



MID-TERM REVIEW OF THE IMPLEMENTATION OF THE NATIONAL SEXUAL HEALTH STRATEGY

Sláinte Ghnéis &
Clár um Thoirchis Ghéarchéime
Sexual Health &
Crisis Pregnancy Programme



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Introduction

About the HSE Sexual Health and Crisis Pregnancy Programme and the National Sexual Health Strategy 2015-2020

The HSE Sexual Health and Crisis Pregnancy Programme is a national programme tasked with implementing Ireland's first framework for sexual health and wellbeing, the National Sexual Health Strategy 2015 – 2020. The Programme is one of a number of national policy priority programmes situated within the national Strategy and Planning function of the Health Services Executive. Workstreams include research; funding initiatives including crisis pregnancy counselling services; relationships and sexuality education programmes; communications campaigns; information provision, policy initiatives and clinical services.

The National Sexual Health Strategy 2015 – 2020 was launched in October 2015. Action Plans (APs) for the period 2015 – 2016 and 2017 - 2020 have been produced to guide the realisation of the strategic goals and recommendations, by focusing them into succinct achievable actions.

Mid-Term Review of the National Sexual Health Strategy

In April 2018, the HSE Sexual Health and Crisis Pregnancy Programme (the Programme) commissioned a Mid-Term Review to assess implementation of the Strategy as it relates to:

- The extent of the implementation of the action plans in line with the Strategy's recommendations
- An assessment of the completeness of the action plans in line with the broader strategic goals
- An assessment of the impact of the strategy to date
- An approach to 'future-proofing' remaining work to facilitate the successful implementation of the strategy.

Specifically, the review set out to

- evaluate the extent of progress towards the achievement of each action in the Actions plans 2015 – 2016 and 2017 - 2020
- identify whether actions require refinement in light of new initiatives, better data or organisational changes etc.
- assess cases where actions will not be achieved and to establish the cause(s) and recommend appropriate actions
- future-proof actions which have not yet been achieved and suggest approaches to facilitate their successful implementation
- assess the impact of progress to date on the implementation of the Strategy
- understand the experience of Sexual Health & Crisis Pregnancy Programme staff in delivering the strategy in order to inform future implementation
- understand the experience of key stakeholders involved in implementation of the strategy in order to inform future implementation
- provide a clear set of recommendations on the priority actions for the final phase of the Strategy and beyond

Briefing discussions early in the assignment emphasised the requirement to prioritise the engagement with key stakeholders in the process. This would allow the Review to listen and to hear the varied and various perspectives and insights of those engaged in implementation. Gathering this deep understanding was deemed of greater value than simply tracking progress against actions which ran the risk of duplicating work already done through business planning and reporting and adding little value.

Report structure

This report provides an analysis of the issues discussed with key stakeholders during the consultation phase of the Review and identifies progress on implementation to date, enablers of implementation, and challenges and risks associated with implementation. It also makes recommendations for the Programme in relation to implementation of the Strategy and the current Action plan. The report is structured as follows:

Section 1: Approach

Section 2: Progress to Date

Section 3: Enablers of Implementation

Section 4: Feedback on Actions

Section 5: Challenges and Risks

Section 6: Recommendations

Section 1: Approach

Desk research and literature review

Relevant organisational reference material, HSE Service Plans, Divisional Operation Plan, Annual Business Plans, quarterly progress reports, and other relevant material were provided and reviewed. The purpose of this review was to ensure the lead consultant was up to speed with all internal reports of relevance to the assignment. The desk research and initial conversations with key staff allowed the Review to build on the quarterly progress reports produced to date on Priority Actions. The desk research surfaced key questions to be explored during the consultation and engagement phase.

Consultation and engagement process

A suite of consultations took place from mid-May and mid-July 2018. Focus Groups were held with key stakeholders from the Sexual Health & Crisis Pregnancy Programme Structures including the Sexual Health and Crisis Pregnancy Programme Team

The interagency and collaborative approach that is central to the work of the Programme was reflected in the engagement process and included focus groups with

- ▀ Sexual Health Communications Working Group
- ▀ Sexual Health Promotion Officers Network
- ▀ Sexual Health Crisis Pregnancy Programme Advisory Group
- ▀ Sexual Health Strategy Implementation Group
- ▀ Clinical Advisory Group

Key Informants interviewed include

Name	Affiliation	Working groups membership
Derval Igoe	HSE Health Protection Surveillance Centre (HPSC)	Chair of SHS Clinical Advisory Group (CAG) SHS Implementation Group HIV PrEP Working Group
Fionnuala Cooney	Dept. of Public Health HSE-East	SHS Implementation Group SH Mapping/needs assessment sub-group
Carmel Beirne	HSE Hospital Groups	SHS Implementation Group
David Hanlon	HSE Primary Care	SHS Implementation Group

Diane Nurse	HSE Social Inclusion	SHS Implementation Group
William Flannery	HSE Mental Health	SHS Implementation Group
Niall Mulligan	HIV Ireland	SHS Implementation Group
Aisling Loy	Society for the Study of Sexually Transmitted Infections in Ireland (SSSTDI) GUIDE, St. James's Hospital	SHS CAG
Caroline Kelleher	Royal College of Surgeons in Ireland (RCSI)	HIV PrEP WG until Sept 2017
Susie Clarke Siobhan O'Dea	Gay Men's Health Service	HIV PrEP WG HIV Testing WG
Noel Sutton	Gay Health Network	Noel Sutton on HIV PrEP WG
Adam Shanley	Gay Health Network	Gay Health Network
Aoife O'Sullivan	HSE National Communications Unit	Communications Working Group
Rita Sexton	Curriculum & Assessment Policy Unit Dep of Education and Skills	
Leanne Traynor	Health and Wellbeing Team leader with the Professional Development Service for Teachers	
Cate Hartigan	Assistant National Director Health Promotion and Improvement	
Stephanie O'Keeffe	National Director, Strategic Planning and Transformation	
Kate O'Flaherty	Health & Wellbeing Department of Health	
Sexual Health Strategy and Crisis Pregnancy Programme Team		
Helen Deely	Programme Lead	
Dr Fiona Lyons	Clinical Lead for Sexual Health	
Caroline Hurley	Sexual Health Project Manager	
Maeve O'Brien	Research and Policy Manager	
Janice Donlon	Funding Manager	
Anita Ghafoor Butt	Communication and Information	
Moira Germaine	Education Manager	

During consultations with stakeholders, the following topics relating to the SHCPP and the implementation of the National Sexual Health Strategy and associated Action Plans were explored

Organisational culture;

Structures;

Strengths and challenges to the Implementation;

What is currently doing very well and what are the conditions underpinning this success that should be brought forward;

Resource issues of relevance for e.g. personnel, technological, financial etc.

Section 2: Progress to Date in Implementation

Progress towards the achievement of actions agreed for the 2015 – 2016 and 2017 – 2020 Plans is rigorously tracked and reported through Business Plans and thorough quarterly reports to the Implementation Group, Clinical Advisory

Group, SHCPP Programme Advisory Group and to HSE National Director of Health and Wellbeing and to Health and Wellbeing in the Department of Health. For the most recent update, see Appendix 1. Primary responsibility and authority for implementation rests with the Programme, while, other parts of the HSE, the Department of Health, and the Department of Education and Skills have responsibility for relevant actions. Furthermore, implementation for some actions is reliant on partnerships with NGOs.

The clarity and transparency in planning and reporting ensures that the Programme and its key constituents are up to date on progress against key actions and are aware of blockages and risks associated with implementation. The recommendations in the Strategy are very broad so do not reflect the volume of work or the level of engagement required to implement them. These recommendations were developed into Action Plans to inform the work of the SHCPP. A pragmatic approach is evident to amending and refining plans in line with changes and opportunities in the external environments impacting scheduling of actions and timelines. Informants to this review confirmed what is clearly reported in the quarterly Business Plan and Quarterly Report that priority work is progressing very well to a high standard and mindful of international best practice. The Programme is achieving the priorities it set out to progress. The detailed planning and progress reporting allow partners and experts to input into and inform the priorities and this is deemed a very effective way of operating.

Section 3: Enablers of Implementation

This section summarises how key informants' assessment of implementation to date.

Strategic Positioning

Political interest in developing the National Sexual Health Strategy 2015-2020 is acknowledged as being important in ensuring the Strategy is implemented. Stakeholders noted the role NGOs play in keeping sexual health on the political agenda.

