AGC Advisory Group on Contraception

# Making the Health and Care Bill work for reproductive health: Briefing from the Advisory Group on Contraception (AGC)

**Summary of the AGC's recommendations for the Health and Care Bill**

1. Introduce clear mechanisms for **national oversight of, and local accountability for**, the delivery of reproductive healthcare
2. Put **women's voices and needs** – including those from vulnerable and marginalised groups – at the heart of reproductive healthcare planning
3. Clarify what **public health reforms** will mean for the delivery of reproductive healthcare

## Introduction

The Health and Care Bill seeks to enhance the delivery of joined-up, integrated care by removing the existing barriers to collaboration, building on the vision of the NHS Long Term Plan. By placing Integrated Care Systems (ICSs) on a statutory footing and driving improved collaboration between NHS and local authority partners, the Bill should offer the opportunity to strengthen the delivery of sustainable, high-quality public health services, including services supporting women's reproductive health. Currently, this opportunity is not being fully leveraged, meaning that not all women have the choice or control over the reproductive health that they need and deserve.

This briefing has been developed by the Advisory Group on Contraception (AGC) to inform parliamentarians on how the Health and Care Bill's proposals might better support local health systems to deliver high-quality, holistic reproductive healthcare. It sets out:

- An overview of current challenges in the reproductive health pathway and their implications for women
- The Health and Care Bill's current provisions on public health
- The AGC's recommendations to make the Health and Care Bill work for reproductive health

## What are the current challenges in the reproductive health pathway?

Since the Health and Social Care Act 2012, commissioning of contraception has been highly fragmented, resulting in a system that is difficult to navigate for both women and healthcare professionals:

- Local authorities commission contraception delivered in community clinics, integrated sexual health services and some GP practices, including specialist care and long-acting reversible contraception (LARC)
- NHS England commissions basic contraceptive services under the GP contract, including user-dependent methods of contraception
- NHS Clinical Commissioning Groups (CCGs) commission contraception for gynaecological problems (such as heavy menstrual bleeding)[1]

This fragmentation ultimately leads to significant gaps in the care pathway for women accessing reproductive healthcare. In many areas, women are not able to access holistic reproductive healthcare – for example appointments for both LARC fitting and cervical smear tests – in one place, needing multiple invasive examinations in different settings. While this is detrimental for all women and their experience of care, the consequences are most damaging for vulnerable and marginalised women – including young people, sex workers, refugees and asylum seekers, and victims of sexual violence – who may be less able to access the support they need without targeted outreach to facilitate engagement with health services.[2]

The implications of this fragmented commissioning pathway have been compounded by years of successive cuts to public health budgets, under which local authority-commissioned services sit. Since the 6.2% in-year budget cut in 2015,[3] the public health grant has been hit by annual real-terms

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cuts of 3.9% each year up to 2020.[4] Whilst the 2020 Budget saw the public health grant rise with inflation for the first time in five years, it is nowhere near the levels of investment required to reverse the damage of year-on-year cuts. These national funding challenges directly translate to local underfunding. In primary care, for example, contraceptive services such as LARC clinics are often under-resourced, resulting in unfair variation across the country and missed opportunities to provide holistic care across the life course.

**Frontline services in England have experienced a 20% cut in real terms and 12% cut in actual budget for contraception since the 2015 public health cuts.[5]**

These challenges have had a material impact on women's ability to access high-quality reproductive healthcare:

- The proportion of local **authorities reducing the number of sites commissioned to deliver contraception** has accelerated from **9% in 2015/16 to 26% in 2018/19**[6]
- **17% of local authorities do not commission any community outreach** services to deliver contraception to more vulnerable groups[6]
- In a 2021 survey conducted by the AGC, **28% of women surveyed reported facing challenges** in accessing contraception before the pandemic lockdown. After the beginning of the pandemic**, 45% of women reported concerns about accessing contraception[6]**
- These challenges may have played a role in the **11% increase in the number of abortions** in women resident in England and Wales between 2010 and 2020. The increase has been demonstrated most markedly in **women aged 30-34, with a 33% increase** in abotion rates[7]

The Government's recent policy focus on prevention[8] has yet to prioritise holistic reproductive healthcare, despite the clear value of joined-up, accessible pathways: **every £1 spent on LARC in primary care saves the wider system £48.**[9]

**What might the Health and Care Bill mean for reproductive health?**

The Health and Care Bill's ambition of building services around patient and population need provides a clear opportunity to address challenges in the provision of reproductive health. Currently, however, **public health is largely side-lined from the Bill**, while new **ambiguity is introduced on how public health functions will be exercised at the national and local levels**.

