

REPORT OF HEALTH IN HACKNEY SCRUTINY COMMISSION

Sexual Health Services	Classification Public	Enclosures
	Ward(s) affected All	

1. FOREWORD BY THE CHAIR OF THE HEALTH IN HACKNEY SCRUTINY COMMISSION: COUNCILLOR MURIEL PURKISS – NOVEMBER 2005

'It is no exaggeration that we now face a public health crisis in relation to sexual health. The past decade has seen a continuing and considerable deterioration in the nation's sexual health...(driven by) changes in sexual behaviour'.^{*1}

Policy initiatives introduced in 1992, following the Health of the Nation Report, were intended to halve the teenage conception rate by 2000. In spite of the increase in family planning clinic attendances and emergency contraception this did not occur.

At the same time, genitourinary medicine services were expanded. Despite this necessary investment in a previously much neglected service, sexually transmitted infections have risen alarmingly.

'All of us can modify the risks that confront us.....sexually transmitted infections, including HIV, are infectious diseases but they are spread by modifiable lifestyle and behaviour and – by the simplest of means – we can reduce the risks to almost nothing. The question is why we don't. Is the explanation about our knowledge? Is it to do with power? Is it related to social class or ethnicity? Even if we think we have the answer to any of these questions we then need to ask what we can do about it. We tend to explain behaviour in terms of individuals and leave out the factors which influence individuals'.^{*2}

The Scrutiny Commission has sought, however tentatively, to offer some answers to these important questions for Hackney.

^{*1} Michael Adler, Professor of genitourinary medicine at the Royal Free and University College Medical School, speaking before the House of Commons Health Select Committee, November 2003.

^{*2} Dr Geoff Rayner, Community Strategy Consultation Seminar, Hackney, June 2004.

2. INTRODUCTION

Sexual Health Services are currently in the spotlight. In *Choosing Health: Making Healthier Choices Easier* (DoH November 2004) a priority is the improvement of sexual health.

The City and Hackney Teaching Primary Care Trust (CHtPCT) was already in the process of redeveloping its teenage pregnancy strategy overview and action plan (published in April 2005). The upward trend of sexually transmitted infections (STIs) was already known and there was a desire to maintain the success of the teenage pregnancy strategy.

It was agreed that it would be appropriate for the Scrutiny Commission to look broadly at sexual health services and the ways in which education and health promotion might shape behaviour.

In 2002 the Department of Health referred to the 'urgent task of reversing the upward trend of (sexually transmitted) infections.' There was concern that the prevention strategy was overly dependent on the provision of information, neglecting areas of health promotion that could be more effective in changing behaviour. A 'broader approach to prevention was needed.' Prevention required effective teaching that would 'enable young people to understand human sexuality, build self-esteem and understand the reasons for delaying sexual activity.'

The twin tracks for prevention are behavioural change and rapid access to excellent services. ***Yet this has to take place in an environment where in television, film, magazines, newspapers and advertising there are strong sexual images. Usually there is no suggestion that in the world the media portrays there are any problems.*** Safer sex and sexually transmitted infections are not mentioned. This is hardly surprising! These images, created and promoted by adults, affect everyone.

Prevention rather than cure is on everyone's lips and in every strategy and action plan. The House of Commons Health Committee, Session 2004/05 (Third Report) notes that 'improving people's sexual health through prevention rather than cure remains the ultimate challenge for all those working in the area of sexual health, and this is never more the case than with young people.' A doctor said 'As a general practitioner, I have an advantage in that when I see a patient I can provide some education, but that is all too often too late because they may be presenting me with a problem and we have missed the boat.'

It is as obvious as it is true that preventing disease, improving health and reducing inequalities cannot be achieved solely by the work and efforts of those engaged in the health sector. There is a necessity for working together so that the policies and strategies of non-health bodies can promote health in general, including sexual health, in ways appropriate to the groups being served.

Prevention is much to be preferred in the long term from the point of view of public health and personal well-being as well as economics. Improving people's health through prevention remains the ultimate challenge for everyone working in the area of sexual health.

Throughout its investigation the Commission has sought to understand the services on offer and to consider how people, especially young people, can be helped to modify the risks they face as they think about the way they live. Clinical services, though excellent and available, cannot stem the tide of sexual ill health on their own.

For its review into sexual health services the Health in Hackney Scrutiny Commission met five times between March and September 2005. We were grateful for the willing participation of all who attended. We were especially grateful for the attendance of the three young people from Clued Up, trained in sexual health peer education.

Visits were made to the Department of Sexual Health, Homerton University Hospital, Hackney Free and Parochial Sports College and the IVY centre.

2.2 The Terms of Reference for this investigation were agreed as set out below:

A review of the services offered, available and promoted, within the Hackney area, in the field of Sexual Health Services, as follows;

- a) To learn of the prevalence in London as a whole and locally of sexually related diseases, with age and gender distribution
- b) To consider the types and availability of sexual health services, their level of use and suitability for the London Borough of Hackney. This will include a review of service accessibility and may be particularly relevant to those who may be perceived to be marginalised, for example, lesbian, gay, bi-sexual and transgender people of any nationality and those whose first language is not English.
- c) To seek opinion as to whether evidence-based treatments are sufficiently available
- d) To determine what preventive strategies are in place including health promotion, age-related education and counselling
- e) To note what gaps in provision are revealed and to make appropriate recommendations for improvement.

3. SUMMARY & RECOMMENDATIONS

- 3.1 The Scrutiny Commission has learned something of the extensive network of practitioners of many kinds who contribute to sexual health and well-being in the Borough. The Commission could only come to know parts of this network because of time and capacity.

It has been heartening to learn of the decreasing teenage pregnancy rate. There is wide ownership of the Strategy.

Much good work is taking place in respect of Sexual Health both locally and elsewhere. However, as in any public health policy area, there is always more that can be done. It has earlier been alluded to in this report that Sexual Health Services face particular pressures and that in the immediate future it seems that these pressures are likely to grow. The Commission was therefore encouraged to learn that the majority of those involved locally are both reviewing opportunities for service improvement and thinking innovatively about how to get the best from existing resources.

