

MEETING	B&NES HEALTH AND WELLBEING BOARD
DATE	8 June 2016
TYPE	An open public item

<u>Report summary table</u>	
Report title	Sexual Health Board Annual Report
Report author	Paul Sheehan; paul_sheehan@bathnes.gov.uk; 01225 394065
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 2015/16 and highlights priorities for 2016/17
Recommendations	The Board is asked to <ul style="list-style-type: none"> • 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 2016/17 so that it meets with their approval. The actions undertaken and priorities for 2016/17 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 2015/16 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 2016/17.
- 1.2 The *purpose* of the Sexual Health Board is 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.
- 1.3 The *scope* of the board covers 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.
- 1.4 The Sexual Health Board 's *functions* 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

1.5 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.

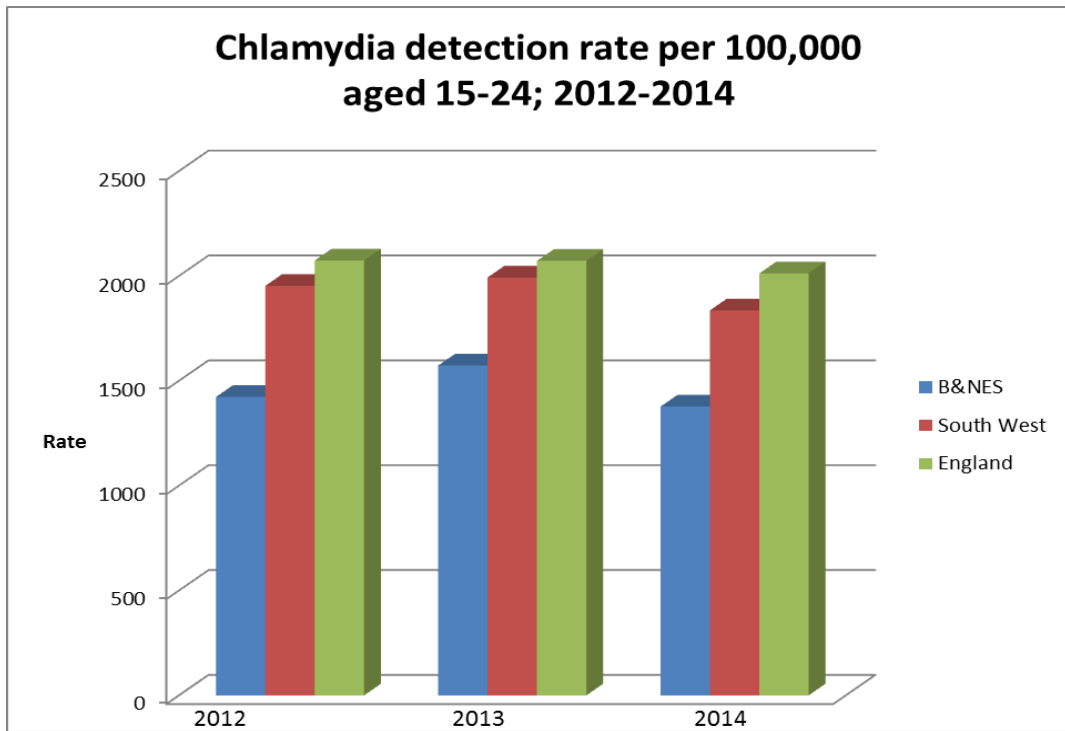
1.6 The membership of the board is comprised of senior managers from a range of sectors including public health; social care; children and young people's services and education. In addition there are senior managers and clinicians from primary care; genitourinary medicine; contraception and sexual health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

