

## **Enhancing the value of sexual health, reproductive health and contraception services through council scrutiny**

Ten questions council scrutiny committees can ask about commissioning, delivery and outcomes from services

delivery outcomes services  
questions committees **issues**

# **Enhancing the value of sexual health, reproductive health and contraception services through council scrutiny**

**inquiry** communities decisions **st**  
**structure** society framework **maxim**

## Centre for Public Scrutiny

The Centre for Public Scrutiny's (CfPS) purpose is to improve lives and places through effective governance and public scrutiny. We work with a wide range of organisations, people and places to support them in developing a culture and ways of working which incorporate challenge, scrutiny and involvement. We also provide consultancy, training and policy support which gives people the skills, knowledge and confidence needed to design and deliver good governance and scrutiny.

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## WHAT THIS GUIDE IS ABOUT AND WHY THIS ISSUE IS IMPORTANT

This guide aims to help councillors to build their knowledge and understanding about sexual health, reproductive health and contraception services and to consider using their scrutiny role to review local services. It also aims to help officers supporting scrutiny committees to find sources of data and information that can help inform decisions about whether to review local services and to inform scrutiny reviews where they are undertaken.

The guide suggests questions that scrutiny committees can consider asking commissioners, providers and other stakeholders to make sure that local plans and strategies for good sexual health and effective services are delivering the best outcomes. The questions might not be relevant for all areas, for example there may be different approaches between urban and rural areas, between areas with relatively static or transient populations and areas where there are cross-border issues with Scotland and Wales.

Scrutiny committees can take different approaches to reviewing local services. Committees may not want or need to ask all the questions in this guide. Instead, they might choose a specific issue because of challenges in the area. They might look at the issues as a committee or might choose to set up a task and finish group or run an inquiry day. The questions are offered as a 'menu' which can be used according to the local context and objective. Officers supporting scrutiny committees, public health teams, commissioners, providers and other stakeholders can help committees decide which approach to take and which are the priority issues for review in their areas.

Good sexual health, reproductive health and contraception services are important to individuals, but they are also important public health issues that matter to communities. The Framework for Sexual Health Improvement (published in 2013)<sup>1</sup> set out a vision for:

- reducing inequalities and improving sexual health outcomes;
- building an honest and open culture where everyone can make informed and responsible choices about relationships and sex; and
- recognising that sexual ill health can affect all parts of society.

The Framework recognised that some elements of sexual health have been improved, but that important issues remained to be addressed. For example:

- tackling stigma, discrimination and prejudice often associated with sexual health matters;
- reducing the rate of sexually transmitted infections (STIs) using evidence-based preventative interventions and treatment initiatives;
- reducing unwanted pregnancies by ensuring that people have access to the full range of contraception, can obtain their chosen method quickly and easily and can take control to plan the number of and spacing between their children;
- supporting women with unwanted pregnancies to make informed decisions about their options as early as possible;
- tackling HIV through prevention and increased access to testing to enable early diagnosis and treatment; and

<sup>1</sup> Department of Health and Social Care, 2013. A Framework for Sexual Health Improvement in England. Available from: <https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england> [Accessed 13th June 2019]

- promoting integration, quality, value for money and innovation in the development of sexual health interventions and services.

The aim is for people to stay healthy, to know how to protect their sexual health and to know how to access appropriate services and interventions when they need them. All individuals require age-appropriate education, information and support to help them make informed and responsible decisions. Most will also require access to services including provision of contraception and testing (and possibly treatment) for sexually transmitted infections (STIs) and HIV. It is crucial that the differing needs of men and women and of different groups in society are considered when planning services and interventions. Scrutiny committees are well placed to take a 'life course' approach to reviewing this range of interventions and services in a wide range of settings to achieve the best possible outcomes for people and society. Some key issues relating to different stages of the lifecourse are shown below.

### Young people

- Knowledge and understanding - Relationship and Sex Education (RSE)
- Skills and confidence - e.g. to negotiate and practice safer sex

### Adults

- Pregnancy planning / prevention
- Routine screening / testing for STIs and HIV

### Older adults

- Menopause care
- Sexual function

## KEY TRENDS FROM PUBLIC HEALTH ENGLAND DATA

Public Health England (PHE) publishes comprehensive national and local data about sexual health, reproductive health and contraception services. Scrutiny committees can access data for their local area using the Sexual and Reproductive Health Profiles<sup>2</sup> that have been developed to support monitoring of the sexual and reproductive health of populations and the contribution of local public health related systems. Interactive maps, charts and tables provide a snapshot and trends across a range of topics including teenage pregnancy, abortion, contraception, HIV, STIs and sexual offences. Wider influences on sexual health such as alcohol use and other topics particularly relating to teenage conceptions such as education and deprivation are also included.

