

# English HIV and Sexual Health Commissioners' Group Annual Report 2021/2022

## 1. Foreword by the Chair

Welcome to the English HIV & Sexual Health Commissioners' Group (EHSCHG) annual report for 2021-22. This year has, once again, been a very busy year for us all! The group began the year on a secure footing, with continued close links to the Local Government Association (LGA) and Association of Directors of Public Health (ADPH), ensuring that our funding and workplan stayed strong. I am delighted to be able to confirm that we will receive ongoing funding (2022-23 and beyond) on a consistent basis from the ADPH.

This year, the EHSCHG Executive Committee adjusted its terms of reference and aligned its regional representation to mirror the nine (formerly) Public Health England regions (with two representatives being put forward by each region). This has now expanded the maximum size of our Executive Committee to 18 members, and provides a strong link into all localities across England.

EHSCHG Executive representatives have been involved in a plethora of detailed work with national colleagues from across the Department of Health and Social Care (DHSC), the Office for Health Improvement and Disparities (OHID) and the United Kingdom Health Security Agency (UKHSA), representing commissioners in key discussions and meetings. We have been linked into COVID-19 pandemic recovery groups, analysing and assessing data and helping specific areas to recover with advice and guidance offered via our representatives, and Knowledge Hub forum.

I am proud that we have represented commissioners in providing challenge and input to the forthcoming national Sexual and Reproductive Health Action Plan as well as the recently released Women's Health Strategy. We also provided considerable input (and continue to sit on the national implementation group) for the national HIV Action Plan that was released earlier this year. In the coming months, we will lead on a key piece of insight work to understand barriers to access amongst those high-risk groups not accessing HIV pre-exposure prophylaxis (PrEP) at present.

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As the report shows, we have continued to develop our sector-led improvement (SLI) work in collaboration with the ADPH and LGA with several areas now using our new self-assessment tool, formally launched during 2021-22, which identifies system gaps and key strengths. Furthermore, areas utilising the tool are now beginning to submit examples of best practice, demonstrating the excellent commissioning and project work taking place nationally to improve outcomes.

The EHSCHG continue to organise national webinars, covering important and informative topics that aim to support you as commissioners nationally. Additionally, we have the Knowledge Hub forum as a safe space to share, compare and post helpful hints, tips and guidance. As ever, we need your input and assistance as commissioning leads and sexual and reproductive health and HIV experts up and down the country. Please let us know what we can do more of, complete our surveys and help us tailor things so we can continue to inform key national policy and decision makers about the real issues and topical concerns, and help with solutions!

In summary, this report demonstrates that the EHSCHG continues to be an incredibly valued network that has played a key role in supporting the national sexual and reproductive health response to (and recovery from) the COVID-19 pandemic. It has been a very challenging time for both local authorities and wider system partners and the value of our peer support network cannot be underestimated.

Enjoy the read!

Many thanks,

**James Woolgar**

Current Chair of the  
English HIV and Sexual Health  
Commissioners' Group (EHSCHG)  
August 2022

## 2. About the ESHCG

The ESHCG is a peer network run by commissioners for commissioners.

Our aim is to provide a strategic forum for those with commissioning responsibility for HIV, sexual health and reproductive services, for improved population and patient level outcomes in sexual health and HIV in England.

The ESHCG provides an important space for commissioners to meet, network and work together to improve the commissioning and delivery of integrated services and strategies locally.

Membership is open and free to all commissioners of HIV, sexual health and reproductive health services in local authorities in England. We currently have 260 members representing local authorities across all regions of England.

### The ESHCG offers commissioners:

- A dedicated space for HIV, sexual health and reproductive health commissioners to share ideas, learning, best practice and peer support
- An online, secure forum for members' use
- Three national meetings a year
- The opportunity to influence sexual health policy and strategy development at a national, regional and local level

The ESHCG is steered by an Executive Committee, made up of a maximum of 18 local authority commissioners who are elected by their peers to represent their region.

The Executive Committee members are not remunerated, and their participation is supported by the commissioning organisations which employ them.

For 2021-22, the LGA funded the direct costs of meetings and the secretariat support for the ESHCG, which is provided by ADPH.

## 3. Executive Committee

The members of the ESHCG Executive are elected regionally every three years. In 2021-22, an election process was initiated, with 16 members coming forward and being appointed to post. A new Chair and two new Vice Chairs were then appointed from within the Executive.