Many informants noted that having a clearly defined owner, structure and Programme provide clear mechanism for implementation with some suggesting the sexual health 'has found its place within the HSE'. Others raised questions as to where the Strategy sits within the HSE, wondering if it sits in 'splendid isolation' privy to the 'closed community' involved but not sufficiently tied in to health service planning and management. Perhaps sexual health needed its own standing so as to it is taken seriously, however is the vision for sexual health services being part of mainstream provision. If so, how are HSE strategy, planning and operational groups influenced? Linked to this were questions around the custodians of sexual health services. This view noted that HSE structures have changed and therefore the Programme may need to consider how it operates within the new structures. Ought responsibility for sexual health be reflected in the performance indicators for CHOs or Hospital Groups? How might the Programme position itself so that sexual health services are part of a standard set of services each chief officer oversees be this in each CHO area or as part of hospital services? Is the Programme set up to stay separate? This view noted a need to establish a vision of success and realism in how this vision can be progressed. The vision and strategic positioning of sexual health services may need further consideration over the next stage of implementation.

Many stakeholders noted how societal attitudes to sexual health have changed considerably since implementation commenced in 2015. This is not attributing the changes to implementation, rather highlighting that implementation needed to be refined in the light of changing societal attitudes. The recent referenda on marriage equality and removal of the eight amendment were noted as evidencing the public's increased openness contrasted with previous times in Ireland when there were more reserved or suppressed attitudes. There is recognition that conversation about sexual health is moving from one focused on prevention, crisis and illness to a broader space of health and wellbeing. The next phase of implementation can take advantage of this cultural or societal change and engage society in a more positive discussion. Policy developments such as the LGBTI+ National Youth Strategy will also help this national discourse. However, the levels of comfort and indeed discomfort in talking openly about sexual health were referenced by many. Informants noted that the education and information needs of many essential agents to positive sexual health, notably clinicians, teachers and parents remain and the SHCCP continues

to play an important role in addressing these needs through the development of evidenced based resources, training and partnering with Department of Education and Skills.

Governance and Advisory Fora

The Communications Working Groups, the Clinical Advisory Group and the Implementation Groups are broadly and appropriately representative of the various stakeholders and do good work. There is excellent intelligence around sexual health informing implementation witnessed across the Programme. The Clinical Advisory Group was deemed a 'good space', operating very effectively and supported by excellent chairing. A commitment to genuine partnership approaches is supporting meaningful engagement by key actors and evidenced in the participation in the various governance structures, advisory fora and working groups. This was recognised as strong internally in HSE and with external partners. The investment in the early years of the strategy in getting the optimum structures, relationships and approaches in place took time and was worthwhile. This investment is recognised and acknowledged by all informants to the Review with many noting it as exceptional. The engagement of NGOs in the delivery of the strategy is deemed 'fantastic'. The open-door approach is viewed as very supportive and providing clear pathways as to how to influence and engage. Having a Strategy allows all the players to be involved through the various structures providing connection and collaboration. The careful thought and consideration on the composition and operations of the various governance and advisory fora has proven to be very impactful. This conscious engagement is deemed as hugely important in ensuring that SHCPP is doing what communities identified as priorities. Responsiveness to communities is valued by the Programme, ensuring communities feel connected and part of the Programme. The expectations and demands of the Working Groups are high, often relying on individuals to give a lot of time. Sustaining such commitment will need consideration within each group.

Programme Team

The Programme Team came in for considerable praise. All informants noted the professionalism of the team and recognised this as a key contributor to the success of implementation to date. The composition of the team ensures a breadth of expertise is available to the Programme and supports the cross- functional approach to delivery of many of the Actions in the Implementation Plans 2015-2016 and 2017-2020.

The leadership, drive, energy and commitment were all noted. The posts of clinical lead and of project manager were deemed as hugely impactful in influencing the success of implementation to date across the clinical programme. The current incumbents give gravitas to the clinical programme and command great respect and influence. Informants noted that having a clinical lead of such stature who is well respected was very impactful on the success of implementation to date. The importance of having clinical expertise leading the clinical actions is essential to influencing change within clinical settings.

The leadership and management of the overall Programme was acknowledged by many as key to underpinning the success to date in navigating a complex environment. The political shrewdness in understanding how the HSE works was also referenced as helpful.

Organisational Culture

The analysis of the consultations through the focus groups and the interviews indicate an organisational culture that is open, transparent, honest, inclusive, trusting and supportively challenging. The patient/service user/client groups are evidently centre stage in how actions are progressed. 'Client voice is important'. References were made to the programme being pro-active, responsive and pragmatic with a focus on what can be influenced rather than on negativity and concerns. 'They (the Programme Staff) listen.' 'Voices are heard and heeded'.

Barriers to implementation are being managed very well. The Programme team are very proficient at reading the boundaries of what can and cannot be achieved when trying to affect change in service delivery. There is an acknowledgment that for the Programme to affect change it needs to take risks, innovate, collaborate, have ambition and trust others. This brings tensions and requires the team to be ahead of the curve and consider the pace at which boundaries can be pushed: if change moves too slowly then the perception is that nothing happens

which leads to inertia, whereas if change is too fast and people get nervous and may disengage. There is evidence of this tension being managed well across the Programme – from campaigns to research work. There is clarity about what the Programme can and cannot achieve.

Section 4: Feedback on Actions

Priority actions are progressing informed by evidence and research and benchmarked against international best practice. Ensuring a strong evidence base and working to international standards underpins the approach. Quality assuring partners is important in this regard, ensuring they too are expert-led.

There are many actions in the Plan and the huge volume of work underneath several of the actions were noted by informants. There is a need for realism in what can be achieved. 'It is as good as it could be'.

Clinical Actions

From a clinical perspective, progress in relation to PrEP and HIV prevention were noted as successes as was the role lobbying played in this progress. Commitment to the introduction of PrEP in principle is welcomed. There is an expectation that PrEP will be available in Ireland in 2019 and that this will give a context to a public conversation about STIs and HIV and the stigma associated with both. Preventing HIV will lead to a decrease in the incidence of HIV and a decrease in funding requirements/costs associated with HIV treatment and care in the long term.

The Mapping and Needs Assessment (2018) of existing clinical sexual health services and laboratory services was deemed as very important by many consulted. 'Consultation Report: Stakeholder Workshops on Actions for Sexual Health Services in Ireland' report presents the outputs from two consultation workshops hosted by the HSE Sexual Health & Crisis Pregnancy Programme (SHCPP) in May 2018. These workshops were held as a means of engaging with key stakeholders on a series of reports produced by SHCPP identifying areas for action in relation to sexual health services in Ireland. The outputs from the workshops, together with the supporting reports provide the programme with a clear direction on priority actions arising from the sexual health needs assessment process. These actions will inform the development of annual programme business plans

The availability of the HPV vaccine to MSM and people who inject drugs was deemed as 'ground breaking', working very well and being looked at internationally as a success.

Delays in HIV testing guidelines due to the delays at ECDC/EU level were deemed as disappointing, however a sensible approach of aligning the timing with EU developments was acknowledged.

The sexual health information is much clearer than times prior to having the Action Plans. The language being used now is very positive, impactful and resonates with people. This was specially referenced in relation to MSM albeit that the use of language remains a challenge and some informants suggest that talking simply and directly can be a challenge for the HSE.

The audit of HIV treatment and continuum of care was suggested as an outstanding example of work that is based on excellent relationships with clinics, with public health and was an excellent way of working showing sensitivity and careful planning and management.

Progress on establishing an interim gonococcal reference laboratory was noted as was the need to move to a permanent reference laboratory for all bacterial STIs.

Openness to developing testing outside clinics to community-based testing was acknowledged as a good move albeit that there is a lot more work to be done.

Implementation has focused on groups disproportionately affected by STI and HIV – young people, MSM and migrants - leading to sexual ill-health. The outbreak model has worked. One informant suggesting the need for a 'standing forum' on MSM. The genuine commitment to include the MSM community has worked and led to better outcomes.

Other measures of success noted included the capacity of the Programme to respond to STI outbreaks, the decrease in crisis pregnancies and the advances in STI and HIV testing, and management supported by a solid clinical infrastructure, pathways of care and management.

Surveillance

The importance of having completed an assessment of behavioural and biological surveillance mapped against best practice by 2020 and of bringing Ireland up to a surveillance system that allows for cross country comparison was noted. CIDR Recommendation was also noted as very important to progress. Excellent work in progressing the surveillance action addressing clinical and behavioural indicators based on a research award and partnership with the Irish Research Council, CIDR project was also referenced as being excellent.

