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A

Social Services, Housing and Public Health Policy Overview Committee

Date: **WEDNESDAY, 19 APRIL 2017**

Time: **7.00 PM**

Venue: **COMMITTEE ROOM 5 - CIVIC CENTRE, HIGH STREET, UXBRIDGE UB8 1UW**

Meeting Details: Members of the Public and Press are welcome to attend this meeting

Councillors on the Committee

Wayne Bridges, Chairman of the Social Services, Housing & Public Health Policy Overview Committee (Chairman)

Jane Palmer, Chairman of the Children's, Young People and Learning Policy Overview Committee (Vice-Chairman)

Teji Barnes

Peter Davis

Becky Haggar, Carers' Champion

Shehryar Ahmad-Wallana

Beulah East, Labour Lead, Social Services, Housing and Public Health Policy Overview Committee

Tony Eginton, Labour Lead, Pensions and Audit Committees

Peter Money

Co-Opted Member

Mary O'Connor

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Contact: Neil Fraser - Democratic Services Officer
Tel: 01895 250692
Email: Nfraser@hillingdon.gov.uk

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Lloyd White
Head of Democratic Services
London Borough of Hillingdon,
3E/05, Civic Centre, High Street, Uxbridge, UB8 1UW
www.hillingdon.gov.uk

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SOCIAL SERVICES, HOUSING & PUBLIC HEALTH

To perform the policy overview role outlined above in relation to the following matters:

1. Adult Social Care
2. Older People's Services
3. Care and support for people with physical disabilities, mental health problems and learning difficulties
4. Asylum Seekers
5. Local Authority Public Health services
6. Encouraging a fit and healthy lifestyle
7. Health Control Unit, Heathrow
8. Encouraging home ownership
9. Social and supported housing provision for local residents
10. Homelessness and housing needs
11. Home energy conservation
12. National Welfare and Benefits changes

Agenda

CHAIRMAN'S ANNOUNCEMENTS

1	Apologies for Absence and to report the presence of any substitute Members	
2	Declarations of Interest in matters coming before this meeting	
3	To receive the minutes of the meeting held on 23 March 2017	1 - 6
4	To confirm that the items of business marked in Part I will be considered in Public and that the items marked Part II will be considered in Private	
5	Integrated Open Access - Sexual and Reproductive Health Services	7 - 14
6	Second Review: The changes to Housing Benefits and their Impact on residents and the Council: Update on final report and suggested recommendations	Verbal Update
7	Cabinet Forward Plan	15 - 18
8	Work Programme 2017/18	19 - 22

Minutes

SOCIAL SERVICES, HOUSING AND PUBLIC HEALTH POLICY OVERVIEW COMMITTEE

23 March 2017

Meeting held at Committee Room 5 - Civic Centre, High Street, Uxbridge UB8 1UW

	MEMBERS PRESENT: Councillors: Jane Palmer (Vice-Chairman) Teji Barnes Becky Haggar Shehryar Ahmad-Wallana Tony Eginton Mary O'Connor Jazz Dhillon **CO-OPTED MEMBER:** Mary O'Connor **OFFICERS PRESENT:** Debby Weller and Dan Kennedy - Head of Business Performance, Policy & Standards Neil Fraser - Democratic Services Officer
54.	**CHAIRMAN'S ANNOUNCEMENTS** *(Agenda Item)* The Chairman advised the Committee that, following the previous meeting, the Chairman of the Hillingdon Safeguarding Adults Partnership Board had written to apologise for the poor quality of the responses to the Committee's written questions. The basic responses had been passed to a member of staff, (who was no longer with the organisation), with the mandate to expand upon the answers given before passing these to the Committee. Unfortunately, the original, basic answers were forwarded to the Committee in error. It was accepted that the responses were inadequate, and it was confirmed that care would be taken to ensure all future responses were of the correct standard.
55.	**APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS** *(Agenda Item 1)* Apologies were received from Councillor Beulah East (with Councillor Jazz Dhillon substituting) and Cllr Peter Money (no substitute).
56.	**DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING** *(Agenda Item 2)* None.

