

Meeting: Overview and Scrutiny – Sub Board Adult Social Care & Health **Date:** 19th March 2026

Wards affected: All Wards

Report Title: Sexual and Reproductive Health contract mobilisation

When does the decision need to be implemented? N/A

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1. Purpose of Report

- 1.1. Public Health has a mandate to provide sexual and reproductive health services for the local resident population. This consolidated, single specification brings together the provision of open access testing and treatment for Sexually Transmitted Infections (STIs), prevention, health promotion, and provision of contraception. These have historically been commissioned separately from a range of providers.
- 1.2. Torbay Council has co-commissioned services with Devon County Council (DCC) since 2016. Torbay Council, alongside DCC, re-procured these services in 2024 and entered the second contract on this basis in July 2025 with Royal Devon University Healthcare NHS Foundation Trust (Royal Devon), for an intended maximum duration of 9 years and 9 months, until March 2035. This is comprised of an initial period of six years and nine months (initial expiry date 31st March 2032), with an available extension of a further three years, until 31st March 2035.
- 1.3. A further 'no fault' termination point has been included for March 2027 to enable all parties to consider any financial implications as a result of the revised financial envelope on offer across Devon and Torbay.
- 1.4. Contained within this single specification and contract are a range of services including specialist clinical services, prevention and those delivered in primary care (by GPs and Community Pharmacies).
- 1.5. This report is intended to update Overview and Scrutiny regarding the initial mobilisation phase of this contract, which commenced in July 2025.

2. Reason for Proposal and its benefits

- 2.1. This service contributes to delivering the Council vision of a healthy, happy, and prosperous Torbay by strengthening Torbay's capacity to deliver a high quality, clinically safe, digitally accessible, prevention focussed sexual and reproductive health service, grounded in community engagement and which reaches those with the poorest sexual and reproductive health outcomes. It gives NHS Royal Devon as the lead provider the support and leverage to work across all aspects of the local health landscape and to lead systems to reduce inequalities and improve sexual health and wellbeing for all.
- 2.2. This initiative is a significant provision for delivering against the priorities outlined within the community and corporate plan and as such Oversight and Scrutiny have requested an update.

3. Recommendation(s) / Proposed Decision

- 3.1. To be assured that Torbay Council are acting in line with the appropriate levels of required contract management including stringent oversight of both performance and financial scrutiny to enable the provider and this contract to succeed.
- 3.2. To acknowledge the new contract has some rigorous financial efficiencies to be achieved within the first two years.

4. Appendices

- 4.1. N/a

5. Background Documents

- 5.1. N/a

6. Introduction

- 6.1. The Integrated sexual and reproductive health contract procurement was successfully delivered in late 2024 and early 2025, with a strategic partner being brought on Board across Devon and Torbay. The new contract commenced in July 2025. This created a strategic partnership across the across the sexual and reproductive health system across Devon and Torbay for up to the next 9 years (until March 2035).
- 6.2. The contract is held by Royal Devon. Royal Devon subcontract GPs and Pharmacies and The Eddystone Trust, all previously commissioned independently by the local authority.
- 6.3. As part of the stringent financial efficiencies to be achieved in the first two years officers are ensuring that spending by Royal Devon is closely monitored and reviewed. There is a 'no fault' termination option after 21 months of the new contract (March 2027), to allow both parties the scope to exit if the contract is financially unviable from either party. This is a key area of monitoring in 2026.