Research Actions

The Sexual Health and Crisis Pregnancy Programme has built up a body of research reports and publications about sexual health and crisis pregnancy in Ireland to inform policy, practice and service planning. Research underpins decision making by providing evidence and by following up on findings to ensure they inform practice and implementation. It is evident that the research function plays an important role in supporting the implementation, monitoring and measurement of actions in other areas (education and training, clinical services, communications etc.)

In 2018 the research team supported the clinical team in developing the sexual health needs assessment reports.

The reports Supporting Parents Communicating with Children Aged 4–9 Years about Relationships, Sexuality and Growing Up was published. The findings of this report were used by the Education Manager to inform the development of an education resource for parents of young children. This resource was widely disseminated and is used in training by the National Parents Council.

The research team played a key role in supporting the development of the sexual health promotion training strategy for professionals with the education and training manager.

The research team supported the Funding Manager to provide research informed documents to the Citizen's Assembly, the Oireachtas Committee on the 8th Amendment and the Department of Health to inform changes in the regulation of termination of pregnancy legislation and contraception.

The research team also supports the Communications Manager to measure communications campaign performance annually

In 2016 research on the Sexual Health and Sexuality Education Needs Assessment of Young People in Care in Ireland (SENYPIC) was completed including analysis from the perspectives of young people in care, service providers, foster parent, birth parents and care leavers. A Composite Report of Findings on Sexual Health and Sexuality Education Needs Assessment of Young People in Care in Ireland was then produced. In 2018 a working group was established with Tusla to use the findings of the study to develop an online tool for social workers and social care workers.

Research is commissioned with strategic partners is occurring as planned in the Implementation Plan 2017 – 2020 and evidenced for example in the proposed commissioning (2019) of a knowledge, attitudes and behaviours survey on the sexual health and crisis pregnancy among the general population in Ireland in partnership with the Department of Health. The work with TUSLA demonstrates how the evidence informed, robust research identifies needs which in turn provides the entry point for further collaboration in relation to training and education.

Research commissioned by SHCPP with the Department of Education and Skills exploring the relationship and sexuality education (RSE) in Post Primary Schools commenced in 2016. The intention is that the report will inform the review of the RSE curriculum currently being led on by the NCCA.

The Programme ensures that research findings are used and available to organisations/authorities of relevance. This emphasis on knowledge transfer is evident in the Programme Service Plans and Progress Reports and witnessed through the work for example with TUSLA in relation to the Sexual Health and Sexuality Education Needs

Assessment of Young People in Care in Ireland and the National Parents Council in relation to the supports for parents.

Support was provided to the Health Protection Surveillance Centre in completing the MISI 2015 survey. The MISI 2015 report includes a range of findings on sexual health knowledge, attitudes, needs and behaviour among MSM. It focuses on sexual identity, relationships, HIV status and perception, and HIV and sexually transmitted infection (STI) testing. The data is being used, applied to practice and informs the need for services, service development and refinement.

Service evaluations are commissioned and managed including the Gay Men's health Service Outreach programme and the Foundation Programme in Sexual Health Promotion which have informed service direction and approaches to service provision. As a result of the findings from the GMHS evaluation, work on a logic model and service manual is now underway to support improved governance and administration of the service.

The research team has developed a system to report on the annual activities of the national Condom Distribution Service to allow for monitoring and accountability.

Sexual health questions were included in the Healthy Ireland Survey for the first three waves. However, the indicators have now been removed due to the planned general population survey on sexual health and crisis pregnancy. This will gather important information on sexual health in Ireland.

Education and Training Actions

The Education Actions under the remit of SHCPP are progressing well and valued. Some actions under this element of the Plan are under the remit of the Department of Education and Skill.

Relationship and Sexuality Education (RSE) in Schools

In-service training for teachers on RSE for Junior and Senior Cycle is the responsibility of PDST in the Department of Education and Skills and has witnessed an increase in teacher attendance at RSE workshops, sanction for substitution costs for attendance at 1-day workshops helping to improve take up. There are indications of a move away from an external person coming in to do workshops/sessions in primary and post primary, although there are legacy issues evident as some schools/parents expect this to continue and do not see the need to change. As referenced earlier, over the coming months NCCA will undertake a major review of the Relationships and Sexuality Education (RSE) curriculum across primary and post-primary schools. The review will consider the experience and reality of RSE, providing an opportunity for teachers, students, principals and parents to be consulted about RSE in their schools. This presents a real opportunity to change the current curriculum introduced in 1994. Research commissioned and/or completed under the Implementations Plans 2015-2016 and 2017-2020 has much to offer this Review as has the expertise across the Programme.

Exploring opportunities for partnership in relation to teacher training so as to ensure teachers receive good quality training has proven difficult to progress in a strategic manner. The recent focus and interest in RSE provide an opportunity to further progress actions looking at improving the curricula and associated resources in schools. It will in turn require that teachers are supported to deliver the new curricula. Feedback to this review suggests a lack of teacher confidence and skill in delivering RSE can impact the quality of RSE in schools. The nature of skill sets required to teach and/or facilitate RSE curricula appears not to be understood. The Foundation Programme has potentially much to offer the discussion on teacher training. Lessons learned from the roll-out of the Foundation Programme can potentially inform the design of a curricula for teacher training and the content for CPD programme for existing teachers. Specifically, insights from the Foundation Programme suggest that the focus needs to be on building self-confidence in the facilitating RSE and less on how information is presented.

Implementation of the RSE Programme and other key indicators of RSE delivery are to be tracked through the Lifeskills Survey in Primary Schools, Post-Primary Schools and in YouthReach Centres. This action is awaiting the development of a new Lifeskills Survey by DES.

RSE School Resources

The SHCPP is heavily involved in the funding and production of RSE resources for the school and youthwork setting. SHCPP is currently engaged in the development of the RSE element of a SPHE resource for the new Junior Cycle SPHE Short Course. This will be further informed by the outcome of the NCCA curriculum review.

SHCPP funded the reprint of the TRUST (Senior Cycle RSE) and Growing Up LGBT (Junior Cycle and Senior Cycle) in 2017 for dissemination by the PDST during teacher training. The resources need to be reviewed and if necessary updated. This decision will be informed by the NCCA review however resulting actions are unlikely to be completed before 2020.

The Busy Bodies resource for use in 5th class, 6th class and 1st Year is currently being reviewed with a decision on the necessity of an update to be taken at the end of Q1 2019. The project is being led by the sexual health team in HSE South with input and support from SHCPP's Education and Training Manager and Communications Manager. SHCPP will provide funding for a full redevelopment of the resource if this is required. In the meantime, the Busy Bodies' booklets will continue to be available for order by parents and schools and the video content can be viewed online.

B4udecide Resources for the School and Youth work settings

SHCPP commissioned NYCI to review and update the B4udecide resource which was completed in 2017. The schools' resource will be replaced by the RSE element of the new SPHE resource. The B4udecide website will be reviewed in 2018/2019 to inform a decision as to its future.

Supports for Parent

Investing in the development of a suite of supports for parent is an important achievement. The parent section of the website www.sexualwellbeing.ie is designed to have information and resources for parents of children at various ages. The focus is currently on the 0-12 age range however work on developing information for parents of 12 – 18-year olds will progress over 2019 and 2010. The parent resource, Talking to your Young Child About Relationships, Sexuality and Growing Up received very positive reaction when it was launched in 2018 and was referenced as an example of a high-quality publication, based on solid research and evidence.

The expansion of supports to parents of young children is indicative of the Education and Training function's expanded remit under the strategy to focus on the promotion of positive and holistic sexuality health, in particular with reference to children and young people; these include but are not limited to, issues of sexual activity and reproduction

Training for Professionals

During 2017, the Education function within SHCPP was expanded to include a fuller focus on the provision of training to professionals. A key action was the initiation of the development of a Sexual Health Promotion Training Strategy which will direct the activities and funding of the SHCPP over the next 10 years. This will enable the integration of sexual health promotion into core support services within health, social care, education, community and youth work so that service users may be supported to make good sexual health choices.

The new training strategy will build on existing training initiatives as well as developing new programmes in response to need. A draft interim action plan for 2019/2020 has been developed for adaptation and adoption by a strategy implementation group, once established.