Over the course of 2021-22, several Executive members moved to new job roles and were succeeded by other regional colleagues. Despite changeover, we have kept a good representation across regions throughout 2021-22. Maintaining one to two Executive members per region remains a priority for the ESHCG, to ensure equity of access and that a variety of views and experiences are heard and represented.

Being a member of the Executive is a rewarding role, as this testimony from one of our new Executive members for 2021-22, Laura Bush, shows:

*“I joined the ESHCG in April 2022, following the South East OHID lead looking for representation within the patch. I volunteered myself with little knowledge of what the expectation would be and how I could fit it all into my job. Although new to sexual health, I have worked in public health commissioning for seven years and felt by joining the group it would provide me with the knowledge I needed to close the gap I have in relation to the topic area. I must say this has certainly been the case, and I found that by being part of a friendly national team has helped accelerate my knowledge which I wouldn't be able to get so quickly as a local authority commissioner in silo.*”

*At the first meeting I recognised that, although I might not have all the detail, I know a lot more than I originally thought and it was reassuring that other areas have similar problems to what is happening locally. Although still relatively new to the group, I hope to be able to provide more contribution to inform and shape sexual health commissioning as well as support other South East commissioners to improve population and patient level outcomes in sexual health and HIV services.”*

## 4. National Strategy and Policy Development

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### HIV

#### Action Plan

The England HIV Action Plan was developed in response to the work of the HIV Commission and the ambition to end HIV transmissions in England by 2030, and was endorsed by the then Secretary of State for Health, Matt Hancock MP. An Action Plan Oversight Group was established which met four times during 2021. The ESHCG participated in the Oversight Group meetings and gave a presentation to the group on HIV testing from a commissioners' perspective. Following on from this presentation, the ESHCG were invited to contribute to the National AIDS Trust HIV Indicator Conditions Good Practice Guide, and involvement in the Action Plan Oversight Group has been a factor in the development of closer relationships with community organisations.

The ESHCG were included in consultations with DHSC and partners over the draft objectives and actions in the Plan, with recognition of the importance of the role of sexual health commissioners. In discussions, we emphasised the need for adequate resourcing of sexual health services, and for effective collaboration between NHS and local authority commissioners across the system.

The HIV Action Plan was published on World Aids Day, 1st December 2021, and an Action Plan Implementation Group was subsequently established and led by Professor Kevin Fenton. The Implementation Group will meet going forward through 2022-23, and the ESHCG are represented on the group and its sub-groups.

#### Research and insight into under-represented groups eligible for PrEP

PrEP provision across England began in Autumn 2020. Early indications throughout 2021-22 suggest that there has been good take up, predominantly amongst gay, bisexual and other men who have sex with men. In support of the national and global HIV ambitions, and in support of equity of PrEP provision, the ESHCG observed lower uptake of PrEP amongst other groups at increased risk of HIV acquisition.

To better understand how local, regional and national efforts can support PrEP equity, reduce barriers and facilitate access, it was proposed to conduct some behavioural insight work amongst under-represented groups. Funding was identified within the ESHCG to support PrEP work and it was determined this would be an appropriate focus with wider national benefit.

In February 2022, a range of providers were invited to submit an expression of interest, after which time, Hitch Marketing were appointed to conduct the work on behalf of the ESHCG. The process will run through 2022-23 and engage and involve a wide range of stakeholders with the aim of supporting commissioners, providers and health promoters to ensure that PrEP is reaching all parts of the population with a PrEP need.

### Reproductive Health

The area of reproductive health has been significantly affected by the restrictions during the pandemic and capacity within long-acting reversible contraception (LARC) provision, in particular within integrated sexual health service providers and primary care.

The ESHCG requested information and evidence of commissioners' LARC recovery plans in order to share best practice on how to address this identified need. There appeared to be differing issues across local authorities and some services, including GPs, were able to increase their activity faster than others.

With the evidence of best practice on how to reinstate LARC or commission additional support, the ESHCG developed a document on LARC recovery (see appendix 1) which was published on the Knowledge Hub forum and presented to commissioners across the country at one of our national meetings. The intention of the piece is to offer models to commissioners to address LARC waiting lists and increase delivery, whilst recognising that not all solutions would suit all areas.

