
**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 15 January 2015
Subject: Sexual Health Services in Manchester
Report of: Director of Public Health

Summary

This report provides the Health Scrutiny Committee with an overview of the sexual health services provided for Manchester residents that are commissioned by the Council. It outlines the public health priorities in terms of levels of sexual-ill health locally and what the direction of travel should be to address these priorities.

Recommendations

The Committee is asked to note the report.

Wards Affected: All

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

None

1. Introduction

- 1.1 Sexual health services cover the provision of advice and services for contraception and sexually transmitted infections (STIs) including HIV.
- 1.2 Improving the sexual health of the resident population is one of the public health priorities for Manchester. Services for both the prevention and treatment of STIs and the prevention of unintended pregnancies are essential in achieving this.
- 1.3 Manchester has the highest rate of STI diagnoses in Greater Manchester and one of the highest rates in the country.
- 1.4 Specialist STI testing and treatment services are accessed by a large percentage of the population. An estimated 5% of Manchester's residents (8% of people aged 15-59) accessed sexual health clinics in 2013.
- 1.5 Services cover a range from basic to more specialist provision including;
 - Basic information to facilitate self-care and prevention of STI transmission
 - Routine provision of regular methods of contraception, sexual health screening and treatment of common infections
 - Specialist treatment of complicated infections and provision of contraception for women with complex needs.
- 1.6 These services are provided in a wide range of settings including general practice, pharmacies, community settings, acute hospitals, and the voluntary and community sector (VCS).
- 1.7 Historically, the specialist services relating to the diagnosis and treatment of STIs were provided by Genito-Urinary Medicine (GUM) clinics, whilst specialist contraceptive services were provided in community Contraception and Sexual Health (CASH) clinics.
- 1.8 There is a national move towards more integrated models of sexual health services, providing easy access to services through open access "one stop shops". The majority of sexual health and contraceptive needs can then be met at one site, usually by one health professional, in services with extended opening hours and accessible locations.

2 What sexual health services are the City Council mandated to provide?

- 2.1 The Health and Social Care Act (2012) divided responsibilities for commissioning and funding sexual and reproductive health services between Local Authorities, NHS England and Clinical Commissioning Groups.
- 2.2 Manchester City Council has a statutory responsibility for the provision of open access sexual health services;
 - For preventing the spread of sexually transmitted infections (STIs)
 - For the testing, treatment and caring for people with these infections
 - For notification of sexual partners of people with these infections

- For HIV testing outside of primary care
- For advice on preventing unintended pregnancy
- For a broad range of contraceptive options.

2.3 NHS England is responsible for;

- Commissioning and funding HIV treatment and care
- Funding general practices to provide opportunistic testing and treatment of STIs
- Funding general practices to provide routine methods of contraception (excluding long-acting methods) for their registered patients
- Sexual Assault Referral Centres (SARCs).

2.4 Clinical Commissioning Groups (CCGs) are responsible for

- Commissioning and funding abortion services
- Arranging for patients to obtain permanent methods of contraception including vasectomies and sterilisations.

2.5 This complex landscape for commissioning and provision of sexual health services means that good collaboration is required between partners in order to improve the sexual health of the population.

3 What priorities do sexual health services in Manchester need to address?

3.1 Nationally, the Public Health Outcomes Framework sets out the indicators that will be used to monitor how well the public's health is being improved and protected. The Framework includes three indicators relating to sexual health;

- Under-18 conception rate
- Chlamydia diagnosis rate among young adults aged 15-24 years
- Percentage of persons presenting with HIV at a late stage of infection.

3.2 The data concerning the sexual health of Manchester residents indicates three broad priorities for action locally.

Sexual health priorities for the population of Manchester

- Support for people living with HIV and early diagnosis of HIV.
- Effective use of contraception and reduction in unintended pregnancies.
- Promotion of safe sexual behaviour to reduce the transmission of sexually transmitted infections.

3.3 Support for people living with HIV and early diagnosis of HIV

3.3.1 The number of people living with HIV in Manchester is more than 5 times the national average (5.8 per 1,000 population aged 15-59 years compared to 2.1 per 1,000 in England). Manchester also has the highest rate of newly diagnosed HIV cases outside of parts of London and the South East. The

North West HIV/AIDS Monitoring Unit reports that 2,113 residents received treatment and care for HIV in 2013, up from 2,086 in 2012. Good support for people with HIV is essential to improve their physical and mental health and well-being, to reduce transmission and to reduce the stigma associated with the disease.

