North Yorkshire and York Sexual Health Needs Assessment

An Assessment of the Sexual Health Needs of the North Yorkshire and York Population

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1 EXECUTIVE SUMMARY

The sexual health needs assessment highlights that overall compared to other areas in England, North Yorkshire does have some good sexual health outcomes. However, there are a number of key local issues and challenges to highlight to help inform current and future service delivery:

- North Yorkshire covers 3,000 square miles ranging from isolated rural settlements and farms to market towns and larger urban conurbations such as Harrogate and Scarborough. Whilst North Yorkshire is in overall terms more affluent than a typical local authority in England, there are nevertheless areas of profound deprivation, including some parts of the County that are ranked within the 10% most deprived areas in England.

- The demographic profiles of the population vary from District to District. For example, Richmondshire has a significant larger number of young men due to Catterick Garrison, and York also has larger numbers of young people due mainly to York University. These demographics profiles are important as young people are more at risk from sexually transmitted infections (STIs).

- The ethnic diversity varies within North Yorkshire Districts with Harrogate having the biggest ethnic group that are ‘white other’.

- The sexual health outcomes of the North Yorkshire population vary within districts highlighting inequalities in the disease burden experienced across North Yorkshire. For example, York, Scarborough and Selby are higher when compared to other North Yorkshire districts for rates of herpes and genital warts.

- Rates of herpes in York are higher than the England average. Nationally genital herpes is nationally on an upward trend although North Yorkshire and York is not as yet following this trend.

- Chlamydia is the most commonly diagnosed STI in the local population followed by genital warts, although the Chlamydia diagnostic rate across the County falls well below the recommended national target.

- Gonorrhoea, although low numbers in North Yorkshire, is predominantly diagnosed in the male population. Gonorrhoea is over represented in Harrogate and York when compared to other districts across North Yorkshire.

- Whilst numbers of people diagnosed with HIV in North Yorkshire and York are lower than the national average, HIV diagnosis rates in Harrogate shows an increasing trend and given the area also has high levels of gonorrhoea; it is possible that there is a risk taking population concentrated in the district. It should be noted that most women with HIV were infected through heterosexual sex whilst most men were infected through homosexual sex.

- The percentage of adults newly diagnosed with a CD4 count less than 350 cells cubic millimetre is just below national rates in North Yorkshire.
• U18 conception rates have fallen steadily but this masks significant variation at district level with Scarborough having a disproportionately high level of under 18 conceptions.

• Numbers of attendances at genito-urinary clinics is increasing by North Yorkshire residents both locally and nationally. Between 2010-11 to 2011-12, attendances by our local residents to North Yorkshire clinics increased by 8% and attendances to clinics by our local residents to clinics outside of North Yorkshire by 5%.
Conclusion

Despite efforts to control STIs, including the improved availability and update of sexual health screening, we are not seeing a significant impact on numbers of STIs diagnosed with some STI rates continuing to rise. Whilst some of the increase is associated with more testing, e.g. Chlamydia and more diagnostic sensitivity, it is clear that high rates of infection persist in population groups such as men who have sex with men (MSM) and young people.

The percentage of late stage of diagnosis of new cases of HIV is concerning, and improved uptake of HIV is vital for early detection and treatment to reduce morbidity and mortality.

Existing prevention efforts, such as greater STI screening coverage and easier, more rapid access to sexual health services need to be sustained and improved in some localities to support earlier diagnosis and prevent onward transmission. These efforts need to be focussed on high risk groups in particular.

LARC is the most effective form of contraception. Provision of LARC services is good across North Yorkshire and maintaining and skilling up healthcare professional to support people to make informed choices about contraception and fit and remove LARC needs to be ensured.

Whilst good progress has been made on teenage pregnancy rates across North Yorkshire, more needs to be done in certain areas and work in other areas sustained to identify and support young people at risk of teenage pregnancy.

Control of STIs requires an integrated response from all relevant agencies. Given the responsibility that the Local Authority now has to protect its population from sexual health diseases, it needs to build on the existing good work that has previously occurred.
2 INTRODUCTION

2.1 Background

Sexual health covers the provision of advice and services around contraception, relationships, sexually transmitted infections (STIs) (including HIV) and abortion. Provision of sexual health services is complex and can be delivered by a wide range of providers, including general practice, community services, acute hospitals, pharmacies and the voluntary, charitable and independent sector (Department of Health, 2013).

2.2 National drivers on sexual health

Sexual health is an important and wide-ranging area of public health. Having the correct sexual health interventions and services can have a positive effect on population health and wellbeing as well as individuals at risk (Department of Health, 2013).

The Public Health Outcomes Framework (2012) contains three specific indicators for sexual health:
- Under 18 conceptions.
- Chlamydia diagnoses in the 15-24 age group.
- Late diagnosis of HIV.

Nationally, significant progress has already been made in improving sexual health, including:
- Access to specialist genito-urinary medicine (GUM) services has improved by promoting rapid access to accessible services (Mercer C et al, 2012 – cited in Department of Health, 2013).
- Teenage pregnancy rates have fallen to their lowest levels since records began (Office for National Statistics, 2013 – cited in Department of Health, 2013).
- The use of more effective long-acting methods of contraception has increased.
- Access to services has been improved through the expansion and integration of service delivery outside of specialist services, particularly in the community and general practice (Church K and Mayhew SH, 2009 – cited in Department of Health, 2013).

Despite the significant progress the Department of Health, in their Framework for Sexual Health in England (2013), highlight there are still improvements to be made:
- Up to 50% of pregnancies are unplanned.
- Rates of infectious syphilis are at their highest since the 1950s.
- Gonorrhoea is becoming more difficult to treat.
- Almost half of adults newly diagnosed with HIV were diagnosed after the point at which they should have started treatment.
- In 2010, England was in the bottom third of 43 countries in the World Health Organization’s European Region and North America for condom use among sexually active young people; previously, England was in the top ten.
2.3 Local Changes in Commissioning Responsibility for Sexual Health Services

As from 1 April 2013, North Yorkshire County Council (NYCC) and The City of York Council (CYC) are now required by regulation to commission HIV prevention and sexual health promotion, open access genito-urinary medicine and contraception service for all age groups. GP contraceptive services and HIV treatment and care are now commissioned by NHS England via the Area Team, and termination services by Clinical Commissioning Groups led by HWR CCG.

The Public Health Team within North Yorkshire County Council have carried out a Sexual Health Needs Assessment (SHNA) for the population of North Yorkshire and York as part of the review and re-procurement of sexual health services across North Yorkshire and York.

The SHNA intends to support the review and re-procurement of sexual health services by providing up to date data on local sexual health prevalence and population need, which can be incorporated into service descriptions and support providers in the delivery of service provision, ensuring it is targeted most effectively and efficiently to achieve the best sexual health outcomes for the population.

This report:

1) Provides information on general population demographics of NY and York.
2) Provides a general overview of each District Council area.
3) Describes sexual health outcomes across NY and Y.
4) Details military sexual health on the Garrison.
5) Provides an overview of current service provision and activity levels.
6) Conclusion.
3 NORTH YORKSHIRE AND YORK DEMOGRAPHICS

Covering over 3,000 square miles, North Yorkshire ranges from isolated rural settlements and farms to market towns and larger urban conurbations such as Harrogate and Scarborough. Whilst North Yorkshire is in overall terms more affluent than a typical local authority in England, there are nevertheless areas of profound deprivation, including some parts of the County that are ranked within the 10% most deprived areas in England.

Figure 1 A map of the LSOA’s in North Yorkshire by local IMD 2010 quintiles

The map shows all of the 2011 Lower Super Output Areas (LSOA) across North Yorkshire. These are units of administrative geography with similar sized populations. Each LSOA has an Indices of Multiple Deprivation (IMD) 2010 score. The colours represent the quintile of grouped IMD score, where red are the most deprived 20% of the North Yorkshire LSOA’s. The majority of NY deprived LSOA are concentrated in the Scarborough and Ryedale districts, with smaller parts of Skipton, Harrogate, Northallerton, Whitby and Selby having part of those communities in the most deprived quintile.
The map shows all of the 2011 Lower Super Output Areas (LSOA) across City of York Council area. These are units of administrative geography with similar sized populations. Each LSOA has an Indices of Multiple Deprivation (IMD) 2010 score. The colours represent the quintile of grouped IMD score, where red are the most deprived 20% of the City of York LSOA’s. The majority of York’s deprived LSOAs are concentrated in the centre of the city council area. The rural urban fringes of the city tend to be less deprived than the urban centre.
The geography in terms of organisations is very complex across North Yorkshire and York. North Yorkshire is comprised of seven district councils each having their own statute responsibilities and service commissioning for their populations. There are six CCGs across North Yorkshire and York, with the Vale of York CCG spanning three local authority areas being the most complex (North Yorkshire, York and East Riding). Airedale Wharfedale Craven CCG also crosses two local authorities along with the Cumbria CCG, meaning a coherent picture for North Yorkshire in terms of commissioning particularly difficult.
The County is also home to a significant military presence, including the UK Army’s largest garrison at Catterick in the north of the County. It is estimated that at any one time, 17,000 MOD personnel may be based in North Yorkshire.

