Report for:	Cabinet - 15 September 2026
Item number:	13
Title:	Contract variation and extension of the Inter-Authority Agreement (IAA) Pan-London Online Sexual Health Service.
Report authorised by:	Dr Will Maimaris, Director of Public Health
Lead Officer:	Akeem Ogunyemi, Commissioner Sexual Health
Ward(s) affected:	All
Report for Key/ Non-Key Decision:	Key Decision

1. Describe the issue under consideration

1.1. The contract for the pan-London Online service was procured through an EU tender by the City of London (CoL) on behalf of Councils in the London Sexual Health Transformation programme (LSHTP). Following the conclusion of the tender process the contract was awarded to Preventx Limited

1.2. The Council entered an Inter Authority Agreement (IAA) with CoL to access the service for a period of 5 years stating from 1st June 2017, with option to extend for a further 4 years. The IAA is currently extended until 14th August 2026 at an aggregated value of £3,535,776 (excluding VAT).

1.3. CoL has carried out a competitive procurement process for a new Pan London online sexual health service, due to commence on 15th August 2026. However, due to delays with concluding the award of contract, CoI intends to extend the existing contract for a minimum period of 12 months to allow continuity of service delivery while the remaining processes are concluded.

1.4. This report seeks approval to vary the terms and allow the extension of the Council's existing (IAA) with CoL for access to the Pan London online sexual health service, as permitted under Contract Standing Order (CSO) 18.03 and in accordance with CSO 2.01(d).

1.5. Subject to approval being granted, the variation and extension of the IAA will be for a period of 12 months from 15th August 2026, with an option to extend for an additional 12 months. This is an activity-based contract with an estimated value of £620,000 for 12 months and a total value of £1,240,000 for 24 months. The aggregated value for Haringey including the proposed variation and extension will be £4,775,776 excluding VAT.

2. Cabinet Member Introduction

2.1. Cabinet is asked to approve a time-limited extension to the existing Inter-Authority Agreement for the pan-London online sexual health service, ensuring residents continue to access vital sexual health support while the new procurement process is concluded.

2.2. Sexual and reproductive health is a fundamental part of the health and wellbeing of Haringey residents. Access to testing, contraception, treatment and advice helps prevent ill health, reduce onward transmission of sexually transmitted infections and prevent unplanned pregnancies. It is also central to tackling health inequalities, because people living in more deprived communities, young adults, LGBTQ+ residents, some ethnic minority communities and people who experience stigma, discrimination, disability or confidentiality concerns may face additional barriers to accessing care

2.3. Haringey has invested in a broad and accessible sexual health offer, including dedicated young people's clinics, local access to long-acting reversible contraception through our clinic and 17 general practices, outreach for our ethnically diverse communities, provision through 25 Healthy Living pharmacies and an integrated sexual health service commissioned with neighbouring boroughs. The pan-London online service complements these local services by offering discreet home testing and contraception for residents aged 16 and over, while directing people with symptoms, safeguarding concerns or more complex needs to appropriate face-to-face support. For some residents, online access is not simply more convenient; it is what makes accessing sexual health care possible.

2.4. The service is already reaching residents who experience health inequalities. In 2024/25, more than half of postal kit orders came from residents living in the four most deprived deciles, while the service is also used by ethnically diverse communities, LGBTQ+ residents and people across different age groups. This is particularly important given Haringey's high level of sexual health need, with an STI diagnosis rate substantially above both the London and national averages.

2.5. The pan-London service was originally competitively tendered by the City of London on behalf of participating London boroughs and awarded to Preventx Limited. The City of London has now undertaken a further competitive tender for a successor nine-year service, but the procurement has not concluded within the planned timetable following a challenge to the contract award by an unsuccessful bidder and the need to complete the remaining assurance processes. Cabinet is therefore asked to approve a time-limited extension of the existing Inter-Authority Agreement, allowing residents to retain access to this important service while the new tender is properly concluded. This approach protects continuity of care, maintains patient choice and supports Haringey's commitment to prevention, inclusion and equitable access to public services.