57.	**TO RECEIVE THE MINUTES OF THE MEETING HELD ON 23 FEBRUARY 2016** *(Agenda Item 3)* Referring to minute 50, Hillingdon Adult Safeguarding Board - Chairman Q&A Session, Councillor Eginton highlighted that Councillor Cooper's comments regarding the quality of the responses to the Committee's written questions had been omitted. Councillor Cooper had remarked that the written responses received had been hard to understand, and were lacking in relevant information. In addition, Councillor Eginton's statement that other Councils were making their ratified performance data available for review earlier than October had been omitted. **RESOLVED: That the minutes of the previous meeting be approved as a correct record, subject to the above additions.**
58.	**TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED IN PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART II WILL BE CONSIDERED IN PRIVATE** *(Agenda Item 4)* It was confirmed that all items would be considered in public.
59.	**WITNESS SESSION FOR SECOND MAJOR REVIEW - THE IMPACT OF CHANGES TO HOUSING BENEFITS ON RESIDENTS AND THE COUNCIL** *(Agenda Item 5)* Debby Weller, Policy and Strategy Manager - Housing, provided a witness report as part of the Committee's review into the changes to Housing Benefits. Ms Weller was supported by Dan Kennedy, Head of Business Performance, Policy and Standards. Members were informed that at the previous meeting, the witness session had provided evidence from a front-line service perspective, whilst the second witness session would consider how reforms to Housing Benefits fit within a wider policy framework for Housing. Ms Weller referred to the Homelessness Reduction Bill, currently being considered by Parliament. The Bill was designed to prioritise early intervention from councils to prevent people threatened with homelessness from actually becoming homeless. Under the Bill, councils in England would be required to help all eligible people, whether they were single or a family, for 56 days before they were threatened with homelessness. Those who were already homeless would receive support for a further 56 days, to help them secure accommodation. This was approximately double the support time currently offered, and would be advertised on the Council website, and via leaflets, partners, and other communication channels. The disparity between Local Housing Allowance (LHA) in the private rented sector and the actual rents charged by landlords meant that there was an increased risk of homelessness due to evictions of households unable to meet rental costs and that the application of the lowered Household Benefit Cap posed a further risk. This had implications for the supply of housing and the steps that could be taken to assist potentially homeless households.

	Once the legislation was passed, a steering group, which would include local authority representatives, would assist in informing of the revised homelessness guidance. The group had not yet been constituted, and so it was unknown whether Hillingdon would be asked to contribute. The revised guidance was expected to include a more detailed understanding of what would be considered 'reasonable steps' to assist homeless households. There may also be an impact on 'suitability of accommodation' requirements including in relation to affordability and location. It was not unlikely that aspects would also be tested via case law. Changes to the funding of Supported Housing, including hostels and refuges, would reduce funding via the benefits system. From 2019/20 onwards, core rent and service charges would only be paid up to the LHA rate (through Housing Benefit or Universal Credit), with the difference to be made up by Local Authorities through a discretionary fund. A Green Paper setting out the detailed arrangements, to allay uncertainty for supported housing providers, was expected this Spring. The Government recently published regulations to remove the automatic entitlement to housing costs in the Universal Credit Full Service for some 18 -21 year olds. This was designed to encourage young people who could stay at home to do so, to avoid moving out and passing those costs onto the tax payer. Exemptions to the policy included claimants who were orphans or whose parents lived abroad, or where it would be inappropriate for the claimant to live in the parental home due to a serious risk to their physical or mental wellbeing. Exemptions also applied in a variety of circumstances, including where claimants were responsible for a child or qualifying young person, were care leavers before the age of 18, or were subject to active multi-agency management. In addition, exemptions applied where the claimant was not expected to work full time, or where a claimant was earning a certain salary. These regulations would only apply in Universal Credit Full Service areas, which were gradually being rolled out across the country. Roll out in Hillingdon was scheduled to begin in July 2018. Members were informed that from April 2017, the Temporary Accommodation Management Fee paid by DWP to local authorities would be replaced by a new DCLG grant; the Flexible Housing Support Fund, which would give local authorities greater flexibility to manage homelessness. The housing cost element would continue to be paid by DWP, though this would move to standard LHA rates as Universal Credit was rolled out. The new grant would be allocated according to a formula which reflected relative homeless pressures, while at the same time ensuring that high pressure local authorities were protected. Hillingdon had recently received notice of its allocation for the next 2 years, though there was no information beyond that time. It was highlighted that the allocation would be granted each year, regardless of the actual numbers of households in temporary accommodation and how the fund had been used. The Council would be able to exercise discretion over how to use the fund. The recent Government White Paper 'Fixing Our Broken Housing Market' focussed on increasing and speeding up the supply of housing over the long term, primarily though the planning system. Though these planning changes