As highlighted in Figure 4 below, North Yorkshire when compared to the national age structure has an older population, with those age 45 and up over represented across the County for both genders. For ages 20-44 years however these are lower when comparing North Yorkshire to the national age structure. It is important however, to note the variation in profiles across North Yorkshire’s seven districts. For example in Richmondshire there are a high number of males aged 20-29 years due to the presence of the military base in Catterick. The long term military planning for regiment’s movement has recently changed meaning that regiments are to be fixed to bases. For North Yorkshire this possibly means a more stable military population in the future.

Figure 4 A population Pyramid showing North Yorkshires age make up (2012)
Craven similarly follows the NY pattern having an over representation of the 45+ and under representation of the 15-39 age groups with an under representation of 0-9.

Hambleton similarly follows the NY pattern having an over representation of the 45+ and under representation of the 0-44 age groups.

Harrogate similarly follows the NY pattern having an over representation of the 45+ and under representation of the 20-39 age groups with an under representation of 0-9.

Richmondshire similarly follows the NY pattern having an over representation of the 45-54 for the older age groups they area follows the national trend closely. There is an over representation of the 20-34 age groups for men this is the military population with an over representation of 0-9.
Ryedale similarly follows the NY pattern having an over representation of the 45+ and under representation of the 20-39 age groups with an under representation of 0-9.

Scarborough similarly follows the NY pattern having an over representation of the 45+ and under representation of the 0-44 age groups.
3.1 Craven

Craven has a population of 55,400 (ONS 2010 Mid-Year Population Estimates). It is a rural district with a population density of only 47 people per km², the third lowest in North Yorkshire and the fifth lowest in England. It has no major towns or settlement with populations over 15,000. Its largest town is Skipton which had, in 2010, a population of 14,530.

As in the rest of North Yorkshire, Craven’s population is increasing and ageing with a projected population of 59,300 by 2030. The population of older people (65 and over) is expected to increase from 23.1% in 2010 to 36.9% by 2035 while the population aged 0-19 years is expected to fall from 21.5% to 17.9% over the same period.

The population of Craven has an estimated smaller proportion of Black, Asian and Minority Ethnic (BAME) groups than the national average but the second highest proportion of people not classified as ‘White: British’ (8.7% of the population) in the County of which ‘Asian or Asian British’ accounts for 3.6% (ONS Mid-2009 Population Estimates Experimental Data).

3.2 Hambleton

Hambleton has a population of 87,600 (ONS 2010 Mid-Year Population Estimates). It is a rural district with a population density of 67 people per km², below the North Yorkshire average of 75 and well below the national average of 401. It has one major town with a population over 15,000, Northallerton, home to 18,730 people. Its second largest town is Thirsk which had, in 2010, a population of 9,940.

As in the rest of North Yorkshire, the population of Hambleton is increasing and ageing with a projected population of 94,600 by 2035. The population of older people (65 and over) is expected to increase from 21.5% in 2010 to 33.8% by 2035 while the population aged 0-19 years is expected to fall from 21.8% to 19.7% over the same period.

The population of Hambleton has the smallest estimated proportion of Black, Asian and Minority Ethnic (BAME) groups across North Yorkshire with just 4.8% of the population classified in other categories than ‘White British’ much lower than the national average of 17.2%. Within these minority groups, the ‘White Other’ category accounts for 1.6% of the total population of Hambleton (ONS Mid-2009 Population Estimates Experimental Data).

3.3 Harrogate

Harrogate has a population of 158,700 (ONS 2010 Mid-Year Population Estimates). It is a fairly rural district with a population density of 121 people per km², above the North Yorkshire average of 75 but well below the national average of 401. It has three major towns or settlements with a population over 15,000; Harrogate town, home to 74,720 people, Ripon (17,180 people) and Knaresborough (15,410 people).

As in the rest of North Yorkshire, the population of Harrogate is increasing and ageing with a projected population of 173,100 by 2035. The population of older people (65 and over) is expected to increase from 19.4% in 2010 to 30.2% by 2035 while the population aged 0-19 years is expected to fall from 23.2% to 20.3% over the same period.
The population of Harrogate has the highest estimated proportion of Black, Asian and Minority Ethnic (BAME) groups compared to the other districts in North Yorkshire with 10.4% of the population classified in other categories than ‘White British’, yet this is still lower than the national average of 17.2%. Within these minority groups, the ‘White Other’ category accounts for 3.5% of the total population of Harrogate, and ‘Chinese or other ethnic group’ accounts for 2.3% (ONS Mid-2009 Population Estimates Experimental Data).

3.4 Richmondshire

Richmondshire has a population of 53,000 (ONS 2010 Mid-Year Population Estimates). It is a rural district with a population density of 40 people per km², below North Yorkshire average of 75 and well below the national average of 401. Its only major town or settlement with a population over 15,000 is Catterick Garrison, home to 15,040 people. Its second largest town is Richmond, home to 8,540 people.

As in the rest of North Yorkshire, the population of Richmondshire is increasing and ageing with a projected population of 52,000 by 2035. The population of older people (65 and over) is expected to increase from 21.5% in 2010 to 29.2% by 2035 while the population aged 0-19 years is expected to fall from 24.1% to 21.2% over the same period.

The population of Richmondshire has a smaller estimated proportion of Black, Asian and Minority Ethnic (BAME) groups than the national average of 17.2% with just 7.6% of the population classified in other categories than ‘White British’. Within these minority groups, the ‘Asian or British’ category accounts for 2.8% of the total population of Richmondshire (ONS Mid-2009 Population Estimates Experimental Data).

3.5 Ryedale

Ryedale has a population of 53,600 (ONS 2010 Mid-Year Population Estimates). It is a rural district with a population density of 36 people per km², below the North Yorkshire average of 75 and well below the national average of 401. It has no major towns or settlements with populations over 15,000. Malton has a population of 5,020 and neighbouring Norton has a population of 7,500. Pickering has a population of 7,230.

As in the rest of North Yorkshire, the population of Ryedale is increasing and ageing with a projected population of 56,100 by 2035. The population of older people (65 and over) is expected to increase from 22.4% in 2010 to 33.9% by 2035 while the population aged 0-19 years is expected to fall from 22.2% to 19.6% over the same period.

The population of Ryedale has a smaller estimated proportion of Black, Asian and Minority Ethnic (BAME) groups than the national average of 17.2% with just 6.7% of the population classified in other categories than ‘White British’. Within these minority groups, the ‘White Other’ category accounts for 2.6% of the total population of Ryedale (ONS Mid-2009 Population Estimates Experimental Data).

3.6 Scarborough

Scarborough has a population of 108,600 (ONS 2010 Mid-Year Population Estimates). It is a fairly rural district with a population density of 133 people per km², above the North Yorkshire average of 75 yet below the national average of 401. The town of Scarborough (population 51,960) is its only major town or settlement with a population over 15,000. Its second largest town is Whitby with a population of 13,570.
As in the rest of North Yorkshire, the population of Scarborough is increasing and ageing with a projected population of 111,800 by 2,035. The population of older people (65 and over) is expected to increase from 22.9% in 2010 to 33.1% by 2,035 while the population aged 0-19 years is expected to fall from 21.1% to 19.6% over the same period.

The population of Scarborough has a smaller estimated proportion of Black, Asian and Minority Ethnic (BAME) groups than the national average of 17.2% with just 6.9% of the population classified in other categories than ‘White British’. Within these minority groups, the ‘White Other’ category accounts for 2.4% of the total population of Scarborough (ONS Mid-2009 Population Estimates Experimental Data).

### 3.7 Selby

Selby has a population of 82,900 (ONS 2010 Mid-Year Population Estimates). It is a fairly rural district with a population density of 138 people per km², above North Yorkshire average of 75 but well below the national average of 401. Selby town, with a population of 24,680 is its only major town or settlement with a population over 15,000. Its second largest town is Sherburn in Elmet, home to 6,370 people.

As in the rest of North Yorkshire, the population of Selby is increasing and ageing with a projected population of 103,400 by 2035. The population of older people (65 and over) is expected to increase from 16.5% in 2010 to 26.3% by 2035 while the population aged 0-19 years is expected to fall from 24.0% to 21.8% over the same period.

The population of Selby has a smaller estimated proportion of Black, Asian and Minority Ethnic (BAME) groups than the national average of 17.2% with just 6.4% of the population classified in other categories than ‘White British’. Within these minority groups, the ‘Asian or Asian British’ category accounts for 2.2% of the total population of Selby (ONS Mid-2009 Population Estimates Experimental Data107).
3.8 Population Projections

Population projection number changes between 2011 and 2021. For England we can see that there is growth forecast in those aged 0 to 14 years as well as growth in 25-39 age groups for both genders. Nationally we will see growth in those aged 50+ for both genders by 2021 adding an increased burden to services. For ages 15-24 years and 40-49 years we will see a reduction by 2021 compared to the current 2011 population.

