

## London Borough of Waltham Forest

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Report Title Integrated Sexual Health  
Recommissioning



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Meeting / Date Cabinet, 3 December 2024

Cabinet portfolio Councillor Louise Mitchell -  
Portfolio Lead Member for  
Adults and Health

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Wards affected All

Public access Open

Appendices Appendix 1 - Equality Impact Assessment

### Summary

- 1.1 Waltham Forest has high levels of need around sexual and reproductive health, and this causes health inequalities particularly for black and minority ethnic communities, young residents, and lesbian, gay, bisexual and transgender (LGBT) communities.
- 1.2 Changes to our population and to sexual health behaviours mean that need for sexual and reproductive health among our residents is increasing.
- 1.3 There is a statutory responsibility on Local Authorities to commission sexual health services. These services are essential to improve health and reduce inequities for our local population.
- 1.4 The Public Health team commission a range of sexual health services, the largest of which is our specialist 'integrated sexual health' (ISH) service.
- 1.5 The current ISH service – 'All East' – is commissioned from Barts Health NHS Trust, jointly with Newham, Tower Hamlets and Redbridge. This contract expires at the end of November 2025.
- 1.6 The current service is considered to be of high quality, and has delivered a good service to our local residents, including engaging particular groups with the greatest need, in order to reduce health inequities.

- 1.7 The proposed commissioning intentions are to continue to commission jointly with London Borough of Newham, London Borough of Tower Hamlets and London Borough of Redbridge, with Newham acting as lead commissioner, for a new ISH service beyond November 2025.
- 1.8 The proposed procurement process is the Provider Selection Regime, Direct Award Process C, which is provided for under the Health and Social Care Act 2022.

## **2. Recommendations**

- 2.1 Cabinet is recommended to:
  - 2.1.1 Agree the commissioning intentions outlined in this report, in summary, to continue to commission our specialist integrated sexual health service for our local population beyond November 2025, in a joint commissioning arrangement with London Borough of Newham, London Borough of Tower Hamlets and London Borough of Redbridge, with Newham acting as lead commissioner.
  - 2.1.2 Agree the use of Provider Selection Regime, Direct Award Process C, which would see the incumbent provider (Barts Health NHS Trust) awarded a new contract for 5 years (with 3 optional one-year extensions) to provide integrated sexual health services.

## **3. Proposals**

### **Background**

- 3.1 Local authorities are mandated under the terms of the Health and Social Care Act (2012) to commission sexual and reproductive health (SRH) services on behalf of residents. The current contract for integrated sexual health (specialist) services expires at the end of November 2025.
- 3.2 Specialist sexual health clinics are 'open access', meaning that residents of any borough can access any clinic in England. Providers then bill the resident's home borough using their post code. In London, there is a 'integrated sexual health tariff' so that prices are standardised.
- 3.3 Sexual health services are essential to ensure a healthy population and tackle health inequalities. The outcomes of sexual health services include:
  - Reduced infertility caused by untreated Sexually Transmitted Infections (STIs);
  - Reduced burden of morbidity and mortality caused by the transmission of serious illnesses such as HIV and mpox;
  - Reduced unwanted pregnancies and terminations of pregnancy due to lack of access to contraception and sexual health advice;

- Reduced health inequalities caused by the disproportionate burden of sexual and reproductive health need on BAME, young, and LGBT communities.
- 3.4 Sexual health services are provided by specialist NHS providers. They are highly complex services, led by specialist medical practitioners, and based on decades of evidence of clinical and cost effectiveness. All clinics follow guidance issued by the National Institute for Health and Care Excellence and other guidance on best practice.
  - 3.5 Between 2014 and 2017, a major transformation of specialist sexual health services took place at a London level: contraceptive services and screening and treatment for STIs were integrated, leading to improved health outcomes for residents and significant savings.
  - 3.6 Recent service developments – for example, provision of online testing for asymptomatic STIs - has also helped to control costs in a context of rising need.
  - 3.7 Transformation, optimisation and service development have successfully maintained access to high quality services while containing costs. LBWF's annual spend on SRH has reduced from approximately £5.4m to £3.6m since 2014 (a 50% reduction in real terms).

