

BARNSELY METROPOLITAN BOROUGH COUNCIL

REPORT OF: EXECUTIVE DIRECTOR CORE SERVICES

TITLE: SCRUTINY TASK AND FINISH GROUP (TFG) REPORT ON SEXUAL & REPRODUCTIVE HEALTH IN BARNSELY

REPORT TO:	CABINET
Date of Meeting	22nd March 2023
Cabinet Member Portfolio	N/A
Key Decision	No
Public or Private	Public

Purpose of report

To report to Cabinet the findings of the Overview & Scrutiny Committee (OSC) from the investigations undertaken on its behalf by the Sexual & Reproductive Health Task & Finish Group (TFG).

Council Plan priority

- Healthy Barnsley

Recommendations

- 1. Consider refreshing the health impact needs assessment to support effective decision making on the realignment of resources and identification of priorities to address the current and future sexual and reproductive health needs of the community and to reduce inequalities across the borough, particularly for groups who are disproportionately affected**
- 2. Through Barnsley Alliance, Education Services and other partners, increase access to information and support for young people so that they have the practical knowledge and advice required to make healthy lifestyle choices, including, but not limited to :-**
 - **Raising the profile of C Cards and making them more easily accessible to young people**
 - **Promoting the offer of the Spectrum Sexual Health Clinic ‘drop-in’ sessions for young people**

- Ensuring that young people have the appropriate information so that they know where to go in Barnsley in a sexual/reproductive health 'emergency'
 - Developing focussed work to further support those with SEND and Children in Care
 - Raising aspirations, self-worth and confidence in young people who may be considered vulnerable and at risk of becoming teenage parents
3. **Develop promotional messages using social media platforms frequently accessed by the target audience and work towards removing the stigma of the traditional sexual health clinic**
 4. **Work in partnership with CAMHS to offer C Cards and signposting to Spectrum for young people**
 5. **Work in partnership with primary care to look at where the demand for training lies and how this can be addressed locally, and to ensure that the LARC offer is equitable across all Wards of the borough, thus benefitting residents**
 6. **Work closely with Area Councils and elected members via an All-Member Information Brief so that members can support residents effectively**
 7. **Where appropriate, move towards collaborative commissioning for sexual and reproductive health services as part of Integrated Care to remove fragmentation, maximise opportunities and strengthen partnerships**
 8. **Investigate the potential of working with Family Centres to offer support for sexual health, reproductive health and peer support groups for young people who are, or about to become, teenage parents**
 9. **Further develop support for young parents and their children. Consider the most appropriate model to deliver a targeted approach so that young people can give their child the best start in life and develop positive relationships**

1. INTRODUCTION & BACKGROUND

- 1.1 According to the World Health Organisation (WHO), sexual health is “fundamental to the overall health and wellbeing of individuals, couples, and families, and to the social and economic development of communities and countries. Sexual health, when viewed affirmatively, requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.”

- 1.2 WHO defines reproductive health as being “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so.”
- 1.3 Sexual health is a Public Health priority and a mandated function. However, in the past it has been a hidden priority, taking a back seat to more prominent and visible areas of work including tobacco, food and alcohol.
- 1.4 Sexual health needs vary according to factors such as age, gender, sexual orientation and ethnicity. However, there are certain core needs common to everyone and evidence suggests that sexual health outcomes can be improved by providing accurate, high-quality information and education enabling people to make informed responsible decisions, as well as access to high-quality, confidential services, treatment and interventions.
- 1.5 Consequences of poor sexual health include:-
 - Unplanned pregnancies and abortions
 - Psychological consequences, including from sexual coercion and abuse
 - Poor educational, social and economic opportunities for teenage mothers, young fathers and their children
 - HIV transmission
 - Cervical and other genital cancers
 - Hepatitis, chronic liver disease and liver cancer
 - Pelvic-inflammatory disease, which can cause ectopic pregnancies and infertility
 - Complex infection impact/sequelae, often irreversible, eg. Neurosyphilis
 - Poorer maternity outcomes for mother and baby
- 1.6 Members identified Sexual & Reproductive Health as an area to explore during 2022/23 and added it to the work programme as a Task and Finish Group. Given the wide-ranging nature and complexity of the topic, the group agreed to direct the focus of the group towards Long Acting Reversible Contraception (LARC) and Teenage Conceptions. LARC was selected for an area of focus following a referral from Barnsley Local Medical Committee to the Overview & Scrutiny Committee, expressing concerns over the equality of access across the borough. Teenage Conceptions was selected because, although teenage conception rates are falling in Barnsley, more needs to be done to reduce them further.
- 1.7 Over the course of the investigation, the group met with BMBC officers from Public Health; the Cabinet Support Member for Public Health & Communities; clinical staff from Spectrum Integrated Sexual Health Services; and a local GP who is also Medical Secretary of the Barnsley Local Medical Committee. The group would like to give thanks to all witnesses who provided information to support their investigation.
- 1.8 The members of the TFG who undertook this investigation are as follows:-
Cllrs John Clarke (TFG Lead Member), Brenda Eastwood, Jeff Ennis, Will Fielding, Jo Newing, Kevin Osborne, John Wilson.

