Sexual Health Needs Assessment

2025 Final

Contents

1. Executive Summary

Demand for sexual health services continues to increase both nationally and locally. The purpose of this Sexual Health Needs Assessment is to review sexual health outcomes data and sexual health service delivery, to identify any gaps in provision and provide recommendations for improving sexual health in Cheshire West and Chester (CW&C).

The needs assessment has identified a number of key findings. Further detail is provided within the main document:

1.1. Sexually Transmitted Infections (STIs)

- CW&C has consistently lower testing rates of STIs than the England average (excluding Chlamydia). In 2024, the testing rate was 2,621.5 per 100,000 compared to an England average of 4,088.8 per 100,000. The large and partly rural geography of CW&C means that access to testing, especially in rural areas, can be difficult.
- In CW&C, Chlamydia is the most diagnosed STI followed by Gonorrhoea. The highest rates of Chlamydia are for under 25s.
- Although testing rates for Chlamydia in females aged under 25 has been consistently above the England average, CW&C are below the national target rates for Chlamydia testing amongst this cohort.
- In CW&C, the rate of STIs including for Gonorrhoea, Syphilis, Genital Warts and Genital Herpes are below the England average. It is unclear if this is due to lower disease prevalence or to reduced STI testing in CW&C.
- In CW&C, Gonorrhoea and Genital Warts diagnosis rates decreased slightly in 2023 from 2022 rates. Genital Herpes also saw a more substantial decrease. Rates of Syphilis remained the same.

1.2. Human Immunodeficiency Virus (HIV)

- Prompt treatment for HIV is crucial for maintaining a person's health and preventing transmission of the virus.
- The number of people with HIV in CW&C is low, with a diagnosed prevalence rate of 1.34 per 1,000 persons aged 15 to 59 compared to a 2.4 England average in 2023.
- New HIV diagnosis rates for 2023 are significantly lower in CW&C than the England average, both for all new HIV diagnoses (6.8 per 100,000 in CW&C compared to 10.4 in England) and amongst persons first diagnosed in the UK (2.5 per 100,000 in CW&C compared to 4.9 in England).
- HIV testing coverage has improved year on year since 2020 (start of the COVID-19 pandemic), and rates are now higher than the 2019 pre-pandemic rate. However, CW&Cs testing rate remains significantly lower than the England average (1,790.7 per 100,000 population compared to 2,770.7).
- Late diagnosis of people first diagnosed with HIV in the UK between 2021-23 is lower in CW&C than the England average (38.9% in CW&C compared to 43.5% in England). It is significantly better for men who have sex with men (MSM) (22.2% in CW&C compared to 34.3% in England) but significantly worse for men who do not have sex with men (66.7% compared to 56.6%).

- The percentage of people living with HIV who are receiving antiretroviral therapy medications in 2023 is 100% in CW&C compared to a 98.5% England average. In the period 2021-2023, 90.2% of people newly diagnosed with HIV received prompt antiretroviral therapy initiation compared to an 84.4% England average.
- In 2023, virological success in HIV treatment (the suppression of HIV replication to an undetectable level in the blood) for adults accessing HIV care was 98.1% in CW&C and 97.7% in England.

1.3. Contraception and Emergency Hormonal Contraception (EHC)

- The prescribing rate for long-acting reversible contraception (LARC) such as implants, the intra-uterine system (IUS) and intra-uterine device (IUD) is higher in CW&C than the England average, both for those prescribed by a GP and by Sexual and Reproductive Health services (rate excluding injections).
- Prescribing rates for LARC reduced in 2020 during the COVID-19 pandemic and in 2023, remain lower than pre-pandemic rates.
- Emergency contraception can prevent pregnancy after unprotected sex; it does not provide any protection against STIs. It includes the copper coil and emergency contraceptive pill.
- In the financial year 2023/24 there were 52 accredited community pharmacy providers that offered free of charge emergency hormonal contraception in CW&C, and they provided 2,640 patient interactions over that year.
- There are fewer community pharmacies providing higher numbers of consultations in the rural areas, which may reflect the demographics of the population.
- Data tells us that young people aged 16-29 are the biggest users of the EHC service in pharmacies, although the service is used by other women too.

1.4. Abortion

- Abortion rates in CW&C are similar to the England average for total abortions, over 25s abortions and under 18s abortions. In 2022 the total abortion rate was 19.8 per 1,000 comparted to an England average of 20.7 per 1,000.
- The percentage of under-18s conceptions leading to abortion in CW&C in 2021 was 55.3%, which is similar to the England average of 53.4%.
- Abortion rates have been increasing in CW&C for both total abortions and over 25s abortions. The under 18 abortion rate has generally been decreasing although did see an increase in 2021.
- In 2021, the percentage of abortions in women aged under 25 that involve a woman who has had a previous abortion was 26.7% which is similar to the England figure of 29.7%.

1.5. Sexual Health Service Provision in CW&C

- CW&C Sexual Health Service is run by HCRG care group and is operated locally as the Cheshire West and Chester Sexual Health Hub.
- The services are free to access and provide an integrated approach to sexual health and contraception along with confidential county-wide services for all ages.

- The main hub is in Chester with spoke sites operating across CW&C. Appointments can be made by booking, sit and wait appointments are also available. A clinical outreach service works across the borough to extend the service across communities.

2. Recommendations

2.1. STIs:

1. Promote and increase STI and HIV testing widely within the borough, particularly for at risk populations (including young people, areas of deprivation, and MSM), to bring testing rates more in line with the England average.
2. Promote opportunistic STI testing and signposting to those attending abortion services and emergency contraception services, to help increase testing rates in those who are at risk and may not otherwise seek testing.
3. Raise awareness of safe sex and use of contraception.

2.2. National Chlamydia Screening Programme (NCSP):

4. Consider a review of the provision of the National Chlamydia Screening Programme in community settings such as pharmacies, especially for pharmacies who are offering EHC.
5. Promote the NCSP and improve accessibility to chlamydia testing, particularly in rural areas, Ellesmere Port and for at risk groups.

2.3. HIV

6. Improve uptake of regular and repeat HIV testing in MSM in line with the NICE guidelines.
7. Improve identification and uptake of Pre-Exposure Prophylaxis (PrEP) for at risk individuals.

2.4. Unplanned Pregnancy

8. The rise in both the total abortion rate and the abortion rate in over-25s should be explored in detail, taking a whole system approach.
9. Pathways and systems for contraception provision after an abortion or after a birth could be reviewed. Improved opportunistic contraception provision may help increase access to contraception for those who are currently less well served.

2.5. Contraception

10. Carry out a review of LARC provision to ensure equity of access.
11. Review EHC provision in light of the proposed national EHC pharmacy offer to ensure equity of access.
12. Improve long term contraception access and provision in all age groups, especially in the 16-29 year olds.

2.6. Service Provision

13. An across systems review of alert systems, coding and processes around female genital mutilation (FGM) could be considered across multiple health organisations to

protect individuals and enable data collation and analysis for strategic planning purposes.

3. Introduction and context

3.1. About this Sexual Health Needs Assessment

The purpose of this Sexual Health Needs Assessment (SHNA) is to conduct a review of current sexual health outcomes data and sexual health service delivery. This document includes views of the public and professionals, and evidence of best practice to identify any gaps in provision and provide recommendations for improving sexual health in Cheshire West and Chester (CW&C). The findings will be used to inform the commissioning of sexual health services and to influence future service development.

This SHNA covers a range of relevant topics including sexually transmitted infections (STIs), and contraception. It will not cover teenage pregnancy, or the national human papillomavirus (HPV) vaccination programme delivered in schools as these topics have already been covered in the recently published sexual health chapter of the 0-19 JSNA. It will not cover sexual violence and criminality as this topic is covered in the Cheshire Serious Violence Strategy 2024-2029[1]. Menopause is also not included within the scope of this SHNA as this relates more broadly to women's health and is not strictly a sexual health topic. Cervical smears are additionally not covered.

3.2. Background

The World Health Organization defines sexual health as "a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled."

The ability of men and women to achieve sexual health and well-being depends on their:

- Access to comprehensive, good-quality information about sex and sexuality.
- Knowledge about the risks they may face and their vulnerability to adverse consequences of unprotected sexual activity.
- Ability to access sexual health care.
- Living in an environment that affirms and promotes sexual health[2].

Most people will be sexually active during their lifetime, so sexual health is something that is important to individuals and to society as a whole. Sexual health needs vary according to factors such as age, gender, sexual orientation and ethnicity. However, there are certain core needs common to everyone, including high-quality information and education enabling people to make informed responsible decisions, and access to high-quality services, treatment and interventions.

The consequences of poor sexual health can be severely damaging to both the mental and physical wellbeing of individuals and can include (not an exhaustive list):

- Unplanned pregnancies and abortions
- Psychological consequences, including from sexual coercion and abuse
- Poor educational, social and economic opportunities for teenage mothers, young fathers and children
- HIV transmission
- Cervical and other genital cancers
- Hepatitis, chronic liver disease and liver cancer
- Recurrent genital herpes
- Recurrent genital warts
- Other sexually transmitted infections
- Pelvic inflammatory disease, which can cause ectopic pregnancies and infertility
- Poorer maternity outcomes for mother and baby[3]

3.3. Risk Factors for Sexual Ill Health

Although anyone who is sexually active is at risk of the consequences of poor sexual health, there are some groups who are more at risk. These include young people, men who have sex with men (MSM), transgender people, certain ethnic minority groups, sex workers, people who have multiple sexual partners, people who use drugs and alcohol, refugees, asylum seekers, people living in relative deprivation or experiencing homelessness and other marginalised groups.

There is also some evidence that suggests young people with a mild to moderate learning disability are more likely to practice unsafe sex compared to young people from the general population. Cervical screening rates are also low for women with learning disabilities compared with the general population[4].

3.4. National Context

3.4.1. A Framework for Sexual Health Improvement in England and the Women's Health Strategy

In 2013, The Department of Health published A Framework for Sexual Health Improvement in England[5], which acknowledges that good sexual health is dependent on a number of different factors across the life course. This is the latest strategy for sexual health, and a new Sexual and Reproductive Action Plan is expected to be published in the near future.

This new action plan was referenced in the more recently published Women's Health Strategy (2022)[6] and will include a focus on increasing access and choice for all women who want contraception, including Long Acting Reversible Contraception (LARC). The Women's Health Strategy covers women's health in a much broader sense than purely sexual and reproductive health. It acknowledges that many women move from service to service to have their basic reproductive health needs met and women can struggle to access basic services. The strategy does refer to some commitments that relate to sexual health such as access to contraception for the management of menstrual problems when appropriate, and

the provision of contraceptive information in antenatal and maternity settings but, in the most part, it does not make specific recommendations relating to sexual health.

3.4.2. Women's Health Hubs

Following the publication of the Women's Health Strategy the government has produced guidance and funding to establish or expand one women's health hub in every Integrated Care System (ICS)[7]. There is already an established women's health hub in Liverpool (which is a part of the Cheshire and Merseyside ICB) and how this guidance and funding may impact Cheshire West and Chester are currently being assessed.

3.4.3. The Hatfield Vision

In July 2022 the Faculty of Sexual and Reproductive Health published the Hatfield Vision[8], which sets out an ambition to improve reproductive health inequalities for all women and girls, enabling them to live well and pursue their ambitions in every aspect of their lives. The vision sets out 16 goals and 10 actions including 8 goals relating specifically to contraception access and standards of care.

3.4.4. Breaking Point: Securing the future of sexual health services

The Breaking Point report produced in 2022 by the Local Government Association and Sexual Health Commissioners Group reviewed trends since local authorities took responsibility for sexual health services in 2013 and focuses on demand and funding pressures. The main points were:

- There has been a significant increase in the number of consultations at Sexual Health Services over the last 10 years.
- The number of screens and the overall number of services offered has increased. Public awareness of Sexually Transmitted Infections (STIs) and contraception has grown.
- Local councils have been engaged in one of the biggest modernisation exercises in the history of public health, such as a rapid channel shift to online consultations, home testing and home sampling.
- Evidence from across the sector shows the capacity of councils to further innovate and create greater efficiencies is now limited.
- Unless greater recognition and funding is given to councils to invest in prevention services, a reversal in the encouraging and continuing fall in some STIs and more unwanted pregnancies is now a real risk, as is their ability to respond to unforeseen challenges such as Monkeypox.
- Behavioural change has increased demand.
- Equitable access to contraception remains a problem[9].

3.4.5. National Changes in sexual attitudes and behaviours

There is data from the National Survey of Sexual Attitudes and Lifestyles (Natsal) which shows more people are reporting first sex at a younger age[10]. According to this survey, people are also reporting increasing numbers of opposite sex partners in their lifetime for both men and women, but especially women. In the 1990-1991 survey women reported an average of 3.7 partners in their lifetime but in the 2010-2012 survey this figure had doubled

to 7.7 partners. For men this reported figure increased from 8.6 in 1990-1991 survey up to 11.7 in the 2010-2012 survey[10]. The survey also showed more people reporting same-sex experience during the 1990s for both men and women, with further increases for women up to 2012, so the gender gap is narrowing[10].

Nationally, England has an ageing population. Figures from the UK Health Security Agency (UK HSA) showed that the number of over-65s who caught common STIs rose by 20 per cent nationally between 2017 and 2019[9]. Indeed, the Natsal study[10] found that sexual activity is continuing into later life, emphasising that attention to sexual health and wellbeing is required throughout the life-course[11].

The use of dating apps has increased significantly since 2012 and it is widely speculated that this has led to an increase in the incidence of STIs among both MSM and heterosexual populations, particularly in young adults. Research has found that finding sexual partners through networks and dating apps enables users to have a greater number of sexual partners with increased turnover, consequently decreasing safe sexual practices and increasing the risk of contracting STIs. However, the research in this area is limited[9].

Sexual health services nationally have observed growth of the sexual practice 'chemsex' in the UK. The term 'chemsex' refers to group sexual encounters in which recreational drugs are consumed. Where drug use takes place in a sexual context the risk of transmission of HIV, hepatitis, and other STIs increases[9].

3.4.6. COVID-19

In March 2020, in response to the Coronavirus Disease (COVID-19) pandemic, the UK government implemented strict national and regional lockdowns as well as social and physical distancing measures and messages to request citizens stay at home. These measures, as well as concerns about the COVID-19 disease itself, had a significant impact on people's ability and willingness to access sexual and reproductive health services as well as a significant impact on social mixing and sexual behaviours.

Sexual health services and other health services made rapid and significant changes to the way they operated during the pandemic. Many elective health services such as cervical screening were temporarily paused. Telephone consultations, online and remote healthcare and consultations were all used to support the residents of CW&C. Lockdowns were lifted over the course of 2021 and services gradually resumed to normal face to face and drop in clinics. The impact of the COVID-19 pandemic can be seen in many of the data points relating to sexual and reproductive health, including STI testing and diagnosis rates, and these are discussed in greater detail throughout this SHNA. For most of the affected data points, recovery from the COVID-19 pandemic is observed by the year 2022 and 2023.

3.5. Local Demographics

Cheshire West and Chester has a population of 365,061(Office for National Statistics Mid-year 2023 population estimates). The borough covers 350 square miles, and more than a quarter of the population live in rural areas[12]. The population in CW&C is forecast to

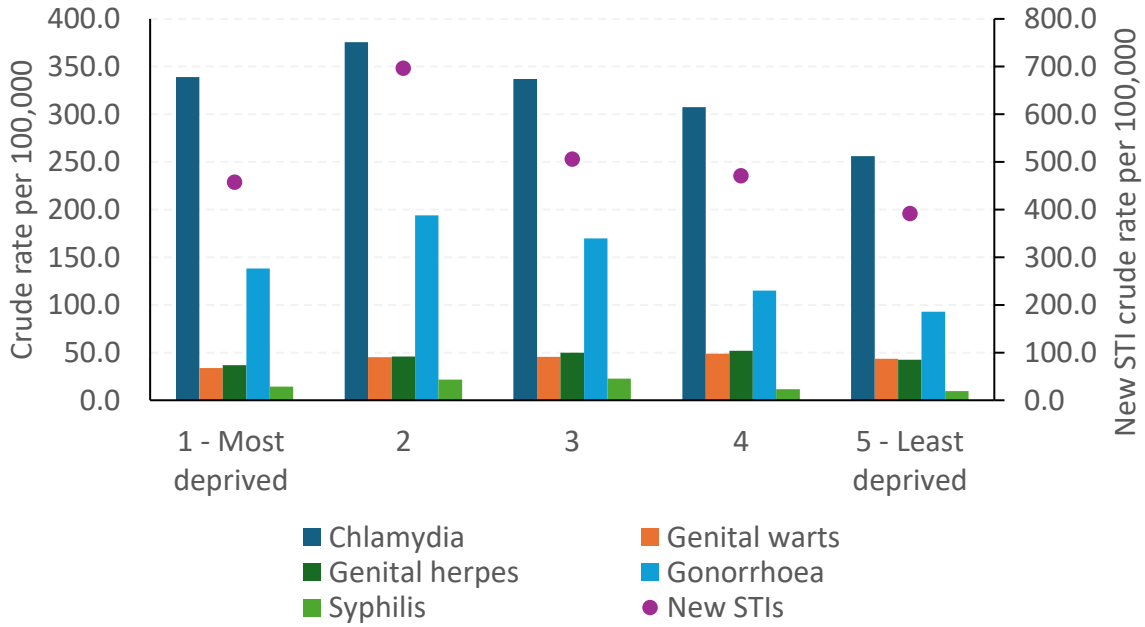
increase by 8% to 393,500 by 2033. Older age groups will see the biggest increase, with the number of residents aged 65 plus expected to increase by 22%[13].

The city of Chester is home to the University of Chester which brings a student population of between 10,000 and 15,000 students[14].

The Office for National Statistics mid-2023 population estimates illustrate 17.2% of residents are aged 0-15 years old; 21% are aged 65 and over; and 61.2% are between 16 and 64 years old. This is an older population than the England average[12]. Young people aged 15-24 years are more likely to be diagnosed with an STI. In 2019, 62% of chlamydia diagnoses and 54% of gonorrhoea diagnoses in England were in this younger age group[15]. Whilst the highest numbers of STIs are diagnosed in younger people, the number of cases in older adults is on the rise nationally[9]. Indeed, the National Survey of sexual attitudes and lifestyles (Natsal) study[10] found that sexual activity is continuing into later life, emphasising that attention to sexual health and wellbeing is required throughout the life-course[11].

Much of the borough enjoys lower levels of deprivation, however, there are pockets of significant disadvantage and higher deprivation levels. It is well known that people living in more deprived areas are more likely to experience poorer health than those in the least deprived areas and this is true for sexual health. For example, rates of new STI diagnoses are shown to be consistently higher in more deprived populations in England[15]. Chart 1 highlights data on STI rates from the UK Health Security Agency (UKHSA) to demonstrate the relationship between STI rates and deprivation quintiles in England.

Chart 1: Rates of STI diagnoses by index of multiple deprivation quintile: England 2023



Source : UKHSA, GUMCAD STI surveillance system

The English Indices of Deprivation 2019 (IMD 2019) are the government's official measure of deprivation. The IMD is constructed by combining seven domains, each of which relates to a

major social or economic deprivation. The scores for each domain are combined into a single deprivation score for each small area in England allowing each area to be ranked relative to one another according to their level of deprivation.

CW&C is ranked 183rd most deprived out of 317 local authorities in England (where 1 is most deprived and 317 the least deprived). There are pockets of deprivation across the borough with 26,700 local people living in 16 small neighbourhoods ranked in the 10% most deprived neighbourhoods in England. Two of these 16 neighbourhoods rank in the 2% most deprived areas in England. These neighbourhoods are in Lache and Winsford. The highest levels of deprivation are found in the urban areas, primarily within the City of Chester and the towns of Ellesmere Port, Northwich and Winsford.

According to the 2021 census around 8.8% of residents in Cheshire West and Chester were from ethnic minority backgrounds, an increase on the 5.5% reported in 2011 but lower than the 26.5% England average. Some ethnic minority populations are disproportionately affected by STIs. The rate of gonorrhoea in ethnic minority groups was three and a half times that of the general population in England in 2019[15].

The 2021 census showed that 91.2% of people aged over 16 in CW&C are of straight or heterosexual orientation and 2.6% of people identify as gay, lesbian, bisexual or queer. Figures could be higher as 6% of the population chose not to answer the question[16]. Gay, bisexual and other men who have sex with men (MSM) are more likely to be diagnosed with STIs than men who do not have sex with men. Overall, 81% of syphilis diagnoses were in MSM in England in 2019[15].

