



Cabinet
15 September 2014

Report from the Director of Public Health

For Decision

Wards affected:
ALL

Update on Public Health Service Contracts

1.0 Summary

- 1.1 This report provides an update to the Cabinet report of 13th January 2014 on future arrangements for public health contracts that the Council inherited from the NHS. It provides an update on the proposed procurement process for contracts for 2015/16 onwards and requests approval to invite tenders in respect of such contracts as required by Contract Standing Orders 88 and 89.
- 1.2 The current contracts being re-procured have a combined value of £7.77 million. Public health contracts in 15/16 will be a call upon the ring fenced public health grant.

2.0 Recommendations

That the Cabinet:

- 2.1 Notes the progress made in developing options for the future commissioning and procurement of public health services.
- 2.2 Approve inviting tenders for the public health contracts detailed in Annexes 1 – 11 of this report on the basis of the pre - tender considerations set out in respect of each contract in Annexes 1 - 11 of the report.
- 2.3 Give approval to officers to evaluate the tenders referred to in paragraph 2.2 above on the basis of the evaluation criteria set out in respect of each contract in Annexes 1 – 11 of the report.
- 2.4 Give approval to an exemption from the usual tendering requirements of Contract Standing Orders in accordance with Contract Standing Order 84(a) to permit the negotiation of 2015/16 Genito-Urinary Medicine contracts as detailed in

paragraph 4.9 and to permit the procurement on behalf of Brent Council of the Pan London HIV Prevention Programme by the London Borough of Lambeth and the consequent use of its own Contract Standing Orders as detailed in paragraph 4.7.

- 2.5 Delegates authority to the Director of Public Health, in consultation with the Director of Legal & Procurement and Chief Finance Officer, to participate in negotiation of 2015/16 Genito-Urinary Medicine contracts as set out in paragraph 4.9.

3.0 Substance Misuse Services

- 3.1 Following the Executive meeting of 13 January 2014 which considered arrangements with regard to public health contracts, officers have reviewed options for procurement of Substance Misuse Services.

- 3.2 A soft market testing exercise (SMTE) was conducted in order to seek the market's views on the model for these service and to assess the capacity of the market to supply these services and the potential level of interest in this proposed procurement activity. A questionnaire was posted for each of the Substance Misuse Services in table 1. The SMTE generated interest from 28 organisations from whom 7 responses were received. The responses indicate there are a number of experienced providers who may be interested in participating in the tender, including the possibility of consortium bids. It appears that the proposed service model, including extended and flexible opening, is attractive to potential providers. There is a welcome interest in developing an electronic case management system. The availability of suitable estate within the borough is a potential concern. Providers expressed a preference for a three year contract with year on year extensions based on performance.

- 3.3 Having regard to the SMTE, the table below lists the current services which are proposed for procurement and the whether such procurement will be by way of a tender process:

Table 1: Substance misuse services

| | Service | Annex Criteria | Services to be Tendered | Quality : Price ratio |
|---|--|-----------------------|--------------------------------|------------------------------|
| 1 | Substance misuse: treatment and recovery | Annex 1 | Yes | 60:40 |
| 2 | Substance misuse: outreach and engagement | Annex 2 | Yes | 60:40 |
| 3 | Substance misuse: clinical prescribing | Annex 3 | Yes | 60:40 |
| 4 | Substance misuse: counselling and day programme | Annex 4 | Yes | 60:40 |
| 5 | Substance misuse: criminal justice work | Annex 5 | Yes | 60:40 |
| 6 | Substance misuse and sexual health young people's services | Annex 6 | Yes | 60:40 |

3.4 For each of the contracts it is proposed to be procured by way of a tender exercise, the pre-tender considerations have been set out in the relevant Annex detailed in Table 1 for approval by the Cabinet in accordance with CSO 88 and 89.

3.5 Officers intend to move to the above-mentioned services onto the new model community services contract terms and conditions produced by the Department of Health and the LGA for local government public health services from 2015/16.

4.0 Sexual health services

4.1 Following the Executive meeting of 13 January 2014, a SMTE was conducted in order to seek the market's views on the model for sexual health services and to assess the capacity of the market to supply these services and the potential level of interest in this proposed procurement activity. Three questionnaires for sexual health services were issued: for community contraceptive services, for chlamydia screening (combined programme management and testing of samples) and for local HIV prevention.

4.2 The SMTE generated interest from 22 organisations from whom 8 responses were received. The responses suggest the service proposal is thought to be appropriate to local needs and is potentially attractive to a market in which there are a number of experienced providers operating. Again, the availability of suitable estate within the borough is a potential concern. Providers expressed a preference for a three year contract with year on year extensions based on performance.

4.3 Having regard to the SMTE, the table below lists the current services which are proposed for procurement and whether such procurement will be by way of a tender process:

Table 2. Sexual Health Services

| | Service[1] | Annex Criteria | Services to be Tendered | Quality : Price ratio |
|----|--|-----------------------|--------------------------------|------------------------------|
| 7 | Genitourinary Medicine (GUM) | | No | |
| 8 | Community contraceptive services (CaSH) | Annex 7 | Yes | 60:40 |
| 9 | Chlamydia screening: programme management & testing of samples | Annex 8 | Yes | 60:40 |
| 10 | Local HIV prevention | Annex 9 | Yes | 60:40 |
| 11 | Web based condom ordering and distribution | | No | N/A |
| 12 | Pan London HIV Prevention Programme | | No | N/A |

⁽¹⁾ Young people's sexual health promotion services are included in Table 1 for consistency with presentation in previous Cabinet paper

- 4.4 For each of the contracts it is proposed to be procured by way of a tender exercise, the pre-tender considerations have been set out in the relevant Annex detailed in Table 2 for approval by the Cabinet in accordance with CSO 88 and 89.
- 4.5 Officers intend to move the above-mentioned services onto the new model contract terms and conditions produced by the Department of Health and the LGA for local government public health services from 2015/16.
- 4.6 With regard to services not recommended to be tendered, the web based condom ordering and distribution is classed as a Very Low Value Contract under the Council's Contract Standing Orders and is thus not suitable to be tendered.
- 4.7 As previously reported to the Executive, it is proposed that the Pan London HIV Prevention Programme from March 2015 is procured by Lambeth Council on behalf of all London boroughs in accordance with the decision of Leaders' Committee of London Councils (at the 12/11/13 meeting). Given it is proposed Lambeth Council procure the contract on behalf of all London boroughs, Lambeth Council will use its own standing orders for the procurement.
- 4.8 For 2014/15 GUM service contracts, 12 boroughs (WLA plus the Tri-borough, Camden, Islington and Haringey) undertook a collaborative negotiation with providers located within those Boroughs. The 12 boroughs succeeded in agreeing advantageous prices, common KPIs and clinical standards through negotiating together. GUM services are open access, that is Brent residents may access services anywhere without referral. The successful agreement of contracts across 12 boroughs has meant that the majority of services used by Brent residents are under contract and specified to common standards. Within the NHS, GUM services were subject to a national price (tariff). This combined with the statutory requirement that services are open access meant the NHS had little ability to control cost. The collaborating boroughs have been able to negotiate local rather than national pricing. This equated to £253,000 (or 6% of contract value) of cost avoided in 2014/15.
- 4.9 Brent is currently participating in the London Sexual Health Services Transformation Project with 18 other boroughs. It appears that many, if not all, of these boroughs would wish to join a collaborative negotiation and management of GUM contracts for 2015/16. Given the success of a joint negotiation of GUM contracts for 2014/15 with other London boroughs, Officers recommend that Brent continues to participate in the Project and to repeat the collaborative negotiation and direct award of GUM contracts for 2015/16.

5.0 Children's services

- 5.1 Following the Executive meeting of 13 January 2014, a SMTE was conducted in order to seek the market's views on the model for the school nursing services and to assess the capacity of the market to supply these services and the potential level of interest in this proposed procurement activity. The SMTE generated interest from 1 organisation and 1 response was received. It appears that there is not a well developed market for school nursing services. In response to the SMTE we have increased the weighting for partnership working and response to socioeconomic diversity in our evaluation criteria in order to ensure a service which is fit for local need.

- 5.2 Having regard to the SMTE, the table below lists current services which are being proposed for procurement and whether such procurement will be by way of a tender process:

Table 3. Children's services

| Service | Annex | Services to be Tendered | Quality : Price ratio |
|--------------------------|--------------|--------------------------------|------------------------------|
| School nursing | Annex 10 | Yes | 60:40 |
| Health Visiting | | No | N/A |
| Family Nurse Partnership | | No | N/A |

- 5.3 For each of the contracts it is proposed to be procured by way of a tender exercise, the pre-tender considerations have been set out in the relevant Annex detailed in Table 3 for approval by the Cabinet in accordance with CSO 88 and 89.
- 5.4 Officers intend to move the above-mentioned services onto the new model contract terms and conditions produced by the Department of Health and the LGA for local government public health services from 2015/16
- 5.5 It will be noted from Table 3 above that Officers do not seek authority to tender contracts for Health Visiting and the Family Nurse Partnership at the current time. Health Visiting and the Family Nurse Partnership are currently commissioned by NHS England. Commissioning responsibility will not transfer to the local authority until October 2015 and is subject to a separate process of contract transfer. The Council's public health grant will be adjusted to take account of these new responsibilities. Officers will report to the Cabinet closer to the point of transfer regarding proposals for commissioning these further services.

6.0 Community services

- 6.1 The previous report to the Executive listed the following services to be procured:
1. Intensive lifestyle intervention and
 2. Community weight management.
- 6.2 Following the Executive meeting of 13 January 2014, a SMTE was conducted in order to seek the market's views on the model for these services and to assess the capacity of the market to supply these services and the potential level of interest in this proposed procurement activity. Three questionnaires were issued for community services: one for a standalone weight management service, one for an intensive lifestyle (pre-diabetic) intervention and one for a combined post health check interventions.
- 6.3 The SMTE generated interest from 15 organisations from whom 5 responses were received. Having regard to the responses, it was clear that the Council should tender for a combined specification for post health check interventions

covering both of the services detailed in paragraph 6.1. This will make referral by GP practices, who conduct the health checks, more straight forward. The contract will be titled, "Post Health Check Interventions Service Contract".

6.4 The soft market testing responses have also helped Officers to review the service specification and the following changes have been made:

6.4.1 The service will consist of a number of elements. During the initial session, patients will be assessed and offered a selection of these elements as appropriate. People who require intensive intervention, for example those with pre-diabetes, will be offered all three components.

6.4.2 Tender evaluation will assess potential providers' ability to retain clients to complete the programme.

6.4.3 The nutritional advice and cooking components can be offered as combined weekly sessions to help promote clients continued attendance

6.4.4 Providers will be asked to report on age, gender and ethnicity to monitor uptake of referrals.

6.5 The table below lists the service which is now proposed for integrated procurement and the whether such procurement will be by way of a tender process:

Table 4: Community services

| Service | Annex | Services to be tendered | Quality : Price ratio |
|---|--------------|--------------------------------|------------------------------|
| Post Health Check Interventions Service | Annex 11 | Yes | 60:40 |

6.6 For the contract it is proposed to be procured by way of a tender exercise, the pre-tender considerations have been set out in the relevant Annex detailed in Table 4 for approval by the Cabinet in accordance with CSO 88 and 89.

6.8 Officers intend to move the above-mentioned services onto the new model contract terms and conditions produced by the Department of Health and the LGA for local government public health services from 2015/16.

7.0 Next steps

7.1 Officers intend issuing Invitation to Tender for all above designated services from 22nd September 2014. All Public Health procurements will be conducted via the London tenders Portal – Brent's eTendering system hosted by Due North.

7.2 Based on the SMTE carried out on all services it is proposed are tendered, it clear that there are other local authorities tendering for the same services. This may have an impact on the number of responses received. As such, should the Council only receive 1 bid for any of the services, Officers intend to retain the right to conduct a negotiated procurement process with the 1 bidder.

8.0 Financial Implications

8.1 The value of current contracts which are subject to this procurement is £7.77m. This is excluding the sexual health GUM contract and other smaller contracts which will not be included in this tender process. In 2015/16 these contracts will be a call upon the ring fenced public health grant. It is proposed to award contracts of a minimum duration of 2 years and therefore any shortfall will have to be met.

| Services | Current Annual Value |
|---------------------------|----------------------|
| Substance Misuse Services | £4.732m |
| Sexual Health Services | £1.272m |
| Children's Services | £1.528m |
| Community Services | £0.246m |
| Total | £7.778m |

9.0 Legal Implications

9.1 The *2012 Health and Social Care Act* ("the Act") introduced changes by a series of amendments to the *National Health Service Act 2006*. The Act gives local authorities a duty to take such steps as it considers appropriate to improve the health of the people in its area. In general terms, the Act confers on local authorities the function of improving public health and gives local authorities considerable scope to determine what actions it will take in pursuit of that general function.

9.2 Secondary legislative provision, such as the *Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013* require local authorities to provide certain public health services. The public health services which local authorities must provide are:

1. The National Child Measurement Programme
2. Health checks
3. Open access sexual health services
4. Public health advice service to CCGs

9.3 Each of the contracts identified in this report to be tendered have an estimated value in excess of the relevant threshold under the Public Contracts Regulations 2006 ("the EU Procurement Regulations") for Services contracts. Currently all these public health services are classified as Part B Services under the EU Procurement Regulations and as such are not subject to the full application of the EU Procurement Regulations (save that there must be a technical specification contained in the contract documents and on award of contract the Council must issue a Contract Award Notice in the OJEU within 48 days of award). The public health services contracts are however, subject to the overriding EU Treaty

principles of equality of treatment, fairness and transparency in the award of contracts.

