ISLINGTON

Public Health
222 Upper Street, London N1 1XR

Report of: **Executive Member for Health and Wellbeing**

Meeting of:	**Date**	**Ward(s)**
Executive	**14 January 2016**	**All**

Delete as appropriate		Non-exempt

SUBJECT: **Procurement Strategy for commissioning Genitourinary Medicine Services (GUM) and Sexual and Reproductive Health (community contraceptive) services (SRH)**

1. Synopsis

1.1 This report seeks pre-tender approval for the procurement strategy in respect of London Sexual Health Transformation Project, in accordance with Rule 2.5 of the Council's Procurement Rules.

1.2 This report presents a procurement strategy that will commission Genitourinary Medicine Services (GUM) and Sexual and Reproductive Health (community contraceptive) services (SRH) operating between Barnet, Camden, Haringey and Islington, working together as a sub-region, with the new service commencing 1 April 2017. Hackney and The City of London have also recently joined the sub-region group and will carry out a linked geographic procurement. The report also seeks participation in the procurement of new London-wide sexual health services for on-line access and partner notification, starting in 2016/17. The sub-region re-procurement will include a Level 3 sexual health service in Islington (i.e. a fully comprehensive sexual health service able to treat the most complex STIs, and provide the full range of contraception, including long-acting reversible contraception).

1.3 The current model of sexual health services commissioned by local authorities is based largely on those developed by provider services in the NHS. The transformation of sexual health services is a key part of the transformation of local public health services. Islington has been working as part of a group of 28 London councils to develop new models of service as part of a London Sexual Health Services Transformation Programme. Particularly given Islington's central location in London, it is important to take into consideration the interdependency between the London councils participating in this programme, in order to support the introduction of new models of service to improve outcomes and realise efficiencies and savings.

2. Recommendations

2.1 To approve the procurement strategy for a pan London procurement for a web-based system to include a 'front-end' portal joined up partner notification and home/self-sampling.

2.2 To approve the procurement strategy for the sub-regional arrangements for commissioning and procurement of Genitourinary Medicine (GUM) and for Contraception and Sexual Health Service (SRH) Services, led by Islington Council on behalf of the sub-region.

2.3 To delegate to the Director of Public Health in consultation with the Executive Member Health and Wellbeing, the authority to award the contracts to the successful tenderers.

2.4 To delegate authority to the Director of Public Health, in consultation with the Executive Member for Health and Wellbeing, to approve the Council's participation in London-wide agreements on cross charging and lead commissioning as part of the transformation of sexual health services in London.

2.5 To note the progress made in developing options for the future commissioning and procurement of GUM services.

3. Background

3.1 Genitourinary Medicine Services (GUM) and Sexual and Reproductive Health (community contraceptive) services (SRH) are statutory services, which became the responsibility of local authorities in April 2013, as part of their new public health responsibilities. The services are open access which means that residents are entitled to visit sexual health facilities available, in any part of the country, without the need for a referral from GP or other health professional and regardless of where they are usually resident. This open access requirement service puts the Council under financial uncertainty as the level of activity is unpredictable and has been growing significantly in recent years.

3.2 The borough's central location and range of high quality services also mean that Islington plays a key role in London's sexual health. A significant proportion of users of local sexual health services are from out of borough; at the same time, about 40% of Islington resident GUM attendances are outside of Islington and Camden.

3.3 The transformation of sexual health services is a key public health priority. Currently, the sexual health services commissioned by local authorities are largely based on historic provider-led and designed models. Islington has been working as part of a collaboration of 28 London councils, the London Sexual Health Transformation Programme, to develop new models of sexual health services, focused on improved outcomes and driving efficiency.

3.4 Local Authorities (LAs) are facing unprecedented challenges in providing improved quality of service provision whilst at the same time dealing with increased demand and a backdrop of reduced funding. This year, LAs must save approximately 7% on the public health grant following announcement by the government of an in-year cut of £200 million in the national allocation.