### National data

Examples of some key national data at the time this guide was published are illustrated here, to highlight issues relating to some key groups that scrutiny committees may wish to consider:

### Young people

Young people experience the highest diagnosis rates of the most common sexually transmitted infections.<sup>3</sup>

#### Chlamydia

131,269 diagnoses in 15-24 year olds in 2018<sup>4</sup>

#### Gonorrhoea

20,453 diagnoses in 15-24 year olds in 2018<sup>4</sup>

#### Genital warts

24,718 diagnoses in 15-24 year olds in 2018<sup>4</sup>

#### Genital herpes

13,356 diagnoses in 15-24 year olds in 2018<sup>4</sup>

- 1,304,113 chlamydia tests were carried out among young people aged 15-24 in 2018, a 1% decline since 2017 and 22% since 2014.<sup>3</sup>

<sup>2</sup> Public Health England. Sexual and Reproductive Health Profiles (landing page). Available at: <https://fingertips.phe.org.uk/profile/SEXUALHEALTH> [Accessed 13th June 2019]

<sup>3</sup> Public Health England, 2019. Sexually transmitted infections and chlamydia screening in England: 2018. Health Protection Report (13)19, p2. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/806118/hpr1919\\_stis-ncsp\\_ann18.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/806118/hpr1919_stis-ncsp_ann18.pdf) [Accessed 13th June 2019]

<sup>4</sup> Public Health England, 2019. Sexually transmitted diseases: annual data tables 2018. Data Table 2, a-1. Available at: <https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables> [Accessed 13th June 2019]

## Key trends in sexually transmitted infections

Compared with 2017 there has been a 26% increase in cases of Gonorrhoea. There has also been a 2% increase in chlamydia<sup>3</sup> and 5% increase in syphilis.<sup>3</sup>

In 2018, there were 447,694 diagnoses of sexually transmitted infections (STIs) made in England, a 5% increase since 2017<sup>3</sup>

There were 56,259 diagnoses of gonorrhoea reported in 2018, a 26% increase since 2017; this is of concern given the three cases of extensively drug resistant *Neisseria gonorrhoeae* identified in England in 2018<sup>3</sup>

There were 7,541 diagnoses of syphilis reported in 2018, a 5% increase since 2017<sup>3</sup>

There were 193 diagnoses of first episode genital warts in 15 to 17 year old young girls in 2018,<sup>14</sup> a 56% decrease relative to 2017, and 100 diagnoses of first episode genital warts in same aged heterosexual boys, a 46% decrease relative to 2017

The impact of STIs remains greatest in young heterosexuals 15 to 24 years; black ethnic minorities; and gay, bisexual and other men who have sex with men (MSM)<sup>3</sup>

## Contraception

Currently, 30% of births and 45% of pregnancies in England are unplanned or associated with feelings of ambivalence.<sup>5</sup>

817,018 women attended sexual and reproductive health services for contraception in 2017/18.<sup>6</sup>

LARC contraceptives (intrauterine devices, the intrauterine system, injectable contraceptives and implants) are the most effective method for preventing unplanned pregnancies and are also more cost effective than traditional methods.<sup>7</sup>

42% of women were using oral contraceptives in 2017/18<sup>6</sup>

41% women were using long acting contraceptives in 2017/18<sup>6</sup>

<sup>3</sup> Public Health England, 2019. Sexually transmitted infections and chlamydia screening in England: 2018. Health Protection Report (13)19, p2. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/806118/hpr1919\\_stis-ncsp\\_ann18.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/806118/hpr1919_stis-ncsp_ann18.pdf) [Accessed 13th June 2019]

<sup>4</sup> Public Health England, 2019. Sexually transmitted diseases: annual data tables 2018. Data Table 2, a-1. Available at: <https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables> [Accessed 13th June 2019]

<sup>5</sup> Public Health England, 2018. Guidance - health matters: reproductive health and pregnancy planning (webpage). Available at: <https://www.gov.uk/government/publications/health-matters-reproductive-health-and-pregnancy-planning/health-matters-reproductive-health-and-pregnancy-planning> [Accessed 13th June 2019]

<sup>6</sup> NHS Digital, 2018. Sexual and reproductive health services, England - 2017/18 (webpage). Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/sexual-and-reproductive-health-services/2017-18> [Accessed 13th June 2019]

