Notice of KEY Executive Decision

Subject Heading:	Permission to enact the final year extension of the Integrated Sexual Health Contract 2025/26
Decision Maker:	Mark Ansell, Director of Public Health
Cabinet Member:	Councillor Gillian Ford, Cabinet Member for Health, and Adult Services
ELT Lead:	Mark Ansell, Director of Public Health
Report Author and contact details:	Faith Nare Commissioner – Live Well Faith.nare@havering.gov.uk
Policy context:	Under the Health and Social Care Act 2012 local authorities have a duty to secure the provision of open access services for contraception and for testing and treatment of sexually transmitted infections (STIs) for their residents. This is mandatory and entails the key principles of providing services that are free, confidential, open access and not restricted by age.
Financial summary:	The value of enacting the remaining year extension would be to the maximum value of £1,323,544 and will be funded by the Council's Public Health Grant.
Reason decision is Key	Key Decision, as there is an expenditure of £500,000 or more
Date notice given of intended decision:	22 July 2025

Key Executive Decision

Relevant Overview & Scrutiny Committee:	People's Overview and Scrutiny Board
Is it an urgent decision?	No
Is this decision exempt from being called-in?	No, this decision is subject to being called-in

The subject matter of this report deals with the following Council Objectives

People - Supporting our residents to stay safe and well X

Place - A great place to live, work and enjoy

Resources - Enabling a resident-focused and resilient Council X

Key Executive Decision

Part A – Report seeking decision

DETAIL OF THE DECISION REQUESTED AND RECOMMENDED ACTION

This report seeks approval of the Director of Public Health to enact the final year extension of the Integrated Sexual Health Services Contract for Barking and Dagenham, Havering, and Redbridge University Hospitals NHS Trust (BHRUT) from 1st of October 2025 to 30th of September 2026 up to a total cost of £1,323,544.

This recommendation is based on the satisfactory performance across all key service domains. BHRUT has met contractual expectations and has also demonstrated a clear capacity to adapt, innovate and support residents' sexual health needs effectively. Extending this contract will ensure service continuity and allow the Trust to build further on the progress achieved to date, contributing to the delivery of high quality, accessible sexual health services during this final contractual period.

AUTHORITY UNDER WHICH DECISION IS MADE

At the Cabinet meeting of 14th of August 2024, Cabinet Delegated to the Director of Public Health authority to agree the final year extension of the Integrated Sexual Health Services Contract, subject to good performance. Please see appendix 1.

STATEMENT OF THE REASONS FOR THE DECISION

This report seeks to recommend the enactment of the final year extension from 1st of October 2025 to 30th of September 2026 of the Integrated Sexual Health Services (ISHS) contract with Barking, Havering, and Redbridge University Hospital Trust (BRHUT). The contract is jointly commissioned by Havering, Barking and Dagenham and Redbridge Councils. Originally awarded in September 2018 for a period of five years the contract includes a provision for three optional one-year extensions (+1+1+1). The first of these three was enacted in 2023 and the final two were enacted in 2024 on the basis that the final year would be enacted again based upon satisfactory performance of the service.

Throughout the extension period the Councils retain the right to issue six months' notice should it be necessary to recommission the service or respond to performance concerns, current evidence supports continued service delivery under the existing provider.

Since the start of the ISHS contract, the service has adapted to significant public health challenges particularly the Covid-19 pandemic, which impacted face-to-face service provisions and led to temporary decline in key activity areas. In response, BHRUT shifted service delivery to incorporate digital solutions and has since demonstrated recovery in core performance areas.

National / Local Context
Local authorities are mandated to commission comprehensive open access sexual health services, including free sexually transmitted infection (STI) testing and treatment, HIV prevention (PrEP), notification of sexual partners of infected persons, advice on, and reasonable access to, a broad range of contraception, and advice on preventing unplanned pregnancy and hepatitis vaccinations.

Most of the adult population of England are 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 across BHR including addressing significant inequalities in sexual health between different population groups.