- 9.4 It is indicated in paragraph 7.2 that should the Council only receive 1 bid for any of the services, Officers intend to reserve the right to conduct a negotiated procurement process with the 1 bidder. As the procurements are not subject to the full application of the EU Procurement Regulations, the Council is permitted to do this provided this is made clear to bidders to ensure the overriding EU Treaty principles are observed.
- 9.5 The estimate value of all the contracts identified in this report to be tendered is such that they are classed as High Value Contracts under the Council's Contract Standing Orders and Financial Regulations. For High Value Contracts being tendered, the Cabinet must approve pursuant to CSO 89 the pre-tender considerations. These are set out in Annexes 1 – 11 of the report. The Cabinet must also approve pursuant to CSO 88 inviting tenders in respect of High Value Contracts.
- 9.6 For the reasons detailed in paragraph 4.9, Officers seek approval to permit the negotiation of 2015/16 GUM contracts. Further, as detailed in paragraph 4.7 Officers seek approval to permit the procurement on behalf of Brent Council of the Pan London HIV Prevention Programme by the London Borough of Lambeth and the consequent use of its own Contract Standing Orders in such procurement. Neither of these proposals is in accordance with the Council's usual procurement procedures as set out in Contract Standing Orders and Financial Regulations. The Cabinet is however permitted to grant an exemption under Contract Standing Order 84(a) to permit these proposals where there are good operational and / or financial reasons. Members are referred to paragraphs 4.9 and 4.7 for the reasons.

10.0 Diversity Implications

- 10.1 The Council will need to comply with the Equality Act 2010 in the provision of Public Health Services and the NHS Constitution when making decisions affecting the delivery of public health in its area.
An Equalities Assessment has been carried out and is included as Annex 12.

11.0 Staffing/Accommodation Implications

- 11.1 The Public Health services are currently provided by a number of external contractors and there are no implications for Council staff or accommodation arising from this procurement.
- 11.2 On a re-tender of any the Services referred to in this report, where an incumbent provider is not successfully awarded a new contract, then the Transfer of Employment (Protection of Employment) Regulations 2006, ("TUPE") is likely to apply so as to transfer from the current to the new provider those employees of the current provider who spend all or most of their working time on the activities taken over by the new provider.

12.0 Public Services (Social Value) Act 2012

- 12.1 Since 31st January 2013, the council, in common with all public authorities subject to the EU Regulations, has been under a duty pursuant to the Public Services

(Social Value) Act 2012 to consider how the services being procured might improve the economic, social and environmental well-being of its area; and how, in conducting the procurement process, the Council might act with a view to securing that improvement; and whether the council should undertake consultation. This duty applies to the procurement of the proposed contract as Part B Services over the threshold for application of the EU Regulations are subject to the requirements of the Public Services (Social Value) Act 2012.

- 12.2 The services being procured have as their primary aim improving the social and economic wellbeing of some of the most disadvantaged groups in Brent. Users are regularly consulted to ensure the services meet their needs and the views of users will be taken into account in procuring services.
- 12.3 There is a limited market (for some services, very limited) for the delivery of these services; however, officers will endeavour to describe the scope of service in such a way as to further meet the requirements of the Act during the procurement process.
- 12.4 All contractors will be required to pay London Living Wage for all Public Health services contracts.

Background Papers

- Authority to Tender – Public Health Contracts 13th January 2014.

Contact Officers

Melanie Smith
Director of Public Health
020 8937 6227
Melanie.smith@brent.gov.uk

MELANIE SMITH
Director of Public Health

Annex 1 – Substance Misuse: Treatment & Recovery

| Ref. | Requirement | Response | |
|-------|-------------------------------------|--|---|
| (i) | The nature of the service. | Substance Misuse: Treatment & Recovery | |
| (ii) | The estimated value. | £2,480,000 | |
| (iii) | The contract term. | 2 years with the possibility of extending contracts up to 24 months (2 extensions of 12 months each at a time) subject to performance and funding availability. | |
| (iv) | The tender procedure to be adopted. | 1 Stage tender process | |
| v) | The procurement timetable. | Indicative dates are: | |
| | | Adverts placed on Due North portal Invite to tender | 22nd September 2014 |
| | | Expressions of interest returned | 26th September 2014 |
| | | Deadline for tender submissions | 27th October 2014 |
| | | Panel evaluation and shortlist for interview | 28th October – 10th November 2014 |
| | | Interviews and contract decision | 28th October – 10th November 2014 |
| | | Report recommending Contract award circulated internally for comment | 17 th November 2014 |
| | | Cabinet approval | 15th December 2014 |
| | | [Cabinet call in period of 5 days (mandatory unless excluded by the Exec) OR minimum 10 calendar day standstill period – notification issued to all tenderers and additional debriefing of unsuccessful tenderers (contracts covered by the full EU Regulations only)] | 15th – 29th December 2014 (allowing for the Christmas period) |
| | | Contract Mobilisation | January - March 2015 |

| Ref. | Requirement | Response | | | | | | | | | | | | | |
|-----------------|---|---|------------|-----------------|----------|-----------|------|---|-----|------|--|-----|------|--|-----|
| | | Contract start date | 01/04/2015 | | | | | | | | | | | | |
| (vi) | The evaluation criteria and process. | <p data-bbox="651 241 1385 533">1. At selection (pre-qualification stage) shortlists are to be drawn up in accordance with the Council's Contract Procurement and Management Guidelines by the use of a pre qualification questionnaire to identify organisations meeting the Council's financial standing requirements, technical capacity and technical expertise.</p> <p data-bbox="651 539 1385 645">2. At tender evaluation stage, the panel will evaluate the tenders against the following criteria:</p> <p data-bbox="603 651 1321 725">The evaluation will be carried out in two parts split between price and quality.</p> <p data-bbox="603 757 683 792">Price</p> <p data-bbox="603 799 1369 835">Price will consist of 40% of the evaluation weightings.</p> <p data-bbox="603 889 715 925">Quality</p> <p data-bbox="603 956 1337 1030">The quality assessment will be evaluated using the following criteria with an overall weighting of 60%:</p> <table border="1" data-bbox="715 1061 1337 2049"> <thead> <tr> <th data-bbox="715 1061 943 1097">Criteria Number</th> <th data-bbox="1018 1061 1118 1097">Criteria</th> <th data-bbox="1225 1061 1337 1135">Weighting</th> </tr> </thead> <tbody> <tr> <td data-bbox="715 1135 794 1171">TRS1</td> <td data-bbox="970 1135 1198 1503">Service model which demonstrates a high quality and effective substance misuse treatment and recovery service</td> <td data-bbox="1225 1135 1294 1171">25%</td> </tr> <tr> <td data-bbox="715 1576 794 1612">TRS2</td> <td data-bbox="970 1576 1198 1720">Approach to the delivery of key service outcomes</td> <td data-bbox="1225 1576 1294 1612">20%</td> </tr> <tr> <td data-bbox="715 1762 794 1798">TRS3</td> <td data-bbox="970 1762 1198 2049">Co-ordination of services including signposting, working relationships with other agencies/stake</td> <td data-bbox="1225 1762 1294 1798">25%</td> </tr> </tbody> </table> | | Criteria Number | Criteria | Weighting | TRS1 | Service model which demonstrates a high quality and effective substance misuse treatment and recovery service | 25% | TRS2 | Approach to the delivery of key service outcomes | 20% | TRS3 | Co-ordination of services including signposting, working relationships with other agencies/stake | 25% |
| Criteria Number | Criteria | Weighting | | | | | | | | | | | | | |
| TRS1 | Service model which demonstrates a high quality and effective substance misuse treatment and recovery service | 25% | | | | | | | | | | | | | |
| TRS2 | Approach to the delivery of key service outcomes | 20% | | | | | | | | | | | | | |
| TRS3 | Co-ordination of services including signposting, working relationships with other agencies/stake | 25% | | | | | | | | | | | | | |

| Ref. | Requirement | Response |
|--------|---|---|
| | | <p>holders including service users</p> <p>TRS4 Demonstrable use of innovation to increase accessibility and improve the on-going efficiency of the service 10%</p> <p>TRS5 Proposed plans for ensuring effective management of the service including meeting quality standards, improving the quality of the service, transition and adherence to national standards and guidance 20%</p> <p>In order to qualify bidders must reach a threshold of 70% of the score achieved for Quality.</p> |
| (vii) | Any business risks associated with entering the contract. | No specific, other than those specified in this report. |
| (viii) | The Council's Best Value duties. | No specific, other than those covered above in each service area |
| (ix) | Consideration of Public Services (Social Value) Act 2012 | See section 12 |
| (x) | Any staffing implications, including TUPE and pensions. | See section 11 |
| (xi) | The relevant financial, legal and other considerations. | See sections 8 and 9 above. |

Annex 2 – Substance Misuse: Outreach and Engagement

| Ref. | Requirement | Response |
|-------------|--------------------|---|
| (i) | The nature of the | Substance Misuse: Outreach and Engagement |

| Ref. | Requirement | Response | |
|---------------------|-------------------------------------|--|---|
| | service. | | |
| (ii) | The estimated value. | £2,160,000 | |
| (iii) | The contract term. | 2 years with the possibility of extending contracts up to 24 months (2 extensions of 12 months each at a time) subject to performance and funding availability. | |
| (iv) | The tender procedure to be adopted. | 1 Stage tender process | |
| v) | The procurement timetable. | Indicative dates are: | |
| | | Adverts placed on Due North portal Invite to tender | 22nd September 2014 |
| | | Expressions of interest returned | 26th September 2014 |
| | | Deadline for tender submissions | 27th October 2014 |
| | | Panel evaluation and shortlist for interview | 28th October – 10th November 2014 |
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| | | Report recommending Contract award circulated internally for comment | 17 th November 2014 |
| | | Cabinet approval | 15th December 2014 |
| | | [Cabinet call in period of 5 days (mandatory unless excluded by the Exec) OR minimum 10 calendar day standstill period – notification issued to all tenderers and additional debriefing of unsuccessful tenderers (contracts covered by the full EU Regulations only)] | 15th – 29th December 2014 (allowing for the Christmas period) |
| | | Contract Mobilisation | January - March 2015 |
| Contract start date | 01/04/2015 | | |

| Ref. | Requirement | Response | | | | | | | | | | | | | | | |
|-----------------|--|---|-----------------|----------|-----------|------|---|-----|------|--|-----|------|--|-----|------|--|-----|
| (vi) | The evaluation criteria and process. | <p>3. At selection (pre-qualification stage) shortlists are to be drawn up in accordance with the Council's Contract Procurement and Management Guidelines by the use of a pre qualification questionnaire to identify organisations meeting the Council's financial standing requirements, technical capacity and technical expertise.</p> <p>4. At tender evaluation stage, the panel will evaluate the tenders against the following criteria:</p> <p>The evaluation will be carried out in two parts split between price and quality.</p> <p>Price Price will consist of 40% of the evaluation weightings.</p> <p>Quality The quality assessment will be evaluated using the following criteria with an overall weighting of 60%:</p> <table border="1" data-bbox="702 952 1340 2072"> <thead> <tr> <th>Criteria Number</th> <th>Criteria</th> <th>Weighting</th> </tr> </thead> <tbody> <tr> <td>OET1</td> <td>Service model which demonstrates a high quality and effective outreach & engagement service</td> <td>25%</td> </tr> <tr> <td>OET2</td> <td>Approach to the delivery of key service outcomes</td> <td>20%</td> </tr> <tr> <td>OET3</td> <td>Co-ordination of services including signposting, working relationships with other agencies/stake holders including service users</td> <td>25%</td> </tr> <tr> <td>OET4</td> <td>Demonstrable use of innovation to increase accessibility</td> <td>10%</td> </tr> </tbody> </table> | Criteria Number | Criteria | Weighting | OET1 | Service model which demonstrates a high quality and effective outreach & engagement service | 25% | OET2 | Approach to the delivery of key service outcomes | 20% | OET3 | Co-ordination of services including signposting, working relationships with other agencies/stake holders including service users | 25% | OET4 | Demonstrable use of innovation to increase accessibility | 10% |
| Criteria Number | Criteria | Weighting | | | | | | | | | | | | | | | |
| OET1 | Service model which demonstrates a high quality and effective outreach & engagement service | 25% | | | | | | | | | | | | | | | |
| OET2 | Approach to the delivery of key service outcomes | 20% | | | | | | | | | | | | | | | |
| OET3 | Co-ordination of services including signposting, working relationships with other agencies/stake holders including service users | 25% | | | | | | | | | | | | | | | |
| OET4 | Demonstrable use of innovation to increase accessibility | 10% | | | | | | | | | | | | | | | |

| Ref. | Requirement | Response |
|--------|---|---|
| | | <p>OET5</p> <p>and improve the on-going efficiency of the service</p> <p>Proposed plans 20% for ensuring effective management of the service including meeting quality standards, improving the quality of the service, transition and adherence to national standards and guidance</p> <p>In order to qualify bidders must reach a threshold of 70% of the score achieved for Quality.</p> |
| (vii) | Any business risks associated with entering the contract. | No specific, other than those specified in this report. |
| (viii) | The Council's Best Value duties. | No specific, other than those covered above in each service area |
| (ix) | Consideration of Public Services (Social Value) Act 2012 | See section 12 |
| (x) | Any staffing implications, including TUPE and pensions. | See section 11 |
| (xi) | The relevant financial, legal and other considerations. | See sections 8 and 9 above. |

