

# **Young Londoners' sexual health**

An update review

August 2009

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***This report is a draft. The report is due to be agreed at the Health and Public Services Committee meeting on 16 September 2009.***

# Health and Public Services Committee Members

The Health and Public Services Committee can identify and investigate any health and public services issues that are of concern to London as a whole. Recent investigations include community mental health services, post office closures and emergency life support training.

Further information about the Committee can be found at:  
[http://www.london.gov.uk/assembly/scrutiny/health\\_ps.jsp](http://www.london.gov.uk/assembly/scrutiny/health_ps.jsp)

## The Membership of the Committee is as follows:

James Cleverly	Conservative, Chairman of the Health and Public Services Committee
Navin Shah	Labour, Deputy Chairman of the Health and Public Services Committee
Richard Barnbrook	BNP
Richard Barnes	Conservative
Andrew Boff	Conservative
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## Chairman's Foreword

The UK's teenage pregnancy rates are amongst the highest in Europe and unfortunately many London boroughs have rates well above the national average.

While teen pregnancy conception rates hit the headlines other sexual health issues often go unreported. Untreated sexually transmitted infections can also have a significant and detrimental effect on young people's health and overall life chances.

A lot of good work is taking place to improve young Londoners' sexual health. However, initiatives are yet to have a major impact on London's overall performance. At all levels, from the Mayor to individual GPs, we must prioritise sexual health and provide education and guidance to young people.

Poor sexual health is not something which can be ignored and I hope that by working together we can transform the life chances of young Londoners.

A handwritten signature in blue ink, appearing to read 'James Cleverly', written in a cursive style.

**James Cleverly AM**, Chairman Health and Public Services Committee



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# Executive Summary

Young Londoners' sexual health is a major public health issue with clear links to health inequalities. Untreated sexually transmitted infections (STIs) and teenage pregnancies can have serious consequences for young people's health and life chances as well as significant impacts on NHS resources. The Health and Public Services Committee examined this issue previously in its 2005 report, *Improving young people's sexual health*.<sup>1</sup>

Recent statistics show that the situation has not improved significantly since 2005. Teenage pregnancy conception rates in some London boroughs remain the highest in the country and success in reducing them is mixed. Amongst young Londoners, the rates of STIs such as chlamydia, gonorrhoea and herpes remain higher than national rates and continue to increase.

The Committee felt it was timely to re-examine this issue, to find out what more can be done to reverse the trend.

The Committee has found there have been a number of achievements and improvements since it first examined the issue in 2005. Notably, we heard about a range of good practice measures being run in London to improve young people's sexual health and these are highlighted throughout Section 2 of this report. London PCTs and other partners are increasingly working together on a pan-London basis. For example London PCTs jointly fund the London Sexual Health Programme, which is developing pan-London initiatives such as an easy access condom scheme for young Londoners. In addition, a number of integrated services for young people have been commissioned and the use of innovative social marketing and public health campaigns is becoming more widespread.

Despite this, there are a number of continuing challenges to improving young people's sexual health in London. These include negative gender stereotypes, insufficient sex and relationship education in schools, a lack of local prioritisation and a lack of regional leadership on the issue of young people's sexual health. To address these barriers the Committee believes the following measures need to be implemented:

- pan-London branding and improved joint working on PCT sexual health media campaigns and social marketing to tackle negative stereotypes around gender, relationships and sex;
- sex and relationship education should be a core component of the soon-to-be mandatory personal, social and health education curriculum;

- a senior London health professional should be appointed as a champion on sexual health and teenage pregnancy. They should highlight good practice and encourage its implementation across London;
- the Mayor and his adviser on Health and Youth Opportunities, Pamela Chesters, should include measures to improve young Londoners' sexual health and reduce rates of teenage pregnancy in the Mayor's Health Inequalities Strategy.

The Committee hopes this report and its recommendations for change will bring much-needed political support and strategic to work aimed at improving young Londoners' sexual health.

# Introduction

Recent statistics show that young Londoners' sexual health remains a concern. The Health and Public Services Committee decided it was timely to follow up its 2005 work in the area and re-examine the issue of young people's sexual health from a strategic level. We wanted to find out why STI and teenage pregnancy rates remain so high, what is preventing good practice from being rolled out and what part the Mayor of London could play in this area.

The Committee held a meeting with a range of expert guests on 23 April 2009 to discuss this issue. A limited call for written evidence amongst London Primary Care Trusts (PCTs) was carried out in May. Appendix 3 sets out which organisations provided information to the Committee. Additional desk based research has supplemented the Committee's discussions with experts.

This report sets out the Committee's findings and makes recommendations on what further action is needed to improve young Londoners' sexual health. Section 1 of the report sets out the current situation in London. Section 2 examines what improvements have been made since the Committee's 2005 report. In Section 3 the Committee identifies key challenges to improving young people's sexual across London and highlights what more needs to be done to address these.

# Section 1: The state of young Londoners' sexual health

The Health and Public Services Committee examined young Londoners' sexual health in 2005 and published a report, *Improving young people's sexual health*.<sup>2</sup> Since then a number of the Committee's recommendations have been implemented. Information on the Committee's recommendations and action to address them is detailed in Appendix 2.

Improving young people's sexual health is a national and regional priority. The two main national strategies are:

- *National Teenage Pregnancy Strategy* (1999) which aims to halve the under-18 conception rate by 2010; and
- *National Strategy for Sexual Health and HIV* (2001) which aims to reduce the transmission of STIs and HIV, reduce associated stigma and reduce unintended pregnancy rates.

In London the 2004 Londonwide Sexual Health Framework set out the then five London Strategic Health Authorities' vision for London, aiming for a "sustained improvement in the sexual health of Londoners" over the following three years.<sup>3</sup>

The section below examines London's performance against two elements of young people's sexual health: teenage pregnancies and sexually transmitted infections.

## Current rate of teenage pregnancies

In 2007 there were 5,686 conceptions to young London women under the age of 18 years.<sup>4</sup> At 45.6 per 1,000 female population aged 15-17, London's rate is higher than the England average of 41.7 per 1,000 female population aged 15-17.

However, the overall London figure hides the wide variation between and within London boroughs. In some London boroughs one in 13 young women are falling pregnant in stark contrast to the other end of the scale where the rate is one in 64. Figures 1 and 2 show that teenage pregnancy rates ranged widely, from 15.7 per 1,000 female population aged 15-17 in Richmond up to 76.2 in Southwark in 2007.

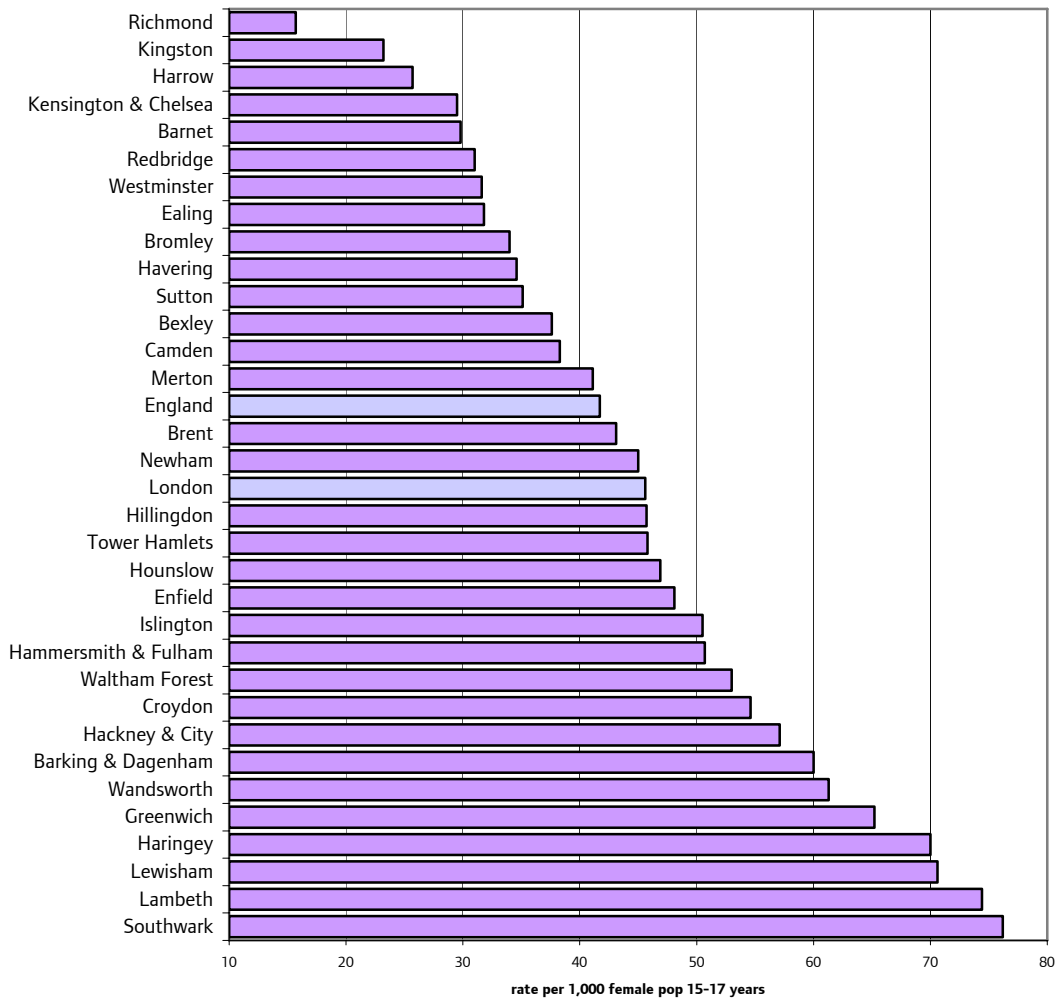
In some London boroughs one in 13 young women are falling pregnant