Havering presents a mixed socio-economic landscape. While areas like Emerson Park and Upminster are relatively affluent, others—such as Harold Hill and parts of Rainham—face higher levels of deprivation. Employment levels are generally stable, but challenges persist in terms of underemployment, youth unemployment, and access to higher education. The borough also has a high proportion of owner-occupied housing, but affordability remains a concern for younger residents.

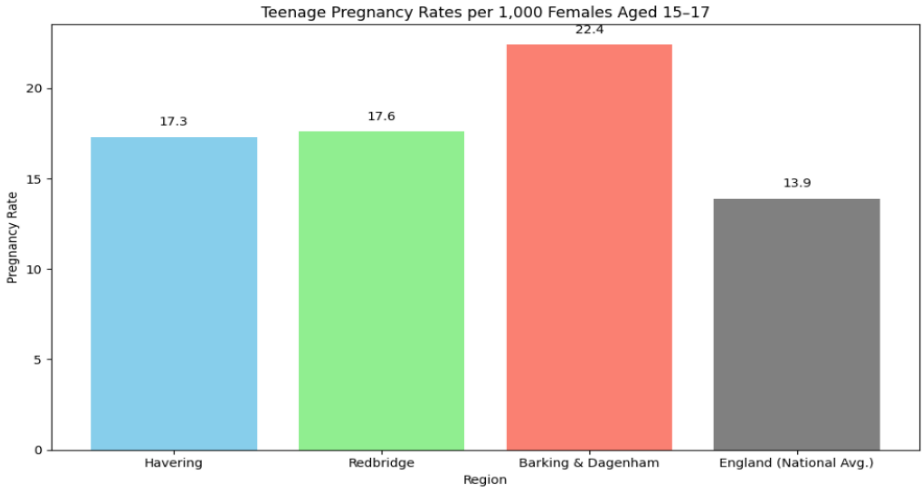
Strategic Fit and Alignment with Local Priorities

Havering presents a distinct set of demographic and public health challenges that requires tailored, responsive approach to sexual health service delivery. With a median age of 40, Havering has the oldest population profile among the three boroughs, and this is coupled with increasing ethnic diversity, reflecting a population in transition. These demographics shifts bring a range of evolving health needs, particularly in terms of access, health literacy and culturally competent care.

Sexual Health indicators in Havering underscore the ongoing need for targeted interventions. Rates of sexually transmitted infections (STIs), remain comparatively high, especially among young people and residents in more socioeconomically disadvantaged areas. These trends indicate persistent vulnerabilities that require a multi-faceted public health response including early diagnosis, preventive education, and accessible testing services.

Additionally, teenage pregnancy rates in Havering exceed the national average and a significant 73.7% of these pregnancies end in abortion. This data suggests potential gaps in effective contraceptive access, reproductive health education and youth engagement. Highlighting the importance of strengthening youth-specific outreach and expanding access to Long-Acting Reversible Contraception (LARC) to support informed reproductive choices.

Table 1: Pregnancy rates by Borough



The Teenage pregnancy rates referenced in the comparison table above is based on data collected and reported for the year 2024. This is also confirmed by the North East London Joint Sexual & Reproductive Health Strategy (2024-2029).

BHRUT's service model and performance in Havering indicate good alignment with these local priorities. The ISHS service for Barking and Dagenham, Havering, and Redbridge (BHR) represents the most significant element of this provision for residents. The Trust has maintained consistent and stable service delivery throughout the borough, including seasonal peaks in LARC intake, which reflects both effective promotion and responsiveness to increased demand. Moreover, the continuation rate of PrEP prescriptions remains strong, indicating ongoing success in the HIV prevention efforts and patient retention.

These outcomes demonstrate BRUT's ability to deliver targeted interventions that address Havering, Redbridge and Barking and Dagenham's specific public health risks and demographic characteristics.

Table 2: Demographics and Sexual Health Indicators

Indicator	Havering	Redbridge	Barking & Dagenham
Population growth	Moderate	High	High
Median Age	40 (oldest)	Younger than Havering	Youngest
Ethnic Diversity	Increasing diversity	High	High
Socioeconomic Status	Mixed, some pockets of deprivation	Mixed significant diversity	High deprivation
Employment Status	Stable	Above national average	Lower than average
Fertility Rate	Stable	Lower than average	High
STI Rates	High particularly among young and disadvantaged	High	High
Teenage Pregnancy Rate	Above national average (73.7) end in abortion)	High	High
Observations	Ageing, diversifying population with steady uptake of LARC and PrEP	High population growth and diversity, requires adaptable service model	Young, diverse population with high need for outreach and early intervention.

