Haringey Sexual Health Strategy

Part 1

A Sexual Health Strategy and Action Framework for Haringey

September 2005

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Executive Summary

Nationally there is widespread concern at the increase of sexually transmitted infections (STI's) which have been reported at Genito-Urinary Medicine Services (GUM). Significant increases have been recorded for all STI's most notably HIV infection, Chlamydia, Gonorrhoea and Syphilis where the number of new infections has more than doubled since 1996. Higher rates of infection have placed enormous pressures on those services involved in the treatment and care of those infected, with many services struggling to meet the increased demand placed on their services. Similar concerns exist for contraception and termination services, where teenage conception rates are among the highest in Western Europe and the number of abortions continues to rise.

These sexual health concerns are mirrored in Haringey where there are increasing levels of STI's, high teenage conception rates, high termination of pregnancy rates and an increase in the number of HIV infections. Sexual health and contraceptive services in Haringey are therefore highly pressured, where sexual health needs of the local population clearly exceed the ability of local services to meet this demand.

Against this background, the Haringey Sexual Health Partnership Board have taken responsibility to develop a local Sexual Health Strategy and Action Plan that would guide and inform the process of increasing local sexual health capacity to meet the increasing sexual health needs of the people of Haringey. The strategy and action plan would also aim to present a framework in which services can deliver change and improvement in the sexual well-being of people living in Haringey.

The following Strategy and Action Plan have been developed through a consultative process which involved a wide range of stakeholders which began in July 2004. The development process also involved a review of national and local epidemiological data and an extensive local mapping and assessment exercise of local services. This combination of approaches has enabled gaps in current provision to be recognised and key priorities for action to be identified.

A central feature underpinning the delivery of the strategy is the vision for the development of an integrated sexual health network. The network will be the key driver for delivering change and improvement over the coming months and years in Haringey. Establishing the necessary structure and processes to support the emergence of the integrated service network is an important first priority for the Sexual Health Partnership Board. Drawing on existing good practice, expertise and knowledge, the network will be fundamental in drawing services together to work as a co-ordinated whole towards:

- Identifying the sexual health needs of the local population.
- Improving commissioning of sexual health and HIV services.
- Improving access to quality services for education, prevention, diagnosis and treatment.
- Facilitating meaningful user involvement in the development of sexual health, contraceptive and HIV services.
- Developing and delivering new models of service provision and ensuring that these are targeted at hose most in need.
- Developing and implementing comprehensive service standards, protocols and policies.
- Delivering a systematic approach to performance monitoring and review.

The Action Plan provides a framework for delivering this local strategy over the next 2 years. It sets out the key tasks that are required for Haringey to develop and improve the sexual well being of the local population. The Action Plan provides 5 key objectives for improving sexual health in Haringey:

1. Developing the local sexual health infrastructure;
2. Developing an integrated sexual health network;
3. Developing better sexual health, HIV and contraceptive services;
4. Developing better prevention services;
5. Improving user involvement processes.

Moving forward in an integrated way is an important first step to delivering change and improvement. A strong commitment is required across the statutory and voluntary agencies to implement the strategy and action plan as this will take time, energy and enthusiasm.

A. Introduction

Promoting sexual health is a complex issue, given that a range of social, economic and cultural influences may determine the sexual well-being of individuals. The need for an overarching strategy to plan, develop and coordinate sexual health work is thus self evident given the complex nature of sexual health and the broad range of health and welfare services that may be involved in promoting sexual well-being. The following Sexual Health Strategy and Action Plan aims to provide a comprehensive framework for delivering improved sexual health services for residents within the borough. It describes an overarching vision for the development of a network of sexual health services to help develop local capacity and improve service access. The strategy also clarifies the important first steps required to make progress towards delivering change and improvement. The Action Plan details tasks that will be delivered over the course of the next two financial years (2005/06 and 2006/07). Implementation of the plan will result in more detailed plans being developed for future years and investment priorities identified. These will translate into a long-term programme of action that will deliver the overall vision of the strategy.

B. Background to the Sexual Health Strategy

What is sexual health?

Sexual health goes well beyond the medical model of the treatment of disease. The World Health Organisation definition of sexual health captures this point:

> *'Sexual Health is a state of physical, emotional, mental and social well-being, 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 sexual 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 (WHO)*

This definition is central to the delivery of the sexual health strategy and action plan and provides an important focus for the future development of services.

Inequalities in sexual health

Sexual ill health is not equally distributed among the population. The highest burden is borne by women, gay men, teenagers, young adults and black and minority ethnic groups (Lacey et al, 1997; Hughes et al, 2000). The rates of gonorrhoea in some London inner city black and minority ethnic groups are ten or eleven times higher than those of white UK ethnic origin (Low et al, 1997). HIV infection also has an unequal impact on some ethnic and minority groups. Britain's African communities have been particularly adversely affected by HIV/AIDS, with high levels of new infections reported among both adults and children. Haringey has a very large population of black and other minority ethnic communities, of which Black Caribbean, Black African and Black British represent the largest minority ethnic groups within the borough.

High rates of STIs and are recorded among gay and bisexual men and the incidence of unsafe sexual behaviour would appear to be rising (HPA, 2004b). Also, sex between men remains the predominant route of HIV transmission in the UK. The National Survey of Sexual Attitudes and Lifestyles (NSSAL) has concluded that gay men contribute to 1.9% of outer London and 8.6% of inner London populations.

Thus with an HIV incidence rate of between 1-3%, between 89-267 gay men who live in Haringey may become infected with HIV each year.

Research using the Office for National Statistics Longitudinal Study has shown that the risk of unintentionally becoming a teenage mother is ten times higher among girls in social class V (manual skilled) than in social class I (professional). Data also suggests that those girls who have higher educational aspirations are more likely to opt for an abortion (HOC, 2003). In addition, teenagers in particular have the highest rates of gonorrhoea and Chlamydia and in recent years, have recorded the highest increase for most STIs (HPA, 2004b)

According to the most recent Census data (2001), 25.2% of the population of Haringey are between the ages of 15 and 29 years, which is proportionally higher than that recorded for England and Wales (18.8%). This group is known to be more sexually active and, as a consequence, be more susceptible to sexually transmitted infections and to make greater use of GUM and other sexual health and family planning services than the older population.

