Notice of Meeting

Health, Integration and Commissioning Select Committee

Date & time	Place	Contact	Chief Executive
Wednesday, 4 July 2018 at 10.00 am	Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN	Andrew Baird Room 122, County Hall Tel 0208 541 7609	Joanna Killian

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This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Andrew Baird on 0208 541 7609 .

Elected Members

Mrs Mary Angell, Mr Bill Chapman, Mr Nick Darby, Mr Graham Ellwood, Dr Zully Grant-Duff (Chairman), Mr Graham Knight, Mrs Tina Mountain, Mr John O'Reilly, Mr Wyatt Ramsdale (Vice-Chairman), Mrs Fiona White,

Independent Representatives:

Borough Councillor Darryl Ratiram (Surrey Heath Borough Council), Borough Councillor Mrs Rachel Turner (Tadworth and Walton), Borough Councillor David Wright (Tillingbourne)

AGENDA

1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

To report any apologies for absence and substitutions

2 MINUTES OF THE PREVIOUS MEETING: 4 APRIL 2018

(Pages 5 - 18)

To agree the minutes of the previous meeting as a true and accurate record of proceedings. At this meeting the Select Committee will review the minutes of the former Adults and Health Select Committee

3 DECLARATIONS OF INTEREST

All Members present are required to declare, at this point in the meeting or as soon as possible thereafter:

i. any disclosable pecuniary interests and / or;

ii. other interests arising under the Code of Conduct in respect of any item(s) of business being considered at this meeting

NOTES:

- Members are reminded that they must not participate in any item where they have a disclosable pecuniary interest;
- as well as an interest of the Member, this includes any interest, of which the Member is aware, that relates to the Member's spouse or civil partner (or any person with whom the Member is living as a spouse or civil partner); and
- Members with a significant personal interest may participate in the discussion and vote on that matter unless that interest could be reasonably regarded as prejudicial.

4 QUESTIONS & PETITIONS

To receive any questions or petitions

Notes:

1. The deadline for Member's questions is 12.00pm four working days before the meeting *(Thursday 28 June).*
2. The deadline for public questions is seven days before the meeting *(Wednesday 27 June)*.
3. The deadline for petitions was 14 days before the meeting, and no petitions have been received.

5 RESPONSE FROM THE CABINET TO ISSUES REFERRED BY THE SELECT COMMITTEE

No issues were referred.

6 REPORT OF THE SEXUAL HEALTH SERVICES TASK GROUP (Pages 19 - 80)

Purpose of the Report: to provide the Select Committee with a detailed report on the findings of the Sexual Health Service Task Group's review into communication and engagement conducted by Surrey County Council and NHS England South commissioners during the development and implementation of an integrated Sexual Health and HIV Service for Surrey.

7 JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE SUBSTITUTES (Pages 81 - 82)

Purpose of the Report: to appoint named substitutes to the Joint Health Overview and Scrutiny Committee for South West London & Surrey

8 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME

The Select Committee is asked to review and approve the Forward Work Programme and Recommendations Tracker and provide comment as required.

9 DATE OF THE NEXT MEETING

The next meeting of the Select Committee will be held on 7 November 2018 at 10:00 in the Ashcombe Suite at County Hall.

Joanna Killian
Chief Executive
Published: Wednesday, 27 June 2018

MOBILE TECHNOLOGY AND FILMING – ACCEPTABLE USE

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It is requested that if you are not using your mobile device for any of the activities outlined above, it be switched off or placed in silent mode during the meeting to prevent interruptions and interference with PA and Induction Loop systems.

Thank you for your co-operation

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MINUTES of the meeting of the **ADULTS AND HEALTH SELECT COMMITTEE** held at 10.00 am on 4 April 2018 at Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Wednesday, 4 July 2018.

(* present)

Elected Members:

* Mr Ben Carasco
* Mr Bill Chapman
* Mr Nick Darby
Mr Graham Ellwood
* Mrs Angela Goodwin
* Mr Ken Gulati (Chairman)
* Mr Saj Hussain
* Mr David Mansfield
* Mrs Sinead Mooney (Vice-Chairman)
Mrs Bernie Muir
* Mr Mark Nuti
* Mr John O'Reilly
* Mr Keith Taylor
Mrs Victoria Young

Co-opted Members:

* Borough Councillor Darryl Ratiram, Surrey Heath Borough Council
* Borough Councillor Mrs Rachel Turner, Tadworth and Walton
* Borough Councillor David Wright, Tillingbourne

Substitute Members:

Mr Keith Taylor

In attendance

Helen Atkinson**,** Strategic Director for Adult Social Care and Public Health
Cliff Bush, Chair, Surrey Coalition of Disabled People
Helyn Clack, Cabinet Member for Health
Mel Few, Cabinet Member for Adults
Jennifer Henderson, Senior Commissioning Manager, Adult Social Care, Surrey County Council
Matt Lamburn, Project Manager, Adult Social Care, Surrey County Council
Fiona Mackison, Service Specialist (Specialised Commissioning), NHS England
Mark Maguire, Service Director, Sexual Health and HIV Services, CNWL
Matt Parris, Deputy CEO, Healthwatch Surrey
Dr Clare Sieber, Medical Director, Surrey and Sussex LMC
Stephen Tucker, Deputy Service Director, Sexual Health & HIV Services, CNWL

12/18 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Victoria Young and Graham Ellwood

Keith Taylor acted as a substitute for Graham Ellwood.

13/18 MINUTES OF THE PREVIOUS MEETING: 25 JANUARY 2018 [Item 2]

Attention was drawn to a disagreement between the minutes of the Adults and Health Select Committee meeting from 29 January and the Recommendations Tracker. Specifically, it was highlighted that recommendation i for item 5/18 conflicted with what had been recorded in the Recommendations Tracker. Members were informed that the Recommendations Tracker was incorrect and that this would be amended.

The minutes were agreed as a true record of the meeting.

14/18 DECLARATIONS OF INTEREST [Item 3]

An interest was declared by Mr David Mansfield in relation to items 7 and 8 on the agenda for the meeting stating that he had previously been an employee of Central and Northwest London NHS Foundation Trust. Mr Mansfield indicated that he did not intend to leave the meeting during the discussion on these items.

15/18 QUESTIONS AND PETITIONS [Item 4]

The Adults and Health Select Committee received a public question from Liz Sawyer. A response to this question has been attached to these minutes as Appendix 1.

16/18 RESPONSES FROM THE CABINET TO ISSUES REFERRED BY THE SELECT COMMITTEE [Item 5]

None received.

17/18 ACCOMMODATION WITH CARE AND SUPPORT FOR OLDER PEOPLE [Item 6]

Declarations of interest:

None

Witnesses:

Cliff Bush, Chair, Surrey Coalition of Disabled People
Mel Few, Cabinet Member for Adults
Jennifer Henderson, Senior Commissioning Manager, Adult Social Care, Surrey County Council
Matt Lamburn, Project Manager, Adult Social Care, Surrey County Council
Matt Parris, Deputy CEO, Healthwatch Surrey

Key points raised during the discussion:

1. An introduction to the report was provided by officers who informed the Committee that demographic changes had put pressure on Surrey County Council's (SCC) capacity to find affordable residential accommodation for those with social care needs. Projections had

shown that over the next ten years SCC would be required to expand its residential accommodation by a further 10% in response to increased demand arising from a growing elderly population. The Committee heard that the Council needed to ensure that it had enough affordable accommodation to place those with care needs. SCC had initiated a number of projects to increase its provision of accommodation for those with social care needs one of which was to stimulate growth in the Extra Care market.

2. Members were advised that SCC's strategy to expand the availability of Extra Care places was predicated on a Design, Build, Finance and Operate model (DBFO) whereby land would be offered to the private sector to build and operate Extra Care housing on the proviso that a certain number of units would be reserved to place those who received social care support from SCC. Five locations across the County had been identified to build Extra Care housing which would be offered to the market in accordance with the terms outlined in the report. The Cabinet Member for Adults highlighted that the report to the Select Committee referred specifically to the provision of Extra Care for older people but indicated that SCC had also purchased land in the south of the County to build Extra Care Units for use by those with learning disabilities.

3. More clarity was sought on the procurement process and Members asked whether SCC would seek just one provider to build and operate Extra Care facilities on the five sites referenced in the report or whether there would be a different provider for each of the five sites. Officers stated that the Council would run a bespoke, flexible procurement process which meant a variety of different configurations was possible as regards the number of contracts that SCC entered into.

4. The Committee highlighted the important role that local communities play in supporting elderly residents in ensuring that they didn't become isolated. Members stated that moving older people with social care needs into Extra Care accommodation outside of their local communities could sever existing support networks. Officers stated that the existing strategy concentrated on priority areas with an identified need for more residential care but the ultimate goal was to have Extra Care units in conurbations across the County to ensure that this type of support could be delivered to older people within their existing community.

5. Detail was sought on how Extra Care units would be equipped to support those with physical disabilities. Members were advised there would be a contractual requirement for providers to construct units in accordance with national guidelines which would ensure that the buildings were capable of accommodating equipment, such as hoists, that might be required to support those with physical disabilities. It was further highlighted that the interior of Extra Care houses built under this scheme would be designed to support those with dementia.

6. The Committee enquired about the potential savings that could be achieved through placing those with social care needs in Extra Care accommodation. Officers stated that financial projections indicated that

savings of £4,600 per person per year would be achieved when compared with placing them in a residential care setting. This equated to a direct of saving of £1.7 million to the County Council once the five Extra Care schemes were operational with significant further savings to the health and social care system in Surrey as a whole by reducing the risk of older people being committed to hospital and then reducing the time that it took for them to be discharged from hospital.

7. Officers advised that initial architectural drawings indicated that approximately 600 beds would be created across the five schemes highlighted in the report. Members stressed the need to ensure that a significant number of these beds were made available to SCC for placing those who received social care support from the Council. The Committee heard that clear expectations would be placed on providers for the number of beds that would be made available to SCC in exchange for providing the land on which the Extra Care facilities would be located.

8. Members emphasised that Surrey would remain below the national average for the availability of Extra Care accommodation even after these schemes were operational and further clarity was sought on how the SCC would catch up with other local authorities. The Committee was informed that an evaluation process would be undertaken following completion of phase 1 of the project to consider opportunities for further increasing Extra Care capacity within Surrey beyond the 600 places that would be delivered through this strategy. Officers indicated, however, that further announcements on social care support from the Government would impact on any future strategies pursued by the Council to deliver residential placements for older people with social care needs.

9. Information was sought on when the Extra Care sites detailed in the report would become operational. Officers advised Members that they were unable to provide a definitive timeline but indicated that savings from these Extra Care schemes had been incorporated into the Medium Term Financial Plan (MTFP) for the financial year 2020 – 2021 and so it was anticipated that these schemes would be up and running by then. Officers stated that extensive building work funded by provider(s) would take place at each of the five sites identified in the report to deliver appropriate and suitable Extra Care accommodation for those with a diverse range of social care needs.

10. The Committee asked what opportunities there would be for service users to contribute to the design of these Extra Care schemes. Members heard that it was anticipated that consultation with both service users and the wider community would be built into the design phase of individual projects. Officers further advised that SCC had been working closely with district and borough councils as well as parish councils to embed the development of Extra Care into both local and neighbourhood plans.

11. Further detail was sought on the level of influence that SCC would have over the development of individual Extra Care schemes outlined in the report. Witnesses responded by stating that SCC would enjoy joint partnerships with the chosen provider(s) which would be

enshrined within the final lease as well as in contractual agreements signed with providers. These documents will be designed to ensure that SCC can work closely with the provider throughout the lifetime of the contract.

12. Attention was drawn to the legal right to occupy which legislation extended to residents of Extra Care accommodation and Members asked how this would work when the provision available through Extra Care housing was no longer able to meets the needs of its occupant. The Committee was informed that the intention was to build units capable of supporting those with very high care needs right through to the end of their life. In those instances where it was necessary to move a resident to another type of supported accommodation a conversation would be initiated with the inhabitant in order to relocate them.

13. More detail was sought on how Extra Care accommodation supported early discharge from hospital. Officers highlighted that delays in discharging elderly people from hospital often arose as a result of the need to find accommodation or design a package of care to support them. This was not necessary for those who live in Extra Care accommodation as they were capable of meeting the support needs of those discharged from hospital.

14. The Committee heard from the Director of Surrey Coalition of Disabled People who requested further information on how the five schemes outlined in the report would support residents at the end of life care so that they were required to go into hospital to receive palliative care. Officers stressed that people should be able to choose where they wish to die and emphasised that the provision of palliative care was a central facet of Extra Care accommodation.

15. The Director of Surrey Coalition of Disabled People also asked what involvement Sustainability and Transformation Partnerships had in the development of the five schemes outlined within the report. Members heard that both SCC's Extra Care Strategy and the needs assessment which underpinned the scheme had been developed in collaboration with colleagues from Surrey's Clinical Commissioning Groups (CCGs). More generally, officers stated that Extra Care accommodation was about improving the integration of health and social care by facilitating more effective collaborative working between the Council and partners in the NHS.

Recommendations:

The Adults and Health Select Committee welcomes the Extra Care programme and supports the award by Cabinet of:

i. the provider(s) identified to deliver Phase 1 of Strategic Extra Care whilst pointing out the need, if possible, to facilitate a number of providers acquiring expertise in the delivery of Extra Care; and

ii. the provider identified to deliver the residential dementia & nursing facility in Brockhurst, North West Surrey.

18/18 SURREY INTEGRATED SEXUAL HEALTH SERVICES [Item 7]

Declarations of Interests:

An interest was declared by Mr David Mansfield as a former employee of Central and North West London NHS Foundation Trust.

Witnesses:

Helen Atkinson**,** Strategic Director for Adult Social Care and Public Health
Helyn Clack, Cabinet Member for Health
Cliff Bush, Director, Surrey Coalition of Disabled People
Fiona Mackison, Service Specialist (Specialised Commissioning), NHS England
Mark Maguire, Service Director, Sexual Health and HIV Services, CNWL
Matt Parris, Deputy CEO, Healthwatch Surrey
Dr Clare Sieber, Medical Director, SSLMCs
Stephen Tucker, Deputy Service Director, Sexual Health & HIV Services, CNWL

Key points raised during the discussion:

1. The report was introduced by the Cabinet Member for Health who highlighted that the aim of the integrated Service was to promote early intervention on sexual health and HIV in order to create capacity within the system to support those with more complex or advanced conditions. She acknowledged that there had been challenges during the first year of the contract while Central and North West London NHS Foundation Trust (CNWL) were implementing the integrated service but highlighted that she was confident that by moving some services online, the new provider would create more efficient sexual health and HIV provision. These comments were echoed by the Strategic Director for Adult Social Care and Public Health who provided Members with the background to the introduction of an integrated Sexual Health and HIV Service for Surrey. The Committee heard that work had begun on the introduction of an integrated service through development of the Sexual Health Needs Assessment (SHNA). The extent of the reductions to funding for Public Health in Surrey were not known when work had begun on the SHNA.

2. The Strategic Director for Adult Social Care and Public Health apologised to those who had been left short or inconvenienced by the changes to which had occurred to Sexual Health and HIV Services in Surrey. Members were advised, however, that a phased approach to changes in the Service had been adopted to enable CNWL to better respond to concerns raised by patients and partners about the new model. Members were asked to recognise that there was a need to modernise the Service by making more effective use of the digital space and to understand that these changes took time to implement. Members were further informed that CNWL had been very flexible during this implementation phase in order to respond to the concerns of patients and stakeholders.

3. The Committee heard from the Service Director who stated that CNWL already operated an integrated Sexual Health and HIV Service in

London which was highly regarded by its patients. Members were asked to recognise the scale of the challenge that CNWL confronted in attempting to integrate and modernise the three very disparate and outdated service models that had existed in Surrey prior to the introduction of the new contract in April 2017. CNWL were legally prohibited from reviewing staff structures until the TUPE transfer from all three service providers had been completed which had prevented the Trust from introducing a modern staffing structure which had hampered CNWL in taking the necessary steps to implement the integrated Service. The TUPE transfer had happened in October 2017 and so Members were advised that the significant transformations to the Service would take place over the coming months.

4. The Service Director detailed some of the work that CNWL had done in order to bring the three sexual health and HIV services together since taking over the contract. Members were advised that a single provider had been contracted to provide pathology services while pharmacy services had also been brought together under one provider. A single patient record for those using Surrey's Sexual Health and HIV Service had been introduced as well as a single website where people could book appointments and order online testing kits. An online contraception service would also be rolled out over the next few weeks.

5. Representatives from CNWL recognised that problems had been encountered during the introduction of the new Service including with the online booking system which had caused disruption for those wishing to make appointments. Members were told, however, that both the telephone and online booking systems were now functioning at full capacity. It was further highlighted that there was a need to increase capacity across the Service and that this would take place over the following year in order to keep pace with demand. The Committee heard that CNWL was looking at methods to promote the Service, particularly among 'at risk' groups to ensure that people knew how to access the Service.

6. Attention was drawn to the results of the patient feedback survey undertaken by CNWL. Members acknowledged that the results were encouraging but asked what steps could be taken to get a broader range of opinion on the Service, for example, from residents who had chosen to go out of county for treatment in order to understand their rationale for deciding to access Services outside of Surrey. The Committee was advised that Sexual Health Services were open access meaning that people had a personal choice in where they sought treatment. A significant proportion of Surrey residents commuted into London and so it was more convenient for them to attend a Genito-Urinary Medicine (GUM) Clinic close to work. The Cabinet Member for Health indicated that the convenience of online services such as contraception and testing kits would encourage more people to use Surrey's Sexual Health Services.

7. Members suggested that the main criteria for judging the performance of the integrated Sexual Health and HIV Services were outlined within point 9 of the report as these were the main areas of concern identified through the SHNA. The Committee heard from the NHS England

representative in attendance at the meeting who stated that all but a very small number of HIV patients had transferred over to CNWL or to another provider for their ongoing care. Significant efforts had been made to contact those individuals who had not yet transferred from their previous provider and it was anticipated that the majority of these people no longer lived in the UK. Members were further advised that an HIV transition clinic had been put in place to address those challenges which had been identified by patients. NHSE was responsible for commissioning HIV services across England which meant that commissioners were required to implement services in line with a national specification.

