Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	23 January 2019
Reporting Member / Officer of Strategic Commissioning Board	Councillor Brenda Warrington – Executive Leader Jeanelle De Gruchy, Director of Population Health
Subject:	**SEXUAL AND REPRODUCTIVE HEALTH IN TAMESIDE**
Report Summary:	This report sets out an overview of the sexual and reproductive health of the Tameside resident population. The report also provides an update on the commissioning and provision of sexual and reproductive health services.
Recommendations:	The Board is asked to note the report and provide feedback

Financial Implications:

(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

Integrated Commissioning Fund Section	Section 75 (TMBC) Aligned (CCG)
Decision Required By	Strategic Commissioning Board for s75 allocation CCG Governing Body
Organisation and Directorate	TMBC – Population Health CCG
Budget Allocation	TMBC - £ 1.65 million CCG - £ 0.46 million
Additional Comments	
The report provides members with an update on the commissioning and provision of sexual and reproductive health services across the locality. All services are delivered within the existing budget of the Strategic Commission as detailed above. The CCG budget refers to section 9.83 of the report (Termination Of Pregnancy).	

Legal Implications:

(Authorised by the Borough Solicitor)

The Board has two roles to determine priorities and strategy to meet statutory duties and improve the health and wellbeing of the population and secondly to monitor the delivery of the strategy and review whether the allocation of budget and resources is having the necessary impact. This report serves the second purpose by reviewing the impact of the services commissioned by the SCB. It is a very helpful review and deep dive of the provision and the next stage needs to be setting out clearly what good looks like, whether we are meeting minimum standards together with value for money and what the next steps should be looking to the future.

How do proposals align with Health & Wellbeing Strategy?

The proposals align with the Starting Well and Developing Well programmes for action

How do proposals align with Locality Plan?

The provision of sexual and reproductive health services is consistent with the following priority transformation programmes:

- Enabling self-care

	• Locality-based services • Planned care services
How do proposals align with the Commissioning Strategy?	The provision of sexual and reproductive health services contributes to the Commissioning Strategy by: • Empowering citizens and communities • Commission for the 'whole person' • Create a proactive and holistic population health system
Recommendations / views of the Health and Care Advisory Group:	The report was supported by the clinical lead for sexual health, Dr Jane Harvey at the Health and Care Advisory Group and the contents were noted.
Public and Patient Implications:	None
Quality Implications:	Tameside Metropolitan Borough Council is subject to the duty of Best Value under the Local Government Act 1999, which requires it to achieve continuous improvement in the delivery of its functions, having regard to a combination of economy, efficiency and effectiveness
How do the proposals help to reduce health inequalities?	Provision of Sexual and reproductive health services has a positive effect on health inequalities. Poor sexual health and lack of access to contraception contributes to inequalities, with more deprived populations experiencing worse sexual health
What are the Equality and Diversity implications?	The sexual and reproductive health services provided are available to Adults regardless of ethnicity, gender, sexual orientation, religious belief, gender re-assignment, pregnancy/maternity, marriage/ civil and partnership. Some service provision is targeted to address health inequalities experienced by more marginalised groups.
What are the safeguarding implications?	Sexual and Reproductive Health Services have an important role in the identification and response to abuse. The service has explicit resources for this, is linked into Child Sex Exploitation and Domestic Abuse services and has pathways to safeguard children and vulnerable adults
What are the Information Governance implications? Has a privacy impact assessment been conducted?	There are no information governance implications within this report therefore a privacy impact assessment has not been carried out
Risk Management:	The purchasers will work closely with the provider to manage and minimise any risk of provider failure consistent with the provider's contingency plan.
Access to Information:	The background papers relating to this report can be inspected by contacting the report writer Richard Scarborough, Planning and Commissioning Officer Telephone: 0161 342 2807 e-mail: Richard.scarborough@tameside.gov.uk

1. INTRODUCTION

1.1 This report sets out an overview of the sexual and reproductive health of the Tameside resident population. The report also provides an update on the commissioning and provision of sexual and reproductive health services including:

- Northern Sexual Health, Contraception and HIV Service;
- RuClear;
- Passionate about Sexual Health Programme;
- Youthink - Tameside's sexual health intervention and prevention team;
- National HIV self-sampling Service;
- Contraceptive services in Primary Care;
- Emergency Hormonal Contraception services in Pharmacies;
- Termination of pregnancy.

1.2 Responsibility for commissioning sexual and reproductive health services transferred to Local Authorities from Health in 2013. The provision of termination of pregnancy services remain with the CCG. This report covers the responsibilities of Tameside Council with the respect of sexual and reproductive health and Tameside and Glossop CCG with respect to Termination of Pregnancy.

1.3 Improving the sexual and reproductive health of the local population is a Population Health priority.

1.4 Sexual and reproductive ill-health can have a detrimental effect on people's relationships and on their emotional and physical wellbeing. Good sexual and reproductive health is dependent on a positive and respectful attitude to sex, relationships and sexuality; pleasurable and safe sexual experiences free from coercion; the absence of infection and dysfunction; and the avoidance of unintended conceptions.

1.5 Sexually transmitted infections (STIs) can be passed from an infected person to their partner during sexual intercourse. Sexually transmitted infections can lead to long-term health problems if not detected and treated. Infections such as HIV can be managed but not cured.

1.6 The correct and consistent use of a reliable method of contraception is important for protection from an unintended conception. Over the last decade, there has been an increase in the proportion of women opting to use a long acting, reversible method of contraception (such as the contraceptive implant) though the contraceptive pill is still a popular choice.

2. SUMMARY

2.1 Sexually Transmitted Infections (STIs) Summary

- Rate of diagnosis of STIs for Tameside residents down from 765 per 100,000 in 2016 to 653 in 2017. Rate is lower than rate for GM (771) and England (743). Part of reduction may be due to previous inaccurate reporting of chlamydia data.
- Excluding Chlamydia 992 new STI infections diagnosed to Tameside residents in 2017, down from 1031 in 2016. Diagnosis rate down from 724 per 100,000 in 2016 to 697 in 2017.
- Young people aged 15-25 account for 55% of new cases.
- Gay and bisexual men account for around 12% of infections.
- Local Chlamydia data included some double counting until mid-2016 so data shows substantial falls as this is corrected.

- 692 new cases of chlamydia in Tameside in 2017 compared to 888 in 2016.
- 2017 Chlamydia rate of diagnosis 310 per 100,000 lower than GM rate 378 and England rate 361.
- Tameside chlamydia detection rate in 2017 was 1,794, lower than GM 1,853 and England rate of 1,882.
- Nationally the largest increase in STI diagnoses between 2016 and 2017 was for gonorrhoea with a 22% increase, there were 132 cases in Tameside in 2017 a 10% increase from the 118 cases in 2016.
- Nationally the cases of genital warts is decreasing -7% between 2016 and 2017 due to numbers receiving quadrivalent HPV vaccine when aged 12 or 13. In Tameside there were 139 new cases down from 162 in 2016 a decrease of -16%.
- Nationally cases of syphilis are up 17% between 2016 and 2017. Tameside cases are down -8.7% in this period (down from 25 to 23 cases) with a rate of 10.3 per 100,000 compared to 17.2 for GM and 12.5 for England.
- 11 Tameside residents aged over 15 received a diagnosis of HIV in 2017 a decrease on the previous two years (2015 17, 2016 19).
- Nationally there has been a decrease in new HIV diagnosis which has occurred alongside the introduction of PREP (Pre exposure Prophylaxis).
- The GM HIVE project aims to end new cases of HIV in GM within a generation. Increased testing and awareness in the initial phases of this project should see an increase in the numbers of people diagnosed. It is estimated that 13% of cases are undiagnosed.
- 269 Tameside residents received HIV treatment and care in 2017. 48% were exposed to the virus by sex between men and 48% from sex between men and women.
- Tameside's HIV diagnosed prevalence rate per 100,000 aged 15-59 is 1.87. 10% of the Middle Super Output Areas have a prevalence rate higher than 2.00
- The proportion of new HIV diagnosis of Tameside residents diagnosed early has increased and continues to increase.

2.2 **Contraception Summary**

- Provision of Contraception, particularly the more effective Long Acting Reversible Contraception (LARC) has fallen in GM over the last 4 years. .The reductions are related to the tendering and implementing of new Sexual Health services across the region and reductions in the number of practitioners in General Practice qualified to fit and remove LARCs.
- Between 2015 and 2016 the number of LARCs provided by General practice in Tameside reduced by 21%, however, there was an increase in user dependant methods (pill and injection) meaning that over the period there was a slight increase in the provision of contraception by General Practice.
- The rate of LARC prescribed at GP practices was 28.6 per 1000 which is higher than the GM rate of 17.7 and similar to England
- In 2016 the rate of LARC prescribed for Tameside residents was 45.8 per 1000 women aged 15-44 down from 55.1 in 2015.
- The Tameside rate of LARC prescribed at sexual health clinics was 17.2 per 1000 this is similar to the England rate of 17.
- 630 Tameside residents prescribed Emergency Hormonal Contraception (EHC)by sexual health services in 2016. Of these 9.5% were prescribed it more than once in the year.
- General Practice prescribed EHC pills on 900 occasions in 2016
- Approximately 1360 prescriptions of EHC were provided by pharmacy services in 2017.

2.3 **Abortion Summary**

- Numbers of abortions for women living in Tameside has been rising since 2014. There were 978 abortions performed for Tameside in 2017 and increase of 3%.

- The rate of abortions per 1000 women aged 15-44 in Tameside has risen from 19.2 in 2014 to 22.6 in 2017
- The T&G abortion rate is 21.6 the second highest CCG rate in GM. GM rate is 19.7, North West 19.5 and England 17.2
- 82.2% of abortions performed for T&G patients in 2017 were between 3 and 9 weeks gestation compared to 77% for England which indicates good access and waiting times.

2.4 **Teenage Conceptions Summary**

- Under 18 conceptions in Tameside peaked in 2005 with a fall of 64% since then.
- There were 98 conceptions recorded to under 18 year olds in 2016 compared to 274 in 2005. The 2016 annual rate per 1000 was 26.0
- Q3 2017 conception data shows a rolling annual rate over the last 4 quarters of 23.6 with 87 conceptions in the period. The North west rate is 20.3
- The under 16 conception rate peaked at 15.3 per 1000 in 2009 and was 5.0 in 2016.18 conceptions were recorded to under 16s in 2016 compared to 23 in 2015.

2.5 **Developments**

- The PHE Teenage pregnancy self-assessment tool is being completed.
- In 2018 a Sex and relationships curriculum was developed for Tameside primary and secondary schools and is now being implemented.
- The provision of Ullipristral (Ella One) EHC is being proposed for implementation via pharmacy services. Ella One is more effective than progesterone only EHC and can be used in the period between 72 and 120 hours following unprotected sexual intercourse.
- Stalybridge neighbourhood have implemented neighbourhood LARC model with one practice is now running a weekly contraception clinic on behalf of all practices in the neighbourhood
- We are currently looking at options to increase LARC capacity in General Practice.