- 3.3.2 Although local services are good at testing people for HIV when they attend sexual health services for other reasons, HIV is not being diagnosed as early as it should be for a large proportion of the population. This is a national problem. This means that people start treatment later than they should, leading to increased HIV associated ill-health and early deaths.

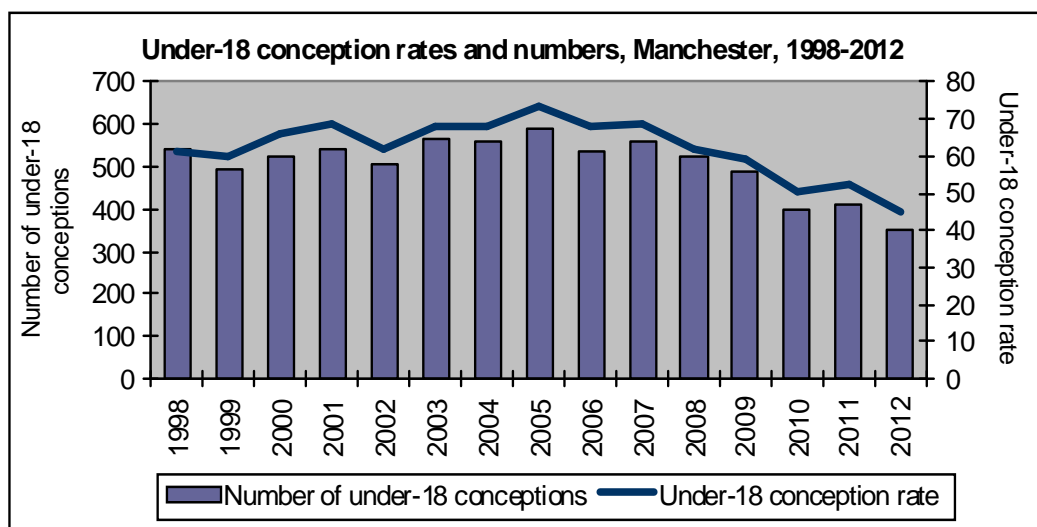
Among GUM clinic patients from Manchester who were eligible to be tested for HIV, 78.6% were tested (compared to a national average of 71.0%).

Between 2011 and 2013, 51% (95% CI 44-57) of HIV diagnoses were made at a late stage of infection compared to a national average of 45% (95% CI 44-46).

- 3.4 Unintended pregnancies and effective use of contraception.

- 3.4.1 Manchester continues to have one of the highest teenage pregnancy rates in the country and in parts of East and North Manchester more than one in ten young women conceive before reaching the age of 18.