Figure 1: 2007 teenage pregnancy rates for all London boroughs <sup>5</sup>



As shown in Figure 1 above the distribution of teenage pregnancy conceptions tends to be higher in inner London boroughs. Across London, areas of deprivation correlate to higher rates of teenage pregnancies at both borough and ward level,<sup>6</sup> making the performance of London more complex than at first glance.

Figure 2: 2007 teenage pregnancy rates for all London boroughs <sup>7</sup>

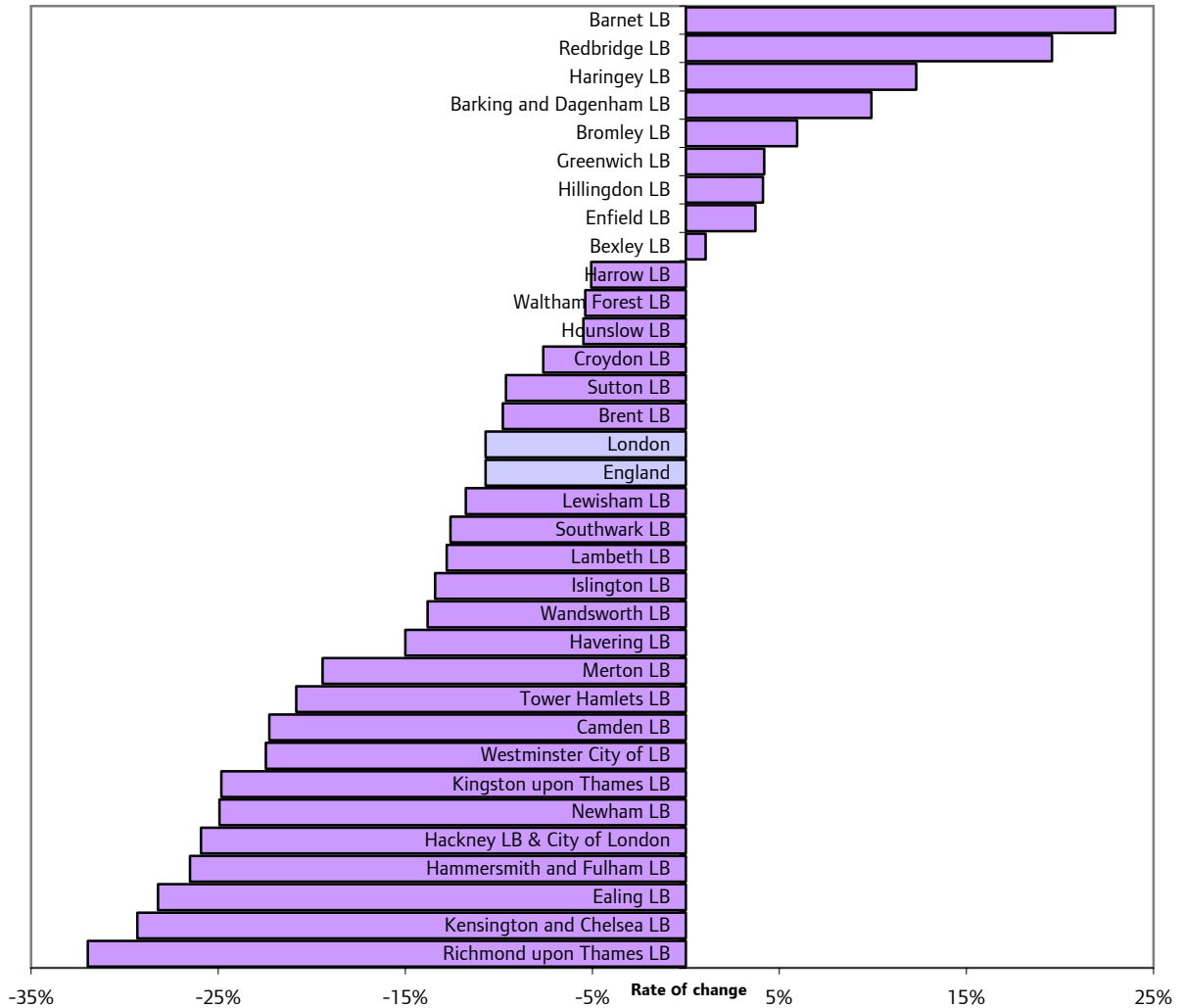


There is some positive news as since 1998 London’s overall teenage pregnancy rate has reduced 10.7 percent, in line with the overall national trend. However, the 2007 figures show that for the first time in five years London’s rate did not decrease from the year before and remained steady.

Drilling beneath the regional rate reveals that there has been mixed success across London in reducing the rate of under-18 conceptions, with poorer performance in some areas of outer London. More than one in four London boroughs have failed to reduce their rate of teenage pregnancies from the 1998 base line. Figure 3 below shows London’s mixed performance, with nine boroughs actually seeing an *increased* rate over the last ten years.

More than one in four London boroughs have failed to reduce their rate of teenage pregnancies

Figure 3: Teenage pregnancy rate of change for all London boroughs, 1998-2007



Experts told the Committee that there are a number of reasons why some London borough rates have either increased or had smaller reductions than others. Boroughs with lower baseline rates find it harder to reduce their rates because a reduction or increase might be based on a very small number of conceptions each year, possibly as little as one or two.<sup>8</sup>

Due to the higher rates in inner London boroughs the regional focus has tended to be on these areas. The Committee was told that some local areas are not drilling down to ward level data when analysing the problem at local level, thus missing pockets with high rates.<sup>9</sup> This concern is discussed in further depth in Section 3 of this report.

### Current rate of STIs

Young people aged 16 to 24 make up nearly half of all STIs diagnosed in hospital based Genitourinary Medicine (GUM) clinics in London.<sup>10</sup> Chlamydia, gonorrhoea, herpes and genital warts are the most common STIs amongst young people. Figure 4 sets out the rates for these STIs over the last four years. It shows that rates for most STIs amongst young Londoners are now higher than in 2005 and continue to be significantly higher than national rates.

Figure 4: Rates of new episodes of STIs per 100,000 population for 16-19 and 20-24 year olds, since 2005 <sup>11</sup>

		Chlamydia		Gonorrhoea		Herpes		Warts	
		16-19	20-24	16-19	20-24	16-19	20-24	16-19	20-24
2005	London	1189	1385	293	302	133	231	399	705
	England	961	1146	129	155	97	147	502	726
2006	London	1150	1285	276	277	160	250	399	715
	England	959	1153	122	146	112	161	522	728
2007	London	1372	1359	363	307	172	289	447	737
	England	1029	1198	132	146	133	189	565	756
2008	London	1317	1351	300	271	177	276	448	755
	England	1026	1217	122	131	145	206	593	791

Chlamydia is the most common STI amongst young people and young people account for 65 percent of UK cases.<sup>12</sup> Figure 5 below shows the large increase in cases amongst young Londoners since 2005, particularly in 2007.

