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| Participation as a pilot site in Public Health England study of collaborative commissioning for sexual health and reproductive services |
| Cllr Diane Lamb, Portfolio Holder for Public Health |
| June 2018 |
| Deadline date: N/A |

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| Cabinet portfolio holder: Responsible Director: | Cllr Diane Lamb, Cabinet Member for Public Health Dr Liz Robin, Director Public Health, Cambridgeshire and Peterborough |
| Is this a Key Decision? | NO |
| Is this decision eligible for call-in? | NO |
| Does this Public report have any annex that contains exempt information? | NO |
| Is this a project and if so has it been registered on Verto? | NO |

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

The Cabinet Member is recommended to:

1. To accept the Public Health England (PHE) invitation to take part in the Sexual Health and Reproductive Services Commissioning Feasibility Study.

To approve 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.

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| 1. | PURPOSE OF THIS REPORT To inform and secure the support of the Cabinet Member for Public Health for Public Health England's (PHE) invitation to Cambridgeshire County Council and Peterborough City Council to work with other local commissioners of sexual health (including HIV) and reproductive health services to develop a local collaborative commissioning model for these services. |
| 1.1 | This report is for Cllr Diane Lamb to consider exercising delegated authority under paragraph 3.4.3 of Part 3 of the constitution in accordance with the terms of their portfolio at paragraph (i) |

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| <p>2.</p> <p>2.1</p> | <p>TIMESCALES</p> | | |
| <p>Is this a Major Policy Item/Statutory Plan?</p> | <p>NO</p> | <p>If Yes, date for relevant Cabinet Meeting</p> | <p>N/A</p> |
| <p>3</p> <p>3.1</p> | <p>BACKGROUND AND KEY ISSUES</p> <p>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 2012 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 2012 Health and Social Care Act mandated Local Authorities to ensure that there is provision of sexual health services in their areas.</p> <p>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.</p> <p>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, cost effective and improve outcomes.</p> | | |
| <p>3.2</p> <p>3.3</p> <p>3.4</p> | <p>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.</p> <p>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.</p> <p>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.</p> | | |

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| <p>3.5</p> <p>3.6</p> <p>3.7</p> <p>3.8</p> | <p>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.</p> <p>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.</p> <p>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.</p> <p>Endorsement is requested for the proposal 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. The information and any identified new commissioning arrangements that are potentially cost effective and support improvement in outcomes will inform the planned commissioning of sexual health services.</p> |
| <p>4.</p> | <p>CONSULTATION</p> |
| <p>4.1</p> | <p>No consultations have been undertaken, however consultation will be an integral element of the Study and will include</p> <ul style="list-style-type: none"> • Service users • Service providers – managers and staff • Commissioners from related services and other partner stakeholders • Wider public and communities |
| <p>5.</p> | <p>ANTICIPATED OUTCOMES OR IMPACT</p> |
| <p>5.1</p> | <p>The anticipated outcomes and impacts include the following.</p> <ul style="list-style-type: none"> • 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 |

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| | <p>flexibilities.</p> <p>The Feasibility Study would be completed by December 2018</p> |
| 6. | REASON FOR THE RECOMMENDATION |
| 6.1 | <p><i>This recommendation is based on the following:</i></p> <ul style="list-style-type: none"> • Participation in the Study provides the opportunity to improve services and outcomes for patients. • It provides the opportunity to identify more cost effective and cost saving services. • It will inform and strengthen the planned commissioning of sexual health services. • Local authority commissioners will have access to PHE support for the provision of evidence, other public health intelligence and facilitating learning from other areas. • It will help to build better relationships with other local sexual and reproductive service commissioners to foster increased collaborative working |
| 7. | ALTERNATIVE OPTIONS CONSIDERED |
| 7.1 | The alternative is to proceed with the commissioning of sexual health services without participating in the Study. |
| 7.2 | Participation in the study will provide a better understanding of needs across all sexual and reproductive health services and provide an opportunity to develop a more collaborative approach to commissioning that has the potential to improve services and outcomes along with potentially realising savings. |
| 8. | IMPLICATIONS |
| | Financial Implications |
| 8.1 | The identification of any financial implications for services will be identified as part of the Study. |
| 8.2 | As a large proportion of the work would be undertaken anyway for the commissioning of sexual and reproductive services the work could be accommodated within the staff capacity |
| | Legal Implications |
| 8.3 | The identification of any legal implications for services will be identified as part of the Study. |
| | Equalities Implications |
| 8.4 | The objectives of the Study would include addressing any health inequalities and identifying any service improvements to mitigate them. |

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| 8.5 | The study will identify any financial implications arising from any service developments that address inequalities. |
| 8.6 | A full impact assessment will be part of the study to identify any implications |
| 9. | DECLARATIONS / CONFLICTS OF INTEREST & DISPENSATIONS GRANTED |
| 9.1 | None identified. |
| 10. | BACKGROUND DOCUMENTS |
| 10.1 | <p>Public Health England: Making it work: A guide to whole system commissioning sexual health, reproductive health and HIV 2015</p> <p>https://www.gov.uk/government/publications/commissioning-sexual-health-reproductive-health-and-hiv-services</p> <p>Public Health England: Sexual Health, Reproductive Health and HIV: A Review of Commissioning 2017</p> <p>https://www.gov.uk/government/publications/sexual-health-reproductive-health-and-hiv-commissioning-review</p> |
| 11. | APPENDICES |
| 11.1 | None |

| Consultation | Section | Name | Outcome | Date |
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| <p>Shared Service? If you are writing a report as an officer from a shared service authority, all approvals will need to be provided by Peterborough City Council officers.</p> | <p>Ward Councillors (if decision is ward specific)</p> | | | |
| | Legal | Fiona McMillan | Approved | 19/06/18 |
| | Finance | Peter Carpenter | Approved | 24/06/18 |
| | Democratic Services | Dan Kalley | Approved | 18/06/18 |
| | Communications | Emma Rogers | Approved | 22/06/18 |
| | <p>Procurement Project Director (if decision is contract/procurement related)</p> | Darren Ford | | |
| | <p>Head of Strategic Property (if decision is property related)</p> | Jane McDade | | |
| <p>Other Officers / Members (if the proposals will have an impact on their service area)</p> | | | | |

Is your decision urgent?

If you think your decision may need to invoke urgency procedures, please read through [this urgency guidance](#) and contact Democratic Services as soon as possible.

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| <p>Director's Approval Directors are requested not to sign if the above section is incomplete</p> | | Date |
| <p>Once signed by Director, please pass to Democratic Services. We will contact the Cabinet Member and arrange for signature.</p> | | |
| <p>Cabinet Member Approval</p> | | Date |
| <p>Cabinet Member Comment (if any)</p> | | |