Respect and Responsibility: Progress on Recommendations by NHS Boards and Local Authorities

Respect & Responsibility: Strategy and Action Plan for Improving Sexual Health launched in January 2005 by the Scottish Executive sets out for the first time a framework for improving Sexual Health in Scotland.

The Respect & Responsibility Strategy Action Plan details objectives 1-24 will be met by The Scottish Executive and the Scottish Executive Health Department. Objectives 25-59 which are detailed below will be met locally by the Scottish Borders Council and NHS Borders. Finally objectives 59-81 will be met by NHS Education for Scotland, NHS 24, Health Promotion Scotland, The Scottish Prison Service, Parents and finally NHS Quality Improvement Scotland. Full details of all the objectives can be found in the Respect & Responsibility Strategy and Action Plan for Improving Sexual Health.

	Actions for Local Authorities	Progress Update – November 2006
25	**Designate a strategic lead for sexual health.**	This has been agreed. Colin Easton has been nominated strategic lead.
26	**Ensure that Joint Health Improvement Plans address both specific sexual health issues and the wider determinants identified by this strategy.**	The Sexual Health Strategy has been to the Joint Health Improvement Team (JHIT) for signing off. The JHIT have looked at the key health improvement elements and agreed an implementation plan. Issues for children and young people will be taken forward by the Children and Young People's Health Improvement Group, which reports jointly to JHIT and the Children's Change Group (strategic planning group for children's services).
27	**Work through the Local Authority Director with responsibility for education services to ensure the delivery of consistent and appropriate sex and relationships education in all school settings and for those excluded from school.**	Key developments have been: - a) The development of Sexual Health And Relationships Education (SHARE) training in November/December 2005 and May 2006 involving 30 participants from the 9 Borders secondary schools. b) Through Change Fund the appointment of a Nurse for Looked After Children has allowed us to develop a focus on sexual health education and support of some of our most vulnerable young people. c) Health Promotion School accreditation toolkit

	Actions for Local Authorities	Progress Update – November 2006
		approved and ready to progress.
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 and developed through to school-leaving age.**	• SHARE training took place in May and was delivered to staff from 3 of the Borders secondary schools, the Galashiels Action for Teenage Engagement (GATE) voluntary youth project and school nursing. • A training event was held early in 2006 involving foster carers and agencies and focusing on sexual health issues in relation to Looked After Children. • The council has supported extensively the voluntary youth work sector in a variety of operational areas, including the hosting of a regional event "Sex, Drugs and What You Know" at the end of March 2006. • Vacancy in Sexual Health Promotion Officer post since June 2006 now filled which will help support the progression of this objective. • Work on a curriculum developed under A Curriculum for Excellence is "Health and Well-being which, will design and deliver consistent and appropriate sex and relationship education is underway, target date for completion is August 2008 is being aimed for.
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 different cultural and religious practices and beliefs.**	Training on a multi-agency basis is recognised as a priority. The SHARE training for secondary schools included school nurses and the proposed localities training will involve schools, youth work, voluntary sector and NHS colleagues. (See no. 28) SHARE training took place in May and was delivered to staff from 3 of the Borders secondary schools, GATE voluntary youth project and school nursing. The Sexual Health Team provided training through FE colleges, schools and other venues to over 500 students in 2005/6 and a further 300 to November 2006.

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30	**Ensure schools demonstrate mechanisms to involve parents and carers in sex and relationships education programmes consistent with the McCabe Report recommendations.**	Schools are committed to informing and involving parents/carers (particularly in the primary sector) before and during key teaching blocks that include sex and relationship education. It is recognised that in many schools teachers require training and information to increase their confidence levels in order to engage with parents more constructively.
31	**Ensure that a member of each secondary school's 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.**	This issue is currently under discussion within the Education department. Development of a network of health leads in all secondary schools is underway. This network will meet on a regular basis to discuss issues surrounding sex and relationship education currently provided in schools. This Network will have involvement in the Sexual Health Strategic Group.
32	**Ensure that on education in early school levels the emphasis will continue to be on stable family relationships, friendship and on developing an understanding of how we care for one another.**	The recent development of new health programmes in primary school clusters of Hawick and Eyemouth ensures that emphasis happens. Required to develop a more consistent approach across all schools. A revised curriculum developed under 'A Curriculum for Excellence', 'Health and Well-being' will design and deliver consistent and appropriate sex and relationship education. Work on this is getting underway and a completion date of August 2008 is being aimed for.
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.**	The development of SHARE training with the secondary schools resulted in an input of significant additional resources into the participating schools. The school nurse drop-in service in secondary schools makes a significant impact on access to information and sign posting to sexual health services. Developing partnerships between schools and organisations such as Dialogue Youth has led to the establishment of specific issue or support groups in some

