PROGRESS AND PRIORITIES: ADDENDUM TO THE
SEXUAL HEALTH PROMOTION STRATEGY AND
ACTION PLAN (2008 – 2013)
TO DECEMBER 2015

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CHAPTER 1 – INTRODUCTION

1.1 This Addendum should be read together with the Sexual Health Promotion Strategy and Action Plan published in December 2008. It includes a revised Action Plan to the end of December 2015. It underpins the DHSSPS’s (Department’s) commitment to improve the sexual health and wellbeing of the population. Its delivery will help ensure continuity of existing strategy implementation and accountability arrangements.

Background

1.2 The Sexual Health Promotion Strategy and Action Plan 2008 – 2013 (the Strategy) aims to improve, protect and promote the sexual health of the population in Northern Ireland. The multi-agency regional Sexual Health Improvement Network (the Network), made up of key stakeholders and chaired by the Public Health Agency (PHA), oversees implementation of the Strategy’s Action Plan.

1.3 To support implementation of the Strategy, the Department made available annual funding of £900,000; in addition to annual funding of £400,000 to support action on teenage pregnancy. Since 2009/10, the PHA holds responsibility for allocating and managing funding towards sexual health promotion from within its overall budget for public health.

1.4 The delivery of the Strategy’s Action Plan and interim progress made against each of the actions has been assessed. It is acknowledged that whilst much work has been taken forward in support of the Strategy’s objectives, some of the actions require a renewed focus for their successful delivery. It is also recognised that there is an increasing trend in the numbers of recorded cases of sexually transmitted infections (STIs) and, therefore, still a need to prioritise the prevention of sexual ill-health.

1.5 In May 2013, the Minister for Health agreed to an extension of the existing Strategy, through an Addendum, to the end of December 2015.

Scope of the Addendum

1.6 Sexual health is a very broad area including: reproduction, contraception, STI prevention and healthy sexuality. It covers both sexual health services and the promotion of good sexual health. The Addendum focuses on the latter primarily. Its terms of reference are to:

• consider any strategic gaps or developments since publication of the existing Sexual Health Promotion Strategy relevant to Northern Ireland;
• identify those actions within the 2008-2013 Strategy and Action Plan which need to be carried forward;
• consider the need to strengthen or re-prioritise the 2008-2013 actions;
• consider the need for any new actions to be taken forward;
• set milestones for achievement of the targets/ actions in the Strategy; and
• consider ways to evaluate the effectiveness of the Strategy, and the Addendum over the next two years.
Methodology

1.7 To help inform and develop the Addendum, consideration has been given to:

- Diagnosis and trends of sexually transmitted infections (STIs) including HIV; births to teenage mothers and sexual health inequalities;
- Recommendations from the Progress Report on the implementation of the Sexual Health Promotion Strategy and Action Plan\(^1\) provided by the PHA through the Sexual Health Improvement Network;
- Recommendations from the RQIA Report on the Assessment of Specialist Sexual Health Services in Northern Ireland\(^2\);
- Changes to service delivery and clinical practice/ published accredited guidance; and the
- Approach to sexual health in other parts of the UK\(^3,4,5,6\) and Republic of Ireland.

1.8 The Addendum has also been informed by the annual Regional Sexual Health Conference hosted by the Sexual Health Team in the Belfast Health and Social Care (HSC) Trust\(^7\). A series of workshops hosted by the Sexual Health Improvement Network - exploring issues on teenage pregnancy, and sexually transmitted infections, and the RQIA Report - have helped to shape the Addendum.

1.9 There has been widespread engagement with stakeholders in the field of sexual health services/ promotion in the development of the Addendum. The Addendum was not issued, in draft, for public consultation as it does not constitute new policy.

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\(^1\) Interim Progress Report on implementing the Sexual Health Promotion Strategy is available from the Public Health Agency
\(^5\) [http://www.scotland.gov.uk/Publications/2005/01/20603/content](http://www.scotland.gov.uk/Publications/2005/01/20603/content)
\(^6\) [http://wales.gov.uk/topics/health/improvement/index/sexualhealth/?lang=en](http://wales.gov.uk/topics/health/improvement/index/sexualhealth/?lang=en)
CHAPTER 2 – STRATEGIC DEVELOPMENTS SINCE 2008

2.1 There have been a number of significant developments and trends of relevance to sexual health since the Strategy was published in 2008. These are outlined and grouped under common themes in this chapter.

Organisational, Structural and Service Developments

2.2 The Review of Public Administration (RPA) post 2008/09 led to the creation of new Health and Social Care (HSC) structures which included the Health and Social Care Board (HSCB), five Health and Social Care Trusts (HSCT’s), and the Public Health Agency (PHA), with the introduction of new commissioning arrangements for sexual health services and the promotion of sexual health.

2.3 The Department, in providing strategic direction, included three indicators of performance in relation to sexual health improvement in its Commissioning Plan Direction to the HSC for 2012/13 and 2013/14, these are:
   • Rate of births to mothers under 17 years of age.
   • Number of new episodes of selected sexually transmitted infections diagnoses made by Genito-Urinary Medicine (GUM) clinics.
   • Number of new HIV diagnoses.

2.4 The Rowan Sexual Assault Referral Centre opened in September 2013 providing a regional service for those who have experienced sexual violence.

2.5 Continued advances in treatment and care have resulted in improved quality and length of life for many people living with HIV.

2.6 HIV testing services have developed and expanded to offer testing in settings outside of GUM clinics. Advances in testing technology and practice have resulted in more diagnoses of chlamydia and gonorrhoea infections.

Trends in sexual health and teenage pregnancy

2.7 Teenage pregnancy - There has been a sustained decrease in the rate of births to teenage mothers in Northern Ireland, which is consistent with elsewhere in the UK. The Network has integrated action addressing teenage pregnancy with the Sexual Health Promotion Strategy’s action plan. The number of births to teenage mothers reached a record low in 2012 at 1,100 births, with 110 of these births to mothers aged under 17 years.

2.8 Sexually transmitted infections - Surveillance data for STIs in Northern Ireland is readily available from the PHA’s website8. There are over 6,000 new STI diagnoses made annually at GUM clinics in Northern Ireland. The most recent surveillance data shows that:
   • chlamydia is the most common bacterial STI diagnosed in GUM clinics;
   • annual numbers of first diagnoses of genital herpes have increased each year from 2004-2010 with numbers decreasing in both 2011 and 2012;

• diagnoses of first infections of genital warts show little variation since 2000;
• infectious syphilis is endemic in NI; numbers have increased from 2008 with a further increase again in 2012; and
• 95 new HIV diagnoses were made in 2012; although prevalence of HIV here remains lower in comparison to the rest of the UK, Northern Ireland has had the largest proportional increase in new HIV diagnoses since 2000. Late diagnosis of HIV is more common in older age groups, and with more effective treatment, people with HIV are living longer.

2.9 It is widely agreed that sexual behaviour underlies the observed trends in STIs, for example, a lower age at first sexual intercourse, more sexual partners and overlapping sexual relationships.

Policy Developments
2.10 A number of policies, relevant to the Strategy were published since 2008 or are in the process of being developed. These include:
• The New Strategic Direction for Alcohol and Drugs Phase 2 (2011-2016) - which contains a short-term outcome for improved co-operation and co-ordination to address alcohol and drug misuse, mental health, and sexual health, at both strategic and operational level.
• Tackling Sexual Violence and Abuse – A Regional Strategy 2008-2013. A cross-departmental Strategy by NIO and DHSSPS, which aims to address sexual violence and abuse in Northern Ireland in a co-ordinated manner, with action under four inter-related strands of Leadership and Direction, Prevention, Protection and Justice and Support.
• Transforming Your Care: A review of Health and Social Care Northern Ireland 2011 - which proposes a renewed focus on health promotion and prevention to materially reduce demand for acute health services.
• The new Public Health Strategy under development will provide an overarching framework for policies and action to improve the health and wellbeing of the people of Northern Ireland.
• The new Mental Health and Wellbeing Promotion Strategy under development aims to help people maintain positive wellbeing and self-esteem; which will help enable people, particularly young people, build resilience and develop the skills and values to improve their sexual health and wellbeing.
• OFMDFM policies under development for lesbian, gay and bisexual people; and transgender people.

