

**GREATER MANCHESTER  
JOINT HEALTH SCRUTINY COMMITTEE**

**DATE:** Wednesday 13 March 2024

**TIME:** 10.00 am

**VENUE:** [Boardroom, GM Combined Authority, Tootal Buildings  
56 Oxford Street, Manchester M1 6EU](#)

**AGENDA**

1. **Welcome & Apologies**
2. **Chair's Announcements and Urgent Business**

3. **Declaration of Interests**

1 - 4

To receive declarations of interest in any item for discussion at the meeting. A blank form for declaring interests has been circulated with the agenda; please ensure that this is returned to the Governance & Scrutiny Officer at least 48 hours in advance of the meeting.

<b>BOLTON</b>	<b>MANCHESTER</b>	<b>ROCHDALE</b>	<b>STOCKPORT</b>	<b>TRAFFORD</b>
<b>BURY</b>	<b>OLDHAM</b>	<b>SALFORD</b>	<b>TAMESIDE</b>	<b>WIGAN</b>

Please note that this meeting will be livestreamed via [www.greatermanchester-ca.gov.uk](http://www.greatermanchester-ca.gov.uk), please speak to a Governance Officer before the meeting should you not wish to consent to being included in this recording.

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|--|--|----------------|
| <b>4.</b>  | <b>Minutes of the Meeting held on 17 January 2024</b>                                | <b>5 - 12</b>  |
| <br>To consider the approval of the minutes of the meeting held on 17 January 2024.  |  |                |
| <b>5.</b>  | <b>NHS Greater Manchester Financial Recovery</b>                                     | <b>13 - 18</b> |
| <br>Presented by Claire Connor, Associate Director, NHS Greater Manchester.  |  |                |
| <b>6.</b>  | <b>Human Immunodeficiency Virus (HIV) and Sexually Transmitted Infections (STIs)</b> | <b>19 - 74</b> |
| <br>Presented by Jane Pilkington, Director of Public Health, NHS Greater Manchester, and Lynn Donkin, Director of Public Health, Bolton Council. |  |                |
| <b>7.</b>  | <b>Dates and Times of Future Meetings</b>  |                |
| <br>To be advised.   |  |                |

## **For Information**

- |  |                                       |                |
|--|---------------------------------------|----------------|
| <b>8.</b>  | <b>Links to Minutes and Decisions</b> |                |
| <br><a href="#"><u>NHS Greater Manchester Integrated Care Board Minutes dated 17 January 2024</u></a><br><a href="#"><u>NHS Greater Manchester Integrated Care Board Partnership Board Minutes dated 29 September 2023</u></a> |                                       |                |
| <b>9.</b>  | <b>GovWiFi Instructions</b>           | <b>75 - 76</b> |
| <b>10.</b>   | <b>Glossary of Terms</b>              | <b>77 - 78</b> |

<b>Committee Membership 2023/24</b>		
<b>Name</b>	<b>Organisation</b>	<b>Political Party</b>
Councillor Andrew Morgan	Bolton Council	Conservative
Councillor Elizabeth FitzGerald	Bury Council	Labour
Councillor Zahid Hussain	Manchester City Council	Labour
Councillor Eddie Moores	Oldham Council	Labour
Councillor Patricia Dale	Rochdale Council	Labour
Councillor Samantha Bellamy	Salford City Council	Labour
Councillor David Sedgwick	Stockport Council	Labour
Councillor Naila Sharif	Tameside MBC	Labour
Councillor Sophie Taylor	Trafford Council	Labour
Councillor Ron Conway	Wigan Council	Labour

For copies of papers and further information on this meeting please refer to the website [www.greatermanchester-ca.gov.uk](http://www.greatermanchester-ca.gov.uk). Alternatively, contact the following  
Governance & Scrutiny Officer: [jenny.hollamby@greatermanchester-ca.gov.uk](mailto:jenny.hollamby@greatermanchester-ca.gov.uk)

This agenda was issued on 5 March 2024 on behalf of Julie Connor, Secretary to the  
Greater Manchester Combined Authority, Broadhurst House, 56 Oxford Street,  
Manchester M1 6EU

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**Declaration of Councillors’ Interests in Items Appearing on the Agenda**

Name and Date of Committee \_\_\_\_\_

Agenda Item Number	Type of Interest - PERSONAL AND NON PREJUDICIAL Reason for declaration of interest	NON PREJUDICIAL Reason for declaration of interest Type of Interest – PREJUDICIAL Reason for declaration of interest	Type of Interest – DISCLOSABLE PECUNIARY INTEREST Reason for declaration of interest

Please see overleaf for a quick guide to declaring interest at GMCA meetings.

## Quick Guide to Declaring Interests at GMCA Meetings

Please note: should you have a personal interest that is prejudicial in an item on the agenda, you should leave the meeting for the duration of the discussion and the voting thereon.

This is a summary of the rules around declaring interests at meetings. It does not replace the Member's Code of Conduct; the full description can be found in the GMCA's constitution Part 7A.

Your personal interests must be registered on the GMCA's Annual Register within 28 days of your appointment onto a GMCA committee and any changes to these interests must notified within 28 days. Personal interests that should be on the register include:

1. Bodies to which you have been appointed by the GMCA.
2. Your membership of bodies exercising functions of a public nature, including charities, societies, political parties, or trade unions.

**You are also legally bound to disclose the following information called Disclosable Personal Interests which includes:**

1. You, and your partner's business interests (e.g., employment, trade, profession, contracts, or any company with which you are associated).
2. You and your partner's wider financial interests (e.g., trust funds, investments, and assets including land and property).
3. Any sponsorship you receive.

**Failure to disclose this information is a criminal offence**

**Step One: Establish whether you have an interest in the business of the agenda**

1. If the answer to that question is 'No' then that is the end of the matter.
2. If the answer is 'Yes' or Very Likely' then you must go on to consider if that personal interest can be construed as being a prejudicial interest.

**Step Two: Determining if your interest is prejudicial**

A personal interest becomes a prejudicial interest:

1. Where the wellbeing, or financial position of you, your partner, members of your family, or people with whom you have a close association (people who are more than just an acquaintance) are likely to be affected by the business of the meeting more than it would affect most people in the area.
2. The interest is one which a member of the public with knowledge of the relevant facts would reasonably regard as so significant that it is likely to prejudice your judgement of the public interest.

**For a non-prejudicial interest, you must:**

1. Notify the Governance and Scrutiny Officer for the meeting as soon as you realise you have an interest.
2. Inform the meeting that you have a personal interest and the nature of the interest.
3. Fill in the declarations of interest form.

**To note:**

1. You may remain in the room and speak and vote on the matter.

If your interest relates to a body to which the GMCA has appointed you to, you only have to inform the meeting of that interest if you speak on the matter.

**For prejudicial interest, you must:**

1. Notify the Governance and Scrutiny Officer for the meeting as soon as you realise you have a prejudicial interest (before or during the meeting).
2. Inform the meeting that you have a prejudicial interest and the nature of the interest.
3. Fill in the declarations of interest form.
4. Leave the meeting while that item of business is discussed.
5. Make sure the interest is recorded on your annual register of interests form if it relates to you or your partner's business or financial affairs. If it is not on the Register update it within 28 days of the interest becoming apparent.

**You must not:**

Participate in any discussion of the business at the meeting, or if you become aware of your disclosable pecuniary interest during the meeting participate further in any discussion of the business, participate in any vote or further vote taken on the matter at the meeting.



**Minutes of the Meeting of the Greater Manchester  
Joint Health Scrutiny Committee held on 17 January 2024,  
GMCA, Boardroom, 56 Oxford Street, Manchester M1 6EU**

**Present:**

Councillor David Sedgwick

Councillor Andrew Morgan

Councillor Elizabeth FitzGerald

Councillor Eddie Moores

Councillor Patricia Dale

Stockport Council (in the Chair)

Bolton Council

Bury Council

Oldham Council

Rochdale Council

**Officers in Attendance:**

Nicola Ward

Jenny Hollamby

Statutory Scrutiny Officer, GMCA

Senior Governance & Scrutiny Officer,  
GMCA

Oliver Fenton

Xanthe Townsend

Assistant Governance Officer, GMCA

Programme Director, Mental Health, NHS  
Greater Manchester Integrated Care

Lynzi Shepherd

GM Strategic Mental Health Commissioning  
Lead

Sandeep Ranote

Medical Exec Lead Mental Health, NHS GM  
Integrated Care

Manisha Kumar

Chief Medical Officer, NHS Greater  
Manchester Integrated Care

Francesca Speakman

BeeWell Project Manager, GMCA

Stuart Dunne

CEO, Youth Focus North West & Interim  
Chair, Youth Alliance GM

**JHSC/25/24**

**Welcome & Apologies**

Apologies were received and noted from Councillor Zahid Hussain, Councillor Naila Sharif, Councillor Sammie Bellamy, Councillor Sophie Taylor, and Councillor Ron Conway.

**JHSC/26/24**

**Chair's Announcements and Urgent Business**

The Chair acknowledged the financial challenges within the wider Greater Manchester and announced that the Integrated Care Partnership (ICP) had organised a series of events aimed at addressing these challenges.

The Chair proposed that with only one meeting left in the municipal year, the agenda planning be adjusted to prioritise discussions about the financial challenges for the next committee meeting.

The Chair also acknowledged the increasing prevalence of adult Attention Deficit Hyperactivity Disorder (ADHD) diagnosis in Greater Manchester and the whole country which had led to a significant backlog in referrals and prolonged waiting times. The Chair announced that a briefing note would be produced and sent to all Greater Manchester Councillors.

In light of the above, the Chair recommended the deferral of the obesity agenda item to the next municipal year to accommodate the inclusion of financial challenges at the next meeting.

**RESOLVED/-**

1. That the NHS financial challenges be considered at the next meeting.
2. That a briefing note on the proposed ADHD service configuration be produced and sent to all Greater Manchester Councillors.
3. That the proposed agenda item on obesity be deferred for consideration in the 2024/25 municipal year.

**JHSC/27/24                      Declarations of Interest**

**RESOLVED/-**

No declarations of interest were received.

**JHSC/28/24                      Minutes of the Meeting held on 13 September 2023**

**RESOLVED/-**

That the minutes of the meeting held on 13 September 2023 be approved as a correct record.

**JHSC/29/24                      Minutes of the Joint Meeting of the Greater Manchester  
Joint Health Scrutiny Committee and the GMCA Overview  
and Scrutiny Committee Meeting held on 8 November 2023**

**RESOLVED/-**

That the minutes of the meeting held on 8 November 2023 be approved as a correct record.

**JHSC/30/24                      Mental Health Inequalities**

A presentation was provided by Xanthe Townend, Programme Director, Mental Health and Lynzi Shepherd, Greater Manchester Strategic Mental Health Commissioning Lead.

The presentation outlined the national evidence base for mental health inequalities across three strands; access, experience, and outcomes. Additionally, the report presented further evidence of these inequalities in Greater Manchester supplemented with examples of how the National Health Service (NHS) addresses any unwarranted variation, including equality impact assessments for any service variation.

Members inquired about the future delivery of health services in communities aimed at combating health inequalities and sought clarity on the nature of these services. Officers discussed long-term plans to leverage existing resources to assist Greater Manchester's ambition to reduce inequalities, despite financial constraints experienced by the ICP. Notably, officers highlighted that Greater Manchester had invested £650m 7less than some other ICPs in mental health services, however, there were notable opportunities across the whole ICP to address mental health.

Officers stressed the need for a system-wide approach to mental health, whether in urgent care or primary care, to address these issues. Officers added that there was progress in data recording practices within mental health services, integrating both data and narratives to assist equality aims and outcomes. However, access to services remained the most significant issue.

Officers drew attention to the people and communities participation strategy finalisation, aiming to amplify community voices in healthcare services, noting that this strategy would be presented at locality boards.

Members sought guidance on how to contribute to addressing health inequalities. Officers explained that members could present data and narratives from the committee to their localities and help identify local needs to ensure the right services are put in the right places.

Members acknowledged the finance and resource challenges outlined by officers, and members stressed the importance of leveraging data to target resources effectively and generate creative solutions to assist as many individuals as possible. A whole system approach was considered the most successful way to deliver through collaboration.

Members also raised concerns about reaching different age groups with mental health services, noting lower engagement among older generations with talking therapy, with only 6 percent of service users. Officers pointed to the utilisation of social media channels to raise awareness of services but acknowledged that older

generations might not access these platforms as readily. Additionally, Officers then suggested that older individuals may hold onto traditional beliefs but emphasised the benefits of talking therapy for the older generation based on data evidencing a 65 percent recovery rate from anxiety and depression.

Officers stressed the importance of people's preferences and using data sets to ensure services meet needs. The importance of recognising mental health is the responsibility of all tracing in the workplace, creating space for conversations, and removing stigmas in GM.

Officers underscored that one-third of the population comprised of children and young people. Officers emphasised the pioneering role of the BeeWell Programme in co-designing a needs-led model for addressing mental health issues among young people in Greater Manchester.

Members inquired about employee wellbeing within the health and social care sector. Officers referenced the Greater Manchester Resilience Hub established after the Manchester Arena attack, aimed at supporting individuals in the workplace. Officers additionally highlighted the establishment of a new People and Culture team, dedicated to supporting the wellbeing of employees within the expanded workforce following the formation of the Integrated Care Partnership. Inequalities were also addressed through the inclusion of people with lived experience being involved in decision-making and board positions.

## **RESOLVED/-**

That the Committee reviewed and noted the actions and plans presented in the report.

## **JHSC/31/24          Young People's Health and Wellbeing**

A presentation was provided by Francesca Speakman, BeeWell Project Manager, GMCA and Stuart Dunne, CEO, Youth Alliance GM.

The report shared the findings of the latest BeeWell survey and the subsequent actions that have been undertaken by organisations across Greater Manchester to improve the health and wellbeing of young people.

Members expressed their gratitude towards officers for their work on the BeeWell Programme and its ground-breaking approach for such a significant broad sample of views across GM secondary schools.

Officers encouraged members to access the BeeWell data via the public dashboard and feedback for their neighbourhoods. Organisations such as GM Youth Alliance were able to use qualitative data alongside BeeWell to shape services that address young people's wellbeing.

Members raised concerns about the narrowing school curriculum which had impacted creative and physical activities. Officers agreed with members that the classroom balance was challenging but physical exercise was vital to overall wellbeing. Officers explained that data showed pupils receiving peer support within schools for special education needs felt more optimistic about school and their future as a result, and this reflected the requirement for other pupils to receive the same support.

Members expressed their disappointment with the data presented as it showed that a generation of sad children had been raised and asked officers had any examples of good practices which would help alter the direction of travel. Officers informed members that there was data from schools and the youth voice programme that if they are consulted regarding changes in schools and services increases their sense of belonging and happiness. A further survey was hoped to see a change in direction post-pandemic.

Officers referred to the Greater Manchester Mentally Healthy School Programme which was present in 10 percent of GM Schools and explained that the programme was a partnership between Schools, Health and the Voluntary, Community and Social Enterprise (VCSE) sector which looked to co-produce activities such as sports and creative arts with young people that overall improved their mental health. The committee welcomed examples of service co-design.

Members expressed their surprise at the report's findings, which revealed that children felt they had places to spend their leisure time, especially following cuts to youth provision. Members asked how they could be encouraged to utilise these spaces, and what additional resources were needed. Officers explained that such spaces should be flexible, allowing individuals to select and participate in activities according to their preferences. Additionally, they should have consistent availability, ensuring they are always open when needed.

Officers informed members that as young people grew older, they felt that certain activities available to them were no longer suitable, requiring flexibility to accommodate their changing interests and needs.

#### **RESOLVED/-**

1. That the Committee note the findings of the BeeWell survey in their local area reflecting the voices of young people in GM.
2. That officers would share a summary of good places to go findings with the Committee.
3. That the Committee urge for additional investment to enable the plans to extend the survey for a further two years subject to securing further investment.

**JHSC/32/24**

**Work Programme for the 2023/24 Municipal Year**

Nicola Ward, Statutory Scrutiny Officer, GMCA provided a draft of the Committee's work programme for the 2023/24 municipal year (Appendix 1 of the report).

**RESOLVED/-**

That the work programme is noted and updated accordingly.

**JHSC/33/24                      Date and Time of Next Meeting**

The next meeting will be held in person at the GMCA on 13 March 2024 at 10.00 am, GMCA.



