



**NHS Greater Glasgow and Clyde**

**SEXUAL HEALTH STRATEGY**

**Catriona Renfrew  
Director of Corporate Planning & Policy**

**November 2005**

# **NHS GREATER GLASGOW SEXUAL HEALTH STRATEGY**

## **SECTION 1: INTRODUCTION AND PURPOSE**

- 1.1 The purpose of this paper is to set off our local interagency sexual health strategy. Our purpose has been to:
- Section 2: Describes the context in which this strategy has been developed.
  - Section 3: Sets out the issues and challenges we face in improving the sexual health of our population.
  - Section 4: Sets out the action we plan to take in response to the National Strategy and as a result of our programmes of work.
  - Section 5: Describes our work with Local Authorities.
  - Section 6: Summarises the planning arrangements for issues in relation to sexual health service delivery, prevention and promotion.
- 1.2 The focus of this strategy is not to describe in detail all of our core service delivery and health improvement activity but rather to set out processes in relation to sexual health and the action we have in hand to deliver improvements across a wide range of activity.
- 1.3 References to Local Authorities in this document are to Glasgow City, East Dunbartonshire, East Renfrewshire and West Dunbartonshire Councils. For North and South Lanarkshire Councils, where we cover a minority of the Council area, the critical interagency relationship is with Lanarkshire NHS Board.

## **SECTION 2: CONTEXT**

- 2.1 This section is in two parts, it firstly focuses on our context in relation to sexual health but also describes the wider context within which NHS Greater Glasgow is operating.
- 2.2 In relation to sexual health, Greater Glasgow faces a significant burden of sexual ill health, social and economic inequalities and the impact of deprivation. We have high rates of sexually transmitted diseases, HIV and teenage pregnancy - all critical indicators of sexual ill health.
- 2.3 NHS Greater Glasgow published its first sexual health strategy in 1997. Since then we have invested new resources in sexual health services, promotion and prevention; made significant changes in the way we deliver services and focused on health improvement and we have tried to develop partnership working at a number of levels.

- 2.4 In wider organisational terms there are a number of important points of context.
- 2.5 We are implementing a major programme of structural reform. In particular this will:
- deliver CHPs coterminous with Local Authority boundaries;
  - achieve a stronger focus on health improvement and inequalities with clear corporate direction but more widely distributed resources and responsibilities to create an organisation with a stronger public health orientation.
- 2.6 Our reformed organisation will strengthen our partnerships for health improvement; begin to mainstream an inequalities perspective within NHS services; and focus our services on making a greater contribution to health improvement.

### **SECTION 3: ISSUES AND CHALLENGES**

- 3.1 This section briefly highlights a number of the key issues and challenges we face.
- **Disparate Local Authorities:** We work with six Local Authorities each with different priorities and challenges which require us to take a differential approach while seeking to retain a number of core requirements and standards. The National Strategy, for the first time sets out a comprehensive role for Local Authorities in relation to sexual health. Inevitably that role will take time to develop and it will be critical that the Scottish Executive continue to support and emphasise the contribution which local government can make
  - **Faith based groups:** We endeavour to work at different levels with faith based groups but on a number of issues it has been difficult to find common ground with some of those views while meeting our obligations, particularly to young people.
  - **Resources:** While we are a relatively substantial spender on sexual health and have invested additional resources in recent years, resource constraints are a significant barrier to addressing the needs we have identified.
  - **HIV:** The shift in emphasis between the draft and final National Strategy in coverage of HIV has not been helpful in setting the clear policy direction for HIV which we feel is required given the increasing numbers of people affected.
  - **Asylum seekers and refugees:** We now have Scotland's largest communities of asylum seekers and refugees. Responding appropriately and effectively to their diverse needs creates challenges to services and underlines the constraints of limited resources.
  - **Argyll and Clyde:** The dissolution of Argyll and Clyde and our new responsibilities for the majority of its population will present a significant challenge in terms of service delivery, with a very different organisational and service structure. However, this change will also create opportunities for economies of scale, specialist clinical teams and clear leadership.

## **SECTION 4: ACTION WE PLAN TO TAKE**

4.1 This section sets out at headline level the action we are taking. We have reproduced the SEHD requirements below - to cross reference to our proposals.

