

World Class Commissioning for Better Sexual Health

A workshop for Directors of Public Health and sexual health commissioners

Monday 16th March, Lighthouse West London

Workshop Report



Morning session

Nicola Close, Chief Executive of the ADPH welcomed delegates to the workshop and introduced the morning's speakers.

Gareth Jones, Director of Scientific Development, Bioethics and Sexual Health, Department of Health: keynote address

Gareth welcomed the workshop as an opportunity for the Department of Health team to discuss issues around commissioning sexual health services with frontline staff. Having set the scene around sexual health and HIV in the UK today, he went on to discuss some of the challenges and successes so far. Gareth particularly welcomed the collaboration between the ADPH and THT, given the key role for both commissioners and the voluntary sector in working together to deliver improved services. He talked about the need for the vision in policy frameworks such as World Class Commissioning and the Darzi Review to be translated into practice in the delivery of sexual health services, and discussed some of the opportunities World Class Commissioning presents to address issues such as health improvement and health inequalities.

Gareth went on to discuss how public health might fit in with the commissioning cycle and the challenge of patients' and service users' growing expectations of choice. His keynote address concluded by highlighting the need for everyone to play their role. The Department of Health will need to keep sexual health high on the national political agenda and locally, commissioners need to drive change and plan for financial constraints now to ensure that sexual health remains a priority.

Chris Packham, Director of Public Health, Nottingham City PCT: The DPH perspective on commissioning for better sexual health

Chris gave an overview of the public health need for improved sexual health services and then went on to describe some of the work taking place in Nottingham. Chris highlighted the importance of commissioning and the opportunity presented by national targets. He emphasised the need to focus on prevention and earlier solutions. Chris identified the need for good quality and detailed data for World Class Commissioning, and acknowledged this could be a real challenge. He discussed his work using this data to work with GPs in the Nottingham area to ensure engagement with the idea of targeted service provision in areas of greatest need. Chris also talked about some of the service redesign that had taken place in Nottingham, arising from the recognition that asymptomatic screening does not need to take

place in GUM: Nottingham achieved a 100% GUM access target without investing more in hospital GUM by providing more community-based services.

Paul Ward, Deputy Chief Executive, Terrence Higgins Trust: World Class Commissioning for HIV and sexual health services

Paul gave an overview of the scale of the challenge in this area, going on to look at the principles of World Class Commissioning specifically as they relate to sexual health and HIV services, then giving a case study example of chlamydia screening and concluding with a look at commissioning new service models in these areas. Paul emphasised the need for commissioners to provide leadership in sexual health, including in coordinating partnership working. He discussed the need to engage with patients and the public and to acknowledge health inequalities and stigma as barriers to this engagement. Paul also highlighted the role of the commissioner in the local health economy, focussing on achieving value for money and improving procurement practice. The case study looked at World Class Commissioning applied to chlamydia screening, examining defining and achieving success and suggesting a checklist for PCTs wishing to implement this model. Finally, Paul looked at commissioning new service models for sexual health promotion, community sexual health services and HIV long-term condition management.

Question and Answer Session

Issues raised included the difficulty of getting good local data on service use and the challenge of broadening the focus on targets to take in all areas of sexual health, rather than narrowly focussing on just a few. Delegates also asked about patient and public involvement in decisions on service redesign, particularly where more use of GPs was planned as this was perceived to impact anonymity. This session also gave an opportunity for delegates to discuss integration of contraception and STI services and the use of social marketing. A particular challenge in social marketing was the integration of messages, with individual areas designing their own materials for use with young people.

Afternoon session

The afternoon session included showcase presentations from colleagues, demonstrating their local work with an opportunity for questions. The slide sets for the showcase presentations are available on the ADPH website. There were also guided small group discussions for attendees, with an opportunity to share good practice and discuss common challenges.

Feedback from afternoon discussion groups

Delegates identified challenges and potential solutions in a number of different themed areas, which are summarised below.

Leadership

Attendees discussed the need for clarity around leadership on sexual health at PCT level and agreed that the Director of Public Health was well placed to take this role. The need for local champions for sexual health was also identified, with PCT Chief Executives, councillors, GPs and Practice Based Commissioners all named as potential advocates. Delegates highlighted that commissioners should be able to recognise and use political drivers such as the children's policy agenda, Next Stage Review and World Class Commissioning as local levers for change. Designing coherent and shared targets across mechanisms like the Quality and Outcomes Framework and Local Area Agreements was also identified as important alongside leading a move towards more mainstreaming of sexual health.

Commissioning

Delegates talked about the need to strengthen sexual health and HIV commissioning and to fully involve colleagues working in public health. Commissioning integrated sexual health services was also highlighted as key. In terms of funding, delegates pointed out that including sexual health in programme budgets was likely to engender a more strategic approach. In order to ensure that commissioned services were continuing to meet need, monitoring and evaluation would be vital. Many delegates acknowledged that building strong local partnerships and developing collaborative working would be essential for sustained service improvement. A range of potential partners were named, including voluntary organisations. Targeting high risk populations and building in the use of social marketing techniques to health promotion and STI/HIV prevention work was also discussed.

Data

Data was a key theme for delegates, which was also highlighted during the afternoon's showcase presentations. Access to good quality data seems inconsistent across different regions and many delegates said that better quality data and information that was more readily available was essential. Data sharing between partners such as the local Health Protection Agency, GPs and GUM services was identified as a particular challenge: in some areas this was happening really well and in others not at all. Data was also relevant to funding, with information to enable cost-modelling lacking for some delegates. Delegates suggested that Public Health Observatories could take the lead in developing common sexual health indicators, which could be used to benchmark local progress. With reference to the earlier mention of local champions, delegates felt it was important for them to be supported with concise and compelling data and economic soundbites in order for them to make a strong case to decision-makers for service development and investment.

Service configuration

In an era of increasing financial uncertainty for health services, efficient and effective service design was mentioned by many delegates as key to ensuring a sustainable future for sexual health and HIV services. Challenges included a lack of clarity around separate initiatives with similar objectives taking place within the same geographical area. Coordinated and integrated services were seen as key, although "tribalism" was often mentioned as a barrier to this. Particular weak points were the join between children's and adults' services and the integration of contraception and STI services. Many delegates thought that more pooled budget arrangements and a stronger relationship between public health staff and provider organisations could go some way towards tackling this issue. The shifting of HIV care to a long-term condition management model that would be delivered in the community was seen as key to sustainability and choice for patients.

Training and Development

Delegates wanted a network of sexual health leads who could share good practice, ideas and problem solve together. Training programmes should be more integrated and key aspects for improved training included essential knowledge for key health professionals, training for confident clinicians and leadership development. For HIV, sharing a commissioners' toolkit would be helpful as well as skilling up long-term condition commissioners with specific knowledge about HIV.

Lobbying points

As part of discussion, delegates were asked to identify key issues around which to base both local and national lobbying to decision-makers. A key element was the stigma still surrounding sexual health and HIV in the media and amongst patients. Delegates felt there was a need to

increase levels of advocacy for sexual health and HIV to keep them high on the national and local agendas. This should include refreshing the national strategy for sexual health and HIV and developing a national performance management dataset. Delegates identified that THT should continue to provide information and evidence to support advocacy and also had a role to play in stimulating local health markets by increasing publicity around existing third sector initiatives. Continued lobbying for improved sex and relationships education would also be key.

Slide sets for all presentations from the workshop are available at www.adsph.org.uk/

For more information on the work of Terrence Higgins Trust go to www.tht.org.uk