1.9 To enhance the expertise and diversity amongst the group, Danni Veters from Healthwatch Barnsley was co-opted for the duration of the investigation and the group would like to give particular thanks to Danni for her invaluable contribution.

1.10 As a result of the investigations, the group have highlighted a number of recommendations in support of further improvement, the rationale for which is outlined in section 7.

2. SCOPE OF THE INVESTIGATION

2.1 Initially, the group met to consider the scope of the investigation and agreed to focus on the following outcomes:-

- Gain a basic understanding of the sexual and reproductive health offer in Barnsley, those who are most likely to be affected by poor sexual health, and the implications
- Fully understand the benefits of Long-Acting Reversible Contraception (LARC) as opposed to user dependent methods, and what is being done to increase take-up across the borough
- Be assured that Long-Acting Reversible Contraception (LARC) commissioning arrangements are fair, equitable and easily accessible by all sections of the community and that existing arrangements do not present any barriers to take-up
- Fully understand the data relating to teenage conception rates, including how Barnsley compares to similar authorities; the direction of travel over the last decade; and the socio-economic background of those affected
- Fully understand the impact of being a teenage parent; the support available, including access to planned and emergency contraception, particularly for the most vulnerable; and the work being done to reduce teenage conception rates, including work done in schools via the national curriculum



2.2 The TFG undertook a number of 'check and challenge' sessions with officers and partners regarding the work being carried out, and the current and future plans and challenges associated with the subject. This involved asking questions of them regarding their work and the services available locally.

2.3 To support their investigations the group also attended the Barnsley Sexual Health Conference in September 2022 and the Integrated Sexual Health Service open evening in October 2022 where members were given a tour of the facilities and asked questions about access to appointments; safeguarding for staff and service users; access to contraception for young people; and communication methods used to raise the profile of the service.

3. FINDINGS FROM THE INVESTIGATION

Overview of the Sexual & Reproductive Health Offer in Barnsley

- 3.1 A Sexual and Reproductive Health Plan for Barnsley was introduced in 2022, the first one of its kind, outlining the short, medium and long-term ambitions to improve the sexual and reproductive health of Barnsley residents. This will be supported by the newly formed Sexual & Reproductive Health Alliance and will link with other Barnsley Public Health priorities, including reducing health inequalities across the borough and enabling people to get the right support at the right time, in the right place; those of the Health and Wellbeing Board; and Barnsley 2030. They also align with the Government’s ‘A Framework for Sexual Health Improvement in England’.
- 3.2 Poor sexual health outcomes are not distributed evenly and those from marginalised communities continue to be disproportionately affected by poor sexual health. Local services see an over-representation from black communities, gay and bisexual men, trans people, and people impacted by deprivation and poverty.
- 3.3 New and emerging problems in relation to sexual and reproductive health include:-
- the increase of Syphilis, including complex infection
 - the increase of Gonorrhoea
 - emerging new infections (such as Monkeypox)
 - some infections becoming resistant to antibiotics
 - access to sex has become easier due to the rise of social media and dating apps, which can lead to increased risky behaviours
- 3.4 In accordance with the Faculty of Sexual & Reproductive Healthcare Quality Standards, there are three tiers of intervention for sexual and reproductive healthcare:-