8. The Committee highlighted the importance of hearing what was happening on the ground to understand how the integrated service is working for patients. The Strategic Director for Adult Social Care and Public Health indicated that quarterly performance reports submitted by CNWL as well as regular feedback meetings between commissioners and Trust enable SCC and NHSE to hold CNWL to account on how it is performing against the contract. Members were also advised that commissioners utilised feedback from Healthwatch, CCGs and local representatives in order to ensure robust challenge of the Trust's performance. The Cabinet Member for Health indicated that she had been contacted by Local MPs regarding the reconfiguration of Sexual and HIV Services in Surrey. She highlighted that Surrey was the lowest funded local authority area per capita for Public Health in England which meant that it had been necessary to take a significant amount of money from the Sexual Health Services contract to balance SCC's Public Health budget. The Cabinet Member recognised that there had been challenges in implementing the new contract but highlighted that there had been no rise in specific conditions or teenage pregnancies during the transitional period.

9. Members stated that it was important to focus scrutiny on the future of the Service to ensure that CNWL built the capacity and capability to deliver against the terms of the contract. It was, however, highlighted that looking at the implementation of the contract would ensure that lessons were learned from the process that could be used to inform future commissioning. Information was sought from officers on the extent to which deficiencies with Surrey's pre-existing sexual health and HIV service providers had caused some of the challenges which were being encountered by patients. The Strategic Director for Adult Social Care and Public Health confirmed that there had been confusion in some of the services offered at GUM clinics by previous providers which had led to some disruption for patients something that was being considered in detail by the Sexual Health Services Task Group. Members heard that collaborating on the integrated Sexual Health and HIV Service contract had been an important learning experience for both SCC and NHSE, this would continue as they worked together on managing the contract. The Service Director indicated that CNWL was limited in its ability to undertake due diligence with the previous providers and had only known in early March the number of staff that would be transferring over to the Trust.

10. Further clarity was sought on the Patient Feedback Survey which had been undertaken by CNWL, the results of which had been published

within the report. The Committee was advised that the results of the Survey were based on response from 309 patients which represented around 30% of patients who attended the Service over the course of an average week, the Service Director acknowledged that this was a not a significant sample. Members stated that it was hard for the Committee to draw any conclusions based on these results as it did not constitute a representative sample of patients using Sexual Health and/or HIV Services in Surrey.

11. Concerns were also raised by Members about a lack of provision in the Spelthorne/ Runnymede area. Officers confirmed that Members' concerns were legitimate given that certain aspects in this area had been lost during the transfer for a temporary period. Commissioners indicated that they would monitor the impact of not having specific provision in this area.

12. The Deputy CEO of Healthwatch Surrey provided the Select Committee with an overview of some of the concerns that had been raised by patients. Members heard that representatives from Healthwatch Surrey had conducted a programme of enggement during which they had encountered a small number of patients who were having difficulties in accessing medication; these concerns had been communicated to CNWL. The accessibility of clinics operated by the Trust was also raised by the Deputy CEO of Healthwatch who highlighted that there were no online appointments available for clinics throughout February and March; services at Woking were not fully operationa which had meant that patients had had to travel to Guildford. Members also heard that there were significant physical access barriers at the Buryfields site including public transport and a long uphill walk.

13. The Service Director recognised that there had been problems with the online booking system but informed the Committee that these had been addressed. Many of the challenges that the Service had experienced since it had been introduced had resulted from the TUPE requirements in transferring staff over to the Trust from the previous providers. Officers assured the Committee that the Service would be fully operational once the correct staffing structure had been introduced which it was anticipated would be by Christmas 2018. In terms of the accessibility of clinics, Members were informed that under the previous services, there were a large number of clinics but these had sporadic opening hours. Under the integrated Service, many patients would be required to travel further but in exchange they would receive a better service which meant that they were less likely to require a follow up appointment. It was further highlighted that CNWL had completed an access audit of all of its clinics and that the result of this audit would be shared with Healthwatch Surrey.

14. The Deputy CEO of Healthwatch Surrey made the observation that the access audit had been committed, following a public question, at the last scrutiny session in November and the results were not available to the committee at today's meeting.

15. Members heard from the Director of Surrey Coalition of Disabled People who stated that the integrated Sexual Health and HIV Service

was not well regarded by patients and made specific reference to publicity around the new Service indicating that schools were not being given information to pass onto pupils about where they can go to seek testing and treatment for sexual health conditions as well as contraceptive services such as the morning after pill. Further concerns were also raised about the role of the Blanche Heriot Unit Patients' Working Group and the Committee was informed that issues raised through this forum were not being adequately addressed. The Strategic Director for Adults Social Care and Public Health stated that the data did not show any increase in teenage conception rates but that officers would continue to monitor this. The Committee also heard that rates of Sexually Transmitted Infections (STIs) were on the increase but that this mirrored national figures.

16. The Committee heard from the Medical Director of Surrey and Sussex Local Medical Committee who informed Members that she had collated evidence from GPs in Surrey regarding the impact of the new Service. The response from GPs indicated that they had concerns about the new Service particularly around accessibility, Members heard that more patients were presenting at GP practices with STI symptoms placing an additional burden on doctors. The evidence also suggested that GPs found it difficult to refer patients to GUM Clinics due to a lack of information on the new Service. This had resulted in many patients being sent out of county for treatment. Members highlighted their concern that CNWL were not communicating appropriately with GPs around the new Service which was impacting on patient care. The Deputy Service Director stressed the importance of communicating with GPs and would work to ensure that all surgeries in Surrey knew where to find information about the new Service.

Recommendations:

The Adults and Health Select Committee:

1. recommends that commissioners seek feedback from patients who are going out of county for sexual health services;
2. recommends that the provider and commissioners communicate more effectively with GPs about the new service model;
3. requests that the commissioners collect data and patient feedback regarding the performance of the Service to be reported back to the Select Committee; and
4. agreed to review the Sexual Health and HIV Services in 12 months' time.

19/18 SEXUAL HEALTH SERVICES TASK GROUP INTERIM REPORT [Item 8]

Declarations of interests:

An interest was declared by Mr David Mansfield as a former employee of Central and North West London NHS Foundation Trust.

Witnesses:

None

Key points raised during the discussion:

1. The report was introduced by the Chair of the Task Group, Mrs Sinead Mooney, who told Committee Members that the Sexual Health Services Task Group had heard evidence from a diverse range of groups to inform its findings. The Chair extended thanks to all those had provided evidence to the Task Group.

2. The Select Committee applauded the significant work undertaken by the Task Group in order to get an in depth understanding of the lessons that could be learned from the communication and engagement which took place around the implementation of the integrated Sexual Health and HIV Service contract.

Recommendations:

The Adults and Health Select Committee acknowledged the progress of the Sexual Health Services Task Group in undertaking its review.

20/18 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 9]

Declarations of interests:

None

Witnesses:

None

Key points raised during the discussion:

None

21/18 DATE OF THE NEXT MEETING [Item 10]

Meeting ended at: 12:50pm

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Chairman

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ITEM 4 – ANNEX 1

Questions to Adults & Health Select Committee – 4 April 2018

Question submitted by Liz Sawyer

There is evidence that patients who previously used sexual health services commissioned by Surrey County Council have found the new model of services difficult to access and are choosing to use services outside the county. What services are Surrey County Council cross charged for by other sexual health service providers eg NHS Solent at Aldershot Health Centre? How much has been cross charged in the 2017/18 financial year and was this included in the Budget?

Response

The Committee has asked Surrey County Council to respond to the concerns raised within your question and has received the following response from:

'Since 1 April 2013, Local Authorities in England have been mandated to ensure that open access, confidential sexual health services are available to all people who are present in their area (whether resident in that area or not). The requirement for Genito-Urinary Medicine (GUM) and Contraception and Sexual Health (CaSH) services to be provided on an open access basis is stipulated in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 ("the Regulations").

This means that Surrey residents are able to access out of county services and our local provider provides services to non-Surrey residents. The activity is cross charged at the locally commissioned rate and supported by backing data. Surrey is part of a South East Commissioners network that has developed a regional policy that addresses cross charging to ensure that there is a consistent approach. In 17/18 our out of area budget was £1,913,000 and in 18/19 our out of area budget is £1,500,000.

The sexual health service are commissioned to provide a service that is outcomes focused and meets the need identified within the sexual health needs assessment. The new service model includes, three clinical hubs, four clinical outreach spokes, a clinical outreach offer for those most at risk of sexual ill health and access to online services. Service provision will be monitored and flexed to meet need where appropriate, particularly in relation to the outreach element.

Mr Ken Gulati
Chairman – Adults and Health Select Committee
4 April 2018

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Health, Integration and Commissioning Select Committee

4 July 2018

Sexual Health Services Task Group Final Report

Purpose of report:

To provide the Select Committee with a detailed report on the findings of the Sexual Health Service Task Group's review into communication and engagement conducted by Surrey County Council and NHS England commissioners during the development and implementation of an integrated Sexual Health and HIV Service for Surrey.

Acknowledgements:

Perhaps the most striking aspect of the review process was the willingness of those involved in or impacted by the introduction of the Integrated Sexual Health and HIV Service to contribute to the Task Group's review. From those who commissioned the Integrated Service right through to patients and potential patients, candour has been a clear and consistent feature of the evidence heard by the Task Group throughout its review.

Members of the Sexual Health Services Task Group would like to formally thank all those who contributed to the review and anticipate that the outcomes from this report will provide sufficient compensation to the many people who have been so generous with their time.

Any errors, factual inaccuracies or inconsistencies contained within the report are the responsibility of the Sexual Health Services Task Group alone and not of those who contributed their knowledge, insight and experiences to the formation of this report.

Introduction:

The Context

1. In 2013, the Department of Health published a National Service Specification for Integrated Sexual Health Services. It was produced to support local authorities in delivering on the Government's aspiration to improve the sexual health of the population by helping councils commission 'effective, high quality, integrated sexual health care'.[1] Guidance produced by Public Health England entitled 'Making it Work: A Guide to Whole Systems Commissioning for Sexual Health, Reproductive Health and HIV'[2] highlights the importance of councils working in close collaboration with

[1] Department of Health (2013*). Integrated Sexual Health Services: National Service Specification*. (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/210726/Service_Specification_with_covering_note.pdf) as accessed on 26 June 2018

[2] Public Health England (2015). Making it Work: A Guide to Whole Systems Commissioning for Sexual Health, Reproductive Health and HIV.

NHS England and Clinical Commissioning Groups (CCGs) in establishing integrated sexual health services. This Guidance outlines some of the advantages of local authorities, Clinical Commissioning Groups (CCGs) and NHS England Specialised Commissioning working collaboratively to commission Sexual Health and HIV Services.

2. With the ending of the Virgin Care Community contract in March 2017, having sought advice from the Competition and Markets Authority, Surrey County Council carried out a full tender process, compliant with European Union Public Contract Regulations and the Council's Procurement Standing Orders. Through the commissioning process, the Council sought to bring together services delivered across three separate Trusts under a single provider in accordance with a National Service Specification for local authorities that was published by the Department of Health in 2013[3]. During the commissioning process the Council and NHS England Specialised Commissioning (NHSESC), which has its own National Specification for procuring HIV Services, agreed to collaborate in order to create a single Sexual Health and HIV Service for Surrey. For the purposes of this report references to the National Service Specification will refer specifically to the Service Specification published by DH to support local authorities in commissioning Sexual Health Services. The contract was awarded to Central & North West London NHS Foundation Trust (CNWL) to deliver a Hub, Spoke and Outreach model. This required a reconfiguration of Sexual Health and HIV Services that precipitated the closure of GUM clinics in the County including the Blanche Heriot Unit at St Peter's Hospital and the Frimley Park Hospital Genito-Urinary Medicine (GUM) Clinic while there was a reduction in provision at a number of other clinics in the County including at the GUM Clinic in Leatherhead. Implementation of the new contract was carried out in three separate phases beginning with the introduction of the new contract on 1 April 2017.

Reasons for establishing the Task Group

3. The Adults and Health Select Committee received a formal referral from Healthwatch Surrey regarding the award of the integrated Sexual Health and HIV Services contract to CNWL which it considered at its meeting on 4 September 2017. The referral, attached as Annex 1 to this report, reflected concerns from patients that the Council and NHSESC had not engaged sufficiently with patients and the public regarding the introduction of an integrated Sexual Health and HIV Service for Surrey. Moreover, the submission of a series of public questions to the Select Committee regarding continuity of care for patients demonstrated that there was widespread interest in the Service. The minutes of the meeting reflect concerns by the Select Committee regarding the level of engagement conducted by commissioners with patients, the public and stakeholders as well as about continuity of care for patients of clinics that had or were scheduled to be closed as part of the reconfiguration. In response to these concerns, the Adults and Health Select Committee established a Task Group with responsibility for reviewing communication and engagement conducted by the Council and NHSESC around the development of the integrated Service and to consider whether CNWL took sufficient steps to achieve continuity of care for patients required to transfer to another clinic.

Task Group objectives

(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/408357/Making_it_work_revised_March_2015.pdf) as accessed on 26 June 2018

[3] Department of Health (2013*).*
(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/210726/Service_Specification_with_covering_note.pdf) as accessed on 26 June 2018

4. The Task Group was asked to consider what lessons could be learned from the commissioning and implementation of the contract and to make recommendations on how this could be done more effectively in the future if appropriate. The scoping document approved by the Select Committee (Annex 2) committed the Task Group to answering the following questions as part of its review:

    - What are the commissioners' responsibilities in respect of consulting on service reconfigurations and how were these met?
    - How was the consultation communicated to residents and service users?
    - How did the views gathered during the consultation inform the development and implementation of the contracts?
    - What steps did CNWL undertake to achieve continuity of care during implementation of the contract and were they sufficient?
    - What communication was undertaken to inform residents and service users about reconfiguration of services arising from the contract?
    - What improvements can be made to the conduct and communication of future consultations on service changes?
    - What lessons can be learned regarding the implementation of the contract?

5. The Sexual Health Services Task Group was formally constituted with the following Membership:

    - Sinead Mooney (Chair)
    - Nick Darby
    - John O'Reilly

Methodology:

6. The Task Group invited perspectives from across the spectrum of those involved in or impacted by the introduction of the Integrated Service. Both qualitative and quantitative research methods were used to gather evidence supporting the Task Group's commitment to hear from a diverse range of sources. The following section explains the types of research undertaken by the Task Group to gather its evidence, the rationale for the specific research methods pursued and the limitations with some of the evidence gathered.

Qualitative Research

7. To fulfil its remit as laid out in the scoping document the Task Group had to grasp how the Sexual Health and HIV Service was commissioned and implemented. Members also had to understand the rationale for specific decisions taken throughout the process and scrutinise the strategy for engaging with specific groups. The use of qualitative research methods was necessary to gain the level of insight and quality of evidence required for Members to build a nuanced picture of the commissioning process. The success or failure of any attempt to engage is ultimately determined by those whom the communication is directed at and so the Task Group also sought the views of existing patients and stakeholders.

8. The Task Group undertook a number of in-depth interviews with individuals and groups meeting initially with officers from NHSESC, the Council and Healthwatch Surrey to understand how they sought to engage with patients, potential patients and stakeholders throughout the commissioning process. A subsequent meeting took place at the end of the review giving Task Group Members the opportunity to contextualise some of the evidence it had gathered.

9. Members held anonymous telephone interviews with individual service users identified by staff at CNWL as having had their care transferred following closure of the GUM clinics. Contact details of the nine patients who agreed to provide evidence to the review were kindly passed onto the Task Group and the interviews were conducted in half hour slots where each participant was asked the same set of questions. The Task Group also conducted face-to-face interviews with representatives of the Blanche Heriot Unit Patients' Group to ensure the views of this group were considered as part of the review.

10. Interviews were also conducted with GPs, voluntary sector organisations, representatives from Surrey's schools as well as clinical and non-clinical staff from the Service to understand how commissioners engaged them in the development and implementation of the Integrated Service. These also took the form of telephone interviews though different questions were devised for each stakeholder depending on their relationship to the commissioning process. It was during the course of these interviews that the Task Group also spoke to representatives from CNWL to understand the steps that they took to deliver continuity of care for patients.

Limitations of Qualitative Research

11. It is also important to note some of the limitations in the qualitative research undertaken by the Task Group. The research was a resource intensive form of evidence-gathering which placed restrictions on the number of samples that can be gathered using qualitative research. The Task Group had limited time in which to collect evidence to inform its findings and so was required to be selective regarding the number of people that it interviewed. This meant that the Task Group did not have the opportunity to hear from certain patients and stakeholders who may have contributed valuable evidence. The views of those who hadn't been required to transfer their care to another clinic, for example, are not represented in the qualitative research. Another challenge of qualitative research methods is that they only reflect the perspective of those who are willing and able to share their views. This is particularly relevant for the work of the Task Group due to the sensitive and personal nature of sexual health conditions such as HIV. The Task Group is aware that a number of service users and stakeholders were approached by staff from CNWL to contribute their insights to the review but that a number of those contacted were either unwilling or unable to do this. The Task Group would have taken the opportunity to interview more patients had this been possible. Despite Sexual Health and HIV Services being delivered countywide, the majority of patients who agreed to speak to the Task Group had been patients at the Blanche Heriot Unit meaning that the outcomes of the qualitative research are weighted towards the views of those who previously used this clinic.

Quantitative Research

12. Quantitative Research is a form of evidence-gathering which focuses on collecting information and data from a large volume of people and/groups. Statistics generated through quantitative research methods are therefore more likely to reflect the views

of the wider population at large allowing researchers to make more generalised conclusions based on this information. The vast majority of interactions with Sexual Health and HIV Services are from one-time or sporadic users and it is important to ensure that their views are reflected in the Task Group's findings. The Task Group created an online survey asking respondents a series of questions on how they were engaged in the introduction of the new Service. The survey opened on Tuesday 27 February 2018 and closed on Wednesday 21 March 2018, the results of which can be found at Annex 3 to this report. The survey was promoted through various communication channels to achieve widespread dissemination and in doing so gave the opportunity for a further 68 people to contribute their views.

