

Notice of Non-Key Executive Decision

Subject Heading:	Permission to vary the Emergency Hormonal Contraception (EHC) contract to include an exit clause and enact year 2 of the contract extension.
Decision Maker:	Mark Ansell, Director of Public Health
Cabinet Member:	Councillor Gillian Ford, Cabinet Member for Adults and Wellbeing
ELT Lead:	Kathy Freeman, Strategic Director of Resources
Report Author and contact details:	Faith Nare, Commissioner Live Well faith.nare@haverling.gov.uk
Policy context:	<p>The Health and Social Care Act 2012 transferred the responsibility for commissioning of Sexual Health Services to Local Authorities.</p> <p>Since 1st of April 2013, Local Authorities became responsible for commissioning sexual health services including IUD/IUS fitting that had been historically provided by GPs as an NHS Local Enhanced Service.</p>
Financial summary:	Funding of £0.036m has been provisioned from the Council's Public Health Grant to pay for the second year of the contract extension. Spend in the previous two years averaged approx. £0.003 m per year.
Relevant Overview & Scrutiny Sub Committee:	Peoples Overview & Scrutiny Committee

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Is this decision exempt from being called-in?	The decision will be exempt from call in as it is a Non key Decision
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The subject matter of this report deals with the following Council Objectives

People - Supporting our residents to stay safe and well

Place - A great place to live, work and enjoy

Resources - Enabling a resident-focused and resilient Council X

Part A – Report seeking decision

DETAIL OF THE DECISION REQUESTED AND RECOMMENDED ACTION

This report is seeking approval to vary the existing EHC contract to incorporate an exit clause, while also seeking permission to enact the second-year extension of the agreement. The current contract commenced in September 2024 for an initial period of one year, with the option to extend for up to a further 4 years (+1+1+1+1), subject to satisfactory performance and funding availability. By enacting the extension, the council can ensure continuity of provision and maintain public access to the EHC in the interim.

The proposed variation is required, as the current contract does not include an exit clause. However, a new nationally commissioned and funded programme of pharmacy EHC provision is due to be launched imminently which will negate the need for local authority to continue commissioning this service. The addition of the exit clause will provide a clear legal mechanism to bring the contract to an end once the national initiative commences thereby avoiding duplication, safeguarding resources and ensuring alignment with future policy direction.

AUTHORITY UNDER WHICH DECISION IS MADE

At the Cabinet meeting of 15th of July 2024, Cabinet delegated to the Director of Public Health authority to agree the extension of the 4 years (+1+1+1+1) subject to satisfactory performance and funding availability. Please see appendix A.

STATEMENT OF THE REASONS FOR THE DECISION

National and Local Context

Nationally, unintended pregnancies pose significant public health challenges, affecting maternal and child health, mental wellbeing and socio-economic stability especially among teenagers and disadvantaged groups. With 40% of pregnancies worldwide being unintended, access to contraception is crucial for achieving several UN Sustainable Development Goals, including good health, gender equality, and poverty reduction.¹ The financial implications are substantial, with abortion and birth-related costs placing pressure on health services. The Department of Health's Framework for Sexual Health Improvement in England targets reductions in under 18-conceptions, terminations, and sexually transmitted infections, emphasising the importance of accessible contraception for young people.

In Havering, improving sexual health continues to be the Council's priority, with open-access sexual health services mandated under the Health and Social Care Act 2012. Section 12 of the Act outlines the Local Authority's duty to improve public health through various means including providing information, services, financial support and training. Despite advancements in contraceptive methods, EHC remains an essential "back-up" due to the inherent limitations and misuse of primary contraception. Its availability is vital for reducing unintended pregnancies and supporting women's reproductive autonomy.

Existing Havering EHC Service

¹ Institute of Medicine (1995) *The Best Intentions: Unintended Pregnancy and the Wellbeing of Children and Families* National Academies Press [Consequences of Unintended Pregnancy - The Best Intentions - NCBI Bookshelf \(nih.gov\)](https://www.ncbi.nlm.nih.gov/books/NBK132221/)

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Havering Council has commissioned a small number of pharmacies to deliver an EHC offer for those aged 13-25 years, to complement other access routes for this service (for example, via specialist sexual health services). Community pharmacy can offer the convenience of access closer to home, often with increased opening hours compared to other healthcare services.

The current EHC contract, initiated in September 2024, was designed to run for an initial one-year term with the option to extend annually for up to four additional years.

