MEETING	**B&NES HEALTH AND WELLBEING BOARD**
DATE	**22/07/2015**
TYPE	**An open public item**

Report summary table	
Report title	Sexual Health Board Annual Report
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List of attachments	Appendix 1: Risk assessment
Background papers	N/A
Summary	This is an annual report of the Sexual Health Board for the information and consideration of the Health and Well Being Board. It details the key work overseen and completed during 2014/15 and highlights priorities for 2015/16
Recommendations	The Board is asked to • Proposal 1: The Health and Wellbeing Board consider the contents of the annual report • Proposal 2: The Health and Wellbeing Board approve the contents of the annual report
Rationale for recommendations	As this is an Annual Report, we ask that the Health and Wellbeing Board gives their consideration of the actions undertaken, and the proposed priorities for 2015/16 so that it meets with their approval. The actions undertaken and priorities for 2015/16 will contribute to the delivery of the three themes in the Joint Health and Wellbeing Strategy.
Resource implications	None
Statutory considerations and basis for proposal	N/A
Consultation	Sexual Health Board
Risk management	A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance

THE REPORT

1 BACKGROUND AND CONTEXT

1.1 This annual report details the work overseen and completed during 2014/15 by the B&NES Sexual Health Board by providing background and context to the board; a brief overview of sexual health in B&NES; details of some of the key work overseen and completed; successes and challenges; and priorities for 2015/16

1.2 The B&NES Sexual Health Board was re-established in June 2014 following the appointment of a new Public Health Commissioning Manager for sexual health, and new Consultant in Public Health, with the lead for sexual health.

1.3 The terms of reference and role of the Sexual Health Board were redefined and agreed in June 2014. The Sexual Health Board agreed that its *purpose* was to oversee the development and delivery of a strategic plan for sexual health in 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

1.4 The Sexual Health Board agreed that its *scope* would cover sexually transmitted infections (STIs), unintended pregnancy and safe termination of pregnancy; young people's sexual health including relationships and sexual health education; psychosexual issues; the promotion of safe sexual experiences; teenage pregnancy; and HIV. Other areas such as rape, sexual violence and exploitation, sexual dysfunction and gynaecological, whilst linked, are outside of the scope of the board, although linkages are made and developed where required and appropriate

1.5 The Sexual Health Board then agreed a number of key *functions* which are:

- To identify the sexual health needs of the population of Bath and North East Somerset
- To take a strategic, collaborative and co-ordinated approach to the implementation of national sexual health and related strategies and programmes
- To ensure collaboration between the various commissioners of sexual health services including Clinical Commissioning Groups (CCGs) and NHS England (NHSE)
- To ensure the work of the teenage pregnancy partnership continues by providing leadership to the programme as necessary and where appropriate incorporating planning into the wider sexual health programme

- To agree a set of priorities that will inform future sexual health commissioning intentions in line with national guidance

- To refresh the Bath and North East Somerset sexual health and HIV strategy and action plan

- To initiate and agree the aims of sexual health working groups that support the delivery of the action plan

- To lead continuous improvement within available resources in the quality, range, consistency and accessibility of sexual health services across the partnership by receiving from relevant commissioners and considering an overview of provider activity and quality measures, making recommendations as necessary

- To ensure that expert clinical input is available to provide direction to the commissioning and improvement of local sexual health services

- To tackle inequalities, stigma and discrimination that have a negative impact on sexual health

1.6 As a result of changes brought about by the Health and Social Care Act 2012, sexual health services are commissioned by a range of different organisations. Part of the ethos of the Sexual Health Board was to recognise these splits with a view towards bringing the various commissioners and providers of services together to try and minimise the potential for fragmentation

