

LONDON BOROUGH OF HAMMERSMITH & FULHAM

Report to: Cabinet

Date: 14/07/2025

Subject: Procurement of Hammersmith & Fulham's sexual health e-service offer

Report of: Cllr Alex Sanderson, Deputy Leader

Report authors: Craig Holden, Senior Lead, Adult Public Health
James Mason, Public Health Commissioning Officer

Responsible Director: Dr Nicola Lang, Director of Public Health

SUMMARY

This report seeks approval for Hammersmith & Fulham Council's ongoing participation in the pan-London sexual health programme, London sexual health and contraceptive online service. This service is a mandated function under the Health and Social Care Act (2012), which requires each local authority to provide, or secure the provision of, open access sexual health services in its area including: access to all types of contraception, preventing the spread of sexually transmitted infections (STIs); treating, testing and caring for people with STIs and partner notification.

Hosted by SHL.UK, this is a London wide remote contraception and STI, HIV and blood borne virus testing and results management service, for sexually active individuals aged 16 years and over. This 'e-service' will soon begin re-procurement via the Lead Authority, City of London Corporation, with contract award by August 2026. Hammersmith & Fulham Council is a participating authority in this arrangement.

RECOMMENDATIONS

That Cabinet:

1. Notes that Appendix 1 and 2 of this report are not for publication on the basis that they contain information relating to the financial or business affairs of any particular person (including the authority holding that information) as set out in paragraph 3 of Schedule 12A of the Local Government Act 1972 (as amended).
2. Agree to Hammersmith & Fulham entering into an MOU with City of London Corporation, setting out the terms on which City of London act as lead authority in the procurement of sexual health and contraceptive e-services. The e-services contract will be for an initial period of 5 years starting 15th August 2026, from 2026/27 to 2031/32, with the option for extension by two further periods of two years each.

3. Delegates the decision to enter into an Inter-Authority Agreement (IAA) with City of London Corporation to the Cabinet Member for Adult Social Care and Health for the provision of sexual health and contraceptive online services following City of London's procurement of those services.

Wards Affected: All

Our Values	Summary of how this report aligns to the H&F Corporate Plan and the H&F Values
Building shared prosperity	A priority is placed on the provision of accessible service delivery in a way that meets the needs of the local population and those most at risk. A major part of this will also include the reduction of health inequalities and improvement of sexual health outcomes.
Creating a compassionate and inclusive council	Supporting residents to improve and maintain their sexual health demonstrates compassion, by building an open and honest culture where everyone can make informed and responsible choices about relationships and sex.
Doing things with local residents, not to them	The service is a model that aims to improve sexual and reproductive health by providing non-judgemental and confidential services through open access.
Being ruthlessly financially efficient	The use of Pan-London partnerships allows for the adoption of economies of scale as well as collectively agreed pricing structures and reduced overheads.
Taking pride in H&F	Maintaining and supporting high quality services for our residents, enabling positive health outcomes for all our residents via a universal service.
Rising to the challenge of the climate and ecological emergency	Providers will be expected to commit to clear, positive environmental outcomes as part of their offer.

Financial Impact

The contract will be for an initial period of 5 years from 2026/27 to 2031/32, with the option for extension by two further periods of two years each.

Service activity and therefore spend on the contract has plateaued over recent years and so it is estimated that the total contract value will be in the region of £205m over the nine years, which is approximately £21-£25m per annum. These figures include the additional estimated total spend on *Trichomonas vaginalis* (TV) testing and treatment as well as a 2% year on year growth in activity.

Actual spend in 2023/24 on the service London wide was £18.9m. Hammersmith & Fulham's proportion of the total contract spend was £587,403.

Under the signed MoU, the Council will also incur annual costs for the full duration of the contract term for programme to continue to serve as the single point of service contract management and billing as well as driving forward the mutual vision and principles for sexual health provision across London.

It is anticipated that the new service contract and affiliated programme costs will continue to be funded from the Public Health Grant.