In addition to inequalities in sexual health, there are significant variations nationally in the way sexual health services are provided, including abortion services, health promotion and HIV prevention. This affects the quality and range of services as well as access to them. The Government is committed to improving sexual health and reducing health inequalities, and recognises the direct links between sexual ill health, poverty, poor housing, unemployment, discrimination and other forms of social exclusion.

National Policy Context

The NHS Plan

In July 2000 the Department of Health published the NHS Plan, which set out a sustained programme of investment and reform designed to deliver faster, better quality and more patient centred care. The NHS plan set out to redesign services around people who use them, aiming to:

- Improve services, information and support for all who need them;
- Reduce health inequalities; and
- Improve overall health and well-being.

The National Sexual Health Strategy on Sexual Health and HIV

In keeping with the principles of the NHS Plan, the first National Sexual Health Strategy on Sexual Health and HIV was published in July 2001 for consultation. Its development was a direct response to concerns over the growing incidence of HIV and sexually transmitted infections (STIs), and the increased rate of unintended pregnancies, particularly amongst teenagers in England.

Its specific aims included:

- To reduce the transmission of HIV and STIs;
- To reduce the prevalence of undiagnosed HIV and STIs;
- To reduce unintended pregnancies;
- To improve health and social care for people living with HIV; and
- To reduce the stigma associated with HIV and STIs.

The result of the extensive consultation exercise was the formulation of an Implementation Plan published in June 2002. One of the national strategy's main aims is the development of managed service networks, allowing providers to collaborate and plan services jointly and so provide a more comprehensive service to patients. This is essential for the whole family of sexual health services, including Genito-Urinary Medicine (GUM), Family Planning & HIV services. It will also strengthen service provision in areas like STIs, contraception and psychosexual problems.

The strategy proposes that there should be 3 levels of service provision within any model for developing a comprehensive local service and this should encompass both Primary Care and more specialised services provided by GUM and Family Planning Services. Commissioners and providers need to work together to set up a network that provides all three levels of services and meets the needs of their local population.

Level 1

Services are to be provided by primary care teams (including pharmacists). It is acknowledged that service provision is currently variable and services will need to be developed and staff trained to deliver the following:	
• Sexual health history and risk assessment	• Contraception information and services
• STI testing for women	• Assessment and referral of men with STI symptoms
• HIV testing & counselling	• Cervical cytology screening & referral
• Pregnancy testing & referral	• Hepatitis B immunisation

Level 2

To be provided by primary care teams who, through the GMS contract, have a special interest in sexual health. Alternative models include Family Planning and GUM clinics working in conjunction with primary care. Services to include:	
• Intrauterine device insertion	• Contraceptive implant insertion
• Testing & treating STIs	• Partner notification
• Vasectomy	• Invasive STI testing for men (until non-invasive tests available)

Level 3

A specialist service with the focus and expertise to provide care for those with more complex, chronic or intensive needs. They will take responsibility for sexual health services needs assessment, supporting provider quality and clinical governance at all levels. They will ensure that local guidelines are in place and that there is a framework for monitoring and improving practice. They will support the planning and delivery of sexual health education in schools, colleges and prisons, devolving them to level 2 services as these evolve. An expanded role for nurses as specialist and consultants is envisaged. Services will include those aimed at individual patients and those aimed at improving public health, Where possible they will be open access. Services will include:	
• Specialist GUM Services	• Specialised contraception for those with complex medical conditions
• Specialised HIV services	• Co-ordination of services for sexual assault
• Termination of pregnancy services	• Services for those with psychological and sexual problems
In addition services could include:	
• Outreach services for the prevention of STIs	• Outreach contraception services
• Specialised infection management – including co-ordination of partner notification	

The national strategy has four broad themes:

- **Better Prevention**, including public information campaigns, targeted sexual health information, help-lines and information and support for professionals.

- **Better Services**, based around the three levels of service provision that should be available within each PCT area, with specific targets for improvements in several areas of service provision.

- **Better Commissioning**, including the establishment of local multi-agency commissioning groups and an identified lead commissioner, and user and community involvement in service planning and commissioning.

- **Supporting Change**, including measures to improve data and information collection, improved evidence base and development of professional education and training.

The national strategy also includes four targets:

- To reduce by 23% the number of newly acquired HIV infections and gonorrhoea infections by 2007.
- By the end of 2004, all GUM clinic attendees should be offered an HIV test on their first screening for sexually transmitted infections.
- By the end of 2003, all homosexual and bisexual men attending GUM clinics should be offered Hepatitis B immunisation at their first visit.
- From 2005, commissioners should ensure that women who meet the legal requirements have access to an abortion within 3 weeks of the first appointment with the GP or referring doctor.

In addition to the national Sexual Health Strategy, there are five other policy and strategy documents that need to be taken into consideration. These are:

- Choosing Health: making Healthier Choices Easier
- MedFash National Recommended Standards for Sexual Health Services
- London-wide Sexual Health Framework
- London HIV Strategy
- Haringey TPCTs Local Delivery Plan

Choosing Health: Making Healthier Choices Easier

The Government's White Paper *Choosing Health; Making Healthier Choices Easier* was published in November 2004. It set out how the Government will make it easier for people to make healthier choices by offering them practical health to adopt healthier lifestyles. Tacking health inequalities will be central to successful delivery and targeted support will be offered in communities with the worst health and deprivation.

Choosing Health highlights action over six key priorities and improving sexual health is one of these. Key action has been identified in the following areas:

- A new national media campaign targeting younger men and women.
- Strengthening delivery of the Teenage Pregnancy Strategy to reach vulnerable groups and target areas with high rates of under-18 conception.

