

**Surrey Sexual Health Services Task Group recommendations:**

**Surrey County Council and NHS England South Response**

**Background**

In September 2018, the Surrey County Council Adults and Health Select Committee received an update on the performance of the sexual health and HIV service contracts. As a result of this update a Task Group was convened to develop recommendations on how a more informed picture of need in Surrey could have been achieved through broader and more effective engagement. The report containing these recommendations was presented to the Health Integration and Commissioning Select Committee in July 2018.

Both Surrey County Council Public Health and NHS England South would like to thank the Task Group for their report. The report has been shared with the Senior Management Team in NHS England Specialised Commissioning South and with Surrey County Council's newly appointed Director of Strategic Commissioning. Commissioners will ensure that learning is shared and embedded across all relevant teams within NHSE Specialised Commissioning South and Surrey County Council.

The Director of Commissioning at Surrey County Council is leading on a single integrated framework for commissioning, development of a commissioning hub (a centre of excellence) and the health and social care devolution agreement. The single integrated framework will provide a valuable source of expertise and information to commissioners across the council, much of which is relevant to the Task Group recommendations. The public health team will share the learning from the re-commissioning of sexual health and HIV services to help inform the framework development,

This document contains the primary response of Surrey County Council Public Health and NHS England South to the recommendations of the Task Group

***The Sexual Health Services Task Group recommends that:***

- 1. Surrey County Council adopts clear expectations for engagement when assessing local need that requires commissioners to:***
  - a. 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. review 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;***

Surrey County Council Public Health team have strengthened the stakeholder mapping and engagement process. The process has been clearly documented to ensure embedding in all future procurement processes and existing contract management. For example, during a

recent contract variation to the substance misuse service a substantial consultation exercise was conducted, using a variety of methods to engage with those with lived experience of the issue, families, carers and wider stakeholders. A system of ongoing dialogue with service users has been incorporated into the contract management process. This process has also involved reports to relevant boards such as the Community Safety Board and ensuring we have ongoing engagement with key stakeholders such as Healthwatch and the Clinical Commissioning Group clinical executives during this and other commissioning processes.

NHS England Specialised Commissioning South will work with local authorities to ensure that our engagement processes align and integrate throughout the commissioning cycle.

Additional training and standard operating plans for key NHS England staff that are likely to be involved in future procurements has already been sourced to ensure that everyone is aware of their duties to engage with public and stakeholders throughout a procurement process or service reconfiguration. This will be monitored by NHS England Specialist Commissioning Senior Management Team.

***ii. 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 these to be mitigated where possible***

NHS England and Surrey County Council Public Health recognise that the market can often offer solutions to commissioners. NHS England Specialised Commissioning South and Surrey County Council will continue to robustly engage with providers at the market engagement stage of the commissioning cycle to obtain views and perspectives on different service delivery models in order to understand opportunities and mitigate the risks of possible options. Prior to any future procurement process, both organisations will review this process to ensure that questions asked to prospective providers fully examine how the providers would deliver the new service and expected timelines for mobilisation.

It is an unfortunate reality that potential bidders and incumbent providers are sometimes reticent to share insights and solutions in a wider forum (as they are competitors in the market). In future officers will consider alternative approaches to capture this information prior to tender.

A number of recent procurement exercises undertaken at Surrey County Council have incorporated significant levels of market engagement and made use of different approaches to market, for example the “negotiated approach” which have potential to result in services with a higher degree of co-design.

The financial context for the current sexual health contract is that the funding available for Public Health commissioned services has been reduced by 33% from 2015 to 2020 which has had an impact on all these services including this contract. This is important context that needs to be understood by all stakeholders. Surrey County Council continue to be open and direct regarding the financial situation both prior to tender exercises and during the life of contracts. We continue to work jointly with providers to modernise services and identify increased efficiencies whilst minimising impact on vulnerable service users.

