

 <b>Brent</b>	<b>Cabinet</b> 17 November 2025
	<b>Report from the Director of Public Health</b>
	<b>Lead Member - Cabinet Member Adult Social Care, Public Health &amp; Leisure</b> <b>(Councillor Neil Nerva)</b>
<b>Authority to Participate in Collaborative Procurement in respect of contract for the provision of sexual health services</b>	

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	Key
<b>Open or Part/Fully Exempt:</b> <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
<b>List of Appendices:</b>	One Appendix 1: Brent Sexual Health Need Assessment 2025
<b>Background Papers:</b>	None
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## 1.0 Executive Summary

- 1.1 Sexual health services are a mandatory public health function and are essential to population health and resilience. Brent, Ealing, and Harrow Councils have jointly commissioned these services through the Outer North West London (ONWL) Sexual Health Programme since 2015, with London North West University Healthcare Trust (LNWHT) as provider. The current contract ends in July 2026.

- 1.2 This report seeks Cabinet authority to make a direct award to the current provider, London North West University Healthcare Trust (LNWHT), under the same collaborative arrangements with Ealing and Harrow. This will be undertaken in line with the Provider Selection Regime Regulations 2023, specifically Direct Award Process C, which allows continuation with the incumbent provider where they have demonstrably met performance requirements, delivered value, and ensured continuity of service for residents.
- 1.3 The total estimated value of the new contract over the potential nine-year term (5+4 years) is £21,489,734 based on a 4.15% year on year uplift from the current baseline. The contract is for 5 years with an option to extend for another 4 years
- 1.4 The recommendation is based on clear outcomes already delivered under the current contract, including:
- Sustained high service activity supporting early diagnosis and treatment.
  - Low and stable under-18 conception and abortion rates compared with national levels.
  - Improved access to Prep ((pre-exposure prophylaxis), and long-acting reversible contraception (LARC).
  - High user satisfaction and consistent achievement of key performance indicators.
  - Strong outreach delivered via youth centres, faith organisations, and voluntary sector partners such as Spectra and Brook, helping to reach high-risk and underserved groups.

## **2.0 Recommendation(s)**

That Cabinet:

- 2.1 Approve a direct award of the sexual health contract to the current provider, London North West University Healthcare Trust (LNWHT), under the existing collaborative procurement arrangements with Ealing and Harrow, for an initial period of 5 years with an option to extend for a further 4 years.”
- 2.2 Approve the Council’s participation in a collaborative procurement with Ealing and Harrow Councils.
- 2.3 Approves an exemption from the usual tendering requirements of Contract Standing Orders 84(a) to agree that Ealing Council act as the lead authority in the collaborative procurement detailed in 2.1 for the reasons detailed in section 3.2.11 and accordingly that the collaborative procurement is undertaken in accordance with its Standing Orders and Financial Regulations.

- 2.4 Delegate authority to the Director of Public Health, in consultation with the Cabinet Member for Public Health, Culture & Leisure, to agree the award of contract on completion of the procurement process for a period of 5 years with an option to extend for a further 4 years to (a total of 9 years) to London North West University Healthcare Trust (LNWHT).

