

**IMPROVING SEXUAL HEALTH IN
GRAMPIAN - An inter-agency strategy**

2006

Do you have difficulty understanding the English language?

If you have a problem reading or understanding the English language, this document is available in a language of your choice. Please ask an English speaking friend or relative to phone, write or email Janet Bruce, Sexual Health Improvement Co-ordinator, NHS Grampian. Her contact details are:-

Janet Bruce
Sexual Health Improvement Co-ordinator
NHS Grampian
Public Health Unit
Summerfield House
2 Eday Road
Aberdeen AB15 6RE

Telephone Aberdeen (01224) 558592

Email :- janet.bruce@nhs.net

Czy masz trudności w zrozumieniu angielskiego?

Jeżeli masz kłopoty ze zrozumieniem języka angielskiego w mowie lub na piśmie dokument ten jest przetłumaczony na język polski. Poproś znajomego lub kogoś z rodziny, kto mówi po angielsku aby zatelefonował, napisał lub przesłał email do pana Janet Bruce, Sexual Health Improvement Co-ordinator, NHS Grampian. Jego adres i telefon znajduje się poniżej :-

Janet Bruce
Sexual Health Improvement Co-ordinator
NHS Grampian
Public Health Unit
Summerfield House
2 Eday Road
Aberdeen AB15 6RE

Telefon Aberdeen (01224) 558592

Email :- janet.bruce@nhs.net

你在对英语的理解方面是否存在着困难？

如果你在阅读或理解英语上存在着问题，本文件有你所选择语言的版本以供索取。你可以请一位会说英语的朋友或者亲属致电、写信或发送电子邮件给Grampian地区国民保健服务 (NHS Grampian) 的平等与多元化经理 (Sexual Health Improvement Co-ordinator)

Janet Bruce。他的联络详情是：

Janet Bruce
Sexual Health Improvement Co-ordinator
NHS Grampian
Public Health Unit
Summerfield House
2 Eday Road
Aberdeen AB15 6RE

电话 : Aberdeen (01224) 558592

电子邮件信箱 : janet.bruce@nhs.net

Do you have a visual impairment?

This document is also available in large print format and as a CD, upon request.

INDEX

	Page No
1 The Process	5
1.1 Consultation Feedback	5
1.2 Addressing the issues raised	5
1.2.1 Financial Support	5
1.2.2 Detail	6
1.2.3 Training	6
1.2.4 Integration of Services	6
1.2.5 Taking the strategy forward	6
2 Introduction	7
2.1 The need for a Strategy	7
2.2 Definition	7
2.3 Values	7
2.4 Influencing Factors	8
3 Aims and Objectives	9
4 The Profile	10
5 Service Provision and Gaps	11
5.1 Provision	11
5.2 Gaps	11
6 Evidence for effective sexual health interventions	13
6.1 Health Promotion	13
6.2 Prevention of sexually transmitted infections	13
6.3 Screening	14
7 Priorities for Action	15
8 Making it Happen	21
9 References	29
10 Appendices	
1. Sexual Health Strategy Development Group Members	31
2. Sexual Health Profile for Grampian	32

1. The Process

In 2002, a multi-disciplinary Sexual Health Strategy Group (appendix 1) was established to develop a sexual health strategy for Grampian. Each member who joined the group participated on behalf of their organisation with the responsibility of feeding information to the strategy group from their organisation and vice versa. Membership reflected the key organisations involved in sexual health in Grampian but was not intended to be exhaustive. Maximising the strategy's effectiveness depends upon as many different stakeholders as possible working together on an ongoing basis to achieve greatest benefit and to generate a common purpose and sense of ownership of the strategy.

A multi-agency, participative development day was held in December 2002, attended by 45 delegates from within and outwith NHS Grampian, including representatives from health, local authorities, prisons, police, workplaces and the voluntary sector. In addition a needs assessment was commissioned to identify the extent of sexual ill health; describe existing sexual health service provision in Grampian and service gaps; highlight the sexual behaviour of specific populations in Grampian and provide evidence for effective sexual health interventions.

To ensure local action contributed to implementation of the national strategy¹ the consultation on the Grampian sexual health strategy was delayed until after the publication of the national strategy in January 2005. In May 2005 the strategy group issued the consultation documentation for a twelve-week consultation period. Written responses have been received from a wide range of organisations including local and national voluntary agencies, the three Local Authorities, Pharmacists, Community Health Partnerships, service providers and public health. Diversity and Equality Impact Assessment identified a lack of response from local ethnic communities and disability organisations and as a result further consultation was undertaken.

1.1 Consultation Feedback

Respondents have welcomed the development of a strategy to improve sexual health in Grampian. A strategy based on needs of the population, evidence and best practice provided a helpful way forward in a sensitive area of work. The strategy was thought to provide an opportunity to focus on the identified issues such as teenage pregnancy, the provision of emergency and barrier contraception and the rising rate of sexually transmitted infections such as chlamydia. It was also felt to provide a mechanism to ensure sexual health is on local community planning agendas setting the framework for local partners who have a role to play to plan and work more effectively together.

1.2 Addressing the issues raised:

1.2.1 Financial Support

In order to achieve change through implementation of the strategy additional or redistribution of resources is required. Whilst some recognised that much could be achieved through redesign and re-focus of existing activity others were keen to draw upon national sexual health strategy monies for their own service area. NHS Grampian will, over the next three years, receive £407,000 to invest in sexual health clinical services. This is in recognition that increased preventative activity will inevitably impact on mainstream contraception, reproductive health, genitourinary medicine and laboratory services, which are widely recognised as being ill-equipped to meet current demand. Proposals were invited through the sexual health strategy network for the funding. This welcomed additional funding will not meet the range of service development proposals

received and therefore difficult choices have been made in line with this strategy. Other developments offer the possibility of alternative sources for funding to support implementation of the strategy. These include the Health Improvement Fund, Quality of Life Funding, and Regeneration Outcome Agreements, and these will be explored through the community planning partnerships in each of the three local authority areas.

1.2.2 Detail

Some respondents felt the strategy provided too much detail and others felt it was about right. The detail of existing services was felt to omit key areas such as pregnancy preparation, contraception, rape, services for older people, the homeless, and migrant workers. From comments received it would seem that knowledge of existing services in local areas could be improved. This is particularly important as the national sexual health strategy recommends that, where a health care practitioner is unable or unwilling to provide sexual health services him or herself there should be a requirement on them to provide information and refer patients to alternative, readily accessible services.

1.2.3 Training

Responses emphasised the importance of training across a range of sectors (teachers, school nurses, youth workers, health professionals, service reception staff) if the aims of the strategy are to be met. Two key points were raised with this regard – there is a need to ensure line management support to implement skills developed through training and sufficient resources to release staff to enable them to participate in the first place.

1.2.4 Integration of Services

There is support to develop a managed care network for sexual health within Grampian and across the North of Scotland although further details of what this would entail are awaited. There were mixed views from respondents regarding the short-term aim of improving access to services with the longer-term aim of improving choice. Some respondents favour improving choice in the short term particularly in the rural areas. The reproductive health and genitourinary services will integrate under the leadership of the Aberdeen City Community Health Partnership although physical co-location will not take place until 2008/09. This together with the additional investment will enable improved access to community based services in geographical locations convenient to the patient in the medium term.

1.2.5 Taking the strategy forward

The consultation document acknowledged that the strategy group could only gain extensive professional and community support, co-operation and participation to improve sexual health through persuasion and facilitation. Some respondents felt a more directive approach is required. Given the number of agencies involved the strategy can only provide a framework to support greater inter-agency co-operation and collaboration on sexual health issues. Within the health sector and between health, local government and the voluntary sector the aim is to provide a more coherent prevention message and ensure a better service to the public including marginalised groups such as ethnic communities and disability groups.

In light of the above, the strategy has been reviewed, updated and condensed.

2. Introduction

2.1 *The need for a Strategy*

Sexual health affects our physical and mental well-being and is central to some of the most important and lasting relationships of our lives. Sexual activity is increasing amongst young people and for some at a young age. Society is changing, many middle aged and older people who have spent time in stable relationships are now single again and there is greater societal acceptance of cohabitation of non-married partners and of homosexuality. Sexually active individuals are at risk of a range of sexually transmitted infections (STIs). Almost all STIs are becoming more common but the rate of infection of Chlamydia in Scotland and in Grampian has been rising steadily. Nationally an increase in Chlamydia of 39% in people aged under 25 and 36% in the over 25's between 2002 and 2003 has been reported¹. Teenage (13-19 yrs) conceptions in Scotland are amongst the highest in Western Europe and whilst the rate has declined overall in Grampian, Aberdeen City continues to be above the Scottish average. Young women living in the most disadvantaged communities are more likely to become pregnant than their counterparts in more affluent areas. Poor sexual health is commonly associated with poverty and social exclusion.

Promoting positive sexual health is therefore a major public health challenge. In recognition of these concerns, *Respect and Responsibility: a Strategy and Action Plan for Improving Sexual Health* was published by the Scottish Executive in 2005. The national strategy sets out three main areas for action:

- Promote respect and responsibility
- Prevent sexually transmitted infections and unplanned pregnancy through education, service provision and support
- Provide better sexual health services which are safe, local and appropriate.

This strategy is Grampian's response to the national strategy.

2.2 *Definition*

The World Health Organisation (WHO) provides a broad definition of sexual health which has been adopted locally:

“A state of physical, emotional, mental and social wellbeing related 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 sex 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”.

2.3 *Values*

In developing this local strategy we are mindful of differing if not polarised attitudes in society to many aspects of sexual behaviour resulting in challenges for both policy-making and individual behaviour change. In order to be effective, sensitive and appropriate in meeting the wide range of sexual health needs within communities², all sexual health work should have a clear and explicit values base which:

- Is grounded in a positive and holistic model of sexuality and sexual health

- Recognises and embraces the cultural, spiritual and ethical components impacting on any individual's sexual health
- Works towards achieving equity and equality in terms of access to services and resources
- Affirms diversity
- Ensures that individuals and groups are able to resist coercion
- Supports the development of self esteem
- Promotes respect for self and others
- Builds a clear sense of the rights of the individual
- Enables people to develop practical skills as key elements of sexual health and related decision making e.g. negotiation or assertiveness skills
- Assists parents in supporting their children around sexual relationships and sexual health.

