



Public Health
England

Sexual Health, Reproductive Health & HIV – A Review of Commissioning

Dianne Draper NW sexual Health Lead

Dianne.draper@phe.gov.uk

Lucia Scally CHAMPS Collaborative

Lucia.scally@nhs.net

Pilot Context

- **PHE Survey (link was with the programme for today)**
- **The triggers for this:**
 - Partly undertaken due to all party concerns around sexual health services;
 - and Select Committee reviewed PH arrangements post 2013 transfer to LA;
 - Making it work guidance for commissioners was used to shape this survey.
- **Survey Responses:**
 - Good response from LAs 106
 - Further work was needed to gather CCG and NHSE responses
 - Achieved good response from NHSE
 - Two responses from CCGs due to capacity and lack of lead for this area

Main Findings

- Fragmented Commissioning and lack of coordination;
- Ensuring access to services, particularly for those at greatest risk;
- Contracting problems including cross-charging for patients attending services outside of area;
- Workforce concerns – clinical expertise both in Service Delivery and Commissioning;
- Financial pressures due to budget reductions – particularly in LAs;
- Confusion about who should pay for emerging issues e.g. Hepatitis A;
- Data quality concerns;

Actions

- Reduce fragmentation of commissioning and reduce contracting barriers;
- Support commissioners in the delivery of effective commissioning;
- Build capability and capability in sexual health commissioning;
- Provide evidence and data to commissioners to support commissioning and the monitoring of outcomes;
- Ensure that sexual health, reproductive health and HIV commissioning is explicitly considered within the changes in the system and mechanisms for Public Health funding over the next three years.

PHE Pilot Sites

Pilot Sites focus:

To support and evaluate the examination of local commissioning models, and opportunities for cross sectorial collaborative commissioning

Two sites to date

- Cambridgeshire
- Cheshire &- Merseyside