- 6.4. Positively, the electronic patient record (EPR) is now operational across all three hubs in Barnstaple, Exeter and Torquay allowing patients to access, track and manage their own sexual health, sometimes without the need to contact the service directly. This creates the conditions to standardise access and service delivery standards across all areas.
- 6.5. A new Performance Management Framework (PMF) is being embedded and systems aligned to meet these performance and key performance indicators. Productive discussions have been held about accelerating the pace to mobilise these in Year 1 of the contract and to drive the clinical consistencies and improve quality of delivery in all hubs. Whilst all elements on the contract are operational, it is too early to determine the effectiveness or efficiency of the provision as only one quarterly contract review meeting has taken place at the time of drafting this report (this is in line with the established contract review process).
- 6.6. GP and Pharmacy provision, previously commissioned independently by the local authorities, was anticipated to go live from October 2025. There were some initial delays in service delivery within community pharmacies, but these have now been resolved. Delivery of Emergency Hormonal Contraception for under 25-year-olds in pharmacies was interrupted for 16 days due to administrative contractual compliance issues, but provision resumed in Mid-October. GP provision of Long-Acting Reversible Contraception (LARC) services was unaffected.
- 6.7. A requirement of the new contract is to improve collaboration and alignment of patients, partners, and stakeholders. The first joint strategic partnership board was held in November 2025, and included representation from Torbay Council Public Health, counterparts in Devon County Council, community pharmacy Devon, various provider clinicians, and VCSE organisations. An independent chair has been appointed and draft terms of reference and a draft work plan introduced. This represents a positive step towards an equitable and ambitious development in improving outcomes. Progress is being closely monitored.
- 6.8. Some of the key benefits we expect to see from the new contract include (but are not limited to):
 - 6.8.1. Development of service sustainability programmes by implementing 'connect' teams to ensure local services can reach local people to change their behaviours. They will have access to bespoke interventions, information disseminated via 'community enablers', and a variety of locations to access services.
 - 6.8.2. Develop tools and resources to harness the opportunities for 'self-care' by creating digital solutions, self-management tools, access to online patient portals and a new website. All with the aim of providing services 24 hours a day to meet the rising need for services and supporting only those with clinical need to require access to services where required or is the person's preference.
 - 6.8.3. Review wider workforce training needs (i.e. voluntary sector and GPs/Pharmacies). Develop strategies to address these needs including training delivery, investment, clinical support, accessing hard to reach groups, and supportive supervision of wider system staff.

6.8.4. Develop and implement a marketing and communications strategy to gather meaningful insights, develop partnership communications and messaging, and utilising a behavioural science approach to target messages and interventions in a meaningful and targeted way, tailored to the populations of interest.

6.8.5. Grow and increase preventative offers that provide our populations with the right information, in the right way, at the right time to make informed, healthy and long-term positive decisions.

7. Options under consideration

7.1. N/A

8. Financial Opportunities and Implications

8.1. The first full quarter of performance and financial data is anticipated in March 2026. Contract management meetings have been set for 2026/27 to ensure oversight of performance and compliance.

8.2. See 6.3 / 9.1 regarding the no fault termination option.

9. Legal Implications

9.1. As outlined in 6.3, stringent efficiencies are in place within the lifetime of this contract. A 'no fault' termination option in March 2027 is in place to allow both parties to exit if the contract is financially unviable.

10. Engagement and Consultation

10.1. There are no engagement requirements at this stage. Engagement and consultation were completed prior to this contract award. Patient and population engagement is a feature of the partnership board.

11. Procurement Implications

11.1 There are no procurement implications because of this report.

12. Protecting our naturally inspiring Bay and tackling Climate Change

12.1. There are no direct or immediate environmental or climate change impacts as a direct result of this report

13. Associated Risks

13.1. There is a risk that in March 2027, the contract may be deemed as not financially viable. At that stage, the contract could be terminated by either Torbay Council, Devon County Council, or the provider.

13.2. This potential risk will be closely monitored by the Public Health team and in close consultation with NHS Royal Devon. There is provision within the contract for open book accounting and a high degree of transparency. Any potential escalations will be highlighted through governance and scrutiny processes.

14. Equality Impact Assessment

Protected characteristics under the Equality Act and groups with increased vulnerability	Data and insight	Equality considerations (including any adverse impacts)	Mitigation activities	Responsible department and timeframe for implementing mitigation activities
Age	<p>18 per cent of Torbay residents are under 18 years old.</p> <p>55 per cent of Torbay residents are aged between 18 to 64 years old.</p> <p>27 per cent of Torbay residents are aged 65 and older.</p>	<p>Integrated sexual and reproductive health (SRH) services are open to all ages. This includes young people and adults of all ages.</p>	n/a	
Carers	<p>At the time of the 2021 census there were 14,900 unpaid carers in Torbay. 5,185 of these provided 50 hours or more of care.</p>	<p>Services are universally provided to all residents. The contract makes provision for evening clinics to maximise accessibility to carers and those who require access outside of traditional 'opening hours.</p>	n/a	
Disability	<p>In the 2021 Census, 23.8% of Torbay residents answered that their day-to-day activities were limited a little or a lot by</p>	<p>SRH services are inclusive of all abilities and disabilities. The specialist service premises at Castle Circus are accessible to all.</p>	n/a	