1. Demonstrable progress in frontline clinical service provision.
2. Intended outcomes, particularly around actions taken to reduce intended teenage pregnancies and sexually transmitted infections and targeting those most at risk of sexual ill health.
3. Measures to monitor and evaluate progress on identified outcomes and impact of new developments.
4. Identified linkages with existing services highlighting overall coordination or sexual health services across the area with particular reference to future service redesign.
5. Regional networking/links with tertiary service providers.
6. Contributions by voluntary/independent sector organisations.

### **4.2 Clinical Services - Sandyford Initiative**

#### **4.2.1 Summary of Current Services**

The Sandyford Initiative has been operating as an integrated managed service since 2001, developing a new approach to sexual, reproductive and emotional health care for Glasgow. The main focus for delivery is the Sandyford Place site which has made services to young people, men and women more accessible through expanding service delivery within an explicit social model of health and with extensive partnership working. The Sandyford is currently embarking on Sandyford Phase Two (see later).

#### Outcomes:

- Popular with clients, approximately 70, 000 visits per year.
- Innovative integration of sexual, reproductive and emotional health.
- Increased opportunities for testing and treatment.
- Maximised client referrals to internal and external services.
- Better identification and meeting of a wide range of client need.
- Partnership working and service delivery with Glasgow City Council and others.

**Meeting SEHD requirements : 1, 2, 3, 4, 5, 6.**

### **4.3**

## Achievements 2004 – 2005

### **4.3.1 Corner Clinic**

Development in May 2004 of nurse-led triage drop-in sexual health clinic each week day morning to facilitate better management of symptomatic and asymptomatic clients and integrated referral pathways.

#### Outcomes:

- High levels of client satisfaction.
- Reduced waiting times.
- Rise in number of full sexual health screens undertaken.
- Increased testing and diagnosis (e.g. 69% of men and 62% of women presenting to Corner Clinic in the first year had an HIV test).

**Meeting SEHD requirements : 1, 2, 3, 4, 5, 6.**

### **4.3.2 Homelessness Team**

Established in 2004 through Glasgow Health and Homelessness Partnership, commissioning Sandyford to provide outreach specialist service to Glasgow's homeless population as part of multi-agency approach. Main activity sites are Hunter Street (homelessness health service) and homeless hostels, supported by fast-track system into Sandyford.

#### Outcomes:

**Meeting SEHD requirements : 1, 2, 3, 4, 5, 6.**

### **4.3.3 Introduction of HIV opt-out testing**

Introduced in Sandyford in May 2004 for all clients who have a full sexual health screen to better identify those who may be HIV positive and to facilitate treatment as appropriate.

#### Outcomes:

- High client compliance and acceptability of testing.
- Higher number of tests carried out - in the financial year 2003-2004 5, 604 tests were undertaken, whereas since May 2005 there have been 9, 537 tests - a 70% increase.
- Identification of two new 'unexpected' HIV positive clients (one gay man who was not high risk and one heterosexual woman with no high risk factors).
- Better targeting of sexual health adviser time, as more high risk clients are identified for in-depth discussions.
- Planned roll-out to other Sandyford areas, ie. Steve Retson Project.

**Meeting SEHD requirements : 1, 2, 3, 4, 5.**

#### **4.3.4 MTOP Pilot and Rollout**

Emerged through the Glasgow TOP Review Implementation Group, and funded through Primary Care Division Women's Health endowments. Based in Sandyford, in conjunction with the Southern General, the pilot offered a quicker process for women undergoing medical TOP through reducing hospital visits by offering first-stage medication at Sandyford. Its success later led to a wider rollout covering linkages with all Glasgow TOP sites.

##### Outcomes:

- Excellent client satisfaction.
- Reduced number of hospital visits for women.
- Positive joint working with secondary care.

**Meeting SEHD requirements : 1, 2, 3, 4, 5.**

#### **4.3.5 Thrive**

Funded in 2004 by Scottish Executive Choose Life (Suicide Prevention) Strategy to provide accessible counselling for male adult survivors of childhood sexual abuse as part of multi-agency response. Based in Sandyford, offering services to clients from January 2005.

##### Outcomes:

- Successful start-up.
- Integrated flexibility to meet client need.
- High levels of attendance (many from socially excluded men who have never accessed support before).
- Partnership working with agencies including Healthy City Partnership, Mental Health, Barlinnie Prison and voluntary sector.
- Additional funding obtained for independent evaluation.

