

LONDON BOROUGH OF CAMDEN	WARDS: All
REPORT TITLE Integrated Sexual Health Commissioning Strategy 2024/2025 to 2029/2030 (PH/2025/01)	
REPORT OF Cabinet Member for Health, Wellbeing and Adult Social Care	
FOR SUBMISSION TO Cabinet	DATE 15 January 2025
STRATEGIC CONTEXT We Make Camden is our joint vision for the borough, developed in partnership with our community. This strategy supports the We Make Camden commitments to ensure that Camden communities support good health, wellbeing, and connection for everyone so that they can start well, live well and age well. This commissioning strategy has been informed by a comprehensive needs assessment of sexual health need and related health service activity, a detailed review of service delivery as provided by the current provider – Central and North West London NHS Foundation Trust, and direct feedback from service users. The Way We Work is the Council’s response to We Make Camden. These proposals contribute to the commitments and ambitions relating to the way Camden works to support its citizens: working creatively and beyond service silos in the provision of innovative and integrated provision. This commissioning strategy requires the service provider to work in partnership with key delivery partners and ensure that the service offer is accessible for all residents. Improved data collection of protected characteristics will be used to inform the delivery model in order the service offer is equitable for all and meets the needs of particular cohorts of potential service users.	
SUMMARY OF REPORT This report sets out the procurement approach and seeks approval for the contract award for the delivery of the integrated sexual health service across Camden, Barnet, Haringey and Islington. Local authorities are responsible for commissioning most sexual health interventions and services as part of their wider public health responsibilities, with costs met from the ring-fenced public health grant. While local authorities can make decisions about provision based on local need, there are also specific legal requirements ensuring the provision of certain services, which are set out in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013. Previously, the Integrated Sexual Health service was commissioned jointly with the London Boroughs of Barnet, Haringey and Islington, with Islington acting as the Lead Commissioner (host borough). The contract started on 3 July 2017 and was awarded to Central and North West London (CNWL) NHS Foundation Trust.	

Camden are leading on the re-commissioning process on behalf of all four boroughs during 2024 for the new contract to begin on 1 July 2025. Although there have been some changes in the types and levels of activity since the pandemic e.g. an increase in online activity such as sexually transmitted infection (STI) testing and a consequent decrease of “in clinic” testing, the core principles, objectives and requirements of the current service specification will remain unchanged. Local authorities now have to arrange relevant health care services, such as these, by following The Health Care Services (Provider Selection Regime) Regulations 2023, which came into effect on 01 January 2024. Officers are proposing to use the Direct Award Process (option C) available under the Regulations to award the new contract to the current provider (CNWL). The new contract will begin on 1 July 2025 for 3 years with a further optional two extensions of one-year each at an annual value across the four boroughs of £9,505,178 per annum, £47,525,890 in aggregate including contract extensions. Camden’s investment will be £2,148,300 and £10,741,500 respectively.

This report is coming to Cabinet in accordance with Contract Standing Order C4.1.

Local Government Act 1972 – Access to Information

No documents that require listing were used in the preparation of this report.

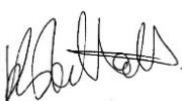
Contact Officer:

SERVICE CONTACT	PROCUREMENT CONTACT
Name: Lisa Luhman	Name: Jaison Gomba
Address: 5 Pancras Square, N1C 4AG	Address: 5 Pancras Square, N1C 4AG
Tel: (020) 7974 2705	Tel: (020) 7974 5493
Email: lisa.luhman@camden.gov.uk	Email: jaison.gomba@camden.gov.uk

RECOMMENDATIONS

THAT, having considered the results of the consultation set out in Appendix A of the report, and having had due regard to the obligations set out in section 149 of the Equality Act 2010 the Cabinet agrees:

- i. The strategy for the provision of Integrated Health Services across the participating authorities from North Central London by way of a new contract with Central and North West London NHS Foundation Trust for a for a period of three years from 1st July 2025 (with two extensions of one-year each) for the sum of £9,505,178 per annum (£47,525,890 in aggregate including extensions), of which Camden’s investment is £2,148,300 and £10,741,500 respectively; and
- ii. The new contract is made via Direct Award (Process C) under the Health Care Services (Provider Selection Regime) Regulations 2023 which came into force on 1st January 2024.
- iii. The Executive Director Adults and Health is granted the authority to request the sealing of the contract

Signed: 

Date: 19 December 2024

1. CONTEXT AND BACKGROUND

- 1.1. This report sets out the commissioning strategy for the integrated sexual health service, when the contract with the current provider, Central and North West London NHS Foundation Trust (CNWL), comes to an end on 30 June 2025. It considers the commissioning options available to the Council (see section 2), before making a recommendation on the preferred option for the future of the service. The focus of the recommended option is to continue to deliver a cost effective and efficient integrated community sexual health service across North Central London.
- 1.2. Local authorities are responsible for commissioning most sexual health interventions and services as part of their wider public health responsibilities, with costs met from the ring-fenced public health grant. While local authorities can make decisions about provision based on local need, there are also specific legal requirements ensuring the provision of certain services, which are set out in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.
- 1.3. Previously, the Integrated Sexual Health service was commissioned jointly with the London Boroughs of Barnet, Haringey and Islington, with Islington acting as the Lead Commissioner (host borough). The contract started on 3 July 2017 and was awarded to CNWL.
- 1.4. The current service model includes the provision of community contraception; the testing, diagnosis and treatment of Sexually Transmitted Infections (STI); the testing and diagnosis of Human Immunodeficiency Virus (HIV); and the provision of Pre-Exposure Prophylaxis (PrEP). Outcomes for the service include:
 - Increase uptake of long-acting reversible contraception, including for disadvantaged or under-served communities
 - Increase the uptake of HIV testing, reducing late HIV diagnoses and preventing new infections including the provision of PrEP
 - Ensure timely results and follow-up for all STIs and improve immunisation, to help to reduce the risk of onward infections
 - Offer and uptake of screening and brief interventions in line with Making Every Contact Count principles, with onward signposting or referral to other community services as needed.
 - Ensure screening/identification and interventions for health and social risks such as domestic violence and abuse, child sexual exploitation, Female Genital Mutilation (FGM), and child and adult safeguarding, as part of local arrangements for pathways of care and support
 - Improve sexual health promotion, HIV prevention and uptake of sexual health interventions including Long Acting Reversible Contraception (LARC)in key and vulnerable groups through targeted interventions and promotion, encouraging innovation
 - Monitor and improve the quality and experience of services for all users, including annual service user engagement plans.

- 1.5. CNWL are also sub-contractors to Brook (provider of the young people's sexual health service). The sub-contracting arrangements require CNWL to provide clinical aspects of the service model including STI testing and treatment, HIV testing and diagnosis, Hepatitis C testing and referral to treatment, and provision of LARC and Emergency Hormonal Contraception (EHC). Where young people reach the age to attend adult sexual health services, CNWL support them to transition to the adult service.
- 1.6. Camden are leading on the re-commissioning process on behalf of all four boroughs during 2024 for the new contract to begin on 1 July 2025. Although there have been some changes in the types and levels of activity since the pandemic e.g. an increase in online activity such as STI testing and a consequent decrease of "in clinic" testing, the core principles, objectives and requirements of the current service specification will remain unchanged. Local authorities now have to arrange relevant health care services, such as these, by following The Health Care Services (Provider Selection Regime) Regulations 2023, which came into effect on 1st January 2024. Officers are proposing to use the Direct Award Process (option C) available under the Regulations to award the new contract to the current provider (CNWL). The new contract will begin on 1 July 2025 for 3 years with two extensions of one-year each at an annual value across the four boroughs of £9,505,178 per annum, £47,525,890 in aggregate including contract extensions. Camden's investment will be £2,148,300 and £10,741,500 respectively.

