

# **Respect and Responsibility: Delivering improvements in sexual health outcomes 2008-2011**

## **Introduction**

1. This paper sets out the Scottish Government's response to the independent stock taking review of the national sexual health strategy and action plan "[Respect and Responsibility](#)" (2005). The review has made a number of recommendations which will contribute to the delivery of improvements in sexual health outcomes. Specifically, the review suggests that, having achieved an initial goal of enhancing the provision and accessibility of sexual health services in Scotland, the focus should now shift towards achieving cultural change.
2. The review recognises the impact of the leadership, systems and structures that have been created since the strategy began and recommends continued efforts in these areas. The National Sexual Health Advisory Committee (NSHAC) was established to provide strong national leadership, bringing together key stakeholders who could influence the wider aspects of sexual health. The committee will continue to be led by the Minister for Public Health. Lead positions within NHS Boards and Local Authorities will also continue. Partnership working has played a big part in the delivery of the strategy and action plan and will continue to be prioritised where there are clear benefits to improving sexual wellbeing.
3. The recommendations from the review have been considered by stakeholders from across Scotland, and a number of outcomes have been identified as priorities for the next three years. These outcomes cannot be achieved by the sexual health policy alone and will require to be part of the delivery of other local and national policies including those which improve educational attainment, improve access to further education, employment, housing and welfare.
4. A summary of the review will be available on the NHS Health Scotland website.

## **Background**

5. Scotland's first national sexual health and relationships strategy, [Respect and Responsibility: Strategy and Action for Improving Sexual Health](#), was launched in January 2005 with £15 million of funding over 3 years. This funding was extended by the Scottish Government within [Better Health, Better Care: Action Plan \(2007\)](#) and will continue until 2011.
6. A range of actions were set out in *Respect and Responsibility* to enhance sexual health promotion, education and service provision. Most of these actions have now been delivered, and will continue to be delivered, thanks to the joint working of agencies across Scotland.

## **Context**

7. The overarching purpose of the Scottish Government is "to create a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable economic growth". A key theme to the Scottish Government's approach is that all public services should be better aligned to achieve common goals if we are to create a more successful Scotland. The Scottish Government's purpose is supported by five strategic objectives – to make Scotland wealthier & fairer, smarter, healthier, safer & stronger and greener. These are supported by 15 national outcomes which describe what the Government wants to achieve over a ten-year period.

8. The healthier objective aims to “help people to sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to health care” – a clear focus on tackling health inequalities.

## **Cross Cutting Policy**

9. As indicated above, because of the cross-cutting nature of the actions required to successfully deliver the outcomes of *Respect and Responsibility*, it is important for there to be strong links with all other relevant policies and strategies being pursued at both national and local levels. At a national level sexual health will be fed into a range of key policies and strategies including:

### **Health Inequalities**

The recently published report of the Ministerial Task Force on health inequalities “[Equally Well](#)” recognises the need to unite Ministerial portfolios to address the underlying causes of health inequalities. There is also recognition that delivering on the Task Force’s recommendations depends on “strong joint working between the NHS, local government, the Third Sector and others within community planning partnerships”. This approach is also required to effectively deliver our sexual health strategy.

### **Early Years**

Key policy links are being made to the [Early Years Strategy](#) particularly to reduce the number of vulnerable pregnancies in Scotland, such as reducing unintended pregnancies in teenagers and increasing contraceptive provision to women using drug services to support family planning and timing of future births. Support for parents to achieve the best outcomes for their children is a key strand of the strategy which will contribute in the long term to better health outcomes for children and young people.

### **Alcohol Misuse**

Further links are being made to the Alcohol Strategy, including, for example, to explore the scope of brief interventions on alcohol use being delivered in some sexual health services, therefore making clear links across service delivery. The discussion document “[Changing Scotland's Relationship with Alcohol](#)” sets out the Scottish Government's strategic approach to dealing with alcohol misuse, illustrating the scale of alcohol-related harm and how addressing this can help to deliver a Wealthier and Fairer, Safer and Stronger, Healthier and Smarter Scotland. It outlines key actions already underway which will contribute to tackling both the underlying causes of, and the negative effects resulting from, Scotland's complex relationship with alcohol.

