

Sexual Health Strategic Plan 2017-20

for Health & Social Care Partnerships in the Greater
Glasgow and Clyde area

March 2017

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1. Introduction

This is the Strategic Plan for Sexual Health across the Greater Glasgow and Clyde area.

Our vision is that the population enjoys good and positive sexual health and wellbeing. Where people need support, care or treatment they can easily access specialist sexual health services. Our focus will be on prevention of poor sexual health, early intervention and supported self-management.

The Scottish Government Sexual Health and Blood Borne Virus Framework (2015 – 2020) sets out actions which every local authority and health board in Scotland is expected to deliver. Throughout Scotland each Health and Social Care Partnership has a responsibility to respond to the outcomes set out in the Framework, and also those for young people set out in the Pregnancy and Parenthood in Young People Strategy (2016-2026). Glasgow City Health and Social Care Partnership has the lead responsibility to work with partners across the 5 other Health and Social Care Partnerships within NHS Greater Glasgow and Clyde to deliver these outcomes. Within Glasgow City HSCP, Sandyford has been given the key leadership role for developing strategic and service responses for sexual health.

This Strategy describes the activity required to ensure the population of Greater Glasgow and Clyde continues to receive the best care and support to allow them to enjoy good and positive sexual health and wellbeing. It focuses on the direction for specialist sexual health services over the next 3 years. It acknowledges that the vision will only be realised through partnership working across and outside the NHS and that wider focus on a range of support provided by other services is essential to deliver the outcomes.

Key Aims

In order to address the sexual health challenges facing our populations we need to prioritise resources and focus attention on people, population groups, and areas which are in greatest need and/or who have greater difficulties in maintaining good sexual health. At the same time, we need to ensure that services remain open-access and accessible to everyone who needs them.

In order that we can deliver the strategy, we have 3 main aims:

- working in partnership to promote and support better sexual health for all focusing on prevention and early intervention, and to address inequalities in sexual health.
- improving the quality of sexual health care by making the most efficient use of resources, and increasing access to services for everyone who needs them.
- ensuring that specialist sexual health services are provided for people and population groups who are more likely to experience poor sexual health in ways that are easily accessible for them.

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Challenges

The integration of health and social care provides new opportunities to transform how the sexual health needs of the population are addressed against the background of a challenging financial climate.

Greater Glasgow and Clyde has an increasingly diverse population with varying needs and ability to access services. Sexual health issues experienced by the population are also increasingly complex:

- There are ongoing increases of HIV transmission, mainly affecting gay and bisexual men and people who originate from countries with high HIV prevalence (especially Sub Saharan Africans).¹
- One in five people living with HIV are thought to be undiagnosed while 40% of HIV diagnoses are made “late” in disease progression, contributing towards onward transmission and lack of treatment for those people. Late diagnoses disproportionately affect our Black African population.²
- Glasgow has the highest prevalence in Scotland of the sexually transmitted infection gonorrhoea with the numbers and rate having doubled over the last ten years. This particularly affects young people as well as gay and bisexual men. In addition it is estimated one in ten young people has chlamydia.³
- There are ongoing outbreaks of infectious syphilis in gay and bisexual men and more recently some cases detected antenatally in women from some migrant communities.⁴
- Although the overall teenage conception rate has been falling in every area in Scotland, Glasgow has some of the highest rates in Western Europe. In Govanhill nearly 1 in every 5 young women aged 15-19 has a conception and in other areas (including Easterhouse, Shawlands, Milton and Maryhill) the rate is 1 in 10.⁵
- In 2015 12 per 1,000 of all reproductive age women had an abortion, indicating unmet reproductive health care needs. Of these almost 30% had their termination carried out over the recommended 9 week gestation period.⁶
- Childhood sexual abuse affects 1 in 12 adults and is estimated to currently affect 1 in 20 children.⁷
- 19% of women and 5% of men report an experience of non volitional sex.⁸
- Local needs assessments tell us that young people experience challenges to healthy sexuality and relationships including:
 - The very common experience of “sexting” and sending/receiving explicit self generated images and the loss of control of these images;
 - widespread free access to pornography leading to distorted expectations of sexual behaviour including extreme or violent sexual acts, and the impact of pornography addiction on normal sexual functioning;
 - an increase in reporting of intimate partner violence.⁹

¹ HPS Weekly Report 21 March 2017, Volume 51 No. 2017/11

² Health Protection Scotland - HIV diagnoses and integrated CD4/VL database reported on Scottish government Sexual Health and BBV Data Portal, extracted 22/3/17

³ HPS Weekly Report 27 September 2016 Volume 50 No. 2016/39

⁴ HPS Weekly Report 27 September 2016 Volume 50 No. 2016/39

⁵ Teenage Pregnancy rates per 1,000 2013 -2015 extracted from SMR01/SMR02

⁶ Termination of Pregnancy Statistics Year ending December 2015 Information and Statistics Division Publication date - 31 May 2016

⁷ British Crime Survey (office of National Statistics); Radford, L. et al (2011) Child abuse and neglect in the UK today.

