



Tayside Sexual Health & Relationships Strategy

Local action plan to improve sexual health & wellbeing 2005-2008

Report on progress 2006/07

Implementation Status	Total
✓ Action completed	31
☺ Action on course for completion	25
⌚ Progress made but slippage on planned timescale	2
✘ Little or no progress achieved	0
? Not known, further information required	0
↗ Change to action originally planned	0

¹ Each performance target is classified against the four core performance objectives set by the Scottish Executive in September 2005: Health Improvement for Scots (H), Efficiency/governance improvements (E), Access more quickly to services (A) and Treatment appropriate to individual (T).

Promote a positive and open culture towards sex that is based on the principles of self-respect, respect for others and strong relationships ¹				
ACTIONS	TIMESCALE	LEAD	PROGRESS	STATUS
<ul style="list-style-type: none"> ➤ Set up a Tayside Advisory Forum to inform future policy on Sexual Health and Relationships Education (SRE) and the wider cultural influences on sexual health and relationships 	April 2006	Ann Eriksen	Meeting taken place with LA and Education leads to agree how this should be taken forwards.	
<ul style="list-style-type: none"> ➤ Deliver a consistent and integrated approach to SRE across the age-span based on the principles of respect and responsibility 	Ongoing	Local Authority Leads	<p>The health curriculum, including Sexual Health and relationships and Relationships and Moral Education, has been completed for Primary Schools across Dundee. A recent survey shows that have all schools have implemented SRE programmes and resources are in place.</p> <p>Secondary Health exemplars are now complete and have been issued. The Sexual Health and Relationships education has been revised and is being implemented. All schools have a current programme in place. Some use of SHARE materials. (Dundee)</p> <p>In Perth & Kinross, an audit of policy, practice and provision of SRE has been carried out and the outcomes are being evaluated. The curriculum framework is complete, but will be subject to review later this year as a result of the recommendations from a <i>Curriculum for Excellence</i>. (Perth and Kinross)</p> <p>The review of SRE in Angus has been completed. SRE is now embedded within the curriculum in all schools – (Angus)</p> <p>An independent evaluation has been completed by Abertay University of the Tayside-wide training programme and materials provided to teachers in primary schools to support them deliver effective, age-appropriate SRE.</p> <p>Plans are in place to increase school nurse involvement in sexual health education in key schools in areas of Community Regeneration.</p> <p>Young Peoples Health Workers provide sexual health education to vulnerable groups, including young people with learning disabilities and looked after children or leaving care.</p>	

¹ All Schools to achieve Health Promoting status by 2007 (H)

➤ Encourage young people to delay sex until they are physically and emotionally ready	Ongoing	Local Authority Leads	<p>This is incorporated as a key part of all SRE programmes and is included in Continuing Professional Development for teaching staff.</p> <p>A leaflet has been developed to provide information and advice to young people on delaying first time sexual experiences and includes information on abstinence as a positive option.</p> <p>NHS Tayside commissioned a tailored outreach Sexual Health & Relationship education programme for some of the most vulnerable young people including looked after children and young offenders. The programme began in April 2006 and offers SRE for young people aged 12 and over and is delivered by The WEB Project - a local voluntary organisation. In the first year 39 organisations across Tayside have hosted these targeted sessions and over 600 young people have participated.</p>	☺
➤ Make sure that confidence and skills building is integrated into SRE at all levels and settings so that young people are able to make informed choices about their sexual health and relationships	Ongoing	Local Authority Leads	Confidence and skill building is an integral part not only of the SRE curriculum but also Personal and Social Education as a whole. It is also reflected within learning and teaching processes generally.	✓
➤ Extend work with parents and carers to develop 'age appropriate' information and materials for use in SRE	March 2007	Priscilla Webster/ Phyllis Easton	<p>A series of leaflets has been developed with input from parents and teachers to provide information to parents on the what is taught in the curriculum (P1 TO P7) and what parents can do to support their children. This will be launched across Tayside in the near future. An exemplar leaflet has also been produced for parents of young people in secondary education in Dundee.</p> <p>The sexual health website – www.sexualhealthtayside.org - has a section devoted to providing advice for parents.</p>	☺
➤ Incorporate broad-based SRE into good practice guidelines for Health Promoting Schools	By March 2007	LA Leads	<p>See above</p> <p>In Perth & Kinross a specific good practice guide and guidance for Sexual Health and Relationships has been developed as part of the health promoting schools strategy.</p>	☺
➤ Maintain support for Staff Tutors in each Community Planning area	Ongoing	LA Leads	<p>Discussions are taking place in each of the Community Planning areas to explore how the original aims of the Staff Tutors are met in the future.</p> <p>In Dundee, the Drug and Alcohol Action Team (DAAT) has funded an additional Staff Tutor who will integrate approaches around risk-taking behaviours.</p>	☺

