuse (DSVA). Abuse within young people's relationships is also an area gaining national recognition, with children as young as 13 reported to have experienced DSVA. Being in a relationship with an older partner, and especially a 'much older' partner, is a significant risk factor for young women.

People with physical disabilities and learning difficulties and people who are lesbian, gay, bisexual or transgender, are more likely to experience DSVA than the general population. 30% of domestic and sexual violence and abuse starts during pregnancy. Up to 70% of teenage mothers have experienced adolescent domestic violence and abuse. Other risk factors for DSVA include recent separation, being isolated socially from family and friends, poverty, unemployment or poor living situations and insecure immigration status.

In 2012/13 6,178 cases of DSVA were reported to the police, much lower than the Home Office prevalence estimate for Bristol of 14,273 women and girls aged 16-59.

16,500 children from across England were identified as being at high risk of Child Sexual Exploitation (CSE) during the period April 2010-March 2011. 1 in 3 cases is male, however awareness of CSE in men is low amongst professionals and the general public. Young males are also less likely to talk about and report CSE. Sexual victimisation is particularly prevalent within the gang environment, with young women at particular risk.

Young people's experiences of sexual harassment, sexual bullying and sexism have been found to be every day experiences and heavily normalised amongst this generation. It is felt that technology has amplified the problem and facilitated the objectification of girls. Sexting, for example, is the exchange of sexual messages or images through mobile phones and/or the internet and it is often coercive, with girls being the most adversely affected as well as ever younger children. Access to pornography is widespread amongst young people and has been linked to attitudes towards relationships and sex and risky behaviour such as having sex at a younger age.

Young people have been found to have a narrow concept of what constitutes rape, seeing it as only involving explicit force between strangers. Young people also generally had limited understanding of how to get consent to have sex.

3.5 Views of services users and the general public

The information provided in this section has been collected from a combination of service user feedback forms administered by current providers, academic research into Bristol resident's views and experiences of sexual health services and focus groups with key prevention groups (people involved in sex work, LGBT and MSM, young people, homeless people, BME groups and people with learning disabilities) within Bristol.

3.5.1 Views of Service Users

Patients attending the Central Health Clinic in 2014 were asked to respond to a service user feedback survey. Respondents were very satisfied with the service, with 99% saying they would recommend the service to a friend and 97% saying they received the help they needed during their visit.

Patients attending Brook's clinic at The Station were asked to respond to a service user feedback survey in 2013. The majority of people stated they were happy with the service they received at The Station (90%). Similarly 99% of respondents stated they would definitely use the service again. Free text feedback from service users indicated that access would be improved if the service was open earlier in the day and on Sundays.

3.5.2 Views of key prevention groups in Bristol

The main findings from the engagement with key prevention groups are summarised below.

Communication:

- Providing clear information about the services that are available was considered key. This
 should be accessible to everyone, regardless of disability, learning difficulties, mental health
 considerations, homeless, age, sexuality and culture. For example providing videos of what
 to expect when attending a clinic would benefit people with learning disabilities amongst
 others.
- Information needs to be provided in accessible ways to the target audience such as through websites and social media.

Sex and Relationships Education in schools and other settings:

- There's often a feeling that sex and relationships education is given a negative spin when discussing issues, rather than focusing on the positives of healthy relationships:
- People with LD felt a lack of support was available if they approached professionals about wanting a sexual relationship or starting a family and in general this was discouraged.
- Services available in schools need to be accessible, ensuring opening times reflect demand and students cannot be seen by peers when they attend.

Access to Sexual health Services:

- Sexual health services need to provide outreach services to engage with certain vulnerable groups such as people with learning difficulties and people that work in the sex industry.
- The importance of confidentiality and anonymity in sexual health settings was a common theme.
- The importance of services offering flexible walk-in sessions, evening and weekend opening hours, short waiting times and in convenient, local facilities was raised in order for services to be accessible to groups that tend to have more chaotic lifestyles.
- Ensuring the clinic environment is relaxed and informal with entertainment available was
 felt important in order for people to feel relaxed and not feel as though they are are being
 judged.
- Ensuring staff are trained in the needs of vulnerable groups and do not come across as judgemental or critical.
- Ensuring different methods of booking appointments are available such as via telephone and text message.
- A range of options for where a service can be accessed from should be available as preferences varied both across and within different groups.

3.6 Views of practitioners and providers

The views of practitioners and providers were obtained through semi-structured interviews with staff in the main sexual health providers in Bristol (University Hospitals Bristol NHS Foundation Trust, Brook and the Terrance Higgins Trust) and interviews with professionals who work with groups particularly vulnerable to poor sexual health. The results are summarised below.

Access to sexual health services

- There is greater pressure on services on Fridays and Saturdays due to a combination of demand and service opening times.
- Services may need to consider more evening opening with changing demands.

- Waiting times can be an issue for some services. Some successful changes have been implemented to address these such as text message bookings.
- Conversely, it was felt that some community services can be underutilised.
- It was felt that service users should be offered choice of where they could access level 1 and 2 services and that other services could be extended to provide more level 3 services.
- Some issues were identified relating to pathways and referral processes between services which could be improved. This is also true for non-sexual health services such as mental health services and voluntary sector services which work with vulnerable groups.
- More could be done to better promote services and make better use of technology such as social media.
- There are number of outreach services currently available to particular vulnerable groups which staff felt were valuable.
- Research was felt to be an important aspect of the work of sexual health services.
- Staff reflected feeling under time pressure during appointments to provide support around the wider determinants such as drugs, alcohol and mental health.
- Some services IT systems could be improved and staff felt they would prefer electronic patient records to paper.
- More innovative ways of providing services should be considered such as saliva based HIV testing.
- There was recognition of changing cultures and trends and the need for services to be able to meet these needs.
- Interpreters should be used where possible, instead of providing leaflets etc. in multiple languages.
- Improving access to GP appointments was considered a particular problem for vulnerable groups and those with complex needs who ideally need to see someone immediately.

