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**Manchester City Council  
Report for Information**

**Report to:** Health Scrutiny Committee – 19 June 2018

**Subject:** Sexual and reproductive health services in Manchester

**Report of:** Director of Population Health and Wellbeing

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**Summary**

This report for Committee sets out an overview of the sexual and reproductive health of our resident population. It also describes the sexual and reproductive health services that are commissioned for our residents.

The Passionate about Sexual Health (PaSH) Partnership consists of BHA for Equality (BHA), George House Trust (GHT) and the LGBT Foundation. Representatives will attend this meeting to present an overview of their prevention and support services.

Representatives from our clinical services will also be in attendance to answer questions.

**Recommendations**

The Committee is asked to:

1. Note the report; and
  2. Provide feedback to the providers attending the Committee meeting.
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**Wards Affected:** All

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**Background documents (available for public inspection):**

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

**Reform of Public Health**

Report to the Health Scrutiny Committee on 29 October 2015  
Report of the Director of Public Health

**Sexual Health**

Report to the Health Scrutiny Committee on 26 May 2016  
Report of the Director of Public Health

## 1.0 Introduction

- a. Following the transfer of public health responsibilities and resources from the NHS Manchester Primary Care Trust to Manchester City Council in 2013, the Director of Public Health led a programme of reform that included:
  - the safe transfer of responsibilities and contract stabilisation (2013-14)
  - plans for savings and reinvestment (2014-16)
  - the redesign of commissioned public health services (2015 onwards)
  - the restructure of the public health staff team (2015)
- b. On 1 April 2017, Manchester Health and Care Commissioning (MHCC), the formal commissioning partnership between Manchester City Council and NHS Manchester Clinical Commissioning Group, was established and took over a number of the responsibilities for commissioning sexual and reproductive health services.
- c. This report sets out an overview of the sexual and reproductive health of the resident population. The report also provides an update on the commissioning and provision of sexual and reproductive health services including:
  - Northern Sexual Health, Contraception and HIV Service
  - Brook
  - Ruclear
  - Passionate about Sexual Health Programme
  - Enhanced sexual and reproductive health services in primary care.

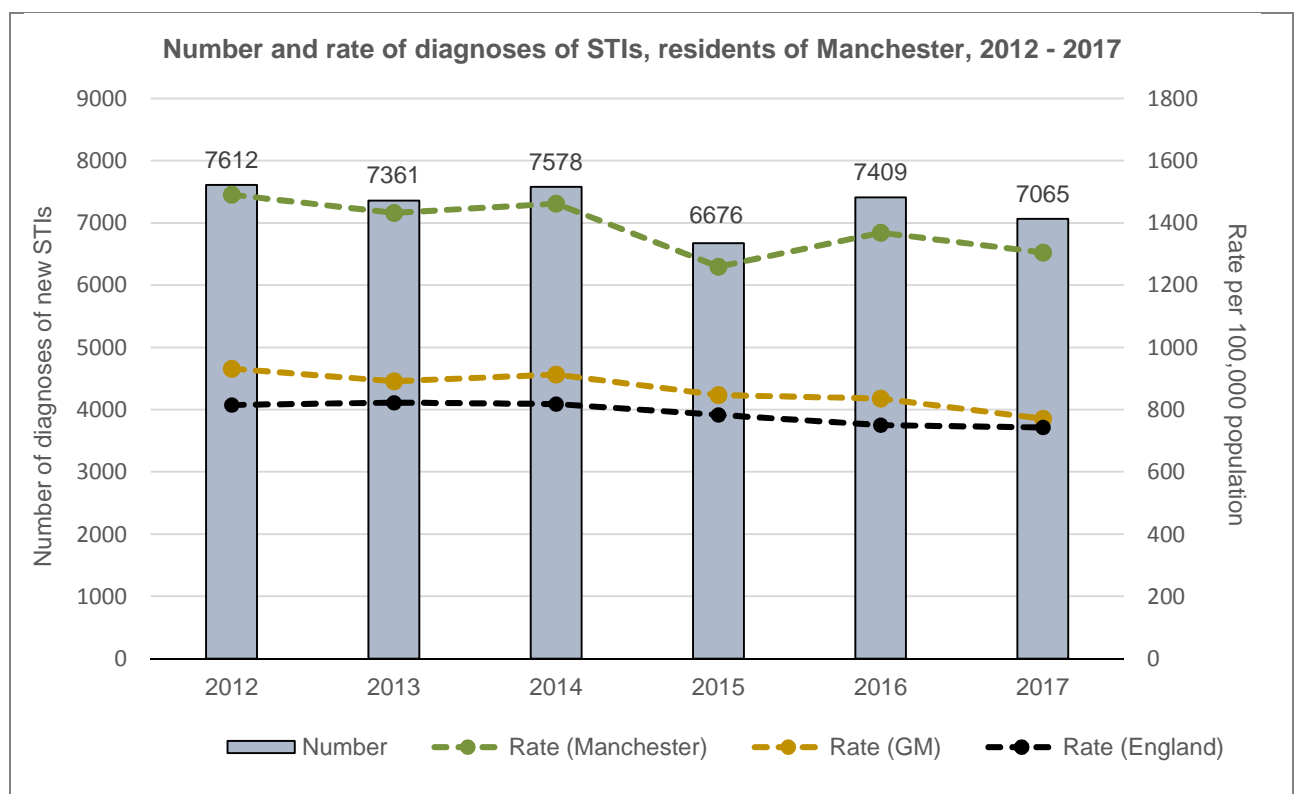
## 2.0 Overview of the sexual and reproductive health of the local population

- a. Improving the sexual and reproductive health of the local population is one of the public health priorities for Manchester.
- b. Sexual and reproductive ill-health can have a detrimental effect on our relationships and on our emotional and physical wellbeing. Good sexual and reproductive health is dependent on a positive and respectful attitude to sex, relationships and sexuality; pleasurable and safe sexual experiences free from coercion; the absence of infection and dysfunction; and the avoidance of unintended conceptions.
- c. Sexually transmitted infections (STIs) can be passed from an infected person to their partner during sexual intercourse. Sexually transmitted infections can lead to long-term health problems if not detected and treated. Infections such as HIV can be managed but not cured.
- d. The correct and consistent use of a reliable method of contraception is important for protection from an unintended conception. Over the last decade, there has been an increase in the proportion of women opting to use a long-acting, reversible method of contraception (such as the contraceptive implant) though the contraceptive pill is still a popular choice. There has been a

downward trend in the number of abortions performed for residents of Manchester over the last decade.