Much of the Commission's evidence gathering is documented in the Minutes of its meetings which this report does not attempt to replicate.

Through its investigation the Scrutiny Commission has identified a number of areas where it feels that further exploration and/or additional focus may lead to service improvements or a change in attitudes for the better. These conclusions are set out both below and within the Commission's findings that follow.

Recommendation One

The Health in Hackney Scrutiny Commission has learned of the disruptions caused by the requirement for voluntary sector organisations to regularly chase and apply for funding. Whilst there are financial reporting and auditing reasons behind the adoption of such processes the Commission feels that the regularity of such application cycles is not helpful.

This Scrutiny Commission recommends that, where possible, funding of voluntary sector organisations and other long term projects (whether directly funded by a statutory agencies or through Neighbourhood Renewal Funding) should be awarded for longer than one year alongside appropriate performance monitoring.

Recommendation Two

Much effort has been devoted nationally to developing effective methods of screening for chlamydia amongst females. Less effort has been devoted to promoting higher rates of male screening. Both women and men are susceptible to the effects of chlamydia.

The Commission recommends that opportunistic screening of both women and men aged 16 - 29 for chlamydia should be promoted locally in order to combat the rising infection rates. It is envisaged that this will primarily be the responsibility of the City and Hackney Teaching Primary Care Trust.

Recommendation Three

The Commission recommends that the CHtPCT jointly with the Homerton Hospital should seek to ensure that those needing access to treatment for STI's do not wait longer than 48 hours – prior to the 2008 DoH target.

Recommendation Four

Equality of access to effective treatment of STI's needs to be pursued for the better service of Hackney's diverse population.

The Commission recommends that information on sexual health and associated services is made available by the City and Hackney Primary Care Trust in appropriate community languages in particular Vietnamese, Turkish and French. Such information should be widely circulated, including, but going beyond, those places where sexual health services are offered.

Recommendation Five

The Homerton Hospital's Department of Sexual Health needs to be able to fulfil its role in the rapid treatment of STI's.

The Commission recommends that the Homerton Department of Sexual Health and the PCT work together so that no-one is turned away from the hospital facilities

Recommendation Six

The Commission believes that a key part of an effective sexual health strategy relates to preventive work. In its simplest form such work can be achieved through high levels of community access to family planning and contraception services.

The role fulfilled in DOSH by Clinical Nurse Specialists is valued and if extended would lead to an improved service. The Commission recommends that funding be made available in consultation with DOSH in order to allow for additional clinical nurse specialist sessions in family planning and contraception, with expertise in sexually transmitted infections.

Recommendation Seven

GP's are in the front line of community based services and are an important part of a sexual health strategy. The Commission has learnt that the new GP contract allows for doctors to offer additional sexual health services.

The Commission recommends that those practices not yet involved are strongly urged to participate in an enhanced service in sexual health. If this cannot occur, there need to be robust arrangements so that patients can readily access services elsewhere.

Recommendation Eight

During its investigation the Commission heard about the great deal of work that goes on in schools in relation to sex and relationship education (SRE). Such teaching in an educational setting is invaluable but in order to achieve the best results needs to be delivered by those with sufficient confidence in the subject and an appropriate level of knowledge.

The Commission recommends that the most appropriate persons in all schools should receive recognised training. The Commission would like to be reassured that in every secondary school, and all participating primary schools, there are those who have been adequately prepared and supported as they undertake SRE.

Recommendation Nine

When SRE is taught in schools it is important that it is delivered in an environment which fosters the greatest level of engagement, focus, mature reflection and understanding. Research exists that demonstrates the various effects of a number of differing settings.

The Commission recommends that sex and relationship education should be delivered as a combination of single sex and mixed groups. The preferences of young people should be taken into consideration.

Recommendation Ten

Informal discussion with community representatives indicated that shared importance is attached to enabling young people to receive information and so inculcate respect for self and for others alongside an understanding of the culture in which they are placed. There is need for them to appreciate the risks they face, to be enabled to reflect on these matters and so be better equipped to make choices for living.

The Commission recommends that the feasibility of using EVALUATE should be explored and its presentation tested out in at least one secondary school

Recommendation Eleven

The Commission recommends that peer groups should be developed and guided and appropriate staff trained such that those whose values are being challenged by the present sexualised society may support each other in remaining sexually inactive. Schools are one setting in which such peer groups could be established and encouraged.

Recommendation Twelve

During its investigation the Commission came to understand that in dealing with sex and relationship issues it is important that not only is the information discussed accurate but that the audience feels comfortable and can relate to what they are being told. The Commission became aware of a number of successful peer groups acting as educators within this field.

The Commission recommends that these peer educator schemes (Clued Up and others) be encouraged and extended in Hackney. It is envisaged that this will be a programme in which the Learning Trust, the Borough's Youth Service and the voluntary sector will jointly participate.

Recommendation Thirteen

The voluntary nature of the relationship between youth support workers and young people puts them in a strong position to help young people resist peer pressure to become sexually active and to provide young people, when they are sexually active or thinking of becoming so, with the information they need to develop safe and responsible relationships.

The Commission recommends that LBH Youth Services staff receive appropriate training in sexual health matters and that those with special aptitude are given time to recruit and train young people as peer educators.

Recommendation Fourteen

Young people have said how little their parents have spoken to them about sex and the value of stable relationships of whatever kind.

The Commission recommends that the Learning Trust investigates Speakeasy and pilots its use amongst nursery parents or at a Children's Centre, taking advantage of the training opportunities now being offered by Speakeasy to professionals working there.

Recommendation Fifteen

The Commission has been made aware of the invaluable work of nurses in the community in many aspects of health maintenance and promotion.

The Commission recommends that the level of training of all nurses working in the community is assessed and that as appropriate they are sponsored on a sexual health training programme.

4. COMMENTS OF THE FINANCIAL CONTROLLER

- 4.1 Prior to the implementation of recommendations contained within the report the organisations concerned will need to consider the detailed financial implications alongside their strategic priorities, other competing demands, value for money and resource availability.