would take time to deliver, the paper also set out how the Government would help people, including confirming support for the Homelessness Reduction Bill.

The Paper made it clear that Starter Homes were just one form of affordable ownership, and would only be available to households with an annual income below £90k in London. Cash buyers would be excluded, and the proportion of Starter Homes on developments would be decided locally. The Paper proposed a multi tenure approach rather than home ownership at all costs, as this was thought to be able to deliver development faster.

Highlighting the Affordable Homes Programme 2016-21, Members were advised that most London Affordable Rent homes were expected to be let at substantially below 80% of market value. In addition, London Living Rent (LLR) was a Rent to Buy product with sub-market rents on time-limited tenancies. LLR rents were based on one third of the local median income. Eligibility for the product was limited to social or private tenants with a maximum income of £60k. It was noted that the affordability of housing would interact with the changes to welfare benefits, particularly the freezing of LHA rates.

Members thanked Ms Weller for the report, and went on to ask a number of questions.

The Committee sought further information on how to safeguard public housing tenants who had to deal with landlords who may be in rent arrears at risk of homelessness. In response, it was highlighted that most homelessness was due to private sector evictions. Whilst the Council could appeal to landlords to not increase their rent charges, and could emphasise the benefits of a stable tenancy to the landlords, in a buoyant housing market it was inevitable that some private landlords would seek to increase the rent they charged. Hillingdon would work to encourage households to not ignore the risk of homelessness, but to face it and deal with it early. The Council could further help by assisting the household to find alternative tenancies, or help with deposits.

On occasion, landlords would approach the Council seeking further housing grants or discretionary payments. The White Paper sought to increase the number of institutional landlords, to increase stability for tenants. It had been recognised that some households presented to the Council very late in the eviction process, which gave the Council less time to negotiate with landlords. Often, this resulted in having to place the household into emergency housing, such as Bed and Breakfast accommodations. The new legislation set out the structure to engage with households earlier in the process, through regular dialogue and proactive working.

Members sought further information regarding the scale of the issue, including how many households were in need of support, and how many officers were involved in providing this support.

Officers provided an estimate that in the current year, approximately 1000 households presented as homeless, had a statutory priority need and were 'eligible', with 50% of these progressing to a formal homelessness assessment. Of these, approximately 270 were formally accepted, at which

point the Council had a statutory duty to re-house them. Advice was offered to circa 2,400 residents. It was expected that the changes to legislation could result in a significant increase in the workloads for housing prevention staff, given an increased focus for non priority homeless households and the reporting requirements as set out in the Bill. Officers may be required to record information on a case by case basis, in detail. Updates to systems would be required to record this data.

Dan Kennedy, Head of Business Performance, Policy and Standards, confirmed that a recent restructure within the Housing department had taken place, but that this had resulted in no reduction in staffing. The restructure had re-graded management roles in order to attract greater expertise and skills from the marketplace. A 'subject matter expert' would be placed within each team, to support casework and consistency in standards. The Cabinet had committed to continuing to resource the area, and the department was actively recruiting for 4 senior roles, which were expected to be filled in the next month. Recruitment for management roles was currently underway, with 2 of 6 to be filled permanently. The remaining 4 roles would be filled on an interim basis, pending permanent recruitment. It was recognised that filling roles with the requisite quality was difficult in such a competitive marketplace, a fact borne out by one of the candidates declining a role offered, due to their current employer offering a more competitive package.