2.11 On the legislative front, the Department of Justice introduced the Sexual Offences (Northern Ireland) Order 2008, which is designed to better protect young people from sexual abuse and exploitation. This legislation also provided for the change in the age of consent from 17 to 16 in 2009.

Standards and Guidance
2.12 Departmental guidance in relation to ‘Safeguarding Sexually Active Children and Young People’ is being finalised by a multi-agency working group. The guidance will set out how HSC professionals should respond when under-age sexual activity is brought to their attention. The guidance will also make clear the Department’s expectations regarding the sharing of information, and the
approaches which must be adopted by HSC professionals in respect of children and young people who engage in sexual behaviour which could be potentially harmful.

2.13 The Department issued guidance referencing UK national guidance on HIV infection in 2008\(^9\) and 2010\(^{10}\) to enable effective management of the condition and decreasing the chances of onward transmission. The guidance aims to enhance the detection and management of HIV in a range of healthcare settings. It also emphasises the importance of testing in non-specialist healthcare settings and increasing the frequency of testing among groups at increased risk of HIV.

2.14 There are also several sets of UK-wide guidance and standards that inform sexual health promotion and the delivery of sexual health services. These include:

- **NICE guidance** - In 2007, NICE published public health guidelines related to the prevention of STIs and under 18 conceptions\(^{11}\). This guidance is due for review.

- **British Association for Sexual Health and HIV (BASHH)** - The BASHH standards for the management of STIs\(^{12}\) are designed for use in all healthcare settings where STIs are managed. Nine standards covering clinical and commissioning issues aim to support sexual health providers and commissioners in achieving high quality services. Recommendations on the use of Post Exposure Prophylaxis (PEPSE) following sexual exposure as a method of preventing HIV infection are included in a BASHH UK guideline\(^{13}\).

- **British HIV Association (BHIVA)** - produces a range of publications to promote both good clinical practice and research in the treatment of HIV infection and HIV related illness.

- **Faculty of Sexual and Reproductive Healthcare (FSRH)** produced service standards for sexual and reproductive healthcare\(^{14}\) in 2013. Eleven standards were developed to support providers and commissioners to provide safe, high quality sexual and reproductive health services. The standards cover contraception and sexual infection management, pregnancy planning, pregnancy choices, community gynaecology, sexual wellbeing and health promotion.

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\(^{10}\) HSSMD23/2010 Updated Guidance on HIV – Management of HIV Infection and Post Exposure Prophylaxis including Sexual Exposure

\(^{11}\) NICE Public Health Guideline (PH3); Prevention of sexually transmitted infections and under 18 conceptions. February 2007

\(^{12}\) BASHH Standards for the Management of Sexually Transmitted Infections (STIs), January 2010

\(^{13}\) British Association of Sexual Health and HIV Guideline (BASHH) on post exposure prophylaxis for HIV following sexual exposure

\(^{14}\) Faculty of Sexual & Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists Service Standards for Sexual and Reproductive Healthcare January 2013
Service reviews

2.15 In October 2013, the RQIA published an assessment of its review of the delivery of specialist sexual health services in Northern Ireland. A large proportion of the work of specialist sexual health services (clinical services whose primary function is the delivery of sexual health) relates to the prevention of unintended pregnancy, and the prevention and treatment of STIs. RQIA concluded that there is a need for clear strategic direction for specialist sexual health services, together with a specific set of standards for the delivery of those services. The report[^2] makes 16 recommendations for improving sexual health services in Northern Ireland, including integrating commissioning arrangements, integrating specialist sexual health services, and workforce planning for these services.

Sexual health in GB and Ireland

2.16 The strategic approach to sexual health in GB and Ireland is set out below:

- **England** - The ‘Framework for Sexual Health Improvement in England’[^3] (2013), aims to improve population sexual health through evidence-based interventions and effective commissioning. It acknowledges service integration has been a major change to sexual health service provision. England has benefitted from significant funding to modernise its sexual health services. From April 2013, local authorities hold new public health responsibilities, including sexual health, which transferred to them from primary care trusts.

- **Scotland** - The Scottish Government’s ‘Sexual Health and Blood Borne Virus Framework 2011-2015’[^4] brings together policy on sexual health, HIV, hepatitis C and hepatitis B within one integrated strategy. The previous ‘Respect and Responsibility: Strategy and Action Plan for Improving Sexual Health’ (2005)[^5] focussed on sexual health promotion, education, and service provision, and included the development of standards for sexual health services[^15]. There has been subsequent review/ benchmarking of services against these standards. Most NHS Boards in Scotland have integrated services such as sexual and reproductive health and GUM.

- **Wales** - The ‘Sexual Health and Wellbeing Action Plan for Wales, 2010-2015’[^6] adopts a broadly based and integrated approach covering both the promotion of positive sexual health and wellbeing and the delivery of sexual health services. It focuses on developing a culture to support sexual health and wellbeing; better prevention; delivering modern sexual health services; and strengthening health intelligence and research.

- **Ireland** - A Sexual Health Strategy is currently under development in line with ‘Healthy Ireland – A Framework for Improved Health and Wellbeing 2013’[^16]. Three regional strategies have focussed on sexual health

promotion; to increase awareness of sexual health issues, reduce STIs and unplanned teenage pregnancies, improve information and surveillance, and develop sexual health services.

Updates on the Cost of Sexual Ill-health

2.17 Updated estimates of the economic impact of sexual ill-health and costs associated with teenage pregnancy are set out below:

**STIs and HIV:**
- In 2011/12, there were 101 inpatient episodes for Genito-Urinary type conditions, costing an estimated £236,000 and approximately 25,700 outpatient attendances costing an estimated £9.4m.

- Tubular factor infertility arising from untreated chlamydia can result in the need for IVF treatments. These treatments currently cost just under £3,000 per cycle, according to NICE (2013).

- Combination drug therapies for those with HIV/AIDS currently cost, on average £6,000 per patient per annum. Currently 522 people in Northern Ireland (figures for 2011) are in receipt of care. If all of these patients are undergoing combination drug therapies, the cost is approximately £3.0m per annum. According to the National AIDS Trust (UK), for every person who is prevented from acquiring HIV, the health service saves over £350,000 in lifetime treatment costs.

**Contraception**
- The prevention of unplanned pregnancies by contraception has estimated savings of approximately £110m in Northern Ireland per annum.

**Teenage Pregnancy**
- The hospital delivery costs associated with teenage pregnancy in Northern Ireland are estimated to be £2.7m in 2011/12.

- An estimate of the cost of teenage pregnancies to the Exchequer (unemployment benefits and administration, plus tax revenue foregone) stands at approximately £24,000 per mother\(^\text{17}\). Assuming only those mothers aged 17-19 years of age are likely to be unemployed, a conservative estimate of their Exchequer cost is approximately £24m, based on 2012 Northern Ireland births data (there were 990 births to 17-19 year olds).

- Additionally, 110 young mothers in 2012 were 13 to 16 years of age. This group would place increased demands upon social, health and education services and their own families through the requirement to have someone look after the newborn child whilst the mother returns to compulsory education.