Level 1 (every General Practice)	Level 2 – Primary Care Teams with a Specialist Interest	Level 3 – Specialist Services (Integrated Sexual Health Services)
<ul style="list-style-type: none"> • Sexual history and risk assessment • STI testing for women • Assessment & referral of men with STI symptoms • HIV testing & counselling • Hepatitis B immunisation • Provision of oral and injectable hormonal contraception • Cervical cytology screening & referral • Pregnancy testing and referral 	<ul style="list-style-type: none"> • Testing & treating STIs • Partner notification • IUD and implant insertion • Management of psycho-sexual problems • Vasectomy surgery 	<ul style="list-style-type: none"> • Outreach for STI prevention/contraception • Specialised STI management/partner notification • Specialist HIV treatment & care • Highly specialised contraception • Termination of pregnancy services • Local co-ordination and back up for sexual assault • Psychosexual/sexual dysfunction services

- 3.5 The Integrated Sexual Health Service (ISHS) in Barnsley (Level 3 service) is commissioned by Public Health and currently delivered by Spectrum, a not-for-profit Social Enterprise, borne out of the Health & Social Care Act, and is based at Gateway Plaza in the town centre. They offer contraception to prevent pregnancy (including LARCs) and Sexually Transmitted Infections (STIs); testing and treatment for those with infections; support to prevent unintended pregnancy; and support to prevent the spread of STIs. HIV testing is offered alongside STI testing to everyone who attends the service. Those at most risk of contracting HIV are also offered Pre-exposure Prophylaxis (PrEP) if HIV negative. They also offer outreach work for

vulnerable groups; a peripatetic nurse for the fitting of Long-Acting Reversible Contraception (LARC); and training. The fitting of LARC is offered by some GP surgeries across the borough, which also falls within the Public Health commissioning contract.

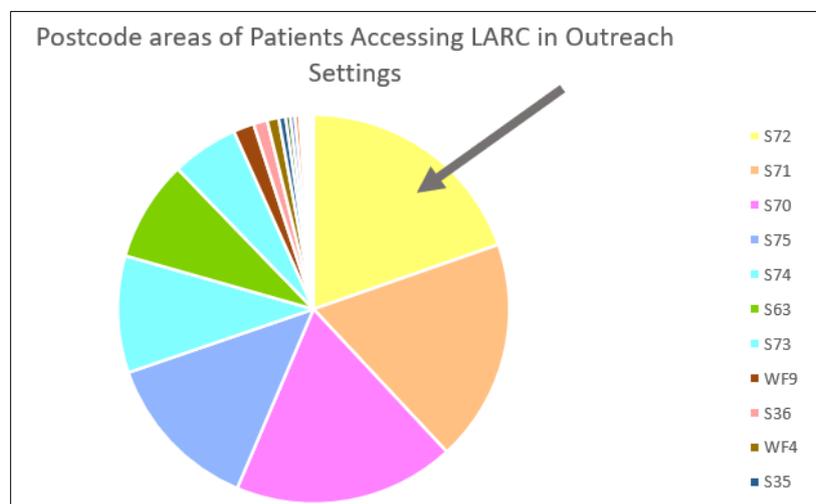
- 3.6 All staff at the Integrated Sexual Health Service have standard clinical training, and additional clinical specialist training. Patient records are kept confidential by the service (they are not shared with other healthcare providers); treatment is free on site; and anonymity is offered. As well as LARC fitting, contraception services are also available to those who have medical/medication related issues that make contraception choices more complex. They have additional facilities to provide on-site diagnosis for STIs and treatment follow-ups for patients to ensure swift management of needs 'under one roof'. They also work closely with the hospital, pharmacies and primary care. Patients may be referred from fellow healthcare professionals if they are unable to manage the patients care but the majority of appointments are self-referrals. As with GPs, the service will see young people who present without parental consent, based upon Gillick competency and Fraser guidelines, which helps those who work with children to balance the need to listen to their wishes with the responsibility of keeping them safe.
- 3.7 From April to October 2022, there were 10,879 appointments booked at Spectrum, 707 (6.5%) of which did not attend (DNA). Feedback from service users has shown that out of 196 people asked, 194 felt listened to and that their questions were answered and 190 would use the service again. However, only 163 people said they received an appointment when they wanted it and this is the main focus of negative feedback. The service acknowledges that gaining an initial triage appointment is challenging due to capacity, however subsequent treatment is relatively quick. In response to the information gathered from the feedback, the service are looking at appointment times and increasing capacity and they have already adjusted times to meet demand eg. after school hours, Saturdays, and before and after traditional working hours.
- 3.8 During the Covid pandemic, access to clinical services was greatly reduced and those who were most vulnerable/at risk were seen. There was added pressure with staffing levels being reduced due to staff sickness/isolation. The ISHS remained open but with limited appointments and online telephone triage. Telemedicine was introduced and patients received medications via post.

