

**Minutes of Sexual Health Forum held on 21 March 2012:
Skipton House, London**

Present:

Forum Members

Joyce Gould (Co-Chair)
Gabriel Scally (Co-Chair)
Simon Blake - Brook
Nick Partridge - THT
Stuart Cowie - LIFE
Simon Bowen - ADPH
Tracey McNeill - MSI
Chris Wilkinson - FSRH
Andrew Pearmain - ADSS
Janet Wilson - BASHH
Jane Anderson - BHIVA

Apologies:

██████████ - DH
Anna Martinez - NCB/SEF
Julie Bentley - fpa

Others Present

██████████, DH
██████████, DH
██████████, DH
██████████, DFE
Noel Gill, HPA
Mark Bale, DH
██████████ - DH

1. Welcome and apologies

- 1.1 The chairs welcomed Simon Bowen (ADPH) and Janet Wilson [BASHH], to their first meeting as a member of the Forum.
- 1.2 Apologies had been received from Julie Bentley (fpa) and Anna Martinez (NCB/SEF). Apologies were also received from ██████████.

2. Minutes of the meeting held 11 December 2011 and matters arising.

- 2.1 The meeting **agreed** the minutes as a correct record. There were no matters arising not covered elsewhere in the agenda.

3 Department of Health Update

- 3.1 DH had circulated an update prior to the meeting. A number of issues were raised as a result. Members identified a need for closer links with local government, and particularly with the Local Government Association and the DCLG. DH undertook to explore making closer links with colleagues in DCLG. This would be particularly important in view of the significant proportion of the ring-fenced budget for each LA that would need to be devoted to sexual health services.
- 3.2 Gabriel Scally and [REDACTED] reminded members that recently published teenage pregnancy statistics for 2010 mark a 40-year low. Members noted the role that increased provision of contraception has played in achieving this, and that provision should be sustained into the future.
- 3.3 Gabriel Scally expressed concern about reducing levels of chlamydia testing and Simon Blake agreed that some local areas are not seeing it as a priority. Gabriel Scally questioned how we might identify these areas and how they might be challenged. [REDACTED] proposed this would be picked up in meetings with local SHA leads. [REDACTED] also stressed the need to emphasise the need to consider the impact of reductions on the indicator in the Public Health Outcomes Framework (PHOF) on the chlamydia diagnosis. Noel Gill said that chlamydia screening is a very vulnerable area through transition and post-2013.
- 3.4 Jane Anderson asked about the Global AIDS Report and whether organisations like BHIVA could contribute to the UK's report. [REDACTED] explained that most of the reporting was through on-line templates which were difficult to share but which the UN would publish in due course. The HPA would complete the indicators and DH would co-ordinate government and civil society input into the National Commitments and Policy Instrument returns. She suggested that BHIVA contribute to the narrative report, which would accompany the on-line reporting.
- 3.5 Joyce Gould raised the issue of the recent request from the Children's Commissioner for a range of data on young people, including data on HIV and STIs, contraception and abortions. Concerns had been raised about whether the provision of some of this data, particularly at local level, would breach confidentiality.
- 3.6 [REDACTED] said that the Department was currently seeking advice on how to respond to this request at both national and local level.

4. Transition plans for North Lancashire

- 4.1 Jackie Routledge gave a presentation on transition in Lancashire. Members were provided with a handout with these slides. During the discussion following the presentation a number of issues were raised.

- 4.2 There was some confusion about the detail of new commissioning arrangements. [REDACTED] told members she has a table, which clarifies new commissioning arrangements and will email it to the SHF. (Action completed 23/3).
- 4.3 Andrew Pearmain highlighted concerns about the out-sourcing of HIV Social Care. Simon Blake asked what will happen to sign off of patient group directions (PGDs) under new commissioning arrangements. [REDACTED] said this issue has been picked up nationally and in most cases providers will still be responsible for agreeing PGDs however, future management of PGDs in pharmacies and some other settings was being considered.