STIs amongst young Londoners are now higher than in 2005

Figure 5: Rates of new episodes of Chlamydia in London per 100,000 population for 16-19 and 20-24 year olds, since 2005 <sup>13</sup>



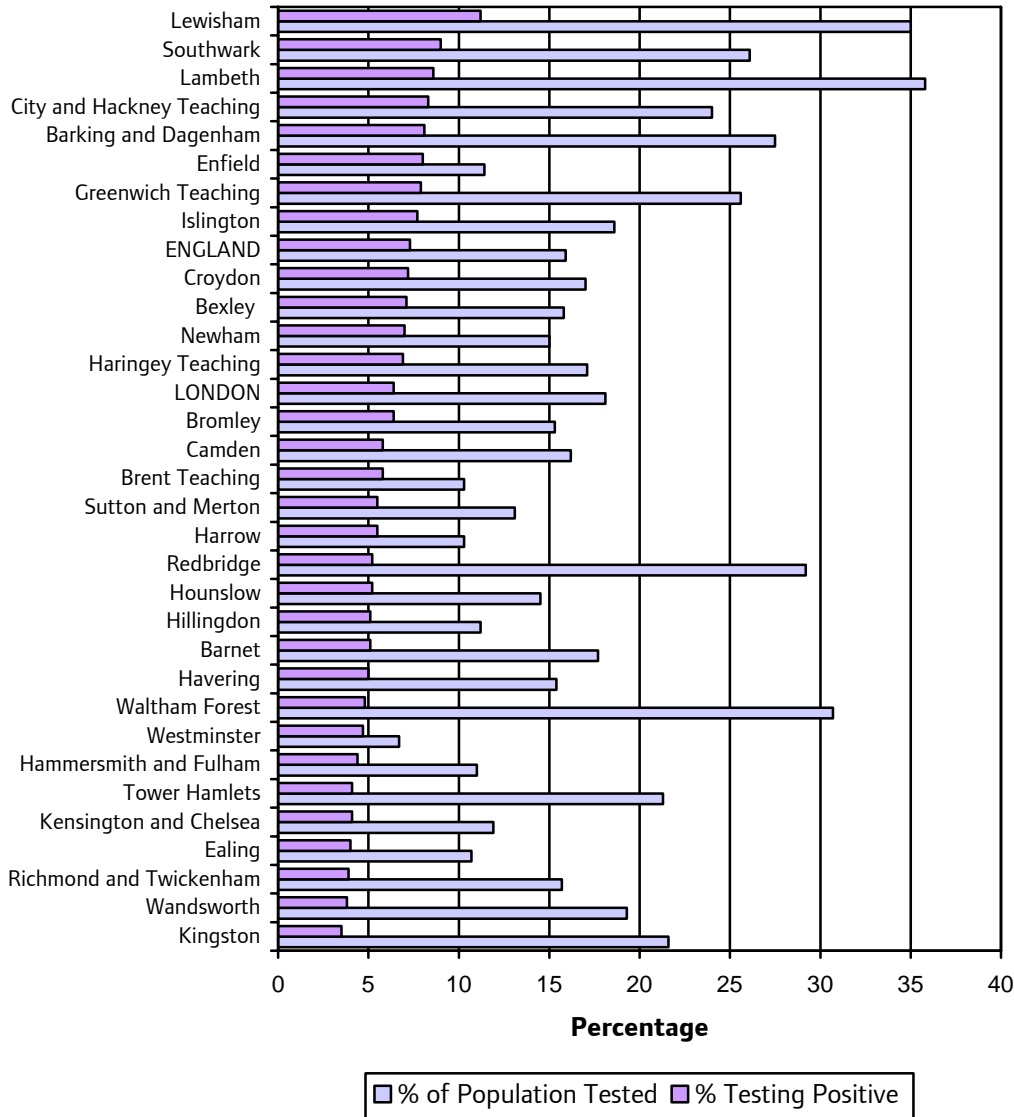
London has the highest regional rate of chlamydia screening

Part of the reason for the increased number of chlamydia episodes being detected may be due to the introduction of the National Chlamydia Screening Programme (NCSP) in 2003. The NCSP allows young people under 25 years to access free screening in a range of locations outside of hospital-based GUM clinics such as pharmacies, colleges, GPs, youth services and community contraception clinics. London has the highest regional rate of chlamydia screening in the country at 18.1 percent.<sup>14</sup>

However, rates vary between London PCTs with only 15 out of the 31 PCTs hitting the 17 percent national target set for 2008/9.<sup>15</sup> Details of variation in screening rates can be found in Figure 6 below.

The Committee heard there are a number of reasons for the variation across London including that some PCTs are at an early stage of implementation due to the phased roll out of the scheme. We were told that in practice, targets to reduce the numbers of gonorrhoea cases can run counter to targets aimed at increasing the level of chlamydia screening. Screening for one STI can increase the likelihood of finding cases of other STIs even if they are not symptomatic.<sup>16</sup>

Figure 6: London's chlamydia screening rates and positivity rates, April 2008 - March 2009 <sup>17</sup>



We are concerned at the low positivity rates of some PCT's chlamydia screening programmes. The variation across London is set out in Figure 6 above. A high positivity rate shows that a PCT is successfully targeting the most at risk population, which should lead to significant reductions in the infection rate in the long term.<sup>18</sup> The variations across London appear to indicate that the screening programme is not being implemented effectively across all London PCTs. These concerns appear to be supported by the leveling off in the numbers of new cases of Chlamydia between 2007 and 2008 as set out in Figure 5 above.

The screening programme is not being implemented effectively across all London PCTs

## Section 2: Achievements since 2005

Since our 2005 report there have been positive developments in how London PCTs and other partners are working to improve young Londoners' sexual health services. This section highlights improvements in joint working across PCT/borough boundaries, in the way services work to meet the needs of young people, and the use of innovative health promotion methods.

### Improved joint London working

London PCTs have made positive steps in improving how they work together. In 2005 the Committee highlighted a need for joint working across London PCTs in regards to commissioning services and sharing best practice.<sup>19</sup>

London PCTs have made positive steps in improving how they work together

The Committee heard that Lambeth and Southwark PCTs jointly fund an experienced sexual health commissioner who is able to develop consistent services in both areas, applying lessons learnt from one to the other and providing an economy of scale for new developments.<sup>20</sup>

Significant developments have occurred at regional level. London PCTs fund the London Sexual Health Programme to provide leadership and improve sexual health commissioning across London. It works in partnership with a range of national and regional organisations such as the Government Office for London and the Health Protection Agency. Work so far includes:

- the commissioning of the *Sex and our City* report<sup>21</sup> which has improved the evidence base available for London PCTs and mapped London's sexual health needs and existing service provision;
- annual joint workshops between local sexual health commissioners and local teenage pregnancy coordinators; and
- commissioning of sexual health needs assessment of young people attending further education colleges in London.<sup>22</sup>

Looking ahead the London Sexual Health Programme will use funds from the Department of Health and NHS London to launch a pan-London condom scheme in September this year. Young people will be able to access condoms free of charge across London using a chip and pin card and vending machines in many London further education colleges.<sup>23</sup>

**The commitment shown by PCTs in establishing the London Sexual Health Programme is a positive**

**development and the Committee looks forward to seeing the future outputs.**

The Regional Public Health Group within NHS London has convened a working group to re-examine London's 2004 London Sexual Health Framework.<sup>24</sup> **The Committee looks forward to seeing the development of this framework in the year ahead and will monitor its progression with the Regional Director of Public Health at its future meetings with him.**

The Committee would like to see London PCTs improve their joint working around the chlamydia screening programme. This should include an assessment of whether pan-London branding of the chlamydia programme would provide good value for money. This work could take place as part of the re-examination of the London Sexual Health Framework.