3.5 **New model of sexual health services**

3.6 A new model for clinical service delivery has been developed through the London Sexual Health Services Transformation Programme. There are two main components: sub-regional sexual health services, providing a network of services; and a London-wide sexual health on-line service. The aims of the new model are to ensure that:

i. Good quality services are accessible to all London residents and visitors;
ii. Specialist sexual health services are designed in a way that ensures they operate as part of a wider sexual health system that can meet future needs and provide excellent value for

money. This will include measurably improved performance on key Public Health outcomes in particular prevention and early diagnosis of HIV, prevention and reductions in the incidence of STIs, and improving contraception, including access to long-acting reversible contraception, to help reduce unwanted pregnancies, teenage pregnancy and abortions.

iii. London councils are commissioning effectively including seeking cost effective benefits from lower transaction and operating costs for boroughs;

iv. London councils have excellent oversight of service quality; and

v. Service costs are reduced and that optimum quality services can be maintained in light of significant pressures on budgets.

3.7 **Procurement A**
Sub regional procurement of GUM and Sexual and Reproductive Health (community contraceptive) services

3.8 The approach for the procurement of GUM and SRH services will be on a sub-regional basis. It is proposed that Islington will be part of a North Central London (NCL) sub-region with Camden, Haringey and Barnet. Camden and Islington already share a major provider of GUM and SRH services, CNWL, and recently commissioned the new Young Peoples Sexual Health Network together. Barnet and Haringey are the other most significant out of borough users of services in Camden and Islington, respectively, although people from many other boroughs also use these services. Islington will lead the procurement on behalf of the sub-region, with a North Central London sub-region steering group chaired by Camden and Islington Public Health, working closely with the leads from the other councils. Additionally, Hackney and City of London have recently joined the NCL sub-region group, and will be carrying out a closely linked re-development of their local services.

3.9 A high level vision for the service has been developed, which is intended to act as a common template in all participating boroughs. The front door into services will be web based, a single platform providing patients with information about sexual health, on-line triage, signposting to the most appropriate service for their needs and the ability to order self-sampling tests. Across London, it is envisaged that there will be fewer major Level 3 services (fully comprehensive consultant-led sexual health services, able to treat the most complex STIs and/or provide complex contraception services), but the services that are commissioned will be open longer hours, be conveniently located with good transport connections, and will be properly linked with a network of integrated one stop shops able to support a range of sexual health needs and working closely with primary care. A single database will be developed with the highest levels of confidentiality and security enabling greater understanding of the patient flows and enabling commissioners and providers to better target prevention and specialist services to those who need it most.

3.10 All major clinics will offer patients the opportunity to triage and self-sample on site. Patients triaged on arrival at the clinic, or via on-line or telephone booking as needing to be seen – due to symptoms, risk or other vulnerability factors – will be seen at the clinic. All services will be required to ensure that laboratory results are available electronically to patients within 72 hours. Patients triaged as asymptomatic and/or low risk who are subsequently diagnosed with an STI will be offered an appointment within 48 hours (i.e. two working days) or will be fast tracked if they present to a walk-in service. Improved systems for identifying and notifying contacts of patients with an STI will ensure that resources are targeted at the highest need groups.

3.11 The whole system will be designed to ensure that evidence about best practice drives changes, and resources will be focused on groups with the highest risk.

3.12 It is intended that the sub-region procurement will be undertaken using the competitive procedure with negotiation process under the Public Contract Regulations 2015. This approach will allow the councils to work with interested parties to design the service. This approach is more flexible and allows for more tailored and innovative specifications and solutions to be developed against an overall service model, key outcomes and performance indicators developed by commissioners.

3.13 There are several advantages to this. The opening up of the development of the specification with potential bidders will allow bidders to draw on their experience and knowledge to ensure that a bespoke solution is created for the councils in North Central London. Many bidders will have experience of delivering such services elsewhere and will be well placed to work with clinical commissioners to design a high quality service model.