Finance Comments

The financial implications of this re-procurement strategy will be included as part of the overall evaluation which will include legal, risk management and finance, once the contract award report is available in 2026, in sufficient time prior to the contract award start date of August 15th 2026.

The total 2023/24 contract spend for the Pan-London Sexual Health and Contraceptive Service was £587,403. The current 2024/25 contract value is forecast to be £564,656.

For the MOU term, LBHF must contribute to the running of the procurement in the sum of £29,180 which will be funded by the Public Health grant.

Cheryl Anglin-Thompson, Principal Accountant ASC Commissioning & PH, 6 February 2025

Prakash Daryanani, Head of Finance, 6 February 2025

Legal Implications

MOU

City of London Corporation has agreed to act as lead authority for the running of a procurement for a portal and self-care for sexually transmitted infections and contraception services. This report recommends that the Cabinet approves entering into an MOU with City of London and all the other London Boroughs to confirm the basis on which City of London will act as lead authority. Governance and overall management of the procurement will be conducted by a Procurement Oversight Board. Under the term of the MOU, LBHF must contribute to the running of the procurement in the sum of £29,180. At the end of the process, City of London will enter into a contract on behalf of the partners.

IAA

This report also recommends that the decision to enter into an Inter-Authority Agreement with City of London Corporation at the conclusion of the procurement is delegated to the Cabinet Member. (reasonable legal costs incurred) made against or incurred by them howsoever arising whether wholly or in part, directly in relation to the IAA.

The services provided under the IAA will be subject to competition pursuant to Health Care Services (Provider Selection Regime) Regulations 2023 and to the Council's Contract Standing Orders (as amended). City of London Corporation will carry out the procurement in accordance with its own CSOs. Contracts between contracting authorities that relate to an arrangement entered into with the aim of achieving objectives the authorities have in common in connection with the exercise of their public functions solely in the public interest in which no more than 20 per cent of the activities contemplated by the arrangement are intended to be carried out other than for the purposes of the authorities public functions are exempt from the competition requirements in the Procurement Act 2023.

A waiver under CSO 32,3 is required to enable City of London Corporation to use its CSOs.

The decision is a Key Decision (see Article 12 of the Constitution) and the report must be submitted to Committee Services for publication on the Council's website.

The appropriate decision maker is the Cabinet.

Angela Hogan, Chief Solicitor (Contracts and Procurement) 28/01/25

Background Papers Used in Preparing This Report

None.

DETAILED ANALYSIS

Background

1. Commissioning responsibilities for sexual and reproductive health (SRH), including genitourinary medicine (GUM) became the mandated responsibility of Local Authorities as part of the Health and Social Care Act 2012, whereby public health functions were transferred to the Local Authorities. These services are funded by the Public Health Grant.
2. The sexual health system across London is made up of GUM clinics and e-services. The e-service offer is for residents who are asymptomatic and aged 16 years and older. An online kit is delivered at a preferred address and self-sampling of bloods and swabs is administered by the individual. The kits are sent for analysis, and results are usually within 48 hours. Investing in e-services it allows clinics to support more complex residents and improve residents' choice in their healthcare needs.

