

# SERVICE LEVEL AGREEMENT (SLA) FOR THE PROVISION OF SEXUAL HEALTH SERVICES

### 1.0 Overview

### 1.1 Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 provided that Health Boards and Councils must delegate certain services to the Integration Joint Boards (IJBs) for planning and delivery. This included a group of delegated services for which it was agreed locally within Grampian that these should be delivered on a 'hosted' basis, where disaggregation would present significant risk to deliverability, quality and efficiency of the service.

This is a Service Level Agreement (SLA) for the provision of **Sexual Health Services** by **Aberdeen City** on behalf of all three JBs in the Grampian NHS Board area.

This document identifies the services required and the expected level of services to be provided from the commencement date of **01/04/2022 to 31/03/2025**. This SLA will be subject to review scheduled by **31/03/2023**.

### 1.2 Purpose

The purpose of this SLA is to set out:

- Requirements for the Sexual Health hosted service that will be provided to all three Integration Joint Boards including specific quality standards or "service levels".
- Roles and responsibilities of the host Integration Joint Board.
- Duration, scope and renewal of this SLA contract.
- Supporting processes including performance monitoring arrangements.

### 1.3 Definitions and Interpretations

In this Service Level Agreement:

"Commencement Date" means the date of the start of the Service, or as otherwise specified.

"Services" means the services to be supplied as specified in the Specification.

"Specification" means the description of the Services to be supplied under the Service Level Agreement including the key personnel, performance monitoring framework and quality standards. "Term" means the period from the commencement of the Service Level Agreement to the date of expiry.

"Host" means the Integration Joint Board that manages services on behalf of the other Integration Joint Boards in the NHS Board area

"Hosted Services" means those services which have been agreed by the Integration Joint Boards will be managed and delivered on a pan Grampian basis by a single Integration Joint Board.

# 2.0 Specification

### 2.1 Description of Services

Overview of all services included under the SLA including staffing, locations for delivery of service, wider regional or tertiary care provision

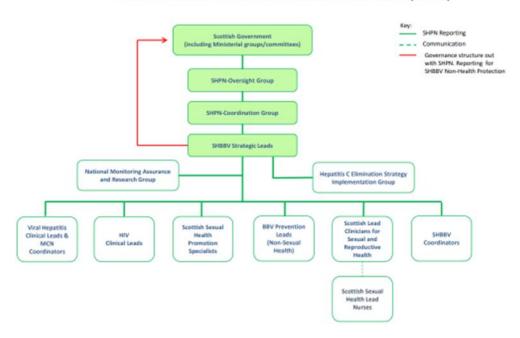
Sexual Health Services provides holistic and comprehensive sexual health care. The service is underpinned strategically by the following key strategies,

- Sexual Health and Blood Borne Virus (BBV) Framework 2015-2020, refresh due 2022
- Healthcare Improvement Scotland Sexual Health Standards, refresh due to be published 2021
- Aberdeen City Health and Social Care Partnership (HSCP), Aberdeenshire HSCP and Moray HSCP strategic plans
- NHS Grampian Clinical Strategy 2016-2021
- Realistic Medicine

Since the Covid19 pandemic the service has also focusing on remobilisation with local and recently published national recovery plans, Scottish Government Reset and Rebuild: A Recovery Plan for Sexual Health and Blood Borne Viruses.

The service has a responsibility to locally implement some actions in all of these strategies, but most notably the Sexual Health and Blood Borne Virus framework. The service is supported with strategic decision making and services planning by the NHS Grampian Sexual Health and BBV Managed Care Network (MCN), which in turn provides a proportion of funding to Grampian Sexual Health. Key members of Grampian Sexual Health management team also represent Grampian nationally on groups which feed directly to Scottish Government via the Scottish Health Protection Network, as shown below.

### SHPN Governance - Sexual Health and Blood Borne Viruses (SHBBV)



### Clinical service overview

The main service is based within the Aberdeen Community Health and Care Village with hub clinics in Dr Gray's Hospital Elgin, Chalmers Hospital Banff, Fraserburgh Hospital and Peterhead Hospital. The service also supports HMP Grampian deliver sexual health care and since 2017 has ran the Exchange clinic, a service for men who have sex with men in partnership with Alcohol and Drugs Action (ADA) in Aberdeen city centre. The latter service has been relocated to Aberdeen Health Village temporarily due to Covid 19 restrictions with support from ADA. An outreach clinic in Torry started in July 2021.

