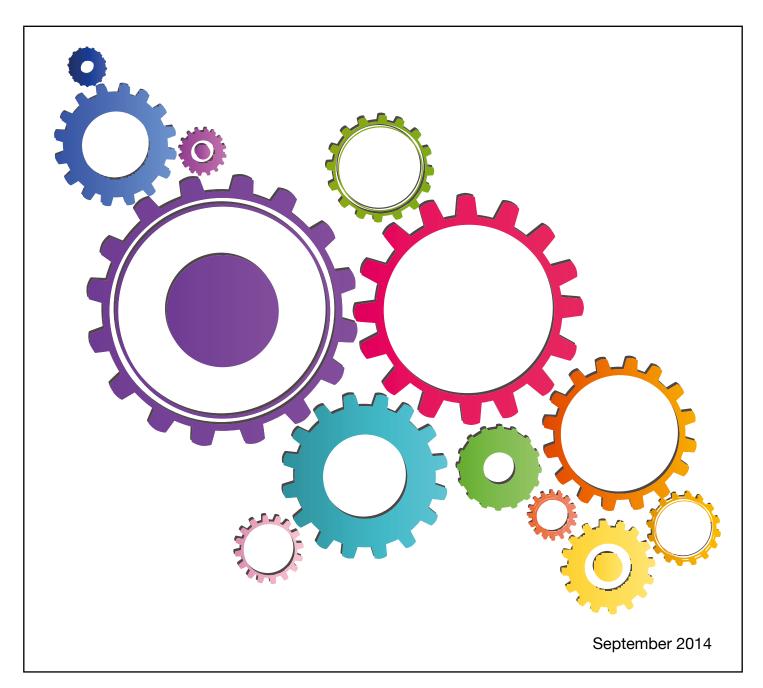


Making it work

A guide to whole system commissioning for sexual health, reproductive health and HIV

Part 3: Annexes











Annexes

Annex 1. Guidance, tools and resources for whole system commissioning of sexual health, reproductive health and HIV

Policy, guidance and advice documents

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Annex 2. Facilitating whole system commissioning: overview of relevant legislation

The legislation facilitating a whole system commissioning approach is the NHS Act 2006 and the Health and Social Care Act 2012. The key sections of the Acts promoting integration and encouraging integrated working are highlighted below. Both are enshrined as duties in the Health and Social Care Act 2012. The Act further imposes a duty on NHS bodies and local authorities to co-operate with one another in exercising their respective functions. The Department of Health underlines the duty to co-operate in its circular to local authorities on the ringfenced public health grant (LAC(DH)(2013)1 10 January 2013) thus:

"The Health and Social Care Act 2012 will promote the principle of integrated working by stating that in exercising their respective functions NHS bodies (on the one hand) and local authorities (on the other) must cooperate with one another in order to secure and advance the health and welfare of the people of England and Wales. This confers a duty of co-operation between Directors of Public Health, clinical commissioning groups (CCGs) and the wider NHS when carrying out their respective functions."

Duty to promote integration

Section 13N of the National Health Service Act 2006, as amended by the Health and Social Care Act 2012, outlines the "Duty as to promoting integration" for the NHS Commissioning Board (now NHS England). Section 13N(1) provides that:

The Board must exercise its function with a view to securing that health services are provided in an integrated way where it considers that this would:

- (a) improve the quality of those services (including the outcomes that are achieved from their provision)
- (b) reduce inequalities between persons with respect to their ability to access those services
- (c) reduce inequalities between persons with respect to the outcomes achieved for them by the provision of those services.

Section 14Z(1) of the 2006 Act, as amended, outlines the "Duty as to promoting integration" for CCGs. The terms of the duty are identical to those outlined above for NHS England.

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Duty to encourage integrated working

Joint health and wellbeing strategies

Section 193 of the Health and Social Care Act 2012 amended the Local Government and Public Involvement in Health Act 2007, to introduce duties on local authorities, CCGs and NHS England. (See new sections 116A and 116B of the Local Government and Public Involvement in Health Act.)

