Slough Borough Council

Report To:	Cabinet
Date:	17th April 2023
Subject:	Re-commissioning of Berkshire East Specialist Integrated Sexual and Reproductive Health Service
Lead Member:	Cllr Pantelic, Lead Member for Social Care and Public Health
Chief Officer:	Marc Gadsby, Executive Director People – Adults
Contact Officer:	Jonathan Lewney, Deputy Director of Public Health, Slough Borough Council Jonathan.lewney@slough.gov.uk (to 29th March 2023) Rebecca Willans, Consultant in Public Health for Berkshire East and lead joint consultant for the re-commissioning process for Bracknell Forest, Windsor and Maidenhead and Slough Rebecca.willans@bracknell-forest.gov.uk (from 1st April 2023)
Ward(s):	All
Key Decision:	YES
Exempt:	NO, except Appendix D which is exempt under paragraph 3, Schedule 12 A of the Local Government Act 1972 due to it containing information relating to the financial or business affairs of the Council.
Decision Subject To Call In:	YES
Appendices:	Appendix A: HIV testing rates in South-East England Appendix B: Initial Equalities Screening Record Form Appendix C: Sexual and Reproductive Health – Options appraisals for recommissioning Appendix D: Maximum estimated financial value of the contract and annual breakdown

1. Summary and Recommendations

1.1 Sexual health services (contraception and testing/treatment for sexually transmitted diseases) are one of a few prescribed functions that local authorities in England must fund through the public health grant. Sexual health accounts for the third largest area of public health grant spend in England and this is often delivered mainly through a single specialist Sexual and Reproductive Health (SRH) Provider[1].

1.2 Slough Borough Council has secured this provision through a joint arrangement with other Berkshire local authorities since the transfer of public health to local government in 2013. The contract with the current specialist provider expires on the 30th June 2024.

1.3 This report sets out a request for approval for recommendations about how Slough Borough Council can secure provision of a new specialist SRH Service contract by 1st July 2024.

Recommendations:

Cabinet is recommended to:

1. Agree to the re-procurement of the Berkshire East Integrated SRH Service led by Bracknell Forest Council on behalf of Bracknell Forest Council, the Royal Borough of Windsor and Maidenhead, and Slough Borough Council as a continuation of joint commissioning arrangements.

2. Approve the funding envelope for the Slough Borough Council element of the service to a maximum value of £6,256,691 over 5 years.

3. Agree that Bracknell Forest Council will lead the procurement process, with representation from Slough Borough Council Public Health Team on the assessment and evaluation panel.

4. Delegate authority to the Executive Director People - Adults in consultation with the Executive Director of Finance and Commercial and Lead Member for Social Care and Public Health, to take any action necessary and to sign all related legal and contractual documentation to enter into the new specialist SRH Service contract as a member of the Berkshire East joint commissioning arrangement.

Reason:

1.4 The contract for the specialist SRH service for residents in the local authorities across Berkshire East[2] (Bracknell Forest Council; the Royal Borough of Windsor and Maidenhead (RBWM) and Slough Borough Council) is due to expire on the 30th June 2024.

1.5 The most beneficial route to secure a new contract by 1st July 2024 is by competitive tender (under the 'lite' regime); this is because the service specification requires updating to align it with current SRH needs in Slough and

[1] Specialist SRH provision refers to providers who are able to deliver SRH services for more complex issues e.g. recurrent Sexual Transmitted Infections or management of complex contraceptive problems, in addition to more routine SRH provision.

[2] Hereafter the term 'Berkshire East' is used to refer to the populations of these three local authorities.

the other Berkshire East local authorities. It is also attractive to secure continuation of what has been a successful model of service, that is, a single specialist SRH service rather than seeking to expand the scope of the model at this time.

1.6 The current service model offers benefits to Slough residents in terms of good SRH outcomes such as better under 18 conception rates and HIV testing rates compared to statistical neighbours. It offers a fully comprehensive specialist sexual and reproductive health clinic in Upton Hospital in the centre of Slough, which is unusual for a town of Slough's size.

1.7 The service model includes the hosting of the contract (and procurement process) by Bracknell Forest Council and a joint commissioning arrangement between Bracknell Forest Council, Royal Borough of Windsor and Maidenhead and Slough Borough Council with a single specialist SRH provider. This represents benefits in terms of economies of scale, a more attractive service for the market and retention and training of scarce sexual health doctors, nurses, and healthcare professionals due to the larger service.

Commissioner Review

This report has been reviewed by the Commissioner and approved for consideration.

2. Report

Introductory paragraph

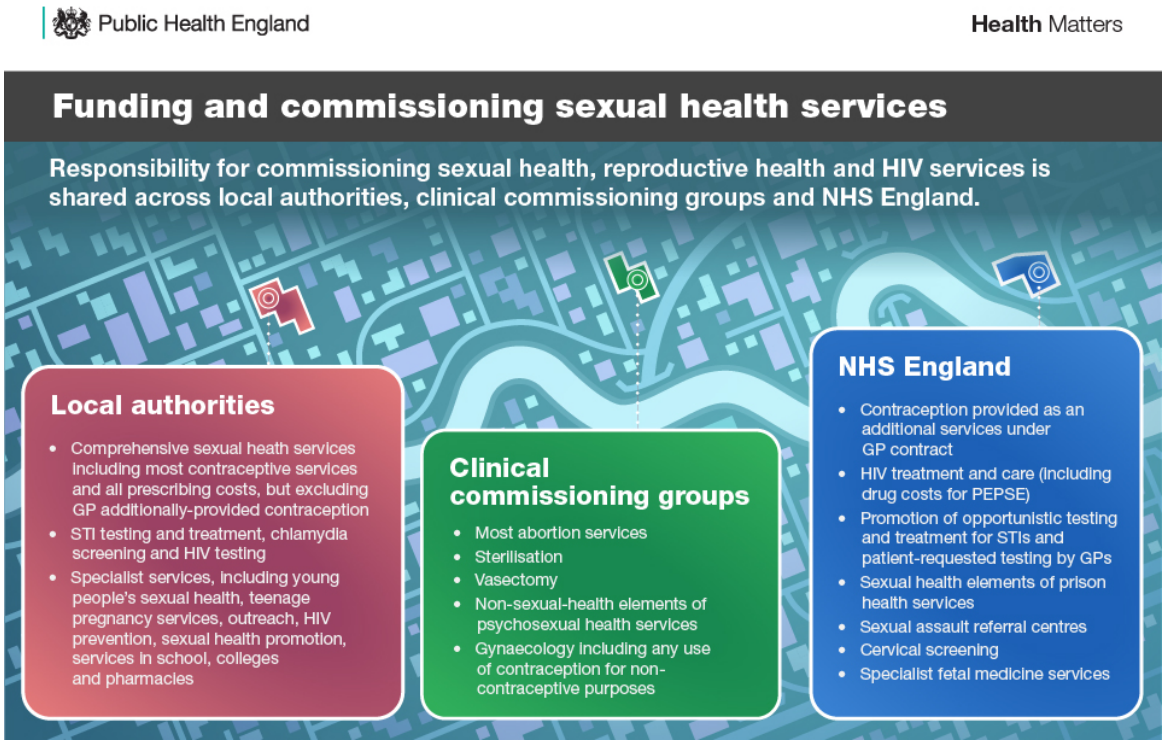
Background

2.1.1 Sexual health includes health matters impacted by sexual relationships and sexual experiences; reproductive health refers to all matters relating to the reproductive health system. This includes the capability to reproduce and the freedom to decide if, when and how often to do so.