National and Local Context

- 1.7. Most of the adult population of England is sexually active, and there are long term changes in the sexual attitudes, lifestyles and behaviours across much of the population. Access to high quality sexual health services improves the health and wellbeing of individuals and populations and is an important public health priority in North Central London, including addressing significant inequalities in sexual health between population groups. The need for services which can respond to the needs of different communities and with aim of reducing the rate of STIs is set out in the recently published [STI Prioritisation Framework](#).
- 1.8. Commissioning responsibilities for Human Immunodeficiency Virus (HIV), sexual and reproductive health have undergone major changes since April 2013, and are currently distributed between NHS England, Local Authorities and Integrated Care Boards (ICBs). A Framework for Sexual Health Improvement, published in 2013, set out national ambitions for the new sexual health system in England.
- 1.9. Councils are mandated to secure the provision of open access sexual health services, including for community contraception and the testing, diagnosis and treatment of sexually transmitted infections (STIs) and testing and diagnosis of HIV. Residents may attend open access sexual health facilities in any part of the country, without the need for referral.
- 1.10. Barnet, Haringey, Camden and Islington are working locally as well as part of a wider partnership of councils in London, the London Sexual Health Programme, to support change. Our shared vision is to continue to provide sexual health services in North Central London that are high quality,

innovative, cost-efficient, equitable and accessible, that can meet the sexual health challenges faced now and in the future, and which reflect the expectations of service users and the technology they use.

- 1.11. There are a number of workstreams which are being led via the London Sexual Health Programme that are yet to conclude such as: the recommissioning of the pan-London e-service which offers online access to STI testing; completion of a London sexual health needs assessment; as well as further development and review of the tariff model of charging for sexual health interventions. These areas of work will be key in defining what a future integrated sexual health service model needs to provide and as such have informed the decision taken on procurement approach.

Overview of Sexual Health in North Central London (NCL)

- 1.12. The prevalence of HIV across NCL is significantly above national averages. The groups predominantly affected are gay, bisexual and other men who have sex with men (MSM) and heterosexual men and women from African communities, with the former accounting for the greater part of diagnosed infections in Camden, Islington, and the latter group in Haringey and Barnet. In all boroughs aside from Barnet, prevalence of diagnosed HIV and new diagnoses of HIV are significantly higher than the regional averages. In Islington, the prevalence of HIV is currently 6.3 cases per 100,000 people and the borough's rate of new HIV diagnoses stands at 16.1 per 100,000 individuals. Late diagnosis rates in the NCL area are higher in the boroughs with a greater proportion of men and women from African communities affected, particularly in Barnet and Haringey. Late diagnosis of HIV among residents are also a significant concern in Islington, with 29.6% of diagnoses being made late.
- 1.13. Nationally, STIs and HIV are known to disproportionately effect gay, bisexual and other MSM and black ethnic minorities. In London, rates of STIs tend to be highest in the more deprived and inner-city areas. Reducing the rate of STI transmission and infection in these groups will remain a priority. Young people suffer from STIs at a higher rate than any other age group. UK Health Security Agency (UKHSA) report that young people are at a higher risk as they typically have more sexual partners and are less likely to use protection. They are also at an increased risk of re-infection. Barnet's sexual health needs assessment highlights that gay men represented 20% and 50% of positive tests for chlamydia and gonorrhoea respectively and Camden's Sexual Health Needs Assessment also finds the highest positive tests in men who have sex with men (MSM).
- 1.14. While the overall number of new STIs is stable in London, there is a concerning increase in gonorrhoea and syphilis in MSM and persistent high rates of STIs relative to the rest of the country. Rates of gonorrhoea are significantly higher than in England across all areas within NCL. The new STI diagnosis rate in Islington is notably high at 2,287 per 100,000, surpassing all other NCL boroughs, with Camden's rate at 2,082 per 100,000 residents and Haringey (1,588 per 100,000) also above the average for London (1229 per 100,000) with Barnet the only borough to be below the London average (704 per 100,000).

