



LEAD MEMBER FOR ADULT SOCIAL CARE AND HEALTH

DECISIONS to be made by the Lead Member for Adult Social Care and Health,
Councillor Carl Maynard

FRIDAY, 20 MARCH 2026 AT 10.00 AM

REMOTE MEETING VIA MICROSOFT TEAMS

AGENDA

1. Decisions made by the Lead Member on 16 January 2026 (*Pages 3 - 4*)
2. Disclosure of interests
Disclosure by all Members present of personal interests in matters on the agenda, the nature of any interest and whether the Members regard the interest as prejudicial under the terms of the Code of Conduct.
3. Urgent items
Notification of any items which the Lead Member considers urgent and proposes to take at the appropriate part of the agenda.
4. Crisis and Resilience Fund - East Sussex Delivery Plan Framework (*Pages 5 - 14*)
Report by the Director of Adult Social Care and Health
5. Extension of Specialist Sexual Health Services contract (*Pages 15 - 16*)
Report by the Director of Adult Social Care and Health
6. Contract for the Circle Room young person's sexual health clinic service (*Pages 17 - 18*)
Report by the Director of Adult Social Care and Health
7. Contract for the Online sexual health service (*Pages 19 - 22*)
Report by the Director of Adult Social Care and Health
8. Any other non-exempt items previously notified under agenda item 3
9. Exclusion of Public and Press
To consider excluding the public and press from the meeting for the remaining agenda item on the grounds that if the public and press were present there would be disclosure to them of exempt information as specified in paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended), namely information relating to the financial or business affairs of any particular person (including the authority holding that information).
10. Contract for the Circle Room young person's sexual health clinic service - Exempt Information (*Pages 23 - 24*)
Report by the Director of Adult Social Care and Health
11. Contract for the Online sexual health service - Exempt Information (*Pages 25 - 46*)
Report by the Director of Adult Social Care and Health
12. Any exempt urgent items previously notified under agenda item 3

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12 March 2026

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LEAD MEMBER FOR ADULT SOCIAL CARE AND HEALTH

DECISIONS made by the Lead Member for Adult Social Care and Health, Councillor Carl Maynard, on 16 January 2026 at Remote Meeting via Microsoft Teams

Councillor Kathryn Field spoke on item 4 (see minute 24)

20. DECISIONS MADE BY THE LEAD MEMBER ON 15 DECEMBER 2025

20.1 The Lead Member approved as a correct record the minutes of the meeting held on 15 December 2025.

21. DISCLOSURE OF INTERESTS

21.1 There were none.

22. URGENT ITEMS

22.1 There were none.

23. REPORTS

23.1 Reports referred to in the minutes below are contained in the minute book.

24. CHANGES TO SPOUSE ALLOWANCES AND SAVINGS CREDIT DISREGARDS WITHIN THE ADULT SOCIAL CARE CHARGING FOR CARE AND SUPPORT POLICY

24.1 The Lead Member considered a report by the Director of Adult Social Care and Health.

DECISIONS

24.2 The Lead Member RESOLVED to:

- 1) Agree the proposed changes to the calculation of Spouse Allowances (SA) within financial assessments as set out in paragraphs 2.5 to 2.13 of the report;
- 2) Agree the proposed changes to the application of Savings Credit Disregard (SCD) within financial assessments as set out in paragraphs 2.1 to 2.4 of the report; and
- 3) Note the financial impact of the proposed changes.

REASONS

24.3 The proposed changes to the Charging for Care and Support Policy will enable the Council to align its financial assessment approach more closely with that used by other local authorities.

24.4 The change to the spouse allowance calculation and savings credits disregard will ensure that assessed contributions are appropriate, fair and equitable. This change will support the Council priority “making best use of resources now and for the future” as costs for care will be applied fairly, in line with legislation, and in the most cost-effective and efficient way.

24.5 Policy updates have been drafted and supporting guidance for the proposed new processes have been developed. Subject to Lead Member approval these updated documents would be published ahead of the changes being implemented from the start of the 2026/27 financial year.

