

REPORT TO: POLICY AND RESOURCES COMMITTEE – 9 MARCH 2004

REPORT ON: DRAFT NATIONAL SEXUAL HEALTH AND RELATIONSHIPS STRATEGY

REPORT BY: ASSISTANT CHIEF EXECUTIVE (COMMUNITY PLANNING)

REPORT NO: 193-2004

1. PURPOSE OF REPORT

1.1 This report outlines the Scottish Executives draft National Sexual Health and Relationships Strategy and a proposed response from Dundee City Council.

2. RECOMMENDATIONS

It is recommended that:

- 2.1 Committee endorses the response to the draft National Strategy as set out in Appendix 1.
- 2.2 The feedback from the Corner Project be forwarded to the Scottish Executive as a whole.

3. FINANCIAL IMPLICATIONS

None

4. LOCAL AGENDA 21 IMPLICATIONS

4.1 The proposals in the draft National Strategy support the Local Agenda 21 themes including: health protection and provision of preventative health services; living without fear of violence because of personal beliefs, race, gender or sexuality; access to skills, knowledge and information.

5. EQUAL OPPORTUNITIES IMPLICATIONS

- 5.1 The proposals in the draft National Strategy are underpinned by values which promote
- self-respect and respect for others
 - equality of opportunity and access to lifelong learning and
 - a real and meaningful commitment to promote and reinforce the rights of people to have mutually respectful, happy, healthy and fulfilled sexual relationships free from abuse, violence or coercion

6. BACKGROUND

6.1 In 2002, the Minister for Health and Community Care commissioned a National Sexual Health Strategy in response to growing concerns about rising numbers of Sexually Transmitted Infections(STI's), high levels of teenage conceptions and discrimination, abuse and sexual violence related to gender, sexual orientation or HIV status. The expert Reference Group which was established for this purpose submitted its proposed strategy to the Minister in September 2003.

6.2 The strategy sets out a vision for Scotland as “a society that accepts sex as a normal and healthy aspect of life in which people understand the value of their own sexual health, the importance of responsibility and respect for others and have the capacity and means to protect themselves from unwanted outcomes of sexual activity.” It follows this with three broad aims:

- to influence the cultural and social factors that impact on sexual health;
- to support everyone in Scotland to acquire and maintain the knowledge, skills and values necessary for sexual wellbeing; and
- to improve the quality, range, consistency, accessibility and integration of sexual health services

6.4 To support the effective implementation of the strategy the following five actions are presented:

- **Providing national leadership**
The Scottish Executive should appoint a National Sexual Health Programme Co-ordinator and create a new Ministerially-led National Sexual Health Advisory Committee which will oversee the implementation of this strategy
- **Providing local leadership**
To help drive local implementation, all NHS Boards should have a sexual health strategy which reflects local need and is informed by a multi-agency strategy group. NHS Boards should identify a Sexual Health Co-ordinator and a Lead Clinician to support local implementation of its strategy. Each NHS Board should also establish a managed sexual health network that involves all relevant sexual health providers and activities. At Community Health Partnership or locality level a sexual health lead should be identified and each Local Authority should identify a Lead Director.
- **Setting clear national and local targets and goals**
Shared standards of care between service providers at all service levels should be developed. The public consultation should explore the value of developing national standards. Local managed sexual health networks should support the adoption of clinical service targets for STIs.
- **Using existing mechanisms**
A number of these can effectively be used to ensure the consistent, ongoing and integrated delivery of the strategy’s goals and vision, for example, Local Health Plans, Community Plans and the Performance Assessment Framework.
- **Monitoring progress to ensure delivery**
The new National Sexual Health Advisory Committee should monitor national progress towards targets. The Director of Public Health in each NHS Board should be responsible for monitoring progress at local level.

6.5 The specific recommendations from the strategy are set out in full in Appendix 1 to this report together with the proposed responses from Dundee City Council.