Alongside this document, the ESHCG worked with Organon and providers to offer fitter forums answering questions around re-instating LARC provision to clinicians who were concerned about issues such as personal protection equipment.

## 5. National ESHCG Meetings

During 2021-22, the ESHCG delivered three national meetings, events which are aimed at the full membership and intended to provide opportunities for commissioners to hear insights from academic, policy, provider, practitioner and lived experience voices in the field of sexual health, reproductive health and HIV.

Typically, the meetings include policy updates from colleagues working in DHSC, Public Health England (PHE) and its successor organisations, and NHS England/Improvement (NHSE/I), followed by three to four presentations and concluding with an interactive workshop and plenary. The meetings last three-and-a-half hours. The agendas from each of the meetings are included in appendix 2 of this report.

### Content and speakers

**Our meetings for 2021-22 covered the following topics:**

- Post COVID-19 effects on demand in sexual health services | PHE
- National Chlamydia Screening Programme | PHE
- Teenage pregnancy, abortion and contraception data | OHID
- The Pharmacy Integration Fund Contraception Pilot in Community Pharmacy | NHSE/I
- Provider perspectives on how COVID-19 has changed access and delivery | Locala and Solent (Yorkshire & the Humber and South East)
- LARC recovery and restoration examples | Brook (South West)
- Collaborative commissioning to improve access to contraception and abortion services | Umbrella (West Midlands), Lambeth Council (London)
- Derbyshire County Council Relationship and Sex Education Award Programme (East Midlands)
- National Institute of Health Research SACHA Study | London School of Hygiene and Tropical Medicine
- Lived experience of PrEP

**During our workshops, we covered the following topics and asked questions like:**

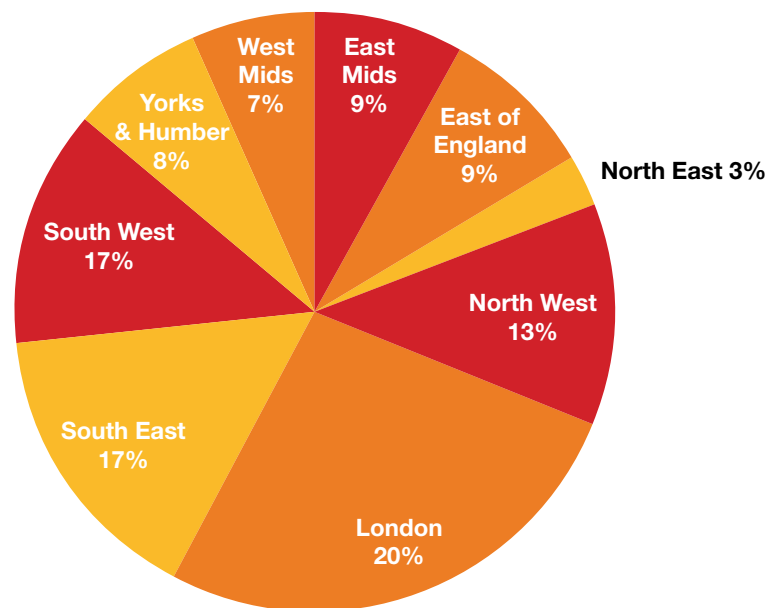
- **Termination of pregnancy provision** - What does home provision mean for you in your area? Do you have any examples of learning? Will collaborative commissioning enhance the delivery for abortion services being commissioned in your area? Do you have any examples of co-commissioning, learning and integrated service delivery?
- **DHSC National Sexual & Reproductive Health Strategy and HIV Action Plan** - What implementation model do you think would best enable local and national delivery of strategy ambitions? How can DHSC help you drive change on a local level and what are the barriers? What is the best approach to ensuring accountability regarding progressing and delivering ambitions?
- **National Integrated Service Specification** - What would commissioners find useful in a refreshed national integrated service specification?

The workshops were attended and, in some cases, co-facilitated by key stakeholders in Government, allowing a direct feedback loop between local authority commissioners and policymakers.

## Attendance

All of our national meetings during 2021-22 were held using a remote web meeting platform. Participation showed an increasing trend over the course of the year, from 63 attendees in June 2021 to 91 attendees in September 2021 and 110 attendees in December 2021.

