

Report for: Cabinet

Item number: 13

Title: Contract award for the North Central London (NCL)- Integrated Sexual Health Service to Central North West London NHS Foundation Trust (CNWL).

Report authorised by: Dr Will Maimaris – Director of Public Health

Lead Officer: **Akeem Ogunyemi, Tel; 0208-489-2961,**
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Ward(s) affected: All

**Report for Key/
Non Key Decision: Key Decision**

1. Describe the issue under consideration

- 1.1. Local authorities are mandated to provide open access Genito-urinary medicine (GUM) and Contraception and Sexual Health (CaSH) services, usually termed Integrated Sexual Health services which are set out in the Local Authorities (Public health functions and Entry to Premises by Local Healthwatch representatives) regulations 2013.
- 1.2. The North Central London (NCL) integrated sexual health service (ISH) is a level 3 GUM and Contraception and Sexual Health (CaSH) service which is commissioned as a subregional partnership comprising of London Boroughs of Barnet, Camden, Haringey and Islington.
- 1.3. The current service was commissioned in July 2017, with Islington acting as the Lead Commissioner (host borough). The contract was awarded to Central North West London NHS foundation trust (CNWL) and is due to expire on 30th June 2025.
- 1.4. The boroughs are continuing with joint commissioning arrangement for a new service with Camden as the lead commissioner. The contract is to be awarded using Direct Award Process C, as permitted under the Health Care Services (Provider Selection Regime) Regulations 2023.
- 1.5. This report seeks approval to award the new contract for the North Central London (NCL) - Integrated Sexual Health Service to Central North West London NHS Foundation Trust (CNWL) in accordance with Contract Standing Orders (CSO) 7.01(a) and 9.07.1 (d)

- 1.6. Subject to approval being granted, the contract shall be awarded for a period of 3 years from 1st July 2025 to 30th June 2028 plus two extensions of one-year each. The annual estimated cost will be £2,139,743 for London Borough of Haringey. The aggregated value of the contract will be £10,698,715 inclusive of the extension period and will be funded through the Public Health grant.
- 1.7. The joint annual contract value for London Boroughs of Haringey, Barnet, Camden and Islington is estimated to be £9,505,178 per annum, £47,525,890 in aggregate including contract extensions.

2. Cabinet Member Introduction

- 2.1. Sexual and reproductive health is an area of commissioning that has benefited from the transfer of Public Health Services into the local authority. Faced with escalating costs and poor outcomes, the council has over the past 10 years implemented a broad range of new sexual health services which have improved the offer locally, sub-regionally and London wide. Where it's better for residents, the Council has maintained services locally. We know young people prefer a choice of in- borough services and so we have 2 dedicated young people's clinics. Women also want to access Long-Acting Reversible Contraception (LARC) locally, and so they can either access our Haringey based clinic or go to one of 17 Haringey General Practices. Equity remains a priority and Haringey is proud of its sexual health outreach service aimed at our ethnically diverse population and our 25 Healthy Living pharmacies offering a range of sexual health provision to residents of all age groups. More recently many residents have shifted their regular testing to using the Sexual Health London (SHL) pan-London online testing service, which Haringey is part of commissioning.
- 2.2. However, residents with complex sexual and reproductive needs will require access to a Genito-Urinary Medicine (GUM) and Contraception and Sexual Health (CaSH) clinic service. All, of these types of clinics are open access, meaning residents can choose to use any clinic in England. Most Haringey residents access a service in North Central London (NCL). This is because these clinics have good transport links, extended opening hours and long-established reputations. There continues to be benefits to Haringey residents in the commissioning of these services as an NCL sub-regional partnership in terms of ensuring high quality provision and stimulating innovation and the efficient use of limited NHS resources.
- 2.3. I welcome the proposal contained in this report to allow the NCL integrated sexual health partnership of London Boroughs Barnet, Camden Haringey, and Islington to award a contract to Central North West London (CNWL), to continue to deliver proactive and effective sexual and reproductive outcomes for our residents

3. Recommendations

- 3.1. That Cabinet in accordance with Contract Standing Order (CSO) 7.01.(a) and 9.07.1(d), agrees to approve the award of contract for the provision of the (NCL) Integrated Sexual Health (ISH) service to Central North West London NHS Foundation Trust (CNWL) via a Direct Award (process C) under the Provider Select Regime (PSR).
- 3.2. The contract shall be for a period of three (3) years commencing 1st July 2025 to 30th June 2028 plus two extensions of one-year each. For the avoidance of doubt, the maximum contract length will be five (5) years, inclusive of extension period.
- 3.3. The estimated contract value for Haringey is £2,139,743 per annum and a total value over the lifetime of the contract (inclusive of extension period) will be estimated at a maximum of £10,698,715.