### ***Current sexual health need and demand***

- 3.8 A needs assessment (provided as Appendix 1) sets out levels of need in Waltham Forest. Over 3,000 new STIs were diagnosed in Waltham Forest in 2022, of which approximately half were chlamydia. In 2021, 1,360 women had a termination of pregnancy.
- 3.9 Across London, the context is of rising SRH need. Rates of STIs have increased year on year, with particularly large increases for syphilis and gonorrhoea. There are increasing levels of more serious forms of STIs among more vulnerable groups (for example, drug-resistant forms of gonorrhoea among Gay, Bisexual and other Men who have Sex with Men or 'GBMSM'). Finally, sexual health clinics are reporting reported higher levels of patient complexity (for example, vulnerable adults, safeguarding concerns, substance misuse and mental health issues), likely as a result of austerity, Covid-19, and more straight forward sexual health issues being redirected to other services e.g. online STI testing.
- 3.10 Population changes have also impacted on demand for SRH services. Waltham Forest has significant populations in key 'at risk' groups (the groups with the highest rates of STIs including young people, minority ethnic groups, and Gay and Bisexual Men who have Sex with Men (GBMSM)). Across London, the proportion of people that identify as lesbian or gay has increased from 1.9% in 2014 to 3.3% in 2021. In Waltham Forest, around 10,000 people aged 16 and over (4.5%) identified with a 'gay or lesbian', 'bisexual' or 'other sexual orientation' – higher than the London and England averages.

### ***Current integrated sexual health service***

- 3.11 Barts Health NHS Trust have been the service provider for Waltham Forest integrated sexual health services since 2017, providing a joint service ('All East') with Newham, Tower Hamlets and Redbridge. Newham lead on managing the 'shared service' across the three boroughs.
- 3.12 Current performance is considered to have met our commissioning expectations. The All East service was accessed over 20,000 times by Waltham Forest residents in 2022/23.
- 3.13 In 2023/24, Barts met their targets for 7 out of the 10 KPIs they are measured on. There are financial consequences for missing KPIs, which have been enforced with the current provider.
- 3.14 Barts have responded positively and flexibly to ongoing challenges, including through regular 'transformation and optimisation' meetings set up during Covid, to identify and improve challenging areas.
- 3.15 Some key successes include:
- Overall provision of the most effective forms of Long-Acting Reversible Contraception (LARC) increased by over 40% between 2017 and 2022.
  - A 55% increase in overall uptake of 'Pre-Exposure Prophylaxis' (PrEP) for the prevention of HIV between 2021-22 and 2022-23.
  - The number of Hepatitis vaccinations being routinely provided to eligible Waltham Forest residents exceeded pre-pandemic levels by the end of 2022.
  - Improved service access through the implementation of an online booking system and telephone call centre in 2022.
  - There is no waiting list for IUDs (intrauterine device or copper coil, for contraception), compared to North West London where there are reportedly long waiting lists.
  - Setting up dedicated clinics for high-risk and vulnerable residents with issues linked to drug use and sex.
  - Reduced DNAs ('Did Not Attends') from sex workers by setting up a dedicated WhatsApp number, which can also auto-translate to other languages for non-English speakers.
  - The provider is paid on a 'modified block' model – 80% of the contract value is paid as a 'block', and 20% depends on the achievement of particular incentives. This helps to drive activity in key priority areas, while also guaranteeing some income and therefore stability for the provider.

### ***Commissioning intentions for the new integrated sexual health service***

- 3.16 The commissioning intentions for the new service have been based on a service review, time travel analysis and estates review, the Waltham Forest sexual and reproductive health needs assessment, stakeholder and public engagement as part of a recent strategy development

process, and an external independent review of the service model and pathways, including benchmarking and best practice.

- 3.17 Broadly, the services provided under the new contract will remain the same as currently provided by All East (sexual health advice, symptomatic STI testing / retesting and treatment, contraception, provision of pre- and post-exposure prophylaxis for preventing HIV transmission, partner notification, training for partners including primary care, and outreach activities.)
- 3.18 The current KPIs and service specification will be reviewed, and will ensure a focus on the priority outcomes for our population, including:
- Decreasing the proportion of HIV that is diagnosed at a late stage, to move Waltham Forest more in line with the London average.
  - Providing effective contraception and sexual health advice, to reduce the numbers of abortions and repeat abortions in Waltham Forest to a rate more in line with the lowest rates in North East London.
  - Continuing to ensure effective vaccination and early intervention to prevent sexual health need and transmission.
- 3.19 The new service spec will also ask the provider to consider additional or refocused areas that have emerged as key priorities. These include:
- A better system of partner notification, possibly measured through a new KPI, and including a range of channels and considering greater collaboration with other services.
  - An outreach convening function and greater system leadership and shared learning between outreach partners.
  - A more proactive service for high-risk groups (such as asylum seekers), based on data of who is most at risk of worse sexual health outcomes.
  - A broader range of routes to access the service and ensuring information is available and accessible, with some greater prioritisation at booking stage based on need.
  - Measuring and monitoring unmet demand.
  - Considering delivery in additional locations to provide a holistic service, particularly for nonclinical interventions that can be delivered in community spaces (for example, Welcome hubs).
- 3.20 We are proposing a total contract length of 8 years (5 years with 3 optional one year extensions), a payment model of 80% block and 20% incentive payments, and a shared service specification across Newham, Tower Hamlets, Redbridge and Waltham Forest with a jointly held contract (but individual boroughs sovereign).