Current SHCPP training initiatives which come under the training strategy include

- The 10-day HSE Foundation Programme in Sexual Health Promotion (FPSHP) which is the cornerstone of SHCPP's provision to professionals. The quality, credibility and fidelity of the programme were noted during the review and demand for the Programme continues to be high; 222 professionals were trained in 2017, far above the annual target of 100. The FPSHP continues to be the subject of rigorous evaluation as to its

impact on professional capacity building. Following the 2013 retrospective evaluation by the School of Nursing and Midwifery, Trinity College, the researchers were further commissioned to develop an evaluation tool to be delivered at three points, pre-training, post training and 6 months later. This tool is currently being used to measure the impact of the national roll-out of the FPSHP and the resulting report will be available in 2019. A consideration of a sustainable model of delivery will be undertaken in 2019/2020 and will be informed by the evaluation and the requirements of the Sexual Health Promotion Training Strategy.

- Funding to the National Parents Council Primary to deliver the 'parenting: supporting your child to build healthy friendships and relationships' programme.
- Funding to The Irish Family Planning Association (IFPA) to deliver the eight-week, 'Speakeasy' training programme to parents
- Funding to LGBT Ireland to develop an online LGBT awareness programme (2018-2019)
- Funding to NYCI and Foroige to deliver RSE training to youth workers

Communications Actions

Coordinating sexual health communications within HSE and with non-statutory organisations ensures resources are used effectively, this occurs through agreeing calendars of events annually. Communications are noted as very forward-thinking, social media campaign orientated and outreach effective. The SHCCP works closely with the HSE Communication Unit to develop, implement and evaluate annual public communication plan.

The development of the website www.sexualwellbeing.ie is deemed as crucial, a repository of excellent information and a useful resource for supporting mass communication. Growing the content and developing a robust search strategy will help ensure that the website and the Programme are the 'go to', trusted and authoritative source of information. Where previously there were numerous websites the new website provides the Programme with opportunities to develop proactive messaging. The Programme has changed how it engages in communication to being very proactive and managing the messaging be this on line, in print or other media.

Proactive targeting of communication to groups most at risk of STIs, such as MSM and to young people is ongoing every year: this proactive approach is important and effective. Communications can also quickly react when necessary for example to STI outbreaks in close collaboration with the relevant Public Health Specialists and NGOs. The feedback to this work is very positive.

Resources and online content are all reviewed from a communications perspective. Communications provide content for the parents' section of www.sexualwellbeing.ie ensuring good resources, top tips etc. Communications reviews all sexual health information provided/funded by HSE to ensure it is up-to-date and published.

The communication function project manages and monitors the National Condom Distribution Service and aligns distribution to campaigns and proactive and reactive communications. The establishment of the NCDS assists in implementation as it supports the provision of free condoms and lubricant to groups at-risk of negative sexual health outcomes including STIs and/or crisis pregnancy.

The availability of free crisis pregnancy counselling and supports and free post abortion counselling and medical check-ups are promoted on an ongoing basis.

Feedback suggests the Programme's competence as navigating the space around issues in the media very well. The navigation around the Referendum on the Regulation of Termination of Pregnancy, the agility shown with crisis pregnancy and abortion aftercare and the engagement with young people were of all note. Communication plans can be revised if other issues take dominance for the media and it is acknowledged that campaigns must look at good timing so as to have impact. Partners engagement with communications is seen as important and it is recognised that there is further scope for partners and the Programme to deepen mutual support around campaigns and share learning and insights gained.

From a communications perspective having a Sexual Health Strategy gave permission to have a wider, more proactive approach; allowing the Programme to provide much needed information especially around issues that

were traditionally deemed sensitive. The NGO engagement in driving the communications messages is recognised as critically important. The Communications Working Group are very genuinely engaged and inform the work. Other groups for example the Migrants and the MSM Communication Sub Group are effective and operate when needed. An effective three-pronged approach operates: NGOs outreach, online/social media and through leaflets/resources. Many informants noted that the strategy is further than it might be given the resource challenge.

A strategic review of communications for sexual health for the SHCCP was completed in 2017 provides a set of strategic recommendations on what could be progressed for the next number of years.

Funding Programme Actions

Crisis Pregnancy Services up to end of 2016 were informed by the Crisis Pregnancy Strategy 2012 – 2016 and hence the first Implementation Plan 2015-2016 of the Sexual Health Strategy did not include actions relating to crisis pregnancy. Over the last three years the funding programme has managed over 35 statutory and non-statutory service agreements. The key achievements noted to this review include:

Thirteen crisis pregnancy counselling services are currently being funded providing free counselling services for women with crisis pregnancy covering three options – parenting, adoption and abortion. The provision of information on abortion to women travelling abroad will change when the regulation of termination of pregnancy legislation is enacted in January 2019. All services also provide post abortion counselling services and provide financial support for medical services if required.

In 2016 a Review of all crisis pregnancy services was commissioned, prompted by the reduction in attendance and changes in the environment of how women wanted to access services. A key recommendation from the Review was the need to develop a telephone counselling service. The Programme has acted on this key recommendation and intends to have a telephone counselling service established by January 2019.

The training and development needs of professionals delivering crisis pregnancy services are supported on an ongoing basis. Specific developments include funding a Certificate in Crisis Pregnancy Counselling through Maynooth University up to 2017 academic year. There is now a requirement for all counselling services funded by SHCPP to employ accredited counsellors. Master classes on emerging topics are also funded and delivered through Maynooth University. Further training needs in relation to changes in the regulation of termination of pregnancy legislation will be addressed. The impact on the Programme with the introduction of Regulation of the Termination of Pregnancy Act is unknown.

In 2014 National Standards for Crisis Pregnancy Services including a self-assessment quality framework were developed. All 13 services have implemented the framework, supported by SHCPP who are currently validating the services' self-assessments. The standards designed in 2014/2015 are due to be reviewed in the light of the regulation of termination of pregnancy legislation. The existing standards will also inform the development of quality standards for the telephone counselling service.

The Programme continues to fund the Irish College of General Practitioners to deliver workshops on contraception for GPs and a train the trainer approach is in place to train GPs on the availability contraception and contraceptive options.

The Programme funding in the area of crisis pregnancy is likely to be adjusted in the light of developments inside and outside the Programme. For example, supports addressing the training needs of health care professionals emerging in the light of the regulation of termination of pregnancy legislation will need to be addressed. The work in the area of prevention of unplanned pregnancy through the provision of contraception and initiatives in the areas of communication and education will inform the nature of supports required. Crisis pregnancy services will continue to be supported, the nature of the service will continue to be refined in line with changing needs. Initiatives supporting at risk groups in out of school settings remains a priority. The general population survey to commence in

2019 will provide new data on the needs and preferences of women to inform the nature of support services needed in the future.

Progress not referenced in the Implementation Plans

The Programme provided information and evidence to support the debates in external fora notably the Citizens Assembly on the Eight Amendment of the Constitution and the Oireachtas Committee on the Eight Amendment of the Constitution.

Section 5: Challenges and Risks

This section notes the challenges and risks impacting implementation to date and/or for the remainder of the current Action Plan 2017 – 2020.

A minority of those consulted have concerns about the lack of engagement by some on the Implementation Group and that this needs attention suggesting a review of the composition and functioning of the Group.

Some informants noted a frustration at the pace of progress, stating it was ‘frustratingly slow’ to make progress or affect change, particularly in relation to clinical services. More action is preferable for some ultimately aimed at getting better services on the ground to everyone. ‘It’s like pulling teeth trying to actualise solutions and finding funding inside and outside the Programme.’

Ensuring the work of the Programme is evidence based brought challenges for some informants who noted the evidence gathering process as challenging ‘us to prove what we already know’. Others noted that systems requirements demand that actions take time, are complex and requires a lot of negotiation.

Coordinating implementation can be challenging for the Programme, particularly in situations where the ultimate responsibility and authority for action lies elsewhere and partners’ may have competing priorities. Sustaining commitment and engagement takes considerable time, investment and work and can be reliant on individual relationships and goodwill.

The lack of accessibility of clinical services for the public is a challenge named by most, noting that many areas do not have access to services at all. Services could be improved by more joined up thinking. Small practical changes could improve the quality of care and services.

Implementation will require investment in the development of clinical services that ought to be available on an equitable basis across the country. Informants noted that it is difficult to see how service outcomes can be achieved or progressed in 2019/2020 without investment. Access to clinical services is challenging for many and in particular those living outside Dublin. Funding was stressed as being very difficult for the Community and Voluntary organisations who simply do not have adequate staffing levels for actions that require their input.

Sexual health has not found its place among other strategies, some thought, emphasising the need to reach people where they engage with other services - mental health, homeless, addiction etc. Interweaving strategies at a high level would be beneficial.