In 2019, there were an estimated 5,350 residents aged 14 and over with a learning disability in CW&C with the greatest numbers of people with a learning disability in the 45-54 age group[17]. There is limited evidence concerning the sexual health of people with learning disabilities. The right to a sex life is enshrined in legislation but often people with learning disabilities face barriers due to concerns around the ability to consent, vulnerability and the possibility of exploitation[4]. Rates of cervical screening are low for women with learning disabilities but rates of long acting reversible contraception is high amongst women with learning disabilities who use contraception[4]. An analysis of the nationally representative longitudinal Next Steps study suggests that young people with mild to moderate learning disabilities were as likely to have had sexual intercourse by the age of 19/20 as their peers from the general population[4]. However, young people with mild to moderate learning disabilities were more likely to practice unsafe sex compared to young people from the general population. Young women with mild to moderate learning disabilities were more likely to have been pregnant and/or to have had a child[4].

4. STIs in Cheshire West and Chester

STIs are a major public health concern. The Public Health Outcomes Framework (PHOF) is a collection of indicators used to monitor and improve public health in England. This includes indicators and outcomes for sexual and reproductive health, allowing comparison to the England average and other LAs, and a way to assess progress and identify areas for improvement. STIs are often considered to be stigmatising and can seriously impact the

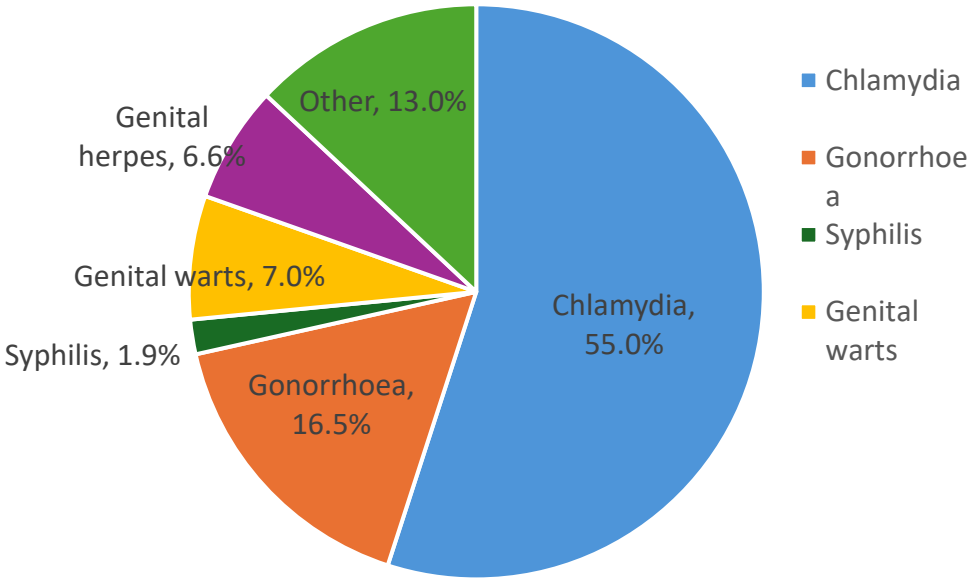
health and wellbeing of individuals. They can be asymptomatic which means screening is important and should be conducted in line with national guidelines[18]. If left undiagnosed and untreated, STIs may cause complications and long term health problems including (not an exhaustive list):

- Pelvic inflammatory disease, ectopic pregnancy, postpartum endometriosis, infertility, and chronic abdominal pain in women
- Adverse pregnancy outcomes - including abortion, intrauterine death, and premature delivery
- Neonatal and infant infections and blindness
- Genital malignancies, in men who have sex with men (MSM)
- Cardiovascular and neurological damage[11]

Increasing resistance and decreased susceptibility to antimicrobials used to treat STIs has reduced treatment options, and there are emerging concerns – especially for gonorrhoea[11].

In CW&C, Chlamydia is the most common STI, accounting for over half (55%) of all STI diagnoses. Chart 2 demonstrates the proportion of new STIs diagnosed in CW&C.

Chart 2: Proportion of new STI's diagnosed in Cheshire West and Chester, 2023

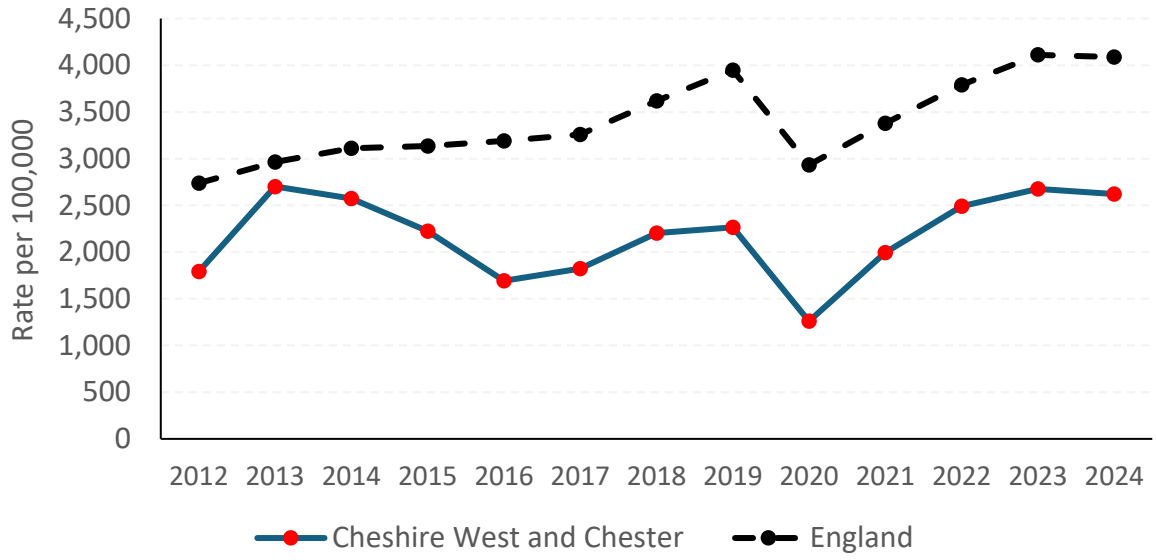


Source: OHID, Fingertips, Summary Profile of Local Authority sexual health, 2025

4.1. STI Testing rate and test positivity

STI testing rates and diagnosis rates are closely linked. Public Health data enables analysis of the STI testing rate per 100,000 population. This includes tests for syphilis, HIV, gonorrhoea and chlamydia (aged over 25) among people accessing sexual health services. Chlamydia tests under the age of 25 are excluded because these are targeted by the National

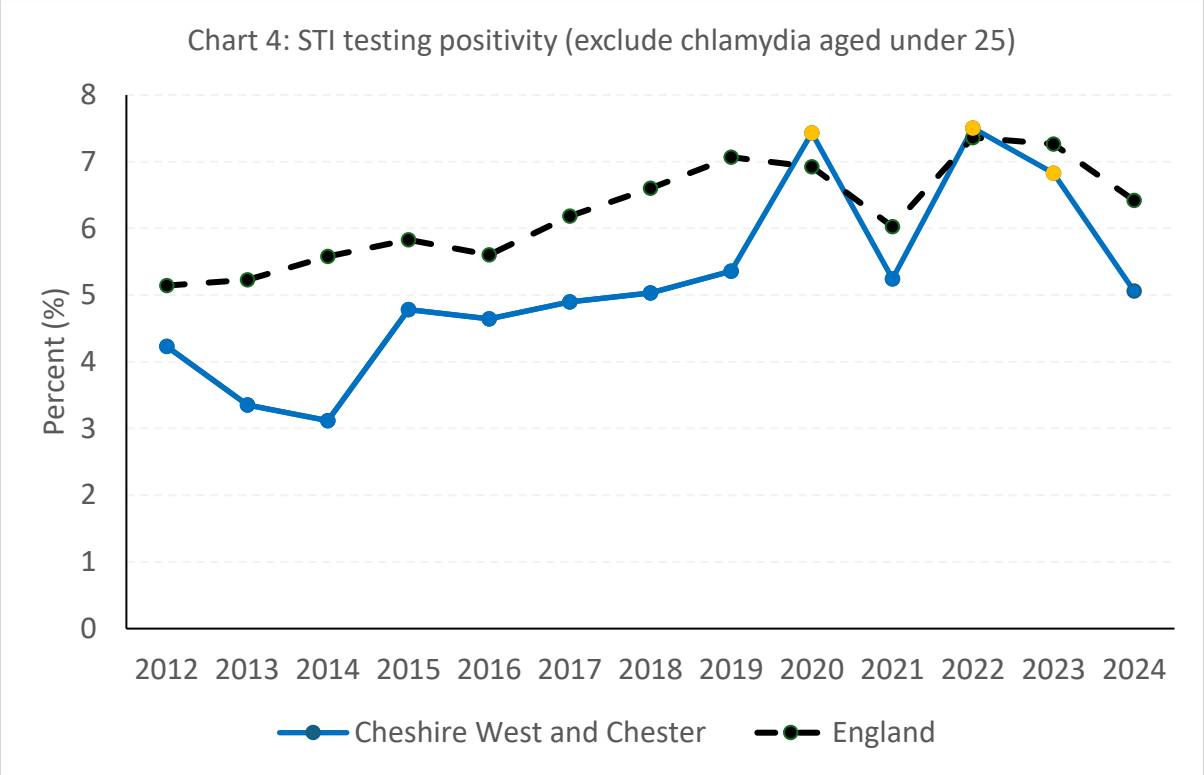
Chart 3: STI testing rate (exclude chlamydia aged under 25) per 100,000



Chlamydia Screening Programme and are reported on separately with different indicators.

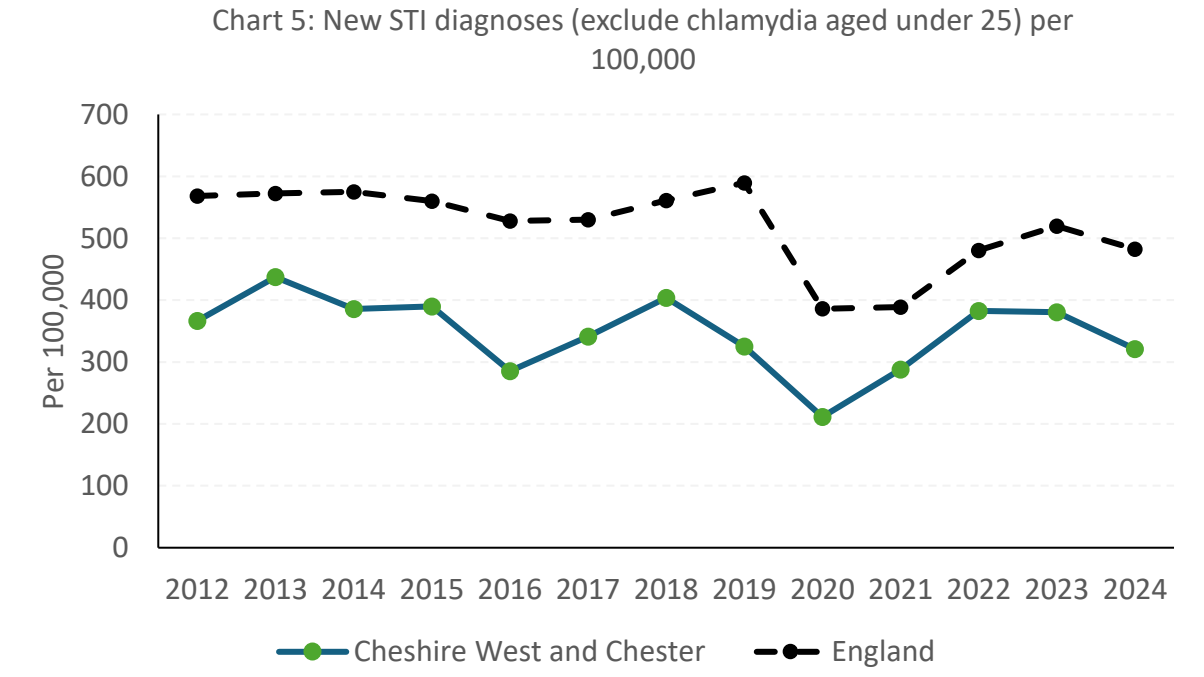
Source: UK Health Security Agency (UKHSA), GUMCAD STI Surveillance System

CW&C has had lower STI testing rates than the England average since records began in 2012. In 2024, CW&Cs testing rate of 2,621.5 per 100,000 is significantly lower than the England average of 4,088.8 per 100,000. The COVID-19 pandemic had a significant impact on STI testing rates, with a drop in testing rates in 2020 in both CW&C and in England as a whole. As Chart 3 and 4 illustrate, testing rates had been steadily increasing but have now plateaued in 2024, but are higher than pre pandemic rates.



Source: UK Health Security Agency (UKHSA), GUMCAD STI Surveillance System

The STI testing rates and testing positivity are reported on to be analysed in conjunction with the New STI diagnostic rate. This STI diagnostic rate is the rate of STI diagnoses excluding chlamydia in under 25 year olds among people accessing sexual health services. The trend is shown in Chart 5.

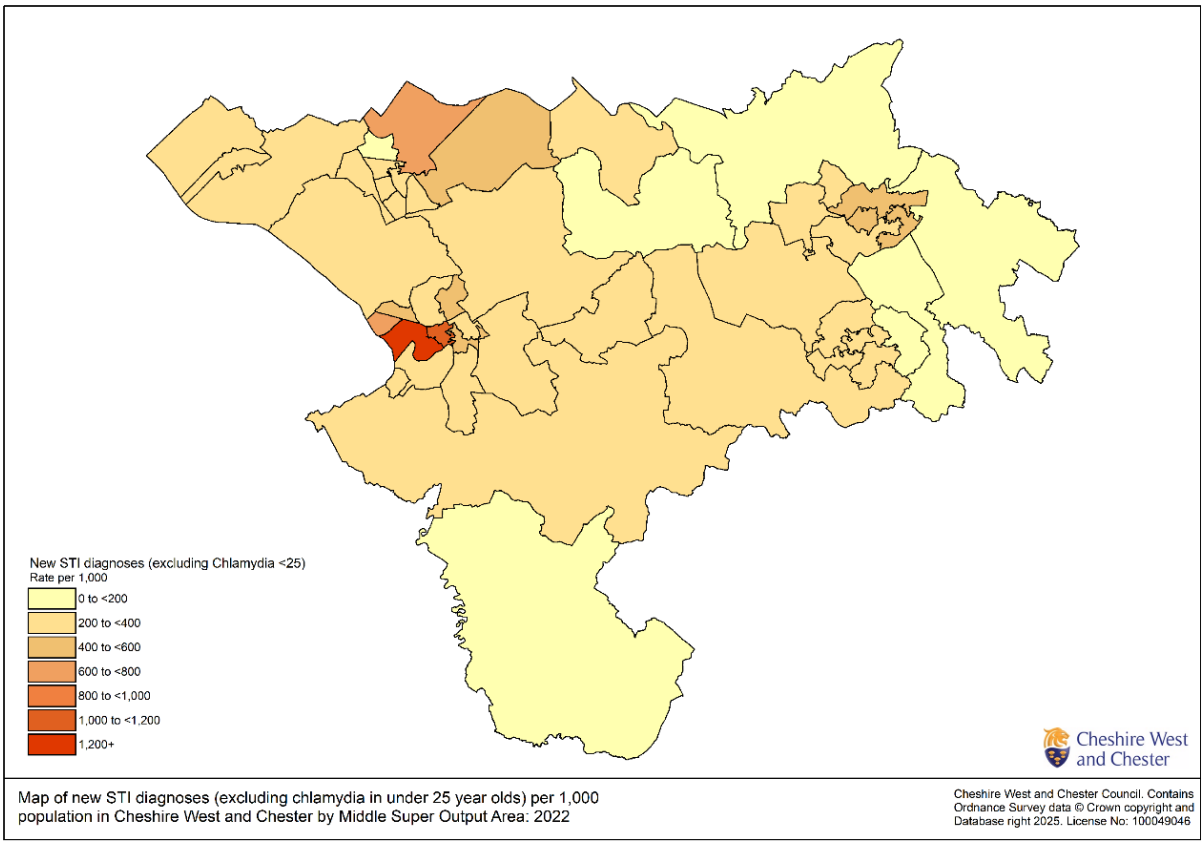


Source: UK Health Security Agency (UKHSA), GUMCAD STI Surveillance System

Cheshire West and Chester has a lower new STI diagnostic rate than the England average. Whilst lower diagnostic rates are generally seen as a good thing, it needs to be considered whether this is partly due to the lower testing rate overall in CW&C. There was a dip in diagnostic rates in 2020 which corresponds with the COVID-19 pandemic when both reduced numbers of tests were carried out and there was reduced social mixing. Diagnostic rates have increased since the pandemic dip in 2020 up to pre-pandemic levels by 2022, although in 2024 the rate fell to 321 per 100,000. There was also a slight decrease in the testing rate between 2022 and 2023. The diagnostic rate is lower than the England rate of 482 per 100,000. This could be in part due to lower testing rates in CW&C rather than because of lower rates of disease.

Map 1 shows new STI diagnosis rates excluding Chlamydia in under 25 year olds in Cheshire West and Chester in 2022 by Middle Super Output Area. As you might expect the highest diagnostic rate is in the Chester city area and rural areas have the lowest diagnosis rates. This geographic spread could be due to higher disease prevalence in the Chester city area, which is plausible given the young population. This might also reflect the relative ease of access to testing at sexual health services in the Chester city area and relative difficulty of access to testing in other areas, especially rural areas.

Map 1: New STI Diagnoses (excluding Chlamydia) in under 25 years olds per 1,000



Source: UKSHA, Summary Profile of local authority sexual health, March 2025

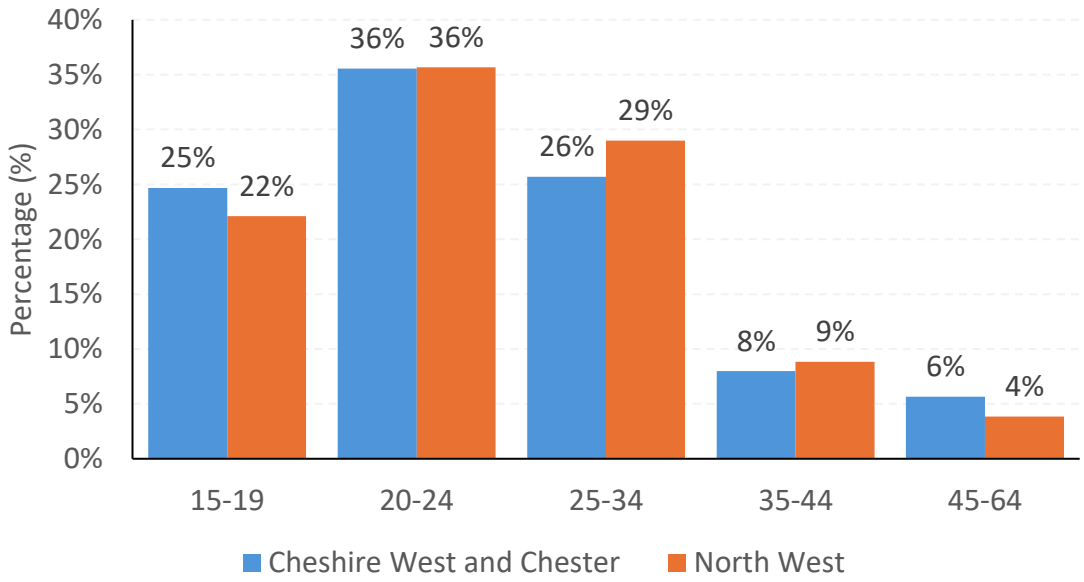
More detailed analysis of specific STIs including chlamydia, gonorrhoea and syphilis are highlighted below.

4.2. Chlamydia

Chlamydia often has no symptoms but, if left untreated can have serious and potentially life-threatening health complications including pelvic inflammatory disease, ectopic pregnancy and tubal factor infertility[18].

Chlamydia can affect people of any age but is more common at younger ages. Chart 6 shows the proportion of chlamydia diagnoses by age in CW&C and the North West.