<sup>7</sup> Mavranzeouli I, LARC Guideline Development Group. The cost-effectiveness of longacting reversible contraceptive methods in the UK: analysis based on a decision-analytic model developed for a National Institute for Health and Clinical Excellence (NICE) clinical practice guideline. Hum Reprod Oxf Engl. 2008 Jun;23(6):1338-45, cited in Public Health England, 2018. Contraception: economic analysis estimation of the return on investment (ROI) for publicly funded contraception in England. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/730292/contraception\\_return\\_on\\_investment\\_report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/730292/contraception_return_on_investment_report.pdf) [Accessed 13th June 2019]

## Sexual behaviours and attitudes

The National Survey of Sexual Attitudes and Lifestyles (NATSAL) reveals the changing sexual attitudes and behaviour of the British population<sup>8</sup>. NATSAL surveys have been carried out every 10 years since 1990. More than 45,000 people have been interviewed and the findings have helped to shape sexual and reproductive health policy. Results from the latest NATSAL survey reveal:<sup>9</sup>

Changing sexual behaviour:

- Young people are having sex earlier than previous generations
- Increase in partners but decrease in frequency of sex
- People continue to have sex into later life
- Rise in the number of people (women in particular) reporting same-sex partners

Changing attitudes to sex and relationships:

- Increased acceptance of same-sex relationships
- Increased acceptance of 'one night stands' by women only
- Greater disapproval of non-exclusivity in marriage

Further details about results from the survey are available as an infographic<sup>10</sup>

## Public Health Outcomes Framework

The Public Health Outcomes Framework (PHOF)<sup>11</sup> has three indicators that relate to sexual and reproductive health:

- Rate of detection of chlamydia in 15 to 24 year olds
- Proportion of patients diagnosed with HIV at a late stage of infection
- Rate of under-18 conceptions

These are supplemented by further indicators in the sexual and reproductive health profiles, for example:

- Diagnostic rates for syphilis, gonorrhoea and chlamydia
- HIV testing coverage and diagnosis
- HPV vaccine take up rates
- Abortion rates
- Long-acting reversible contraceptives

There are also indicators relating to wider determinants of health that can impact sexual and reproductive health.

## Output and outcomes indicators

Sexual and reproductive health services report a range of data to local commissioners. There is no nationally mandated framework from Public Health England or any other bodies, but key metrics may include:

- Uptake - for example number of patients and number of attendances
- Provision – for example number of screens for STIs and number of issues of contraception
- Quality – for example percentage of patients accepting a long-acting method of contraception and percentage of patients accepting an HIV test

<sup>8</sup> Medical Research Council, Wellcome Trust, National Survey of Sexual Attitudes and Lifestyles (website). Available at: <http://www.natsal.ac.uk/home.aspx> [Accessed 13th June 2019]

<sup>9</sup> Mercer, Tanton et al. Changes in sexual attitudes and lifestyles through the life course and over time: findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal). *Lancet* 2013;382:1781-94. Available at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)62035-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)62035-8/fulltext) [Accessed 13th June 2019]

<sup>10</sup> Natsal Infographic. <http://www.natsal.ac.uk/natsal-3/findings.aspx>. [Accessed 13th June 2019]

<sup>11</sup> Public Health England. Public Health Outcomes Framework (landing page). Available at: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework> [Accessed 13th June 2019]

## Return on Investment Tool<sup>12</sup>

'Contraceptive services: estimating the return on investment' is a resource to help policymakers and commissioners estimate the return on investment for publicly funded contraception. The resources pull together the latest evidence and data to estimate the return on investment (ROI) for publicly funded contraception in England. Policymakers and commissioners can use results to protect and improve the health of their local populations when making commissioning decisions.

## Spend and Outcomes (SPOT) Tool<sup>13</sup>

This tool provides an overview of spend and outcomes in local authorities and clinical commissioning groups (CCGs) and includes a range of sexual health, reproductive health and contraception indicators. Public health teams and commissioners can use it to:

- compare against other local authorities or CCGs
- look at spend against a selection of outcomes across public health interventions and frameworks, including the Public Health Outcomes Framework
- identify programmes with outcomes that are significantly different from similar local authorities or CCGs, that may need more analysis

# CONTEXT AND RELEVANCE FOR SCRUTINY

## Key points

Key issues for scrutiny committees to consider include:

1. System leadership and collaboration	2. Sustainability of funding and value for spend
3. Commissioning and delivery models	4. Workforce continuity, training and skills
5. Health inequalities and inequalities in access to services	6. Performance and outcomes of services
7. Choice and access to contraception	8. Public voice and patient experience
9. Relationships and sex education	10. Screening and diagnosis

Local authorities commission most sexual health services, but Clinical Commissioning Groups (CCGs) and NHS England also commission some services and scrutiny committees should consider reviewing how local authorities, CCGs and NHS England are working together in the interests of local populations to ensure sufficient quality services are available and easily accessible to all, as they are mandatory services.

