Leeds CITY COUNCIL

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Report of the Director of Children's Services

Executive Board

Date: 22nd July 2009

Subject: Response to the Scrutiny Board (Health) Inquiry into improving sexual health among young people

Electoral Wards Affected:	**Specific Implications For:**	
	Equality and Diversity	
	Community Cohesion	
	Narrowing the Gap	X

Eligible for Call In [X] Not Eligible for Call In (Details contained in the report) [ ]

EXECUTIVE SUMMARY

1. This report provides the Executive Board with the details of the recommendations from the recent Scrutiny Board (Health) inquiry into improving sexual health among young people and how the relevant agencies propose to respond to these recommendations. The report asks the board to approve the proposed response.

RECOMMENDATIONS

2. Executive Board are recommended to:

Approve the proposed responses to the Scrutiny Board (Health) recommendations.

1.1 Purpose Of This Report

This report provides the Executive Board with the details of the recommendations from the recent Scrutiny Board (Health) inquiry into improving sexual health among young people and how the relevant agencies propose to respond to these recommendations. The report asks the board to approve the proposed response

2.0 Background

2.1 In late 2008 and early 2009 the Scrutiny Board (Health) conducted an inquiry into improving sexual health among young people. The report is attached at appendix 1. The Inquiry followed concerns about the high and rising rates of teenage conceptions by focusing on access to contraception and sexual health services by young people and the quality and consistency of sex and relationship education in schools.

2.2 The report makes nine recommendations for action. Work has been done on behalf of the Director of Children's Services with the relevant agencies to consider the recommendations. These agencies include: Education Leeds, the NHS (specifically public health, children's commissioning and provider services), Children and Young People's Social Care and the Teenage Pregnancy and Parenting Partnership Board (which includes the third sector). In view of this work, the Director of Children's Services has accepted all nine recommendations and actions are underway or planned to address them.

3.0 Main Issues

3.1 Each of the Scrutiny Board's (Health) nine recommendations are listed below, along with a response on behalf of the Director of Children's Services, which has been developed with the relevant agencies concerned.

3.2 <u>Recommendation One:</u>

That NHS Leeds works with their partners to continue to develop the sexual health services on offer to young people, with a focus on:

- *Making these services more accessible, both geographically and through appropriate opening hours.*
- *Making use of walk-in centres as a means of enabling young people to access sexual health services.*
- *Better coordination of services in order to target those parts of the city where the need is greatest.*
- *Advertising the availability of services more widely, with some advertising targeted specifically at adults.*

Response
Agreement with the issues outlined in recommendation one.

The Health Needs Assessment report from December 2008 mapped sexual health service provision. A task group accountable to the Teenage Pregnancy and Parenting Board is developing recommendations for the future of sexual health services for

young people ensuring the co-ordination of service delivery in areas and settings to reach young people. Immediate service developments include:

- Neighbourhoods within the six priority wards are being prioritised for new locations offering condoms, pregnancy testing and Chlamydia testing.
- The contraception and sexual health service is developing new outreach contraception clinics in each of the six priority wards with opening times that are appropriate for young people.
- The contraception and sexual health service has been commissioned to provide sexual health services in alternative settings, including Further Education.
- A further 13 pharmacies are being recruited and trained in July 2009 to provide the Enhanced Sexual Health Service offering Emergency Hormonal Contraception with evening and weekend access.
- A "Service Information and Dissemination Strategy" has been developed which specifies methods of promoting contraception and sexual health services with young people and those who work with young people.
- Leedssexualhealth.com is targeted at young people and over 25's. There will be further advertising on billboards, bus stops and within services across the city.
- Additional sexual health funding is being used to invest in GP practices in the six priority wards in order to increase access to the provision of long acting reversible contraception and to increase sexual health service provision for the most vulnerable groups, including additional capacity for the looked after children's health team.

3.3 Recommendation Two:

(a) That NHS Leeds and Leeds City Council work together to establish a local data set as soon as possible, and that this information is regularly made available to everyone who has a role to play in tackling teenage conception.

(b) That full use is made of this data to measure the effectiveness of schemes and to target resources.

Response

Agreement with the issues outlined in recommendation two.

- An Information Sharing Agreement is in place between all relevant partners. Work has commenced on establishing a local data set, identifying data leads within each agency and agreeing timescales to regularly ensure the data is shared and made widely available.
- Partners are using the nationally recommended local dataset and ensuring all service level agreements have identified data to collect with associated performance measures to ensure the effectiveness of schemes in place.
- The Leeds local data set is being used to identify local teenage conception hotspots and trends to target existing resources.
- NHS Leeds is providing public health information to support service planning.

3.4 Recommendation Three:

That Education Leeds and Children's Services continue to support and coordinate initiatives to raise standards in SRE in all schools across Leeds.

Response
Agreement with the issues outlined in recommendation three. It is worth noting that a key barrier has been that this work has not been a major priority for some key schools and dedicated SRE support is largely unfunded and is putting Leeds Healthy Schools finances under pressure. In 2010, PSHE will become statutory element of the curriculum but we should not rely on this to produce universal high quality provision as Ofsted enforcement may be weak. Therefore we need robust promotion and formal agreement on effective delivery models through all partnership routes.