Firstly, where a joint strategic needs assessment is prepared, the responsible local authority and its partner CCGs must prepare a joint health and wellbeing strategy for meeting the needs included in the assessment. The functions of preparing a joint strategic needs assessment and preparing a health and wellbeing strategy are to be exercised by the health and wellbeing board (HWB) established by the local authority. They must in particular consider how far those needs could be more effectively met under section 75 arrangements (see further below).

Other subsections require the local authority and its partner CCGs to involve the Local Healthwatch organisation and local people in the preparation of the strategy, and to publish strategies prepared under the section. Secondly, responsible local authorities and their partner CCGs, must, in exercising their functions, have regard to any joint strategic needs assessment or any joint health and wellbeing strategy prepared by the responsible local authority and its partner CCGs which is relevant to the exercise of the functions.

Similarly NHS England must have regard to any such relevant assessments and strategies when exercising functions in arranging for the provision of health services in relation to the area of a responsible local authority.

Section 195 of the Health and Social Care Act 2012 imposes a duty on HWBs to encourage integrated working.

Section 75 of the NHS Act 2006

Section 75 of the NHS Act 2006 governs arrangements between NHS bodies and local authorities. It sets out a regulationmaking power to prescribe arrangements which may be entered into, functions to which those arrangements may relate, and the NHS bodies and local authorities which may enter into them. The NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (SI 2000/617) are deemed to be made under section 75. They list local authority public health functions under the NHS Act 2006 and CCG commissioning functions under that Act as functions which may be the subject of partnership arrangements where the arrangements are likely to lead to an improvement in the way those functions are carried out.

Further details are outlined in Annex B of 'Sexual Health Clinical Governance: Key Principles to Assist Service Commissioners and Providers to Operate Clinical Governance Systems In Sexual Health Services' (DH 2013) - see Annex 1. A partnership arrangement between a local authority and a CCG under section 75 is one option to fulfil the duty for integrated working. Subject to the statutory requirements in the 2000 Regulations mentioned above, this can include the two bodies contributing to a fund (a "pooled budget") to commission services collaboratively. NHS England's area teams can also participate in collaborative commissioning subject to authorisation of the section 75 arrangement by the relevant Regional office. An example of how Luton Borough Council and Luton CCG have used this mechanism to provide integrated services for children with additional needs is given below. Further options exist to facilitate collaboration between local authorities, CCGs and NHS England. These include collaboration without pooled budgets and jointly agreed service specifications and are outlined in Sections 4 and 5 of this guide.

Commissioning integrated services for children and young people through a section 75 agreement

Luton Borough Council and Luton CCG have a formal partnership agreement within section 75 of the National Health Service Act 2006. The agreement was established between the Council and NHS Luton in 2011 for the integrated management of specified services for children and young people with additional needs. The Council takes lead responsibility. Under the agreement the CCG formally delegates its Health Related Functions, as identified in the agreement, to the Council.

A joint management team oversees both the service and the partnership arrangements. The partners both contribute revenue to the service, within agreed budget planning and financial management processes. These include the timetable and deadlines for financial planning, regular financial management reports and mechanisms for dealing with overspends or underspends. The agreement has clauses covering review, termination, variation, dispute and resolution, complaints, statutory obligations and governing law.

The agreement's schedules cover the following:

aims and objectives to maximise
the efficiency of services through the
flexibilities afforded by a section 75
agreement and to improve quality
and outcomes for clients. The aims
of partnership working and a single
integrated joint commissioning process
are outlined

www.gov.uk/government/publications/hiv-sexual-and-reproductive-health-current-issues-bulletin-issue-3-february-2014 Accessed on: 04/07/2014

iv. Public Health England; Department of Health; Local Government Association; NHS England; Association of Directors of Public Health. HIV, sexual and reproductive health current issues bulletin: issue 3, Commissioning HIV services. February 2014;

- financial arrangements including finance flows, financial planning and budget setting process, budget performance and access to financial information
- reporting through a joint management group chaired by a senior officer of the council. The group has responsibility for the annual commissioning and financial plan, risk management, outcomes, systems for client feedback and a report to both executives. Performance reporting uses national and local indicators, updates on service development plans and reports on action plans arising from service and regulatory inspection
- services in the agreement, including strategic objectives, legislative context and a description of the joint commissioning team and integrated children's and young people's services. The aim of the integrated service is to provide a co-ordinated and accessible service with a single point of referral, information, assessment and delivery of support for disabled children and their families. The objective of the service is that children and young people with disabilities and/or a life-limiting condition will be able to easily access the support of their choice from a flexible, responsive and coherent network of high quality services, allowing them and their families to lead lives that are as normal as possible

