

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 1st 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 31st 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 20th of November 2025 and by Commercial Board on the 11th 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

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

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
Reputational risk: 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.
Health and wellbeing risk: 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.
Financial risk: 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.
Management risk: 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,

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