

**Respect and Responsibility  
Strategy and Action Plan for improving Sexual Health**

**Local Authorities will – Designate a strategic lead for sexual health and wellbeing.**

**Designated Strategic Lead – Fraser Sanderson, Corporate Director of Education and Community Services**

**Local Authorities will –**

<b>Requirement</b>	<b>Been met?</b>	<b>How achieved or how to achieve.</b>	<b>Action/Time scale</b>
25, Designate a strategic lead for sexual health	Yes	Fraser Sanderson is the designated strategic lead	
26, Ensure that Joint Health Improvement Plans address both specific and sexual health issues and the wider determinants identified in this strategy.	Included in key multi-agency strategic document D & G Health and Community Care Plan (HCCP) 2006-07. Plan developed through community planning principles and launched in May 06.	HCCP strategic aims for sexual health work across the region : (a) improve sexual health and service provision for young people (b) decrease the rate of sexually transmitted infections and unintended pregnancies (c) increase partnership working to improve the sexual health of vulnerable	2006-09 (a) <ul style="list-style-type: none"> <li>• sustain C2U drop-ins</li> <li>• securing funding to keep the C4U card scheme going</li> <li>• continuing the review of sex education</li> <li>• consulting with parents and providing resources for them.</li> </ul> (c) close working with groups , for example, people with learning disabilities, LGBT, intravenous drug users, young people in care or excluded from school.

	Council and NHS are joint lead authors.	groups in D&G (d) improve competency of providers.	
27, Work through Local Authority Director with responsibility for education services to ensure the delivery of consistent; appropriate and suitably differentiated sex and relationships education in all school settings and for those excluded from school.	On going	Review of Personal and Social Education (PSE) programme	<ul style="list-style-type: none"> <li>• Within school improvement planning cycle 05-08</li> <li>• Provision of appropriate CPD opportunities</li> </ul>
28, Support consistently, high quality of education about sex and relationships education throughout Scotland. Consistent with circular 2/2001 and the McCabe recommendations, sex education should be defined as sex and relationships education based on health guidelines and built upon throughout primary school as part of 5 – 14 health guidelines (3-18 in line with Curriculum for Excellence timelines) and developed through to school leaving age.	On going	Review of PSE programme	<ul style="list-style-type: none"> <li>• Within school improvement planning cycle 05-08</li> <li>• Provision of appropriate CPD opportunities</li> </ul>
29, Ensure providers of sex and relationships education training provide this on a multi agency basis where appropriate, and that training takes account of issues relating to; young people with additional support needs, different cultural and religious practices and beliefs.	On going	Working with partners within the principles of Integrated Community Schools (ICS) and Inclusion policy	<ul style="list-style-type: none"> <li>• Within the school and cluster improvement planning cycle 05-08</li> </ul>
30, Ensure schools demonstrate	On going	Opportunities for	<ul style="list-style-type: none"> <li>• Schools and ICS clusters organise</li> </ul>

mechanisms to involve parents and carers in sex and relationship education programmes consistent with McCabe report recommendations.		parents are provided to engage with the process	appropriate events, information sessions in consultation with parents, carers and agencies
31, Ensure that a member of each secondary schools management team is responsible for ensuring that school-based sex and relationships education subscribes to current guidance and delivers key learning objectives to all pupils.	No	Personnel identified	<ul style="list-style-type: none"> <li>Remits confirmed and agreed by October 07</li> </ul>
32, Ensure that in pre-school and early years primary education the emphasis will continue to be on stable family relationships, friendship and on developing an understanding of how we care for one another.	Yes and ongoing	Programmes and processes reviewed and embedded in the curriculum	<ul style="list-style-type: none"> <li>Embedded within the quality improvement planning cycle</li> <li>Appropriate training available to partnerships</li> </ul>
33, Ensure that all schools are able to demonstrate that they provide pupils with equitable information about sexual health services and how to access them.	No	An inclusive and suitably differentiated PSE curriculum in place	<ul style="list-style-type: none"> <li>June 08 elements within stakeholder survey</li> </ul>
34, Ensure that Community Planning Partnerships develop targeted educational interventions aimed at harder to reach groups (including equality groups) in a range of settings outwith mainstream services/locations with NHS Boards, and in consultation with Community Planning Partners.	See requirement 26 above for work identified in the HCCP.	Fulfilled through local multi-agency Sexual Health Steering Group on behalf of Community Planning Partnership. Existing local Sexual Health Strategy 2003 is	<ul style="list-style-type: none"> <li>2006-09</li> </ul>