Training

 Current training is valued (such as 4YP) however there were requests for refresher courses, brief updates, mandated training for particular professional groups, a course that makes more explicit the link between sexual health, sexual violence and consent, an equivalent to the 4YP training portfolio but covering all ages.

Health promotion

 A particular push to boys and men that it is ok to talk about sex and relationships and seek help.

3.7 Conclusions from needs assessment

Based on the findings from this sexual health needs assessment, the following conclusions have been drawn:

General

 Bristol's population is growing; therefore services need to be able to adapt to meet increasing demand.

- Bristol's population is also becoming more ethnically diverse, particularly in younger groups;
 therefore services need to be accessible to diverse population needs.
- Integrating the commissioning arrangements for GUM and CASH services would improve reporting and monitoring of service provision and may resolve issues around data quality.
- Research and evidence based practice should be an important element of sexual health services.

Services offered

- Diagnoses of STIs continue to increase, reflecting both an increase in access to sexual health services but also increasing risky behaviour. Existing prevention efforts, such as greater STI screening coverage and easier access to Sexual Health services, need to be sustained and supported by earlier diagnoses to help reduce further transmission of infection.
- Teenage pregnancies in Bristol have shown a steep decline since 2007 and are now only slightly higher than the England average (25.7 per 1,000). The efforts to reduce these rates need to be sustained.
- Long Acting Reversible Contraception uptake remains low, particularly in young people. Conversely oral emergency contraception use is high amongst young people. Consideration should be given to ways to increase the uptake of LARC.
- Late diagnosis of HIV is high for Bristol. Encouraging regular testing amongst high risk groups such as MSM and black-Africans is key. This may be achieved through innovative approaches to testing.

Access to services

- Sexual health services are generally well positioned in the areas with highest deprivation.
 However some of the outreach clinics are reported to have low attendances and conversely, others report high waiting times. A review of the location, opening times and the appropriateness of the setting of these services is required.
- Sexual health services should work collaboratively to ensure easy access and transition between services.
- There is some evidence of low uptake of services for BME and LGBT groups. Services need
 to ensure they are accessible to all high risk and equalities groups and promote their services
 appropriately.
- Marketing of services should take advantage of technological developments such as social media, text and online booking and triage.
- Other technological innovations in order to increase uptake of services should be considered, such as online home testing.
- Specific support should be offered to the groups at particular risk of poor sexual health such as people involved in sex work, BME groups, people with physical and learning disabilities, LGBT and MSM, homeless people and young people.
- Some issues have been raised by professionals relating to eligibility for a service if a service
 can be provided from elsewhere (e.g. a GP practice). Issues have also been raised relating to
 referrals between services. People should have choice in where they can be seen for a
 service and the number of referrals required should be kept to a minimum. When referrals

- are required a clear pathway should be in place. This should include referrals to services related to the wider determinants of health.
- Interpreters should be used where possible, instead of providing leaflets etc. in multiple languages.
- Outreach services should be considered in order to engage particular high risk and vulnerable groups.

Health promotion

- Preventative education needs to integrate with the core treatment offer to reduce repeat presentations, particularly in high risk groups.
- Sexual health professionals need to be responsive to emerging sexual health needs such as
 domestic and sexual violence and abuse (including sexual harassment, bullying and sexism),
 sexual exploitation and drugs and alcohol misuse e.g. Chemsex.
- Sexual health services need to strengthen collaboration between partner organisations
 working in the wider determinants of health such as drugs and alcohol services, DSVA
 support services, mental health services and adult and child social services. The additional
 time required for this in consultations needs to be acknowledged. This may require the
 development of systems and processes in order to share data and information.

4 Current services

4.1 Current Sexual Health Services and Configuration

Sexual health services are currently commissioned from a range of providers across the city. This helps to ensure that services are accessible to everyone who needs to use them and that, where appropriate, services are targeted to particularly vulnerable groups such as young people, men who have sex with men (MSM) and people from black and minority ethnic (BME) groups.

The Bristol City Council commissioned services which are in scope for the procurement are described in the following sections:

4.1.1 Bristol Sexual Health Service

University Hospitals Bristol are commissioned by Bristol, North Somerset and South Gloucestershire local authorities to provide specialist sexual health services. Known as Bristol Sexual Health Service (BSHS), it is free at the point of access, and comprises of sexual health screening /testing, treatment, advice and provision for a wide range of contraceptive methods, including emergency contraception. The service consists of a main central 'hub' clinic where complex level 3 and level 2 services are mostly delivered, and 8 'spoke' community clinics (4 of which are in Bristol) which mostly deliver level 2 services, with the exception of a few that deliver more complex services. In addition the service runs 9 dedicated young people's clinics (5 of which are in Bristol). Outreach services are offered for some vulnerable populations, including sex workers and children who have been sexually exploited.

The service is fully integrated, which means that a patient attending for a genitourinary medicine (GUM) service will receive a contraceptive service (advice and provision of contraception if applicable) and visa-versa. In the current contract, attendances for GUM are paid by a tariff for activity (with separate rates for new attendances and follow up attendances), whereas attendances

for contraception and sexual health are delivered under a block contract. The service makes the distinction that walk in appointments at the central clinic are classed as GUM appointments, whereas booked appointments and all attendances at community clinics are part of the block contract.