While the increased diagnoses in STIs may be in part due to improved awareness and the availability of testing, informants believe that there is no doubt the young people and their parents/carers are in need of more support with regard to their sexual health education, information and access to services. The Programme’s qualitative research into the implementation of RSE is timely in this regard and will inform the NCCA’s review of the RSE curriculum

Many stakeholders noted that while societal shift is evident, schools are failing to catch up with this shift. The effectiveness of the role of RSE and SPHE in schools is limited by the lack of priority given to both, the lack of a formal qualification for SPHE and inadequate teacher training. As such, embedding effective RSE in schools remains a challenge. Addressing this challenge will require a partnership with the DES to ensure that comprehensive and inclusive RSE is mandatory in schools and features as part of the whole school evaluation

Managing expectations that cannot be met is challenging. It has led to the Programme team divesting time to answer PQs and questions posed elsewhere that is time consuming in an environment where time is needed across the implementation of the actions.

Unmet expectations that are often due to lack of funding may pose the risk of disengagement. This is a challenge that is likely to increase over 2018 – 2020.

While partnership was praised, some informants suggested a confusion around roles and responsibilities in deliver on education actions, specifically, roles of Department of Education, NGOs and HSE. There are no fora for progressing the strategy locally, like Task Forces in place to support the Drugs and Alcohol strategy. Regional or CHO networks were considered as an option to address this.

The lack of conclusion on moving the Gay Men Health Service to suitable premises is considered a serious health risk for those in the building and a reputational risk for the HSE. A new building would lead to significant service improvement for service users. The lack of progress is disappointing for many consulted and a cause of anger, frustration and a waste of time and energy. It is a good example of an action within the Action Plan that is completely outside the control of the SHCPP. The funding structure for the service under one CHO area is not thought to be working and needs to be reviewed and take cognisance of the fact that MSM are identified as a high-risk group within the Sexual Health Strategy and needs to be resourced accordingly. While the Programme does not have responsibility for the Gay Men's Health Service (GMHS), the service is central to realising actions associated with MSM. As such, the lack of progress on moving the GMHS to suitable premises is considered a risk, both in terms of the health of MSM and in terms of the HSE's reputation.

Communicating progress against Actions to key communities not directly involved in delivery but who are important target groups for the Programme can be challenging. Those not directly involved may expect more results earlier in implementation and without a solid understanding of what is involved. Maintaining a live action plan (for all actions) on the website might support others to see the focus of actions at a given time.

Risks

Risks noted as impacting on future implementation include:

- Appropriate sponsorship at a senior level for sexual health within the HSE
- Adequate and realistic resourcing not being made available to sexual health services. The estimates process has not yielded results by way of extra resources to the Programme. This is a source of frustration and disappointment and seen as limiting the advances that could be progressed. If the Actions in the Plan for 2020 are to be delivered, it is dependent on funding being committed to it and committed over time. The Programme is competing for finite resources
- The end of secondment and time to replace the clinical lead was reference by many as the biggest risk facing implementation for the remainder of the Plan
- Loss of staff and corporate knowledge
- Fear of change in staff structure in line with national Health and Wellbeing restructuring
- Disengagement by key partners due to lack of investment in implementation actions
- The uncertainty as to the type of work, if any, that may arise for the Programme as a result of the referendum on the regulation of termination of pregnancy. Should new work emerge it will require funding and expertise. Others believe this is outside the remit of the SHCPP
- The opportunity to progress RSE in schools is dependent on political will and engagement with all the necessary stakeholders. The absence of either is a risk to progress in relation to RSE in schools

The need to be explicit about the risks involved in implementation was suggested.

Section 6: Recommendations

Implementation for the remainder of the 2017 – 2020 Action Plan is contingent on adequate resourcing and will require further investment. This is acknowledged by the Programme and reflected in the engagement in the Estimates Process. It is not possible to expect success to continue or grow in the absence of additional finance. Therefore, implementation requires that adequate resources are made available to the Programme.

To further build on the partnership ethos, a review of the composition and functioning of the Implementation Group will ensure that the requisite skills and expertise are available to implementation to 2020 and reflective of the breath of the Programme. Specifically, the important role research plays in delivering on the Actions might suggest that a research specialism be included.

The composition and expertise of the team were referenced as key contributors to success to date and must continue in the next phase. The cross functional (education, communications, funding, research, clinical) approach is very effective and the interlinkages yielding good results and needs to continue.

Realism is needed in what can be achieved by 2020 and must take account of anticipated changes in key personnel. Succession planning is critical to assuring high standards of implementation continue for the remainder of 2018 and for 2019 and 2020 across the all parts of the Programme. Specific reference was made to ensuring continued investment in a clinical lead and clinical expertise on the Programme Team and ensure succession planning is in place for the post of clinical lead.

Continue with the effective leadership and management of the Programme and in investing heavily in the collaborative approaches and in operating the Programme culture and values.

In the more immediate term, the consequences that may arise for the Programme as a result of the referendum on the regulation of termination of pregnancy will need to be considered. Any new work will need to have an associated new budget as otherwise it will negatively impact on implementation across the actions. Implementation may need to be reframed in the context of the Referendum.

Defining a vision for strategy, priorities and actions post 2020 ought to commence over the latter parts of the current 2017-2020 Action Plan. The external environments (societal, political) have changed and will continue to change and provide opportunities for creating traction across Action Plan. There is not a sense that a radical change in approach is needed, rather consideration is needed on how to evolve and build on the current Plan mindful of policy and structural changes in how health services are delivered, changes in the operational environment and other relevant developments like the LGBTI+ National Youth Strategy. The Programmes ability to be responsive to trends as they arise will continue to be important.

Deepen collaboration between DES, Department of Health and the Programme in progressing the education actions. Such collaboration has been sought however has not come to fruition. Collaboration is currently bilateral. As the partnership approach received such praise during the Review, perhaps consideration could be given to including the DES to participate on Working Groups, Implementation Group? DES engages with other strategies for example the Obesity Action Plan, Physical Activity Action Plan through involvement on comparable fora.

The need to be explicit about the risks involved in implementation was suggested. This requires that risk analysis and risk management strategy is in place for each of the actions.

END

APPENDIX 1: SEXUAL HEALTH STRATEGY ACTIONS 2017-2020. UPDATE Q3 2018

An Action Plan for 2015 and 2020 was developed and published along with the strategy. The SHCPP has responsibility for the implementation and monitoring of the actions. Quarterly progress reports provide an up-date on these actions. These actions are reported on through the HSE Service Plan, the Divisional Operation Plan and the programmes annual business plan.

Action	Timescale	Outcome	Up-date September 2018
Clinical services			
Complete and implement outstanding practice guidance from 2016 priority actions for HIV testing in various settings, including home HIV testing and point of care HIV testing.	2017-2018	Clinical guidance developed and implemented	<p>Revision of ECDC HIV testing guidance to now include hepatitis – anticipated completion end 2018. Agreed to await ECDC publication before development of national HIV testing guidance for Ireland.</p> <p>Mylan launched HIV self-test in July 2018, available through community pharmacies. In advance of launch, discussions with HPRA and input into HPRA guidance for website. Communication sent to SH services, ICGP, pharmacies and MSM/PrEP community. Training organised for HSE helpline.</p> <p>Cancer Control conducted survey on current practice and policy in relation to key indicator conditions and a SpR in St James’s conducted a review of HIV testing recommendations in speciality guidelines for indicator conditions. A short report is being prepared for website.</p> <p>OptTest tool (presentation) on HIV Indicator Condition Testing for HCPs in Ireland adapted and will be finalised for website.</p> <p>KnowNow community HIV testing project continuing under HIV Ireland.</p> <p>Discussions on-going with migrant groups on adapting the community HIV testing model. HIV Ireland and ACET have conducted some research with the migrant communities they work with.</p>
Complete and implement outstanding practice guidance from 2016 priority actions for	2017-2018	Clinical guidance developed and implemented	HSE STI antibiotic prescribing guidelines updated by F Lyons in liaison with M Daly ICGP, pending review by clinical group.