4. Reasons for decision

- 4.1. Local authorities are mandated to ensure provision of sexual health services with costs met from the ring-fenced public health grant. While local authorities can make decisions about provision based on local need, there are also specific legal requirements to provide open access GUM and CaSH services.
- 4.2. The current contract is due to expire on 30th June 2025. Under PSR legislation, commissioning authorities have the option to directly award a contract to an incumbent provider if they are satisfied with the performance, quality and value of the current contract and are satisfied this is likely to continue.
- 4.3. Commissioners from all the boroughs agree that CNWL are providing a service that performs well, meets quality standards and demonstrates value for money. All four boroughs are also satisfied that CNWL can deliver the new contract to a sufficient standard against the five key criteria (further information on this included in **Appendix A which is included in Part B of this report – Exempt Information**)
- 4.4. Although there have been some changes in the types and levels of activity since the pandemic e.g. an increase in online activity such as STI (sexually transmitted infections) testing and a consequent decrease of “in clinic” testing, the core principles, objectives and requirements of the current service specification will remain
- 4.5. It should be noted that sexual health services are under intense pressure financially, within the backdrop of rising STI prevalence regionally (London) and nationally, presenting a significant challenge for providers to respond at the scale needed, within the budgets made available. Despite this, the re-commissioning of CNWL as the North Central London integrated sexual health provider will continue to;
 - a) Deliver sexual services as per the current model within the agreed budget from the local authority Public Health grant.

- b) Deliver an Integrated Sexual Health Service, as a partnership of 4 local authorities with a pooled budget, under one single contract.
- 4.6. The sub regional commissioning approach has worked well for residents by widening access through having a broader range of specialist clinics available, improved opening hours and a more diversified and mix-skilled workforce which is more reflective of the population mix of the NCL Boroughs. Furthermore, commissioning at scale through the NCL partnership ensures good value for money,
- 4.7. An analysis of CNWL's performance when benchmarked against other providers commissioned by other London sub-regional partnerships indicates that CNWL is both meeting its targets and doing significantly better than London as a whole. Additionally, other initiatives and performance measures considered demonstrate that CNWL is performing well against the PSR assessment criteria.
- 5. Alternative options considered.**
 - 5.1. **Do nothing:**

The council could do nothing and let the contract expire. However, Local authorities have a statutory duty to commission open access sexual health services for their residents. who have or are experiencing complex needs for their sexual and reproductive requirements are able to access appropriate testing and treatment.
 - 5.2. **Insourcing:**

Insourcing was considered but found not to be viable, Integrated Sexual Health Services require specific expertise, experience and competence and is highly specialist in nature which the Council could neither deliver in-house or meet the financial requirements to do so. Therefore, this option was rejected.
 - 5.3. **Commission services independently:**

This was considered not to be a viable option because of the open access nature of sexual health provision meaning that we could not restrict residents to a Haringey based service and so the Council would still need to negotiate tariff with NCL and other London boroughs. The purchasing power of the NCL partnership creates economies of scale and a good bargaining position as well as other benefits such as better monitoring, access to wider data for better planning, reduction in administration costs etc.
 - 5.4. **Competitive re-procurement process**

Although this is permitted under the new PSR regulations, this is not recommended and would not be a good use of public funds, given that the existing provider is performing well and owns accessible and central delivery sites in NCL.
 - 5.5. **Most Suitable Provider Process:**

This is not a competitive process but allows the relevant authority to make a judgement on which provider is most suitable, based on consideration of the

key criteria. Despite the limitations of the small, local market, the potential risk of challenge means that although permitted under the PSR regulations, this option is not recommended.