Bristol Sexual Health Service offer both walk-in and booked appointments as detailed in the table below. A single point of access telephone line is the main access point for patients wishing to make appointments for all BSHS services. It is staffed by receptionists from 9am-7pm Monday to Thursday (closed 3pm-4pm on Wednesday), 9am-1pm on Friday and 9.30am-1pm on Saturday. Receptionists are able to make appointments for Central Clinic and the community clinics. A text service for booking a slot in the walk in clinics is also available. The service aims to see patients seeking advice and testing within 48 hours.

Table 1: Sexual Health Services and Opening Times

Name of clinic	Address	Opening times									
Main clinic											
Central Health Clinic	Tower Hill	BS2 OJD	Walk-in: Mon, Tue, Thu 9am-4pm, Wed, Fri, Sat 9am - 12 midday Appointments: Mon-Fri 8.30am to 8.00pm								
Community clinics											
Charlotte Keel Health Clinic	Seymour Road	BS5 OUA	Appointments: Mon, Wed 11.30am-2.30pm Walk in: 2.30pm-3.45pm								
Cossham Hospital	Lodge Road, Kingswood	BS15 1LF	Appointments: Thu 9am-5pm.								
Southmead Community Sexual Health Clinic & Young People's clinic	The Cotswold Centre, Southmead Hospital	BS10 5NB	Appointments: Wed 6pm- 8.30pm								
South Bristol Community Hospital	Hengrove Promenade	BS14 1DN	Appointments: Wed 9.00am- 12.00pm and 1.30pm - 4pm								
Young people's clinics (nurse le	d service for under 25s)										
СК ҮРС	Central Health Clinic, 1st Floor, Tower Hill	BS2 OJD	Walk in (under 18s only): Mon 3.30pm- 5.30pm								
Knowle YPC	5 Knowle Health Park, Downton Road, Knowle	BS4 1WH	Walk in: Tue 3.30pm-5.30pm								
Lawrence Weston YPC	Ridingleaze, Lawrence Weston	BS11 0QE	Walk in: Fri 3.30pm-5.45pm								
Amelia Nutt Clinic YPC	The Withywood Centre, Queen's Road	BS13 8QA	Walk-in: Mon & Thu 3.30pm- 6pm								
Southmead YPC	Southmead Health Centre, Ullswater Road	BS10 6DF	Walk-in: Mon 4.15pm - 6.30pm								

BSHS also run a number of regular specialist clinics, which include deep implants, difficult IUD/IUS fits, chronic pelvic pain, chronic herpes and an African Well Women's clinic. Health professionals may provide written referrals to these specialist clinics.

The main 'hub' clinic is based at Central Health Clinic, Tower Hill, Bristol, close to the main shopping district of Cabot Circus. The building is also used by related UHB services, with the same staff working across the different elements of the service. These are:

- Bristol Pregnancy Advisory Service (a termination of pregnancy service) commissioned by Bristol CCG
- Second pregnancy prevention nurses (part of the Bristol Pregnancy Advisory Service but funded by Bristol City Council Public Health)
- Psychosexual services commissioned by Bristol CCG
- The Bridge, a Sexual Assault Referral Centre (SARC) commissioned by NHS England

4.1.2 **Brook**

Brook is a national sexual health charity providing sexual health services, support and advice to young people under the age of 25. In Bristol, Brook is well established, and is commissioned under a block contract agreement to provide a central clinical service and an outreach service to local secondary schools and further education colleges. The central clinic is jointly commissioned with North Somerset and South Gloucestershire local authorities. South Gloucestershire also commission outreach services in a limited number of their secondary schools. Additional time limited work, such as a learning disabilities project and a participation project have also been commissioned in recent years.

The central clinic is located close to the main shopping district, Broadmead. The clinic occupies the top floor of The Station, a building which operates as a 'youth hub' offering young people from across the city a space for a variety of creative and physical activities, as well as access to advice and support. The Brook clinic provides Level 1 and 2 sexual health services, using a 'one stop shop' model, offering young people testing and treatment for sexually transmitted infections, a full range of contraceptive methods, emergency contraception, pregnancy testing, and confidential advice and signposting to other health services when necessary. The clinic is open 6 days a week for walk-in appointments with a sexual health nurse. There are also a limited number of booked doctor appointments. Young people may also be seen by a youth worker or a counsellor at the clinic.

The outreach service operates in the majority of the state maintained secondary schools and some colleges across Bristol. The drop-in clinics aim to provide pupils with easy access to health information, advice and support around issues that are relevant to them. The drop-ins provide a limited range of sexual health and contraception services, and signpost to other services when necessary. The outreach clinics usually operate during a lunch time once a week in each school, and are run by a Brook outreach nurse and youth worker, often supported by a local youth worker. The Brook youth worker registers young people onto the local C-card condom distribution scheme and runs small group discussions. The venues used vary in each school and are dependent on the availability of suitable spaces. The Brook team are also commissioned to support the delivery of Sex and Relationships Education (SRE)in the schools where they work, which allows them to meet young people, promote the service, and offer reassurance around confidentiality.

Since 2014, Brook have been commissioned to improve support for young people with learning disabilities (LD) and their families around issues related to puberty, relationships and sex. Brook currently employ a specialist worker, who is able to do direct work with young people and their parents/carers, as well as deliver training and advice to other professionals to enable them to

provide the education/support to young people with LD and their parents/carers. The work has been very well received and the post holder has built a number of strong links with a range of agencies, particularly the special schools.

