

Health and Wellbeing Board

Date: Monday, 4th December, 2023

Time: 2.30 pm

Venue: Kaposvar Room - Guildhall, Bath

Members: Councillor Paul May (Bath and North East Somerset Council), Paul Harris (Curo), Laura Ambler (Integrated Care Board), Councillor Alison Born (Bath and North East Somerset Council), Sophie Broadfield (Bath & North East Somerset Council), Cara Charles Barks (Royal United Hospitals Bath NHS Foundation Trust), Jayne Davis (Bath College), Scott Hill (Avon and Somerset Police), Sara Gallagher (Bath Spa University), Will Godfrey (Bath and North East Somerset Council), Julia Griffith (B&NES Enhanced Medical Services (BEMS)), Nicola Hazle (Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Board (ICB)), Mary Kearney-Knowles (Bath and North East Somerset Council), Amritpal Kaur (Healthwatch), Alice Ludgate (University of Bath), Kate Morton (Bath Mind), Rachel Pearce (NHS England), Sue Poole (Healthwatch BANES), Stephen Quinton (Avon Fire & Rescue Service), Rebecca Reynolds (Bath and North East Somerset Council), Val Scrase (HCRG Care Group), Richard Smale (Integrated Care Board), Alison Smith (Avon and Wiltshire Mental Health Partnership (AWP)) and Suzanne Westhead (Bath and North East Somerset Council)

Other appropriate officers
Press and Public



Corrina Haskins

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NOTES:

1. **Inspection of Papers:** Papers are available for inspection as follows:

Council's website: <https://democracy.bathnes.gov.uk/ieDocHome.aspx?bcr=1>

2. **Details of decisions taken at this meeting** can be found in the minutes which will be circulated with the agenda for the next meeting. In the meantime, details can be obtained by contacting as above.

3. **Recording at Meetings:-**

The Openness of Local Government Bodies Regulations 2014 now allows filming and recording by anyone attending a meeting. This is not within the Council's control. Some of our meetings are webcast. At the start of the meeting, the Chair will confirm if all or part of the meeting is to be filmed. If you would prefer not to be filmed for the webcast, please make yourself known to the camera operators. We request that those filming/recording meetings avoid filming public seating areas, children, vulnerable people etc; however, the Council cannot guarantee this will happen.

The Council will broadcast the images and sounds live via the internet www.bathnes.gov.uk/webcast. The Council may also use the images/sound recordings on its social media site or share with other organisations, such as broadcasters.

4. **Public Speaking at Meetings**

The Council has a scheme to encourage the public to make their views known at meetings. They may ask a question or make a statement relevant to what the meeting has power to do. They may also present a petition on behalf of a group.

Advance notice is required as follows:

Questions – close of business 4 clear working days before the day of the meeting to submit the wording of the question in full.

Statements/Petitions – close of business 2 clear working days before the day of the meeting to include the subject matter. Individual speakers will be allocated up 3 minutes to speak at the meeting.

Further details of the scheme can be found at:

<https://democracy.bathnes.gov.uk/ecCatDisplay.aspx?sch=doc&cat=12942>

5. **Emergency Evacuation Procedure**

When the continuous alarm sounds, you must evacuate the building by one of the designated exits and proceed to the named assembly point. The designated exits are signposted. Arrangements are in place for the safe evacuation of disabled people.

6. **Supplementary information for meetings**

Additional information and Protocols and procedures relating to meetings

<https://democracy.bathnes.gov.uk/ecCatDisplay.aspx?sch=doc&cat=13505>

Health and Wellbeing Board - Monday, 4th December, 2023

at 2.30 pm in the Kaposvar Room - Guildhall, Bath

A G E N D A

1. WELCOME AND INTRODUCTIONS
2. EMERGENCY EVACUATION PROCEDURE

The Democratic Services Officer will draw attention to the emergency evacuation procedure.

3. APOLOGIES FOR ABSENCE
4. DECLARATIONS OF INTEREST

At this point in the meeting declarations of interest are received from Members in any of the agenda items under consideration at the meeting.

(a) The agenda item number in which they have an interest to declare.

(b) The nature of their interest.

(c) Whether their interest is a **disclosable pecuniary interest** or an **other interest** (as defined in Part 4.4 Appendix B of the Code of Conduct and Rules for Registration of Interests).

Any Member who needs to clarify any matters relating to the declaration of interests is recommended to seek advice from the Council's Monitoring Officer or a member of his staff before the meeting to expedite dealing with the item during the meeting.

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR
6. PUBLIC QUESTIONS, STATEMENTS AND PETITIONS

Please see note 4 overleaf for further details.

7. MINUTES OF PREVIOUS MEETING (Pages 7 - 16)

To confirm the minutes of the above meeting as a correct record.

ITEMS FOR COMMENT/SIGN OFF

8. JOINT HEALTH AND WELLBEING STRATEGY - PRIORITY INDICATOR SET (Pages 17 - 20)

15 minutes

To agree the priority indicator set and the proposed process for accessing and monitoring the indicators.

Sarah Heathcote (Health Inequalities Manager), Gareth Jones (Team Leader - Performance) and Paul Scott (Associate Director and Consultant in Public Health) to present the report.

9. BETTER CARE FUND UPDATE (Pages 21 - 28)

5 minutes

To update the Board on the Better Care Fund Quarter 2 data return.

Laura Ambler, Director of Place - Bath and North East Somerset and BSW ICB.

10. AGE-FRIENDLY COMMUNITIES

25 minutes

To receive a presentation on age-friendly communities.

Simon Allen, Chief Executive of Age Concern, Bath and North East Somerset

11. BSW PRIMARY AND COMMUNITY CARE DELIVERY PLAN (Pages 29 - 40)

25 minutes

To receive a presentation on the BSW Primary and Community Care Delivery Plan

Caroline Holmes, Deputy Place Director (Swindon Locality BSW ICB)

12. ICB AND DEALING WITH PATIENT SAFETY

25 minutes

To receive a presentation from ICB.

13. TERMS OF REFERENCE - REVIEW (Pages 41 - 46)

5 minutes

To agree the updated Terms of Reference following minor amendments raised by the Board.

Paul Scott (Associate Director and Consultant in Public Health)

ITEMS FOR NOTING

14. SEXUAL HEALTH BOARD ANNUAL REPORT 2022/23 (Pages 47 - 76)

15. PHARMACY CONSOLIDATION AND ASSOCIATED PHARMACEUTICAL NEEDS ASSESSMENT (PNA) SUPPLEMENTARY STATEMENT (Pages 77 - 84)

The Democratic Services Officer for this meeting is Corrina Haskins who can be contacted on

01225 394357.

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HEALTH AND WELLBEING BOARD

Minutes of the Meeting held

Tuesday, 26th September, 2023, 10.30 am

Councillor Paul May	Bath and North East Somerset Council
Paul Harris	Curo
Laura Ambler	Integrated Care Board
Councillor Alison Born	Bath and North East Somerset Council
Jayne Davis	Bath College
Scott Hill	Avon and Somerset Police
Sara Gallagher	Bath Spa University
Julia Griffith	B&NES Enhanced Medical Services (BEMS)
Nicola Hazle	Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Board (ICB)
Mary Kearney-Knowles	Bath and North East Somerset Council
Kate Morton	Bath Mind
Sue Poole	Healthwatch BANES
Rebecca Reynolds	Bath and North East Somerset Council
Val Scrase	HCRG Care Group
Jocelyn Foster	Royal United Hospitals Bath NHS Foundation Trust

17 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

18 **EMERGENCY EVACUATION PROCEDURE**

The Democratic Services Officer drew attention to the emergency evacuation procedure.

19 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from:

Sophie Broadfield (David Trethewey substitute)
Cara Charles-Barks (Joss Foster substitute)
Will Godfrey
Alice Ludgate
Suzanne Westhead (Natalia Lachkou substitute)

20 **DECLARATIONS OF INTEREST**

Cllr Paul May reported that he was a non-executive Director of Sirona Health and Care which operated in Bristol, South Gloucestershire and North Somerset and if a conflict of interest arose at any future meeting, he would declare and withdraw from discussions.

David Trethewey declared an interest in item 14 "Better Care Fund update" and withdrew from the meeting during discussion of the item.

21 **TERMS OF REFERENCE**

The Board was asked to note the Terms of Reference when considering the following agenda items.

The Chair confirmed that the Terms of Reference would be reviewed at the December meeting.

22 **TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR**

There was no urgent business.

23 **PUBLIC QUESTIONS AND STATEMENTS**

Ms Shiva Page read a statement on the subject matter of inclusion which expressed concerns about the treatment of disabled people by the Council and other public bodies including the lack of accessible information and lack of awareness of non-physical disabilities.

Laura Ambler undertook to co-ordinate a response to Ms Page on behalf of the Board in liaison with the appropriate Council officers.

24 **MINUTES OF PREVIOUS MEETING AND OUTSTANDING ACTIONS**

RESOLVED that the minutes of the meeting of 20 June 2023 were approved as a correct record and signed by the Chair.

MONITORING PROGRESS OF THE JOINT HEALTH AND WELLBEING STRATEGY IMPLEMENTATION PLAN

Sarah Heathcote and Paul Scott gave a presentation on monitoring progress of the Joint Health and Wellbeing Strategy Implementation Plan as follows:

1. Proposed process for monitoring progress:
 - Reporting on progress would be through the usual route of bringing papers to the HWB meeting.
 - Template for papers coming to board to include reference to contribution to JHWS implementation plan.
 - HWB agenda setting meeting to consider requests for papers linking to specific actions in the implementation plan.
 - All actions in the implementation plan are owned by a key partnership team or sub group of the HWB.
2. Exception reporting on actions in the implementation plan:
 - Reporting lead and sponsor have been identified for each of the 4 themes.
 - Priority theme leads complete exception reporting proforma prior to HWB meeting twice a year indicating if actions are on track.
3. Monitoring impact through the set of priority indicators:
 - Priority indicator set will be accessible.
 - Priority theme reporting leads will report annually on the priority indicators.
4. Development sessions with the HWB:
 - Propose a rolling programme with 3 sessions planned in advance to be confirmed by HWB.
 - Suggest minimum of 3 sessions per year are focused on priority theme areas allowing flexibility to respond to emergent issues.
 - Leads will be identified to plan and deliver the development session with other colleagues and partners as appropriate in advance.

The Chair confirmed that the session held immediately prior to the Board meeting had agreed that terms of reference would be drafted for development sessions and that 4 sessions per year would be focused on priority theme areas.

The following comments were raised by Board Members:

1. In relation to exception reporting, where priorities had been identified as not being on track there needed to be an action plan in place with different options and suggestions on what needed to be done collectively.
2. In terms of indicators to measure impact over a long period, there needed to be updates on how these were progressing on an annual basis whilst recognising that there were different cycles for collecting data and some targets were cumulative.
3. The suggestion that exception reporting should also include where progress was better than anticipated was welcomed.
4. Reports, as with all HWB issues needed to be more concise. There could be hyperlinks to longer background documents.

The Board **RESOLVED** to:

- (1) agree taking forward the proposed approach for monitoring implementation of

the JHWS.

- (2) Agree to trial the approach for a period of 12 months and review in September 2024.

26 SINGLE USE VAPING

Cathy McMahon and Ruth Sampson led a discussion on Single Use vaping following the motion at Bath and North East Somerset Council requesting support for the Local Government Association in calling for a ban on the sale and manufacture of single use vapes, for both health and environmental reasons.

There was a presentation as summarised below:

Why is this debate happening?

- Growing concerns over youth vaping rates.
- The environmental impacts caused by disposable vapes being difficult to recycle/limited recycling options for users / poor governance across retailers.

What do we need to consider? The pros and cons of a ban of disposable vapes – and how the decision will impact the following:

- Information communicated to smokers – balance the message in line with Swap to Stop
- Recycling behaviour – environmental impacts of other products, specifically cigarettes
- Regulation / legislation across industry / impacts of illegal vape and capacity of Trading Standards
- Associated costs
- Impact on youth vaping rates / smoking rates

Four main themes:

1. Disposable vapes – what they are and who is using them?
 - A vaping device that is fully charged and filled with e-liquid by the manufacturer.
 - Disposable vapes contain batteries and are made from plastic.
 - The majority of vape users are adult smokers.
 - Most 11-17 year olds have never vaped.
 - Vaping is much more common among children who also smoke or have smoked.
2. Background information
 - Disposable vape use among current vapers up since 2021
 - At least 1.3 million disposable vapes are thrown away every week.
 - Few consumers are disposing of products responsibly.
 - Recycling behaviour is challenging to change.
 - There is also the environmental impact of other products (i.e., cigarettes) to consider.
3. Options available – pros & cons
 - Option 1: Ban Disposable Vapes
 - Option 2: Regulation and Taxation
4. What about cigarettes? - If we ban disposable vapes, should we also ban cigarettes?

The following questions/comments were raised by Board Members:

1. It was confirmed that nicotine patches were still available to assist smokers give up cigarettes, but many smokers found vaping more effective as it mimicked the action of smoking. There were benefits in people using vapes to give up smoking cigarettes, but their long-term use was not encouraged.
2. Cllr Alison Born stated that the long-term health implications of vaping were unknown, and the environmental impact of disposable vapes were substantial and for those reasons she would be supportive of a ban.
3. Val Scrase stated that it was a complex issue and there was no simple solution, but it was better to dissuade people from using disposable vapes alongside stricter regulation rather than a ban which would result in illegal use that couldn't be regulated. It was confirmed that there had not been a high level of success in countries where a ban was in place as it was difficult to enforce due to a lack of resources.
4. Board Members agreed there was value in a targeted campaign to dissuade young people from using disposable vapes for environmental reasons.

In considering the different options, the Board was divided on whether supporting a ban on disposable vapes, or increased regulation and taxation was the preferred option. It was noted that the international situation was changing with proposed new European legislation to ban disposable vapes and so the Board undertook to keep the issue under review.

27 **CHILDREN AND YOUNG PEOPLE SUB-GROUP ANNUAL REPORT**

Mary Kearney-Knowles introduced the Children and Young People Sub-Committee report progress report for 2022-2023 and the proposed draft CYPP 2024-2030 and drew attention to the following:

1. The report gave an overview on how well multi agency partners were delivering on the priorities.
2. There was an ongoing challenge of the need to support the emotional wellbeing of children and young people.
3. The Group was working towards the detail of the CYPP 2024-2030 and how objectives would meet the priorities of the H&WBB Strategy.

The Board RESOLVED to:

- (1) Note and approve the CYPP Year 2 Review progress report on the priorities identified in the plan for 2022-2023.
- (2) Note and approve the revised TORs for the CYP subcommittee.
- (3) Note the proposed draft CYPP 2024 - 2030 and the eight objectives that will deliver against the H&WBB priorities for children and young people identified in the H&WBB Strategy.
- (4) Note how the Participation Standards were embedded across most of the commissioned services.