Sexual health, reproductive health and contraception services have been in the spotlight over recent years, with several national reports reflecting on the way commissioning arrangements are working, particularly in relation to funding, access, patient choice and outcomes. Challenges that have been identified around sexual health, reproductive health and contraception services include:

- pressures on public health budgets and funding;
- adopting a collaborative approach to commissioning and delivery;

<sup>12</sup> Public Health England, 2018. Contraception: economic analysis estimation of the return on investment (ROI) for publicly funded contraception in England. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/730292/contraception\\_return\\_on\\_investment\\_report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/730292/contraception_return_on_investment_report.pdf) [Accessed 13th June 2019]

<sup>13</sup> Public Health England. Spend and Outcome Tool (landing page). Available at: <https://www.gov.uk/government/publications/spend-and-outcome-tool-spot> [Accessed 13th June 2019]

- commissioning for outcomes and measuring outcomes from delivery;
- keeping the needs of local populations central to decisions about commissioning and delivery.

Councils can use scrutiny to develop political leadership of public health actions, specifically on sexual health, reproductive health and contraception services.

Using their health scrutiny powers, leaders across public health, healthcare and the wider public sector can be brought together to:

- map commissioning and delivery of services;
- review the effectiveness of local services;
- identify challenges facing services;
- look at the implications for communities in terms of funding, access, choice, information, advice and guidance and outcomes;
- consider how best to align and integrate services towards improving sexual health (including within non-clinical settings) and contraception and pre-conception health.

Scrutiny committees are well placed to use their powers to look across the ‘whole system’ to:

- assess local approaches to sexual health, reproductive health and contraception services and to understand the wider public health benefits;
- identify barriers to delivery and access of sexual health, reproductive health and contraception services and to use an appreciative approach to look at how access and outcomes could be improved;
- keep informed about changing sexual health attitudes and behaviours and demands on local systems.

The Health and Social Care Act 2012 divided responsibility for commissioning and providing sexual health, reproductive health and contraception services between local authorities and the NHS. A summary of commissioning responsibilities is set out below:

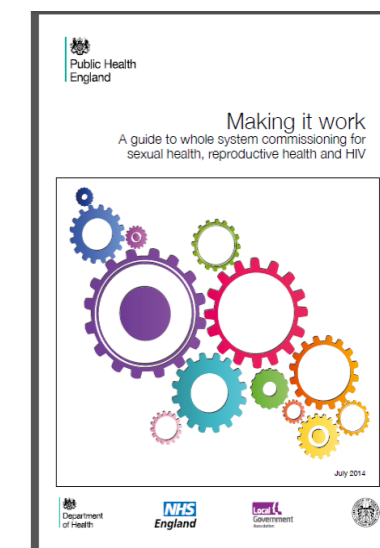
Local authorities commission:	Clinical Commissioning Groups commission:	NHS England commissions:
Comprehensive sexual health services including most contraceptive services and all prescribing costs, but excluding GP additionally-provided contraception	Most abortion services	Contraception provided as an additional service under the GP contract
Sexually transmitted infections (STI) testing and treatment, chlamydia screening and HIV testing	Sterilisation	HIV treatment and care (including drug costs for PEPSE)
Specialist services, including young people’s sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools, colleges and pharmacies	Vasectomy	Promotion of opportunistic testing and treatment for STIs and patient-requested testing by GPs
	Non-sexual-health elements of psychosexual health services	Sexual health elements of prison health services
	Gynaecology including any use of contraception for non-contraceptive purposes	Sexual assault referral centres
		Cervical screening
		Specialist foetal medicine services

The multi-agency document ‘Making it Work: A guide to whole system commissioning for sexual health, reproductive health and HIV’<sup>14</sup> contains useful insight and guidance about strategies for collaboration, along with case studies. There is an important role for local scrutiny to provide insight about what works or what needs to improve in terms of plans and actions that support local collaboration.

**Making it Work is guidance to support commissioners to:**

- Implement a whole-system approach to the commissioning and provision of sexual and reproductive healthcare
- Ensure a focus on the needs of patients / residents
- Minimise the risk of fragmentation

Scrutiny committees can gather insight by having early conversations with their local authority, CCG and NHS England commissioners and considering information from the national oversight, regulatory, inspection and support regimes - for example reports and information from the National Audit Office, NHS England, NHS Improvement, the Care Quality Commission, Public Health England and the National Institute for Health and Clinical Excellence (NICE).



Several organisations have published service standards relating to sexual health, reproductive health and contraception services - for example NICE, the British Association for Sexual Health and HIV (BASHH), the British HIV Association (BHIVA) and the Faculty of Sexual and Reproductive Health (FSRH). Further details about these are in the ‘further information and support’ section of this guide.

