

Scrutiny Review – Sexual Health and Teenagers



A REVIEW BY THE OVERVIEW AND SCRUTINY COMMITTEE

MARCH 2010

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Chairs Foreword

Sexual health and conceptions amongst teenagers are hugely important issues as they can have a major impact on their health and life chances. It is a subject that many older people find uncomfortable. Young people themselves also often feel embarrassed and awkward talking about such issues and trying to access services. However, it is too important to be glossed over. We have to recognise that many young people are likely to be sexually active whether we like it or not and try to minimise the risks that this may expose them to.

The Panel found a lot of very good work being undertaken in Haringey and excellent progress being made in reducing teenage conceptions. There is nevertheless still room for improvement. In particular, services need to fit better around the needs and preferences of teenagers. All schools also need to be encouraged to participate fully in the range of successful initiatives that have been taken to promote better sexual health and reduce conceptions. The recommendations of the review address a number of areas where Members of the Panel feel there is potential for improvement and which I hope will contribute to further progress.

On behalf of the Panel, I would like to thank all the people that gave evidence and, in particular, the young people from Haringey Youth Council's Cabinet, who provided Members with some very useful background on what young people think.



Councillor Gideon Bull
Chair

Executive Summary:

A significant number of teenagers are likely to be sexually active, often whilst they are still at school. There are risks attached to this fact, some of which appear to be growing. For example, the prevalence of sexually transmitted infections (STIs) is increasing and some of these can cause long term harm. In addition, teenage pregnancies have the potential to severely limit the life chances of some young people, although rates in Haringey are now declining. It is therefore important that teenagers are properly equipped to deal with their sexuality and its consequences, even if they choose not to be active at this stage in their life. There is clear evidence that a preventative approach reduces the rates of STIs and teenage pregnancies.

The Panel commends the work that is being undertaken by the Children and Young Peoples Service (C&YPS), NHS Haringey and their partners to address these issues locally. Initiatives to reduce teenage conceptions involving schools have been successful but the Panel is concerned that not all schools are participating, possibly due to philosophical or theological considerations. Whilst respecting these deeply held beliefs, the Panel is of the view the welfare of young people should take precedence and that the LEA should work with its partners to persuade all schools of the need to be proactive in addressing the issue of teenage conceptions and sexual health.

Young people feel awkward and embarrassed in seeking advice, information and treatment on sexual health issues and this is the main influence on how they use services. It is therefore clear that services need to recognise this and reflect it in the configuration of services. Many young people travel to neighbouring boroughs to receive services and this is unlikely to change. The Panel feels that commissioners could recognise this fact more explicitly through more joint commissioning and collaboration with other boroughs. Commissioners also need to find venues for their services which young people find comfortable to visit. In addition, services need to be open when young people are most likely to be able to attend. Whilst the specific needs of girls have been recognised, boys have their own issues and also require their own service provision.

The Panel noted that young people were not inclined to visit their GP for sexual health services. It is nevertheless of the view that GP services offer much potential for delivering sexual health services due to the hours that they are open, their accessibility and their links to other services. In order to realise this potential, they need to become more welcoming to young people and more GPs need to be encouraged to offer a wider range of services. There are also some widely held misconceptions about GP services which need to be addressed. In particular, it needs to be reinforced that they are completely confidential.

Finally, the Panel welcomes the fact that many recent changes appear to respond positively to what young people have been saying for a long time, such as the need for better sex and relationship education that does not focus solely on the biological issues. It welcomes the significant reductions that have taken place in teenage conception rates. However, the Panel notes that deprivation is the main determining factor in levels of teenage conception. As Haringey's conception rate currently exceeds its deprivation score, there is therefore still further scope for improvement.

Recommendations:

1. That the Children's Trust be requested to specifically raise the issue of the importance and value of the involvement of all secondary schools in programmes to promote good sexual health and the avoidance of conceptions with school governing bodies (C&YPS) (paragraph 4.11)
2. That the school nurse service be flagged up as a priority area when future decisions on funding are made by NHS Haringey. (NHS Haringey) (paragraph 4.15)
3. That service commissioners consider the potential benefits of re-allocating some of the joint funding provided for teenage pregnancy initiatives to the school nursing service in order to facilitate a more proactive role for them in addressing sexual health issues. (C&YPS/NHS Haringey) (paragraph 4.15)
4. That NHS Haringey undertake specific work to engage with young people at CoHENEL and especially recent arrivals to the UK, in order to increase awareness of local NHS services including GPs. (NHS Haringey) (paragraph 4.21)
5. That the proactive approach and specific initiatives to address teenage pregnancy undertaken by many schools, such as the use of models of babies at Woodside High School, be commended and, where possible, extended. (C&YPS) (paragraph 4.23)
6. That an information champion be identified from amongst C&YPS and NHS Haringey commissioners to take the lead in ensuring that young people are well informed about sexual health services. (C&YPS/NHS Haringey) (paragraph 4.34)
7. That full integration of sexual health services be supported and NHS Haringey be requested to provide an update on progress with its integration programme and an action plan as part of the response to the scrutiny review. (NHS Haringey) (paragraph 5.3)
8. That joint working with sexual health commissioners in neighbouring boroughs and particularly those where significant numbers of Haringey residents access services, such as Hackney, be further developed. (NHS Haringey) (paragraph 5.8)
9. That current work to establish more accurate data on spending on sexual health be welcomed and that, once more accurate data is available, a benchmarking exercise be undertaken to determine whether current levels of spending are appropriate to levels of local need, consistent with levels of statistical neighbours and providing good value for money. (NHS Haringey) (paragraph 5.11)
10. That the Panel supports the aspiration of service providers to develop a clinic aimed specifically at young men and requests that commissioners give consideration to the identification of funding of such provision. (NHS Haringey) (paragraph 5.19)
11. That commissioners consider the relocation of the 4YP clinic to a venue which is less stigmatising, more accessible and more attractive to teenagers as part of work on how best to reach relevant young people. (NHS Haringey/C&YPS) (paragraph 5.21)
12. That the proposal by service commissioners to change the opening hours of the 4YP

afternoon clinic at St Ann's so that it they are more convenient for young people be supported and that the Committee be provided with confirmation that this will be implemented as part of the 2010/11 commissioning process. (NHS Haringey/C&YPS) (paragraph 5.23)

13. That NHS Haringey routinely provide access to free condoms for all GPs providing appropriate sexual health services at their surgeries. (NHS Haringey) (paragraph 5.29)
14. That all GPs should be encouraged by NHS Haringey to provide a range of sexual health services and that, as part of the re-accreditation process for GPs, it be made a contractual obligation. (NHS Haringey) (paragraph 5.31)
15. That NHS Haringey commissioners work with GP surgeries and primary care service providers to encourage them to obtain "You're Welcome" accreditation for their services and that a GP champion be appointed to promote the "You're Welcome" initiative within GP surgeries in Haringey. (NHS Haringey) (paragraph 5.33)
16. That NHS Haringey works with service providers to ensure that the importance of dealing sensitively and confidentially with patients is included as part of training for relevant reception and nursing staff in primary care and clinics. (NHS Haringey) (paragraph 5.34)
17. That the proposed introduction of a young persons health check to be offered through CoHENEL and sixth forms and undertaken by a nurse or health adviser be supported. (NHS Haringey/C&YPS) (paragraph 5.36)
18. That commissioners work with service providers to ensure that all patients are made fully aware of the specific tests that had been undertaken on them for STIs by providing appropriate written information for them. (NHS Haringey) (paragraph 5.37)

1. Background

1.1 The review was commissioned as sexual health in teenagers had been identified by the Haringey Strategic Partnership as an area requiring specific action. This is reflected in the fact that two LAA targets are directly relevant to this issue. These are:

- NI112; Rate of under-18 conceptions (per 1000 girls aged 15-17 as compared with the 1998 baseline rate)
- NI113: Prevalence of Chlamydia in under 20 year olds.

