

COUNCIL SEMINAR 26th March, 2013

Present:- Councillor Wyatt (in the Chair); The Mayor (Councillor Pickering), Councillors Atkin, Clark, Dodson, Ellis, Lakin, McNeely, Read, Sharman, Sims, Smith, Wallis and Wootton.

Apologies for absence were received from Councillors Barron, Beaumont, Dalton, Doyle, Godfrey, Hoddinott and Lelliott.

SEXUAL HEALTH AGENDA.

Councillor K. Wyatt, Cabinet Member for Health and Wellbeing, introduced Elected Members to the Seminar that had been put together to inform them about the range of services that were provided by the Local Authority and partners in relation to sexual health.

The Officers in attendance were: -

Gill Harrison, Public Health Specialist, Public Health, Neighbourhood and Adult Services.

Dr. Claire Dewsnap, Lead Consultant, Rotherham NHS Foundation Trust and the Sheffield Teaching Hospitals NHS Foundation Trust.

Ann Berridge, Teenage Pregnancy and Sexual Health Co-ordinator, Rotherham Integrated Youth Support Service, Children and Young People's Services.

Information was provided in relation to the following areas: -

- Transfer of Public Health responsibilities to local authorities with effect from 1st April, 2013;
- Transfer of budget into local authorities;
- Re-charge facility available where testing and treatment was undertaken outside of someone's home local authority. This was not considered to be a significant risk;
- Use of best practice disease prevention model;
- Statutory responsibilities.

There were three outcome delivery measures in relation to sexual health outlined in the Public Health Outcomes Framework for England, 2013-2016: -

1. Working towards achieving a diagnosis rate for Chlamydia of 2,400 – 3,000 per 100,000 population (adults aged 15-24);
2. Working towards a reduction in the proportion of persons presenting with HIV at a late stage of infection;
3. Working towards a reduction in teenage conceptions.

Comparison of Rotherham's performance, compared to the Yorkshire and Humber region and England, was considered including diagnosis rate of acute sexually transmitted infections (STIs) per 100,000 of the population, and rates of gonorrhoea and genital herpes.

Data relating to the local Super Output Areas was being used to target resources and education in the correct areas.

Testing for Chlamydia was now focused on targeting those groups most likely to have the infection. This had changed from previous guidelines that were evaluated on the testing of as many people as possible, who were not necessarily the most at risk groups.

Teenage conceptions had decreased, partly due to Long-Acting Reversible Contraception (LARC), but this could be a contributor to increasing STI rates, as barrier methods of contraception were not used.

Commissioning services: -

- Quality services;
- Rotherham was starting from a positive baseline;
- Good local services and partnership working;
- Work was underway with GPs and Pharmacists to provide LARC services as widely as possible.

Rotherham NHS Foundation Trust: -

- Statistics around service users;
- Target to provide an appointment within 48 hours had been met in 100% of cases, with many patients being seen within 48 hours;
- Worked at level three genito-urinary medicine;
- The Service provided three outreach services, one GP-based service, one central community hub and one Prison Service;
- Multi-agency;
- Worked with Health Protection Agency demographic data to treat STIs and target outreach work, target groups covered all age-ranges, ethnicities and sexualities;
- The Trust was working on governance of Sexual Health Services with an aim of ensuring unhelpful duplication did not exist within provision.

Rotherham Integrated Youth Support Service: -

- Sexual Health Youth Clinics were provided for 11 – 25 year olds;
- There were 10 community based clinics; all were available at least once a week. Services provided included pregnancy testing, STI information and contraception advice. Young people could build relationships with Workers. Information provided centred on positive relationship education;

- Healthy Schools Team within Children and Young People's Service had produced a booklet for schools on all available services in relation to sexual health;
- The Service had provided guidance in relation to Sex and Relationship Education and Personal, Social and Health Education;
- The Hardware scheme – provided free condoms on an ad-hoc basis, no appointment necessary, since 2001. The service had been maintained and updated and staff had been trained on positive relationship advice;
- The Young Women's Project was provided for young women considered to be at risk of becoming teenage parents. This was a long-term project with a focus on early intervention and prevention working in three areas of Rotherham with 117 young people. At end of 2012, all young people were still in education. The cost to the public purse of a low-risk pregnancy and first three-years of a child's life was £29,000, so there was a strong financial argument to maintain this work.

Discussion ensued and the following issues were raised: -

- Savings achieved through projects;
- Avoiding stigmatisation of young people and young parents and families. Young parenthood could be a positive thing in a young person's life, including helping them to turn their lives around and access support;
- Peer education where young parents went into schools to inform other young people about young parenthood;
- Benefits of developing relationships between young people and youth workers to promote barrier contraception and LARC and relationship education and safeguarding issues.

Councillor Wyatt thanked the officers in attendance for their informative presentation and contribution to the discussion. All Elected Members in attendance expressed their appreciation to the officers.

Resolved: - That the information shared be noted.