Public Report
Delegated Officer Decision

Committee Name and Date of Committee Meeting
Delegated Officer Decision – 27 October 2026

Report Title
Extension of Contract 19-163 – Rotherham Sexual Health Services – All Ages

Is this a Key Decision and has it been included on the Forward Plan?
Yes

Executive Director Approving Submission of the Report
Emily Parry-Harries, Director of Public Health

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Ward(s) Affected
Borough-Wide

Report Summary
This report describes the decision to undertake a one-year contract extension for the Rotherham Sexual Health Service provided by The Rotherham NHS Foundation Trust (TRFT).

Recommendations

1. To extend the sexual health contract with TRFT, for one year from 1st April 2027 until 31st March 2028, with a Consumer Price Increase (CPI) to be applied in line with the contractual terms and conditions.

List of Appendices Included
Appendix A - Equality Analysis
Appendix B - Carbon Impact Assessment

Background Papers

Cabinet decision to tender sexual health service 15 June 2020

Officer Decision to award the Sexual Health Contract - 26 October 2021

Consideration by any other Council Committee, Scrutiny or Advisory Panel
No

Council Approval Required
No

Exempt from the Press and Public
No

Extension of Contract 19-163 – Rotherham Sexual Health Services – All Ages

1. Background

1.1 Following a competitive tender process, The Rotherham Foundation Trust was awarded the Rotherham Sexual Health contract on 22 November 2021 and the contract commenced on 1st April 2022.

The initial contract term ends 31st March 2027, with an option to extend for a further five years in any number or combination of extensions at the discretion of the Council.

The sexual health commissioned service was re-designed following a Cabinet report on the 15 June 2020. The new model included the transfer of the operational responsibility from the Council to the new provider for the payment to other providers across England when Rotherham residents access other Genito-Urinary Medicine (GUM) services in other parts of England. This is known as out of area GUM payments and every Local Authority has to pay when their residents need to use services in another area.

1.2 The Local Authority is responsible for the commissioning of sexual health services for the Rotherham Borough as described in the 2012 Health and Social Care Act[1]. The service contributes to a wide range of Public Health outcomes.

2. Key Issues

2.1 The mobilisation of the new service model in 2022 went well. TRFT retained the contract, meaning that there were no TUPE or data implications. The transfer of the GUM payments to the provider was well managed and the service now has better oversight of any trend data.

The service implemented the online testing system for under 25's successfully and continue to subcontract MESMAC for outreach provision in schools/colleges and hard to reach groups. The service has implemented two further outreach clinics for contraception.

The service submit service dashboards and social value information in a timely way with minimal performance concerns.

2.2 Patient feedback and mystery shopping provides assurance of quality and continuous improvement.

The service undertakes patient feedback surveys after every appointment and operates a 'you said', 'we did' system, which is reported via contract meetings - examples of some of the improvements made are:

[1] Health and Social Care Act 2012: fact sheets - GOV.UK (www.gov.uk)

- New telephony system, to ensure quicker access to appointments, which is audited and reported on
- Ability to book appointments 6 weeks in advance for nurse procedures
- Added various text links to the text messaging system e.g. weight management and menopause

The service also performs annual mystery shopping exercises via MESMAC, these have included utilisation of volunteers from the sexual health Youth Action group to undertake telephone contact, as well as mystery shopping at subcontracted pharmacies. This is reported and discussed at contract meetings, feedback has been positive overall, mystery shoppers reporting staff friendliness and appropriate sign posting. Improvements implemented have been a call waiting system and better LGBTQ+ signage in reception.

2.3 The service has utilised Women's Health Hub funding to deliver implant training to midwives and GP health practitioners, as well as delivering dedicated implant clinics on the TRFT postnatal ward.

2.4 The service is performing well and is held in high regard by other areas, with a number of other services requesting to observe and train with TRFT who have retained specialist Medical Consultants in this field when other areas have been unable to do so. This means that Rotherham residents have the benefit of a highly specialised service and full range of treatment options without having to travel out of Borough.