		being refreshed, reflecting the national Strategy, and will soon be launched as the 2006-09 Strategy and Action Plan.	
35, Work to ensure their Community Plans, Local Health Plans and Children's Services Plans complement their local inter agency sexual health strategies.	The revised ICSP (2007-2010) is currently being concluded and will be wholly consistent with the Community Plan, and Local Health Plans	The ICSP is drawn-up with reference to all other plans. It includes key aims of the Sexual Health Strategy.	<ul style="list-style-type: none"> <li>• 2007 - 2010</li> </ul>

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Draft Comparison of Local and National Strategy**

**NHS Boards will – Nominate an Executive Director to be responsible for sexual health and wellbeing.**

**36, Nominated Executive Director – Dr Derek Cox**

<b>National Strategy Recommendation</b>	<b>Been met?</b>	<b>How achieved or how to achieve.</b>	<b>Action/Time scale</b>
37, Ensure that an interagency local sexual health strategy is developed which reflects the key components of the national strategy. The local planning services such as integrated Children's Services and that ongoing development and implementation are led by a multi-agency, multi disciplinary strategy group, which reflects the needs of their local population, taking into account the issues that impact on sexual health, especially in relation to inequalities and utilising the diversity impact assessment process.	Yes	Refreshment of the local Sexual Health Strategy and Action Plan	<ul style="list-style-type: none"> <li>• A multi-agency, multi disciplinary strategy group was established to refresh the local strategy. The local strategy and action plan have been refreshed.</li> <li>• Diversity and equality impact assessment toolkit was used throughout the development of the strategy and action plan.</li> <li>• The strategy went out for a 3 month public consultation.</li> <li>• Strategy was supported by the NHS and LA Boards and Committees.</li> <li>• The refreshed strategy and action plan is currently being implemented.</li> </ul>
38, Appoint a lead clinician to integrate sexual health services across each NHS Board area, utilising community health	Yes	Dr Maggie Gurney has been appointed as lead clinician.	

partnership arrangements.			
39, Ensure that all elements of their local sexual health strategies are developed to be sensitive to Scotland's diverse faiths and cultures.	Yes	Has been addressed in the refreshment of the local strategy, ensuring that all parties are involved.	<ul style="list-style-type: none"> <li>• Different groups represented on the strategy steering group</li> <li>• Consultation of groups not represented</li> <li>• There were positive responses from different faith groups during the public consultation of the strategy.</li> <li>• Diversity and equality impact assessment tool has been used in the development of the strategy.</li> </ul>
40, In conjunction with other key partners, ensure that resources for sexual health promotion are identified in local sexual health strategies so that good quality and well-resourced specialist services are able to support local initiatives.	Working towards	The refreshed sexual health strategy and action plans have recommendations and actions to achieve this.	<ul style="list-style-type: none"> <li>• Audit of sexual health resources / information currently used across all service providers – January 2007</li> <li>• Assess the quality and effectiveness of resources /information currently in use – March 2007</li> <li>• Identify and source sexual health materials / information that will meet the individual requirements of the population of D&amp;G – July 2007</li> <li>• Development of Sexual Health Resource Directory, paper and online copies – October 2007</li> <li>• Create and maintain Board web site – Ongoing</li> <li>• Update local services web sites - August 2007</li> </ul>
41, In consultation with other stakeholders, work with local agencies providing help and support to survivors of	Working towards	The refreshed sexual health strategy and action plans have	<ul style="list-style-type: none"> <li>• Do a mapping exercise of what agencies exist – 2007</li> </ul>

