



## **Education & Children Services scrutiny committee - 4<sup>th</sup> Oct 2016**

### **Report Title: Young people's sexual health services in Southwark**

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#### **1.0 Purpose of report:**

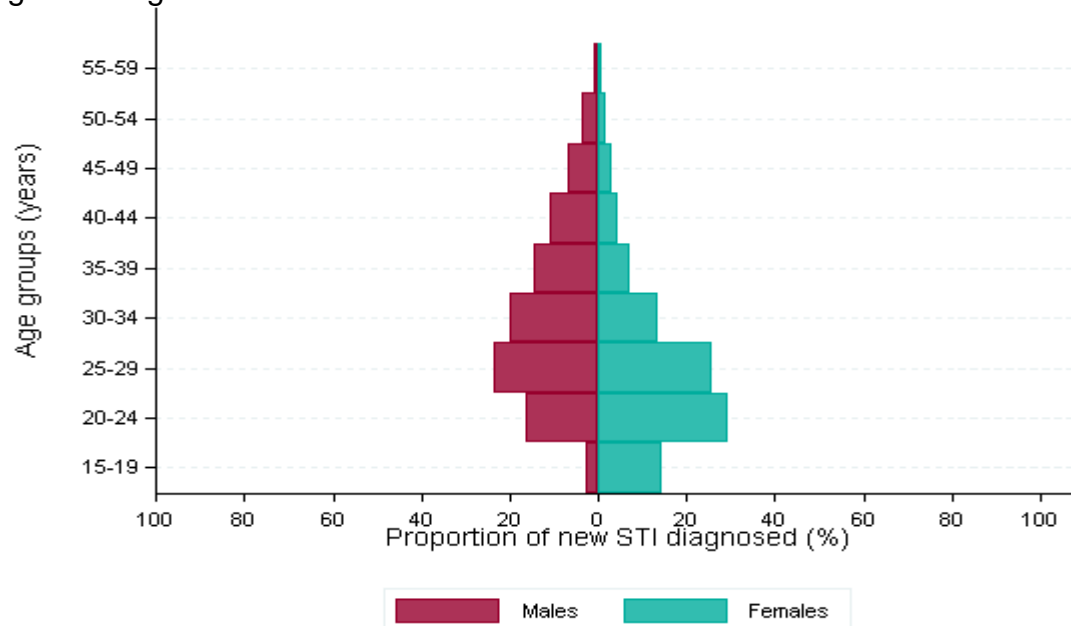
- To share with the committee information on the level of need and sexual health inequalities in young people in Southwark
- To inform the committee of the currently commissioned sexual health services for young people in Southwark
- To share with the committee public health recommendations for young people's sexual health services and seek feedback on those recommendations.

#### **2.0 Inequalities and sexual health in young people in Southwark**

##### **2.1 Young People and rates of Sexually Transmitted Infections**

Nationally, young people have a high burden of poor sexual health with diagnoses of sexually transmitted infections (STIs) highest in the 15-24 age group. Young people in deprived wards and from black African and black Caribbean groups are particularly at risk. In Southwark, 26% of diagnoses of new STIs made in GUM clinics were in young people aged 15-24 years.

Figure 1: Age and sex distribution of new STIs in Southwark.



Source: Data from Genitourinary Medicine Clinics  
 \*Please note that to prevent deductive disclosure the number of STI diagnoses has been rounded up to the nearest 5

The most common STI amongst young people is chlamydia. Chlamydia is usually asymptomatic and thus it is recommended that all sexually active 15-24 year olds are screened annually and on change of partner. A high detection rate reflects success at identifying infections that, if left untreated, may lead to serious reproductive health consequences. Public Health England recommends that to decrease the prevalence of chlamydia infection, boroughs should aim to detect at least 2,300 infections per 100,000 resident 15-24 year olds. Southwark has consistently performed well with chlamydia screening.

Table 1: Chlamydia testing and performance

Chlamydia tests performed (Sexual health clinics and primary care)	Positive results	% of 15-24 year olds tested	Detection rate per 100,000 15-24 year olds	Rank within London for detection (1 best)
16673	1455	39.7%	3462.7	5

Young people are also more likely to become re-infected with STIs, because they lack the skills and confidence to negotiate safer sex. In Southwark, an estimated 13.4% of 15-19 year old women and 14.8% of 15-19 year old men presenting with a new STI at a GUM clinic during the five year period from 2010 to 2014 became re-infected with an STI within twelve months.