2.6 **Services**

- The main Sexual Health Service is provided by Manchester FT under “The Northern” brand at the Orange Rooms at Ashton Primary Care Centre
- Contract commenced in September 2016 following a competitive tender.
- Service has had some reductions in capacity due to staffing issues. During this time vulnerable young people and symptomatic patients have been prioritised.
- Implemented new IT system – quicker results management, patient visibility across all Northern services, less clinical time spent inputting information.
- Implemented a digital offer with the provision of STI testing kits posted to patient’s home address
- Refreshed Your Welcome accreditation
- Updated safeguarding processes
- 100% of patients with an urgent clinical need offered an appointment within 48 Hours.
- 94% of patients attending walk-in clinic seen within 90 minutes
- 97% of surveyed patients said the level of respect and courtesy shown by reception staff was good or excellent
- 99% said they felt assured their visit was private and confidential
- 94% extremely likely or likely to recommend service to friends and family
- 91% rated care received as excellent or very good.

3. SEXUALLY TRANSMITTED INFECTIONS (STIS)

3.1 The Orange Rooms at Ashton Primary Care Centre, part of Manchester University Foundation Trust’s (MFT) Northern Sexual Health, Contraception and HIV Service, is the main provider of sexual and reproductive health services in Tameside. They offer a

comprehensive range of services for people of all ages including screening and of HIV and sexually transmitted infections (STIs). They also provide HIV treatment and Care which is commissioned by NHS England.

3.2 The Contract with MFT commenced in September 2016 and was procured in collaboration with Trafford and Stockport with Stockport as the Lead Commissioner.

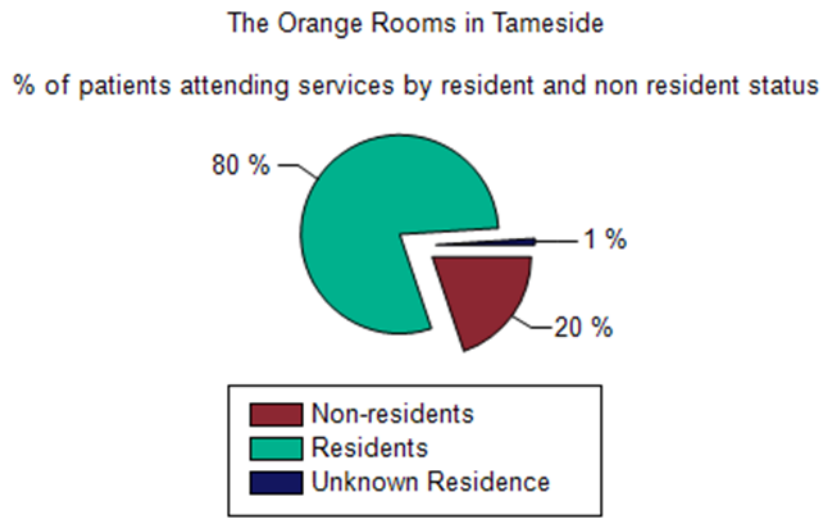
3.3 The Orange Rooms recorded 9223 attendances during 2017. Of these 7523 were for Tameside residents and 1764 for non-Tameside residents. Overall, residents of Tameside attended sexual and reproductive health services on 9540 occasions during 2017 with 2017 attendances out of Borough.

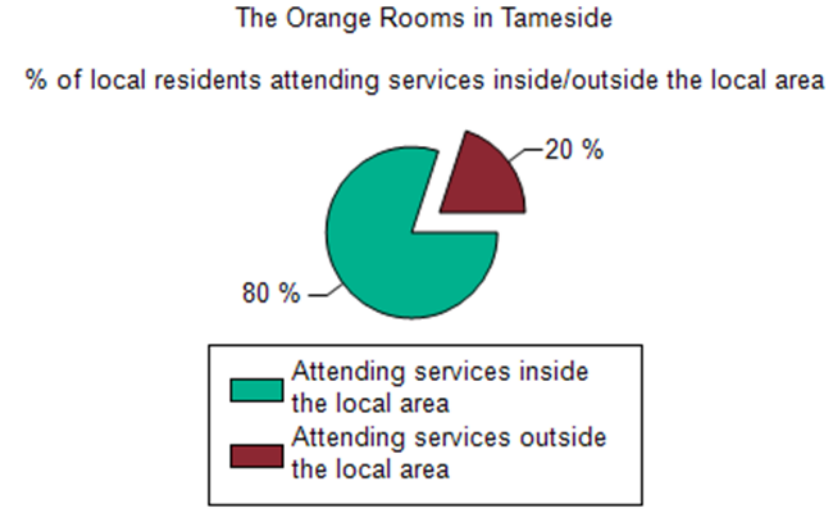
3.4 The table below details the number and proportion* of contraceptive and other Sexual and Reproductive health (SRH) services provided among residents of Tameside, North West Public Health England (PHE) Centre and England by service provided: 2016.

SRH service provided	*LA (n)±*	*LA (%)*	*PHE Centre (%)*	*England (%)*
Regular contraceptive care	8,650	43.1	43.7	43.7
Emergency contraceptive care	700	3.5	3.0	2.9
Pre-contraception consultation	185	0.9	4.2	5.6
Implant removal±	435	2.2	2.8	3.4
IUS Removal±	130	0.6	0.9	1.1
IUD Removal±	115	0.6	0.7	0.8
Sexual health advice	6,680	33.3	34.7	30.2
Pregnancy related care	860	4.3	5.4	6.7
Abortion related care	30	0.1	0.4	1.0
Cervical screening	40	0.2	1.8	1.4
Psychosexual related care	30	0.1	0.6	0.7
Sterilisation/vasectomy related care	0	0.0	0.1	0.1
IUS insertion (non-contraception)	0	0.0	0.0	0.0
IUS check (non-contraception)	0	0.0	0.1	0.1
Menopause management & treatment	0	0.0	0.0	0.1
Colposcopy related care	5	0.0	0.0	0.0
Ultra sound scan	45	0.2	0.3	0.6
Sub fertility treatment and care	0	0.0	0.0	0.0
Other Gynecology treatment and care	10	0.0	0.2	0.5
Alcohol brief intervention	2,040	10.2	0.5	0.3
Safe guarding children referral	10	0.0	0.0	0.0
CAF# Referral	0	0.0	0.0	0.0
Other Referrals	85	0.4	0.7	0.8
TOTAL	20,055			

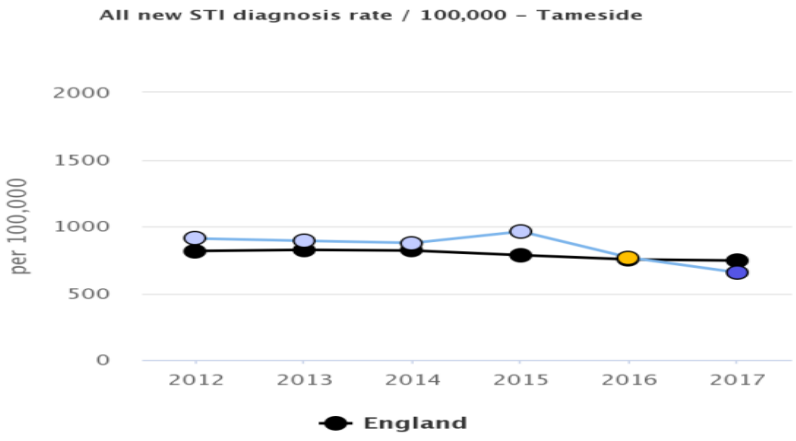
Source: SRHAD. Data from Sexual and Reproductive Health Services. Multiple services can be provided on the same attendance.
'Regular contraceptive care' includes all contraceptive consultations including new, change and maintenance of method and insertion and removal of devices for contraceptive purposes.
* Please note to prevent deductive disclosure the number of SRH services provided in the LA have been rounded to the nearest 5. Therefore the totals may not equal the sum of their parts.
Percentages will be distorted by rounding especially where small numbers are involved.
± Clinics can remove implants, intrauterine systems (IUS) and intrauterine devices (IUD) that they have not provided themselves, therefore it is possible that a clinic may remove more devices than they provide.

3.5 Attendance at the Orange Rooms in the 6 months to 30 June 2018 has been 5596 of which 4539 are Tameside residents.





3.6 There were 1457 new cases of sexually transmitted infections diagnosed to residents of Tameside at sexual health and related clinics in 2017, down from 1707 in 2016 (-6.8%). The rate of diagnosis was 653 per 100,000 population in 2017, down from 765 in 2016. This compares to a rate of 771 for Greater Manchester and 743 for England. The reduction in the number of new diagnoses may be due, in part, to a previous double counting of chlamydia data which was resolved when MFT commenced delivery of the new service in September 2016.



Recent trend:

Period	Count	Value	Lower CI	Upper CI	North West	England
2012	2,000	908	869	949	825	815
2013	1,965	891	852	931	810	823
2014	1,931	875	836	915	836	818
2015	2,127	960	920	1,002	786	783
2016	1,707	765	729	802	758	751
2017	1,457	653	620	687	730	743

3.7 Excluding Chlamydia 992 new cases of sexually transmitted infections were diagnosed to residents of Tameside at sexual health and related clinics in 2017, down from 1031 in 2016 (-3.7%). The rate of diagnosis was 697 per 100,000 population in 2017, down from 724 in 2016. This compares to a rate of 794 for England. The reduction in the number of new diagnoses reflects the impact of the implementation of the new service in September 2016 and the associated staffing restructure.

3.8 Young people aged 15-24 accounted for over half (55%) of new cases of common infections diagnosed to residents of Tameside in 2017. 84% were under the age of 34. Young people tend to have a higher turnover of sexual partners and can be less skilled at negotiating safer sex than older adults; this puts them at increased risk of acquiring an infection or re-infection.

3.9 The number of new cases of sexually transmitted infections diagnosed to gay and bisexual men has increased over the past decade. Gay and bisexual men accounted for around 12% of new cases of common infections diagnosed to male residents at sexual health clinics in 2017.

3.10 80% of new cases of common infections diagnosed to residents of Tameside in 2017 were diagnoses in the Tameside service, 9.4% in Manchester services, 3.6% in Stockport and 3.1% in Oldham with smaller numbers elsewhere.

3.11 Overall, the upward trend in diagnoses of common sexually transmitted infections observed over the last decade is a result, in part, of an increase in the number of people obtaining screening for STIs. The introduction of more sensitive tests and the expanded use of extra-genital testing have also meant that additional infections are being detected.