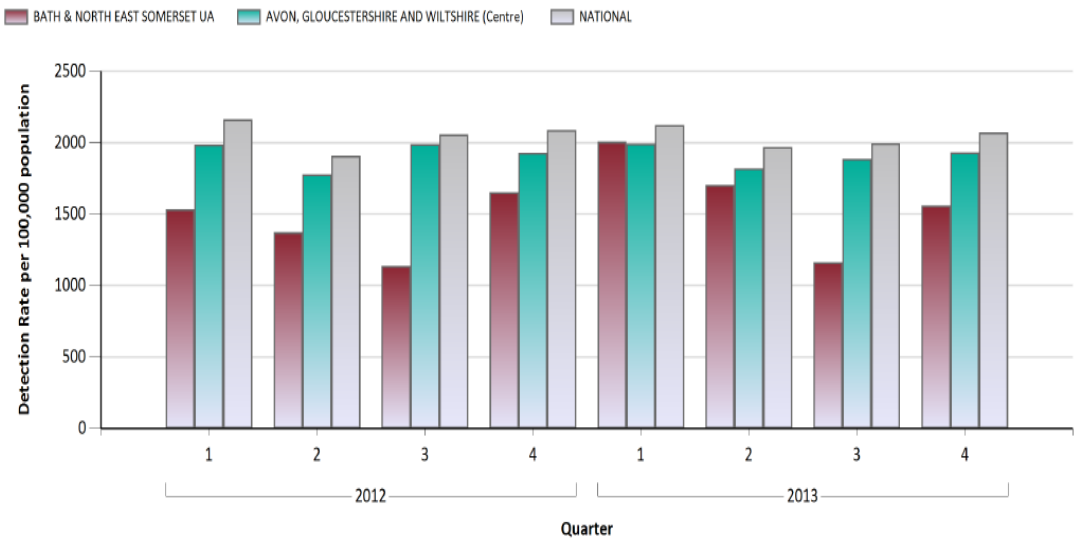
1.7 The membership of the board is comprised of senior managers from a range of sectors including public health; social care; children and young people's services and education. In addition there are senior managers and clinicians from primary care; genitourinary medicine; contraception and sexual health services; Public Health England; Sirona Care and Health; NHS England and the voluntary sector

1.8 The Sexual Health Board meets quarterly and is directly accountable to the Health and Well Being Board, reporting annually

2 SEXUAL HEALTH IN B&NES

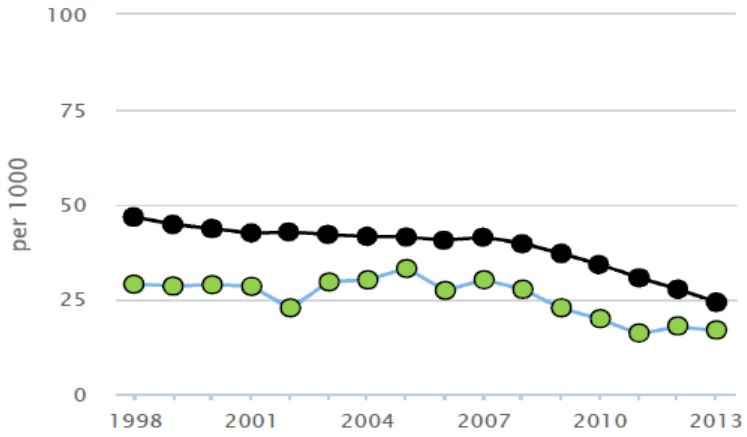
2.1 The sexual health of B&NES residents is generally better than the national average by most indicators

2.2 In terms of STIs, B&NES is a low prevalence area for gonorrhoea, genital herpes and genital warts. It appears that chlamydia diagnostic rates amongst 15 to 24 year olds are also lower than the national average, and the regional average, as detailed in the table below; however this is tempered by historical issues of data quality, so it may be that chlamydia testing needs to be increased across B&NES to better understand the extent of infection:



2.3 In terms of HIV B&NES is a low prevalence area for HIV infection, with 0.66 infections per 1,000 population aged 15 to 59 years, compared to 2.1 per 1,000 in England

2.4 B&NES has reduced its level of teenage conceptions from a rate of 29.0 per 1,000 women aged 15 to 17 years in 1998 to a rate of 17.0 in 2013, as detailed in the chart below:



This rate is lower than our statistical neighbours (21.7) and the England rate (28.0)

2.5 Abortion rates in B&NES are also lower than the regional and national rates. In B&NES 12.7 per 1,000 women aged 15-44 accessed an abortion during 2013, compared to 14.0 in the South of England and 16.1 across England

3 KEY WORK OVERSEEN AND COMPLETED

3.1 With the re-establishment of the Sexual Health Board a number of work streams were identified and subsequently completed

3.2 As a result of a significant gap from previous meetings of the Sexual Health Board to the re-establishment of the board in June 2014, the board initially spent some time scoping , identifying the roles and influence required to comprise the

board and gaps in our collectively knowledge. Some of these gaps included an awareness of the full range of commissioned sexual health services commissioned, and an awareness of the full range of data and intelligence sources available to understand outputs and outcomes. These issues were identified and actioned early to ensure that all board members had the same level of understanding. As a further action, each board meeting now features a standing item where a specific sexual health issue or service is focused on to further aid understanding

3.3 The Sexual Health Board has established an indicator set to help the board assesses and understand progress against key sexual health outcomes. The indicator set currently comprises of three outcomes all of which are also Public Health Outcomes Framework (PHOF) indicators. They are: the under 18 conception rate per 1,000 women aged 15 to 17 years; the rate of chlamydia diagnoses per 100,000 young people aged 15 to 24 years; and the percentage of adults newly diagnosed with HIV. The indicator set is reported to the board quarterly and our expectation is that the indicator set will develop over time to include other key outcomes specifically identified as importance to the sexual health outcomes of B&NES residents

3.4 The Sexual Health Board supported two major procurements of sexual health services during 2014/15: the procurement of the Contraception and Sexual Health (CaSH) service and the HIV support service (jointly commissioned by Adult Social Care). The CaSH service procurement was a lengthy exercise of approximately one year and the procurement panel including representation from Sexual Health Board members. The HIV support service procurement was a shorter exercise but also had a procurement panel that included representation from including representation from Sexual Health Board members. In addition the Sexual Health Board assisted both procurement panels by identifying and engaging with service users representatives so their views could be heard and taken account of

3.5 The Sexual Health Board also developed the first in-depth rapid sexual health needs assessment (SHNA) for B&NES since 2008. Although a brief SHNA was carried in August 2013 this lacked any sub-district analysis, broader stakeholder views, and analysis of sexual health service activity data. The Sexual Health Board established a SHNA subgroup which was the project team for the SHNA, which included members of the Sexual Health Board. The purpose of the SHNA was to:

- Provide a more detailed understanding of the sexual health needs of the population of B&NES, especially those with greater risk of poorer sexual health outcomes
- Identify barriers to access and opportunities for overcoming them
- Enable greater understanding of need and demand
- Improve closer working between sexual health and related services

The information gained from the SHNA will be utilised to improve the sexual health of the population of B&NES, and inform the development of an updated sexual health strategy and action plan. In future, it will also support future service commissioning, service planning and service design

3.6 In terms of service provision, findings from the SHNA provide evidence that we have a variety and range of sexual health services that are effective in meeting the needs of our diverse communities in B&NES. That being said, the SHNA also highlighted a number of actions to review and improve service provision including:

- Reviewing service opening times and location to increase the numbers of young people attending services
- Reviewing the marketing, availability and delivery of the C-card scheme as a result of a decline in uptake
- Examining the potential for an increased service mix of centrally-based and outreach-based appointment and walk-in clinics
- Improved signage at existing services

3.7 The re-establishment of the Sexual Health Board has also shaped the re-development of the Sexual Health Stakeholders Group. The Stakeholders Group was established three years ago and comprises of professionals “at the coal face” who directly deliver sexual health services to service users. Its aim is to provide a forum for service providers to discuss service developments and policy, and helps ensure quality within service delivery, supports the delivery of local and national sexual health targets and helps ensure the service user focus is maintained. Its re-development means that it now sits under the Sexual Health Board, has an expanded membership, and has additional objectives to make recommendations to the Sexual Health Board in terms of improving service provision, and to consider priorities set by the board and explore how those priorities can be actioned and achieved in a practical way.