3. In the autumn of 2020 Pre-Exposure Prophylaxis (PrEP), the preventative medication taken by HIV negative individuals at greatest risk of getting HIV, also became the mandated responsibility for Local Authorities, with specialist sexual health services responsible for its delivery.
4. The London Sexual Health Transformation Programme (LSHTP) was established in 2015 to address the complexities of commissioning sexual health services. This led to the creation of the London Sexual Health Programme (LSHP), which oversees the SHL.UK online service launched in January 2018. The LSHP recognized the need for a collaborative approach among London's local authorities to effectively commission sexual health services, leading to the development of a web-based front door for information, triage, and self-sampling tests
5. There is a lot of mobility around access, with many individuals choosing to access services outside their area and therefore Pan-London arrangements and partnering agreements are in place to support this arrangement. The London Sexual Health Programme (LSHP) therefore exists as a partnership of 30 London local authorities that coordinates strategy and planning of sexual health services in the capital.
6. The City of London Corporation hosts the Pan-London partnership and holds the management function of the programme, this includes arranging meetings, developing tariffs and oversight of the online services. The Pan-London partnership is in turn divided into sub-regions, with H&F part of the Inner North West London (INWL) sub-region, led by Westminster City Council. Each member authority remains sovereign within this arrangement, with the ability to end their own contracts.
7. The City of London hosts and commissions the online sexual health and contraception e-service, Sexual Health London ('SHL.UK') on behalf of the 30 local authorities across London. SHL.UK is a remote contraception and sexually transmitted infections (STIs), HIV and blood borne viruses (BBV) testing and results management service, for sexually active individuals aged 16 years and older, residing in the commissioning boroughs.
8. The City of London's remit regarding the online SHL service includes the following functions:
 - SHL.UK contract management and Local Authority billing;
 - System leadership and governance;
 - Development and maintenance of the integrated sexual health tariff (ISHT);
 - Oversight of cross charging for when residents access an out of borough sexual health clinic.
9. The e-service contract was awarded on 15 August 2017, for a minimum 5-year term with options to extend the contract by 1 year at a time by a maximum of 4 years to August 2026. The recommendation of this report is that Hammersmith & Fulham continue to be named as a related authority when the online service

is repocured by the Lead Authority, City of London Corporation. This is set to begin in Spring 2025, with further details to be finalised in advance of award of the new contract by August 2026.

10. Officers regularly seek feedback from residents who use these services to improve and change to the needs of residents. The services score highly on resident satisfaction.

Reasons for Decision

11. The COVID-19 pandemic followed by Mpox have had a profound impact on sexual and reproductive health service delivery in primary care and specialist sexual health services across the country. Sexual health clinics were best placed to respond to the Mpox outbreak, but it is not within the remit of the Local Authorities commissioning responsibilities.
12. The added pressure of clinic closures has also contributed to a shift in health seeking behaviours, with many preferring to access STI testing and contraception services online.
13. Since it was launched in 2018, over 2.5 million tests have been ordered via SHL, accounting for 51% of all testing activity in London. Over 98% of Hammersmith & Fulham residents have rated the service as 4 stars or higher out of a possible 5, and 99% of service users would recommend it to friends and family.
14. In Hammersmith & Fulham, over 100,000 STI tests have been ordered, with a continuous increase in the number of returning users since services were launched. In this time, there have been almost 3,000 positive chlamydia tests, over 1,000 positive gonorrhoea tests, and just under 2,000 reactive syphilis tests.
15. Online sexual health services for individuals who are asymptomatic is more cost effective than delivering the same services in a clinic, but delivers the same health benefits. The London online service has effectively channel shifted high-cost non-symptomatic clinic activities to lower cost online testing for Hammersmith & Fulham residents.
16. SHL have provided contraceptive services online to H&F residents since November 2020, with over 10,000 consultations for contraception in this period. Treatment has been offered over 7,000 times, just over half have been for routine prescribed contraception, and the remaining for emergency contraception.
17. A clear majority of service users reside in the more deprived areas of London, including those ordering STI kits (>66%), emergency hormonal prescriptions (>75%) and routine contraception (80%). Over three quarters of all service users are aged 18-34 years.

18. Benefits of commissioning and procuring a London wide e-service through the London Sexual Health Programme include the following:
- Innovates the service offer so that H&F remains responsive to population needs and lifestyles, whilst making the best use of the finite resources available
 - Delivers economies of scale through volumes. Joint commissioning of a single service yields financial savings around price per units; it also strengthens service identity, branding and promotional opportunities
 - Delivers efficiencies through procuring services together and having centralised performance and contract management, so providing sufficient assurances over service quality and safety
 - Centralises oversight and coordination of clinical care pathways. The whole system approach garners stronger synergies between the e-service, clinic partners and organisations, offering swifter access to needed treatment, care and support
 - Improves performance on key public health outcomes, in particular the prevention and early diagnosis of HIV, prevention and reductions in the incidence of STIs and under 18 conception rates
 - Improves access to sexual health services by giving people the option to use services in clinics or the choice to access services online from home, at a time that's convenient for them
 - Plays a key role in public health prevention by improving access to sexual health services to residents, particularly for those who are more likely to experience poor sexual health and who may not have used or previously engaged with services
19. See Appendix 1 for information on type and volume of services offered by the service.

