

<p>LONDON BOROUGH OF BRENT</p> <p>Executive - 12 September 2005</p> <p>Report from the Director of Policy and Regeneration</p>	
For action	Wards affected: All

Report Title: Health Overview Task Group Report on Improving the Sexual Health of Young People in Brent

Forward Plan Ref: PRU-05/06-6

1.0 Summary

- 1.1 This report presents the recommendations of the Health Overview Panel's task group on 'Improving the Sexual Health of Young People in Brent' along with advice on the finance, legal, and diversity implications.
- 1.2 The service area accepts the task group's recommendations and is engaged in implementation. The tPCT has agreed the task group recommendations and will report back to the Health Overview Panel on implementation progress in 6 months time.

2.0 Recommendation to the Executive

- 2.1 To note the recommendations made in this review, thank the task group for their work, and the service area and tPCT for implementing the recommendations.

3.0 Key points of the Task Group

- 3.1 At national level recent data on sexual health suggest that sexually transmitted infections (STIs) have been rising alarmingly, particularly among the under-20s. Much good practice exists, but services are stretched in disseminating a coordinated and coherent message of safe sex to children and young people.

- 3.2 In part, to complement the tPCT's work, in the development of a sexual health strategy for Brent, and to assist the work of Brent's Local Strategic Partnership, the Health Overview Panel was asked to examine the effectiveness of services and partnership relations in promoting the sexual health of young people in the borough.
- 3.3 The task group concluded that while some progressive work is underway, there remains much work to be done if we are to offer children and young people in Brent good access to services which are appropriate for them, and tailored to their specific needs. Stronger partnership working processes at strategic level between the Council and the tPCT are required to facilitate better co-ordination and provision of sexual health services; Issues around data collection and performance management need to be addressed to aid effective planning; The capacity of current providers needs further review; The capacity of other agencies to deliver sexual health services or to signpost to services needs to be built up where appropriate so that access points may be increased; and the provision of SRE in schools needs to be strengthened and expanded.

3.4 Recommendations.

Recommendation 1. Annual analysis of locally and centrally held data available for teenage pregnancy and Sexually Transmitted Infections' (STI's) should be undertaken to allow improved targeted planning of initiatives and follow-up care to meet the needs of young people in 'hotspot' wards.

Recommendation 2. The lack of adequate provision of *dedicated* young peoples' contraceptive, sexual health and maternity provision in Brent needs to be addressed. This will require a review and mapping of access and use of General Practitioner (GP) and community contraceptive and sexual health sessions by young people in Brent. This should lead to more effective planning, increased funding and capacity development in provider services, in order to supply more appropriate provision to young people.

Recommendation 3 The teaching Primary Care Trust (tPCT) and Teenage Pregnancy Board should use this mapping to clarify the current role and investigate the potential for extending of the role of other agencies (both voluntary and statutory) who come into contact with young people, to include the development of limited health roles, educational or information roles, and signposting roles.

Recommendation 3a. An expansion of medical services needs to be considered as part of the overall review of provision. For STI's this can be done simply via the expansion of newer DNA based technologies which can be taken into the community and made available by a wider range of providers. Increased funding should be directed towards these new technologies.

Recommendation 4. The tPCT should request and use shared datasets and information from all adjoining Acute Trusts whose services Brent patients access, to help inform the planning and delivery of Genito Urinary Medicine (GUM) and Contraceptive Services.

Recommendation 5. That projects similar to the tPCT funded initiative 'U can expect' are rolled out across more GP services in Brent, and outside Brent where young Brent residents also access. This should be carried out alongside a wide review and identification of the capacity of GP services to see young people quickly, with a view to strengthening this type of provision across the borough.

Recommendation 6. That as part of the wider review of services (outlined in recommendation 3,) the Patrick Clements clinic and Contraceptive clinics and youth settings explore the possibility of providing Saturday sessions to enable greater access for young people.

Recommendation 7. The tPCT and the Council should work together to develop a joint or universal logo (alongside the service provider's own logo) for services which both agencies support, and who subscribe to a core set of defined values in service provision such as guaranteed confidentiality. This should be part of their joint work towards an awareness raising campaign among young people.

Recommendation 8. Establish clear partnership arrangements and lines of accountability between the tPCT and the Council, to ensure that the sexual health and teenage pregnancy functions are strongly linked, and to enable the effective co-ordination of services between the agencies. This should ensure a stronger links for policies, protocols and operational arrangements between the Council and the tPCT.

