

# A Sexual Health and Relationships Strategy for Orkney

Approved by Orkney Islands Council, July 2005 and NHS  
Orkney Board, September 2005

## A Sexual Health and Relationships Strategy for Orkney

### *Executive Summary*

In 2002, in response to growing concern about Scotland's poor sexual health, the Scottish Executive commissioned a national Sexual Health and Relationships Strategy. Following an extensive consultation process, *Respect and Responsibility*, a Strategy and Action Plan for Improving Sexual Health, was published in January 2005.

During the consultation process for the national strategy a multi-agency Sexual Health and Relationships Group for Orkney was formed. This group was facilitated and chaired by NHS Orkney's Health Promotion Service, and has developed this Sexual Health and Relationships Strategy and Action Plan for Orkney.

This strategy outlines a vision for achieving improved sexual health and relationships in Orkney and provides a framework to deliver the actions from the National Sexual Health Strategy, in a local context. The strategic framework for local sexual health and relationships improvement activity is focused around five main priority areas:

- *Ensuring that the promotion and protection of sexual health is co-ordinated and comprehensive*
- *Ensuring the delivery of effective and comprehensive school based sex and relationships education*
- *Developing a culture of respect for self and others, where positive relationships are supported and encouraged and diversity is recognised*
- *Ensuring effective links between education and clinical services*
- *Enhancing provision of sexual and reproductive health services*

The level of partnership working that is required to successfully implement the strategy has been reflected in the process of developing the strategy itself. It is designed to link and contribute to wider planning processes in Orkney including the Local Health Plan, Joint Health Improvement Strategy, Integrated Children's Services Plan and NHS Orkney's Health Improvement Strategy.

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## A Sexual Health and Relationships Strategy for Orkney

### 1. Introduction: Why do we need a Sexual Health and Relationships Strategy for Orkney?

A wide range of work around sexual health and relationships already takes place locally within various agencies. Although there are many positive examples of effective partnership working around sexual health and relationships, this work is not currently formally 'linked up'.

This *Sexual Health and Relationships Strategy for Orkney* will map current activity and provide a focus and framework for future activities around sexual health and relationships, allowing local service delivery and development to be effectively co-ordinated.

### 2. Background

In November 2003 the draft Sexual Health and Relationships Strategy for Scotland, *Enhancing Sexual Wellbeing in Scotland, A Sexual Health and Relationships Strategy* <sup>(1)</sup> was published for consultation throughout Scotland. The final strategy, ***Respect and Responsibility, a Strategy and Action Plan for Improving Sexual Health***, was published in January 2005. This national strategy and action plan contains specific actions for Local Authorities and Health Boards, and is supported by £4.5 million of additional funding for sexual health improvement across Scotland, NHS Orkney will be allocated a share for 2005-2008.

A local Sexual Health and Relationships Strategy Group was formed to formulate the multi-agency/public response to the draft national strategy consultation. This group is made up of partners from Orkney Islands Council, Further and Higher Education and Training

providers, NHS Orkney, Couple Counselling Orkney, the former Local Health Council and Primary Care and is responsible for overseeing the development of this strategy.

*Please see appendix 1 for a list of group members*

### **3. National and Local Context**

In common with the national Sexual Health Strategy, the Sexual Health and Relationships Strategy for Orkney endorses the World Health Organisation definition of sexual health as:

*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.* <sup>(2)</sup>

To ensure sexual wellbeing for all, **Three Broad Aims** were given in the draft National Sexual Health and Relationships Strategy <sup>(3)</sup>:

- 1. To promote a broad understanding of, and influence the cultural and social factors that impact on, sexual health;**
- 2. To support people in acquiring and maintaining the knowledge, skills and values necessary for sexual wellbeing as part of a life-long process;**
- 3. To improve the quality, range, consistency, accessibility and integration of sexual health services.**

These broad aims have been adopted locally, and this strategy provides the local framework to develop and deliver national actions in a local context, as well as considering the issues unique to Orkney.

The sexual health and wellbeing of the population of Orkney will be improved, under these three broad aims, through:

### ***ACHIEVING CONSISTENCY***

***IMPROVING ACCESS TO SERVICES FOR ALL IN THE COMMUNITY, REGARDLESS OF AGE, GEOGRAPHICAL LOCATION, SEXUAL ORIENTATION OR SPECIAL NEEDS***

***WORKING WITHIN AND IDENTIFYING RESOURCES TO CARRY FORWARD EFFECTIVE SEXUAL HEALTH AND RELATIONSHIPS IMPROVEMENT IN ORKNEY***

#### **4. Priority Areas**

Nationally, several priority areas around sexual health and relationships have been identified. The local multi-agency Sexual Health and Relationships Strategy Group has identified and agreed **five main priority areas** to concentrate on initially. These are:

- 1. To ensure that the promotion and protection of sexual health is co-ordinated and comprehensive;**
- 2. To ensure effective and comprehensive school based sex and relationships education is delivered locally;**
- 3. To support the development of a culture of respect for self and others, where positive relationships are supported and encouraged and diversity is recognised;**

4. **To ensure effective links between education and clinical services;**
5. **To enhance provision of sexual and reproductive health services, in line with local need and national recommendations.**

Improvements in these **five areas** will make a positive impact on sexual health and relationships improvement in Orkney.

