
Sexual & Reproductive Health in Greater Manchester

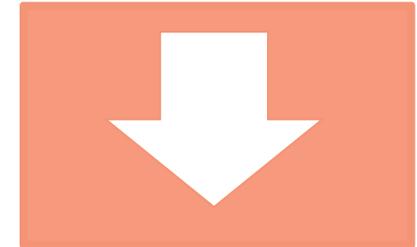
Health & Wellbeing Board
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SUMMARY

- Sexual and reproductive health is a vital aspect of overall health and wellbeing
- Many residents in GM do not always have timely access to sexual and reproductive health services such as contraceptive advice and support
- GM has seen a decrease in contraception usage, an increase in the use of the morning after pill and an increase in abortion rates, double that of the national average.
- GM continues to have high rates of HIV and STIs diagnosis – inequalities
- Currently have lots of opportunities for system reform
- Aims to increase choice and access, reduce demand in secondary care, take more person & community centred approaches

WHAT ARE THE KEY ISSUES IN THE CURRENT SYSTEM?

Use of Contraceptive Services has fallen by 22% over 4 years



- 43% decline in attendances at sexual health services for 13-15 yr olds
- 31% decline in attendances at sexual health services for 16-17 yr olds
- LARC rate has fallen 13% in 4 years (double the rate of decline in England)

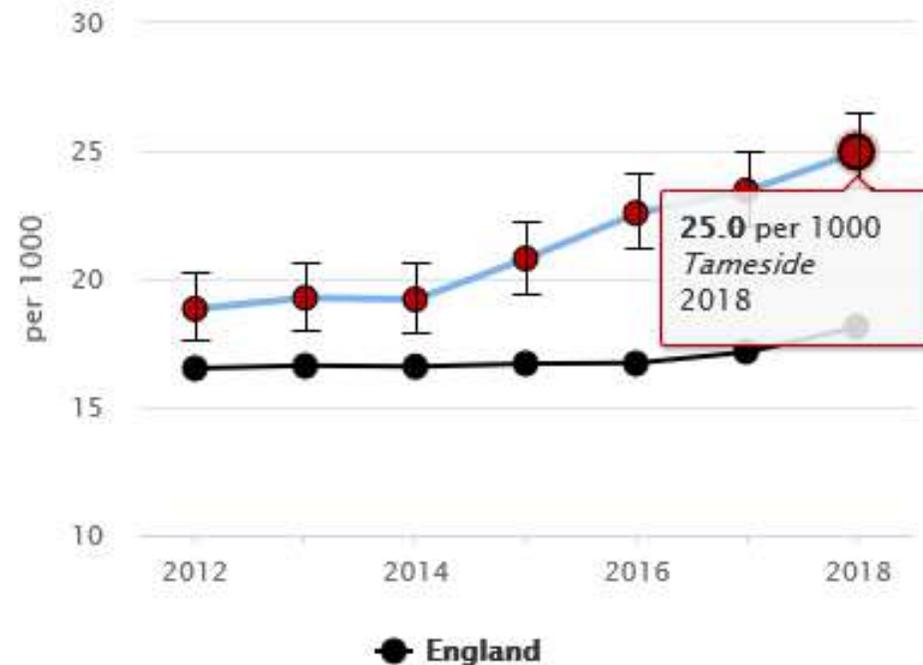
At the same time abortion rate (15-44) has increased by 11%



- Significantly higher rates than England for total, under 25s and repeats
- Emergency Hormonal Contraception use 12% higher than England

Abortions in Tameside

Abortion rate in Tameside is particularly high & increasing
(8th highest in country)



WHO HAS RESPONSIBILITY FOR COMMISSIONING SERVICES LOCALLY?

Current Sexual & Reproductive Health and HIV Services Commissioning Arrangements across GM

Local Authority

- STI treatment and care services which includes contraception advice, psychosexual counselling, sex and relationship education/promotion, and sexual health outreach
- Specialist sexual health services for young people
- Chlamydia screening
- HIV/STI testing
- HIV prevention and social care

CCG

- Abortion services
- Female sterilisation
- Vasectomy
- Non-sexual-health elements of psychosexual health services
- Contraception primarily for gynaecological purposes
- HIV testing when clinically indicated in CCG commissioned services
- Dermatology