- 1.15. The rates of gonorrhoea and syphilis have been consistently higher in Camden than in London since 2012. The upward trend in gonorrhoea and syphilis between 2016 and 2019 reversed during the covid-19 pandemic but has since risen to above pre-pandemic levels. The rate of gonorrhoea compared to England (149 per 100,000) is much higher in Barnet (205 per 100,000) , Haringey (542 per 100,000), Camden (590 per 100,000) and Islington (724 per 100,000).
- 1.16. Syphilis rates were trending downward, reaching a low point in 2020, but have since risen. Barnet's syphilis diagnostic rate in 2023 was 17.8 per 100,000 giving a total of 71 cases. The Barnet rate was lower than the London rate (40.4 per 100, 000) but greater than the England rate (13.3 per 100, 000). Islington, Haringey and Camden have much higher rates than regional and national levels, with rates at 57.6 per 100,000, 76.8 per 100,000 and 76.6 per 100,000 respectively in 2023.
- 1.17. Teenage conception rates have fallen significantly since the late 1990s in all boroughs within NCL and are below national rates. In 2021, Camden had an under 18 pregnancy rate of approximately 10 per 1,000 compared to 10 and 13 per 1,000 in London and England. In Islington, pregnancy rates for those under 18 have been steadily declining, now at 11.9 per 1,000. Note that the data is lagged, with the most recent figures being from 2021. The under-18 conception rate in Barnet in the reporting year 2020 was 9.8 per 1000, lower than the England and London average, with Haringey at comparable rates of 8.8 per 1000 in 2021.
- 1.18. Abortion rates in 2021 vary across the sub-region, with Camden (13.2 per 1000) lower than the national average (19.2 per 1000) and Barnet (18.0 per 1000), Haringey above (21.3 per 1000) and Islington (16.0 per 1000).
- 1.19. Since 2017 abortion rates have increased in London (21.8 per 1000) and England (16.5 per 1000). NCL boroughs all sit below the regional average with the exception of Haringey (21.4 per 1000) which is on par with London. National trends reported via ONS suggest a steady reduction in abortion rate in the over 25 age group, this does not appear to be the case in Camden where rates have remained relatively stable. In 2021 the proportion of repeat abortions among women under 25 in Camden (24%) was slightly lower than that in England (29%). However, this was higher than the national average in the other NCL boroughs, with 32.8% in Haringey, 33% in Islington and 35.6% in Barnet.
- 1.20. Prescribing of Long-Acting Reversible Contraception (LARC) is significantly below the national average in all boroughs, although above the London average in Haringey. The rate of GP and Sexual Reproductive Health Services (SRHS) prescribed LARC in Camden has been historically lower than London, indicating poorer access among Camden residents. While still present, this gap has narrowed and LARC prescription rates are much closer to the London average as of 2022. In Islington, LARC use in sexual and reproductive health (SRH) services is 30.8 per 1,000, and has been on an upward trend, however in Islington general practitioners' (GP) services the use of LARC is lower at 4.4 per 1,000. The rate in Haringey is higher than the London average but lower than the England average. LARC was used by

2120 women in Barnet (26.5 per 1,000) in 2022, at a similar rate to the London average.

- 1.21. Further information specific to Camden can be found in the local Needs Assessment [Camden SH needs assessment](#).
- 1.22. Alongside known STIs, sexual health services in London in particular have had to respond quickly to the emergence of MPox where the infection has been sexually transmitted.