1.2 When the review was commissioned, the most recent (2007) under 18 conception rate was 70.0 per 1000 female population, which represented an increase of 12.4% against the 1998 baseline. This compared against a London wide rate of 45.6 per 1000. Haringey had been the only borough classified by ONS data as being inner London to have shown an increase in rates since 1998, although both Lambeth (74.4) and Lewisham (70.6) still had higher overall rates of conception. Some boroughs, such as Hackney and Hammersmith and Fulham, had seen particularly large reductions – 25.9% and 26.5% respectively. However, Haringey has recently shown to have made considerable progress, with the rate showing a marked reduction.

1.3 In respect of the LAA target relating to chlamydia, the positivity rate for young people under 25 who were screened as part of the National Chlamydia Screening Programme (NCSP) was 8.9% in Haringey in 2007/8, which was the 23rd. highest rate in London.

1.4 The review focussed on what the Council and its partners currently do to promote and improve the sexual health of teenagers within the Borough including action to reduce the levels of sexually transmitted infections (STIs) and conceptions. Rather than focus on what happens to young people when they become infected with a STI or pregnant, the review concentrated instead on the issue of prevention and the promotion of good sexual health

Terms of Reference/Scope

1.5 The terms of reference for the review were as follows:

“To consider actions currently undertaken by NHS Haringey, the Council and other relevant partners to prevent sexually transmitted infections and re-infection and conceptions amongst teenagers through the promotion of good sexual health within the Borough and make recommendations on how this might be improved”

1.6 The review considered:

- Actions being taken to achieve the relevant LAA targets
- The relationship between Sexual Health outcomes and Family Planning Services
- How the views of users are sought and responded to
- Value for money

1.7 It undertook its work through the following:

- Interviewing key stakeholders to obtain their views
- Obtaining the views of service users, both potential and actual
- Considering relevant documentary and research evidence
- Looking at best practice elsewhere

Membership of Review Panel

1.8 This was as follows:

- Cllrs Bull (Chair), Santry, Scott and Newton
- Co-opted Members: Yvonne Denny (church representative), Marcelle Jemide, Joseph Ejiofor and Sarah Marsh (parent governors), Helena Kania (LINKs)

2. Introduction

Definition of Sexual Health

2.1 The World Health Organisation definition of sexual health is 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.”

Overview

2.2 The second National Survey of Sexual Attitudes and Lifestyles (Natsal 2000) found that the average age at first heterosexual intercourse was 16 for both men and women. In addition, the sixth annual Gay Mens Sex Survey in 2002 found that the average age at which men first had any sexual experience with another man was 17.5 years. It is therefore clear that a significant percentage of teenagers are sexually active.

2.3 Young people aged between 16 and 24 year old have been shown to be the group most at risk of being diagnosed with a sexually transmitted infection (STI). Whilst they represent 12% of the population, they account for half of all sexually STIs diagnosed in the UK in 2007, including:

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

2.4 There is evidence that rates are increasing amongst teenagers. The total number of new episodes of selected STIs in men and women aged 16–19 years seen at genitourinary medicine (GUM) clinics in the UK rose from 46,856 in 2003 to 58,133 in 2007, an increase of 24 per cent. In 2007, the highest rates of diagnoses among young people aged 16–19 were for chlamydia, genital warts and genital herpes. Rates were higher among women than men in this age group. Results from the National Chlamydia Screening Programme in England in 2006–07 showed that around one in ten men and women aged 16–19 tested positive for chlamydia during the first four years of the programme.

2.5 To compound this, the UK has the highest teenage birth and abortion rates in Western Europe. In England in 2006, there were:

- 39,003 under-18 conceptions, a rate of 40.4 per 1,000 females aged 15–17. Nearly half (49 per cent) of the pregnancies were terminated.
- 7,296 under-16 conceptions, a rate of 7.7 per 1,000 females aged 13–15. Over half (60 per cent) of these were terminated.

2.6 78,000 women aged under 16 attended family planning clinics in England in 2006–07, which represented 8.3 per cent of the resident population, which was a slight

decrease from 2006–07. 255,000 or 19.6 per cent of the resident female population aged 16–19 years of age visited a family planning clinic in 2007–08, a slight decrease from 2006.

- 2.7 In July 2001, the Government published a Sexual Health Strategy for England. This adopted a new model of working, with three levels of service provision:
- Level 1; A basic level of sexual health provision, which is likely to be carried out in GP surgeries and walk-in centres that do not wish to provide enhanced or specialist services.
 - Level 2; An enhanced level of care, which includes all of the above and some level of specialist provision.
 - Level 3; A specialist provision of sexual health care, which is likely to include most, if not all, aspects of the above plus expertise in research, education and training.
- 2.8 Sexual health outcomes are relatively poor in Haringey. Sexual health is not distributed equally amongst the population, with poorer outcomes experienced by women, gay men, teenagers, young adults and black and minority ethnic groups. A range of social, economic and cultural influences can determine the sexual well-being of individuals. There are higher levels of need in the east of the borough.
- 2.9 Haringey did not hit its target for chlamydia screening in 2007/8 but has been successful in meeting all its targets since. The latest figures, which are for the first quarter of 2009/10, continue this trend. Targets for access to GUM clinics are being achieved with 98.9% of people being offered appointments within 48 hours, including young people.
- 2.10 In terms of teenage conceptions, Haringey had the following in 2007:
- The 8th. highest teenage pregnancy rate in England (70 per 1000 women under 18); and
 - The 4th. highest rate in London
- 2.11 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, statistics for 2008 show a marked improvement in the rates of teenage pregnancy and indicate that considerable progress has been made. The latest ONS data shows a rate of 50 per 1000 for the third quarter of 2008. This comes after figures of 51.4 per 1000 for quarter one and 56.1 for quarter two.
- 2.12 Sexual health services are commissioned and delivered in a variety of ways. There are a range of generic health services, such as GP services and pharmacies. In addition, there are also specific sexual health services which are commissioned by NHS Haringey, such as Sexual Health, Contraception and Reproductive Services which is part of NHS Haringey's provider services arm. The Children and Young People's Service (C&YPS) has a key role in this area through its strategic role in

relation to provision for young people. This includes its work supporting schools as the local education authority (LEA) as well as its work with colleges and the Youth Service.