2.1.2 In England, SRH services are commissioned to reduce harm caused by sexually transmitted infections (STIs) and HIV and provide access to contraceptive advice and services. Such services also act as safeguarding and supportive points of contact to help protect those experiencing or at risk of abuse and help people manage their sexual and reproductive wellbeing.

2.1.3 Responsibility for commissioning most SRH services is mandated to local authorities, although some SRH commissioning is held by NHS commissioners (Integrated Care Boards (ICBs) and NHS England). The services and commissioning responsibilities are described in figure 1. Please note that Integrated Care Boards (ICBs) have now replaced Clinical Commissioning Groups but the model remains the same.

Figure 1: funding and commissioning sexual health responsibilities in England



2.1.4 Nationally most SRH service models deliver the bulk of the local authority commissioned elements through specialist SRH service providers. These providers have the facilities and staff mix needed to deliver services such as Genitourinary Medicine "GUM" (including diagnosis and treatment of sexually transmitted infections) and specialist elements of reproductive health care (RHC). These are intricately linked to wider structures and services that address SRH needs such as contraceptive services in primary care.

2.1.5 An effective specialist SRH service will assist the Council in its strategic commitments to deliver the best value for taxpayers and service users and helping residents live more independent, healthier, and safer lives.

2.1.6 Slough's Corporate Plan (https://www.slough.gov.uk/strategies-plans-policies/corporate-plan) acknowledges *the impact of poverty on disparities in health and people being able to reach their full potential*. SRH outcomes are correlated with poverty; including under 18 conceptions, rates of STIs and HIV, and rates of unplanned pregnancies. SRH can be both a contributor to and a symptom of poverty. For instance, access to contraceptive advice and contraception affects timing of first pregnancy and spaces between pregnancies, which affect opportunities to access employment and to access accommodation that is appropriate to the size of the household. This is important for Slough where 15.8% of households live in overcrowded accommodation (4.4% in England) and a third of those who are economically inactive report this is due to family / home responsibilities (22% in England).

2.1.7 The Corporate Plan also aspires for *Slough to be a borough for children and young people to thrive, where all children and young people should be able to access services that keep them safe and secure*. Young people are a group at higher risk of poor SRH. This is because at this life stage, common STIs such as Chlamydia are more prevalent, the impact of unplanned pregnancy is significant on future physical health, mental health and socio-economic outcomes and

children and young people are vulnerable to sexual abuse. According to Slough's Joint Strategic Needs Assessment (JSNA) (Berkshire East JSNA (berkshirepublichealth.co.uk) Slough's population is one of the youngest in England with nearly 28% of the population aged under 18. Accessible contraception and STI testing and treatment services are particularly important for young people who may be less able to travel to received advice, preventive services or treatment. Having a specialist SRH service in the centre of Slough contributes towards this.

2.1.8 Slough has commissioned its integrated[3] specialist SRH services through joint arrangements in Berkshire for over ten years, meaning the local authorities in the area commissioned a single provider through a joint commissioning process. Following the split in public health governance arrangements for Berkshire in 2019, this continued but, on a Berkshire East, and Berkshire West arrangement, mirroring the Clinical Commissioning Group geographies at the time. The current commissioning geography for the service is coterminous with the Berkshire East geographies of the Frimley Integrated Care Board boundaries.

2.1.9 The contract with the current specialist SRH provider has been in place since the 1st July 2019 and the contract is managed by the Berkshire East Shared Public Health team. The contract expires on the 30th June 2024 and the contract terms do not include provision for further extensions (the current contract was commissioned as a 3 + 2 year, with review at year 3). It is necessary to re-procure the specialist SRH service.

2.1.10 To support this, a Sexual and Reproductive Health Needs Assessment (HNA) will be undertaken in two parts; the first to inform the re-procurement of the specialist SRH provision and services most aligned with that. The second part will provide insights to inform quality improvement programmes and improve care pathways associated with SRH services. The second part of the HNA also provides an opportunity to explore themes identified in part one that require additional stakeholder engagement and / or analysis.

2.2 Why a jointly commissioned service represents the best option for Slough

2.2.1 Better access to services for Slough residents

i. The current service model includes a comprehensive specialist service based in Slough; this service includes testing and treatment of sexually transmitted infections and more complex options for contraception. Very few towns of Slough's size have this level of service; this is made possible because the clinic is part of a larger service, meaning Slough receives a higher proportion of specialist clinical staff within its geography than would be possible for the Slough budget alone.

ii. There are national workforce shortages for specialist doctors, nurses and healthcare professionals working in sexual and reproductive health. These can severely impact on access to services for patients. Being the main centre of a larger service increases the stability, retention and resilience of the specialist workforce and ensures greater training opportunities and a wider range of expertise.

[3] 'Integrated' refers to the provision of both GUM and specialist elements of Reproductive Healthcare

iii. Engagement with GPs in the Slough area has revealed that for some, their patients are pleased to have a specialist provider offer them Long-Acting Reversible Contraception (rather than accessing through their GP).

iv. The current service is on a block contract meaning additional activity seen in the specialist setting rather than general practice or "out of area" is cost neutral, while patient choice to access elsewhere is paid on a payment by results basis, which could represent cost increases.

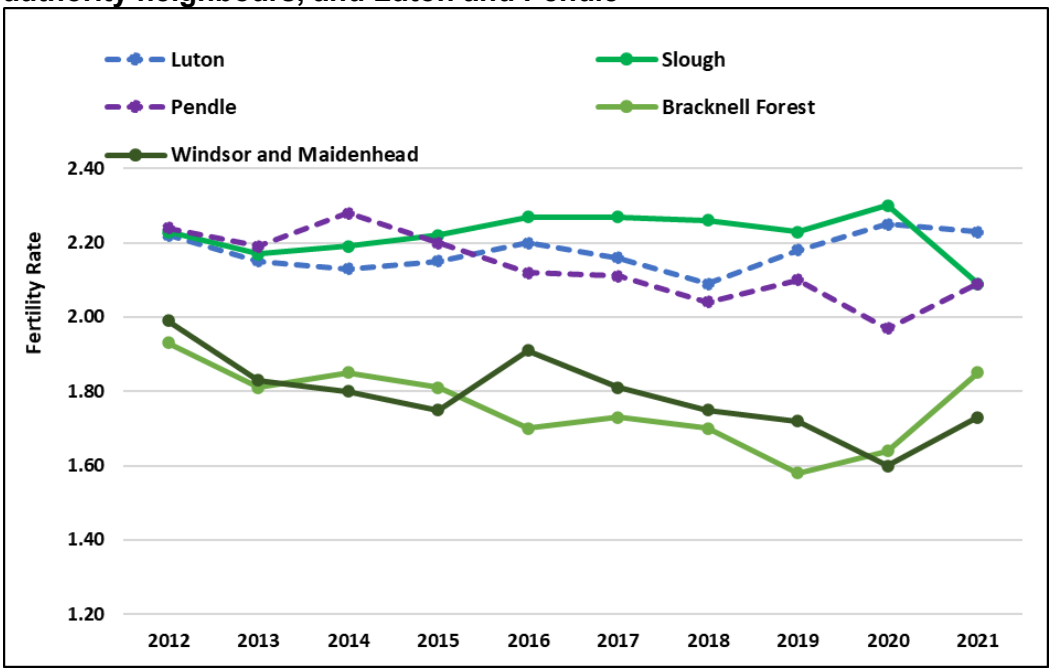
v. One of the pre-requisites of the service specification refresh therefore, that underpin decisions made as part of this proposal, are that there will be a continuation of a specialist site in Slough and that the contract shall continue primarily on a block basis.