### ***iii. Surrey County Council and the NHS introduce assurance processes to provide certainty that information contained within tender documentation is accurate;***

All commissioners are reliant on incumbent service providers to share with them information regarding their activity both during a contract and as part of tender documentation preparation. For the current sexual health contract, greater focus is now given to incorporating meaningful and measurable Key Performance Indicators to support contract monitoring and ensure that detailed activity levels are captured throughout the life of contracts. This will mean we are in a better position to be assured of more accurate information at the point of exit. Surrey County Council procurement department have introduced a contract management framework to ensure consistent management of this. The requirement to provide accurate financial and activity information for tender documentation preparation is included as a contractual requirement for the current provider.

NHS England Specialised Commissioning South always endeavours to make sure that information in the tender documentation is accurate. In this instance the task group recommendations highlighted a particularly valid point. The HIV and AIDS Reporting System (HARS) is a national registry for HIV services that includes number of patients using each service across England. This was used by Specialised Commissioning to obtain numbers of patients to include in the tender. Numbers proved to be inaccurate and this has been fed back to national leads responsible for HIV as well as colleagues locally across the South. Whilst efforts are being made to improve the HIV and Aids Reporting system, as a result of this process, Specialised Commissioning in the South will put more robust arrangements in place with service providers to ensure we have accurate patient numbers for future procurements.

### ***iv. Commissioners and providers, both incoming and outgoing, are involved in developing a central communications plan for informing patients about options for their ongoing care when communicating future changes in service delivery***

Surrey County Council and NHS England Specialised Commissioning South acknowledge that contracts in some cases have previously lacked detail with regard to precise roles and responsibilities at expiry and exit. This was recognised during the Sexual Health recommissioning process and as a result new provisions within the contract were incorporated to ensure that all parties are clear as to respective roles and responsibilities at the end of the contract. This includes particular emphasis on the outgoing provider to ensure key messages are communicated to patients. The approach has also been used in subsequent procurements and will be incorporated into the proposed central communications plan for informing patients about options for their ongoing care when communicating future changes in service delivery. Robust exit plans will be required as part of all future procurements.

### ***v. NHSESC and the Council require user testing of key points of access into commissioned services to ensure that these are accessible and fully operational***

For future procurement processes commissioners will follow guidance regarding assessment of accessibility of services and work with Patient Voice organisations to test access points including online and telephone functionality.

***vi. a copy of the CNWL's Communications Plan is shared with the Health, Integration and Commissioning Select Committee for review by the end of August 2018;***

The joint communications plan was circulated to members of the committee in advance of the meeting on 4<sup>th</sup> July 2018. Central North West London Foundation Trust (CNWL) have produced a draft Patient Engagement Strategy that compliments the communications plan and will be presented to the patient working group on 10<sup>th</sup> August 2018 for their input. This will then be shared with wider stakeholders with a view to it being signed off at CNWL's contract meeting in October.

***vii. the Health, Integration and Commissioning Select Committee confirms close adherence by commissioners to Healthwatch's five principles for good engagement when reviewing future changes to service delivery.***

Commissioners will continue to work closely with Healthwatch throughout the course of this contract and we are grateful for the valuable contribution they make as a critical friend. Healthwatch are invited to the quarterly contract monitoring meetings and are an active participant. As part of the steps outlined in recommendations *ia* and *ib* Surrey County Council Public Health team have ensured application of Healthwatch's five principles for good engagement in reviewing the recent changes to service delivery for substance misuse services. These principles will be embedded in documented procedures for all future procurements/service reforms.

***viii. 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 CNWL's action plan for improving communication and engagement with patients, potential patients and stakeholders as outlined in recommendation vii above as well as reviewing performance against the delivery of the Sexual Health and HIV Service contracts in six months' time.***

Progress against the joint communications and patient engagement strategy is now included as a standard item on all quarterly contract monitoring meetings with CNWL. Commissioners agree to this recommendation and look forward to reporting on progress with the provider in six months' time.

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