Annex 3 – Substance Misuse: Clinical Prescribing

| Ref. | Requirement | Response |
|-------|----------------------------|--|
| (i) | The nature of the service. | Substance Misuse: Clinical Prescribing |
| (ii) | The estimated value. | £8,200,000 |
| (iii) | The contract | 2 years with the possibility of extending contracts up |

| Ref. | Requirement | Response | |
|---------------------|--------------------------------------|--|---|
| | term. | to 24 months (2 extensions of 12 months each at a time) subject to performance and funding availability. | |
| (iv) | The tender procedure to be adopted. | 1 Stage tender process | |
| v) | The procurement timetable. | Indicative dates are: | |
| | | Adverts placed on Due North portal Invite to tender | 22nd September 2014 |
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| | | Contract Mobilisation | January - March 2015 |
| Contract start date | 01/04/2015 | | |
| (vi) | The evaluation criteria and process. | 5. At selection (pre-qualification stage) shortlists are to be drawn up in accordance with the Council's Contract Procurement and Management Guidelines by the use of a pre qualification questionnaire to identify organisations meeting the Council's financial | |

| Ref. | Requirement | Response | | | | | | | | | | | | | | | | | | |
|-----------------|---|---|-----------------|----------|-----------|-----|---|-----|-----|--|-----|-----|---|-----|-----|---|-----|-----|---|-----|
| | | <p>standing requirements, technical capacity and technical expertise.</p> <p>6. At tender evaluation stage, the panel will evaluate the tenders against the following criteria:</p> <p>The evaluation will be carried out in two parts split between price and quality.</p> <p>Price Price will consist of 40% of the evaluation weightings.</p> <p>Quality The quality assessment will be evaluated using the following criteria with an overall weighting of 60%:</p> <table border="1" data-bbox="702 689 1356 2067"> <thead> <tr> <th data-bbox="702 689 941 728">Criteria Number</th> <th data-bbox="1005 689 1117 728">Criteria</th> <th data-bbox="1244 689 1356 761">Weighting</th> </tr> </thead> <tbody> <tr> <td data-bbox="702 761 766 795">CP1</td> <td data-bbox="957 761 1212 1086">Service model which demonstrates high quality and effective clinical prescribing service and shared care services</td> <td data-bbox="1244 761 1308 795">25%</td> </tr> <tr> <td data-bbox="702 1086 766 1120">CP2</td> <td data-bbox="957 1086 1212 1232">Approach to the delivery of key service outcomes</td> <td data-bbox="1244 1086 1308 1120">20%</td> </tr> <tr> <td data-bbox="702 1254 766 1288">CP3</td> <td data-bbox="957 1254 1212 1624">Co-ordination of services including signposting, working relationships with other agencies/stakeholders including service users</td> <td data-bbox="1244 1254 1308 1288">25%</td> </tr> <tr> <td data-bbox="702 1657 766 1691">CP4</td> <td data-bbox="957 1657 1212 1915">Demonstrable use of innovation to increase accessibility and improve the on-going efficiency of the service</td> <td data-bbox="1244 1657 1308 1691">10%</td> </tr> <tr> <td data-bbox="702 1915 766 1948">CP5</td> <td data-bbox="957 1915 1212 2067">Proposed plans for ensuring effective management of</td> <td data-bbox="1244 1915 1308 1948">20%</td> </tr> </tbody> </table> | Criteria Number | Criteria | Weighting | CP1 | Service model which demonstrates high quality and effective clinical prescribing service and shared care services | 25% | CP2 | Approach to the delivery of key service outcomes | 20% | CP3 | Co-ordination of services including signposting, working relationships with other agencies/stakeholders including service users | 25% | CP4 | Demonstrable use of innovation to increase accessibility and improve the on-going efficiency of the service | 10% | CP5 | Proposed plans for ensuring effective management of | 20% |
| Criteria Number | Criteria | Weighting | | | | | | | | | | | | | | | | | | |
| CP1 | Service model which demonstrates high quality and effective clinical prescribing service and shared care services | 25% | | | | | | | | | | | | | | | | | | |
| CP2 | Approach to the delivery of key service outcomes | 20% | | | | | | | | | | | | | | | | | | |
| CP3 | Co-ordination of services including signposting, working relationships with other agencies/stakeholders including service users | 25% | | | | | | | | | | | | | | | | | | |
| CP4 | Demonstrable use of innovation to increase accessibility and improve the on-going efficiency of the service | 10% | | | | | | | | | | | | | | | | | | |
| CP5 | Proposed plans for ensuring effective management of | 20% | | | | | | | | | | | | | | | | | | |

| Ref. | Requirement | Response |
|--------|---|---|
| | | <p>the service including meeting quality standards, improving the quality of the service, transition and adherence to national standards and guidance</p> <p>In order to qualify bidders must reach a threshold of 70% of the score achieved for Quality.</p> |
| (vii) | Any business risks associated with entering the contract. | No specific, other than those specified in this report. |
| (viii) | The Council's Best Value duties. | No specific, other than those covered above in each service area |
| (ix) | Consideration of Public Services (Social Value) Act 2012 | See section 12 |
| (x) | Any staffing implications, including TUPE and pensions. | See section 11 |
| (xi) | The relevant financial, legal and other considerations. | See sections 8 and 9 above. |

Annex 4 – Substance Misuse: Counselling and Day Programme

| Ref. | Requirement | Response |
|-------|----------------------------|---|
| (i) | The nature of the service. | Substance Misuse: Counselling and Day Programme |
| (ii) | The estimated value. | £1,080,000 |
| (iii) | The contract term. | 2 years with the possibility of extending contracts up to 24 months (2 extensions of 12 months each at a time) subject to performance and funding availability. |

| Ref. | Requirement | Response | |
|---------------------|--------------------------------------|---|---|
| (iv) | The tender procedure to be adopted. | 1 Stage tender process | |
| v) | The procurement timetable. | Indicative dates are: | |
| | | Adverts placed on Due North portal Invite to tender | 22nd September 2014 |
| | | Expressions of interest returned | 26th September 2014 |
| | | Deadline for tender submissions | 27th October 2014 |
| | | Panel evaluation and shortlist for interview | 28th October – 10th November 2014 |
| | | Interviews and contract decision | 28th October – 10th November 2014 |
| | | Report recommending Contract award circulated internally for comment | 17 th November 2014 |
| | | Cabinet approval | 15th December 2014 |
| | | [Cabinet call in period of 5 days (mandatory unless excluded by the Exec) OR minimum 10 calendar day standstill period – notification issued to all tenderers and additional debriefing of unsuccessful tenderers (contracts covered by the full EU Regulations only)] | 15th – 29th December 2014 (allowing for the Christmas period) |
| | | Contract Mobilisation | January - March 2015 |
| Contract start date | 01/04/2015 | | |
| (vi) | The evaluation criteria and process. | 7. At selection (pre-qualification stage) shortlists are to be drawn up in accordance with the Council's Contract Procurement and Management Guidelines by the use of a pre qualification questionnaire to identify organisations meeting the Council's financial standing requirements, technical capacity and | |

| Ref. | Requirement | Response | | | | | | | | | | | | | | | | | | |
|-----------------|---|---|-----------------|----------|-----------|------|---|-----|------|--|-----|------|---|-----|------|---|-----|------|-----------------------------|-----|
| | | <p>technical expertise.</p> <p>8. At tender evaluation stage, the panel will evaluate the tenders against the following criteria:</p> <p>The evaluation will be carried out in two parts split between price and quality.</p> <p>Price Price will consist of 40% of the evaluation weightings.</p> <p>Quality The quality assessment will be evaluated using the following criteria with an overall weighting of 60%:</p> <table border="1" data-bbox="702 649 1372 2063"> <thead> <tr> <th data-bbox="708 658 941 698">Criteria Number</th> <th data-bbox="1082 658 1187 698">Criteria</th> <th data-bbox="1267 658 1372 725">Weighting</th> </tr> </thead> <tbody> <tr> <td data-bbox="708 725 798 766">CDP1</td> <td data-bbox="1027 725 1241 1016">Service model which demonstrates a high quality and effective counselling and day programme</td> <td data-bbox="1267 725 1337 766">25%</td> </tr> <tr> <td data-bbox="708 1016 798 1057">CDP2</td> <td data-bbox="1027 1016 1241 1173">Approach to the delivery of key service outcomes</td> <td data-bbox="1267 1016 1337 1057">20%</td> </tr> <tr> <td data-bbox="708 1173 798 1214">CDP3</td> <td data-bbox="1027 1173 1241 1599">Co-ordination of services including signposting, working relationships with other agencies/stakeholders including service users</td> <td data-bbox="1267 1173 1337 1214">25%</td> </tr> <tr> <td data-bbox="708 1599 798 1639">CDP4</td> <td data-bbox="1027 1599 1241 1957">Demonstrable use of innovation to increase accessibility and improve the on-going efficiency of the service</td> <td data-bbox="1267 1599 1337 1639">10%</td> </tr> <tr> <td data-bbox="708 1957 798 1998">CDP5</td> <td data-bbox="1027 1957 1241 2063">Proposed plans for ensuring</td> <td data-bbox="1267 1957 1337 1998">20%</td> </tr> </tbody> </table> | Criteria Number | Criteria | Weighting | CDP1 | Service model which demonstrates a high quality and effective counselling and day programme | 25% | CDP2 | Approach to the delivery of key service outcomes | 20% | CDP3 | Co-ordination of services including signposting, working relationships with other agencies/stakeholders including service users | 25% | CDP4 | Demonstrable use of innovation to increase accessibility and improve the on-going efficiency of the service | 10% | CDP5 | Proposed plans for ensuring | 20% |
| Criteria Number | Criteria | Weighting | | | | | | | | | | | | | | | | | | |
| CDP1 | Service model which demonstrates a high quality and effective counselling and day programme | 25% | | | | | | | | | | | | | | | | | | |
| CDP2 | Approach to the delivery of key service outcomes | 20% | | | | | | | | | | | | | | | | | | |
| CDP3 | Co-ordination of services including signposting, working relationships with other agencies/stakeholders including service users | 25% | | | | | | | | | | | | | | | | | | |
| CDP4 | Demonstrable use of innovation to increase accessibility and improve the on-going efficiency of the service | 10% | | | | | | | | | | | | | | | | | | |
| CDP5 | Proposed plans for ensuring | 20% | | | | | | | | | | | | | | | | | | |

| Ref. | Requirement | Response |
|--------|---|---|
| | | <p>effective management of the service including meeting quality standards, improving the quality of the service, transition and adherence to national standards and guidance</p> <p>In order to qualify bidders must reach a threshold of 70% of the score achieved for Quality.</p> |
| (vii) | Any business risks associated with entering the contract. | No specific, other than those specified in this report. |
| (viii) | The Council's Best Value duties. | No specific, other than those covered above in each service area |
| (ix) | Consideration of Public Services (Social Value) Act 2012 | See section 12 |
| (x) | Any staffing implications, including TUPE and pensions. | See section 11 |
| (xi) | The relevant financial, legal and other considerations. | See sections 8 and 9 above. |

Annex 5 – Substance Misuse: Criminal Justice Work

| Ref. | Requirement | Response |
|-------|-------------------------------------|---|
| (i) | The nature of the service. | Substance Misuse: Criminal Justice Work |
| (ii) | The estimated value. | £3,120,000 |
| (iii) | The contract term. | 2 years with the possibility of extending contracts up to 24 months (2 extensions of 12 months each at a time) subject to performance and funding availability. |
| (iv) | The tender procedure to be adopted. | 1 Stage tender process |

| Ref. | Requirement | Response | |
|---------------------|--------------------------------------|---|---|
| v) | The procurement timetable. | Indicative dates are: | |
| | | Adverts placed on Due North portal Invite to tender | 22nd September 2014 |
| | | Expressions of interest returned | 26th September 2014 |
| | | Deadline for tender submissions | 27th October 2014 |
| | | Panel evaluation and shortlist for interview | 28th October – 10th November 2014 |
| | | Interviews and contract decision | 28th October – 10th November 2014 |
| | | Report recommending Contract award circulated internally for comment | 17 th November 2014 |
| | | Cabinet approval | 15th December 2014 |
| | | [Cabinet call in period of 5 days (mandatory unless excluded by the Exec) OR minimum 10 calendar day standstill period – notification issued to all tenderers and additional debriefing of unsuccessful tenderers (contracts covered by the full EU Regulations only)] | 15th – 29th December 2014 (allowing for the Christmas period) |
| | | Contract Mobilisation | January - March 2015 |
| Contract start date | 01/04/2015 | | |
| (vi) | The evaluation criteria and process. | | |
| | | 9. At selection (pre-qualification stage) shortlists are to be drawn up in accordance with the Council's Contract Procurement and Management Guidelines by the use of a pre qualification questionnaire to identify organisations meeting the Council's financial standing requirements, technical capacity and | |

| Ref. | Requirement | Response | | | | | | | | | | | | | | | | | | |
|-----------------|---|--|-----------------|----------|-----------|-----|---|-----|-----|--|-----|-----|---|-----|-----|--|-----|-----|--|-----|
| | | <p>technical expertise.</p> <p>10. At tender evaluation stage, the panel will evaluate the tenders against the following criteria:</p> <p>The evaluation will be carried out in two parts split between price and quality.</p> <p>Price Price will consist of 40% of the evaluation weightings.</p> <p>Quality The quality assessment will be evaluated using the following criteria with an overall weighting of 60%:</p> <table border="1" data-bbox="702 649 1356 2063"> <thead> <tr> <th data-bbox="708 658 943 698">Criteria Number</th> <th data-bbox="1018 658 1126 698">Criteria</th> <th data-bbox="1246 658 1353 725">Weighting</th> </tr> </thead> <tbody> <tr> <td data-bbox="708 730 767 770">CJ1</td> <td data-bbox="970 730 1222 949">Service model which demonstrates a high quality and effective criminal justice work</td> <td data-bbox="1246 730 1315 770">25%</td> </tr> <tr> <td data-bbox="708 954 767 994">CJ2</td> <td data-bbox="970 954 1182 1093">Approach to the delivery of key service outcomes</td> <td data-bbox="1246 954 1315 994">20%</td> </tr> <tr> <td data-bbox="708 1115 767 1155">CJ3</td> <td data-bbox="970 1115 1222 1473">Co-ordination of services including signposting, working relationships with other agencies/stakeholders including service users</td> <td data-bbox="1246 1115 1315 1155">25%</td> </tr> <tr> <td data-bbox="708 1480 767 1520">CJ4</td> <td data-bbox="970 1480 1222 1731">Demonstrable use of innovation to increase accessibility and improve the ongoing efficiency of the service</td> <td data-bbox="1246 1480 1315 1520">10%</td> </tr> <tr> <td data-bbox="708 1738 767 1778">CJ5</td> <td data-bbox="970 1738 1222 2063">Proposed plans for ensuring effective management of the service including meeting quality standards, improving the</td> <td data-bbox="1246 1738 1315 1778">20%</td> </tr> </tbody> </table> | Criteria Number | Criteria | Weighting | CJ1 | Service model which demonstrates a high quality and effective criminal justice work | 25% | CJ2 | Approach to the delivery of key service outcomes | 20% | CJ3 | Co-ordination of services including signposting, working relationships with other agencies/stakeholders including service users | 25% | CJ4 | Demonstrable use of innovation to increase accessibility and improve the ongoing efficiency of the service | 10% | CJ5 | Proposed plans for ensuring effective management of the service including meeting quality standards, improving the | 20% |
| Criteria Number | Criteria | Weighting | | | | | | | | | | | | | | | | | | |
| CJ1 | Service model which demonstrates a high quality and effective criminal justice work | 25% | | | | | | | | | | | | | | | | | | |
| CJ2 | Approach to the delivery of key service outcomes | 20% | | | | | | | | | | | | | | | | | | |
| CJ3 | Co-ordination of services including signposting, working relationships with other agencies/stakeholders including service users | 25% | | | | | | | | | | | | | | | | | | |
| CJ4 | Demonstrable use of innovation to increase accessibility and improve the ongoing efficiency of the service | 10% | | | | | | | | | | | | | | | | | | |
| CJ5 | Proposed plans for ensuring effective management of the service including meeting quality standards, improving the | 20% | | | | | | | | | | | | | | | | | | |

| Ref. | Requirement | Response |
|--------|---|--|
| | | <p>quality of the service, transition and adherence to national standards and guidance</p> <p>In order to qualify bidders must reach a threshold of 70% of the score achieved for Quality.</p> |
| (vii) | Any business risks associated with entering the contract. | No specific, other than those specified in this report. |
| (viii) | The Council's Best Value duties. | No specific, other than those covered above in each service area |
| (ix) | Consideration of Public Services (Social Value) Act 2012 | See section 12 |
| (x) | Any staffing implications, including TUPE and pensions. | See section 11 |
| (xi) | The relevant financial, legal and other considerations. | See sections 8 and 9 above. |