Members sought details of the how Hillingdon encouraged tenants to consider alternative accommodation. Officers advised that there were a number of tactics employed, including financial incentives. Often, households would be offered incentives to look at downsizing to a smaller property, or to consider accommodation in new areas. Homeless households would have a suitability assessment carried out, and if it was deemed appropriate, could even be placed outside of the Borough. In certain situations, and where appropriate, the Council may take a harder stance towards those households who refused to move or downsize without good reason, particularly those who had few ties to their current area such as family or schools. In such instances, Hillingdon could pursue a discharge, though this could lead to complaints or legal challenges.

The Chairman requested confirmation that housing deposits were being returned to the Council at the end of a tenancy. Officers confirmed that the deposits were required to be returned to the tenant, (through the statutory Tenancy Deposit Scheme) often to aid them in securing a tenancy at another property. This was the case even if tenants had a change in financial circumstances and were no longer claiming benefits. Members felt that in such instances this money should be returned to the Council to help other deserving claimants, and it was agreed that this be recommended within the review's final report.

RESOLVED:

1. **That the report be noted;**
2. **That the final report be drafted, inclusive of the suggested recommendation regarding the return of housing deposits.**

60.	**CABINET FORWARD PLAN** *(Agenda Item 6)* Noted.
61.	**WORK PROGRAMME** *(Agenda Item 7)* Noted.
	The meeting, which commenced at 7.00 pm, closed at 7.49 pm.

These are the minutes of the above meeting. For more information on any of the resolutions please contact Neil Fraser - Democratic Services Officer on 01895 250692. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

INTEGRATED OPEN ACCESS SEXUAL & REPORODUCTIVE HEATH SERVICES

A REPORT FOR THE SOCIAL SERVICES, HOUSING & PUBLIC HEALTH POLICY OVERVIEW COMMITTEE

Contact Officers:
Steve Hajioff – Director of Public Health
Sharon Daye Consultant in Public Health
Telephone: 01895 556286

1.0 REASON FOR ITEM

The Committee is asked to note the report on the tender for the new open access Integrated Sexual and Reproductive Health Service – including HIV Prevention and Support Services.

2.0 INFORMATION

Background and Context

2.1 Sexual health is a major public health issue. If sexually transmitted Infections (STIs) are left undetected and untreated they may result in serious complications in later life, not only in terms of the individual's reproductive health (ie. pelvic inflammatory disease, which can cause ectopic pregnancies and infertility; cancer eg. cervical cancer), but also in relation to the following:

- Premature delivery of the new born and still births
- Hepatitis, chronic liver disease and liver cancer
- Unintended pregnancies and abortions
- Psychological consequences of sexual coercion and abuse, poor educational, social and economic outcomes for teenage mothers and their children
- Reduced life expectancy

2.2 Investment in sexual and reproductive health services can deliver healthcare savings through preventing unplanned pregnancies and reducing the transmission of STIs, including HIV.

2.3 As part of the Health and Social Care Act 2012, responsibility for commissioning sexual and reproductive health services (including genitourinary medicine (GUM), Contraception and HIV prevention and support) that meet residents needs and reduce health inequalities, transferred to Local Government on 1st April 2013.

The contracts for these services were held with three main providers: The Hillingdon Hospital - for the provision of GUM services; Central and North West London Trust - for the provision of contraception and sexual health services (CaSH) and HART (Hillingdon AIDS Response Trust) - for the provision of prevention and support services for residents living with HIV and AIDS.

2.4 Overall, the trend for the incidence of sexually transmitted infections (STIs) in Hillingdon is upwards. This, coupled with demographic growth, will lead to an increasing demand for (and therefore cost of) services under current arrangements.

2.5 The competitive tender exercise was undertaken because existing contracts for these commissioned sexual and reproductive Health and HIV support services are due to expire on 30th April 2017. In addition, whilst there are adequate sexual health services in Hillingdon, going forward it was recognised that in order to effectively meet the current and future sexual health needs of residents - without year on year cost inflation - services need to be transformed.

2.6 Assessment of Need: A sexual and reproductive health needs assessment was undertaken in early 2016. The outputs from the needs assessment have been used to inform the development of a transformed service model for the provision of integrated open access, clinical and non-clinical sexual and reproductive health services (including HIV prevention and support).

