

	Cabinet 7 April 2025
	Report from the Director of Public Health
	Lead Member - Cabinet Member for Adult Social Care, Public Health and Leisure (Councillor Neil Nerva)
Authority to Participate in Collaborative Procurement in respect of a new London Sexual Health and Contraception E-service	

Wards Affected:	All
Key or Non-Key Decision:	Key
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
List of Appendices:	None
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Dr Melanie Smith, Director of Public Health 0208 937 6227 Email: melanie.smith@brent.gov.uk Isoken Aiyanyo Aigbekaen, Sexual Health Commissioner 020 8937 6258 Email: Isoken.aigbekaen@brent.gov.uk

1.0 Executive Summary

- 1.1 This report concerns the London Sexual Health Commissioning Collaborative Programme (LSHP) and the procurement of a new London Sexual Health and Contraception E-Service. This report seeks approval for participation in the London Sexual Health Commissioning Collaborative Programme (LSHP) and for the Council as part of the 31 London Boroughs partnership to invite tenders for a new London Sexual Health and Contraception E-service.

2.0 Recommendation(s)

That Cabinet:

- 2.1 Approves the Council's participation in a collaborative procurement with the other 30 London boroughs for a contract for the provision of the London Sexual Health and Contraceptive E-Service.
- 2.2 Approves an exemption from the usual tendering requirements of Contract Standing Orders 84(a) to agree that the City of London Corporation act as the lead authority in the collaborative procurement detailed in 2.1 for the reasons detailed in paragraph 3 and accordingly that its Standing Orders and Financial Regulations be used for the collaborative procurement.
- 2.3 Delegate authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care, Public Health and Leisure, to agree the award of a new contract with the successful bidder for a period of 5 years (with an option to extend for a further 4 years)
- 2.4 Delegate authority to the Director of Public Health in consultation with the Cabinet Member for Adult Social Care, Public Health and Leisure, to agree for the Council to enter into the Inter-Authority agreement (IAA), and any other necessary legal agreement/s, with the City of London Corporation, to enable the provision of services to Brent Council following completion of the procurement process.

3.0 Cabinet Member Foreword

- 3.1 The proposal for Sexual Health services detailed in this report is a mandated responsibility for Local Councils across England.
- 3.2 The London E-Service provides patients with improved choices regarding access to sexual health services. Less complex issues can be addressed online at a lower price than services delivered face to face in clinics. In addition, providing services online frees up scarce clinical resources for more complex needs.
- 3.3 The London Sexual Health Commissioning Collaborative Programme (LSHP) represents a significant collaboration between London boroughs which has resulted in an innovative service, recognised internationally as good practice, which has delivered significant savings with very positive user feedback.
- 3.4 The proposals highlighted in this report align with the Borough Plan 2023 - 2027 – Strategic Priority 5, '**A Healthier Brent**' which involves working with NHS and partners to deliver more effective cross-sector working within services that impact on health.

4.0 Background

- 4.1 Sexually Transmitted Infections (STIs) and unwanted pregnancies have a profound impact on the health and wellbeing of individuals and on the population. Poor sexual and reproductive health (SRH) also has wider societal and financial costs. Prompt access to free testing and treatment of sexually

transmitted infections (STIs) and a range of contraceptive methods are key prevention strategies in improving population health. Local Authorities have a mandated responsibility to ensure access to specialist sexual health services and to ensure the provision of open-access sexual health services for all residents.

- 4.2 The Local Government Association (LGA) have recently published a report on Sexual Health: A blueprint for the future: sexual health and reproductive health and HIV services in England (10 September 2024)

[A blueprint for the future: Sexual and reproductive health and HIV services in England | Local Government Association](#)

The LGA report outlines the shared vision for the next 10 years to improve outcomes, reduce inequalities in sexual health, reproductive health services and HIV prevention interventions for all communities. The report also emphasises the need for sustained investment in sexual health services by government to meet service demand based on population needs, a duty to reduce inequalities, to keep pace with technology and potential changing sexual behaviours.