2. PROPOSAL AND REASONS

- 2.1. The Health and Care Act 2022 introduced a new set of rules for selecting providers of health care services in England: the Provider Selection Regime (PSR), which came into force in January 2024. The regime aims to introduce a flexible and proportionate process for selecting providers of health care services so that decisions are made in the best interest of the people who use them. The sexual health service is within the scope of the new regime. The arrangements under the PSR are intended to allow greater integration and enhanced collaboration across the system, while ensuring that all decisions about how health care is arranged are made transparently. The changes also aim to reduce the costs and bureaucracy associated with previous procurement regulations.
- 2.2. The PSR is a set of rules for procuring health care services in England by organisations termed relevant authorities. These include local authorities. The PSR has introduced three provider selection processes that relevant authorities can follow to award contracts for health care services. These are the:
 - Direct award processes (A, B and C);
 - Most suitable provider; and
 - Competitive process

All three were considered by the commissioning collaborative and it was collectively agreed that given the quality of our current service as well as the lack of clarity about London arrangements the direct award process would be adopted (see section 3 for more detail). This would give residents the most stability around maintaining current services whilst work concluded across London. It is intended that the competitive process will be used for the next commissioning cycle involving substantial local consultation across the boroughs.

Specifically, direct award process C was proposed. This option enables councils to directly award a contract to an incumbent provider if they decide taking into account the key criteria and basic selection criteria that the incumbent is satisfying the original contract and will likely satisfy the proposed contract to a sufficient standard. CNWL NHS Foundation Trust have been performing well and demonstrate value for money. They also worked closely and flexibly during the COVID pandemic and MPox outbreak.

Direct award process C requires evidence to be gathered and reviewed on current performance to demonstrate the high quality of service delivery. Officers therefore undertook a review of CNWL's current performance against

the five criteria. All four commissioning boroughs agree that CNWL are providing a service that performs well, meets quality standards and demonstrates value for money. Further information on the assessment of CNWL showing they satisfy the current contract to a sufficient standard against the five key criteria is included in **Appendix A**. Some of the Identified strengths include:

Quality and Innovation

CNWL's sexual health services have been recognized for their high quality, evidenced by a recent "Good" rating for safety from the CQC. This rating reflects the organisation's effective risk management and safeguarding procedures. Customer feedback highlights the positive patient experience, with 99% of users reporting a friendly welcome and over 95% satisfaction across all locations. Their outreach programs effectively target vulnerable populations, reducing barriers to sexual health services through free and confidential offerings.

CNWL is engaged in various health studies, contributing to national and international research initiatives, such as the Pre-Exposure Prophylaxis (PrEP) impact trial. Their commitment to innovation is evident in the introduction of digital healthcare initiatives, including an online PrEP service launched in 2023/24 and the "Clinic-in-a-Box" initiative that enhances access for hard-to-reach populations.

Value

Operating predominantly on a tariff-based model, CNWL maintains a competitive edge with one of the lowest geographical weightings for services in comparison to neighbouring trusts. This pricing strategy, combined with a collaborative approach across North Central London boroughs, enhances service consistency and optimises resource use, contributing to financial control and affordability.

Integration, collaboration and service sustainability

CNWL prioritises integrated care by partnering with various stakeholders, including other NHS organisations, local authorities, charities, and community organisations. These collaborations support seamless care pathways and address social determinants of health, particularly for underrepresented communities.

Improving access, reducing health inequalities and facilitating choice

CNWL is committed to improving access and reducing health inequalities, particularly for underserved populations. Their service delivery aligns with the NHS Constitution, ensuring equitable access for groups like the LGBTQ+/Men who have Sex with Men (MSM) community, minoritized groups, sex workers, and the homeless. CNWL offers various access routes, including online booking, walk-in services, and a helpline for those facing digital barriers.

Social Value

CNWL demonstrate a commitment to social value through its Green Plan aimed at achieving Net Zero emissions by 2040 and promoting sustainable practices. Their inclusive employment initiatives target recruitment from high-deprivation areas and support diverse hiring. CNWL are delivering on a

number of other social value outcomes including:

An Apprenticeship Scheme where apprentices, acting as community sexual health champions, will directly contribute to partnership work and clinic visits. This was delayed due to implementation of the new model and then Covid-19 but is now planned for roll out in 2024.

Training for local GPs/practice nurses, including clinical trials/research via a longstanding partnership with University College London Centre for Sexual Health and HIV Research. In the last 24 months training has been delivered to 32 Camden GPs, 20 practice nurses/nurse practitioners and one pharmacist.