The current contract requires pharmacists to supply EHC to appropriate clients, while ensuring that advice, information and signposting is provided to support access to and use of routine contraceptive methods (such as oral contraceptives, condoms, long acting contraception etc.) as well as other sexual health and wellbeing support.

Performance of Contract

The EHC contract has been performing well within its budget since it started. In the last couple of years, there has been a significant underspend, and this could be attributed to there currently only being two pharmacies commissioned to provide this service for the whole of Havering.

Table 1: 2023/24

Pharmacy - EHC	Q1 Claims	Q2 Claims	Q3 Claims	Q4 Claims	Total Spend	Budget	Balance
Crescent Pharmacy	£691.20	£629.20	£459.20	£374.00	£2,153.60		
MIM Pharmacy	£312.00	£172.80	£206.40	£443.00	£1,134.20		
Total	£1,003.20	£802.00	£665.60	£817.00	£3,287.80	£36,000.00	£32,712.20

The table above provides a summary of the claims made for the year 2023/24 with the service operating within budget and seeing an underspend of over £32,000. This reflects a relatively low level of claims activity across the year. The highest claims were submitted in Q1, with a gradual decline through Q2 and Q3 followed by a slight increase in Q4. Crescent Pharmacy accounted for approximately 66% of the total spend, indicating higher service uptake compared to MIM Pharmacy. This could be attributed to the location of Crescent Pharmacy, which is situated in the Gooshays Ward, Harold Wood, an area of Havering that accounts for large percentage of the overall population of Havering.

Table 2: 2024/25

Pharmacy - EHC	Q1 Claims	Q2 Claims	Q3 Claims	Q4 Claims *	Total Spend	Budget	Balance
Crescent Pharmacy	£412.80	£299.20	£637.20	£500.40	£1,849.60		
MIM Pharmacy	£374.00	£211.60	£126.40	£0.00 (not yet submitted)	£712.00		
Total	£786.80	£510.80	£763.60	£500.40	£2,561.60	£36,000.00	£33,438.40

*note the invoice for Q4 for one pharmacy remains outstanding.

The table above provides a summary of the claims activity for the year 2024/25. The data reflects clear quarterly fluctuations and a dominant contribution from Crescent Pharmacy which accounted for 72.2% of the total spend compared to MIM Pharmacy which contributed to 27.8% also alluding to differences in location, accessibility between the two providers.

Insight

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Oral Emergency Contraception has been available in community pharmacies for nearly two decades through locally commissioned public health services and over-the-counter sales. However, service specifications vary widely across local authorities, including differences in product availability and eligibility criteria, often limiting individuals under 25. This inconsistency has led to unequal access, placing pressure on other healthcare settings and contributing to health inequalities.

Pharmacy Contraception Service (PCS)

Pharmacy Contraception Service (PCS) is an Advanced community pharmacy service commissioned and funded by the NHS. Commencing in April 2023, the PCS initially enabled participating pharmacists to continue the on-going supply of routine oral contraceptives for those who had been initially prescribed by their GP or other healthcare service, with this offer being expanded to include pharmacist-led initiation of oral contraceptives from December 2023. Following negotiations between Community Pharmacy England, the Department of Health and Social Care (DHSC) and NHS England, a further expansion of the PCS was agreed in March 2025, to include the provision by pharmacists and pharmacy technicians of free-of-charge EHC². The date for the launch of this element of the service is yet to be confirmed.

Current sign up/participation in the existing PCS amongst pharmacists across North East London is high, and the new PCS EHC offer is expected to significantly widen access to EHC via community pharmacy in Havering compared to existing local-authority commissioned provision, both in terms of geographical access and service eligibility (the PCS EHC provision will be available to anyone of childbearing age).

Implications of PCS for local commissioning arrangements

The forthcoming roll out of the PCS EHC offer will render the existing EHC provision commissioned from community pharmacy by the Council duplicative and unnecessary. On this basis, it is proposed that the existing Havering-commissioned provision is maintained until the new PCS EHC start date is confirmed, at which point the local contract can be brought to an end to closely coincide with the launch of the PCS EHC service. To facilitate this, the existing contract will need to be varied to include a no-fault exit clause, with a notice period of 4 weeks. Commissioned pharmacies are aware of this proposal, and understand the basis for the need to apply this variation.

There is currently no confirmed start date for the PCS, however a provisional date has been given as 29th October 2025 with an update due to be provided nearer this time.³ As soon as confirmation of the start date is received, the proposed no-fault exit clause of the Havering EHC contract can then be implemented, ensuring a planned and timely contract exit.