- The Sex and Relationship Education (SRE) support strategy will continue to be developed to provide a comprehensive and resourced PSHE/SRE strategy**.**
- Support for schools is prioritised using information on teenage pregnancy rates and related factors.
- The PSHE accreditation programme is established but places limited due to national guidance and funding.
- A multi agency training team for secondary support has been established. This model can be drawn upon to provide cross workforce training. (link to Rec. 7)
- Links with primary Social and Emotional Aspects of Learning (SEAL) are established.
- SRE self review tools are available for schools and other settings.
- A PSHE network is in place and links with PSHE curriculum leads have been established.
- An "infrastructure review" model has been established to review the integration of and support for PSHE in whole school structures. School Improvement Advisers and partners are supporting the use of this tool.
- Guidance on effective practice has been established and is being disseminated. (see also Rec.4)
- There are now two advisory teachers in place to deliver the work cited above and to provide dedicated support to SRE.

3.5 Recommendation Four:

That continued targeted support is provided to those schools in 'hotspot' wards, particularly in terms of:

- *Developing innovative methods of delivering SRE to young people*
- *Encouraging staff and governors to be at the centre of such initiatives, through improved training and communication.*

and that efforts are also made to meet the needs of vulnerable young people across the city.

Response
Agreement with the issues outlined in recommendation four.

- Schools serving hotspot wards have been prioritised although there needs to be a balance against the needs of non-hotspot areas which also experience teenage pregnancy and sexual health issues.
- Advice and guidance is available to schools on the development and use of innovative and high impact methods for delivery of SRE to young people. It is essential that these methods are part of a continuing progressive curriculum.
- Elected member /governor workshops are being planned in liaison with Governor Services. A checklist is being developed to enable members/governors to review and challenge provision.

- There is representation of the Teenage Pregnancy & Parenting Board on the Multi Agency Looked After Children Partnership (MALAP) in order to embed the needs of this vulnerable group within the teenage pregnancy programme.
- See also response to recommendation 6.

3.6 Recommendation Five:

That Leeds City Council and Education Leeds work together to provide support to parents, particularly in 'hotspot' wards, to enable them to communicate effectively with their children about the range of issues surrounding sexual health and teenage conception.

Response
Agreement with the issues outlined in recommendation five.

- There are number of programmes which are working with parents to support them with communicating with their children. These need more strategic co-ordination to ensure consistency and appropriate geographical coverage.
- Work has progressed in hotspot wards with targeted 'Speakeasy' courses in Inner East and Inner South, to engage parents and increase their confidence and skills when talking to their children on all subjects including sex and relationships, and to empower them to begin a dialogue with their child's school. Recruitment to 'Speakeasy' training can take place through schools, extended services and children's centres, however there is a current shortage of 'Speakeasy' trainers due to cost.
- The two Risk and Resilience Projects in Inner South and Inner North East bring together multi agency teams to ensure a wide spread of contact and engagement with parents in these areas.

3.7 Recommendation Six:

That Leeds City Council and Education Leeds continue to support young people-led activity which is focused on improving sexual health, and that this work is targeted on those young people who are otherwise 'hard-to-reach'.

Response
Agreement with the issues outlined in recommendation six.

- There are a variety of initiatives which are young people-led across the city by different agencies; there is a need for strategic and central co-ordination of this work. Examples of these initiatives are:
  - YSHAG
  - Peer Ambassadors at Thomas Danby College who encourage and educate other students to access college support services including sexual health services
  - 'Want Respect and Use a Condom' national scheme is being utilised in FE Colleges to raise awareness and confidence of students to use support services
- The "14 to19" agenda is now represented on the Teenage Pregnancy and Parenthood Board SRE task and finish group and will become embedded into the strategy. The ambition is that the most vulnerable students being educated in or away from their home schools will access a customised SRE entitlement with the Pupil Referral Units prioritised within SRE and Healthy Schools work. This is

essential as 80% of school age fathers are not attending mainstream school sites when they become fathers.

3.8 Recommendation Seven:

That all the agencies in Leeds working with young people collaborate to offer a consistent message on sex and relationships, and promote healthy behaviour, and that this partnership working is centrally coordinated to form a coherent strategy.

Response
Agreement with the issues outlined in recommendation seven.

Whilst many agencies are working towards a consistent message and multi agency training there is a need for a more centrally co-ordinated strategy. Examples of this are:

- The Healthy Young Peoples Service (HYPS) in schools is a multi agency service operation under common guidelines across the services;
- Education Leeds are undertaking joint reviews looking at strengths and weaknesses of schools and to develop an action plan to improve consistency of delivery
- Education Leeds provide a model pack of lesson plans and resources, with accompanying training, for PSHE in High Schools
- There is a multi agency training team able to offer training for professionals and capacity building for High Schools
- Joint training on sexual health and young people for workers in this field

3.9 Recommendation Eight:

(a) That a coordinated effort is made by Education Leeds, Children's Services, NHS Leeds and other service providers to increase the involvement of elected members in tackling sexual health issues among young people, both in terms of involving members in decision making and making use of their unique role within the community.
(b) That elected members themselves are encouraged to learn more about the complex issues surrounding sexual health and teenage conception through the Member Development process.