<p>sexual abuse to consider how best to respond to local needs and include proposals in inter-agency sexual health strategies.</p>		<p>recommendations and actions to achieve this.</p>	<ul style="list-style-type: none"> <li>• In consultation with other stakeholders, work with local agencies providing help and support to survivors of sexual abuse to consider how best to respond to local needs – 2007</li> <li>• Specialist female police surgeons for female victims of sexual assault were appointed September 2006</li> <li>• NHS Dumfries and Galloway and South West Rape Crisis and Sexual Abuse Centre worked together to develop two bids which will be for two pilot projects to support survivors of sexual abuse. The bids have gone to the Survivors of Sexual Abuse Fund, outcome not yet known.</li> </ul>
<p>42, Ensure that a full range of health promotion programmes are developed and delivered within the context of Community Planning which address the key national and local priorities relating to positive sexual health and wellbeing. These programmes should be supported by sexual health promotion specialists.</p>	<p>Working towards</p>	<p>The sexual health strategy has recommendations and actions.</p> <p>The health and community care plan has actions and recommendations</p>	<ul style="list-style-type: none"> <li>• Assess gaps in current health promotion – August 2007</li> <li>• Carry out research in to what health promotion interventions are effective – ongoing</li> <li>• Work towards influencing the media in Dumfries and Galloway to present sexual health issues in an influential and positive way – ongoing</li> </ul>
<p>43, In conjunction with other statutory and voluntary sector interests, develop and provide a range of programmes for</p>	<p>Working towards</p>	<p>The sexual health strategy and action plan have</p>	<ul style="list-style-type: none"> <li>• Consult with parents/carers and residential staff on their views and requirements in relation to sexual health – September 2007</li> </ul>

parents and carers to enhance communication skills around relationships and sexual health, which are sensitive to Scotland's diverse faiths and cultures.		recommendations and actions	<ul style="list-style-type: none"> <li>The NHS Board has provided funding to run Speakeasy as a two year pilot. Speakeasy is a programme aimed at teaching parents/carers who are economically deprived, how to talk to their children about sexual health and relationships.</li> </ul>
44, In conjunction with Community Planning Partners and Community Health Partnerships, work with further and higher education, community education and youth work services and the wider voluntary sector to develop effective sexual health promotion and outreach services for adults.	Working towards	The sexual health strategy and action plan have recommendations and actions	<ul style="list-style-type: none"> <li>Work towards lifelong learning of sexual health and relationships education by:</li> <li>Carry out a mapping exercise of organisations that provide learning opportunities</li> <li>Assess current provision and identify any needs</li> </ul>
45, Explore the possibility of making a range of condoms and lubricants more extensively available free of charge to outlets and services, targeted at high-risk groups and as part of outreach work.	Working towards	The sexual health strategy and action plan have recommendations and actions.	<p>A working group has been formed and is currently working to –</p> <ul style="list-style-type: none"> <li>Identify local need.</li> <li>Identify high-risk groups in the area.</li> <li>Identify training needs.</li> <li>Identify partners.</li> <li>Identify funding.</li> <li>Identify solutions.</li> <li>Pilot schemes</li> </ul>
46, Ensure that the local inter-agency sexual health strategy demonstrates progress made in implementing the HIV health and promotion strategy.	Working towards	<p>The sexual health strategy covers HIV and other Blood Borne Viruses.</p> <p>The Blood borne virus</p>	<ul style="list-style-type: none"> <li>Liase with BBV team to develop the HIV action plan</li> <li>Be involved in the implementation of the action plan</li> </ul>

		group is developing a HIV health promotion action plan	
47, Work with Community Health Partnerships to support school nursing teams and other nurses who wish to develop their role in providing sexual health advice and services for young people, by providing opportunities for them to update their skills and knowledge (including some training on educational skills) and access to resources.	Working towards	<p>Recommendations and actions in the sexual health strategy</p> <p>Recommendations in the Health and Community Care plan</p>	<ul style="list-style-type: none"> <li>• Carry out training audits and needs analysis for clinical staff, teachers, youth workers, local authority care providers and voluntary organisations – 2007</li> <li>• Identify knowledge gaps, develop and produce action plan to implement appropriate training package – 2007</li> <li>• Development and promotion of local training, resources and teaching packages – October 2007</li> </ul>

