



## ***Delegated Decisions by Cabinet Member for Public Health and Inequalities***

***Tuesday, 3 February 2026 at 1.00 pm  
Online***

If you wish to view proceedings, please click on this [Live Stream Link](#).  
However, that will not allow you to participate in the meeting.

### ***Items for Decision***

The items for decision under individual Cabinet Members' delegated powers are listed overleaf, with indicative timings, and the related reports are attached. Decisions taken will become effective at the end of the working day on 6<sup>th</sup> February 2026 unless called in by that date for review by the appropriate Scrutiny Committee.

Copies of the reports are circulated (by e-mail) to all members of the County Council.

**These proceedings are open to the public**

Martin Reeves  
Chief Executive

January 2026

*Committee Officer:*

***Email:***

***committeesdemocraticservices@oxfordshire.gov.uk***

*Note: Date of next meeting: 3 March 2026*

**If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, but please give as much notice as possible before the meeting.**

## **Items for Decision**

### **1. Declarations of Interest**

See guidance below.

### **2. Minutes of the Previous Meeting** (Pages 7 - 8)

To confirm the minutes of the meeting held on **7 October 2025** to be signed by the Chair as a correct record.

### **3. Questions from County Councillors**

Any county councillor may, by giving notice to the Proper Officer by 9 am three working days before the meeting, ask a question on an item on the agenda.

The number of questions which may be asked by any councillor at any one meeting is limited to two (or one question with notice and a supplementary question at the meeting) and the time for questions will be limited to 30 minutes in total. As with questions at Council, any questions which remain unanswered at the end of this item will receive a written response.

Questions submitted prior to the agenda being despatched are shown below and will be the subject of a response from the appropriate Cabinet Member or such other councillor or officer as is determined by the Cabinet Member and shall not be the subject of further debate at this meeting. Questions received after the despatch of the agenda, but before the deadline, will be shown on the Schedule of Addenda circulated at the meeting, together with any written response which is available at that time.

### **4. Petitions and Public Address**

Members of the public who wish to speak on an item on the agenda at this meeting, or present a petition, can attend the meeting in person or 'virtually' through an online connection.

Requests to present a petition must be submitted no later than 9am ten working days before the meeting.

Requests to speak must be submitted no later than 9am three working days before the meeting.

Requests should be submitted to [committeesdemocraticservices@oxfordshire.gov.uk](mailto:committeesdemocraticservices@oxfordshire.gov.uk)

If you are speaking 'virtually', you may submit a written statement of your presentation to ensure that if the technology fails, then your views can still be taken into account. A written copy of your statement can be provided no later than 9am on the day of the meeting. Written submissions should be no longer than 1 A4 sheet.

### **5. Integrated Sexual Health Service Contract - Business Case Approval** (Pages 9 - 24)

Report by Director of Public Health and Communities

## RECOMMENDATION

The Cabinet Member is RECOMMENDED to:

- a) Approve the Business Case and the option to recommit the Integrated Sexual Health Service (ISHS) based on the current tariff-based payment model and using the Provider Selection Regime (PSR).
- b) Delegate authority to the Director of Public to approve the recommit of the ISHS Contract for 5+3 years from 1st April 2027.

## **Councillors declaring interests**

### **General duty**

You must declare any disclosable pecuniary interests when the meeting reaches the item on the agenda headed 'Declarations of Interest' or as soon as it becomes apparent to you.

### **What is a disclosable pecuniary interest?**

Disclosable pecuniary interests relate to your employment; sponsorship (i.e. payment for expenses incurred by you in carrying out your duties as a councillor or towards your election expenses); contracts; land in the Council's area; licenses for land in the Council's area; corporate tenancies; and securities. These declarations must be recorded in each councillor's Register of Interests which is publicly available on the Council's website.

Disclosable pecuniary interests that must be declared are not only those of the member her or himself but also those member's spouse, civil partner or person they are living with as husband or wife or as if they were civil partners.

### **Declaring an interest**

Where any matter disclosed in your Register of Interests is being considered at a meeting, you must declare that you have an interest. You should also disclose the nature as well as the existence of the interest. If you have a disclosable pecuniary interest, after having declared it at the meeting you must not participate in discussion or voting on the item and must withdraw from the meeting whilst the matter is discussed.

### **Members' Code of Conduct and public perception**

Even if you do not have a disclosable pecuniary interest in a matter, the Members' Code of Conduct says that a member 'must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself' and that 'you must not place yourself in situations where your honesty and integrity may be questioned'.