2.4 Influencing Factors

There are many factors – social, economic and cultural – which have a negative impact on sexual health. The scope of this strategy is limited to those issues and services usually regarded as sexual. In line with the national strategy it seeks to develop connections with related service areas such as maternity and gynaecology, child protection, mental health and domestic abuse etc. The Aberdeen City, Aberdeenshire and Moray councils and NHS Grampian are required to ensure that Community Plans, Grampian Health Plan and Children's Services Plans complement the sexual health strategy paying regard to the factors outlined above and in particular to addressing inequality. NHS Grampian and the three Community Planning Partnerships in Grampian have already begun to take action that is beginning to improve sexual health. This strategy aims to build on success to date.

3. Aims and Objectives

The aim of the strategy is to

Improve the sexual health and well-being of the population of Grampian. This relates to the need to address conditions which are a cause of physical and mental ill-health and premature death e.g. sexually transmitted infections including HIV, unintended pregnancies and family and relationship problems relating to sexuality. It also recognises the need to ensure that the population as a whole has access to sources of information and advice on and treatment for sexual health and relationships. This includes availability of this document and related sexual health materials in any language and in other formats such as CD or large print.

Reduce inequalities in sexual health. It is recognised that for example teenage pregnancy rates are higher in areas of disadvantage. Prevention initiatives and service provision arrangements need to take account of these inequalities.

The **objectives** to fulfil the aims of the strategy are as follows:

1. To encourage the development of fulfilled, respectful and responsible relationships
2. To improve accessibility and integration of sexual health services, ensuring all sexually active people in Grampian have access to quality sexual health advice and services
3. To reduce the incidence and prevalence of sexually transmitted infections
4. To reduce the rates of unintended pregnancy
5. Re-design services to meet the needs of 'hard to reach' groups
6. To strengthen monitoring, surveillance and research to support future planning of sexual health services/interventions.

4. The Profile

To inform the strategy development an up-to-date sexual health profile for Grampian was prepared (appendix 2). It highlights the key behaviours and knowledge within the population^{3,4} as well as health statistics. The findings can be summarised as follows:

Sexually Transmitted Infections (STIs):

Chlamydia infection is the most common sexually transmitted infection in Grampian rising steadily since 1993. Compared to Scotland, Chlamydia detection in under 25's is markedly higher in Grampian. Grampian does not compare favourably to Scotland for Genital Herpes in males or females. The last ten years have seen an increase in the rate of hospitalisation due to pelvic inflammatory disease (a complication of STI) from 237.9 to 311.6 per 100,000 in Grampian females⁵.

HIV

As at the end of March 2005 the cumulative total of reported HIV cases in Grampian was 271, of whom 200 are still alive. From 1997 the majority of newly diagnosed infections in Grampian were among heterosexuals, who are increasingly being infected abroad. Health Protection Scotland⁶ (HPS), estimate that between one third and one fifth of imported infections occur in Scottish travellers. In Grampian, as in the rest of Scotland, the incidence of infection amongst men who have sex with men is declining.

Teenage Pregnancies

Teenage pregnancy (13-19 yrs) rates vary across Grampian with Aberdeen City having a consistently higher rate compared to Scotland. Whilst the high rate in Aberdeen City will be due to several factors there is a strong link with deprivation. The target is to reduce teenage pregnancy among 13-15 year olds by 20% by the year 2010 (baseline 1995), along with the further target of reducing teenage pregnancies among 13-15 year olds in the most deprived communities by 33% from a rate of 12.6 in 2000-02 to 8.4 in 2007⁵.

Abortion

The abortion rates among 13-19 year olds in Grampian (15.1 per 1000 women) over the last ten years have been reducing however they remain above the Scottish average (13.2 per 1000)⁵.

Inequalities

There is a strong link between social disadvantage and early initiation into sexual activity⁷. The overall teenage pregnancy rates for the most deprived areas are more than treble those for the least deprived areas¹. Almost 50% of looked after children become mothers within 18 to 24 months after leaving care.

Knowledge and Behaviour

Only 75% of sexually active young people in Grampian used condoms whilst 85% knew where to get free condoms⁴. Clear differences in attitude to condom use by gender have been found with boys more likely to think condom use reduces enjoyment and less likely to value the importance of planning protection from an STI. Young men from lower social class areas and those with low educational attainment were found to have a negative attitude to condoms⁸.

Hard to Reach Groups

There is evidence^{9,10} to show that there are groups in the population who are at risk of poor sexual health such as Lesbian, Gay, Bisexual and Transgender (LGBT) people, and those with a learning or physical disability, who would benefit from services designed to

meet their specific needs. The needs of local ethnic communities and transient populations must also be considered.

5. Service Provision and Gaps

5.1 Provision

Sexual health services are provided by a range of public, voluntary and independent sector organisations including education, community education, social work, the police service, public health, the prison service, primary care, specialist sexual health services and national and local organisations.

The following gives a summary of the types of services available across Grampian¹⁹:

- Caledonia Youth – outreach, education & training, and counselling
- Child Protection – education, health, social work
- Community Education – youth work, advice & information
- Community Pharmacy – contraception
- Drugs Action – drugs users, sex industry workers, condom provision
- Sexual & Reproductive Health (Family Planning) – contraception, screening, termination of pregnancy, medical gynaecology in support of reproductive health and sexual problems with an emphasis on psychosexual medicine
- General Practice – contraception, screening, STI treatment
- Genitourinary Medicine – STI screening & treatment, partner notification, HIV screening, counselling & treatment
- Healthy Working Lives – workplace health promotion
- Infectious Disease Unit – HIV Treatment
- Lesbian support –befriending/support groups
- Maternity and Gynaecology – screening
- Mental Health – psycho-sexual counselling
- PHACE Grampian – sexual health promotion service for LGBT (and HIV positive people - currently being developed)
- Police – sign-posting for sex industry workers
- Public Health – information & advice, data, campaigns, Health Information Resources Service, condoms and Healthpoints
- Schools – Health Promoting School, cross curriculum sexual health and relationships education via for example Personal and Social Education (PSE) and Religious and Moral Education (RME), advice & sign-posting
- School Nursing – information & advice, pregnancy testing (in some schools)
- Social Work – looked after young people
- Urology – sexual dysfunction

5.2 Gaps

From the information gathered and from local knowledge the following areas have been identified as areas of under provision or areas where further mapping work/needs assessment is required.

5.2.1 Information on services available: the consultation feedback suggested that there was a great deal of activity underway which was not highlighted in the initial mapping exercise the strategy group undertook. If the strategy group found it difficult to get a clear picture of what was available then one can assume so will

service users. Information needs to be collated, updated and disseminated.

- 5.2.2 *Looked After Young People*: progress on implementation of the actions arising from the seminar held in 2003 should be reviewed to inform further programmes.
- 5.2.3 *Local Ethnic Communities and Local Disability Groups*: some ethnic communities have been targeted as part of the bloodborne virus public awareness campaign. However the sexual health needs of ethnic communities and local disability groups should be further explored and addressed.
- 5.2.4 *Sex and relationships education*: it is unclear if a consistent approach to implementation of the Health Promoting School pack which provides 5-14 curriculum guidance and support materials are being taken within an area and across agencies. This requires further exploration.
- 5.2.5 *Specialist Sexual Health Services*: both Family Planning and GUM services report under provision of services to meet demand.
- 5.2.6 *Laboratory*: diagnostic services are provided through a central laboratory which reports a 10% year on year increase in their workload. Additional investment is required to address the expected increase in diagnostics as a result of this strategy.
- 5.2.7 *Contact tracing*: few general practitioners report undertaking partner notification.
- 5.2.8 *Psychosexual service*: feedback suggests that there is an under provision in this area. Further analysis is required.
- 5.2.9 *Evaluation*: there was limited evaluation available on the range of initiatives underway across Grampian.
- 5.2.10 *Training*: it is unclear from the information provided if a comprehensive training programme is in place. It is recommended that an audit is undertaken to provide more robust information.
- 5.2.11 *Intelligence*: during the development of the strategy a number of gaps in our knowledge were highlighted. This needs to be addressed to support on-going design of services.

6. Evidence for effective sexual health interventions

In recent national and local policy, key principles to health improvement are participative, multi-disciplinary/agency, needs-based, outcome focused and target inequalities¹¹. In summary we need to

- Improve the application of what we know works
- Be better at integration and co-ordination to prevent one policy or programme undermining another
- Recognise health, economic and social gain can only be achieved by joint action by all stakeholders who are involved
- Engage organisations and people within the localities in which they live – as local as possible and as specialised as needed
- Develop performance standards against which we can be judged.

These principles are reflected in this Strategy and action plan. Further information on effectiveness of interventions can be found on www.publichealth.nice.org.uk

6.1 Health Promotion¹²

Sexual Health and Relationships Education: Evidence indicates that school-based sexual health and relationships education, provided across the curriculum via, for example, Personal And Social Education (PSE) and Religious and Moral Education (RME), particularly when linked to contraception services, can have an impact on young people's knowledge and attitudes, delay sexual activity and/or reduce pregnancy rates. Specific programmes on their own are unlikely to reduce conception rates but are an essential part of a multi-faceted approach e.g. education and information about sexual behaviour and its consequences, as well as confidential, affordable and accessible sources of contraception services and supplies.

Effective sex and HIV education programmes:

- Focus on reducing sexual behaviours that lead to unintended pregnancy, or HIV or other STI
- Contain clear messages about abstaining from sex and/or using contraception
- Give examples of and practice with, communication, negotiation and refusal skills
- Provide up to date information which is appropriate for the participants
- Are of adequate duration and led by people who believe in the programme and who have been appropriately trained.

Involving parents: evidence indicates that including parents & teenagers in information and prevention programmes is effective.

Youth development programmes: reviews agree that there is evidence to support models which combine some or all of the following: self-esteem-building, voluntary work, educational support, vocational preparation, healthcare, sports and arts activities, and sexual health and relationships education.

Condom distribution schemes: evidence surrounding any positive impact of school condom availability is not clear.

Peer education: at present only weak evidence that peer-led approaches are effective.

Abstinence education: no strong evidence for the effectiveness of abstinence only education approaches.