North Yorkshire and York mirrors this pattern. However, the respective increases and decreases are greater in North Yorkshire and York compared to the 2011 position. North Yorkshire shows the national pattern again having greatly pronounced increase in the 50+ when compared to the 2011 position and decreasing in the 15-24 and 40-49 age groups. York shows a dramatic increase in those in the female older age groups by 2021.

The England population is projected to grow in the 50+ with a slight decrease in the 40-49 by 2021. The 0–14 age groups are expected to grow by 2021 along with the 25-39 age groups. The 15-24 age groups are expected to decrease by 2021.

The North Yorkshire and York population is projected to grow in the 50+ with a slight decrease in the 40-49 by 2021. The 0–14 age groups are expected to grow by 2021 along with the 25-39 age groups. The 15-24 age groups are expected to decrease by 2021. The 85+ population is projected to grow by a large amount as well as the 70-74.
The North Yorkshire population is projected to grow in the 50+ with a slight decrease in the 35-49 by 2021. The 0-14 age groups are expected to grow by 2021 along with the 25-39 age groups. The 15-24 age groups are expected to decrease by 2021. The 85+ population is projected to grow by a large amount as well as the 70-74.

The York population is projected to grow in the 50+ with a slight decrease in the 35-49 by 2021. The 0-14 age groups are expected to grow by 2021 along with the 25-39 age groups. The 15-24 age groups are expected to decrease by 2021. The 85+ population is projected to grow by a large amount as well as the 70-74.

The biggest proportion of deprived 15-24 is in Scarborough district at 3,078 whereas the biggest number of 15-24 year olds is Harrogate district at 3,534.
Each area shows significant variation in age distribution. The younger age groups make up smaller proportions across the districts when compared with the older age groups. All of the districts apart from Richmondshire and Selby have a greater than national % of 80-90 year olds demonstrating the older than average population of North Yorkshire and York.

Source ONS 2013
Figure 17 Persons aged 15-49 by deprivation quintile for each district

The graph clearly shows that Harrogate has the bulk of the County’s population aged 15-49 in total, when the quintiles are added together. Scarborough has the biggest proportion of its 15-49 residents in the most deprived quintiles. However, the biggest numbers of deprived resident are in Harrogate district.

Source ONS 2013
The spread of 15-24 year olds across the districts shows that Harrogate and Scarborough have the largest number of deprived 15-24 year olds. North Yorkshire as a whole has the most number of 15-24 in the least deprived quintile at 16893 whereas in York the most number of 15-24 year olds are located in quintile 2 at 8512.
3.9 Ethnicity

Figure 19 Census 2011 Ethnicity breakdown by district (All ages)

Source ONS 2013

Table 2 Number of people by ethnic group at the 2011 census for districts

<table>
<thead>
<tr>
<th>District</th>
<th>Craven</th>
<th>Hambleton</th>
<th>Harrogate</th>
<th>Richmondshire</th>
<th>Ryedale</th>
<th>Scarborough</th>
<th>Selby</th>
<th>York</th>
<th>NYCC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian British</td>
<td>970</td>
<td>600</td>
<td>2409</td>
<td>1247</td>
<td>273</td>
<td>1364</td>
<td>493</td>
<td>6740</td>
<td>7356</td>
</tr>
<tr>
<td>Black/African/Caribbean/Black British African &amp; Caribbean</td>
<td>56</td>
<td>142</td>
<td>772</td>
<td>325</td>
<td>75</td>
<td>227</td>
<td>203</td>
<td>1108</td>
<td>1800</td>
</tr>
<tr>
<td>Black/African/Caribbean/Black British; Other Black</td>
<td>5</td>
<td>46</td>
<td>375</td>
<td>171</td>
<td>5</td>
<td>13</td>
<td>9</td>
<td>86</td>
<td>624</td>
</tr>
<tr>
<td>Mixed/Multiple Ethnic Group</td>
<td>375</td>
<td>593</td>
<td>1776</td>
<td>502</td>
<td>302</td>
<td>869</td>
<td>626</td>
<td>2413</td>
<td>5043</td>
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<tr>
<td>Other Ethnic Group</td>
<td>39</td>
<td>124</td>
<td>462</td>
<td>164</td>
<td>32</td>
<td>216</td>
<td>41</td>
<td>973</td>
<td>1078</td>
</tr>
<tr>
<td>White British</td>
<td>53057</td>
<td>86173</td>
<td>145488</td>
<td>48716</td>
<td>50064</td>
<td>103926</td>
<td>80012</td>
<td>179716</td>
<td>567436</td>
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<tr>
<td>White Other</td>
<td>853</td>
<td>1330</td>
<td>6480</td>
<td>821</td>
<td>919</td>
<td>2141</td>
<td>1907</td>
<td>6746</td>
<td>14451</td>
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<tr>
<td>Total</td>
<td>55409</td>
<td>89140</td>
<td>157869</td>
<td>51965</td>
<td>51751</td>
<td>108793</td>
<td>83449</td>
<td>198051</td>
<td>598376</td>
</tr>
</tbody>
</table>

The ethnic diversity varies between districts with Harrogate the biggest number of non-white people; Asian British and mixed/multiple ethnic group make up the major part of this diversity in Harrogate. Asian British the largest number of non-white in Craven and Richmondshire. York is more diverse than NY as a whole and any one of its districts, with nearly 10% of its population being non-white births, the largest ethnic group in York is the other white British followed by Asian British.
3.10 Sexual orientation – at risk groups

Table 3 Men who have had a sexual experience with another man

<table>
<thead>
<tr>
<th>Area</th>
<th>16-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65-74</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Craven</td>
<td>175</td>
<td>181</td>
<td>237</td>
<td>377</td>
<td>408</td>
<td>201</td>
<td>1559</td>
</tr>
<tr>
<td>Hambleton</td>
<td>321</td>
<td>360</td>
<td>381</td>
<td>643</td>
<td>619</td>
<td>326</td>
<td>2630</td>
</tr>
<tr>
<td>Harrogate</td>
<td>570</td>
<td>651</td>
<td>757</td>
<td>1113</td>
<td>989</td>
<td>493</td>
<td>4541</td>
</tr>
<tr>
<td>Richmondshire</td>
<td>389</td>
<td>338</td>
<td>246</td>
<td>324</td>
<td>317</td>
<td>164</td>
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<tr>
<td>Ryedale</td>
<td>179</td>
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<td>213</td>
<td>362</td>
<td>392</td>
<td>204</td>
<td>1505</td>
</tr>
<tr>
<td>Scarborough</td>
<td>411</td>
<td>399</td>
<td>424</td>
<td>711</td>
<td>753</td>
<td>414</td>
<td>3101</td>
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<tr>
<td>Selby</td>
<td>294</td>
<td>344</td>
<td>421</td>
<td>618</td>
<td>555</td>
<td>253</td>
<td>2456</td>
</tr>
<tr>
<td>York</td>
<td>1118</td>
<td>1080</td>
<td>942</td>
<td>1191</td>
<td>1059</td>
<td>510</td>
<td>5956</td>
</tr>
<tr>
<td>North Yorkshire</td>
<td>2339</td>
<td>2443</td>
<td>2678</td>
<td>4148</td>
<td>4032</td>
<td>2054</td>
<td>17600</td>
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<tr>
<td>Yorkshire &amp; Humber</td>
<td>23794</td>
<td>26464</td>
<td>25738</td>
<td>33788</td>
<td>30704</td>
<td>14393</td>
<td>154981</td>
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<tr>
<td>England</td>
<td>223191</td>
<td>282641</td>
<td>267035</td>
<td>339280</td>
<td>298604</td>
<td>142201</td>
<td>1554053</td>
</tr>
</tbody>
</table>

Natsal survey 2014—modelled estimates

The table shows the number of men who have had a sexual experience with another man projected rates from a national survey for each district by age group. There are significant health inequalities faced by this group for diseases such as Gonorrhea and HIV. Therefore there is value in knowing where concentrations of this population are, in order to target interventions. Harrogate has the biggest number followed by Scarborough.