28 **BATH & NORTH EAST SOMERSET COMMUNITY SAFETY AND SAFEGUARDING PARTNERSHIP (BCSSP) ANNUAL REPORT**

Fiona Field, Independent Chair of the BCSSP, gave a presentation on the BCSSP

Annual Report 2022-23 on the following:

1. Partnership Structure
2. Key Priorities and how they were delivered:
 1. Develop a 'Think Family, Think Community' approach.
 2. Learning from experience to improve how we work.
 3. Recognising the importance of prevention and early intervention.
 4. Providing executive leadership for an effective partnership.
3. The number of referrals to Children's Social Care compared with other authorities and comparison of how referrals were made.
4. Factors Identified across Assessments
5. The number of children subject to a Child Protection Plan in B&NES compared with other areas.
6. The number of looked after children in B&NES compared with other areas.
7. Adult Safeguarding Summary
8. Avon and Somerset Constabulary Data

In response to questions from Board Members, it was confirmed:

1. There had not been a decrease in referrals from schools as a result of schools joining multi academy trusts.
2. Although the number of referrals from health providers was low when compared with other agencies, reassurance was given that health providers did take safeguarding seriously and participated in case reviews and so this wasn't considered to be an area of concern.

The following comments were raised by Board Members:

1. It was noted that due to the absence of a BCSSP trainer, the advanced safeguarding training of staff was below target and this was an area for concern.
2. Transitional safeguarding needed to be prioritised to support adolescents as they moved into adulthood.
3. There was a lot of work undertaken by agencies that didn't meet the threshold of a safeguarding issue but did constitute preventative work as it avoided issues being escalated.
4. More work was required to break down categories, for example, the "other" category for reporting adult safeguarding incidents.

The Board RESOLVED to note the Annual Report and Executive Summary for the BCSSP.

29 **HEALTH PROTECTION BOARD ANNUAL REPORT 2022-23**

Anna Brett (Health Protection Manager) and Amy McCullough (Consultant in Public Health) gave a presentation on the Health Protection Board Report 2022-23 as follows:

1. What is Health Protection? - Protecting the health of the population by improving the prevention and control of communicable diseases and other environmental threats.
2. Which specialist areas does the Health Protection Board cover?
 - Healthcare Associated Infection
 - Communicable Disease Control & Environmental Hazards

- Health Emergency Planning
 - Sexual Health
 - Substance Misuse
 - Screening & Immunisation
3. 2022-23 - 5 priorities RAG rated green, and 3 priorities rated amber.
 4. 6 priorities set for 2023-24.
 5. Questions for the Board:
 - Is the Health & Wellbeing Board assured that the Health Protection Board has delivered on the priorities from last year?
 - Does the Health & Wellbeing Board support the priorities that have been recommended for next year and are there further opportunities to join up with partners to achieve them?

In response to questions from Board Members, it was noted:

1. In terms of governance, there was an informal arrangement that the Health Protection Board would report back to the Health and Wellbeing Board.
2. The importance of communication was acknowledged and there were different strategies in place for reaching vulnerable people e.g., specific projects, roving vaccine backpack and visiting community settings.

The Board RESOLVED to note the annual report and the following recommended priorities for the Health Protection Board in 2023-24:

1. Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary.
2. Continue to actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards.
3. Continue to ensure that the public and partner organisations are informed about emerging threats to health.
4. Embed the BSW Local Health Resilience Partnership Communicable Disease Plan to reduce vaccine preventable diseases and reduce transmission of winter illnesses. Use the Sector Led Improvement Plan and Gap Analysis Action Plan to inform this work.
5. Contribute to the BSW system wide quality improvement projects, which aims to reduce the incidence of E-coli blood stream infections and Clostridium Difficile infections.
6. Help improve immunisation uptake and reduce inequalities in uptake through the following: the BSW Maximising Immunisation Uptake Group, a refreshed B&NES Vaccination Implementation Plan, and through contributing to the development of a new Integrated Vaccine Strategy for BSW.

30 **BETTER CARE FUND UPDATE**

Lucy Lang Commissioning Programme and Project Manager gave an update on the Better Care Fund as follows:

Funding 2023-2024:

- Better Care Fund (including Improved Better Care Fund and DFG) £72,957,229
- 2023-24 Adult Social Care Discharge Fund (LA Allocation) £687,394

- ICB Request for B&NES Funding (including the 2023-24 Adult Social Care Discharge Fund - ICB Allocation) £5,600,000
- Market Sustainability Fund (not managed under BCF but included for reference) £1,700,000.

Changes since last report to HWB:

- 2023/2025 narrative plan as signed off by HWB approved by DHSC, pending formal notification.
- Additional DFG funding of £102m nationally (split £50m/£52m over 23-25 announced).
- £125,820 for B&NES in 23/24 although this will likely be offset by increasing cost of living pressures.

2023-2024 schemes & financial update

- The BCF is supporting 15 schemes in 2023-24 (measured) and other non-measured commitments.
- Total commitment = £75,074,272
- YTD spend = £30,990,959
- Spending to date is to plan.

Priorities:

- Admission avoidance and neighbourhood development focusing on the role of the community wellbeing hub and carer support and engagement.
- Young people with learning disabilities, autism &/or mental health transitioning into adult care.
- Provision of resource to support technology development in care linked to the neighbourhood teams strategy.
- Contingency supporting transformation and re-contracting of community health and social care provision.

The Board RESOLVED to note the update.

KEY MESSAGES FROM THE MEETING

1. There are a number of ways for residents to have their say about issues which concern them, or they are passionate about – this includes Area Forums, Your Health/Your Choice and numerous other public events and meetings are held each month – more information is available on the BANES website.
2. The HWB considered the problem of disposable vapes and their environmental impact – the Board was keen that stricter regulation is put in place, but further discussion is needed about the potential for an outright ban; a broader campaign has been suggested highlighting the environmental dimension, and this is being considered by the team.
3. Annual reports for Children and Younger People's Services and Community Safety and Safeguarding were reviewed and approved – these are available to the public via the BANES website and demonstrate a huge number of successful activities and programmes, alongside some areas for further focus.
4. Representatives from the Health Protection Board provided an update on performance last year and priorities for the year ahead – this report is also available on the BANES website.

The meeting ended at 12.38 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services

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Bath & North East Somerset Council	
MEETING:	Health and Wellbeing Board
MEETING DATE:	4 December 2023
TITLE:	Priority Indicator Set - Joint Health and Wellbeing Strategy Priority Indicator Set
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report:	
<ul style="list-style-type: none"> • Appendix One - HWB Proforma for reports 	

1 THE ISSUE

A paper setting out a process for monitoring the Joint Health and Wellbeing Strategy (JHWS) was presented to the Health and Wellbeing Board at the meeting on 26/09/2023. The HWB accepted the proposed process which included agreeing and monitoring a set of priority indicators relating to the health and wellbeing of the population of B&NES. This report provides further detail on the indicator set, and how it can be used to monitor trends over time.

2 RECOMMENDATION

2.1 The Health and Wellbeing Board is asked to agree the priority indicator set and the proposed process for accessing and monitoring the indicators. It is recommended that the approach is initially trialled for a period of 12 months and then reviewed.

3 THE REPORT

3.1 At the last HWB it was agreed that the proposed process for monitoring progress on JHWS implementation will be undertaken through four complementary processes as follows:

- (1) Reports from partners on relevant projects across the year
- (2) Exception reporting on delivery of all the actions in the Implementation Plan twice a year

(3) Development Sessions with the HWB that enable longer scrutiny and discussion of progress or delays within the implementation plan.

(4) Measuring impact through the Indicator Set annually in quarter 4

3.2 Points 1) to 3) above were discussed at the HWB meeting in September and it was agreed to defer presentation and discussion of the indicator set to the December 2023 meeting.

3.3 It is acknowledged that the priority indicator set includes indicators such as life expectancy which will be beyond the sole influence of actions set out in the JHWS implementation plan. Nevertheless the indicators can provide assurance that progress is being made and having impact on health and wellbeing in addition to informing the HWB of key trends in outcomes that need to be addressed.

3.4 Thematic leads and sponsors for the four JHWS thematic areas will provide biannual exception reports to the HWB on implementation. The reporting lead is also responsible for summarising progress on indicators relating to their theme annually.

Monitoring progress against the set of priority indicators

3.5 To support the annual reporting requirements set out in paragraph 3.1(4) above, a Power BI report is in development to evidence performance against the measures identified in the report to HWB on 26 September 2023. These measures map to the priorities set out in the strategy, and the report is structured to allow monitoring at a priority level.

3.6 The Power BI report will be demonstrated on screen in the meeting, to show how to navigate through, and understand, its contents.

3.7 Priority 2 of the strategy – Improve skills, good work, and employment – currently has only one measure for monitoring. This priority is closely linked to the Economic Strategy, and the majority of indicators for this section will be defined through development of that strategy, to ensure consistency across strategic reports. When the development of the Economic Strategy concludes, the HWB report will be updated to include the relevant measures.

4 STATUTORY CONSIDERATIONS

4.1 Health and Wellbeing Boards were required to be established in all local authorities under the Health and Social Care Act 2012 as a key mechanism for driving joined up working at a local level.

4.2 As a statutory function the Board must prepare and publish a Joint Health and Wellbeing Strategy (JHWS), setting the vision, strategic direction and high-level priorities for system partners to work together on.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 The direct resource implications of this work have been through the time and capacity involved from the Joint Health and Wellbeing Strategy steering group members, from Council, NHS and Third Sector.

6 RISK MANAGEMENT

6.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

7 EQUALITIES

7.1 A cross cutting theme of the strategy is to tackle inequalities in B&NES. Through monitoring progress against this ambition, the strategy seeks to promote equity of opportunity, of service provision and to reduce inequalities in experiences and outcomes.

8 CLIMATE CHANGE

One of the four cross cutting themes of the JHWS is to adapt and build resilience to climate change. A number of objectives in the strategy contribute directly to preventing climate change and mitigating its impacts, in particular:

- (1) work through the Local Plan to shape, promote, and deliver healthy and sustainable places
- (2) work to improve take up of low carbon affordable warmth support for private housing and encourage B&NES social housing providers to provide low carbon, affordable warmth for existing social housing.
- (3) using opportunities in legislation to facilitate a targeted private rented sector inspection programme to ensure the minimum statutory housing and energy efficiency standards are met.

9 OTHER OPTIONS CONSIDERED

9.1 None.

10 CONSULTATION

10.1 This report has been considered and cleared for sign off by the S151 Officer and Monitoring Officer. Public engagement on the initial issues and priorities for the Joint Health and Wellbeing Strategy was undertaken during 2022.

Contact person	Gareth Jones, Performance Manager, One West, Business Intelligence, B&NES Council 01225 396294
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	<p>Sarah Heathcote, Health Inequalities Manager</p> <p>Paul Scott, Associate Director of Public Health, Public Health & Prevention, B&NES Council</p>
Background papers	<p><u>B&NES Health and Wellbeing Strategy.pdf</u></p> <p><u>B&NES Health and Wellbeing Strategy Implementation Plan</u></p>

Bath & North East Somerset Council	
MEETING/ DECISION MAKER:	Health and Wellbeing Board
MEETING/ DECISION DATE:	04 December 2023
TITLE:	Bath and North East Somerset Better Care Fund Quarter 2 National Data Return
WARD:	All
AN OPEN PUBLIC ITEM	
<p>List of attachments to this report:</p> <p>Overview summary slide deck</p> <p>BCF Return Excel Document</p>	

1 THE ISSUE

1.1 Bath and North East Somerset Council with the Integrated Care Board (ICB) has a statutory duty, through the Health and Wellbeing Board to approve activity related to the Better Care Fund as defined in the requirements of the central Government allocation of these funds. These include a two year narrative and activity plans and quarterly reports throughout the year. The Quarter 2 report is now being submitted and requires approval from the Health and Wellbeing Board.

2 RECOMMENDATION

The Board is asked to;

2.1 Ratify the Quarter 2 return.

3 THE REPORT

3.1 The Health and Wellbeing Board agreed the proposed plan and narrative explanation for the Better Care Fund prior to submission in June 2023

3.2 This year reporting has been requested by National Partners for Quarter 2 (and expected for Q3 and 4) which requires consultation, agreement, and ratification in line with the agreed governance process.

3.3 The report has been compiled by the Better Care Fund Manager in consultation with relevant senior partners within B&NES Council and ICA, including a

presentation and open discussion where adjustments to the submission were agreed.

- 3.4 Requirements for the submission include reporting against 5 key metrics as outlined on the accompanying slide deck and capacity and demand planning for hospital and community discharge services for the remaining financial year.
- 3.5 Data has been verified via relevant Business Intelligence teams and aligned with other data sets and submissions including the Market Sustainability Improvement Fund and the system led Winter Plan.
- 3.6 The report was approved verbally and by email on 31 October 2023 by Laura Ambler (B&NES ICA Place Director) and Natalia Lachkou (Assistant Director of Integrated Commissioning) and submitted according to the deadline.
- 3.7 It should be noted that Health and Wellbeing Board meetings do not always precisely align with BCF returns. The National BCF guidelines accept that returns may be given approval, via delegated responsibility by officers and can then be given formal approval via the Health and Wellbeing Board both before and after submission.

4 STATUTORY CONSIDERATIONS

- 4.1 The statutory considerations are set out in section 1 of this report.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 5.1 No specific resource implications are identified in this report, as commitments have already been made through previous approvals.

6 RISK MANAGEMENT

- 6.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council and ICA's decision making risk management guidance.

7 EQUALITIES

- 7.1 The joint Health and Wellbeing Strategy for B&NES is in operation supporting aims to improve health and wellbeing outcomes for low-income households, vulnerable groups, and people with specific accessibility needs. An Equalities Impact Assessment (EQIA) has been carried out in relation to the BCF schemes and the schemes have been agreed previously by the HWB to fulfil commitments in the Health and Wellbeing and Inequalities strategies.

8 CLIMATE CHANGE

- 8.1 This report does not directly impact on supporting climate change progress.

9 OTHER OPTIONS CONSIDERED

- 9.1 None

10 CONSULTATION

10.1 Appropriate consultation has taken place in the construction and development of this return as mentioned in 3.3.

Contact person	Lucy Lang Lucy_lang@bathnes.gov.uk
Background papers	
Please contact the report author if you need to access this report in an alternative format	

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Bath & North East Somerset Council

Improving People's Lives

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Bath and North East Somerset,
Swindon and Wiltshire
Integrated Care Board



Better Care Fund 2023 - 5

HWB Q2 Reporting Update

Lucy Lang
BCF Commissioning Programme Manager

OVERVIEW

The Quarter 2 was submitted on the 31 October 2023 following approval by Laura Ambler and Natalia Lachkou as HWB representatives. The return builds on the Narrative Plan and data points submitted in June 2023. There was no quarter 1 return but there will be a 3 and 4.