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		schools. The move in 2006/7 to ensuring every school becomes a health promoting school through an accreditation scheme will help monitor progress in this area. The development of the Framework for School Nursing assists these developments. A self-evaluation school accreditation toolkit has been approved and is ready to progress.
34	**Ensure that Community Planning Partnerships develop targeted educational interventions aimed at harder to reach groups (including equality groups) in a range of settings out with mainstream services/locations with NHS Boards, and in consultation with Community Planning partners.**	The planning of services for children and young people is now a key element of strategic community planning with direct links between children's service planning, joint health improvement planning. This linked to the Scottish Borders Regeneration Outcome Agreement, which targets young adults in Galashiels and Hawick. There has now been a Young Persons Health Forum established, a Learning Disability strategy agreed and a post established to support migrant workers, which will enable and assist targeted educational interventions.
35	**Work to ensure their Community Plans, local health plans and Children's Services Plans complement their local inter-agency sexual health strategies.**	The structure is now in place which links the New Ways Community Plan with the Joint Health Improvement Plan and Integrated Children and young People's Services Plan ensuring that issues to do with sexual health are strategically planned and operationalised.

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36	**Nominate an Executive Director to be responsible for sexual health and well being.**	Dr Andrew Riley
	The nominated Executive Director will	
37	**Ensure that an inter-agency local sexual health strategy is developed which reflects the key components of the national strategy, the local planning processes 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.**	The planning of services for children and young people is now a key element of strategic community planning with direct links between children's service planning, joint health improvement planning. This linked to the Scottish Borders Regeneration Outcome Agreement, which targets young adults in Galashiels and Hawick.
38	**Appoint a Lead Clinician to integrate sexual health services across each NHS Board area, utilising community health partnership arrangements.**	Lead clinician nominated (Dr Dan Clutterbuck). The lead also holds a Sexual Health post in Lothian and is involved in discussions at regional level to develop managed clinical networks for HIV and Sexual Health.
39	**Ensure that all elements of their local sexual health strategies are developed to be sensitive to Scotland's diverse faiths and cultures.**	Local Sexual Health Strategy Group will monitor Strategy to ensure that it is sensitive to Scotland's diverse faiths and cultures. The strategy has been reviewed as part of the diversity impact assessment process.
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.**	Strategy Group has recently reviewed sexual health promotion resources and agreed to strengthen support to the Strategy.
41	**In consultation with other stakeholders, work with local agencies providing help and support for survivors of sexual abuse to consider how best to respond to local needs and include proposals in inter-agency sexual health strategies.**	This issue incorporated into Strategy as medium term objective. "Services for survivors of sexual assault" & Services for adult survivors of sexual abuse", a paper has been prepared and will be reviewed by the Sexual Health Co-ordination Group in Dec 06. The Lead Clinician has also

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		joined SE Justice Dept group, which is developing an information pack for victims of sexual assault.
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 well being. These programmes should be supported by sexual health promotion specialists**	A range of health promotion programmes have been developed (see page 12 of Sexual Health Strategy Annual Report 2005/2006).
43	**In conjunction with other statutory and voluntary sector interests, develop and provide a range of programmes for parents and carers to enhance communication skills around relationships and sexual health, which are sensitive to Scotland's diverse faiths and cultures.**	Identified as priority for development during next 12 months (see page 21 of Sexual Health Strategy Annual Report 2005/2006). Schools routinely 'try to involve' parents at primary school parent's evenings in regards to the next blocks of health education work. There has been a sexual health dimension built into parents drug and alcohol awareness evenings run through local DAT.
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.**	The structure is now in place which links the New Ways Community Plan with the Joint Health Improvement Plan and Integrated Children and young People's Services Plan ensuring that issues to do with sexual health are strategically planned and operationalised.
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.**	Agreement has been reached on rationalising condom provision in the Borders by pooling the budget, centralising supply and providing training and support for condom suppliers in the community. All new service points including drop-in clinics and PTK distribution sites also provide condoms.
46	**Ensure that the local inter-agency sexual health strategy demonstrates progress made in implementing the HIV health promotion strategy.**	Range of health promotion programmes detailed (see page 12 of Sexual Health Strategy Annual Report 2005/2006). There are also strong links between the Sexual Health Strategy Group and the Borders Blood Borne Virus Group.
47	**Work with Community Health Partnerships to support school**	There is a major commitment to teaching and training