\(^{17}\) Bivand, P., Centre for Economic and Social Exclusion, 2000 - uplifted for inflation
Summary
2.18 Since publication of the Strategy in 2008 there have been significant developments influencing sexual health issues through legislation, strategic direction, guidance, clinical practice, evidence based interventions and commissioning of services. The sexual health policies in UK and Ireland recognise the importance of services in improving sexual health and have included action to deliver improved sexual health services. It is important to note that in times of economic pressures, investment in sexual health can result in considerable cost savings to HSC.
CHAPTER 3 – ACTION PLAN AND TARGETS - PROGRESS TO DATE

3.1 Implementation of the 2008-13 Strategy’s 25 actions is overseen by the Sexual Health Improvement Network. The Network’s inclusive and coordinated approach to implementation has resulted in effective partnership working across sectors to deliver initiatives to improve sexual health. This Chapter summarises the progress made to date in implementing the Strategy; an assessment of the progress is also set out in the revised Action Plan (attached as an Appendix).

3.2 The Network, through the PHA, has reported in detail the progress made to date on implementing the Strategy. The report sets out the Network’s approach in taking forward the Action Plan; and programmes and activities that are in place to support the Strategy’s objectives. It highlights areas where good progress has been made and where more needs to be done.

Prevention

3.3 In line with the Strategy’s objectives, the PHA ran two regional public health campaigns: ‘Sex. Just Don’t Do It. Think it Through.’ and ‘Safer Sex’. Evaluation indicated that those exposed to the campaigns had a significantly higher level of knowledge on sexual health issues compared with those not exposed to the campaigns.

3.4 A number of voluntary organisations deliver a range of programmes to promote good sexual health and prevent ill health, some of which are commissioned by the PHA. Certain HSC and voluntary sector programmes work with specific groups, including, for example, looked after children, teenage mothers, faith organisations, LGBT community and those living with HIV. The statutory youth sector provides sexual health education at age appropriate levels to young people using a range of methods including, individual and group work, and information technology.

Training

3.5 Training programmes have been delivered on three fronts; (a) for staff in HSC organisations covering issues on sexual health awareness, attitudes, and specialised training; (b) for teachers to support the delivery of relationship and sexuality education in schools; and (c) for youth and community workers involved in sexual health promotion. There are a range of training providers, including, for example, HSC staff training has been provided by staff in GUM and family planning services; teacher training has been provided by the Sexual Health Team, BHSCT, in partnership with Education and Library Boards; and the PHA working with youth service organisations has facilitated training for youth and community workers. A number of voluntary organisations have also provided training to staff working in the health, education and youth service sectors.

Services

3.6 Improvements to services by HSC Trusts include the provision of additional clinics for clinically urgent cases; the development of sexual health clinics; the provision of nurse-led sessions to augment consultant-led services; and changing opening times and appointments arrangements. However, the RQIA
3.7 Other developments on improving access to services include:

- The expansion of sexual health services in local border areas in the Southern and Western HSC Trust areas has been enabled through funding from the European Union’s INTERREG IVA programme and secured by Co-operation and Working Together (CAWT), the cross border health and social care partnership.
- An outreach clinic provided as a GUM service initiative for men who have sex with men.
- A Primary Care pilot STI testing service provided by GPs.
- A sexual health pilot by Community Pharmacists to carry out sexual health assessments, and provide access to contraceptive advice and treatment as appropriate.
- Partnership working between the health and education sectors to provide sexual health services for young people under 25 years.

3.8 There are also issues accessing sexual and reproductive health (SRH) services providing family planning advice and contraception.

### Commercial Sex Workers services

3.9 The 2008-13 Strategy acknowledged that there is limited information on commercial sex workers in Northern Ireland and few people attending GUM clinics identify themselves as being involved in sex work. Prostitution is covert by nature and the character of sex work has changed since the Strategy was published. For example, the internet has rapidly expanded how sex is sold; through chat rooms, escort agencies and individuals offering services. Commercial sex workers are a diverse population, work in different settings and have varying needs from the health service. The Belfast HSCT provides a service for commercial sex workers in Belfast and is currently considering reconfiguration of this service. The Network has not made any significant linkage with services for sex workers and an assessment of clinical services across all HSC Trust areas would be beneficial. The PSNI and other organisations take the lead on the prevention of organised prostitution, people trafficking and sexual exploitation.

### HIV-Testing services

3.10 Early diagnosis of HIV improves prognosis and can reduce onward transmission of HIV. Over 53,000 HIV tests are carried out annually in Northern Ireland, with approximately 26,000 carried out as part of the ante-natal screening programme. The GUM clinic in Belfast and the PHA are working with voluntary organisations in providing outreach rapid HIV testing services.

### Research

3.11 The Strategy acknowledged the lack of local information on sexual attitudes and behaviours of the population. To help address this gap, the Health Survey for Northern Ireland first included questions on sexual health in 2011/12. Key findings were:
• 32% of respondents said that drinking alcohol contributed to having sex without using condoms.
• The Internet is a very important source of advice on STIs for males.
• 61% of respondents said they would seek help from their GP for STIs.

3.12 This information will help inform the Network’s approach to improve the sexual health of the population. Questions on sexual health have been included in the Health Survey 2012/13 and 2013/14. The findings will be considered when the results are available. A number of specific research projects have also helped expand the local knowledge base in relation to sexual health issues.

Progress against Targets
3.13 Progress against each of the Strategy’s targets is set out below. A ‘red, amber, green’ (RAG) summary of progress against the targets with milestones and the next steps is included in the Appendix. One of the targets, which relates to access to services, is revised in light of the unavailability of source data.

Target:
92% of 11 to 16 year olds should not have experienced sexual intercourse by 2013
Baseline: 89% of 11 to 16 year olds reported they had not experienced sexual intercourse in 2003 (Young Persons Behaviour and Attitudes Survey).

3.14 In 2010, 92% of 11 to 16 years had not experienced sexual intercourse, with:
• 41% reporting they have had no sexual experience;
• 76% either had no sexual experience or had not experienced anything beyond kissing; and
• 8% had indicated that they had experienced sexual intercourse.

Figure 1

3.15 The results of the 2013 Survey, when published, will help determine if achievement of this target has been maintained.

18 NISRA; The Young Persons Behaviour and Attitudes Survey Bulletin 2010
3.16 Between 2003-05 and 2010-12, the rate of births to mothers aged 13 to 16 decreased by 19.4% from 3.1 to 2.5 per 1,000 females. It is anticipated that the three year rolling average for 2011-14 will be available in November 2015, and progress against the target will continue to be monitored.

Figure 2:

Northern Ireland birth rate (per 1,000) to mothers aged 13-16 and 13-19 years, 2000/02 - 2010/12, three year rolling average.

Target:
A reduction of 25% in the number of new episodes of gonorrhoea by 2013.
Baseline: 182 cases in 2005
Source: KC60 statistical return

3.17 The number of new episodes of gonorrhoea has increased. There were 451 new episodes of uncomplicated gonorrhoea diagnosed in GUM clinics in 2012, the highest ever recorded in Northern Ireland. There has been a general increasing trend in the diagnoses of uncomplicated gonorrhoea, with steep increases in both 2011 and 2012. It is likely that the use of more sensitive testing has contributed to this increase in part; however, it is also likely to reflect increased unsafe sexual activity.

19 Public Health Agency. Sexually transmitted infection surveillance in Northern Ireland 2013. An analysis of data for the calendar year 2012
3.18 In light of these developments, it is clear that the reduction target will not be achieved. It is not beneficial to set a new baseline for the target until the number of diagnoses has settled. However, gonorrhoea infection is still considered to be a useful indicator of sexual ill health in the population and, therefore, the number of new episodes of gonorrhoea will continue to be monitored.

Target:
By March 2008, all patients assessed as clinically urgent to access specialist Genito-Urinary Medicine/ Sexual Health services within two working days.

3.19 The access target was a recommendation arising from a review of sexual health and GUM services in 2006. However, there is no routine source of data available on 48 hour access to GUM services. The information on waiting times currently collected relates to people waiting for a first outpatient appointment at a consultant-led GUM clinic, for up to 6 weeks and longer. It does not relate to people who may attend nurse-led clinics, drop in clinics, or those waiting for a review appointment.