The commitment shown by PCTs in establishing the LSHP is a positive development

#### **Recommendation 1**

**The Committee recommends the London Regional Director of Public Health should work with London PCTs to develop pan-London branding and share good practice for their chlamydia screening programmes. This work could be part of the re-examination of the London Sexual Health Framework, The Committee will monitor the development of this work as part of its next annual meeting with the Regional Director of Public Health in June 2010.**

#### **Changed ways of working**

The Committee was told about improvements to the way sexual health services operate to meet Londoners' needs. In 2005 there were concerns around general waiting times for hospital based Genitourinary Medicine (GUM) clinics. Since the introduction of a national target there has been a significant improvement in waiting times in recent years. In 2008, 97.9 percent of Londoners were offered an appointment to be seen at a GUM clinic within 48 hours in comparison to 68.9 percent in 2005.<sup>25</sup> London rates are now better than the national average.<sup>26</sup>

Sexual health services have been modernised in parts of London to remove the stigma that surrounds them and to improve the gateway experiences of patients. Local reviews revealed that improved access and quality could be achieved by changing the way services are run rather than just investing new financial resources to establish new services.

There is a growing recognition amongst professionals that greater success will be achieved by taking healthcare directly to young people rather than waiting for them to come to the service. Many young people do not feel they are vulnerable to health problems, so are less likely to seek help proactively than other people.

*'Teenagers and young people, they do not believe that they are vulnerable...Disease is something that is far away. Your grandfathers suffer from disease...You do not go to the doctor.'* Jose Figueroa, City and Hackney Teaching PCT<sup>27</sup>

*'Teenagers and young people, they do not believe that they are vulnerable...Disease is something that is far away.'*

#### **Good practice examples – new ways of providing services**

##### *Camberwell Sexual Health Centre, Kings College Hospital NHS Trust*

Reproductive and sexual health and GUM services have recently merged at Kings College Hospital to provide a fully integrated service at the Camberwell Sexual Health Centre. Instead of a traditional reception, where patients can be overheard talking about their healthcare needs, health care assistants at this clinic are spaced out around a reception area in polo shirts with 'How can I help you?' written on them. Staff at the clinic have been trained to provide both contraception and STI advice, enabling patients to receive advice on all their sexual health needs from one person. The clinic is well lit, appropriately signed and accessible to try to reduce the stigma associated with sexual health services.<sup>28</sup>

##### *Dean Street Clinic, Soho, Westminster PCT*

Soho's Dean Street Clinic for sexual health changed the way patients register at the clinic and access basic services. On arriving at the clinic, patients self-register rather than go through reception. This enables patients to be placed confidentially into the right queue depending on their symptoms or reason for visiting. This helps to ensure they are seen by the right person the first time round. The clinic reports reduced waiting times and increased attendance of young people, men and BAME communities.<sup>29</sup>

##### *City and Hackney PCT*

City and Hackney PCT has trained its GPs to take quick sexual health histories of their patients. This training aims to give GPs the confidence to discuss sexual health with their patients.

The PCT also takes healthcare into schools, aiming to normalise young people's contact with health professionals. This general healthcare service provides young people with an opportunity to raise more specific sexual health concerns they may have.<sup>30</sup>

There is a range of outreach programmes aimed at hard to reach young people such as those who are homeless, those not in school or training, BAME groups and lesbian, gay, bisexual and transgender young people.

#### **Good practice example – outreach work**

##### *The Camden Project- Terrence Higgins Trust*

The Terrence Higgins Trust runs a project in Camden aimed at young people aged 13 to 25 who are at risk of offending or known to youth offending services and assessed to be at risk of early parenthood and poor sexual health. Working closely with local partners the service facilitates access to contraception schemes and STI screening, promotes sexual health services in the borough and delivers non-school based sex and relationship education.<sup>31</sup>

#### **Social marketing and public health campaigns**

One significant development since the Committee's investigation in 2005 has been the rise of social marketing. This process identifies and targets particular sections of the community to try to raise awareness and help people change behaviour. It can increase awareness of services and methods of contraception and dispel myths around sexual health amongst groups such as young people who may not be influenced by more general public health campaigns.

*'Health promotion is not just about health information; it is also sometimes about the one to one interventions that you do...which is much more about looking at people's behaviours and supporting them to think differently about their lives and actually challenging some of the negative messages that people have absorbed for the last 20 years.'*  
Gary Alessio, Westminster PCT<sup>32</sup>

*'Health promotion is not just about health information; it is also sometimes about the one to one interventions that you do'*

#### **Good practice example – social marketing**

##### *www.sho-me.nhs.uk*

PCTs in north west London have commissioned a sexual health website, [www.sho-me.nhs.uk](http://www.sho-me.nhs.uk). It includes an online medical advice section called 'Dr Sarah' where young people can ask questions confidentially and anonymously. It aims to break down the barriers that prevent open and healthy discussions about sex. The website also provides information on how to access local services across north west London. To complement this work

some PCTs in the area are employing young fathers as peer outreach workers who go out to places such as barber and betting shops where young go and give them advice and information about safe sex.<sup>33</sup>

*Self testing kits*

Young Londoners can order free chlamydia self-testing kits online at websites such as [www.checkyourself.org.uk](http://www.checkyourself.org.uk)

Online systems such as this have been a real success, contributing to about a quarter of London's screening rates and being particularly appealing to young men.<sup>34</sup>

**As discussed in Section 3 of this report the Committee believes a Londonwide champion should be appointed who will work to disseminate and encourage the adoption of the good practice highlighted above.**

## Section 3: What more needs to be done to improve young Londoners' sexual health?

In this section we highlight some of the challenges facing those working to improve young people's sexual health. We explore some possible solutions by addressing negative stereotypes, varying local prioritisation and a lack of London leadership on the issue.

### Stigma and negative stereotypes

Stigma, misinformation and negative stereotypes around sex and relationships can have a negative impact on young people's sexual health and behaviour. This is one of the most significant barriers to improving young people's sexual health.

*'Kids talk about sex amongst themselves, kids talk about sex with their parents if they are empowered and allowed to do so but, more often than not, they are not empowered to do so.'* Jose Figueroa, City and Hackney Teaching PCT<sup>35</sup>

Three key ways in which young people receive information about sex and relationships is through the media, peers and the school education system.

#### *The role of the media*

Sections of the media carry negative images about gender roles, relationships and sex. This issue arose during the Committee's 2005 investigation. Public health experts told us they are concerned about the way the media use sex and sexual relations for commercial purposes without consideration of how young people can be supported to make what can be life-changing choices.

*'The media is talking about sex all the time but in a commercially exploitative way and it is actually not talking about sex in a way that helps to prepare people to make informed choices and that is something that is missed.'* Jose Figueroa, City and Hackney Teaching PCT<sup>36</sup>

*'The media is talking about sex all the time but in a commercially exploitative way'*

We heard that negative attitudes towards women, such as those represented in some music video clips and the media, influence the way young people interact in relationships including their sexual ones.<sup>37</sup> These gender inequalities impact on young people's ability to negotiate safe sex and respect within relationships.

Other experts noted that the media response to NHS or government initiatives is sometimes negative and can be an obstacle to having a full and frank discussion around the issue of young people's sexual health.<sup>38</sup>

A media representative recognised the role the media has in influencing young people and agreed that the media needs to be responsible in the messages it sends out to young people.<sup>39</sup> At the same time, the NHS could use the media more effectively when conducting sexual health campaigns, as the wide range of messages being sent out can be confusing.

*'It does not make any sense for there to be 33 different approaches'*

*'I think you have got to keep the messages very simple and on point and not try to be too creative. I think now with social networking media and digital media everyone is looking for the next big thing and they do all this really creative stuff but then what is the message? They get so caught up in the creative side of it that they lose the message.'* Cathy Phiri, MTV Networks International<sup>40</sup>

Additionally, Communication and coordination of both social marketing and general public health campaigns across PCT areas could bring benefits in terms of profile and cost effectiveness.