These are all metrics which are part of national data collection already in place for members of the ICB including the Royal United Hospital, HCRG CG (as the prime provider of community health and social care), ICA and Council. Not all of the provision resulting in these metrics are funded by BCF.

5 National Metrics in this return

- 1) Long term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population
- 2) Unplanned hospitalisation for chronic ambulatory care sensitive conditions
- 3) Proportion of older people (65 and over) who are still at home 91 days after discharge from hospital into reablement/ rehabilitation services
- 4) Discharges to usual place of residence
- 5) Reducing the number of emergency hospital admissions due to falls in people over 65

Long term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population

On track for target

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Unplanned hospitalisation for chronic ambulatory care sensitive conditions

Performing on track for target

- Impact of D2A Care Home Beds funded by BCF continues to support improvement in 23/24. Services such as extra care beds (Pemberley Place)
- 'The right care in the right place at the right time' focus is helping to ensure that services are provided to meet the individual's specific needs
- Impact on permanent admissions may be a longer-term benefit not fully reflected in data yet.

- Virtual Hospital support for tier 4 patients – including those with chronic ambulatory conditions. The model includes remote monitoring and provision of IV medications at home.
- Urgent Care Response - performing at or above planned expectations.
- Continued focus on paramedic support within care homes.

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services

On track for target

- Positive impact with the implementation of the UIP, Care Journey Co-ordinators and improved Care Act Assessment backlog
- Third sector schemes and continuation of work with community services to support readmission avoidance.

Discharge to usual place of residence

Performing on track for target

- Home is Best programme includes a workstream 'Improve flow & capacity for Home'.
- BCF schemes including the ART+ expansion, Brokerage, in-house home care and the home care block
- Better use of community hospitals to support recovery and free up acute settings.

Reducing the number of emergency hospital admissions due to falls in people over 65

Currently slightly below target but expected recovery for end of year

- Data fluctuations over time make projection uncertain
- The Falls Rapid Response Team
- Management of risk of further falls is a key feature including falls pathways services



Bath and North East Somerset,
Swindon and Wiltshire Together

BSW Together

Primary and community care delivery plan summary

October - November 2023



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Agenda Item 11



Executive summary

The primary and community care delivery plan is a strategic document that supports the broader **BSW Together Integrated Care Strategy and Implementation Plan**. It was approved by the BSW ICB Board on 21 September 2023.

Purpose

BSW Together has the opportunity to transform how we deliver primary and community care services across the integrated care system (ICS). We want those living and working within our communities, and those who use and deliver these services to feel a step change in how we come together and collaborate. This will create a truly integrated network where everyone's contribution is valued and recognised.

We need to address important drivers including an ageing population with increasingly complex needs, including frailty; growing demand and pressure across our services and on our workforce; the need for a person-centred approach to care; and the relationship between greater equality, better care, and a healthier economy

Approach

A range of inputs have been captured and consolidated to develop the delivery plan and identify the supporting detail. These include:

- Review of existing BSW Together documents including the Integrated Care Strategy and Implementation Plan
- Broader national policy and guidance including the Fuller stocktake, Major Conditions strategy and NHS Long Term Plan
- Market engagement with local providers and partners
- Stakeholder feedback from the ICBC Programme, Clinical Oversight Group and ICB members, and primary care GPs

Transformation priorities

Six **transformation priorities** have been set out to provide a consolidated view of the direction of travel for primary and community care services:

1. **Deliver enhanced outcomes and experiences for our adults and children by evolving our local teams**
2. **Adopt a scaled population health management approach by building capacity and knowledge**
3. **Actively co-design and co-deliver preventable models of care by strengthening local partnerships and assets**
4. **Increase personalisation of care through engaging and empowering our people.**
5. **Improve access to a wider range of services closer to home through greater connection and coordination**
6. **Support access to the right care by providing co-ordinated urgent care within the community**

Each transformation priority is then detailed through **interventions and actions** which identify the specific activities that need to be completed to support successful delivery of each transformation priorities.

Five **focus areas** are considered across all priorities: health inequalities, children and young people, mental health, major conditions, learning disabilities and autism.

This delivery plan will be supported by the **six enablers** identified in the BSW Together Integrated Care Strategy, as well as an additional enabler on commissioning and contracting:

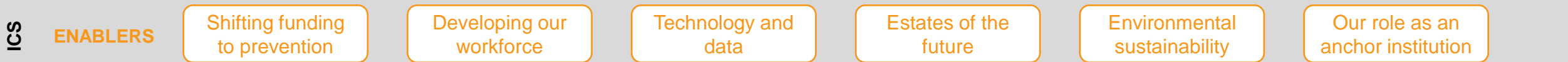
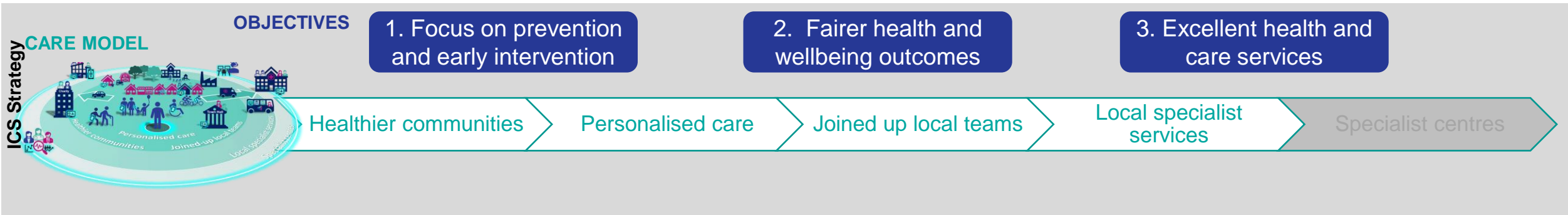
- Shifting funding to prevention
- Developing our workforce
- Technology and data
- Estates of the future
- Environmental sustainability
- Our role as an anchor institution
- Commissioning and contracting

This work is part of the Integrated Community Based Care Programme, one of six BSW transformation programmes. It is one of the first priority transformation programmes and focuses on community services. The ICBC programme is also the vehicle for the recommissioning of community services.



Summary of the key elements of the delivery plan

The transformation priorities are articulated below and mapped to the ICS Strategy and BSW care model objectives





The Six Transformation Priorities - in other words

1. Deliver enhanced outcomes and experiences for our adults and children by evolving our local teams
2. Adopt a scaled population health management approach by building capacity and knowledge
3. Actively co-design and co-deliver preventable models of care by strengthening local partnerships and assets
4. Increase personalisation of care through engaging and empowering our people.
5. Improve access to a wider range of services closer to home through greater connection and coordination
6. Support access to the right care by providing co-ordinated urgent care within the community

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By this we mean...

1. *Create local teams to deliver more joined up services which in turn will deliver better health and care outcomes for people*
2. *Use data and insights to create a better picture of the health and care needs of local people and communities*
3. *Work with local people to design and deliver health and care services in their communities that help people to live healthier lives.*
4. *Create more tailored care for people and empower them to take more control of their own health needs and wellbeing.*
5. *Improve access to a wider range of services closer to home (including specialist services)*
6. *Make sure that people can access the right care, at the right time and in the right place*



The delivery plan takes the ICS Strategy and focuses in detail on primary and community care services

It consolidates and aligns to existing documentation and engagement to date, and incorporates direct feedback from across the system



BSW Together integrated care strategy	BSW Together implementation plan	BSW Case for change	Avoidable admissions + Frailty
Benefits Master Version	BSW Care Model	ICBC Programme outputs	ICBC service design
ICBC service design CYP	Children's services review	Care model personas	Fuller Stocktake
NHS long term plan	NHS long term workforce plan	Delivery plan for recovering access to primary care	Creating better health value
Major conditions strategy	Market engagement July	Market Engagement August	Draft plan testing in Sept 23

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Consolidation

The delivery plan structure

Principles

The values which guide the decision we make. These link to system-wide themes and are based on the case for change and the BSW Together integrated care strategy

Transformation Priorities

Key objectives which will transform community and primary care the most

Interventions and actions

The activities we will take to deliver the priorities

Focus areas

Specific areas which have been identified as most important to focus on. These cut across all transformation priorities

The structures which enable delivery based on the BSW Together integrated care strategy

Enablers





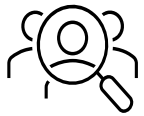
Feedback

We used feedback from a range of clinical and non-clinical stakeholders and sources, and iterated throughout the development of the delivery plan

Outputs

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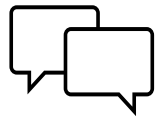
Feedback sources



Market engagement sessions

We took insights gathered from a series of engagement events with local providers as part of the ICBC programme and used the final event to present the first version of the priorities. These events saw over 150 stakeholders take part.

Transformation priorities



1-2-1 interviews

We spoke to clinical and management stakeholders to deep dive into topics including general practice, CYP, Place and ICS

Draft delivery plan



Oversight group sessions

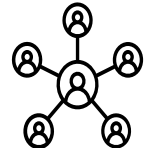
We tested versions of the priorities and interventions. This group represents over 40 stakeholders from primary care, Local Authorities, clinical teams, VCSE, Healthwatch, transformation teams and Place



Feedback form

We used a detailed form that was sent to the oversight group and primary care to collate feedback on the draft delivery plan. We received 30 responses and 11 from primary care

Delivery plan



Autumn engagement

Engagement with health and wellbeing boards, overview and scrutiny committees, and across our system on interventions/actions

Public engagement plan being developed

Roadmap & owners



Delivery plan content – your views

This section gives more information on the focus areas of the plan and introduces the detail of each transformation priority. It also outlines the six enablers that underpin the plan.

Whilst the priorities have now been agreed, we continue to seek feedback on the interventions and actions for each priority and this will help us shape the next phase of the plan – the roadmap and implementation phase. In particular, we are keen to find out your views on:

- **Are the actions and interventions we have identified the right ones to help deliver our transformation priorities?**
- **Which of the actions and interventions are most important to you and why?**
- **In what order do you think we should undertake or prioritise these?**
- **Which groups, individuals and organisations do you think are most important to involve in further work around the actions and interventions? How should we best engage with them?**
- **Do you have any other comments, ideas or observations that you would like to make?**



Our transformation priorities



Based on the system strategy, national policy and guidance, case for change; and guided by the principles and focus areas, we have set out six transformation priorities

Deliver enhanced outcomes and experiences for our adults and children by evolving our local teams

We will build on our existing primary care networks to create more integrated neighbourhoods serviced by providers who can share information, caseloads, and estates to provide more joined up care and the capacity to do so.

Adopt a scaled population health management approach by building capacity and knowledge

We will use data and insight to understand our populations better, identify health inequalities, target marginalised groups, and develop initiatives and services that improve access and result in fairer health and outcomes.

Actively co-design and co-deliver preventable models of care by strengthening local partnerships and assets

We can promote healthier communities and increase healthy life expectancies through better understanding and working with our local communities. We recognise that care and support is best delivered by those who understand the adults and children who live within their communities.

Increase personalisation of care through engaging and empowering our people

We need to shift towards greater prevention and early intervention. We can do so by tailoring our support to a persons' specific needs and using technology advances to provide support in formats that fit with individuals' needs and preferences.

Improve access to a wider range of services closer to home through greater connection and coordination

We will deliver excellent health and care services closer to people's homes and overcome inequality of access by creating stronger physical and virtual connections between primary and community care and specialist services.

Support access to the right care by providing co-ordinated urgent care within the community

We want emergency care to be for those who need it most and know we can help people to address their urgent needs within the community. This can prevent avoidable admissions and result in better outcomes and experiences.



Transformation priorities and interventions – your views.

Are they the right actions and interventions? What priority order?



Deliver enhanced outcomes and experiences for our adults and children by evolving our local teams

- 1.1 Create a system-wide blueprint for local teams and set up the structures needed to enable it
- 1.2 Harness the role of wider primary care in local delivery
- 1.3 Build the capacity and capability to deliver local teams within primary care

Adopt a scaled population health management approach by building capacity and knowledge

- 2.1 Provide system-wide support to embed a consistent PHM (population health management) approach
- 2.2 Use insight to identify care gaps and develop and prioritise targeted initiatives
- 2.3 Support local teams to scale the use of PHM (population health management) in their work

Actively co-design and co-deliver preventable models of care by strengthening local partnerships and assets

- 3.1 Address current barriers to working with local partners and providers
- 3.2 Increase our awareness and use of community assets in the delivery of care
- 3.3 Build meaningful relationships to ensure our communities and local people are involved in the design and delivery of services

Increase personalisation of care through engaging and empowering our people

- 4.1 Expand the use of personalised budgets across the system
- 4.2 Increase awareness of services to support better decision making
- 4.3 Roll out digital and remote initiatives that support at-home and near-home management

Improve access to a wider range of services closer to home through greater connection and coordination

- 5.1 Define the local specialist care model to link services together
- 5.2 Provide more wrap around services within the community
- 5.3 Increase local teams' access and connections to specialist advice and guidance

Support access to the right care by providing co-ordinated urgent care within the community

- 6.1 Design a system-wide single integrated urgent care pathway that can flex to local needs
- 6.2 Increase awareness and optimise use of same day urgent care services
- 6.3 Improve the community-based mental health interfaces



Next Steps

Engagement:

- We will continue to engage with key stakeholders particularly as we refine the interventions and actions for the system
- The Plan will be shared with Health and Wellbeing Boards, and Health Overview and Scrutiny over the coming months
- We will continue to engage with the members of the ICS Oversight Group that was established to oversee the development of the Plan (40 stakeholders from across BSW)
- Views from the local LMC and Primary Care Collaboratives will be included as we iterate the actions we need to take to deliver the plan
- Testing and co-producing the “how” will take place during the coming months as part of the wider ICBC programme.

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Roadmap for delivery

- We will be developing a Primary and Community Delivery Programme to take forward the roadmap of agreed key actions for the next 12-18 months. This is being tested through the Integrated Community Based Care (ICBC) Programme Clinical Reference Group
- We will be identifying action owners and methods of evaluation.

Your thoughts:

- We welcome views and feedback today to help us develop the delivery interventions and actions in the plan. The questions to help the discussion are repeated on the next slide.

