

MANCHESTER JOINT STRATEGIC NEEDS ASSESSMENT

ADULTS AND OLDER PEOPLE

CHAPTER: Healthy Lifestyles

TOPIC: Sexual and Reproductive Health

WHY IS THIS TOPIC IMPORTANT?

Improving the sexual and reproductive health of the resident population is one of the public health priorities for Manchester.

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

Manchester has the highest prevalence of diagnosed HIV outside of London and the South East. 5.81 residents per 1,000 population aged 15-59 received treatment and care for HIV in 2015¹

There was a gradual rise in the rate of new diagnoses of sexually transmitted infections to residents of Manchester during the last decade. However, a recent decline has been observed. 1,233 people per 100,000 population were diagnosed with a new infection during 2015. This compares to 1,437 per 100,000 in 2014 (-14%) and 1,407 in 2013 (-12%)².

Rates of common infections including chlamydia and genital herpes are highest among young people aged 15-24. Rates of selected infections are high among gay and bisexual men and other men who have sex with men (MSM) as well as women and men from black African and black Caribbean communities³.

Sexually transmitted infections can be passed from an infected person to their partner during sexual intercourse. Several infections can lead to long-term health problems if not detected and treated. Some infections such as HIV can be managed but not cured. The correct and consistent use of condoms and other prevention tools* is important to control and prevent the transmission of infection.

* including pre-exposure prophylaxis to HIV (PrEP), post-exposure prophylaxis to HIV (PEP) and treatment as prevention (TASP) in relation to HIV

The correct and consistent use of contraception is important for the purpose of avoiding an unintended conception. Uptake of contraception among residents of Manchester is good

and a gradual increase over the last and current decade in the proportion of women opting for a long-acting, reliable method such as the contraceptive implant has been observed.⁴

¹ Public Health England [Sexual and Reproductive Health Profiles](#) Prevalence of diagnosed HIV indicator

² Public Health England [Sexual and Reproductive Health Profiles](#) Diagnoses of new STIs indicator

³ Public Health England (2016) 'LASER Report for Manchester 2015' Unpublished document

⁴ NHS Digital [Sexual and Reproductive Health Services, England, 2015-2016](#)

2,764 abortions were performed for women living in Manchester in 2015, down from 2,878 in 2014 (-4%). A downward trend in the number of abortions performed for residents of Manchester has been observed since the middle of the last decade. The crude rate of abortions for Manchester has fallen from 24 per 1,000 in 2008 to 20.6 per 1,000 in 2015. This compares to a rate of 16.7 per 1,000 for England in 2015⁵

THE MANCHESTER PICTURE

Sexually transmitted infections (STIs)

National context

Around 435,000 cases of sexually transmitted infections were diagnosed at sexual health clinics, and other clinics submitting data to Public Health England (PHE), in England during 2015⁶.

68,310 new cases of genital warts, 42,262 cases of non-specific genital infection, 41,193 cases of gonorrhoea, 33,218 new cases of genital herpes, and 5,288 cases of syphilis were diagnosed at sexual health (level 3 services) and other related (level 2) clinics in England in 2015. 200,288 cases of chlamydia were diagnosed at sexual health clinics and other clinics offering opportunistic screening.

The rise in the number of diagnoses of gonorrhoea that has been observed for much of the last decade continued in 2015. 41,193 infections were diagnosed in 2015, up from 37,100 in 2014 (+11%) and 14,985 in 2008 (+175%). Diagnoses of syphilis are also increasing: 5,288 infections were detected in 2015, up from 4,317 in 2014 (+22%) and 2,874 (+84%) in 2008. There was a 10% reduction in the number of cases of non-specific genital infection (47,183 to 42,262) diagnosed at sexual health clinics in 2015 compared to 2014 and a 7% reduction in the number of new cases of genital warts (73,068 to 68,310).

Adults aged 25 and over accounted for 38% (37,974 of 100,165) of cases of chlamydia, 48% (8,326 of 17,414) of cases of gonorrhoea, 49% (30,414 of 62,547) of new cases of genital warts and 59% (18,067 of 30,658) of new cases of genital herpes diagnosed to heterosexual women and men at sexual health clinics in England in 2015.

Men who have sex with men accounted for 84% (4,192 of 4,971) of cases of syphilis, 70% (22,408 of 32,095) of cases of gonorrhoea, 21% (12,805 of 60,514) of cases of chlamydia, 12% (1,502 of 12,208) of new cases of genital herpes and 9% (3,539 of 38,214) of new cases of genital warts diagnosed to men at sexual health clinics in England in 2015.

Heterosexual women and men accounted for 92% (30,560 of 33,218) of new cases of genital herpes, 92% (62,845 of 68,310) of new cases of genital warts and 85% of cases of chlamydia (91,164 of 107,252) diagnosed at sexual health clinics in England in 2015.

⁵ Department of Health (2016) ['Abortion statistics for England and Wales 2015'](#)

⁶ Public Health England (October 2016) ['Sexually transmitted infections and chlamydia screening in England'](#)

Manchester

Around 6,400 cases of sexually transmitted infections were diagnosed to residents of Manchester at sexual health clinics, and other clinics submitting data to PHE, in England during 2015. 53% of cases were diagnosed to men and 47% to women⁷.

Residents of Manchester accounted for 723 cases of genital warts (first episode), 544 cases of gonorrhoea, 331 cases of genital herpes (first episode) and 97 cases of infectious syphilis diagnosed at sexual health clinics, and other clinics submitting genitourinary medicine clinic activity dataset (GUMCAD) data, in England in 2015. 3,502 cases of chlamydia were diagnosed to residents of Manchester as a result of testing in sexual health clinics (GUMCAD data) and opportunistic screening delivered in other settings (chlamydia testing activity dataset (CTAD) data) in 2015⁸.

