

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

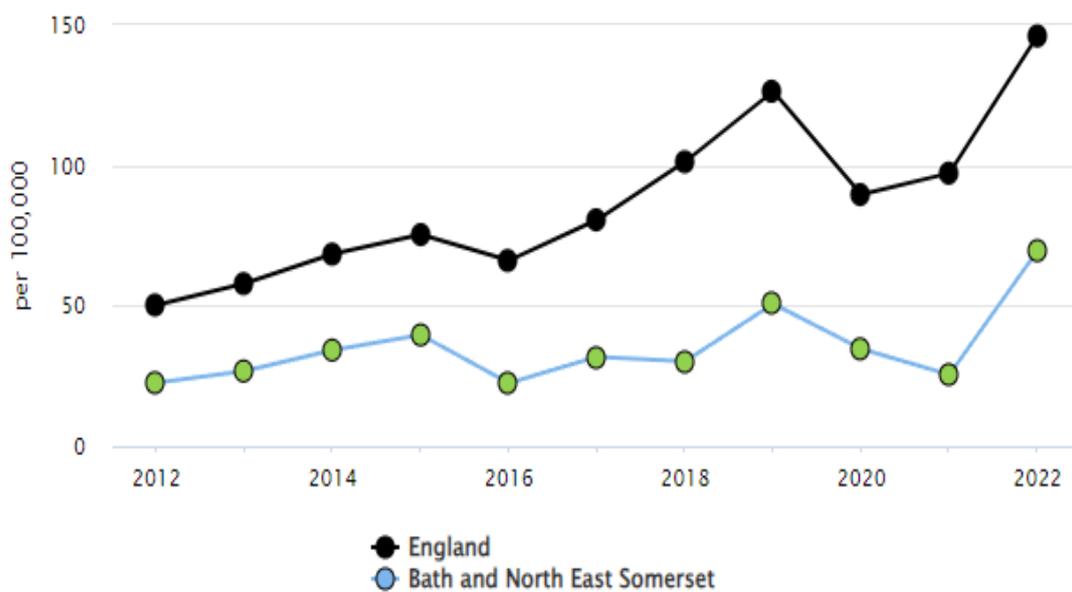
The action plan highlights the action, the responsible officer, a deadline for completion and a traffic light indicator detailing a summary of progress made. By March 2022, 75% of all actions were either fully completed or to be completed imminently. Of the remaining 25% of actions incomplete, 60% were 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

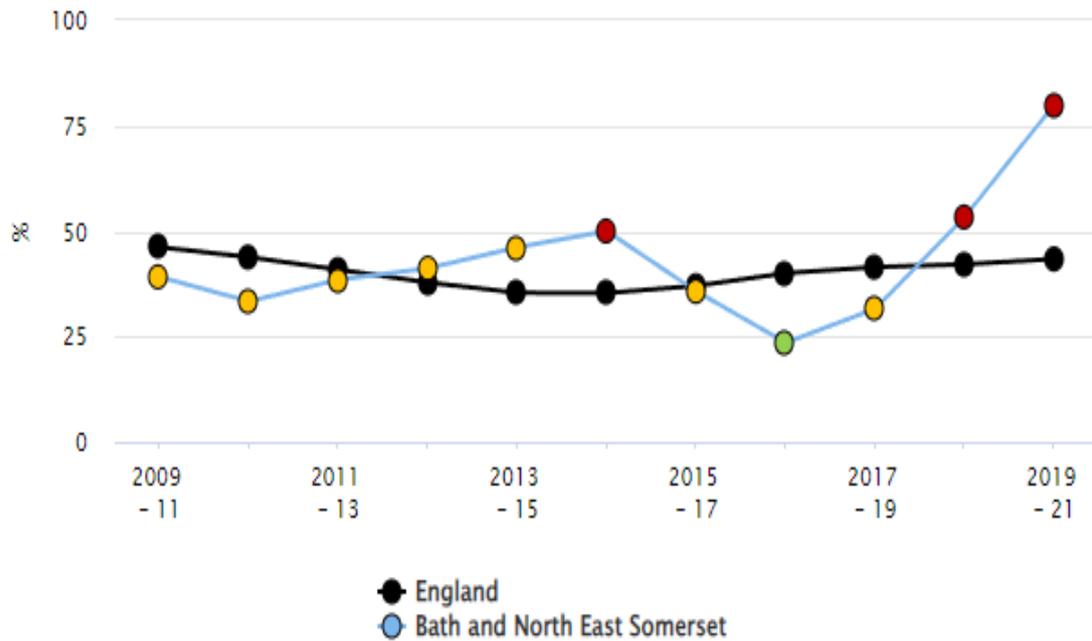
- (b) Conceptions to women aged under 18 (teenage conceptions) in B&NES in 2022/23 were much lower than the England and South West averages, and continue to decrease
- (c) Prescribing of Long Acting Reversible Contraception to women in B&NES in 2022/23 was significantly higher than the England and South 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

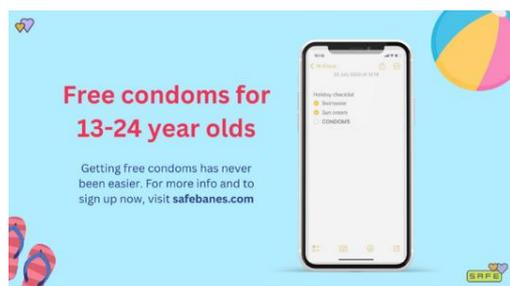
Another area of focus was that the percentage of adults with HIV in B&NES who were diagnosed late continued to increase between 2019-2021, which is our most recent data. Although it should be noted the number of new late diagnoses each year is very small, work commenced during 2022/23 to understand the 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.

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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>
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