- Modernised sexual health services.
- Faster access to services.
- Advice and contraception services for young people
- Sexual Assault Referral Centres (SARCs)

MEDFASH Standards

As part of the implementation of the Government's National Strategy for Sexual Health and HIV, MedFASH[1] was commissioned by the Department of Health to develop national standards for sexual health services. The ten standards have been developed with the aim of improving sexual health through enhanced service access, and the provision of consistent, equitable and high quality care. They are intended to enable commissioners and services to plan, develop and evaluate care, and they indicate to service users the standards of care they can expect to receive. Haringey TPCT will be responsible for delivering these national targets and agreeing complementary local targets.

Standard 1: Sexual health service networks
Standard 2: Promoting sexual health
Standard 3: Empowering and involving people who use services
Standard 4: Identifying sexual health needs
Standard 5: Access to services
Standard 6: Detecting and managing STIs
Standard 7: Contraceptive, advice and provision
Standard 8: Pregnancy testing and support
Standard 9: Abortion service provision
Standard 10: Protection and use of sexual health information

London-Wide Sexual Health Framework

The London-Wide Sexual Health Framework sets out a framework for the development and delivery of sexual health services in London. It was initiated by the Chief Executives of the five Strategic Health Authorities [SHA] and was produced by the London-wide Sexual Health Steering Group. SHA's are responsible for adopting this framework in their areas and ensuring it is incorporated within local performance management arrangements, and within the work of local Public Health networks. The framework proposes a number of public health and service access standards for London's sexual health services. Specifically it proposes two overall objectives for the London NHS:

- Improving London's public health through the promotion of good sexual health and the prevention of sexual ill health
- Improving access to London's sexual health & HIV care services.

In support of these objectives, it proposes the following standards:

[1] MedFASH = Medical Foundation for AIDS & Sexual Health, a charity which works with policy-makers and health professionals, to promote excellence in the prevention and management of HIV and other sexually transmitted infections; supported by the British Medical Association

- Standard A: a reduction in the rate of growth of teenage conceptions in London by 2008
- Standard B: a reduction in the rate of growth of STIs within London by 2008 compared to 2003
- Standard C: a reduction in the level of undiagnosed HIV in London by 2008
- Standard D: increase the level of HIV, Hepatitis B and syphilis screening amongst antenatal patients by 2005
- Standard E: a maximum 48-hour waiting time and agreed minimum standards (including opening times) for NHS funded GUM services in London by April 2006
- Standard F: a minimum of 70% of pregnancy terminations taking place within a 10 week gestation period by April 2007
- Standard G: an improvement in the patient experience amongst people using sexual health services, by April 2007.

The framework outlines the broad areas of development and action that should be undertaken over the next three years by the NHS in London. Explicit within this framework is an approach which promotes major service redesign and also promotes partnership working within London's NHS and between NHS organisations and other agencies including Local Government and VCOs.

The London HIV Strategy
The London HIV strategy forms part of the London Sexual Health Framework and sets the priorities for planning, delivery and development of HIV treatment and care services in London for the next 3 years. It also outlines areas of Pan-London partnership on HIV prevention and updates the previous London HIV strategy (2000-2003) that was sent for consultation but was not published.

The London HIV Strategy is led and co-ordinated by the London HIV consortium on behalf of the London Specialised Commissioning Group and it integrates the two overall objectives of London-wide Sexual Health Framework. In support of these objectives, it proposes the following standards:

- a reduction in the level of undiagnosed HIV in London by 2008
- increase the level of HIV screening amongst antenatal patients by 2005
- an improvement in the patient experience amongst people using HIV treatment and care services, by April 2007.

Haringey TPCTs Local Delivery Plan (LDP)
All PCTs were required to produce a Local Delivery Plan (LDP) for the period 2003-06. Haringey TPCTs LDP has now been developed and sets out how the PCT intends to achieve key targets set out in the NHS Plan, and identifies how annual funding allocations will to be used to achieve this delivery. The LDP outlines two key targets for sexual health which are:

PSA11b Target

- The percentage of patients attending GUM clinics who are offered an appointment within 48 hours of contacting a service should increase with time and reach 100% by 2008.

PSA11c Target - Gonorrhea

- Decrease rates of new diagnosis of gonorrhoea.

The successful implementation of the Strategy and Action Plan are therefore key to ensuring that these targets are met.

B. The Strategy Development Process in Haringey

The strategy development process in Haringey began in June 2004 and consisted of six key stages. Information obtained from these stages is included in this document.

1) Compilation of national and local epidemiology data.

Local epidemiological data such as HIV (SOPHID) data, STI (KC60) and Family Planning (KT31) data was collated in order to highlight current trends in sexual health morbidity and help identify local priorities for action.

2) Mapping of current service provision.

In developing the local strategy, it was necessary to map out the current makeup of all key services that have a remit for delivering sexual health services, sexual health promotion activities and sex & relationships education. The mapping of services also sought to identify how the make up of services responds to current levels of sexual health need (as identified in a.).

3) Consultation with sexual health stakeholders (Part 1)

It was recognised that local consultation would play an integral role in the development and successful implementation of the strategy. A consultation event with key stakeholders was therefore convened in July 2004, at the beginning of the strategy development process. The overriding purpose of this event was to develop a shared strategic vision among key stakeholders and to promote inclusion and ownership of the final strategy. The consultation event also aimed to:

- Develop a consensus on local sexual health priorities and objectives;
- Highlight and verify areas of under service provision;
- Identify strategies to respond to unmet needs;
- Consult on key strategy objectives (i.e. closer working with Primary Care);
- Develop further cooperation in meeting sexual health objectives.