The rates of diagnosis for genital warts, gonorrhoea and genital herpes fell in 2015 compared to 2014. There was an increase in the rates of diagnosis for syphilis and chlamydia. Manchester has higher rates of diagnosis for all of these infections compared to England.

Sexual ill-health is a particular issue for a number of population groups. Rates of diagnoses of selected infections including gonorrhoea and syphilis are high for men who have sex with men. Likewise, rates of bacterial infections are high for women and men from black African and black Caribbean communities. Men who have sex with men and women and men from black African communities are most at-risk of exposure to HIV. In general terms, risk of infection reduces with age and rates are much higher among young people compared to older adults.

Chlamydia

Chlamydia is a bacterial infection that can be passed from an infected person to their partner during sex. It is often asymptomatic and can lead to long-term health problems if undetected and untreated.

3,502 new cases of chlamydia were diagnosed to residents of Manchester in 2015. The rate of diagnoses decreased from 138.0 per 100,000 population in 2014 to 104.6 per 100,000 in 2015 (-24%). This compares to a rate of 42.6 per 100,000 for the North West and 70.7 per 100,000 for England in 2015⁹. See chart overleaf.

Adults aged 25 and over accounted for 39% of cases diagnosed to residents of Manchester at sexual health and related clinics in 2015: 29% of cases were diagnosed to 25-34s, 17% to 35-44s and 9% to 35s and overs. In comparison, young people aged 20-24 accounted for 40% of cases and under-20s for 21% of cases¹⁰.

Reliable data on the sexual orientation of residents diagnosed with chlamydia during 2015 is not available due to issues with the quality of data submitted via CTAD.

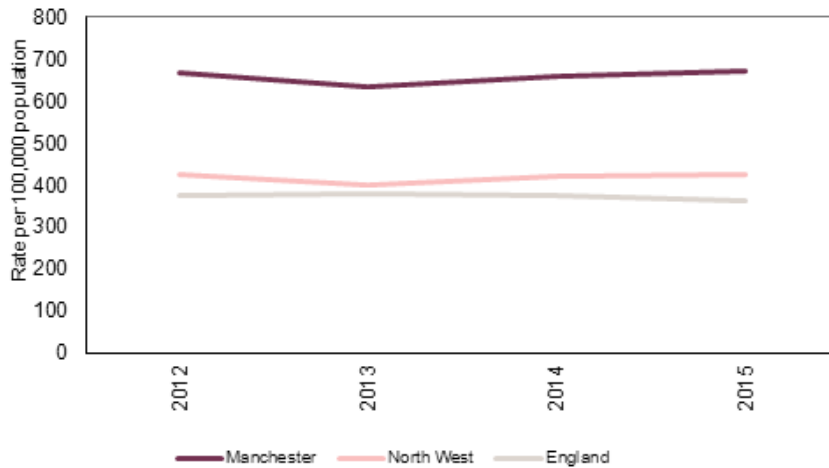
⁷ Data source: GUMCAD Retrieved: January 2017

⁸ Public Health England [Sexual and Reproductive Health Profiles](#) Indicators relating to STIs

⁹ Public Health England [Sexual and Reproductive Health Profiles](#) Indicators relating to STIs

¹⁰ Data source: GUMCAD. Retrieved: January 2017

Overall Chlamydia diagnostic rate per 100,000



Source: Public Health England © Crown Copyright 2016

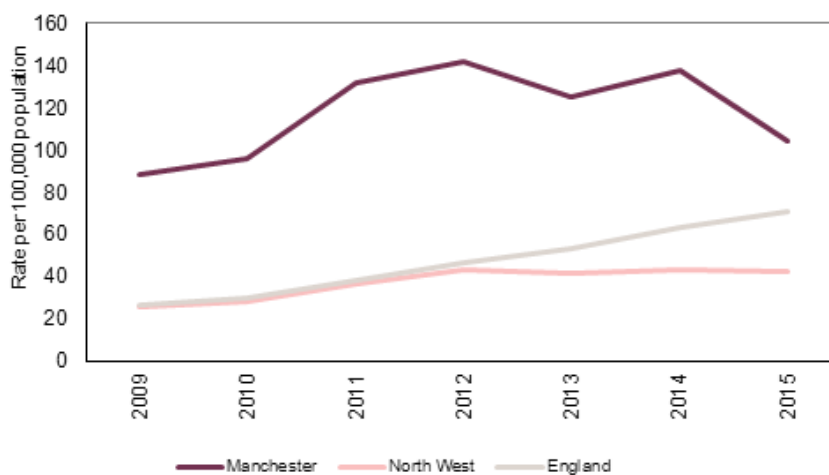
Detailed information about the opportunistic chlamydia screening programme for young people and additional data can be found in the JSNA for Children and Young People.

Gonorrhoea

Gonorrhoea is a bacterial infection that can be passed from an infected person to their partner during sex. It can lead to long-term health problems if undetected and untreated.

544 cases were diagnosed to residents of Manchester at sexual health clinics in 2015, down from 718 in 2014 (-24%). The rate of diagnoses decreased from 138.0 per 100,000 population in 2014 to 104.6 per 100,000 in 2015 (-24%). This compares to a rate of 42.6 per 100,000 for the North West and 70.7 per 100,000 for England in 2015¹¹.

Gonorrhoea diagnostic rate per 100,000



Source: Public Health England © Crown Copyright 2016

¹¹ Public Health England [Sexual and Reproductive Health Profiles](#) Indicators relating to STIs

Adults aged 25 and over accounted for 62% of cases diagnosed to residents of Manchester at sexual health and related clinics in 2015: 35% of cases were diagnosed to 25-34s, 17% to 35-44s and 9% to 35s and overs. In comparison, young people aged 20-24 accounted for 27% of cases and under-20s for 11% of cases¹².