3.12 However, it also indicates that unsafe sexual behaviour remains an issue. Promoting the use of condoms as part of combination prevention (regular screening and the use of pre and/or post exposure prophylaxis for protection from HIV) remains essential to control and prevent the transmission of sexually transmitted infections.

3.13 Public Health England are continuing to run their sexual health campaign promoting condom use targeting 16-24 year olds. Campaign website - https://www.nhs.uk/protect-against-stis-use-a-condom/home

Chlamydia

3.14 Chlamydia is a bacterial infection that can be passed from an infected person to their partner(s) through sex. It is often asymptomatic and can lead to long-term health problems if undetected and untreated. 692 new cases of chlamydia were diagnosed to residents of Tameside in 2017, down from 888 in 2016 (-22%). 492 cases were diagnosed in sexual health clinics, of which 395 were diagnosed at the Orange Rooms and 200 cases were detected as a result of opportunistic screening in other settings. The rate of diagnosis was 310 per 100,000 population in 2017, down from 398 in 2016. This compares to a rate of 378 for Greater Manchester and 361 for England.

3.15 It is believed that the Chlamydia data for Tameside has previously been subject to double counting with information relating to screens conducted in the main sexual health service being counted by both the service and the chlamydia screening programme. Since MFT took over the sexual health service in September 2016 this has been corrected and the current figures now accurately reflect activity.

3.16 Indicators linked to the National Chlamydia Screening Pathway (NCSP) are included in the Public Health Outcomes Framework (PHOF) and the Public Health England Sexual and reproductive Health Profiles. The indicators assess progress in controlling chlamydia in sexually active young adults. Guidance recommends local areas achieve an annual chlamydia detection rate of at least 2,300 per 100,000 15-24 year old resident population to detect and treat sufficient asymptomatic infections to affect a decrease in incidence. Tameside achieved a detection rate of 1,794 in 2017, down from 2,619 in 2016 (-31%). This compares to a detection rate of 1,853 for Greater Manchester and 1,882 for England.

3.17 The chlamydia detection rate reflects both screening coverage levels and the proportion of tests that are positive at all testing sites, including primary care, sexual and reproductive health and specialist sexual health services. Areas achieving or above the 2,300 detection rate should aim to sustain or increase, with areas achieving below it aiming to increase their rate.

3.18 The Tameside chlamydia detection rate has previously been one of the highest nationally and highest in Greater Manchester but has fallen dramatically from 3789 in 2015, to 2619 in 2016 and 1794 in 2017 along with decrease in the number of tests and percentage of population covered. Whilst Tameside figures have dropped significantly they are now more in line with the rest of GM. There have been problems with the coding and reporting of chlamydia tests by laboratories via CTAD (Chlamydia Testing Activity Dataset) which are now being resolved following work by PHE with labs and RuClear. For some time it has been suspected that Tameside figures included a lot of double counting as our rates were extremely high but we could not justify them. It is likely that, prior to the commencement of our new contract for the Sexual and Reproductive health Service in September 2016, all screens initiated within this service were being double counted.

3.19 Percentage positivity rate is not a reported indicator but is contained within the data. Tameside's 2017 figure is 10.9% the third highest in GM. This may indicate that either the tests we do are more targeted or that the level of infection in the population is higher.

3.20 The pathway target positive detection rate is 2.3% (approximately 600 positives for Tameside) and it is estimated that 25-35% of the population needs to be tested to achieve this. In 2017 we achieved 453 positive test results with 16.5% of the population tested.

Gonorrhoea

3.21 Gonorrhoea is a bacterial infection that can be passed from an infected person to their partner(s) during sex. It can lead to serious health problems if it is not detected and treated. There were 132 cases diagnosed to residents of Tameside at sexual health clinics in 2017, up from 118 in 2016 (+10%). Gay and bisexual men accounted for 32% of cases. The rate of diagnosis was 59.2 cases per 100,000 population in 2017, up from 52.9 in 2016. This compares to a rate of 84.7 for Greater Manchester and 78.8 for England.

Genital herpes

3.22 Genital herpes can result from infection with the Herpes Simplex virus (HSV). People who contract this virus can develop painful blisters on or around their genitals. There were 139 new cases diagnosed to residents of Tameside at sexual health clinics in 2017, down from 162 in 2016 (-16%). The rate of diagnosis was 62.3 cases per 100,000 population in 2017, down from 72.6 in 2016. This compares to a rate of 53.2 for Greater Manchester and 56.7 for England.

Syphilis

3.23 Syphilis is a bacterial infection that can be passed from an infected person to their partner(s) during sex. It can lead to serious health problems if it is not detected and treated. There were 23 cases diagnosed to residents of Tameside at sexual health clinics in 2017, down from 25 in 2016 (-8.7%). Gay and bisexual men accounted for almost nine out of ten cases. The rate of diagnosis was 10.3 per 100,000 population in 2017, up from 11.2 in 2016. This compares to a rate of 17.2 for Greater Manchester and 12.5 for England.

3.24 Public Health England (PHE) is concerned about the ongoing increase in the number of new cases of gonorrhoea and syphilis as well as the implications of multi-drug resistant gonorrhoea. PHE is due to publish an action plan by the end of the year.

Genital warts

3.25 Genital warts can result from infection with the Human Papilloma virus (HPV). People who contract this virus can develop warts on or around their genitals. There were 222 new cases diagnosed to residents of Tameside at sexual health clinics in 2017, down from 241 in 2016 (-19%). The rate of diagnosis was 99.5 per 100,000 population in 2017, down from 108.0 in 2016 (-8.5%). This compares to a rate of 107.6 for Greater Manchester and 103.9 for England.

HIV

3.26 HIV is a virus. It can be found in the blood, semen and anal fluids of HIV positive men and the blood, vaginal and anal fluids, and breast milk of HIV positive women. The main route of transmission is via unprotected sex. The virus can damage the cells in the immune system.

3.27 Prescribing of anti-retroviral and related therapies (ART) has transformed HIV from a fatal infection to a chronic but manageable condition. People diagnosed at a prompt stage of infection can expect a normal life-span with few HIV related complications. People on treatment who have an undetectable viral load cannot pass on the virus. Undetectable=Untransmittable.

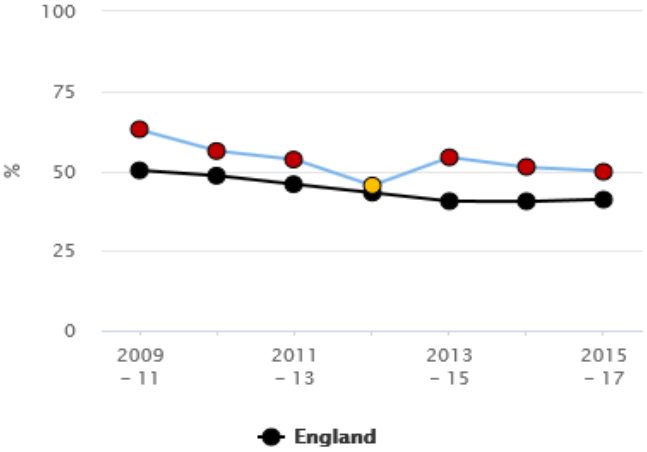
3.28 The GM HIVE project – Ending new transmission of HIV across Greater Manchester within a generation – aims to end new transmissions within twenty-five years. HIVE has £1.3m funding from the Greater Manchester Health and Social Care Partnership to deliver the first phase, and is being led by the GM Sexual Health Network and a steering group of community representatives, third sector partners, clinicians, General Practice and Local Authority Commissioners. (see appendix HIVE Briefing.)

3.29 There were 269 residents aged 15-59 receiving treatment and care for HIV in 2017, up from 254 in 2015. (196 in 2013) 11 residents aged 15+ received a diagnosis of HIV in 2017. This is less than the figure for 2016 (19) and 2015 (17). There have been 11 diagnosis of HIV in the local SRH clinic in the first 9 months of 2018. (NB people diagnosed locally may not be Tameside residents and Tameside residents may also be diagnosed on services outside the Borough)

3.30 Of residents receiving HIV-related care in 2017, 48% had been exposed to the virus through sex between men; 48% through sex between men and women with the remainder being injecting drug use, mother to child or unknown route of transmission. 60% are white British residents and 30% are residents from black African communities.

3.31 There has been an increase in the proportion of residents diagnosed with HIV at a prompt stage of infection. 50% of residents diagnosed in 2015-17 had a CD4 count higher than 350mm3; this compares to 48.8% in 2014-16. Latest annual data would indicate a much higher rate however this is not reported due to low numbers. The earlier HIV infection is detected, the lower the risk of damage to the immune system and other complications.

HIV late diagnosis (%) (PHOF indicator 3.04) source https://fingertips.phe.org.uk



3.32 Of Tameside residents seen for HIV care 98% are receiving ART. Of these, 91% were virally suppressed (VL<200) and were very unlikely to pass on HIV, even if having sex without condoms (untransmissible virus). The United Nations UNAIDS targets are that by 2020, 90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy and 90% of all people receiving antiretroviral therapy will have viral suppression.

3.33 Tameside's HIV diagnosed prevalence rate per 1,000 aged 15-59 is 1.87. 10% of the middle super output areas (MSOAs) in this Tameside have a prevalence rate higher than 2 per 1,000 population, all ages (2016 data)

3.34 **Appendix 1** gives details of the Greater Manchester project to eliminate new infection of HIV in a generation.

4. CONTRACEPTION

4.1 Reducing the burden of unplanned pregnancy (whether this leads to maternity, miscarriage or abortion) requires a sustained public health response. This should be based around marketing; easy access to high quality information for informed decision-making; easy access to the full range of contraception (particularly the most effective long-acting reversible contraception (LARC), and accessible pregnancy testing with rapid referral to abortion services for unwanted pregnancy. These services should be delivered alongside promotion of safer sexual and health-care seeking behaviour.

4.2 Unplanned pregnancies can end in abortion or maternity. Many unplanned pregnancies that continue will become wanted. However, unplanned pregnancy can cause financial, housing and relationship pressures and have impacts on existing children.

4.3 LARC methods such as contraceptive injections, implants, IUS or IUD are more effective as they do not depend on daily concordance. They are also considered to be more cost effective than User Dependent Methods (UDM), and their increased uptake could further help to reduce unintended pregnancy (NICE Clinical Guideline CG30 https://www.nice.org.uk/guidance/CG30/). All currently available LARC methods are more cost effective than the combined oral contraceptive pill even at 1 year of use. Contraceptive injections are excluded from the LARC (long-term) categorisation, due to reliance on users' compliance to turn up promptly for subsequent dose every 12 weeks. This is a short duration compared to doses lasting for 3 years, 5 years and 10 years for implants, IUS and IUD respectively (https://www.nice.org.uk/guidance/cg30/chapter/Appendix-A-Features-of-the-LARC-meth ods-to-discuss-with-women/). Consequently, the failure rate of typical use of contraceptive injections is 6%, which is more comparable to that of combined oral

contraceptive at 9%, as documented in method specific FSRH guidance documents on (https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/method-specific/).[1]

4.4 The Orange Rooms Northern Sexual Health, Contraception and HIV Service is the main provider of sexual and reproductive health services in Tameside. Northern offers a comprehensive range of contraception services for women and men of all ages.

