

Sexual Health Strategy Implementation Plan: 2020 – 2025

It should be noted that detailed actions are included for the first two years of the strategy (2020-2022) and longer term goals are included for 2022-2025. These longer term goals will become more detailed actions at a later date under the review of the sexual health strategy implementation group. The shorter term actions for 2020-2022 will be reviewed regularly by this group who will meet regularly to monitor progress.

Priority One: Education and Training					
Areas for Development	Action	Measure of Success	Timescale	Lead/s	Progress (RAG) and comment
1. Provide support and training to schools to implement the new national guidance for Relationships and Sex Education (RSE) and meet the new Ofsted framework on promoting personal development.	a) Continue to strengthen the existing PSHE support network ensuring regular attendance of providers.	90% of education providers who are members of the network attend at least once a year.	Ongoing	Head Teachers/ Borough PSHE network lead	
	b) Share learning from Merton RSE Early Adopter schools.	Learning shared with all schools in the borough	July 2020	Borough PSHE network lead	
	c) Provide support to schools to write comprehensive RSE policies and to ensure the involvement of pupils and parents in the development of RSE programmes.	Workshops commissioned and delivered. Ongoing support provided through PSHE support network.	July 2020	CSF Commissioning team/Borough PSHE network lead	
	d) Support the training of school staff to deliver the new RSE guidance and Ofsted framework.	Training provider identified and training provided.	Sept 2020	CSF School Improvement team/ CSF commissioning team	

	e) Support schools to take up borough offer of interactive RSE Theatre in Education Workshops.	Annual TiE workshops offered and built into curriculum.	Ongoing	CSF commissioning team/ PSHE Network/ Head Teachers	
2. Enable those with special educational needs and disabilities, to develop safe and sexually healthy lives by strengthening education and training for parents, carers and professionals.	a) Share learning from the RSE programme at Cricket Green school, to all other secondary mainstream SEND schools.	Presentation to PSHE network.	Dec 2020	CSF commissioning team/Borough PSHE network lead/ Cricket Green school representative	
	b) Offer training on sexual health to parents/carers of young people with SEND through Kids First programme.	2 training sessions provided by Kids First.	March 2022	CSF commissioning Team/Kids First	
	c) Gain greater understanding of the training needed for professionals working in specialist sexual health services for engaging with those with SEND/disabilities.	Conduct a training needs analysis and explore training options.	April 2021	ISH service/Public Health & CSF commissioning teams	
3. Ensure sexual health information is embedded into existing training for professionals, adopting Making Every Contact	a) Support provided to those who organise training to ensure information on sexual health and well-being is included in training programmes for key professionals ¹ .	Training opportunities reviewed and standard information for inclusion agreed.	April 2021	Public Health & CSF Commissioning teams/ISH Service/R&R service/HIV service	

¹ Key professionals include: *Children Schools and Families & Adult Social workers; youth workers; substance misuse service workers, mental health service workers, school health teams, Looked after children nurses, health visitors, GPs, Pharmacists, maternity service teams, IDVAs, Rough Sleeping Assessors.*

Count (MECC) principles, to enable the workforce to opportunistically promote sexual health and wellbeing in all conversations.					
	b) Review of training needs of GPs, Pharmacists and professionals working in young people services.	Training needs analysis completed and training programme developed.	Sept 2020	Public Health & CSF Commissioning teams/ISH Service	
	c) Provide LARC training to GP practices to ensure they can continue to maintain their letters of competencies.	One LARC training session is offered per year & all GP practices are invited to attend.	Ongoing	ISH Service	
	d) Provide training to those working with BME groups to help them address fear and stigma associated with HIV and increase acceptability of HIV & STI testing and contraception.	Provide 2 workshops/training sessions per year	Ongoing	ISH Service/HIV service	
	e) Training provided to Pharmacists, GP practices and professionals in the community to provide chlamydia testing to young people and to promote online testing services.	Increase in the number of tests returned to the laboratory which were undertaken in GPs and Pharmacies.	March 2021	ISH Service/Chlamydia screening programme	

