

PUBLIC HEALTH ENGLAND SEXUAL HEALTH SERVICES COMMISSIONING PILOT

To: **Health Committee**

Meeting Date: **17th May 2018**

From: **Director of Public Health**

Electoral division(s): **All**

Forward Plan ref: **Not Applicable** *Key decision:* **No**

Purpose: **To inform and secure the support of the Health Committee for Public Health England's (PHE) invitation to Cambridgeshire County Council and Peterborough City Council to work other local commissioners of sexual health (including HIV) and reproductive health services to develop a local collaborative commissioning model for these services.**

Recommendation: **The Health Committee is requested:**

- a) To discuss the PHE invitation to take part in the Sexual Health and Reproductive Services Commissioning Feasibility Study.**
- b) To support Public Health commissioners working with colleagues from the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and NHS England (NHSE) to develop a more efficient and cost-effective system wide approach to the commissioning of sexual health and reproductive services.**

<i>Officer Contact:</i>		<i>Chair Contact:</i>	
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1. BACKGROUND

- 1.1 Public Health England (PHE) is currently sponsoring sexual health and reproductive commissioning feasibility studies across the country. It has invited commissioners across Cambridgeshire and Peterborough to explore together opportunities for future alignment and collaborative commissioning opportunities for sexual health and reproductive services in the area. The Health and Social Care Act 2013 established the current commissioning arrangements for sexual and reproductive health which is divided between Local Authorities, Clinical Commissioning Groups (CCGs) and NHS England (NHSE). The other area involved is Cheshire & Merseyside which includes nine local authorities and six CCGs. The 2013 Health and Social Care Act mandated Local Authorities to ensure that there is provision of sexual health services in their areas.
- 1.2 The work would involve commissioners from the CCG, Cambridgeshire County Council, Peterborough City Council and NHS England who are responsible for commissioning sexual health and reproductive services across community, primary and secondary care. The scope would include sexual health, HIV, contraception, termination, gynaecology pathways and services along with consideration of workforce issues. Options for collaborative commissioning opportunities are also included in the scope of the pilot study.
- 1.3 There are a number of factors both nationally and locally that have driven this work which reflect the commissioning responsibilities of different organisations, and the drive to improve services to make them more efficient and improve outcomes. The objectives are to help identify the opportunities for aligning sexual health and reproductive services to future proof, quality assure and optimise service pathways. It has the potential to realise system efficiencies, more cost-effective services and improve health outcomes. The work would also consider the flexibility needed to respond to emerging footprint systems such as Integrated Care Systems. However any solution would be local; based on the needs in the area and solutions that reflect available resources and flexibilities.

2. MAIN ISSUES

- 2.1 There is robust evidence that sexual health and reproductive services are both cost-effective and cost saving. For example every £1 invested in contraception saves £11.09 in averted outcomes and this increases to £13.42 for Long Acting Reversible Contraception (LARC). In the maternity service pathways there are no or limited commissioning arrangements for contraception following a hospital delivery. Improving and aligning pathways to contraception services, identifying opportunities for adopting alternative delivery models such as online contraception access will aim to increase integration, the cost effectiveness of services and improve outcomes.
- 2.2 In 2017 PHE and the Department of Health (DH) surveyed commissioners of sexual health services across the country to gather feedback on their commissioning experiences. The survey reported fragmentation of commissioning that was associated with the spread of commissioning responsibilities across three main commissioning bodies (Local Authorities, NHSE and CCGs) established by the Health and Social Care Act in 2013.