Contract Specifications Summary

20. The online service will comprise the following:

- A digital 'front door' for sexual health services;
- Users over 16yrs register complete sexual history risk assessment;
- Sexually Transmitted Infection (STI) kits assembly and order fulfilment;
- Laboratory services and negative results notification;
- Remote telephonic support and referral to local services;
- Remote treatment for uncomplicated Chlamydia infection;
- Results and patient record system;
- Electronic activity portal and dashboard for boroughs;
- Optional module of prescribing and dispensing of emergency hormonal contraception and routine contraceptives in commissioning areas.

21. The new service procured will be an evolution of the current contract so that it is reflective of London's current context, needs and makes best use of available technologies. It is likely to continue to be comprised of a core and standardised service offer across London, with additional service modules that commissioning Authorities can elect to 'turn on' for their residents.
22. A centralised appointment booking system, a universal patient identification system, HIV prevention medication (PrEP) and renal monitoring as well as TV testing and treatment for symptomatic females are currently being considered as additional service requirements in the procured contract. Implementation of any service developments and innovations will continue to be agreed by the programme's E-Service Management Board.
23. The e-services contract will be for an initial 5 years with the option to extend by two further periods of two years ('5+2+2').

Procurement Route Analysis of Options

24. The procurement will be undertaken by City of London Corporation, as the Lead Authority, on behalf of itself and the other participating Councils. The contract will be awarded using the most advantageous method available under The Provider Selection Regime Regulations (PSR).
25. The Provider Selection Regime Regulations (2023) set out a defined process for awarding contracts. If either direct award processes A or B apply, it is mandatory that they are followed. These arise when only the existing provider is capable of providing the service (Process A), or when patient choice means a contract must be offered to all providers who meet the requirements (Process B). In the case where an existing contract is being renewed, and there are no considerable changes, Process C should be followed. (See Appendix 2 for a detailed summary of the regulations). In light of this the following options were considered:

26. **Option 1: Use of Direct Award Process A under the PSR (not recommended).**

For this to be permissible, there are three tests that must be satisfied:

- Test 1 – There is an existing provider of the health care services to which the proposed new contracting arrangements relate;
- Test 2 – The health care services 'are capable of being provided only by the existing provider due to the nature of the relevant health care services';
- Test 3 – The procurement is not to conclude a framework.

Test 2 requires that only one provider is capable of providing the service. It does not entail looking at the market, or the authority's own requirements around price or start date, but the nature of the services themselves. Therefore, Direct Award Process A should not be followed, as there is nothing in the

nature of the services that means they are capable of being provided only by the existing provider.

27. Option 2: Use of Direct Award Process C under the PSR (not recommended)

This requires a two-stage test to be followed:

Test 1:

- The relevant authority is not required to follow Direct Award Process A or Direct Award Process B. This has been satisfied.
- The term of an existing contract is due to expire, and the relevant authority proposes a new contract to replace that existing contract at the end of its term. Satisfied.
- The “considerable change” threshold is not met – See Test 2.
- The relevant authority is of the view that the existing provider is satisfying the existing contract and will likely satisfy the proposed contract to a sufficient standard. Satisfied.
- The procurement is not to conclude a framework agreement. Satisfied.

Test 2:

The considerable change threshold. If any of the following apply, then the procurement would fail item (c) as above, and could not follow DAP C.

- The proposed contracting arrangements must not be materially different in character to the existing contract when that existing contract was entered into. **Satisfied.**
- Consideration of:
 - i. changes in the relevant health care services to which the proposed contracting arrangements relate (compared with the existing contract) are attributable to a decision of the relevant authority.
 - ii. the lifetime value of the proposed contracting arrangements is at least £500,000 higher than the lifetime value of the existing contract when that existing contract was entered into.
 - iii. the lifetime value of the proposed contracting arrangements is at least 25% higher than the lifetime value of the existing contract when that existing contract was entered into.