Long-Acting Reversible Contraception

- 3.9 Long-Acting Reversible Contraception (LARC) are effective low-cost methods of contraception that last from three to ten years, such as implants and the coil. They are more effective in preventing pregnancies as they are not user reliant, which particularly benefits those with chaotic lives, and fertility returns quickly after they are removed. However, they are not effective against STIs.
- 3.10 Unplanned pregnancy can cause financial, housing and relationship pressures, negative health impacts and have impacts upon existing children. Reducing the burden of unplanned pregnancy requires a sustained public health response which should be based around effective marketing; easy access to high quality information;

and easy access to the full range of contraception.

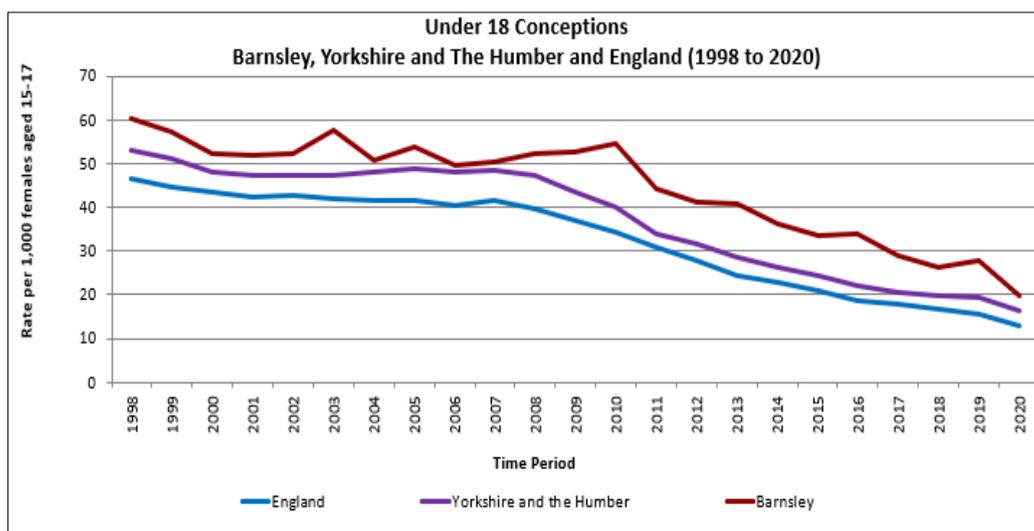
- 3.11 Public Health Data shows that Barnsley remains below national and regional levels of LARC fitting and more needs to be done to increase take up. The new model for service delivery was introduced in 2020. Unfortunately, following the introduction of this model, there have been challenges linked to infrastructure, systems, recruitment, training and partnership working.
- 3.12 Spectrum, at this point increased access to clinics within the ISHS to enable women to have LARCs fitted while the model was being discussed. Spectrum has seen an increase of 60% in LARC fittings for under 19s since 2019 through their service.
- 3.13 Following feedback, the initial delivery model was reviewed and enhanced to address some of the challenges. Unfortunately, some barriers still remain to increasing provision and uptake of services, which could result in some geographical inequalities.
- 3.14 Existing commissioning arrangements mean that LARC fitting for contraceptive purposes is currently contracted to be delivered by:-
- 12 GP surgeries across the borough, in Kendray, Wombwell (2), Thurnscoe, Worsbrough, Mapplewell, Hoyland (2), Penistone (2), New Lodge, and the town centre. This equates to just over a third of all GP surgeries in Barnsley.
 - A Peripatetic Nurse from Spectrum that offers weekly clinics in Grimethorpe, Goldthorpe and Brampton Medical Centres, as well as support for GP practices for those who require it, to try to improve reach and reduce inequalities. This approach is targeted as resources and clinical space within the community is limited.
 - Spectrum Integrated Sexual Health Service (Gateway Plaza).
- 3.15 Upon seeing the geographical spread, members were concerned that there was no provision in the North-East area of the borough (S72 postcode) and were reassured to hear that a weekly outreach clinic has now commenced in the LIFT building in that area. The chart below demonstrates the proportion of patients seen by the Peripatetic Nurse, broken down by postcode.