6. Background information

6.1. *National and Local Context:*

- 6.1.1. Most of the adult population of England is sexually active, and there are long term changes in the sexual attitudes, lifestyles and behaviours across much of the population. Access to high quality sexual health services improves the health and wellbeing of individuals and populations and is an important public health priority in Haringey, including addressing significant inequalities in sexual health between population groups.
- 6.1.2. Commissioning responsibilities for the wellbeing of residents in terms of Human Immunodeficiency Virus (HIV), sexual and reproductive health are currently distributed between NHS England, Local Authorities and Integrated Care Boards (ICBs). Councils are mandated to secure the provision of open access sexual health services, including for community contraception and the testing, diagnosis and treatment of sexually transmitted infections (STIs) and testing and diagnosis of HIV. Residents may attend open access sexual health facilities in any part of the country, without the need for referral.
- 6.1.3. The London Boroughs of Barnet, Camden, Haringey and Islington continue to work locally together, as well as part of a wider partnership of councils in London through the London Sexual Health Transformation Programme, to innovate and get best value for residents in terms of sexual and reproductive health services. Our Vision is to continue to use technology and clinical innovation to transform the way we provide sexual health services in North Central London, to deliver high quality, innovative, cost-efficient, equitable and accessible services that can meet the sexual health challenges faced now and, in the future, and which reflect the expectations of service users and the technology they use.
- 6.1.4. The new contract will begin July 2025, continuing the integrated sexual health model supporting the sexual and reproductive health needs of the 4 participating Boroughs. London Borough of Haringey's cost share of the sub-regional contract will be as follows;
- 6.1.5. The contract will have 2 payment methods; tariff and block, tariff payment is based on activity. Table below sets out annual values for the London Borough of Haringey.

Annual value for Integrated sexual health services (tariff-based payment	£1996,411
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Annual value for additional services (block payments)	£143,332
Total annual value	£2,139,743

6.2. Overview of Sexual Health in NCL

- 6.2.1. The prevalence of HIV across NCL is significantly above national averages. The groups predominantly affected are gay, bisexual and other men who have sex with men and heterosexual men and women from African communities, with the former accounting for the greater part of diagnosed infections in Camden, Islington, and the latter group in Haringey and Barnet. In all boroughs aside from Barnet, prevalence of diagnosed HIV and new diagnoses of HIV are significantly higher than the regional averages. In Haringey, the prevalence of HIV is currently 6.4 cases per 100,000 people and the borough's rate of new HIV diagnoses stands at 24.3 per 100,000 individuals. Late diagnosis rates in the NCL area are higher in the boroughs with a greater proportion of men and women from African communities affected, particularly in Barnet and Haringey. Late diagnosis of HIV among residents is also a significant concern in Haringey, with 53.3% of diagnoses being made late.
- 6.2.2. Nationally, STIs and HIV are known to disproportionately effect gay, bisexual and other MSM and black ethnic minorities. In London, rates of STIs tend to be highest in the more deprived and inner-city areas. Reducing the rate of STI transmission and infection in these groups will remain a priority. Young people suffer from STIs at a higher rate than any other age group. UKSHA report that young people are at a higher risk as they typically have more sexual partners and are less likely to use protection. They are also at an increased risk of re-infection. The most recent UKHSA Summary Profile of Local Authority Sexual Health (SPLASH) data for Haringey's reports that 28% of new STI diagnosis were in young people aged 15-24years. Overall, of those Haringey residents diagnosed with a new STI, 66.1% were men and 33.9% were women.
- 6.2.3. While the overall number of new STIs is stable in London, there is a concerning increase in gonorrhoea and syphilis in MSM and persistent high rates of STIs relative to the rest of the country. Rates of gonorrhoea are significantly higher than in England across all areas within NCL. The new STI diagnosis rate in Islington is notably high at 2,287 per 100,000, surpassing all other NCL boroughs, with Camden's rate at 2,082 per 100,000 residents and Haringey (1,588 per 100,000) also above the average for London (1229 per 100,000) with Barnet the only borough to be below the London average (704 per 100,000).
- 6.2.4. The rates of gonorrhoea and syphilis have been consistently higher across all four Boroughs when compared to England since 2012. The rate of gonorrhoea compared to England (149 per 100,000) is much higher across NCL boroughs. When compared to the London region (397 per 100,000), three of the 4 NCL boroughs have higher rates than London; Islington (724 per 100,000),

Haringey (542 per 100,000) and Camden (590 per 100,000) with Barnet (205 per 100,000) recording a lower rate than London.