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	nursing teams and other nurses who wish to develop their role in providing sexual health advice and health 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.	throughout the Borders Sexual Health Service and in Health Promotion. A number of sexual health study days have been held. One in particular, Developing the Health Promoting School, was aimed at school nursing teams. Health promotion staff also regularly input into school staff education sessions. Share training course for school staff have also been run to enable them to deliver effectively sexual health and relationships education with young people of secondary school age. Clinical staff from sexual health services also provide training in educational settings to both students and professionals (Annual Report p25-27).
	Lead Clinicians will	
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 Board's inter-agency sexual health strategy.**	All relevant services have been reviewed in light of the National Strategy and proposals for development have been included in the Borders Sexual Health Strategy and Action Plan. Existing services have been re-reviewed in light of changing local circumstances, costs and opportunities and the action plan altered in light of this. Main gaps in service still remaining identified were "Services for survivors of sexual assault" & Services for adult survivors of sexual abuse", a paper has been prepared and will be reviewed Dec 06. The Lead Clinician has also joined SE Justice Dept group, which is developing an information pack for victims of sexual assault. Others gaps identified are "development of local standards", "development of confidentiality policy", "review of Termination of Pregnancy counselling and services"
49	**Ensure that an audit of training needs is undertaken, in**	Training needs of staff in relevant agencies is constantly

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	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.	under review. An audit of training needs in general practice was done in late 2004 and training was delivered to 141 professionals by the sexual health clinical team in 2005/6 (See Sexual Health Service Annual Report 2005/6 for details). An audit of training needs for Blood Borne Viruses issues has also recently been undertaken. Training for frontline staff (receptionists and others) was provided through the Health Promotion dept and clinical teams. Professionals Trained: • Doctors • Practice Nurses • School Nurses • Other Healthcare Professionals • Frontline staff
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.**	Local services will work to standards recently produced by the National Sexual Health Advisory Committee (NSHAC)/Quality in Scotland. Competencies for Nurse Practitioners In Sexual Health and for nurse-led services in Family Planning, based on United Kingdom Central Council for Nursing (UKCC) and British Association for Sexual Health and HIV (BASHH) standards have been developed locally. Standards for access to services are based on relevant BASHH/ British HIV Association (BHIVA) and Medical Foundation for Aids and Sexual Health (Medfash) standards as detailed in the sexual health strategy action plan.

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		Comprehensive Local Standards based on the above have been drafted and will be presented to Sexual Health Strategy Group pending the QIS standards expected in 2007 (standards likely to be discussed Dec 06). Reporting on QIS standards Data collection on Chlamydia, HIV care is satisfactory. Hepatitis B status and vaccination recording has been improved. Vasectomy and sterilisation data and termination data satisfactory but waiting time data to be improved for 2007/8.
51	**Ensure there is access to appropriate termination of pregnancy services, and that protocols drawing on the RCOG guidelines are in place to help provide consistency in service provision and practice. Counselling and information should be comprehensive and responsive to any individual needs, again reflecting the RCOG guidelines, and should include the biological facts about the development of the pregnancy and the possible emotional, physical and 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.**	We have confirmed that no woman waits more than three weeks for termination in the Borders. Most terminations are performed within a week of referral. Counselling and information within sexual health services is comprehensive. The task of reviewing counselling and information services for Termination Of Pregnancy (TOP) has been allocated to newly appointed (31/10/06) Clinical Lead in Family Planning and Community Nurse specialist in Sexual Health. Waiting times for termination from gynae OPD. Electives - 2.15 days; day cases - 2.5 days; overall average of 2.4 days. We are confident that waiting times from GP to OPD are nominal, but will improve recording.
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 the HIV test being presented as a routine**	The GUM clinic achieved 96% offer and 79% uptake of HIV testing in all new attendees in 2005. Reasons for non-uptake were recorded in 50% of refusals.