## 2.1 Sexually transmitted infections (STIs)

- a. Northern Sexual Health, Contraception and HIV Service is the main provider of sexual and reproductive health services in Manchester. Northern offers a comprehensive range of services for people of all ages including screening and treatment of HIV and sexually transmitted infections (STIs).
- b. Northern clinics in Manchester recorded 50,707 attendances during 2017. Overall, residents of Manchester attended sexual and reproductive health services on 56,017 occasions during 2017.
- c. 7,065 new cases of sexually transmitted infections were diagnosed to residents of Manchester at sexual health and related clinics in 2017, down from 7,409 in 2016 (-4%). The rate of diagnosis was 1,305 per 100,000 population in 2017, down from 1,369 in 2016. This compares to a rate of 771 for Greater Manchester and 743 for England. The reduction in the number of new diagnoses is due, in part, to a fall in the number of asymptomatic young women and men seeking an opportunistic screen for chlamydia.



See: <https://fingertips.phe.org.uk/profile/sexualhealth>

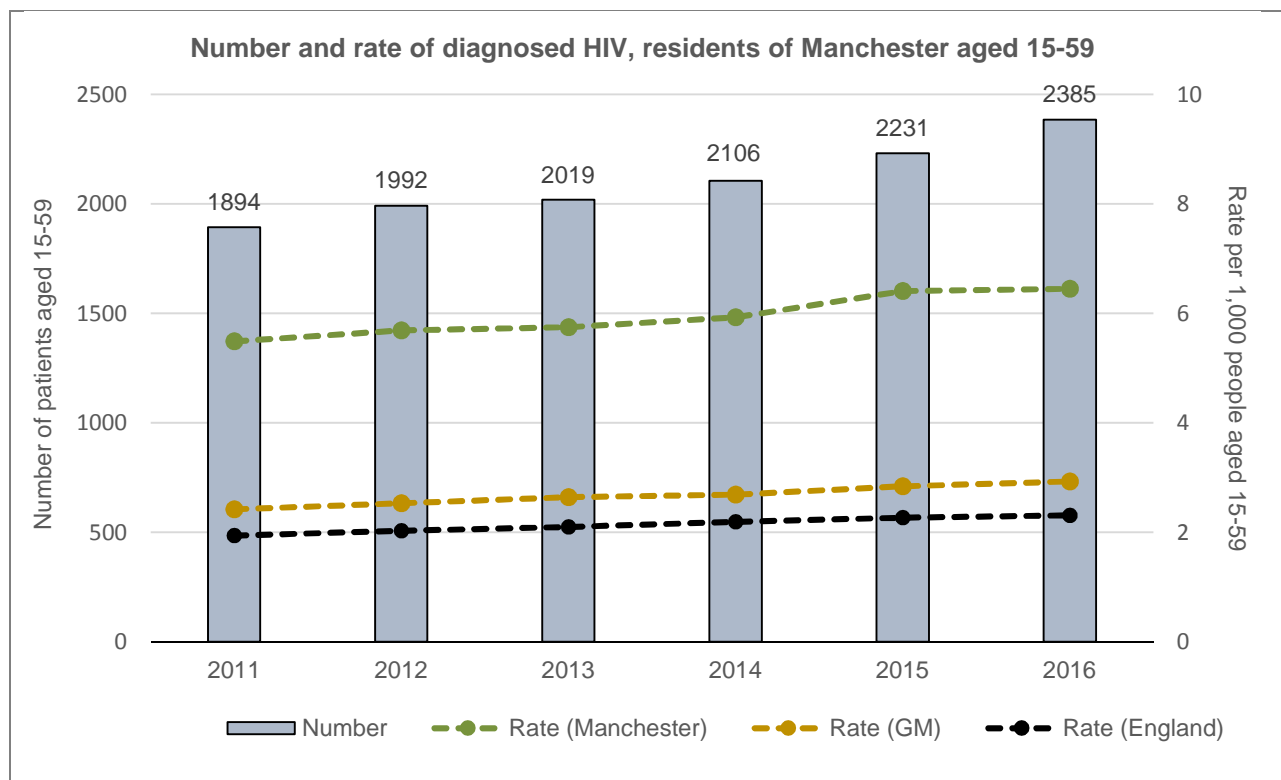
- d. Chlamydia is a bacterial infection that can be passed from an infected person to their partner(s) through sex. It is often asymptomatic and can lead to long-term health problems if undetected and untreated. 3,068 new cases of chlamydia were diagnosed to residents of Manchester in 2017, down from 3,201 in 2016 (-4%). 1,849 cases were diagnosed in sexual health clinics and 1,219 cases

- were detected as a result of opportunistic screening in other settings. The rate of diagnosis was 567 per 100,000 population in 2017, down from 591 in 2016. This compares to a rate of 378 for Greater Manchester and 361 for England.
- e. Public Health England recommends that local areas should achieve a detection rate of at least 2,300 per 100,000 young people aged 15-24. Manchester achieved a detection rate of 1,815 in 2017, down from 2,014 in 2016 (-9%). This compares to a detection rate of 1,853 for Greater Manchester and 1,882 for England.
  - f. Gonorrhoea is a bacterial infection that can be passed from an infected person to their partner(s) during sex. It can lead to serious health problems if it is not detected and treated. 1,002 cases were diagnosed to residents of Manchester at sexual health clinics in 2017, up from 834 in 2016 (+20%). Gay and bisexual men accounted for six out of ten cases. The rate of diagnosis was 185.1 per 100,000 population in 2017, up from 152.4 in 2016. This compares to a rate of 84.7 for Greater Manchester and 78.8 for England.
  - g. Genital herpes can result from infection with the Herpes Simplex virus (HSV). People who contract this virus can develop painful blisters on or around their genitals. 434 new cases were diagnosed to residents of Manchester at sexual health clinics in 2017, down from 518 in 2016 (-16%). The rate of diagnosis was 80.2 per 100,000 population in 2017, down from 95.7 in 2016. This compares to a rate of 53.2 for Greater Manchester and 56.7 for England.
  - h. Genital warts can result from infection with the Human Papilloma virus (HPV). People who contract this virus can develop warts on or around their genitals. 876 new cases were diagnosed to residents of Manchester at sexual health clinics in 2017, down from 1,034 in 2016 (-15%). The rate of diagnosis was 161.8 per 100,000 population in 2017, down from 191.0 in 2016 (-15%). This compares to a rate of 107.6 for Greater Manchester and 103.9 for England.
  - i. Syphilis is a bacterial infection that can be passed from an infected person to their partner(s) during sex. It can lead to serious health problems if it is not detected and treated. 177 cases were diagnosed to residents of Manchester at sexual health clinics in 2017, up from 165 in 2016 (+7%). Gay and bisexual men accounted for almost nine out of ten cases. The rate of diagnosis was 32.7 per 100,000 population in 2017, up from 30.5 in 2016. This compares to a rate of 17.2 for Greater Manchester and 12.2 for England.
  - j. Public Health England (PHE) is concerned about the ongoing increase in the number of new cases of gonorrhoea and syphilis as well as the implications of multi-drug resistant gonorrhoea. PHE is due to publish an action plan in June 2018.
  - k. Young people aged 15-24 accounted for almost half (48%) of new cases of common infections diagnosed to residents of Manchester in 2017. Young people tend to have a higher turnover of sexual partners and can be less skilled at negotiating safer sex than older adults; this puts them at increased risk of acquiring an infection or re-infection.