## 2.2 Use of sexual health services

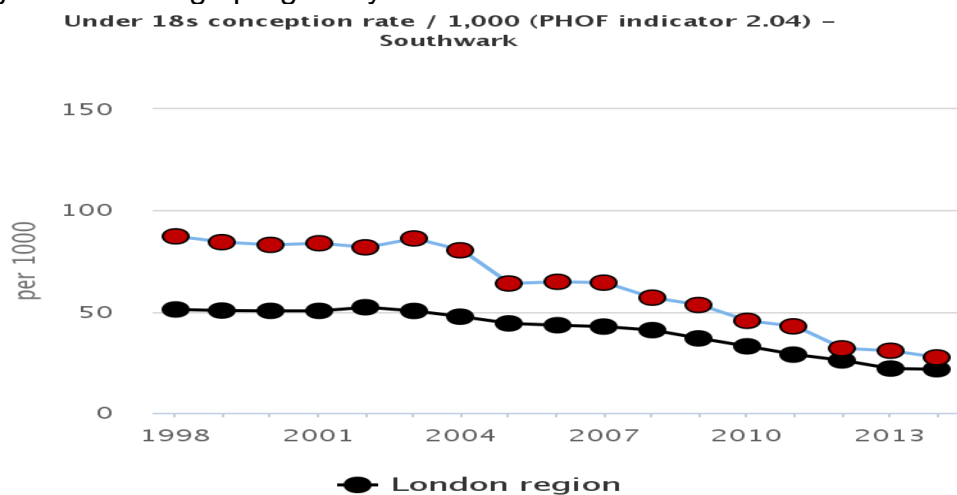
Table 2: Attendances at Southwark clinics by under 25s between 01/04/2015 to 31/03/2016

Age	1 <sup>st</sup> Attendances	STI screen
Under 15	50	21
15	173	93
16-19	3330	2138
20-24	11963	8427

Overall people aged 24 and under represented 29% of all attendances and 28.4% of STI screens.

## 2.3 Reproductive health

Figure 2: Teenage pregnancy



Southwark has had the third largest decline in London in teenage conceptions since 1998, although the rates of 27.4 conceptions per 15-17 year olds remains slightly higher than the London rate.

## 2.4 Abortions

National data shows that pregnancies among 16 to 19 year olds accounted for 7.5% of the total number of pregnancies, but 21.2% of the total number that were unplanned although the highest numbers of unplanned pregnancies overall occur in the 20 to 34 year age group.

Southwark has an overall high abortion and repeat abortion rate but a lower rate than London in repeat abortions amongst women under 25 – the third lowest in London. This reflects good access and contraceptive care pathways for women under 25 at first abortion. Southwark also performs well in the proportion of abortions carried out under 10 weeks, 85.8% compared to London rate of 83.6%.

### **3.0 Current commissioned services for young people in Southwark**

- 3.1 Brook clinic – The Brook clinic on Amelia Street in Elephant and Castle sees young people up to age 25. The clinic is a level 2 sexual health clinic and offers advice and information, access to the Come Correct condom card scheme, contraception (including all methods of long acting reversible contraceptives), risk assessment (including for child sexual exploitation), STI testing and treatment of symptomatic but uncomplicated infections and referrals to other services.

WUSH (Wise up to sexual health) – The WUSH team is an outreach component of the Guy's and St Thomas's sexual and reproductive health (SRH) service. The WUSH Team undertakes outreach to individual vulnerable young people who are not engaging with open access SRH services and are at elevated risk of experiencing poor sexual health outcomes, e.g., looked after children.

Come Correct condom card scheme – The c-card scheme is delivered by Brook and is available for young people up to age 25. Young people register and receive an Oyster-style card which allows them to obtain free condoms from any youth or health outlet in London displaying the Come Correct logo. The c-card service also builds the capacity and capability for wider organisations to deliver and achieve improved outcomes for young people's sexual health and wellbeing by training c-card delivery staff, providing ongoing support to these staff and delivering an extensive wider youth workforce development programme.

Rise Partnership sexual health promotion – The Rise Partnership delivers a range of one to one and group-based sexual health promotion and HIV prevention interventions to groups that bear the greatest burden of sexual ill health: black African and Caribbean residents and men who have sex with men (MSM) with certain vulnerabilities, namely around chemsex. While the programme focuses on adults, they also engage with some young people in their early 20s, particularly young MSM, through peer-led groups for BME MSM. Regular groups for Southwark MSM include Portugays (for Portuguese-speaking MSM), Tongues (for black MSM) and Grupo Amigos (for Latin American MSM).

GUM and community SRH services – Under-25s also access local GUM and community SRH clinics for their sexual and reproductive healthcare. These include Burrell Street, Walworth Road Clinic, Artesian Health Centre and Lloyd Clinic (at Guy's Hospital).

SRE in Southwark schools – Schools are supported to achieve Healthy Schools London (HSL) status. To achieve this, Southwark has run three sex and relationships education (SRE) training sessions (over 40 teachers across 33 different schools), two Drugs, Alcohol and Tobacco training sessions (across 15 schools), three subject networks, SRE staff inset training to seven schools plus parental workshops, governor training and a

new personal, social, health and economic (PSHE) education & wellbeing curriculum framework as well as a school offer including CPD & commissioned services. Additionally, voluntary sector organisations contribute to SRE in Southwark schools. Esteem supports 14 secondary schools in delivering SRE. Bede Youth runs a programme in 3 secondary schools that promotes healthy relationships. The Metro Centre has supported LGBTQ Day at Walworth Academy.