### **Members Code – Other registrable interests**

Where a matter arises at a meeting which directly relates to the financial interest or wellbeing of one of your other registerable interests then you must declare an interest. You must not participate in discussion or voting on the item and you must withdraw from the meeting whilst the matter is discussed.

Wellbeing can be described as a condition of contentedness, healthiness and happiness; anything that could be said to affect a person's quality of life, either positively or negatively, is likely to affect their wellbeing.

Other registrable interests include:

- a) Any unpaid directorships

- b) Any body of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority.
- c) Any body (i) exercising functions of a public nature (ii) directed to charitable purposes or (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management.

### **Members Code – Non-registrable interests**

Where a matter arises at a meeting which directly relates to your financial interest or wellbeing (and does not fall under disclosable pecuniary interests), or the financial interest or wellbeing of a relative or close associate, you must declare the interest.

Where a matter arises at a meeting which affects your own financial interest or wellbeing, a financial interest or wellbeing of a relative or close associate or a financial interest or wellbeing of a body included under other registrable interests, then you must declare the interest.

In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied:

Where a matter affects the financial interest or well-being:

- a) to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
- b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest.

You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.

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## DELEGATED DECISIONS BY CABINET MEMBER FOR PUBLIC HEALTH AND INEQUALITIES

**MINUTES** of the meeting held on Tuesday, 7 October 2025 commencing at 1.00 pm and finishing at 1:10

**Present:**

**Voting Members:** Councillor Kate Gregory– in the Chair

**Officers :** Mohamed Cassimjee (Democratic Services Officer)

**Agenda item 5** Adam Briggs (Deputy Director Public Health and Communities)

*The Cabinet Member considered the matters, reports and recommendations contained or referred to in the agenda for the meeting and agreed as set out below. Copies of the agenda and reports are attached to the signed Minutes.*

**7 DECLARATIONS OF INTEREST**  
(Agenda No. 1)

There were none declared.

**8 QUESTIONS FROM COUNTY COUNCILLORS**  
(Agenda No. 2)

There were none received

**9 PETITIONS AND PUBLIC ADDRESS**  
(Agenda No. 3)

There were no requests.

**10 MINUTES OF THE PREVIOUS MEETING**  
(Agenda No. 4)

The Cabinet Member approved the minutes of the meeting held on 16 September 2025, as an accurate record of the proceedings.

**11 CONTRACTUAL CHANGES TO PUBLIC HEALTH CONTRACTS FOR ABOVE INFLATION NHS PAY AWARDS**  
(Agenda No. 5)

The Deputy Director of Public Health and Communities introduced the report

The Cabinet Member considered a report which indicated that the Government had announced that employees who were on Agenda for Change NHS terms and conditions would receive an above inflation pay rise for both 2024/2025 and 2025/2026.

In light of the increased costs, the Council had received uplifts to the public health grant to ensure that public health funded contracts that included staff on Agenda for Change NHS terms and conditions remained sustainable.

RESOLVED to:

- (a) Agree to a variation to contract for 0-19 Public Health Nursing Services to Oxford Health NHS Foundation Trust to cover above expected staff pay costs for the NHS employed staff on Agenda for Change contracts.

..... in the Chair

Date of signing ..... 2025



## **Delegated Decision by Cabinet Member for Public Health and Inequalities**

**03 February 2026**

### **Integrated Sexual Health Services Re-Commission Business Case and Options Appraisal**

#### **Report by Corporate Director for Public Health and Communities**

## **1. RECOMMENDATION**

**The Cabinet Member is RECOMMENDED to:**

- a) Approve the Business Case and the option to recommission the Integrated Sexual Health Service (ISHS) based on the current tariff-based payment model and using the Provider Selection Regime (PSR).**
- b) Delegate authority to the Director of Public to approve the recommission of the ISHS Contract for 5+3 years from 1<sup>st</sup> April 2027.**

## **2. Executive Summary**

- a) The Sexual Health Service is a legally mandated public health service that the Council is responsible for commissioning.
- b) The Oxfordshire Integrated Sexual Health Service delivered by Oxford University Hospitals NHS Foundation Trust (OUHFT), is an open access and free at the point of delivery service that offers sexually transmitted infection (STI) testing, diagnosis and treatment services and a range of reproductive health care services.
- c) The Service commenced on 1st April 2019, with the contract period due to end on the 31<sup>st</sup> of March 2027 following the maximum three-year extension period.
- d) The current total annual contract value for the ISHS is a maximum amount of £5,600,000 per year, which comes from the Public Health Grant.
- a) The recommended option for recommissioning the Service is to continue with current tariff-based payment model utilising the Provider Selection Regime (PSR), in accordance with the Health Care Services (Provider Selection Regime) Regulations 2023.
- e) This recommendation was approved by Public Health DLT on the 20<sup>th</sup> of November 2025 and by Commercial Board on the 11<sup>th</sup> of December 2025.