3.20 In order to allow time for the necessary arrangements to be put in place, the target has been revised to:

Revised Target:
By March 2015, all patients with a new clinical episode can access Genito-Urinary Medicine (GUM)/ sexual health clinics within two working days.

Assessment of Progress
3.21 The regional Network has been a key driver in taking forward the Strategy’s implementation through a co-ordinated and collaborative approach with key stakeholders from the statutory, voluntary and community sectors. Considerable work has been undertaken by the members of the Network and by those implementing initiatives in support of the Strategy’s objectives.

3.22 The Strategy set ambitious targets. The target has been met for young people aged 11-16 years who have reported they have not experienced sexual intercourse, and this will continue to be monitored. The rates of births to teenage mothers are reducing; however there is still an inequalities gap, with the rate of births to teenage mothers in the most deprived areas around twice that of the Northern Ireland average rate. It is expected that the increasing upward trend in rates of STIs will continue to rise. Whilst progress has been made to improve access to GUM/ sexual health services, it is important to refocus on the target to ensure timely (within two working days) access to these services. Treatment and tracing of sexual contacts to prevent onward transmission are key elements in addressing the rising rates of STIs, and without improvements to sexual health services, the risk of poor sexual health outcomes within the population will elevate.
3.23 There has been much progress made on those actions aimed at prevention, with a wide range of programmes available to support the delivery of relationship and sexuality education; and to promote sexual health and wellbeing for young people and those most at risk. However there has been limited progress on action in the workplace to support positive sexual health. Actions on training have also progressed well with training programmes and support accessible to teachers and youth workers. Improvements in relation to training in HIV and sexual health issues for HSC staff and GPs could be further explored. Progress on action for improving service has been more mixed: there has been improved accessibility to sexual health services through the provision of nurse-led clinics, the establishment of services in border areas, and in further education colleges; however GUM clinics are facing capacity and workforce constraints. A number of pilots have been developed to deliver services in primary care. A regional Chlamydia testing programme has not been introduced, although symptomatic testing is undertaken within primary care and sexual health services. The main gaps identified are the commissioning of local research and the development of services for commercial sex workers.

3.24 Many of the pilots and initiatives delivered in support of the Strategy demonstrate good practice and have the potential for regional implementation. The potential role of GPs and community pharmacists could be further explored for delivering sexual health promotion and services. Many interventions addressing alcohol and drug abuse and personal development can also influence sexual health and behaviour; the contribution of these programmes in supporting the Strategy's aim and objectives is also acknowledged.

3.25 It is acknowledged that the Strategy has put sexual health on the political agenda and that it has been a key driver to influence the improvement of sexual health within the population in Northern Ireland.

3.26 The Revised Action Plan includes a “red, amber, green (RAG) status” progress assessment and an overview of progress against each of the Strategy’s targets and actions. It also details the next steps to be taken in relation to each of the actions.
CHAPTER 4 – PRIORITIES GOING FORWARD

Aim and Objectives
4.1 The aim and objectives of the Addendum to the Strategy remain the same as those set in 2008; with the aim being to improve, protect and promote the sexual health and well-being of the population of Northern Ireland.

4.2 The key objectives are to:
   • enable the population to develop and maintain the knowledge, skills and values necessary for improving sexual health and well-being;
   • promote opportunities to enable young people to make informed choices before engaging in sexual activity, especially, empowering them to delay first intercourse until an appropriate time of their choosing;
   • reduce the number of unplanned births to teenage mothers;
   • ensure that all people have access to sexual health services; and
   • reduce the incidence of STIs, including HIV.

4.3 The Addendum sets out a renewed approach and updated actions for achieving these objectives. Two new actions have been added.

Sexual Health Inequalities
4.4 The trends in STIs indicate that young people, particularly 20-24 year olds, have significantly higher rates of infection. Young people are particularly vulnerable to risk-taking behaviour and sexual exploitation. The rates of some STIs disproportionately occur in men who have sex with men. Women who have sex with women have a higher risk of some gynaecologic cancers yet sexual health advice and information is often not made readily available to them. Some commercial sex workers are at higher risk of poor sexual health and may have difficulties in accessing information and mainstream services.

4.5 The Addendum to the Strategy is intended for the whole of the population; however, those considered to require particular action continue to be:
   • Young people under 25 years and especially those who are looked after or leaving care;
   • Men who have sex with men; and
   • Commercial sex workers.

Revised Target
4.6 There have been developments to improve access to GUM and sexual health services; however there are important issues still to be addressed, including capacity and workforce issues. In relation to monitoring access, the target has been revised to:

By March 2015, all patients with a new clinical episode can access Genito-Urinary Medicine (GUM)/ sexual health clinics within two working days.
CHAPTER 5 - SUMMARY OF REVISED AND NEW ACTIONS

5.1 The Strategy’s Action Plan comprised 25 actions, most of which remain valid for achievement of the Strategy’s aim and objectives. As the Network has been established, Action 23 has been reworded to reflect that the Network will continue to maintain the lead in implementing the actions. The HPV immunisation programme has been established (Action 10) and the programme will continue. A number of other actions have been enhanced with greater detail pertinent to the relatively short lifespan of this Addendum to the Strategy. The revised actions, relevant up to the end of 2015 are summarised below:

(a) The Network established a Research sub-group in 2013. The sub-group will make recommendations to address gaps in research; and identify opportunities for relevant research funding. (Action 21, Action 22)

(b) The Network will establish a Communication sub-group to consider how best to address communication of key sexual health messages. (Action 1, Action 15)

(c) The Network will ensure that information and training on the Sexual Offences (Northern Ireland) Order 2008 is signposted to those in the HSC and voluntary and community sector working in the field of sexual health. (Action 11)

(d) The Network will liaise with support services for vulnerable parents to help support parents to address issues such as emotional issues, appropriate behaviour in relationships, sexuality, and internet safety. (Action 25)

(e) The Network will strengthen its link with those providing sexual health information and services to Commercial Sex Workers and explore the needs in this area. (Action 16)

(f) The Department will determine chlamydia policy for Northern Ireland; taking account of other countries’ policies on chlamydia and testing practice. (Action 19)

5.2 Two new actions have been added to the Action Plan. These are:

(i) The Department will consult on a proposal to revoke legislation to legalise the sale of HIV self-testing kits in Northern Ireland. (Action 26)

(ii) The Department will develop proposals, for Ministerial approval, on the next strategy for sexual health to address promotion, prevention and services. (Action 27)

5.3 In relation to a review of specialist sexual health services by the RQIA, the Department will write to the HSC organisations regarding the implementation and reporting arrangements of the accepted recommendations.
CHAPTER 6 – IMPLEMENTATION AND MONITORING

Implementation
6.1 The revised Action Plan will be implemented within existing arrangements, whereby the PHA is responsible for the overall co-ordination for implementation of the Strategy, through the Network. Implementation should take into account: the PHA’s Thematic Action Plan for Health and Wellbeing Improvement for Sexual Health and Teenage Pregnancy (2011-2015); implementation of the RQIA report on Specialist Sexual Health Services; learning gained through the Strategy’s implementation over the past five years; and local need, including the needs of those groups at higher risk of sexual ill-health.

6.2 The Department will continue to set and monitor strategic priorities and outcomes in line with the Addendum to the Strategy through its annual Commissioning Plan Directions to the HSC.

Resources
6.3 The funding towards implementation of the Addendum to the Strategy will continue to be managed by the PHA from within its overall budget for public health.

Monitoring
6.4 The Addendum’s Action Plan includes a ‘red, amber, green (RAG) status’ to help assess and monitor progress against its targets and actions. Any proposed revisions to the Action Plan or new actions identified as priority should be agreed with the Department.

6.5 Monitoring of the Addendum’s delivery will be undertaken through internal and external arrangements. The Network, through the PHA, is required to report progress to the Department on the implementation of the Addendum’s Action Plan. The Network may be asked to provide updates to the Department on an ad hoc basis. The Network may broaden the measures and outcomes to monitor service provision and target group uptake.