Table 2 provides a side-by-side comparison of the key demographic, socio-economic, and sexual health indicators across the three boroughs serviced by BHRUT: Havering, Redbridge and Barking and Dagenham. It highlights differences in population growth, age structure, ethnic diversity, deprivation level, employment, fertility, STI prevalence and teenage pregnancy rates. These indicators are critical for understanding local health needs and tailoring sexual services accordingly.

Appetite for Enacting Extension
Based on the feedback from initial feasibility discussions between provider and commissioners, there is an appetite for activation of this final 1-year extension.

Performance of Incumbent Provider
From 2018 to 2025, BRHUT has performed satisfactorily across all key indicators for specialist sexual health services, maintaining a 64.47% market share in 2024/25. This reflects high patient satisfaction and trust, as well as BHRUT's adaptability to evolving care models. With 23% of patients now using e-services, accessibility and operational efficiency have improved.

The service has shown clear success in reaching priority populations, particularly young adults aged 18-30 a key demographic for sexual health interventions, targeting wider sexual orientations, therefore, supporting wider equity goals. In Havering, where the population is older and increasingly diverse, uptake has remained steady, indicating that the service is successfully engaging different communities and adapting to varying local needs.

Testing and treatment activity saw a significant recovery following the Covid-19 pandemic, with 2024/25 marking the highest level of testing recorded to date. While in-person STI interventions have not yet returned to pre-pandemic levels, the data suggest a purposeful shift toward digital self-managed care, particularly for asymptomatic individuals. This strategic move reflects national trends and illustrates BHRUT's agility in aligning service models

Financial Performance and Value for Money

In December 2024, a Cabinet key decision report outlined the proposal to proceed with implementing a modified block contract arrangement, whereby 91.9% of the annual contract value would be paid on block contract basis, with the remaining 8.1% of contract value to be paid against delivery of a suite of 'activities of high value' (AHVs). Please see Appendix 2

The model intended to drive up priority sexual health outcomes for local population, while also improving financial stability and sustainability of the service. In Havering for the fiscal year of 2024/25 this would equate to £1,192,487.00 of the annual contract value being paid as block and £105,105 being paid according to achievement against AHVs.

Additionally, following the most recent uplift to the Integrated Sexual Health Tariff (ISHT) framework, Directors of Public Health across the Tri bough partnership have agreed to implement a 2% increase to the contract block value for 2025-26. This adjustment is intended to accommodate rising service costs and support sustainable delivery through the final year of the contract.

Council	Annual Contract Value (£)	91.9 % Annual Block value (£)	8.1 % Annual Performance Based Activity value (£)
Havering	**1,323,543.84**	**1,216,336.79**	**107,207.05**

