
**Manchester City Council
Report for Resolution**

Report to: Health Scrutiny Committee – 26 May 2016
Subject: Sexual Health
Report of: Director of Public Health

Summary

This report provides an overview of the redesign and procurement of specialist sexual and reproductive health services in Manchester, following the Council's budget options consultation process which concluded in March 2015. The provider of the new integrated sexual and reproductive health service for Manchester will present an overview of their plans to establish and deliver the new service from 1 July 2016.

Recommendations

The Committee is asked to:

Note the report and provide initial feedback to the provider of the new service about their transition plans.

Wards Affected: All

Contact Officers:

Name: David Regan
Position: Director of Public Health for Manchester
Telephone: 0161 234 3981
Email: d.regan@manchester.gov.uk

Name: Marie Earle
Position: Strategic Commissioning Manager
Telephone: 0161 219 6926
Email: m.earle@manchester.gov.uk

Name: Jon Dunn
Position: Public Health Commissioning Manager – Sexual Health
Telephone: 0161 234 3358
Email: j.dunn@manchester.gov.uk

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.

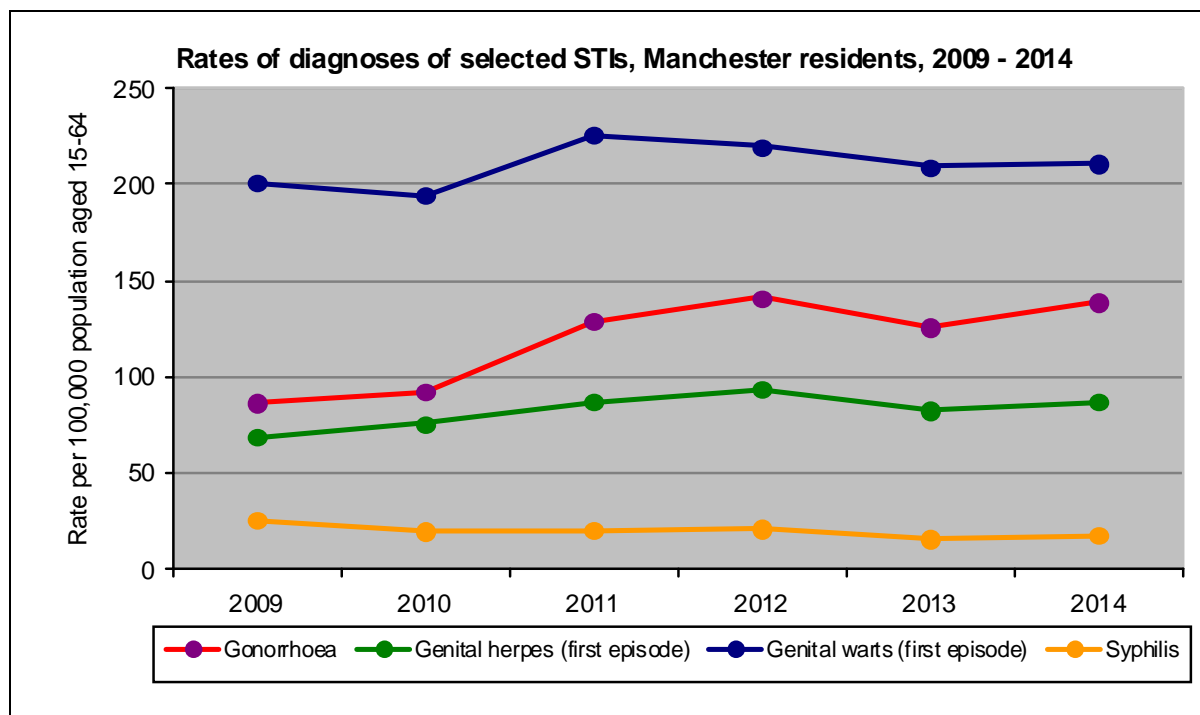
None

1.0 Introduction

- 1.1 The savings and investment programme for public health for 2015-2017 included proposals for the redesign of sexual and reproductive health services. The public consultation supported the option to establish an integrated sexual and reproductive health service for people of all ages.
- 1.2 Following an open tender process, Central Manchester NHS Foundation Trust (CMFT) as the lead provider of a partnership that also includes University Hospital of South Manchester NHS Foundation Trust (UHSM) and Pennine Acute NHS Trust (PAT) were awarded the contract on the 18 April 2016 and will launch the new integrated service on the 1 July 2016.
- 1.3 The integrated service will offer routine, intermediate and specialist sexual and reproductive health provision including HIV testing, testing and treatment of sexually transmitted infections, contraception and emergency contraception. The current configuration of services – that is, separate contraception clinics and Genito-Urinary Medicine (GUM) clinics – will end on the 30 June 2016.