Response
Agreement with the issues outlined in recommendation eight.

Member awareness seminars have been established to address the issues raised in this recommendation, including one with YSHAG on young people's views and recommendations and another focusing on what is good quality SRE. In addition, elected members opened Inner South and Inner East Teenage Pregnancy Events and the Lead Member for Children's Services attended both. East and South Area committees are closely involved with the locality work.

3.10 Recommendation Nine:

That, with the appropriate consideration of working collaboratively, the issue of sexual health among young people be considered by the Health, Children's Services and Environment and Neighbourhoods Scrutiny Board's in the next municipal year when setting their work programmes, particularly in terms of the links with:

- *Alcohol*
- *Drugs*
- *Deprivation*
- *Attendance and*
- *Self-esteem.*

Response
Agreement with the issues outlined in recommendation nine. Any co-operation and support Members require to implement this will be readily available.

4.0 Implications For Council Policy And Governance

None identified.

5.0 Legal And Resource Implications

None identified.

6.0 Conclusions

6.1 The Scrutiny Board's (Health) Inquiry into Improving the Sexual Health of Young People has identified important issues for taking this work forward. The monitoring of recommendations by the Scrutiny Board (Health) will ensure progress is effective.

7.0 Recommendations

7.1 Executive Board are recommended to :

Approve the proposed responses to the Scrutiny Board's (Health) recommendations.

8.0 Background papers

There are no specific background papers to this report.

Leeds CITY COUNCIL

Improving Sexual Health among Young People

Scrutiny Inquiry Report

Introduction and Scope

Introduction

1. The issue of Sexual Health among young people has been high on the political agenda for some time both locally and nationally.

2. In particular, Teenage Pregnancy has made headlines in recent years, as local authorities across England have struggled to make progress against the government target to reduce teenage conception by 50% by 2010 (against the 1998 national baseline of 46.6 conceptions per 1000 15-17 year old girls).

3. Leeds has been no exception to this trend, with the latest figures showing that the city has only reduced rates by 4.6% against the local baseline, despite a local target to reduce teenage conception by 55% by 2010. In terms of numbers, this means that the 1998 rate of 50.4 conceptions per 1000 15-17 year olds had only been reduced to 48.1 per 1000 by 2007.

4. In addition, 'Rates of Chlamydia Screening', and 'Access to Genitourinary Medicine (GUM) Services' remain important national indicators for both Leeds City Council and the NHS, despite significant recent improvements in both areas.

5. That these areas are seen as important priorities in Leeds is, in part, demonstrated by their inclusion as an improvement priority in the Local Area Agreement, through the target to "Reduce Teenage Conception and Improve Sexual Health". The issue of Teenage Conception was also highlighted as an area of concern in the 2008 Corporate Area Assessment.

6. As a result, when considering our work programme for 2008/09, we were keen to undertake a piece of work which would allow us to explore the variety of factors which impact upon sexual health among young people and to examine the effectiveness of current strategies.

7. We were aware that these issues had been considered by Scrutiny before. In May 2005 the Scrutiny Board (Health) published a report into Sexual Health in Leeds, and in April 2008 the Scrutiny Board (Health and Adult Social Care) published a statement on Teenage Pregnancy which was the result of a one off 'task and finish' working group.

8. However, we felt that the time was right for a further exploration of these areas, both to revisit some of the concerns highlighted in 2005, and to expand upon the initial conclusions of the 2008 statement.

Scope

9. The initial aim of the inquiry was to make an assessment of, and where appropriate make recommendations on the following areas:
   - an investigation of the links between teenage pregnancy and low aspiration;

Introduction and Scope

- consistency of Sex and Relationship Education (SRE) for both males and females in primary and secondary schools, and other education settings;
- consistency of SRE in non-educational settings;
- the availability of access to contraception/family planning for young males and females in the city , outside standard school/working days, and in on-site education and training settings, including further education;
- the rise in conception rates in under 15s.

10. The development of this scope was influenced by the conclusions of the 2008 Health and Adult Social Care Scrutiny Board Statement on Teenage Conception, which had concluded that, while there were excellent services in Leeds to support teenage parents, there was still much work to be done around reducing teenage conceptions and improving sexual health services.

11. Our investigations were also influenced by the report of the Teenage Pregnancy National Support Team (TPNST) who visited Leeds in Autumn 2007. The TPNST travel the country visiting local authorities who are particularly struggling to meet the reduction in teenage conceptions target.

12. The TPNST listed some of Leeds' main strengths as being:
    - Renewed Strategic Commitment
    - Strong commitment and enthusiasm from the Local Teenage Pregnancy Co-ordinator and operational staff
    - Examples of good practice
    - Strong voluntary sector
    - Good involvement of young people.

