

<b>Bath &amp; North East Somerset Council</b>	
MEETING/ DECISION MAKER:	<b>Health and Wellbeing Board</b>
MEETING DATE:	<b>Tuesday 27<sup>th</sup> September 2022</b>
TITLE:	<b>SEXUAL HEALTH BOARD ANNUAL REPORT 2021/22</b>
WARD:	<b>All</b>
<b>AN OPEN PUBLIC ITEM</b>	
<p><b>List of attachments to this report:</b></p> <p>Please list all the appendices here, clearly indicating any which are exempt and the reasons for exemption</p> <p><b>Appendix 1: Terms of reference of the Sexual Health Board</b></p> <p><b>Appendix 2: Sexual health action plan 2022/23, updated June 2022</b></p> <p><b>Appendix 3: Outcome indicator set, updated June 2022</b></p>	

## **1 THE ISSUE**

- 1.1 This annual report summarises the work overseen and completed during 2021/22 by the Bath and North East Somerset (B&NES) Sexual Health Board by providing 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 the year; the challenges we faced; and the Board's priorities for 2022/23

## **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

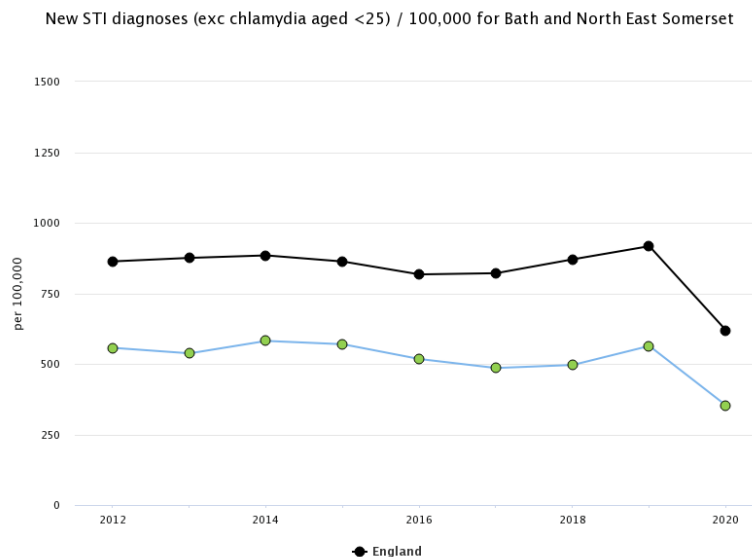
- 3.1 The biggest influence on sexual and reproductive health during 2021/22, and on services, has been the Covid-19 pandemic. Across the country, and in B&NES, sexually transmitted infections (STIs) reduced during this period, but we also had a corresponding drop in the number of patients coming into services, meaning not all who needed testing may have been able to access it. All services reported an increase in patients accessing their services as Covid restrictions reduced, but services continued to be under pressure with staff absence and sickness due to Covid. Management of these issues, ensuring the most vulnerable people could be seen as quickly as possible whilst maintaining staff health and wellbeing and avoiding burnout, has been and continues to be a significant problem
- 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. Services had to radically change their operating processes to move away from an open access model to a triage model to help prevent Covid transmission, and some basic testing services were brought online. This was a challenge not just for services, but also for patients who have been used to accessing services in a very different way. In another example our sexual health training programme had to be moved completely online instead of being face to face; this presented a number of issues for both the trainers and delegates so that the quality of the training could continue to be maximised
- 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
- 3.5 The action plan contains around 40 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 to date