*'In relation to getting key messages out, it does not make any sense for there to be 33 different approaches when we can all add value by working together consistently'* Hong Tan, London Sexual Health Programme<sup>41</sup>

The NHS media response needs to be improved

**The Committee agrees that there is a need for a coordinated high profile branding of sexual health campaigns and social marketing on a pan-London basis.**

**In order to confront negative stereotypes around gender and sexuality the NHS media response needs to be improved, perhaps developed in partnership with media organisations that have expertise in marketing to young people. The Mayor could use his profile to encourage partnership working between the NHS, third sector organisations and the media in this area.**

#### **Recommendation 2**

**The Committee recommends that as part of the re-examination of the London Sexual Health Framework, the London Regional Director of Public Health should work with London PCTs to develop pan-London branding and joint working for sexual health media campaigns and social marketing. The brand should be designed in a way that allows PCTs to adapt it to their local context and communities. The Committee will monitor the development of this work as part of its next annual meeting with the Regional Director of Public Health in June 2010.**

### Peer pressure

It is not only young women who are put under pressure by cultural expectations around sex, sexuality and gender. A recent Family Planning Association project found that gang culture and negative notions of masculinity are placing pressure on young men's behaviour.<sup>42</sup> Experts told the Committee the desire to prove themselves a heterosexual man is a strong influence on many young men to have sex at a young age and the way they treat young women is often part of that.

*'They are under pressure themselves, usually from other boys, and the pressure they are under is to prove their heterosexuality and their masculinity - to prove they are not gay.'* Adrian Kelly, Government Office for London<sup>43</sup>

There is a need for more projects that challenge negative stereotypes

### Good practice example – tackling stereotypes and stigma

The African Muslim Campaign Against HIV, jointly commissioned by Southwark PCT and Southwark Council, aims to deal with stigma and cultural issues around sex, sexuality and gender. Working with local young African Muslims it aimed to raise awareness and knowledge of HIV and STIs, discuss relationships and respect for women, signpost services and offer STI testing. A key element of the programme was having discussions with Imams and community leaders about the issue and providing them training to talk about the issues with their communities.<sup>44</sup>

**The Committee believes there is a need for more projects that challenge negative stereotypes, such as the Muslim Campaign against HIV in Southwark outlined above.**

### Sex and relationship education

In our 2005 review, the Committee recognised that good quality sex and relationship education, delivered by appropriately trained professionals, across London was the most important measure in improving young people's sexual health.

All schools provide sex and relationship education, as part of the broader personal, social and health education (PSHE). Good quality PSHE is a core requirement for schools to gain Healthy School status.<sup>45</sup> The government recently announced plans to make PSHE a compulsory part of the national curriculum by 2011. Whilst the Committee welcomes this news it remains unclear what prominence will be given to sex and relationship education as part of the PSHE agenda.

The Committee remains concerned that the quality and content of sex and relationship education continues to vary from school to school.<sup>46</sup> Many young people believe the current quality of

sex and relationship education offered in schools is inadequate and delivered as a stand-alone one-off lesson.<sup>47</sup>

Experts highlighted good quality sex and relationship education as one way of addressing stigma and embarrassment around sex so long as it provides more than biological information. Ideally it should aim to normalise discussions about sex, relationships, respect, gender equality and sexuality in an age appropriate way.<sup>48</sup>

*'sexual health is an issue about well being and self esteem and confidence.'*

*'I think sexual health is an issue about well being and self esteem and confidence, which are skills and training that should be provided at an early age throughout all good education.'* Hong Tan, London Sexual Health Programme<sup>49</sup>

In January 2009, Young London Matters<sup>50</sup> released a Londonwide sex and relationship education resource that aims to enhance existing education programmes and complement local work in the capital.<sup>51</sup> It draws together the good practice taking place across London and provides teachers with a programme of study from Foundation Stage to post-16. The Committee welcomes the work in this area and urges that it be adopted across London.

**We believe that schools' sex and relationships education needs to be brought up to a consistently high standard, and that the current government review of PSHE provides a good opportunity to do this.**

### **Recommendation 3**

**The Department for Children, Schools and Families and the Qualifications and Curriculum Authority should ensure that sex and relationship education is effectively covered in the mandatory PSHE curriculum, currently under development. In line with the Londonwide sex and relationship education Core Curriculum Resource the curriculum should encourage the use of peer educators, include discussions about sexuality and aim to empower all young people to have discussions about sex and relationships in an age appropriate way.**

## Local prioritisation

Clear benefits can be gained by investing in preventative public health measures, for example it is commonly asserted that £1 spent on contraceptive services saves the NHS £11 in further costs.<sup>52</sup>

Investment in sexual health services varies widely across London. As Figure 6 shows investment ranges from £57.67 to £5.46 per head of population. The recent *Sex and our city* study indicated the variation across London PCTs does not clearly correlate to a variation in local need.<sup>53</sup> Spending more does not automatically equate to improved services or outcomes. Adopting and commissioning in line with good practice will have greater success.

It is commonly asserted that £1 spent on contraceptive services saves the NHS £11 in further costs

Figure 6: London PCT spending on sexual health for 2007/08 per head of population<sup>54</sup>

London PCT	£	London PCT	£
Camden	57.67	Barking & Dagenham	14.93
Kensington & Chelsea	42.40	Waltham Forest	13.41
Tower Hamlets	40.47	Hounslow	13.05
City & Hackney	34.13	Kingston	12.41
Westminster	32.50	Enfield	11.95
Lambeth	32.31	Ealing	11.10
Southwark	28.87	Bromley	10.73
Hammersmith & Fulham	26.46	Hillingdon	10.24
Wandsworth	26.35	Richmond & Twickenham	9.10
Lewisham	20.17	Barnet	9.03
Islington	19.92	Redbridge	9.01
Brent Teaching	18.43	Harrow	8.77
Greenwich Teaching	18.04	Sutton & Merton	8.46
Newham	17.01	Havering	6.90
Croydon	15.99	Bexley	5.46
Haringey	15.50		

At a local level there are two national indicators related to sexual health that can be included in Local Area Agreements (LAAs) as a priority for the local PCT, borough and other partners. These indicators are reducing under-18 conceptions and reducing rates of chlamydia in under-25s. For the 2008 period eighteen LAAs in London have included the first indicator whilst only four have chosen the second.

Some local areas are not prioritising teenage pregnancies

The Committee was told that some local areas are not prioritising teenage pregnancies despite ward level data indicating there are issues within the area.

*'I have heard it described as like looking for a needle in a haystack. It is not really because you know exactly geographically where it is. You have got a metal detector. You could find that needle quite easily and address it but...trying to get that message across is quite difficult when they have got other priorities'.* Adrian Kelly, Government Office for London<sup>55</sup>

As set out in Section 1, there are major variations in chlamydia screening rates and in screening positivity rates within London. This appears to indicate that some PCTs are investing more effort and resources into chlamydia screening and some are targeting the most at-risk populations more effectively than others.

Much of the responsibility for improving sexual health lies with local commissioners. A recent independent national review concluded that often Commissioners have a range of other local priorities, and are sometimes not senior enough to be able to influence local leaders.<sup>56</sup> One guest told us that how things are run seems to:

*'Rely on the views and the personalities of the individual commissioner rather than on any joined up London approach towards much better, simpler and easier to access integrated services.'* Dr Simon Barton, Clinical Lead to London Sexual Health Programme Board<sup>57</sup>

Excellent services for young people have been developed only for them to be withdrawn a short time later

Some experts felt that in many cases decisions around Londoners' sexual health have been made on a financial basis rather than on public health considerations. Similar issues were raised with the Committee in 2005. The Committee was told that funding for sexual health under *Choosing Health*<sup>58</sup> was not ring fenced and the Committee heard reports that many PCTs have used it to fund other services and help tackle deficits.<sup>59</sup> We were told that recently many excellent services for young people have been developed only for them to be withdrawn a short time later because of time-limited funding arrangements.<sup>60</sup>

**At a time when NHS budgets will be stretched, and in light of past practice of diverting public health money to tackle deficits, the Committee believes there is cause for concern.**

In 2005, the Committee recommended that funding for sexual health services should be ring fenced if they continued to be

diverted to other issues. In a follow-up to our work the issue was raised with the Chief Executive of the London Strategic Health Authority (now NHS London), who stated that:

*'I am not in favour of ring fence funding for things because I think it will ultimately substantially undermine individual PCTs' capability to make judgments about what is important for their local population'* Ruth Carnall, London Strategic Health Authority (now NHS London)<sup>61</sup>

Four years on the Committee was told again by experts working in the field that ring fenced funding could go a long way to mitigating the lack of priority being given to this issue in London.

