

KEY:

Implementation Status	Total
✓ Action completed	20
☺ Action on course for completion	37
⌚ 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

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

Key to Local Authority Reporting:

Angus - **Bold**
Dundee - *Italics*
Perth & Kinross - Underline

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
➤ 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 Pearson	Written to key participants to arrange to discuss with Directors of Education.	☺
➤ Deliver a consistent and integrated approach to SRE across the age-span based on the principles of respect and responsibility	Ongoing	TBC	<p>In response to the views expressed by parents, cares and young people contained within “Sexual Health & Relationship: Findings from Community Engagement and Formal Consultation 2005 a Working Group in Angus convened to look at the feasibility of reviewing the SRE programmes in all schools in Angus. An audit was undertaken of SRE in Angus Primary Schools. A review of SRE and supporting resources is now included in the Education Service Plan 2006-2007. Discussions are ongoing with the Principal Teachers of Pupil Care and Support and Principal Teachers of Health Improvement at Curriculum Advisory Groups.</p> <p><i>Primary Health Curriculum including Sexual Health and relationships and Relationships and Moral Education completed. Schools in process of implementing. Resources in place. Secondary Health exemplars almost complete. Revision of current Sexual Health and Relationships education included. Updating of resources required but have been identified. Some use of SHARE materials.</i></p>	☺
➤ Encourage young people to delay sex until they are physically and emotionally ready	Ongoing	TBC	<p>As Above</p> <p><i>Included within curriculum exemplars and staff CPD</i></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	TBC	<p>As above</p> <p><i>Exemplar programme from P1 to S6 developed</i></p>	☺
➤ Extend work with parents and carers to develop ‘age appropriate’ information and materials for use in SRE	March 2007	TBC	<p><i>Exemplar leaflets distributed to all Primary Schools on programme. Authority booklet for Primary parents on Health Promotion includes information on P1 to P7 programmes and Sexual Health overall.</i></p>	☺
➤ Incorporate broad-based SRE into good practice guidelines for Health Promoting Schools	By March 2007	LA Leads	<p>Same as bullet point 3-5</p> <p><u>Appropriate guidelines in place</u></p> <p><i>Education Completed</i></p>	☺

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

➤ Maintain support for Staff Tutors in each Community Planning area	Ongoing	LA Leads	A response has been submitted to the BBV Commissioning Group supporting the requirement for continuing funding for Staff Tutor post in Angus stressing the important role of this post in the integrated sexual health services being delivered by a range of partner agencies to young people in Angus. <i>Discussion to take place with the Dundee DAAT on the role of the new Staff Tutor</i>	☺
➤ Support and encourage drama productions in all secondary schools that explore issues around sexual health and relationships	Ongoing	LA Leads	Health Workers in Angus continue provide support to the annual Drama Tour in Angus. Service pressures within all of the partner agencies are ever increasing and that puts participation in the Drama Tour at some risk in the future. <u>Drama productions run 6/3/06 – 22/3/06 in 100% Local Authority Secondary Schools and 2 Private Secondary Schools</u> <i>Currently in nine of the ten Secondary Schools. Also “How Do We Feel?” Dance for S2 dealing with Emotional Health is linked to relationships.</i>	☺
➤ 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. <u>Formal discussion with community learning and development planned</u> <i>Two voluntary sector reps now sit on DASH with opportunities to develop more collaborative approaches.</i> <i>Dundee Healthy Living Initiative, Health Shop at Wellgate Centre (ongoing one afternoon per week)</i> <i>Corner Drop-in open 30 hours per week.</i> <i>The Corner - Outreach programme (CRF/SIPS funded)</i> <i>Network of Youth Information/Youth Workers offering sexual health information and signposting.</i> <i>Peer Education Project works in both formal and informal settings offering training for young people in drugs and alcohol.</i> <i>Sexual Health Relationships incorporated into this programme.</i> <i>Meeting with Section Leader, Adult Learning, to take place to explore potential to run help topic based programmes in learning centres</i>	☺
➤ 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	Meetings scheduled with 3 Sexual Health Local Authority Leads.	☺
➤ <i>Community Care Adult & Older People’s Residential/Day Services</i> <i>Promote the right of individuals to experience sexual relationships while recognising respective rights/risks/responsibilities</i>	<i>Review planned May/June 2006</i>	<i>DCC Social Work Department</i>	<i>incorporate needs within personal planning process for all services</i>	☺

