

Health Improvement Team (Sexual Health)

NHS Greater Glasgow and Clyde

Business Plan for 2018-2020

May 2018



The Health Improvement Team for sexual health is a specialist team working on a pan Greater Glasgow and Clyde basis. The team is hosted by Glasgow City Health and Social Care Partnership (GHSCP) and is part of Sandyford, the sexual and reproductive health service for the GGC area.

This business plan describes work programmes the team will deliver to meet the national and local strategic objectives for sexual health improvement.

Aim

To improve the sexual health and wellbeing of the population, reduce inequalities and influence a culture that is positive and non stigmatising about sexuality and relationships.

Sexual Health

The team works to the definition of sexual health defined by the World Health Organisation (see Appendix A)

Health Improvement

Health Improvement is one of the three domains of Public Health practice (the others being health protection and health services). The Health improvement discipline has a leadership role for addressing inequalities in population health at political and structural level, community or group level or at individual level.

Health Improvement deploys a broad range of public health skills and knowledge which includes strategic influencing and engagement, health promotion, delivering prevention interventions and community development approaches to influence the lifestyle and socio-economic, physical and cultural environment of populations, communities and individuals.

The team accumulates and provides public health intelligence through routine reporting of epidemiology, research, consultation and needs assessment.

The team builds capacity to enhance the knowledge, skills, competence and approaches of partner organisations and the professionals and volunteers working with them. This involves the planning, delivery and evaluation of interventions designed to empower people to make informed sexual and relationship choices on the basis of accurate information, a positive sense of identity, skills, and an understanding of rights and responsibilities.

Key Policy Drivers for Sexual Health Improvement

- Sexual Health and Blood Borne Virus Framework (2015-2020)
- Pregnancy and Parenthood in Young People Strategy (2016 – 2025)
- Standards for Sexual Health Services (2008)
- Standards for HIV Services (2011)
- Equally Safe (2016 Update)
- National Action Plan to Prevent Child Sexual Exploitation (2016)
- SHPN Good Practice Guidance on HIV Prevention in Men who have sex with Men (MSM) (2018)

Health Improvement Priorities for Sexual Health

As set out in national policy, the team will continue to focus on reducing inequalities in relation to the outcomes described in national and local policy.

Outcomes for Sexual Health and HIV Prevention

The Scottish Government has five high level outcomes for sexual health and HIV prevention. In Greater Glasgow and Clyde these have been incorporated into the Sexual Health Strategic Plan and augmented by a further two locally defined outcomes.

Outcomes for Sexual Health

- 1) The prevention of newly acquired Blood borne viruses, sexually transmitted infections and unintended pregnancies,
- 2) A reduction in the health inequalities gap in sexual health,
- 3) People affected by blood borne viruses lead longer healthier lives,
- 4) Everyone in Scotland is able to exercise their right to fulfilling sexual relationships free from coercion and harm,
- 5) A society and culture where the attitudes of individuals, the public, professionals and the media in Scotland towards sexual health and blood borne viruses are positive, non-stigmatising and supportive.
- 6) Young people have positive sexual health and respectful relationships, free from coercion and harm in a culture which values their sexuality.
- 7) Transgender people are treated with respect and dignity, enjoy positive sexual health and wellbeing, and have access to a modern, fit for purpose Gender Identity Clinic which meets their needs in a safe and sensitive manner.

The team work programme is organised to focus staff time and resources to best meet the needs of those populations for whom these issues are of key concern while still providing a level of universal whole population provision.

The key population groups for sexual health improvement are:

- Children and young people
- Gay and Bisexual Men and other men who have sex with men
- People originating from countries with high HIV prevalence
- People living with diagnosed HIV
- Adults whose life circumstances create barriers to accessing sexual health care

Team Sections

The team currently consists of 10 health improvement staff each working across the six HSCP/local authority areas of the health board. The team is organised in three sections managed by a Health Improvement Lead. Each section is principally organised around the needs of the key population groups. This means that staff within each section of the

team with the requisite knowledge and skill base around their population group of concern is able to link with the equivalent planning and services infrastructures in each of the six HSCP areas. The team structure is outlined as appendix B.