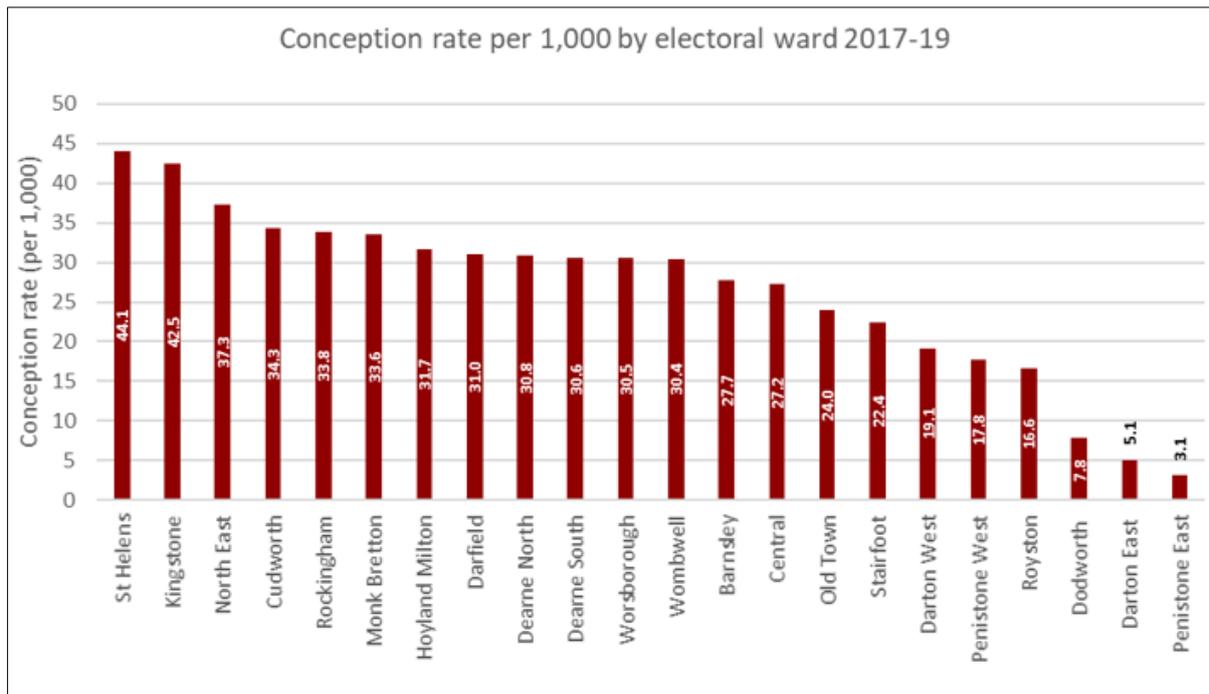
- 3.16 Additional pressures facing service provision are likely to be felt around funding in the near future, and there needs to be a very close commissioner/provider relationship moving forward, looking at innovative ways of working and using data to focus on unmet need to address inequalities.

Teenage Conceptions

- 3.17 Over the last 2 years there has been significant progress in reducing teenage conception rates. Nationally, the under 18 conception rate has fallen by 64% and the under 16 rate by over 65% to the lowest level since 1969 but more recent data shows a widening gap for Yorkshire and the Humber and the rest of the country. Inequalities in rates persist between and within local authorities and between individual young people. Outcomes for both young parents and their children are still disproportionately poor, contributing to inter-generational inequalities.
- 3.18 The chart below demonstrates the progress made, showing the under 18 conception rates in Barnsley compared to Yorkshire & the Humber and England for 1998 to 2020. However, the most recent figures (provisional data for Q3 2021-22) for Barnsley shows that the rate of Under 18 Conceptions is 23 compared to 16.4 for Yorkshire and the Humber (regional) and 12.7 for England (national).