6.2 Prevention of sexually transmitted infections

Effective interventions should:

- Apply what works

- Be targeted and tailored (in terms of age, culture, gender etc) making use of needs assessments
- Provide clear, accurate, unambiguous information
- Use behaviour skills training

Partner notification: is effective at breaking the chain of transmission and is cost effective. Patient referral can be improved by patient education and counselling.

Individual risk counselling: evidence suggests that this can be effective.

School based sexual health and relationships education: can be effective at reducing sexual risk behaviour and is more effective if started before the onset of sexual activity.

Cost effectiveness: interventions to prevent sexually transmitted infections can be cost effective, particularly when targeted to high risk groups.

6.3 Screening¹³

Targeted screening for genital Chlamydia infection has been shown to reduce the prevalence of Chlamydia in women as well as complications such as pelvic inflammatory disease. SIGN recommend opportunistic screening for:

- Women younger than 25 years old and sexually active
- Women older than 25 years with 2 or more sexual partners in the last year or a change of sexual partner in the last year
- All symptomatic women and men and their partners
- All women undergoing termination of pregnancy
- All patients attending at GUM clinics
- All patients with other STIs.

Testing should also be considered for all women undergoing uterine instrumentation including IUD insertion, who have a risk factors for chlamydia, egg and semen donors, mothers of infants with chlamydia conjunctivitis or pneumonia.

7. Priorities for Action

Respect and Responsibility the national strategy and action plan for improving sexual health acts as a guide for local inter-agency groups to develop their own sexual health strategies. The following priorities for action have been derived from an analysis of the key issues arising from the sexual health profile of Grampian, a review of best practice and evidence for intervention, and informed by local knowledge/ experience.

In the past the Scottish Executive has reminded us that 'Improving our sexual health is central to our public health agenda. It is not something to be embarrassed about or to shrug off as someone else's responsibility. It is a problem for all of us – the young and not so young'. Equally this strategy is not only about treatment of sexual ill-health but about ensuring that the population as a whole has access to sources of information, advice and support on sexual health and relationships. Planned and delivered in a coherent interagency manner, the aim of this strategy is to build on effective prevention measures as well as increase capacity of frontline services in order to meet growing demand.

All activity in relation to this strategy, whether provided in-house or commissioned by partners, should be considerate of the needs of local ethnic communities and disability groups, and therefore make available resources in different formats and languages, and arrange the use of interpreters where necessary. Partners should also ensure reasonable steps are taken to involve all societal groups in future consultations.

OBJECTIVE 1:

TO ENCOURAGE THE DEVELOPMENT OF FULFILLED, RESPECTFUL AND RESPONSIBLE RELATIONSHIPS

Action One: Policy Development

The national strategy has tasked the local inter-agency strategy group with the on-going development and implementation of the strategy through local planning processes reflecting the needs of the local population. Mapping of partnership working and professional networks for sexual health¹⁴ in Grampian indicates greater potential for systematic work at a local and Grampian wide level. Without leadership, integration of health and education services have stayed separate and in some cases this has resulted in a lack of support for local activity.

- NHS Grampian will facilitate the development of a Grampian-wide managed sexual health network, which includes all relevant local organisations and service providers.
- The Community Planning Partners should review implementation of the Health Promoting Schools concept in Grampian providing leadership to the integration of community education, primary care teams and school nursing to ensure all young people have access to appropriate information, advice and service provision that will support respectful and responsible relationships.

Action Two: Health Promoting Schools

The Grampian Sexual Health Strategy Group recognises ideally the very 'best interest' for a young person as being the delay of/ abstinence from sexual activity until the young person is old enough/cognitively mature and so more able to make truly informed choices. Sexual health and relationships education, provided via PSE and RME, for example, should encourage young people to explore issues such as what sex is in the context of morality and love and relationships. That sex is often used to fulfil non-sexual

needs such as self-esteem and affection, and alternative relationships may be able to fulfil these needs¹⁵.

However, a pragmatic approach is advocated which ensures appropriate sexual health and relationships education dependent on the stage of development which will include for many young people the need to address issues such as the prevention of sexually transmitted infections, and unintended pregnancy, and how to access sexual health services. There is no evidence to support the view that sex education leads to an increase in early sexual intercourse. The Netherlands has an active and open approach to sex education and contraception and has the lowest rates of teenage pregnancy and abortion of any developed country¹.

- Ensure a full range of up to date health promotion programmes are developed and delivered within the context of the Health Promoting School Community. This includes displaying the service confidentiality approach, consideration of new target specific information and due consideration of access issues – opening times, appropriateness, staff attitudes, anonymity, rurality, language, disabled access. Such initiatives should consider the impact of alcohol on sexual health.

Action Three: Parent - Child Communication

Parents/ Carers need to be involved in the planning and delivery of sexual health and relationships education programmes if they are to undertake their role in equipping their children with the necessary skills to make informed choices about their sexual health and relationships. This should include working closely with parents to develop the education packs used in schools and programmes focusing on building parents'/carers' confidence, as well as improving their knowledge base.

- NHS Grampian will work in conjunction with other statutory and voluntary sector interests, to develop and provide a range of programmes for parents and carers to enhance communication skills around relationships and sexual health, which are culturally sensitive.

Action Four: Information and Awareness Raising

The evidence considered as part of this strategy development suggests that awareness of local young people of transmission routes for HIV /symptoms of STIs have reduced⁴. Awareness by service providers and users of services as to alternative services available also appears patchy. There are opportunities to engage fully with the media to improve the quality of information and advice on sexual health related matters for the whole community. Awareness raising campaigns or literature should provide messages that are relevant and acceptable to the target group.

- NHS Grampian should review and update the directory of sexual health services and publish the information widely including via the web and Healthpoints.
- Workplace health promotion (including Scotland's Health at Work) should: engage proactively with clients to promote sexual health and well-being, including World AIDS Day, and consider and progress methods to address issues relating to sexual orientation and HIV status.
- NHS Grampian and community planning partners should continue to support awareness activities such as World AIDS Day.

Action Five: Training

Young people come into contact with a wide range of professionals – teachers, youth workers, doctors, nurses and social workers. It is essential that those who teach sexual health and relationships education across the curriculum are comfortable doing so and

receive training to provide them with the necessary skills. To support the implementation of the strategy training and accreditation programmes for staff involved in delivering sexual health services particularly with young people should be developed.

- Undertake an audit of training needs 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.

**OBJECTIVE 2:
TO IMPROVE ACCESSIBILITY AND INTEGRATION OF SEXUAL HEALTH SERVICES, ENSURING ALL SEXUALLY ACTIVE PEOPLE IN GRAMPIAN HAVE ACCESS TO QUALITY SEXUAL HEALTH ADVICE AND SERVICES**

Action Six: Services for Young People

Young people in rural areas of Grampian feel particularly exposed by having to use adult services like GP clinics or outreach family planning services, but high costs of travel from the rural areas make access to more anonymous services difficult. The same survey found sexual health education and services for young people seem poorly supported, often unevaluated and not widely disseminated¹⁴. Grampian has five further and higher education establishments across the region attracting national and international students to the area.

- Community Planning Partners should review current drop-in facilities in terms of integration, effectiveness and coverage. Good practice should be widely disseminated through the sexual health network and the findings used to inform future developments.
- NHS Grampian in conjunction with community planning partners should 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 young adults.

Action Seven: Primary Care Services

As part of mapping sexual health services in Grampian, and to inform the development of this strategy, NHS Grampian conducted a survey to identify sexual health services delivered by primary care. The questionnaire was well received with a high response rate 95%. All practices provide general contraception, emergency contraception, counselling and referral for sterilisation/vasectomy and termination of pregnancy. A large majority provide other family planning services such as services for young people and men's health. The majority of practices reported providing services through routine doctors' appointments with Aberdeenshire more likely to provide nurse clinics. The number of practice nurses trained in family planning is much lower than the number of GPs, although a wide range of contraception services can be provided through trained practice nurses¹⁶.

Emergency contraception is now available to women over 16 years of age, over the counter without the need for a prescription, for approximately £24.00. Although this development may be considered an important means of increasing accessibility, the cost is prohibitive to many women. Accessible emergency contraception for younger teenagers is more problematic. Free emergency contraception schemes for 13 -19 year olds are provided in some areas in Scotland.

NHS Grampian should:

- Consider the potential to develop a locally Enhanced Service within general practice for sexual health in particular in rural areas.
- Review current arrangements for emergency contraception and make recommendations on access in rural and disadvantaged areas.
- Appoint a Nurse Consultant Post in Sexual and Reproductive Health to support and develop nurse practitioner delivery of sexual and reproductive health care in the community and primary care as part of the sexual health network.

Action Eight: Improving Specialist Sexual Health Services

Specialist sexual health services are provided by a number of departments including:
 Sexual and Reproductive Health (family planning) Square 13
 Gynaecology – termination of pregnancy
 Genitourinary Medicine (GUM)
 Psychosexual service

The demand for sexual health services has increased in recent years. This may be explained by an increase in sexual activity in the population and a greater awareness resulting from prevention initiatives.

NHS Grampian should:

- Further integrate GUM and Family Planning services in line with the national strategy and increase capacity to deal with increased demand through redesign and additional investment.
- Increase the capacity of the laboratory service to meet the increased testing arrangements.
- Assess the current service provision and the needs of the sexual dysfunctional to inform service redesign/ development.
- Review local standards on agreed competencies, confidentiality, access to and provision of sexual health services. This will include specialist sexual health services such as HIV testing and treatment, sexual dysfunction, and other locally identified service needs.
- Consider formal and informal visits by target populations and their 'gatekeepers' to the family planning clinics and GUM clinics, and outreach visits by staff to raise awareness of available services.

OBJECTIVE 3: TO REDUCE THE INCIDENCE AND PREVALENCE OF SEXUALLY TRANSMITTED INFECTIONS

Action Nine: Improve Screening and Treatment for Chlamydia

The rates of sexually transmitted infections are increasing across Grampian in line with national trends. Given the private nature and social stigma associated with sexual health it is vital to improve access to health care. This should combine with re-invigorated health promotion activities including 'safer sex' campaigns to educate individuals about the importance of using condoms and signs/symptoms of disease.