4.1.3 Terrence Higgins Trust

Terrence Higgins Trust (THT) are a national voluntary sector organisation specialising in supporting people with HIV; promoting better sexual health amongst high risk communities including sex workers, people from African communities, men who have sex with men, intravenous drug users and young people; and providing some clinical services such as the HIV Fastest (where results are available in 20 minutes) and non-complex STI testing.

THT in Bristol are commissioned to deliver the following outcomes:

- 1. To promote individual control over sexual health and general health and wellbeing for those living with HIV.
- 2. To raise awareness of HIV and STI's through educational advice to targeted groups within the local community.
- 3. To provide a testing service for HIV to reduce late diagnosis and onward transmission.
- 4. To minimise adverse health consequences through early testing and treatment for HIV and STI's.

THT in Bristol offer:

- Services to people living with HIV/AIDS and those close to them (i.e. their families, partners, friends or carers) and other agencies providing services to these people.
- HIV prevention and sexual health promotion services for targeted groups and communities.
- A twice weekly drop in clinic offering HIV and STI testing accessible to vulnerable groups. This service offers open access to finger prick rapid testing for HIV with follow up blood test if necessary as well as STI screening for chlamydia, gonorrhoea and syphilis.

THT health promotion work includes outreach sessions to specific communities at greatest risk of getting or passing on HIV in a range of settings and online; distribution of information, health promotion messages, campaign/mass/social media; training and management of volunteers and peer educators to provide support to people living with HIV and also sexual health advice; and a condom distribution scheme. THT conduct an annual patient satisfaction survey, and engage users in service development/ improvement plans.

Currently Bristol City Council have two separate contracts with THT. The long term condition management work for people living with HIV is commissioned by Social Services and the health promotion and clinical work is commissioned by Bristol Public Health.

4.1.4 Avon Chlamydia Screening Programme

The Avon Chlamydia Screening Programme is an in house Bristol City Council team. The service offers opportunistic chlamydia screening for young people aged 15-24, as part of the National Chlamydia Screening Programme which aims to reduce chlamydia prevalence nationally. The team provide support to practices, pharmacies, Brook and termination of pregnancy services to offer chlamydia testing to their patients. This includes supplying testing kits, training staff, results management, signposting to treatment, and partner notification. The team consists of nurses and administrators, and is based within the Young People's Public Health Team. The team is

commissioned to provide this service on behalf of the neighbouring local authorities (North Somerset, South Gloucestershire and Bath and North East Somerset).

4.1.5 General Practice

All GP practices are required to provide a minimum level of sexual health services as part of their GMS/PMS contract with NHS England. This includes giving advice about the full range of contraceptive methods, and the prescribing of contraceptive pills and injections, but excludes some LARC methods. Through an additional contract with Bristol City Council, most practices will also fit intrauterine devices, and fit and remove contraceptive implants. Practices will also receive payment for any chlamydia screening for young people aged 15-24.

Practices may also offer an enhanced service to provide accessible sexual health services to young people, both to their registered and unregistered patients. The practices are required to sign up to be '4YP practices' which means they meet certain standards which ensures they are friendly and accessible to young people. They are also proactive in attracting young people to use their sexual health services, for example, by offering teen health checks, c-card registration and '4YP appointments' for non-registered patients.

4.1.6 Pharmacies

81 of the pharmacies in Bristol are able to offer free sexual health services for young people under 25. This includes emergency hormonal contraception, chlamydia testing and treatment and free condoms with a C-card. Long opening hours and high street locations make pharmacies easily accessible for young people.

4.1.7 4YP Bristol (C-card and Multiagency Training)

4YP Bristol is an in house service within the Young People's Public Health Team in Bristol City Council. The team offer a range of information, training and support to improve young people's sexual health in the city. 4YP Bristol is an umbrella brand for all sexual health services in Bristol, created to ensure services are easily accessible and recognisable for young people, and to reassure young people that the service will be friendly and confidential. The team offer free multi-agency training to professionals working with young people in Bristol on sex and relationships, and specialist support to GP practices and pharmacies on working with young people.

The team co-ordinate the C-card condom distribution scheme for the city. The C-card scheme aims to support young people (13 – 24 year olds) in making healthy sexual choices, by making it easier for them to access condoms when they need them and increasing opportunities for them to talk to trained workers. The C Card scheme also gives access to free condoms, signposts young people to other sexual health services and ensures young people get up-to-date information on sexual health services. There are now 140 active C-Card outlets as well as 24 outlets that have been involved with the scheme but are currently inactive. Participating organisations range from health settings such as sexual health clinics, pharmacies and GP practices to school and college sites, youth clubs and housing organizations. Brook Outreach delivers C-Card as part of their drop-in clinics.

4.1.8 Second Pregnancy Prevention Nurses

The second pregnancy prevention service works with individual young women in Bristol who have had a pregnancy, in order to support them to access an ongoing method of contraception so that they may prevent any subsequent unplanned conceptions. The service was set up to work with all under 18s that have been pregnant. Approximately half of these young women will have had an abortion or miscarriage and half will have had a baby. The service may also work with 18 year olds

with vulnerabilities, such as those in care and care leavers, homeless young people and those with mental health issues.