Annex 6 – Substance Misuse & Sexual Health: Young People's Services

| Ref. | Requirement | Response |
|-------|-------------------------------------|---|
| (i) | The nature of the service. | Substance Misuse & Sexual Health: Young People's Services |
| (ii) | The estimated value. | £1,890,148 |
| (iii) | The contract term. | 2 years with the possibility of extending contracts up to 24 months (2 extensions of 12 months each at a time) subject to performance and funding availability. |
| (iv) | The tender procedure to be adopted. | 1 Stage tender process |
| v) | The procurement timetable. | Indicative dates are: |

| Ref. | Requirement | Response | |
|------|--------------------------------------|--|---|
| | | Adverts placed on Due North portal Invite to tender | 22nd September 2014 |
| | | Expressions of interest returned | 26th September 2014 |
| | | Deadline for tender submissions | 27th October 2014 |
| | | Panel evaluation and shortlist for interview | 28th October – 10th November 2014 |
| | | Interviews and contract decision | 28th October – 10th November 2014 |
| | | Report recommending Contract award circulated internally for comment | 17 th November 2014 |
| | | Cabinet approval | 15th December 2014 |
| | | [Cabinet call in period of 5 days (mandatory unless excluded by the Exec) OR minimum 10 calendar day standstill period – notification issued to all tenderers and additional debriefing of unsuccessful tenderers (contracts covered by the full EU Regulations only)] | 15th – 29th December 2014 (allowing for the Christmas period) |
| | | Contract Mobilisation | January - March 2015 |
| | | Contract start date | 01/04/2015 |
| (vi) | The evaluation criteria and process. | <p>11. At selection (pre-qualification stage) shortlists are to be drawn up in accordance with the Council's Contract Procurement and Management Guidelines by the use of a pre qualification questionnaire to identify organisations meeting the Council's financial standing requirements, technical capacity and technical expertise.</p> <p>12. At tender evaluation stage, the panel will evaluate the tenders against the following criteria:</p> <p>The evaluation will be carried out in two parts split</p> | |

| Ref. | Requirement | Response | | | | | | | | | | | | | | | | | | |
|-----------------|---|--|-----------------|----------|-----------|-----|--|-----|-----|--|-----|-----|---|-----|-----|---|-----|-----|--|-----|
| | | <p>between price and quality.</p> <p>Price Price will consist of 40% of the evaluation weightings.</p> <p>Quality The quality assessment will be evaluated using the following criteria with an overall weighting of 60%:</p> <table border="1" data-bbox="651 465 1388 1886"> <thead> <tr> <th data-bbox="651 465 959 539">Criteria Number</th> <th data-bbox="959 465 1235 539">Criteria</th> <th data-bbox="1235 465 1388 539">Weighting</th> </tr> </thead> <tbody> <tr> <td data-bbox="651 539 959 759">YP1</td> <td data-bbox="959 539 1235 759">Service model which demonstrates a high quality and effective young peoples services</td> <td data-bbox="1235 539 1388 759">25%</td> </tr> <tr> <td data-bbox="651 759 959 927">YP2</td> <td data-bbox="959 759 1235 927">Approach to delivery of the key service outcomes</td> <td data-bbox="1235 759 1388 927">15%</td> </tr> <tr> <td data-bbox="651 927 959 1296">YP3</td> <td data-bbox="959 927 1235 1296">Co-ordination of services including signposting, working relationships with other agencies/stakeholders including service users</td> <td data-bbox="1235 927 1388 1296">25%</td> </tr> <tr> <td data-bbox="651 1296 959 1554">YP4</td> <td data-bbox="959 1296 1235 1554">Demonstrable use of innovation to increase accessibility and improve the on-going efficiency of the service</td> <td data-bbox="1235 1296 1388 1554">15%</td> </tr> <tr> <td data-bbox="651 1554 959 1886">YP5</td> <td data-bbox="959 1554 1235 1886">Proposed plans for ensuring effective management of the services including meeting quality standards</td> <td data-bbox="1235 1554 1388 1886">20%</td> </tr> </tbody> </table> <p>In order to qualify bidders must reach a threshold of 70% of the score achieved for Quality.</p> | Criteria Number | Criteria | Weighting | YP1 | Service model which demonstrates a high quality and effective young peoples services | 25% | YP2 | Approach to delivery of the key service outcomes | 15% | YP3 | Co-ordination of services including signposting, working relationships with other agencies/stakeholders including service users | 25% | YP4 | Demonstrable use of innovation to increase accessibility and improve the on-going efficiency of the service | 15% | YP5 | Proposed plans for ensuring effective management of the services including meeting quality standards | 20% |
| Criteria Number | Criteria | Weighting | | | | | | | | | | | | | | | | | | |
| YP1 | Service model which demonstrates a high quality and effective young peoples services | 25% | | | | | | | | | | | | | | | | | | |
| YP2 | Approach to delivery of the key service outcomes | 15% | | | | | | | | | | | | | | | | | | |
| YP3 | Co-ordination of services including signposting, working relationships with other agencies/stakeholders including service users | 25% | | | | | | | | | | | | | | | | | | |
| YP4 | Demonstrable use of innovation to increase accessibility and improve the on-going efficiency of the service | 15% | | | | | | | | | | | | | | | | | | |
| YP5 | Proposed plans for ensuring effective management of the services including meeting quality standards | 20% | | | | | | | | | | | | | | | | | | |
| (vii) | Any business | No specific, other than those specified in this report. | | | | | | | | | | | | | | | | | | |

| Ref. | Requirement | Response |
|--------|--|--|
| | risks associated with entering the contract. | |
| (viii) | The Council's Best Value duties. | No specific, other than those covered above in each service area |
| (ix) | Consideration of Public Services (Social Value) Act 2012 | See section 12 |
| (x) | Any staffing implications, including TUPE and pensions. | See section 11 |
| (xi) | The relevant financial, legal and other considerations. | See sections 8 and 9 above. |

Annex 7 – Sexual Health Services: Community Contraceptive Services

| Ref. | Requirement | Response |
|-------|-------------------------------------|---|
| (i) | The nature of the service. | Sexual Health Services: Community Contraceptive Services |
| (ii) | The estimated value. | £3,596,000 |
| (iii) | The contract term. | 2 years with the possibility of extending contracts up to 24 months (2 extensions of 12 months each at a time) subject to performance and funding availability. |
| (iv) | The tender procedure to be adopted. | 1 Stage tender process |
| v) | The procurement timetable. | Indicative dates are: |

| Ref. | Requirement | Response | |
|------|--------------------------------------|---|---|
| | | Adverts placed on Due North portal Invite to tender | 22nd September 2014 |
| | | Expressions of interest returned | 26th September 2014 |
| | | Deadline for tender submissions | 27th October 2014 |
| | | Panel evaluation and shortlist for interview | 28th October – 10th November 2014 |
| | | Interviews and contract decision | 28th October – 10th November 2014 |
| | | Report recommending Contract award circulated internally for comment | 17 th November 2014 |
| | | Cabinet approval | 15th December 2014 |
| | | [Cabinet call in period of 5 days (mandatory unless excluded by the Exec) OR minimum 10 calendar day standstill period – notification issued to all tenderers and additional debriefing of unsuccessful tenderers (contracts covered by the full EU Regulations only)] | 15th – 29th December 2014 (allowing for the Christmas period) |
| | | Contract Mobilisation | January - March 2015 |
| | | Contract start date | 01/04/2015 |
| (vi) | The evaluation criteria and process. | <p>13. At selection (pre-qualification stage) shortlists are to be drawn up in accordance with the Council's Contract Procurement and Management Guidelines by the use of a pre qualification questionnaire to identify organisations meeting the Council's financial standing requirements, technical capacity and technical expertise.</p> <p>14. At tender evaluation stage, the panel will evaluate the tenders against the following criteria:</p> <p>The evaluation will be carried out in two parts split between price and quality.</p> | |

| Ref. | Requirement | Response | | | | | | | | | | | | | | | | | | |
|-----------------|--|---|-----------------|----------|-----------|------|--|-----|------|--|-----|------|---|-----|------|---|-----|------|--|-----|
| | | <p data-bbox="598 143 683 174">Price</p> <p data-bbox="598 174 1362 206">Price will consist of 40% of the evaluation weightings.</p> <p data-bbox="598 248 715 280">Quality</p> <p data-bbox="598 280 1382 353">The quality assessment will be evaluated using the following criteria with an overall weighting of 60%:</p> <table border="1" data-bbox="651 394 1362 2033"> <thead> <tr> <th data-bbox="651 394 959 506">Criteria Number</th> <th data-bbox="959 394 1249 506">Criteria</th> <th data-bbox="1249 394 1362 506">Weighting</th> </tr> </thead> <tbody> <tr> <td data-bbox="651 506 959 763">CCS1</td> <td data-bbox="959 506 1249 763">Service model which demonstrates a high quality and effective contraceptive services</td> <td data-bbox="1249 506 1362 763">25%</td> </tr> <tr> <td data-bbox="651 763 959 931">CCS2</td> <td data-bbox="959 763 1249 931">Approach to delivery of the key service outcomes</td> <td data-bbox="1249 763 1362 931">20%</td> </tr> <tr> <td data-bbox="651 931 959 1263">CCS3</td> <td data-bbox="959 931 1249 1263">Co-ordination of services including signposting, working relationships with other agencies/stakeholders including service users</td> <td data-bbox="1249 931 1362 1263">25%</td> </tr> <tr> <td data-bbox="651 1263 959 1523">CCS4</td> <td data-bbox="959 1263 1249 1523">Demonstrable use of innovation to increase accessibility and improve the on-going efficiency of the service</td> <td data-bbox="1249 1263 1362 1523">10%</td> </tr> <tr> <td data-bbox="651 1523 959 2033">CCS5</td> <td data-bbox="959 1523 1249 2033">Proposed plans for ensuring effective management of the service including meeting quality standards, improving the quality of the service, transition and adherence to national standards and guidance</td> <td data-bbox="1249 1523 1362 2033">20%</td> </tr> </tbody> </table> | Criteria Number | Criteria | Weighting | CCS1 | Service model which demonstrates a high quality and effective contraceptive services | 25% | CCS2 | Approach to delivery of the key service outcomes | 20% | CCS3 | Co-ordination of services including signposting, working relationships with other agencies/stakeholders including service users | 25% | CCS4 | Demonstrable use of innovation to increase accessibility and improve the on-going efficiency of the service | 10% | CCS5 | Proposed plans for ensuring effective management of the service including meeting quality standards, improving the quality of the service, transition and adherence to national standards and guidance | 20% |
| Criteria Number | Criteria | Weighting | | | | | | | | | | | | | | | | | | |
| CCS1 | Service model which demonstrates a high quality and effective contraceptive services | 25% | | | | | | | | | | | | | | | | | | |
| CCS2 | Approach to delivery of the key service outcomes | 20% | | | | | | | | | | | | | | | | | | |
| CCS3 | Co-ordination of services including signposting, working relationships with other agencies/stakeholders including service users | 25% | | | | | | | | | | | | | | | | | | |
| CCS4 | Demonstrable use of innovation to increase accessibility and improve the on-going efficiency of the service | 10% | | | | | | | | | | | | | | | | | | |
| CCS5 | Proposed plans for ensuring effective management of the service including meeting quality standards, improving the quality of the service, transition and adherence to national standards and guidance | 20% | | | | | | | | | | | | | | | | | | |

| Ref. | Requirement | Response |
|--------|---|--|
| | | In order to qualify bidders must reach a threshold of 70% of the score achieved for Quality. |
| (vii) | Any business risks associated with entering the contract. | No specific, other than those specified in this report. |
| (viii) | The Council's Best Value duties. | No specific, other than those covered above in each service area |
| (ix) | Consideration of Public Services (Social Value) Act 2012 | See section 12 |
| (x) | Any staffing implications, including TUPE and pensions. | See section 11 |
| (xi) | The relevant financial, legal and other considerations. | See sections 8 and 9 above. |