13. However, a number of areas for improvement were also highlighted, including:
    - Strategy
    - Local data set
    - Communications
    - Implementation (including improved access to sexual health services; a coherent vision for SRE within and outside schools; and consistent messages for young people from all professionals on raising aspirations).

14. During our inquiry we examined progress against all of these priorities. We were particularly struck by the continued need for better coordination and communication between services, and many of our recommendations are focused on this area. We hope that in responding to our recommendations, the range of services involved will work together to provide a single response, and a more coordinated approach for the future.

Conclusions and Recommendations

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Access to sexual health services

15. To summarise the problems facing Leeds in terms of sexual health among young people, it is perhaps best to let the statistics speak for themselves.

16. As mentioned above, Leeds has succeeded in reducing teenage conception rates by just 4.6% against the 1998 baseline, despite a target of a 55% reduction by 2010. This equates to 48.1 conceptions per 1000 15-17 year olds, compared with 41.7 per 1000 for England as a whole.

17. Within the city there are also extreme variations between different wards, with the six areas displaying particularly high rates being known as 'hotspots'. These hotspot wards are:

    - Burmantofts
    - Richmond Hill
    - Seacroft
    - City and Holbeck
    - Hunslet
    - Middleton

    According to the last available figures, four of these wards have teenage conception rates in excess of 90 conceptions per 1000 15-17 year olds – almost double the average across the city.

18. In terms of sexually transmitted infections (STIs), Leeds has made some progress in reducing overall rates during the past couple of years. However, the total number of cases of Chlamydia infection treated at the LGI in 2007 (the last year for which figures are available) was still 525% of that in 1995. HIV figures are even more shocking, with the 2007 total for cases of HIV infection with symptoms, as treated at the LGI, standing at 542, compared with just 5 in 1995. It should be remembered that these increases may in part be influenced by improved screening, in particular routine antenatal HIV screening, and also by other factors such as an increase in asylum seekers coming to Leeds from high risk countries. However, the numbers of people affected by these diseases are clearly still high.

19. One of our initial concerns was that these high rates of teenage conceptions, and STIs may be caused by poor access to the necessary health services.

20. We examined the services on offer for young people in the city and found a complex picture, with a wide variety of services on offer. To summarise, a young person needing advice or assistance would have the following options:

    - Attend a CASH (Contraception and Sexual Health) Clinic, at one of 7 different locations
    - Obtain free condoms and advice from a C-Card site (of which there are 223 in the city)
    - Visit a local pharmacy

Conclusions and Recommendations

- Attend a C-swap site, which coordinates the results of Chlamydia testing
- Visit a 'Young People Friendly Practice'
- Attend the GUM (Genito-Urinary Medicine) clinic at the LGI
- Visit their usual GP
- Access a 'Healthy Young People Service' (available in six schools across the city)
- Receive advice via the youth service bus

21. Whilst we were pleased to see that there was such a broad range of services on offer, we did have a number of concerns about their accessibility to young people.

22. Firstly, the CASH clinics, which appeared to be the most obvious choice (after their GP) for young people seeking access to services such as emergency contraception, did not all appear to be available at times and in locations which would be accessible to young people.

23. While there was an evening clinic available at at least one location on Monday to Thursday, no sites were open beyond 7pm on any day of the week, and there was no late service on a Friday or a Saturday, with nothing available at all on a Sunday.

24. We felt that these opening times would in particular create a barrier for young people seeking emergency contraception, the demand for which is presumably greatest from Friday evenings and over weekends, through to Monday morning. At present young people wishing to access this service via a CASH clinic would have to either travel into the city centre, or wait until Monday, by which time it may already be too late.

25. Clearly CASH clinics are not the only option available to young people seeking emergency contraception. However, the GUM clinic has similar limited opening hours with no facility available at all over the weekend. When we raised this issue with staff from NHS Leeds we were informed that a young person needing emergency contraception over the weekend would need to go to a pharmacy, and that the locations of those open on Saturdays and Sundays could be found by calling NHS Direct. We felt that this process would be difficult enough for an adult to negotiate, never mind an anxious teenager without the transport or financial resources to travel to a pharmacy on the other side of the city.

26. We thought that potentially more could be done to make these services accessible to young people at different times, perhaps by making better use of walk-in centres.

27. The location of the services was also seen as problematic. The CASH clinics are located at seven different sites, as follows:

    - Beeston Village Medical Centre

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- Chapeltown Health Centre
- Burmantofts Health Centre
- Armley Moor Health Centre
- Woodsley Health Centre
- East Leeds Health Centre
- Citywise (on Eastgate in the City Centre)

Most of these are in the inner city, and we felt that access could prove difficult for anyone living further out, particularly for young people without easy access to transport.

28. Similarly, the GUM clinic is located in the City Centre (at the Leeds General Infirmary), and the 'Young People Friendly Practices' are concentrated in North and West Leeds, with only one participating practice in the south of the city.