Key operational structures and processes are designed to support the delivery of joined-up, child-focused services. These include:

- a joint management structure
- clear service standards, protocols and eligibility criteria
- a joined-up assessment process
- an embedded Lead Professional approach
- joint planning and decision-making for care packages, agreed at a Joint Allocation Panel, which may be joint funded across health and social care
- shared data and information sharing protocols

Contact details

David Bruce, Head of Integrated Commissioning Team, Children and Families, Luton Borough Council. Email: david.bruce@luton.gov.uk Published documents supporting local authorities, CCGs, and NHS England with their SH, RH & HIV commissioning are listed in Annex 1 with full references. A summary of key supporting policy and guidance is given below.

A Framework for Sexual Health Improvement in England

'A Framework for Sexual Health Improvement in England' (DH, 2013) provides a guide for those responsible for planning and commissioning sexual health services, and for those who provide them.

The framework suggests five objectives for local service delivery to ensure good outcomes are maintained and improved:

- accurate, high-quality and timely information that helps people to make informed decisions about their relationships, sex and sexual health
- preventative interventions that build personal resilience and self-esteem and promote healthy choices
- rapid access to confidential, open access integrated sexual health services in a range of settings, accessible at convenient times
- early, accurate and effective diagnosis and treatment of STIs including HIV, combined with the notification of partners who may be at risk
- joined-up provision that enables seamless patient journeys across a range of sexual health and other services - this will include community gynaecology, antenatal and HIV treatment and care services in primary, secondary and community settings

Commissioning Sexual Health Services and Interventions: Best Practice For Local Authorities

This guidance is designed to help local authorities commission high quality sexual health services for their local areas as part of their wider public health responsibilities, with costs met from their ringfenced public health grant. It provides:

- guidance on the legal requirements to provide comprehensive, open access sexual health services for contraception and testing and treatment of sexually transmitted infections (STIs)
- best practice, and references to a number of other resources which local authorities may find useful

Local authorities are required by legislation to arrange for the provision of confidential, open access STI testing and treatment and contraception services. This legislation means that anyone who is in an area, whether resident or not, is entitled to use the services provided in that area free of charge and services cannot be restricted only to people who can prove they live in the area or who are registered to, or referred by, a local GP or on the basis of age.

The NHS Outcomes Framework

The NHS Outcomes Framework was developed in 2010 following public consultation. It is updated annually. It sits, alongside the Adult Social Care and Public Health outcomes frameworks, at the heart of the health and care system. The framework:

- provides a national overview of how well the NHS is performing
- is the primary accountability mechanism, in conjunction with the Mandate, between the Secretary of State for Health and NHS England
- drives up quality throughout the NHS by encouraging a change in culture and behaviour focused on health outcomes not process

Indicators in the NHS Outcomes Framework 2014/15 are grouped around five domains focusing on improving health and reducing inequalities by:

- preventing people from dying prematurely
- enhancing quality of life for people with long-term conditions
- helping people to recover from episodes of ill health or following injury
- ensuring that people have a positive experience of care
- treating and caring for people in a safe environment and protecting them from avoidable harm

The Public Health Outcomes Framework

The Public Health Outcomes Framework (PHOF) for 2013-16 includes three SH, RH & HIV indicators. They are as follows:

- under 18 conceptions
- people presenting with HIV at a late stage of infection
- chlamydia diagnoses (15–24 year olds)

A number of other indicators in the PHOF are also relevant for SH. RH & HIV. Examples include violent crime including sexual violence, take-up of the NHS health check programme, and low birthweight of term babies.

Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013

These provide details of the requirements each local authority needs to have in place for the provision of open access sexual health services, including contraceptive services, for the benefit of all people present in its area, specifically:

- preventing the spread of sexually transmitted infections
- treating, testing and caring for people with such infections
- notifying sexual partners of people with such infections
- advice on and reasonable access to a broad range of contraceptive substances and appliances

The regulations do not set out how the services should be provided, nor impose any requirements on the numbers of services, locations, opening times, type of service model, waiting times or staffing levels. These will be determined locally and will make a difference to the quality of services and to the achievement against the Public Health Outcomes Framework (PHOF) and the objectives of 'A Framework for Sexual Health Improvement in England'.