## **5. Orkney- Where are we now?**

NHS Orkney's Health Promotion Service facilitates a Sexual Health Programme, which supports multi-agency partners in the development and implementation of sexual health and relationships work. The Sexual Health Programme, along with the post of Health Promotion Officer (Sexual Health and Young People) and administrative support, is funded by NHS Orkney's annual ring-fenced Bloodborne Viruses Prevention allocation from the Scottish Executive.

Programmes of Sex and Relationships Education are delivered in Orkney schools (Primary and Secondary), supported by Orkney Islands Council's 1995 *Policy on Sexuality and Relationships for Orkney Schools* <sup>(4)</sup>.

There is documented evidence of high levels of binge drinking amongst young people in Orkney. The misuse of alcohol and other substances can have an impact on risk-taking behaviours, and therefore sexual health, especially that of young people.

Figures for screening and diagnoses of chlamydia in individual GP Practices, alongside anecdotal evidence, suggest that the prevalence of chlamydia is in line with the national average. Increased and proactive screening for chlamydia in some GP practices, combined with increased awareness raising about this

common, preventable, Sexually Transmitted Infection may provide an explanation for the increase in local diagnoses of chlamydia.

At present Orkney has no recorded cases of HIV, however this figure pertains to patients who have been tested in Orkney. Patients can travel anywhere in the UK to be tested, so this figure can be misleading, and can lead to complacency. Evidence, such as chlamydia diagnoses, suggests that people are having unprotected sex, which can also lead to the transmission of HIV.

In recent years Orkney's teenage pregnancy rates have been low in relation to the Scottish average. However, figures for 2002/3 have shown a rise in pregnancy rates per 1000 in the 13-19 age group, to just under the Scottish average. The background to these figures can help identify where sexual health and relationships improvement work should be directed. These figures do not yet indicate a trend and should be treated with some caution because of the small numbers involved and the inclusion in them of young women who are well supported, both by partners and parents, including older teenagers in stable and married relationships.

GPs provide a range of sexual health services, including contraceptive services and referral to specialist services on mainland Scotland. There are good links with GUM (Genito Urinary Medicine) and Family Planning in Grampian. In addition to the service GPs are providing, family planning trained nurses provide sexual health services, including an open access emergency contraception service, in various settings.

Support and clinical services for people concerned about fertility is provided by GP Practices locally and through referral to services on the Scottish mainland, eg Aberdeen Royal Infirmary.

Health professionals working in remote and rural areas can find that they may only be dealing with a particular issue, for example termination of pregnancy or HIV counselling and testing, very infrequently.

The Health Promotion Service provides a free condom service with outlets through GPs, Practice Nurses, Outpatients at Balfour Hospital and the Health Information Centre.

There is a need to increase the availability of consistent local data on which to base sexual health improvement work. This could be addressed by a health needs assessment of sexual health.

*See Appendix 2 for more background and statistics for Orkney and Scotland*

## **6. Making it Happen...**

Through the multi-agency Sexual Health and Relationships Strategy Group, there is a willingness to work together to improve sexual health and relationships locally. The development of this strategy is part of that process.

We can learn from other initiatives which promote improved access to generic services, sexual health services, and services for young people. *Orkney Young Scot (Dialogue Youth)* and the Scottish Executive's *Walk the Talk* <sup>(5)</sup>, should be utilised.

This partnership approach to sexual health and relationships will allow our strategic aims, under the **five agreed categories**, to be achieved. Monitoring of actions will ensure this, through the completion of annual action plans.

The local Sexual Health and Relationships Strategy Group will ensure that the actions from this document are formulated and implemented. The group will meet to monitor progress over the next three years until the end of March 2008.

## 7. Vision for Orkney



To achieve this vision, it is recognised that we need to work in partnership, encourage individuals to take responsibility for their own sexual wellbeing and relationships and support policies and activities which will make it easier for positive choices around sexual health and relationships to be made.

It is also recognised that this strategy does not stand in isolation. It links to the wider community planning process in Orkney, including the Community Plan<sup>(6)</sup>, Local Health Plan<sup>(7)</sup>, Community Care Plan<sup>(8)</sup>, Joint Health Improvement Strategy<sup>(9)</sup>, Integrated Children's Services Plan, 2005-2008<sup>(10)</sup> and NHS Orkney's Health Improvement Strategy<sup>(11)</sup>.

## Strategic Aims

8. This section identifies the aims of the strategy and the reasons for these aims. These strategic aims will be backed up by annual action plans.

### 1. TO ENSURE THAT THE PROMOTION AND PROTECTION OF SEXUAL HEALTH IS CO-ORDINATED AND COMPREHENSIVE

Until the development of the national Sexual Health Strategy and Action Plan, and this local Sexual Health and Relationships Strategy we have had a limited overall focus and framework for work around Sexual Health and Relationships locally.