29. As well as being unevenly distributed across the city, we were concerned to see that the location of the clinics did not seem to reflect the teenage pregnancy hotspot wards. In particular, Seacroft, which has one of the highest rates in the city, seemed to be quite badly served, with the nearest CASH clinic some distance away on Osmondthorpe Lane. South Leeds also has notably less provision than other areas, despite above average rates of teenage conception in Beeston, City and Holbeck, Hunslet and Middleton wards.

30. Clearly there are other services on offer in addition to the CASH clinics and the Young People Friendly Practices. However, we felt that the lack of such facilities in these hotspot areas was potentially very damaging and, in part, may contribute to certain areas remaining 'hotspots'.

31. On a final point, many of us had been unaware of the existence of the majority of these services until we heard about them during the course of this inquiry. We questioned the way in which such services are promoted, and discovered that much of the advertising is specifically targeted at young people, through schools and youth groups. While we recognised that promotion of services for young people ought to be primarily targeted directly at those young people, we felt that adults should also be made aware of them, particularly as many young people are likely to turn to a trusted adult for advice and support.

RECOMMENDATION 1

That NHS Leeds work with their partners to continue to develop the sexual health services on offer to young people, with a focus on:

- **making these services more accessible, both geographically and through appropriate opening hours;**
- **making use of walk-in centres as a means of enabling young people to access sexual health services;**
- **better coordination of services in order to target those parts of the city where the need is greatest;**
- **advertising the availability of services more widely, with some advertising targeted specifically at adults**

Conclusions and Recommendations

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Provision of data

32. In order to effectively address the issue of sexual health among young people it is essential that service providers and policy makers have access to high quality and up–to-date data, so that the scale of the problem can be assessed, and resources accurately targeted.

33. However, the data available on teenage pregnancy – and in particular the timeliness of this data – has long been recognised as a particular problem. The figures on teenage conceptions are generally published 14 months after the event, so that at the time of writing this report, the most recent statistics available for Leeds related to 2007.

34. Ward level data is often subject to even longer delays, and the latest available figures broken down to ward level for Leeds are for the period 2004/2006. In addition to this data being three years out of date, the information is rendered even less useful by the fact that it is still presented according to the old pre-2004 ward boundaries.

35. The delay in publishing data was picked up as part of the 2005 Scrutiny Board (Health) inquiry into sexual health in Leeds, and at the time the chair of the board wrote to the Secretary of State for Health asking that the issue be addressed.

36. We were therefore disappointed to discover that the same problems are still evident some four years on. It is hard to believe that the availability of accurate and meaningful data is not in itself contributing to the slow rate of improvement in this area.

37. In some respects there are limitations on the data available for teenage conceptions due to the nature of the information itself. Many pregnancies do not come to the attention of the health services until some time after conception, or even until the moment of birth. In addition, data on abortion is extremely sensitive, and difficult to collect due to the fact that many young women choose to travel outside of their home area to terminate their pregnancy. Finally, the sensitive nature of the subject matter means that every care has to be taken to ensure that individuals cannot be identified, which is often difficult, particularly in areas where teenage conception rates are relatively low.

38. Added to these difficulties is the fact that all of the above data is collected centrally and then provided to local authorities by the Department of Health.

39. However, there are some ways in which the delays can be addressed. The data problems were highlighted by the Teenage Pregnancy National Support Team who recommended that Leeds follow the example of those authorities who have begun to

successfully reduce teenage conception and develop a local data set. This may not be as accurate as the nationally collected data, but it can still be an extremely useful tool in measuring the progress of local initiatives and targeting resources.

40. Leeds has begun to take some steps to establish such a system. However, this has been extremely slow and the initial local data set has yet to be published.

41. We are of the opinion that it is absolutely crucial, not just to collect this data, but to present it in a way which is timely and easy to interpret. Without this, it will continue to be extremely difficult for people in positions of influence, such as ward members, youth workers and parents, to get to grips with the problem, if they cannot access up-to-date data or understand it.

RECOMMENDATION 2

(a) That NHS Leeds and Leeds City Council work together to establish a local data set as soon as possible, and that this information is regularly made available to everyone who has a role to play in tackling teenage conception.

(b) That full use is made of this data to measure the effectiveness of schemes and to target resources.

Sex and Relationship Education

42. Of course, while collecting data on teenage conceptions is essential, the key to improving sexual health in the long-term has to be taking steps to ensure that young people do not contract sexually transmitted diseases, or become parents without planning to, in the first place.

43. While there are a complex range of factors at work in influencing young people to engage in risky behaviour, which clearly require a range of responses, education does have a central role to play in tackling the problem.

44. We recognise that young people are educated in a range of settings, and that schools are by no means the only source of information on a subject such as sexual health. However, schools and colleges do have the advantage of being extremely well placed in terms of reaching the vast majority of young people, and delivering a consistent message over the course of a number of years.

45. Therefore we decided to examine the SRE (Sex and Relationship Education) provision currently on offer in schools in Leeds.

46. We were initially struck by the lack of clear structure or guidance as to how this aspect of the curriculum should be delivered, and the consequent

wide variation in provision from one school to another.