The considerable change threshold is not met. However, a vote of the Strategic Board, as an Ordinary Matter, was held to achieve a consensus for the preferred procurement route. DAP C was not the preferred route of the Strategic Board, and is therefore **not recommended**.

28. Option 3: Most Suitable Provider under the PSR (not recommended)

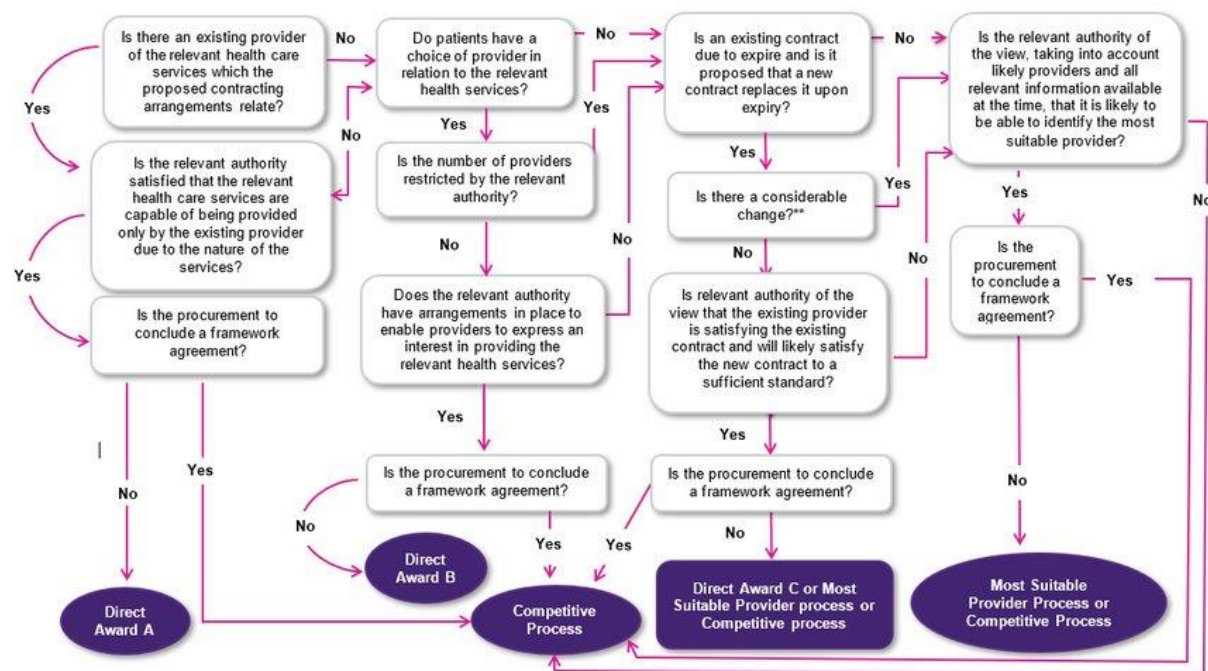
This route is viewed as not suitable in this circumstance, as it requires the relevant authority (authorities) to be able to identify the most suitable provider

without running a competition, this condition is not met given the number of providers in the market.

29. Option 4: Competitive process (Recommended)

This process is used when the relevant authority (authorities) cannot or does not wish to follow DAP C and cannot or does not wish to follow the most suitable provider process. The necessary changes and improvements to the service meant that a competitive process was agreed upon as the preferred route for the London e-Service, as recommended by the LSHP Strategic Board in October 2024. Specific changes to service requirements include making contraception a core service, exploring multi-lingual support, and improving result communication. The proposal also aims to lower the minimum age for access and increase testing kit limits to better meet the needs of the population. The service will continue to provide core STI testing and treatment, with optional modules for contraception, PrEP care, and condom distribution

30. The following schematic summarises the approach in arriving at competitive process.



31. Responses from suppliers to a soft market testing exercise in 2024 suggest there is a market for provision of this service, with a preference for a contract term of between 5 and 10 years. The contract procured will therefore be for an initial period of 5 years with the option for extension by two further periods of two years each. This length of contract was chosen because it matches the term and extensions of the existing contract, which commissioners found to be acceptable and manageable.