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	recommended test. Reasons for non-uptake should be recorded.	2006 results to follow. BASHH guidelines on increasing the up-take of HIV testing have been implemented.
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.**	The Sexual Health Strategy Group and the Borders Blood Borne Virus Group addresses these concerns as part of their local strategies. Links with Waverly Care, HIV Scotland and HGS have been established. Outreach and home visits provided to people with HIV though Waverly Care and GUM team in 2006.
54	**Identify the impact on laboratory resources in meeting increased testing arrangements and bring forward proposals to meet unmet need to the NHS Board.**	Completed and agreed. <u>Lab resources have been increased to meet the following targets</u>: Increase the lab capacity for Chlamydia tests performed from 2,500 in 2003/4 to 5,000 pa in 2007/8 Provide laboratory support to a combined sexual health service at Galashiels and outreach services in Hawick, Eyemouth, Peebles, Duns and elsewhere.
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.**	Level 5 specialist GUM and Family Planning services are available in Galashiels with Level 4 Family Planning services in Peebles, Duns and Selkirk. A combined Sexual Health clinic offering services 5 days a week will commence in Galashiels in Feb 07. Level 4 Family Planning and GUM services will be developed in Hawick in 2007. Hawick Sexual Health clinic now to be staffed by consultant in community gynae, in post March

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		2007, aim to commence May 2007 An increasing range of STI services at Level 3 and 4 are offered through peripheral family planning clinics and drop-in clinics are being rolled out. Two part time Community Nurse Specialists in Sexual Health have been appointed (40hrs). A drop in service in Burnfoot (Hawick) HLC commenced in July 2006. Drop in services will commence in Eyemouth (24 Nov 06), daily services in Galashiels (Currie Rd Feb 07), Peebles (mid 2007) and Duns (early 2007) are due to commence throughout next year. Family Planning prescriptions have been offered through GUM clinics form May 2006 The ability of GPs and practice nurses to deliver sexual health care at Level 2 and 3 is reinforced by training, protocols, E-mail advice and through support from Community Nurse Specialists in Sexual Health. Chlamydia postal testing kits are available on 38 sites and emergency contraception will be rolled out to 26 of 27 community pharmacies from Dec 06. There is therefore an increasing range of services available through a variety of providers. PTKs and training has been provided through workplaces, gyms and other non-medical settings. All looked after and accommodated young people can access PTKs, further training to staff of Glenview and Wilton units given Nov/Dec 06. Links with Learning Disability team established, training for LD support staff and provision of PTKs underway.
56	**Ensure that local healthcare practitioners are able to demonstrate that they provide information and refer patients**	Leaflets and posters on local sexual health services are provided regularly and in bulk to all general practices and

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	to alternative readily accessible services, where they do not provide the sexual health services required.	multiple other agencies. GPs receive a newsletter on local services twice yearly. Local sexual health education sessions are regularly delivered for primary care teams (Annual Report p25-27). Community Nurse Specialists are linking with all general practices to ensure sexual health information is available and referral pathways are clear. An informal review suggests posters widely used, 10 Health Centres provide PTKs and have full information and Sexual Health Link nurse. A full audit has to be conducted.
57	**Facilitate the development of an NHS Board-wide managed sexual health network, which includes all relevant local organisations and service providers.**	Local Strategy Group provides the core of this network. Liaison with regional and national groups ensures that Borders will be included in the developments of larger MCN's for Sexual Health and HIV.
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.**	Borders Sexual Health Service has a clear description of its confidentiality policy in patient information leaflets. A Borders – wide confidentiality policy was drafted but was suspended pending the Borders response to the Bichard enquiry. This has now been completed and the confidentiality policy can be finalised. GUM clinic leaflet contains information on confidentiality and anonymity and is given to every patient. Information and posters for under 16s are in development in conjunction with Healthy Respect. Every patient attending a GUM clinic has been offered an informed choice whether their GP is to be contacted since 2003. All patients are offered the option of receiving a copy of the letter. Information in a variety of languages is available and further resources are under development in conjunction with Lothian GUM.

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59	**Service providers should give clear information to users about their options when giving personal and identifiable information, if confidentiality and/or anonymity are of concern.**	As above.

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Break Down of Allocated Funding
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Due to changing local circumstances, costs and opportunities this table is due to be up-dated

Strategic Aim	Actions	2005/6	2006/7	2007/8
Implement SIGN Guideline 42 to offer opportunistic Chlamydia testing to all eligible individuals.	Increase laboratory capacity according to existing calculations, anticipating increase in demand by 100% to 5000 tests pa by year 3.	£5,000	£10,000	£15,000
July 2006. Number of tests increased to 3,100 in 2005/6 so seems unlikely to be double by 2008	Increase MLSO time to support additional testing and clinics.	£4,500	£4,500	£4,500
	Offer additional training and support to primary care in implementation of SIGN 42.			
	Continue with roll-out of chlamydia postal testing kits subject to successful pilot project. Pilot project 'Accessing young men in rural areas though postal testing kits for Chlamydia' is funded through the Healthy Respect Demonstration Project and will commence in May 2005.		£3,000	£3,000
Increase availability of youth-orientated one-stop services in health centres and other settings. Offer 48-hour access to STI care for those with symptoms.	Nurse Specialist Posts in Sexual Health. F/G Grade equivalent, trained in Family Planning and Genitourinary Medicine. Able to deliver combined nurse-led sexual health services through dedicated clinics or outreach, delivered through health	£12,000	£37,340	£37,340

