The HIV, AIDS and Sexual Health Revolution in Manchester – from the 1980s to now

Public Health Annual Report 2023-24

Dedicated to the memory of all those
we have loved and lost from HIV and AIDS.

Contents

That was Then

This is now

Introduction

David Regan

It has been an absolute privilege to be Director of Public Health for the city for the past 15 years. I retire in spring 2024, and this is my final annual report.

I had originally planned to do a thematic report on HIV/AIDS and sexual health in 2019/2020, but then we had to deal with a global pandemic. I am very proud of the two previous annual reports that document Manchester's response to the pandemic, and hopefully they will serve as a useful reference archive for generations to come.

The format of those reports, with a focus on personal stories and testimonies, has been adopted for this thematic report – with a slight difference. I had always intended to tell the story of how Manchester responded to the emerging global challenge of HIV/AIDS in the 1980s because I was part of it, with so many others.

I was a volunteer with Manchester AIDS-Line, besides working as HIV/AIDS Co-ordinator at the Health Authority. However, as you will read, I was also dealing with the impacts of HIV/AIDS on my personal life.

You will read many inspirational stories from the 1980s and 1990s in the 'That was then' section of this report. They highlight how we've taken the learning from those times into the present day (covered in the 'This is now' section).

You will realise just how resilient individuals and organisations have been in adapting to the changes of the past 40 years. And what could be more fitting than Manchester AIDS-Line, now George House Trust, celebrating its 40th anniversary next year.

At the end of the report I have set out my suggestions on What Next for Manchester. Despite the severe financial constraints facing all sectors, I know that the commitment, passion and the desire to get the very best for our residents and our service-users will never change.

I have thanked all the contributors to this report in the Acknowledgements section, but I will also take the opportunity now to say to everyone who has supported me as Director of Public Health in Manchester since 2009: You have been fantastic.
Thank You.

David Regan
Director of Public Health

Foreword

Councillor Thomas Robinson

Welcome to an extraordinary public health annual report.

I say extraordinary because it's a moment of historical and social reflection, capturing those raw and frightening early days of living with HIV and AIDS right the way through to advances in sexual health and how we deliver those services.

As a politician with a role in the health of this city, I look to the past to see how it can help shape our future. Reading the memories and case studies of those in this report is both heart-wrenching and inspirational. Inspirational because despite early stigma and prejudice, this city has evolved into a tolerant – in fact celebratory – city of culture, relishing its many diverse communities.

Science, commitment, activism and determination have led us to the position where, with sustained effort, we can achieve zero new transmissions of HIV by 2030. I want to see that progress flourish alongside an end to HIV stigma. And for that, we need long-term public health funding to make sure everyone has access to the full range of sexual and reproductive health services.

I would like to add my voice to thank all those people in local services and voluntary and community groups who work in this field. And, with that, is a vow to continue to support the drive to end HIV stigma and prevent HIV transmission through wider promotion and provision of pre-exposure prophylaxis (PrEP, a drug that stops HIV transmission), ensuring all affected communities can benefit from it.

But none of this would be possible without listening to what Manchester people tell us. We've listened, and will continue to listen. We've heard what you need, so we'll work together to bring constant improvement, dignity and respect to our services.

Thank you Manchester.

Councillor Thomas Robinson
Executive Member for Healthy Manchester and Social Care at Manchester City Council

Preface

Jack Holden

My play Cruise premiered at the Duchess Theatre London in June 2021. Across the month-long run, audiences were required to wear masks and to maintain a social distance. However, as soon as the show started, none of this mattered. People had been confined to their homes for over a year, and they were hungry for live, communal entertainment – whatever the restrictions. The fact that we were living through a pandemic, while I performed a story about the AIDS epidemic of the 1980s and 1990s, lent a particular poignancy to the play.

Each night at the stage door I was greeted by individuals, couples and groups with tears in their eyes and their own memories to share. They told me of friends and lovers they had lost to AIDS. They told me names; they told me ages. Quite understandably, they had been dubious that I, born in 1990, could do justice to this momentous and terrible time, but they were happy to have been proved wrong. The show had powerfully conjured memories – traumatic, sad, hopeful and happy – and served as a fitting theatrical tribute to their lost loved ones.

The critical response to Cruise was so strong that we revived the show at the Apollo Theatre the following summer, and then again at HOME Manchester in August 2023.

So when David Regan grabbed me after a performance at HOME, I was by then quite used to approaches from audience members; but David surprised me when he asked if I'd contribute to the Manchester Public Health Annual Report. I immediately said 'yes' and, as part of that process, I've been honoured to read some first-hand accounts of the incredible acts of love and service people showed to partners, friends and patients in the 1980s and 1990s.

I never saw the darkest days of the AIDS crisis, though I grew up in its long shadow, which instilled in my parents a fear that being gay was a death sentence. With Section 28 in place until I was 13 years old, I assembled a patchy understanding of AIDS through terrifying rumours and biology textbooks. When I was 18, a member of the Terrence Higgins Trust came to give a talk at my drama school, and I finally got the information I needed.

Several years later, I moved to London and started volunteering for Switchboard, the LGBT+ helpline. It was there that I heard the story that would become Cruise. A man recounted how he had moved to London in 1980, come out, fallen in love, and in 1984 had been diagnosed with HIV. His partner was diagnosed at the same time and died in 1986, whereas the man calling me had survived until effective medication came along. He had been given a second chance at life, but he had lost his partner and many friends, and he had spent all his savings. It struck me as the most cruelly bittersweet story. In the countless conversations I had after performances of Cruise, I came to realise that this man's story was far from unique.

Cruise is set in 1980s Soho, but when we brought the play to Manchester, it pleased me that audiences engaged with the show just as much as the London audiences. It struck me that Cruise's success wasn't down to the London-ness of the play; it was popular because it's a universal story about love, loss and community. It mingles tragedy and comedy in the astonishing way real life often does. And it speaks to the very best instinct in all of us – the instinct to defiantly love and care for people, even if there is no hope.

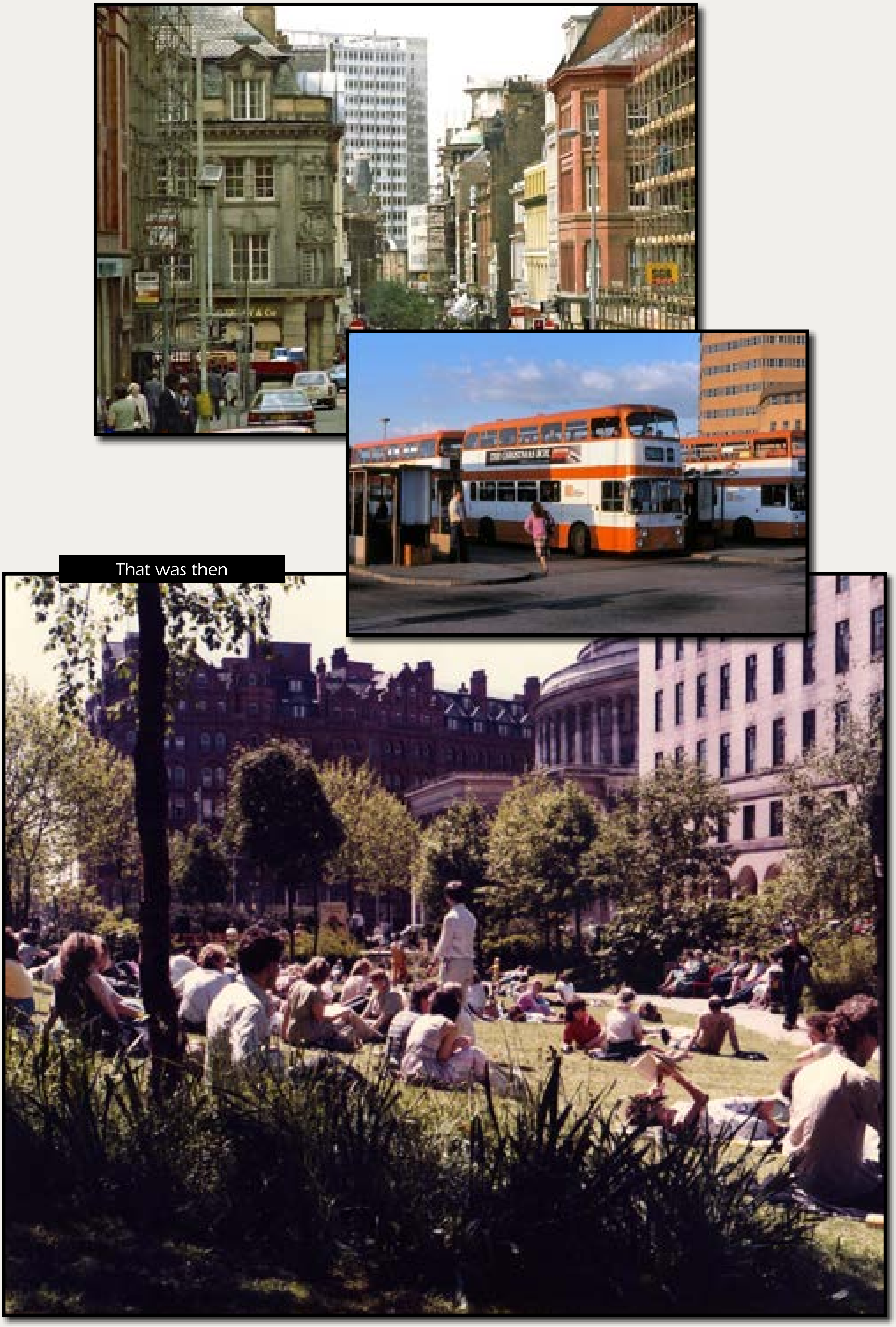
Times have changed, and my generation is incredibly lucky that HIV is now a manageable condition. But this doesn't mean we can be complacent. Our civil, legal and medical equalities have been secured by generations of brave LGBT+ folk holding power to account. It is my generation's duty to continue their work while remembering their names.

For my part, I will continue to put our community's stories on stage, both as a history lesson for those too young to remember, and as an eulogy for those we have lost.

Jack Holden

The HIV, AIDS and Sexual Health Revolution in Manchester

That was then



That was then

Respect, dignity and a baked-bean butty

Leasa Benson
Former Junior Staff Nurse,
Ward 14B, Monsall Hospital

When I qualified as a nurse, and there were no jobs, the ward sister asked me: "Have you heard of Monsall Hospital? You might be interested in what they're doing."

I arranged a visit and was welcomed by Doctor Mandel, a consultant – quite a culture shock for this young student nurse who didn't speak much to doctors. I took a junior staff nurse post on Ward 14B, which I later learnt was funded by HIV money, part of David Regan's efforts.

I was HIV-funded, but worked on the ward in general. It was wonderful. 14B had the reception desk in the middle, and on one side, big cubicles for HIV patients – because there was more room to move around and it was a bit more private.

We had all those patients with infectious diseases alongside people who were severely immunocompromised, nursed by the same team. That's a testament to their care and the expertise of the nursing team and everybody else working there. It was all about washing hands, changing aprons and cleaning rooms to stop infection spread, which I'd been taught before, but not to this extent.

A year later I moved to North Manchester General Hospital. It was the start of trials of what we called ddI (idanosine) and ddC (zalcitabine) medication – antivirals. We'd go round with these sachets on the drug trolley. You mixed it in a glass of water. It was disgusting by all accounts; people didn't like taking it. There were some AZT antiretroviral on the trolley, but we were very much treating symptoms then. A lot of people were getting KS – a cancer common with AIDS.

This was 1992. We had a drop-in flat on the ward. People didn't stay there, but we'd see people there when they needed to be seen – the beginning of a walk-in clinic.

Some patients were in a long time. You'd build really good relationships with them and their partners, friends and families. Quite often, a partner was a patient too.

Even though the outpatient department was in a different building, we'd go and staff it, so patients saw the same faces. It felt like a real community. Everybody seemed to know one another. The night staff there were amazing – often without medical support. They were highly skilled, and brilliant with patients. There was also a team of auxiliaries, and I probably learned most from them. Some of them are still there.

There were a lot of people, a lot of deaths – people my age, young men. It was hard.

One night, the most gentle, loveliest patient you could ever meet started with a kind of dementia, getting out of bed and falling – he didn't have the strength to stand. We asked for someone to sit with him. The nurse who came said: "I can't look after him, I've got children. I can't put myself at risk." One of the night staff said to her: "Well you're not going to have sex with him, are you, love?"

I remember being appalled by her attitude and a bit dumbfounded. We ended up using a group of agency staff. They all took jobs on the ward in time – they liked the work and didn't discriminate.

Ambulancemen were turning up in hazmat gear – just to transfer someone for a scan. The nurses would try and educate them: "You can't go into our ward looking like that." We'd talk to them about the low risk levels. It was crazy.

Of course, there were strict procedures where needed. One I found difficult was that when somebody died, we had to put them in a body bag. I did not like that a bit. Nobody did, because you were trying to be very respectful, doing the last thing you can do for a patient. We'd talk to them, getting them ready for the mortuary, tell them what we were doing. It just felt really undignified to do that to somebody, but it was hospital policy – very difficult.

Another sad memory is a lovely guy with a lovely partner. He became unwell quite suddenly. They'd told us they didn't see the parents, and the partner had rung them to say, he's dying, if you want to see him, come.

He died in the early hours, and nobody came or called. We told the partner we'd keep the body on the ward, but he said, no, they're not going to come now.

Next morning, two bewildered-looking people were in the corridor. One said: "We're looking for our son. We were told he was in this room," but sadly, the bed had been stripped and was being cleaned. I remember the shock on their faces. I told them his partner tried to get in touch. They didn't cry, but they both looked devastated, saying: "We didn't get here on time. We wasted all this time."

I felt really guilty. I know I didn't have any control over any of that, but it wasn't nice.

Someone from the voluntary sector used to come and do manicures, and two aromatherapists came to the ward once a week – that was the best day to be working because everywhere smelt amazing. People from the third sector also did the HIV testing clinics in the evenings. They visited too; they had a big presence.

For us, and for relatives too, food was a massive element of care. For HIV patients on the ward we had full-fat milk, butter for toast, cereals, extra sandwiches – anything to get calories into people. One of the first African ladies we had on the ward was pretty amazing. She was in her late 20s, same age as me. When she came she was very unwell. She'd come to the UK for treatment and had had to leave two kids with her parents, but all she knew was they were in some camp in her home country. We asked the Red Cross to help her trace them, which they did.

I remember her saying that the food she'd choose would be maize. The kitchens didn't have it, but a ward manager said that if she needs this, we'll pay out of the ward budget. Even after a lot of very well-meaning effort, we couldn't prepare what the patient loved to eat. I remember being absolutely gutted – for her and the dietician and kitchen staff.

But that was the start of us going to the third sector, asking what we could do around particular diets – getting some culturally appropriate food for poorly people.

I went on maternity leave in August 1995. When I came back the next January, people were taking antiretrovirals. All the treatments were new. I felt really out of my depth.

Looking back, that was such a short period of time for this massive shift in treatments.

I'm proud of all the team members who worked there in those years and who treated people with such respect and dignity. They were just wonderful.

> **"Ed Wilkins used to just be there all the time, all the hours God sent. At teatime, he used to wander to the ward with a piece of bread and make a baked bean sandwich."**

That was then

Their dignity and quality of life mattered to us

Ed Wilkins
Retired Consultant in Infectious Diseases

I started working at North Manchester General Hospital in 1980, before infectious diseases became the thriving speciality it is today. It had a loosely defined role providing services for adults and children with infectious diseases such as whooping cough, measles, and infective diarrhoea, as well as being a referral centre for tuberculosis and tropical infections.

One of our roles was to look out for emerging infections, and we started to see reports from North America of an illness characterised by a weakened immune system and a rare cancer, Kaposi's sarcoma.

Early reports were followed by retrospective cohort studies in 1981 from California and New York, but it was not until 1985 that the cause was identified, and it was 1987 before the first active agent was licensed: AZT (Zidovudine).

I saw my first case in 1982: a young man with Pneumocystis carinii (jirovecii) Pneumonia (PCP/PJP). The causative agent and how it was transmitted were still a mystery. I clearly remember my apprehension the first time I took blood from a patient, donning goggles, mask, hat, full gown and double gloves. Looking back, this level of protection was unnecessary, but you have to remember that we knew so little about the illness.

Sadly, this young man went blind from Cytomegalovirus infection and then died from his worsening PCP. This was the tragic end for so many of the predominantly young men in those early days of HIV.

It was a scary and immensely sad time for health care workers and a devastating period for patients' loved ones. So often, patients did not have the opportunity to die with dignity, fading with worsening breathlessness from PCP, blindness from CMV retinitis, uncontrollable diarrhoea from cryptosporidium, or one of a list of opportunistic infections that were the hallmark of the illness.

I remember having to tell a male couple that they both had HIV, and the impact it had on them – a reflection of the expectation of inevitable death in the not-too-distant future. It was a terrible diagnosis to receive, and they obviously hadn't been prepared for it.

Thankfully though, at this time, dedicated counselling services became available, along with psychologists, occupational health professionals, and dieticians. But for most of the 1980s, all we could do was treat the effects of HIV rather than treating HIV itself.

During these early years we were advising patients to sign a living will and to make the most of their remaining years, taking those bucket-list holidays for instance. Prognosis remained terrible. So, for example, if somebody had PCP or another opportunistic infection, there was a 50% chance they'd be dead within a year.

They were very difficult days. I remember discussions about needing a hospice dedicated to HIV and AIDS, because there were many patients who needed end-of-life care, and 'mainstream' hospices (or their patients) were reluctant to take them.

In 1987, AZT was licensed as the first potential drug to control progress of the virus and the onset of the disease. Unfortunately, experience soon taught us that the benefits were time-limited – after six months the infection continued to progress because of viral resistance. What AZT and the Concord study did demonstrate was the vital role research must play in understanding the disease.

There were slight improvements in treatments – for PCP for example, but the heart-wrenching outcomes affected everyone involved. This was a rare event in medicine: patients became family to us carers, and the carers became family to patients. I wasn't the only one who'd cry when a patient I'd looked after for a significant period died.

Numbers increased rapidly. I was responsible for 17 patients when I started as a consultant; this figure increased to 600 over the next decade. The good news was, as each year went by, drug treatments improved. But the prognosis remained challenging.

Then came the 1996 Vancouver AIDS Conference. Many Manchester clinicians went because we knew there was significant news about the saquinavir trial, which indeed we had insight into, as the Monsall Unit was a participating centre. Also, results of other early protease inhibitor triple-therapy trials were presented.

This was when the world started to understand how triple therapy would revolutionise future treatments, drug development, and – most important – the quality and length of patients' lives.

Now we can see the fruits of those early days: HIV is no longer an inevitably fatal disease. And it's worth mentioning that the advances made with HIV research have had so many positive benefits for the prevention and treatment of other conditions, such as hepatitis C and indeed COVID-19.

Another legacy is that back then, many specialities didn't involve patients in their own care – we had to. It was their life, and they needed to know. I know that was appreciated by the patients and their loved ones – their dignity and quality of life mattered to us.

I'm proud to have contributed to the 'Monsall' team and to have played a part in creating new relationships between the NHS, Manchester City Council, voluntary sector organisations such as AIDS-Line and Body Positive North West, and the wider community. It was hard, often distressing work – long shifts sometimes sustained only (it is true) by a baked-bean butty in the early hours.

Today, people living with HIV can enjoy a normal lifespan. Overcoming the fear, stigma, and the hatred at times in the 1980s, the unit at Monsall Hospital, and then the Monsall Unit at North Manchester, can be proud of their contribution to that.

I remember people died very quickly'

Paul Fairweather

LGBT and HIV campaigner. Formerly one of the Council's first Gay Men's Officers

Paul Fairweather is an LGBT and HIV campaigner. He has worked for the Campaign for Homosexual Equality at Manchester Gay Centre, and at Manchester City Council as one of the Council's first Gay Men's Officers. More recently, he managed George House Trust's Positive Speaker programme. Paul is a former Manchester councillor, and in 2009 spoke of his HIV positive status at the Pride vigil.

I moved to Manchester in 1978 to work for the Campaign for Homosexual Equality, the main gay rights organisation at the time.

In 1980 I started at Manchester Gay Centre, which had received an Urban Aid grant from the Thatcher Government in 1978. In those days it was rare for a gay organisation to have any funding.

We moved to 61a Bloom Street – the Gay Centre. There was Gay Switchboard, Friend (a counselling organisation), Lesbian Link, and a small meeting room. There was also the gay youth group I'd set up, now the Proud Trust. I was to work there from 1980 to 1985.

I became involved in the magazine Mancunian Gay, and in 1983 wrote the first articles on HIV, based on what was happening in America. It's hard to imagine, but there was no information; it was really hard to get. There was Gay News, but that was only available in alternative book shops. We used to regularly read the American gay press, and there had been articles about this new disease called GRID – Gay-Related Immune Disease. I'd also started talking to people at Monsall Hospital.

We called a public meeting in 1984 at The Thompsons Arms in the Village. It was organised by the Gay Men's Health Group, which was set up and based at the Gay Centre, sponsored by Manchester Community Health Council: 'Your questions answered. Public meeting on AIDS, Thursday, 15 March 1984'.

There was Dr Bhattachary at St Luke's clinic (the old GUM (genitourinary medicine) clinic); Tony Whitehead from Terrance Higgins Trust; and Julian Meldrum, AIDS Action Coalition, who wrote about AIDS in Capital Gay. Tony made the most perfect speech on how HIV and AIDS were going to affect everybody. I don't think people believed it. There was a huge amount of ignorance. People thought it was a long way away, in America, and it was very different in Manchester – it wouldn't happen here.

That meeting was well attended, and a group of us – mainly Gay Switchboard workers – later set up Manchester AIDS-Line. That was in 1985.

We spent some time just meeting and trying to work out what to do. Initially, we thought about a telephone helpline once a week. It was quite simple to set up; we just rented a small office and a group of six of us did everything. I think we got some funding from Manchester City Council, because by then I'd started working for the Council as one of the Gay Men's Officers.

From 1980 to 1985 I was involved with a small group of lesbians and gay men in the Labour Party in an equal opportunity working party. When Graham Stringer became leader of the Council, we set up the gay men's subcommittee and recruited two gay men's workers and two lesbian workers.

When we started AIDS-Line there weren't many calls – very few from people with HIV. It was just the 'worried well' – people really scared of catching HIV, but at no risk at all.

But I suppose that back then we didn't really know what caused HIV transmission, as there was so little information. Of course, over time, we had many people in Manchester who were positive, and AIDS-Line grew quite quickly. We took on two staff, got more funding from the health authority, and attracted more volunteers, and it grew quickly.

We set up a buddying group, and I was involved in organising the first meeting for people with HIV; this group later became Body Positive. Jonathan Grimshaw, who set up Body Positive in London, came and spoke.

The Council did a huge amount. We had an AIDS Unit with staff, a team with social workers, and the AIDS and education group. The Council had the first policy around HIV and equality. They were really proactive, and that was in part through what we were doing in the Equalities Unit and the gay men's subgroup.

I was on the committee that met with the consultants in North Manchester Hospital. One was Ed Wilkins, Clinical Director of Infectious Diseases and pioneering researcher. That was quite revolutionary, as it transformed the relationship between patients and the consultants. We were there representing the community, talking with medical people in a way that I think hadn't happened before.

I remember people died very quickly. I was in my late-20s/early-30s, and a lot of my friends became positive. They died really quickly and looked horrendous when they died. They just wasted away really quickly because this was before there were any treatments. Then I had friends treated with AZT who really struggled because it was incredibly toxic and not very effective.

My friend Martin, probably the first friend of mine to die of AIDS, was one of the original members of AIDS-Line. At the end of his life, he looked really horrendous.

> **I had a couple of friends who died on the cusp of the more effective treatments becoming available; if they'd lived six months longer, they'd probably be fine now.**

It was so unpredictable. I think of Positive Speaker colleagues still with us – a couple have been positive possibly 30 years. They were both told they were going to die.

A combination of treatments then began to make a big difference. I wasn't diagnosed until 2000, but even then I was taking lots of different tablets when I was diagnosed. Nowadays, I just take one tablet a day. It's a massive change.

What we were able to do was give people a huge amount of support and reassurance, not only those who were worried about contracting HIV, but also – through the buddying system – people who had contracted HIV.

THE MANCUNIAN GAY

20p

No 18 February 1983

STAMPING ON CIVIL RIGHTS

Sharon Redd

PLUS

17

AIDS 85

A.I.D.S.

Aids suspect 'in fear of gaol'

AIDS Pledge

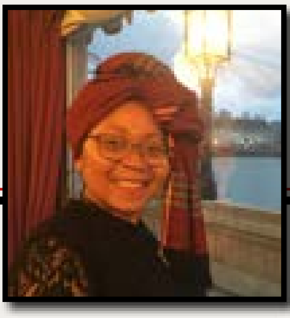
I've been a Positive Speaker now for seven years. What strikes me is the stigma some people still attach to HIV – and the self-stigma. That, and the lack of awareness among all sorts of people, including health and social care professionals, is really damaging.

You can see copies of Mancunian Gay at Manchester Central Library archive, reference GB127.M825/MPR/6

Black HIV and AIDS Forum (BHAF): Our legacy

Priscilla Nkwenti

One of the first volunteers for BHAF, and then their first paid worker



There was an invitation in 1990 from the Council to a meeting organised by Mike Narayansingh and Monika Monshu. In those days, the word Black encompassed Asians, Africans, Caribbeans – everybody non-White was part of that mix. So this was a meeting for them to come and talk about HIV. Some countries were affected more than others, but because HIV was said to have originated in Africa, the African people who came to that meeting were really angry.

The organisers said: "Let's set up a group. Come up if you want to be a volunteer to talk about HIV within these communities." I put my hand up and said: "I'm going to go and be part of this angry conversation – we need to be angry, but we need to do something about it."

Enjoying cruise on a Lake Windemere steamer: Mike Narayansingh, Tim Dindjer, Evelyn Asante-Mensah, Rhonda Findlayson and Carlene Montoute.

So I became a volunteer. That's how I started with BHAF. I joined, and we started looking at what we should do. How do we tell people in our communities how to prevent becoming HIV positive? Or, if you're HIV positive, how could you be supported – because people were already dying. You're talking about late 80s, early 90s. People were already dying, and people didn't know where to go or what to do.

The Council gave BHAF twelve grand. I jumped from my job with the Church of England – I thought, I'm going to do HIV and AIDS.

I went out there assuming that people would listen and do the things we suggested. No. You don't talk sex. You don't talk injecting drug use. Gay people were blamed. Africans and gay people. We had to go out there and raise all these issues with communities that weren't used to it. It was challenging. It was absolutely challenging.

It took a long time – longer for some communities than others. Some accepted what we were trying to raise and the messages we put across to them, but some communities were totally against it. It was hard. It took years.

I will never forget people like David Regan and Bridget Hughes. They came to our support. They said that we had to work with them to raise the awareness, and we embraced that; we thought, this is absolutely fantastic.

HIV made us who we are today and taught us things we've tried to bring to other health issues affecting a certain group of people in a community. That's our legacy.

That was then

Black HIV and AIDS Forum (BHAF): The political climate

Evelyn Asante-Mensah
Volunteer on the BHAF committee,
later taking a paid role

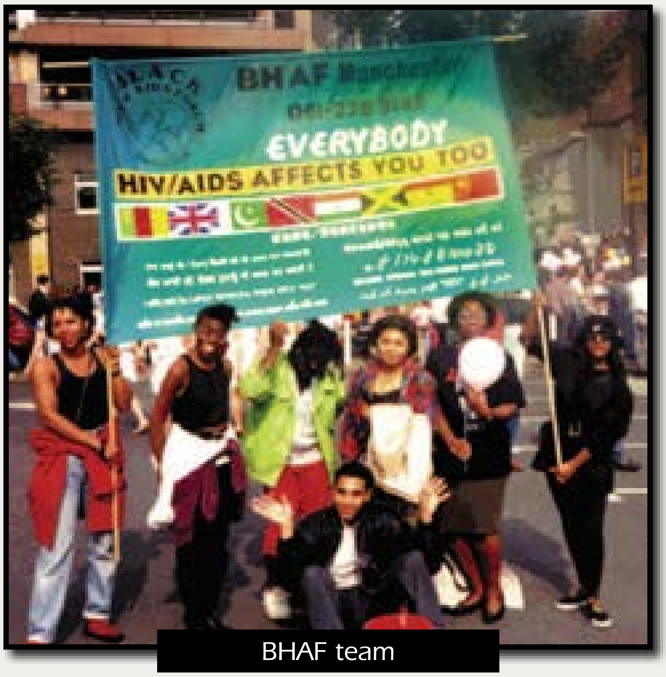
Initially, I was on BHAF's committee, probably about a year and a half. Then I got a co-ordinator role. Priscilla was the first paid worker – public education officer.

We had one room in the Zion Centre that was just big enough for two desks.

We used to go round with a black portfolio with big yellow writing: Black HIV and AIDS Forum. When we got on the bus, we'd hide it – people were uncomfortable about this. It was a challenging time really.

Black communities found it difficult in terms of HIV and AIDS, but that's around the racism that was around at the time. The misinformation, the links of HIV to Africa and African people having sex with monkeys, or eating monkey brains. That was what people didn't want to be associated with, as opposed to HIV.

Because of inequalities and health inequalities – deprivation – people had a lot to cope with: health, housing, immigration. They just didn't trust the system. It was a challenge raising HIV with communities, so we worked more around sexual and reproductive health. People accepted that more, and it meant we could access communities. Priscilla was excellent at accessing communities.



BHAF team

The political climate was a nightmare – one of blame.

It was politics with a big P, middle size P and a little P, and as a Black organisation we had to fight, because, you know, gay men were at the forefront. They were saying that they were the ones dying most, and that the resources and everything should go to them. That's what happened, of course.

It felt like a battle, and part of it was that all wanted a slice of the pie. Body Positive North West, George House Trust, and the Lesbian and Gay Foundation all felt that they were due a bigger slice.

Priscilla is absolutely right about the likes of David and Bridget: BHAF wouldn't have got to where it is now without them, because they believed in us and enabled us.

We had to do things differently. Priscilla went to the Indian senior citizens and took condoms. I went to the African Representatives Society committee and took condoms. They thought they were sweets. We had to have those kinds of discussions. We had to work differently. We had to work where communities were at.

We tried lots of different ways of doing it. We got community development workers from our communities to go out and meet with people. We learnt never to go in and tell them what you think they should know, but to go in and work with them. The reality, and we knew, was always about behaviour change. It was always about acceptance. It was always about people recognising this was about them, but there was no judgement. If you go in and you judge, and you say you've got to do this, then people close their ears and they don't hear. That's the way we worked, involving and engaging people from our communities and people living with HIV.