Review
6.6 The Department will review progress against the revised action plan through reports from the Network; progress against the targets and indicators of performance on an ongoing basis.
ADDENDUM TO THE SEXUAL HEALTH PROMOTION STRATEGY:
REVISED ACTION PLAN AND TARGETS

Introduction
The Addendum to the Sexual Health Promotion Action Plan includes a “red, amber, green (RAG) status” progress assessment and an overview of progress against the actions and targets. Information gathered in 2011/12, as included in the Sexual Health Improvement Network’s interim progress report, has been the main source from which to determine the assessment of progress. Further revised and new actions have been identified for implementation by the end of December 2015, unless otherwise stated.

Progress rating system

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<tr>
<th>Traffic lights</th>
<th>Colour designation</th>
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<tbody>
<tr>
<td><img src="red.png" alt="Red" /></td>
<td>Limited progress to date. Enhanced focus required.</td>
<td>R = Red</td>
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<tr>
<td><img src="amber.png" alt="Amber" /></td>
<td>Moderate progress to-date. Additional focus required.</td>
<td>A = Amber</td>
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<tr>
<td><img src="green.png" alt="Green" /></td>
<td>Activity is progressing to plan. Ongoing monitoring required.</td>
<td>G = Green</td>
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## ACTION: PREVENTION

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| **Action 1** To develop a phased sexual health public information campaign which is accessible to all groups and aims to: (i). Promote sexual health and wellbeing; (ii). Raise awareness of specific sexual health issues, including HIV/AIDS with particular focus on those most at risk; (iii). To tackle discrimination and stigma associated with HIV, STIs and sexual orientation. |                 | In 2008/09, the ‘Sex. Just Don’t Do It. Think It Through’, radio advert and poster media campaign targeting 16-25 year olds ran. This campaign was re-run in March 2010. ‘Safer Sex’ - radio advertisements, ran in 2008/09, targeted at 18-30 year olds. These campaigns were evaluated with a high percentage of the target audience being receptive to the messages. Voluntary organisations including Positive Life also provide education services for the wider population on HIV. The PHA in association with the Rainbow Project produced a targeted campaign on STIs including gonorrhoea for MSM in Nov 2013. The PHA has also submitted a proposal for 2014/15 for the further development of a general sexual health campaign.  