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Offer local sexual health services in all Borders towns. Offer specialist GUM/FP clinics in larger centres. Increase accessibility for groups such as LGBT people, homeless people, drug users, looked after young people and others through co-operation with other statutory and voluntary services.	centres, youth services, Healthy Living Centres etc according to local availability and demand. Support additional specialist clinics and GP sessions. Appoint 3 half time posts, one in each year, to allow for training and development of services. Costs based on G-Grade WTE at £34,000 Year 1: Borders South and East Year 2: Borders West Year 3: Central Borders (combined with existing GUM clinic post) Clinical/clerical support for additional clinics. To be used flexibly to support nurse-led clinics and additional specialist clinics, (24 hours A+C 2/3 at £420 phpa)	£3,000	£5,530	£12,530
Increase support and training for schools, frontline healthcare staff, Health Visitors. Increase Health Promotion activity in Schools and colleges. Increase awareness of issues relating to diversity (youth, sexual orientation, learning disability) in staff in primary care. Increase support and training for schools, frontline healthcare staff, voluntary youth sector, social work staff, including those	Health Promotion Core budget One off capital purchases: Funding: • Purchase of training packages (e.g. Share, CD Rom licenses) • Implement recognised c-card scheme for Border wide provision • Build on existing working	£10,000 £20,000	£10,000 £5,000	£10,000

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who work with looked after and accommodated young people, Address the sexual health needs of LGBT Population. Address the sexual health needs of people with learning disabilities. Improve approaches to sexual health by using existing resources, e.g. peer education, voluntary youth sector. Target and engage with parents.	relationship with LGBT Youth Scotland • Work in partnership with up2u peer education project at "SAFE T IN THE PARK" workshop approach to sexual health. • Build on existing network with the Borders Voluntary Youth Work Forum to implement sexual health training for staff and volunteers of youth projects.			
Establish a central clinic for co-location of Specialist GUM/FP services.	Convert/ Equip a clinic in central Borders. Provision of accommodation for existing staff, GUM clinic, Galasheils FP Clinic, case notes and administrative support is already under discussion. Additional funding would allow: Minor building works Clinical equipment: Microscope Fixing and staining equipment Cryotherapy equipment Administrative support for co-ordination of appointments, clinics and PA support to	£25,000 £4,000	 Managed from existing	 Managed from existing

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	Clinical Lead, full time contact for patients and professionals (8 hours A+C Grade 4 at £520phpa) (Currently 20 hours)		resources	resources
Reduce the risk of unwanted pregnancies. Improve contraceptive provision post-termination.	Establish specialist referral Family planning clinics. Establish specialist clinics for Implanon/ IUCD contraception and referral service for specialist family planning consultation. 1 session per week. Additional family planning capacity also provided by additional nurse-led sexual health clinics.	£6,500	£7,630	£7,630 8hours nurse Aux A 4 hours F grade
Improve access to specialist sexual health care in South/Eastern Borders. (Initial outline proposal subject to discussion with local GPs/ other service providers, depends upon availability of accommodation etc.)	Equip a clinic in Hawick for specialist Sexual Health Care. Microscope Fixing and staining equipment Cryotherapy equipment Establish GP with special interest sessions (1 per week). To be developed in years two and three, possibly allowing one back-fill session per month to run a Consultant GUM clinic in Hawick, plus GP specialist sessions in Hawick/ Central Borders / elsewhere.		£8,000 Staff in collaboration with O+G	 Staff in collaboration with O+G
Improve services for patients with Psychosexual problems	Additional funding for couples counselling Scotland Psychosexual		£1,000	£2,000

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	counselling services			
Implement the strategy, develop services and make appointments	Project manager 10 hours per week for 1 year Lead Consultant back-fill for clinical sessions (10 sessions)	£10,000 £2,000	£10,000?	£10,000?
Total		**£102,000**	**£102,000**	**£102,000**

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