3.14 At this stage, therefore, it is not possible to articulate the detailed configuration of the new services, as the competitive procedure procurement with negotiation process itself will help in the design of this. However, the following considerations are pertinent:

- Patients with complex needs, high risk groups and other vulnerable groups, such as people with learning disabilities, will usually need to receive their treatment within a clinic setting. In developing the final specifications clinical specialists will be engaged to ensure the proposed model is clinically safe and appropriate.
- The dialogue phase will assist in clarifying the percentage of current activity that could be managed outside of a clinical setting and in particular diagnostics out of acute settings.
- The service may be provided by someone other than the current provider. As a result of market sounding that has been undertaken the project team has determined that nearly all the existing providers of sexual health services have expressed an interest. In addition a number of private and not for profit organisations have expressed an interest in providing some or all of the required services.
- Most of the services for more complex needs will be provided within a clinic setting but may be complemented by community settings, particularly for some less complex or asymptomatic patients. Through the competitive procedure with negotiation, the sub-region will work with the bidders to identify economies of scale for delivery. That is, some elements of the services may need to be delivered in one location, whereas others could be delivered at several locations.

3.15 **Procurement B**
Pan-London Procurement of online services, including access to test kits for self-sampling and London-wide partner notification system (The Pan London Procurement Project)

3.16 New technologies, including online services, continue to inform and expand options for sexual health service delivery. The Pan-London Online Procurement Project is a key part of transforming sexual health services in London. The project seeks to provide high quality advice and information on sexual health services, support direct booking (where clinical systems are compatible) and, for GUM services, to provide online access to order self-sampling/self-testing kits for STIs and HIV for people who are asymptomatic, and provide the platform for a new, pan-London partner notification system. The system will be based on clinical algorithms based on risk, symptoms and prevention. As well as signposting to sexual health services the online programme will include information and links to related services such as drug and alcohol services, primary care, pharmacies, maternity services, termination of pregnancy, accident and emergency and colposcopy (abnormal cells in the cervix).

3.17 Market engagement activities suggest a number of current and potential providers with the scope to deliver services at scale. Online and self-sampling services are a rapidly developing market. There are, though, few examples of providers with a track record in providing all three elements, and therefore the service will be commissioned in three lots:

1. Triage and Information (“Front of house”) and Appointments (Booking system) (dependent on ability to interface with existing clinic systems).
2. Self-Sampling
3. London-wide Partner Notification system.

3.18 Access to self-sampling kits, with accompanying health advice, offers the opportunity to divert a proportion of current attendances out of clinics to convenient, lower cost alternatives. It is estimated that 15%, and possibly up to 30%, of activity could be redirected to lower cost service options in a staged manner, and that many service users would consider the use of self-sampling kits as an alternative to clinic attendance. Diverting 15% of patients to alternatives such

as self-sampling could enable estimated savings of 7.6% to 9.1% on the cost of first appointments.

3.19 Given the scale of the innovation for on-line services, it is difficult to fully assess costs. The costs of the web based service will be met from baseline clinic budgets. There are no direct savings attributable to this service, but it will support the delivery of savings by promoting access to information and advice, on-line alternatives (in particular self-sampling kits and it will enable clinics to undertake partner notification activities more efficiently and effectively.

3.20 It is proposed to carry out the Pan-London Online Procurement ahead of the re-procurement of GUM and SRH clinic-based services described above. This will give earlier access to some of the benefits of the system and ensure that as new clinical services are re-procured, they will be able to link into the pan-London online system.

3.21 It is expected that the Pan-London Online contract(s) term will be in the region of 6 years, allowing for the 'front end' to commence during 2016/17 and run to 31 March 2022; with an option to extend for up to a maximum of 4 further years (up to March 2026), subject to performance and funding availability. Given the level of innovation on quality and price, a competitive procurement with negotiation route is proposed.

