

# **Sexual Health and Relationships – Enhancing Sexual Health and Wellbeing for All A Local Delivery Plan 2005- 2008**

## **1 INTRODUCTION**

Society and sexual behaviour has changed and increasing numbers of people are more sexually active for longer. Young people are having sex at an earlier age and many wish that they had delayed sex until they were ready. Many people of all ages still take risks by not practising safer sex. As a result, the rate of Sexually Transmitted Infections (STIs) is increasing and the number of unplanned pregnancies and terminations remains high. The specialist clinical services are experiencing difficulty in meeting growing demand for screening and treatment.

Sexual health affects our physical and psychological wellbeing and is central to some of the most important and lasting relationships of our lives. There are many factors that affect sexual health and wellbeing, including the wider influences of society and the media.

In Scotland, sexual health is poor and is consistently worse than in other parts of Europe. The Scottish Executive launched its Strategy and Action Plan for Improving Sexual Health - '*Respect and Responsibility*' - in January 2005. The Strategy signalled the importance of improving sexual health and made it a central part of our public health agenda.

All of the agencies – education, social work, community development, health and the voluntary sector – need to work together to improve sexual health as well as continuing to tackle the wider issues of poverty, low self-esteem and poor aspiration that, as with many other aspects of health, have a major influence on poor sexual health.

In Tayside, the Sexual Health Strategy Group (SHSG) was set up in summer 2003 to lead the development of an integrated local Strategy. It brings together all the local agencies responsible for improving sexual health including health professionals, representatives from each of the Community Planning Partnerships as well as from the independent and voluntary sectors.

NHS Tayside and its Community Planning Partners developed a draft inter-agency Strategy, which was approved by the NHS Board for consultation in April 2005.

## **2 BUILDING A COMMON AGENDA**

Sexual health is an issue that provokes strong and diverse opinions and goes to the heart of people's moral beliefs, values and faith. It is important that as a community we begin to debate the evidence and build common ground on what we need to do to tackle some of the uncomfortable realities about sexual health that face our society today.

We wanted to gain a wide cross-section of public opinion in Tayside and especially among those groups who are most 'at risk' of poor sexual health or who face the greatest barriers to accessing advice and services.

We held extensive consultation between April and September 2005 on the proposals contained in the draft Strategy. Key stakeholders and the general public were invited to submit responses and we conducted a series of discussion groups as well as questioning patients who had used the services. Almost 900 local people participated and provided feedback. The full report and analysis from the consultation is published separately and is available on the NHS Tayside website at [www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

People expressed diverse and often strong opinions - issues raised included the availability of access to free condoms, the role of parents and the appropriateness of sexual health and relationships education. The main findings were that:

- ❑ The overwhelming majority of people and organisations who took part in the consultation recognised the impact of poor sexual health and expressed support for the proposed actions
- ❑ Significant numbers indicated that sexual health and relationships education (SRE) was a vital element of acquiring knowledge and life skills for young people
- ❑ A significant majority felt that schools play a major role in developing young people's access to sexual health information and services, but stated that changes to present practice were needed and that young people themselves do not always feel comfortable addressing sexual health issues within schools
- ❑ The vast majority of respondents agreed that parents have a role in SRE for their children, but felt that they needed better information, education, guidance and support to be able to do this well
- ❑ Although there was considerable support for local access to sexual health services, there was debate about the implications for confidentiality and young people preferred broad-based services
- ❑ There was strong support for increasing STI screening and treatment

### **3 ACTION TO IMPROVE SEXUAL HEALTH**

The Community Planning Partners have now developed a Local Delivery Plan that we believe will help to tackle the problem of poor sexual health and enhance sexual wellbeing.

This action plan takes into account the views of the many people who commented on the proposals along with the evidence of good practice and the detailed work that was carried out to redesign the specialist clinical services and improve integration.

We want to improve sexual health and create a more positive and open attitude towards sexual health and wellbeing. We aim to achieve this by improving the way we educate young people about sexual health and relationships, encouraging them to delay sex until they are ready – both physically and emotionally. But we also need to make sure that when people are sexually active they understand the risks, practice safer sex and that they can access sexual health services when they need them.