In order to make best use of resources and provide as much financial stability as possible for voluntary sector organisations consideration of longer term resource availability, performance monitoring and alignment with service objectives will be required when making commitments of more than one year.

5. COMMENTS OF THE MONITORING OFFICER

- 5.1 The report examines the sexual health services that are available and the ways in which education and health promotion might change individual's behaviour. The terms of reference for the investigation examine the prevalence of sexually related diseases in London and within the Hackney area. The types and availability of sexual health services, their level of use and suitability for the borough. The preventative strategies that are in place and any gaps in service provision.

The Local Authority (Overview and Scrutiny Committee Health Functions) Regulations 2002 provide that an Overview and Scrutiny Committee may review and scrutinise matters relating to the planning provision and operation of health services in the area and make recommendations to local NHS bodies.

The report notes that sexually transmitted infections are increasing amongst teenagers and young adults and makes recommendations to improve services to teenagers and specifically to address the rise in sexually transmitted infections within schools by providing specialist staff to advise staff teenagers and young people.

The Children Act 2004 imposes a duty on the children services authority to make arrangements with a view to promoting the well being of children within their area. In addition, other agencies including health and education are under a duty to co-operate with the children services authority to improve the well being of children and young people. The well being of children would include their physical health and protecting them from harm and neglect.

The report identifies gaps in service provisions for children and young people in relation to the education and treatment of sexually transmitted infections, the Council are currently working on the agenda of implementing the provisions of the Children Act 2004 and the integration of children's services. The recommendations contained in this report will be of particular interest to those officers and partners working on the implementation of the Act. The recommendations contained in the report would also be of interest to those officers who are drafting the Children and Young People's Plan which will be launched in 2006.

6. FINDINGS

In respect of Sexually Transmitted Infections Hackney's situation mirrors that of the UK as a whole and of London in particular. The trend is dramatically upwards. In Hackney, the total number of cases rose from around 4,000 in 1995 to 9,000 in 2003. The most marked increases were in gonorrhoea (from 200 + to just under 600) and chlamydia (300 to 800 +) over the same period.

It is understood that between a third and a half of sexually active teenagers do not use contraception. And yet in a single unprotected act of sexual intercourse with an infected partner a teenage girl has a 1% chance of contracting HIV and a 30% and 50% chance respectively of contracting genital herpes and gonorrhoea. These figures vary a little from paper to paper but are uniformly discouraging.

The bright spot for City and Hackney is that the work that began in 1998 to reduce the teenage pregnancy rate has since 2000 resulted in a slow fall, against the London trend.

However, sexually transmitted infections are increasing amongst teenagers and young adults. Preventing conception by the pill alone or emergency contraception has no part at all in preventing infection.

The Department of Health's Teenage Pregnancy Unit visited Hackney in August 2004 in order to seek to identify what lies behind the decreasing teenage pregnancy rates which are in contrast with the trends in similar Boroughs.

6.1 HIV

The HIV pandemic continues unabated. The first case of AIDS, the stage when the virus has overwhelmed the body's immune system, was first formally diagnosed in June 1981 in San Francisco. Millions have died since then and every continent is affected. Worldwide, there are probably forty million people with the virus. 70% of these infections have been acquired through unprotected heterosexual sex.

London has a higher proportion of people living with HIV than any other city in the UK. It has been estimated that a third of people living with HIV do not know that they are infected. On diagnosis, drugs can prevent progression but there is no cure and no vaccine. There may be other illnesses present, because the presence of HIV reduces the body's ability to cope with infection.

HIV numbers have increased in LBH, from 169 infected individuals in 2000 to 520 in 2004. New infections continue to be identified. The monetary value of preventing a single onward transmission of HIV has been calculated as being from half to one million pounds in individual health benefits and treatments costs.

HIV transmits more readily in the presence of sexually transmitted infections such as gonorrhoea and chlamydia.

Those at greatest risk of acquiring HIV are gay men and people from Africa where heterosexual relationships are the main risk factor. Despite increasing knowledge about HIV and AIDS these conditions can still engender fear and prejudice.

It was therefore with appreciation that the Commission received evidence from Positive East, an East London HIV charity. Positive East was formed when LEAN and the Globe Centre merged in May 2005. Four centres are operated across North East London, in Stepney, Redbridge, Waltham Forest and Stratford. The work is funded by non-statutory bodies and all North East London PCTs and Local Authorities.

The charity aims to offer a comprehensive portfolio of prevention and care services. Its aim is to put the needs of those living with HIV first. These include outreach, and home and hospital visits. Core services are based around advice, targeted services for African communities and gay men. Work is also undertaken to promote Healthy Living and other opportunities for sufferers with sufficient stability.

Poverty and poor housing and a lack of effectively integrated health and social care have negative effects on the quality of life of those living with HIV/AIDS. There is a need for improved and more effective prevention and also for enhanced community based testing.

The work of Positive East is of enormous value and the Commission hopes that it will continue to receive financial support. The application by LBH of a three year grant cycle enables the organisation to develop policies and to plan so that service users receive most benefit.

Recommendation One

This Scrutiny Commission recommends that, where possible, funding of voluntary sector organisations and other long term projects (whether directly funded by a statutory agencies or through Neighbourhood Renewal Funding) should be awarded for longer than one year alongside appropriate performance monitoring.

The Commission read of the experience of Uganda, where there has been a striking reduction in the incidence of HIV. Between 1991 and 1998 the prevalence fell from 21.1% to 9.7% across 15 ante-natal clinics. There has been some disagreement as to the factors in the Government's campaign that have been the most influential. Adults said that the reduction in casual sex, abstinence and condoms, in that order, were those factors. There had been a 67% reduction in teenage pregnancy that was attributable to fewer 15-19 year olds having sex. Empowering young people to say 'no' until they are ready can delay first intercourse by 3 years leading to a reduction in sexually transmitted infections as well as unplanned pregnancy.

Recently, this programme has faltered. It is reported that there was a batch of faulty condoms in late 2004. Not only was this thought to undermine confidence in condom use but it has also been said that this was accompanied by a 'talking down' of the relevance of condom use to the anti-HIV programme. Behavioural change was promoted in this programme and, condom use was always part of it.

