

Health Promotion Service – Project Overview 09/10

TITLE	Healthy Gay Cornwall
<p>NATIONAL TARGETS (e.g. NSFs, Choosing Health, National Strategies)</p>	<ul style="list-style-type: none"> • Making it Count: - A collaborative planning framework to reduce the incidence of HIV infection during sex between men (CHAPS Partnership). Strategic aims for homosexually active men: • <i>Reduce the average time between HIV infection and HIV diagnosis in men who become infected.</i> • <i>Reduce HIV sero-discordant unprotected anal intercourse, condom failure, and HIV+ to HIV- semen transfer</i> • <i>Reduce the average length of time men have undiagnosed STIs (Specifically gonorrhoea, NSU, Syphilis and Herpes)</i> • <i>Increase the proportion of HIV uninfected men who are sexually exposed to HIV who take post exposure prophylaxis within 72 hours of exposure</i> • National Strategy for Sexual Health & HIV (Department of Health) target; • <i>To reduce by 25% the number of newly acquired HIV infections and gonorrhoea infections by end of 2007</i> • Suicide Prevention Strategy for England (2002) • <i>Goal 2 (promote mental wellbeing in the wider population)</i>
<p>EVIDENCE OF EFFECTIVENESS (eg NICE guidelines)</p>	<ul style="list-style-type: none"> • The Field Guide: - “Applying Making it Count to Health Promotion activity with homosexually active men”. (CHAPS Partnership) • NICE Guidelines – “Prevention of sexually transmitted infections and under 18 conceptions” • “Preventing HIV” handbook – NAM • Suicide prevention strategy for Cornwall & IOS

<p>AIM(S)</p>	<ul style="list-style-type: none"> • To promote good sexual, mental and general health awareness with gay/bisexual men and men that have sex with men (MSM) • Increase uptake of GU clinical interventions with gay/bisexual men & MSM both in clinical and community settings. • To assist mainstream services in meeting the needs of gay/bisexual men & MSM through partnership work and training • Reduce the transmission of HIV & STIs • Reduce the prevalence of undiagnosed HIV & STIs • Reduce condom failure rate amongst target group • Reduce issues of isolation and poor mental well being with gay/bi/msm men living in Cornwall & IOS through one to one, group interventions, agency referrals and partnership working • Reduce stigma and increase awareness of HIV within communities • To ensure LGBT community needs are met through equality & diversity policies
<p>OBJECTIVES (the outcomes you hope to achieve) Are they SMART?</p>	<ul style="list-style-type: none"> • Increase number of men accessing GU services • Increase uptake of HIV testing • Increase uptake of men accessing HEP B vaccination • Promote a holistic model of health • Increase uptake of interventions which promote mental well being • Improve partnership working and inter-agency referral • Contribute through stakeholder involvement with LGBT community specific projects – e.g. youth group, Intercom standing council etc
<p>PROJECT TARGETS</p>	<ul style="list-style-type: none"> • To improve condom uptake by 50% of current usage by April 10 • Improve levels of MSM accessing Hep Vaccinations by 25% by April 10

	<ul style="list-style-type: none"> • To increase general awareness of HIV in both gay/bis/msm and general populations. • To increase awareness of health issues within gay/bisexual/MSM • To increase awareness of issues for gay/bisexual/MSM communities when accessing generic health services within professional community.
<p>ACTIVITIES</p>	<ul style="list-style-type: none"> • To facilitate 1x venue based outreach session per month • To facilitate and deliver x4 training sessions (x2: HIV awareness, x2 How to work with LGBT communities) • Cornwall Pride – sponsorship of event, Stall at event, promoting awareness of services, presence on parade • Provide clear information so that men can make informed choices about HIV & STI prevention, through printed resources and website. • Condom Distribution scheme – condoms available at gay venues, by post on request or regular mail-out, by collection at office, or outreach sessions • Facilitate a “service satisfaction” audit – LGB’s experience of health services in Cornwall (partnership with PACT/Public health) • “Healthy Gay Cornwall” website: <ul style="list-style-type: none"> • Online condom ordering • Sexual health information relevant to target community • Targeted health promotion relevant to community (“not just HIV”) • Information on services provided – groups, one to one etc • Scene based information, events etc • Updated local LGBT news with localised information (PACT group, Intercom news, PSE warnings etc) • Information for professionals • Links to further services • In addition to the above, Online profiles, detailing localised services and information on popular social networking sites – (e.g. facebook, gaydar, youtube) • Correspondence from above, online interventions which link men into “real time” services