	f) Support and train youth workers to provide information on sexual health & well-being as a core part of the youth work curriculum (including c-card).	In-house youth services provide planned youth work session on RSE at least 3 x per year and actively promoting c-card.	Ongoing	ISH service/Youth service/R&R service	
4. Provide information on how to most effectively support people who disclose sexual abuse, violence and/or exploitation.	a) Enable professionals working with those displaying harmful sexual behaviour to appropriately identify their needs & signpost them accordingly.	Identify evidence-based local/national support pathways including funding options. Criteria and pathways developed & distributed for inward and outward referral to the ISH service..	March 2021	Children/adults Social Care teams ISH service	
	b) Gain greater understanding of the training needed for professionals to identify issues in relation to disclosure /support of current or past sexual abuse.	Conduct a training needs analysis and explore training options.	Dec 2020	Public Health & CSF Commissioning teams/VAWG group/Safer Merton team/ISH service	

Priority One - Education and Training: Longer term goals 2022-2025

- Develop ongoing plan for supporting schools to adopt RSE guidance and new Ofsted Framework for personal development.
- Annual programme of training on sexual health & well-being (including LARC and Chlamydia) developed and offered by the ISH service to a wide variety of professionals with different knowledge and skill needs. This should include training on wider issues such as chemsex, impact of sexual health issues on mental and emotional health, undertaking difficult conversations about sexual health with vulnerable community groups.
- Explore further opportunities for accessing support from expert organisations to ensure RSE programmes and services offered in Merton are appropriate to those with SEND.
- Expand RSE support and training offer to childrens social care teams, voluntary youth workers and school health teams (including c-card distribution).

- Explore and deliver training options/plan for increasing workforce knowledge and skills in relation to addressing and improving the sexual health needs of those with disabilities, older people and those who are at risk of sexual exploitation .
- Conduct costed feasibility study to identify development of a harmful sexual behaviour service/programme for those identified with or potential to develop harmful sexual behaviour.

Priority Two: Easy access to sexual health and wellbeing services.

Area for Development	Action	Measure of Success	Timescale	Lead/s	Progress (RAG) and comment
5. Work in partnership with South West London (SWL) Commissioners to review the provision of sexual health services offered by pharmacies and General Practice, with the view to ensuring a standard model across the sector and widening access particularly in the east of the	a) Map sexual health services offered in pharmacies across SWL to gain further understanding of what services are available, including current activity levels and finances.	Services mapped	Jan 2020	Public Health team working with SWL commissioners & SWL Local Pharmaceutical Committees	
	b) SWL service specification for pharmacies developed and rolled out to commissioned services in line with standardising payment for services offered.	Service specification issued to pharmacies offering EHC and Chlamydia.	March 2020	Public health team	

borough.	c) Review the pharmacies providing sexual health services in East Merton and uptake over the last 3 years.	Review undertaken	May 2020	Public Health team	
	d) Support pharmacies to increase the number of EHC and Chlamydia screening interventions and to offer condoms. .	Training and support provided to Pharmacists.	Ongoing	Public Health team/ISH service/R&R service	
	e) Agree an approach for delivery of sexual health services in pharmacies across SWL including potential procurement options.	Options paper developed & possible procurement (if agreed).	March 2021	Public Health working with SWL commissioners & the LPCs	
6. Explore opportunities to engage with those identified as needing further support, including but not limited to: over 25's; those aged 50 +; LGBTQ+; those with physical and learning disabilities; those experiencing or at risk of CSE and; MSM.	a) Explore options for including sexual health services & outreach in the Wilson Hospital development plans, to improve access in the east of the Borough.	Sexual health discussed with the lead for the Wilson development and included in consultation/plans (if agreed)	Dec 2020	Public Health team/CCG lead for Wilson site	
	b) Improve fast track access to the ISH service for those who are vulnerable and at risk (including CSE).	Fast track pathway developed, agreed & communicated to stakeholders.	Sept 2020	ISH service	
	c) Finalise venues and begin delivery of clinical outreach for under 25s in Merton.	3 sessions per week delivered.	Jan 2020	ISH service	