## Education

There have been major developments in education affecting young people. Taken together, the experiences and outcomes for [Health and Wellbeing from 3-15 within Curriculum for Excellence](#), the accompanying paper *Health and Wellbeing for All* (included in the link above), [guidance for local authorities and schools on the Schools \(Health Promotion and Nutrition\) \(Scotland\) Act 2007 and Building the Curriculum 3, A Framework For Learning And Teaching](#) describe the Scottish Government's expectations for promoting the health and wellbeing of children in. Relationships, sexual health and parenthood education is recognised in the health and wellbeing experiences and outcomes and the health promoting schools guidance as an important part of every young person's personal and social development.

In order to address the needs of [Looked After Children and Young People, We Can and Must Do Better \(Scottish Executive, 2007\)](#) sets out an action plan to improve outcomes for looked after children and young people, and care leavers, including their health and well-being: relationships and sexual wellbeing will be a key part of this policy.

## Youth Framework

Work is underway within the Scottish Government to develop a Youth framework for Scotland's children and young people from the ages of 8-21. This provides a further opportunity to deliver positive outcomes for young people in the context of the National Performance Framework.

## Sexual Health Outcomes

10. Outcomes will be achieved through implementation of evidence informed interventions delivered in a consistent way across Scotland but adapted to meet local needs. Opportunities for sharing evidence, practice, knowledge and experience will be a key area of activity to ensure that high quality and best practice is achieved, this will be led by the Wellbeing in Sexual Health (WISH) Network at NHS Health Scotland. Identifying and filling research gaps will be a priority, how this will be achieved will be determined following an initial scoping exercise due to be completed in September 2008. The feasibility of a Scottish sample of the National Survey of Sexual Attitudes and Lifestyles (NATSAL) survey is also being considered.

11. Performance management will be based upon review of NHS Quality Improvement Scotland Standards for Sexual Health Services, Key Clinical Indicators analysis and annual visits undertaken by the Scottish Government's sexual health and HIV team to assess delivery of outcomes focused interventions. Standards and competencies for non-clinical interventions will be created and used as part of the performance management framework.

12. The long term outcomes where we would like to see improvements are:

- Reduced levels of regret and coercion
- Reduced levels of unintended pregnancy, particularly in those under 16 but also to see a reduction in the number of repeat abortions in all ages
- Reduced levels of sexually transmitted infections, recognising that there will first of all have to be an increase due to increased testing
- Increased access to sexual health information and uptake of services
- Reduced levels of HIV transmission, particularly amongst men having sex with men
- Reduced levels of undiagnosed HIV, particularly amongst men having sex with men and African populations

13. There are measures in place already to help us to assess progress against some of these outcomes, however, new measures will also need to be developed.

### **Sexual Health Actions**

14. This is not a new strategy for sexual health in Scotland, rather a refocusing of existing efforts: it is a set of actions which have been identified as those most likely to increase the impact on improving sexual health and wellbeing at this point in the life of the strategy.

15. Intermediate outcomes and associated actions to be delivered by Scottish Government, NHS Boards, Local Authorities and Voluntary Sector partners are outlined on the following pages. Many areas already have a number of these in place whereas others will need to make adjustments to current service delivery and priorities. This will be the focus of discussion at the annual sexual health team visits to Sexual Health Strategy Groups in November/December 2008.

16. In addition to these sexual health outcomes, work has begun on an HIV Prevention Action Plan for Scotland. It will consider how we can reduce levels of HIV transmission in Scotland and will be published in early 2009.

### **Definition of terms**

Lead agency: agency accountable for delivery of actions

Timescale: where a timescale is required to be completed by a specific date this will be represented as, for example "by August 2009", where "immediate" timescales are identified, it is expected that work, including development work will begin immediately.

# RESPECT AND RESPONSIBILITY SEXUAL HEALTH OUTCOMES 2008-2011

## 1. OUTCOMES: Knowledge and Awareness

An increase in public awareness of sexual health issues and links to other risk taking behaviours such as alcohol use.

Reduced stigma and discrimination associated with sexual health and HIV.

Increased access to sexual health information and advice, particularly amongst disadvantaged groups and those at higher risk of poor sexual health outcomes.

### How will we measure progress?

The Scottish Health Survey will provide information on the adult public's knowledge of sexual health issues and how to access information, advice and services. The Health Behaviour of Schoolchildren Survey and SALSUS will provide information on young people's knowledge of sexual matters, sex and relationships education, condom use, use of contraception, drug and alcohol use. Annual on street surveys/omnibus will take place and plans to undertake a NATSAL survey for Scotland are underway.