Representatives from the following key stakeholders were invited to attend:

- Family Planning Service
- Termination of Pregnancy Service
- GUM Service
- HIV Service
- Psychosexual Service
- Primary Care Directorate
- GPs
- Pharmacy Department
- Teenage Pregnancy Team
- Health Improvement Department
- Local Authority
- LEA
- Haringey TPCT Commissioning
- School Nursing Service
- NHS Walk-In Centre
- Voluntary groups

4) Strategic interviews with related services with special sexual health needs

Although not part of core sexual health and family planning service provision across the boroughs, a number of services provide sexual health related services that need to be incorporated in to the sexual health strategy development process. A series of consultative interviews were therefore undertaken with representatives from Primary Care services and the SHOC project. In addition, strategic interviews were also held with services where a more in-depth understanding of the issues were required e.g. sexual health promotion and HIV prevention and the provision of social care for those with HIV/AIDS.

5) Consultation with sexual health stakeholders (Part 2)

To continue to promote ownership and inclusion within the strategy development process, the draft strategy was circulated to key sexual health stakeholders for accuracy, comment and approval. In addition, a further consultation event was held in November 2004 to re-convene key stakeholders to agree and approve the final strategy and action plan. Stakeholders were given until January 2005 to feedback any comments in writing.

6) Finalisation of the Strategy and Action Plan

Comments received during the consultation process and events were incorporated into the final strategy. From here an Action Plan, outlining how the strategy would be implemented, was drawn up.

The Strategy and Action Plan were presented to the Sexual Health Partnership Board in July 2005 for further consultation and in September 2005 for final agreement and sign off.

The findings from each of these stages are outlined in Appendices 1-5 in Part 3.

C. A framework for the delivery of sexual health in Haringey

Shared Vision and Guiding Principles for Sexual Health Services in Haringey

The Sexual Health Partnership Board has agreed the following vision for Haringey and the guiding principles on which services will be based.

The Vision

Our vision is to develop an integrated holistic network of services that focus on the sexual well being of our population, are free from stigma and prejudice and are of high quality offering a broad range of education, prevention, diagnostic and treatment services.

Our population, particularly young people and vulnerable groups will be fully aware of the services available and will be able to access them with ease and confidence.

A trained and motivated workforce is central to our strategy. We will ensure that staff in all sectors (health, local authority and voluntary) are valued and supported in their role of delivering and promoting services.

The Guiding Principles

- **To place the user at the heart of planning and delivery.** Services will aim be informed by user views and experiences and develop clear ongoing mechanisms to listen to users and ensure user representation on decision-making groups.

- **To work in partnership.** Services will be shaped by a multi-agency approach with shared responsibility for the delivery of services and prioritising of resources. Building strong partnerships between clinicians and service providers, across statutory agencies and community and voluntary groups will be central to this purpose.

- **To optimise capacity and manage demand.** Through developing a network of service provision Haringey will aim to increase access, optimise capacity and manage demand.

- **To address inequalities.** Services will address inequalities through assessing needs and promoting and facilitating access. Service delivery will be flexible in terms of location and provider to ensure that the multiple and diverse sexual needs in Haringey are appropriately met and bring services closer to the communities they serve.

- **To respond to the different needs of our population.** Services will be based on the needs of our population and targeted at those identified as most at risk and our most vulnerable communities.

- **To base services on sound research and evidence** and draw upon good innovative practice from elsewhere.

- **To continuously improve services.** Service quality standards will be developed and implemented across the network, and programmes of professional education, training, information and research will be developed to support continuous improvement.

A Model for developing sexual health in Haringey: the integrated Sexual Health Network

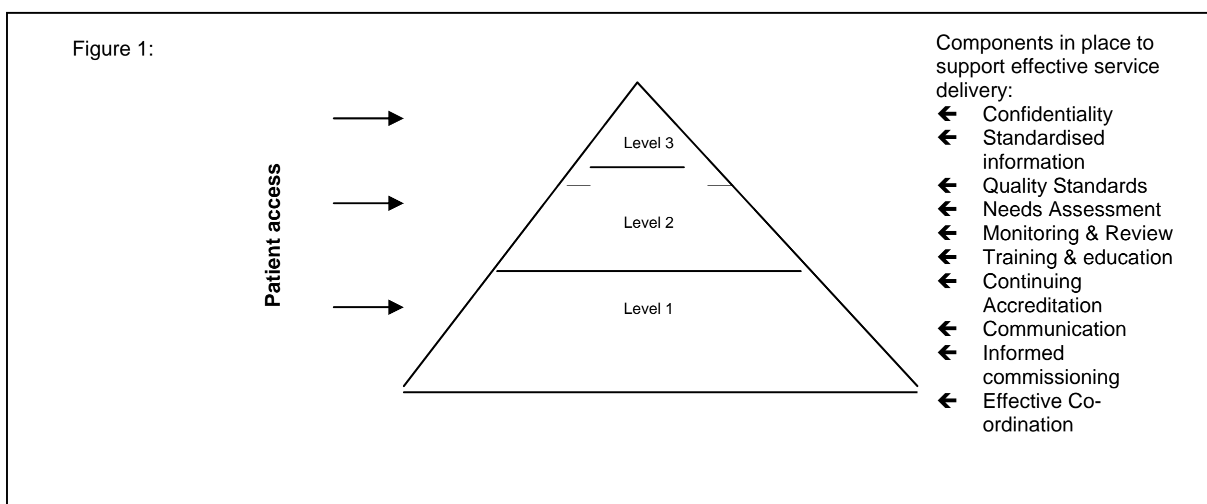
It is recognised that to make progress towards delivering the national strategy, service providers will need to work towards common goals and standards. To this end, the intention is to develop an integrated user centred sexual health network of services across Haringey. This will be far reaching in terms of the range of services involved and will focus in the short term on addressing some of the key issues identified in the key priorities identified through the service mapping exercises (see Appendices 3-5 in Part 3) and consultation exercises. The network will have a fundamental role in shaping services for the future and developing the three levels of service provision described in the national strategy.

The Sexual Health Strategy aims to develop a vision to improve the sexual health of the population through the delivery of a comprehensive network of services. Key stakeholders participating in the network will need to be fully committed and signed up to delivering high quality sexual health services in accordance with national standards (i.e. MedFash) and other locally determined protocols and guidelines. The network model recognises that working across traditional service boundaries is essential to maximise outcomes from resource investment and efforts targeted at delivering improvements to the sexual health of the population.