Limitations of Quantitative Research

13. It is important to acknowledge some of the limitations inherent in the data generated through the use of quantitative research methods. The aim of the Task Group's survey was to develop a more general view from patients and the public of communication and engagement undertaken by commissioners regarding the introduction of the integrated service across Surrey and this required the survey to be open for everyone to provide their input. It must also be recognised that over half of those who completed the survey had previously attended the Blanche Heriot Unit where some patients have campaigned actively against the closure of the clinic following the award of the contract to CNWL. The demographic information collected from the survey indicates that 80% of those who responded to the survey are white and that the majority of respondents identify as female. The Task Group is mindful of the fact that the results arising from the survey do not reflect the full spectrum of Surrey residents but was unable to take mitigating action in order to capture a more diverse range of views.

Documentary evidence

14. The Task Group also referenced a number of documents in order to provide a backdrop to the evidence that it collected as part of its review. Officers from the Council and NHSESC volunteered a number of documents providing Members with detailed information on the type and level of engagement that had been undertaken at different stages in the commissioning process. This included n Equality Impact Assessment, correspondence with partner organisations as well as engagement event preparation and outcomes. These documents supported the Task Group in understanding how the Council and NHSESC sought to engage with patients and partners at different stages in the commissioning process. Commissioners also supplied two separate iterations of their joint Communications Plan with CNWL designed to inform patients about forthcoming changes to the delivery of sexual health and HIV services. It was in reviewing these documents that the Task Group arrived at five key areas of focus for understanding engagement and communication around the development and implementation of the new Service. These are:

    - the Sexual Health Needs Assessment;
    - the development of the Service Specification;
    - market engagement;
    - Communicating Changes following award of the contract; and
    - continuity of care for patients whose care was transferred to another clinic.

15. To understand commissioners' responsibilities at each of the five stages identified above, the Task Group also reviewed a number of guidance documents produced by NHS England and the Department of Health outlining expectations in respect of

patient and public participation in the reconfiguration and delivery of healthcare services.

Section 1 - Engagement and Communication by Commissioners:

16. In recent years NHSE has produced several guidance documents outlining the importance of patient and public involvement in the delivery of healthcare services. Their most recent publication in this area 'Patient and Public Participation in Commissioning Health and Care' emphasises that the involvement of patients and the public enables staff to 'better understand population health needs, and respond to what matters most to people.'[4] Specific guidance produced by NHSE on reconfiguring service changes highlights that 'the strongest proposals are those developed collaboratively by commissioners, providers, local authorities, patients and the public. This helps to build understanding and support… decisions can be reached through open and transparent discussions, where people are able to influence decisions and see how their feedback has been acted upon.'[5] It is in the context outlined within this Guidance that the Task Group considered patient and public participation in establishing the evidence base for an integrated Sexual Health and HIV Service as well as in tailoring the model of Service in accordance with local need.

17. A National Service Specification for commissioning Integrated Sexual Health Services was published by the Department of Health in 2013 to which all local authorities were required to have regard when recommissioning these services[6]. This was followed by Guidance produced by Public Health England in September 2014 (revised in March 2015) advising local authorities on commissioning Sexual Health Services in accordance with the Specification[7]. Collectively the National Service Specification and the Guidance demonstrate an aspiration to introduce more online provision and centralise sexual health and contraceptive services.

Developing the Sexual Health Needs Assessment

18. To support effective commissioning of healthcare services it is standard practice to conduct a needs assessment to establish the evidence upon which future decisions around the commissioning of services should be based. Information gained through the needs assessment should support local authorities in tailoring the service specification towards local need. Surrey's Sexual Health Needs Assessment (SHNA) identified, for example, that future services should be more accessible, consistent and integrated which commissioners subsequently built into the Service Specification. Guidance published by DH on producing SHNAs states that patients, the public and stakeholders should all be involved in assessing need and suggests a

[4] NHS England (2017). *Patient and Public Participation in Commissioning Health and Care*. (https://www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf) as accessed on 26 June 2018

[5] NHS England (2018). *Planning, Assuring and Delivering Service Changes for Patients*. (https://www.england.nhs.uk/wp-content/uploads/2018/03/planning-assuring-delivering-service-change-v6-1.pdf) as accessed on 26 June 2018

[6] Department of Health (2013). (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/210726/Service_Specification_with_covering_note.pdf) as accessed on 26 June 2018

[7] Public Health England (2015). (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/408357/Making_it_work_revised_March_2015.pdf) as accessed on 26 June 2018

number of methods that commissioners may wish to use in order to engage these groups.[8]

19. The Task Group was pleased to identify a number of steps taken by NHSESC and the Council to promote patient, public and stakeholder involvement in the SHNA. The development of the needs assessment was informed by a sub-group of Surrey's Sexual Health Expert Reference Group which includes representation from a range of stakeholders including professionals working directly in sexual health services. The Task Group also heard that, the Council conducted a survey on current and future sexual health services which received nearly 300 responses from professionals and service users. The survey was distributed to all key stakeholders through the Sexual Health Expert Reference Group. Additionally, focus groups were held to gain views on current and future sexual health services including from young parents as well as lesbian, gay, transgender or questioning (LGBTQ) young people. Commissioners emphasised that there are particular challenges associated with engaging users of Sexual Health Services, especially people living with HIV. The Task Group was advised that concerted attempts were made to mitigate these challenges and secure the views of people living with HIV by engaging the expertise of specialist voluntary sector organisations.

Developing the Service Specification

20. The Council also used the development of the Service Specification as an opportunity to involve patients, the public and stakeholders in the commissioning process by seeking their views on how to tailor the integrated Service towards local need. It was during this phase of the commissioning process that the Council and NHSESC sought to establish the case for change which is a crucial part of reconfiguring services.

21. In December 2015, the Council held a 'Sexual Health Concept Day' to present the findings and recommendations from the SHNA, introduce the Service Specification and consult on the model of care. A range of stakeholders were invited to the meeting and invitations were extended to service users through GUM clinics, HIV support services and outreach services. A survey was also published on 'Surrey Says' allowing for further input from patients and the public. The link to this survey was publicised online, emailed to partners, including CCGs while promotional material was also distributed to clinics. In conjunction with the findings of the SHNA, outcomes from the Sexual Health Concept Day and results of the Survey contributed to the development of the Service Specification for an Integrated Sexual Health and HIV Service. Focus groups with young people were also to conduct to support the Council in tailoring the Service Specification to local need.

Market Engagement

22. In 2012 the Government published an Action Note offering detailed guidance on procurement practice for all contracting authorities including local councils. The Action Note highlights the advantages of effective market engagement ahead of starting a formal procurement process[9]. It also details specific advantages that can

[8] Department of Health (2009). *Sexual Health Needs Assessments: A How to Guide*. (http://webarchive.nationalarchives.gov.uk/20170106083739/http://www.apho.org.uk/resource/item.aspx?RID=74982) as accessed on 26 June 2018

[9] Cabinet Office (2012), Procurement Policy Note: Procurement Supporting Growth Supporting Material for Departments, Action Note 04/12 (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/62097/PPN-Procurement-Supporting-Growth.pdf) as accessed 26 June 2018

be offered through pre-procurement engagement which includes giving commissioners an insight into the capacity of the market to deliver while also offering prospective bidders the opportunity to ask questions and clarify any issues they may have.

23. Commissioners informed the Task Group that they held a Market Engagement in April 2016 which was attended by several providers understood to be interested in bidding for the new service. Tender submission documents were also made available through an online portal which potential providers could access in order to consider whether they had the expertise and operational capacity to deliver an integrated Service. The online portal also enabled prospective bidders to ask commissioners questions about the contract. Prospective bidders were also invited to attend to the Sexual Health Services Concept Day in December 2015 several of whom sent representatives to the event.

24. Commissioners received 22 submissions of interest from potential providers, nine of whom went onto access the information made available through this portal. Given that CNWL was the only provider to bid for the contract, the Task Group was eager to review what attempts were made to understand the challenges prospective bidders foresaw in delivering the contract.

Communicating Changes around the Implementation of the new Contract

25. Officers stressed that there was limited scope for formal consultation due to constraints around the estate made available within the tender documentation meaning that there were few opportunities for patients to provide their input on specific decisions around aspects of the location of services. Guidance published by NHSE does, however, place clear expectations on commissioners to ensure that patients and the public are informed about the future configuration of services once it is determined that the existing model will be changed. There is also an expectation on outgoing providers to ensure that patients under their care are appraised of arrangements for their ongoing treatment in light of implications arising from the Service being taken over by another provider.

26. Detailed information was provided on steps taken to engage with patients regarding the future shape of Sexual Health and HIV Services. A Communications Plan was circulated to the Task Group outlining commissioners' intentions for engaging with patients on their ongoing care. The Plan details steps that the Council, NHSESC and CNWL took collectively to inform patients, the public and stakeholders about upcoming service changes. This included information events for commissioners, staff and service users as well as dissemination of information through a range of channels including social media, local media outlets as well as leaflets and posters at clinics. The Communications Plan is attached as Annex 4 to this report and includes a full list of the engagement activity undertaken by both commissioners and the provider to inform patients, the public and stakeholders about changes to the Service. A working group for users of the Blanche Heriot Unit was also established at the request of patients and patient representatives which allowed CNWL to respond to specific concerns raised by service users about the potential implications of closure of this specific clinic. The Task Group was pleased to find out that this had helped to establish a dialogue to make tangible contributions to the development of the Integrated Service. This included the introduction of a priority hotline to support people living with HIV in managing their care.

Continuity of care

27. Closure of the previous GUM clinics was done in three separate phases and, as the Communications Plan demonstrates, the strategy was that information supporting patients in taking decisions on their ongoing care would be provided at their next appointment. Commissioners indicated that, where possible, service users should be given the opportunity to discuss their ongoing care with their consultant. A letter detailing planned changes to the Service and outlining options for their ongoing care was circulated to those patients that were not scheduled to have an appointment before the implementation of the new contract. CNWL also launched a website which hosted an appointment booking system, provided information about the Service and signposted users to how to get in touch with CNWL. Information about changes to the Service were also posted the Healthy Surrey website as well as on both the Blanche Heriot Unit and Frimley Park GUM Clinic websites.

Conclusions

28. Evidence provided by commissioners demonstrates that a different mechanisms of engagement were used to involve patients, the public and stakeholders at different points in the commissioning process. In accordance with the National Service Specification, the Council sought to engage with specific groups in assessing need for the recommissioning of sexual health and HIV Services although patients, the public and stakeholders were all given the opportunity to provide their insight through a question which were made available in Surrey's GUM clinics. The Task Group was unable to identify any specific duties in respect of engagement around tailoring the Service Specification although it was changed following the outcomes of the Concept Day and the online survey run by commissioners which suggests that the Council took their responsibilities to facilitate continuous engagement with patients seriously. Commissioners also recognised the challenges of engaging with specific groups around Sexual Health and HIV Services, particularly people living with HIV, and used specialist voluntary sector organisations in order to leverage involvement from these groups.

29. The Communications Plan devised collectively by the Council, CNWL and NHSESC to inform patients about upcoming changes to Sexual Health and HIV Services also demonstrates that both commissioners and the provider understood the inevitable concerns that would arise from patients regarding clinic closures and potential anxieties around their ongoing care.

Section 2: The View of Patients, the Public and Stakeholders:

30. The Task Group's research shows a disparity between the efforts made by commissioners to promote engagement in the development of the Integrated Service and the experience of those patients, stakeholders and interested parties who contributed to the review.

31. Similarly, despite steps to make patients aware of options for their ongoing care as detailed in the Communications Plan, it was made clear to the Task Group that arrangements for discussions around continuity of care did not meet patients' expectations. Through its research, the Task Group identified four areas for improvement that would facilitate more meaningful engagement in the commissioning process or support providers in delivering continuity of care during the reconfiguration of services. These are outlined in detail below.

Mechanisms for Engagement

32. Evidence heard by the Task Group shows that attempts by the Council to involve the public in compiling the SHNA and developing the Service Specification did not achieve the aims set out in NHSE guidance on patient and public participation. This is demonstrated by the following findings from evidence collected during the review:

    - Just 12% of those who responded to the Task Group's survey were aware that a review of Sexual Health and HIV Services had taken place in 2015 to inform the development of the SHNA
    - Similarly, 81% of respondents had not seen the questionnaire produced by commissioners in 2015 which sought their views on the SHNA.
    - None of the patients interviewed by the Task Group remember being given the opportunity to contribute their views to SHNA or were aware of the Sexual Health Concept Day although an invite was extended to organisations representing patients.

33. The majority of those who contributed to the Task Group through the online survey and in interviews reported using Sexual Health and HIV Services at least every six months and are therefore more likely to have seen attempts to engage them in the review.

34. Evidence from stakeholders offers an insight into why so few patients reported being given the opportunity to contribute to the review. Clinical and non-clinical staff working in the Service during the course of the review informed the Task Group that the survey was not advertised effectively among patients and contradicted commissioners by suggesting that the questionnaire was not made available at GUM clinics in Surrey.

35. Patients identified numerous channels through which they could have been informed about opportunities to contribute to the commissioning process including by letter, email and through social media. Indeed one of the stakeholders confided in the Task Group that it was hard to identify how the Council had come up with the findings contained within the SHNA. Avenues of engagement not only determine the type and volume of feedback that will be received but also strongly influence perceptions of commissioners' willingness to listen. The Task Group heard from several patients who felt that the Council and NHSESC were not interested in their views with one describing attempts to engage patients as a 'tick box exercise'.

36. A Member of clinical staff within the Service stated that engagement was too focussed on Surrey's vulnerable population rather than seeking to understand the perspective of those who access these services regularly. The result of this was that 'a significant proportion of those who would be impacted by the changes were not given a voice.'

37. The mechanisms that commissioners used for eliciting the views of patients and the public were also criticised by stakeholders. A representative from the Terrence Higgins Trust stated that the methods through which people living with HIV were asked to contribute their views were overly complicated and discouraged many from participating. Furthermore, a member of non-clinical staff who attended some of the focus groups used to collect evidence for the SHNA suggested that these sessions did not capture meaningful responses from those involved.

38. Outcomes from interviews with stakeholders also indicate that certain key partners, as identified within DH Guidance[10], were not involved in developing the SHNA. Primary Care, for example, was not represented on the Sexual Health Expert Reference Group meaning that the perspective of GPs was not taken into account during the needs assessment. This was highlighted by both GPs who spoke to the Task Group one of whom questioned whether the SHNA could truly reflect need in Surrey given that the view of Primary Care had not been sought. Efforts were made by commissioners to inform key partners about the Sexual Health Concept Day but, although Primary Care were present, a lack of knowledge about this event suggests that correspondence did not always reach its intended recipients.

Conclusions

39. Few opportunities for patients and the public to provide meaningful input has created lack of investment in the commissioning process from key groups, many of whom do not see their views and experiences reflected in the new Service. As a result, commissioners have been unable to establish a case for change that is recognised by patients and partners something which NHSE Guidance identifies as one of the most important aspects of Service reconfiguration. The Task Group was first alerted to this by Healthwatch Surrey and it remained a consistent theme throughout the review. The results of the online survey, for example, show that 73% of those who responded were unclear on the reasons for the change to services. A similar picture emerged from interviews with patients only one of whom understood what the Council and NHSESC were trying to achieve through the commissioning process. The remaining service users were either unclear on the rationale behind introducing an integrated Service or believed that it was a 'cost-saving measure'.

40. The evidence above suggests that attempts by commissioners to involve patients and the public were too focused, too few and not promoted effectively enough to elicit meaningful engagement in developing the SHNA and tailoring the Service Specification. As commissioners have made clear, securing engagement from Sexual Health Service users, especially people living with HIV, is particularly challenging but the Task Group found no evidence that the outcomes from patient and public participation exercises to understand whether they had yielded meaningful information.

Recommendations:

41. NHSE Guidance on Service reconfigurations encourages commissioners to assure themselves that they have taken an appropriate and proportionate level of engagement for each stage of the process' but this does not appear to have happened in developing the SHNA or tailoring the Service Specification. The Task Group therefore recommends that the Council and NHSESC review insights captured through methods of public and patient participation so that commissioners can assure themselves that they have received meaningful feedback from a broad cross section of patients and the public.

42. Certain key partners as identified by NHSE Guidance were also not given the opportunity to contribute to the SHNA during its development. In the view of the Task Group GPs are central to assessing need given their role at the heart of healthcare

[10] Department of Health (2009). (http://webarchive.nationalarchives.gov.uk/20170106083739/http://www.apho.org.uk/resource/item.aspx?RID=74982) as accessed on 26 June 2018.

delivery as well as their specific responsibilities for delivering certain sexual health services. Members are concerned that commissioners did not try to harness the important perspective offered by GPs in the development of the SHNA. By reviewing DH Guidance alongside engagement undertaken by other local authorities in developing their needs assessment the Task Group also identified a number of other partners such as pharmacies, practice nurses and CCGs who commissioners might also have involved in developing the SHNA. The Task Group therefore recommends that the Council and NHSESC review their stakeholder mapping processes to ensure that all key partners are given the opportunity to engage from the beginning of the commissioning cycle. This includes utilising established forums such as the Health and Wellbeing Board and CCG Clinical Executives so that key stakeholders are aware of and have the opportunity to contribute to the commissioning process.

Market Engagement

43. Evidence collected during the review demonstrates that lessons could also be learned by the Council and NHSE in how they sought to engage with the market and stimulate interest among providers. Members were particularly keen to consider this area as part of their review due to the impact that only one provider bidding for the contract had on the structure of the new Service. Concerns regarding the challenges associated with creating a single Sexual Health and HIV Service for Surrey and delivering this within the budget envelope available were highlighted to the Task Group. In fact one stakeholder pointed out that the Council had made the biggest reduction in funding for Sexual Health Services of any local authority nationally. These challenges were also alluded to by the Chief Executive of Ashford and St Peter's Hospitals NHS Foundation Trust (ASPH) who indicated that the Trust had withdrawn from the tender submission process because they were unable to make the contract financially viable despite already providing Sexual Health Services through the Blanche Heriot Unit.