Chart 6: Proportion of Chlamydia diagnoses at sexual health services in Cheshire West and Chester and North West by age, group, (GU and non GUM services), 2023



Source: UKHSA STI HIV Data exchange

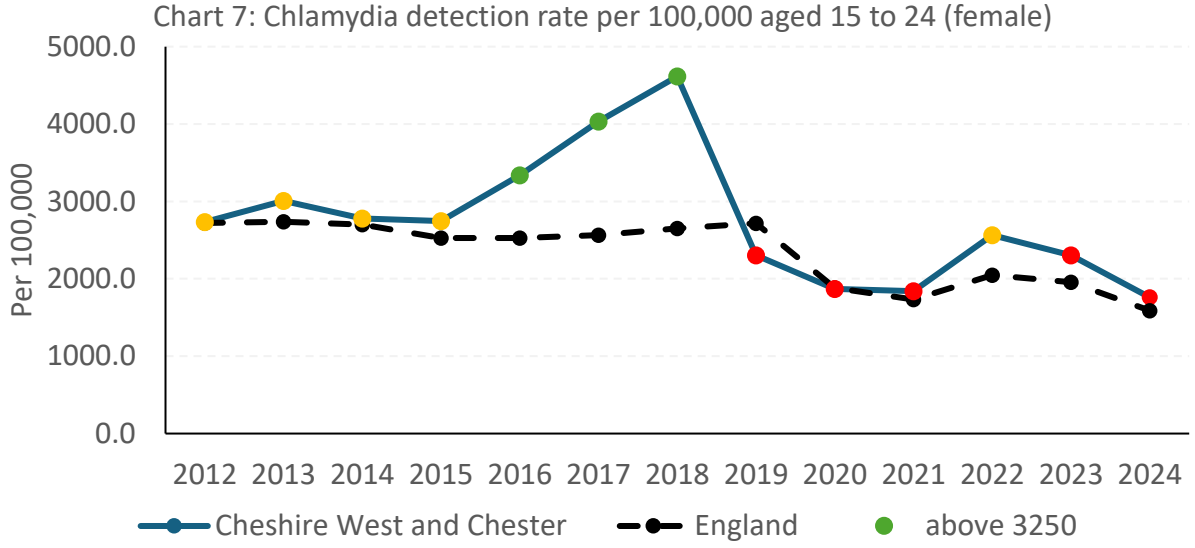
4.2.1. The National Chlamydia Screening Programme (NCSP)

Chlamydia is the most common STI nationally and in CW&C. The prevalence of infection is highest in young people aged under 25[19]. However, this does not mean that people over 25 are not at risk. In England, the National Chlamydia Screening Programme (NCSP) has the primary aim to reduce health harm caused by untreated chlamydia infection in young people aged 15-24, with secondary aims of reducing re-infections and onward transmission of chlamydia and raising awareness of good sexual health[19]. In June 2021 the primary aim of the NCSP changed to focus on reducing reproductive harm in young women. Further to this, proactive screening under the NCSP is now for young women aged 15-24 only. Whilst everyone can still get tested if they need to or wish to be screened, this is outside of the remit of the NCSP[19].

As part of the NCSP, the UKHSA recommends that local authorities should be working towards achieving a chlamydia detection rate of at least 3,250 per 100,000 female population aged 15-24. The recommendation has been set at that level to encourage a high volume of screening and diagnoses, be ambitious but achievable, and high enough to encourage community screening rather than only through specialist sexual health clinics. This, in turn, will result in a chlamydia prevalence reduction according to mathematical modelling[20]. In light of this, chlamydia detection rates can be RAG rated with a detection rate of >3,250 per 100,000 rated as green, a detection rate of between 2,400 and 3,250 per 100,000 rated as amber and a detection rate of <2400 rated as red.

Chart 7 shows the chlamydia detection rate in females aged 15-24 in Cheshire West and Chester over time, compared to the England average.

Chart 7: Chlamydia detection rate per 100,000 aged 15 to 24 (female)

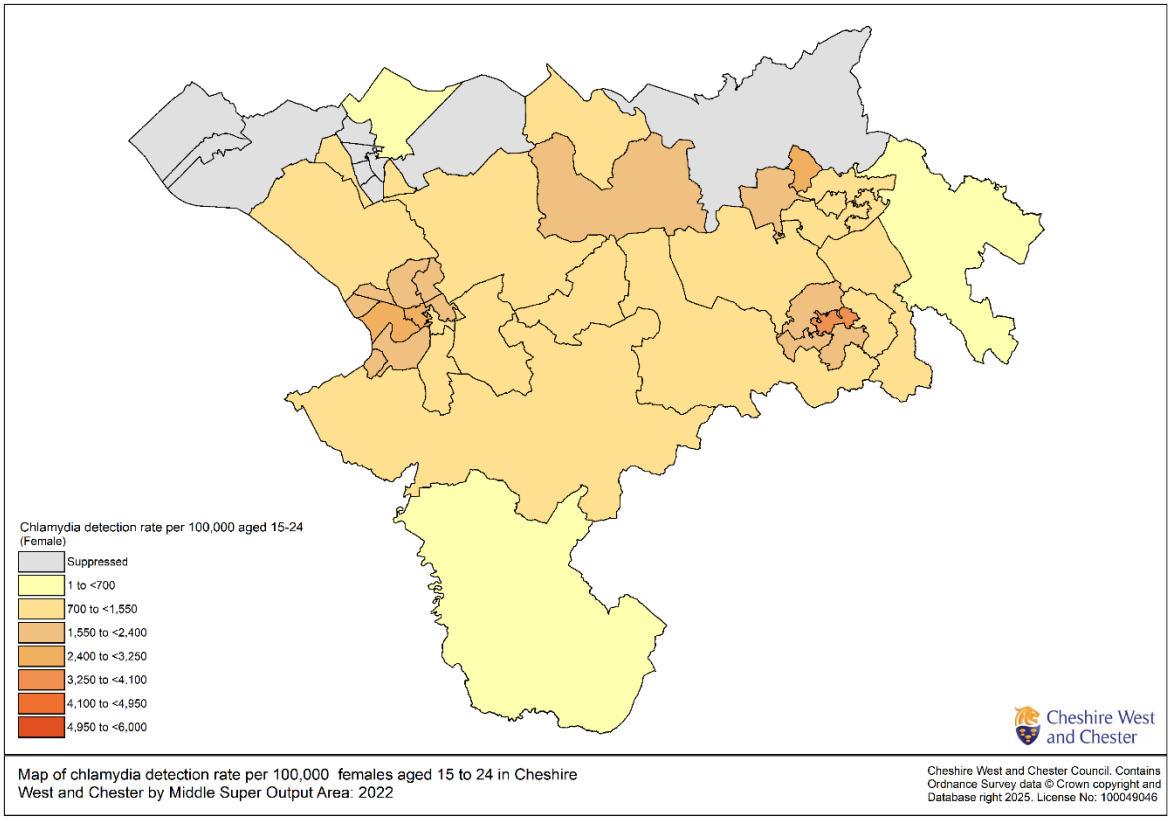


Source: UK Health Security Agency (UKHSA), GUMCAD STI and CTAD Chlamydia Surveillance Systems

The target detection rate of 3,250 per 100,000 has never been reached nationally overall as the England average. There was a slight dip in chlamydia detection rates in 2020 and 2021 which corresponds to the timing of the COVID-19 pandemic when there was reduced access to health services and social mixing. Chlamydia detection rates in CW&C recovered to pre-pandemic levels in 2022 but decreased in 2023 and again in 2024. Cheshire West and Chester's rates are slightly above the England average in 2024 at 1,760 per 100,000 compared to the England average rate of 1,589 per 100,000. Both these rates are still some way off the target detection rate of 3,250 per 100,000. Chlamydia detection rates in CW&C were especially high in 2018 but dropped between 2018 and 2019. It is unclear why this was the case, but it might be related to a change in the delivery and administration of sexual health services at that time. Cheshire West and Chester's current rates are now in line with the England average.

Map 2 shows a map of the chlamydia detection rate per 100,000 females aged 15-24 in 2022 in Cheshire West and Chester by Middle Super Output Area.

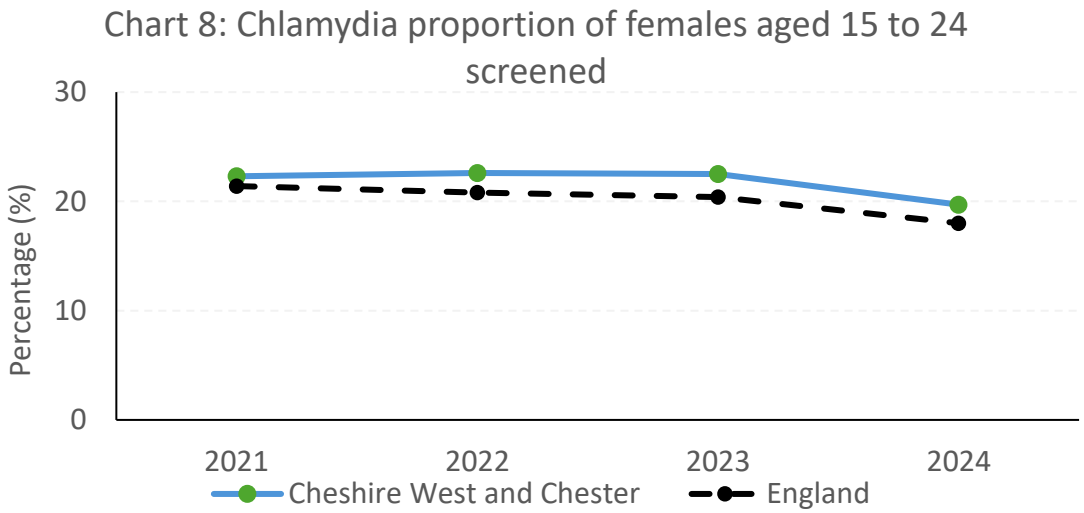
Map 2: Chlamydia detection rate per 100,000 females aged 16 to 24 in CW&C



Source: UKSHA, Summary Profile of local authority sexual health, March 2025

This shows that detection rates are slightly higher in more urban areas of Chester city, Winsford and Northwich but are lower in rural areas such as Malpas and Shakerley ward. This roughly follows the pattern of deprivation where you might expect disease prevalence to be higher. However, it could also be reflecting the relative ease in accessing testing in urban areas compared with relative difficulty in accessing testing in rural areas. Considering all of this, it would be reasonable to expect detection rates to be higher in the wards in and around Ellesmere Port, which is also a relatively deprived urban area. Yet, the map demonstrates the detection rate to be either low or suppressed in that area, which is unexpected. The reasons behind this should be investigated further.

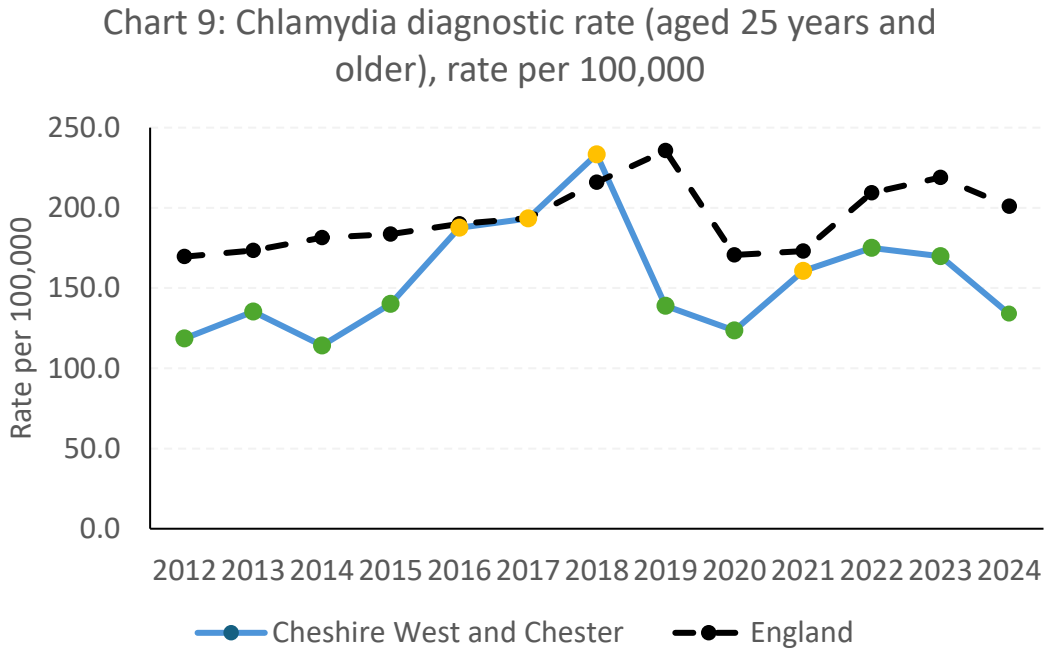
The proportion of females aged 15-24 screened is calculated using the number of chlamydia tests carried out in this population divided by the total population and multiplied by 100 to give a percentage. Chart 8 shows that since 2021 the proportion of young females screened in the NCSP is slightly above the England average and in 2024 stands at 19.7% screened. This is a decrease from previous years.



Source: UK Health Security Agency (UKHSA), GUMCAD STI and CTAD Chlamydia Surveillance Systems

4.2.2. Chlamydia outside of the remit of the NCSP (over 25s)

Although the prevalence of chlamydia infection is highest in young people aged under 25[19] this does not mean that people over 25 are not at risk. It is still the most common STI in people aged over 25. There is data available on fingertips in the form of chlamydia diagnosis rates for people aged 25 and over. Chart 9 shows the trend over time of the Chlamydia diagnosis rate in over 25s in Cheshire West and Chester, and England.



Source: UK Health Security Agency (UKHSA), GUMCAD STI and CTAD Chlamydia Surveillance Systems

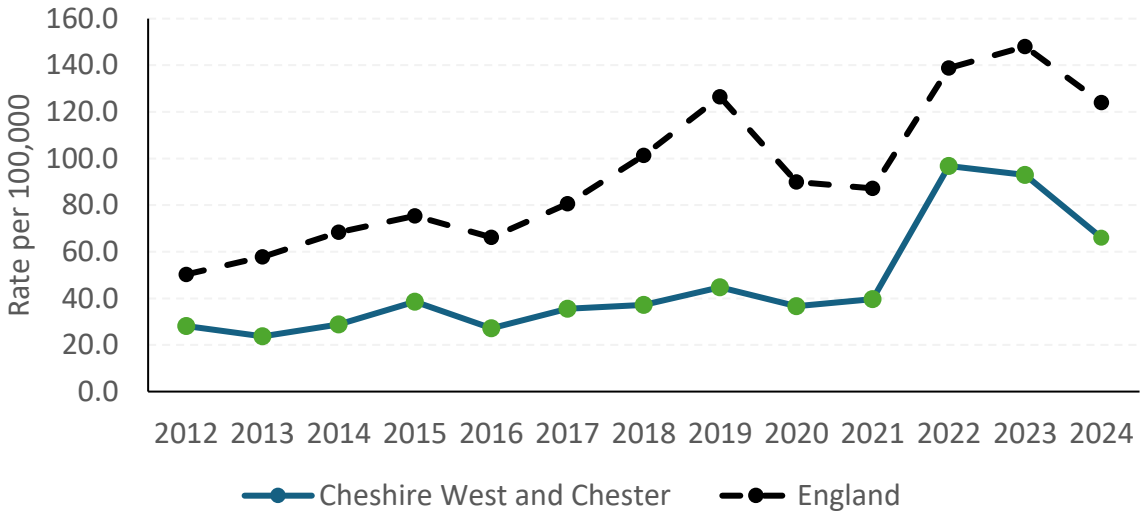
The Chlamydia diagnosis rate (aged 25 years and over) dropped in 2020 in both CW&C and in England, corresponding to the COVID-19 pandemic and associated reduced testing and social mixing. However, in CW&C the rate increased back to pre-pandemic levels in 2021 but has seen a decrease in 2023 and 2024. In 2024, the diagnosis rates in CW&C are significantly lower than the England average at 134 per 100,000 and 201 per 100,000, respectively. It is difficult to surmise whether this reflects reduced STI testing rates or lower disease prevalence in CW&C. Chlamydia diagnosis rates (aged 25 and over) in CW&C were especially high in 2018 and a drop in rates was seen between 2018 and 2019. It is unclear why this was the case, but it might reflect a change in the delivery and administration of sexual health services at that time.

4.3. Gonorrhoea

Detection and treatment of gonorrhoea is important, because like other STIs, it can lead to serious and potentially life-threatening health consequences if left undiagnosed or untreated[11]. Increasing resistance and decreased susceptibility to antimicrobials used to treat STIs has reduced treatment options, which is a concern, especially for gonorrhoea[11].

Chart 10 demonstrates the diagnosis rates of gonorrhoea in people accessing sexual health services in CW&C and England

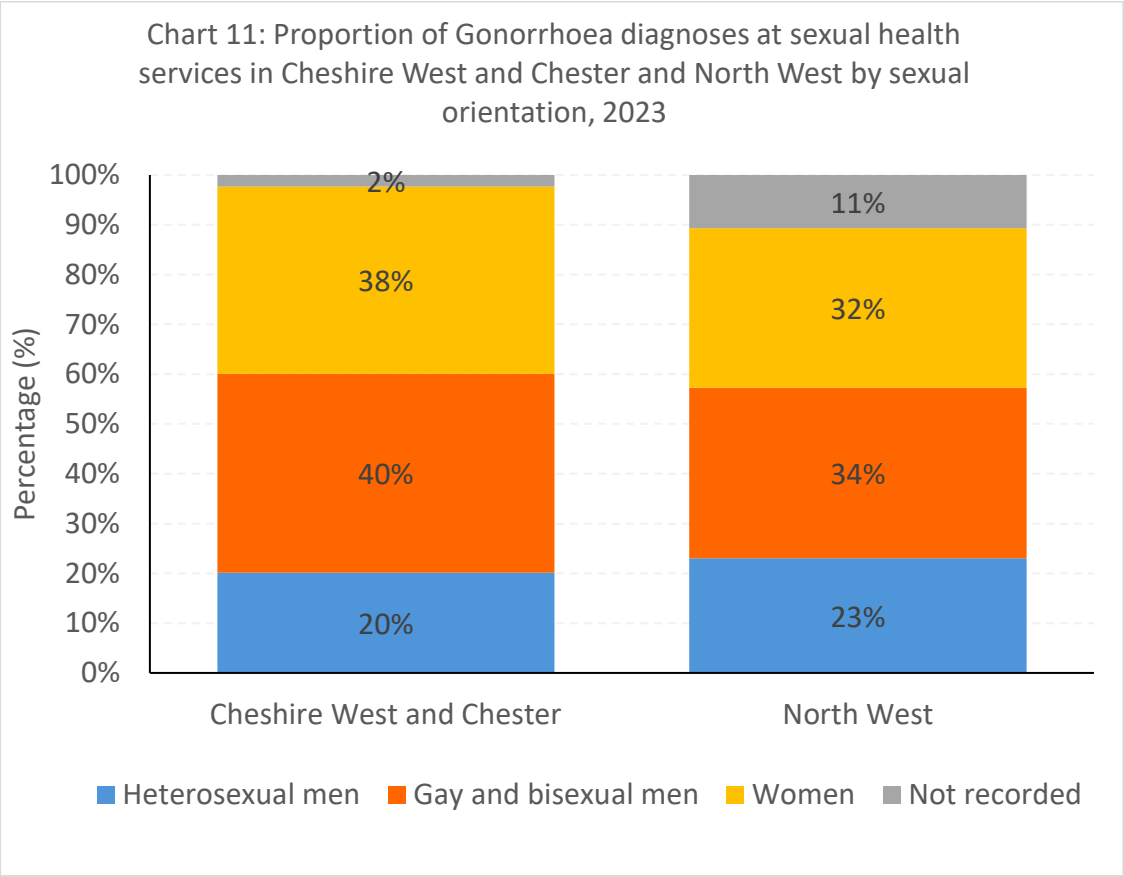
Chart 10: Gonorrhoea diagnostic rate per 100,000



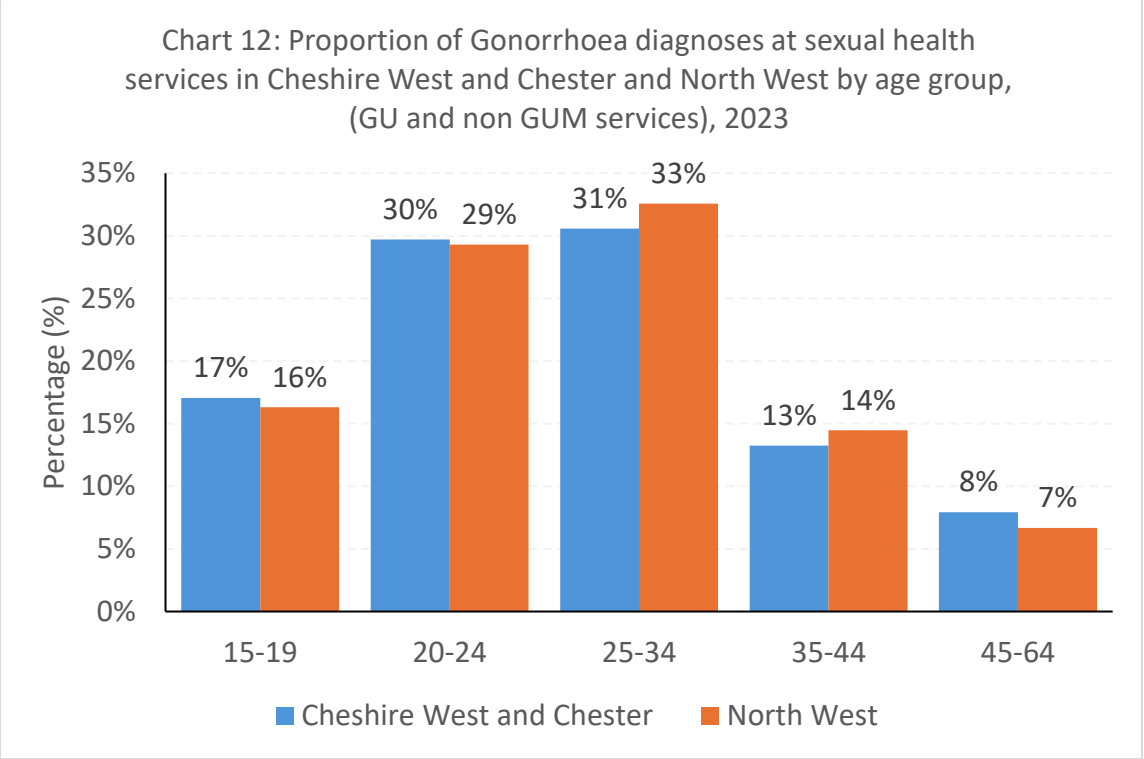
Source : UKHSA, GUMCAD STI surveillance system

In 2022, there was some concern that rates of gonorrhoea were increasing exponentially, following a dip in 2020 due to the COVID-19 pandemic. However, in CW&C this exponential increase seen between 2021 and 2022 has not been sustained with rates reducing in 2024 to 66 per 100,000. The data shows that gonorrhoea diagnosis rates CW&C are below the England average. This could be due to reduced STI testing rates or lower disease prevalence in CW&C.