The Network Model

The network model firmly places the individual at the centre of service provision. It recognises that access to sexual health services needs to be available in a variety of different settings and times, and that the providers of services, regardless of the setting should be fully supported and work towards guidelines and protocols that are underpinned by a network wide quality framework. Figure 1 illustrates the proposed model of service provision.

Source: Bolton PCT



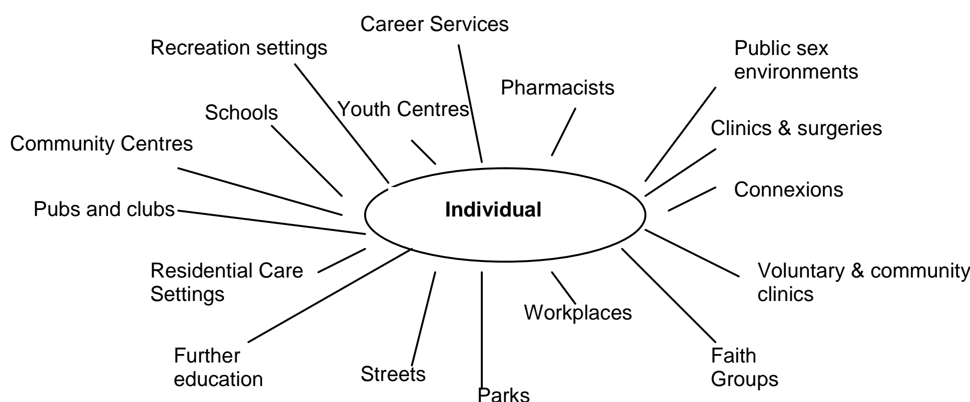
Although the actual configuration of the sexual health network will need to be agreed locally, the general character of the network can be characterised as thus:

- **Level 1 service provision:** will be available in a wide variety of different settings for general assessment, information or referral for sexual health services (e.g. Pharmacists, General Practice, Schools, Voluntary & Community Sector)

- **Level 2 service provision:** can be characterised as intermediate care and may be provided through more developed primary health care teams with a specialist interest in sexual health.

- **Level 3 service provision:** will be provided through specialist services with the focus and expertise to provide care for those with more specialist, complex, chronic or intensive needs (e.g. Genito-Urinary Medicine (GUM), Family Planning and HIV services).

Figure 2: Potential settings for delivering sexual health services



Source: Bolton PCT

Integrated care pathways will underpin service delivery and will define the scope of provision available in different settings. Working within the parameters of national guidance and local capacity, early work of the network will be to define and agree the core components of each service level and develop a phased approach to service development in relation to each of these.

Placed firmly at the centre of the integrated network service model will be the needs of the population. Services will be underpinned by evidence of what is known to work well. Network wide standards of treatment and care will ensure consistency in service provision. Integrated programmes of training and education will be developed to support and continue the development of knowledge and expertise of service providers. Monitoring and evaluation will be an integral feature of service delivery and will help to inform continuing service provision and development.

Scope of the Integrated Sexual Health Service Network Model
The vision is to consolidate all aspects of existing sexual health service provision into a comprehensive network of services that will:

- Provide a continuum of service provision from prevention through to assessment, treatment and care.
- Have a clear focus on users and patients.
- Provide services in environments where users feel safe.
- Enable people to be in control of their sex life.
- Tackle stigma and prejudice.
- Provide choice.
- Provide seamless support and care and recognises that everyone has a role to play in service delivery.

- Work to network-wide agreed standards and protocols for both the delivery of services, professional skills and competency development.
- Recognise and responds to diverse population needs.
- Be underpinned by the clinical governance of service delivery, including continuing education, professional development, clinical effectiveness, audit & evaluation and continuing service development.
- Be supported by an effective communication strategy including public awareness.
- Produce an annual report on progress.
- Produce an annual business and investment plan.

Core principles underpinning the sexual health network will be:
- Accessibility and choice – must be maximised for all clients.
- Confidentiality – must be an essential component of all network services.
- Information - must be appropriate and targeted.
- Flexibility – must be a shared approach to user and patient care and joint working.

The network will provide an overarching framework to support the delivery of:
- Better sexual health services;
- Better HIV social care;
- Sexual health promotion and HIV prevention
- User involvement.