2.7 Running parallel to the needs assessment, a number of scoping meetings were held with BID[1] to agree a sexual and reproductive health pathway. Other meetings were held with external stakeholders in order to map treatment journeys, to consider the core values for the service, and to agree deliverables and outcomes.

2.8 A survey of GUM and CaSH service users was undertaken as part of the needs assessment process, and a limited number of small focus group discussions were held with women attending Children's Centres. The outputs from the surveys and the focus groups were also used to inform the design of the new sexual and reproductive health pathway.

2.9 Key Challenges: The key issues and challenges identified for the Council in delivering an integrated, open-access clinical and non-clinical sexual and reproductive service (including HIV prevention and support) were as follows:

a) **High Risk Groups –** Increasing uptake of early intervention and prevention services amongst high risk groups such as under 18s; adults at risk of STIs and HIV infection, or Black African men and women); Women in their twenties and thirties having abortions and repeat abortions; users of sexual health services who experience repeat STI infections.

b) **Vulnerable Groups –** Early identification of individuals who may be vulnerable because of the setting or circumstances in which they live, or because of risks related to behaviour.

[1] BID – Business Improvement Delivery.

c) **Unreached Groups and Communities -** Some groups find accessing services more difficult because of concerns regarding stigma or other service limitations (e.g. LGBT groups), or may be at additional risk of exploitation because of life circumstances (e.g. people with mental health difficulties, learning difficulties, people with learning disabilities, victims of sexual assault or domestic violence and/or trafficking).

d) **Discontinuation of Long Acting Reversible Contraception –** Clearer understanding of the duration, variable uptake, removal rates of Long Acting Reversible Contraception (LARC) across the Borough.

e) **Early targeted prevention and intervention -** Early intervention and prevention is key to reducing the number of high need interventions, repeat attendances to GUM clinics and repeat abortions, which will help to prevent high risk groups from developing more complex problems:

- Targeting 'unreached communities' and those adopting 'risky' behaviours/ making 'risky' lifestyle choices;

- Improving approaches to harm reduction (i.e. in relation to the use of New Psychoactive Substances (NPS) also referred to as club drugs, legal highs).

f) **Male service users -** The existing community sexual health service is predominantly used by women, and so is perceived to be a service for women. Evidence suggests that young men are unlikely to actively seek out information or advice on sex. This needs to be addressed.

2.10 Stakeholder Event: A stakeholder event was held for local partners. The event included a presentation on the sexual and reproductive health needs assessment and commissioning intentions for sexual and reproductive health services, including HIV prevention and support. Stakeholders were informed of the BID work undertaken with internal and external partners, as well as consultations with service users / residents and what they were saying about the services. Comments and views from the event were considered and incorporated into the tender documentation.

2.11 Market Warming Event: A 'market warming' event for providers was held in June 2016. Both current and prospective service providers participated and officers presented the sexual and reproductive health needs assessment, commissioning intentions, aspirations, principles, values and challenges. The discussion focused on proposed service models, outcomes and payment structures.

2.12 Equalities Impact (EIA) and Health Impact Assessments (HIA): An EIA and HIA was undertaken on the specification for the new service model. A limited number of potential negative impacts were identified, but mitigation was identified to address the issues raised.

3.0 TENDER PROCESS

3.1 The competitive tender exercise commenced in September 2016. Although the market for the provision of these services remains relatively undeveloped, a number of expressions of interest were received and finally two service providers completed and submitted tender responses. The first was from Central and North West London NHS Foundation Trust (CNWL). The other was from London North West Health Care NHS Trust (LNWH). Both providers had adopted a 'prime provider' model.

3.2 The evaluation of the tender responses was carried out by the methodology given within the tender documents. Tenders were assessed on suitability, compliance, capacity, quality and value. The weighting ratios for the evaluation were Quality - 40% and Value - 60%.