Local partnerships with borough VCS and community groups to: raise awareness of sexual health in local target populations; support people to maintain good sexual health and access services when needed and reach people not in contact with mainstream services and link them into appropriate support.

- 2.3. As part of the selection process officers also had to gather evidence showing they would satisfy the proposed contract to a sufficient standard. To help with this CNWL were asked to submit a response to a range of questions across the same five key criteria. All four boroughs are also satisfied that CNWL can deliver the new contract to a sufficient standard against the five key criteria (further information on this included in **Appendix A**). A summary of the strengths identified under the five key criteria is below:

Quality and innovation

CNWL have demonstrated clear and concise structures for staff management, clinical supervision and appraisal processes.

Corporate strategy and structure is in place to support the delivery of quality services (e.g. Improvement Academy) and as a result CNWL have been identified as an exemplar site by NHS England. They have outlined a comprehensive approach to identifying and managing safeguarding internally and are members of all four boroughs Safeguarding Boards (Adult and Children). CNWL have a robust digital offer and have outlined approaches to evaluate their effectiveness. Good governance is in place; they have clear systems, tools and processes with a commitment demonstrated to continuous learning and improvement. CNWL have provided relevant examples to demonstrate how the identification, monitoring, mitigation and escalation of risks is applied.

Value

CNWL have set out an appropriate approach to ensure sustainable delivery of the ISH targets within the existing contract values. This includes a review of the staffing model, and a commitment to review and negotiate contracts for pathology and prescribing.

Integration, collaboration and service sustainability

CNWL have demonstrated a good range of existing partnerships. There is a commitment to review and change the offer according to local need/demand and have described appropriate methods to collect service user feedback. They describe how patient feedback materials will be designed in Easy Read

format and made available in multiple languages. CNWL Learning Disabilities team collaborates with their sexual health services in developing accessible materials, ensuring they meet the needs of diverse audiences. They have submitted a comprehensive communication plan which includes a comms calendar and evaluation tools to monitor effectiveness.

Improving access, reducing health inequalities and facilitating choice

CNWL have clearly described their service user engagement plans. They state they will be using data led approaches augmented with direct engagement through the Service User Engagement Working Group and via existing partners. CNWL will use the Service User Engagement Group to work closely with local communities to co-develop culturally appropriate messaging and address sensitive topics. They have stated they will identify and use community preferred platforms where possible, and work with communities to identify new outreach locations. CNWL have demonstrated a range of options for accessing services are available. CNWL have committed to collect data on all 9 protected characteristics. They will be making changes to their IT systems to allow mandatory reporting for some characteristics.

Social Value

CNWL have committed to delivering the social value outcomes across all four boroughs. They will develop a Social Value mobilisation plan that will be used to monitor progress and report back to commissioners, their Social Value Lead will oversee the plan and reporting will include measures and outputs. Social Value commitments include:

- Provision of Level 3 Apprenticeships (one per year per borough)
- Provision of work placements (two per year per borough)
- Recording smoking status of patients and referring to stop smoking resources for eligible patients (this will start at 50% in Year 1 and increasing to 80% thereafter)
- Incorporating local VCS organisations into the service supply chain (metrics TBC)
- Equality, diversity and inclusion training provided both for staff and supply chain staff (15 training sessions per year across all four boroughs)
- Hosting or participating in community health and wellbeing events (Four events a year across all boroughs)
- Reducing carbon emissions (metrics TBC)
- Engaging with schools (eg: providing work experience; attending career events; providing workplace visits) (Four events per year across all boroughs)

2.4. Therefore, the proposal is to directly award the new contract to CNWL in line with the requirements set out in the PSR legislation under Direct Award Process C.

3. OPTIONS APPRAISAL

3.1. **Option 1: Do Nothing** This option is not viable. As stated above local authorities are mandated to secure the provision of open access sexual health services, including for community contraception and the testing, diagnosis and treatment of STIs and testing and diagnosis of Human Immunodeficiency Virus (HIV).