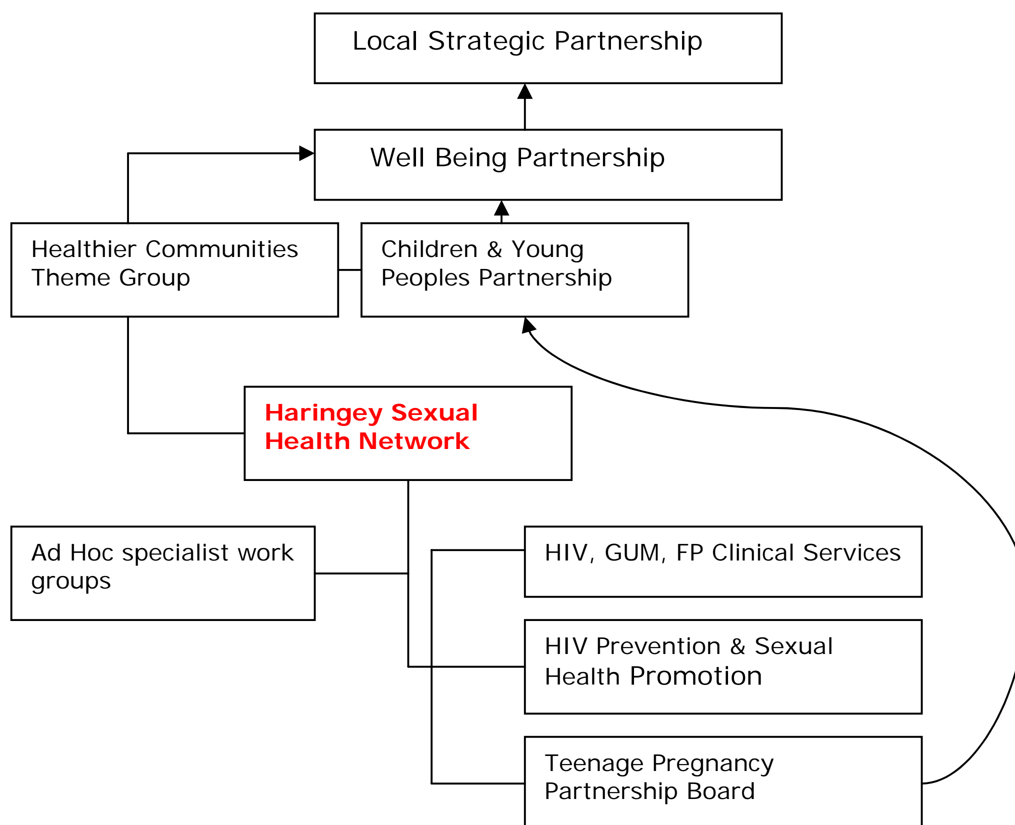
Network providers
The sexual health network should include the following services:
- GUM Services
- HIV Services
- Family Planning Services
- Primary Care Services
- Termination of Pregnancy Services
- Community Pharmacists
- Teenage Pregnancy Services
- School Nursing Services
- Health Development
- Clinical Psychology for Sexual Health and HIV
- Chlamydia Screening Services
- Social Services
- Local Education Services
- Youth Service and Connexions
- Drug and Alcohol Services
- Sexual Health On-Call (SHOC)
- Voluntary and Community HIV services
- Community and faith groups
- Service Users

Network Management & Leadership
Haringey TPCT will take a managerial lead and will facilitate the establishment of the sexual health network, ensuring all stakeholders are fully engaged in the service development process. Clinical leadership, complemented by effective network management, is seen as essential to support the effective functioning of the sexual health network. A model for clinical leadership and support will need to be developed and agreed as an early priority (as set out in the Action Plan).

Network Structure and Accountability

Figure 3 below illustrates the proposed organisational structure and accountability of the sexual health network:

Figure 3.



Role of Sexual Health Partnership Board

The aims, objectives and membership of the Sexual Health Partnership Board are in accordance with recommendations from the national strategy and are supported within this localised strategy development process. The membership of the Sexual Health Partnership Board requires further examination to ensure that representatives are reflective of the sexual health network aims: providing strategic overview and direction for sexual health, family planning and HIV services within Haringey. In particular, greater representation from Primary Care and Local Authority should ensure the strategic commitment from these critical areas of sexual health service provision.

Throughout the course of the consultation events it was evident that there needs to be much greater transparency, and clearer lines of accountability and influence within the local commissioning and policy making structure. It is therefore suggested that three standing sub groups be added to support the local sexual health network; these should be convened by and report to the Sexual Health Partnership Board. The Teenage Pregnancy Partnership Board is already in existence and it is appropriate (as is required by the national strategy guidelines) that this reports to the Sexual Health Partnership Board as well as the Children and Young

Peoples Strategic Partnership. A standing Clinical Services Group is recommended to oversee, maintain and develop clear clinical pathways across the network. An HIV prevention and sexual health promotion group will seek to coordinate sexual health promotion and HIV prevention across the network (some elements of which may be shared with Enfield).

It is anticipated that the proposed new network structure will promote greater representation, discussion and inclusion in key decision making processes for sexual health within the locality. The HIV workers forum (Enfield & Haringey) is undoubtedly a useful forum for those working in the HIV/ Sexual Health field, though its exact relationship with Sexual Health Partnership Board and role within the sexual health network will need further clarification in the proposed new structure.

As has been highlighted within the strategy consultation process there are a number of issues that warrant further review or consideration within Haringey. To ensure that the Sexual Health Partnership Board retains its strategic focus for managing and developing the sexual health network, the new structure makes provision for the establishment of ad hoc short-term work groups to consider such issues (i.e. sexual health of refugees and asylum seekers, psychosexual services review, needs assessments).

Supporting the Sexual Health Network

Network commissioning

There are currently between four and five direct commissioning processes employed in the provision of local sexual health, HIV and family planning services. During the consultations for the strategy it was evident that this current system presents considerable local confusion as to precise areas of responsibility and accountability. Whilst it is noted that the appointment of a sexual health coordinator (Enfield and Haringey) and sexual health manager (one each in Haringey and Enfield) may support the development of sexual health leadership in the locality, leadership, shared vision and direction is needed locally to bring together the broad family of sexual health services in the borough. The appointment of an overall **sexual health commissioning lead** for the network is therefore strongly recommended to provide a strong focus to take forward the work of developing the sexual health network in Haringey.

It is anticipated that the new network structure will further inform and guide commissioning processes once the role and interrelationship of the Sexual Health Partnership Board (as the Sexual Health Network lead) and subordinate groups have been established and become fully operational. A number of other developments are suggested to inform and develop commissioning processes locally.

Tiers of commissioning

Where appropriate, there needs to be greater collaboration with neighbouring authorities within commissioning processes to ascertain joint commissioning aspirations and objectives. Whilst this clearly is already happening through the London North Central region for HIV/AIDS clinical services and cross borough (with Enfield) for HIV prevention it is felt that there is potential for much greater collaboration than is currently realised. The most notable example that has arisen within this strategy process is the need to develop sexual health services along the A10 Corridor, which would be a shared commissioning objective of both Enfield and Haringey.

Within London, there are at least three levels of commissioning, which for Haringey means that services are commissioned at the PCT, North London Central Sector level and on the pan London level. It is clearly important when these commissioning processes are linked, that they are complimentary and have shared goals. Whilst this clearly works well in some areas, there is further scope for development in others (gay men's HIV prevention). The development of the Pan London HIV strategy may play a vital role in strengthening the link between local and pan London commissioning once ratified.