**Next Steps**  
The development of a Public Information Campaign. The Communication sub-group will wish to consider how best to address communication of key sexual health messages through appropriate means. The Sub-group may wish to consider the following list of suggestions from the Network:  
• General population on sexual health matters including HIV  
• High risk groups - MSM  
• Delayed sexual activity, positive body image messages  
• Address discrimination and stigma associated with HIV, STIs and sexual orientation;  
• Encourage and normalize HIV Testing;  
• Provide Information and Education for over 45’s.  
• Sexual Dysfunction in men as a marker of Cardio-vascular Disease  
• 17 & 18 years olds not aware they can access HPV vaccine from GP  
• Sexual Health Promotion through new routes e.g. GP Surgeries, social media. | • DHSSPS  
• PHA  
• HSC  
• Department of Education  
• Voluntary and community organisations |
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| **Action 2**  
To further develop community based programmes to promote sexual health and wellbeing including the prevention of STIs and HIV/AIDS and particular focus on those most at risk and taking account of the needs of those with a disability or from and ethnic minority community. | | Aids Care Education & Training (ACET) provide a range of sexual health personal development programmes targeted at disadvantaged and at risk young people including an OCN entry level accreditation programme.  
The Chinese Welfare Association delivered a programme to increase the capacity of Chinese parents and grandparents and carers to communicate about sexual health.  
The “Just Ask” programme, developed by the FPA, is a sexual health personal development programme for people with a learning disability.  
All Trusts have services and programmes to provide support to Looked after children (LAC) and young people. The SHSCT led work on the development and implementation of Personal Development Guidance for LAC and young people. This work is now being considered by a regional group involving all five Trusts.  
The Rainbow Project deliver HIV and STI prevention programmes including outreach work and distribution of safer sex packs. Positive Life also provides counselling and support for people living with HIV and for those affected by HIV such as families and carers.  
The Department provided three year project funding 2008 –2010 to Autism NI to improve and promote the sexual health and well-being of young people with Autism. One day and two day workshops were held with 159 participants attending.  
**Next Steps**  
Ongoing implementation in line with the action, with the further development of programmes, taking account of the needs of particular groups. | • HSC  
• PHA  
• Voluntary and community organisations |
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<td><strong>Action 3</strong></td>
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| To ensure that health promoting workplaces include action to support positive sexual health. | [ ] | The PHA in 2013 published ‘Health and Wellbeing at work: a resource guide which aims to support employers and employees to access information on improving health and wellbeing at work. Included in the guide are information and contact details for organisations in Northern Ireland that can provide information and support to businesses on each of these aspects including sexual health. An on-line questionnaire for employers completed anonymously by employees ‘Health at Work NI’ has been developed, however sexual health is not part of the questionnaire. **Next Steps** Revise the resource guide and on-line questionnaire to include sexual health. | • PHA  
• HSC |
| **Action 4**      |                | “TATI+” (Talking about Tough Issues Plus): a parents’ programme which considers drug and alcohol but has also developed to include modules on relationship and sexuality and promoting positive mental health. ACET provide a 10 session Drug and Alcohol Education Personal Development Programme for disadvantaged young people and their parents/carers and also adults affected by substance misuse. The programme is aimed at promoting healthy choices resulting in reduced risk of infection and unplanned pregnancy. The Western Health Improvement Team support FIND (Fermanagh Information for Needs and Development) a One-Stop Shop that provides information, resources and support for young people between the ages of 11 – 25 in Enniskillen. This includes information on drugs, mental health, alcohol, sexual health and more. **Next steps** Continue the roll-out of One-Stop Shops for young people to include sexual health. | • DHSSPS  
• HSC  
• Education sector organisations |
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| **Action 5** To continue to implement guidelines on Relationships and Sexuality Education (RSE). | ![Green]         | Within the revised curriculum, RSE is now a statutory component of Personal Development and Home Economics, as well as the biological aspects of the science curriculum.  
There is currently a model for support for RSE in place in Belfast and South Eastern localities. This model involves the Sexual Health Team (BHSCT) working in partnership with the Education and Library Boards to provide two day training programmes for teachers. During the 2011/12 academic year, with the support of the Department of Education, the model of training used in Belfast and South Eastern localities was successfully tested in the North Eastern Education and Library Board. Following on from this work the Department of Education has written to all 5 Education and Library Boards and is supporting the roll out of 5 post primary courses.  
Love for Life, offer RSE programmes to primary and post primary schools. The interactive multi-media programmes supported with teacher lesson materials that are delivered include I-zone, Icebergs and Babies, Dating and Mating and Sex Factor. Schools receive Love for Life input to complement and support RSE programmes as part of personal development within the revised curriculum. | • HSC  
• Education sector organisations  
• Voluntary and community organisations |
| **Action 6** To issue and implement NICE Guidelines on prevention of Sexually Transmitted Infections and under-18 conceptions. | ![Orange]        | The draft process is under development on the endorsement and dissemination of Public Health NICE guidelines in general, including those relating to sexual health.  
Next steps  
Pending the outcome of the review of this NICE guidance; and the review of the agreement between NICE and the Department on endorsement of NICE public health guidelines. | • DHSSPS  
• HSC  
• Education sector organisations  
• Voluntary and community organisations |
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<td><strong>Action 7</strong></td>
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<td>Love for Life delivered the ‘Take Me Out’ relationship and sexuality programme aimed at 16-18 year olds delivered in youth settings and targeting socio-economically deprived communities and looked after children. A Faith Subgroup was established by the Belfast HSC Trust with the aim to promote a social climate which is supportive of young people and their sexual health by exploring faith issues. A resource entitled ‘Unique’ was developed and launched. A skill based programme in relationships and sexual health for youth leaders and for parents from faith based communities was also developed. The Research team at the School of Nursing and Midwifery, QUB has developed a new educational resource to specifically address teenage men and pregnancy. If I were Jack…” it aims to increase boys’ and girls’ intention to avoid a teenage pregnancy by raising awareness of the potential consequences of an unintended pregnancy. The Youth Service provide information to young people on a range of personal and social development topics through issue based group work within youth clubs and project work. They run supported voluntary units on health topics such as mental health, sexual health and drug and alcohol education. The Department provided three year project funding 2008 –2010 to Autism NI to improve and promote the sexual health and well-being of young people with Autism. One day and two day workshops were held with 159 participants attending.</td>
<td>Ongoing implementation in line with the action.</td>
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<td><strong>Action 8</strong>&lt;br&gt;To further develop community based programmes and courses in parent/child communication</td>
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<td>ACET provide parent/child communication skills training for foster parents and a course entitled “Talking Teen Programme” which delivers an introduction to parent/child communication skills for caring professionals working with parents and families in the community. ACET also provide parent/child communication skills facilitators training courses.&lt;br&gt;&lt;br&gt;The FPA delivers the “Speakeasy” programme. This programme, which has been externally evaluated, helps parents to communicate more effectively with their children.&lt;br&gt;&lt;br&gt;Love for Life provides “Parent Talk” workshops to raise awareness, support parents and help them communicate with their children. They also provide the “Face to Face Book” programme targeted at parents, which will inform and train them in the dangers of Facebook and cyber bullying.&lt;br&gt;&lt;br&gt;<strong>Next steps</strong>&lt;br&gt;Ongoing implementation in line with the action; with support to parents to address issues such as sexuality, appropriate behaviour in relationships, emotional issues, internet safety (dangers of grooming and pornography).</td>
<td>• DHSSPS&lt;br&gt;• HSC&lt;br&gt;• PHA</td>
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<td><strong>Action 9</strong>&lt;br&gt;To further develop, particularly in areas of socio-economic deprivation and rural areas, community based teenage personal development programmes that will incorporate sexual health issues and risk taking behaviour.</td>
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<td>A range of programmes have been delivered by a number of voluntary organisations, including the FPA’s ‘Choices’ and ‘Bout ye’ programmes.&lt;br&gt;The “Bounce” training resource supports those working with young people to facilitate learning of core life skills, including self esteem and communication competence within relationships. It aims to enhance health and wellbeing by acquiring life skills to manage risk and develop resilience to help manage difficult situations during adolescence and beyond.&lt;br&gt;&lt;br&gt;<strong>Next steps</strong>&lt;br&gt;Ongoing implementation in line with the action.</td>
<td>• HSC&lt;br&gt;• Voluntary and community organisations</td>
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<td><strong>Action 10</strong></td>
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<td>The HPV immunisation was introduced in September 2008. It is routinely offered by the school health service to girls in year 9, those who do not take up the offer or who start but do not complete the course in year 9 are offered it again in year 10. In 2008/09 it was also offered to girls aged 17/18 years at that time (equivalent of school year 14) this was done through primary care as not all girls are still at school at this age. In 2009/10 there was an additional catch up of 4 further years of girls – those who would have been in years 11, 12, 13 &amp; 14 in that year. Years 11 and 12 were offered the vaccine in school by the school health service, years 13 &amp; 14 by primary care. Northern Ireland has the highest uptake of the 3 dose protection in the United Kingdom at 88.1%. <strong>Next steps</strong> This action has been completed with the immunisation programme established.</td>
<td>• DHSSPS  • HSC  • PHA</td>
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<td><strong>Action 11</strong></td>
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| To ensure that general training is provided for staff involved in sexual health issues. To cover core skills and issues such as awareness, attitudes, information, communication skills, sexuality, and relationships & sexual health. **Further Action:** The Network will ensure that information and training on the Sexual Offences (NI) Order 2008 is signposted to those in the HSC and voluntary and community sector working in the field of sexual health. | Training is provided for HSC for those working with young people, to enhance their skills and allow them to address and respond to sexual health issues appropriately. This training is delivered by GUM and family planning staff, in partnership with a number of voluntary organisations, such as ACET, Brook and FPA. An online training package “sex e learning” provides an introduction to sexual health promotion work with young people [www.sexelearning.hscni.net](http://www.sexelearning.hscni.net) | • DHSSPS  
• HSC  
• PHA  
• Voluntary and community organisations |
| **Action 12**      |                |                                |                   |
| To ensure that there is specialised training in sexual health skills for health & social care professionals providing sexual health services including training to enable them to deal effectively with issues facing lesbian, gay and bisexual men and women and all other Section 75 groups. | HIV Training for Trainers programme developed by BHSCT is delivered in HSC Trusts. A research team, School of Nursing & Midwifery, QUB, produced an e-learning resource on HIV and Pregnancy “Prepared to Care” which aims to prepare healthcare professionals to better understand the care needs of HIV-affected women, and their partners, from reproductive decision-making to post-natal care. The Rainbow Project, HERE NI (formerly Lesbian Advocacy Services Initiative (LASI), and SAIL (Support, Acceptance, Information, Learning)-Transgender NI provide information, education and training to raise awareness of LGBT issues. The PHA is working with the V&C sector in relation to workplace issues for the LGBT community | • DHSSPS  
• HSC  
• PHA  
• Voluntary and community organisations |

**Next steps**  
Network should consider non-clinical training to ensure standardisation of training.  
Ongoing implementation in line with the action.
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<td><strong>Action 13</strong></td>
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| To ensure that appropriate sexual health training which takes account of the needs of Section 75 groups is made available to teachers implementing RSE guidelines and youth workers involved in sexual health promotion. | | A PHA model has been developed to provide training and support to teachers and schools for the delivery of RSE. This training is broadly based and takes into account the needs of Section 75 groups. The training has been delivered in partnership with BELB, and SEELB for a number of years and was piloted with NEELB in February 2012 with plans to offer training in all Education and Library Board areas. The Love for Life programme “Sex in the City” and “More Sex in the City” have trained faith based youth workers in RSE delivery including Section 75 issues. Love for Life has also provided Romance Academy Training to youth workers. Its aim is to deliver RSE training to youth workers using the Romance Academy model so that those youth workers are confident and competent to deliver the RSE programme. **Next steps** **Ongoing implementation in line with the action.** | • Education sector organisations  
• HSC  
• Voluntary and community organisations |
| **Action 14**     |                |                               |                   |
| Appropriate training will be made available which includes the needs of Section 75 groups to youth & community workers involved in sexual health promotion in non-statutory settings. | | Training is provided to youth workers in statutory and non-statutory settings in partnership with a number of voluntary organisations. ACET provide OCN Level 3 accredited sexual health training course which allows successful participants to become providers of sexual health education to young people and adults. There is also an OCN Level 2 accredited course which allows successful participants to become providers of sexual health information. Brook and FPA provide training and support to groups and organisations. For example FPA responds to requests from organisations and schools whose client group involves people with a learning disability. As within the statutory HSC sector, training is available to community organisations working with young people to raise awareness on LGBT issues and sexual orientation issues and training. Voluntary organisations providing this expertise include Rainbow, LASI/Here NI and Positive Life. **Next steps** **Ongoing implementation in line with the action.** | • HSC  
• PHA  
• Voluntary and community organisations |
### ACTION: SERVICES