Each national meeting was attended by commissioners from each region of England, though the ratio is uneven and notably less for the North East. On average across our meetings for 2021-22, the regional representation of attendees was as follows:



## Feedback

The ESHCG uses Mentimeter to capture participants' feedback during meetings. The platform is run by one of the Executive members on the day. A range of questions are asked with a view to use the data to support the development of future meetings and of the wider ESHCG membership offer.

Statistics show that attendance is frequently split between first timers and those who have been at previous ESHCG meetings. In the December meeting, for example, responses showed 20% of attendees were first time attendees and 63% had attended three or more previous meetings.

**In addition to gaining feedback on the meeting, attendees were asked what they wished to see on future agendas. Suggestions fell into the following broad categories:**

- Integrated Care Systems
- Collaborative commissioning
- COVID recovery and workforce issues
- Termination of pregnancy
- Contraception (access, post-partum, primary care)
- Populations (asylum seekers and refugees, homeless, HIV high risk, black and minority ethnic)
- PrEP
- Young people
- Pharmacy
- National strategy

**Ratings showed a high level of satisfaction with individual agenda items and relevance to attendees' work:**



Individual sessions had an average rating of **4.2 out of 5**

**95%**

of attendees rated the overall meeting as **Excellent or Good**

**74%**

of attendees planned to **do something differently** as a result of attending the meeting

**100%**

of attendees rated the Microsoft Teams platform used for the meeting as **Excellent**



In response to the statement "I have received important information relevant to my work", there was an average score of **4.2 out of 5**

**Feedback included the following comments:**

*“Excellent selection of presentations.”*

*“I rely on this meeting a lot.”*

*“Well done everyone! An excellent day.”*

*“Fantastic”*

*“Always a fantastic meeting - very well done team - much appreciated.”*

*“Thank you to organisers and speakers. So very useful.”*

*“Can we have an in person one in summer 2022 so much interaction and joint working was at the in-person meetings that’s lost online.”*

*“I found this a very useful meeting. It exposed me to some of the challenges and opportunities that other local authorities experience.”*

*“Everything the Exec [Executive] does is so brilliant, through these meetings I’ve made so many amazing contacts, who have been able to give me loads of valuable insights and helped motivate me to try and influence change locally. Long may this group continue!”*

*“Thanks for another great meeting. It would be fab to have more time in future sessions for looking at support for schools around RSHE [relationships, sex and health education] but in particular how we can exert influence to improve resource allocation and the time allocated to RSHE.”*

## 6. Online Members' Forum

The ESHCG continues to use its private forum on Knowledge Hub as a safe space for local authority HIV, sexual health and reproductive health commissioners to ask questions, make connections with peers and access relevant documents. Our forum has 258 members, of which 212 have actively used the ESHCG forum in the last year.

All ESHCG members are invited to access the forum, as well as regional UKHSA (formerly PHE) Sexual Health Facilitators. The Knowledge Hub allows members to:

- Post and respond to one another on forum threads
- Share and download documents
- Circulate event details

**During 2021-2022, the most popular documents on the forum were:**

1. Agenda for the June 2021 ESHCG national meeting – Downloaded 65 times
2. The ESHCG SLI self-assessment tool for local services (December 2021) – Downloaded 45 times
3. The 'Hot Summer Briefing' developed by HIV Prevention England (May 2021) – Downloaded 33 times
4. Material presented by Greater Manchester Sexual Health Network at an Organon event on LARC costing (April 2021) – Downloaded 33 times
5. Surrey's Sexual Health Needs Assessment from 2021 – Downloaded 31 times

## 7. Sector-Led Improvement

In early 2021, a working group within the ESHCG Executive Committee designed a self-assessment tool for local authority commissioners to use for reflection and evaluation of their sexual health, reproductive health and HIV services. The tool was designed to be used flexibly, either internally or with system partners, and is modelled on the ADPH and PHE's **'What Good Looks Like'** principles and the **PHE CLear framework**.

Following this development stage, the ESHCG shared the draft tool with the wider Executive Committee and ADPH regional networks for comment and steer. Several local authorities completed the tool as a pilot exercise, with one regional network completing it together. Some of these teams then took part in the optional peer review exercise, while others completed the local self-assessment section only. The feedback from this pilot stage was then collated by the ESHCG SLI Working Group and changes made to the draft tool to refine it, with version control in place.

Commissioners who piloted the tool over the course of the last year gave helpful feedback throughout the process, which was invaluable to the development of the tool.

