

## **14. SEXUAL HEALTH PLANNING FRAMEWORK**

### **14.1 Analysis of Local Position**

- 14.1.1 In Renfrewshire, responsibility for local planning of Sexual Health Services lies within Community Planning, recognising that a number of partners contribute to the sexual health and wellbeing of our population. Renfrewshire's Sexual Health Action Plan is referenced in the Single Outcome Agreement as evidence of our commitment to National Outcome 6, "We live longer, healthier lives". The Sexual Health Planning Group is chaired by the CHP's Head of Planning and Health Improvement and is a sub-group of Healthier Renfrewshire. Membership includes representatives from Sandyford, Health Improvement (both the central and the local team), Education and Leisure, Social Work, Children's Services and Addictions. A local GP and a member of the CHP's Public Partnership Forum (PPF) also attend.
- 14.1.2 We have used the joint Education/CHP management team meetings as a vehicle to drive high level change.
- 14.1.3 The key priorities for sexual health in the 2007/10 CHP Development Plan were to establish the Renfrewshire Joint Planning Group, to develop an action plan, and to support the creation of Sandyford, Renfrewshire. The CHP led the consultation process with Sandyford which reshaped the number and function of local clinics. We developed a hub at the Russell Institute, which was formally opened in July 2008 with the official opening in November 2008, with a young person's clinic at Erskine. This is continually reviewed. A clinic providing contraceptive services only for women in Ferguslie was transferred to the 'hub' in December 2009. The young person's clinic at Erskine is poorly attended so we will explore, with Sandyford, the reason for this. The services at Renfrew moved to the new Health Centre in March 2010, allowing us to offer extended opening sessions.
- 14.1.4 The Russell Institute in the centre of Paisley has been a popular place to locate the Renfrewshire hub. It is centrally located with good transport links and the building is used by a range of other services. Unfortunately, it has been challenging to meet health and safety requirements in the building, and access is difficult for those with a disability. The CHP is seeking to move services into more appropriate accommodation. This will happen over the next 18 months as alternative accommodation becomes available. We will work with Sandyford to do this.

### **14.2 Numeric Analysis**

- 14.2.1 We are now beginning to receive information about activity in Sandyford, Renfrewshire. For the period April to September 2009, there was an average of 1,100 attendance per month by an average of 722 individuals. The Russell Institute in Paisley had the most attendances and recorded data for this site shows that of those attending:
- 80% female; 20% male
  - 3% LGBT
  - 50% under 25 years
  - 61% of Chlamydia tests to those under 25 years
- 14.2.2 Renfrewshire's Young People's Health and Wellbeing Survey was carried out in 2008. Young people in Secondary Schools (S1 to S6) were asked whether there

was someone they could talk to about relationships, sexual health, etc. Of those participating in the survey, nine in ten (90%, 4,740 pupils) said that there was at least one person they could talk to about relationships. Nearly two thirds of pupils said they could talk to friends about relationships (65%, 3,404 pupils) and 56% (2,929 pupils) said they could talk to a parent/carer.

- 14.2.3 When asked about sexual health and relationship education, most (87%, 4,653 pupils) said that they had received sexual health and relationship education at school. Of those who had received sexual health/relationship education, most (88%, 4,039 pupils) said that this had prepared them well/very well for forming and dealing with relationships (62%, 2835 pupils said 'well' and 26%, 1,204 pupils said 'very well').
- 14.2.4 Of the 5,017 pupils who answered the question about sexual orientation, nine in ten (91%, 4,588) said they were heterosexual; 4% (196 pupils) said they were gay or lesbian; 2% (83 pupils) said they were bisexual and 3% (150 pupils) said that they did not know. Lower school pupils were more likely than middle and upper school pupils to say that they did not know what their sexual orientation was (5%, 98 lower school; 2%, 39 middle school; 1%, 13 upper school).
- 14.2.5 The number of terminations of pregnancy in Renfrewshire increased by 5% from 2007 to 2008. While the rate for the under 20s decreased by 6%, there was a 14% increase in the 20-29 age band.

