

Clinical Reference Group for Sexual Health

Purpose

The Group will provide a forum for key stakeholders to collaborate and progress action on the following strategic priorities: the 48 hour access target, Chlamydia Opportunistic Screening, training issues, service mapping and care pathways. These Terms will then be reviewed in 18 months time.

1. Context

1.1 The primary focus of Barnsley's Strategic Framework for Sexual Health and HIV is on strengthening public health interventions and modernising clinical services. We are required to:

- Shape sexual health services around patients.
- Extend working with others in different sectors and agencies.
- Keep people healthy and reduce inequalities.
- Provide a comprehensive sexual health service.
- Respond to the different needs of different populations.
- Continuously improve services.

1.2 The national strategy emphasizes partnership working, multi-agency groups to develop and implement local plans and advise on local commissioning with voluntary sector services and service user involvement at all stages.

2. Current Structures (see attached)

3. Key objectives

To implement key areas of a borough-wide action plan in response to the local strategy by;

- 3.1 Acting as an advisory group on the commissioning of sexual health services and monitoring implementation of service standards
- 3.2 Monitoring implementation of service standards
- 3.3 Co-ordinating the modernisation/service redesign process for all sexual health services in line with the care pathways.
- 3.4 Developing appropriate care pathways in relation to sexual health and HIV.
- 3.5 Identifying current provision for professional education and training and any workforce planning issues.
- 3.6 Identifying gaps in services and priorities for vulnerable groups or those most "at risk"
- 3.7 Establishing communication routes for sharing of information, good practice and effective ways of working (including regionally and nationally).
- 3.8 Ensuring involvement of the voluntary sector and service users in the re-design and planning of services.

4. Membership

Chair: Consultant in Public Health Medicine
Health Advisor, GU Medicine, BHNFT
Public Health Nurse, Health Protection Agency
Family Planning Consultant, Barnsley PCT
Lead Nurse, Family Planning, Barnsley PCT
CCDC, Health Protection Agency
Community Services Manager, Barnsley PCT
Assistant Director of Commissioning, Barnsley PCT
Consultant, GU Medicine, BHNFT
Nurse Practitioner, Asylum Seekers Centre
Women's & Children's Services Manager, BHNFT
General Practitioners, Barnsley PCT
Director of Professions, Barnsley PCT
Teenage Pregnancy and Sexual Health Co-ordinator, Barnsley PCT
Modern Matron, Women and Children's, BHNFT
PALS
Youth Service

4.1 In order to keep the process manageable it would be preferable to limit numbers within the Stakeholder Group, but to ensure priority is given to establishing effective two-way communication and engagement routes with all partners, eg. consultation events, use of intranets.

4.2 A range of other stakeholders may therefore need to be key partners in the process. These include:

- Youth services
- PCT Primary Care Development leads
- Drug and Alcohol Action Team
- Locality Public Health Teams
- Voluntary Sector
- Service User Representation
- School Nursing

It is envisaged that sub-groups would be developed to broaden the range of interested parties and other stakeholders that need to be involved with the particular issues and to widen engagement of the modernisation process.

Administration

- The group would meet initially every month.
- Barnsley PCT will have administrative responsibility, including clerical support, such as minute taking, agendas, arranging meetings and circulating documents.

- Election of chair and vice chair.
- The group will revisit the chairing arrangement on a two-yearly basis to consider rotating the responsibility for chair and vice chair between participating agencies