Finally:

The document will be used to inform the ICBC Programme documentation, and we will use this document to help inform future investments and prioritising our programmes of transformation within Primary and Community Services



A reminder of the questions to help feed back on the plan

- Are the actions and interventions we have identified the right ones to help deliver our transformation priorities?
- Which of the actions and interventions are most important to you and why?
- In what order do you think we should undertake or prioritise these?
- Which groups, individuals and organisations do you think are most important to involve in further work around the actions and interventions? How should we best engage with them?
- Do you have any other comments, ideas or observations that you would like to make?

Please return any feedback to: Caroline Holmes caroline.holmes19@nhs.net or Sue Reid: s.reid5@nhs.net



Thank you!

Bath and North East Somerset Health and Wellbeing Board – Terms of Reference and Procedure

TERMS OF REFERENCE

1. Background

- 1.1 Health and Wellbeing Boards were required to be established in all local authorities under the Health and Social Care Act 2012 as a key mechanism for driving joined up working at a local level.
- 1.2 Health and Wellbeing Boards are committees of the local authority.
- 1.3 The legislative framework for Health and Wellbeing Boards is within the Health and Social Care Act 2012 and the Health and Care Act 2022.

2. Vision

- 2.1 Together we will address inequalities in Bath and North East Somerset so people have the best start in life, live well and age well in caring, compassionate communities, and in places that make it easier to live physically and emotionally healthy lives
- 2.2 BaNES local authority works with local partners, in partnership with Swindon and Wiltshire as part of the Integrated Care System and with other local authority partners in the West of England Combined Authority to ensure that those services that are shared across a wider population meet the requirements.

3. Functions

- 3.1 The Board must undertake the following statutory functions:
 - Prepare and publish a Joint Health and Wellbeing Strategy (JHWS) for B&NES, setting the vision for desired population level outcomes, strategic direction and high-level priorities for system partners to operationalise, to meet needs identified in the Joint Strategic Needs Assessment (JSNA), referred to locally as the Strategic Evidence Base.
 - Prepare and publish a JSNA (Joint Strategic Evidence Base) of current and future health, care and wellbeing needs of the population and ensure this informs the B&NES JHWS and the B&NES, Swindon and Wiltshire (BSW) Integrated Care Strategy.
 - Encourage integrated working between health and social care commissioners, and the use of the Health and Care Act 2022 and the NHS Act 2006 flexibilities to increase joint commissioning, pooled and aligned budgets (where appropriate), to support the effective delivery of the JHWS.

- Encourage closer working in planning, commissioning and delivery of services to improve the health and wellbeing of the population of B&NES and reduce health inequalities.
- Prepare and publish a Pharmaceutical Needs Assessment for pharmaceutical services in B&NES.
- Receive and respond to the draft/revised joint forward plan of the BSW Integrated Care Board.
- Be the accountable partnership for the Better Care Fund.

3.2 Achieving the vision and fulfilment of the statutory functions will be supported by the following actions. The Board will:

- Be visible and influential, championing the improvement of health and wellbeing and reduction in inequalities as important strategic issues. It will influence organisations and partnerships both within and external to the B&NES locality and wider Integrated Care System in reflecting this in their operational and commissioning plans.
- Develop strong links with and influence developments in wider services that impact on health and wellbeing including planning, transport, housing, environment, economic development, education and community safety in order to address the wider determinants of health, wellbeing and inequalities, and ensure a focus on mental well-being in conjunction with good physical health.
- Ask partners to show how they embed and deliver meaningful action against the priorities in the Health and Wellbeing Strategy.
- Periodically refresh the Health and Wellbeing Strategy in line with evidence from the Joint Strategic Evidence Base.
- Monitor progress of implementation of the Health and Wellbeing Strategy, and ensure action is taken to improve outcomes when monitoring or performance indicators show that plans are not working.
- Ensure there are effective and sufficient mechanisms and resource to communicate, engage on and co-produce Health and Wellbeing Strategy priorities with local people and stakeholders, working closely with the Third Sector.
- Consider the Integrated Care Partnership's Integrated Care Strategy when preparing or revising its Health and Wellbeing Strategy; and be active participants in the development of the Integrated Care Strategy.
- Consider whether the ICB's joint forward plan (previously the CCG's commissioning plan) has given due regard to the Health and Wellbeing Strategy.
- Strengthen its attention on community resilience and on identifying and building on community assets.
- Work closely with the B&NES Healthwatch and Third Sector partners to ensure appropriate engagement, involvement and feedback with residents, patients and service users.

- Listen to issues brought to Board meetings through the public speaking standing agenda item.
 - Encourage partners to consider sufficient resourcing, both fiscal and human, of the prevention and inequality agendas.
 - Seek to secure collaboration in the system to reduce duplication and make best use of available resources.
 - Receive a copy of the ICB's joint capital resource plan outlining planned capital resource use, so to help align local priorities and provide consistency with strategic aims and plans.
 - Provide strategic oversight and direction to ensure that the approaches adopted for health and wellbeing services are aligned with the aspirations of local partners to operate in a sustainable manner and to address the climate emergency.
 - Produce an annual report presented to Cabinet/full Council outlining achievements of the Board in respect of the improvement of health and wellbeing, a reduction of health inequalities for the population of B&NES and influencing Council priorities on the wider determinants of health.
- 3.3 Responsibility for the scrutiny of health and wellbeing will continue to lie with the Council's Policy Development and Scrutiny Panels.

4. Scope

- 4.1 The Board's scope shall be set out within the Joint Health and Wellbeing Strategy.
- 4.2 The Health and Wellbeing Board may consider services beyond health and social care enabling the Board to look more broadly at factors affecting the health and wellbeing of the B&NES population.

5. Accountability

- 5.1 Those stakeholders with statutory responsibilities will retain responsibility for meeting their individual duties and responsibilities.
- 5.2 The Board will establish on-going and short lived sub-groups as needed that will report to it. Subgroups established will reflect the priorities of the Health and Wellbeing Board such as children and young people, JSNA, updating the Health and Wellbeing Strategy etc.
- 5.3 Accountability for safeguarding lies with the B&NES Community Safety and Safeguarding Partnership (BCSSP)

PROCEDURE

6. Membership

6.1 The Membership of the Board is:

- B&NES Council x 7 (Cabinet Member for Adult Services, Cabinet Member for Children's Services, Chief Executive, Director of Adult Social Care, Director – Children and Young People, Director of Public Health, Director of Sustainable Communities)
- B&NES Swindon and Wiltshire Integrated Care Board x 2 (ICB Executive Place Director, nominated ICB Executive Officer)
- Healthwatch B&NES x 1
- Avon and Somerset Police x 1
- Avon Fire and Rescue x 1
- Housing provider representative x 1
- Higher and further education representative x 3
- Health and social care provider and Third Sector representatives x 5 (acute care, community care, primary care, mental health service, and voluntary, community and social enterprise sector)
- NHS England x 1

5.2 The Board will be chaired by a Cabinet Member nominated by the Leader of the Council and supported by a Vice Chair agreed by the Board.

The Council will provide secretariat support to the Chairperson in setting dates for meetings, preparing agendas, and minuting meetings

5.3 In the event of a vote on a substantive matter, the quorum for the meeting will be:

- 3 members of the Council
- 1 member of the Integrated Care Board
- 1 member of Healthwatch B&NES
- 1 health and social care provider or Third Sector representative
- 1 member from either of Avon and Somerset Police or Avon Fire and Rescue
- 1 member from either Higher and Further Education or Housing

5.4 Board members may nominate a named substitute from an appropriate member of their organisation or service.

7. Wider engagement

7.1 By working together the Health and Wellbeing Board will proactively embed good public and patient engagement within the day-to-day business of the Board through adhering to the following principles:

- Taking responsibility for good public engagement

- Clarity about purpose
 - Harnessing a range of engagement methods
 - Engaging with everyone
 - Committed to cultural change
 - Providing access to information
 - In partnership with Healthwatch B&NES and 3SG
 - Feeding back engagement results
 - Evaluating engagement
- 7.2 The Board will seek to engage all stakeholders (including key health and social care providers) on the JHWS and commissioning plans.
- 7.3 The Council's policy development and scrutiny function offers an opportunity for broader engagement on key issues.
- 7.4 It is intended that one representative of each Political Group on the council, not currently represented on the board, be invited to formal Board meetings in an observer capacity.

8. *Business management*

- 8.1 The Board is a statutory committee of the Council and will be treated as if it were a committee appointed by the Council under section 102 of the Local Government Act 1972.
- 8.2 The Board will act in accordance with the Council's committee procedures.
- 8.3 Formal Board meetings shall be held in public. The Board may resolve to hold closed sessions in accordance with the Access to Information rules.
- 8.4 The Board will develop a work programme framed by the HWS which will guide its work.
- 8.5 The Board will meet at least 5 times per year in public as a minimum, with the flexibility for development sessions and agenda planning meetings held in private.

Original approved by B&NES Health and Wellbeing Board 29/11/2022
 Original approved by B&NES Council 17/11/2022
 Reviewed and approved by B&NES Health and Wellbeing Board xxxx

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Bath & North East Somerset Council	
MEETING/ DECISION MAKER:	Bath and North East Somerset Health and Wellbeing Board
MEETING DATE:	4th December 2023
TITLE:	SEXUAL HEALTH BOARD ANNUAL REPORT 2022/23
WARD:	All
AN OPEN PUBLIC ITEM	
<p>List of attachments to this report:</p> <p>Please list all the appendices here, clearly indicating any which are exempt and the reasons for exemption</p> <p>Appendix 1: Terms of reference of the Sexual Health Board, updated January 2023</p> <p>Appendix 2: Sexual health action plan 2022/23, updated March 2023</p> <p>Appendix 3: Outcome indicator set, updated March 2023</p> <p>Appendix 4: Sexual health action plan 2023/24, updated October 2023</p>	

1 THE ISSUE

- 1.1 This annual report summarises the work overseen and completed during 2022/23 by the Bath and North East Somerset (B&NES) Sexual Health Board. This report aims to provide background and context to the board; a brief overview of sexual and reproductive health in B&NES; details of some of the key work overseen and completed during 2022/23; the challenges we faced during 2022/23; and a look forward to the Board's priorities for 2023/24. For information we have included the sexual health action plan for 2023/24 in **Appendix 4**, which details the specific actions we are taking against 2023/24 priorities
- 1.2 Local authorities are mandated to commission comprehensive open access sexual health services, including free STI testing and treatment, notification of sexual partners of infected persons, advice on, and reasonable access to a broad range of contraception, and advice on preventing unplanned pregnancy. BSW Integrated Care Board is responsible for commissioning abortion services and some contraceptive services provided by GPs, and NHS England for commissioning cervical screening

2 RECOMMENDATION

The Board is asked to;

2.1 **Proposal 1:** consider the contents of this report

2.2 **Proposal 2:** approve the contents of this report

3 THE REPORT

Context to 2022/23 activity

- 3.1 The biggest influence on sexual and reproductive health during 2022/23 was the fallout from the Covid-19 pandemic as people and services readjusted following the most significant public health crisis in years. Across the country and in B&NES, we saw increases in people coming into Sexual and Reproductive Health (SRH) services and increases in sexually transmitted infections (STIs), in response to both services opening up again and people mixing more. Another significant influence was the commencement of the national Mpox outbreak in May 2022. Although Mpox is not classified as an STI, SRH services such as Riverside Clinic in B&NES were asked to be the key service responsible for identifying, treating, contact tracing and vaccinating those with, or at highest risk of, Mpox. This was a significant challenge resulting in service access being restricted again; as health protection measures needed to be immediately implemented in our clinical service to prevent any wider spread of the infection. This was an unforeseen issue and created immense pressure coming so soon after Covid-19
- 3.2 Sexual and reproductive health services are usually based on an open-access model meaning that appointments are not usually necessary and that patients can walk-in to services. As described above, during 2022/23 our services began to move back towards that model following the restrictions imposed due to the Covid-19 epidemic. This meant a significant increase in footfall across most SRH services in B&NES, picking up some of the backlog of need caused by Covid-19 in addition to the usual day to day SRH needs of our residents

B&NES Sexual Health Board and 2022/23 Action Plan

- 3.3 The full terms of reference of the sexual health board are detailed in **Appendix 1**; briefly the board's key purposes are to oversee the development and delivery of an action plan for sexual and reproductive health in B&NES; to monitor sexual and reproductive health outcomes for the population of B&NES; to influence the commissioning and delivery of high quality sexual health promotion, clinical provision and sexual health-related social care, ensuring equitable provision according to need; and to ensure effective partnership responses are developed and delivered in respect of all sexual health services for B&NES residents. The sexual health board meets three times per year

- 3.4 The sexual health board develops and implements an annual sexual health action plan which is agreed every April; the 2022/23 action plan is detailed in **Appendix 2**. The action plan shapes the work of the board throughout the subsequent financial year, identifying priorities and key programmes of work. The board reports on progress and reviews the action plan at least three times per year. At the end of the financial year the sexual health board does a final, formal review of the plan, assessing actions completed and uncompleted, before starting the process again for the next financial year
- 3.5 The 2022/23 action plan contained 46 specific actions, grouped into four thematic areas:
- (a) prevention and promotion
 - (b) intelligence and research
 - (c) service improvement
 - (d) governance and contracting

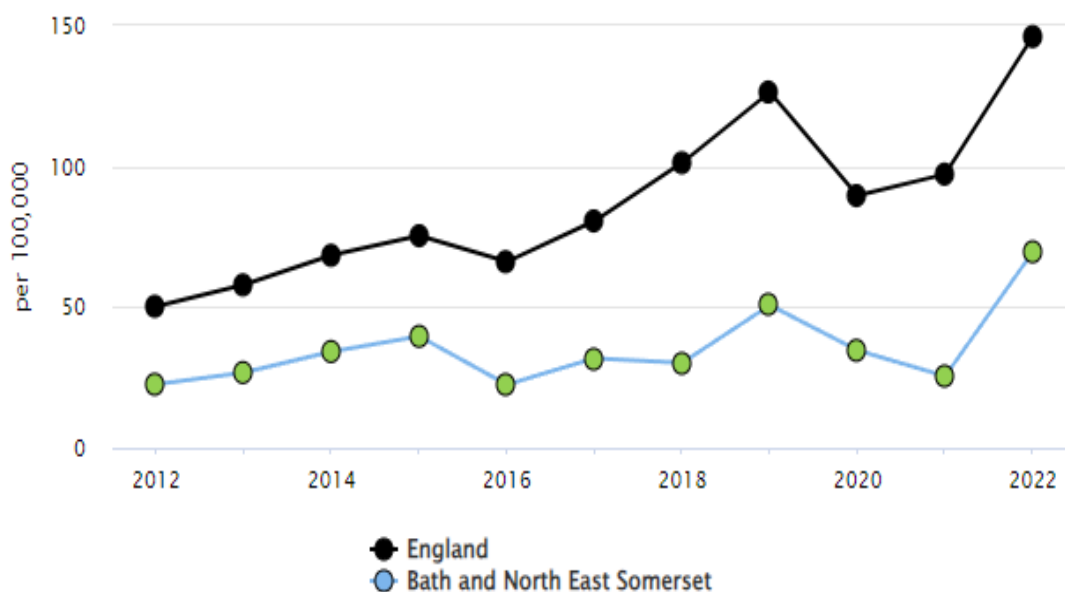
The action plan highlights the action, the responsible officer, a deadline for completion and a traffic light indicator detailing a summary of progress made. By March 2022, 75% of all actions were either fully completed or to be completed imminently. Of the remaining 25% of actions incomplete, 60% were carried forward into the 2023/24 action plan with the remainder being suspended due to wider factors beyond the control of the sexual health board. These include being made obsolete or unnecessary due to national policy and legal changes