7. SEXUAL HEALTH IN DUNDEE

7.1 For a number of years, Dundee City Council’s response to sexual health issues was co-ordinated by the Teenage Conception Task Group (recently renamed Dundee Action for Sexual Health) which brought together representatives from relevant Council departments, and external stakeholders, primarily from the health sector. At a regional

level the NHS Tayside Sexual Health Strategy Group has taken the lead in a broader consideration of common issues across Tayside.

7.2 The Tayside Health Inequalities acknowledges the concerning aspects of sexual health in Dundee and identifies in particular:

- the rate of teenage pregnancies in 13-15 years age group in Dundee City and Angus which is much higher than the comparable rate for the rest of Scotland and for Perth and Kinross
- the levels of abortions in Tayside which is higher than in the rest of Scotland. Dundee is the highest in Tayside
- the rate of new episodes of sexually transmitted infections which is higher in Tayside than in Scotland as a whole and
- the rate of low birth weight babies in Dundee which is considerably higher than the rate in Tayside and the rest of Scotland

7.3 The Dundee Joint Health Improvement Plan commits the Dundee Partnership and its members to the production of a multi-agency sexual health strategy in 2004.

7.4 As one of the range of local services promoting sexual wellbeing, the Corner Young People's Health and Information Project addresses sexual health within a holistic approach. The Corner has produced feedback to the National Strategy collecting young people's views through written questionnaires, video recorded discussions and focus groups. It summaries the key responses as follows:

Schools

- Young people think there should be more sex education in schools, with more focus on life skills rather than just biological/physical aspects of sexual health
- Young people think sex education in schools would be enhanced if it involved others such as youth workers, health workers or peers
- Confidentiality in schools is a concern for some young people

Parents/Carers

- Young people would like parents/carers to communicate with them more about sexual health and relationships. Listening to young people's views was seen as important, without getting angry or placing value judgements.
- Young people feel that openness in their home from an early age helps them to feel more confident about sexual health and relationships.

Friends/Peers

- Having supportive and understanding friends helps young people. Young people saw different ways friends could help e.g. by not putting pressure on them to have sex or by going with them to access services.

Services

- Young people would like there to be more services available for sexual health matters. Services should be accessible and young people friendly.

Media

- Young people feel there should be more advertising using a variety of media about sexual health and relationships. This could be targeted at a different age groups and genders.

The full feedback document has been forwarded to group secretaries and placed in the councillors' lounge.

8. DEPARTMENTAL ACTIVITY

- 8.1 In addition to corporate efforts to promote sexual well-being, certain departments make a targeted contribution with particular attention given to children and young people.
- 8.2 The Communities Department achieves this through health development work and the provision of learning opportunities through the Corner, the Shore, the Health Living Initiative and health activities delivered through Centres and Projects.
- 8.3 The Social Work Department provides support and services to groups, vulnerable to sexual ill health including accommodated young people and children, looked after children, and young people at risk of sexual exploitation.
- 8.4 The Education Department has been working for a number of years to tackle these issues within Sexual Health and Relationships Education in primary, secondary and special schools. The education programme has been supported by staff tutors, resources and exemplars lessons and appropriate staff development training. There has also been support for schools in developing communications with parents both in terms of information leaflets and parent information evenings. However sexual health is not seen in isolation from other health issues for young people and the Department has encouraged an integrated approach to dealing with the development of appropriate knowledge and personal skills in a progressive and coherent manner covering the 5-14 Health Education Guidelines and following on post-14.

9. CONSULTATION

The Social Work, Education and Communities Departments have been consulted during the production of this report.

10. BACKGROUND PAPERS

None

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Dundee City Council response to the Scottish Executive's draft Sexual Health and Relationships Strategy.