Sexual health Coordinator and Sexual Health Manager roles within the sexual health network

Currently, the main responsibility of the **Sexual Health Co-ordinator for Enfield and Haringey** is to take a key strategic role in ensuring the development and implementation of the National Sexual Health and HIV strategy for Enfield and Haringey. The current responsibility of **the Sexual Health Manager for Haringey** is to support the Sexual Health Coordinator in development of services to improve the sexual health of residents in Haringey. To date, the Sexual health Manager has been in post for 8 months though no appointment has been made to the Sexual Health Coordinator role.

Given the centrality of establishing exclusive sexual health networks for Enfield and Haringey, the role of the Sexual Health Coordinator is incongruous to the proposed new structure. It is thus recommended that this post be disaggregated between the two boroughs and funding used to develop either a commissioning lead or a network coordinator for the Sexual Health Network. The role of the Sexual Health Manager also needs to be reappraised within this context.

Needs assessment

Regular needs assessment exercises with population groups are a vital component of the active commissioning process and should underpin the development of the Sexual Health Network. The sexual health and HIV needs of two key population groups within the locality have not been full assessed for a number of years. The last sexual health needs assessment of Black Africans was in 1997 (Bhatt) and for gay men in 1996 (Scott) and there is need to update local health intelligence on these and other important sexual health risk groups (e.g. sex workers, black and other ethnic minority groups). Further still, on the evidence presented in this review, the needs of new populations may warrant further needs assessments, such as refugee and asylum communities. Similarly, there is a need to coordinate local research and/or service reviews (i.e. psychosexual review) in to the operation and development of the Sexual Health Network.

Data, monitoring and evaluation

Annual service reports should be undertaken to present (for example) work activities, service utilisation and equitable up take of services. It is understood that there is still a requirement to collect and collate such local service information under AIDS Control Act regulations, yet this is no longer enforced or monitored. For the purpose of developing provider awareness and opportunities for partnership work across the Network it is strongly recommended that the annual collection, collation and distribution of sexual health service monitoring data be reinstated through the Sexual Health Partnership Board. This process could be a precursor for more detailed service performance monitoring objective setting processes in the management of the Sexual Health Network.

Public and User Involvement

Public and User involvement needs to occur at two levels. Firstly it needs to occur at a **strategic level** so that the public are involved in the whole planning cycle for the implementation and ongoing development of the Sexual Health Network. The Sexual Health Partnership Board will need to decide the most effective way for doing this so that they ensure the full diversity of views may be heard. It is recommended that the Partnership Board consider the development of a **Participation Strategy.**

The PCT has a Patient and Public Involvement (PPI) forum as required by the Commission for Patient and Public Involvement in Health (www.cppih.org). This forum will provide an access point to involve patients and users in the on-going development of the strategy. It will also be appropriate to consider how local community and voluntary sector groups are utilised and involved in these processes.

Public and User involvement also needs to occur at **an individual service level** so that users are involved in the future development and shaping of services. Individual services will need to undertake responsibility for their own user involvement. The use of tools including anonymous questionnaires can be used to involve service users accessing GUM, contraceptive and other confidential services. Websites, email, mobile phones (text messaging) and live phone-in discussions on radio shows provide other options for participation. The Patient Advocate and Liaison Service (PALS) will also be a good method for obtaining retrospective information about any complaints made about services or concerns raised by the public and/or users and also inform user involvement processes.

It is recommended that staff are provided with training so that they develop the skills they need to take account of cultural complexities in their discussions with users. All public and user involvement activities, at whatever level, will need to be reported through the Quality and Risk Committee as this is one of the components of good clinical governance. In addition, it is recommended that all consultations be reported to the Sexual Health Partnership Board so that they can be utilised in the management and operation of the Sexual Health Network.

D. Strategic Priorities for Action

The following section highlights the key strategic priorities for developing the sexual health of the population of Haringey. The priorities contained below are based on a review of national and local epidemiological data and an extensive mapping and assessment exercise undertaken in the course of producing this strategy, both of which have been comprehensively recorded in Appendices 1-5 in Part 3. In addition the priorities have been informed through the two consultation exercises undertaken with service providers within the borough. The following only contains the key strategic priorities, a more detailed list of the activities required to develop the sexual health of Haringey is provided within the accompanying action plan.

Strategic Objective 1: Development of local sexual health infrastructure

The development of the groups and committees charged with planning, developing and overseeing sexual health work in Haringey is of paramount importance. Central to the development of the local sexual health framework is the need to clarify the role and membership of the Sexual Health Partnership Board commensurate to its role as the strategic lead for sexual health in the borough and the forum charged with developing the local Sexual Health Network. In particular greater strategic representation is required from the Local Authority and Primary Care within the Partnership Board. The supporting framework and the accountability of the Partnership Board to the Healthier Communities theme group of the Well-being Partnership will also need to be confirmed.

- Confirm membership of Sexual Health Partnership Board as strategic lead for Sexual Health in Haringey.
- Develop supporting framework for the Sexual Health Partnership Board.
- Disaggregate the Sexual Health Coordinator post from Enfield and clarify new role and responsibility for the Sexual Health Coordinator and the Sexual Health Manager for Haringey.
- Identify a sexual health commissioning lead for Haringey.

Strategic Objective 2: Developing the Haringey Integrated Sexual Health Network

A central feature underpinning the delivery of the strategy is the vision for the development of an integrated Sexual Health Network. The Network will be the key driver for delivering change and improvement over the short, medium and long term. Drawing on existing good practice, expertise and knowledge, the Network will be fundamental in drawing services together to work as a co-ordinated whole. The network model will need to be locally agreed (components of the three levels of service provision, providers of services, service level agreements and capacity of the network) and arrangements for supporting and managing the network confirmed (clinical governance, integrated care pathways, quality standards, needs assessment, training and workforce development). Commissioning for sexual health will need to be undertaken on a Network wide basis. The Network should also develop processes to collate and review service provider's performance within the Network and assess the effectiveness of the Network in meeting key local and national standards and targets.