➤ Support and encourage drama productions in all secondary schools that explore issues around sexual health and relationships	Ongoing	LA Leads	Drama productions take place in all Local Authority schools for S3 pupils and in two schools in the independent sector. The drama tour includes facilitated discussion following the production to explore pupils views, reactions and feelings about the issues raised in the play.	☺
➤ Promote and develop the range and diversity of learning opportunities in informal settings for all ages	Ongoing	LA Leads	The Integrated Community Schools (ICS) Young People's Health Team provide sexual health information and support to young people in a range of out of school provision and in community settings in Angus. In Dundee advice and support is provided for young people in a range of settings including the Dundee Healthy Living Initiative, Health Shop at the Wellgate Shopping Centre (ongoing one afternoon per week), The Corner Drop-in (open 30 hours per week). In addition, outreach programmes are offered by The Corner - Outreach programme (CRF/SIPS funded) and The WEB Project. Two voluntary sector representatives now sit on Dundee Action on Sexual Health (DASH) with opportunities to develop more collaborative approaches. In Perth & Kinross a network of Youth Information/Youth Workers offer sexual health information and signposting. Peer Education Project works in both formal and informal settings offering training for young people in drugs and alcohol, Sexual Health Relationships is incorporated into this programme.	☺
➤ Further develop and deliver a Joint Training Framework and programme for professionals working in health, education, community learning development and social work offering different training according to the required competency levels	By March 2007	Richard McIntosh	Joint training is now well established in each of the Local Authority areas. Further discussion is scheduled with 3 Sexual Health Leads to agree future development.	☺
➤ Engage with the Tayside DAATs to make sure that messages about risky behaviour and its impact on sexual health are incorporated into prevention approaches	March 2006	Ann Eriksen/LA Leads	Links are now in place with all three DAATs at a local and strategic level. Opportunities are being explored to ensure that publicity materials being developed address risky behaviour and it's impact on sexual health	✓

Increase support for parents and carers so that they can play a central role in guiding and supporting their children in developing a responsible approach to sexual health and relationships²

ACTIONS	TIMESCALE	LEAD	PROGRESS	STATUS
<p>➤ Develop a range of materials that provide advice and support to parents including parents and carers of young people with Additional Support Needs on how to talk with children and young people about sexual health</p>	<p>By October 2006</p>	<p>Priscilla Webster</p>	<p>A range of advice materials are already in place to support parents. These include: -</p> <p>Access for foster carers to software package – “<i>Sex and Relationships for Young People Aged 14 - 16</i>”</p> <p>Specific information on the Tayside Sexual Health website www.sexualhealthtayside.org aimed at meeting the information and support needs of parents and carers</p> <p>Leaflets have been developed for parents of children in primary schools advising them of the content of the SRE programme, advice on talking to their children about relationships and sexual health and what parents can do to work with their child through the curricula</p> <p><i>Work is ongoing to identify gaps in relation to Family Support Centre staff regarding supporting and advising young parents regarding sexual health issues</i></p> <p>The WEB Project has met with staff working with vulnerable young people to identify specific training needs to establish potential for joint working how to integrate this into development work. To be programmed for Autumn '07</p>	<p>✓</p>

² All Parents consulted when schools develop or review their SRE programme (H)