Men who have sex with men accounted for 68%, heterosexual men for 13% and women for 18% of new cases diagnosed to residents of Manchester in 2015¹³.

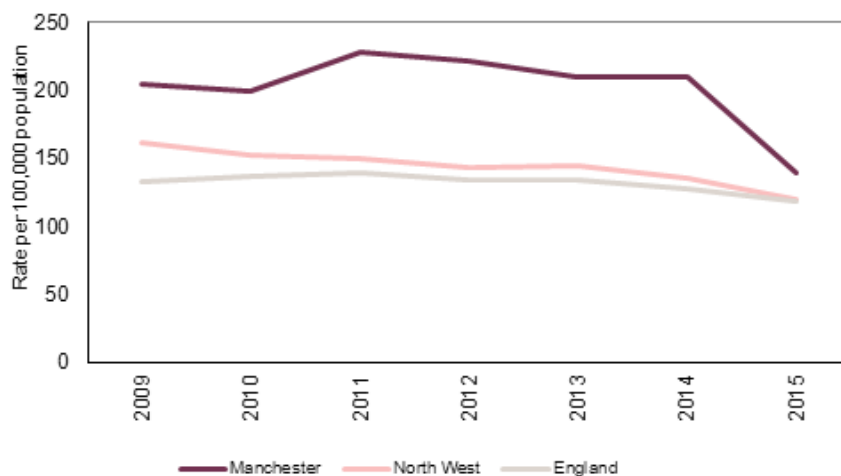
Gonorrhoea is becoming more difficult to treat as a result of the emergence of antibiotic resistant strains – in 2012, the European Centre for Disease Prevention and Control (ECDC) reported that the incidence of drug-resistant gonorrhoea was increasing within Europe, and Public Health England identified an outbreak of high level Azithromycin resistant (HL-AziR) gonorrhoea in Leeds in 2015 (PHE, 2016).

Genital Warts

Genital warts can result from infection with the Human Papilloma Virus (HPV). It is a long-term condition and affected individuals often experience recurrent outbreaks. Warts do not pose a serious risk to health but can be unpleasant to look at and cause psychological distress.

723 new cases were diagnosed to residents of Manchester at sexual health clinics in 2015, down from 1,093 in 2014 (-34%). The rate of diagnoses reduced from 210.1 per 100,000 population in 2014 to 139.0 in 2015, (-34%). This compares to a rate of 120.0 per 100,000 for the North West and 118.9 per 100,000 for England in 2015¹⁴.

Genital Warts diagnostic rate per 100,000



Source: Public Health England © Crown Copyright 2016

Adults aged 25 and over accounted for 48% of new cases diagnosed to residents of Manchester at sexual health and related clinics in 2015: 35% of cases were diagnosed to 25-34s, 8% to 35-44s and 5% to 35s and overs. In comparison, young people aged 20-24 accounted for 38% of cases and under-20s for 14%¹⁵

¹² Data source: GUMCAD. Retrieved: January 2017

¹³ Data source: GUMCAD. Retrieved: January 2017

¹⁴ Public Health England [Sexual and Reproductive Health Profiles](#) Indicators relating to STIs

¹⁵ Data source: GUMCAD. Retrieved: January 2017

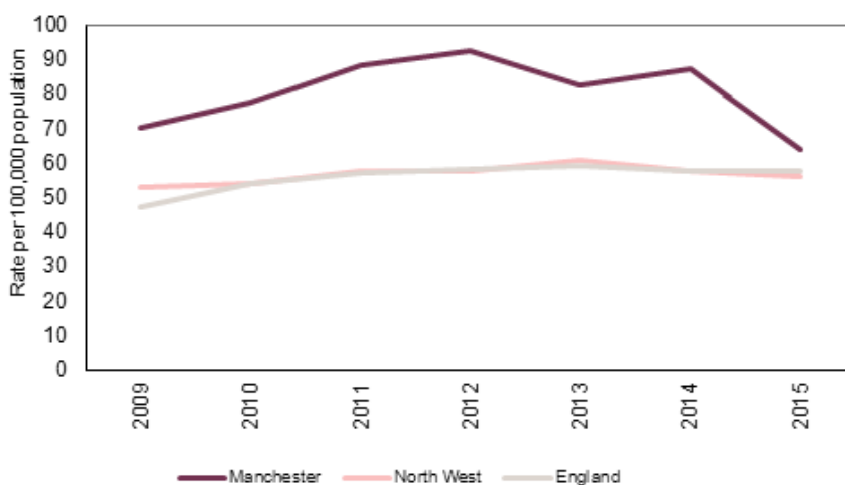
Heterosexual men accounted for 49%, women for 44%, and men who have sex with men for 7% of new cases diagnosed to residents of Manchester in 2015¹⁶.

Genital Herpes

Genital herpes can result from infection with the Herpes Simplex Virus (HSV). It is a long-term condition and individuals can experience recurrent outbreaks. It causes painful blisters on and around the genitals.

331 new cases were diagnosed to residents of Manchester at sexual health clinics in 2015, down from 453 in 2014 (-27%). The rate of diagnoses reduced from 87.1 per 100,000 population in 2014 to 63.6 per 100,000 in 2015 (-27%). This compares to a rate of 56.2 per 100,000 for the North West and 57.6 per 100,000 for England in 2015¹⁷.

Genital herpes diagnostic rate per 100,000



Source: Public Health England © Crown Copyright 2016

Young people aged under-25 accounted for 48% of new cases diagnosed to residents of Manchester in 2015. Young people aged under-19 accounted for 12% of cases and 20-24s accounted for 36% of cases. Adults aged 25-34 accounted for 34%, 35-44 year olds for 10%, and adults aged 45 and over for 7% of cases¹⁸.