Report to: Lead Member for Adult Social Care & Health

Date of meeting: 20 March 2026

By: Director of Adult Social Care and Health

Title: Crisis and Resilience Fund – East Sussex Delivery Plan Framework

Purpose: To consider the proposed spend of the Crisis Resilience Fund in East Sussex, including services for Adults.

RECOMMENDATIONS

The Lead Member is recommended to:

- 1) Note the background to Crisis Resilience Fund (CRF) and the work that is completed and ongoing to develop our local East Sussex CRF Delivery Plan
 - 2) Agree to the overall approach and high-level Delivery Plan Framework, noting that detail will be further developed and appropriate approvals sought for specific elements of the scheme; and
 - 3) Agree that decisions on the detailed use of CRF is delegated to the Director for Adult Social Care & Health, in consultation with the Director for Children's Services.
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1 Background

- 1.1 The [Crisis Resilience Fund](#) (CRF) is a new national funding programme for local authorities in England, launching on 1 April 2026 and running to 31 March 2029. It was announced as part of the June 2025 Spending Review and formally confirmed in Department for Work and Pensions (DWP) guidance published in January 2026. The CRF provides £1 billion per year to councils on a multi-year, ring-fenced basis.
- 1.2 The CRF replaces the Household Support Fund (HSF) and incorporates elements of Discretionary Housing Payments, with the explicit intention of moving from short-term crisis mitigation towards prevention, financial resilience, and reduced reliance on emergency support such as food banks.
- 1.3 The expected allocation to East Sussex is £6.7m in 2026/27 and in 2027/28, excluding CRF Housing Payments which will go straight to District & Borough Councils in these years. An additional £852,286 will be added to the main Fund in 2028/29 when Housing Payments are merged with the main Fund.
- 1.4 Significant planning and engagement has taken place in East Sussex to develop a set of high-levels proposals for the use of CRF. This development work has included all key stakeholders and will be ongoing throughout the course of the development and implementation.
- 1.5 This paper sets out the expectations of the CRF and requests approval for a Delivery Plan Framework for Year 1 2026/27, which will go on to form the basis of the formal Delivery Plan which will be submitted to the Department of Work and Pensions on 1 July 2026.

2 Supporting information

2.1 Key Objectives of the Crisis Resilience Fund

The primary objective of The Fund is to both provide a safety net for those on low incomes who encounter a financial shock and to invest in building local financial resilience to enable individuals and communities to better deal with crises in the long-term, reducing crisis need.

National guidance identifies three main outcomes that all local schemes are expected to address:

- **Provision of effective crisis support**

Rapid, dignified assistance for households facing a financial shock (for example sudden loss of income, unexpected essential costs, or housing pressures).

- **Improving individual's financial resilience**

Activity that helps people stabilise their finances and better withstand future shocks, including advice, income maximisation, and debt support.

- **Bolstering local level support landscape**

Strengthening the wider local support landscape, including partnership working with voluntary and community organisations, to provide joined-up and preventative responses.

2.2 **Key Beneficiaries**

The primary beneficiaries of the CRF are low-income households experiencing, or at immediate risk of, financial crisis, including individuals with disabilities, substance dependency, those experiencing homelessness, care leavers, single-person households, unpaid carers, families with children and Pension age households.

Local authorities retain discretion to determine eligibility and targeting, within national expectations and reporting requirements.

2.3 **Key Expectations of Local Authorities**

Under the CRF, councils are expected to:

- Deliver a Crisis Payment scheme that operates all year round.
- Adopt a “cash-first” approach, prioritising direct financial assistance over vouchers or in-kind support wherever appropriate.
- Develop a local support landscape which ensures that people accessing crisis support are linked to resilience services and that links between these services are more joined up.
- Design schemes that balance immediate crisis response with preventative and resilience-building activity.
- Work in partnership with district and borough councils, the Voluntary, Community and Social Enterprise (VCSE) sector, and advice providers.
- Develop and submit a formal three-year Delivery Plan to DWP (required by 1 July 2026).
- Collect and submit management information and outcomes data across crisis, housing, resilience, and community coordination activity.