**Equality, diversity and safeguarding**

These issues are a vital part of scrutiny and will involve considering equality impact assessments, contact with local safeguarding partnerships, multi-agency safeguarding hubs and equalities groups to enable better scrutiny on behalf of people and groups with protected characteristics.

The Public Sector Equality Duty (the Equality Duty) covers age, disability, sex, gender reassignment, pregnancy and maternity, race, religion or belief and sexual orientation<sup>15</sup>.

Multi-agency safeguarding hubs are structures designed to facilitate information-sharing and decision-making.

The following section presents ten themes with a main question that scrutiny committees can ask. According to the local context, committees may want to choose which other optional questions to use.

Possible approaches to scrutiny include a request for a general update on a theme which has not been reviewed and/or on which a committee has limited knowledge; pre-decision scrutiny before services are recommissioned; a review of a specific service which has caused concern because of performance or budgetary issues or because of local trends in sexual health; and an inquiry into local preparedness for mandatory relationships and sex education in schools from 2020.

As with all scrutiny it is important to build relationships with relevant stakeholders; to gather the insight that is required from a range of sources; and to prepare clear objectives and a questioning strategy that will lead to outcomes on behalf of residents.

The themes and questions have been developed by scrutiny practitioners and we hope they are a useful starting point for scrutiny of sexual health, reproductive health and contraception services.

<sup>14</sup> Public Health England, 2015. Making it work: a guide to whole system commissioning for sexual health, reproductive health and HIV. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/408357/Making\\_it\\_work\\_revised\\_March\\_2015.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/408357/Making_it_work_revised_March_2015.pdf) [Accessed 13th June 2019]

<sup>15</sup> Equality and Human Rights Commission, 2014. The essential guide to the public sector equality duty. Available at [https://www.equalityhumanrights.com/sites/default/files/psed\\_essential\\_guide\\_-\\_guidance\\_for\\_english\\_public\\_bodies.pdf](https://www.equalityhumanrights.com/sites/default/files/psed_essential_guide_-_guidance_for_english_public_bodies.pdf) [Accessed 13th June 2019]

## 10 QUESTIONS ABOUT KEY THEMES THAT SCRUTINY COMMITTEES CAN ASK

### Key points

Scrutiny committees may not want or need to ask all the questions in this guide and there are different ways that committees can carry out reviews. There is a wealth of data, information and insight that scrutiny committees can use to decide whether and how to review sexual health, reproductive health and contraception services.

In line with the national framework, commissioning guidance and standards for services, the key topics are the impact of sexual health, reproductive health and contraception issues in their areas and actions that are being taken towards:

- preventing and reducing the impact of poor sexual and reproductive health;
- addressing the needs of people and groups particularly vulnerable to poor sexual and reproductive health

Scrutiny committees should consider assessing whether local approaches are fit for purpose, proportionate to local needs and engage the right partners in the right actions, with ambitious but achievable outcomes. Approaches to sexual health, reproductive health and contraception services should not only be clinically based, but form part of a broader approach to better health, wellbeing and equality.

As well as asking questions about local approaches, scrutiny committees should seek insight about how other areas are performing and whether there are lessons from elsewhere that can help to improve outcomes locally.

Scrutiny committees may want to consider the approach to scrutiny that best suits the time and resources they have available and their ways of working, for example:

Scrutiny inquiry day	Task and finish group	Whole committee review
Single session review	Time limited review	Reports and updates
Series of witnesses	Several sessions	One off review
Explore key themes	In depth approach	Overview or specific issue

Scrutiny committees may not want or need to ask all the questions in this guide. To help committees plan their approach the questions are grouped as follows:

System leadership and strategy	1 to 4
Inequalities, access and performance	5 to 7
Public voice, education/awareness and screening	8 to 10

### 1. System leadership and collaboration - how well established is system leadership and collaboration?

#### Additional questions to ask or consider:

1. What is the role of the Health and Wellbeing Board and what will be the impact of Sustainability and Transformation Partnerships, Integrated Care Systems and Primary Care Networks?
2. What evidence is there that trusting relationships have developed for effective partnership working across the system and is there a shared ambition for services?
3. How effectively do system leaders review the sexual health, reproductive health and contraception services landscape and do they include others from partner agencies beyond health and care services in this?
4. How are services structured and is there scope to rationalise and improve patient pathways through better integration and collaboration despite different funding streams?
5. To what extent have system leaders moved to commission services based on outcomes to achieve the most effective, value for money and patient focused services?