- Agree local Sexual Health Network model (services and providers across 3 tiers of provision).

- Produce an action plan for the phased implementation of the Network.
- Produce an annual business and investment plant for the Network.
- Determine clinical governance procedures across the Network.
- Develop integrated care pathways across the Network.
- Establish quality standards across the Network.
- Inform Network commissioning though regular needs assessments processes.
- Develop standardised data collection, monitoring and reporting procedures across the Network.
- Undertake a training and needs analysis and develop a training strategy to underpin Network service provision.
- Monitor and review the performance of the Network against national and local standards and targets.

Strategic Objective 3: Developing better sexual health services

Central to the improvement of sexual health services in Haringey will be the development of the Sexual Health Network which will aim to develop capacity within the borough, enhance partnership working across providers and further develop access to patients. Services may also be improved through the implementation of MEDfash and London Wide Sexual Health Framework standards across all Network providers.

- Agree a process for implementation of MEDfash and London Wide Sexual Health Framework Standards across all services within the Haringey Sexual Health Network.
- Review and develop the accessibility and appropriateness of services for key target populations (Young People, Gay & Bisexual Men, Sex Workers, BME Groups, Refugee & Asylum Seekers and those living in areas of social and economic disadvantage).
- Increase service capacity of GUM, FP, HIV services through the development of the sexual health network.
- Improve GUM services through the extending HIV testing provision (further development of same day and rapid testing at key health care sites and other community settings).
- Improve HIV Clinical services through developing a Chronic Disease Management Plan and improving care pathways with Mental Health Services and Social Care Services.
- Improve contraceptive services through greater integration with sexual health service provision and joint training of staff.

- Improve Termination of Pregnancy Services through better data collection and monitoring systems, develop local provision for medical abortions, establish dedicated provision for young people and the development of an abortion training programme.

- Develop assessment and referral pathways between GUM, Family Planning, HIV services and Clinical Psychology services.

- Improve sexual health services for young people by developing the existing 4YP drop-ins, developing new provision in other youth settings through the work of the 4YP Nurse and developing a training programme for all providers across the sexual health network.

- To embed 4YP Services (Bus and Drop-ins) within mainstream family planning and sexual health service provision.

- To embed Chlamydia screening programme within mainstream family planning and sexual health service provision.

- HIV Social Care will be improved through updating needs assessment data and developing support available to those living with HIV through the sexual health network.

Strategic Objective 4: Developing better prevention

The establishment of the Sexual Health Network will provide greater opportunities for the development of sexual health promotion and HIV prevention work within the borough. This will be vital to address the current generic sexual health promotion service gap that currently exists within the locality. Although HIV prevention is currently commissioned jointly between Enfield and Haringey, it is recommended that future commissioning of both sexual health promotion and HIV prevention moves more toward a borough based approach which is consistent with the Sexual Health Network model (this should not preclude joint commissioning where appropriate). This approach should be supported by disaggregating the Enfield and Haringey PCT's current sexual health promotion funding between the two boroughs. A borough based multi-agency Sexual Health Promotion and HIV Prevention sub group (reporting to the Sexual Health Implementation Group) should be established to develop a Sexual Health Promotion and HIV Prevention Action Plan, identify sexual health promotion training needs and coordinate sexual health promotion and HIV prevention work in the borough.

Sexual health promotion in schools should form an integral part of local preventative work and local partnership work should aim to ensure that all primary and secondary schools have a sex and relationship education policy, that access to sexual health and contraceptive services are developed and the further development of school nursing services are explored. The development of a media and communications strategy would also further support sexual health promotion and HIV prevention work.

- Agree a local process for the commissioning of HIV prevention and sexual health promotion work that is open, inclusive and includes all sexual health network providers.

- Establish a multi-agency Sexual Health Promotion and HIV Prevention sub group that reports to the Sexual Health Partnership Board.
- Disaggregate sexual health promotion funding between Enfield and Haringey.
- Develop a local sexual health promotion and HIV prevention Action Plan that links local prevention work to local services within the Sexual Health Network, develops primary HIV prevention work with MSM, Black African and Black Caribbean communities and interrelates with other preventative strategies (Teenage Pregnancy).
- Local commissioning processes should be linked to pan London sexual health promotion and HIV prevention arrangements.
- Work to ensure that all primary and secondary schools to have an up to date Sex and Relationship Education Policy (facilitated through Healthy Schools).
- Work with the Youth Service, Looked After Children's Service, Leaving Care Team, Asylum Team, Youth Offending Team, Connexions and voluntary sector organisations to develop a strategic and targeted approach to the delivery of Sex and Relationships Education in non-school youth settings.
- Develop a programme of training to ensure that service providers (both statutory and non-statutory) have the skills, information and knowledge for HIV prevention and sexual health promotion.
- Update the Local Sexual Health Service Directory once the Sexual Health Network has been established and distribute to local services.
- Consider the possibility of developing a local sexual health website, which would contain information for both the public and local professionals about the Sexual Health Network.
- Develop a Media & Communications Strategy in which local media campaigns are linked with the national information campaigns and awareness events e.g. World AIDS Day, Contraceptive Awareness Week, National Condom Week and Sexual Health Week.

Strategic Objective 5: Developing user involvement processes

The borough needs to develop meaningful ways in which both patients and the public can be involved in the planning, delivery and monitoring of sexual health services. User involvement needs to be undertaken at various levels and should be coordinated through a user involvement strategy. A user involvement strategy should aim to build on exiting consultations, networks and bodies and encourage all providers to undertake user consultation processes which can be systematically and strategically reviewed by the Sexual Health Partnership Board.

- Develop a user involvement strategy.
- Develop links with PCTs Patient & Public Involvement Forum.
- Services to undertake user consultations and report to Sexual Health Partnership Board and Quality and Risk Committee.