

Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults as well as Healthwatch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. HIV prevention and social care services

- 1.1. The contents of this paper can be shared with the general public.
- 1.2 This paper is for the Health & Wellbeing Board meeting on the 12th July 2016
- 1.3 Author of the Paper and contact details:
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2. Summary

The purpose of this paper is to outline plans for the re-procurement of HIV prevention and social care services from April 2017.

3. Decisions, recommendations and any options

3.1 That the Board Grants delegated authority to the Director of Public Health to conduct a procurement process for the provision of HIV prevention and social care services and to enter into the subsequent contracts.



4. Relevant information

- 4.1 An estimated 107,800 people are living with HIV in the UK. About a quarter of people living with HIV are estimated to be unaware of their infection and remain at risk of passing on their infection if having sex without condoms.
- 4.2 In Brighton and Hove, 1,735 residents were living with diagnosed HIV in 2014. The overall prevalence of diagnosed HIV in Brighton and Hove is 7.59 per thousand population aged 15-59 years.
- 4.3 Brighton and Hove has the 8th highest prevalence of diagnosed HIV in the UK and the highest outside of London.
- 4.4 In Brighton and Hove 91% of people living with HIV are male and the majority (85%) of people (93% of males) probably acquired the infection through sex between men. The majority of people living with HIV locally are white but 53% of women with HIV in Brighton and Hove are black African.
- 4.5 Evidence based HIV prevention and social care for people living with HIV make good public health and economic sense. HIV remains one of the fastest growing serious health conditions in England. Every HIV infection that is prevented benefits individual and public health and also saves the State around £280,000.
- 4.6 The current HIV prevention and social care service delivers HIV prevention interventions targeted towards those most at risk of HIV infection men who have sex with men (MSM) and black Africans. The service also provides social care support for all people living with HIV who need help to lead healthy and fulfilling lives.
- 4.7 The services include physical and on-line outreach, face to face support, social marketing campaigns, counselling, community based HIV and sexually transmitted infection (STI) testing, printed information and materials, the provision of free condoms, structured peer support and work to address the role of drugs and alcohol in risk taking behaviours.
- 4.8 The contract for the provision of this service expired on March 31st 2016.
- 4.9 Following the successful delivery of the contract it was planned to negotiate a new contract with the same provider at a reduced cost.



- 4.10 However, changes to procurement law mean that this is no longer an appropriate course of action. From 2015 there is a legal requirement that this type of contract is advertised by way of a prior information notice (PIN) or contract notice posted in the Official Journal of the European Union (OJEU).
- 4.11 A PIN posted in the OJEU has attracted expressions of interest from other potential providers.
- 4.12 It is therefore proposed to undertake a procurement by tender for the award of a new contract to provide the services.
- 4.13 Because of the continuing reductions to the public health ring fenced grant and the additional council savings, all public health commissioned services are facing a reduction in their funding over the next four years. The new contract will be offered at a reduced value to realise savings of at least 20% of the current contract value.
- 4.14 The service specification will prioritise interventions with the best evidence of effectiveness in preventing HIV infection and promoting sexual health.
- 4.15 Meanwhile, the current provider is continuing to provide the service pursuant to a waiver of Contract Standing Orders until March 31st 2017 while the procurement for a new contract is undertaken

5. Important considerations and implications

Legal:

- 5.1 Schedule 3 of the Public Contracts Regulations 2015 will apply to the re-procurement of the HIV prevention and social care services and the contract must be awarded in accordance with Section 7 of the Regulations. As set out in the body of the report the Council is required to advertise the contract by way of a PIN or contract notice published in the OJEU setting out the process by which it is intended to award the contract.
- 5.2 The tender process conducted must be at least sufficient to ensure compliance with the principles of transparency and equal treatment of economic operators bidding for the contract.
- 5.3 In accordance with Contract Standing Orders, any contract resulting from the tender process must be in a form approved by the



Head of Law and executed as a deed under the common seal of the Council.

Lawyer consulted: Isabella Sidoli Date: 04/07/16

Finance:

5.4 The annual cost of the current contract is £0.513m, which is met from within the ring-fenced Public Health Grant. It is planned to achieve annual savings of at least 20% (approximately £0.103m) from the new contract arrangements.

Finance Officer consulted: Mike Bentley Date: 15/06/16

5.5 Equalities:

Consideration for equalities and the reduction of health inequalities will be explicit in the service specification and integral to the delivery of the services. The Public Health universal services are delivered with a scale of intensity proportionate to the level of needs experienced by certain population groups including those needs arising from their protected characteristics. An equalities impact assessment will be undertaken as part of the re-commissioning process.

Sustainability:

5.6 There are no direct implications for sustainability

Health, social care, children's services and public health:

5.7 Children are not included within the scope of this service. Health, social care and public health are directly addressed by the public health services to which this paper refers.

6. Supporting documents and information

None required



