Cabinet – 15 October 2025

Agenda Item No. 16

Contracting Integrated Sexual and Reproductive Health Services and Healthy Child Programme 0-19

Portfolio: Councillor Flint: Culture, Health and Wellbeing

Related portfolios: Councillor Statham: Deputy Leader – Children, Families and Lifelong Learning

Service: Public Health

Wards: All

Key decision: Yes

Forward plan: Yes

1. Aim

To ensure Walsall Council continues to provide a robust and continually improving integrated sexual and reproductive health service and the Healthy Child Programme 0-19, through an appropriate, agreed and lawful commissioning mechanism from 1 April 2026 to 31 March 2036. This will include all mandated elements and also ensure support for the improvement of health and wellbeing in Walsall.

2. Summary

2.1 On 12 December 2022, Cabinet approved entering a Section 75 Partnership arrangement with Walsall Healthcare NHS Trust for delivery of:

- an Integrated Sexual and Reproductive Health Service that provides contraception, sexually transmitted infection (STI) testing and treatment, and genitourinary medicine.
- the Healthy Child Programme 0-19, providing health visiting and school nursing services to children 0-19 years and their families in Walsall.

2.2 This formal partnership commenced on 1 April 2023 for a 12-month period. At Cabinet October 2023 the decision was made to extend this Section 75 agreement for 24 months from 1 April 2024 until 31 March 2026, while the new public sector procurement regulations were clarified.

2.3 The Provider Selection Regime (PSR) 2023 came into effect on 01 January 2024 and is the new procurement regime introduced under The Health and Care Act 2022 for selecting providers of Healthcare Services in England, including those commissioned by local authorities.

2.4 Public Health's Senior Managers have evaluated the current service delivery against the 2023 Contract with Walsall Healthcare NHS Trust and its service specification. This was in terms of:

- Contract compliance and achievement of key performance indicators
- Financial Performance
- Quality Assurance
- Social Value
- Service User feedback
- Responsiveness to emerging evidence

2.5 Walsall Healthcare NHS Trust's Healthy Child Programme (HCP) and integrated sexual health services are delivering the following:

- Broad reach universal services for the local population (covering prevention, and clinical treatment functions in the case of sexual health services).
- Addressing inequalities in health through the prioritisation of vulnerable populations and those with higher risks of poorer health
- Responding to the increased demand for services and complexity of need within the resident population following the COVID-19 pandemic
- Examples of the provider performing above planned levels include the fall in rates of women smoking at the time of delivery, an increase in women breastfeeding at 6-8 weeks, a reduction in teenage pregnancies, and increased testing rates for sexually transmitted infection (STI) with associated decrease in positivity rates. However, there remains a focus on continuous improvement, including related to 2.5yr checks for the Healthy Child Programme (current improvement programme under way), and a focus on specific infections, such as syphilis and HIV where further improvements are expected.
- The recovery of service activity and capturing of those children who missed key assessments during the pandemic, with all relevant children having been followed up. The HCP has achieved 98% coverage of newborn assessments (the other 2% being neonates in specialist baby units across the region). 93% of pregnant women are seen by 12 weeks in pregnancy to introduce the health in pregnancy service and commence advice and support on nurturing babies. The Healthy Child Programme sees over 12,000 children under 3 years for their mandated checks and additional interventions. All Walsall schools have a named school nurse offering specialist support and

information with regular drop ins in place. In addition to the targeted support to children and families requesting individual school nursing input, schools are provided with workshops to support and promote student wellbeing.

- Sexual health services attendance rose from 16,420 in 2023/2024 to 16,845 in 2024/2025. Online self-testing saw 500–750 kits ordered monthly with improved return rates. Walsall's prescribing rate of long-acting contraception increased to a rate of 22.9 per 1,000 women aged 15–44, compared to 18.0 in England. In addition, the service has in 2024/2025; re-developed their website, expanded psychosexual therapy services, increased training for frontline staff and key partners and delivered targeted health promotion to vulnerable groups.
- Demonstrated improved transparency and working partnerships between public health commissioners and providers, including an "open-book" financial process.
- Provided strategically important and mandated services that meet the Council's future ambitions in supporting the reduction in infant mortality (with Walsall now having a rate similar to the national average) and supporting children to thrive and keeping our communities healthy and well.