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<td><strong>Action 15</strong></td>
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<td>Local sexual health information and organisation contacts are available on NI Direct HSC websites, and voluntary organisation websites. Details of the locations and timings of GUM/sexual health services are also available. Voluntary organisations such as the FPA provide comprehensive details on their website and have a telephone helpline. Positive Life also provides a helpline for information and advice. Other examples of providing information in a range of formats include a sexual health directory of services in the Western locality, a credit card sized leaflet developed in Northern locality and as part of the Youth Health Advice Service (YHAS) in South Eastern a text messaging service which signposts young people to relevant confidential accessible services. <strong>Next steps</strong> Communication sub-group will wish to consider the development of a regional hub for sexual health services; social media and the development of an information app for smart phones etc.</td>
<td>• HSC  • PHA</td>
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| **Action 16**  
To develop and deliver innovative services based on an assessment of the needs of commercial sex workers which will promote and facilitate their increased access to sexual health information and services.  
**Further Action:**  
The Network will invite issues in relation to services for commercial sex workers to be brought before the Network for its consideration and to explore the needs in this area. | | BHSCT provide a Nurse led drop-in service open for all women and men who work in the commercial sex industry in Belfast.  
Service Provision includes:  
- Holistic Health Assessments including sexual health assessments  
- Sexual health advice education/promotion  
- Sexual Health Screening including HIV HBV HCV Syphilis Gonorrhoea (when funding available)  
- Contraception advice and prescribing  
- Emergency Contraception  
- Provision of a variety of condoms male and female that are requested for use in the commercial sex world  

The Rainbow Project has carried out a needs assessment with male sex workers and they will use this to inform the development of innovative services for male commercial sex workers.  
**Next Steps**  
The Trust is currently considering reconfiguration of this service and how best to access those working in brothel Pop-Ups and those new to the streets currently not accessing the service.  
The Network will strengthen the link with those providing sexual health information and services to Commercial Sex Workers. | • HSC  
• PHA  
• Voluntary and community organisations |
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| **Action 17**  
To continue to take forward the Implementation Plan (June 2007) on improving access to Genito Urinary Medicine and Sexual Health Services in Northern Ireland. | [ ] | Access to Genito Urinary Medicine and Sexual Health Services in Northern Ireland have been developed and implemented by all of the HSC Trusts. The services include:  
Western Trust – increased capacity at clinics through the provision of 2 additional medical practitioners and 3 nurse led review sessions per week.  
Northern Trust – is a consultant-led clinic supported by 3 GPs at 2 clinics per week with the establishment of a Nurse-led clinic providing additional clinics throughout the year. The consultant provides one session per week to NHSCT.  
Southern Trust – two additional doctor-led clinics for clinically urgent cases. Improved results management with additional sessions of a health advisor on two mornings per week. An increase in the complement of sexual health advisors within the GUM service would also facilitate an outreach role into primary care and community settings.  
Belfast Trust – Development of a specialist secondary care GUM service centred around additional staffing and goods and services. Additional staffing secured to support dedicated Clinical Psychology, Pharmacy and Social Work due to the number of patients testing positive for HIV/AIDS.  
South Eastern Trust – Under RPA the SE Trust was the only Trust without a specialist secondary level sexual health service. A service is now operational which consists of 3 medical consultant led and 3 nurse consultant led clinics in Bangor, Downpatrick and Lisburn.  
In 2012 CAWT reported on their project to enhance Sexual Health/GUM services in the border region and to create greater awareness of the prevention of STIs through health promotion activities Additional GUM clinics established North and South with 5,000 plus beneficiaries achieved to date.  
**Next steps**  
Integrate with implementation of RQIA review recommendations. | • DHSSPS  
• HSC  
• PHA |
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| **Action 18**  
To put in place arrangements for the Primary and Community Care sector to deliver accessible sexual health services. | ![progress_icon] | A pilot project for the Asymptomatic testing for STIs in adults (over 16 years) in primary care which will provide a Level 1 comprehensive STI testing service to practice populations in the North Down PCP locality will run from May 2012. GPs and practice staff were given training, provided with a resource pack and protocol on making the process a patient friendly experience. A call/recall system for patients was also developed.  
The SHSCT Community Sexual Health Advice Service provides support to GP Practices and Contraceptive and Sexual Health Clinics across the Southern Trust.  
The WHSCT provides accessible sexual health services for young people. This includes Opportunity Youth Health Advisors to assist in young people’s clinics, Nurse led GUM and Health Promotion advice/ training for practitioners.  
Brook Northern Ireland is a voluntary organisation which provides sexual health services to young people. The PHA commission Brook to deliver services seven days per week from their premises in Belfast and Coleraine.  
GUM Outreach Clinics  
Monthly outreach sessions were introduced in 2009 at targeted venues. This service was established in partnership with The Rainbow Project. At the outreach clinics patients were offered testing and provided with information and treatment were appropriate.  
**Next steps**  
Ongoing implementation in line with the action, including further exploration of access to family planning services and the role of GPs and community pharmacists to deliver sexual health promotion and services. | DHSSPS  
HSC  
PHA |
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<td><strong>Action 19</strong>&lt;br&gt;To commence a Regional Chlamydia testing programme.&lt;br&gt;&lt;br&gt;<strong>Further Action:</strong>&lt;br&gt;By the end of December 2014, the Department will determine the chlamydia policy for NI.</td>
<td>![Progress Status Icon]</td>
<td>There is no regional Chlamydia testing programme in NI. The Brook service provides Chlamydia testing for young people who are at risk of infection. Similar testing is provided in the University Health Centre Sexual Health Clinic pilot and the Northern Regional College Clinic. The SHSCT where the Community Sexual Health Advice Service developed information and training for GPs and primary care staff to enhance sexual health services.&lt;br&gt;&lt;br&gt;<strong>Next steps</strong>&lt;br&gt;The Department will consider policies on chlamydia and testing practice in GB and elsewhere.</td>
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<td><strong>Action 20</strong>&lt;br&gt;To develop a pilot scheme to expand a sexual health services clinic for students.</td>
<td>![Progress Status Icon]</td>
<td>University Health Centre (UHC) - A Local Enhanced Service (LES) was piloted in 2009. All patients were given information on safer sex and offered a condom wallet. All patients received written information on STIs and STI prevention. The practice aims to continue with sexual health training and build on this work if funding permits.&lt;br&gt;&lt;br&gt;The Northern Regional College Clinic - This service was established as a partnership between the Northern Regional College and the NHSCT. The aim is to provide a comprehensive sexual health service for young people under 25 years. The service is being embedded as a part of normal college life.&lt;br&gt;&lt;br&gt;The SEHSCT also has a Youth Health Advice Service which employs one Whole Time Equivalent (WTE) nurse to provide input to four confidential youth health advice services in strategically placed community youth settings. The service is currently under review to move a clinic to the South Eastern Regional College (SERC) and provide asymptomatic testing on this campus.&lt;br&gt;&lt;br&gt;The Health Clinic - The Southern locality provides “The Health Clinic” in 4 Further Education Colleges across the Trust. These nurse-led clinics provide information and advice on a range of health and well-being issues for young people under 25 years. The sexual health services offered include free condoms, pregnancy testing, everyday contraception, chlamydia and gonorrhoea testing and chlamydia treatment.&lt;br&gt;&lt;br&gt;<strong>Next steps</strong>&lt;brPHA plan to hold a seminar to explore models/ best practice to further develop sexual health services in FE colleges.</td>
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## ACTION: RESEARCH