- 3.2. **Option 2: Competitive re-procurement process** although this is permitted under the new PSR regulations, this is not recommended and would not be a good use of public funds, given that the existing provider is performing well and owns accessible and central delivery sites across the four boroughs. Undertaking a competitive process whilst a lot of London work is to be concluded would also potentially leave us with a local model which did not align with the rest of London or with specific pan London commissioned online provision.
- 3.3. **Option 3: Most Suitable Provider Process.** This is not a competitive process, but allows the relevant authority to make a judgement on which provider is most suitable, based on consideration of the key criteria. This requires a thorough review of all providers in the sexual health delivery market. It would also potentially create disruption to services for local residents should the incumbent not be successful. New sites, likely at a higher cost, would need to be secured and the local decades long knowledge of where to access support from would be lost. There would also be the high cost of funding fixtures and fittings for a complex healthcare service to be considered. As it was possible to evidence that the service in place was of a high quality, this option is not recommended.
- 3.4. **Option 4: Direct Award Process C.** Officers are proposing to use Direct Award Process C. A relevant authority can follow direct award process C when the relevant authority is not required to follow direct award processes A or B and there is an existing provider in place whose contract is coming to an end, the service is not changing considerably, and the relevant authority is of the view that the existing provider is satisfying the existing contract to a sufficient standard and is likely to be able to satisfy the new contract to a sufficient standard.
- 3.5. Commissioners must satisfy themselves that they are complying with the requirements of the PSR 2023 and specifically the requirements for Direct Award Process C and the five established key criteria set. A summary of the assessment against the five key criteria are included in **Appendix A**.
- 3.6. **Option 4** is the preferred option across all four boroughs.
4. **WHAT ARE THE KEY IMPACTS / RISKS? HOW WILL THEY BE ADDRESSED?**

Risk	Impact	Mitigation strategy
Procurement Approach Option C of PSR is not approved as an appropriate procurement process	If a competitive process needs to be undertaken this would significantly impact on timescales for the new contract to begin on 1 July 2025.	Commissioners can seek a waiver to extend the current contract further to ensure continuity of service whilst a competitive process is completed.
Procurement Approach	If a different procurement approach	There is a legal deed in place signed by all 4 boroughs which sets out

One or more Councils do not secure approval for the proposed procurement approach.	e.g. competitive process needs to be undertaken this would significantly impact on timescales for the new contract to begin on 1 July 2025.	processes for progressing points of difference. Commissioners across all four boroughs have already started progressing with their individual governance processes and there is agreement that Direct Award C is the most appropriate option.
Procurement Approach The provider (CNWL) do not agree with Direct Award C Process (due short term nature of proposed contract and service model staying largely the same as current contract)	If a different procurement approach e.g. competitive process needs to be undertaken this would significantly impact on timescales for the new contract to begin on 1 July 2025.	Officers have written to CNWL outlining the procurement approach (Direct Award C) and the implications of using this approach, and also outlining the intention to undertake a competitive process in the next 3-4 years. The provider was asked to confirm they are in agreement with the procurement approach which they did.
Procurement Approach A supplier considers a different procurement approach under the PSR should be used.	This could delay the re-commissioning and if a different procurement approach e.g. competitive process needs to be undertaken this would significantly impact on timescales for the new contract to begin on 1 July 2025.	The council would ensure that the procurement route agreed between the authorities is compliant with the PSR 2023. Current intelligence suggests that other London trusts have little appetite to take over other NHS trusts and are moving forward with working within the emerging ICS partnerships instead.
Financial The financial envelope is not accepted by the current provider as sufficient to deliver the service	A competitive process may have to be completed if a direct award at proposed contract value is rejected by the current provider.	Commissioners can seek a waiver to extend the current contract further to ensure continuity of service whilst a competitive process is completed. The indicative budget for this service was communicated to the provider when proposing the commissioning approach to be used. They responded to indicate that they were happy to proceed on this basis.

