

The English HIV & Sexual Health Commissioners Group (EHSCHCG)

English HIV and
Sexual Health
Commissioners
Group

Terms of Reference

PURPOSE: To provide a strategic forum for those with commissioning responsibility for HIV, sexual health and reproductive health services, for improved population and patient level outcomes in sexual health and HIV in England.

1. OBJECTIVES

- 1.1. To support the development of integrated commissioning approaches for the delivery of effective integrated sexual health services, within a multiple commissioner and evolving landscape.
- 1.2. To enable commissioners to share information, challenges, ideas, models of good practice and to support problem-solving; in order to protect and improve health, reduce health inequalities and improve the quality and cost effectiveness of commissioned services.
- 1.3. To facilitate the effective commissioning of HIV, sexual health and reproductive health services; respond to local needs and reduce health inequalities; promote and deliver health improvement and prevention; improve outcomes for individuals; deliver safe and quality services; and deliver cost effective services for the benefit of taxpayers.
- 1.4. To share information and intelligence on population needs and emerging issues in relation to HIV, sexual health and reproductive health, drawing on national and regional surveillance data.
- 1.5. To receive information from and provide expert advice and feedback to: the Department of Health and Social Care (DHSC); the Local Government Association (LGA); the Association of Directors of Public Health (ADPH); Public Health England (PHE) and its successor organisations; and NHS England and NHS Improvement; on current and emerging HIV, sexual health and reproductive health policy and strategy.
- 1.6. To influence sexual health policy at a local, regional and national level.
- 1.7. To provide advice and guidance on the development and implementation of national sexual health service standards, guidelines, technical advances, practical tools for commissioning and other national developments.

- 1.8. To support the development of improved care standards and the development of appropriate specifications and commissioning policies to support the effective commissioning and delivery of integrated sexual health services at a local level.
- 1.9. To advocate for joint commissioning arrangements with relevant stakeholders or organisations with joint responsibilities for sexual health, HIV and reproductive health to improve service user pathways and outcomes.
- 1.10. To promote and facilitate sector-led improvement approaches to improve and challenge practice.
- 1.11. To facilitate and oversee specific projects and project roles, for example PrEP Commissioning Champions.

2. DELIVERABLES

The English HIV and Sexual Health Commissioners Group will deliver the following:

- 2.1. A dedicated space for HIV and sexual health commissioners
- 2.2. An online, secure forum for members' use
- 2.3. Three national meetings a year, either face-to-face or virtual
- 2.4. Support to the ADPH Sector Led Improvement team for areas within sexual health, HIV or reproductive health

3. MEMBERSHIP

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 to those with responsibility for commissioning HIV, sexual health and reproductive health services in England.

3.1. Commissioning bodies represented in the membership

It is expected that members will be from the following organisations:

- Local Authorities
- Clinical Commissioning Groups
- Commissioning Support Units

- NHS England and NHS Improvement
- Public Health England (and its successor organisations)

3.2. Involvement of non-members

- Stakeholders without commissioning responsibility – for example service providers, voluntary organisations, user groups, pharmaceutical and other companies – cannot be members of the group.
- Honorary membership to the commissioners group may be offered to individuals and organisations who directly support the group by providing funding, support and/or secretariat functions.
- The role of honorary members will be determined by the support and secretariat functions required. They do not have voting rights. Membership is determined by the Executive Committee and will be reviewed on a regular basis.

4. OPERATION

The ESHCG will:

- Operate an opt-in membership approach.
- Work to agreed terms of reference and a work plan, which will be reviewed annually by its members.
- Be organised by an Executive Committee elected by members every three years.
- Be administrated by a secretariat function.
- Provide regular updates on activities within the work plan at Executive Committee meetings/ESHCG meetings.

5. EXECUTIVE COMMITTEE

The role of the Executive (chair/s and the committee) is to:

- Enable the ESHCG to develop and deliver its objectives, terms of reference, annual work plan and deliverables.