2.4 **Relationship to the Household Support Fund (HSF)**

2.4.1 HSF was introduced in 2021 as a temporary response to the pandemic and cost-of-living crisis and was delivered through a series of short-term extensions, typically 6 or 12 months at a time. It was primarily focused on meeting immediate needs (food, energy, water, essential items) and offered limited ability for councils to plan strategically or invest in long-term prevention. Support was primarily delivered through cash, vouchers or in-kind direct support to households.

2.4.2 In contrast, the CRF is a multi-year (3-year) settlement, providing stability and planning certainty. There is an explicit shift towards prevention and resilience, not solely crisis mitigation, and a stronger emphasis on cash-first support and reducing dependency on emergency food parcels (including through food banks). There is a revised national framework for outcomes, monitoring, and data collection and CRF incorporates elements of housing-related crisis support, enabling more joined-up responses. It will incorporate CRF Housing Payments (previously Discretionary Housing Payments or DHPs) in Year 3.

2.5 Potential Contribution to East Sussex County Council (ESCC) Strategic Priorities

The CRF presents significant opportunities to support key ESCC priorities, including:

- Preventative approaches in Adult Social Care by addressing financial stressors that exacerbate health, care, and safeguarding needs.
- Children and families' objectives, particularly in relation to Earlier Intervention and Family Help.
- Cost-of-living resilience for residents, maximising resident income, reducing escalation into statutory services.
- VCSE sustainability and partnership working, supporting local organisations within a strategic, longer-term funding framework.
- Place-based and system working, aligning with district and borough councils and system partners.

2.6 Local Engagement with Stakeholders

To develop our proposals for the use of CRF, significant stakeholder engagement has taken place and continues. This includes:

- ESCC participated in **DWP policy development sessions** in summer 2025, for which the Partnerships Team gathered local stakeholder feedback to inform the development of CRF.
- Workshop activities with all partners at the **Multi-agency Financial Inclusion Steering Group** - October and November 2025.
- Scoping discussions with **Adult Social Care, Public Health, Children's Services and District & Borough Councils** - November – December 2025.
- **CRF Reference Group** with internal departments and external stakeholders represented.

The CRF Reference Group has endorsed the proposals set out in this report.

2.7 Local Draft Delivery Plan Framework

2.7.1 Our outline proposals for CRF are set out in Appendix 1 to the report. These are organised into the following CRF components, which will be required by the DWP for our formal Delivery Plan:

- Crisis Payments: Providing support to those in crisis.
- Resilience Services: Funding for services delivered by Authorities or external providers to improve financial resilience.
- Community Coordination: Investment in activities that connect and enhance the local support landscape.

2.7.2 We have also estimated some of the likely costs of Scheme Management and Development as set out in Appendix 1 to the report.

2.7.3 The level of detail underpinning these overall proposals varies, with some elements being based on existing or well-known service models that we will seek to continue or enhance, and others requiring detailed scoping to specify.

2.7.4 Initial conversations have been held with procurement to explore the options and requirements to secure services from external partners. However, our local market of provision in this area is well-developed, supported by existing commissioning and funding arrangements and established partnership working approaches.

2.7.5 The overall intention will be to prioritise local delivery, collaboration, support 'what works' and follow the best practices developed through the VCSE Commissioning Excellence Programme. Stakeholders are agreed that a significant element of CRF are best delivered through local VCSE partners and therefore direct delivery through ESCC or District & Borough Councils will reduce.

2.7.6 The framework of investment from HSF to CRF does represent a significant shift from crisis support to prevention, resilience and infrastructure – but this is required by the guidance and is supported by local stakeholders.