### 3.2. Activity in Brook clinic, Come Correct c-card scheme and WUSH, 2014/15 and 2015/16

#### Brook Southwark clinic attendances and outcomes

<b>Q1 2014/15</b>	<b>Q1 2015/16</b>	<b>% Change</b>	<b>LARC Treatment</b>	<b>Chlamydia Diagnoses</b>
1105	981	-11.2%	109	61
<b>Q2 2014/15</b>	<b>Q2 2015/16</b>	<b>% Change</b>	<b>LARC Treatment</b>	<b>Chlamydia Diagnoses</b>
994	1042	5%	100	60
<b>Q3 2014/15</b>	<b>Q3 2015/16</b>	<b>% Change</b>	<b>LARC Treatment</b>	<b>Chlamydia Diagnoses</b>
1269	1215	-4%	92	72
<b>Q4 2014/15</b>	<b>Q4 2015/16</b>	<b>% Change</b>	<b>LARC Treatment</b>	<b>Chlamydia Diagnoses</b>
1346	1339	-1%	92	72

#### Come Correct condom card scheme\*

(\*Southwark did not commission the Come Correct scheme until Q3 2015/16)

<b>Registrations</b>			<b>Repeat Visits</b>			<b>Condoms</b>		
<b>Q3 14/15</b>	<b>Q3 15/16</b>	<b>% Change</b>	<b>Q3 14/15</b>	<b>Q3 15/16</b>	<b>% Change</b>	<b>Q3 14/15</b>	<b>Q3 15/16</b>	<b>% Change</b>
.	105	.	.	42	.	.	1635	.
<b>Q4 14/15</b>	<b>Q4 15/16</b>	<b>% Change</b>	<b>Q4 14/15</b>	<b>Q4 15/16</b>	<b>% Change</b>	<b>Q4 14/15</b>	<b>Q4 15/16</b>	<b>% Change</b>
.	188	.	.	59	.	.	2487	.

## WUSH service to Southwark clients: Individual clients\*

(\*WUSH had major staffing issues in 2015/16 which impacted on the number of clients they could see. They were allowed to stop their SRE work to focus on particularly vulnerable young people.)

Q1 14/15	Q1 15/16	% chg	Q2 14/15	Q2 15/16	% chng	Q3 14/15	Q3 15/16	% chng	Q4 14/15	Q4/ 15/16	% chng
41	19	-54%	58	16	-72%	18	15	-16%	22	13	-41%

### 4.0 Young people and health: key principles when developing new services

4.1 Because young people represent a heterogeneous group, with different preferences on how they would like to engage with health services, several options should be developed to best serve their needs. These options should be complementary, providing choice for young people.

- Young people at the centre
  - Co-production
  - Assets of young people, including arts etc.
- Importance of relationships
  - Friends, family, trusted adult
- Young people friendly services
  - Locally developed
- Young people's pathway
  - 'No Wrong Door'
  - Co-ordinated services
  - Support transition(s)
- Workforce training
  - 'Use of Teen Health Check'
- Co-location of some services
  - Primary care, CAMHS
  - Proportionate universalism
- Health promotion/prevention/early intervention
  - E.g.. use of youth workers and peers
- Reducing health inequalities
- Communication/social media/health literacy
- Avoid duplication by different services

### 4.2 Building capacity with a potential new service model

The YP workforce should signpost and support access to a range of services already available in the community and work with partners to develop services including services communities can provide for themselves.

The following should be in all/most service contracts dealing with YP:

- Meeting 'You're Welcome' standards/young people friendly
- Undertaking a holistic teen health check (or variant)

- Staff trained in having ‘the difficult conversations’ about sex, drugs etc. to develop trusting relationships
- Development of young people’s health pathway with clear referral pathways between services – no wrong door
- Health information/advice to support above for YP and workforce
- Monitoring data
- Above should hopefully build capacity to deal with YP health
- CYPHP helping with some (not all) of the above over next 4 years

#### 4.3 Outcomes for a potential new service model

- More local young people have access to youth-friendly services
- Vulnerable young people have access to a more holistic service, that meets their physical, mental health and social needs
- More health (eg. GPs) and non-health professionals (eg. youth workers) are trained to manage adolescent health concerns, including mental health problems
- More young people have a positive experience of care, including youth-friendly services and transition
- Reduction in unhealthy behaviours (e.g. unsafe sex, smoking, drug and alcohol consumption, violence, unhealthy diets and lack of physical exercise)
- Improved self-esteem, resilience and emotional wellbeing