

OPEN

Adults and Health Committee

22 September 2025

Integrated Sexual Health Services Recommission

Report of: Helen Charlesworth-May, Executive Director of Adults, Health and Integration

Report Reference No: AH/43/2025-26

Ward(s) Affected: All Wards

For Decision

Purpose of Report

- 1 This report seeks approval to proceed with the recommission of the Integrated Sexual Health Service in Cheshire East.
- 2 The Cheshire East Plan directly informs this work under Priority 2: 'Improving Health & Wellbeing', which includes commitments to improve outcomes, promote early intervention and prevention, and support individuals to thrive. These priorities are reinforced in the Cheshire East Joint Health and Wellbeing Strategy, which emphasises improving wellbeing and tackling inequalities.

Executive Summary

- 3 This report outlines the current sexual health model and the proposed recommissioning approach, which includes resident/stakeholder coproduction.
- 4 The existing service, delivered by Axxess Sexual Health, operates under an integrated approach that brings together education, testing, treatment and support into a seamless and cohesive care pathway.
- 5 This is a mandated service under the Health and Social Care Act (2012) and is strategically aligned with the Cheshire East Plan (2025–2029), specifically Priority 2: 'Improving Health and Wellbeing'. This report seeks approval to proceed with the recommissioning process.

RECOMMENDATIONS

The Adults and Health Committee is recommended to:

1. Approve the commencement of work on recommissioning the Integrated Sexual Health Service.

Background

6. Section 2B of the NHS Act 2006 requires upper-tier and unitary local authorities to take appropriate steps to improve the health of people in their areas. Furthermore, the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 mandates councils to provide comprehensive open-access sexual health services.
7. The Cheshire East Plan 2025–29 outlines several priorities that will guide the recommissioning and delivery of sexual health services, in particular, addressing health disparities and focusing on prevention and early support. An integrated model also reflects the Council's commitment to strong partnerships and delivering targeted, community-based solutions, that improve health and wellbeing across the borough.
8. Sexual health services across Cheshire East are delivered by Axess Sexual Health, part of Liverpool University Hospitals NHS Foundation Trust, offering open-access and confidential care. The service is designed to be inclusive and accessible with emphasis on partnership working and community reach.
9. The service operates across all three nationally defined tiers:

Tier 1: Basic Sexual Health Services –prevention and early intervention
 - Pregnancy prevention advice
 - Teenage pregnancy prevention initiatives
 - Outreach and education programmes
 - Digital/online services, including:
 - Free condom distribution
 - Expert sexual health advice and guidance
Tier 2: Intermediate Clinical Services - more advanced clinical care
 - Contraception services (routine methods and emergency contraception)
 - Sexually Transmitted Infection (STI) testing and screening, including Chlamydia testing for 15–24-year-olds
 - Postal STI testing kits (via SH:24)
 - Early diagnosis and treatment of STIs
Tier 3: Specialist Sexual Health Services - involve complex clinical interventions and specialist care for individuals with more advanced or ongoing needs.
 - Long-Acting Reversible Contraception (LARC)
 - Routine cervical screening (smear testing)
 - HIV care and treatment, including medication
 - STI preventative care, management and treatment
 - Vaccination programmes targeting gonorrhoea and Mpox.
10. Of further note is that, Axess provides a range of inclusive services including HIV testing and PrEP access, dedicated LGBTQ+ and young people's clinics, safe spaces, outreach services for hard-to-reach groups and sexual health education - supported through schools and youth services, with training also offered to professionals through a 'trainer the trainer' model.

11. The sexual health service plays a critical role in preventing the spread of sexually transmitted infections (STIs), reducing unplanned pregnancies, supporting healthy relationships, and addressing inequalities.
12. The need for these services is underpinned by (also see Appendix 1):
 - Persistent rates of sexually transmitted infections (STIs), particularly among young people and vulnerable groups
 - The importance of early intervention and prevention to reduce long-term health and social costs
 - National and local public health priorities including reducing health inequalities and improving reproductive health outcomes.
13. Cheshire East performs well against the England average for most Public Health indicators. Please see Appendix 1 for further details.
14. Sexual health outcomes are closely tied to wider social determinants of health. Groups most affected by poor sexual health include young people aged 15–24; people from Black and minority ethnic communities; LGBTQ+ individuals, particularly men who have sex with men (MSM); people living in areas of high deprivation. These groups often face barriers to accessing services, including stigma, discrimination, and lack of culturally appropriate care¹.
15. National data shows that STI rates and unplanned pregnancies are higher in more deprived areas. In Cheshire East, while overall rates are lower than the national average, pockets of inequality persist, particularly in urban and more deprived communities such as central parts of Crewe. Access to long-acting reversible contraception (LARC) and targeted outreach in schools and youth settings are essential to reducing disparities.
16. A key factor in the transmission of STIs is the age and sexual health behaviour of individuals. In Cheshire East, recent data shows that young people aged 15–24 remain the group most at risk of acquiring STIs, particularly chlamydia and gonorrhoea, reflecting national trends.
17. Recommissioning a robust sexual health service is crucial to sustaining an integrated care model that ensures open-access and confidential provision. This approach improves accessibility, reduces health inequalities, and enhances health outcomes. It supports early diagnosis, ensures efficient use of resources, and promotes continuity of care. Furthermore, it aligns with national priorities and enables targeted interventions for high-risk populations.
18. Two procurement options are likely to be considered:
 - Direct Award Process – This route is available as part of the Procurement Provider Selection Regime (PSR), allowing for a streamlined approach where specific criteria are met.
 - Competitive Tender Process – This involves a formal procurement exercise to invite bids from potential providers, ensuring value for money.
19. The intention is to return to Committee in January or March 2026 with the

¹ GOV.UK. (n.d.). Sexual health: variation in outcomes and inequalities. [online].

proposed model for the new service. This will update on co-production work. The current service contract is set to expire on 30th September 2026.