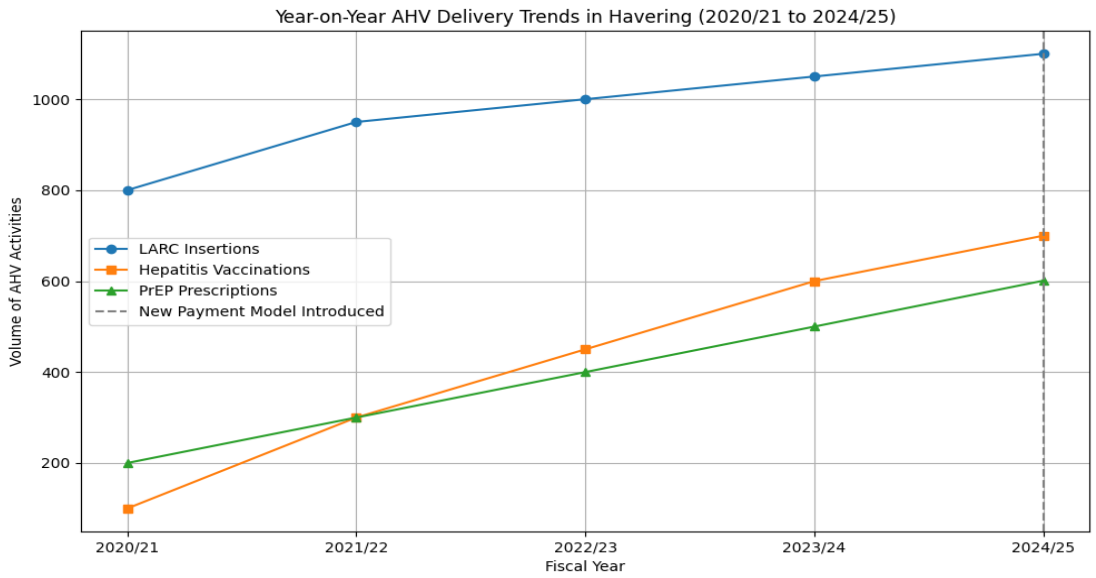
The AHVs are broken down below:

- AHV 1: increase the number of eligible patients receiving Hepatitis B vaccinations
- AHV 2: Increase the number of eligible patients starting on the HIV Pre-Exposure Prophylaxis (PrEP)
- Increase uptake of Long-Acting Reversible Contraception (LARC) among 16 – 25-year-olds
- AHV 4: Improve equity in LARC uptake by ethnic groups
- AHV 5: Deliver targeted engagement and outreach events
- AVH 6: Increase access to services for patients from vulnerable cohorts
- AHV 7: Develop a bespoke website, branding, and promotional offer
- AHV 8: Use flexible capacity (e.g. bank staff) to deliver evidence-based ad-hoc outreach

The introduction of the modified block payment model in 2024/25 which ties 8.1% of Havering's contract value (£105,105) to AHV delivery, appears to have positively influenced service performance. Out of the eight categories, three reached their highest levels in 2024/25 with the model incentivising more proactive service delivery especially in preventative interventions like PrEP and vaccinations.

Table 3: AHV Activity in Havering (Three categories)