On a Saturday my mom would cook because we didn't have a budget for cooking. My mom would cook and we'd go to the hospital. We braided hair. We oiled people's skin, because the skin was dry. The hospital didn't know how to look after our people. We had to do it.


Priscilla Nkwenti

Faced with this terrible thing, people proved their mettle

Janet Mantle
Former health promotion specialist

I worked at a Moss Side young people's support service when we first started hearing about HIV. Soon after, in the late 1980s, I moved to the Northwest Regional Drugs Training Unit, which was part of the drugs agency. We were developing drug worker training, and HIV and its mode of transmission were becoming important for drug users, alongside hepatitis C and other injecting risks.

Work on harm reduction for drug users was already being established, and HIV training fitted in alongside this. We took expert clinical advice to inform the programme, and I had input from an experienced trainer called Nigel Leach, who had developed training around sexual health.

The NW Drugs Training Unit was very progressive. A talented artist called Mike Linnell worked there and produced a harm-reduction 'comic' for drug users called Smack in the Eye. This received a lot of criticism for its strong language and graphic images, but drug users got it, and it worked well.

Our courses were mainly for professionals and voluntary agencies working with drug users. We also promoted information at needle exchanges, such as Lifeline and elsewhere.

Manchester City Council was forward thinking in supporting harm-reduction initiatives around HIV and drug use. It was because of this that Manchester's rates of HIV infection in drug users remained low.

In 1989 I started as a Health Promotion Specialist at Withington Hospital, where I worked closely with David Regan, then HIV co-ordinator in genitourinary medicine. He worked directly within the GUM service on health advice and service development. I developed health-promotion initiatives. David and I developed NHS staff training.

There was huge fear about HIV then. We developed a well-received HIV resource pack for the NHS and others, with content input from community services, and experts in virology, infection control and communicable diseases. We worked with hospital infection control staff and also set up a huge programme of HIV and AIDS training to educate, reassure and inform staff.

Manchester City Council had set up Manchester AIDS Unit, which acted as a point of contact and support for a number of agencies. Community action had already established Manchester AIDS-Line, Healthy Gay Manchester, George House Trust, and Body Positive.

The community response was fantastic. People who were themselves traumatised and grieving came to others' assistance when family or friends disowned people with HIV or were frightened to stay in touch.

The local NHS Health Protection Agency had people whose clinical knowledge and input was invaluable, including two fantastic doctors, Lorraine Lighton and Rosemary McCann, and nurse Ruth Phillps, among others.

Manchester had – and still has – all sorts of forums that look at community health and community issues with well-established community development approaches. However, the response to HIV was special – springing up from a very loose-knit community. Faced with this terrible thing, people proved their mettle, donating time, money and support.

Initially, HIV was seen as a gay men's issue. Heterosexual people, the Black community and drug users were seen as peripheral. Yet we were all talking together – and those groups aren't mutually exclusive – so it grew.

Information for Black communities wasn't good at first. There was fear about stigmatising, but sometimes by trying not to stigmatise, you can actually put people at risk. Brilliantly, the Black Health Agency (BHA) was able to work with those communities directly. We did some joint training with them – for health professionals and others – on those communities' different perspectives.

It was a horrible situation, but also quite a heartening time for agencies to come together to fight HIV. We produced a lot of leaflets back then and put them in Canal Street and other venues, as well as GP surgeries, where some people didn't want to be seen picking them up.

Two members of my team, Bernadine O'Sullivan and Duncan Leckie, developed a training programme and pack called Equality in Practice, which educated GP practices about gay and lesbian health and reducing prejudice. It won an NHS award and was later taken over by the Lesbian and Gay Foundation, which further developed and continued the work.

The Government campaigns didn't always help with their scare tactics. The Government had a public health responsibility but didn't want to be seen pandering to groups the public disapproved of. The usual suspects in the press were harsh, judgemental and scaremongering. I found some shocking stories while writing a thesis on public perception and treatment of people with HIV in society and in healthcare.

It helped the situation that Manchester was so diverse with a well-established gay scene. Other areas saw more resistance and objection to the use of resources.

There were fallouts – the usual mud-slinging and competition for resources between groups – but overall, it was remarkable.

There's something about Manchester that's quite community focused. I'm sure that's why the Council was more forward-thinking about stuff like needle exchanges and establishing an AIDS Unit. Instead of 'no', they said 'why not?'

I'm most proud of our work changing hearts and minds. It was part-practical education, and part-getting people to think outside their assumptions. I think that's a legacy. These days, community engagement is more entrenched in service development.

David and I used to joke about being part of the lesbian and gay mafia. We all supported each other and developed that odd sense of humour people have when they're under pressure. Instead of being outraged about some of the responses we had, we laughed at them.

I remember heartbreak too – gay men losing maybe 20 young friends, and people being so horrible about those who were very ill. We can learn from that: when something affects certain communities, do not judge, but think logically how to help people through it.

They were tough times, but hopeful, and in the middle of it there were some heartening, good times. Being the young people we were, we were going out and having fun, having a laugh and kind of surviving it through humour.

It was a privilege to be part of it and to make a small contribution.

□ **Pictured with the Aids resource pack are Dr Margaret Dawson, GP, Dr Mary Spencely, Director of Public Health, its editors David Regan and Janet Mantle and nurse Christine Farley**

We lead in HIV Aids care

MANCHESTER has become the first city in the country to provide comprehensive information to GPs on the care of patients with HIV/Aids.

Local health workers have put together a resource pack which is already available in GP surgeries across South Manchester and is currently being introduced across Central and North Manchester.

A three-month research project highlighted topics of concern to GPs and practice nurses. As a result, the pack contains nine sections ranging from treatment and care to infection control and confidentiality.

Each section was written by local experts such as Dr Penny Chandick, consultant at Withington Hospital's Genito-Urinary Medicine Clinic who contributed to the section on testing. A directory of local services and agencies that can give further help is also included.

The pack was initiated in South Manchester with the involvement of health professionals across the city. Its editors are Janet Mantle, Senior Health Promotion Officer, and David Regan, District HIV Co-Ordinator, both of South Manchester Health Authority.

"Local GPs have reacted very favourably to the resource pack," said David Regan. "We've also had a lot of interest from other health authorities and NHS Trusts across the country who are interested in developing a similar resource in their area."

The resource pack comes in the form of a loose leaf binder for which annual updates will be produced.

Any further information can be obtained from David Regan at Withington Hospital on 061 447 4604.

HELP NEEDED, PLEASE!

Staff at the recently opened Day Surgery Unit at Withington Hospital are busy fundraising to buy a stereo system, television and some personal stereos to relieve patients' anxiety as they wait for their operations.

If you can help, please call John Derbyshire on 447 3287.

● The North West Lung Centre at Wythenshawe Hospital needs some potted plants to brighten up its patio area. Contact Christine Erskine on 946 2646.

Men had to learn the language of sex to stay alive

Paul Martin OBE
Chief Executive Officer, LGBT Foundation.
Former Development Officer, Manchester MESMAC

I moved to Manchester in September 1989 and got involved in what was then the Gay Centre – 'gay' being used in its inclusive sense.

I was shocked to find no HIV action programme or prevention for gay men anywhere in the city. The focus was on supporting people diagnosed with AIDS. There was fundraising for Monsall Hospital, the HIV Unit, and the start of Manchester Pride.

Ian Laing was public education officer for men who have sex with men – but without much support, what he could do was limited.

Things really changed for me when I met Hugh Polehampton, who was 'assistant town clerk' – today we'd say deputy chief exec of the Council. He was passionate about sexual health and community development, and he would later help develop the Manchester AIDS Unit Government AIDS support grant. At one point Manchester had the largest AIDS support grant anywhere, including London.

I don't know what I was thinking, but I started doing 'eroticising safer sex' workshops. I was 21, going into bars and clubs doing workshops for men twice my age and older – what the hell did I have to say about making their sex safer?

I remember how terrified people were then. I sensed two reactions: you either didn't think about it and just got on with it, or you were too scared to do anything and didn't touch another man.

My eroticising safe sex workshops focused on lots of non-penetrative ways to have sex. I got into bother with Labour Central Office, which was instructing Labour councils not to generate Loony-Left-Council-Sex-on-the-Rates headlines.

> **Yet it was very popular, and we started doing safe-sex parties on the scene – an absolute hoot. We had such fun coming up with crazier and more outrageous schemes to promote safer sex.**

The Health Education Authority was running a national campaign: 'Men who have sex with men action in the community and cities – bid for pilot funding'. Hugh asked me to set up MESMAC Manchester. We didn't get funding (we were already doing stuff here), but were invited to join the scheme. MESMAC Manchester was formed to receive funding, employ workers and develop a programme.

There were three roles: development, training, and outreach. I got the developer role, launching my career, developing MESMAC Manchester into Healthy Gay Manchester, then into the Lesbian and Gay Foundation, later LGBT Foundation, working with lots of supportive people along the way.

Trying to create a really sex-positive environment was very important – men had to learn the language of sex to stay alive. We had to find new ways to talk about sex. Condoms were completely alien to gay men. They didn't have to worry about family planning, and sexually transmitted infections were an occupational hazard. But suddenly, things changed.

It was very much a group of gay men who worked together and then started connecting and engaging with other tribes of gay men – bears, skins, leather and fetish, older, younger, all sorts of tribes.

We'd work with them to make sure we used the right language and imagery and that the message got across. They wanted more sexually adventurous, explicit language and imagery. We were forever getting into trouble for that – the world was different then. I remember taking formal legal advice on exactly what angle I could print a picture of an erect cock (45 degrees, for the record). Prosecution was a real concern.

The motivation was to stop members of our community becoming infected with HIV and dying – treatment in the early-to-mid-90s was limited.

At first, venue owners were very hostile. Wouldn't let us in. Wouldn't let us engage. I certainly couldn't distribute condoms. I had to work to bring them on-side. They were as frightened and unsure as everyone else.

One of my proudest achievements is the condom distribution scheme. It's been running consistently for over 30 years in Greater Manchester, and that's not the case for lots of places round the world. With the sex-positive literature, it normalised condoms.

You'd get a goodie bag with condoms at the end of our events; I'm not sure I should have done, but I got them from the Council. We've always had a lot of allies in the system. We couldn't have done what we did without public sector colleagues.

We had district HIV prevention co-ordinators: David Regan, Bridget Hughes and James Fishwick. They were very supportive. In spite of all the trouble we got into for explicit language and imagery, we always had key allies on the inside, helping us navigate the challenges over the years.

It's been a co-produced relationship from the beginning, from the days of Hugh Polehampton getting Government cash for Manchester's sexual health, and developing and supporting initiatives that are still here: Black HIV and AIDS Forum, Manchester Action on Street Health, and the LGBT Foundation.

The fact that we went up and down the country, doing what we did to save lives and improve the sexual health of the people, is an absolute testament to those who worked tirelessly in voluntary organisations, health promotion units, GU services, and in commissioning roles. They strove to be as inventive and creative as they could, with very little money, to make sure the nation's sexual health wasn't devastated as it could have been.

That whole bunch of people were put in place by Manchester under Hugh's leadership.

Manchester AIDS Forum was a massively important part of that, bringing together all parts of the system. Don't get me wrong, some meetings were horrendous mini battles, but people kept coming back for more. They were kept connected and engaged, doing the best they could for their communities.

From the very earliest days we had the public sector and the medical and voluntary sectors together round one table.

The thing I'm most proud of is the people who've done their bit for their community. People who have challenged themselves, people who've continued to turn up day in, day out in the face of such significant adversity.


SALE
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I think about people I supported who are no longer here

Tina Threadgold
Former health and social care student,
Body Positive

I started at Body Positive in 1995 as a second-year health and social care student. I absolutely loved it.

It was very much community care – out in the community, seeing people in their own home and at the Tariff Street centre. And I was never away from wards J3 and J4 for people with HIV at North Manchester General Hospital.

Body Positive was started by men with lived experience of HIV. It was a small self-help group, but soon needed premises; that's when the group started getting a team together. There was a community care worker, Donna, and me. I left when my social work course placement ended, but a job came up and they said 'go for it'. I got it and ended up staying seven and a half years.

It was very rewarding but left me with a lot of sadness. I was pretty burnt out by the end – there was a lot of trauma. Many people I got close to passed away – not just one or two, but twenty or thirty I worked with long term and got to know – and became very fond of.

Our work was unique, because it was long term. You saw people even if you weren't working intensely with them. You'd see them in the drop-in and spend time with them. It was like a big family. But there was sadness too. There was plenty of loss, and seeing people you cared about deteriorate.

Most we saw were symptomatic, with low 'CD4 counts' making them susceptible to infections. Protease inhibitor treatment came out a couple of years before I left, but when I first started it was AZT. That was so toxic, and it caused problems for people taking it. Today, people with HIV can be healthy after a few tablets. I never saw that. I saw very poorly people. It was quite grim.

The majority presented with pneumocystis pneumonia. They got all sorts of infections – nasty infections they couldn't always fight because they just caught one after another.

The political climate, as I remember it, was politicians running scared – that terrible tombstone campaign: 'Don't die of ignorance'. Scaremongering to try and make people use condoms and think. Everybody was fearful of transmission; there was no proactive approach or raising awareness in a healthy way. It wasn't helpful.

The awful stigma and discrimination weren't being addressed. Some Government campaigning added fuel to that fire – implying all gay men had HIV. It was a double hit for those we supported; they were discriminated against for their sexuality and for being HIV positive.

We had to do lots of work with housing providers to get our people housed – against the ignorance and fear they'd infect others. We obtained really nice accommodation with housing associations by sitting round tables and educating them. We had to explain to them that it's actually quite hard to catch.

Once people understood, the prejudice started to calm down. And although the Government's campaigns fed the stigma, they did ring-fence money, which helped us provide services.

We left Tariff Street for City Road, Hulme. It was a one-stop shop, with counselling, advice on drug regimes, and community care workers.

You could even get something to eat. When I was at Body Positive that was a much-needed service. Five days a week people came in and had food together – that was important. We prepared really good food, a three-course meal. If people struggled to cook for themselves, many lost their appetite; if they came in and saw meals being cooked, they'd eat.

We had strong links into the hospitals. So when people came to us newly diagnosed, we could make sure they received the right medical treatment and support.

Many had no friends or family. That was just so sad. I think that's why they were quite dependent on us community care workers. They really valued the time we gave. One guy I went to see every week didn't need anything, but I just sat with him, and we'd talk. Work was fine with that. They knew it was crucial; he wasn't having contact with people because he was very poorly.

David Regan, later to become Manchester's Director of Public Health, was then making sure local HIV money was ring-fenced and there was a long-term plan. Public Health knew this wasn't going away and saw the need to finance HIV support to make sure people got the best outcomes. I think it was dealt with very well locally.

When I think about what I'm most proud of, I'd say two things.

The first would be the service users – their resilience. You'd see someone in a really bad way, but with a smile on their face, or cracking a joke. Unbelievable resilience. They also cared about you – they were bothered about how you were, yet it was just an uphill battle for them. Many lost family and friends too.

We used to tell them: "Be careful who you trust; they might seem genuine, but they can turn." They had all the hurt and pain of that. I saw the vulnerability. They put a brave face on, so I'm really proud of them as people.

The second thing I'm proud of is the fighting we did as an organisation. George House Trust did more around this than Body Positive, because we focused on service delivery, while they focused more on campaigning and people's rights. We also did some of that, and I'm proud we helped reduced stigma. We fought people's corners, to get the best we could for them. That was tough.

I've still got friends who fought, survived, and are on the tablets. It's amazing they're still around. But a lot aren't. They come into my head, not all the time, but I often think about people I supported who are no longer here – lovely people.

I loved their sense of humour. Every day, whatever they were going through, there'd be laughter. You wouldn't have got through without it, actually.

I'm glad for the years I worked there, the experiences I had, and the difference I made. Because I think I did make a difference. I'm quite proud of that.

This was a confusing time for schools – I helped them

Catherine Jones

Former health education specialist

Through the 1980s I taught in a big comprehensive school outside Manchester, and by the end of the decade I was also doing youth work. I was asked to help develop a health education programme – very uncommon at the time. Schools covered reproduction in science, but this was pre-national curriculum. I had no training or resources. We did basic stuff: drug misuse, smoking, healthy eating and sex education.

We called it Health Education then – not yet PSHE (Personal, Social and Health Education). It wasn't compulsory, so only forward-thinking schools picked it up.

Staff involved tended to be like me, more into the pastoral side, or just teachers with too many free periods – not the best for sensitive discussions with kids.

By the mid-1980s the council where I was offered training and support on PSHE focused quite narrowly on sex education, avoiding pregnancy and STIs (STDs then).

We started including HIV and AIDS lessons in the early-to-mid-1980s. No one knew much about it. We had a video for young people in which a consultant in a white lab coat talked to the camera about the virus. This was quite medical and badly animated, and was before the national Don't Die of Ignorance campaign.

Towards the end of the 1980s I began part-time youth work. This was different to what we did in schools, because the relationship with young people was voluntary. We did some very positive work. I had diversity and inclusion training, so the work focused on social and political education in an informal setting. Discussions were more open and person-centred on a range of issues, apart from sex and relationships education, and we had free condom distribution by the end of the 1980s.

I came to Manchester in 1993 as a health promotion specialist with responsibility for sexual health and HIV in schools. I took a newly established, jointly funded post in the NHS, working with schools across the city. I was the only citywide health promotion officer, reflecting joined-up thinking across the NHS and local Education Department.

David Regan was South Manchester HIV and AIDS Co-ordinator, and an HIV team in health promotion consisted of one health promotion officer, Janet Mantle, and another part-time position. There were schools officers in the three district health promotion services covering drugs and healthy eating, and I straddled the HIV and school teams.

I was helping develop HIV and AIDS education in schools. I had a lot to tap into. Manchester AIDS in Education Group – a multi-agency partnership developing joint working across the Council, health services and the voluntary sector – was already active. Another important group was the HIV and AIDS Forum.

Much of my work was supporting schools to develop holistic policy and practice around sex and relationships education (SRE), of which sexual health, HIV and homophobia were important parts. Section 28 still had an impact on schools in the 1990s, so tackling homophobia was important. The 'Gillick ruling' still caused health professionals to fear it was illegal to provide sexual health advice and treatment for under-16s. This was a confusing time for schools – there were different expectations from many sides (including the Government and faith groups) about what SRE should and should not be.

So I helped schools make sense of what they had to do. They weren't required to teach sex education then, but if they did, information about HIV and AIDS and other STIs had to be included. School governors decided whether and what sex education was taught, and parents could withdraw their children. I provided support, advice and training on sexual health, HIV and AIDS as part of a holistic approach, also providing training and support for parents and governors. I remember lots of twilight sessions with the Council's Governor Training Unit.

Some school nurses were 'family planning-trained' and were very helpful in upskilling others, as we didn't have young people's sexual health services, or Brook, then. Youth workers and school nurses were therefore key, along with the voluntary sector agencies.

I remember many meetings with Priscilla and Evelyn from BHAF (Black HIV and AIDS Forum) and Rosemary from the Youth Service, as well as some interesting multi-agency training sessions with school nurses and Paul from Healthy Gay Manchester.

Talking to children and young people about HIV, sexual health, sex and relationships is difficult for teachers without training, so many schools used the school nurse, who would often come in at year six with the 'sex-ed' lesson. We tried to move that on, upskilling teachers to work with the school nurse as part of a whole-school programme involving governors, parents and relevant others, such as faith and community members.

One tool I developed was a Sex Education Guidance for Manchester Schools document, endorsed by the Council and the Health Trust – a handbook clarifying the politics and Government requirements. It gave good practice from many settings – including faith schools, early years and special schools. Although called Sex Education Guidance, it was more – an inclusive, holistic approach to relationships and equality, which is why I think it's stood the test of time. Sexual health and HIV work in school needs to be part of a holistic approach, and later it became an integral part of the Healthy Schools Programme, locally and nationally.

Alongside Sex Education Guidance we also developed specialist SRE resource boxes – some items for practical classroom use, others for planning and developing policy and curriculum. They got a mixed reception, some schools welcoming our approach, many – I guess our target group – happy to take some support. Then there were some you weren't going to move at all.

We established a good network of schools, using best practice to encourage others. We also had money, which helped us cover teachers released for training.

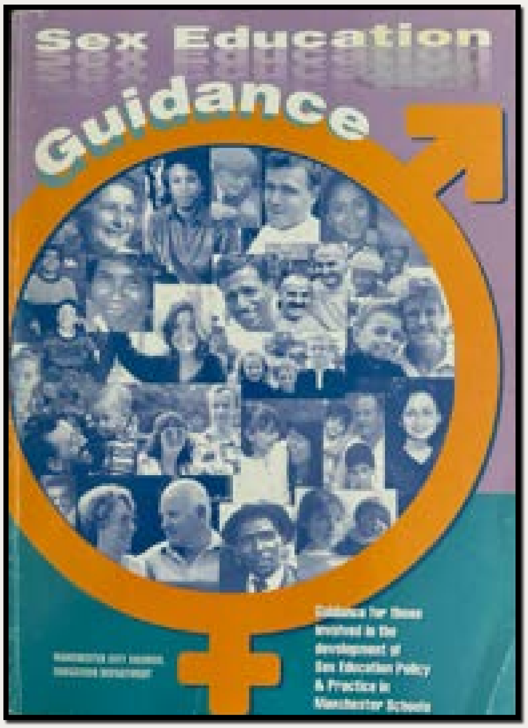
I think we were ahead of the times. It was a few more years before the national framework for PSHE was published, then soon after that, national guidance on SRE in schools.

The nature of Manchester helped – all the issues it had. There were already well-established multi-agency groups when I began. Some even included schools – a strong foundation.

Developing the guidance took about a year. We did it in partnership with several schools, promoting it by saying: look, this school down the road is doing this well; you can too.

I think our multi-agency working and our partnerships have helped schools use a wider range of resources and external agencies, which has helped those agencies to work closely with schools.

We helped lay the foundations for good sexual health work in schools and other settings, such as young people's sexual health services. I hope we helped set the scene and the standard for how it's done now.



Sex Education
Guidance

We were all a bit rebellious, wanting to make a difference

Bridget Hughes
Former district HIV Prevention Co-ordinator
for Central Manchester

In 1990 I became district HIV Prevention Co-ordinator in Central Manchester, looking at HIV and AIDS strategically: the services we have, how we were responding, what was going on, and what we needed.

In the NHS I'd been involved in drug and alcohol work, but nothing to do with HIV, so before starting, I went to an AIDS and HIV conference in Brighton. I was in a workshop where David Regan introduced himself and explained his role in HIV and HIV counselling in south Manchester. That's when we met, and we've worked together most of the time since.

I collaborated with David and our colleague James on what was needed – including which VCSEs and Council HIV and AIDS Unit staff we should work with – bringing people together to develop forums and look at the emerging issues.

We were lucky to have a progressive Council and NHS in Manchester. They employed HIV co-ordinators and clearly felt we needed services and systems. So we never felt any antagonism locally.

We helped set up a condom distribution scheme with the then local MESMAC (men who have sex with men – action in the community), which became Healthy Gay Manchester and later formed the LGF and then LGBT Foundation.

We worked with the Black HIV and AIDS Forum – Priscilla and Evelyn – to address disproportionate numbers with HIV within the Black community. And we worked very closely with George House Trust, which evolved from AIDS-Line. We tried to bring everyone together.

Prevention was our big thing, plus dealing with stigma and supporting clinics to set up services.

We tried to get as many Council and NHS staff trained as possible – we ran joint training with the voluntary sector. We had to do a lot of work with cleaners, and with undertakers who didn't want to take the bodies of people who'd had HIV.

> **It was a horrific time for people. We spent a lot of time at funerals before there was medication.**

We helped the LGBF put together a service for gay men in Unity House, offering HIV testing and condom distribution, then we progressed to hepatitis B vaccinations.

We did a lot of outreach in public venues, using those prepared to distribute condoms on the canal sides, to go into the dark rooms in bars, and work with the bar owners.

Prevention work was a delicate balance of warning that HIV was around, but not scaring people. They were advised to protect themselves, but we were careful not to stigmatise the issue.

In the early 1990s, before drug treatments, people were just dying. So we started creating a version of London's Lighthouse for Manchester – a patient-centred HIV care facility with a residential unit.

David and I were heavily involved, along with men and women who were HIV positive from Body Positive North West. We put bids together and got local people involved. It was a big campaign over several years, and we had venues lined up, architects' plans drawn, and fundraisers that were supported by celebrities, including Elton John. We got a commitment for £1.2million of Department of Health funding, but we never actually got the money or built the place because the tide had started turning. Medication meant that death was no longer inevitable.

You could only get tested at GUM (genitourinary medical) clinics then, and gay men and sex workers felt stigmatised there. We were trained to ask people to get their insurance and mortgages etc before they went for a test, such was the discrimination. And teams were scared to do the tests. Our training tried to address this, but it's one reason we started doing tests at the Lesbian and Gay Foundation.

We did a lot of work setting up HIV testing for pregnant women. We went to Saint Mary's in Paddington and looked at how they did it. We worked with their consultants and set up a system at Saint Mary's, Manchester. We also worked closely with the Black Health Agency to overcome quite a lot of prejudice in some midwives, teaching them about HIV prevalence in women from sub-Saharan African communities for example, without stigmatising those communities.

Lots of people didn't want to touch our sort of work, but among those who wanted to be involved, there was real camaraderie and a will to work together to support people. I suppose we were fighting the system, the wider politics. I liked the challenge of it. People were so committed.

Politically, that's probably where we all were. We were all a bit rebellious, all wanting to make a difference.

Together I think we had a good voice; people stuck together and protected one another. I think, and I hope, that some of our legacy is still there. I suppose it is still there in agencies like the LGBT Foundation, Black Health Agency and George House Trust.

I think the medical profession, maternity services and sexual health services are different now. I would hope attitudes have changed. I believe they have.

I saw the importance of standing against the media attacks

Michael Linnell
Former drugs worker

In March 1985, I was employed as an artist by the drugs charity Lifeline, based at the old drug dependency unit at Prestwich Hospital.

Lifeline had 13 staff at the time. You could fit every drug worker in north west England into one room back then. Every Wednesday we had a meeting to talk about issues. One presentation we had was about a new potentially deadly virus, called HTL V3 – this was before it was called HIV.

Dr Roy Robertson, an Edinburgh GP, came down and spoke about the effect it had on the injecting drug users in his area. So, it suddenly became an issue we were concerned about.

We wanted to open a needle exchange like the one recently created by our sister organisation, Mersey Drug Regional Training Unit. At that time, they weren't officially sanctioned, though there were conversations with the Department of Health and the Home Office, both of which turned a blind eye to it to see how it went.

We started in a Portakabin, next to the drug dependency services in Jodrell Street in Manchester city centre. All the treatment staff refused to work on it because they were into Gestalt therapy and therapeutic ways of stopping people using drugs.

We were more practical. I was staffing the needle exchange, alongside secretaries, a librarian and various others. There were no safety guidelines, monitoring or dealing with sharps bins and things like that.

The crucial reason we got away with it was a Government report disagreeing with the orthodox view in the United States, stating the British Government's view was that HIV was a greater threat than drug misuse.

The concept of harm reduction in drugs was brand new and was really scary for a lot of people. We went to the first British harm-reduction meeting in London – there were only six of us there. It was at the Institute for the Study of Drug Dependence, and when they found out it was about harm reduction, they wouldn't let us have the meeting in the building. We had to go to a local pub.

That's how incredibly controversial needle exchanges were when they first opened; they've changed a bit in practice, but they're still there.

I'd been working on something that was basically a way of informing injecting drug users about HIV and AIDS, the new disease that was going round, and I produced a pilot of a magazine called Smack in the Eye.

I spoke to a load of heroin users about their understanding and what they'd read – things like that. I tapped into their kind of humour and produced the information given out in our needle exchange. This was banned by just about everybody else in Manchester, which was obviously an added bonus. We put that on the front sometimes: 'as banned by the probation service'.

We were interviewed by the Director of Public Prosecutions twice, but they were never quite sure which laws we were breaking. At one time they were looking at the Obscene Publications Act.

It was information about how to inject drugs safely, but it was also about not sharing and things like that. It looked at sexual practices as well, in a kind of British Carry-On style that was quite different from anything else around at the time, to put it mildly.

It was originally produced in 1986, and later it was put out officially – people from all over the country, in fact all over the world, wanted to buy It.

Initially, we tried to sell it, in the same way that people would sell the Big Issue. It had mixed success, but we did see knock-off copies being sold at a Pink Floyd concert in Manchester at the time, which we saw as a sign of success – it was seen as a kind of underground thing.

I did one called Peanut Pete in the 1990s, aimed at ravers, and that sold about six million copies.

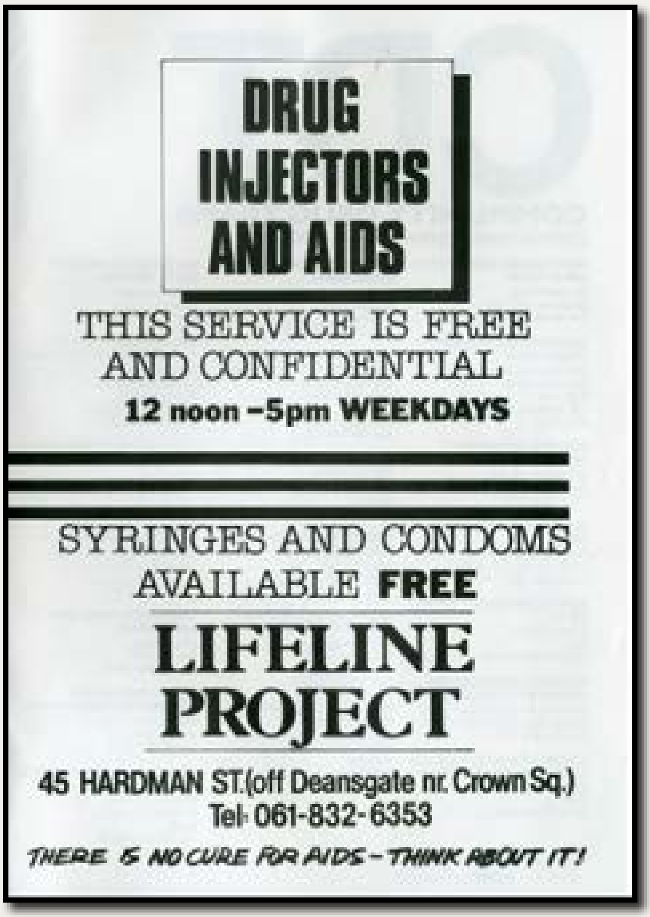
It was imparting information but treating people as human beings. It was talking to those individual target audiences and finding out what the practicalities were. I did quite a few with street sex workers, both male and female, and again it was understanding the world from their point of view, portraying them as they wanted to be portrayed – not necessarily how they looked, but how they wanted to be portrayed. It was a way of tapping into that humour to put across the messages.