Local Delivery

The programme is planned and delivered across each of the six HSCP areas through local planning partnerships for sexual health or directly with the relevant HSCP. The team provides a balance of expert, flexible support and direct delivery to local partners including HSCPs, local authorities, and third sector organisations from strategic planning level through to local implementation of interventions.

National and Regional Delivery

Nationally the team contributes to Scottish Government Sexual Health and BBV Framework planning structures, specifically through the Scottish Sexual Health Promotion Specialists Group which in turn feeds into the National Sexual Health and BBV Advisory Committee. The team also leads several portfolios of national and cross health board partnership work and commissioning.

Governance and Strategic Links

The team is managed by the Health Improvement Manager for Sexual Health with accountability to Head of Adult Services (Sexual Health). Professional leadership is provided by the Head of Health Improvement in GHSCP.

The work of the team reports and links into

- NHSGGC Sexual Health & Blood Borne Virus Coordination Group,
- NHSGGC HIV Prevention Treatment and Care Programme
- NHSGGC Sexual and Reproductive Health Network
- NHSGGC Health Improvement and Inequalities Group.

The Challenge in GGC– HIV

- Mean of 145 new diagnoses every year
- 1668 individuals living with diagnosed HIV attending treatment and care services
- 284 individuals living with undiagnosed HIV infection
- Each new case of HIV infection costs the NHS between £280,000 and £360,000 over a lifetime, therefore between 40.6 million and 52.2 million of costs to NHS added each year.

UNAIDS 90 – 90 – 90 Target Incidence of HIV will decrease if

- 90% of people living with HIV are diagnosed and
- 90% of those are on HIV medication and
- 90% of those have an undetectable viral load
- Current Situation in GG&C – 83 – 92 - 92
- Late diagnoses - 40% of HIV diagnoses associated with poorer outcomes. Treatment costs in the first year are double for those diagnosed late.

The Challenge in GGC – Sexually Transmitted Infections

- Chlamydia. Mean of 3,425 individuals diagnosed annually. Mostly in age < 25, 2:1 ratio of women to men
- Gonorrhoea. Mean of 603 individuals diagnosed annually. Incidence doubled from 409 in 2007 to 803 in 2016. Mostly in age < 25 and gay and bisexual men of all ages, 3:1 ratio of men to women, 40% of male acquisition is rectal.
- Syphilis. Mean of 78 individuals diagnosed annually. Mostly in gay and bisexual men.
- PrEP for HIV became available in 2017 and may contribute to further increase in STI incidence in gay and bisexual men.
- Treatment resistant strains of gonorrhoea emerging including small number of cases in Scotland following similar patterns in England.

The Challenge in GGC - Teenage Conception

- Teenage conception correlates to socio-economic deprivation and experiences of Adverse Childhood Experiences.
- Those in SIMD 1 have 13 times rate of delivery and double rate of termination than those in SIMD 5.
- Overall rate is decreasing however West Dunbartonshire (36 per 1,000) and Glasgow City (34 per 1,000) are higher than Scottish average (32 per 1,000)
- Some intermediate datazones have extremely high rates including Govanhill (212 per 1,000), Central Easterhouse (119 per 1,000) and Bridgeton (99 per 1,000).

Team Work Programmes

Relationships, Sexual Health and Parenthood Education

Responsible Health Improvement Lead – Elaine McCormack

National and Local Policy Drivers:

- Sexual Health and Blood Borne Virus Framework (1,4,5)
- Glasgow Sexual Health Strategic Plan (Outcomes 1,4,5,6,7)
- Pregnancy and Parenthood In Young People Strategy (2.2, 2.3, 2.8, 3.1, 4.8, 4.9)
- Standards for Sexual Health Services (2, 3)
- Equally Safe
- National Action Plan to Tackle and Prevent Child Sexual Exploitation Outcomes
- National Health and Wellbeing Outcomes (1, 4, 5)
- National Public Health Priorities (2,3,4)
- NHSGGC Public Health Programmes (1, 3, 6)

RSHPE is a programme of work that combines both universal and targeted health improvement approaches. The primary focus is on children and young people aged 3-18 and in order to affect change at a population level, this programme of work delivers through capacity building with the staff and parents/carers who have day to day contact with children and young people.