Annex 8 – Sexual Health Services: Chlamydia Screening Programme and Testing

| Ref. | Requirement | Response |
|-------|-------------------------------------|---|
| (i) | The nature of the service. | Sexual Health Services: Chlamydia Screening Programme and Testing |
| (ii) | The estimated value. | £1,012,000 |
| (iii) | The contract term. | 2 years with the possibility of extending contracts up to 24 months (2 extensions of 12 months each at a time) subject to performance and funding availability. |
| (iv) | The tender procedure to be adopted. | 1 Stage tender process |
| v) | The procurement timetable. | Indicative dates are: |
| | | Adverts placed on Due North portal Invite to tender |
| | | 22nd September 2014 |

| Ref. | Requirement | Response | |
|------|--------------------------------------|---|---|
| | | Expressions of interest returned | 26th September 2014 |
| | | Deadline for tender submissions | 27th October 2014 |
| | | Panel evaluation and shortlist for interview | 28th October – 10th November 2014 |
| | | Interviews and contract decision | 28th October – 10th November 2014 |
| | | Report recommending Contract award circulated internally for comment | 17 th November 2014 |
| | | Cabinet approval | 15th December 2014 |
| | | [Cabinet call in period of 5 days (mandatory unless excluded by the Exec) OR minimum 10 calendar day standstill period – notification issued to all tenderers and additional debriefing of unsuccessful tenderers (contracts covered by the full EU Regulations only)] | 15th – 29th December 2014 (allowing for the Christmas period) |
| | | Contract Mobilisation | January - March 2015 |
| | | Contract start date | 01/04/2015 |
| (vi) | The evaluation criteria and process. | <p>15. At selection (pre-qualification stage) shortlists are to be drawn up in accordance with the Council's Contract Procurement and Management Guidelines by the use of a pre qualification questionnaire to identify organisations meeting the Council's financial standing requirements, technical capacity and technical expertise.</p> <p>16. At tender evaluation stage, the panel will evaluate the tenders against the following criteria:</p> <p>The evaluation will be carried out in two parts split between price and quality.</p> <p>Price Price will consist of 40% of the evaluation weightings.</p> <p>Quality</p> | |

| Ref. | Requirement | Response | | | | | | | | | | | | | | | | | | |
|-----------------|---|--|-----------------|----------|-----------|-----|--|-----|-----|--|-----|-----|---|-----|-----|---|-----|-----|---|-----|
| | | <p>The quality assessment will be evaluated using the following criteria with an overall weighting of 60%:</p> <table border="1" data-bbox="651 248 1380 2067"> <thead> <tr> <th data-bbox="651 248 959 320">Criteria Number</th> <th data-bbox="959 248 1233 320">Criteria</th> <th data-bbox="1233 248 1380 320">Weighting</th> </tr> </thead> <tbody> <tr> <td data-bbox="651 320 959 725">CL1</td> <td data-bbox="959 320 1233 725">Service model which demonstrates a high quality and effective chlamydia screening: programme management & testing of samples</td> <td data-bbox="1233 320 1380 725">25%</td> </tr> <tr> <td data-bbox="651 725 959 896">CL2</td> <td data-bbox="959 725 1233 896">Approach to the delivery of key service outcomes</td> <td data-bbox="1233 725 1380 896">25%</td> </tr> <tr> <td data-bbox="651 896 959 1263">CL3</td> <td data-bbox="959 896 1233 1263">Co-ordination of services including signposting, working relationships with other agencies/stakeholders including service users</td> <td data-bbox="1233 896 1380 1263">25%</td> </tr> <tr> <td data-bbox="651 1263 959 1523">CL4</td> <td data-bbox="959 1263 1233 1523">Demonstrable use of innovation to increase accessibility and improve the on-going efficiency of the service</td> <td data-bbox="1233 1263 1380 1523">10%</td> </tr> <tr> <td data-bbox="651 1523 959 2067">CL5</td> <td data-bbox="959 1523 1233 2067">Proposed plans for ensuring effective management of the service including meeting quality standards, improving the quality of the service, transition and adherence to national standards and</td> <td data-bbox="1233 1523 1380 2067">15%</td> </tr> </tbody> </table> | Criteria Number | Criteria | Weighting | CL1 | Service model which demonstrates a high quality and effective chlamydia screening: programme management & testing of samples | 25% | CL2 | Approach to the delivery of key service outcomes | 25% | CL3 | Co-ordination of services including signposting, working relationships with other agencies/stakeholders including service users | 25% | CL4 | Demonstrable use of innovation to increase accessibility and improve the on-going efficiency of the service | 10% | CL5 | Proposed plans for ensuring effective management of the service including meeting quality standards, improving the quality of the service, transition and adherence to national standards and | 15% |
| Criteria Number | Criteria | Weighting | | | | | | | | | | | | | | | | | | |
| CL1 | Service model which demonstrates a high quality and effective chlamydia screening: programme management & testing of samples | 25% | | | | | | | | | | | | | | | | | | |
| CL2 | Approach to the delivery of key service outcomes | 25% | | | | | | | | | | | | | | | | | | |
| CL3 | Co-ordination of services including signposting, working relationships with other agencies/stakeholders including service users | 25% | | | | | | | | | | | | | | | | | | |
| CL4 | Demonstrable use of innovation to increase accessibility and improve the on-going efficiency of the service | 10% | | | | | | | | | | | | | | | | | | |
| CL5 | Proposed plans for ensuring effective management of the service including meeting quality standards, improving the quality of the service, transition and adherence to national standards and | 15% | | | | | | | | | | | | | | | | | | |

| Ref. | Requirement | Response | | | |
|--------|---|--|--|----------|--|
| | | <table border="1"> <tr> <td></td> <td>guidance</td> <td></td> </tr> </table> <p>In order to qualify bidders must reach a threshold of 70% of the score achieved for Quality.</p> | | guidance | |
| | guidance | | | | |
| (vii) | Any business risks associated with entering the contract. | No specific, other than those specified in this report. | | | |
| (viii) | The Council's Best Value duties. | No specific, other than those covered above in each service area | | | |
| (ix) | Consideration of Public Services (Social Value) Act 2012 | See section 12 | | | |
| (x) | Any staffing implications, including TUPE and pensions. | See section 11 | | | |
| (xi) | The relevant financial, legal and other considerations. | See sections 8 and 9 above. | | | |

Annex 9 – Sexual Health Services: Local HIV prevention

| Ref. | Requirement | Response | |
|-------|-------------------------------------|---|---------------------|
| (i) | The nature of the service. | Sexual Health Services: Local HIV prevention | |
| (ii) | The estimated value. | £480,000 | |
| (iii) | The contract term. | 2 years with the possibility of extending contracts up to 24 months (2 extensions of 12 months each at a time) subject to performance and funding availability. | |
| (iv) | The tender procedure to be adopted. | 1 Stage tender process | |
| v) | The procurement timetable. | Indicative dates are: | |
| | | Adverts placed on Due North portal Invite to tender | 22nd September 2014 |
| | | Expressions of interest returned | 26th September 2014 |

| Ref. | Requirement | Response | |
|------|--------------------------------------|---|---|
| | | Deadline for tender submissions | 27th October 2014 |
| | | Panel evaluation and shortlist for interview | 28th October – 10th November 2014 |
| | | Interviews and contract decision | 28th October – 10th November 2014 |
| | | Report recommending Contract award circulated internally for comment | 17 th November 2014 |
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| | | [Cabinet call in period of 5 days (mandatory unless excluded by the Exec) OR minimum 10 calendar day standstill period – notification issued to all tenderers and additional debriefing of unsuccessful tenderers (contracts covered by the full EU Regulations only)] | 15th – 29th December 2014 (allowing for the Christmas period) |
| | | Contract Mobilisation | January - March 2015 |
| | | Contract start date | 01/04/2015 |
| (vi) | The evaluation criteria and process. | <p>17. At selection (pre-qualification stage) shortlists are to be drawn up in accordance with the Council's Contract Procurement and Management Guidelines by the use of a pre qualification questionnaire to identify organisations meeting the Council's financial standing requirements, technical capacity and technical expertise.</p> <p>18. At tender evaluation stage, the panel will evaluate the tenders against the following criteria:</p> <p>The evaluation will be carried out in two parts split between price and quality.</p> <p>Price Price will consist of 40% of the evaluation weightings.</p> <p>Quality The quality assessment will be evaluated using the following criteria with an overall weighting of 60%:</p> | |

| Ref. | Requirement | Response | | | | | | | | | | | | | | | | | | |
|-----------------|---|--|-----------------|----------|-----------|------|--|-----|------|--|-----|------|---|-----|------|---|-----|------|--|-----|
| | | <table border="1"> <thead> <tr> <th>Criteria Number</th> <th>Criteria</th> <th>Weighting</th> </tr> </thead> <tbody> <tr> <td>HIV1</td> <td>Service model which demonstrates a high quality and effective local HIV prevention service</td> <td>25%</td> </tr> <tr> <td>HIV2</td> <td>Approach to the delivery of key service outcomes</td> <td>20%</td> </tr> <tr> <td>HIV3</td> <td>Co-ordination of services including signposting, working relationships with other agencies/stakeholders including service users</td> <td>20%</td> </tr> <tr> <td>HIV4</td> <td>Demonstrable use of innovation to increase accessibility and improve the on-going efficiency of the service</td> <td>15%</td> </tr> <tr> <td>HIV5</td> <td>Proposed plans for ensuring effective management of the services including meeting quality standards</td> <td>20%</td> </tr> </tbody> </table> <p>In order to qualify bidders must reach a threshold of 70% of the score achieved for Quality.</p> | Criteria Number | Criteria | Weighting | HIV1 | Service model which demonstrates a high quality and effective local HIV prevention service | 25% | HIV2 | Approach to the delivery of key service outcomes | 20% | HIV3 | Co-ordination of services including signposting, working relationships with other agencies/stakeholders including service users | 20% | HIV4 | Demonstrable use of innovation to increase accessibility and improve the on-going efficiency of the service | 15% | HIV5 | Proposed plans for ensuring effective management of the services including meeting quality standards | 20% |
| Criteria Number | Criteria | Weighting | | | | | | | | | | | | | | | | | | |
| HIV1 | Service model which demonstrates a high quality and effective local HIV prevention service | 25% | | | | | | | | | | | | | | | | | | |
| HIV2 | Approach to the delivery of key service outcomes | 20% | | | | | | | | | | | | | | | | | | |
| HIV3 | Co-ordination of services including signposting, working relationships with other agencies/stakeholders including service users | 20% | | | | | | | | | | | | | | | | | | |
| HIV4 | Demonstrable use of innovation to increase accessibility and improve the on-going efficiency of the service | 15% | | | | | | | | | | | | | | | | | | |
| HIV5 | Proposed plans for ensuring effective management of the services including meeting quality standards | 20% | | | | | | | | | | | | | | | | | | |
| (vii) | Any business risks associated with entering the contract. | No specific, other than those specified in this report. | | | | | | | | | | | | | | | | | | |
| (viii) | The Council's Best Value duties. | No specific, other than those covered above in each service area | | | | | | | | | | | | | | | | | | |
| (ix) | Consideration of | See section 12 | | | | | | | | | | | | | | | | | | |

| Ref. | Requirement | Response |
|------|---|-----------------------------|
| | Public Services (Social Value) Act 2012 | |
| (x) | Any staffing implications, including TUPE and pensions. | See section 11 |
| (xi) | The relevant financial, legal and other considerations. | See sections 8 and 9 above. |

Annex 10 – Children’s Services: School Nursing

| Ref. | Requirement | Response | |
|-------|-------------------------------------|---|---------------------|
| (i) | The nature of the service. | Children’s Services: School Nursing | |
| (ii) | The estimated value. | £6,112,000 | |
| (iii) | The contract term. | 2 years with the possibility of extending contracts up to 24 months (2 extensions of 12 months each at a time) subject to performance and funding availability. | |
| (iv) | The tender procedure to be adopted. | 1 Stage tender process | |
| v) | The procurement timetable. | Indicative dates are: | |
| | | Adverts placed on Due North portal Invite to tender | 22nd September 2014 |
| | | Expressions of interest returned | 26th September 2014 |
| | | Deadline for tender submissions | 27th October 2014 |

| Ref. | Requirement | Response | | | | | | | |
|----------|--------------------------------------|---|---|----------|----------|-----------|--|--|--|
| | | Panel evaluation and shortlist for interview | 28th October – 10th November 2014 | | | | | | |
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| | | [Cabinet call in period of 5 days (mandatory unless excluded by the Exec) OR minimum 10 calendar day standstill period – notification issued to all tenderers and additional debriefing of unsuccessful tenderers (contracts covered by the full EU Regulations only)] | 15th – 29th December 2014 (allowing for the Christmas period) | | | | | | |
| | | Contract Mobilisation | January - March 2015 | | | | | | |
| | | Contract start date | 01/04/2015 | | | | | | |
| (vi) | The evaluation criteria and process. | <p>19. At selection (pre-qualification stage) shortlists are to be drawn up in accordance with the Council's Contract Procurement and Management Guidelines by the use of a pre qualification questionnaire to identify organisations meeting the Council's financial standing requirements, technical capacity and technical expertise.</p> <p>20. At tender evaluation stage, the panel will evaluate the tenders against the following criteria:</p> <p>The evaluation will be carried out in two parts split between price and quality.</p> <p>Price Price will consist of 60% of the evaluation weightings.</p> <p>Quality The quality assessment will be evaluated using the following criteria with an overall weighting of 40%:</p> <table border="1" data-bbox="651 2002 1393 2072"> <thead> <tr> <th data-bbox="651 2002 940 2072">Criteria</th> <th data-bbox="940 2002 1259 2072">Criteria</th> <th data-bbox="1259 2002 1393 2072">Weighting</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | | Criteria | Criteria | Weighting | | | |
| Criteria | Criteria | Weighting | | | | | | | |
| | | | | | | | | | |