A wide range of services are offered at the main and hub services including:

- Prevention methods, including HIV post- and pre- exposure prophylaxis (PEP/PrEP), testing and treatment for Sexually Transmitted infections (STIs) and Blood Borne Viruses (BBVs);
- Human Immunodeficiency Virus care for approx. 250 patients.
- Priority access clinics for urgent sexual health care.
- Complex contraception including Long-Acting Reversible Contraception (LARC);
- Young person's/<18s early evening clinics.</li>
- Community gynaecology service, which receives 1800 primary care referrals per year and has a joint referral pathway with hospital gynaecology.
- Abortion care for residents in Aberdeen and Aberdeenshire, with support for Moray, NHS Shetland, and Orkney.
- Psychosexual medicine care.
- Care post sexual assault. The Forensic Suite for the provision of forensic
  assessment in cases of sexual assault is contained within Aberdeen Health Village
  led by the forensic team in NHS Grampian. The service works closely with this
  team, seeing patients after forensic assessment for follow on care, and as part of a
  multi- disciplinary team we successfully securing funding to allow sexual health
  nursing staff to chaperone forensic examinations which commenced in July 2019. In

addition, the service is due to commence a pilot of self-referral forensic examinations following Scottish Government process approval in late 2021.

### Training and education

In addition to clinical work the service provides training and education to clinical and non-clinical staff throughout Grampian, led by Dr Dianna Reed Consultant lead for training and TPD for FSRH, Mrs Katy Henderson Lead Nurse for training, and supported by Ms Donna Brown Training and Education co-coordinator. The service has trains approximately 20-24 clinical staff in the insertion of LARC and progresses 8-12 staff through the Diploma of Sexual and Reproductive Health each year. Furthermore, the team, both medical and nursing provide regular sexual health updates for GP practices, Acute Services, 3<sup>rd</sup> sector, Schools throughout the year. A proportion of these activities are income generating to help sustain the teaching and training programme however are also essential in improving sexual health outcomes for all people living in Grampian.

### Partnership working

As stated in the strategic overview the service has close links with the SH and BBV MCN in NHS Grampian. The MCN funds part of the service and also funds sessions for staff taking on HIV lead and Sexual Health lead roles. These roles involve leading the MCN team to address the higher-level outcomes of the SH and BBV strategy from a Grampian wide perspective with both clinical, non-clinical and 3<sup>rd</sup> sector colleagues.

Partnership and integrated working also exist with Gynaecology, Infectious Disease colleagues (for HIV care), Hepatology Services (for co-infection of patients with Hepatitis and HIV); women and children's services, substance misuse services, community pharmacy, Dr Gray's, local authorities, Health and Social Care Partnerships (Moray and Aberdeenshire); Laboratories, Health Psychology, Forensic Services, Mental Health, Police Scotland and Public Health.

### Research

The service also actively participated in research. The service has submitted a research proposal in collaboration the SH/BBV MCN and Dr Den Daas in June 2021 to assess sexual health service access for priority groups and local sexual health behaviour post Covid19. The service was a recruitment site for Glasgow Caledonian University HIV Pre-Exposure Prophylaxis (PrEP) users' study and will be site for HPV vaccination in vulnerable groups in 2022. Previous research the service has been a recruitment site includes UCON study, Medabon study and TV PCR study. Staff members have published multiple research publications, posters, and presentations. List available on request. There are several current challenges within the service,

### 2.2 Organisational Management and Governance

The host JB will have responsibility for performance management of the host services for which it has operational oversight and shall use performance information to monitor the delivery of this service on an ongoing basis. Reports will be presented to all 3 JBs on an annual basis as to progress against the agreed performance framework as described in section 3.0.

Service structure is shown on the organogram below with accountability to ACHSCP and NHS Grampian directly via the Sexual Health and BBV MCN and clinical staff line management.

# NHS Grampian Sexual Health Service Management Structure 2021 Cry HSCP Chief Officer Chief Finance Officer Cry HSCP Chief Finance Officer Cry HSCP Nurse Lead MCN SH & BBV Manager MCN SH & BBV Manager Minimager Clinical Director Manager Service line management Medical Staff Admin Staff Nursing Staff Nursing Staff Operational team

- SHBBV Strategic Leads Group: vacant post, previously Dr Emmanuel Okpo, Strategic Lead for SHBBV NHS Grampian, Consultant in Public Health
- Scottish Sexual Health Lead Clinicians Group: Dr Daniela Brawley, Clinical Director, Grampian Sexual Health
- HIV Clinical Leads Network: Dr Daniela Brawley, HIV Clinical Lead, NHS Grampian
- Scottish Sexual Health Lead Nurses Forum: Mrs Julia Penn, Nurse Team Lead, Grampian Sexual Health
- SHBBV Framework Co-ordination Group: Ms Lisa Allerton, SHBBV Manager, NHS Grampian
- Scottish Sexual Health Promotion Specialist Group: Mrs Penny Gilles, Public Health Practitioner, NHS Grampian

### The service team includes,

- 6 Medical consultants 5.3 WTE (1 WTE on maternity leave and 0.2 WTE on secondment)
- 4 Specialty Doctors 2.2 WTE (0.2 WTE vacancy)
- 2 locum medical staff (LAS and speciality doctor) 1.7 WTE till August/Oct 2021
- 16 Nursing staff 12.5 WTE (Band 3 to 7) (2.2 WTE vacancy)
- 15 Admin staff 10 WTE (0.47 WTE vacancy)

Medical and nursing staff have allocated lead areas of responsibility and accountability.

