Havering
LONDON BOROUGH

CABINET

Subject Heading:	Permission to Direct Award under PSR Process C the Integrated Sexual and Reproductive Health Service to BHRUT
Cabinet Member:	Councillor Gillian Ford, Cabinet Member for Adults and Wellbeing
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 mandated duty to provide open access services for sexual and reproductive health, including contraception services and testing and treatment for sexually transmitted infections.
Financial summary:	The contract value for Havering is estimated to be approx. £9.1m. over the seven-year contract term. All funding for the service will be drawn from the ring-fenced Public Health Grant with any uplifts to the value of the contract during its lifetime being subject to availability of equivalent uplifts to the Public Health Grant.
Is this a Key Decision?	Yes, Expenditure or saving (including anticipated income) of £500,000 or more

Cabinet, 11 March 2026

When should this matter be reviewed?	11 March 2026
Reviewing OSC:	People's Overview and Scrutiny Sub Committee

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

SUMMARY

Local Authorities have a statutory responsibility, as outlined in the Health and Social Care Act 2012, to commission sexual and reproductive health (SRH) services for their residents. This ensures that individuals have access to essential healthcare services in line with national legislation.

At present, Barking Havering and Redbridge University Hospitals NHS Trust (BHRUT) delivers the Integrated Sexual Health Service (ISHS) with the contract set to conclude on 30 September 2026. The London Borough of Havering (LBH) has been working in partnership with the London Boroughs of Barking and Dagenham (LBBD) and Redbridge (LBR) to jointly commission ISHS services for several years, with the intention to continue this arrangement for the new contract. Newham Shared Services will continue to monitor the contract on behalf of all three boroughs in accordance with an existing Inter Authority Agreement

Under Provider Selection Regime (PSR) procurement regulations that were implemented in 2024, authorities have the option to directly award healthcare contracts if the new contract is not deemed materially different and the incumbent provider is assessed as having delivered the contract to a satisfactory standard. Following detailed assessment of incumbent provider performance against the PSR Direct Award C Criteria, commissioners from the three participating boroughs have concluded that this is an acceptable and desirable route of award.

RECOMMENDATIONS

For reasons set out in this report, it is recommended that Cabinet:

1. Approve the Direct Award under PSR Process C of the Integrated Sexual and Reproductive Health Service to BHRUT for the period 1st October 2026 to 30th September 2033 at an estimated total cost of £9.1m. as set out in this report.

2. Delegate authority to the Director of Public Health, in consultation with the Cabinet Member for Adults and Health Wellbeing to:

    a) award the contract upon completion of the Direct Award Process C
    b) Agree any variations to baselines, tariffs, and work packages over the lifetime of the contract

REPORT DETAIL

Background:
Havering Council is seeking to re-procure the ISHS to ensure that its statutory duties for providing these services for residents are met, while also reducing health inequalities and improving sexual and reproductive health outcomes. Under the Health and Social Care Act 2012, local authorities are required to ensure the provision of open access services for contraception and for the testing and treatment of sexually transmitted infections for residents. This statutory responsibility encompasses core principles: services must be free of charge, confidential, readily accessible.

“Open access” signifies that these services are available to any individual, regardless of personal circumstances, residential address, or GP registration, and without the need for referral. This requirement means that residents from Havering can access sexual health services in any part of London or England, and conversely, residents from other authorities can access services from Havering. Havering Council remains responsible for meeting the cost of SRH services provided for their residents, wherever this treatment occurs. Out-of-borough expenditure is variable, being paid on a fee-per-service basis – this activity is outside the scope of this paper and associated procurement exercise.

Sexual health challenges are unevenly distributed, with higher risks associated with deprivation, younger age groups, women, men who have sex with men (MSM), and people from black and minority ethnic backgrounds. In the UK, HIV disproportionately affects MSM and Black Africans while certain populations face heightened risks of poor sexual health and may encounter stigma and discrimination, potentially affecting their access to necessary services.