	d) Work with Merton's LGBTQ+ forum to explore how best to engage this community and ensure services meet their needs.	Opportunities explored and support from sexual health services provided where necessary.	Ongoing	LGBTQ+ forum/ Public Health team/ISH service	
	e) Establish links with agencies working with older people, including Age Concern's Silver Rainbows group, to explore how to meet the needs of 50+ more effectively and provide information and advice on sexual health & well-being and HIV.	Links made with appropriate agencies/groups and options to engage with 50+ identified. Sexual health session delivered to Silver Rainbows group & ongoing support identified.	Dec 2020 July 2020	Public Health team ISH service/HIV service/Age Concern	
	f) Ensure the ISH service is accessible and meets the needs of those with SEND or disabilities.	Equality impact assessment of ISH service conducted and any issues identified are addressed. Inclusion of service users with SEND and disabilities on the service user forum.	March 2021 Sept 2020	ISH service ISH service	
7. Ensure a robust communications strategy is developed for the integrated sexual health service to ensure services are well publicised to all groups and promote positive messages about	a) Support the ISH service to develop and implement a successful communications strategy.	Communications strategy developed and agreed with commissioners.	March 2020	ISH service/ Public Health team	
	b) Ensure the strategy addresses how the service will inform and engage with vulnerable groups including YP, BAME, LGBTQ+, SEND,	These groups are identified and their needs addressed within the ISH communications strategy.	March 2020 Sept 2020	ISH service/ Public Health team	

sexual wellbeing and health.	50+, LAC and care leavers and MSM.	Service user forum has representation of these vulnerable groups.		ISH service	
	c) Ensure all stakeholders are aware of what the ISH service provides and how to refer into it when needed.	Referral pathways developed and service information provided to all relevant stakeholders.	July 2020	ISH service	
	d) Utilise a range of different media channels (including social media) to reach potential service users to advertise/promote the ISH service.	Channels and marketing activities identified in the communications strategy. ISH service website is kept up to date including clinic information, referral to e-service, working appointment booking system.	March 2020 Ongoing	ISH service	
	e) Continue to expand, update and publicise services to under 25 year olds through www.gettingiton.org.uk .	Annual increase in landing clicks to GIO Merton services pages/ Ensuring the website is accessible for those with SEND.	Ongoing	Public Health & CSF Commissioning teams	
8. Continue to support the roll out of the London e-service with a particular focus on channel shift from clinic to online in order to free	a) Support the ISH service to strengthen triage processes to the e-service for those who are eligible. e.g. referral via SPA, self-check in screens in clinics.	Year on year increase in numbers of eligible service users accessing the e-service (ISH service KPI).	Ongoing	ISH service/Public Health team	

up capacity in the integrated sexual health service.	b) Support the ISH service to increase access to self-testing kits in clinics and support to comply with test procedures e.g. support from a worker to do the test for the first time.	Year on year increase in the number of kits completed in clinic (self- sampling tariff applies)	Ongoing	ISH service/Public Health team	
	c) Support the promotion of the e-service website, particularly to vulnerable groups.	Actions identified in ISH service communications strategy and e-service website included on publicity.	Ongoing	ISH service	
	d) Ensure links between the ISH service, London Sexual Health programme & Public Health, ensuring open lines of communication.	ISH service representative attends London SH e-service meetings. Public Health commissioner from SWL attends e-service strategic group.	Ongoing	ISH service/Public Health team	
	e) Provide regular training for all ISH service staff (including SPA team) on the e-service & what needs to be communicated to service users.	Training takes place quarterly and all staff are invited to attend.	Ongoing	ISH service working with London sexual health programme	

Priority Two - Easy Access: Longer term goals 2022-2025

- Continue to update and oversee the ISH Communications Strategy ensuring that service users and other stakeholders are aware of the services provided and how to access them, and are included in service development.
- Review outcome of SWL pharmacy work and undertake procurement of SWL pharmacy sexual health services (if identified as a viable option)
- Review Merton's 'You're Welcome' guidelines/framework and explore whether Young Inspectors have the capacity to undertake assessment of sexual health services.