### 14.3 Health Gap and Key Issues

- 14.3.1 The availability of Long Acting Reversible Contraception (LARC) Services in Renfrewshire varies across the patch. 9 of our 30 practices offer an implant service, with another 4 offering IUD/S.

	<u>Practices</u>	<u>FP Clinics</u>	<u>LES/NES 09/10</u>	
			<u>Implant</u>	<u>IUD</u>
Erskine/Bishopton	4	-	2	2
Johnstone/Linwood	10	1	3	7
Paisley/Renfrew	16	3	8	8
<b>TOTAL</b>	<b>30</b>	<b>4</b>	<b>13</b>	<b>17</b>

17 practices offer no LARC services, 8 of these being in the Paisley/Renfrew area. In the early part of 2010/11, we will begin to address this inequality by facilitating discussion between Sandyford and Renfrewshire GPs through our GP Forum.

- 14.3.2 Renfrewshire has an average teenage pregnancy rate of 43.5 per 1,000 females aged 15 -17. The highest rate in Renfrewshire is in Linwood South at 152.8 followed by Johnstone North East at 128.2 per 1,000 females aged 15 – 17 (Community Health and Wellbeing Profile 2008). The CHP has begun to work with Sandyford to develop drop-in services for young people. A service was launched in Linwood during 2009, led by young people from the area supported by school nurses and Health Improvement staff.
- 14.3.3 The information from the Young People’s Health and Wellbeing survey is now being reviewed at school level. School nurses are working with education and health improvement staff to focus attention in areas where schools are at significant variance from the rest of Renfrewshire. The first Young Person’s Citizens’ Panel will bring together the views of 400 young people in Renfrewshire. We have been

successful in including a number of questions about how young people want to be informed about sexual health in the first survey which will be distributed in Spring 2010.

## 14.4 Outcomes Table

### Sexual Health

Outcomes	Actions/Activity Required 2010/11	Change/Progress/Performance Indicator
<p>Deliver efficient and economic services</p>	<p>Ensure sexual health is embedded in Community Planning in Renfrewshire.</p> <ul style="list-style-type: none"> <li>- Develop our relationship with Education and Leisure and Social Work, supporting the Council's new Sexual Health Lead when that appointment is made.</li> </ul> <p>Develop the Renfrewshire Sexual Health planning group to ensure robust sexual health standards and policies are in place.</p> <p>We have a range of information (young people's health survey, Viewpoint survey, Sandyford questionnaire) about what young people think about sexual health service. Review available information (Young People's Survey etc) and work with the Integrated Children's Services structures to respond to gaps identified.</p>	<p>Production of a Sexual Health Group report twice a year to Healthier Renfrewshire Community Planning Group</p> <p>Production of annual Sexual Health Action Plan</p> <p>Annual audit of:</p> <ul style="list-style-type: none"> <li>- Membership of planning group;</li> <li>- Frequency of meetings;</li> <li>- Sexual Health Action Plan including sexual health improvement plans.</li> </ul> <p>Evidence of service users, public, and professional partners involvement in service and intervention design and evaluation eg progress findings of young people's Health and Wellbeing Survey, use Local Area Committees and Community Planning Conferences</p>
<p>Deliver care in the right setting</p>	<ul style="list-style-type: none"> <li>- Develop the relationship between Sandyford, Primary Care and the CHP, using the GP Forum.</li> <li>- Explore how we can provide a more equitable LARC Service across the patch.</li> <li>- Explore how primary care can support the increasing demand for Sandyford's specialist services.</li> </ul>	<p>Data by CHP on LARC procedures;</p> <p>Number of GPs and practice nurses trained in LARC procedures;</p> <p>Number of GPs signed up to Local Enhanced Service for sexual health recorded and reported</p> <p>Uptake of Enhanced Services by target group</p>