3.22 **Options appraisal for procurements A and B.**

Officers have reviewed 3 main options for commissioning the sexual health services:

- Option 1: Current system remains unchanged
- Option 2: Develop a networked system of services either on a 22 borough wide and/or sub-regional basis
- Option 3: All LA's to focus on development of a local service model that includes Level 3 (fully comprehensive sexual health services) reducing dependence on central London service.

A detailed analysis of the risks, benefits and potential savings has highlighted **Option 2** - a collaborative procurement as the way forward that would deliver the most benefits and financial savings.

3.23 **Option 1: Do nothing. Current system remains unchanged**

Under this option councils would continue with the current arrangements and undertake any redesign and procurement activity as locally determined. The main advantage of this model is that it does not require time and resources on partnership working that would be entailed by Option 2. A major limitation, particularly given the significant movements of the population across London, is the potential for unintended or knock-on consequences into other boroughs and services which might affect patient access.

Further, the current configuration of services is financially unsustainable. Growth in activity and costs in GUM services will mean that councils will have to make cuts to other key public health services to fund statutory open access services, without substantial change. Councils will have poor oversight of service quality and clinical governance for residents using services out of area.

3.24 **Option 2: Develop a networked system of services either on a 22 borough wide or sub-regional basis.**

In this model, the boroughs would work collaboratively to commission a network of services needed to support population sexual health needs. The councils would commission a networked care system with Level 3 services supported by a network of community and/or primary care services. The Level 3 services would provide the clinical oversight on the operation of the network, and ensure quality.

This approach supports significant redesign of the existing system, and scope for innovative

clinical leaders to shape service delivery. Operating across a network would enable providers to jointly procure pathology, make best use of estates, achieve economies of scale for service overheads and offer a work environment that would be attractive to high quality clinical staff. It would provide opportunities to develop and enhance clinical training, research and development across the network. There would also be the potential for better use of data within networks, which would support improved understanding of what drives demand and targeting of prevention and behaviour change. The model would also potentially enable LA's to achieve economies of scale on back office and transactional costs.

The main limitations or challenges relate to the complexity of managing open access services in the capital, and the high level of collaboration required between councils on a scale not previously undertaken in this area, even if coordinating at sub-regional level. Services need to reflect a common model, which may present problems for LA's with lower levels of Public Health Grant and limit those with a higher grant allocation. There is also significant potential for TUPE and change management within providers and commissioners, and potential for associated costs of this change.

3.25 **Option 3: LA's to focus on development of a local service model that includes Level 3 (fully comprehensive sexual health services) reducing dependence on central London service**.

In this model LA's would commission fully comprehensive (Level 3) integrated sexual health services for their own area. Some LA's might choose to work in partnership with neighbouring boroughs where this makes sense in terms of local geography/provider market. The individual LAs could work together via a 22 borough wide SH network arrangement to ensure there is a forum where common issues can be addressed.

This model supports transformation by focusing on the development of local services to meet local need. This has the potential to support a shift in the current service configuration away from a dependence on central London providers and would see more services provided closer to home for residents, not necessarily to where they work, study or socialise.

Benefits include enhanced local control, and potentially greater scope to reshape local service provision for outer London areas away from central London; and less complex collaborative arrangements than in Option 2. The greatest risks of the approach relate to the risk of impact on system capacity if LA's act out of sync with each other; that changes in patient flows between services are not fundamentally affected, since they are also linked to where people work and study; additional local Tier 3 services may introduce additional capacity into the system, thereby increasing costs; lack of overview of quality of services for residents attending services out of area; and the scope for individual commissioners to drive change and efficiencies with local providers may be significantly less than through collective action.

3.26 **Reasons for the recommendations**

On balance, Option 2 is recommended. Consideration was given to the potential to procure all GUM (and, as locally indicated, SRH) services on a London-wide basis. It was identified that such an approach would be extremely complex, struggle to respond to more local needs and that no provider would have the capacity to deliver a London-wide clinical service. A **sub-regional** approach is therefore recommended for the re-procurement of clinic-based services – to provide benefits of economies of scale, reflect some of the major flows of residents between boroughs, and allow more localised services for local need. However, it is recommended that on-line services, including the provision of self-sampling kits, would be best organised, and deliver greatest value, through a London-wide approach.