Using data from specialist sexual health services, we have further analysed demographic data regarding our rates of gonorrhoea in CW&C. Males in CW&C accounted for 60% of patients being diagnosed with gonorrhoea in 2023, a higher proportion compared to the North West at 57%. Proportions of females being diagnosed with gonorrhoea in CW&C is also higher compared to the North West at 38% and 32%, respectively. Charts 11 and 12 show the proportion of gonorrhoea diagnoses by sexual orientation and by age. Chart 11illustrates that gonorrhoea is predominantly affecting women and gay and bisexual men, although heterosexual men are still affected (20% of infections). Chart 12 shows that gonorrhoea is affecting all age groups but particularly those under the age of 35.



Source: UKHSA STI HIV Data exchange



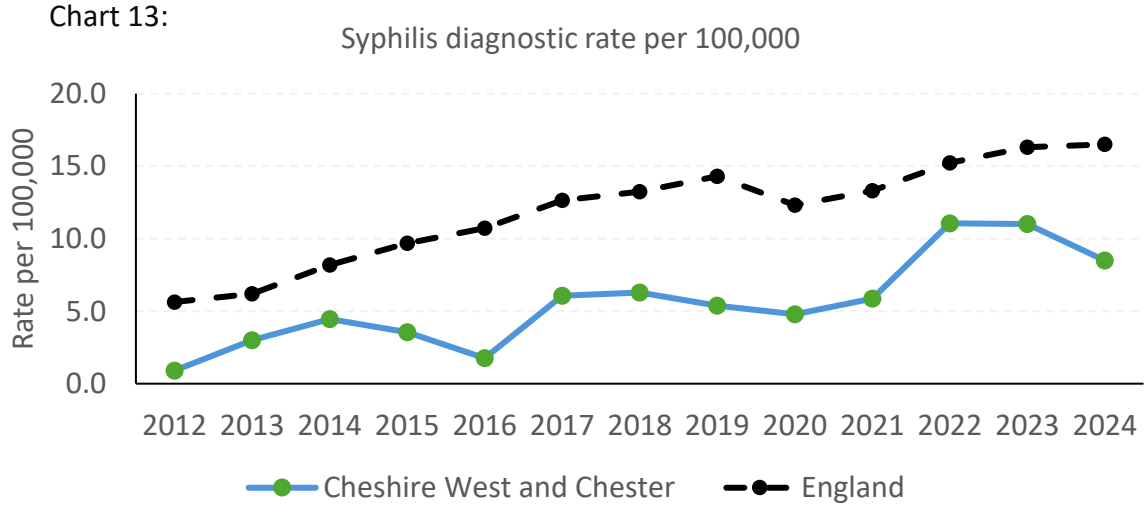
Source: UKHSA STI HIV Data exchange

4.4. Syphilis

Although a less common STI than chlamydia and gonorrhoea, syphilis is important because if left untreated, it can cause serious and potentially life-threatening problems, affecting the heart, brain, nerves, skin, bones, testicles, liver and other organs[21].

Chart 13 shows the diagnosis rates of syphilis in people accessing sexual health services in CW&C and England.

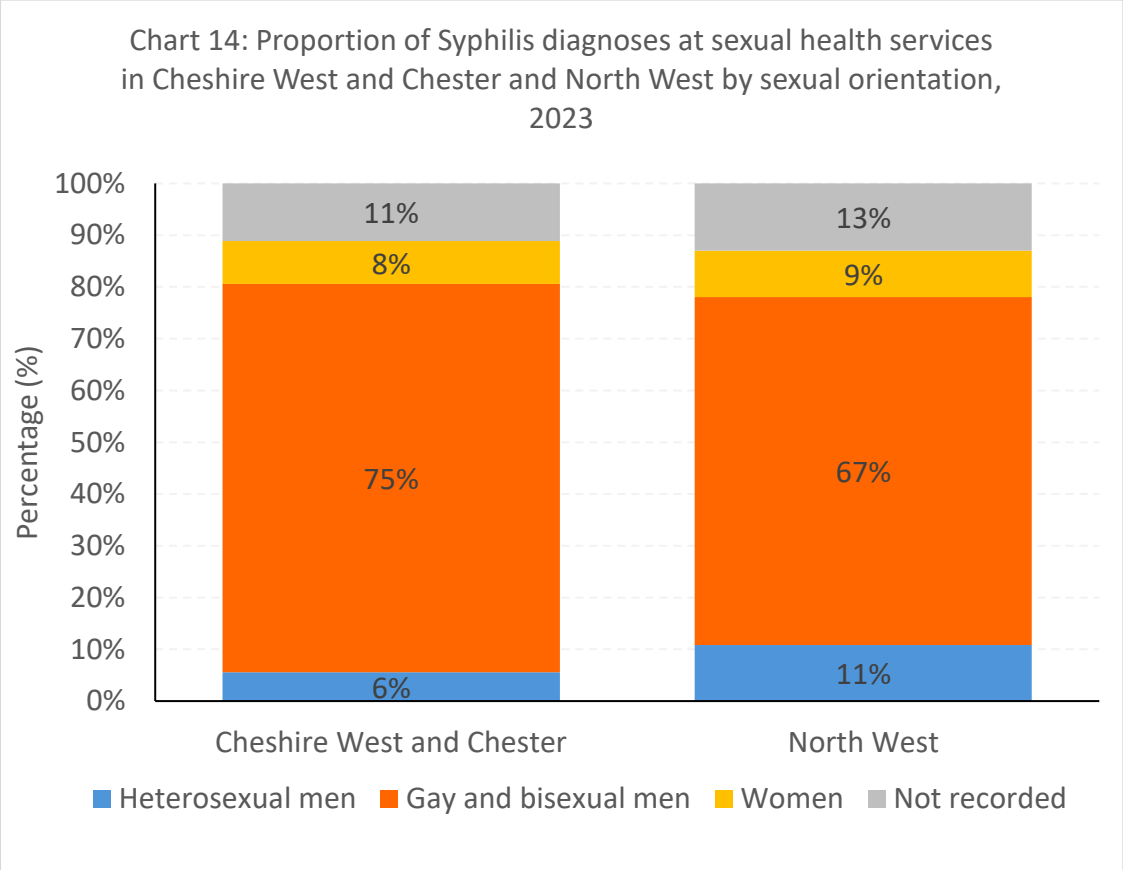
Chart 13:



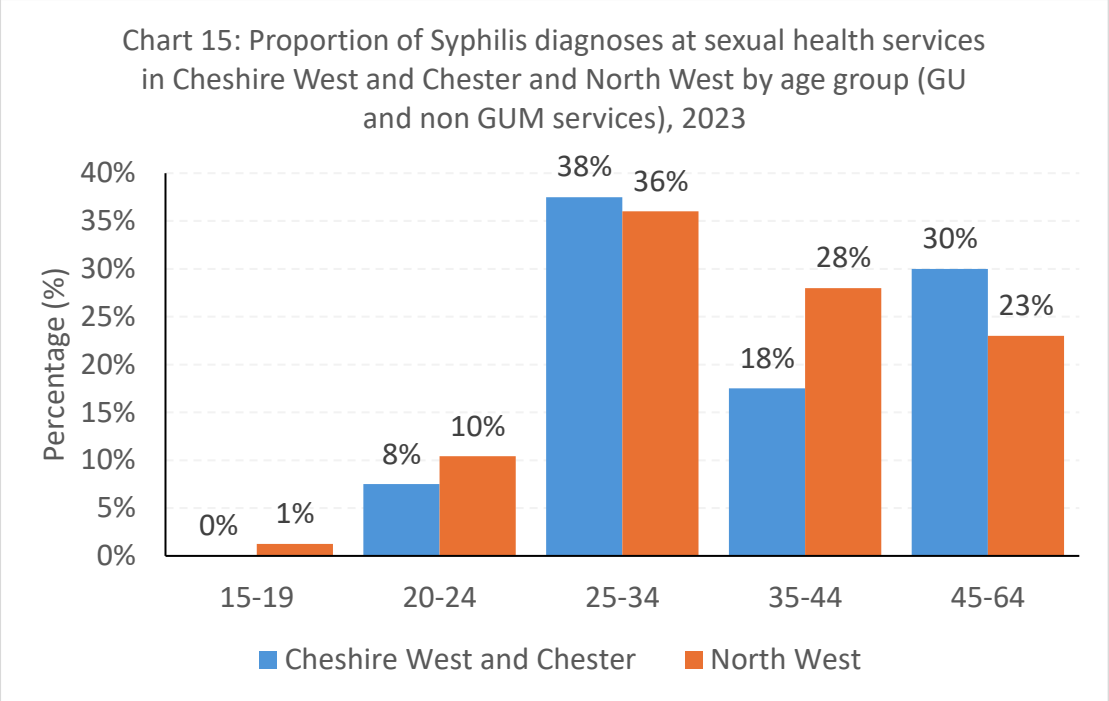
Source: UK Health Security Agency (UKHSA), GUMCAD STI Surveillance System

England as a whole saw syphilis diagnosis rates continue to rise in 2024 to16.5 per 100,000, but CW&C experienced a decrease to 8.5 per 100,000. Similar to the trend observed with gonorrhoea, there was concern in 2022 that rates of syphilis were increasing exponentially following a dip in 2020 due to the COVID-19 pandemic. Again, in CW&C the exponential increase seen between 2021 and 2022 has not been sustained. The lower than average syphilis rates in CW&C may be due to reduced STI testing rates or lower disease prevalence.

Using data from specialist sexual health services we have further analysed demographic data regarding our rates of syphilis in CW&C. Males in CW&C accounted for 83% of patients being diagnosed with syphilis in 2023 and only 8% of infections were diagnosed in females. Charts 14 and 15 show the proportion of syphilis diagnoses by sexual orientation and by age. These illustrate that syphilis is predominantly affecting gay and bisexual men who account for 75% of syphilis infections. Syphilis is also affecting an older age demographic than chlamydia and gonorrhoea, with a large proportion of infections occurring in people aged over 25.



Source: UKHSA STI HIV Data exchange



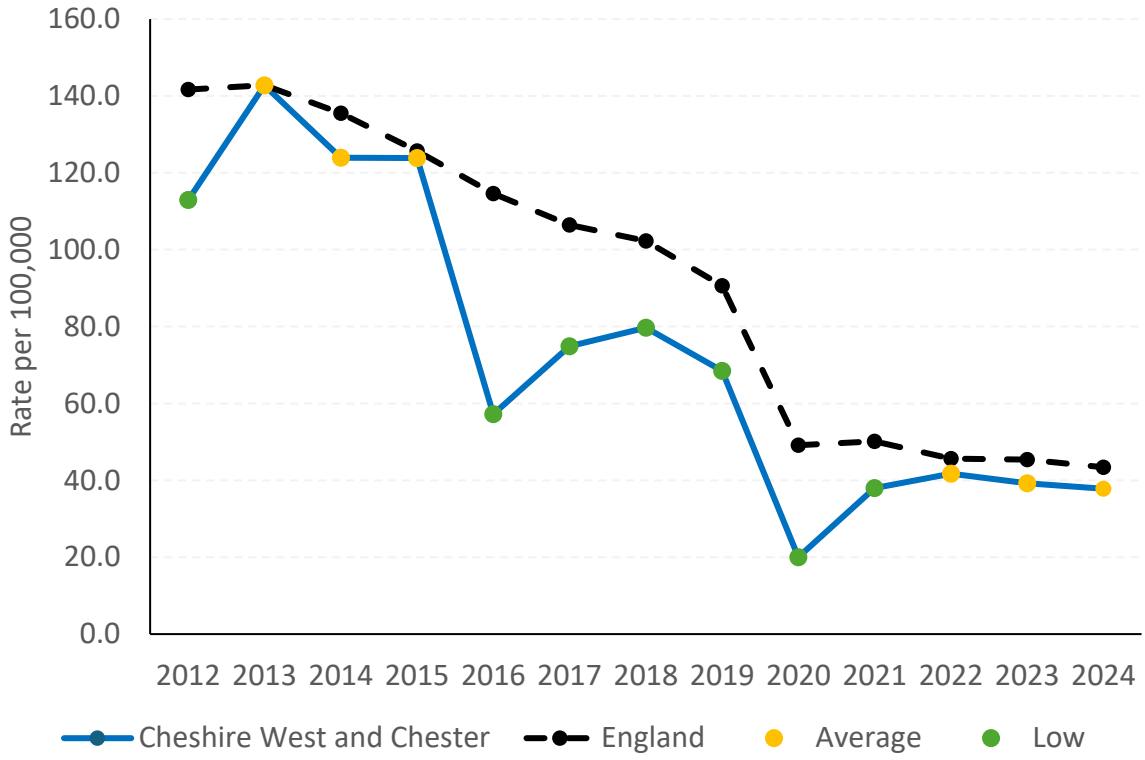
Source: UKHSA STI HIV Data exchange

4.5. Other STIs

4.5.1. Genital Warts

Genital warts are the third most commonly diagnosed STI in the UK and are caused by infection with specific sub types of human papillomavirus (HPV). Recurrent infections are common with patients returning for treatment[20]. Chart 16 shows the trend in genital wart diagnostic rates over time in CW&C compared with the England average.

Chart 16: Genital warts diagnostic rate per 100,000



Source: UK Health Security Agency (UKHSA), GUMCAD STI Surveillance System

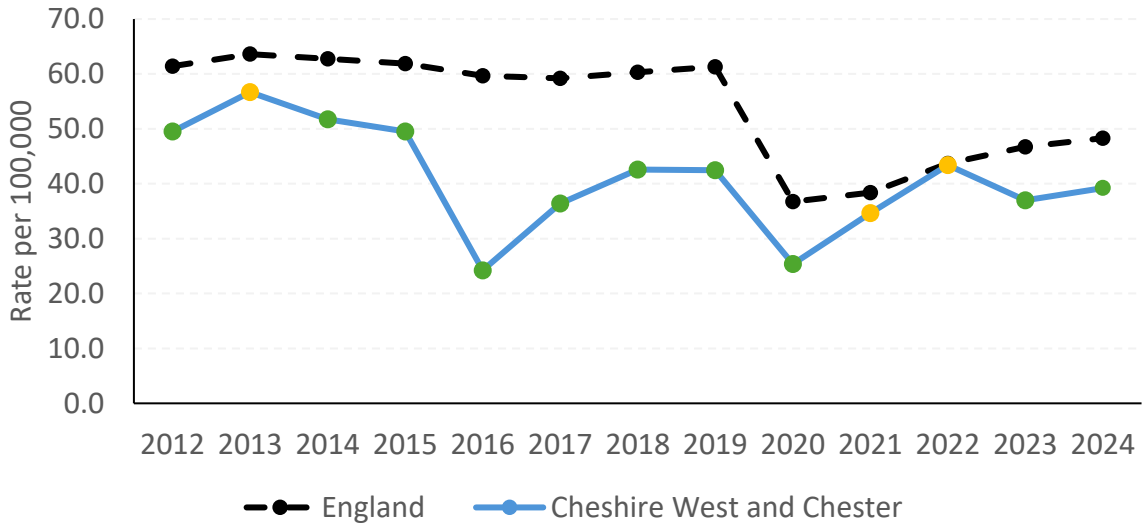
The rate of genital warts has generally declined over the last 10 years, which is thought to be largely due to the introduction of the universal HPV vaccination programme in 2008[22] and the national HPV vaccination programme for MSM, which began in 2018[23]. A dip in the rate of genital warts was seen in 2020 which coincides with the COVID-19 pandemic when there was reduced access to health services for diagnosis and reduced social mixing. The rate increased again in 2021 and has remained similar to 2024. CW&C's rate is similar to the England average rate at 37.8 per 100,000 and 43.4 per 100,000, respectively.

4.5.2. Genital Herpes

Genital herpes is the most common ulcerative sexually transmitted infection seen in England. Recurrent infections are common with patients returning for treatment[20].

Chart 17 shows the rate of genital herpes per 100,000 population in CW&C and England.

Chart 17: Genital herpes diagnosis rate per 100,000



Source: UK Health Security Agency (UKHSA), GUMCAD STI Surveillance System

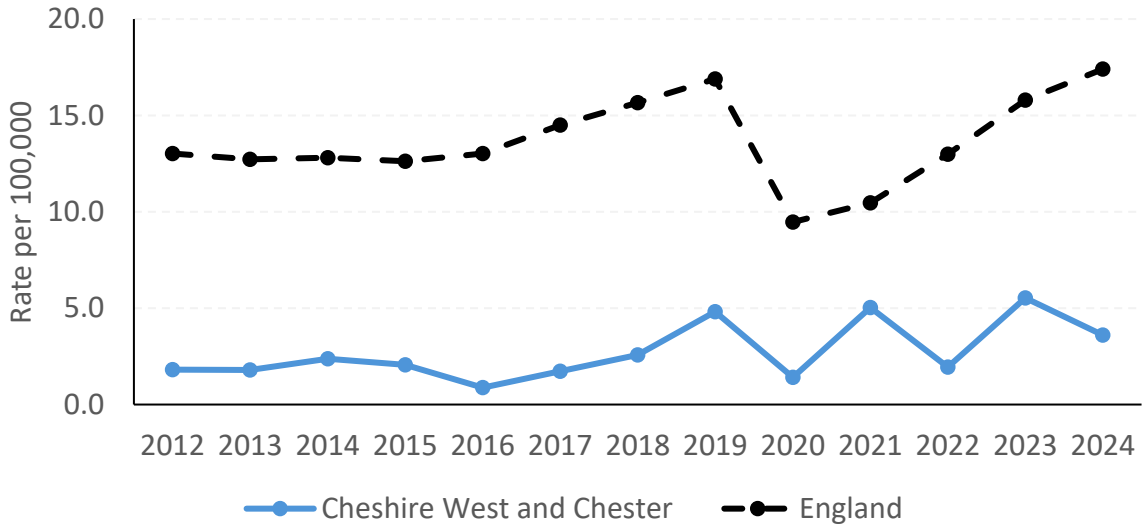
Rates of genital herpes, like many other STIs saw a dip in 2020, likely due to the COVID-19 pandemic. Rates of genital herpes returned to pre-pandemic levels in CW&C by 2022. The current diagnosis rate is significantly better than the England average at 39.2 per 100,000 compared to 48.3 per 100,000.