Outcome indicator set and progress made in 2022/23

- 3.6 In developing the action plan and in helping to assess progress, the board utilises an outcome indicator set which is detailed in **Appendix 3**. The indicator set helps us assess the overall sexual and reproductive health of the population of B&NES which the board also reviews regularly to understand sexual and reproductive health issues and scan for any emergent problems. The indicators are split into three broad ambitions for the population of B&NES which are
- a) Sexually active adults and young people in B&NES are free from sexually transmitted infections (STIs)
 - b) Sexually active adults and young people in B&NES are free from unplanned pregnancies
 - c) Young people in B&NES are supported to have choice and control over intimate and sexual relationships
- 3.7 The outcome indicator set provided in **Appendix 3** gives a detailed overview of sexual and reproductive health in B&NES, but we can summarise sexual and reproductive health as follows:
- (a) New diagnoses of STIs in B&NES in 2022/23 were lower than the England and South West averages, although increased from 2021/22 levels

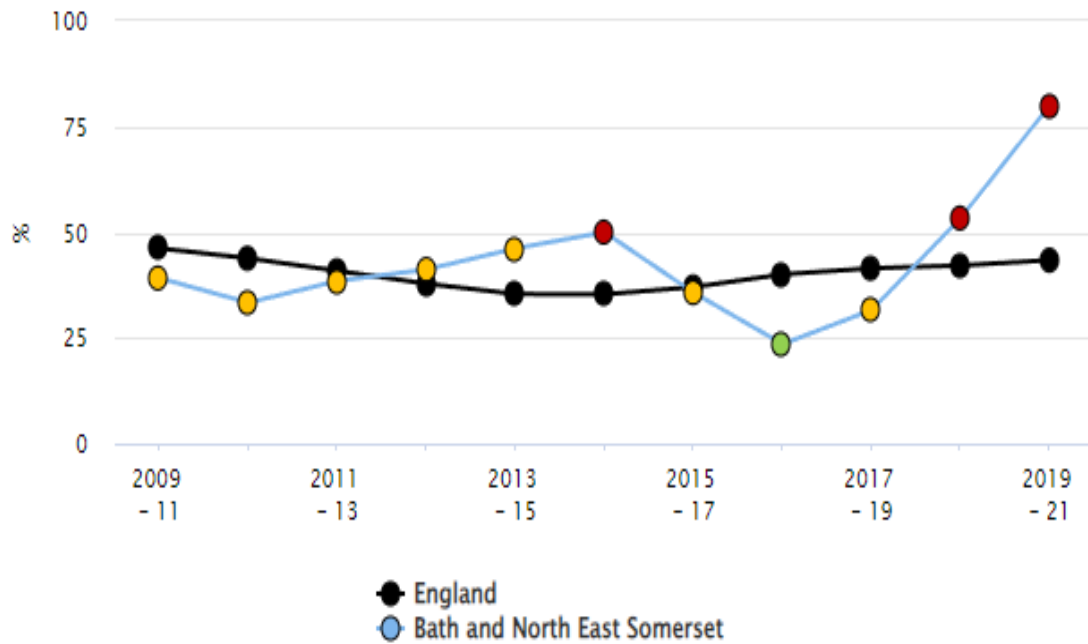
- (b) Conceptions to women aged under 18 (teenage conceptions) in B&NES in 2022/23 were much lower than the England and South West averages, and continue to decrease
- (c) Prescribing of Long Acting Reversible Contraception to women in B&NES in 2022/23 was significantly higher than the England and South West averages, and continues to increase
- (d) Abortion rates amongst women in B&NES during 2022/23 were lower than the England and South West averages and showed no significant growth
- (e) Although the Mpox outbreak created an enormous challenge, work undertaken by Riverside Clinic to test, treat and vaccinate our most vulnerable communities ensured that less than 12 Mpox cases were diagnosed in B&NES residents throughout the outbreak – a hugely significant achievement

Although these are all positive indicators, we also noted some challenges. September 2022 saw the beginning of a South West and England-wide gonorrhoea outbreak with higher numbers of cases than we are used to seeing in B&NES:



Source: OHID 2022

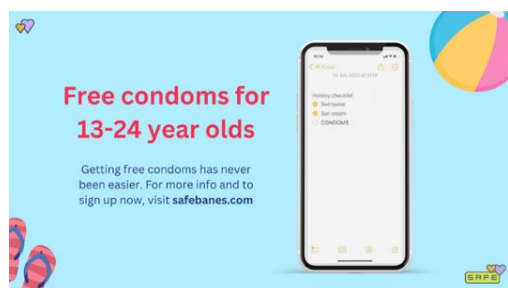
Another area of focus was that the percentage of adults with HIV in B&NES who were diagnosed late continued to increase between 2019-2021, which is our most recent data. Although it should be noted the number of new late diagnoses each year is very small, work commenced during 2022/23 to understand the reasons for late diagnosis of HIV, and we have developed specific actions for 2023/24 to try to ensure B&NES residents can get diagnosed more quickly:



Source: OHID 2022

3.8 The sexual health board oversaw a number of initiatives during 2022/2023 and was able to achieve much of its work programme detailed in the previous year’s action plan. Some of the highlights included:

- Over 8,000 attendances at Riverside Clinic, a record number continuing to demonstrate excellent levels of service accessibility. The service also continued to run its successful Pre exposure Prophylaxis (PrEP) and Human Papilloma Virus vaccinations programmes to high risk groups whilst dealing with the surge of demand related to the Mpox and gonorrhoea outbreaks
- A continued focus on outreach, with services working together to provide access in the most convenient places for our most vulnerable residents. As an example, work between Project 28 and Riverside Clinic resulted in 89% of young people in drug and alcohol treatment receiving a sexual and reproductive health intervention including STI screening, contraception and vaccination against blood borne viruses, with over half of young people in drug and alcohol treatment registering for Ccard
- The successful launch of the virtual Ccard in December 2022 enabled B&NES residents aged 13-24 to access free condoms and sexual health information and advice, in a safe way via their mobile device, improving accessibility and reducing environmental impact



- Successful outcomes from our sexual health training programme providing free courses on Ccard, STIs, young people and sexual health, alcohol and substance use and the sexual health needs of people with learning disabilities. Delegates evaluating our training described a 40% increase in their knowledge, confidence and ability upon completion of the course
- The further development of the Riverside Clinic online portal www.sh.uk/welcome enabled B&NES residents to access free STI testing via a dedicated website. Over 3,000 people requested a test kit with an 80% return rate showing a high level of acceptance by B&NES residents for this service. The initiative was able to identify people who would not usually attend Riverside Clinic face to face and diagnose them with an STI, supporting their sexual health and wellbeing and preventing transmission onto their sexual partners
- The delivery of several social media and email campaigns including HIV Prevention Summer Campaign, Christmas communications, HIV Testing Week, and Gonorrhoea awareness. Due to the limited reach of council channels to some of our target audiences, we also liaised with partner organisations to increase the engagement with these messages

3.9 During 2022/2023 it should also be noted that B&NES sexual and reproductive health services continued to attain special recognition for their innovative practice. One example is of Riverside Clinic who had five abstracts accepted for poster presentation at the National Meeting of the British Association of Sexual Health and HIV (BASHH) in Llandudno

B&NES Sexual Health Board priorities for 2023/24

3.10 The sexual health board's priorities for 2023/2024 are detailed in our action plan for 2023/24, a copy of which is attached in **Appendix 4**. In summary our focus is as follows:

- Improved intelligence and research – including identifying who we are seeing and not seeing in our services and understanding the difference we are making
- Increased prevention and promotion – including more engagement and consultation with young people and a refresh of www.safebanes.com
- Demonstrating value – including showing how investment in SRH saves money, supports the most vulnerable and reduces health inequalities over time

4 STATUTORY CONSIDERATIONS

4.1 The Health and Social Care Act 2012 sets out the statutory commissioning responsibilities around sexual and reproductive health for local authorities, Clinical Commissioning Groups (now Integrated Care Boards) and NHS England. Additionally, local government responsibilities for commissioning most sexual health services and interventions are further detailed in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013. These mandate local authorities to commission confidential, open access services for STIs and contraception as well as reasonable access to all methods of contraception. These responsibilities are fully met, and although the sexual health board holds no direct commissioning responsibilities as it is a strategic group, the board does provide additional assurance that these statutory responsibilities are met.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 A budget for the commissioning of sexual and reproductive health services is held by the Public Health and Preventative Services team as part of the public health grant. The budget also pays for a full time Development and Commissioning Manager and part time Health Improvement Officer post dedicated to sexual and reproductive health. The ICB and NHS England hold budgets for some sexual health services including for abortion, GP contraception services, and cervical screening. There are no further resource implications.

6 RISK MANAGEMENT

- 6.1 This paper is an annual report reviewing the work of the sexual health board during 2022/23 and is therefore largely retrospective; it is provided to the Health and Wellbeing Board as an information-only item with no specific recommendations, so a risk assessment has not been deemed to be necessary.
- 6.2 A separate Sexual Health Risk Register is maintained by the Sexual Health Board which supports the identification and management of key risks related to the sexual and reproductive health programme. At the time of writing three higher level risks are identified (funding for internet STI testing, premises issues for Riverside Clinic, and development of the health improvement resource service). These risks are mitigated through the 2023/24 Sexual Health action plan and through other related work.

7 EQUALITIES

7.1 As this paper is an annual report reviewing the work of the sexual health board during 2022/23 and is therefore largely retrospective an EIA has not been undertaken. However, the need to ensure that equalities are considered, and inequalities are reduced informs all of the work of the sexual health board and is a core principle of its terms of reference attached in **Appendix 1**.

8 CLIMATE CHANGE

8.1 The sexual health board aims to maximise resources and outcomes whilst minimising the impact on the environment in all of its responsibilities. Board meetings are held via Teams to minimise the need for travel. The delivery of clinical services which usually require an in-person, one to one intervention is more challenging, however our main SRH service Riverside Clinic is based in the city of Bath, close to the bus/train station. Long Acting Reversible Contraception is available in all general practices in B&NES meaning that this element of care can be combined with other health needs, again preventing unnecessary travel. During 2022/23 we developed online STI testing enabling patients with non-complex issues to receive and administer self-testing at home reducing the need to travel. In 2022/23 we also developed the virtual Ccard enabling patients to register and receive a virtual Ccard which has reduced plastic usage and wider carbon footprint. We continue to utilise www.safebanes.com as our primary vehicle for sexual and reproductive health advice and information to B&NES residents; our leaflets and guides on the website can be electronically downloaded onto mobile devices from the website preventing the need to print

9 OTHER OPTIONS CONSIDERED

9.1 None

10 CONSULTATION

10.1 This report has been reviewed and cleared by the S151 Officer and Monitoring Officer, by the Consultant in Public Health Lead for Sexual and Reproductive Health, and by the Director of Public Health and Prevention ahead of submission to the Health and Wellbeing Board.

Contact person	<p>Paul Sheehan</p> <p>Development and Commissioning Manager, Public Health and Preventative Services</p> <p>paul_sheehan@bathnes.gov.uk</p> <p>01225 394065</p>
Background papers	<p>Background papers are included as attachments to this report as follows:</p> <p>Appendix 1: Terms of reference of the Sexual Health Board, updated January 2023</p> <p>Appendix 2: Sexual health action plan 2022/23, updated March 2023</p> <p>Appendix 3: Outcome indicator set, updated March 2023</p> <p>Appendix 4: Sexual health action plan 2023/24, updated October 2023</p>
<p>Please contact the report author if you need to access this report in an alternative format</p>	

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BACKGROUND

Sexual and reproductive health is an important part of physical and mental health. It is a key part of our identity as human beings together with the fundamental human rights to privacy, a family life and living free from discrimination. Essential elements of good sexual health are equitable relationships and sexual fulfilment with access to information and services to avoid the risk of unintended pregnancy, illness or disease.

Sexual and reproductive health goes well beyond the medical model of the treatment of disease. The World Health Organisation definition of sexual health captures this point:

“Sexual Health is a state of physical, emotional, mental and social wellbeing, related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled “¹

This definition is central to the purpose of the Sexual Health Board and provides an important focus for the future development of strategic planning.

OUTCOME

The population of Bath and North East Somerset have good sexual and reproductive health.

PURPOSE

- To oversee the development, promotion and delivery of a strategic plan for sexual and reproductive health in B&NES
- To influence the commissioning and delivery of high-quality sexual and reproductive health promotion, clinical provision and sexual health-related social care, ensuring quality within service delivery and equitable provision according to need
- To influence wider relevant strategic partnerships to ensure that sexual and reproductive health is taken account of

- To provide a forum for service providers, commissioners and wider partners from across voluntary and statutory sectors to discuss service, strategic and policy developments as equal partners
- To ensure effective partnership responses are developed and delivered in respect of all sexual and reproductive health services for B&NES residents.

SCOPE

The key elements of sexual and reproductive health covered by Sexual Health Board are:

1. Sexually transmitted infections
2. Contraception
3. Unintended pregnancy and safe termination of pregnancy
4. Young people's sexual health; and relationships and sexual health education
5. Psychosexual issues
6. Promotion of safe sexual experiences
7. Teenage pregnancy
8. HIV

Other areas such as rape, sexual violence and sexual exploitation, perimenopausal sexual health, fertility, sexual dysfunction and gynaecological issues, whilst linked to the area are out of direct scope, although linkages with these areas will be developed where required.

Terms of Reference 2023

The Board will encourage sexual and reproductive health services to work in collaboration with key local organisations and partnership groups that work with vulnerable/at risk populations who are at risk of poorer sexual health outcomes for example substance misuse, supported housing etc.