## Greater Manchester Joint Health Scrutiny Committee

Date: 13 March 2024

Subject: NHS Greater Manchester Financial Recovery

Report of: Claire Connor, Associate Director of Communications & Engagement,  
NHS Greater Manchester

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### Purpose of Report:

To update the Greater Manchester Joint Health Scrutiny Committee on the plans for public involvement on financial recovery.

### Recommendations:

Members of the Committee are asked to take note the report and to consider in particular:

1. How we have a meaningful conversation with residents and communities about the challenges. that are faced, without creating fear or mistrust.
2. How we can best engage with councillors on these challenges.

### Contact Officer:

Claire Connor, Associate Director of Communications & Engagement

[Claire.Connor@nhs.net](mailto:Claire.Connor@nhs.net)

## **Equalities Impact, Carbon, and Sustainability Assessment:**

Not applicable.

## **Risk Management**

The risks associated with this programme are mainly around public confidence. This risk will be carefully managed, with building trust being a core outcome of the work.

## **Legal Considerations**

NHS Greater Manchester and providers will meet the statutory duties relating to involvement on service redesigns.

## **Financial Consequences – Revenue**

Not applicable.

## **Financial Consequences – Capital**

Not applicable.

## **Number of attachments to the report: 0**

## **Comments/recommendations from Overview & Scrutiny Committee**

To be gained from this report.

## **Background Papers**

Not applicable.

## **Tracking/Process**

Does this report relate to a major strategic decision, as set out in the GMCA Constitution?

No.

## **Exemption from call in**

Are there any aspects in this report which means it should be considered to be exempt from call in by the relevant Scrutiny Committee on the grounds of urgency? No.

## **Greater Manchester Transport Committee**

Not applicable.

## **Overview and Scrutiny Committee**

Not applicable.

## **1. Introduction/Background**

We want to create an NHS that is fit for the future for all Greater Manchester families, residents, and communities.

Thanks to partnership working, there have been some really positive improvements to population health in the years before the pandemic. However, these improvements were affected by the pandemic, further austerity and the cost-of-living crisis and are at further risk. The latest data shows us that unless we make some changes the health of people across Greater Manchester will get worse over the next five years.

Improving the health of our residents is the biggest priority, but we will need to also improve performance, review services, and make the system financially sustainable.

Throughout, we need to make sure that we are delivering safe services for everyone, that are easy to access, fair across the region, prioritise those most in need and offer a good experience for the people who need them.

We want to work with staff, stakeholders, people, and communities across Greater Manchester to make the right decisions.

This paper focuses on the financial recovery to date, and the approach for the future.

## **2. Financial Recovery**

Our guiding principle for financial recovery is to have a balanced response that prioritises helping people be healthier and therefore reducing demand on the NHS, whilst also reviewing how we work and how our services work to make sure every pound of spend on health and care is used in the best way.

We have an underlying financial challenge of £400 million for this year and £500 million for coming years. This is a Greater Manchester Integrated Partnership wide challenge, with NHS Greater Manchester and all hospital trusts having an agreed savings target.

NHS England has agreed that across all health care, the Greater Manchester Integrated Care Partnership (ICP) must make sure that it has a maximum overspend of £180 million for this financial year (April 2023-March 2024). £34.7 million of this is from NHS Greater Manchester budgets with £145.3 million coming from healthcare providers. This £180 million of agreed overspend for this financial year is not written off but will need to be recovered in future financial years.

This means that this year we need to save £220 million (£400 million financial challenge minus the £180 million agreed overspend). There has been significant progress throughout the year, with £200 million of savings already achieved. We need to save a further £20 million to achieve NHS England's target.

Regular meetings with NHS England and system leaders continue to take place to focus on how they can control costs and reduce waste, whilst ensuring that services improve performance, and remain high quality and safe.

Many of the savings' opportunities that have been identified this year will help improve and support future years' financial planning with an anticipated £500 million challenge across the whole health system.

Examples of some of the specific projects that are currently ongoing, include:

- Reducing the number of people who are in inpatient mental health beds outside of Greater Manchester. Bringing people closer to home and nearer their families will be better for them and save money.
- Reviewing adult Attention Deficit Hyperactivity Disorder (ADHD) services to see how we can reduce waiting times and get help to the people who need the services most more quickly.
- Optimising medicines across Greater Manchester, making sure people are getting the medication that they need, whilst making the most of cheaper, off-brand alternatives.

Despite the progress, increasing numbers of patients needing services across General Practice (GP), hospitals, mental health and all services, and the impact of managing the ongoing industrial action, are making financial recovery more difficult.

### **3. Next steps**

This financial year has predominantly focused on responding to the financial challenges. We now need to shift from focusing on financial recovery, to considering long-term sustainability and creating an NHS that is fit for the future.

For the coming years, there are three key challenges, with the first being the priority:

1. Improving health and tackling inequalities.
2. Reviewing and reshaping services where we can improve quality.
3. Saving £500m and achieving financial balance.

To do this, we are focusing on:

- Implementing the positive and powerful approach set out in our population health analysis, with a focus on reducing inequalities and a subsequent reduction in demand for NHS services.
- Thoroughly reviewing and, where necessary, reshaping our clinical services to improve quality, talking to our residents and our staff about what is most important and effective and putting that in place.
- Development of the commissioning intentions for Greater Manchester to identify the way in which we can ensure the best value for delivering health and care services for our patients, population, and the tax-payer.
- Delivering public engagement around the three challenges of improving health, improving performance, and achieving financial balance.

### **4. Public engagement**

In 2023 we held a Big Conversation, and we asked people across Greater Manchester what would make the biggest difference to their health and wellbeing.

People wanted more action on prevention of ill health, including help with the cost of living, more personalised care that recognised that one size does not fit all, and more partnership working amongst services and the voluntary sector.

There were also two key themes that emerged:

- People were worried about funding and access in all health and care services.
- People were particularly concerned about the difficulties experienced in accessing GP appointments and the waiting times for hospital care.

You can [read more about what people said on the Big Conversation web page](#). All this feedback helped to shape the [Greater Manchester Integrated Care Partnership Strategy](#).

We now need people's help to design an NHS fit for the future.

By working with communities on tackling the three challenges, we aim to foster a shared understanding of the task and start to rebuild trust and confidence in the NHS, which has taken a dip in recent years.

We need to be open about the current public health, performance, and financial situation we find ourselves in and be prepared to collaborate on solving the problem wherever possible.

This approach has been taken by councils across the country over the past decade with regards to budget setting, prioritisation and adult social care, and there are lots of lessons to learn from these experiences.

No other Integrated Care Board or ICP has yet begun to talk to the public about their financial challenges, however, we know from research that we are likely to be the first of quite a few.

## Greater Manchester Joint Health Scrutiny Committee

Date: 13 March 2024

Subject: Human Immunodeficiency Virus (HIV) and Sexually Transmitted Infections (STIs)

Report of: Jane Pilkington, Director of Public Health, NHS Greater Manchester,  
and Lynn Donkin, Director of Public Health, Bolton Council

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### Purpose of Report:

The Committee requested a report on HIV and sexually transmitted infections (STIs), with a focus on how new transmissions are being addressed. The accompanying slides set out the national and local data on HIV and STIs, including current incidence/prevalence rates, trends over time, and variation between different populations. They provide an overview of the current work and plans to reduce the incidence of STIs across Greater Manchester, reach zero new transmissions of HIV, address HIV-related stigma, and end Human immunodeficiency virus infection and acquired immune deficiency syndrome (AIDs) and HIV-related deaths.

### Recommendations:

The Committee is requested to note the current data on HIV and STIs, and the work underway to reduce new transmissions, support people into effective treatment, and address stigma.

### Contact Officers:

Jane Pilkington, Director of Population Health, NHS Greater Manchester:  
[jane.pilkington1@nhs.net](mailto:jane.pilkington1@nhs.net)

Lynn Donkin, Director of Public Health, Bolton: [Lynn.Donkin@bolton.gov.uk](mailto:Lynn.Donkin@bolton.gov.uk)

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## Background Papers

- Information on STI diagnoses and sexual health services provided in England by demographic characteristics and geographical region: [Sexually transmitted infections \(STIs\): annual data tables - GOV.UK \(www.gov.uk\)](#)
- Towards Zero - An action plan towards ending HIV transmission, AIDS, and HIV-related deaths in England - 2022 to 2025: [Towards Zero - An action plan towards ending HIV transmission, AIDS and HIV-related deaths in England - 2022 to 2025 - GOV.UK \(www.gov.uk\)](#)
- HIV testing, PrEP, new HIV diagnoses and care outcomes for people accessing HIV services: 2023 report (UKHSA): [HIV testing, PrEP, new HIV diagnoses and care outcomes for people accessing HIV services: 2023 report - GOV.UK \(www.gov.uk\)](#)
- HIV annual data tables: [HIV: annual data tables - GOV.UK \(www.gov.uk\)](#)
- Emergency department bloodborne virus opt-out testing: 12-month interim report 2023 (UKHSA): [Bloodborne viruses: opt-out testing in emergency departments - GOV.UK \(www.gov.uk\)](#)
- Emergency department opt out testing for HIV, hepatitis B and hepatitis C: The first 100 days (NHSE): [NHS England » Emergency department opt out testing for HIV, hepatitis B and hepatitis C: The first 100 days](#)

## Tracking/ Process

Does this report relate to a major strategic decision, as set out in the GMCA Constitution?

No

### Exemption from call in

Are there any aspects in this report which means it should be considered to be exempt from call in by the relevant Scrutiny Committee on the grounds of urgency?

No

### GM Transport Committee

N/A

### Overview and Scrutiny Committee

N/A



# 1. Overview

The accompanying slides provide an overview of the data on sexually transmitted infections (STIs) and HIV in Greater Manchester (GM), and the associated activities to reduce the incidence of STIs and end all new transmissions of HIV.

The slides start by summarising the sexual health system, and commissioning responsibilities for sexual and reproductive healthcare across GM, which are shared across local authorities, NHS GM, and NHS England (NHSE).

They present detailed data for GM, and across the ten local authority areas showing:

- The number of people living with HIV, and the proportion who are diagnosed and accessing care.
- The rates of new diagnoses of HIV and STIs (including chlamydia, genital warts, genital herpes, syphilis, and gonorrhoea).
- The proportion of people who are diagnosed with HIV at a late stage.
- Progress against national and local targets relating to HIV.

The slides then summarise the current and planned work to improve sexual health in GM, reduce transmissions of STIs and HIV, ensure people can access the support and care they need, and address HIV-related stigma. The voluntary, community, faith, and social enterprise (VCFSE) sector is key to much of this work; both as a strategic and delivery partner, and several case studies are provided in the appendices to showcase the approach and impact. The work also benefits from the expertise, oversight, and coordination of the GM Sexual Health Network, which includes a range of multidisciplinary partners from across the system.

The slides conclude with a summary of the challenges for the sexual health system, both nationally and locally, and the opportunities to support improvement and transformation moving forward.

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# Sexually transmitted diseases and HIV in Greater Manchester

March 2024

**Greater**  
Manchester  
Integrated Care  
**Partnership**



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## **Opportunities**

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## **Appendices**

- Data
- VCSE case studies

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# Commissioning responsibilities for sexual and reproductive health

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## 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

## NHS GM

- Abortion services
- Female sterilisation, and vasectomy
- Non-sexual-health elements of psychosexual health services
- Contraception primarily for gynaecological purposes
- HIV testing when clinically indicated in NHS GM commissioned services
- Dermatology
- Fertility treatment and preservation services
- Contraception - GP contract
- Testing and treatment for STIs in GP
- Pregnancy screening
- Cervical screening
- HPV vaccination

## NHSE

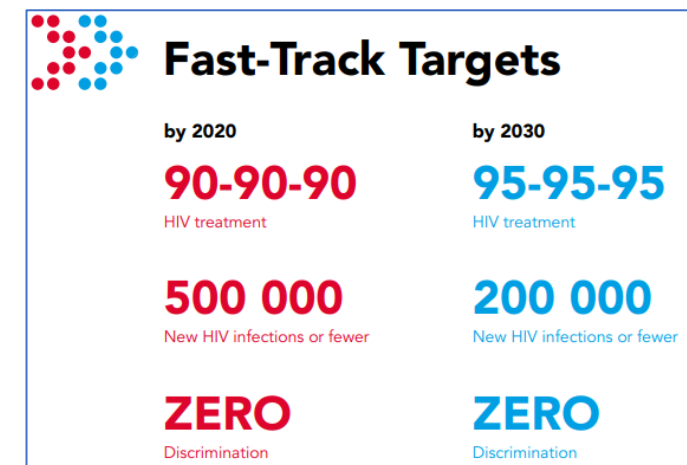
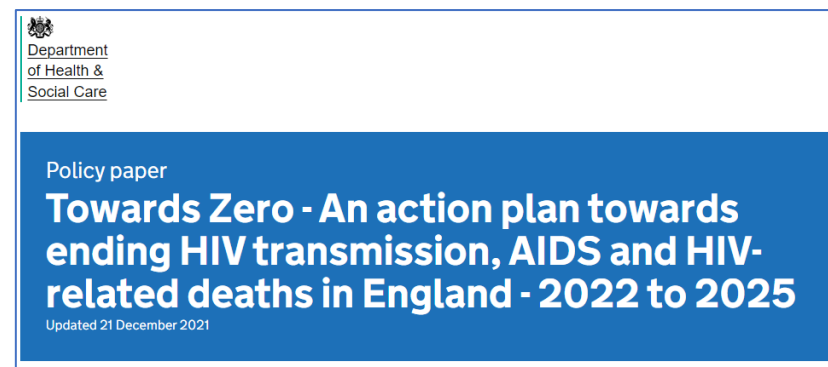
- HIV treatment and care
- All sexual health elements of healthcare in secure settings
- Sexual assault referral centres
- Specialist foetal medicine
- Specialised commissioned services (surgical sperm retrieval and complex termination of pregnancy)

# HIV

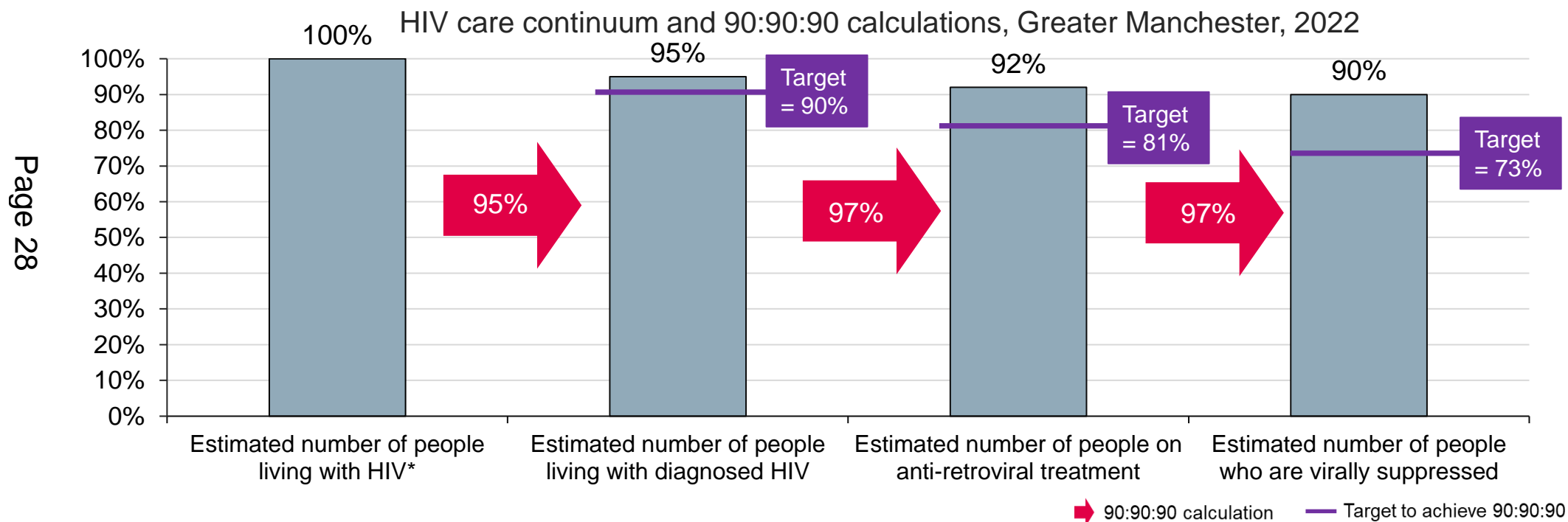


# Background information

- Greater Manchester joined the **Fast-Track Cities Initiative** in 2018, committing to achieve UNAIDS targets on HIV treatment and care, reduce new transmissions and reach zero discrimination. The 95-95-95 UNAIDS targets are:
  - 95% of all people living with HIV to be diagnosed,
  - 95% of those diagnosed to receive sustained antiretroviral therapy
  - 95% of all people receiving antiretroviral therapy to have viral suppression
- In the same year, the **GM HIVE population health programme** was launched, with the aim of ending all new cases of HIV in GM by 2030.
- The national **HIV Action Plan 2021** also committed to end new HIV transmissions in England by 2030. Interim targets by 2025 include:
  - An 80% reduction in new HIV diagnoses first made in England.
  - A 50% reduction in the number of people with an AIDS-defining illness at the time of their HIV diagnosis.
  - A 50% reduction in the number of HIV-related deaths.