⁸ National Survey of Sexual Attitudes and Lifestyles (2014)

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Sexual health services

Sexual health services are provided throughout Greater Glasgow and Clyde by Sandyford Sexual and Reproductive Health Service from its main city centre base and from various community locations. Sandyford provides universal sexual health services for the whole population as well as specialist services for complex procedures and for specific population groups.

Sandyford has, over a number of years, developed a lead role across the Board area in the delivery of these services, unlike in most other Board areas where some services (e.g. the provision of long-acting contraception) are more widely provided by general practice or are provided in acute hospital settings only (eg specialist gynaecology).

Universal Services available to everyone
Assessment, testing, treatment and support for those at risk of a diagnosis of a sexually transmitted infection and HIV
Partner Notification to ensure that contacts of clients with an STI diagnosis are offered testing and treatment as appropriate
Shared Care support, advice and education to all services within NHS GGC including Primary care in the management of STIs, including support to provide Partner Notification
Provision of a full range of contraception, including vasectomy, hormonal contraception, long-acting reversible contraception (intrauterine and implantable methods), and emergency contraception
Assessment and referral for termination of pregnancy services
Sexual problems service
Sexual assault and referral centre (Archway)
Free Condoms service
Specialist Services
Prioritised assessment and testing for sexually transmitted infections and HIV for young people, men who have sex with men, and black African people
Provision of HIV Post Exposure Prophylaxis for Sexual Exposure (PEPSE) and Pre-Exposure Prophylaxis (PrEP) for HIV care
Provision of Hepatitis A & B and HPV vaccination to individuals at risk of sexual exposure
Women's reproductive health services, including menopause, for women with complex medical needs or for women with vulval and pelvic conditions which affect their sexual health
Gender identity services for adults and for young people aged under 17
Counselling and support services
Specialised sexual and reproductive health service for people who are involved in exchanging sex for money
Consultant led HIV treatment and care at the Brownlee Centre at Gartnavel General Hospital

⁹ Young People – Sexual Health and Wellbeing (NHSGGC 2015)

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Sandyford also has a regional and a national role in some service provision. The adult gender service is the largest one of its kind in Scotland and takes a lead national role, while the Sandyford gender service for young people is the only one in Scotland. Funding for these services relies on cross-boundary charging with other NHS Boards. There are also agreements in place with other Boards for Sandyford staff to provide vasectomy and sexual problems services to their residents. Scotland's only sexual assault and referral centre (Archway) is provided at Sandyford, and has agreements with three other west of Scotland Boards for service provision to their population.

Sandyford has clear public health responsibilities particularly in relation to the prevention of sexually transmitted infections and un-intended pregnancies. This means ensuring that people do not face barriers in accessing appropriate care and support.

The Sandyford health improvement team adds to this by developing strategic relationships to influence and build capacity with a range of partners including local authorities, health and social care partnerships and third sector providers. This allows their staff to deliver sexual health behavioural interventions to the wider population. This includes staff training and policy development for teaching staff in schools and the looked after children's sector and community development work with gay and bisexual men.

Primary Care

Non-specialist sexual health care is also provided via primary care services in Greater Glasgow and Clyde. Primary care pharmacies support our Free Condoms service and also provide emergency hormonal contraception. General Practitioners support the Free Condoms service and can offer contraception advice and provision, testing for pregnancy or sexually transmitted infections or for HIV, and advice and support on many aspects of sexual health and wellbeing.

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2. Sexual Health Service Review

In 2017 Sandyford sexual health service will undergo a comprehensive service review, with implementation of the recommendations taking place throughout 2018. The current service model is open access and appointment-based, accessed mainly by telephone self-referral. Young people aged under 18 can currently access the service via walk-in if they prefer.