3.27 **Financial model and savings**

Greater efficiencies are a key goal for the sexual health programme locally, and across London. Efficiencies are expected to be driven by a mix of service transformation and a new tariff system for service providers. The local ambition is to realise savings of £2 million, with the greater part

of the change facilitated by the introduction of a new payments method, supported by the service changes described in this report.

The London Sexual Health Services Transformation Programme estimates savings for an integrated sexual health service delivery are anticipated to be between 10% - 25%, with potential to deliver more through demand management over time. Delivering savings will require a change in how services are currently delivered. It should be noted that GUM service is subject to demand and not a block contract. If there is an increase in activity, then there is an increase in spend; similarly, a reduction in activity means there is reduction in expenditure. Savings will be delivered in a phased approach.

Islington's overall sexual health budget for GUM and SRH services is £6.9 million a year. A proportion of this budget is for residents using services out of area. Islington's SRH budget funds residents from other councils currently (as part of a host contract for SRH services), as well as local residents. The total Islington estimated spend on sexual health services within the sub-region in 2015/16 is expected to be around £4.5 million, of which £3.3 million is GUM and £1.2 million is SRH. The total current spend of the 22 councils within the London programme at GUM services within North Central London sub-region is estimated to be around £17 million this year, however it can be expected that as part of the transformation of services across London that at least some out-of-area attendances will be reduced as alternative service are introduced in other sub-regions or through the London on-line services.

Applying the London programme financial model to Islington's overall spend, would give an estimate of savings in the range £0.64 million up to £1.6 million delivered in a phased approach through service reconfiguration; additionally, estimates of the impact of changes to a new tariff system would suggest savings of around £1.5 million could be achieved, based on activity and spend last year. There is some overlap between these figures, but taken together would indicate potential savings of £2 million could be achieved, with a proportion dependent on similar service reconfiguration in the other London sub-regions, particularly in inner North West London. An estimate for Islington spend within the sub-region, assuming current patterns of attendance, gives an estimate of £3.3 million within the sub-region following transformation and new tariff arrangements. Given the open access nature of services, it can be expected that there will also continue to be cross-charging for Islington residents using other services outside of the sub-region. Changes in activity for GUM and SRH services and disease patterns will also potentially affect the level of spend and savings.

Identified efficiencies, assumptions and examples supporting delivery of savings are:

- Single web based front door to services
- Single partner notification (PN) system
- Redirection of asymptomatic patients via on-line access and alternatives to clinic attendance
- Consolidation of numbers of Level 3 GUM clinics (fully comprehensive sexual health services)
- Economies of scale
- Use of an integrated tariff.

3.28 **Key Considerations**

The following factors have been taken into consideration:

London Living Wage	We will require all new providers to pay the London Living Wage, although most staff are likely to be on clinical/NHS wages there will be other staff including admin and support staff who will benefit from the LLW.
Social Value Act	We will ensure that we test this out with potential providers as part of the procurement process and in particular at ITT stage. Public Health have done some

	relevant work with Islington procurement on developing a detailed Social Value question at for ITT.
TUPE	Here are current services available and therefore it is very likely that staff will be subject to TUPE.
Environmental Factors	The collaborative procurement will seek to minimise its environmental impact by implementing energy and carbon reduction via its procurement process. Through the evaluation exercise as part of the procurement and contract monitoring, providers will be required to pay due regard for the environmental impact during service delivery. They will need to implement measures to mitigate the environmental impact.

3.29 **Evaluation criteria**

It is proposed that a Quality/Price split of 50:50 is used in the assessment of tenders, with the quality assessment being broken down into: service model – namely, creating change, access, managing complex partnerships and clinical pathways, and delivering health outcomes; clinical governance and quality assurance; social value, including training and research. The direct involvement of four Boroughs, each with a different view of quality/price split is a factor, and there is a clear need to drive major innovation in quality of services as well as costs.