Table 4 Women who have had a sexual experience with another woman

<table>
<thead>
<tr>
<th>Area</th>
<th>16-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65-74</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Craven</td>
<td>457</td>
<td>422</td>
<td>395</td>
<td>391</td>
<td>280</td>
<td>95</td>
<td>2358</td>
</tr>
<tr>
<td>Hambleton</td>
<td>721</td>
<td>710</td>
<td>646</td>
<td>628</td>
<td>420</td>
<td>150</td>
<td>3754</td>
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<tr>
<td>Harrogate</td>
<td>1312</td>
<td>1460</td>
<td>1240</td>
<td>1110</td>
<td>674</td>
<td>233</td>
<td>6622</td>
</tr>
<tr>
<td>Richmondshire</td>
<td>418</td>
<td>511</td>
<td>376</td>
<td>317</td>
<td>216</td>
<td>72</td>
<td>2064</td>
</tr>
<tr>
<td>Ryedale</td>
<td>420</td>
<td>390</td>
<td>366</td>
<td>351</td>
<td>264</td>
<td>93</td>
<td>2197</td>
</tr>
<tr>
<td>Scarborough</td>
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<td>933</td>
<td>710</td>
<td>715</td>
<td>530</td>
<td>193</td>
<td>4647</td>
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<tr>
<td>Selby</td>
<td>789</td>
<td>832</td>
<td>689</td>
<td>608</td>
<td>370</td>
<td>112</td>
<td>3631</td>
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<tr>
<td>York</td>
<td>3111</td>
<td>2424</td>
<td>1482</td>
<td>1163</td>
<td>737</td>
<td>250</td>
<td>8827</td>
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<td>North Yorkshire</td>
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<td>5256</td>
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<tr>
<td>Yorkshire &amp; Humber</td>
<td>62020</td>
<td>61509</td>
<td>40223</td>
<td>32599</td>
<td>20567</td>
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<td>224912</td>
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<td>420611</td>
<td>330642</td>
<td>203315</td>
<td>65347</td>
<td>2268470</td>
</tr>
</tbody>
</table>

Natsal survey 2014—modelled estimates

The table shows the number of women who have had a sexual experience with another woman projected rates from a national survey for each district by age group. It is worth noting that the rates on women are nearly three times that of men.

3.11 Conceptions and births

During 2011 there were 9,402 conceptions to women in North Yorkshire and York. Conception data is compiled by combining information from registrations of births and notifications of legal abortions. It includes pregnancies that result in one or more live or still births (a maternity), or a legal abortion under the Abortion Act 1967. It does not include miscarriages or illegal abortions.

During 2011, the general fertility rate (the number of live births per 1,000 female population aged 15-44) in North Yorkshire and York was 56.6, statistically significantly lower than the national average of 64.2. It was
particularly low in York (47.9) and ranged between 57.8 in Craven and 63.7 in Richmondshire within North Yorkshire.

Figure 20 General Fertility rate by district for North Yorkshire and York

![General Fertility rate 2011 North Yorkshire and York](image)

Source ONS 2013

The number of live births in North Yorkshire and York increased between 2001 and 2008 though has fallen slightly over the last two years. ONS population projections indicate that births are expected to increase over the next few years followed by a slow decline in numbers between 2014 and 2020. The net effects of these changes are an overall increase between 2010 and 2020 by 4.2%.
Figure 21 Number of live births 2001-2010 with projections 2011-2020 for North Yorkshire and York

Source ONS 2013
*Blue is actual population the red columns are population projections

The live births in NY and Y are expected to rise up to 2014. After 2014 the number of births begins to decline which fits with earlier population projections showing the younger adult population child bearing age groups declining.

Figure 22 Change in the live number of births 2001-2010 with projections 2011-2020 for North Yorkshire and York

Source ONS 2013
The chart above shows the percentage change in number of live births and expected percentage change over the next ten years by district. Selby has seen the largest increase in births, and is expected to see further increases over the next ten years. Richmondshire is the single district in which the number of births is expected to fall over the next ten years.

4 SEXUAL HEALTH OUTCOMES ACROSS NORTH YORKSHIRE AND YORK

4.1 Chlamydia

Chlamydia is caused by the bacterium *Chlamydia trachomatis* and is the most common bacterial sexually transmitted infection in England. It is most prevalent among sexually active young people. Infection is mostly asymptomatic. If untreated, Chlamydia can lead to complications including pelvic inflammatory disease, ectopic pregnancy and infertility. The national programme to control Chlamydia offers opportunistic screening to sexually active under-25s.

Chlamydia diagnoses are increasing both regionally and nationally due to increased National Chlamydia Screening Programme (NCSP) coverage, while diagnoses of Chlamydia restricted to GUM clinics are decreasing. As a result, it is difficult to interpret trends in Chlamydia diagnoses in GUM clinics and as such they are not presented here.

The NCSP commenced in 2003 with the objective of controlling Chlamydia, through the early detection and treatment of asymptomatic infection, targeting young people in the 15-24 years age group. Screening uptake has increased over the last few years in North Yorkshire, and the latest figures (2012) show that 32.7% of the highest risk population were screened. These figures are based on tests at NCSP registered sites, non-NCSP sites and GUM clinics. During 2011/12, 7.4% of those aged 15-24 screened in North Yorkshire and York tested positive for Chlamydia, similar to the national average of 7.3% yet below the Yorkshire and Humber average of 8.6%.

Compared to other PCTs in the region, North Yorkshire and York has the third lowest diagnosis rate per 100,000 population\(^1\).

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4.1.1 Inequalities in Chlamydia

Figure 23 Chlamydia diagnosis rate per 100,000 populations in those aged 15-24, North Yorkshire Districts and York, 2012

Both North Yorkshire and York separately and combined are significantly below the England average diagnostic rate. The target associated with this area is to have a diagnostic rate of 2,300 per 100,000 people. The diagnostic rate is not evenly distributed across the County, Scarborough and Richmondshire show the highest diagnostic rates, whereas Craven shows the lowest. There are a few caveats with the above data source, local data from providers indicates that the above is an under estimation of the service activity suggesting that there are some reporting gaps with the national collection. The lower diagnostic rate could also indicate a lower than average infection rate in the local population.

4.2 Gonorrhoea

Neisseria gonorrhoea is the second most common bacterial STI in the United Kingdom. It can lead to serious complications including pelvic inflammatory disease, ectopic pregnancy and infertility. Gonorrhoea can usually be effectively treated with antibiotics but this is threatened by emerging resistance to currently recommended drugs (specifically ceftriaxone and cefixime).

Young people are most commonly infected, with current rates highest in males aged 20-24 years and females aged 16-19 years. The highest rates are found in London and predominantly urban areas. Gonococcal infection tends to be concentrated in core prevention groups. In the UK these include homosexual/bisexual men and black ethnic minority populations.
4.2.1 Inequalities in Gonorrhoea

The true number of cases may be considerably greater, as Gonorrhoea is frequently asymptomatic. Within Yorkshire and the Humber, the majority of Gonorrhoea diagnoses continue to be in men (59% of 2010 cases). In Yorkshire and the Humber region, 24% of diagnoses seen in men during 2010 were among men who have sex with men. North Yorkshire and York also share these patterns with 77% of diagnoses during 2010 being amongst the male population (of which 33% were men who have sex with men). Nationally Gonorrhoea is concentrated in urban areas and those at greatest risk include young adults, certain black ethnic minorities and men who have sex with men (MSM). However, in North Yorkshire and York, 47% of diagnoses during 2010 were amongst the 15-24 age groups and the rate of Gonorrhoea diagnoses was highest amongst the black or black British ethnic group.
Whilst the diagnostic rate for all of the areas in North Yorkshire is not close to the national rates, there is variation between areas. Harrogate in particular for North Yorkshire has a higher rate when comparing it to the other district areas. York Council has a similar higher rate when comparing to the majority of the other North Yorkshire areas.

4.3 Genital Herpes

Genital herpes simplex virus (HSV) infection is the most common ulcerative sexually transmitted disease in the UK. Symptoms can start with mild soreness and groups of small painful blisters appearing on the genitals and surrounding areas. Further episodes of these symptoms can occur from time to time as recurrent episodes. The virus can cause severe systemic disease in neonates (new-born infants) and the immunosuppressed and it may facilitate HIV transmission. Many HSV infections are subclinical (not detectable, as there are no signs or symptoms). There are two distinct subtypes of HSV. Type 2 is almost exclusively associated with genital infection. Type 1 causes oral herpes (or cold sores) but has increasingly been implicated in genital infections.

Genital herpes is a major viral cause of poor sexual health. It can be effectively treated by antiviral drugs, though it can recur frequently post treatment. In rare cases, the virus can be transmitted from mother to new-born, resulting in serious infant morbidity or death.
Herpes rates nationally have been on the increase in recent years and the two areas have predominately followed the trend. However, both York and North Yorkshire have shown a slight decrease in the latest year’s available data. York still remains above the national rate whereas North Yorkshire is well below the national levels.
4.3.1 Inequalities in Herpes

The distribution of the disease is not equally distributed between the districts; Selby, Scarborough, and Harrogate in North Yorkshire have highest rates for the North Yorkshire area. York’s rate is close to being significantly higher than the England average in 2012.