2.7.7 For illustration, approximately 90% of HSF was allocated to direct support to households (in cash, vouchers or in-kind support), whereas in CRF our investment in crisis support is expected to be just under 60% in Year 1. However, our evidence suggests that this is manageable and appropriate because:

- Not all 'demand' for direct support through HSF represents a clear assessed need for crisis support. For example, Huggg vouchers are currently issued with standard eligibility criteria, and District & Borough HSF payments have limited eligibility thresholds and no individual assessment. It is very likely that not all recipients of HSF will come forward for CRF crisis payments, which will have more structured criteria and eligibility requirements.
- Most elements of HSF are delivered without prevention, resilience building and income maximisation. With CRF, the support infrastructure will be significantly increased. This will increase the capacity of local organisations to help households deal with the root causes of their vulnerability and should reduce the need for crisis payments.
- In some areas, HSF was not fully spent at the end of January 2026. Whilst we do expect to use the current round of HSF fully, there is some evidence of a reduction in need/demand for this type of support, but with ongoing high demand for advice and other resilience-building support.
- We anticipate retaining local discretion at an East Sussex level and a scheme management level to monitor, evaluate and adjust funding levels to different parts of the local scheme within Year 1 and particularly between years. This will be important in order to continually assess and respond to changing need and learning from our interventions and delivery partners.

2.7.8 A key opportunity with CRF is to maximise the opportunity to take a one Council approach to supporting households who are financially vulnerable, whether they are families with children or adult households. This means retaining some investment in interventions that support specific household types but also ensuring that all partners are better connected and better understand the range of support that is available to support our households and communities.

2.8 **Key Risks, Opportunities and Considerations – these will be managed through programme and project management arrangements within the ESCC Partnerships Team**

Key Risks

- Demand exceeds available funding, given rising need and static national allocations.
- Transition risk from HSF to CRF, particularly service and staff continuity in the VCSE.
- Procurement and mobilisation timescales to establish new services.
- Inconsistent access if eligibility criteria or referral routes are unclear.
- Recording infrastructure to record crisis payment recipients/ track household-level outcomes required for DWP reporting.
- Data and reporting requirement particularly across multiple service interventions.
- Smooth integration of CRF housing payments from D&Bs to unitary Authority in year 3 of the fund, managed in the context of Local Government Reorganisation.

Key Opportunities

- Ability to move from reactive to preventative support.
- Greater financial dignity and choice for residents through cash-first approaches and greater resilience.
- Improved strategic alignment across welfare, care, housing, advice, employments/skills and community support sectors and between ESCC departments.
- Stronger evidence bases to inform future local and national policy.
- Long-term investment in crisis and resilience infrastructure to positively impact the lives of East Sussex residents.

3 Conclusion and reasons for recommendations

- 3.1 The Crisis and Resilience Fund provides a significant opportunity to support residents and households in East Sussex and support a number of objectives of ESCC and system partners.
- 3.2 There is an expectation that services will be provided as soon as possible from the beginning of the Fund period (1 April 2026). To meet this requirement and to ensure residents and households in East Sussex have access to support as soon as possible, the rapid development and mobilisation of a number of new or enhanced services is required.
- 3.3 The Lead Member is therefore recommended to:
- 1) Note the background to CRF and the work that is completed and ongoing to develop our local East Sussex CRF Delivery Plan
 - 2) Agree to the overall approach and high-level Delivery Plan Framework, noting that detail will be further developed and appropriate approvals sought for specific elements of the scheme
 - 3) Agree that decisions on the detailed use of CRF is delegated to the Director for Adult Social Care & Health, in consultation with the Director for Children's Services.

MARK STAINTON

Director of Adult Social Care and Health

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LOCAL MEMBERS

All

BACKGROUND DOCUMENTS

None.

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Appendix 1: East Sussex CRF Delivery Framework – Final Draft

- **All figures are indicative** and subject to governance and formal approval processes
- Although this information is presented in 4 categories, in practice there will be significant overlap, e.g. some services categorised as ‘Crisis Payment Scheme’ will have a resilience function/element.