The process was brand new at the time, treating the audience with respect and aiming it at the audience it was aimed at.

They put me in charge of dealing with the media and sent me on a media course Winifred Robinson was teaching to professionals in Manchester. For the course you had to do a mock interview about something you were working on. I told her about Smack in the Eye and she said: "Could you come on North West Tonight to talk about it?"

James Anderton was Chief Constable of Greater Manchester at the time: "Gay people swirling around in a human cesspit of their own making." A very different environment, so I always saw the importance of standing against the media attacks, the comments from colleagues and people telling us not to do it, the threats of arrest and all the rest of it. I saw that as important as the work itself.

It's not enough to produce it. You've got to stand up for it. You've got to say: "We're doing this because we believe it's the right thing to do. If you don't like it, it's not aimed at you. It's not a magazine aimed at middle-aged professionals; it's a magazine aimed at heroin users."



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LIFELINE PROJECT

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THERE IS NO CURE FOR AIDS – THINK ABOUT IT!

Pick any marginalised group: someone was having a go at them

Mike Narayansingh
Former AIDS Unit Officer,
Manchester City Council

Mike Narayansingh worked in Manchester City Council's AIDS unit from 1989 to the late 1990s, and went on to become Manchester's head of drug services.

In 1989, the Council established an AIDS unit and employed education officers to work with injecting drug users, young people and men who have sex with men. I got the injecting drug users job. My thinking was quite forward for then: things like harm reduction, HIV prevention and needle exchange.

Needle exchanges were just starting, and I asked every city chemist to give clean equipment to injecting users. There was no money; I just wanted them to do the right thing. It became quite an extensive scheme.

You couldn't avoid the politics and issues it brought up: homophobia, race, prejudice towards drug users and sex workers. Pick any marginalised group – someone was having a go at them. You knew they were vulnerable, so you'd carry on.

Prevention was key, but you don't know if prevention will work, or has worked. All you know is whether something happens – and what didn't happen was an HIV epidemic among Manchester's injecting drug users. I like to think that our prevention work with injecting drug users, sex workers, and Black and minority communities, worked. Sadly, we lost a lot of people through HIV, but that's not to say the efforts weren't worthwhile.

One important thing to remember is that we weren't working in isolation. It's thanks to the multi-agency Manchester AIDS Forum that the Council's Public Health service and the NHS talked together (quite rare then). The Forum brought together separate HIV and AIDS co-ordinators and community drug teams from across the city.

There was a lot happening in my field, drugs: a needle-exchange forum, and groups forming and getting co-ordinated. We produced leaflets and were building a network of needle exchanges.

I joined the Government's Advisory Council to promote what Manchester did on the misuse of drugs, and had direct access to the Department for Health and the Home Secretary. We created a national needle-exchange network using Manchester's logo – red and green arrows. You still see it in chemists' windows.

The MASH van launch. Pictured are Mike Naraynsingh (left), Jo Brand (centre), and Sarah Crosby with two of the MASH volunteers

At AIDS Forum meetings, it was mainly White men who were involved. There was much talk of AIDS in Africa and Black people being a source, and possibly being more vulnerable. Yet no one was doing anything about it.

In race politics then, the term Black meant non-White. So whatever background, you identified under this Black umbrella. We put posters round Moss Side: 'HIV and AIDS affect Black people too. Come to a meeting – Westwood Street West Indian Centre'. Many people came, and the room was divided. One half said: "At last, somebody's recognising this is an issue for Black communities." The other half were angry, saying: "The Council blame Black people for AIDS."

At the end, I invited anyone interested to meet at the Greenheys Centre, and they started coming to what we called BHAF – Black HIV and AIDS Forum. We became a lobbying group, represented on the AIDS Forum, with a voice in the health service and the Council.

We got money for a Black communities public education officer, Priscilla Nkwenti. She'd go out to the Indian Association at Gandhi Hall and elderly Asians' coffee mornings with displays and condoms and she'd give the talk. She was brilliant, getting sex discussed in places you'd never imagine.

I did work in Hulme's old Zion Centre. DASH (Drug Advice and Support in Hulme) were already there and we got BHAF a room. Fay Selvan – now running the Big Life Group – came on the scene at that time, and we realised we had a bit of a community movement starting.

We got more money for BHAF. Jackie was the first co-ordinator, then Evelyn, and I was chair. Carlene Montoute kept us co-ordinated from a desk at the AIDS unit in the Town Hall. You could do stuff like that then – just by saying we have a worker who needs a desk.

My paid job was with the Council, but there was a bit of flexibility to try new things. I justified this as part of my Black drug-users work. All credit to the Council and AIDS unit manager Mavis Pearson – they gave us flexibility to make ideas happen.

Maxine Sullivan did street work with female sex workers around Sackville Street. We were talking outside The Thompsons Arms in 1990. I said: "Maxine, the two big risks are sex and injecting. Who's doing both? Women selling sex to buy heroin. The only way to get to them is to go to the beat, talk, and provide the means to protect them, whether that's condoms, clean needles or syringes, information, or just talking."

I said: “Let’s get a van, fill it with condoms, needles and syringes, citric acid and leaflets, and get women in for a brew.”

Environmental Health Director Mike Eastwood gave us an old noise-pollution control van with a gas bottle and Bunsen burner, kettle and water. Later it would have a clinic room and an obstetrics bed. Around midnight on 28 February 1991, a few of us stocked up the van and parked down Sackville Street to see what’d happen. It worked. We did that pretty much weekly, eventually calling it MASH – Manchester Action on Street Health.

Any police objection would have finished us, so we met them at a quite senior level. They loved it.

We had funding, formed a committee and board – I chaired – and appointed co-ordinator Sarah Crosby, finding her a room in the Zion Centre, with Priscilla and Evelyn and Denise Williams from DASH.

Consultant midwife Fae McCrory became the first specialist midwife for women drug users and sex workers, working with us on the van. Council support was practical. I said: “We need to plug the van’s electrics in somewhere.” You can still see the junction boxes they put on Canal Street/Sackville Street lampposts.

Thirty-odd years later, MASH is still going strong, as is BHA, which has replaced the BHAF. That’s got to say something. They were needed then, and they’re still needed now.

We organised the Clause 28 march from a little attic on the seventh floor

Councillor Pat Karney
Manchester City Council

A Labour councillor in the city since 1979, Pat Karney was born in Dublin and raised in Harpurhey.

In 1984, a whole new generation of young councillors was elected to the Council. One of their missions was that your gender, colour or sexuality did not make you a second-class citizen – everyone in Manchester was equal. The whole equality agenda, and obviously HIV and AIDS, was part of that.

When I think back, it seems so uncontroversial, but there was a sea of hostility and vitriol – every time you did anything there were attacks. Even the Labour group were homophobic then. The Manchester Evening News, a dominant presence that set a lot of agendas, was really homophobic.

When James Anderton, Chief Constable of Greater Manchester 1976–1991, made his 'swirling around in a cess pit of their own making' speech, the leader column in the Evening News declared that the chief constable had a right to his view, saying: 'AIDS is a question of morality, being no threat to those who live blameless lives'.

When I read it now – it's so shocking. One day I got a call from a journalist at the Evening News. He said: "Sorry to ask you this Pat, but have you got AIDS?" This was typical of what went on then – the kind of targeting. I remember crying after I put the phone down. I thought, that's horrible. Somebody in the Town Hall had told him that I'd got AIDS – it was part of the hostility at the time.

> **The whole AIDS thing was at the level of hysteria – with people not knowing how you got it.**

The thing I'm most proud of in the 1980s is the Clause 28 rally we organised in 1988. Twenty thousand people turned out. That changed this country, and showed what you could do if you came together and rallied together. It definitely had a huge impact on the political establishment – Labour and Tory.

It was organised by the new leadership in the Town Hall and by Paul Fairweather (George House Trust co-founder, LGBT activist and former Harpurhey councillor) and friends outside the Town Hall, from where we organised it from a little attic on the seventh floor.

It all looks so easy now: you organise a rally; what's wrong with that? You set up an AIDS information line; what's controversial about that? But it certainly wasn't easy then.

The appointment of a Gay Men's officer and a Lesbian Women's officer was an idea we copied from the Greater London Council. I went down and saw all their different units and we pinched that model from them. There was nobody else doing anything like it.

No other council would touch it in the 1980s, or even the 1990s – no other council in Greater Manchester.

It was always Manchester out front – and that's not to blow our own trumpet; it's because we were a generation that believed in it.

The gay men's and lesbian subcommittees met in the evenings. There were two or three journalists at every meeting. If you gave £5.50 to some lesbian group, it was headlines in the Manchester Evening News.

The thing about that was, it was very powerful, because we got it thrown back at us on the doorstep.

I was in the same ward as Graham Stringer (now Labour MP for Blackley and Broughton) in Harpurhey. Luckily enough, I was brought up in Harpurhey and went to school there so they couldn't tag us as outsiders in any way. I think we had authenticity; we were still attacked, but I don't want to make out that we were victims – we were politicians.

I remember in the 1980s, talking about safe sex campaigns, the first time I said the word 'condom' in a Council meeting. A Tory councillor shouted out "You dirty buggers". We were shouted down and described as dirty and disgusting. I recalled that recently when we had a presentation on chemsex at one of the Council's committee meetings. I thought, how far things have progressed.

We got loads of letters back then – particularly from young people – from all over the country, asking if they could come to Manchester and could we get them a flat.

I remember this young guy who was kicked out by his family. I remember because his letter was so vivid. Because of HIV and AIDS, he was made to use his own crockery; they wouldn't let him use the plates and cups in the house and made him wash his own clothes. It was basically a segregated existence because of the hysteria about HIV and AIDS.

Our standing up for people with HIV, and against Clause 28, and our AIDS-Line produced those cries for help. I realised then what Manchester and Manchester City Council meant to people – they were picking up on all this. There was no organising by social media, and no internet. They must have been reading about Manchester in the tabloids and they picked up on what Manchester was doing. Most of the people who wrote to us had probably never been to Manchester in their lives, but they picked it up.

We were concerned about the impact and dealing with the issues in Manchester, but Manchester was sending signals to the rest of the country about what it was doing, and that was important.

Manchester's a brilliant, tolerant city. I think it's down to the innate decency of Manchester people and possibly all the new waves of different people coming and staying here.

To get a really good feel for the Clause 28 rally we organised, I strongly suggest a visit to Manchester Central Library's North West Film Archive viewing pods to see a film called The Manchester Gay Rights Rally, produced by Nick Lansley.

The Clause 28 March, Manchester, February 1988

Paul was so frightened. I put my arms around him – and never let go

Richard Scarborough
Former Commissioner for Sexual Health,
Manchester Public Health team

The 1987 tombstone adverts were my first HIV and AIDS memories, alongside dreadful media reports. We discussed it over lunch at the bank I worked for. A manager said: "Queers deserve it, with what they get up to."

That attitude, along with my annual review – 'No further promotion until the bank has met the wife and ensured she is suitable' – convinced me that banking was not my long-term future.

Around that time, friends organised a Positive Theatre performance – actors living with HIV. They had to carefully avoid press attention. It ended with all the actors running around the stage like children in a playground playing tig and leapfrog to the sounds of children playing. One by one, they froze and fell to the floor until there was just one actor running frantically between them, searching for their missing friends. Then he too fell, and the lights went out. Over the following months we regularly learnt that another of the company had died.

I moved to Sheffield in 1991. That's where I met Paul. He was visiting a mutual friend at uni who told me his visitor needed cheering up after his recent HIV diagnosis.

We met up at a disco and at the end of the night our friend disappeared, leaving Paul stranded, so he came home with me and we talked into the early hours. Paul was so frightened. I wrapped my arms around him – and never let go.

I came to Manchester in 1994 to start a master's degree and be nearer Paul. After our first Mardi Gras (now Pride) Paul went home and I went alone to the evening vigil. As I watched the candles being lit, gut-wrenching sobs shook through me at the thought of what the future might hold.

Paul had no luck finding work here, so decided to move south for six months to finish his accountancy qualifications. I was relieved for him – the pressure of both working and studying left him constantly tired. But before finishing work he had a seizure and was ill for several weeks. Returning to work, he had another seizure. Again, it made him very ill, especially as he had a bad reaction to some of the tests and drugs.

Gradually, his health improved and he moved to Slough to study. For a few months all went well. Then he started with sickness and diarrhoea. I drove down to pick him up and when it became clear he wasn't well enough to take his exams, I brought his things back here too.

Weeks passed without improvement. He became thinner and weaker, needing a wheelchair when we went out. There were good days, even good weeks, but it always came back. Paul's sister Linda came to visit from Canada and I got some much-needed respite.

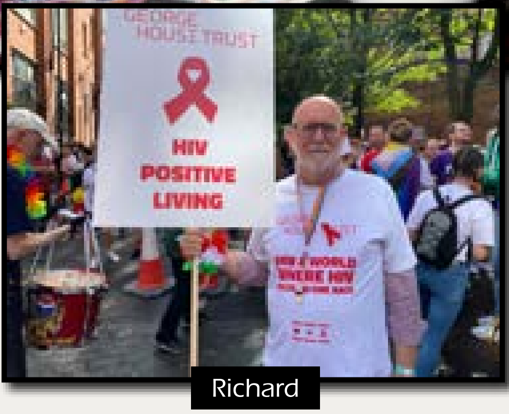
The 1995 Mardi Gras coincided with Paul's arranged visit to see Linda in Canada. We couldn't afford for us both to go and I badly needed to work on my dissertation – I was way behind after intensively caring for Paul. He insisted we watch the Saturday parade, but he looked so ill I didn't think he'd make the flight. Yet he woke the next day with a new spark of life and off he went, leaving me wondering if he'd return.

He did get back, but was very unwell. I was an expert on his health by then. I got him home to bed then rang J3 – the infectious disease ward at North Manchester Hospital. They admitted him that night and he was in for three weeks. J3 was amazing; if I rang and said Paul needed to be admitted, they'd just tell me to take him over and they'd get a room ready.

By now I'd given up my course to look after Paul, as his health was deteriorating.

Our rented Levenshulme terrace was becoming unsuitable with its steep stairs and inaccessible bathroom. Social workers and people at Body Positive helped us find a flat in Hulme. Night sweats meant changing the bed at least three times a night, and the diarrhoea was as frequent as every 20 minutes. There were frequent stays on J3 and dieticians, physios and others saw Paul at home as well.

Paul and Richard



Richard

By November 1995 it looked like Paul wouldn't see Christmas and decisions were needed on how best to treat him. He'd caught an intestinal bug – one of those opportunistic diseases that attack immunosuppressed people – and the only known treatment was a drug that caused him severe allergic reaction. For months we tried alternatives and to desensitise him. With little left to lose, he was put on a large dose of the drug along with steroids and antihistamines to counter the allergic reaction. The results were incredible – he put on three stones in under two months and his energy returned.

With Paul's recovery I could return to work and secured a job with car company Lookers. Paul flew to Canada again to see Linda. She sobbed on the phone to me after he'd arrived: "I don't believe it, I've got my brother back. He looks so handsome. I didn't believe he was as well as you were telling me."

Life settled down. Paul got his driving licence back, as his seizures had stopped, and thanks to benefits that Body Positive helped him apply for, he got a Motability car and was enjoying his freedom.

Sadly though, the symptoms slowly started to reappear as the bug in Paul's body became resistant to the drug regime. Bad days stretched into several bad days, and soon into bad weeks, until we were back where we'd started. It seemed all the drugs had done was stop him starving to death at the last moment, allowing him to build himself up, only to cruelly send him back in the same downward spiral.

I continued working while caring for Paul, and a council home help did some household chores. By now, most of Paul's friends had disappeared. It's not easy watching someone your own age who is so ill. He had befrienders – Paul from Body Positive North West and Barbara from George House Trust charity. They and others helped us cope: the team at North Manchester and an amazing GP – Dr Tim Woerden from The Docs.

In June 1995, Paul – now very weak – decided to visit Linda in Canada while he could. I joined him there after a week and found him much worse. He was so disappointed – he wanted to make it a special holiday for us, but just being with him was the most special thing in the world for me. I spent two weeks coaxing him to eat and getting fluids down him, wondering how we'd get home. He found the energy to travel back, and on arrival I rang J3, who welcomed him again.


Richard, Paul and Linda

Once Paul was discharged, I was lucky to get four hours' sleep a night. Administering drugs, changing the bed, getting Paul to the bathroom, holding him while he was sick and cleaning it up meant it was difficult. I slept in twenty-to-thirty-minute naps. I continued going to work – we'd agreed Paul would decide when he needed me to give it up, and I couldn't take that last bit of control away from him.

Even with the home help there was lots to do ourselves. My lunch hour was spent returning home to get Paul out of bed and helping him shower and dress before settling him downstairs. Evenings were spent doing laundry, cleaning and preparing for nighttime and the next day.

My only me-time was one evening a week at the partners' group run by George House Trust volunteers Trevor and his partner. It was somewhere I could meet others in the same position, offload and ask questions about anything from drug therapies and different opportunistic diseases, to claiming benefits and the services we could use. You could also get a Reiki aromatherapy massage from a therapist there, Barry. Some weeks, after the massage, I was so tired I don't know how I managed to drive home.

Eventually, consultants decided to fit a tube into Paul's stomach, through his chest, to feed him. It took three attempts – the third succeeded on the Friday night of Mardi Gras and left Paul in too much pain to go to the parade, but he sent me to get him an arm band so he could contribute.

By the Sunday, Paul insisted, pain or not, he was going to Mardi Gras, so off we went. I struggled through the crowds with him in his wheelchair, trying not to be overprotective and terrified he would bump the line in his chest. We stayed an hour, then returned to hospital. On the Monday we did the same again, and in the evening I left the hospital to attend my third vigil, alone again.

A milky liquid, which meets all a patient's fluid and nutrition requirements, dripped from a bag through the tube in Paul's chest. When he left hospital, nurses helped administer it at home. They soon taught me to do it, along with the complicated infection control to keep everything sterile. The flat looked like a hospital ward: fridge for medicines, drip stand, metal trolley, syringes, pressure mattress, PPE equipment, and other paraphernalia.

Linda came to visit again. I'd told her that things were precarious and she wanted to help. As before, her presence was a massive relief. I was increasingly concerned that the treatments weren't working and I was nearing total exhaustion.

One day, I unilaterally decided to quit work and came home at lunchtime to tell Paul. Before I could say anything, Paul told me himself that he wanted me to stop work. I went back in, cleared my desk and told them I was leaving. Lookers were brilliant, they told me to report sick and to keep my company car. When I got home, Paul was worse – feverish, looking even more ill. I took him straight to J3, thankful I'd quit that day.

They diagnosed E. coli infection and put up several antibiotic drips. Stomach feeding was stopped in case it was the infection site. I could see this was the beginning of the end. Paul was clear: he'd fought as much as he could. If there were further setbacks, he would cease treatment.

Antibiotics controlled the E. coli and I was able to bring Paul home, administering antibiotics via his tube several times a day.

Linda flew home. "I want to be there when he goes" was the last thing she said to me at the airport.

We saw the consultant the next week. I knew Paul would say he didn't want to go back to stomach feeding. I also knew that without food he had about three weeks left. The consultant looked relieved; he'd been preparing to tell us that going back to stomach feeding wasn't an option – the line was damaged. Paul was fitted with a morphine syringe driver, and we went home.

During the first week there was amazing relief from the symptoms, and we went out nearly every day. Despite knowing what was coming, Paul bought things from Kendals for the flat. We went to a pine furniture shop where Paul chose a TV cabinet. The assistant gestured me to one side; "Is it AIDS?" he asked. I couldn't speak and just nodded, not wanting Paul to hear, expecting something awful would follow. "Delivery takes three weeks, but you'll have it for the weekend." True to his word, he delivered it himself.

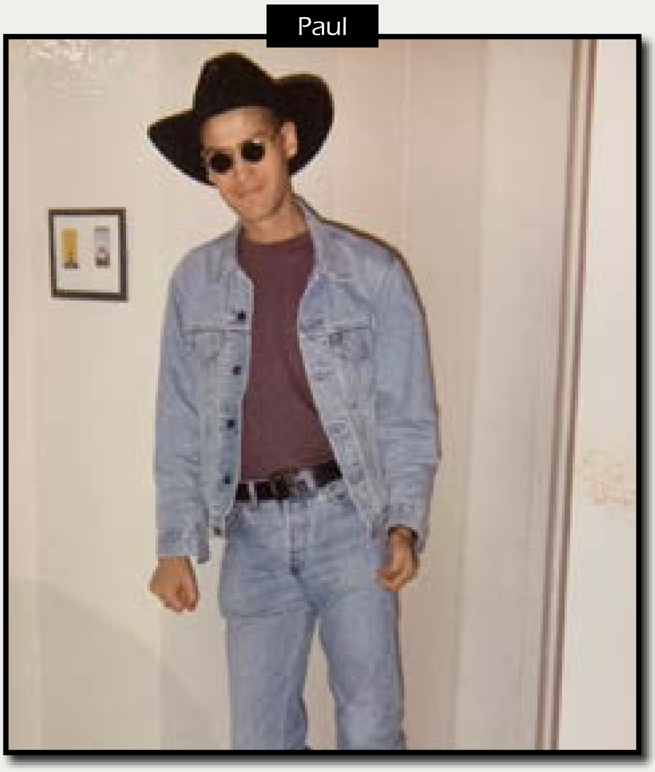
We even took Paul's mother out for tea. He was intent on living until the last moment and making sure those around him had happy memories to remember him by.

By the second week, Paul was too weak to go out. His befrienders rallied round, and George House and Body Positive were very supportive. It seemed everyone visited: a couple of friends, physios, nutritionists, community nurses. All came to check on him – and to say goodbye.

Lookers sent me a month's worth of food from Sainsbury's and told me if there was anything else I wanted to let them know.

I called Linda and told her to take the next flight. She had trouble getting a ticket but managed to spend Paul's last week with him. It was a special time that the three of us shared together.

Paul



Paul died on the first day of November 1996, with Linda and me lying by his side.

Paul John Higson was 28.

If I'm honest, my life fell apart when Paul died, and it took a long time to start picking myself up – dark days that I still don't want to think about. Paul's befriender from George House Trust, Barbara, stuck with me. We eventually decided to buy a house together, and we've now lived together for over 25 years. As well as volunteering for George House and other organisations, Barbara also volunteered for MASH, the charity that supports women who do sex work.

More than two decades later I started working as sexual health commissioner for Manchester, and George House Trust and MASH came back into my life. I hope I have repaid some of my debt to them, to the LGBT foundation, BHA the health and social care charity, and the other third-sector organisations that many of us owe so much to.

So many friends died young, but they left a legacy

Felicity 'Phil' Greenham
Former District HIV Co-ordinator

With the onset of HIV and AIDS, working in sexual health in the 1980s and 1990s was a harsh yet heady time. It was the first time I saw service users and carers become central in a health crisis – and the voluntary and statutory sectors had to begin to pull together and work to find solutions.

Fairly seamlessly, in the early 1980s I found myself working in health promotion. This involved purchasing HIV and sexual health services, and working with politicians and local voluntary groups. Later, in the 1990s, I worked in Body Positive North West (BPNW).

I vividly remember the first time I met the amazing Alan Clarke – it was a game changer for me.

I was this newly appointed district HIV prevention co-ordinator with management of a financial budget. We'd just finished a multidisciplinary planning meeting which, for the first time, involved people from the statutory and voluntary sectors – and service users. It was a four-hour meeting, discussing 'serious' business.

As the meeting broke up, a flurry of people formed a queue to talk to me about things they wanted. After 20 minutes of these post-meeting conversations, I put my hand up to the next in the queue and looked at my watch to suggest that I had to get going (like I was so important!), and with that gesture, I almost dismissed – or rather, tried to dismiss – Alan Clarke, who was Body Positive CEO.

In under 15 seconds, Alan Clarke had articulated and asserted himself, and metaphorically kicked me with his 18-holer Doc Martens very much into touch! It was an absolute baptism of fire confirming who was really in charge of this agenda – **the people using the service**.

I was lucky enough to learn so much from the enigmatic, charismatic and powerful Alan Clarke, and indeed from all the service users I met – whether they were paid or volunteers, peers, buddies or carers. He completely changed the way I looked at the world – then, and still now in 2024.

The Government's response wasn't finely tuned, and they initially took a sledgehammer approach – icebergs and shock-horror. Yet I remember that local government worked responsively and closely with people and communities. I think that because there was no cure then, people were seen in all their honesty and vulnerability. Which in certain areas created a kindness, love, compassion and care overriding (at times) stigma and discrimination.

We connected – we were real! We created safe spaces to listen, support and work together. This enabled fab examples of integrated communities – gay men, African migrants, heterosexuals, people with blood-borne infections – as pioneers put aside their differences and worked together, in many cases for the first time.

Fab support for the launch of BPNW's One Minute Point-of-Care HIV Green Ribbon campaign – an instant finger-prick test with 99.4% accuracy.

The outreach Point-of-Care Testing (POCT) in bars, clubs, saunas and street corners that BPNW pioneered was a first that I'm very proud of. We developed all the necessary rigorous clinical guidelines and training so people living with HIV could do the intervention. What better way to hear about your HIV status after a test than from someone with first-hand experience of how to manage living with HIV successfully?

I was proud of having our POCT positive results recorded by Public Health North West. It felt finally like the voluntary sector was working on a par with the statutory sector. Identifying and creating safe pathways and safe spaces for users to contribute helped develop bonds for community cohesion and showed us the way.

If we listen and learn, the inheritance of HIV and AIDS can still help us decades later.

Rowetta and BPNW John Sam Jones launching Positive Living.

So many friends died young. But they left a legacy. It's a very simple message: be kind, care, listen, and live each day to the fullest.

Clinicians didn't have all the answers, so they had to take their white coats off and listen.

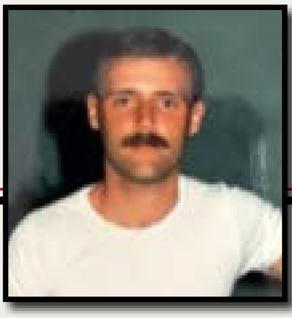
This work was driven by people living with HIV. Being led by people using the services is one of the key messages for today: nothing about us without us.

Togetherness and co-production are the massive legacies from the epidemic of the 1980s and 1990s.

Local Whalley Range councillors, and community police with members of the neighbourhood teams at Body Positive

Enjoy each day, because you never know what is round the corner

David Regan
Director of Public Health,
Manchester City Council



I remember like it was yesterday watching the Horizon TV documentary 'Killer in the Village' with Rob, my close friend from school. We both sensed that something wasn't right in the news of deaths from strange diseases among gay men in Greenwich Village and San Fransisco. To feel better, we told ourselves: "That's over the pond, so we should be alright."

Indeed, in cities like Manchester and London, the growing gay scene was attracting more and more younger gay men, and there was a real sense of liberation and freedom. I was one of those young men, and whilst I moved here to do my Masters in Community Medicine because of the academic excellence of The University of Manchester, it was also because it had a great gay scene.

On 2 December 1982, on a night out with friends from Liverpool, I met Mike in The Thompsons Arms in Manchester's emerging Gay Village. It was love at first sight, and in 1984 we bought our first flat together near the city centre.

At that time the gay scene was expanding with clubs like Heroes and Archway and all the Canal Street bars, and we built up a fantastic network of friends.

Mike and I were both from traditional working-class families and were both fortunate that they accepted us for who we were. That wasn't the case for many of our friends; indeed, both of us at the time were 'closeted' at work – having to deal with homophobic attitudes every day was a grind.

Life was brilliant in those first few years in our new place, and we couldn't have been happier. Then, early in 1986, one of our neighbours became ill and died within three days of being admitted to hospital. His partner said he'd had heart-related problems, even though he was only in his early 30s. That summer Mike became unwell with food poison-like symptoms and was admitted to Monsall Hospital, where he was diagnosed with campylobacter. After treatment, he began to gain weight and was discharged three weeks later. At the back of my mind, I sensed something was wrong, but because Mike recovered, we both got back into the swing of our day-to-day lives.

We knew you could get an antibody test for HIV, although many of us thought there was no point, as there were no treatments, and you'd be barred from getting a mortgage, and surely if you are well, you have nothing to worry about. This sounds like we were burying our heads in the sand, but the media coverage at the time was extremely judgmental and toxic.

We even had straight friends visit our flat and be paranoid about whether we'd washed our cups and glasses properly.

That year, I went to an information event at Manchester Town Hall. One of the stalls was staffed by Manchester AIDS-Line volunteers. Before I knew it, I was on the next volunteer induction programme and staffing the helpline three nights a week.

I remember so many great people from that time, Paul (Fairweather), Clive, Vicky, James, and the wonderful Jill, who all delivered the best training programme I've ever been on.

Indeed, Manchester AIDS-Line were approached by Granada TV to staff phones during AIDS Week in March 1987. This week was linked to the national Don't Die of Ignorance campaign, and there were numerous programmes on all four TV channels about HIV and AIDS to raise public awareness. I've never forgotten the fantastic atmosphere at the old Granada TV Studios, where Lynn Perry and Liz Dawn (Ivy and Vera from Coronation Street) would push a tea trolley through the call centre to give all the volunteers a cuppa.

The calls we took at AIDS-Line varied from 'Can I catch it from going to a gay bar?' to distressing calls for support when partners were dying in hospital. All we could do was direct them to the face-to-face counselling services at Monsall Hospital, and the peer support from Body Positive and some of the other well-respected clinics in Greater Manchester. There were very few mainstream services we could trust back then. Unfortunately, many healthcare workers were either judgemental because of their unfounded fear of being infected or, to put it bluntly, because they were homophobic.

Some of the calls increased my anxieties about Mike, as he'd experienced symptoms people were reporting, such as night sweats and weight loss. I also began to worry that if he had it, I must have it, although I felt well.

Mike and David

I remember thinking in summer 1987 – when he seemed well – that it was time to visit the US and Canada to see relatives. We had the trip of a lifetime, visiting New York, Boston and Provincetown (the Sitges of America!). Mike kept a diary of our trip; this extract is from Saturday 29 August, 1987:

Woke up to rain, just like home. Went to Woolworths for American-style breakfast, not sure about the pancakes and syrup with eggs sunny side up, but we coped!

Queued up in Times Square for half-price theatre tickets ($26 – a bargain) and bagged two great seats for La Cage aux Folles at the Palace Theatre on Broadway that night.