2.13 There is also a significant amount of partnership activity. This is focussed around initiatives to address teenage pregnancy. The Teenage Pregnancy Strategic Partnership Board (TPSPB) was redeveloped in 2009 with the Teenage Pregnancy Executive Board established in September 2009. This reports to the Haringey Strategic Partnership. The Executive Board is 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 the voluntary sector.

2.14 £272,037 was provided from within Area Based Grant (ABG) in 2009/10 to commission initiatives within the borough to reduce the level of teenage conception. This covered a range of projects including 4YP, the Teens and Toddlers programme, sex and relationship education (SRE) training and the Speakeasy programme for parents and professionals. In addition, the C&YPS has an additional amount of approximately £38,000 from ABG to fund healthy schools projects which include reference to sexual health issues. NHS Haringey fund generic sexual health services and work with C&YPS to jointly commission services funded by ABG.

2.15 Services are 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 STIs/HIV through primary and secondary prevention interventions
- Improvements in psycho-sexual well-being

2.16 A joint three year sexual health strategy was published by NHS Haringey and the Council in 2005 which set out a vision, principles, a framework for sexual health service delivery and a model for an integrated sexual health network. NHS Haringey is currently revising and updating the strategy and this process has already started with the development of an updated sexual health needs assessment.

2.17 The emerging findings of the needs assessment has shown that there are issues that need to be addressed in the following areas:

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

2.18 The Panel noted that the current review process could lead to services being moved to where the need is greatest. One key issue is trying to encourage people to access level 1 or 2 services rather than just the GUM clinics. Actions such as

ensuring that GPs have the necessary skills would assist in this process. There is a general need to ensure that all services are targeted and that access to services is available through community access points.

2.19 People generally access services in a way that suits their needs irrespective of the borough in which they are located. Commissioners therefore feel that cross border arrangements need to be reviewed. Key future challenges facing services are:

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

3. Stakeholder Views

Introduction

- 3.1 The Panel sought the views of a wide range of stakeholders in undertaking its work. Amongst other things, people were asked what they thought of current services and how they could be improved.

Perceptions of Young People

- 3.2 As potential and actual users of services, the views of young people are especially important. Various pieces of work have already been commissioned locally to determine their opinions and preferences. A survey was undertaken in summer 2008 through Haringey Youth Council on sexual health and included a number of action points. A survey was also undertaken with year 6 pupils in early 2009 on health related behaviour that included questions on sexual health. In addition to both of these, there has also been a survey undertaken by the UK Youth Parliament in 2006-7 which included the views of 21,000 young people.
- 3.3 There were some common themes in all of these surveys, which are the need for:□
- More interesting and interactive methods of teaching
 - Greater emphasis on personal relationships and emotional aspects plus managing risk
- 3.4 The general view of young people appears to be that that SRE is too little, too late, too biological and does not provide enough information on relationships.
- 3.5 As part of this review, Members of the Panel met with Haringey Youth Council's Cabinet and received some excellent feedback on local services. A number of views that were expressed were consistent across all of the young people present. There was a consensus that they preferred not to deal with older people, irrespective of whether this was their parents, GPs or older teachers. At school, they preferred to receive their information from outside groups and individuals and felt that this was better than getting it from their teachers. Embarrassment would be a key factor in deterring them from seeking advice on sexual health. They would be worried about what their parents or friends might think if they found out as well as what they might discover. They preferred to get advice and access services in places where they were not likely to come across people who they knew and where there was a degree of anonymity.
- 3.6 There were a range of views expressed about where they would go to if they had a sexual health issue. Some young people said that they would go to the 4YP bus whilst others said that they would be reluctant to go to the bus as it was very obvious and not very discreet. Very few said that they would go to their GP, as they would be worried that the doctor might know them personally and tell their parents. They would, however, consider going to a different GP or to a clinic, although it could be inconvenient to have to travel a long way. They would be more inclined to seek information from a health professional if it was part of a regular general health check-up.

- 3.7 There was a reluctance to approach teachers with problems although some said that there were certain teachers that they might talk to or that there was a nurse or counsellor at their school that they could speak to. Some were worried that if they were seen to make an appointment to see the nurse via their school office, the staff in the office might draw conclusions. It was felt that it would be better for there to be set hours when you could go and see the nurse directly about sexual health issues. At Alexandra Park school, there had been a specific week when they could see the nurse for information on sexual health and it was felt that this was a good idea.
- 3.8 It was felt important to know about sexual health services although many young people did not want anybody else to know that they knew about them. Some young people felt that it should be more widely known that sexual health services were a good source of information and were not only for when there was something wrong with you.
- 3.9 Most of the young people knew there was a sexual health clinic at St Ann's but few knew about the 4YP+ young women's clinic at Lordship Lane Neighbourhood Health Centre. St Ann's was not felt to be a welcoming or comfortable environment due to the lay out and environment.
- 3.10 The young people felt that the 4YP service needed to be open for longer hours as people did not want to miss school or college to use it, especially as they would probably be reluctant to go if the first place. It was also suggested that there could be more 4YP buses.
- 3.11 There were mixed views on how well schools were covering SRE. Some young people said that they had not received any classes on sexual health since year 6 whilst others said that their school ran classes in years 7, 9, 11 and 12. Whilst some young people felt that their schools covered the issues well, others felt their schools were not covering the subject sufficiently. In terms of the teaching of SRE, they felt that it needed to be revisited regularly and reinforced. There was a strong preference for outside agencies to be used such as theatre groups and 4YP. They could feel embarrassed when teachers who they knew well taught SRE and felt that the outside agencies were better at getting the message across.

The View of GoL

- 3.12 The Panel obtained the views of Adrian Kelly, Regional Teenage Pregnancy Co-ordinator, Government Office for London (GoL) on how he felt that Haringey could better address the issue. He stated that it was clear that economic inequality and deprivation were the principal drivers behind teenage pregnancy. There were limits to what could be done without addressing this as the relationship between it and teenage pregnancy levels was so strong. Haringey's conception rate currently exceeded its deprivation score so there was still some scope for improvement.
- 3.13 All local authorities were fulfilling the ten specific actions required by the government's teenage pregnancy strategy. It was therefore difficult to isolate any individual factors that might make a crucial difference. It was nevertheless possible to identify some associated factors, such as girls who are absent from school. Work to reduce the risk of repeat conceptions through following up and providing

appropriate contraception had appeared to be particularly valuable.