## Sexual Health

Outcomes	Actions/Activity Required 2010/11	Change/Progress/Performance Indicator
		recorded
Deliver better care through early intervention	Implement the condom provision scheme in Renfrewshire.	Number of under 25 year old women per 1000 tested for Chlamydia  Number of under 25 year old men per 1,000 tested for Chlamydia  Reduction in Chlamydia tests in males and females aged greater than 25 years
Focus on the most vulnerable people	Analyse barriers to access to services and implement improvements to access with particular reference Looked After Children.  <ul style="list-style-type: none"> <li>- Work with Social Work and the Looked After nurse to develop a policy framework for this group of young people.</li> <li>- Find out what staff need by carrying out a training needs assessment.</li> </ul> Ensure access and that information is available for individuals experiencing inequalities in particular BME, LGBT  Ensure all sexual health work in Renfrewshire meets Equality and Diversity Legislation (EQIA plan)	Needs Assessment results on factors preventing service use  Numbers accessing / supported by primary care  Use of Sandyford hub services by target Groups recorded   Local information on BME and LGBT communities collated to inform further work  Service and policy framework assessed for

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Outcomes	Actions/Activity Required 2010/11	Change/Progress/Performance Indicator
		inequalities sensitive practice
Prevent sexual ill health	<p>Deliver linked programmes and services aimed at reducing teenage pregnancies in 13 to 15 year olds</p> <ul style="list-style-type: none"> <li>- Lobby for the implementation of the Greater Glasgow and Clyde Protocol for staff working with sexually active young people.</li> <li>- Lead the implementation process with staff and young people, developing appropriate and accessible information.</li> </ul> <p>Provide high quality consistent sexual health and relationships education in schools.</p> <ul style="list-style-type: none"> <li>- Revisit the policy and support a robust CPD programme for staff delivering the "I'm Special" resource.</li> <li>- Seek views from teaching staff about additional support they require to effectively deliver "I'm Special".</li> </ul> <p>Develop wider youth health drop in facilities in Linwood and Erskine.</p> <p>Support parents of pre-5 and primary children communicate with their children on sexual health and relationships. Link with wider</p>	<p>Rates per 1000 girls aged 13 – 15 in Renfrewshire recorded</p> <p>Implement protocol for workers with young people under 16 who are sexually active across partners agencies</p> <p>Review reports to sexual health group on parents support interventions</p> <p>Interventions developed to improve communication between parents and children on sexual health and relationships</p> <p>Monitor these 6 monthly</p>

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Outcomes	Actions/Activity Required 2010/11	Change/Progress/Performance Indicator
	<p>parenting initiatives.</p> <p>Renfrewshire Council lead for Sexual Health Improvement identified.</p> <p>Ensure performance measures are in place for all sexual health improvement programmes and services and reported to the Sexual Health Steering Group</p>	<p>Measures to be developed by September 2010</p>
<p>Improve access</p>	<p>Implement a Sandyford satellite clinic at the new Renfrew Health and Social Work Centre</p> <p>Work closely with Sandyford and the Council to identify the appropriate setting for Sandyford Renfrewshire if the Russell Institute becomes unavailable.</p>	<p>Overall numbers attending sexual health service recorded</p> <p>Numbers of individuals in target groups attending for sexual health services by geographical site</p>

## **14.5 Finance and Workforce**

- 14.5.1 The Sexual Health Planning Framework highlights that two major funding streams for specialist sexual health services may not continue beyond March 2011. Set against rising demand for Sandyford's services, a net budget decrease year on year for the last three years and an increase in case complexity, it is evident that Sandyford will have to think creatively about how and what services can be delivered. The Planning Framework describes a number of potential areas for redesign, some of which will require close working with CHPs. In particular, implementing the review of prescribing in General Practice, targeting condom provision to release resource and a changed approach to Chlamydia screening. These work streams will be built into Renfrewshire's Sexual Health Action Plan.
  
- 14.5.2 Renfrewshire CHP has no specific sexual health budget, although people resources are committed through our health improvement team, school nurses and prescribing. In addition , we will continue to build capacity in areas such as learning disabilities, addictions and mental health to ensure staff in these areas are confident to guide and direct patients in their sexual health.