- l. The number of new cases of sexually transmitted infections diagnosed to gay and bisexual men has increased over the past decade. Gay and bisexual men accounted for around 45% of new cases of common infections diagnosed to male residents at sexual clinics in 2017. Public Health England suggests that this could be due to a number of factors including an increase in condomless anal sex.
- m. Rates of diagnoses of sexually transmitted infections are high among a number of ethnic groups. In 2017, rates of common sexually transmitted infections were highest among people of black ethnicity and people of mixed ethnicity.
- n. Overall, the upward trend in diagnoses of common sexually transmitted infections observed over the last decade is a result, in part, of an increase in the number of people obtaining screening for STIs. The introduction of more sensitive tests and the expanded use of extra-genital testing have also meant that additional infections are being detected.
- o. However, it also indicates that unsafe sexual behaviour remains an issue. Promoting the use of condoms as part of combination prevention (regular screening and the use of pre and/or post exposure prophylaxis for protection from HIV) remains essential to control and prevent the transmission of sexually transmitted infections.

## **2.2 HIV**

- a. HIV is a virus. It can be found in the blood, semen and anal fluids of HIV-positive men and the blood, vaginal and anal fluids, and breast milk of HIV-positive women. The main route of transmission is via unprotected sex. The virus can damage the cells in the immune system.
- b. Prescribing of anti-retroviral and related therapies (ART) has transformed HIV from a fatal infection to a chronic but manageable condition. People diagnosed at a prompt stage of infection can expect a normal life-span with few HIV-related complications.
- c. 2,385 residents aged 15-59 received treatment and care for HIV in 2016, up from 284 in 2015. 137 residents aged 15+ received a diagnosis of HIV in 2016. This is higher than the figure for 2015 (124) but lower than the figure for 2014 (164).



See: <https://fingertips.phe.org.uk/profile/sexualhealth>

Note: Data for 2017 will be released in November or December 2018

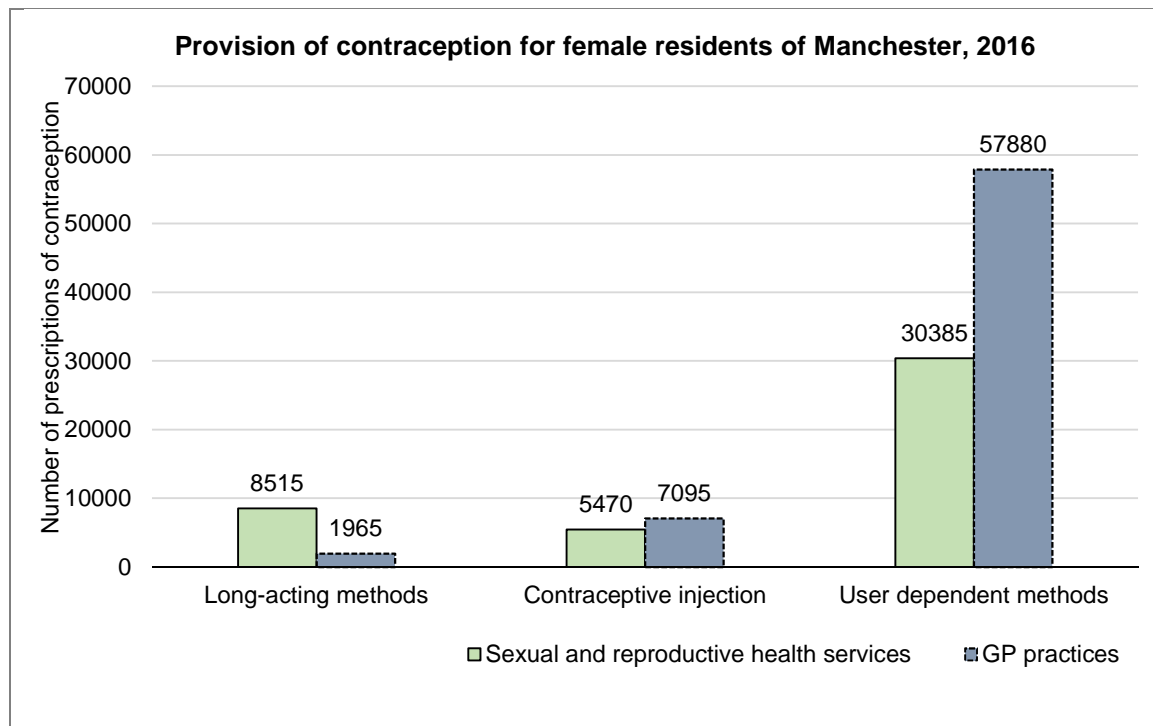
- d. Of residents receiving HIV-related care in 2016, 55% had been exposed to the virus through sex between men; 41% through sex between men and women; and 2% as a result of injecting drugs. Residents from black African communities accounted for around a third of all patients receiving treatment for HIV.
- e. There has been a promising increase in the proportion of residents diagnosed with HIV at a prompt stage of infection. 61% of residents diagnosed in the period 2014/16 had a CD4 count higher than 350mm<sup>3</sup>; this compares to 48% in 2009/11. The earlier HIV infection is detected, the lower the risk of damage to the immune system and other complications. Manchester is performing better than Greater Manchester (56%) and England (60%) in terms of the proportion of patients diagnosed at a prompt stage of infection.

### 2.3 Contraception

- a. Northern Sexual Health, Contraception and HIV Service is the main provider of sexual and reproductive health services in Manchester. Northern offers a comprehensive range of contraception services for women and men of all ages. Young women and men can also obtain contraception from Brook.
- b. In 2016, residents of Manchester attended sexual and reproductive health services for contraceptive care on 38,185 occasions. For women who received a method of contraception, 56% were aged 24 or under.
- c. Long-acting methods of contraception are the contraceptive implant, the intrauterine device (IUD) and the intrauterine system (IUS). These are more

effective and cost effective than user dependent methods of contraception such as contraceptive pills and condoms. Women can obtain long-acting methods from selected GPs and from sexual and reproductive health clinics.