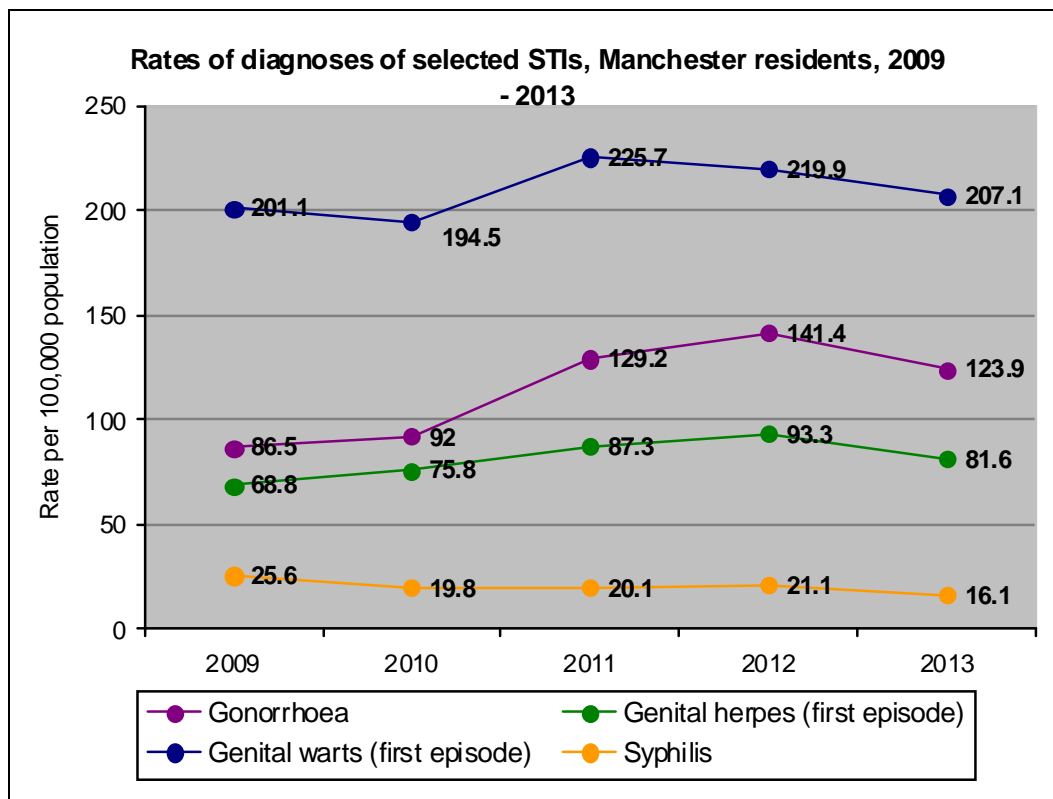
- 3.4.2 However very good progress has been made to reduce the number of under-18 conceptions since the middle of the last decade. The rate for Manchester peaked at 73.8 per 1,000 in 2005 and has been declining since. Annual data for 2013 will be published in February 2015. Provisional data for the first three calendar quarters of 2013 indicates that there were 221 under-18 conceptions during this period, compared to 280 for the first nine months of 2012, a reduction of 24%.



- 3.4.3 It is also important to note that women aged 15 to 44 in Manchester do have more unintended pregnancies than women of the same age nationally. Although the rate of abortions in this age group overall has fallen since 2008, it is still 30% higher than the national average.
- 3.4.4 Long acting reversible contraception (LARC) methods such as contraceptive implants and intrauterine devices (coils) are more effective at preventing pregnancy than other “user dependent” hormonal methods and condoms. The proportion of women opting for LARC methods is continuing to increase. Despite this, there is much lower use of LARC methods locally than in England as a whole.

In 2013 20,000 women in Manchester attended a community contraception clinic for the first time;
28% received a long-acting method of contraception
72% received a user-dependant method.

- 3.5 Promotion of safe sexual behaviour.
- 3.5.1 Manchester is ranked 18 worst (out of 326 local authorities in England) for rates of new sexually transmitted infections. Rates of gonorrhoea diagnoses, which are a marker for the levels of unsafe sexual activity, are more than twice the national average (123.9 per 100,000 compared to 52.9 per 100, 000).
- 3.5.2 There has been an upward trend in the number of cases of common sexually transmitted infections diagnosed to residents over the last decade, in line with the national trend. Although a welcome reduction in rates was observed locally in 2013 the overall trend is still worrying. The increase in diagnoses of common sexually transmitted infections is partly due to the:
- improved access to GUM clinics
 - introduction of Chlamydia screening programmes
 - introduction of more sensitive tests meaning that additional infections are being detected.
- 3.5.3 However the relatively high rates of STIs amongst Manchester’s residents clearly indicates that unsafe sexual behaviour remains an issue. Promoting the use of condoms and reliable methods of contraception are key public health messages to reduce the number of unintended conceptions and to control and prevent the transmission of sexually transmitted infections. Prevention activities need to continue to focus on groups most at-risk of sexual ill-health.