4.4 Syphilis

Syphilis is caused by a bacteria-like spirochete Treponema pallidum subspecies pallidum. Syphilis can be transmitted between partners during sexual intercourse and from an infected pregnant woman across the placenta to a developing baby. In England, diagnoses of Syphilis have increased substantially since 1997, driven in part by outbreaks in cities such as Manchester and London. Concern about the potential spread of Syphilis amongst both men who have sex with men, and heterosexual men and women, has resulted in the development of surveillance initiatives by the HPA in partnership with Public Health, Microbiology and colleagues in genito-urinary medicine. Late stage Syphilis can cause very serious side effects occurring 10–30 years after infection began. Symptoms of the late stage of syphilis include difficulty coordinating muscle movements, paralysis (not able to move certain parts of the body), numbness, blindness, and dementia (mental disorder). In the late stages of Syphilis, the disease damages internal organs and can result in death.
The diagnostic rate for Syphilis is predominantly low in the nation and has had a slight increase in later years; the change is not yet significantly different. For local authority areas the trend can change annually due to the small numbers involved. York demonstrates this in 2011; this peak was not significantly different to previous or subsequent years.
4.4.1 Inequalities in Syphilis

Figure 29 Syphilis diagnostic rate per 100,000 by district (2012)

In 2012 the district split shows that the bulk of the diagnosis occurred in Craven District. York and North Yorkshire has a similar rate to each other and where both lower than the national average.

4.5 Genital Warts

There are more than 100 types of HPV (human papillomavirus), including 40 which can infect the genital tract and are sexually acquired. Genital HPV infections are frequently asymptomatic and resolved without causing disease. However, certain HPV infections can cause cervical cancer, other cancers and genital warts. Warts are the most common viral STI diagnosed in the UK, with highest rates of new cases in 20-24 year old men and 16-19 year old women. Warts are found on or around the penis, anus or vagina. Low risk HPV types 6 and 11 cause the majority of genital warts. The number of genital warts diagnosed in the UK population has continuously risen since records began in 1971.

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Genital warts nationally have shown little change over the recent years. North Yorkshire and York have followed a similar pattern to each other and the national picture over the same time period. York has been similar to the national level across this time frame and North Yorkshire always significantly below the national picture. The biggest change is that in 2012 York appeared to dip below the national level for the first time.

Source PHE 2013
### 4.5.1 Inequalities in Genital Warts

**Figure 31** Genital warts diagnostic rate per 100,000 by district (2012)

<table>
<thead>
<tr>
<th>District</th>
<th>Warts Rate Per 100,000 (2012)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Craven</td>
<td>21.6</td>
</tr>
<tr>
<td>Ryedale</td>
<td>46.1</td>
</tr>
<tr>
<td>Hambleton Richmon</td>
<td>61.3</td>
</tr>
<tr>
<td>Scarborough</td>
<td>81.6</td>
</tr>
<tr>
<td>Selby</td>
<td>85.6</td>
</tr>
<tr>
<td>Harrogate</td>
<td>85.6</td>
</tr>
<tr>
<td>North Yorkshire</td>
<td>87.6</td>
</tr>
<tr>
<td>York</td>
<td>124.0</td>
</tr>
</tbody>
</table>

Source PHE 2013

The distribution of genital warts across the area shows that Richmondshire, Selby, Scarborough and Harrogate have similar rates. However, they are still significantly lower than the national average. York has the highest rate of all and it similar to the national average.

### 4.6 HIV

The human immunodeficiency virus (HIV) is a lentivirus (slowly replicating retrovirus) that causes the acquired immunodeficiency syndrome (AIDS), a condition in humans in which progressive failure of the immune system allows life-threatening opportunistic infections and cancers to thrive. Infection with HIV occurs by the transfer of blood, semen, vaginal fluid, pre-ejaculate, or breast milk. Within these bodily fluids, HIV is present as both free virus particles and virus within infected immune cells.

HIV infects vital cells in the human immune system such as helper T cells (specifically CD4+ T cells), macrophages, and dendritic cells. HIV infection leads to low levels of CD4+ T cells through a number of mechanisms including: apoptosis of uninfected bystander cells, direct viral killing of infected cells, and killing of infected CD4+ T cells by CD8 cytotoxic lymphocytes that recognize infected cells. When CD4+ T

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cell numbers decline below a critical level, cell-mediated immunity is lost, and the body becomes progressively more susceptible to opportunistic infections.

HIV treatment introduced in the mid-1990s, transformed HIV from a fatal condition into a long term condition. People diagnosed at a late stage of progression of the infection have a ten times greater risk of death within one year than those diagnosed early. Early diagnosis also facilitates risk reduction and prompt treatment (if appropriate), which reduces infectivity (CMO report 2012).

4.6.1 New Diagnoses of HIV

In Yorkshire and the Humber new diagnosis of HIV between 2001 and 2011 increased by 47%. However, numbers are continuing to decline from 2005 which was the peak year for new diagnoses. North Yorkshire has also seen a downward trend since 2005, though York has seen an upward trend (see chart below). However, the low numbers in these areas should be interpreted with caution. The data reflects those individuals who have been diagnosed in North Yorkshire and York, they may not be North Yorkshire and York residents, and likewise North Yorkshire and York residents may have been tested and diagnosed elsewhere and will not be reflected in this data.

![Number of new diagnoses of HIV 2005-2011](chart)

Although only small numbers of new diagnoses are made each year, in Yorkshire and the Humber during 2011, 37.5% were classified as ‘late diagnoses’ (as measured by the CD4 count of less than 350mm³). Black-Africans/British black-Africans, particularly men, are at greater risk of late diagnosis (67% compared

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to 41% among white men) and would potentially benefit from earlier identification and treatment. Nationally, this figure stands at 50%.\(^6\)

### 4.6.2 Inequalities in HIV

Within the Yorkshire and Humber region, during 2011, the majority of diagnoses were seen in the 25-44 age groups, with more diagnoses in men than women. The demographic profile of cases is also changing with an increase in new diagnoses among those in white ethnicity groups and particularly among men who have sex with men.\(^7\) During 2011, the prevalence of diagnosed HIV per 1,000 population aged 15-59 resident in North Yorkshire was 0.5 and in York 0.7, compared to a national prevalence of 2.1 per 1,000. Within North Yorkshire, the prevalence ranged between 0.1 in Ryedale and 0.8 in Harrogate. Prevalence has increased over the last ten years, where the rate during 2002 ranged between 0.1 per 1,000 in Richmondshire and 0.3 per 1,000 in Scarborough (Table 3).

| Table 5 Comparison of 2002 prevalence versus 2012 prevalence |
|--------------------------|--------------------------|
|                         | 2002 | 2012 |
| Craven                  | 0.1  | 0.3  |
| Hambleton               | 0.1  | 0.3  |
| Harrogate               | 0.1  | 0.8  |
| Richmondshire           | 0.1  | 0.4  |
| Ryedale                 | 0.2  | 0.1  |
| Scarborough             | 0.1  | 0.4  |
| Selby                   | 0.2  | 0.4  |
| York                    | 0.2  | 0.5  |

Source PHE 2013


\(^7\) Health Protection Agency. Yorkshire and the Humber Regional Epidemiology Unit. HIV New Diagnoses: Update on Provisional 2011 Data. August 2012.
Figure 32 Diagnosed HIV prevalence per 1,000 population aged 15-59

**Diagnosed HIV prevalence per 1,000 (aged 15-59)**

Source PHE 2013

Table 6 Number of people living with HIV 2012

<table>
<thead>
<tr>
<th>District</th>
<th>Craven</th>
<th>Hambleton</th>
<th>Harrogate</th>
<th>Richmondshire</th>
<th>Ryedale</th>
<th>Scarborough</th>
<th>Selby</th>
<th>North Yorkshire</th>
<th>York</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of people 15-59 accessing HIV related care</td>
<td>10</td>
<td>15</td>
<td>69</td>
<td>13</td>
<td>4</td>
<td>26</td>
<td>18</td>
<td>155</td>
<td>84</td>
</tr>
</tbody>
</table>

Source: Health Protection Agency, SOPHID

The rate across all the areas of North Yorkshire is significantly lower than the national average; however, within there is large variation. Harrogate district area has a significantly higher rate than other district areas such as Hambleton, suggesting there is an over representation of the disease here.
Both areas are not significantly different to the England average for late diagnosis of HIV. Still as the outcomes are greater for those who are found sooner as well of the risk of transmission being decreased this still remains an important area of focus for a sexual health service.
4.7 Cervical Cancer

Numbers of cases of cervical cancer are low. The incidence rates for 2008-10 in the chart below show that the overall rate for North Yorkshire and York was statistically significantly lower than the national average.