- d. In 2016, residents of Manchester attended sexual and reproductive health clinics on 8,515 occasions for long-acting methods of contraception: on 4,825 occasions for the contraceptive implant; 2,210 occasions for the intrauterine device (IUD); and 1,680 occasions for the intrauterine system (IUS). 5,470 attendances were related to the provision of the contraceptive injection and 30,385 for user dependent methods including the contraceptive pill.
- e. In 2016, of female residents of Manchester attending sexual and reproductive health clinics for contraceptive-related care, 21% were recorded as using a long-acting method as their main method of contraception. 14% were recorded as using the contraceptive injection as their main method; 47% as using the contraceptive pill; and 18% as using another method (including the condom).



See: <https://fingertips.phe.org.uk/profile/sexualhealth>  
Note: Data for 2017 will be released in summer 2018

- f. Most women opt to obtain routine methods of contraception such as contraceptive pills and the contraceptive injection from their GP. In 2016, GP practices based in Manchester issued 57,860 prescriptions for user dependent methods (including 56,945 prescriptions for contraceptive pills) and 7,095 prescriptions for the injection.
- g. In 2016, the rate of long-acting methods of contraception (excluding the injection) prescribed for residents of Manchester was 40.6 per 1,000 women aged 15-44, down from 41.7 in 2015 (-2%). The rate of long-acting methods prescribed at sexual and reproductive health clinics was 26.5 per 1,000; this is better than the rates for Greater Manchester (23.7) and England (17.6). The

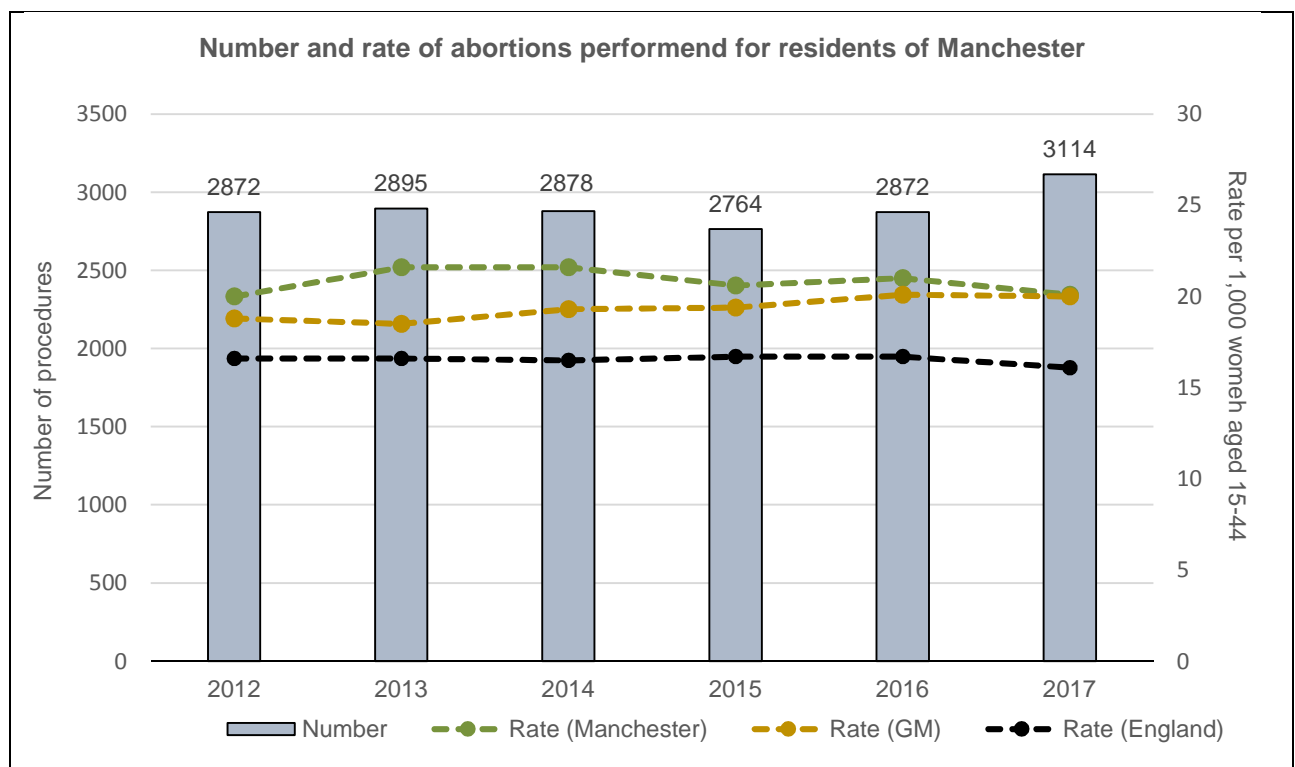


rate of long-acting methods prescribed at GP practices was 14.1 per 1,000; this is lower than the rate for Greater Manchester (17.7) and England (28.8).

- h. Emergency contraception can be used following unprotected sex to reduce the risk of an unintended conception. There are two methods: emergency contraceptive pills (EHC) and the intrauterine device (IUD). Women can obtain emergency contraceptive pills for free from GPs, selected pharmacies, and from sexual and reproductive health services. Sexual and reproductive health services can fit and remove IUDs.
- i. 2,940 women recorded as residents of Manchester were prescribed emergency contraception at sexual and reproductive health services in 2016. GPs based in Manchester prescribed emergency contraceptive pills on 3,935 occasions in 2016.

## 2.4 Abortion

- a. 3,114 abortions were performed for women living in Manchester in 2017, up from 2,872 in 2016 (+8%). However, an overall downward trend in the rate of abortions performed for residents of Manchester has been observed over the last decade. The crude rate of abortions per 1,000 women aged 15-44 for Manchester has fallen from 24 per 1,000 in 2008 to 20 per 1,000 in 2017.