2.6 Walsall Healthcare NHS Trust's integrated sexual health services and Healthy Child Programme 0-19 have demonstrated both effective service delivery with a focus on continuous improvement where needed, and an ability to respond quickly to emerging needs and requests whether national or local. They are well-established within the local health and safeguarding system and work collaboratively with partner agencies. The services are meeting key objectives and making improvements, making the Trust qualify to continue providing these essential services. Accordingly, a direct award for this service is the appropriate route. Alternative approaches to direct award have been considered, with risks outlined in the main body of this report, which are linked to system integration.

3. Recommendations

3.1 That Cabinet approve, following the public sector Provider Selection Regime Process A, a direct award for Integrated Sexual and Reproductive Health services to Walsall Healthcare NHS Trust commencing on 1 April 2026 for an initial 5 year contract term, plus 2 years, plus 2 years, plus 1 year, until 31 March 2036.

3.2 That Cabinet approve, following the public sector Provider Selection Regime Process A, a direct award for the Healthy Child Programme 0-19 to Walsall Healthcare NHS Trust commencing on 1 April 2026 for an initial 5 year contract term, plus 2 years, plus 2 years, plus 1 year, until 31 March 2036.

3.3 That Cabinet delegate responsibility to the Director of Public Health in consultation with the Portfolio Holder for Culture, Health and Wellbeing to terminate either contract if the service delivery is contractually non-compliant, and to approve extension periods within the maximum contract term outlined above.

4. Report detail

Service description: Integrated Sexual and Health Service

4.1 Sexual and reproductive health encompasses more than the prevention of disease; it also involves improving positive sexual health within a broader framework that includes relationships, sexuality, and sexual rights.

4.2 Walsall's specialist integrated sexual health service provide service users with mandated open access to confidential, non-judgemental services, including:

- Provision of testing and treatment services for sexually transmitted infections (STIs) and blood-borne viruses, as well as partner notification to minimise further transmission of communicable diseases.
- the full range of contraceptive provision
- HIV prevention including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP)
- Training and education for professionals and residents
- Tailored outreach for vulnerable groups
- Health promotion and prevention including relevant vaccinations.

Service description: Healthy Child Programme 0 – 19

4.3 The Healthy Child Programme 0–19 (HCP 0–19) is an evidence-based universal service that supports children, young people, parents, and professionals working with them. It offers a range of evidence-based interventions, including staying well in pregnancy, quitting smoking, nationally mandated developmental reviews, and the provision of information and guidance to support parenting and promote healthy lifestyle choices for children's optimal health and wellbeing. The programme also includes services for vulnerable groups such as those at risk of teenage pregnancy through a dedicated teenage pregnancy prevention and support programme or children in care or in the youth justice service. Implementation of the universal HCP 0-19 service ensures that every child gets the good start they need to lay the foundations for a healthy life

4.4 The service ensures:

- Specialist registrant staff helping parents and carers to develop and sustain a strong bond with their children

- Evidence-based support for parents, carers or guardians to keep children healthy and safe and reaching their full potential
- Preventative actions to protect children from serious disease, through screening and immunisation
- Support to reduce childhood obesity by promotion of breastfeeding, healthy eating and physical activity
- Promotion and advice around oral health
- Direct early intervention for resilience and positive maternal and family mental health
- Identification of health and wellbeing issues, so support and early interventions can be provided in a timely manner
- That children are prepared for and supported in all childcare, early years and education settings and are especially supported to be 'ready to learn at 2 and ready for school by 5'.
- That partner practitioners working with children in Walsall have access to specialist health advice from the HCP 0-19 service.
- Active partnership involvement in wider pathways including family hubs, child development and safeguarding programmes.
- Interventions in schools and community settings to help the development of healthy relationships and good sexual and reproductive health
- That vulnerable families are identified at the earliest opportunity with consistent support available for children placed in temporary accommodation, children of migrant families and in gypsy and traveller communities.
- Work with parents and carers through parent panels and attendance at key events to shape services to meet their needs.
- Close work with families, communities and GPs to increase uptake of childhood vaccinations
- Support through a dedicated team for children and young people with special educational needs and their families including support while waiting for assessment.