4.5 In 2016, residents of Tameside attended sexual and reproductive health services for contraceptive care on 8650 occasions. For women who received a method of contraception, 62% were aged 24 or under.

4.6 Long-Acting Reversible methods of Contraception (LARC) are the contraceptive implant, the intrauterine device (IUD) and the intrauterine system (IUS). These are more effective and cost effective than user dependent methods of contraception such as contraceptive pills and condoms. Women can obtain long-acting methods from selected GPs and from sexual and reproductive health clinics.

4.7 In 2016, residents of Tameside attended sexual and reproductive health clinics on 1685 occasions for long-acting methods of contraception: on 1050 occasions for the contraceptive implant; 320 occasions for the intrauterine device (IUD); and 315 occasions for the intrauterine system (IUS). There were 1290 attendances were related to the provision of the contraceptive injection and 8355 for user dependent methods including the contraceptive pill.

4.8 43% of LARC was provided for women aged 24 or under, 64% of contraceptive injections and 70% of oral contraception.

4.9 The table below details the contraception provided in 2016 and 2015 by General Practice. Between these two years the provision of LARC has reduced by 21% with 320 fewer LARC provisions. In 2016, Tameside was ranked 195 out of 326 local authorities in England for the rate of GP prescribed LARCs (1st has the highest rate), with a rate of 28.6 per 1,000 women aged 15 to 44 years, compared to 20.7 in North West and 28.8 in England. This rate is down from 36.0 in 2015 when Tameside were ranked 150 and the England rate was 29.8.

	2016			2015		
Method	Number	Percentage	England percentage	Number	Percentage	England percentage
LARC (excluding Injections)	1195	3.6%	3.6%	1515	4.6%	3.8%
Injectable contraception	6490	19.2%	11%	6195	18.7%	11%
User Dependant methods	26,040	77.3%	85.3%	25,485	76.8%	85.2%
Total contraception	33,700			33,195		

4.10 In 2016, the rate of long-acting methods of contraception (excluding the injection) prescribed for residents of Tameside was 45.8 per 1,000 women aged 15-44, down from 55.1 in 2015. The rate of long-acting methods prescribed at sexual and reproductive health clinics was 17.2 per 1,000; this is similar to the rate England (17.6). The rate of long-acting

[1] Tameside Local Authority HIV, sexual and reproductive health epidemiology Report (LASER): 2016. Public Health England December 2017

methods prescribed at GP practices was 28.6 per 1,000; this is higher than the rate for Greater Manchester (17.7) and similar to England (28.8).

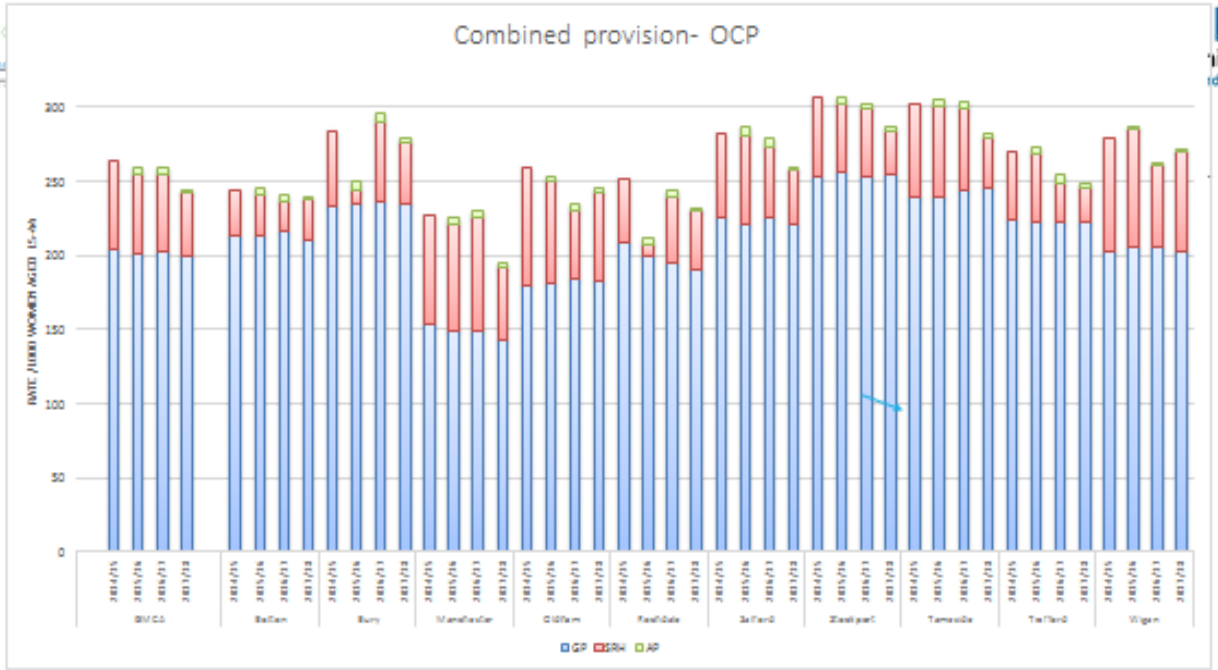
4.11 Emergency contraception can be used following unprotected sex to reduce the risk of an unintended conception. There are two methods: emergency contraceptive pills (EHC) and the intrauterine device (IUD). Women can obtain emergency contraceptive pills for free from GPs, selected pharmacies, and from sexual and reproductive health services. Sexual and reproductive health services can fit and remove IUDs.

4.12 There were 630 women recorded as residents of Tameside prescribed emergency contraception at sexual and reproductive health services in 2016. Of these 9.5% were prescribed it more than once in 2016.

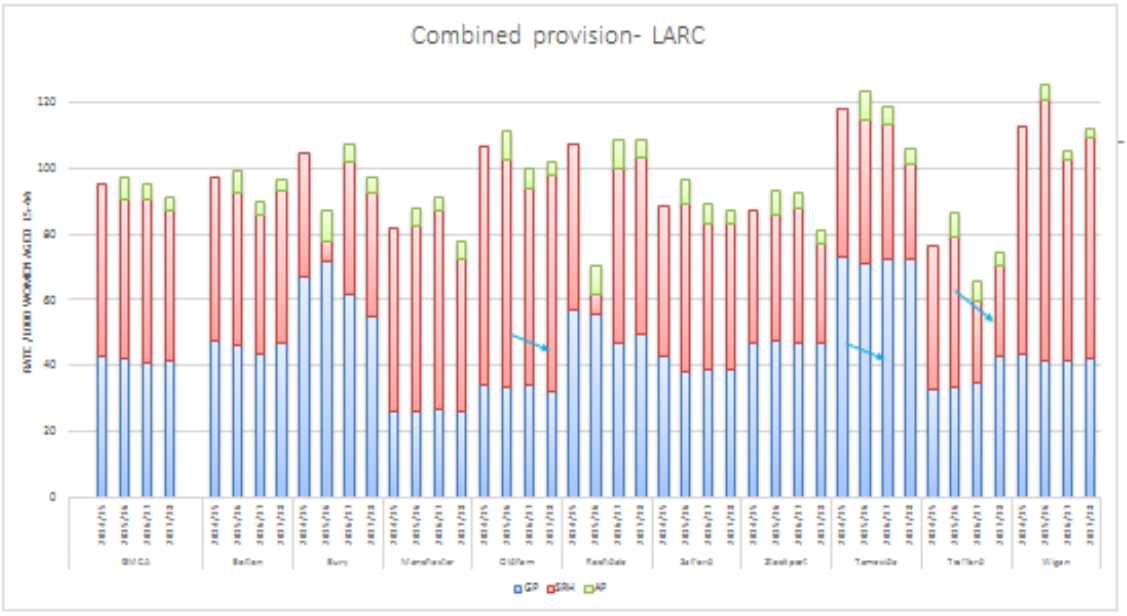
4.13 GPs based in Tameside prescribed emergency contraceptive pills on 900 occasions in 2016. Pharmacy provision of EHC is not included in this data.

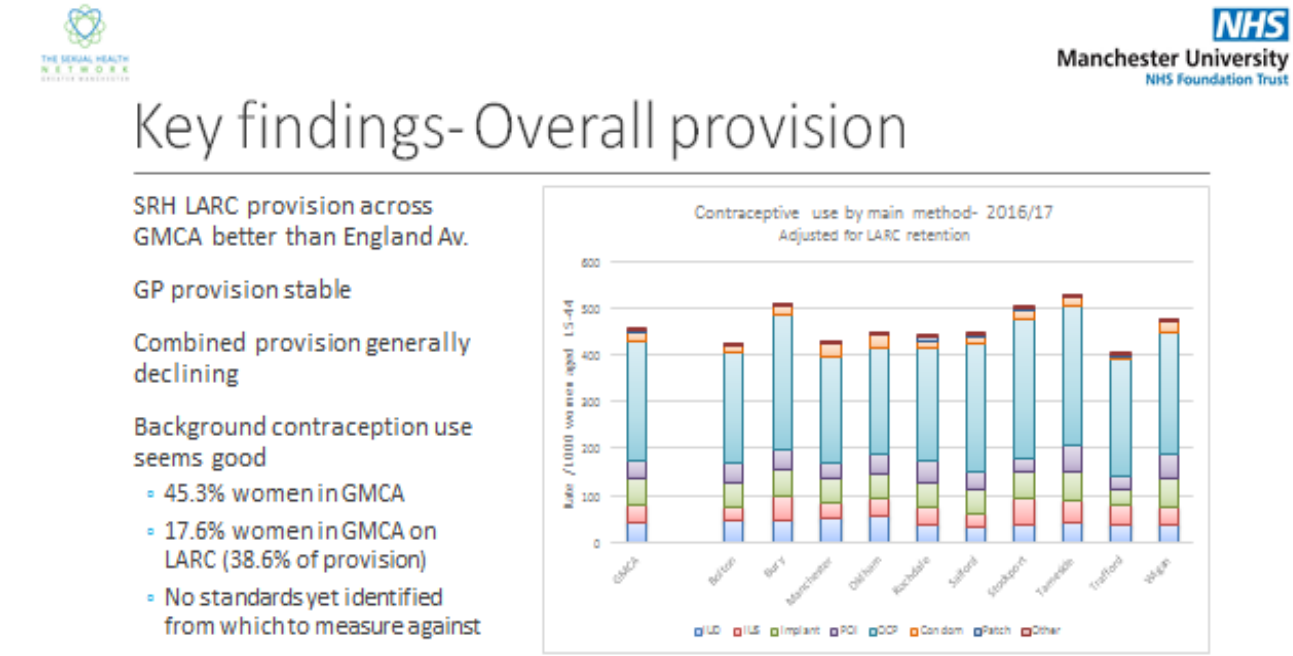
4.14 The following information is taken from a draft GM contraception needs assessment prepared by Thomas Hesse of MFT. It shows an overall declining provision of contraception in GM, including in Tameside, but Tameside rate of contraception provision is still one of the highest in GM.