# Progress towards UNAIDs targets in Greater Manchester



**90% of the estimated total number of people living with HIV in 2022 (5,657 of 6,286) were virally suppressed**

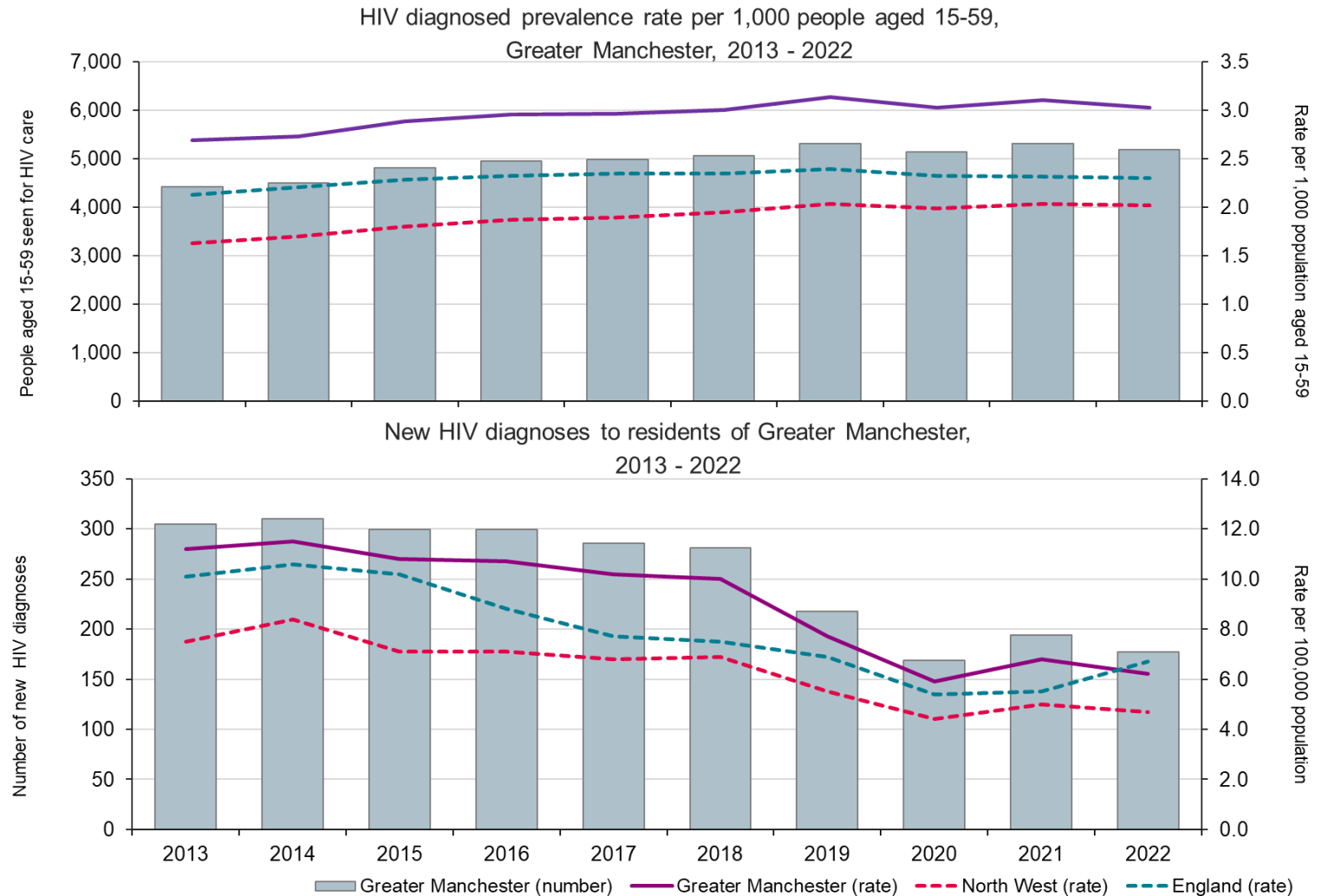
Source: UKHSA HIV Section | Calculations released on 01/12/2023

\* People living with HIV includes 1) count of people living with diagnosed HIV and 2) estimate of people living with undiagnosed HIV calculated using the MPES method – see notes



# Summary of HIV in Greater Manchester (1)

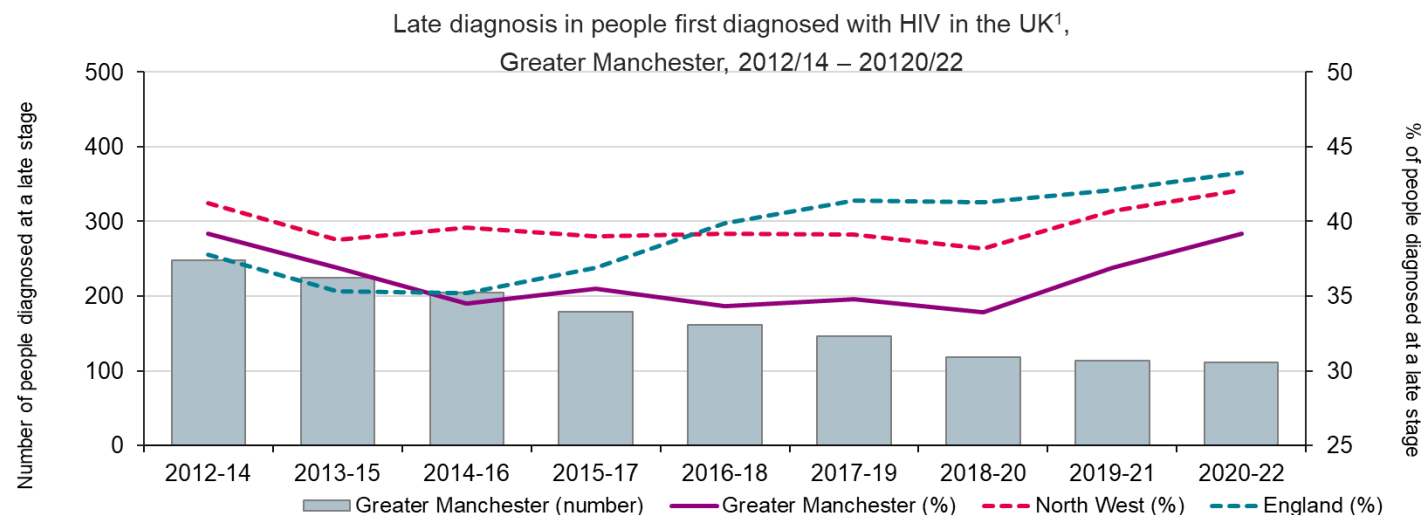
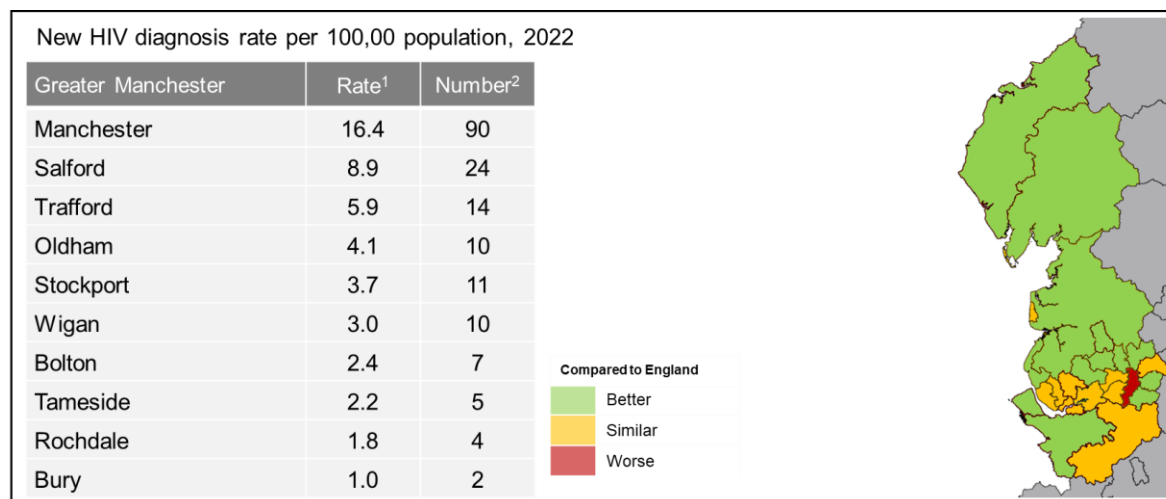
- Just over 6,000 people are thought to be living with HIV in GM (5% unaware of their status).
- Prevalence of HIV (overall number living with the disease) is stable with slight increase over time. More people living longer with successful treatment.
- The rate of new HIV diagnoses across GM overall is reducing.
- We need to push for reduced new transmissions, identify the 5% of people living with HIV who aren't aware of their status, and continue to support residents living with HIV to access effective treatment and support.



## Summary of HIV in Greater Manchester (2)

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- Rates of new diagnoses of HIV vary substantially across the different boroughs of GM but most areas have seen reductions in recent years
- In most boroughs, numbers of new diagnoses are small
- The proportion of new diagnoses that are made at a late stage remains a challenge. Early diagnosis is important to improve outcomes. More routine testing is a way of achieving this.



# The approach to tackling HIV in Greater Manchester

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TARGETED WORK TO ADDRESS INEQUALITIES

Scaling and extending reach of community HIV prevention and sexual health interventions – condom/lube distribution, face-to-face and digital information, tailored resources and outreach/ community engagement

HIV/STI testing promoted and available through a variety of routes (PaSH)  
Year-round access to postal self-sampling kits (SH24)  
Opt-out testing in EDs

Intensive Support Service for people living with HIV who have complex needs – improving access to care, effective treatment and support (GHT)

Peer-led combination prevention campaign and website (PaSH)

Primary and Secondary Care awareness training and podcast featuring Positive Speakers (MFT, GHT, PASH)

E-learning module for healthcare professionals addressing HIV stigma (MFT, GHT & Dibby Theatre)

Positive Speaker programme reaching into a variety of settings (GHT)

HIV in the workplace resources (PASH)

ENDING HIV STIGMA AND DISCRIMINATION

## HIVe programme key achievements

- **Over 3,500 self-sampling kits for HIV ordered** by GM residents in the past year.
- Evaluation of the Intensive Support Service showed that:
  - People accessing the service had on average **96% improvement in clinic attendance**.
  - They also had increased adherence to anti-retroviral (ARVs) resulting in nearly four out of five clients (79%) having, or being close to having, an **undetectable viral load**.
  - 85% of people reported an **improvement in general wellbeing**.
  - After engagement with the service, **3 pregnant clients gave birth to HIV negative babies**.
- The 'HIV: Let's Sort This Together' campaign has reached widely across the population and into priority communities. The campaign **won a Northern Marketing award** and was shortlisted for the prestigious national Health Service Journal awards.
- **Development and roll out of stigma e-learning module** locally within Manchester Foundation Trust and inclusion on the national e-LFH e-learning platform


**HIVe successes:**


 galvanised a coordinated **region-wide approach** due to significant investment and political commitment


 encouraged **experimentation** to find out what works best


 facilitated **relationship building** across the sexual health sector


 enabled **scaling up and development** of initiatives to reach more people


**educated and raised awareness** among the primary care workforce


 led to **successful interventions**, particularly the Intensive Support Service, HIV awareness campaign, HIV testing and primary care education, some of which have been taken up beyond the Greater Manchester area

## Emergency department opt-out testing for HIV

- The emergency department (ED) opt-out testing programme means that anyone aged 16 years and over attending a participating ED, who is having a blood test for any other reason, is tested for HIV and hepatitis C (HCV), unless they opt-out.
- Since Dec 2021, over **208,000 HIV HCV** tests have been conducted at MFT and Salford through ED opt-out testing.
- More than **80 people** have been newly diagnosed with HIV, and more than **230 people** have been newly diagnosed with HCV.
- An additional **44 people** living with HIV and **57 people** living with HCV have been identified who had a previous diagnosis but were not linked to care.
- Of those newly diagnosed with HIV, **78%** have already attended their first clinic appointment.
- Of those previously diagnosed with HIV, but not linked to care, **39%** have re-engaged with care.





# Impact of HIV interventions

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**ED opt-out diagnosed patient, male, aged 50**

*"I attended the emergency department for a completely unrelated reason. I was initially angry about being tested as I felt I had control taken away from me, but after being diagnosed and speaking with the doctors and learning HIV is just a long-term manageable condition and with treatment it does not reduce life expectancy, I now feel very grateful I have been diagnosed as I don't think it's something I would have been tested for in the near future."*

**Intensive support patient, female**

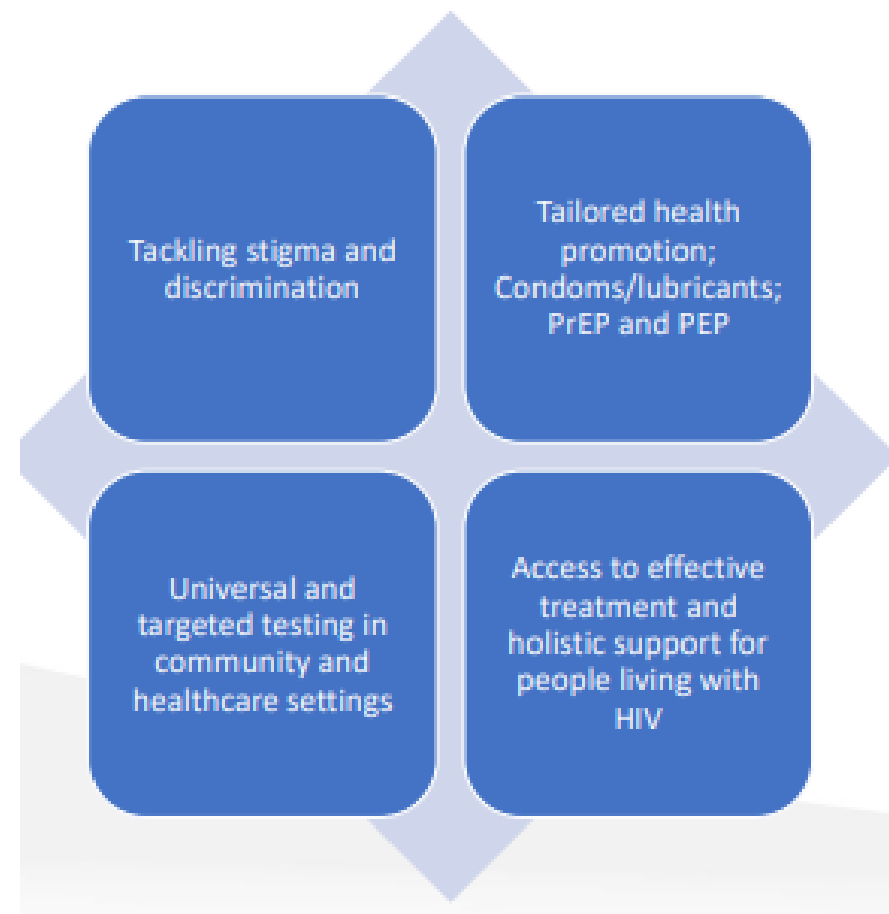
*"P wanted to say how grateful she was for Lauren's help. P had totally disengaged from services and was then admitted to Wythenshawe very unwell last year with a prolonged admission of 2 months with confusion. Since being discharged she has remained stable on treatment under the care of Withington, reached an undetectable viral load and her immunity is improving. She is now living independently and with Lauren's help now has PIP and a blue badge."*