3.30 **Business Risks**

3.31 The key risks to achievement of timescales are linked to the complexity of partnership working and the scale of change required across London for open access sexual health services under the recommended option.

3.32 The new model will require ‘channel shift’ for some residents and patients, to a greater on-line offer, particularly for those who do not have symptoms and are low risk. This will require a clear on-line and communication strategy, strong clinical algorithms underpinning on-line triage and risk assessment, and a staged approach by providers to help change patient attendance patterns.

3.33 There is still a risk of un-coordinated changes affecting capacity and access by working on a sub-regional verses London approach. To address this, sub-regions are meeting regularly under the London Sexual Health Transformation Programme umbrella and working to an agreed overall clinical model.

3.34 Service changes and efficiencies are likely to be best supported by a change in the way commissioners pay for sexual health services (a new integrated sexual health tariff). There is not yet a London agreement for this change, but there is a programme in place to assess and, if agreed, implement the new tariff. This work programme has been brought under the auspices of the London Sexual Health Transformation Programme, in order to coordinate the work more closely with service transformation. Relatedly, London councils have worked together as part of commissioning collaboratives since the transition of services from the NHS to councils to help regularise cross-charging and the monitoring of safety, quality and performance for open access sexual health services. The London Sexual Health Transformation Programme will put in place a set of collaborative principles for participating councils to similarly support cross-charging and assurance of quality as part of the transformation and re-procurement of sexual health services.

3.35 Other sexual health services are commissioned through NHS England (in particular HIV Treatment and care) and CCGs (abortion services): there will be a key need to ensure strong

local clinical pathways to other services for patients as part of the new service model.

3.36 The Employment Relations Act 1999 (Blacklist) Regulations 2010 explicitly prohibit the compilation, use, sale or supply of blacklists containing details of trade union members and their activities. Following a motion to full Council on 26 March 2013, all tenderers will be required to sign the Council's anti-blacklisting declaration. Where an organisation is unable to declare that they have never blacklisted, they will be required to evidence that they have 'self-cleansed'. The Council will not award a contract to organisations found guilty of blacklisting unless they have demonstrated 'self-cleansing' and taken adequate measures to remedy past actions and prevent re-occurrences. The adequacy of these measures will initially be assessed by officers and the outcome of that assessment will be reviewed by the Council's Procurement Board.

3.37 The following relevant information is required to be specifically approved by the Executive in accordance with rule 2.6 of the Procurement Rules:

3.38

Relevant information	**Information/section in report**
1 Nature of the service	The participation in a pan London procurement for a web-based system to include a 'front-end' portal, joined-up partner notification and home self-sampling/self-testing service. And The procurement of a North Central London sub-regional Sexual Health Genitourinary Medicine (GUM) and Sexual and Reproductive Health (community contraception) services, on behalf of Islington, Camden, Haringey and Barnet councils. See paragraph [3.7 – 3.14 and 3.15 – 3.21]
2 Estimated value	The estimated value per year is expected to be £3.3m per year within the sub-region. This figure may be affected by changes in overall activity, and by the proportion of Islington residents attending open access services within the sub-region. The agreement is proposed to run for a period of five years with an optional extension of three years (1+1+1) See paragraph [3.27]
3 Timetable	Advert February 2016 Tender deadline 21 March 2016 Award 12 September 2016 Contract Start 1st April 2017
4 Options appraisal for tender procedure including consideration of collaboration opportunities	Option 2 was chosen. See paragraph [3.24]
5 Consideration of: Social benefit clauses; London Living Wage; Best value;	LLW will be implemented. TUPE will apply. Social Value will be assessed.