### 3. Exempt Information

- a) The information on the total financial envelope for delivery of the ISHS contract is exempt on the grounds of paragraph:
  - a. 3. Information relating to the financial or business affairs of any particular person (including the authority holding that information).
- b) The option to recommission the ISHS requires a period of negotiation with the current provider of the service to ensure cost efficiencies and agree a final realistic overall budget for this contract.
- c) This information is therefore included in an exempt annex to the report.

### 4. Background

- a) The Council has a statutory responsibility and obligation to provide comprehensive open access sexual health services, as mandated by the [Health and Social Care Act 2012](#).
- b) The Service aims to improve sexual health by offering non-judgmental, confidential, and open-access care. It is designed so that most sexual health and contraceptive needs can be met at a single site, often by one health professional, in settings with extended opening hours and locations that are easily accessible by public transport.
- c) The current service for the provision of the ISHS in Oxfordshire, is provided by Oxford University Hospitals NHS Foundation Trust (OUHFT). The current Contract commenced on 1st April 2019 and reaches its expiry date on 31st March 2027, following the conclusion of the maximum three-year extension period.
- d) The ISHS is delivered through nine healthcare settings across Oxfordshire and geographically distributed according to need. The healthcare settings are a combination of primary care (General Practice) sites and secondary care (acute) sites, with online/selfcare services also provided.
- e) The ISHS is tiered from Level 1 to 3 (basic and intermediate care and complex service provision), and this model is well established in national policy and is described in full within the [National Integrated Sexual Health Service Specification template](#).
- f) The current Contract is delivered in three parts:
  - Part 1 - provision of the core ISHS service
  - Part 2 - provision of the Sexual Health Promotion, HIV Prevention and Condom Distribution
  - Part 3 – provision of the HIV Pre-Exposure Prophylaxis (PrEP) Service

## 5. Corporate Policies and Priorities

An Integrated Sexual Health Service aligns with Oxfordshire County Council's (OCC) corporate policies and local strategic priorities of both the Council and Public Health Directorate.

- a) The ISHS service aligns closely with key priorities of [the Council's Strategic Plan 2025-2028](#); specifically, the ISHS service directly contributes to the priorities of tackling inequalities, improving children and young people's health and creating a healthier Oxfordshire.
- b) The ISHS also directly contributes to the [Marmot Place Programme](#) goal of creating a fairer, healthier Oxfordshire, in particular to the principles of giving every child the best start in life and ensuring a health standard of living for all.
- c) Delivering comprehensive and accessible Sexual Health Services is a key priority within the **Public Health's Service Delivery Plan 2025-26**. This plan includes a priority to commence re-commissioning activity ahead of the Integrated Sexual Health Service Contract break point in March 2027.

An Integrated Sexual Health Service aligns with [National Strategic Priorities](#) including:

- d) The [Public Health Outcomes Framework](#) (PHOF) sets a vision for public health and desired outcomes for our population. An Integrated Sexual Health Service supports delivery against several PHOF measures:
  - 1. Total prescribed LARC (PHOF indicator C01)
  - 2. Under 18 conceptions rate (PHOF indicator C02a)
  - 3. Under 16 conceptions rate (PHOF indicator C02b)
  - 4. Chlamydia detection rate per 100,000 aged 15–24-year-olds (PHOF indicator D02a)
  - 5. New STI diagnosed (excluding chlamydia aged under 25 (PHOF indicator D02b)
  - 6. HIV late diagnosis in people first diagnosed with HIV in the UK (PHOF indicator D07).
- e) The Department of Health and Social Care has set out its ambitions for improving the sexual and reproductive health in its publications:
  - 1. [A Framework for Sexual Health Improvement in England](#) (2013)
  - 2. [Towards Zero: the HIV Action Plan for England 2022 to 2025](#) (2021)
  - 3. The [Women's Health Strategy for England](#) (2022).
- f) Additionally, the ISHS will help deliver the [10 Year Health Plan for England: Fit for the Future](#) (2025) by contributing to the three key aims of shifting care from hospitals into the community, moving from analogue to digital services, and more focus on preventative interventions.