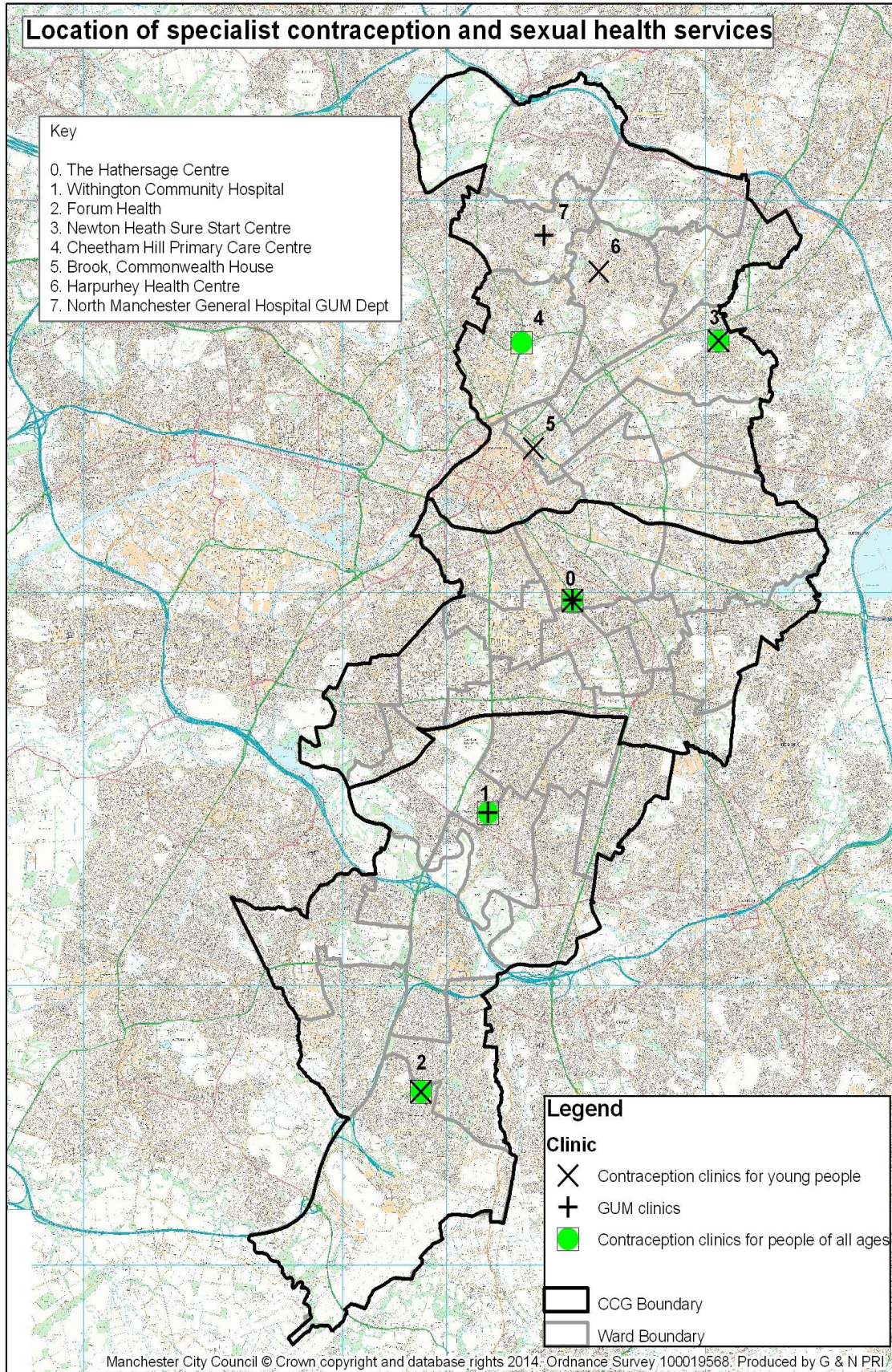


- 4 Which population groups are most affected by sexual ill-health?**
- 4.1 Young people between 15 and 24 years of age experience the highest rates of new STIs. 53% of diagnoses of new STIs in Manchester were in young people aged 15-24 years.
- 4.2 Young people are also more likely to become reinfected with STIs. In Manchester, an estimated 10% of 15-19 year old women and 12% of 15-19 year old men presenting with a new STI at a GUM clinic during the five year period from 2009 to 2013 became reinfected with an STI within twelve months.
- 4.3 Men who have sex with men (MSM) account for 33% of new STIs in Manchester for cases in men where sexual orientation is known. 52% of Manchester adults living with HIV probably acquired their infection through sex between men.
- 4.4 Black and minority (BME) are also disproportionately affected by sexual ill-health. The rates of new STI diagnoses are highest in Black/Black British people, followed by Mixed and then White people (appendix 2). 37% of adults living with HIV are Black Africans, 2.1% are Black Caribbean and 54% are White.
- 4.5 The geographical distribution of new STI diagnoses in Manchester is not as clearly linked to deprivation as is typical for other health indicators. Most diagnoses of new STIs map to residents of the City Centre and surrounding areas, suggesting that there are other factors, as well as deprivation, influencing the sexual health of the population.
- 4.6 More detail on diagnosis rates by age, gender, sexual orientation and