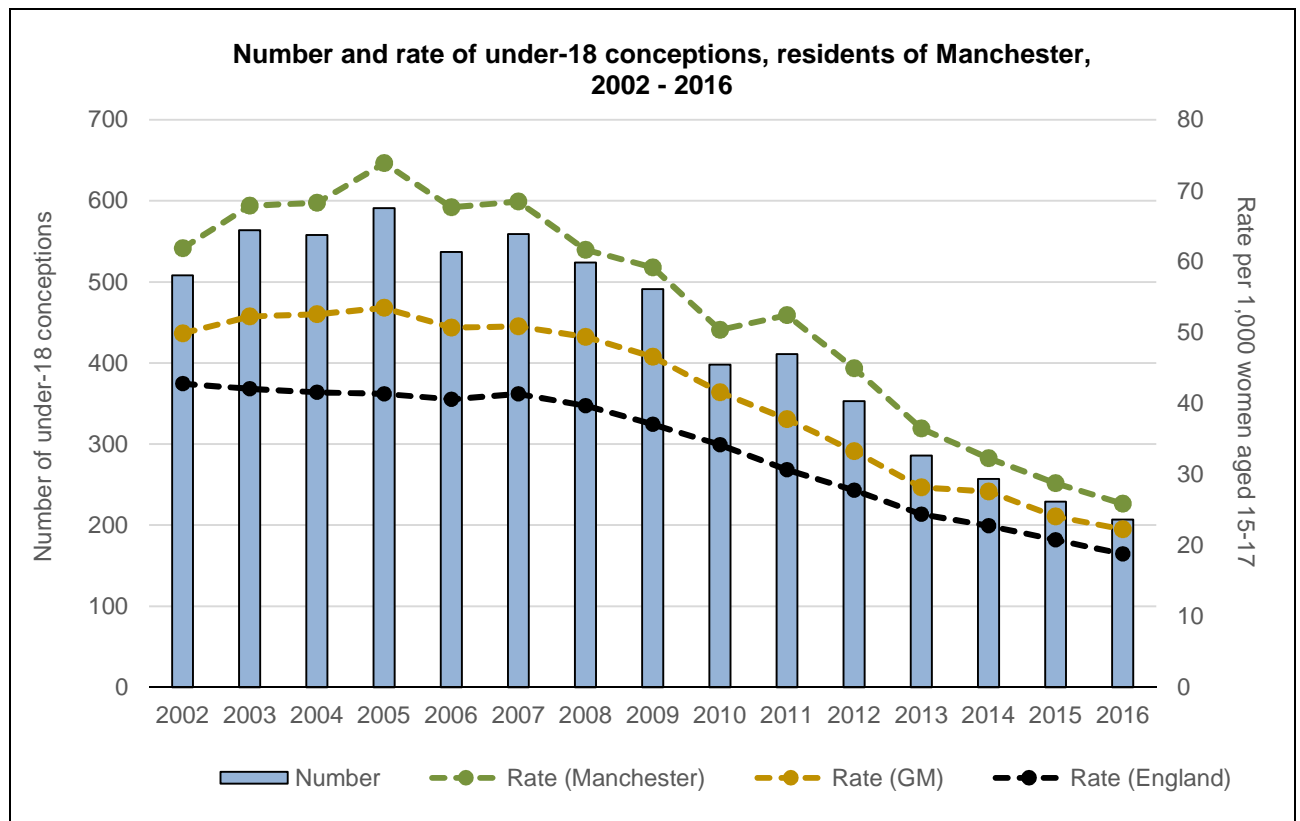
See: <https://fingertips.phe.org.uk/profile/sexualhealth>

- b. Of the 3,114 abortions performed for women living in Manchester in 2017, 3% (104) of procedures were performed for women aged under-18, 7% (232) for women aged 18 and 19, 30% (926) for women aged 20-24, 26% (811) for women aged 25-29, 19% (590) for women aged 30-34 and 15% (451) for women aged 35 and over.

- c. Of abortions for residents of Manchester in 2017, 85% were performed between 3 and 9 weeks gestation (compared to 77% for England). This indicates that residents have ease of access to clinics and that short waiting times for consultations and procedures are the norm.
- d. 72% of abortions performed for residents of Manchester were medical procedures (compared to 65% for England) and 28% were surgical procedures (compared to 35% for England).
- e. The NHS funded 99% of the abortions performed for residents of Manchester in 2017. 91% of procedures were performed in independent clinics contracted to the NHS (compared to 72% for England) and 9% in NHS hospitals (compared to 26%).

## 2.5 Under-18 conceptions

- a. Significant and ongoing progress has been made to reduce the number and rate of under-18 conceptions to residents of Manchester.



See: <https://fingertips.phe.org.uk/profile/sexualhealth>

- b. The under-18 conception rate for Manchester peaked in 2005. Since 2005, a fall of almost two-thirds (65%) has been recorded; down from 73.9 per 1,000 in 2005 to 25.9 in 2016. 207 conceptions were recorded to under-18s in 2016 compared to 591 in 2005. Data for 2016 will be published in March 2019.
- c. In line with the overall trend for England, the proportion of under-18 conceptions ending in abortion has increased over the last decade, up from 40% in 2005 to

53% in 2016. In 2016, 110 conceptions to under-18s ended in abortion and 97 resulted in a live birth.

- d. The under-16 conception rate for Manchester peaked at 12.9 per 1,000 in 2009. The rate is now falling and stood at 4.4 per 1,000 in 2015 (-66%). 35 conceptions were recorded to under-16s in 2016 compared to 96 in 2009.

### **3.0 Overview of commissioning responsibilities**

- a. The Health and Social Care Act 2012 divided responsibilities for the commissioning and funding of sexual and reproductive health services between local authorities, Clinical Commissioning Groups and NHS England.
- b. Local authorities are responsible for commissioning and funding the provision of most but not all sexual and reproductive healthcare provision. Local authorities are responsible for commissioning HIV testing services, STI testing and treatment services, and contraception services on an open access basis for all persons present in their area. Local authorities can choose to commission and fund other related services such as HIV prevention and support programmes.
- c. NHS England is responsible for funding GP practices to offer routine methods of contraception including the contraceptive pill for their registered patients. GPs are also required to offer testing for HIV/STIs at the request of a patient; and to offer a test or treatment (excluding treatment for HIV) if indicated.
- d. NHS England is also responsible for commissioning and funding HIV treatment and care.
- e. Clinical Commissioning Groups are responsible for commissioning and funding abortion services. CCGs are also responsible for arranging for patients to obtain permanent methods of contraception including vasectomies.

### **4.0 Overview of commissioning activities**

- a. The responsibilities and resources for public health transferred from NHS Manchester Primary Care Trust to Manchester City Council on 1<sup>st</sup> April 2013. In 2014/15, the Director of Public Health led an extensive public consultation on plans for saving and reinvestment.
- b. The council consulted on a number of options for sexual and reproductive health services. Most respondents agreed with proposals to:
  - Establish an integrated sexual and reproductive health service for people of all ages.
  - Maintain dedicated clinics for young people.
  - Maintain an opportunistic chlamydia screening programme for young people.
  - Continue to fund HIV/STI prevention and support services.
  - Continue to fund selected provision (e.g. emergency hormonal contraception) in primary care settings.