3. Recommendations

3.1 That Cabinet approves as permitted under CSO 18.03 and in accordance with CSO 2.01(d):

i. The variation of terms to allow the extension of the Council's existing IAA with City of London for access to the pan-London online sexual health service, for a period of 12 months from 15th August 2026 with option to extend for a further period of 12 months.

ii. The estimated value of £620,000 for 12 months and a total value of £1,240,000 for 24 months. The aggregated total spend by the Council including the proposed variation and extension will be £4,775,776 excluding VAT.

4. Reasons for decision

4.1. The Council's existing IAA for accessing the Pan London Online Sexual Health Service expired on 14th August 2026. The proposed extension is necessary to ensure the Council can continue to access the service while a new contract is put in place by CoL.

4.2. CoL undertook a competitive process for a new nine-year contract, due to commence on 15 August 2026. The procurement has not progressed as anticipated, and CoL intends to issue a 12-month extension to the current contract. The standstill period for the future provision of the online sexual health service has not yet concluded following a challenge to the contract award outcome from an unsuccessful bidder and the need for CoL to complete all remaining procurement assurance processes. As a result, the new contract will not be awarded and mobilised before the expiry of the current contract on 14th August 2026.

4.3. This is an activity-based contract, the current contract was commissioned by CoL through a competitive process with 31 other London boroughs. CoL negotiated competitive rates under the original tender, and these rates will continue if this contract is varied and extended for 12 months.

4.4. Haringey Council is part of the pan-London e-service management board overseeing contract performance and governance. The provider has consistently met contract performance indicators over the lifetime of the contract, including targets for dispatch of testing kits and processing times. The service has continued to evolve in response to service user and commissioner feedback, and to changes in clinical guidelines. The provider has robust safeguarding measures in place.

5. Alternative options considered

5.1 **Option 1 -Do nothing** :
The Council could do nothing and decide to let the contract expire; however, this poses a number of significant risk which would have both reputational and financial risks for the council;

- Complete loss of digital access to sexual health services
- Increase in spend on more expensive, in-person clinics
- Increased pressure on face-to-face services
- Reputational risk due to loss of accessible health services
- Increases risk of health inequalities

5.2 **Option 2 – Insourcing, commission services independently –**
The council could decide not to extend the pan-London e-service (Inter-Authority Agreement) and commission a separate service through the provider selection regime for health services. However, this is not a viable option as the Council would;

- Lose access to a coordinated, London-wide service
- Not align with the North Central London sub-regional Integrated Sexual Health strategic service provision.
- Potentially incur significant higher costs due to lack of economies of scale
- Risk of service fragmentation and reduced user access

6. Background information

6.1. National context- Most of the adult population of England is sexually active, and there is long term changes in the sexual attitudes, lifestyles and behaviours across much of the population. Access to high quality sexual health services improves the health and wellbeing of individuals and populations and is an important public health priority in Haringey, including addressing significant inequalities in sexual health between population groups.

6.2. Commissioning responsibilities for the wellbeing of residents in terms of Human Immunodeficiency Virus (HIV), sexual and reproductive health are currently distributed between NHS England, Local Authorities and Integrated Care Boards (ICBs). Councils are mandated to secure the provision of open access sexual health services, including for community contraception and the testing, diagnosis and treatment of sexually transmitted infections (STIs) and testing and diagnosis of HIV. Residents may attend open access sexual health facilities in any part of the country, without the need for referral.

6.3. Local authorities have a duty under the Health and Social Care Act 2012 to provide sexual health services for their residents. Haringey jointly commissions integrated sexual health clinics with Barnet, Camden and Islington, which provide access to sexual health and contraception services. To complement clinic-based services, the sexual health e-service provides a convenient way for residents to access care.

Individuals can discreetly order STI testing kits to their preferred address. The service includes online triage/clinical risk assessment, dispatch of STI testing kits to complete at home and a clinical results service. Treatment for uncomplicated chlamydia and Trichomonas vaginalis (TV) can be accessed via the online service or through specified pharmacies, with referral into sexual health services for treatment of more complex presentations and for other STIs.