Current arrangements

4.5 Provision of integrated sexual and reproductive health services and the Healthy Child programme 0-19 are statutory responsibilities for the Council, resourced through the Public Health Grant. The service was previously contracted under a Section 75 Agreement which comes to an end on 31 March 2026. The Section 75 Partnership Agreement between Walsall Council and Walsall Healthcare NHS Trust provides the legal framework to meet the Council's statutory obligations.

4.6 During 2023/24 the Public Health team invested significant time in working towards a redesign of the integrated sexual health service and wider system for Walsall, with support from Walsall Healthcare NHS Trust. This redesigned work is now being implemented including, opening a new town centre sexual health site

opening within the Hatherton Medical Centre. This is staffed by newly recruited sexual health nurses and a clinical support worker, currently working within the Public Health team. Within the same site is also an expanded psychosexual counselling service which is a form of talking therapy that uses psychological and behavioural approaches to address risky sexual health behaviours. This service supports the reduction of onward transmission of STI's and HIV. As part of the broader Integrated Sexual Health Service and strategic plans the team at the Hatherton will be delivering outreach clinical service in areas or venues where there is a service need. This work is in partnership with Walsall Healthcare NHS Trust to complement their existing provision. In addition, plans are in place to expand training for Council frontline staff for those more at risk of poor sexual health.

4.7 Work has also been undertaken with the 0-19 service, with a particular focus on pandemic recovery and ensuring continual improvement in the proportion of children receiving their mandated checks, and the quality of those checks. Further, over the course of 2024/25, the Public Health Team have worked closely with senior leads in Walsall Healthcare NHS Trust Community Division and in the Healthy Child Programme to undertake a robust review of the 5-19 service following which a detailed action plan was established and which the service are now working towards, with a focus on increasing visibility even further with parents, children and in schools.

4.8 The Public Health team manages these contracts through established governance structures internally within the Adult Social Care and Health directorate, with a focus on continual improvement. Oversight occurs through scheduled commissioner-provider meetings, monitoring alignment with strategic objectives and performance expectations. The governance framework, which includes quarterly contract reviews and service audits, assesses quality, equity, and outcomes to support continuous improvement within the services.

The Council's Statutory Obligations

4.9 The Council has a statutory obligation to deliver various public health functions as outlined in Section 2B of the NHS Act 2006, the Health and Care Act 2022 and the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013. Since 1 April 2013, local authorities have held statutory responsibility for commissioning and delivering public health services related to sexual and reproductive health and to the Healthy Child Programme Framework.

Provider Selection Regime 2023 ("PSR23"):

4.10 The PSR23 came into effect on 1 April 2024 and applies when relevant authorities arrange health care services. NHS England » The Provider Selection Regime: statutory guidance

4.11 In the context of PSR23, "relevant healthcare services" broadly encompasses any services designed to improve the physical and/or mental health of individuals, including prevention, diagnosis, and treatment of illness.

4.12 Broadly, services within scope are:

- Services arranged by the NHS such as hospital, community, mental health, primary health care, palliative care, ambulance, and patient transport services for which the provider requires CQC registration.
- Substance use treatment services, sexual and reproductive health, and health visits arranged by local authorities.

4.13 Essentially, the PSR23 sets out rules for how providers of healthcare services are selected, aiming for more flexibility and collaboration in commissioning decisions. It replaces previous procurement regulations and is intended to support the integration and collaboration goals outlined in the Health and Care Act 2022.