- c. Following the outcome of the consultation, a four year savings programme has been implemented. This has involved the re-design and re-procurement of a number of services including sexual and reproductive health services. The programme has also taken account of the nationally imposed reductions to the Public Health Grant.
- d. In the autumn of 2015, the council issued a tender to appoint a provider to establish and operate an integrated sexual and reproductive health service for Manchester. This contract was awarded to a partnership of Central Manchester NHS Foundation Trust (CMFT), University Hospital of South Manchester NHS Foundation Trust (USHM) and Pennine Acute NHS Trust (PAT). See 5.1
- e. The Council issued a second tender to appoint a provider to establish and operate a contraception and sexual health service for young people. This contract was awarded to Brook. See 5.2
- f. The Council, acting as lead commissioner on behalf of all of the local authorities of Greater Manchester, issued a tender to appoint a provider to establish and deliver an opportunistic chlamydia screening programme for asymptomatic young people. This framework contract was awarded to CMFT. See 5.3
- g. Salford City Council, in the autumn of 2016, issued a tender on behalf of all of the local authorities of Greater Manchester to appoint a provider to establish and operate the Greater Manchester Sexual Health Improvement Programme (GM-SHIP). This contract was awarded to a partnership of BHA for Equality (lead contractor) with George House Trust and LGBT Foundation (sub-contractors). See 5.4
- h. The Council has continued to contract selected pharmacies to participate in the free emergency hormonal contraception scheme and the opportunistic chlamydia screening programme. Selected general practices have been contracted to offer long-acting methods of contraception (contraceptive implant and the intrauterine device); to participate in the opportunistic chlamydia screening programme; and/or to offer screening and treatment of sexually transmitted infections. See 6.1
- i. The Committee should also note that sexual and reproductive health services are due to transfer to the Manchester Local Care Organisation in 2019/20.

## 5.0 Commissioned services

### 5.1 Northern Sexual Health, Contraception and HIV Service

Service name:	Northern Sexual Health, Contraception and HIV Service
Provider:	Manchester University NHS Foundation Trust (in partnership with Pennine Acute NHS Trust)

#### 5.1.1 Background

- a. Manchester City Council, in the autumn of 2015, issued an open tender to appoint a provider to establish and operate an integrated sexual and reproductive health service for Manchester.
- b. The council awarded the contract to establish and operate an integrated sexual and reproductive health service to a consortium of Central Manchester NHS Foundation Trust (CMFT), University Hospital of South Manchester NHS Foundation Trust (UHSM) and Pennine Acute NHS Trust (PAT). CMFT and partners launched the Northern Sexual Health, Contraception and HIV Service in July 2016.
- c. Manchester City Council receives a contribution from all of the other local authorities of Greater Manchester to allow Northern to deliver services for their residents. This commissioner-to-commissioner arrangement ensures that Northern can operate on an open-access basis in line with the public health regulations.

#### 5.1.2 Description

- a. Northern is an integrated sexual and reproductive health service for women and men of all ages. Northern deliver routine, intermediate and specialist services from three hub clinics: Hathersage Centre in central Manchester; Withington Community Hospital in south Manchester; and at North Manchester General Hospital. Northern deliver routine services from a number of additional clinics including at Forum Health and Cheetham Hill Primary Care Centre.
- b. Northern offers routine and intermediate services including:
  - o Information, advice and guidance about sexual and reproductive health issues.
  - o Provision of long-acting methods of contraception including the contraceptive implant and the intrauterine device.
  - o Provision of routine methods of contraception including the contraceptive pill.
  - o Provision of emergency contraception.
  - o HIV testing and counselling.

- Screening and treatment of sexually transmitted infections.
  - Management of recurrent conditions such as genital herpes and genital warts.
  - Management of other related conditions including genital ulceration.
- c. Northern also offers specialist services including:
- Management of complex contraceptive problems.
  - Management of complicated STIs (including tropical STIs).
  - Management of vulva disease / penile dermatosis.
  - Provision of PEP (Post-exposure prophylaxis for HIV).
  - Provision of PrEP (pre-exposure prophylaxis for HIV) as part of the PrEP Impact Trial.
  - Support for chemsex users (Reach clinic).
- d. Northern operate clinic sessions during the daytime and early evening on weekdays and during the daytime on Saturdays. Northern offer walk-in and appointment slots for patient choice and to manage demand. Walk-in clinics are designed to ensure that patients with an urgent need can be seen on the day of presentation.
- e. Integrating sexual and reproductive health provision has allowed our residents to obtain a comprehensive offer within a single appointment, minimising duplication of effort and the overall number of patient attendances. This holistic approach will allow patients to obtain the appropriate service to address their needs regardless of the initial reason for presentation.
- f. Northern offers an STI self-sampling service for residents. Residents can order a self-sampling kit via [www.thenorthernsexualhealth.co.uk](http://www.thenorthernsexualhealth.co.uk) or can collect a kit from a clinic. Residents collect their own samples and then return them to the lab for processing. This is a new and convenient option for residents who are asymptomatic; at present, over 500 kits are being distributed per month.
- g. Northern also operates Fresh clinics for young women and men aged 24 and under. Fresh clinics offer routine and intermediate services including provision of routine methods of contraception and screening / treatment of common STIs.
- h. Northern operates the Reach clinic at the Hathersage Centre. Reach is a consultant-led clinic for people who participate in chemsex (term used to describe the use of drugs in a sexual context). Reach offers a range of sexual health and drug services. This clinic was established in response to an identified need.
- i. Northern also delivers a range of clinical and educational in-reach and outreach activities including:
- Clinical outreach provision to reach residents at highest risk of sexual ill-health.

- Clinical outreach offer for young people.
  - Clinical in-reach provision for sex workers (in partnership with Manchester Action on Street Health).
  - Education outreach offer for young people.
- j. Northern is expected to contribute to achieving the following outcomes:
- Controlling and preventing the transmission of HIV and STIs.
  - Reducing the prevalence of undiagnosed HIV and STIs.
  - Reducing the proportion of residents diagnosed with HIV at a late stage of infection.
  - Reducing the number of unintended conceptions to women of all ages.
  - Reducing the number of under-18 conceptions.
- k. Northern will contribute to achieving the desired outcomes through – for example:
- Improving knowledge and understanding of the risks associated with unprotected sex.
  - Improving awareness of sexually transmitted infections and the importance of regular screening in order to control transmission and to reduce the prevalence of undiagnosed infection.
  - Improving awareness of HIV and the importance of regular screening in order to control transmission; to reduce the prevalence of undiagnosed infection; and to reduce the proportion of residents diagnosed at a late stage of infection.
  - Improving awareness of contraception and the importance of using reliable methods in order to reduce the incidence of unintended conceptions.
  - Ensuring that residents can obtain all methods of contraception and emergency contraception.
  - Ensuring that residents can obtain screening for STIs and HIV.
  - Ensuring that residents can obtain treatment / management of STIs.
  - Ensuring that residents can obtain other methods of prevention including PEP.