<p>➤ Engage with the Tayside DAATs to make sure that messages about risky behaviour and its impact on sexual health are incorporated into prevention approaches</p>	<p>March 2006</p>	<p>Ann Pearson/LA Leads</p>	<p>Strategic links between the Angus DAAT and Angus Sexual Health and Well Being Group are in place <u>DAAT discussed & accepted requirement to ensure linkage made.</u> <u>Current publicity materials being developed already address risky behaviour and it's impact on sexual health</u> <i>LA Lead Officer, SWD & Education Dept reps on TSHSG currently sit on DDAAT Children & Young People subgroup.</i></p>	<p>✓</p>
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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 ²				
ACTIONS	TIMESCALE	LEAD	PROGRESS	STATUS
<ul style="list-style-type: none"> ➤ 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 	By October 2006	Priscilla Webster	<p>Final draft of leaflet to be discussed at meeting with colleagues in Education on 25 August and then consult with parents on the content.</p> <p><i>Access for foster carers to software package – “Sex and Relationships for Young People Aged 14 - 16”</i></p> <p><i>Identify staff training needs for residential care and set up and run training by summer 2006 (Caledonia Youth or alternative) to ensure staff have a good understanding about issues relating to sexual health and looked after children.</i></p> <p><i>Identify work needing done with Family support centre staff regarding supporting and advising young parents regarding sexual health issues</i></p>	☺
<ul style="list-style-type: none"> ➤ Extend parents involvement in primary and secondary schools where education issues are discussed 	Ongoing	LA Leads	<p>Angus Staff Tutor, supported by Health Workers, as and when required, provide a series of parent evenings to discuss and demonstrate the SRE programme to parents.</p> <p><u>Models of good practice already evident in several schools, opportunities to extent this to be discussed</u></p> <p><i>Dundee Healthy Living Initiative considering how best to incorporate sexual health in their programme.</i></p> <p><i>Discuss potential development with Section Leader, Adult Learning and Section Leaders, in Leisure & Communities Dept Brief on Strathtay Development and links confirmed with Community Planning/Regeneration</i></p>	☺
<ul style="list-style-type: none"> ➤ Explore with parents the development of peer support groups 	By October 2006	LA Leads	<p><u>Opportunities to explore this identified within New Community Schools structures, further discussion to be held with Community learning and Development</u></p>	☺
<ul style="list-style-type: none"> ➤ Offer parenting skills which includes broad-based health issues in existing community development projects 	Ongoing	LA Leads	<p>The health component of the Sure Start provision in Angus together with Social Work Family Support Teams addresses broad-based parental support but this requires to be further developed in relation to sexual health. Angus has recently received additional funds to provide more staff resources to the Sure Start programme. It should be possible to build in a requirement to address sexual health issues specifically but that would need to be negotiated.</p> <p><u>Formal discussion with Community Learning and Development to be arranged</u></p>	☺

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

Reduce the incidence of unintended teenage pregnancy and the rate of Sexually Transmitted Infections (STIs) ³				
ACTIONS	TIMESCALE	LEAD	PROGRESS	STATUS
➤ 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	Sexual Health Directory revised and widely distributed. Temporary web page has link to the Directory. <i>Dundee DASH reviewing current practice and guidance across services.</i>	✓
➤ 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	School based drop- ins are available in all Angus secondary schools. A pilot of a school drop- in a primary school was undertaken in 2005. These school drop ins are part of the overall integrated sexual health services to young people in Angus. <u>Several drop-ins available in close proximity of secondary schools; these are regularly reviewed and new opportunities embraced</u> <i>We were established in most Secondary Schools but currently suspended</i>	✓
➤ Support and involve local communities in the further development of community drop-ins, especially in rural and deprived communities	Ongoing	LA Leads	Over 2005, as part of the development of a integrated sexual health service for young people, community drop-ins have been developed in urban and rural areas. This work is ongoing until young people in Angus have real choice in the service they wish to access. <u>This will be reviewed in conjunction with school drop-ins as traditionally, they have been more popular with young people</u>	☺
➤ 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	Ongoing Dec 2006	Richard McIntosh	Mapping exercise completed in 2005 to ensure accessibility for 'at risk groups'. <i>Sexual Health & Relationships Guidelines for Youth Workers drafted</i>	✓
➤ Extend access to free Emergency Hormonal Contraception (EHC) in community pharmacies, especially in rural and deprived areas	By April 2006	Angela Timoney	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	✓
➤ 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	From August 2006 to November 2007	Dr Thomson M	Qualitative semi-structured interviews underway with patients to finalise	☺
➤ Develop and implement chlamydia screening and treatment services in community settings for target population groups	Sept 2006 onwards	Lead Nurse (WP interim)	Agreed to purchase 5000 postal testing kits for use in community settings such as drop-ins and pharmacies.	☺

- 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)

➤ Develop contact tracing as part of the screening and treatment service in the community	Sept 2006 onwards	Lead Nurse	System agreed for FP. Currently exploring revising the laboratory request forms to support effective contact tracing.	☺
➤ Opportunistic screening in Young People's Projects and drop-in clinics should include men under 25 years of age	Sept 2006 onwards	Lead Nurse		☺
➤ 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	Lead Nurse	Actioned	✓
➤ Carry out a formal evaluation of the community screening programme	Sept 2008	Lead Nurse		☺
➤ Ensure that all patients attending GUM presenting with a new STI are offered and encouraged to have an HIV test	From Nov 2005	Acting Clinical Lead (ACL)	Actioned. (52% increase in the number of HIV tests carried out in 2005)	✓