Recommendation 9. Establish a joint (tPCT and Council) and comprehensive system of performance management for all services dealing with sexual health and young people, including work undertaken in schools, to allow effective evaluation to take place.

Recommendation 10. That children and young people are enabled to actively participate in the design and evaluation of sexual health and contraceptive services.

Recommendation 11. Map the whereabouts of young people on a typical day and match this information with the mapping of current services to further inform the fit between need and service provision.

Recommendation 12. That mainstream funds allocated to Teenage Pregnancy remain ring fenced for the next 2 years to ensure it receives sufficient priority.

Recommendation 13. That the tPCT and Council work together to develop a program of support for School Governors in promoting the adoption of good practice SRE across schools in Brent where this is needed.

Recommendation 14. The Council and PCT should appoint a dedicated lead for PHSE/SRE to map, review, oversee and expand the delivery of SRE in schools, which must include work with primary schools. This should link in with the Extended Schools agenda, but should also involve the co-ordination and development of voluntary and community sector work in schools and faith schools. This expansion of SRE should include to other youth and community settings as well.

Recommendation 15. Parents and guardians should be involved in the design and delivery of SRE programs.

Recommendation 16. That the tPCT and Council establish a jointly hosted annual forum involving all agencies working with young people and/or sexual health and contraception. This should act as a focal point for education and training and communication issues as well as informing and developing the strategic framework.

Recommendation 17. The Health Overview Panel should receive a regular update on progress with these recommendations from the tPCT and Council on a 6 monthly basis.

4.0 Financial Implications

4.1 Recommendation 12 in the report proposes that Teenage Pregnancy funding is ring-fenced in future years. The council received £140k ring-fenced grant in 2005/06 but the Government has yet to make a decision about the level of funding that will be provided for future years or whether this funding will be ring-fenced. Should Government funding not be ring-fenced, the council will have to decide, as part of its 2006/07 budget process, how much it allocates to fund implementation of its teenage pregnancy strategy, including the recommendations in this report. However, given the increasing under 18 conception rates in Brent we will need to continue to undertake significant preventative work to meet the 2010 target.

4.2 Other recommendations in this report may be categorised as either impacting directly and solely on the services provided by the tPCT or the joint work undertaken by the Council and the tPCT. Most of the recommendations that fall into the category of joint working between the Council and tPCT affect service planning and can be implemented and absorbed within existing resources, assuming these continue in future years. The tPCT would need to comment on the financial implications of those recommendations directly affecting their service provision. In particular, Recommendation 14, which involves creation of a dedicated

post within the tPCT, depends on the tPCT identifying the required funding.

5.0 Legal Implications

- 5.1 The powers given to Local Authority Overview and Scrutiny Committees to scrutinise health services within the authority's area derive from the Local Government Act 2000 and the Local Authority (Overview and Scrutiny Committees Health Scrutiny Function) Regulations 2002.

6.0 Diversity Implications

- 6.1 There are no specific diversity implications arising as a result of this report. The recommendations outlined will assist the Council and the tPCT to provide more tailored services to children and young people to address their specific needs. In particular the introduction of a performance management and monitoring system will assist in the development of a framework for ongoing analysis of who is, and who is not accessing services. This will further help to make sexual health services more responsive to individual needs of children and young people, while their increased participation in service design will help to achieve a better needs led approach.

7.0 Staffing/Accommodation Implications

- 7.1 There are no direct staffing implications arising as a result of this report. The recommendations to appoint a lead post for SRE is under discussion between the Council and the tPCT and is expected to be funded by the tPCT.

Background Papers None

Contact Officers

Karin McDougall.
Policy and Performance Officer.
Brent Town Hall, Forty Lane, Wembley
Middlesex HA9 9HX
Tel 0208 937 1030 (Direct xtn 1157)
Fax 0208 937 1050
Karin.mcdougall@brent.gov.uk

Cllr Mary Farrell (Task group chair)
Cllr.mary.farrell@brent.gov.uk
48 Priory Close, Sudbury, Middx HAO 2SE.

Phil Newby
Director of Policy and Regeneration Unit
Brent Town Hall, Forty Lane, Wembley
Middlesex HA9 9HX. Tel 0208 937 1030, Fax 0208 937 1050