## 5.2 Brook

Service name:	Brook
Provider:	Brook

### 5.2.1 Background

- a. Manchester City Council, in the autumn of 2015, issued an open tender to appoint a provider to establish and operate a contraception and sexual health service for young people. The council awarded the contract to Brook.
- b. Manchester City Council receives a contribution from all of the other local authorities of Greater Manchester to allow Brook to deliver services for their residents. This commissioner-to-commissioner arrangement ensures that Brook can operate on an open-access basis in line with the public health regulations.

### 5.2.2 Description

- a. Brook is a contraception and sexual health service for women and men aged 19 and under. Brook is based on Lever Street in the city centre.
- b. Brook offers routine and intermediate services including:
  - o Information, advice and guidance about sexual and reproductive health issues.
  - o Provision of long-acting methods of contraception including the contraceptive implant and the intrauterine device.
  - o Provision of routine methods of contraception including the contraceptive pill.
  - o Provision of emergency hormonal contraception.
  - o HIV testing and counselling.
  - o Screening and treatment of chlamydia.
  - o Screening and treatment of other common sexually transmitted infections.
  - o Provision of free condoms and lubricants.
  - o Provision of pregnancy testing, counselling and referral.
- c. Brook offers clinic sessions during the daytime and early evening on weekdays and during the daytime on Saturdays. Brook offer walk-in and appointment slots for patient choice and to manage demand.
- d. Brook is also contracted to deliver the Brook Link service. Brook Link is delivered at selected campuses of the Manchester College. Brook Link workers offer a range of services to students including the provision of free condoms and screening for chlamydia.



- e. Brook also offers an education outreach offer. Education outreach officers deliver a range of interventions in formal settings (e.g. schools and colleges) in order to further improve knowledge and understanding of sexual and reproductive health issues.
- f. Brook is expected to contribute to improving the sexual and reproductive health of young people through – for example:
- Controlling and preventing the transmission of HIV and STIs.
  - Reducing the prevalence of undiagnosed HIV and STIs.
  - Reducing the number of unintended conceptions.
  - Reducing the number of under-18 conceptions.
- g. Brook contributes to achieving the desired outcomes through – for example:
- Improving knowledge and understanding of the risks associated with unprotected sex.
  - Improving awareness of chlamydia and the importance of regular screening in order to control transmission and to reduce the prevalence of undiagnosed infection.
  - Improving awareness of sexually transmitted infections and the importance of regular screening in order to control transmission and to reduce the prevalence of undiagnosed infection.
  - Improving awareness of contraception and the importance of using a reliable method in order to reduce the incidence of unintended conceptions.
  - Ensuring that young people can obtain routine and intermediate methods of contraception and emergency contraception.
  - Ensuring that young people can obtain an opportunistic screen for chlamydia.
  - Ensuring that residents can obtain treatment / management of common STIs.

### 5.3 Ruclear

Service name:	Ruclear chlamydia screening programme
Provider:	Manchester University NHS Foundation Trust

#### 5.3.1 Background

- a. Manchester City Council, acting on behalf of all of the local authorities of Greater Manchester, is the lead commissioner of the STI Screening Support Service (branded as Ruclear).
- b. Following a tendering process held in the autumn of 2015, the framework contract to deliver an STI Screening Support Service was awarded to Central Manchester NHS Foundation Trust (CMFT). The contract commenced in July 2016 and is due to expire at the end of March 2019.
- c. The framework contract allows Ruclear to deliver chlamydia screening activities and to bill the relevant commissioner on an activity basis.

#### 5.3.2 Description

- a. Ruclear is the opportunistic chlamydia screening programme for asymptomatic young women and men living in Greater Manchester. Ruclear is delivered in line with the requirements of the National Chlamydia Screening Programme (NCSP).
- b. Young people living in Greater Manchester can order a self-sampling kit for chlamydia from Ruclear. Ruclear posts the kit to the recipient and arranges for returned kits to be processed at the lab. Ruclear issues results and conducts contact tracing.
- c. Young people can also obtain an opportunistic screen via Ruclear from a number of initiation services. In Manchester, these services include Brook and selected GP practices.
- d. Young people can also obtain an opportunistic screen for chlamydia (and other STIs) from the Northern.
- e. Ruclear is expected to contribute to achieving the following outcomes:
  - Preventing and controlling the transmission of chlamydia and gonorrhoea through the prompt detection and treatment of infection.
  - Preventing the consequences of undiagnosed infection.
- f. Ruclear contributes to achieving the desired outcomes through:
  - Improving knowledge and understanding of chlamydia and gonorrhoea among young women and men.

- Providing opportunities for young women and men to obtain an opportunistic screen for chlamydia and gonorrhoea via:
- Fulfilment of orders for self-sampling kits received via remote ordering.
- Distribution of self-sampling kits via outlets.
- Processing of screens initiated in selected services – e.g. GPs.

#### 5.4 Passionate about Sexual Health Programme (PaSH)

Service name:	Passionate about Sexual Health Programme
Provider:	BHA for Equality (main contractor) with George House Trust and LGBT Foundation (sub-contractors)

##### 5.4.1 Background

- a. Salford City Council, on behalf of all of the local authorities of Greater Manchester, is the lead commissioner of the Greater Manchester Sexual Health Improvement Programme (now branded as PaSH). Manchester City Council is an associate commissioner and contributes funding to this programme.
- b. Following a tendering process held in the spring on 2017, the contract was awarded to a consortium of BHA for Equality (lead contractor) with George House Trust and LGBT Foundation (sub-contractors). The partners launched the Passionate about Sexual Health Programme in November 2017.

##### 5.4.2 Description

- a. The Passionate about Sexual Health Programme (PaSH) offers a broad range of i) HIV/STI prevention interventions for residents at highest risk of acquiring HIV and ii) interventions to support residents living with diagnosed HIV.
- b. BHA for Equality is the lead for HIV/STI prevention work with heterosexual women and men (focus on residents from black African communities) and LGBT Foundation is the lead for work with men who have sex with men (MSM).
- c. George House Trust is the lead for support for children, young people and adults living with diagnosed HIV.
- d. PaSH partners are required to deliver a range of interventions and services including:
  - One-to-one and group-level support for adults at risk of acquiring HIV via centre-based and outreach services.
  - One-to-one and group-level support for adults living with HIV via centre-based and outreach services.
  - One-to-one and group-level support for children and young people living with HIV via centre-based and outreach services.