<p>➤ Extend parents involvement in primary and secondary schools where education issues are discussed</p>	Ongoing	LA Leads	<p>Models of good practice are already evident in several schools and opportunities to extent this to other schools in the region.</p> <p>In Angus the Staff Tutor and Health Workers, provide a series of parent evenings to discuss and demonstrate the SRE programme to parents.</p> <p>In Perth & Kinross all Head Teachers in Perth and Kinross have been provided recently with guidance as to how best involve parents in respect of SRE education. This will be progressed further during 2007/08.</p> <p>The Dundee Healthy Living Initiative (DHLI) is considering how best to incorporate sexual health in their generic health improvement programme with local communities and to incorporate parenting skills within the Community Planning/Regeneration initiatives.</p>	☺
<p>➤ Explore with parents the development of peer support groups</p>	By October 2006	LA Leads/ Phyllis Easton	<p>Opportunities to explore this identified within New Community Schools structures, further discussion to be held with Community learning and Development</p> <p>A proposal has been developed aimed at offering advice, information, and support for parents based on community development model that includes peer education. The proposal has been discussed with Big Lottery Fund (BLF) and will be submitted in May 2007. The proposal, if successful will link to existing community development projects.</p>	☺
<p>➤ Offer parenting skills which includes broad-based health issues in existing community development projects</p>	Ongoing	LA Leads/ Phyllis Easton	<p>In Angus, the Sure Start team and Social Work Family Support Teams provide broad-based parental support, but this requires to be further developed in relation to sexual health. Consideration will be given in 2007 to using additional resources to increase the focus on sexual health and wellbeing.</p> <p>Formal discussion is taking place in Dundee with Community Learning and Development to explore how this can be taken forwards. The DHLI is considering how parenting skills can be offered alongside broad-based health advice.</p>	☺

Reduce the incidence of unintended teenage pregnancy and the rate of Sexually Transmitted Infections (STIs) ³				
ACTIONS	TIMESCALE	LEAD	PROGRESS	STATUS
<ul style="list-style-type: none"> ➤ Provide accurate health information and advice on how to access services so that people are able to make informed choices about their sexual health 	By January 2006	Richard McIntosh	<p>Sexual Health Directory revised and widely distributed.</p> <p>The Sexual Health website has links to an on-line service directory that is regularly updated. The website can be accessed in all schools as well as in Local Authority libraries.</p> <p>The interactive website – Cool2talk – provides responsive, up to date information for young people on a range of health issues, including sexual health and wellbeing.</p> <p>In Dundee the DASH is reviewing current practice and guidance across services.</p>	✓
<ul style="list-style-type: none"> ➤ Support and involve young people in the further development of school drop-ins in all secondary schools to make sure that the needs of all young people in Tayside are addressed positively and sensitively in a way that respects individual dignity and promotes self-esteem 	Ongoing	LA Leads	<p>School based drop-ins are available in all Angus secondary schools. A pilot of a school drop-in in a primary school was also undertaken in 2005. These school drop-ins are part of the overall integrated sexual health services provided to young people in Angus.</p> <p>School drop-ins are established in all Secondary School in Perth & Kinross. Discussion will take place with the School Health Co-ordinator on the development of a <i>Gold Standard</i> for drop-ins and pupils involvement will be central to this process</p> <p>The WEB Project: in Kinross-shire has been funded by Young people's fund (BLF) to further develop for 4 years sexual health and relationships programmes targeted at young women living in rural communities.</p>	✓

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- ³ Reduce teenage conceptions in 13 to 15 year olds by 20% by 2010 (H)
 - Reduce the number of repeat terminations (H)
 - 70% Success rate for contact tracing (chlamydia) (H)
 - 100% of all GUM new attendances with an STI tested for HIV (H,A)