For 2024/25 the service met all of its annual targets except for:

- **Work towards achieving a diagnostic rate of 3,250/100,000 for chlamydia screening (female)**
  In 2024 only 3 Local Authority areas in England exceeded this target. In 2024 Rotherham achieved the 11th highest diagnostic rate out of 292 LAs in England.
  A revised ambition for this indicator has been included in the 26/27 KPIs and agreed by the service, setting the chlamydia diagnostic rate target per 100,000 as:

  Green: more than 2,500
  Amber: between 1,500 to 2,499
  Red: more than 1,499

- **Percentage of people who tested positive for Chlamydia to be treated within six working days of the date of the test**
  84% of people who tested positive for chlamydia were treated within six working days of the test result which misses the 95% target. This can be attributed to patient availability as 99% of people are offered a test within this time frame.

2.5 Year to date quarterly data 2025/26:

		Actual Q3 2025/26	Comments
HIV late diagnosis (%) age 15 years plus	Green: <25%	33.30%	Percentages fluctuate over the course of the yea due to small numbers
Local: 38.1%	Amber: 25.1-50%		
Regional: 46.5%	Red >50.1%		
National: 43.3%			
	Lower is better		
Sexual reproductive health services prescribed LARC (excluding injection rate) per 1,000 all ages.	Track or better than region: Target 18.8 N.B performance is divided across the quarters to total the Rotherham rate.	9.33	Target consisten met
Percentage of people having STI test who can access their results (both positive and negative) within 10 working days of the date of the sample (excluding those requiring supplementary tests)	Target 97%	97.30%	Target consisten met
Work towards achieving a diagnostic rate of 3,250/100,000 for chlamydia screening (female)	Minimum expectation amber per 100k.	1643	Most LAs are struggling with th nationally set target, see sectic 2.4.
	Green > 3,250		
	Amber> 2,400 to <3,250		
	Red: <2,400		
Chlamydia proportion 15-24 screened (%)- Female only	Expectation to meet regional target (24%)	24.40%	Screening continues to go well, but is not yielding results fo the diagnostic ra

Percentage of people who tested positive for Chlamydia to be treated within six working days of the date of the test	Target 95%	82.40%	98% of patients are offered treatment within 6 working days, the service reports that it is patient choice as to when the treatment takes place, although patients are advised to obtain treatment as soon as is reasonably practicable.
Percentage of people who tested positive for Chlamydia to be offered the opportunity to be treated within six working days of the date of test	N/A	98.30%	Target consistently met

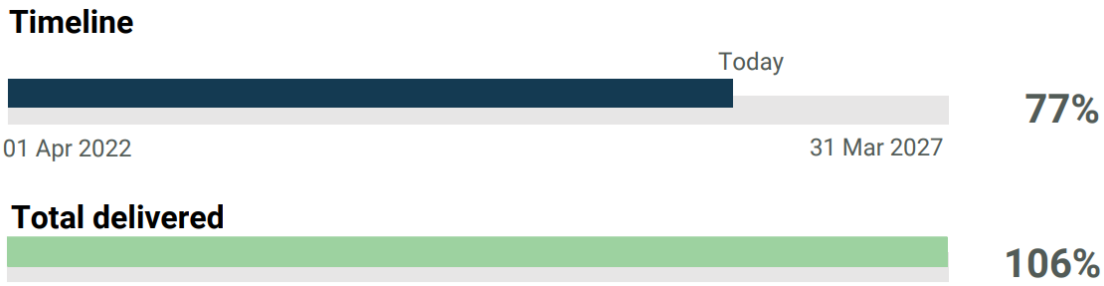
2.6 **Access to Contraception Review**

In November 2024 the Health Select Commission agreed to proceed with undertaking a scrutiny review into access to contraception in Rotherham, recognising the importance of supporting residents to make informed choices about their reproductive health. The findings of the Review were endorsed by the Overview and Scrutiny Board (OSMB) at its meeting on 3rd February 2026 and presented to Cabinet on 9th February 2026.