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Strategy and Action Plan for improving Sexual Health**

**NHS Boards will – Nominate an Executive Director to be responsible for sexual health and wellbeing.**

**Nominated Lead Clinician – Dr Maggie Gurney**

**The Nominated Lead Clinician will –**

<b>Requirement</b>	<b>Been met?</b>	<b>How achieved or how to achieve.</b>	<b>Action/Time scale</b>
48, Ensure that all services are reviewed in light of this strategy and ensure that proposals to address identified deficits are included in each NHS Boards inter-agency sexual health strategy.	Ongoing	<p>The sexual health strategy and action plan have recommendations and actions.</p> <p>The health and community care plan has actions and recommendations</p>	<ul style="list-style-type: none"> <li>• A multi-agency, multi disciplinary strategy group was established to refresh the local strategy. The local strategy and action plan have been refreshed.</li> <li>• Diversity and equality impact assessment toolkit was used throughout the development of the strategy and action plan.</li> <li>• The strategy went out for a 3 month public consultation.</li> <li>• Strategy was supported by the NHS and LA Boards and Committees.</li> <li>• The refreshed strategy and action plan is currently being implemented.</li> <li>• A clinical services providers group was established, the group has consulted with general Practice re their training needs. Carried out a mapping exercise of all local services. Is working on protocols, procedures and referral pathways.</li> </ul>

			<ul style="list-style-type: none"> <li>• A services re design group has been established. The group aims to redesign the Family Planning and Sexual Health Service and the Genito Urinary Medicine Service to improve the service and increase capacity.</li> </ul>
49. Ensure that an audit of training needs is undertaken, in conjunction with all partners providing sexual health services, to ensure that all staff have the opportunity to maintain and develop core skills in communication, attitudes and relationships, addressing the wider social and cultural determinants of sexual health. Following the audit, plans to address these should be identified in the inter-agency sexual health strategy.	Ongoing	<p>The sexual health strategy and action plan have recommendations and actions.</p> <p>The health and community care plan has actions and recommendations</p>	<ul style="list-style-type: none"> <li>• A clinical services providers group was established, the group has consulted with general Practice re their training needs.</li> <li>• An audit of the training needs of school nurses has been conducted.</li> <li>• Training needs assessment of all staff involved in sexual health was undertaken during the service mapping project.</li> <li>• A training plan is being developed.</li> </ul>
50. Ensure that local standards on agreed competencies, confidentiality, access to and provision of sexual health services are developed. This will include specialist sexual health services such as HIV testing and treatment, sexual dysfunction, and other service needs identified at local level.	Ongoing	The sexual health strategy and action plan have recommendations and actions.	<ul style="list-style-type: none"> <li>• The clinical services providers group is taking this forward in conjunction with the West of Scotland Managed Clinical Network.</li> </ul>
51. Ensure there is access to appropriate termination of pregnancy services, and that protocols drawing on the RCOG guideline are in place to help provide consistency in service provision and practise. Counselling and information should be comprehensive and responsive	Ongoing	The sexual health strategy and action plan have recommendations and actions.	<ul style="list-style-type: none"> <li>• The Sexual Health Clinical Service Providers group will liase with women's services to develop and agree the way forward for pre and post termination counselling</li> <li>• Review protocols currently in use, assess the gaps in protocols and address them.</li> <li>• Carry out a literature review on research into</li> </ul>