4.14 The PSR23 has introduced three provider selection processes that relevant authorities can follow to award contracts for health care services. These are:

- Direct award processes (A, B, and C). These involve awarding contracts to providers when there is limited or no reason to seek to change from the existing provider; or to assess providers against one another, because:
  - the existing provider is the only provider that can deliver the health care services (direct award process A)
  - patients have a choice of providers, and the number of providers is not restricted by the relevant authority (direct award process B)
  - the existing provider is satisfying its existing contract, will likely satisfy the new contract to a sufficient standard, and the proposed contracting arrangements are not changing considerably (direct award process C).
- Most suitable provider process (MSPP). This involves awarding a contract to providers without running a competitive process, because the relevant authority can identify the most suitable provider.
- Competitive process. This involves running a competitive process to award a contract.

4.15 Relevant authorities need to comply with defined processes in each case to evidence their decision-making, including record keeping and the publication of transparency notices.

4.16 Direct Award Process A must be used when the following apply:

- there is an existing provider of the healthcare services to which the proposed contracting arrangements relate
- the relevant authority is satisfied that the healthcare services to which the proposed contracting arrangements relate can only be provided by the existing provider (or group of providers) due to the nature of the healthcare services
- the type of service means there is no realistic alternative to the current provider

4.17 This justification applies directly to current incumbent Walsall Healthcare NHS Trust ("WHT") for the following reasons:

System Integration

4.18 WHT is technically and operationally integrated into critical local health systems that underpin child and sexual health service delivery as follows:

- BadgerNet Maternity System – seamless data transfer between midwifery and health visiting teams.
- Shared access to local NHS records systems, community health platforms, and public health dashboards.
- Participation in multi-agency safeguarding systems and joint information governance protocols.
- HIV treatment services are commissioned by NHS England. Public Health commissions prevention and testing through sexual health services. Consequently, because of shared resources such as staff, facilities, and integrated care pathways, it is necessary for these services to be closely linked in order to ensure timely access to HIV medication and adherence to treatment regimens within the population. The integration of these services is vital to reduce the number of people living with HIV in the borough of Walsall and to improve testing and treatment.

4.19 This level of system integration is essential for mandated contacts (e.g. new birth visits, 6–8-week checks) and continuity of care from maternity to early years, which alternative providers would be unable to replicate without significant disruption and cost.

Performance

4.20 Walsall Healthcare NHS Trust's performance is carefully monitored through regular commissioning meetings. Achievement of mandated checks within the Healthy Child Programme is good with the reach being over 85% of all children in all post birth checks. However, due to increasing family need requiring intensive support and staff capacity, achievement of mandated checks within Department for Health and Social Care's timescales has been a challenge. There is evidence

of improvement in this area, with an Office for Health and Disparities Improvement plan having been submitted in September 2025, to focus on improving uptake.

Established Professional Relationships and Co-Working

4.21 WHT holds longstanding, embedded relationships with:

- Local schools and educational settings (vital for school nursing functions)
- GPs, midwives, early help teams, and other local care partners,
- Multi-agency safeguarding and early intervention panels.

4.22 These partnerships support joint care planning, early identification of risk, and timely intervention. Replacing WHT would jeopardise these interprofessional relationships and fragment coordinated care for vulnerable children and families.

Risk to Service Continuity and Public Health Outcomes

4.23 A change in provider would:

- Disrupt ongoing care for thousands of families, many of whom have open cases or specialist support needs.
- Introduce handover risks, including lost information, gaps in safeguarding follow-up, or delays in universal checks.
- Create instability in the local workforce, many of whom are uniquely trained and retained under WHT's employment terms.
- Creating instability in Walsall Healthcare NHS Trust as the main provider of healthcare in Walsall, as removing these core services will have an impact on other Walsall NHS services.

4.24 This would directly impact public health priorities, including immunisation uptake, developmental screening, safeguarding thresholds, and support for children with SEND.

WHT as the Sole Viable Provider

4.25 Given the clinical complexity, infrastructure needs, and multi-agency integration required for HCP delivery:

- No other provider could feasibly deliver the full service without significant disruption, delays, or risk.
- An open tender may not yield a credible alternative within the constraints of safe delivery, safeguarding responsibilities, and digital connectivity.
- Walsall Healthcare NHS Trust has subsidised the Healthy Child programme due to the Council’s relatively lower ability to spend on children and young people from the Public Health grant, linked to historical Public Health grant allocations. An open tender is, therefore, less likely to be attractive to other providers.