#### ***THE WAY FORWARD...***

- **Implementation of this strategy** will ensure that sexual health and relationships improvement is approached in a co-ordinated way. Due to the long-term nature of health improvement work, commitment to sexual health improvement and service provision will be made by NHS Orkney and partner agencies. Resources will be identified for sexual health promotion and healthcare services, so that good quality and well resourced specialist services are able to support local initiatives.
- **Promote positive values**, in relation to sexual health and relationships.
- **Health promotion activity** should be aimed at the prevention / early diagnoses and treatment of Sexually Transmitted Infections, including HIV, and a reduction in unplanned pregnancy, especially in the under 16s. This can be achieved

through influencing the social and cultural factors that impact on sexual health and supporting people in acquiring knowledge, skills and values necessary for sexual wellbeing.

- **Utilise, and where appropriate develop local, regional and national sexual health and wellbeing networks.**

## **2. TO ENSURE EFFECTIVE AND COMPREHENSIVE SCHOOL BASED SEX AND RELATIONSHIPS EDUCATION IS DELIVERED LOCALLY**

*As early as 1985 WHO (World Health Organisation) recommended that sex education should be 'an integral part of education in every school system, to be implemented before puberty'<sup>12</sup>.*

We live in a society where we are bombarded with imagery and information about sex, through the media, advertising etc. It is important that children and young people have access to effective Sex and Relationships Education (SRE) which will enable them to develop an understanding of stable and loving relationships as well as learning about sex, sexuality and sexual health.

### ***THE WAY FORWARD...***

- **Ensure consistency** in the provision of Sex and Relationships Education (SRE), supported by local **policy and guidelines** Undertake a review of Orkney Islands Council's 1995 *Policy on Sexuality and Relationships for Orkney Schools*<sup>(4)</sup>, as outlined in the Integrated Children's Services Plan<sup>(10)</sup>. In line with McCabe<sup>(13)</sup> recommendations, sex education should be

defined as *Sex and Relationships Education* (SRE) and should be based on health guidelines built upon through primary school as part of 5-14 health guidelines and developed through to school leaving age.

- **Provide training and support**  
Provide adequate support and training locally for teachers and others delivering Sex and Relationships Education (SRE) and utilise the skills and knowledge of individuals, through a local multi-agency network of professionals
- **Enhance links with parents and carers**  
Local Authorities should ensure that schools have mechanisms in line with McCabe<sup>(13)</sup> recommendations to do this.
- **Improve links and communication** on content of sex and relationships programmes between primary and secondary school and beyond, as part of a lifelong process. A named member of each secondary school's management team should be responsible for ensuring that school based Sex and Relationships Education (SRE) subscribes to current guidance and delivers key learning objectives to all pupils, including those who are excluded. **This member of staff should communicate with contacts in feeder primary schools regarding content of Sex and Relationships Education (SRE) programmes.**
- **Utilise Orkney Islands Council's Health Promoting Schools *Framework for Success***<sup>(14)</sup> as the vehicle for sexual health and relationships improvement work within schools.
- **Ensure inclusion**  
Provision of Sex and Relationships Education (SRE) should be inclusive and should be provided for young people and adults in the community, in school and also in further education and other settings. Sex and Relationships Education (SRE) should include tailored programmes and support for harder to reach groups, such as those with special needs and looked after

children, outwith mainstream services and locations. This should be developed by NHS Orkney in consultation with community planning partners.

- **Recognise the importance of peers** in influencing behaviour and imparting information to young people.
- **Ensure multi-agency input into Sex and Relationships Education (SRE) development and delivery.**

### **3. TO SUPPORT THE DEVELOPMENT OF A CULTURE OF RESPECT FOR SELF AND OTHERS, WHERE POSITIVE RELATIONSHIPS ARE ENCOURAGED AND DIVERSITY IS RECOGNISED**

Sexual health and relationships should be a community, as well as an individual, responsibility. Fostering a culture where importance is placed on respect and the promotion of strong relationships throughout life is vital if sexual health and relationships are to be improved for all in the community.

#### **Life Long Learning**

The process of learning about sexual health and relationships should be a lifelong process. Throughout life, this can be facilitated by positive role models in the community, access to good quality information and services for all ages, and a culture where sexual health and relationships can be spoken about openly.

#### **THE WAY FORWARD...**

- **Improve links, and the sharing of information, between agencies around Sex and Relationships Education (SRE).** Links should be made and continued post school. It is important that these links are made especially post S4

onwards to ensure that all agencies delivering support and education around sexual health and relationships are aware of the sex and relationships education the young people and adults they are working with will have already received.

- **Ensure health promotion activities and resources are aimed at all ages, not only young people.**
- **Provide multi-agency training on sexual health and relationships.**
- **Work with the media to generate positive and regular media messages.**
- **Recognise the role the voluntary sector plays in supporting positive relationships and support it in this role, through partnership working**

## **Parents, Carers, Families and Peers**

Parents and carers play a huge part in the development of their children's physical, social and emotional development and wellbeing. They are the role models for the next generation and can be a valuable source of information and a powerful reference point for children in their learning about relationships. The role of peers, and other adults in the community, in influencing attitudes and behaviour is also recognised.