One of the recommendations outlined by the review was that the feasibility of mobile outreach clinics or rotating sexual health outreach services where contraception, including long-acting reversible contraception (LARC) can be accessed in rural and underserved areas. Therefore, it is proposed that Commissioning and Public Health work with the service to undertake a feasibility review to identify suitable locations, assess demand within rural and underserved communities, evaluate workforce and resource requirements, and determine the operational and financial implications of delivering contraception and LARC provision through mobile or rotating outreach models.

2.7 **Social Value**

The current reporting period for Social Value started on 01/04/2022 and will end 31/03/2027. The service has exceeded the overall delivery target. There are three individual areas not yet achieved, but the service has until the end of March 2027 to do so, two of which are on track. The Voluntary, Community, and Social Enterprise (VCSE) donations are currently at 72% delivery, which is not quite on track, but this is due to the VCSE sector not requiring any further supplies at this time, which has been discussed via contract monitoring.



2.8 New Social Value commitments have been agreed as part of the Contract Variation with the service and are closely aligned to previous commitments.

Contract Modifications Completed to Date

There have been 5 contract modifications to date as follows:-

Contract Modification Reference	Date	Contract Modification Detail	Value
VA-01	30/06/2022	KPI Update Ward Boundaries	N/A
VA-02	13/12/2022	Provision of additional staffing and changes to KPI's.	£111,830
VA-03	27/04/2023	KPI Refresh and Correction of Incorrectly Referenced Clause.	N/A
VA-04	10/10/2023	Drug and Alcohol Sexual Health Workers Updates.	£45,382
VA-05	16/05/2024	Confirmation of funding for the Drug and Alcohol Sexual Health Service 24/25	£30,808.50

The total value of modifications to date equate to £188,020.50.

2.9 **Financial Position**

TRFT have indicated that there is a financial gap between the current contract value and the cost of delivering the service. It is the Trusts intention to identify the financial gap and work with the Council throughout 2026/27 to evaluate a way forward which supports longer term financial sustainability.

3. Options considered and recommended proposal

3.1 Option 1 - recommended: To extend the contract for one year, implementing the required CPI uplift and a new Social Value commitment. The provider is performing well, and the contract allows the permitted contract extension period.

Option 2 – not recommended; To extend the contract for the full extension period of 5 years, with annual reviews of the required CPI uplift and a new Social Value commitment. The provider has confirmed a preference for a one-year extension at this time, whilst a financial review of the contract is undertaken by TRFT.

4. Consultation on proposal

4.1 The Sexual Health Strategy was published in 2019 identifying the key areas for priority in the borough. This included consultation with current and potential service users and partners.

No additional public consultation was felt to be necessary for the original procurement activity, although the specification makes it clear to the provider of the need to consult before any service changes can be implemented

4.2 The Cabinet Member for Adult Care, Housing and Public Health is aware of the Officer Decision.

5. Timetable and Accountability for Implementing this Decision

5.1 The terms and conditions of the contract state that the contracted service must be informed by 30th September 2026 of the Councils intentions to extend and this has been completed.

6. Financial and Procurement Advice and Implications (to be written by the relevant Head of Finance and the Head of Procurement on behalf of s151 Officer)

6.1 The current annual cost of the contract is £2.334m and provides for CPI to be applied from April 2027 (September 2026 would set the CPI to be applied).

6.2 The budget for Sexual Health will need to be increased based on the September CPI and would provide a degree of certainty for another year to allow a dialogue around the contract.

6.3 Engagement with TRFT is required to understand the basis of the proposed contract costs, the factors driving those costs, and the implications for service delivery. This will allow RMBC to assess the affordability of the requirement, establish an appropriate budget position and, where necessary, consider adjustments to the scope to achieve an acceptable balance between cost, risk and service outcomes.

