SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 4
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Report of the Executive Director of Public Health

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DRAFT YOUNG PEOPLES SEXUAL HEALTH AND WELLBEING: SUMMARY OF NEEDS AND COMMISSIONING STRATEGY

1. PURPOSE

1.1 This report and the accompanying draft Young People's Sexual Health and Wellbeing: Summary of Needs and Commissioning Strategy provide the Commission with an overview of the issues affecting young people's health and wellbeing in Peterborough and includes the commissioning recommendations made to ensure services that are provided address these issues.

2. RECOMMENDATIONS

2.1 The Commission is asked to: discuss the issues identified and the commissioning recommendations; advise on whether they feel the issues have been appropriately addressed within the commissioning recommendations; and highlight any further issues they wish to be explored.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

3.1 This report links to the SCS priority: Creating opportunities, tackling inequalities

4. BACKGROUND

4.1 **Transfer of Public Health in to Local Authorities**
Due to the transfer of public health into local authorities, Peterborough City Council will be required to commission a range of reproductive and sexual health services from 1st April 2013. Sexual health commissioning responsibilities across NHS organisations and LAs are set out below (adapted from Framework for Sexual Health Improvement).

Figure 2: Sexual health commissioning responsibilities April 2013 onwards

4.2

From April 2013		
Local authorities will commission	**Clinical Commissioning Groups (CCGs) will commission**	**The NHS Commissioning Board will commission**
Comprehensive sexual health Services (CaSH). These include: • contraception, including LESs (implants) and NESs (intra-uterine contraception) and all prescribing costs, but excluding contraception provided as an additional service	Most abortion services (but there will be a further consultation about the best commissioning arrangements in the longer term)	Contraception provided as an additional service under the GP contract

health aspects of psychosexual counselling; and
• any sexual health specialist services, including young people's sexual health and teenage pregnancy services, outreach, HIV prevention and sexual health promotion, services in schools, colleges and pharmacies.

Gynaecology, including any use of contraception for non-contraceptive purposes.	Promotion of opportunistic testing and treatment for STIs, and patient-requested testing by GPs
Cervical screening	Sexual health elements of prison health services Sexual Assault Referral Centres
Specialist fetal medicine services	

There are a number of key drivers which make a review of young people's sexual health and wellbeing services a timely undertaking.

4.3 In March 2013, the Department of Health published *A Framework for Sexual Health Improvement in England*, setting clear priorities and ambitions for local commissioners and providers to work towards. The overarching objectives are set out in Figure 1 (page three of
4.4 Appendix 1.

The Framework sets out 3 specific sexual health indicators within the Public Health Outcomes Framework to drive improvements:

- Under 18 conceptions
4.5 - Chlamydia diagnoses in the 15-24 age group
- Late diagnosis of HIV

Re-tendering of local sexual health services

In the light of the transfer of responsibilities, and in line with contracting regulations, the contracts for core reproductive and sexual health services will be re-tendered by Peterborough
4.6 City Council during 2013/14 providing an ideal opportunity to shape future sexual health services for young people. The raising of the participation age will mean more young people stay on in school or some form of learning until they are 18. Newly tendered sexual health services will need to take this into account to ensure services for young people remain accessible and at times and locations they want.

Government recognition of teenage intimate relationship abuse

As part of the Government's aim to end violence against women and girls the definition of domestic abuse changed in March 2013 to enable young people of 16 and 17 to be recognised
4.7 as victims. This will require a joined up response from commissioners and local partners to meet the anticipated demand for victim and perpetrator services for young people.

Child Sexual Exploitation

Awareness of child sexual exploitation (CSE) has grown due to high profile cases in the national media and the CSEGG Inquiry by the Office of the Children's Commissioner.
4.8 Procedures to identify and safeguard young people at risk of CSE have been established locally and services identified to support the small number of potential CSE victims. However, demand is likely to grow as awareness increases so a more sustainable level of service may be needed. Commissioner and providers must ensure local services are able to identify and respond to child sexual exploitation.

Review of Personal, Social and Health Education

The Department of Education review into Personal, Social and Health education (PSHE) in March 2013 confirmed that schools will continue to decide on the content of their PSHE
4.9 programme. This is important as the relationship between schools and the local authorities is changing. Schools are moving out of local authority control and funding previously administered by the local authority now directly given to schools. We must find new ways to encourage schools to invest sufficiently in SRE and preventative education and support them to

commission high quality and value for money SRE provision.

5. KEY ISSUES

5.1 Appendix 1 includes detailed sections for each of the key issues briefly summarised below.

5.2 The prevalence of STIs is increasing and presents a key challenge for public health. Young people aged 15-24 experience the highest rates of STI diagnoses. Young people are also more likely to become re-infected with STIs (In Peterborough an estimated 6.7% of 16-19 year old women and 3.6% of 16-19 year old men treated for an acute STI by the GUM clinic in 2009 were re-infected within 12 months). Prevention efforts such as greater STI screening coverage and easier access to sexual health services should be sustained with greater focus on at risk groups.