ethnicity is provided in Appendix 1 and appendix 2

5 What is the current provision of contraception and sexual health services in Manchester?

- 5.1 Each of the three hospitals in Manchester is commissioned by the Council to operate GUM clinics. Residents can obtain HIV testing and STI screening and treatment from these clinics.
- Manchester Centre for Sexual Health at the Hathersage Centre in central Manchester (Central Manchester University Hospitals Foundation Trust)
 - South Manchester Centre for Sexual Health at Withington Community Hospital (University Hospitals of South Manchester Foundation Trust)
 - GUM Department at North Manchester General Hospital (Pennine Acute Hospitals NHS Trust)
- 5.2 The Council also funds community contraception services. Residents can obtain all methods of contraception including long-acting reversible methods from these clinics. These services are:
- Palatine contraception and sexual health service (including Fresh clinics aimed at young people) at the Hathersage Centre.
 - Brook contraception service for young people in the City Centre.
- 5.3 General practices are required to offer routine methods of contraception (i.e. contraceptive pills) for their patients as part of their contracts with NHS England. The Council funds a number of general practices to offer additional services: fitting and removing contraceptive implants and intrauterine devices; screening for chlamydia; and STI testing and treatment.
- 5.4 The Council funds around half of the pharmacies in Manchester to provide free emergency hormonal contraception. Some also offer Chlamydia screening and treatment.
- 5.5 The Council also funds a number of community-based organisations to deliver HIV/STI prevention services for residents most at-risk of sexual ill-health.
- the Lesbian and Gay Foundation (LGF) to deliver HIV/STI prevention services for men who have sex with men
 - the Black Health Agency (BHA) deliver HIV/STI prevention services focusing on heterosexual women and men at high risk of sexual ill-health including, for example, women and men from black African communities
 - Manchester Action on Street Health (MASH) works with female sex workers.
- 5.6 The council also funds support services for residents living with HIV.
- George House Trust (GHT) is funded to provide support services for adults living with HIV
 - Barnados works with children and young people living with HIV



6 Demand for services and outcomes

6.1 GUM clinics

- 6.1.1 20,792 Manchester residents attended GUM clinics in 2013. 18,479 of these residents attended a clinic in Manchester; 53% (10,933) at the Hathersage Centre, 25% (5,187) at South Manchester Centre for Sexual Health and 11% (2,359) at North Manchester General Hospital.
- 6.1.2 56% of first time attendees to GUM clinics were men and 44% were women. The breakdown of attendees by ethnicity was 66% White, 18% Black, 6%, Asian, 6% Mixed and 4% other. 33% of attendees to Manchester clinics were non-Manchester residents.
- 6.1.3 National cross charging mechanisms (tariff based) are in place for Genito-Urinary Medicine Services. The Council only pays for services for Manchester residents including those that attend clinics outside the City. The Council does not pay for the 33% of non Manchester residents who attend Manchester based services.

6.2 Community contraception clinics

- 6.2.1 63,200 people used Manchester community contraception and sexual health services between April 2013 and March 2014. Of these 50,800 (80.4%) were Manchester residents.
- 6.2.2 The number of clinic attendances at each clinic over the past 4 years is shown in Table 1. Of the 63,200 attendances in 2013-14, 53% were attributed to patients attending for the first time; the remainder were for returning patients. 29% of attendances resulted in provision of a new contraceptive method whilst 55% of attendances were to maintain current contraceptive method.
- 6.2.3 46% of attendances to the Palatine were to young people aged under-25 (6% 17 and under, 10% 18-19, 30% 20-24) and 54% to adults aged 25 and over. 33% of attendances to Brook were to young people aged 16 and under with the remainder to young people aged 17 – 19.