5.0 London Sexual Health Programme (LSHP) Consortium

- 5.1 The Council wishes to continue membership of the London Sexual Health Programme (LSHP) consortium and to participate in another collaborative commissioning process, namely the procurement of a new contract for the provision of the London Sexual Health and Contraception E-Service. The Consortia of London Councils involves 31 local authorities (including Brent Council) led by the City of London Corporation who come together to collaborate on the commissioning and procurement of sexual health services. The City of London Corporation, as the lead Authority undertakes the procurement exercise and manages the contract with the providers on behalf of the LSHP consortium. The LSHP consortium is steered by a Board including Directors of Public Health, sexual health commissioning leads and delegated representatives from participating councils. Brent Council is part of the LSHP consortium and involved in the commissioning of the London Sexual Health E-Service, as part of our agreed local strategy. The LSHP consortium collectively decide on significant changes that may need to be made to clinical pathways within the E-Service and wider London clinical services.
- 5.2 When the London Sexual Health Programme London started in 2013 local authorities were experiencing growing demand for clinical sexual health services. STI diagnoses across the capital were rising and the impact of poor sexual health was disproportionately affecting specific populations such as gay men, men who have sex with men (MSM), Black Ethnic Minority Communities (BME) and young people. Furthermore, access to sexual health services varied across London and local authorities were experiencing significant financial challenges in meeting the rising cost of clinical provision.

- 5.3 Sexual health services are open-access and people can choose to use services locally or in other areas. A London-wide approach to sexual health commissioning in specialised clinics and the London E-Service helps to standardise the quality of care that people receive across London. In September 2024, there were 31 local authorities working together to commission open access sexual health clinics and of these, 30 authorities work together to commission the London sexual health and contraception e-service referred to as SHL.UK.
- 5.4 The current E-Service contract expires on the 14th of August 2026, and it is anticipated that a new contract will be entered into with the successful bidder following the procurement process for an initial term of 5 years with option to extend for two consecutive 2-year periods (4 years with a total contract term of 9 years).

6.0. The Services

- 6.1 The services that will be commissioned and procured include open-access sexual health services and the London E-Service. The E-Service will continue to be a key part of the Sexual Health system across London and will continue to provide free and discrete STI testing and treatment online where needs are less complex and access to contraception. The integrated service is a mechanism for demand management for less complex needs where people can self-manage their ongoing treatment. The service will provide patients with choices and improve access for less complex issues, at a more cost-effective price than in clinic prices while freeing up valuable clinical resources for more complex needs.

The E-Service

- 6.2 As with the current arrangement, it is expected that the programme's E-Service will continue to be a part of a wider local framework of sexual and reproductive health provision, which includes (but is not restricted to) online STI testing and some treatment for less complex needs and routine contraception (pills and morning after pills). The E-Service has evolved as circumstances and new services are introduced and as needs and technologies change. For example, during the COVID-19 pandemic access to online routine contraception was introduced due to the barriers in accessing primary care and other clinical services.
- 6.3 The service is provided through an electronic platform that enables users to order remote contraception and testing for STI's, HIV and blood borne viruses as well as a results management service for sexually active individuals aged 16 years and older who are residing in the commissioning boroughs. The current e-service, SHL.UK, was launched in 2018.
- 6.4 The current London Sexual Health Service provides a range of services from digital 'front door' to users over 16 yrs. The service offer includes the opportunity to a complete sexual history risk assessment, STI kits and order fulfilment, laboratory services and negative results notification, remote telephonic support

and referral to local services, remote treatment for uncomplicated Chlamydia infection, a comprehensive results and patient record system, electronic activity portal and reporting dashboard for boroughs, and an optional module of prescribing and dispensing of emergency hormonal contraception and routine contraceptives in the areas covered by the programme. Brent has commissioned the optional contraception module since COVID.

- 6.5 The new service will be an evolution of the current contract so that it is reflective of London's sexual health needs and makes best use of available technologies. The service will continue to be comprised of a core and standardised contract service offer across London, with additional service modules that commissioning authorities can elect to 'turn on' for their residents. Areas that are currently under development include an enhanced centralised appointment booking system, a universal patient identification system, HIV prevention medication - PrEP (Pre-exposure prophylaxis) and renal monitoring as well as STI testing and treatment for symptomatic females.