The rate of Chlamydia infection has been rising steadily in Grampian and can cause preventable ill health such as pelvic inflammatory disease, ectopic pregnancy and tubal infertility. Screening for Chlamydia is simple and effective. It involves a urine test (men and women) or a self obtained swab for women and, if positive, treatment with a single dose of antibiotics. Targeted screening for those most at risk has shown to reduce

prevalence¹³. Evidence would suggest that general practitioners are less likely to offer opportunistic testing to young patients, focusing effort on symptomatic patients. To be effective screening needs to be accompanied by health advice and 'contact tracing'. Partner notification or contract tracing is simply follow-up of partners that may be at risk of infection to offer them screening and treatment to break the chain of transmission. Only 18% of general practitioners offer contract tracing in addition to testing¹⁶.

NHS Grampian should:

- Undertake a sexual health public awareness campaign, emphasising the importance of using barrier contraception should one choose to engage in sexual activity to protect against STIs and unintended pregnancy.
- Extend capacity to undertake partner notification through the specialist sexual health service and raise awareness of the service within primary care.
- Explore the feasibility to carry out targeted opportunistic chlamydia screening in the community – general practice, antenatal clinics and young people's projects – in line with best practice protocols.
- 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.
- Review availability of free barrier contraception and lubricant ensuring resources are targeted at high risk groups and as part of outreach work.

OBJECTIVE 4: **TO REDUCE THE RATES OF UNINTENDED PREGNANCY**

As teenage parenthood rates are highest in areas of social deprivation there is a need to target initiatives to improve the health and social well-being of teenagers in these areas in partnership with local communities. The development of specific teenage programmes that build on the success of evaluated projects could provide a valuable contact point for teenagers to obtain information, advice and referral to specific services. Such a programme could provide a mechanism for promotion of teen health whilst promoting social inclusion.

Action Ten: Improve Services for Young People at Highest Risk

- NHS Grampian in conjunction with community planning partners should review the 'Walk the Talk' programme to ensure action is targeted at geographic areas of greatest need.
- NHS Grampian should develop protocols for staff involved with distribution of emergency contraception, assessment of STI risk, testing arrangements of women needing emergency contraception, provision of safer sex advice, provision of condoms and referral to other services.

OBJECTIVE 5: **RE-DESIGN SERVICES TO MEET THE NEEDS OF 'HARD TO REACH' GROUPS**

Although progress has been made in recent years, there are a number of gaps in service. A mapping of recent services found: no evidence of work with ethnic minority groups of young people; little evidence of work with LGBT young people outwith Aberdeen or progress with Looked After Young People recommendations¹⁴ and a need for more systematic support for those working with learning disabled. Vulnerable groups are still the most adversely affected by poor sexual health outcomes and we need to look at more targeted ways of providing information, access to services and training for 'key' workers.

Action Eleven: Improve Services for Vulnerable Groups

- Community Planning partners should ensure targeted education and prevention initiatives be developed for and in partnership with each hard to reach group giving due consideration to access issues opening times, staff attitudes, confidentiality, anonymity, rurality, language, disabled access. Consideration should be given to undertaking work in a range of settings including out-reach work. As a first step the extent of current provision should be explored with professional gatekeepers.
- In consultation with other stakeholders, NHS Grampian will 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.
- Sexual health promotion initiatives should be undertaken within prisons alongside the drive to ensure the availability of safer sex resources including extra strong condoms and lubricant.
- As part of the multi-agency Sex Industry Workers Forum, continue to assess and address the sexual health needs of sex workers.

OBJECTIVE 6:

TO STRENGTHEN MONITORING, SURVEILLANCE AND RESEARCH TO SUPPORT FUTURE PLANNING OF SEXUAL HEALTH SERVICES/INTERVENTIONS.

The development of this strategy to improve sexual health in Grampian highlighted a number of gaps in information to inform objectives. Further work is required to provide a clearer picture of teenage pregnancy and associated factors in Grampian, the proportion of young people under sixteen who are sexually active, the spread of STIs and mapping of implementation of evidence based practice. The national strategy has tasked Health Protection Scotland with monitoring and disseminating new diagnoses and trends, standardising data collection to support monitoring and to develop a proposal for a national data collection framework. NHS Grampian should work closely with Health Protection Scotland to ensure synergy between national and local developments.

Action Twelve: Establish Inter-agency Strategy Implementation and Monitoring Group Ensuring Effective Linkages to Community Planning Partnerships and Nominated Sexual Health Leads.

- The implementation group should develop indicators to measure strategy outputs and to monitor progress in implementing strategy reporting through appropriate assurance frameworks.
- The community planning partnerships should ensure that all health promotion/improvement initiatives developed through the joint health improvement planning process include an evaluation component.
- Through partnerships with the Universities, NHS Grampian should encourage research into innovative approaches to delivery of sexual health services, particularly those which target high risk and hard to reach groups.
- NHS Grampian should undertake audits as identified within this strategy

8. Making it Happen

This Strategy will be taken forward in the context of the Grampian Health Plan and the three Community Planning Partnership Joint Health Improvement Plans. It will require commitment from a wide range of public, voluntary and community organisations working in partnership to improve sexual health.

8.1 Managing the Plan:

NHS Grampian has nominated an Executive Director and Clinical Lead for sexual health in line with the national strategy in addition to maintaining the specialist health promotion capacity. Each local authority has also designated a strategic lead for sexual health. Community Health Partnerships will be fundamental to delivery of this strategy to meet local needs each one has identified a lead officer for sexual health. This grouping, together with voluntary sector (service and advocacy) partners will be charged with providing leadership to implementation of this strategy and action plan through the establishment of an inter-agency Strategy Implementation and Monitoring Group. The Group will develop intermediate indicators and will report through both the Health Plan and Community Planning structures. The strategy itself will be reviewed after three years.

8.2 Research:

The Group will also consider the need for additional research to assist effective implementation of the Strategy to influence national commissioning of research by NHS Health Scotland.

8.3 Resource Implications:

In order to achieve change through the implementation of this strategy will require resources. Some of the actions offer the possibility of alternative sources for funding to support implementation. Others will require to be met out of each organisations mainstream budget by ensuring existing spend is being targeted. This will be explored through the community planning partnerships in each of the three local authority areas.

IMPROVING SEXUAL HEALTH IN GRAMPIAN – ACTION PLAN

OBJECTIVE 1: To encourage the development of fulfilled, respectful and responsible relationships

Theme	Action	Timescale	Lead
Policy Development	<ul style="list-style-type: none"> NHS Grampian will facilitate the development of a Grampian wide managed sexual health network, which includes all relevant local organisations and service providers. The Community Planning Partners should review implementation of the Health Promoting Schools concept in Grampian providing leadership to the integration of community education, primary care teams and school nursing to ensure all young people have access to appropriate information, advice and service provision that will support respectful and responsible relationships. 	March 06	Clinical Lead
		June 06	Local Authority/Community Health Partnership Lead
Health Promoting Schools – cross curriculum sexual health & relationships education	<ul style="list-style-type: none"> Ensure a full range of up to date health promotion programmes are developed and delivered within the context of the Health Promoting School Community. This includes displaying the service confidentiality approach, consideration of new target specific information and due consideration of access issues – opening times, appropriateness, staff attitudes, anonymity, rurality, language, disabled access. Such initiatives should consider the impact of alcohol on sexual health. 	June 07	Local Authority/Community Health Partnership Lead
Parent Child Communication	<ul style="list-style-type: none"> NHS Grampian will work in conjunction with other statutory and voluntary sector interests, to develop and provide a range of programmes for parents and carers to enhance communication skills around relationships and sexual health, which are culturally sensitive. 	Ongoing	Specialist Health Promotion Officer
Information and Awareness Raising	<ul style="list-style-type: none"> NHS Grampian should review and update the directory of sexual health services and publish the information widely including via the web and Healthpoints. Workplace health promotion (including Scotland’s Health at Work) should: 	March 07	Specialist Health Promotion Officer
		March 08	“

	<p>engage proactively with clients to promote sexual health and well-being, including World AIDS Day, and consider and progress methods to address issues relating to sexual orientation and HIV status.</p> <ul style="list-style-type: none"> • NHS Grampian and community planning partners should continue to support awareness activities such as World Aids Day 	Ongoing	Local Authority/Community Health Partnership Lead
Training	<ul style="list-style-type: none"> • Undertake an audit of training needs 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. 	September 06	Specialist Health Promotion Officer

IMPROVING SEXUAL HEALTH IN GRAMPIAN – ACTION PLAN

OBJECTIVE 2: To improve accessibility and integration of sexual health services, ensuring all sexually active people in Grampian have access to quality sexual health advice and services

Theme	Action	Timescale	Lead
Services for Young People	<ul style="list-style-type: none"> Community Planning Partners should review current drop-in facilities in terms of integration, effectiveness and coverage. Good practice should be widely disseminated through the sexual health network and the findings used to inform future developments. NHS Grampian in conjunction with community planning partners should 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 young adults. 	<p>March 07</p> <p>Ongoing</p>	<p>Local Authority/Community Health Partnership Lead</p>
Primary Care Services	<ul style="list-style-type: none"> NHS Grampian should consider the potential to develop a locally Enhanced Service for sexual health in particular in rural areas. NHS Grampian should review current arrangements for emergency contraception and make recommendations on access in rural and disadvantaged areas. NHS Grampian will appoint a Nurse Consultant Post in Sexual and Reproductive Health to support and develop nurse practitioner delivery of sexual and reproductive health care in the community and primary care as part of the sexual health network. 	<p>April 06</p> <p>TBA</p> <p>March 06</p>	<p>Executive Lead</p> <p>Clinical Lead</p> <p>Clinical Lead</p>
Improving specialist sexual health services	<ul style="list-style-type: none"> Further integrate GUM and Family Planning services in line with the national strategy and increase capacity to deal with increased demand through redesign and additional investment. Increase the capacity of the laboratory service to meet the increased testing arrangements. Assess the current service provision and the needs of the sexual dysfunctional to inform service redesign/ development. Review local standards on agreed competencies, confidentiality, access 	<p>Ongoing</p> <p>January 06</p> <p>Spring 06</p>	<p>Clinical Lead</p> <p>Executive Lead</p> <p>Clinical Lead</p>