- 3.19 For Under 16 Conceptions during 2018-2020, Barnsley had the second highest rate when compared to statistical neighbours, with Under 18 Conception rates being the 7th highest (compared to 15 other local authorities).
- 3.20 Conception rates by ward for 2017-19 are shown in the chart below and demonstrates the need for a targeted approach at ward level. Members questioned the data and found that many wider determinants can have an impact, including areas of high deprivation which has a negative impact, and the development of private housing, which has a positive impact upon an area. It should be noted that teenage pregnancy is not just a consequence of deprivation but also a cause of deprivation.



- 3.21 Although lots of work has been done locally to drive figures down, the service has ambitions to reduce them further, including using areas of good practice from high performing, regional, local authorities; mapping exercises to identify support services and both negative and positive influences within each area to understand the characteristics that are unique to each of the localities; and the Healthier Futures project that aims to improve the overall health and wellbeing of children and young people in the borough.
- 3.22 More needs to be done to develop sex-positive attitudes and normalise conversations. Outreach youth work, family centres, schools and parents can all contribute to having open and honest conversations with young people about contraception, raising aspirations and building confidence so that they can make appropriate life choices that do not lead to ‘children bringing up children’.
- 3.23 Responses from the Young Person’s survey, conducted in autumn 2022 and delivered through the Youth Council in secondary schools, including those with SEND, show that:-
- Young people overall don’t think there is enough information and education in schools around sexual health and wellbeing, including same sex
 - A lot of the young people were unsure on where to get advice or support from and felt that posters were not the best way to advertise services as they often get torn down or people don’t read them
 - There is a desire for education to start younger but also that there should be more for older teenagers as well, as many didn’t get anything after year 9 (age 13-14)
 - Throughout the consultation it was mentioned that a good way to access information and help would primarily be through a trusted adult and additionally specific sexual health clinic/area within school or college
 - Stigma, shame and embarrassment could prevent young people from accessing

support when they need it

- They are unsure where to go in a sexual emergency
- Confidentiality and fear of parents being informed was sighted as a barrier when it comes to accessing services and many young people are not aware that they are able to access them without parental consent

3.24 In 2022, there were 356 registrations to the multi-agency C Card Scheme that provides free condoms to those under the age of 21. In the same year, 3,626 condoms were issued by non-clinical/outreach services. Members felt that the C Card should be available through more outlets and were keen for this to be explored.

3.25 The Integrated Sexual Health Service has strong links with wellbeing and safeguarding leads in schools who have referred vulnerable pupils to the service and they offer a walk-in facility for under 19s once a week which will be extended should capacity demand it. However, all schools need to develop a 'trusted adult' role and improve confidentiality.

3.26 As part of Relationship & Sex Education (RSE) within schools, young people are taught about choices and access to contraception, including emergency contraception. Although Spectrum has a good Relationship and Sex Education (RSE) offer for schools in Barnsley, it is only delivered in the schools that invite them in, which leads to a lack of consistency in the quality of information provided to young people across the borough and the frequency with which messages are delivered.

3.27 Evidence shows that adverse outcomes for teenage parents and their baby include:-

- Teenage mothers having higher rates of poor mental health for up to three years after the birth
- Teenage mothers are three times more likely to experience postnatal depression
- Two in three teenage mothers experience relationship breakdown in pregnancy or the 3 years after the birth
- Almost 60% of children involved in serious case reviews (now safeguarding practice reviews) were born to mothers under the age of 21
- Teenage mothers are twice as likely to smoke before and during pregnancy and three times more likely to smoke throughout pregnancy
- Teenage mothers are a third less likely to start breastfeeding and half as likely to be breastfeeding at the milestone of 6-8 weeks
- Children born to teenage mothers have a 63% higher risk of living in poverty
- Children born to teenage mothers are over-represented in the figures for Sudden Infant Death syndrome (SIDs)

3.28 Poor outcomes are not inevitable when teenage mothers and young fathers receive multi-agency support that is sustained, early, co-ordinated and trusted. Targeted early intervention is important in turning around poor outcomes for teenage parents and their babies, helping to improve attachment between parent and baby; encourage positive parenting; and it also helps to develop appropriate relationships with the wider family network. The 0-19 Public Health Nursing Service has developed the Intensive Home Support Programme (IHSP), an enhanced offer of additional support to teenage parents that will go some way to reverse poor

outcomes and improve maternal and child health outcomes, but this could be enhanced to further improve child development and school readiness at the age of five.