Annex 4. NHS England arrangements for directly commissioned services

NHS England directly commissions:

- specialised services
- primary care services
- health and justice services
- services for members of the armed forces

NHS England has 4 regions and 27 area teams but acts as a single organisation with one board and a single operating model for commissioning.

North of England Midlands and East of England London South of England

Commissioning of public health services is carried out by Public Health England (PHE) and local authorities, although NHS England commissions, on behalf of PHE, many of the public health services delivered by the NHS.

NHS England commissions many of the primary care services previously commissioned by PCTs. It is responsible for primary care contracts and has a duty to commission primary care services in ways that improve quality, reduce inequalities, promote patient involvement and promote more integrated care. NHS England is a single organisation and takes a consistent approach to managing contracts wherever it is appropriate to do so.

NHS England is also responsible for primary care support services (also known as family health services).

NHS England works with other bodies, including the Department of Health, PHE, CCGs, the NHS and local government, to develop commissioning models for public health commissioning.

The public health services NHS England commissions directly are:

- national immunisation programmes
- national screening programmes
- public health services in the justice system
- sexual assault referral centres (SARCs)
- public health services for children aged 0-5 years (including health visiting, family nurse partnerships and much of the healthy child programme)
- child health information systems

Ten area team hubs lead on specialised services commissioning (in bold below) including HIV treatment and care for adults and children and specialist fetal medicine services.

Ten area teams lead on *health and justice* services (in bold italics below) including sexual health elements of healthcare in secure and detained settings and SARCs.

NHS England area teams – specialised services and justice and health hubs

NHS England North of England (nine ATs)	NHS England Midlands and East (eight ATs)
West Yorkshire	Arden, Herefordshire and Worcestershire
South Yorkshire and Bassetlaw	Birmingham, Solihull and the
North Yorkshire and Humber	Black Country
Merseyside	Derbyshire and Nottinghamshire
Greater Manchester	East Anglia (and health and justice)
Lancashire	Essex
Durham, Darlington and Tees	Hertfordshire and the South Midlands
	Leicestershire and Lincolnshire
Cumbria, Northumberland, Tyne and Wear	Shropshire and Staffordshire
Cheshire, Warrington and Wirral	

NHS England South (seven ATs)

Bath, Gloucestershire, Swindon and Wiltshire

Bristol, North Somerset, Somerset and South Gloucestershire (and health and justice)

Devon, Cornwall and Isles of Scilly

Kent and Medway

Surrey and Sussex

Wessex

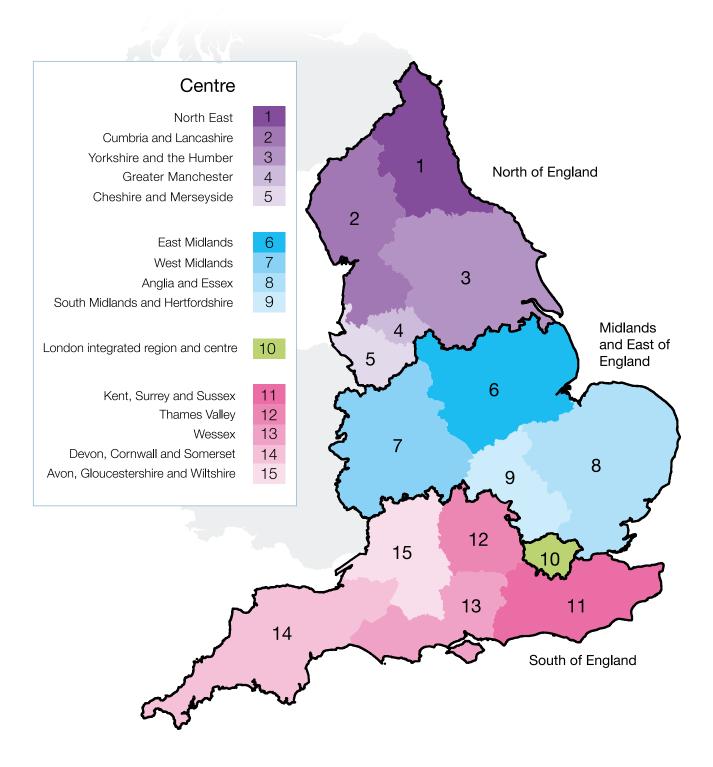
NHS England London (three ATs)

