

PUBLIC HEALTH

Sexual Health in the East Riding Intelligence Support Document

East Riding of Yorkshire Joint Strategic Needs Assessment (JSNA)

Public Health Intelligence Team
November 2019



EAST RIDING
OF YORKSHIRE COUNCIL

East Riding of Yorkshire Public Health Team
Sexual Health Intelligence Support Document
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1. Introduction – Sexual Health Needs of the East Riding of Yorkshire

Sexual ill health and wellbeing is strongly linked to deprivation and health inequality. It presents a significant cost to the public purse as well to the individual, with consequences including episodes of discomfort, long-term disability, emotional feelings of regret and possible discrimination.

In order to improve sexual health, we need an understanding of the sexual health needs of the local population within East Riding of Yorkshire (ERY). Data from this rapid needs assessment will be used to inform commissioning and service design) and forms part of the overall East Riding of Yorkshire Joint Strategic Needs Assessment (JSNA) process.

Some sections of the document relate specifically to commissioned service activity, whereas other parts will focus on the needs of the total East Riding resident population and/or the population served by NHS ERY CCG, however it will be clearly labelled which is being referred to.

Further indicators regarding sexual health in the East Riding can be found on the Public Health England (PHE) Fingertips website: <https://fingertips.phe.org.uk/profile/sexualhealth>.

2. Key points regarding service focus suggestions, for sexual health in East Riding of Yorkshire

The following key local issues are evident from an assessment of sexual health need:

- The consideration of the rurality of the East Riding area, its geography and transport links, and the impact of these on access to services (especially for young people). Please refer to section 3.2 of this document for details;
- There is a high rate of out of area genitourinary medicine (GUM) attendances, mostly to Hull. Opportunities exist for satellite clinics outside of the East Riding boundary. (Section 4.3);
- There are low rates of diagnosis of sexually transmitted infections (STIs), but also low testing rates (including HIV offer and uptake), so there may be an unidentified burden of disease. (Section 5);
- Chlamydia detection rates have improved but are again significantly below the national target. There are particularly low detection rates amongst young men under 25, even though their rates of attendance at Sexual Health Services (SHS) for contraception, are very high. Therefore, there are opportunities that could be explored to address this. (Section 5.3);
- The use of long action reversible contraception (LARC) as chosen method of contraception is above the national average. There is a mixed offer across the East Riding community from ISH clinics and primary care, but potential for a greater demand that will need to be met. (Section 6.1.5);
- Teenage conception rates are generally low, though there are significantly higher rates in areas of socio-economic deprivation. (Section 6.2);
- Rates of abortion are significantly lower than the national average, but increased significantly between 2016 and 2017. (Section 6.3.1). Traditionally, rates of repeat abortions in under 25



year olds have been significantly lower than the England average, however in 2017 the East Riding caught up with the England rate so that it was statistically similar. (Section 6.3.2);

- The East Riding has had a significantly worse rate of hospital admissions for Pelvic Inflammatory Disease (PID) than the national average in every year between 2011/12 and 2016/17. (Section 7.4);
- Community gynaecology referrals have decreased between 2015/16 and 2017/18 (from 490 to 349), with an average of 95% seen within 18 weeks during this period. (Section 8.1);
- There were on average 137 referrals per year for erectile dysfunction between 2015/16 and 2017/18, in this period 96% were seen within 18 weeks. (Section 8.2).



3. Overview of East Riding of Yorkshire

3.1 East Riding of Yorkshire population

The ONS 2018 mid-year estimate for the total East Riding population is 339,614 and is divided into 5 year age bands in chart 3.1.1 below. The East Riding is clearly shown to have a higher proportion of residents aged 50 to 84 years, than both regional and England averages. Residents aged 65 years and over make up 26% (87,485 residents) of the East Riding population, a significantly higher proportion than the England average (18%). There are estimated to be 31,834 East Riding residents in the 15-24 age group (a key service user age group), which makes up 9% of the total population; this is a significantly lower proportion than the England average (12%). There are almost 50,000 East Riding females aged 15-44 (15% of the total population), significantly lower than the England average (19%).

Chart 3.1.1 East Riding of Yorkshire population, 2018, split into 5 year age bands. Source: ONS

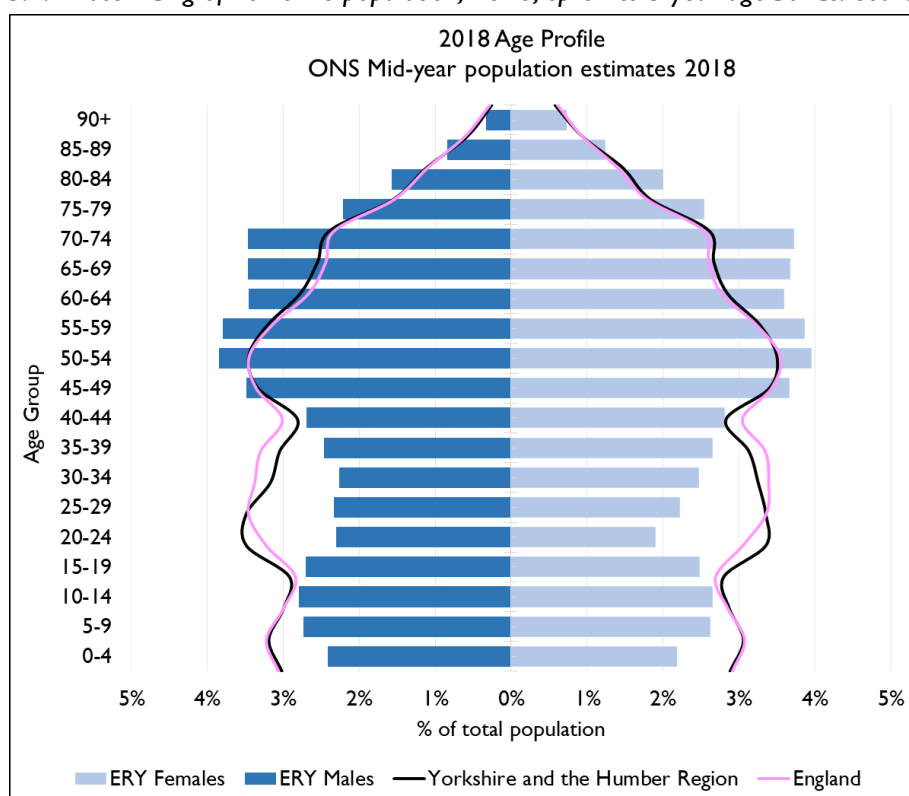


Table 3.1.2 shows the population projections estimated for the East Riding (ONS, 2016) for the approximate duration of a 5+1+1 year contract, starting in 2020. The year 2030 has also been included. Between 2020 and 2027 the overall 15-24 year old population has been projected to increase by 6% (n=1,900), whilst females aged 15-44 will increase by just 0.4% (n=200). The East Riding's ageing population (65+ years) will see an increase of 13.2% (n=11,900) during the same period.

Table 3.1.2 ONS 2016 based Population Projections for East Riding of Yorkshire by year. Source: ONS

All persons	2020	2025	2026	2027	2030
15-24	31,600	32,300	32,800	33,500	34,100
25-64	166,700	162,700	161,300	159,800	155,200
65+	90,100	98,300	100,100	102,000	108,200
Females only	2020	2025	2026	2027	2030
15-44	48,800	48,700	48,800	49,000	48,700

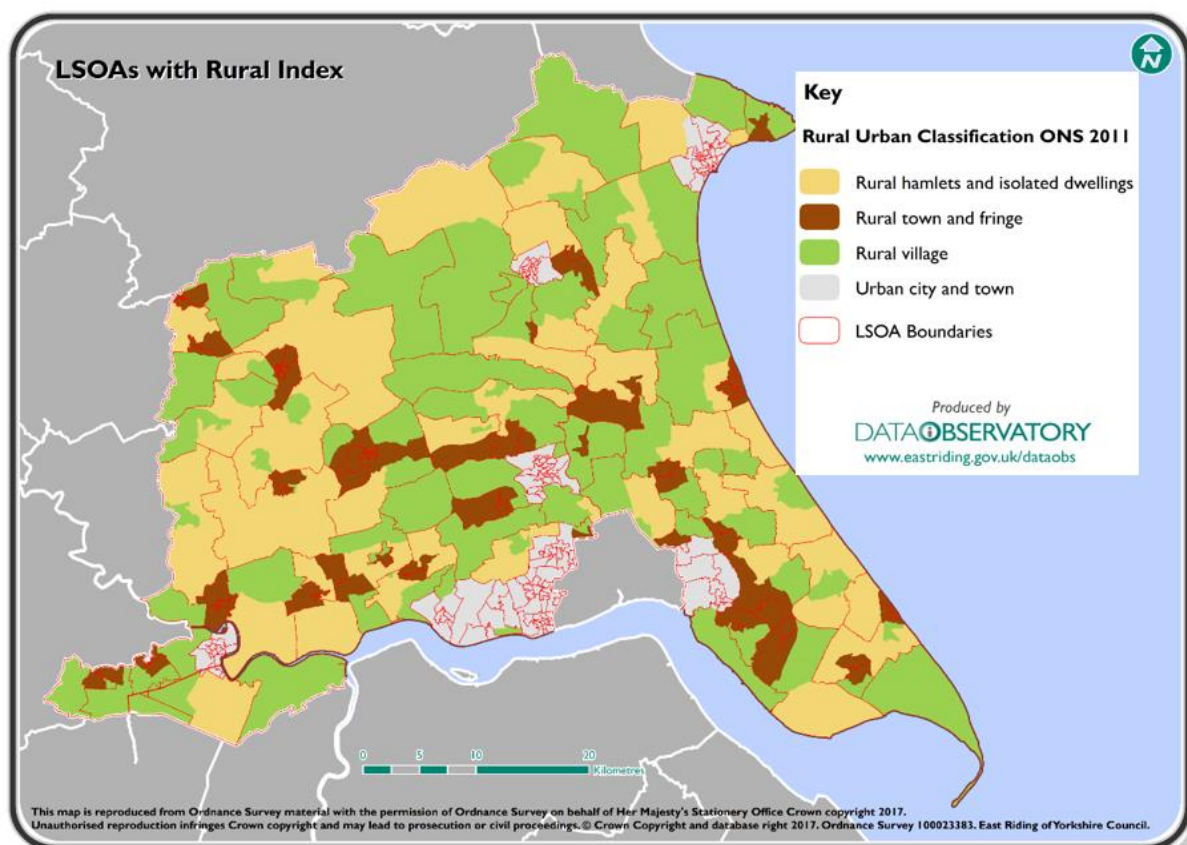


According to the 2011 Census, 96.2% of the population in East Riding is White: British. This is higher than both the regional average of 93.5% and the national average of 79.8%. The largest minority ethnic group is “White: Other” (5345 people) representing 1.6% of the total East Riding population.

3.2 Rurality and major settlements

East Riding of Yorkshire local authority covers approximately 930 square miles, making it one of the largest unitary authorities in the country. The East Riding is a predominately rural area with over half the population living in dispersed rural communities, which is likely to have a significant impact on some resident’s ability to access services. Please refer to map 3.2.1 which displays the rural/urban classification for East Riding lower super output areas (LSOAs). In total, there are 333 settlements, ranging from large towns to small, isolated hamlets and farmsteads. The largest town in the East Riding is Bridlington, other major settlements are Beverley, Goole and the Haltemprice area to the west of Hull (which includes Cottingham, Hessle, Anlaby, Willerby and Kirk Ella).

Map 3.2.1 Rural/urban classification for ERY LSOAs as of 2011. Source: Data Observatory



3.3 Public transport information and travel time to health care

The dispersed rural nature of the East Riding means that many residents will potentially have to travel a considerable distance to services. If personal transportation (e.g. a car) is not accessible, then residents will have to utilise public transport. Information about public transport routes and times can be accessed in the two links below:

- Buses: East Yorkshire Motor Services (<https://www.eyms.co.uk/>).
- Trains: National Rail Enquiries (<http://www.nationalrail.co.uk/>).

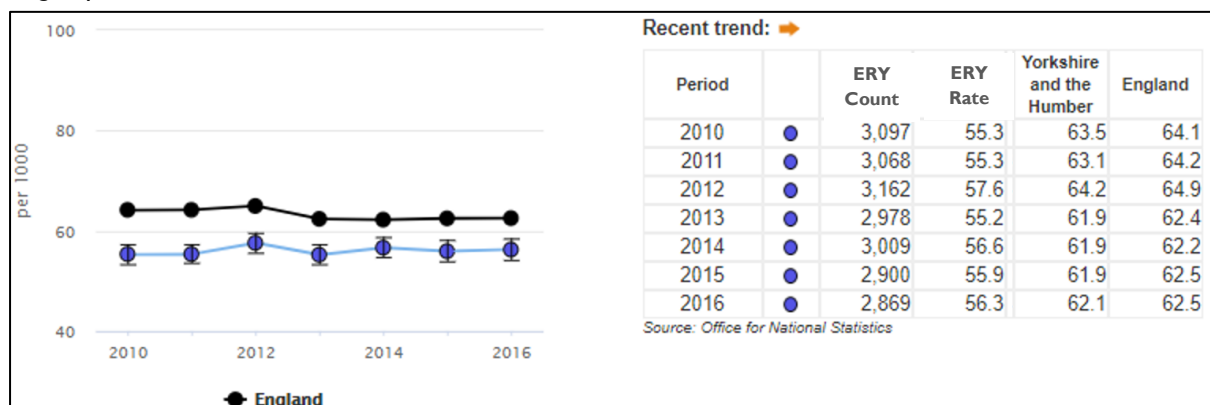


Travel time and distances to health care by residents in each ward within the East Riding, can be found in the Pharmaceutical Needs Assessment (PNA) 2018 – 2021. A copy can be downloaded from this website: <http://dataobs.eastriding.gov.uk/pna>.