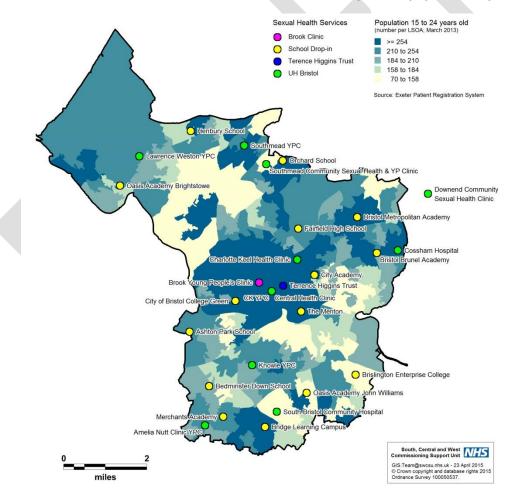
The nurses will introduce themselves to young women when they come to the Pregnancy Advisory Service, and then stay in contact with them for six months or longer if they haven't established a reliable method of contraception. Antenatal teenagers will be referred to the service by the Teenage Pregnancy Specialist Midwives and will be followed up in the same way. The nurses can do home visits, make or take young people to appointments or meet them at the BSHS Young People's Drop-In Clinics. The service aims to maximize the use of LARC or reliable forms of contraception, through providing young people with advice so that they can make an informed choice about all the contraceptive methods available to them.

The service is currently provided by UHB and based within Bristol Pregnancy Advisory Service at Central Health Clinic. It is commissioned by Bristol City Council under a block contract arrangement.

4.1.9 Geographical location

The clinic locations have been geographically aligned to the areas of greater deprivation and correspondingly areas with a higher proportion of 15 to 24 year olds (Figure 4).

Figure 4: Location of BSHS, Brook and THT services and 15 to 24 year old population by LSOA area



4.2 Eligibility Criteria

The Local Authority is responsible for commissioning comprehensive, open access, sexual health, contraception and STI testing and treatment services, for the benefit of people of all ages present in the City. This includes residents of Bristol and those visiting or working in the area.

In addition, the Local Authority is responsible for paying for services received by Bristol residents in other Local Authority areas as part of their open access arrangements. For example, a Bristol resident may use a London service for diagnosis and treatment of sexually transmitted infections, and Bristol City Council will be invoiced.

4.3 Performance of Current Services

All current services have a number of key performance indicators (KPI's) that are monitored quarterly and currently all our contractors, including general practice and pharmacies continue to perform against the contracts. Although all the current services meet their contractual requirements, many of the services do not have KPIs relating to newly defined priorities outlined in this commissioning strategy (e.g. tackling vulnerability, and a focus on sexual violence, coercion and exploitation and addressing the wider determinants of health).

Contracts in the current system are subject to differing payment methods. Some of them are 'block' contracts or fixed fees against set criteria and some Payment by Results or Cost and Volume. This means that the costs of services vary as a result of service activity. Analysis of the variable costs indicates that current providers are meeting demand with variation accounted for by demographic and epidemiological factors.

Service efficiency across contracts has not been reconciled fully but there are strong indications that multiple contracts and multiple service locations lends itself to over capacity.

4.4 Financial analysis and current spend

Figure 5 provides a breakdown of contractual spend on sexual health services by service provider for 2014/15.

Table 2: Financial Breakdown of Current Services

Commissioning Responsibilities	Current Provider	Contract Value for 2014/15
Genitourinary medicine (GUM)	UHB	£2,358,452
Sexual and Reproductive Health Services	UHB	£752,159
Chlamydia screening	Bristol City Council	£185,922
Young people's services	Brook	£846,093
GPs	Individual practices	£450,486
Pharmacies	Individual pharmacies	£147,000
Second pregnancy prevention nurses	UHB	£97,419
Health promotion, testing service and social care	Terrence Higgins Trust	£205,906
C-card coordination	Bristol City Council	£10,000
Young people's health promotion and		
multiagency training	Bristol City Council	£18,000
TOTAL		£5,071,437

A Sexual Health Appraisal completed in February 2014 (Manley, 2014) reviewed the previous three years activity for services commissioned jointly from Bristol, North Somerset and South Gloucestershire). The review showed an increase in the number of GUM attendances at UHB across BNSSG. The increase for Bristol year on year is 11.1% from 2010 to 2011, 5.5% from 2011 to 2012 and for this year is anticipated to be 8.8%. Whilst this demonstrates that the service is testing more people, it also means that there are issues around managing demand for the future. This service is offered as open access (as per national mandated guidance) and as such, it is not possible to put a cap on activity. It is therefore essential that we ensure that people are using the specialist services appropriately and that we are paying an appropriate rate for the services delivered.

The contract for UHB Sexual Reproductive Health Services is currently a block contract and is therefore not sensitive to different levels of activity. The block contract was set at a level based on previous year's activity, so it is unlikely to be sustainable for the future, as activity is increasing in this part of the service also. The services commissioned from third sector providers (Brook and THT) are also are also subject to block contracts.

In 2014, Bristol City Council undertook a review of the level of funding which is spent on sexual health in other areas to ensure that Bristol is not out of line with other similar cities. Six of the eight core cities responded to a request for information on their level of spend on sexual health as a percentage of their total public health grant. The responses are set out in the graph below.