![Cervical Cancer Incidence DSR per 100,000 2008-10](chart)

Source PHE 2013

Richmondshire has a significantly lower incidence rate from cervical cancer when comparing the districts to the national average. North Yorkshire as a whole is not dissimilar to the national average with most of the districts rate falling in or around the national rate. York has a significantly lower incidence for cervical cancer.
The local quintile mortality rates show that none of the quintiles have a significantly different death rate when compare to the England average. On the whole, the trend in incidence of cervical cancer for North Yorkshire and York has been downwards from 1993 to 2010.
4.8 Pelvic Inflammatory Disease

Pelvic inflammatory disease (or disorder) (PID) is a term for inflammation of the uterus, fallopian tubes, and/or ovaries as it progresses to scar formation with adhesions to nearby tissues and organs. This can lead to infertility. PID is a vague term and can refer to viral, fungal, parasitic, though most often bacterial infections. Common infections such as Chlamydia, Gonorrhoea have been known to cause PID. Although a sexually transmitted infection (STI) is often the cause, many other routes are possible, including lymphatic, postpartum, post abortal (either miscarriage or abortion) or intrauterine device (IUD) related, and haematogenous spread. Two thirds of patients with laparoscopic evidence of previous PID were not aware they had PID.

Figure 36 Pelvic inflammatory disease admission women aged 15-44 trend

The trend is for women being admitted with a diagnosis (primary or secondary) where pelvic inflammatory disease is recorded for women aged 15-44.

The rate of hospital admission for pelvic inflammatory disease is increasing nationally, North Yorkshire residents over the same time period have remain reasonably static, York has seen a decreased rate in the same time frame.
Pelvic inflammatory disease admissions are significantly low for both areas. However, North Yorkshire has double the rate of York suggesting there is a larger problem here. Given the fact that many people do not realise they have the condition, there is value in encouraging regular sexual health screening in groups where sexual risk taking behaviours are higher. Given the difficulty in many people not recognising they have the disease it is hard to say whether there is an under-representation of the diagnosis here or a population difference.
4.9 Contraception

Figure 38 Rate of LARC uptake per 1000 females aged 15-44

Currently this information is only available by the North Yorkshire and York PCT footprint; over the 6 year period that is available the area has always been significantly above the national average.

4.10 Teenage Conceptions

Figure 39 Under 18 conception rates per 1000 women in age group

Source ONS 2013
North Yorkshire has seen a significant decrease in Under 18 conception rates from around the national average in 2007 to well below the national average in 2011.

Figure 40 Teen conception rate per 1000 by district area

![Graph showing Under 18 Conception Rate per 1000 (2009-2011)](image)

Source PHE 2014

<table>
<thead>
<tr>
<th>District</th>
<th>Number of Conceptions 2009-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harrogate</td>
<td>152</td>
</tr>
<tr>
<td>Ryedale</td>
<td>57</td>
</tr>
<tr>
<td>Richmondshire</td>
<td>55</td>
</tr>
<tr>
<td>Craven</td>
<td>68</td>
</tr>
<tr>
<td>Selby</td>
<td>103</td>
</tr>
<tr>
<td>Hambleton</td>
<td>104</td>
</tr>
<tr>
<td>Scarborough</td>
<td>198</td>
</tr>
<tr>
<td>North Yorkshire</td>
<td>737</td>
</tr>
<tr>
<td>York UA</td>
<td>239</td>
</tr>
<tr>
<td>ENGLAND</td>
<td>97684</td>
</tr>
</tbody>
</table>

Source PHE 2014

The variation in teenage conception doesn’t vary a great deal between the most of the districts, the number above show three years pooled teen conceptions which appear to vary, but when taken into account against the number of maternities in each of the respective areas there is little variation). Harrogate the lowest 17.1 per 1,000 maternities in the age group through to Hambleton at 23.1 per 1,000. Scarborough differs greatly and has a rate much closer to the national average. Overall North Yorkshire and York are significantly better than the national average.
The pattern for mothers aged under 20 years at birth as you expect mirrors the teenage conceptions, to some extent. However, both Selby and Scarborough districts have values similar to the national average. Harrogate and Craven have a significantly lower rate when compared with England, as does North Yorkshire and York as a whole.
4.11 Abortions

Figure 42 Number of abortions to women under 18

The trend of abortion rates for under 18’s in England has been reducing in the last four years after a peak in 2007. York also peaked in this year and North Yorkshire peaked in 2008. North Yorkshire and York have followed the national trend of declining abortion rates since 2008/07 respectively. York has shown a levelling off from 2011 in the rate of decrease; North Yorkshires rate is higher for 2012 than 2011 possibly suggesting a slight upturn.
The termination trend for North Yorkshire and York shown above by age group, under 18 and 35+ age groupings are shown with a trend line. For under 18’s there is a decreasing trend over time for the area. The trend for the over 35 age group has remained stable over the 10 year period.
Figure 44 Number of abortions to women under 18 NY & 2011 & 2012 comparison

Source PHE 2014

Consistently in 2011 and 2012 North Yorkshire has been significantly lower than the England rate for under 18 abortions, York is consistently not significantly different to the England rate for 2011 and 2012.
5  MILITARY SEXUAL HEALTH

North Yorkshire within the Richmondshire district has a large army base called Catterick Garrison; the base currently holds multiple units bringing the total service personnel up to around 10,000 depending on deployment status. There are more than 2,000 married quarters and heavy investment has provided modern new barracks and families living quarters of the highest standards. There are over 17,000 personnel, military, civilian and their dependants, living and working in the area. They make a huge contribution in terms of economic activity, including Council Tax, and their own personal interaction in local organisations.\(^8\)

The changes within the Ministry of Defence and the Department of Health have meant that clinical commissioning groups and local authorities now have to take responsibility for many of the services provided to the armed forces within the catchment areas. For local authorities this relates specifically to sexual health services. Currently the MOD provides a GUM service on the Garrison and has agreed to continue this service until a new provider is established in the area. Alternative GU clinics nearest to the Garrison are currently located in Northallerton and Darlington. The data presented here are for those service personnel attending the Catterick Garrison hospital and do not include those who attended alternative clinics.

5.1 Diagnoses of sexual health conditions as a proportion of total attendances within Catterick Garrison (military) GUM clinic

![Diagram showing the diagnoses of sexual health conditions as a proportion of total attendances within Catterick Garrison (military) GUM clinic.]

Source MOD – Catterick Garrison 2014

\(^8\) Catterick Garrison - About Us\(^*\). British Army. Retrieved 7 April 2014.
Last year there were a total of 1,333 attendances at the Garrison GU clinic.

For males at Catterick Garrison warts and Chlamydia are the most commonly STIs diagnosed conditions. For women vaginosis and Chlamydia and the joint commonly most diagnosed STIs followed by pelvic inflammatory disease. The grand total here demonstrates that 1 in 5 of all the attendances results in a diagnosis within the military sexual health service.

5.2 Diagnosis/services performed 2013

<table>
<thead>
<tr>
<th>Diagnosis/Service performed by age in males 2013</th>
<th>U15</th>
<th>15-19</th>
<th>20-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-64</th>
<th>65&amp;over</th>
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Source MOD – Catterick Garrison 2014

For males at The Garrison the age spread reflects that service men are young males. Warts and Chlamydia concentrate in the 20-24 age groups, along with the highest number of Gonorrhoea diagnosis. Over half of the male attendees had a screen that included an HIV screen.

<table>
<thead>
<tr>
<th>Diagnosis/Service performed by age in females 2013</th>
<th>U15</th>
<th>15-19</th>
<th>20-24</th>
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<th>35-44</th>
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<tr>
<td>B-Gonorrhoea-homosexually</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>C10A Anogenial herpes simplex 1st</td>
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<td>0</td>
<td>0</td>
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<td>~</td>
<td>0</td>
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</tr>
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</tr>
<tr>
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<td>~</td>
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<td>P1A,T4 All HIV antibody tests</td>
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Source MOD – Catterick Garrison 2014

For females at The Garrison the age spread reflects that there are not that many attendances from women, probably due to the lower number of female service personnel. Chlamydia concentrates in the 20-24 age groups. Over half of the female attendants had a screen that included HIV.
6 SERVICE PROVISION AND ACTIVITY

Due to historical commissioning arrangements there are a large number of sexual health providers across North Yorkshire and York delivering different levels of service to different target groups. These services include:

- Genito-urinary services
- Contraceptive advice and support services
- School sexual health drop-ins
- Yorscreen – Chlamydia screening programme
- Freetestme – web based Chlamydia testing site
- Condom Distribution Scheme
- HIV prevention services
- HIV and AIDS support service
- Level 2 enhanced sexual health services – specifically in the Craven and Scarborough area
- Services delivered in GPs – Long Acting Reversible Contraception and Chlamydia tests
- Services delivered in Pharmacies – Emergency Hormonal Contraception.