3.4 General Fertility Rate (GFR)

Fertility rates are closely tied to growth rates for an area and can be an excellent indicator of future population growth or decline in the area. General Fertility Rate (GFR) is a more refined way to measure fertility in a population, rather than crude birth rate because the GFR accounts for the female population aged 15 to 44 years as the denominator, rather than the whole population. In 2016 there were 56.3 live births per 1,000 females aged 15 to 44 years in the East Riding (2,869 live births), significantly lower than the England average rate (as illustrated in chart 3.4.1 below).

Chart 3.4.1 General Fertility Rate, rate per 1,000 females 15-44. ERY compared to England. Source: PHE Fingertips



3.5 Births (mothers under the age of 18)

The rate of East Riding mothers under the age of 18 giving birth has declined between 2009 and 2016 reducing from a rate of 11 per 1,000 (n=68 births) to 3.8 (n=21). Throughout this period the East Riding rate has remained statistically similar to England (as shown in chart 3.5.1). A comparison with other local authorities in 2016, found the East Riding to have the 2nd lowest rate in the region and the 4th lowest rate amongst the nearest 15 CIPFA neighbours.

Chart 3.5.1 Under 18s births, crude rate per 1,000 females 15-17. ERY v England. Source: PHE Fingertips

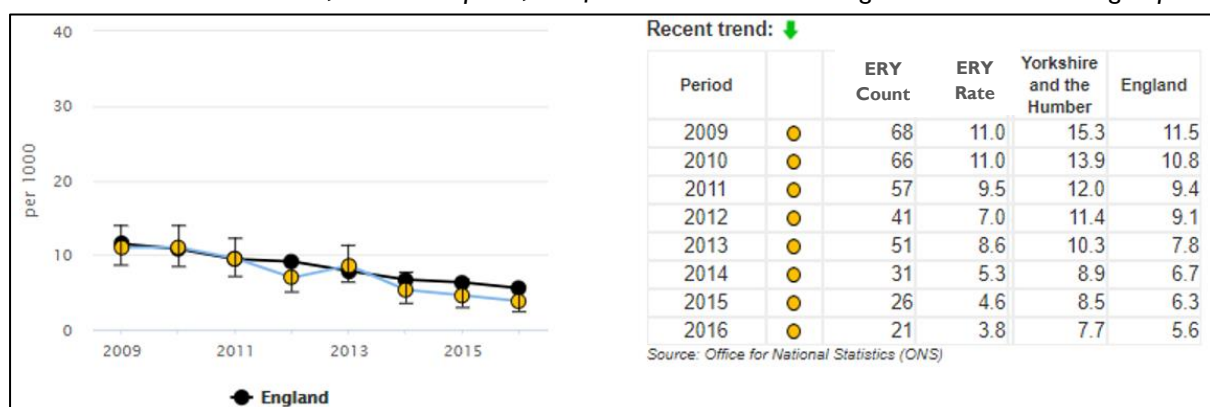


Table 3.5.2 displays the rate and the count of births within East Riding wards (where the mother was aged under 18 years) for the three year period 2014-16. Due to issues relating to confidentiality, only those wards with a count of 5 births or more have been shown.

Bridlington South had the highest count of births (n=12) and also the highest birth rate (8.6 per 1,000 compared to the East Riding average of 2.3). All of the wards (except Goole North) in the table had a statistically significant higher rate than the East Riding average, during this period.

Table 3.5.2 East Riding wards: number of births by mothers aged under 18 years (count of 5+ births only). 2014-16. Rate per 1,000 population (aged 15-17). Table is sorted by the rate column. Source: NHS Digital*

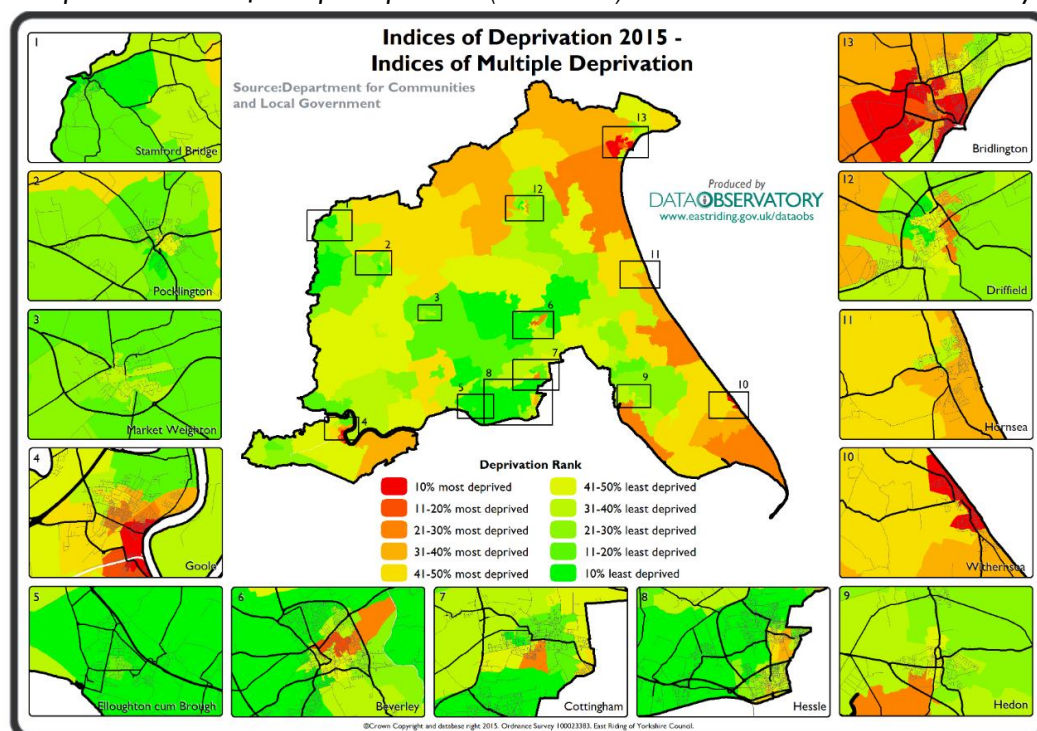
Ward (only those with a count of 5 births or more are shown)	Crude rate /1,000 population, 2014-16	Number of births (<18 years), 2014-16
Bridlington South	8.6	12
Goole South	8.5	8
Bridlington Central and Old Town	7.7	8
South East Holderness	6.9	10
Goole North	6.3	7
East Riding	2.3	78

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3.6 Deprivation

Overall, the East Riding is generally considered to be an affluent area, however, there are substantial variations in deprivation levels within the local authority area. The most deprived communities of the East Riding can be found in areas of Bridlington, Goole and South East Holderness. Map 3.6.1 below divides the East Riding into national indices of multiple deprivation (IMD) deciles, where the most deprived areas are coloured red and the least deprived areas coloured green.

Map 3.6.1 Indices of multiple deprivation (IMD 2015). ERY. Source: ERY Data Observatory



3.7 Clinical Commissioning Groups (CCGs) serving the East Riding resident population

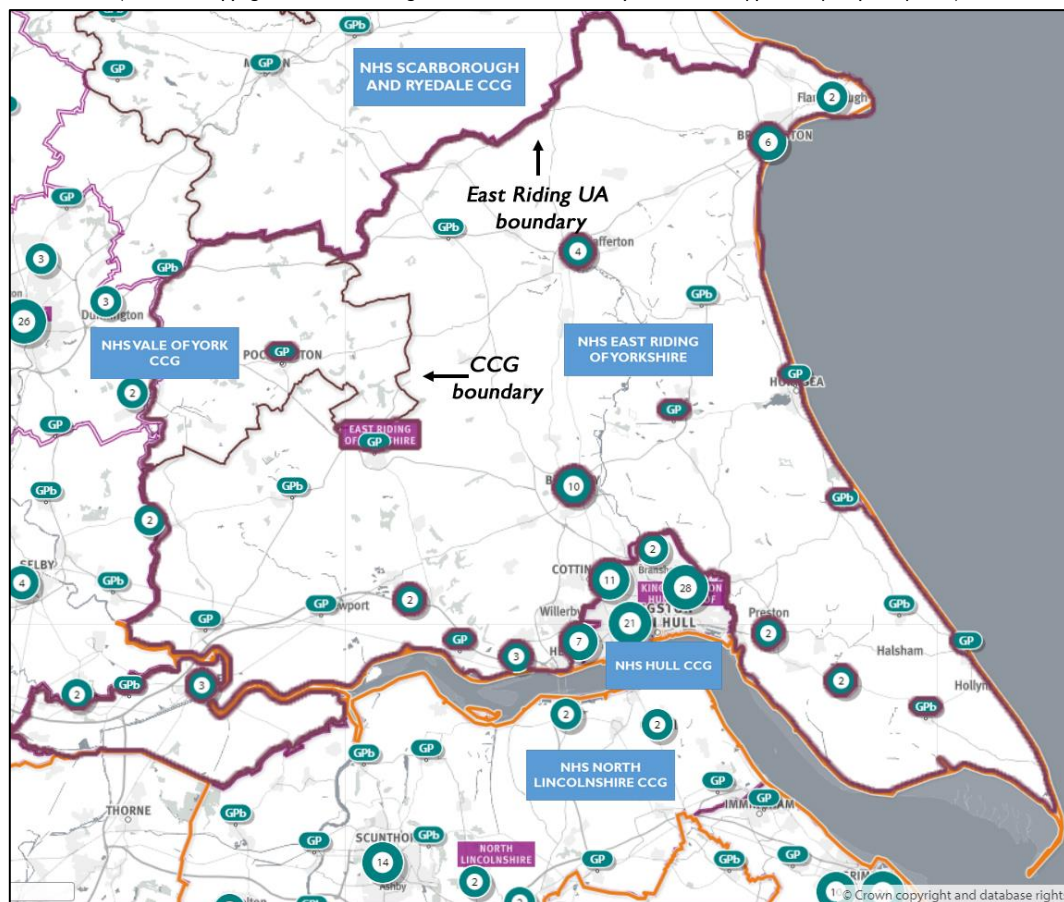
The majority of patients residing within the East Riding of Yorkshire local authority boundary are registered with a general practice which is part of NHS ERY CCG. In December 2018, NHS ERY CCG had a total of 305,472 patients registered with its general practices, but not all of these patients live within the East Riding (local authority) boundary.

There are also East Riding residents registered with other CCGs. For example, the population of Pocklington is largely registered with the Pocklington Group Practice (which forms part of the Vale of York CCG) and a number of residents within the communities of Anlaby, Willerby and Kirk Ella are registered with NHS Hull CCG practices.

Map 3.7.1 below displays the boundaries of NHS ERY CCG and neighbouring CCGs. The location of general practices (including branch surgeries) are also shown on the map. Those areas with a higher concentration of practices in one particular place are shown by the green circles with a number inside (this number indicates the number of practices within the circle's circumference).

Map 3.7.1 Map of local CCGs. Source: PHE Shape Tool

(© Crown copyright and database rights 2018 Ordnance Survey 100016969 | parallel | Mapbox | OSM)



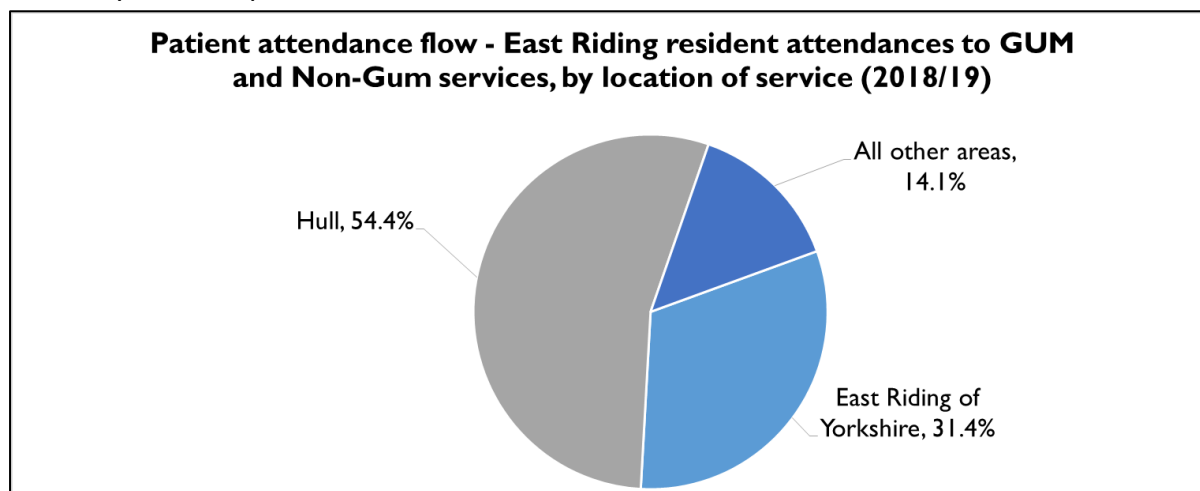
3.8 Patient attendance flow for GUM and Non-GUM services

The majority (68.6%) of attendances to GUM and Non-GUM services by East Riding residents in 2018/19, were in areas that were outside of the East Riding of Yorkshire local authority boundary. Services in Hull provided 54.4% of East Riding resident attendances and there were 14.1% provided in



all other areas. Chart/table 3.8.1 below provides further detail about the attendance numbers by location.