North East London (and health and justice)

North West London (and health and justice)

South London (and health and justice)

Annex 5. Public Health England: regions and centres



Annex 6. Managing outbreaks of sexually transmitted infections

A Lymphogranuloma venereum (LGV) outbreak in urban centres: lessons for commissioners

The past ten years have seen a steady rise in new diagnoses of sexually transmitted infections (STIs). While much of this is due to improved STI testing, increased transmission in certain population groups has also occurred. Outbreaks of STIs (including syphilis, gonorrhea and LGV) have been an important feature of STI epidemiology during this period requiring a prompt integrated public health response by PHE, local government, CCGs and NHS England. The management of a sustained outbreak of LGV among men who have sex with men (MSM) predominantly in London, Brighton and Manchester is one example. LGV is an STI caused by certain types of Chlamydia trachomatis which has emerged as an important public health problem in predominantly HIV positive MSM in western industrialised countries over the last decade. Between 2003 and mid-2012 over 2000 cases of LGV were diagnosed in the UK.

Outbreak and incident management is a key public health measure and a core element of commissioning of sexual health services. The aim of the LGV investigation, as with the management of other STI outbreaks, was to prevent local transmission through increased diagnosis, treatment and management, and increased awareness among risk groups.

PHE has produced comprehensive guidance for the management of STI outbreaks. When an outbreak is identified, a local outbreak control team (OCT), led by a consultant in communicable disease control, is formed with appropriate representation depending on patterns of local transmission and likely public health impact. In the case of the LGV outbreak, PHE and the British Association for Sexual Health and HIV (BASHH) developed infection control guidelines focusing on offering LGV testing to MSM. Since there was a high level of co-infection with HIV, testing was offered during routine clinic appointments together with raising awareness among those at risk. Chlamydia positive men with symptoms were also tested for LGV.

If there is evidence the outbreak is spreading beyond local and regional boundaries, a national OCT is established to enable a standardised and co-ordinated response. This happened for the LGV outbreak. Control measures included expanded testing, treatment and partner notification, as well as strategies for raising awareness in the local populations and among health professionals. The promotion of safer sex through the use of condoms, leaflet campaigns and targeted press releases, was also employed in collaboration with Terrence Higgins Trust.

Results

Improving sexual health and controlling STI outbreaks requires strong local sexual health networks including all providers and commissioners. Service providers have a responsibility to report concerns about increased STI cases promptly to the local PHE centre and commissioners to ensure swift public health action. Outbreaks are more likely to be contained if identified and acted upon early.

Local government, CCGs and NHS England may also need to commission additional services to support outbreak management. In urban centres, this might include targeted prevention work with MSM and other population groups at risk, such as young heterosexuals, including using internet or social media resources. Commissioners should also build learning from outbreaks into future commissioning plans. Collating and reporting information from investigations can inform the development of intervention strategies and standards for managing future outbreaks. BASHH standards for testing and treatment of HIV positive MSM were updated in response to the LGV outbreak described.

Contact details

Gwenda Hughes, PHE

Email: gwenda.hughes@phe.gov.uk

Ian Simms, PHE

Email: ian.simms@phe.gov.uk

Annex 7. Glossary of abbreviations

ACRA	Advisory Committee on Resource Allocation
APMS	Alternative Provider Medical Services
ART	Antiretroviral therapy
ARV	Antiretroviral
AT	Area team
BASHH	British Association for Sexual Health and HIV
BHIVA	British HIV Association
BPAS	British Pregnancy Advisory Service
CCG	Clinical commissioning group
CLAHRC	Collaborations for Leadership in Applied Health Research and Care
CRG	Clinical Reference Group
CSRH	Community sexual and reproductive health
DH	Department of Health
DPH	Director of public health
DsPH	Directors of public health
EHC	Emergency hormonal contraception
ESHHCG	English Sexual Health and HIV Commissioners Group
FSRH	Faculty of Sexual and Reproductive Healthcare
GMS	General Medical Services
GUM	Genitourinary medicine
HIV	Human immunodeficiency virus
HWB	Health and wellbeing board
IUCD	Intrauterine contraceptive device
IUD	Intrauterine device
IUS	Intrauterine system
JHWS	Joint health and wellbeing strategy
JSNA	Joint strategic needs assessment
LA	Local authority
LARC	Long-acting reversible contraception
LES	Locally enhanced service
LETB	Local education and training board