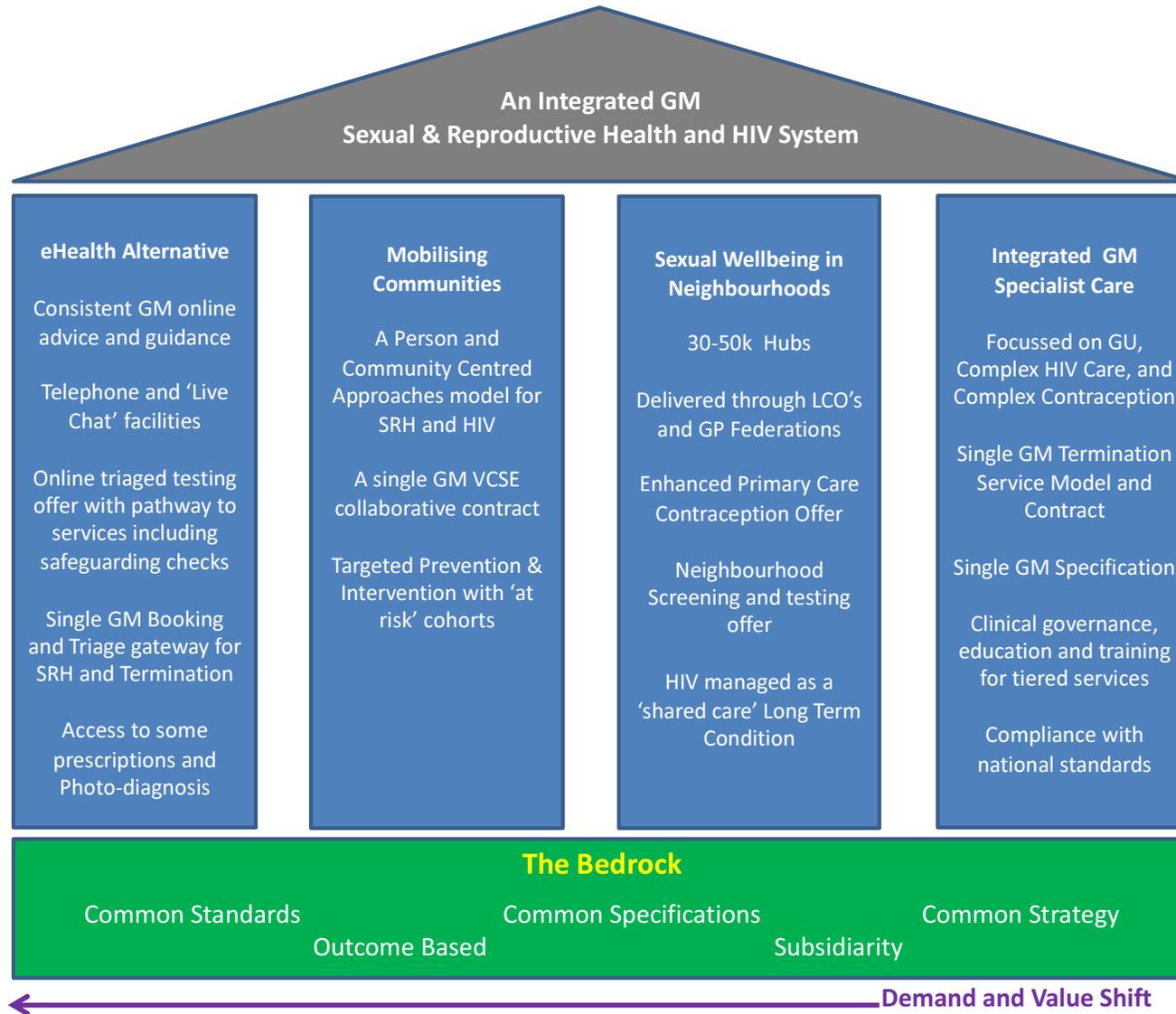
NHSE

- Contraception - GP contract
- HPV immunisation
- HIV treatment and care
- Testing and treatment for STIs in General Practice
- All sexual health elements of healthcare in secure settings
- Sexual assault referral centres
- Cervical screening
- Specialist foetal medicine
- Pregnancy screening

OUR GM AMBITION AROUND SEXUAL AND REPRODUCTIVE HEALTH SERVICES

Our ambition is to create a GM system that:

- **better meets needs of local people;**
- **is focused on reducing harm through prevention and early intervention;**
- **gives people the knowledge, skills and confidence to make informed choices;**
- **are accessible, sensitive and appropriate for all;**
- **provides consistent local services and when needed exceptional specialist services;**
- **improves outcomes for local people bringing GM to among the best in the country;**
- **reduces inequalities for the most vulnerable and marginalised communities;**
- **we will work together to eliminate new cases of HIV in a generation and improve the quality of life outcomes for people living with HIV.**



PHASE 1 - STRENGTHENING COMMUNITY PROVISION & SELF CARE

1

A GM digital offer

A digital offer across GM that augments the current clinic-based services by preventing, for the majority of people, the need to travel and attend high cost clinical services by providing an alternative e-healthcare offer in their own home

3

Enhancing the role of Primary Care (Pharmacy)

Develop a network of community pharmacies offering an easily accessible service, providing fast, convenient access, and plurality of provision for service user choice

2

Enhancing the role of Primary Care (General Practice)

An inclusive and integrated approach to sexual and reproductive health which includes suitable and appropriate services offered within General Practice

4

Transforming HIV Prevention and Treatment

New delivery model for treatment and care services for people living with HIV, moving from the clinic based traditional model to a personalised and shared care model.

WORK STILL UNDERWAY

Work is continuing in order to refine the proposals contained within the four business cases, in particular to:

- Ensure the evidenced assumptions and costings are robust.
- Ensure a full cost benefit analysis and look at 'cashability' of Phase 2
- Define and determine the programme support and resources
- Ensure timescales are realistic and in line with local economy reforms

Implications & opportunities in Tameside

- Opportunity to discuss system-wide elements across strategic commission (contraception & abortion services)
- Recommissioning of specialist SH service (April 2021)
- Link to GM developments (eg. Digital) but local work is key (primary care)