4.5.3. Trichomoniasis

Trichomoniasis is a curable sexually transmitted infection, predominantly affecting people aged 15 to 49 years[20]. The reduction of new cases by 50% worldwide by 2030 is one of the targets set in the World Health Organization (WHO) Global HIV, Hepatitis and STI Programmes, 2022-2030[24]. Trichomoniasis is linked to adverse birth outcomes and, although uncommon, perinatal transmission can occur leading to neonatal infection. Trichomoniasis is associated with increased risk of pelvic inflammatory disease and increased risk of HIV acquisition. In men it is associated with increased risk of epididymitis, prostatitis and decreased sperm motility[25]. Worldwide, approximately one third of new infections in 15–49-year-olds occur in the WHO African region, followed by the Region of the Americas[25]. In the UK in 2019 the trichomoniasis rate in ethnic minority groups was nine times that of the general population[15].

In CW&C, trichomoniasis is not a common diagnosis. There were 13 cases of trichomoniasis in 2024 and 20 in 2023. The rate of trichomoniasis in 2024 was 3.6 per 100,000 which is significantly lower than the England rate of 17.4 per 100,000. This might be reflective of the lower-than-average proportion of ethnic minority people in the population of CW&C. Chart 18 shows the trend over time in the rate of trichomoniasis in CW&C compared to the England average rate.

Chart 18: Trichomoniasis diagnostic rate per 100,000

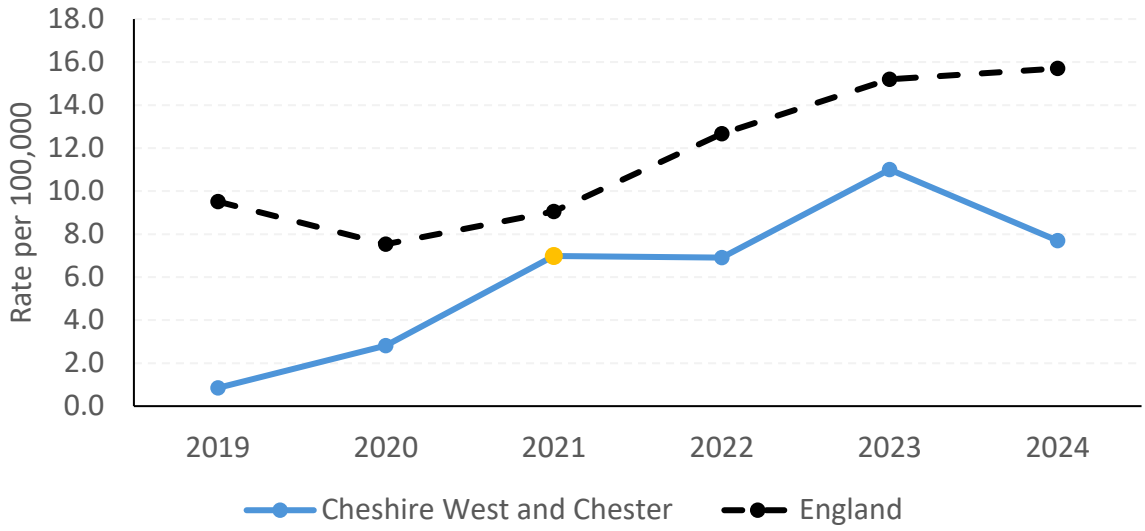


Source: UK Health Security Agency (UKHSA), GUMCAD STI Surveillance System

4.5.4. Mycoplasma genitalium

Mycoplasma genitalium (M. genitalium) is a sexually transmitted pathogen associated with acute and chronic non-gonococcal urethritis (NGU) in men. A growing body of evidence also suggests its association with post coital bleeding and cervicitis, endometritis and pelvic inflammatory disease (PID) in cisgender women[20]. Most people infected in the genital tract do not develop disease. Current treatment for M. genitalium is imperfect and associated with development of antimicrobial resistance[20] leading to concerns about it becoming a "superbug." Rates of M. genitalium are rising gradually in both CW&C and nationally although rates are not high. There were 28 cases in CW&C in 2024, equating to a rate of 7.7 per 100,00 which is lower than the England average rate of 15.7 per 100,000. Chart 19 shows the trend in M. genitalium rates over time.

Chart 19: Mycoplasma genitalum diagnostic rate per 100,000



Source: UK Health Security Agency (UKHSA), GUMCAD STI Surveillance System

4.5.5. Shigella spp.

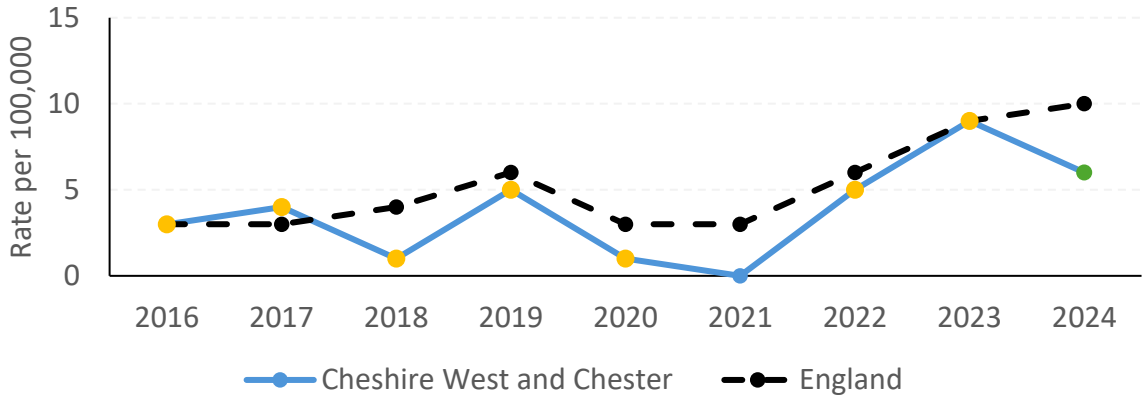
Shigellosis, also known as bacillary dysentery, is caused by infection with Shigella bacteria. It can cause severe illness, requiring admission to hospital for treatment. Transmission is via the faeco-oral route and is associated with the following:

- travel to countries with poor sanitation
- transmission between young children and their caregivers in household, nursery or school settings
- close sexual contact amongst men who have sex with men (MSM).

Infections amongst MSM have been increasing over the past decade and circulating strains are becoming multi or extensively resistant to antibiotics. Shigella is a notifiable infection reported through laboratory surveillance. As information on sexual orientation is not collected within laboratory surveillance data, reports of infections among adult males with no recent history of foreign travel are used as a proxy for domestically acquired infections in gay, bisexual and other men who have sex with men. Previous research has validated the use of this proxy[20].

There is data available on fingertips which shows the rate of shigella in CW&C that is sexually acquired in the UK between gay, bisexual and other men who have sex with men. It is expressed as a rate per 100,000 adult male population. The trend is demonstrated in Chart 20 alongside the England average rate.

Chart 20: Sexually transmitted Shigella spp. per 100,000 adult males



Source: UK Health Security Agency (UKHSA), Second Generation Surveillance System (SGSS)

There was a total of six cases of locally sexually transmitted shigella in CW&C in 2024, a decrease from the previous year despite the rate increasing nationally. In CW&C the rate in 2024 was 4 per 100,000, significantly better than the England rate of 10 per 100,000.

4.5.6. Mpox (Formerly Monkeypox)

Mpox is a rare infection most commonly found in parts of central and east Africa. There are two types of Mpox: Clade I and Clade II. The risk of acquiring it in the UK is low for most people[26]. In May 2022 an outbreak of Mpox was identified in the UK[27]. Cases have involved mainly, although not exclusively, gay, bisexual and other men who have sex with men (GBMSM)[27]. Vaccines developed to protect against smallpox have been approved for use in the prevention of Mpox and are given to people in the UK who have had contact with someone who has Mpox, and offered through sexual health services to those who are at an increased risk of acquiring Mpox (for example some GBMSM)[26 27]. CW&C have had a very small number of cases of Mpox.

4.5.7. Hepatitis B

Hepatitis B is a vaccine preventable liver infection that is spread through blood, semen and vaginal fluids. The chance of getting it in the UK is low. A vaccine is available for individuals at high risk or travelling to a country where it is more common[28]. Hepatitis B can be contracted from having vaginal, anal or oral sex without a condom, sharing needles or having a tattoo or piercing with unsterilised equipment, or having a blood transfusion in a country that does not check for hepatitis B. It can also be passed on from mother to baby during pregnancy or birth.

Most people do not have any lasting problems after having a hepatitis B infection. If left untreated, chronic hepatitis B can cause liver damage (cirrhosis) and increase your risk of getting liver cancer[28]. The majority of cases of hepatitis B are in migrants who have acquired infection overseas in endemic countries prior to arrival in the UK. Communities at higher risk of contracting hepatitis B in the UK include people who inject drugs, gay, bisexual and

men who have sex with men (GBMSM) who are having sex with multiple partners, sex workers, and people detained in prisons or immigration detention centres[29].

Testing for hepatitis B is available through sexual health services, drug and alcohol services, antenatal services and GPs. At risk groups (for example GBMSM) should have regular testing as part of a regular routine sexual health check-up[29]. Vaccination for hepatitis B is available for at risk individuals at sexual health clinics and GPs. Case numbers for new hepatitis B diagnoses in CW&C are low. According to fingertips, there were four new diagnoses of hepatitis B between 2019 and 2021[30].

4.5.8. Hepatitis C

Hepatitis C is a virus that can infect the liver, which, if left untreated, can sometimes cause serious and potentially life-threatening damage to the liver over many years.

But with modern treatments, it is possible to cure the infection, and most people with it will have a normal life expectancy. You can become infected with it if you come into contact with the blood of an infected person[31]. Infection can be spread through sharing unsterilised needles, sharing razors or toothbrushes, a pregnant woman to her unborn baby and through unprotected sex. In the UK, most hepatitis C infections occur in people who inject drugs or have injected them in the past[31]. However, GBMSM and people living with HIV are also risk groups for hepatitis C. BASHH guidelines on testing for STIs advises Hepatitis C should be screened for (asymptomatic) in GBMSM at risk of blood borne viruses, trans people, people who inject drugs and people living with HIV[32]. Hepatitis C testing is available in sexual health services, drug and alcohol services and at other NHS services. The Hepatitis C detection rate in CW&C in 2022 was 22.0 per 100,000 which is similar to the England average of 25.1 per 100,000[34].

5. Human Immunodeficiency Virus (HIV)

5.1. Background

HIV (human immunodeficiency virus) is a virus that damages the cells in your immune system and weakens your ability to fight everyday infections and disease. AIDS (acquired immune deficiency syndrome) is the name used to describe several potentially life-threatening infections and illnesses that happen when your immune system has been severely damaged by the HIV virus. While AIDS cannot be transmitted from one person to another, the HIV virus can.

There is currently no cure for HIV, but there are very effective drug treatments that enable most people with the virus to live a long and healthy life. With an early diagnosis and effective treatments, most people with HIV will not develop any AIDS-related illnesses and will live a near-normal lifespan[34].

The most common way of acquiring HIV in the UK is through having anal or vaginal sex without a condom. It may also be possible to contract HIV through oral sex, but the risk is much lower[34].

Other ways of getting HIV include:

- sharing needles, syringes or other injecting equipment
- transmission from mother to baby during pregnancy, birth or breastfeeding
- being exposed to HIV through needlestick or sharps injury.

It is also possible to contract HIV from receiving a blood transfusion, blood products or an organ transplant that is contaminated with HIV where the products have not been strictly screened for infections such as HIV.

People with HIV who have been on treatment and show undetectable levels of the virus for at least six months are unable to pass HIV on. While preventing morbidity and mortality through accessing HIV testing and care is important, reducing the number of people who are unaware of their HIV infection is also important to prevent onward transmission[35]. Since people can live with HIV for many years without being aware of the virus, it is difficult to measure transmission of HIV.

Late diagnosis is the most important predictor of morbidity and premature mortality among people with HIV infection and increases the risk of onward transmission[36]. In 2020, the coronavirus (COVID-19) pandemic impacted on the delivery and the public health progress to tackle the HIV epidemic. Numbers having an HIV test fell and the number of people living with diagnosed HIV but not in contact with HIV services doubled[37].

5.1.1. The Fast-Track Cities initiative[38]

The Fast-Track Cities initiative is a global partnership between cities and municipalities around the world and four core partners – the International Association of Providers of AIDS Care (IAPAC), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Human Settlements Programme (UN-Habitat), and the City of Paris.

Mayors and other city/municipal officials designate their cities as Fast-Track Cities by signing the Paris Declaration on Fast-Track Cities, which outlines a set of commitments to achieve the initiative's objectives, focused on achieving zero HIV-Related Stigma and the 95-95-95 targets on a trajectory towards getting to Zero New HIV Infections and Zero AIDS-Related Deaths by 2030[39].

The cities of Liverpool and Manchester in the North West are all fast-track cities and CW&C is currently considering becoming a Fast-Track City[38].

5.1.2. National Strategy for HIV: Towards zero – An action plan towards ending HIV transmission, AIDS and HIV-related deaths in England 2022-2025[36]

This government policy paper published in 2021 sets out the government's commitment to zero new transmissions of HIV by 2030 and a plan for how to achieve it. The action plan has four key areas and objectives: Prevent, test, treat and retain.

5.1.3. National Trends in HIV

The recent decline in new HIV diagnoses in England has largely been driven by reductions in diagnoses in gay and bisexual men who accounted for 41% of all new diagnoses first made

England in 2019. HIV had a disproportionate impact on gay and bisexual men, however the gap between gay and bisexual men and the heterosexual population in terms of numbers of new diagnoses is narrowing.

5.1.4. HIV Prevention Programmes

Increased access to HIV combination prevention, including health prevention and promotion interventions, partner notification, frequent HIV testing, Pre-Exposure Prophylaxis and Post Exposure Prophylaxis, will help maintain the HIV status of those who are HIV negative[37].

5.1.5. Pre-Exposure Prophylaxis (PrEP)

HIV pre-exposure prophylaxis (PrEP) involves the use of antiretroviral medicines in individuals who are HIV negative to reduce the risk of acquiring HIV[40]. A routine PrEP service in specialist sexual health services was rolled out in the autumn of 2020, commissioned by local authorities, as part of a combination approach to HIV prevention. The need for PrEP is evaluated on an individual basis and according to the British HIV Association and British Association for Sexual Health and HIV guidelines, but it should be offered to all individuals who are HIV negative and at risk of HIV[41]. At risk people may include (not an exhaustive list) men who have sex with men, people with a partner or ex-partner with HIV, people whose partner or ex-partner comes from a country with high rates of HIV, people who have sex with a partner and do not know their HIV status, trans people, sex workers and injecting drug users[42].

5.1.6. Post-exposure Prophylaxis (PEP)

PEP is the use of antiretroviral medicines in people without HIV to reduce their risk of acquiring HIV after a potential exposure to the virus. Currently, PEP is available through hospital accident and emergency departments, sexual assault referral centres and specialist sexual health services in England[36]. PEP needs to be given within 72 hours of exposure and should be given as soon as possible, ideally within 24 hours.

5.1.7. HIV Testing

HIV testing is integral to the treatment and management of HIV infection. Knowledge of HIV status increases survival rates, improves quality of life and reduces the risk of onward transmission[43]. The Government's HIV Action Plan "Towards Zero – An action plan towards ending HIV transmission, AIDs and HIV-related deaths in England" that was published in 2021 sets out a desire to scale up HIV testing in line with national guidelines.

5.1.8. Partner Notification (PN)

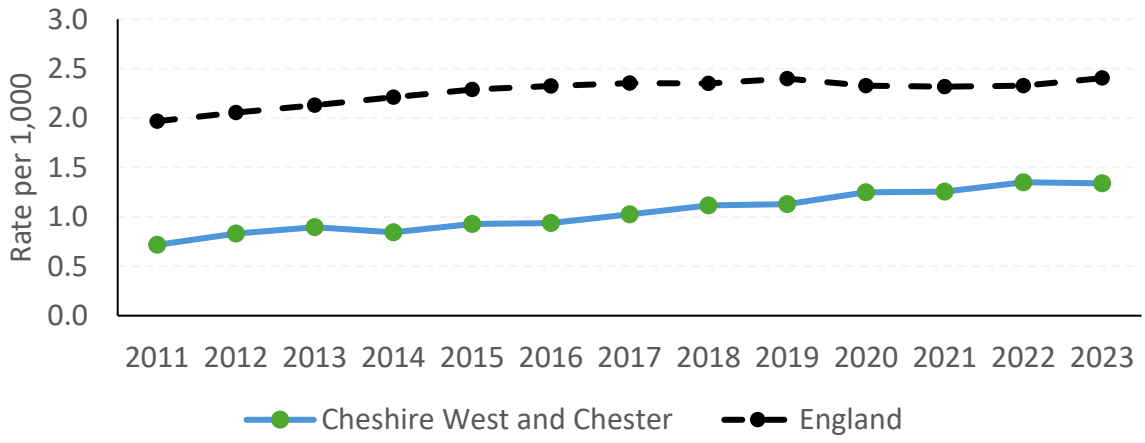
PN is a voluntary process where trained health workers ask people diagnosed with HIV about their sexual partners or drug injecting partners, and with their consent offer these partners HIV testing. PN allows us to uncover a linked chain of people (including mother to child transmission) unaware they are living with HIV and refer them to care. PN is also important in identifying HIV negative partners who may be at higher risk of HIV and would benefit from effective HIV prevention (for example, PrEP).

5.2. HIV Trends in Cheshire West and Chester

5.2.1. HIV Prevalence

NICE HIV testing guidelines define high HIV prevalence local authorities as those with a diagnosed HIV prevalence of between 2 and 5 per 1000 people aged 15 to 59 years. The HIV diagnosed prevalence in CW&C has historically been below these levels and below the England average. The prevalence of diagnosed HIV in CW&C in people aged 15 to 59 years in 2023 was 1.34 per 1,000 15 to 59 year olds, significantly better than the England average of 2.4 per 1,000. There has been a gradual upward trajectory in the prevalence of HIV over the last decade in CW&C and nationally, but CW&C is not a high prevalence local authority. As Chart 21 highlights figures slightly dropped in 2023, and prevalence sits below the England average.

Chart 21: HIV diagnosed prevalence rate per 1,000 aged 15 to 59



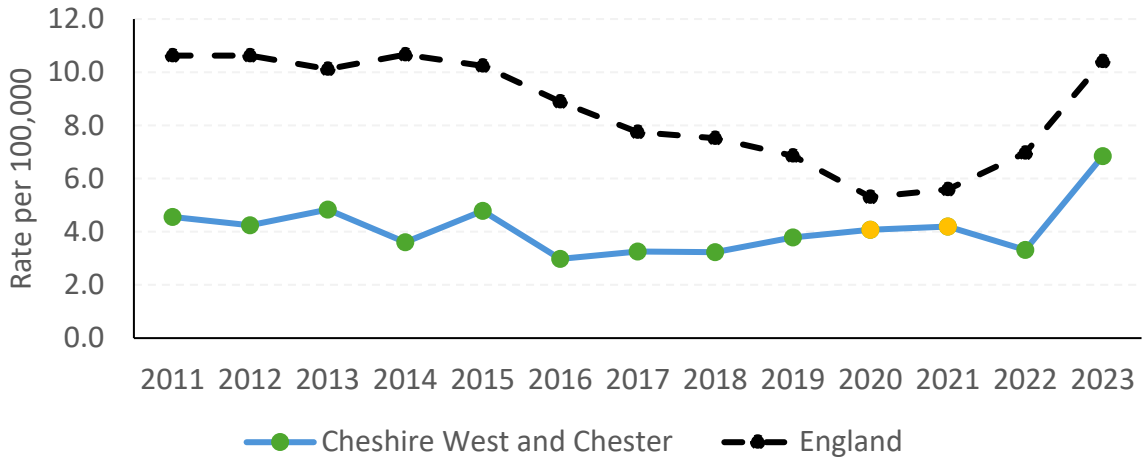
Source: UK Health Security Agency (UKHSA), HIV and AIDS Reporting System (HARS)

5.2.2. New HIV Diagnosis Rate

The number of people newly diagnosed with HIV each year in CW&C is small overall, so caution is required when interpreting this data due to the small numbers involved.

There were 25 new diagnoses of HIV in CW&C in 2023 which is an increase from 12 in 2022. There was also an increase seen nationally. As Chart 22 illustrates, the rate of new HIV diagnoses in CW&C is below the England average at 6.8 per 100,000 population in 2023 compared to the England rate of 10.4 per 100,000. The rate of new HIV diagnoses in Cheshire West and Chester has remained lower than the England average for the last decade.