4.15 The chart below shows the rates of oral contraceptive provision across Greater Manchester by GP, sexual and reproductive health services, and abortion providers. Provision of Oral contraception within the Sexual and reproductive Health service has declined with General practice not replacing all of this activity.



4.16 The table below shows reductions in the provision of LARC, particularly in the Sexual and reproductive Health service, in 2017/18.



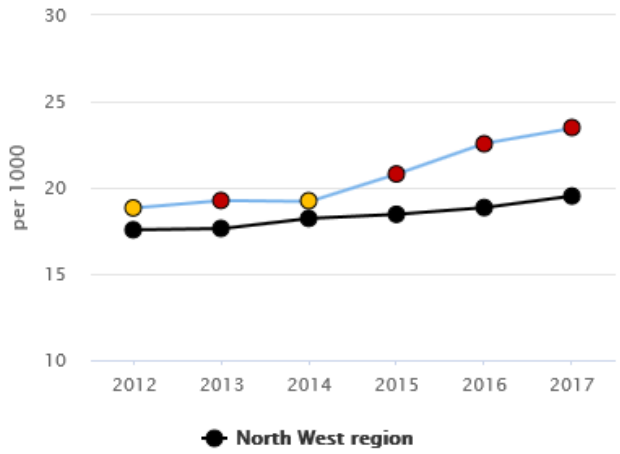


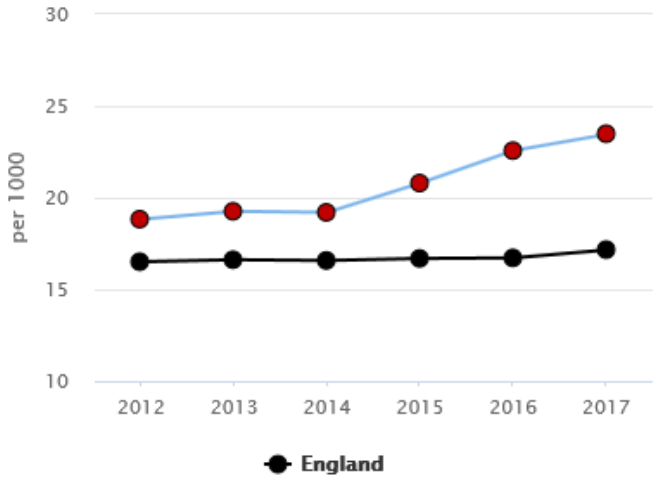
5. ABORTION

5.1 Abortion is a CCG responsibility so some of the data presented below relates to Tameside and Glossop activity rather than Tameside residents only. Data presented is sourced from 2017 abortion statistics.

5.2 There were 978 abortions performed for women living in Tameside in 2017, up from 944 in 2016 (+3%). There were 1061 abortions performed for Tameside and Glossop patients in 2017. An overall upward trend in the rate of abortions performed for residents of Tameside has been observed particularly since 2014. The crude rate of abortions per 1,000 women aged 15-44 for Tameside has risen from 19.2 per 1,000 in 2014 to 22.6 per 1,000 in 2017. Current England rate is 17.2.

5.3 The Tameside and Glossop rate per 1000 women is 21.6 the second highest CCG rate in Greater Manchester. GM rate is 19.7, North West rate 19.5 and England rate 17.2





5.4 Of abortions for patients of Tameside and Glossop in 2017, 82.2% were performed between 3 and 9 weeks gestation (compared to 77% for England). This indicates that residents have ease of access to clinics and that short waiting times for consultations and procedures are the norm.

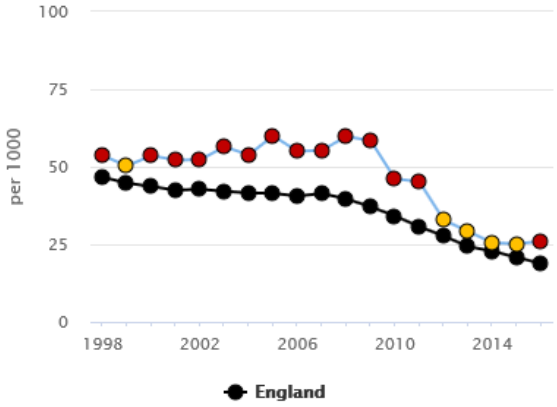
5.5 Of abortions performed for residents of T&G 71.2% were medical procedures (compared to 65% for England) and 28.8 % were surgical procedures (compared to 35% for England).

5.6 The NHS funded 99.7% of the abortions performed for residents of Tameside and Glossop in 2017. 84.5% of procedures were performed in independent clinics contracted to the NHS (compared to 72% for England) and 15.2% in NHS hospitals (compared to 26%).

6. UNDER-18 CONCEPTIONS

6.1 Significant progress has been made to reduce the number and rate of under-18 conceptions to residents of Tameside however the rate of decrease has stalled.

Under 18s conception rate / 1000 – source fingertips.



Recent trend: ⬇

Period	Count	Value	North West	England
1998	216	53.6	50.3	46.6
1999	204	50.3	48.8	44.8
2000	218	53.6	47.5	43.6
2001	219	52.2	45.1	42.5
2002	229	52.3	45.4	42.8
2003	253	56.4	45.2	42.1
2004	246	53.9	46.0	41.6
2005	274	60.0	46.9	41.4
2006	252	55.0	44.2	40.6
2007	249	55.3	46.6	41.4
2008	267	59.8	44.8	39.7
2009	255	58.4	42.6	37.1
2010	197	46.1	39.6	34.2
2011	183	45.2	35.3	30.7
2012	131	32.8	31.6	27.7
2013	115	29.2	27.6	24.3
2014	101	25.5	26.8	22.8
2015	95	25.2	24.7	20.8
2016	98	26.0	22.3	18.8

Source: Office for National Statistics (ONS)

6.2 The under-18 conception rate for Tameside peaked in 2005. Since 2005, a fall of almost two-thirds (64%) has been recorded; down from 60.0 per 1,000 in 2005 to 26.0 in 2016. There were 98 conceptions recorded to under-18s in 2016 compared to 274 in 2005. Data for 2017 will be published in March 2019.

6.3 ONS published under-18 conception data for Q3 2017 on the 15th November 2018. This shows a decrease in the rolling annual rate over the last 4 quarters to 23.6. In the last 4 quarters (December 2016-September 2017) there were 87 conceptions to women aged under 18. In the previous period (December 2015-September 2016) there were 90. Conceptions in the December 16 quarter were relatively high and, if the current trend continues with a lower figure for the December 17 period the next annual figure should see a large fall in the rate.

6.4 For the North West, comparing Quarter 3 2017 with Quarter 3 2016, the rate declined from 20.5 per 1,000 (611 conceptions) to 20.3 per 1,000 (593 conceptions). There is considerable variation between local areas. Annual data for 2017 is due to be published in February / March 2019.

6.5 Unlike the overall trend for England, the proportion of under-18 conceptions ending in abortion in Tameside has not increased over the last decade, falling from 43.8 % in 2005 to 41.8% in 2016. In 2016, 41 conceptions to under-18s ended in abortion and 57 resulted in a live birth. In 2015 the percentage of under 18 conceptions ending in abortion was 51.6% (count of 49)

6.6 The under-16 conception rate for Tameside peaked at 15.3 per 1,000 in 2009. The rate is falling and stood at 5.0 per 1,000 in 2016. 18 conceptions were recorded to under-16s in 2016 compared to 23 in 2015 and 62 in 2009.

6.7 The Public Health England Teenage Pregnancy self-assessment tool released in 2018 is being completed and actions to address any issues and improve performance are being identified.

6.8 In the summer of 2018 the development and production of a School Curriculum for SRE was completed and launched for Tameside schools. The resource includes lesson plans and a range of resources for teachers to use in the classroom. There are two versions one for primary and one for secondary.

7. OVERVIEW OF COMMISSIONING RESPONSIBILITIES

7.1 The Health and Social Care Act 2012 divided responsibilities for the commissioning and funding of sexual and reproductive health services between local authorities, Clinical Commissioning Groups and NHS England.

7.2 Local authorities are responsible for commissioning and funding the provision of most but not all sexual and reproductive healthcare provision. Local authorities are responsible for commissioning HIV testing services, STI testing and treatment services, and contraception services on an open access basis for all persons present in their area. Local authorities can choose to commission and fund other related services such as HIV prevention and support programmes.

7.3 NHS England is responsible for funding GP practices to offer routine methods of contraception including the contraceptive pill for their registered patients. GPs are also required to offer testing for HIV/STIs at the request of a patient; and to offer a test or treatment (excluding treatment for HIV) if indicated.

7.4 NHS England is also responsible for commissioning and funding HIV treatment and care.

7.5 Clinical Commissioning Groups are responsible for commissioning and funding abortion services. CCGs are also responsible for arranging for patients to obtain permanent methods of contraception including vasectomies.

7.6 As the statutory duty is to provide open access Sexual and Reproductive Health services residents may attend services in any area and local services are accessible to residents of other areas. For STI related services there is a cross charging regime in place whereby the provider can charge the residents local authority for the attendance however there is no cross charging for contraceptive services.

8. OVERVIEW OF COMMISSIONING ACTIVITIES

8.1 In 2016 Stockport Council issued a tender in collaboration with Tameside and Trafford, to appoint a provider to operate an integrated sexual and reproductive health service for each of the three Boroughs. The contract was awarded to Manchester University FT (MFT) and commenced in September 2016 under the banner of The Northern sexual health and contraception service. The initial contract term was until 31/3/2019 and permission has been granted to extend until 31/3/2021. MFT were also appointed to provide services in Manchester.

8.2 On behalf of all GM authorities Manchester Council acting as lead commissioner procured a provider for the opportunistic chlamydia screening programme by open tender in 2016. The contract was awarded to RuClear part of MFT. The initial contract term expires 31 March 2019 and authorisation is being sought to extend this contract until 31 March 2021

8.3 On behalf of all GM authorities Salford Council acting as lead commissioner procured a provider for the Greater Manchester Sexual Health Improvement Programme (GM-SHIP) by open tender in 2016. The contract was awarded to a partnership of BHA for Equality (lead) with George House Trust and LGBT Foundation (subcontractors) who provide the service

under the branding PaSH (Passionate about Sexual Health). The initial contract term expires 30 June 2019 and authorisation is being sought to extend this contract until 30 June 2021.