<p>STI testing, screening and treatment.</p>			<p>On-going development of STI guidance and content for new website.</p> <p>Patient Information Leaflets for all STIs and genital conditions developed and available on https://www.sexualwellbeing.ie/sexual-health/sexually-transmitted-infections/. Available to order through healthpromotion.ie.</p> <p>A guide to STIs patient information booklet was updated and translated into key languages for migrant communities. With designers in advance of printing.</p> <p>HIV content on HSE A-Z site updated, STI content to be updated though site is being restructured – liaising through communications.</p> <p>Resource being developed with SWAI for sex workers on attending SH services, draft sent to SWAI.</p>
<p>Complete and implement outstanding practice guidance from 2016 priority actions for the use of antiretroviral therapy in HIV prevention to include PrEP, TasP and PEP.</p>	<p>2017-2018</p>	<p>Clinical guidance developed and implemented</p>	<p><u>PrEP (HIV pre-exposure prophylaxis)</u></p> <p>Practical guidance for health care professionals seeing patients who are sourcing PrEP or who would benefit from PrEP developed and widely disseminated. Patient information leaflet also developed. These documents have been updated as required and are available on https://www.sexualwellbeing.ie/sexual-health/sexually-transmitted-infections/information-on-hiv/</p> <p>PrEP estimates and cascade report was completed in 2017 and available on HPSC website.</p> <p>In May 2017 the PrEP working group agreed that the window of opportunity for doing a demonstration project had closed and started working on alternative, more timely mechanisms to get the information that a demonstration project would have provided to inform implementation.</p> <p>Work on identifying a mechanism for introduction of PrEP in Ireland includes: PrEP Standards, clinical management guidance and a PrEP monitoring</p>

framework. These have been signed off by the PrEP working group, CAG and Implementation groups.

Funding was provided to GMHS to establish a PrEP monitoring clinic which commenced in November 2017. GMHS have continued the clinic in 2018 with their own funding.

Work to assess the feasibility of implementing the PrEP standards within public STI clinics was awarded to RCSI. The survey and interviews have been conducted with STI services and the first draft of the report was received in September. Intention is to have it completed within the next month.

PrEP reimbursement: Gilead and TEVA submitted rapid review dossiers to HSE and a full pharmacoeconomic evaluation (PE) was recommended. HIQA board agreed that HIQA will undertake PrEP HTA, this is starting September 2018.

Submission made through the HSE Estimates process for PrEP (medication and clinic resource) for 2019.

EU Court of Justice issued a ruling on Gileads SPC challenge in July 2018. Irish High Court trial on the validity of the SPC likely to take place in Oct.

TasP (HIV treatment as prevention)

HSE recommendation on ART for all people living with HIV in Ireland signed off by HSE leadership team 25th July 2017. Circulated to clinical services and community organisations.

TasP Patient Information Leaflet printed, copies sent to HIV clinics, and available in English, French, Spanish & Portuguese on healthpromotion.ie. These were updated in August 2018.

These are available on

<https://www.sexualwellbeing.ie/sexual-health/sexually-transmitted-infections/information-on-hiv/>

			<p>On-going participation in HIV medicines reimbursement group convened by the national drug management group and chaired by primary care.</p> <p><u>PEP (Post-exposure prophylaxis)</u></p> <p>National PEP study day held in 2017 (MMUH and HPSC). Report available.</p> <p>Mandatory ED charge and PEP legal opinion being clarified to inform discussions with Acute Hospital Division.</p> <p>In light of recent data on Dolutegravir in early pregnancy, amendments to the PEP guidelines (EMI Toolkit), plans to effect the amendments and plans to communicate with stakeholders have been agreed with Dr. Lelia Thornton, chair of the Guideline writing committee.</p> <p>The full EMI Toolkit is currently being updated.</p>
<p>Co-ordinate and facilitate audit of identified auditable outcomes (from practice guidance) on:</p> <ol style="list-style-type: none"> Use of ART for HIV prevention HIV testing STI testing and management 	2017-2020	Audit cycle completed	<p><u>HIV treatment and continuum of HIV care</u></p> <p>A proposal was developed in 2017 to conduct a national HIV treatment audit and collect outstanding surveillance data. A national steering group was established, including clinical leads identified for each service. Monitoring definitions for the continuum of HIV care were agreed for Ireland (based on ECDC definitions). The HIV treatment audit and collection of outstanding HIV surveillance data was completed early 2018.</p> <p>The HIV treatment audit results and HPSC HIV modeling estimates were combined to provide the first complete continuum of HIV care for Ireland. This was presented at GHF and IUSTI conferences. A report on continuum of HIV care has been completed and is available on https://www.sexualwellbeing.ie/sexual-health/sexually-transmitted-infections/information-on-hiv/</p> <p><u>HIV testing</u></p> <p>HPSC development of community HIV Testing monitoring system on-going</p>

			<p>(initially for community NGO delivered services). Working group in place and key set of indicators agreed. Engagement with sites to collect service data.</p> <p><u>STI testing among MSM</u></p> <p>Audit of MSM attending HIV services (led by HPSC and SJH) is complete, report being finalised and has been sent to the national MSM response group.</p>
Continue to roll out agreed plan from 2016 for extension of HPV vaccine to at risk groups	2017-2020	Phased roll out of HPV vaccination to at risk groups	<p>The HPV vaccine was made available to MSM up to and including 26yrs from 1st Jan 2017 (the HPV vaccine has been available for HIV positive men and women up to and including 26yrs since October 2016). Vaccine was provided by NIO and has since been agreed for 2018 and 2019. Funding for 3 nursing WTE to support implementation of vaccination was secured for 2017 and 2018 and a submission was made through the HSE Estimates process for HPV (nursing WTE) for 2019.</p> <p>A HPV vaccination guidance document was developed in 2017 and circulated to HIV and STI services.</p> <p>HPV vaccination PILs and posters were developed in 2017 and sent to all sites. These are available on sexualwellbeing.ie and NIO website. In July 2018, NIAC updated the HPV recommendations and increased the age limit for MSM (both HIV negative and positive) MSM to 45 years. NIO have agreed to provide the additional vaccine to meet this recommendation within public HIV and STI clinics. The HPV PILs and posters are currently being updated.</p> <p>The HPV vaccine was rolled out to public services in 2017/18 and HPV vaccine is now available for PLHIV in 8/9 HIV clinics and for MSM in 21/23* STI clinics (*one is Women's service).</p> <p>Monitoring of availability and uptake is done by SHCPP.</p>

<p>Complete any outstanding elements of the priority action for designation of appropriate laboratories as STI reference laboratory</p>	<p>2017</p>	<p>STI reference laboratory/ies designated</p>	<p>In May 2017 the Department of Clinical Microbiology at St. James’s Hospital was designated as the Interim Gonococcal Laboratory in Ireland with agreed roles and responsibilities and appropriate allocation of interim resources. This interim designation remains in place, pending full designation of a Sexually Transmitted Bacterial Laboratory (STBRL).</p> <p>In September 2017 the HSE National Clinical Advisor and Group Lead, Acute Hospitals Division invited expressions of interest from all publicly funded Microbiology Laboratories in Ireland in relation to designation as the STBRL. The selection process is at an advanced stage and is expected to be completed shortly. Agreement was reached on the roles, responsibilities and resources required to designate a national STBRL in 2019. Submission made for resources through the HSE estimates process.</p>
<p>STI and contraception services</p> <ol style="list-style-type: none"> Complete mapping and needs assessment of STI, contraception and laboratory services Identify resource requirements for the priority recommendations from the mapping and needs assessment Present priority recommendations and resource requirements to relevant parties and develop timelines and plan for implementation Implement recommendations 	<p>Q1, Q2 2017</p> <p>Q3, Q4 2017</p> <p>Q3, Q4 2017</p> <p>2018-2020</p>	<p>Recommendations identified and implemented</p>	<p>Mapping: GP, Lab and STI reports have been completed.</p> <p>Document on “Sexual Health in Ireland” which presents collation of information on behavior, SH outcomes and interventions to improve sexual health has been completed.</p> <p>Stakeholder consultation on recommendations and areas for action arising from the 4 reports took place on 16th and 18th May. Report on Stakeholder consultation workshops completed.</p> <p>All reports are available on https://www.sexualwellbeing.ie/for-professionals/ under <i>Research reports and publications</i>.</p>