| Ref. | Requirement | Response | | | | | | | | | | | | | | | | | | | | |
|--------|--|--|--------|--|--|------|--|------------|------|--|------------|------|---|------------|------|---|------------|------|--|------------|--|--|
| | | <table border="1"> <thead> <tr> <th data-bbox="651 136 940 188">Number</th> <th data-bbox="940 136 1254 188"></th> <th data-bbox="1254 136 1394 188"></th> </tr> </thead> <tbody> <tr> <td data-bbox="651 188 940 495">SNS1</td> <td data-bbox="940 188 1254 495">Service model which demonstrates delivery of a high quality and effective school nursing service</td> <td data-bbox="1254 188 1394 495">30%</td> </tr> <tr> <td data-bbox="651 495 940 607">SNS2</td> <td data-bbox="940 495 1254 607">Approach to the delivery of key service outcomes</td> <td data-bbox="1254 495 1394 607">15%</td> </tr> <tr> <td data-bbox="651 607 940 1010">SNS3</td> <td data-bbox="940 607 1254 1010">Co-ordination of services including signposting, working relationships with other agencies/stakeholders including children, young people and their families</td> <td data-bbox="1254 607 1394 1010">25%</td> </tr> <tr> <td data-bbox="651 1010 940 1267">SNS4</td> <td data-bbox="940 1010 1254 1267">Demonstrable use of innovation to increase accessibility and improve the on-going efficiency of the service</td> <td data-bbox="1254 1010 1394 1267">10%</td> </tr> <tr> <td data-bbox="651 1267 940 1711">SNS5</td> <td data-bbox="940 1267 1254 1711">Proposed plans for ensuring effective management of the service including meeting quality standards, improving the quality of the service, transition and adherence to national standards and guidance</td> <td data-bbox="1254 1267 1394 1711">20%</td> </tr> </tbody> </table> | Number | | | SNS1 | Service model which demonstrates delivery of a high quality and effective school nursing service | 30% | SNS2 | Approach to the delivery of key service outcomes | 15% | SNS3 | Co-ordination of services including signposting, working relationships with other agencies/stakeholders including children, young people and their families | 25% | SNS4 | Demonstrable use of innovation to increase accessibility and improve the on-going efficiency of the service | 10% | SNS5 | Proposed plans for ensuring effective management of the service including meeting quality standards, improving the quality of the service, transition and adherence to national standards and guidance | 20% | | |
| Number | | | | | | | | | | | | | | | | | | | | | | |
| SNS1 | Service model which demonstrates delivery of a high quality and effective school nursing service | 30% | | | | | | | | | | | | | | | | | | | | |
| SNS2 | Approach to the delivery of key service outcomes | 15% | | | | | | | | | | | | | | | | | | | | |
| SNS3 | Co-ordination of services including signposting, working relationships with other agencies/stakeholders including children, young people and their families | 25% | | | | | | | | | | | | | | | | | | | | |
| SNS4 | Demonstrable use of innovation to increase accessibility and improve the on-going efficiency of the service | 10% | | | | | | | | | | | | | | | | | | | | |
| SNS5 | Proposed plans for ensuring effective management of the service including meeting quality standards, improving the quality of the service, transition and adherence to national standards and guidance | 20% | | | | | | | | | | | | | | | | | | | | |
| (vii) | Any business risks associated with entering the contract. | No specific, other than those specified in this report. | | | | | | | | | | | | | | | | | | | | |

| Ref. | Requirement | Response |
|-------------|--|--|
| (viii) | The Council's Best Value duties. | No specific, other than those covered above in each service area |
| (ix) | Consideration of Public Services (Social Value) Act 2012 | See section 12 |
| (x) | Any staffing implications, including TUPE and pensions. | See section 11 |
| (xi) | The relevant financial, legal and other considerations. | See sections 8 and 9 above. |

Annex 11 – Community Services: Post Health Check Interventions

| Ref. | Requirement | Response | |
|-------------|-------------------------------------|---|-----------------------------------|
| (i) | The nature of the service. | Community Services: Post Health Check Interventions | |
| (ii) | The estimated value. | £984,000 | |
| (iii) | The contract term. | 2 years with the possibility of extending contracts up to 24 months (2 extensions of 12 months each at a time) subject to performance and funding availability. | |
| (iv) | The tender procedure to be adopted. | 1 Stage tender process | |
| v) | The procurement timetable. | Indicative dates are: | |
| | | Adverts placed on Due North portal Invite to tender | 22nd September 2014 |
| | | Expressions of interest returned | 26th September 2014 |
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| | | Panel evaluation and shortlist for interview | 28th October – 10th November 2014 |

| Ref. | Requirement | Response | | | | | | |
|----------|--------------------------------------|---|----------|----------|-----------|--|--|--|
| | | | | | | | | |
| | | Interviews and contract decision 28th October – 10th November 2014 | | | | | | |
| | | Report recommending Contract award circulated internally for comment 17 th November 2014 | | | | | | |
| | | Cabinet approval 15th December 2014 | | | | | | |
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| | | Contract Mobilisation January - March 2015 | | | | | | |
| | | Contract start date 01/04/2015 | | | | | | |
| (vi) | The evaluation criteria and process. | <p>21. At selection (pre-qualification stage) shortlists are to be drawn up in accordance with the Council's Contract Procurement and Management Guidelines by the use of a pre qualification questionnaire to identify organisations meeting the Council's financial standing requirements, technical capacity and technical expertise.</p> <p>22. At tender evaluation stage, the panel will evaluate the tenders against the following criteria:</p> <p>The evaluation will be carried out in two parts split between price and quality.</p> <p>Price Price will consist of 40% of the evaluation weightings.</p> <p>Quality The quality assessment will be evaluated using the following criteria with an overall weighting of 60%:</p> <table border="1" data-bbox="651 1989 1385 2060"> <thead> <tr> <th>Criteria</th> <th>Criteria</th> <th>Weighting</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Criteria | Criteria | Weighting | | | |
| Criteria | Criteria | Weighting | | | | | | |
| | | | | | | | | |

| Ref. | Requirement | Response | | | | | | | | | | | | | | | | | | |
|--------|---|--|--------|--|--|------|---|-----|------|--|-----|------|---|-----|------|--|-----|------|--|-----|
| | | <table border="1"> <thead> <tr> <th>Number</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>PHC1</td> <td>Service model which demonstrates delivery of a high quality and effective service</td> <td>25%</td> </tr> <tr> <td>PHC2</td> <td>Approach to the delivery of key service outcomes</td> <td>20%</td> </tr> <tr> <td>PHC3</td> <td>Co-ordination of service through services & Signposting, inter-dependency with other agencies and service users</td> <td>20%</td> </tr> <tr> <td>PHC4</td> <td>Demonstrable use of innovation to increase access to service provision</td> <td>15%</td> </tr> <tr> <td>PHC5</td> <td>Proposed plans for ensuring effective management of the services including meeting quality standards</td> <td>20%</td> </tr> </tbody> </table> <p>In order to qualify bidders must reach a threshold of 70% of the score achieved for Quality.</p> | Number | | | PHC1 | Service model which demonstrates delivery of a high quality and effective service | 25% | PHC2 | Approach to the delivery of key service outcomes | 20% | PHC3 | Co-ordination of service through services & Signposting, inter-dependency with other agencies and service users | 20% | PHC4 | Demonstrable use of innovation to increase access to service provision | 15% | PHC5 | Proposed plans for ensuring effective management of the services including meeting quality standards | 20% |
| Number | | | | | | | | | | | | | | | | | | | | |
| PHC1 | Service model which demonstrates delivery of a high quality and effective service | 25% | | | | | | | | | | | | | | | | | | |
| PHC2 | Approach to the delivery of key service outcomes | 20% | | | | | | | | | | | | | | | | | | |
| PHC3 | Co-ordination of service through services & Signposting, inter-dependency with other agencies and service users | 20% | | | | | | | | | | | | | | | | | | |
| PHC4 | Demonstrable use of innovation to increase access to service provision | 15% | | | | | | | | | | | | | | | | | | |
| PHC5 | Proposed plans for ensuring effective management of the services including meeting quality standards | 20% | | | | | | | | | | | | | | | | | | |
| (vii) | Any business risks associated with entering the contract. | No specific, other than those specified in this report. | | | | | | | | | | | | | | | | | | |
| (viii) | The Council's Best Value duties. | No specific, other than those covered above in each service area | | | | | | | | | | | | | | | | | | |
| (ix) | Consideration of Public Services (Social Value) Act 2012 | See section 12 | | | | | | | | | | | | | | | | | | |
| (x) | Any staffing implications, including TUPE and pensions. | See section 11 | | | | | | | | | | | | | | | | | | |
| (xi) | The relevant financial, legal and other considerations. | See sections 8 and 9 above. | | | | | | | | | | | | | | | | | | |

Equality Analysis

Smith, Melanie
BRENT COUNCIL



Brent Council Equality Analysis Form

Please contact the Corporate Diversity team before completing this form. The form is to be used for both predictive Equality Analysis and any reviews of existing policies and practices that may be carried out.

Once you have completed this form, please forward to the Corporate Diversity Team for auditing. Make sure you allow sufficient time for this.

1. Roles and Responsibilities: please refer to stage 1 of the guidance

Directorate: Assistant Chief Executive

Person Responsible:

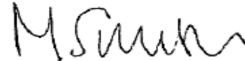
Name: Melanie Smith

Title: DPH

Contact No: 020 8937 6227

Service Area: Public Health

Signed:



Name of policy:

Reprocurement of public health service contracts

Date analysis started: June 2014

Completion date 15/8/2014

Review date: Dec 2014 when authority to award sought

Is the policy:

New Old

Auditing Details:

Name: Sarah Kaiser

Title: Head of Equality

Date 15 August 2014

Contact No: x4521

Signed: S Kaiser

Signing Off Manager: responsible for review and monitoring

Name: Melanie Smith

Title: DPH

Date 15/8/2014

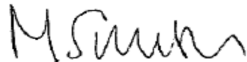
Contact No: 020 8937 6227

Decision Maker:

Name: Cabinet

Date: 15/9/2014

Signed:



2. Brief description of the policy. Describe the aim and purpose of the policy, what needs or duties is it designed to meet? How does it differ from any existing policy or practice in this area?

Please refer to stage 2 of the guidance.

The public health team is procuring the following services:

Drug and alcohol services
Sexual health services
School nursing services
Post health check support / community services

3. Describe how the policy will impact on all of the protected groups:

Procurement: Within the procurement process for all Public Health contracts the below pre-tender considerations will be assessed:

- whether the population changes might indicate new needs
- whether there are alternative ways of meeting requirements that could advance equality

The JSNA indicates the following health inequalities which are relevant to this procurement:

Drug and alcohol services: The recoding of the take up of services in Brent is undertaken through the National Drug Treatment monitoring service (NDTMS) and quarterly reports are produced by Public Health England which profile of those engaged in structured interventions by age, gender and ethnicity. Young people, women and those from BAME communities are under-represented in the treatment system. The reprocurement will aim to increase the numbers of women and people from BAME communities, particularly those from South Asian communities, accessing treatment. As the needs of young people are different to those of older people with substance misuse difficulties, a specific service will be commissioned for that age group. The service specification will also require women only services.

Sexual health services: groups at higher risk of poor sexual health are young people aged 15 to 24 years; men who have sex with men (MSM) and Black African, Black Caribbean and Black British ethnic groups. A chlamydia screening service is being procured which will target young people. There is an existing condom distribution service which targets young people which will be continued. Sexual health promotion services will be commissioned to target young people and BAME groups. HIV prevention services for MSM and BAME communities are commissioned on a pan London basis.

School nursing is a universal service for those of school age. The service will take a holistic, child-centred approach, recognising and locating each individual child's unique cultural, social, economic and other needs as part of the context within which the child's health and well-being needs have been identified.

Post health check support will aim to reduce cardiac risk. NHS health checks are offered to those aged 40 to 74 years. Age, gender and ethnicity affect cardiac risk and the clinical risk assessment addresses this. The eligibility criteria for the weight management programme have been adjusted to reflect the higher diabetic and cardiovascular risk in the Asian population.

We do not have local data on any inequalities relating to gender reassignment, marriage / civil partnership, pregnancy and maternity or religion and belief.

The soft market testing exercise recently conducted across all 4 service areas was designed to ensure that the marketplace was made aware of the diversity of Brent and to send a strong signal to the market that at tender stage

commissioners will consider equalities impact when assessing bids.
Contract Terms: All contract Terms and Conditions will include a clause on equalities.

Specifications: Equality requirements have been built into the specifications as relevant to the service, in accordance with the service specific issues identified above; these also help achieve Corporate Equality Objectives. Monitoring requirements are included in the specification

Please give details of the evidence you have used:

The identification of the equalities implications of the procurement of public health services is based upon the JSNA which is itself informed by the following data sources:

Drug and alcohol services

LAPE – Local Alcohol Profiles for England
Local Alcohol Synthetic Estimates for England 2011-12
National Drug Treatment Monitoring System (NDTMS)
2012/13 NDTMS Needs Assessment Data
PHE, Public Health Outcomes Framework
DOMES report data (September 2013)
Glasgow Prevalence Estimates for drug use, 2010/11

Sexual health services

PHE, Brent health profile, 2014
PHE, Brent child health profile, 2014

LA STI E Report 2011; HPA: Number of Acute STI Diagnosis in England 2009-12

Data from community services

School nursing services

ChiMat – Child and Maternal Health Observatory website
PHE Brent child health profile (2013 and 2014)

Post health check support

Active People's Survey 2012
Health Survey for England 2006-2008

4. Describe how the policy will impact on the Council's duty to have due regard to the need to:

(a) Eliminate discrimination (including indirect discrimination), harassment and victimisation;

E4. Bidders are required to comply with all legislation relating to Health & Safety, Equalities and any statutory environmental considerations

Specifications: The relevance of equality to the subject matter of the contract will help determine whether it forms part of the specification. Where equality considerations are central to the service they are normally regarded as a core requirement.

Selection Criteria: The criteria will meet all the other principles of EU law, such as transparency and non-discrimination, as discussed elsewhere in this document.

Key principles are:

Cabinet
September 2014

- 1) Criteria need to be reasonable, proportionate and transparent. All evaluation criteria need to be properly disclosed to tenderers to ensure that the use being made of economic, social and environmental requirements is understood.
- 2) Criteria will be objective, not involving subjective value judgements, and will be clear, verifiable, targeted and have measurable outputs.

The Authority has designed strategic objectives to guide the procurement of the new contract and to ensure that residents' needs are prioritised.

(b) Advance equality of opportunity;

The below questions will form part of the Pre Qualification Questionnaire in assessing bidders:

E3. There are 9 “protected characteristics” under the Equality Act: age, race, religion or belief, disability, sex, age, gender reassignment, pregnancy and maternity, marriage and civil partnership or sexual orientation. Has any finding of unlawful discrimination been made against your organisation in the last three years in respect of an individual having one of these protected characteristics?