While the Secretary of State for Health and Social Care will have the power to delegate public health functions jointly between NHS England and ICSs, NHS England will be able to require ICSs to carry out delegated public health functions. It is difficult to predict the implications of these powers in practice. At the same time, as the Government finalises its proposals on public health reform in parallel with the Health and Care Bill's journey through Parliament, it is not clear how these reforms will align to deliver health and care ambitions.

The Bill does recognise the key role of local authorities, as the commissioner of many public health services, as a key partner in both Integrated Care Boards and Integrated Care Partnerships, which will be required to set out how the specific challenges and health needs of local populations will be met. This provides the opportunity for meaningful collaboration across health and care systems to place public health at the centre of the new health and care landscape. This will be vital to the Government's professed goal of 'levelling up' health outcomes across the country.

**How could the Health and Care Bill work better for reproductive health?**

1. **Introduce clear mechanisms for national oversight of, and local accountability for, the delivery of reproductive healthcare**

Although local flexibility is a key enabler of population-based care, without some level of national oversight there is a risk that reproductive healthcare will continue to fall through the gaps in many

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areas, widening variation between regions. **NHS England should therefore be required to develop – in consultation with community stakeholders – a national framework for reproductive health**. This should cover issues including sustainability of funding and workforce needs for reproductive health – in both community services and general practice, where many women prefer to access their contraception – providing ICSs with the resources and tools they need to prioritise the delivery of holistic reproductive healthcare, supported by key performance metrics and milestones. It should also capture relevant commitments from the Sexual and Reproductive Health and Women's Health Strategies currently being developed by the Government.

In tandem, **ICSs should be encouraged to appoint an accountable lead for women's reproductive health** on their Integrated Care Board, who will be accountable for delivering the national framework and ensuring that the right data are being collected to effectively track outcomes and identify opportunities for improvement.

**2. Put women's voices and needs – including those from vulnerable and marginalised groups – at the heart of reproductive healthcare planning**

The Health and Care Bill places a duty on Integrated Care Boards to promote the involvement of patients and their carers in decisions about the provision of health and care services, as well as having regard for health inequalities in service planning. These are welcome foundations that must be further developed to ensure that reproductive health services are built around the voices of all women who access them – especially in light of the Government's recent admission that women's voices have not been sufficiently listened to in the past.[10]

**ICSs should be required to conduct regular and ongoing consultation to ensure that all women are meaningfully involved in, and inform, decisions about the delivery of reproductive healthcare**. For example, women's reproductive health needs will change through their lives, so representation and consultation are needed across a range of age groups. This will ensure that aspects such as information provision, the most appropriate points of access, and the use of digital tools in reproductive health pathways are fully meeting the needs of the women that use these services. In this process, the obligation to consider the impact of any service changes on people who are marginalised on account of a protected characteristic as defined by the Equalities Act should be re-emphasied, and indeed strengthened. **ICSs should be required to work in partnership with non-profit sector partners and local community groups with existing expertise in this area.**

**3. Clarify what public health reforms will mean for the delivery of reproductive healthcare**

Although ambiguous, the Bill's existing provisions on public health commissioning could result in significant changes in how public health services are delivered at the local level, potentially without appropriate scrutiny and input from public health leaders. As the Bill progresses through Parliament, the **Government should explain how it intends to exercise new powers relating to public health, and any foreseen changes in accountability at the national and local levels.**

In addition, the **Government must ensure there is alignment between the Health and Care Bill and the Government's proposals for wider public health reform**, including the creation of the Office for Health Promotion, which are yet to be finalised.

If you would like any further information about the work of the AGC or would be interested in discussing our recommendations for the Health and Care Bill in more detail, please contact AGC@incisivehealth.com.

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[1] Department of Health, A Framework for Sexual Health Improvement in England, March 2013
[2] The Advisory Group on Contraception, At Tipping Point: An audit of cuts to contraceptive services and their consequences for women, November 2018
[3] BMJ, "Deeply disappointing" public health cuts will increase demand on NHS, says expert, November 2015
[4] HM Treasury, Spending Review and Autumn Statement 2015, November 2015
[5] Ministry of Housing, Communities and Local Government, Local authority revenue expenditure and financing: outturn data from 2015 to 2016 and 2019 to 2020
[6] Advisory Group on Contraception, Shining a light on access to contraception in England: an overview of 2019-2020 data, September 2020
[7] Department of Health and Social Care, Abortion statistics in England and Wales
[8] Department of Health and Social Care, Advancing our health: prevention in the 2020s, July 2019
[9] Public Health England, Extending Public Health England's contraception return on investment tool: Maternity and primary care settings, July 2019
[10] Department of Health and Social Care, Women's Health Strategy: Call for Evidence, last updated June 2021

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