Walked around the financial area and went up the Twin Towers; what fantastic views despite the rain. Got back to the hotel for a quick change for the show. One of the best nights out we have ever had. The show was absolutely brilliant. We had a meal in Chinatown afterwards and then went on to the bars in Greenwich Village – Monster Disco Bar, Boots and Saddle, and the place we'd always wanted to go, the famous Saint club. We got there at 2am, as you do, but for a Saturday night it was a bit flat, so we left soon after we arrived.

The footnote to this is that many of those at the Saint that night were visibly unwell and it was a strange, unsettling experience. We didn't talk to each other about it – I think we both feared we could be next.

Then, in late December 1987, I became unwell myself and was off work with a severe chest infection, which was very unusual for me. Mike picked up the same infection, or so I thought, and by the end of January 1988 the cough he'd had for weeks seemed to be getting worse and worse.

We were lucky to have a wonderful GP, and she suggested that I take Mike to Monsall to be checked out. In my mind I was hoping it would be a case of get treated, recover and be home in a few weeks – as in the summer of 1986. Unfortunately, this was not to be. Dr Ed Dunbar, one of the many excellent consultants in infectious diseases at the hospital, advised an HIV test for us both, so they could consider what to do next. This was handled brilliantly by the nursing staff and Jill, still then a volunteer at Manchester AIDS-Line, but also the hospital's full-time HIV/AIDS counsellor.

I have the most vivid memory of Dr Dunbar telling Mike that unfortunately his test result had come back positive, and while I was at Mike's bedside he said: "After you've spoken to each other, I'll see you in the room across the way David." Mike felt a strange sense of relief because he'd been ill with various things over the past four or five years and knew there had to be something wrong. Now we knew what it was. He told me to go and get my results – he could see how anxious I was, waiting for the inevitable news.

I went into the room opposite and Dr Dunbar said: "This may be hard to understand, but your results have come back negative." I felt guilty right away, but when I told Mike he was so pleased and said very bluntly: "Well, I need someone well enough to look after me!"

The irony wasn't lost on either of us that evening when, on the black-and-white TV in his single room, Top of the Pops was on with Kylie singing her number one at the time: 'I Should Be So Lucky'.

The one immediate thing I did feel lucky about was the unbelievable support from my boss at the time, Val, and work colleagues Ann and Claire. They've been wonderful friends ever since, and I was able to disclose everything in confidence.

Unfortunately, there is no happy ending to this story. Mike was also diagnosed with PCP (Pneumocystis Pneumonia) a few days later – the cause of the persistent cough – and was in hospital for most of February and March. Over the next 20 months he had periods of good health, particularly the summer of 1988 when we were able to make it over to Canada again, and we got a real boost by moving from our flat to our first house together in January 1989.

However, from April that year it was one thing after another: cryptosporidium (causing gastroenteritis), severe weight loss, constant diarrhoea, and being constantly in and out of Monsall Hospital. On top of this, on 15 April 1989, my younger brother Andrew was almost killed at Hillsborough. Kevin Williams – son of Anne Williams, the justice campaigner for Hillsborough disaster victims – died on his shoulder, and I was back and forward to Liverpool supporting my brother after his very traumatic experience.

Then, in October 1989, I was involved in a serious car accident caused by the dangerous driving of a taxi driver. I fractured my right hand in several places, and I lost my kneecap. After two operations I was discharged from hospital on crutches with my hand in a brace.

How Mike made it into hospital to visit me I will never know. He'd been on AZT medication for six months by then, and we hoped the drug would alleviate his symptoms. On good days we believed it might buy us some time until there was a cure, but we came to realise that this was a very toxic drug and the side effects were worse than the illness. Things took a turn for the worse when Mike was diagnosed with a form of TB. This wouldn't affect anyone whose immune system was in good shape, but with a 'broken' immune system, it would wreak havoc.

I remember Mike ringing me from the hospital delighted that they had diagnosed TB because he hated having all these strange illnesses and conditions and not knowing what was causing them.

David and Mike

Despite all this, there were moments of fun and laughter thanks to the way our friends and family rallied round.

I remember two of our dearest friends, Phil and Rachel – both nurses – smuggling fish and chips into Monsall Hospital on a Friday night and Mike absolutely loving it after months of hospital fare!

The day I was discharged from hospital after my accident was the day Mike was admitted to Monsall for the final time. In addition to TB, he now had other nasty infections. Still on crutches, I relied on friends to ferry me back and forward to Monsall, but on the weekend of 22 October, Dr Dunbar advised me, and Mike's family, that Mike was deteriorating and to plan for his death.

We spent four days and four nights at the hospital and many friends visited to say their goodbyes. I slept on a mattress at the side of Mike's bed. I cannot thank Dr Dunbar and the nursing staff enough for their attention to pain relief, and it felt much less distressing than it had been when Mike was in severe pain at home. I used to hug him and hold him while he cried until the medication kicked in.

Mike passed away on the morning of 26 October 1989 as I held his hand at his bedside. Although I was his partner for seven years, the law did not allow me to register his death or be designated next of kin. Thankfully, his family are my family, and we all supported each other in the following weeks, and I've stayed close to them ever since.

Also, before my accident I'd just started working as HIV/AIDS Co-ordinator for South Manchester Health Authority and was setting up, with the inspirational Dr Penny Chandiok, a new genitourinary medicine clinic and HIV service at Withington Hospital. I'd been unable to work following my car accident and subsequent operations, but having to take time for physical recovery also meant I had time to reflect and remember everything that was wonderful about my relationship with Mike.

Returning to work the following year, I felt able to help others in my support role at the hospital.

In the years that followed I went to so many funerals of patients. Unfortunately, many of our friends from that time also died. There were still no effective treatments in the early 1990s, and it wasn't until the 11th International Conference on AIDS in July 1996 in Vancouver that we began to feel a bit more hopeful.

So, to end my story, after Mike's funeral we held a memorial service for him at the United Reform Church in the University Precinct. I was determined to say a few words. Mike had inspired me by leaving 'A note to David, my family and our lovely friends'.

I read some of it out at the service, and it now feels right to share some of that sadness and joy almost 35 years later. He had written this note in his Monsall Hospital bed at 5.30am after his diagnosis with TB. In Mike's words:

I was very ill at home for months before I came into hospital yet again, and I was admitted just over three weeks ago. I was so glad to come in this time though, as I was feeling so terrible at home and feared for my life. I suppose you always think, I will be right as rain in a week with the drugs, but unfortunately it was not like that for me, far from it!

I experienced terrible sweating episodes day and night, no appetite and a temperature of 39.5. The first week was spent trying to bring my temperature down, but to little effect, and my patience, body and mind were becoming weakened every day. I needed piles of blankets to warm me up until the sweats came on and would not let them be removed until they did. The poor nurses would change my bedding and pyjamas seven times a night and even their warmth and kindness could not soothe my anxiety and distress. I came to hate nighttime.

We got through the first two weeks thanks to the wonderful staff here, the persistence of my lover and partner David of seven years (I'm proud of it) and my wonderful Mam; no words can explain the love we all have for each other. During my bad days, they would both reassure me, only to be kicked in the teeth by my negative and bitter thoughts and words. You get sick of pleasing others when you are the one in pain, then, when you feel okay you realise, they are in pain too because they love you so much.

At the end of the second week, I had a lumbar puncture and bone marrow test, not the most pleasant procedure but I was so ill I'd have gone through anything. I was told the results would be back in two or three days.

Then we finally got some good news, not from these tests, but a blood culture from blood taken five weeks before. They had managed to grow a bug, a form of systemic TB, and there were some drugs to control it. I remember crying so much that night, having rang David with the news. I was just so grateful, and I finally felt a bit of hope. The medication has been sickly to take but I am finally getting used to my 25 tablets a day. I have been able to go home for the day on a few occasions this past week and had a few good laughs and cuddles with David, and our lovely friends have been round to see me.

I can't forget how well the doctors, nurses and Jill my counsellor have cared for me and I hope they understand that my fussy niggles were because of my illness. Jill, I love you, keep up the great work, so many people rely on your love, and I have really been able to say things to you that I can't say to David in case I upset him too much.

I am still not well, not by a long way, and I'm writing this at 5.30am as I could not sleep with all these thoughts going round my head. I have become aware of so many things about my life, so I have written an ode to everyone I know:

Share your love always, and daily with your partner if you're a couple, as it is so vital and so important to remember.

Enjoy each day because you never know what is round the corner to change your life, sometimes happy things, sometimes tragedy.

Life goes on – despite the seeming cruelty of it sometimes.

Love each other as much as possible and don't get in a rut.

When you see so many sick patients and people dying around you, it makes you realise how sweet life is.

I have learnt this first hand and I can assure you it works.

Well, it is daylight now and after my shower and breakfast I will stagger 'Twice Round the Daffodils', just like they did in the film, preferably with a hunk on either arm in case of dizzy spells!

Although at this time of year the daffs have well and truly gone, but who needs them – or the hunks – with the support I've got!

Dedicated to David, my Mam and all my family and friends.

I love you David.

Mike

Living through adversity does make you stronger

Martin Whatford

Former NHS and Manchester City Council Officer

I went to a gay bar for the first time in 1981 – a different and exciting world had opened up to a very naive 20-year-old.

Mum and Dad finding out they had a gay son would have been shocking, and the worst thing to happen to them, so leaving home was a must-do. Two months later I met my partner Richard, who had been in the army. His friend Ian became my best friend.

Ian had been discharged from the British Army for being gay. The British Military Police spotted him going into a gay bar in Germany. Persecution for being gay was widespread in those days, and Ian was on the front page of the News of the World with the headline 'Shame of British Army on the Rhine'.

Despite the attitudes at the time in wider society, we had a fantastic time in the gay pubs and clubs and developed an alternative family of friends. By this time, Ian had met his own partner, Richard, and we all had a wonderful social life together.

Then, in 1982 an Australian nurse friend of ours, over for a visit, mentioned a disease in America that was affecting gay men in San Francisco and New York. Like many others in this country at the time we thought it wouldn't be a problem here. But over the next few years the excitement of being gay suddenly became enveloped by a dark cloud of fear. Widespread discrimination threatened to take the blossoming gay movement a step backwards.

The press and media were hysterical and damning. People thought they would catch AIDS drinking from a cup that any gay man had used, or even by being near us.

I worked for the Ambulance Service during the 1980s and would often encounter very homophobic attitudes. Once I was part of a crew attending a 999 call for a sudden death of an older gay man. His neighbours were very close to him, and they were all visibly upset. The policeman who attended said to us: "I don't know why they're so upset, it's only some old queer that's died." This was a common attitude at the time.

In response to this, the great thing was that lesbians and gay men got stronger and a real social and political movement gathered pace. New organisations were established and charities raised money for better services and support. This included everything from the purchase of mattress toppers to prevent pressure sores for patients on HIV wards, to the establishment of telephone helplines across the country, such as Manchester AIDS-Line.

The mid-to-late 1980s was a strange time, when lots of people we used to see out and about suddenly disappeared from the scene. We never quite knew what had happened to them; many of their families would cover up the diagnosis of HIV because they were so ashamed.

Then the virus came closer to home and many of our good friends died – my address book had so many crossed-out names.

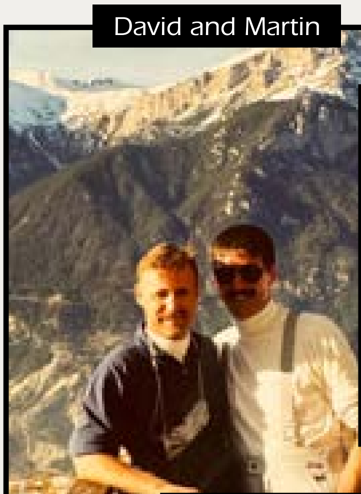
When Richard and I, and Ian and Richard, all made it to 1990, I felt a sense of relief. But sadly, it didn't last. Ian was an exceptional skier – a skill he enhanced in his army days – and one of his first jobs was as a ski instructor. He and Richard persuaded me and my new partner David to go on a skiing holiday with them, which was a new experience for us. When changing into our salopettes, David noticed lesions all over Ian's legs and knew right away from visiting Mike and friends at Monsall Hospital that it was Kaposi's sarcoma. Ian, like Mike, then got one infection after another and died within six months.

Maria, Ian's wonderful sister, and David and I did what we could to support Richard, who began to feel unwell shortly after Ian's death. One happy memory is sitting in The Rembrandt on the first-ever fundraising August Bank Holiday weekend. There was a car boot sale in the car park opposite Napoleons and New York, New York. The atmosphere was fantastic, and from those small beginnings the Manchester Pride weekend emerged. That was the last time Richard made it out, as he died the following month.

Looking back, I had some great colleagues in the ambulance service, and since then I've been lucky enough to have worked in Manchester City Council's Social Services Department and at the Manchester Royal Infirmary as a radiographer. I was able to be myself in all my job roles, as Manchester is such a welcoming, tolerant city.

Thinking of the number of friends no longer here makes you realise that it was like living through a war. I don't know why I was spared, when so many were not. I don't know how we kept our sanity, but living through adversity really does make you stronger.

David and Martin



Ian

David and Martin

Epilogue

David Regan
Director of Public Health,
Manchester City Council

Compiling this report and reading all these stories, I feel the connections are so powerful.

Pat Karney's story reminded me that in between visiting Mike during his first stay at Monsall in February 1988, I made sure I was on that Clause 28 March – to show Manchester at its best.

All my work and VCSE colleagues – many who are now great friends – who've contributed to the 'That was then' and 'This is now' sections of this report: what a difference you have all made.

Paul (Fairweather): thanks for setting up Manchester AIDS-Line with your friends and comrades.

Ed (Wilkins) and everyone else who worked at the old Monsall Hospital: we owe you so much. Paul refers to Ed in his story as a 'pioneer' and I couldn't agree more.

Bridget, Priscilla, Evelyn, Tina, Phil, Paul (Martin), Mike, Michael, Cath, Janet, Richard and Leasa: thanks for your wonderful reflections for this report – happy and sad.

On to the present day – and the stories and perspectives of the next generation: Chris Ward, in his piece, says it all brilliantly.

We know that some things did not get better right away. Anderton's 'cesspit' quote led to the infamous police raid on Chains/Mineshaft Nightclub on 23/24 April 1994. By this time, I was lucky enough to have met the other love of my life, Martin, who was working a night shift at Social Services that evening, so I was out with my friend Bill.

Who were all these men in lumberjack shirts coming through the fire door, we thought, while having a drink at the bar. Then, watching them put rubber gloves on, we thought, 'Oh! A police raid', and after making several arrests, they asked us all to leave the club. Let's just say I could not have been prouder when our lesbian sisters, having a night out next door in Follies, came onto the streets outside and we all stood shoulder to shoulder and made our feelings and anger very clear.

Thankfully, this watershed moment (our very own Stonewall) did change things for the better – who can forget Jacqui the GMP Police Inspector's dance moves at Manchester Pride in 2015.

Martin and I tied the knot in November 2010 – something you could not have imagined back in the 1980s. Martin has shared his story for this report, and on Saturday 5 August 2023, the two of us went to see the play ‘Cruise’ at Home in Manchester after seeing the great reviews. We sort of knew what to expect, in that whenever we watch anything about HIV and AIDS in the 1980s and 1990s, it will always trigger emotions in both of us. I cried buckets watching ‘It’s a Sin’.

However, I don’t think I was fully prepared for how powerful Jack Holden’s solo performance would be. He played the part of Michael, diagnosed with HIV in 1984, being told he would have four years to live at most. In a strange twist, Michael’s lover and partner in the play was called Dave; sadly, Dave died. Michael survived and the way Jack Holden told the story of that time could not have been more accurate or moving, and we left the theatre feeling inspired.

We spotted a few familiar faces in the audience and saw some friends in person for the first time since the pandemic, and later we all enjoyed a few drinks at the bar. When I spotted Jack, I ditched my normally shy persona and went up and asked him would he write a piece for this annual report. He did not hesitate for a second and just said: “Yes, I would be happy to.”

You can see Jack’s generous contribution in the introductions to this report.

The HIV, AIDS and Sexual Health Revolution in Manchester

A timeline

1975

Manchester Gay Switchboard formed,

created by Manchester Gay Alliance and others.

1978

Successful grant application by Switchboard supplemented with Council funding. Supports counselling, befriending groups and phone line information.

1981

61a Bloom Street becomes new home of the Manchester Gay Centre.

Provides several phone lines including Lesbian Link, Manchester Gay Switchboard and Friend, plus meeting rooms. Sets up youth club and late night café SNAX in response to huge volume of calls from younger people.

1984

Gay Men's Health Group organise open meeting at the Thompson Arms.

1985

Manchester City Council creates new equalities posts. Includes Gay Men's Officer Paul Fairweather and Lesbians' Officer Chris Root.

James Anderton, Chief Constable of Greater Manchester, launches attacks on the gay village

"There were police raids on Napoleons club to stop 'licentious dancing.'" Councillor Pat Karney, fronting Council opposition.

First Manchester August bank holiday fundraiser for HIV and AIDS.

Six gay HIV activists set up Manchester AIDS-Line.

This response to the arrival of HIV in Manchester would lead to the formation of George House Trust.

Council forms AIDS Working Party.

North Western Regional Health Authority starts supporting Manchester AIDS-Line financially.

1986

Body Positive North West forms self-help group for people affected by HIV.

Notorious "swirling about in a human cesspit of their own making" comment on gay people. Made by Chief Constable of Greater Manchester James Anderton, at Manchester AIDS seminar.

£1,700 Council grant for two-week pride celebration. Complete with huge banner adorning Oxford Street.

Manchester Parents Group forms with Council grant. Voluntary organisation supports families and friends of lesbian, gay, bisexual and transgender people.

ANDERTON MUST GO !

Chief Constable in anti-gay moral backlash

What he said

Profile : Cyril James Anderton

Manchester City Council's

GAY MENS SUB COMMITTEE

Meets every month to talk about matters of concern to gay men in the city

in the Town Hall, Albert Square, Manchester.

For details of time and place Tel Gay Info. [illegible]

Come along and say what you think the Council should be doing for gay men.

For more information contact Paul [illegible] or Paul Fairweather on [illegible]

reveal disturbing truth about AIDS sickness

GAY PLAGUE DID TO HANDSOME KENNY

MENACE THAT LOOMS IN BRITAIN

1988

LGBT Centre moves to Sidney Street's purpose-built gay centre.

Section 28 of the Local Government Act bans places like schools and libraries from 'promoting homosexuality'. 20,000 people march through Manchester to protest against Section 28.

1989

Albert Kennedy Trust founded in Manchester by Cath Johnson (née Hall). Rebrands in 2019 as akt.

1990

Black HIV and AIDS Forum (now BHA) launches.

George House Trust officially launched. Relocates to current home in Ardwick Green North.

1991

Village Charity established to run Pride festival. Known then as Manchester Mardi Gras, raising £15,000.

Group of volunteers starts what would become MASH. Mancheser Action on Street Health supports women who sex work .

Daily Mail

George Gale

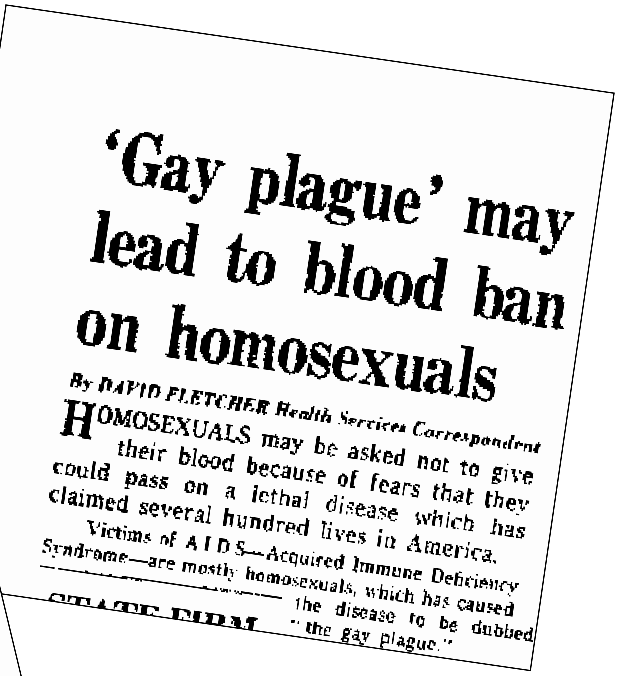
Is a fortune lying in your attic?

Of 2,372 confirmed cases only one person caught disease in a normal relationship

THE TRUTH ABOUT AIDS

Hopes of peace at last in ambulance deadlock

Ticket to West for 6 million Russians



'Gay plague' may lead to blood ban on homosexuals

By DAVID FLETCHER Health Services Correspondent

HOMOSEXUALS may be asked not to give their blood because of fears that they could pass on a lethal disease which has claimed several hundred lives in America.

Victims of A I D S—Acquired Immune Deficiency Syndrome—are mostly homosexuals, which has caused the disease to be dubbed "the gay plague."

1993

Healthy Gay Manchester (HGM) founded to promote safer sex and sexual health awareness among gay and bisexual men. 2009 report demonstrates the success and reach of HGM.

1994

Police resume raiding bars in the village . The Mineshaft raided by 20 police. Weekly paper Capital Gay reports: 'Two people arrested for kissing."

Healthy Gay Manchester starts distribution of free condom and lube in bars and clubs.

1995

MASH launch new mobile unit.

Monsall Unit, North Manchester General Hospital participates in global research trials.

1996

North West HIV and AIDS Monitoring Unit publishes first annual HIV & AIDS in the North West of England report. Based at Liverpool John Moores University, this will become a leading source of HIV-related information.

Landmark International AIDS conference in Vancouver offers real hope.

1998

Post of Lesbian Participation Worker created by the Council. Develops groups and networks particularly for older, Black, Asian, disabled and parenting lesbians.

2000

Lesbian & Gay Foundation founded. Later LGBTF, it merges Healthy Gay Manchester with the Manchester Lesbian & Gay Switchboard.

Beacon of Hope erected in Sackville park. UK's first permanent memorial for people living with HIV or AIDS and lives lost to it. Includes steel column designed by Warren Chapman and Jess Boyn-Daniel.

2001

Alan Turing Memorial placed in Sackville park.

2004

Mardi Gras renamed Manchester Pride.

THE BEACON OF HOPE

2005

Manchester LGBT Heritage Trail launched. Also called Out in the Past Trail, a series of guided walks marked by rainbow flagstones visiting sites of importance for gay history.

2007

Manchester Pride becomes registered charity in its own right.

2012

Independent company LGBT Youth North West formed to manage LGBT Centre. Later re-brands as The Proud Trust. The centre is home to 15 community groups, 2 youth groups, community cafe, office space and a small but important resource library.

2013

Transgender Remembrance Memorial and Gardens unveiled in Sackville Gardens. UK's only memorial to victims of transphobia.

2014

The Paris Declaration promotes 'fast-track' cities to commit to UNAIDS 90:9:90 targets by 2020.

2015

First National LGBT+ History Festival, held in Manchester

Pride Festival

Mayor's bid to banish new cases of HIV

BURNHAM AIMS TO ACHIEVE GOAL WITHIN 25 YEARS

2017

BHA for Equality, LGBT Foundation and George House trust form PaSH (Passionate about Sexual Health) partnership. Delivers sexual health and HIV prevention across Greater Manchester.

Start of impact trials for PrEP. Pre-Exposure Prophylaxis is a drug that stops HIV transmission.

British HIV Association (BHIVA) endorses the U=U Consensus Statement. 'Undetectable Equals Untransmittable' statement of the Prevention Access Campaign.

2018

Greater Manchester Health and Social Care Partnership announce investment to end new cases of HIV in GM in a generation. Driven by the HIVe project.

Greater Manchester signs up to the Fast-Track Cities Paris Declaration. Commits to achieving the UNAIDS 90:90:90 targets by 2020.

2019

Health Secretary commits England to ending new HIV transmissions by 2030.

2020

PrEP Impact trial concludes. PrEP routinely commissioned by sexual health services

2021

National HIV action plan launched.

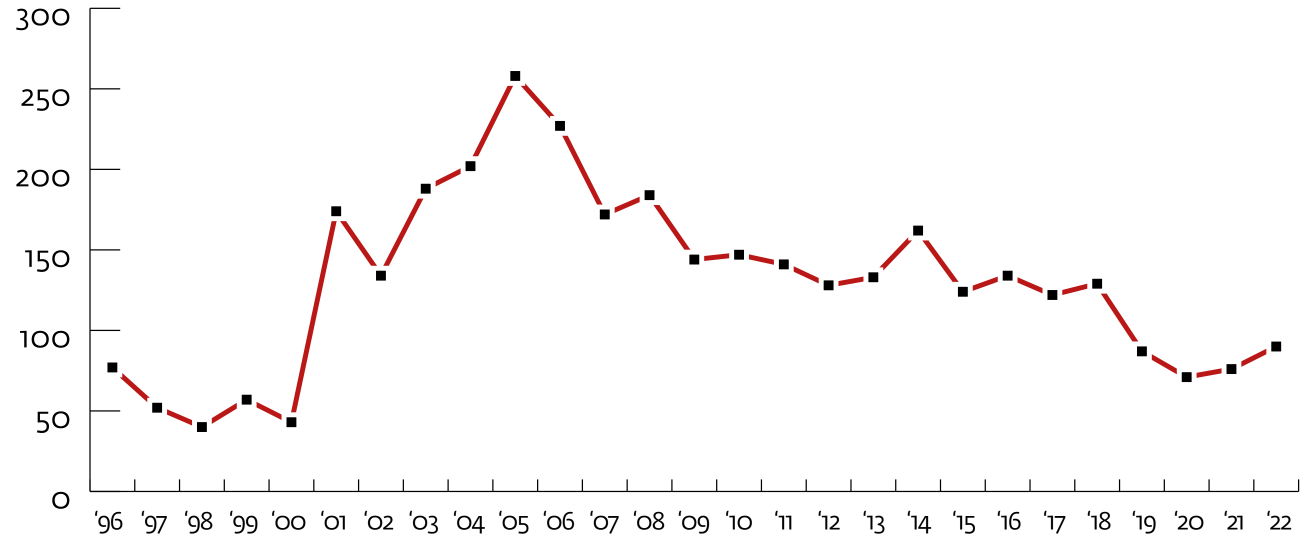
Manchester starts opt-out testing for HIV and Hepatitis C in emergency departments

2022

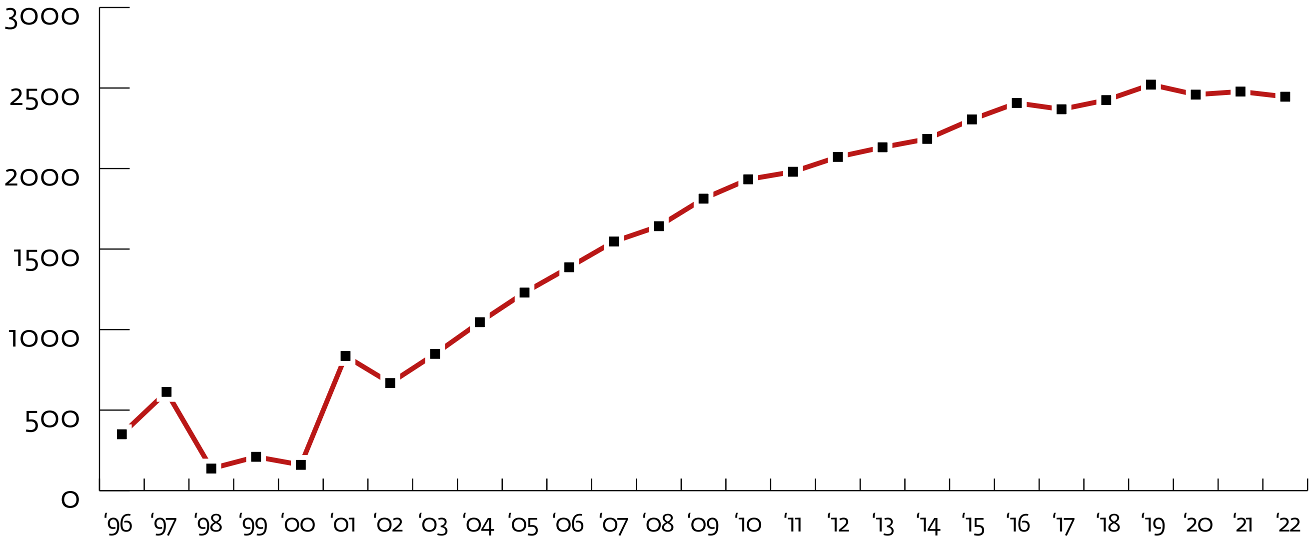
GM exceeds global 95:95:95 targets. Estimated 95% of people living with HIV diagnosed, 97.4% of diagnosed people living with HIV in GM are on anti-retroviral treatment for HIV, and 97.4% of diagnosed people living with HIV in GM are on anti-retroviral treatment and being virally suppressed.

Chief Medical Officer Professor Sir Chris Whitty visits Manchester, World AIDS Day 2022.

New HIV diagnoses in Manchester residents, 1996-2022 (includes diagnosis made abroad)



Manchester Residents Seen for HIV care 1996-2022



* Source: HIV and AIDS New Diagnoses and Deaths Database (HANDD) -

The HIV, AIDS and Sexual Health Revolution in Manchester

This is now


HIV
POSITIVE
LIVING
GEORGE
HOUSE TRUST
U=U
UNDETECTABLE
=
UNTRANSMITTABLE
GEORGE
HOUSE TRUST
U=U
UNDETECTABLE
=
UNTRANSMITTABLE
TRUST
TRUST

This is now...

U=U (Undetectable equals Untransmittable)

Richard Scarborough,
Project Lead for the Public Health Annual Report (2023/24)

The U=U message is very simple: with effective antiretroviral treatment (ART), a person living with HIV has undetectable levels of the virus in their system and so cannot pass it on during sex. If they maintain an undetectable viral load, they can even conceive with no risk of passing HIV on to their partner or child.

U=U has a surprisingly long history: in 2008, the 'Swiss Statement' issued by the Swiss National AIDS Commission stated that an HIV-positive person on effective ART cannot pass it on.

In 2012, BHIVA (British HIV Association) recommended that people living with HIV who wanted to start treatment to avoid transmitting HIV should be able to do so. This was known as Treatment as Prevention – TasP.

In 2015, BHIVA changed its guidelines to recommend that everyone with HIV should start treatment as soon as possible after diagnosis, and from that year there were substantial falls in diagnoses due to the impact of antiretroviral treatment.

The effectiveness of U=U was confirmed by studies including the PARTNER study, which reported in 2016 that it observed no HIV transmission from a positive partner with an undetectable viral load to a negative partner.