Chart/table 3.8.1 Patient attendance flow - East Riding resident attendances to GUM and Non-GUM services, by location. April 2018 to March 2019. Source: GUMCAD



Location of attendance (2018/19) by East Riding residents	Number of attendances by East Riding residents	Location as % of total attendances
Kingston upon Hull, City of	4,873	54.4%
East Riding of Yorkshire	2,815	31.4%
York	615	6.9%
Selby	112	1.3%
Scarborough	107	1.2%
All other areas	431	4.8%
Total	8,953	100%

4. Sexually Transmitted Infection (STI) & HIV (Human Immunodeficiency Virus)

Measuring STI testing and treatment is one way to highlight sexual health needs in the population and to assess the presence of disease and infection. This section contains information sourced from national datasets.

4.1 STIs and areas of deprivation

Analysis of national data has established that residents living within some of the most deprived communities were experiencing the highest rates of STI diagnosis. This was particularly the case regarding syphilis, gonorrhoea, genital herpes and genital warts. Please refer back to map 3.6.1 to view where the East Riding's most deprived areas are located.

4.2 All new STI diagnoses

Chart 4.2.1 displays the rate of new STI diagnoses among East Riding residents accessing both specialist (level 3) and non-specialist (level 1 and 2) sexual health services, compared to the England average. In 2012 the rate was 266 per 100,000 population (n=893 diagnoses) and by 2018 the rate had increased to 391 per 100,000 (n=1,321 diagnoses). Throughout all of the years displayed the East Riding rate



has been significantly lower than England. Despite the East Riding rate increasing year on year between 2012 and 2015, it has been calculated to have significantly decreased over the last 5 years displayed.

In 2018, the East Riding had the lowest rate of new STI diagnosis within region and the third lowest compared to the nearest 15 CIPFA neighbours (refer to charts 4.2.2 and 4.2.3 respectively).

Chart 4.2.1 All new sexually transmitted infection (STI) diagnosis rate per 100,000 population. East Riding compared to England, 2012 to 2018. Source: PHE Fingertips

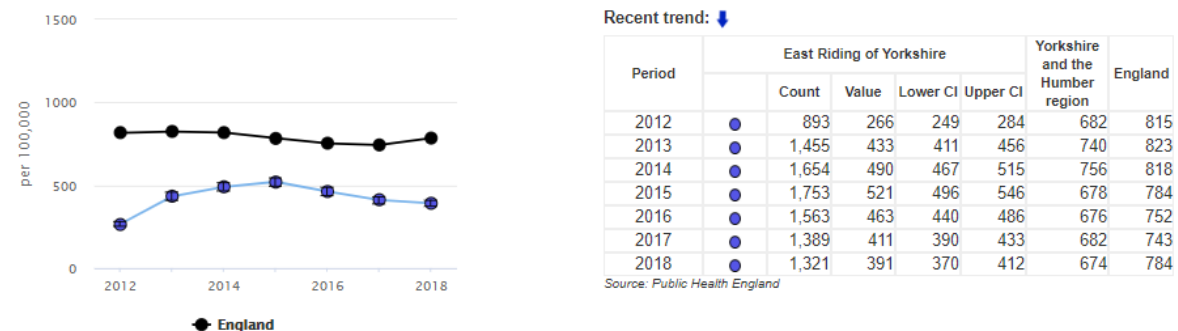


Chart 4.2.2 All new sexually transmitted infection (STI) diagnosis rate per 100,000 population. ERY compared to region, 2018. Source: PHE Fingertips

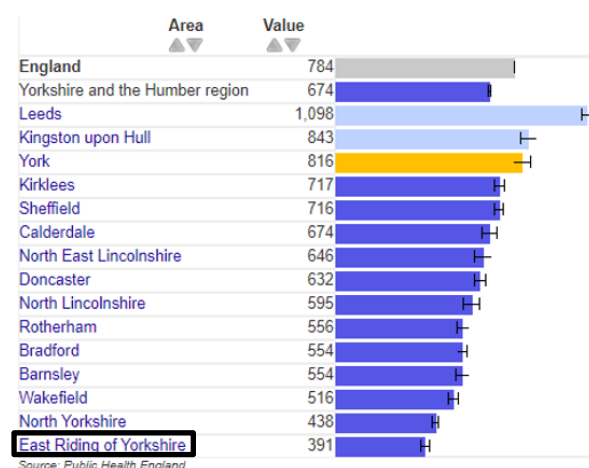
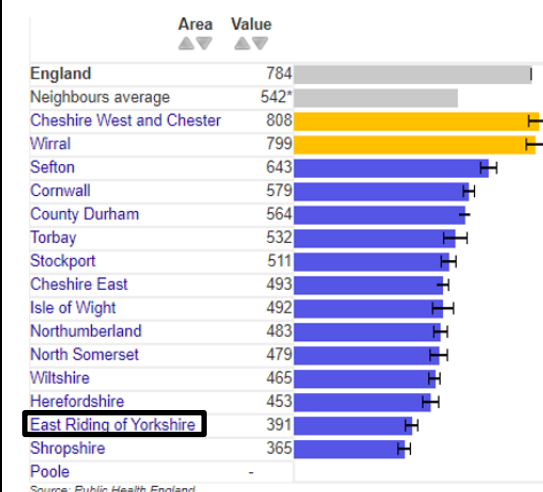


Chart 4.2.3 All new sexually transmitted infection (STI) diagnosis rate per 100,000 population. ERY compared to CIPFA, 2018. Source: PHE Fingertips



4.3 Chlamydia

In England, the most commonly diagnosed bacterial sexually transmitted infection is Chlamydia with the highest rates detected within young adults; for this reason key indicators have been created aimed at 15-24 year olds. If left untreated it can cause infections and complications such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal-factor infertility.

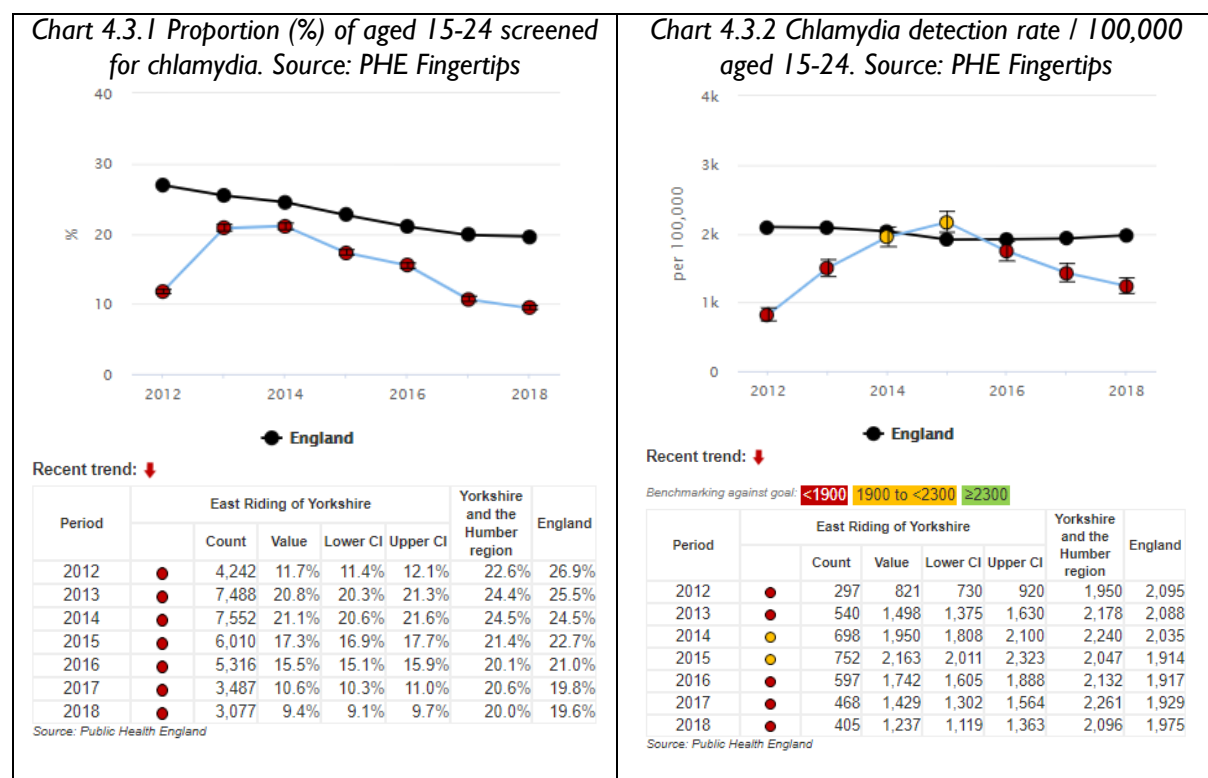
4.3.1 Proportion aged 15-24 screened for Chlamydia

It is recommended (by the National Chlamydia Screening Programme) that all sexually active under 25 year olds are tested annually for chlamydia. Chart 4.3.1 shows the East Riding has had a significantly



lower proportion of 15-24 year olds screened for chlamydia between 2012 (11.7% compared to the England average of 26.9%) and 2018 (9.4%, compared to 19.6% for England). The East Riding rate is also shown to be decreasing. In 2018 there were 3,077 East Riding residents screened in this age group. The East Riding had the lowest screening rate (9.4%) of all the local authorities within both the region and the CIPFA neighbour groups.

Chlamydia detection is discussed in more detail in the next section, but it is useful to compare the proportion of 15-24 year olds screened for chlamydia, against the chlamydia detection rate for the same age group. What is apparent from the charts is that whilst the proportion screened in 2018 is similar to that of 2012 (chart 4.3.1), the detection rate in 2018 is higher, indicating more effective targeting (chart 4.3.2).



4.3.2 Chlamydia detection rate in residents aged 15-24

Section 4.3.1 has already briefly mentioned chlamydia screening, but this section provides some further detail. In 2018, there were 405 diagnoses of chlamydia amongst 15-24 year olds resident in the East Riding, equating to a rate of 1,237 per 100,000 population. This is lower than the PHE recommended detection rate of 2,300 for local authorities and significantly lower than the England average (1,975 per 100,000). Comparison with other local authorities in the same year, found East Riding to have the lowest detection rate within region and the lowest recorded rate amongst CIPFA neighbours. Between 2012 and 2015 the East Riding chlamydia detection rate had been increasing year on year, overtaking the national rate in 2015, but by 2016 it had begun to decrease again and has been significantly lower than the England average for the past 3 years (see chart 4.3.2 in the previous section).

A comparison of the East Riding rates for each gender against the nearest 15 CIPFA neighbours, found the East Riding in both cases to have one of the lowest detection rates amongst those local authorities.

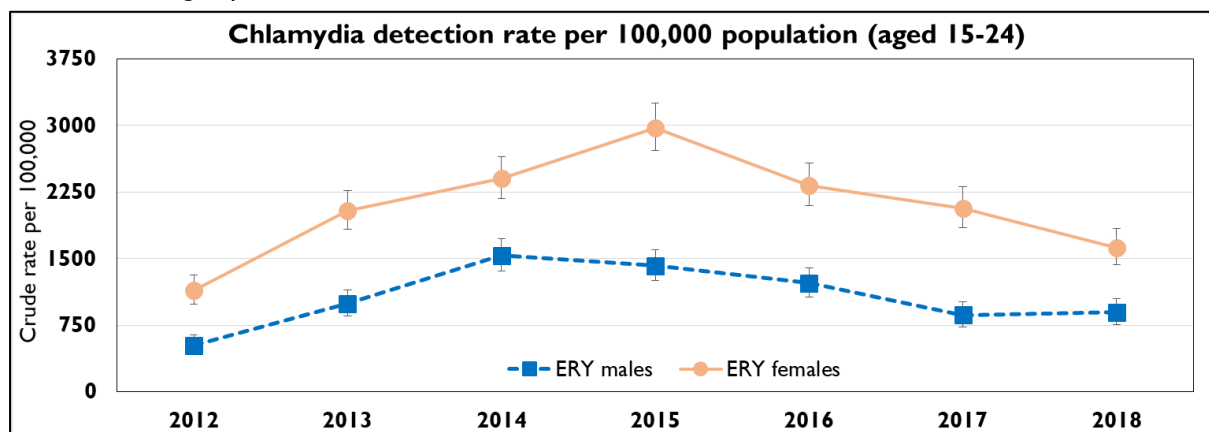


Within the East Riding it was observed that inequalities exist regarding gender, with males recording a significantly lower chlamydia detection rate than females. The East Riding male detection rate of 893 per 100,000 in 2018, was half the female rate of 1,624 per 100,000. Chart 4.3.3 compares the detection rates for both genders in the East Riding.

However, in contrast, later in this document section 5.1.1 highlights that the East Riding rate of males (under 25 years) attending specialist contraceptive services was 2 and a half times higher than the national average. This suggests that there is potential to screen a higher proportion of males for chlamydia when they attend these services.

Chart/table 4.3.3 Chlamydia detection rate / 100,000 aged 15-24. ERY males compared to ERY females.