<p>to any individual needs, again reflecting the RCOG guidelines, and should include the biological facts about the development of the pregnancy and possible emotional, physical, psychological sequelae of termination and alternative courses of action. While women should be given adequate time to assimilate all the implications, in accordance with the RCOG guidelines, no woman should have to wait longer than 3 weeks from her initial referral to the termination.</p>			<p>preventing repeated unplanned pregnancies</p>
<p>52. Develop a framework to ensure that HIV testing is offered to all GUM clinic attendees not known to be HIV infected who present with a new STI. This offer should be made in the context of HIV testing being presented as a routine recommended test. Reasons for non-uptake should be recorded.</p>	<p>Ongoing</p>	<p>The sexual health strategy and action plan have recommendations and actions.</p>	<ul style="list-style-type: none"> <li>• Currently HIV is being presented as a routine recommended test to all clients and reasons for non-uptake are being recorded. A detailed sexual history ensures that high risk groups are identified</li> </ul>
<p>53. In consultation with other stakeholders, work with agencies for people living with HIV to consider how best to respond to local needs and include proposals in inter-agency sexual health strategies.</p>	<p>Ongoing</p>	<p>The sexual health strategy and action plan have recommendations and actions.</p>	<ul style="list-style-type: none"> <li>• Work towards understanding the health needs of people living with HIV by carrying out a review of their needs and developing an action plan.</li> </ul>
<p>54. Identify the impact on laboratory resources in meeting increased testing arrangements and bring forward</p>	<p>Ongoing</p>	<p>Recommendations in the clinical services plan</p>	<ul style="list-style-type: none"> <li>• The laboratories have recently reviewed their testing procedures and have switched from the to the Beckton Dickinson method</li> </ul>

<p>proposals to meet unmet needs to the NHS Board.</p>			<p>of testing to the Roche method.</p> <ul style="list-style-type: none"> <li>• Twenty thousand pounds from year two and three of the extra funding from the Scottish Executive has been allocated to laboratories to increase testing capacity.</li> </ul>
<p>55. In developing services, aim to ensure that everyone is able to choose from at least two sexual health providers while recognising that this may not initially be possible in every NHS Board area.</p>	<p>Under development</p>	<p>The sexual health strategy and action plan have recommendations and actions.</p>	<ul style="list-style-type: none"> <li>• Work towards improving the standard and provision of services (ensuring the choice of 2 sexual health providers at Tier 1-4) by:</li> <li>• Carry out a training needs assessment</li> <li>• Provide the training identified in needs assessment</li> <li>• Standardise, disseminate and implement local and national guidelines, standards and protocols e.g. confidentiality, access, competencies</li> <li>• Identify funding for the appointment of fulltime psychology worker to cover DGRI providers e.g. HIV, OBS &amp; GYN, training and raising awareness of sexual health issues with NHS providers and other agencies.</li> <li>• Enhanced services for sexual health in Primary care are being reviewed.</li> <li>• 14 GPs in 11 practices in 9 towns have been trained in implant techniques. LES for IUD / IUS is being encouraged. A directory for signposting and a standard referral form is being developed</li> </ul>
<p>56. Ensure that local healthcare practitioners are able to demonstrate that they provide information and refer patients to alternative readily accessible services,</p>		<p>The sexual health strategy and action plan have recommendations and</p>	<ul style="list-style-type: none"> <li>• Effective joint working and communication between NHS sexual health providers.</li> <li>• Perform a mapping project of current services and how they signpost.</li> </ul>

where they do not provide the sexual health services required.		actions.  Carried forward by clinical services providers group	<ul style="list-style-type: none"> <li>• Establish a Co-ordinated clinical network.</li> <li>• Develop clear referral pathways / ICPs, signposting.</li> </ul>
57. Facilitate the development of an NHS Board-wide managed sexual health network, which includes all relevant local organisations and service providers.	Ongoing	The sexual health strategy and action plan have recommendations and actions.	<ul style="list-style-type: none"> <li>• This has been achieved by the development of the sexual health steering group, the clinical services providers group and the services redesign group.</li> </ul>
58. All providers of sexual health advice, information, learning and services should prominently display their confidentiality approach in information booklets, on notice boards and in waiting areas in a range of accessible formats including different community languages.	Ongoing	The sexual health strategy and action plan have recommendations and actions.	<ul style="list-style-type: none"> <li>• Display confidentiality policies clearly in sexual health services waiting areas.</li> <li>• Work to providing confidentiality policies in different formats including different community languages.</li> </ul>
59. Service providers should give clear information to users about their options when giving personal and identifiable information, if confidentiality and anonymity are of concern.	Ongoing		<ul style="list-style-type: none"> <li>• Under review</li> </ul>