### 2. Sustainability of funding and value for spend - have system leaders got insight of total overall funding and spend and of the outcomes achieved in relation to agreed priorities for services?

#### Additional questions to ask or consider:

1. Are there plans to manage the possible removal of 'ring fenced' funding and reductions in grant?
2. Is there scope for innovation, for example digital services or better use of technology, to promote prevention and treatment services and self-care?
3. What are the most cost-effective payment methods and cross-charging arrangements for 'out of area' take-up of services (for example, are there particular issues relating to open access services in areas with large student, commuter or tourist numbers)?
4. What are the current 'hotspots' in terms of sexual health, reproductive health and contraception services in the area and are resources being targeted effectively to address those?
5. Given that prevention activity can be more cost effective and achieve better outcomes, how are resources being directed to this and does this include services beyond health and care?
6. What value measures, including social value and equality measures, are used to make judgements about spend and are there any equality impact assessments for sexual health, reproductive health and contraception services?

### 3. Commissioning and delivery models - are commissioners and providers willing to review the current model and develop an integrated model if one does not already exist?

#### Additional questions to ask or consider:

1. Is there evidence of learning from elsewhere that can help develop collaborative or integrated models if they do not already exist?
2. How is prevention of poor sexual and reproductive health prioritised, along with universal health messages and targeting the most vulnerable people and groups?

3. How do services make sure they do not miss unmet needs from people and groups who may not traditionally or routinely access health services?
4. Is there potential to involve other councils to develop integration and collaboration, for example across a city region or combined authority area or with neighbours and is there a role for Sustainability and Transformation Partnerships, Integrated Care Systems and Primary Care Networks?
5. Is there added value from greater involvement of the voluntary and community sector who may be in touch with people not registered with a GP or otherwise not in contact with traditional services?
6. If a provider is unable to offer a service, for example fit a Long Acting Reversible Contraceptive (LARC) or Sexually Transmitted Infection (STI) test because of separate funding streams or lack of trained staff, how easy is it to refer a patient to the appropriate service and for them to access it?
7. How quickly can the system react, for example to changes in national prescribing guidance?

#### **4. Workforce continuity, training and skills - what action is being taken to ensure there is workforce continuity and capacity?**

##### **Additional questions to ask or consider:**

1. What action is being taken to sustain the workforce at required levels and for succession planning – for example, attracting people to work in the area?
2. What programme is in place to support learning and development across services (including services beyond health and care) to make best use of the wider public sector workforce that people may have contact with?
3. Are staff encouraged and supported to take a ‘whole person’ approach rather than just deal with the presenting issue (‘making every contact count’)?
4. What support is provided for staff to take a co-design approach to services with people and communities?
5. Does the workforce have awareness of the impact of mental health and other factors on sexual health, reproductive health and contraception and are there links to social care, mental health and other services, for example substance misuse services or support services for vulnerable people such as victims of domestic violence?
6. Are Local Medical and Pharmacy Committees involved in plans to secure the best access to sexual health, reproductive health and contraception services in primary care?

#### **5. Health inequalities and inequalities in access to services - what actions are being taken to address inequalities in sexual and reproductive health and in access to services and their outcomes?**

##### **Additional questions to ask or consider:**

1. What actions are being taken to achieve better outcomes for target groups, not only by area but by communities of identity (for example young people, older people, homeless people, prisoners and those with protected characteristics) and are people engaged in relevant settings?
2. What actions are being taken to understand and address barriers to accessing the full range of services, for example access to the full range of contraception?

3. What approaches and actions are in place to achieve gender balance in access and outcomes and for services to be inclusive to diverse groups?
4. What approaches are in place to reach vulnerable people to enable them to make responsible choices and know how to access the full range of health and care support wherever they come in to contact with services?
5. What additional support is available to those with learning disabilities, Children Looked After and young people making a transition between children’s and adults’ services?
6. What approaches are in place to ensure access to services for communities in rural areas or areas of deprivation?

#### **6. Performance and outcomes of services – are there robust performance and outcome measures and timely reporting?**

##### **Additional questions to ask or consider:**

1. Are performance and outcome measures derived from the local Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy?
2. Are there any issues with data capture, storage, retrieval, analysis and timely sharing, including between partners and with scrutiny?
3. Can a proportionate data dashboard be developed that is easy for scrutiny committees to interpret?
4. Do the performance indicators have sub-sets relating to target groups, for example safeguarding of young people in relation to services?
5. Is there an evaluation of performance against expectations in relation to take up of services including testing, the volume and timeliness of diagnoses and treatment against need?
6. If there is evidence of late diagnoses of STIs and/or HIV, have actions been agreed to address this?