FUNCTIONS

1. To identify the sexual and reproductive health needs of the population of Bath and North East Somerset
2. To take a strategic, collaborative and co-ordinated approach to the implementation of national sexual and reproductive health and related strategies and programmes
3. To ensure collaboration between the various commissioners and leads of sexual and reproductive health services (e.g. integrated sexual health services, HIV treatment and care, termination of pregnancy etc.)
4. To agree a set of priorities that will inform future sexual and reproductive health commissioning intentions in line with national guidance
5. To develop, and lead on the implementation of, the Bath and North East Somerset sexual and reproductive health strategy and action plan
6. To initiate and agree the aims of sexual and reproductive health working groups that support the delivery of the action plan
7. To lead continuous improvement within available resources, and identify gaps in the quality, range, consistency and accessibility of sexual and reproductive health services across the partnership by receiving from relevant commissioners and considering an overview of provider activity and quality measures, making recommendations as necessary
8. To identify ways in which the service user's experience of services can be enhanced, through for example, referral mechanisms, joint promotional materials, and shared service information
9. To ensure that expert clinical and other specialist input is available to provide direction to the commissioning and improvement of local sexual health services
10. To tackle inequalities, stigma and discrimination that have a negative impact on sexual and reproductive health

FREQUENCY OF MEETINGS

The board will meet three times per calendar year; however, if urgent issues arise that require more immediate discussion additional meetings will be arranged as required

ATTENDANCE AT MEETINGS

All members need to attend all meetings. If unable to attend, they may submit written comments or send a substitute, as well as sending comments via email.

ADMINISTRATION

Agenda items to be received two weeks before meetings.
Agenda and associated papers will be sent out one week before meetings.
Minutes will be circulated two weeks after meetings.

DECISION MAKING

50% of members are required to be in agreement for decision making. Members not in attendance at meeting will be given 2 weeks to comment on decisions.

ACCOUNTABILITY

The Sexual Health Board will be directly accountable to the Health and Wellbeing Board and will report annually.

MEMBERSHIP

Paul Scott (Chair)	Associate Director and Consultant in Public Health	Public Health, B&NES Council	Paul_scott@bathnes.gov.uk
Sue Anderson	Team Lead, School Nursing	HCRG	sue.anderson2@hcrqcaregroup.com
Dr. Rochelle Barden	Clinical Psychologist & Harmful Sexual Behaviour Clinical Specialist	B&NES CAMHS	Rochelle.Barden@oxfordhealth.nhs.uk
Anna Brett	Health Protection Manager	Public Health, B&NES Council	Anna_brett@bathnes.gov.uk
Richard Brown	Chief Officer	Avon Local Pharmaceutical Committee	richard.avonlpc@gmail.com
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Sarah Button	Head of Wellbeing Programmes	HCRG	sarah.button@hcrqcaregroup.com
Viv Crouch MBE	Lead Nurse, Clinic in a Box	HCRG	vivien.crouch@hcrqcaregroup.com
Jayne Elton	Advanced Nurse Practitioner	Riverside Clinic, RUH	jayne.elton@nhs.net
Dr. Kate Fallon	General Practitioner	Somerton House Surgery	katefallon@nhs.net
Dr. Arnold Fernandes	Consultant in Genitourinary Medicine and Contraception	Riverside Clinic, RUH	a.fernandes1@nhs.net
Tiff Ferris	Professional Lead, 5-19 Public Health Nursing	HCRG	tiff.ferris@hcrqcaregroup.com

Terms of Reference 2023

Carrie Ford	Youth Work Team Leader	Youth Connect	Carrie.ford@ycsw.org.uk
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Ash Pal	Business Development Manager	MSI Choices	ash.pal@MSIChoices.org.uk
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Paul Sheehan	Development and Commissioning Manager	Public Health, B&NES Council	Paul_sheehan@bathnes.gov.uk
Lucy Twigger	Health Advisor and Departmental Manager	Riverside Clinic, RUH	lucytwigger@nhs.net
Angela White	Business Support Officer	Public Health, B&NES Council	Angela_white@bathnes.gov.uk
Sarah Wheeler	Lead Nurse	Fairfield Park Medical Centre	sarahwheeler1@nhs.net

TBC	Education representative	Education representative	
TBC	Child Sexual Exploitation Lead	Willow Project	
TBC	ToP Service Commissioning Lead	BSW ICB	

**These terms of reference will be reviewed annually.
Next review date: SEPTEMBER 2023**

REFERENCES:

1. WHO (2006). *Defining sexual health - Report of a technical consultation on sexual health, 28 – 31 January 2002, Geneva*. Sexual Health Document Series, World Health Organisation, Geneva. Available from: http://www.who.int/reproductivehealth/publications/sexual_health/defining_sexual_health.pdf

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B&NES SEXUAL HEALTH ACTION PLAN 2022/23 – UPDATED APRIL 2023

Theme	Action(s)	Lead (Supporting)	Completed by	Progress (R/A/G & narrative)
Intelligence and research	Update outcome indicator set and present regular updates to SHB	PSh	Jun-22	Agreed and presented to SHB at Jul 22 meeting; SHB to monitor over the year
Prevention and promotion	Develop and implement sexual health campaigns plan, including evaluation processes for each campaign	MB	Jun-22	HIV Prevention England Summer Campaign w/c 4/7/22. Next campaign will be C-card relaunch in March 23.
Prevention and promotion	Set up electronic Ccard and electronic reporting system for Ccard with web developer, including training for Ccard venues and media campaign to promote it	MB	Jun-22	Electronic reporting system and virtual C-card completed. Campaign and training to commence December 22
Service improvement	Develop and implement sexual health training programme, including developing additional training sessions based on demand from 2021/22, and doxycycline and Ccard training to be made available 24/7 on Vimeo	MB	Jun-22	Sexual Health Training Programme dates arranged. New C-card training and doxycycline training to be arranged.
Intelligence and research	Review and update Pharmoutcomes EHC and Doxycycline self enrolment templates	PSh	Jun-22	Template format discussed with Avon LPC. Need to formalise agreement and initiate. Discussions held around utilising mini SERAF to help identify potential CSE risk during EHC consultation
Intelligence and research	Ensure sexual health action plan and indicator set is aligned with PH Team plan and Council Corporate Objectives	PSh	Jun-22	Agreed and presented to SHB at Jul 22 meeting; aligned with Council objectives and PH team plan; SHB to monitor over the year
Service improvement	Respond to findings and implement any necessary actions arising from rapid audit in GP LARC	PSh / SB	Jun-22	First audit completed Mar 22; follow up audit now running, results delayed - expected March 2023

B&NES SEXUAL HEALTH ACTION PLAN 2022/23 – UPDATED APRIL 2023

Service improvement	Agree and implement development plan for Riverside Clinic	AF	Jun-22	Service development plan in place, monitored/updated quarterly
Governance and contracting	Agree funding and contracting model for of PrEP delivery during 2022/23	PSh	Jun-22	Funding and contracting in place with Riverside for 2022/23
Governance and contracting	Set up formal contractual governance links from Riverside quarterly performance meetings to CCG/RUH CRM meetings, ensuring contractual issues are raised at CRM by exception	PSh	Jun-22	Governance links in place between performance/mobilisation group and CRM
Governance and contracting	Complete 2021/22 sexual health annual report and present to HWB	PSh	Jun-22	Report for HWB presented September 2022
Governance and contracting	Consider proposals to merge SHSG and SHB	PSh	Jun-22	Groups merged, first joint meeting November 2022
Intelligence and research	Agree and obtain outcomes-based reporting from Riverside service	PSh / AF	Oct-22	Work ongoing but delayed; limited capacity in RUH BIU
Intelligence and research	Run young persons' focus groups and report overall findings and recommendations to sexual health board	MB	Oct-22	Ethics have been approved. First FG delayed due to SHIO vacancy, to be c/f into April 2023
Service improvement	Implement actions to restore CinaB attendance and reach to pre-pandemic levels, including work with Youth Connect and School Nursing to evaluate potential to run CinaB sessions in Youth Connect venues	PSh / MB	Oct-22	Data around quarterly attendance and provision analysed; meeting arranged with Jude Sellers to agree remedial action plan in Apr 24
Intelligence and research	Review and update Pharmoutcomes templates for Ccard and pregnancy testing provision	MB	Oct-22	Not started

B&NES SEXUAL HEALTH ACTION PLAN 2022/23 – UPDATED APRIL 2023

Intelligence and research	Update general practice (LARC) and community pharmacy reporting in line with integrated service performance monitoring	PSh / SB	Oct-22	Contract decision made by Council/CCG and HCRG means action cannot be completed; new specification to be developed during 2023/24
Intelligence and research	Examine ways to access, share and utilise BSW-wide service data on ToPs and vasectomies to improve local response and planning	PSh / BSW commissioners	Oct-22	BSW commissioners group set up; request made to providers
Prevention and promotion	Review and implement ways in which Ccard returns can be improved from services	PSh / MB	Oct-22	Electronic reporting system completed. Training to commenced March 2023
Prevention and promotion	Deliver safeguarding update for community pharmacy where women are accessing EHC	PSh / BNSSG commissioners	Oct-22	Not started
Service improvement	Write new Doxycycline PGD for implementation in B&NES community pharmacies, and deliver training courses	PSh / MB	Oct-22	PGD written and distributed
Prevention and promotion	Examine and implement actions to reduce the number of late HIV diagnoses	PSh / AF	Oct-22	Work undertaken by Kate Richards and Bret Palmer; presentation at March 2023 SHB; actions to be compiled post meeting
Prevention and promotion	Investigate trends of very young people aged <=15 accessing community pharmacy for EHC without safeguarding concerns being flagged	PSh	Oct-22	Not started. Potential to utilise mini-SERAF work as part of this
Service improvement	Examine potential to develop SRH provision via Julian House day centre projects	PSh / AF	Oct-22	Day centres delayed; now in place but not carrying sufficient numbers to be utilised for clinical input
Service improvement	Examine ways to encourage community pharmacy referral into GP LARC following issue of EHC	PSh / SB	Oct-22	Not started

B&NES SEXUAL HEALTH ACTION PLAN 2022/23 – UPDATED APRIL 2023

Intelligence and research	Investgate potential to deliver rapid SHNA during 2022/23	PSh / PS	Oct-22	No capacity in PH team so Fingertips LASER report to be utilised instead for planning
Governance and contracting	Highlight risks around future Ccard and SAFE funding through Health Improvement Service	PSh	Oct-22	Discussions held with HCRG commissioners and Council directors
Governance and contracting	Highlight risks presented by providers around lack of inflation uplifts into GP LARC and CP sexual health service contracts	PSh	Oct-22	Discussions held with HCRG commissioners and Council directors
Prevention and promotion	Pick up local actions from South West PrEP project looking at inequalities in PrEP access in B&NES	PSh	Oct-22	Funding agreed for project Apr 22; tender out to providers
Service improvement	Review SAFE accredited services and encourage lapsed services to reaccredit; review SAFE accreditation documents to ensure they are fit for purpose	MB	Mar-23	SAFE accreditation document has been drafted. Delayed to 2023/24
Intelligence and research	Develop mystery shopper exercise in community pharmacy to support evaluation of services, including SAFE, Ccard and safebanes.com; provide feedback and recommendations to SHB and providers	MB	Mar-23	Not started- This will be phase 3 of the young person consultation
Prevention and promotion	Increase the number of registration points for Ccard, especially in pharmacies	MB	Mar-23	C-card Training available online to train services. Pharmacies to be contacted directly
Service improvement	Ensure LARC fitters have access to Faculty-approved trainers for practitioners who need to reaccredit, and link with BSWCCG training offered to fitters in general practice	PSh / SB	Mar-23	Not started
Service improvement	Examine future models of LARC delivery in GP practices as part of change towards ICSs and most efficient utilisation of fitters	PSh	Mar-23	Contract decision made by Council/CCG and HCRG means action cannot be completed
Service improvement	Review future commissioning arrangements for community pharmacy providing EHC to ensure guaranteed 7-day access around relevant locations	PSh / SB	Mar-23	Contract decision made by Council/CCG and HCRG means action cannot be completed

B&NES SEXUAL HEALTH ACTION PLAN 2022/23 – UPDATED APRIL 2023

Service improvement	Examine ways to strengthen sexual health provision in community pharmacy	PSh / RB	Mar-23	Not started
Service improvement	Develop and implement plan to increase the number of community pharmacists actively delivering sexual health services, especially delivery of EHC and chlamydia treatment	PSh / MB	Mar-23	Not started
Governance and contracting	Agree procurement process and future model of CSO from April 2024	PSh	Mar-23	Initial discussions held with BNSSG partners and RUH; CSO to be part of BNSSG procurement
Prevention and promotion	Agree and implement ways to increase visibility, accessibility and awareness of EHC provision in community pharmacy with clients and community pharmacies	MB	Mar-23	Not started
Prevention and promotion	Support Riverside Clinic in rollout of MPXV vaccination	PSh	Ongoing through year	Processes in place in agreement with UKHSA and NHSE. Expected initial rollout to begin 29th June 2022
Prevention and promotion	Maintain and develop joint work with Youth Connect including SAFE and Ccard provision	MB	Ongoing through year	Youth Connect have C-card provision in place. Regular meetings in place
Prevention and promotion	Maintain and develop joint work with joint Universities group to understand sexual health needs and support sexual health service provision for their student population	MB	Ongoing through year	Meetings attended and campaigns shared. Will be attending Freshers
Service improvement	Ensure all general practice-based LARC practitioners have minimum standard qualifications to fit, and monitor practitioners to ensure minimum fits and removals are being met	SB	Ongoing through year	GP LARC fitters register sent to practices. Responses received Sept 2022
Service improvement	Maintain and develop targeted outreach services from Riverside Clinic	AF	Ongoing through year	Outreach services in place; potential to add Julian House day centres to these services
Service improvement	Maintain and develop web-based postal kit testing platform for Riverside service and monitor uptake	AF	Ongoing through year	Platform established Apr 22; data to be reviewed in August

B&NES SEXUAL HEALTH ACTION PLAN 2022/23 – UPDATED APRIL 2023

Prevention and promotion	Work with schools and school nursing team to promote Ccard as part of RSE provision	MB / SA	Ongoing through year	Schools to promote relaunch of C-card in Spring 2023
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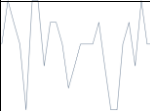

ATTACHMENT 2 Outcome 1 - Sexually active adults and young people are free from STIs UPDATED 28th February 2023, new data in *italics*