- 3.14 He had previously worked in Hackney, which had enjoyed considerable success in reducing the rates of teenage pregnancy. This could be attributed to a number of factors. Service commissioners and providers had been honest in saying what was wrong with services and schools had provided strong leadership. Peers had also been used successfully to engage with young people. Resources had been provided, with the local strategic partnership providing £1 million in extra funding. Services had also been persistent and resilient in addressing the problem.
- 3.15 He considered Haringey's commitment amongst its leadership to addressing the issue, as evidenced by the attendance that he had recently witnessed at a Teenage Pregnancy Executive Board, to be exceptionally good. There had recently been a visit by the National Support Team for teenage pregnancy and their view was that, despite recent upheavals in Haringey, the progress that had been made was remarkably good. There had been recent reductions in the quarterly teenage pregnancy rates, which were encouraging. The authority had been unlucky with the increase in teenage conceptions that had taken place in 2007 and which had been mirrored everywhere to some extent. In addition, a lot had also depended upon the year from which the baseline had been set and Haringey had also been unlucky that 1998 had been chosen as its number of conceptions had been unusually low that year.
- 3.16 The "You're Welcome" quality criteria scheme aimed to make health services, including sexual health services, more accessible to younger people and could be particularly effective in respect of GP surgeries. Hackney and City PCT had appointed a GP champion to assist in this process, which had proven to be of assistance. A number of GPs did not feel comfortable talking to young people about sex and therefore needed to be encouraged to be more proactive.
- 3.17 He felt that there were a number of general areas where there was scope for improvement. The chlamydia rate in London is the highest in the country and was showing amber on the relevant target. It was also essential to ensure that core services, such as GPs, contraception services and pharmacists, were getting it right. Particular issues of concern were the fact that chlamydia appeared to be being regarded as a rite of passage by some young people, the lack of role models for some boys and the migration to Britain of some children who had been traumatised by witnessing sexual violence in their homelands.

Views of Other Stakeholders

- 3.18 The Panel received a range of views from other stakeholders, which included a number of common themes:
- There was a widely held view that young people relied most on their peers for guidance and responded better to other young people rather than older professionals, such as teachers, or parents. The use of peer mentors was felt to be a particularly effective means of communicating with young people. However, the Panel noted evidence from commissioners that research had shown that the age of people who engaged with young people on sexual health issues was not as important as them being credible.

- A lot of young people were inhibited from seeking advice due to embarrassment and there was still a large amount of stigma attached to using sexual health services. A large number of young people therefore did not like accessing services locally for fear of meeting someone that they know. One option would be to provide services in locations which were less stigmatising. For example, people might feel less stigmatised visiting their GP then attending a special sexual health clinic.
- The role of parents was important. There was evidence that they were more effective at guiding their children on sexual issues than teachers. However, some parents found the subject difficult to approach and did not wish to explore it with their children. The involvement of parents can also be a sensitive issue for some young people.
- There were still cultural barriers in some communities against the use of contraception, which could be considered as even worse than engaging in unprotected sex. It was difficult for young people from some communities to seek advice and they therefore often felt it necessary to go to neighbouring boroughs to access services.
- Language difficulties and cultural issues were felt to be a particular barrier. Some parents and young people who had recently arrived in Britain did not have an understanding of how the health service worked including the role of GPs.
- GP services needed to be made more accessible, including the availability of appointments.

4. Education and Schools

Introduction

- 4.1 C&YPS, in its role as the local education authority (LEA), works with schools to promote sexual health and avoid teenage conceptions in a number of different ways. Some of its work is commissioned in collaboration with partners using ABG funding as part of a range of initiatives to reduce teenage pregnancies whilst other work is included as part of their mainstream work, including guidance and support on the curriculum.

Statutory Duties

- 4.2 The Panel noted that that is currently compulsory for schools to teach the biological facts of reproduction in school science lessons while personal, social and health education (PSHE) classes, at any age, are optional. The biological aspects are dealt with at key stage 3 (11 to 14 years old) and beyond as part of the national curriculum. Sex within relationships and the emotional aspects are explored as part of PSHE. From the age of seven, pupils learn about puberty and five year olds are taught about parts of the body and relationships. Secondary school pupils learn about contraception, HIV and Aids, pregnancy and different kinds of relationships. All Haringey schools have been made aware of their current duties to deliver SRE as part of the national curriculum.
- 4.3 Parents currently have the right to withdraw their children from sex and relationship education lessons taught as part of the PSHE programme. Some parents exercise their right to withdraw their children for religious reasons and it can sometimes be difficult to influence them as this can mean challenging their entire belief system. It is however very rare that this happens and schools have been successful in persuading parents that their children are better off gaining accurate information about the subject rather than from hearsay in the playground.
- 4.4 PSHE lessons, including sex and relationship education, are to be given statutory status from 2010, making compulsory what many schools are already teaching. The parental right to withdraw will also change, with parents retaining the right to withdraw their children up to age of 15, but no longer from the ages from 15 to 19 .
- 4.5 The LEA currently ties SRE in with the well being agenda as it is felt that schools are more likely to get involved with initiatives that do not refer explicitly to “sex”. The subject is included within the Healthy School programme. The borough has met its government set Healthy School target of 85% of schools by December 2009. Six out of the eleven Haringey secondary schools in the Borough have now achieved healthy schools status. Three of these six are due to have their progress reviewed with a view to them achieving enhanced status.
- 4.6 The Panel noted that there is clear evidence of a correlation between raised aspirations and delaying the starting of a family. In recognition of this, the Teens and Toddlers programme has been commissioned as part of the programme of specific initiatives to address teenage pregnancy. The programme aims to raise aspirations as well as asking the question of what is needed to become a good parent. It lasts 20 weeks and involves getting at risk teenagers to work and play

with toddlers in order to develop an awareness of the implications of parenthood. There is a mentoring aspect to it, with facilitators used to assist and also access to a life coach.

4.7 The project currently operates in four hotspot schools; Hornsey Girls School, Park View Academy, Northumberland Park and Gladesmore. There is the opportunity to expand the programme but not all schools are currently enthusiastic about participating. The scheme has produced excellent results so far. 84 young people have been on the course so far and only one has become pregnant, albeit before the course had begun. The majority of young people on the course are girls.

4.8 In addition, a range of other programmes and initiatives to promote sexual health have been offered by the LEA to schools:

- Chlamydia screening sessions were offered to all secondary schools but only one school (Alexandra Park Academy) initially agreed to take part. However, since then two further schools (Highgate Wood and Hornsey School for Girls) have also agreed to participate.
- In response to the SRE in schools survey, SRE and Well Being notice boards with key messages and information on where young people can access local and national services are being developed, including an accompanying notice board for parents.
- All secondary schools have been offered free theatre performances, which have been very well received by young people where they have taken place.
- Schools have all been offered a range of training opportunities including a full day's training with supply cover on SRE, based around the SRE training pack.
- 7 secondary schools are taking part in a HIV project this year.
- Schools have been involved in a national PSHE continuing professional development programme aimed at developing excellent PSHE teaching. A total of 21 primary teachers, 4 secondary and 2 special school teachers have been awarded the HE3 level qualification.
- A lot of work has been undertaken in post 16 settings, such as the 6th form centre and the College of Haringey, Enfield and North East London (CoHENEL), as young people in this age group are considered to be at greatest risk of becoming pregnant. Initiatives have included on site clinics with a 4YP nurse, peer mentoring and the introduction of the C-card scheme, which is a condom registration and distribution scheme for young people.

4.9 Initiatives have also been introduced that are aimed at parents including:

- 300 parents have completed the Speakeasy course for parents on talking to their children about sex and relationships.