TUPE, pensions and other staffing implications	See paragraph [3.35]
6 Evaluation criteria	A price/quality split of 50/50 is proposed. The award criteria price/quality breakdown is more particularly described within the report. See paragraph [3.29]
7 Any business risks associated with entering the contract	See paragraph [3.30]
8 Any other relevant financial, legal or other considerations.	See paragraph [3.40 & 4]

4 Implications

4.1 Financial implications:

Islington Council receives a ring-fenced Public Health grant from the Department of Health to fund the cost of its Public Health service. The total funding for 2014/15 is £25.429m, which has been cut by £1.7 million in-year. The budget for GUM and SRH services in 2014/15 is £6.9 million in total.

GUM services are mandatory open access services within Sexual Health that are demand-led with increasing levels of activity in recent years. Islington has an obligation to pay for activity irrespective of whether a contract is in place or not and tariffs exist for these purposes. This contract should not create a budget pressure for the Council. Although there is a contract in place there is still a risk of a pressure based on an increase in activity. The current budget earmarked for the Sexual and Reproductive Health service is £1.225 million per annum, which is funded through a block contract, agreed annually.

The Council's Public Health expenditure must be contained entirely within the grant funded cash limit indicated above. If any additional pressures are incurred management actions will need to be identified to cover this..

4.2 Legal Implications:

The council has a duty to improve public health under the Health and Social Care Act 2012, section 12. The council must take such steps as it considers appropriate for improving the health of the people in its area including providing services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way) as well as providing services or facilities for the prevention, diagnosis or treatment of illness (National Health Service Act 2006, section 2B, as amended by Health and Social Care Act 2012, section 12 and Regulation 2013/351 made under the National Health Service Act 2006, section 6C). Therefore the council may provide specialist sexual health services as described in this report. . The council may enter into contracts with providers of such services under section 1 of the Local Government (Contracts) Act 1997.

4.3 Environmental Implications

The service should have only a minimal environmental impact. Where possible bidders will be encouraged to address the reduction of environmental impact in their tenders, for example encouraging staff to use public transport to travel for work purposes; similarly, the service model will have implications for patient travel which may be minimised through alternatives such as on-line access or access close to public transport locations. Energy usage for lighting, heating and operating equipment within the building will be considered and where possible gas and/or electricity will not be wasted.

As a clinically based service there will be a requirement to dispose of hazardous materials related to testing and other clinical interventions (i.e. Sharps Boxes and clinical bio-hazard

waste). The specification will require that these are safely disposed of in accordance with current waste regulation including Duty of Care regulation.

All tenders will be assessed in accordance with LBI procurement documentation which includes all bidding organisations confirming that they had not been convicted of breaching environmental legislation, or had any notice served upon them, in the last three years by any environmental regulator or authority (including a local authority).

4.4 **Resident Impact Assessment:**

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

A Resident Impact Assessment was completed on 22 December 2015 and the summary is included below. From the needs assessment previously carried out, protected characteristics which are of particular importance with regard to sexual health and sexual health services are age, gender, sexual orientation, disability and deprivation, although sexual health services encompass needs that may affect anyone within the population, including across all protected characteristics.

In summary, these services are designed as open access services open to anyone who is in the area and who wishes to access sexual health services. The service will be designed and specified to meet the needs across the population, including of people with protected characteristics, and they will be equally open to the general population on equal terms. New web based portal/access point, including access to self-sampling kits for sexually transmitted infections, have the potential to provide an alternative to GUM clinic attendances for people who are asymptomatic, and may also reach people who may previously not have used clinic services. It will be important that web-based services meet standards for accessibility. The overall service model recognises that different groups are likely to access and use web-based services differentially, and alternatives such as open access GUM services or primary care-based services should be available.

5. Reason for recommendations

5.1 GUM and SRH are statutory services and the contracts will be funded wholly from the Public Health budget allocation. These are large contracts that fund Open Access services which account for just over a quarter of all Public Health funding. The proposal for service transformation, working across London and as part of a sub-region, is designed to create financially and clinically sustainable services for the future.

5.2 This procurement course is recommended to be the best value to the Council and the highest quality to the residents of Islington.

Final report clearance:

Signed by:

Janet Burgess — 23 December 2015

Executive Member for Health and Wellbeing — Date

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