- Participate in three national ESHCG meetings and quarterly Executive Committee meetings, either virtually or in person.
- Undertake specific aspects of policy and consultation work where required.
- Organise national meetings, identify priorities, agree content and invite guest speakers.
- Evaluate national meetings with members in order to ensure the forum, content and work streams are fit for purpose.
- Seek funding for the on-going work of the ESHCG where appropriate.
- Promote membership, input and feedback from other sexual health commissioners within their region.
- Contribute to succession planning by encouraging input from commissioning colleagues and promoting the role of the Executive Committee.
- Gather and represent the views of the ESHCG in national consultations and the development of national policy and standards etc. where appropriate/required.
- If required to meet as voting members only to address relevant commissioning issues.
- Give direction to the secretariat function.

5.1. Term of office

- The term of office for the Executive Committee is three years.
- The full membership of the committee must stand down at the end of the three-year term. This includes those who were elected to fill vacant posts, mid-term.
- Executive Committee members may stand for re-election at the end of the term.
- There is no limit to the number of three-year terms a member of the Executive Committee may serve, however executive members are expected to encourage commissioners in their region to consider joining the Executive Committee.

- If an Executive Committee member is unable to fulfil their role for a period of time, they may nominate a deputy from within their region for a period not exceeding 12 months.

5.2. Membership of the Executive Committee

The Executive Committee membership composition is as follows:

5.2.1. Elected (voting) members

Two local authority commissioners per each of the nine regions of England: East of England, East Midlands, North East, North West, London, South East, South West, West Midlands, Yorkshire and the Humber (18 members in total).

5.2.2. Appointed (non-voting) members

Appointed posts will be filled by invitation by the Chair and Co-Chairs. Appointed members may represent the following commissioning roles and organisations:

- NHS England (Specialised Commissioning - HIV)
- NHS England (Primary Care)
- NHS England (Health and Justice)
- Clinical Commissioning Groups (national-level representative)

5.2.3. Honorary (non-voting) members

Honorary membership to the commissioners group is regularly reviewed. Honorary members will be invited to join the Executive Committee to provide secretariat and funding support. Honorary Members currently include representatives from:

- The Association of Directors of Public Health (ADPH)
- The Local Government Association (LGA)
- The UK Health Security Agency (UKHSA)

- The Office for Health Improvement and Disparities (OHID)
- Health Education England (HEE)

5.3. Executive Committee Chair and Deputies

- The Executive Committee should have one Chair and two deputy Co-Chairs
- The Chair and Deputy Co-Chairs will be elected from within the membership of the Executive Committee

5.4. Role of commissioner (elected and appointed) members of the Executive Committee

- All elected and appointed members are expected to attend all national and Executive Committee meetings each year.
- Elected members will contribute perspectives and commissioning issues arising from their region when planning and participating in these meetings.
- Appointed members will contribute information, policy updates and other relevant inputs from their commissioning body when planning and participating in these meetings.
- Elected and appointed members are expected to contribute to developing and delivering the Executive Committee work plan, accepting that all posts are voluntary and that employing organisations are not remunerated for ESHCG duties.
- All ESHCG members are responsible for approaching Executive Committee members with suggestions for meetings and cross-cutting issues which the ESHCG could usefully engage on.
- Elected members are not expected to provide any direct commissioning support to regional colleagues as part of their representative role.

5.5. Conflict of Interest Register

- The Secretariat will hold a Conflict of Interest Register for all members of the Executive Committee.
- This register may be viewed on request by members of the ESHCG.

- Executive Committee members will complete a Conflict of Interest form on appointment.
- The Conflict of Interest Register will be updated annually.

6. SECRETARIAT

The role of the Secretariat is:

- To provide secretarial support to the Executive Committee and ESHCG meetings.
- To coordinate and manage the online forum.
- To provide ad hoc secretarial support in between meetings, where required.