Indicator type	Period	Indicator Description	Geographic area								TARGET	RAG	Trend	Three year rolling average	Most recent figure and range	Comments
			B&NES	South Glos	Central Bedfordshire	Cheshire East	South West	England								
Outcome 1	2021	Combined rate of new diagnoses of gonorrhoea and syphilis (crude rate per 100,000 population; GUM only)	33.7 (n=66)	23.9	41.1	50.1	32.6	103.3	N/A	N/A			2012 - 2021 High: 58; Low: 23.1 Current: 33.7 (2021) Three-year rolling average: 29.1 (2012-2014); 36 (2013-2015); 35 (2014-2016); 35.7 (2015-2017); 33.8 (2016-2018); 35 (2017-2019); 47 (2018-2020); 46 (2019-2021)	The combined rate of new diagnoses of gonorrhoea and syphilis has fluctuated, peaking in 2018 but with drops since then, likely due to the Covid pandemic. Our rate is lower than most statistical neighbours - although B&NES remains similar to the SW rate and considerably lower than the England rate		
Outcome 1	2021	New STI diagnosis rate excluding chlamydia aged under 25 (per 100,000 population)	236.0	192	221	274	249.0	394.0	N/A	N/A			2012 - 2021 High: 581 Low: 236 Current: 236 (2021) Three-year rolling average: n/a	New indicator from April 2022. 2020 baseline indicates rate of 353 per 100,000 with drop to 236 during 2021 similar to geographic comparators, lower than the regional comparator and national comparator (NB during Covid period)		
Outcome 1	2021	Rate of new acute STIs in 15 - 19 year olds (per 100,000 population, attendance at all GUM and non GUM clinics)	921 (n=106)	1210.0	938.0	1195.0	not available	1590.0	N/A	N/A			2012 - 2021 High: 2448.8 Low: 921 Current: 921 (2021) Three-year rolling average: 1691 (2012-2014); 1754 (2015-2015); 1955 (2014-2018); 1989 (2015-2017); 1837 (2016-2018); 1927 (2017-2019); 1340 (2018-2020); 1179 (2019-2021)	During 2021 the B&NES rate decreased from the previous year, reflecting national trends due to the impact of Covid. B&NES rates are similar to our statistical neighbours and lower than the national rate.		
Outcome 1	2021	Rate of new acute STIs in 20 - 24 year olds (per 100,000 population, attendance at all GUM and non GUM clinics)	1295 (n=272)	1647.0	1974.0	2483.0	not available	2595.0	N/A	N/A			2012 - 2021 High: 2740 Low: 1295 Current: 1295 (2021) Three-year rolling average: 2647 (2012-2014); 2590 (2013-2015); 2454 (2014-2016); 2328 (2015-2017); 2208 (2016-2018); 2210 (2017-2019); 1806 (2018-2020); 1665 (2019-2021)	The rate from 2012-2021 shows a steady decline despite screening numbers increasing, with 2021 showing lowest numbers ever due to Covid. B&NES remains lower than our statistical neighbours and lower than the national rate.		
Outcome 1	2021	Chlamydia detection rate in women aged 15 - 24 (per 100,000 population)	884 (n=147)	1310.0	1185.0	1588.0	1428.0	1762.0	N/A	N/A			2012 - 2021 High: 2115 Low: 884 Current: 884 (2021) Three-year rolling average: 1212 (2019-2021)	New indicator from April 2022. 2020 baseline indicates rate of 1046 per 100,000 with drop to 884 during 2021, significantly lower than geographic comparators, the regional comparator and national comparator		
Outcome 1	2021	HIV diagnosed prevalence rate (crude rate per 1,000 population aged 15 - 59)	0.86 (n=102)	1.23	1.41	1.25	1.31	2.34	N/A	N/A			2011 - 2021 High: 0.86; Low: 0.67; Current: 0.86 (2021) Three-year rolling average: 0.70 (2012-2014); 0.74 (2013-2015); 0.80 (2014-2016); 0.84 (2015-2017); 0.85 (2016-2018); 0.78 (2017 - 2019); 0.82 (2018-2020)	During 2021 the B&NES rate was 0.86, with the three year rolling average showing a levelling out. HIV rates across the South West and England have also levelled out over this period. The B&NES rate overall remains lower than our geographic comparators and the South West and England rates reflecting the low level of HIV infection in B&NES.		

ATTACHMENT 2 Outcome 2 - Sexually active adults and young people are free from unplanned pregnancies UPDATED 28th February 2023, new data in italics

Indicator type	Period	Indicator Description	Geographic area							Trend	Three year rolling average	Most recent figure and range	Comments
			B&NES	South Glos	Current Bedfordshire	Cheshire East	South West	England	TARGET				
Outcome 2	2021	Total prescribed LARC rate, excluding injections (per 1,000 women)	64.9 (n=2535)	46.9	34.6	46.8	58.1	41.8	increase from 2020 baseline	G		2014 - 2021 High: 64.9 Low: 50.1 Current: 64.9 (2021) Three-year rolling average: n/a	New indicator from April 2022. 2020 baseline indicates rate of 50.1 per 1,000 women, with the highest prescribed LARC rate ever recorded during 2021 reflecting increases across the SW. B&NES remains higher than geographic comparators, regional comparator and higher than national comparator
Outcome 2	2022	LARC provision in general practices (percentage rate of total general practices actively providing LARC)	95 (n=21)	n/a	n/a	n/a	n/a	n/a	increase from 2022 baseline			2022 High: 95 Low: 95 Current: 95 (2022) Three-year rolling average: n/a	New indicator from April 2022. 2022 baseline indicates 21 of 22 practices have LARC fitters and are actively fitting LARC
Outcome 2	2022	EHC provision in community pharmacies (percentage rate of total community pharmacies actively providing EHC)	71 (n=24)	n/a	n/a	n/a	n/a	n/a	maintain / increase from 2021 baseline	G		2021 High: 71 Low: 71 Current: 71 (2022) Three-year rolling average: n/a	New indicator from April 2022. 2021 baseline indicates 24 of 34 pharmacies have EHC trained pharmacists and are actively offering EHC; this remains the case for 2022
Outcome 2	2022	EHC consultations provided in community pharmacies (rate per 1,000 women aged 13 - 24)	23.9 (n=452)	n/a	n/a	n/a	n/a	n/a	n/a	N/A		2021 High: 38.4 Low: 38.4 Current: (2021) 38.4 Three-year rolling average: n/a	New indicator from April 2022. 2022 baseline indicates EHC consultation rate of 38.4 during 2021, per 1,000 women aged 13 - 24, dropping to 23.9 during 2022
Outcome 2	2021	Under 18 conception rate per 1,000 women aged 15-17	8.7 (n=26)	9.7	11.4	8.2	11.1	13.1	18	G		2009 - 2021 Quarter High 23.1; Quarter Low 8.2; Current: 8.7 (2021) Three-year rolling average: 17.9 (2011-2013); 15.8 (2012-2014); 13.6 (2013-2015); 9.8 (2014-2016); 10.8 (2015-2017); 10.7 (2015-2018); 11.9 (2016-2019); 9.9 (2018-2020); 8.5 (2019-2021)	The teenage conception rate remains low and shows a significant reduction from 2009 to 2021. B&NES remains well below the South West and England rates.
Outcome 2	2021	Abortion rate (crude rate per 1,000 resident women aged 15-44)	11.6 (n=472)	15	17.6	18.5	15.4	18.7	N/A	N/A		2012 - 2021: High: 19.3 Low: 11.6 Current: 11.6 Three-year rolling average: 19.9 (2012-2014); 18.7 (2013-2015); 16.8 (2014-2016); 11.8 (2015-2017); 11.5 (2016-2018); 12 (2017-2019); 12 (2018-2020)	The abortion rate in B&NES has shows a flattening from its 2019 peak. From 2016 to 2021 the abortion rate has been very stable, despite there being an increase in the England rate over the same period. The B&NES rate remains considerably lower than our regional and national comparators
Outcome 2	2021	Under 18 abortion rate (crude rate per 1,000 women)	4.3 (n=12)	4.0	5.9	3.5	5.7	6.5	N/A	N/A		2012 - 2021: High: 8.5 Low: 3.9 Current: 4.3 Three-year rolling average: 8.5 (2012-2014); 7.5 (2013-2015); 5.9 (2014-2016); 4.9 (2015-2017); 5.5 (2016-2018); 5.5 (2017-2019); 5.2 (2018-2020); 4.4 (2019-2021)	The under 18 abortion rate in B&NES has dropped since its 2018 level, but caution needs to be applied as low numbers affect the rate (e.g. just 12 during 2021). The rate remained stable from 2019-2021. The rate in B&NES is lower than the regional and England rates
Outcome 2	2020	Percentage of under 18 conceptions that lead to abortion	60 (n=12)	48.3	59.1	61.1	52.1	53.0	N/A	N/A		2011 - 2020: High: 70.6 Low: 47.1 Current: 60 Three-year rolling average: 58.9 (2011-2013); 57.9 (2012-2014); 54.7 (2013-2015); 58.9 (2014-2016); 56.8 (2015-2017); 60.0 (2016-2018); 57 (2017-2020)	The percentage of under 18 conceptions leading to abortion in B&NES remains at the same level of 2011, with a peak in 2016 before a reduction. 2020 data indicates the B&NES rate is higher than most of our comparator areas, and higher than both the SW and England rates
Outcome 2	2021	Repeat abortions in under 25s (%)	21.2 (n=XX)	27.6	31.3	28.5	25.5	29.7	N/A	N/A		2012 - 2021: High: 24 Low: 15.4 Current: 21.2 Three-year rolling average: 21.4 (2012-2014); 21.1 (2013-2015); 21.9 (2014-2016); 21.8 (2015-2017); 21.8 (2016-2018); 19.7 (2017-2019); 19 (2018-2020); 19.6 (2019-2021)	The percentage of repeat abortions in under 25s who have already had an abortion has fluctuated between 2012 to 2021 due to low numbers but remains low overall; there is a slight increase over the three-year rolling averages from 2018. B&NES rate is lower than local and regional comparators, and lower than the national comparator
Outcome 2	2021	Repeat abortions in all ages (%)	38.6 (n=XX)	40.1	42.7	39.7	39.2	42.6	N/A	N/A		2012 - 2021: High: 38.6 Low: 30 Current: 38.6 Three-year rolling average: 31.6 (2012-2014); 32.3 (2013-2015); 33 (2014-2016); 34.4 (2015-2017); 35.8 (2016-2018); 36 (2017-2019); 35 (2018-2020); 36 (2019-2021)	The percentage of repeat abortions in all ages who have already had an abortion shows a slow but steady increase from 2012 to 2021, with a peak in 2019. The B&NES rate is close to regional comparators and slightly lower than the national rate

ATTACHMENT 2 Outcome 3 - Young people are supported to have choice and control over intimate and sexual relationships UPDATED 28th February 2023, new data in italics

Indicator type	Period	Indicator Description	Geographic area						TARGET	RAG	Trend	Most recent figure and range	Comments
			B&NES	South Glos	Central Bedfordshire	Cheshire East	South West	England					
Outcome 3	2021/22	Number and % of service users in Clinic in a Box service reporting improved choice and control over their sexual health and relationships	98%	not available	not available	not available	not available	not available	85%	G		2016/17 - 2021/22: High: 100; Low: 95; Current: 99 (Q1 2022/23)	A consistently high number of respondents report increased choice and control post-intervention
Outcome 3	2021/22	Number and % of service users in Clinic in a Box service reporting increased skills enabling them to have safer sexual experiences	98%	not available	not available	not available	not available	not available	85%	G		2016/17 - 2021/2022 High: 100; Low: 97; Current: 98 (Q1 2022/23)	A consistently high number of respondents report increased choice and control post-intervention