Equality requirements have been built into the specifications as relevant to the service, in accordance with the service specific issues identified in section 3. In addition specifications will address **socioeconomic diversity**

(c) Foster good relations

Not applicable

5. What engagement activity did you carry out as part of your assessment?

Please refer to stage 3 of the guidance.

i. Who did you engage with?

This procurement is informed by soft market testing with potential providers, engagement with the third sector and service user involvement in drug and alcohol services.

ii. What methods did you use?

Soft market testing was carried out via the London Portal. The third sector were engaged by a joint CVS / Brent Public Health event.

There is ongoing dialogue with drug and alcohol service users for example through membership of the DAAT.

iii. What did you find out?

Third sector organisations identified the potential to work with Faith leaders to

address stigma around sexual health issues.

Women and those with children are apprehensive about approaching services due to a range of issues including the potential involvement of statutory children's services.

There may be a lack of recognition as to how universal services need to respond to the diversity of the population and specifically the needs relevant to the Equality Act nine protected characteristics

Disability was identified as potential barriers to access to the post health checks service

iv. How have you used the information gathered?

The information gathered has informed the service specification and PPQ and the method questions in the ITT.

v. How has it affected your policy?

As we were working from the JSNA, we had an understanding about what the equalities and health inequalities issues were. For example, which groups we needed to target. The engagement activities have given us a better understanding of *how* to address the equalities and health inequalities issues

6. Have you identified a negative impact on any protected group, or identified any unmet needs/requirements that affect specific protected groups? If so, explain what actions you have undertaken, including consideration of any alternative proposals, to lessen or mitigate against this impact.

Please refer to stage 2, 3 & 4 of the guidance.

See section 3. We will be commissioning specific services for young people in the fields of drug and alcohol and sexual health. We will be commissioning targeted services in sexual health promotion and HIV prevention for young people and BAME groups. Our specification for drug and alcohol services will require women only services

Please give details of the evidence you have used:

7. Analysis summary

Please tick boxes to summarise the findings of your analysis.

| Protected Group | Positive impact | Adverse impact | Neutral |
|------------------------|------------------------|-----------------------|----------------|
|------------------------|------------------------|-----------------------|----------------|

| | | |
|---------------------------------------|---|---|
| Age | X | |
| Disability | | X |
| Gender re-assignment | | X |
| Marriage and civil partnership | | X |
| Pregnancy and maternity | | X |
| Race | X | |
| Religion or belief | | X |
| Sex | X | |
| Sexual orientation | X | |

8. The Findings of your Analysis

Please complete whichever of the following sections is appropriate (one only). Please refer to stage 4 of the guidance.

No major change

Your analysis demonstrates that:

- *The policy is lawful*
- *The evidence shows no potential for direct or indirect discrimination*
- *You have taken all appropriate opportunities to advance equality and foster good relations between groups.*

Please document below the reasons for your conclusion and the information that you used to make this decision.

To the extent that data is available, we have identified any potential concerns as to health inequalities and taken active steps to address this in the procurement exercise through the development of our specifications and our PQQ requirements and the ITT specification; this is in addition to Contract Terms and Conditions which cover current legislative requirements.

9. Monitoring and review

Please provide details of how you intend to monitor the policy in the future. Please refer to stage 7 of the guidance.

The EIA will be revisited during the procurement and presented to Cabinet when authority to appoint is sought

10. Action plan and outcomes

At Brent, we want to make sure that our equality monitoring and analysis results in positive outcomes for our colleagues and customers.

Use the table below to record any actions we plan to take to address inequality, barriers or opportunities identified in this analysis.

| By when | Lead | Desired outcome | Date | Actual outcome |
|---------|------|-----------------|------|----------------|
|---------|------|-----------------|------|----------------|

| | | | | |
|---------------|----------------------|--|-----------|--|
| | officer | | completed | |
| December 2014 | Melanie Smith DPH | Maximise the potential for the reprocurement of public health contracts to impact on health inequalities | | |
| | | | | |

Please forward to the Corporate Diversity Team for auditing.
Introduction

The aim of this guidance is to support the Equality Analysis (EA) process and to ensure that Brent Council meets its legal obligations under the Equality Act 2010. Before undertaking the analysis there are three key things to remember:

- It is very important to keep detailed records of every aspect of the process. In particular you must be able to show a clear link between all of your decisions and recommendations and the evidence you have gathered.
- There are other people in the council and in your own department who have done this before and can offer help and support.
- The Diversity and Consultation teams are there to advise you.

The Equality Act 2010

As a Public Authority, Brent Council is required to comply with the Public Sector Equality Duty (PSED) contained in the Equality Act 2010. These duties require Brent Council to have 'due regard' to the need to

- Eliminate discrimination, be it direct or indirect discrimination
- Advance equality of opportunity between persons who share a relevant protected characteristic and others who do not share it; and
- Foster good relations between people who share a protected characteristic and those who do not share it

The equality duty covers:

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Marriage and civil partnership (direct discrimination only)
- Race
- Religion or belief
- Sex (formally known as gender)
- Sexual orientation

What is equality analysis?

Equality Analysis is core to policy development and decision making and is an essential tool in providing good services. Its purpose is to allow the decision maker to answer two main questions.

- Could the policy have a negative impact on one or more protected groups and therefore create or increase existing inequalities?

- Could the policy have a positive impact on one or more protected groups by reducing or eliminating existing or anticipated inequalities?

What should be analysed?

Due consideration of the need for an Equality Analysis should be addressed in relation to all policies, practices, projects, activities and decisions, existing and new. There will be some which have no equalities considerations, but many will. Where an EA is undertaken, some policies are considered a higher risk than others and will require more time and resources because of their significance. This would include:

- Policies affecting a vulnerable group such as young people, the elderly and people with a disability
- Policies related to elective services such as Sports Centres or Libraries
- High profile services
- Policies involving the withdrawal of services
- Policies involving significant reductions in funding or services
- Policies that affect large groups of people
- Policies that relate to politically sensitive issues

It can sometimes be difficult to identify which policies are more sensitive. If you are in doubt seek advice from a more senior officer or the Diversity Team.

When should equality analysis be done?

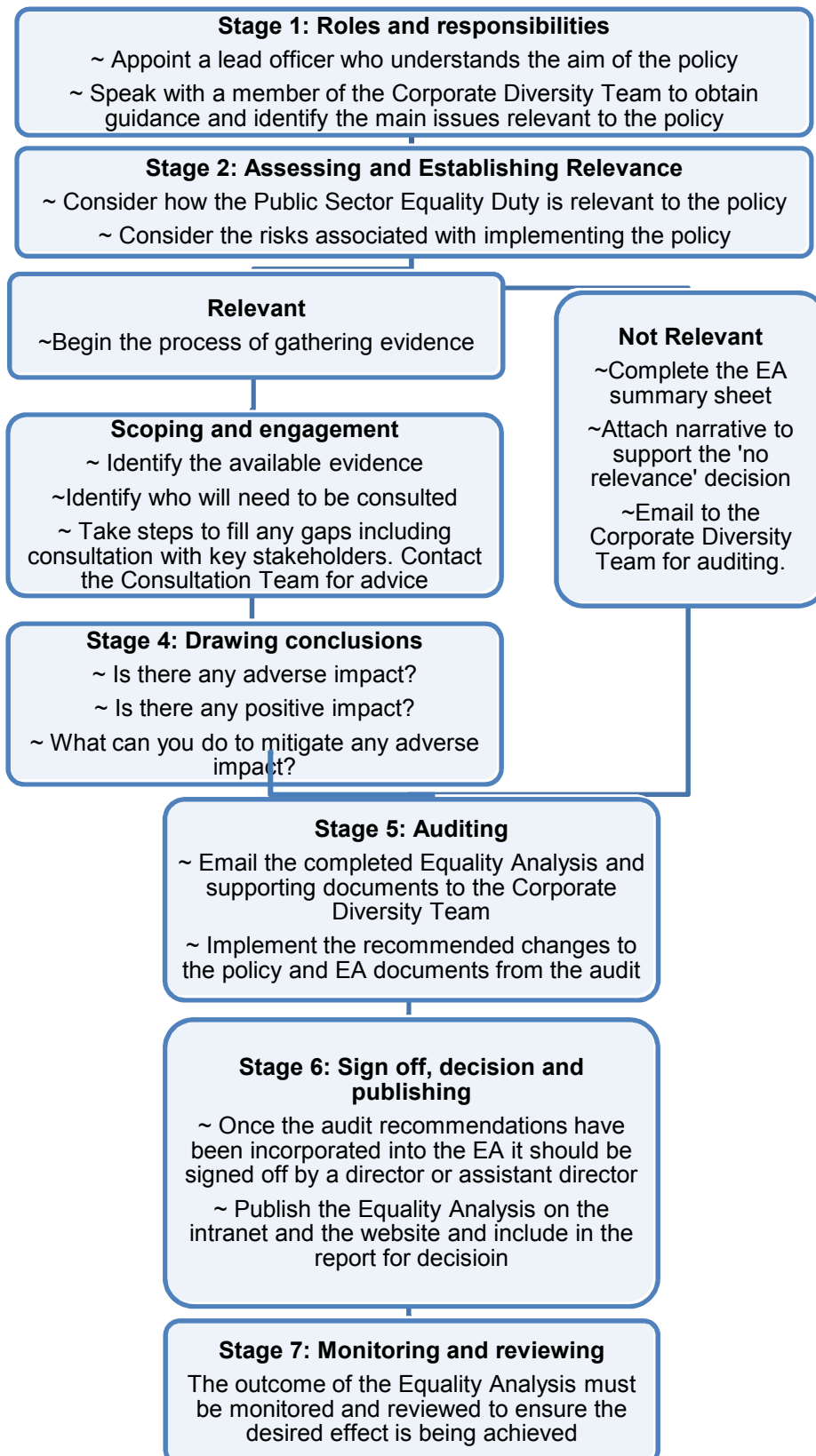
The EA must be completed before the policy is sent to the decision maker but should be carried out at the earliest possible stage. The advantage of starting early is that the equalities data informs and shapes the policy as it develops and progresses and this allows more time to address issues of inequality. You should also bear in mind that several changes may be happening at the same time. This would mean ensuring that there is sufficient relevant information to understand the cumulative effect of all of these decisions.

Positive action

Not all policies can be expected to benefit all groups equally, particularly if they are targeted at addressing particular problems affecting one protected group. (An example would be a policy to improve the access of learning disabled women to cancer screening services.) Policies like this, that are specifically designed to advance equality, will, however, also need to be analysed for their effect on equality across all the protected groups.

Brent Council's Equality Analysis Process

This flow chart sets out the process for carrying out an EA. Details on each stage of the process follow. Please note that it may be necessary to consult the Corporate Diversity team at each stage and that Legal may also need to be involved. This should be factored in to the time scale.



Stage 1: Roles and Responsibilities

The first stage in the process is to allocate the following roles.

Role

Decision maker - the person or group making the policy decision (e.g. CMT/Executive/Chief Officer).

The officer undertaking the EA

The Corporate Diversity Team. Usually an individual officer will be assigned at the start of the process

The council officer responsible for signing off the EA. Usually a senior manager within the relevant directorate

Responsibilities and tasks

- Check that the analysis has been carried out thoroughly:
- Read and be familiar with the EA and any issues arising from it and know, understand and apply the PSED. (The evidence on which recommendations are based must be available to this person.)
- Take account of any countervailing factors e.g. budgetary and practical constraints
- Contact the Corporate Diversity and Consultation teams for support and advice
- Develop an action plan for the analysis
- Carry out research, consultation and engagement if required
- Develop recommendations based on the analysis
- Submit the EA form to the Diversity team for audit with the evidence and any other relevant documents including the report the EA will be attached to
- Incorporate the recommendations of the audit
- Include the Equalities Analysis in papers for decision-makers
- Provide support and advice to the responsible officer
- Carry out the audit of the EA to monitor quality standards and ensure it is sufficiently rigorous to meet the general and public sector duties.
- Return the analysis to the responsible officer for further work if it fails to meet the necessary standard
- Consult Legal if necessary (this stage of the process will take at least 5 days)

Ensure:

- That the EA form is completed
- That any issues raised as part of the auditing process have been fully dealt with
- That the EA, the evidence used and any issues arising from the analysis are brought to the attention of the decision maker
- Ensure that the findings are used to inform service planning and wider policy development.

Stage 2: Assessing and Establishing Relevance

We need to ensure that all of our policies and key decisions, both current and proposed, have given appropriate consideration to equality. Consideration of the need for an EA needs to be given to all new policies, all revised policies, all key decisions and changes to service delivery need an EA. Those that are more relevant will require more resources and data.

The following questions can help you to determine the degree of relevance, but this is not an exhaustive list:

Key Questions:

- Does the policy have a significant effect in terms of equality on service users, employees or the wider community? Remember that relevance of a policy will depend not only on the number of those affected but also by the significance of the effect on them.
- Is it a major policy, significantly affecting how functions are delivered in terms of equality?
- Will it have a significant effect on how other organisations operate in terms of equality?
- Does the policy relate to functions that previous engagement has identified as being important to particular protected groups?
- Does or could the policy affect different protected groups differently?
- Does it relate to an area with known inequalities (for example, access to public transport for disabled people, racist/homophobic bullying in schools)?
- Does it relate to an area where equality objectives have been set by Brent Council?

If the answer to any of the above is “yes”, you will need to carry out an Equalities Analysis.

“Not relevant”

If you decide that a policy does not impact on any of the equality needs contained in the public sector equality duty, you will need to:

- Document your decision, including the reasons and the information that you used to reach this conclusion. **A simple statement of no relevance to equality without any supporting information is not sufficient, nor is a statement that no information is available.** This could leave you vulnerable to legal challenge so obtaining early advice from the Corporate Diversity team would be helpful.
- Complete the EA Form and send it to the Corporate Diversity Team for auditing. If the Corporate Diversity Team advises that policy is relevant then you will need to continue the EA process (See flowchart). If the Corporate Diversity Team advises that the policy is not relevant then you will need to have it signed off, publish it and put in place monitoring arrangements for the policy.