3.3 London North West Healthcare, has been awarded the contract for the provision of the new open access 'Integrated Clinical & Non-clinical Sexual and Reproductive Health Service – including HIV prevention and support'. The contract will be for seven years (ie. Four years with an option to extend for a further three years)

4.0 COMMISSIONING INTENTIONS

4.1 The new model of service will offer rapid access to confidential, open-access, integrated sexual health services in a range of settings, accessible at convenient times, as well as providing improved quality and best value. In addition, the service will:

(a) Be expected to provide an HIV prevention and advice, supporting positive health and employment outcomes, including adherence to medication, disclosure of status and safer sex, all of which are key secondary prevention interventions which benefit public health and reduce onward transmission.

(b) Be expected to work to build a sexual health and wellbeing culture across the local health and care economy that prioritises prevention and supports behaviour change.[2]

4.2 Principles of prevention and early intervention are at the heart of the new model of service. The model is intended to reduce the level of abortions and repeat abortions, reduce the rate of late diagnosis of HIV amongst at risk groups and communities, reduce re-infection rates for sexually transmitted infections (STIs) in particular among young people, and to increase the uptake of long acting reversible contraception.

4.3 The new model of service will deliver routine, intermediate and specialist services as defined by the Department of Health.

[2] (DH 2013 – A Framework for Sexual Health Improvement in England).

4.4 Services will be delivered on a 'hub and spoke' basis with a central point of contact and triage. Clinics will be provided in the north, centre and south of the borough. Routine and intermediate services (Levels 1 and 2) will be delivered from all locations (hub and spoke clinics) and specialist treatment and care (Level 3) will be delivered from the hub clinic(s).

4.5 Integrating sexual and reproductive health provision will allow our residents to obtain a comprehensive offer within a single appointment, minimising duplication of effort and the overall number of patient attendances. This holistic approach will allow patients to obtain the appropriate service to address their needs regardless of the initial reason for presentation.

4.6 The service provider will deliver HIV prevention, advice and support services for residents and families living with HIV. This will support positive health and employment outcomes, adherence to medication, disclosure of status, and safer sex, all of which, are key secondary prevention interventions that benefit public health and reduce onward transmission.[3]

4.7 London North West Healthcare, as the 'prime provider', will sub-contract services with other appropriate providers, including GPs and the third / private sectors. However, the Council retains the right to approve of any sub-contracting arrangements.

4.8 To maximise the benefits of early intervention it is important that access to intrauterine contraceptive device (IUCD) fitting services is straightforward and convenient. It is likely that the service provider will work with GP practices currently commissioned by the Council to deliver IUCD fitting services (for contraceptive purposes only) to ensure ease of access across all parts of the borough.

4.9 The new service model will enable online and other remote digitally based access to services including:

a) Information, advice and guidance to support residents to 'self-manage' their sexual and reproductive health.

b) Facilities for service users to 'self-triage' via 'user friendly' care pathway selection processes – to include options for 'home sampling' for STIs and HIV, receiving test results.

c) Options to book appointments.

4.10 The new provider will be required to fulfil an invoice validation and payment service for out of area GUM/CaSH activity, from both London and out of London GUM/CaSH providers.

[3] The Commissioning of Birmingham Sexual Health Services Consultation Evidence from National AIDS Trust http://www.nat.org.uk/media/Files/Policy/2014/NAT_Submission_to_Birmingham_Sexual_Health_Commissioning_Consultation_Dec13.pdf

5.0 INTERDEPENDENCIES

5.1 HIV Treatment and care services: NHS England is responsible for commissioning and funding HIV inpatient and outpatient treatment and care services. The provider of the new service model will be required to establish and maintain links with inpatient and outpatient HIV treatment services within the London Borough of Hillingdon.

5.2 Post Exposure Prophylaxis after Sexual Exposure (PEPse): Drug costs are not within the scope of the new service model. In line with national arrangements, PEPse drug costs are funded by NHS England. As such the new service model providers will be expected to bill NHS England for drug costs associated with the provision of PEPse.

5.3 Pre-exposure prophylaxis (PrEP)**:** The Court of Appeal has ruled in favour of the National AIDS Trust in a judgment that confirms an earlier High Court judgment that NHS England can legally fund the HIV prevention drug PrEP. This decision means that NHS England is obliged to give due consideration to commissioning PrEP.