- Undertake a review of how existing services provide support to older people and consult with those aged 50+ to further understand their needs and ensure services meet these needs, ensuring links with organisations who work with older people
- Explore opportunities to re-configure and increase sexual health services in GP practices, linking in with Primary Care Networks, including the development of practice based sexual health governance and communications strategies.
- Explore how technological solutions such as 'Digital First' and online sexual health services can be utilised to ensure easy access for service users.
- Engage with providers of services in the borough who work with those with SEND and disabilities, to better understand how information on sexual health & well-being and sexual health services can best be provided and any barriers to access or engagement.
- Explore evidence-based approaches through which vulnerable groups can access sexual health provision in the community thus reducing the costs of expensive treatment e.g. provision of condoms, LARC and contraception within outreach settings for those who are homeless, rough sleepers, disabled, sex workers or using substances.

Priority Three: Comprehensive sexual health and wellbeing					
Area for Development	Action	Measure of Success	Time scale	Lead/s	Progress (RAG) and comment
9. Continue to develop and improve pathways between services in the sexual health system working to address commissioning issues where needed. This includes but is not limited to: ○ Termination and contraceptive	a) Develop pathways between termination and ISH services so that those who are not eligible for LARC at the time of their termination are followed up.	Clear written pathways agreed and adopted.	Dec 2020	ISH service/termination providers/CCG commissioner	
	b) Ensure STI testing is offered to all those undertaking an assessment for a termination and referral pathways are in place for quick treatment.	Increase in STI testing in termination services. Referral pathway in place for STI treatment.	March 2021	Termination providers/CCG commissioner/ISH service/Public Health team	

<p>services so that LARC is offered and provided more consistently;</p> <ul style="list-style-type: none"> ○ Cervical screening in the integrated sexual health service; ○ Antenatal/postnatal support to prevent second conceptions in under 25s; ○ Providers of HIV support services and the community nurse outreach to ensure joined up care for those living with HIV. 	<p>c) Strengthen antenatal and postnatal support (beyond Family Nurse Partnership programme) to ensure advice and information on second pregnancies including LARC is provided to those under 25.</p>	<p>Map out current support offered to under 25s who are pregnant and agree actions to address any issues.</p>	<p>March 2022</p>	<p>CCG commissioner/ Public Health team/ISH service</p>	
	<p>d) Establish links between the HIV support services and the community nurse for HIV to ensure clients are referred appropriately and there is no duplication of provision.</p>	<p>Clear referral pathways developed and adopted.</p>	<p>March 2021</p>	<p>HIV service/ CCG commissioner/HIV nurse</p>	
	<p>e) Establish links with the commissioner responsible for cervical screening at NHS England to establish how can work together to ensure easy access to screening, particularly for those already attending the ISH service for STI testing.</p>	<p>Referral pathways established for those attending ISH service who need a smear test but do not wish to access their GP.</p>	<p>March 2022</p>	<p>Public Health team along with NHS England/ISH service</p>	
<p>10. Strengthen and embed sexual health knowledge and support into inter-linked services, particularly for those: experiencing poor mental health; living and ageing with HIV; experiencing domestic violence or</p>	<p>a) Ensure sexual health & wellbeing is considered within development of the new mental health Uplift and IAPT services.</p>	<p>Mental Health representative attends sexual health implementation group.</p> <p>Referral pathways established between these services and the ISH service.</p>	<p>March 2020</p> <p>Dec 2020</p>	<p>St George's Mental Health Trust/Public Health team/ISH service</p>	