1.7 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

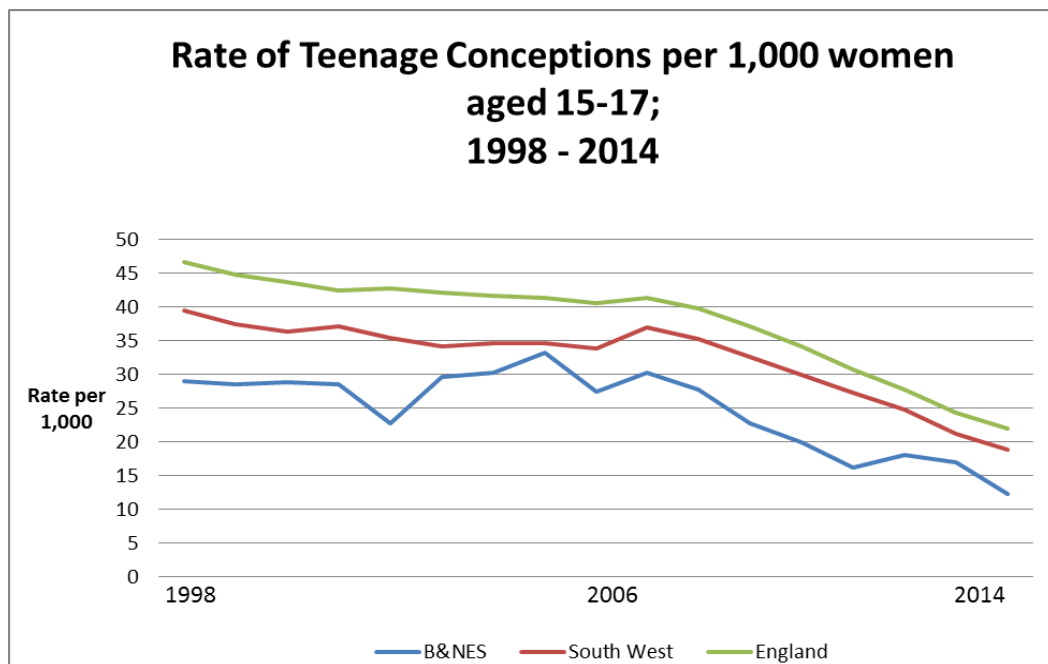
2.1 The sexual health of B&NES residents is generally better than the national average by most indicators

2.2 In terms of STIs, B&NES is a low prevalence area for gonorrhoea, genital herpes and genital warts. The diagnosis rate for Chlamydia, the most common STI amongst 15-24 year olds, is also lower than the national average, and the regional average, as detailed in the table below:



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 0.99 in the South West and 2.15 per 1,000 in England. The number of new HIV infections in B&NES is small and stable with an average of less than 5 people newly diagnosed with HIV annually, during 2011 to 2014

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 12.3 in 2014, as detailed in the chart below:



This rate is lower than both the South West rate (18.8) and the England rate (22.0)

2.5 Abortion rates in B&NES are also lower than the regional and national rates. In B&NES 10.6 per 1,000 women aged 15-44 accessed an abortion during 2014, compared to 13.6 in the South West and 16.5 across England

3 KEY WORK OVERSEEN AND COMPLETED

3.1 During 2015/16 the Sexual Health Board has overseen the completion of a number of important work streams. One of the most important was the development and initiation of the B&NES Sexual Health Strategy. Following the completion of the sexual health needs assessment, and analysis of the key findings and recommendations, the Sexual Health Board developed and agreed a three-year sexual health strategy. The strategy sets out both the national and local context for sexual health, highlights some of the gaps in provision that were identified by the needs assessment, and sets out the evidence in terms of what works in improving sexual health. The strategy also includes our vision for sexual health in B&NES which, building on the basis of the World Health Organisation's definition of sexual health, states that:

“the diverse communities of B&NES have equitable and sexually fulfilling relationships; access to high quality, accurate information and advice enabling individuals to make informed choices about their sexual health; and access to high quality, appropriate and accessible services to prevent sexual ill health and treat sexual ill health”

3.2 The sexual health strategy has also set out three population-level outcomes to help us ascertain what progress we are making towards achieving our vision. The three outcomes are:

- *Sexually active adults and young people are free from STIs;*
- *Sexually active adults and young people are free from unplanned pregnancies; and*
- *Young people are supported to have choice and control over intimate and sexual relationships*

3.3 The delivery of the strategy is overseen and coordinated by the Sexual Health Board through the development of another key work stream – the sexual health action plan. The action plan sets out 30 identified actions to help support our desired outcomes. Each action has an identified lead who takes responsibility for the taking each action forward and completing it. The actions are set out into five areas as defined by the recommendations of the sexual health needs assessment. These are:

- *Strengthening intelligence and research;*
- *Strengthening sexual health service provision;*

- *Strengthening prevention and promotion;*
- *Working with recent technologies; and*
- *Strengthening training and development*

The action plan is a standing item on the agenda of each Sexual Health Board and is updated quarterly. Alongside that, a range of indicators have been established to help assess progress against the three population outcomes identified above. The development of the strategy, action plan and indicator set has meant that we now have a more overarching and robust approach to improving sexual health across B&NES, which we hope will support progress towards our identified outcomes over the lifetime of the strategy.