Our proposals are based on evidence of what works in other parts of the UK and Europe and on what young people, parents and others have told us that they need. We have set six strategic aims to:

- ❑ Promote a positive and open culture towards sex that is based on the principles of self-respect, respect for others and strong relationships
- ❑ 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 relationships
- ❑ Reduce the incidence of unintended pregnancies and the rate of Sexually Transmitted Infections
- ❑ Build capacity across clinical services and increase access to specialist sexual health services
- ❑ Improve strategic and clinical leadership and governance
- ❑ Reduce health inequalities and make sure that the needs of vulnerable groups are met

We are building on the positive work that is already underway in each of the Community Planning areas and which has contributed to progress, such as the reduction in the number of teenage pregnancies.

The Local Delivery Plan sets out the actions to support the overall aims along with targets and indicators to measure performance and a clear timetable for delivery.

#### **4 INVESTING FOR IMPROVEMENT**

Community Planning Partners have already invested significant resources in a number of joint prevention initiatives such as in young people's drop-in services and joint training and appointments between education and health.

In launching the national Strategy, the Minister for Health and Community Care announced £15 million new investment over three years to improve sexual health across Scotland. The Scottish Executive has allocated £4.5m to NHS Boards each year from April 2005 on the basis of the Arbutnott Formula. In Tayside, this means an extra £360,690 each year from 2005/6.

The Scottish Executive has made clear its expectation that the balance of investment needs to be in frontline clinical services and that this must result in new capacity.

We need to ensure that we get best value from our existing resources and continue to redesign services so that they there are responsive to local needs. We have already begun to make considerable progress in developing frontline clinical services following the review of Genito-urinary Medicine (GUM) and Family Planning services through extending the roles of existing staff and in converging the specialist services. Nurse-led clinics have been introduced in GUM and Health Advisors are undertaking training in nurse prescribing. Medical staff in Family Planning are now working alongside colleagues in GUM and plans are in place to work jointly with Infectious Diseases to increase capacity and expertise in the management of HIV.

The priorities for new investment take into account the considerable commitment we have already made in prevention approaches; this will be sustained and strengthened through new investment in joint training,

practical support for parents and increased resources for community drop-in services. However, if we are to meet demand for screening and treatment we also need to target the new monies towards building capacity in the specialist sexual health services and in developing nurse-led services in the community.

The Financial Plan sets out both the existing expenditure and the proposals for new investment over the next three years. The investment plan takes into account inflationary increases and the impact of Agenda for Change and will make sure that spending is contained within the overall budget.

## **5 HOW WILL WE KNOW IT'S WORKING?**

Whilst we have based the proposals on the evidence of what works, where it is available, we need to know how well we are progressing against our objectives. We have developed a number of Core Performance Targets that reflect the core objectives set by the Scottish Executive Health Department of:

- Health Improvement for Scot
- Efficiency
- Access more quickly to services
- Treatment appropriate to individuals

Many of the core performance targets are longer term and to support ongoing performance management we have set a number of indicators that are designed to demonstrate progress towards the overall objective. The use of these 'proxy' indicators will also allow us to identify at an early stage if the action is not working as intended and will mean that we are able to evaluate the data on an ongoing basis and make appropriate changes to the plan. The Sexual Health Strategy Group will regularly monitor and report on progress.

We will continue to make sure that we take account of emerging evidence, especially from the ongoing evaluation of the National Demonstration Project '*Healthy Respect*'. The National Sexual Advisory Committee has been tasked with developing performance targets and these will also be incorporated into the Local Delivery Plan when they are developed.

## **6 CONCLUSION**

There are strong partnerships in place in Tayside that have supported innovation and we have already begun to make progress in achieving national targets in reducing the rate of teenage pregnancy. However, tackling sexual ill health and enhancing wellbeing is a long-term issue that will need sustained action by Community Planning Partnerships and effective engagement with all of our community. The Local Delivery Plan provides a sound basis for implementing the actions needed to improve the sexual health of the local population.