<p>Partner notification (PN) in Ireland</p> <ol style="list-style-type: none"> Undertake a baseline description of PN activity/resources in Ireland Informed by baseline description and international best practice develop and implement clinical practice guidance (including targets and auditable outcomes) for PN in Ireland Identify, prioritise and implement solutions to meet infrastructural and competency gaps 	<p>2017</p> <p>2018-2020</p>	<p>Descriptive work completed and priority infrastructural and competency gaps identified and recommendations for solution completed</p>	<p>Online Sexual Health Advisor training course for Sexual Health/STI Services organised in 2018 for 20 participants. The course included 3 face-face training days and 1 assessment day. A session on Irish legislation and Children First was also included. All participants completed and passed the written examination, assessment of assignments due to be completed by year end. Course evaluation has been received and Programme will present a proposal for 2019 to the Implementation Group at next meeting in September.</p> <p>Research through EU Joint Action program INTEGRATE on partner notification (PN) ongoing (UCD Mater group), including roadmap of PN process in Ireland.</p>
<p>HBV vaccination</p> <ol style="list-style-type: none"> Undertake a baseline description of the coverage of HBV vaccination in various at risk groups Informed by the baseline description identify, prioritise and implement solutions to increase HBV vaccination coverage in at risk groups 	<p>2018-2020</p>	<p>Baseline description of HBV vaccination coverage completed and improved coverage implementation plan rolled out</p>	<p>Initial guidance document drafted, to be completed.</p>
<p>Develop and implement key performance indicators for HIV testing, STI services and contraception services</p>	<p>2018/9-2020</p>	<p>KPIs developed and implemented</p>	<p>Not commenced</p>
<p>Develop priority clinical actions beyond 2020</p>	<p>2019</p>		<p>Recommendations and areas for action being identified in mapping/needs assessment work will inform this.</p>
<p>Action</p>	<p>Timescale</p>	<p>Outcome</p>	<p>Q3 up-date 2018</p>
<p>Education: Supporting Parents and Educators</p>			

<p>Roll-out the 10-day HSE Foundation Programme in Sexual Health Promotion as a national sexual health training programme, training 100 people per year who work with groups that are vulnerable to lower levels of sexual well-being and groups at increased risk of STIs and crisis pregnancy.</p>	<p>2017-2020</p>	<p>Rollout the FPSHP nationally. Monitor up-take. Continue to evaluate the programme</p>	<p>On track- Spring courses have concluded in Tallaght, Ardee and Donegal. Autumn courses recruited and set to start in Donegal, Tallaght, Limerick, Ardee, Dungarvan, Cork, Castlebar. Evaluation of new sites ongoing. Evaluation report due in Q.4.</p>
<p>Explore options for delivery of the HSE Foundation Programme in Sexual Health Promotion to establish the most sustainable and effective mode of delivery.</p>	<p>2018-2020</p>	<p>Conclusions reached and implementation commenced as appropriate</p>	<p>A consideration of the FPSHP and its sustainable delivery will commence in 2019 as a part of the action plan arising out of the Training Strategy.</p>
<p>Complete a training strategy to provide a strategic framework for training provided/funded by the HSE for professionals working with at-risk and/or vulnerable groups. Develop and commence implementation of associated action plan</p>	<p>2018</p>	<p>Co-ordinated strategic approach to training in consultation with service providers</p>	<p>Draft strategy document and interim action plan for 2019 developed and further amended following validation workshop with the SHCPP team. Consultants working on final documents, to include a short strategy document, a two page summary and a working document detailing the consultation to inform future projects. Additional consultation with potential implementation partners to take place in order to firm up action plan for 2019.</p>
<p>In partnership with TUSLA, provide support/training on the development of RSE Policy Development for children's residential centres.</p>	<p>2019-2020</p>	<p>Support provided on RSE policy development as requested</p>	<p>Work ongoing in relation to supporting the development of a sexual health segment for Tusla's online EPPI toolkit to support staff practice in response to the SENYPIC report. No support requested in the area of policy development.</p>
<p>Improve the home-school links in RSE provision by developing a resource for parents of young children to help them talk to their children about the body, sexuality and growing up and continue to disseminate the Busybodies booklet to Primary Schools and to parents.</p>	<p>2018</p>	<p>Parent resource published and disseminated</p>	<p>The 'Talking to your young child...' resource has been reprinted in response to the early demand. A further communication and dissemination plan to be finalised and implemented this Autumn. Busy Bodies text version has been reprinted for the Autumn term with the video content being made available on healthpromotion.ie.</p>
<p>Continue to offer in-service training on RSE for Junior</p>	<p>2017-2020</p>	<p>Training provided</p>	

	Cycle and Senior Cycle to primary schools, post-primary schools and Youthreach centres through the PDST.		DES (PDST)	
	Review and update Busy Bodies Resource. Work in partnership with the PDST to review other RSE resources at Primary level and update as appropriate.	2018-2020	RSE resources updated	Sexual Health Team in HSE South is leading this project. Review of existing resource with stakeholders will commence this Autumn to indicate gaps and areas in need of update and improvement. Work to begin on the updates where possible but the completion of the redeveloped resource will await the outcome of the NCCA review of RSE. It is unlikely that there will be updating of the main DES resource for RSE until after the review.
	Review RSE resources (B4uDecide.ie, Trust, Growing Up LGBT) at Post-Primary level and update as appropriate	2020	Resources updated	Work on the RSE element of the new SPHE resource for Junior Cycle is ongoing. B4udecide to be reviewed this Autumn to determine the suitability of content and the functionality of the site. A decision on the site and its content will be made on the basis of that review. We are exploring the feasibility of making the TRUST and GULGBT video content available online through www.sexualwellbeing.ie and sphe.ie rather than through DVD this Autumn.
	Explore opportunities to work in partnership with teacher training colleges to ensure that teachers receive good quality training in Relationships and Sexuality Education	2018 – 2020	Opportunities identified and partnership work commenced as appropriate	Have not yet identified opportunities for joint working. RSE review by the Oireachtas and NCCA curriculum review may act as an incentive for colleges to engage.
	Track implementation of the RSE Programme and other key indicators of quality RSE delivery through input into the Lifeskills Survey in Primary Schools, Post-Primary Schools and in YouthReach Centres as required.	2018	RSE questions included in Lifeskills	Awaiting new version of Lifeskills from the DES for review

	Develop information for parents of 12-18 year olds to support them to have conversations with their children on sexuality, human development and growing up.	2018-20	Information developed for website	The focus remains on extending and refining the website content for parents of the 0-12 age group. The work on the older group will commence later in the year.
	Action	Timescale	Outcome	Q3 up-date 2018
Communication and Information				
	Coordinate sexual health communications work of the HSE and non-statutory organisations to ensure joint resources are used in the most effective manner.	2017-2020	Annual calendar of events agreed	Business plan and communication targets discussed with the group. Sub group planning is in place to discuss access to Asylum seeking centres to promote crisis pregnancy counselling and condom distribution services.
	Develop and implement an annual public communication plan in partnership with the HSE National Communications Unit.	2017-2020	Communications plan developed, implemented and evaluated.	Media planning for Man2man, Positive Options, Abortion Aftercare and sexualwellbeing is in place. Focus for 2018 is primarily on digital reach and engagement. Outreach initiated and will thread into the media planning to amplify reach. Quarterly review process in place to analyse reach and engagement. This will influence spend across all platforms.
	Develop and implement a national sexual health wellbeing brand and website for all in consultation with non-statutory organisations	2017	Brand agreed and implemented	Brand designs and message profiles for the new website and activations are agreed and in place. Resource templates are in development and will reflect the new look and feel of the Sexualwellbeing.ie website. Educational pillars include, Unplanned pregnancy, consent, STI testing /prevention and contraception choices. Hashtag #Respectprotect.
	Provide targeted information and campaigns to at-risk groups and evaluate annually to ensure effectiveness.	2017-2020	Continue Man2Man, Johnny and other campaigns as appropriate	Ad word copies for all campaigns are up to date and review is on-going. Outreach mini campaigns for SHAG week, world contraception and world aids day will be developed and implemented through regional community partnerships in partnerships. New sexual wellbeing campaign #respectprotect agreed and implemented to replace Johnny's got you covered. Campaign visible on social media platforms Twitter: https://bit.ly/2NH3ckS

				Facebook: https://bit.ly/2Bsnt9g
Respond to STI outbreaks from a communications perspective in a timely manner in conjunction with HSE Public Health and the Health Protection Surveillance Centre	2017-2020	A process for engaging on messaging for appropriate response to outbreaks agreed and implemented.		Communications planning in progress, with focus on reactive social media messaging. GHN will lead in partnership with NCD and SHCPP office. Reactive messaging is due to be completed by September. Assets will cover OOH, Press, Digital and outreach.
Provide information and advice to parents on communicating about relationships and sexuality with their children.	2018	Information available on website		Information and advice for parents of 0-12 year olds available on www.sexualwellbeing.ie Development of healthy sexual development under review.
Update B4uDecide.ie to reflect the new RSE curriculum and other topics relevant to young people's lives and promote as an information source for all young people.	2017-2018.	New resource developed and published		Resources being developed to support SPHE short course for junior cycle. Scoping review of B4uDecide.ie for 2019.
Conduct a review of all sexual health information provided/funded by the HSE with a view to identifying gaps and updating/combining resources as required	2018-2020	Resources updated and published		HSE resources reviewed and updated. NGO and sexual health community groups are under review.
Expand the central condom and lubricant distribution service to statutory and non-statutory agencies/bodies and NGOs	2017-2020	Manage and monitor up-take		New brand is under development with LTC. 400,000 condoms due to be delivered by Autumn. Interim stock is ordered and delivered to MSM outreach centres. Yearly data collation and evaluation in place January per year.
Implement condom outreach programmes targeting young adults and men who have sex with men and disseminate 100,000 condoms annually	2017-2020	Maintain high levels of awareness of campaign and evaluate annually.		GMHS and GHN are stocked on orders for outreach and clinic services for October period. USI stock will be distributed in October. Head Case marketing led on dissemination of condoms/lubricant through festivals and fresher's week youth led events. Outreach planning and training facilitated with Headcase to ensure targeted safer sex/condom messaging is planned and co-ordinated.