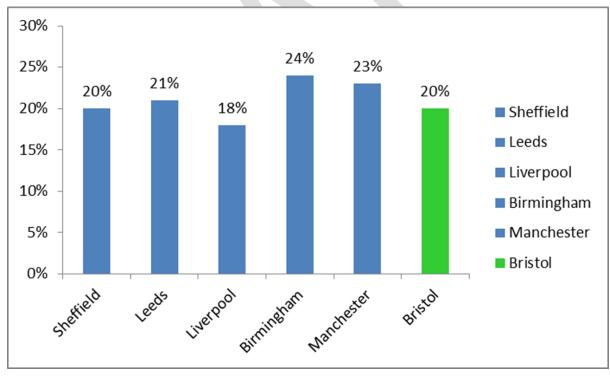


Figure 6: Sexual health spend as a proportion of total spend (Core Cities)

This demonstrates that Bristol is in line with similar core cities in terms of expenditure on sexual health services as a percentage of the grant i.e. 20% in a range of 18% to 24%. Nationally, sexual health accounts for about 25% of local authorities public health grant.³

³ All-Party Parliamentary Group on Sexual and Reproductive Health in the UK (2015) Breaking down the barriers: The need for accountability and integration in sexual health, reproductive health and HIV services in England

5 Commissioning principles and process

5.1 Commissioning process

and secure contracts.

5.1.1 Enabling commissioning framework

Strategic commissioning is the process by which the council identifies strategic outcomes and priorities in relation to people's assessed needs and designs and secures appropriate services to deliver these outcomes. Services can be provided in-house or by external providers. In order to guide and standardise strategic commissioning practice, the council has developed the Enabling Commissioning Framework. This includes a comprehensive set of guidance, templates and checklists for use in all commissioning processes which will support public, private and voluntary, community and social enterprise (VCSE) organisations to better engage in commissioning processes

The Enabling Commissioning Framework is based on four key elements:

Analyse – understanding the service priorities, values and purpose, the needs they must address and the environment in which they operate.

Plan – identifying the gaps between what is needed and what is available, and planning how these gaps will be addressed within available resources.

Do – ensuring that the services needed are delivered as planned, to efficiently and effectively deliver the priorities, values and purpose set out in the commissioning plan.

Review – reviewing the delivery of services and assessing the extent to which they have achieved the purpose intended.

More information about the Enabling Commissioning Framework is available on the council's website:

http://www.bristol.gov.uk/page/enabling-commissioning

5.1.2 Partnership approach

A formal overarching commissioning framework covering Bristol, North Somerset and South Gloucestershire local authorities and clinical commissioning groups, means Bristol can secure efficiencies, promote equity and manage the risk arising from open access services. Throughout the analyse and planning stages of the commissioning cycle, Bristol has been building close collaboration between commissioners and colleagues from finance, legal and procurement departments of the different authorities. Sufficient time has been allowed to develop successful collaborative commissioning arrangements and associated financial, tendering and contracting processes.

Arrangements will be appropriately documented to:

- satisfy governance and compliance requirements
- manage any pooled finance or shared human resources
- detail the specific responsibilities of host or lead commissioners
- identify authority for contract sign-off
- outline arrangements for performance management

5.1.3 Outcomes-based approach

An outcomes based approach is not overly prescriptive in the specification about the services to be provided. Instead the procurement process will specify the outcomes being sought and the service

users who will be eligible for services. This approach aims to support innovation but, in such a highly regulated area, there will inevitably be areas that must be subject to detailed specification and agreement about how services will be delivered. Any procurement processes will include an assessment of whether the proposed service is likely to address the sexual health needs of the population and enable them to achieve any outcomes identified. The assessment will be based on evidence provided about the specific approach and its appropriateness for the relevant young people. The strength of evidence base will be critical to the chance of success. Throughout the contract period, commissioners will work together with providers positively and constructively to achieve outcomes for service users. The quality of services and achievement of outcomes will be evidenced through reporting processes and regular monitoring.

5.1.4 Best value and social value

The general duty of best value requires the council to "make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness." This means that we must consider overall value, including economic, environmental and social value, when reviewing service provision. The aim of commissioning is therefore to achieve value for money, i.e. services that deliver the best balance between economy (cost), efficiency (degree of output) and effectiveness (outcomes and results). In accordance with the Council's aspirations and objectives and its obligations under the Public Services (Social Value Act) 2012, we will consider;

- (a) How what is proposed to be procured might improve the economic, social and environmental well-being of the relevant area, and
- (b) How, in conducting the process of procurement, it might act with a view to securing that improvement.⁴

5.1.5 Equalities

This commissioning plan aims to tackle discrimination and promote equality for all groups. As part of ensuring this an equality impact assessment will be completed. Providers will be required to demonstrate their commitment to providing an inclusive environment that is equally effective in meeting the needs of all protected characteristics. Providers will also be required to comply with the s.149 Equality Act 2010 public sector duty to have due regard to equality objectives. Contract monitoring will include comparing outcomes for people in different equality groups. We will expect providers to take action to address any significant differences for particular groups.

6 Commissioning the future sexual health service

The future model of sexual health provision in Bristol, North Somerset and South Gloucestershire will aim to address the identified gaps in service delivery and local population needs. It will recognise the need for a more joined up, responsive system which provides flexibility in the model of service delivery. The model will be designed to lead to improvements in specific outcomes and will be shaped by set principles for service delivery.

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⁴ Public Service (Social Value Act) 2013

6.1 The principles for service delivery

Drawing on key principles set out in the Department of Health's 'A Framework for Sexual Health Improvement in England', and incorporating local priorities the future model will be delivered using the following principles.