6.1 Genito-urinary (GU) services

York Hospitals NHS Foundation Trust currently provides GU sexual health clinics across North Yorkshire and York. Clinics are delivered in a range of settings, including:

- Monkgate Health Centre, York
- New Selby War Memorial Hospital
- Heatherdene Centre for Sexual Health, Harrogate
- Mowbray Square Medical Centre, Harrogate
- The Mulberry Unit, Scarborough
- Whitby Community Hospital
- Castle Health Centre, Scarborough
- Malton Hospital
- Friarage Hospital, Northallerton

Clinic opening hours vary for each venue. There are a mix of drop in and appointments available. All clinic details can be accessed at [www.yorsexualhealth.org.uk](http://www.yorsexualhealth.org.uk)

Based on GUMCAD data for 2012/13 there were 10,604 new attendances and 6,441 follow-up attendances by North Yorkshire and York residents at sexual health clinics across North Yorkshire and York. There were 905 new attendances and 373 follow-up attendances by out-of-area patients at sexual health clinics across North Yorkshire and York.

Data from the service provider indicates that there is an average of 14,100 new attendances and 7,100 follow-up attendances across all patients per annum at North Yorkshire and York GU clinics.

Data from GUMCAD 2012/13 shows that there were 1591 new attendances and 514 follow up attendances at out of area clinics by North Yorkshire residents; and that there were 165 new attendances and 60 follow
up attendances at out of area clinics by York residents (this does not include attendances by North Yorkshire residents at York clinics and vice versa).

GU Activity has been increasing locally and nationally by our residents. In area activity by NY residents increased from 2010-2011 to 2011-2012 by 8%. Out of area activity by NY residents increased from 2010-2011 to 2011-2012 by 5%.

6.2 Contraceptive Advice and Support (CASH) Services

York Hospitals NHS Foundation Trust currently provides CASH services across York and Selby. Harrogate NHS Foundation Trust currently provides CASH services for North Yorkshire (excluding Selby). Clinics are delivered in a range of settings, including:

- Monkgate Health Centre, York
- Acomb Health Centre, York
- New Selby War Memorial Hospital
- York College
- Askham Bryan College, York
- Selby College
- Heatherdene Centre for Sexual Health, Harrogate
- TRAX, Harrogate
- Ripon Community Hospital
- Skipton Contraception and Sexual Health Clinic
- Bentham Contraception and Sexual Health Clinic
- Settle Health Centre
- Northway Contraception and Sexual Health Clinic, Scarborough
- Yorkshire Coast College, Scarborough
- Scarborough Sixth Form College
- Castle Health Centre, Scarborough
- Whitby Hospital
- Whitby Community Centre
- Filey School
- Malton School
- Norton College
- Bedale Contraception and Sexual Health Clinic
- Zetland House Contraception and Sexual Health Clinic, Northallerton
- Catterick Garrison Contraception and Sexual Health Clinic
- Richmond Contraception and Sexual Health Clinic
- Stokesley Contraception and Sexual Health Clinic
- Thirsk Contraception and Sexual Health Clinic

Clinic opening hours vary for each venue. There are a mix of drop in and appointments available. All clinic details can be accessed at www.yorsexualhealth.org.uk
6.3 **Yorscreen – Chlamydia Screening Programme**

York Hospitals NHS Foundation Trust currently provides the Yorscreen, Chlamydia Screening Service. The service is delivered to male and female service users under the age of 25 years (except for partner notification which will be delivered to clients of any age). The Chlamydia screening service is operated through a Central Screening Office ("CSO") and works with a wide range of providers including GP practices, community pharmacists, contraceptive and sexual health (CASH) services, local authority youth services, termination of pregnancy services, voluntary services and any other relevant services working with the service user population. The Chlamydia screening service is delivered in a range of settings across North Yorkshire and York to reach service users who do not access core services.

Access to the Chlamydia screening service is offered in other locations such as youth services, gypsy/traveller populations, military bases (“non-core locations”) to reach those who do not use core services.

Free Chlamydia testing kits can also be ordered by texting a dedicated number followed by Test, name address, postcode and age.

6.4 **Freetest.me**

Preventx provide the Freetest.me service which enables the eligible population to order testing kits online that are delivered through the post. Users get their results online through a secure site or via phone call. Treatment is provided via the Chlamydia screening service.

Activity from 2012/13 shows that 14,300 screens were provided through the YorScreen service (including those delivered via GP practices) and Freetest.me (of the 14,300, 860 were via Freetest.me). An additional 14,000 screens were provided through GU and Laboratory reports. This is a total of 28,300 screens. In order to achieve a diagnostic rate of 2,300 per 100,000 population as recommended in national guidance it is estimated (based on current positivity rates of 7%) that approximately 22,200 screens in North Yorkshire and 11,100 screens in York are required.

6.5 **Cambridge Centre**

The Cambridge Centre delivers a community and outreach sexual health service across Scarborough, Whitby and Ryedale. This includes:

- Targeted prevention work with vulnerable groups including opportunistic STI screening.
- Providing oral BBV screening with pre and post testing counselling for Hep B, Syphilis and HIV and referral for Post Exposure Prophylaxis.
- Providing generic sexual health advice, information and support via outreach and community settings targeting vulnerable and hard to reach groups such as young people, MSM, BME groups.
• Providing 1:1 counselling via outreach and community settings targeting vulnerable and hard to reach groups such as young people, MSM, BME groups.
• Providing free NHS pregnancy testing and appropriate referral to termination or maternity services.
• Providing counselling for people with psychosexual problems.
• Delivering sexual health training to key professional groups/front line workers.

Based on activity to date in 2013/14 it is estimated that the service sees 496 clients annually; and provides approximately 18 pregnancy tests. The service delivers 44 counselling sessions, and 136 psychosexual counselling sessions annually; and provides an estimated 8 training sessions annually.

6.6 Condom Distribution Scheme (CDS)

The CDS targets young people 24 years and under. In addition other target groups include gay and bisexual men, known injecting drug users, GUM clinic attendees, sex workers, homeless people, people travelling abroad or holiday and any other group based on local need.

A wide range of organisations and professionals working with the target audience have signed up to the CDS to promote condom use. There are currently 219 organisations signed up in North Yorkshire and 45 organisations signed up in York.

6.7 HIV Prevention Services

Mesmac currently provides HIV prevention services across North Yorkshire and York.

The HIV prevention service is targeted at populations at high risk of HIV infection (black Africans, MSM, sex workers and LGBTQ adults and young people) in North Yorkshire and York. The service currently provides:

• Advice, counselling and information about HIV and STIs, routes of transmission, treatment, post-exposure prophylaxis for HIV following sexual exposure (PEPSE), safer sex and locally accessible sexual health services.
• Training on HIV and STIs, routes of transmission, safer sex, treatment and PEPSE.
• Testing for HIV, Hepatitis B and (in under 25s) Chlamydia (with pre and post-test discussion) in locally accessible settings with referrals to diagnostics and management/ treatment as appropriate.
• Free condoms, lubricants and other safer sex resources (guidance for use).
• Support to access Hepatitis B immunisation.
• Awareness raising in key target groups and allied health professionals to prevent HIV transmission and promote early diagnosis.

In 2012/13 the service worked with 667 new service users (in receipt of structured services including training and online peer support); and 149 repeat service users (in receipt of structured services). They provided training for 318 service users; and 305 professionals/ front-line staff. The service delivered 157 HIV point of care tests; and distributed 12,286 condoms.
6.8 HIV and AIDS Support Service

North Yorkshire Aids Action (NYAA) currently provides a service across North Yorkshire and York that responds to requests for generic information on the prevention of sexually transmitted diseases and safer sex practice. NYAA signposts into specialist sexual health services where required.

NYAA is the expert local resource on HIV and responds to requests for specialist information on HIV (e.g. its transmission, treatment, LT problems and living with HIV).

One to one support and a package of care of health and social care support (following a full assessment of need) are provided. This is in line with service user needs, which is reflective of their stage of diagnoses and treatment.

An outreach and home visiting service is offered to service users who are socially isolated or require more high levels of support.

Over the course of a year NYAA provides support to an average of 158 people who are HIV positive or are carers of people who are HIV positive. Ninety eight of these people are North Yorkshire residents, and 60 are York residents. The levels of support provided are as follows:

- Level 1 – high level service, all newly diagnosed and assessments carried out
- Level 2 – regular contact (visits/ drop in/ groups) and allocated to support workers
- Level 3 – maintenance, on books (birthday cards etc.)
- Level 4 – registered with NYAA at some point, no regular contact needed at this point

At 30 September 2013, Level 1 support was provided to 43 people who were HIV positive, and 10 carers. Level 2 support was provided to 51 people who were HIV positive, and 28 carers. Level 3 support was provided to 31 people who were HIV positive and 6 carers. Level 4 support was provided to 40 people who were HIV positive and 7 carers.

6.9 Level 2 Enhanced Sexual Health Services

Craven sexual health service provides Level 2 enhanced sexual health services in the Craven area. Clinics are delivered within three GP practices:

- Cross Hills Group Practice, Cross Hills
- Townhead Surgery, Settle
- Dyneley Surgery, Skipton

Sexual health appointments are available during GP opening hours.

Based on activity to date in 2013/14 it is estimated that the service provides 338 new appointments and 72 follow-up appointments annually.