- The Changes/Choices SRE Pilot programme for Year 5 and 6 pupils at risk and their parents is currently in development with two primary schools.
- Special development sessions for parents are available on request for primary schools

4.10 The Panel was very impressed with the range of initiatives that have been developed and offered to schools by the LEA and its partners. However, it is concerned that some schools do not appear to be participating as fully as others. This appears to be due to ideological and moral considerations. Four schools have yet to achieve Healthy Schools status whilst one school has been told that its application will not be approved until it places SRE on its curriculum. In addition, some schools have not taken up offers for inclusion in the Teens and Toddlers programme or of training opportunities.

4.11 The Panel recognises that the decision to participate in programmes is the responsibility of schools and their governing bodies and that the LEA can only use its powers of persuasion to encourage more to play an active role. It is of the view that school governors have the potential to play a key role in increasing participation if they can be persuaded of its importance and potential benefits. The Panel is of the view that the LEA and strategic partners should seek to actively promote the value of its programmes to promote good sexual health and avoid teenage conceptions wherever possible, including raising awareness of the issue with school governors.

Recommendation:

That the Children's Trust be requested to specifically raise the issue of the importance and value of the involvement of all secondary schools in programmes to promote good sexual health and the avoidance of conceptions with school governing bodies.

School Nurses

4.12 The Panel noted that each school has a named school nurse, who is employed and funded by NHS Haringey. Their work is targeted because of the safeguarding children role and children in need agenda. School nurses primarily perform their public health duties of immunisation and working with specific children and young people on the child protection register or with complex medical conditions. They may have six to ten schools to deal with and therefore each nurse may only be able to visit every other week. With the current workload and priorities, there is little time for proactive sexual health work, although young people can be signposted to services.

4.13 The Panel heard evidence from the Principal of Woodside High School on her school's use of a nurse, which has proven to be an extremely effective model. It had been found that a lot of children did not have a GP and the school had therefore decided to use its own funds to bring in a nurse for three days per week, although this has since been reduced to two due to funding issues. 278 children out of the school roll of 946 used her during the last year. The nurse can help with

information, refer students to 4YP and help them to register with a GP. It was noted that other schools do not have such a facility, which requires significant investment. CoHENEL also employs a nurse, who visits the college for one day per week and is able to assist on sexual health issues.

- 4.14 The Panel is of the view that the current pressures on the health visiting services and their role with very young children are likely to have a knock on effect on schools nurses. It feels that the current role that they undertake should, at the very least, be preserved. There is potential for them to undertake a more proactive role in relation to sexual health and the benefits that have been achieved by Woodside High School in employing their own nurse demonstrate clearly the potential benefits, which may well also include reducing the pressure on other health services.
- 4.15 The Panel acknowledges that in the current financial climate, additional funding to expand services is unlikely to be made available. However, it feels that the service needs to be flagged up as a priority area when decisions on funding are made. It is also of the view that an assessment should be made of whether it might be a more effective use of resources to re-direct some of the joint funding for teenage pregnancy initiatives to the school nursing service in order to facilitate a more proactive role for them in addressing sexual health issues. One option would be to use some of the funding provided for 4YP for work in community settings and for them to instead adopt a more targeted approach, working with year 11 and 12 young people.

Recommendations:

- **That the school nurse service be flagged up as a priority area when future decisions on funding are made by NHS Haringey.**
- **That service commissioners consider the potential benefits of re-allocating some of the joint funding provided for teenage pregnancy initiatives to the school nursing service in order to facilitate a more proactive role for them in addressing sexual health issues.**

Work Undertaken by Schools, CoHENEL and the Youth Service

- 4.16 The Panel received evidence on the approach adopted within schools and colleges within the borough. It noted the view of the Principal of Woodside High School that, whilst the role of secondary schools in teaching SRE and promoting good sexual health was paramount, children needed to be introduced to it at an earlier stage. The mechanics of sexual behaviour are dealt with by the school at key stage 3 and beyond as part of the national curriculum whilst sex within relationships and the emotional aspects were explored as part of PSHE. The school promotes the message of safe and responsible sex and focusses on implications.
- 4.17 As part of this approach, the schools has used models of babies. These mimic the behaviour of babies and therefore provide young people with first hand experience of the demands of parenthood. Their use has proven to be very successful. Some children had not realised before what caring for a baby entailed and many are very relieved to hand back the dolls. The school wishes to ensure that all children got

the chance to take one home. The models had been borrowed and the school are now looking to buy some as none are currently available through the LEA.

- 4.18 The school believes in using properly trained specialist teachers to deliver sex and relationship education. However, some schools still used form tutors. The healthy schools initiative was labour intensive but the school was nevertheless pursuing enhanced status. The school felt that the most effective way of promoting good sexual health was through the use of peers and they had on occasion invited young people attending college, some of whom had babies, to come back to the school and talk to students which had proven very effective.
- 4.19 The Panel also received evidence from the Headteacher of Welbourne School. He felt that primary schools had an important role to play in educating younger children about sex and reproduction. However, they have more of a pastoral role than secondary schools. At primary school level, the teaching mainly covers the changes, physical and emotional during puberty, relationships and feelings.
- 4.20 The view was expressed that some primary schools are currently fulfilling their role well whilst others were not performing quite so effectively. It was nevertheless likely that all schools are covering the relevant issues in some way but the curriculum is crowded and it can be difficult to fit in.
- 4.21 The Panel commends the range of proactive and innovative work that has been taking place in many schools and colleges in the Borough. Of particular note is the model babies that are used at Woodside High. This is an excellent model of practice and should be encouraged. The Panel noted that the LEA are examining the possibility of extending these, subject to appropriate funding being identified. However, the cost of the babies is currently proving to be a barrier to this initiative being used elsewhere.

Recommendation:

That the proactive approach and specific initiatives to address teenage pregnancy undertaken by many schools, such as the use of models of babies at Woodside High School, be commended and, where possible, extended.

- 4.22 The Panel received evidence from CoHENEL about their approach. Due to the age group of students, sexual health is a particularly important issue for them. It is included as part of the tutorial system and as part of the enrichment programme. Amongst other things, advice on how to register with a GP is provided. The college has also held a sexual health week and undertaken collaborative work with the NHS. They have links with 4YP and have a nurse on site for one day per week. They also have a counsellor, who can make referrals to a range of services, and a dedicated youth worker. Work is undertaken with the teenage pregnancy team and the college is soon to get a Medi+vend machine. There is a high take up for tests from 4YP when they visit CoHENEL.
- 4.23 It was noted by the Panel that many ESOL students do not have a GP and do not understand the concept of one. The Panel is of the view that this issue could be addressed through engagement with students during freshers week.

Recommendation:

That NHS Haringey undertake specific work to engage with young people at CoHENEL and especially ESOL students, in order to increase awareness of local NHS services including GPs.