6.4. Haringey has high levels of sexual health need in relation to STIs and recent data shows a high diagnosis rate in syphilis, gonorrhoea and chlamydia when compared to the national and regional averages. The latest data from 2024 shows Haringey has the 12th highest rate in England of STIs per 100,000 population (1,602 compared with an average rate in London of 1,182 and in England of 482). This is linked to the young age profile and high levels of deprivation. Rates in Haringey are similar to other inner London areas.

6.5. The launch of the pan-London e-service in January 2018 was part of a significant transformation of sexual health service across the capital in response to increasing demand and rising costs. The sexual health transformation programme introduced sub-regional models for in-person sexual health services; with costs of sexual health interventions regularised through a standardised tariff system across London. The pan-London e-service was commissioned to 'channel shift' high volume, asymptomatic testing online, allowing clinics to focus on more complex and urgent care. The 'channel shift' of tests from clinics to online was successfully achieved and taken together these measures have helped deliver significant savings to local authorities.

6.6. Clinical guidelines recommend individuals who may be at risk of STIs should seek testing, and people at high risk of HIV and STIs complete regular asymptomatic testing up to four times a year. This is to identify infections early to improve treatment outcomes and to reduce onwards transmission. The e-service provides a convenient and cost-effective way for local authorities to meet this high volume of testing. Since its launch, the e-service has proved effective and popular among users, with over 20,000 online STI tests completed and returned by Haringey residents in 2024/25.

6.7. The sexual health e-service is aligned with key public health priorities, including the promotion of healthy sexual behaviour, the prevention and control of STIs, the reduction of unintended pregnancies and under-18 conceptions, and action to end new infections and transmission of HIV and late HIV diagnosis. These objectives are supported by several strategic frameworks and policies: A Framework for Sexual Health Improvement in England, the HIV Action Plan for England, the Women's Health Strategy for England and the STI Prioritisation Framework.

6.8. The e-service is an activity-based contract. Haringey residents access the service online and the local authority is charged for the intervention. As such, the costs may vary through the year and over time, depending on need and demand for the service.

6.9. The service is available to users over the age of 16 and robust safeguarding procedures are followed through the online consultation process.

6.10. Since its launch in 2018, the e-service has successfully delivered against the original goal to channel shift high volume, asymptomatic and low risk testing from clinics to online. In 2024/25, approximately 41% of all STI tests among Haringey residents was completed through the e-service. Analysis of demographic data among Haringey users shows it is well used across age groups, with the highest rate of use among those aged 25 – 34 (who accounted for 67% of usage in 2024/25). There were 1,411 positive results for STIs among Haringey users of the e-service in 24/25 (these users are then offered appropriate follow up and treatment).

6.11. One of the key benefits of this service is its promotion of patient choice, allowing individuals to access services in a manner that is most accessible and appropriate for them. Stigma or feeling embarrassed to attend sexual health services may inhibit some individuals from accessing care, and the online service provides a discreet, convenient alternative.

6.12. The e-service played a crucial role in ensuring the continuity of sexual health delivery during the COVID-19 pandemic through 2020 and 2021 and the Mpox outbreak in 2022. Throughout the current contract period, the service has been delivered to a high standard with robust clinical governance.

6.13. The delivery of the e-service as a London-wide service has helped to broker collaborative and impactful partnerships to increase reach into high-risk groups. This includes collaboration with dating platforms and community organisations to promote regular testing and promotion at important sexual health community events such as Black Pride and London Pride.

7. Contribution to the Corporate Delivery Plan High Level Strategic outcomes

7.1. The legacy of the covid pandemic continues to highlight the disparity in health inequity and inequalities, particularly for residents with protected characteristics and from deprived parts of the Borough.

7.2 This service is linked to the Corporate Delivery Plan in particular under 'Adults, Health and Welfare – Outcome area 5: Vulnerable adults are supported and thriving- "Working in partnership to reduce health inequalities to meet our ambition of equitable access, experience and outcomes" Cross-cutting theme of Outcome 3 - Residents connected with the right support at the right time in their neighbourhoods.