- Point of care testing for HIV via centre-based and outreach services.
- e. PaSH partners are also required to:
- Ensure that information and advice about HIV/STIs is available online.
  - Facilitate access to free and low-cost condoms and lubricants.
  - Map community assets.
- f. PaSH is expected to contribute to achieving the following outcomes:
- Controlling and preventing the transmission of HIV and other STIs.
  - Reducing the prevalence of undiagnosed HIV and other STIs.
  - Reducing the number of new cases of HIV.
  - Reducing the proportion of residents who receive a diagnosis of HIV at a late stage of infection (PHOF indicator).
  - Reducing HIV-related morbidity and mortality.
- g. PaSH will contribute to achieving the desired outcomes through:
- Improving knowledge and understanding of HIV and STIs.
  - Improving awareness of the risks associated with unprotected sex.
  - Improving awareness of the importance of using condoms and other methods of prevention.
  - Improving confidence and skills to practice safer sex.
  - Improving uptake of screening for HIV and other STIs.
  - Improving confidence and skills to manage HIV as a long-term condition.
  - Improving confidence, skills and capabilities to adopt / maintain health promoting behaviours and to avoid / reduce health demoting behaviours.

## **6.0 Investment in sexual and reproductive health services in primary care**

- a. NHS England is responsible for funding GP practices to offer routine methods of contraception including the contraceptive pill and the contraceptive injection for their registered patients. GPs are also required to offer testing and / or treatment of STIs and HIV (excluding treatment for HIV) if indicated or required or at the request of a patient.
- b. Local authorities can opt to commission the provision of enhanced services in primary care settings. Manchester City Council, in line with most other councils, commissions and funds selected GP practices and pharmacies to offer enhanced provision.

## 6.1 Enhanced services delivered in primary care settings

Service name:	1) Long-acting reversible contraception (GPs) 2) STI testing and treatment (GPs) 3) Emergency hormonal contraception (Pharmacies) 4) Ruclear chlamydia screening (GPs and Pharmacies)
Providers	Selected GP practices and selected pharmacies

- a. Manchester City Council commissions and funds 35 GP practices to offer the fitting and removal of intrauterine devices (IUDs) and contraceptive implants as an enhanced services. In 2017/18, these practices: fitted an implant on 756 occasions; removed an implant on 783 occasions; fitted an intrauterine device on 901 occasions; and removed an intrauterine device on 613 occasions.
- b. The Council also commissions and funds 15 GP practices to offer an STI testing and treatment service. These practices offer screening for selected STIs and treatment for a range of conditions. In 2017/18, these practices performed 2,258 screens and an additional 570 screens that included triple-site testing. These practices treated a number of conditions including 280 treatments for chlamydia; 201 treatments for genital warts; and 87 treatments of genital herpes.
- c. The Population Health and Wellbeing Commissioning Team intend to review investment in enhanced sexual and reproductive health services delivered in general practice in order to work towards achieving population coverage. This is planned for 2018/19.
- d. Finally, the Council commissions and funds 62 pharmacies to participate in the free emergency hormonal contraception (EHC) scheme. Pharmacists can prescribe the emergency hormonal contraceptive pill, for free, in line with the PGD. Pharmacists conducted 9,854 consultations in 2017/18.

## 7.0 Other investments

### 7.1 Manchester Action on Street Health

- a. Manchester Action on Street Health (MASH) deliver a range of services for female sex workers living or working in Manchester. These services include the provision of contraception and the screening and treatment of selected STIs (in partnership with Northern) and the provision of support for women with substance misuse issues (in partnership with CGL).

### 7.2 National HIV Self-Sampling Service

- a. ESPO (acting on behalf of Public Health England) holds a framework contract with Preventx for the provision of the National HIV Self-Sampling Service. Manchester City Council is signed up to the framework.

- b. Residents can order a free HIV self-sampling kit via [www.test.hiv](http://www.test.hiv). Residents receive the kit in the post, collect their own blood sample, then return the sample to the lab to be tested.
- c. Between April 2017 and March 2018, Manchester residents ordered 1,718 kits from [www.test.hiv](http://www.test.hiv). 62% (1,071) kits were returned to the lab. 9 samples were reactive.

### **7.3 Freedoms**

- a. Central and North West London NHS Foundation Trust (CNWL) is the operator of the NHS Freedoms shop. Freedoms retail low-cost condoms and lubricants to individuals and organisations via [www.freedoms-shop.com](http://www.freedoms-shop.com).
- b. Manchester City Council has a contract with CNWL to allow selected contractors to order condoms and lubricants from Freedoms for onward distribution to their clients.

### **8.0 Recommendations**

- a. The Committee is asked to:
  - 1. Note the report; and
  - 2. Provide feedback to the providers attending the Committee meeting.

## Appendix One

### Performance and outcome monitoring for clinical services

#### A1 Northern Sexual Health, Contraception and HIV Service

Selected performance indicators for 2017/18:

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
Number of clients attending the clinics	21,275	20,628	18,315	18,797
Number of new diagnoses of STIs	1,812	1,848	1,804	Due summer
Number of related diagnoses	2,676	2,931	2,575	Due summer
Number of patients attending for the contraceptive injection	1,077	1,642	1,448	1,420
Number of patients having an implant fitted or removed	901	839	960	876
Number of patients having an IUD or IUS fitted or removed	771	1,058	1,017	1,113
Number of prescriptions of oral contraception	4,497	5,168	4,195	3,837
Number of prescriptions for emergency hormonal contraception	616	583	680	753

Notes: 1) Data for 2017/18 is subject to cleansing

2) Data for diagnoses is extracted from GUMCAD. Next release is due summer 2018

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
% of patients triaged within 48 hours of contacting the service	100%	100%	100%	100%
Of all prescriptions for contraception, % of prescriptions for long-acting methods	37%	44%	39%	40%

## A2 Brook

Selected performance indicators for 2017/18:

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
Number of clients attending the clinic	1,728	1,549	1,554	1,614
Number of clients contacted via education outreach	2,245	1,169	4,253	4,302
Number of patients accepting a screen for chlamydia	588	520	551	594
Number of patients receiving the contraceptive injection	180	154	130	130
Number of patients having an implant fitted or removed	57	52	59	59
Number of issues of oral contraception	458	449	435	442
Number of issues of emergency contraception	284	302	313	279

## A3 Ruclear

Selected performance indicators for 2017/18:

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
Number of screens initiated at partner services	953	813	985	1,117
Number of orders for self-sampling kits	1,201	1,250	1,587	1,788
Number of kits returned to the lab for processing	965	826	1,197	1,265

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
% of kits returned to the lab for processing within 30 days	73%	70%	72%	71%
% of clients confirmed as receiving treatment within 6 weeks	92%	95%	93%	95%