Peer Mentoring

- 4.28 The Panel concurs with the widely held view that peer mentoring has the potential to be an effective means of engaging with young people on sexual health issues. It noted that student/peer educators have been developed with COHENEL. Training has included specific elements relating to sexual health. It is intended that the scheme will be replicated at Haringey 6th Form Centre in the next financial year.
- 4.29 In addition, there are plans to develop a specific pilot school age mentoring scheme based on two models from Islington and Southwark. This would involve: selected/volunteer class representatives visiting a sexual health clinic armed with questions collected from peers and giving feedback on the visit plus answers and handouts to their class. There are also plans to develop a peer mentoring theatre programme with Teens and Toddlers graduates from across London. It is aimed develop a specific programme for Haringey Teens and Toddlers graduates.
- 4.30 Schools are encouraged to train mentors to deal with other PSHE related issues and the Panel noted that there are peer mentor schemes already in place at Northumberland Park and Hornsey schools although these are not explicitly concerned with sexual health. 4YP used to offer “near peer” support in the past but no longer provide this service.
- 4.31 The Panel notes and commends the work that is being undertaken to develop peer mentoring schemes within schools. They are of the view that these have the potential to be very useful and noted that there is a need to ensure that schemes are properly planned and that peers fully trained.

Publicity

- 4.32 That Panel noted evidence that it was possible that not everyone knows where Haringey’s services are based and therefore better promotion might be required. However, 4YP is well known amongst young people, as is its logo. It is also possible that not all young people are currently aware of the full range of services that are available.
- 4.33 Publicity is jointly planned by commissioners and that there is now a wide range of promotional material available in schools. The SH Haringey website, that covers sexual health services in the borough, is currently being upgraded to provide better information. It is intended to emphasise the full range of 4YP services and not just the 4YP bus. Services are also publicised via a wide range of posters and leaflets, which are placed in a range of locations around the borough including GP surgeries.
- 4.34 The Panel is of the view that the opportunities offered by new IT systems, such as

the electronic notice boards that are being used in some schools, should be fully exploited. In addition, Council and school websites should also be encouraged to cover the issue and include links to the websites of relevant services. The Panel notes that Youth Space – the Haringey website for young people – already includes information and links on sexual health and is linked into the Council’s website. In order to progress promotional initiatives such as these, it considers that an information champion on sexual health should be identified from C&YPS and NHS Haringey commissioners to take the lead in ensuring that young people are well informed about services.

Recommendation:

That an information champion be identified from amongst C&YPS and NHS Haringey commissioners to take the lead in ensuring that young people are well informed about sexual health services (C&YPS/NHS Haringey).

5. Health Services

Sexual Health, Contraception and Reproductive Services

- 5.1 The Panel noted that the sexual health services that NHS Haringey commissions are now in the process of becoming fully integrated. Services (contraception, sexual health, 4YP, chlamydia screening and SHOC) are already integrated under one management and clinical governance umbrella. There are now two sexual health clinics that are fully integrated and able to provide contraception and treatment for the full range of STIs. 4YP has been remodelled to include more services and provide an integrated approach with more access to clinicians. A programme is underway which aims to complete full integration of services by the end of 2010/11. This is dependent on funding to ensure that services are fully reconfigured and requires a change in the training and deployment of the workforce.
- 5.2 The Panel noted that integration of services is proving to be a challenge for some staff who have been used to just addressing well women issues, such as smears. However, the integrated set up makes better use of the skills of all staff. It is also particularly beneficial for younger people who like to have as many services as possible located in the same place. In addition, when young people present at clinics, it is better to provide as much as possible whilst they are present as they may not attend again if referred onwards.
- 5.3 The Panel notes the benefits to young people that will arise through full integration and supports moves by commissioners to achieve this. Although funding will be required to reconfigure services, it is of the view that this may assist in achieving better value for money due to economies of scale. It requests that the PCT provide details of the action plan and a further update on progress with the integration programme for sexual health, contraception and reproductive services as part of the response to the scrutiny review.

Recommendation:

That full integration of sexual health services be supported and NHS Haringey be requested to provide an update on progress with its integration programme and an action plan as part of the response to the scrutiny review.

- 5.4 A large percentage of Haringey residents – 60% - go out of borough to access services. 50% of users of Haringey services are from within the borough and the service is trying to increase this to 60%. It is not possible to stop people from going elsewhere as the VD Act means that they have the right to go wherever they wish for services. Local commissioners are currently looking at the reasons why people go to other areas. There is a cross charging system between boroughs so payment is made irrespective of where services are accessed. However, the introduction of payment by results may have a significant impact on costs if the numbers going out of borough remain high.
- 5.5 The Panel is of the view that a proportion of service users will always travel out of borough for sexual health services because of they fear of meeting people they know when they use the service as seeking sexual health services is still

stigmatised. The Panel noted that many young people access services in Hackney as it is relatively close to Haringey and can be accessed easily by local buses. In addition, some people may prefer to access services close to their work places. Research has shown that, on average, around 60-70% of sexual health services are usually accessed locally so the numbers of Haringey residents accessing services elsewhere appears to be disproportionately high. The Panel noted that local services are currently not running to their full capacity, which is not an economic use of resources.

- 5.6 The high percentage of people accessing services in other boroughs could be due to current location of services within the borough as well as the proximity of alternative provision. Level 3 services are mainly only available in Haringey on the St Ann's site, which is poorly located with inadequate transport links and is in the middle of the borough. However, since April 2008 there has been a 4YP clinic for young women at Lordship Lane and level 2 clinic in the west of the borough at Hornsey Neighbourhood Health Centre.
- 5.7 The Panel noted the view of the London Assembly, in its 2005 review on young people's sexual health, that PCTs needed to work together strategically in commissioning services within and across geographical sectors. Such an approach would be consistent with the pattern of use of services. Commissioners in Haringey meet regularly with Islington and Camden commissioners to discuss both contraception and GUM work undertaken for Haringey residents. There are also regular meetings with Enfield to discuss termination of pregnancy and Chlamydia targets. In addition to this there are Sexual Health Commissioner networks where information and good practice are shared.
- 5.8 The Panel welcomes and commends the joint working with other boroughs that is taking place and would strongly encourage further collaboration which could provide scope for economies of scale and better value for money through more effective and strategic commissioning of services. Significant numbers of young people appear to be accessing services in Hackney so the Panel would particularly encourage stronger links to be developed with commissioners there.

Recommendation:

That joint working with sexual health commissioners in neighbouring boroughs and particularly those where significant numbers of Haringey residents access services, such as Hackney, be further developed.

- 5.9 The Panel noted that NHS Haringey spent £15.50 per head of population on sexual health services in 2007/8 and that only Waltham Forest of the borough's statistical neighbours spent less. The figure includes GP contraceptive prescribing and does not just cover services to teenagers. Spending on preventative work and, in particular, contraception has been shown to be a particularly effective use of resources - an Audit Commission report in 2003 estimated that every £1 spent on contraceptive services resulted in a net gain to the NHS of £11.
- 5.10 The Panel also noted the view of service commissioners that these spending figures may not accurately reflect actual spend as it was likely that significant amounts of

spending are hidden within other budget headings. Further work is being undertaken to clarify the position.