Crisis Payments

- Expected expenditure in Year 1: £3,825,000 (57%) of CRF
- Spending will be dependent on demand and will be monitored throughout Year 1; this is a **maximum** spend
- Spending expected to reduce in Years 2 and 3 as Hugg vouchers cease and other services address need, freeing up additional spend for resilience services and community coordination in Years 2 and 3.
- Spending will include some administration and service costs
- Residents/households in receipt of Crisis Payments will be supported to engage with prevention/resilience support

Outline Proposals:

- Continue HUGGG vouchers for Easter and May half term in 2026 based on FSM pupil numbers of 20,000 and a 94% take-up: Easter holidays - £30 voucher, May half-term - £15 voucher. NB this would then discontinue and families would be signposted to others support from Summer 2026. This is Year 1 only expenditure. Expected cost £850,000
- Deliver Crisis Payments through ESCC Children’s Services departments in the following ways, with all families being supported holistically and with access to prevention and resilience-building services. Expected cost **up to** £1m.
 - Operational teams supporting level 4 vulnerable families
 - Prevention and early intervention through the Family Help service
 - Intentionally homeless families
 - Care Leavers
- Holiday Activities Fund (HAF) – extend scope and reach of HAF to reach more families, targeting areas of highest need. Expected cost - £325,000.
- East Sussex Crisis Payments Scheme – set up VCSE managed service/services for Crisis Payments for all other cohorts not benefitting from other schemes, targeting areas of highest need. Expected cost **up to** £1.5m (inclusive of admin, service costs)
- Goods in Kind – set up a VCSE managed fund to support direct access to goods in kind, where this is the greatest need and most effective solution to address underlying need. Expected cost **up to** £150,000 (inclusive of admin, service costs)

Resilience Services

- Expected expenditure in Year 1: £2,075,000 (30% of CRF)
- Funding is expected to be allocated through grants or existing contracts, to reduce service disruption and maintain flexibility

Outline Proposals:

- A CRF funded Advice Offer, delivered through trusted partners, which will include:
 - General advice services to focus on financial resilience e.g. housing insecurity, barriers related to disability, mental health, caring responsibilities, financial literacy, digital exclusion, community support and social networks, access to income smoothing tools such as affordable credit and insurance. Expected cost £250,000
 - Specialist money advice services – accredited specialist money advice focussing on increasing income, reducing priority debt and building savings. Expected cost £250,000
 - Welfare Benefits services - ensure benefits maximisation support is available all age and cross-County. Expected cost £125,000
 - Funding to support service co-location (see below in Community Coordination)
- Employability support. Employability and wellbeing for NEET young people (16–24) and adults furthest from the workplace across East Sussex. Help with employment skills/progression and with financial literacy/capability. Expected cost £525,000
- Food Partnerships – food sustainability and food security projects. Expected cost £300,000
- Tenancy-finder and tenancy sustainment support - co-located with housing authorities. Expected cost £275,000
- Small Grants programme, accessible to small grassroots organisations working with seldom heard, protected characteristics or specific vulnerabilities which other services may not reach. Expected cost £250,000
- Information, education and capability. Projects will include but are not limited to below. Expected cost - £100,000
 - Income Maximisation campaigns
 - Financial education and capability projects
 - Digital Inclusion projects
 - Support to manage care costs
 - Cost of Living communications

Community Coordination

➤ Expected expenditure in Year 1: £325,000 (6% of CRF)

- Co-located advice. Additional funding to support the co-location of advice and specialist advice in priority locations to support a holistic and person-centred resilience offer. Expected cost £200,000 (NB will be built into advice offer above, increase total advice offer budget to £825,000)
- Training, staff support and development, to support the workforce to be skilled up across the system to take a trauma informed, empowering approach to understanding the behaviours within households/families experiencing poverty, and to support staff welfare and resilience. NB this will link with other related programmes where appropriate. Expected cost £75,000
- VCSE – volunteering/infrastructure support. Expected cost £50,000

Scheme Management and Development

➤ Expected expenditure in Year 1: £450,000 (7% of CRF)

- ESCC staffing. Expected cost £300,000
 - To include staff working in Financial Inclusion Team, Children's Services, Public Health
 - Includes scheme management, administration, development and support, central costs and delivery support costs.
- Evaluation, lived experience, equalities and engagement. Expected cost £150,000
 - Evaluation of the scheme
 - Lived experience and resident/customer engagement
 - Costs of inclusion practice to ensure scheme meets the needs of protected characteristics