Historically, the ISHS has been commissioned as a three-borough service: Barking and Dagenham, Havering and Redbridge with evidence showing that joint commissioning offers greater opportunity for efficiencies, including shared clinical leadership. A single-borough model is financially uncertain and less likely to attract provider interest. Across North Est London, all boroughs expect for the City of London and Hackney contribute via an Inter-Authority Agreement with Newham council, which leads the commissioning of sexual and reproductive health services through a shared service agreement, however inner NEL boroughs maintain separate contract for their commissioned SRH services.

Local Context
To ensure the service meets future population health needs, it is important to consider current demographics patterns, inequalities and epidemiological trends in Havering. According to the ONS Mid-Year population estimate 2024, the Havering resident population is estimated as 276,274. The number of people that live in Havering has increased over the

last 3 years from 262,052 in 2021 to 276,274 (a 5.4% increase). Recent population growth has largely been driven by internal and international migration into the borough, particularly amongst children and young people under the age of 15, and adults aged 20-49 years[1]. This is pertinent for sexual and reproductive health services, with adults of reproductive age (15-49 years) representing the most frequent users of these services. Looking forward over the next decade, although the size of the under 15 population is expected to decline, growth of the working-age adult population is set to continue[2], potentially adding further to demand for sexual and reproductive health services.

The borough is also experiencing increasing ethnic diversity due to internal migration from inner London. While areas such as Emerson Park and Upminster remain relatively affluent, significant pockets of deprivation persist in Harold Hill and Rainham. These demographic shifts are driving increased demand for accessible, inclusive, and response public health services. The gender split in Havering is relatively balanced, with a slight female majority. According to the 2021 Census, 88.5% of residents identified as Heterosexual, with 1.1% identifying as gay/lesbian, 0.9% as bisexual and 0.3% as other. Around 9.2% chose not to disclose their sexual orientation.

Sexual and reproductive health outcomes are public health priority in Havering. Although STI diagnosis rates remain below London and national averages, the burden of STIs and their associated harms are not evenly distributed, with young people aged 15–24, residents living in more deprived areas of the borough, and men who have sex with men being disproportionately affected. Although rates of under 18 conceptions in Havering have declined in line with the trend seen across England and London, progress in reducing rates has slowed. A significant proportion of under 18 conceptions lead to abortion (11.2 per 1000 in 2022) and there is a high rate of repeat abortions in under 25s (33.7% in 2021). This highlights the need for improved prevention, early intervention and effective sex and reproductive health education.

Access to effective contraception, particularly Long-Acting Reversible Contraception (LARC), is a key factor in determining sexual and reproductive health outcomes. In 2024, Havering's prescribed LARC rate (excluding injections) was 28.7 per 1,000 population, which is lower than the England average of 40 per 1,000. This reinforces the need to strengthen contraceptive provision and improve access to effective methods, particularly for young people.

HIV continues to be an important area of focus. In 2024, Havering's HIV diagnosis rate was 9 per 100,000 population (25 residents) which is lower than the London rate (16.3 / 100,000), however, between 2022 and 2024, 35% of residents diagnosed with HIV were diagnosed late. Although this is similar to London (39%) and England (43%), late diagnosis is associated with significantly poorer health outcomes and avoidable onward transmission, which reinforces the need for strengthened prevention measures and proactive testing.

Procurement: Methodology

On 28 July 2025, Directors of Public Health, along with legal, procurement, and commissioning representatives from the councils of Barking & Dagenham, Havering, and Redbridge, convened to discuss potential Provider Selection Regime (PSR) procurement

[1] https://democracy.havering.gov.uk/documents/s72056/JSNA Demography Chapter 2023 v0.3A.pdfHavering-JSNA-Demographic-Profile-2026.pdf
[2] Havering-JSNA-Demographic-Profile-2026.pdf

routes for awarding a new Integrated Sexual Health Service contract. As the service is governed by the PSR, under these procurement regulations, only Direct Award C and competitive tender were identified as viable procurement options suitable for this service at present. During the meeting, commissioners were tasked with developing a more comprehensive framework to assess the performance of the incumbent provider, BHRUT. This framework intended to provide internal assurance regarding the appropriateness and applicability of pursuing Direct Award C for this contract.