- 6.2.5. Syphilis rates were trending downwards, reaching a low point in 2020, but have since risen. Haringey, Camden and Islington have much higher rates than the regional and national levels with rates at 76.8 per 100,000, 76.6 per 100,000 and 57.6 per 100,000 respectively in 2023. Whilst the Barnet rate was lower than the London rate (40.4 per 100,000) but greater than England rate (13.3 per, 100,000).
- 6.2.6. Teenage conception rates have fallen significantly since the late 1990s in all boroughs within NCL and are below national rates. In 2021, Haringey had an under 18 pregnancy rates of 8.8 per 1000, Camden was approximately 10 per 1,000, Barnet rate (based on 2020 reporting year) had a rate of 9.8 per 1000 with all three Boroughs achieving lower than the England and London rate at 10 and 13 per 1,000 respectively. In Islington, pregnancy rates for those under 18 have been steadily declining, now at 11.9 per 1,000 which is higher than the national average but lower than regional average.
- 6.2.7. Since 2017 abortion rates have increased in London (21.8 per 1000) and England (16.5 per 1000). NCL boroughs all sit below the regional average with the exception of Haringey (21.4 per 1000) which is comparable to London. National trends reported via ONS suggest a steady reduction in abortion rate in the over 25 age group. In 2021 the proportion of repeat abortions among women under 25 in Haringey (32.8%), Barnet (35.6%) and Islington (35.6%) was higher than the national average, whilst Camden (24%) was slightly lower than that in England (29%).
- 6.2.8. Prescribing of Long-Acting Reversible Contraception (LARC) is below the national average at 44.1 per 1000 in all boroughs, although above the London average in Haringey at 42.7 per 1000 and Islington at 35.2 per 1000 compared to London at 33.2 per 1000. Barnet is below the London average at 30 per 1000 whilst Camden is slightly below at 32.9 per 1000.
- 6.2.9. Since the NCL integrated sexual health (ISH) contract was awarded in June 2017, we have seen continued significant developments across the local and subregional sexual health landscape. The North Central London partnership delivers a locally available, integrated model of provision through an enhanced focus on primary prevention, early intervention and planned care. The NCL ISH provision has met a number of achievements specific to London Borough of Haringey, these include;
- Over 20,000 attendances by Haringey residents between 2022/23 and 2023/24 to clinics for a range of sexual and reproductive delivered to
 - Patient clinic demographic – 58% were female and 42% were male
 - Patient experience feedback – 99% reported receiving friendly welcome
 - Patient satisfaction- over 95% satisfaction across all clinic locations

- Service access—76% of patients diagnosed are seen for treatment within two days.

- 6.2.10. As the lead, Camden will follow all relevant procedures in line with the Regulations and publish all relevant transparency notices. Representatives and officers from across the four boroughs were consulted throughout the process and were involved in the assessments. The performance of the provider has been assessed as shown in Appendix A which is included in Part B of this report – Exempt Information)
- 6.2.11. Contract monitoring will be carried out quarterly by commissioners from all four boroughs on a rotational basis. The provider's performance will be measured against key performance indicators and outcomes which have been included within the service specification.

7. **Contribution to strategic outcomes**

- 7.1. The legacy of the covid pandemic continues to highlight the disparity in health inequity and inequalities, particularly for residents with protected characteristics and from deprived parts of the Borough.
- 7.2. This service is linked to the Corporate Delivery Plan in particular under '**Adults, Health and Welfare** – Outcome area 5: Vulnerable adults are supported and thriving- "Working in partnership to reduce health inequalities to meet our ambition of equitable access, experience and outcomes"
- 7.3. Cross-cutting theme of Outcome 3 - Residents connected with the right support at the right time in their neighbourhoods.
- 7.4. Social Value - The contract award will contribute to the 4 partnering Council's of London Borough of, Barnet, Camden, Haringey and Islington's commitment to generate social, economic, and environmental benefits to its residents due to the social value commitments of the provider, which include the employment and retention of local people and an apprenticeship.