6.2 Sexually Transmitted Infections (excluding HIV)

Chlamydia was not recognised until 1970. It leads to infertility in some women because of the inflammation it causes in the pelvis. Its contribution to infertility in men is less understood. In 70% of women and 50% of men there are no symptoms at all in the early stages. Detection rests on testing. Locally specimens go to St Bartholomew's Hospital where the most effective tests are performed.

In both 2001 and 2002 over one thousand cases of chlamydia were diagnosed in Hackney. 68% of those affected are under 25.

Those infected need prompt treatment so that they may avoid later consequences and so that, if there is no lifestyle adjustment, onward transmission may be inhibited. Treatment can cure these infections but there is no limit to the number of re-infections that can occur.

Chlamydia screening will be introduced opportunistically from April 2006. The House of Commons Health Select Committee advocates that 16-29 year olds should be offered this service.

Recommendation Two

The Commission recommends that opportunistic screening of both women and men aged 16-29 for chlamydia should be promoted locally in order to combat the rising infection rates. It is envisaged that this will primarily be the responsibility of the City and Hackney Teaching Primary Care Trust.

For the sake of the public health these serious infectious diseases should be treated as emergencies. There is a view that specialized genito-urinary medical services should ideally be made available within four hours, in line with Department of Health guidance for accident and emergency cases. However, the Department of Health has accepted the less rigorous recommendation that no one should wait longer than 48 hours for access to treatment in respect of STI's. This is especially important in inner cities where the prevalence is high.

It is noted below how the Department of Sexual Health at the Homerton Hospital is already under great pressure. To enable this Government proposal to be developed in Hackney there will need to be additional staff and other facilities.

Recommendation Three

The Commission recommends that the CHtPCT jointly with the Homerton Hospital should seek to ensure that those needing access to treatment for STI's do not wait longer than 48 hours – prior to the 2008 DoH target.

Even syphilis, virtually eradicated ten years ago, has increased locally. The numbers for syphilis are small: fewer than five in 1995 and around twenty-five in 2003. But it is not necessarily readily diagnosed because health service staff and the affected persons themselves may miss or misinterpret the early symptoms. When diagnosed early, a cure can be achieved. The neurological damage of chronic disease cannot be reversed.

The current emphasis on young people should not be allowed to eclipse the risks that older people take. They too can be ignorant of sexually transmitted infections and the ways to avoid exposure to them. This may be because of lack of access to information in their first language combined with a reluctance to seek advice in other ways because, for example, of their cultural background.

Printed information is important even though only part of the means whereby people can learn about sexual health and related services. Such information needs to be available in languages other than English. The first generation of immigrants, though literate in their mother tongue, may not yet have achieved the level of English that would enable them to be properly informed.

Recommendation Four

The Commission recommends that information on sexual health and associated services is made available by the City and Hackney Primary Care Trust in appropriate community languages in particular Vietnamese, Turkish and French. Such information should be widely circulated, including, but going beyond, those places where sexual health services are offered.

6.3 Hospital Services

The Department of Sexual Health at the Homerton Hospital is the main clinical unit for Hackney. Patients sometimes travel from other parts of London, not because they are not provided for in their own locality but with the idea of maintaining a degree of anonymity.

The pattern of clinics at the Homerton has been kept continually under review. There are open access clinics, a clinic for young people, a Turkish clinic when a translator is available, a specialist dermatology clinic, HIV out patients, family planning and a small psychology service supported by East London and the City Mental Health Trust.

No designated in-patient service is offered by DOSH at the Homerton. This is available at the Royal London Hospital. The charitable trust, the Mildmay Hospital, developed in-patient care for people with AIDS as long ago as 1987.

DOSH staff offer support for inpatients who have HIV, including the newborn. Universal HIV ante-natal testing has been offered since 1998 so that a mother's HIV

status can be known before the birth of her child and steps take to reduce transmission.

A specialist anoscopy service is available at the Department of Sexual Health. Patients suspected of or at risk of anal cancer or pre-cancer are screened. They can be referred especially for this service. These conditions are treated using dedicated laser systems.

The DOSH sees about 26,000 patients a year, twice as many as were estimated would need the service when the redesigned buildings were completed in 1998. The Commission has been concerned to find that up to twenty patients in total have to be turned away every week from the open access sessions despite exploration of innovative means of maximising clinic capacity.

The widening gap between clinic capacity and patient demand is not specific to Hackney.

Some fear that the fifty million pound national STI publicity campaign, now expected in spring 2006 (but originally planned for November 2005), may cause an increase in the number of patients being turned away.

It is neither in the interests of individual patients nor the public health when walk-in clinics are so relentlessly oversubscribed. We do not know the circumstances of those who have to be turned away. Some may delay seeking help elsewhere, leading to increased morbidity for themselves and possibly others, if they do not understand how risks can be minimised.

The public health intention is to reduce the prevalence of all STI's. It would therefore be advantageous in every way to enable DOSH to support those people at present being denied treatment there.

The Commission understands that the first floor of Clifden House, the site of DOSH, is being emptied of unrelated administrative offices. This will enable an easing of the current cramped conditions on the ground floor and capacity for an increase in service proposed above.

The Commission recognises that the PCT has invested in additional services this year and that they have little further flexibility. The Homerton itself, being a Foundation Trust and therefore having new financial opportunities, should also consider its role, approach and position in relation to the following recommendations.

Recommendation Five

The Commission recommends that the Homerton Department of Sexual Health and the PCT work together so that no-one is turned away from the hospital facilities

Recommendation Six

The role fulfilled in DOSH by Clinical Nurse Specialists is valued and if extended would lead to an improved service. The Commission recommends that funding be made available in consultation with DOSH in order to allow for additional clinical nurse specialist sessions in family planning and contraception, with expertise in sexually transmitted infections.

6.4 City & Hackney Teaching Primary Care Trust

The Women and Young People's Service of the CHTPCT provides a wide range of services in different premises. The Ivy Centre, recently refurbished, is the site of relocated clinic sessions and has increased capacity.