The following abbreviations are used throughout this response

NES	-	NHS Education for Scotland
PHSE	-	Personal Health and Social Education
SHaRE	-	Sexual Health and Relationships Education
STI	-	Sexually Transmitted Infection
SRE	-	Sex and Relationships Education
SMT	-	Senior Management Team
SHAW	-	Scotland's Health at Work Award Scheme

THE IMPORTANCE OF A BROAD AND HOLISTIC APPROACH TO SEXUAL HEALTH

The draft strategy recommends that (para 3.1 to 3.11)

- The Scottish Executive should retain their target for reducing teenage pregnancies but should ensure that other targets or indicators complement this in order to give a more comprehensive picture of sexual wellbeing for both sexes and all age groups.
- Local Authorities and NHS Boards should ensure that their Community Plans, Local Health Plans and Children's Services Plans should complement their local inter-agency sexual health strategies and address the issues that impact on sexual health, especially in relation to inequalities.
- The proposed National Advisory Committee on Sexual Health should have cross-departmental representation.
- The National Sexual Health Programme Co-ordinator should work with the Social Inclusion Division to ensure that opportunities to improve sexual health through national policy are taken.

Response

Council Departments are already working together and with other agencies as recommended. If the appointment of a national co-ordinator is deemed necessary, care should be taken to ensure that sexual health remains part of the wider local health promotion strategy and the remit of all agencies together with relevant support and training

The draft strategy recommends that (paras 3.12 to 3.14)

- Scottish Executive policies that cover the determinants of sexual health, including those addressing gender equalities, should include actions to address sexual health.
- Policies which impact most on people who are socially excluded should include actions to address sexual health.

- The Scottish Executive should develop an action plan to tackle stigma and discrimination around HIV and sexuality and to encourage a more positive view of sex and sexual health.

Response

As above. While a targeted approach may be necessary, sexual health should not be seen in isolation from other health issues.

THE MEDIA AND MASS COMMUNICATIONS

The draft strategy recommends that (para 3.15 to 3.19)

- The National Sexual Health Advisory Committee should develop a mass communications strategy for sexual health which includes the three components (campaigns, advocacy and literacy) and which includes links work at national and local levels. The National Sexual Health Programme Co-ordinator should oversee the development and implementation of this strategy.
- Campaigns (national and local) commissioned by the Scottish Executive should not use imagery or language that undermines the key sexual health messages that promote relationships based on equity, respect and acknowledgement of diversity.
- National and local media work by NHS Health Scotland and NHS Board should emphasise the importance of using barrier contraception, in conjunction with other forms of contraception, to protect against STIs and unintended pregnancy.

Response

The media message should reflect that not all young people are sexually active and that it is okay to say "no". Unhelpful sexual stereotypes should be discouraged. There is a crucial role for faith groups in working in partnership with the Executive and others in promoting a responsible approach to sexual health and relationships, particularly in relation to responsibilities and consequences. Faith perspectives must be respected in dealing with contraception and with relationships. Programmes, services and activities should be based on a knowledge and understanding of cultural and religious norms.

PROMOTING POSITIVE SEXUAL HEALTH

The draft strategy recommends that (paras 4.1 to 4.3)

- The National Sexual Health Advisory Committee should prioritise, conduct and disseminate evidence which addresses the needs of those groups facing the greatest barriers to sexual wellbeing.

Response

Social Work clients are likely to experience barriers and health inequalities. Accommodated children and young are identified as one of the most vulnerable groups in terms of poor sexual outcomes including sexually transmitted diseases and teenage pregnancy. There appears to be a gap within services for boys especially in terms of emotional/relationship training. The inclusion of sexual health and well being issues within the wider health inspection remit of the Care Commission would ensure this area of work is monitored across local authority residential units and those run by the private and voluntary sector.

Residential staff and foster carers have an important role in promoting the broad understanding of sexual health and wellbeing that encompasses emotions, attitudes and social context for some of the harder to reach young people. Staff and carers will require training to promote sexual health with accommodated or looked after young people. When this involves sexual abuse and risk of STI they will continue to require specialist input.

The draft strategy recommends that (paras 4.5 to 4.7)

- Local Sexual Health Co-ordinators should ensure sexual health promotion appropriate to the local community is a key strand in sexual health strategies
- Sexual Health promotion should be a key activity for all those involved in sexual health learning and service activities and should be supported by sexual health promotion specialists.
- Local Sexual Health Co-ordinators should ensure that resources for sexual health promotion are identified in local sexual health strategies so that good quality and well resourced specialist services are able to support local initiatives.