	<ul style="list-style-type: none"> • Monthly promotional evenings at local gay venue(s) – which may focus on a particular campaign or general awareness of localised services, work with partner agencies. • public sex environment outreach sessions • Development and implementation of service user social/support groups – run in conjunction with partner agencies (e.g. Intercom/PACT) – LGBT Youth Group, 25+ Men’s group. • Support existing work around SRE work in schools and colleges – policy, training & support • Provide a weekly outreach service - information, support and link into clinical services, based at GU clinic, RCH • Provide one to one support to men (“face To face” – advice information and guidance, maximum of 3 sessions per block, per client (referral into further services if required from this point) • Stakeholder involvement with projects providing services to LGBT community: PACT & Intercom trust initiatives • Attendance with display stand/stall at relevant health/community events • Attendance at relevant conferences/events (EG police & community, college etc) • Liaison with informal voluntary groups to promote Healthy Gay Cornwall – e.g. walking groups, book groups etc. • Create/facilitate innovative ways of engaging with target community utilising media/marketing opportunities – e.g. Radio, Viral marketing etc. • Develop links to services to that improve well being for LGBT service users – e.g. mental health • Facilitation of training/workshop sessions for professionals and community members (including
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	<p>partnership working with Youth Cornwall/Intercom)</p> <ul style="list-style-type: none"> • To co-ordinate awareness raising around key events during the year e.g.: World AIDS Day, sexual health week etc. • To attend and contribute to the countywide Sexual health Promotion & Media sub-group meetings • To provide an input in the development of the Sexual Health Local Area Agreement (LAA) <p>To attend diversity and equality groups in Cornwall (e.g. East, Mid, West and DNfC) – influencing and advising policy</p> <ul style="list-style-type: none"> •
<p>EVIDENCE (how you will collect the evidence that demonstrates your objectives have been achieved)</p>	<p>HPA localised data</p> <p>Sigma research data</p> <p>Focus group data</p> <p>Printed resource, promoting services – evidence of distribution.</p> <p>Condom Distribution scheme – evidence of increase in quarterly reporting</p> <p>Website – evidence of hits, demographics etc</p> <p>Online profiles – as above</p> <p>Promo events – numbers of events, number of contacts per event, evidence detailing brief interventions, referral into services, resources taken, health champions etc.</p> <p>PSE outreach – number of sessions, sites worked, number of contacts per session, evidence of intervention (topics discussed, profile of clients spoken to – age, sexual orientation/identity, ethnicity, area of residence) and resources taken</p> <p>Social/support groups will provide numbers of clients in attendance, age, gender (if LGBT) sexual orientation/identity, postcode area. Qualitative data will provide range of issues across client base.</p> <p>PACT, Intercom and other stakeholder meeting notes and action points</p>

	<p>SRE meeting & training notes</p> <p>Numbers of clients receiving “one to one” interventions – dataset will record age, postcode and ethnicity; qualitative data will include range of issues raised across client base.</p> <p>Evidence of training sessions – feedback forms etc. The implementation of the SHPSG action plan</p>
<p>DELIVERY PARTNERS and Stakeholders</p>	<p>GU Clinic (RCHT) Intercom Trust Devon & Cornwall Constabulary Brook clinic Chlamydia Screening Programme Q-Dos, Truro Art’s Club, Penzance Broken Rainbow Cornwall The Sauna, Grampound Cornwall County Council (One Cornwall) Kernow Positive Support Pink Umbrella The Source 96.1fm West, Mid & East Cornwall Diversity Groups Diversity Network for Cornwall & IoS (DNFC) Sexual Health Local Implementation Group (SHLIG) Sexual Health Promotion & Media Subgroup Sexual Health LAA team</p>