Also in 2016, a group of people living with HIV launched Prevention Access Campaign's Undetectable=Untransmittable message to announce that people on effective HIV treatment can't pass it on.

In July 2017, BHIVA issued a consensus statement endorsing U=U.

Professor Chloe Orkin, BHIVA Chair, said: "As the UK's leading voice for HIV health professionals, our backing for U=U is unequivocal. There should be no doubt about the clear and simple message that a person with sustained, undetectable levels of HIV virus in their blood cannot transmit HIV to their sexual partners. Spreading the U=U message is also an important way to help reduce the stigma experienced by people living with HIV, whose sexual partners may fear infection unnecessarily."

By 2022, 96.4% of Manchester residents living with HIV and on treatment had an undetectable viral load, meaning they could not pass on the virus during sex.

This is now...

Sexually Transmitted Infections

Victoria Paris,
Commissioning Manager – Sexual Health,
Manchester City Council

The rate of new sexually transmitted infections (STIs) diagnosed in Manchester residents – 1,404 per 100,000 residents – is much higher than the England rate of 694. In 2022, Manchester was ranked 17th out of 147 local authorities for new STIs (excluding chlamydia) in those under 25.

The burden of STIs is not distributed equally among the population. Gay and bisexual men, and men who have sex with men have the highest rates, particularly of syphilis, and there are higher rates among some Black and minority ethnic populations and younger people. Although over-50s have much lower rates, the trend is also for more diagnoses in older people.

In England there are increasing STI diagnoses and also an increase in gonorrhoea and syphilis. In Manchester that trend is steeper and may reflect the larger percentage of young people and LGBT population in the city.

Since 2016, the number of syphilis diagnoses in Manchester has risen by 43%, gonorrhoea diagnoses have doubled, and chlamydia diagnoses have risen by 32%. Diagnoses of genital warts have decreased by 64% in this period, due to the protective effect of HPV (human papillomavirus) vaccines. Some of the increase in diagnoses will be driven by more testing and the availability of online home-test kits from The Northern sexual health service and Brook, but changes in sexual behaviour and less condom use are driving increases.

In 2022, Manchester screened 19.7% of residents aged 15–24 for chlamydia, ranking 21st in England for proportions screened and fourth for the number of screens (the England proportion screened was 15.2%). While this proportion – and the 20,000-plus people screened – is very high, the number of diagnoses was also very high, with Manchester ranking 15th in number of diagnoses.

The Northern sexual health service spends over £60,000 a month on its STI home-test kits service, sending out around 1,300 a month. Demand for home-test kits continues to grow, and the daily allocation of kits is usually allocated before noon. Substantial additional funding would be needed to meet the demand for home-test kits from the expanding younger population in Manchester, given their changing expectations and acceptance of the need to test regularly.

There have been substantial increases in the amount of STI testing among gay and bisexual men, and men who have sex with men, with the introduction of PrEP (a drug that stops HIV transmission) as people receive STI tests quarterly as part of the PrEP regime. With over 2,800 Manchester residents now on PrEP, this represents a significant increase in repeat testing compared to before PrEP was available.

Data credit: OHID Sexual and Reproductive Profiles – fingertips.phe.org.uk/profile/sexualhealth

This is now…

From 90-90-90 to 95-96-97 Manchester's progress towards zero new HIV transmissions

David Regan,
Director of Public Health

In 2014, UNAIDS, a UN programme that leads the global effort to end AIDS as a public health threat, established the global 90-90-90 targets to drive progress towards the concluding chapter of the AIDS epidemic and 'a new narrative on HIV treatment'.

The aim was for 90% of all people living with HIV to be diagnosed, 90% of those diagnosed to receive sustained antiretroviral therapy, and 90% of all people receiving antiretroviral therapy to have viral suppression, by 2020.

In effect this means a target for 90% of all people living with HIV to be diagnosed, 81% of all people living with HIV to be on treatment, and 73% of all people living with HIV to be virally suppressed.

To quicken the pace of global change, in line with a fast-track approach, UNAIDS set new, ambitious targets of 95-95-95, which were adopted in June 2021 to be achieved by 2025. The target is for:

95% of all people living with HIV to be diagnosed, 95% of all people with diagnosed HIV infection to receive sustained antiretroviral therapy, and 95% of all people receiving antiretroviral therapy to have viral suppression.

In January 2019, the Health Secretary committed England to ending new HIV transmissions by 2030. The publication of an action plan with interim targets for the year 2025 followed in December 2021. The interim target is for an 80% reduction in HIV transmissions (for people first diagnosed in the UK) by 2025 compared to 2019 figures, falling to zero new transmissions by 2030. In 2019 there were 66 new diagnoses in Manchester (Manchester residents who were diagnosed in this country. However the number was probably much higher), so our target for 2025 is 13.

GM: 95-97-97

It was estimated by the UK Health Security Agency that in 2022 there were 6,286 people living with HIV in Greater Manchester and 323 people living with undiagnosed HIV. 95% of these people are diagnosed, and therefore know that they have HIV. This means that around one in every 20 people living with HIV in Greater Manchester does not know they have the virus.

97% of people diagnosed with HIV in Greater Manchester are engaged in care and on treatment, and 97% of those engaged and on treatment are virally suppressed, which means they can't pass the virus on. This means that of all the people living with HIV in Greater Manchester, 89% are virally suppressed and cannot pass on HIV.

Manchester: 95-96-97

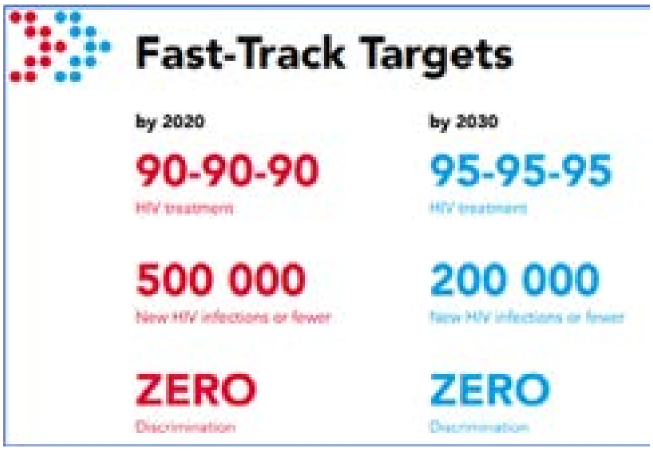
The figures for Manchester are: 95% of people living with HIV are diagnosed, 96.2% of all people with diagnosed HIV infection receive sustained antiretroviral therapy and 97.2% of those on treatment are virally suppressed. This means that of all the people living with HIV in Manchester, 89% are virally suppressed and cannot pass on HIV.

A total of 5,952 people received HIV care in Greater Manchester in 2022. 2,446 (41%) of these were Manchester residents.

90 people were newly diagnosed with HIV in Manchester in 2022. Of these, 67 (74.44%) were first diagnosed in the UK and 23 were first diagnosed abroad. In England, 64% of new diagnoses were people first diagnosed in the UK.

For people first diagnosed in the UK, England saw a 5.66% increase in diagnosis in 2022 compared to 2021 and a 13.3% decrease between 2019 and 2022. Since 2014 England has seen a 53.7% reduction in new diagnosis.

For people first diagnosed in the UK, Manchester saw a 19% increase in diagnosis in 2022 compared to 2021 and a 1.5% increase between 2019 and 2022. Since 2014 Manchester has seen a 57.59% reduction in new diagnoses.



Fast-Track Targets

by 2020

90-90-90

HIV treatment

500 000

New HIV infections or fewer

ZERO

Discrimination

by 2030

95-95-95

HIV treatment

200 000

New HIV infections or fewer

ZERO

Discrimination

Some of these recent differences may be driven by the implementation of HIV testing in emergency departments in Manchester.

The reductions in new diagnoses can be attributed to the implementation of 2015 British HIV Association guidelines recommending that everyone with HIV should start treatment as soon as possible after diagnosis, and the introduction of PrEP – pre-exposure prophylaxis – a drug taken by HIV negative people that stops HIV transmission.

This is now…

PrEP Northern

Gabriel Schembri,
Consultant in Sexual Health and HIV

The Northern, Contraception Sexual Health and HIV Service is part of Manchester University NHS Foundation Trust (MFT) under the clinical leadership of Dr Chitra Babu.

Debbie Thomas is the Unit Manager and oversees the wide range of services delivered by the Northern.

PrEP (pre-exposure prophylaxis) is a drug that stops HIV transmission. Clinical trials suggest it is 99% effective when taken correctly. We currently have over 2,800 Manchester residents on PrEP, plus many people from other areas at our Manchester clinics.

The Northern were involved with all the major PrEP trials from the start, and this has helped us become one of the most established PrEP centres in the UK, the Northern being one of the largest suppliers of PrEP outside London.

We were part of the PROUD trial from 2012 to 2016, which had 55 participants, as well as the PrEP Impact trial from 2017 until 2020, which had 532 participants at the Hathersage centre, 74 at the Withington clinic, and 65 at North Manchester General Hospital.

We also participated in the Gilead TAF PrEP licensing trial (Discover) for Emtricitabine and Tenofovir Alafenamide (F/TAF) with 56 participants.

To meet the demand for increased PrEP requests and repeat prescriptions, I developed the PrEP express clinic model, where individuals who need repeat PrEP complete an online history and this is reviewed by one of the clinic doctors. If there are no issues, they are booked in with a support worker for an STI (sexually transmitted infection) screen, rather than with a doctor or nurse, and their PrEP supply is topped up accordingly.

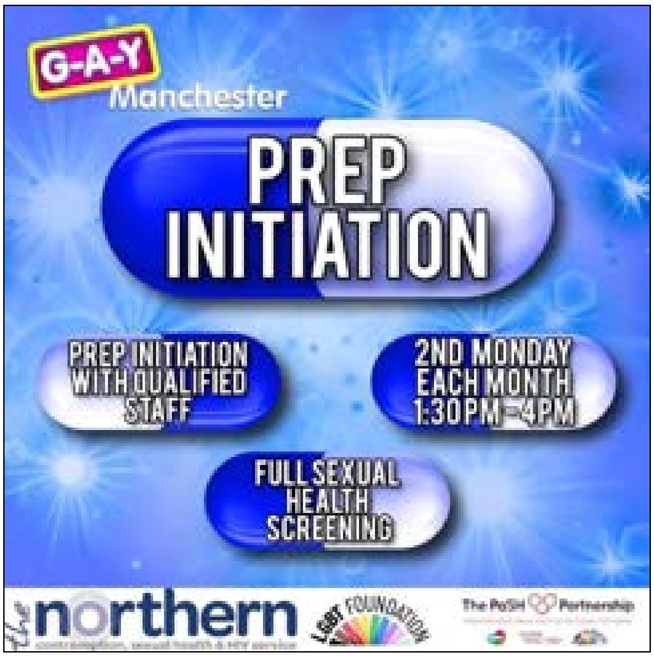
Those deemed too complex for a Health Care Assistant assessment are directed to the standard clinic. This model was presented at the British Association for Sexual Health and HIV conference 2020, where it won the best poster award and has also been adopted elsewhere. We are currently working on automating the process further.

The overwhelming majority of PrEP users attending our clinics are men who have sex with men, which is expected given our attendance demographic.

TAF has recently been commissioned for use as a PrEP. It has different eligibility criteria, and each case is discussed in a multidisciplinary team – we have only a handful of patients on it at present.

Working with PaSH (Passionate about Sexual Health – a collaboration between BHA for Equality, George House Trust and LGBT Foundation) we have been delivering PrEP initiation alongside STI testing monthly at G-A-Y nightclub, and we also deliver PrEP with The Docs GP surgery on Bloom Street.

The demand for PrEP continues to grow and this has affected the capacity of our clinics, as it is more than can be provided by the nationally allocated funding that Manchester received. Manchester City Council, through the Department of Public Health, has provided additional funding for more staff to help us address this demand.



The online PrEP clinic was the first of its kind nationally. It has helped to establish our service as one of the leading providers of PrEP in England and has helped reduce the spread of HIV.

This is now...

Chemsex and the Reach Clinic

Paul Holt,
Non-Clinical Practitioner,
Reach Clinic

The Reach Clinic is part of the Northern sexual health service and supports people with issues arising from chemsex-related activities. We run dedicated clinics at the Hathersage Centre. I also support people at the other sexual health clinics in Manchester and do some outreach with partners like The Room.

My role is heavily supported by clinical staff. The Reach Clinic manages risks and safeguarding through the Reach Multidisciplinary Team (MDT). Patients who have not engaged, or who have disengaged from referral or support – and other patients 'of more concern' – are discussed in this MDT process. Decisions about the need for more assertive methods of engagement, including outreach and contact with wider professionals and services, are made in the context of safeguarding and wellbeing.

Referrals are mainly internal, from sexual health clinics, although around 10–15% are self-referrals or from wider services. The uptake from referral is around 75%. We offer three tiers of support:

Brief interventions – between one and three sessions, ranging from information giving to promoting self-help.

Extended interventions – six or more sessions supporting a person to make positive lasting changes through direct psychosocial intervention work and, more recently, coaching – as a form of sustained change.

Ongoing intervention – crisis management and safeguarding, working with local drug and alcohol support services to access tier-4 services: detoxification and rehabilitation.

Partnership working forms a large part of how the Reach Clinic operates. Supporting those engaging with complex and multiple issues requires an MDT approach. Partners we currently work with include:

LGBT Foundation; local drug and alcohol support services such as Change Grow Live Manchester, Eclypse young people's drug and alcohol service, Achieve recovery service and other Greater Manchester services; North Manchester Infectious Diseases services for HIV and Hep C; ADVISE

(assessing for domestic violence and abuse in sexual health environments); George House Trust; Our Room (formerly Men's Room) Manchester; Greater Manchester Mental Health (GMMH) Trust; Dual Diagnosis service; and We Are Survivors, Manchester.

In 2023 the Manchester Chemsex Partnership launched a new website at Pride www.chemsafe.space/ to provide more information for individuals and professions about sexualised drug use and the support available in Manchester. The research and website were funded by the Council's Department of Public Health.

The Department are also funding an additional substance misuse practitioner, so the Reach Clinic can now expand its service.

Chemsex: *(n) sexual activity under the influence of drugs taken during or immediately before.*

Most common among gay and bisexual men who have sex with men (MSM).

Drugs most frequently associated: Crystal Methamphetamine, gamma-hydroxybutyric acid/gamma-butyrolactone (GHB/GBL) and Mephedrone.

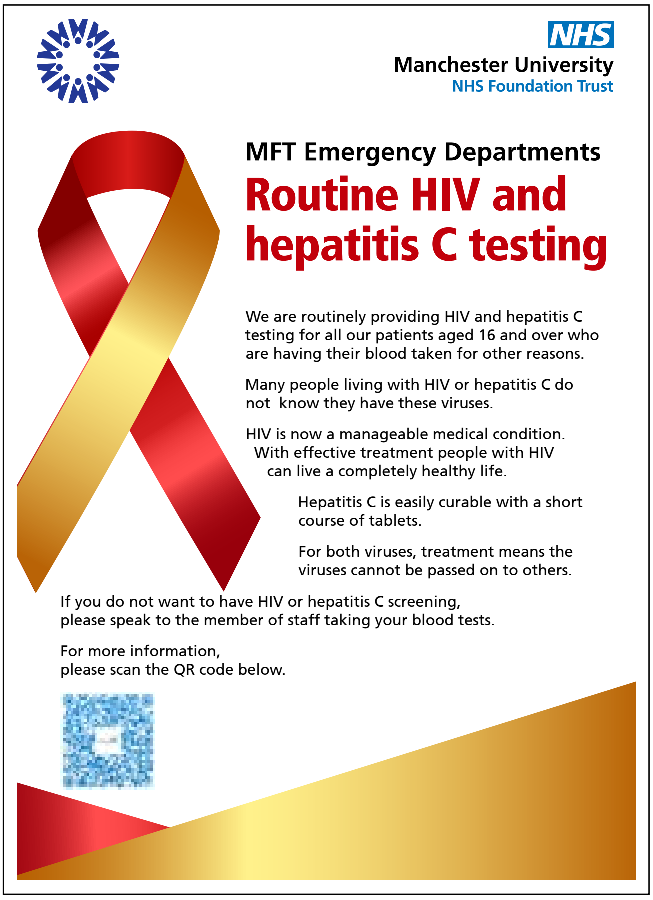
Case Notes

To further understand the safeguarding risks in this population, a retrospective case note review analysis was carried out of 107 referrals to the Reach Clinic in Manchester. It found many patients presenting with multiple and complex safeguarding needs. There was high prevalence of STIs and HIV, with 61% having contracted an STI in the past year, and 57% of the cohort living with HIV. 78% reported mental health issues, and there was a high prevalence of self-harm and suicidality. Experiences of domestic and sexual violence were common, 20% reporting domestic violence, and 30% reporting sexual assault. 20% had sought medical attention due to overdose, and half of these could be attributed to use of the chemsex drugs GHB/GBL alone. 41% were referred to the Reach MDT and a significant proportion showed evidence of substance-misuse recovery. The study indicates that there are complex safeguarding issues involved with chemsex participation and an MDT approach is effective in attenuating risk in this population.

This is now...

HIV testing in emergency departments

Dr Clare van Halsema,
Consultant and Clinical Lead in Infectious Diseases,
North Manchester General Hospital



NHS
Manchester University
NHS Foundation Trust

MFT Emergency Departments

Routine HIV and hepatitis C testing

We are routinely providing HIV and hepatitis C testing for all our patients aged 16 and over who are having their blood taken for other reasons.

Many people living with HIV or hepatitis C do not know they have these viruses.

HIV is now a manageable medical condition. With effective treatment people with HIV can live a completely healthy life.

Hepatitis C is easily curable with a short course of tablets.

For both viruses, treatment means the viruses cannot be passed on to others.

If you do not want to have HIV or hepatitis C screening, please speak to the member of staff taking your blood tests.

For more information, please scan the QR code below.

In 2018, before North Manchester General Hospital (NMGH) joined MFT (Manchester University Foundation Trust), I was working with the Northern Care Alliance on HIV testing work. This looked at the issue of routine testing in response to a clear patient safety risk of not testing routinely for HIV and missing opportunities to diagnose people earlier.

Identifying the lack of HIV testing, or deficiencies in HIV testing, as a patient safety problem was helpful in escalating the problem and gaining support.

As soon as NMGH joined MFT, HIV and hepatitis specialists joined together and wrote an internal MFT business plan. The key thing that got us moving was securing hepatitis C funds. Since HIV testing uses the same blood sample and we're testing the same population, it's cost saving to do both at once.

The trust funded the first few months of HIV testing, allowing us the flexibility and time to increase laboratory capacity and cover all three acute MFT sites. It is important to note that community and voluntary sector support has been vital – for the programme and for people diagnosed with HIV or hepatitis.

We still have a lot of work to do, and we aim to include hepatitis B as part of the testing schedule soon.

It is also good to know that we will be able to expand to all high HIV prevalence areas in Greater Manchester now that national funding has been made available.

Dr Orla McQuillan,
Consultant in Genitourinary Medicine,
The Northern, MFT

At Manchester Royal Infirmary we were working on trying to initiate HIV testing in Emergency Departments in parallel with NMGH. After an initial business case was unsuccessful in 2018, the teams joined together across MFT. What finally brought success was highlighting the risk of late diagnosis on the group risk register and securing funding for hepatitis C testing.

Testing started on the first World AIDS Day, 1 December 1988. This was the same day that national funding through the HIV Action Plan was announced, and the programme has now been delivered to all MFT acute sites.

It has been a highly successful programme, and 79 new diagnoses of HIV have been made so far, and over 250 new diagnoses of hepatitis C.

The majority (74%) of those newly diagnosed with HIV identify as heterosexual, and more than 60% of infections have been found at a late stage. Over half (56%) of those diagnosed were discharged directly from emergency departments.

This means that as a screening programme it is extremely effective, as it's picking up those who don't normally access testing and enabling them to start on lifesaving treatment.

It has also been a great example of a truly multidisciplinary programme initiated across all three MFT sites. It has involved ten departments with integral involvement of George House Trust and the Hepatitis C Foundation for community support. They have made sure that the voices of those living with HIV and hepatitis C shape our developing programme.

We are excited that six of the ten local councils in Greater Manchester now have the funding for this to be delivered next year.

This is now…

Contraception, community gynaecology and women's health hubs

Dr Asha Kasliwal,
Consultant in Community Gynaecology, MFT,
Reproductive Healthcare Clinical Director for Citywide Contraception and Sexual Health Service and South Manchester Gynaecology Service

The Northern Contraception, Sexual Health and HIV Service provides free confidential contraception and sexual health care across Manchester and Trafford. The service also provides care for people living with HIV at clinics in Manchester, Trafford, Tameside and Stockport.

Contraception makes up a large part of our service. In 2023 we appointed an additional consultant in contraception, reproductive and sexual health, strengthening the senior sexual and reproductive health team. This brings extra support to our ever-increasing complex contraception work, including the multidisciplinary teams (MDTs). They consist of a mix of health and care professionals who work together to plan and co-ordinate people's care and long-acting reversible contraception (LARC) procedures, some of which are not provided anywhere else in Greater Manchester.

This year, the Department of Public Health in Manchester gave us additional funding for an ultrasound scan machine, and now we provide ultrasound guided LARC procedures for deep implant removals and intrauterine contraceptive device (IUCD, or coil) fittings and removals.

The team support primary care in Manchester in their delivery of contraception, especially LARC methods, and their implementation of women's health hubs, taking referrals for more complex contraception and providing clinical advice and support.

Alongside Dr Jennifer Greenlaw, a GP from Urban Village Medical Practice, we support the Manchester LARC Forum, which provides clinical updates for GPs and nurses who administer LARC in Manchester.

Our community gynaecology service in south Manchester continues to flourish. Although there are different commissioning and funding streams – including Public Health funding for contraception up to level 3, and Greater Manchester NHS for community gynaecology – it works as a single unit.

Our hub has won high-profile recognition, and visitors have included Dame Lesley Regan, the national Women's Health Ambassador. We have been invited to give presentations at several Department of Health and Social Care events and webinars, and are acknowledged in their communications as an example of joint-commissioning arrangements.

In addition, our team deliver the Northern Menopause Clinic, which is one of the few consultant-led clinics in the north west to accept self-referrals as well as referrals from healthcare professionals. With the increasing public awareness, referrals have quadrupled.

Our commitment to continuing improvement is advancing all the time. We provide a continuous programme of menopause training for gynaecology consultants and GPs. We're now developing a new triage system to make best use of resources; this directs LARC counselling to a virtual clinic, and all other contraception patients to face-to-face appointments – avoiding duplication. We're also introducing cervical cytology for 'easy to ignore' groups that may not access cervical screening through a GP service.

This is now…

The Northern Trans and Gender Diversity Clinic

Dr Sally Jewsbury,
Consultant in Genitourinary Medicine

We run a weekly designated clinic for gender-diverse individuals and we jointly initiated the MFT Trans Professional Health Network to advocate for improved care for trans patients at a Trust level.

In 2021 we established a new designated sexual and reproductive health service for trans, non-binary and gender-diverse individuals.

We championed patient and public involvement with interviews, focus groups, and surveys to shape the service, which has resulted in an increased number of trans patients attending and greater uptake of PrEP, a drug that stops HIV transmission.

We were awarded £9,800 from the health trust's Transform Fund to 'transform trans and gender-diverse sexual and reproductive health in Manchester'.

We used the funding to commission a social-enterprise company to map services and develop our vision and clinic name, Onyx, consulting widely with VCSE-sector organisations and service users.

Innovative measures, including service-wide name badges with pronouns, non-gendered toilets and waiting areas, and trans-friendly patient information leaflets have been implemented with positive patient feedback.

We have initiated cervical screening for trans men, contributing to broader health equity.

We have also trained many students, medical staff, nurses, and allied health professions, and we're currently training a nursing associate to operate a separate list to expand access to our services.

With additional funding from the Council, we co-produced a digital leaflet and patient video with the LGBT Foundation, to alleviate anxiety and provide guidance for individuals using our services

This is now...

Young people – sexual health and contraception services

Dr Hilary Natusch,
Consultant, Sexual and Reproductive Health

Kay Wolstenholme,
Education Outreach Team Leader

Through 2023, the Northern focused on re-engaging young people with its contraception and sexual health services, post-pandemic.

This work has been delivered through both our targeted and tailored outreach for hard-to-reach groups and our dedicated clinical services for young people.

Our highly regarded outreach team deliver both clinical and informal education, supporting young people in all aspects of their sexual health and wellbeing. The team ensure a holistic approach, working together to safeguard children with a 'think family' culture, ensuring we make every contact count. All young people have appropriate referrals to partner agencies.

We support various cohorts of young people, which include:

- Cared-for children
- Care leavers
- Young parents, refugee or asylum-seeking young parents
- Young offenders
- Young people with neurodiverse conditions
- Unaccompanied asylum-seeking children
- Homeless young people or those living in supported accommodation
- Young people not in school or not in employment or training
- LGBT young people and trans young people
- Young people with mental health issues
- Young people with substance or alcohol issues.

Northern young people's outreach – Molly Doyle, clinical nurse based at the Hathersage

We also work closely with Manchester Metropolitan University and The University of Manchester to support our student community.

Partners we work with include:

- Parents and carers
- Foster carers, looked after children (LAC) nurses and specialist LAC nurses
- Specialist LAC doctors
- School health advisers, teachers and mentors
- School safeguarding leads
- Residential care workers, support workers and social workers
- Leaving care personal advisers and early help
- Police
- Complex safeguarding team
- Specialist child sexual exploitation nurses
- Homeless families
- Health visitors and specialist health visitors
- Young parent midwives
- Teenage parent support
- Youth justice and the probation service
- Colleges and universities.

Our dedicated young people's clinics in Harpurhey and Newton Heath have helped us extend access to contraception, including LARC (long-acting reversible contraception) along with STI screening.

We have received positive feedback about our work with young people, notably from the recent Care Quality Commission visit, which looked at serious youth violence and recognised:

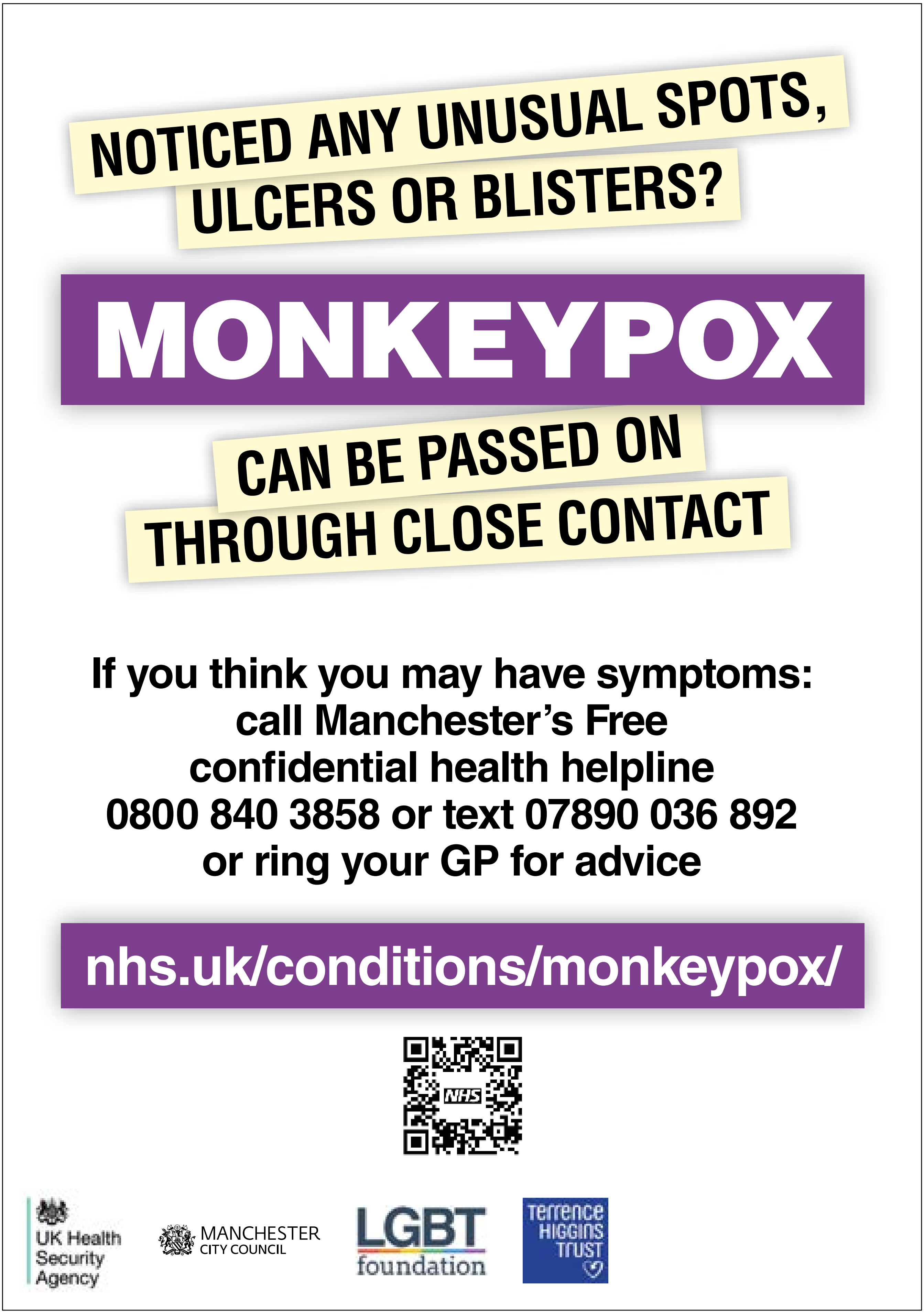
- Excellent partnership working across stakeholders
- Very good multidisciplinary team working within the service
- Consistent evidence of listening to the voice of the child.

We were also pleased with this feedback from the specialist child sexual exploitation nurse in Manchester:

"I would like to share my appreciation for the amazing work done by your team of outreach sexual health educators. The team are incredibly responsive, tenacious and compassionate towards the young people they work with. Quite rightly, they are really appreciated by partners in social care, education and the police, and are amazing ambassadors for the Trust."

One of the emerging themes in 2023 was an increase in referrals for neurodiverse patients, and we have worked closely with acute and community-learning disability teams to support young people who are neurodiverse. We have offered these patients reasonable adjustments, including letting them choose the venue and times and who they want to accompany them. We have also developed a range of excellent resources to support young people to make decisions about their wellbeing, supported by our Mental Capacity Framework.

In the coming year we will continue to develop our outreach services and expand our dedicated young people's clinics across Manchester following 'You're Welcome' standards guidance.



