

**Manchester City Council
Report for Resolution**

Report to: Health Scrutiny Committee – 6 March 2024
Executive - 15 March 2024

Subject: Manchester Public Health Annual Report

Report of: Director of Public Health

Summary

As part of the statutory role of the Director of Public Health there is a requirement to produce an annual report on the health and wellbeing of the local population. The report can either be a broad overview of a wide range of public health programmes or may have a focus on a particular theme. This year the report focuses on HIV and sexual health. However, this includes a look back to how the city responded to the emerging HIV and AIDS crisis in the 1980s/1990s (That was Then) and how that response has informed the services now operating in the present day (This is Now). In addition, the Director of Public Health has set out some of the issues Manchester will need to consider from 2024/5 onwards.

The Report is attached as an Appendix prior to formal publication.

Recommendations

The Health Scrutiny Committee is recommended to note the report.

Executive is recommended to endorse the annual report.

Wards Affected: All

Environmental Impact Assessment -the impact of the issues addressed in this report on achieving the zero-carbon target for the city	Commissioned providers of sexual health services are required to pledge their zero-carbon targets as part of their contract with the Council.
Equality, Diversity and Inclusion (EDI) - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments	This report highlights the important historical context of EDI developments that have supported the current approach in the city.

Manchester Strategy outcomes	Summary of how this report aligns to the Our Manchester Strategy/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	HIV treatment advances have ensured that many adults living with HIV continue to contribute significantly to the success of the City's economy.
A highly skilled city: world class and home grown talent sustaining the city's economic success	Manchester contributed to global research and innovation around HIV back in the 1980s and 1990s that enhanced the City's reputation as a key player in Life Sciences.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	The work of campaigners, councillors and activists in the voluntary and statutory sectors back in the 1980s, helped create some of the conditions that will enable programmes such as Making Manchester Fairer to go from strength to strength.
A liveable and low carbon city: a destination of choice to live, visit, work	Manchester's reputation as a welcome and tolerant City has ensured many people who have experienced stigma and discrimination contribute to be attracted to visit, work and live in the City.
A connected city: world class infrastructure and connectivity to drive growth	HIV and sexual health services are a fundamental requirement to enable any global city to meet the needs of demographic changes and support greater connectivity between cities and countries.

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

None

Financial Consequences – Capital

None

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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

1.0 Introduction

- 1.1 The format of the previous two Manchester Public Health Annual Reports covering the Pandemic, with a focus on personal stories and testimonies, has been adopted for this thematic report on HIV and Sexual Health. The Report is in two parts.

Part One: “That was Then” how Manchester responded to the emerging global challenge of HIV/AIDS in the 1980s and 1990s.

Part Two: “This is Now”, highlights how Manchester has taken the learning from those times into the present day.

- 1.2 At the end of the report under “What next for Manchester” the Director of Public Health makes a series of recommendations for consideration.
- 1.3 The report also includes a Foreword from Councillor Thomas Robinson, the Executive Member for Healthy Manchester and Social Care.

2.0 Report Content

- 2.1 The “That was Then” section includes contributions from:

- **Councillor Pat Karney** who has been a Labour councillor in the city since 1979, reflects on the 1980s, the City Council’s pioneering AIDS Unit and the march against Clause 28.
- **Paul Fairweather** LGBT and HIV campaigner. Paul was one of the Council’s first Gay Men’s Officers and a founder member of Manchester AIDS-Line. Paul continues to play a vital role in work addressing stigma around HIV in Manchester.
- **Dr Ed Wilkins**, Retired Consultant in Infectious Diseases, who worked at Monsall Hospital and North Manchester General Hospital in the 1980s and 1990.
- **Bridget Hughes**, District HIV Coordinator for Central Manchester Health Authority in the early 1990s. Bridget was a driving force behind plans to establish a HIV/AIDS Hospice in the City. Bridget is currently Interim Associate Director of Operations at Greater Manchester Mental Health Foundation Trust.
- **Leasa Benson** who started out as a junior staff nurse in Ward 14B at Monsall Hospital and worked alongside Ed. Leasa is now the Lead Nurse for Health Protection in the Council’s Department of Public Health.
- **Michael Linnell** who back in 1985 was employed as an artist by the drugs charity Lifeline, based at the old drug dependency unit at Prestwich Hospital. Mike is now a well-respected member of the Greater Manchester Drug Alert Panel.