2.2.2 Good outcomes for Slough residents

i. A key element of sexual and reproductive health services is provision of contraception and pre-conception advice. In recent years Slough has had the highest fertility rates (the average number of children each woman will have) of any local authority in England. Luton now has the highest fertility rates in England and Slough is joint second. Higher fertility rates are generally found in areas of higher deprivation. This is largely based on various inequalities including differences in accessing services both pre- and post-conception, different educational levels and cultural differences.

ii. Figure 2 below shows that there is a general trend for this to decrease in Slough over recent years whereas this has tended to increase in other areas with high fertility rates and in other areas in East Berkshire. Good access to contraceptive services is crucial in this trend. It also shows that Slough has far higher fertility rates than Bracknell Forest and Windsor and Maidenhead, highlighting the far higher need for contraception services in Slough.

Figure 2: Fertility Rate in Slough 2012 to 2021, compared to Berkshire East local authority neighbours, and Luton and Pendle



iii. If the fertility rate is above 2 that means the average woman is having more than one child. This leads to much more rapid population growth. Rapid population growth requires increased resources, including financial. Good access to contraceptive services is therefore very important in the strategic goal of becoming a council which lives within its means.

iv. The JSNA highlights that Slough is one of the most ethnically diverse local authorities in England with 64% of the population coming from ethnic minority backgrounds (excluding white minorities) in 2021. The health of Black and Minority Ethnic (BAME) mothers and infants can be optimised through pre-conception advice, which includes access to advice about contraception and contraceptive services. This is a priority for Frimley Integrated Care System (ICS) since local data shows health markers or risk factors are worse for this population characteristic. This is important for Slough where 72.3% of live births are to non-UK parents. Engaging these populations early in planning for pregnancy or preventing pregnancy is important for future physical, mental and socio-economic health. For instance, across Frimley ICS, uptake of folic acid before pregnancy (important to reduce the risk of foetus development problems such as spina bifida) is lowest in Slough (17% compared to 27% National average). Trust data for 2020/21 shows high BMI rates of greater than 35, are particularly prevalent amongst Black / Black British mothers.

v. Under 18 pregnancy rates in Slough are around the average for other LA's which are deemed similar in terms of population ('CIPFA statistical neighbours). These neighbours include places which are much less deprived than Slough, such as Bracknell Forest. Under 18 pregnancy is much more common in more deprived areas. Under 18 pregnancy rates in Slough could therefore be expected to be higher than they are and again, good access to contraceptive services is very important, particularly for under 18s who may not be able to travel easily.

vi. Slough also has very good HIV testing rates compared with other local authorities in the South-East. This is shown in Appendix A. This is important because Slough has the fourth highest prevalence of HIV in England; ensuring local communities at higher risk of HIV know how to access HIV testing, feel able to access timely HIV testing and prevention measures such as Pre-Exposure Prophylaxis, is an important factor in reducing the risk of transmission.

2.2.3. Better value in terms of commissioning

i. The clinical and specialist nature of sexual and reproductive health services can limit the provider market. These are NHS services commissioned by local authorities and the current model is attractive to NHS providers. The size of the current contract also enhances the attractiveness of the contract to the market, meaning a higher likelihood of receiving multiple responses to this tender process. This is important because there are some service elements that would benefit from strengthening such as health promotion and sexually transmitted infection testing triage to support demand management of the services. It also planned that the commissioning team will strengthen the requirements to monitor and respond to inequalities in access and outcomes as certain groups are less likely to attend for

preventive and screening services. This would particularly benefit Slough's population.

ii. By having a single team (currently the Public Health Hub or 'hub' team) commissioning the service on behalf of three local authorities, there are economies of scale presented in the management of the contract and leadership for the sexual and reproductive health agenda with Frimley ICS. This is useful because there are interdependencies between some allied NHS commissioned services. For instance, the hub team also host a maternity and infant health lead post who works with Frimley ICB on the local maternity and neonatal system equity improvements. Maternal health and infant health is strongly linked to preconception care and so a strong contraceptive service offer can create system savings and support better health outcomes. This is particularly important for the Slough population, which has been highlighted as a focus area for the ICB on this agenda.

iii. The hub team also host the Child Death Overview Panel Coordinator and have a leadership role in CDOP; this is relevant to the Slough population due to the relatively higher rates of consanguinity (children being born to parents who are related, which increases the likelihood of infant death). Having CDOP hosted alongside the leadership for sexual and reproductive health therefore also supports the innovative work taking place regarding genetic counselling and pre-conception care for populations affected.

2.3. Options considered

2.3.1. Appendix C offers a summary of options explored, which were taken to the Berkshire East Public Health System Management Group (SMG) for consideration.

2.3.2. There is no option to extend the contract so commissioning options were explored to understand how to secure a new contract by the 1st July 2024.

2.3.3. The most beneficial option and the one recommended to secure a new contract within the current contract length with a refreshed service specification is to re-procure the service under the lite regime and to continue to do so as a joint arrangement.

2.4. Background

2.4.1. While SRH outcomes in Slough (and across Berkshire East) indicate the current SRH offer is mostly working well at a population level, inequalities are not completely understood. Furthermore, in line with national trends, it is anticipated that demand for SRH services will continue to increase due to behaviour changes in the population. Innovations in approaches to SRH prevention, triage and online services are necessary to sustain an effective and equitable service.

2.4.2. For the reasons above, it is necessary to refresh the specialist SRH service specification, which is being informed by a Health Needs Assessment (HNA) focussing on SRH inequalities and enhancing access in response.

2.5. Engagement informing the options and preferred approach

2.5.1. In addition to the re-procurement process, there is already collaboration with local stakeholders to support a whole system approach to SRH; something that is advocated through national SRH commissioning guidance (Making_it_work_Main_guide_revised_March_2015.pdf (publishing.service.gov.uk)). The current model is important because collaboration can ensure service use patterns across pathways are understood, innovation is fostered and best value obtained from limited resources and there are ways we can enhance this.

2.5.2. For example, the HNA is being delivered in two parts; part one to inform the specialist SRH service specification, which has included a survey of professionals (e.g. from primary care, other relevant directly commissioned services, public health, drug and alcohol services, education, children and young people services). Part two will be informed by part one and will focus more on service use patterns across pathways and will allow the time needed for effective service quality improvement collaboration.