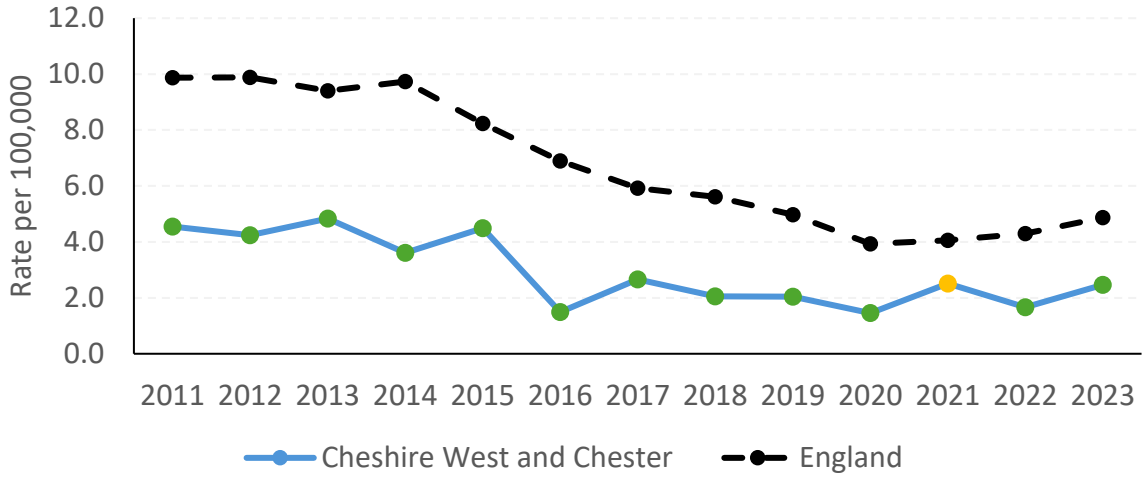
Chart 22: New HIV diagnosis rate per 100,000



Source: UK Health Security Agency (UKHSA), HIV and AIDS Reporting System (HARS)

Chart 23 indicates the trend in new diagnoses of HIV first diagnosed in the UK (no previous diagnosis abroad) in CW&C compared to the England average. You can see that this diagnosis rate in CW&C has been consistently below the England average.

Chart 23: New HIV diagnoses among persons first diagnosed in the UK rate per 100,000



Source: UK Health Security Agency (UKHSA), HIV and AIDS Reporting System (HARS)

5.2.3. HIV Testing Coverage

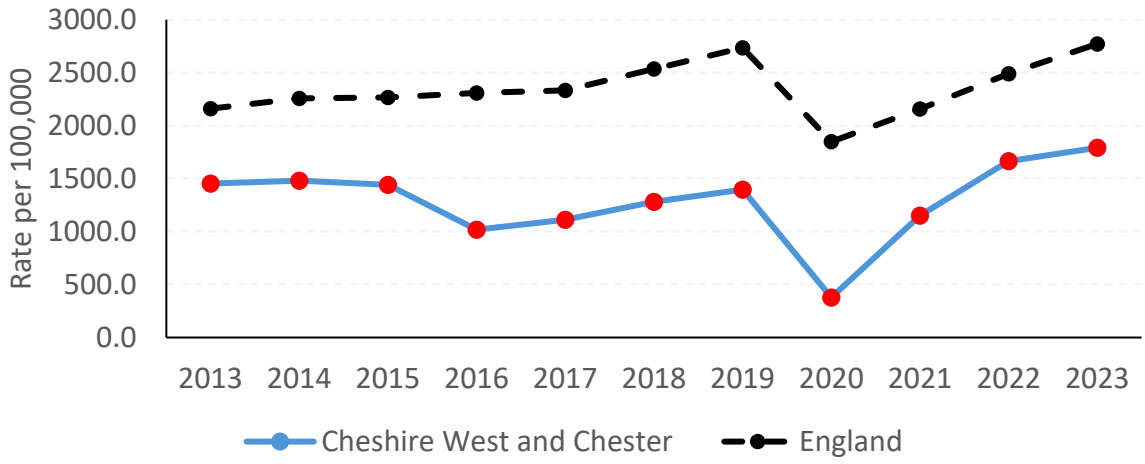
HIV testing coverage tells us the proportion of eligible attendees at specialist sexual health services who accepted a HIV test expressed as a percentage. Testing is an integral part of the control and prevention of the transmission of HIV. It ensures that individuals are identified rapidly and receive access to support, treatments, and knowledge of their status in order for them to reduce the risk of onward transmission.

There has been a change to the indicators for HIV testing: the HIV testing coverage indicators have been discontinued and a new indicator for HIV testing per 100,000 population has been introduced. The new indicator is based on data for HIV tests provided at specialist (Level 3) and non-specialist (Level 2) sexual health services including online services in England that report data to GUMCAD.

The trend in HIV testing coverage rates over time for different population groups in CW&C compared to the England average can be seen in Chart 24[44].

HIV testing coverage was impacted by the COVID-19 pandemic with the year 2020 seeing a marked drop in HIV testing coverage in CW&C for all groups of people. HIV testing coverage has improved year on year since this point in time and rates are now higher than the 2019 pre-pandemic rate. However, CW&C testing rate remains significantly lower than England the England average.

Chart 24: HIV testing rate per 100,000



Source: UK Health Security Agency (UKHSA), GUMCAD STI Surveillance System

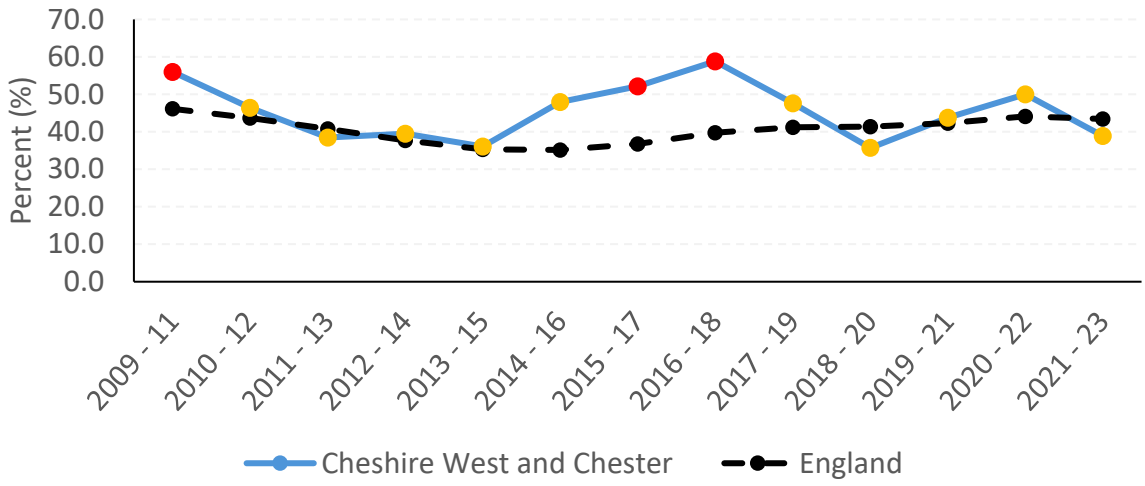
5.2.4. HIV late diagnoses

Late diagnosis of HIV is the most important predictor of morbidity and premature mortality[35]. Those diagnosed at a late stage in England in 2021, were five times more likely to die (deaths due to all causes among people with HIV) within a year of their diagnosis, compared to those who were diagnosed promptly[45]. People diagnosed at a late stage are also more likely to have potentially unknowingly passed on the virus to others prior to their diagnosis than those diagnosed early, and therefore early diagnosis of HIV is a national strategic priority. In England in 2019 older people (those over 65 years) and black Africans were more likely to be diagnosed late[35].

Due to the low numbers of people diagnosed with HIV at a late stage of infection the data is pooled for three years to account for these smaller numbers. Chart 25 shows the percentage of new HIV diagnoses made in the UK (not previously diagnosed abroad) that were made at a late stage in CW&C compared to the England average.

In the latest period 2021-2023, 38.9% of HIV diagnoses in CW&C were made late compared to an England average proportion of 43.5%. For CW&C this is an improvement from 2020-22 when the proportion was 50%.

Chart 25: HIV late diagnosis in people first diagnosed with HIV in the UK



Source: UK Health Security Agency (UKHSA), HIV and AIDS Reporting System (HARS)

5.2.5. Pre-exposure Prophylaxis

Pre-exposure prophylaxis (PrEP) is a drug taken by HIV-negative individuals before they have sex to reduce the risk of them acquiring HIV. As part of a combination approach to HIV prevention. Specialist sexual health services (SHS) are responsible for the delivery of PrEP to those at higher risk of acquiring HIV[46].

In 2023, 4.6% of people attending sexual health services in CW&C had a PrEP need which is below the proportion of 10.1% in England. This was a similar level of need compared to 2022. Of those people who were identified as having a PrEP need 67.4% in CW&C initiated or continued PrEP in 2023 compared to 73% in England. This is a slight increase compared to 2023 when 63% of those people with a PrEP need initiated or continued PrEP.

5.2.6. HIV Treatment and Care

Antiretroviral therapy (ART) coverage data is available for the year 2023 only. It shows us the proportion of people who are prescribed ART out of total number of people seen for HIV care and living in England. In CW&C the rate was 100%, comfortably above the Joint United Nations Programme on HIV / AIDS (UN AIDs) target of 95% and better than the England average of 98.5%.

Data shows us that the number and proportion of people newly diagnosed with HIV who start ART within 91 days of their diagnosis. Prompt treatment helps reduce risk of onward transmission of HIV to partners. In CW&C for the period 2021-2023, 90.2% received prompt ART after diagnosis compared to the England average rate of 84.4%. Trend data is unavailable.

The final metric relating to HIV treatment shows the proportion of people accessing HIV care who have an undetectable viral load or are virally suppressed. HIV transmission does not occur when a patient's viral load is undetectable on ART, also known as Undetectable=Untransmissible[47]. There is no trend data available for this indicator but in 2023 98.1% of HIV patients had an undetectable viral load, this compares to 97.7% in England.

6. Contraception and Unplanned Pregnancy

6.1. Introduction

Women make up 51% of England's population. Of these more than three quarters at any one time want to either prevent or achieve pregnancy. Contraception and preconception care are a day to day reality for most women for most of their reproductive years[48]. Women's control over when to have children and how many children to have plays a crucial role in improving maternal health and reducing infant mortality. It also helps reduce poverty, as women are better able to participate in economic life[49].

The NATSAL-3 survey estimated that one in six pregnancies in the UK are unplanned, two in six pregnancies are associated with feelings of ambivalence, whilst three in six are planned[10]. Whilst unplanned pregnancies do not necessarily equate to pregnancies that are unwanted, a planned pregnancy is likely to be a healthier one for both mother and baby. Unplanned pregnancies represent a missed opportunity to optimise pre-pregnancy health. Whilst the majority of unintended pregnancies in the UK have positive outcomes, women who have unintended pregnancies are more likely to present later for antenatal care, which can lead to obstetric complications, and are more likely to experience postnatal depression. Babies born in such circumstances are more likely to experience low birth weight and poor health outcomes[49]. Whilst it is important that women have access to abortion services when they do not wish to continue a pregnancy, abortion is a more expensive and less preferable option in comparison to contraception for most women. In addition, there are also often psychological costs associated with termination of pregnancy[49].

The provision of contraception is widely recognised as a highly cost-effective public health intervention because it reduces the number of unplanned pregnancies which bear high financial costs to individuals, the health service and the state[50]. Public Health England, now OHID, estimate that every £1 invested in provision of contraception achieves a £9 saving across the public sector with long-acting reversible methods of contraception being more cost-effective than any other hormonal method of contraception or condoms[50].

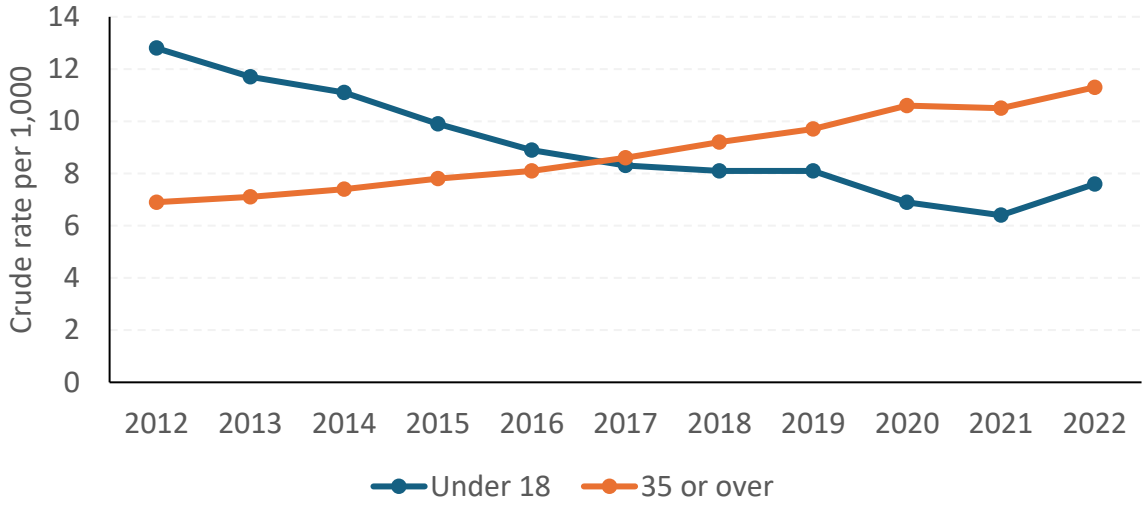
Unplanned pregnancies are a health inequalities issue. Higher rates of unplanned pregnancy are found in the following groups:

- Young people
- Smokers
- Those who use misuse drugs or alcohol
- Those with lower educational attainment[48]

Furthermore, nationally inequalities exist by ethnicity, with 8% of abortions occurring in women self-reporting as black, representing just 3% of the general population. Whilst available data does not monitor variations by ethnicity in the uptake of contraception, this suggests an unmet need for contraception among black communities[49].

Unplanned pregnancy is also an issue for women aged 35 and over, as indicated by increases in abortion rates in this group in England and Wales as demonstrated in Chart 26[51].

Chart 26: Legal abortions: Crude rate per 1,000 by age, residents of England and Wales, 2012 to 2022



Source: Department of Health and Social Care (DHSC), Abortion statistics in England and Wales

The All Party Parliamentary Group on Sexual and Reproductive Health opened an Inquiry into Access to Contraception in 2019, in response to reports of women being unable to access contraception in a way that meets their needs. They reopened evidence submissions in May 2020 in order to examine the impact of the COVID-19 pandemic on women's access to contraception. The inquiry found that:

- Women in England are facing increasing difficulty in accessing contraception which suits their needs.
- This is due to a combination of funding cuts and a fragmented commissioning system which means that care is not structured around women's needs.
- There is an urgent need to structure care around the needs of women, especially underserved groups such as ethnic minority groups, young women and women from poorer communities[52].

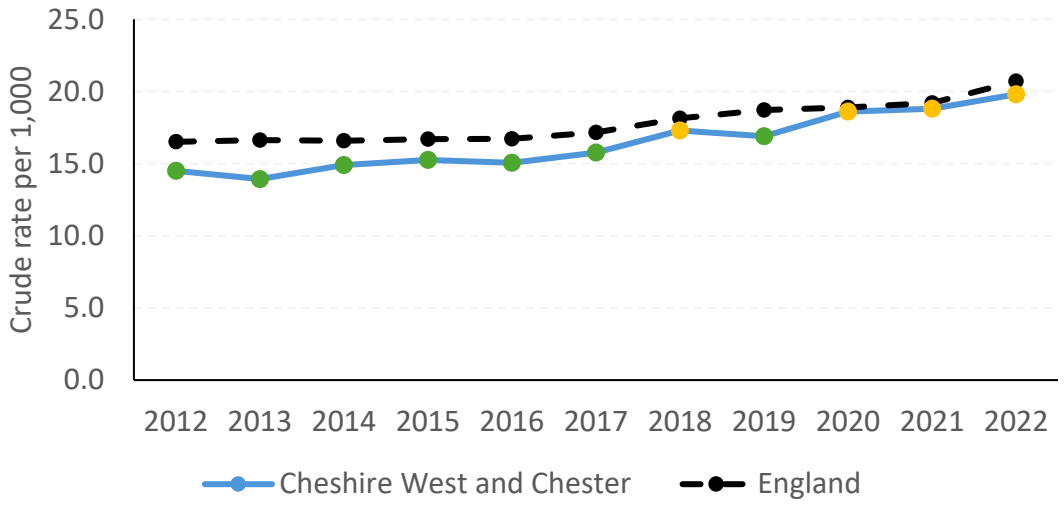
6.2. Abortion Data

Abortion rates data and particularly repeat abortion rates can indicate lack of access to good quality contraception services and advice as well as problems with individual use of contraceptive method. In England and Wales there has been an increase in the crude abortion rates for all ages 19 and above from 2012 to 2022. The largest increases in abortion

rates are among those aged 25 to 29, increasing from 21.8 per 1,000 in 2012 to 31.4 per 1,000 in 2022. Abortion rates for those aged under 18 have declined (or stayed the same) each year since 2007. However, the rate has not decreased further between 2021 and 2022 and instead has increased from 6.4 to 7.7 per 1,000 women aged under 18[53].

Abortions present health inequalities, with abortion rates being generally higher in the more deprived decile areas and lower in the less deprived decile areas[53]. The total abortion rate in CW&C was historically below the England average. However, as Chart 27 illustrates, the rate has risen slightly faster than the national rise in abortion rates over the last 10 years. In 2022 the abortion rate in CW&C is similar to that in England as a whole. The CW&C abortion rate in 2022 is 19.8 per 1000, which is similar to the England average abortion rate in 2022 of 20.7[51].

Chart 27: Total abortion rate per 1,000

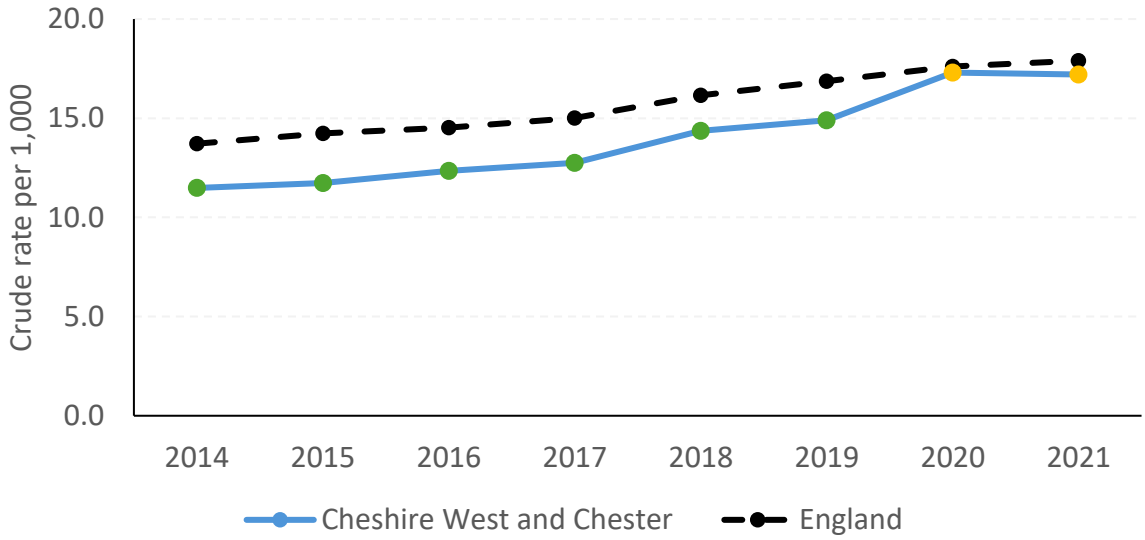


Source: Department of Health and Social Care (DHSC), Abortion statistics in England and Wales

In 2022, the highest crude rates of abortion both nationally and in Cheshire CW&C are seen in those aged 20-24 followed by those aged 25-29[51].

Although abortion rates are highest in those aged 20-24, abortion rates in those aged over 25 have been generally increasing since 2014 in England and in CW&C, although abortion rates remained stable in CW&C between 2020 and 2021. As Chart 28 demonstrates, the over 25s abortion rate in CW&C is similar to the England average in 2021.