Source: PHE Fingertips



Male chlamydia detection	2012	2013	2014	2015	2016	2017	2018
ERY male count	98	187	287	259	223	150	156
ERY males rate	522	992	1,535	1,418	1,223	823	893
England males rate	1,447	1,436	1,368	1,294	1,290	1,264	1,336

Female chlamydia detection	2012	2013	2014	2015	2016	2017	2018
ERY female count	199	351	411	491	373	317	248
ERY females rate	1,144	2,043	2,404	2,976	2,326	1,976	1,624
England females rate	2,723	2,737	2,701	2,529	2,529	2,502	2,620

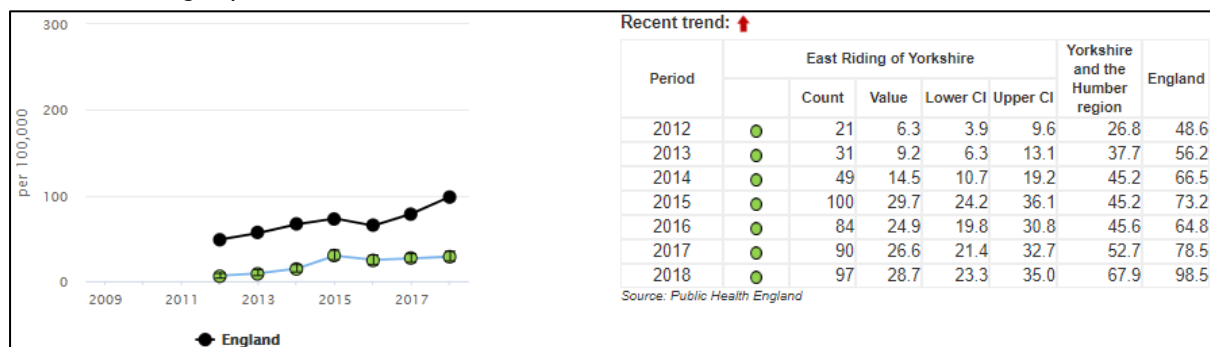
4.4 Gonorrhoea

Gonorrhoea is caused by the bacterium *Neisseria gonorrhoeae* and if left untreated can cause pelvic inflammatory disease (PID), which in turn can lead to long-term pelvic pain, ectopic pregnancy and infertility (NHS.UK, 2019). Concern has been raised in recent years about the infection's increased resistance to antibiotics and the lack of new treatments to combat it.

The rate of gonorrhoea diagnosis amongst East Riding residents accessing sexual health services, has been increasing significantly. In 2012 there was a rate of 6.3 per 100,000 population (21 diagnoses) and by 2018 the rate had increased to 28.7 (97 diagnoses). Within this period, the highest rate was in 2015 (29.7 per 100,000) when 100 diagnoses were made. In 2018, when compared to the England rate (98.5 per 100,000), the East Riding rate (28.7) was significantly lower and this had been the case in all years between 2012 and 2018 (see chart 4.4.1).



Chart 4.4.1 Gonorrhoea diagnostic rate (crude rate/100,000 population). East Riding compared to England.
Source: PHE Fingertips



Comparison against other local authorities in the Yorkshire and the Humber (Y&H) region revealed the East Riding to have the third lowest rate (i.e. better) and when compared to the nearest 15 CIPFA neighbours it was located within the bottom half of values.

Nationally, those living in the most deprived areas are more likely to be diagnosed with gonorrhoea. Residents living in the most deprived IMD 2015 decile had a diagnosis rate (140.2 per 100,000) which was four and half times higher than those living in the least deprived quintile (31.3).

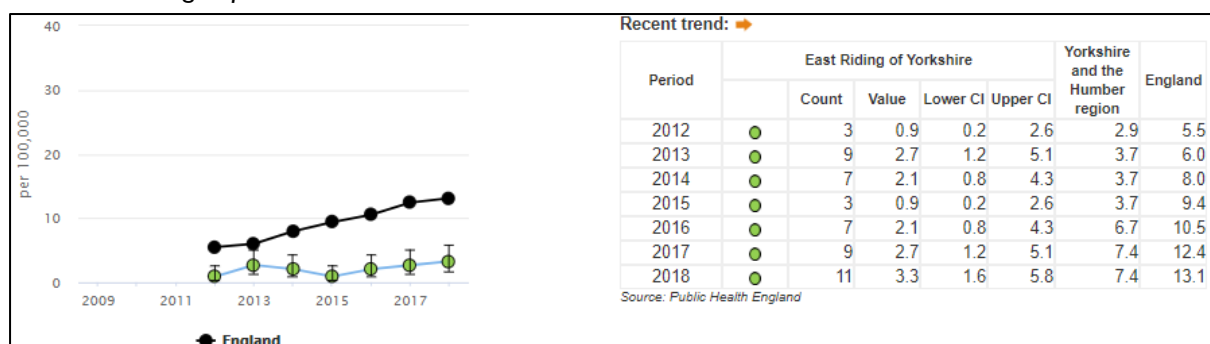
To date, there have been no cases of resistant gonorrhoea diagnosed within the East Riding.

4.5 Syphilis

Syphilis is a bacterial infection which can be symptom free for years (even decades), but if left untreated it can eventually spread to the brain and the rest of the nervous system.

The numbers of East Riding residents diagnosed with syphilis is extremely small, with 11 diagnoses made in 2018 and average of 7 per year between 2012 and 2018. Within this 7 year period the East Riding diagnosis rate has remained significantly lower than the England average (see chart 4.5.1) and is not showing any significant trend in direction of travel (unlike the England rate, which has been consistently increasing).

Chart 4.5.1 Syphilis diagnostic rate (crude rate/100,000 population). East Riding compared to England.
Source: PHE Fingertips



In 2018 the East Riding diagnosis rate was 3.3 per 100,000 population, almost four times lower than the England rate (13.1). The East Riding also compared favourably against other local authorities where it recorded the 2nd lowest rate within the region and the lowest known rate against CIPFA neighbours.



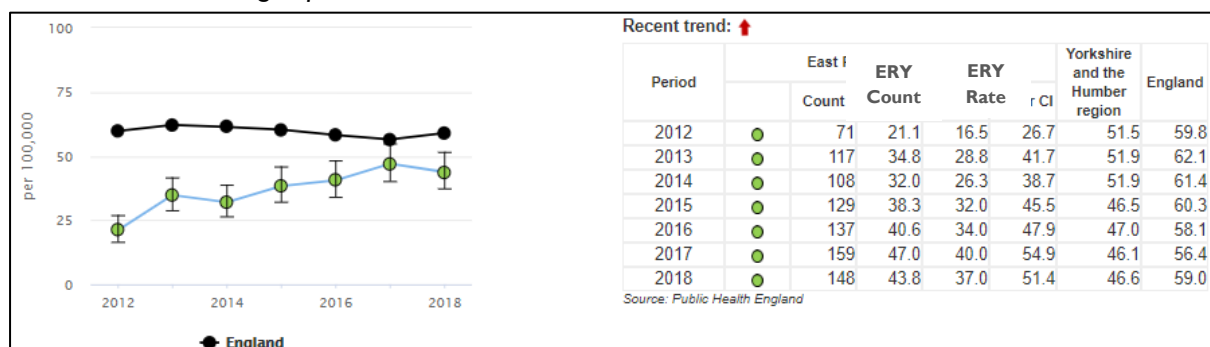
The diagnosis rate of syphilis is higher within the most deprived communities of England and nationally 78% of syphilis cases in 2017 (BBC News, 2018) were diagnosed in men who have sex with men (MSM), in whom the incidence has increased over the past decade.

4.6 Genital Herpes

The most common ulcerative STI in England is genital herpes and is caused by the genital herpes simplex virus (HSV). Diagnosis rates of “first episode” genital herpes are used in this indicator as recurrent infections are quite common, requiring patients to return for treatment.

Rates in the East Riding have been significantly increasing over the past 6 years and doubled between 2012 (when the rate was 21.1 per 100,000 population, based on 71 diagnosis) and 2018 (a rate of 43.8, based on 148 diagnoses). In this time the East Riding rates have remained significantly lower than England, but have started to catch the national average, as demonstrated in chart 4.6.1.

Chart 4.6.1 Genital herpes diagnosis, crude rate / 100,000 population. ERY compared to England, 2012 to 2017. Source: PHE Fingertips



Compared to other local authorities the East Riding is placed within the middle range of diagnosis rates for the region and the lower half when compared to CIPFA neighbours. Nationally, it is the residents living in the most deprived areas who have the highest diagnosis rates of first episode genital herpes.

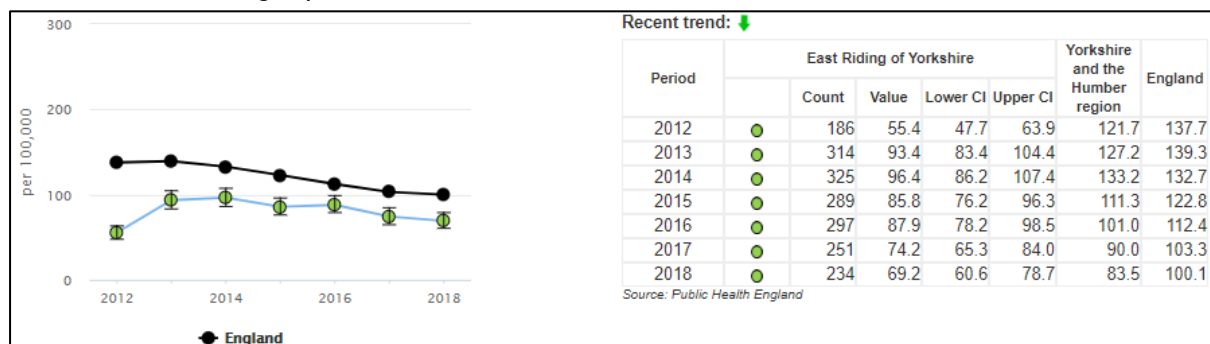
4.7 Genital Warts

Genital warts are a common viral STI, caused by the human papilloma virus (HPV).

In the East Riding there were 234 first episode diagnoses in 2018, a rate per 100,000 population of 69.2 which was significantly lower than the England rate of 100.1. The East Riding rate of first episode genital warts declined slowly (but significantly) between 2014 and 2018. The East Riding rates have also been significantly lower than the national average in all periods between 2012 and 2018, as shown in chart 4.7.1.



Chart 4.7.1 Genital herpes diagnosis, crude rate / 100,000 population. ERY compared to England, 2012 to 2018. Source: PHE Fingertips



A comparison with other local authorities in both the region and within the CIPFA group, find the East Riding to be within the bottom (i.e. lowest) third of diagnosis rates. From a national deprivation perspective, it is the residents living in the most deprived IMD deciles who have the highest diagnosis rates of first episode genital warts.

4.8 HIV (Human Immunodeficiency Virus)

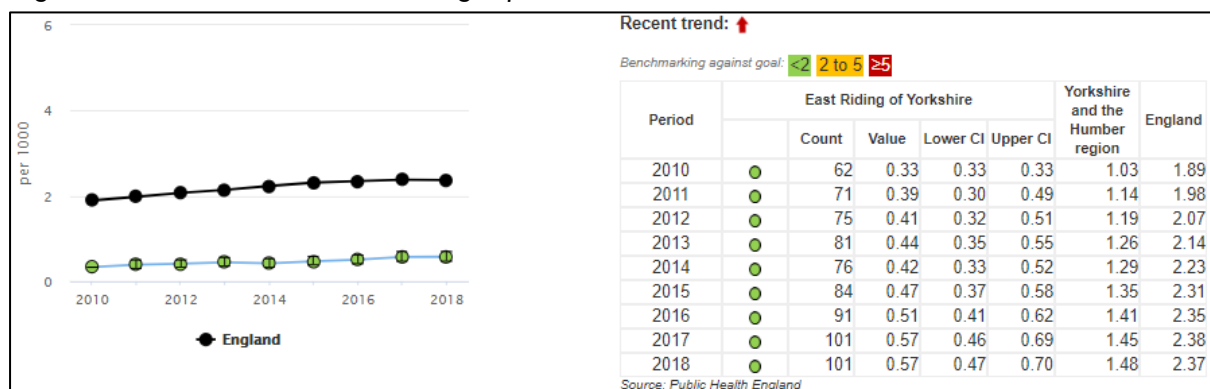
HIV is a virus which damages the body's immune system and as a result is less effective in fighting off infections. It is a long term condition with no cure, but can be managed with timely diagnosis and sustained treatment.

4.8.1 HIV prevalence

PHE report that there were 101 East Riding residents (aged 15 to 59 years) in 2018 living with a diagnosed HIV infection and accessing HIV care at an NHS service. This equated to a rate per 1,000 population of 0.57, significantly lower than the England average (2.37 per 1,000) and placed the East Riding as the local authority with the lowest recorded rate within the CIPFA neighbour group and fourth lowest within the region.

Between 2010 and 2018 the East Riding rate has been significantly lower than England, but (even though numbers are small) the prevalence of HIV in East Riding has shown a significant upward trend over the past 8 years (see chart 4.8.1).

Chart 4.8.1 HIV diagnosed prevalence in 15-59 year olds, crude rate / 1,000 population. ERY compared to England, 2012 to 2017. Source: PHE Fingertips



4.8.2 HIV new diagnosis rates

New diagnoses of HIV in the East Riding are small in number, with 4 diagnoses made in 2018 in residents aged 15 years and over. Numbers in the past have been higher (for example 15 in 2013) but over the past 4 years the numbers have generally been half that; there has been no significant change (statistically) in new diagnosis rates within the East Riding over the past 8 years.

The East Riding rate of 1.4 per 100,000 in 2018 was almost 6 times lower than the England average of 8.8; in all periods between 2011 and 2018 the East Riding rate has been significantly lower than the England average. The East Riding rate was also the lowest within the region and the second lowest (of known rates) compared to CIPFA neighbours.