- **Prioritise prevention** of poor sexual health, with a comprehensive strategy that starts in schools and is delivered across the life course utilising outreach.
- **Focus on outcomes,** continuously improving outcomes for termination of pregnancy, STIs and reducing inequalities in sexual health.
- Address the wider determinants of health, with a structured and proactive approach to multiple risk behaviour in sexual health services and other related services.
- **Meet the needs of more vulnerable groups,** ensuring geographical provision and opening hours align with the needs of high risk and vulnerable groups.
- **Strong leadership, joined up working** removing organisational barriers to accessing contraception, STIs and terminations.
- Commissioning high quality services, with clarity of accountability
- **Evidence based commissioning**, with decisions based on good information and intelligence, promoting research to fill knowledge gaps.
- **Adaptive service**, able to proactively respond to changes in new risk factors, changing patterns of behaviour and use of technology in service delivery.
- Visible services, exploiting online technology to engage service users and increase knowledge, particularly in high risk communities.

6.2 Sexual Health Outcomes

The future model will aim to improve a number of sexual health outcomes contained in the Public Health Outcomes Framework and identified as a priority through assessment of local needs. Further indicators relating to the quality of sexual health services will be contained in the service specifications developed for the procurement process. The main outcomes, measures and high level actions required to achieve these are detailed below:

- 1. Reduce late diagnosis of HIV, particularly in MSM and black African communities (Measure: % late diagnosis PHOF)
 - Improved outreach and prevention initiatives in high risk communities
 - Workforce development for mainstream professionals in high contact with risk groups
 - Increase use of internet and testing in the community for high risk groups.
 - Improve offer and uptake rate of HIV testing in GUM clinics.
- 2. Continue to reduce the number of teenage conceptions

(Measure: under 18 teenage conception per 1000 - PHOF)

- Focus services on groups known to be at high risk of teenage conception, particularly those affected by domestic abuse, substance misuse, and low educational levels.
- 3. Improve the detection rate in chlamydia diagnosis, reducing variations in outcomes (Measure: Chlamydia detection rate in 15-24 year olds per 100,000)
 - Targeting geographical areas with low detection
 - Increased testing in high risk populations, particularly those living deprived areas, MSM and black ethnic groups.
 - Increase effective partner notification
- 4. Reduce the rate of terminations, particularly repeat terminations in all age groups (Measure: Termination rate per 1000; repeat termination rate within 5 years, DH)
 - Increasing uptake of reliable methods of contraception, particularly LARC
 - Increasing the proportion of emergency contraception that is IUD
 - Reduce the variation in LARC prescribing between GP practices.
 - Ensuring women who have a termination receive effective contraceptive services.
- 5. Reduce inequalities in sexual health outcomes by focusing services on high risk groups (Measure: to be determined)
 - Prevention work focused and tailored to the needs of high risk communities
 - Improved understanding and monitoring of groups at high risk, including those experiencing sexual exploitation, coercion and domestic abuse.
 - Ensuring multiple risk behaviours are consistently and proactively identified and addressed in sexual health and other services.
- 6. Increase diagnosis and effective methods of management of STIs, reducing re-infections (Measure: STIs diagnosis per 100,000; % acute STI re-infections at a GUM within a year, PHE)
 - Ensuring timely access to services for testing and treatment
 - Effective partner notification for those diagnosed with an STI
- 7. Improved culture which promotes healthy choices and encourages early intervention (Measure to be determined)
 - Ensuring residents have access to information to enable healthy choices
 - Targeting information to populations most at risk

6.3 Priority groups

There will be sexual health provision for the whole of the population of Bristol. However, it is important to recognise there are some groups who are known to have greater levels of need in relation to their sexual health either due to higher levels of risky sexual behaviours or greater vulnerability. Through the needs assessment, national policy, and local and national research certain groups have been identified as priorities. These will include:

- Black and minority ethnic groups
- Gypsy and Travellers
- Children in care
- Care leavers
- Men who have sex with men
- Homeless people
- Sex workers
- People with learning disabilities
- Those living in deprived areas
- Substance misusers
- Domestic and sexual abuse victims
- People with poor mental health
- Asylum seekers

7 Procurement

7.1 Sexual Health Services Procurement Options

Option 1: Decommission Services – The majority of services are mandatory with consequent negative impact on citizens (adult and children's) wellbeing, untreated STIs, unintended pregnancies and abortions.

Option 2: Extend current contracts - Would not allow change to a more effective service model, breach of procurement and EU regulations, possible legal challenge from potential providers, efficiency savings not realised.

Option 3: Remodel and let as a series of contracts

Option 4: Remodel and let to multiple Providers

Option 5: Remodel and let to a single lead Provider (that also delivers part of the service) working with a range of partners within a formalised partnership arrangement

Option 6: Deliver in-house - Skill set not available and unlikely to be practical in most areas of medical treatment, and considerable TUPE liability.

7.2 Procurement Route options

Open Procedure; in open procedures, any interested economic operator may submit a tender in response to a contract notice.

Restricted Procedure; in restricted procedures, any economic operator may submit a request to participate in response to a call for competition by providing the information for qualitative selection that is requested by the contracting authority

Competitive procedure with negotiation; in competitive procedures with negotiation, any economic operator may submit a request to participate in response to a call for competition by providing the information for qualitative selection that is requested by the contracting authority.

Competitive dialogue; in competitive dialogues, any economic operator may submit a request to participate in response to a contract notice by providing the information for qualitative selection that is requested by the contracting authority.

The Public Contracts Regulations 2015 list the following situations where a competitive dialogue (with or without negotiation) can be used; ALL of which apply to the Sexual Health Service required.