**Dr Orla McQuillan, Consultant Genitourinary Medicine, MFT**

*"Emergency department opt-out testing has very quickly become the source of the majority of new HIV diagnoses at Manchester Royal Infirmary and Wythenshawe Hospital in 2022, detecting more cases than any other testing method. It is a crucial step towards preventing new transmissions of HIV to enable us to achieve getting to zero new infections."*

## Next steps

- As an International HIV Fast Track City, continued investment in the HIVE programme is planned to accelerate work to end all new cases of HIV in GM by 2030. This will focus on expanded prevention activities, increased testing, continued support to enable people living with HIV to access effective treatment and support, and tackling stigma,
- Opt-out testing for HIV within the emergency departments at MFT and Salford is set to continue, with further roll out of the programme planned to an additional four sites in Tameside, Bury, Bolton and Oldham.
- Continued delivery of the HIV action plan through the HIV subgroup of the GM Sexual Health Network



# Sexually Transmitted Infections (STIs)





## Overview of STI Activity

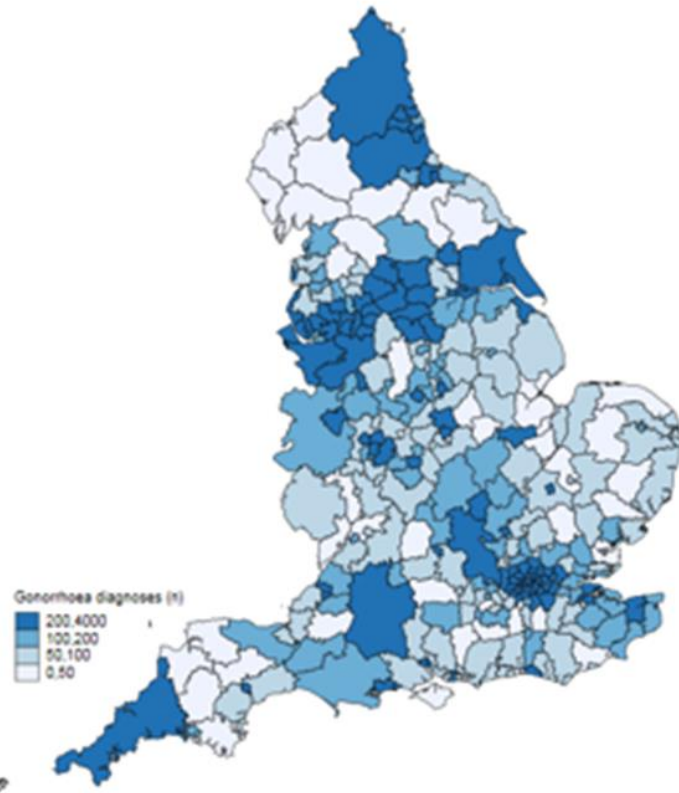
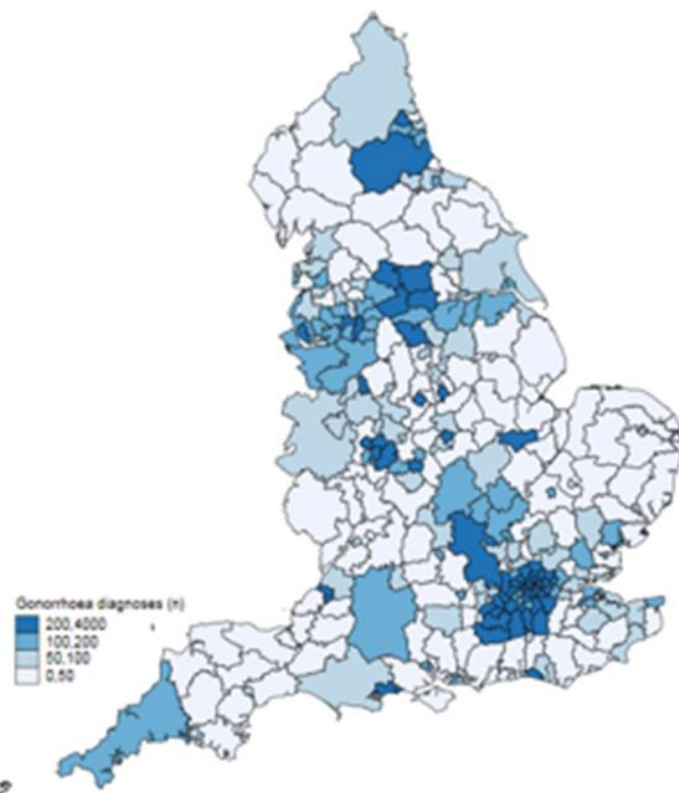
- For England and in GM we have seen stabilising and reductions in rates of genital warts and herpes (partly linked to HPV vaccination)
- For England and in GM we have seen a reduction in some recorded STI rates during Covid (partly due to lower rates of testing) but increases in last 2 years, particularly of syphilis; chlamydia; gonorrhoea
- Gonorrhoea – increases in GM much larger than national. Increases mainly affecting young people (15-24) and men who have sex with men (MSM). Wide variation in rates across GM. Links to wider national and international increases and drug resistant strains.
- Syphilis – general increase, but most of GM in line with national average. Manchester and Salford see particularly high rates.
- Mpox - Across England numbers during 23/24 have decreased since the peak of July 22, with 143 cases recorded nationally (65 acquired in the UK), and 8 in GM.

## Gonorrhoea increases have been widespread

**Figure 4:** Gonorrhoea diagnoses by local authority districts of residence, England, (a) 2021 and (b) 2022

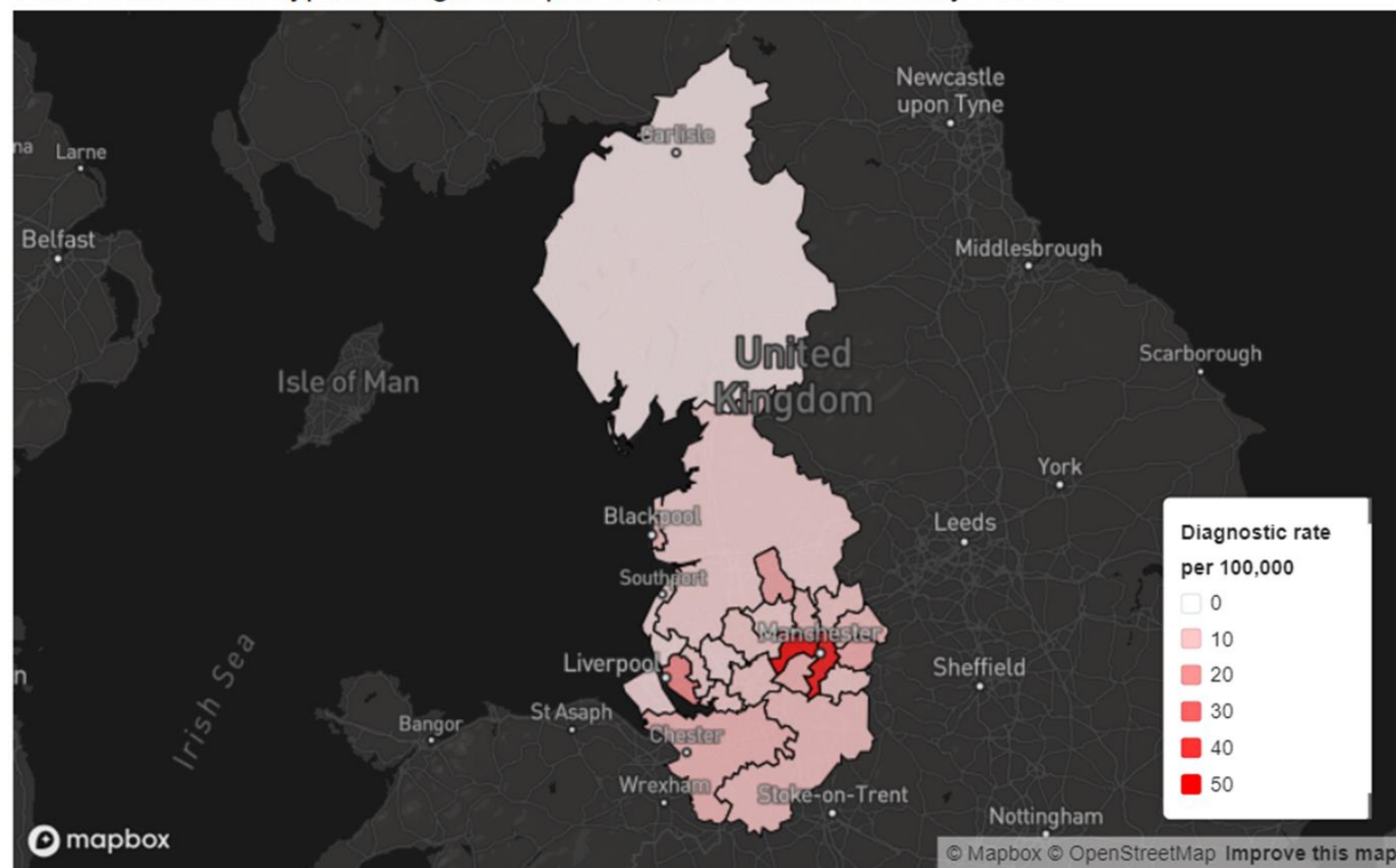
(a)

(b)



# Syphilis in the North West

Rate of infectious syphilis diagnoses per 100,000 in North West by UTLA



## What is being done to tackle STIs in Greater Manchester

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- Specialist integrated treatment services in each borough – commissioned by local authorities providing STI testing, and treatment offers and clinics as well as contraception and advice services. These are open access and part of mandated public health functions.
- Learning from the pandemic – transformation of online offers / increasing provision of digital testing kits
- Outreach – some areas have previously experienced access issues with one sexual health clinic for a whole borough. More outreach capacity is being put in place to bring STI testing and treatment into communities (examples include community ‘spoke’ clinics; ‘clinic-in-a-van’ approach; continuing to resource local young engagement teams for sexual health; staff presence in Family Hubs in some boroughs)
- GM STI working group – doing deep dive work to explore issues such as gonorrhoea increases
- UK Health Security Agency have developed a syphilis metrics dashboard and holding workshops to understand data and areas for service improvement



## The wider sexual health landscape & contraception

- As well as local specialist treatment services, and HIV services, there are sexual health offers in the VCFSE sector and primary care
- VCFSE – The *Passionate About Sexual Health* (PASH) partnership is commissioned across GM by the local authorities and NHS GM, to support HIV prevention including testing outreach, awareness raising, and links to support services
- Primary Care – GPs have responsibilities to provide routine contraception and are also commissioned by local authorities to provide long-acting reversible contraception (LARC). Community Pharmacies are also commissioned to provide emergency hormonal contraception
- Outreach – there are a range of outreach offers in place across specialist treatment services, local authorities and VCFSE providers around both clinical and non-clinical outreach support, and these are on offer for all ages in many areas. These services will cover both testing and STI support, as well as contraception and advice
- Other relevant services – terminations; cervical screening; sterilisation & vasectomy; HPV immunisation; sexual assault referral centre.

# Challenges and opportunities



## Challenges in the sexual health system (national and GM)

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- **Funding** – sustained financial pressure across public services, particularly local authorities and NHS has resulted in restricted and reduced budgets allocated to sexual & reproductive health services in recent years
- **National Strategy** – lack of a national strategy or new investment around sexual health, which has been seen for other public health issues such as substance misuse
- **Workforce** – linked to funding issues, there are workforce challenges, particularly around the ability to fill clinical roles within sexual health services
- **Impact of multiple disadvantage** – more people accessing services with more complex needs including young people who may be less likely to engage with non-clinical outreach and contraception, as well as adults living with complex issues (eg. living with blood-borne viruses; drug & alcohol issues; involvement in social care; mental health issues; sex workers)



## Opportunities

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- **Integrated Care Systems:** greater integration of services and new models of care, co-commissioning and pooled resources
- **Digital development:** Improved access to testing, information and advice
- **Shared local and national commitments** to end all new cases of HIV by 2023, along with national investment in ED opt-out testing

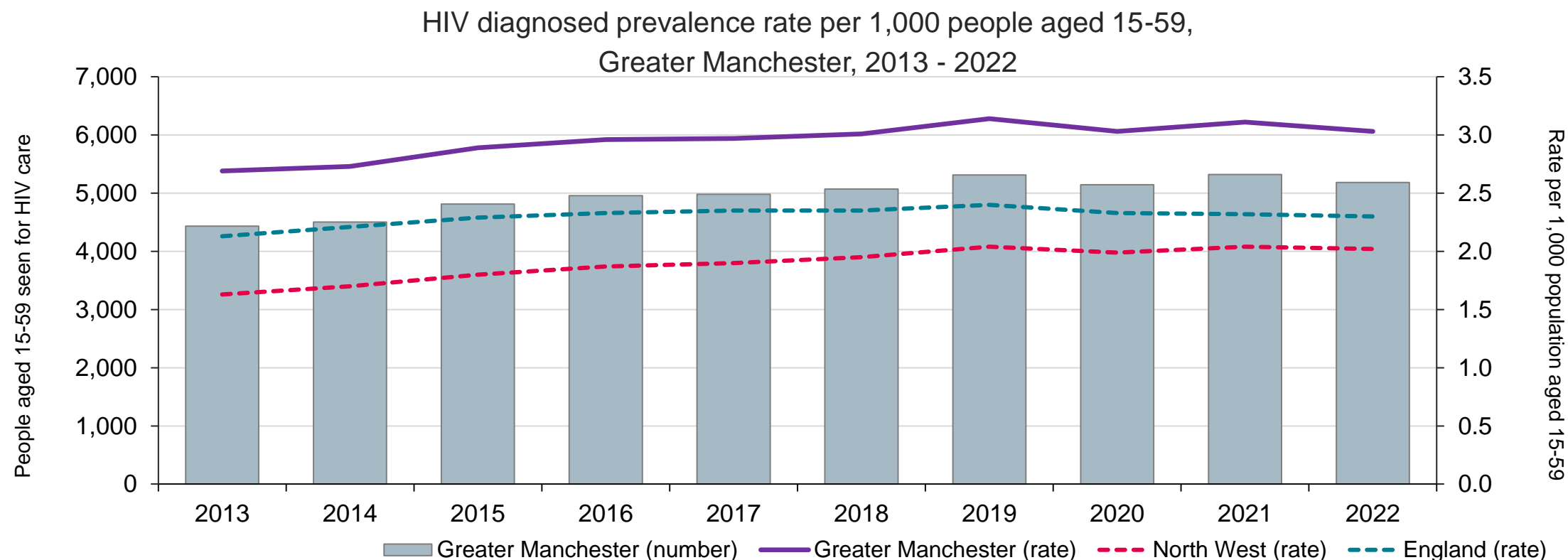




# Appendix 1: Data



# HIV diagnosed prevalence



**HIV diagnosed prevalence rate for Greater Manchester fell from 3.11 in 2021 to 3.03 in 2022 (2.5% reduction)**

Source: UKHSA Sexual and Reproductive Health Profiles

Definitions: 1 – HIV diagnosed prevalence rate per 1,000 population aged 15 – 59 | 2 - Number of people aged 15 to 59 seen for HIV care

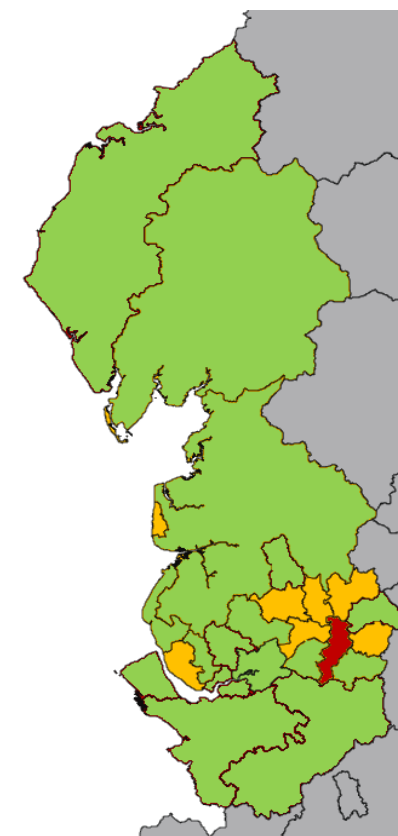
# HIV diagnosed prevalence

HIV diagnosed prevalence rate per 1,000 population aged 15-59, 2022

Greater Manchester	Rate <sup>1</sup>	Number <sup>2</sup>	Prevalence
Manchester	5.83	2,152	Very high
Salford	4.80	825	High
Rochdale	2.23	287	
Tameside	2.22	297	
Bury	2.13	235	
Bolton	2.10	355	
Trafford	1.99	269	Low
Oldham	1.77	246	
Stockport	1.47	243	
Wigan	1.46	276	