4 SUCCESSES

- 4.1 There have been a number of successes for the Sexual Health Board during 2015/16. Some of the main successes have been the development of the strategy and action plan, and there has been notable progress in a number of issues highlighted in the action plan including a review and redesign of Clinic in a Box services to better meet patient need; improved access to pharmacy sexual health services in Chew Valley; and exploratory work into the decline in the number of issues of our Condom Card (C-card) scheme.
- 4.2 The Sexual Health Board has been involved in the consultation and discussions around a potential move of the Department for Sexual Health and HIV Medicine, currently located at the main Royal United Hospital site in Weston Park, to a proposed shared location with the Contraception and Sexual Health (CaSH) service in Riverside, central Bath. This proposal is currently out to public consultation but the advantages of such a move are considerable. If it goes ahead it could facilitate enhanced access to services for patients, better integration of clinical pathways and facilitate a more holistic, integrated service.
- 4.3 The Sexual Health Board has also supported the procurement process for a new provider of our local chlamydia screening programme. Chlamydia screening is one of the national Public Health Outcomes Framework (PHOF) indicators for sexual health and it is highly important that the programme functions effectively in terms of supporting providers to screen, providing quick notification of results, easy access to treatment for those who test positive, and support for sexual partners who may also have been exposed. Our new programme provider will be part of the wider Bristol, North Somerset and South Gloucestershire (BNSSG) sexual health service which will enable efficiency and cost savings, plus build on a joined up approach to chlamydia screening across the region.
- 4.4 The Sexual Health Board has supported the review of the sexual health training programme for 2015, and the development of the programme for 2016. The training programme is available free of charge to any relevant professional working in B&NES and covers a range of diverse topics and issues including

supporting the sexual health needs of young people with learning disabilities; supporting parents and carers to talk to their children about sex and relationships; working with Lesbian, Gay, Bisexual and Transgender (LGBT) young people around sexual health; and the impact of the internet and pornography on sex and relationships. Several of the members of the Sexual Health Board and Sexual Health Stakeholders Group are also trainers on the programme, which further embeds our vision and focus on outcomes.

5 CHALLENGES

- 5.1 Following the development of the Sexual Health Strategy, there are a number of items on our Sexual Action Plan that have not yet achieved, or have experienced delays in being achieved. For example, we had hoped to strengthen and improve the content and timing of activity data across all sexual health service providers by the end of 2015, and although this has been improved in some areas, there is scope for improvement in others. Also some of the potential developments in making changes to services such as looking into the provision of STI testing and treatment from additional locations outside of Bath city centre, and increased chlamydia screening, have been hampered by increased budgetary pressures
- 5.2 Another major challenge has been how services should continue to be commissioned in a climate of financial austerity. As a result of public sector cuts, including significant cuts to the Public Health grant, the Sexual Health Board has had to make very tough decisions in terms of how and where services are delivered, and indeed whether some services should continue at all. Many services have had to agree cuts in their budgets, and some services will be decommissioned completely. Tough decisions have, and will continue to be made, but the Sexual Health Board remains committed to achieving our vision and outcomes whilst working within available budgets.

6 PRIORITIES FOR 2016/17

- 6.1 As already identified the Sexual Health Board intends to continue to strive to achieve our vision and stated outcomes during 2016/17. There are a number of items identified through the Sexual Health Action Plan that need to be progressed and delivered. We are clear that these items need to be delivered in a way that is mindful of the budget restraints that we face now, and further restraints that we likely to face in the future.
- 6.2 The development of the strategy and action plan has also meant that the Sexual Health Board has identified potential gaps in its membership. Over the summer of 2016 we will review our membership and look to expand it as appropriate.
- 6.3 Your Care Your Way (YCYW) will have a significant impact on both the organisation and delivery of a range of sexual health services including the Contraception and Sexual Health (CaSH) service, provision of sexual health services through general practices and community pharmacies, and the delivery

of sexual health promotion services across B&NES. The Sexual Health Board is actively seeking to utilise YCYW as an opportunity to integrate services across B&NES so that patients have open-access provision where the majority of sexual health and contraceptive needs can be met in one appointment, at one site, in addition to the potential for a common management structure, single governance system and the standardising of protocols and procedures across services. Given the age profile of sexual health service users, an integrated approach may also support the increased use of health technologies in services to deliver outcomes such as usage of SMS texting of results, advice delivered through Skype or LiveChat facilities and central, online booking for appointments.

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.

Please contact the report author if you need to access this report in an alternative format