Table 1. Attendances at community contraception and sexual health services				
	2010-11	2011-12	2012-13	2013-14
Palatine	34,400	43,800	46,000	53,500
Brook	17,200	10,000	12,900	9,700
Total	51,600	53,800	58,900	63,200

- 6.2.4 Of the all the women attending community contraception clinics for the first time during 2013-14 for the purpose of obtaining contraception, 28% obtained a more reliable long-acting method of contraception (LARC) and 72% opted for a user-dependant method such as the contraceptive pill.

- 6.2.5 There are no national cross charging mechanism in place for these services Although a number of Manchester residents use services in neighbouring boroughs this is much smaller than the number of residents from those boroughs using Manchester services.
- 6.3 Additional contraceptive services in Primary Care
- 6.3.1 It is estimated, nationally, that around 70% of women choose to obtain contraception from their general practice. All of the general practices in Manchester offer contraception as an additional service (including contraceptive pills and the contraceptive injection) and around two thirds are contracted to offer long-acting methods.
- 6.3.2 Rates of LARC prescribing in primary care in Manchester are increasing. However Manchester still has one of the lowest rates of GP prescribed LARC in the country (29.9 per 1000 women aged 15 to 44 years compared to 52.7 in England).
- 6.4 The National Chlamydia Screening Programme
- 6.4.1 Chlamydia is a common sexually transmitted infection in young adults which is often asymptomatic. Untreated, it can result in significant sexual and reproductive ill-health including pelvic inflammatory disease with subsequent infertility.
- 6.4.2 The National Chlamydia Screening Programme (NCSP) was established in 2003. The programme aims to prevent and control Chlamydia through early detection and treatment of asymptomatic infection.
- 6.4.3 The Chlamydia diagnosis rate among residents aged 15 to 24 years of age is an indicator in the Public Health Outcomes Framework. This indicator allows local areas to monitor progress in controlling Chlamydia. It is a measure of both the proportion of eligible residents who have been screened (coverage) and the proportion of all screens that have tested positive (positivity rate).
- 6.4.4 Public Health England (PHE) recommends that local areas need to achieve a diagnosis rate of at least 2,300 per 100,000 residents aged 15 to 24, in order to reduce the number of people who have Chlamydia.
- 6.4.5 Manchester offers opportunistic Chlamydia screening for asymptomatic young people through the RU Cclear screening programme. In 2013 23% of young people aged 15-24 living in Manchester were screened. 68% (16,676) of screens in Manchester took place in non-GUM settings (e.g. contraception clinics) and 32% (7,626) in GUM clinics.
- 6.4.6 63% of positive tests were identified through screens that originated in non-GUM settings and 37% were identified through testing in GUM clinics.

Table 2. Chlamydia screening outcomes in Manchester and England			
	Coverage	Positivity Rate	Diagnosis Rate (per 100,000 pop 15-24 years old)
Manchester	23%	8.7%	2006
England	25%	8.1%	2016

- 6.4.7 The diagnosis rate in Manchester in 2013 was the 9th lowest rate in Greater Manchester. Increasing the proportion of eligible young people who are screened should increase the diagnosis rate if appropriately targeted.

7 Conclusions

- 7.1.1 The City Council is mandated to commission contraception and sexual health services on an open-access basis. Individuals can self-refer to a clinic of their choice, within or outside their area of residence. The current mechanisms for cross charging only relate to GUM services. Therefore Greater Manchester local authorities need to work together to plan how all sexual health and contraception services are organised and paid for in future. There is a strong tradition of collaboration between sexual health commissioners across Greater Manchester and this has continued and accelerated since the transfer of responsibilities for sexual health services into Councils in April 2013.
- 7.1.2 Relatively high rates of STIs and unintended pregnancies locally means that improving the sexual health of the resident population is remains one of the public health priorities for Manchester. The complex commissioning landscape will require good collaboration between partners in order to improve outcomes for the population.
- 7.1.3 As the committee will be aware, the City Council is currently consulting on a range of budget options including those that relate to sexual health services. The outcome of the consultation will inform the redesign of sexual health services for the City.