- 2.3 Sexual Health is a national priority for PHE and this work is supported by the Local Government Association, NHSE, and Health Education England (HEE). This initiative is being sponsored by PHE's Deputy Chief Executive and its staff are fully involved in providing data and evidence. Alongside this the National Sexual Health Service Specification is being updated by PHE and NHS England, along with work to review best practice for the management of Out of Area GUM (Genito Urinary Medicine) payments and "Cross Charging" arrangements for the open access sexual health services.
- 2.4 Nationally there are examples where areas have completed transformational commissioning of their sexual health and reproductive services. These include the Greater London Boroughs and Greater Manchester and their work will also be used to inform local this study.
- 2.5 Locally it is planned to tender the Local Authority commissioned sexual health services for Cambridgeshire and Peterborough during 2018/19 with a new service starting mid 2019/20. This feasibility work could help resolve many of local issues arising from the fragmentation of sexual health commissioning and provide opportunities for a more robust new service model that is more integrated with other sexual health and reproductive services, cost-effective and improves outcomes for the population.
- 2.6 It is proposed that local Public Health staff will lead the development and production of the sexual health and reproductive commissioning feasibility study with other organisations supplying any necessary information about the services that they commission. The Study will be overseen by a Steering Group representing commissioners, PHE and HEE that will formulate options for future delivery working with providers and stakeholders. Reporting will be through each organisation's appropriate governance processes.
- 2.7 A local multi-agency group has met with representation from the CCG, local authorities, PHE and Health Education England (HEE). In addition children and young people commissioners attended to ensure that any synergies between the services they are currently commissioning and sexual health services are considered. The PHE Deputy Chief Executive has spoken to leads in the local CCG and NHSE. A paper will be taken to the Clinical Executive Committee of the CCG in June, to discuss/confirm organisational sign-up. NHSE has engaged with the pilot and further discussions at senior level are currently being undertaken. Subject to agreement by all organisations involved, it is planned to complete the pilot by December 2018.

3. ALIGNMENT WITH CORPORATE PRIORITIES

Report authors should evaluate the proposal(s) in light of their alignment with the following three Corporate Priorities.

3.1 Developing the local economy for the benefit of all

The report above sets out the implications for this priority in **1.4 and 2.6**

3.2 Helping people live healthy and independent lives

The report above sets out the implications for this priority in **2.6**

3.3 Supporting and protecting vulnerable people

The following bullet points set out details of significant implications identified by officers:

- The development of the new commissioning model will enable any health inequalities or inequities in service provision to be addressed through identification of needs and the better alignment of services that target vulnerable high risk populations.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

The report above sets out details of significant implications in **1.4 and 2.6**

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

The following bullet points set out details of significant implications identified by officers:

- Any implications for procurement/contractual/Council contract procedure rules will be considered with the appropriate officers from these Departments and presented to the Health Committee before proceeding.

4.3 Statutory, Legal and Risk Implications

The following bullet points set out details of significant implications identified by officers:

- Any legal or risk implications will be considered with the appropriate officers from these Departments and presented to the Health Committee before proceeding.

4.4 Equality and Diversity Implications

The following bullet points set out details of significant implications identified by officers:

- Any equality and diversity implications will be included in the pilot study; a Community Equality Impact Assessment will be completed.

4.5 Engagement and Communications Implications

The following bullet points set out details of significant implications identified by officers:

- The pilot study will include consultation with service providers and users; a Community Impact Assessment will be completed.

4.6 Localism and Local Member Involvement

The following bullet points set out details of significant implications identified by officers:

- The pilot study will inform commissioning of sexual and reproductive health services, this will involve working with individuals and communities to identify how that can best protect and improve their sexual health.

4.7 Public Health Implications

The following bullet points set out details of significant implications identified by officers:

- The pilot has the potential to improve the sexual health of the population through ensuring that the different commissioned pathways and services are integrated and support the improvement of outcomes
- These service developments will need to include targeted actions that will address any inequalities and improve the outcomes for the most vulnerable and at risk populations.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: Clare Andrews
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes Name of Officer: Paul White
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	Yes Name of Legal Officer: Karim Allis
Have the equality and diversity implications been cleared by your Service Contact?	Yes Name of Officer: Liz Robin

Have any engagement and communication implications been cleared by Communications?	Yes Name of Officer: Matthew Hall
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes Name of Officer: Liz Robin
Have any Public Health implications been cleared by Public Health	Yes Name of Officer: Liz Robin

SOURCE DOCUMENTS GUIDANCE

Source Documents	Location
Public Health England: Making it work: A guide to whole system commissioning sexual health, reproductive health and HIV 2015	https://www.gov.uk/government/publications/commissioning-sexual-health-reproductive-health-and-hiv-services
Public Health England: Sexual Health, Reproductive Health and HIV: A Review of Commissioning 2017	https://www.gov.uk/government/publications/sexual-health-reproductive-health-and-hiv-commissioning-review