

**HEALTH AND CARE OVERVIEW AND  
SCRUTINY PANEL  
20 MARCH 2024  
6.30PM – 7.42PM**



**Present Virtually:**

Councillors Cochrane, Collings, Egglestone, S Forster, Harrison, Virgo, Webb and Welch

**Also Present Virtually:**

Rebecca Willans, Consultant in Public Health

Councillor Megan Wright, Executive Member for Adult Services, Health and Housing

**5. Apologies for absence**

There were no apologies of absence

**6. Declarations of interest**

There were no Declarations of Interest.

**7. Re-cap of scope and plan of activity**

Cllr Egglestone, Chair of the Health and Care panel provided a recap of the scope and brief plan of activity that would take place for the review.

Cllr Wright, Executive Member for Adult Services, Health and Housing, was invited to provide an introduction. It was explained that an email received from a concerned resident had prompted Cllr Wright to ask some questions about sexual health provision within the borough. These were addressed by Rebecca Willans, Consultant in Public Health, who was able to provide updates on services within the Borough. A visit to the Garden Clinic in Slough also provided first-hand experience of services. It was felt that it would be useful to investigate further the provision of sexual health services for young people to see if there were any gaps. If services were being stopped what plans were in place to replace them. Support for the review into sexual health services for young people was acknowledged.

**8. Resident concerns**

This was noted by Cllr Wright during her introduction.

**9. Public health presentation on Sexual Health provision**

Rebecca Willans, Consultant in Public Health, presented some slides covering the following points:

- Berkshire Healthcare Foundation Trust (BHFT) held the main contract for sexual health services. A subcontracted company called SH24 provided the home STI test kits as part of the new service specification. This was being reviewed to make sure the quality and supply was better matched to meet demand in Bracknell Forest.
- Eight out of eleven GP's provided long acting reversible contraception.

- One pharmacy in 2022/23 provided Emergency Hormonal Contraception (EHCP) for those aged 13-24. These can be purchased from any pharmacy, but the national service specification recognises that many within that age group wouldn't be able to afford to purchase it. Safeguarding and sexual health promotion advice also formed part of this service. It was anticipated that there would be further uptake of pharmacies within Bracknell Forest signing up to this.
- STI positivity rates have fallen in recent years, which means fewer people testing for STIs are found to have them. STI positivity rates have fallen in recent years, which means fewer people testing for STIs are found to have them. This highlighted that people are more informed and felt able to get and STI test if they thought they were at risk. Bracknell forest positivity rates were significantly lower than the national rate and in line with local authorities with a similar level of deprivation.
- Bracknell Forest were performing statistically significantly better than local authorities in a similar area for HIV testing. Lots of people were coming forward for HIV testing across different protected characteristics groups.
- Prescription rates for Long-Acting Reversible Contraception (LARC) were higher than national rates but slightly lower than similar local authorities. Geographic coverage of GP's who offered LARC was good.
- Under 18 conceptions, one of the main indicators used to look at sexual health among young people, was lower than the national average. This had been lower than the national average since 2004. In Bracknell, data suggested young people had good take up of contraception in GPs, compared to the average in Frimley ICS.
- Specialist sexual health service, provided by BHFT until June 2026, had performed well over the last 5 years against its key performance indicators. No complaints had been received during the last two years.
- Most Bracknell residents chose to access the service from the local service provider. Data suggested there were many factors affecting choice. People may not want to attend a service close to home to protect anonymity. Online access increased during the pandemic and this remained high. Over 90% of Bracknell Forest residents were choosing to use locally commissioned services over other bordering local authority areas. This highlighted a level of satisfaction with local services.
- A health needs assessment was completed in 2023 and was currently in draft form. Some high-level findings identified included:
  - Although performing well for many of the HIV indicators, Bracknell Forest were below the national target for late HIV diagnosis as a whole and it was felt that access could be improved for some subpopulations.
  - It was noted that for young people there was lower chlamydia screening and detection rates.
  - Further engagement work would take place to understand good service access for the neurodiverse population.
  - Further understanding was required regarding low uptake of contraception among women of Asian, Black and White other groups.
- Bracknell's late HIV diagnosis was significantly worse than the national target of <25%. Bracknell had historically performed worse; this was strongly influenced by the low prevalence as a small number of new late diagnosis could significantly shift the percentage. None of the 13 local authorities in a similar area of deprivation were performing against the target. However, there was recognition that action needed to be taken to reduce late diagnosis.
- Actions being taken include a grants program for pre-exposure prophylaxis and work with higher risk communities to understand awareness beliefs and barriers to HIV testing. A recent national initiative means local hospitals offered proactive HIV testing in accident and emergency settings. Opt out testing was now part of

