



Councillor Rachel Hodson  
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3<sup>rd</sup> February 2016

Dear Rachel

### **Sexual Health - Signposting for Young People/Partnership Working**

Thank you for your letter dated 6<sup>th</sup> January 2016 concerning the above review, and the recommendations from the Panel. The Panel's review provides us with a reminder of what more we could do to address sexual health signposting for young people and partnership working. In considering the Panel's recommendations, I will respond to each of the points in turn.

- 1. That the Joint Overview and Scrutiny Panel express their support for a universal provision for sexual health across all schools by sending a letter to head teachers and service leaders (including safeguarding). That the letter should also seek further information about what was being done within schools to address the issue of sexual health.**

Regarding the School Nurse 'Clinic in a Box' sexual health provision, Members expressed their concern that 5 schools had declined this offer. It was felt that this should be a universal provision in place at all schools. Members agreed that their concern should be taken further and raised with the Chair of the Safeguarding Board, head teachers and service leads.

#### **Response:**

*A letter from the Joint Overview and Scrutiny Panel, across all schools, to head teachers and service leaders is a welcome suggestion. The letter may benefit from being copied to chairs of governors as well.*

*The School Nursing Servicing is aware of the safeguarding concerns around those schools that have declined the offer of the 'Clinic in a Box' sexual health provision. The service is looking at providing sexual health clinics in the community, for those children and young people attending a school where sexual health provision is not available on site. This issue will also be raised with the Chair of the Doncaster Safeguarding Children's Board.*

- 2. That the Joint Overview and Scrutiny Panel send a letter outlining their concerns regarding the impact of future Public Health cuts and outlining a need for equal priority when decisions are made.**

The Panel raised concern regarding the issue of future Public Health cuts and the implications for delivering key health services such as those around sexual health.

**Response:**

*The Doncaster Public Health department is currently undertaking equality impact assessments for each commissioned service, where funding cuts are proposed. This process is in place to ensure that the actions proposed, in order to manage the funding reductions, do not discriminate against any disadvantaged or vulnerable people. Since the Public Health function transferred to the Council in 2013, children's public health services have been protected from reductions in funding.*

**Also, that consideration is given to:**

- 3. Making available a wider and more robust range of key health outcomes for Looked after Children in Doncaster alongside outcomes for broader groups of young people (in comparison to neighbouring authorities).**

Members asked about what information was available for the health outcomes of looked after children in comparison with other young people in Doncaster. It was clarified that there was no current data available but that there was scope to improve this and make the data more robust.

**Response:**

*With regard to sexual health data for Looked After Children (LAC), Project 3 are currently working towards capturing this within their information system.*

*More generally, the Health Needs Assessment Questionnaire is completed following all Looked After Children's Health Assessments. This has been in use since September 2015, and, for those aged over 11, includes questions on substance misuse, Sexually Transmitted Infection (STI) status and pregnancy. The Looked After Children's Nurse will be collating this health data at the end of March 2016 to give us a 6 month snapshot of data for the LAC population.*

*With regard to tracking the health needs of individual children, health needs that are identified at health assessment will be included in a health action plan, which is overseen by the child's key health practitioner and reviewed at the child's Looked After Children's review by the Independent Reviewing Officer. The LAC Nurse also undertakes an annual audit of 10% of the LAC population, to track health needs identified at both initial and review health assessments, to give assurance that health needs are being addressed.*

**4. Having an appropriate health representative within the new Early Help Hub to strengthen links with health providers.**

Members were informed that the Early Help Hub had strong links with Project 3 and TriHealth as well as other key services. There was a discussion around the benefits that the hub would have from having a health representative to compliment others in place which included social workers, Neighbourhood Teams, Stronger Families and the Health and Well-being Board and St Leger as key partners.

**Response:**

*The Council's public health team commissions 0-19 public health services from Rotherham, Doncaster and South Humber NHS FT. The public health team is negotiating a health presence in the early help hub. This is likely to be a health visitor. This will provide an initial assessment of the volume and type of health work in the hub, and make proposals for a long term solution. This solution could be addressed through other health partners.*

**5. Opening up training opportunities to voluntary groups which focus on sexual health to complement what was already being done in schools and also for ongoing support to be provided to voluntary organisations.**

Members were informed that there was a movement going back to the ethos of linking up with volunteers and activities that were being co-ordinated within the communities. Concern was raised how youth clubs (being set up and run by volunteers) were linking in with the Early Help Service and would be able to advise appropriately on sexual health and signpost services to young people. It was felt that a very broad range of different groups should benefit by accessing new training opportunities and support.

**Response:**

*TriHealth integrated sexual health service can deliver training to volunteers and voluntary organisations, working with target high risk groups, in order to build sexual health promotion capacity in the borough. Project 3 can also provide training to volunteers and voluntary organisations working with at risk and vulnerable young people. Work will be undertaken to identify voluntary organisations who work with young people, in order to offer support around sexual health and promote the sexual health services that are available.*

**6. Responses being provided back to health colleagues, in relation to referrals made through DMBC children's social care and safeguarding routes.**

In relation to gaps, Members were informed by health colleagues, that it would be useful to have a response to referrals made through social care and safeguarding within DMBC, to learn what work and steps had been undertaken with the client.

**Response:**

*The Early Help Hub provides the mechanism to ensure the outcomes of any referrals is communicated to the person making the referral, the Lead Practitioner, or Key Agency providing the support, as well as the young person and/or the family. From February 2016, the performance scorecard captures data about the 'presenting issues' and the outcomes of the referral.*

I trust this information is helpful.

Kind Regards

A handwritten signature in black ink, consisting of a stylized capital letter 'R' followed by the lowercase letters 'os'.

**Ros Jones**  
**Mayor of Doncaster**