5.3 Chlamydia is the STI typically associated with young people. However rates of other less common STIs are on the increase particularly amongst young heterosexual people and gay and bisexual men. Nationally, rates of infectious syphilis are at their highest since the 1950s. Gonorrhoea is becoming more difficult to treat due to its ability to quickly develop resistance to antibiotic treatment[i].

5.4 Prevention of HIV remains a public health priority for local authorities. Early diagnosis is critical to reduce the spread of HIV in the local population. In 2011 47% of people diagnosed with HIV in the UK were diagnosed late.

5.5 **Who is most at risk?**

- Young people aged 15-24, young women in particular (no condom usage)
- Associated risk factors include deprivation, alcohol use, drug use and sexual violence
- Heterosexual males (compared to gay men)
- Nationally, Black African communities are associated with higher rates of STIs

5.6 Peterborough's historically high rates of teenage pregnancy have fallen recently but remain above national and regional averages. The negative impact on outcomes for both mother and child are well documented including increased rates of infant mortality, post-natal depression and living in poverty.

5.7 **Risky Behaviours and unsafe sexual practices**

Alcohol and drugs

The links between alcohol and risky behaviour are well reported. Also, alcohol and drugs are commonly used during the grooming process of child sexual exploitation (CSE), either as payment or 'gifts'. Professionals reported the use of cocaine as a 'love drug' to make young people more receptive to sexual activity.

5.8 **Contraception**

Contraception is vital to prevent pregnancy and transmission of STIs. In recent years, the investment has been made in promoting long acting reversible methods of contraception (LARC) to young people and making it more accessible.

5.9 **Sexual violence**

Sexual violence encompasses a range of sexual offences against children and young people in a variety of contexts including:-

- sexual abuse at the hands of family members or other trusted adults
- highly publicised 'stranger' child abductions
- sexual violence/exploitation following internet/social media grooming
- sexual bullying and sexual violence perpetrated by peers, gangs and in teenage intimate relationships

5.10 **Teenage intimate relationship abuse (TIRA)**

Teenage intimate relationship abuse refer s to the domestic abuse that occurs between young people in (or previously in) intimate relationships. In line with the national definition of domestic

abuse TIRA includes controlling, coercive or threatening behaviour, violence or abuse which may be psychological, physical, sexual, financial or emotional. It includes 'honour' based violence, forced marriage and female genital mutilation. Domestic abuse between young people in intimate relationships is a growing child welfare issue.

5.11 **Child sexual exploitation (CSE)**

Child sexual exploitation occurs when children and young people engage in sexual activity often in return for gifts (money, alcohol, drugs, mobile phones etc) or 'affection'. The child/young person may consent but in reality has little choice. Violence, coercion and intimidation are commonplace, as are exploitative relationships in which the adult has significant power over the child/young person. CSE is a form of abuse. National research suggests that young people involved in CSE have significant physical and emotional health needs too.

5.12 **Sexually harmful or inappropriate behaviours**

Some children and young people display inappropriate or harmful sexual behaviours towards their peers or others in society. In many cases developmental issues, learning disabilities or a lack of appropriate parenting contribute to inappropriate sexual behaviours. Early intervention can support these children and their families in changing their behaviour. However nearly half of adult sex offenders show the onset of sexual deviance in puberty and begin offending in adolescence. Specialist interventions are needed to manage this very small number of children and young people to prevent them becoming adult perpetrators in the future.

6. IMPLICATIONS

6.1 The recommendations included within Appendix 1 are based on a series of ambitions describing the proposed future service landscape (page 27). Commissioning recommendations are listed at pages 30 – 32. These recommendations will be used to inform the procurement exercise due to start in September 2013.

7. CONSULTATION

7.1 A SWOT analysis was undertaken as part of this review and the findings are described in Appendix 1 (Page 18 – 24). A group of stakeholders and partners was involved in the work. Young people were consulted via a range of groups and settings. The findings are described in Appendix 1 (pages 25-26).

7.2 The draft needs assessment and commissioning strategy has been considered by the children and Families Commissioning and Delivery Board.

8. NEXT STEPS

8.1 The Commissioning Strategy will be finalised and shared with partner commissioning and provider organisations. It will be used in order to inform the procurement of reproductive and sexual health services.

9. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

9.1 See the list of references in Appendix 1 of the draft Young People's Sexual Health and Wellbeing: Summary of Needs and Commissioning Strategy

10. APPENDICES

10.1 Appendix 1 - draft Young People's Sexual Health and Wellbeing Summary of Needs and Commissioning Strategy.