	Promote the availability of free crisis pregnancy counselling services and supports and free-post abortion counselling and medical check-ups through information campaigns and local service promotion and evaluate annually.	2017-2020	Media plans developed and associated elements rolled out.	Website signposting contracted via PUCA services. Off line materials advertised via Inform. Media spend for abortion aftercare and positive options reviewed. Redirects to sexual wellbeing in place in September. New look and feel of national helpline planning in progress with NCD and primary care.
	Issue the national 'Sexual Health News' newsletter bi-annually	2017-2020	Articles compiled for 20 page printed and digital newsletter on sexual health work in the HSE. Each issue disseminated.	Autumn issue due to be published in September.
	Action	Timescale	Outcome	Q3 up-date 2018
Surveillance				
	Undertake a baseline description of surveillance activity to inform the development of clinical indicators for sexual health	2017-2018	Baseline description completed	Final draft RCSI report received in June and feedback provided by steering group. Awaiting revised version, due mid Sept.
	Agree a set of clinical and behavioural indicators to enable the measurement of progress; to detect clinical and behavioural changes over time and to make comparisons internationally	2017 - 2018	Set of indicators agreed	The process of agreeing the final set of indicators is ongoing.
	CIDR Recommendation. Based on the feasibility and pilot study* implement new STI module in Computerised Infectious Disease Reporting (CIDR)	2017 - 2020	Better surveillance -inclusion of enhanced clinic based data on HIV and STIs in national surveillance reports -Key HIV continuum of care variables monitored	The development of the STI/HIV module that commenced in 2016 has progressed during 2017/18. Phase 2, the technical design and development, commenced in May 2017 and phase 3, the development of the local notification management system commenced in November 2017 and were signed off by the steering committee in July 2018. Work ongoing to identify mechanism for progressing phase 4.

	Assess and implement mechanisms to improve reporting of core dataset for STI notifications	2019	Audits of data completeness published periodically	Not Commenced
	Review agreed set of indicators (informed by baseline description and clinical practice guidance) to inform the development of a monitoring system including the measurement of progress and service impacts. Identify resources and coordination that will be required.	2019 - 2020	Plan in place for establishment of monitoring system for sexual health services	Not Commenced
	Action	Timescale	Outcome	Q3 up-date 2018
Research				
	Carry out baseline description of research activity to inform the development of behavioural indicators and identify research gaps.	2017-2018	Baseline description complete	Baseline description of research activity complete and set of behavioural indicators for HIV and STIs has been developed. Report being finalised. Due for release Q.4 2018. Dissemination event planned.
	Carry out research prioritisation exercise to inform commissioning of research	2017-2018	Prioritisation exercise complete	Will be commenced in Q. 4 2018
	Commission research in line with the research prioritisation requirements. Where possible, develop strategic partnerships with other organisations to achieve greater efficiencies and better value for money	2018 - 2020	Research commissioning underway	<p>Knowledge, attitudes and behaviours survey on sexual health and crisis pregnancy among the general population living in Ireland. Partnership planned with Department of Health to commission study. Scoping work has commenced.</p> <p>GMHS outreach programme evaluation in partnership with Gay Health Network and Gay Men's Health Service. Final draft report under review. Work underway to respond to findings to support service provision. Support to develop logic model is currently being sought.</p> <p>2018 IRC/ SHCPP award to commission research in line with the sexual health strategy has been established as part of the COALESE scheme. Evaluation of proposals to take place in October 2018.</p>

				<p>Foundation Programme in Sexual Health Promotion evaluation ongoing. Final report expected in Q. 4.</p> <p>Support provided to the Health Protection Surveillance Centre to analyse Irish data collected as part of the European MSM Internet Survey Ireland.</p> <p>Scoping potential to establish a research programme with the ESRI to analyse the Growing Up in Ireland longitudinal survey data in line with policy priority needs.</p>
Commission qualitative research study in post-primary schools to examine Relationships & Sexuality Education delivery	2017 - 2018	Research complete		A draft report was submitted at the end of June. The report has been peer reviewed and feedback has been provided to research team. Final report expected by Q. 4.
Develop knowledge transfer plans to share research findings to inform service provision, policy and practice.	2017 - 2020	Knowledge transfer and dissemination plans completed		<p>Research summary for parents research developed and on-going dissemination of research and resource via the National Parent's Council. Dissemination report has been developed to inform further dissemination plans.</p> <p>SENYPIC study informing EPPI toolkit for Tusla staff</p>
Facilitate implementation of action plan developed from the 'Sexual Health Needs Assessment of Young People in Care' research project	2017 - 2020	Action plan delivered		Development of sexual health toolkit for Social Workers and Social Care Workers informed by the SENYPIC research study. Work underway with Tusla to incorporate sexual health module into their newly developed EPPI online resource for Tusla staff. A proposal has been drafted by Tusla to move forward with this. Planned to be complete by January 2019.
Develop knowledge transfer plan for MISI 2015 and ensure findings are used to inform practice	2017 - 2019	Knowledge transfer plan delivered		Drafting of journal articles underway by Health Protection Surveillance Centre.
Keep current sexual health indicators in the Healthy Ireland survey under review and develop and expand as appropriate	2017 - 2020	Ongoing and appropriate data collected		Sexual health questions have been removed for recent waves due to competing priorities and planned general population study.

Systematically monitor and report on crisis pregnancy indicators and emergent trends related to crisis pregnancy nationally and internationally	2017 - 2020	Annual media releases on UK abortion and teenage pregnancy figures	This has been carried out for teenage birth and abortion stats for 2017. Data was sought from online providers of the abortion pill and the HPRA re abortifacient seizures. Teenage pregnancy statistical trends report drafted and under review internally
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Action	Timescale	Outcome	Q3 up-date 2018
Crisis Pregnancy Services			
Continue to fund the provision of equitable access to high quality crisis pregnancy and post abortion counselling services	2017 - 2020	On-going provision of funding to crisis pregnancy services	Contract awarded to One Family following competitive tender process. Meeting held to discuss project plan and finalise SLA. Service due to be operational by 1st January 2019.
Implement the recommendation of the 2016 'Review of Crisis Pregnancy Counselling Services' in relation to models of funding/ expenditure and new service delivery models including telephone counselling	2017- 2018	Sustainable funding and service delivery model for Crisis Pregnancy Services	Findings being implemented. Review meetings held in Q1-2 discussed recommendations and implementation of findings with each service provider. Further review meetings to discuss service arrangements for 2019 scheduled for October 2018.
Respond to training needs of those working in the area of crisis pregnancy	2017- 2020	Continuous professional development of those working in the area of crisis pregnancy	Workshop for services carried out on 22 nd May with information session from Treoir included. Masterclasses provided through Maynooth University. Meeting with Maynooth University held to explore future emerging issues as topics for masterclasses. Masterclasses for the Autumn period 2018 scheduled. Scoping of training needs for healthcare professionals within new legislation being carried out by Maynooth University.
Continued implementation of the Self Assessment Quality Framework and development of quality improvement plans to enhance quality in crisis pregnancy counselling services	2017- 2020	Continuous quality improvement within crisis pregnancy services	Continue to monitor implementation of SA Framework across all services. Workshop for services held in May with another workshop planned for Q4.
Continue to support initiatives that assist those who need additional supports to continue	2017- 2020	Responding to those requiring support to	Services who provide support in this area continue to be funded through service agreements.

	with the pregnancy and with parenting.		continue pregnancy and parenting	
	Continue to support initiatives that promote crisis pregnancy prevention with stakeholders such as ICGP	2017-2020		Contraception and LARC(Long Acting Reversible Contraceptives)Workshops with GPs continue to be funded. Meeting to be held with ICGP in October to discuss this work.