8. **Carbon and Climate Change**

- 8.1. As part of the service specification the provider will be required to have appropriate clinical waste management arrangements in place.
- 8.2. The NHS have ambitions to deliver the world's first net zero health service and respond to climate change. Officers will require the provider to demonstrate how they are contributing to this vision. [Green Ambition](#)

9. **Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)**

9.1. **Finance**

- 9.1.1. Funds have been earmarked from London Borough of Haringey's Public

Health Grant 2025/26 to meet the annual cost of this contract. It is anticipated that an annual allocation from the grant will be made over the duration of the contract

9.2. Procurement

- 9.2.1. Strategic Procurement notes the contents of this report and has been consulted in its preparation.
- 9.2.2. The services to which this report relates fall under the Health Care Services (Provider Selection Regime) Regulation 2023 (PSR), which came into force on 1st January 2024. Consequently, the contracting authorities are now required to ensure compliance with the PSR when commissioning, procuring or varying contract for healthcare services.
- 9.2.3. London Borough of Camden has undertaken the procurement process on behalf of all 4 borough in accordance with PSR and their Contract Standing Orders.
- 9.2.4. A request to approve the award of the contract in line with Haringey's Contract Standing Orders (CSO) 7.01(a) and 9.07.1(d) is made.
- 9.2.5. Camden, acting as the Lead Commissioner, will manage the contract. Commissioners from all four boroughs will conduct quarterly contract monitoring on a rotational basis to oversee contract performance. This approach will ensure that key performance indicators are met, service delivery risks are mitigated, and contract outcomes are achieved.
- 9.2.6. Strategic Procurement confirms there are no procurement-related matters preventing the Cabinet from approving the recommendations stated in paragraph 3 above

9.3. Legal

- 9.3.1. The Healthcare Services (Provider Selection Regime) Regulations 2023 (the PSR) applies to relevant healthcare services in England (healthcare provided for individuals) procured by NHS England, Integrated care boards, NHS trusts and foundation trusts, and Local authorities or combined authorities. The Public Contracts Regulations 2015 no longer applies to these contracts. The Procurement Act 2023 (which replaces the current Regulations) will also not apply when it comes into force which is anticipated to be in February 2025.
- 9.3.2. The PSR provides five distinct routes to market for procuring healthcare services, but only one which provides for competition in the way set out in Public Contracts Regulations 2015 which applied previously.
- 9.3.3. The Council's preferred route in this case was to use Direct Award Process C (incumbent extension). This procurement route is available when the contracting authority assesses the existing provider's ability to satisfy the

proposed contract and the proposed new contract has no considerable changes.

- 9.3.4. The contracting authority submits a notice of intention to make an award to the existing provider. After the standstill period, the contract is awarded and a notice of the award is published.
- 9.3.5. In relation to the contract with CNWL, the contract specification for the new contract is based on the existing contract specification but has been updated to reflect current service provision. The new contract is based on the London Borough of Camden's standard contract template which has been amended to include service specific provisions from the existing contract. Legal advice has been obtained to confirm that these changes are not significant enough to make Direct Award Process C unavailable.
- 9.3.6. The Council has tested CNWL's understanding of the specification and the contract amendments and has confirmed that there is a shared understanding between the parties in relation to both.

9.4. **Equality**

- 9.4.1. The council has a Public Sector Equality Duty (PSED) under the Equality Act (2010) to have due regard to the need to:
- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
 - Advance equality of opportunity between people who share protected characteristics and people who do not
 - Foster good relations between people who share those characteristics and people who do not.
- 9.4.2. The three parts of the duty apply to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty.
- 9.4.3. Although it is not enforced in legislation as a protected characteristic, Haringey Council treats socioeconomic status as a local protected characteristic
- 9.4.4. Consultation and Engagement

An Equality Impact Assessment (EQIA) for the service was completed in 2017 and updated in 2019. A recent review of the EQIA re-affirmed that there continues to be significant need for sexual health services in Haringey, that should include prevention and diagnostic services, with access to services and appropriate information that recognises that need can be greater in certain communities and groups. The EQIA data continues to be relevant to the service being delivered and will be updated if the service changes

Additionally, an electronic survey was agreed by all four boroughs and was issued in early March 2024. A total of 57 responses were received. Below is a summary of the findings:

- Generally, residents were satisfied with the services provided, positive responses were made about the ability to book daytime, evening and weekend appointments and to be able to attend drop-in/walk-in appointments. Residents welcomed the opportunity to be able to see a member of staff of the same sex, and commented that staff were friendly, helpful and knowledgeable. There were some concerns regarding the on-line booking system and the ease of booking an appointment.
- Officers will address those concerns with the service provider.