2.5.3. The Berkshire East Shared Public Health team collaborate with NHS colleagues in primary care as they deliver some contraceptive services in the community and have been collaborating at practice level to enhance the quality of this offer.

2.5.4. The Berkshire East Shared Public Health team host a Maternity and Infant Public Health specialist, whose role is funded by the Integrated Care Board to facilitate collaboration between local maternity services and aligned services such as SRH.

2.5.5. The Slough public health team are working with the Berkshire East Shared Public Health team to explore opportunities in the design of the new Health Visiting and School Nursing service models to enhance SRH outcomes. For example, access to contraceptive advice post birth and access to effective sexual, reproductive health and relationships education in school settings.

3. Implications of the Recommendation

3.3. Financial implications

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

3.3.2. It is proposed that the service is commissioned on a 5 year (3+2) basis, continuing as a joint arrangement between the Berkshire East local authorities. The 3+2 contract essentially offers a 'break clause' after 3 years as this allows time to review the service for at least a year before considering re-commissioning (which takes around 2 years from start to finish). Initial contracts less than this length are not attractive to bidders. A high-level forecast for the maximum contract value has been prepared (Appendix D) and is based on maintaining the current contract value with a maximum uplift of 5% per annum or the Consumer Price Index (whichever is the *lower* of the two values at the time; i.e. 5% will be the maximum annual increase if the Consumer Price Index is higher than 5%). This forecasting has been produced to ensure the tender is competitive and can secure good quality responses and also because demand

for SRH services is anticipated to increase inline with national forecasts of approximately 3% per annum.

3.3.3. The opportunity of continuing to jointly procure the specialist SRH service across Berkshire East with the resulting larger total contract value (as opposed to single local authority tenders) creates opportunities to procure differently and manage demand to ensure best value. This will be informed by the HNA, which will shape the service specification particularly regarding innovative models of care for communities at higher risk of poor SRH; online triage and SRH services to enhance access for those who prefer online and ensure face to face services are prioritised for those who need this offer the most. This can help balance the predicted increase in demand against service costs, resulting in a proportionally smaller uplift in the grant spend on SRH.

3.3.4. In ensuring best value from the overall spend on sexual health it's important to highlight that sexual health services are unusual in that if services are not available in one area, then residents are free to use services in any other area in England. The costs of this, termed 'out of area' costs, are then recharged to the local authority area of residence. This is usually at a higher cost than the block contract but with no way of ensuring quality or service continuity for residents (through links between GPs and the specialist service for example). Having an accessible, local, quality assured service therefore offers a far better value (in addition to simply lower cost) service for residents. Out of area use is also demand-driven with no option of capping so can be highly variable and difficult to budget for. Essentially, residents are able to choose the most suitable provider for their needs and any reduction in the budget for the local specialist service would likely result in both higher costs and worse value.

3.3.5. Patients are also able to access certain services at their local GP practice (particularly Long-Acting Reversible Contraceptives' or 'LARC' services such as coils and implants). These are charged separately to local authorities. This is outside of the block contract and demand driven. As Slough has the main clinic within the town centre, far more Slough residents use the main (block contract) service than services in GPs or outside of the area. Because these are generally lower for Slough, this portion of the budget can go towards the annual uplifts.

3.3.6. Additional reductions in the overall SRH budget come from a Memorandum of Understanding agreed between Berkshire West and Berkshire East Hubs which ensures that there is no recharge applied for any Berkshire resident or registered user into either party's provider, which is compensated for at a flat rate per annum. This has been in effect since April 2022. It has eliminated significant cross border costs and reflects a substantial reduction in out of area activity.

3.3.7. In terms of funding, in a change to pre-COVID trends, the Public Health Grant has increased each year since 2021 with an average increase in the total public health grant for Slough of 3.1 %. In line with this, the grant allocation for 2023/24 has been announced and for Slough there will be an increase of 3.26%. An implication of the forecasted total SRH contract value for Slough on the proportion of the grant that would need to be allocated to SRH is an increase per annum of 2%. Not all elements of the total public health spend will have an inflationary uplift and as above there are some areas of SRH spend that are lower for Slough due to reduced 'out of area' costs and GP costs. Therefore, the assumption is that 2% per annum, which is the maximum amount forecasted,

(based on the flexibility within other elements of the spend) will be covered by increases in the public health grant.

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3.3.8. The specialist sexual health services currently only represent 14% of the total public health grant for Slough. Nationally it is the third largest single aspect of the of public health spend and this is also the case for Slough. Several FOI requests have been received requesting the % spend on SRH services but to date none of these FOI's have resulted in anything publicly available for comparison with other local authorities

3.3.9. There is a risk that after 2023/24, the Public Health Grant reduces, or does not increase, over the length of the contract. If this were to happen, then this would be seen in other local authorities too. This could be mitigated by prioritisation exercises with services but this would be a national issue and would not affect Slough's ability to be competitive within the market.

3.3.10. The Slough proportion of the overall service cost is approximately 51% of the overall contract value. This is worked out proportionately by level of demand and size of population. This process has been in place for the duration of the current contract.

3.3.11. At this time there are no immediately available evidence-based options available to the Council to reduce the contract price without reducing the current level or stability of service delivery, or to retain the current cost with an expanded service.

3.3.12. In summary, the East Berkshire service needs to be competitive with services in other areas in terms of both contract value and annual inflationary uplifts. There are assumptions based on the public health grant increasing each year, but if this does not occur then this would be a national issue. This would then need mitigating factors such as prioritising exercises, but these would be across other local authorities and providers and would not make Slough less competitive specifically. There is an additional risk that if service provision in Slough is not optimised for Slough residents, then residents will access services elsewhere which will increase both absolute costs and variability of costs to SBC. The refresh of the service specification is being informed by a health needs assessment process, which is a robust means of ensuring the service design reflects population health needs. In particular, ensuring there is a specialist site in Slough, that monitoring of and response to inequalities in access and outcomes is regularly addressed and that the model (including block elements and triage) ensure anticipated increases in demand for sexual and reproductive health services are affordable and prioritise those communities with the greatest capacity to benefit.

3.4. *Legal implications*

3.4.1. Section 2B of the National Health Service Act 2006 (the "2006 Act") requires each local authority to take such steps as it considers appropriate for improving the health of the people in its area.

3.4.2. The procurement of Sexual and Reproductive Health Services enables SBC to meet the following Public Health statutory duties under the Health and Social Care Act 2013 : The mandatory provision of Open Access Sexual and

Reproductive Health services by all Local Authorities – HSC 2013.

3.4.3. All procurement must comply with the Public Contracts Regulations 2015 and Bracknell Forest Councils' contract procedure rules as the host commissioning organisation.

3.4.4. Currently the commissioning arrangement forms part of a wider Memorandum of Understanding (MOU) between SBC and the Berkshire East Public Health Hub linked to the joint Director of Public Health who is an officer of both SBC and Bracknell Forest Council. The wider MOU for the Berkshire East Public Health Hub expires before the end of the new specialist integrated SRH contract. Bracknell Forest Council's legal team have therefore advised that a separate MOU will be needed for the SRH service. This is being developed at present and will set out how outcomes will be monitored, accountability by Bracknell Forest as the host versus that held by the local authority public health teams (including Slough's) and governance arrangements to ensure arrangements are genuinely working for residents.