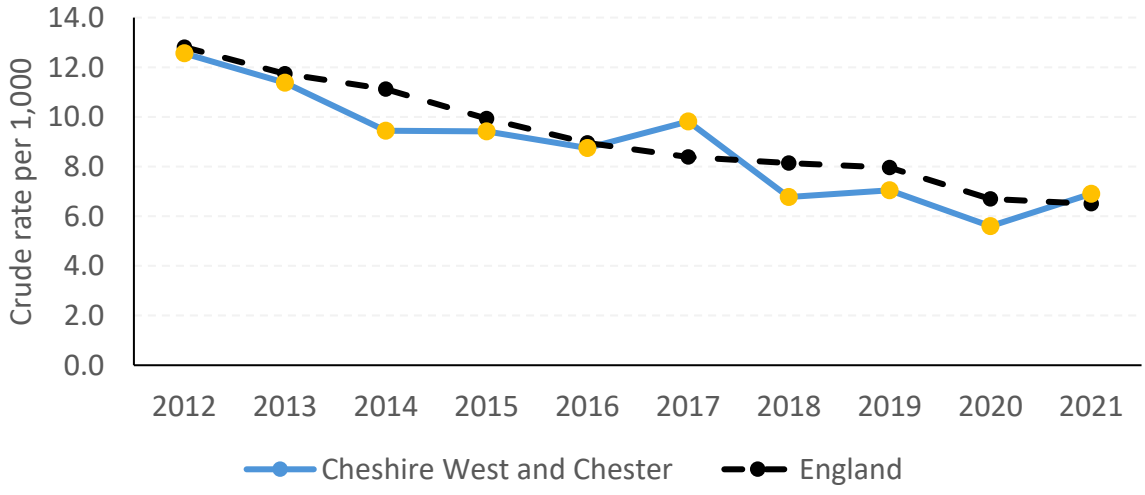
Chart 28: Over 25s abortion rate per 1,000



Source: Department of Health and Social Care (DHSC), Abortion statistics in England and Wales

As Chart 29 shows, under 18s abortion rates have reduced since 2012 until 2021 in England.. The under 18s abortion rate in CW&C has been similar to the England average for the same time period, and has generally decreased over that time with some fluctuations and a slight increase between 2020 and 2021. An initial look at the 2022 data indicated that this increase in CW&C between 2020 and 2021 has not continued into 2022[51].

Chart 29: Under 18s abortions rate per 1,000

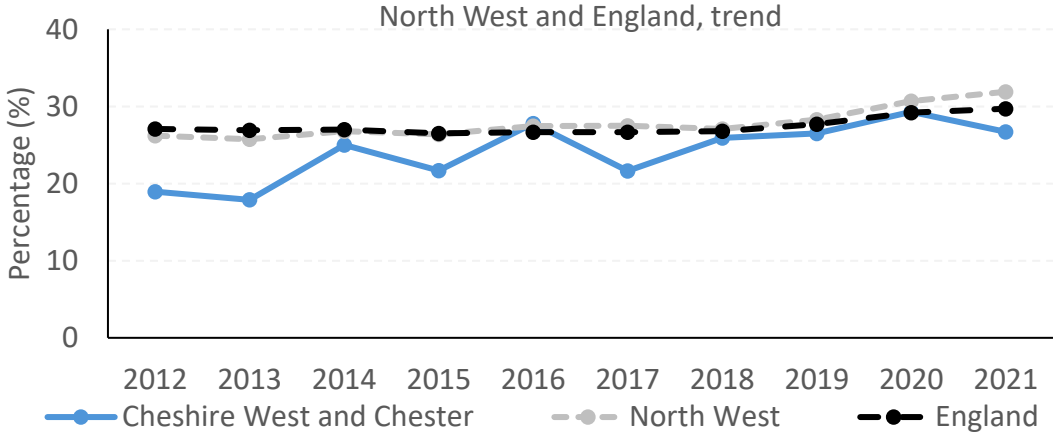


Source: Department of Health and Social Care (DHSC), Abortion statistics in England and Wales

The percentage of under-18s conceptions leading to abortion in CW&C in 2021 was 55.3% which is similar to the England percentage of 53.4%. The percentage of abortions in women aged under 25 years that involve a woman who has had a previous abortion in any year (under-25s repeat abortions) is an indicator of lack of access to good quality contraception services and advice, as well as problems with individual use of contraceptive method. In 2021 this figure was 26.7% of abortions, which is similar to the England figure of 29.7%. When compared to 16 similar local authorities CW&C ranks 13 out of 16 for this indicator.

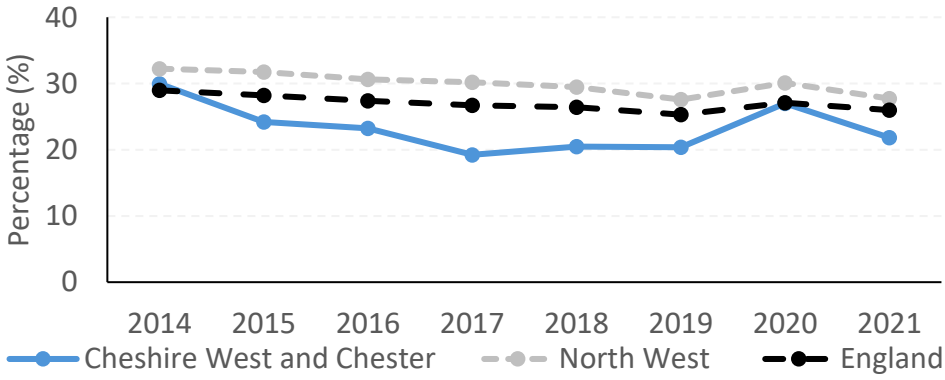
The percentage of abortions in women aged under 25 years who have previously had a birth could be related to post-partum maternity and contraception need. In 2021 this figure was 21.8% in CW&C which is similar to the England percentage of 26.0%. Charts 30 and 31 show the trend in these two measures over time.

Chart 30: Under 25s repeat abortions in Cheshire West and Chester, North West and England, trend



Source: Department of Health and Social Care (DHSC), Abortion Statistics in England and Wales

Chart 31: Under 25s abortions after a birth in Cheshire West and Chester, North West and England, trend



Source: Department of Health and Social Care (DHSC), Abortion statistics in England and Wales

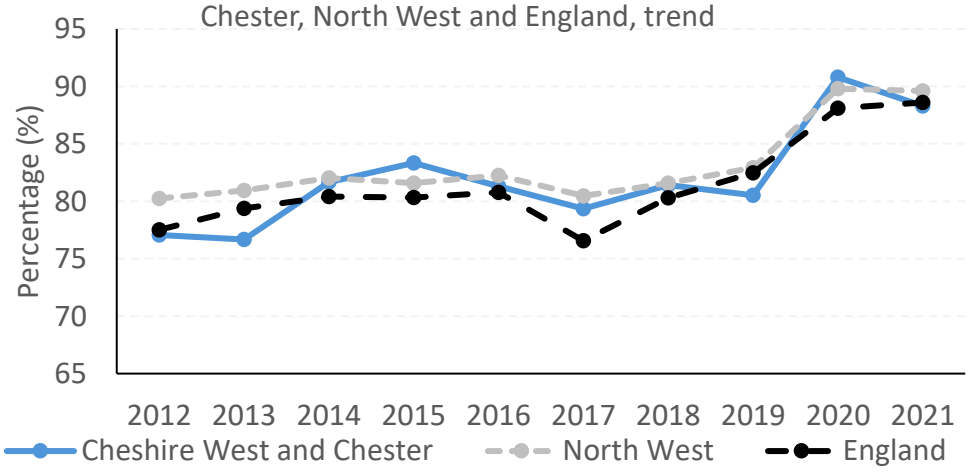
As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years.

The earlier abortions are performed the lower the risk of complications. Prompt access to abortion is cost effective and an indicator of service quality[54]. Early medical abortion is less invasive than a surgical procedure and carries less risk as it does not involve instrumentation or the use of anaesthetics. However, women may prefer a surgical abortion under anaesthesia or conscious sedation for a variety of reasons[54].

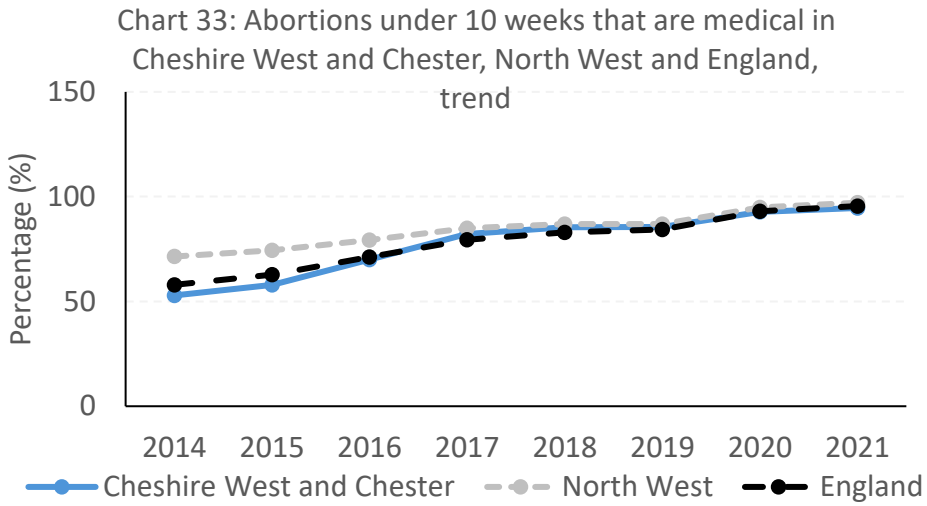
In CW&C, the percentage of NHS-funded abortions that were under 10 weeks was 88.3% in 2021, similar to the England average of 88.6%. The percentage of abortions under 10 weeks that are medical was 94.6% in 2021 which is similar to the England average of 95.5%. There has been a small increase in the percentage of abortions under 10 weeks in 2020 and 2021 compared to 2019. This is reflective of a gradual increase in the percentage of medical abortions since 2014.

The increase may also have been influenced by changes to practice with regards to early medical abortions that were brought about by the COVID-19 pandemic. The UK government put in place a temporary approval in England that enabled women to take both pills for early medical abortion up to 9 weeks and 6 days gestation in their own homes following a telephone or e-consultation with a clinician without the need to first attend a hospital or clinic. This practice is sometimes referred to as "pills by post" abortion service. This was put in place to ensure continued access to abortion services whilst reducing risk of transmission of COVID-19. This provision for at home early medical abortion was then made permanent from 30 August 2022[55]. Charts 32 and 33 show the trend in these two early abortion indicators over time compared with England and the North West region.

Chart 32: Abortions under 10 weeks in Cheshire West and Chester, North West and England, trend



Source: Department of Health and Social Care (DHSC), Abortion statistics in England and Wales



Source: Department of Health and Social Care (DHSC), Abortion statistics in England and Wales

6.3. Contraception

6.3.1. Long Acting Reversible Contraception (LARC)

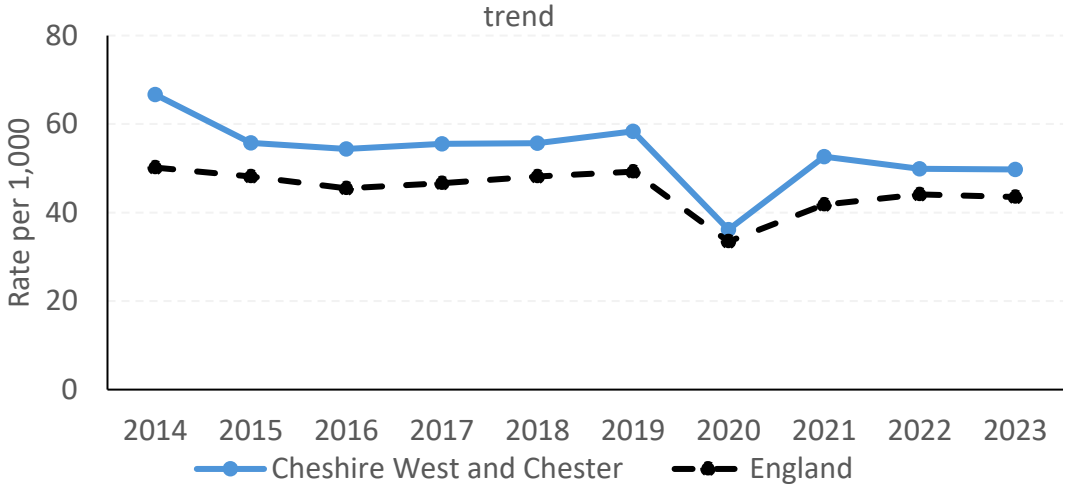
Long Acting Reversible Contraception includes contraceptive methods such as injections, implants and the intra-uterine system (IUS) and intra-uterine device (IUD). LARC is defined as contraceptive methods that require administration less than once per month. They are highly effective as they do not rely on user daily compliance. They are more cost effective than condoms and shorter acting hormonal contraceptive methods[50].

Data is available for CW&C LARC prescribing rates on Fingertips. There are prescribing rates for LARC excluding injections (implant, IUS and IUD only) and a separate data point for injectable contraception prescribing rates. These prescribing rates are available for GP prescribed contraception and separately for SRH service prescribed contraception.

6.3.2. LARC in GP Practices

Chart 34 shows the trend over time for LARC in GP Primary Care (excluding injections) compared to the England average.

Chart 34: Total prescribed LARC excluding injections rate per 1,000, trend



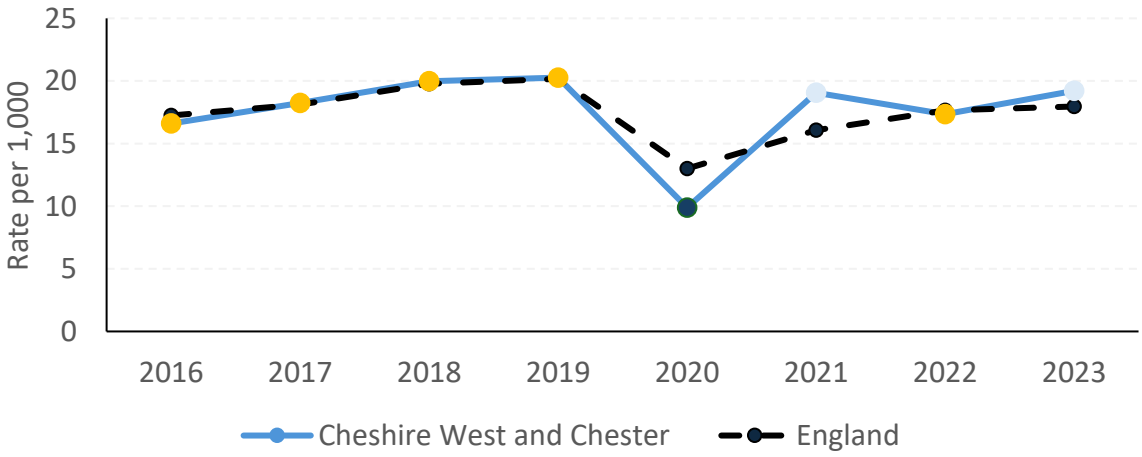
Source: OHID, based on NHS Business Services Authority, NHS England and Office for National Statistics data

LARC prescribing rates (excluding injections) in GP practices in CW&C have been consistently higher than the England average. There was a dip in the rate in CW&C and in England in 2020 which is likely due to the restriction on face to face appointments during the COVID-19 pandemic. Rates increased in 2021 and remained similar into 2022. Data from 2023 shows that LARC (excluding injections) prescribing rates in CW&C GP practices are still below the prescribing rates seen in 2019 before the pandemic.

6.3.3. LARC in SRH services

Chart 35 shows the trend over time for prescribed LARC in SRH services (excluding injections) compared to the England average.

Chart 35: Sexual and reproductive health services prescribed LARC excluding injections rate per 1,000, trend



Source: OHID, based on NHS England and Office for National Statistics data

The impact of COVID-19 on LARC activity in SRH services is evident with a dip in prescribing rates seen in 2020. However, this recovered well in 2021 but remains lower than pre pandemic levels. The CW&C SRH services LARC prescription rate is above the England average in 2023.

Since 2014 the percentage of individuals who choose LARC excluding injections in SRH service has been increasing especially in the under 25s (Charts 36 and 37). 2021 saw an increase to levels higher than pre-COVID and levels have remained stable into 2022. The percentage of individuals choosing LARC excluding injections in SRH services in Cheshire West and Chester is similar to the England average for both under 25s and over 25s.

Chart 36: Under 25s choose LARC excluding injections at SRH services (%)

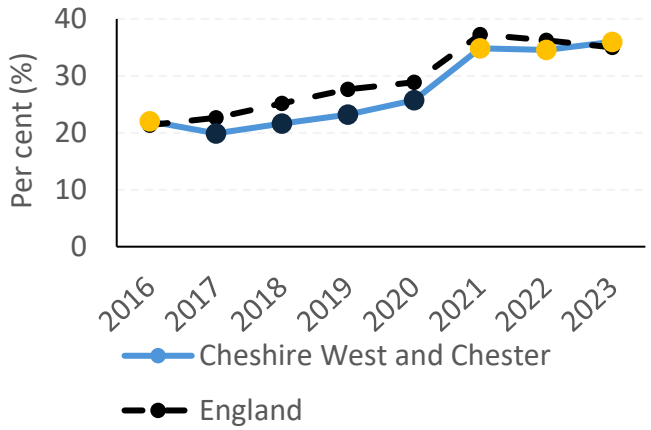
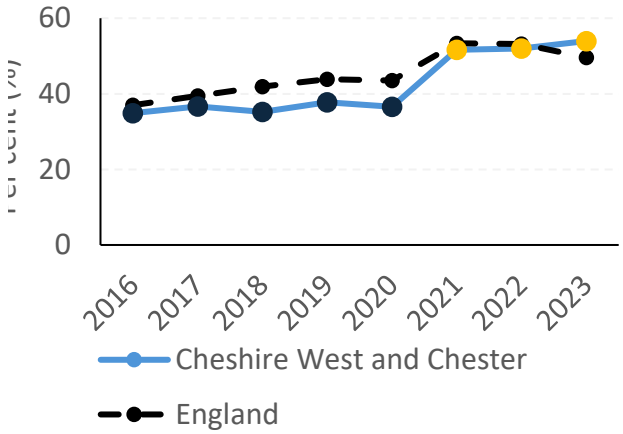


Chart 37: Over 25s choose LARC excluding injections at SRH Services (%)



Source: OHID, based on NHS England data

6.4. Emergency Contraception

Emergency contraception can prevent pregnancy after unprotected sex. It does not provide any protection against STIs. Methods of emergency contraception are the copper coil (Cu-IUD) and the emergency hormonal contraceptive pills (EHC). In general, depending on the exact type of emergency contraception used, emergency contraception needs to be taken within three to five days of having unprotected sex, but the sooner it is used the more effective it usually is[56].

A copper coil, also known as an intra-uterine device (Cu-IUD) is the most effective form of emergency contraception available[56]. Faculty of Sexual & Reproductive Healthcare (FSRH) guidance recommends that all women are informed of this and, if they meet criteria, they should be offered this method[57]. This is available as emergency contraception at the sexual health service and may also be offered in GP practices if they have appropriately trained and availability staff.

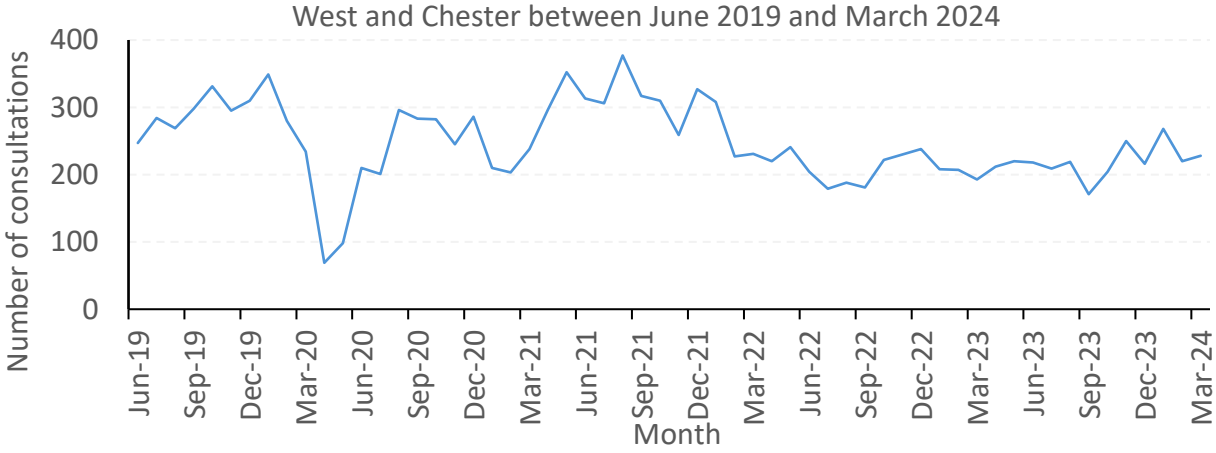
Emergency hormonal contraceptive pills are available from GP practices, GP out of hours services, NHS 111, community pharmacies and SRH services. The logistics of providing permanent availability for emergency copper coil fits (which require specially trained medical staff, dedicated equipment and take time) can be challenging in comparison to the

relative ease of availability of emergency hormonal contraceptive pills. This, possibly as well as women's personal preferences, is probably the reason that, despite evidence that the Cu-IUD is the most effective form of emergency contraception, emergency hormonal contraceptive (EHC) pills are more commonly used.