44. The Task Group discovered that NHSE and the Council were unaware of the challenges which dissuaded all but one of the prospective bidders until the tender submission process was underway. Information from stakeholders demonstrates that the Council and NHSE did not establish mechanisms for engaging with potential bidders that facilitated a two-way dialogue that would have enabled commissioners to discover the concerns held by potential providers such as ASPH. Other than tender submission documents, contact discussions with potential providers was limited to a Market Engagement Event held by the Council which, as someone who attended the event on behalf of a potential bidder informed the Task Group, was not a forum that enabled a conversation to take place with commissioners around the contract and its potential challenges.

45. The Task Group was also particularly concerned to discover that some of the information included in the tender submission documentation provided by NHSESC was inaccurate. Members learned from a Consultant who had worked in the Service that the number of people receiving treatment for HIV in Surrey was considerably higher than the figure published in the tender documentation. This was later confirmed by commissioners who stated that efforts had been made to verify with providers the number of people receiving treatment for HIV in Surrey although these ultimately proved unsuccessful. The Task Group also heard that a clarification note was included within the tender documentation informing prospective bidders that information was accurate to the best knowledge of commissioners. Data on the number of people receiving treatment for HIV, although given to the best of the Council's knowledge and provided in good faith, gave prospective bidders an

incorrect picture of need in Surrey and appears to have caused some confusion for CNWL when they took over the contract.

Conclusions

46. Government guidance on procurement processes highlights the importance of promoting dialogue with prospective bidders. The Task Group recognises that the Public Contract Regulations 2015[11] prevent commissioners from entering into dialogue with potential providers once the tender process has commenced. Guidance produced by Central Government, however, states that market engagement should be conducted prior to the tender submission process. This should not be seen simply as a way of imparting information but also a means of commissioners learning what challenges might exist in delivering the contract through mechanisms that facilitate dialogue with those organisations that possess the expertise to deliver on the contract.

Recommendations

47. In considering efforts undertaken by commissioners to engage the market regarding the Sexual Health and HIV Services contract, the Task Group found that commissioners viewed this stage as a chance to prime the market rather than an opportunity to establish a rapport with prospective bidders. It is therefore recommended that the market engagement stage of the Council and the NHS's respective commissioning cycles facilitate dialogue with potential providers to give commissioners an insight into the challenges of implementing a particular service specification. This will allow commissioners to consider any challenges identified and mitigate these where possible.

48. It is also vital to ensure that the information given to potential providers is correct so that they are able to develop models of care appropriate to the level of need. The Task Group therefore recommends that Surrey County Council and the NHS introduce assurance processes to provide certainty that information contained within tender documentation is accurate.

Communicating Changes to Sexual Health and HIV Services

49. Evidence collected by the Task Group identified real frustration among patients regarding how they had been informed about the change to Sexual Health and HIV Services in Surrey, particularly around the closure of the three GUM clinics. The picture that emerged during the course of the review was of a disjointed and confused transition to the new contractual arrangements for these services. More than one service user who spoke to the Task Group described the transition as 'chaotic' while another stated that the process left them feeling 'abandoned'.

50. Patients' frustrations regarding how they were informed about changes to how they would receive their care centres on two central concerns:

    - the amount of time they were given to make a decision about their ongoing care; and
    - the information that they were given on which to make this decision.

[11] Public Contract Regulations 2015. (http://www.legislation.gov.uk/uksi/2015/102/pdfs/uksi_20150102_en.pdf) as accessed on 26 June 2018

51. Results from the online survey hosted by the Task Group reveal that over 80% of respondents felt that patients should be given a minimum of one month's notice about changes in how healthcare services are delivered. Evidence from service users interviewed by the Task Group reveals that in many cases commissioners' strategy for informing patients about the closure of clinics and options for their ongoing care had made them aware more than a month before the clinic at which they received treatment was scheduled to close.

52. The Task Group did, however, hear from patients who discovered that about changes in service delivery just a few weeks before the clinic which they attended was scheduled to close and were therefore given a limited amount of time to make important decisions about their ongoing care. The testimony of one patient was of particular concern to Members who informed the Task Group that they had been told by text message a week before an appointment that the clinic they used in Leatherhead had closed and that they would be required to go to the Buryfields Clinic in Guildford for this appointment.

53. A consistent feature of all the interviews conducted by the Task Group was the shock that patients felt at finding out that the clinic they attended for treatment would be closing. In all but one of the interviews conducted, the patients who spoke to the Task Group were unaware that a review of Sexual Health and HIV Services had taken place and subsequently that there was the potential for changes in how these would be delivered. Indeed the outcomes of the online survey demonstrates that knowledge of this review was not widespread with 76% of respondents indicating that they were unaware that a review of Sexual Health and HIV Services had been undertaken.

54. This lack of knowledge about the review and the potential threat of closure also seemed to extend to stakeholders with one of the GPs who contributed to the review stating that she only found out that Sexual Health and HIV Services would be changing in February 2017, two months before CNWL took over the contract. Moreover, clinical staff working in the Blanche Heriot Unit advised Members they only found that this clinic would definitely be closing in April 2017.

55. Another key frustration identified by the Task Group was that patients felt that they were not given enough details about future service provision to make informed decisions about their ongoing care. Service users who spoke to the Task Group reported being 'drip-fed' information from clinical and non-clinical staff working within the Service while others stated that the information they received was confusing and lacked clarity. Indeed one of the most significant pieces of evidence collected by the Task Group is that 72% of those who responded to the online survey indicated that they did not feel involved in arrangements for their ongoing care. Testimony from those who worked within the Service during the time of the reconfiguration also highlighted the lack of information made available to patients on which to base decisions about their ongoing care. One of the consultants who worked at the clinic advised Members that leaflets shared with patients to support them in making decisions omitted basic information such as contact details as well as the opening hours of these clinics. Staff working within the Service were, however, unable to provide this clarity to patients because, as another consultant reported to the Task Group, they had not been told what the Service would look like in the future. More than one service user reflected to the Task Group that the reconfiguration was an anxious time for them due to uncertainties around who to contact about replenishing their medication.

56. Successful implementation of the Communication Plan devised by commissioners appears to have been hampered by the approach of outgoing providers to keeping their patients informed. The Task Group heard from a member of staff who had worked at the Leatherhead Clinic during the time of the transfer who expressed concern that the incumbent provider, Virgin Care, were not interested in fulfilling their responsibility to keep service users informed about arrangements for their ongoing care. The Task Group was told that the incumbent provider had no central communications strategy in place to advise service users. Instead this was left to staff at the clinic who took it upon themselves to communicate information about forthcoming changes. In the context of reconfiguring services following the award of a contract to a new provider, it remains the responsibility of the incumbent provider to ensure that patients are made aware of options available to them for their ongoing care once the Service has changed hands.

Conclusions

57. The combined effect of commissioners and incumbent providers not providing patients with enough information about the new Service was to create an information vacuum which, in the absence of a clear narrative from commissioners, was filled by service users. Although the majority of those who responded to the survey indicated that they found out about changes to the Service by being informed by their clinician, 21% of respondents highlighted that they found out through word of mouth while a further 12% became aware of them through information on social media. The outcome of interviews with patients provides some texture to the results of the survey where some of those who spoke to the Task Group reported finding out by text message from friends or fellow patients while another discovered that the clinic they attended was closing through an online petition on the issue.

58. Task Group Members were struck that almost all of the patients who they spoke to reported their shock upon finding out that the clinic where they received treatment would be closing. Although the ineffectiveness of commissioners' attempts at patient and public engagement during the development of the SHNA and the Service Specification contributed to this, it is the view of the Task Group that more could have been done to manage patients' expectations about the future of Sexual Health and HIV Services. Stakeholders who contributed to the review indicated that by the time of the Market Engagement Event in April 2016 it was clear that Sexual Health and HIV Services would be required to undergo significant changes to deliver on the terms of the Service Specification. This suggests that commissioners could have begun to manage expectations at this stage. Commissioners also had six months following the award of the contract during which to advise patients of changes to the Service although this only appears to have begun two months before the implementation of the integrated Service. Although the future shape of Sexual Health and HIV Services was not known at the point the contract was awarded it is the view of Members that commissioners could have initiated a conversation with patients immediately following the award of the contract to make them aware that these Services would be changing.

Recommendations

59. The Task Group understands that informing patients about their ongoing care is the responsibility of the incumbent providers but was unable to identify Guidance or legislation which enshrines these. Evidence contributed to the review suggests that these responsibilities were not adhered to by some of the incumbent providers which

contributed to difficulties informing patients about changes to Service delivery. The Task Group therefore recommends that contracts with providers place clear obligations on them to communicate with service users when exiting contracts. Members also recognise that commissioners, the incoming provider and incumbent providers collectively are important in ensuring that information is made available to patients to support them in making an informed choice about their ongoing care. It is therefore recommended that all parties are involved in developing a central communications plan for informing patients about options for their ongoing care.

Continuity of Care

60. In reviewing continuity of care for patients by CNWL following introduction of the integrated Service a concern was raised consistently by patients and stakeholders regarding access into the Service. A number of patients reported that the Trust's online booking system had experienced technical glitches resulting in large numbers of patients being unable to book appointments through the online system. Both commissioners and representatives from CNWL acknowledged that the booking system had gone down and that this had prevented patients from being able to book appointments. The Task Group heard that this issue was further compounded by the response that some patients appear to have received when they then attempted to book an appointment through CNWL's contact centre. Members were advised that officers in CNWL's contact centre informed service users that the Trust didn't provide services in Surrey.

61. Concerns have also been raised with the Task Group regarding CNWL's ongoing communication with patients. Those interviewed by the Task Group indicated that little or no communication had come from the Trust since it took over the Sexual Health and HIV Services contract. Indeed one service user informed Members of the Task Group that CNWL hadn't made any attempt to engage with them since their care had been transferred from the previous provider. An HIV patient who spoke to the Task Group expressed concern that little information had been made available to them about logistics for the delivery of their medication since online prescriptions had been introduced by CNWL. More generally, patients reported that it has been difficult for them to contact the Trust to resolve problems that occurred during the process of transferring their care. In fact one of the patients who gave evidence reflected that their interview with the Task Group was the only opportunity they had been given to air their views on the integrated Service.

Recommendations

62. Problems with CNWL's online booking system and contact centre only served to stoke anxieties about the future of Sexual Health and HIV Services in the county especially for people living with HIV who were particularly concerned about arrangements for their ongoing care. The Task Group was encouraged to see how seriously both the commissioners and the provider took the problems associated with the online booking system and telephony services but feels that more robust checks should have been undertaken on these to ensure that they were functioning effectively from the outset. It is therefore recommended that NHSESC and the Council require user testing of key points of access into commissioned services to ensure that these are accessible and fully operational from the launch of the Service

63. Members note that communication and engagement by CNWL remains inconsistent which is causing concern and anxiety among some patients. The Task Group notes that a Communications Plan is being developed by CNWL to improve its engagement with key groups and recommends that a copy of this plan is shared with the Health,

Integration and Commissioning Select Committee for review by the end of August 2018.

Section 3 - Conclusions of the Task Group:

65. Throughout the course of its review, the Task Group heard a huge amount of evidence regarding communication and engagement around all stages of the commissioning of an integrated Sexual Health and HIV Service for Surrey as well as details on how CNWL sought to provide continuity of care and how this was perceived by patients. What has emerged is a complex and often confusing picture around how commissioners and providers sought to engage with patients, the public and stakeholders. The Task Group has, however, sought to keep the experience of patients at the forefront of its review, irrespective of competing priorities or the impact of specific decisions on the commissioning process it is ultimately the experience of patients that determines whether attempts to communicate and engage with them were successful.

66. Evidence collected by the Task Group shows that both the Council and NHSESC did seek to engage with patients and the public around the development and introduction of the integrated Service. The Task Group also recognises that very specific challenges exist for both commissioners and providers in making contact with Sexual Health Service users and that these were exacerbated by the actions of some of the previous providers. Information collected by the Task Group, however, demonstrates that commissioners' attempts to involve patients, the public and stakeholders in the development and introduction of the integrated service were largely unsuccessful. This is clearly demonstrated by the fact that the vast majority of patients who spoke to the Task Group remained unaware that a review had taken place until discovering that the clinic they attended would be shutting.

67. The Task Group's analysis of engagement and communication undertaken by NHSESC and the Council in comparison to NHSE and DH guidance on patient and public participation revealed that commissioners had fallen short of implementing elements of best practice as outlined within these guidance documents. This is particularly true in respect of developing the SHNA and in tailoring the Service Specification where certain key partners were not involved in assessing need and where commissioners appear not to have assessed whether the evidence secured from its engagement mechanisms were meaningful. The Task Group's research has shown that commissioners' attempts at engagement were on a par with that undertaken in the recommissioning of Sexual Health and HIV Services within other local authority areas. The commissioning process has, however, come under the spotlight because of the closure of three GUM clinics. Members of the Task Group were struck by a comment from one of the stakeholders interviewed during the course of the review who stated that efforts to engage service users in the SHNA were not adequate given the extent of the changes which took place. Uncertainty is inherent in the commissioning cycle and so it is crucial that all avenues and eventualities are considered from the beginning of the process. This can only be achieved by extensive engagement with patients, the public and stakeholders so all recognise that they have been given the opportunity to contribute to and influence the shape of new Services.

Section 4 - Recommendations

i. The Sexual Health Services Task Group recognises the steps taken by Surrey County Council to seek the views of specific groups in developing the Sexual Health Needs

Assessment. However, the Task Group acknowledges that a more informed picture of need in Surrey could have been achieved through broader and more effective engagement. The Task Group therefore **recommends** that Surrey County Council adopts clear expectations for engagement when assessing local need that requires commissioners to:

a. Council and NHSESC should review insights captured through methods of public and patient participation so that commissioners can assure themselves that they have received meaningful feedback from a broad cross section of patients and the public; and

b. the Council and NHSESC review their stakeholder mapping processes to ensure that all key partners are given the opportunity to engage from the beginning of the commissioning cycle. This includes utilising established forums such as the Health and Wellbeing Board and CCG Clinical Executives.

ii. In considering efforts undertaken by commissioners to engage the market regarding the Sexual Health and HIV Services contract, the Task Group finds that commissioners viewed this stage as a chance to prime the market rather than an opportunity to establish a rapport with prospective bidders. It is therefore r**ecommended** that the market engagement stage of the Council and the NHS's respective commissioning cycles facilitate dialogue with potential providers within the bounds of the Public Contract Regulations 2015 to give commissioners an insight into the challenges of implementing a particular service specification to allow them to be mitigated where possible.

iii. The Task Group heard that the precise number of people who receive treatment for HIV in Surrey did not become apparent to commissioners until after the contract had been awarded to Central and North West London NHS Foundation Trust which further complicated the already challenging process of integrating Sexual Health and HIV Services. It is vital to ensure that the information provided to potential providers is correct so that they are able to develop models of care appropriate to the level of need. The Task Group therefore also **recommends** that Surrey County Council and the NHS introduce assurance processes to provide certainty that information contained within tender documentation is accurate.

iv. The Task Group also understands that informing patients about their ongoing care is the responsibility of the incumbent providers but was unable to identify Guidance or legislation which enshrines these. Evidence contributed to the review suggests that these responsibilities were not adhered to by some of the incumbent providers which contributed to difficulties informing patients about changes to Service delivery. The Task Group therefore recommends that contracts with providers place clear obligations on them to communicate with service users when exiting contracts. Members also recognise that commissioners, the incoming provider and incumbent providers collectively are important in ensuring that information is made available to patients to support them in making an informed choice about their ongoing care. It is therefore **recommended** that all parties are involved in developing a central communications plan for informing patients about options for their ongoing care.

v. Problems with CNWL's online booking system and contact centre only served to stoke anxieties about the future of Sexual Health and HIV Services in the county especially for people living with HIV who were particularly concerned about arrangements for their ongoing care. The Task Group was encouraged to see how seriously both the commissioners and the provider took the problems associated with

the online booking system and telephony services but feels that more robust checks should have been undertaken on these to ensure that they were functioning effectively from the outset. It is therefore **recommended** that NHSESC and the Council require user testing of key points of access into commissioned services to ensure that these are accessible and fully operational.

vi. Members note that communication and engagement by CNWL remains inconsistent which is causing concern and anxiety among patients. The Task Group notes that a Communications Plan is being developed by CNWL to improve its engagement with key groups and **recommends** that a copy of this plan is shared with the Health, Integration and Commissioning Select Committee for review by the end of August 2018.

vii. The Task Group notes NHS England's formal adoption of Healthwatch's 'Five steps to ensure that people in your community have their say' which outlines how to achieve good public engagement when reshaping the delivery of healthcare services. It **recommends** that the Health, Integration and Commissioning Select Committee confirms close adherence to these principles by commissioners when reviewing future changes to service delivery.

viii. The Task Group **recommends** that the Health, Integration and Commissioning Select Committee reviews the steps taken by Surrey County Council and the NHS to implement these recommendations made by the Task Group and reports these publicly. This includes monitoring delivery against Central and North West London NHS Foundation Trust's action plan for improving communication and engagement with patients, potential patients and stakeholders as outlined in recommendation 8 above.

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Contact details: Andrew.baird@surreycc.gov.uk; Tel: 0208 541 7609

Sources/ background papers:

Sexual Health Needs Assessments: A How to Guide, Department of Health (2009).

Procurement Policy Note: Procurement Supporting Growth Supporting Material for Departments, Action Note 04/12, Cabinet Office (2012)

Integrated Sexual Health Services: National Service Specification, Department of Health (2013*)*

Making it Work: A Guide to Whole Systems Commissioning for Sexual Health, Reproductive Health and HIV, Public Health England (2015)

Public Contract Regulations (2015

Patient and Public Participation in Commissioning Health and Care, NHS England (2017)

Planning, Assuring and Delivering Service Changes for Patients, NHS England (2018)

Annexes:

Annex 1 – Referral by Healthwatch Surrey to the Adults and Health Select Committee

Annex 2 – Sexual Health Services Task Group Scoping Document

Annex 3 – Sexual Health Services Task Group Online Survey Results

Annex 4 – Sexual Health Surrey Communications Plan

Adults and Health Select Committee
4 September 2017
Referral by Healthwatch

Purpose of report:

To outline the background to the Healthwatch referral and action available to the Committee.