3.4.5. The provisions of the Transfer of Undertakings for Protection of Employment Regulations (TUPE) may apply on expiry of the current contractual arrangements if the contract is awarded to a new service provider.

3.5. ***Risk management implications*** *[Mandatory]*

3.5.1. There are a range of risks associated with the procurement itself. Risks identified are listed in table 1, with the mitigations to manage these.

Table 1: risk associated with the SRH re-procurement and mitigating actions

Description of Risk	Risk/ mitigation owner	Current review of risk	Mitigation	Risk after mitigation
Insufficient funding available from the Public Health budget for proposed costs (including risk of no increase in the Public Health grant).	SBC Public Health/ Bracknell Forest Council (as hosts)	Medium	There are a number of other public health contracts (commissioned directly by SBC) due for renewal or reprocurement in 24/25. SBC Public Health colleagues work closely with finance partners to ensure the overall cost of public health services remains within budget.	Low
Suppliers bid at rates which are higher than those anticipated, placing a pressure on the Public Health Grant. The market is facing significant economic pressures. This includes increases in national insurance contributions, inflationary pressures and wage competition from other providers.	Bracknell Forest Council (as hosts)	Medium	Approaches to inflationary uplifts will be included within tender documents.	Medium/ low
Suppliers do not bid	Bracknell Forest Council (as hosts)	Medium	Market engagement will take place prior to release of the ITT, but at this time the expectation is that the current provider would be bidding.	Low
Providers offering a lower price will result in a lower quality	Bracknell Forest Council	Medium	Tenders will be required to meet a minimum quality threshold. Failure to meet the threshold will result in a failed bid and exclude them from evaluation on pricing.	Low

3.5.2. Timescale: The procurement project plan allows for a six-month mobilisation period which should ensure that the incoming provider is fully ready and prepared for going live on the contract's start date.

3.5.3. The risk of poor performance by the specialist SRH provider and / or failure of the new service to respond adequately to Slough's unique population needs will be mitigated by comprehensive contract management. Also, the new service specification is being developed based on a health needs assessment that has prioritised exploring inequalities in access and outcomes, with the intention to have a more robust service specification to hold the SRH provider to account.

3.5.4. Comprehensive contract management is undertaken by the Berkshire East Public Health Hub. It is proposed that regular update meetings between the lead

commissioner in the hub, the Deputy Director of Public Health for Slough Borough Council, and the lead member are established to review performance and to hear any feedback from residents via members.

3.5.5. The 3+2 contract length allows a year to review performance plus the required time to recommission a service if necessary.

3.5.6. With respect to the comments from the Best Value Commissioner about Public Health capacity for oversight of the procurement:

i) This is a helpful comment and it is acknowledged that the Slough Public Health Team is one of the smallest in terms of its statistical and geographical neighbours.

ii) The Public Health Team is an integral part of the Berkshire East Public Health Hub and the structure is set up such that regular meetings are in place to ensure all areas of joint work have the required input and oversight from the Public Health team. This structure is regularly reviewed to ensure a balance between opportunities for close working and the demands of the Public Health teams within individual local authorities.

3.6. Environmental implications

3.6.1. During the procurement process, potential suppliers will be requested to provide a copy of their environmental impact assessment and impact management measures.

3.6.2. Environmental Impact Management Measures

i. Carbon emissions from staff travelling will be minimised due to work being delivered on site, and with staff in a fixed base.

ii. Recruitment is centred on specialist provision, but where possible will be locally resident.

iii. Hazardous Waste management, including i.e. sharps and clinical waste will be the responsibility of the provider and the process for undertaking this will be a part of the model along with requested information on process during the tender. (we will also be considering i.e. pathology etc, so this would fit with this).

iv. Infection control policies and procedures. Staff will be required to be trained in infection control not least to manage local outbreaks of STIs and infectious disease and its management.

v. Office and equipment waste management – this will be considered as part of the management process and requests will be made to ascertain the corporate policy on waste, disposal, management and carbon footprint both of the service and the organisation as a whole.

3.7. *Equality implications*

3.7.1. The Council has a duty under the Equality Act 2010 to have due regard to the need to advance equality of opportunity and foster good relations between protected groups and other groups.

3.7.2. An Equalities Impact Assessment is being conducted as part of the Health Needs Assessment which will inform the commissioning of the service. The Initial Equalities Screening is included as Appendix B. This service is critically important and impacts on particular protected groups to a greater extent that others. In particular the commissioning approach is intended to have a positive impact on people with learning disabilities, who have particular risk factors, particular racial groups who have a higher prevalence of HIV and where there may be issues of stigmatisation, women from certain Black and Ethnic Minority groups who are more at risk of poorer maternal and infant health outcomes and for females who will particularly benefit from access to good quality and safe information, advice and treatment. There is no data in relation to sexual orientation and it is recommended that the new contractual arrangement ensures that good quality equality data is collected and regularly monitored.

3.8. *Procurement implications*

3.8.1. This procurement falls within Public Contracts Regulations 2015 (PCR). The procurement will be via an initial Prior Information Notice, which will be followed by an open, single stage tender. A single provider will be selected which will provide SRH services across the tri-boroughs. Figures are based on the total costs per annum, but these are shared proportionately by size of population and need across the 3 boroughs, with SBC as the single largest allocation, and BFC the single smallest allocation.

3.8.2. Advertising: the opportunity will be advertised on the following websites: Find A Tender Service (FTS); Contracts Finder (CF); Southeast Business Portal (SEBP)

3.8.3. A HNA is being completed with part one due for completion in May 2023, which will inform the service specification and part two due for completion in October 2023, which will inform wider system collaboration and pathway design.

3.8.4. Tender Evaluation: This procurement falls within Public Contracts Regulations 2015 (PCR). The procurement will be via a PIN followed by an open, single stage tender.

3.8.5. The tenders will be evaluated based on 80% Quality, and 20% Cost. The quality to cost weighting is usually 40% Quality and 60% Cost. The rationale for this weighting is based on the importance of identifying the right partner to work with the councils to adapt the service over time. The increased weighting for quality assurance aims to support us in identifying a high-quality partner that will be able to work with us strategically in a flexible and proactive way.

3.8.6. Individual quality thresholds will be included and some quality questions to ensure that the high levels of quality the Council expects will be maintained. Detailed evaluation criteria will be finalised by the project team and issued with the ITT (Invitation to Tender). Due Diligence will also be conducted with regards

to financial and core policies e.g., Safeguarding, Health & Safety, finances, business continuity and so forth.

3.8.7. The ITT will include a Selection Questionnaire (SQ) to establish and assess the capability of bidders to provide the service, with a pass/fail score and minimum economic standing threshold.

3.8.8. Tenderers will be invited to provide Method Statements focusing on quality and safety, service user outcomes, workforce, mobilisation, partnership working and service development.

3.8.9. The Pricing Schedule will ask bidders to set out their total pricing and financial breakdown, for the whole contract.