47. To summarise, the only statutory aspect of SRE is that which forms part of the science curriculum. Secondary schools must also teach about HIV/AIDS and STIs, and all schools have a duty to promote well-being. However, beyond this individual schools determine what aspects of SRE are taught and how they are delivered.

48. The vast majority of schools teach SRE as part of the wider PSHE (Personal, Social and Health Education) framework. However, the attitudes of Head Teachers, Governors and teaching staff can have a major impact on the quality and quantity of education on offer. This is a particular problem in Secondary schools, where staff are under a great amount of pressure to deliver across a range of areas, and SRE can often become a neglected area. Faith schools can also experience difficulties in teaching SRE and it is vital that governors and staff reach a consensus on how to approach the subject in a culturally sensitive manner.

49. Measuring the standard of SRE provision is also difficult, partly because it is not straightforward to assess pupils' learning in this area, but also because SRE is no longer formally assessed by Ofsted as part of school inspections. As such, perhaps the only measure is through achievement of National Healthy Schools Status (NHSS), which includes a minimum standard of SRE provision as one of its requirements. However, this is far from ideal, as it only measures whether a school has a policy in place – not how effectively they are implementing it.

50. Even using this standard, Leeds is only achieving a limited measure of success, with 25% of schools unable to demonstrate that they had met the minimum level of provision in September 2008. In addition the minimum is just that, a minimum, and there is no effective means of distinguishing between those schools which excel in providing SRE and those which are just doing enough to qualify for NHSS.

51. Education Leeds is clearly aware of these problems, and is taking a number of steps to address them, including providing support and training, facilitating networks and carrying out targeted work with those schools in 'hotspot' areas. There are also proposals underway to develop a more coherent PSHE campaign and strategy, which would focus on the secondary schools serving the six 'hotspot' wards.

52. In spite of this, the current system clearly has a number weaknesses, particularly in terms of the consistency of current provision.

53. Some of these problems may well be addressed by a government

proposal, unveiled during the course of our inquiry, to introduce a compulsory PSHE curriculum (including SRE) from 2010. This would make provision in all schools much more uniform and also ensure that pupils build upon previous learning as they progress through their school career.

54. However, this does not mean that the current work being done to improve SRE provision is any less important, and we would like to see continued support for this, particularly at a strategic level, so that young people across Leeds are guaranteed consistent, good quality education on this important topic.

RECOMMENDATION 3

That Education Leeds and Children's Services continue to support and coordinate initiatives to raise standards in SRE in all schools across Leeds.

Targeted work

55. In addition to attempts to raise standards across the board, a targeted approach is also essential due to the huge variation between different parts of the city.

56. In fact some wards in Leeds are amongst the worst in the country when it comes to rates of teenage conception.

57. This is not necessarily the direct result of poor SRE, as teenage conception is influenced by a vast range of factors. However, it is surely no coincidence that these 'hotspot' wards are often also some of the most deprived. Schools serving these communities will have to deal with a huge range of challenges, and it certainly takes an extra degree of dedication on the part of staff and governors to deliver effective SRE in such an environment.

58. It is therefore important that these schools are supported as much as possible to raise standards, and to ensure that the SRE message reaches all pupils.

59. One effective means of achieving this is via a whole school approach, whereby consistent messages are given to pupils both in and out of formal lessons. This is particularly valuable in schools where attendance is a problem, as there is more chance of reaching a much wider range of young people if SRE is not just delivered in isolated lessons.

60. The Extended Schools initiative can also be very valuable in this respect if opportunities are taken to reinforce the SRE message in after-school activities and through work with the wider community – particularly parents.

61. Finally, there is also the possibility of developing partnership arrangements

between those schools which have established effective mechanisms of improving delivery of SRE, and those which are just beginning to do so.

62. For all of this to succeed, it is crucial to have the support of the staff and governors at the school concerned. In fact, the role of governors is particularly key, as they often provide the foundations for shaping the ethos of a school and driving significant change.

63. It should also be remembered, that while certain schools may be in need of more support than others, there are vulnerable young people in every school, and that those who happen to live outside the 'hotspot' wards should not be neglected.

RECOMMENDATION 4

That continued targeted support is provided to those schools in 'hotspot' wards, particularly in terms of:

- **Developing innovative methods of delivering SRE to young people**
- **Encouraging staff and governors to be at the centre of such initiatives, through improved training and communication.**

and that efforts are also made to meet the needs of vulnerable young people across the city.

Involving parents

64. It must also be remembered that schools are only part of the picture when it comes to educating young people about sexual health. The wider community can also have a big impact on young people, and in particular the behaviour and attitudes of parents.

65. The most extreme example of this is when the children of teenage parents go on to become teenage parents themselves. This is a well documented phenomenon and can be explained, at least in part, by the cycle of underachievement and deprivation in which many teenage parents become trapped. These disadvantages are then passed on to their own children.

66. However, more generally, the behaviour of parents can have a negative impact on their children's sexual health simply as a result of the embarrassment and awkwardness which many parents feel when discussing such issues with their children. This is a particular problem in Britain, compared with other European countries, as a result of the taboo status which anything related to sex has in British culture.