### ***THE WAY FORWARD...***

- **Improve Links and the sharing of information** between school, or adult services for those with special needs, and home, around Sex and Relationships Education (SRE).
- **Support Parents and Carers** locally to help them communicate with their children about sex and relationships.

This can happen through building general self esteem and parenting skills, and through more specific support and information to enable parents to communicate about sex and relationships issues confidently and effectively. This ties in with the obligation of schools to communicate effectively with parents and carers.

## **Special/ Additional Needs and Vulnerable Adults**

People with special needs, including those in school and in adult services, also have the right to sexual wellbeing. These rights come with responsibilities and this can be a sensitive area where support and guidance for individuals and their parents/carers, families and the staff who work with them is needed.

### ***THE WAY FORWARD...***

- **Provide support, training, guidance and a framework** for staff to deal with sexual health and relationships issues with clients, adults and young people, in adult services. Ensure that the draft Orkney Islands Council *Policy on Sexuality in Adult Services*<sup>(15)</sup> is progressed through the consultation stage, to training for staff and implementation. Work towards providing cost effective training locally.
- **Continue to ensure effective links** between school Sex and Relationships Education (SRE) programmes and adult services post school, 16+.

#### 4. TO ENSURE EFFECTIVE LINKS BETWEEN EDUCATION AND CLINICAL SERVICES

*Evidence both nationally and internationally indicates that school based sex and relationships education is most effective when linked to services offering information, counselling and health services appropriate to young people<sup>16</sup>*

##### **THE WAY FORWARD...**

- **Make information on local services accessible** to those delivering sex and relationships education.
- **Tackle negative perceptions of anonymity and confidentiality** which can be especially prevalent in a small community.
- **Make services ‘user friendly’**
- **Improve communication** between health services and those delivering Sex and Relationships Education (SRE) - schools should be able to demonstrate that they provide pupils with equitable information about sexual health services and how to access them.
- **Ensure the multi-agency delivery of Sex and Relationships Education (SRE) and training.**
- **Encourage further education and training providers to provide equitable information about sexual health services and how to access them.**

## **5. TO ENHANCE PROVISION OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES, IN LINE WITH LOCAL NEEDS AND NATIONAL RECOMMENDATIONS**

*Services should be sensitive, respectful, attractive and user friendly as well as being culturally competent<sup>17</sup>*

In order to improve sexual health it is vital that accessible, appropriate services are provided. Also, access to those services not available in Orkney should be as straightforward as possible, for people of all ages and needs.

### ***THE WAY FORWARD...***

- **Provide leadership locally** by appointing a Lead Clinician for Sexual Health. This post will provide leadership and an overview and co-ordination to the delivery and development of clinical sexual health services locally. The Lead Clinician will undertake specific tasks, and will be appointed initially on a three year basis.
- **Participate in a regional North of Scotland Managed Clinical Network**
- **Tie in with developments in new GP contracts and the role of new Community Health Partnership in delivering sexual health services locally**  
Keep abreast of developments within Primary Care and take advantage of these.
- **Provide a smooth patient journey and choice of sexual health service provision.**  
We should aspire to offer at least two choices at each level of service provision, whilst recognising the possible limitations in achieving this in Orkney.

- **We will improve access to services**, especially for young people, looking at issues of choice/anonymity and aiming to provide welcoming, non-judgmental services delivered with sensitivity to individual needs. This will respect the right of young people to confidentiality when accessing sexual health services, where this is appropriate, whilst taking account of the need to always consider child protection issues.
- **Ensure access to information on sexual health and relationships and the free condom service is widely available** in venues easily accessible to the public, within and outwith the Health Service.
- **Ensure consistency** through sharing sexual health and wellbeing information amongst health professionals, eg protocols for termination of pregnancy, STI screening and fertility services, and through professional development and training. This will serve to overcome some of the challenges faced by health professionals, especially in the more remote practices, when dealing with issues they may only see occasionally in the course of their work.

## **STRATEGY REVIEW AND ACTION PLANS**

The detail of how Orkney's Sexual Health and Relationships Strategy will be delivered will be contained in action plans which will outline time scales, resources and lead responsibility.

The strategy will be reviewed within three years of publication.