Market Analysis, Local Economy and Social Value

32. If there is a mix of health care services with other requirements for goods and/or services, then the PSR still apply provided that the health care services are the main subject matter by value, and the contracting authority is of the view that the other goods and services could not reasonably be supplied under a separate contract. It should be noted that reg 12A of PCR says that the competition requirements of the Public Contracts Regulations 2015 ('PCR') do not apply where the PSR applies, so there is no choice of regime, the PSR must be followed.
33. There are a number of procurement routes set out in the PSR.
34. The PSR includes social value as one of its five key criteria, in terms of the extent to which the proposed service improves economic, social and environmental well-being in the geographical area of the purchasing authority.

Risk Assessment and Proposed Mitigations

35. Summary of the key risks for the procurement and proposed mitigations

Risk	Description	Mitigations
Slippage	Timescales are not met either by the Lead and or the individual authorities participating in the award due to unforeseen forces.	<ul style="list-style-type: none">• A comprehensive timetable has been drawn up covering all stages of the procurement including PSR regulations. It will mitigate programme slippage in timelines as well as ensuring the quality and robustness of tender documents.
New regulations	Risk of challenge and slippage due to lack of experience under the new PSR regulations	<ul style="list-style-type: none">• Commissioners and Procurement have been working closely throughout the procurement process with Legal to ensure that the regulations have been understood as best as possible.• The facts have been assessed against several tests as required by the PSR to ensure that the competitive process was the best and most compliant route to award the contract.
Service quality	Reduced service quality with a new supplier and negative experience for residents and NHS workforce in clinics that work with the service	<ul style="list-style-type: none">• There will be evaluation criteria that will have to be met in the tender to ensure that providers have the correct clinical governance in place and meet service quality standards.
Finance	Risk of providers not being able to deliver within the allocated	<ul style="list-style-type: none">• Robust benchmarking and comparison of existing contract rates will be

	budget or the bids submitted are beyond the budget envelope	undertaken to ensure the budget assigned is sufficient.
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Timetable

36. Indicative procurement timelines for the e-service are as follows:

Deadline to sign inter authority agreement to participate in the procurement and subsequent contract	15 th August 2025
Tender Evaluation	August - September 2025
Service contract and IAA signed	February to March 2026
New contract start date	15 th August 2026

Selection and Award Criteria

37. Agreed weightings are as follows: 50% quality, 40% price, 10% social value. Tenderers will be required to meet the Council's suitability assessment at the Selection Questionnaire (SQ) stage in order for their tender to be considered against the award criteria.
38. The service provider will be required to pay their staff the London Living Wage/UK Living Wage, have adequate insurance, and comply with a range of relevant legal duties such as the Modern Slavery Act 2015
39. The award of this contract will be approved by the Category Board at City of London Corporation, under delegated authority.

Contract Management

40. The City of London Corporation continues to host the programme team, responsible for the following workstreams:
- SHL.UK contract management and Local Authority billing
 - System leadership and governance
 - Development and maintenance of the integrated sexual health tariff for (ISHT)
 - Oversight of cross charging for when residents access an out of borough sexual health clinic

Procurement implications

41. This procurement falls within the scope of the Healthcare Provider Selection Regime. The report has provided the justification for the use of a competitive process rather than the direct award processes allowed for under the regulations. It also sets out the benefits of participating in a collaborative

procurement exercise as part of the wider London group of authorities. In this aspect the project will comply with Contract Standing orders that require all high value procurements to be competitively tendered. However, a waiver will be required to authorise City of London to procure on our behalf.