**Meeting SEHD requirements : 1, 2, 3, 4, 5, 6.**

#### **4.4 Future Plans - Sandyford Initiative**

##### **4.4.1 Sandyford Phase Two**

Sandyford Phase One saw the establishment from 2000 onwards of integrated sexual and reproductive health services at Sandyford Place and the development of co-ordinated models of care, strategic and operational management, and clinical governance. From 2003 joint-agency work was undertaken to review the 24 community-based family planning clinics, originating pre-Sandyford, and their potential role in delivering enhanced sexual and reproductive health services for Glasgow. A public consultation in early 2005 approved plans for Sandyford Phase Two which would locate a Sandyford Hub and associated Satellite in each Community Health and Social Care Partnership. With funding from the Sexual Health Strategy, plans to launch the first Hub in Govanhill with a Satellite in Castlemilk in October 2005, are underway. Similar developments for the East End, Pollok, Springburn and Clydebank are expected to roll out in the next few years.

**Meeting SEHD requirements : 1, 2, 3, 4, 5, 6.**

#### **4.4.2 Base 75**

Since 1989 NHS Greater Glasgow and Glasgow City Council have provided city-centre services for women involved in prostitution, especially those who are street working and injecting drug users. Base 75's sexual health component is provided by the Sandyford Initiative. Over the last few years the number of women using the core evening drop-in service has decreased. A variety of factors may be reasons for these trends which need further exploration. There has also been extensive partnership working in Glasgow since the end of the 1990s to promote services which support women to leave prostitution, rather than merely harm reduction. The Sandyford has been undertaking a review of their input into Base 75, with the support of the City Council, and considering various options including a service re-design. This will be further shaped and launched in April 2006.

**Meeting SEHD requirements : 1, 2, 3, 4, 5, 6.**

#### **4.4.3 HIV services**

Glasgow has acute hospital-based outpatient and inpatient service at the Brownlee Centre, Gartnavel General Hospital for management of HIV infected patients led by three consultants in Infectious Disease and two consultants in Genitourinary and HIV Medicine. There are some 700 HIV positive patients in the cohort, 20% of whom reside outwith NHS Greater Glasgow, who made over 4000 attendances in 04/05. Medical clinics run 4 days per week and are usually mixed with non-HIV patients seen in the building at the same time. Extensive medical, nursing and AHP support including Counselling and Support Team (CAST) which provides HIV testing with next day results, liaison psychiatrist service, methadone prescribing, counsellors to support HIV positive clients, HIV Specialist Nurses, HIV Specialist Pharmacists and technicians, Dietician; Occupational Therapy and Physiotherapist. Glasgow City Council provide a Social Work team and a Sexual Health Advisor working between Brownlee and Sandyford ensures all new patients have partner notification and sexual health needs addressed.

#### **4.4.4 Achievements 2004-2005**

- Provision of nurse-led 'facial filler' injections for the treatment of facial lipoatrophy, supported by Plastic Surgery Unit at Glasgow Royal Infirmary.
- Introduction of early evening nurse review clinics.
- Introduction of nurse-led morning helpline.
- Home delivery of medication reducing dispensing workload and time spent by patients in the department.
- No significant wait for medical review for new patients.
- Over 80% of treated patients have undetectable HIV viral load, above the national average, in spite of 20% year on year rises in the cohort.

#### **4.4.5 Future Plans**

- Baseline HIV drug resistance testing funded by Scottish Executive from 1<sup>st</sup> April 2005.
- Further expansion of nurse/pharmacy led services, eg., adherence clinics, new therapy start clinics.

- Increased collaboration between maternity and neo-natal services regarding HIV positive women diagnosed antenatally.
- Increased sexual health adviser input.

**Meeting SEHD requirements : 1, 2, 3, 4, 5, 6.**

#### **4.5 Condoms - C Card Scheme**

Funded in 2003 by NHS Greater Glasgow, the C Card scheme was introduced in 2004 to streamline the dissemination and improve the usage of free condoms. An extensive training programme has ensured that condoms are widely available in NHS, youth and other settings. Although C Card is intended to be available to the whole population of Greater Glasgow it has been developed to ensure better targeting of condoms towards specific groups that require them most. These are young people under 16; young people aged 16-24; gay and bisexual men and people from African communities. Uptake of the C Card has been encouraging, and plans for the next year are to review the policy for young people under the age of 16 linked to the work of the NHS Teenage Pregnancy Unit, to put a monitoring and evaluation strategy in place and to improve partnerships through development of a Partnership Group.

**Meeting SEHD requirements : 1, 2, 3, 4, 6.**

#### **4.6 Training**

We are developing an integrated audit of training providers and training needs which includes statutory and voluntary sector and covers quality assurance, service standards.