### ***Procurement route***

- 3.21 The Health and Care Act 2022 introduced a new procurement regime for selecting providers of health care services in England: the Provider Selection Regime (PSR). This came into effect in January 2024 and

was designed to introduce a flexible and proportionate process for selecting providers of health care service so that all decisions are made in the best interest of people who use the services. The PSR provides the capability for greater integration and enhanced collaboration across the system, whilst ensuring that all decisions about how health care is arranged are made transparently.

3.22 Following consultation with Newham Procurement colleagues, we are recommending direct award Process C to the incumbent provider (Barts Health NHS Trust) as the most appropriate route. This is selected in order to maintain the current level of service performance and delivery, to maintain the specialist skilled workforce and to reduce the risk of destabilising service provision and partnerships.

3.23 There are three conditions to meet in order to justify this approach:

- Performance of the incumbent provider is satisfactory
- There is no significant change to the scope of service provision
- There is no significant change to the value of the contract

We are satisfied that these three conditions have been met.

3.24 In addition, there is a very limited competitive market for these services, due to the specialist clinical nature of provision, the need for clinical estates, the integration needed with secondary care such as pathology and lab services and maternity, obstetrics and gynaecology pathways, and the need for substantial clinical governance and adherence.

3.25 For these reasons, procurement and mobilisation of any new service is extremely costly both to providers and commissioners. This has influenced our recommendation of a direct award Process C under the PSR and a relatively long contract.

3.26 Following Cabinet approval from all participating authorities, Newham will issue a notice to the market informing other providers of our commissioning intentions. A standstill period will provide an opportunity for other providers to raise any objections to the direct award.

3.27 Newham commissioners have collated evidence to assess the incumbent provider against 3 basic selection criteria – the provider’s ability to pursue a particular ability, economic and financial standing, and technical and professional ability; and against 5 key assessment criteria – quality and innovation, value, integration, collaboration and service sustainability, improving access reducing health inequalities and facilitating choice, and social value.

#### **4. Options & Alternatives Considered**

##### **4.1 Option 1: Do nothing**

This would result in less overall spend and no need to enter a procurement process. However, this is not a possible option, as doing nothing means the Council would fail to fulfil its statutory requirement to commission sexual health services for our population. It would also

worsen morbidity and mortality outcomes, and worsen health inequalities.

4.2 Option 2: Recommissioning as an individual borough

This option would give us total control over our commissioning intentions and service specification. However, there are significant disadvantages to this option. We would lose the financial efficiencies and improved service alignment and collaboration achieved through the current joint commissioning arrangement, and this would likely increase costs associated with paying for our residents' sexual health care outside of the borough. We are also aligned with our current co-commissioners on our vision for the service.

4.3 Option 3: Follow an alternative commissioning route e.g. competitive procurement

This in theory provides alternative options for commissioners, however it is unlikely that there would be additional interest in providing this service aside from the current provider. This option would include the disadvantages of option 2, as the other boroughs would be unlikely to want to pursue competitive procurement with us.

4.4 Option 4: Commission jointly as we currently do, via direct award Process C to the incumbent provider

This is the recommended option, as it is most likely to maintain a high quality service for our residents, maximise financial efficiencies and collaboration through joint commissioning, and reduce likely out of borough costs compared to a single-borough service.

**5. Council Strategic Priorities (and other National or Local Policies or Strategies)**

***Mission Waltham Forest***

5.1 Our ambition through the North East London Sexual and Reproductive Health Strategy, which has informed the current and future integrated sexual health service, is to empower residents to lead healthy and fulfilling lives, in which they have the knowledge and agency to make informed choices about their sexual and reproductive health, with timely access to high quality, equitable services.' This is aligned with many of our Council and Borough missions.