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B&NES SEXUAL HEALTH ACTION PLAN 2023/24 - UPDATED 31ST OCTOBER 2023

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Contribution to population-level outcome	Area	Action	Lead (Supporting)	Completed by	Progress as of 1st November 2023 (R/AG & narrative)
All outcomes	Governance and contracting	Establish and monitor risk log for sexual health programme	PSh	Jun-23	Risk log established June 2023, monitoring ongoing
Outcome 2: Sexually active adults and young people are free from unplanned pregnancies	Governance and contracting	Develop new levonorgestrel PGD for community pharmacy	PSh	Sep-23	New PGD written, signed and released 1st Sept 2023
Outcome 3: Young people are supported to have choice and control over intimate and sexual relationships	Prevention and promotion	Design bespoke campaign to promote virtual C Card and training to venues	MB	Sep-23	Campaign materials completed - sent to partners 16th Oct 2023
Outcome 1: Sexually active adults and young people are free from STIs	Prevention and promotion	Undertake research to understand populations and demographic affected by gonorrhoea outbreak, and develop appropriate interventions and information based on this information	PSh	Sep-23	Data acquired by Riverside Clinic; ongoing analysis undertaken monthly
All outcomes	Service improvement	Complete ESHSCG HIV/SRH SLI risk assessment	PSh	Sep-23	Not started
Outcome 1: Sexually active adults & young people are free from STIs	Service improvement	Develop business case and seek funding for online testing provision at Riverside	PSh	Sep-23	Business case developed, presented and funding not approved. Highlight by PH team as a significant risk
All outcomes	Service improvement	Implement actions to restore CmaB attendance and reach to pre-pandemic levels, including work with Youth Connect and School Nursing to evaluate potential to run CmaB sessions in Youth Connect venues	PSh (MB)	Sep-23	Initial meeting held; range of support offered to Youth Connect from SNS including mobilisation of SN in an emergency; Youth Connect to review need amongst young people
Outcome 3: Young people are supported to have choice and control over intimate and sexual relationships	Prevention and promotion	Increase the regularity and scope of social media and communications campaigns, using a social marketing approach, including promotion of local services, gonorrhoea information and awareness, Ccard, STI testing, and community pharmacy EHC	MB	Oct-23	Media and comms plan produced
Outcome 2: Sexually active adults and young people are free from unplanned pregnancies	Service improvement	Respond to findings and implement any necessary actions arising from rapid audit in GP LARC	PSh (SB)	Oct-23	Audit questions devised July, released to practices in August 2023. Interim findings produced Oct 2023, full data returned by Nov 2023
Outcome 2: Sexually active adults and young people are free from unplanned pregnancies	Intelligence and research	Review and update Pharmoutcomes templates for Ccard and pregnancy testing provision	PSh	Dec-23	Not started
All outcomes	Intelligence and research	Agree and obtain robust patient-level, demographic and outcomes-based reporting from Riverside Clinic	PSh (AF, LT)	Dec-23	Not started
All outcomes	Prevention and promotion	Identify areas for need of targeted SRH promotion, preventative measures and campaigns to meet hidden needs amongst more marginalised groups (e.g. areas of higher u18 conceptions, Boater/Traveller communities, people with disabilities, young people leaving care etc), and informed by social marketing and behaviour change approaches	PSh (MB)	Dec-23	Not started
Outcome 1: Sexually active adults and young people are free from STIs	Prevention and promotion	Develop targeted HIV awareness/myth busting campaign for bisexual and other non-Gay identifying MSM, consider linking to World AIDS Day	MB	Dec-23	Themes identified, to be run Dec 2023
Outcome 3: Young people are supported to have choice and control over intimate and sexual relationships	Prevention and promotion	Investigate trends of very young people aged <=15 accessing community pharmacy for EHC without safeguarding concerns being flagged	PSh	Dec-23	Initial scoping July 2023; meetings with ALPC and ICB safeguarding leads Oct 2023; further analysis to be undertaken by deadline
Outcome 3: Young people are supported to have choice and control over intimate and sexual relationships	Prevention and promotion	Consider potential to move hosting and design of safebanes.com to internal IT	PSh (MB)	Dec-23	Initial discussions held with B&NES Council IT; website updates underway Oct 2023
Outcome 3: Young people are supported to have choice and control over intimate and sexual relationships	Service improvement	Amend EHC consultation and PGD to reflect mini-SERAF questions once funding agreed by Childrens Services	PSh	Dec-23	Funding not agreed by Childrens Services, awaiting update by Nov 2023
Outcome 2: Sexually active adults and young people are free from unplanned pregnancies	Service improvement	Examine ways to encourage community pharmacy referral into GP LARC following issue of EHC	PSh (SB)	Dec-23	Not started
All outcomes	Governance and contracting	Manage transitional contractual arrangements for GP LARC and Community pharmacy sexual health during 2023/24	PSh	Mar-24	Draft business cases complete; draft specifications and monitoring developed Oct 2023
Outcome 1: Sexually active adults and young people are free from STIs	Governance and contracting	Complete and manage contractual arrangements for provision of chlamydia screening programme	PSh	Mar-24	Contract extended to March 2025; agreement to go forwards with BNSSG procurement process
All outcomes	Intelligence and research	Develop mystery shopper exercise in community pharmacy to support evaluation of services, including SAFE, Ccard and safebanes.com; provide feedback and recommendations to SHB and providers	MB	Mar-24	Not started
Outcome 3: Young people are supported to have choice and control over intimate and sexual relationships	Intelligence and research	Run young persons' focus groups and report overall findings and recommendations to sexual health board	MB	Mar-24	Not started
All outcomes	Intelligence and research	Explore ways to obtain and utilise patient-level and demographic data within GP LARC provision	PSh	Mar-24	Discussion held with ICB data analysts Oct 23, to agree and confirm wording of specific queries
All outcomes	Prevention and promotion	Review and update branding, comms, and age-appropriate resources, including accessibility of safebanes.com	MB	Mar-24	Not started
All outcomes	Prevention and promotion	Review SAFE accredited services and encourage lapsed services to reaccredit; review SAFE accreditation documents to ensure they are fit for purpose and in line with revised 'You're Welcome' guidelines	MB	Mar-24	Not started
Outcome 3: Young people are supported to have choice and control over intimate and sexual relationships	Prevention and promotion	Support HE/FE institutions within locality with campaigns/ student events (e.g. Freshers Fairs, SHAG weeks, targeted wellbeing events)	MB	Mar-24	Plans agreed and a range of events supported from Freshers Fairs throughout Winter 2023/24
Outcome 3: Young people are supported to have choice and control over intimate and sexual relationships	Prevention and promotion	Work with schools and school nursing service to promote Ccard and safebanes.com as part of RSE provision	MB (SA, VC)	Mar-24	Discussions ongoing Oct 2023
All outcomes	Prevention and promotion	Explore ways to embed SRH information and referral mechanisms into Community Wellbeing Hub	PSh	Mar-24	Initial discussions held, evaluating how to include on service records Oct 2023
Outcome 1: Sexually active adults and young people are free from STIs	Prevention and promotion	Provide increased awareness of HIV and association of clinical indicator conditions amongst GPs and secondary care, and support triggers for testing such as referral pathways or incorporation into primary care guidelines	PSh (MB)	Mar-24	Options paper and discussion at August 2023 SHB; discussion on agreed actions to be held Oct 2023
Outcome 3: Young people are supported to have choice and control over intimate and sexual relationships	Prevention and promotion	Develop and deliver consent campaign with Sally Churchyard linked to harmful sexual behaviours.	PSh, MB, SC	Mar-24	Not started
All outcomes	Service improvement	Develop and implement plan to strengthen sexual health provision in community pharmacy, including increasing the number of community pharmacists actively delivering sexual health services, especially delivery of EHC and chlamydia treatment; increasing visibility, accessibility and awareness of EHC provision in community pharmacy with clients and community pharmacies	PSh	Mar-24	Activity and engagement data accessed; discussions held with ALPC; further actions to be agreed
Outcome 2: Sexually active adults and young people are free from unplanned pregnancies	Service improvement	Ensure LARC fitters have access to Faculty-approved trainers for practitioners who need to reaccredit, and link with BSW ICB training offered to fitters in general practice	PSh (SB)	Mar-24	Not started

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Bath & North East Somerset Council

MEETING:	Health and Wellbeing Board
MEETING DATE:	4 December 2023
TITLE:	Supplementary Statement to the B&NES Pharmaceutical Needs Assessment
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report:	
<ul style="list-style-type: none"> • Supplementary Statement to the B&NES Pharmaceutical Needs Assessment 	

1 THE ISSUE

The purpose of this paper is to inform the Health and Wellbeing Board about a change in local community pharmacy provision, which requires a 'supplementary statement' to the B&NES Pharmaceutical Needs Assessment, published on the Council's website.

2 RECOMMENDATION

The Health and Wellbeing Board is asked to note the supplementary statement and the changes outlined in it.

The Board are invited to receive a report from the BSW Pharmacy Task and Finish Group in January/February of 2024 relating to the wider context and pressures on community pharmacy.

3 THE REPORT

3.1 The B&NES Pharmaceutical Needs Assessment (PNA)¹ sets out an assessment of need for pharmaceutical services in Bath and North East Somerset (B&NES) for the three-year period October 2022 to September 2025

¹ <https://beta.bathnes.gov.uk/strategic-evidence/document-library/pharmaceutical-needs-assessment-2022>

- 3.2 The PNA is primarily used by B&NES, Swindon and Wiltshire Primary Care Board (BSW ICB) to decide whether any applications received by pharmacy contractors to develop new services will meet an identified need or not. It may also be used by the local authority and ICB to ensure services are targeted to areas of health need and reduce the risk of overprovision in areas of less need. Producing the assessment is the responsibility of the B&NES Health & Wellbeing Board.
- 3.3 Along with the duty to produce the PNA, the Board needs to determine whether it needs to issue a supplementary statement, based on national guidance. This responsibility is fulfilled by the Council's Public Health and Business Intelligence teams.
- 3.4 If proposed changes are very minor, such as a slight change of hours then these are published alongside the PNA as and when they occur, and recent ones can be found on the Council's website².
- 3.5 Earlier this year, an application was received by NHSE with a proposal to consolidate two existing community pharmacies in to one. This involved the closure of a pharmacy site at Combe Down Surgery in Bath and the consolidation with the existing Combe Down Pharmacy site.
- 3.6 Primary Care Support England emailed the Health and Wellbeing Board (hwb@bathnes.gov.uk) and the report author to inform us of the change and invite the Board to make representations about whether the proposed removal of premises from the pharmaceutical list would or would not create a gap in pharmaceutical services that could be met by a routine application to meet a current or future need for pharmaceutical services, or to secure improvements, or better access, to pharmaceutical services.
- 3.7 The correspondence included a supporting document from the applicants that set out a case for the change, highlighting:
- The context of increasing pressures felt by pharmacy contractors which has been accompanied by closure of hundreds of pharmacies across the country.
 - The proposal to consolidate with the alternative pharmacy in the area 0.6 miles away, which is a 15-minute level walk on pavements with drop curbs at crossing points.
 - The area around the alternative site being more densely populated, within a parade of shops, with parking spaces outside and closer to a more deprived neighbourhood.
 - A slight loss of access in the morning Monday to Friday, as opening time is moved from 08:30 to 09:00.
 - A slight loss between 13:00 and 13:30 in the afternoon Monday to Friday, as the remaining site is closed for 30 minutes over lunchtime.
 - The pharmacy closing at 17:30 rather than 18:30 Monday to Friday.

- No change to weekend opening times, which are 09:00 to 13:00 Saturday and closed Sunday.
 - 12 pharmacies being within a two-mile radius of the pharmacy that was proposed to close, 3 of which trade for 7 days per week.
 - The proposal that there would be no material gap in provision created by the consolidation.
- 3.8 Taking this information in to account, as well as noting from the 2022 B&NES PNA that the alternative existing site offers a greater range of pharmaceutical services than the now closed site, it is very likely that we would have advised the Board that this consolidation does not create a gap in the provision of (local) pharmaceutical services.
- 3.9 Unfortunately, the opportunity for the Board to comment did not happen, due to an oversight by the report author. In late 2022, with a change in portfolios in the public health team the author had transferred responsibility for public health intelligence to a different public health colleague. In line with that change, they had notified the relevant Democratic Services colleague of this change, advising that correspondence relating to the PNA should be forwarded to the relevant lead officers.
- 3.10 In 2023, when Primary Care Support England emailed the Health and Wellbeing Board (hwb@bathnes.gov.uk) and the report author about this proposal, the report author did not respond due to the new arrangement in 3.9 above. However, unknown to them, the hwb@bathnes.gov.uk address was no longer a valid email and so would have bounced back to Primary Care Support England. No Democratic Services Officer was included in the email so had no sight of it and so would not have been able to follow up. Consequently, no one picked up this notification. To our knowledge, we did not receive any further correspondence about it until notification from Primary Care Support England that the consolidation had now happened.
- 3.11 As stated in 3.8 above, it's unlikely we would have advised proposing a different outcome to the Board, but nonetheless the Board did not get the opportunity to look at this application during the 30-day representation period and go out to gather feedback from interested parties, such as Public Health, Business Intelligence, HWB members, elected ward members, etc.
- 3.12 Since that time we have taken steps to minimise the risk of this happening again by updating Primary Care Support England to notify the following e-mail addresses, each of which has a clear process to follow when pharmacy correspondence arrives:
- The Council's Public Health Email Inbox
 - The Council's Research Email Inbox
 - The report author.
- 3.13 Separate to this specific issue, a wider piece of work is occurring across the B&NES, Swindon and Wiltshire area, led by the Integrated Care Board (ICB), to look at local community pharmacy provision.

- 3.14 ICB colleagues will be presenting a report to the B&NES Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel on 11th December 2023. This will include figures showing that the BSW area has a lower number of pharmacists per 10,000 GP patients than the England average and will outline plans to understand this further. We will be keen to understand whether we have the same position in B7NES and what the ICB can do to support community pharmacy to remain resilient and to consider opportunities to play a stronger role in preventative work on health and wellbeing as well.
- 3.15 A BSW Pharmacy Task and Finish Group is working on these issues and will be reporting to Health and Wellbeing Boards in Swindon and Wiltshire in January/February of 2024. The B&NES Health and Wellbeing Board is invited to receive a report at this time as well.
- 3.16 Healthwatch are members of the Pharmacy Task and Finish Group and are looking to do some public engagement work on community pharmacy during 2024. The learning from that should inform the refresh of the Pharmaceutical Needs Assessment in 2025.

4 STATUTORY CONSIDERATIONS

- 4.1 The legislation containing the HWB's specific duties in relation to PNAs can be found in the Health and Social Care Act 2012, which transferred responsibility for the developing and updating of PNAs to HWBs from the then Primary Care Trusts (PCTs).
- 4.2 The legislative basis for developing and updating PNAs is set out by the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 and can be found on the government legislation website – www.legislation.gov.uk however in summary the HWB must:
- produce its first PNA which complies with the regulatory requirements;
 - publish its first PNA by 1 April 2015;
 - publish subsequent PNAs on a three yearly basis;
 - publish a subsequent PNA sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes; and B&NES PNA 2022 -2025
 - produce supplementary statements in certain circumstances.
- 4.3 The PNA was originally due to be renewed in April 2021. However, the Department of Health and Social Care (DHSC) announced that due to ongoing COVID-19 pressures across all sectors, the requirement to publish renewed PNA was suspended until October 2022, the date at which the current B&NES PNA was published.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 There are no direct resource implications of this work.

6 RISK MANAGEMENT

6.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision-making risk management guidance.

7 EQUALITIES

7.1 Consideration of pharmacy provision in relation to accessibility, and to location in or near areas of deprivation, is included in the PNA process.

8 CLIMATE CHANGE

8.1 There are no direct implications for climate change within this update.

9 OTHER OPTIONS CONSIDERED

9.1 None.

10 CONSULTATION

10.1 This report has been considered and cleared for sign off by the S151 Officer and Monitoring Officer.

Contact person	Paul Scott, Associate Director of Public Health, Public Health & Prevention, B&NES Council, 01225 394060
Background papers	

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**Supplementary statement to Bath and North East Somerset Health and
Wellbeing Board's
2022 Pharmaceutical Needs Assessment (PNA)**

Date PNA published – 28th September 2022

Date Supplementary Statement to PNA issued – 17th August 2023

Notification of Consolidation of Two Community Pharmacies

Closed site (with effect from 29th July 2023):

Bristol Pharma Ltd t/a Combe Down Pharmacy
Combe Down Surgery,
The Avenue,
Combe Down,
BA2 5EG

This closed site had the following opening hours:

OLD OPENING TIMES	
MON:	08:30 – 18:30
TUE:	08:30 – 18:30
WED:	08:30 – 18:30
THUR:	08:30 – 18:30
FRI:	08:30 – 18:30
SAT:	Closed
SUN:	Closed

Continuing site:

Bristol Pharma Ltd T/A Combe Down Pharmacy
[previously Avicenna Retail Ltd T/A Dudley Taylor Combe Down Pharmacy]
87 Bradford Road,
Combe Down,
BA2 5BP

This continuing site has the following unaltered opening hours (with effect from 29th July 2023):

Contract code: FW288

CONTINUING OPENING TIMES	
MON:	09:00 – 13:00 & 13:30 – 17:30
TUE:	09:00 – 13:00 & 13:30 – 17:30
WED:	09:00 – 13:00 & 13:30 – 17:30
THUR:	09:00 – 13:00 & 13:30 – 17:30
FRI:	09:00 – 13:00 & 13:30 – 17:30
SAT:	09:00 – 13:00
SUN:	Closed

In an e-mail dated 31st July 2023 Primary Care Support England notified Bath and North East Somerset of the above.

This supplementary statement to Bath and North East Somerset's Pharmaceutical Needs Assessment is issued in accordance with regs. 6(4) of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 [SI 2013/349], inserted by regs.3 of the National Health Service (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016 [SI 2016/1077].

DRAFT