5. CONSULTATION/ENGAGEMENT

- 5.1. As Direct Award Process C means that no substantial change can be made to the model there has been no consultation about possible changes to the service model. An electronic survey was agreed by all four boroughs focussing on people's perceptions of the current service. This was issued in early March 2024. A total of 57 responses were received (of which 12 were from Camden residents). Below is a summary of the findings:
- 5.2. Generally, residents were satisfied with the services provided, positive responses were made about the ability to book daytime, evening and weekend appointments and to be able to attend drop-in/walk-in appointments.

Residents welcomed the opportunity to be able to see a member of staff of the same sex, and commented that staff were friendly, helpful and knowledgeable. There were some concerns regarding the on-line booking system and the ease of booking an appointment. Officers will address those concerns with the service provider.

- 5.3. An Equalities Impact Assessment (EIA) has been completed and is attached to this report as **Appendix B**. The EIA highlighted that no one in any protected characteristic would be adversely affected by the proposed new contract.

6. LEGAL IMPLICATIONS

- 6.1. Sharpe Pritchard are supporting all four boroughs with the legal implications of using Provider Selection Regime, and to ensure we are compliant with the requirements. The below legal comments have been jointly written by Shape Pritchard and Camden Legal Services.
- 6.2. The Healthcare Services (Provider Selection Regime) Regulations 2023 (the PSR) applies to relevant healthcare services in England (healthcare provided for individuals) procured by NHS England, Integrated care boards, NHS trusts and foundation trusts, and Local authorities or combined authorities. The Public Contracts Regulations 2015 (PCR) will no longer apply to these contracts. The Procurement Act 2023 (which replaces the current Regulations) will also not apply when it comes into force which is anticipated to be in February 2025.
- 6.3. The Council's preferred route in this case is to use Direct Award Process C. This procurement route is applicable when the authority assesses the existing provider's ability to satisfy the proposed contract and the proposed new contract has no considerable changes. The authority submits a notice of intention to make an award to the existing provider. After the standstill period, the contract is awarded and a notice of the award is published.
- 6.4. The contract specification for the new contract is based on the existing contract specification and it has been updated to reflect current service provision. The new contract is based on the Council's standard contract template which has been amended to include service specific provisions from the existing contract. Legal advice has been obtained to confirm that these changes are not significant enough to make Direct Award Process C unavailable.

7. RESOURCE IMPLICATIONS

- 7.1. This report requests a new three-year contract (with 2 x one-year extension options) of the Integrated Sexual Health service which will be provided by Central and North West London NHS Foundation Trust, starting from 1 July 1025. The cost will be £2,148,300 per annum from Camden. It will be funded by the Integrated Sexual Health Services budget.

- 7.2. There will be sufficient funding in the budget to fund the new contract.
- 7.3. There is no adjustment or Medium Term Financial Strategy savings to be made.

8. ENVIRONMENTAL IMPLICATIONS

- 8.1. As part of the service specification the provider will be required to have appropriate clinical waste management arrangements in place.
- 8.2. The NHS have ambitions to deliver the world’s first net zero health service and respond to climate change. Officers will require the provider to demonstrate how they are contributing to this vision. [Green Ambition](#)

9. TIMETABLE FOR IMPLEMENTATION

Key milestones	Indicative Date (or range)
Contract Award Report – Cabinet (Camden as lead authority)	January 2025
Final Borough Contract Award	27th March 2025
Transparency Notice – Intention to Award	Friday 4th April 2025
Standstill Period Commences (8 working days)	Monday 7th April 2025
Standstill Period Ends	Midnight Wednesday 16th April 2025
Transparency Notice – Confirmation of Contract Award	Thursday 17th April 2025
Contract signature / sealing	April/May 2025
Transition to the new arrangements	April/June 2025
Contract start date	1st July 2025

10. APPENDICES

Appendix A: Evaluation of CNWL current performance and suitability to deliver new contract

Appendix B: EQIA

Appendix C: Data Security Assessment

REPORT ENDS