*A focus on services designed around residents*

5.2 The new specification places greater emphasis on tackling issues with access (which has been identified by residents as an area for improvement), and providing proactive prevention and partnership working to reduce health inequalities. The service spec will ensure that the Provider enables full involvement of people who access the service in service planning and quality control.

### *A preventative approach for stronger communities*

- 5.3 In line with the Stronger Communities Target Operating Model, the new service specification will continue to strengthen the service's preventative approach, with an awareness of the importance of early intervention. For example, a focus on outreach, sexual health advice and contraception can help to reduce STIs and future demand on sexual health clinics and wider services, including health and social care.
- 5.4 We are actively exploring opportunities to ensure further opportunities with the Stronger Communities model. For example, we are currently discussing the opportunity to locate some (non-clinical) services in Welcome Hubs, and we are ensuring outreach is aligned with Stronger Communities understanding and data on population need.

### *Every family and child given every opportunity*

- 5.5 The service provides a universal offer to all residents. It offers both young people and adults the opportunity to ensure they are happy, healthy, and able to participate in the local community and economy.

## **6. Consultation**

- 6.1 Extensive engagement has taken place with over 1,600 residents and service users across the All East three boroughs, via surveys, groups and interviews between 2020 and 2023, to inform the sexual health strategy (which has in turn been used to inform these recommissioning intentions). The current model was also based on engagement with over 5,000 residents across NEL.
- 6.2 Generally, feedback on the service is very positive. Resident satisfaction with the clinical offer they received was high – feedback around barriers and service improvements mainly focussed on access (including difficulty accessing appointments). This is being highlighted in the new service spec development.
- 6.3 All in-clinic service areas reporting over 93% patient satisfaction in 2022-23. A mystery shopping exercise and a NEL-wide survey in 2022 reported that clinic staff were excellent, there were simple booking processes, a choice of appointments were available, there were short waits to be seen and for telephones to be answered, and people felt safe in the clinic environment.
- 6.4 In addition, the service review and external review of the service model and pathways (which included interviews with stakeholders and staff), found that Barts is generally performing well. There are no significant omissions in terms of statutory requirements of service delivery or any notable deviation from best practice guidance.
- 6.5 The external benchmarking and best practice review found services (across NEL) are highly rated by staff and users, but identified



challenges with recruitment and retention, and issues around access. In general, these are felt across providers and are not specific to Barts.

Barts have also adapted the service in response to previous user feedback – for example, updating the website and bookings process, setting up a telephone advice line, and establishing new specialist clinics.

## **7. Implications**

### **7.1 Finance, Value for Money and Risk**

7.1.1 The new contract value is estimated to be £17.3 million over the full 8 years of the contract.

7.1.2 The forecast is based on baseline activity and an open book assessment of the All-East service outlay showing they are just breaking even. The actual contract value may vary depending on performance (due to the 20% withheld for incentive payments) and other changes (by agreement of the commissioner) during the length of the contract.

7.1.3 The current sexual health contract is funded from an allocation from the Public Health ringfenced grant. The new service will be funded from the existing allocation rolled across the lifetime of the contract. This will also include any annual uplifts that will also be funded from any public health grant increases or reallocation of current grant. This proposal carries a slight risk as it assumes a continuation of the public health grant funding.

7.1.4 It should be noted that we are legally responsible to pay for our residents' use of sexual health services, no matter where these are accessed. By providing a good quality and viable local service, we are better able to predict and control costs by minimising service use 'out of borough'.

### **7.2 Legal**

7.2.1 The Council has the power under section 1 of the Localism Act 2011 to do anything (subject to certain exceptions) that an individual may generally do and the proposed procurement would be enabled under that power. It also has the power under section 111 Local Government Act 1972 to do anything incidental to, or which facilitates or is conducive to the exercise of any other Council function. The proposed procurement as detailed in this report can therefore be undertaken under these powers.

7.2.2 Section 1 of the Local Government (Contracts) Act 1997 provides that every statutory provision conferring or imposing a function on a local authority confers power on the local authority to enter into a contract with another person for the provision or making available of assets or services, or both, (whether or not together with goods) for the purposes of, or in connection with, the discharge of the function by the local authority.