Build capacity across clinical services and increase access to specialist sexual health services ⁴				
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 temporary web page pending full launch of 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	All secondary school health and teaching staff in Angus are provided with the Integrated Information Resource so that they can sign post to both local and regional sexual health services as appropriate. <i>Information made available to most Secondary pupils and also information on Cool2Talk web-site distributed.</i> <u>Review ongoing</u>	☺
➤ Agree confidentiality statements and display these in all services	By June 2006	Heads of Service	Confidentiality statement (FP) is displayed in all FP premises. GUM and The Corner are satisfied with their own.	✓
➤ 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 (interim)	Lead nurse re-advertised and interviews scheduled for 25 August 2006.	✓
➤ Develop specialist roles and increase the number of specialist nursing staff to build capacity in core and community services	From January 2006	GYoung/M Hogg	All additional nursing appointments have been made with the exception of the Lead Nurse.	✓
➤ Realign existing medical staffing to create an additional Consultant in GUM (10 Sessions)	By April 2006	ACL	Additional consultant appointed in May 2006.	✓
➤ Develop Nurse-led clinics, including nurse prescribing in GUM, Family Planning and Community drop-ins	By February 2006	Lead Nurse	Ongoing. Staff in GUM have completed nurse prescribers course and further 2 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.	⌚
➤ 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	Wendy Peacock	Telephone voice recognition system bought and the possibility of this system being able to provide automated results is being explored. Additional administrative post to be recruited 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	Lead Nurse	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	☺

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- 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)

<p>➤ Increase specialist support and develop web-based information and protocols to support appropriate referrals from General Practice</p>	<p>By Jan 2007</p>	<p>Clinical Leads</p>	<p>Web design company commissioned. Homepage agreed. Content being drafted by sub-group. Consultation with SHSG members in Sept and wider user involvement Oct/Nov. Expected launch date January 07. Temporary web page in place including on-line directory and links to national helplines.</p>	<p>😊</p>
<p>➤ 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</p>	<p>By December 2006</p>	<p>Ann Pearson</p>		<p>😊</p>

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 Pearson	Actioned and agreed by SHSG January 2006	✓
➤ Appoint a Lead Clinician to integrate sexual health services	By April 2006	CEO	Process agreed with Director of HR. Portfolio approach agreed to be reviewed Autumn 2006.	😊
➤ 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	Post re-advertised. Interviews 25 August 2006.	😊
➤ Develop a Clinical Network for Sexual Health and continue to explore opportunities for regional collaboration	From July 2006	Ann Pearson	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 Pearson/ LA Leads	Resources targeted in line with deprivation	☺
➤ Target prevention approaches in the most deprived communities where sexual health is poorest			The Integrated Community Schools Team provide sexual health “surgeries” in Angus Homeless Units and in one of the Children’s Residential facilities in Arbroath. We are in the process of identifying some of the basic sexual health needs of the Migrant populations in Angus. <i>Corner Health Outreach Programme 150 Health workshops per year based on Corner Carry Out resource. The Corner has developed positive links with Access to Learning Initiative.</i>	☺
➤ Commission outreach education sessions for ‘hard to reach’ groups, including looked-after children and young people with Learning Disabilities	By April 2006	Ann Pearson	Service specification developed and tenders to be submitted by 17/2/06. New contract let from 1/4/06	✓
➤ Review the resources currently being used to support people with Learning Disabilities to make sure that this is inline with best practice	By August 2006	TBC	SHPS reviewing materials and training resources to meet with life long learning to consider sustainable training options and findings	☺
➤ 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	<i>Training done with some Kingspark staff</i>	☺
➤ Implement the Tayside multi-agency protocol ‘ <i>Protecting Vulnerable Adults in Tayside</i> ’	From January 2006	Ann Pearson	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 Pearson	Young people’s clinic commenced in GUM from 20/4/06. Training delivered for Family Planning, TOP and GUM staff. Revised protocols to be reviewed by CPAG in September 2006. Review of child protection arrangements completed	✓
➤ 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 Pearson/ 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	Lead Nurse	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	TBC		☺

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

Standard NHS Tayside Performance Reporting Symbols (Word 2000)

Symbols

?	-	Font : Times New Roman, ?
✓	-	Font: Wingdings, Alt-129
☺	-	Font: Wingdings, Alt-74
⌘	-	Font: Wingdings, Alt-54
✕	-	Font: Wingdings, Alt-150
↵	-	Font: Wingdings, Alt-142