For Direct Award C to be considered an acceptable procurement route, commissioners are required to demonstrate that the following conditions in relation to the contract are met:

- There is no significant change to the value of the contract – when the existing contract was originally let in 2018, the anticipated lifetime value of the contract over eight years was £12M[3]. Even when calculated pro-rata to account for the proposed seven-year term for the new contract (£9.1M), there is no risk of the new contract being considered to have significantly changed (under PSR Direct Award C, a significant change is defined as the new contract being at least a 25% higher in value compared to the current contract at the point it was let AND the new contract value being increased by at least £0.5M).
- There is no significant change to the scope of the service provision – PSR Direct Award C guidance states that a significant change would involve "arrangements (that are) materially different in character to the existing contract"[4]. The overarching scope of the service being procured (sexual and reproductive health services) and the nature of the underlying modules of care are considered consistent between the current and new contract, so it is not considered that the new service being procured would be deemed materially different.
- Performance of the incumbent provider is assessed as satisfactory, and commissioners are content that the incumbent can continue to deliver the new contract to a satisfactory standard.

Assessing incumbent provider performance

In determining whether an incumbent provider is delivering a contract to a satisfactory standard, PSR guidance requires commissioners to demonstrate consideration of the five key criteria: Quality and innovation, value, integration, collaboration and service sustainability, improving access, reducing health inequalities and facilitating choice, social value. While commissioners must show they have reviewed performance against each of these areas, the PSR framework provides broad discretion in how this assessment is carried out and how evidence is applied to determine whether the incumbent provider meets the required standard.

To evaluate the incumbent provider's performance, commissioners agreed a set of sub-criteria under each PSR key criteria. These sub-criteria were designed to reflect markers of high-quality sexual and reproductive health service delivery across outer North East London. The assessment considered:

- Performance against service KPIs
- Continuous service improvement and service development
- Financial sustainability and effective demand management
- Engagement with residents, partners and wider stakeholders
- Actions to improve equity of access and outcomes
- Contribution to wider social value

[3] Havering Council Cabinet Report - Sexual Health Contract Award July FINAL VERSION 3.0.pdf
[4] NHS England » The Provider Selection Regime: statutory guidance

Together, these factors provided a structured basis for determining whether the incumbent provider was meeting the required standards.

A comprehensive assessment of the incumbent provider was undertaken using detailed evidence report compiled by Newham Shared Service. This report brough together service activity and performance data, external reviews, qualitative insights, service-user feedback, and written submissions from the provider, structured around the PSR key criteria and agreed sub-criteria.

Three reviewers independently scored the provider against each of the five PSR criteria using a 10-point scale, where a score above 5 constituted a pass for the purposes of direct Award C. Assessment operated on a pass/fail basis, requiring the provide to achieve a passing score in relation to both current contract performance and expected performance under the new contract.

The moderation process, overseen by a procurement representative from Barking and Dagenham Council confirmed the final scores. The moderated outcome showed that the incumbent met or exceeded the minimum standard across all five criteria for the current and future delivery. This process gave commissioners strong assurance that the provider is capable of delivering the new contract to the required standard. On this basis, commissioners agreed to recommend proceeding with PSR Direct Awad Route C.

Performance Review: BHRUT and the current Service
Havering data has consistently demonstrated stable and moderate demand for specialist sexual health services, in contrast to the more fluctuating activity levels observed in LBBD and LBR. This stability suggests a well-established local service model and relatively steady population engagement. Despite moderate overall demand, Havering exhibited higher monthly peaks at certain times of the year, suggesting targeted campaigns or seasonal variations influencing health-seeking behaviour.

As with neighbouring boroughs, service activity in Havering follows a seasonal pattern, with a noticeable dip in December and peak in March. In recent years, there has been a slight upward trend towards the end of each financial year, potentially reflecting the completion of annual public health targets or enhanced outreach initiatives during that period. The pandemic had significant short-term impact on service usage, with a marked decline in 2020/21. Recovery has been steady but uneven, reaching near pre-pandemic activity levels by 2023/24.