Ann J Pearson  
Head of Social Inclusion/  
Chair of Sexual Health Strategy Group  
November 2005

**TAYSIDE SEXUAL HEALTH AND RELATIONSHIPS STRATEGY– LOCAL ACTION PLAN TO IMPROVE SEXUAL HEALTH & WELLBEING 2005 - 2008**

STRATEGIC AIM	ACTIONS	CORE PERFORMANCE TARGETS <sup>1</sup>	SUPPORTING PERFORMANCE INDICATORS	TIMESCALE	LEAD AGENCY
<p><b>Promote a positive and open culture towards sex that is based on the principles of self-respect, respect for others and strong relationships</b></p>	<ul style="list-style-type: none"> <li>➤ 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</li> </ul>	<p>All schools to achieve Health Promoting status by 2007 <b>(H)</b></p>	<p>Advisory Forum set up</p>	<p>April 2006</p>	<p>Education &amp; Public Health</p>
	<ul style="list-style-type: none"> <li>➤ Deliver a consistent and integrated approach to SRE across the age-span based on the principles of respect and responsibility</li> </ul>		<p>Current SRE programmes reviewed Evaluation carried out</p>	<p>Ongoing</p>	<p>Community Planning Partners</p>
	<ul style="list-style-type: none"> <li>➤ Encourage young people to delay sex until they are physically and emotionally ready</li> </ul>		<p>Materials and advice to reflect this message</p>	<p>Ongoing</p>	<p>Community Planning Partners</p>
	<ul style="list-style-type: none"> <li>➤ 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</li> </ul>		<p>All schools &amp; other relevant agencies to have a clear policy on SRE in line with the statutory guidance</p>	<p>Ongoing</p>	<p>Education</p>
	<ul style="list-style-type: none"> <li>➤ Extend work with parents and carers to develop 'age appropriate' information and materials for use in SRE</li> </ul>		<p>Age-appropriate resources in place</p>	<p>March 2007</p>	<p>Education &amp; Public Health</p>
	<ul style="list-style-type: none"> <li>➤ Incorporate broad-based SRE into good practice guidelines for Health Promoting Schools</li> </ul>		<p>Guidelines in place</p>	<p>By March 2007</p>	<p>Education</p>
	<ul style="list-style-type: none"> <li>➤ Maintain support for Staff Tutors in each Community Planning area</li> </ul>		<p>Staff Tutors in all s Community Planning Areas</p>	<p>Ongoing</p>	<p>Community Planning Partners</p>
	<ul style="list-style-type: none"> <li>➤ Support and encourage drama productions in all secondary schools that explore issues around sexual health and relationships</li> </ul>		<p>All S3 pupils to attend/participate Evaluate short &amp; long term effectiveness</p>	<p>Ongoing</p>	<p>Public Health &amp; Education</p>
	<ul style="list-style-type: none"> <li>➤ Promote and develop the range and diversity of learning opportunities in informal settings for all ages</li> </ul>		<p>Additional opportunities offered &amp; increased uptake</p>	<p>Ongoing</p>	<p>Community Planning Partners</p>
	<ul style="list-style-type: none"> <li>➤ 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</li> </ul>		<p>All staff are clear about their role and responsibilities Framework in place</p>	<p>By March 2007</p>	<p>Public Health</p>
<ul style="list-style-type: none"> <li>➤ Engage with the Tayside DAATs to make sure that messages about risky behaviour and its impact on sexual health are incorporated into prevention approaches</li> </ul>	<p>DAAT action plans reviewed in relation to Sexual Health</p>	<p>March 2006</p>	<p>Drug and Alcohol Action Teams (DAATs)</p>		

<sup>1</sup> 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)**.