	<p>to and provision of sexual health services. This will include specialist sexual health services such as HIV testing and treatment, sexual dysfunction, and other locally identified service needs.</p> <ul style="list-style-type: none"> • Consider formal and informal visits by target populations and their 'gatekeepers' to the family planning clinics and GUM clinics should be considered, as should outreach visits by staff to raise awareness of available services. 	TBA	Clinical Lead
		TBA	Clinical Lead

IMPROVING SEXUAL HEALTH IN GRAMPIAN – ACTION PLAN

OBJECTIVE 3: To reduce the incidence and prevalence of sexually transmitted infections

Theme	Action	Timescale	Lead
Improve Screening and Treatment for Chlamydia	<ul style="list-style-type: none"> NHS Grampian should undertake a sexual health public awareness campaign, emphasising the importance of using barrier contraception should one choose to engage in sexual activity to protect against STIs and unintended pregnancy. 	January 06	Specialist Health Promotion Officer
	<ul style="list-style-type: none"> NHS Grampian will extend capacity to undertake partner notification through the specialist sexual health service and raise awareness of the service within primary care. 	February 06	Clinical Lead
	<ul style="list-style-type: none"> NHS Grampian should explore the feasibility to carry out targeted opportunistic chlamydia screening in the community – general practice, antenatal clinics and young people’s projects – in line with best practice protocols. 	February 06	Clinical Lead
	<ul style="list-style-type: none"> NHS Grampian should 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. 	March 06	Clinical Lead
	<ul style="list-style-type: none"> NHS Grampian should review availability of free barrier contraception and lubricant ensuring resources are targeted at high risk groups and as part of outreach work. 	March 06	Clinical Lead

IMPROVING SEXUAL HEALTH IN GRAMPIAN – ACTION PLAN

OBJECTIVE 4: To reduce the rates of unintended pregnancy

Theme	Action	Timescale	Lead
Improve Services for people at highest risk	<ul style="list-style-type: none"> NHS Grampian in conjunction with community planning partners should review the ‘Walk the Talk’ programme to ensure action is targeted at geographic areas of greatest need. 	TBA	Local Authority/Community Health Partnership Lead
	<ul style="list-style-type: none"> NHS Grampian should develop protocols for staff involved with distribution of emergency contraception, assessment of STI risk, testing arrangements of women needing emergency contraception, provision of safer sex advice, provision of condoms and referral to other services. 	TBA	Clinical Lead

OBJECTIVE 5: Re-design services to meet the needs of ‘hard to reach’ groups

Theme	Action	Timescale	Lead
Improve services for vulnerable groups	<ul style="list-style-type: none"> Community Planning partners should ensure targeted education and prevention initiatives be developed for and in partnership with each hard to reach group giving due consideration to access issues opening times, staff attitudes, confidentiality, anonymity, rurality, language, disabled access. Consideration should be given to undertaking work in a range of settings including out-reach work. As a first step the extent of current provision should be explored with professional gatekeepers. 	TBA	Local Authority/Community Health Partnership Lead
	<ul style="list-style-type: none"> In consultation with other stakeholders, NHS Grampian will 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. 	November 06	Clinical Lead
	<ul style="list-style-type: none"> Sexual health promotion initiatives should be undertaken within prisons alongside the drive to ensure the availability of safer sex resources including extra strong condoms and lubricant. 	Ongoing	Specialist Health Promotion Officer
	<ul style="list-style-type: none"> As part of the multi-agency Sex Industry Workers Forum, continue to assess and address the sexual health needs of sex workers. 	Ongoing	Aberdeen City CHP Lead

OBJECTIVE 6: To strengthen monitoring, surveillance and research to support future planning of sexual health services/interventions

Theme	Action	Timescale	Lead
Establish inter-agency Strategy Implementation and Monitoring Group ensuring effective linkages to Community Planning Partnerships and nominated sexual health leads.	<ul style="list-style-type: none"> • The implementation group should develop indicators to measure strategy outputs and to monitor progress in implementing strategy reporting through appropriate assurance frameworks. • The community planning partnerships should ensure that all health promotion/improvement initiatives developed through the joint health improvement planning process include an evaluation component. • Through partnerships with the Universities, NHS Grampian should encourage research into innovative approaches to delivery of sexual health services, particularly those which target high risk groups. • NHS Grampian should undertake audits as identified within this strategy. 	January 06	Executive Lead
		June 06	Local Authority/Community Health Partnership Lead
		Ongoing	Executive Lead
		As stated	Implementation Group

9. References

1. Scottish Executive. Respect and responsibility – Strategy and Action Plan for Improving Sexual Health . 2005.
2. Adams, J. Doing It! Toolkit: Practical Strategies for Sexual Health Promotion. 2001. Sheffield Centre for HIV and Sexual Health.
3. NHS Grampian. Adult Lifestyle Survey. 2002.
4. NHS Grampian. Youth Lifestyle Survey. 2001.
5. Information and Statistics Division www.isdscotland.org/isd
6. Health Protection Scotland www.hps.scot.nhs.uk visit SCIEH online website.
7. NHS Grampian. Report of Sexual Health and Looked after Young People. 2003.
8. Oliphant RO. Focus on Sex: A Qualitative Study of the Current Attitudes and Behaviour of Young Men Towards Sexual Health and Relationships. A thesis presented for the degree of bachelor of science in medical sciences at the University of Aberdeen. University of Aberdeen, 2002.
9. Stonewall Scotland. Towards a Healthier LGBT Scotland: Inclusion Project. Working for Lesbian, Gay, Bisexual and Transgender Health. 2003. NHS Scotland.
10. Centre for Independent Living in Glasgow. The Social Model of Disability and its implications for Language Use. 1999.
11. National HIV Prevention Information Service, Briefing 2 www.hea.org.uk/nhpis
12. Teenage pregnancy and sexual health interventions, Health Development Agency Briefing 4 www.hda.nhs.uk
13. SCIEH. Genital Chlamydia Trachomatis Infections in Scotland. Surveillance Report: Sexually Transmitted Infections. SCIEH Weekly Report., 2001.
14. External evaluation of Healthy respect, A national Health Demonstration Project, Final Summary Report www.scotland.gov.uk/publications/2005_03/20909/55359
15. Scottish Executive. Report of the HIV Health Promotion Strategy Review Group. 2000.
16. Sexual Health Services in Primary Care, NHS Grampian 2005.
17. Sexual Health Needs Assessment of Sex Industry Workers in Grampian. 2000.
18. Redman C. Sexually Transmitted Infections. Surveillance Report. Scottish Centre for Infection and Environmental Health (SCIEH). 2002.
19. A summary of Sexual Health Services in Grampian, NHS Grampian 2005 (pending).

20. NHS Grampian. AIDS (Control) Act Report 2004-2005.

Appendix 1: Sexual Health Strategy Development Group Members

Chair: **Susan Jappy**, Acting Director Public Health and Executive Director for Sexual Health, NHS Grampian.

Secretary: **Diane McGregor**, Administrative Assistant, NHS Grampian.

Dr Mayada AbuAffan, Specialist Registrar, Public Health Unit, NHS Grampian.

Terry Ashton, Adviser for Guidance and Careers, Aberdeen City Council.

Dr Steve Baguley/Dr Gordon McKenna (Head of Service), Consultant Physicians, Genito-Urinary Medicine Clinic, NHS Grampian.

Janet Bruce, Sexual Health Improvement Co-ordinator, Public Health Unit, NHS Grampian.

Dr Gillian Flett (Head of Service), Consultant, Department of Sexual and Reproductive Health, Square 13, and Sexual Health Clinical Lead, NHS Grampian.

Heather Kelman, General Manager, Aberdeen City Community Health Partnership, NHS Grampian.

Denise Mair, Depute General Manager, Drugs Action.

Dr Janet Tucker, Senior Researcher, Dugald Baird Centre for Research on Women's Health.

Sandy Riddell, Director of Community Services, The Moray Council.

Professor Allan Templeton, Head of Department - Obstetrics and Gynaecology, Aberdeen University Medical School.

Dr Sarah Wallage (Moray Lead), Consultant, Department of Sexual and Reproductive Health, Square 13, NHS Grampian.

Emma Wink, Branch Co-ordinator, Caledonia Youth - Grampian Branch.

Helen Robbins, Lead System Manager (Nursing), Moray Community Health & Social Care Partnership, NHS Grampian.

Jennifer Hall, Public Health Lead, Aberdeenshire Community health Partnership, NHS Grampian.

Liz Taylor/Linda Morrison, Strategic Development Managers, Social Work Department, Aberdeenshire Council.

Alan Parker, Senior Worker, PHACE Grampian.

Previous membership includes:

Dr Eric Bajjal, Director of Public Health NHS Grampian.

Dr Liz Barr, Laich Medical Centre, NHS Grampian.

Anne Campbell, Drugs Action.

Alison Davidson, Aberdeenshire Council.

Dr Karen Foster, Consultant in Public Health Medicine, NHS Grampian

Senga MacDonald, General Manager, Drugs Action.

Neil Strachan, Craiginches Prison.

Mark Thomson, PHACE Scotland, Grampian.