Introduction:

1. The Committee received a referral by Healthwatch Surrey on 8 August 2017. This is attached as **annex 1**.

Background:

2. Healthwatch Surrey, part of the Healthwatch England national network, is an independent organisation with statutory powers that give people a voice to improve and shape health and social care services. These powers are defined in the Health and Social Care 2012 and accompanying regulations.

3. Under regulation 21 of the Local Authority (Public Health, Health and wellbeing boards and Health Scrutiny) Regulations 2013 (The Regulations), Healthwatch has the power to refer a matter to the Adults and Health Select Committee. The Committee must:
   - Acknowledge receipt of referrals within 20 working days.
   - Keep local Healthwatch organisations (or contractors as the case may be) informed of any action it takes in relation to the matter referred.

4. The matter in question, the commissioning and mobilisation of the sexual health services contract in Surrey, has been scheduled as an item on the agenda.

Chronology

5. The Committee, and its predecessors, have had some involvement in discussions related to the sexual health services reprocurement since March 2015:

   18 March 2015 – Health Scrutiny Committee receives a report on prevention and sexual health in Surrey
   https://mycouncil.surreycc.gov.uk/ieListDocuments.aspx?CId=149&MId=3676&Ver=4

   May 2015, the Health Scrutiny Committee disbands, the Wellbeing and Health Scrutiny Board is formed.

14 September 2016 – Wellbeing and Health Scrutiny Board - Chairman's report mentions a meeting with Public Health around the new sexual health services contract:

Recommissioning of Sexual Health Services

On 9 September, as recommended by the Board, I had discussions with Lisa Andrews of Public Health on the recommissioning of Sexual Health Services. A paper will be submitted to the Cabinet Meeting of 20 September recommending awarding a 3 year Contract, worth £4 million pa, to Central and North West London NHS Trust, commencing from 1 April 2017.

This will see the number of providers reduce from three to one. Performance for the contract will be monitored against the appropriate nationally defined KPIs. It is proposed that the new service makes more use of IT communications and a hub and spoke architecture for the delivery of the services. Some detail of where the services will be located has yet to be agreed.

It is proposed to invite Public Health to the Board in 12 months for an update on how the services will have been operating in since the start of the 2017/18 financial year.

https://members.surreycc.gov.uk/documents/s32861/160914%20Chairmans%20Report.pdf

Cabinet decision 20 September 2016
https://mycouncil.surreycc.gov.uk/ieListDocuments.aspx?CId=120&MId=4591&Ver=4

10 November 2016 - a report on HIV services is presented to the Committee.
https://mycouncil.surreycc.gov.uk/ieListDocuments.aspx?CId=433&MId=4836&Ver=4

13 March 2017 - an item is requested by Members following announcement with respect to the Blanche Heriot Unit. It is scheduled for 13 March, and then deferred with the agreement of the Chairman due to contract mobilisation arrangements being in discussion.
https://mycouncil.surreycc.gov.uk/ieListDocuments.aspx?CId=433&MId=5175&Ver=4

Urgent leader decision taken 20 March 2017 – the Leader agreed “to extending the existing arrangements for sexual health services with Ashford St Peters Hospital and Frimley Park Hospital for an interim period to allow for sufficient time to exit from these contracts safely. The recommended interim period is six months subject to final agreement with providers.”
https://mycouncil.surreycc.gov.uk/ieListDocuments.aspx?CId=182&MId=5515&Ver=4

- Local Elections 4 May 2017 -

Wellbeing and Health Scrutiny Board disbands, Adults and Health Select Committee formed.

6. It has been evident during the mobilisation period that concerns from patients and families have been raised with respect to the closure of the Blanche Heriot Unit. The commissioners, providers and patient advocacy groups have been invited to attend and discuss the engagement process to date.

Actions available to the Committee

7. Under the Regulations, the procedure of review and scrutiny is to be determined by the Committee.

8. The Committee has the power to make reports or recommendations to NHS providers and commissioners. There is a statutory requirement that these are responded to in writing within 28 days of referral.

9. The Committee is also able to refer a substantial development or variation to the secretary of state in certain cases. These are covered in the attached briefing (**annex 2**), and include circumstances where there has been inadequate consultation or insufficient time has been allowed for consultation. However, referral on these grounds relates to consultation with the relevant scrutiny body, rather than wider consultation with patients, the public and stakeholders. Therefore the referral from Healthwatch does not come within the description of cases that can be referred to the Secretary of State

10. The consultation that has taken place between the commissioners and this committee and its predecessors is set out above. Should the committee consider that this is inadequate, it could refer the matter as described above. However, it should be noted that as the procurement exercise has been completed, and the contract is in the process of mobilisation, this will limit the options available to the Secretary of State if services and patients are not to be disrupted. In addition, the Secretary of State will expect steps to be taken to achieve a local resolution. The report at agenda item 7 includes details of steps that have been taken locally to address concerns raised by patients.

Conclusions

11. The Committee will need to consider the concerns raised by people who use the services, and how the commissioner and provider has responded to these during the mobilisation period. It will also wish to consider the steps already taken to achieve a local resolution that will minimise disruption to services and patients, as set out in agenda item 7.

12. It is recommended:
    - that the Committee listen and reflect on the concerns raised, and the local resolution proposed.

- that the Committee establish a review of its processes and protocol with NHS and local authority commissioners in respect to substantial variation and development of services.

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Sources/background papers:

Local Authority (Public Health, Health and wellbeing boards and Health Scrutiny) Regulations 2013
Health Scrutiny Committee, agenda for 18 March 2015
Wellbeing and Health Scrutiny Board, agendas for 14 September 2016, 10 November 2016, 13 March 2017
Cabinet decision, 20 September 2016
Leader Decision, 20 March 2017

S

Select Committee Task and Finish Group Scoping Document

The process for establishing a task and finish group is:

1. The Select Committee identifies a potential topic for a task and finish group
2. The Select Committee Chairman and the Scrutiny Officer complete the scoping template.
3. The Overview and Budget Scrutiny Committee reviews the scoping document
4. The Select Committee agrees the membership of the task and finish group.

Review Topic:

Recommissioning Sexual Health Services

Select Committee(s)

Adults and Health Select Committee

Relevant background

Sexual health, sexually transmitted infection (STI), contraception, reproductive health and HIV services are made up of a combination of universal and specialist services. The commissioning arrangements are split across NHS England, Public Health and the Clinical Commissioning Groups (CCGs). An overview of where responsibility rests for commissioning specific sexual health services can be found in **annex 1.**

With the ending of the Virgin Care Community contract in March 2017, Surrey County Council (SCC), having sought advice from the Competition and Markets Authority, was legally bound to carry out a full tender process, compliant with European Union Public Contract Regulations and the Council's Procurement Standing Orders. The contract was awarded to Central & North West London NHS Foundation Trust (CNWL). The contract began on 1 April 2017 and, implementation was carried out in three phases. The phases are described in the paper submitted to AHSC on 4th September

The new commissioning arrangements have seen a reconfiguration of services previously provided by Virgin Care, Frimley Health NHS FT and the Blanche Heriot Unit (BHU) at Ashford and St Peter's NHS FT.

The reconfiguration of services has caused some concern among residents and stakeholders as was made clear to the Adults & Health Select Committee at its meeting on 4 September 2017.

Why this is a scrutiny item

The committee received a formal referral from Healthwatch regarding the award of the contract to Central North West London NHS Foundation Trust and the resulting service reconfiguration. The referral by Healthwatch highlighted the lack of communication about the services being delivered by the new provider and the lack of consultation with residents and service users on the proposed reconfiguration. Concerns raised by Healthwatch have also been reflected in public and stakeholder interest around the contract as was made clear to the Adults & Health Select Committee at its meeting on 4 September 2017.

What question is the task group aiming to answer?

Consultation Process

What are the commissioners' responsibilities in respect of consulting on service reconfigurations and how were these met?

How was the consultation communicated to residents and service users?

How did the views gathered during the consultation inform the development and implementation of the contracts?

Contract Implementation

What steps did CNWL undertake to achieve continuity of care during implementation of the contract and were they sufficient?

What communication was undertaken to inform residents and service users about reconfiguration of services arising from the contract?

Lessons Learned

What improvements can be made to the conduct and communication of future consultations on service changes?

What lessons can be learned regarding the implementation of the contract?

Aim

To review the consultation process, implementation phase and lessons that can be learned from the commissioning of sexual health and HIV services, with a view to informing future commissioning of services.

Objectives

- To scrutinise the commissioners' approach to consulting on proposed changes to the provision of sexual health services and to understand what lessons can be learned for future consultations on service changes.

- To review how commissioners communicated with residents and service users around the consultation and proposed changes to the provision of sexual health service and to understand how to promote more effective engagement.

Scope (within / out of)

In Scope

- The rigour of the consultation process; how views gather informed contract development
- Communication in relation to service changes and the consultation.
- Continuity of care during the implementation phase of the contract

Out of Scope

- The quality and accessibility of sexual health and HIV services provided by CNWL*
- Operational implications of service reconfigurations including closure of the Blanche Heriot Unit.
- Potential implications of CNWL's deficit on the level of service provision.

* The Adults & Health Select Committee will be reviewing delivery against the integrated Sexual Health & HIV Services contract at its meeting on 4 April 2018

Outcomes for Surrey / Benefits

The Task Group will review the quality and transparency of the consultation run by commissioners regarding the new integrated sexual health & HIV services contract in light of concerns raised by residents and stakeholders. In doing so it will make recommendations that will enable increased engagement with consultation processes. The review will also consider the implementation phase of the contract with a view to understanding how residents can be better informed about changes to service provision and feel as though they are receiving adequate continuity of care when it is necessary to reconfigure services.

Proposed work plan

It is important to clearly allocate who is responsible for the work, to ensure that Members and officers can plan the resources needed to support the task group.

Timescale	Task	Responsible
September 2017	Scoping with input from Cabinet Member and relevant officer	Chairman of Adults & Health Select Committee
October 2017	Provisional Project Plan	Democratic Services Officer/ Chairman
November 2017	Information Session – background from officers from the consultation process and implementation phase of the contract	Task Group
November - December 2017	Research and intelligence gathering- "Listening session" with service users and stakeholders.	Task Group
December 2017 - January 2018	Interview sessions with key officers, Cabinet Members and other witnesses	Task Group

February 2018	Interim Report	Chairman
March 2018	Final Report	Chairman

Witnesses

Cabinet Member for Health
Strategic Director for Adult Social Care & Public Health
Deputy Director for Public Health
Senior Public Health Lead
Representatives from CNWL
Representatives from NHS England
Representatives from the SASSE GP Locality Network
Representatives from Surrey Local Medical Committee
Mr Stephen Fash
Healthwatch Surrey
Service users
Patient groups

Useful Documents

https://mycouncil.surreycc.gov.uk/ieListDocuments.aspx?CId=149&MId=3676&Ver=4 - report on prevention and sexual health in Surrey (18 March 2015)

https://members.surreycc.gov.uk/documents/s32861/160914%20Chairmans%20Report.pdf – Chairman's report to the Wellbeing and Health Scrutiny Committee (14 September 2016)

https://mycouncil.surreycc.gov.uk/documents/s32272/item%2006%20-%20Integrated%20Sexual%20Health%20Services.pdf – Cabinet decision (20 September 2016)

https://mycouncil.surreycc.gov.uk/documents/s33441/HIV%20Services%20in%20Surrey.pdf – Report on HIV Services to the Wellbeing & Health Scrutiny Committee (10 November 2016)

https://mycouncil.surreycc.gov.uk/documents/s36110/Integrated%20Sexual%20Health%20Services%20cover%20report.pdf – Report to the Wellbeing and Health Scrutiny Committee on the mobilisation of the sexual health services contract. (13 March 2017)

https://mycouncil.surreycc.gov.uk/documents/s36880/Item%202%20-%20Sexual%20Health%20Services%20Contract.pdf – Leader Decision on to extending the existing arrangements for sexual health services with Ashford St Peters Hospital and Frimley Park Hospital for an interim period to allow for sufficient time to exit from these contracts safely. The recommended interim period is six months subject to final agreement with providers." (20 March 2017)

https://mycouncil.surreycc.gov.uk/documents/s39436/AHSC%20Sept%202017%20-%20Sexual%20Health%20Integrated%20Service%20V21.pdf – Report to the Adults & Health Select Committee on the implementation of the new sexual health services contract (4 September 2017)

Potential barriers to success (Risks / Dependencies)

There has been a significant amount of public interest in the reconfiguration of the new sexual health services contract, the closure of the Blanche Heriot Unit and in CNWL as the new provide. There is a risk that witnesses may focus their comments on these aspects of the contract rather than remain within the scope of the Task Group's objectives. This will be mitigated by ensuring witnesses limit the scope of their evidence to the consultation and implementation phases of the contract.

Members' ambitions to understand the consultation and implementation of the sexual health services contract must remain within the constraints of the time allocated for the Task Group to report on its findings. Equally, it must seek to challenge its own assumptions and assertions in order to identify where further evidence is required.

The Task Group must ensure that there is equal opportunity for service users, stakeholders and patient groups to share their views and to give these the same weight as those provided by commissioners.

Equalities implications

The Task Group recognises that there are a number considerations around equalities when conducting its work, and there are a number of people with complex health needs that will be contributing to this process. It will be mindful of how it conducts its work in order to ensure people are provided the opportunity to contribute, and that any barriers to doing so are mitigated.

The Task Group will monitor the equalities implications emerging from its recommendations with officers, and will work to identify mitigation measures for those with a potentially negative impact.

Task Group Members	
Co-opted Members	
Spokesman for the Group	
Scrutiny Officer/s	

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Sexual Health Services Survey: Summary report

This report was created on Thursday 22 March 2018 at 10:21.

The consultation ran from 27/02/2018 to 21/03/2018.

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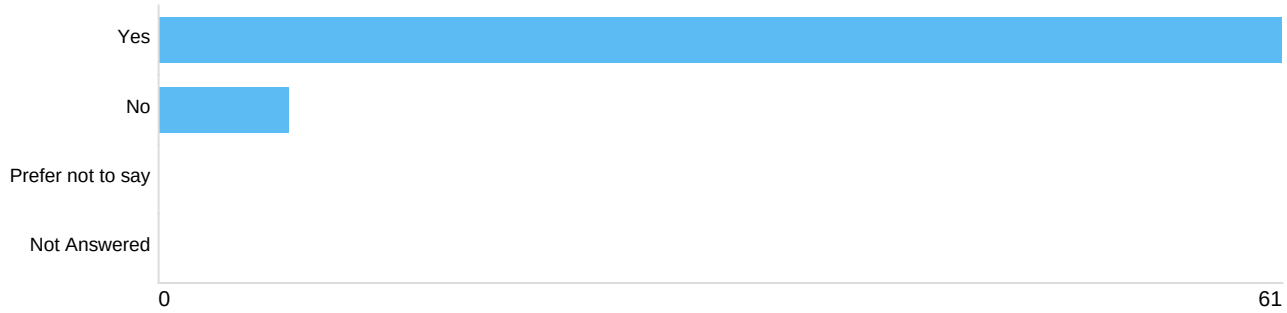
Question 1: Have you used Sexual Health/HIV services in Surrey before?

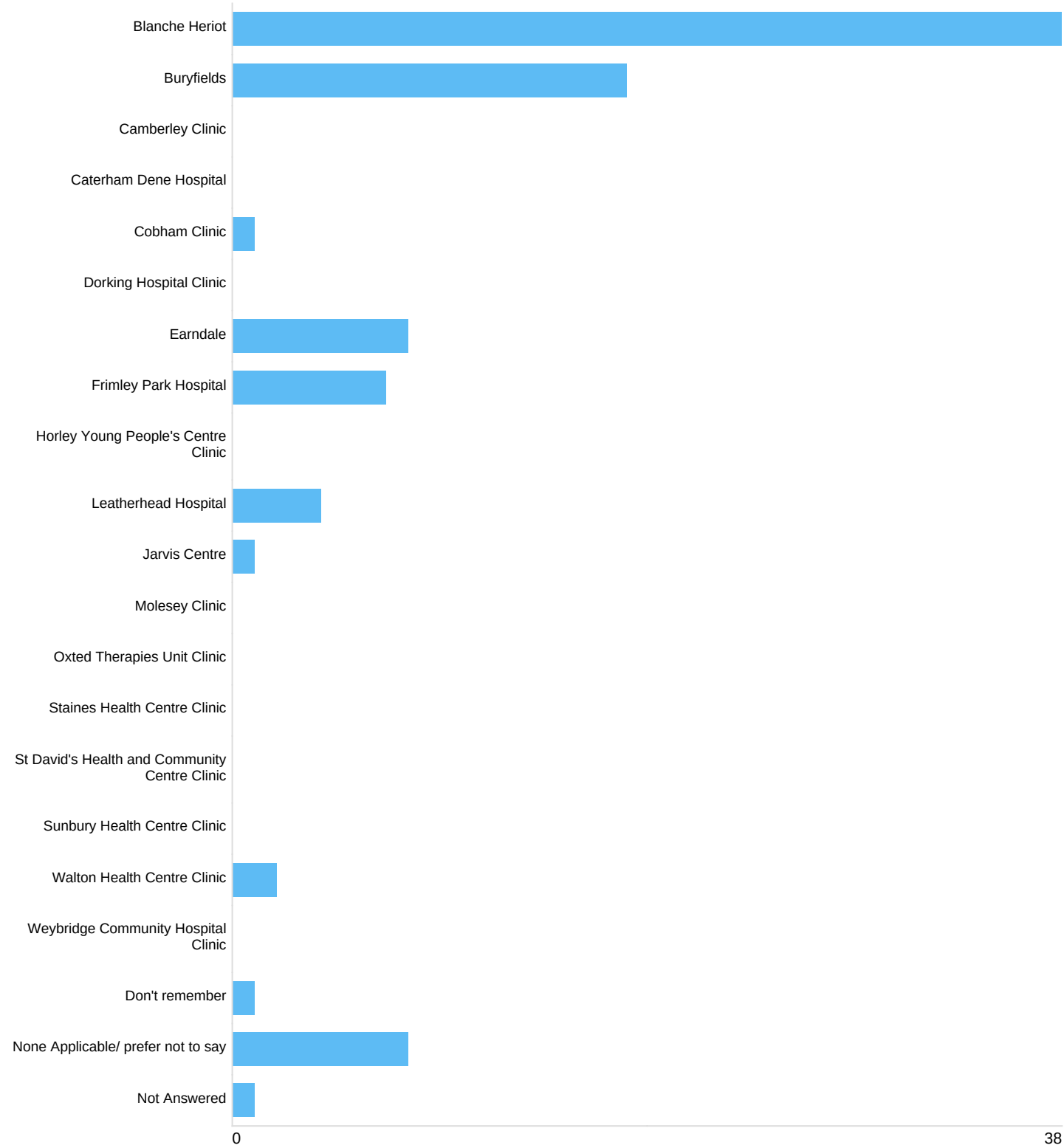
Service user?