4.26 Thus, Walsall Healthcare NHS Trust is the only provider capable of continuing robust and improving delivery without introducing unacceptable clinical or operational risk at a critical time of service recovery, satisfying the criteria for Direct Award Process A under PSR 23.

Council Plan priorities

4.27 The service aligns with the Walsall Council Plan 2025–2029, supporting inclusive and thriving communities in the borough. The service continues to:

- Promote emotional wellbeing and healthy relationships for young people through educational resources, staff training and prevention programmes that build resilience and positive outcomes (Thriving and Happy)
- Deliver accessible child and family and sexual and reproductive health services, with a focus on continuous improvement (Healthy and Well)
- Demonstrate a commitment to innovation through the implementation of digital access tools including online platforms for testing and treatment m or the Chat Health school nursing service which allows the team to be contacted digitally by pupils and parents (Prosperous and Innovative)
- Offers a safe, inclusive community by offering equitable services to all residents, including LGBTQ+ individuals and vulnerable groups. Community outreach and education programmes strengthen local pride and cohesion (Proud of our Borough)

Walsall Joint Health and Wellbeing Strategy

4.28 The Walsall Joint Health and Wellbeing Board have set the following priorities for 2022 to 2025 with the Healthy Child Programme 0 – 19 and our sexual health services being integral to supporting the health and wellbeing of children and young people, and sexual health across their life-course, as well as contributing to the promotion of their mental health and wellbeing.

- Mental wellbeing – especially social isolation and the impact of Covid-19
- Children and Young People
- Our Digital Approach – infrastructure and inclusion
- Older People and Prevention (added as a fourth priority in 2024).

Risk management

4.29 Local Authorities are mandated to provide sexual health services, the five mandated developmental checks in the first 2 ½ years of a child's life and the National Child Measurement Programme to children in Reception and Year 6. Support for the safeguarding and identification of risk in children is also within this statutory expectation. A change of provider will directly impact on achievement of these nationally monitored mandated checks. Whilst local authorities can make

decisions based on need, there is also a legal requirement to contract open access integrated sexual health services. By directly awarding the contract for integrated sexual health services to Walsall Healthcare NHS Trust via Process A, the Council can safeguard these essential services for local residents, maintain high standards of care, and make best use of available resources.

4.30 The approval of a new contract will enable continuity of service provision and increased surety for the current provider. This will help to retain experienced staff and enable longer term planning for future provision.

4.31 If the new contract is not approved then alternative provision will need to be put in place, as the contract supports the provision of mandatory functions for local authorities under the Health and Social Care Act 2012.

4.32 Throughout the contract period, the contract will continue to be robustly contract managed to drive continuous improvement in performance and quality of services, ensuring value for money and best value is achieved for the Council.

Financial implications

4.33 The current annual value of the Integrated Sexual and Reproductive Health Services is £1.95m and is met from existing budgets. The total value of the contract extension based on the 2025/26 value, including extension options covering the whole 10-year period, is £19.52m.

4.34 The current annual value of the Healthy Child Programme 0-19 is £5.92m and is met from existing budgets. The total value of the contract extension based on the 2025/26 value, including extension options covering the whole 10-year period, is £59.19m.

4.35 The Public Health Grant will be used to meet the annual cost of both contracts. Any uplifts requested will be reviewed by the Director of Public Health and may be subject to any changes to future public health grant allocations and conditions.

Legal implications

4.36 The proposed award of the contract to Walsall Healthcare NHS Trust is compliant with the requirements of the Provider Selection Regime (PSR) 2023 which came into effect on 1 January 2024 under The Health and Care Act 2022 and the Council's Contract Rules. The proposed award is also consistent with the Council's best value duty under section 3 of the Local Government Act 1999.

Procurement Implications / Social Value

4.37 All procurement activity will be conducted in accordance with the PSR23, the Council's Contract Rules and the Social Value Policy. The Social Value will be

monitored through the partnership arrangements demonstrating how all provider agencies offer Social Value in economic, environmental and/or social benefits to their employees and residents. The Council's Social Value Toolkit will be used as a guide and is monitored in regular commissioner/provider meetings.