4.0 IMPLICATIONS OF THE DECISION

4.1 Financial and Risk

There are no specific financial implications or risks associated with the report, although in responding to the recommendations in the report, the financial and risk implications of these would need to be fully assessed by the appropriate services responding. Consultations have taken place with representatives of the Director of Finance (S151 Officer).

4.2 Legal

There are no specific legal implications, although in responding to the recommendations in the report, the legal implications of these would need to be fully assessed by the appropriate services responding. Consultations have taken place with the Service Director for Law & Governance.

4.3 Equality

The TFG is keen to ensure that all Council services and activities impact equally on all its communities. Throughout the TFG's involvement in this work it has become apparent that there is some inequality of access to LARC across the borough; that some sections of the community are disproportionately affected by poor sexual and reproductive health; and that additional barriers exist for some people, such as those with SEND and the LGBTQ+ community. It is hoped that the recommendations and the work of all those involved will go some way to reducing inequalities in these areas.

4.4 Sustainability

As this report does not require a decision, the sustainability decision-making wheel has not been included.

4.5 Employee

There are no specific employee implications, although in responding to the recommendations in the report, the employee implications of these would need to be fully assessed by the appropriate services responding.

4.6 Communications

It is evident that there is work to be done to break down the public's misconceptions around the offer of the Integrated Sexual Health Service and remove the stigma of the traditional sexual health clinic as well as promoting the services via the most appropriate means to ensure maximum reach for the target audience. Recommendations included in the report are in support of increasing awareness to

help people access treatment and support, ensuring that they know what services are available to them to improve outcomes and lead healthier lives. Work needs to be done with partners to break down barriers, ensure that services are fit for purpose and delivered for the benefit of residents.

5. CONSULTATION

Consultations have taken place with: the Sexual & Reproductive Health TFG members; OSC members; the council's Cabinet members; council officers from Public Health; Barnsley Local Medical Committee; Spectrum Integrated Sexual Health Service; and the council's Senior Management Team.

6. ALTERNATIVE OPTIONS CONSIDERED

6.1 No alternative options have been considered in the writing of this report

7. REASONS FOR RECOMMENDATIONS

7.1 The TFG were reassured by the amount of work being done to support people with their sexual and reproductive health and the ambitions for the future and found many areas of good practice. It is hoped that the new Sexual Health Plan and Sexual Health Alliance will be able to drive the agenda forward ensuring that it receives as much attention as tobacco, alcohol and food have in the past. Similarly, members will be keen to see how the introduction of the IHSP and the Healthier Futures project will contribute to improving health outcomes for young people.

7.2 The investigation undertaken by the TFG, as well as the recommendations made, are in support of improving health outcomes for the people of Barnsley and reducing inequalities. Whilst recognising that there is lots of evidence of good practice, the TFG have made the recommendations in order to support the continual improvement of services with a view to achieving local priorities, the priorities within the Government's Framework for Sexual Health Improvement and reducing teenage conception rates.

7.3 **Recommendation 1 - Consider refreshing the health impact needs assessment to support effective decision making on the realignment of resources and identification of priorities to address the current and future sexual and reproductive health needs of the community and to reduce inequalities across the borough, particularly for groups who are disproportionately affected.** It is clear from the investigation that some groups are disproportionately affected by poor sexual and reproductive health outcomes. Additionally, some residents, such as those with SEND or those from the LGBTQ+ community may face additional barriers to accessing services. The needs assessment, along with analysis and mapping of ward information, will help services to identify existing and future need in order to contribute to the reduction of health inequalities as outlined in A Framework for Sexual Health Improvement.

7.4 **Recommendation 2 - Through Barnsley Alliance, Education Services and other partners, increase access to information and support for young people so that they have the practical knowledge and advice required to make healthy**

lifestyle choices. From speaking to young people themselves, it seems that the key to an improved offer is more information, particularly local knowledge of where to go for routine and emergency support; confidentiality; and trust. Sexual and reproductive health outcomes can be improved by providing accurate, high-quality information and education, enabling people to make informed responsible decisions. Access to high-quality, confidential services, treatment and interventions, particularly for those who are most vulnerable or facing additional barriers to accessing services, can also lead to improved outcomes.