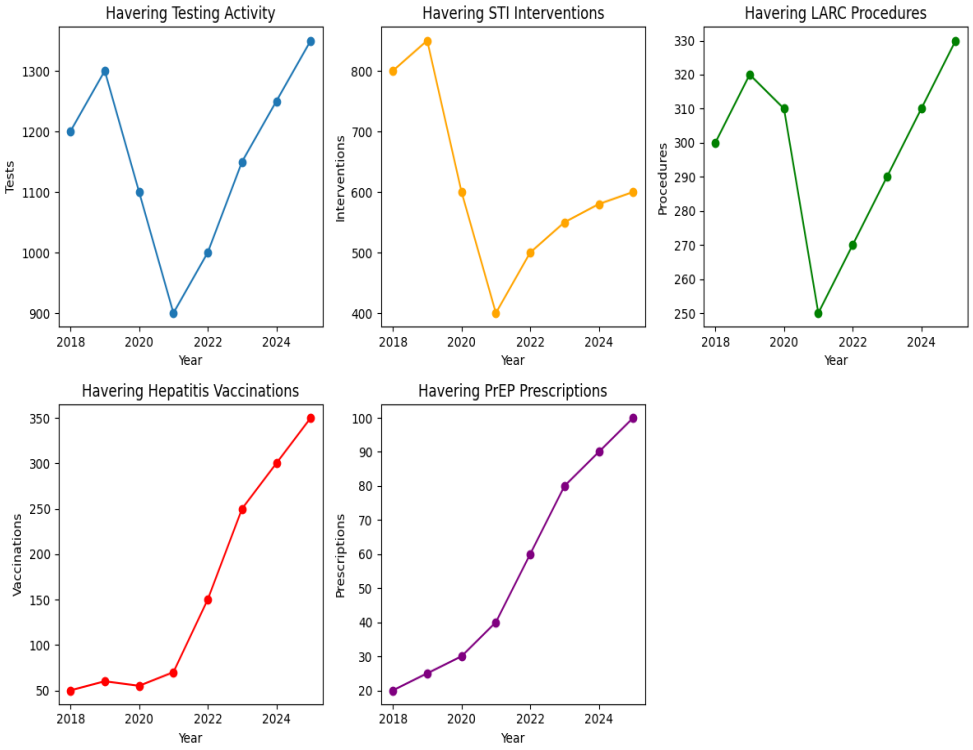
Key Executive Decision



Performance Against KPIs

Recent Activity has shown data supports the case for a final one-year extension of the ISHS, with key performance trends demonstrating both strong recovery and strategic impact. Table 4 below provides a visual representation of Havering's usage and performance across the years from 2018 to the first quarter of 2025.

Table 4: Activity Analysis



Testing Activity: has shown a steady post pandemic recovery with clear upward trend since 2021. This indicates improved access and a growing demand for sexual health services, reflecting the service's responsiveness and accessibility.

STI interventions: while significantly affected by the pandemic, has recently shown signs of stabilisation. The partial recovery may reflect a shift toward digital self-managed care, such as

online testing kits, suggesting evolving service models that should be explored further during the final year

LARC Procedures: have remained relatively stable, with seasonal peaks becoming more pronounced since the introduction of the 2024 incentive model. This stability coupled with incentivised uptake, points to effective clinical delivery and sustained user engagement.

Hepatitis Vaccinations: have demonstrated the most dramatic growth since 2022, directly correlating with the services' integration into the ISHT framework and the implementation of the financial incentives. This indicates a highly effective strategy in increasing update among key populations.

PrEP Prescriptions: continue to show consistent year-on-year growth, with rises in both new initiations and ongoing prescriptions. This highlights strong update, patient retention and the servicer's vital role in HIV prevention.

The highlighted trends suggest that the service has delivered strong value for money, particularly in areas such as Hepatitis B prevention and HIV PrEP delivery where targeted interventions have led to measurable public health improvements.

The final year of the contract will provide a crucial opportunity to consolidate these gains, evaluate the long-term impact of incentive models, and explore evolving service needs particularly in relation to STI interventions and digital access models.

Testing activities showed substantial improvement, with high volumes tests such as the

- TA Full screen,
- T6 Hepatitis, and the
- TT Three Site Test driving service throughput.

Lower-volume testing for T2, T3 and T7 HIV suggests successful diversion if asymptomatic users to online self-testing platforms, reflecting a shift towards more cost-effective, patient –led models of care.

Long-Acting Reversible Contraception (LARC) procedures particularly implant insertions, emerged as the most common reproductive health intervention across the service A notable increase in intrauterine system (IUS) uptake followed the introduction of an incentive-based payment model in 2024 which successfully stimulated activity. By 2024/25, LARC procedures had returned to pre-pandemic levels, with seasonal peaks observed mid-year particularly in Barking & Dagenham and Havering, aligning with local reproductive health demands.

The modified block contract model has delivered strong value for money, particularly in preventative interventions and digital innovation. The final contract year offers a key opportunity to consolidate gains, evaluate long-term impact and refine the balance block and performance base funding to ensure continued improvements and equity in sexual health outcomes.

Recommendation
Considering the Trust's satisfactory performance, strategic alignment with established best practices, and demonstrable readiness for system-wide collaboration, it is recommended that the final year of the BHRUT contract be enacted. The Trust has delivered satisfactorily across all key domains and is well positioned to make a meaningful contribution to service provision throughout the final contractual period.

OTHER OPTIONS CONSIDERED AND REJECTED

Key Executive Decision

Option 1: Do nothing (Allow the Contract to lapse without Extension)
Under this option, no further action would be taken to extend the existing contract beyond its current term, resulting in the service ceasing on 30th of September 2025. This approach would effectively allow the contract to lapse without any interim arrangements or recommissioned service in place. This is not a practical option and would lead to the Council not being fully compliant with its existing statutory obligations to provide this service, therefore this option has been rejected.

Furthermore, allowing the contract to lapse without an extension would risk disruption to service users, potentially impacting continuity of care, access to specialised support, and the stability of wider system delivery.