Response

This is agreed but sexual health strategies should be integrated and reflected in Children's Service Plans, Community Plans, Health Improvement Plans etc. The degree of specialisation may be overemphasised as most young people are more likely to contact a general youth agency probably in relation to a totally different topic to gauge response.

Students and other adults in Dundee need information and preventative services in respect of sexually transmitted infections and pregnancy. Support to assist parents' to deal with their children's sexuality and sexual health needs is essential.

Many service users with disabilities, and older people receiving social work services, also require access to sexual health support and advice. This advice and support should be widely available and easily accessible by all. This is an area of work that has had little priority in terms of Community Care and Criminal Justice services in the past. The relative absence of specialist advice and information to target those with learning disabilities is a concern and every effort should be made to rectify this within the document. Sexual health and well-being should be included within the action plan/care plan for all parents/service users.

HOW CAN SCHOOLS HELP

The draft strategy recommends that (paras 4.11 to 4.19)

- There should be a consistent approach to sex and relationships education across Scotland. The Scottish Executive should fund this.

Response

The 5-14 Health Education Guidelines already provide the basis for a consistent approach from Primary 1 to Secondary 2 and the LT Scotland/Scottish Executive publications (2001) give a framework for post 14. Sexual Health and Relationships Education cannot be seen in isolation from other aspects of health education and underlying development of life skills, nor can it be seen as the preserve of one curricular areas. Effective SHaRE will involve Personal and Social Education, Health Education and Religious and Moral Education along with aspects of science, social subjects etc. It is agreed that the funding should provide both training and resources

which may include an on-going allocation for activities such as relevant drama presentations and workshops e.g. Tayside Specialist Health Promotion currently sponsor an annual drama for schools on "Accessing Young Peoples' Services."

- SRE Training should be delivered on a multi-agency basis

Response

This is agreed where relevant. Training is already successfully provided for teachers along with school nurses.

- The curriculum framework developed by Healthy Respect should be piloted in Lothian in all schools.

Response

Dundee City Council Education Department has already drawn up SHaRE exemplar programmes for primary and secondary which reflect the SHARE programme.

- Local Authority should fully implement the McCabe Report

Response

This is agreed.

- Local Authorities and NHS Boards should develop an agreed sexual health protocol highlighting areas of responsibility and referral procedures.

Response

It could be of positive benefit to schools to have the protocol with clear communication paths and a knowledge of referral paths. The protocol needs to take into account the rights of the child and the rights of the parent/carer in the educational setting.

- The Local Authority Director responsible for education services should ensure consistent appropriate SRE in all school settings and for those excluded from school.

Response

This is agreed but there will have to clear agreement with Catholic schools on content and delivery which may be best determined at National level. Provision for excluded pupils may require agency support and could therefore feature in Children's Services Plan etc.

- A member of each secondary school's management team should ensure that school based SRE subscribes to current guidance and delivers key learning objectives.

Response

This is agreed. In Dundee, although a Depute Head currently has responsibility for PSHE, other members of the SMT will also have a responsibility under a House system. Effective SHaRE also requires a full commitment from the Head Teacher, the School Board and parents within a coherent and progressive health education programme.

- The Local Authority Director responsible for social work services should ensure that children and young people who are looked after have access to SRE and sexual health services and that social work staff are adequately training and supported to respond to the needs of their clients.

Response

SHaRE would be part of the normal education curriculum for looked after young people but it is recognised they may require additional support through link social and/or youth workers. There is a further group of vulnerable young people who may not be accessible through mainstream schooling and support and advice must be provided in alternative settings.

- Local Authorities, in conjunction with other Community Planning partners, should develop targeted educational interventions aimed at harder to reach groups in a range of settings outwith mainstream services/locations.

Response

The suggested approach could benefit 'hard to reach' young people by giving clear guidance on the role of youth workers and support agencies.