NOTICED ANY UNUSUAL SPOTS,
ULCERS OR BLISTERS?

MONKEYPOX

CAN BE PASSED ON
THROUGH CLOSE CONTACT

**If you think you may have symptoms:
call Manchester's Free
confidential health helpline
0800 840 3858 or text 07890 036 892
or ring your GP for advice**

nhs.uk/conditions/monkeypox/

UK Health
Security
Agency

MANCHESTER
CITY COUNCIL

LGBT
foundation

Terrence
Higgins
Trust

This is now...

Huge breakthroughs in HIV prevention and treatment

Dr Chris Ward,
Consultant Physician in Genitourinary Medicine

Growing up as a gay man in the 1980s and 1990s was a scary time. I remember a lot of fear about HIV and stigma in the media. By the time I started university, antiretroviral treatment had progressed, and highly active combination therapy was already saving lives. My own experiences of HIV anxiety and shame around sex motivated me to explore sexual health as a career.

I always wanted to help the LGBTQIA+ community, and when I started at medical school I volunteered at the LGF (now LGBT foundation) to distribute condoms at Pride. Throughout my career I've been lucky enough to work with some fantastic community groups and organisations that really inspire me with their activism.

Now, as a consultant in sexual health and HIV, I have been lucky enough to have worked through huge breakthroughs in HIV prevention and treatment. I remember the first PrEP trials showing enormous success at reducing HIV transmissions, and the landmark Partners study providing and inspiring the U=U message. This revolutionised people's lives and helped with anxieties around sex, shame and stigma. We now have over 2,000 people in the service on PrEP and have seen huge reductions in new HIV diagnoses because of this.

In 2015 I set up the north west's first chemsex clinic to help people struggling with drug addiction and its relationship with sex. We have expanded this service and there are now four clinics in Greater Manchester, and we work closely with the drug services and community support groups in Manchester.

During the emergence of the Mpox outbreak we were reminded of the effect a new infection can have on people's physical and mental health, and once again the stigma associated with this. I was instrumental in setting up rapid mass-vaccination clinics to offer preventative vaccines to over 2,000 gay and bisexual men over a two-week period, and I managed several cases of Mpox in our clinics and hospital.

Now we are lucky enough to have multiple HIV treatments, often well tolerated, and some in the form of one pill a day. With injectable treatments we have been able to offer even more options and choice, seeing most people only once every six months.

I enjoy working with patient and community groups to continue the momentum and pressure to fund sexual health services, to drive forward innovation and new drug developments, and to tackle the stigma that still exists.

This is now...

BHA for Equality – tackling systematic, avoidable and unfair health inequalities

Jeni Hirst,
Director of Service Development and Delivery,
BHA for Equality

BHA for Equality – (formerly known as the Black Health Agency) is a health and social care charity which exists to challenge and address health and social care inequalities and support individuals, families and communities to improve their health and well-being.

Today, BHA for Equality continues to develop services for ethnically diverse communities and marginalised groups to improve their health and wellbeing.

Health inequalities are systematic, avoidable and unfair – and BHA provides a range of services across North England to address the causes and effects that lead to differences in life expectancy, prevalence of health conditions, access, experience, and quality of care. We undertake collaborative pieces of work, co-produced with local people, that initiate change and improve knowledge and access to relevant services.

While HIV and sexual health remain a core part of BHA's work, we also support individuals and communities in relation to breast, bowel and cervical cancer, heart health, diabetes, TB and mental health.

BHA lead The PaSH (Passionate about Sexual Health) Partnership, alongside George House Trust and the LGBT Foundation. Together, we provide a range of sexual health and HIV information, as well as health promotion and prevention activities. Our sexual health team deliver HIV and STI testing in community-based settings, including Manchester Central Library, Moss Side Leisure Centre, Arcadia Library Centre, Manchester Metropolitan University, and local barbers.

In partnership with The Northern sexual health service, we offer rapid HIV tests with results in a few minutes, and full STI screens covering syphilis, chlamydia, gonorrhoea, and hepatitis B and C. Home-test kits and condoms can also be ordered on our website. For our social media campaigns, we've created short videos showing how to provide samples for the full STI screening kits.

More recently, we've started to offer rapid HIV self-tests to Manchester residents by post. The self-test kit uses a single drop of blood from a finger prick and gives an instant result. We encourage people to report their results, and we contact them to make sure they've received the kit and to offer further information and advice.

Community engagement and co-production are at the heart of our work, and we work closely with local people and businesses to develop and deliver our activities.

Community ambassadors, champions and volunteers are vital in developing our work and making our services relevant and accessible.

The team work with a wide range of organisations and services across Manchester to provide an integrated and holistic approach. Currently, we're working to deliver sexual health workshops within a creative wellbeing session, such as an art class or yoga session, enabling people to explore difficult topics such as stigma and shame in a safe and supportive environment.

BHA for Equality Staff

Joe Tanzer presenting at Fast-Track Cities Amsterdam

This is now…

BHA PrEP community panel

BHA for Equality

PrEP is highly effective in preventing HIV and is available free through sexual health clinics, but there are significant inequalities in access and low uptake in women and ethnic minorities.

In March 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 meet regularly to discuss the most effective ways to raise awareness of PrEP among communities. They share their local knowledge and experiences of attitudes, stigma, discrimination and why people don't understand, access or trust information about PrEP. They also work together to identify ways to increase awareness and acceptability of PrEP among their communities.

BHA provided in-depth training for community members about what PrEP is, how it works, and how it can be accessed. This ensured that all the members of the community panel had a good baseline knowledge of PrEP so that they can be effective community champions, spreading knowledge of PrEP among their own communities and neighbourhoods.

The PrEP community panel have made recommendations about the design and delivery of HIV prevention campaigns and helped to raise awareness among Black and minoritised communities by addressing the specific concerns and issues faced by communities.

The group have discussed in detail how to design an effective PrEP campaign and designed resources for BHA to share widely through social media and community outreach.

"I learned a lot about HIV and prevention. Great discussion and very informative. Everyone in the group shared ideas and different stories. Well-organised and safe place where people feel free to open up about their stories."
Evelyne – BHA PrEP community panel participant.

This is now...

HIV and STI prevention with Caribbean communities

BHA for Equality

High rates of STIs amongst Black Caribbean communities is something we wanted to address.

We identified gaps in existing research on STIs and Black Caribbean communities and used this information to design questions for a series of focus groups and interviews with people identifying as Black Caribbean in Manchester.

We ran two focus groups with women: one face to face, and one online, as some participants were not comfortable participating in person. We struggled to get men to participate in focus groups, so we partnered with a local barber shop to hold semi-structured interviews there. We were able to open up a wider conversation about sex and STIs with all customers at the venue. As the interviews with men worked well, we also interviewed some women to add further nuance to the community research.

Using information from the focus groups we identified core themes of awareness, condoms, STI testing, sharing an STI diagnosis, culture around sex, stigma and poor experiences of sexual health services.

We held a webinar for health professionals, where we presented key findings and put forward key recommendations for more effective consultations.

We used the research outcomes to develop a social media campaign with a bold, bright and fun approach.

We aimed to make the representation intersectional and used informal language familiar to Black Caribbean communities to increase trust in the content. As well as posting content on our own social media, we recruited local influencers of Black Caribbean heritage living in Manchester to promote our campaign and broaden the reach.

The campaign also promoted our free condom and lube delivery service and our STI testing service, which saw increased requests during the campaign.

We co-produced a prevention video using the same graphic design for aesthetic continuity. It's now used to good effect in healthcare waiting rooms and on social media, putting across key messages and exploring the wider issue of health inequity – the preventable gaps in health outcomes between different communities in our city.

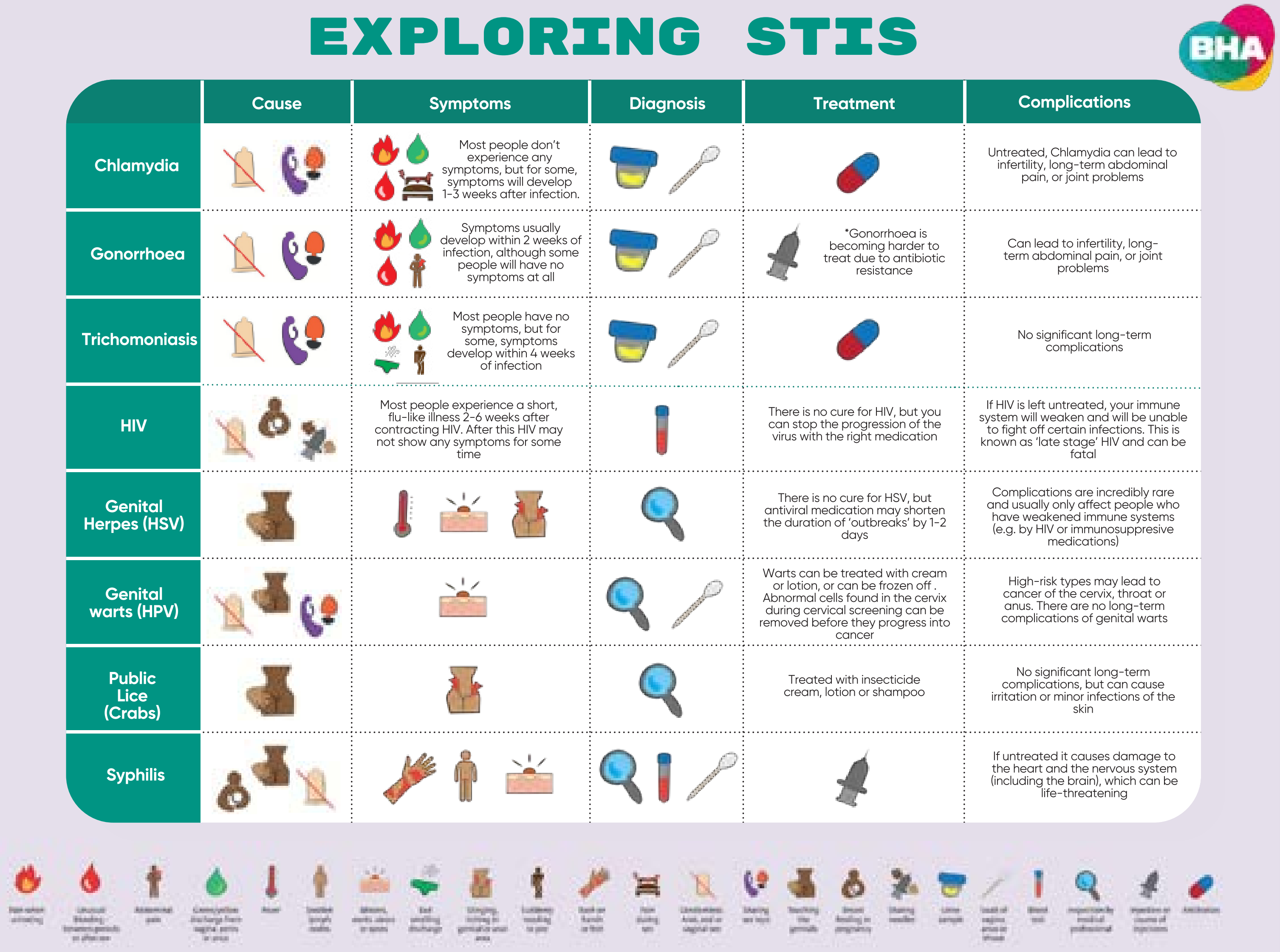
VIRGINITY ISNT A THING, NEWSFLASH!

SEX CAN INCLUDE ORAL, ANAL, VAGINAL, INCORPORATING THE USE OF TOYS, FINGERS AND HANDS.

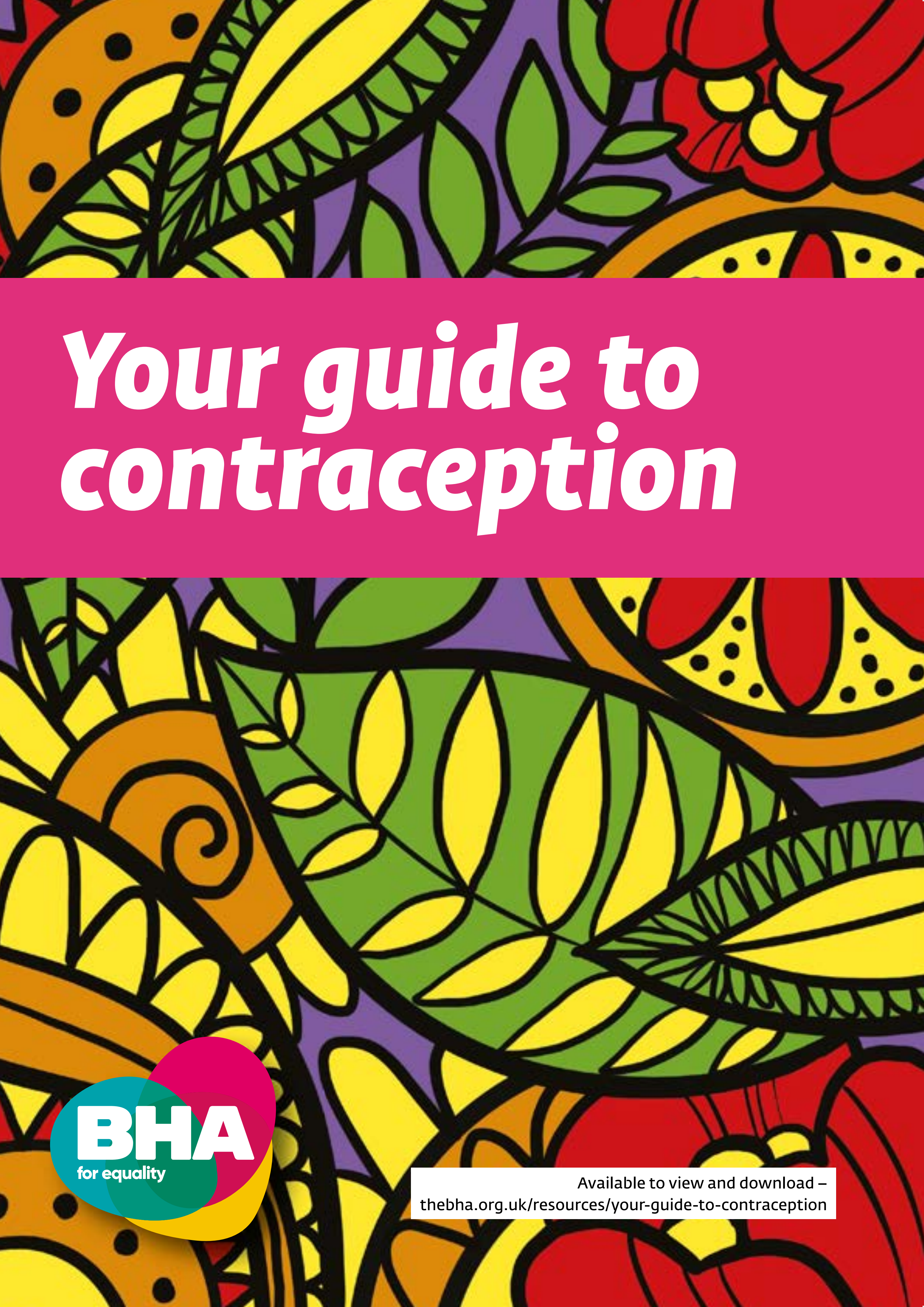
WHEN WE STOP UNDERSTANDING SEX AS 'PENIS IN VAGINA' IT'S PRETTY HARD TO PINPOINT THAT MOMENT WHEN YOU ARE 'NO LONGER A VIRGIN'.

(SIDE NOTE *ALL OF WHICH CARRY RISK OF AN STI).

EXPLORING STIS



	Cause	Symptoms	Diagnosis	Treatment	Complications
Chlamydia		Most people don't experience any symptoms, but for some, symptoms will develop 1-3 weeks after infection.			Untreated, Chlamydia can lead to infertility, long-term abdominal pain, or joint problems
Gonorrhoea		Symptoms usually develop within 2 weeks of infection, although some people will have no symptoms at all		*Gonorrhoea is becoming harder to treat due to antibiotic resistance	Can lead to infertility, long-term abdominal pain, or joint problems
Trichomoniasis		Most people have no symptoms, but for some, symptoms develop within 4 weeks of infection			No significant long-term complications
HIV		Most people experience a short, flu-like illness 2-6 weeks after contracting HIV. After this HIV may not show any symptoms for some time		There is no cure for HIV, but you can stop the progression of the virus with the right medication	If HIV is left untreated, your immune system will weaken and will be unable to fight off certain infections. This is known as 'late stage' HIV and can be fatal
Genital Herpes (HSV)				There is no cure for HSV, but antiviral medication may shorten the duration of 'outbreaks' by 1-2 days	Complications are incredibly rare and usually only affect people who have weakened immune systems (e.g. by HIV or immunosuppresive medications)
Genital warts (HPV)				Warts can be treated with cream or lotion, or can be frozen off . Abnormal cells found in the cervix during cervical screening can be removed before they progress into cancer	High-risk types may lead to cancer of the cervix, throat or anus. There are no long-term complications of genital warts
Public Lice (Crabs)				Treated with insecticide cream, lotion or shampoo	No significant long-term complications, but can cause irritation or minor infections of the skin
Syphilis					If untreated it causes damage to the heart and the nervous system (including the brain), which can be life-threatening



Your guide to contraception

This is now...

Contraception awareness for Black, Asian and ethnic minority women

BHA for Equality

For some Black, Asian and minority ethnic women, contraception is associated with a colonial legacy of curtailing reproductive freedom.

In the West, contraception has often been associated with liberation, but in some communities it has been viewed as controlling or associated with unethical experimentation. Compared to White women, lower proportions of women of colour seek contraception from their GPs (38.7% of Black women versus 61.4% of White women).

To address this, we ran a series of focus groups with women from Black, Asian and minoritised communities that took a deep dive into their experiences with various kinds of contraception.

The project explored women's beliefs about contraception and their experiences with the various types.

Black, Asian and minoritised women led on this project and co-produced a range of resources to support their decision-making in relation to their contraception choices. This included various media and tools to reach women. We co-produced podcasts, online workshops, videos and a booklet to highlight the benefits of the different types of contraceptive choices, not only in terms of preventing pregnancy, but also including polycystic ovarian syndrome, regulating menstrual cycle and endometriosis. All the resources developed are sensitive to cultural and religious perspectives.

We worked closely with Dr Tom Hess at the Northern to ensure that the resources are accurate.

Our comprehensive booklet 'Your guide to contraception' has been designed to give Black, Asian and minority ethnic women the information they need and is available in six languages: English, French, Arabic, Romanian, Hungarian, and Ukrainian.

This is now...

BHA social influencers campaigns

BHA for Equality

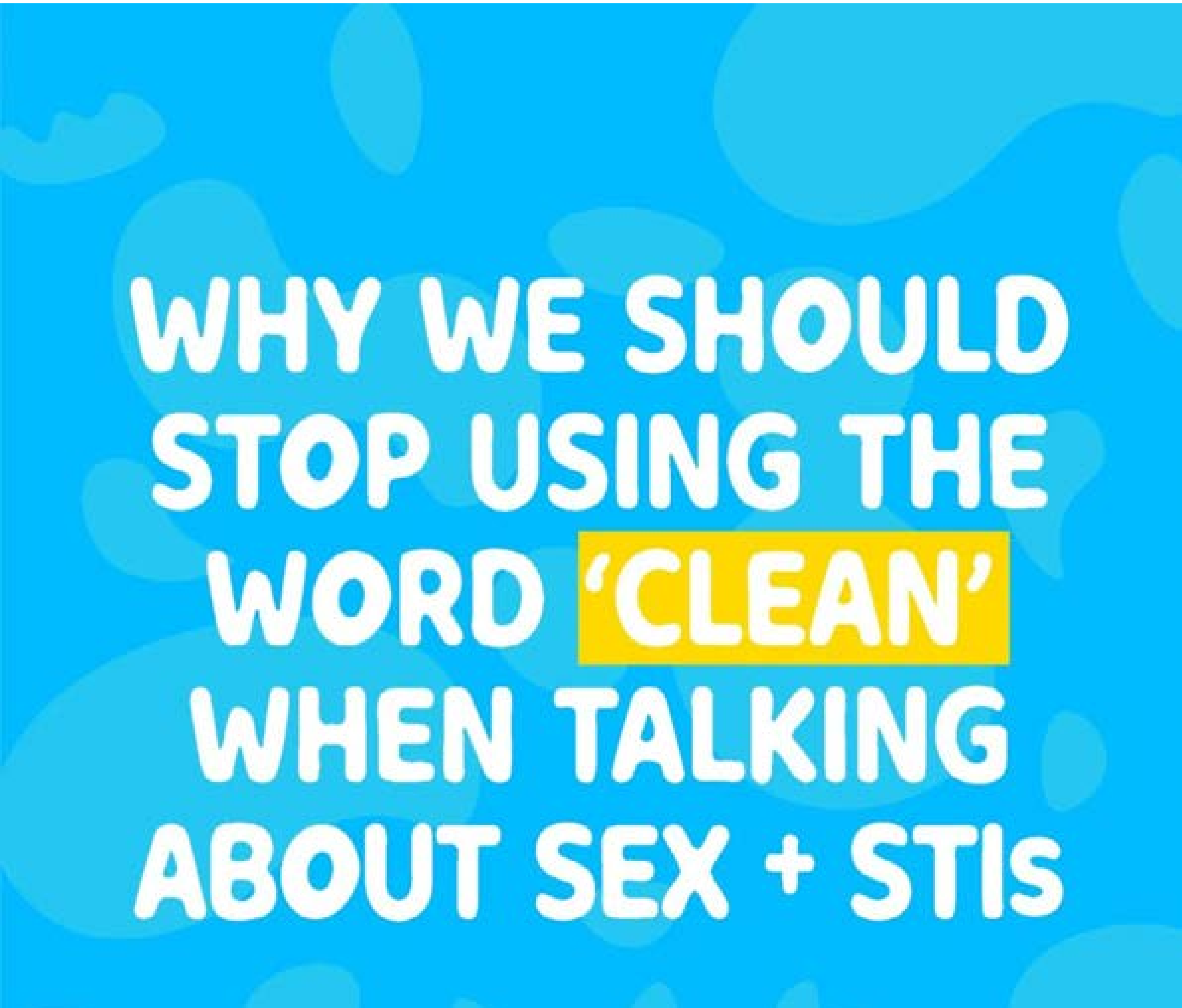
BHA identified an opportunity to engage online with Black and ethnic minority communities by using local people as sexual health influencers. We identified people who were well respected within their communities, and individuals with a considerable number of followers across their social media channels, who could be considered as health influencers. Following a recruitment, training and induction process, our influencers were ready to share HIV-prevention messages with a diverse range of people within their networks.

Our influencers are people from community groups, radio, local Black-owned businesses and the arts, and they have enabled us to reach many parts of our communities that our own social media may not have reached.

During campaigns, our health influencers are asked to share one post a week over a month. We have a robust training and resource package for the influencers, which is tailored to each campaign. We provide graphics, suggested messages and scripts, and there is flexibility for the influencers to tailor content to their online presence and audience.

Having built a working relationship with the influencers, we have continued to work with them to co-produce subsequent campaigns. The authenticity of the influencers has encouraged audience trust in the messages, and access to a wider audience has led to more nuanced conversations around HIV and sexual health.

Chantelle Walker and Meghan Guy, BHA for Equality, presenting the social media influencers at Fast Track Cities Seville



WHY WE SHOULD STOP USING THE WORD 'CLEAN' WHEN TALKING ABOUT SEX + STIs

BHA for equality in health and social care

This is now...

Advice to live healthily and confidently with HIV

Darren Knight
Chief Executive,
George House Trust

George House Trust was established by, for and with people living with HIV – and that is as true in 2024 as it was in 1985.

The Trust is led by people living with HIV, whose lived experiences are at the heart of everything we do.

Those who've helped make the changes needed for people living with HIV in Manchester and beyond are living with HIV themselves – they've lost friends, family and loved ones to HIV, and stand proudly with us to fight to end HIV stigma.

Each year, we directly connect with over 2,500 people to provide advice, support and information so they can live healthily and confidently with HIV. We reach many more thousands of people at events, online, through our Positive Speaker sessions, in schools, at work and in the community.

We exist to tell stories: those tales of people's real journeys, experiences, challenges and the discrimination people still face because of HIV stigma. We tell those stories because although we've seen medication, treatment and care around HIV transform over the past 40 years, people today still experience the hurt and pain caused by the homophobia, racism and fear that underpins many people's knowledge of and their attitude to HIV.

When people connect with us at George House Trust, we want them to know they are valued, loved and part of a community that's built on strength, solidarity and connections. We want everyone living with HIV to thrive and to be everything they want to be and can be.

Right now, we're still supporting people experiencing discrimination from health professionals, those cut off by family and partners, and those facing abuse. The services and support we provide include one-to-one support, counselling, peer mentoring, formula milk, supporting children living with HIV, and working in prisons. We also provide peer support groups for women, African men, LGBT+ people and straight men. As well as intensive support for those struggling to manage their HIV, we also provide people facing poverty with a range of services, including food, destitution support, advocacy, and benefits advice.

As we see the picture changing, we realise that the goal of ending new diagnoses of HIV by 2030 could be a reality, and we've evolved our offer to ensure that we're also meeting the needs of people ageing with HIV.

Our work is enabled by a dedicated staff team and over 130 volunteers who give their time freely and passionately to effect change. We also have support from a range

of funders and donors who enable our work. One consistent source of support has been Manchester City Council, and we value our longstanding relationship because we will only end HIV stigma, and ensure that people live well, by working together.

HIV has changed – that's the message we want everyone to know. If you're on effective treatment and you have an undetectable amount of HIV in your blood, you can't pass HIV on. It's a long-term condition – like asthma or diabetes – that is managed with a tablet, or a few tablets, a day. People can live a full and normal life with HIV, especially when diagnosed early. So know your status!

At George House Trust we're working for a world where HIV holds no-one back, and we'll continue until we achieve that.

This is now...

A child's right to protection

Christine Raiswell,
Strategic Lead, Health Protection,
Public Health, Manchester

Colin Armstead,
Services Director, George House Trust

"I know I am struggling financially to make ends meet, but I am very sure my baby has got formula milk for the next 12 months."

Breastfeeding is an identified route of vertical transmission of HIV, and the British HIV Association recommends that in the UK the safest way to feed infants born to mothers with HIV is with formula milk for the first year, as this eliminates the risk of HIV exposure after birth. The estimated lifetime costs for an infant contracting HIV in the first months of life is £622,800.

Despite its ability to eliminate postnatal transmission risk to infants, we found that, in 2018, the provision of free formula milk and feeding equipment was not routinely commissioned in the UK. We found a patchwork of different schemes – or none at all – operating with different funding and provision. Formula milk was not funded for infants born to mothers with HIV in Manchester or anywhere in Greater Manchester.

For some women living with HIV, the cost of formula milk presented a barrier to this safest form of feeding. Public Health, George House Trust, midwives, specialist HIV nurses, and health visitor infant feeding specialists came together in 2018 to explore ways to address this gap, driven by the belief that it is a child's right to be protected from infection.

In early 2019, a pilot scheme was established, administered by George House Trust and funded by Public Health (Manchester City Council) to provide free formula milk and equipment for the first 12 months of the baby's life. Infant feeding support and expertise was provided by the Infant Feeding Team at the Health Trust's Health Visiting Service.

The provision of formula milk has enhanced women's engagement with the services at George House Trust and with general HIV care, post-pregnancy. Women reported feeling more relaxed because they don't have to worry about the cost of their baby's milk, allowing them to focus more on their own HIV health. Others have mentioned they've managed to save some money and are able to pay bills and buy healthier food.

Following the success of the pilot, the scheme was extended, and George House Trust are now commissioned to provide this service for all eligible women in Greater Manchester.

From 2019 to date, 46 women have been supported in Manchester.

This is now…

Support to recognise complexity of need

Jill Cooke and Lauren Rowe,
Intensive Support Workers,
George House Trust

"I'M NOW IN CONTROL OF MY HIV"

The Intensive Support Service for people living with HIV and **complex needs** in Greater Manchester

Some people living with HIV need extra help to follow their treatment plan

The Intensive Support Service (ISS):

The ISS is very effective in helping people manage their HIV

64 service users supported from November 2019 to December 2021

96% of service users

85% of participants

79% of service users

3 pregnant users

"The intensive support workers have been instrumental in helping to engage several vulnerable individuals with many complex issues relating to their HIV. Their support and guidance throughout this difficult time has been greatly appreciated, reflected in the amazing feedback from the patients they help to empower and the clinic's staff. The intensive support worker role has been the standout achievement from the HIV campaign and needs to be upscaled and future-proofed to support this valuable work."

Dr Chris Ward, Consultant Physician Genitourinary Medicine, The Northern Contraception, Sexual Health and HIV Service

The Intensive Support Programme recognises the complexity of people's lives when living with HIV, particularly those with multiple and complex needs and where those issues are entrenched and heavily impacting on someone's ability to manage their own HIV health.

The service offers one-to-one support to those referred by their clinic with a detectable viral load. They have often lived through traumatic experiences due to homelessness, offending, drug and alcohol issues, mental health issues, abuse or sexual violence, and have comorbidities alongside their HIV.

The support aims to address social problems and helps overcome barriers to engagement with HIV treatment and care. Support includes one-to-one meetings, door-to-door transport for appointments, and liaison and advocacy with other agencies involved in care and support, together with emotional support and encouragement.

People who access the service experience many improvements to their health, wellbeing and quality of life over time. Many attain an undetectable viral load as their clinic attendance increases and engagement with their HIV care improves. People referred to this service frequently have other medical conditions to manage, and their engagement with other specialities also improves as the Intensive Support Workers liaise with other professionals and agencies involved.

Advocacy and liaison with statutory services and other voluntary organisations means agencies work together as a team with health professionals to support the person, rather than working in isolation.

Last year, 57% of recipients of the intensive support service attained an undetectable viral load, 95% improved their engagement with clinical appointments, and 83% reported an increase in their overall wellbeing.

> *"Your Intensive Support Worker is one of the most supportive workers I have ever worked with; she truly cares about the people she is supporting. I have found her to be a great advocate who goes above and beyond to ensure that the people she is supporting get what they need and deserve. She is inspiring to work with – her passion for serving and helping those most vulnerable is a credit to her and your service. If only we could have one of your workers working on every case."*
>
> *Social worker.*

Tackling HIV stigma through lived experience

Paul Fairweather MBE,
Positive Speaker Development Worker,
George House Trust

The Positive Speakers programme is a key element of George House Trust's approach to tackling HIV stigma. It's led by volunteers living with HIV who use their own lived experience to educate and inspire others on all aspects of the virus. Our positive speakers enable us to reach new audiences and build support for our vision of a world where HIV won't hold anyone back.