BHRUT is well positioned to continue delivering high-quality care, underpinned by strong governance, consistently high patient satisfaction and compliance with national standards, and a demonstrated commitment to learning from incidents, complains and equity monitoring. The Trust's strong record of adopting innovations such as ED opt-out HIV testing, vaccine pilots, and expanded digital services shows clear capacity for further development. Continuous improvements following Mystery Shopping exercises indicate on ongoing responsiveness to user feedback. The Trust also maintains active awareness of emerging sexual and reproductive health needs in the local population and has established plans and processes to support service quality, adaptation, and innovation in the years ahead.

Financial Commitment:
The contract value for Havering is estimated to be approx. £9.1m over the seven-year contract term. All funding for the service will be drawn from the ring-fenced Public Health Grant. Any uplifts to the value of the contract during its lifetime will be subject to availability

of equivalent uplifts to the Public Health Grant. The provider continues to demonstrate strong value for money, delivering robust KPI performance under the Modified Block Payment Model and achieving over 70% delivery within the first six months. Robust contract monitoring processes for the new contract will ensure that the provider continues to deliver high quality services that maximise positive outcomes for Havering residents while representing good value.

Available data for 2025/26 indicates that BHRUT retains a significant market share of residents accessing integrated sexual and reproductive health services, with 77% of SRH service activity occurring at one of the BHRUT service clinical sites (not including activity that passes through the London e-service). This strong market share helps to control authority expenditure associated with Havering residents accessing services in other areas, which is charged back to the Public Health Grant of the authority of residence.

Operational efficiencies such as strategic clinic relocations, enhanced triage processes, and a successful channel shift to e-services are strengthening financial sustainability by optimising capacity and reducing avoidable costs. These efficiencies are complemented by evidence-based workforce planning and responsive demand-management processes, ensuring that resources are redeployed in a way that maximises productively and delivers a strong financial return in line with investment.

Conclusion
The decision to proceed with a Direct Award under PSR Process C for the new Specialist Integrated Sexual and Reproductive Health Service is both necessary and strategically justified. To maintain compliance with statutory duties under the Health and Social Care Act 2012, the council must ensure uninterrupted access to thigh-quality, open -access sexual and reproductive health provision. BHRUT, as the incumbent provider, has demonstrated strong performance, financial stewardship and service innovation, offering a proven platform capable of meeting the complex evolving needs of the local population. Retaining the three-borough commissioning model further secures economies of scale, market stability a consistent service delivery across Barking and Dagenham, Havering and Redbridge.

Delegating authority for the final contract award enables completion of negotiations with the provider and with partnering authorities to confirm the detailed contractual terms and the Council's precise financial obligations. Approving the Direct Award provides the council with a clear and proportionate route to safeguarding a resilient, cost-effective and outcome-driven specialist service that mitigates health inequalities, protects public health, and delivers demonstrable best value for the wider local system.

REASONS AND OPTIONS

Reasons for the decision:

The reasons are set out in the main report.

Other options considered:

Option 1: Do Nothing:

The option to do nothing and let the contract lapse at its end date is not viable as the Council is mandated to provided open-access, accessible and confidential contraceptive and sexually transmitted infections (STIs) testing and treatment services for residents. Not commissioning a local service would result in activity being displaced to other services across London and other authorities – the Council would remain financially liable for this provision, but with significantly limited ability to influence the quality or cost of this provision.

Equally, not providing a local service would make accessing SRH services more challenging for residents, and may result in some not being able to access necessary care, ultimately culminating in worsening health and wellbeing outcomes. It is important that appropriate contractual arrangement is put in place locally to cover such services, to ensure compliance with national clinical guidance, minimise risk and ensure value for money.

Option 2: Procure as Single Borough Service:
This option has been considered and rejected at this time on the basis that it would not offer the same opportunities to secure associated economies of scale, thereby maximising value for money that a three-borough tender across BHR would offer. There would also be a risk that the market would focus on the larger procurement and that there would be little interest in a Havering only procurement. As most BHR residents currently access services form the same provider, there would be the added risk of a Havering only procurement de-stabilising BHR provision if it were not part of the same procurement.