9.4.5. The services within the contract have been developed to address health inequalities as identified within the Haringey Joint Strategic Needs Assessment (JSNA), the Haringey Sexual Health Strategy and the Equality Impact Assessment (completed in 2017 and updated in 2019). As such the service will have a positive impact on the groups with the following characteristics by advancing equality of opportunity:

- **Age** - Almost 3 in 10 Londoners diagnosed with a new STI were young adults aged between 15 and 24 years old, the service is a dedicated young people sexual health service that will engage with and offer age-appropriate clinical intervention support to young adults (younger than 25 yrs.). additionally, the service also has a sexual health outreach provision that proactively engages with various local youth service providers for direct youth engagement to promote and where appropriate offer a range of sexual and contraceptive care at the point of request whilst also facilitating direct referral for clinic appointments were required.
- **Disabilities** - There is evidence that access to clinic-based services can be poor for those with a disability. Through proactive signposting and referral pathways, the provider will minimise barriers to access for disabled people. Both our young people sexual health sites have disability access.
- **Gender reassignment** – Those in transition or have fully transitioned are often dissatisfied with mainstream sexual health services. As a dedicated integrated sexual health service, the provider will proactively identify and develop collaborative partnerships with local and regional community LGBTQ+ organisations such as Wise Thoughts and develop links with specialist charities like London Friends to access training and advice to best support the needs of service users within this group who engage with/access the service.
- **Pregnancy/Maternity** – Whilst the service will provide the full range of contraceptive care including Long-Acting Reversible Contraception

(LARC) provision. Pregnancy/Maternity falls outside of the service scope. However, should a service user present with these requirements, the service will proactively support the service user to access appropriate services conducive to their needs.

- **Race** – As an open access universal service, all Haringey residents will have access to the service irrespective of their race or ethnicity. The service will be informed by national/local datasets to best support the sexual and reproductive needs of residents where there is a high burden of sexual ill health and/or health inequalities.
- **Socio-economic deprivation** -The impact of socio-economic deprivation is a known determinant of poor health outcomes and data published in the 'Spotlight on sexually transmitted infection in London 2022' report shows that, the rate of new STIs among people who lived in the most deprived areas in London (1,934 per 100,000) was more than 3 times higher than the rate for people who live in the least deprived areas (497 per 100,000). Consequently, clinic location across the sub-region will reflect local need that is also served with good public transport links for ease of access.
- **Religion and Faith** - Belief systems can influence how people want to discuss sexual health and where they want to receive treatment. The provider will be expected to take religion and belief into consideration in the planning of its services and engage collaboratively with faith groups (where appropriate) to help address stigma and barriers to accessing services.
- **Sexual orientation** – the service is an open access provision that will engage and support service users irrespective of their sexual orientation. The service will be continually informed by sexual and reproductive health datasets published by UKHSA to ensure it adapts to new or emerging needs.

9.4.6. The commissioned service will broadly remain the same from the current delivery model, therefore the EQIA completed in 2017 still represents the target user population. As an open access universal level 3 integrated sexual health service, the service will be open to residents of all age groups, however, the primary aim is to support service users with symptomatic/complex needs for sexually transmitted infections with appropriate referral to alternative services for those with less complex/asymptomatic needs. The service will also work collaboratively, through assessment and referral, with the Haringey dedicated young people sexual health and women's long acting reversible contraception service, for women needing LARC, the Haringey service will be the main referral point.

9.4.7. As an organisation carrying out a public function on behalf of a public body, the Central North West London NHS Foundation Trust will be obliged to have due regard for the need to achieve the three aims of the Public Sector Equality

Duty as stated above. Appropriate contract management arrangements will be established to ensure that the delivery of the major works does not result in any preventable or disproportionate inequality.

10. Use of Appendices

- 10.1. Part B Exempt information - Appendix A: Evaluation of CNWL current performance and suitability to deliver new contract

11. Background Papers

11.1. Local Government (Access to Information) Act 1985

- 11.1.1. This report contains exempt and non-exempt information. Exempt information is contained in the exempt report (Part B) and is not for publication. The exempt information is under the following category: (identified in the amended schedule 12 A of the Local Government Act 1972 (3)) information in relation to financial or the business affairs of any particular person (including the authority holding that information).