STRATEGIC AIM	ACTIONS	CORE PERFORMANCE TARGETS	SUPPORTING PERFORMANCE INDICATORS	TIMESCALE	LEAD AGENCY
<b>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 relationships</b>	<ul style="list-style-type: none"> <li>➤ 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</li> </ul>	All parents consulted when schools develop or review their SRE programme <b>(H)</b>	Support materials produced Parents have opportunities to ask questions about programmes	By October 2006	Public Health
	<ul style="list-style-type: none"> <li>➤ Extend parents involvement in primary and secondary schools where education issues are discussed</li> </ul>			Ongoing	Education
	<ul style="list-style-type: none"> <li>➤ Explore with parents the development of peer support groups</li> </ul>		Parents have opportunities to explore peer support	By October 2006	Community Planning Partners
	<ul style="list-style-type: none"> <li>➤ Offer parenting skills which includes broad-based health issues in existing community development projects</li> </ul>		Sexual Health issues included	Ongoing	Community Planning Partners

STRATEGIC AIM	ACTIONS	CORE PERFORMANCE TARGETS	SUPPORTING PERFORMANCE INDICATORS	TIMESCALE	LEAD AGENCY
<p><b>Reduce the incidence of unintended pregnancy and the rate of Sexually Transmitted Infections (STIs)</b></p>	<ul style="list-style-type: none"> <li>➤ Provide accurate health information and advice on how to access services so that people are able to make informed choices about their sexual health</li> </ul>	<p>Reduce teenage conceptions in 13 to 15 year olds by 20% by 2010 <b>(H)</b></p>	<p>Increased knowledge of services among target populations - measured in service/customer questionnaires</p>	<p>By January 2006</p>	<p>Community Planning Partners</p>
	<ul style="list-style-type: none"> <li>➤ 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</li> </ul>	<p>Reduce the number of repeat terminations <b>(H)</b></p>	<p>Drop-ins in all secondary schools</p>	<p>Ongoing</p>	<p>Community Planning Partners</p>
	<ul style="list-style-type: none"> <li>➤ Support and involve local communities in the further development of community drop-ins, especially in rural and deprived communities</li> </ul>	<p>70% success rate for contact tracing (chlamydia) <b>(H)</b></p>	<p>Increased uptake by target populations</p>	<p>Ongoing</p>	<p>Community Planning Partners</p>
	<ul style="list-style-type: none"> <li>➤ 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</li> </ul>	<p>100% of all GUM new attendances with an STI tested for HIV <b>(H,A)</b></p>	<p>Monitor uptake through Condom Initiative Revised guidelines in place</p>	<p>Ongoing  Dec 2006</p>	<p>Community Planning Partners</p>
	<ul style="list-style-type: none"> <li>➤ Extend access to free Emergency Hormonal Contraception (EHC) in community pharmacies, especially in rural and deprived areas</li> </ul>		<p>Increased outlets Monitor patterns of use</p>	<p>By April 2006</p>	<p>NHS Tayside</p>
	<ul style="list-style-type: none"> <li>➤ 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</li> </ul>		<p>Project completed</p>	<p>From August 2006 to November 2007</p>	<p>NHS Tayside</p>
	<ul style="list-style-type: none"> <li>➤ Develop and implement chlamydia screening and treatment services in community settings for target population groups</li> </ul>		<p>Increased uptake of screening</p>	<p>Sept 2006 onwards</p>	<p>NHS Tayside</p>
	<ul style="list-style-type: none"> <li>➤ Develop contact tracing as part of the screening and treatment service in the community</li> </ul>			<p>Sept 2006 onwards</p>	<p>NHS Tayside</p>
	<ul style="list-style-type: none"> <li>➤ Opportunistic screening in Young People's Projects and drop-in clinics should include men under 25 years of age</li> </ul>		<p>Increased uptake among young men</p>	<p>Sept 2006 onwards</p>	<p>NHS Tayside</p>
	<ul style="list-style-type: none"> <li>➤ 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</li> </ul>		<p>Increased STI screening in 'at risk' groups Guidance included in community programmes</p>	<p>March 2006</p>	<p>NHS Tayside</p>
	<ul style="list-style-type: none"> <li>➤ Carry out a formal evaluation of the community screening programme</li> </ul>		<p>Evaluation completed</p>	<p>Sept 2008</p>	<p>NHS Tayside</p>
	<ul style="list-style-type: none"> <li>➤ Ensure that all patients attending GUM presenting with a new STI are offered and encouraged to have an HIV test</li> </ul>		<p>Increased HIV screening and detection</p>	<p>From Nov 2005</p>	<p>NHS Tayside</p>