Option 3: Procure a London-wide Specialist Integrated Sexual and Reproductive Health Service
The option to procure the new Specialist Integrated Sexual and Reproductive Service using a London-wide transformational approach has been considered and rejected as this time. Current legislation places statutory duties on individual Local Authorities, requiring services to shaped around local population needs, safeguarding requirements, ad governance arrangements that vary across boroughs. Evidence from London Sexual Health Programme demonstrates persistent challenges in achieving cross-borough alignment, including differing clinical pathways and inconsistent provider capacity across the region.

These issues are compounded by variation in demographics profiles, demand pressures, and health inequalities. Additionally, the fragmented funding landscape, characterised by uneven public health grant allocations and historic cuts to SRH budgets, limits the ability for boroughs to pool financial resources at the scale required for a London-wide integration.

Option 4: Procure a New NEL wide Specialist Integrated Sexual and Reproductive Health Service
This option has been considered and ultimately rejected. Pursuing this approach is not plausible at this stage, primarily due to the differing current end dates for Outer North East London (ONEL) and Inner North East London (INEL) Sexual and Reproductive Health (SRH) contracts, with INEL having already proceeded with the decision to award their contract to their incumbent via PSR Direct Award C. In addition, the procurement of a new NEL Specialist Integrated Sexual and Reproductive Health service would require both legal and procurement capacity within the NEL Shared Commissioning Service.

At present, this internal capacity and financial resource is not available, and as a result, it would be necessary to outsource support from the private sector to manage the increased workload associated with a competitive procurement process. The new ONEL contract has been deliberately proposed as a seven-year agreement, aligning it's end date with that for the INEL contract. By synchronising the end dates of these contracts, commissioners and the Shared Services Team are afforded ample time for thorough preparation, planning, and

transition activities, should a NEL-wide approach be deemed advantageous in future. This extended period supports effective service delivery and future strategic decision-making, allowing for a coordinated approach across relevant regions.

IMPLICATIONS AND RISKS

Legal implications and risks:

The Council's statutory duty to provide this service under the Health and Social Care Act 2012 is already set out within the body of this report. Officers seek to procure these services in compliance with such duties.

Furthermore, the Council has the power to procure these services under Section 111 of the Local Government Act 1972, which allows the Council to do anything which is calculated to facilitate, or is conducive or incidental to, the discharge of any of its functions.

Procurement have confirmed that the proposed Integrated Sexual and Reproductive Health Service is classed as a health care service under Schedule 1 of the Health Care Services (Provider Selection Regime) Regulations 2023 (PSR23).

Officers intend to follow Direct Award Process C in accordance with Regulation 9 of PSR23. Direct Award Processes A and B are not required as the relevant health care services:

(a) are capable of being provided by providers other than the existing provider; and
(b) are not services in respect of which a patient is offered a choice of provider.

As set out in the body of this report, the term of the existing contract is due to expire, and the Council intends to award a new contract to replace that existing contract at the end of its term. Officers are of the view that the existing provider is satisfying the existing contract and will likely satisfy the proposed contract to a sufficient standard.

Furthermore, the new contract will not include any material differences in character from the existing contract, and the lifetime value of the proposed contract will not exceed the thresholds set out in Regulation 6(10) of the PSR23. The considerable change threshold under PSR23 has therefore not been met and the Direct Award Process C is a compliant route to market.

Financial implications and risks:

This report is seeking approval from Cabinet for a direct award of the Council's Integrated Sexual and Reproductive Health Service contract to BHRUT from 1st October 2026 to 30th September 2033 at an estimated total cost of £9.1m and for delegated authority to be given to the Director of Public Health to agree any variations over the life of the contract.

The contract provides the Council's sexual and reproductive health services for residents in line with statutory requirements. The contract is commissioned on behalf of Havering, Barking and Dagenham and Redbridge councils so that economies of scale can be benefited from whilst ensuring the service that is designed meets the needs of the geographical area. The overall value of the new contract across the three boroughs is £30m. The cost is split

between the authorities based on usage; Havering's anticipated cost of £9.1m is based on an estimate that Havering will consume 30% of the service provided.