We will further build on the work programme grown over the past decade and work in partnership to ensure the planning, development, implementation and evaluation of RSHPE Programmes across our 6 Local Council Areas. We have a leadership role in assuring the quality and consistent implementation of these programmes. We will continue to do this over the next 2 years by:-

- Managing locality RSHPE Quality Improvement Groups in each council area
- Co-delivering on RSHP Policy development in each council area
- Ensuring that the sexual health needs of young people are identified through the 2018/19 schools health and wellbeing survey
- Reflecting the survey findings in curricular programmes
- Developing quality assurance measures in partnership with education colleagues to measure implementation of RSHPE programmes.
- Continuing to manage the development, delivery and evaluation of all RSHPE CPD for teaching staff across all localities. This is provided for teachers in the following sectors: Primary, Secondary, ASLN, Newly Qualified teachers
- Continuing to provide both universal and targeted support to parents and carers to enable them to talk with their children throughout childhood.

Early Protective Messages is an innovative approach to addressing RSHPE within early years establishments that has been developed, delivered and evaluated by this team. The next 2 years will see a significant roll out of the programme across Glasgow City, West Dunbartonshire, Inverclyde, East Dunbartonshire and Renfrewshire.

We will continue to work in partnership with colleagues at a national level to contribute to national policy and practice guidance.

We will continue to lead and contract manage on behalf of a partnership of NHS boards, local authorities, Scottish Government and Education Scotland, the production and piloting of a new national resource for RSHPE for children and young people aged 3-18 in Scotland.

In addition to the universal approaches for RSHPE we are developing targeted interventions to reduce the inequalities experienced by some groups of children and young people:-

- Project managing the development of a new resource for complex learning needs schools and a parallel resource/support package for parents/carers.
- Development and delivery of RSHPE workshops for parents/carers of young people with additional support needs.

Care Experienced and Vulnerable Children & Young People

Responsible Health Improvement Lead – Jill Wilson

National and Local Policy Drivers:

- Sexual Health and Blood Borne Virus Framework (1,2,4,5)
- Glasgow Sexual Health Strategic Plan (Outcomes 1,2,4,5,6,7)
- Pregnancy and Parenthood In Young People Strategy (1.5, 2.1, 2.3, 2.5, 2.6, 2.8, 3.1, 4.1, 4.2,)
- Standards for Sexual Health Services (1, 2, 3)
- Equally Safe
- National Action Plan to Tackle and Prevent Child Sexual Exploitation Outcomes
- National Health and Wellbeing Outcomes (1, 3, 4, 5, 7)
- National Public Health Priorities (1,2,3,4)
- NHSGGC Public Health Programmes (1,2,3,5,6)

Addressing the needs of care experienced and vulnerable children and young people in relation to their sexual health and wellbeing is predominantly targeted work but does have an element of universal provision. The primary focus is on children and young people aged 0-25 and in order to affect change at a population level this programme of work delivers through capacity building with the staff and carers who have day to day contact with children and young people.

Interventions supporting the universal approach will include:-

- Developing or updating of local authority protocols for staff working with sexually active under 16s in each of the six areas
- Supporting the development and implementation of the Pregnancy and Parenthood in Young People Strategy locality plans in each HSCP.
- Project managing the development of a series of interactive films informing young people about sexual consent on behalf of a partnership of 3 NHS boards.
- Project managing the development and promotion of the youngpeople@sandyford and parents@sandyford websites
- Contributing to the review of youth health services in Glasgow City
- Continuing to provide CPD for youth work staff across all localities in NHS GG&C

To contribute to reducing the health inequalities gap in sexual health, our resources are weighted towards specific populations of children and young people and the adults in their lives. Targeted work includes :