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

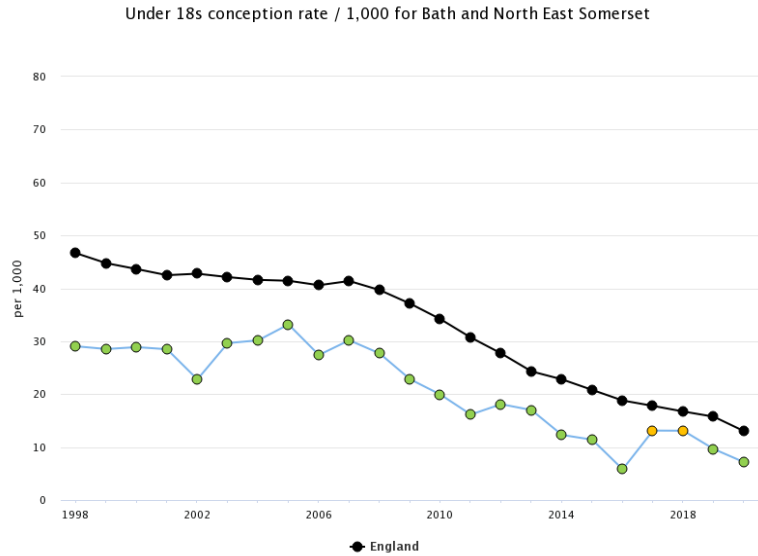
- a) Sexually active adults and young people in B&NES are free from sexually transmitted infections (STIs)
- b) Sexually active adults and young people in B&NES are free from unplanned pregnancies
- c) Young people in B&NES are supported to have choice and control over intimate and sexual relationships

3.7 The outcome indicator set provides a detailed overview of sexual and reproductive health in B&NES, but three important outcomes from 2021/22 are highlighted below. The rate of new sexually transmitted infections, excluding chlamydia, in under 25s, dropped during 2020 and remains lower than the England average:



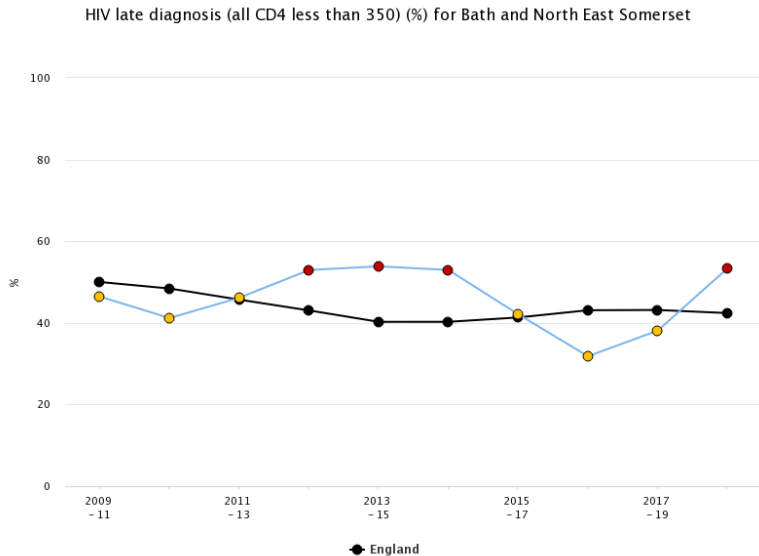
Source: OHID 2022

The under 18 conception rate in B&NES continued to be low in 2020 and remains below the England average:



Source: OHID 2022

The percentage of adults with HIV who were diagnosed late increased between 2017-19 and 2018-20 although it should be noted the number of new late diagnoses each year is very small. Small changes in small numbers can appear more significant than they are, because a small absolute change in the number can result in a large percentage change. There are likely to be several reasons for late diagnosis of HIV – low overall prevalence of HIV in B&NES may mean medical professionals do not prioritise HIV testing above other potential conditions with similar symptoms, online HIV testing in B&NES is highly limited meaning HIV testing must occur during a face-to-face appointment, and Covid may have impacted on people being able to access HIV testing in person during 2020 specifically. We are working during 2022/23 to improve early diagnosis of HIV:



Source: OHID 2022

3.8 The sexual health board oversaw a number of initiatives during 2021/2022 and was able to achieve much of its work programme detailed in the previous year's action plan. Some of the highlights include:

- the development and expansion of HIV pre-exposure prophylaxis (PrEP) - PrEP is a free drug treatment provided to people at higher risk of HIV infection which when taken before and after sex, significantly reduces the chance of contracting HIV
- a complete update of [www.safebanes.com](http://www.safebanes.com), our young persons' website providing information and advice on relationships and sexual health, C-card, contraception, STIs, pregnancy and much more
- survey consultation with young people – a major project which identified and worked with hundreds of young people and associated professionals looking into sexual and reproductive service provision across B&NES, and how effective, accessible and relevant they are for young people, helping us redesign and improve our service provision
- the launch of the Riverside online portal [www.sh.uk/welcome](http://www.sh.uk/welcome) enabling B&NES residents to access free STI testing via a dedicated website
- the successful relaunch of our sexual health training programme, aimed at any professional working either in B&NES or with B&NES residents, providing free courses on STIs, working with young people and their sexual health, the effects of alcohol and substance use on sexual health, and the sexual health needs of people with learning disabilities

3.9 During 2021/2022 it should also be noted that two B&NES sexual and reproductive health services attained special recognition. The Riverside Clinic won the *RUH Team of the Month* because of their tireless work to maintain the service during the Covid pandemic, changing its operating model to ensure the most vulnerable patients, and those facing emergencies, could continue to be seen in addition to managing treatment and care for HIV patients and developing outreach provision targeting homeless, rough sleeping and vulnerably housed people, vulnerable young people, and people with substance misuse issues. Additionally, the Clinic in a Box service won the *Nursing Times Nursing in the Community Award 2021* for their delivery of the service to young people during the Covid pandemic. The sexual health board was exceptionally proud to hear that the work of our partners was so well recognised, but it should be added that many other partners also undertook amazing work during the pandemic supporting sexual and reproductive health, including the Family Nurse Partnership, MSI Choices and DHI Project 28



Pictured above: Members of the Clinic in a Box team presented with the *Nursing Times Nursing in the Community Award* 2021

3.10 The sexual health board's priorities for 2022/2023 are detailed in the action plan in **Appendix 2**, but four of our key priorities for this year are highlighted as follows:

- although not an STI, the response to Monkeypox is being led by Riverside Clinic, B&NES's integrated sexual and reproductive health service. Although cases so far have been low, Monkeypox has created significant extra work and has put the service under much pressure when it is still recovering from the work required during the Covid pandemic
- we hope to merge the sexual health board with the B&NES sexual health stakeholder group by the autumn. The stakeholder group is comprised of professionals focused more on day-to-day provision and good practice, and we believe the board will benefit from this additional expertise in responding to need and making key strategic decisions
- we are developing the E-Ccard, which will enable young people to register for the Ccard scheme and receive their Ccard online, instead of in person
- we intend to rollout a mystery shopper exercise across services to help us evaluate their accessibility, approachability and effectiveness

## 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 is not a commissioning forum, the board provides additional assurance that these 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. The team contains a full time Development and Commissioning Manager and part time Health Improvement Officer post dedicated to sexual and reproductive health. There are no further resource implications

## **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**

As this paper is an annual report reviewing the work of the sexual health board an EIA was not considered to be necessary

## **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. In the delivery of services which often require an in-person, one to one intervention, this can be more challenging. However, two examples to reduce environmental impact whilst delivering services safely include the development of online STI testing in March 2022, enabling patients with non-complex issues to receive and administer self-testing at home, and of the E-Card which is expected to launch in September 2022 which will reduce carbon footprint and plastic usage

## **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, and reviewed and approved by the Director of Public Health and Prevention ahead of submission to the Health and Wellbeing Board

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<b>Background papers</b>	<p>Background papers are included as attachments to this report as follows:</p> <p><b>Appendix 1: Terms of reference of the Sexual Health Board</b></p> <p><b>Appendix 2: Sexual health action plan 2022/23, updated June 2022</b></p> <p><b>Appendix 3: Outcome indicator set, updated June 2022</b></p>
<p><b>Please contact the report author if you need to access this report in an alternative format</b></p>	