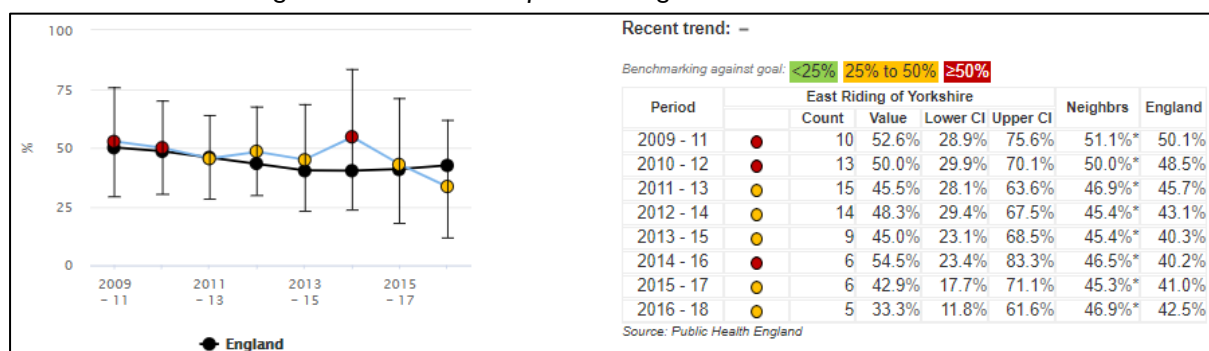
4.8.3 HIV late diagnosis

A person diagnosed late with HIV is at a greater risk of death within the first year of diagnosis compared to those diagnosed promptly, the former is also estimated to have 10 years less life expectancy (Anderson, 2019).

Between 2016 and 2018 there were 5 diagnoses of HIV made at a late stage of infection involving East Riding residents. This number represented 33.3% of all newly diagnosed adults (aged 15 years and over) in the East Riding, lower (but not significantly) than the England average of 42.5%.

With the exception of 2014-16, the East Riding late diagnosis rate had been statistically similar to England since 2011-13 (see chart 4.8.3). However, as the number of HIV+ diagnoses remains very small, the rates of late diagnosis are subject to fluctuation.

Chart 4.8.3 HIV late diagnosis trend. ERY compared to England. Source: PHE



A comparison with other local authorities in 2016-18 shows (where numbers were available) the East Riding to have the 2nd lowest prevalence of late HIV diagnosis within the region and the lowest compared to the nearest 15 CIPFA neighbours.

4.8.4 HIV testing coverage, total (%)

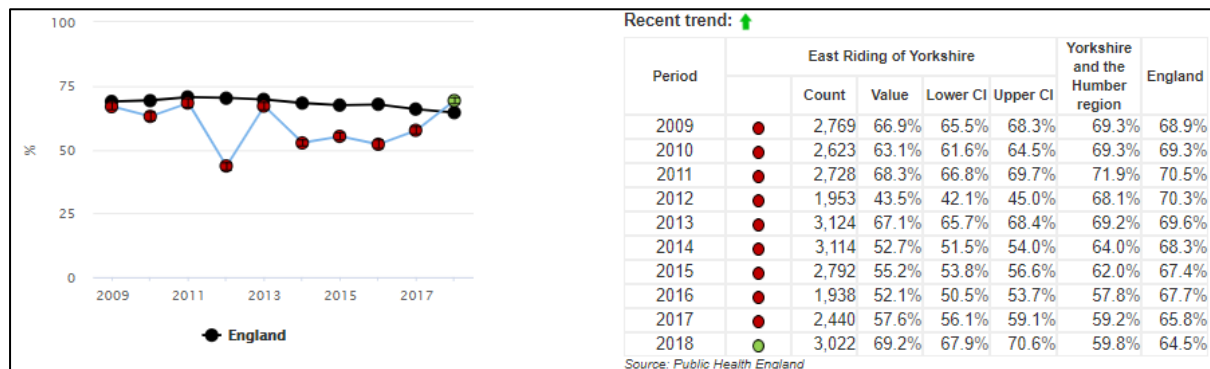
HIV testing is an integral part of the treatment and management of HIV, as knowledge of HIV status increases survival rates, improves quality of life and reduces the risk of HIV transmission. HIV test coverage data represents the number of persons tested for HIV and not the number of tests reported.

In all periods between 2009 and 2017, the East Riding HIV testing coverage rate had been significantly lower than the England average. However, in 2018 the East Riding result reversed this trend, with a



coverage rate of 69.2%, significantly higher (i.e. better) than the England average of 64.5%. In the past 5 years the East Riding HIV testing coverage has also been calculated to be significantly improving (see chart 4.8.4).

Chart 4.8.4 HIV testing coverage, overall (%). ERY compared to England. Source: PHE



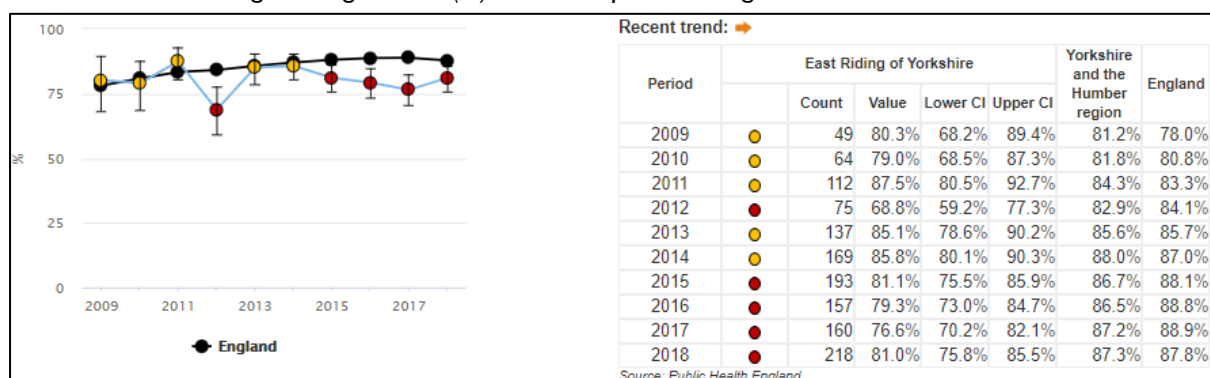
Compared to other local authorities within the region and the CIPFA neighbour group, the 2018 result for HIV testing coverage placed the East Riding within the upper (i.e. better) half of results.

4.8.5 HIV testing coverage (men who have sex with men)

Men who have sex with men (MSM) have been identified as a group disproportionately burdened with HIV infection in England (NICE, 2014) and so are a key risk group. It was estimated in 2016 that 13% of men who have sex with men, who were also infected with HIV, were unaware of their infection.

In 2018 the East Riding HIV testing coverage for MSM was 81%, significantly lower (as it has been since 2015) than the England average of 87.8%, please see chart 4.8.5. The East Riding also had one of the lowest testing coverage rates when compared to other local authorities within the region and the CIPFA neighbour group.

Chart 4.8.5 HIV testing coverage, MSM (%). ERY compared to England. Source: PHE



4.8.6 Pre-exposure Prophylaxis (PrEP)

The current local provider is enrolled in the PrEP IMPACT trial, with 20 patients registered to date.



5. Contraception, Teenage Pregnancies and Termination of Pregnancy

5.1 Contraception

A quality contraceptive service is vital in giving women and men of all ages choice and control over their reproduction, and is key to avoiding unplanned pregnancies and planning families. Contraception is a highly cost-effective intervention, which plays an important public health role in improving the lives of individuals, families and communities. Nationally, around four million people per year use NHS contraception services. Of these, approximately three quarters see a GP with the remainder attending sexual health services and independent clinics provided by third sector organisations such as Brook Advisory Service.

5.1.1 Individuals aged under 25 attending specialist contraceptive services

In 2018, there were almost 3,500 unique individuals from the East Riding (aged 15-24 years) who had at least one face to face attendance at specialist contraceptive services, the majority of these were females (n=2,652) as displayed in table 5.1.1. Between 2015 and 2018 the total attendances for males and females combined amounted to almost 13,800. The East Riding rates of under 25's attendance between 2016 and 2018 were significantly higher than the national and regional averages for both males and females. Chart 5.1.2 reveals that the male East Riding rate (47.3 per 1,000 population) in 2018 was over 2.5 times the national average (17.6 per 1,000). This is largely due to local service configuration and the active outreach programme for young people delivered by the current provider, who visit educational and other establishments across the East Riding. The East Riding numbers and rates that relate to charts 5.1.2 and 5.1.3 can be viewed table 5.1.1 below.

Table 5.1.1 Individuals aged under 25 attending specialist contraceptive services by count and crude rate per 1,000 population. ERY compared to region and England. Source: PHE Fingertips

Males	2015	2016	2017	2018	Females	2015	2016	2017	2018
ERY count	335	867	978	803	ERY count	2,469	2,713	2,970	2,652
ERY rate	18.3	44.4	56.0	47.3	ERY rate	149.6	169.3	194.4	178.5
Y&H rate	13.0	11.4	12.4	13.5	Y&H rate	141.6	129.9	129.5	133.9
England rate	18.8	15.1	16.1	17.6	England rate	163.4	147.5	144.6	140.4

Chart 5.1.2 Under 25s individuals attend specialist contraceptive services rate / 1000 – Males.
2018. Source: PHE Fingertips

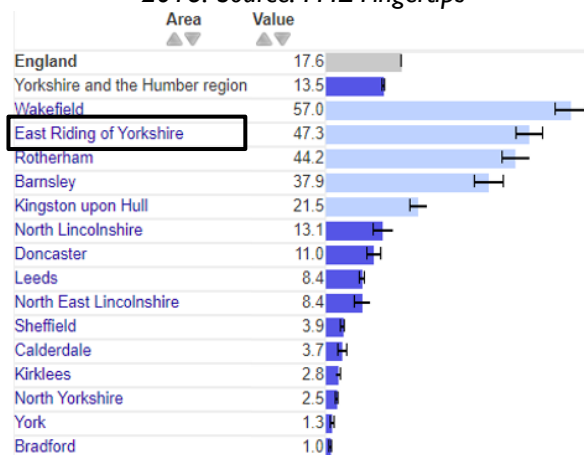
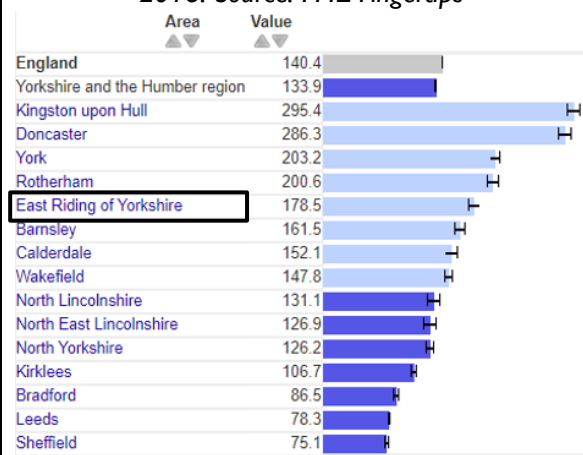


Chart 5.1.3 Under 25s individuals attend specialist contraceptive services rate / 1000 – Females.
2018. Source: PHE Fingertips

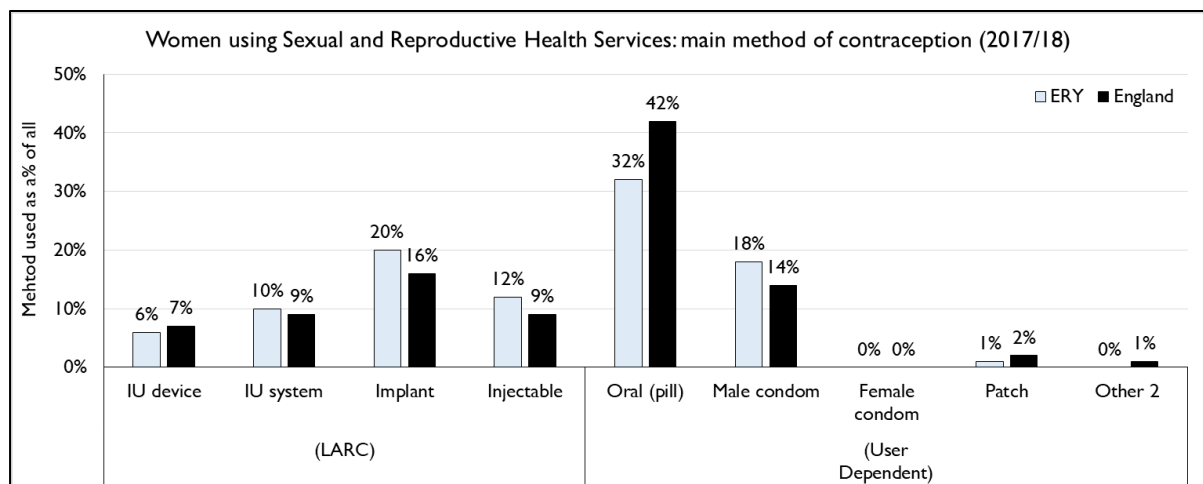


5.1.2 Women using SRH services, who have a main contraceptive method in use (not including GP/Pharmacy)

Section 5.1.2 provides a summary of the main methods of contraception in East Riding women, in data obtained from NHS Digital. This information shown primarily covers activity taking place at dedicated Sexual and Reproductive Health (SRH) services, as recorded in the Sexual and Reproductive Health Activity Dataset (SRHAD). SRH services include family planning services, community contraception clinics, integrated Genitourinary Medicine (GUM) and SRH services, and young people's services. Therefore data from GP settings and pharmacies is not included in section 5.1.2. The data has also been rounded to the nearest 5 (volumes) or whole number (percentages/rates).

There were 4,600 East Riding women reported to be using SRH services in 2017/18, who had a main contraceptive method in use. LARC accounted for 48% of methods used (compared to 41% nationally) and 52% were user dependent (59% nationally). A breakdown of the more specific methods can be viewed in chart 5.1.4.

Chart 5.1.4 Main method of contraception, ERY compared to England, 2017/18. Source: NHS Digital



Sections 5.1.3 to 5.1.5 provide details about the provision of Emergency Hormonal Contraception (EHC) by Pharmacies and Long Acting Reversible Contraception (LARC) by Primary Care.