The review will look at how the core Sandyford service is structured with particular emphasis on the delivery of genito-urinary medicine and sexual and reproductive health services currently provided. A revised, sustainable service model will be implemented that is based on localities with identified team structures. It will;

- Improve the use of existing resources through service redesign which will consider team structures, skill mix, localities and patient pathways
- Encourage those who could be self-managing to be supported differently
- Ensure that Sandyford services are accessible and target the most vulnerable groups

In order to prioritise resources and focus attention on those in greatest need and/or who find it most difficult to maintain good sexual health, there is a need to look at more innovative ways of helping those who can self-manage their sexual health to do so. This will allow better access to services for those more at risk and less able to access them.

Improvements will be made to service access, including reviewing opening hours and locations, and establishing a call-centre model to improve telephone access. Electronic access will also be improved through the introduction of self-arrival kiosks, self-registration, and online booking of appointments.

Feedback from consultation and engagement work done with young people suggests that the service is not open at the right times and is not easily accessible in some locations. This is backed up by very low and decreasing numbers of young people attending sexual health services. We will therefore review the model of service provided to young people.

Improved partnership working with addiction services, homelessness, criminal justice, maternity, and family services, and the third sector will deliver better sexual health outcomes. This will happen through staff training and the development of outreach for people who are most in need and who already engage with these partners organisations.

We will work with GP and pharmacy services to review links with primary care to further develop relationships and pathways.

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Sandyford staff provide outpatient care for 40% of the total HIV patient cohort in Greater Glasgow and Clyde. With recent improvements in HIV management and care there is now a need to look at how outpatient care for this patient group is provided and whether it should continue to be delivered from the Brownlee Centre. As part of the review, therefore, we will engage with colleagues in acute services to take this discussion forward.

In order for the sexual assault and referral centre (Archway) to continue to provide the current high standard of forensic care with the increased opening hours, as recommended in the 2015/16 formal Archway Review, there is a need to work with partners, including Police Scotland, to establish continuity of service, and to relocate the Archway service to an accessible location in the community, or in an acute setting if this is not possible.

We will work with partners in the acute sector to increase access to the Termination of Pregnancy and Referral assessment service for all women, including the transfer of services from areas outside Glasgow City to Sandyford.

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3. Key Strategic Outcomes

Partners across Greater Glasgow and Clyde have been focussed on meeting the five high-level outcomes as described in the Sexual Health and Blood Borne Virus Framework (2015-2020). A great deal has been achieved since the original Framework was launched, and we will continue to build on existing work. This strategy describes additional and more focussed work which will take place over the next 3 years to deliver these outcomes and contribute towards our vision. To support this, Sandyford has included two additional outcomes for Young People and for issues of Gender Identity.

Outcome 1 Fewer newly acquired blood borne virus and sexually transmitted infections, fewer unintended pregnancies.

Further refocused work is needed to continue to prevent new HIV and sexually transmitted infections and improve access to Free Condoms, particularly for those in high risk groups. Prevention activities will focus on earlier diagnosis, antenatal care to prevent mother to child transmission, and (pre- and) post-exposure prophylaxis. Health behaviour change interventions will be aimed at reducing the risks of transmission, particularly but not exclusively amongst the high risk groups.

The UNAIDS 90/90/90 target has been calculated as necessary to halt onward transmission of HIV. The targets are:

- 90% of people living with HIV are diagnosed by 2020
- 90% of diagnosed people are on antiretroviral treatment by 2020
- 90% of people in treatment have suppressed viral load by 2020

What we will do

We will contribute to the UNAIDS 90/90/90 target. In NHSGGC over 90% of diagnosed people are on antiretroviral treatment and of those over 90% have suppressed virus. Therefore the remaining action is to increase the proportion of people with HIV who have been tested and had a diagnosis from 83% to 90%.

We will improve access to testing for sexually transmitted infections and HIV, and increase frequency of testing for groups who are particularly at risk by introducing some test-only walk-in clinics and by introducing targeted home or self-testing.

We will improve how and increase where Free Condoms services are provided by increasing the visibility of these services, and by improving how young people can access the service by developing better ways of reaching places where young people are. We will also help other agencies that work with people at risk of HIV to offer the Free Condoms service.

We will provide an appropriate service response to the Scottish Government guidance on Pre-Exposure Prophylaxis (PrEP) for HIV care as and when it is issued.

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To help reduce unintended pregnancies, people need to be better supported and informed, and have better access to the services they need.

What we will do

Access to a wider range of contraception for women and men in the community will be increased through better partnership working with pharmacy and primary care partners.

We will increase the uptake of long acting reversible contraception across our own services, and where appropriate we will work with primary care partners to ensure they are appropriately resourced to provide this service.