Castle Health Centre provides Level 2 enhanced sexual health services in the Scarborough area. NHS England manages this contract as part of a larger contract they hold with Castle Health Centre. No data is currently available.
6.10 Services Delivered in GP Practices

A proportion of GP practices have signed up to across North Yorkshire and York currently provide provision of Long Acting Reversible Contraceptives (LARC) and Chlamydia screening. This service is delivered outside of the General Medical Service (GMS) contract.

Seventy four GP practices are currently signed up to deliver LARC in North Yorkshire. Based on activity to date in 2013/14 it is estimated that in North Yorkshire there are 2,532 IUD/IUS insertions and 2,560 implants provided annually.

Seventy six GP practices are currently signed up to deliver Chlamydia screening in North Yorkshire. Based on activity to date in 2013/14 it is estimated that in North Yorkshire there are 1,836 screens and 132 treatments provided annually. The remaining activity is provided via Yorscreen.

Of the eighteen GP practices in York, 17 are currently signed up to deliver LARC. Based on activity to date in 2013/14 it is estimated that in York there are 874 IUD/IUS insertions and 812 implants provided annually.

Eighteen GP practices are currently signed up to deliver Chlamydia screening in York. Based on activity to date in 2013/14 it is estimated that in York there are 662 screens and 24 treatments provided annually. The remaining activity is provided via Yorscreen.

6.11 Services Delivered in Pharmacies – Emergency Hormonal Contraception

A proportion of community pharmacies across North Yorkshire and York have signed up to supply the Emergency Oral Hormonal Contraception (EHC). This Service is delivered via a Patient Group Direction (PGD) free of charge to service users aged 14 years to 24 years inclusive.

Service users excluded from the PGD criteria are referred to another local service that is able to assist them, as soon as possible, e.g. GP, community contraception service, or are invited to purchase the pharmacy medicine product if the exclusion from supply via the PGD is only due to their age.

Fifty seven pharmacies are currently signed up to deliver EHC in North Yorkshire. Based on activity to date in 2013/14 it is estimated that in North Yorkshire there are 900 consultations for EHC annually with the target age group.

Of the forty-one pharmacies in York, 19 are currently signed up to deliver EHC. Based on activity to date in 2013/14 it is estimated that in York there are 1074 people within the target age group given EHC annually.
6.12 Local issues regarding service provision

The JSNA 2010 highlighted the following local issues regarding local sexual health provision:

- **Inequity of service provision** – The population of North Yorkshire and York do not receive the same universal sexual health service across the area. Key issues include:
  - Contraceptive and sexual health services (CASH) commissioned from York Hospitals Teaching Trust, which are delivered to the York and Selby population, delivers a much broader service such as asymptomatic sexual transmitted infections screening, than those delivered by Harrogate District Foundation Trust to the rest of the North Yorkshire population.
  - Not all secondary school and further education colleges have access to a sexual health drop-in.
  - There are gaps in availability of full Genito-urinary (GU) services, e.g. there is no GU clinic in Ripon and whilst Craven delivers a tier 2 service, patients still have to travel to Bradford or Harrogate for some GU services.

- **Patient experience**
  - There is limited availability/opening times to CASH services across the North Yorkshire and York.
  - Having different providers of CASH and GU services means that there is not a seamless service for patients.

- **Effectiveness and efficiency**
  - There is a lack of performance/activity data provided from some providers making it difficult to guarantee that services are currently providing value for money.
  - Some sexual health staff are fully competent to deliver a wide range of sexual health screening services but are limited contractually to what they can currently provide.
  - In line with national guidance Chlamydia screening services should be more integrated with mainstream sexual health services rather than a standalone service.
  - The Condom Distribution Scheme is currently managed by the Public Health Team rather than being based in a provider service.

A comprehensive engagement exercise to find out service provider, current service user, potential service user, and stakeholder views and thoughts on current and future sexual health service provision was run during the months of August–October 2013. The full engagement report can be found on [www.nypartnerships.org.uk/sexualhealthservices](http://www.nypartnerships.org.uk/sexualhealthservices).

This review highlighted the following:

a) Service users reported positive experiences of services they received, noting they were flexible, responsive and delivered by competent and friendly staff.

b) There is variation in both geographical service coverage and access to sexual health services particularly in rural areas. This means provision is fragmented and that the full range of sexual health services are not available in all localities. There are also issues around variation in opening times and different booking systems. All these issues create significant barriers to accessing services.
c) Residents do not always receive seamless care if the service they access cannot provide a full range of services. This means sometimes they have to make another appointment with a different service provider in another location.

d) There are variations in sexual health outcomes across localities and for high risk groups (young people and MSM).

The review also highlighted the areas that need to be addressed:

- Improved integration between all levels of sexual health services and the sexual health workforce.
- Better communication and a stronger interface between all sexual health services provided in each area.
- Delivery of a co-ordinated and resourced training programme to professionals providing sexual health services.
- Wider and better use of technology to improve access and increase awareness of services especially among young people and other most at risk groups.
- Strengthened focus on prevention and early diagnoses with services utilising opportunities to also address wider lifestyle issues which may affect sexual health behaviours such as alcohol use and mental health issues.
- Improved marketing and publicity of services.
- More flexibility in service opening times and innovation in service delivery to ensure rapid and easy access in services, even in rural areas.

The engagement exercise also highlighted key issues related to North Yorkshire districts and York. The three key issues for each district are illustrated below:

**Hambleton & Richmondshire**
- Big gaps in rural areas
- Better links with the Garrison
- Interfaces with other services could be improved

**Craven**
- Confidential access for all ages
- Limited GU access
- Quality of referral pathways

**Scarborough, Whitby, Ryedale**
- Limited access, particularly for young people (Ryedale) and due to rurality (Whitby)
- Staff training
- One door, one service

**Harrogate**
- Need one door, one service
- Travel and transport issues
- Opportunity for virtual clinics

**York**
- Consider growing traveller, EU and student communities
- Opportunity for virtual clinics
- Better outreach into vulnerable services

**Selby**
- Cross border issues
- Careful commissioning: consider flexibility and vulnerable groups
7 CONCLUSION

Despite efforts to control STIs, including the improved availability and update of sexual health screening, we are not seeing a significant impact on numbers of STIs diagnosed with some STI rates continuing to rise. Whilst some of the increase is associated with more testing e.g. Chlamydia and more diagnostic sensitivity, it is clear that high rates of infection persist in population groups such as men who have sex with men (MSM) and young people.

The percentage of late stage of diagnosis of new cases of HIV is concerning, and improved uptake of HIV is vital for early detection and treatment to reduce morbidity and mortality.

Existing prevention efforts, such as greater STI screening coverage and easier, more rapid access to sexual health services need to be sustained and improved in some localities to support earlier diagnosis and prevent onward transmission. These efforts need to be focussed on high risk groups in particular.

LARC is the most effective form of contraception. Provision of LARC services is good across North Yorkshire and maintaining and skilling up healthcare professional to support people to make informed choices about contraception and fit and remove LARC needs to be ensured.

Whilst good progress has been made on teenage pregnancy rates across North Yorkshire, more needs to be done in certain areas and work in other areas sustained to identify and support young people at risk of teenage pregnancy.

Control of STIs requires an integrated response from all relevant agencies. Given the responsibility that the Local Authority now has to protect its population from sexual health diseases, it needs to build on the existing good work that has previously occurred.
8 APPENDICES

8.1 Table of figures

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
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<tbody>
<tr>
<td>Figure 1</td>
<td>A map of the LSOA’s in North Yorkshire by local IMD 2010 quintiles</td>
<td>8</td>
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<td>Figure 2</td>
<td>A map of the LSOA’s in York by local IMD 2010 quintiles</td>
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<td>Figure 3</td>
<td>A map of the districts and CCG’s across North Yorkshire and York</td>
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<td>Figure 4</td>
<td>A population Pyramid showing North Yorkshire’s age make up (2012)</td>
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<td>A populations Pyramid showing England’s population change between 2011 and 2021</td>
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<td>District population distribution 10 year age bands (2012)</td>
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<td>Persons aged 15-49 by deprivation quintile for each district</td>
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<td>Persons aged 15-24 by deprivation quintile for each district</td>
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<td>Census 2011 Ethnicity breakdown by district (All ages)</td>
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<td>General Fertility rate by district for North Yorkshire and York</td>
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<td>Number of live births 2001-2010 with projections 2011-2020 for North Yorkshire and York</td>
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<td>Change in the live number of births 2001-2010 with projections 2011-2020 for North Yorkshire and York</td>
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<td>Chlamydia diagnosis rate per 100,000 populations in those aged 15-24, North Yorkshire Districts and York, 2012</td>
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<td>Gonorrhoea diagnostic rate per 100,000 trend</td>
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<td>Gonorrhoea diagnostic rate per 100,000 by North Yorkshire district and York (2012)</td>
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