## Appendix 1

### A Sexual Health and Relationships Strategy for Orkney

#### SEXUAL HEALTH AND RELATIONSHIPS STRATEGY GROUP:

Alison Bews, Senior Day Centre Officer, St Colms Resource Centre

Annabel Eltome, Patient Focus Public Involvement and Internal Communications Co-ordinator, NHS Orkney

Dr Anne Nicholson, GP, Skerryvore Practice, Kirkwall

Cindy King, Practice Nurse, Scapa Practice, Kirkwall

Cheryl Rafferty, Development Officer, Young Scot (Dialogue Youth)

Donna Wylie, Training and Development Manager, Support Training Ltd

Dr Elspeth Logan, Associate GP, Evie Surgery

Fiona Mathieson, Young Scot (Dialogue Youth) Co-ordinator, Orkney Islands Council

Fiona Scott, Chief Pharmacist, NHS Orkney

Graham Wharton, Health Protection Nurse Specialist, NHS Orkney

Hasmukh Pankhania, Laboratory Manager, NHS Orkney

Jean Hargreaves, Head of Guidance, Kirkwall Grammar School

Jon Humphreys, Service Manager, Criminal Justice, Orkney Islands Council

Kara Leslie, Health Promotion Officer, Sexual Health and Young People, NHS Orkney – **Chair**

Karen Crichton, Health Promotion Service Manager, NHS Orkney

Kathleen Duncan, Home Support Social Worker, Kirkwall Grammar School

Kerry Spence, Community Education, Orkney Islands Council

Kirsten Gilbertson, Staff Nurse, Outpatients, Balfour Hospital, NHS Orkney

Lillian Wylie, Staff Nurse, Outpatients, Balfour Hospital, NHS Orkney

Liz Middleton, Local Area Co-ordinator, Scotland's Health at Work, NHS Orkney

Manda Balfour, Home Link Worker (Sure Start) Education Department, Orkney Islands Council

MaryAnn Lewis, Senior Nurse Occupational Health, NHS Orkney

Maureen Swannie, School Health Co-ordinator, NHS Orkney

Noreen Wright, Couple Counselling Orkney

Rachael Drever, Guidance Teacher, Kirkwall Grammar School

Susan Guthrie, Staff Nurse, Outpatients, Balfour Hospital, NHS Orkney (until 2004)

Wilma Bichan, Lecturer, Health Care, Orkney College

**From Jan 2005:**

Dr Sarah Taylor, Director of Public Health, NHS Orkney: Nominated Executive Director for Sexual Health

Dr Ken Black, Consultant in Public Health Medicine, NHS Orkney: Nominated Executive Director for Sexual Health

Valerie Cameron, Head of Environmental Health and Trading Standards and Strategic Lead for Health Improvement, including Sexual Health, Orkney Islands Council

Dr Ronnie McInnes, Sessional GP, Scapa Practice, NHS Orkney

## Appendix 2

### Some Background.... Sexual Health Information, Scotland & Orkney

#### Scotland

There has been a national increase, in levels of Sexually Transmitted Infections. New diagnoses of Sexually Transmitted Infections have risen continually in the last 10 years. This is partly due to more screening being undertaken, but may also signal an increase in risk taking behaviour. Sexually Transmitted Infections can have significant impact on the short and long term health of both men and women. They can affect capacity to bear children and can result in pelvic inflammatory disease, ectopic pregnancy, cervical cancer and death

In 2002 more than 65% of chlamydia cases diagnosed were among young people aged under 30<sup>(18)</sup>.

Pregnancy rates in 13-19 year olds have reduced from 50.1 per 1000 in 1991/92 to 42.1 per 1000 in 2002/2003<sup>(19)</sup>.

‘*Sexual competence*’, which is based on variables relating to first intercourse (regret, willingness, autonomy of decision making and condom use), has increased in those aged 16-29. However, sexual competence declines as the age of first intercourse decreases<sup>(20)</sup>.

Across Scotland, a higher proportion of pupils (aged 13 and 15) who smoked, drank alcohol and took drugs reported that they had had sexual intercourse<sup>(21)</sup>

The median age for first intercourse for females and males is 16

- In 2001 36% of senior pupils (fourth to sixth year) reported having had sexual intercourse<sup>(22)</sup> ;
- 20% of adult males and 12% of females worried a lot or quite a lot about getting a Sexually Transmitted Infection<sup>(23)</sup> ;
- 45% of 16-29 year olds said they always used a condom with a new partner<sup>(23)</sup> ;
- There is limited local data on Sexually Transmitted Infections, such as chlamydia, but anecdotal evidence suggests this may be in line with national prevalence, ie '1 in 10 young people' ;
- High rates of alcohol abuse and binge drinking amongst young people is documented : 76% of 13 year olds (69% Scottish average) and 93% of 15 year olds (88% Scottish average) surveyed reported they had had an alcoholic drink: of these 31% had never been drunk and 69% had been drunk before<sup>(21)</sup> ;
- 13% of all 15 year olds who had ever had an alcoholic drink (93% of those surveyed) reported having had unprotected sex as a result of being drunk<sup>(21)</sup> ;
- Good multi-agency working takes place locally and there is a willingness to improve sexual health and relationships.
- There are no local services around specialised sexuality issues eg psychosexual counselling, LGBT (Lesbian, Gay, Bisexual, Transgender) issues, Rape Crisis, but good links and information available on mainland UK services;
- Family Planning services are provided by GPs and practice/outpatients nurses holding the Family Planning Certificate;
- In 2002/03 there were 39.9 pregnancies per 1000 girls age 13-19, which is a higher rate than in previous years. Because of small numbers involved in calculating rates for smaller NHS Boards, a breakdown of these teenage pregnancy figures into 13-15 and 16-19 is not available<sup>(24)</sup> ;
- Low recorded level of HIV. No cases of HIV diagnoses reported to Scottish Centre for Infection and Environmental Health as of October 2004<sup>(25)</sup>. This can be misleading as patients can travel anywhere in UK to be tested and this information will not be reflected in local statistics. The perception of 'low levels' can lead to complacency in the community.