STRATEGIC AIM	ACTIONS	CORE PERFORMANCE TARGETS	SUPPORTING PERFORMANCE INDICATORS	TIMESCALE	LEAD AGENCY
<b>Build capacity across clinical services and increase access to specialist sexual health services</b>	➤ Publish an updated on-line directory of sexual health services and publish the information widely	Achieve national waiting times targets (A)	Directory in place	November 2005	Public Health
	➤ All secondary schools should signpost information on how to access sexual health services in line with Scottish Executive guidance	Reduce waiting times for asymptomatic patients (A)	Information & advice available in all schools	Ongoing	Education
	➤ Agree confidentiality statements and display these in all services		Statements in place	By June 2006	Community Planning Partners
	➤ Implement the recommendations of the Genito-urinary Medicine (GUM) and Family Planning Review <sup>2</sup> to bring about convergence of the two services	Reduce the number return patients to GUM (E)	Detailed action plan implemented	November 2005 onwards	NHS Tayside
	➤ Develop specialist roles and increase the number of specialist nursing staff to build capacity in core and community services	Increased attendance at nurse-led clinics (E,A)	Job profiles agreed Additional staff appointed	From January 2006	NHS Tayside
	➤ Realign existing medical staffing to create an additional Consultant in GUM (10 Sessions)		Appoint consultant	By April 2006	NHS Tayside
	➤ Develop Nurse-led clinics, including nurse prescribing in GUM, Family Planning and Community drop-ins		Nurse-led clinics in place	By February 2005	NHS Tayside
	➤ Develop a specialist integrated clinic in Angus (1 to 2 sessions/week in Arbroath)		Clinic in place Increased uptake	One year pilot Sept 2006/7	NHS Tayside
	➤ Transfer the overall clinical management of HIV patients attending GUM to Infectious Diseases (ID) lead consultant and rotate staff between ID and GUM clinics		Review against best practice guidelines	From Nov 2005	NHS Tayside
	➤ Purchase automated results system and introduce electronic cross referral and booking system		IT systems in place	By February 2006	NHS Tayside
	➤ 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		Increased uptake of screening & detection	September 2006 onwards	NHS Tayside
	➤ Increase specialist support and develop web-based information and protocols to support appropriate referrals from General Practice		Protocols agreed with Primary Care	By Sept 2006	NHS Tayside
	➤ 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		Options explored with GP Sub & Director of Primary Care	By December 2006	NHS Tayside

<sup>2</sup> A detailed plan has been developed with frontline staff to support implementation

STRATEGIC AIM	ACTIONS	CORE PERFORMANCE TARGETS	SUPPORTING PERFORMANCE INDICATORS	TIMESCALE	LEAD AGENCY
<b>Improve strategic and clinical leadership and governance</b>	<ul style="list-style-type: none"> <li>➤ 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</li> </ul>		Leads in place	April 2005	NHS Tayside
	<ul style="list-style-type: none"> <li>➤ Each Local Authority should appoint a Strategic Lead for Sexual Health</li> </ul>		Inter-agency strategy and Action Plan agreed	April 2005	Local Authorities
	<ul style="list-style-type: none"> <li>➤ Review remit and membership of Sexual Health Strategy Group</li> </ul>		Remit and membership agreed	January 2006	Community Planning Partners
	<ul style="list-style-type: none"> <li>➤ Appoint a Lead Clinician to integrate sexual health services</li> </ul>		Lead appointed	By April 2006	NHS Tayside
	<ul style="list-style-type: none"> <li>➤ Realign existing medical staffing to create a Consultant in Family Planning</li> </ul>		Appointment made	By April 2006	NHS Tayside
	<ul style="list-style-type: none"> <li>➤ Appoint a Lead Nurse for Sexual Health to lead the development of extended roles and to provide professional leadership</li> </ul>		Appointment made	January 2006	NHS Tayside
	<ul style="list-style-type: none"> <li>➤ Develop a Clinical Network for Sexual Health and continue to explore opportunities for regional collaboration</li> </ul>		Network registered with Centre for MCNs Regional links formalised	From July 2006	NHS Tayside
	<ul style="list-style-type: none"> <li>➤ Implement the Royal College of Obstetricians &amp; Gynaecologists (RCOG) guidelines to make sure all women receive appropriate pre-termination counselling and information</li> </ul>		All women provided with information & advice	By April 2006	NHS Tayside