Appendix 1: Common Sexually Transmitted Infections

Chlamydia is the most common bacterial sexually transmitted infection diagnosed in the UK. 3,166 cases were diagnosed to residents of Manchester in 2013, down from 3,275 cases in 2012. GUM clinics diagnosed 1,402 (44%) cases and 1,764 (56%) cases were diagnosed in other settings. Young people aged 15-24 accounted for 67% (2,109) of cases diagnosed to Manchester residents in 2013.

Gonorrhoea is the second most common bacterial sexually transmitted infection diagnosed in the UK. 647 cases were diagnosed to residents of Manchester in 2013, down from 711 in 2012. Rates of diagnoses are highest among residents aged 25-34 (257.3 per 100,000) and 20-24 (256.4 per 100,000). Rates are also high among men who have sex with men.

Diagnoses of gonorrhoea to residents of Manchester, 2013				
19 and under	20 – 24s	25 – 34s	35 and over	Total
61 (9%)	179 (27%)	268 (41%)	145 (22%)	653

Genital herpes simplex virus infection is the most common ulcerative sexually transmitted infection diagnosed in the UK. 425 new cases were diagnosed to residents of Manchester in 2013, down from 469 in 2012. Rates of diagnoses are highest among residents aged 20-24 (229.2 per 100,000) and 16-19 (144.2 per 100,000).

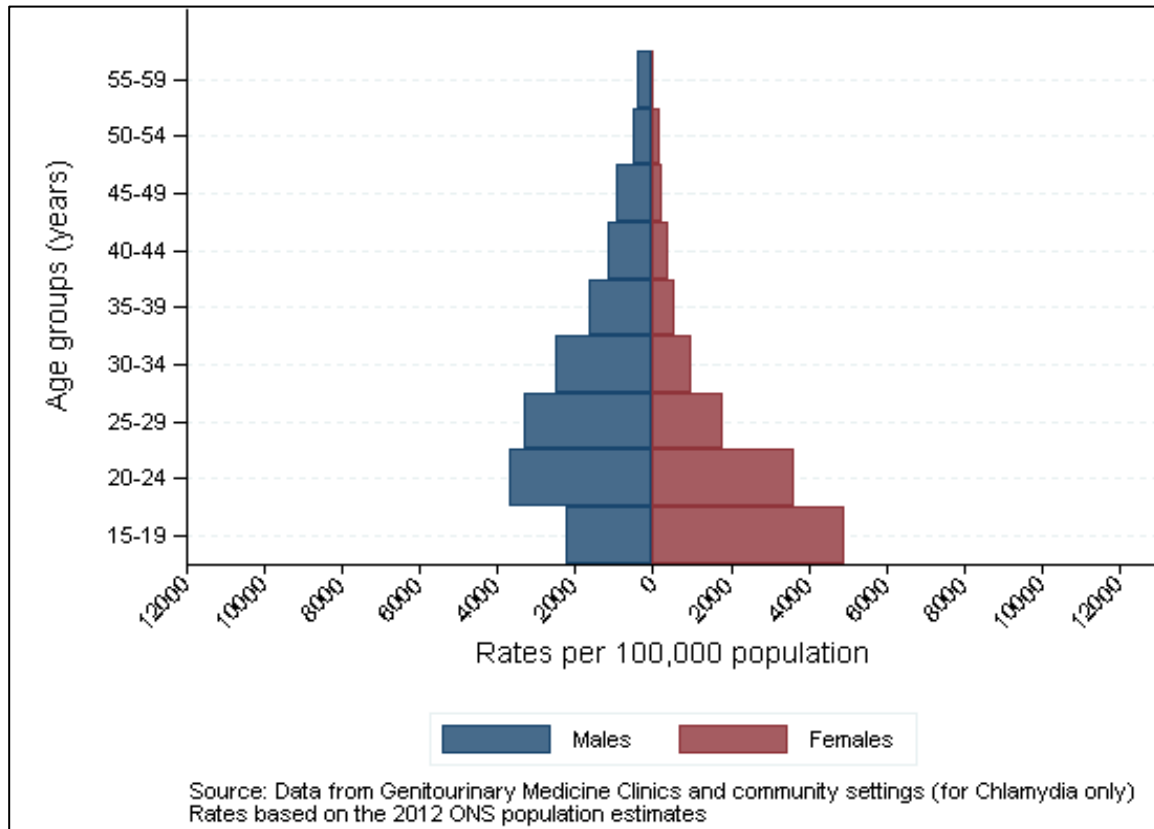
Diagnoses of ano-genital herpes to residents of Manchester, 2013				
19 and under	20 – 24s	25 – 34s	35 and over	Total
46 (11%)	160 (38%)	148 (35%)	71 (16%)	425

Ano-genital warts are the most common viral sexually transmitted infection diagnosed in the UK. 1,078 new cases were diagnosed to residents of Manchester in 2013, down from 1,106 in 2012. Rates of diagnoses are highest among residents aged 20-24 (648.8 per 100,000) and 16-19 (486.3 per 100,000).