The currently contract costs £1,325,742.18 per year. The new contract is delivering the same scope as the existing contract.

The contract is split between block payment of 91.9% and performance related payment of 8.1%. This is designed to ensure a balance between provider sustainability and performance incentivisation. Therefore, the contract cost could range between a minimum amount of £8.399m and a maximum amount of £9.139m over the life of the contract.

The contract will be subject to annual inflationary uplift at a rate of 2% per year.

The estimated costs over the lift of the contract are given below:

Year	Block	Performance	Total
1	£ 1,129,749.28	£ 99,575.29	£ 1,229,324.57
2	£ 1,152,344.27	£ 101,566.80	£ 1,253,911.06
3	£ 1,175,391.15	£ 103,598.13	£ 1,278,989.28
4	£ 1,198,898.98	£ 105,670.09	£ 1,304,569.07
5	£ 1,222,876.95	£ 107,783.50	£ 1,330,660.45
6	£ 1,247,334.49	£ 109,939.17	£ 1,357,273.66
7	£ 1,272,281.18	£ 112,137.95	£ 1,384,419.13
Total	£ 8,398,876.31	£ 740,270.93	£ 9,139,147.23

The contract term is seven years with a break clause. This has been designed to co-terminus with neighbouring boroughs' contracts to enable the possibility of exploring the opportunity for further economies of scale as part of subsequent contracts.

The Council is opting to direct award this contract owing to the lack of providers in the market in the borough. This has been deemed permittable under 2024 Provider Selection Regime (PSR) procurement regulations because the contract has not changed in scope or value and because the incumbent provider has been assessed as having delivered the contract to satisfactory standards.

The predominantly block payment nature of the contract protects the Council from cost increases stemming from population growth. The population of Havering grew by 5.4% between 2021 and 2024, particularly within the 20-49 year old age group. The growth of this age group is expected to continue to increase over the next ten years, potentially adding to the call on sexual and reproductive health services.

As well as being a statutory requirement, delivering sexual and reproductive health services avoids higher costs being incurred downstream within the health service.

The proportion of activity attributed to each borough will be reviewed annually using verified activity data from the preceding financial year. Where a variance of ±2% or more is identified between the previous year's activity levels and the current borough allocation, commissioners will agree updated percentage allocations for each borough. Any adjustment to borough-level allocations will not affect the total contract value. Changes will relate solely to the distribution of payments across individual boroughs. In this way, each

borough will pay the appropriate amount for its usage of services provided. Any variations to the cost of the contract will be taken through the relevant governance process predicated by the value of the variation.

The contract costs will be funded by the Public Health Grant, the conditions of which are met by the activities carried out as part of this contract. Any variations to the contract will also need to be containable within the Council's overall Public Health Grant funding.

Human Resources implications and risks:

The report does not give rise to any identifiable Human Resources implications or risks.

Equalities 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.

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 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 proposed 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

An EqHIA has been completed and identified positive or neutral impact across protected characteristics. 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 targeted outreach and engagement that form part of the funding model described.

Health and Wellbeing implications and Risks

Under the Health and Social Care Act 2012, local authorities are required to ensure the provision of open access services for contraception and for the testing and treatment of sexually transmitted infections for residents.

Approval to proceed with the procurement of the Integrated Sexual and Reproductive Health service as proposed will ensure continuity of service for Havering residents, maintaining their access to good quality, locally accessible provision, which is integral to efforts to improve sexual and reproductive health outcomes for the local population. Failing to reprocure a local Integrated Sexual Health and Reproductive Health service may result in some residents delaying or simply not seeking care for their sexual health needs, which may contribute to worsening population outcomes with respects to issues such as STI transmission, unplanned pregnancy, repeat terminations and HIV transmission.

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.

ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS

The report does not give rise to any identifiable environmental and climate change implications or risks.

BACKGROUND PAPERS

None