STRATEGIC AIM	ACTIONS	CORE PERFORMANCE TARGETS	SUPPORTING PERFORMANCE INDICATORS	TIMESCALE	LEAD AGENCY
<p><b>Reduce health inequalities and ensure that the needs of vulnerable groups are met</b></p>	<ul style="list-style-type: none"> <li>➤ Develop Sexual Health responses in the context of the wider Tayside Inequalities Strategy and Community Regeneration plans</li> </ul>	<p>Increase uptake of services in the 15% most deprived areas (H,A,T)</p>	<p>Sexual Health included in ROA action</p>	<p>2005 - 2008</p>	<p>Community Planning Partners</p>
	<ul style="list-style-type: none"> <li>➤ Target prevention approaches in the most deprived communities where sexual health is poorest</li> </ul>		<p>Specification agreed Sessions in place</p>	<p>By April 2006</p>	<p>NHS Tayside</p>
	<ul style="list-style-type: none"> <li>➤ Commission outreach education sessions for 'hard to reach' groups, including looked-after children and young people with Learning Disabilities</li> </ul>		<p>Assessment completed</p>	<p>By August 2006</p>	<p>Community Planning Partners</p>
	<ul style="list-style-type: none"> <li>➤ Review the resources currently being used to support people with Learning Disabilities to make sure that this is inline with best practice</li> </ul>		<p>Tailored support materials produced Opportunities for involvement available</p>	<p>From October 2006</p>	<p>Community Planning Partners</p>
	<ul style="list-style-type: none"> <li>➤ 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</li> </ul>		<p>Protocol in place</p>	<p>From January 2006</p>	<p>Community Planning Partners</p>
	<ul style="list-style-type: none"> <li>➤ Implement the Tayside multi-agency protocol '<i>Protecting Vulnerable Adults in Tayside</i>'</li> </ul>		<p>All key frontline to have received training Protocols are in place in all sexual health services</p>	<p>Ongoing</p>	<p>Community Planning Partners</p>
	<ul style="list-style-type: none"> <li>➤ 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.</li> </ul>		<p>Mechanisms agreed as part of PFPI Framework &amp; Race Equality Scheme</p>	<p>From November 2005</p>	<p>Community Planning Partners</p>
	<ul style="list-style-type: none"> <li>➤ Engage with the Black and Minority Ethnic and faith communities to determine the specific needs and to improve access learning opportunities and services</li> </ul>		<p>Increased uptake and detection</p>	<p>May 2006</p>	<p>NHS Tayside</p>
	<ul style="list-style-type: none"> <li>➤ Increase the number of remand prisoners in HM Prison Perth screened for chlamydia</li> </ul>		<p>Review undertaken</p>	<p>By May 2007</p>	<p>Community Planning Partners</p>
<ul style="list-style-type: none"> <li>➤ Carry out a formal review of services provided to people who have experienced sexual assault</li> </ul>					