**Compared to benchmark**

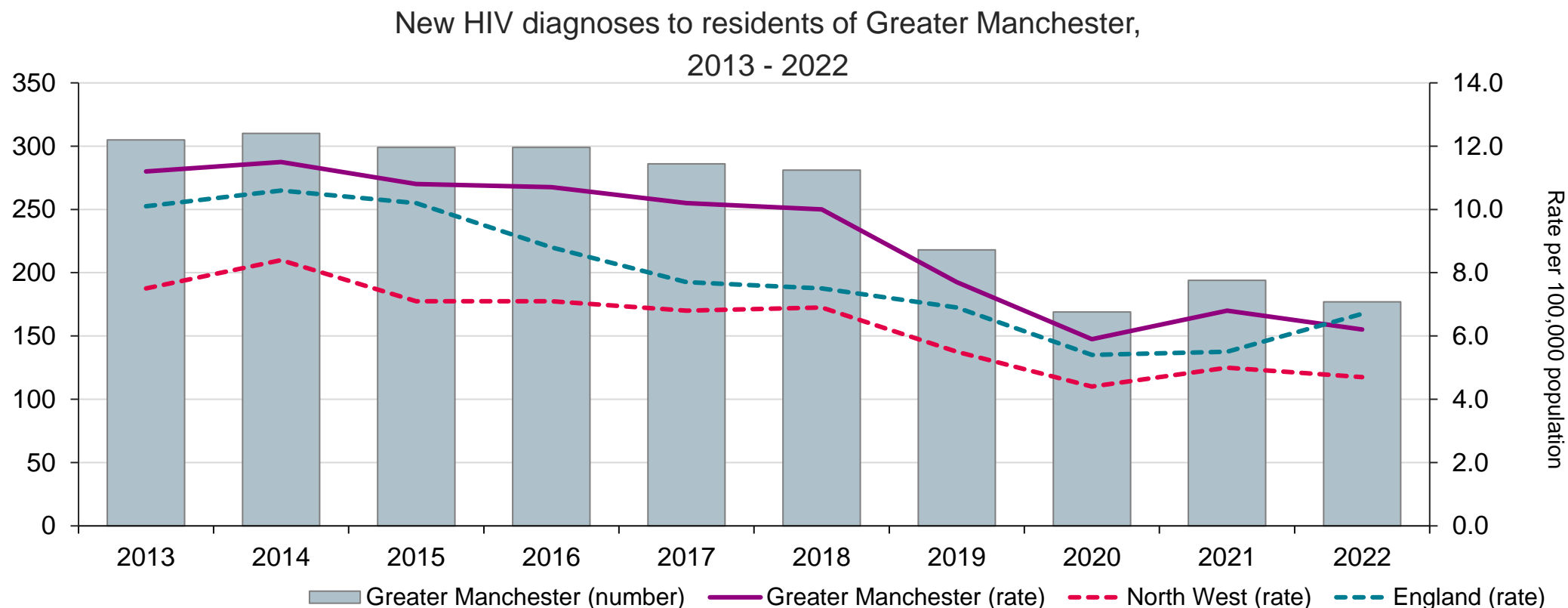
- <2 per 1,000
- 2 – 5 per,1000
- >5 per 1,000



Source: UKHSA Sexual and Reproductive Health Profiles

Definitions: 1 – HIV diagnosed prevalence rate per 1,000 population aged 15 – 59 | 2 - Number of people aged 15 to 59 seen for HIV care

# New diagnoses of HIV



**New HIV diagnosis rate for Greater Manchester fell from 6.8 in 2021 to 6.2 in 2022 (8.8% reduction)**

Source: UKHSA Sexual and Reproductive Health Profiles

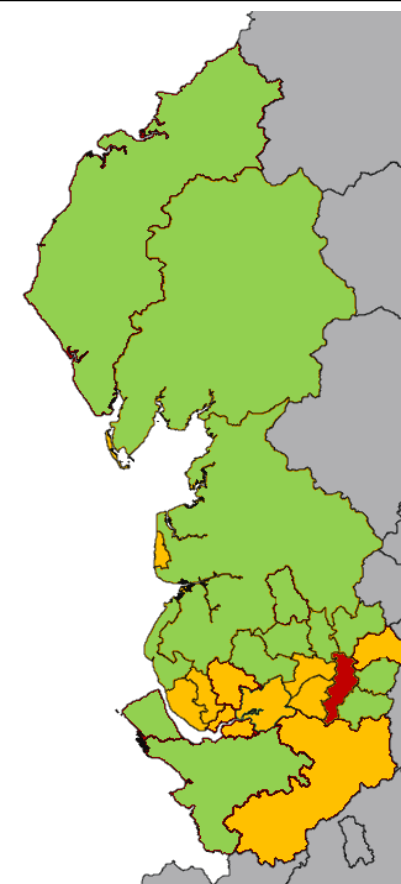
Definitions: 1 - New HIV diagnosis rate per 100,000 population | 2 - Number of new HIV diagnoses

# New diagnoses of HIV

New HIV diagnosis rate per 100,00 population, 2022

Greater Manchester	Rate <sup>1</sup>	Number <sup>2</sup>
Manchester	16.4	90
Salford	8.9	24
Trafford	5.9	14
Oldham	4.1	10
Stockport	3.7	11
Wigan	3.0	10
Bolton	2.4	7
Tameside	2.2	5
Rochdale	1.8	4
Bury	1.0	2

Compared to England

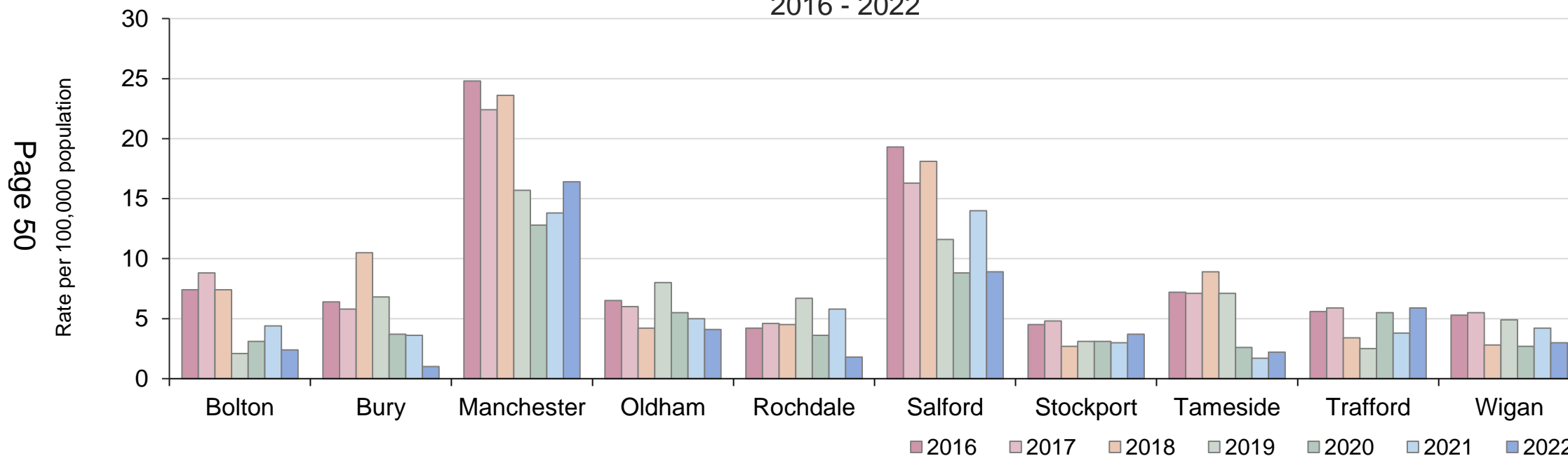


Source: UKHSA Sexual and Reproductive Health Profiles

Definitions: 1 - New HIV diagnosis rate per 100,000 population | 2 - Number of new HIV diagnoses

## New diagnoses over time (rates)

New HIV diagnosis rate per 100,000 population<sup>1</sup>, Greater Manchester,  
2016 - 2022



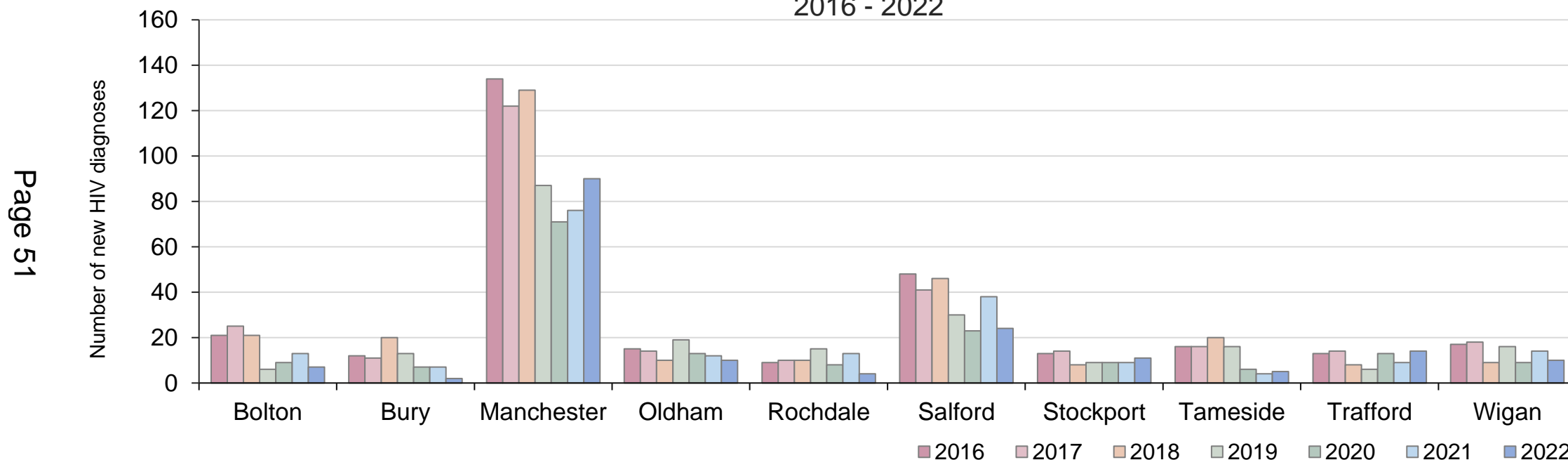
Rate	Bolton	Bury	Manchester	Oldham	Rochdale	Salford	Stockport	Tameside	Trafford	Wigan
2022	2.4	1.0	16.4	4.1	1.8	8.9	3.7	2.2	5.9	3.0
2021	4.4	3.6	13.8	5.0	5.8	14	3.0	1.7	3.8	4.2

Source: UKHSA Sexual and Reproductive Health Profiles

Definition: 1 - People receiving a new diagnosis of HIV in England include a) people receiving their first HIV diagnosis and b) people previously diagnosed abroad

## New diagnoses over time (numbers)

Number of new HIV diagnoses to residents of Greater Manchester<sup>1</sup>,  
2016 - 2022



Number	Bolton	Bury	Manchester	Oldham	Rochdale	Salford	Stockport	Tameside	Trafford	Wigan
2022	7	2	90	10	4	24	11	5	14	10
2021	13	7	76	12	13	38	9	4	9	14

Source: UKHSA Sexual and Reproductive Health Profiles

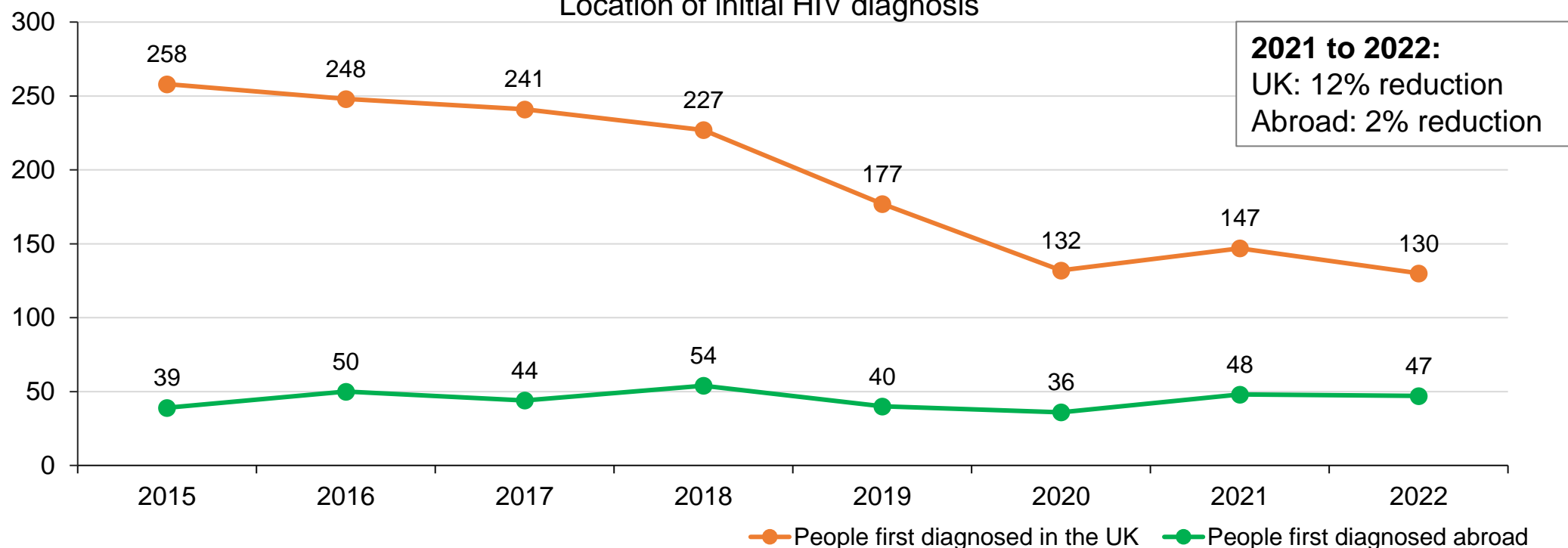
Definition: 1 - People receiving a new diagnosis of HIV in England include a) people receiving their first HIV diagnosis and b) people previously diagnosed abroad

# New diagnoses of HIV by location of initial diagnosis

New HIV diagnoses to residents of Greater Manchester<sup>1</sup>, 2015 – 2022:

Location of initial HIV diagnosis

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**People first diagnosed abroad accounted for 27% of all people receiving a new HIV diagnosis in 2022 (47 of 177)**

Source: UKHSA Sexual and Reproductive Health Profiles

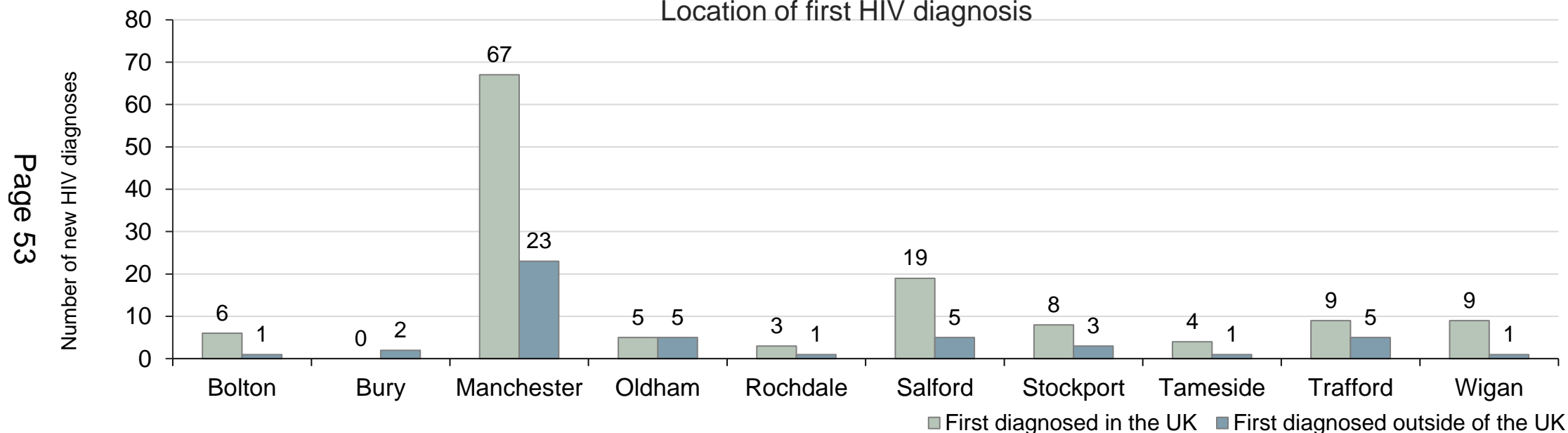
Definition: 1 - People receiving a new diagnosis of HIV in England include a) people receiving their first HIV diagnosis and b) people previously diagnosed abroad