7.0 The Inter Authority Agreement

- 7.1 Following the procurement exercise, City of London Corporation as the Lead Authority will sign the contract with the appointed supplier and the other consortium member Authorities will have access to the contracted services upon signing the Inter Authority Agreement (IAA) with City of London Corporation. Payment for provision of the service will be based on activity.
- 7.2 The IAA will give all authorities that are parties to the IAA the obligation to contribute to their contractually allocated funding limits for use of the "Services" which are essentially the IT, Environment and related services which are procured through the City of London Corporation's (Lead Authority's) contract with the supplier. This will facilitate each borough's obligations to provide pan-London sexual health services at reduced costs; and
- Participate in the Management Board for the service to provide senior level guidance for the overall delivery of the pan-London service; and
 - Pay to the Lead Authority a contribution for on-going contract management costs incurred by the Lead Authority; and
 - Pay to the Lead Authority any valid undisputed invoice for service charges incurred by our residents; and
 - Fully indemnify the Lead Authority against all demands, actions, claims, reasonable costs, expenses, damages and losses (including reasonable legal costs incurred) made against or incurred by them howsoever arising whether wholly or in part, directly in relation to the IAA.
- 7.3 It is expected that the London Sexual Health Programme Consortium Board will manage the contract and service performance thereafter, the City of London Corporation will bill the other consortium member Authorities for the services activity monthly. As in the current arrangement, there will continue to be provision in the contract for commissioning authorities to regulate service activity and spend.

8.0 Procurement Considerations

- 8.1 The services will be procured by the City of London Corporation as the lead authority using their Standing Orders and the relevant procurement law. They have provided an indicative procurement timetable set out below:

Invitation to tender published (FTS/Contracts Finder)	Late June 2025
Tender deadline	Mid-August 2025
Tender Evaluation	Mid-September 2025
Service contract and IAA signed	Early March 2026
New contract start date	15 August 2026

- 8.2 The current e-service contract expires on the 14th of August 2026. Subject to procurement outcome, the new contract commences on 15th August 2026. The contract term will be initially for 5 years, with 2 options to extend in 2-year extensions (4 years possible extension). The total contract duration is 9 years.

9.0 Stakeholder and ward member consultation and engagement

- 9.1 There are regular strategic board meetings and commissioner meetings attended by Directors of Public Health, Commissioners and delegated staff on the London E-Service and the wider sexual health system. Public Health has recent undertaken the Sexual Health JNSA (Joint Strategic Need Assessment) and this has involved consultation with residents who have used sexual health services.

10.0 Financial Considerations

- 10.1 No additional funding is being requested for this service. The costs will continue be met through the Public Health Grant.

- Sexual health services are statutory and demand-led, meaning the council incurs costs based on actual service usage by its residents. Due to the open-access nature of these services and evolving public needs, precise costs cannot be definitively projected. The estimates have been produced internally, applying an assumed annual growth rate of 2% for forecasting purposes, in line with service trends from the London Sexual Health Programme.
- The total estimated costs for the proposed 9-year contract – comprising of an initial 5-year term with an option for two further extensions of 2 years each is £6.035m, equating to an annual cost ranging between £619k and £725k.
- These cost projections assume no significant change in the framework for sexual health service provision and include the introduction of new tests and treatments for TV (trichomoniasis).