## 6. Financial Implications

- a) The current total annual contract value for the ISHS is a maximum amount of £5,600,000 per year, which comes from the Public Health Grant. This is a ring-fenced grant, provided to give Local Authorities the funding required to discharge their public health responsibilities and is spent solely on fulfilling their

public health obligations, including the statutory provision of sexual health services

- b) In determining the total value of the new contract, the following key factors are considered:
1. National and local priorities and findings from the local health needs assessment.
  2. Change in demand for sexual health services due to changes in STI patterns and epidemiology.
  3. Change in population health seeking behaviour
  4. Greater investment in prevention, and early intervention strategies.
  5. Benchmarking and performance expectations to address areas where Oxfordshire shows to be an outlier.

Comments checked by:

Emma Percival, Finance Business Partner ASC PH and Comm Financial and Commercial Services.

[Emma.percival@oxfordshire.gov.uk](mailto:Emma.percival@oxfordshire.gov.uk)

## 7. Legal Implications

- a) The Council has a statutory duty under the [Health and Social Care Act 2012](#) to provide open access sexual health services.
- a) Sexual health services are categorised as community health services under CPV code 85323000-9. Contracts awarded for such services must be awarded in accordance with the Health Care Services (Provider Selection Regime) Regulations 2023 (“PSR”). The Council considers the conditions are satisfied to enable it to directly award the contract under the PSR without competitive tendering, on the basis of the Direct Award Process C. It has completed an assessment of the key criteria and the basic selection criteria and is satisfied that OUHFT is not an excluded provider for the purpose of the PSR.

Comments checked by: James Falle

Commercial and IP Team, Partner, Ashfords LLP

[j.falle@ashfords.co.uk](mailto:j.falle@ashfords.co.uk)

## 8. Staff Implications

The Public Health Age Well Team will continue to performance manage the contracts.

## 9. Equality & Inclusion Implications

- a) Good sexual health is not equally distributed within the population, with some communities and populations disproportionately impacted.
- b) The Integrated Sexual Health Service model aims to improve sexual health in Oxfordshire by providing non-judgmental and confidential services through open access and will be designed to ensure a more equitable distribution of sexual health among these populations.
- c) An Equality Impact Assessment has been completed and assessed by the Equalities Team.

## 10. Sustainability Implications

- a) The ISHS aligns with OCC's commitment to ensure that both the climate and the natural environment are at the heart of all decision making.
- b) A Climate Impact Assessment (CIA) has therefore been completed and signed off by the climate action team.

## 11. Risk Management

The following risks are considered and reviewed:

Risk	Likelihood	Mitigation
<b>Reputational risk:</b> Allowing the contract to expire without recommissioning the service would lead to severe reputational damage to the Council both locally and nationally due to the inability to provide a vital and mandated service for the population of Oxfordshire.	Low	Gain approval through this paper to proceed with recommissioning of this mandated service.
<b>Health and wellbeing risk:</b> Good sexual health is vital for both physical and mental wellbeing, and therefore continuing to provide a comprehensive, free and accessible service is vital to reducing the negative impacts of sexual health conditions on the local population.	Low	Gain approval through this paper to proceed with recommissioning of this mandated service.  Implementing recommendations from the upcoming Sexual Health Needs Assessment into the service specifications to ensure that the service continues to meet the diverse needs of the population.
<b>Financial risk:</b> Poor sexual health creates direct and indirect financial burdens in the system.	Low	Gain agreement through this paper to proceed with the provision cycle for services that are proven to be cost-effective and good value for money.
<b>Management risk:</b> The recommissioning of this large, complex contract requires considerable time and staff resource to complete.	Low	Public Health staffing resources have already been planned and allocated for this area of work within the Age Well team. Sufficient time has been allocated to the recommissioning process to complete a comprehensive tender process.

**Ansaf Azhar,**  
**Corporate Director – Public Health and Communities**

**Annex 1: ISHS Cost Analysis – Exemption**  
**Background papers: NIL**

**Contact Officer:** Dr Shakiba Habibula, Consultant in Public Health Medicine  
[shakiba.habibula@oxfordshire.gov.uk](mailto:shakiba.habibula@oxfordshire.gov.uk),

January 2026

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

Document is Restricted

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