White Paper funding allocations for sexual health
Briefing note for PCT and SHA Sexual Health Leads

We have received a number of enquiries about the White Paper funding for sexual health, particularly the allocations for PCTs in 2006/7 and 2007/8 and how they break down across individual areas.

We hope the following provides further clarification on these allocations.

Secretary of State’s Press Release

Immediately following the publication of the Public Health White Paper, the Secretary of State for Health, John Reid announced an additional £300million to modernise sexual health in a press release on 24th November 2004. The following funding streams were highlighted, to make up the £300m (allocated over 3 years):

- £50million for a new advertising campaign
- £80million to accelerate implementation of the chlamydia screening programme
- £130million revenue and capital funding to modernise GUM services
- £40million to upgrade contraceptive services

Performance Management

SHAs have already submitted plans on how they will:

- ensure 48 hour access to GUM for all by 2008
- support a decrease in rates of new diagnosis of gonorrhoea
- rollout the chlamydia screening programme by March 2007

This new priority and investment gives a clear signal that the Government is committed to improving sexual health and delivering on the White Paper commitments. As LDPs need to incorporate local Choosing Health targets which should be performance managed by SHAs, PCTs could consider how local consortia arrangements could develop a role within the SHA to support performance management and service planning, implementation and delivery.

PCT Allocations

Carl Vincent in DH finance wrote to PCTs on 9th February setting out PCT allocations for 2006/7 and 2007/8. Paragraph 10 of the letter highlighted that recurrent allocations of funding in support of the Choosing Health White Paper are to enable PCTs to deliver a number of initiatives including:

- Sexual health modernisation
- Chlamydia screening
Annex E of the guidance gave more detail of the allocations for the White Paper including a breakdown of funding on a national basis for different initiatives:

<table>
<thead>
<tr>
<th>Initiative</th>
<th>2006-07 recurrent allocation £m</th>
<th>2007-08 recurrent allocation £m</th>
<th>Total allocated in 2007-08 £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action on diet, activity and obesity</td>
<td>21.0</td>
<td>13.0</td>
<td>34.0</td>
</tr>
<tr>
<td>Alcohol interventions</td>
<td>0.0</td>
<td>15.0</td>
<td>15.0</td>
</tr>
<tr>
<td>NHS Stop Smoking Services</td>
<td>5.0</td>
<td>0.0</td>
<td>5.0</td>
</tr>
<tr>
<td>Sexual health modernisation</td>
<td>56.5</td>
<td>20.0</td>
<td>76.5</td>
</tr>
<tr>
<td>Chlamydia screening</td>
<td>35.0</td>
<td>0.0</td>
<td>35.0</td>
</tr>
<tr>
<td>Capacity expansion</td>
<td>30.0</td>
<td>20.0</td>
<td>50.0</td>
</tr>
<tr>
<td>Health trainers</td>
<td>36.0</td>
<td>41.0</td>
<td>77.0</td>
</tr>
<tr>
<td>School nurses</td>
<td>20.0</td>
<td>22.0</td>
<td>42.0</td>
</tr>
<tr>
<td>Well-being support programmes</td>
<td>7.0</td>
<td>0.0</td>
<td>7.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>210.5</strong></td>
<td><strong>131.0</strong></td>
<td><strong>341.5</strong></td>
</tr>
</tbody>
</table>

However, for individual PCTs, only the overall “Choosing Health” allocation was shown and a separate breakdown for sexual health was not made explicit. Using the national breakdown it is possible, however to broadly calculate how the different elements in the above table break down. Therefore, in 2006/7, 26.8% of the total allocation is indicated as being for sexual health modernisation and 16.6% for rollout of the chlamydia screening programme. In 2007/8 the breakdown is 22.4% for sexual health modernisation and 10.2% for the chlamydia programme. These national breakdowns provide an indication of the proportion of funds that PCTs could invest in these areas from their overall “choosing health” allocation, but it is obviously a matter for individual PCTs to decide how they allocate these resources according to their local population needs. We have issued guidance to inform how these decisions should be made including the Recommended Standards for Sexual Health Services, the Commissioning Toolkit and Health Promotion Toolkit.

What is not explicit is how the total sum for sexual health breaks down between GUM, contraception and other elements, which include abortion services. These breakdowns are as follows:

In 2006/7, of the £56.5m for sexual health:

- 53% is for improvements in access GUM services (revenue only)
- 36.2% is for modernisation of contraceptive services
- 5.3% is for improving access to abortion services
- 5.3% is for improved local coordination and performance management

In 2007/8, of the £76.5 funding for sexual health:
• 65.3% is for improvements in access to GUM services (revenue only)
• 26.7% is for modernisation of contraceptive services
• 3.9% is for improving access to abortion services
• 3.9% is for improved local coordination and performance management

In summary, these national breakdowns can be used as an indicator at local level of how funding could be invested.

1. **GUM Capital Funding**

As highlighted above, only revenue funding for GUM is included in the PCT allocations and capital funding will be allocated separately. We are still considering when the capital funding will be allocated but funding will be around 38% of the £130m Secretary of State indicated would be available for GUM services.

2. **GUM Revenue Funding**

Funding is being allocated to improve capacity and modernise services and to enable the Choosing Health Commitment of offering 48 hour access to GUM services for all by 2008 and reduce new diagnosis of gonorrhoea.

3. **Abortion Services**

Funding is being allocated to support PCTs in meeting the 3 week **maximum** waiting time standard set in the Sexual Health and HIV Strategy and to increase the percentage of abortions performed before 10 weeks gestation (current PCT performance indicator).

4. **Contraceptive Funding**

The Choosing Health White Paper contained a commitment to undertake an audit of contraceptive services. The audit questionnaire is currently being developed and we hope to issue this in the summer. We are planning this will be a comprehensive audit which will include specialist providers, general practice, outreach services etc. It is our intention that the results of the audit should be used at local level to identify local need and gaps in provision and the Choosing Health allocation for contraception can then be invested in line with the results of the audit. Results of local audits will also form part of a national overview.

5. **Chlamydia Screening Programme**
It should be noted that the funding for chlamydia has only been allocated to those PCTs who are not currently part of the screening programme. A separate note is being circulated on how we are taking forward implementation of the chlamydia programme which highlights there will be additional funding available this year to enable new programmes to be established.

6. **Local coordination**

As highlighted earlier, consideration should be given to the performance management role to support PCTs in meeting the Choosing Health Commitments.