SEXUAL HEALTH AND RELATIONSHIPS FINANCIAL PLAN 2005 – 2008

NHS Tayside Existing Budget 2005 – 2006		Note Ref 5	NHS Tayside Proposed Investment			Not Ref
		£	2005/06 £	2006/07 £	2007/08 £	
<b>Tayside-Wide Initiatives</b>			<b>FUNDING AVAILABLE</b>			
Condom Initiative	62,000		Zero Inflationary Increase 2005/2008			
Health Promotion – general young people/sexual health programmes	72,850					
Senior Sexual Health Promotion Specialist	33,000		Allocation	360,691	360,691	
Gay Men's Health	29,304		Carry Over from previous year	156,389	156,389	
DIVERSITY	3,510		<b>Total Funding Available</b>	<b>360,691</b>	<b>517,080</b>	<b>450,404</b>
Body Positive	16,700					
18 and under	1,000		<b>PLANNED EXPENDITURE</b>			
Cool2Talk Website	32,600		<b>GUM</b>			
	<b>250,964</b>		Jan-Mar	FYE	FYE	
<b>Angus</b>						
Young People's Health Promotion	10,133		Consultant Sessions	34,000	34,000	1
Staff Tutor – Sexual Health	21,868		Specialist Sexual Health /Health Advisor (2.0 wte)	65,560	65,560	
The Web Project Forfar	37,198		Support Worker (1.0 wte)	16,240	16,240	
School Nursing Additional Hours	3,297		Administration (1.0 wte)	16,240	16,240	
	<b>72,496</b>		Training & Development	1,000	1,000	2
			Nursing/Admin Hours PRI	5,000	5,000	
<b>Dundee</b>			<b>Family Planning</b>			
The Corner	336,989		Consultant Sessions	10,000	10,000	3
Staff Tutor – Sexual Health	21,868		Nurse grade F (1.0 wte)	28,660	28,660	
The Web Project Dundee	37,198		Support Worker (1.0 wte)	16,240	16,240	
School Nursing Additional Hours	3,297		Administration (1.0 wte)	16,240	16,240	
Caledonia Youth	42,000		Training & Development	1,000	1,000	2
	<b>441,352</b>					
			Rotating Sexual Health Nurse Grade H (1.0 wte)	36,400	36,400	4
			Strathmore Young people's Service	5,000	5,000	
			Young People's Services P&K/Angus i.e. Nursing Hours	12,000	12,000	
<b>Perth &amp; Kinross</b>			<b>Laboratory</b>			
Drumhar Drop-in	24,812		Chlamydia Screening (5000 tests)	52,000	52,000	
Strathmore Young People's Drop-in	5,000					
The Web Project Kinross	37,198					
Perth & Kinross Young People's Health Initiative	21,241					
Staff Tutor – Sexual Health	21,868					
School Nursing Additional hours	3,297					
	<b>113,416</b>					
<b>TOTAL PRIMARY PREVENTION SERVICES</b>	<b>878,228</b>		<b>Pharmacy</b>			
			Zithromax	6,500	6,500	
			Targeted EHC in Community pharmacies and MIUs	38,000	38,000	
			<b>Total Planned Expenditure (excl inflation)</b>	<b>113,145</b>	<b>360,080</b>	<b>360,080</b>
<b>FAMILY PLANNING SERVICES</b>	<b>618,353</b>		<b>Inflation</b>			
<b>GENITO-URINARY MEDICINE GENERAL SERVICES</b>	<b>596,000</b>		2005 – 5% costs*	18,004	18,004	
			2006 – 3% costs	11,343	11,343	
			2007 – 3% costs	11,683	11,683	
<b>TOTAL</b>	<b>2,092,581</b>		<b>Total Inflation funded from slippage</b>	<b>5,657</b>	<b>29,347</b>	<b>41,030</b>
			<b>Total Planned Expenditure</b>	<b>118,802</b>	<b>389,427</b>	<b>401,110</b>
<b>NOTES</b>			<b>To be funded from slippage</b>			
1 This contributes to an additional 10 session consultant in GUM			Sexual Health Strategy Consultation	6,000		
2 Existing staff will require dual training as a one off, this will be topped up from slippage			GUM/Family Planning Review	5,000		
3 This assumes an in house appointment			Nursing backfill hours to allow specialist training		6,440	
4 This post will rotate within The Corner Project			Locum Consultant Hours	30,000		
5 Prioritisation process currently underway for Blood Borne Virus (BBV) funding that may affect future expenditure			Caledonia Youth	35,000		
			Training & Development	3,000	3,000	
			Equipment & Furniture	10,000		
			Support of community staff development	3,000	3,000	
			Appointments Systems	2,000		
			School Drama Tour	5,500	5,500	5,500
			Web Site Development	2,000		
			<b>Total Planned Expenditure</b>	<b>85,500</b>	<b>37,940</b>	<b>8,500</b>
			<b>Surplus carried over to following year</b>	<b>156,389</b>	<b>89,713</b>	<b>40,794</b>

\* Agenda for Change (5%) approximation

This will be less as it has been applied to total which Pharmacy Drugs.