DEVELOPING CLOSER LINKS BETWEEN EDUCATION AND CLINICAL SERVICES

The draft strategy recommends that (paras 4.20 to 4.22)

- Local Sexual Health Co-ordinators should ensure that proposals to develop sexual health promotion and outreach services to the tertiary education sector are included in each NHS Board inter-agency sexual health strategy.
- Each NHS Board, in partnership with Community Health Partnerships, Local Authority education departments and other stakeholders, should detail plans to improve links between schools and sexual health services in their Community Plans and Local Health Plans.
- Employers should support public health nurses working in schools, and other nurses who wish to develop their role in providing sexual health advice and services, by providing opportunities for them to update their skills and knowledge and access to resources.

Response

The co-ordination of all agencies delivering a response to sexual health issues is crucial. In relation to para 4.22 is it difficult to envisage these opportunities in practice. It would be more effective to involve school nurses who have been trained to work with pupils as health educators. There is a danger of specialist interest groups wishing to work in schools in focused issues e.g. breastfeeding, without linking the content to previous and future learning. Confidentiality is also a major issue with different codes existing in schools and in the medical profession.

In Dundee two nurse posts have been set up to look at the health of looked after children and young people. They work as part of multi-agency services for these children and young people and also give advice to staff and carers where time permits. Within older people's services in-house training has commenced for staff working with dementia sufferers in residential units using videos and discussion on sensitive questions such as consent and coercion.

HOW CAN PARENTS and CARERS HELP?

The draft strategy recommends that (paras 4.23 to 4.27)

- Building on the work by Healthy Respect partnerships, NHS Health Scotland and other agencies, the National Sexual Health Programme Co-ordinator and Local Sexual Health Co-ordinators should develop information in a variety of formats targeted at parents and carers for use from pre-school onwards.
- Local Authorities should ensure schools demonstrate mechanisms to involve parents and carers in SRE programmes in line with the McCabe Report recommendations.
- NHS Boards in conjunction with other statutory and voluntary sector interest, should develop programmes for parents and carers to enhance communication skills around relationships and sexual health.

Response

These are agreed. Guidance for parents/carers should include faith perspectives and also clarify rights of the parent/carer to withdraw a young person from SHaRE and the rights of the young person to receive that education. Where possible resources should be readily available to parents/carers e.g. Living and Growing on Channel 4 for primary SHaRE. There is a need to assist parents/carers in developing skills to communicate with young people.

HELPING LEARNING TO BE LIFELONG.

The draft strategy recommends that (paras 4.28 to 4.34)

- NHS Boards, in conjunction with Community Health Partnerships, should work with further and higher education, community education and youth work services and the wider voluntary sector to develop effective sexual health promotion activities for adults.
- Workplace health promotion (including SHAW) should include actions to support positive sexual health and affirmative action to address issues in relation to sexual orientation and HIV status.
- The National Sexual Health Advisory Committee should commission further research on targeted learning interventions aimed at behaviour change in adults.
- Work to define and address the needs of older people should be undertaken by NHS Health Scotland in conjunction with other stakeholders and link with older people's strategies developed by NHS Boards.
- The Sexual Health and Wellbeing Learning Network, in conjunction with relevant stakeholders, should facilitate awareness of the sexual health needs of people with learning disabilities.

Response

These are agreed. Making actions on sexual health a requirement for higher SHAW awards would assist in reinforcing the recommendation, but would add to the financial implications for participating organisations if all staff were to be covered.

ENHANCING SEXUAL and REPRODUCTIVE SERVICES

The draft strategy recommends that (para 4.52)

- Lead Clinicians should ensure that all clinical services have assessed their current services against the service values and principles laid out in the strategy.
- Local Sexual Health Co-ordinators should ensure that proposals to address identified deficits are included in each NHS Board's inter-agency sexual health strategy.