- 5.11 The Panel welcomes the work that is currently being undertaken by NHS Haringey to develop better information on actual spending levels as only when this can be established will it be possible to assess whether value for money is being achieved. In addition, it is of the view that, once more accurate data has been developed, a benchmarking exercise should be undertaken with other boroughs to determine whether current levels of spending are appropriate to the levels of local need, consistent with levels of statistical neighbours and providing good value for money.

Recommendation:

That current work to establish more accurate data on spending on sexual health be welcomed and that, once more accurate data is available, a benchmarking exercise be undertaken to determine whether current levels of spending are appropriate to levels of local need, consistent with levels of statistical neighbours and providing good value for money.

- 5.12 The Panel noted that the draft *Sexual Health Needs Assessment, November 2009* had shown that only 1.6% of Haringey residents use long lasting reversible contraceptives (LARC) and this was very low usage compared to other parts of London. This is a specific area where the spending level does not adequately reflect the level of local need. Chlamydia screening is one area of the sexual health budget where there is evidence of value for money being obtained. Analysis by the National Audit Office showed that Haringey is within the recommended range of spend of £33-45 per screen, which is below the national average cost of £56 per screen. The high positivity rate indicates that those most at risk of Chlamydia are being effectively targeted.

4YP

- 5.13 The Panel received evidence from the Head of Sexual Health, Contraception and Reproductive Services at NHS Haringey. 4YP is a dedicated sexual health and contraception service for young people living or visiting Haringey. It provides a range of services through the 4YP bus, the 4YP clinics and outreach sessions, which are undertaken in a range of locations. Both clinical and non clinical services are provided.
- 5.14 Best practice is being followed by increasing the amount of provision available in a range of young people's settings such as though the youth service, the 6th form Centre or at CoHENEL. Records are kept electronically so that they can be accessed irrespective of the location of the service. The 4YP service is now attracting considerably more clients than previously) – up to approximately 8,000 in 2008/09 from 4,000 previously with significantly more girls attending.
- 5.15 The 4YP bus provides sexual health advice and limited treatment in a range of locations. 26 visits are made per month to a range of sites across the borough. Some of these are regular visits whilst others are one-offs. They also run “drop in” sessions. The service also runs clinics that provide level 1 and 2 services in leisure

centres and other settings. These provide basic contraception and LARC.

- 5.16 The choice of locations for the bus is based on known hotspots and local intelligence. Word of mouth information is also used. Locations also need to be able to accommodate the bus, with sufficient parking space. Those who are not close to where the bus stops can access services through the clinics. Services are publicised via the 4YP website, posters and leaflets which are placed in a range of locations including GP surgeries.
- 5.17 There are two sexual health clinics that are specifically for younger people. One is aimed at under 19s, based at St Ann's Hospital and open from 2:30 to 5:00 during the week. More young women than men tend to access the clinic and very few young men come in for contraceptives. They are more likely to use the 4YP bus and mainly attend to obtain condoms. The other clinic – 4YP+ - is for under 20 women only and based at Lordship Lane Health Centre. This is women only due to the fact that women can find groups of young men intimidating. There is currently a special session for men who have sex with men.
- 5.18 Influencing young men is viewed as a challenge by services. 4YP was originally set up due to the fact that they were not accessing services and often feel more comfortable talking to a man. The service has some male staff and consideration has been given to setting up young mens clinics in both the east and the west of the borough in 2010 but this is dependent on funding being identified. However, this could not be staffed solely by male staff.
- 5.19 The Panel are of the view that there that there is a clear need to have a separate service for young women and notes evidence from service commissioners that, since the opening of 4YP+, more of them appear to be using contraception. However, they are also of the view that there is also a specific need for separate provision for young men and the Panel would therefore strongly support any application for funding for such a service.

Recommendation:

That the Panel supports the aspiration of service providers to develop a clinic aimed specifically at young men and requests that commissioners give consideration to the identification of funding of such provision.

- 5.20 The Panel noted that 4YP services have progressed from just being based at St Ann's and a range of services were now widely accessible, including condoms. In addition, schools are being encouraged to book the 4YP bus and for class visits to be made to it.
- 5.21 The Panel noted that St Ann's is not a popular location with young people who find the environment on the site less than welcoming. It is therefore for the view that other options, such as Tynemouth Road and the Laurels should be looked at as part of work by commissioners on how best to reach young people. Relocation of the 4YP drop in service to a neighbourhood health centre would have the additional advantage of offering the potential for later opening hours and access to other health services including GPs.

Recommendation:

That commissioners consider the relocation of the 4YP clinic to a venue which is less stigmatising, more accessible and more attractive to teenagers as part of work on how best to reach relevant young people

5.22 The Panel noted that young people often do not stick to appointments and a “one stop shop” arrangement therefore tends to work better. Patients are often late attending the 4YP afternoon clinic at St Ann’s clinic and the service acknowledges that the opening hours are not convenient for young people. It is therefore planned to change the hours to between 3:30 p.m. and 7:00 p.m. to fit in better with school times. The service for men who have sex with men (MSN) will also be moved. It is also aimed to introduce an additional session and to be open for six days per week.

5.23 The Panel noted that there are plans by service commissioners to negotiate amended opening hours as part of the 2010/11 contract with the service with a view to putting this in place for 1st April. The Panel strongly supports this move.

Recommendation:

That the proposal by service commissioners to change the opening hours of the 4YP afternoon clinic at St Ann’s so that it is more convenient for young people be strongly supported and that the Committee be provided with confirmation that this will be implemented as part of the 2010/11 commissioning process.

GP Services

5.24 The Panel noted that one of the key challenges identified for priority by the National Support Team for Sexual Health in response to its visit to Haringey PCT in 2008 was that the PCT should review the role of primary care and GP’s in the provision of sexual health services.

5.25 National statistics show that 80% of people already receive their contraception from their GP. This is mainly the pill. In addition, some GP surgeries also provide STI testing. There is clearly scope for more work in this area to be undertaken by GPs, some of whom are currently not motivated to undertake such services. This is for a variety of reasons – some are not sufficiently trained, others are singled handed practices and do not have the facilities whilst others do not feel comfortable providing such services. However, there are others who are more proactive and motivated and only one Haringey GP has opted out entirely from providing sexual health services.

5.26 The view of Dr Sally Dowler, the Haringey GP interviewed as part of the review and the lead in her GP collaborative on sexual health issues, was that sexual health services should be an integral part of the job of all GPs. She felt that GP surgeries have a number of advantages. They are anonymous so people do not know why people are attending and they are also open for a wide range of hours on numerous different sites. GP services are also available to schools and colleges. She felt that

the disadvantage that GP surgeries have is the link that they have with the rest of young people's families.