Appendix 2: Sexual Health Profile for Grampian

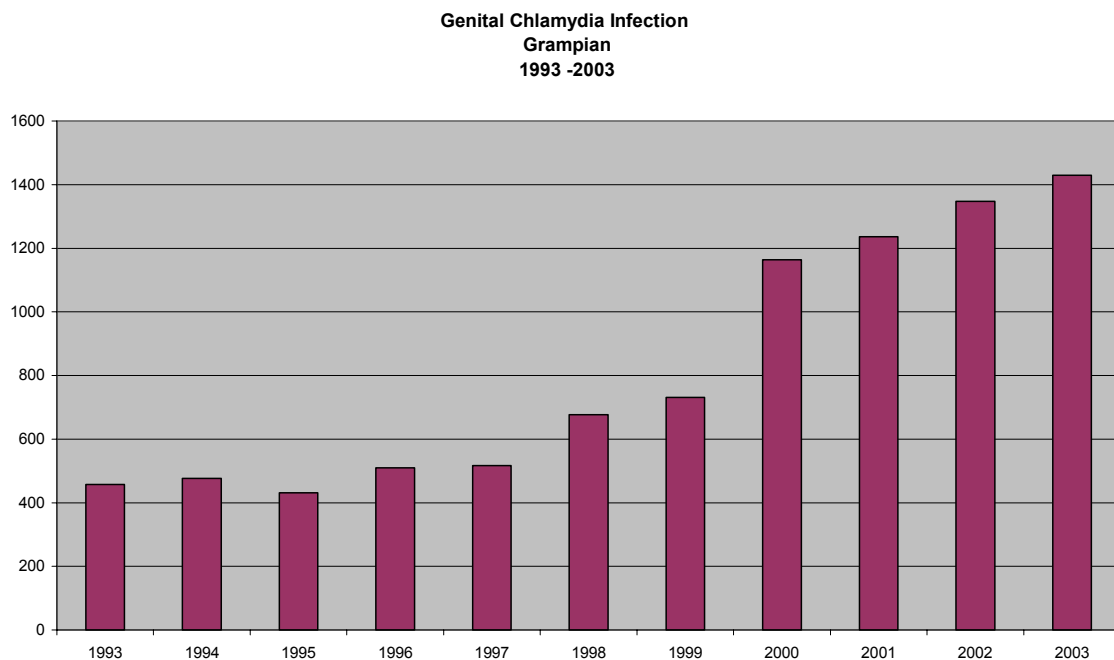
Sexually Transmitted Infection (STI)

Genital Chlamydia

The rate of chlamydia infection in Grampian has been rising steadily since 1993 (see Figure 1) and in recent years it has become the commonest sexually transmitted infection in Grampian. The interpretation of the increasing trend is difficult because Chlamydia is often an asymptomatic infection diagnosed through screening. Therefore, increases in the numbers of diagnoses are as likely to be due to changes in screening practice as increases in the incidence of infection.

The comparison of rates per 100,000 population indicates that Chlamydia detection within the female population (all ages) is marginally higher in Grampian (372.11) than the Scottish average (368.97). However, the under 25 age group is markedly higher. Chlamydia rates for the male population is 10% lower (468.71) than the Scottish average (518.55). The discrepancy between the numbers of male and female Chlamydia infections is almost certainly due to more women than men undergoing screening.

Figure 1



Genital Herpes and Gonorrhoea

Following a period of significant rises in both Genital Herpes and Gonorrhoea in the late 1990s early 2000s, there has been a small reduction in the number of cases in recent years (see Figures 2 and 3). The Grampian rate per 100,000 population for Genital Herpes is higher than the Scottish average for both males (18.16, 15.91) and females (34.03, 31.15), whereas for Gonorrhoea it is lower than for Scotland. It is considered that the high number of cases of Genital Herpes in females provides a true reflection of the increase in high risk sexual behaviour among heterosexual populations ⁶.

In contrast to Genital Herpes and Chlamydia the majority of cases of Gonorrhoea are male. The increase in gonorrhoea observed since the late 1990s is considered to be

due largely to transmission among men who have sex with men . In Grampian the number of cases of gonorrhoea has reduced over the past 3 years ⁶ .

Figure 2

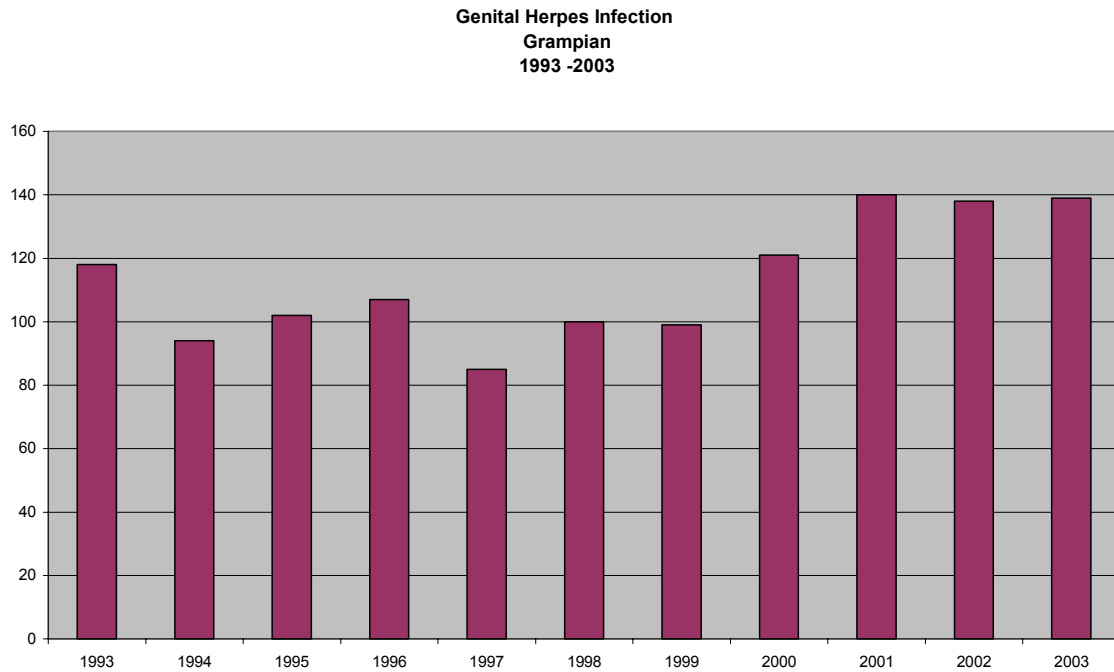
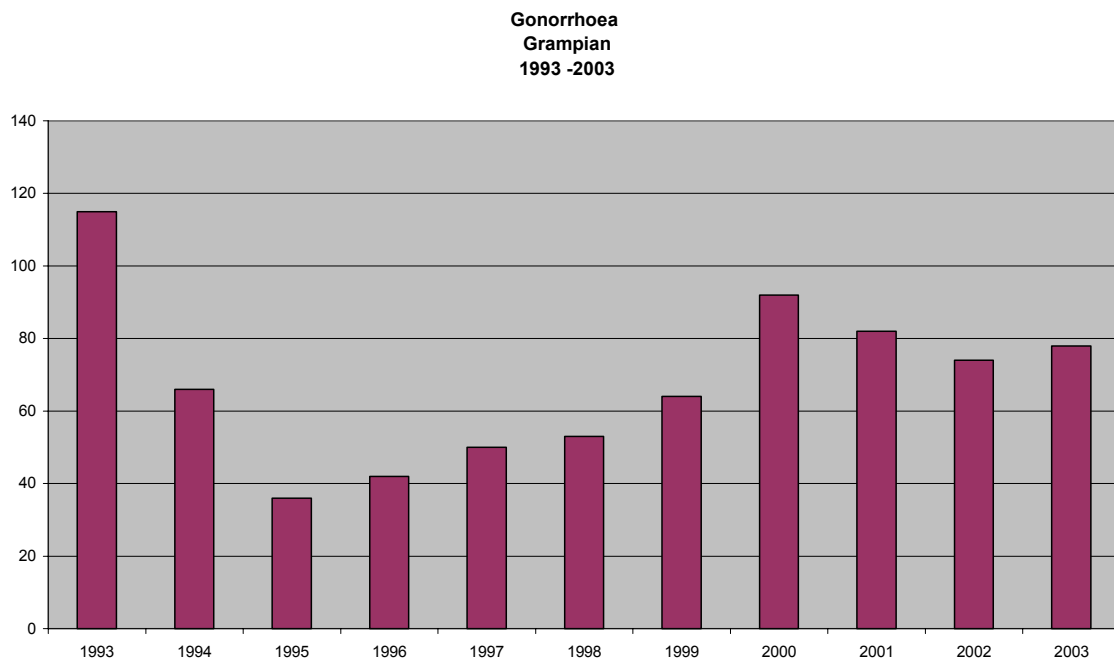


Figure 3



Complications of STIs

According to the HPS surveillance report, the last ten years (1990/91 to 2000/01) saw an increase in the rate of hospitalisation due to pelvic inflammatory disease from 237.9 to 311.6 per 100,000 females in Grampian.

HIV and Hepatitis B

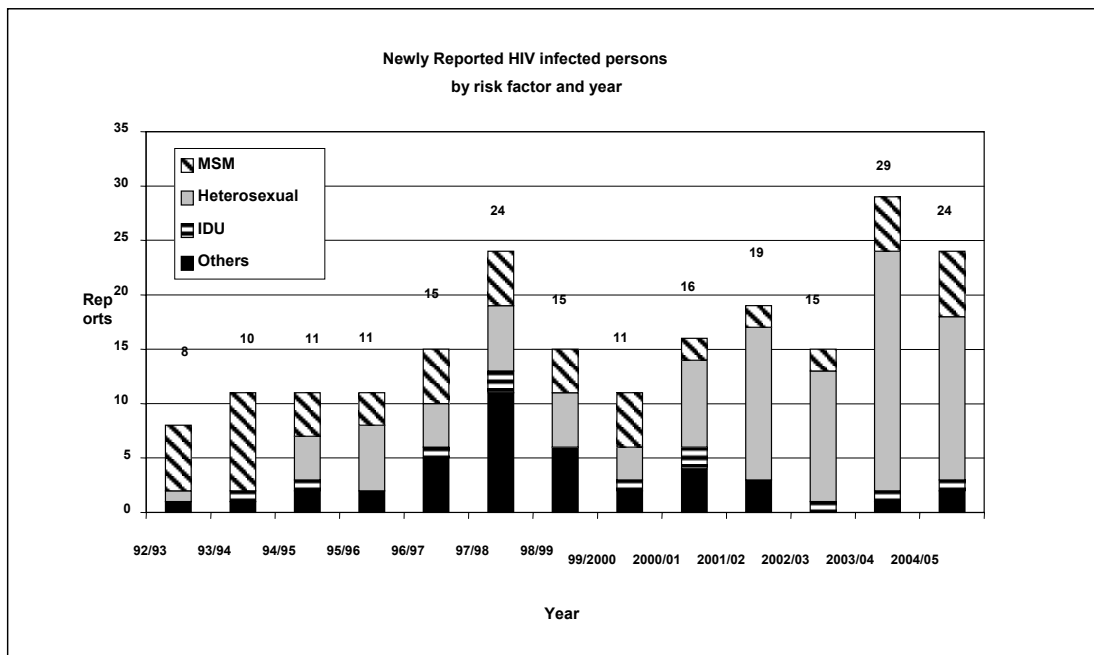
At March 2005 the cumulative total of reported HIV cases in Grampian was 271, of whom 200 are still alive.