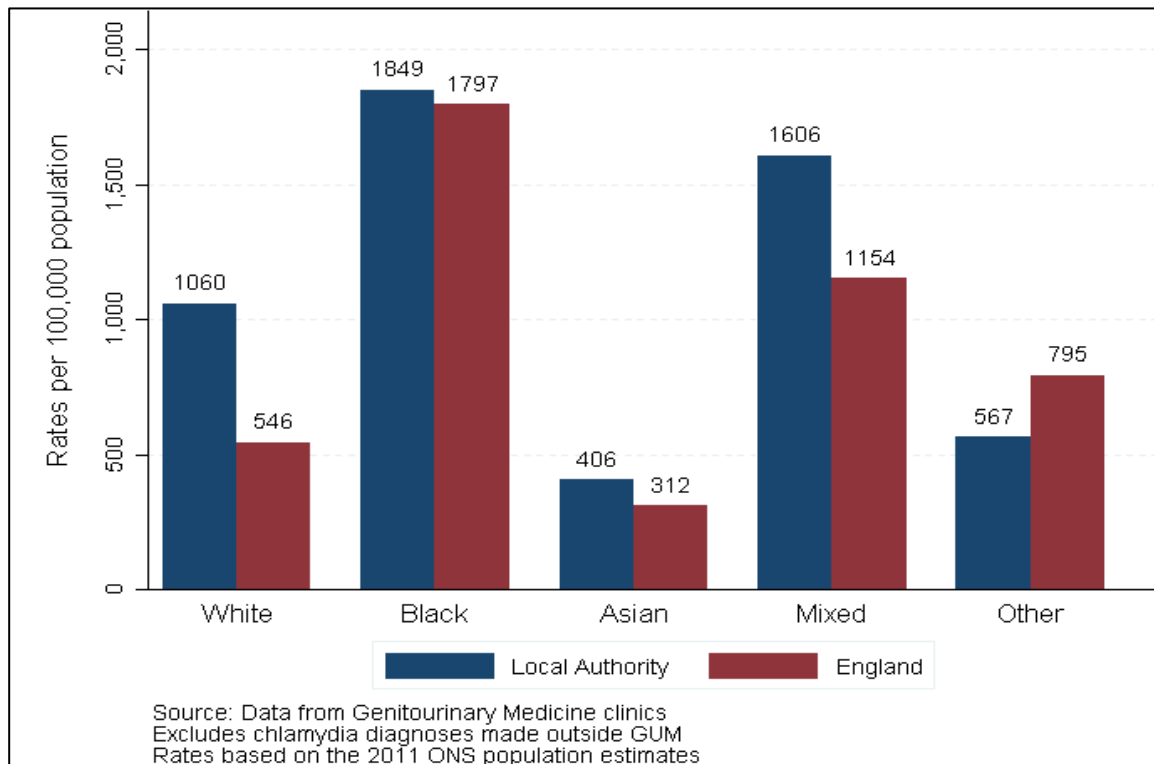
Diagnoses of ano-genital warts to residents of Manchester, 2013				
19 and under	20 – 24s	25 – 34s	35 and over	Total
151 (14%)	453 (42%)	346 (32%)	128 (12%)	1,078

Appendix 2: Vulnerable Groups (from Public Health England LASER report)

Rates of new STIs by age group and gender in Manchester: 2013



Rates of new STIs by ethnic group in Manchester and England (GUM diagnoses only): 2013



Proportion of new STIs, Chlamydia, Gonorrhoea, Syphilis, Genital Warts and Genital Herpes in MSM among men in Manchester (GUM diagnoses only): 2010-2013