### **3.0 Detail**

#### **3.1 Cabinet Member Foreword**

- 3.1.1 Sexual health is fundamental to the overall health and well-being of individuals, couples, and families, and contributes significantly to the social and economic development of communities and nations. The World Health Organization defines sexual health as a state that requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free from coercion, discrimination, and violence.
- 3.1.2 The sexual health service will enhance access to high-quality, inclusive sexual and reproductive health services, which is a key strategy for addressing health inequalities and the specific challenges faced by Brent's diverse communities. The proposal outlined in this report supports Brent's ongoing commitment to improving sexual health outcomes, reducing stigma, and meeting the needs of residents across all age groups, with particular focus on young people, LGBTQ+ individuals, and communities experiencing deprivation.
- 3.1.3 The commissioning of open-access sexual health services is a statutory responsibility for local authorities under the Health and Social Care Act 2012. This proposal ensures that Brent meets its statutory obligations efficiently and strategically, securing service continuity and value for money. It aligns with Brent's public health priorities and maintains a delivery model that is responsive to both current and emerging community needs. Given the interconnectivity of London, this collaborative procurement approach best meets the needs of this London level issue.
- 3.1.4 The sexual health service aims to deliver inclusive and targeted sexual health services, which meet local need and reduces health inequalities in accessing health services. The COVID-19 pandemic highlighted long-standing disparities in access to healthcare and further exacerbated risks for populations already experiencing poor sexual health outcomes. The services are designed to reduce health inequalities and through co-designed approaches support local communities including Black and Minority Ethnic (BAME) groups, men who have sex with men (MSM), sex workers, and young people.

#### **3.2 Background**

- 3.2.1 Sexually transmitted infections (STIs) and unwanted pregnancies have a significant impact on individual and public health, with wider societal and financial implications. Prompt, open-access testing, treatment, and contraception provision are essential prevention strategies, and under the

Health and Social Care Act 2012, local authorities are statutorily responsible for commissioning these services. Brent, Ealing, and Harrow Councils jointly commission sexual health services through the Outer North West London (ONWL) Sexual Health Programme, with London North West University Healthcare Trust (LNWHT) as the provider since 2015.

3.2.2 Brent's strategic approach aims to reduce stigma, improve access, and target provision where need is greatest.

Sexual health services contribute directly to these priorities by offering:

- Early diagnosis and treatment of sexually transmitted infections (STIs)
- Preventive services including vaccinations and contraceptives
- HIV prevention through education,
- PrEP (pre-exposure prophylaxis), and outreach
- Support for high-risk and vulnerable groups.

3.2.3 LNWHT currently delivers a comprehensive model of care, including STI screening and treatment, contraception, HIV prevention (including PrEP), targeted outreach, clinical support to the wider health system, and training for primary care providers. Sexual Health London (SHL), a pan-London collaborative hosted by the City of London Corporation, supports integrated GUM provision and manages digital services, including home testing kits introduced in 2018. These digital pathways have improved flexibility, uptake, and referrals, contributing to over 43,000 activity by Brent residents in 2023/24.

3.2.4 Sexual health services are a mandatory public health function and essential to population health and system resilience. In Brent, 1,587 new STI diagnoses were recorded in 2023 (rate per 100,000), with chlamydia (41%) and gonorrhoea (20%) the most common infections. Although rates are above the national average, they align with London-wide patterns influenced by deprivation, population mobility, and behavioural factors.

3.2.5 High diagnosis rates indicate effective access, testing, and early intervention rather than poor service quality. Positive outcomes such as low under-18 conception and abortion rates demonstrate the impact of Brent's integrated approach. Continued investment, including expansion of long-acting reversible contraception (LARC) within primary care, is essential to meet demand and maintain service quality.

3.2.6 The collaborative commissioning model supports stability, efficiency, and targeted provision for high-risk groups, including sex workers, men who have sex with men (MSM), Black and minority ethnic communities, homeless individuals, and people affected by substance misuse. The updated service specification will formalise these targeted interventions and protect associated funding.

**3.2.7 Key Trends and Service Impact (Brent & London)**

This section summarises the latest sexual-health trends and performance, drawing from Brent's Sexual and Reproductive Health Needs Assessment

(2023/24), and the GOV.UK Spotlight on Sexually Transmitted Infections in London (2023 data). It highlights Brent's strong outcomes compared to London and England averages.