- **Felicity (Phil) Greenham** started out as a District HIV Prevention Co-ordinator in the 1980s and later had a lead role with Body Positive North West. Phil is currently a Trustee with the Brunswick Centre, who provide support to people with HIV and the LGBTQ+ community in Yorkshire.
- **Priscilla Nkwenti** was one of the first volunteers for the Black HIV and AIDS Forum (BHAF) and then their first paid worker. Priscilla stayed with the organisation as it became BHA for Equality and retired a few years ago.
- **Evelyn Asante-Mensah** initially volunteered on the BHAF committee, later taking a paid role. Evelyn has been chair of Manchester Primary Care Trust and is currently the chair of Pennine Care NHS Foundation Trust.
- **Mike Narayansingh** was a key officer in the City Council's AIDS Unit and had the lead role relating to programmes of work with injecting drug users and sex workers. Mike was instrumental in setting up Manchester Action on Street Health (MASH).
- **Janet Mantle** worked as a Health Promotion Specialist at Withington Hospital from 1989 and developed the first ever training pack on HIV for primary care. She undertook other senior public health roles in Manchester and was a Consultant in Public Health at the City Council until her retirement.
- **Catherine Jones** worked in Manchester in the early 1990s as a health promotion specialist with responsibility for sexual health and HIV in schools. Cath went on to work at the City Council as the Head of Extended Schools and is now retired.
- **Paul Martin** started his career as Development Lead for MESMAC Manchester which then became Healthy Gay Manchester. Paul is now the Chief Executive of the LGBT Foundation.
- **Tina Threadgold**, who started at Body Positive in 1995 as a second-year health and social care student and now works for Manchester Action on Street Health.
- **Richard Scarborough** has worked for the Manchester Department of Public Health as sexual health commissioning manager. In recent years Richard has supported the Department on several specific projects including the production of this Annual Report.
- **David Regan** has held several voluntary and paid roles in his 40-year career in Manchester and is currently the Director of Public Health for Manchester.

- **Jack Holden**, writer and actor whose play *Cruise* premiered at the Duchess Theatre London in June 2021 and came to Home in Manchester during the summer of 2023. Jack has kindly written the Preface for the Report.

2.2 The “This is Now” section of the report include summaries of several interviews with key organisational leads and short pieces about the wide range of innovative services, projects and initiatives including:

- Passionate about Sexual Health (PaSH) a partnership between BHA for Equality, George House Trust and the LGBT Foundation. The work the three organisations undertake is also covered.
- Manchester Action on Street Health.
- Our Room, previously the Men’s Room.
- The Northern Contraception, Sexual Health, and HIV Service. The Northern is part of Manchester University NHS Foundation Trust (MFT).
- The HIV Service, part of the Infectious Diseases Department based at North Manchester General Hospital which is also art of MFT.
- Brook Manchester a national charity supporting young people with their sexual health and wellbeing.
- Urban Village Medical Practice (UVMP) who provide a range of bespoke sexual health services to the homeless population of Manchester.

3. What next for Manchester

In line with previous annual reports the Director of Public Health also make a series of recommendations under the heading “What next for Manchester”, these are set out below:

3.1 Continue work to address HIV stigma and increase education and awareness among health and social care professionals especially in the context of an ageing cohort of people living with HIV, by:

- Sustaining investment in the George House Trust Positive Speakers programme in schools.
- Exploring the use of the HIV stigma training module created for NHS staff in Manchester, or a similar bespoke package, to wider system partners.

3.2 Address rising rates of Sexually Transmitted Infections (STIs) by:

- Exploring options to provide a same-day STI testing service with rapid results and treatment, targeted at those most at risk of STIs and look at the feasibility of a Dean Street-type service in the city centre.

- Exploring options to increase the capacity of the online STI home test kit service and for additional capacity in sexual health services to offer walk-in appointments for people who are symptomatic.
- Developing peer-led campaign activity to increase knowledge and understanding of STIs and a combination prevention approach to the prevention of STIs, including condom use and regular testing.

3.3 Improve access to contraception by:

- Ensuring all available access points to effective contraceptive methods and advice for all age cohorts and communities are maximised, including pharmacies, general practice and bespoke services
- Continuing to support the implementation of women's health hubs in primary care to expand the capacity of provision of long-acting reversible contraception.

3.4 Maintain and build on both the HIVE (HIV elimination of new cases programme) and Fast-Track Cities Programmes through the Greater Manchester arrangements.

Given that Greater Manchester exceeded the initial 90:90:90 targets and the subsequent 95:95:95 targets, the possibility of delivering on the ambitions of both HIVE and Fast-Track Cities is something Manchester should be proud of.

- ### 3.5 Increase the national public health grant by £0.9 billion more a year to reverse years of funding cuts. Budgets should be shifted away from a short-term model for Directors of Public Health to be able to make decisions with the knowledge that there will be sufficient long-term funding available.
- ### 3.6 Call on the new Government to agree a new national 10 year Sexual and Reproductive Health Strategy, working in partnership with Directors of Public Health and local authorities, who have the lead responsibility for sexual health on behalf of their residents and communities.

4.0 Recommendation

- ### 4.1 The Health Scrutiny Committee is recommended to note the report.
- ### 4.2 Executive is recommended to endorse the annual report.