- Leading on the development or updating of locality practice guidance for staff and carers who work with care experienced children
- Continuing to manage the development, delivery and evaluation of all RSHPE CPD for staff and carers working with care experienced young people across all localities. This includes staff from within Local authorities, HSCPs and the 3rd Sector.
- Development and delivery of RSHPE support for Kinship Carers
- Development of a support package for staff who work with vulnerable school aged young people in non-school settings
- RSHPE briefings for wider Social Work staff groups to ensure consistency of practice
- Development of resources supporting particular vulnerable groups
- Development of a new resource for complex learning needs schools and parallel resource/support package for parents/carers
- Development and delivery of RSHPE workshops for parents/carers of children with Additional Support Needs
- Improving access to Free Condoms and improving access and pathways to Sandyford services

HIV Prevention for Gay and Bisexual Men

Responsible Health Improvement Lead – Julian Heng

National and Local Policy Drivers:

- Sexual Health and Blood Borne Virus Framework (1,2,3,4,5)
- Glasgow Sexual Health Strategic Plan (Outcomes 1,2,3,4,5,6)
- SHPN Good Practice Guidance on HIV Prevention in Men who have sex with Men (MSM) (2018)
- Standards for Sexual Health Services (1, 2, 3, 5, 7)
- Standards for HIV Services (1, 2, 3)
- Equally Safe
- National Action Plan to Tackle and Prevent Child Sexual Exploitation Outcomes
- National Health and Wellbeing Outcomes (1, 3, 5, 7)
- National Public Health Priorities (3,4)
- NHSGGC Public Health Programmes (1,3,4,5,6)

Gay and Bisexual men continue to experience much greater incidence of HIV and other sexually transmitted infections than the rest of the population. Around a quarter of Gay and Bisexual men accessing sexual health and HIV services experience a range of overlapping vulnerabilities including poor emotional and mental health, experience of domestic abuse and violence, problematic alcohol and drug use and experience of discrimination. These factors are both a cause and consequence of health inequalities.

To address these factors, we will provide a programme of work which reaches the men most in need and reduces health inequalities. The programme will operate at the following levels:

1. Partnership Working and Influencing projects at a population level
2. Community Facing projects at community and group levels
3. Information Provision projects with targeted and universal approaches.

1.Partnership Working and Influencing projects at a population level include the following outputs:

We will contribute to the delivery of an integrated sexual health service for gay and bisexual men and support the Sandyford service review by marketing the range of Sandyford sexual health services to gay and bisexual men

We will develop partnership working with adult services in each HSCP, with a particular focus upon gay and bisexual men experiencing multiple vulnerabilities

We will review and revise the MSM Masterclass training materials and training provision to a range of statutory and non-statutory staff to increase confidence in working with gay and bisexual men to support and improve their sexual health, and increase opportunities for HIV testing in a range of settings and locations

We will respond to emerging trends, such as implementation of PrEP or developments in 'chemsex'

We will commission or contribute to local and national partnerships conducting research to fill gaps in knowledge and improve services for gay and bisexual men.

2. Community Facing projects at a community and group level include the following outputs:

Delivery of a Social Marketing intervention to increase routine, regular HIV testing in partnership with third sector organisations and academic institutions.

Delivery of Increase opportunities to engage gay and bisexual men in HIV and sexual health testing through outreach at European Testing Week and Pride Glasgow

3. Information Provision projects with targeted and universal approaches include the following outputs:

We will produce and distribute timely, accurate and engaging information about sexual health in a variety of formats including video clips through range of communication channel. This will focus on key issues relevant to gay and bisexual men, such as HIV testing, condoms and lubricant, PrEP, Treatment as Prevention including "U=U" (undetectable equals untransmittable), comprehensive sexual health care and emotional and mental wellbeing in an engaging and easily comprehended language and format.