During the period April 2004 to March 2005 there have been 24 new HIV cases diagnosed within Grampian. Fifteen of these cases were attributed to heterosexual transmission, six to sexual intercourse between men, one to injecting drug use, and two where the route is undetermined. As indicated, heterosexual transmission is now the most common route of acquisition in Grampian and accounts for 46% of the cumulative number infected. Although there has been a progressive increase in heterosexually acquired infections, the last two years have seen a dramatic rise with 63% heterosexually acquired in 2004/5 compared to 50% in 2002/3 and 27% in 1999/00 (Figure 4 shows the changing distribution of routes of acquisition).

Of those who have acquired the infection heterosexually the majority have acquired their infection abroad as opposed to the men who have sex with men who have mainly acquired their infection within the UK. This mirrors the picture within other health board areas in Scotland.

During the 6 months between April – September 2005, Grampian has seen 27 new cases of HIV reported, the largest increase seen to date²⁰.

Figure 4



Source: SCIEH

There was an outbreak of acute hepatitis B in Grampian starting in 1999. The number of new cases has declined and the outbreak was declared over as at the end of December 2002 (Table 1).

Table 1: Number of cases of acute Hepatitis B in Grampian.

	1997	1998	1999	2000	2001	2002	2003	2004
Acute Hepatitis B	14	35	86	85	26	22	14	3

Source: Grampian health protection notification.

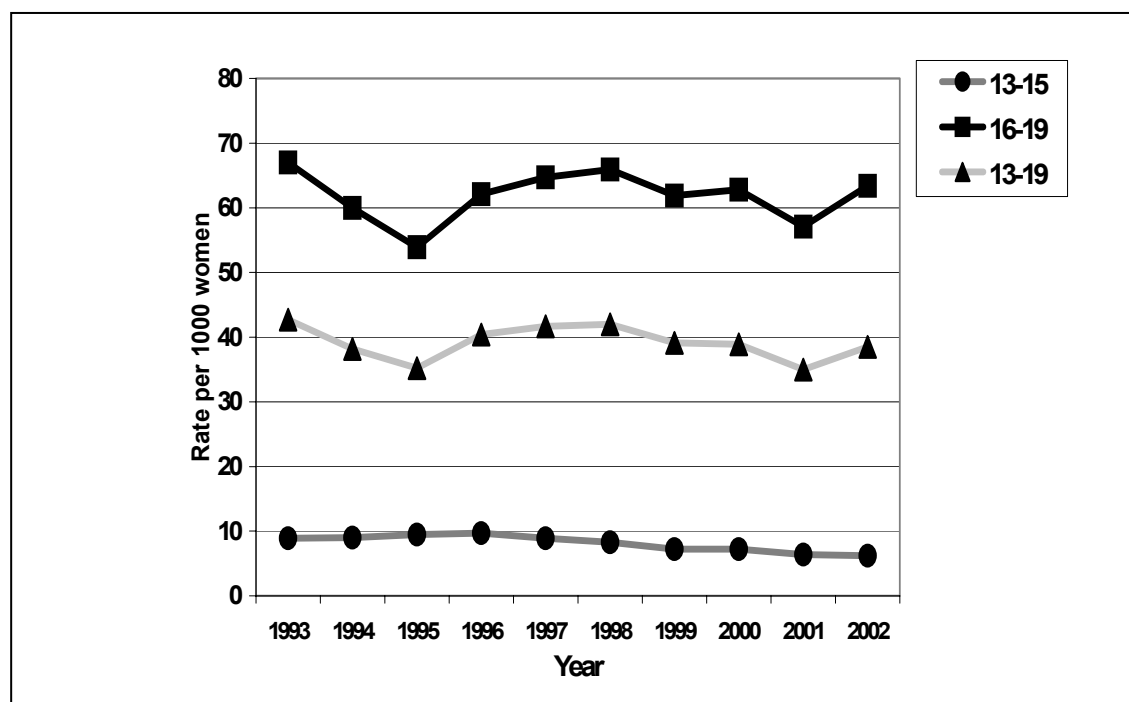
Teenage Pregnancies

In 2002/3 the overall teenage (13-19 yrs) pregnancy rate in Grampian was 38.7 per 1000 compared to a Scottish rate of 39 per 1000. The rates in the three local authorities in 2002 were Aberdeen City 50.1 per 1000, Aberdeenshire 25.8 per 1000 and Moray 31.5 per 1000. The high rate in Aberdeen City will be due to several factors however there is a strong link with the deprivation index.

The present national target for Scotland sets out to reduce teenage pregnancy among 13-15 year olds by 20% by the year 2010 (baseline 1995). This target has been echoed in the Grampian Health Plan. The rate among 13-15 years has declined by 30% from 8.9 per 1000 in 1993, to 6.3 per 1000 in 2002 (figure 5). However, these rates are based on small numbers of pregnancies and are likely to fluctuate year on year.

Figure 5: Trend of Teenage Pregnancy in Grampian by Age Group, 1993 – 2002.

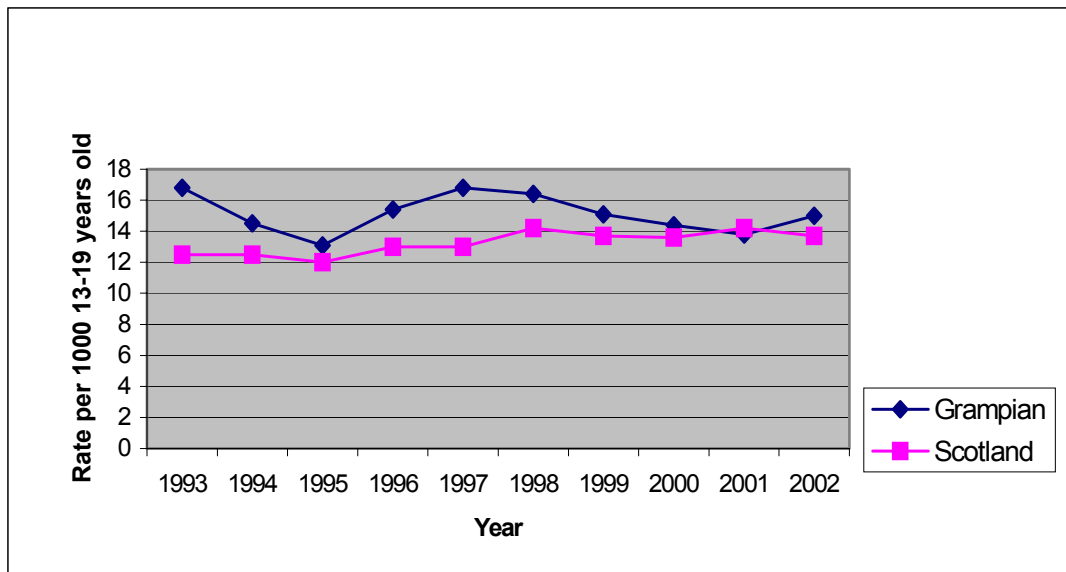
Source: ISD



Abortion in Grampian

The overall trend of abortions among 13-19 year olds in Scotland over the last ten years has increased. The abortion rates in Grampian over the 10 years (1993-2002) has been reducing and averages 15.1 per thousand women. This rate is higher than the Scottish average, which is 13.2 per thousand for the same period (Figure 6).

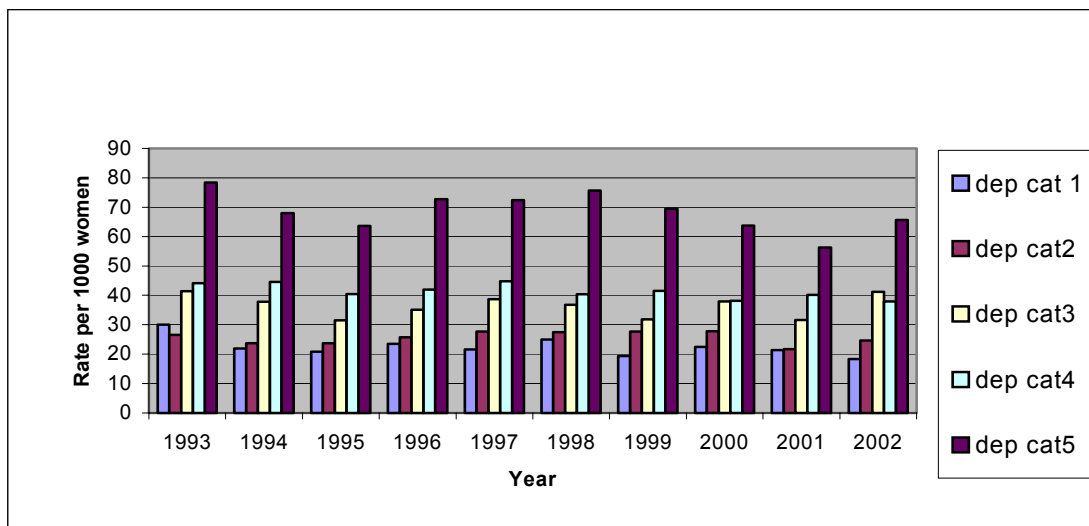
Figure 6: Trend of Abortion Rates Among 13-19 Years Old in Grampian and Scotland, 1993-2002



Inequalities

In Scotland teenage parenthood has strong links with social deprivation later in life, resulting in exclusion from education and thereafter employment. It is difficult to ascertain whether teenage pregnancy results in high rates of drop out from school or whether poor attainment within the educational sphere leads to teenage pregnancy. However, it is clear that a reduction in life circumstance inequality such as poverty, housing and employment would lead to reduced rates of pregnancy among teenagers.

Figure 7: Rates of Teenage Pregnancy among 13-19 years old in Grampian by Deprivation Categories



Target Populations

Young people

There have been a number of surveys of Grampian young people's lifestyle over the past few years providing an insight into the opinions of young people on drug taking, sex and contraception.

The 2001 Grampian Youth Lifestyle Survey found

- fewer young people are worried about HIV than three years ago and there appears to be more confusion about how HIV is transmitted.
- that among sexually active youths, 85% used contraception the first time they had sex. Condoms were used by 75% of those who were sexually active and 85% knew where to get free condoms.

