

BACKGROUND

Sexual 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 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 health.

PURPOSE

- To oversee the development, promotion 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
- To influence wider relevant strategic partnerships to ensure that sexual health is taken account of
- To ensure effective partnership responses are developed and delivered in respect of all sexual health services for B&NES residents.

SCOPE

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

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

The Board will encourage sexual 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 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 health and related strategies and programmes
3. To ensure collaboration between the various commissioners and leads of sexual 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 health commissioning intentions in line with national guidance
5. To develop, and lead on the implementation of, the Bath and North East Somerset sexual health strategy and action plan
6. To initiate and agree the aims of sexual health working groups that support the delivery of the action plan
7. 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
8. To ensure that expert clinical input is available to provide direction to the commissioning and improvement of local sexual health services
9. To tackle inequalities, stigma and discrimination that have a negative impact on sexual 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
Paul Sheehan	Development and Commissioning Manager	Public Health, B&NES Council	Paul_sheehan@bathnes.gov.uk
Billie Turner	Health Improvement Officer, Sexual Health	Public Health, B&NES Council	Billie_turner@bathnes.gov.uk
Angela White / Shelley Oake (notes)	Business Support Officer	Public Health, B&NES Council	Angela_white@bathnes.gov.uk Shelley_oake@bathnes.gov.uk
Dr. Arnold Fernandes	Consultant in Genitourinary Medicine and Contraception	Riverside Clinic, RUH	a.fernandes1@nhs.net
Dr. Kate Horn	Consultant in Genitourinary Medicine and Contraception	Riverside Clinic, RUH	Kate.horn@nhs.net
Dr. Kate Fallon	General Practitioner	Somerton House Surgery	katefallon@nhs.net
Richard Brown	Chief Officer	Avon LPC	richard.avonlpc@gmail.com
Sue Anderson	School Nursing Team Lead	Virgin Care	sue.anderson2@virgincare.co.uk
Norah O'Brien	Sexual Health Facilitator	NHS England	Norah.O'Brien@phe.gov.uk
Jacqueline Hewitt	Family Nurse Partnership Supervisor	Virgin Care	Jacqueline.Hewitt@virgincare.co.uk
Angela Keene	Engagement Manager	MSI Choices	angela.keane@msichoice.org.uk

Terms of Reference 2021

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Debbie Millard / Alice Pullen	Service Leads	ToP Clinic, RUH	debra.millard1@nhs.net alice.pullen@nhs.net
Dr. Rochelle Barden	Clinical Psychologist & Harmful Sexual Behaviour Clinical Specialist	B&NES CAMHS	Rochelle.Barden@oxfordhealth.nhs.uk
Daniel Messom	Senior Commissioning Manager	NHS England	daniel.messom@nhs.net
Brian Leitch	Senior Commissioning Manager	BSW CCG	brian.leitch1@nhs.net
Sarah Button	Head of Wellbeing Programmes	Virgin Care	Sarah.button@virgincare.co.uk
Becks Marsh (papers only)	Senior Health and Justice Associate	NHS England	rebecca.marsh9@nhs.net
Jayne Elton (papers only)	Advanced Nurse Practitioner	Riverside Clinic, RUH	jayne.elton@nhs.net
TBC	Primary Care Commissioning Manager	Virgin Care	
TBC		Youth Connect representative	
TBC		Education representative	
TBC	Child Sexual Exploitation Lead	Willow Project	

Sexual Health Board
Terms of Reference 2021

**These terms of reference will be reviewed annually.
Next review date: JULY 2022**

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