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Agenda Item 5

Report to: Lead member for Adult Social Care and Health

Date of meeting: 20 March 2026

By: Director of Adult Social Care and Health

Title: Extension of Specialist Sexual Health Services contract

Purpose: To gain approval for the first two-year extension of the Specialist Sexual Health Service contract with Kent Community Health NHS foundation Trust (KCHFT)

RECOMMENDATIONS:

The Lead Member is recommended to:

Approve the first two-year extension of the current contract for the provision of Specialist Sexual Health Services to the current provider - Kent Community Health NHS Foundation Trust - on the terms described.

1. Background

- 1.1 As part of the conditions of the [Public Health grant](#), Public Health are mandated to provide sexual health services to the residents of East Sussex.
- 1.2 The Specialist Sexual Health Service contract with Kent Community Foundation NHS Trust (KCHFT) started on 1 October 2024 with a 2+2+1 years contract duration.
- 1.3 The tender for this contract was advertised twice with no submissions despite significant interest. KCHFT were approached as a previously interested party and through negotiation the contract was awarded via the Negotiated Procedure without Prior Publication (Regulation 32 of the Public Contract Regulations 2015) and following Lead Member approval ([Decision - Re-procurement of Specialist Sexual Health Services](#)).
- 1.4 The present Service Provider (KCHFT) delivers specialist sexual health services including;
- Medical consultant led STI (sexually transmitted infection), HIV (human immunodeficiency virus) and genitourinary conditions assessment, testing and treatment;
 - HIV prevention such as HIV Pre exposure prophylaxis (PrEP) and condoms;
 - Immunisation against viral hepatitis, HPV (human papillomavirus), Mpox (previously known as monkeypox) and gonorrhoea;
 - Assessment and provision of contraception;
 - Accredited education and clinical leadership across the East Sussex primary and secondary health care and children's social care workforce; and,
 - Assertive nurse led outreach to vulnerable individuals and groups such as the homeless, women who have child removal expectations, children we look after etc.
- 1.5 The current annual contract value is £2,688,117.40.
- 1.6 The Service Provider is an NHS organisation and annual agenda for change (AFC) wage rises are now passed through to the Service Provider from the department of health via the main Public Health grant held by the Council.
- 1.7 This 2-year extension term value therefore will be £5,376,234.8.
- 1.8 The contract is due its first review and (if agreed) two-year extension by September 30, 2026.

2. Supporting information

2.1 The service specification is being reviewed and has several new elements being included, such as:

- Increased assertive outreach function to vulnerable target groups;
- National requirement to provide immunisations for HPV, Mpox, and gonorrhoea (4CMENB);
- Doxycycline Post exposure prophylaxis; and,
- Partnership working with the separately commissioned online sexual health services provider.

2.2 KCHFT has worked and identified service efficiencies such as reduced accommodation rental, altered staffing in line with the service model, more cost-effective pathology.

2.3 To date there have been no performance issues, and the Service Contract Manager will continue to monitor the Service Provider's performance. The Council has in place a robust quarterly monitoring programme that captures delivery against specific outcomes as set out in the existing contract terms with the incumbent Service Provider.

2.4 KCHFT works closely with the Council's Strategic Commissioner to review services, providing local clinical leadership and interface with associated sexual health services, such as general practitioners and the main online sexual health service provider.

2.5 It has been concluded that the requested term extension provides the best value option to the Council at this time.

2.6 KCHFT have indicated that they are willing to continue the service on the current terms.

2.7 The 2-year extension will end on 30 September 2028 and there will be an allowed for further option to extend for one year.

3. Financial considerations

3.1 This 2-year extension has a value of £5,376,234.8.

4. Conclusions and Recommendations

4.1 The extension will ensure continued delivery of this mandated service while supporting the revised service specification and maintaining identified efficiencies. Therefore, it has been concluded that the requested term extension of the Specialist Sexual Health Service to the incumbent provider (KCHFT) represents the best value to the Council at this time.