5. Sexual Health in a changing world

Simon Bowen gave a presentation on the transition to the new commissioning arrangements in Brent and London more widely. The following issues arose:

- London is less well advanced in terms of transition plans than the rest of the country but this is allowing Brent to give consideration to some radical models for future commissioning.
- It is very important that sexual health be explicitly included in the allocations formula currently being developed
- There are risks particularly to the third sector around transition and ensuring that all current contracts are novated to LAs, as least in the first year.
- Other risks include the overall reduction in LA budgets and the impact this might have. While services are demand led, prevention activities are more discretionary. In addition, if experienced commissioners move on there are implications for continuing service modernisation and reconfiguration.
- There is still confusion and uncertainty in some LAs as to the exact nature of the responsibilities they are taking on.
- The JSNA and local health and well-being strategies will be crucial to determining local priorities.

6. Update from the Public Health Transition Team

- 6.1 [REDACTED] gave a presentation to update Members on the development of Public Health England. During the subsequent discussion, a number of points were raised.
- 6.2 [REDACTED] noted that it was currently planned that there would be a PHE health protection sector for every 2.5 million of population, while the PHE health

improvement sectors might cover a larger population. This might ensure that a spread of expertise across the various elements of health improvement could be offered cost-effectively to local areas. The sectors might be responsible for providing benchmarking data and commissioning support and quality assurance to LAs, developing the evidence base and professional network development.

- 6.3 Members noted that it would be important to be clear about roles and responsibilities with PHE, and accountability at each level. Gabriel Scally noted that these discussions would be progressed once the PHE Chief Executive had been appointed.
- 6.4 Members recognised that setting up PHE was a significant undertaking, and would involve the movement of large numbers of staff into the new organisation. It would be important to keep disruption and uncertainty to a minimum, and to work to build a sound organisational culture. It would also be important for PHE at all levels to build strong collaborative relationships with other commissioners such as the NHS Commissioning Board and Clinical Commissioning Groups.
- 6.5 Members asked about whether contractual arrangements between providers and PCTs would lapse as of 31 March 2013, or whether they would automatically transfer to the new commissioning authorities. DH noted that the transition plans currently being prepared by PCTs and Local Government stated that this issue should be considered, but how it was handled was a matter for local agreement.
- 6.6 While information about initial funding for PHE and public health more generally was known, consideration was still being given to how funding might be allocated after the first year. It was important that the level of funding should reflect changing public health needs, such as the expected continuing increase in attendances at GUM clinics. Members also questioned how the sectors would work with general practice and what the mechanisms would be for ensuring the requirements for commissioning mandated services were being met.

12.45. Lunch. Departure Simon Blake.

7. Pregnancy Options Consultation

- 7.1 [REDACTED] updated the meeting on progress on the pregnancy options consultation. Members were informed of the service visits undertaken by members of the Sexual Health Team. [REDACTED] summarised the likely

options that might be included in the draft consultation and the development of the Impact Assessment.

- 7.2 Joyce Gould expressed her concerns about the scope of the consultation not being wide enough. She also felt strongly that as many people as possible should be invited to respond. Tracy McNeill highlighted that regulation 9b of the Health and Social Care Act 2008 (the CQC Act) already states that under 16s must have counselling. Chris Wilkinson asked if the consultation proposed development of national pregnancy counselling competencies that could be undertaken by a range of organisations or a single national provider?
- 7.3 There was a discussion around the strength of the evidence base for counselling, costs and ways to access women with recent experience of requesting an abortion to obtain their views.

8. HIV Charging Review

- 8.1 [REDACTED] then gave a brief update on the outcome of the HIV charging review, which had been announced in February. Work was now underway to lay the amendment to the regulations, which would come into force in October 2012. Other issues being considered are;
- How do we reduce the risk of health tourism – in particular those who may wish to fly in and out of the country to receive free medication?
 - DH will work with BHIVA, commissioners and other stakeholders to get robust guidance in place.
- 8.2 Joyce Gould said that everyone welcomed the change in policy. This was supported by Nick Partridge who also questioned whether the system had been abused in Wales/Scotland?
- 8.3 Andrew Pearmain said that the change sends out very positive signals for HIV stigma. He asked if we have performed an economic analysis? Mark Bale said that it is very hard to get solid figures. Long-term, it is believed that there will be significant cost savings. Short-term there may be an increase in cost for local health commissioners.
- 8.4 Jane Anderson thanked DH for all its work on HIV charging. She informed the Forum that the National AIDS Trust wish to disseminate a briefing document and it was agreed to request that DH have sight of this before it goes out.

Joyce Gould reminded forum members of the date of the next meeting and that PS(PH) is scheduled to attend.