PRE-DECISION CONSULTATION

None

NAME AND JOB TITLE OF STAFF MEMBER ADVISING THE DECISION-MAKER

Name: Faith Nare

Designation: Commissioner – Live Well

Signature: FNare Date: 23/07/2025

Key Executive Decision

Part B - Assessment of implications and risks

LEGAL IMPLICATIONS AND RISKS

The Council has a general power of competence under Section 1 of the Localism Act 2011 to do anything an individual can do, subject to any statutory constraints on the Council's powers. None of the constraints on the Council's Section1 power are engaged by this decision.

The current contract has an option to extend it for a further year, and the Cabinet approved the extension in 2024 subject to satisfactory performance and delegated the approval of extension to the Director of Public Health.

FINANCIAL IMPLICATIONS AND RISKS

This report seeks approval of the Director of Public Health to enact the final year extension of the Integrated Sexual Health Services Contract for Barking and Dagenham, Havering, and Redbridge University Hospitals NHS Trust (BHRUT) from 1st of October 2025 to 30st of September 2026 at a total cost of up to £1,323,544.

Award for the final year has been delegated to the Director of Public Health subject to satisfactory contract performance; all expectations have been deemed to have been met. Should performance decline over the final year extension period, the Council retains the right to serve six months' notice on the contract. Performance is incentivised through 8.1% of the contract value being based on performance as summarised in the table below.

Council	Annual Contract Value (£)	91.9 % Annual Block value (£)	8.1 % Annual Performance Based Activity value (£)
Havering	**1,323,543.84**	**1,216,336.79**	**107,207.05**

Following the Integrated Sexual Health Tariff (ISHT) framework's tariff uplift, Directors of Public Health agreed to increase the block value by 2% for 2025-26 to accommodate rising service costs (the 2024/25 total annual contract value was £1,297,592).

Out of the eight performance categories assessed, three reached their highest levels in 2024/25 with the model incentivising more proactive service delivery especially in preventative interventions like PrEP and vaccinations. Such interventions are likely to reduce down-stream costs across both health and council budgets.

The cost of £1,323,544 has been budgeted for from the Council's Public Health grant income. If the total amount of planned Public Health expenditure exceeds the total amount of grant income received in 2025/26, the Council can call upon its Public Health reserve, however, this is not expected to be necessary.

HUMAN RESOURCES IMPLICATIONS AND RISKS (AND ACCOMMODATION IMPLICATIONS WHERE RELEVANT)

There are no implications or risks anticipated to council staff as the employees involved in the delivery of the current service are employed directly by the existing Provider.

Key Executive Decision

EQUALITIES AND SOCIAL INCLUSION IMPLICATIONS AND RISKS

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have due regard to:

I. the need to eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under the Equality Act 2010;
II. the need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
III. foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are age, sex, race, disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

An Equalities Impact Analysis (EIA) was completed in 2018 at the start of this contract and was approved by the Corporate Equalities Officer. The analysis found that awarding the contract would have no negative impact on the nine protected characteristics as set out in the Equality Act 2010.

The Council is committed to all the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socioeconomics and health determinants.

The action undertaken will include monitoring how the service meets the needs of all eligible users, including those from ethnic minority communities and the disabled. The Council will also ensure that potential providers have undertaken equality training and adhere to the Council's Fair to All Policy or their own equivalent.

The funding model for this service includes specific activities to address known inequalities in sexual health service access and outcomes. This includes increasing equitable uptake of long-acting reversible contraception amongst different ethnic groups and amongst young people and improving service access amongst populations that may be particularly vulnerable to poor sexual health outcomes or challenges to service access (for example sex workers, homeless populations).

The provider is required to produce an annual equity audit, which enables commissioners and providers to review access and outcomes by different strands of equality. This will be used to inform elements of target outreach and engagement that form part of the funding model described.

Key Executive Decision

HEALTH AND WELLBEING IMPLICATIONS AND RISKS

Access to sexual health services is an essential form of public health provision.

Achieving better population sexual health encompasses both addressing illness or negative outcomes associated with poor sexual health (including STIs, unwanted pregnancy, sexual dysfunction, chronic infections), as well as promoting positive sexual wellbeing; enabling people to enjoy happy, fulfilling, and consensual sexual relationships.

