

HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 5
5 NOVEMBER 2018	PUBLIC REPORT

Report of:	Dr. Liz Robin, Director of Public Health	
Cabinet Member(s) responsible:	Councillor Lamb, Cabinet Member for Public Health	
Contact Officer(s):	Val Thomas, Consultant in Public Health	Tel. 07884 183374

PETERBOROUGH AND CAMBRIDGESHIRE SEXUAL AND REPRODUCTIVE HEALTH SERVICES COMMISSIONING FEASIBILITY STUDY

R E C O M M E N D A T I O N S

FROM: Val Thomas, Consultant in Public Health and Dr. Liz Robin, Director of Public Health

Deadline date: Provisional date of January 2019 for completion of the Study Report.

It is recommended that Health Scrutiny Committee

1. Consider and support the work being undertaken for the Sexual and Reproductive Health (SRH) Service Feasibility Study and its key objectives to improve alignment of the commissioning of SRH services to improve health outcomes, to modernise and secure service efficiencies.

1. ORIGIN OF REPORT

- 1.1 The Health Scrutiny Committee requested this report.

2. PURPOSE AND REASON FOR REPORT

- 2.1 This Report is to provide the Health Scrutiny Committee with the rationale, background and proposed outcomes of the Public Health England (PHE) Sexual and Reproductive Health (SRH) Services Commissioning Feasibility Study that is being undertaken in Peterborough and Cambridgeshire, for its progress to be noted and to secure the support of the Health Scrutiny Committee for its objectives.
- 2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview Scrutiny Functions, paragraph No. 2.1 Functions determined by Council:
 1. Public Health
- 2.3 This Study described in this Report will support the Corporate priority of achieving the best health and wellbeing for the City.
- 2.4 The Study described in this Report will have a focus upon vulnerable young people including Children in care and will be consulting with them to ensure that their needs as described in the Pledges are addressed in any new service developments.

3. **TIMESCALES**

Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	N/A
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4. **BACKGROUND AND KEY ISSUES**

- 4.1 Public Health England (PHE) is currently sponsoring two sexual health and reproductive commissioning feasibility pilot studies across the country. It has invited commissioners across Peterborough and Cambridgeshire to explore together the opportunities for aligning the commissioning for Sexual and Reproductive Health (SRH) services across the two areas. The Health and Social Care Act 2013 divided the commissioning for SRH services between Local Authorities, Clinical Commissioning Groups (CCGs) and NHS England (NHSE). The 2013 Act also mandated Local Authorities to ensure that there is provision of specific sexual health services in their areas. The other area involved in the pilot is Cheshire & Merseyside which includes nine local authorities and twelve CCGs.
- 4.2 The study involves commissioners from the Cambridgeshire and Peterborough CCG, Peterborough City Council, Cambridgeshire County Council, and NHS England. Together these organisations are responsible for commissioning SRH services across community, primary and secondary care. The scope includes collaborative commissioning opportunities for sexual health, HIV, contraception, termination, gynaecology pathways and services along with consideration of workforce issues.
- 4.3 It is worth noting that 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).
- 4.4 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, making them more efficient and improving outcomes. Sexual Health is a national priority for PHE and this work is supported by the Local Government Association, NHS England, and Health Education England (HEE). This initiative is being sponsored by PHE's Deputy Chief Executive and PHE staff are fully involved in providing data and evidence.
- 4.5 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.
- 4.6 Alongside this there has been work undertaken nationally and across the country that supports the work of this pilot. The National Sexual Health Service Specification has recently been 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. In addition there are examples found in areas that have completed transformational commissioning of their sexual health and reproductive services across organisations. These include the Greater London Boroughs and Greater Manchester.
- 4.7 This Study also coincides with the planned recommission of the Local Authority commissioned sexual health services for Cambridgeshire and Peterborough during 2018/19, with a new service starting mid 2019/20. This work aims to help resolve local issues arising from the fragmentation of sexual and reproductive 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.

- 4.8 The Study's objectives are to identify the opportunities for improving the alignment of SRH services, optimise service pathways, quality assure and to future proof against anticipated developments in the SHR field. It has the potential to realise system efficiencies, more cost-effective services, improve health outcomes and reduce health inequalities. The work also considers the flexibility needed to respond to emerging developments such as Integrated Care Systems. However any proposals would be local; based on the needs in the area and solutions that reflect available resources and flexibilities. An example of a local SRH commissioning issue is found in the maternity service pathways where 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.
- 4.9 Local authority Public Health staff are leading 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 is being overseen by a Group representing local commissioners and PHE. The Group also includes children and young people commissioners to ensure that any synergies between the services they are currently commissioning and sexual health services are considered. The Group will consider the outputs of the work and will formulate options for future delivery working with providers and stakeholders. Reporting will be through each organisation's appropriate governance processes.
- 4.10 The work started in June 2018 and it is planned to complete a report with recommendations by January 2019. The initial priority was to secure the support of the CCG and NHS England. This has been secured in principle and they are being kept informed about the development of the work.