*It should be noted that the small numbers we are dealing with in Orkney mean that there is the potential for figures to be skewed dramatically from year to year.*

## **Respect and Responsibility: Strategy and Action Plan for Improving Sexual Health (2005)**

**The overarching aims of the National Sexual Health Strategy are:**

- to improve the quality, range, consistency, accessibility and cohesion of sexual health services from primary care to specialist genitourinary medicine services, in line with the principles of providing services which are safe, local and appropriate;
- to support everyone in Scotland, including those who face discrimination due to their life circumstances or their gender, race or ethnicity, religion or faith, sexual orientation, disability or age, to acquire and maintain the knowledge, skills and values necessary for good sexual health and wellbeing; and
- to positively influence the cultural and social factors that impact on sexual health.

**The strategy therefore takes as its starting point:**

- the values of respect for self and others, mutuality, trust and love;
- committed and stable relationships, characterised by these values, are the right setting for sexual relationships;
- abstinence is a legitimate choice for any person and delayed sexual activity is a positive choice for those who are not ready to form mature, stable and loving relationships;
- an acceptance of the diversity of beliefs, values and moralities to be found across Scotland, the affirmation that every individual is equally valued, and that a person's needs should be impartially addressed;
- equity of opportunity and access to lifelong learning, including, but not limited to, schools-based education, and service

- provision which fully recognise and address the factors which can undermine such opportunities and access; 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 discrimination, abuse, violence or coercion as advocated by the World Health Organization.

**The document is both a strategy and a practical plan for action. It works its way systematically through what must be done to:**

- 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

It then lays out a practical plan for highlighting what can be done by all relevant groups including the Scottish Executive, health boards, local authorities, parents, faith groups, voluntary groups and others.

## **ACTION PLAN**

### **The Scottish Executive**

- to facilitate a co-ordinated approach to the integration of sexual health in wider Executive policies and initiatives, a Ministerially-led National Sexual Health Advisory Committee - with cross-departmental and a wide-ranging membership - will be established with the aim of advising on policy, monitoring and supporting implementation of this strategy.

The National Sexual Health Advisory Committee will:

- review the needs of rural communities;
- review services and support for adult survivors of sexual abuse;
- in conjunction with the Sexual Health and Wellbeing Learning Network address the needs of those groups facing the greatest barriers to sexual wellbeing;

- recommend on further research on targeted learning interventions aimed at behaviour change in adults;
- seek to ensure that no-one is excluded from appropriate sexual health services, whatever their life circumstances, by means of a comprehensive equality and diversity impact assessment process, in line with the developing SEHD/NHSScotland equality and diversity approach;
- together with NHS Health Scotland and the Scottish Executive, develop a communications strategy for improving sexual health. This should include media campaigns, media advocacy and media literacy and link activities at national and local levels;
- regularly review progress of the Strategy, complemented by a more comprehensive 5-yearly review;
- offer advice on developing targets appropriate to this strategy;
- keep the HIV health promotion strategy under review to ensure its continuing relevance;
- consider the proposals developed by Health Protection Scotland for potential adoption as a national data collection framework;
- offer advice on a sexual health research programme for Scotland in partnership with key policy, research and practice stakeholders in Scotland and elsewhere; and
- consider how best to build on current good practice in school-based sex and relationships education in Scotland consistent with the principles of the McCabe report.

**The Scottish Executive Health Department will:**

- in conjunction with the National Sexual Health Advisory Committee, work with professional bodies, regulatory institutions and statutory and voluntary training providers of non-healthcare professionals, to ensure under-graduate, post-graduate and ongoing CPD programmes provide staff with the range of skills and knowledge to respond to the sexual health and wellbeing agenda;
- oversee the ongoing development and implementation of the Strategy with a particular focus on inequalities (including gender inequalities), people who are socially excluded, the

- homeless, those in prison, survivors of sexual abuse, or young people looked after or in care;
- co-ordinate the development of a national sexual health training strategy to provide generic and specialist skills in sexual and reproductive health;
  - consider the possible extension of the chlamydia postal testing kit in the light of the evaluation of the Healthy Respect initiative;
  - consider the potential of development and testing of STI diagnostic kits in rural and urban settings;
  - explore with other stakeholders the need for clearer guidance regarding the reporting of negative HIV tests for insurance purposes;
  - develop an action plan to tackle stigma and discrimination to encourage a more positive view of relationships and sexual wellbeing in all Executive policies, as part of the ongoing health improvement agenda; and
  - monitor progress against the current target of reducing by 20% the pregnancy rate (per 1000 population) in 13-15-year-olds from 8.5 in 1995 to 6.8 by 2010 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 2007-09.