3.8.10. The evaluation panel will include key stakeholders from the Berkshire East local authorities, including Slough Borough Council, and commissioners along with specialist external clinical support. Evaluation panellists will sign declarations of interest and confidentiality agreements. The pricing schedules will be reviewed by the Council's Finance and Procurement officers separately until the quality scoring has been completed.

3.9. *Workforce implications*

3.9.1. Staffing– including TUPE

The mobilisation phase will give an incoming provider time to complete TUPE for any employees of an outgoing provider wishing to transfer to a new provider. Where TUPE does not apply, the mobilisation phase allows sufficient time for recruiting and training new (or and existing) staff. There is no anticipated impact for staff employed by BFC. Employee liability information about the employees will be sought from the current employer for inclusion in the tender pack, in line with legal advice provided.

3.10. *Property implications*

3.10.1. Not applicable*.*

4. Background Papers

4.1. None

Appendix A: HIV testing rates in South East England

HIV testing coverage, total 2021

Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	478,203	45.8	45.7	45.8
South East region	↓	60,257	44.0	43.8	44.3
Milton Keynes	↓	1,900	69.6	67.8	71.3
Buckinghamshire UA	→	6,086	68.9	67.9	69.8
Crawley	↓	1,247	63.7	61.5	65.9
Isle of Wight	→	679	62.4	59.4	65.2
Spelthorne	↓	523	59.6	56.3	62.9
Worthing	↓	988	58.4	56.0	60.8
Horsham	↓	762	57.6	54.8	60.2
Slough	↓	1,745	56.5	54.7	58.2
Mid Sussex	↓	759	56.2	53.5	58.9
Windsor and Maidenhead	↓	1,041	56.1	53.8	58.4
West Berkshire	↓	1,421	55.9	54.0	57.9
Reading	↓	3,595	54.6	53.4	55.8
Adur	↓	422	54.2	50.6	57.7
Wokingham	↓	1,732	53.8	52.0	55.5
Arun	↓	821	53.1	50.6	55.7
Southampton	↓	2,185	52.0	50.5	53.5
Surrey Heath	↓	377	51.9	48.2	55.6
Bracknell Forest	↓	842	49.6	47.2	52.0
Chichester	↓	615	49.6	46.7	52.4
Oxford	↓	3,234	49.2	48.0	50.4
Mole Valley	↓	278	49.1	44.9	53.3
Portsmouth	↓	1,931	48.8	47.2	50.4
Tandridge	↓	348	48.1	44.4	51.8
Guildford	↓	685	47.6	45.0	50.3
Waverley	↓	401	47.6	44.2	51.0
South Oxfordshire	↓	1,095	47.4	45.4	49.5
Hart	↓	382	47.3	43.8	50.8
Rushmoor	↓	672	47.1	44.4	49.7
Test Valley	↓	622	46.7	44.0	49.4
Eastleigh	↓	502	46.3	43.3	49.3
Havant	↓	549	45.4	42.5	48.2
Basingstoke and Deane	↓	990	45.2	43.1	47.3
Fareham	↓	487	45.1	42.1	48.1
Runnymede	↓	377	44.9	41.5	48.3
Brighton and Hove	↓	4,734	44.4	43.5	45.4
West Oxfordshire	↓	775	44.2	41.9	46.6
Woking	↓	402	44.1	40.9	47.4
East Hampshire	↓	375	42.9	39.5	46.2
New Forest	↓	491	42.8	40.0	45.8
Winchester	↓	416	42.8	39.6	45.9
Vale of White Horse	↓	927	42.4	40.4	44.5
Reigate and Banstead	↓	660	40.1	37.7	42.5
Epsom and Ewell	↓	311	38.0	34.6	41.4
Cherwell	↓	1,487	36.6	35.1	38.1
Gosport	↓	419	36.5	33.7	39.3
Elmbridge	↓	479	30.5	28.2	32.8
Dartford	↓	523	30.0	27.9	32.3
Gravesham	↓	489	30.0	27.8	32.3
Lewes	↓	398	29.3	26.9	31.8
Canterbury	↓	781	29.1	27.4	30.9
Ashford	↓	415	27.5	25.2	29.8
Sevenoaks	↓	264	26.5	23.8	29.4
Medway	↓	1,217	25.7	24.4	26.9
Maidstone	↓	528	25.1	23.3	27.0
Folkestone & Hythe	↓	412	24.4	22.4	26.5
Dover	↓	324	24.1	21.8	26.4
Thanet	↓	410	24.0	22.0	26.1
Tunbridge Wells	↓	239	23.9	21.3	26.7
Swale	↓	473	23.5	21.7	25.5
Tonbridge and Malling	↓	299	23.4	21.1	25.8
Rother	↓	279	20.6	18.5	22.9
Wealden	↓	409	19.2	17.5	20.9
Hastings	↓	516	17.4	16.0	18.8
Eastbourne	↓	512	16.4	15.1	17.7

Appendix B: Initial Equalities Screening Record Form

Date of Screening: 10/02/2023	**Directorate: Place Planning and Regeneration**		**Section: Shared Public Health Team**
1. Activity to be assessed	Retendering process for the Specialist Integrated Sexual & Reproductive Health (SRH) service across Berkshire East (Bracknell Forest, Windsor and Maidenhead and Slough)		
2. What is the activity?	☐ Policy/strategy ☐ Function/procedure ☐ Project ☐ Review **X** Service ☐ Organisational change		
3. Is it a new or existing activity?	☐ New **X** Existing		
4. Officer responsible for the screening	Rebecca Willans		
5. Who are the members of the screening team?	Consultant in Public Health and Public Health Strategic Commissioning Manager		
6. What is the purpose of the activity?	Please describe briefly its aims, objectives and main activities as relevant. The activity aims to ensure a specialist SRH contract is in place with a suitable provider by 1st July 2024 so there is no gap in service provision following the end of the current service on 30th June 2024. The main objectives include: - undertake a SRH needs assessment to inform the refreshed SRH service specification - develop a service specification for the SRH service - go out to tender, including undertaking a market engagement event - develop assessment criteria to allow marking of bids submitted - contract award to the highest scoring service provider - oversee transition from the old service model and potentially, provider, to the new service model (outlined in the service specification)		
7. Who is the activity designed to benefit/target?	The activity is designed to benefit the populations of Bracknell Forest, Windsor and Maidenhead and Slough aged 18 and over; also, those aged under 18 only eligible if they are determined as 'Gillick / Fraser' competent. This applies to the population resident and / or registered within Berkshire East.		
Protected Characteristics	**Please tick yes or no**	**Is there an impact?** What kind of equality impact may there be? Is the impact positive or adverse or is there a potential for both? If the impact is neutral, please give a reason.	**What evidence do you have to support this?** E.g., equality monitoring data, consultation results, customer satisfaction information etc Please add a narrative to justify your claims around impacts and describe the analysis and interpretation of evidence to support your conclusion as this will inform members decision making, include consultation results/satisfaction information/equality monitoring data

