

**MINUTES OF THE SCRUTINY REVIEW - SEXUAL HEALTH IN TEENAGERS
MONDAY, 5 OCTOBER 2009**

Councillors Bull (Chair), Newton, Santry and Scott

LC1. APOLOGIES FOR ABSENCE

None.

LC2. DECLARATIONS OF INTEREST

None.

LC3. LATE ITEMS OF URGENT BUSINESS

None.

LC4. DRAFT SCOPE AND TERMS OF REFERENCE

The Panel considered the draft scope and terms of reference for the review and made the following comments:

- Looking at best practice elsewhere would be particularly helpful in view of the good performance that had been achieved by some neighbouring boroughs with similar challenges to Haringey
- It was suggested that the following additional individuals/organisations be invited to contribute to the review:
 - Mike Davis (PSHE/Citizenship/Participation Manager – Children and Young People's Service)
 - Adrian Kelly (Regional Teenage Pregnancy Co-ordinator – Government Office for London)
 - Exposure, who had undertaken a particular exercise promoting chlamydia screening

It was noted that the GP who acted as the sexual health collaborative lead was likely to require considerable notice before attending a panel meeting and flexibility might need to be exercised in order to accommodate her. This was due to the need for cover arrangements for her surgery.

It was noted that Cllr Newton was unable to attend the date that had previously been set for the second meeting of the Panel and agreed that an alternative would be sought.

AGREED:

1. That, subject to incorporation of the above mentioned comments, the draft scope and terms of reference for the review be approved and recommended to the Overview and Scrutiny Committee.
2. That, in consultation with members of the panel, an alternative date be sought for the second meeting of the Panel.

LC5. IMPROVING SEXUAL HEALTH IN TEENAGERS

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Susan Otit, Associate Director of Public Health at NHS Haringey, gave a presentation to the Panel on:

- How the Council and its partners currently aimed to reduce the prevalence of sexually transmitted infections (STIs) and teenage conceptions within the Borough
- The emerging findings of the current sexual health needs assessment
- Progress made and any issues arising relating to the prevention of conception arising from the previous teenage pregnancy scrutiny review.

The World Health Organisation definition of sexual health was as follows:

“A state of physical, emotional, mental and social well-being, 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.”

Sexual health outcomes were relatively poor in Haringey and there were higher levels of need in the east of the borough. Sexual health was also not distributed equally amongst the population. Poorer outcomes were experienced by women, gay men, teenagers, young adults and black and minority ethnic groups. A range of social, economic and cultural influences determined the sexual well-being of individuals

Sexual health services were commissioned to achieve the following outcomes:

- Prevention of unwanted pregnancy
- Detection and treatment/management of cases of sexually transmitted infections, including HIV as a long term condition
- Prevention of onward transmission of STI/HIV through primary and secondary prevention interventions
- Improvements in psycho-sexual well-being

Young people (16-24 year old) were most at risk of being diagnosed with a sexually transmitted infection. Whilst young people represented 12% of the population, they accounted for half of all sexually transmitted infections (STIs) diagnosed in the UK (2007):

- 65% of all Chlamydia
- 50% of genital warts
- 50% of gonorrhoea infections

Chlamydia, gonorrhoea, genital warts and genital herpes are most common STIs amongst young people.

In terms of teenage conceptions, Haringey had:

- The 8th. highest teenage pregnancy rate in England (70 per 1000 women under 18); and
- The 4th. highest rate in London

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65% of conceptions led to abortion (2007 & 2008) and 28% were repeat abortions, including under 19s (highest regional level (2008)). Of boroughs classified as inner London, Haringey was the only borough showing an increase in teenage conceptions when compared to the 1998 baseline. However, provisional data for the first two quarters of 2008 showed an improvement in the rates of teenage pregnancy and could indicate that progress was being made. The rates were 52.1 per 1000 for the 1st quarter and 57.2 for the second.

Genital Chlamydia infection was currently the most commonly diagnosed STI in the UK. Women aged 16-19 years and men aged 20-24 years had the highest rates of positive diagnoses. Untreated Chlamydia could cause pelvic inflammatory disease (PID) which could lead to infertility and ectopic pregnancies. In terms of Chlamydia screening, the borough had not hit its target for 2007/8 but had been successful in meeting all its targets since then. The latest figures, which were for the first quarter of 2009/10, continued this trend.

Gonorrhoea was the second most common STI with the highest positive diagnosis rates in people aged between 16-19 years for women and 20-24 years for men. 40% of infections in women were amongst teenagers. Untreated gonorrhoea could also cause PID, leading to infertility and ectopic pregnancies. A new target had been set for reducing undiagnosed HIV infections and further details on this were currently being awaited. Targets for access to GUM clinics were being achieved with 98.9% of people being offered appointments within 48 hours, including young people.

The borough was currently on target to reach its healthy schools target of 85% of schools by December 2009. It was noted that there was a requirement from 2010 for all schools to teach personal, social and health education (PHSE), including sex and relationship education (SRE). All Haringey schools were aware of their current duties to deliver SRE as part of the national curriculum.

The Teenage Pregnancy Strategic Partnership Board (TPSPB) was redeveloped in 2009 with the Teenage Pregnancy Executive Board established in September 2009. This reported to the Haringey Strategic Partnership. The TPSPB was a strategic partnership body chaired by the Cabinet Member for Children and Young People and including representatives from the Council, NHS Haringey, the College of North East London and a nominee from the voluntary sector. Strategic leads and operational leads from the previous TPSPB now led on task and finish groups identified by the Executive Board and fed into Area Based Partnerships including the three Children's Networks, the Sexual Health Partnership Board and the School Age Health Strategy Development Group.