In order to achieve the above outcomes, the following actions should be delivered. A national sexual health communications stakeholder group will be established to guide this work.

ACTIONS	LEAD AGENCY	TIMESCALE	REPORTING METHOD
1.1 To develop a communications framework and social marketing programme which have national, regional and local actions and are clearly linked to other risk taking behaviours.	Scottish Government	Outline by Autumn 2008	Report to NSHHAC in November 2008
1.2 Pro-active media engagement challenging stereotypes, stigma and discrimination and engagement with key groups to achieve more balanced reporting.	Scottish Government	In line with social marketing	Monitoring of media coverage
1.3 To deliver co-ordinated sexual health promotion and HIV prevention activities across Scotland providing access to high quality information and linked to local services.	Health Scotland	March 2009	Assessment of coverage through local report on activity and public survey
1.4 To produce materials for use in the workplace which makes links to wider health issues such as alcohol and promotes access to sexual health information.	Scottish Centre for Healthy Working Lives	March 2010	TBC

## RESPECT AND RESPONSIBILITY SEXUAL HEALTH OUTCOMES 2008-2011

### 2. OUTCOMES: Leadership, co-ordination and performance management

A co-ordinated approach to the delivery of evidence informed sexual health interventions across Scotland will be achieved through local and national leadership and performance management frameworks.

#### How will we measure progress?

An annual report on actions completed will be produced by the Scottish Government from 2009.

In order to achieve the above outcomes, the following actions should be delivered.

ACTIONS	LEAD AGENCY	TIMESCALE	REPORTING METHOD
2.1 Ministerial leadership and co-ordination through the National Sexual Health and HIV Advisory Committee.	Scottish Government	Immediate	Minutes on website
2.2 Sexual health leads identified and clearly defined roles in place for executive leads within NHS and Local Authorities: lead clinicians, lead nurses, primary care and health promotion/health improvement leads.	Scottish Government	Immediate	Annual return provided via NHS Boards Executive Directors
2.3 Multi-agency sexual health strategy groups established to monitor local performance.	NHS Boards	Immediate	Minutes of meetings published on local websites
2.4 Annual visit from Scottish Government officials, NHS Health Scotland and relevant agencies held in each health board area with accountable officers and community planning partners to review actions against agreed national and local outcomes. Results against performance measures will be made public.	Scottish Government	Between October and December each year	Letter from Scottish Government to NHS Boards following visits published
2.5 Issues identified in self-assessments raised, as appropriate, at NHS Boards Annual Review Meeting.	Scottish Government	Ongoing	Feedback on NHS Boards self assessments

<p>2.6 Annual national meeting to be held with sexual health executive leads in NHS Boards, Local Authorities, National Voluntary Organisations, Special Health Boards and Scottish Government officials.</p>	<p>Scottish Government</p>	<p>March each year</p>	<p>Minutes published on Scottish Government website</p>
<p>2.7 Local indicator for teenage pregnancy identified in Local Authority Single Outcome Agreements where relevant.</p>	<p>Local Authorities</p>	<p>By March 2009</p>	<p>Single Outcome Agreements published</p>
<p>2.8 Leadership development opportunities for sexual health lead staff, in particular, lead clinicians (HS), lead nurses (NES), sexual health promotion specialists (HS) and Local Authority (HS) and Voluntary Sector staff where appropriate.</p>	<p>NES/Health Scotland</p>	<p>Immediate</p>	<p>Reported at annual visit with Scottish Government</p>
<p>2.9 An HIV Prevention Action Plan will be produced to co-ordinate activity across Scotland and outline performance management systems.</p>	<p>Scottish Government</p>	<p>By January 2009</p>	<p>Report to NSHHAC and plan published</p>

## RESPECT AND RESPONSIBILITY SEXUAL HEALTH OUTCOMES 2008-2011

### 3. OUTCOMES: Standards and Service Provision

NHS Quality Improvement Scotland Standards for Sexual Health achieved in all NHS Board and local authority areas by 2010 leading to high quality information and service provision across Scotland.

Evidence informed health improvement interventions are a key part of local service delivery.

#### How will we measure progress?

NHS QIS will undertake reviews with all NHS in 2009/2010. Key Clinical Indicators will be collated by HPS and ISD and published annually. NHS Boards will be required to provide commentary on the Key Clinical Indicator findings for their area.