*'From the clinician's point of view, where we have seen things work, it was where money was ring fenced. If you look at the way we are moving with a lot of the Darzi reforms it is about have a clear plan for strokes, have a plan for paediatrics, have a plan, you put money round it and you say this is how it has got to be.'* Dr Simon Barton, Clinical Lead to London Sexual Health Programme Board<sup>62</sup>

*'From the clinician's point of view, where we have seen things work, it was where money was ring fenced.'*

There does appear to be a reappraisal of the value of ring fenced funding taking place in government. In response to the recent national rise in teenage pregnancies the government announced it would provide an extra £20.5 million to improve access to and raise awareness of sexual health services for young people.<sup>63</sup> The £20.5 million government support package includes:

- £7 million for a new "contraceptive choices" media campaign to raise awareness of the different contraceptive options; and
- £1 million to support further education colleges to develop and expand on-site contraception and sexual health services.

**We welcome what appears to be the recognition from central government that dedicated funding streams need to be used to supplement local funding. A logical extension of this step would be to provide London, as a region, ring-fenced funding to develop public health campaigns so that larger sums can yield significant economies of scale.**

London lacks a coherent citywide approach to tackling its sexual health problems

### A lack of regional prioritisation and direction

Sexual health has been adopted as one of London's public health priorities and there exist a number of London leads and commissioning groups. However, London lacks a coherent citywide approach to tackling its sexual health problems.<sup>64</sup>

Whilst the *Healthcare for London Framework* identified preventative work on sexual health as a priority area needing action by the NHS and its partners it did not provide any vision for how this would be done.<sup>65</sup> The leadership being employed in taking forward *Healthcare for London's* stroke and trauma reorganisation across London was highlighted as being in stark contrast to that shown in the sexual health field. According to one expert, sexual health remains a Cinderella service despite it being at the top of the list of concerns for young people.<sup>66</sup>

London's high level of mobility is a particular issue for sexual health as the stigma attached to using these services often results in patients travelling out of their local area for anonymity. There are limits to what improvements commissioners can make to sexual health when their influence ends at a PCT boundary whilst their populations interact with those beyond.

*'I think what we need is to have some vision across London again because, as a Commissioner of Services in Westminster, there is a limit to what I can change London-wide... We have to agree a vision.'* Gary Alessio, Westminster PCT<sup>67</sup>

Experts told the Committee repeatedly that high-profile political and health service leadership at London level would assist good practice being spread across London and result in improved value for money. Referring to the Committee's 2005 recommendations one expert told us:

*'They were brilliant but they have not been implemented because they have been left to too much local fragility around not having the skills of the people to understand what is written there and how to achieve it.'* Dr Simon Barton, Clinical Lead to London Sexual Health Programme Board<sup>68</sup>

London could become a beacon of good practice

The Committee agrees that an urgent drive from strategic London leaders on young people's sexual health and teenage pregnancies would support the excellent work taking place in many areas of London. London could become a beacon of good practice to the rest of the country if there were a platform providing a coherent London vision.

To this end, the Committee calls on the Regional Director of Public Health urgently to appoint a senior London health professional to act as a champion on sexual health and teenage pregnancy. This champion should work with the London Sexual Health Framework working group, the London Sexual Health Programme, London PCTs and the Government Office to improve young Londoners' sexual health. This could be an Assistant Director from the London Regional Public Health group.

#### **Recommendation 4**

**The Regional Director of Public Health should urgently appoint a senior London health professional as a champion on sexual health and teenage pregnancy. This could be an Assistant Director from the London Regional Public Health group. The champion should highlight good practice, including that listed in this report, and encourage its implementation across all London PCTs where it meets the local population's needs.**

Additionally, the Committee believes the Mayor of London and his adviser on Health and Youth Opportunities should include measures to improve young Londoners' sexual health in the upcoming Mayoral Health Inequalities Strategy. Young Londoners' sexual health and high rates of teenage pregnancy are significant health inequalities with serious consequences for individuals and communities. The measures highlighted in the Mayor's Health Inequalities Strategy should reflect the Committee's findings set out in this report and those arising from the 2005 investigation.

#### **Recommendation 5**

**The Mayor and his adviser on Health and Youth Opportunities, Pamela Chesters, should include measures to improve young Londoners' sexual health and reduce rates of teenage pregnancy in the Mayor's Health Inequalities Strategy. Measures should be aimed at: sharing best practice; encouraging partnership working between NHS bodies, third-sector organisations and the media; and improving performance and efficiency across London. It should provide joined up leadership and a realistic vision for all London partners including the aim of establishing London as a beacon of good practice.**

# Appendix 1 - Recommendations

## **Recommendation 1**

The Committee recommends the London Regional Director of Public Health should work with London PCTs to develop pan-London branding and share good practice for their chlamydia screening programmes. This work could be part of the re-examination of the London Sexual Health Framework, The Committee will monitor the development of this work as part of its next annual meeting with the Regional Director of Public Health in June 2010.

## **Recommendation 2**

The Committee recommends that as part of the re-examination of the London Sexual Health Framework, the London Regional Director of Public Health should work with London PCTs to develop pan-London branding and joint working for sexual health media campaigns and social marketing. The brand should be designed in a way that allows PCTs to adapt it to their local context and communities. The Committee will monitor the development of this work as part of its next annual meeting with the Regional Director of Public Health in June 2010.

## **Recommendation 3**

The Department for Children, Schools and Families and the Qualifications and Curriculum Authority should ensure that sex and relationship education is effectively covered in the mandatory PSHE curriculum, currently under development. In line with the Londonwide sex and relationship education Core Curriculum Resource the curriculum should encourage the use of peer educators, include discussions about sexuality and aim to empower all young people to have discussions about sex and relationships in an age appropriate way.

## **Recommendation 4**

The Regional Director of Public Health should urgently appoint a senior London health professional as a champion on sexual health and teenage pregnancy. This could be an Assistant Director from the London Regional Public Health group. The champion should highlight good practice, including that listed in this report, and encourage its implementation across all London PCTs where it meets the local population's needs.

## **Recommendation 5**

The Mayor and his adviser on Health and Youth Opportunities, Pamela Chesters, should include measures to improve young Londoners' sexual health and reduce rates of teenage pregnancy in the Mayor's Health Inequalities Strategy. Measures should be aimed at: sharing best practice; encouraging partnership working between NHS bodies, third-sector organisations and the media; and improving performance and efficiency across London. It should provide joined up leadership and a realistic vision for all London partners including the aim of establishing London as a beacon of good practice.

# Appendix 2 - The Committee's 2005 Recommendations

The Health and Public Committee first investigated young people's sexual health in 2005. The findings of this review were published in the report *Improving Young People's Sexual Health* in November 2005. Some paper-based follow up work was undertaken a few months after its release. The Committee's 2005 recommendations and the initial responses it received are set out below.

## **Recommendation 1**

We recommend that the pan London Sexual Health Promotion Group and the Londonwide Sexual Health Steering Group review what information and advice is currently available and develop future plans to ensure that information and advice is appropriately designed for the needs of different groups and is delivered in appropriate settings.

## **Recommendation 2**

We recommend that Primary Care Trusts, commissioning bodies and providers respond to the needs of young people and consult young people about the design of their sexual health care and advice services. Providers should take steps to share information on effective service design.

## **Recommendation 3**

We recommend that the Department for Education and Skills ensure that sex and relationships education, including sexual health matters, should be required to be taught in secondary schools, with parents retaining the option to withdraw their children. These sessions should be delivered within the broader framework of personal, social and health education.

## **Recommendation 4**

We recommend that the Department of Health and the Department for Education and Skills ensure that specialist certification for personal, social and health education is extended to all schools in London as a matter of urgency.

## **Recommendation 5**

We recommend that the Mayor together with the Londonwide Sexual Health Steering Group and pan London Sexual Health Promotion Group explore with the London media the possibility of a London-specific media campaign on sexual health for young people.

