

Report to: **HEALTH AND WELLBEING BOARD**

Date: 23 January 2020

Reporting Member/Officer: Cllr Eleanor Wills, Executive Member Adult Social Care and Population Health
Jeanelle De Gruchy, Director of Population Health

Subject: **SEXUAL & REPRODUCTIVE HEALTH IN GREATER MANCHESTER**

Report Summary: The report and accompanying presentation outline the findings of work undertaken across GM by the Population Health team within the GM Health & Social Care Partnership to independently review the sexual and reproductive health system across GM. This also makes recommendations on further system-reform work that has been proposed. Implications for Tameside have also been outlined.

Recommendations: The Health and Wellbeing Board are asked to note and discuss the content of the GM review and recommendations.

Corporate Plan: Sexual and reproductive health aligns to all life course priorities within the Corporate Plan.

Policy Implications: The recommendations from the GM review work will have implications for our local commissioning of sexual health services.

Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer) There are no direct financial implications arising from this report, however any further locality system wide reform that is progressed will need to be evaluated to understand the expected efficiencies and / or service demand avoidance implications that will be realised for the Strategic Commission. These should be reported to Members at a future Health and Wellbeing Board meeting.

Legal Implications: (Authorised by the Borough Solicitor) the Council has a statutory duty to both deliver a balanced budget and when spending on its priorities to do so in an efficient and effective manner. It delivers sexual & reproductive health in partnership with the CCG. In order to ensure it is delivering effective focussed services it is important to consider and reflect upon regular reviews.

Risk Management: An independent review of the sexual & reproductive health and HIV system was conducted across Greater Manchester during 2018/19. This found significant risks and challenges whilst also identifying a range of opportunities to redesign the system and make it fit for purpose for the needs of the population.

Background Information: The background papers relating to this report can be inspected by contacting James Mallion, Consultant Public Health



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1. INTRODUCTION

- 1.1 An independent review of the sexual & reproductive health and HIV system was conducted across Greater Manchester during 2018/19. This found significant risks and challenges whilst also identifying a range of opportunities to redesign the system and make it fit for purpose for the needs of the population.
- 1.2 Supported by the GM Sexual Health Network, there has been good progress to date in transforming sexual and reproductive health. However, significant challenges remain such as increasing rates of STIs (particularly syphilis and gonorrhoea) and the high proportion of late diagnoses of HIV. Moreover, a recent contraceptive needs assessment highlighted that GM has been disproportionately affected by the fall in contraception provision nationally, particularly when considering the uptake of Long Acting Reversible Contraception (LARC), which is the most effective range of methods, rates are even lower. Worryingly, this has resulted in abortion rates increasing to over double the national rate over the past 3 years across GM and an increasing use of emergency hormonal contraception. These challenges amplify the need for reform.
- 1.3 Some of these trends are particularly relevant in Tameside with a much higher abortion rate than similar areas, which continues to increase.

2. A GM REPRODUCTIVE & SEXUAL HEALTH SYSTEM

- 2.1 A proposed high-level model for the GM Sexual & Reproductive Health system has been produced, which intends to maximise existing funding and opportunities to transform the current systems. This is based on a person and community centred, holistic approach. See figure 1 below.
- 2.2 Some of the specific opportunities we can utilise in Tameside are the strategic commissioning function and integrated budgets across the local authority and CCG, as well as the Primary Care Networks which are now established. As well as the core sexual health services, we can also utilise these opportunities to improve access to related services such as cervical screening and termination services

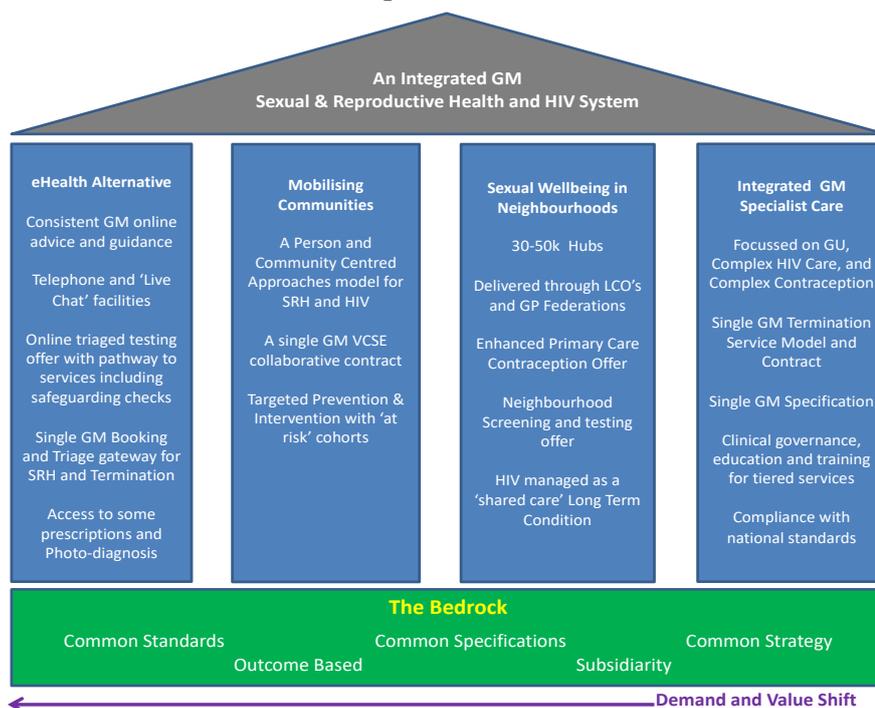


Figure 1: Proposed high-level GM model for future sexual health system

3. TRANSFORMING THE SEXUAL & REPRODUCTIVE HEALTH SYSTEM

- 3.1 It is vital to ensure that, in transforming this system, open access to secondary care services is maintained. It is also important however, to consider the impact of newer elements such as an enhanced digital offer, the role of primary care, and the voluntary and community sector.
- 3.2 This model will intend to change the delivery of services to improve access and outcomes by giving people greater control of when, where and how they access the appropriate service to meet their needs or to self-care where it is safe and appropriate to do so.
- 3.3 The GM Population Health team have proposed a modernisation programme which will require initial investment to transform the system in two phases: strengthening community provision & self-care; and then transforming specialist care.
- 3.4 The main elements of the initial phase are around the development of a GM Sexual Wellbeing digital offer; enhancing the role of primary care in both pharmacy and General Practice; and transforming HIV prevention and treatment services.

4. CONCLUSION

- 4.1 Further work is currently underway to understand the wider implications of this work and how it can be resourced and implemented in Tameside. As a result, the above proposals are subject to change and will need to align to local timescales such as the need to recommission local specialist sexual health services in Tameside by April 2021.
- 4.2 There is a Sexual Health Advisory Group in Tameside, which brings together relevant stakeholders across the system, as well as a Sexual Health Commissioning working group, who are working up further proposals on what this system transformation will look like for Tameside.

5. RECOMMENDATIONS

- 5.1 As set out at the front of the report.