5.1.3 The location of LARC and EHC provision in the East Riding

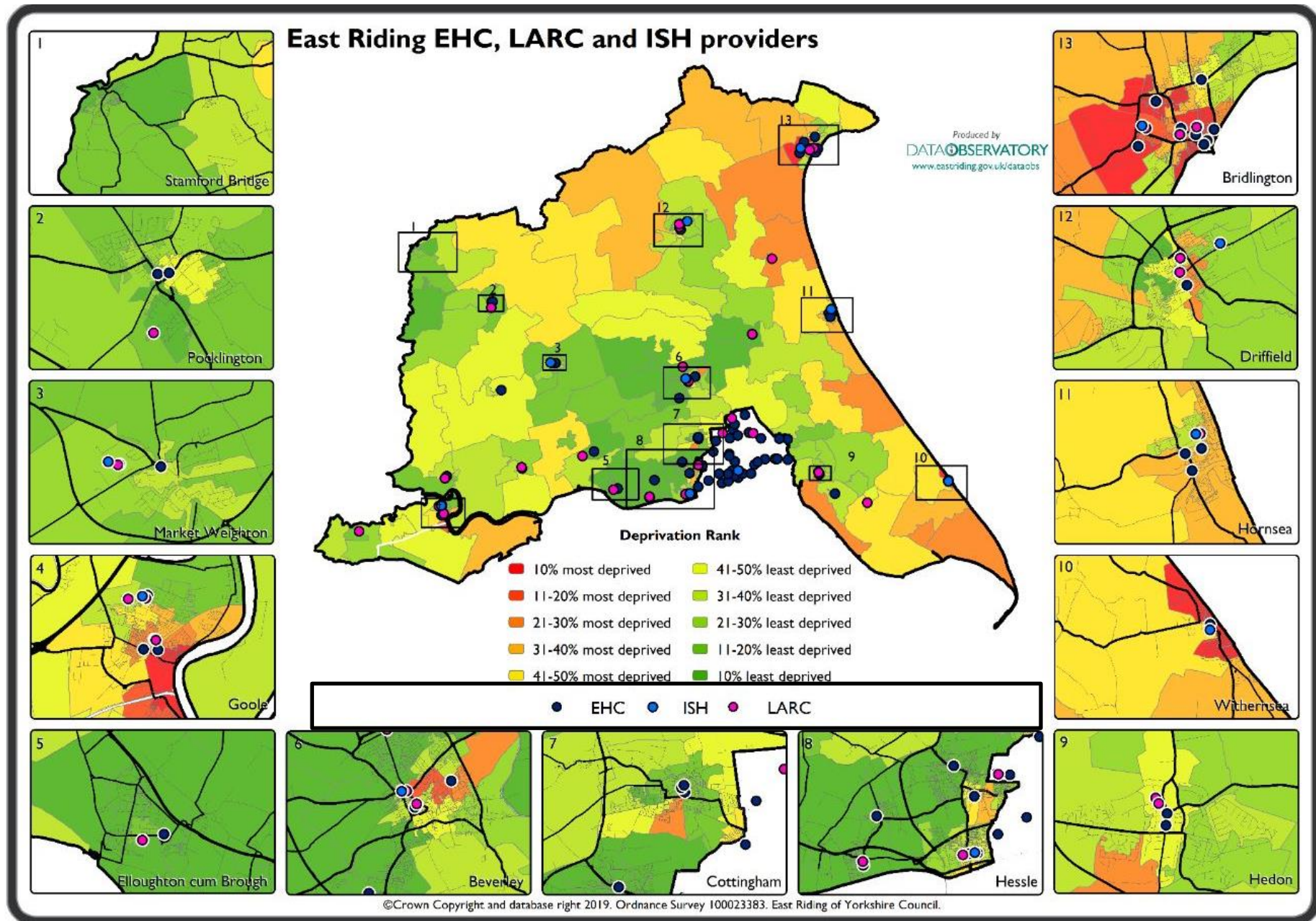
Map 5.1.5 shows the local IMD deciles in the East Riding with green denoting the least deprived areas and red the most deprived. This is overlaid with dark blue markers showing pharmacies offering Emergency Hormonal Contraception services; and pink markers showing those General Practice surgeries that offer Long Acting Reversible Contraception services. Light blue markers highlight the location of current ISH service facilities.

Distribution of these locations follows the expected pattern of areas of highest population density, with a large number of EHC pharmacies located in Hull.

Similar maps showing more detail within the Beverley, Bridlington and Hull areas can be found in section 10.1 (Appendix I – Maps).



Map 5.1.5 Location of EHC and LARC providers and location of current ISH provider. December 2018. Source: ERY Data Observatory



5.1.4 Emergency Hormonal Contraception (EHC)

Women who do not wish to conceive should be offered emergency contraception (EC) after unprotected sexual intercourse (UPSI) that has taken place on any day of a natural menstrual cycle. Emergency contraception providers should advise women that the copper coil (Cu-IUD) is the most effective method of EC. In the East Riding, in addition to GPs and ISH clinics, Pharmacies are commissioned to provide emergency hormonal contraception, and can refer women to ISH clinics for urgent provision of Cu-IUD.

Unintended pregnancies impose significant costs on the lives of mothers and children, on health services, on women's empowerment, on economic growth and on the environment. In the UK the cost of an unintended pregnancy is estimated to be £1663 in direct healthcare costs rising to £2922 with the inclusion of social costs (Thomas CM and Cameron S, 2013).

This section includes data obtained from Pharmacy, ISH clinics and GP practices. It does not include any provided out of area (OOA). Table 5.1.6 displays the count and corresponding rate per 100,000 population of EHC provision to East Riding residents of all ages and those aged 15-44 years, over three financial years. In the three years as a whole, there was an EHC provision count of 3,468 from Pharmacies (95.6% were for residents aged 15-44) and ISH clinics provided 710 (95.3% of which were for 15-44 year olds). NHS ERY CCG practices and the Pocklington Group practice prescribed a combined total of over 1,500 EHC items in the same period, approximately 500 items per year.

Table 5.1.6 Count and crude rate per year of EHC provision to ERY residents, by all ages and 15-44 years.
Source: Outcomes4Health and eMBED Health Consortium

All Ages – EHC provision		2015/16	2016/17	2017/18	Total
Pharmacy	Count	1,082	1,209	1,177	3,468
	Rate per 100,000 population	630	703	684	672
ISH Clinics	Count	222	270	218	710
	Rate per 100,000 population	129	157	127	138
NHS ERY CCG & Pocklington Practice combined*	Items prescribed	551	505	473	1,529
	Rate per 100,000 population**	340	312	292	315

*0703050A0 Levonorgestrel and 0703050B0 & Ulipristal Acetate (Emergency Cont) only

** population estimated

15-44 years only – EHC provision		2015/16	2016/17	2017/18	Total
Pharmacy	Count	1,038	1,157	1,119	3,314
	Rate per 100,000 population	2,002	2,269	2,241	2,169
ISH Clinics	Count	215	260	202	677
	Rate per 100,000 population	415	510	405	443
NHS ERY CCG & Pocklington Practice combined	Items prescribed	N/A	N/A	N/A	N/A
	Rate per 100,000 population	N/A	N/A	N/A	N/A

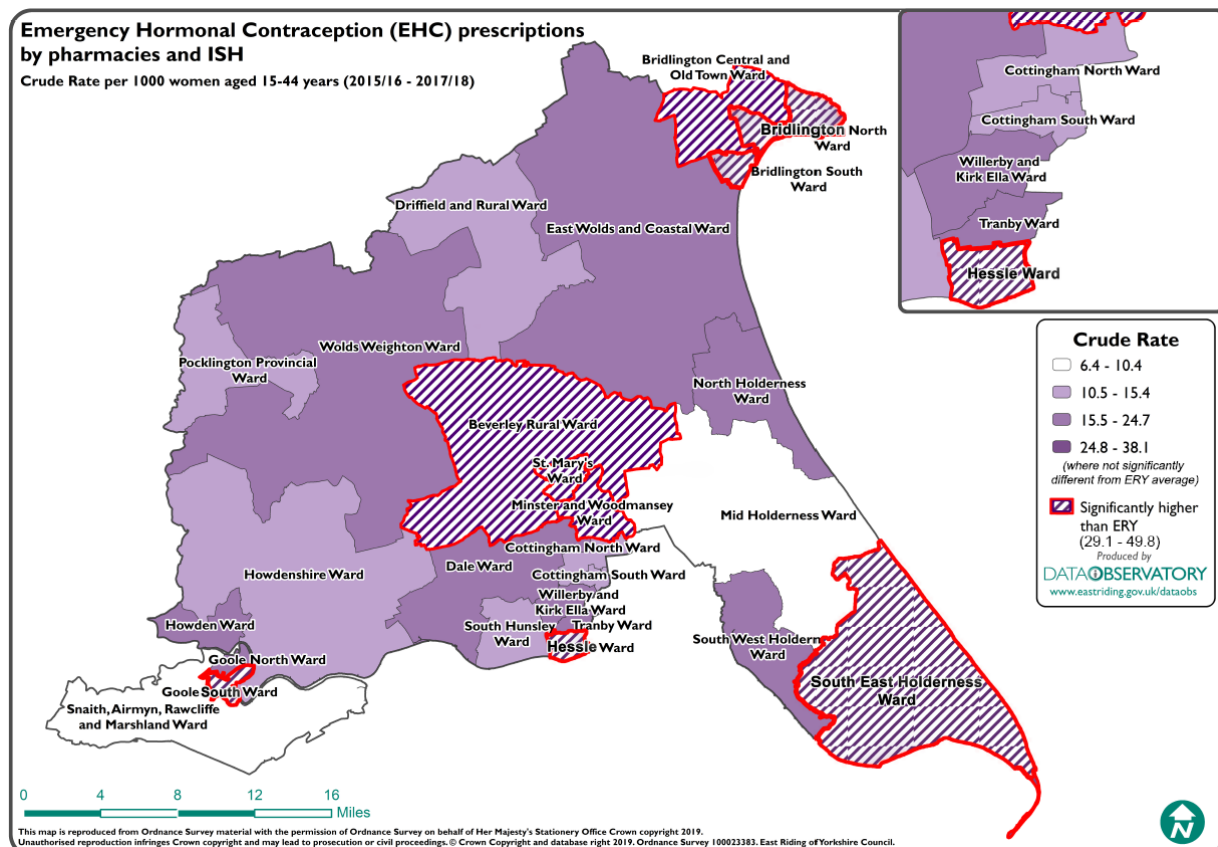
Map 5.1.7 (next page) shows the crude rates of Emergency Hormonal Contraception prescriptions in the East Riding between April 2015 and March 2018. This map combines the activity shown at



Pharmacies offering EHC and the activity reported by the ISH service. For every prescription of EHC provided by the Integrated Sexual Health Service, 4.8 prescriptions were prescribed by pharmacy providers. The map shows a significantly higher rate of EHC provided for residents living within the wards of Bridlington, Beverley, Hessle, Goole South and South East Holderness.

Practices located within the Beverley area accounted for 16% of all GP prescribed EHC in the period 2015/16-17/18. This was followed by practices in Driffield (13%), Bridlington (12%), Holderness (12%) and Goole (10%). Other areas of the East Riding made up the remainder of the total EHC prescribed.

*Map 5.1.7 Total EHC provision (Pharmacy and ISH only – **no GP practice data or OOA presented here**) by East Riding ward, 2015/16-17/18, crude rate/1,000 population (15-44). Source: Outcomes4Health*



5.1.5 Long Acting Reversible Contraception (LARC)

5.1.5.1 East Riding comparison against England

Long-acting reversible contraception (LARC) is available to East Riding residents through specialist contraceptive services and within many General Practices. Table 5.1.8 provides a comparison of total LARC provision in the East Riding compared to England in 2017 and a breakdown of that total between those prescribed by GP and SRH. Overall, the ERY rate of LARC (62.2 per 1,000) prescribed is significantly higher than England (47.4) and, much like England, the majority is prescribed by GPs. Between 2014 and 2017 the ERY rate of LARC prescribed is significantly higher than England in each year.



Table 5.1.8 LARC related indicators. Females aged 15-44 years, 2017. Source: PHE Fingertips

Indicator	ERY: total number (implants, IUS and IUD)	ERY crude rate per 1,000 population (15-44 years)	England crude rate per 1,000 population (15-44 years)
Total prescribed LARC excluding injections	3,105	62.2	47.4
GP prescribed LARC excluding injections	1,796	36.0	29.2
SRH Services prescribed LARC excluding injections	1,309	26.2	18.2

The proportion of women aged under 25 choosing LARC (excluding injections) as their main method of contraception at SRH Services was 26.1% (n=700), significantly higher than the England average of 21.6%. In the over 25 age group, 44.8% of women (n=812) chose LARC as their main contraceptive method, again this was significantly higher than the England average (38%).

5.1.5.2 Local analysis sourced from Outcomes4Health and current ISH provider

This section includes data obtained from GP practices and ISH clinics, it does not include any LARC provided out of area. The information is also sourced locally from Outcomes4Health and the current ISH provider, so differs from the data reported nationally (such as by PHE Fingertips, as shown in the previous section).

A summary of the provision of LARC by GP practices and ISH, between 2015/16 and 2017/18, can be found in table 5.1.9 below.