LGBT	Lesbian, gay, bisexual and transgender
LSOA	Lower super output area
MEDFASH	Medical Foundation for HIV & Sexual Health
MSM	Men who have sex with men
NAT	National AIDS Trust
NCSP	National Chlamydia Screening Programme
NES	National Enhanced Service
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health Research
OCT	Outbreak control team
PCT	Primary care trust
PEP	Post-exposure prophylaxis
PEPSE	Post-exposure prophylaxis following sexual exposure
PGD	Patient group direction
PHE	Public Health England
PHOF	Public Health Outcomes Framework
PLWH	People living with HIV
PMS	Personal Medical Services
PN	Partner notification
PSHE	Personal, social, health and economic (education)
RH	Reproductive Health
SARC	Sexual assault referral centre
SH	Sexual health
SHLC	Sexual Health Lead Commissioner
SRE	Sex and relationships education
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
TasP	Treatment as prevention
TUPE	Transfer of Undertakings (Protection of Employment)

Annex 8. Acknowledgements

The NHS England Public Health Steering Group charged PHE with developing this guide on behalf of PHE, NHS England, LGA, ADPH and Department of Health.

The development of the commissioning guide was overseen by a Steering Group which reported to the PHE Priority Programme Board for Sexual Health, Reproductive Health and HIV, with input from an expert Advisory Group. The membership of both groups is given on page 110. Thanks are due to all members of the two groups.

The development of this guide was informed by a review of documentation, a series of interviews and two stakeholder workshops. Thanks are due to the interviewees, workshop participants and case study owners, named in the guide, who shared their emergent local practice and experience, and to all those who submitted comments on the final draft.

In developing this guide a number of issues were raised that fell outside the remit of the document, but are nonetheless important issues that need further consideration. To address this, an issues log was developed that will be considered by Public Health England and the NHS England Public Health Steering Group.

Steering Group membership		
Kate Folkard	Public Health England, Chair	
Jane Anderson	Public Health England	
Derek Bray	NHS England	
Andrea Duncan	Department of Health	
Claire Foreman	NHS England	
Judith Hind	Department of Health	
Debra Lapthorne	Public Health England	
Paul Ogden	Local Government Association	
David Regan	Association of Directors of Public Health	
Alison Streetly	Public Health England	
Secretariat to Steering Group		
Kate Evans-James	Public Health England	
Owen Brigstock-Barron	Public Health England	

Advisory Group membership	
David Asboe	British HIV Association
Yusef Azad	National AIDS Trust
Simon Barton	HIV Clinical Reference Group
Anthony Chuter	Patient and public engagement representative
Will Cleary-Gray	Rotherham CCG
Anne Connolly	Royal College of General Practitioners/Airedale, Wharfedale and Craven CCG
Alison Frater	NHS England
Robert Goodwin	Central and North West London NHS Foundation Trust (to May 2014)
Tracey McNeill	Marie Stopes International
Jonathan McShane	Local Government Association
Jackie Routledge	English Sexual Health and HIV Commissioners Group
Melanie Savage	Stafford and Surrounds CCG & Cannock Chase CCG
Sarah Scott	Gloucestershire County Council
Louise Smith	Hertfordshire County Council
Sarah Sturrock	London Councils
Peter Taylor	Royal Borough of Kingston
Chris Wilkinson	Faculty of Sexual and Reproductive Healthcare
Janet Wilson	British Association for Sexual Health and HIV

Public Health England Wellington House 133-155 Waterloo Road London SE1 8UG

Tel: 020 7654 8000 www.gov.uk/phe Twitter: @PHE_uk

Facebook: www.facebook.com/PublicHealthEngland

For queries relating to this document please contact kate.folkard@phe.gov.uk

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