

Report To: Inverclyde Integration Joint Board **Date:** 11 September 2018

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Partnership (HSCP) **Report No:**
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Subject: Review of Sandyford Sexual Health Services

1.0 PURPOSE

1.1 The purpose of this paper is twofold –

- i. To bring to the attention of the Integration Joint Board, the recent review of Sandyford Sexual Health Services.
- ii. To provide an update on developments pertaining to some of the aligned work that will be delivered locally.

2.0 SUMMARY

2.1 Sandyford Sexual Health Service (SHS) is a service for the whole of NHS Greater Glasgow and Clyde, hosted by Glasgow City HSCP. The service provides universal sexual health services for the population provided for by NHS Greater Glasgow and Clyde as well as specialist services for complex procedures and presentations and specific population groups. Many of the specialist services are provided on a regional or national basis.

2.2 In February 2017, Glasgow City IJB gave its approval to commence a review of Sandyford Sexual Health Services under the auspices of Glasgow City HSCP's transformational change programme. The review aimed to:

- Improve the use of existing resources and release efficiencies through service redesign, with consideration of team structures, skill mix, localities and patient pathways.
- Encourage those who could be self-managing to be supported differently.
- Ensure that Sandyford Services are accessible and targeting the most vulnerable groups.

2.3 A final report to the Glasgow City IJB was approved at their March 2018 meeting, including findings of the service review and setting out recommendations for the intended direction of travel for future delivery of all Sandyford Services.

As part of this paper, senior colleagues from Sandyford engaged with each of the HSCPs to gather their views and comments. This was supported by the setting up of an Implementation Group to oversee the smooth delivery of the recommendations.

2.4 From an Inverclyde perspective, strategic oversight for sexual health is the

responsibility of the Sexual Health Local Implementation Group (SHLIG). This multi-agency partnership group has a population approach and is chaired by the Corporate Director of Education, Communities and Organisational Development. The HSCP's representation is from both Health Improvement and Children & Families. Sandyford have representation at this group, along with Community Learning & Development.

- 2.5 Currently the local Sandyford Service operates three times per week on Mondays, Wednesdays and Thursdays from 9.00am – 5.00pm in Greenock Health Centre. Under the recommendations for the review, detailed below, there are considerations and implications. It should be borne in mind that given the timing of this report and the timescales for implementation, much of this work is in its early stages of discussion and negotiation, particularly the recommendations for the Young People's service developments.

3.0 RECOMMENDATIONS

- 3.1 The Integration Joint Board is requested to note the content of this paper.
- 3.2 The Integration Joint Board is requested to engage with the Sexual Health Implementation Group (SHLIG), via the Chief Officer, to ensure there are the minimum amount of implications for the Inverclyde area.
- 3.3 The Integration Joint Board is requested to agree to take a further progress paper that outlines the direction of travel that is fit for local purpose.

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Corporate Director, (Chief Officer)
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4.0 BACKGROUND

4.1 Sandyford Sexual Health Service (SHS) is a service for the whole of NHS Greater Glasgow and Clyde, hosted by Glasgow City HSCP. The service provides universal sexual health services for the population provided for by NHS Greater Glasgow and Clyde as well as specialist services for complex procedures and presentations and specific population groups. Many of the specialist services are provided on a regional or national basis.

The Sandyford vision is that the population enjoys good and positive sexual health and wellbeing. Where people need support, care or treatment they can easily access specialist sexual health services. Their focus will be on prevention of poor sexual health, early intervention and supported self-management.

4.2 Sandyford has developed its strategic and service responses for sexual health, through its Sexual Health Strategic Plan 2017-20 for Health & Social Care Partnerships in the Greater Glasgow and Clyde – see <http://www.sandyford.org/professionals/sexual-health-strategic-plan-2017-20/>.

4.3 The review was initially predicated on the achievement of £250,000 efficiencies for 2017/2018 and this has been achieved. Further financial pressure has resulted in the scope of the review process widening to consider an additional 15% over the next three years.