Women accounted for 63%, heterosexual men for 28% and men who have sex with men for 8% of new cases diagnosed to residents of Manchester in 2015¹⁹.

Syphilis

Syphilis is a bacterial infection that can be passed from an infected person to their partner during sex. It can lead to serious health problems and, in rare cases, death, if it is not detected and treated. Several outbreaks have been observed in Manchester over the last couple of decades.

¹⁶ Data source: GUMCAD. Retrieved: January 2017

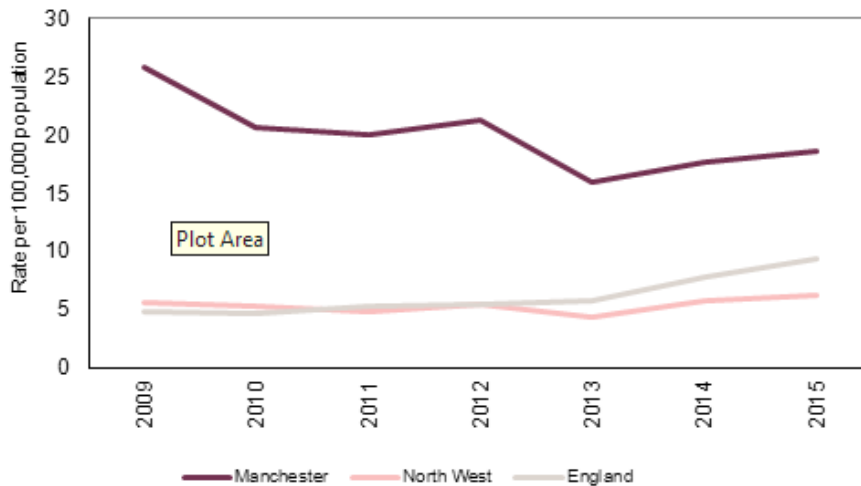
¹⁷ Public Health England [Sexual and Reproductive Health Profiles](#) Indicators relating to STIs

¹⁸ Data source: GUMCAD. Retrieved: January 2017

¹⁹ Data source: GUMCAD. Retrieved: January 2017

97 cases were diagnosed to residents of Manchester at sexual health clinics in 2015, up from 92 in 2014 (+5%). The rate of diagnoses increased from 17.7 per 100,000 population in 2014 to 18.6 in 2015 (+5%). This compares to a rate of 6.2 per 100,000 for the North West and 9.3 per 100,000 for England in 2015²⁰.

Syphilis diagnostic rate per 100,000



Source: Public Health England © Crown Copyright 2016

Men who have sex with men for 84% of new cases diagnosed to residents of Manchester in 2015²¹.

HIV

Overview

HIV is a virus. The virus can be found in the semen, anal fluids and blood of HIV positive men and the vaginal and anal fluids, blood and breast milk of HIV positive women. The virus can be passed from person to person through unprotected sex. It can also be passed on through other activities such as sharing infected needles. The virus attacks the immune system and can lead to serious health problems if it isn't treated. There is no cure but there are effective treatments that allow the condition to be managed.

Public Health England²² estimates that 101,200 people were living with HIV in the UK in 2015. Of this number, an estimated 69,500 (69%) men and 31,600 (31%) women are living with HIV. An estimated 13,500 (13%) persons are undiagnosed and unaware of their condition. HIV prevalence is estimated to be 1.6 per 1,000 population.

Gay and bisexual men and other men who have sex with men accounted for 46% (47,000) of the total number of people estimated to be living with HIV in the UK in 2015. 41,200 (88%) men were living with diagnosed HIV and a further 5,800 (12%) men are estimated to be undiagnosed and unaware of their condition.

Heterosexual women accounted for 30% (29,900) and heterosexual men accounted for 19% (19,600) of the total number of people estimated to be living with HIV in 2015. Of this number, 39% (19,300) were black African women and 18% (9,300) were black African men. 42,400 (86%) persons thought to have been exposed to HIV through heterosexual

²⁰ Public Health England [Sexual and Reproductive Health Profiles](#) Indicators relating to STIs

²¹ Data source: GUMCAD. Retrieved: January 2017

²² Public Health England (2016) ['HIV in the UK: 2016 Report'](#)

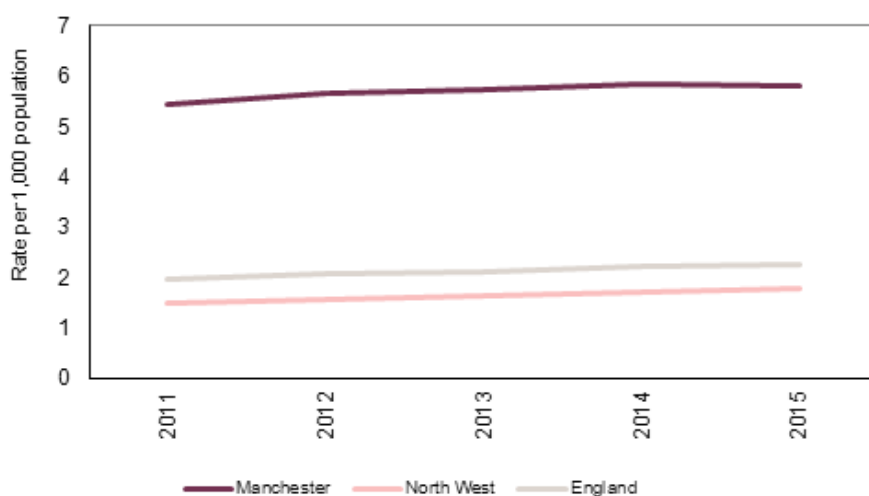
sex were living with diagnosed HIV and further 7,100 (14%) persons are estimated to be undiagnosed and unaware of their infection.