dealing with previous past abuse; victims of child sexual exploitation and; those using substances.	b) Encourage GPs to undertake MSCP training.	GPs attendance at MSCP training increases.	Ongoing	CCG commissioner/Public health team/MSCP	
	c) Enable fast-track access to the ISH service for those experiencing or in recovery from domestic violence.	Fast track pathway developed, agreed & communicated to stakeholders.	April 2020	ISH service	
	d) Undertake research into good practice and models of care for those ageing with HIV recognising that it is now a long-term condition.	Desk top research exercise conducted and informs ongoing commissioning plans.	March 2022	Public Health & CSF Commissioning teams	
	g) Roll-out c-card to mental health and substance misuse services as well as other inter-linked services.	At least 2-3 inter-linked services are trained in c-card distribution.	March 2021	R&R service	
	h) Ensure there are close links between sexual health and substance misuse services so staff are trained in offering advice and information on the other subject area and there are clear referral pathways.	Referral pathways are in place and each service has provided training to staff in the other service.	March 2022	ISH service/R&R service/adult substance misuse service	
	i) Ensure sexual health & wellbeing information is embedded into the new mental health assessment pilot for young people entering care.	Sexual health questions considered (and included if appropriate) in the assessment framework.	March 2021	Childrens Social Care team/CAMHS/ISH services	

11. Improve sexual wellbeing for our most vulnerable communities and those where sexual health inequalities are greatest through strengthening conversations and reducing stigma in respect of sexual health and HIV.	a) Re-commission HIV prevention and support services, targeted to at risk groups.	Services re-commissioned and provided.	April 2020	Public Health team along with SWL commissioners.	
	b) Continue to provide STI & HIV testing to MSM and BME groups in community settings such as libraries, barbershops and faith groups.	HIV testing provided regularly in at least 3 community settings.	Ongoing	HIV service	
	c) Ensure sexual health is included in adult and children with disabilities Health & Care Plans.	Care plans include reference to sexual health.	March 2021	CSF Education team/Adult Social Care	
	d) Consider approaches to ensuring frontline workers are aware of and able to discuss chemsex with those who are affected.	Further understanding of evidence based approaches to tackling chemsex in particular staff training options.	March 2022	Public Health team/ISH service/substance misuse service	
	e) Consider approaches to raising awareness of and destigmatising communities where Female Genital Mutilation (FGM) is a concern.	MSCP FGM policy developed & promoted.	March 2022	MSCP/PSHE Network	
12. Develop a greater understanding of the relationship between emotional wellbeing	a) Ensure representation from children's and adult mental health services at the strategy implementation group.	Representation from services on the group.	March 2020	Children and adults mental health services	

<p>and sexual health in both children and adults mental health service provision.</p>	<p>b) Undertake an analysis of what support is provided within children and adults mental health services.</p> <p>b) Develop closer links between mental health and sexual health services ensuring referral pathways are in place.</p> <p>c) Ensure staff working in mental health services feel confident talking to clients about sexual health and wellbeing or whether training is required.</p>	<p>Analysis work undertaken and training needs identified.</p> <p>Referral pathways developed & adopted.</p>	<p>March 2022</p> <p>March 2021</p>	<p>Children and adults mental health services</p> <p>ISH service/ Children and adults mental health services</p>	
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<p>Priority Three - Comprehensive sexual health & well-being: Longer term goals 2022-2025</p>
<ul style="list-style-type: none"> • Gain further understanding of the issues Merton faces in relation to ‘pop up brothels’ and sex workers to ensure that there are resources in place (if needed) to support sex workers to protect themselves from STI’s, get regular check-ups and protect themselves against sexual violence. • Explore opportunities for further community based approaches to increasing HIV testing amongst targeted groups and reducing the stigma of testing and accessing sexual health services. • Explore the viability and cost of programmes such as ‘Pause’ programme which works with women who have experienced, or are at risk of, repeat removals of children from their care. • Explore the extent of sexual harassment experienced in schools/community and develop a longer term plan as to how to challenge and support those who have experienced this. • Consider the findings & commissioning implications from HIV desk-top research into those ageing with HIV and ensure any actions are considered in future action plans, working with care homes and other services aimed at older people. • Ensure key priorities for addressing sexual health & well-being in Merton are included in other borough strategies e.g. homelessness, violence against women & girls. • Consider how schools can be supported to take up initiatives linked to sexual health and well-being such as the Red Box Scheme which aims to tackle period poverty.

- Consider sexual health needs and access for children who are looked after and placed outside of Merton as well as transition services for care leavers who are no longer in children's services but still vulnerable adults.

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