A qualitative study, which focused on sex among young men in Grampian, revealed:

- Young men had a positive attitude to sex, which they described as 'fun, good and a sign of becoming a man'.
- A significant number in the study reported that their peers wanted them to conform to pre-set gender stereotypes and pressured them into their first intercourse.
- Young men used alcohol to heighten their confidence before approaching potential sexual partners. Once under the influence of alcohol they themselves became more open to suggestions of sex.
- Knowledge of the different methods of contraception was found to be high among those staying in school after the age of 16 years.
- Most youths found condoms convenient and also thought they were a means of self-protection against STIs. The sources of condoms they were familiar with included vending machines, Family Planning Clinics (FPCs), youth projects and chemists. Most young men found it easy to obtain condoms.
- However, young men from lower social class areas and those with low educational attainment were found to have a negative attitude to condoms.
- The limited access to condoms for rural young men was mainly due to a lack of services and the constraints of living in a small town. Use of condoms in a sexual encounter was determined by the availability of condoms.

In addition, Grampian was the comparison site for the evaluation of Healthy Respect the national sexual health demonstration project in Lothian. Key differences include:

- Grampian pupils were more likely (38%) to approach school nurses compared to Lothian pupils (20%) on sexual health issues and advice.
- In both Lothian and Grampian the most popular services for pupils were drop-in centres, family planning clinics and family GPs. The most popular way to obtain condoms was through vending machines in public toilets.
- Pupils appeared poorly informed about services in their region. 60% of Grampian pupils were most likely to identify Healthpoints as an available sexual health service in their area.
- The number of chlamydia positive teenagers detected annually increased over time. In Grampian there was a 59% increase between 2000 and 2004.

Adults

Adolescence is often seen as a time of heightened conflict between parents or carers and children. A high degree of family 'connectedness' through communication and shared activities is associated with delayed first intercourse. Parents and carers can influence positive sexual outcomes by being open, non-judgemental, willing to discuss a wide range of issues and available to answer questions honestly as they arise. This is not unique to sexual health. Many parents feel uncomfortable discussing sex and relationships and wish more help, advice and guidance.

Changing patterns of family life, and the increasing rates of separation and divorce across the UK, mean that individuals who were previously in stable, one-partner relationships are becoming sexually active in an environment where the sexual risks are higher and the relative level of awareness is low. For example the rate of chlamydia and genital herpes in the over 40s has doubled in Scotland in the last four years.

The 2002 Grampian Adult Lifestyle Survey indicated that 15.9% (17.3% males and 14.3% females) of respondents had changed their lifestyle in some way because of concerns about becoming infected with an STI including HIV. The commonest changes were to have only one partner and to use condoms with a new partner.

Table 2: Type of changes made by gender.

	Percentage who have made the following changes		
	Male	Female	All respondents
Having only one partner	56.9	63.8	60.1
Use condoms with new partner	40.2	40.4	40.3
Find out more about a person before having sex	26.7	25	25.9
Having fewer partners	16.7	18	17.3
Not having sex	12.5	13.4	12.9
Avoid some sexual practices	10.1	8.7	9.5

Over half of respondents reported never using condoms. The reason for this was predominantly because they had a long-term partner (92%). 12.4% (13.6% males and 11.1% females) of respondents always use a condom when they have sexual intercourse.

Three quarters of respondents knew a discharge was a sign of an STI, however, nearly one quarter of respondents did not know of any sign or symptom. There has been a significant increase in knowledge of sexually transmitted infections since the 1998 survey, most categories having a 10% increase in correct answers with a 20% increase in knowledge that STIs can cause infertility. When asked where they would go for advice on sexual health, most responded their GP (92%), followed by the family planning service (58%), then the internet (32%).

Hard to Reach Groups

In addition to people living in the most disadvantaged communities, there are a number of other groups in the population who are at risk of poor sexual health and may require a particular focus from services. They include:

- Children of teenage mothers
- Looked after children and young people
- Young people who are not attending school
- Homeless people
- Young offenders
- Sex industry workers
- Those travelling to and from areas throughout the world with high rates of HIV including holiday makers, business travellers, ethnic communities (and their sexual partners), and migrant populations
- Lesbian, gay, bisexual and transgender people
- Disabled people, including those with learning disabilities

i) Children of teenage mothers

Many young people are successful in adapting to the role of parenthood and have happy healthy children. For too many, unplanned teenage pregnancy and early motherhood is associated with poor educational achievement, poor physical and mental health, social isolation and poverty. Teenage pregnancy is linked to a lack of knowledge and skills; low aspirations for the future; very limited perceived opportunities; and mixed messages suggesting that while sexual activity should not be discussed, in practice it is the norm. Evidence highlights the trend of daughters of teenage mothers being more likely to become teen mothers themselves.

ii) Looked after children and young people

Local authorities look after some of our most vulnerable children and young people. A large proportion of these young women have a baby by the age of 16, and almost 50% become mothers within 18 to 24 months after leaving care.

Work with young people in Grampian in 2003 identified a number of common themes;

- The need for confidentiality and provision of appropriate information.
- Young people's belief that schools should play a major role in the delivery of sex education.
- Young people's desire for parents/carers to be more involved in the educational aspects of sexual health.
- The varying experience (positive and negative) young people had talking to their GPs.

iii) Other vulnerable young people including non school attendees, the young homeless and young offenders

Good educational and employment prospects are strongly related to safer sexual activity. Young people who have few aspirations and see no future opportunities may see little reason for postponing sexual activity until they are older or using contraception. Vulnerable young people such the young homeless, young offenders, and non school attendees who are excluded from mainstream society, and may see themselves as having no stake in the future, are particularly vulnerable when it

comes to sex and relationships.

iv) Female sex workers

A sexual health needs assessment of sex industry workers in Grampian revealed that in general, sex workers do not have an understanding about STIs, in terms of mode of transmission, symptoms, options for treatment and implications on work for both men and women. Many were not health conscious, used needle exchange and immediate condom provision, but were unlikely to consider the use of mainstream sexual health services (i.e. Family Planning Services, GUM and Primary Care). Safety plays a critical role in the ability of those working in the sex industry to make use of various services which could be available to them.

Subsequently, a drop in service and management zone has been established in the harbour area of Aberdeen. The most recent estimate is that 150-200 women are involved in street prostitution in Aberdeen over a six-month period, 12.5% of whom are from Aberdeenshire, the rest living largely in the city. Approximately 95% are dependent heroin users. This is in line with the prevalence of opiate use in Glasgow and Edinburgh. However, Aberdeen has a higher level of crack cocaine use than other areas in Scotland, with 40% of the total national use occurring in Grampian primarily in the city.

v) Male sex workers

The sexual health needs assessment of sex industry workers found it difficult to identify male sex workers. The absence of commercial venues such as male saunas (with one recently established exception), escort agencies, advertising, private flats, personal referrals and clubs, found throughout most of the UK, means that much of this activity is likely to take place in or around Public Sex Environments (PSEs). The study identified an informal sex industry characterised as a "opportunistic sex work" whereby some young men make use of cruising areas and, on occasion, exchange sex with older men to earn money and/or favours. There is limited information on cruising areas across Grampian. However, within Aberdeen there are three public spaces/parks and a number of public toilets that are known to both the police and the local gay community as "cottaging" sites. In addition, a small number of lay-bys on roads are known as local cruising grounds. These are all areas where male sex work is reportedly undertaken.

vi) Those travelling to and from areas throughout the world with high rates of HIV including holiday makers, business travellers, ethnic communities (and their sexual partners)

A growing body of evidence highlights that people from ethnic communities in the United Kingdom are disproportionately affected by HIV and STIs, and the numbers of heterosexuals who were probably infected in high prevalence countries (such as Africa, Thailand and the Caribbean) continue to rise. Increases in STIs associated with travel reflect increases in overseas business and leisure travel, and shifting migratory patterns. Although rates in Grampian are low, the upward trend parallels UK activity.

The implications of travel within the UK should also not be ignored. There is a growing number of female sex workers who travel to Grampian from other parts of the UK and there may be at some point in the future problems with trafficking of women in the sex industry.

vii) Lesbian, gay, bisexual and transgender (LGBT) people

Evidence highlights that depression, anxiety and low self esteem are commonly found among those who identify as LGBT, often linked to other health issues including higher than average suicide rates, self harm, academic underachievement and homelessness, often associated with prostitution. In addition, experiences of early life such as homophobic and transphobic bullying and low self esteem can have long lasting detrimental social and health effects for the individual. Moreover, of growing concern are the relatively high rates of HIV among young gay men, the increase of other sexually transmitted infections (STIs) in men who have sex with men, and the increasing rates of some STIs among lesbian and bisexual women.

For clarification, it should be noted that the following definitions are being used in the context of LGBT issues:

- **Lesbian** – a woman whose primary sexual attraction is to other women. This term often refers to women who are same sex attracted rather than women who have sex with other women but do not self-identify as lesbian.
- **Gay** – refers to a person whose primary sexual attraction is to people of the same sex. The term is more commonly applied to men who self-identify as same sex attracted rather than men who have sex with men but do not self-identify as gay. While many women identify as gay, the term lesbian is commonly used to describe same sex attracted women.
- **Bisexual** – a person who is sexually and emotionally attracted to people of both sexes.
- **Transgender** – an inclusive, umbrella term used to describe the diversity of gender identity and gender expression. The term can be used to describe all people who do not conform to common ideas of gender roles, including transsexuals.
- **Transexual** – a term used to describe people who are born into the wrong physical sex – this includes pre-operative, post-operative and non-operative female-to-male (FTM) and male-to-female (MTF) transsexuals.

viii) Disabled people, including those with learning disabilities

The term disability is used here to describe the social injustice experienced by people as a direct result of their learning difficulties and/or medical, sensory or physical impairment. Limited physical and psychological access to sexual health services is a key, and often overlooked, barrier faced by many disabled people.

“Disabled people are sexual beings with sexual and emotional needs and desires. However, their sexuality is often ignored, stereotyped or distorted which may lead to the development of low expectations about sexual relationships and impact upon their self esteem. Acknowledgement of their sexual identity is integral to the individual’s wellbeing and is an important part of creating a sense of belonging”.