42. The City of London authority will conduct the procurement under their own CSO's and the Council will sign a contract with the winner of that exercise. Officers, on completion of the necessary contract documentation must create a project using the using the Council's capitalEsourcing eProcurement portal to create a contract entry (and upload a copy of the contract) This will create a record on the Council's Contract Register in order to comply with our duties under the Transparency Act.
43. This is important because new suppliers cannot be set up on IBC without a corresponding contract entry on the register. A named contract manager must be allocated to the contract.

Joe Sardone Category Lead – People. Procurement and Commercial 15th April 2025

Equality Implications

44. There are no anticipated negative implications for groups that share protected characteristics, under the Equality Act 2010, by the approval of the procurement strategy outlined in this report.
45. Sexual health services, including online services, are open access and mandatory for all local authorities to provide. The online sexual health and contraceptive e-service will have a positive impact for groups that share protected characteristics as it will provide open access sexual health services including: access to contraception and preventing the spread of sexually transmitted infections (STIs) through testing.
46. Hammersmith & Fulham has a younger than average population compared to the rest of the country, and young people are more likely to be diagnosed with an STI. In 2023, 44 per cent of diagnoses of new STIs in H&F residents made in SRH services were in people aged 25-to-34-years-old, 27 per cent of diagnoses were in young people aged 15-to-24-years-old. Young people are also more likely to become re-infected with STIs, as a result of high risk-taking sexual behaviours, such as unprotected sex without a condom.
47. Data from the online sexual health e-service has shown that the service has had greatest uptake amongst young people in Hammersmith & Fulham. Over 60,000 STI tests were ordered between 2018 and 2024 by residents aged 25-35 years old, accounting for 80 per cent of all STI tests ordered online by Hammersmith & Fulham residents. The service will be expected to continue to deliver open access STI testing for all residents, with a standalone clinical pathway to be developed for chlamydia testing and treatment for under 25-year-olds.

48. Trans and non-binary individuals are often the most vulnerable in terms of access and/or at greatest risk of poor sexual health outcomes. The online e-service will be expected to continue to deliver competent and inclusive services to service users in the process of, contemplating or who have undergone gender reassignment.
49. Hammersmith & Fulham is an ethnically diverse borough. 63% of residents identify with White ethnic groups, compared to 81% in England. Black and Minority Ethnic populations have been shown to be disproportionately affected by poor sexual and reproductive health, and thus the needs of Black Asian Multi Ethnic communities are a service priority. In 2022, STI diagnostic rates were highest among Hammersmith & Fulham resident of Black, Mixed and Other ethnicity. There is also over representation of new STI and HIV diagnoses amongst individuals of Black and Other ethnicity compared to the local population in Hammersmith & Fulham. The service will be expected to tackle inequalities in sexual and reproductive health outcomes faced by Black and Minority Ethnic groups and ensure equity of access to the online service for all residents, through inclusive marketing and promotional activities for the service.
50. Hammersmith & Fulham has a slightly larger female population, with 53% being female and 47% male. Between 2018 and 2024, 58% of all kits ordered by service users in Hammersmith & Fulham were female, and 41% per cent were male. As highlighted in the UK Government's Women's Health Strategy¹, women spend a significantly greater proportion of their lives in ill health and disability when compared to men. The service will continue to offer all residents open access to STI testing, with the addition of Trichomonas Vaginalis (TV) testing and treatment for symptomatic females, as well as a comprehensive range of contraception.
51. Gay, bisexual and other men who have sex with men (GBMSM) accounted for 42 per cent of all new STI diagnoses in Hammersmith & Fulham residents in 2022. Gay and bisexual men make up less than 5% of the Hammersmith & Fulham population (from the Census 2021 estimated proportion of gay/lesbian and bisexual men and women²), which suggests this group have a high burden of disease. In 2023, the majority of syphilis and gonorrhoea diagnoses in Hammersmith & Fulham residents were for gay men, accounting for 75 per cent and 63 per cent respectively.
52. The service will be expected to continue to ensure equality of access for all residents. The service will be expected to address health inequalities by prioritising resources based on need in accordance with the UKHSA STI prioritisation Framework³.