7.3 Social Value - The pan-London online sexual health programme delivers high social value by improving equitable access and outcomes while reducing costs and strengthening system sustainability through collaborative, digital-first service delivery for London and the North London sub-regional sexual health partnership comprising of LB Haringey, Barnet, Enfield, Camden and Islington.

8. Carbon and Climate Change

8.1. As part of the service specification the provider will be required to have appropriate clinical waste management arrangements in place

8.2. The NHS have ambitions to deliver the world's first net zero health service and respond to climate change. Officers will require the provider to demonstrate how they are contributing to this vision. Green Ambition

9. **Statutory Officers comments Finance, Procurement, Legal and Equalities**

9.1. **Finance**

9.2. The variation and extension of the IAA will be for a period of 12 months from 15th August 2026, with an option to extend for an additional 12 months. This is an activity-based contract with an estimated value of £620,000 for 12 months and a total value of £1,240,000 for 24 months. The aggregated value for Haringey including the proposed variation and extension will be £4,775,776 excluding VAT. This contract will be fully funded through the Public Health grant.

9.3 This contract is for approval to vary the terms and allow the extension of the Council's existing Inter Authority Agreement (IAA) with CoL for access to the Pan London online sexual health service.

9.4 The extension of the contract will continue to be met in full via the Public Health Grant of which they have received a three-year settlement figure. The 2026-2029 grant assumes an allocation of funds towards a Pan London online sexual health service or an alternative provision ensuring the Council meets its duties under the Health and Social Care Act 2012 to provide sexual health services for their residents.

10 **Procurement**

10.1 The Pan-London Online Sexual Health Service was competitively procured by the City of London Corporation, acting as the lead authority on behalf of participating London boroughs, in accordance with the Public Contracts Regulations 2015. Following the procurement process, the contract was awarded to Preventx Limited.

10.2 Through the existing Inter-Authority Agreement (IAA) with the City of London, the Council is able to access this pan-London service, which provides high-volume, demand-led online sexual health testing and associated services. The service supports improved accessibility and patient choice, whilst enabling specialist clinical services to focus resources on more complex and urgent cases.

10.3 The City of London, as lead authority, is responsible for ensuring compliance with all applicable procurement legislation and for managing the contractual arrangements with the provider, including any contract modifications or extensions.

10.4 The proposed variation relates to the Council's participation in, and access to, the service through the IAA. The IAA permits amendments and extensions in accordance with its terms. Accordingly, the proposed variation and extension are permissible under Contract Standing Order 18.03.3 and, CSO 2.01 (d) Cabinet approval of variations of contracts valued at 500k or above

11. Legal

11.1 The Director of Legal and Governance (Monitoring Officer) has been consulted in the preparation of this report. The services were tendered by City of London on behalf of Councils in the London Sexual Health Transformation programme.

11.2 City of London, as lead authority, is responsible for ensuring compliance with prevailing procurement legislation. Haringey Council accesses the services via an Inter Authority Agreement. Legal Services has been advised that the proposed extension is in accordance with the Public Contracts Regulations 2015 and that the Inter Authority Agreement allows for the proposed extension.

11.3 Cabinet has power to approve the recommendations under 18.03.3 and CSO 2.01 d) (approval of variations or extensions with an aggregate value of £500,000 or more).

11.4 The Director of Legal and Governance (Monitoring Officer) confirms that there are no legal reasons preventing Cabinet from approving the recommendations in this report.

12. Equality

12.1 The council has a Public Sector Equality Duty (PSED) under the Equality Act (2010) to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advance equality of opportunity between people who share protected characteristics and people who do not
- Foster good relations between people who share those characteristics and people who do not.

The three parts of the duty apply to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty.

Although it is not enforced in legislation as a protected characteristic, Haringey Council treats socioeconomic status as a local protected characteristic.

12.2 *Service operation*

Local authorities are mandated to provide open access sexual health services for their residents. This proposal is for the continuation via a contract extension of the pan-London online, sexual health e-service which is delivered regionally and commissioned by the City of London's London Sexual Health Programme (LSHP) with participating London boroughs (which include LB Haringey) sharing the cost of the service. The e-service provides at home testing kits for sexually transmitted infections (STI's) as well as contraceptives (the pill and the patch) and condoms. The e-service is an important part of the wider sexual health infrastructure and complements in-person sexual health clinics. The e-service helps to reduce

barriers to accessing sexual health services at a time when in-person clinics are experiencing high levels of demand and some people may find online provision more appealing or accessible.