Contracting authorities may apply a competitive procedure with negotiation or a competitive dialogue in the following situations:-

- the needs of the contracting authority cannot be met without adaptation of readily available solutions:
- ii) they include design or innovative solutions;
- iii) the contract cannot be awarded without prior negotiation because of specific circumstances related to the nature, the complexity or the legal and financial make-up or because of risks attaching to them;
- iv) the technical specifications cannot be established with sufficient precision by the contracting authority with reference to a standard, European Technical Assessment, common technical specification or technical reference.

7.3 Light Touch regime

This procurement is valued at over EUR 750,000 and falls under the services listed in Schedule 3 of the Public Contracts Regulations 2015, and will be covered by the so-called "Light Touch" regime set out at Regulation 74 onwards although the contract must be advertised in accordance with Regulation 75, and the principles set out at Regulation 76 should be observed in the design of the procurement process.

Specifically, this means that there is a considerable amount of flexibility to design the procurement process in the way the authority chooses, though some of the basics of any well run procurement exercise would of course need to be respected. By following the initial OJEU advertisement, there is significant flexibility to decide how to get to the contract award stage. The guidance on 'The New Light-Touch Rules Regime for Health, Social, Education and certain other Service Contracts' states that "The authority could decide that it wanted to involve some sort of dialogue or negotiation with suppliers at some stage during the formal procurement exercise, and could design that aspect of the process according to its own needs. The rules on the competitive procedure with negotiation and competitive dialogue need not be followed to the letter, but authorities could use relevant elements of either procedure if useful. It would always be necessary for authorities to avoid giving away sensitive information owned by one company to a competitor".

8 Recommendations

That Bristol City Council undertakes a collaborative tender process for sexual health services with:

- North Somerset Council
- South Gloucestershire Council
- Bristol Clinical Commissioning Group

- North Somerset Clinical Commissioning Group
- South Gloucestershire Clinical Commissioning Group

The exact requirements of this agreement will be set out in the contract and specification.

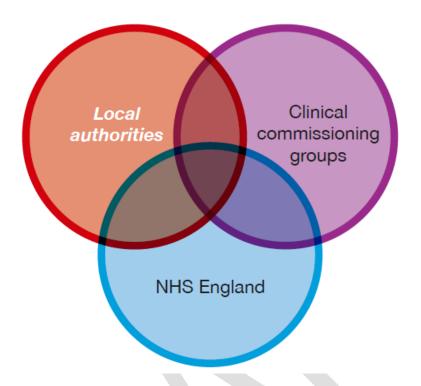
The indicative timetable for the commissioning of this service is set out below;

Table 3: Commissioning Timeline

Activity	Date
Consult on draft commissioning plan	August – October 2015
Revise commissioning plan following	November 2015
consultation	
Procurement approach developed	December 2015 - January 2016
BNSSG Consultation on service specifications	November 2015 to January 2016
Sign off service specification and tender	February 2016
documents	
Tender opportunity advertised	March 2016
New Service Commences	April 2017

Annex A

Commissioning Responsibilities from April 2013 (Source: Making it work: a guide to whole system commissioning of sexual health, reproductive health and HIV. PHE, 2014)



Local authorities commission

- Comprehensive sexual health services. These include:
 - Contraception (including the costs of LARC devices and prescription or supply of other
 methods including condoms) and advice on preventing unintended pregnancy, in specialist
 services and those commissioned from primary care (GP and community pharmacy) under local
 public health contracts (such as arrangements formerly covered by LESs and NESs)
 - Sexually transmitted infection (STI) testing and treatment in specialist services and those
 commissioned from primary care under local public health contracts, chlamydia screening as
 part of the National Chlamydia Screening Programme (NCSP), HIV testing including population
 screening in primary care and general medical settingsⁱⁱ, partner notification for STIs and HIV
 - 3. Sexual health aspects of psychosexual counselling
 - 4. Any sexual health specialist services, including young people's sexual health services, outreach, HIV prevention and sexual health promotion, service publicity, services in schools, colleges and pharmaciesⁱⁱⁱ
- Social care services (for which funding sits outside the Public Health ringfenced grant and responsibility did not change as a result of the Health and Social Care Act 2012), including:
 - 1. HIV social care
 - 2. Wider support for teenage parents

Clinical commissioning groups commission

- Abortion services, including STI and HIV testing and contraception provided as part of the abortion pathway (except abortion for fetal anomaly by specialist fetal medicine services – see "NHS England commissions")
- Female sterilisation
- · Vasectomy (male sterilisation)
- Non-sexual health elements of psychosexual health services
- · Contraception primarily for gynaecological (non-contraceptive) purposes
- HIV testing when clinically indicated in CCG-commissioned services (including A&E and other hospital departments)

NHS England commissions

- · Contraceptive services provided as an "additional service" under the GP contract
- HIV treatment and care services for adults and children, and cost of all antiretroviral treatment^{tv}
- Testing and treatment for STIs (including HIV testing) in general practice when clinically
 indicated or requested by individual patients, where provided as part of "essential
 services" under the GP contract (ie not part of public health commissioned services, but
 relating to the individual's care)^v
- HIV testing when clinically indicated in other NHS England-commissioned services
- All sexual health elements of healthcare in secure and detained settings^{vi}
- Sexual assault referral centres
- Cervical screening in a range of settings
- · HPV immunisation programme
- Specialist fetal medicine services, including late surgical termination of pregnancy for fetal anomaly between 13 and 24 gestational weeks
- NHS Infectious Diseases in Pregnancy Screening Programme including antenatal screening for HIV, syphilis, hepatitis B

Appendix C

Programme timeline

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PROCUREMENT

High level timelines - by week

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