Response

These are agreed

SUPPORTING CLINICAL STAFF

The draft strategy recommends that (paras 4.53 to 4.59)

- Lead Clinicians should ensure that GPs and other primary care staff are supported in their initial and ongoing training needs to contribute to the tiered service approach and linked to the ongoing training needs analysis included as part of the development of local sexual health strategies.
- The Primary Care Division of the Scottish Executive Health Department should consider means of enabling GPs to play a key role in the delivery of this strategy. This should include exploring the potential of extending the General Medical Services Contract.
- Postgraduate Medical Deans, professional bodies and NES Scotland should address the issues affecting the career progression of those doctors specialising in family planning and reproductive health.
- NHS Education Scotland (NES) in conjunction with professional organisations and NHS Boards should develop training and resources to enable the further extension of nurse led sexual health services in primary and secondary care

Response

Not applicable to local authority

WHAT ACTIONS CAN BE TAKEN TO HELP REDUCE STIs and UNINTENDED PREGNANCY?

The draft strategy recommends

- Improving monitoring and dissemination of information on new diagnoses and trends across all settings (paras 4.42, 5.18, 5.19)
- Providing better service information, improved access to services and referral to alternative readily accessible services (paras 4.51, 4.52, 4.61)

Response

These are agreed. The information should be available to young people and to parents/carers. Teachers should also be aware of the extent of their involvement in providing information.

- Improving perceptions of confidentiality (Para 4.62)

This is agreed. Again young people and parents/carers need to know their rights and limitations. Similarly clear guidance must be given to teaching staff on the confidentiality issues relating to both the young person and the parent/carer and the limits imposed by different codes of confidentiality in schools and in the medical profession clarified.

- Promoting uniformity of recording across all settings and providers (para 4.63)
- Enhancing the availability of contraception and termination services (paras 4.64 – 4.68)
- Widening availability of free condoms, particularly targeted at high risk groups and skills development in the use of condoms as part of sexual health promotion (paras 4.43, 4.44)
- Developing national and local targets for increased detection and treatment of Chlamydia and other STIs supported by clinical standards. (paras 5.12, 5.13, 5.14, 5.15, 5.16, 5.17)
- Partner notification in line with practice guidelines and professional standards (para 4.71)
- Increasing availability of the Chlamydia postal testing kits developed by Healthy Respect and piloting a STI diagnostic kit covering Chlamydia, gonorrhoea and trichomonas in 2 NHS Board areas (one rural, one urban) paras 4.45, 4.46)
- Implementing the HIV Health Promotion Review Group Report and the continuing ring-fenced HIV allocation. (paras 4.47, 4.48)
- Offering HIV testing to everyone attending genito-urinary clinics (para 4.49)
- Improving access for sexual dysfunction and sexual assault (para 4.69, 4.70, 4.72)
- Developing national and local media work to highlight the importance of using barrier contraception, in conjunction with other forms of contraception, to protect against STIs and unintended pregnancy (para 3.15 to 3.19)

Response

Many of these recommendations are not the responsibility of local authorities. However, it would be necessary to take into account faith perspectives and parental views in making information available about services and access to condoms/contraceptive advice.

SUPPORTING CHANGE

The draft strategy recommends that paras (5.2 to 5.11)

At national level

The Scottish Executive should appoint :

- A national Sexual Health Programme Co-ordinator who should be based within the Scottish Executive
- A National Sexual Health Advisory Committee, chaired by a Scottish Executive Minister, to guide the implementation and ongoing development of the strategy
- A National Sexual Health Advisory Committee should publish an annual report on national progress of the strategy together with a quinquennial review.

Response

These are agreed.

At Regional Level

Each Director of Public Health should

- Ensure the inter-agency local sexual health strategy reflects the key components of the national strategy and that ongoing development and implementation is led by a multi-agency, multi-disciplinary strategy group which reflects their local population.
- Appoint a Local Sexual Health Co-ordinator to facilitate the implementation of their inter-agency sexual health strategy on a NHS Board wide basis.
- Each Sexual Health Co-ordinator should facilitate the development of a NHS Board-wide managed sexual health network which includes all relevant local organisations and service providers.
- Local Sexual Health Strategy Group should produce annual progress reports on local implementation and these should be made available to the National Sexual Health Advisory Committee.