8. Disability Equality – this can include physical, mental health, learning or sensory disabilities and includes conditions such as dementia as well as hearing or sight impairment.	**Y**		A positive impact. The current service specification recognises people with a learning disability as a priority group and requests equalities monitoring annually, however the HNA process is being used to identify the SRH needs of population groups living with a disability and will build objectives into the service specification to ensure good access such as ensuring physical sites are accessible, written information is available in alternative formats and closer working between the VCSE sector and the specialist provider to strengthen referral pathways into and from the service regarding the sexual and reproductive health needs of people living with a disability in the area.	The Joint Strategic Needs Assessment Summaries (JSNA) for Berkshire East identify that the proportion of people reporting they have a long term health problem or disability is 14.5% (Bracknell); 12.4% (RBWM) and 15.1% (Slough). National evidence indicates that stigma and misinformation about sexual relationships among people living with different disabilities can limit the ability of caregivers and family to have conversations with them about safe, healthy behaviours in this respect. It also impacts service access either indirectly (e.g. lack of accessible information) or inadequate staff training. For people living with a learning disability, there is another consideration regarding consent both for engaging in a sexual relationship and in consent for services such as Termination of Pregnancy or choice regarding contraception. Under the Sexual Offences Act 2003, somebody with a learning disability may not have the capacity to refuse involvement in a sexual activity and therefore the person they are intimate with is breaking the law; which will also raise safeguarding issues around exploitation. The SRH needs assessment has included local disability charities as stakeholders to complete the SRH professionals survey and will draw on national evidence regarding what service provisions in specialist provider settings for SRH enhance the quality of the offer for each disability type. Feedback from stakeholder engagement undertaken so far (via various GP and Place Committee meetings) has indicated there may be poor provision for people living with a disability including one of the specialist sites not being wheelchair accessible and that information available online isn't accessible to people living with a learning disability. These insights will be explored in the needs assessment and used to inform the service specification.
9. Racial equality	Y		A positive impact. First, in reaching communities currently not accessing HIV testing and Pre Exposure Prophylaxis (PrEP). This especially important for Black African communities where rates of HIV prevalence among the heterosexual population are relatively higher compared to all other	The ethnic diversity of the populations in Berkshire East varies, with the following proportion of black and minority backgrounds (excluding white non British populations in the statistics shown): 14% (2% Black African) (Bracknell); 20% (1% Black African) (RBWM); and 64% (5% Black African) (Slough).

			ethnic groups. The new service specification will be seeking to develop a stronger health promotion offer to reduce stigma and raise awareness of HIV testing and PrEP. Second, Frimley's perinatal equity strategy highlights that women of Black and Minority Ethnic Groups (BAME) have poorer maternal and infant health outcomes when compared to White British populations locally. A risk factor for this is poor pre-conception care, including advice about and access to contraception. The new service specification will ensure the settings in which the specialist SRH service is available, information about contraceptive services and referral pathways proactively engages BAME populations locally.	The health needs assessment includes analysis of service uptake by ethnicity where this is available. This includes PrEP and contraceptive uptake. The data will be used to explore low uptake by BAME groups and aligned with evidence regarding what can improve the service offer for BAME populations. In addition, regarding contraception, a survey is being undertaken among community members contributing to Frimley's engagement tool regarding contraceptive access locally. The professionals survey mentioned earlier in this EIA screening tool, also explores access to PrEP and contraception. With regard to contraception, Frimley's Perinatal Equity Strategy has highlighted there are ethnic inequalities concerning risk factors for good maternal and infant health that could be addressed with improve pre-conception care. Almost one third (31.1%) of all pregnancies in Frimley ICS were in Slough, which is a borough that has high ethnic diversity. The ethnic group with the highest proportion of births across Frimley were to mothers of Black / African / Caribbean ethnicity (18.5% of borths at Wexham Park Hospital and 22.4% at Frimley Park Hospital). Health needs are higher among the BAME population accessing maternity care in Frimley; for instance, use of folic acid before pregnancy (important to reduce the risk of foetus development problems such as spina bifida) is lowest in Slough (17% compared to 27.3% National average). Trust data for 2020/21 shows high BMI rates of greater than 35, are particularly prevalent amongst Black / Black British mothers. The health needs assessment that is informing the new service specification is exploring contraceptive uptake to understand how service design could improve timely access for BAME women.
10. Gender equality	Y		Yes – positive.	Different groups of women have different reproductive health needs; the National Women's Heath Strategy identifies that in later adulthood, women find their reproductive and

			The service is especially important for women to ensure good quality, safe and equitable access to preconception advice, contraception and advice about their reproductive health. Having this in place helps reduce the risk of unplanned pregnancies, which are associated with higher risk of Termination of Pregnancy, Miscarriage, low birth weight, late engagement with maternity services, poor preconception health; all of these impact the health of mothers and infants. The reproductive health offer also acts as an important safeguarding opportunity, to identify women who are experiencing abuse, including those who do not have control over their reproductive health, such as if to choose contraception, what type of contraception, when to seek support. The new service specification will enhance the monitoring of different groups of women and where necessary, provide outreach to communities where there is lower than anticipated engagement. Furthermore, the service specification will set specific objectives relevant to the health needs of HIV positive women and at different stages of the lifecourse, acknowledging the reproductive health needs vary.	contraceptive health needs are not met. This is reflected for instance in higher and increasing Termination of Pregnancy rates seen in women aged 35 and over. Meanwhile under 18 conceptions are more common among young women who have low educational attainment, are eligible for free school meals and who engage in other risk taking behaviours; much of this is associated with higher levels of socio-economic deprivation. Ethnicity and religion can play a role too but these are covered later in this EIA.
11. Sexual orientation equality	Y		Positive. The recent Monkeypox epidemic highlighted the nationally there was a lack of outreach into groups of Gay, Bisexual and Men who have sex with men (GBMSM) who engage in higher risk taking behaviours such as chem sex and have multiple sexual partners. The new specification for Berkshire East will include learning from the Monkeypox response to ensure the service is well set up to identify higher risk groups and respond to outbreaks quickly. The HNA will also explore whether the contraception and reproductive health offer for lesbian and no-	No data currently

			nbinary females meets the needs of this population group locally.	
12. Gender re-assignment	Y		Neutral - no changes anticipated; the current service specification includes gender re-assignment as a priority group that will be continued in the new specification. The health needs assessment will seek to ensure this is refreshed and aligned with current evidence on a quality offer for this group.	
13. Age equality	Y		Please see section on gender equality	Please see section on gender equality
14. Religion and belief equality	Y		Neutral Religion can impact choices people make and in some instances their rights over their sexual relationships and reproductive health. This is a challenging subject to explore for SRH services since religion and beliefs are not well monitored and stigma can impact whether certain populations seek advice in specialist SRH settings, or are open about their SRH, impacted by their religious beliefs or those in their community. The specification will need to be informed by the HNA as to whether additional provisions are needed in place to enhance joint working between certain communities/ faith groups and the specialist SRH offer.	None
15. Pregnancy and maternity equality	Y		Positive. A priority of the service specification refresh is to ensure the place, setting and design of specialist pre-conception advice and access to contraception is suitable for the local population to improve pregnancy and maternal health outcomes.	National data indicates that timely access to pre-conception advice and to contraception can reduce the risk of unplanned pregnancy, terminations of pregnancy and under 18 conceptions. The numbers of under 18 conceptions and ToPs are low and locally across all three LAs, rates are similar to or better than the national average. However, with regard to maternal health outcomes, as referenced in the section on ethnicity, inequalities exist for mothers locally from BAME populations