**The Scottish Executive Education Department will:**

- work in partnership with Directors of Education and Social Work, NHS Health Scotland and other key stakeholders on how best high quality, consistent and appropriate sex and relationships education which is consistent with national guidance is delivered in school and other settings, to vulnerable young people such as 'looked after' young people, those who have been sexually abused, and those who are disaffected or excluded from school, as well as completing implementation of the remaining recommendations of the McCabe report;
- facilitate the delivery of high quality approaches to sex and relationships education consistent with national guidance, including multi-agency training, through partnership working

- involving education authorities, key partner agencies and key stakeholders such as parents; and
- consider with Directors of Social Work how best children and young people who are looked after should have access to sex and relationships education as and when required and that social work staff are adequately trained and supported to respond to the needs of their clients.

**Local Authorities will:**

- designate a strategic lead for sexual health;
- ensure that Joint Health Improvement Plans address both specific sexual health issues and the wider determinants identified by this strategy;
- work through the Local Authority Director with responsibility for education services to ensure the delivery of consistent and appropriate sex and relationships education in all school settings and for those excluded from school;
- support consistently, high quality of education about sex and relationships education throughout Scotland. Consistent with circular 2/2001 and the McCabe recommendations, sex education should be defined as sex and relationships education, based on health guidelines and built upon throughout primary school as part of 5-14 health guidelines and developed through to school-leaving age;
- ensure providers of sex and relationships education training provide this on a multi-agency basis, where appropriate, and that training takes account of issues relating to different cultural and religious practices and beliefs;
- ensure schools demonstrate mechanisms to involve parents and carers in sex and relationships education programmes consistent with the McCabe Report recommendations;
- ensure that a member of each secondary school's management team is responsible for ensuring that school-based sex and relationships education subscribes to current guidance and delivers key learning objectives to all pupils;
- ensure that on education in early school levels the emphasis will continue to be on stable family relationships, friendship and

- on developing an understanding of how we care for one another;
- ensure that all schools are able to demonstrate that they provide pupils with equitable information about sexual health services and how to access them;
  - ensure that Community Planning Partnerships develop targeted educational interventions aimed at harder to reach groups (including equality groups) in a range of settings outwith mainstream services/locations with NHS Boards, and in consultation with Community Planning partners; and
  - work to ensure their Community Plans, local health plans and Children's Services Plans complement their local inter-agency sexual health strategies.

**NHS Boards will:**

- nominate an Executive Director to be responsible for sexual health and wellbeing.

**The nominated Executive Director will:**

- ensure that an inter-agency local sexual health strategy is developed which reflects the key components of the national strategy, the local planning processes such as Integrated Children's Services and that ongoing development and implementation are led by a multi-agency, multi-disciplinary strategy group, which reflects the needs of their local population, taking into account the issues that impact on sexual health, especially in relation to inequalities and utilising the diversity impact assessment process;
- appoint a Lead Clinician to integrate sexual health services across each NHS Board area, utilising community health partnership arrangements;
- ensure that all elements of their local sexual health strategies are developed to be sensitive to Scotland's diverse faiths and cultures;
- in conjunction with other key partners, ensure that resources for sexual health promotion are identified in local sexual health

- strategies so that good quality and well resourced specialist services are able to support local initiatives;
- in consultation with other stakeholders, work with local agencies providing help and support for survivors of sexual abuse to consider how best to respond to local needs and include proposals in inter-agency sexual health strategies;
  - ensure that a full range of health promotion programmes are developed and delivered within the context of Community Planning which address the key national and local priorities relating to positive sexual health and wellbeing. These programmes should be supported by sexual health promotion specialists;
  - in conjunction with other statutory and voluntary sector interests, develop and provide a range of programmes for parents and carers to enhance communication skills around relationships and sexual health, which are sensitive to Scotland's diverse faiths and cultures;
  - in conjunction with Community Planning Partners and Community Health Partnerships, work with further and higher education, community education and youth work services and the wider voluntary sector to develop effective sexual health promotion and outreach services for adults;
  - explore the possibility of making a range of condoms and lubricants more extensively available free of charge to outlets and services, targeted at high risk groups and as part of outreach work;
  - ensure that the local inter-agency sexual health strategy demonstrates progress made in implementing the HIV health promotion strategy; and
  - work with Community Health Partnerships to support school nursing teams and other nurses who wish to develop their role in providing sexual health advice and health services for young people, by providing opportunities for them to update their skills and knowledge (including some training on educational skills) and access to resources.