# New diagnoses of HIV by location of first diagnosis

Number of new HIV diagnoses to residents of Greater Manchester<sup>1</sup>, 2022:

Location of first HIV diagnosis



2022	Bolton	Bury	Manchester	Oldham	Rochdale	Salford	Stockport	Tameside	Trafford	Wigan
UK	6	0	67	5	3	19	8	4	9	9
Abroad	1	2	23	5	1	5	3	1	5	1

Source: UKHSA Sexual and Reproductive Health Profiles

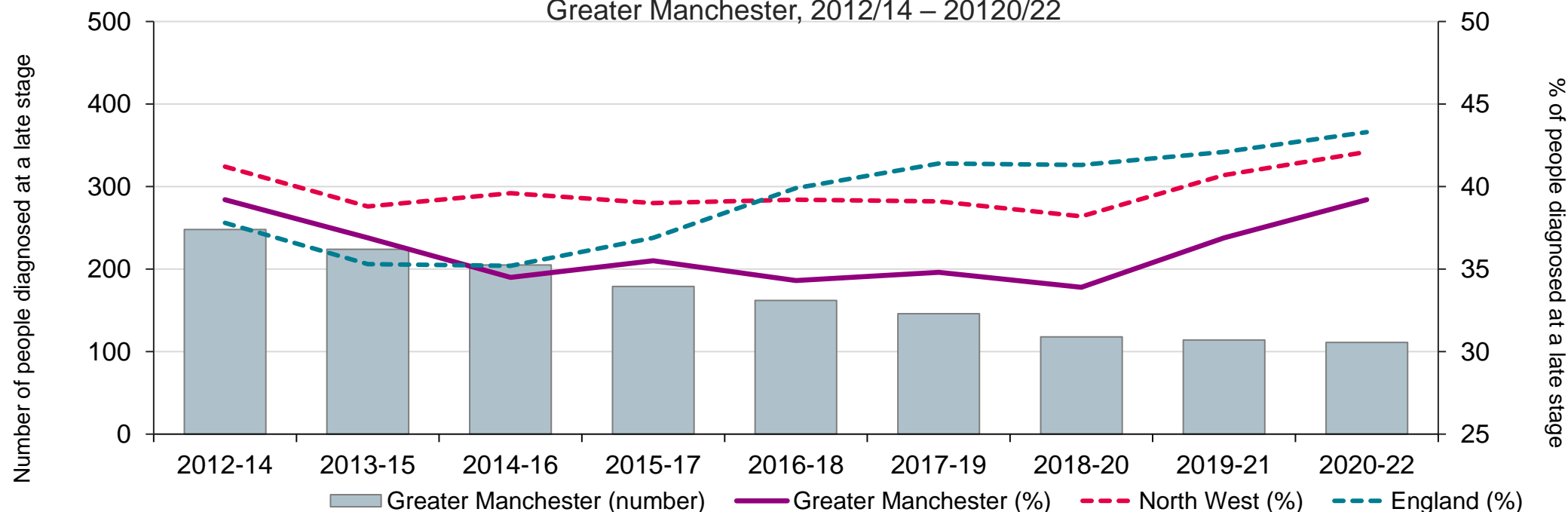
Definition: 1 - People receiving a new diagnosis of HIV in England include a) people first diagnosed in the UK and b) people first diagnosed abroad

# HIV late diagnoses

**Of Greater Manchester residents first diagnosed with HIV in the UK in 2020/22, 39% were diagnosed at a late stage**

Late diagnosis in people first diagnosed with HIV in the UK<sup>1</sup>,  
Greater Manchester, 2012/14 – 2020/22

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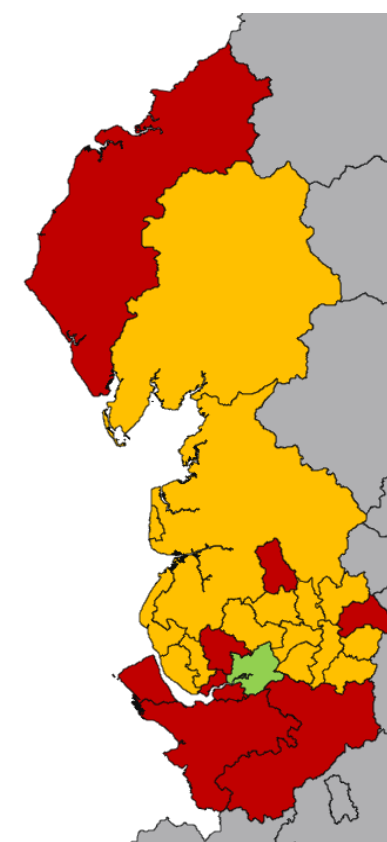
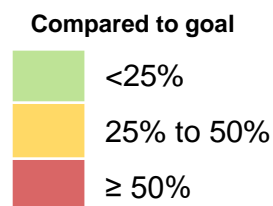
Source: UKHSA Sexual and Reproductive Health Profiles

Definition: 1 - People with a CD4 count of less than 350 cells per mm<sup>3</sup> within 3 months of the date of their HIV diagnosis. CD4 count not reported for all individuals.

# HIV late diagnosis

HIV late diagnosis in people first diagnosed with HIV in the UK, 2020/2022

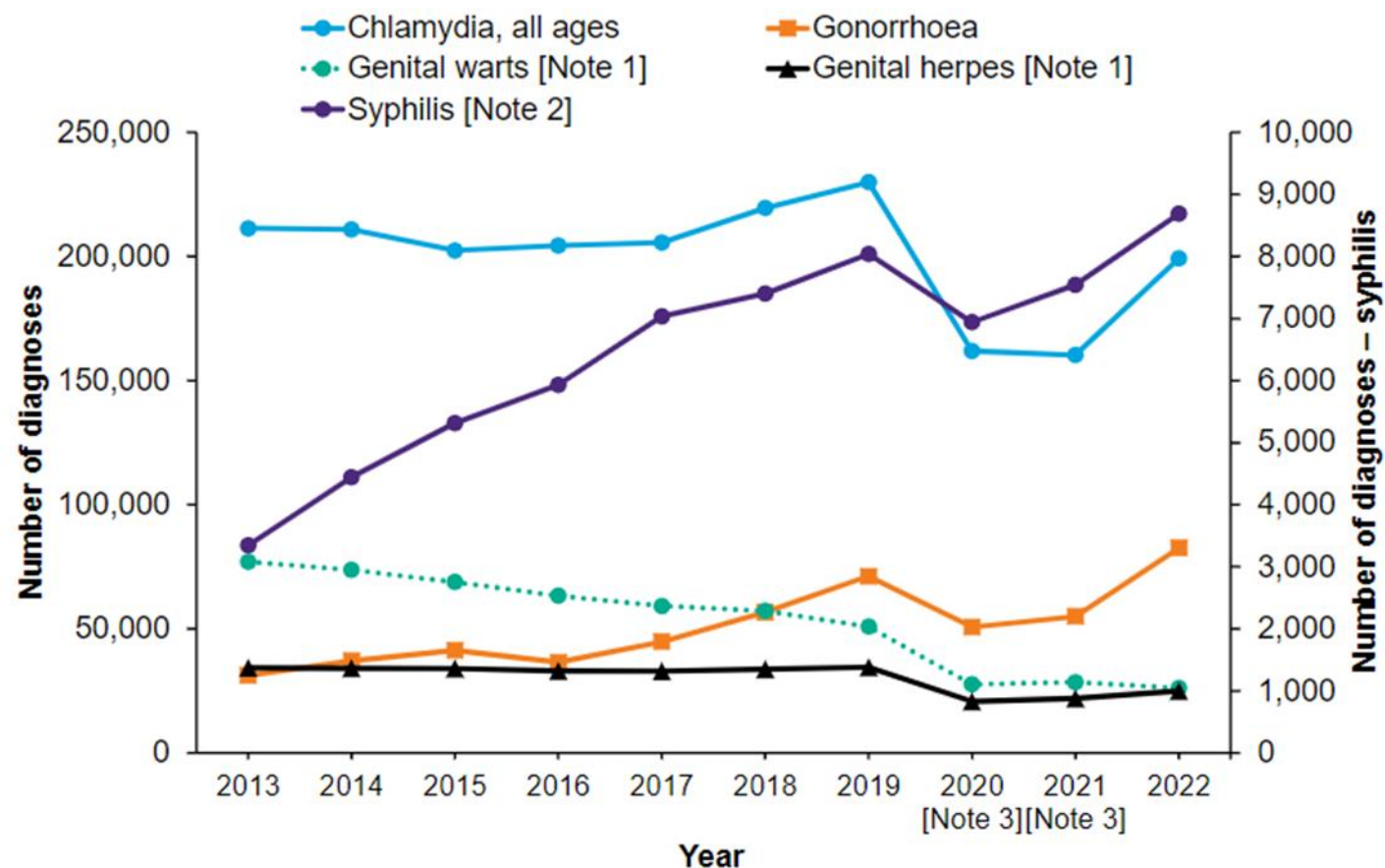
Greater Manchester	% <sup>1</sup>	Number <sup>1</sup>
Oldham	57.1%	8
Tameside	44.4%	4
Stockport	42.9%	6
Bury	42.9%	3
Manchester	41.7%	53
Rochdale	35.7%	5
Wigan	35.3%	6
Salford	32.6%	15
Trafford	32.0%	8
Bolton	30.8%	4



Source: UKHSA Sexual and Reproductive Health Profiles

Definition: 1 - People with a CD4 count of less than 350 cells per mm<sup>3</sup> within 3 months of the date of their HIV diagnosis. CD4 count not reported for all individuals.

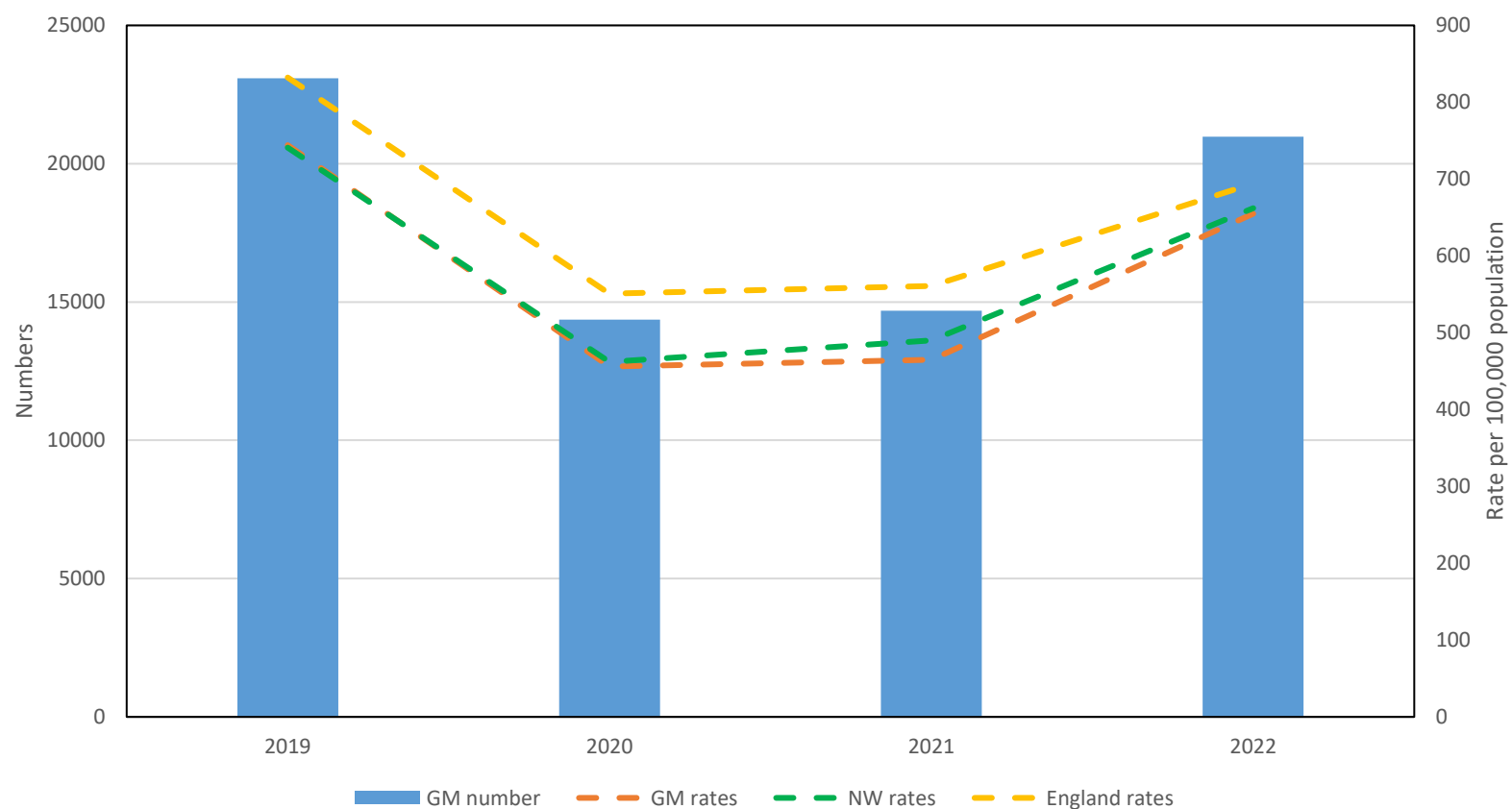
# Number of new diagnoses of chlamydia, gonorrhoea, genital warts, genital herpes and syphilis in England 2022



Different scales are used on the primary and secondary y-axes.