Option	Total	Percent
Yes	61	89.71%
No	7	10.29%
Prefer not to say	0	0%
Not Answered	0	0%

Question 2: Which of the following sexual health/HIV Clinic(s) have you attended in Surrey?

Clinic



Option	Total	Percent
Blanche Heriot	38	55.88%
Buryfields	18	26.47%
Camberley Clinic	0	0%
Caterham Dene Hospital	0	0%
Cobham Clinic	1	1.47%
Dorking Hospital Clinic	0	0%
Earndale	8	11.76%
Frimley Park Hospital	7	10.29%
Horley Young People's Centre Clinic	0	0%
Leatherhead Hospital	4	5.88%
Jarvis Centre	1	1.47%
Molesey Clinic	0	0%
Oxted Therapies Unit Clinic	0	0%
Staines Health Centre Clinic	0	0%
St David's Health and Community Centre Clinic	0	0%
Sunbury Health Centre Clinic	0	0%
Walton Health Centre Clinic	2	2.94%
Weybridge Community Hospital Clinic	0	0%
Don't remember	1	1.47%
None Applicable/ prefer not to say	8	11.76%
Not Answered	1	1.47%

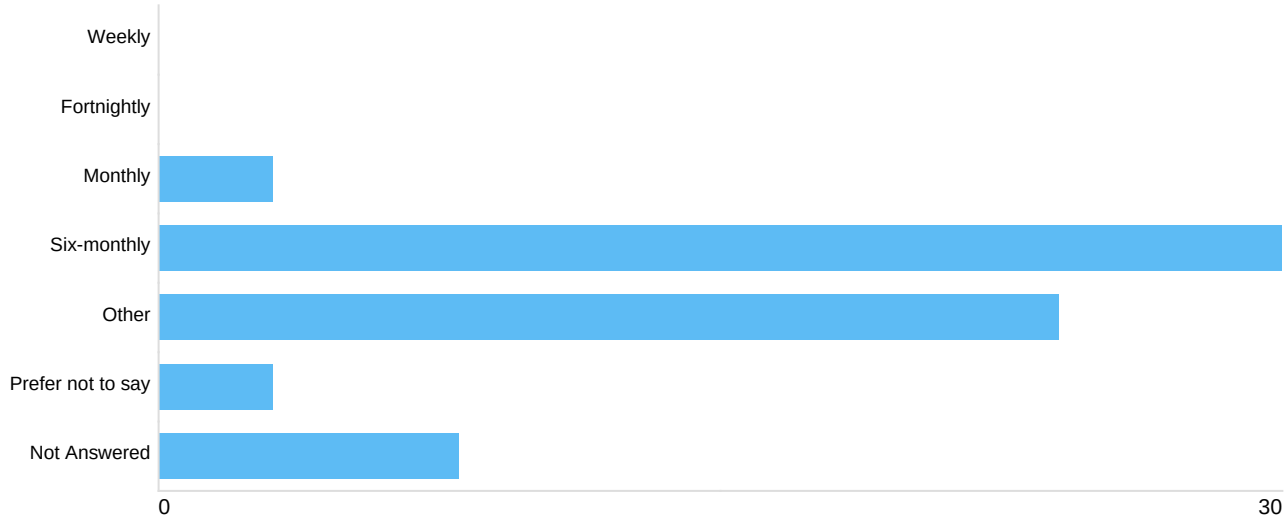
Question 3: Thinking about the clinic you have used most often since 2015, when did you first visit it?

First used the clinic in...

There were **62** responses to this part of the question.

Question 4: Thinking again about the clinic you have used most often since 2015, how frequently have you used it between then and now, February 2018?

Frequency of service use



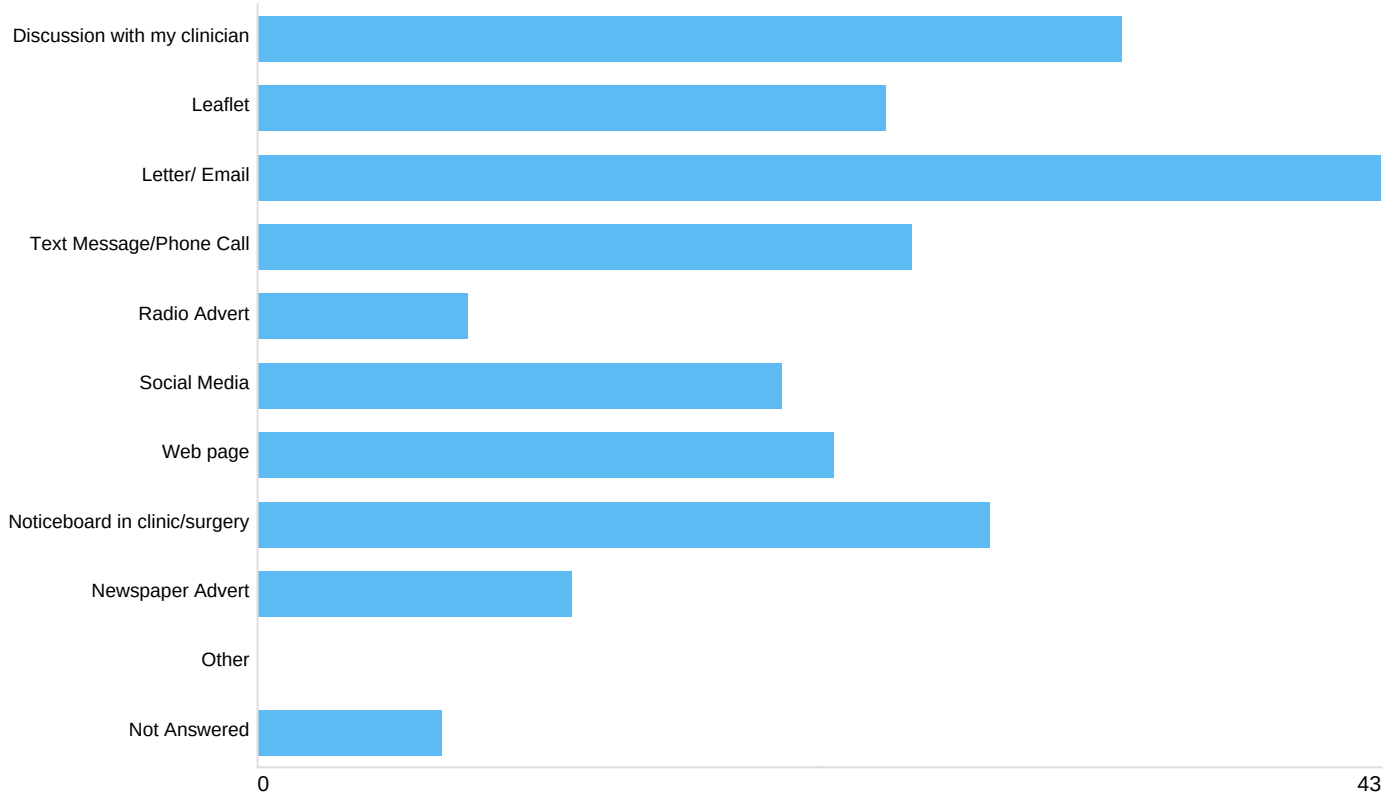
Option	Total	Percent
Weekly	0	0%
Fortnightly	0	0%
Monthly	3	4.41%
Six-monthly	30	44.12%
Other	24	35.29%
Prefer not to say	3	4.41%
Not Answered	8	11.76%

Other- please specify

There were **23** responses to this part of the question.

Question 5: How would you expect to be engaged with by Surrey County Council and NHS England regarding changes to the delivery of Sexual Health & HIV Services?

Engagement methods



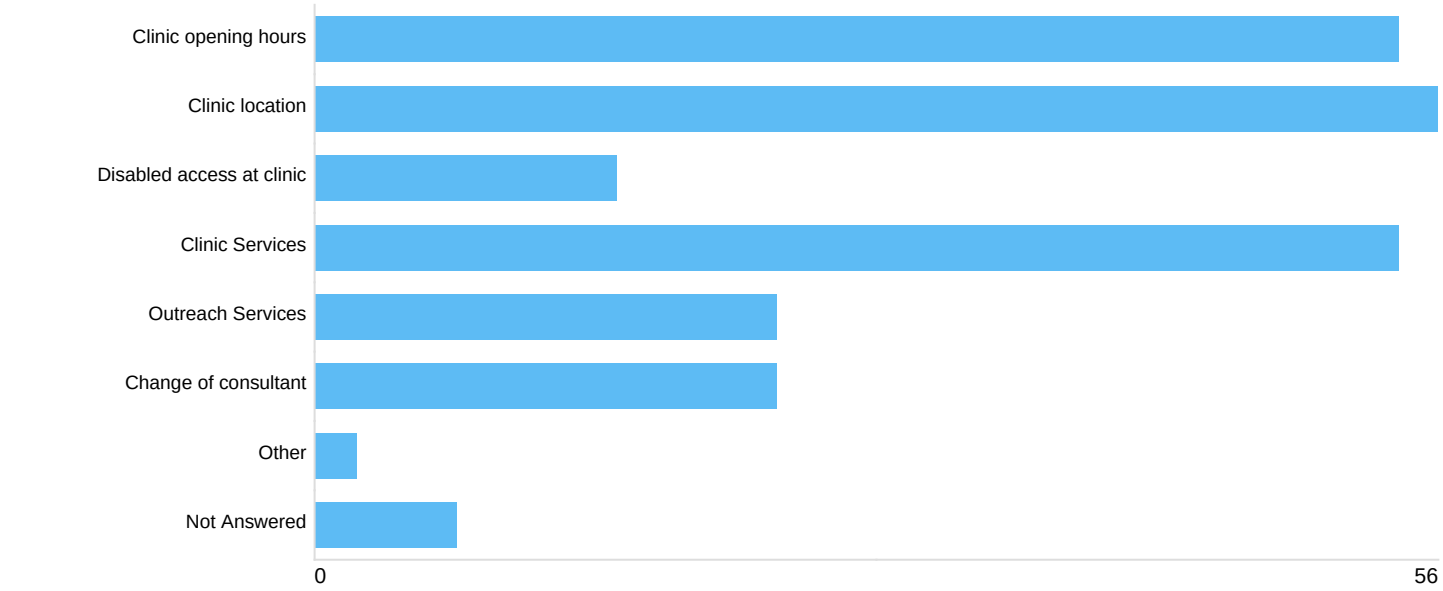
Option	Total	Percent
Discussion with my clinician	33	48.53%
Leaflet	24	35.29%
Letter/ Email	43	63.24%
Text Message/Phone Call	25	36.76%
Radio Advert	8	11.76%
Social Media	20	29.41%
Web page	22	32.35%
Noticeboard in clinic/surgery	28	41.18%
Newspaper Advert	12	17.65%
Other	0	0%
Not Answered	7	10.29%

Other- please specify

There were **0** responses to this part of the question.

Question 6: Changes to which of the following aspects of the service would you expect to be asked about as part of this engagement?"

Engagement expectations



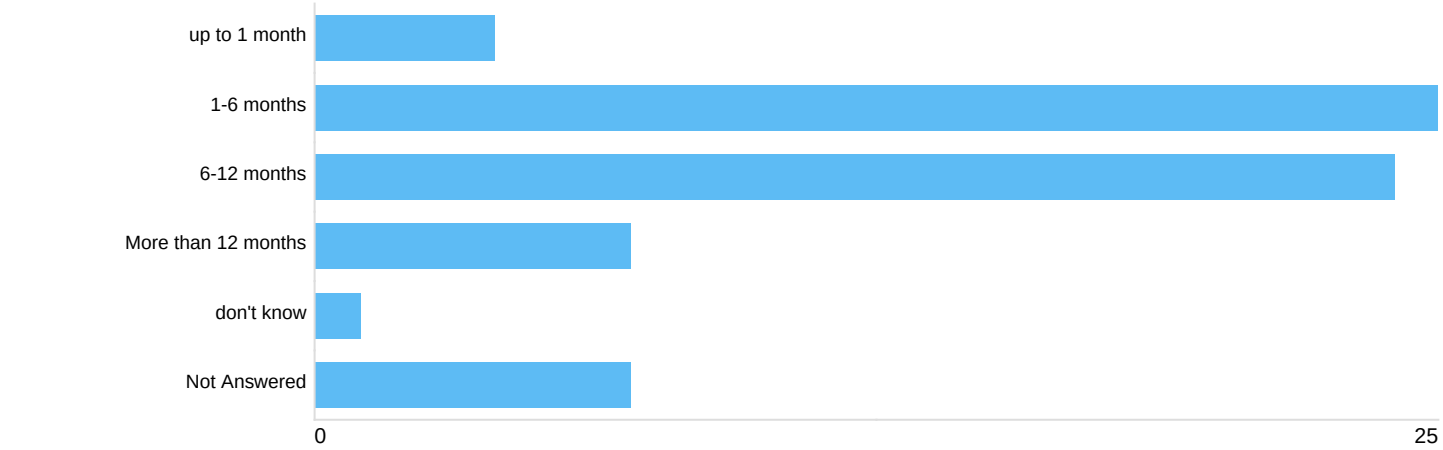
Option	Total	Percent
Clinic opening hours	54	79.41%
Clinic location	56	82.35%
Disabled access at clinic	15	22.06%
Clinic Services	54	79.41%
Outreach Services	23	33.82%
Change of consultant	23	33.82%
Other	2	2.94%
Not Answered	7	10.29%

Other- please specify

There were **3** responses to this part of the question.

Question 7: How much notice would you expect to be given about changes to the service?

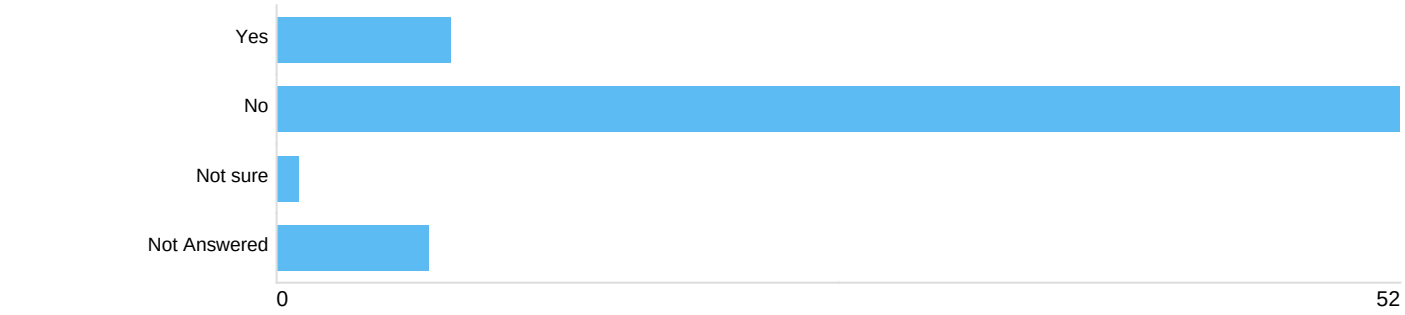
notice expectations



Option	Total	Percent
up to 1 month	4	5.88%
1-6 months	25	36.76%
6-12 months	24	35.29%
More than 12 months	7	10.29%
don't know	1	1.47%
Not Answered	7	10.29%

Question 8: Were you aware that a review of Sexual Health and HIV services in Surrey took place in 2015?

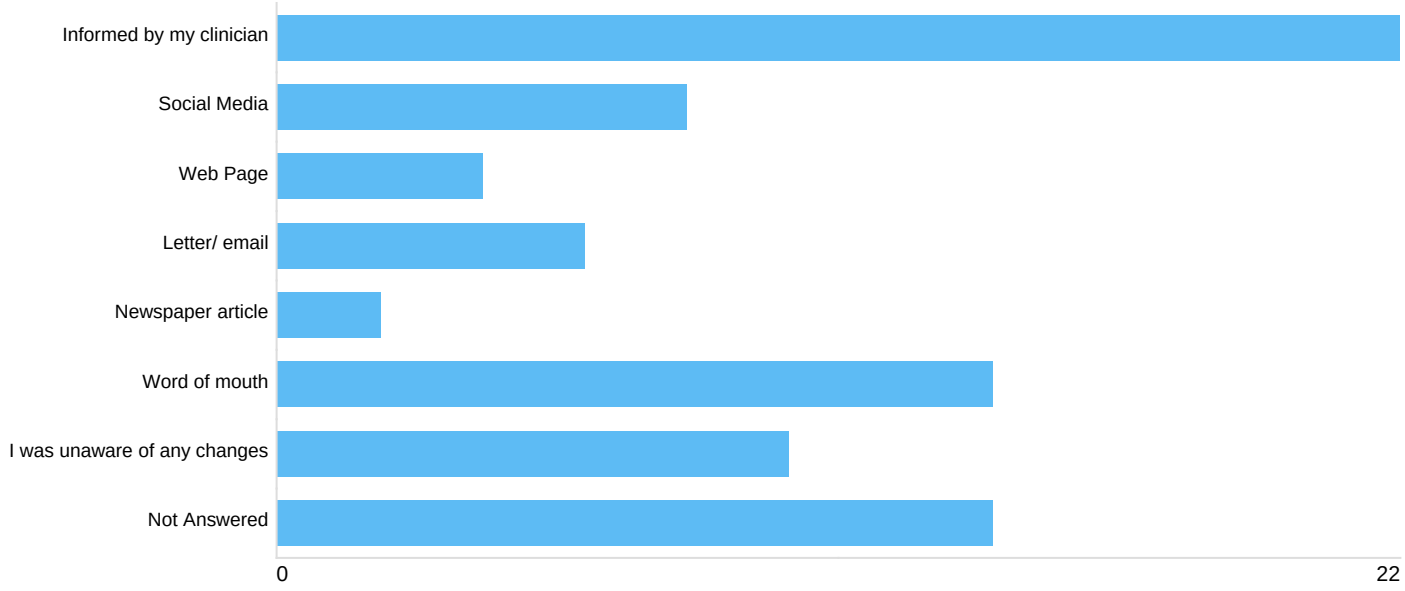
Aware of sexual health services review?