Manchester

In 2015, the diagnosed HIV prevalence rate in Manchester was 5.8 per 1,000 population aged 15-59 years. This compares to 2.3 per 1,000 in England²³. Manchester is classified as a high prevalence area for HIV.

2,101 residents of Manchester aged 15-59 received treatment and care for HIV in 2015, up from 2,069 in 2014 (+2%) and 1,879 in 2011 (+18%)²⁴. In line with the overall trend for England, Manchester has a growing population of people living with diagnosed HIV.

HIV diagnostic rate per 1,000 age 15-59 years



Source: Public Health England © Crown Copyright 2016

Of the residents who received treatment for HIV in 2015, 52.2% had been exposed to the virus through sex between men and 43.3% had been exposed through heterosexual sex. Smaller numbers of patients (less than 5% of the total) had been exposed through vertical transmission (from mother to child), contaminated blood or tissue products, or through the sharing of contaminated needles or works²⁵.

Residents recorded as white accounted for 53% of the patients who received treatment for HIV in 2015. Residents recorded as black African accounted for 35%, black Caribbean for 3%, and mixed / other for 7%²⁶.

87 residents aged 15+ were diagnosed with HIV in 2015. The rate of new HIV diagnosis was 20.2 per 100,000 population aged 15+ compared to 12.1 per 100,000 for England²⁷.

²³ Public Health England [Sexual and Reproductive Health Profiles](#) Indicators relating to HIV

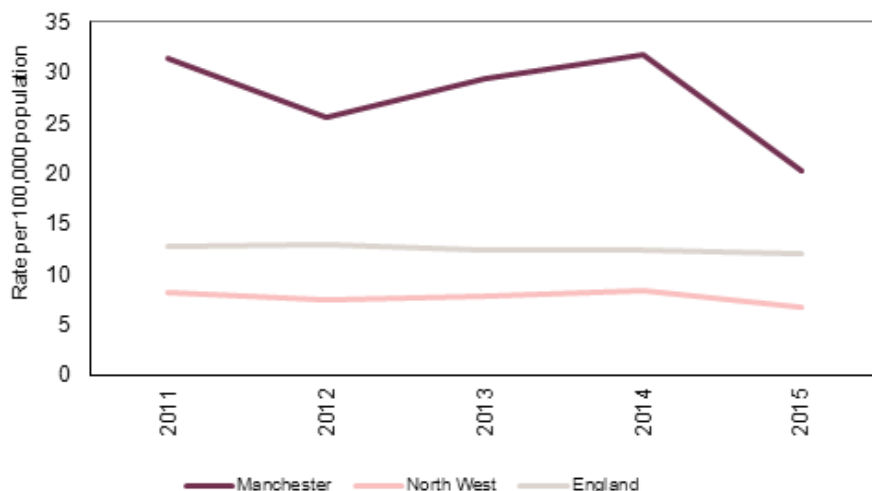
²⁴ Public Health England [Sexual and Reproductive Health Profiles](#) Indicators relating to HIV

²⁵ Public Health England (2016) 'LASER Report for Manchester 2015' Unpublished document

²⁶ Public Health England (2016) 'LASER Report for Manchester 2015' Unpublished document

²⁷ Public Health England [Sexual and Reproductive Health Profiles](#) Indicators relating to HIV

New HIV diagnostic rate per 100,000 age 15+



Source: Public Health England © Crown Copyright 2016

In Manchester, between 2013 and 2015, 44.1% of HIV diagnoses were made at a late stage of infection (CD4 count <350 cells/mm³ within 3 months of diagnosis) compared to 40% in England²⁸. This compares to 53.6% for 2010/12, 49.7% for 2011/13, and 46.6% for 2012/13, indicating that progress is being achieved.

Late diagnosis of HIV is associated with heightened levels of HIV-related morbidity and mortality, increased risk of onward transmission and higher health and social care costs. Reducing the number of people diagnosed at a late stage of infection is a national ambition and an indicator to monitor progress is included in the Public Health Outcomes Framework.

CONTRACEPTION

26,700 residents of Manchester (24,100 females and 2,600 males) attended contraception and sexual health services between April 2015 and March 2016²⁹.

50.4% of women who attended contraception and sexual health services in 2015 and recorded as a resident of Manchester were aged 25 and over: 7,500 women aged 25-34, 3,200 women aged 34-44, and 1,400 women aged 45 and over who lived in Manchester attended contraception and sexual health services in 2015.

49.6% of women who attended contraception and sexual health services in 2015 and recorded as a resident of Manchester were aged 25 and over: 600 women aged under-16, 1,500 women aged 16-17, 2,900 women aged 18-19, and 6,900 women aged 20-24 who lived in Manchester attended contraception and sexual health services in 2015³⁰.

Palatine was a contraception and sexual health service for women and men of all ages. 26,600 people (24,600 women and 2,000 men) attended the Palatine contraception and sexual health service on at least one occasion between 1st April 2015 and 31st March 2016³¹. Palatine recorded 48,800 clinic attendances during this period. Palatine operated on an open access basis and these figures include residents and non-residents³².

²⁸ Public Health England [Sexual and Reproductive Health Profiles](#) Indicators relating to HIV

²⁹ NHS Digital [Sexual and Reproductive Health Services, England, 2015-2016](#) Table 16

³⁰ NHS Digital [Sexual and Reproductive Health Services, England, 2015-2016](#) Table 16

³¹ NHS Digital [Sexual and Reproductive Health Services, England, 2015-2016](#) See Table 16A

³² NHS Digital [Sexual and Reproductive Health Services, England, 2015-2016](#) See Table 15A

Brook Manchester is a contraception service for young women and men aged under-20. 4,400 people (3,500 women and 900 men) attended Brook on at least one occasion between 1st April 2015 and 31st March 2016³³. Brook recorded 7,300 clinic attendances during this period³⁴. Brook also operates on an open access basis.