In CW&C community pharmacies are one of the largest providers of emergency hormonal contraception (EHC) services providing more prescriptions for EHC than either GP practices or SRH services. Pharmacies that have signed up to the contract with the local authority can provide emergency hormonal contraception free of charge, and other pharmacies may provide it privately.

In the financial year 2023/24, there were 52 accredited community pharmacies providing free of charge EHC in CW&C, and they provided 2,640 patient interactions regarding EHC over that year. Chart 38 shows the trend in the number of EHC consultations carried out in pharmacies month by month since from June 2019 to February 2024. The noticeable dip in the number of consultations in April 2020 can be attributed to the first COVID-19 pandemic lockdown. However, the number of consultations rapidly recovered back up to normal levels in the subsequent months and since February 2022 the number of consultations has remained relatively stable.

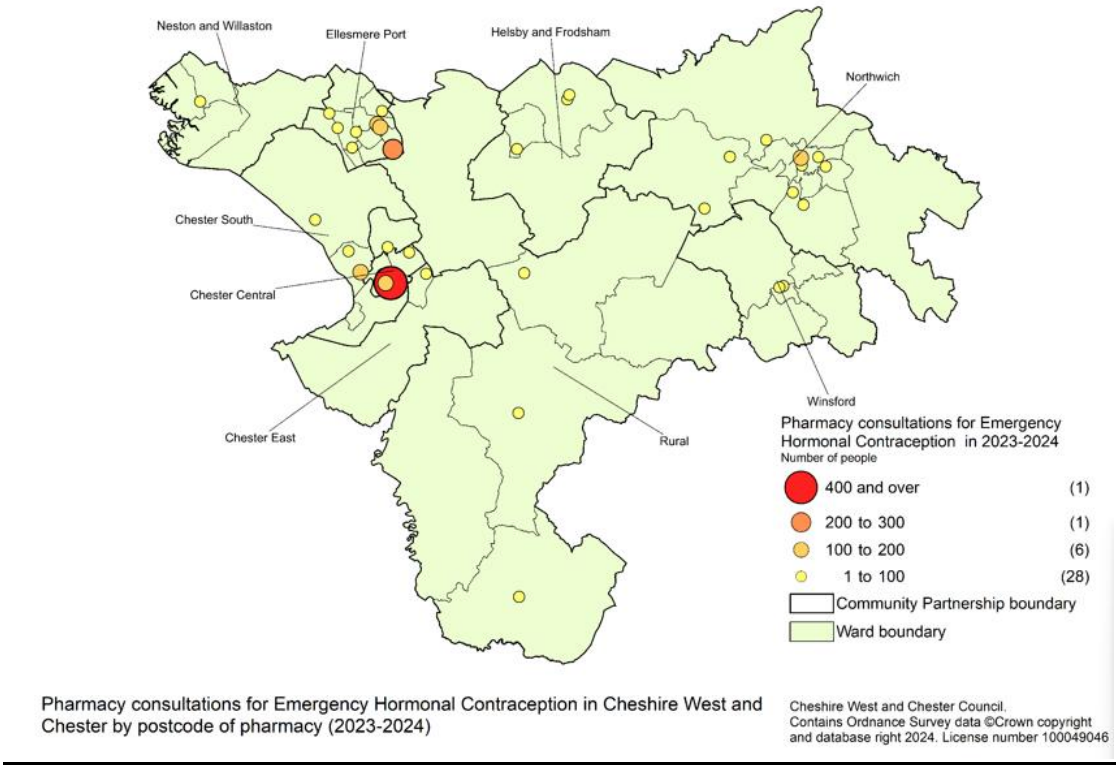
Chart 38: Emergency hormonal contraception consultations in Cheshire West and Chester between June 2019 and March 2024



Source: PHARM outcomes

Map 3 below shows the number of EHC consultations performed by community pharmacies in 2023/24. There is a wide variation in the number of consultations between pharmacies with some providing a very small number and others providing hundreds. The larger dots on the map represent pharmacies providing the higher numbers of consultations whilst the yellow dots represent accredited pharmacies who have provided fewer than 100 consultations. There are fewer pharmacies providing higher numbers of consultations in the rural areas which may reflect the demographics of the population. There are also fewer pharmacies providing higher numbers of consultations in the Winsford area, which is an area of relative deprivation and higher risk of unplanned pregnancy.

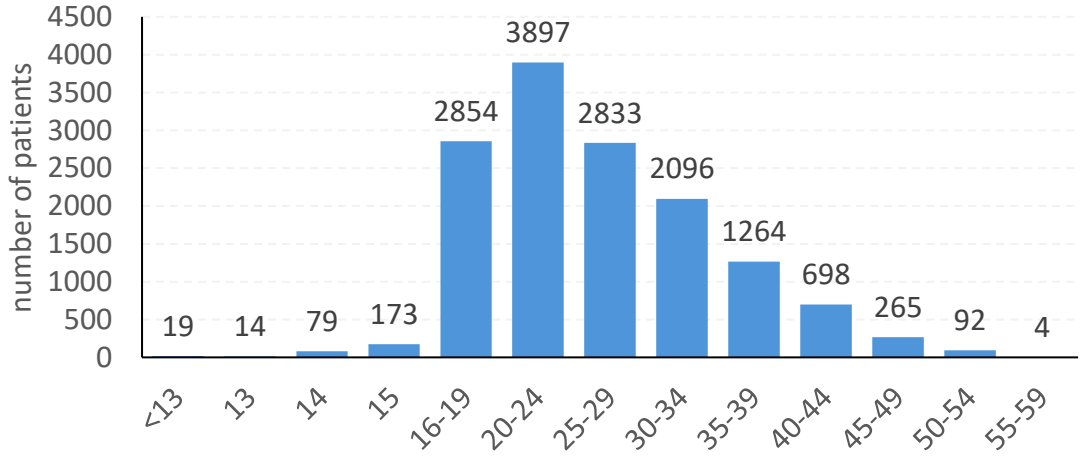
Map 3: Pharmacy consultations for Emergency Hormonal Contraception (2023-2024)



Source: PHARM outcomes

PharmOutcomes data tells us that young people aged 16-29 are the biggest users of the EHC service in pharmacies, although the service is used by older women too. Chart 39 shows the age distribution of users of the service.

Chart 39: Emergency Hormonal Contraception from April 2019 to March 2024, Cheshire West and Chester patients



Source: Pharm outcomes

The service is used throughout the week, with Monday being the most frequently used day and Sundays being the least used day.

6.4.1. Emergency Contraception and STI testing

FSRH guidance states "All women requesting Emergency Contraception should be assessed as to their risk of sexually transmitted infection (STI) and offered appropriate testing (or advised as to the testing that is recommended and how to access this)"[57].

6.4.2. NHS Pharmacy Contraception Service

In April 2023 the NHS Pharmacy Contraception Service launched, enabling pharmacists to issue ongoing supplies of contraception that had been initiated in GP surgeries and sexual health services. This service was relaunched in December 2023 to enable community pharmacies to initiate oral contraception.

7. The Current Specialist Sexual Health Service Provision

Cheshire West and Chester Sexual Health Service is run by HCRG care group and is operated locally as the Cheshire West and Chester Sexual Health Hub. The service provides an integrated approach to sexual health and contraception along with free and confidential county-wide services for those of all ages. It provides clinics that deliver a wide range of services including:

- The diagnosis and management of sexually transmitted infections (STIs) including a robust partner notification health advising team.
- Sexually Transmitted Infection (STI) screening including HIV testing.
- Routine and specialist contraception across all age groups including fitting Long-Acting Reversible Contraception (LARC) in both routine and complex cases (on referral).
- Online provision of symptom-free STI testing kits for people aged over-16 and online condom distribution for 16+.
- Chat Sexual Health texting service aimed at young people aged 13-18 years old. Young people can text the service questions relating to their sexual health, it is not a live chat, however the service aim to reply within one working day excluding weekends or bank holidays.
- A focus on prevention including the delivery of preventative therapeutic interventions to at risk groups (e.g. Pre-exposure prophylaxis for HIV and/or HPV vaccination for at risk individuals).
- An outreach service dedicated to supporting and engaging with people who are young, at risk of sexual health problems, vulnerable or seldom heard. (For example, an outreach clinic within the local drug and alcohol service, or a home visit arranged for a vulnerable young person).
- Sexual health aspects of psychosexual counselling.
- Cervical Smears (commissioned by NHS England), via opportunistic screening appointments and dedicated evening and weekend appointments.
- Vasectomy Services (commissioned by NHS Cheshire and Merseyside ICB).
- Outpatient HIV treatment services (commissioned via a subcontract by Liverpool University Teaching Hospitals NHS Foundation Trust).

In addition to the above, the service manages and provides the following services in collaboration with other health organisations (e.g. GP practices):

- Commissioning of LARC (Implants and coils) in GP practices
- National Chlamydia Screening Programme (NCSP).
- Condom distribution schemes. Supported by the Cheshire West and Chester Sexual Health Service, Condoms Now is the county wide condom distribution scheme where condoms can be picked up free of charge from local sexual health clinics and other registered outlets (pharmacies, education settings etc), available for those aged 13 to 24.
- Alongside this, "Condoms by Post" enables individuals aged 16–24 to conveniently order condoms via the service's website.

The service operates a hub and spoke model with clinics from Monday through to Saturday across six designated venues:

- Chester
- Ellesmere Port
- Blacon
- Neston
- Northwich
- Winsford

Both pre-bookable and sit and wait appointments are available. A timetable of clinics can be found on the service's website and in hard copy within each sexual health clinic location. During the week, there are daytime and evening clinics, and, on a Saturday, there is a clinic in the morning. There are some clinics that are dedicated to young people. Appointments can be booked by telephone or online. Sit and wait clinics were halted during the COVID-19 pandemic but this has since been reinstated. Face to face consultations were also restricted during the COVID-19 pandemic and an increased number of consultations were carried out over the telephone. The majority of consultations are now face to face, with more than 90% of clinic appointments being held face to face.

7.1. Outreach Services

In June 2024, the community Clinical Outreach service was established to extend sexual health consultations to include testing and treatment into community spaces, education settings, healthcare settings, and rural locations. The outreach service plays a vital role in tackling and reducing some of the health inequalities that exist in sexual health that have already been described in this document. The outreach model operates both online and in-person and can accept referrals for one-on-one support. The aim is to identify and engage marginalised and/or higher risk populations and individuals, including LGBTQ+ communities, young people, ethnic minorities, people with drug and alcohol problems, sex industry workers, asylum seekers and refugees, and homeless people. The outreach service strives to ensure equitable access to education, screening, contraception and treatment. Collaboration with local organisations such as Via (the local authority commissioned drug and alcohol treatment service), women's health charities, educational establishments, homeless services, and services supporting men who have sex with men (MSM) are

instrumental in achieving its objectives. To ensure that individuals with additional needs have access to the services, provisions such as outreach programmes, online appointment scheduling, and dedicated spaces for extended consultations have been established. The outreach team is also equipped to organise clinic visits beyond standard operating hours as necessary.

7.2. Online Service Provision

Online sexual health services are provided by the main sexual health service provider (HCRG care group). They have a comprehensive website which includes information about the service, a dedicated web area, phone line and referral documentation for professionals, contact details, an online appointment booking system, online ordering of STI screening test kits for chlamydia, gonorrhoea, syphilis and HIV (which are delivered by post or can be collected from a clinic location and are then returned by post free of charge), online ordering and distribution of free condoms (Appendix 1).

Launched in February 2025, online home testing kit provision has been provided by SH24 though the sexual health services website. Testing is free, discreet and results are received direct from the SH24 team by text message. All orders are dispatched via Royal Mail 48-hour delivery. If a test result is positive for Chlamydia, SH24 can offer free treatment. If the individual is experiencing complicated symptoms that require examination or further testing, the SH24 team will help the individual to link in with their local clinic for treatment.

Return rates (the percentage of kits returned for testing out of the total number of test kits ordered and sent out) for online ordered postal testing kits averaged at 64.1% in the first 6 months of financial year 24/25. This proportion is slightly lower than the average in previous years. The average between 1 April 22 and 28 Feb 2023 was 69.9% and the same period in 23/24 was 68.4% There will always be people who order a test kit but do not submit it for testing.

7.3. Training and Workforce Development

The sexual health service deliver training for both medical professionals and the wider health and social care workforce this includes:

- Training for Faculty of Sexual and Reproductive Healthcare qualifications.
- Regular updates for primary care in sexual health.
- Professional training for the wider health and social care workforce to increase awareness of sexual health and the services that are available which is accessed via the Safeguarding Children's Partnership.

7.4. Out of Area Consultations

The sexual health service accepts out of area (OOA) patients, and the following data was collated for Genitourinary Medicine (GUM) and Contraception and Sexual Health (CASH).

Table 1. Out of Area Attendances 2024		
	GUM	CASH
Jan-24	26	12
Feb-24	22	10
Mar-24	15	4
Apr-24	21	14
May-24	23	6
Jun-24	26	11
Jul-24	23	9
Aug-24	23	0
Sep-24	20	13
Oct-24	32	4
Nov-24	27	2
Dec-24	27	12

Local Authority key areas of out of area attendees are Cheshire East and Wirral Metropolitan which account for 47% of GUM / CASH OOA (Table 1).

There is a Cheshire and Merseyside Sexual Health Cross Charging Policy for OOA patients which outlines the tariffs for cross charging in the region. This is reviewed on an annual basis.

Welsh attendees are not included in the figures above. Welsh attendees account for 46.6% of all out of area attendances during 2024. Residing primarily from Flintshire and Wrexham.

7.5. HIV Services

The provision of HIV care and treatment services in CW&C is led by the Liverpool University Hospitals NHS Foundation Trust, with HCRG Care Group serving as a subcontractor for outpatient services. The overarching goal of this HIV service is to support individuals in maintaining their health, remaining engaged in care, and reducing the risk of HIV transmission. The service recognises the diverse backgrounds of those accessing HIV care, making certain that individuals are actively involved in decisions regarding their health and social care management.

Available in Chester, the HIV service comprises weekly clinics facilitated by HIV consultants, specialty doctors, and specialist nurses. All patients residing within CW&C are seen within the sexual health service, and where further care is necessary, arrangements can be made for consultations in Liverpool.

Table 2 shows the numbers of patients engaging in HIV treatment, and the number of face to face appointments carried out for these individuals at the sexual health services in CW&C in recent financial years.

Table 2: Patients engaging in HIV treatment

Year	No of Patients	No of Face to Face Appointments
2021/22	255	585
2022/23	259	629
2023/24	271	650

Antiretroviral therapy (ART) is the recommended treatment for individuals diagnosed with HIV. Prompt initiation of ART is advised to optimise health outcomes, involving a prescribed course of various HIV medications administered daily or through scheduled injections.

There is limited availability of non-clinical well-being and psychological support services for individuals living with HIV in CW&C. The specialist nursing team plays a crucial role in bridging patients to supportive resources and interventions which includes signposting to additional services available in the Liverpool City Region.

7.5.1. HIV Prevention

Whist HIV treatment services are commissioned via a subcontract with Liverpool University Teaching Hospitals NHS Trust, HIV prevention services and testing are local authority commissioned, and efforts are integrated across the wider sexual health service. This includes outreach initiatives that incorporate education, testing, and prevention workshops, both remotely and in person.

A routine HIV Pre-Exposure Prophylaxis (PrEP) service in specialist sexual health services was rolled out in the autumn of 2020, commissioned by local authorities, as part of a combination approach to HIV prevention. This service means at risk individuals can take medication to prevent them from contracting HIV. Table 3 shows the numbers of patients attending the sexual health service in CW&C for HIV PrEP over time. The numbers do fluctuate a little but seem to have stabilised over more recent time periods.

Table 3: Number of Patients attending for HIV PrEP								
Financial Year	2022/23				2023/24			
Quarter	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Initiation	38	50	25	36	21	23	20	16
Continuation	69	93	99	101	108	87	92	104

Post-exposure prophylaxis (PEP) for HIV is also available to people who may have already been exposed to the HIV virus. PEP is the use of antiretroviral medicines in people without HIV to reduce their risk of acquiring HIV after a potential exposure. Currently, PEP is available through hospital accident and emergency departments, sexual assault referral centres and specialist sexual health services. PEP needs to be given within 72 hours of exposure and should be given as soon as possible, ideally within 24 hours.

The sexual health service provides routine HIV testing for all demographics, available in all sexual health clinics or via postal testing channels. HIV testing is also available where

clinically indicated at other healthcare settings including General Practice, Hospital, Drug and alcohol service. Via, the local drug and alcohol service in CW&C offer HIV testing to everyone that accesses the service, and they also offer regular HIV testing to current or previous injecting drug users at least annually.

7.6. Rape and Sexual Violence

The nearest Sexual Assault Referral Centre (SARC) for Cheshire is St Mary's SARC in Manchester. There is a 24-hour helpline phone number that people can call for advice, assistance and counselling at any time or they can be referred by police services.

7.7. Female Genital Mutilation (FGM)

FGM refers to all procedures involving partial or total removal of the external female genitalia or other injury to female genital organs for non-medical reasons. FGM is commonly practiced in 30 countries in Africa, the Middle East and Asia. It is mostly carried out on young girls aged under 16 years. FGM is illegal in the UK, and it is also illegal to take girls who are UK nationals or residents abroad for FGM whether or not it is lawful in that country. Anecdotally there has been an increase in FGM disclosures in the sexual health service in CW&C, however data gathering is challenging due to coding systems. The sexual health service ensure that the GP is informed of any new disclosures or risk, however, alert systems are not integrated across services.

8. Feedback from people with lived experience

From February to April 2024, Cheshire West and Chester's Public Health commissioners undertook co-production work with residents from different client groups including young people and an older LGBTQ+ group. Attending sessions with already established groups in the borough both face to face and virtually.

In addition, a survey for residents and one for professionals who have supported residents to access the Sexual Health service were compiled and shared. The resident survey was delivered in a broad range of methods including digitally, as a paper version and an Easy Read version. This engagement work was to gather insight into people's experiences and preferences around the Sexual Health service.

A copy of the full report is available on the CW&C website.

9. Conclusion

This sexual health needs assessment provides a detailed insight into the current picture of sexual and reproductive health in Cheshire West and Chester.

There are a number of recommendations which have been identified, and will be taken forward:

9.1. STIs

- Promote and increase STI and HIV testing widely within the borough, particularly for at risk populations (including young people, areas of deprivation, and MSM), to bring testing rates more in line with the England average.

- Promote opportunistic STI testing and signposting to those attending abortion services and emergency contraception services, to help increase testing rates in those who are at risk and may not otherwise seek testing.
- Raise awareness of safe sex and use of contraception.

9.2. National Chlamydia Screening Programme (NCSP)

- Consider a review of the provision of the National Chlamydia Screening Programme in community settings such as pharmacies, especially for pharmacies who are offering EHC.
- Promote the NCSP and improve accessibility to chlamydia testing, particularly in rural areas, Ellesmere Port and for at risk groups.

9.3. HIV

- Improve uptake of regular and repeat HIV testing in MSM in line with the NICE guidelines.
- Improve identification and uptake of Pre-Exposure Prophylaxis (PrEP) for at risk individuals.

9.4. Unplanned Pregnancy

- The rise in both the total abortion rate and the abortion rate in over-25s should be explored in detail, taking a whole system approach.
- Pathways and systems for contraception provision after an abortion or after a birth could be reviewed. Improved opportunistic contraception provision may help increase access to contraception for those who are currently less well served.

9.5. Contraception

- Carry out a review of LARC provision to ensure equity of access.
- Review EHC provision in light of the proposed national EHC pharmacy offer to ensure equity of access.
- Improve long term contraception access and provision in all age groups, especially in the 16-29 year olds.

9.6. Service Provision

- An across systems review of alert systems, coding and processes around female genital mutilation (FGM) could be considered across multiple health organisations to protect individuals and enable data collation and analysis for strategic planning purposes.
- Development opportunities will also be implemented with the sexual health service.
- Findings support the need to ensure a system wide approach to addressing sexual and reproductive health and there are opportunities to work with all health partners to improve the current offer.

10. Appendices

Appendix 1: HCRG Care Group Sexual Health in Cheshire West and Chester | Sexual Health Hub

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