### **Our pilot participants provided the following positive comments about the tool:**

- If there is good engagement across the local system, it is a helpful exercise to complete with partners (such as Clinical Commissioning Groups)
- The inclusion of tools and resources with signposting is useful
- The visual depiction of the final scores in a spider diagram works well

### **They left feedback that the following could be improved:**

- More robust external support with the peer review section, for example through facilitation
- Greater clarity of wording and definitions in some questions
- Refined weighting for some of the scoring

The feedback from our pilot participants was logged in a version control document, with the tool updated by the ESHCG SLI Working Group at several stages. The tool was revised a total of five times before its publication. In October 2021, the tool was presented to the ADPH SLI Programme Board for the board members' feedback and steer, both on the tool itself and the wider peer review process.

In late 2021, the tool was published and circulated to ESHCG members and stakeholders, initially at a national ESHCG meeting and then on the ESHCG's web page.

## 8. Looking Ahead

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The ESHCG has undergone significant change in 2021-22, against the backdrop of a fast-moving policy context and changing circumstances in relation to the COVID-19 pandemic response and recovery.

The ESHCG Executive would like to thank all (past and present) members and partners for their hard work and engagement.

**Looking ahead to 2022-23, the ESHCG is looking to develop in the following ways:**

- Diversifying our events, for example by exploring masterclass formats tailored to new commissioners or based on cross-cutting themes across sexual health and substance misuse
- Explore the feasibility of delivering our first official national ESHCG conference
- Explore the development of an ESHCG social / communications channel to more effectively and quickly disseminate information and updates/progress to our members (e.g. across LinkedIn) around time-bound projects
- Supporting all members to feel comfortable accessing and using the Knowledge Hub forum, to ensure we get the crucial feedback from commissioners up and down the country, and are able to disseminate vital information and best practice to each other. This will include ensuring the library of documents is easier to navigate with a more readily accessible menu of specifications, research and other pieces commissioners want to be able to quickly source.

## 9. Acknowledgements

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### Executive Committee members 2021-22

**Etty Martin** | Warwickshire County Council  
**Fabienne Thompson** | Northumberland Council  
**Fharat Rehman** | Birmingham City Council  
**Hannah Byrne** | Portsmouth City Council  
**Isabel Carrick (Vice Chair)** | East Riding of Yorkshire Council  
**James Woolgar (Chair)** | Liverpool City Council  
**Jane Banbury** | Hertfordshire County Council  
**Laura Bush** | Kent County Council  
**Leanne Bobb** | London Borough of Croydon  
**Liz Rodrigo** | Leicester City Council  
**Mary Hague** | Derbyshire County Council  
**Michael Priestley** | Cornwall Council  
**Nancy Padwick** | London Borough of Camden and Islington  
**Rebecca Gunn** | Kirklees Council  
**Richard Scarborough** | Manchester City Council  
**Sarah Aston** | Torbay Council  
**Steve Chevis** | Medway Council  
**Sue Burridge (Vice Chair)** | Bedford Borough Council

### Honorary members

**Adam Winter** | Office for Health Improvement and Disparities  
**Anna Kafkalias** | NHS England and NHS Improvement  
**Simon Walker** | UK Health Security Agency

### Secretariat

**Katla Arnarsdottir** | Association of Directors of Public Health



## 10. Contact

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The Association of Directors of Public Health (UK)  
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1 Temple Avenue  
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**Secretariat:** [commissioners@adph.org.uk](mailto:commissioners@adph.org.uk)

## 11. Appendices

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### Appendix 1

#### Examples of Interventions to Restore LARC Activity and Reduce Waiting Lists across the Sexual Reproductive System

Due to the COVID-19 pandemic and the restrictions on social distancing, the provision of LARC in Primary Care has reduced significantly. In Q1 2020 in one area in England, there was a reduction of 79% in service delivery. Many GPs have reinstated LARC provision, but due to other demands on services within Primary Care, this service has either been reduced or in some GP Surgeries still not reinstated.

It is recognised that in response to the pandemic, many NHS organisations and others, have a health and social responsibility to respond to the health crisis and this has impacted on capacity and ‘normal delivery’ of services. Indeed the Contraception and Sexual Health services (CaSH) have also been involved in supporting the pandemic, with some staff being re-deployed to focus on COVID related work.