We will work with partners in the acute sector to increase access to the Termination of Pregnancy assessment services for all women from outside Glasgow City.

Women's experience of abortion assessment and care will be further improved through a review of the clinical pathways through our services.

Outcome 2 A reduction in the health inequality gap in sexual health and blood borne viruses.

People who experience the poorest sexual health and blood borne viruses are often those who are vulnerable or at risk, people with multiple or complex needs, or who have been traditionally harder to reach in society. This means continuing to link and foster relationships with partners who provide direct services to these groups and to ensure this partnership working is consistent.

What we will do

We will review the Steve Retson Project for men who have sex with men to ensure the most vulnerable men are offered the right services at the right times.

We will develop proposals to establish a mix of walk-in and bookable appointment clinics locally in some of our most deprived areas.

We will establish an outreach model of service where this is appropriate for certain groups or communities.

In order that services can focus on more vulnerable groups, we will explore ways of supporting people to be more self-managing.

Where there are gaps in our knowledge in relation to specific populations, we will use health needs assessments to bridge those gaps.

We will develop a team-based model of working based on a locality structure in order to make sure we are putting the right resource in the right place for people who need it most.

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Outcome 3 People affected by blood borne viruses lead longer, healthier lives with a good quality of life.

People who are affected by blood borne viruses need to have access to the right treatment and care services in order that they can lead healthy lives with better quality of life.

What we will do

We will support partners in primary and acute care settings to make sure that people who are diagnosed with HIV have their result communicated and are linked into HIV care within 14 days of a positive result.

We will undertake social marketing to promote HIV testing to those who have never been tested and to increase the testing frequency of those who are at risk.

We will review the Sandyford HIV service at Brownlee to modernise access to treatment and care.

Outcome 4 Sexual relationships are free from coercion and harm.

We know that all sexual relationships should be free from harm and from coercion. However, we recognise that this cannot be achieved by sexual health services alone and that we have a leadership role around the promotion of good healthy relationships by other organisations.

What we will do

We will work with partners, especially within schools, to raise awareness and provide education on the issues which may influence this including violence against women and girls, homophobia, consent, sexual violence, pornography and sexual exploitation.

We will support improvements in the quality assurance of Relationships, Sexual Health and Parenthood Education (RSHPE) programmes in schools.

We will improve our information and communication to help people to make better, informed choices.

We will test out new ways of engaging with people who are involved in selling or exchanging sex.

We will further develop relationships with our partners who work with very vulnerable people and groups of clients.

In 2017 the Archway sexual assault referral centre will have become fully functional 9am-5pm Monday-Friday and 9am-9pm Saturday and Sunday. By 2019 we expect that the whole service will have relocated to a larger, more accessible, community-based location.

The Sandyford Counselling and Support service will reduce waiting times for counselling appointments by reviewing and formalising the referral process, using data to inform performance, and will develop proposals to pilot online assessments for clients.

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Outcome 5 A society where attitudes of individuals, the public, professionals and the media in Scotland towards sexual health and blood borne viruses are non-stigmatising and supporting.

This is the most challenging of the outcomes and one which can only be tackled in partnership with others. We will support this outcome by providing training opportunities for a wide range of staff in other organisations and by providing support to parents and carers to raise awareness and confidence, and work towards reducing stigma in society. We will also consistently promote and inspire positive attitudes through our own work, staff, communications and social marketing activity and throughout all our partnership working.

There must be a more comprehensive approach to partnership and cross-sector working to enable long term culture change, starting early in schools and educational settings and continuing throughout adulthood. It is essential to respond to the needs of older people, particularly older lesbian, gay, bisexual or transgender people, who may continue to live with deeply embedded internalised negative messages, even while culture change is happening.

What we will do

We will increase our work with partners around promoting services and increasing access. Our training programmes with staff from partner organisations will specifically include learning on positive values and healthy sexuality.

NHS Greater Glasgow and Clyde Sexual Health Information and Communication Strategy aims to ensure that high quality, targeted information is provided in clear and accessible ways in order to support the population to enjoy good and positive sexual health and wellbeing. During 2017 we will revise the Information and Communication strategy making sure that it strengthens and supports all of the activity described in this document.

We will undertake programmes of social marketing to improve the sexual health of the population.

We will provide support to parents and carers to help them talk about growing up, sexuality, relationships and sexual health with their children, in normal and straightforward ways.

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Outcome 6 Young people have positive sexual health and respectful relationships free from coercion, discrimination and harm in a culture which values their sexuality.