				and there is an opportunity in the redesign of the service specification to address this.
16. Marriage and civil partnership equality		N	No changes anticipated	
17. Please give details of any other potential impacts on any other group (e.g. those on lower incomes/carers/ex-offenders, armed forces communities) and on promoting good community relations.	The health needs assessment is also exploring data where available for populations living in relatively more socio-economically deprived areas and for inclusion health groups as these factors are risk factors for poorer sexual and reproductive health outcomes. It will be important to ensure the new service specification reflects learning from the HNA regarding the needs of these populations, especially regarding improving service access.			
18. If an adverse/negative impact has been identified can it be justified on grounds of promoting equality of opportunity for one group or for any other reason?	Please explain – No negative impacts are identified at this time.			
19. If there is any difference in the impact of the activity when considered for each of the equality groups listed in 8 – 14 above; how significant is the difference in terms of its nature and the number of people likely to be affected?	We are identifying improvements in access and as such outcomes for key cohorts, including (but not limited to) women, older adults, and people of black and minority ethnicity – this is in line with the national findings of UKHSA in respect of (i) access and take up of PrEP; increasing access to contraception care and better screening supports and care and better provision across the life course. All of the changes are part of the health Needs Assessment being undertaken across Berkshire east and the Frimley ICS geography.			
20. Could the impact constitute unlawful discrimination in relation to any of the Equality Duties?		N	Please explain for each equality group	
21. What further information or data is required to better understand the impact? Where and how can that information be obtained?	The SRH HNA is not yet complete; it is being undertaken in two parts, the first of which will be complete in May and is designed to answer key questions relevant to the design of the service specification and the care pathways attached to it. The service specification will be developed concurrently, being shaped as conclusions emerge from the epidemiological data, evidence and insights gathered. The current main source of population level data is 'fingertips', an OHID tool, which can be accessed here for the Sexual and Reproductive Health profiles. Sexual and Reproductive Health Profiles - OHID (phe.org.uk) Please note the HNA will explore the inequalities sitting underneath these whole population metrics.			
22. On the basis of sections 7 – 17 above is a full impact assessment required?		N	Please explain your decision. If you are not proceeding to a full equality impact assessment make sure you have the evidence to justify this decision should you be challenged. We recommend a full EIA is not undertaken since the scope of the SRH HNA already includes assessment of the needs for all protected characteristics groups, inclusion health groups and populations living in socio-	

			economically deprived areas. As such, an EIA would not add value beyond the themes offered above and the HNA process itself.

23. If a full impact assessment is not required; what actions will you take to reduce or remove any potential differential/adverse impact, to further promote equality of opportunity through this activity or to obtain further information or data? Please complete the action plan in full, adding more rows as needed.

Action	Timescale	Person Responsible	Milestone/Success Criteria
Ensure the HNA findings are reflected in the service specification for the specialist integrated SRH service.	May 2023	Rebecca Willans	The recommendations from the HNA include specific objectives for the refreshed SRH service specification and these are reflected in the specification before it goes out to the market
Enhance the contractual requirements in the service specification to ensure equalities monitoring is undertaken and that the model allows for inequities in access and or outcomes to be responded to in the lifetime of the contract.	May 2023	Elaine Russell	The new service specification outlines how equalities impacts will be
Part two of the SRH HNA will be used to explore wider system working needed to enhance SRh outcomes for groups where inequalities are identified in part one of the HNA.	October 2023	Rebecca Willans	Stakeholders in the Frimley Integrated Care System are clear on the priority groups regarding SRH need and actions to improve outcomes locally are agreed by the relevant partners in a local SRH strategy that responds to the HNA.

24. Which service, business or work plan will these actions be included in?	The shared public health team workplan and may be reflected in the work plans of other partners (tbc during the recommendations phase of the HNA process).
25. Please list the current actions undertaken to advance equality or examples of good practice identified as part of the screening?	Full health needs assessment being undertaken to explore the data and evidence available regarding the needs of the groups listed in this screening; this has been timed to ensure the findings inform the specialist integrated SRH service specification and quality criteria used to score tender submissions.
26. Assistant director's signature.	 Signature: Date: 06.03.23

Appendix C: Appendix C: Sexual and Reproductive Health – Options appraisals for recommissioning

Table 1 - Options to consider for retendering process

Option	Advantages	Disadvantages	Recommended
Option 1: Separate processes for each LA and retender under the lite regime (x 3)	None in view of current arrangements.	This would be a retrograde step in view of the current joint contracting arrangement, which has worked effectively to date. This is evidenced by the overall positive SRH outcomes across Berkshire East and good working relationship between provider, commissioner and the local authority teams. Opportunity cost to local authority resources, in part due to duplication of process, which results in maximum costs to each local authority. A smaller contract value and scope would attract fewer providers; there is already a limited market place due to the complexities of clinical service delivery and going out to tender for three separate services concurrently would create competition for this market and for clinical workforce (of which there is a shortage in SRH services nationally). This approach would dismantle the shared systems and processes, and centralised management already in place. It also presents a loss of opportunity to share core elements and management costs for providers under shared contracting arrangements, plus loss of further collaboration with wider systems, & losing efficiency gains made previously. Destabilising the SRH Out of Area funding arrangement with Berkshire West public health, which currently offers cost savings to all three local authorities in Berkshire East. Costs involved and capacity to undertake a tender process under the lite regime, as opposed to direct NHS Award. However, the direct award option risks not having opportunity	**NOT recommended**

		to test the market and achieve value for money (see option 4).	
Option 2: Continue Berkshire East joint arrangement and retender under 'lite' regime	Consistent process with joint retendering and lead commissioner. Allows opportunity to implement new ways of working and update service specification and guidance, and improve contracting terms and conditions, with updated contract. Larger contract value is likely to attract a larger provider response in terms of the number of bids submitted and the innovation options made possible. This could include 'umbrella approaches' (single provider sub-contracting elements), which have worked well elsewhere in England. Meets procurement requirements.	Costs involved and capacity to undertake a tender process under the lite regime, as opposed to direct NHS Award. However, the direct award option risks not having opportunity to test the market and achieve value for money (see option 4).	**Recommended**
Option 3: Direct Award	Local Authorities must operate according to the Procurement Regulations 2015[1] which allow for, and generally mandate, a competitive tendering process (as is recommended). There are certain circumstances in which a local authority contract can be supported onto an NHS standard contract if the provider is a local NHS Trust. This avoids the competitive tendering process, assuming no alternative marketplace exists, which reduces the costs of undertaking a re-tender process.	The main reason this is not recommended is if a market exists, this approach would be open to challenge. It doesn't recognise the potential for other providers and assumes that there is no 'competition' within the market. It is less likely to achieve 'best value' without having first assessed market interest.	**Not recommended**

[1] The Public Contracts Regulations 2015 (legislation.gov.uk)