Analysis from the LGA identifies sexual health services as continuing to be one of public health's 'Best Buys' in terms of return on investment, given both the direct sexual health benefits and wider associated general health and mental wellbeing that these services deliver.

There are several population groups at higher risk of poorer sexual health outcomes, for whom access to free, open access and confidential sexual health provision is a vital part of reducing associated health inequalities. These include:

- Gay, bisexual, and other men who have sex with men (GBMSM). GBMSM experience disproportionately high rates of STIs. In 2022, around one in five new STIs amongst Havering residents were among GBMSM, with a particularly high burden of gonorrhoea and syphilis within this cohort (of cases where sexual orientation was disclosed). This reflects a continued upward trend in the number of STI diagnoses amongst the GBMSM population across Havering and BHR.
- Young people – people aged 15-24 years accounted for more than 40% of all new STI diagnoses amongst Havering residents diagnosed in sexual health services in 2022. Young people also experience high rates of STI reinfection within 12 months of a previous STI diagnosis.
- Ethnic groups – in 2022, Havering residents from black, mixed, and other ethnic backgrounds had higher rates of new STI diagnoses compared to those of white ethnicity. People from black African ethnicities are disproportionately impacted by HIV, accounting for nearly half of people living with HIV across Havering in 2022.
- Deprived populations – Those living in the most deprived areas tend to have STI diagnoses rates higher than those living in the least deprived.
- People involved in sex work, experiencing domestic violence or sexual exploitation are at acute risk sexual harm and adverse outcomes, as well as being more likely to concurrently face other forms or inequality and harm.

Local Authorities (LA) are mandated to secure the provision of open access sexual health services, including for community contraception and the testing, diagnosis, and treatment of STIs and testing and diagnosis HIV. If the contract extension is not granted and access to the provision disrupted, there is a risk of harm to people who cannot access necessary services in the local area. A one -year extension would mitigate the threat of potential loss of service and ensure continuation of essential service for local residents and visitors to BHR.

ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS

In October 2020, the NHS became the first in the world to commit to delivering a net zero national health system. This means improving healthcare while reducing harmful carbon emissions and investing in efforts that remove greenhouse gases from the atmosphere.

Key Executive Decision

With around 4% of the country's carbon emissions, and over 7% of the economy, the NHS has an essential role to play in meeting the net zero targets set under the Climate Change Act (Delivering a 'Net Zero' National Health Service).

Two clear and feasible targets are outlined in the Delivering a 'Net Zero' National Health Service report:

- The NHS Carbon Footprint: for the emissions we control directly, net zero by 2040
- The NHS Carbon Footprint Plus: for the emissions we can influence, net zero by 2045.

Led by the NHS Chief Sustainability Officer, the Greener NHS National Programme exists to drive this transformation while delivering against its broader environmental health priorities. Laid out in the NHS Long Term Plan, these extended sustainability commitments range from reducing single-use plastics and water consumption, through to improving air quality.

On 1 July 2022, the NHS in England became the first health system to embed net zero into legislation, through the Health and Care Act 2022.

BACKGROUND PAPERS

Appendix 1: Cabinet Paper - Permission to extend the ISHS
Decision - Extension of the Joint Sexual Health Contract | London Borough of Havering

Appendix 2: Non-Key ED – Permission to implement Modified Block payment model
Decision - Permission to implement modified block payment model for the Integrated Sexual Health Service Contract | London Borough of Havering

APPENDICES

None

Key Executive Decision

Part C – Record of decision

I have made this executive decision in accordance with authority delegated to me by the Leader of the Council and in compliance with the requirements of the Constitution.

Decision

Proposal agreed

Delete as applicable

Proposal NOT agreed because

Details of decision maker

Signed

Name:

Cabinet Portfolio held:
CMT Member title:
Head of Service title
Other manager title:

Date:

Lodging this notice

The signed decision notice must be delivered to Committee Services, in the Town Hall.

For use by Committee Administration

This notice was lodged with me on _____

Signed _____