<p>➤ Support and involve local communities in the further development of community drop-ins, especially in rural and deprived communities</p>	<p>Ongoing</p>	<p>LA Leads</p>	<p>Over 2005, as part of the development of a integrated sexual health service for young people, community drop-ins have been developed in both urban and rural areas across Angus. Access in more remote areas is provided by mobile drop-ins, such as the <i>Youthbytes</i> bus that goes out to secondary schools and rural communities This work is ongoing until young people in Angus have real choice in the service they wish to access.</p> <p>This will be reviewed in conjunction with school drop-ins as traditionally, they have been more popular with young people</p>	<p>☺</p>
<p>➤ Provide good access to free condoms for young people and 'at risk' groups in community settings and develop guidelines for professional staff in their distribution</p>	<p>Ongoing Dec 2006</p>	<p>Richard McIntosh</p>	<p>Mapping exercise was carried out across Tayside in 2005 to ensure accessibility for 'at risk groups'. Free condoms are widely available throughout Tayside.</p> <p>The 'C' card established by The WEB Project is now being further developed using a multi-agency model ensuring young people can access condoms at community sites across Tayside using the same system.</p> <p>In Dundee guidelines have been developed and implemented for Youth Workers on Sexual Health & Relationships, including the distribution of condoms. The guidelines are being reviewed in Angus and Perth & Kinross with a view to adopting the guidance.</p> <p>There is regular multi-agency training, linked to the Tayside Condom Initiative</p>	<p>✓</p>
<p>➤ Extend access to free Emergency Hormonal Contraception (EHC) in community pharmacies, especially in rural and deprived areas</p>	<p>By April 2006</p>	<p>Andrew Radley</p>	<p>A total of 58 pharmacies participating across all areas of Tayside including deprived and remote and rural communities.</p> <p>Evaluation has demonstrated increased access and high levels of service user satisfaction.</p> <p>Discussion is taking place about future extension to other age groups as well as the potential to provide chlamydia screening.</p>	<p>✓</p>
<p>➤ Carry out a research project with women who have repeat terminations and who do not access follow-up contraception to find out what additional support can be provided to them</p>	<p>From August 2006 to November 2007</p>	<p>Dr Thomson M</p>	<p>Qualitative semi-structured interviews underway with patients to finalise the proposed intervention</p>	<p>☺</p>

➤ Develop and implement chlamydia screening and treatment services in community settings for target population groups	Sept 2006 onwards	Team Co-ordinator	Community chlamydia screening is being rolled out across Tayside, in a variety of community settings. Community nursing staff in post and working throughout Tayside providing treatment and partner notification services within YP services and FP clinics. Agreed to purchase 5000 postal testing kits for use in community settings such as drop-ins and pharmacies.	✓
➤ Develop contact tracing as part of the screening and treatment service in the community	Sept 2006 onwards	Team Co-ordinator	System developed modelled on the successful approach used in GUM.	✓
➤ Opportunistic screening in Young People's Projects and drop-in clinics should include men under 25 years of age	Sept 2006 onwards	Team Co-ordinator	Actioned – ISD data shows high uptake amongst this population group	✓
➤ All patients testing positive for chlamydia should be made aware that they carry an increased risk of other STIs and should be offered a referral to GUM for a full STI screen	March 2006	Team Co-ordinator	Actioned	✓
➤ Carry out a formal evaluation of the community screening programme	Sept 2008	Team Co-ordinator	First report to be completed by the end of April 2007.	😊
➤ Ensure that all patients attending GUM presenting with a new STI are offered and encouraged to have an HIV test	From Nov 2005	Clinical Lead (CL)	Actioned.	✓