#### **4.7 Inequalities**

NHS Greater Glasgow is taking forward renewed efforts in the area of health inequalities. This will be driven forward by the new Inequalities Unit. Sexual health is an area of work where working with an inequalities approach is advanced. NHS Greater Glasgow intends to use its sexual health programme as a demonstration area of work to inform wider inequalities approaches.

#### **4.8 Gender Issues**

The construction of gender and gender roles, and the behavioural expectations this places on women and men remains one of the fundamental inequities in society. Work to challenge conventional and harmful expressions of masculinity and its impacts on men and women's sexual health remains paramount. The Sexual Health improvement and service delivery programme remains committed to challenging harmful notions of gender.

Specific gender related programmes have been:

- Investment with NHS Lanarkshire in rolling Assertiveness Training from a sexual health focus aimed at women that work with women and young women. An evaluation of the first year will report in spring 2006.
- Support for fpa Scotland "Aw'right" project aimed at working with young men on masculinity.
- Recent research on men's attitudes towards and use of prostitution.



### **Future Plans:**

Explore Development of systematic local authority plan on masculinities with Glasgow City Council and explore specific interventions with East Renfrewshire Council.

#### **4.9 Learning Disabilities**

A Policy on Relationships and Sexual Wellbeing for staff supporting adults with learning disabilities has been developed and is due for full implementation by December 2005. A full time manager and key workers in each CHSCP will roll this out across Glasgow Learning Disability Partnership services. The roll out of the learning from the Feeling Good service at Sandyford supports this work for people with learning disabilities across the Sandyford Phase Two services.

#### **4.10 Gay Men**

Gay men remain the adult population group most likely to experience sexual ill health e.g. gay men form 80% of newly acquired HIV infections in the UK. To address this outcome Glasgow has developed a Strategic Framework To Improve the Sexual Health of Gay and Bisexual Men in Glasgow (2005). This is implemented by a multi agency planning group. NHS Greater Glasgow funds PHACE Scotland to provide community based interventions with gay and bisexual men including resourcing gay commercial venues with condoms and lubricant and other information, outreach into public sex environments and gay saunas, online outreach in gay chat rooms and facilitating support groups and training groups for men.

Recent strategic developments:

- Enhanced awareness raising programmes of the syphilis outbreak.
- Piloting community based syphilis testing programme.
- Development of the “Equal” campaign with NHS Lanarkshire and NHS Ayrshire and Arran aimed at this target group.

### **Future Plans:**

- Funding increased capacity for voluntary sector gay men’s services working to renewed strategic direction.
- Scoping further community based testing models.
- Increased provision of cognitive behavioural groupwork interventions.
- Increase in internet based interventions.
- Increased capacity for user involvement.
- Engagement with Gay men from BME communities.

#### **4.11 African Communities/Refugees and Asylum Seekers**

Glasgow City has a contract for dispersal of asylum seekers. This has increased the number of people in Glasgow from African countries many of which have high prevalence of HIV and Female Genital Mutilation (FGM).

Initial partnerships with Scottish Refugee Council and other community partners has led to targeted provision of C Card condom distribution scheme and African health events.

Other refugee and asylum seeking communities have arrived in Glasgow fleeing backgrounds of severe trauma such as war, torture, rape and in some cases familial murders. To increase the service and information response to the diverse community groups a sexual health needs assessment jointly developed with Scottish Refugee Council will conclude in December 2005.

**Future Plans:**

Formation of multi agency partnership to drive forward information, education aimed at women, men and young people working through community leaders and delivering enhanced access to specialist services for African communities based on user involvement.

**4.12 Older People**

Glasgow in line with the rest of Scotland has an ageing population with untested sexual health needs. While there is a cultural assumption that older people lose their interest in sex, most research indicates this to be false. There is emerging evidence of older people acquiring STI as well as qualitative evidence of the experiences of older LGBT communities.

**Future Plans:**

Develop a sexual health needs assessment of older adults  
Use the findings to develop appropriate sexual health polices with local authorities

**4.13 Women and Men abused through Prostitution**

NHS Greater Glasgow is part of the Routes Out of Prostitution Partnership, which aims to minimise the harm that leads women into and that which is caused by involvement with prostitution. It supports the aim of the partnership to work towards the eradication of prostitution, which is seen as one form of gender based violence.

The Glasgow Male Sex Workers Network brings together agencies likely to come into contact with men involved in prostitution and have an aim to raise awareness of male prostitution issues in Glasgow.