any STI screening and if turned down a reason why would be asked for. HIV Testing was also included as part of basic online STI test screening to normalise testing.

- Action in place to understand and improve young people access to sexual health services included:
  - Focus groups with local young people to understand barriers to accessing information, advice and services for sexual health.
  - Questionnaire to local young people to understand their preferences regarding settings for sexual health information and services.
  - Interviewing professionals who work with higher risk groups of young people to understand their views. Worked closely with the integrated Care Boards, Pharmacy Commissioner and local pharmaceutical committee and local pharmacies to understand how they might look to improve their offer and sign up for our EHC and oral contraception service.
- Areas that it would be useful for the Health and Care panel to look into were to explore the access to sexual health services among people with neurodiversity. Explore access to contraception among women of Asian, Black and White other ethnicity and to explore the quality of sexual health education in schools.

## 10. Questions

In response to questions, the following points were noted by Rebecca Willans:

- The Health and Care panel would be provided with a breakdown of costs for services for the previous financial year and projections for the next financial year. Service specifications would be provided for sexual reproductive health services provided by Berkshire Healthcare Foundation Trust, pharmacy provision of emergency hormonal contraception service and long-acting reversible contraception provided by local GP's. **Action** – Rebecca Willans to send this information.
- The contract Berkshire Healthcare currently work to, due to end in June 2024, is a block contract and therefore didn't specify the number of days or specific opening hours that it would need to provide. This would be worked on for the new service specification where they would be asked to review the number of sites and online provision to make sure the needs of face to face and online appointments were met. This was being worked on and anticipated to be in place from 1 July 2024.
- The key performance indicator for a face-to-face appointment was within two days. 98% of people were seen within two days of contacting the service.
- Social media was previously managed by a Public Health communications team who undertook a lot of promotion, particularly around the Safe Sex Berkshire website and national campaigns. The team no longer received funding. Work now took place with Bracknell Forest communications team providing communications around items like promoting HIV testing week. Work was taking place with colleagues in West Berkshire who funded the Safe Sex Berkshire website. A review of the website was being scoped to make sure the requirements of local people was met.
- School nursing services are commissioned by the local authority and not managed by Public Health. **Action** – Rebecca Willans to obtain this and provide the contract for school nurses on sites at schools to the panel. It was noted that schools are legally required, at Primary and Secondary, to provide sex and relationships education. Since the introduction of the academy model, there was uncertainty over the extent of influence within this from the council. This was noted as a good point to understand further and it was hoped the review might investigate this.

- Publicly available data, from a national data set called GUM CAD, on the number of Bracknell Forest residents who attend the Garden Clinic in Slough would be shared. **Action** – Rebecca Willans to provide this. A challenge regarding this data is how open people had been in identifying themselves. It was noted that the Garden Clinic is a tier 3 provision and some people who contact the clinic in Bracknell may be referred to Slough due to the nature of their request.
- Based on information from the health needs assessment, late diagnosis of HIV could be due to reasons such as lack of understanding of the healthcare system within the refugee and asylum seeker populations. This was being addressed through outreach work with these groups. Further reasons could be late diagnosis within groups who didn't think they were at risk or need testing. Hence the need to normalise HIV testing through campaigns such as HIV testing week.
- It was noted that BHFT do not offer telemedicine – appointments via video call. This was something they had been asked to explore as part of the new service model.
- It was confirmed that BHFT offered a translator service and that they worked with local voluntary sector community groups to raise the profile of the service. It was acknowledged that this needed to be improved. It wasn't known if they were working alongside faith groups, this was something that could be included with the new service model.

**CHAIR**