36% of female residents who were in contact with contraception and sexual health services during 2015/16 and recorded as using a regular method of contraception were using a long-acting reversible method (this compares to 38% for England). 13% were using a contraceptive implant, 11% were using the contraceptive injection, 7% were using the intrauterine device and 5% were using the intrauterine system³⁵.

64% of female residents who were in contact with contraception and sexual health services during 2015/16 and recorded as using a regular method of contraception were using a user dependent method (compared to 62% for England). 46% were using oral contraception. 18% were reliant on their male partners using a condom.

GP practices based in Manchester issued 63,098 prescriptions for user dependent methods of contraception (in the most part, oral contraception) in 2014. Contraception and sexual health clinics issued 36,465 prescriptions for residents of Manchester in 2014³⁶. Full data for 2015 or 2016 is not available at the time of publication. Nationally, most women opt to obtain oral contraception from their GP; this pattern is observed in Manchester.

GP practices based in Manchester issued 1,967 prescriptions for long-acting methods of contraception, including the contraceptive implant, intrauterine device (IUD) and intrauterine system (IUS), in 2014. Contraception and sexual health clinics issued 9,145 prescriptions for residents of Manchester in 2014. Full data for 2015 or 2016 is not available at the time of publication.

GP practices based in Manchester issued 8,054 prescriptions for the contraceptive injection in 2014. Contraception and sexual health clinics issued 5,950 prescriptions for residents of Manchester in 2014. Full data for 2015 or 2016 is not available at the time of publication.

In 2014, Manchester was ranked 289 out of 326 local authorities in England for the rate of GP prescribed long-acting reversible contraception (LARC), including injections, with a rate of 14.7 per 1,000 women aged 15-44, compared to 23.1 in North West and 32.3 in England³⁷.

In 2014, the rate of LARC, including injections, prescribed in contraception and sexual health services per 1,000 women aged 15-44 was 64.1 for Manchester, 47.9 for the North West and 31.5 for England. This data does not include LARC prescribed in other related services such as abortion services³⁸.

³³ NHS Digital [Sexual and Reproductive Health Services, England, 2015-2016](#) See Table 16A

³⁴ NHS Digital [Sexual and Reproductive Health Services, England, 2015-2016](#) See Table 15A

³⁵ NHS Digital [Sexual and Reproductive Health Services, England, 2015-2016](#) See Table 17

³⁶ Public Health England (2016) 'LASER Report for Manchester 2015' Unpublished document

³⁷ Public Health England (2016) 'LASER Report for Manchester 2015' Unpublished document

³⁸ Public Health England (2016) 'LASER Report for Manchester 2015' Unpublished document

The overall rate of prescriptions of these long acting contraception methods in 2014 was 42.9 per 100,000, compared to rates of 49.1 for the North West and 50.2 for England. Further increasing the proportion of residents opting for a long-acting method could lead to a reduction in the number of unintended conceptions and under-18 conceptions recorded for residents of Manchester³⁹.

3,200 prescriptions for emergency contraception were issued for residents of Manchester at contraception and sexual health clinics in 2015/16. Palatine issued 3,000 prescriptions and Brook Manchester issued 1,200 prescriptions⁴⁰. It should be noted that a significant number of women obtain emergency hormonal contraception from pharmacies; data on uptake is not available at this time but will be published at a later date.

The rate of use of emergency contraception in Manchester in 2015/16 was 17 per 1,000 women aged 16 to 54. This compares to a rate of 10 per 1,000 for the North West and a rate of 6 per 1,000 for England.

Public Health England states that most contraception usage is in those aged under-25. The likelihood of a women choosing a permanent method of contraception increases with age; for example, female sterilisation is most common among women aged 35-39 (then falls with age due to the natural decline in fertility). 48% of vasectomies in England in 2015/16 were performed for men aged 40 and over.

Unintended conceptions

Abortions

2,764 abortions were performed for women living in Manchester in 2015, down from 2,878 in 2014⁴¹ (-4%). A downward trend in the number of procedures performed for residents has been observed since the middle of the last decade. The crude rate of abortions for Manchester has fallen from 24 per 1,000 in 2008 to 20.6 per 1,000 in 2015. This compares to a rate of 18.4 per 1,000 for the North West and 16.7 per 1,000 for England in 2015⁴². See overleaf.

Of the 2,764 abortions performed for women residing in Manchester in 2015, 60% (1,653) were performed for women aged 25 and over: 728 procedures were performed for women aged 25-29, 522 for women aged 30-34, and 403 for women aged 35 and over. 40% (1,111) were performed for women aged under-25: 110 procedures were performed for women aged under-18, 200 for women aged 18-19, and 801 for women aged 20-24.

³⁹ Public Health England (2016) 'LASER Report for Manchester 2015' Unpublished document

⁴⁰ NHS Digital [Sexual and Reproductive Health Services, England, 2015-2016](#) See Table 18A

⁴¹ Department of Health (2016) ['Abortion statistics for England and Wales 2015'](#)

⁴² Public Health England [Sexual and Reproductive Health Profiles](#)

Rate of abortions per 1,000 female population aged 15-44



Source: Public Health England © Crown Copyright 2016

84% of the procedures for residents of Manchester in 2015 were performed between 3 and 9 weeks gestation. This compares to 80% for England and indicates that waiting times for local services are short. Medical procedures accounted for 64% of the abortions performed for residents in 2015; this compares to 54% for England⁴³.

39% of procedures were performed for women recorded as having one or more previous abortion. This compares to 38% for England. 29% of procedures performed for women aged 24 and under were repeat procedures (compared to 27%) as were 46% of procedures for women aged 25 and over (the same as the average for England)⁴⁴.

