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**Report To:** Inverclyde Integration Joint Board      **Date:** 14 May 2019

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Corporate Director (Chief Officer)  
Inverclyde Health & Social Care Partnership      **Report No:** IJB/37/2019/HW

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**Subject:** Review of Sandyford Sexual Health Services (Update)

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to provide an update to the Integration Joint Board of the Review of Sandyford Sexual Health Services.

## **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.

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.
- 2.2 A final report to the Glasgow City IJB was approved at its 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.

- 2.3 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 Education, Communities and Organisational Development. The HSCP's representation is from both Health Improvement and Children & Families. Sandyford has representation at this group, along with Community Learning & Development.
- 2.4 A paper outlining the proposals for the Review of Sandyford Sexual Health Services was submitted to the September 2018 IJB.

### **3.0 RECOMMENDATION**

- 3.1 The Integration Joint Board is asked to note the progress as set out in the report.

**Louise Long**  
**Chief Officer**

## 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.
- 4.2 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. Sandyford intends to take the implementation plan and financial framework to the Glasgow City IJB on 26th June 2019.
- 4.3 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.
- 4.4 From a local perspective, this highlighted that Inverclyde will be allocated a Tier 1 service, operating 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.

The closest Tier 2 service will be Paisley and local vulnerable individuals, especially for the more/most complex issues, will continue to be expected to travel into Glasgow.

- 4.5 The paper to the September IJB also covered proposals for other areas throughout Greater Glasgow & Clyde and more recently additional work has been carried for the Glasgow City provision that has meant a slight delay to the implementation of the review.
- 4.6 Work is ongoing and it is anticipated, following discussions with Chief Officers Group, NHSGGC CMT, GP Sub group and the NMC, a final paper will go to the Glasgow City IJB this coming June.

Officers from the HSCP and the Council will continue to protect Inverclyde's interests and it has already been confirmed that following the additional review work for Glasgow City, this will have no detrimental effect on the above proposals for Inverclyde.

- 4.7 Given the above and subject to the timelines, we would expect to bring a fuller paper to the September IJB.

## 5.0 IMPLICATIONS

### 5.1 FINANCE

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
N/A					

### 5.2 LEGAL

There are no specific legal implications arising from this report.

### 5.3 HUMAN RESOURCES

There are no specific human resources implications arising from this report.

### 5.4 EQUALITIES

#### 5.4.1 Has an Equality Impact Assessment been carried out?

	YES an EQIA has been completed and will be subject to final approval by the Inverclyde Alliance.
X	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

#### 5.4.2 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
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## 5.5 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

There are no clinical or care governance implications arising from this report.

## 5.6 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.	The dedicated time slots for young people have been developed to provide a service that is responsive to the needs and circumstances of service users.
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.	None
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

## 6.0 DIRECTIONS

### 6.1

<b>Direction Required to Council, Health Board or Both</b>	Direction to:	
	1. No Direction Required	X
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

## 7.0 CONSULTATION

7.1 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.

## **8.0 BACKGROUND PAPERS**

- 8.1 The paper previously submitted for the September 2018 IJB, is available at <https://www.inverclyde.gov.uk/meetings/meeting/2089>, item 12.