**Future Plans:**

Using funding through Respect and Responsibility, a pilot service which aims to support men involved in prostitution will be developed in a Glasgow CHSCP with a view to supporting those men involved in prostitution and feeding the learning into the rest of the NHS system using the Inequalities Unit to inform methods of gender based work with vulnerable men.

It is the intention to start developing a response to male purchasers of prostitution building on the findings of the survey of male attitudes and experiences of prostitution.

**4.14**

## **The Prison Population**

Initial planning with the 4 prisons which house Glaswegian prisoners has commenced.

### **Future Plans:**

- Conduct a sexual health needs assessment of prisoners including a an STI prevalence sample
- Explore appropriate methods of condom distribution within prisons and C Card link up at point of release
- Support prison health service staff with partner notification and other aspects of sexual health care
- Assess upgrading the level of sexual health information available to prisoners

## **4.15 Health improvement**

Sexual health improvement requires a multi faceted approach involving a range of organisations, working in partnership with common aims and values. Most research evidence indicates that generic health improvement measures aimed at the whole population will have only limited impact compared to targeted measures aimed at specific population groups.

However one of the key functions of sexual health improvement is the upskilling of key staff likely to have a significant impact on the population. NHS Greater Glasgow has a dedicated sexual health improvement team who have a key role in supporting the wider health improvement workforce to take on sexual health activities.

To support this the team facilitates a sexual health promotion forum aimed at the wider health improvement staff force.

Allied to this role the team leads a Board wide health improvement programme.

## **4.16 Information and Campaigns**

The team develops and ensures distribution of appropriate sexual health information in a variety of formats (leaflets, online, mobile text, video etc) to support both public and professionals.

Additionally the team develops public awareness campaigns on a series of sexual health issues targeting specific populations (young people, LGBT community) as well as annual World AIDS Day events.

## **4.17 Training and Education**

To complement the clinical training offered at Sandyford there is a full time Sexual Health Promotion Trainer with a dedicated role to train:

- Teachers and other relevant school staff.
- Primary Care Practices.
- C Card distribution centres.

The Training Partnership is a multi agency network of sexual health trainers in Glasgow that has developed quality standards for sexual health training and seeks to build effective partnerships to meet training needs more strategically.

#### **4.18 Research and Needs Assessment**

Research has been undertaken to inform practice and service development. Most recent examples include:

- Training Needs of Primary Care staff.
- Support needs of those living with HIV.
- Mapping of off street male prostitution.

#### **4.19 Community Engagement**

Meeting the Patient Focus Public Involvement agenda in terms of sexual health can be problematic given the embarrassing and sensitive nature of the subject. However there has been some innovative examples of hearing the voices of patients and service users.

Recent examples include wide scale consultation with parents on sexual health and relationships for their children (jointly with Glasgow City Council), hearing the voices of women that have used Termination of Pregnancy Services in Glasgow and ongoing consultation with representatives from black and minority ethnic communities in Glasgow.

The Sandyford Initiative has a dedicated Community Access Worker with a role specifically for community engagement on sexual health services which has generated innovative work across diverse communities.

##### **Future Plans:**

Managing a dedicated project aimed at training a pool of gay men to provide enhanced capacity for community engagement. Similar models will be explored with African communities.

The successful Building A Bridge Project aimed at improving access to NHS employment for BME communities will in its second phase feature dedicated sexual health learning components.

#### **4.20 Access to Services**

On a board wide basis the Text 4 U service provides young people with instant details of their nearest service. It is planned to more fully promote this service following the initial successful pilot phase.

In addition work with Local authorities has commenced to ensure a mutually agreeable package of service information which can be provided in all schools across Glasgow.

The Board intends to further roll out the programme of free emergency contraception provision for young women in their teens across Pharmacies in Glasgow in line with national practice.

A specific programme of work is underway to increase the access to services for young gay men who are underrepresented in sexual health services.

#### **4.21 School Nurse Roles**

NHS Greater Glasgow has consulted widely on plans for a dedicated branded school nurse drop in service across Glasgow. Although sexual health will only be one of the roles of this service, this will provide an additional and more overt support for young people in schools.

### **SECTION 5: WORK WITH LOCAL AUTHORITIES**

5.1 This section sets out our agreed actions with each Local Authority. Our approach to the Local Authority strategic lead was to achieve two key aims:

- To agree a realistic set of immediate actions - these are set out in the rest of the section.
- To agree a process with each Local Authority which would provide a platform to develop joint working on sexual health, to monitor agreed actions and to develop further programmes of change. These arrangements are described in the next section.