HIV Prevention and Reproductive Health for Vulnerable Adults

Responsible Health Improvement Lead – Jo Zinger

National and Local Policy Drivers:

- Sexual Health and Blood Borne Virus Framework (1,2,3,4,5)
- Glasgow Sexual Health Strategic Plan (Outcomes 1,2,3,4,5,7)
- Standards for Sexual Health Services (1, 2,)
- Standards for HIV Services (1, 2, 3,)
- Equally Safe
- National Health and Wellbeing Outcomes (1, 2, 3, 4, 5, 7)
- National Public Health Priorities (1,3,4)
- NHSGGC Public Health Programmes (1,3,4,5,6)

We will grow our partnerships with a range of organisations and adult services to build their capacity to identify and effectively support sexual health for adults who are vulnerable or at risk of HIV transmission or poor sexual health.

Through partnership working in each HSCP area we will assess and address key actions to improve staff competence and confidence in addressing the sexual and reproductive health needs of vulnerable adults. Our key focus will initially be on services for people with addictions, experiencing homelessness, and people involved in the criminal justice system.

We will continue to support and influence practice and contribute to work delivered by Brownlee HIV Peer Support and Patient Engagement Manager and Waverly Care African Health project.

We will continue our leadership both locally and nationally level on HIV Anti Stigma work aiming to improve the experience of people living with HIV accessing health and care services and to address barriers to HIV testing.

We will build relationships with service providers to support the rights and relationships of people with learning disabilities.

We will support the review of Sandyford to ensure our clinical services are geared towards the needs of vulnerable adults.

We will underpin this work programme with mapping, needs assessment and evidence appraisal to facilitate development of resources and models of training and support required.

Free Condoms Service

Responsible Health Improvement Lead – Jo Zinger

National and Local Policy Drivers:

- Sexual Health and Blood Borne Virus Framework (1, 2,)
- Glasgow Sexual Health Strategic Plan (Outcomes 1, 2, 6)
- Standards for Sexual Health Services (1, 2, 3, 5, 6)
- Standards for HIV Services (1, 3)
- Equally Safe Objectives
- National Health and Wellbeing Outcomes (1, 3, 4, 5, 7)
- NHSGGC Public Health Programmes (4,5,6)

We will continue to deliver and develop the Free Condoms service. Free Condoms will continue to operate on a universal access basis but be planned and delivered in ways which specifically address the sexual and reproductive health needs of people living with or at risk of acquiring HIV and sexually transmitted infections and people at risk of unintended conception.

The Free Condoms service will maintain and continue to build partnerships in each of the HSCP areas, with priority groups, professionals and Free Condom venues. Our main focus over the next two years will be to establish a new model of service delivery to young people by researching and piloting new and innovative ways of encouraging uptake and use of condoms.

We will build on the work in increasing the number of Free Condoms venues undertaken over 2016 and 2017 by delivering targeted marketing of the service, training of venues and identifying Free Condom champions.

Appendix A – WHO Definition of Sexual Health

Sexual health

“...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.” (WHO, 2006a)

Sexuality

Sexual health cannot be defined, understood or made operational without a broad consideration of sexuality, which underlies important behaviours and outcomes related to sexual health. The working definition of sexuality is: “...a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.” (WHO, 2006a)

Sexual rights

“The fulfillment of sexual health is tied to the extent to which human rights are respected, protected and fulfilled. Sexual rights embrace certain human rights that are already recognized in international and regional human rights documents and other consensus documents and in national laws.

Rights critical to the realization of sexual health include:

- the rights to equality and non-discrimination
- the right to be free from torture or to cruel, inhumane or degrading treatment or punishment
- the right to privacy
- the rights to the highest attainable standard of health (including sexual health) and social security
- the right to marry and to found a family and enter into marriage with the free and full consent of the intending spouses, and to equality in and at the dissolution of marriage
- the right to decide the number and spacing of one's children
- the rights to information, as well as education
- the rights to freedom of opinion and expression, and
- the right to an effective remedy for violations of fundamental rights.

responsible exercise of human rights requires that all persons respect the rights of others..” (WHO, 2006a, updated 2010)

Health Improvement Team Structure – May 2018