### **3.2.8 Brent Epidemiology and Service Access (2023–2024)**

- STI prevalence: 1,587 new diagnoses in 2023 with 8.1% positivity (excluding under-25 chlamydia), slightly below London (8.5%) and above England (7.3%).
- Chlamydia detection (15–24 years): 2,365 per 100,000, higher than London (2,028) and England (1,962). Screening coverage among young women was 25.3% (England 20.4%).
- HIV testing and treatment: 6,202 tests per 100,000, 21 new diagnoses per 100,000, with 99% ART coverage, 86.4% initiating treatment within 3 months, and 96.9% viral suppression — exceeding national targets.
- Access and digital transformation: 46.7% of users accessed online services, 23% used Brent clinics, and 30.2% used out-of-borough services, demonstrating flexible, open-access provision.
- Service activity: Over 43,000 activities delivered in 2023/24, including more than 7,000 home-testing kits with a 6% positivity rate, supporting early diagnosis and treatment.

### **3.2.9 London Context (2023 data – GOV.UK Spotlight)**

London reported over 128,000 new STI diagnoses in 2023 (rate of 1,448 per 100,000) — more than twice that of any other English region. Brent's outcomes compare favourably, reflecting the effectiveness of its targeted commissioning model within a high-prevalence areas.

### **3.2.10 Local service achievement and Impact**

- Service performance continues to meet or exceed London averages across key indicators, including testing coverage, chlamydia detection, and HIV treatment outcomes.
- High ART coverage (99%) and viral suppression rates (96.9%) demonstrate the strength and consistency of local HIV care pathways.
- A lower STI positivity rate (8.1% compared with 8.5% across London), despite sustained high testing volumes, highlights effective prevention measures and strong community engagement.
- Digital access continues to expand, with nearly 50% of residents now using online sexual health services.
- Between April 2022 and March 2023, over 8,044 Brent residents accessed the borough's contraceptive services.
- Since April 2025 to date, more than 10,475 residents have attended contraceptive clinics, demonstrating a strong upward trend in utilisation and the positive impact of recent service enhancements and outreach efforts.
- Community outreach through partners such as Spectra, Brook, and local faith-based networks continues to improve equity, inclusion, and access for underserved population groups.

3.2.11 The current contract ends in July 2026. As the supplier has met performance requirements in the contract, commissioners recommend a direct award under the Provider Selection Regime Regulations 2023 (PSR), specifically Direct Award Process C. This requires assurance that the provider meets the following five criteria:

- (a) **Quality and Innovation** – LNWHT consistently delivers high-quality, evidence-based services meeting national standards and key performance indicators. Clinical governance is robust, with regular audits and patient feedback informing continuous improvement. Service innovation includes early adoption of e-services, targeted outreach to high-risk groups, and integration of online triage with clinic care. These clinicians are also national leaders who chair key clinical groups and contribute to innovative pilots developed locally in Brent, such as the Chemsex pilot, while influencing national sexual health policy for example through their role on the National Sexual Health Advisory Board.
- (b) **Value** – The joint commissioning arrangement between Brent, Ealing, and Harrow has consistently achieved improved outcomes for residents while reducing costs compared to alternative models. By pooling resources, the councils benefit from economies of scale across procurement, legal, and financial functions, resulting in significant savings and enhanced operational efficiencies. The provider has over 30 years' experience delivering sexual health services in Brent, and a deep understanding of the borough's diverse communities and public health priorities. This local knowledge enables targeted use of resources, strong community engagement, and swift responses to emerging trends. Services under the integrated sexual health tariff make effective use of digital platforms to reduce clinic demand, and work in partnership with the voluntary sector to extend reach.

Savings have been sustained through efficient patient flow management and community-based delivery models.

- (c) **Integration, Collaboration, and Sustainability** – The provider operates within a sub-regional and pan-London framework, working closely with primary care, community services, and voluntary sector partners. This includes in-reach and outreach activities, LARC training for GPs, and shared care protocols. They maintain strong partnerships with third sector organisations, which bring their own specialist expertise, community connections, and extended reach helping to engage harder-to-reach populations and complement clinical delivery. Workforce stability, adaptability to changing demand, and strong integration within the wider health system further support the long-term sustainability of the service.
- (d) **Improving Access, Reducing Inequalities, and Facilitating Choice** – Services are open-access, with extended clinic hours, multiple sites, and digital options. Targeted support is provided to communities disproportionately affected by poor sexual health outcomes. E-services

which is integrated with London North West University Healthcare Trust (LWNTHT).