Option	Total	Percent
Yes	8	11.76%
No	52	76.47%
Not sure	1	1.47%
Not Answered	7	10.29%

Question 9: How did you first find out that the delivery of Sexual Health and HIV Services in Surrey would be changing?

How changes were communicated



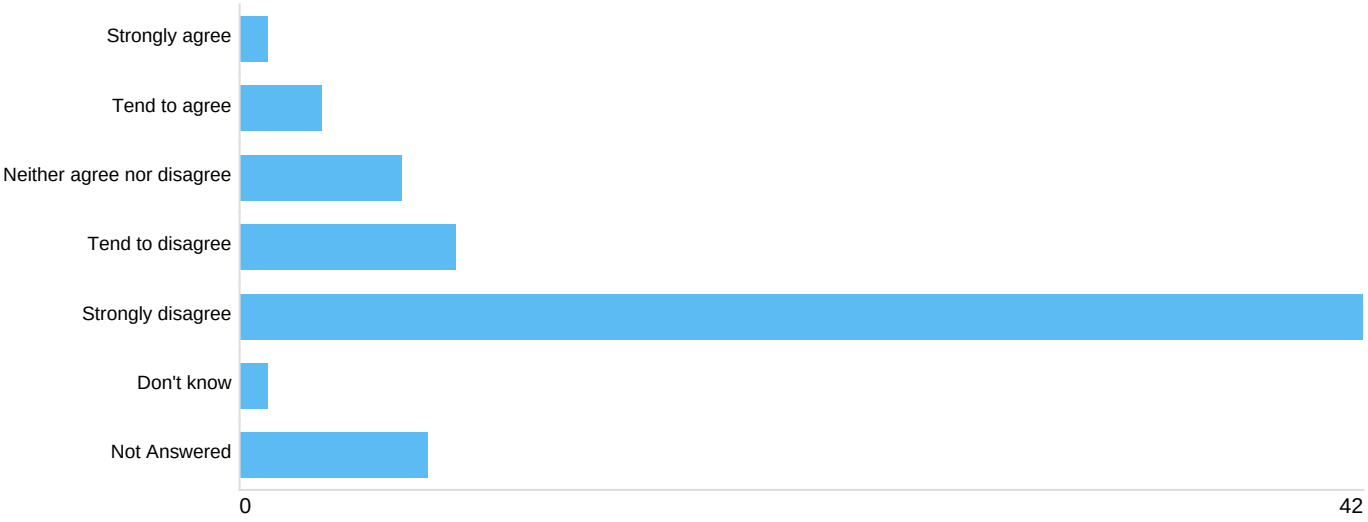
Option	Total	Percent
Informed by my clinician	22	32.35%
Social Media	8	11.76%
Web Page	4	5.88%
Letter/ email	6	8.82%
Newspaper article	2	2.94%
Word of mouth	14	20.59%
I was unaware of any changes	10	14.71%
Not Answered	14	20.59%

Other- please specify

There were **8** responses to this part of the question.

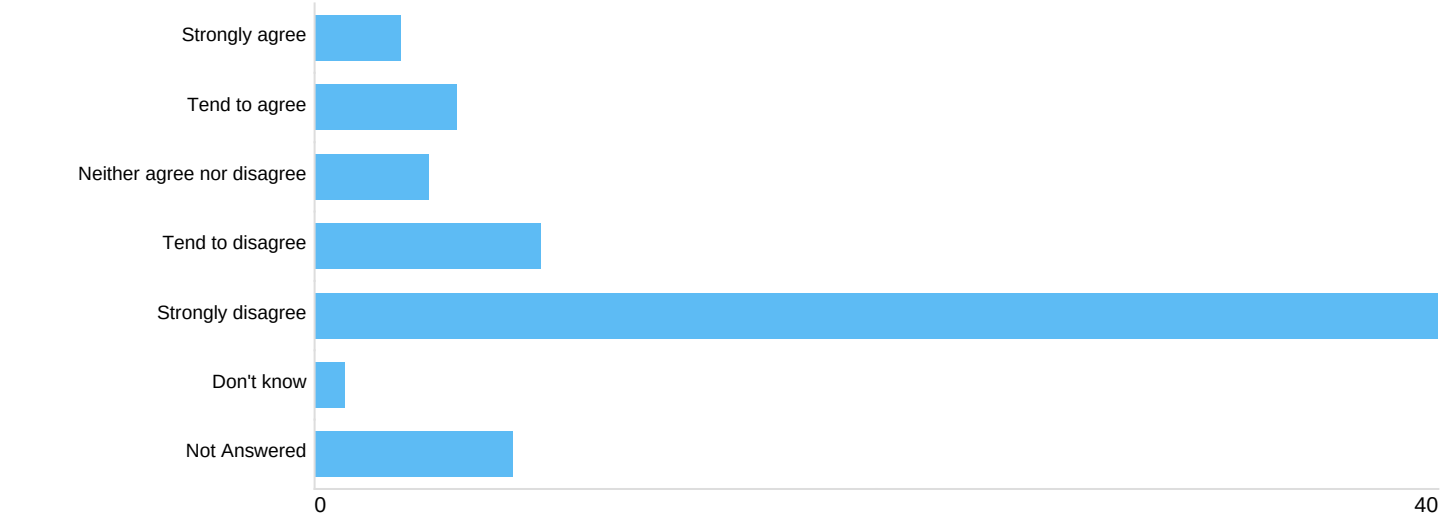
Question 10: Thinking about the following statement, please say to what extent you agree or disagree that:

Statement responses - The rationale behind the changes to service delivery were explained clearly to me



Option	Total	Percent
Strongly agree	1	1.47%
Tend to agree	3	4.41%
Neither agree nor disagree	6	8.82%
Tend to disagree	8	11.76%
Strongly disagree	42	61.76%
Don't know	1	1.47%
Not Answered	7	10.29%

Statement responses - The actual changes to the delivery of Sexual Health and HIV Services were explained clearly to me



Option	Total	Percent
Strongly agree	3	4.41%
Tend to agree	5	7.35%
Neither agree nor disagree	4	5.88%
Tend to disagree	8	11.76%
Strongly disagree	40	58.82%
Don't know	1	1.47%
Not Answered	7	10.29%

Question 11: Prior to the Sexual Health Services Needs Assessment being published in January 2016, a survey was available in all clinics. Do you remember seeing this survey?

Clinic survey 2015-16

Option	Total	Percent
Yes	3	4.41%
No	55	80.88%
Don't know	3	4.41%
Not Answered	7	10.29%

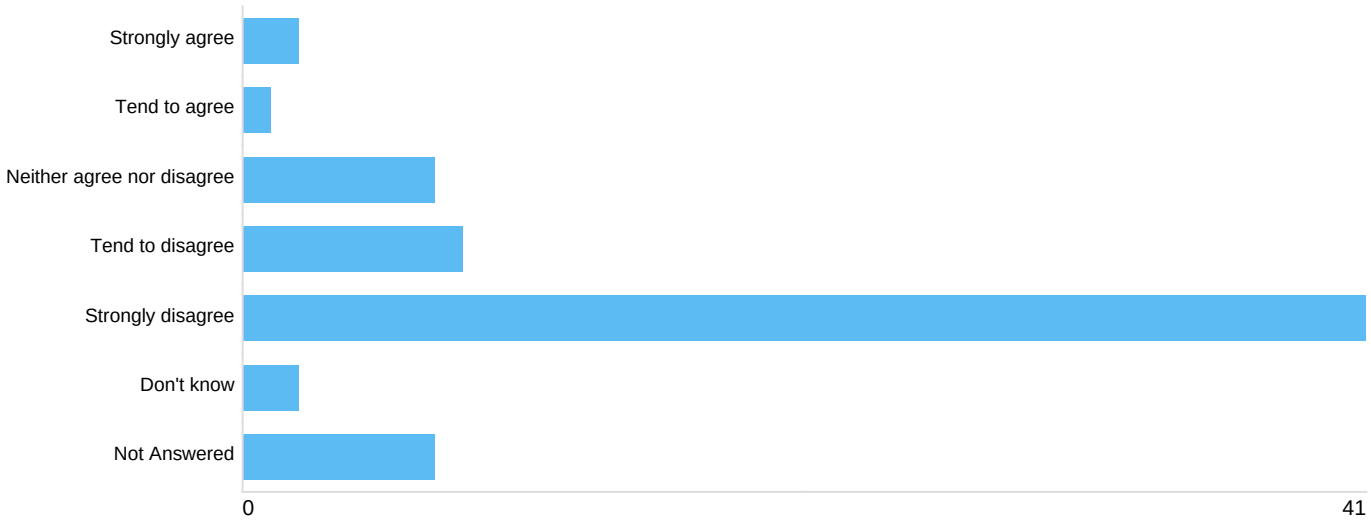
Question 12: Did you fill in this survey?

Survey completion 2015-16

Option	Total	Percent
Yes	4	5.88%
No	47	69.12%
Can't remember	10	14.71%
Not Answered	7	10.29%

Question 13: Thinking about the following statement, please say to what extent you agree or disagree that:

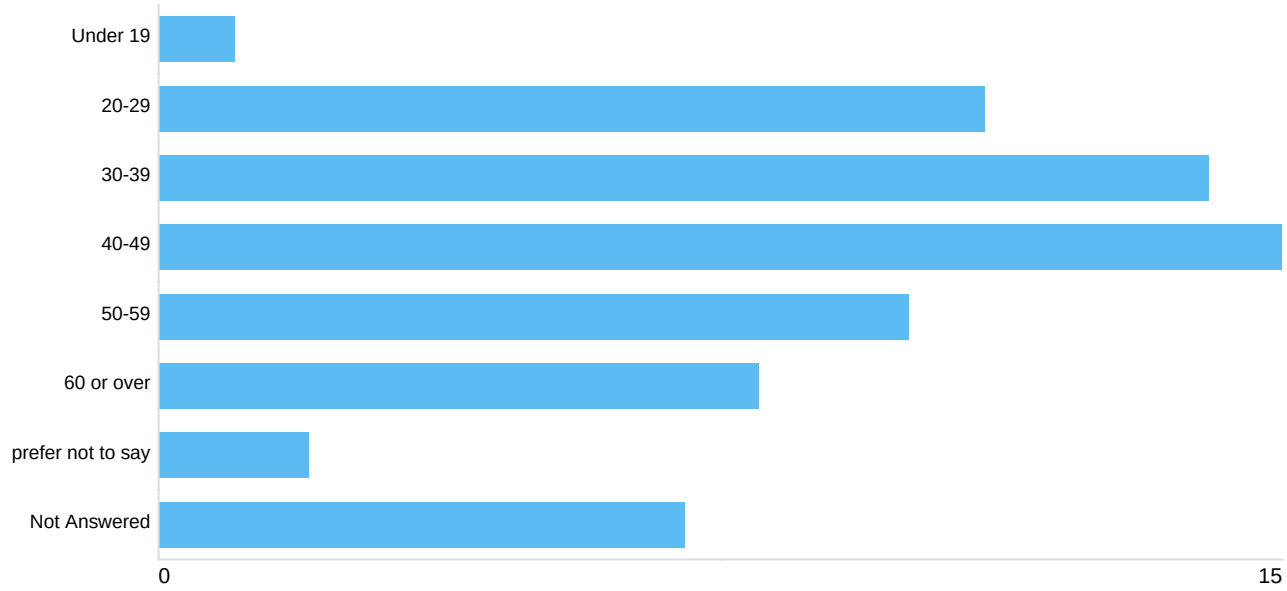
Statement response on involvement in ongoing care - Throughout the service changes, I felt involved in my ongoing care arrangements



Option	Total	Percent
Strongly agree	2	2.94%
Tend to agree	1	1.47%
Neither agree nor disagree	7	10.29%
Tend to disagree	8	11.76%
Strongly disagree	41	60.29%
Don't know	2	2.94%
Not Answered	7	10.29%

Question 14: What is your age?

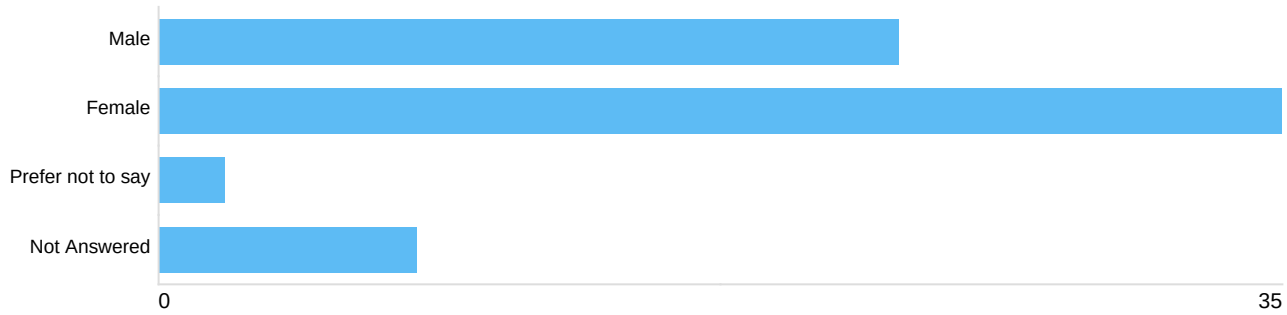
Age



Option	Total	Percent
Under 19	1	1.47%
20-29	11	16.18%
30-39	14	20.59%
40-49	15	22.06%
50-59	10	14.71%
60 or over	8	11.76%
prefer not to say	2	2.94%
Not Answered	7	10.29%

Question 15: What best describes your gender?

Gender



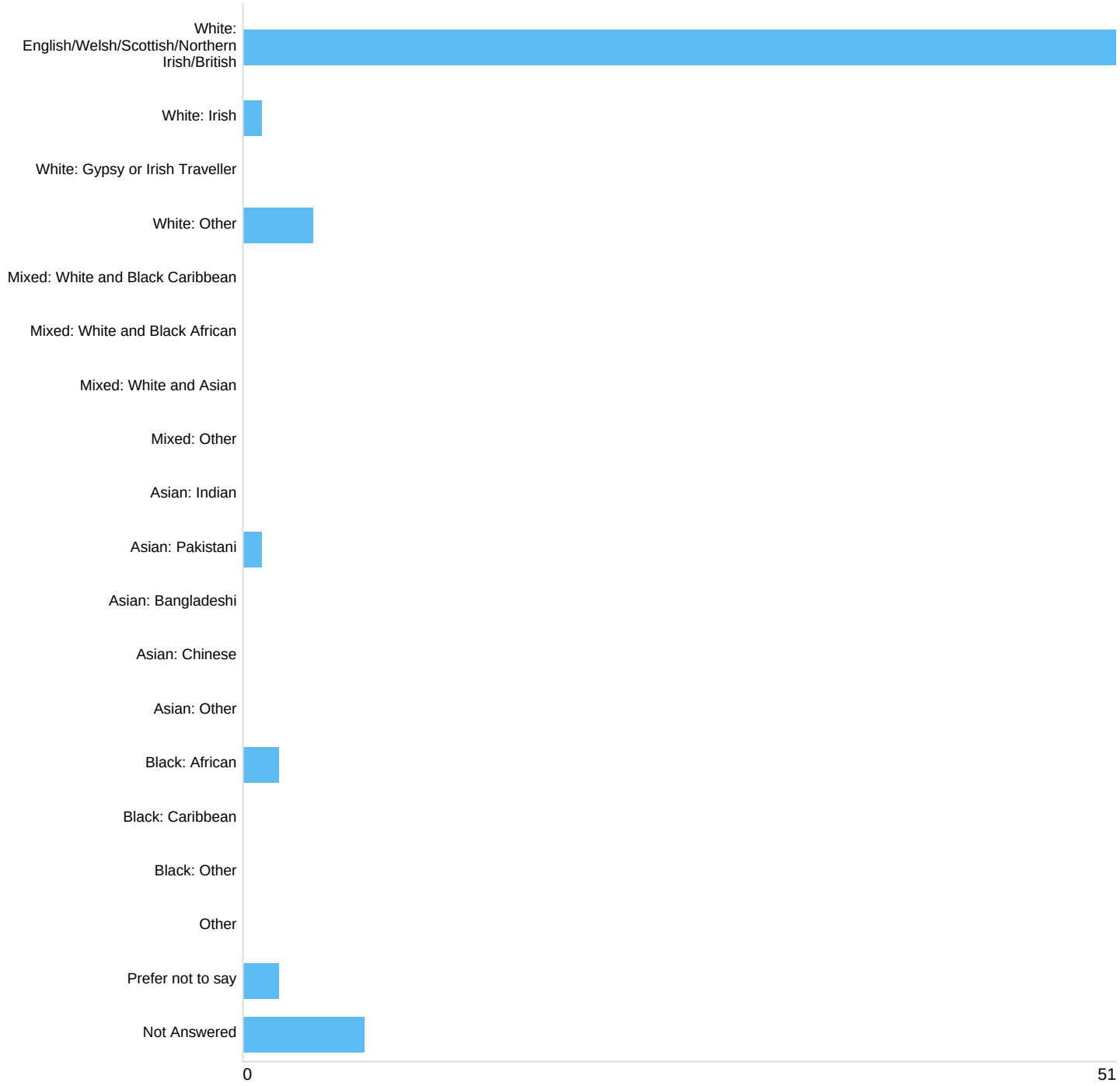
Option	Total	Percent
Male	23	33.82%
Female	35	51.47%
Prefer not to say	2	2.94%
Not Answered	8	11.76%

Prefer to self-describe

There were **0** responses to this part of the question.