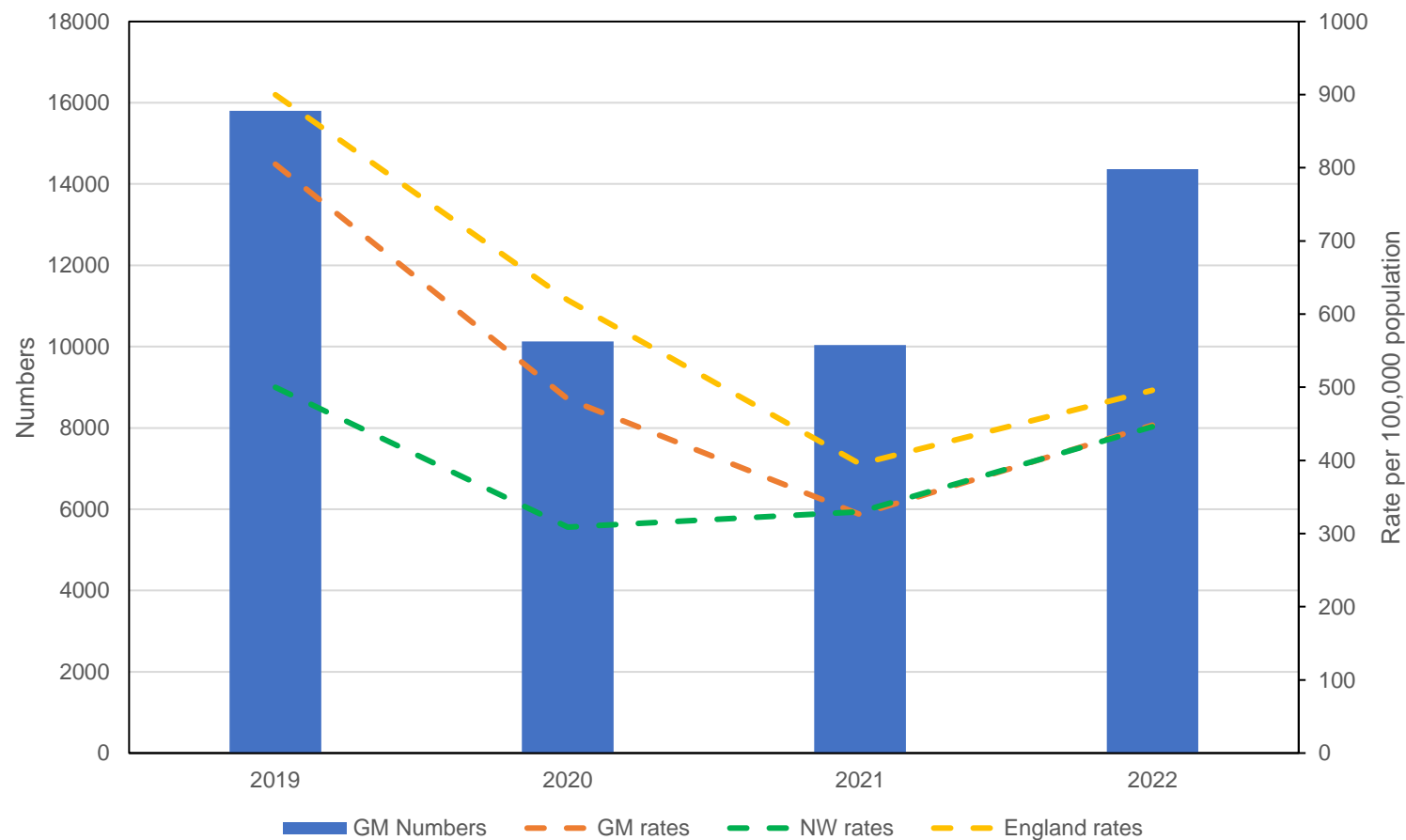
# Diagnosis of all new STIs

All new STI diagnoses



# New STIs (excluding Chlamydia)

New STI diagnoses excluding Chlamydia

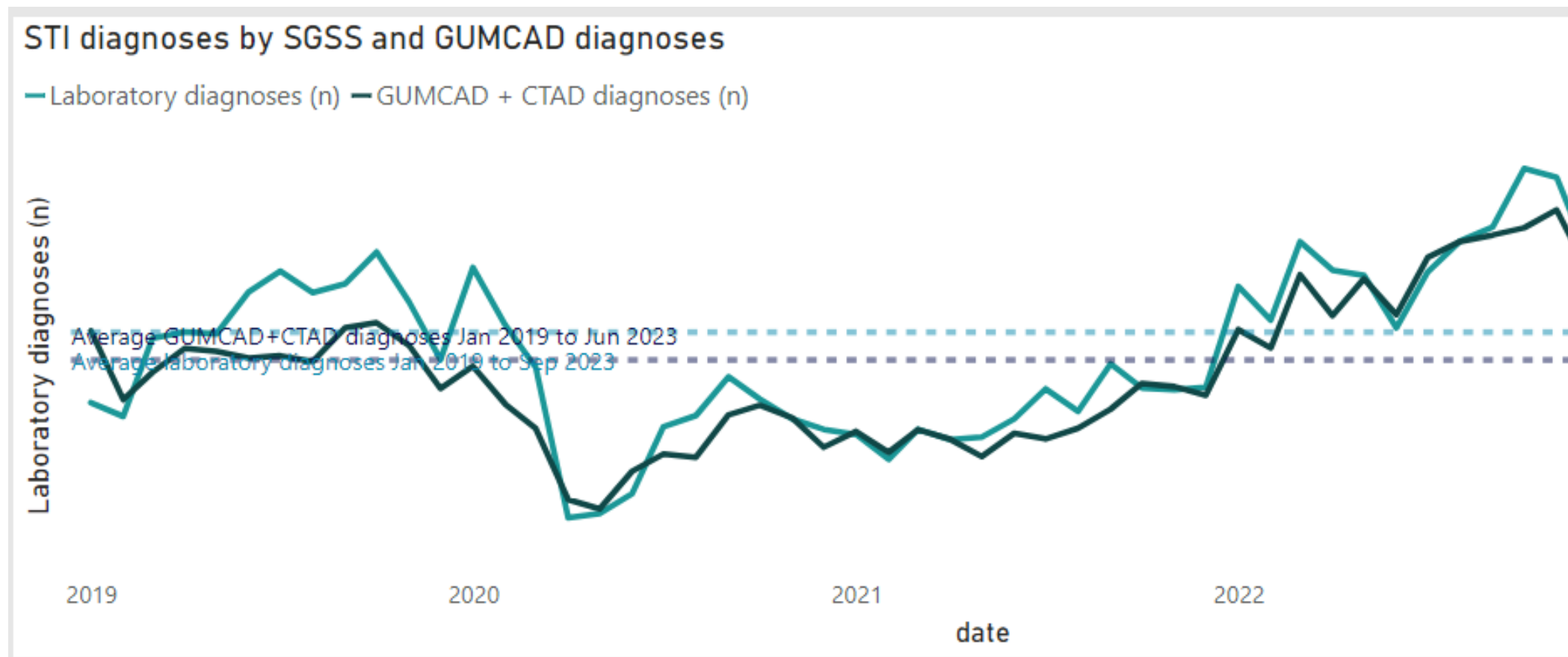


## Gonorrhoea

- In Greater Manchester, gonorrhoea diagnoses increased from summer 2021 despite the testing rate remaining below pre-pandemic levels. Positivity increased sharply. This is indicative of an increase in prevalence of infection.
- Manchester and Salford maintained a high diagnosis rate in 2022 despite a reduction in testing whereas in other areas of Greater Manchester the increase in diagnoses could in part be explained by increased testing.
- The population groups affected varied between local authority areas: The increase was mainly seen in 20-24 year olds, with some areas also seeing a sharp increase in diagnoses in 15-19 year olds;
- In some areas, the increase mostly affected male MSM whereas in others, the increase was seen in male non-MSM and females

## Gonorrhoea in the North West

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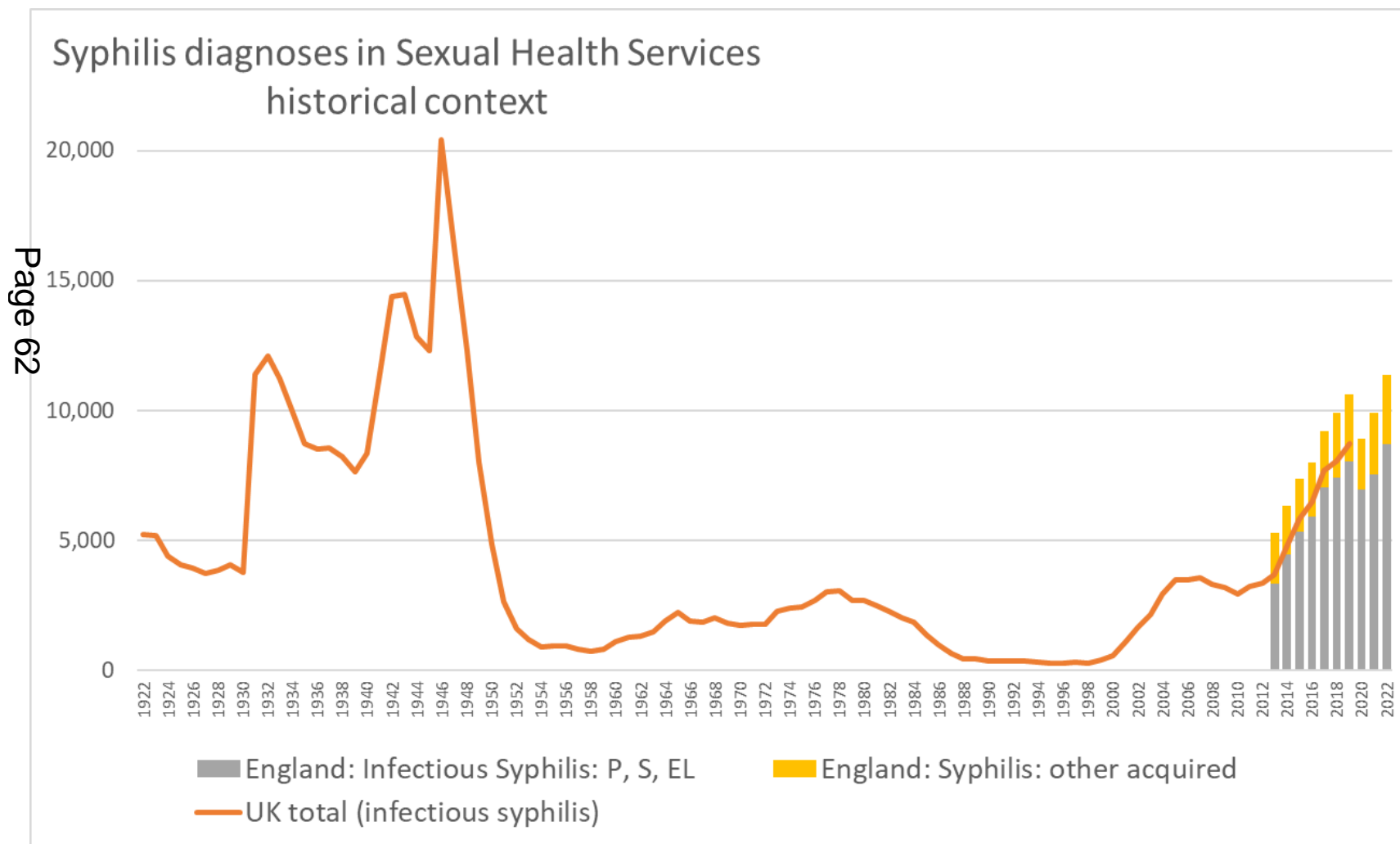


# Sexual & Reproductive Health Profiles

UTLA	Gonorrhoea diagnostic rate per 100,000 (2022)	England rate (2022)
Manchester	308	146 per 100,000
Salford	273	
Wigan	131	
Rochdale	110	
Tameside	108	
Oldham	101	
Bury	99	
Trafford	93	
Stockport	86	
Bolton	80	



## 100 years of syphilis



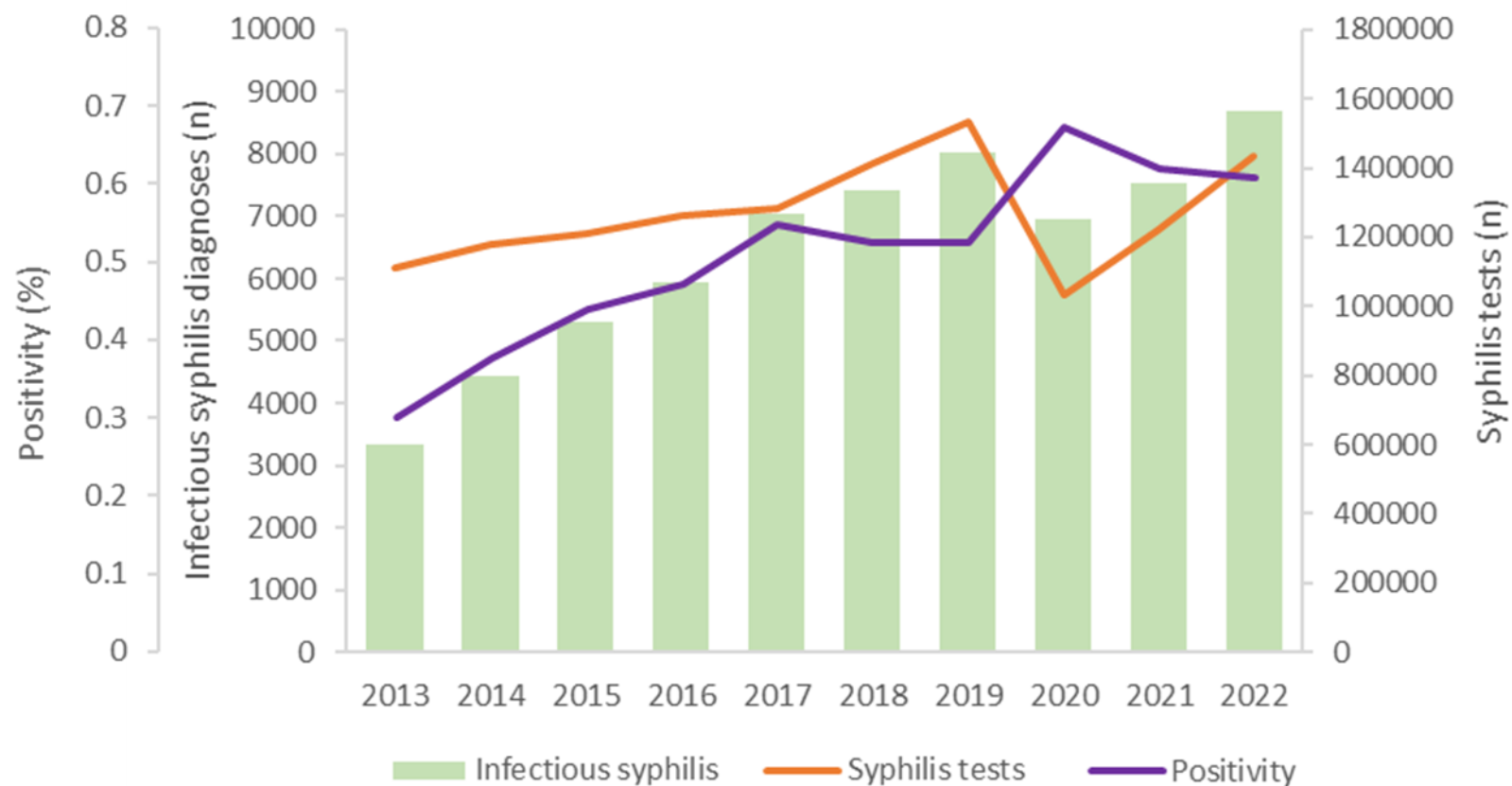
In 2022 in England there were:

**8,692** diagnoses of infectious syphilis: primary, secondary and early latent stages

**2,677** diagnoses of “Other acquired syphilis”: including cardiovascular, neurosyphilis or any other late or latent syphilis (asymptomatic, non-infectious, but requiring treatment)

## Recent syphilis trends in England

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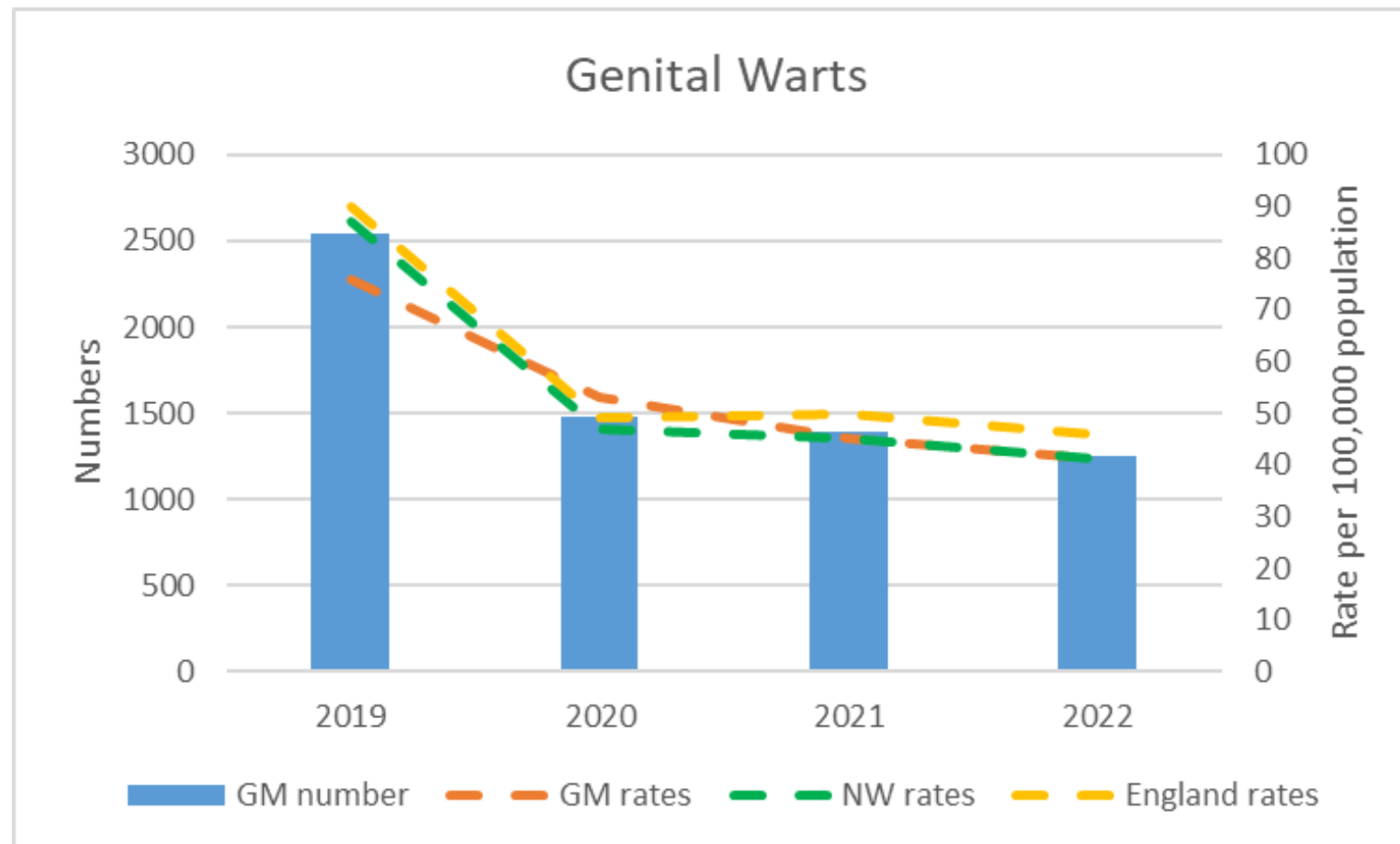
# Sexual & Reproductive Health Profiles