- 7.5 **Recommendation 3 - Develop promotional messages using social media platforms frequently accessed by the target audience and work towards removing the stigma of the traditional sexual health clinic.** Spectrum are aware that young people don't necessarily use the same social media platforms as other age groups and members would encourage the service to look at delivering messages via these avenues to effectively market the service. Whilst this recommendation supports the use of social media to promote services, consideration also needs to be given to those who are digitally excluded. In addition, work needs to be done so that residents do not see the Integrated Sexual Health Service as somewhere that just treats people with STIs and that the wider offer is recognised and welcomed.
- 7.6 **Recommendation 4 - Work in partnership with CAMHS to offer C Cards and signposting to Spectrum for young people.** It is vital to provide easy access to high quality information, and easy access to the full range of contraception, particularly for vulnerable people. By building on existing links with CAMHS, and potentially the wider children and young people's mental health service, more young people may be reached to prevent unwanted pregnancy and STI's.
- 7.7 **Recommendation 5 - Work in partnership with primary care to look at where the demand for training lies and how this can be addressed locally and to ensure that the LARC offer is equitable across all Wards of the borough, thus benefitting residents.** Although there is a difference of opinion as to what a good sexual health offer looks like locally, all concerned agree that there must be equitable access and provision and one of the Government framework priorities is to 'develop strong partnerships' in order to improve reproductive and sexual health. Services need to work together in a more joined up way and the primary focus for the delivery of services must be the benefit of residents ensuring that provision is available when and where it is needed.
- 7.8 **Recommendation 6 - Work closely with Area Councils and elected members via an All-Member Information Brief so that members can support residents effectively.** Elected members are valuable conduits for providing information on, and to, the communities they serve. By working with members, the service could potentially increase access and provision; enhance education and knowledge; and develop strong partnerships, thereby improving reproductive and sexual health in Barnsley.
- 7.9 **Recommendation 7 – Where appropriate, move towards collaborative commissioning for sexual and reproductive health services as part of Integrated Care to remove fragmentation, maximise opportunities and**

strengthen partnerships. Given the existing strengths of integrated care locally and regionally, Members feel that there may be opportunities to reduce fragmentation and to develop a more effective, wider Sexual and Reproductive Health System to reduce health inequalities across the borough and to maximise resources.

- 7.10 **Recommendation 8 - Investigate the potential of working with Family Centres to offer support for sexual health, reproductive health and peer support groups for young people who are, or about to become, teenage parents.** Family Centres are key hubs within communities and may be able to enhance the existing offer to further reduce inequalities and improve outcomes for residents.
- 7.11 **Recommendation 9 – Further develop support for young parents and their children. Consider the most appropriate model to deliver a targeted approach so that young people can give their child the best start in life and develop positive relationships.** Offering a targeted approach to supporting young parents and their children could ensure that children start school with a greater level of development and reduce the potential need for support services later in life. This would lead to better outcomes for residents and be more cost effective for the public purse.

8. GLOSSARY

BMBC	Barnsley Metropolitan Borough Council
CAMHS	Child & Adolescent Mental Health Service
DNA	Did Not Attend
IHSP	Intensive Home Support Programme
LARC	Long-Acting Reversible Contraception
OSC	Overview & Scrutiny Committee
RSE	Relationship & Sex Education
SIDs	Sudden Infant Death Syndrome
STI	Sexually Transmitted Infections
TFG	Task & Finish Group
WHO	World Health Organisation

9. BACKGROUND PAPERS

Department of Health 'A Framework for Sexual Health Improvement in England', March 2013:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf

Faculty of Sexual & Reproductive Healthcare 'A Quality Standard for Contraceptive Services, April 2014:

<https://www.fsrh.org/documents/fsrhqualitystandardcontraceptiveservices/>

NSPCC article on Gillick Competency and Fraser Guidelines:

<https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser->

[guidelines](#)

C Card Barnsley

<https://www.c-card.org.uk/barnsley/c-card.html>

Public Health England 'A Framework for Supporting Teenage Mothers and Young Fathers' 2019:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/796582/PHE_Young_Parents_Support_Framework_April2019.pdf

10. REPORT SIGN OFF

Financial consultation & sign off	Senior Financial Services officer consulted and date <i>Avanda Mitchell</i> 09.03.23
Legal consultation & sign off	Legal Services officer consulted and date <i>Sukdave Ghuman</i> 13.02.23

Report Author: Jane Murphy

Post: Scrutiny Officer

Date: 6 March 2023