Recommendation

This paper seeks to recommend the approval of the variation of the Emergency Hormonal Contraception contract to include an exit clause and enact the second year of the contract. The variation is necessitated by the imminent national rollout of the NHS Pharmacy Contraception Service, which will require all community pharmacies to provide EHC as a standard service within the pharmacy's provision. The current anticipated start date is 29th of October 2025. The exit clause will enable the Council to respond flexibly to this policy change, ensuring value for money and continuity of service for local residents.

² [We're all community pharmacy](#)

³ <https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-contraception-service/>

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OTHER OPTIONS CONSIDERED AND REJECTED

Option 1: Allow the EHC Contract to expire and cease local provision

This option is not advised, as this would mean not extending or varying the current contract, resulting in the service ending when the contract naturally expires at the end of September 2025. The primary aim of the service is to increase access to free emergency contraception and sexual health advice particularly for women under 19 and those at risk of unintended pregnancy.

Ceasing the contract would remove vital, accessible point of care for local residents, especially vulnerable groups. EHC contributes to the reducing unintended pregnancies and associated costs. Discontinuing the service even temporarily could lead to unintended pregnancies particularly among young women and a rise in demand for other health and social care services.

Option 2: Transition immediately to National Service

This option is not possible, as the Pharmacy Contraception Service has not launched. The service is expected to launch in October 2025 although there is no guaranteed exact start date. Maintaining continuity until the national service is operational is considered essential for safeguarding residents' health and wellbeing.

Furthermore, although ceasing the contract would stop the local payments, the overall budget impact is minimal compared to the potential costs of increased unintended pregnancies and the need for crisis interventions.

PRE-DECISION CONSULTATION

None

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

Name: Faith Nare

Designation: Commissioner – Live Well

Signature: *F Nare*

Date: 17/09/2025

Part B - Assessment of implications and risks

LEGAL IMPLICATIONS AND RISKS

The current contract allows for extension of the contract subject to satisfactory performance.

The contract can only be varied in accordance with the contract terms and agreed between parties in writing. No other variation will be effective or valid.

The variation to the contract to terminate the contract on notice gives the Council the right to terminate for no fault

This is permissible legally under the provisions of the contract and Legal shall be instructed to draft the variation agreement to reflect the same.

FINANCIAL IMPLICATIONS AND RISKS

This report is seeking approval to vary the existing EHC contract to incorporate an exit clause, while also seeking permission to enact the second-year extension of the agreement. The current contract commenced in September 2024 for an initial period of one year, with the option to extend for up to a further 4 years (+1+1+1+1). The total cost of the one-year contract + 4-year extension was estimated at £180,000 over the five-year period at the time of award with budget being provisioned from the Council's annual Public Health grant:

2024/25 - Year 1 - £36,000.00

2025/26 - Year 2 - £36,000.00

2026/27 - Year 3 - £36,000.00

2027/28 - Year 4 - £36,000.00

2028/29 - Year 5 - £36,000.00

Total (1 + 4 years) = £180,000.00

Spend over the previous two years has been less than 10% of the budget, averaging approximately £3k per year owing to less pharmacies taking up the offer of providing this service than was originally anticipated.

Due to the imminent roll out of the NHS Pharmacy Contraception Service, this report recommends that the existing emergency hormone contraceptive contract be varied to incorporate an exit clause. This will ensure service continuity for residents by enacting the second year of contract extension whilst enabling the Council to exit the contract once the provision of this service is taken over by the NHS.

If an underspend (or overspend) against the grant should arise at year-end, the balance will be transferred to (or from) the Public Health reserve to ensure that the grant is spent in line with its conditions.

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

The recommendations made in this report do not give rise to any identifiable human resources implications or risks.

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EQUALITIES AND SOCIAL INCLUSION IMPLICATIONS AND RISKS

Havering has a diverse community made up of many different groups and individuals. The council values diversity and believes it essential to understand and include the different contributions, perspectives and experience that people from different backgrounds bring.

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, gender, race and disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

The Council is committed to all of 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 socio-economics and health determinants.

The Council seeks to ensure equality, inclusion, and dignity for all, in all situations. An EqHIA (Equality and Health Impact Assessment) is usually carried out and on this occasion, this is not required.

There are no equalities and social inclusion implications and risks associated with this decision.

ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS

The recommendations made in this report do not give rise to any identifiable Environmental or Climate change risks or implications.

BACKGROUND PAPERS

None

APPENDICES

Appendix A - <https://democracy.havering.gov.uk/ieDecisionDetails.aspx?ID=8356> - Open

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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

Details of decision maker

Signed



Name: Mark Ansell

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 _____