- (e) expand reach for those unable to attend in person, while clinics maintain provision for complex cases. Service data is used to adapt interventions and ensure equitable access.
- (f) **Social Value** – The provider supports local health improvement and resilience by training health professionals, running public health campaigns, and partnering with community organisations. They create local employment and training opportunities and engage volunteers and peer educators, aligning with the Council's wider objectives.

The current provider has consistently met performance requirements and delivered measurable outcomes for Brent residents. Our teenage pregnancy rates have reduced, we have expanded access to digital services, and successful outreach to high-risk groups.”

### 3.3 Core Service Offer

#### **London North West University Healthcare Trust (LNWHT) provides:**

- Comprehensive STI testing and treatment – available through both walk-in clinics and booked appointments.
- Emergency and routine contraception – including same-day LARC provision for clinically eligible patients.
- Targeted outreach – delivered via voluntary sector partners (e.g. Spectra, Brook) with specific focus on disproportionately affected populations such as men who have sex with men (MSM), Black ethnic groups, and young people aged 16–24.
- Community-based interventions – for example, pop-up clinics in youth centres and faith-based venues.
- Professional training and clinical governance – supporting GPs, pharmacists, and community practitioners to maintain consistent quality standards.

#### **Activity in 2023/24:**

- 43,000+ activities by Brent residents at LNWHT GUM clinics.
- Over 10,000 Brent resident attended our local clinic in Central Middlesex Hospital
- 68% of all service activity related to STI testing.
- 19% from referrals, largely due to expansion of online testing and self-sampling services.
- Over 7,000 home-testing kits distributed to Brent residents, with a positivity rate of 6% — ensuring earlier detection and treatment.

### **3.4 Population Health Needs**

3.4.1 The 2025 Brent Sexual Health Needs Assessment, undertaken to inform the procurement of services, highlights key priority areas that align with the council's commitment to reducing health inequalities, particularly among underserved and high-risk groups. These include Black African, Pakistani, and other ethnic minority communities, people with Severe Mental Illness (SMI), men who have sex with men (MSM), LGBT individuals, and residents of deprived areas. The identified priorities include:

- STI prevalence – Rates of gonorrhoea and syphilis remain significantly above the national average, disproportionately impacting underserved communities.
- HIV – Despite improvements in testing coverage, late HIV diagnoses continue to be higher than desired, especially among high-risk groups facing unequal access to services.
- Contraception – Uptake of HIV PrEP and Long-Acting Reversible Contraception (LARC) is increasing; however, primary care provision of LARC remains inconsistent, particularly in deprived areas.
- Young people – Under-18 conception rates remain low, yet ongoing investment in prevention efforts is essential, with a focus on vulnerable youth populations to maintain

3.4.2 Additionally, a Pharmaceutical Needs Assessment (PNA) undertaken in 2025 involved residents and clinicians and demonstrated that pharmaceutical provision in Brent is currently adequate to meet local sexual health needs .

3.4.3 The Brent Sexual Health Needs Assessment (2025) was informed by:

- Service user focus groups
- Consultations with VCSOs
- Clinical feedback from local GPs and pharmacist
- Strategic board input

3.4.4 The feedback strongly supports continuity of care, investment in digital services, and culturally sensitive outreach

### **4.0 Stakeholder and ward members consultation and engagement**

4.1 The Cabinet Member for Adult Social Care, Public Health and Leisure and the Leader of the Council have been consulted regarding the procurement strategy and proposed direct award.

4.2 A Brent Sexual Health Needs Assessment was published in June 2025, which included consultation with Brent service users and key stakeholders. The recommendations from this assessment have been used to inform and update the service specification. This ensures that the future service is inclusive, responsive to community needs, and designed to reduce inequalities.