Question 16: What is your ethnic group?

Ethnic group



Option	Total	Percent
White: English/Welsh/Scottish/Northern Irish/British	51	75.00%
White: Irish	1	1.47%
White: Gypsy or Irish Traveller	0	0%
White: Other	4	5.88%
Mixed: White and Black Caribbean	0	0%
Mixed: White and Black African	0	0%
Mixed: White and Asian	0	0%
Mixed: Other	0	0%
Asian: Indian	0	0%
Asian: Pakistani	1	1.47%
Asian: Bangladeshi	0	0%
Asian: Chinese	0	0%
Asian: Other	0	0%
Black: African	2	2.94%
Black: Caribbean	0	0%
Black: Other	0	0%
Other	0	0%
Prefer not to say	2	2.94%
Not Answered	7	10.29%

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Sexual Health – Surrey

Communications Plan

2018-19

Introduction

Having good sexual health and reproductive health is an important aspect of overall physical and emotional health and well-being. It is central to the development of some of the most important relationships in our lives. Any person who is sexually active could be negatively affected by their sexual health decisions and may need to take precautions or access sexual health services to maintain a positive and healthy sexual life.

Access to information about sexual health and reproductive health service provision will help residents of Surrey to make informed decisions to maintain good sexual health.

This is a partner communications plan between Surrey County Council (SCC), NHS England (NHSE and Central and North West London NHS Foundation Trust (CNWL) - the local Integrated Sexual Health and HIV Services provider.

Information about sexual health in Surrey

Over 1 million people live in Surrey. That number is growing. Overall the population is affluent in comparison to the national average but there are pockets of deprivation and inequalities present across Surrey. The Surrey sexual health needs assessment found that:

> Runnymede and Spelthorne have historically shown higher than the national average rates of teenage conceptions.
> Over 60% of teenage conceptions result in termination.
> Woking has a higher than the national rate of HIV.
> People want more flexible opening times such as evenings and weekends.
> Both adults and young people felt that sexual health services could be promoted more effectively.
> People see the benefits of dual trained clinicians meaning GUM and CASH services could be delivered by the same clinicians, improving patient access and experience.

In Surrey the main areas for concern for sexual health are:

Sexually transmitted infections (STIs)
HIV including people presenting with HIV at a late stage of infection
Contraception and unwanted pregnancy
Under 18 conceptions (teenage pregnancy)
Chlamydia rates in 15 – 24 year olds

Delivery partners and their comms roles

CNWL are responsible for signposting to and promoting the local sexual health and HIV services through online and offline channels such as the development and distribution of posters and leaflets and through digital/social media and outreach services.

SCC, and Public Health (PH) will support the promotion of the CNWL services and GP and pharmacy service through the PH Bulletin, CCG meetings, Health and Wellbeing Comms groups, Surrey Matters, Schools Bulletin, and any other relevant promotional tools.

NHSE – will signpost to and support the promotion of HIV treatment and care (outpatient) services.

Aims of this plan

The themes of this plan centre on making sure the population of Surrey receive up to date, accurate information about sexual health (Genitourinary medicine services) and reproductive health (contraception services)and HIV Treatment and Care services enabling them:

to make informed choices about their own sexual health;
have the sexual relationships that they want, which are healthy and satisfying, free of exploitation and coercion;
to access free and confidential services which are non-judgemental and friendly;
to inform CNWL and commissioners of their sexual health information needs.

Audience

Service users, other NHS staff/services, partners such as local authority, police, voluntary sector, the public, local and national government and the media. This includes hard to reach and/or vulnerable groups. CNWL has been

commissioned to work with the following priority populations who are disproportionately affected by sexual ill health or unintended pregnancies:

- Young people under 25 including:
  - Schools nurses
  - Youth workers
  - PSHE co-ordinators

- Black and Minority Ethnic communities (particularly in Woking)
- Sex Workers
- Men who have sex with men (MSM)
- People with disabilities
- Those engaged in ChemSex
- Trans* communities.

This Communication Plan has initiatives to specifically target these hard to reach and/or vulnerable groups.

Objectives
Three key themes

- **Prevention:** Building the attitudes, knowledge and skills that make safer sex more likely.

- **Intervention:** Intensive support for most at risk groups - targeted at the most high risk audience and should be designed around their specific needs.

- **Protection:** Encouraging protective behaviours that make sex safer e.g contraceptive use and STI screening

Key message
Key messages fall under the following key campaigns – the full work plan is in a table at the end of the document

1. **General campaign: Access to all services**

   Sexual and reproductive health

   - For patients wanting to attend the service:

     - Appointments can be made through CNWL's dedicated sexual health website, by Mobile App or by telephone.
     - Service users will be signposted from the Healthy Surrey website with a link to the CNWL site; www.sexualhealth.cnwl.nhs.uk.
     - Telephone 020 3317 5252 (staffed Monday to Friday 9am until 5pm).

- HIV appointments line: 020 3317 5100.
- Home testing kits ordered online for STIs (Chlamydia, Gonnorhoea, Syphilis)
- Outreach provision (Clinic in a box), basic contraception, health promotion and we will be providing STI/HIV screening
- Outreach clinic sessions at Leatherhead and Epsom (Runnymead and Spelthorne opening soon) offering contraception services.

HIV treatment and care

Free and confidential HIV treatment and care outpatient services are available from the Buryfields Clinic in Guildford and the Earnsdale Clinic in Redhill
There is a designated HIV appointments line: **020 3317 5100**

Overall messages include:

- Sexual Health is not just about the absence of disease, dysfunction and infirmity; it is about positive, mutually satisfying relationships.
- Regular screening for sexually transmitted infections is important to maintain healthy relationships and a healthy body.
- Condom use will be promoted in all communications.
- Access to HIV testing in at risk groups, treatment and care.
- Knowledge and understanding about sexual health and teenage pregnancy, and dispel some of the myths that currently exist.

2. **Contraception and condom use**

a) **Contraceptive choice**, particularly long acting reversible contraceptive methods (LARCs) is proposed to reduce the risk of pregnancy resulting from poor use of contraception.

Condom use: Increase access to and carrying of condoms particularly among younger audiences and those at particular risk of contracting some STIs

3. **Chlamydia screening:** A campaign to increase chlamydia and gonorrhoea screening rates among 15-24s and therefore ultimately to decrease the prevalence of chlamydia within the population. Messages will focus on the importance of regular screening for chlamydia and gonorrhoea and other sexually transmitted infections and the options available (including outside of clinics) for testing.

4. Targeted campaigns: At risk groups

The campaigns can be adapted and localised for hard to reach groups to:

- Communicate harms related to STIs/HIV
- Promote healthy behaviours
- Offer localised information on sexual health
- Contribute to reductions in unplanned pregnancies through the promotion of effective condom use.

We will link in with public health campaigns so that school-aged children and young people receive information about how to access services.

Healthcare professionals

Materials will be created to reach GPs, pharmacists, practice managers and other healthcare professionals and this will include information about the HIV advice service: HIV-referralsandadvice.CNWL@nhs.net (non-urgent) For urgent queries call 020 3317 5077 during clinic hours (09:00-19:00 Monday to Thursday, 09:00-16:00 Friday.

Annex 4

Communication methods

Healthy Surrey website will be the main point to access all surrey sexual health information and can be accessed by professionals and members of the public. However, there is no single communication tool that will be capable of reaching all audiences or every member of each audience. Different methods will be required and these will be tailored in order to reach as many in the population as possible. Some of these methods will include:

The public	**Partners in healthcare: GPs/pharmacies**
PR will be used to build awareness of the need to talk and of the key topic of conversation: Local, regional and national media (link with public health campaigns) including radio/tv and online to signpost to access • **Advertising targeted to age groups:** • **Digital and social advertising** - Social media (linking with PHE campaign on STIs and condom use and Surrey Matters). Link tweets with council for social media advertising **Online - websites** including: CNWL Sexual Health site https://www.sexualhealth.cnwl. nhs.uk/ • Healthy Surrey website for general information for sexual health advice. https://www.healthysurrey.org. uk/your-health/sexual-health **Newsletters:** **Surrey County Council residents newsletter** Surrey Matters	• Stakeholder activity will underpin all communications activity and look to drive deeper engagement (particularly in/around STI hotspots). In particular, partnerships and stakeholder activity will focus on converting awareness, understanding and consideration of the need to carry condoms. • GP factsheet on how to contact the service/HIV advice line • Pharmacy window stickers and posters • Primary care – key facts reminder to book online/walk in for emergencies only • Digital assets for healthcare – link on twitter and include twitter handles etc in campaign tweets Professional networks websites Minutes of meetings attended Feedback to NHS Board Committees Briefings and

https://www.surreycc.gov.uk/news-and-events/surrey-matters **Borough and district council newsletter** (provide material to run locally) • **Digital assets –** Developing assets for use on all social media channels under key campaign themes. Using assets from PHE campaigns to raise awareness too • **Videos** to raise awareness (short explanatory films to help with signposting to services) Publications Public meetings **Engagement activities**: • Posters • Leaflets Targeted activities for each hard to reach group – adapting the materials above to include local flyers etc Attending events and outreach (market place stalls) Awareness days – all of the above during HIV testing week/sexual health awareness week/mens health week Social marketing articles Promotion via gyms/unis/youth groups/schools and their channels Search Engine Optimisation strategy to optimise key terms	publications (annual report, newsletters, leaflets) Journals Conferences and seminars Our training

Branding
In combination with the CNWL logo, we will develop specific branding for self-testing kits and the Get It On C-Card scheme to help our audience easily identify these services. We will also include the County Council logo on materials to make it clear the service is delivered in the County and include the phrase CNWL in Surrey on resources.

Service Name	Service Details
Chlamydia and gonorrhoea self-testing kit	Free postal testing kits for those under 25 years of age and living in Surrey. People can order a kit using the CNWL sexual health website or by texting REACH to 80010
Get it on Condom Distribution scheme (C-Card)	Under 25s Free condoms for under 25s in clinics and some community settings. If you are over 25 and living in Surrey you can access a small supply of condoms from one of our sexual health and contraceptive clinics available from CNWL clinics and here https://www.healthysurrey.org.uk/your-health/sexual-health/get-it-on-condom-distribution-scheme#145493 You can also order condoms from the Freedoms Shop our initiative to provide condoms at lower cost

Evaluation

As there are many communication tools and tactics within this strategy, numerous evaluation techniques will be required to measure outputs and outcomes. These will include:

- Feedback card – to ask how people heard about us
- Monitoring of media coverage including the number, quality, tone, and position of articles and the number of key messages covered correctly
- Calculating average cost for coverage (AVE) for newspaper articles
- Monitoring the number of hits to websites
- Monitoring how many people turn up or get involved in events/projects
- Monitoring increases in service use

NHS
Central and
North West London
NHS Foundation Trust

Annex 4

Communications Work Plan

Many of these campaigns will link with public health campaigns to utilise the digital assets and resources available

Activity/work area	Target audience	Objectives	What needs to be done and by who?	Timescale	Calendar of actions achieved
Universal promotion of the service					
Clinic/service access	Public/partners	To raise awareness of service available and how to access including options for home testing	CNWL (JR) will creating a rolling programme of distributing up to date information materials to signpost to services. This will include: Leaflets Posters Website and partner websites Pharmacy stickers and posters GP – posters to display and leaflets GP factsheet Digital assets for social media and online advertising CNWL (JR) will add this sentence to materials to signpost	May 2018 and ongoing	April – June 18 July –Sept 18 Oct – Dec 18 Jan – March 19

			to additional services in the County SCC (KC) Will cascade to GP and Pharmacy services and signpost to the healthy surrey website		
Contraceptive choice for women	All women over 13 Teachers Parents Youth workforce School nurses Gyms Unis Young parent organisations LAC Nurse FNP Children's homes workforce	Raise awareness of range of contraception: emergency hormonal contraception/ LARC	CNWL (JR) will Develop leaflets and information for different types of contraception available to be sent out in e-bulletins SCC (KC) will Promote information to women over 13 via partner agencies/schools and pharmacies through e-bulletins	May 2018 and ongoing	April – June 18 July –Sept 18 Oct – Dec 18 Jan – March 19
Young People's Sexual health					
Under 25s (men and women)	All under 25s Teachers/schools/ PRUs Parents	To raise awareness of the importance of testing for STIs and using contraception	CNWL (JR) to develop publicity promoting STI testing and using	May 2018 and ongoing	April – June 18

Annex 4

	Youth workforce School nurses Gyms Unis/colleges GPs/Pharmacies Young parent organisations LAC Nurse FNP Children's homes workforce	and the services in surrey for under 25s (target youth workers for those with poor engagement at school)	contraception for under 25s SCC (KC) to cascade information to Under 25s via partner agencies schools and pharmacies/social media advertising SCC (KC) to liaise with Outreach services to promote services		July –Sept 18 Oct – Dec 18 Jan – March 19
PHSE opportunities for school staff and relevant professionals	Under 25s/school staff and school nurses	We will provide information to support our partners in developing information about sexual health in schools	SCC (KC) to promote sexual health information in schools through RSE by working with: Healthy schools Sch nurses SCC (KC) to support training to promote services	May 2018 and ongoing	April – June 18 July –Sept 18 Oct – Dec 18

					Jan – March 19
Chlamydia screening	Public: 15-24s	Increase screening by raising awareness of home testing kits/REACH number and other ways to get tested in clinics/outreach	CNWL(JR) to develop and deliver promotional material promoting the service. The message should include: Free chlamydia testing and free treatment is available in community-based services including pharmacies. It's free, confidential and easy to use; only a urine sample is needed. You can get a self-test kit: Online, text the word REACH, call or email the Chlamydia Screening Outreach Team or pick up a kit from your local pharmacy SCC (KC) to utilize digital assets for advertising home testing online in Surrey Matters newsletters etc	May 2018 and ongoing	April – June 18 July –Sept 18 Oct – Dec 18 Jan – March 19

Annex 4

Targeted Groups					
Condom distribution scheme for hard to reach groups	vulnerable groups of all ages and partner agencies who support them (especially under 34s)	Increase access to and carrying of condoms particularly among hard to reach groups at risk of contracting some STIs. Promoting c card scheme - encouraging partner agencies to sign up to scheme and promote to their clients	CNWL (JR) will develop promotional materials to promote the get it on scheme for outreach services SCC (KC) – will link to the sexual health promotion outreach plan to recruit and services and promote the scheme and distribute the material	May 18 and ongoing	April – June 18 July –Sept 18 Oct – Dec 18 Jan – March 19
Outreach services	Young people U25 Black and Minority Ethnic communities (particularly in Woking) Sex Workers Men who have sex with men (MSM) People with disabilities Those engaged in ChemSex	To raise awareness of service available and how to access To develop comms appropriate for each target group	CNWL (JR) to develop appropriate forms of publicity for each target group to promote outreach services online and offline SCC (KC) to restart SHOG and engage with outreach services and link in with outreach plan	May 2018 and ongoing	April – June 18 July –Sept 18 Oct – Dec 18

	Trans* communities.		CNWL (JR) and SCC (KC) to work with outreach providers to promote sexual health services		Jan – March 19
National campaigns					
Men's Health Week Social Marketing – Chlamydia/Gonorrhoea testing for men under 25	Males under 25 and those who work with them Targeted MSM campaign – all ages to promote screening (including HIV)		CNWL (JR) and SCC (KC) to promote information to men under 25 about how to access testing kits online or in clinic – using social media channels and hashtags during men's health week SCC (KS) to ensure it is linking with Surrey hashtags/media Targeted advertising in LGBT+ media/magazines and through social media	11 to 17 June	April – June 18
Sexual Health Week	Public, service	To raise awareness of sexual health issues and change	Sexual Health staff; Outreach and Council/NHS	Monday 24 to Sunday 30 September	July –Sept 18

	users, partners, other NHS staff, employers, media	the culture to get people to talk about a taboo subject	England to emphasising all key campaign messages with partners and communicate with target audiences and signpost to services available (universal service and outreach)		
HIV Testing Week and World Aids Day	BME community	To increase awareness (particularly in Woking) of the importance of testing	Sexual Health staff; Outreach and Council/NHS England to signpost to ways to get tested online and offline	Mid/End November until 1 December	Oct – Dec 18

Central and North West London NHS Foundation Trust

Annex 4

Background

Central and North West London NHS Foundation Trust (CNWL) was awarded a contract by Surrey County Council and NHS England to deliver integrated sexual health service and HIV services across the county (GUM, contraception, sexual health promotion outreach and chlamydia screening, HIV treatment and care for outpatients and sexual health and HIV services in Surrey prisons) for services to begin in April 2017. Virgin Care Sexual Health Service moved over to CNWL on 1 April 2017, Frimley Park Hospital Sexual Health Service moved over to CNWL on 1 July 2017 and Ashford and St Peter's Hospital (Blanche Heriot) Sexual Health Service moved over to CNWL on 1 October 2017.

The service offers clinic based Sexually Transmitted Infection (STI)/HIV testing and treatment, all forms of contraception including condoms, as well as an online service for home STI/HIV testing. The service is also available in community settings through outreach provision (Clinic in a Box), basic contraception, health promotion and we will be providing STI/HIV testing.

Appointments can be made through CNWL's dedicated sexual health website, by mobile app (Zesty) or by telephone. Additionally service users are signposted from the Healthy Surrey website (managed by Surrey County Council's Public Health team) with a link to the CNWL site.

CNWL Sexual Health is one of the country's largest and most respected services, with over 150,000 patient attendances a year; supporting over 4,600 HIV patients. The CQC rated the sexual health and HIV services as Outstanding. CNWL are pioneers of integrated sexual health provision.

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Health, Integration and Commissioning Select Committee

4 July 2018

APPOINTMENT OF NAMED SUBSTITUTES TO THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR SOUTH WEST LONDON & SURREY

Purpose of report: appointment of substitutes

Summary:

1. The Select Committee is able to appoint substitute Members to take the place of the Chairman and Vice-Chairman as required.

Next steps:

- The Committee to identify and agree named substitutes from the Select Committee's membership.

Report contact: Andrew Baird, Democratic Services Officer, Democratic Services

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