4 SUCCESSES

4.1 There have been a number of successes for the Sexual Health Board during 2014/15. The board has been fully re-established and has proven to be a popular and purposeful group amongst its members. The re-alignment of the Sexual Health Stakeholders Group has also ensured that a wide range of stakeholders have meaningful involvement in the development and delivery of sexual health work streams at both strategic and practical levels

4.2 The completion of the rapid SHNA has also been a milestone for the Sexual Health Board. The previous SHNA did not contain the level of detail or analysis required to support the development of strategic and commissioning plans for sexual health. The completion SHNA has made over 40 recommendations around strengthening intelligence and research; strengthening service provision; strengthening prevention and sexual health promotion; strengthening training and development; and working with recent technologies (such as social media, apps and how these might both improve and cause difficulties to sexual health outcomes)

4.3 The Sexual Health Board also oversaw the development of two papers for the Wellbeing Policy Development and Scrutiny Panel on progress against reducing teenage conceptions and HIV in B&NES. Both papers were well received by the

Scrutiny Panel and the HIV in B&NES paper led to a referral to full council over the adoption of the HIV *Halve It* principles across the Council. *Halve It* is a group working with national government and the NHS to reduce the proportion of people undiagnosed, and diagnosed late, with HIV through policy reform and good practice. The subsequent full council meeting led to the adoption of the *Halve It* principles across the council

4.4 As a result of the completion of the rapid SHNA the Sexual Health Board is now in the process of drafting a B&NES sexual health strategy and action plan which will further shape the work of the board and its subgroups. The strategy will set the overall direction and context for sexual health in B&NES and establish goals for sexual health outcomes. The action plan will set out the specific details required to enable the strategic direction to be followed, and progress against the outcomes made. There is scope and enthusiasm for further subgroups of the board to be developed specifically to strategic and action planning objectives as required

5 CHALLENGES

5.1 The rapid SHNA has been one of the biggest projects the Sexual Health Board has overseen during 2014/15. The SHNA was due to report by November 2014 but was significantly delayed and did not finally report until March 2015. Although this did not affect the procurement and commissioning of services it has meant that the subsequent developments of the sexual health strategy and action plan (of which the SHNA is a key informant for both) have also been delayed and are not likely to be completed until June 2015

5.2 The procurement of the CaSH service was another significant challenge faced by the board during 2013/14. Due to a number of complex issues arising during the procurement process the original commencement date for the service was put back from September 2014 to January 2015 to March 2017. Following discussions between the proposed new provider of the service and commissioners, it was subsequently agreed that the existing provider of the CaSH service would continue to deliver the service from January 2015. The process created a great deal of uncertainly for both providers involved and commissioners of the service before it was resolved with the agreement of all parties

6 PRIORITIES FOR 2015/16

6.1 There is a clear need to ensure that the development of positive sexual health outcomes is supported by a wider sexual health strategy that involves all key stakeholders across B&NES. The strategy is currently being drafted with an expectation of completion in June 2015 and is expected to detail: the local context of sexual health in B&NES; gaps in provision and knowledge; a vision for sexual health and related outcomes to be attained; and how governance and the reporting of progress will be managed

6.2 As identified above, to help support the sexual health strategy and needs assessment recommendations, there is a need to establish a sexual health

action plan. The action plan is expected to detail: specific recommendations (as informed by the SHNA); specific actions; identified leads; and an indicator of priority and urgency. It will also set out how the reporting of progress will be managed – expected to be directly to the Sexual Health Board

6.3 With the potential for increasing financial pressures it is likely the Sexual Health Board will need to consider how services can be appropriately developed and commissioned to meet needs in a more restrictive financial climate. Discussions around this issue can only be commenced once the local government administration has settled and set its own priorities

7 RECOMMENDATIONS

7.1 The Health and Wellbeing Board consider the contents of this report

7.2 The Health and Wellbeing Board approve the contents of this report

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