12.3 By providing contraception and sexual health testing, the service helps to reduce the following:

- unplanned pregnancies
- Termination of pregnancy
- Transmission of sexually transmitted infections, including HIV
- Transmission of human papilloma virus, a risk factor for cervical and other genital cancers

12.4 The e-service offers asymptomatic STI testing to anyone in Haringey age 16+. It offers discreet testing kits delivered to an address provided or to a local sexual health clinic for collection. Users are required to set up an account online and follow a set of screening questions which not only relate to sexual health, but vulnerabilities such as mental health and domestic abuse. Dependent on the information provided, users will be offered a testing kit for delivery or will be provided with details of their local sexual health clinics to access in-person support. (People are directed to a clinic if they report certain symptoms, are under 16 years of age or indicate other vulnerabilities).

12.5 For those eligible, a kit is delivered within 1-3 working days. Users will follow guidance to take relevant samples and return their kit via Royal Mail. Once the provider has received the samples, results are typically provided within 48-72 hours via SMS, email or by logging into the online system – dependant on the user's preference. If treatment or follow up testing is required, the user will be contacted by a clinician. This service is available to anyone age 16+ and who is seeking asymptomatic STI testing or contraception. Anyone under 16 can access Haringey's dedicated young people sexual health service.

12.6 The proposal detailed in this report will continue the delivery of online sexual health services to Haringey residents. There are no negative impacts associated with this proposal.

12.7 From October 2023 to September 2024, the breakdown of service user demographics was as follows:

Age - The service is primarily used by adults aged 25–34 years, who accounted for 54.5% of all postal kit orders (25–29 years: 31.4%; 30–34 years: 23.1%). Young adults aged 22–24 years represented a further 13.6%of users. Uptake amongst those aged 45+ years was comparatively low (6.7%).

Gender- Service use is broadly balanced, with 53.5% female and 44.3% male users. Around 2% of users identified as non-binary, transgender or another gender identity, demonstrating inclusivity.

Race - The service reach is highly reflective of Haringey's diverse population. Whilst people identifying as White British (37.4%) form the largest user group, almost two-thirds of users come from other ethnic backgrounds. Notably, Black

Caribbean (10.2%) and Black African (8.8%) communities are well represented, alongside considerable uptake among mixed ethnicity and Latin American populations. This demonstrates the service's reach across diverse communities and supports efforts to reduce inequalities in access to sexual health services

Sexual orientation – Although sexual orientation is not directly reported, partner-sex data demonstrate usage by heterosexual, LGBTQ+ and bisexual populations. Notably, 17.4% of male users reported male partners, indicating strong engagement with MSM populations.

Socio-economic deprivation- The service is successfully reaching more deprived communities in Haringey, 50.5% of all orders originated from residents living in the four most deprived IMD deciles, compared with only 7.4% from the two least deprived deciles. This suggests the service is helping reduce access barriers and improve equity of access to sexual health services

12.8 *Summary conclusion*

The pan-London sexual health E-service is effectively reaching priority populations in Haringey, including young adults, ethnically diverse communities, LGBTQ+ populations and residents living in the most deprived areas, supporting equitable access to sexual health testing and reducing barriers to care.

The e-service indicates as having an overall positive impact on the Public Sector Equality Duty. To date there has been no evidence of direct discrimination, on the contrary, the service has identified several measures that improve access to sexual health services for a wide range of protected groups, including younger people, LGBTQ+ communities, racially minoritised populations, people with disabilities, and those experiencing stigma or confidentiality concerns. While some groups may face barriers to using a digital service, these are mitigated through referral pathways to face-to-face clinics, targeted engagement, and planned service improvements such as multilingual access and enhanced data collection.

13 **Use of Appendices**

n/a

14 **Background papers**

n/a

15 **Exempt information**

n/a