



Bristol Clinical Commissioning Group

Bristol Health & Wellbeing Board

Sexual Health Re-procurement		AGENDA ITEM 9
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Report for Information		

1. Purpose of this Paper

The purpose of this paper is to update the board on progress so far in the re-procurement process and provide details of the next steps.

2. Executive Summary

Commissioning sexual health services became a mandatory function of the local authority in April 2013. The value of the services is such that under EU procurement law we are required to put the services out to tender to ensure we are getting best value for money. We are currently in the “pre-procurement” phase of the process and draft specifications are being consulted upon between November 2015 and January 2016. Following this consultation, re-recommendations will come to the Health and Wellbeing Board on 17th February 2016 for a key decision on whether to re-procure the services.

3. Context

Sexual health is one of six 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 Hospitals Bristol (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, from the voluntary sector and primary care contractors (GPs and Pharmacists).

4. The Procurement Process

Each local authority is updating their local sexual health strategies and have undertaken local health needs assessments for sexual health in preparation for further improvements in commissioning and delivering services. From this, Bristol developed a Sexual Health Commissioning Plan which was consulted on between August and October 2015. Following feedback on the plan, service specifications have been drawn up which are now out for consultation across Bristol, North Somerset and South Gloucestershire (BNSSG) between November 2015 and January 2016. By March 2016, we should be in a position to sign off the service model and specifications with a view to service re-procurement 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 A).

5. Progress so far

A draft service specification (see link below to consultation where service spec can be accessed) has been developed which includes our vision for future services and what the service model must include (see appendix B for proposed service model). We are now seeking feedback and views on this from all key stakeholders including current and future providers, service users and other key partners.

The consultation commenced on 9th November 2015. The link to the consultation can be found here ([click here](#)). We have already had over 80 responses to the consultation. A market warming event for current and potential providers took place on 10th November. The event was very well attended with over 70 people attending.

We commissioned Healthwatch to set up and run a number of focus groups between November and January to get the views of particularly hard to reach groups. Additional events have been set up for potential and current providers on 16th December. The Care Forum is also hosting an event for providers on 9th December.

Key risks and Opportunities

The key risks of re-commissioning the sexual health services are set out below, together with actions to mitigate risks. One of the biggest risks currently is that our public health grant has been reduced during this financial year, with further reductions likely in the future. Our partner LAs are planning to significantly reduce their investment across all programme areas to manage the reduction in funding. We will be in a better position to understand our financial position before the bidding process commences, but reduced funding might compromise the level of services we can expect.

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

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 (Financial and Legal if appropriate)

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

The procurement process is running to the timeline (attached). This paper has summarised where we are in the process and the next steps.

8. Recommendations

The HWB is asked to note the contents of the plan and the proposed process and to comment on the proposed model for future sexual health services.

9. Appendices

Appendix A - Programme Timeline

Appendix B – Service Model

Other documents which relate to this report

- Sexual Health Commissioning Plan
- BNSSG Sexual Health Service Specification

Appendix B - Sexual Health Outline Service Model (Draft)