#### **5.2 Glasgow City Council**

Jointly with Glasgow City Council, NHS Greater Glasgow has developed a Teenage Pregnancy Steering Group aimed at both reducing teenage pregnancies in Glasgow and supporting teenage parents. The initiative is supported by the dedicated post of Strategic Manager - Sexual Health and chaired by the Deputy Leader of the Council.

The Steering Group work programme includes:

- Consultation with Young People on Sexual Health and Relationships.
- Development of Core Curriculum for GCC Schools on sexual health and relationships developed and supported by two full time seconded teachers.
- Development of cross-city policy on the sexual activity of under 16 year olds.
- Dedicated project to support parents in their roles as sexual health and relationships educators.
- Improved response by maternity and education services to pregnant teenagers.
- Work with young fathers.

We are aiming to agree with GCC through this route the information which will be available in schools. We are also working with Glasgow City to develop clearer policy for staff working with looked after and accommodated children. Finally, we have a programme in place focused on curricular development and staff training.

#### **5.3 West Dunbartonshire Council**

The actions we have agreed are:

- A programme of work under the umbrella of the Youth Strategy covering a range of service and relationship issues.
- A social work and teaching collaboration to develop a programme for excluded young people.
- Establish a senior health development worker with a specific focus on sexual health to work within health promoting schools.
- Complete a detailed mapping exercise on sexual health as a basis for a joint action plan with the CHP.
- Improved support to young learning disabled people on sexual health issues.
- We will propose information which should be available in all schools for discussion with the Council.

#### **5.4 East Renfrewshire Council**

East Renfrewshire Council has produced an initial action plan which includes:

- Reviewing the coverage of sexual health in the joint health improvement plans.
- Reviewing training for staff delivering sexual health education.
- Considering arrangements to engage parents in dialogue about sex education.
- Discussing with us the provision of appropriate and adequate information in schools.
- Work with us to use the School of Ambition programme as a vehicle to address groups on equalities.
- Collect base information on underage pregnancies for further discussion on action.
- Further discussion on bullying policy and homophobia.
- Consider with us the potential for joint work on the sexual health of older people and those with learning disabilities.
- We will propose information which should be available in all schools for discussion.

#### **5.5 East Dunbartonshire Council**

- Recently revised sex education guidance is in the process of being implemented. We agreed to review the guidance as part of the detailed strategy development process outlined below.
- The Council have commissioned external policy development capacity to begin development of a comprehensive sexual health strategy.
- This development work will include review of:
  - the joint health improvement programme;
  - present planning frameworks;
  - arrangements to target hard to reach groups;
  - arrangements for training staff delivering sex education;
  - arrangements for engaging and consulting with parents.
- We also agreed to review the potential for joint work on sexual health issues for people with learning disabilities and older people.

### **SECTION 6: PLANNING ARRANGEMENTS**

- 6.1 The NHS Greater Glasgow planning and partnership arrangements reflect the scale and complexity of our responsibilities. We work with a number of different Local Authorities and

their community planning processes. This section describes the key arrangements for sexual health.

- 6.2 We have agreed the initial action plans with each Local Authority outlined in the previous section. Part of the focus of our discussions was to establish a clear process to develop additional action plans and monitor the agreed actions.
- 6.3 For East Renfrewshire, East Dunbartonshire and West Dunbartonshire Councils we have agreed that our coterminous CHPs will be the focal point for joint working including ensuring that sexual health is reflected in community planning developments. Each CHP has a health improvement and inequalities team including devolved public health and health promotion staff.
- 6.4 For Glasgow City Council, we have agreed that the existing Teenage Pregnancy Steering Group which brings together the NHS and key Council departments will widen its remit to cover young people's sexual health while we will have a set of appropriate working arrangements on other priorities.
- 6.5 In all of the arrangements our specialist sexual health promotion team will provide support to this local work.
- 6.6 In order to ensure that these local arrangements are properly coordinated we have a greater Glasgow Sexual Health Planning and Implementation Group which brings together the key leaders for service delivery and health improvement. This group - established several years ago - steers NHS activity. It is chaired by the Board Executive lead and includes our lead clinician.
- 6.7 In addition to the sexual health specific arrangements it is our intention that in our organisational approach to mainstreaming service change, tackling inequalities and improving health we will aim to drive other core NHS services to be more sensitive to issues of gender, sexuality and related issues in their service delivery.