- 5.27 The Panel noted that the clear view from young people was that they do not like going to their GP to receive sexual health services. This may be due to the mistaken perception that that they will not be welcome or because they feel that their GP is more likely to be judgemental than other more specialised services. In addition, Dr Dowler felt that some young people were either unaware or did not believe that GP services are confidential and it was therefore essential that there was a clear message given out that they are completely confidential.
- 5.28 The Panel noted that it could be difficult to get GP services to work together. They are independent contractors and can feel threatened by joint initiatives. Nevertheless, it is important to get GPs involved and enthused if they are to be more proactive and engaged. From March 2010, a scheme called sexual health in practice (SHIP) is being introduced in Haringey which will encourage GPs to take a more proactive role in sexual health issues and provide an enhanced service. The scheme includes training for both practice nurses and GPs. As an incentive to participation, practices are being offered the opportunity to provide free condoms and pregnancy testing.
- 5.29 The Panel noted that GPs can currently test for chlamydia for women, gonorrhoea, hepatitis B, C and HIV. However, the PCT do not currently give GPs access to free condoms for their patients although they are provided to sexual health clinics and 4YP. Although many young people are not inclined to go to their GP for sexual health services, it was noted that some GPs are proactive in offering sexual health services and are already offering condoms, which are being taken up. In view of this, the Panel is of the view that the PCT should routinely provide access to free condoms for GPs providing appropriate sexual health services at their surgeries.

Recommendation:

That NHS Haringey routinely provide access to free condoms for all GPs providing appropriate sexual health services at their surgeries.

- 5.30 The Panel is of the view that GP services have the potential to provide a more significant role in providing services for teenagers. The majority of contraception is already provided through GP services. They also provide a wide network of services across the borough that are likely to be enhanced through the development of primary care polysystems. Opening hours are also in the process of being extended. There is therefore a substantial opportunity for primary care to take on an enhanced role and to increase the level of choice that patients have.
- 5.31 The Panel are therefore of the view that all GPs should be strongly encouraged to provide a range of sexual health services. One means of achieving this would be to contractually require GPs to provide sexual health services and the re-accreditation process for GPs should be used for this purpose.

Recommendation:

That all GPs should be encouraged by NHS Haringey to provide a range of sexual health services and that, as part of the re-accreditation process for GPs, this be made a contractual obligation.

5.32 The “You're Welcome” quality criteria sets out principles to help health services become young people friendly and covers areas to be considered by commissioners and providers of health services. The scheme has been included in the NHS Operating Framework for 2009/10 and highlighted in the DoH/DCSF strategy for children and young people’s health.

5.33 The Panel noted that all sexual health services in Haringey are in the process of applying for “You're Welcome” accreditation. In view of the reluctance of young people to go their GP for sexual health advice and services, the Panel is of the view that GP and primary care services should also be encouraged to seek accreditation. It also notes the appointment by Hackney of a specific GP to champion the scheme in GP surgeries within the borough and is of the view that a similar move would assist in Haringey.

Recommendation:

- **That NHS Haringey commissioners work with GP surgeries and primary care service providers to encourage them to obtain “You're Welcome” accreditation for their services.**
- **That a GP champion be appointed to promote the “You're Welcome” initiative within GP surgeries in Haringey.**

5.34 The Panel recognises that there has to be some sort of gateway procedure for making appointments and access to clinics and doctors and to determine who patients need to see. Many young people find the issue of sex to be a source of embarrassment and are uncomfortable talking to receptionists in clinics and surgeries as they feel that others might hear. This may deter them from seeking help when they need it. The Panel is of the view that it is important that health providers are aware and responsive to the sensitivities of people and that this should be taken into account in the design of premises. In addition, it is also of the view that the importance of dealing sensitively and confidentially with patients should be included as part of training for relevant reception and nursing staff in primary care and clinics.

Recommendation:

That NHS Haringey works with service providers to ensure that the importance of dealing sensitively and confidentially with patients is included as part of training for relevant reception and nursing staff in primary care and clinics

Young Persons Health Check

5.35 One particular suggestion that was made in the course of the review was that of the introduction of a general young persons health check at the age of 18 that covers

sexual health issues. This suggestion was received favourably by young people consulted as part of the review. It was noted that a PC based health check has already been used successfully in some schools and there had also been some discussion about changing the chlamydia check into a general health check. In addition, the Panel noted that the Leaving Care and Asylum Team have received funding for Teen Life Check.

- 5.36 The Panel noted that the introduction of health checks was being considered by commissioners and prioritised for CoHENEL and sixth forms. The checks could be undertaken effectively by a nurse or a health adviser. The Panel is of the view that this would be an effective means of promoting better sexual health amongst young people.

Recommendation:

That the proposed introduction of a young persons health check to be offered through CoHENEL and sixth forms and undertaken by a nurse or health adviser be supported.

Testing

- 5.37 The Panel noted that people who have been tested for STIs were not always aware of exactly which STIs they have been tested for. The Panel were of the view that services should notify patients of the tests that had been undertaken and ensure that they were aware of this in order to avoid them making mistaken assumptions.

Recommendation:

That commissioners work with service providers to ensure that all patients are made fully aware of the specific tests that had been undertaken on them for STIs by providing appropriate written information for them.



INVESTOR IN PEOPLE



2005-2006
Getting Closer to Communities

Appendix A

Participants in the Review

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Guimarin Michele, Senior Commissioning Manager, Sexual Health, NHS Haringey

Claire O'Connor, the Head of Sexual Health, Contraception and Reproductive Services, NHS Haringey.

Kavita Dass, Nurse Consultant, Sexual Health, NHS Haringey

Dr Sally Dowler, GP Collaborative Lead for Sexual Health, NE Haringey

Vivien Hannay, Teenage Pregnancy Co-ordinator, C&YPS, Haringey Council

Jude Clements, Health, Wellbeing and Sustainability Manager, C&YPS, Haringey Council

Mike Davis, PSHE, Citizenship and Participation Manager, C&YPS, Haringey Council

Joan McVittie, Vice Chair of Haringey Secondary Heads Association and Principal of Woodside High School

Jan Dunster, Assistant Director for Learner Information and Support, the College of Haringey, Enfield and North East London

Marija Sniukaite, Sexual Health Peer Mentor, the College of Haringey, Enfield and North East London

James Lane, the Chair of the Primary Heads Association and Headteacher of Welbourne Primary School

Belinda Smith, Head of Youth Service, C&YPS, Haringey Council

Mesfin Ali, Pan African and Caribbean Sexual Health Project (PACSH)

Adrian Kelly, Regional Teenage Pregnancy Coordinator, the Government Office for London

Appendix B

Documents referred to in the preparation of this review

Scrutiny Review of Teenage Pregnancy (March 2006)

Progress Report from Scrutiny Review of Teenage Pregnancy (Feb 2008)

Haringey Sexual Health Strategy, parts 1 and 2 (Sept. 2005)

Progress and priorities – working together for high quality sexual health – review of national strategy for sexual health and HIV

Profile of Sexual Health in Haringey (June 2009)

London Sexual Health Indicators – LHO/HPA (November 2008)

Sex and our City – MedFASH (November 2008)

Discussing Haringey Changes for 2006 – Discussion paper – Family Planning Service - NHS Haringey

Scrutiny Improving Sexual Health among young people – Leeds City Council (April 2009)

Teenage Conception and Sexual Health – Nottingham City Council (May 2005)

Sexual Health Services – London Borough of Hackney (Nov 2005)

Under 18 conceptions data for LAD1 and LAD2 (all LAs including county districts), 1998-00 - 2005-07

Department of Health National Support Team visit report (October 2008)