¹ UK Health Security Agency, "STI Prioritisation Framework", 2024. Available: [STI Prioritisation Framework - GOV.UK](#)

² Office for National Statistics, "Census 2021", 2023. Available: [Census - Office for National Statistics](#).

³ Department of Health and Social Care, 'Women's Health Strategy for England', 2022. Available: [Women's Health Strategy for England - GOV.UK](#)

Equality Implications completed by Yvonne Okiyo, Strategic Lead for EDI, on 19.05.25

Risk Management Implications

53. In addition to the risks identified above in *Risk Assessment and Proposed Mitigations* there is an operational risk that due to changes in legislation or political composition of Westminster Council that funding and organisational direction ceases.
54. This risk should be accepted. However, it is recommended that a strategy is identified in advance of such an event to ensure support of residents and service users.

Jules Binney, Risk and Assurance Manager, 26th March 2025

Climate and Ecological Emergency Implications

55. The provider will need to demonstrate organisational policies that reflect their organisational commitment to responding to the climate emergency. In addition, the provider will be expected to commit to environmental outcomes as part of its social value offer.
56. The service will allow patients to order home STI testing kits online, and regular and emergency contraception, reducing the need for travel to clinics. Home STI testing kits have also been developed to be more sustainable, with more recyclable materials used and a greater than 80 per cent reduction in single-use plastics for the service's kits.
57. There are no negative climate or ecological implications related to the procurement of these services.

Implications completed by: James Mason, Public Health Commissioning Officer, 5th March 2025 and verified by Hinesh Mehta, Assistant Director for Climate Change, 25/03/2025

Local Economy and Social Value Implications

58. Social value is one of the five "Key criteria" that awarding authorities are required to assess as part of the PSR. The relative emphasis on Social Value is proportional to its priority for Hammersmith & Fulham. As a pan-London service delivering sexual health support, this contract delivers a high level of social value, and is delivered across all the participating Councils.

Implications completed by: Craig Holden, Senior Lead, Adult Public Health, 14th April verified by Harry Buck, Social Value Officer (Procurement) 19th May 2025

Digital Implications

59. IT Implications: Digital services should be engaged during the procurement process to ensure that any potential IT implications for the council are identified and assessed.
60. IM Implications: The service will need to engage Information Management. Appropriate data sharing agreements should be in place with the City of London and a Data Privacy Impact Assessment (DPIA) will need to be completed to ensure all potential data protection risks arising are properly assessed with mitigating actions agreed and implemented.
61. Contracts arising will be expected to have a Data Protection policy in place and all staff will be expected to have received Data Protection training.
62. Any contracts arising from this procurement will need to include H&F's data protection and processing schedule which is compliant with Data Protection law.

Implications completed by: Cinar Altun, Strategy Lead – Digital Services – 4 June 2025

Consultation

59. The work of the LSHP has involved extensive consultation with providers, clinicians, stakeholders and service users. Further consultation will be on-going to continue to deliver a sustainable system across Hammersmith & Fulham and London.
60. The LSHP have conducted interviews with Voluntary, Community and Social Enterprises operating in London for priority groups and collected responses from service-users through surveys to understand the needs of residents for the online service.
61. A Prior Information Notice was published by the lead authority in 2024, with interested suppliers completing a questionnaire to understand how the market for online e-services has changed in the last eight years. The lead authority has conducted several market engagement testing exercises with potential suppliers, with the most recent in February 2025, to outline aspirations for the service and understand the services that could be offered by suppliers.
62. Responses from potential suppliers suggests there is a market for provision of the online e-service; and after much deliberation around the merits of each of the procurement routes available, London Directors and Commissioning Officers have expressed a preference for the City of London to procure a single contract for the provision of service on their behalf.

LIST OF APPENDICES

Exempt Appendix 1 – Sexual health service data

Exempt Appendix 2 – Provider Selection Regime Regulations (2023) summary

Appendix 3 – Equality Impact Analysis