	a physical or mental health condition or illness.			
Gender reassignment	In the 2021 Census, 0.4% of Torbay's community answered that their gender identity was not the same as their sex registered at birth. This proportion is similar to the Southwest and is lower than England.	SRH services are inclusive and accessible to all. Outreach and netreach targets some trans and non-binary populations with higher risks of poorer sexual and reproductive health outcomes.	n/a	
Marriage and civil partnership	Of those Torbay residents aged 16 and over at the time of 2021 Census, 44.2% of people were married or in a registered civil partnership.	SRH services are open and accessible to all.	n/a	
Pregnancy and maternity	Over the period 2010 to 2021, the rate of live births (as a proportion of females aged 15 to 44) has been slightly but significantly higher in Torbay (average of 63.7 per 1,000) than England (60.2) and the South West (58.4). There has been a notable fall in the numbers of live births since the middle of the last decade across all geographical areas.	SRH services are open and accessible to all.	n/a	

Race	In the 2021 Census, 96.1% of Torbay residents described their ethnicity as white. This is a higher proportion than the South West and England. Black, Asian and minority ethnic individuals are more likely to live in areas of Torbay classified as being amongst the 20% most deprived areas in England.	SRH services are open and accessible to all. Some services are targeted at populations with poorer sexual and reproductive health outcomes, including some populations from Black and minoritized ethnic groups.	n/a	
Religion and belief	64.8% of Torbay residents who stated that they have a religion in the 2021 census.	SRH services are open and accessible to all.	n/a	
Sex	51.3% of Torbay's population are female and 48.7% are male	SRH services are open and accessible to all.	n/a	
Sexual orientation	In the 2021 Census, 3.4% of those in Torbay aged over 16 identified their sexuality as either Lesbian, Gay, Bisexual or, used another term to describe their sexual orientation.	SRH services are open and accessible to all. Some SRH services take a proportionate universalism approach and target those with poorer sexual and reproductive health outcomes.	n/a	
Armed Forces Community	In 2021, 3.8% of residents in England reported that they had previously served in the UK armed forces. In Torbay,	SRH services are open and accessible to all.	n/a	

	5.9 per cent of the population have previously served in the UK armed forces.			
Additional considerations				
Socio-economic impacts (Including impacts on child poverty and deprivation)		SRH services are open and accessible to all. Some SRH services take a proportionate universalism approach and target those with poorer sexual and reproductive health outcomes.	n/a	
Public Health impacts (Including impacts on the general health of the population of Torbay)		SRH services are open and accessible to all. Some SRH services take a proportionate universalism approach and target those with poorer sexual and reproductive health outcomes.	n/a	
Human Rights impacts		SRH services are open and accessible to all. Some SRH services take a proportionate universalism approach and target those with poorer sexual and reproductive health outcomes.	n/a	
Child Friendly	Torbay Council is a Child Friendly Council, and all staff and Councillors are Corporate Parents and have a responsibility towards cared for and care experienced children and young people.	SRH services are open and accessible to all. Some SRH services take a proportionate universalism approach and target those with poorer sexual and reproductive health outcomes.	n/a	

15. Cumulative Council Impact

- 15.1. Sexual and reproductive health services improve lives and outcomes for communities in Torbay. This has current and future benefits for adult social care, children's social care, community and environmental services as well as reducing financial demands on the council.

16. Cumulative Community Impacts

- 16.1. The cumulative community impact is that the integrated service model is designed to meet all populations needs, whether for populations with poor sexual health outcomes or with universal sexual and reproductive health needs (e.g. most women require some form of contraceptive care).
- 16.2. By addressing sexual and reproductive health needs of populations in Torbay, this has a benefit at a community, family, and individual levels by preventing poor sexual and reproductive health outcomes.