8.4 The Council has continued to contract with Pharmacies (Via CCG Contracts) to participate in the provision of free emergency hormonal contraception.

8.5 Qualified General Practices are contracted to provide Long Acting Reversible Contraception (implants and IUD/S).

8.6 Termination of pregnancy services are jointly procured by Manchester CCG as lead commissioner on behalf of all GM CCGs.

9. COMMISSIONED SERVICES

Northern Sexual and Reproductive Health Service

9.1 Tameside's sexual and reproductive health service is provided by Manchester Universities Foundation Trust at the Orange Rooms, Ashton Primary care Centre as part of their Northern Sexual Health Services. The contract commenced in September 2016.

9.2 Since contract commencement the service has undergone a major staffing restructure to integrate the Tameside service into the wider Northern service (implemented September 2017), implemented a new client management IT system across the Northern footprint and implemented a digital offer (July 2017)). They have also taken part in the HIV PREP trial which commenced in November 2017. This has resulted in a much more effective, resilient and robust service but has taken a considerable time to implement and bed in.

9.3 The service has refreshed and updated their "Your Welcome" accreditation for accessibility for young people and implemented new processes for management of safeguarding patients (January 2018)

9.4 Recent service developments have increased productivity. The new client management system has reduced the amount of time needed to key in data and freed up clinician time and new LARC processes mean many women are able to have their initial consultation via the telephone so that they only require one appointment slot rather than two.

9.5 The service is an integrated sexual and reproductive health service for women and men of all ages. It delivers routine, intermediate and specialist services including -:

- Information, advice and guidance about sexual and reproductive health issues.
- Provision of long-acting methods of contraception including the contraceptive implant and the intrauterine device.
- Provision of routine methods of contraception including the contraceptive pill.
- Provision of emergency contraception.
- HIV testing and counselling.
- Screening and treatment of sexually transmitted infections
- Management of recurrent conditions such as genital herpes and genital warts.
- Management of other related conditions including genital ulceration.

9.6 The Service also offers specialist services including:

- Management of complex contraceptive problems.
- Management of complicated STIs (including tropical STIs).
- Provision of PEP (Post-exposure prophylaxis for HIV).
- Provision of PrEP (pre-exposure prophylaxis for HIV) as part of the PrEP Impact Trial.

9.7 The Service is expected to contribute to achieving the following outcomes:

- Controlling and preventing the transmission of HIV and STIs.
- Reducing the prevalence of undiagnosed HIV and STIs.
- Reducing the proportion of residents diagnosed with HIV at a late stage of infection.
- Reducing the number of unintended conceptions to women of all ages.
- Reducing the number of under-18 conceptions.

9.8 The Service will contribute to achieving the desired outcomes through – for example:

- Ensuring that residents can obtain screening for STIs and HIV.
- Ensuring that residents can obtain treatment / management of STIs.
- Ensuring that residents can obtain other methods of prevention including Post Exposure Prophylaxis for HIV.
- Improving knowledge and understanding of the risks associated with unprotected sex.
- Improving awareness of sexually transmitted infections and the importance of regular screening in order to control transmission and to reduce the prevalence of undiagnosed infection.
- Improving awareness of HIV and the and the importance of regular screening in order to control transmission; to reduce the prevalence of undiagnosed infection; and to reduce the proportion of residents diagnosed at a late stage of infection.
- Improving awareness of contraception and the importance of using reliable methods in order to reduce the incidence of unintended conceptions.
- Ensuring that residents can obtain all methods of contraception and emergency contraception.

9.9 The service operates clinic sessions during the daytime and early evening on Thursdays. Northern offer walk-in and appointment slots for patient choice and to manage demand. Walk-in clinics are designed to ensure that patients with an urgent need can be seen on the day of presentation.

9.10 The Northern offers an STI self-sampling service for residents. Residents can order a self-sampling kit via www.thenorthernsexualhealth.co.uk. Residents collect their own samples and then return them to the lab for processing. This is a new and convenient option for residents who are asymptomatic; In quarter 2 2017/18, 270 kits were distributed.

9.11 The service has struggled with staffing having inherited a depleted staff team on contract commencement and has found recruitment a challenge. This has impacted on the capacity of the service and the planned Saturday morning young person's clinic and level two outreach clinic are still not being delivered although there are now plans to implement a contraceptive clinic in a community setting, probably Hattersley, in the coming weeks.

9.12 Due to the inability to recruit suitably trained staff the service has implemented an extended training programme and has recruited nurses which are being trained. Currently 91% of Northern nursing staff are dual trained and hold relevant qualifications in both disciplines. (contraception and STI)

9.13 During periods of staffing shortages clinicians have covered Tameside from the other Northern services and being part of the larger Northern service has been beneficial in improving resilience. Whilst some clinics have been reduced in capacity the service has prioritised young and vulnerable patients ensuring that they have always been offered appointments or been seen during walk in sessions and have prioritised patients who are symptomatic.

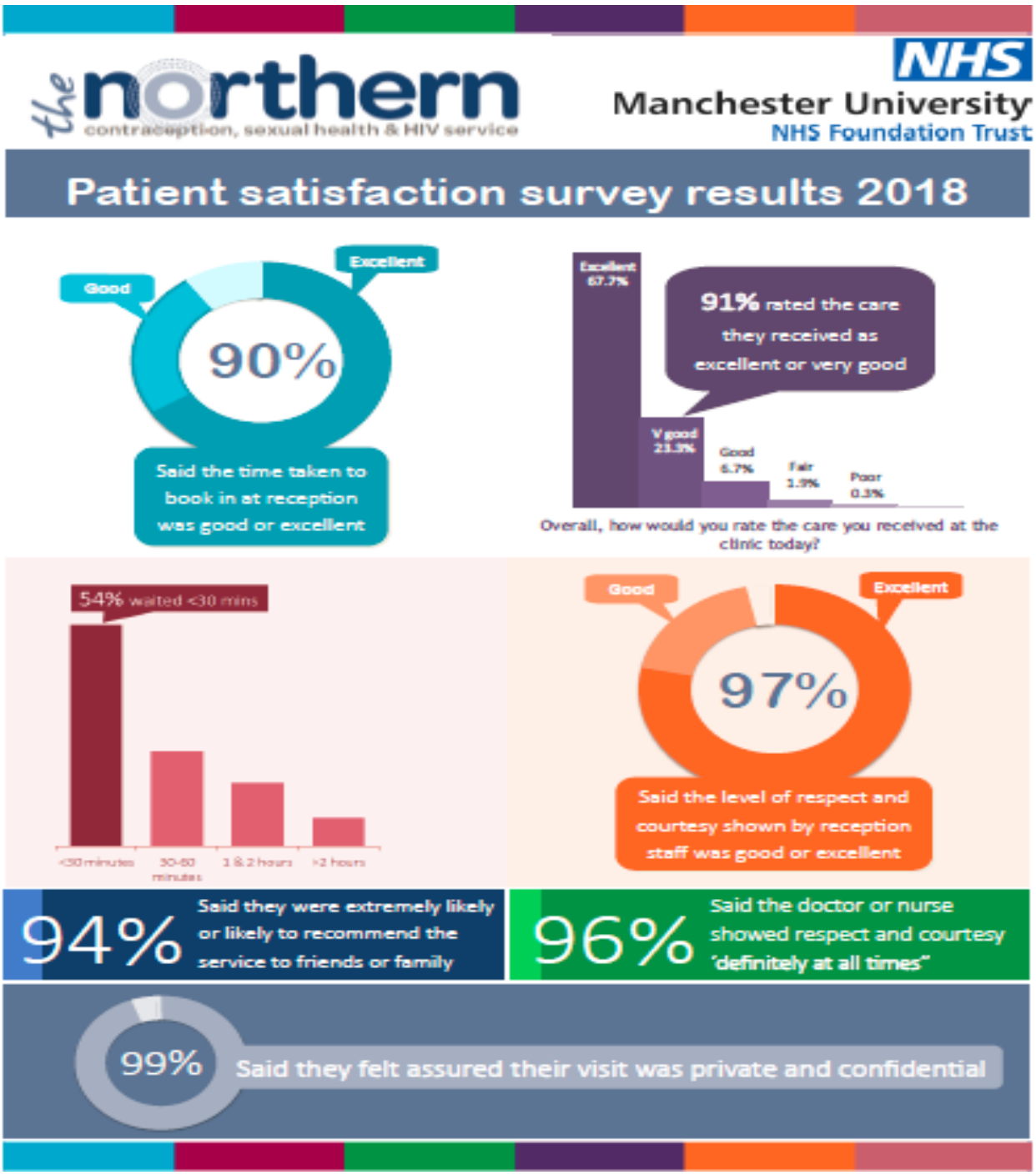
9.14 Appointment times for contraception did reach over ten weeks at one stage but are now below four weeks and capacity continues to increase.

9.15 Over the hotter summer months of 2018 an issue was identified with the lab room where drugs are stored and laboratory testing is performed not having air conditioning or the appropriate air flow. Due to the temperature raising to unacceptable levels some drugs had to be destroyed. The building was developed as a LIFT (Local Improvement Finance Trust) building as clinical space and is provided by us for MFT to occupy with the CCG paying the rent. MFT are continuing to work with the Health and Social Care Estates Business Manager, to find a resolution to the problem.

9.16 Summary of performance information

	Q4 17/18	Q1 18/19	Q2 18/19
Number of patients attending	2911	3137	3264
Percentage of patients attending a walk in seen within 90 minutes	70%	94%	94%
Percentage of patients with urgent clinical need offered an appointment within 48 hours	100%	100%	100%
Number of patients attending for contraceptive injection	164	181	175
Number of patients attending for contraceptive implant	151	137	150
Number of patients attending for contraceptive IUD/IUS	114	142	134
Number of prescriptions for oral contraception	500	524	520
Number of prescriptions for EHC	119	115	112
Number of full STI screens including HIV	898	948	1068
Number of screens for chlamydia and gonorrhoea	418	476	471

9.17 The following summarises the results of The Northern's patient satisfaction survey 2018. Please note this is across all Northern Sexual health services not just Tameside. Details of patient feedback from Tameside patients, which is all positive, is also available.



RuClear Chlamydia screening programme

9.18 On behalf of all of the local authorities of Greater Manchester, Manchester City Council holds a framework contract with Manchester University NHS Foundation Trust (MFT) for the provision of an opportunistic chlamydia screening programme for asymptomatic young people aged under-25 (branded as RuClear). The framework was procured via a competitive tender and the initial contract period is due to expire on the 31st March 2019 and has a further two year extension period and authorisation is being sought to extend this contract until 31 March 2021

9.19 The service has been reviewed by the GM Commissioners who have agreed some changes to the service delivery (detailed below) with contract prices for the provision of kits and testing remaining the same. The framework will be extended by Manchester and

individual Authorities can opt to continue with the framework or make alternative arrangements.