Response

Tayside Sexual Health Strategy Group already covers a significant proportion of these recommendations. There is a need to co-ordinate the group's work with other groups related to issues such as teenage pregnancy, condom initiative, HIV/AIDS and breastfeeding.

Each Local Authority should

- Designate a strategic lead for sexual health
- Ensure that Joint Health Improvement Plans detail partnership working to address specific sexual health issues and the wider determinants identified by this strategy.

Response

This is agreed. It would be for the strategic lead to co-ordinate work across a number of departments and for the wide age range covered by the strategy. Partnership working is already well established but could be further expanded with teachers, youth workers, school nurses and agencies.

EQUIPPING STAFF TO SUPPORT IMPROVED SEXUAL HEALTH OUTCOMES**The draft strategy recommends that (paras 5.24 to 5.26)**

- The Scottish Executive in conjunction with the National Sexual Health Advisory Committee should work with professional bodies, regulatory institutions and statutory and voluntary training providers to ensure that undergraduate, postgraduate and ongoing professional development programmes provide staff with the range of skills and knowledge to respond to the sexual health and wellbeing agenda.

Response

This is agreed in part. Sexual Health and Relationships Education should feature either within Initial teacher Education or within the Newly Qualified Teacher programme but it should be in a context of health promotion using a life skills approach.

- The National Sexual Health Programme Co-ordinator should co-ordinate the development of a national sexual health training strategy to provide generic and specialist skills in sexual and reproductive health.

Response

This is agreed in part. Teachers in Dundee already have the opportunity for agreed SHaRE training at primary, secondary and special needs levels using programmes jointly developed with Tayside Specialist Health promotion. A preference would be to build on existing practice. An annual staff development budget would be required.

- Each Lead Clinician should undertake an audit of the training needs of health care practitioners to facilitate the implementation of the tiered service approach within his/her Board area.

Response

Not applicable to local authority.

- Each Local Sexual Health Co-ordinator should identify inter-agency sexual health training needs at all tiers and plans to address these should be identified in the inter-agency sexual health strategy.

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Response

This is agreed in part. Sexual health should not be treated in isolation of other health issues and skills.

- NHS Boards should develop joint training for health and Local Authority personnel to develop core skills in communication, attitudes and relationships and which address the wider social and cultural determinants of sexual health.

Response

This is agreed in part. Training provided must be within a health promotion framework.

NHS Education Scotland should work with :-

- Professional bodies and professional networks to develop a competency-based framework to support the tiered service approach proposed by this strategy.
- The education sector and appropriate professional organisations to develop/enhance supporting training programmes at undergraduate and post qualification levels.

Response

These are agreed.

HOW CAN WE TELL IF WE HAVE MADE A DIFFERENCE?

The draft strategy recommends that (paras 5.3, 5.26)

- The National Sexual Health Advisory Committee should develop a sexual health research programme for Scotland.
- NHS Health Scotland should commission research and develop resources to support the ongoing implementation of the strategy.

Response

These are agreed. Any progress will only be definitive in the long term.

The draft strategy recommends that (paras 5.4, 5.5)

- The National Sexual Health Advisory Committee in conjunction with key stakeholders, should develop proposals to enhance existing lifestyle surveys to provide feedback on the target groups identified in this strategy.

Response

This is agreed.

The draft strategy recommends that (paras 5.20, 5.21)

- The Scottish Executive should provide resources to NHS Boards to 'pump prime' the initial implementation stages of this strategy.

Response

This is agreed. Where there has already been significant funding from the Health Board for staff development, staff tutor support, the development of exemplars and for resources, there is a need for sustained level of funding support rather than pump priming.

- NHS Health Scotland, through the Sexual Health & Wellbeing Learning Network and in conjunction with other key stakeholders, should develop implementation guidance.

Response

This is agreed in part. Guidance should take into account existing practice and encourage Health Boards and Authorities to build on it, recognising various entry points in any implementation strategy.