*Response: A London sexual health communications group was formed under the previous administration that included representatives from the Mayor's Health Policy Team, Regional Public Health Group, DfES and the London Sexual Health Programme Director. The group aimed to bring a London approach to sexual health campaigns and coordinate opportunities for sexual health promotion at London events.*

## **Recommendation 6:**

We recommend that in order to assist in taking an inclusive and collaborative approach to young people's sexual health:

- Children and Young People's Partnership Boards (which all include voluntary and community sector representatives) explicitly include sexual health in their remit and
- targets to improve sexual health are set within Local Area Agreements

*Response: Sexual health is a target in Islington, Hammersmith and Fulham and Redbridge Local Area Agreements. Sexual health is one of the priority areas in City and Hackney, Islington, and Hammersmith and Fulham Children and Young People's Plans.*

### **Recommendation 7**

We recommend that London strategic health authorities direct:

- Primary care trusts to work together strategically in commissioning services within and across geographical sector; and
- Primary care trusts and acute trusts to work together to form clinical networks that will ensure delivery plans are coordinated and best practice is shared.

### **Recommendation 8**

Funding designated for sexual health services should be transparent and monitored to ensure that it reaches GUM budgets. Where this does not happen, future funding should be ring-fenced.

### **Recommendation 9**

We recommend that the Department of Health give sexual health the same priority as other core services and that the Healthcare Commission incorporate the performance of GUM clinics in its assessment process for primary care trusts and hospital trusts.

*Response: Sexual health is now one of the Department of Health's top six priorities, as laid out in its Operating Framework. GUM clinic access became an indicator for assessment by the Healthcare Commission in 2005/6 and the indicator applies to PCTs and hospital trusts.*

# Appendix 3 - How we conducted this investigation

## Public meeting with professional stakeholders

The Committee held a public meeting with professionals on the 23 April 2009. The meeting was used to discuss why young Londoners' sexual health had not improved since the 2005 and what more needed to be done. The following guests attended:

- Hong Tan, Director, London Sexual Health Programme
- Dr Simon Barton, London Sexual Health Programme
- Jose Figueroa, City and Hackney PCT
- Gary Alessio, Westminster PCT
- Adrian Kelly, Government Office for London
- Maureen Boyle, Brook Advisory Centres
- Cathy Phiri, MTV International

A copy of the transcript is available on our website at:  
[http://www.london.gov.uk/assembly/health\\_ps/2009/apr23/minutes/transcript.pdf](http://www.london.gov.uk/assembly/health_ps/2009/apr23/minutes/transcript.pdf)

## Call for written views and information

The following organisations responded to our limited call for written views and information in May 2009:

- Brent Council
- Enfield PCT
- Family Planning Association
- Islington PCT
- Lambeth NHS HIV and Sexual Health Promotion Team
- Southwark PCT
- Terrence Higgins Trust
- Tower Hamlets PCT

You can find a copy of these submissions on our website at:  
<http://www.london.gov.uk/assembly/reports/health.jsp>

# Appendix 4 - Principles of scrutiny

## **An aim for action**

An Assembly scrutiny is not an end in itself. It aims for action to achieve improvement.

## **Independence**

An Assembly scrutiny is conducted with objectivity; nothing should be done that could impair the independence of the process.

## **Holding the Mayor to account**

The Assembly rigorously examines all aspects of the Mayor's strategies.

## **Inclusiveness**

An Assembly scrutiny consults widely, having regard to issues of timeliness and cost.

## **Constructiveness**

The Assembly conducts its scrutinies and investigations in a positive manner, recognising the need to work with stakeholders and the Mayor to achieve improvement.

## **Value for money**

When conducting a scrutiny the Assembly is conscious of the need to spend public money effectively.

# Appendix 5 - Orders and translations

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### Chinese

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Email 与我们联系。

### Vietnamese

Nếu ông (bà) muốn nội dung văn bản này được dịch sang tiếng Việt, xin vui lòng liên hệ với chúng tôi bằng điện thoại, thư hoặc thư điện tử theo địa chỉ ở trên.

### Greek

*Εάν επιθυμείτε περίληψη αυτού του κειμένου στην γλώσσα σας, παρακαλώ καλέστε τον αριθμό ή επικοινωνήστε μαζί μας στην ανωτέρω ταχυδρομική ή την ηλεκτρονική διεύθυνση.*

### Turkish

Bu belgenin kendi dilinize çevrilmiş bir özetini okumak isterseniz, lütfen yukarıdaki telefon numarasını arayın, veya posta ya da e-posta adresi aracılığıyla bizimle temasa geçin.

### Punjabi

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਸੰਖੇਪ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਲੈਣਾ ਚਾਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ ਜਾਂ ਉਪਰ ਦਿੱਤੇ ਡਾਕ ਜਾਂ ਈਮੇਲ ਪਤੇ 'ਤੇ ਸਾਨੂੰ ਸੰਪਰਕ ਕਰੋ।

### Hindi

यदि आपको इस दस्तावेज का सारांश अपनी भाषा में चाहिए तो उपर दिये हुए नंबर पर फोन करें या उपर दिये गये डाक पते या ई मेल पते पर हम से संपर्क करें।

### Bengali

আপনি যদি এই দলিলের একটা সারাংশ নিজের ভাষায় পেতে চান, তাহলে দয়া করে ফোন করবেন অথবা উল্লেখিত ডাক ঠিকানায় বা ই-মেইল ঠিকানায় আমাদের সাথে যোগাযোগ করবেন।

### Urdu

اگر آپ کو اس دستاویز کا خلاصہ اپنی زبان میں درکار ہو تو، براہ کرم نمبر پر فون کریں یا مذکورہ بالا ڈاک کے پتے یا ای میل پتے پر ہم سے رابطہ کریں۔

### Arabic

الوصول على ملخص لهذا المستند بلغتك،  
فراجع الاتصال برقم الهاتف أو الاتصال على  
العنوان البريدي العادي أو عنوان البريد  
الإلكتروني أعلاه.

### Gujarati

જો તમારે આ દસ્તાવેજનો સાર તમારી ભાષામાં જોઈતો હોય તો ઉપર આપેલ નંબર પર ફોન કરો અથવા ઉપર આપેલ ટપાલ અથવા ઇ-મેઇલ સરનામા પર અમારો સંપર્ક કરો.