Staffing is at pre-Covid levels due to vacancies and loss of specialty trainee post. This has also been exacerbated by the increased in activity post Covid19 and increased in staff required for the current termination of pregnancy service. Staffing is also required to support partners from a training and education perspective.

# 3.0 Performance Monitoring Framework

# 3.1 National Quality and Performance Standards

Nationally the service maintains and self-audits against the Sexual Health Service Standards, Health Improvement Scotland [HIS] (2008). The standards have been rewritten and are due to be published in late 2021.

https://www.healthcareimprovementscotland.org/our\_work/standards\_and\_guidelines/stnds/sexual health standards.aspx

These standards include targets for service provision and planning. The service will lead of a pan Grampian review of sexual health providers once the HIS standards are finalised.

### 3.2 Local Quality and Performance Measures

Describe the key aims and outcomes for the service within the duration of the SLA to include:

- Any key improvement measures/targets identified from local or national quality standards monitoring, audits or inspections.
- Measures to be used to monitor and understand progress against these aims/outcomes
- Frequency of reporting against measures.

The current management team have monthly operational/governance meetings and senior management to meet and discuss strategic aims, performance and governance. This teams feeds into ACHSCP management and governance structures and also SH/BBV MCN.

A service strategy was written in 2018/19 however has been superseded by local and national remobilisation plans following Covid19 pandemic. However, the broad aims are unchanged with a focus on priority group access and care. This includes but is not limited people affected by deprivation, substance misuse and community justice, LGBT+ community, young people and those involved in the sex industry. Pre-Covid data shown below compares SMID category of patients presenting to the service with a small proportion from the most deprived areas of the health board.



Whole SHS figures - by patients attending - 1,375 missing postcode

The service plans to work with partners to develop and support sexual health provision in the following areas:

- Support remobilisation of sexual health care across partners especially LARC provision in primary care with focus on areas of deprivation/priority groups
- Torry Hub- commenced July 2021
- Late night opening in partnership with Alcohol and Drug Partnership for gay, bisexual and other men who have sex with men- due to re-commence post Covid 19 September 2021
- Support for areas of deprivation with possible hubs or mobile clinic pilot in Kittybrewster, Westburn and North Corridor
- Supporting termination of pregnancy pathway in NHS Shetland

# Additional partnership work includes

- · Sexual health nursing staff chaperoning forensic examinations and self-referral pilot
- Operation Begonia Police partnership work with those involved in sex work
- Exchange clinic expansion with PrEP service- due to commence September 2021

### Service review and future planning.

The service has been redesigned dynamically during the Covid19 pandemic however a formal review is required to review if the aims are being achieved. This is to be started by benchmarking against the HIS standards.

### Activity

The service is under pressure due to a significant increase in demand/activity post Covid due to its own backlog and also a reduction in primary care and other services sexual health provision. The service plans to lead discussions pan Grampian with the publication of the HIS standards and to support partners remobilise this care.

### 4.0 Finance

Each Integration Joint Board will agree its contributions to each Hosted Service as part of its annual budget setting process. The budget for the service is the total of the three HSCP contributions.

Although the service is running under budget in 2021/22, this is due to staff shortages/vacancies which are not sustainable. With staffing improved and increase trend in activity, drugs, supplies and equipment costs will continue to increase. Service management team reviews service financial position on a monthly basis and makes continual attempts at cost savings (see above). There is an expected funding cut from MCN funding in 2022 and Scottish Government funding for forensic chaperone service ends in 2021.

# As of August 2021

- Budget for 2021/22 is £2.34 million, 10% of which is contributed by NHS Grampian SH/BBV MCN
- Regular review of budget and issues by management team. Several issues regarding GPST/shared staff pay are under review.

- Cost effective care regularly reviewed by HIV and SH pharmacists

Current and potential future cost pressures include,

- Increased service demand.
- Incremental drift for staffing costs and increase costs for bank/locum cover due to aid Covid19 backlog and increased sickness absence.
- Drugs budget overspent each year due to increase in activity. Request made for zero basing.
- MCN funding contribution at risk of being reduced in 2022/23.

Document details & change history			
Version	Date	Description	Authorisation
Document approvals			
Name	Date	Role	Signature

Next Scheduled Review: March 2023

Responsibility for Review: Dr Daniela Brawley