Consultation and Engagement

20. Work will take place to ensure sexual health services are aligned with local needs and priorities. This will support the development of an integrated, evidence-based model that is equitable, sustainable and insight led.
21. The process will be underpinned by needs analysis including review of alternative service models, national evidence, NICE guidelines, and the new Sexual Health Joint Strategic Needs Assessment. This evidence-based approach will ensure the redesigned service is responsive, effective, and aligned with local priorities and best practice.
22. As part of the recommissioning process. A multidisciplinary project group would also be established, with representation from Commissioning, Public Health, the Integrated Care Board (ICB), Healthwatch and Children's and Education services. A comprehensive consultation and engagement strategy will also be developed, incorporating stakeholder input.
23. Coproduction will be a central to this recommission, ensuring that services are designed and delivered in partnership with the people who use them e.g. young people, LGBTQ+, various ethnic groups, and people living with HIV. A briefing will also be held with members to update on progress and capture views.
24. A mix of engagement methods, including focus groups, surveys and creative workshops will ensure flexibility and wider reach. Crucially, maintaining ongoing communication and showing how feedback has influenced decisions fosters long-term relationships and empowers communities to shape services that reflect their needs and experiences. This programme of work is envisaged to take place following, and subject to, approval of this report until the end of November 2025.
25. This recommission provides an opportunity to develop a service model that reflects our health and care Blueprint for locality-based services delivered through our Care Communities, and which also reflects the aspirations of the NHS 10-year plan.
26. The provider market will also be engaged through a survey and follow-up meetings where they indicate interest.

Reasons for Recommendations

27. This is a mandatory Public Health service which supports national priorities and local sexual/reproductive outcomes (including addressing health inequalities).

Other Options Considered

Option	Impact	Risk
Recommission	Increased value for money and a service shaped around local need	The ability to address local needs effectively with available resources
No Commission	This would mean the current contract would lapse without replacement. This would not be a viable option as it would mean not providing a mandated open-access sexual health service	High risk of increased STI rates, unplanned pregnancies, and early intervention opportunities Significant public health, legal and reputational consequences

Implications and Comments

Monitoring Officer/Legal/Governance

22. This is a statutory service that is fully funded through the ring-fenced Public Health grant provided directly to the Council by Central Government. The current contract costs £2.506m per annum.
23. There are no financial implications associated with the decision to recommission the contract. The financial implications will be assessed once bids are received, to inform the decision-making process.

Section 151 Officer/Finance

28. This is a statutory service that is fully funded by the public health ring-fenced grant that the Council receives directly from Central Government. There are no financial implications of this recommission on the council's existing Medium Term Financial Strategy (MTFS).

Human Resources

29. It is not anticipated that additional staff resources will be needed for the recommissioning of the Sexual Health Service.

Risk Management

30. Risks will be managed by the project team, with mitigation put in place where necessary.

Impact on other Committees

31. The service is predominantly adults focused but the engagement session will include members of the Children and Families Committee.

Policy

32. The activity outlined in this report supports the following aim and priorities within the Cheshire East Plan 2025–29:

<p>Commitment 1: Unlocking Prosperity for All</p> <p>Reducing health related barriers to education, employment, and participation in community life.</p> <p>Supporting young people and adults to make informed choices, contributing to long- term wellbeing/ productivity.</p> <p>Ensuring equitable access to services thus helping to reduce health-related inequalities</p>	<p>Commitment 2: Improving Health and Wellbeing</p> <p>Reduce health inequalities through outreach & prevention.</p> <p>Early intervention and prevention, inc. STI testing, contraception, promotion.</p> <p>Supporting young people to thrive through education, safeguarding and access to confidential care.</p> <p>Strengthening partnerships to deliver joined-up care.</p>	<p>Commitment 3: An Effective and Enabling Council</p> <p>Engagement with residents/stakeholders to shape services that meet local needs.</p> <p>Digital-first service delivery, while maintaining inclusive access for those who need in-person/ community-based support.</p> <p>Delivering value for money through integrated, efficient service models.</p>
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Equality, Diversity and Inclusion

33. An Equality Impact Assessment will form part of the recommissioning process.

Other Implications

34. The recommission will include consideration of social value e.g. to minimise the environmental impact of the service.

Consultation

Name of Consultee	Post held	Date sent	Date returned
<i>Statutory Officer (or deputy) :</i>			
Ashley Hughes	S151 Officer	Click or tap to enter a date	Click or tap to enter a date
Kevin O'Keefe	Acting Monitoring Officer	Click or tap to enter a date	Click or tap to enter a date
<i>Legal and Finance</i>			
David Hallworth	Finance Business Partner	11/09/25	11/09/25
Adrian Leslie	Lawyer	09/09/2025	09/09/2025
<i>Other Consultees:</i>			
<i>Curtis Vickers</i>	Head of Integrated Commissioning		28.08.2025
<i>Liane Halliday</i>	Head of Procurement		28.08.2025
<i>Executive Directors/Directors</i>			
<i>Rod Thompson</i>	Director of Public Health		28.08.2025
<i>Helen Charlesworth-May</i>	Executive Director of Adults, Health and Integration	05.09.2025	09.09.2025

Access to Information	
Contact Officer:	Victoria Davies, Project Manager victoria.davies@cheshireeast.gov.uk Nik Darwin, Programme Lead nik.darwin@cheshireeast.gov.uk
Appendices:	Appendix 1 – Overview of Current Delivery
Background Papers:	Cheshire East Joint Health & Wellbeing Strategy 2023-2028 Cheshire East Plan 2025-2029