The clinics at this Centre, and elsewhere in City and Hackney, offer services for young people, contraception generally, screening of different kinds and, to some extent, diagnosis and treatment as well as the distribution of information and advice.

Clinic staff include nurses who have had additional training which allows them to write prescriptions. Doctors, Health Development Workers and administrative staff also work at these sites.

When visiting the IVY literature in languages other than English was not apparent.

The House is the main venue for CHYPS (City and Hackney Young People's Service). Here and on other sites a service is provided for those under 26 years. There is a development worker whose focus is on those who are sometimes marginalised: young men (including young fathers), those who are gay or bisexual and those of African heritage. More literature in community languages is needed.

There is opportunistic screening for chlamydia for all under 25s. That is, people are not called for testing but are urged to have the test when attending a clinic or general practice. The CHtPCT has continually sought to develop patient-centred services in order to be ready to meet the needs of the diverse population for which it provides.

The PCT is also supportive of 'The Open Doors Service', a Pan East London sexual health project to sex workers that operates across 40 premises – sexual health outreach to flats, saunas, and some 'street' work. The services offered through this operation are the same as those available at clinics.

6.5 General practice

General practitioners are uniquely placed to offer sexual health services. 80% of contraception services are provided in general practice. Women seeking these services are therefore accessible to education, advice and counselling amongst the people and in the premises with which they are familiar.

There is now the opportunity for an enhanced service for sexual health. This is regarded as a local priority. 33 of 52 general practices had decided to participate by

the time of a presentation received by this Commission. Since most of the larger practices are involved the proportion of the population that is covered is greater than the proportion of participating practices. The development was consulted on widely. Mandatory training sessions were provided. Practices receive an annual retainer and there are payments for new diagnoses.

In these practices condoms can be provided free. This has got rid of the anomaly which enabled the contraceptive pill to be prescribed – offering no protection against STIs – yet not condoms, which have an important role in such protection. An effective service in general practice reduces referrals to hospital.

Since all general practices are intended to provide appointments within 48 hours of a request, this should make it possible for clinical investigation of sexual health problems to be dealt with speedily.

Recommendation Seven

The Commission recommends that those practices not yet involved are strongly urged to participate in an enhanced service in sexual health. If this cannot occur, there need to be robust arrangements so that patients can readily access services elsewhere

6.6 Schools and Young people

The national teenage pregnancy strategy aims to halve the under-18 conception rate by 2010 and set a firmly downward trend in under 16 conceptions, against the 1998 baseline. Locally this target is 60 per cent and as such the City and Hackney Teenage Pregnancy Strategy aims to improve the availability of informed sexual health advice, support and services.

The aims of the strategy were assisted through the recent publication of a public health white paper. In it, the Government encouraged the provision of better contraception, advice and information and sex and relationship education, as well as better support for teenage parents.

In February 2005 The Learning Trust published 'Pulling it Together', guidance on sex and relationships education, teenage pregnancy, HIV and AIDS'. An accompanying volume provides a detailed scheme of work. These are key documents locally for the National Healthy Schools Programme.

Sex and relationship education is being delivered across all secondary schools for which the Learning Trust is responsible including the secondary pupil referral unit in Hackney. Each school community has to establish what the best fit for their situation is. There is also a programme for primary schools.

The role of the Learning Trust is to give clear guidance on sex education, prevention of teenage pregnancy, re-integration of teenage mothers and of those with HIV. (The Hackney 2004 Household Survey reported that 89% of The Borough's primary school children attend schools in Hackney. For secondary schools the figure is 78%). Schools require support in meeting young people's needs in relation to sex

education, a component of a balanced curriculum. It is important that schools equip young people with the understanding, knowledge and skills to make informed, responsible decisions about their own sexuality, sexual health and sexual relationships.

The training of staff needs to gather pace. It is not appropriate to expect that all staff can naturally have the ability to deliver the programme.

The Commission learned of a good model of an evolving strategy, dealing undemonstratively with young people deemed to be at greatest risk. It was noted that in this case effective work had been initiated not by a teacher but by an aware and well-motivated learning mentor. It was thought that the learning mentor had been able to identify issues amongst girls because her relationship with them was different from that of the teaching staff.

The Teenage Pregnancy Unit is introducing training opportunities to a wide range of service providers. The 'let's leave it til later' course aims to support young people to delay sex. 'Research shows levels of regret, non-use of contraception and risking of conceiving under 18 are considerably higher among young people who begin sex before 16'.

Recommendation Eight

The Commission recommends that the most appropriate persons in all schools should receive recognised training. The Commission would like to be reassured that in every secondary school, and all participating primary schools, there are those who have been adequately prepared and supported as they undertake SRE.

It is clear that some young people are at greater risk of making ill-informed or otherwise risky decisions. Spending an increased amount of time and effort with those at greater risk can be beneficial. Often it appears that the best outcome can be achieved by meeting confidentially with a knowledgeable person able to relate in a non-judgmental manner.

The Commission also heard that research has shown that school-based sex education is more effective in reducing teenage pregnancy rates when linked to access to contraceptive services. Young people are entitled to receive free sexual health advice and support, as well as contraceptive advice, in confidence within the established legal framework. This is one of the factors helping to achieve the teenage pregnancy strategy's goal of reducing the conception rate.

The Commission learned from the experience of the school referred to above that sex and relationship education is probably more effective when pupils are taught in single sex groups. There is also a hint that this could be the best approach in research sponsored by the Hackney Youth Service and the CHtPCT in 2001. Reference was made to classmates, especially young men, not taking the lessons seriously.

Recommendation Nine

The Commission recommends that sex and relationship education should be delivered as a combination of single sex and mixed groups. The preferences of young people should be taken into consideration.

The Christopher Winter project aims to increase the facility of primary school teachers to deliver SRE by working with them in the classroom. Model lessons, with model methods of delivery, are based on schemes of work from the Learning Trust PSHE guidance for years 2, 5 and 6. Most participating teachers have developed increased confidence following their involvement in the process.