67. Clearly Leeds City Council can only have a limited impact when it comes to changing people's cultural attitudes. However, there are things which schools and other organisations can do to improve

communications between parents and young people.

68. We heard about a number of successful initiatives, including the 'speakeasy' programme, which aim to break down barriers between parents and young people when discussing sex.

69. Schools can also help to facilitate this process by making sure that staff and governors have the skills and confidence to talk to parents about these issues themselves.

70. There is also a role for Children's Centres, which can often provide a more informal environment for parents to attend courses and information sessions and for them to tackle issues such as unemployment and lack of aspiration in their own lives.

RECOMMENDATION 5

That Leeds City Council and Education Leeds work together to provide support to parents, particularly in 'hotspot' wards, to enable them to communicate effectively with their children about the range of issues surrounding sexual health and teenage conception.

Young People-led activities

71. There will of course, always be some young people who are more difficult to reach, despite the best efforts of teachers and parents, and some messages which are best delivered from one young person to another.

72. Leeds has an excellent track record in this area, with the high-profile YSHAG (Young people's Sexual Health Action Group), and projects at Leeds University and Thomas Danby college among others. In fact this is an area which was singled out for particular praise by the TPNST.

73. This type of work is particularly effective in terms of dispelling the myths around what counts as 'normal behaviour' for young people, whether this is in terms of sex, alcohol, drug taking or anything else. For example, many young people have a false impression that the majority of their contemporaries are sexually active by the age of 16, whereas the reality is that this only applies to a minority.

74. When a message such as this is delivered by young people it can have a far greater impact than any number of lessons in schools, or conversations with parents. This is particularly the case for those groups of young people who are most likely to become involved in risky sexual behaviour, such as those who are disengaged from school.

RECOMMENDATION 6

That Leeds City Council and Education Leeds continue to support young people-led activity which is focused on improving sexual health, and that this work is targeted on those young people who are otherwise 'hard-to-reach'.

Conclusions and Recommendations

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Working together

75. It would be impossible for one agency working alone to even begin to tackle the problems of teenage conception and STIs, due to the wide range of contributory factors involved. For example, some of the young people at risk may be NEET (Not in Employment, Education or Training) and therefore unable to access sex education via school or college. Others may be part of a transient population (such as Gypsy, Roma or Irish Travellers), and consequently not registered with a GP or any other health service.

76. Additionally, as mentioned above, young people respond differently to attempts to educate them about, and protect them from, the risks involved in sexual activity. It is therefore important to try and reach these young people in as many different ways as possible in order to ensure that the message reaches the widest range and number of young people.

77. As we have seen, to some extent this is already happening, with education and information on offer in a wide range of locations and media. However, it is also important that with such a wide range of providers, a consistent message is delivered to young people, particularly when they are exposed to such a barrage of mixed messages about sexual behaviour, in popular culture.

78. Clearly a national PSHE curriculum will go some way towards addressing this, as young people will at least be receiving a consistent message as they move through the education system.

79. Nonetheless, we feel there is a need for stronger links between all the agencies (i.e. the education system, children's services, the youth service and the health service) involved in providing information, advice and other sexual health services to young people.

80. To cite just one example, we were concerned to hear that there did not appear to be clear links between the priority areas identified by Education Leeds, and the health services targeted at young people offered by NHS Leeds. Education Leeds have identified a number of schools as being high priority in terms of the need for targeted work to tackle teenage conception. The 12 schools identified as being 'Priority 1' (due to a range of factors including proximity to hotspot wards, GCSE attainment and attendance) are as follows

- City of Leeds School
- Cockburn College of Arts
- Corpus Christi Catholic College
- David Young Community Academy
- Elmete Central SILC
- John Smeaton Community College
- Mount St Mary's Catholic High School

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- Parklands Girls' High School
- Primrose High School
- Rodillian, an Arts School
- South Leeds High School
- Tinshill Pupil Referral Unit

81. There is no clear correlation between the location of these schools, and the present locations of the CASH clinics listed on page 5. We were told that young people at these schools could access sexual health services via their GPs, but we do not feel that this is sufficient, and in any case it clearly has not been effective.

82. We were pleased to discover that from the autumn the CASH service will become 'mobile' and will travel to locations such as youth centres and colleges where young people already go. This should make access easier, although the service will still not be targeted towards the priority schools.

83. We were also encouraged to learn that the new college in Leeds will have involvement from sexual health services on site. However, we would like to see other examples of partnership working around sexual health across all of the services which support young people. We feel that while there are clearly some good individual examples at present, there does not seem to be a coherent or coordinated system in place.

84. The need for better links between services was highlighted by the TPNST, and it is something that we feel merits continued monitoring as improvements are made.

RECOMMENDATION 7

That all the agencies in Leeds working with young people collaborate to offer a consistent message on sex and relationships, and promote healthy behaviour, and that this partnership working is centrally coordinated to form a coherent strategy.

Involvement of elected members

85. Another strength identified by the TPNST in their review of services in Leeds was the involvement of 'Teenage Pregnancy Champions', including the lead elected member.