In light of the Court of Appeal ruling, NHS England has stated that it will:

- formally consider whether to fund PrEP;
- discuss with local authorities how NHS-funded PrEP medication could be administered by the sexual health teams they commission;
- immediately ask the drug manufacturer to reconsider its currently proposed excessively high pricing;
- explore options for using generics.

A timescale for these actions has not been provided by NHS England and it remains unclear whether they will fund PrEP going forward.

5.4 The new integrated sexual and reproductive health service provider will not be commissioned by the London Borough of Hillingdon to provide PrEP.

5.5 Cervical Screening: NHS England is responsible for commissioning the National Cervical Screening Programme for women aged 25-64 years in England. Women aged 25-49 years receive an invitation for screening every three years. Women aged 50–64 receive an invitation every five years. Routine, opportunistic and overdue cervical screens are all exempt from the new service model. These are the responsibility of General Practice to provide and to be commissioned by NHS England. Opportunistic offers and testing of women living with HIV will be acceptable under this agreement.

5.6 Abortion Services: Clinical Commissioning Groups (CCGs) are responsible for commissioning and funding of abortion services. The new service model will be required to develop and maintain links with local providers to ensure the prompt referral of patients requesting abortion counselling.

5.7 Gynaecological Services: CCGs are responsible for commissioning and funding gynaecology and menopause services. The new service model will be required to

develop and maintain links with local providers to ensure the prompt referral of patients requiring this provision.

5.8 Psychology Services: CCGs are responsible for commissioning and funding the provision of psychosexual services as a result of:

- Sexual practices which would be the subject of action under the criminal justice system;
- Some sexual addictions and paraphilia requiring psychiatric input;
- Service required as a result of dysfunctions organic in origin – ie. non- sexual health aspects of psychosexual counselling;
- Service required for the assessment and management of gender dysphoria, but will facilitate appropriate referral.

The new service model will be required to develop and maintain links with providers to ensure the prompt referral of patients requesting this provision.

5.9 Sterilisation Services: Clinical Commissioning Groups are responsible for commissioning and funding sterilisation services. The new service model provider will be required to develop and maintain links with providers to ensure the prompt referral of patients requesting this provision.

5.10 Sexual Assault Referral Centres: NHS England is responsible for commissioning and funding Adult and Paediatric Sexual Assault Referral Centre services.

6.0 CONCLUSION

6.1 It is anticipated that the new open access 'Integrated Clinical & Non-clinical Sexual and Reproductive Health Service – including HIV prevention and support', will not only provide greater flexibility to ensure the provision of a robust service that meets the needs of residents, but additionally will serve to improve the experience of residents using the services, drive value, improve quality, improve access through a better geographical spread of services and opening hours and offer more efficient and effective services through improved early intervention and prevention.

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CABINET FORWARD PLAN

Contact Officer: Neil Fraser
Telephone:01895 250692

REASON FOR ITEM

The Committee is required to consider the Forward Plan and provide Cabinet with any comments it wishes to make before the decision is taken.

OPTIONS OPEN TO THE COMMITTEE

1. Decide to comment on any items coming before Cabinet

2. Decide not to comment on any items coming before Cabinet

INFORMATION

1. The Forward Plan is updated on the 15th of each month. An edited version to include only items relevant to the Committee's remit is attached below. The full version can be found on the front page of the 'Members' Desk' under 'Useful Links'.