It is essential that children and young people are provided with the age appropriate information, education and support to give them the resilience they need to move safely and successfully from childhood through their adolescence and into young adulthood. This is particularly the case for care experienced (Looked After) children and young people.

Glasgow has taken a 'through childhood' approach to prevention work for the past 10 years, and this continues to be developed. There are 297 primary schools and 67 secondary schools in Greater Glasgow and Clyde and about one third of each of these are denominational (with their own, separate, approach to Relationships, Sexual Health and Parenthood Education). There are also 40 additional support for learning schools. There is already partnership working with Local Authority Education departments, but there is a need to engage more at a strategic level with Directors of Education, Senior Managers and Head Teachers to encourage and support the promotion of positive sexual health and wellbeing across all schools.

The Pregnancy and Parenthood in Young People Strategy recommends that services are accessible, running at suitable times and delivered by the right people, and an appropriate response is needed to make sure this happens.

What we will do

Young people's clinic times will be extended to cover late afternoon and early evenings, paying particular attention to local school closing times.

We will contribute to the outcome of the review of the Youth Health Services in Glasgow and strengthen links with them.

There will be a specific programme of work developed to link with statutory and third sector organisations in Govanhill to increase access to local services for migrant European communities.

The service will explore outreach provision to the most marginalised young people with third sector and other partners.

Training needs for staff working with young people will be assessed and addressed where necessary.

We will develop our contribution to the Corporate Parent role. This means making sure that the way services are set up is in the best interests of young people and does not impact on their educational attainment. We will support corporate parents to implement sexual health and relationships practice guidance through continuing professional development programmes with residential care staff and foster carers. We will expand this programme and, in consultation with young people and carers, develop appropriate programmes for kinship carers and through-care services.

We will work with young people to plan and develop any significant service change, in order to ensure the future service model is relevant, fit-for-purpose and appropriately provided.

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Outcome 7 Transgender people are treated with respect and dignity, enjoy positive sexual health and wellbeing, and have access to a modern, fit-for-purpose Gender Identity Clinic which meets their needs in a safe and sensitive manner.

People whose gender identity or gender expression is different to the one given to them at birth are among the most marginalised groups in Scotland. Significant shifts are still required in society to improve public attitudes towards them and to address the inequalities they experience.

There is a need for raising awareness and training for staff across all service providers to ensure that transgender people are received appropriately and treated sensitively at all times. It is important to ensure that the sexual health needs of all transgender people are addressed in an inclusive and effective way.

For those who are embarking upon or undergoing gender reassignment, we recognise that timely access to a Gender Identity Clinic which treats people with respect and dignity at all times is essential in having a positive impact on their mental health.

The current service has not been developed strategically or with any specific or dedicated funding at Sandyford over the years. Over the past decade it has grown to now have a caseload of approximately 400 clients drawn from all over the country, who have various and complex needs. There are particular challenges with the increase in demand for this service, particularly from children and young people, and we will need to work with partners in specialist Children Services, Mental Health, and Endocrinology within Acute services. We will encourage the development of a national strategy for Gender Identity services.

What we will do

We will revise Relationships, Sexual Health and Parenthood Education teaching material for schools to include transgender specific issues.

We will improve the experience of transgender people throughout all sexual health services and will work with NHS Greater Glasgow and Clyde's Equalities and Human Rights Team to ensure everyone has better access and receives respectful and knowledgeable treatment at our services.

We will further develop the Sandyford Gender Identity service in order to improve the client experience by reducing delays in access to treatment and ensuring consistent approaches to care for all clients. We will make the journey through the service as smooth as possible by communicating clearly and quickly with people about their treatment, and improving our communication with other partners when making onward referral to other services.

Sandyford will achieve the LGBT (Lesbian, Gay, Bisexual and Transgender) Charter of Rights. This is a tool which demonstrates an organisation's commitment to LGBT people. The service will be supported to undertake staff training, review key policies in line with legislation, and consider working practices and resources. Achieving the LGBT Charter of Rights will enable Sandyford to clearly show that steps have been taken to improve services and the workplace, and remove barriers for LGBT people.

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4. Cross Cutting Programmes

Delivery of this strategy will be measured by achieving the actions set out above to result in improved outcomes for the population. They will need to be supported by the following series of programmes which cut across everything else in this Strategic Plan.