The response to the pandemic has affected capacity in managing sexual reproductive health services across the system, leading to more women accessing CaSH services for LARC and other forms of contraception. This has led to clinics having a lengthy waiting list, which were not in place prior to the pandemic. Therefore, it is more important than ever for organisations to work together to address these difficulties and assist the community to access local service provision. Women unable to access LARC may potentially result in an unwanted pregnancy and abortion, which will could adversely affect their health and wellbeing.

The English HIV and Sexual Health Group have gathered some examples of interventions to support the increased delivery of LARC. These include:

#### Virtual LARC Best Practice Webinars

National and local webinars have been facilitated, led by Public Health and expert organisations, including support from the pharmaceutical providers for the devices and SRH clinicians. The webinars have been led by experts in the field of contraception, including LARC, offering advice around the national guidance and providing a forum for questions and any concerns and evidence of best practice.

The fitter forums were very well attended by clinicians, as they were easy to access virtually and kept short. The main focus was to update on current national guidance and how this affected services provision. It allowed the opportunity for clinicians to connect and share any concerns and solutions.

### **Women's Health Hubs (WHH)**

Whilst not directly an intervention aimed at 'recovery' alone, this can assist with recovery and access to provision if collaborated on effectively.

Women's Health Hubs are being explored in various models up and down the country as a means to move care into the right places and avoid women waiting on long lists in secondary care for rather routine care (gynaecology provision - HMB, menopause, menstrual health). FSRH and the Primary Care Women's Health Forum (PCWHF) have been pushing for these new models of care for some time, and believe that we can significantly improve the access to LARC and wider women's health provision by collaborating with our NHS partners to commission better provision across PCNs and ICS'. This should be seen more as a model shift and commissioning piece (to review current arrangements, costings/payments, value for money and business cases to gain NHS investment to collaborate) – but if it is successful and is implemented it can see PCNs operate on a hub and spoke basis to deliver more appointments, and gain genuine income from this provision to make it more sustainable and viable as an offer. The full PCWHF guide to Women's Health Hubs (WHH) and new toolkit with a variety of supportive resources was launched in September and is available here:

<https://whh.pcwhf.co.uk/>

### **Pharma nurses**

There has been an offer made, already utilised by some LAs, from Organon (Women's Health, formerly MSD) to help clear waiting lists and backlogs across areas. This has involved working with a local Organon implementation lead to arrange for their team to go into either specialist services and/or GP practices to work alongside existing teams. Available clinic appointments have been significantly ramped up due to enhanced capacity, ensuring more women can engage and book appointments. This has been utilised in Liverpool, and other areas, and saw waiting lists of circa 300-400 women significantly reduced as part of the largest Primary Care Network (Central PCN) in the heart of the city.

Anyone wishing to take this option can contact an Organon lead for further information. If you need support to do this, please contact a member of the Exec.

### **Re-imburement Extra Payments to GP Surgeries**

Following the national guidance from the leading contraception and sexual health bodies such as the Faculty of Sexual and Reproductive Health Care and British Association for Sexual Health and HIV, some commissioners opted to subsidise GPs and pay an estimate of activity for LARC provision. Other commissioners have utilised underspent funds on community providers (GPs and Pharmacists) to offer payment for extra clinics in Primary Care to support with delivery.

### **Financial Contributions to Integrated Contraception and Sexual Health Providers**

Recognising that many CaSH providers have increased their offer of LARC provision in order to mitigate the numbers of women waiting for this service and largely able to do so due to the reduction and need for STI testing and treatment, commissioners have provided payment in addition to the contract to support extra clinics.

### **Commissioning of LARC Delivery from other Qualified Organisations**

Recognising the complexities and clinical governance in providing LARC commissioners looked to appropriately qualified clinicians within other services that could provide LARC fitting. Termination of pregnancy services have qualified doctors and nurses who can facilitate LARC and short-term contracts and service specifications have been developed for a fixed term, to assist with increasing local service provision.

### **Conclusion**

There have been some excellent examples of Local Authorities and other organisations working together to support the delivery of contraception, including LARC. These examples are for suggestion only and may not be affective or appropriate for all areas.