- 10.2 The financial forecasts are presented in the following table

From 2024/25 to 2029/30

Brent Council	24/25	25/26	26/27	27/28	28/29	29/30
Forecasts spend on E-Service activity	£590,241	£602,045	£614,086	£625,368	£638,895	£651,673
Forecasted spend for new contract from Aug-26			£383,804	£626,368	£638,895	£651,673

From 2030/31 to 2035/36

Brent Council	30/31	31/32	32/33	33/34	34/35	35/36	Total
Forecasts spend on E-Service activity	£590,241	£664,707	£691,561	£705,392	£719,500	£733,890	£6,109,187
Forecasted spend for new contract from Aug-26	£664,707	£678,001	£691,561	£705,392	£719,500	£275,209	£6,035,110

11.0 Legal Considerations

- 11.1 Local Authorities have a duty under the Health and Social Care Act 2012 to improve the public health of their local population and that includes their sexual health. Regulation 6 of the Part 2 of the Local Authorities (Public Health Functions and Entry to premises by Local Healthwatch Representatives) Regulations 2013 requires local authorities to provide or decide to secure the provision of open access sexual health services in their area.
- 11.2 The estimated value of Brent Council's element of the procurement is £6,035,110 including extension period and above the Procurement Act 2023 threshold. It is deemed a High Value Contract under the Council's Contract Standing Orders ('CSO') and Financial Regulations and would ordinarily be procured in accordance with the requirements for High Value Contracts under the CSO. It is proposed by the members of the London Sexual Health Programme consortium that the City of London Corporation act as the lead authority in a collaborative procurement of the services and accordingly that its Standing Orders and Financial Regulations will be used for the collaborative procurement.
- 11.3 The Council's Contract Standing Order 84 (a) provides that subject to compliance with procurement legislation, Cabinet may agree an exemption from the requirement to procure in accordance with Contract Standing Orders where there are 'good operational and/or financial reasons. Officers have provided the reasons in paragraph 3 for the proposal for the collaborative procurement.
- 11.4 Once the procurement process has been concluded, as it is deemed a High Value Contract under the CSO and Financial Regulations, Officers would usually return to Cabinet for agreement of the award but Officers request the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care, Public Health and Leisure, Cllr Nerva to agree the award of contract with the successful bidder and for the Council to enter into an Inter

Authority Agreement (IAA) and any other necessary legal agreement/s, with City of London Corporation, to enable the provision of services to Brent Council following completion of the procurement for reasons detailed in paragraph 3 of this report.

12.0 Equity, Diversity & Inclusion (EDI) Considerations

12.1 Pursuant to s149 Equality Act 2010 (the “Public Sector Equality Duty”), the Council must, in the exercise of its functions, have due regard to the need to:

- (a) eliminate discrimination, harassment and victimisation and other conduct prohibited under the Act
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it,

12.2 The Public Sector Equality Duty covers the following nine protected characteristics: age, disability, marriage and civil partnership, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. An equality impact assessment undertaken by Brent Council highlighted that residents from South Asian communities are underrepresented in the data provided by open access sexual health clinics, the service will be given a priority to ensure that services are more focused on meeting the sexual and reproductive needs of that community.

12.3 Having due regard involves the need to enquire into whether and how a proposed decision disproportionately affects people with a protected characteristic and the need to consider taking steps to meet the needs of persons who share a protected characteristic that are different from the needs of persons who do not share it. This includes removing or minimising disadvantages suffered by persons who share a protected characteristic that are connected to that characteristic.

12.4 There is no prescribed way the council must exercise its public sector equality duty but having an adequate evidence base for its decision is necessary.

12.5 There are no equality implications arising out of this decision then consider. The proposals in this report have been subject to screening and officers believe that there are no adverse equality implications.

13.0 Climate Change and Environmental Considerations

13.1 The proposals in this report have been subject to screening and officers believe that there are no adverse impacts on the Council’s environmental objectives and climate emergency strategy. The E-Services is an online service cutting the need for unnecessary car journeys.

14.0 Human Resources/Property Considerations

- 14.1 The services are currently provided by an external provider and there are no implications for Council staff arising from collaborative procurement of the services.

15.0 Communication Considerations

- 15.1 There are regular strategic board meetings and commissioner meetings attended by Directors of Public Health, Commissioners and delegated staff on the London E-Service and the wider sexual system, which includes risk review and management.

Report sign off:

Rachel Crossley

Corporate Director Community Health and Wellbeing (with effect 1 April 2025)
Corporate Director Services Reform & Strategy)