MARK STANTON

Director of Adult Social Care and Health

Contact Officer: Tony Proom – Strategic Commissioner for Sexual Health

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Agenda Item 6

Report to: Lead Member for Adult Social Care and Health

Date of meeting: 20 March 2026

By: Director of Adult Social Care and Health

Title: Contract for the Circle Room young person's sexual health clinic service

Purpose: To seek Lead Member approval for direct award of a new two-year contract of the value of £45,000 per annum from the 1 April 2026.

RECOMMENDATIONS

The Lead Member is recommended to:

Approve the proposal for the direct award as described in the Exempt Report.

1 Background

1.1 As part of the Council's Reconciling Policy, Performance and Resources (RPPR) process to address budget pressures, a proposal was made to potentially decommission the Circle Room sexual health service in Lewes, which currently receives £45,000 annually with a proposed closure date of 31 March 2026. This date corresponds with the current contract end date.

1.2 The Lead Member for Adult Social Care and Health approved a targeted consultation to evaluate the service, and an Equality Impact Assessment (EqIA) was conducted to inform the decision-making process.

1.3 Recommendations regarding the future of the Circle Room based on consultation findings, equality and financial considerations, and identified risks were shared with Lead Member on 15 December 2025.

1.4 The Lead Member approved continuing the service under a new contract award as stated here [Agenda for Lead Member for Adult Social Care and Health on Monday, 15th December, 2025, 2.00 pm | East Sussex County Council](#).

1.5 Approval of the procurement route to market and award recommendation is now being sought.

2 Supporting information

2.1 The consultation and discussions on the future of The Circle Room Sexual Health Service demonstrated its cost effectiveness and crucial role in reducing unwanted pregnancies, Sexually Transmitted Infections (STIs), and HIV (human immunodeficiency virus) amongst people under 25 years old.

2.2 For this reason, maintaining the Circle Room Service, under a new 2 year contract of the same value of £45,000 with revised specifications is the proposed option.

2.3 The new contract will start on 1st April 2026 and will be reviewed after 2 years to allow population data and performance monitoring to guide adaptation of the service. Outcome indicators will be monitored quarterly, with annual reviews.

2.4 The service specifications have been reviewed to introduce young people to alternative sexual health services, including the online provision, to support young people transitioning to the over-25 sexual health service offer. In addition, the newly reviewed service specification focuses on assessment and redirecting/referring users to wider opportunistic support services as appropriate (smoking cessation, mental health support, weight management as well as assessment and referrals for substance misuse) to guarantee holistic care.

2.5 Future collaboration with Integrated Community Teams as per population needs, supported by a data driven approach, may extend services, subject to budget constraints.

3 Conclusion and reasons for recommendations

3.1 On 15 December 2025 the Lead Member approved the continuation of The Circle Room Sexual Health Service under a new contract. The clinic is well used, cost effective and plays a crucial role in reducing unwanted pregnancies, STIs, and HIV amongst people under 25 years old.

3.2 The Lead Member is therefore recommended to approve the proposal for the direct award as described in the Exempt Report.

MARK STANTON
Director of Adult Social Care and Health

Contact Officer: Tony Proom – Strategic Commissioner for Sexual Health
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Agenda Item 7

Report to: Lead Member for Adult Social Care and Health

Date of meeting: 20 March 2026

By: Director of Adult Social Care and Health

Title: Contract for the online sexual health service.

Purpose: To inform and seek approval from the Lead Member for Adult Social Care and Health for the re-procurement of the Online Sexual Health Service in East Sussex.

RECOMMENDATIONS

The Lead Member is recommended to:

- 1) Approve the re-procurement of the Online Sexual Health Service in East Sussex as recommended in the Exempt Report; and
 - 2) Delegate authority to the Director of Adult Social Care and Health to take all necessary actions to award the contract.
-

1. Background

1.1 The current Online Sexual Health Service in East Sussex contract, provided by Preventx, started on 1 November 2022. In 2024 the contract was extended for a further two years and it is due to end on 31 October 2026.