Being a positive speaker has had a profound impact on many of our volunteers. Most have never spoken in public before and have now spoken at large conferences, at vigils and to the media. They are now far more confident and open about living with HIV in all areas of their lives. In total, through the 152 positive speaker sessions held in the year, we reached 3,300 people.

Manchester's public health team have funded us to run sessions for 11 secondary schools in the city for a number of years. We have built up good ongoing relationships with schools, which has resulted in us running a series of sessions for a whole-year group in each school, usually year 10 (14 to 15-year-olds). We have also run sessions for whole-year assemblies and some specifically for teaching staff.

Each session includes a presentation that covers routes of transmission for HIV, an explanation of the difference between HIV and AIDS/late-stage HIV, an explanation of the U=U (Undetectable=Untransmittable) message, and details about services we provide. This is followed by a positive speaker talking about their experiences of living with HIV and answering questions.

The questions posed by young people in the sessions have, in the main, been thoughtful and intelligent and reveal a mature attitude to learning about HIV, which is encouraging.

The work we are doing educating large numbers of young people in Manchester about HIV is also important to Greater Manchester's Fast-Track City commitment to end new transmissions of HIV and to tackle HIV stigma, which continues to impact negatively on the lives of many people living with the virus.

As well as the schools programme, we have held sessions for social workers and locality teams, primary care teams and for service providers. Positive speakers have also provided videos included within the anti-stigma module that Manchester University NHS Foundation Trust have implemented for all their staff. We want to expand this work to provide sessions for more schools and for more providers of services that people living with HIV may access.

Here's what our positive speakers say about the role and its results.

Anita's story

What made you want to be a positive speaker?
It was hearing that lack of knowledge and seeing first-hand discrimination and prejudice. I couldn't be quiet and not fight for those too frightened to speak.

What do you enjoy most about being a positive speaker?
I love the opportunity to change people's view of HIV. I started this work in 1995 and it's just as vital now as it was then. Sadly, the world sees HIV as a gay problem and doesn't even realise its importance and the need for protection.

Tell us about a favourite moment
To be honest, it's hard to pick one moment as there have been so many over the years that still make me smile. Recently, I was at an event in Manchester, and I was finding it hard to say my son was HIV positive – and this day in particular he had been ill and my emotions were heightened. Then, a young girl asked if it would be okay to give me a hug. Obviously, I said that would be lovely and she held my hand after and said she would keep me in her prayers forever. Such love and understanding from one so young still touches me.

What would you want to tell someone who was thinking about becoming a positive speaker?
I truly encourage people to become a positive speaker. I find it very cathartic. When you hear your own words, it's daunting at first. Then you realise how far you have come to be able to stand up and make a difference, even just a little bit. Only we can do this – and we need to carry it on to stop HIV in this generation.

Kieran Yates last year, outside the Houses of Parliament, at the March Against HIV Stigma

Kieran's story

What made you want to be a positive speaker?

After I was diagnosed with HIV and received support from George House Trust, I knew I wanted to give back in any way I could. I discovered Paul's positive speaking programme and instantly felt the benefit of being able to educate others about HIV while sharing my own story.

What do you enjoy most about being a positive speaker?

I love the variation in audiences for the session. I could be going to a school, a GP surgery, or even a corporate event. It's lovely to engage with different people of all ages and backgrounds and talk about HIV.

Tell us about a favourite moment

My favourite moment has to be reading the feedback forms from a group of children after a session at a school in Manchester. Their comments were incredibly supportive and there was even a couple of funny ones, like, 'You go gays!'

What would you want to tell someone who was thinking about becoming a positive speaker?

I'd tell them to go for it! Not only does it help others learn about HIV, but it'll also empower you to feel confident about your status and comfortable with sharing your story with the world.

Here's what year 10 students in Manchester schools said after HIV awareness training:

- People with it live normally and don't need the stigma.
- I liked how we were getting a lot of knowledge on the subject.
- I liked the personal stories, as you get a better insight into how people living with HIV deal with it.
- The stories were very heartfelt and interesting.

This is now...

George House Trust African Men's Project – Calabash

Jeff Ukiri
African Men's Engagement Worker,
George House Trust

The African Men's Engagement Project specifically focuses on creating opportunities for African men living with HIV to access activities that improve wellbeing, reduce isolation, increase confidence, and build capacity. The project aims to help participants navigate their daily lives and collaborates with clinicians and community groups to promote the visibility of George House Trust.

A key element of the project is the Calabash Group, bringing African men together to connect, share experiences around issues raised by living with HIV, socialise, and improve wellbeing. We have social events, health and wellbeing sessions, indoor and outdoor activities, skills-based training, and opportunities to build skills and confidence with volunteering.

In the past year, the project engaged 205 African men, 87 of whom attended the Calabash Group. The 11 group sessions held had an average of 20 people attending, and I provided 55 individuals with one-to-one support sessions.

An independent evaluation of the project shows that:

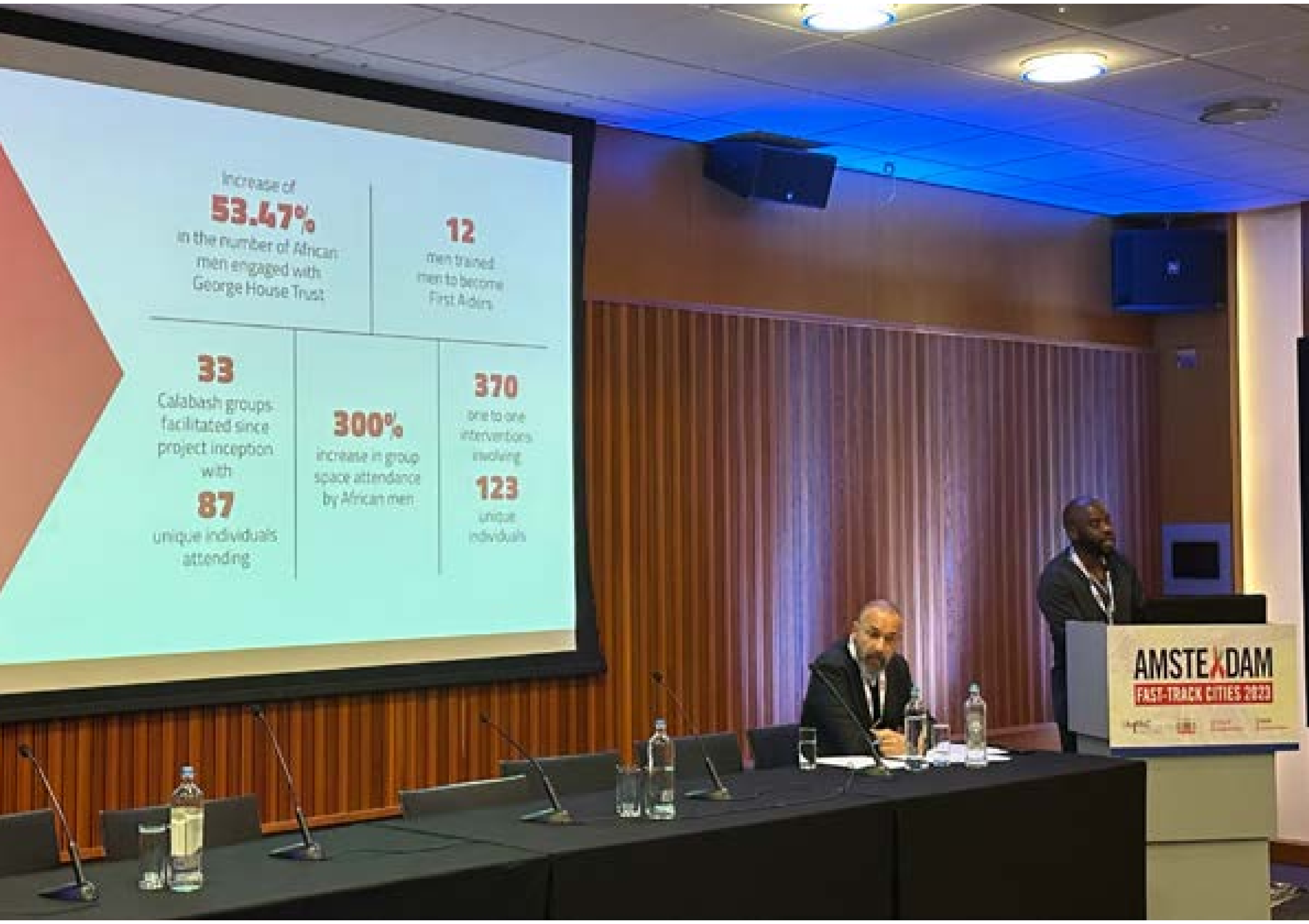
- 88.8% of participants had increased confidence
- 78.8% had improved their connectivity and social engagement
- 76.2% had reduced their social isolation
- 58.8% had increased their involvement in volunteering activities.

In September 2023, I had the honour of presenting an abstract 'Tailored Support for African Men Living with HIV' to the Fast-Track Cities Conference in Amsterdam, reporting on the success of our project.

"I can honestly say that my life has never been the same after attending. I have found hope, belief, and a vision for a brighter future, although I still hope they will assist in finding my future wife! Jokes aside, I really do feel positive about being positive. Thank you, George House Trust."
Calabash participant

MANAGE HIV PREVENT TEST

GEORGE HOUSE TRUST
HIV POSITIVE LIVING



Increase of **53.47%** in the number of African men engaged with George House Trust

12 men trained men to become First Aiders

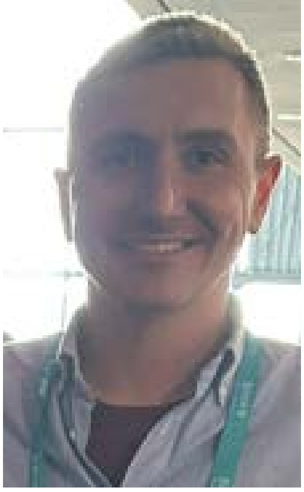
33 Calabash groups facilitated since project inception with **87** unique individuals attending

300% increase in group space attendance by African men

370 one to one interventions involving **123** unique individuals

Jeff Ukiri, African Men's Engagement Worker, George House Trust presenting at the Fast-Track Cities conference, Amsterdam 2022

This is now...



"Times have changed, but attitudes take longer"

George House Trust Towards Positive Practice

Josh Wharton and Colin Armstead,
George House Trust

We know that people living with HIV have faced a significant stigma, and there was a time when people were frightened of sharing their status with their GP.

Times have changed and HIV is now protected as a disability within the Equality Act, meaning that people can't be discriminated against because they're living with HIV. However, attitudes are slow to change and, supported by Manchester City Council, George House Trust led the design and delivery of an engagement programme around access to, and engagement with, GPs, to tackle stigma and improve the wellbeing of people living with HIV.

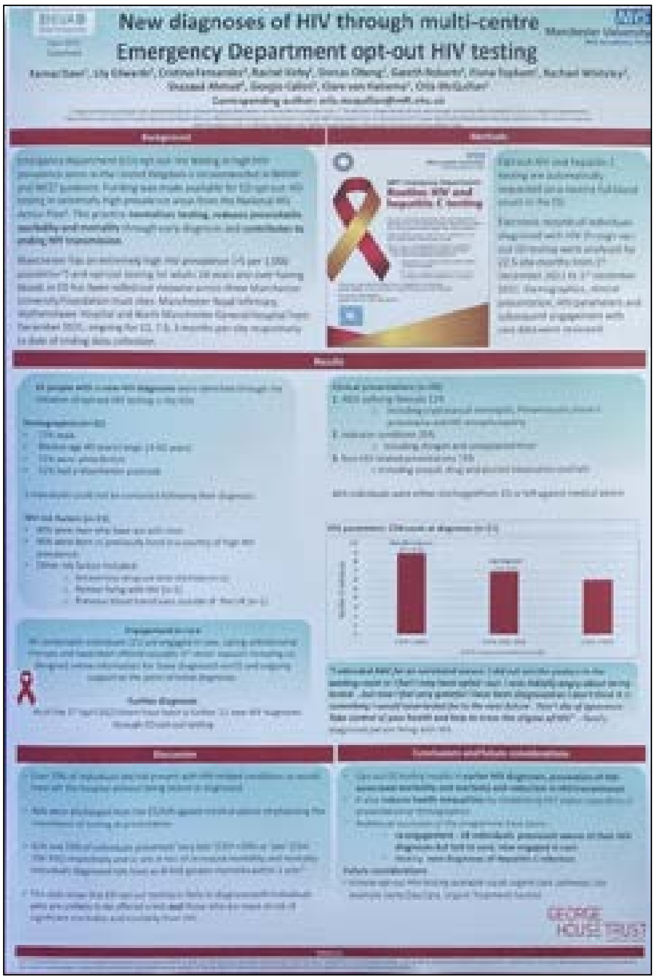
We often focus on the provision of specialist HIV healthcare, but the role of primary healthcare is vital in the overall health and wellbeing of people living with HIV. GPs are not experts in HIV specifically, but they do play an integral role in the holistic healthcare of people with HIV, and with an ageing population of those living with it, this role is becoming more important.

We surveyed people living with HIV who access our services and put them into five focus groups – groups for women, heterosexual men, African men, people aged 55+, and people who identify as LGBT+.

An online round table provided a forum for healthcare professionals to hear about the experiences of people living with HIV. The event was attended by an HIV consultant, a specialist HIV nurse, Dr Marlon Morais (GP champion for HIV in Greater Manchester) and people living with HIV. The discussion highlighted specific issues and how they should be addressed.

We had assumed that a significant number of people would not have talked to their GP about HIV because of concerns around stigma. This proved not to be the case, with 97% of respondents having told their GP that they were living with HIV. This may have been the result of selection bias, since all respondents were people who access our services. The fact that so many felt confident to tell their GP is to be welcomed.

The majority of people reported positive experiences when accessing primary healthcare, and 78% of respondents felt confident in discussing HIV with their GP. However, only 52% reported feeling confident that their GP has sufficient understanding and knowledge about HIV. A significant number of people expressed concerns about contraindications with HIV medication when being prescribed medication by their GP, and people reported being referred back to their HIV clinic for health issues that were not HIV-related.



New diagnoses of HIV through multi-centre Emergency Department opt-out HIV testing

This is now…

Innovation and partnership working – the best combination

Rob Cookson (He/Him),
Deputy Chief Executive,
LGBT Foundation

When I started working at what was then called the Lesbian and Gay Foundation in 2007, it had already gained a reputation for providing innovative services for LGBTQ+ people.

One of the things that really struck me, and which is still true to this day, is its focus on partnership working. Our partnerships are key in enabling us to support and engage with over 40,000 LGBTQ+ people each year.

Through the support of so many allies in the system, including wonderful assistance from Manchester City Council, we have been able to broaden and increase the range and depth of services we provide. From our initial beginnings focused primarily on the sexual health needs of gay and bisexual men, we have developed a broad range of services.

We deliver a range of community, health and support services based on demand and evidence of need. These services include our helpline, mental and sexual health support, befriending, trans healthcare, recovery, domestic abuse, and housing services. Alongside these, we offer a range of community-focused programmes such as our Women's Programme, Trans Programme, and Pride in Ageing for older LGBT people.

Our community programmes run events and social activities, and we provide advocacy and safe LGBT-affirmative spaces for people to flourish. We also work to increase accessibility of mainstream services with our Pride in Practice and Rainbow Badges programmes, and our Training Academy, which drives increased literacy about LGBTQ+ communities and their needs.

One of the biggest challenges facing LGBTQ+ communities is poor mental health and wellbeing; our Talking Therapies service helps people to improve their wellbeing, tackling a range of issues, including anxiety, depression and relationship issues.

Our Helpline Service is an important safety net. Through the decades, we have taken tens of thousands of calls, all supported by amazing staff and volunteers.

For over a decade, the Village Angels team have been working with venues, the police and ambulance services, Greater Manchester Combined Authority and others around Manchester's Gay Village, to help keep LGBTQ+ people safe. I'm so proud every time I see the Village Angels in their Pink Safety Vests around the Village every Friday and Saturday night. They truly are Angels!


SAFER
SEX
PACK
Each pack contains:

This is now…

In December 2020, with our partners GTD healthcare, we established an NHS adult gender service for Greater Manchester. This is an innovative model for trans healthcare in Greater Manchester and a service that is making a huge difference to the lives of trans and non-binary people.

As the strategic lead for sexual health at LGBT Foundation, I can look back and say that it hasn't always been easy. Just a few years ago, I remember the initial discussions about PrEP (a drug that stops HIV transmission). In those early days, not everyone was supportive and there were a lot of strong views about it. We advocated for PrEP, both at a local and national level, and while access issues remain, I'm proud of the role the LGBT Foundation played in helping to make PrEP available.

Our condom and lube distribution scheme started in 1994, and we've been helping people have happier, healthier sex ever since. Since the beginning of 2020, we have distributed 690,000 condoms to community members in bars and community venues, and by post to people's homes.

In 2017, we formed the PASH (Passionate About Sexual Health) partnership with our partners BHA for Equality and George House Trust. It's a great example of innovative partnership working and is playing a really important part in Manchester's response to getting to zero HIV transmissions and zero stigma.

With allies across the public health system in Greater Manchester we were able to be one of the first cities in the UK to sign up to the global HIV Fast-Track Cities initiative, aiming to achieve zero HIV-related stigma, zero new HIV infections, and zero AIDS-related deaths.

Last year we changed our mission to the meaningful 'Queer Hope and Joy,' which helps drive our work. We are seeing higher demand for our services than ever before, and an increased complexity of need in LGBTQ+ people accessing our provision.

Innovation and partnership working, two areas that have always been so important to us, will continue to be critical parts of our future.

Hybrid digital engagement

Xavier de Vally (He, Him),
Digital Delivery Coordinator – Sexual Health,
LGBT Foundation

While traditional social media remains an integral component of our overall digital strategy, I've developed innovative hybrid digital engagement strategies to connect with people less inclined to use social media outreach.

Engaging with event promoters and in Telegram groups, this involves direct interaction within exclusive groups centred around specific interests or after events, particularly those of a kink nature. We have developed relationships and collaborated with group owners and administrators, sharing our curated content and messaging within their closed networks.

These closed groups are distinct from public social media spaces; they offer a safer space and serve as targeted platforms to convey our messaging to people who need information, such as guidance on initiating PrEP (a drug that stops HIV transmission) or accessing testing services, but who don't use conventional social media.

During Club Locked's 'Locked & Loaded' weekend in October 2023 we organised an event called 'Rested & Tested' establishing a community cafe ambience complemented by comprehensive STI testing. Concurrently, we held a kink-themed photoshoot, generating imagery to help us craft ongoing, kink-friendly and inclusive communication.

In addition to event-specific engagements, we provide advice and information for event promoters to use with their membership communications and online platforms.

This multifaceted approach reflects our commitment to extending our reach beyond conventional channels, ensuring accessibility and relevance across diverse audiences.

This is now...

Space and creativity for intimate topics

Lauren Duffy,
Head of sexual health services,
LGBT Foundation

I am really proud to be part of LGBT Foundation's sexual health team. We offer a range of services to support LGBTQ+ people, and men who have sex with men, to have the best sex possible with the least harm. Our approach is pleasure-positive, and wellbeing focused, evidence-based, based on harm-reduction principles, and always centred around the diverse needs of LGBTQ+ communities.

We use co-production principles to make sure our work is truly representative of our communities. For example, our sex work post-Covid information was developed with a group of sex workers who were able to share their concerns and tips about safety, sexual health, and sex work to benefit others in need of support.

Sexual wellbeing, and the reduction of shame and stigma are at the heart of everything we do. We offer a wellbeing assessment as part of every testing intervention, and as a standalone service, usually lasting around 30 minutes. We talk about whether people are getting what they want from their sex and relationships, what they know about keeping themselves safer, and how confident they are talking to their partners about sexual health. For many, this is the first time they've been given space to think about these topics.

We talk about HIV, sexual health, relationships, and intimacy in new and creative ways. Ever been to a sex-themed open mic? Made body parts out of clay as a way to explore your relationship with your body? Screen-printed HIV-stigma-smashing slogans on a t-shirt? We have!

Our condom and lube distribution scheme started in 1994, and we've been helping people have happier, healthier sex ever since. Since the beginning of 2020, we have distributed 690,000 condoms to community members in bars, community venues, and by post to people's homes. If unrolled and placed end to end, they would reach approximately 123 km – equivalent to the distance from Manchester to the Lake District! We have also distributed 659,000 sachets of lube, equivalent to 6,590 litres. If it was water, that would be enough to make 330,000 cups of coffee.

"I was pretty nervous as a trans man but I found the experience very inclusive and knowledgeable. Everyone involved in the process was approachable and friendly, I will definitely recommend the service to my trans and queer friends."

TEST HIV MANAGE PREVENT

PREVENT HIV TEST MANAGE


speak with the
PLEASURE PARADE!
sweets advice testing
lube badges condoms
LGBT The P
EQUALITY WINS
EQUALITY WINS
WINS
VOLUNTEER

Last year, over 1,100 people benefited from our sexual health support, from wellbeing assessments to sexual health tests. 13% of the people who test with us are first-time testers for HIV, and an additional 32% of people testing have not had a test for more than twelve months.

In the three years up to 2024, our delivery has changed significantly – moving from a face-to-face service delivery charity to one which uses technology to make sure everyone's included.

We now offer remote versions of many of our services, including free online orders for condoms and lube, postal testing options, and advice and support on dating/hookup apps.

We are using digital tools to share sexual health promotion messages, both to the most-at-risk populations and the general public. 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.

PaSH were also responsible for Greater Manchester's award-winning campaign – HIV, Let's Sort This Together – which achieved an estimated combined reach across radio, outdoor and digital advertising of over ten million people, and a social media reach of over one-and-a-half million, as well as 6,200 tests ordered online during campaign periods.

"I learnt a lot and feel confident walking away knowing more about sexual health."

That said, my team and I are just as frequently out and about across Greater Manchester. A key part of the fight against stigma is normalising conversations around HIV, STIs and sexual health, so we take the message on the road. We visit universities and colleges, community venues, libraries, coffee shops, sex-on-premises venues such as saunas and sex clubs, and lots more.

This is now…

Supporting people to find their own recovery – LGBT Foundation recovery programme

Louise McIvor,
Recovery Programme Manager,
LGBT Foundation

Our recovery programme is for LGBTQ+ people affected by drugs, alcohol and chemsex, and supports people to find their own way to recovery and the relationship they want with alcohol and drugs.

We are partnered with Change Grow Live in Manchester and can support people to access mainstream structured and medical support.

We work closely with the Reach Clinic at the Northern sexual health service and are members of the Manchester Chemsex partnership, working together to improve services for people affected by chemsex. We see a steady number of chemsex referrals, as well as those from people whose drug or alcohol use may not be in a chemsex setting.

We offer one-to-one support for those engaging in chemsex who are over 18 and live in Manchester. The support involves six to twelve online or face-to-face sessions; we also offer assessment and onward referral, as well as access to group support for those living in Greater Manchester.

We have a weekly face-to-face peer support group for LGBTQ+ people with drug and alcohol issues, which includes people with chemsex concerns. We also have a weekly hybrid SMART recovery group, as well as a monthly Chemsafe group that focuses on different topics each month – from harm reduction and consent, to online safety and sober sex.

Many of our clients have issues around self-esteem, past trauma, sexuality and gender identity, and relationship issues that affect their recovery. Our service is tailored to the needs of the LGBTQ+ community and is delivered by workers and volunteers who are part of that community.

The service works alongside our other services, and we have referrals from our growing domestic abuse and independent domestic and sexual violence adviser service.

As part of our work with the Manchester chemsex partnership we co-ordinated the research and development of local resources and launched the www.chemsafe.space website, which the partnership continues to develop.

“My boyfriend is a recovering addict and we met while he relapsed at a chemsex party. He went back to rehab, and I quit cold turkey as I’ve always denied having any addiction because I would only use chems once every few months. We recently split up and I realised I didn’t get sober for me. I did it for him, and I’m struggling to avoid that scene. I recognise there are events in my life that have impacted my mental health and self-worth. I've always dealt with things on my own and thought I was managing until I had a breakdown recently and tried to commit suicide. I hope using your services will give me some tools to make healthy choices and keep safe.”

“I recently had a drug relapse when I was offered crystal meth at a person's place. The last time I relapsed using meth was in 2021, during Pride. I have occasionally participated in chemsex but I really want to stop relapsing and refrain from using any illicit drugs. The hardest thing is being able to say no or not to ask for a substance that a hookup happens to be using.”

“We have both had suicidal thoughts and struggle with the pressure of life, especially understanding the gay world and trying not to be defined by the party, chemsex and casual drug-taking scene. We have both struggled with depression and anxiety. It is affecting us as a couple and individually and has led to us acting in a way that is harmful to each of us and those around us.”

Feedback from service users

"____ has helped me enormously with my recovery and I'm extremely grateful for their understanding, patience, knowledge, objectivity, professionalism, advice and care. My journey has not been an easy one, but with their help I've been able to stay clean for ten months. I look forward to continuing my journey and know that with the advice and knowledge I've received, I'll be able to stay clean and enjoy a happy and productive life. Many thanks."

"The service has been amazing, super-welcoming with a quick turnaround time, and very organised, with a good structure to each session. I really like how there are physical takeaways and the useful links sent after each session have been saved for future reference. It didn't feel the same as going to NHS therapy or any GP-led counselling, as it's not as corporate and the friendly manner made me feel at home very quickly. Over time, it has really detached me from my bad habits, while I've learnt moderation in certain things and disengaged entirely from others. Thank you for everything, and maybe see you out and about soon."

"The Family & Friends group was the best group I have ever been to. It has really made me think about how to communicate with my sister, and that it is good for both of us to put more boundaries in."

This is now...

Vital nature of outreach model – STI and HIV testing

Craig Langton (He, Him),
Sexual Health Testing Co-ordinator,
LGBT Foundation

The LGBT Foundation offer sexual health testing at several venues, including weekly clinics at its offices and in partnership with organisations like The Room.

In February 2022 we restarted monthly STI and HIV testing at Basement Sauna in Manchester city centre. The testing is done in partnership with The Northern, which provides the kits. We return the samples to them for processing, and they send the results to the people testing.

We had to postpone this service repeatedly during Covid outbreaks, so it was a huge success when our team was back up and running, meeting the needs of our communities, particularly those not accessing sexual health services.

We're based in the lounge area and offer full screenings (dried blood spot for HIV and syphilis, and samples for chlamydia and gonorrhoea) to those using the sauna. We also signpost people into other services, such as our independent sexual violence advisers, and recovery programmes.

This kind of outreach proved to be even more vital during July and August 2023, when we saw new cases of Mpox in Manchester. Being based in the sauna allowed us to directly interact with people who would be at a high risk from Mpox during an outbreak. We were able to check who hadn't been vaccinated with one or two doses and book them in the following day with The Northern for an appointment.

The collaborative approach between the LGBT Foundation, the Council, The Northern, NHS England and UK Health Security Agency means we're all working together with an understanding that there are people in Manchester who need to use health services but who would not get them without this community outreach.

This success highlights a need to be present in sex-on-premises venues, so we're now testing in Basement Sauna every Wednesday and intend to use this model of work in other venues.

We are based in the lounge area and offer full screenings


ROYAL EXCHANGE THEATRE

This is now…

Empowering through arts – Our Room

Fergal McCullough,
Director, Our Room, Manchester

Our Room is a creative community for male, trans and non-binary people who sex work. Our vision is to empower our service users through arts engagement so they can take control of their own lives.

We started as a project in 2004 called the Blue Room, which ran in various ways for a few years as a joint project between Theatre in Prisons and Probation, and the Lesbian and Gay Foundation, before we became an organisation in our own right. We changed our name to The Men's Room in 2009 and in 2023 rebranded as The Room to reflect the increasing number of trans and nonbinary people we work with.

Initially, we worked with male sex workers who did street sex work in Manchester. It's a completely different picture now – the street sex scene is almost non-existent because of changes due to social media, online work, and chemsex, which brings massive challenges. Now, with so much online, there's a blurring of what sex work actually is – transactional sex for drugs or accommodation has become completely normalised for younger generations using apps and creating and selling content online.

We provide a non-judgemental space where people can get advice and support while engaging with our art projects. Our support and advocacy team work with people to address immediate and long-term support needs, offering practical support and advice on issues such as substance misuse, housing, sexual health, mental health and emotional wellbeing.

We are currently a small team of eight, mostly part-time, creative leads and social care support workers. One of our social care workers takes part in each of our creative sessions to pick up on any issues. We are open three days a week for creative sessions, and on Fridays we catch up on casework, referrals and other work.

We have a co-working approach, encouraging partners to work from our building so they can do their own work, but be available if there's anyone needing their support.

So, Craig from the LGBTF works from the base one day a week and provides STI and HIV testing in partnership with The Northern sexual health service. We're hoping to train our own staff to do these tests so we can offer testing opportunistically more often. Darren from CGL, the Manchester drug service, is with us every other Wednesday, and Paul Holt from the Reach Clinic at The Northern has also joined in our sessions to offer support with chemsex.

Our approach is to continue encouraging people to build up a relationship with us so they can access our range of services

This is now...

Manchester thinking differently

Annie Emery,
Chief Executive MASH Manchester Action on Street Health

MASH (Manchester Action on Street Health) is a specialised service for women sex workers on the street and indoor parlours. We also work with women with homelessness issues who might be rough sleeping or on the cusp of begging. These women have complex issues – sexual and mental health, homelessness, sexual and domestic violence, criminal justice, victims of crime, drug and alcohol use, child removal and families.

Our drop-in offers hot food, a sexual health clinic and respite. There's a case worker on hand too, and a needle exchange.

There's lots of activities for women to join in, and we have trauma-based Eye Movement Desensitisation Reprocessing (EMDR) and Cognitive Behavioural Therapy (CBT) counselling and a complementary therapist.

We take our van out between 8pm and midnight as a mobile needle exchange, we give out condoms and do safety work with the women, giving out personal attack alarms and taking reports of dodgy punters. We do some sexual health screening on the van too, but we encourage women into the centre to see our nurse where possible. We also do referrals from the van into casework.

We also do outreach in the city, on foot with the homeless team, with women who are rough sleeping or who might be begging. Many of these women are also involved in – or on the cusp of – sex working. With the street engagement hub, we get women off the street and into multi-agency support to find accommodation. We also visit massage parlours to offer sexual health screening, contraception and advice and support.