2.0 Local context

- 2.1 Improving the sexual health and wellbeing of the population is one of the public health priorities for Manchester. Sexual ill-health is a particular issue for Manchester with high rates of sexually transmitted infections and a higher than average rate of unintended conceptions.
- 2.2 Manchester has the highest prevalence of diagnosed HIV outside of London and the South East. 2,160 residents aged 15-59 received treatment and care for HIV in 2014 including 111 residents aged 15-59 who were diagnosed in that period.
- 2.3 Manchester residents accounted for 1,483 cases of chlamydia; 714 cases of gonorrhoea; 453 new cases of genital herpes; 1,093 new cases of genital warts; and 92 cases of infectious syphilis diagnosed at sexual health clinics in 2014. 1,806 cases of chlamydia were diagnosed in other settings offering screening for chlamydia in 2014.
- 2.4 Young women and men accounted for around half of the new cases of genital warts (52%) and genital herpes (49%) and around one third of the cases of gonorrhoea (35%) diagnosed to residents at sexual health clinics in 2014. Young people accounted for almost four fifths (88%) of all cases of chlamydia diagnosed to residents in 2014.
- 2.5 Gay and bisexual men accounted for 96% of the cases of infectious syphilis and 82% of the cases of gonorrhoea diagnosed to male residents at sexual health clinics in 2014. Gay and bisexual men account for around half of all residents who are living with HIV.
- 2.6 There has been an upward trend in the number of cases of common sexually transmitted infections diagnosed to residents over the last decade. This is in line with the national trend.



- 2.7 The upward trend in diagnoses of common sexually transmitted infections is a result, in part, to an increase in the number of people attending services. Improved access to sexual health clinics and the rollout of the opportunistic chlamydia screening programme has made it easier for residents to obtain a sexual health screen. The introduction of better tests and the expanded use of extra-genital testing has meant that additional infections are being detected.
- 2.8 However, it also indicates that sexual risk-taking behaviour remains an issue. Promoting the use of condoms and reliable methods of contraception remains important 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 including young people and gay and bisexual men.
- 2.9 Uptake of contraception among residents of Manchester is good. GPs based in Manchester issued 63,098 prescriptions for user-dependent methods including contraceptive pills and 8,054 prescriptions for the contraceptive injection in 2014. Sexual and reproductive health clinics issued 36,465 prescriptions for user-dependent methods and 5,950 prescriptions for the contraceptive injection for residents of Manchester in 2014.
- 2.10 The proportion of residents using a long-acting method of contraception (the contraceptive implant, intrauterine device or intrauterine system) is increasing. Sexual and reproductive health clinics issued 9,145 prescriptions for these methods for residents of Manchester in 2014. Manchester-based GPs issued 1,967 prescriptions during the same period. For residents attending sexual and reproductive health services in 2014, the rate of long-acting methods prescribed was 64.1 per 1,000 women aged 15-44 (compared to 31.5 for England).

- 2.11 The rate of abortions among female residents aged 15-44 has been falling since the late 2000s, down from 24.0 per 1,000 in 2008 to 21.6 per 1,000 in 2014. The abortion rate for Manchester is higher than the rate for England but is comparable to other core cities. 2,878 abortions were performed for women resident in Manchester in 2014. 921 (32%) procedures were performed for young women aged 20 – 24; 771 (27%) for women aged 25 – 29; 475 (17%) for women aged 30 – 34; and 370 (13%) for women aged 35 and over. 341 (12%) procedures were performed for young women in their teens.
- 2.12 The under-18 conception rate for Manchester peaked at 71.9 per 1,000 in 2005 (589 conceptions). A downward trend has been achieved since 2005, with the rate falling to 32.3 per 1,000 in 2014 (257 conceptions). However, Manchester still has one of the highest under-18 conception rates in England and a focus on reducing the number of teenagers who conceive needs to be maintained.

3.0 Overview of commissioning responsibilities

- 3.1 The Health and Social Care Act divided responsibilities for commissioning and funding sexual and reproductive health services between local authorities, NHS England and Clinical Commissioning Groups.
- 3.2 Local authorities are responsible for commissioning and funding most but not all sexual and reproductive health provision. Local authorities are responsible for commissioning HIV testing services, STI testing and treatment services, and contraception services in some but not all settings.
- 3.3 NHS England is responsible for commissioning and funding HIV treatment and care. NHS England is also responsible for funding general practices to offer routine methods of contraception as well as patient-requested testing and treatment of sexually transmitted infections.
- 3.4 Clinical Commissioning Groups (CCGs) are responsible for commissioning and funding abortion services. CCGs are also responsible for arranging for patients to obtain permanent methods of contraception including vasectomies.

4.0 Overview of commissioning activities

- 4.1 The Council has commissioned Central Manchester NHS Foundation Trust to establish and operate an integrated sexual and reproductive health service for residents of all ages. Further information is provided in Section 6.
- 4.2 The Council has also tendered to appoint a provider to deliver a contraception and sexual health service for young people aged 19 and under. The outcome of the tender exercise will be announced in May 2016. A separate tender – for the provision of an opportunistic chlamydia screening programme – will also be announced this month.
- 4.3 The Council has continued to commission and fund selected pharmacies to offer emergency hormonal contraception and opportunistic chlamydia screening. Selected general practices are commissioned and funded to offer

long-acting methods of contraception (contraceptive implant and the intrauterine device), opportunistic chlamydia screening and treatment, and/or testing and treatment of common sexually transmitted infections.