6.4 The contract now falls within the scope of the Health Care Services (Provider Selection Regime) Regulations 2023 (PSR Regulations), which came into force on 1 January 2024.

Regulation 13 (1) of the PSR Regulations, provides that a contract for relevant health care services may be modified during its term without following a new procurement process under these Regulations only where:

(a) the modification is clearly and unambiguously provided for in the contract or framework agreement documents

The extension and application of CPI was provided for in the original procurement and contract documentation and will therefore be exercised in accordance with the contractual mechanism set out.

Whilst the official CPI figures will not be published until October 2026, the CPI adjustment is estimated at £88,560 per annum based on an estimated forecast of approximately 3.5-3.6%. This assumption is informed by independent economic forecasts, including KPMG UK's March 2026 Economic Outlook, which forecast inflation peaking at approximately 3.6% during 2026. The final uplift will be recalculated using the published CPI figure once available, the information is used to determine if a modification notice may be required.
Together with the previous modifications totalling £188,020.50, the cumulative modification value is approximately £276,580.50. As this is below the £500,000 threshold, a contract modification notice is not required.
Furthermore, the extension and associated CPI adjustment mechanism are clearly and unambiguously provided for within the original contract and therefore constitute a permitted modification under Regulation 13(1)(b) of the PSR Regulations.
There have been no conflict-of-interest concerns identified in the management of this contract.

7. Legal Advice and Implications (to be written by Legal Officer on behalf of Service Director Legal Services)

7.1 The Council has statutory responsibilities for the commissioning of certain public health services, including sexual health services, pursuant to the National Health Service Act 2006, the Health and Social Care Act 2012. The continuation of the contract will support the Council in discharging its public health functions and duties and in securing the continued provision of sexual health services for Rotherham residents.

7.2 As stated above the contract contains an express provision permitting extensions of up to five years following expiry of the initial term on 31 March 2027. As such, the proposed one-year extension may lawfully be implemented through the contractual extension mechanism. Appropriate contractual documentation should be completed before the extended term commences.

8. Human Resources Advice and Implications

8.1 There are no HR implications, as the service would continue with the current staffing levels of the contract.

9. Implications for Children and Young People and Vulnerable Adults

9.1 As described in the Cabinet paper this is an all-age service which provides sexual health services for the whole of the Borough with no alternative service.

10. Equalities and Human Rights Advice and Implications

10.1 An equality assessment and needs assessment has been carried out as part of the original procurement process and outlines the actions which will be taken within this service to ensure that equality is a key consideration and is monitored appropriately.

10.2 This is a universal service for anyone requiring sexual health services in Rotherham. It is known that poor physical and mental health is disproportionately experienced by some of the most vulnerable members of our local communities and the recommissioned service will aim to address inequality in health as a general principle, and to prioritise certain target groups.

10.3 The specification for the Service sets out the above requirements to ensure equal access and outcomes across all of Rotherham's communities whilst ensuring that no protected equalities group is being unintentionally disadvantaged or excluded.

11. Implications for CO2 Emissions and Climate Change

11.1 As no changes to service delivery are proposed with the contract extension of one year, no change is expected in the carbon impact of sexual health services in Rotherham. These are principally associated with travel to outreach clinics which are located in communities, to mitigate the need to travel to access services.

11.2 The Trust have updated their Green Plan since the tender: Green plan 2025 to 2028 – Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH)

12. Implications for Partners

12.1 This is a continuation of the current Sexual Health service, which will continue to be managed through existing contract management arrangements. There will be no implications for partners.

13. Risks and Mitigation

13.1 No risks have been identified as this is a continuation of the current Sexual Health service, which will continue to be managed through existing contract management arrangements.

14. Accountable Officers

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This report is published on the Council's website.