4.4 Following the establishment of a Programme Board in May 2017, which was to oversee the review and agree the establishment of the following workstreams:

- 1) **Clinical Services** – to develop a service specification detailing what services Sandyford offers and specifying the services which Sandyford will no longer offer, including detail on where these needs will now be met.
- 2) **Accessibility** – to develop proposals to deliver sexual health services to the right people in the right place at the right time.
- 3) **Young People** – (re)engage with young people on their sexual health service access needs in order to define an efficient and cost-effective service model for young people's sexual health care, which is acceptable to them.
- 4) **Workforce and Localities** – to develop proposals for a revised team structure for the service to be delivered across localities or specific geographic areas.

5.0 REVIEW RECOMMENDATIONS

5.1 A copy of the paper to the IJB paper is available at <https://glasgowcity.hscp.scot/meeting/21-march-2018>, item 8.

Clinical Service Model

It is recommended that the future service model should comprise 3 tiers of service provision for clients who need to see specialist sexual health services:

- Tier 3 - one specialist service which will deliver routine scheduled, emergency and urgent/undifferentiated care, and all specialist services;
- Tier 2 - a few larger connecting services which will offer routine scheduled, emergency and urgent/undifferentiated care;
- Tier 1 - a number of smaller, local services which will offer routine scheduled and emergency care.

This model for service modernisation will aim to offer care to clients with non-complex sexual health needs in innovative ways and with involvement of other stakeholders and partners.

5.2 Tier 3

The specialist service will be the main site for delivery of urgent/undifferentiated, complex and specialist care, based at various Glasgow City Centre locations operating over 5 days.

5.3 Tier 2

To meet the requirements of a tier 2 service, the site will be open on a *minimum* of 3 full days a week, but ideally 5 days a week, in order to ensure that access to urgent/undifferentiated care within 48 hours is available. Locations are to be determined but early discussions that Paisley may be one of the options.

5.4 Tier 1

To meet the requirement of a tier 1 service, the site will be open on a *minimum* of 2 full days a week.

5.5 Service Locations

The future service model will consist of a network of sexual health clinics, with one specialist (tier 3) service, four tier 2 services (covering east, south, west and north-west areas), and a number (to be determined) of tier 1 services, which will be located in areas of need and which cover the geographical spread of Greater Glasgow and Clyde. Specialist services will remain at Sandyford Central for the foreseeable future.

5.6 Accessibility

The Sexual Health website will be developed to cater for the appropriate support for clients' needs. This will be achieved, in addition to the website, through several other communication and accessible information platforms.

5.7 Young People

Sandyford will re-engage with young people to realise the levels of service attendance experienced in 2011. In order to achieve this, the future service model will continue to have dedicated Young People clinics as a priority component of the Sandyford services. The clinics will run after school hours and into the evening (7.30pm), will offer a mix of walk in services with some appointments.

5.8 Workforce & Localities Management

5.8.1 Workforce:

This component will fall to the responsibility of the *Workforce and Financial Modelling Group* (see 6.4.2 below), with accountability to the Implementation Board.

5.8.2 Localities Management:

General Management arrangements will be extended in Sandyford and there will be a move to have a professional leadership model separate from the operational management, which is in line with other services across Glasgow City HSCP.

6.0 PROGRESSING TO IMPLEMENTATION

6.1 To facilitate the implementation process, the Programme Board responsible for the review developments requested there be a Service Review Implementation Board to oversee the development of an Implementation Plan. This will also include a financial framework, proposed service locations, and associated savings and efficiencies, and the final submission of this and a fuller report to the Glasgow City IJB in December 2018.

It is anticipated the group will meet 4 times up to October 2018.

6.2 In terms of the span of the Implementation Plan, this has its focus on how the service is delivered rather than what it delivers. This includes all Sandyford services with the exception of the Gender Identity service, which is a developing service with a national agenda.

