FSRH response to Public Health England’s Tailored Review

FSRH welcomes the opportunity to feedback on Public Health England’s Tailored Review.

The Faculty of Sexual and Reproductive Healthcare (FSRH) is the membership body for over 15,000 doctors and nurses working in sexual and reproductive healthcare, supporting healthcare professionals to deliver high quality care. We provide national qualifications, clinical standards and evidence-based clinical guidance to improve sexual and reproductive healthcare across the UK.

What do you think should be the key priorities and primary functions of Public Health England?
As well as its four primary functions, FSRH believes that Public Health England should prioritise the following areas in its work:

Promoting prevention
FSRH believes that Public Health England is in an excellent position to promote financially efficient public health interventions that return wider health and social system benefits. We would like to see sexual and reproductive healthcare promoted as an example of this by Public Health England. The widely cited Department of Health statistic that for every £1 invested in contraception saves the NHS £11 in averted outcomes\(^1\) succinctly illustrates how investment in high-quality SRH would bring a significant return to the healthcare system by freeing up valuable health and social care resources in the long term.

Promoting and protecting interventions that reduce health and social inequalities
In its primary function of reducing health inequalities, we believe that Public Health England should prioritise work to help promote and protect public health interventions that have a sizeable impact on the reduction of health and social inequalities. Sexual and reproductive healthcare represents one such set of interventions in terms of health and social inequalities. For example, women who were teenage mothers are 22\% more likely to be living in poverty at age 30; men who were young fathers are twice as likely to be unemployed at 40; and teenage mothers have higher rates of poor mental health for up to three years after birth.\(^2\) Universal access to high-quality sexual and reproductive healthcare would reduce the unintended pregnancies that trigger these poor health and social outcomes. We would like to see PHE enhance its role in protecting and prioritising interventions that reduce health and social inequalities in partnership with organisations that share this goal.

Protecting the public health spend
FSRH is concerned that the Government have only extended the public health ringfence until 2018/19 and this year’s Budget statement alluded to the cessation of centralised ring fenced grants that are given to local authorities, instead projecting, that 100\% of local authority financial resources will come from local government itself. FSRH believes that Public Health England should be calling for the preservation of the public health ring fence beyond 2018/19 to avoid local variations in funding and an increase in health inequalities.

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In addition, we are concerned by the proposal alluded to in the 2015 Spending Review that, with the cessation of the public health ring fence, from 2018/19 local authorities may be funding their own public health budgets from retained business rates. The amount of retained business rates will vary from local authority to local authority and will be significantly lower in socio-economically deprived areas where the highest unmet need for public health interventions often resides. Should this funding mechanism be implemented, we believe that Public Health England, as a champion for reducing health inequalities, should prioritise the creation and implementation of an equalising mechanism across local authorities to ensure that public health funding is distributed according to need and not regional affluence.

**How well do you think PHE fulfils its functions?**

Overall, FSRH is of the opinion that Public Health England fulfils its functions well and has increased its impact over time. However, we believe that Public Health England could more visibly support, develop and lead the public health systems - in particular the way in which it supports and develops the commissioning and delivery of sexual and reproductive healthcare services which are often not explicitly referred to in the context of public health despite being a significant proportion of the spend.

Whilst we welcome the current data Public Health England collects and the additional SRH finger tips indicators it implemented this year, we believe that Public Health England should have stronger enforcement powers to enable them to act on the findings and analyses of data. This would enable Public Health England to hold local authorities and commissioners to account for their performance. As the APPG on Sexual and Reproductive Health’s (2015) report *Breaking down the barriers: The need for accountability and integration in sexual health, reproductive health and HIV services in England* raised, a worrying trend has been reported of councils not spending their public health grant on its intended purpose. In light of this, it is paramount for Public Health England to develop more stringent accountability structures with local authorities. FSRH believes that Public Health England should be given formal powers to disseminate funding for sexual and reproductive healthcare services, including performance management, with consequences if the money is not spent as intended or improved outcomes are not being achieved.

**Does Public Health England demonstrate the level of scientific/medical expertise you would expect?**

FSRH was pleased to see the establishment of the Clinical Expert for Sexual and Reproductive Healthcare post at Public Health England. This expert role and the work that has been undertaken since the post was established (the publication of the *Strategic Action Plan for Reproductive, Sexual Health and HIV Prevention* and the imminent publication of *Missed of Opportunities in Pregnancy*) demonstrate an organisational will to ensure that Public Health England’s work is informed by the level of scientific and medical expertise FSRH (and the public) would expect. We would like to see approaches to SRH more firmly embedded into the PHE strategy and would be happy to work with the Clinical Expert role to help achieve this.

**Does PHE demonstrate the level of independence you would expect?**

Given that, upon establishment, Public Health England’s language included strong initial assertions of ’speaking truth to power’, we are disappointed to see that this language has faded and this has left a question mark over whether PHE is willing to challenge Government when it is in the interests of public health to do so. Public Health England now occupies a much more moderate position of a body that issues plenty of advice and guidance, but appears to rarely highlight or facilitate change in poor practice including in the field of sexual and reproductive healthcare.
Does Public Health England prioritise effectively?
Given how central sexual and reproductive health is for a significant proportion of the population, and the amount of public health money spent on it, we would like to see SRH prioritised more highly by PHE and discussed more visibly.

We do believe there is an urgent need to look at key aspects of SRH services including collection of data by primary care, interpretation and analysis of data to inform service delivery, a urgent need for a review of the balance between GUM and SRH clinical roles and the impact of up to 30% cuts to SRH services in many areas. FSRH would also welcome the development of an economic tool to support local and national investment decisions on evidence-based interventions, as proposed in Public Health England’s Strategic Plan. SRH is a financially efficient intervention (for every £1 invested in SRH the NHS will save £11 in averted outcomes\(^3\)) and helps avert other undesirable social and public health outcomes With this in mind, an economic tool would enable Public Health England to prioritise interventions with the most wide reaching health, social and financial impacts.

We also believe that Public Health England could better promote a comprehensive, life course approach to public health and to sexual and reproductive healthcare. We would like to see PHE make better use of the clinical skills possessed by the SRH workforce and establish clear links between preventative services and healthcare services to avoid fragmented patient pathways where there is need for clinical care. In addition, in terms of a life course approach, current commissioning and service delivery is skewed in favour of young people - noticeably there are no Public Health Outcomes Framework indicators regarding contraception or unintended pregnancy for women over 25. However, there is a clear unmet need for contraception amongst women over 25, the most recent ONS abortion statistic revealed that abortion rates amongst over 25s have risen continually over the past ten years.\(^4\)

How well does PHE communicate and engage with the full range of its stakeholders?
How effective is engagement with the public and wider stakeholders?
With the disbandment of the Department of Health’s Sexual Health Forum, FSRH was pleased to participate in the sexual and reproductive healthcare commissioner/provider group that Public Health England convened in March 2016. We would welcome an update from Public Health England in terms of next steps following this meeting and the continued scheduling of this group going forward.

**FSRH Policy Team, June 2016**

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