#### **7. Choice and access to contraception – is there choice and access to a full range of contraception?**

##### **Additional questions to ask or consider:**

1. How can people be empowered to make responsible choices regarding relationships, sex, access to contraception services and take up of vaccines and screening?
2. Is there a condom distribution programme that follows NICE guidance?
3. What messages are given to increase take up of Long Acting Reversible Contraceptives (LARCs) and are there issues with fitting and maintenance of LARCs?
4. If there are high termination rates, what action is being taken to increase access to contraception services?
5. How might councils work with GP surgeries and pharmacies to increase provision and access to the full range of contraception services?
6. How do commissioners and providers hear and respond to what women say about their choice of access to LARCs?



**8. Public voice and patient experience - how are people and groups who use services involved and are system leaders satisfied with the methods, frequency, reach and level of feedback?**

**Additional questions to ask or consider:**

1. Is there a co-ordinated communication plan for promoting key public health messages for people and groups across a range of settings, including digital channels but also in the community?
2. What evidence is there that public health messages reach the right people and groups and whether they have any impact (including through digital channels)?
3. How are the views of people who do not access services gathered and heard?
4. How are diverse cultural and religious factors taken in to account?
5. Do online and remote services meet the guidelines published by the Faculty of Sexual Health and Reproductive Healthcare and the British Association for Sexual Health and HIV<sup>16</sup>?
6. How are young peoples' voices heard about their experiences (for example by considering the You're Welcome Standards<sup>17</sup>)?
7. How are issues around embarrassment or stigma tackled in order to increase use of services?

**9. Relationships and sex education - are system leaders working with schools to invest in education about relationships, sexual and reproductive health and contraception and raising awareness of local services?**

**Additional questions to ask or consider:**

1. Are services supporting sexual health education within local schools, colleges and other settings as part of helping to develop informed and resilient young people that is linked to equalities, diversity and rights?
2. What approach is being taken towards relationships and sex education programmes in partnership with schools, colleges and other settings recognising the introduction of a new curriculum requirement for statutory relationships and sex education from 2020?
3. Are there links to academy trusts, free schools and faith schools, along with maintained schools and can those involved in school governance receive sexual health information?
4. Is there sexual health training for professionals who interact with young people in all settings, for example youth provision and supported living?
5. What plans are in place for education and awareness raising with young people not in education, older people and people from diverse communities (including but not limited to the LGBT, non-binary and transgender communities) including those with protected characteristics?

**10. Screening and diagnosis – is there evidence of late diagnoses of STIs and/or HIV and if so, have actions been agreed to address this?**

**Additional questions to ask or consider:**

1. Is there an assessment of service levels required to diagnose and treat STIs and HIV?
2. Is there an assessment of the economic and social impacts of preventing STIs and HIV?
3. Has there been a rise in STIs and/or HIV and are there plans to increase screening and diagnosis and to expand messages around prevention?
4. What advice is given by contraception services about good sexual and reproductive health and avoiding STIs and/or HIV?
5. How are services provided for sex workers and are there issues in relation to sexual entertainment venues?
6. Given the complexity of HIV care, have commissioners given enough importance to community-based services?

<sup>16</sup> FSRH / BASHH, 2019. Standards for Online and Remote Providers of Sexual and Reproductive Health Services. Available at : <https://www.fsrh.org/standards-and-guidance/documents/fsrhbashh-standards-for-online-and-remote-providers-of-sexual/> [Accessed 24th June 2019]

<sup>17</sup> Association for Young People's Health, 2017. Quality Criteria for Making Health Services Young People Friendly. Available at: <http://www.youngpeopleshealth.org.uk/yourewelcome/> [Accessed 24th June 2019]

## FURTHER INFORMATION AND SUPPORT

### National reports about sexual health, reproductive health and contraception services

Sexual health, reproductive health and contraceptive services have been in the spotlight with several reports reflecting on the way commissioning and delivery arrangements are working, particularly in relation to funding, access to a range of services (including LARCs), patient choice and outcomes:

- Family Planning Association, 2015. Unprotected nation 2015: an update on the financial and economic impact of restricted contraceptive and sexual health services. Available at: <https://www.fpa.org.uk/sites/default/files/unprotected-nation-2015-full-report.pdf> [Accessed 13th June 2019]
- House of Commons Health Select Committee, 2017. Public health post-2013. Second report of session 2016-17. Available at [https://publications.parliament.uk/pa/cm201617/cmselect/cmhealth/140/140.pdf?utm\\_source=140&utm\\_medium=module&utm\\_campaign=modulereports](https://publications.parliament.uk/pa/cm201617/cmselect/cmhealth/140/140.pdf?utm_source=140&utm_medium=module&utm_campaign=modulereports) [Accessed 13th June 2019]
- Royal College of General Practitioners, 2017. Sexual and reproductive health: time to act. Available at <https://www.rcgp.org.uk/policy/rcgp-policy-areas/maternity-care.aspx> [Accessed 13th June 2019]
- Advisory Group on Contraception, 2017. Cuts, closures and contraception. Available at: [http://theagc.org.uk/wp-content/uploads/2018/03/AGC\\_Report-Final-2017.pdf](http://theagc.org.uk/wp-content/uploads/2018/03/AGC_Report-Final-2017.pdf) [Accessed 13th June 2019]
- Royal College of Nursing, 2018. Sexual and reproductive health. RCN report on the impact of funding and service changes in England. Available at: <https://www.rcn.org.uk/professional-development/publications/pdf-006962> [Accessed 13th June 2019]
- Folkard, K. 2018. Supporting sexual health commissioning: analysing and planning. Public Health England “Public Health Matters” blog. Available at: <https://publichealthmatters.blog.gov.uk/2018/05/16/supporting-sexual-health-commissioning-analysing-and-planning/> [Accessed 13th June 2019]

### Service standards

Several organisations have published service standards relating to sexual health, reproductive health and contraceptive services, for example:

- NICE<sup>18</sup>
- British Association for Sexual Health and HIV (BASHH)<sup>19</sup>
- British HIV Association (BHIVA)<sup>20</sup>
- Faculty of Sexual and Reproductive Health (FSRH)<sup>21</sup>

### Workforce

NHS Health Education England, 2018. Improving the delivery of sexual health services: sexual health, reproductive health and HIV workforce scoping project report. Available at:

<https://www.hee.nhs.uk/sites/default/files/documents/Sexual%20health%2C%20reproductive%20health%20and%20HIV%20workforce%20scoping%20project%20report%20Final.pdf> [Accessed 13th June 2019]

<sup>18</sup> <https://www.nice.org.uk/guidance/lifestyle-and-wellbeing/sexual-health>

<sup>19</sup> <https://www.bashh.org/guidelines>

<sup>20</sup> <https://www.bhiva.org/guidelines>

<sup>21</sup> <https://www.fsrh.org/standards-and-guidance>

### Relationships and sexuality in adult social care services

Care Quality Commission. Relationships and sexuality in adult social care services. Guidance for CQC inspection staff and registered adult social care providers. Available at:

<https://www.cqc.org.uk/sites/default/files/20190221-Relationships-and-sexuality-in-social-care-PUBLICATION.pdf> [Accessed 13th June 2019]

### Useful data and reports

HIV reports:

<https://www.gov.uk/government/publications/hiv-in-the-united-kingdom>

HIV data tables:

<https://www.gov.uk/government/collections/hiv-surveillance-data-and-management>

STI reports and data tables:

<https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables>

NCSP reports and data tables:

<https://www.gov.uk/government/collections/chlamydia-surveillance-data-screening-and-management>

Reproductive health:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/731890/A\\_consensus\\_statement\\_reproductive\\_health\\_is\\_a\\_public\\_health\\_issue.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731890/A_consensus_statement_reproductive_health_is_a_public_health_issue.pdf)

Contraception reports and data tables:

<https://files.digital.nhs.uk/3A/1D0442/srh-serv-eng-17-18-rep.pdf>

Conception statistics (including under-18 conceptions):

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/bulletins/conceptionstatistics/2016>

Abortion statistics:

<https://www.gov.uk/government/collections/abortion-statistics-for-england-and-wales>

RSE and teenage pregnancy:

LGA and PHE: ‘Relationships and Sex Education: Contributing to the safeguarding, sexual and reproductive health and wellbeing of children and young people – what role can councillors play?’

<https://www.local.gov.uk/resources-councillors-supporting-relationship-sex-education-rse>

LGA response to DfE consultation on ‘Changes to the teaching of Sex and Relationships Education and PSHE’

<https://www.local.gov.uk/parliament/briefings-and-responses/lga-response-dfe-consultation-changes-teaching-sex-and>

LGA and PHE: ‘Good progress but more to do: teenage pregnancy and teenage parents’

<https://www.local.gov.uk/good-progress-more-do-teenage-pregnancy-and-young-parents>

Sexual Health Inquiry – Health and Social Care Committee

<https://www.parliament.uk/business/committees/committees-a-z/commons-select/health-and-social-care-committee/inquiries/parliament-2017/sexual-health-inquiry-17-19/>

### Support from Public Health England

Public Health England has regional and local centres and details of these can be found here:

<https://www.gov.uk/guidance/contacts-phe-regions-and-local-centres>



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