



28 March 2011

Joint Response to *Healthy Lives, Healthy People*

This paper constitutes a joint response to the Public Health White Paper, *Healthy Lives, Healthy People*, from the organisations listed below. Our response addresses issues raised in the White Paper itself and in the consultations on the proposed Public Health Outcomes Framework and on funding and commissioning routes for public health.

We welcome the inclusion of specific indicators in the draft Public Health Outcomes Framework relating to under-18 conception, chlamydia diagnosis rates and late diagnosis of HIV.

We welcome the clear commitment to the provision of comprehensive open access sexual health services and the recognition that these services deliver clear public health benefit.

We welcome the announcement that a new sexual health strategy is to be developed and believe this will be important in setting a clear vision at national level and a framework for establishing local sexual health strategies.

Key Messages

1. It is vital that the proposed indicators on under-18 conceptions, rates of chlamydia diagnosis and late diagnosis of HIV are all retained for inclusion in the Public Health Outcomes Framework. There is strong evidence that robust national leadership on sexual health outcomes effectively translates into improved services and demonstrable improvements in sexual health. Good datasets already exist to measure these outcomes. Taken together they will promote an integrated strategic approach to sexual health at a local level, driving balanced improvement across the very different areas of service provision involved. We would stress the importance of creating appropriate mechanisms to incentivise and ensure local accountability for their achievement.
2. The following services should be mandatory for local authorities to commission:
 - i) comprehensive rapid open access sexual health services, including GUM, contraception and abortion;
 - ii) specialist and reference services for sexually transmitted infection (STI) microbiology, as the expertise for these is not found in NHS laboratories at local level;
 - iii) submission by local services of the range of data required for national surveillance, to ensure public health strategic planning is informed by current evidence of need.
3. It is crucial that the commitment to universal provision of comprehensive open access sexual health services will extend to all aspects of sexual health, including contraception and abortion. This will ensure access to care for those most at risk including young people and reduce avoidable inequalities in sexual health. In order to deliver optimum individual health outcomes as well as public health gain, and to minimise costs, access to sexual health services must also be rapid.

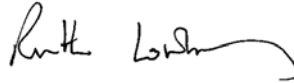
4. Effective integration of sexual health care will be crucial to success – both integration between different aspects of sexual healthcare (GUM, contraception, abortion and HIV services) and integration between the different elements of each care pathway (e.g. prevention, testing, treatment, long-term condition management and social care for HIV). Taking an integrated care approach to sexual health facilitates linkages with services addressing related public health issues such as alcohol and drug misuse, especially for young people and other groups at higher risk. Such combined approaches also offer better value for money from public health budgets.
5. Fragmented commissioning must not lead to fragmented service provision. *Healthy Lives, Healthy People* proposes that some aspects of sexual health will be commissioned by local authorities and some by the national NHS Commissioning Board. It is essential that measures are in place to ensure this does not prevent an integrated approach at local level to the planning and provision of sexual healthcare. For example; it is a concern that there may be insufficient incentive to undertake prevention work if the costs of service provision are held elsewhere.
6. Local authorities do not have experience of commissioning large-scale specialist clinical services such as GUM. It is vital that effective support and accountability mechanisms are in place to enable them to carry out this function in a way that ensures service quality and consistent standards of care.
7. The provision of innovative prevention and testing interventions outside formal settings is also important. There is evidence that these can reach vulnerable populations, achieve behaviour change and reduce treatment costs downstream. Ring-fenced public health budgets must include adequate funds to allow investment in such services, which complement open access sexual health services.
8. We fear that the funds allocated to local authorities to commission public health will not be sufficient to fund the range of services needed in order to improve health outcomes, reduce health inequalities and avoid the higher costs of managing ill-health. We urge the government to take steps to avoid reductions in services which would lead to a deterioration in sexual health.
9. Some sexual health interventions are better commissioned at a supra-local rather than local level. The benefits of this include economies of scale, greater cost effectiveness and access to evidence and skills enabling higher quality provision. Notably, it can be a more effective approach to the commissioning of services for certain populations whose lifestyles lead to risk-taking or health-seeking behaviour across a wider geographical area, e.g. men who have sex with men. A balance needs to be found between these benefits and those arising from commissioning at local level which are well set out in *Healthy Lives, Healthy People*.
10. It is essential that funds are allocated to develop targeted prevention campaigns and resources at a national level that can be rolled out locally, tailored to local needs. This approach will be; cost effective, avoid duplication of effort/resources and will ensure that local initiatives benefit from specialist knowledge and evidence of which interventions are most effective at achieving behaviour change.

11. It will be important that the new sexual health strategy and any guidance on achieving the public health outcomes make explicit the importance of integration and also the need for services to be delivered across a range of health and community settings in order to deliver cost-effective solutions and reach all those communities at risk of poor sexual health.

Yours sincerely



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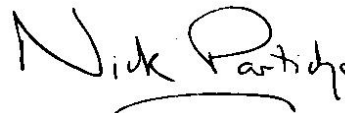
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