The NHS funded 99% of the abortions performed for residents of Manchester. 87% of procedures were performed in independent clinics contracted to the NHS (compared to 70% for England) and 12% in NHS hospitals (compared to 28%)⁴⁵.

⁴³ Department of Health (2016) ['Abortion statistics for England and Wales 2015'](#)

⁴⁴ Department of Health (2016) ['Abortion statistics for England and Wales 2015'](#)

⁴⁵ Department of Health (2016) ['Abortion statistics for England and Wales 2015'](#)

WHAT WOULD WE LIKE TO ACHIEVE?

Improving the sexual and reproductive health of the resident population is one of the public health priorities for Manchester. We want to:

- Reduce the number of unintended conceptions among women of all ages
- Reduce the number of under-18 conceptions
- Reduce the number of abortions performed for women of all ages
- Increase the proportion of abortions performed under 10 weeks
- Reduce the prevalence of undiagnosed sexually transmitted infections
- Reduce the prevalence of undiagnosed HIV
- Control the transmission of sexually transmitted infections including HIV
- Reduce the proportion of residents receiving an HIV diagnosis at a late stage of infection

WHAT DO WE NEED TO DO TO ACHIEVE THIS?

In order to improve the sexual and reproductive health of the local population, we need to:

- Improve knowledge and understanding of the risks associated with unprotected sex.
- Improving awareness of sexually transmitted infections including HIV
- Improving awareness of contraception and the benefits of using a reliable method
- Improving the uptake of HIV testing (in particular among most at-risk populations)
- Improving the uptake of STI testing and treatment
- Improving the uptake of PEP
- Improving the uptake of contraception - in particular, long-acting reversible methods
- Improving the uptake of emergency contraception.

This will contribute to:

- Reducing the number of unintended conceptions among women of all ages
- Reducing the number of under-18 conceptions
- Reducing the number of abortions among women of all ages
- Increasing the proportion of abortions performed under 10 weeks
- Reducing the prevalence of undiagnosed sexually transmitted infections
- Controlling the transmission of sexually transmitted infections including HIV
- Reducing the proportion of residents diagnosed with HIV at a late stage of infection
- Reducing the proportion of residents participating in high risk practices – e.g. chem sex

We need to ensure that residents can obtain accurate and impartial information and advice about sexual and reproductive health. We want residents to have the skills and the confidence to practice safer sex (use of condoms and/or contraception) and to negotiate safe, consensual and pleasurable relationships. It is important that information and advice is available online and from local services.

Public Health England⁴⁶ recommends that commissioning and provider organisations should communicate the following messages to all residents:

- Use condoms (with new / casual partners) to reduce the risk of acquiring or transmitting a sexually transmitted infection.
- Get screened for sexually transmitted infections including HIV on a regular basis. This is essential to maintain good sexual health. Furthermore:
 - Young people aged under-25 should be screened for chlamydia on an annual basis as routine and on change of sexual partner
 - Men who have sex with men should be screened for sexually transmitted infections including HIV on an annual basis as routine and at three month intervals if having condomless sex with new or casual partners.
 - Establish a regular, reliable method of contraception prior to forming a relationship.

We need to ensure that residents can access sexual and reproductive health services and can obtain all methods of contraception and the full range of STI tests and treatment. We have to work in partnership with other commissioners (from NHS England and the CCGs) and with our providers in order to achieve this ambition. We need to ensure that services are delivered in a manner that is appropriate and responsive to the needs of our residents. This needs to be achieved in the context of increasing demand and funding pressures for local government and the NHS.

Public Health England states that commissioning organisations should develop sexual and reproductive health services with reference to local data and intelligence, national policies and frameworks and the evidence base. Organisations should consider the following:

- Reducing the transmission of sexually transmitted infections including HIV requires a sustained public health response. This should be based around: ease of access to services; prompt detection of infection; successful treatment and partner notification. Safer sex should be promoted.
- Reducing the burden of unintended conceptions requires a sustained public health response. This should be based around: ease of access to services; ease of access to all methods of contraception (emphasis on long-acting methods of contraception) and pregnancy testing and advice; and rapid access to abortion and maternity services. Safer sexual and health-care seeking behaviours should be promoted.
- Barriers to uptake of sexual and reproductive healthcare services should be addressed and, where possible, eliminated.

⁴⁶ Public Health England 'Sexual Health LASER Report 2015' [Restricted access](#)

- On 1st December 2016, NICE guidelines were published recommending the following:
- Services in areas of high HIV prevalence (between 2 and 5 cases of diagnosed HIV per 1,000 people aged 15-59) should offer and recommend: an HIV test for all patients registering with a GP practice; an HIV test for patients who have not had a test within the last 12 months and are having a blood test for another reason at their GP practice or following admission to hospital; and an HIV test for all patients attending a sexual health clinic.
- Services in areas of extremely high prevalence (5 or more cases of diagnosed HIV per 1,000 people aged 15-59) should also offer and recommend: an HIV test for patients admitted to hospital.

Public Health England⁴⁷ recommends that local authorities need to commission and deliver provision for women and men at highest risk of sexual ill-health. For adults and older people in Manchester, this means a focus on men who have sex with men, and women and men from black African communities. Specific recommendations are as follows:

- Men who have sex with men should have a routine screen for HIV/STIs on an annual basis and should obtain a screen on a more regular basis (at three month intervals) if having unprotected sex with new or casual partners.
- Men who have sex with men should avoid having unprotected sex with partners believed to be of the same HIV status (serosorting) as there is a high risk of STI / hepatitis infection and, for the HIV-negative, a high risk of HIV infection.
- Women and men from black African and black Caribbean communities should have an annual HIV test and should obtain a screen for HIV/STIs on a regular basis if having unprotected sex with new or casual partners
- People from most at-risk groups should use condoms with new or casual partners and should not stop using condoms with regular partners until both have been screened for HIV/STIs

Therefore, we need to commission universal sexual and reproductive health services and maintain a focus on targeted prevention activities and services for residents at highest risk of sexual ill-health in order to improve sexual health outcomes for our residents.

