



Item No: 10

Meeting Date: Wednesday 15 February 2017

Glasgow City Integration Joint Board

Report By: Susanne Millar, Chief Officer Strategy, Planning & Commissioning / Chief Social Work Officer

Contact: Rhoda MacLeod

Tel: 0141 211 8178

REVIEW AND REFORM OF SEXUAL HEALTH

Purpose of Report:	The purpose of this report is to provide an outline of the financial planning for sexual health services in 2017/18 and beyond.
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Recommendations:	The Integration Joint Board is asked to: a) note the content of the report; b) approve the review and reform of sexual health services; c) instruct the Chief Officer to report on the conclusion of the review with proposals for transformational reform by the end of September 2017; and d) direct NHS Greater Glasgow and Clyde to undertake the review and reform.
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Implications for Integration Joint Board:

Financial:	The service has been asked to identify a £250k reduction in spend in 2017/18 as a contribution to the IJB's financial efficiencies target. This will be achieved in 2017/18 by way of management actions with recurring sustainability being achieved through the review and reform programme.
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Personnel:	The proposed review and reform of these services are likely to have an impact on personnel within Health and Staffside Partnership will be involved as appropriate through the process.
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Legal:	The review and reform will take into account the Health Board's legal requirements in relation to the delivery of sexual health services.	
Economic Impact:	Not applicable at this time.	
Sustainability:	Not applicable at this time.	
Sustainable Procurement and Article 19:	Not applicable at this time.	
Equalities:	An EQIA will be carried out in relation to any reform proposals that come forward as a consequence of the review of the overall service.	
Risk Implications:	A risk register will be developed as appropriate and if required.	
Implications for Glasgow City Council:	Not applicable at this time.	
Implications for NHS Greater Glasgow & Clyde:	Changes to current services.	
Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	✓
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

1. Purpose

- 1.1 The purpose of this report is to provide an outline of the financial planning for sexual health services in 2017/18 and beyond.

2. Background

- 2.1 Sandyford Sexual Health Service 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 specific population groups. Many of the specialist services are provided on a regional or national basis.

The service provides a core universal service which includes:-

- Testing and treatment for sexually transmitted infections and blood borne viruses including HIV.
- Comprehensive reproductive health care
- Provision of contraception including long acting reversible methods
- Termination of Pregnancy Services.

Specialist Services include:-

- The Archway service for people who have been raped or sexually assaulted,
- The Steve Retson Project for gay and bisexual men,
- Young People's Services,
- Counselling and Support services,
- Complex gynaecology including for women with long term conditions,
- Sexual Problems service and
- The Gender Identity Service.

- 2.2 The service has specific public health responsibilities particularly in relation to the prevention of STI and unintended pregnancies. This includes providing testing for HIV and STIs but also involves managing partner notification (i.e. sexual contact tracing to encourage sexual partners of clients to be tested and treated). This is provided for the wider primary care and NHS service. The service also provides emergency post exposure prophylaxis treatment to people who may have been exposed to HIV within the previous 72 hours, which reduces the likelihood of becoming HIV positive. The Free Condoms Service is provided to population groups most at risk of STI and HIV acquisition across 400 venues across the health board area.
- 2.3 The health improvement service develops strategic partnerships to influence and build capacity with a range of partners including local authorities, HSCPs and third sector providers to enable their staff to deliver sexual health behavioural interventions to the wider population. This includes staff training and policy development for teaching staff in schools and the looked after children's sector and community development work with gay and bisexual men.
- 2.4 Additionally, the service provides a range of specialist services, including the management of complex sexual and reproductive health needs that cannot be managed by general practice alone, a sexual assault and referral centre which provides forensic examinations for those who have experienced sexual assault or rape, services for those involved in the selling of or exchanging money for sex, gender identity services for young people and adults and a counselling & support service.

- 2.5 The gender service for young people is the only one in Scotland and the adult gender service is the main one and takes a lead national role. Funding for the gender service relies on cross-boundary charging with other health boards. There are also service level agreements in place for with other boards for vasectomy and psycho-sexual treatments. Archway is the only Sexual Assault Referral Centre in Scotland and has service level agreements with three other board areas.
- 2.6 Sandyford is also a significant training centre for new consultants in genito-urinary medicine and gynaecology and receives significant funding from NES (NHS Education for Scotland) to facilitate this.
- 2.7 The service is universal but has a particular focus on vulnerable patients. Sandyford has, over a number of years, developed a lead role across the Board area in the delivery of the aforementioned services, unlike some other Board areas where parts of this service (e.g. the provision of long-acting contraception) is more widely provided by general practice and specialist gynaecology is provided by acute. It has a lead role across the Board area in relation to meeting key national outcomes for sexual health.
- 2.8 The service is managed through the North West Locality and has planning structures in place for each of the Health & Social Care Partnerships across the Board area. It delivers services across 15 sites as follows: -