4.3 Stakeholder engagement has included internal governance bodies, local providers, NHS commissioners, and regional partners via the London Sexual



Health Programme. This engagement has informed the updated service model and commissioning approach.

## **5.0 Procurement Timeline**

- 5.1 The procurement strategy supports continuity of care and service stability. The provider's delivery model includes outreach, training, and system leadership.
- 5.2 The collaborative approach strengthens sub-regional planning and integration, while ensuring that Brent retains sovereignty over service delivery. The contract will incorporate flexible commissioning to respond to emerging needs and challenges, such as post-pandemic
- 5.3 The new contract is expected to commence on 1 August 2026, immediately after the expiry of the current contract. The procurement milestones are as follows:

Task	Start	End
Pre-Authority Briefings	8 May 2025	1 Nov 2025
Draft Commissioning Documents	2 June 2025	1 Nov 2025
Final Service Specification & Contract Terms	2 June 2025	15 Jan 2026
Joint Evaluation with Harrow and Ealing	Jan 2026	March 2026
Contract Award Governance	May 2025	Dec 2025
Provider Notice Issued	31 Jan 2026	-
Contract Start Date	-	1 August 2026

## **6.0 Financial Considerations**

- 6.1 This service will continue to be funded through the Public Health Grant. The projected annual uplifts are expected to be contained within the grant, so no additional financial pressures are expected. The projections include inflation and the planned introduction of new tests and treatments, such as for trichomoniasis (TV).
- 6.2 Sexual health services are statutory and demand-led, meaning the Council must provide them and costs depend on how many people use them. Because they are open access and shaped by changing needs, it is difficult to predict future demand with certainty. Current estimates use a 4.15% annual growth rate, based on NHS financial planning guidance.
- 6.3 The total estimated value of the new contract over the potential nine-year term (5+4 years) is £21,489,734 based on a 4.15% year on year uplift from the current baseline.

Table 1: Estimated baseline contract values for first 5 years till 2031.

Year	Contract Value (£)
2025/2026-Current Contract	1,962,083
2026/2027	2,018,183
2027/2028	2,101,938
2028/2029	2,189,168
2029/2030	2,280,019

Note: Inflation is assumed at 4.15% annually, in line with the cost uplift factor (CUF) used in the NHS financial planning guidance. It is expected that this will cover Agenda for Change (AfC) uplifts and tariff updates reflecting population growth.

## 7.0 Legal Considerations

- 7.1 Local Authorities have a duty under the Health and Social Care Act 2012 to improve public health of their local population and that includes their sexual health, and 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 make arrangements to secure the provision of open access sexual health services in their area.
- 7.2 The contract is a light touch services contract under the Procurement Act 2023 ('the PA23') and the estimated value of Brent Council's element of the procurement is £20,893,083 million which is above the threshold for light touch services under the PA23. 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. Officers propose participating in a collaborative procurement of the services with Harrow and Ealing Councils to be led by Ealing Council and accordingly that the procurement be undertaken in accordance with Ealing Council's Standing Orders and Financial Regulations.
- 7.3 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 3.25 for the proposal for the collaborative procurement.

## 8 Equity, Diversity & Inclusion (EDI) Considerations

- 8.1 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,

8.2 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.

8.3 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.

8.4 There is no prescribed manner in which the council must exercise its public sector equality duty but having an adequate evidence base for its decision is necessary. The Council has considered its Public Sector Equality Duty under the Equality Act 2010. A screening exercise was completed, which found no adverse impacts for people with protected characteristics. The service is designed to reduce health inequalities by targeting high-risk and vulnerable groups. The updated service specification ensures that services are inclusive and equitable, in line with Brent's commitment to equality and diversity.

## **9.0 Climate Change and Environmental Considerations**

9.1 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 journeys.

## **10.0 Human Resources/Property Considerations (if appropriate)**

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

## **11.0 Communication Considerations**

11.1 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:**

***Ruth du-Plessis***

Director of Public Health