For secondary schools, the Commission learned of EVALUATE, a CARE for Education project. There are three multimedia presentations aimed at different levels of seniority in schools. The Commission viewed a video clip from each level. The Commission found the material to be lively and modern. It aims to increase knowledge and the development of self-esteem. The value of the individual is stressed and also the importance of understanding the sources of the pressures on young people today including the media.

The Family Planning Association Annual report notes that 'sex is one of the big talking points of modern life'. And yet they note that non-sexual relationships and celibate lifestyles are down-graded. 'Many want to know about the problems and pitfalls of sex, but also about building lasting relationships based on trust, mutual respect, shared interests and affection.' The 'R' needs to be put firmly into SRE.

EVALUATE is one scheme seeking to enable young people to choose to delay sexual activity. This objective is based on evidence that of those who start to be sexually active in their early teens, many, especially young women, later regret that this happened, whether or not pregnancy or fatherhood has ensued. It is encouraging that similar objectives have been acknowledged as important and are supported in LBH by the Neighbourhood Renewal Fund.

Informal discussion with community representatives indicated that shared importance is attached to enabling young people to receive information and so inculcate respect for self and for others alongside an understanding of the culture in which they are placed. There is need for them to appreciate the risks they face, to be enabled to reflect on these matters and so be better equipped to make choices for living.

Recommendation Ten

The Commission recommends that the feasibility of using EVALUATE should be explored and its presentation tested out in at least one secondary school in the borough.

Sex and Relationship Education is not part of the statutory curriculum. Nationally, there is little assessment of students' subject knowledge or of their progress in such knowledge. The quality of teaching by specialist teachers is considerably better than

that of non-specialist form tutors and yet in the majority of schools the latter bear the brunt of SRE.

It is encouraging that the Learning Trust has been able to make an additional though temporary appointment to contribute to the promotion of SRE in maintained and voluntary aided schools in Hackney.

BLISS magazine reported in March 2005 the results of a survey of 2,000 young people: 'many young girls do not know how to say "No" and give into sex because they are afraid of losing their boy-friend. 'Three quarters reported far too much pressure to have sex. By 14, one fifth of girls have had sex'. The challenge is to encourage the four fifths who have not had sex to remain that way for several years hence and to support them.

Some of these young people will be from families whose expectations, possibly with a faith background, encourage their young people to avoid pre-marital sex or at least early sexual activity. These young people need to understand, through SRE, that these values are health promoting. Schools should consider how such choices can be affirmed.

A teacher wrote: 'It must be kept in mind that people come from diverse backgrounds and cultures. In order to cater for their needs it is crucial that the programme is diverse and is offered by taking into consideration the natures of different cultures.'

Recommendation Eleven

The Commission recommends that peer groups should be developed and guided and appropriate staff trained such that those whose values are being challenged by the present sexualised society may support each other in remaining sexually inactive. Schools are one setting in which such peer groups could be established and encouraged.

Dr J Rees, Department of Children's Health, Exeter University, has spoken of the importance of reaching young people early, that is, before 15 or 16 by which time behaviour and attitudes have become well established. Again, the matter of raising self-respect and self-esteem is stressed.

Sex and sexuality were amongst the priorities raised by young people in meetings with Professor Al Aynsley-Green, the Children's Commissioner. He referred to this in an address to a Children and Young People's Partnership Event in Hackney in September 2005. Young people expressed to him their need to have someone to turn to locally about things that concern them deeply. Professor Aynsley-Green spoke of the importance of the participation of young people in services and not just consultation about them.

In December 2004, the then Secretary of State for Health, Dr John Reid spoke of (shaping and influencing) the circumstances within which people make decisions

about their health. Key to this is the creation of an environment that will enable people to make healthier choices.

The leaders of the Romance Academy, portrayed in three recent BBC2 programmes, challenged a group of young people to do just that. The change in circumstances to which the young people agreed was to abstain from sex (they discussed fully what they understood by this) for five months. The most striking outcome was the positive effect this intention had in developing their self-understanding as they began to think more clearly and positively about themselves, their bodies and their relationships.

The need to address behavioural change comes up time and again. A research team from John Moores University in Liverpool said in October 2004 "Attempts to cut sexually transmitted infections will fail unless there is a change in behaviour."

In 2001 there was consultation with young people in Hackney under the auspices of the Borough's Youth Service and the PCT.

Both young men and young women said that peer pressure can encourage young people to have sex. Most valued the sex and relationship education in school but would have liked to have more question time and discussion.

Those in the survey who had attended clinics were appreciative of the availability of condoms and valued being seen quickly yet some reported being embarrassed by having to attend a clinic at all. There is no doubt that these young people need more than the distribution of contraceptives. As much as possible should be done to establish a good relationship with them. It is important that when these young people appear to exhibit careless and disordered lifestyles the professionals dealing with them have the time to listen and that they have a caring and non judgmental attitude.

Clued Up is a sexual health education programme in which young people are trained to educate their peers. Their more recent peer research (2004) was less favourable to SRE in schools. It is not known when the education was received nor in which schools it had been experienced. Again, school students would have liked more time for discussion. 'Deliver messages that are clear and concise don't be embarrassed about it. Talk sensibly to them, don't talk down to them'.

The young people recognised that learning takes place in different ways. Leaflets are not read by all. Some are shy of talking about sex. The needs of those of different sexual orientation were recognized and the relevance of cultural background. Of the 168 people interviewed half identified themselves as African or 'other' black and about a third were 'white' British. 16 other cultural identifies were self-disclosed. Their ages ranged from 13-21. The largest group were aged 17. Three quarters were 16 or older.

Those who were peer educators seem to have impressed those who were surveyed and had good rapport with those they interviewed.

Recommendation Twelve

The Commission recommends that these peer educator schemes (Clued Up and others) be encouraged and extended in Hackney. It is envisaged that this will be a programme in which the Learning Trust, the Borough's Youth Service and the voluntary sector will jointly participate.

Youth Matters, the Green paper from the Department for Education and Skills mentions four key challenges one of which reads:

‘How to provide better information, advice and guidance to young people to help them make informed choices about their lives’.