Location	Number of Days per Week
Sandyford Central (located in North West)	5
Glasgow North West, Drumchapel	1
Glasgow North East, Parkhead	4.5
Glasgow North East Springburn	3
Glasgow North East, Easterhouse	1
Glasgow South, Govanhill	3
Glasgow South Pollok	3
Glasgow South, Castlemilk	1
Total No. of Days in Glasgow per week	22.5
East Renfrewshire, Barrhead	2
Renfrewshire, Paisley	4.5
Renfrewshire, Johnstone	1
Inverclyde, Port Glasgow	3
West Dunbartonshire, Vale of Leven Hsp	2
West Dunbartonshire, Clydebank	1
East Dunbartonshire, Kirkintilloch	1
Total No. of Days in other HSCPs Per Week	14.5

- 2.9 The core services are delivered by a number of consultant genitourinary physicians, consultant gynaecologists, specialty doctors, nursing and, over recent years, four advanced nurse practitioners have been introduced to the service. The gender service is provided by psychiatry, psychology and specialty physicians.
- 2.10 Increasingly the service has faced problems with the shortage of specialty medical cover (reflected nationally) which has resulted in the service carrying some medical vacancies. This problem, combined with the current service model, has resulted in the service finding it increasingly difficult to deliver the existing service. There is therefore a clear need to review how the service is delivered and what improvements can be made.

3. The Case for Change

- 3.1 Since its inception, Sandyford services have never been formally reviewed and in the current financial climate and newly established operating environment that is the integration of health and social care, a review and reform process which will: -
- Improve the use of existing resources and release efficiencies through service redesign which will consider 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.

Feedback from young people's surveys informs that the service is not open at the right times and is not easily accessible in some locations. The sexual health profile of the Board area also indicates that there are areas that could benefit from increased services over others.

It is imperative that this review and reform involves key stakeholders from HSCP services, acute services, education and the third sector utilizing joint commissioning approaches recently approved by the IJB.

- 3.2 There is a need to look at how the core Sandyford service is structured particularly in relation to team structure, skill mix, localities, opening hours and accessibility. Very reduced numbers of young people attending clinics requires the service to re-think its model in relation to opening times, locations and what outreach services could be developed and delivered.
- 3.3 In attempting to target resources to the most vulnerable, there is a need to look at more innovative ways of enabling those who can self-manage their sexual health to do so, thus freeing up more clinic time for the most needy.

- 3.4 There is a clear need to engage with GP and pharmacy services regarding the relationships and pathways between services and if it would be beneficial to direct some of Sandyford's routine activity towards them, consideration is required regarding the nature of that activity and how it should be resourced.
- 3.5 Improved partnership working perhaps with innovative and very different future arrangements with addiction services, homelessness, criminal justice and the third sector will also deliver better sexual health outcomes through staff training and the development of outreach and will be considered as part of the review.
- 3.6 With the improvements in HIV management and care which means that for most people it is now a long term manageable condition, there is a requirement to look at how outpatient care for this patient group is provided and whether this should continue to be delivered from the Acute outpatient based Brownlee Centre in Gartnavel. There is a need therefore to engage with colleagues in acute services on this review and reform programme.
- 3.7 This is an extensive programme of change that will be expected to deliver sustainability to the service beyond the 2017/18, and because the service has never been formally reviewed, it will require to be both robust and comprehensive. The review is expected to be concluded by the mid-point in the financial year with the subsequent transformation taking effect from the beginning of 2018.

4. Recommendations

- 4.1 The Integration Joint Board is asked to:
 - a) note the content of the report;
 - b) approve the review and reform of sexual health services;
 - c) instruct the Chief Officer to report on the conclusion of the review with proposals for transformational reform by the end of September 2017; and
 - d) direct NHS Greater Glasgow and Clyde to undertake the review and reform.

DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	150217-10-a
2	Date direction issued by Integration Joint Board	15 th February 2017
3	Date from which direction takes effect	15 th February 2017
4	Direction to:	NHS Greater Glasgow and Clyde only
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	All functions associated with Sexual Health and Specialist services as outlined in this report
7	Full text of direction	NHS Greater Glasgow and Clyde is directed to undertake the review and reform of Sexual Health and Specialised Services as outlined within this report.
8	Budget allocated by Integration Joint Board to carry out direction	As directed by the Chief Officer: Finance and Resources and including the £250k reduction in spend in 2017/18 as a contribution to the IJB's financial efficiencies target as outlined in this report.
9	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership
10	Date direction will be reviewed	15 th February 2018.