# Endnotes

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- <sup>1</sup> *Improving young people's sexual health*, 2005, London Assembly Health and Public Services Committee, available at:  
<http://www.london.gov.uk/assembly/reports/health/sexual-health.pdf>
- <sup>2</sup> *Improving young people's sexual health*, 2005, London Assembly Health and Public Services Committee.
- <sup>3</sup> *Improving young people's sexual health*, 2005, London Assembly Health and Public Services Committee, p 10.
- <sup>4</sup> 2007 provisional data, February 2009, Department of Children, Schools and Families, available at:  
[http://www.everychildmatters.gov.uk/\\_files/BD2CBB39DC3B9B8CA9F28E2775510CAD.xls](http://www.everychildmatters.gov.uk/_files/BD2CBB39DC3B9B8CA9F28E2775510CAD.xls)
- <sup>5</sup> 2007 provisional data, February 2009, Department of Children, Schools and Families.
- <sup>6</sup> *Transcript of Health and Public Services Committee*, 23 April 2009, p 7, available at:  
[http://www.london.gov.uk/assembly/health\\_ps/2009/apr23/minutes/transcript.pdf](http://www.london.gov.uk/assembly/health_ps/2009/apr23/minutes/transcript.pdf)
- <sup>7</sup> 2007 provisional data, February 2009, Department of Children, Schools and Families.
- <sup>8</sup> *Transcript of Health and Public Services Committee*, 23 April 2009, p 6.
- <sup>9</sup> *Transcript of Health and Public Services Committee*, 23 April 2009, pp 6-7.
- <sup>10</sup> *Sexually Transmitted Infections and Young People in the United Kingdom*, 2008, Health Protection Agency.
- <sup>11</sup> *Selected STI diagnoses (numbers and rates) from GUM clinics in the UK: 2004 – 2008*, 24 July 2009, Health Protection Agency, available at:  
[http://www.hpa.org.uk/web/HPAwebFile/HPAweb\\_C/1215589013442](http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1215589013442)
- <sup>12</sup> *Going All the Way: Further Education Sexual Health Needs Assessment*, July 2009, Michael Bell Associates.
- <sup>13</sup> Source: *Selected STI diagnoses (numbers and rates) from GUM clinics in the UK: 2004 – 2008*, 24 July 2009, Health Protection Agency.
- <sup>14</sup> *NHS Vital Signs 2008/9*, results for April 2008 to March 2009, National Chlamydia Screening Programme, available at:  
[http://www.chlamydia-screening.nhs.uk/ps/assets/pdfs/data/Vital\\_Signs%20\\_PCT\\_%20April%2008\\_Mar%2009\\_Masked.pdf](http://www.chlamydia-screening.nhs.uk/ps/assets/pdfs/data/Vital_Signs%20_PCT_%20April%2008_Mar%2009_Masked.pdf)
- <sup>15</sup> *NHS Vital Signs 2008/9*, results for April 2008 to March 2009, National Chlamydia Screening Programme.
- <sup>16</sup> *Transcript of Health and Public Services Committee*, 23 April 2009, p 11.
- <sup>17</sup> Rates are for screening conducted under the National Chlamydia Screening Programme. *NHS Vital Signs 2008/9*, results for April 2008 to March 2009, National Chlamydia Screening Programme.
- <sup>18</sup> *Transcript of Health and Public Services Committee*, 23 April 2009, p 11.
- <sup>19</sup> Recommendation 7, *Improving young people's sexual health*, 2005, London Assembly Health and Public Services Committee, p 10.
- <sup>20</sup> *Transcript of Health and Public Services Committee*, 23 April 2009, p 12.
- <sup>21</sup> *Sex and our City: Achieving better sexual health services for London*, November 2008, MedFASH, available at:  
[http://www.medfash.org.uk/publications/documents/Sex\\_and\\_our\\_City\\_PUBLISHED\\_ONLINE.pdf](http://www.medfash.org.uk/publications/documents/Sex_and_our_City_PUBLISHED_ONLINE.pdf)
- <sup>22</sup> *Going All the Way: Further Education Sexual Health Needs Assessment*, July 2009, Michael Bell Associates on behalf of the London Sexual Health Programme.
- <sup>23</sup> *Transcript of Health and Public Services Committee*, 23 April 2009, p 28.
- <sup>24</sup> *Going All the Way: Further Education Sexual Health Needs Assessment*, July 2009, Michael Bell Associates on behalf of the London Sexual Health Programme.
- <sup>25</sup> *Sex and our City*, November 2008, MedFASH.
- <sup>26</sup> [http://www.hpa.org.uk/web/HPAwebFile/HPAweb\\_C/1194947355431](http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1194947355431)
- <sup>27</sup> *Transcript of Health and Public Services Committee*, 23 April 2009, p 14.
- <sup>28</sup> *Transcript of Health and Public Services Committee*, 23 April 2009, p 13 and p 14.
- <sup>29</sup> *Transcript of Health and Public Services Committee*, 23 April 2009, p 13.
- <sup>30</sup> *Transcript of Health and Public Services Committee*, 23 April 2009, p 14.
- <sup>31</sup> Written submission from Terrence Higgins Trust.
- <sup>32</sup> *Transcript of Health and Public Services Committee*, 23 April 2009, pp 28-29.
- <sup>33</sup> *Transcript of Health and Public Services Committee*, 23 April 2009, p 4.
- <sup>34</sup> *Transcript of Health and Public Services Committee*, 23 April 2009, p 6.
- <sup>35</sup> *Transcript of Health and Public Services Committee*, 23 April 2009, p 18.

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- <sup>36</sup> *Transcript of Health and Public Services Committee*, 23 April 2009, p 4.
- <sup>37</sup> *Transcript of Health and Public Services Committee*, 23 April 2009, p 22.
- <sup>38</sup> *Transcript of Health and Public Services Committee*, 23 April 2009, p 23.
- <sup>39</sup> *Transcript of Health and Public Services Committee*, 23 April 2009, p 20.
- <sup>40</sup> *Transcript of Health and Public Services Committee*, 23 April 2009, p 20.
- <sup>41</sup> *Transcript of Health and Public Services Committee*, 23 April 2009, p 1.
- <sup>42</sup> Written submission from Family Planning Association.
- <sup>43</sup> *Transcript of Health and Public Services Committee*, 23 April 2009, p 26.
- <sup>44</sup> Written submission from Southwark Primary Care Trust.
- <sup>45</sup> *Review of the National Strategy for Sexual Health and HIV*, July 2008, MedFASH, p 34: [http://www.medfash.org.uk/publications/documents/Progress\\_and\\_priorities\\_working\\_together\\_for\\_high%20quality\\_sexual\\_health\\_FULL\\_REPORT.pdf](http://www.medfash.org.uk/publications/documents/Progress_and_priorities_working_together_for_high%20quality_sexual_health_FULL_REPORT.pdf)
- <sup>46</sup> *Review of the National Strategy for Sexual Health and HIV*, July 2008, MedFASH, p 34.
- <sup>47</sup> *SRE: Are you getting it?* June 2007, UK Youth Parliament. Also *Transcript of Health and Public Services Committee*, 23 April 2009, p 19.
- <sup>48</sup> *Transcript of Health and Public Services Committee*, 23 April 2009, p 27.
- <sup>49</sup> *Transcript of Health and Public Services Committee*, 23 April 2009, p 5.
- <sup>50</sup> *Young London Matters* is a partnership led by the Government Office for London with local authorities, London Councils, the Greater London Authority, NHS London and other key voluntary and community organisations in London that aims to support the Every Child Matters agenda.
- <sup>51</sup> *SRE Core Curriculum for London: A practical resource*, January 2009, Young London Matters at: <http://www.younglondonmatters.org/uploads/documents/srecorecurriculumforlondonapracticalresourcepdfdocument.pdf>
- <sup>52</sup> *Transcript of Health and Public Services Committee*, 23 April 2009, p 2.
- <sup>53</sup> *Sex and our City: Achieving better sexual health services for London*, November 2008, MedFASH.
- <sup>54</sup> The figures include spend on GP contraceptive prescribing and are not just for spend on services for young people. Source: *Sex and our City: Achieving better sexual health services for London*, November 2008, MedFASH.
- <sup>55</sup> *Transcript of Health and Public Services Committee*, 23 April 2009, p 7.
- <sup>56</sup> *Review of the National Strategy for Sexual Health and HIV*, July 2008, MedFASH, at p 39.
- <sup>57</sup> *Transcript of Health and Public Services Committee*, 23 April 2009, p 2.
- <sup>58</sup> The 2004 *Choosing Health* White Paper aimed to support the public to make healthier and more informed choices in regards to their health. Details at: [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4094550](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4094550)
- <sup>59</sup> *Transcript of Health and Public Services Committee*, 23 April 2009, p 10 and *Press Release*, 6 October 2006, Faculty of Family Planning and Reproductive Health Care and Family Planning Association.
- <sup>60</sup> Written submission from Southwark PCT and Family Planning Association.
- <sup>61</sup> *Transcript of Health and Public Services Committee*, 1 November 2006, p 16: [http://www.london.gov.uk/assembly/health\\_ps/2006/healthpsnov1/minutes/appb.pdf](http://www.london.gov.uk/assembly/health_ps/2006/healthpsnov1/minutes/appb.pdf)
- <sup>62</sup> *Transcript of Health and Public Services Committee*, 23 April 2009, p 10.
- <sup>63</sup> *Press Release*, Department of Children, Schools and Families, 26 February 2009, available at: <http://www.dcsf.gov.uk/everychildmatters/healthandwellbeing/teenagepregnancy/teenagepregnancy/>
- <sup>64</sup> *Sex and our City: Achieving better sexual health services for London*, November 2008, MedFASH, p 16.
- <sup>65</sup> *Healthcare for London Framework*, July 2007, NHS London, p 53: <http://www.healthcareforlondon.nhs.uk/assets/Publications/A-Framework-for-Action/aFrameworkForAction.pdf>
- <sup>66</sup> *Transcript of Health and Public Services Committee*, 23 April 2009, p 15.
- <sup>67</sup> *Transcript of Health and Public Services Committee*, 23 April 2009, p 14.
- <sup>68</sup> *Transcript of Health and Public Services Committee*, 23 April 2009, p 16.





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