Assessment of local needs has been undertaken, local service data has been collected from different organisations, research has been undertaken to learn from other areas, and to identify the effectiveness and opportunities for the use of new technologies.

A workshop was held recently for commissioners, providers and other stakeholders. The objective of the Workshop was to engage a wider range of stakeholders and to identify the key priorities from the extensive scope of the Study. The Workshop was productive, engaged a wide range of stakeholders and secured agreement from these stakeholders to focus upon the following five priorities.

1. Integrated services for women's sexual and reproductive health (women's services hub model)
2. Post-natal and post-termination of pregnancy contraception
3. Psychosexual counselling
4. The high rate of late diagnosis of HIV in Peterborough and Cambridgeshire
5. Better information for professionals and public.

5. CONSULTATION

- 5.1 The Workshop referred to in Section 4.10 was part of the Consultation process and provided an opportunity to review our understanding of local needs and prioritise the commissioning areas that could best address them
- 5.2 A consultation with service users and the public will take place in November to inform the Study. This will include a focus upon vulnerable groups. In addition further consultation will be undertaken with the CCG and NHSE.

6. ANTICIPATED OUTCOMES OR IMPACT

- 6.1 Central to the work is the collaboration between local authority and NHS commissioning, therefore securing the support of the Health Scrutiny Committee will support this collaboration.

7. REASON FOR THE RECOMMENDATION

- 7.1 The recommendation reflects the opportunities that the Study affords for aligning sexual health and reproductive services to realise potential system efficiencies, more cost-effective services, improve health outcomes and reduce health inequalities.

8. ALTERNATIVE OPTIONS CONSIDERED

- 8.1 The alternative option would be to recommission the Local Authority Sexual Health Services without fully exploring the opportunities within the system to improve SRH services.

9. IMPLICATIONS

Financial Implications

- 9.1 Peterborough City Council and Cambridgeshire County Council are proposing to recommission their sexual health and contraception services in 2019/20 under one contract. The Study is essentially the preparatory work already planned for the recommission. No additional costs are being incurred as it involves using local accessible data and Public Health staff time already allocated to the recommission.

The re-commission will aim to increase efficiencies, improve pathways and integration with related services, identify new cost-effective delivery models and technologies to deliver services which are reflected in the work that is being undertaken for the Sexual Health study.

The resources allocated to the study come from the Public Health allocation. Staff from Public Health are undertaking the research and analysis of local and national information. Estimated public health staff costs across Cambridgeshire and Peterborough are £27,687 for undertaking the proposed re-commissioning activity and approximately 18% of this would be specific to the feasibility study, that is £4,984. Of this the proportion paid by Peterborough would be £1,146.

NHS England and the Clinical Commissioning Group has contributed its support through supplying data and service information along with participating in consultation and planning meetings and bringing it for discussion at key NHS strategic groups.

Public Health England is supporting the study through senior personal and data provision and analysis

- The PHE Deputy Chief Operating Officer has provided strategic engagement with key partners; attendance at steering group meetings – to provide strategic advice and understand progress with the work and how it fits with other developments PHE is supporting/involved in (both SH commissioning pilots and wider work on ICSs)
- National Sexual and Reproductive Health Services lead is in attendance at key meetings to provide overview of collaborative commissioning work; linking Peterborough and Cambridgeshire colleagues with examples of good/innovative practice in region and around the country; relevant evidence and information/emerging practice
- Regional Knowledge and Intelligence Team lead for sexual health has provided analysis of data on sexual and reproductive health in Cambs & Peterborough

PHE is keen to support Cambs & Peterborough to develop an approach that meets local need and maximises the use of resources by avoiding duplication of services and ensures pathways are as efficient and effective as possible. Any learning from this will be shared with other parts of the country.

The Study has the potential to identify sexual health cost efficiencies through increased collaborative working across the system, new delivery models and technologies which will be detailed in the Report. It is likely that efficiencies and benefits identified as a result of the study will be significantly more than the one-off cost to Peterborough public health staff time of £1,146, outlined above.

Legal Implications

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

Equalities Implications

- 9.3 The development of a 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.

Rural Implications

- 9.4 The development of a new commissioning model will include the identification of any rural issues and enable these to be addressed through the better alignment of services through a new service model.

Other Relevant Implications

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

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

Colleagues from Children's Service form both commissioning and social care have been consulted and the commissioners are on Project Group overseeing the study. Children in Care and Care leavers are a high SRH risk group and their needs will be considered as part of the pathway review and service development.

Adult Social Care staff will also be involved in the consultation with a focus upon HIV care and support.

A full risk assessment will be undertaken with regard to any proposals contained in the Report.

10. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

- 10.1 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>

11. APPENDICES

- 11.1 N/A

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