Our nurse, Jen, has an honorary contract with the Northern Sexual Health Service, she does clinical sessions for them and gets clinical governance from them. A lot of women Jen sees find it hard to use a regular clinic; the system is difficult for them to navigate. Some women in indoor parlours have problems getting testing or treatment online, so it's great that Jen has that partnership with the Northern – she can get access for symptomatic women who need to see a doctor or need treatment. For women who don't need a doctor, Jen can provide STI testing and contraception.

Women we see have multiple sexual partners and they're incentivised to not use condoms and into risky sexual practices. They've got very high need yet are often furthest from mainstream sexual health clinical services. MASH bridges that gap.


MASH
manchester action on street health
0800 1830 499 www.mash.org.uk
MASH
escape

We're there when women are in that zone, and they've built trusted relationships with us. It's then, maybe, that they can think about their health, get screening and so on.

We're proud that we've added housing staff to our mix; five years ago we had no housing specialism. We've sat in meetings with housing providers who had no understanding of women's needs – very male-centric.

Now we have housing-first workers and specialist in-reach workers going to hostels. We've had some amazing results: women now in settled, independent accommodation you'd never had thought possible for them. We can think of three who were so entrenched – on the streets every night – who are now in safe accommodation, able to turn their life round and move away from the street.

Looking back to our origins in the 1990s, we're proud that we've survived and we're thriving. That's thanks to everybody who's ever worked or volunteered with, or championed, MASH along our journey.

We're exceptionally proud of how we got through the pandemic. We knew we'd have to stay open – the women weren't going anywhere and were at much higher risk. The van still went out. The drop-in stayed open. Even in strict lockdowns we'd deliver cups of tea – through the door, which wasn't ideal, but at least women were still getting our service face-to-face.

Tina Threadgold, Head of services at MASH

We're proud of our engagement with service users too. It's true when we say they're at the heart of what we do – a really strong service-user-led group looks at our strategy, service development, recruitment and external work.

They influence everything and we're always building on involving all service users to drive us forward. Our service user panel is called Sue's Place after the late Sue Murphy, who was chair of our board, and former Deputy Leader of the City Council.

Jen, MASH Nurse

Our partnerships are really strong. Jen's linked in with the hepatitis team doing hep C clinics – successfully getting people scanned and treated. She links closely with Urban Village medical practice too and pregnancy termination services. Go back ten years, and we had none of that connection – joint working has really come on.

Coming out of the pandemic into a cost-of-living crisis we're seeing new women, more women and more complexity. People are in poorer health because they're not getting seen early enough. More investment's needed in the services we refer women into. Frontline workers feel like they're firefighting all the time to keep women safe because safeguarding and mental health services aren't working for them.

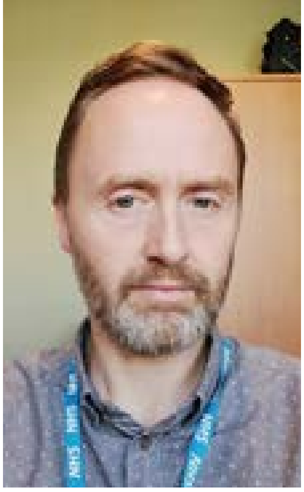
Manchester's Department of Public Health are really progressive in how they support marginalised communities. They really champion our work and have championed work with other organisations, particularly in those marginalised communities.

We don't think there are many UK cities with something like our sex work forum. Every time we meet, we're looking at how we can improve and involve more sex worker voices, to really make it a forum that's with the people, rather than telling them how to do things. We really want it to connect with people who are sex working here and for them to feel it's making a difference.

Manchester's at the forefront of this kind of multi-agency working and is really trying to be a bold about things. We think that's what we're good at in Manchester – piloting stuff and trying to think differently.

This is now...

A flexible service built around need of patients – Sexual Health at Urban Village Medical Practice



Shaun Jackson,
GP, Urban Village Medical Practice

Liz Thomas,
Homeless Health Nurse,
Urban Village Medical Practice

Urban Village Medical Practice has been working to support the needs of people who are homeless in Manchester for over 20 years. Our patient list varies but we generally have between 700 and 900 registered homeless patients at any given time.

The Homeless Health Service delivers three core services:

- GP registration for people who are homeless with flexible access to doctors and nurses every day of the week
- Nurse-led clinical outreach at day centres and a flexible programme of targeted outreach using our clinical van, which is a fully equipped mobile treatment room
- Hospital in-reach support for homeless patients admitted to Manchester Royal Infirmary (MPath).

Although homeless people experience some of the most extreme health inequalities, they also often face barriers when they try to get healthcare. It's a common misconception that people who are homeless aren't interested in healthcare. Our patients are very interested in their health; they know that they will experience worse health than most of the population. All too often it's fear, stigma, inflexibility and prejudice that prevent homeless patients from getting the medical treatment they need. Over-reliance on digitalisation in the system can make things worse because these patients lack consistent access to online services.

We aim to deliver a service that's flexible and built around the needs of our patients. The service is continuously striving to evolve and expand its capacity. With that in mind, we've developed partnerships with key agencies across the city to make sure that their services are accessible to our homeless patients. We jointly work with: Greater Manchester Mental Health, Change Grow Live, Tissue Viability, The Northern Sexual Health Service and the Infectious Diseases Service at North Manchester General Hospital. We have developed a hub where patients can see a GP, nurse, drug and alcohol worker or a mental health worker, have leg dressings or see the consultant from the Infectious Disease Service for both hepatitis and HIV care – in one location close to the city centre.

We also have strong relationships with voluntary, community and faith sector organisations in Manchester and deliver weekly nurse outreach sessions at Barnabus, the Booth Centre and Cornerstones, as well as in hostels and other locations across the city.

Our core homeless health service is funded by Greater Manchester Integrated Care Board. We also receive funding from Manchester City Council's Department of Public Health to provide STI testing and treatment, deliver long-acting reversible contraception and deliver our shared care substance misuse service.

During the Covid pandemic, and in the face of challenges seeing patients in the practice, we invested in a clinical van so our nurses could deliver outreach across the city.

We can undertake a full range of testing and treatments in the van including for blood-borne viruses (BBVs) and STI tests, administering vaccines and fitting contraceptive implants. This development has been supported by the Department Public Health who provided funding to train our lead nurse to fit and remove contraceptive implants.

It's a great example of everyone working together to find solutions to the problems faced by this very vulnerable group of people.

Lisa and Liz

This is now...

Pioneering approach for women's services

**Dr Jennifer Greenlaw,
GP at Urban Village Medical Practice
and Greater Manchester Women's Health
Clinical Lead**

Urban Village Medical Practice in Ancoats has been providing long-acting reversible contraception (LARC), implants and coils, since 2008.

LARCs are widely accepted to be the most effective and cost-efficient method of contraception. Unlike other methods like contraceptive pills that must be taken regularly, they are not dependent on users remembering to take them and are 99.9% effective in preventing unwanted pregnancy, compared to 92% for the contraceptive pill in typical use or 82% for the male condom in typical use.

This service is commissioned by the Department of Public Health at Manchester City Council. The contract funds the practice to fit and remove contraceptive implants and coils. We soon realised that women in the community were struggling to get LARC services in the area and decided to provide this service not only to our patients, but to anyone with a Manchester GP.

The service started with me running a LARC clinic every month and has expanded over the years, now having four GPs and a nurse trained to fit LARC. We offer two mid-week clinics every week and a Saturday morning clinic every month. As well as providing LARC, the clinics do cervical screening and we are part of the national drive to develop LARC services into women's health hubs, providing coils for gynaecological reasons, menopause services and other services integrating women's health services in the community.

The practice fits approximately a quarter of all implants and a third of all coils delivered in primary care in Manchester. I've worked closely with Richard Scarborough, then sexual health commissioning manager at Manchester City Council, to encourage more practices to fit LARC and to develop a primary care network model to deliver it to women across Manchester. This year the Department of Public Health has funded ten additional clinicians to train in delivering LARC. We established a fitters' forum which meets two or three times a year and brings together all the primary care fitters in the city for training and is supported by consultant colleagues at the Northern sexual health service.

Along with consultants at the Northern, we developed a contraception template to be used by all practices in primary care which covers all aspects of contraception and ensures women get appropriate counselling.

The practice has always had a keen interest in inclusion health, and we have a contract to provide primary care services to homeless people in the city. The nurses on outreach work can undertake a full range of testing and treatment of blood-borne viruses and STIs. The Department of Public Health funded training of lead nurse Liz Thomas to fit and remove contraceptive implants. The mobile clinic unit is a pioneering approach and has been recognised nationally by the Women's Health Ambassadors Team as a fantastic example of an innovative approach addressing the reproductive health needs of homeless women.

This is now…

A new digital front door – Brook Manchester's clinical service

Vashti Marriott,
Head of Clinical Operations

Brook Manchester offers specialist sexual health and wellbeing services for under-20s. Our clinical team is committed to providing an excellent service for each young person visiting our Lever Street clinic. For me, it's been particularly exciting to join the service during its innovative digital journey.

Brook's Digital Front Door (DFD) programme started in Manchester, building on simple online ordering of sexually transmitted infection (STI) tests during Covid lockdowns.

Charitable funding helped us develop this into a much more comprehensive online offer which launched here in February 2022.

We engaged carefully with staff and service users in Manchester to truly understand what they wanted and needed – an online sexual health platform giving them control of their health and wellbeing through a 'digital front door' to Brook's services.

In Manchester this meant young people being able to order home chlamydia and gonorrhoea tests, as well as Brook staff receiving and managing test results. Young people who test positive can now easily book appointments online – and this has led to more people coming in for treatment. And in many cases they don't even have to come in – we can post them their treatment after an online consultation.

In its first two years, the online service processed over 13,500 at-home test kits for users in every one of Manchester's 32 wards. The platform has also made it easier to manage results of another 4,000 tests taken in the clinic. 96.4% of users rating the platform say it's 'good' or 'very good'.

"Genuinely I cannot express enough appreciation for the ease, quality, and speed of the service Brook provides. It always causes anxiety waiting on STI test results and being communicated with clearly and given test results so quickly too has made the whole process so much easier. Thank you!"
Comment from online service user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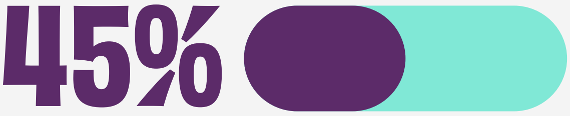
RUBY RARE TALKS TOXIC RELATIONSHIPS


45%

The DFD has clearly empowered many young people to take responsibility for their own sexual health. The digital service has also benefited our in-person service by improving triage, increasing our capacity to provide face-to-face support for young people who need it most. So far, seventy young people identified as possibly needing additional safeguarding or wellbeing support have been helped by our Manchester team.

We recently collaborated with the Council's Department of Public Health team and Manchester libraries to tackle digital exclusion by supporting those without computers, smartphones or wi-fi at home to use our online services. We've made the Brook website accessible from libraries' public computers and displayed posters in local libraries detailing our free STI testing service.

Manchester's young people are central to the development of our service, with local participation making sure we hear a diverse range of voices at every level of our organisation. We also work with a group of neurodivergent young people from a Manchester college each school year. Their feedback, ideas, thoughts and suggestions in 2023 led to a Brook-wide accessibility audit of all our clinical sites, providing evidence for future planning in our clinics.

The Brook Manchester team also recently researched young people's attitudes towards contraception, consulting over 220 people through a survey and two focus groups. The consultation revealed that young people predominantly learn about contraception through seeing other people's experiences online or on social media. They talked about several barriers including cost, fear of judgement, confidentiality and the side effects of contraception, picked up from these online sources.

In response, Brook has developed new TikTok and Instagram content aimed at young people to help dispel some of the myths from other online sources.

We also launched new, accurate, online contraception information, helping people choose the method best suited to their individual needs. We have now expanded this consultation to cover both England and Wales, to help us further explore young people's attitudes towards condoms and contraception.

This is now…

Helping equip students with life skills – Brook Manchester's education service

Mel Williams,
Education and Wellbeing Co-ordinator

It's been a privilege to work with so many young people over the last ten years as Brook's education coordinator in Manchester. We mainly support secondary schools and further education colleges deliver their RSE for 11-to-19-year-olds.

Brook's age-appropriate, evidence-based and quality-assured lessons cover a range of topics such as healthy relationships, misogyny, staying safe online and consent – to name but a few.

We work in schools across the city, from East Manchester Academy all the way down to Manchester Enterprise Academy in the south. In total, that's around two-thirds of the city's secondary schools, which is testament to the team's passion for young people's right to good quality RSE.

We also work closely with further education institutions, such as all Manchester College's campuses across the city. Although RSE is not mandatory beyond the age of 16, it can still be of huge benefit to these students. As young people get older, they often have to deal with more complex issues around sex and relationships. These sessions help equip students with the skills they need to navigate these situations safely, as well as refreshing their general knowledge of RSE. We also offer targeted support for students with additional needs.

As specialists in our field, schools often tell us that we add value to the curriculum, and that young people welcome the opportunity to talk to an adult who is an expert in RSE. The students tell us that they appreciate having discussions about sex and relationships that help debunk myths, alleviate their worries and show them what local services offer, and how to use them.

brook

National charity Brook has supported people with their sexual health and wellbeing in Manchester since 1996. As well as clinical sexual health services for under-20s, they also support our schools and colleges with relationships and sex education (RSE). The Brook Manchester service is commissioned by the Council's Department of Public Health.

This is now...

Community-led Mpox response

Richard Scarborough,
former commissioning manager for sexual health,
Public Health, Manchester City Council

Cases of Mpox (previously known as monkeypox) were confirmed in England in May 2022. The outbreak was mainly seen in gay men, bisexual men and men who have sex with men, who did not have a documented history of travel to countries where Mpox was endemic.

By 21 June 2022 there were 766 confirmed cases in England – 80% in the London area and 26 in the Northwest. Most of the national response to Mpox centred on London.

We established a group to respond to the Mpox outbreak locally, pulling in people from across the system to ensure we had the intelligence on what was happening and to coordinate our response. We included the Community Health Protection Team from the Department of Public Health, sexual health providers, LGBT Foundation, George House Trust, the Council's and Greater Manchester Combined Authority comms teams, the NHS GM vaccination team and the Northwest UK Health Security Agency.

Initially, the biggest impact was on sexual health services like the Northern, as they had to change their service delivery, with increased triage, protective equipment and cleaning regimes – having a severe impact on the capacity of services.

With Rubber Fest coming to Manchester that June, we met with venues and promoters to update them with the latest information and our community health protection team gave advice on cleaning and general infection prevention for staff.

Easy-read and translated materials were produced and posters and leaflets were distributed to venues by the LGBT Foundation.

In the early stages of the outbreak, we recognised the impact that self-isolating for long periods might have on people's finances and ability to comply with public health advice, so we developed discretionary financial support. This meant we could give direct support to a small number of residents whose income was affected and had no other means of support. We also set up a pathway for short-term temporary accommodation for people without suitable accommodation to self-isolate.

In mid-July a small amount of vaccine was allocated to Greater Manchester and The Northern Sexual Health Service started to invite people assessed as being at most risk of catching Mpox to have a vaccine. Staff working at sex-on-premises venues were offered the vaccine. Given the number of people we needed to vaccinate and the ongoing impact on the sexual health services, the vaccines were delivered by Manchester University NHS Foundation Trust vaccine service, mainly at weekends, with staff volunteering to work overtime at the clinics.

By the beginning of August, more than a thousand people had been invited to a drop-in clinic for the vaccine and it soon became clear that it would not be possible to restrict access to these drop-in events to people that had received the invite. Very quickly these invite-only events became open to anyone who thought they met the risk criteria. With constrained supplies of vaccines, vaccination events were often confirmed very late, once we had confirmation of supply, but a strong social media presence – helped by people with local influence –meant we were able to get information out and all events were fully subscribed.

On 9 August, data was reported at council level for the first time, with 51 cases reported for Manchester residents since the start of the outbreak. The outturn figure for 2022 was 68.

From the start we knew that communication with the communities most impacted by Mpox was key. With Manchester Pride approaching, we worked closely with the organisers and arranged two community Q&A sessions: one open session hosted by the LGBT Foundation, and a closed session for people living with HIV, hosted by George House Trust.

We had a range of people on the panels including Mateo Prochazka from UKHSA, David Regan, Director of Public Health for Manchester and Chris Ward, Consultant at the Northern. As with the vaccination programme, events were extensively promoted on social media, and we built up a list of social media accounts to target that would boost our messages.

“Awareness of how monkeypox spreads is particularly important ahead of events like Pride, where we want to ensure people have all the details they need so they can enjoy this much anticipated event in the safest way possible. For more information visit: **nhs.uk/monkeypox** or **lgbt.foundation/monkeypox**

David Regan,
On behalf of Greater Manchester's
ten Directors of Public Health

On 22 August 2022, Manchester was given the go ahead to pilot fractional dosing of the vaccine which meant that five people could be vaccinated from each single dose vial. With supplies of the vaccine constrained this meant we could increase the numbers of people offered vaccine in the run up to Manchester Pride.

Almost 40,000 leaflets welcoming visitors to Pride carried content on Mpox signs and symptoms, safety information and a guide to accessing help if needed and were delivered throughout Manchester Pride Weekend at a range of venues including hospitality, ticket offices, saunas, sex-on-premises events and St John Ambulance points. The information was also on digital screens in venues across Pride, and Manchester Pride sent out information both before and after events to those who'd bought tickets.

On 1 December 2022, the Chief Medical Officer, Sir Chris Whitty visited Manchester and we discussed our Mpox response and the importance of involving the community.

His feedback was very positive.

This is now...

Increasing HIV awareness among GPs

Dr Marlon Morais,
former primary care HIV champion,
Manchester Health and Care Commissioning

I was the 'GP champion' for HIV in primary care in Manchester from 2018 to 2023, working to raise awareness of HIV and increase testing for HIV in primary care.

When I trained as a GP, we got relatively little information about HIV. While GPs don't need to know everything about all the treatments for HIV, it is important that they are aware of HIV, when we should test for it in primary care and what care we should provide to our patients who are HIV positive.

Anyone presenting with symptoms that could be due to HIV, particularly in a high prevalence area like Manchester, should be offered a test and GPs need to know what those symptoms and indicator conditions are. Very few people refuse a test when offered by a GP because they want to know what is making them unwell, but GPs are sometimes uncertain about how to offer a HIV test and whether any additional counselling is required. While counselling may have been needed years ago, nowadays HIV tests should be treated like any other routine tests.

It's also important that GPs know about PrEP, a drug which stops HIV transmission and is 99% effective if taken correctly, and promote it – particularly to groups like women from Black African communities who may not have heard about it.

I worked with the HIV teams at The Northern Sexual Health and the Infectious Diseases Department at North Manchester General Hospital and with the PaSH (passionate about sexual health) partners – George House trust, LGBT Foundation and the BHA for Equality charity, to develop resources for primary care.

We developed a free in-practice education programme which we delivered to ten practices before the Covid pandemic. The scoring for the sessions showed that most clinicians lacked confidence in how and when to offer an HIV test before the session and all felt confident after it.

Briefings to coincide with World AIDS day, online sessions and videos were also produced to keep the awareness up.

Since starting this work I've presented nationally at GP educational conferences such as the Royal College of General Practitioners Conference and have also partnered with the pharmaceutical industry to offer further education opportunities for GPs in Greater Manchester.

I think the ambition to end new transmission of HIV in Greater Manchester by 2030 is ambitious but achievable. Primary care has an important role in finding the people living with undiagnosed HIV and identifying people who've stopped receiving HIV treatment and helping to get them back into care.

This is now...

Activism – in the city's DNA

Victoria Morris,
Former Population Health Manager – HIV and Sexual Health, GM Health and Social Care

Between July 2018 and April 2023, I managed the Greater Manchester HIVe project: our aim was to eliminate new cases of HIV in Greater Manchester in a generation.

The HIVe project brought together NHS providers, the voluntary and community sector, the Council, and – importantly – people impacted by HIV. It was designed to go bigger, quicker, and further – addressing pervasive inequalities for communities at risk and those with complex needs and living with HIV. Some of the work we invested in was new and some was increasing the capacity of work already being done by the PaSH (passionate about sexual health) partnership of BHA for Equality, George House Trust and the LGBT foundation.

HIVe was made possible by the devolution of health and social care spending in Greater Manchester to a new GM Integrated Health Partnership – and backed by funding to address inequalities. HIV affects Manchester more than other areas in Greater Manchester, but the whole city region's strong sexual health network meant we could do this once across all of Greater Manchester.

Making HIV a population health priority did not make sense to everyone – the population is small compared with those affected by cancer, heart and respiratory illness. But the impact is big. I salute those who endorsed and supported the funding. I found there was a passion and activism around HIV and public health in Manchester that appears to be in the city's DNA.

A peer-led communication campaign – HIV let's sort this together (Prevent:Test:Treat) – was devised to raise awareness and focus on 'HIV combination prevention' – a combination of biomedical, behavioural, and structural interventions to meet the HIV prevention needs of specific people and communities. Its goal is to reduce the number of new HIV transmissions through activities with a greater sustained impact. The campaign worked to galvanise a call to action.

It featured real people of Greater Manchester, representing communities, gender and sexuality. There were no models; we used people's own words, local accents and vernacular. It was bright and positive but real.

I'm proud that the campaign was led by PaSH with an excellent marketing partner, rather than by us – a regional NHS body – and it won the NHS communications initiative of 2021 as well as other awards.

TEST HIV MANAGE PREVENT

Greater Manchester.
A Fast Track City.

SUMMARY OF ACTIVITIES TO DATE (APRIL 2022)

HIV: Let's sort this together

GREATER MANCHESTER
DOING THINGS DIFFERENTLY

Read more about HIVe's Sort HIV campaign at
www.hitchmarketing.co.uk/our-work/145-hiv-let-s-sort-this-together

Greater Manchester joined the Fast-Track City Initiative on the eve of World AIDS Day in 2018, gathering with the leaders of the International Association of Providers of AIDS Care to mark the occasion and show the GM commitment to the global HIV targets. All 10 council leaders and Mayor Andy Burnham signed the Paris Declaration. The HIVe partners have presented our work at annual global FTC conferences and Manchester hosted the UK FTC Workshop in 2022 where we showcased our achievements including increasing HIV testing, intensive support for people living with HIV, Primary Care HIV awareness featuring Positive Speakers and addressing HIV stigma in healthcare.

What next for Manchester

David Regan,
Director of Public Health

The last two Public Health Annual Reports, covering 2020–2022, told the story of the pandemic. This one looks back to a previous epidemic. Both events can help us look to the future.

In the annual reports written before the pandemic, we would set out some potential next steps for consideration. And several of the proposals below will be taken forward by my successor, Dr Cordelle Ofori, and the Manchester Department of Public Health, in partnership with others. However, many are dependent on additional resources being made available, and my final statement reflects the recommendation of the Association of Directors of Public Health to a new Government.

1. Continue work to address HIV stigma and increase education and awareness among health and social care professionals, especially in the context of an ageing cohort of people living with HIV, by:
    - Sustaining investment in the George House Positive Speakers programme in schools.
    - Exploring the use of the HIV stigma training module created for NHS staff in Manchester, or a similar bespoke package, by wider system partners.
2. Address rising rates of Sexually Transmitted Infections (STIs) by:
    - Exploring options to provide a same-day STI testing service with rapid results and treatment, targeted at those most at risk of STIs, and look at the feasibility of a Dean Street-type service in the city centre.
    - Considering an increase in the capacity of the online STI home test-kit service and additional capacity in sexual health services to offer walk-in appointments for people who are symptomatic.
    - Developing peer-led campaign activity to increase knowledge and understanding of STIs, and a combination-prevention approach to the prevention of STIs, including condom use and regular testing.

3. Improve access to contraception by:
    - Ensuring all available access points to effective contraceptive methods and advice for all age cohorts and communities are maximised, including pharmacies, general practice and bespoke services.
    - Continuing to support the implementation of women's health hubs in primary care to expand the capacity of provision of long-acting reversible contraception.

4. Maintain and build on both the HIVe (HIV elimination of new cases programme) and Fast-Track Cities programmes through the Greater Manchester arrangements.

   Given that Greater Manchester exceeded the initial 90:90:90 targets and the subsequent 95:95:95 targets, the possibility of delivering on the ambitions of both HIVe and Fast-Track Cities is something we should be proud of.

5. Increase the national public health grant by £0.9billion a year to reverse years of funding cuts. Budgets should be shifted away from a short-term model for Directors of Public Health to be able to make decisions with the knowledge that there will be sufficient long-term funding available.

6. Call on the new Government to agree a new national 10-year Sexual and Reproductive Health Strategy, working in partnership with Directors of Public Health and local councils, who have the lead responsibility for sexual health on behalf of their residents and communities.

Acknowledgements

I would like to thank all the contributors to this Public Health Annual Report:

Cllr Tom Robinson, Jack Holden, Leasa Benson, Ed Wilkins, Paul Fairweather, Priscilla Nkwenti, Evelyn Asante-Mensah, Janet Mantle, Paul Martin, Tina Threadgold, Catherine Jones, Bridget Hughes, Michael Linnell, Mike Narayansingh, Cllr Pat Karney, Richard Scarborough, Phil Greenham, Martin Whatford, Victoria Paris, Gabriel Schembri, Paul Holt, Dr Clare van Halsema, Dr Orla McQuillan, Dr Asha Kasliwal, Dr Sally Jewsbury, Dr Hilary Natusch, Kay Wolstenholme, Dr Chris Ward, Jeni Hirst, Darren Knight, Christine Raiswell, Colin Armstead, Jill Cooke, Lauren Rowe, Jeff Ukiri, Josh Wharton, Rob Cookson, Xavier de Vally, Craig Langton, Louise McIvor, Lauren Duffy, Fergal McCullough, Annie Emery, Dr Shaun Jackson, Liz Thomas, Dr Jennifer Greenlaw, Mel Williams, Vashti Marriott, Dr Marlon Morais and Victoria Morris.

It's also important to note that in the bridging period between 'That Was Then' and 'This Is Now' in our report there were some excellent and innovative developments in the field of HIV/AIDS and sexual health in both the city of Manchester and across Greater Manchester (GM). I would like to thank the following who were either part of the Manchester or GM public health system and had collaborative leadership roles:

Eleanor Roaf, Director of Public Health for North Manchester Primary Care Trust and Lead Greater Manchester Director of Public Health for the Greater Manchester Sexual Health Network.

Jon Dunn, Public Health Manager with a lead role around sexual health in Manchester for over a decade, now Sexual Health Facilitator – North West at the UK Health Security Agency.

Neil Jenkinson, Greater Manchester Director of the Sexual Health Network and Wendy Alam the Network Manager, still in this role today.

Dr Ash Sukthankar, Clinical Lead for Manchester Services and also a lead role across Greater Manchester.

Diane Cordwell, lead nurse for the pioneeering RU Clear, the largest chlamydia screening programme in the country that also helped identify young people at risk of sexual exploitation.

Our very own Sarah Doran, Assistant Director of Public Health at the City Council – her first job in Manchester was Service Development Manager for Sexual Health in 2006. She also fulfilled roles as Deputy Director of the Greater Manchester Sexual Health Network and Interim Director of the Greater Manchester Sexual Health Network up to 2015. Sarah, working with Dr Chitra Babu, Sarah Stephenson and Eleanor Roaf, produced the first ever guidelines on 'sperm washing' which reduced the number of babies born with HIV when one parent was HIV-positive.

We were privileged to host a visit by Chief Medical Officer, Professor Sir Chris Whitty on World AIDS Day, 1 December 2022, and we were able to show the strength of our partnership approach in Manchester.

The production of this report would not have been possible without:

Richard Scarborough in my team (retired but returned!) who has acted as chief interviewer, project manager, creative thinker as well as writing his own powerful personal story. Richard, it has been lovely to have you working by my side on this very special report over the past six months. It has been an emotional journey for both of us and the people you interviewed.

The honorary members of the Department of Public Health, Penny Shannon (Head of Health Communications) and Barry Cooper (Senior Communications Officer) who have supported me and Richard in the production of this report. Thanks also to Mike Carter the copywriter, Craig Green the lead creative, Roger Crocker the creative artworker, Barrie Leach the senior rich content officer, Shawn Bahlmann commercial business and studio manager for arranging and overseeing the artwork and design processes, Steve Jones for sub-editing all the copy and graduate management trainee Eleanor Gaskill-Jones for arranging and researching the photography and archive materials.

My brilliant secretary, Vicky Schofield, has helped me every step of the way and kept me on track.

Finally, I was able to present a draft of this report to the Manchester Health Scrutiny on March 6, 2024. I was joined by many of the contributors and others who have done so much in the field of HIV and sexual health. The report was really well received and the picture below captures the camaraderie and spirit that has carried us all through the past five decades!

A final thank you

As I retire, I must take this opportunity to thank all the people who've supported me throughout my public health career in Manchester. This includes everyone currently working for the Department of Public Health at Manchester City Council and all the previous sets of arrangements for public health in Manchester. Indeed, I was fortunate enough to work for some inspirational Directors of Public Health, including:

Dr Joyce Leeson, Director of Public Health for North Manchester Health Authority during the 1980s and early 1990s. If it wasn't for Joyce, the Monsall Hospital HIV/AIDS Unit, Manchester AIDS Line and the City Council's AIDS Unit would not have had the air cover, resources or support they needed to function effectively.

Next up is my boss from 1989-1994, Dr Mary Spencley, Director of Public Health for South Manchester Health Authority who supported me to set up the Genitourinary Medicine and HIV services at Withington Hospital.

Then, when I moved to Manchester Health Authority as a Public Health Specialist, my boss was Dr Ann Hoskins who encouraged me to apply for the Healthy City Co-ordinator role at Manchester City Council in 1999 … and the rest, as they say, is history.

In the past 25 years I've worked alongside other Directors of Public Health including Fliss Green, Eleanor Roaf, John Lucy and Judith Richardson. As many of you are aware, I dedicated my 2019 Public Health Annual Report to Dr Sally Bradley, my predecessor, who was sadly killed in the Sri Lanka bomb attacks that year.

What makes Manchester different is the way in which the Council, through its civic leadership role, has created a place of tolerance and sanctuary. This is by design and is thanks to the tremendous political support that we've had over the years: that should never be taken for granted.

Thank you to the Leader, Councillor Bev Craig, and to the Executive Member for Healthy Manchester and Social Care, Councillor Tom Robinson who has also written the foreword for this report – and to all the elected councillors who have championed public health and fought for social justice since I moved here as a student in the 1980s. Thanks also to our Chief Executive, Joanne Roney and my Senior Management Team colleagues for being so supportive in the final period of my career as Director of Public Health.

Finally, we try to ensure that people with lived experience inform and shape how we develop and deliver services in Manchester. I do hope that this report demonstrates the very best of this.