Table 5.1.9 Count and crude rate per year of LARC provision to ERY residents, 15-44 years. GP practices and ISH clinics only, does not include provision by pharmacies nor OOA. Source: Outcomes4Health and current ISH Provider

ERY Females: 15-44 years only		2015/16	2016/17	2017/18	Total (3 years)
General Practice	Count	2520	2875	2582	7977
	Rate per 1,000 population	48.6	56.4	51.7	52.2
Integrated Sexual Health service	Count	2421	3063	2800	8284
	Rate per 1,000 population	46.7	60.1	56.1	54.2

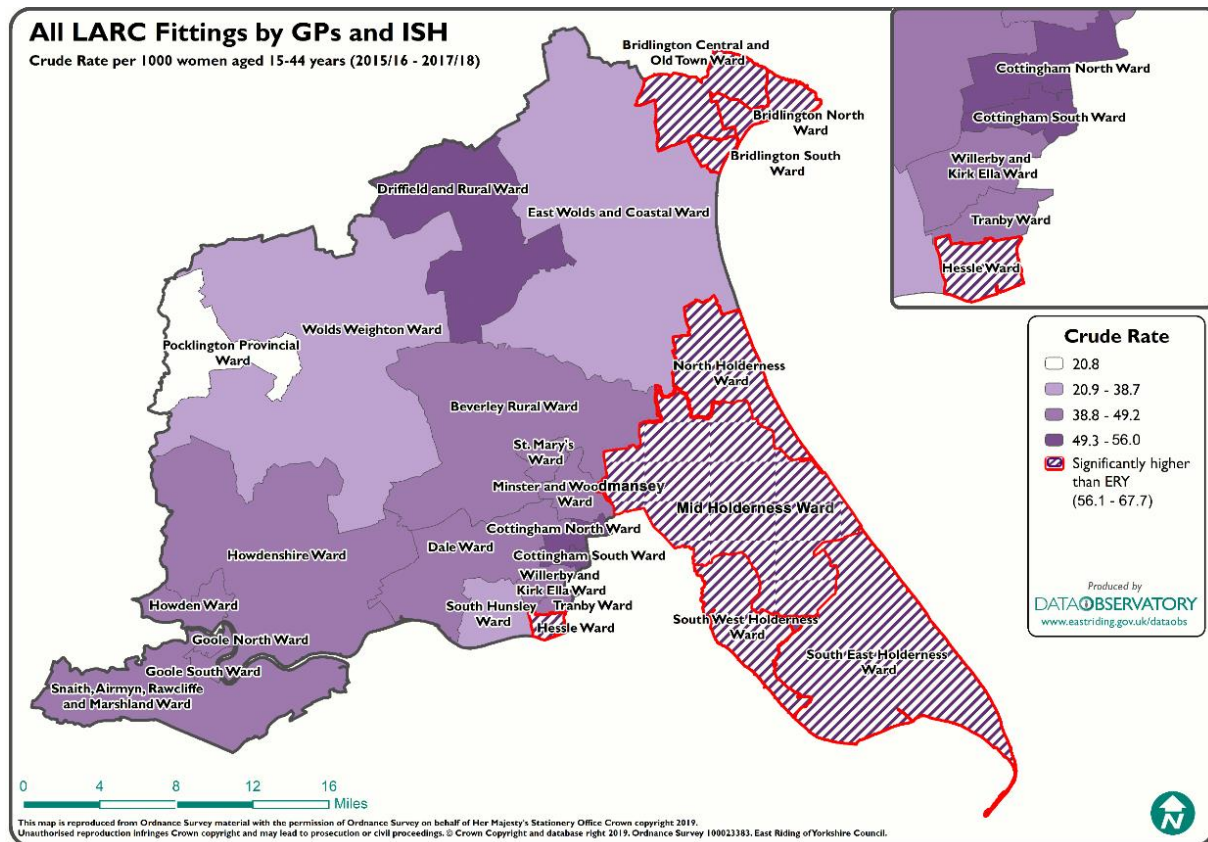
Data from both sets of providers has been combined to produce an overall rate, from April 2015 to March 2018, in map 5.1.10. Here the crude rates for the female population by ward (aged 15-44) are shown.

The low rates recorded within the Pocklington Provincial ward are immediately apparent. Although the Pocklington GP surgery is a relatively active centre regarding LARC, the lower rate is likely to be due to residents of Pocklington and Stamford Bridge travelling to York for ISH services. It is also possible that this factor influences the slightly lower rates in the Wolds Weighton ward.

Local analysis found that there is a preference in some areas of the East Riding to use GPs practices for LARC provision, as opposed to ISH clinics, whereas in other areas the opposite has been found. This is in part due to issues of accessibility, or proximity to ISH clinic, or the age group requiring the service, for example there are more attendances in ISH clinics by under 25 year olds.



Map 5.1.10 Total LARC fittings by East Riding ward, 2015/16-17/18, crude rate per 1,000 females aged 15-44. **GP practices and ISH clinics only, does not include provision by pharmacies or OOA.** Source: Outcomes for Health



5.2 Conceptions

5.2.1 Conceptions to residents aged under 18 years of age

There were 72 conceptions in 2017 involving East Riding residents under the age of 18 years; equating to a rate of 13.5 per 1,000 population which was significantly lower than England average of 17.8 per 1,000 population.

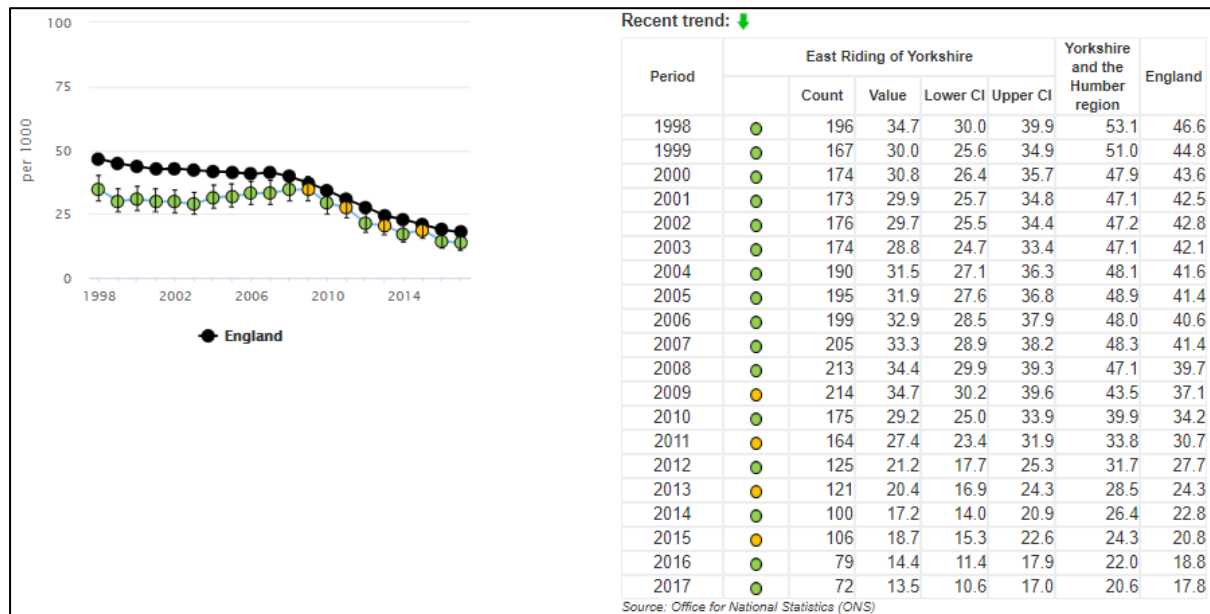
Between 1998 and 2017 the number of conceptions involving this age group more than halved, decreasing from almost 200 a year to just over 70. In this time the East Riding rate has usually been significantly lower than the England rate and has seen a significant decrease over the past 6 periods. Please refer to chart 5.2.1.

Nationally, significantly higher rates of under 18 conceptions were reported within the most deprived communities, this was also witnessed in the East Riding too (please refer to the next section of this document).

In 2017, the East Riding had the second lowest (i.e. better) rate amongst local authorities in the region and the fourth lowest amongst the nearest 15 CIPFA neighbours.



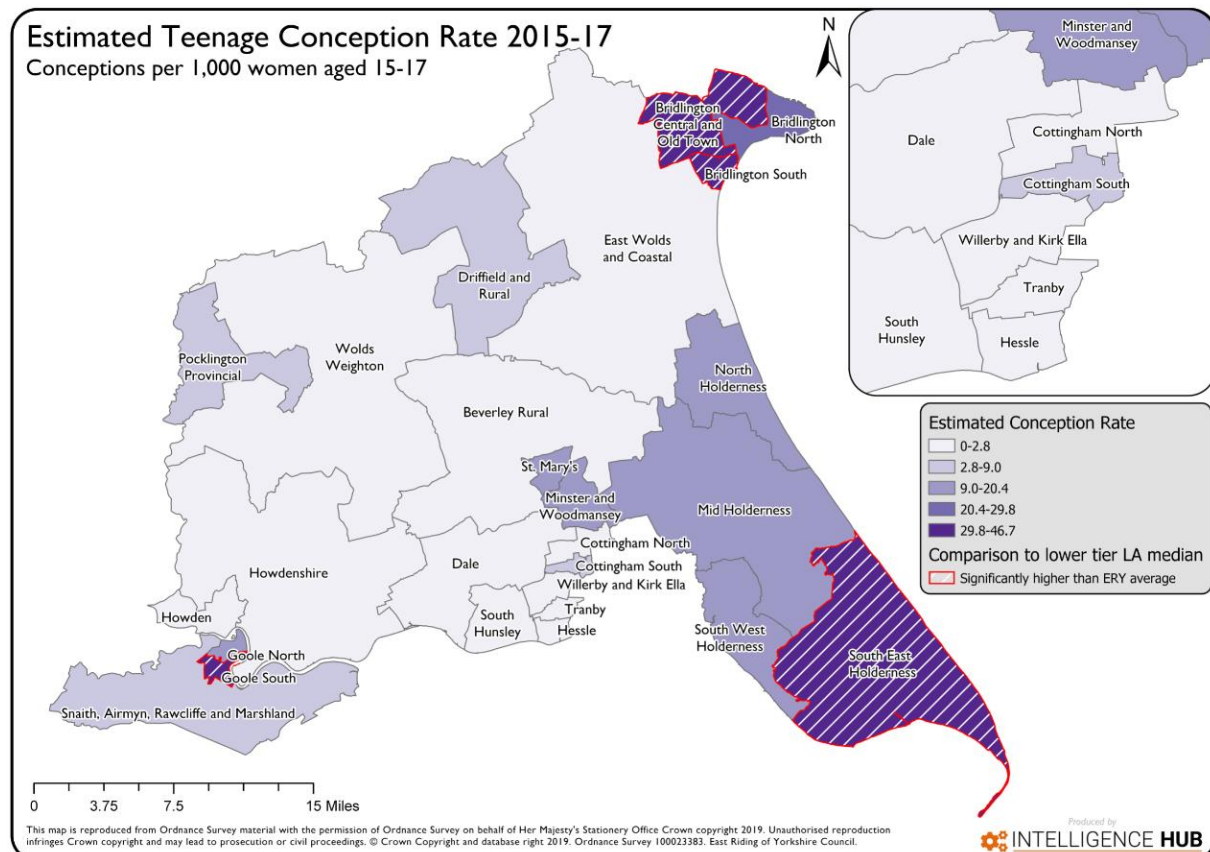
Chart 5.2.1 ERY rate of U18 conceptions compared to England. Rate/1000 (F,15-17) Source: PHE Fingertips



5.2.2 Conceptions to residents aged under 18 years, in the wards of the East Riding

Map 5.2.2 displays the estimated rate of conceptions within the wards of the East Riding. The map shows significantly higher rate of under 18 conceptions with the wards of Bridlington South, Bridlington Central and Old Town, Goole South and South East Holderness.

Map 5.2.2 Conceptions to females aged under 18 years in East Riding wards, 2015-17. Source: ONS



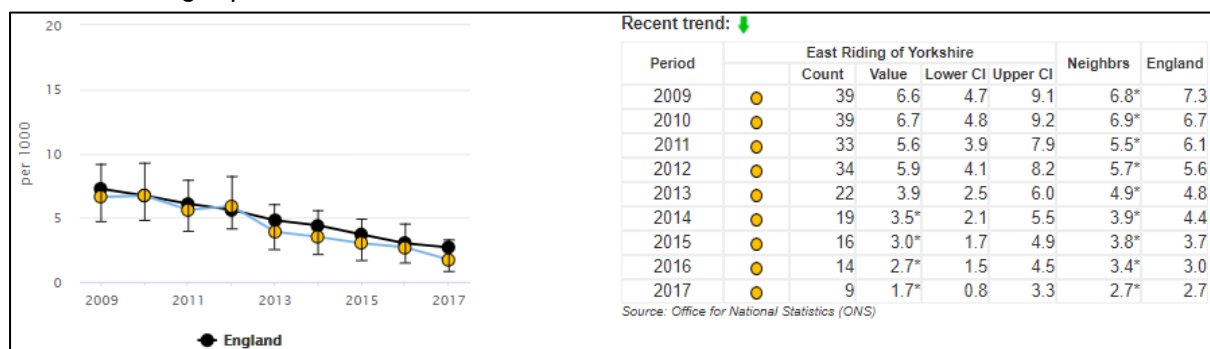
5.2.3 Conceptions to residents aged under 16 years

There were 9 conceptions in 2017 involving East Riding residents under the age of 16 years. The East Riding rate (3.3 per 1,000 population) was statistically similar to the England average (2.7 per 1,000) and was the lowest (i.e. better) rate in the region and third lowest amongst CIPFA neighbours.

Between 2009 and 2017 the actual number of conceptions involving this age group have decreased year on year, effectively dropping by three quarters from a count of 39 to 9. Over the past 6 years, the East Riding rate decreased significantly but it has consistently remained “similar” to the England average between 2009 and 2017 average. Please see chart 5.2.3. Nationally, there are significantly higher rates of under 16 conceptions in the most deprived communities.

Chart 5.2.3 Under 16s conception crude rate per 1,000 population (F, 13-15). ERY compared to England.