UTLA	Syphilis diagnostic rate per 100,000 (2022)	England rate (2022)
Salford	45.4	15.4 per 100,000
Manchester	42.9	
Tameside	13	
Trafford	11.9	
Oldham	9.9	
Bury	9.8	
Rochdale	8.5	
Stockport	8.1	
Wigan	7.9	
Bolton	6.8	



## Genital Warts

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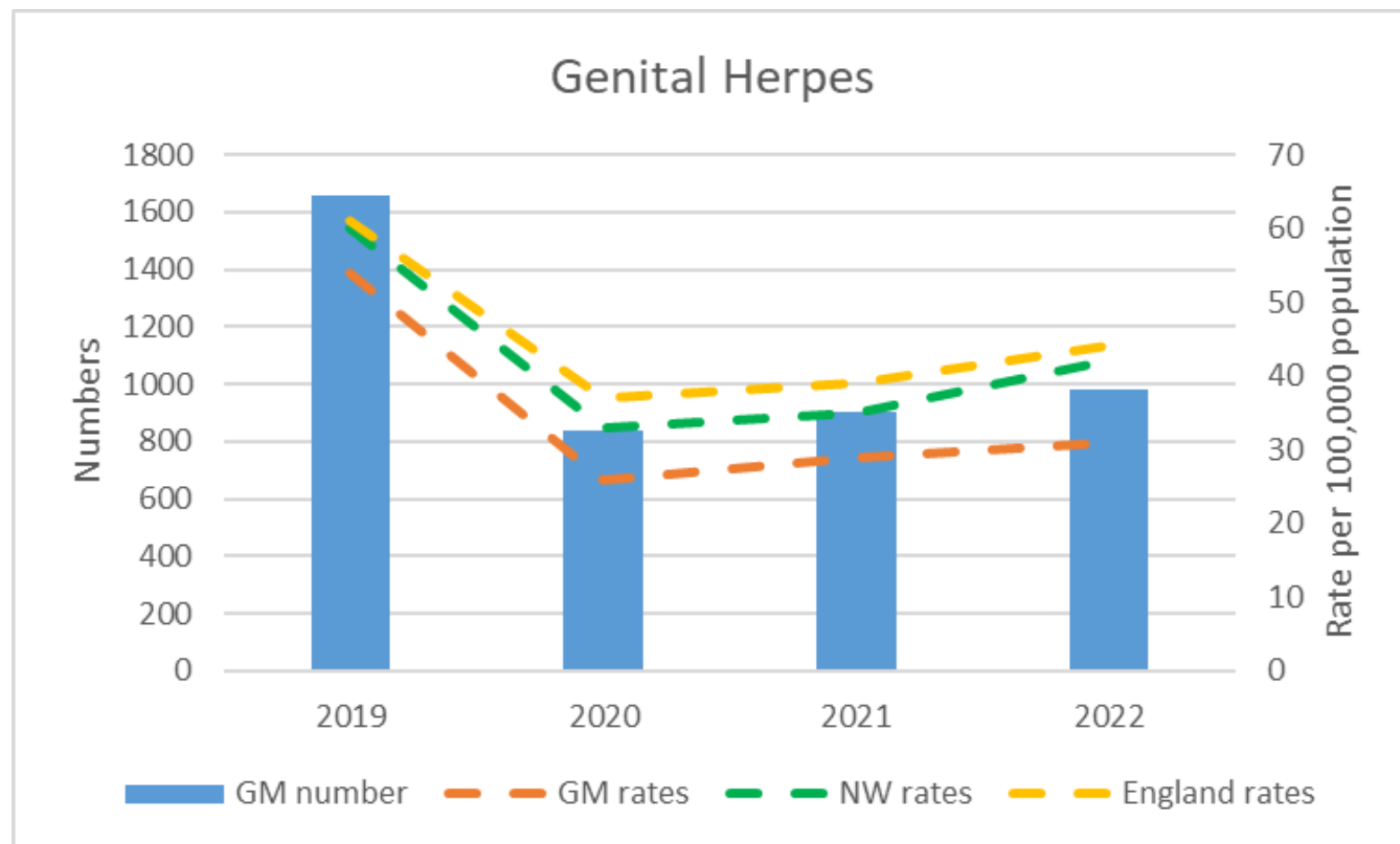
# Genital Warts

## Genital Warts 2022

Greater Manchester	Rates per 100,000	Number		GM Rate	NW Rate	England Rate
Manchester	67.5	371	↓↓	41 per 100,000	41.1 per 100,000	46.1 per 100,000
Salford	60.2	163	↓↓			
Trafford	44.6	105	↓↓			
Rochdale	39.7	89	↑↑			
Bolton	38.8	115	↑↑			
Wigan	34.9	115	↓↓			
Tameside	32	74	↓↓			
Bury	31.5	61	↓↓			
Oldham	30.6	74	↑↑			
Stockport	27.1	80	↓↓			

# Genital Herpes

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# Genital Herpes

## Genital Herpes 2022

Greater Manchester	Rates per 100,000	Number		GM Rate	NW Rate	England Rate
Manchester	60.4	332	↑↑	31 per 100,000	42.3 per 100,000	44.1 per 100,000
Salford	45.8	124	↑↑			
Trafford	34	80	↑↑			
Bury	32	62	↑↑			
Wigan	28.5	94	↓↓			
Oldham	27.7	67	↑↑			
Tameside	26	60	↑↑			
Rochdale	25.4	57	↑↑			
Stockport	20.3	60	↓↓			
Bolton	14.5	43	↓↓			



# Chlamydia

## Chlamydia 2022 - All Ages

Greater Manchester	Diagnostic Rates per 100,000	Number		GM Rate	NW Rate	England Rate
Manchester	771	4240	↔	362 per 100,000	355 per 100,000	352 per 100,000
Salford	521	1411	↓			
Rochdale	386	866	↔			
Wigan	368	1214	↔			
Oldham	342	8281	↑			
Bury	309	5981	↓			
Trafford	263	620	↓			
Tameside	258	596	↓			
Bolton	202	597	↓			
Stockport	199	587	↓			

# Appendix 2: VCFSE case studies



# The PaSH Partnership

Passionate about Sexual Health across Greater Manchester



GEORGE  
HOUSE TRUST  
AND PARTNERSHIP



The PaSH Partnership is a collaboration between **BHA for Equality, George House Trust, and LGBT Foundation** who deliver a comprehensive programme of interventions to meet the changing needs of people newly diagnosed with HIV, living longer term with HIV or at the greatest risk of acquiring HIV

# LGBT Foundation – Sexual Health Services

- A range of services offered to support LGBTQ+ people and men who have sex with men
- The approach is wellbeing focused, evidence-based, using harm-reduction principles and centered around the diverse needs of LGBTQ+ communities
- Co-production principles used to ensure the work is representative of the relevant communities. For example, our Sex Work Post-Covid information was developed with sex workers who shared their concerns, tips about safety, sexual health and sex work in order to benefit others
- Sexual wellbeing, reduction of shame and stigma are at the heart of everything
- The condom and lube distribution scheme started in 1994 and since 2020, 690,000 condoms have been distributed to community members in bars, community venues and posted out
- Last year >1,100 people benefited from sexual health support. 13% of people that tested had never tested for HIV and, an additional 32% of people testing had not tested for >12 months
- Over the last 3 years, delivery has changed from a face to face service delivery charity to one which offers remote versions of many services, including free online condoms, postal testing options, advice and support offered on dating/hookup apps. Using digital tools to share sexual health promotional messages, both to most at-risk populations and general public and in 2022/2023, PaSH's World AIDS Day video campaign received 41,540 social media impressions and National HIV Testing Week social media content received 16,438 social media impressions. PaSH were also responsible for GM's award-winning campaign, 'HIV, Let's Sort This Together' which achieved a total reach of >10 million, social media reach of >1.5 million, as well as 6200 tests ordered online.



## BHA for Equality – PreP Community Panel

- PrEP (Pre-exposure prophylaxis) is a highly effective, free medication for preventing HIV and is available through sexual health clinics but inequalities in access have been identified as has low uptake in women and ethnic minorities
- In 2023 BHA created the PrEP Community Panel, recruiting local people from Black and minoritised communities including influencers, activists and people from local Black owned businesses across Greater Manchester
- The Panel meets regularly to discuss the most effective ways to raise PrEP awareness, to share their local knowledge and experiences of attitudes, stigma, discrimination, why people don't understand, access or trust information about PrEP. Working together to identify ways to increase its acceptability amongst their communities
- BHA provided in-depth training to the community members on PrEP – what it is, how it works and can be accessed, ensuring that all members of the Panel had a good baseline knowledge, making them effective community champions
- The Panel has made recommendations about the design and delivery of HIV prevention campaigns and helped to raise awareness amongst Black and minoritised communities by addressing the specific concerns and issues faced
- The group has also discussed in detail how to design an effective PrEP campaign and resources for sharing more widely through social media and community outreach.



## George House Trust – African Men’s Project - Calabash

- This project specifically focuses on creating opportunities for HIV positive African Men to access activities that improve well-being, reduce isolation, increase confidence, and build capacity. To help participants navigate their daily lives while collaborating with clinicians and community groups to promote the visibility of George House Trust
- A key element is the Calabash Group, bringing African Men together to connect, share experiences around issues raised by living with HIV, socialise and improve wellbeing. Social events, health and wellbeing sessions, indoor and outdoor activities, skills based training are held to provide opportunities to build skills and confidence with volunteering
- Through the year, the project engaged 205 African Men, with 87 individuals attending the Calabash Group. There were 11 group sessions with an average of 20 individuals attending the group space constantly. I provided 55 individuals with one-to-one support sessions.
- The project has been independently evaluated, identifying that:
  - 88.8% of participants had increased confidence
  - 78.8% had improved their connectivity and social engagement
  - 76.2% had reduced their social isolation
  - 58.8% had increased their involvement in volunteering activities.





GovWifi is a new guest wireless service which is designed to work across many public sector locations. GMCA has decided to adopt the service which will provide an improved Guest wireless service across all GMFRS and GMCA locations.

### Registering with GovWifi

To use the service you need to register for an account.

You can do this by sending a blank email to **signup@wifi.service.gov.uk** using a .gov email address or anyone can text 'Go' to **07537 417 417**.

You will be sent a username and password unique to either your email address or mobile number that you can use to login to GovWifi on any of your devices.

### Connecting to GovWifi

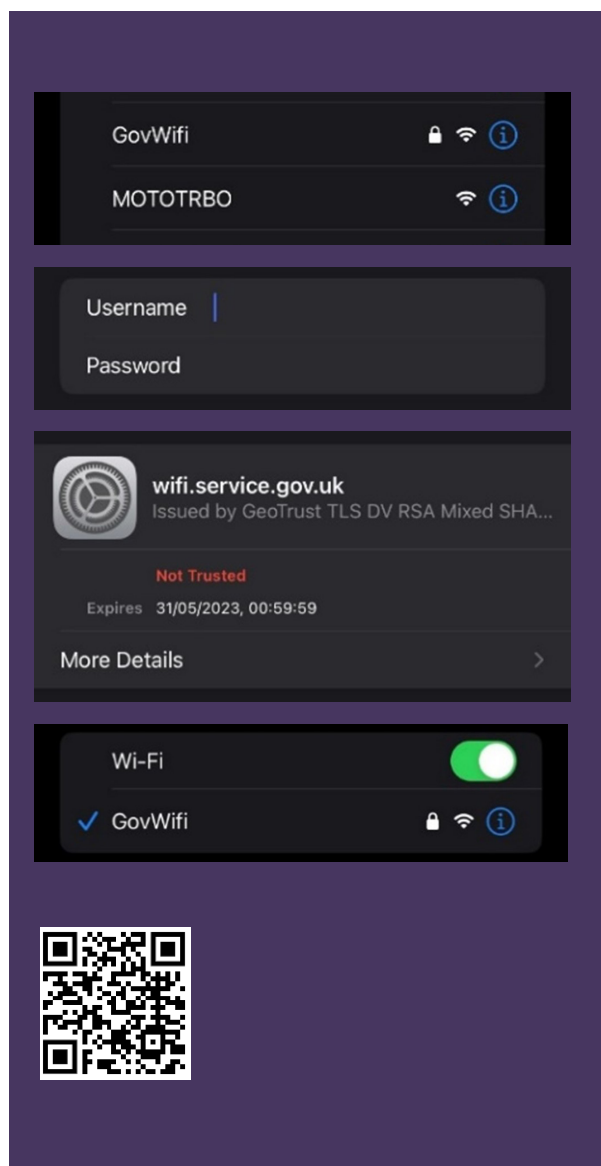
After you have received your username and password open your Wifi settings menu to select the GovWifi option.

Enter the username and password you were sent during registration.

You will be presented with a certificate screen you will need to validate. Check the issuing service is 'wifi.service.gov.uk' and then select the certificate is valid and that it is trusted.

You will then connect to GovWifi this can take a few seconds to complete.

Guidance on how to connect on specific devices can be found here:



Internet access is passing through the GMCA content filtering as per the standard corporate internet access with one exception that personal email is permitted.

In accepting the terms of connection to the GovWifi service you will be agreeing to the acceptable use policy.

If you require any further assistance, please contact the ICT Service Desk on 0161 608 4425 or log your call via the Self Service Portal

The GovWifi Terms of Service can be found here:



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## Joint Health Scrutiny Glossary of Terms

Acronym	Meaning
ADSP	Advanced Data Science Platform
AIDS	Human Immunodeficiency Virus Infection and Acquired Immune Deficiency Syndrome
GM	Greater Manchester
GM AHSN	Greater Manchester Academic Health and Science Network
CVD Prevention	Cardiovascular Disease Prevention
<a href="#">Fast-Tract Cities</a>	Mayors and other elected leaders have joined forces with public health officials, clinical and service providers, and affected communities in 300+ cities and municipalities to action the Paris Declaration on Fast-Track Cities.
GMCA	Greater Manchester Combined Authority
GM ICP	Greater Manchester Integrated Care Partnership
HPV	Human papillomavirus
NIHR	The National Institute for Health and Care Research
HCV	Hepatitis C
HIV	Human Immunodeficiency Virus
<a href="#">HIV Action Plan 2021</a>	The UK Government released Towards Zero: the HIV Action Plan for England in 2021, setting out its priorities to end new HIV transmissions between 2022 and 2025. The plan came with £20 million of funding over three years (2022 to 2025) to expand HIV opt out testing in emergency departments.
ICB	Integrated Care Board
ICS	Integrated Care System
JHS	Joint Health Scrutiny
LGBTQ+	Lesbian, Gay, Bi, Trans, Queer, Questioning and Ace

LTC	Long Term Condition
MAHSC	Manchester Academic Health Science Centre
Mpox	Formerly known as monkeypox is a rare disease caused by infection with the Mpox virus.
NHSE	NHS England
O&S	Overview & Scrutiny
PISA	Programme for International Student Assessment
STIs	Sexually Transmitted Infections
<a href="#">UNAIDS</a>	A high-profile, high-level political advocacy drive to accelerate actions and investments to prevent HIV.
VCFSE	The voluntary, community, faith, and social enterprise sector