86. We believe that for progress to continue, particularly in terms of developing links between services, continued elected member support and involvement is essential.

87. This applies not just centrally, but also at a local level, where increasing the involvement of elected members could have a significant impact – especially in 'hotspot' wards. In particular, a greater role for elected members could help to boost the 'multi-faceted' approach which is necessary for success, as elected members are perhaps best placed to think about an issue in terms of the

whole community rather than just an individual service.

88. Due to their role as local representatives and advocates, elected members are also very well placed to transmit the views of local people to services providers, and to inform local people about services and strategies. For example, an elected member serving as a school governor may be better placed than a teacher when it comes to communicating with parents about proposed changes to SRE provision, as they occupy a useful position as both a member of the local community and a decision maker.

89. Furthermore, not only do elected members have a role to play as school governors, but it should not be forgotten that all elected members have a collective role as corporate parents. This is especially significant when it is noted that Looked After Children are statistically more likely to become teenage parents than other groups.

90. Overall, we feel that greater support and involvement among elected members on issues relating to sexual health is to be encouraged, both in terms of policy making and at a community level.

91. To sum up, we believe that while we have looked at a wide range of issues affecting sexual health among young people, and made a significant number of recommendations, in many ways we have only begun to scratch the surface of this huge and complex topic.

RECOMMENDATION 8

(a) That a coordinated effort is made by Education Leeds, Children's Services, NHS Leeds and other service providers to increase the involvement of elected members in tackling sexual health issues among young people, both in terms of involving members in decision making and making use of their unique role within the community.

(b) That elected members themselves are encouraged to learn more about the complex issues surrounding sexual health and teenage conception through the Member Development process.

92. For example, we have only managed to very briefly look at the links between sexual health and deprivation, school attendance, self-esteem, drugs and alcohol.

93. In addition, this area is the subject of such close attention at the present time, and the arena for so many changes and new initiatives, that the picture may alter significantly in the coming months.

Conclusions and Recommendations

94. As a result, we believe that there is certainly scope for further scrutiny work in this area, and that due to the cross-cutting nature of this problem, this work could conceivably be carried out by a number of different boards.

RECOMMENDATION 9

That, with the appropriate consideration of working collaboratively, the issue of sexual health among young people be considered by the Health, Children's Services and Environment and Neighbourhoods Scrutiny Board's in the next municipal year when setting their work programmes, particularly in terms of the links with:

- **Alcohol**
- **Drugs**
- **Deprivation**
- **Attendance and**
- **Self-esteem.**

Evidence

Leeds CITY COUNCIL

Monitoring arrangements

Standard arrangements for monitoring the outcome of the Board's recommendations will apply.

The decision-makers to whom the recommendations are addressed will be asked to submit a formal response to the recommendations, including an action plan and timetable, normally within two months.

Following this the Scrutiny Board will determine any further detailed monitoring, over and above the standard quarterly monitoring of all scrutiny recommendations.

Reports and Publications Submitted

- Briefing – 'Teenage Pregnancy – summary of evidence based interventions'
- Summary of the Teenage Pregnancy National Strategy Team report for Leeds
- Report on Sex and Relationship Education in Leeds
- PSHE education – working definitions and explanations
- Report on Leeds Healthy School and Wellbeing Programme
- Sex and relationships education: support for school governors
- Under 18 Conceptions data for top-tier Local Authorities 1998-2006
- Leeds Under 18 conception rate by census 2001 wards
- West Yorkshire Health Protection unit newsletter
- 'Leeds: Passionate about PSHE' report – September 2008
- SRE learning outcomes for each Key Stage
- List of schools yet to achieve NHSS – September 2008
- Year 5 – Growing and Changing. Spring Term 1 PSHCE unit.
- Year 6 – Puberty and Sex Education. Spring Term 1 PSHCE unit.
- Improving Young People's Sexual Health Scrutiny briefing report – November 2008
- Teenage Pregnancy and Parenthood Strategy
- Personal, Social and Health Education briefing report – November 2008
- List of Sexual Health Services for young people in Leeds
- List of CASH clinics and opening times
- Pharmacy services leaflet
- Young People Friendly Practices leaflet
- GUM opening times
- Chlamydia and HIV statistics 1995-2007 (source – Health Protection Agency)

Evidence

Witnesses Heard

- Sarah Sinclair (Children's Services/ NHS Leeds)
- Jenny Midwinter (Sexual Health Initiatives Coordinator, Education Leeds)
- Anne Cowing (Manager, The Leeds Healthy Schools and Wellbeing Programme, Education Leeds)
- Sharon Foster (NHS Leeds)
- Owen Brigstock-Barron (NHS Leeds)
- Kiera Swift (Teenage Pregnancy Coordinator, Education Leeds)
- Mike Simpkin (Public Health Strategy Manager, Adult Social Care)
- John Freeman (Head of Service, Health Initiatives and Wellbeing, Education Leeds)

Dates of Scrutiny

- 9th September 2008 — Working Group
- 12th December 2008 — Scrutiny Board Meeting
- 4th February 2009 — Scrutiny Board Meeting