This has reference to wider areas than sexual health but must include it. Sports and enjoyable summer activities are valuable: structured programmes are said to be particularly beneficial. But those working in the Youth Service need the skills and commitment to enable young people to understand how to make healthy choices. It is not sufficient for the staff just to signpost sexual health services. Alongside this information the opportunity should be taken to help dispel ignorance and speak about lifestyle.

Recommendation Thirteen

The Commission recommends that LBH Youth Services staff receive appropriate training in sexual health matters and that those with special aptitude are given time to recruit and train young people as peer educators.

Young people value the ability to talk with parents about sex and relationships and felt that they should be more open. This finding, reported following the consultation with young people that took place in Hackney in 2001, has also been reported elsewhere. Parents, however, may lack the confidence to speak simply and with knowledge.

When parents' knowledge and confidence is increased it is more likely that their relationship with their growing children will result in better supervision of and interaction about the children's behaviour. This has been shown to reduce the incidence of both gonorrhoea and chlamydia amongst adolescent girls.

The Commission learned about Speakeasy, an initiative of the Family Planning Association that seeks to help parents speak simply but with confidence about sex and relationships to their growing children. Parents of primary school children take part in a series of training sessions. The participants clearly appreciate their experience despite the time commitment expected. These findings emerged through independent evaluation of the effect of the course.

The course is being run successfully in schools with multi-ethnic populations, though not yet in Hackney. Indeed, Speakeasy focuses on areas of social and economic disadvantage. There is a plan to train professionals working in Sure Start Centres to deliver Speakeasy courses in their neighbourhoods.

Recommendation Fourteen

The Commission recommends that the Learning Trust investigates Speakeasy and pilots its use amongst nursery parents or at a Children's Centre, taking advantage of the training opportunities now being offered by Speakeasy to professionals working there.

6.7 University of Greenwich

During its investigation the Commission learned of an innovative series of sexual health related courses, principally for nurses, offered by the University of Greenwich. The development of these academic programmes was supported by the Department of Health and the Royal College of Nursing in recognition of the 'growing role of nurses within sexual health.'

The courses were based upon teaching the A-B-C of sexual health *attitudes* (and associated feelings), *beliefs* (and associated feelings) and *clinical practice* (and associated feelings). The University aimed to overcome previous shortcomings of similarly styled courses by ensuring remote study was possible. The cost was minimised through DoH sponsorship.

The introduction of such courses enabled a greater pool of potential candidates to become qualified in sexual health matters. This enhances the profile of sexual health services in primary care. Specific examples were given of course participants making useful changes to and innovations in their clinical practice that resulted in the improved delivery of sexual health services.

Recommendation Fifteen

The Commission recommends that the level of training of all nurses working in the community is assessed and that as appropriate they are sponsored on a sexual health training programme.

7 CONCLUSION

- 7.1 This has been the fourth investigation conducted by the Health in Hackney Scrutiny Commission. The review has aimed not only to identify and understand the service delivered but also the effects the present service has on its users and potential users. The Commission's perception of the challenges currently being faced has increased and the recommendations have been made bearing these in mind.
- 7.2 At the time the Commission's Terms of Reference were written the details of the programme had not yet been full determined.
- 7.3 ***The lasting impression is the recognition that without changes in behaviour allied to rapid access to excellent services the rising tide of sexually transmitted infections will not be turned back.***

Lead Councillor: Cllr Muriel Purkiss

Scrutiny Officer: Ben Vinter, ☎ 020-8356 3441

Agreed by the Health in Hackney Scrutiny Commission

November 2005

8 CONTRIBUTORS

The following gave evidence at meetings of the Commission. Others present, both officers and members of the public, made informal contributions.

The Commission is grateful to all those who took part. Errors and omissions are the responsibility of the Commission.

- 7 March **Dr Deborah Turbitt**, Health Protection Agency
- 18 May **Dr Lesley Mountford**, Department of Health Improvement,
City and Hackney Teaching Primary Care NHS Trust
Dr Mayura Nathan, Department of Sexual Health,
Homerton University Hospital NHS Foundation Trust
- 13 June **Dr Lesley Mountford**, Public Health Department, CHTPCT
Lena Cadasse, Assistant Director. Directorate of Women and Families,
CHTPCT
Dr Lindy Stacey, Clinical Director for Women and Young people, CHTPCT
Nicola Baboneau, Assistant Director, The Learning Trust
Elizabeth Kelly, Healthy Schools Co-ordinator, TLT
Heloise Tsang, Sex and Relationship Education Co –ordinator, TLT
- 12 July **Ros Delaney**, Senior Lecturer, School of Health and Social
Care, University of Greenwich
Mark Santos, Director, Positive East
Steve Warren, Deputy Director, Positive East
Adrian Mullis, Assistant Head & PSCHE Co-ordinator, Hackney Free &
Parochial Sports College
Aretha Banton, Hackney Free & Parochial Sports College
Joy Skinner, Home-School Liaison Officer, for Speakeasy
- 13 September; **Sue Lindars**, Project Officer, EVALUATE, PO Box 4243, Dunstable, LU5
5YQ
Michael Jones of Clued-Up
Jade Lee of Clued-Up
Timothy O’Garrow of Clued-Up

The following additional people provided information in person during Commission meetings or on other occasions or by correspondence.

- **Foezul Ali**, secondary school teacher
- **Marian Goodrich**, Director of Service Commissioning/Deputy Chief Executive, City & Hackney TPCT
- **Adrian Kelly**, Joint Teenage Pregnancy Co-ordinator, City & Hackney PCT
- **Councillor Linda Kelly**
- **David Kesterman**, Project Manager, Speakeasy, FPA 2-12 Pentonville Road, London N1 9FP
- **Keith Miller**, Head of Corporate Health & Safety, London Borough of Hackney
- **Councillor Muttalip Unluer**

9. Contributing Members of the Scrutiny Commission

9.1. Elected members up to 11 May 2005

Councillor Muriel Purkiss, Chair
Councillor Daniel Kemp
Councillor Joseph Stauber

Scrutiny Officer Ben Vinter

9.2. Elected members up to 4 May 2006

Councillor Muriel Purkiss, Chair
Councillor Ian Rathbone, Vice-Chair
Councillor Dawood Akhoun
Councillor Alan Laing
Councillor Daniel Kemp
Councillor Suraju-Deen Tiyaamiyu

Scrutiny Officer Ben Vinter

9.3 External Adviser

Mrs Elizabeth Taylor

Background papers

The following documents have been relied on in the preparation of this report and were either presented to the Scrutiny Commission or referred to during the meetings.