Build capacity across clinical services and increase access to specialist sexual health services⁴				
ACTIONS	TIMESCALE	LEAD	PROGRESS	STATUS
➤ Publish an updated on-line directory of sexual health services and publish the information widely	November 2005	Richard McIntosh	Completed and available on the Sexual Health Website.	✓
➤ All secondary schools should signpost information on how to access sexual health services in line with Scottish Executive guidance	Ongoing	LA Leads	Actioned	✓
➤ Agree confidentiality statements and display these in all services	By June 2006	Heads of Service	Confidentiality statement (FP) is displayed in all sexual health clinics and The Corner	✓
➤ Implement the recommendations of the Genito-urinary Medicine (GUM) and Family Planning Review ⁵ to bring about convergence of the two services	November 2005 onwards	Heads of Service	Recommendations being implemented, specialist staff work together to provide more integrated, holistic sexual health services. Services now jointly managed in an integrated structure by the Dundee Community Health Partnership	✓
➤ Develop specialist roles and increase the number of specialist nursing staff to build capacity in core and community services	From January 2006	G Young	Actioned	✓
➤ Realign existing medical staffing to create an additional Consultant in GUM (10 Sessions)	By April 2006	ACL	A new consultant in GUM was appointed in May 2006. A second consultant post was advertised and interviews held in March 2007. The second consultant will take up post in summer 2007.	✓
➤ Develop Nurse-led clinics, including nurse prescribing in GUM, Family Planning and Community drop-ins	By February 2006	Team Co-ordinator	Nurse-led services have been developed across sexual health. Staff in GUM have completed nurse prescribers course and further two staff to undertake the programme.	✓
➤ Develop a specialist integrated clinic in Angus (1 to 2 sessions/week in Arbroath)	One year pilot Sept 2006/7	LA Lead Angus	Agreed to defer the start date to Spring 07 to coincide with the increase in capacity in medical and nursing staff to support the clinic. Additional funding agreed to upgraded accommodation to allow clinic to commence spring/summer 2007.	⌚
➤ Transfer the overall clinical management of HIV patients attending GUM to Infectious Diseases (ID) lead consultant and rotate staff between ID and GUM clinics	From Nov 2005	ACL	Actioned	✓
➤ Purchase automated results system and introduce electronic cross referral and booking system	By February 2006	Team co-ordinator	Telephone voice recognition system bought and the possibility of this system being able to provide automated results is being explored. Additional administrative post has been created to support implementation.	✓
➤ Extend the range of services offered in existing community-based services to include chlamydia screening, treatment and contact tracing, especially in rural and deprived areas	September 2006 onwards	Team co-ordinator/ Andrew Radley	A total of 58 pharmacies participating across Tayside. Discussion took place with Lead Pharmacists in July about future extension to other age groups and potential to provide chlamydia screening. Paper to be considered at SHSG on 1 Sept 06	✓

- ⁴ Achieve national waiting time targets (A)
- Reduce waiting times for asymptomatic patients (A)
- Reduce the number of return patients to GUM (E)
- Increased attendance at nurse-led clinics (E,A)

➤ Increase specialist support and develop web-based information and protocols to support appropriate referrals from General Practice	By Jan 2007	Clinical Leads	Website www.sexualhealthtayside.org launched on 12 February 2007. Regular monitoring in place and report to the SHSG due May 2007 and thereafter at 6 monthly intervals.	✓
➤ Explore the future potential to develop sexual health services as a Locally Enhanced Service (LES), through the GMS contract, in particular to provide better access to IUD contraception	By December 2006	Ann Eriksen	Working group established and discussion to take place with the Director of Primary Care in May 2007 that will focus on extending uptake to Long Acting Reversible Contraception (LARC).	☺

Improve strategic and clinical leadership and governance				
ACTIONS	TIMESCALE	LEAD	PROGRESS	STATUS
➤ NHS Tayside should appoint a nominated Executive Director to integrate sexual health across the NHS Board area and ensure that plans are developed that are sensitive to Scotland's diverse cultures	April 2005	CEO	Actioned	✓
➤ Each Local Authority should appoint a Strategic Lead for Sexual Health	April 2005	LA CEOs	Actioned	✓
➤ Review remit and membership of Sexual Health Strategy Group	January 2006	Ann Eriksen	Actioned and agreed by SHSG January 2006	✓
➤ Appoint a Lead Clinician to integrate sexual health services	By April 2006	CEO	Interim arrangements are in place to ensure actions identified in "Respect and Responsibility" are actioned Further discussion to take place with Medical Director and clinicians in May over the appointment of a designated Lead Clinician now that additional medical staff have been appointed.	☺
➤ Realign existing medical staffing to create a Consultant in Family Planning	By April 2006	CHP GM (Dundee)	Being pursued by Director of HR	☺
➤ Appoint a Lead Nurse for Sexual Health to lead the development of extended roles and to provide professional leadership	January 2006	Gail Young	Team Co-ordinator appointed	✓
➤ Develop a Clinical Network for Sexual Health and continue to explore opportunities for regional collaboration	From July 2006	Ann Eriksen	Registered as emerging network with centre for MCNs	☺
➤ Implement the Royal College of Obstetricians & Gynaecologists (RCOG) guidelines to make sure all women receive appropriate pre-termination counselling and information	By April 2006	Dr M Thomson	Actioned	✓