- 7.2.3 To ensure that the Council interests are protected, legal advice will be sought prior to finalising contractual terms and conditions to be used for the award of the proposed contract.
- 7.2.4 The Council is mandated under the terms of the Health and Social Care Act (2012) to commission sexual and reproductive health (SRH) services on behalf of residents. The proposed procurement would comply with the Council's Contract Procedure Rules, the Health and Care Act 2022 and the Health Care Services (Provider Selection Regime) Regulations 2023.
- 7.2.5 The Provider Selection Regime (the PSR) which is set out in the Health Care Services (Provider Selection Regime) Regulations 2023 applies to this procurement.
- 7.2.6 Procurement and legal teams (in Waltham Forest and all participating authorities) have been involved in selecting the best route to market, and agree that Direct Award Process C is the best route to market, which minimises the risk of challenge.
- 7.3 Equalities and Diversity
- 7.3.1 An EQIA has been completed and is included as an appendix to this report. No negative impacts on equity were identified.
- 7.3.2 The current service provider produces annual equity reports, and equity of current service delivery is monitored on a contractual basis via monthly 'line-by-line' resident-level backing data including age and sex.
- 7.3.3 Significant work has been undertaken by the in-clinic provider in order to understand the equity of provision within the service. The Lead Consultant for the service is a city-wide leader for initiatives to improve the equity of sexual and reproductive health services. This represents significant 'added value' for the Barts Health sexual health offer. Specific examples of equity-focused work undertaken to-date include:
- Targeted, co-developed engagement programmes to increase PrEP uptake among Black African women (the 'Women 4 Women' project).
  - Focus groups and 1:1 interviews to increase understanding, awareness and equity of LARC uptake among women of colour.
  - Dedicated clinics for high-risk and vulnerable residents with issues linked to chemsex (the E1 Clinic).
  - Barts Health are currently collaborating on a specific clinic for Trans and non-binary residents, focusing on STI and contraceptive needs with consideration of wider psycho-sexual issues.
  - Service KPIs set on improving inequalities in access (Hepatitis treatments, LARC and PrEP).
- 7.3.4 Finally, the modified block payment model for specialist SRH services serves to further incentivise an ongoing drive towards equity of service

uptake by linking financial benefits to widening access to PrEP, increasing coverage of Hepatitis vaccinations and improving LARC provision among women of colour.

- 7.3.5 There are significant inequalities in sexual health with higher rates of STIs, unwanted pregnancies and poorer access to contraception overrepresented in some groups including gay and bisexual men, young people and people from specific ethnic groups including people from black ethnic origins.
- 7.3.6 Maintaining open access service to sexual health services, monitoring uptake and utilisation of services by the nine protected characteristics alongside specific targeted prevention and health improvement programmes will reduce health inequalities.
- 7.4 Sustainability (including climate change, health, crime and disorder)
  - 7.4.1 The climate team has been consulted on this decision. This contract will be viewed as part of the Council's work to tackle the declared Climate Emergency with the Council aiming to be net zero carbon by 2030, and the supplier will be asked to provide evidence of their organisation Climate Change / Carbon Reduction Strategies and commitments. This will be monitored annually with evidence provided to the client to demonstrate annual compliance along the carbon reduction trajectory.
  - 7.4.2 Barts Health NHS Trust, the current and suggested future provider, have a comprehensive plan for carbon reduction and to reach the target for the NHS to be the world's first net-zero health service by 2040, and have reduced their carbon emissions by almost 40% over a decade. As an example, current services are based in locations well served by public transport which limit use of private vehicles. The service also offers outreach services and pop-up locations in high footfall location and closer to people minimising need to travel. Training sessions for frontline staff are delivered online where possible or in collaboration with other planned training sessions to minimise need for additional travel for staff, and a bike scheme for staff is offered to encourage active travel.
  - 7.4.3 The positive health impacts are significant, as this is a service that exists to prevent poor health, tackle existing health conditions, and reduce health inequalities.
  - 7.4.4 There are no identified negative crime and disorder impacts.
- 7.5 Council Infrastructure
  - 7.5.1 HR lead has been consulted on this proposal, and agrees that there are no identified people/ HR impacts
  - 7.5.2 Technology and digital leads have been consulted on this proposal, and a DPIA will be completed to identify and ensure all data protection procedures are being followed by the provider.

Background Information (as defined by Local Government (Access to Information) Act 1985)

None