Stage 3: Scoping

Scoping establishes the focus for the EA and involves carrying out the following steps:

- Identify how the aims of the policy relate to equality and which aspects have particular importance to equality.

- Identify which protected groups and which parts of the general equality duty the policy will, or is likely to, affect.
- Identify what evidence is available for the analysis, what the information gaps are, and establish which stakeholders can usefully be engaged to support the analysis.

Think about:

- The purpose of the policy, and any changes from any existing policy
- The reason for the policy
- The context
- The beneficiaries
- The intended results

At this early stage you should start to think about potential effects on protected groups. This could mean that you decide to change your overall policy aims or particular aspects of the policy in order to take better account of equality considerations. It is often easier to do this at an earlier stage rather than having to reconsider later on in the process.

Sources of information

It is important to have as much up-to-date and reliable information as possible about the different groups likely to be affected by the existing or proposed policy. The information needed will depend on the nature of the existing or proposed policy, but it will probably include many of the items listed below:

- The Brent Borough profile for demographic data and other statistics
- Census findings; the 2011 census data will be available during 2012
- Equality monitoring data for staff and/or service users
- Reports and recommendations from inspections or audits conducted on service areas
- Previous reports that have been produced either on a similar topic or relating to the same service user group
- Responses to public enquiries on similar topics e.g. Freedom of Information requests
- Comparisons with similar policies in other departments or authorities to help you identify relevant equality issues.
- Analysis of enquiries or complaints from the public to help you understand the needs or experiences of different groups.
- Recent research from a range of national, regional and local sources to help you identify relevant equality issues.
- Results of engagement activities or surveys to help you understand the needs or experiences of different groups.
- Local press and other media. This will tell you whether there is public concern about possible equalities implications and help you to highlight issues for engagement

Many of these sources will be consulted as a matter of course when reviewing or developing a policy. Equalities considerations are one part of the policy process, not an extra.

Service user information

The type of information you need will depend on the nature of the policy. However, information relating to service users is usually essential. Consider:

- The full range of information that you already have about the user group e.g. information contained within service reviews, audit reports, performance reviews, consultation reports
- Who actually uses the service?
- When do they use it?
- How do they use it and what are their experiences?
- Are there alternative sources of provision that could be accessed?
- Who will be using the service in the future?
- Information from groups or agencies who deliver similar services to your target group e.g. survey results from voluntary and community organisations.

Identify your information gaps

If you do not have equality information relating to a particular policy or about some protected groups, you will need to take steps to fill in your information gaps. This could mean doing further research, undertaking a short study, conducting a one off survey or consultation exercise, holding a focus group etc.

Engagement

The Consultation team are available to advise on all aspects of engagement. You may wish to carry out engagement, which can help you to:

- Gather the views, experiences and ideas of those who are, or will be, affected by your decisions.
- Base your policy on evidence rather than on assumptions
- Check out your ideas
- Find solutions to problems and develop ways to overcome barriers faced by particular groups.
- Design more appropriate services,
- Monitor and evaluate the success of your policies and understand where improvements may be necessary.
- Avoid the costs of remedying and adapting services after their implementation
- Pre-empt complaints, which can be costly and time-consuming.

But remember you don't always have to consult or embark upon engagement if you already have enough information to assess the likely impact of the policy change on the equality needs, and if there is no other legal duty to consult. This engagement can form part of the broader consultation being carried out around service changes. You can also use recent engagement and research activities as a starting point, for example on a related policy or strategy and you can use documentation resulting from other equality analysis that Brent Council (or others) have undertaken.

For your engagement to be effective you will need to:

- Think carefully about who you should engage with. You will need to prioritise those who are most likely to be affected by the policy and those who will experience the greatest impact in terms of equality and good relations.

- In regard to people with a disability, as good practice it is recommended that they should be actively involved in engagement activity which directly affects them or the services that they receive.
- Make sure that the level of engagement is appropriate to the significance of the policy and its impact on equality
- Consider what questions you will need to ask, in order to understand the effect of the policy on equality. If you find it difficult to frame suitable questions you may take advice from the Corporate Diversity and Consultation teams
- Link into existing forums or community groups or to speak with representatives to help you reach less visible groups or those you have not engaged with before.
- Create opportunities for people to participate in supportive and safe environments where they feel their privacy will be protected, or via technology such as the internet
- Think of strategies that address barriers to engagement. Other people in the council have experience of this and can advise, as can the Corporate Diversity team and the Consultation team.

Stage 4: Drawing conclusions

You will need to review all of the information you have gathered in order to make a judgement about what the likely effect of the policy will be on equality, and whether you need to make any changes to the policy.

You may find it useful to ask yourself “What does the evidence (data, consultation outcomes etc.) tell me about the following questions”:

- Could the policy outcomes differ between protected groups? If so, is that consistent with the policy aims?
- Is there different take-up of services by different groups?
- Could the policy affect different groups disproportionately?
- Does the policy miss opportunities to advance equality and foster good relations, including, for example, participation in public life?
- Could the policy disadvantage people from a particular group?
- Could any part of the policy discriminate unlawfully?
- Are there other policies that need to change to support the effectiveness of the policy under consideration?

If the answer to any of the above is "yes", you should consider what you can do to mitigate any harmful effects. Advice from the Diversity team will be particularly helpful at this stage.

You will also want to identify positive aspects of the policy by asking yourself:

- Does the policy deliver practical benefits for protected groups?
- Does the policy enable positive action to take place?
- Does the policy help to foster good relations between groups

Having considered the potential or actual effect of your policy on equality, you should be in a position to make an informed judgement about what should be done with your policy.

There are four main steps that you can take:

- **No major change**

- **Adjust the policy**
- **Continue the policy**
- **Stop and remove the policy**

(please see EA form for detailed descriptions of each decision)

Decisions may involve careful balancing between different interests, based on your evidence and engagement. For example, if the analysis suggests the needs of two groups are in conflict, you will need to find an appropriate balance for these groups and for the policy in question. The key point is to make sure the conclusions you reach can be explained and justified. Speak to the Diversity team if you are unsure.

As a result of your analysis you may need to develop new equality objectives and targets. These should be documented on the EA form.

Stage 5: Auditing

Once you have completed the EA you will need to complete the EA Form and send it to the Corporate Diversity Team for auditing. It is important to ensure that the EA Form is completed as fully as possible. Documenting all of your analysis is important to ensure that you can show how the general and specific duties are being met. This aspect of the analysis has been subject to legal challenge so you need to be able to show how you reached your conclusions. The audit process involves the Corporate Diversity Team reviewing the completed form, the information and evidence. Sometimes this may require advice from Legal. You need to bear in mind that this will take at least five days. The team will send you back a feedback form with comments and recommendations which you will need to action prior to the sign off of the form.

Stage 6: Sign Off, Decision and Publishing

Once the EA Form is completed, the document must be signed off and the completed document must be sent to the Corporate Diversity Team to be published on the council website.

Decision-making

In order to have due regard to the aims of the public sector equality duty, decision-making must be based on a clear understanding of the effects on equality. This means that Directors, CMT and others who ultimately decide on the policy are fully aware of the findings of the EA and have due regard to them in making decisions. They are also entitled to take into account countervailing factors such as budgetary and practical constraints.

Stage 7: Monitoring and Reviewing

Your EA, and any engagement associated with it, will have helped you to anticipate and address the policy's likely effects on different groups. However, the actual effect of the policy will only be known once it has been introduced. You may find that you need to revise the policy if, for instance:

- Negative effects do occur
- Area demographics change, leading to different needs,
- Alternative provision becomes available

- New options to reduce an adverse effect become apparent

You will need to identify a date when the policy will be reviewed to check whether or not it is having its intended effects. This does not mean repeating the EA, but using the experience gained through implementation to check the findings and to make any necessary adjustments. Consider:

- How you will measure the effects of the policy?
- When the policy will be reviewed (usually after a year) and what could trigger an early revision (see above)?
- Who will be responsible for monitoring and review?
- What type of information is needed for monitoring and how often it will be analysed?
- How to engage stakeholders in implementation, monitoring and review?

Section 3: Glossary

Civil partnership: Legal recognition of a same-sex couple's relationship. Civil partners must be treated the same as married couples on a range of legal matters.

Direct discrimination: This refers to less favourable treatment of one individual, if, because of that person's protected characteristic, that person is treated less favourably than another. Direct discrimination cannot be justified unless it is discrimination on the grounds of age.

Disability: A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

Equality information: The information that you have (or that you will collect) about people with protected characteristics that will help you to show compliance with the equality duty. This may include the findings of engagement with protected groups and others and evidence about the effect of your policies on protected groups. It includes both qualitative and quantitative information, as well as evidence of analysis you have undertaken.

Gender reassignment: This is the process of transitioning from one sex to another. See also trans, transgender, transsexual.

Harassment: Unwanted conduct related to a protected characteristic that has the purpose or effect of violating a person's dignity or creates an intimidating, hostile, degrading, humiliating or offensive environment. It may also involve unwanted conduct of a sexual nature or be related to gender reassignment or sex.

Indirect discrimination: This is when a neutral provision, criterion or practice is applied to everyone, but which is applied in a way that creates disproportionate disadvantage for persons with a protected characteristic as compared to those who do not share that characteristic, and cannot be shown as being a proportionate means of achieving a legitimate aim.

Mitigation: This is when measures are put in place that lessen the negative effects of a policy or policies on protected groups.

Objective justification: Your provision may indirectly discriminate against a particular group if:

- It is a proportionate means to achieve a legitimate end
- The discrimination is significantly outweighed by the benefits
- There is no reasonable alternative to achieve the legitimate end

For example, some employers have policies that link pay and benefits to an employee's length of service, such as additional holiday entitlement for long-serving employees. This may indirectly discriminate against younger people who are less likely to have been employed for that length of time, but in most circumstances it is seen as being a proportionate way of encouraging staff loyalty.

Direct discrimination on the grounds of age can also be objectively justified (no other direct discrimination can be).

Positive action: Lawful actions that seeks to overcome or minimise disadvantages that people who share a protected characteristic have experienced, or to meet their different needs (for example, providing mentoring to encourage staff from under-represented groups to apply for promotion).

Pregnancy and Maternity: Pregnancy is the condition of being pregnant. Maternity is the period after giving birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity

discrimination is for 26 weeks after giving birth, including as a result of breastfeeding.

Proportionality: The weight given to equality should be proportionate to its relevance to a particular function. This may mean giving greater consideration and resources to functions or policies that have the most effect on the public or on employees.

Race: This refers to a group of people defined by their colour, nationality (including citizenship), ethnic or national origins.

Reasonable adjustment: Public authorities making adjustments to the way in which they carry out their functions so that disabled people are not disadvantaged by the way in which those functions are carried out. This is with regard to policies, practices or procedures, premises, and the provision of auxiliary aids or services.

Relevance: How far a function or policy affects people, as members of the public, and as employees of the authority. Some functions may be more relevant to some protected groups than to others, and to one or more of the three elements of the general equality duty. The function or policy may still be relevant if the numbers affected by it are very small.

Religion or belief: Religion means any religion, including a reference to a lack of religion. Belief includes religious and philosophical beliefs including lack of belief (for example, Atheism). Generally, a belief should affect your life choices or the way you live for it to be included.

Sexual orientation: This is whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

Trans: The terms 'trans people' and 'transgender people' are both often used as umbrella terms for people whose gender identity and/or gender expression differs from their birth sex, including transsexual people (those who propose to undergo, are undergoing or have undergone a process of gender reassignment to live permanently in their acquired gender), transvestite/cross-dressing people (those who wear clothing traditionally associated with the other gender either occasionally or more regularly), androgynous/polygender people (those who have non-binary gender identities and do not identify as male or female), and others who define as gender variant.

Transgender: An umbrella term for people whose gender identity and/or gender expression differs from their birth sex. They may or may not seek to undergo gender reassignment hormonal treatment/surgery. Often used interchangeably with trans.

Transsexual: A person who intends to undergo, is undergoing or has undergone gender reassignment (which may or may not involve hormone therapy or surgery). Transsexual people feel the deep conviction to present themselves in the appearance of the opposite sex. They may change their name and identity to live in the preferred gender. Some take hormones and have cosmetic treatments to alter their appearance and physical characteristics. Some undergo surgery to change their bodies to approximate more closely to their preferred gender. Transsexual people have the protected characteristic of gender reassignment under the Equality Act 2010. Under the Act, gender reassignment is a personal process rather than a medical one and it does not require someone to undergo medical treatment in order to be protected.

Victimisation: Subjecting a person to a detriment because they have made a complaint of discrimination, or are thought to have done so; or because they have supported someone else who has made a complaint of discrimination. Victimisation is unlawful under the Equality Act 2010.

A Summary of the Equality Act 2010

The Equality Act 2010 replaces the existing anti-discrimination laws with a single Act. The legislation covers:

- Employment and work
- Goods and services
- The exercise of public functions
- Premises
- Associations
- Transport
- Education

The act prohibits:

- Direct discrimination
- Indirect discrimination
- Discrimination by association
- Discrimination by perception
- Discrimination arising from disability
- Victimisation
- Harassment

The new legislation no longer refers to 'diversity strands' instead it introduces the concept of 'protected characteristics or groups, the protected characteristics are:

- Age
- Disability
- Gender reassignment
- Race
- Religion or belief
- Sex
- Sexual orientation
- Marriage and civil partnership
- Pregnancy and maternity

The Public Sector Equality Duty

The public sector equality duty requires that the council must, in the exercise of its functions, have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

These are generally referred to as the three arms of the duty. In relation to 'fostering' there is a duty to have due regard to the need to tackle prejudice and promote understanding.

Equality of opportunity is expanded by placing a duty on the Council to have due regard to the need to:

- Remove or minimize disadvantages connected to a characteristic of a protected group.
- Take steps to meet the needs of protected groups.
- Encourage participation of protected groups in public life where participation is proportionately low.

There is also a specific requirement that councils must take steps to take account of a person's disability and there is a duty to make reasonable adjustments to remove barriers for disabled people. The duty is 'anticipatory'. For example, Brent Council cannot wait until a disabled person wants to use its services, but must think in advance (and on an ongoing basis) about what people with a range of impairments might reasonably need.