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| **Action 21**  
To assess the existing research base and consider the need for a local research programme. | ![Green] | Surveys include NISRAs Young Person’s Behaviour and Attitudes Survey (YPBAS) of 11-16 year olds, the DHSSPS Northern Ireland Health Survey includes sexual behaviour as a topic and the 2011 the Young Life and Times (YLT) survey by ARK of 16 year olds contained a module on sexual health. In 2010 the YLT on behalf of DHSSPS & Barnardo’s undertook research into the sexual exploitation of children and young people.  
Specific research projects include practices amongst sexually active adults in NI aged 16-45 (2009) by HPA/PHA and the European MSM Internet Survey (EMIS) across 33 countries collected information on the knowledge, attitudes, needs and behaviours of men who have sex with men, in relation to HIV, sexual health, and wellbeing (2010).  
Many voluntary organisations including Rainbow, Brook, and Love for Life carry out research and collect data on programmes delivered.  
Following a recommendation from its interim progress report on the Strategy’s implementation the Network established a Research sub-group in January 2013.  
The Research sub-group has undertaken a mapping exercise to identify sexual health research in NI since 2000. | - Sexual Health Promotion Network  
- DHSSPS  
- PHA |

| **Action 22**  
To commission relevant research to meet any identified local need. | ![Red] | The Network did not have funding with which to commission research. This action has been superseded; and the Network’s Research sub-group will advise and support the Department and Network on matters relating to sexual health research.  
**Further Action:**  
The Research sub-group will make recommendations to address gaps in research and identify opportunities for relevant research funding.  
**Next steps**  
The Research sub-group will make recommendations about sexual health research to feed into the R&D system; establish links with relevant research bodies; and promote research for sexual health. | - Sexual Health Promotion Network  
- DHSSPS  
- PHA |
## ACTION: MONITORING

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<th>Progress detail and next steps</th>
<th>Delivery Partners</th>
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<tbody>
<tr>
<td><strong>Action 23</strong></td>
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<td>• DHSSPS</td>
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<tr>
<td>To establish a multi-agency Sexual Health Promotion Network to oversee the implementation of the Action Plan.</td>
<td>![Green Circle]</td>
<td>The Sexual Health Improvement Network was established and held their inaugural meeting on 29 April 2010. The Network has held two workshops, one reviewing the evidence base related to reduction of teenage pregnancy and the second the evidence base related to reducing the rates of STIs and HIV. <strong>Next steps</strong> The PHA will continue to maintain the lead for the multi-disciplinary and multi-agency Network in implementing the Addendum to the Sexual Health Promotion Strategy and Action Plan and to consider the broader sexual health needs of the population in Northern Ireland.</td>
<td>• HSC</td>
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<td>• Voluntary and community organisations</td>
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<tr>
<td><strong>Further Action:</strong> The Network will review its membership to broaden it accordingly (to consider representation from commercial sex workers services, HSC Commissioning, Justice, Education re-structuring, others).</td>
<td>![Green Circle]</td>
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<td><strong>Action 24</strong></td>
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<td>• DHSSPS</td>
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<tr>
<td>To report progress on the implementation of the Action Plan to the Ministerial Group on Public Health (MGPH).</td>
<td>![Green Circle]</td>
<td>An update on Sexual Health Promotion and action to address Teenage Pregnancy was submitted to the Ministerial Group on Public Health in September 2011. <strong>Next steps</strong> The Network, through the PHA, is required to report annual progress to the Department on the implementation of the Addendum’s Action Plan.</td>
<td>• Sexual Health Promotion Network</td>
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<td>• PHA</td>
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<th>Progress detail and next steps</th>
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<tr>
<td><strong>Action 25</strong></td>
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<tr>
<td>To review and integrate the Teenage Pregnancy and Parenthood Strategy and Action Plan into the Sexual Health Promotion Action Plan.</td>
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<td>• Sexual Health Improvement Network</td>
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<tr>
<td><strong>Further Action:</strong> The Network will liaise with support services for vulnerable parents to help support parents to address issues such as emotional issues, appropriate behaviour in relationships, sexuality, and internet safety.</td>
<td></td>
<td>The Network acknowledged the need to integrate the Teenage Pregnancy and Parenthood Strategy and Action Plan with the implementation of the Sexual Health Promotion Strategy. It held an evidence based workshop held in September 2010 which focused on reducing teenage pregnancy. The PHA has established the Family Nurse Partnership programme. This programme works with the most vulnerable first time mothers. The sexual health improvement programmes will support and work with these programmes as appropriate. This programme is currently in the Western locality. Other programmes undertaken targeting teenage parents included the Ladybird programme which is a personal development programme for teenage mothers and their children. “Lads to Dads” delivered by Opportunity Youth targeted young fathers and provided an accredited programme that builds skills and knowledge base as well as self esteem. The programme was provided in both the BHSCT and Northern locality.</td>
<td>• PHA</td>
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<td><strong>Next steps</strong> Ongoing implementation in line with the action; and further roll-out of the family nurse partnership programme.</td>
<td>• Voluntary and community organisations</td>
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NEW ACTIONS:

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<td><strong>Action 26</strong>&lt;br&gt;The Department will consult on a proposal to revoke legislation to legalise the sale of HIV self-testing kits in NI.</td>
<td>During Spring 2014, the Department will commence a public consultation on a proposal to revoke legislation to legalise the sale of HIV self-testing kits in NI.</td>
<td>• DHSSPS</td>
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<tr>
<td><strong>Action 27</strong>&lt;br&gt;The Department will develop proposals, for Ministerial approval, on the next strategy for sexual health to address promotion, prevention and services.</td>
<td>While the implementation of the Addendum to the Strategy and the implementation of the RQIA recommendations on the review of specialist sexual health services is progressing; the Department will liaise internally and externally to develop proposals to help converge aspects of sexual health.</td>
<td>• DHSSPS&lt;br&gt;• HSC&lt;br&gt;• PHA</td>
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### TARGETS

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<th>Target</th>
<th>Progress Status</th>
<th>Progress to date and next steps</th>
<th>Next milestone</th>
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| 92% of 11 to 16 year olds should not have experienced sexual intercourse by 2013 | ![Green]        | 92% of 11 – 16 year olds have not experienced sexual intercourse. Source: Young Persons Behaviour and Attitudes Survey (2010)  
Baseline: 89% of 11 to 16 year olds reported they had not experienced sexual intercourse in 2003  
Source: Young Persons Behaviour and Attitudes Survey (YPBAS)  
**Next steps**  
Compare YPBAS with results from other surveys indicating young people’s sexual experience. | Next YPBAS 2013 results are likely to be published May 2014, which will determine whether the target has been met. |
| A reduction of 25% in the rate of teenage mothers under 17 years of age by 2013 | ![Orange]       | 19.4% decrease to date; 2.5 births per 1,000 females aged under 17 years 2010-2012  
Baseline: 3.1 births per 1,000 females aged under 17 years 2003-2005  
Source IAD, DHSSPS/ NISRA  
**Next steps**  
Consider measures to reduce the gap in births to teenage mothers living in the most deprived areas. | Publication of the births to teenage mothers for 2013 is likely to be in Nov 2014, which will determine whether the target has been met. |
| By March 2008, all patients assessed as clinically urgent to access specialist Genito-Urinary Medicine (GUM)/Sexual Health Services within two working days.  
**Revised Target:** By March 2015 all patients with a new clinical episode can access Genito-Urinary Medicine (GUM)/ Sexual Health clinics within two working days. | ![Red]          | Unable to record progress –no data is collected by HSCTs or HSCB on access to GUM services within 48 hours.  
**Next steps**  
HSC organisations to put in place suitable monitoring arrangements to measure/monitor accessibility GUM/ sexual health services. | March 2015 – clinics must be able to demonstrate access to their service in line with the target. |
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<tr>
<td>A reduction of 25% in the number of new episodes of gonorrhoea by 2013.</td>
<td></td>
<td>451 episodes of uncomplicated gonorrhoea were diagnosed in 2012 Baseline: 182 cases in 2005. Source: KC60 statistical return Interpretation of the increase is made difficult by the introduction of more accessible and more sensitive testing; however it is also likely to reflect increased unsafe sexual activity. The target is considered to be unachievable but as gonorrhoea is the best indicator of sexual ill health the number of episodes of gonorrhoea will continue to be monitored. <strong>Next steps</strong> Consider a revised baseline from 2016 onwards taking into consideration the more sensitive testing.</td>
<td>Target unachievable. Publication of STI diagnoses for 2013 year are likely to be published in August 2014</td>
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