Reduce health inequalities and ensure that the needs of vulnerable groups are met ⁶				
ACTIONS	TIMESCALE	LEAD	PROGRESS	STATUS
➤ Develop Sexual Health responses in the context of the wider Tayside Inequalities Strategy and Community Regeneration plans	2005 - 2008	Ann Eriksen/ LA Leads	Resources targeted in line with deprivation	☺
➤ Target prevention approaches in the most deprived communities where sexual health is poorest			<p>The Integrated Community Schools Team provide sexual health “surgeries” in Angus Homeless Units and in one of the Children’s Residential facilities in Arbroath. Work is also being done to identify the basic sexual health needs of the migrant populations in Angus.</p> <p>The Corner Health Outreach Programme holds 150 health workshops per year based on Corner <i>Carry Out</i> resource. The Corner has also developed positive links with Access to Learning Initiative.</p> <p>In Perth & Kinross, a support group in Letham provides support to teenage mums through the “Baby Bumps” project. A similar project is being considered in Muirton.</p> <p>The Young People’s Health Team and the Community Health Partnership in Perth & Kinross deliver outreach to homeless and vulnerable groups. Targeted SRE sessions are also delivered within the Community Regeneration areas in Perth & Kinross and to vulnerable groups.</p> <p>In April 2006 The WEB Project began a three programme of Sexual Health & Relationship Outreach Programmes for vulnerable young people aged 12 – Tayside. In the first year 39 organisations across Tayside have hosted these targeted sessions with over 600 participating.</p> <p>The WEB Project is developing work with 16 – 25’s who are sexually exploited, targeting indigenous and migrant young people. (In set up stage of a three year project)</p>	☺
➤ Commission outreach education sessions for ‘hard to reach’ groups, including looked-after children and young people with Learning Disabilities	By April 2006	Ann Eriksen	<p>Service specification developed and new contract let from 1/4/06</p> <p>In the first year 39 organisations across Tayside have hosted these targeted sessions with over 600 participating.</p>	✓
➤ Review the resources currently being used to support people with Learning Disabilities to make sure that this is in line with best practice	By August 2006	SHPS	SHPS reviewing materials and training resources to meet with life long learning to consider sustainable training options and findings	☺

• ⁶ Increase uptake of services in the 15% most deprived areas (H,A,T)

➤ Involve parents of children and young people with Learning Disabilities or Additional Support Needs (ASM) on how to improve access to SRE to enable people with Learning Disabilities to make informed decisions about their sexual health and relationships	From October 2006	LA Leads	Training carried out with educational staff at Kingspark school in Dundee The Web Project has developed a proposal to provide tailored SRE for young people with learning disabilities. A funding application for a two year programme, supported by NHS Tayside, has been submitted to the Camelot Foundation.	☺
➤ Implement the Tayside multi-agency protocol ' <i>Protecting Vulnerable Adults in Tayside</i> '	From January 2006	Ann Eriksen	Protocol agreed and circulated across NHS Tayside	☺
➤ Implement the recommendations in ' <i>The Framework for Standards – Protecting Children and Young People</i> ' to make sure that there are effective child protection arrangements in all of the sexual health services.	Ongoing	Ann Eriksen	Review of Child Protection arrangements completed in 2006 and reported to the NHS Board. Evaluation to be completed of the Young People's clinic in GUM with a view to securing sustainable funding.	✓
➤ Engage with the Black and Minority Ethnic and faith communities to determine the specific needs and to improve access learning opportunities and services	From November 2005	Ann Eriksen/ LA Leads	Consultation included BME and other diversity groups. To consider future meetings with Local Authority leads.	☺
➤ <i>Increase the number of remand prisoners in HM Prison Perth screened for Chlamydia – discussed 12/5/06</i>	May 2006	Team Co-ordinator	Arrangements in place to increase screening in prisons	✓
➤ Carry out a formal review of services provided to people who have experienced sexual assault	By May 2007	Ann Eriksen	Work to start in 2007/08	☺

Standard NHS Tayside Performance Reporting Symbols (Word 2000)

Symbols

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✓	-	Font: Wingdings, Alt-129
☺	-	Font: Wingdings, Alt-74
⌘	-	Font: Wingdings, Alt-54
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