9.20 The service is subject to contract monitoring which is performed by Salford Council as contract holder. In addition there is a steering group for all the Greater Manchester jointly commissioned services, the Joint Contract Oversight Group (JCOG) which meets quarterly to analyse performance data for all jointly commissioned contracts and advises the lead commissioner. The Tameside commissioner attends the JCOG meetings on behalf of the Tameside, Stockport and Trafford cluster.

9.21 Ruclear provides an opportunistic chlamydia screening programme for asymptomatic young women and men under the age of 25 living in Greater Manchester. Ruclear is delivered in line with the requirements of the National Chlamydia Screening Programme (NCSP). The Programme recommends that all sexually active men and women under 25 years of age be tested for chlamydia annually or on change of sexual partner (whichever is more frequent)

9.22 The Chlamydia screening programme is a key service in assisting us in meeting the targets of the NCSP. Chlamydia is the most common bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group. It is estimated that one in ten young people are infected. By diagnosing and treating asymptomatic chlamydia infections, chlamydia screening can reduce the duration of infection, which will reduce an individual's chance of developing complications, and also reduce the time when someone is at risk of passing the infection on, which in turn will reduce the spread of chlamydia in the population.

9.23 Young people living in Greater Manchester can order a self-sampling kit for chlamydia and gonorrhoea from Ruclear. Ruclear posts the kit to the recipient and arranges for returned kits to be processed at the lab. Ruclear issues results and conducts contact tracing.

9.24 Young people can also obtain an opportunistic screen via Ruclear from a number of initiation services throughout Greater Manchester with the Authority where they are resident being billed for the activity. These include provision as part of termination of Pregnancy services, Brook in Manchester and selected GP practices.

9.25 Ruclear is expected to contribute to achieving the following outcomes:

- Preventing and controlling the transmission of chlamydia and gonorrhoea through the prompt detection and treatment of infection.
- Preventing the consequences of undiagnosed infection.

9.26 Ruclear contributes to achieving the desired outcomes through:

- Improving knowledge and understanding of chlamydia and gonorrhoea among young women and men.
- Effective partner notification
- Providing opportunities for young women and men to obtain an opportunistic screen for chlamydia and gonorrhoea via:
- Fulfilment of orders for self-sampling kits received via remote ordering.
- Distribution of self-sampling kits via outlets.
- Processing of screens initiated in selected services – e.g. GPs.

9.27 The RuClear service has two elements. A self-sampling service enabling individuals to request a screening kit online for delivery to their home address and a screening initiation service for clinical settings including General Practice, Termination of Pregnancy services, Midwifery services and Brooke. Activity is charged to the local authority based upon the address of the patient. (For example a Tameside resident using Brooke in Manchester or a

Termination of Pregnancy service in Trafford would be paid for by Tameside). Approximately one third of activity is via initiation sites and two thirds via self-sampling.

9.28 Across Greater Manchester the use of the screening initiation service within General Practice has been varied with the majority of practices making little or no use of the service. The service is only available to patients age 16 to 24 and is for screening purposes and not to be used where testing is indicated as part of differential diagnosis or for patients that are symptomatic. Where a Practice wishes to offer a screen to a young person a different sample kit is used and labels etc have to be manually created. A Practice may therefore use their regular sample testing system or the RuClear system depending upon the eligibility factors. This dual system may have proven to be too complicated within a busy practice environment.

9.29 Due to the low numbers of screens being initiated at most General Practice initiation sites across Greater Manchester the provider, RuClear, have stated that it is not viable to support sites that are issuing minimal numbers due to the overhead in training and support and the wastage of kits going out of date.

9.30 Two alternative models have been offered for sites with low activity levels, either a referral card that can be given a young person with the details of the RuClear digital service for them to access or the provision of a supply of take away kits that can be given to eligible patients. These kits could be used by the patient in the surgery and given to the receptionist to put in the sample bag or taken away to be completed and posted back. The expectation would be that any practice holding kits would promote the service to eligible patients and also give out kits to young people not registered with the practice that request them. The Practice would be promoted as a location where kits could be collected.

9.31 In Tameside, General Practices are currently paid based upon screens received by RuClear. In the 6 month period April to September 2018 a total of 39 screens were received from Tameside practices, all were negative.

9.32 Pharmacies delivering the Emergency Hormonal Contraception service also offer the RuClear service and should hold a stock of home sampling kits to give out. No additional payment is made to pharmacies for this service. In common with other areas of Greater Manchester the provision via pharmacy is minimal and experience has shown that, even where a young person takes a kit as part of an EHC consultation it is rarely completed and returned. It is being recommended that provision via pharmacy is ceased as the overheads to maintain the service are not affordable.

9.33 The RuClear service currently has no budget for the promotion or development of the service. The lead commissioner has agreed a contract variation to include an annual fee of £2000 per participating Authority to fund needed IT developments and promotion of the service. Activity levels for all participating areas are considerably lower than the indicative activity figures that were given when the service was procured which has affected the financial viability of the service. By giving the service additional resource, ring-fenced for targeted promotion, it is expected that activity levels will be increased. Promotion will be targeted such that once activity levels are at the level of the indicative volumes of activity it will be ceased.

9.34 RuClear activity in the 6 months April to September 2018 compared to original indicative figures

	Initiation test	Postal kits sent	Postal Kits returned
April-September	320	867	663
Indicative figures / projected spend	500	750	600

9.35 Since May 2017 RuClear have accepted requests for screens from Tameside residents aged over 24. A decision was taken to extend the offer in the Tameside, Trafford and Stockport cluster in order to ease pressure on the main Sexual and Reproductive health Services (SRHS) whilst there were capacity issues during service transformation as the new contract was being initiated. There was capacity to do this due to the underperformance of provision of screens compared to the indicative and budgeted levels of service. This extension of service is now being removed as capacity increases in the SRHS and the service has implemented a more comprehensive digital offer that people over 24 can access. The number of home test kits returned to the SRHS service has increased from 133 in Q4 17/18 to 270 in Q2 18/19.

9.36 In the 12 month period July 2016 to August 2018 356 RuClear kits were sent to Tameside residents aged over 24 with 348 being returned. There were 15 chlamydia positives and 2 Gonorrhoea positives detected from this activity. This activity will now be targeted at the age 16 to 24 client groups in order to improve performance against the chlamydia pathway. The targeted promotion of the service will be essential in increasing take-up of the service.

9.37 Selected RuClear Performance indicators

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19
Number of screens initiated at partner services	185	189	151	138	156
Number of orders for self-sampling kits	297	338	397	417	412
Number of kits returned to lab for processing	207	250	258	305	316
% of kits returned to lab for processing within 30 days	73%	70%	72%	71%	82%
% of clients confirmed as receiving treatment within 6 weeks	92%	95%	93%	95%	95%

Passionate about Sexual Health (PaSH)

9.38 The GM Sexual Health Improvement Programme (branded as the Passionate about Sexual Health), is provided by a consortium led by BHA for Equality in partnership with George House Trust and the LGBT Foundation. It provides STI and HIV prevention and support services and support for people living with and affected by HIV and AIDS. The service targets our most vulnerable and high risk population in terms of sexual health needs and provides information and advice as well as initiatives like community HIV Point of Care Testing (POCT).

9.39 The contract was awarded by Salford Council (on behalf of all of the local authorities of Greater Manchester) following a competitive tender exercise and commenced in July 2016. The initial contract period was three years with an allowable two years extension. The service has been reviewed by the GM Commissioners who have agreed to extend the contract by two years. The service and partnership will be an important partner in in the new GM HIVE (Ending new transmission of HIV across Greater Manchester within a generation) project and the GM City Regions application to become a Fast Track City.

9.40 The Passionate about Sexual Health Programme (PaSH) offers a broad range of HIV/STI prevention interventions for residents at highest risk of acquiring HIV and interventions to support residents living with diagnosed HIV.

9.41 BHA for Equality is the lead for HIV/STI prevention work with heterosexual women and men (focus on residents from black African communities) and LGBT Foundation is the lead for work with men who have sex with men (MSM).

9.42 George House Trust is the lead for support for children, young people and adults living with diagnosed HIV.

9.43 PaSH partners are required to deliver a range of interventions and services including:

- One-to-one and group-level support for adults at risk of acquiring HIV via centre-based and outreach services.
- One-to-one and group-level support for adults living with HIV via centre based and outreach services.
- One-to-one and group-level support for children and young people living with HIV via centre-based and outreach services.
- Point of care testing for HIV via centre-based and outreach services.

9.44 PaSH partners are also required to:

- Ensure that information and advice about HIV/STIs is available online.
- Facilitate access to free and low-cost condoms and lubricants.
- Map community assets.

9.45 PaSH is expected to contribute to achieving the following outcomes:

- Controlling and preventing the transmission of HIV and other STIs.
- Reducing the prevalence of undiagnosed HIV and other STIs.
- Reducing the number of new cases of HIV.
- Reducing the proportion of residents who receive a diagnosis of HIV at a late stage of infection (PHOF indicator).
- Reducing HIV-related morbidity and mortality.

9.46 PaSH will contribute to achieving the desired outcomes through:

- Improving knowledge and understanding of HIV and STIs.
- Improving awareness of the risks associated with unprotected sex.
- Improving awareness of the importance of using condoms and other methods of prevention.
- Improving confidence and skills to practice safer sex.
- Improving uptake of screening for HIV and other STIs.
- Improving confidence and skills to manage HIV as a long-term condition.
- Improving confidence, skills and capabilities to adopt / maintain health promoting behaviours and to avoid / reduce health demoting behaviours

9.47 The service is subject to contract monitoring which is performed by Salford Council as contract holder. In addition there is a steering group for all the Greater Manchester jointly commissioned services, the Joint Contract Oversight Group (JCOG) which meets quarterly to analyse performance data for all jointly commissioned contracts and advises the lead commissioner. The Tameside commissioner attends the JCOG meetings on behalf of the Tameside, Stockport and Trafford cluster.

9.48 The majority of the funding for this service is provided by Manchester and Salford who have the areas of greatest need. The Tameside contribution to the contract is the lowest contribution of all participating authorities.

9.49 The PaSH consortium has developed and established the service across Greater Manchester and delivers services to the residents of Tameside both within the Borough and from locations outside the Borough. For example recent provision has included provision of POCT at a venue in Stalybridge, an information stall at MIND and information sessions at People First Tameside. In the first quarter 2018/19 they provided 26 Tameside residents with 1 to 1 brief interactions around HIV and sexual health and four with structured/extended information and advice, 25 residents attended group sessions, 3 residents took a HIV test and condoms were distributed to five outlets in the Borough.