## Appendix 2

### EHSHCG Full Group Meeting Agenda

Date: Wednesday 2 June 2021 (09:00-12:15)

Platform: Zoom

Time	Item	Speaker/Facilitator
09.00	Welcome and update from the Executive Committee	<b>Rob Carroll</b> Chair of the EHSHCG
09.15	Updates from DHSC, PHE and NHSE	<b>Andrea Duncan &amp; Sydney Joyce</b> DHSC  <b>Adam Winter &amp; Kate Folkard/Katy Sinka</b> PHE  <b>Anna Kafkalias</b> NHS England
09.45	Pharmacy Integration Fund – Contraception Pilot in Community Pharmacy	<b>Catherine Mitchell</b> Pharmacy Integration Programme Delivery Manager, Primary Care Group – Primary Care, Community Services and Strategy Directorate, NHS England
10.05	Lived experience of PrEP	<b>Jamie Jaxon</b>
10.35	<b>Comfort Break</b>	
10.50	Post COVID-19 effects on demand in sexual health services	<b>Dr Katy Sinka</b> Head of STI Section, Interim Deputy Director, Public Health England
11.10	<b>National Institute for Health Research (NIHR) – The SACHA Study</b> How can health services best be configured in response to the decriminalisation, deregulation and de-medicalisation of abortion to provide quality, evidence-based care for women in the UK?	<b>Professor Kaye Wellings</b> Professor of Sexual and Reproductive Health Research at the London School of Hygiene and Tropical Medicine & Co-Lead on the NIHR SACHA Study
11.30	<b>Workshops &amp; Plenary:</b>  <b>Termination of Pregnancy (TOP) Provision</b> What's working well and what isn't working so well?  Discussion questions: <ul style="list-style-type: none"> <li>• What does home provision mean for you in your area? Any examples of learning?</li> <li>• Will collaborative commissioning enhance the delivery for abortion services being commissioned in your area? Any examples of co-commissioning, learning and integrated service delivery?</li> </ul>	<b>Please note that the webinar and workshop are set up as different meetings.</b>  <b>Executive Members</b> to facilitate 4 breakout rooms for approximately 15 participants each.  Click here to join the workshop at 11.30am on the day (link will also be shared during the webinar).
12.15	<b>Close</b>	



## Appendix 2

### EHSHCG Full Group Meeting Agenda

Date: Wednesday 8 December 2021 (09:00-12:15)

Platform: Microsoft Teams

Time	Item	Speaker/Facilitator		
09.00	Welcome and update from the Executive Committee (10 mins)	<b>James Woolgar</b> Chair of the ESHCG		
09.10	Sector-led improvement tool for local sexual health, reproductive health and HIV services (15 mins)	<b>James Woolgar</b> ESHCG Chair	<b>Jane Banbury</b> ESHCG East of England Representative	
09.25	Teenage pregnancy, abortion and contraception data (20 mins)	<b>Helen Leake</b> Senior Public Health Analyst Children, Families and Healthy Ageing OHID		
09.45	Derbyshire County Council Relationship and Sex Education Award Programme (20 mins)	<b>Jane O'Byrne</b> Health and Well Being Consultant Education Improvement Service Derbyshire County Council		
10.05	Updates from UKHSA (including a presentation on HIV data), OHID and DHSC (45 mins) <ul style="list-style-type: none"> <li>Attachment 1: SRH and HIV External Stakeholder Update – December 2021</li> </ul>	<b>Simon Walker &amp; Veronique Martin</b> UKHSA <b>Adam Winter</b> OHID <b>Andrea Duncan</b> DHSC		
10.50	<b>Comfort Break (10 minutes)</b>			
11.00	Collaborative commissioning to improve access to contraception and abortion services (30 mins)	<b>Jara Phathey</b> Lead Sexual Health Advisor/Team Manager, Umbrella Sexual Health Services	<b>Jennifer Reiter</b> Joint Associate Director – Commissioning (Public Health) & Lead Commissioner – Sexual Health, Lambeth Council	<b>Vanessa Cottrell</b> Senior Commissioning Officer – Sexual Health, Lambeth Council
11.30	Workshop: What would commissioners find useful in a refreshed national integrated service specification? (45 mins) <ul style="list-style-type: none"> <li>Attachment 2: National Service Specification 2018</li> </ul>	<b>Executive Members</b> to facilitate 5 breakout rooms of approximately 20 participants each.		
12.15	<b>Close</b>			

**English HIV and Sexual Health Commissioners' Group  
Annual Report 2021/2022**