Property implications

4.38 There are no property implications arising out of this report.

Health and wellbeing implications

4.39 Continuing to commission these services from WHT will enable the Council to promote health and wellbeing for Walsall residents and fully contribute to the Council's priorities impacting upon all residents across their life.

Reducing Inequalities

4.40 This is a continuation of existing provision, with a focus on continual improvement. Public health officers and WHT will continue to work in partnership to address any equality implications which arise out of in-contract changes to service delivery.

4.41 Walsall's integrated sexual and reproductive health services are designed to reduce health inequalities by delivering inclusive, accessible, and targeted care across the borough. The service prioritises groups disproportionately affected by poor sexual health outcomes, including young people, LGBTQIA+ communities, Black and minority ethnic groups, people with learning disabilities, and those living in areas of high deprivation. Through a life-course approach, the service ensures that individuals receive appropriate support at every stage.

4.42 Walsall's Healthy Child Programme 0-19 is a universal service reaching all children parents and carers within the borough. Through this provision they are in a unique position to identify families not previously known to services, offer early help and support, but also refer onwards when required. Through their teams WHT have a particular focus on support for newly arrived communities, families in temporary accommodation, SEND and children in need.

4.43 The service specification includes a requirement to identify and provide services that meet any specific needs of protected groups as identified in analysis and to share data and actively participate in the evaluation of the services so that access and outcomes among protected groups can be monitored.

4.44 The service specification also details the requirement to undertake engagement work with target groups, the wider community, NHS services and organisations working with these populations. This will help to minimise barriers, improve engagement for people with more complex needs and actively tackle health and wellbeing inequalities.

Staffing implications

4.45 There are no internal Council staffing implications arising out of this report.

Climate Impact

4.46 The environmental impact of the proposed contract with WHT is limited.

Consultation

4.47 This report has been reviewed by Legal, Procurement, Finance and Communications teams, and considered at Corporate Management Team, as sent for consultation to Cllr Flint, Portfolio holder for Culture, Health and Wellbeing and Cllr Statham, Portfolio holder for Children, Families and Lifelong Learning.

5. Decide

5.1 Cabinet is requested to consider the proposal to directly award under PSR23 schedule A, the integrated sexual and reproductive health contract for an initial contract period of 5 years, plus 2 years, plus 2 years, plus 1 year, until 31 March 2036 and to agree the recommendations as outlined in section 3.

5.2 Cabinet is requested to consider the proposal to directly award under PSR23 schedule A, the Healthy Child Programme 0-19 contract for an initial contract period of 5 years, plus 2 years, plus 2 years, plus 1 year, until 31 March 2036 and to agree the recommendations as outlined in section 3.

6. Respond

Subject to Cabinet's approval of the recommendations, Public Health will work with corporate colleagues to enter into a contract with Walsall Healthcare NHS Trust with revised service specifications and agreed key performance indicators.

7. Review

Once the Council has entered into a longer-term contractual agreement with WHT, the contractual arrangements will continue to be regularly reviewed in relation to key performance and quality reviews, and will include consideration of how these services be linked to collaborative commissioning arrangements, which will evolve in the context of NHS changes and the creation of Integrated Health Organisations.

Appendices

None

Background papers

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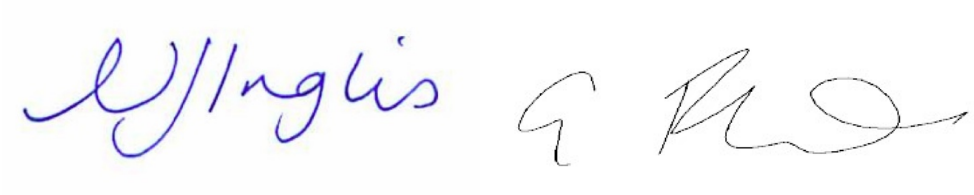

Nadia Inglis
Director of Public Health

2 October 2025

Councillor Flint
Portfolio holder

2 October 2025

Kerrie Allward
Executive Director for Adult Social Care and Health

3 October 2025