In order to achieve the above outcomes the following actions should be delivered and as a minimum, the essential criteria outlined in the QIS standards implemented. QIS standards have not been repeated here but can be found at [www.nhshealthquality.org](http://www.nhshealthquality.org) It is essential that those actions relating to competencies and workforce are linked into Skills for Health, this is the responsibility of NES and Health Scotland.

ACTIONS	LEAD AGENCY	TIMESCALE	REPORTING METHOD
3.1 All sexual health consultations to include health improvement interventions such as the provision of information and advice on contraception, condom use, responsible attitudes to alcohol and drug use and reducing numbers of partners (if relevant) to support optimum levels of sexual wellbeing.	NHS Boards	Immediate	By NaSH when established.
3.2 Sexual health standards and competencies developed for non-clinical interventions, for example, condom provision and health improvement interventions.	NES and Skills for Health	TBC	TBC
3.3 QIS standards applied to Primary Care and KCIs reported by CHP where appropriate.	NHS Boards and ISD	Immediate	Reports published by ISD from 2009

3.4 National Sexual Health (NaSH) system implemented in all NHS board areas.	NHS Boards ISD	By 2010	Discussed at annual visit with Scottish Government
3.5 All local sexual health strategies outline how they will ensure a confident and competent workforce for their area including clinical and non-clinical staff, making reference to training needs and workforce plans.	Sexual Health Strategy Groups	Immediate	Discussed at annual visit with Scottish Government
3.6 Capacity building programme supported by special health boards to ensure achievement of confident competent workforce in sexual health.	Health Scotland NES QIS	Immediate	QIS, NES, HS produce plan of activity annually based upon feedback from Scottish Government visits

# RESPECT AND RESPONSIBILITY SEXUAL HEALTH OUTCOMES 2008-2011

## 4. OUTCOMES: Young People

All young people receive evidence informed, age appropriate Sex and Relationships Education (SRE) and have access to a linked local drop-in service which provides as a minimum, general health advice, Chlamydia testing, pregnancy testing and free condoms.

Increased confidence and competence of education, nursing, community learning, social work, voluntary and community sector staff leading to provision of relevant interventions which meet young people's needs.

### How will we measure progress?

HMI inspections will assess school and local authority provision.

The Health Behaviour of Schoolchildren Survey and SALSUS will provide information on young people's knowledge of sexual matters, sex and relationships education, condom use, use of contraception, drug and alcohol use.

In order to achieve the above outcomes, the following actions should be delivered.

ACTIONS	LEAD AGENCY	TIMESCALE	REPORTING METHOD
4.1 National guidance and self assessment tool issued to all local authorities and NHS boards on evidence and effectiveness of the multi-faceted approach of combined education and services.	Learning Teaching Scotland and Health Scotland	By June 2009	Implementation discussed at annual visit with Scottish Government
4.2 Young people not in school, young offenders and those who are looked after or accommodated are prioritised for the provision of sex and relationships education and one to one support by those services engaging with these groups.	Local Authorities Scottish Prison Service	Immediate	HMI inspections, Integrated Children's Services Plans and Single Outcome Agreement Reports
4.3 Drop-in services offering general health advice, Chlamydia testing, pregnancy testing and condoms in or within walking distance from schools/young people's centres staffed by nurses and those delivering local youth work services. These facilities should be open for a minimum of 2 hours per week.	NHS Boards and Local Authorities	By summer 2009	Assessment of coverage through local report on activity

<p>4.4 SRE provided in <b>all</b> primary and secondary schools which is age and stage appropriate and is non-discriminatory and sensitive to the diverse backgrounds and needs of all children and young people.</p>	<p>Local Authorities</p>	<p>Immediate</p>	<p>HMI inspections, Curriculum for Excellence reports, Single Outcome Agreement reports</p>
<p>4.5 High quality, consistent information on all aspects of sexual health including relationships advice, contraception, sexually transmitted infections (including HIV) and location of services provided to young people in all settings, such as schools, libraries, youth projects and health centres. Specifically, Local Authorities should ensure that school firewall systems do not prevent access to health promoting websites.</p>	<p>NHS Boards and Local Authorities</p>	<p>Completed by Summer 2009</p>	<p>Monitored by Scottish Senior Health Promotion Specialists Group</p>
<p>4.6 Sex and Relationships core training and ongoing CPD provided for all staff that have been identified as having a key relationship with young people.</p>	<p>Health Promotion Departments</p>	<p>Immediate</p>	<p>Monitored through local strategy groups</p>