1.2 The current annual value is £735,800 per annum.

1.3 The online service model consists of a fully integrated e-sexual and reproductive health services, specifically:

- An online form which provides an in-depth sexual health and wellbeing assessment.
- Postal home Sexually Transmitted Infections (STI) and HIV testing, and pre-exposure prophylaxis (PrEP) for HIV.
- Postal Emergency Hormonal Contraception (EHC), bridging contraception and condoms.
- Simple STI treatment following positive diagnosis (more complex cases or cases involving safeguarding will be referred to the Specialist Sexual Health service).

1.4 The service model was developed with the 'face-to-face' Specialist Sexual Health Service. The partnership arrangement between Preventx and the Specialist Sexual Health Service (currently provided by [Kent Community Health NHS Foundation Trust](#)) ensures enhanced online provision, seamless referral, and increased access to services..

2. Supporting information

2.1 The value of the new annual (capped) contract is £700,000 per annum.

2.2 The proposed new contract duration will be two years with the option to extend by a further two years, subject to need, funding and the commissioners being satisfied with the level of service received during the initial term and following agreement between the commissioners and provider.

2.3 The total contract value over the four-year period is £2,800,000 subject to agreed extensions.

2.4 It has been determined that the contract now falls under the Provider Selection Regime (PSR) as a mixed procurement, with the main subject-matter of the procurement being relevant health care services for the purposes of the health service in England (CPV Codes 85145000-7 Services provided by medical laboratories and 85111810-1 Blood analysis services), and the view that the other services of which fall under the Procurement Act 2023 (CPV Code 72000000 IT services: consulting, software development, Internet and support) could not reasonably be supplied under a separate contract.

2.5 Procurement colleagues have completed an options appraisal for this commissioning activity. See table 1.

Table 1: Summary of Procurement Options Appraisal

Option	When it applies	Key steps	Effort & risk
Option A – PSR Direct Award Process C	No “considerable change” to the current contract; incumbent remains suitable	Direct call-off from G-Cloud 14 Framework; assess PSR five key criteria; publish Intention to Award and Confirmation of Award notices	Lowest administration: higher risk of challenge if changes are underestimated
Option B – PSR Most Suitable Provider Process	“Considerable change” to the contract (e.g. different terms or longer duration)	Publish Intended Approach Notice; assess expressions of interest against PSR criteria; standstill and award notices	More administration than Option A; lower risk of challenge due to considering alternative providers
Option C – PSR Competitive Process	Full competitive tender	Full tender process	Not considered to be a good use of limited resources given that there is a small market

2.6 Exempt Report contains recommended option.

2.7 The Online Sexual Health Service in East Sussex specification is attached in Appendix 1 for information.

2.8 A [Sexual Health Needs Assessment](#) was conducted in 2025. This is being used to update the previously completed Equality Impact Assessment (EIA). The EIA analysis showed no potential for discrimination and that all appropriate opportunities had been taken to advance equality and foster good relations between groups.

3. Conclusion and reason for recommendations

3.1 The current Online Sexual Health Service Contract is due to end on 31 October 2026 and the option proposed is stated within the Exempt Report. The proposed capped contract value for each year of the contract exceeds £500,000 and the procurement covers all wards in East Sussex.

3.2 The Online Sexual Health Service represents a high quality, discrete, co-designed, fully integrated offer of sexual health and contraceptive services. Maintaining this service is a priority to guarantee high accessibility of cost effective sexual health services for all, reduction of stigma,

earlier detection of sexually transmitted infections and HIV and to reduce pressure on specialist sexual health services.

3.3 The Lead Member is therefore recommended to:

- 1) Approve the key decision for the re-procurement of the Online Sexual Health Service in East Sussex as recommended in the Exempt Report; and
- 2) Delegate authority to the Director of Adult Social Care and Health to take all necessary actions to award the contract.

MARK STANTON

Director of Adult Social Care and Health

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Appendix:

Appendix 1 : Service Specification Online Sexual Health Service in East Sussex

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