City and Hackney TPCT Sexual health Strategy September 2005

Teenage Pregnancy Strategy: Strategic Overview and Action Plans - LBH and the Corporation of London, April 2005

CityZEN and SKY Sex and Relationship Education Project – Peer Research into the learning and support needs of young people in Hackney April 2005

City & Hackney Health Improvement and Modernisation Programme, 2005-2008

Family Planning Association 75th Annual Report 2005

Youth Matters, Department for Education & Skills 2005

As easy as ABC? Primary prevention of sexually transmitted infections. T Stammers. Postgraduate Medical Journal 2005; 000:1-4

House of Commons Select Committee, New Developments in HIV/AIDS and Sexual Health Policy, Third Report of Session 2004-2005

Choosing Health: Making Healthier Choices Easier DoH 2004

Tackling Health Inequalities, Hackney Community Strategy Consultation Seminar June 2004

Prevention is Better than Cure—Report from a conference on joined-up thinking and Public Health 2003

The National Strategy for Sexual Health and HIV – Implementation action plan Department of Health June 2002

Consultation with Young People in Hackney on City & Hackney's Teenage Pregnancy Strategy 2001

Health in Hackney Scrutiny Commission Investigation Proposal

1. The proposed review and suggested terms of reference

Review of the services offered, available and promoted, within the Hackney area, in the field of Sexual Health Services, as follows;

- a) To learn of the prevalence in London as a whole and locally of sexually related diseases, with age and gender distribution
- b) To consider the types and availability of sexual health services, their level of use and suitability for the London Borough of Hackney. This will include a review of service accessibility and may be particularly relevant to those who may be perceived to be marginalised, for example, lesbian, gay, bi-sexual and transgender people of any nationality and those whose first language is not English.
- c) To seek opinion as to whether evidence-based treatments are sufficiently available
- d) To determine what preventive strategies are in place including health promotion, age-related education and counselling
- e) To note what gaps in provision are revealed and to make appropriate recommendations for improvement.

The Commission is open to hearing other kinds of evidence from those who will be making presentations to it.

2. Origin of request (e.g. Surgery, Neighbourhood Committee, outside body, performance indicator).

The City and Hackney Primary Care Trust's Health Improvement and Modernisation Programme (HIMP) 2005-8 identifies the promotion of sexual health as one its priority areas for action.

Work being undertaken locally is concerned with the provision of advice to prevent unwanted pregnancies and sexually transmitted diseases. In the HIMP the desired outcomes of such initiatives are a reduction in teenage and unwanted pregnancies, lowering levels of sexually transmitted diseases and reducing the death rate from HIV.

It is known that sexually transmitted infections are on the increase. The prevalence of all major STI's has increased over the past three years, markedly so in London as a whole from 1996 – 2002. (City and Hackney Public Health Profile 2004.)

In addition the Health in Hackney Scrutiny Commission has the responsibility for monitoring Key Deliverable (KD) 24 – a priority area for action by the Council. One strand of the KD relates to teenage pregnancies and improving the governance and service arrangements available in this area.

The City and Hackney Teaching Primary Care Trust, as a result of discussions amongst the Directors, is supportive of Scrutiny involvement in this area at this time.

3. What are the likely objectives of any review? (i.e. Improvement in service delivery, budget saving, changed policy, recommendations to outside bodies).

To make recommendations, as appropriate, for

- Service improvements
- To call for increased, re-allocation or re-appropriation of funds or funding.
- Service development and review
- Increased community engagement and involvement.
- London Borough of Hackney staff support and policies

4. What is the scope of the review?

To gain an understanding, on behalf of the whole Council and as community representatives, of the steps required to promote the prevention of sexually transmitted diseases and promotion of sexual health services.

- a) Primary Care Trust
- b) Strategic Health Authority – HIMP and regional strategy
- c) Social Services support and other relevant Council Directorates
- d) The Learning Trust
- e) Voluntary Organisations, their input, co-ordination and operational areas.

5. What is the likely scale of any recommendations, and who are likely to be affected by them?

It is anticipated that the review will be concluded in September 2005. Recommendations may have implications for action upon;

- The Social Services Directorate of LBH
- The LBH Occupational Health Service and LBH Health and Safety policies
- The Learning Trust.
- The relevant local and regional Health bodies

6. Who is likely to have to implement any recommendations?

- Recommendations regarding local and regional health bodies are non binding and can only therefore be made for consideration
- Social Services Directorate
- Other LBH Directorates
- Learning Trust

7. What are likely sources of evidence/ stakeholders?

The main contributors are set out below. These are not exclusive but indicate the thrust of each session.

9 March

Proposed introduction to service area of review from regional lead

April

No meeting – Likely to be impacted by a General Election

May

CHtPCT and other NHS bodies

June

LBH Youth Services and the Learning Trust

July

Voluntary Sector and others.

The Commission is likely to want to receive evidence from other organisations, bodies and individuals but is not able to allocate specific meeting dates until further discussions have taken place.

8. What level of support is likely to be required by the review?

- PCT, SHA & NHS Trust input.
- Social Services guidance on existing provision and policy
- LBH Health and Safety and Occupational Health guidance on existing provision and policy
- Support, research and steering provided by the Scrutiny Officer
- Support, research and steering provided by the Lead Member with the collaboration of other members.

9. What are the timescales for the review? (i.e does it need to be completed in order to meet a deadline elsewhere?)

It should begin in Spring 2005 to coincide with PCT strategy setting and central Government funding priorities.

10. Who will be the Lead Member?

Cllr Muriel Purkiss

11. How will progress be monitored?

To be agreed at the time of producing the final report and this Commission's recommendations.