SUGGESTED COMMITTEE ACTIVITY

1. Members decide whether to examine any of the reports listed on the Forward Plan at a future meeting.

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Ref	Upcoming Decisions	Further details	Ward(s)	Final decision by Full Council	Cabinet Member(s) Responsible	Officer Contact for further information	Consultation on the decision	NEW ITEM	Public / Private Decision & reasons
									SI = Standard Item each month
				Council Departments: RS = Residents Services	**SC = Social Care**	**AD = Administration**			**FD= Finance**
Cabinet - 16 March 2017									
177	**Award of Contract: Community Equipment Service**	Cabinet will consider a provider to deliver a community equipment service to disabled residents in order to enable them to remain independent in their own homes for as long as possible.	All		Cllr Philip Corthorne	SC - Gary Collier		**NEW**	Private (3)
Cabinet - 18 May 2017 * provisional date									
174	**Older People's Plan update**	Cabinet will receive it's twice yearly update on progress on the Older People's Plan (May and November annually).	All		Cllr Ray Puddifoot MBE / Cllr Philip Corthorne	AD - Kevin Byrne / Vicky Trott	Older People, Leader's Initiative	**NEW**	Public
175	**Carers Strategy - progress update**	Cabinet will receive an annual update on progress implementing the Carers' Strategy and Delivery Plan.	All		Cllr Philip Corthorne	AD - Kevin Byrne / Vicky Trott	Carers, Carers Champion	**NEW**	Public

Cabinet - 27 July 2017 * provisional date									
187	**Award of Contract: Care and Wellbeing Service in Extra Care**	Cabinet will be asked to accept a tender of up to seven years for the provision of a care and wellbeing service to the tenants of Hillingdon's four extra care sheltered housing schemes, two of which are due to open in 2018. The award of contract request will follow a competitive tender process.	Various		Cllr Philip Corthorne	SC - Gary Collier			Private (3)

WORK PROGRAMME 2017/18

Contact Officer: Neil Fraser
Telephone: 01895 250692

REASON FOR ITEM

This report is to enable the Committee to review meeting dates and forward plans. This is a standard item at the end of the agenda.

OPTIONS AVAILABLE TO THE COMMITTEE

1. To note dates for meetings 2017/18

2. To make suggestions for future working practices and/or reviews for the year 2017/18. To aid the Committee, the full work programme 2016/17 has been included.

INFORMATION

The following meeting dates are provisional until confirmed at Council in May 2017.

All meetings to start at 7.00pm

Meetings	Room
28 June 2017	CR 6
20 July 2017	CR 6
5 September 2017	CR 6
2 October 2017	CR 6
6 November 2017	CR 5
23 January 2018	CR 6
27 February 2018	CR 6
22 March 2018	CR 6

Social Services, Housing and Public Health Policy Overview Committee

Work of the Committee 2016/17

Meeting Date	Item
21 June 2016	Major Reviews Topics 2016/17
	Work programme for 2016/17
	Cabinet Forward Plan

28 July 2016 (CANCELLED)	Budget Planning Report for SS,Hsg&PH
	Scoping Report for Major Review
	Work Programme
	Cabinet Forward Plan

6 September 2016	Major Review - Hospital Discharges - background information
	Cabinet Forward Plan
	Annual Report: Adult Safeguarding Board
	Annual Complaints Report
	Work Programme

4 October 2016	Presentation and Scoping Report for Major Review - Hospital Discharges
	Update on Stroke Prevention review
	Annual Report: Adult Safeguarding Board - Officer responses to questions from Members
	Cabinet Forward Plan
	Work Programme

2 November 2016	Major Review - Hospital Discharges - Witness Session
	Update on previous review recommendations (Shared Lives Review)
	Cabinet Forward Plan
	Work Programme

14 December2016	Major Review - Hospital Discharges - Witness Session
	Stroke Prevention Review - Update
	Consideration of Second Major Review
	Cabinet Forward Plan
	Work Programme

18 January 2017	Budget Proposals Report for 2016/17
	Major Review - Hospital Discharges - Consideration of evidence and discussion on suggested recommendations
	Major Review - Stroke Prevention - Draft Final Report
	Cabinet Forward Plan
	Second Major Review - Implementation of Benefit Changes
	Work Programme

21 February 2017	Cabinet Forward Plan
	Scoping report and Witness Session for Second Major Review - Implementation of Benefit Changes
	Minor Review - Employment of People with Disabilities
	Annual Report: Adult Safeguarding Board - Chairman invited to attend
	Work Programme

23 March 2017	Cabinet Forward Plan
	Work Programme
	Witness Session for Second Major Review - Implementation of Benefit Changes

19 April 2017	Cabinet Forward Plan
	Integrated Sexual Reproductive Health Services - Information Item
	Major Review Second Final report