- 4.4 The Council has continued to hold contracts with a number of third sector organisations to deliver HIV/STI prevention and support services including George House Trust, Manchester Action on Street Health, LGBT Foundation and Black Health Agency for Equality.

5.0 Budget Context

- 5.1 The savings and investment programme for public health requires a reduction in spend on sexual and reproductive health services of more than one third between 2015/16 and 2017/18. The budget for sexual and reproductive health services will be £7,620,325 in 2017/18 compared to £10,772,705 in 2014/15, a reduction of £3,152,380.

- 5.2 The budget for specialist sexual and reproductive health services (including but not limited to the integrated sexual and reproductive health service) will be £6,126,144 in 2017/18 compared to £9,040,750 in 2014/15 - a reduction of £2,914,606. It is anticipated that these savings will be achieved.

6.0 Integrated Sexual and Reproductive Health Service for Manchester

- 6.1 The Council has commissioned Central Manchester NHS Foundation Trust (CMFT) to establish and operate an integrated sexual and reproductive health service for people of all ages. Clinics will be located in north, central and south Manchester and Wythenshawe.

- 6.2 The integrated sexual and reproductive health service will be delivered on a hub and spoke basis. The hub clinics will offer routine, intermediate and specialist services. Spoke clinics will offer routine and intermediate services.

- 6.3 The integrated sexual and reproductive health service will offer:

- Information, advice and guidance about sexual and reproductive health issues
- Long-acting methods of contraception including the contraceptive implant and the intrauterine device
- Routine methods of contraception including the contraceptive pill
- Emergency contraception
- Pregnancy testing, counselling, and onward referral
- HIV testing and counselling
- Screening for sexually transmitted infections
- Treatment of sexually transmitted infections
- Contact tracing and partner notification

- PEP (Post-exposure prophylaxis for HIV)
- 6.4 The integrated service will deliver clinics during the daytime and early evening on weekdays and during the daytime on Saturdays. A combination of walk-in and appointment slots will be offered to manage demand and for patient choice.
- 6.5 Integrating sexual and reproductive health provision will allow our residents to obtain a comprehensive offer within a single appointment, minimising duplication of effort and the overall number of patient attendances. This holistic approach will allow patients to obtain the appropriate service to address their needs regardless of the initial reason for presentation.
- 6.6 The integrated sexual and reproductive health service will also deliver clinical and educational in-reach and outreach activities including:
 - Clinical outreach offer to reach residents at highest risk of sexual ill-health
 - Clinical outreach offer for vulnerable young people
 - Clinical in-reach offer for sex workers
 - Education outreach offer for vulnerable young people
- 6.7 CMFT will work in partnership with CGL (the provider of the integrated drug and alcohol intervention and treatment service for Manchester) to deliver a specific clinic session for residents requiring support related to chemsex.

7.0 Outcomes

- 7.1 Provision of the integrated sexual and reproductive health service is expected to contribute to achieving the following:
 - Improving knowledge and understanding of the risks associated with unprotected sex through the provision of information, advice and guidance.
 - Improving awareness of sexually transmitted infections and the importance of regular screening in order to control transmission and to reduce prevalence.
 - Improving awareness of HIV and the importance of regular testing in order to reduce the prevalence of undiagnosed infection and the incidence of late diagnosis.
 - Improving awareness of contraception and the importance of using reliable methods in order to reduce unintended conceptions.
 - Maintaining or improving the uptake of contraception - in particular, long-acting reversible methods of contraception among residents.
 - Maintaining the provision of emergency contraception for residents.

- Maintaining or improving the uptake of sexual health screening among residents.
- Maintaining or improving the uptake of opportunistic screening for chlamydia among young people.
- Maintaining or improving the uptake of HIV testing – in particular, among groups most at-risk of HIV.
- Maintaining or improving the uptake of post-exposure prophylaxis (PEP)

7.2 Provision of the integrated sexual and reproductive health service as described in this specification is expected to contribute to achieving the following:

- Reducing the number of unintended conceptions among women of all ages
- Reducing the number of under-18 conceptions
- Reducing the number of abortions among women of all ages
- Increasing the proportion of abortions performed under 10 weeks
- Reducing the prevalence of undiagnosed sexually transmitted infections
- Controlling the transmission of sexually transmitted infections including HIV
- Reducing the proportion of residents diagnosed with HIV at a late stage of infection
- Reducing the proportion of residents participating in high risk practices – e.g. chem sex
- Narrowing of inequalities in sexual health between people of different age groups.
- Narrowing of inequalities in sexual health between at-risk groups (e.g. men who have sex with men, women and men from black African communities etc) and the general population.

8.0 Mobilisation/Transition Plan

8.1 CMFT will present their most up to date plans to the Committee on how they will ensure a smooth transition from the current service offer to the new service. The Committee will have the opportunity to raise any issues with the Trust in advance of the formal “go live” date on 1 July 2016. The Trust will ensure that they provide regular updates to the Health Scrutiny Committee on the delivery of the new service model.

9.0 Recommendations

The Committee is asked to note the report and provide initial feedback to the provider of the new service about their transition plans.