Research and Innovation

Research provides evidence for and support to innovation and is central to driving forward service improvement. In focusing on our key aims and the 7 outcomes, we need to make sure that research evidence informs all new aspects of practice or service delivery. This will also mean that our population has access to evidence-based interventions and the latest treatments. Despite having a small research resource, Sandyford's reputation in the field of sexual health research in Scotland has evolved during the past 10 years, and recently has expanded significantly with more engagement in a greater number of activities. Our staff have made key contributions to both UK and international research activities, something which we will continue to encourage and foster. We have recently secured participation in a major UK research study LUSTRUM (Limiting Undetected Sexually Transmitted Infections to Reduce Morbidity).

What will we do

We will lead externally funded research via links with academic institutions (eg LUSTRUM).

We will further develop research competence of Sandyford staff, encouraging the continued multidisciplinary engagement across all staff groups.

By 2020 we will aspire to have become a leading NHS Scotland sexual health research unit, with strengthened links to key national and UK research units and with research embedded in our clinic culture. We will aim to increase the number of externally funded research studies hosted at Sandyford each year.

Training

Sandyford has developed as a centre of excellence in providing training to the NHS workforce and partner organisations, raising awareness, helping support their clients into services, and supporting staff to engage with their own clients around sexual health and wellbeing issues. Strong links have been developed through our training programmes for staff in addictions services, maternity, and children and family services. There are links to academic training institutions which will be further strengthened and developed.

Service change that delivers improved outcomes for service users can only happen with a committed, supported workforce that has the right skills, flexibility and support. Sandyford sexual health service has a large workforce which is required to maintain skills and continually develop in order to deliver a robust service and boost job satisfaction.

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What we will do

We will develop a training strategy to plan the future co-ordination and delivery of training provided by Sandyford to a range of staff in other organisations. This will include development and provision of e-learning resources.

The Sandyford staff training programme will be reshaped to deliver professional and mandatory requirements in an efficient way to all staff, and which will develop consistent and robust leadership across all disciplines, increasing leadership potential across the workforce.

Engagement

The Sexual Health and Blood Borne Virus Framework states “to truly deliver on the Framework Outcomes in the long term will require the involvement of patients and service users, NHS Boards, Local Authorities, the Third Sector, the media and the general public” (pp 7)

We recognise that engagement with a wide range of partners and stakeholders, including service users and population groups, is critical to successful service improvement. For engagement to be meaningful it needs to be clear, open, promote two-way communication and be delivered in suitable formats at the right times and in a variety of ways. This could include information provision, one-off consultation events, or opportunities to be involved in discussions and activities which influence decisions on a more ongoing basis.

Within sexual health, there is a long history of engaging with service users, members of the public, and specific targeted population groups and a good track record of working closely with NHS Greater Glasgow and Clyde Equalities and Human Rights Team to embed equalities into all our engagement activities. Development of the sexual health website and social media will mean chances to explore new ways of engaging with people on the work of implementing this strategy through Twitter, blogs, e-panel, live online chat, and specific consultations.

What we will do

We will develop our engagement processes with service users, including the establishment of online forums, e-panel and communications.

We will engage with the workforce across all our partners in Greater Glasgow and Clyde, as well as with sexual health staff and their representatives.

We will implement the recommendations from a recent organisational development process at Sandyford (the Cultural Web) to bring about transformational change. Key to this is engagement with and involvement of our staff.

We will undertake an assessment of the impact upon equalities issues or groups (EQIA) of any significant service change or development. We will foster engagement with equalities groups and networks such as the Glasgow Equalities Forum.

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Performance

A performance monitoring system is currently being developed for Sandyford to enable regular and meaningful measurement, analysis and reporting of performance, and action planning to improve this where necessary. Building on data reports currently produced, this will allow comparative data to be presented and considered, on a quarterly and annual basis, to inform service improvement and development.

Some of our key performance indicators will include:

- Waiting times for specific services and clinics, including Long-acting Reversible contraception, HIV appointments and Termination of Pregnancy and assessment clinic (Outcomes 1, 2, 3, 7)
- Numbers and rates of young people attending Sandyford (Outcomes 1, 2, 6)
- Numbers and rates of Men who have sex with men attending Sandyford (Outcomes 1, 2, 3)
- HIV test uptake (Outcomes 1, 2, 3)
- Client satisfaction and feedback (Outcomes 4, 5)
- A number of measures to ensure the Equalities focus of our service is maintained (Outcomes 5, 6, 7)

As the Sandyford service review progresses, there will be more measures added to the performance monitoring process.

Performance will be reported every 3 months, and every year through Glasgow City health and social care partnership governance structures, and reports will also be provided to each of the other health and social care partnerships in Greater Glasgow and Clyde.