The emerging findings of the current Sexual Health Needs Assessment had shown that there were issues that needed to be addressed in the following areas:

- Targeting and tailoring of services
- Access
- Integration
- Partnership
- Pathway redesign; and
- Workforce development

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There was a need to ensure that all services were targeted and that access to services should be through community access points. People generally accessed services in a way that suited their needs irrespective of the borough in which they were located. Cross border arrangements therefore needed to be reviewed. A meeting had recently taken place with stakeholder to share these findings.

All 12 recommendations from the Scrutiny Review of Teenage Pregnancy of 2006 had been actioned within the Teenage Pregnancy Action Plans 2007 – 2010. There had been increases in girls using services and clinical sessions in young people's settings. In terms of raising aspirations, there had been improved attendance and attainment within schools. In reference to targeting young people most risk, "Teens and Toddlers" programmes had been set up in secondary schools. There was now also accredited SRE workforce development. There was also better joined up working to support teenage mothers and fathers.

Key future challenges facing services were:

- The need to adopt a flexible commissioning approach
- Commissioning for outcomes
- Ensuring that service users were central to all developments

Commissioning needed to be based on evidence and need rather than just the provision of services. The forthcoming needs assessment and updated strategy could lead to services being moved to where the need was greater. One key issue was trying to get people to access level 1 or 2 services rather than just the GUM clinics. Actions such as ensuring that GPs had the necessary skills would assist in this process.

The Panel thanked Mrs. Oti for her presentation.

It was noted that there were high DNA (did not attend) rates. It was however not possible to stop people from going elsewhere. The VD Act meant that people had the right to go wherever they wanted for services. Knowledge of GUM clinics was normally spread by word of mouth. Local commissioners were currently looking at the reason why people went to other areas. There was a cross charging system between boroughs so payment had to be made irrespective of where services were accessed.

The 4YP bus offered both clinical and non clinical services. Best practice was being followed by increasing the amount of provision available in a range of young people's settings such as through the youth service or at CoNEL. Mobile phones were increasingly used as a means of contacting young people. Records were kept electronically so that they could be accessed irrespective of the location of the service. The 4YP service was now attracting considerably more clients than previously – up to approximately 9,000 in 2008 from 4,000 previously with significantly more girls attending.

The current needs assessment exercise would be looking at the affect of the closure of some family planning clinics that had taken place in 2006. The final outcomes of the needs assessment was due shortly although this might be delayed in the eventuality of there being an upsurge in swine flu.

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In terms of teenage pregnancy, it was noted that the Government Office for London (GoL) were currently happy with progress being made. 6 out of the 11 Haringey secondary schools in the Borough had now achieved healthy schools status. 3 of these 6 were due to have their progress reviewed with a view to them achieving an enhanced status. These were Park View Academy, Gladesmore and Hornsey Girls School. 76% of all schools were currently on board with 4 more required to hit the target of 85% by the end of 2009. The secondary schools who not achieved healthy schools status were Fortismere, St Thomas More, Highgate Wood, John Loughborough and Greig City Academy. It was considered that the quality of teaching of SRE was currently inconsistent. SRE was being tied in with the well being agenda as some schools were reluctant to engage with anything that referred explicitly to "sex". However, there was now some additional statutory leverage.

It was noted that there was a correlation between aspirations and delaying starting a family. The Teens and Toddlers project was currently working in Haringey in four hotspot schools - Hornsey Girls School, Park View Academy, Northumberland Park and Gladesmore. The scheme involved getting at risk teenagers to work and play with toddlers in order to develop an awareness of the implications of parenthood. The scheme had produced good results so far in Haringey. It helped to tackle the issue of what age it was best to have a baby. The programme also included a DVD and access to a life coach. So far there had only been one pregnancy out of the 84 young people who had been on the course. Haringey facilitators were currently being trained. The research programme attached to the project was tracking the teenagers involved and would report its findings in 2010. There was the opportunity to expand the programme but church schools were not enthusiastic about the scheme. Woodside High, Alexandra Park, Greig City Academy and St Thomas More had been offered the chance to participate.

In terms of programmes delivered by outside agencies, a sex education theatre/workshop event aimed at Years 7 and 8 was offered as a package to all schools. There was also a DVD. Similar packages had been offered on HIV. It was particularly important to increase the capacity of teachers to deliver teaching on these issues. However, there was now a need to arrange supply cover in advance and associated cost implications which had meant that a different approach had had to be adopted.

A lot of work had been undertaken in post 16 settings such as the 6th form centre and CoNEL including peer mentoring. In addition, Haringey was planning to introduce a pilot condom distribution scheme for young people as part of the pan London C-Card/Medi Vend scheme. It was planned to launch this in November on completion of successful equipment and IT tests.

The only school currently offering Chlamydia screening was Alexandra Park, although it had been offered to all. Screening had now been incorporated into the school age health strategy.

The Panel thanked officers from NHS Haringey and the Children and Young People's Service for their assistance.

LC6. DATES OF FUTURE MEETINGS

- 3 November at 5:30 p.m.;

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- 16 November at 6:15 p.m.; and
- 11 January at 6:15 p.m.

Cllr Gideon Bull
Chair