9.50 During HIV testing week commencing 17 November 2018 PaSH will be delivering a HIV testing event at Twinkle bar in Stalybridge and they are hoping to have an information stall during the week of World AIDS Day 1 December 2018.

YOU Think

9.51 The YOUthink team is Tameside's sexual health intervention and prevention team, a specialist team which focuses on improving young people's sexual health.

9.52 The team is made up of youth workers who offer one to one individual support to young people aged under 25, with regards to their own sexual health and support young people under 25 to access local contraception and sexual health services.

9.53 The YOUthink team works closely with the Northern Sexual Health service to promote services and support young people into these services. The service runs promotion events alongside the Northern such as Fresher's fairs in colleges, and themed events throughout the year World Aids day and Sexual Health week.

9.54 YOUthink provides young people aged 13-25 with advice and information, Chlamydia and Gonorrhoea screening, condom distribution, pregnancy testing and provide advice & support. Working very closely with the Northern they aim to support all young people, particularly the most vulnerable, into their services. They concentrate on supporting young people to access all contraception, emergency contraception and treatments for Sexually Transmitted Infections (STI's).

9.55 A large focus of their work is preventative work, raising awareness of sexual health issues for young people and encouraging delay in sexual activity. They also provide YP with factual information and dispel myths to help them make informed choices related to their sexual health and overall well-being.

9.56 The service aims to present tutorials to all year 9 pupils in the Borough and at all further education settings. All but one faith based school in the Borough work with Youthink.

9.57 Most service users supported are aged 14 to 17 with gender evenly split.

9.58 In the second quarter of 2018/19 the service reached 727 young people, 28 received an assessment and had an individual action plan and 28 were supported into mainstream services.

National HIV Self-Sampling Service

9.59 The National HIV Self Sampling Service was commissioned by Public Health England. A framework contract was procured by public sector procurement organisation ESPO and is delivered by Preventx in partnership with Yorkshire Mesmac who provide the notification and support for people receiving reactive tests. Local authorities and other public bodies are able to use the framework to be included in the national web based service

9.60 The national HIV Self sampling service operates a website, www.test.hiv where HIV self-sampling kits can be ordered by individuals to be received through the post. During periods of major campaign activity around national HIV testing week and world AIDS day PHE fund all requests received. During this time there is substantial national promotion coordinated through the It Starts With Me campaign website https://www.startswithme.org.uk/ . Outside of this period kits are only supplied to people where the local authority of residence has contracted for the service. Current return rates are approximately 63%.

9.61 Between April 2017 and March 2018, Tameside residents ordered 255 kits from www.test.hiv. 62% (158) kits were returned to the lab. Of these 164 of which 70% (115) kits

were returned were funded by Tameside. Since the commencement of the service in 2016 697 kits have been issued with 410 returned and there have been 2 reactive tests.

9.62 PHE commenced the procurement of a replacement service on 29 October 2018 with the intention of having a new service in place by 1 April 2019. The new service will be broadly the same as the current service with the addition of the provision of kits in bulk for local commissioners to distribute if required. Pricing will not be known until a new contract is awarded.

9.63 Offering a range of opportunities for people to test for HIV is a key component to tackling rates of HIV infection. The GM HIVE project will seek to increase testing rates across Greater Manchester. Early diagnosis of HIV is associated with better outcomes for the individual and less transmission to others.

Enhanced Services delivered in General Practice

9.64 General Practice provide two Locally Commissioned Services (LCS) for Sexual and Reproductive health; Long Acting Reversible Contraception (LARC) and Chlamydia screening.

9.65 Provision of LARC within General Practice is seeing a gradual decline as qualified practitioners leave and are not replaced. Currently 13 practices provide implants and 15 IUD/S

9.66 Commissioners are working with MFT and a range of other stakeholders to develop proposals to increase the training opportunities for General Practice staff to qualify to provide both implants and IUD/S

9.67 Within the Stalybridge neighbourhood one practice is now running a weekly contraception clinic on behalf of all practices in the neighbourhood.

Enhanced Services delivered in Pharmacy

9.68 Emergency Hormonal Contraception (EHC) is commissioned from a range of local Pharmacies as a Locally Commissioned Service (LCS). The number of pharmacies providing and the value of claims has increased in the last year since provision has been monitored electronically via the web based Neo system alongside all the CCG commissioned pharmacy services. The service has traditionally been available for delivery by any qualifying pharmacy and by pharmacist qualified to deliver the service. The greater visibility of the service via NEO has prompted more pharmacists to complete the training and commence delivery.

9.69 The service is delivered under a Patient Group Direction (PGD) to enable Pharmacists to supply or administer medication without a prescription. The current PGD was updated in September 2018 and has been issued to all participating pharmacists.

9.70 The current Pharmacy contract is for the supply of Levonorgestrel only. Pharmacies can sell EHC privately and EHC is also available via general Practice and the Sexual Health Service. Current annual spend on EHC would indicate approximately 1360 prescriptions being provided per year. This has increased over the last couple of years as additional pharmacies have started to provide.

9.71 Ulipristral (EllaOne) is a newer brand of emergency contraceptive pill that has until now not been commissioned from Pharmacies in Tameside. It must be taken within 120 hours (5 days) of having unprotected sex. Like all methods of emergency contraception it is most effective if it is taken soon after sex. If the pill is taken with 24 hours it will prevent 95% of pregnancies.

9.72 Ulipristral is more effective than Levonorgestrel particularly after 24 hours and can be used in the period between 72 and 120 hours when Levonorgestrel cannot be used. The table below details the effectiveness of Ulipristral versus Levonorgestrel.

	Levonorgestrel	Ulipristral
First 24hrs	95% effective	98% effective
Up to 48hrs	85% effective	98% effective
Up to 72hrs	58% effective	98% effective
Up to 120hrs	*Wouldn't have been supplied	98% effective

9.73 Given the greater effectiveness, and the extended timescales, provision of Ulipristral as an alternative to Levonorgestrel would have much better outcomes and impact for both the individuals and the local health and social care economy.

- more clinically effective;
- Reduction in unplanned pregnancy;
- Reduction in number of termination of pregnancies;
- reduction in women attending General Practice and the Sexual Health clinic for prescription of Ulipristral where they have been informed by pharmacy that it is too late for Levonorgestrel to be effective.

9.74 Modelling would indicate that approximately 440 prescriptions per annum could move from Levonorgestrel to Ulipristral if we implemented the provision of Ulipristral after the first 24 hours following UPSI in our pharmacy EHC service. A proposal is being prepared for PRG/SCB to recommend this.

Termination of Pregnancy

9.75 Many termination of pregnancy services are procured jointly across Greater Manchester. Manchester CCG is lead commissioner for Marie Stopes, BPAS and NUPAS and the BPAS central booking service. The central booking service provided by BPAS is utilised by all areas except Wigan and Bolton. Tameside and Glossop ICFT is our biggest provider of termination services. Patients can access termination services in any area with the patients registered CCG funding. All Termination providers provide abortion counselling and provision of LARC as part of the termination package.

9.76 There are a range of providers across Greater Manchester including both private sector and NHS organisations. Providers include -

- BPAS;
- Marie Stopes;
- NUPAS;
- Tameside and Glossop ICFT;
- Stockport FT;
- Manchester FT;
- Bolton FT;
- Salford FT;
- Stockport FT.

9.77 Manchester CCG performs contract monitoring of jointly commissioned termination services and there is a GM commissioners group that provides oversight and strategic direction of the system.

10. RECOMMENDATIONS

10.1 As set out at the front of the report.

APPENDIX 1

HIVE Project Briefing

HIVE - Ending new transmission of HIV across Greater Manchester within a generation

What are we aiming for?

We aim to reduce transmission of HIV in Greater Manchester and, ultimately, end new transmissions of HIV within twenty five years. HIVE has £1.3m funding from the GMHSCP to deliver the first phase, and is being led by the GM Sexual Health Network and a steering group of community representatives, third sector partners, clinicians, General Practice and Local Authority Commissioners.

Where are we starting from?

- Over 5,600 people living with HIV in Greater Manchester[2]
- Around 745 people in Greater Manchester unaware they are infected[3]
- Almost 300 new cases diagnosed every year[4]
- Higher than national average rates of infections[5], new diagnoses and late diagnoses[6].
- Manchester has more than double the national average number of infections, and Salford almost double[7].
- 44% of new cases classified as 'late diagnoses' when successful treatment is most costly and least likely to be successful[8]
- Risk of onward transmission: an estimated 13% of cases remain undiagnosed and therefore untreated and are at risk of transmitting the infection on.
- Prompt diagnosis: the evidence is clear that early diagnosis has long term health benefits and allows for cost effective management of HIV as a long term condition.
- Effects of late diagnosis: HIV symptoms are frequently subtle until the latter stages of the illness, resulting in a later diagnosis which impacts on both the individual and society:
- The health of the individual – late diagnosis is linked to poorer patient outcomes.
- The health of the population – later diagnosis results in an increased risk of onward transmission of HIV.
- Effect on the public purse: the lifetime cost of HIV is estimated to be £360,000. Compared to early diagnosis, late diagnosis is believed to increase the cost of treatment by 100% in the first year after diagnosis, and 50% in subsequent years.

How will we get there?

By working closely with communities most affected to substantially increase:

- uptake of testing – to pick up infection early, when management is easier and more effective both clinically and cost effectively

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[2] 4,906 diagnosed and 745 undiagnosed, based on 2016 data
[3] Based on 2016 PHE estimates of 13% of people in England and Wales excluding London
[4] 296 new cases diagnosed earlier
[5] 2.93 per 1000 15-59 year olds; compared to England average 2.31. (PHE England data 2016)
[6] 12.9 per 100,000 over 15s
[7] 6.45 per 1000 in Manchester; 4.23 per 1000 in Salford. (PHE England data 2016)
[8] 2016 data

- awareness and uptake of prevention including PrEP – to reduce the risk of people acquiring HIV
- access to timely and effective treatment – increasing the number of people who have an undetectable viral load and levels of virus that are untransmittable (U=U)

How are we progressing?

- Our overall vision is set out in our Population Health Plan, published January 2017
- Signed up to the Fast Track City global partnership[9] and goals[10] in Autumn 2018
- Delivery of the first phase of activity is due to begin in Spring 2019
- We aim to realise our vision by 2043

[9] http://www.fast-trackcities.org/about

[10] 1. Attain 90-90-90 targets
Ensure that at least 90% of PLHIV know their status
Improve access to ART for PLHIV to 90%
Increase to 90% the proportion of PLHIV on ART with undetectable viral load
2. Increase utilization of combination HIV prevention services
3. Reduce to zero the negative impact of stigma and discrimination
4. Establish a common, web-based platform to allow for real-time monitoring of progress