WHAT ARE WE CURRENTLY DOING?

Commissioning and funding responsibilities

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

Manchester City Council is responsible for commissioning and funding a range of mandated sexual and reproductive health services including HIV/STI testing services, STI

⁴⁷ Public Health England 'Sexually transmitted infections and chlamydia screening in England 2015'

treatment services (excluding treatment for HIV) and contraception services on an open-access basis in line with the regulations set out in Local Authorities (Public Health Functions) Regulations (2012).

Local authorities can choose, but are not required to, commission and fund other related services such as teenage pregnancy prevention and support programmes.

The Clinical Commissioning Groups in Manchester are responsible for commissioning and funding the provision of permanent methods of contraception (vasectomies and sterilisation procedures) and abortion services.

NHS England is responsible for commissioning and funding HIV treatment and care services. NHS England is also responsible for commissioning and funding general practices to offer routine contraception as well as patient requested and opportunistic screening for HIV/STIs.

Local authorities receive a ring-fenced public health grant from the Department of Health to purchase services for their residents. Local authorities are not permitted to fund public health services for non-residents.

Commissioning actions and plans

Manchester City Council held a public consultation on budget options, including options relating to sexual and reproductive health services, at the end of 2014. The options that were approved include:

- To commission an integrated sexual and reproductive health service for people of all ages (including young people)
- To commission dedicated contraception clinics for young people
- To commission an opportunistic chlamydia screening programme for asymptomatic young people (in line with the National Chlamydia Screening Programme guidelines)
- To commission clinical and education outreach programmes for young people
- To commission general practices to fit and remove long-acting reversible methods of contraception (LARCs)
- To commission pharmacies to offer emergency hormonal contraception (EHC)
- To continue to commission HIV/STI prevention and support services

Manchester City Council issued a tender in January 2016 to appoint a provider to deliver an integrated sexual and reproductive health service for Manchester. The contract was awarded to Central Manchester NHS Foundation Trust (CMFT). CMFT is now operating The Northern Sexual Health, Contraception and HIV Service from a number of locations across Manchester. Residents of all ages can obtain the full range of sexual and reproductive health services including contraception, screening for HIV/STIs, and treatment / management of infections. The Northern also deliver clinical and education outreach activities for young people and for residents from populations most at-risk of HIV.

Manchester City Council also tendered to appoint a provider to deliver a contraception service for young people aged 19 and under. The contract was awarded to Brook.

CMFT were also awarded a contract to deliver an opportunistic chlamydia screening service for asymptomatic young people (known as Ruclear).

Manchester City Council is continuing to commission selected general practices to fit and remove long-acting methods of contraception. Selected pharmacies are contracted to deliver an emergency hormonal contraception scheme. Selected general practices and pharmacies participate in the Ruclear chlamydia screening programme.

Central Manchester Clinical Commissioning Group (CCG) is the lead commissioner for abortion services. The CCG contracts a number of providers including Marie Stopes, NUPAS and BPAS to offer these services. These services are provided for women of all ages including young women.

OPPORTUNITIES FOR ACTION

Manchester City Council, working with the other local authorities of Greater Manchester, has agreed a two-step process for the re-design and re-commissioning of sexual and reproductive health services. This process commenced in 2015 and is due to end in 2019.

The local authorities of Greater Manchester (with the exception of Wigan), working in clusters, issued tenders during 2015/16 to appoint providers to deliver integrated sexual and reproductive health services in their areas. Commissioners developed a new funding model (to resolve a number of issues relating to cross-charging) and a standard service specification. New services launched during 2016.

Manchester City Council worked with the other local authorities to re-procure HIV/STI prevention and support services and the opportunistic chlamydia screening programme for asymptomatic young people. The STI Screening Support Service (known as Ruclear) was launched in July 2016. The Greater Manchester Sexual Health Improvement Programme (working title) will launch in July 2017. Other opportunities for collaborative commissioning (e.g. abortion services) will be explored during 2017 and 2018.

The second step of the process is to review the provision of sexual and reproductive health services across primary and secondary care and related services including HIV treatment and care with the view to issuing a single tender for Greater Manchester in 2018. This is an opportunity to achieve further transformational change. The local authorities in conjunction with the Clinical Commissioning Groups and NHS England, with the support of the Greater Manchester Health and Social Care Partnership, will progress this programme of work over the next eighteen months (Jan 2017 – June 2018).

The Greater Manchester Sexual Health Network continues to support partnership working between commissioners and providers of sexual and reproductive health and related services. The Partnership Board has identified a number of priorities for action in 2017/18 including reducing late diagnosis of HIV; preventing and controlling the transmission of STIs; and further reducing unintended conceptions and under-18 conceptions. Working groups have also been established to develop strategic and operational responses to new or emerging issues including chemsex.

The inclusion of the ambition to eradicate HIV in the Greater Manchester Population Health Plan is welcomed. This could create opportunities to improve rates of detection and to control transmission.

The Greater Manchester Health and Social Care Partnership has a role in facilitating and supporting the commissioning of sexual and reproductive health (and related) services. All

of the local authorities, the Clinical Commissioning Groups, and NHS England will need to work to design a model of provision that is fit for purpose, affordable, and will achieve the best possible outcomes for residents. The ongoing support of national bodies including Public Health England is also required.

REFERENCES AND LINKS

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HIV

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Sexually transmitted infections

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Contraception

<http://www.hscic.gov.uk/catalogue/PUB15746>

Abortion

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It is hoped that you have found this topic paper useful. If you have any comments, suggestions or have found the contents particularly helpful in your work, it would be great to hear from you.

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