6.3 Aligned to this work is the creation of short-life working groups, to meet up to 4 times up to October 2018, which are associated with the review recommendations mentioned above. These are –

	Group's Scope
Service Delivery Group	The group will focus on the implementation of the recommendations of the Sexual Health review Clinical Services Workstream and the Young People's Services Workstream. This will include delivery of core sexual and reproductive health and complex genitourinary medicine (GUM) and gynaecology.
Workforce and Financial Modelling Group	The group will focus on the implementation of the workforce related recommendations of the Sexual Health review Workforce and Localities Workstream. The Group will work within existing HR policies and within the financial envelope available in the light of efficiencies savings.
Locations and Accessibility Group	The group will focus on the implementation of the Localities related recommendations of the Sexual Health review Workforce and Localities Workstream and the recommendations of the Accessibility Workstream.

Local representation on the above groups has been drawn from the Inverclyde SHLIG, with the exception of the Workforce and Financial Modelling Group, where there are links in place that are carried out by Sandyford colleagues.

- 6.4 In each of the groups' agendas, there are standing items to inform the membership of updates from other groups. There are associated governance processes for these groups' outputs reported into the Service Review Implementation Board.

7.0 CONSIDERATIONS FOR INVERCLYDE SANDYFORD SERVICES

- 7.1 In light of all of the above, it is proposed that Inverclyde will be allocated a Tier 1 service, which will operate 2 days per week in Greenock Health Centre. While this may look like a change, there are extended opening times, with the clinics opening from 9.00am to 7.30pm. This would prove to be a positive move for all populations, particularly for young people, where it is known are challenged in the current service provision, given there are intended dedicated appointments for young people from 3.30pm to 7.30pm.
- 7.2 In the discussion stages is the development of a Tier 2 service in Paisley that will be accessible by our local population and this would cater for anyone who requires this service, as per 5.4 above.
- 7.3 Higher level data that has been presented by Sandyford at the working group meetings requires further detailed analysis. This is in light of anecdotal information that many young people from Port Glasgow are currently disadvantaged with the move, in December 2016, from Boglestone to Greenock. Having this detailed analysis will help inform the negotiations for the proposed service delivery and development of the Sandyford EqlA processes.
- 7.4 It is understood that there is to be the removal of a consultant's time for one of the days that Sandyford are operating in Greenock and this requires further impact analysis.
- 7.5 In particular to some of our most vulnerable groups, such as women offenders (both in prison and the wider community), LAC, Child Protection and Adult Protection, there is further detailed work required, in collaboration with Sandyford, to ensure there are appropriate pathways in place, ensuring the correct support is provided by those in need.
- 7.6 Local vulnerable individuals, especially for the more/most complex issues will continue to be expected to travel into Glasgow. While this has been the expectation for a number of years, there are risks associated that the inequalities gap continues to widen.
- 7.7 It is suggested that there is a requirement for an increased level of support from the Sexual Health Implementation Group (SHLIG), notwithstanding this review of the Sandyford Services but also to support its implementation.
- 7.8 Through discussions at the above-mentioned working groups and at the SHLIG, Sandyford will be encouraged to further inform the users of their services, regarding finalised changes.

8.0 IMPLICATIONS

FINANCE

- 8.1 There are no financial implications from this report.

Financial Implications:

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Vehement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Vehement From (If Applicable)	Other Comments

LEGAL

8.2 There are no legal implications from this report

HUMAN RESOURCES

8.3 There are no HR implications from this report

EQUALITIES

8.4 Has an Equality Impact Assessment been carried out?

	YES.
X	NO – However, support by the SHLIG will be provided to Sandyford colleagues in the development of and EqIA.

8.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender-based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

8.5 **CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

There are no clinical or care governance implications at this time.

8.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long-term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	N/A
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

9.0 CONSULTATION

9.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP. The developments pertaining to the review and its implementation have been discussed at the Inverclyde Sexual Health Implementation Group.

10.0 LIST OF BACKGROUND PAPERS

10.1 N/A