**Lead Clinicians will:**

- ensure that all services are reviewed in light of this strategy and ensure that proposals to address identified deficits are included in each NHS Board's inter-agency sexual health strategy;
- ensure that an audit of training needs is undertaken, 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;
- ensure that local standards on agreed competencies, confidentiality, access to and provision of sexual health services are developed. This will include specialist sexual health services such as HIV testing and treatment, sexual dysfunction, and other service needs identified at local level;
- ensure there is access to appropriate termination of pregnancy services, and that protocols drawing on the RCOG guidelines are in place to help provide consistency in service provision and practice. Counselling and information should be comprehensive and responsive to any individual needs, again reflecting the RCOG guidelines, and should include the biological facts about the development of the pregnancy and the possible emotional, physical and psychological sequelae of termination and alternative courses of action. While women should be given adequate time to assimilate all the implications, in accordance with the RCOG guidelines, no woman should have to wait longer than 3 weeks from her initial referral to the termination;
- develop a framework to ensure that HIV testing is offered to all GUM clinic attendees not known to be HIV infected who present with a new STI. This offer should be made in the context of the HIV test being presented as a routine recommended test. Reasons for non-uptake should be recorded;
- in consultation with other stakeholders, work with agencies for people living with HIV to consider how best to respond to local

- needs and include proposals in inter-agency sexual health strategies;
- identify the impact on laboratory resources in meeting increased testing arrangements and bring forward proposals to meet unmet need to the NHS Board;
  - in developing services, aim to ensure that everyone is able to choose from at least two sexual health providers while recognising that this may not initially be possible in every NHS Board area;
  - ensure that local healthcare practitioners are able to demonstrate that they provide information and refer patients to alternative readily accessible services, where they do not provide the sexual health services required;
  - facilitate the development of an NHS Board-wide managed sexual health network, which includes all relevant local organisations and service providers;
  - all providers of sexual health advice, information, learning and services should prominently display their confidentiality approach in information booklets, on notice boards and in waiting areas in a range of accessible formats including different community languages; and
  - service providers should give clear information to users about their options when giving personal and identifiable information, if confidentiality and/or anonymity are of concern.

**NHS Health Scotland will:**

- in partnership with key stakeholders, contribute to a review of the range of programmes available to support sex and relationships education across the curriculum to achieve and support consistently high-quality provision for young people;
- develop information in a variety of formats targeted at parents and carers and youth and community groups;
- work to define and address the sexual health needs of older people and link with older people's strategies developed by NHS Boards;
- in partnership with NHS Boards emphasise the importance of using barrier contraception, in conjunction with other forms of contraception, to protect against sexually transmitted infections

- and unintended pregnancy in all national and local media and communications work;
- ensure that local and national media campaigns and other work reflect the values and aims which underpin this strategy and do not use imagery or language that undermines the key sexual health messages that promote relationships based on self respect, respect for others and strong relationships;
  - disseminate evidence, commission research and develop resources to support the ongoing implementation of the Strategy;
  - in partnership with local sexual health promotion specialists and the Sexual Health and Wellbeing Learning Network, develop practitioner guidance so that information and health promotion materials challenge, not reinforce or replicate, stereotypes and reduce, not increase, mis-information and discrimination;
  - in conjunction with other stakeholders, consider actions to support positive sexual health in the workplace and affirmative action to address issues in relation to sexual orientation and HIV status; and
  - ensure that the Sexual Health and Wellbeing Learning Network, in conjunction with key stakeholders:
    - facilitates awareness of the sexual health needs of people with learning disabilities and make recommendations for research based programmes and materials;
    - develops guidance on confidentiality/disclosure of information for use by all service users and for all relevant health and social care and education staff taking account of existing guidance; and
    - develops guidance for practitioners on female genital mutilation (FGM).

### **NHS Education for Scotland will:**

- with Postgraduate Medical Deans and other relevant professional bodies, address issues affecting the career

- progression of doctors specialising in family planning and reproductive health;
- in conjunction with practitioners, develop training and resources to enable the further extension of nurse-led sexual health services in primary and secondary care;
  - work with professional bodies and professional networks to develop a competency-based framework to support the implementation of the strategy; and
  - work with key stakeholders to develop and enhance supporting training programmes at under-graduate and post-qualification levels.

**NHS 24 will:**

- develop algorithms which provide accurate and appropriate advice consistent with that given by sexual and reproductive health service providers; and
- with service providers, ensure that they have the knowledge of up-to-date and relevant service provision.

**Health Protection Scotland will:**

- monitor and disseminate information about new diagnoses and trends timeously so that appropriate responses can be made at local NHS Board level. This information will also need to reflect the strategy's commitment to equality and diversity;
- lead action to develop standardised data collection to support the development and monitoring of sexual and reproductive health services; and
- develop proposals for a national data collection framework.

**Scottish Prison Service will:**

- sustain its commitment to health improvement and harm reduction enabling the availability of condoms for males and dental dams for females throughout the course of their detention in young offender institutions and adult prisons.

**Parents**

- Parents can help by committing to playing their part in the sex and relationships education of their children both directly and

through stable family and home life and their involvement in their children's general education and school, voluntary organisations and faith-based groups that have contact with their children.

**NHS Quality Improvement Scotland will:**

- take forward the development of appropriate clinical standards for dealing with sexually transmitted infections in its 2005/06 work programme, in consultation with the Scottish Infection Standards and Strategy Group.

*For additional information on the national strategy please go to the Scottish Executive website:*

[www.scotland.gov.uk/Publications](http://www.scotland.gov.uk/Publications)

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