Source: PHE Fingertips

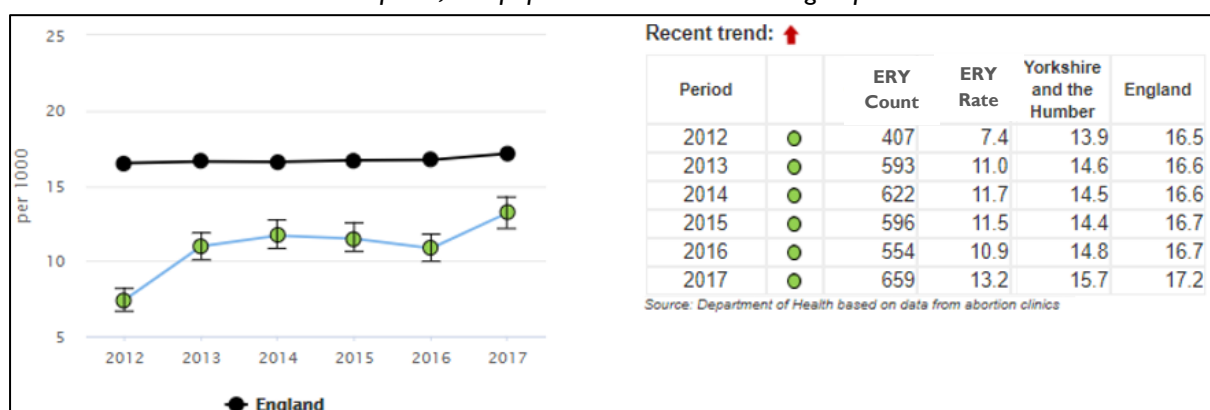


5.3 Termination of pregnancy

5.3.1 Total abortions

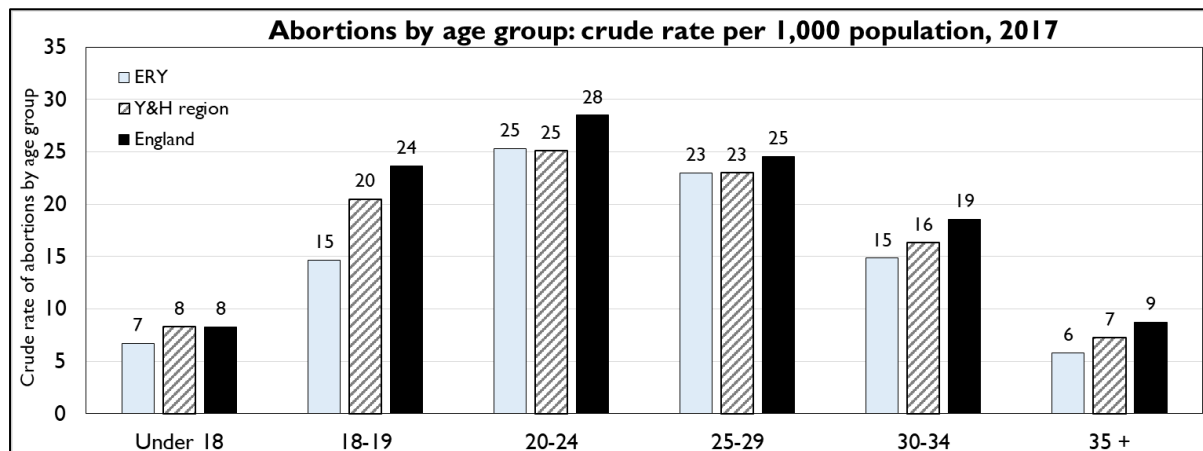
In 2017 there were a total of 659 abortions involving East Riding residents, equating to a rate of 13.2 per 1000 population, the highest rate since 2012. Between 2012 and 2017 the abortion rate in the East Riding has been significantly lower than the national average, but it has been increasing within this time and is starting to catch up (chart 5.3.1). Between 2016 and 2017 there was a statistically significant increase in the East Riding rate. Compared to other local authorities in 2017, the East Riding has the 4th lowest rate in the region and the 6th lowest compared to CIPFA neighbours.

Chart 5.3.1 Abortions: crude rate per 1,000 population. Source: PHE Fingertips



The rate of abortions by age group in 2017, is presented in chart 5.3.2. For each age group, the rate of abortions in the East Riding is lower than national and (in most age groups) lower than the regional average.

Chart 5.3.2 Abortions by age group, crude rate per 1,000 population, 2017. Source: ONS



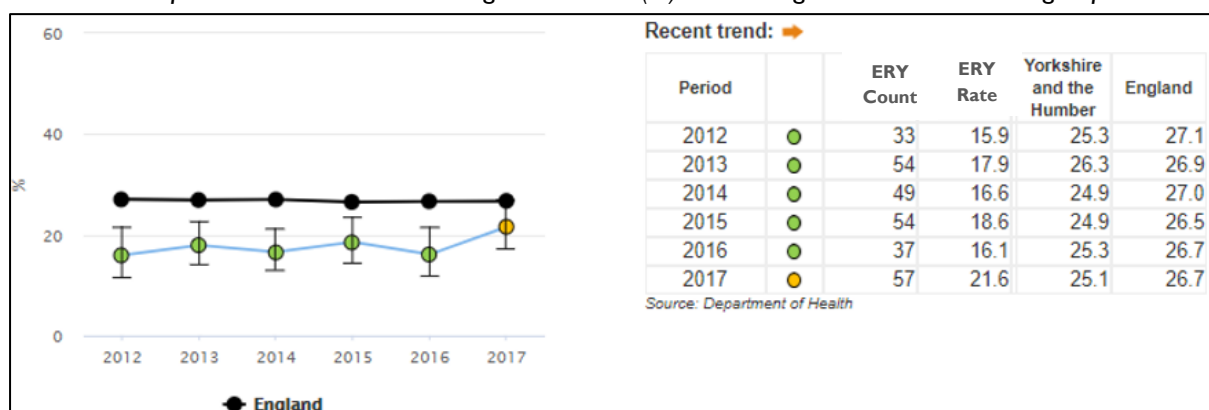
There were 37 abortions involving East Riding residents aged under 18 in 2017, this converted to a rate of 7.0 per 1,000 population which was lower (but not significantly) than England (8.3 per 1,000). Previous information for under 18 year old abortions has mostly been withheld for the East Riding due to issues relating to small numbers, the only previous year available was 2014 where the East Riding rate was 7.7 per 1,000 (n=46 abortions). The England under 18 abortion rate between 2012 and 2017 fell consistently year on year, from 12.8 per 1,000 to 8.4.

5.3.2 Repeat abortions in residents aged under 25

This indicator highlights the percentage of repeat abortions in women aged under 25. Reasons for repeat abortions might be an indication of a lack of access to good quality contraception services (or advice); it might also highlight problems with an individual's use of a contraceptive method.

In 2017, there were 57 East Riding women aged under 25 who had an abortion (who had previously already had one); this meant a prevalence of 21.6%, lower (but not significantly) than the England average of 26.7%. In the previous 5 years (2012 to 2016) the East Riding percentage has been significantly lower than England, as demonstrated in chart 5.3.3.

Chart 5.3.3 Repeat abortions in residents aged under 25 (%). ERY v England. Source: PHE Fingertips



During 2017, comparisons against other local authorities within the region and the CIPFA group found the East Riding prevalence of repeat abortions to be within the lower third of values (i.e. better) in both instances.

6. Additional Information

6.1 Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured or changed without any medical reason for it to be done. FGM is usually carried out on girls between infancy and the age of 15, most commonly before the onset of puberty. It is illegal in the UK and recognised as child abuse.

According to the FGM Enhanced Dataset for 2017-2018, nationally there were 6,195 individual women and girls who attended NHS services for FGM related-issues. For the same time period (2017/18) there were 4,495 newly recorded women and girls attending for FGM. The newly recorded information does not indicate how recently the FGM was undertaken.

Within the ERY, 5 women were newly identified through attendance. All 5 women were aged 30-34 years and from Eastern Africa. Each of the women reported type 2 FGM (excision) which had occurred at an age of between 5 and 9 years. All of the newly identified women self-reported FGM and were pregnant at the time of reporting (NHS Digital, 2018). There is little evidence FGM is a prevalent problem or safeguarding issue within the East Riding.

6.2 Child Sexual Exploitation (CSE)

Child Sexual Exploitation (CSE) is a form of sexual abuse of children and young people under 18. CSE can take multiple forms from seemingly 'consensual' relationships to organised crime and child trafficking. National figures are difficult to obtain, but NSPCC estimates 1 in 20 children in the UK have been sexually abused (NSPCC, 2019). Within the East Riding, 91 children were identified as being at risk of CSE in 2017/18 and of these, 63 children were affected by either domestic abuse or family substance misuse.

6.3 Human Papilloma Virus (HPV)

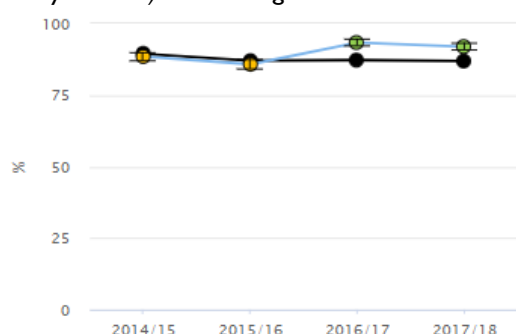
HPV is a group of viruses that affect the skin and moist membrane linings of the body. There is in excess of 100 forms of HPV and 40 types affect the genital area. Genital HPV can cause genital warts and abnormal tissue growth leading to cervical cancer. HPV also causes the majority of anal, oropharyngeal, vaginal, vulvar and penile cancer. There is no prevalence data available at a national or local authority level.

Vaccines are offered to girls aged 12-18 years which help to protect them against the types of HPV, which most commonly cause cervical cancer. Population vaccine coverage in 13-14 year old females receiving both doses of the HPV vaccine was 83.1% for England compared to 88.1% for East Riding of Yorkshire (2016-2017). Both doses are required to be fully protected.

Charts 6.3.1 and 6.3.2 display HPV vaccination coverage for one and two doses respectively.



Chart 6.3.1 Population vaccination coverage - HPV vaccination coverage for one dose (females 12-13 years old). ERY v England. Source: PHE



Recent trend: –

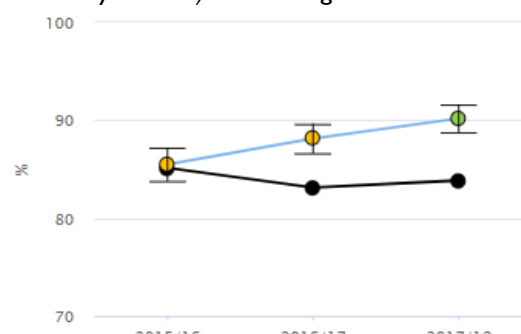
Benchmarking against goal:

<80% 80% to 90% ≥90%

Period		ERY Count	ERY Rate	Yorkshire and the Humber	England
2014/15		1,504	88.5	91.8	89.4
2015/16		1,453	85.8	90.7	87.0
2016/17		1,658	93.4	92.2	87.2
2017/18		1,623	92.0	91.5	86.9

Source: Public Health England

Chart 6.3.2 Population vaccination coverage - HPV vaccination coverage for two doses (females 13-14 years old). ERY v England. Source: PHE



Recent trend: –

Benchmarking against goal:

<80% 80% to 90% ≥90%

Period		ERY Count	ERY Rate	Yorkshire and the Humber	England
2015/16		1,433	85.5	87.9	85.1
2016/17		1,479	88.1	88.4	83.1
2017/18		1,561	90.2	89.6	83.8

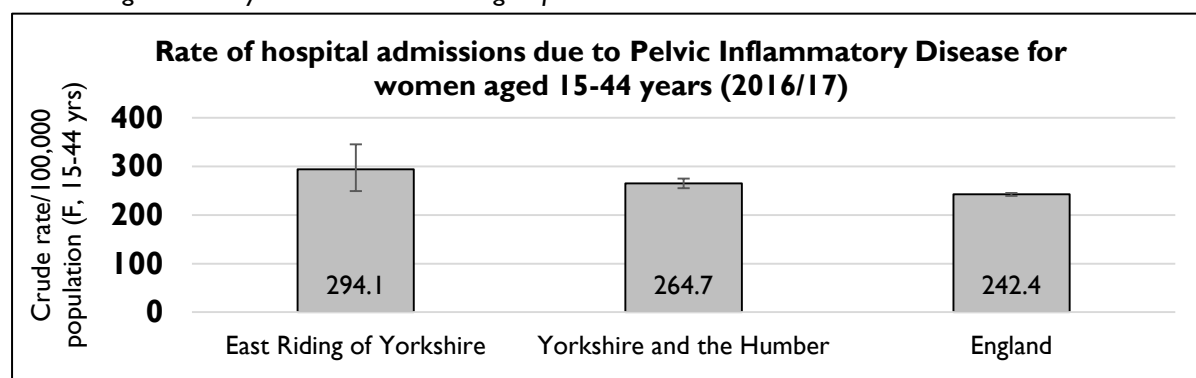
Source: Public Health England

Males are protected from HPV through herd protection (vaccinating females will prevent them passing on HPV to male partners). However, from 2019/2020, it is expected 12-13 year old boys will also become eligible for the HPV vaccine. Likewise, men who have sex with men (MSM) are left unprotected by female-only vaccination. Therefore, from April 2018, MSM became eligible for the free HPV vaccination (up to and including aged 45 years) when visiting sexual health clinics and HIV clinics in England.

6.4 Pelvic Inflammatory Disease (PID)

Pelvic Inflammatory Disease (PID) is an infection of the female upper genital tract, including the uterus, fallopian tubes and ovaries. The condition has no obvious symptoms but is common, although UK prevalence is not clear. It mostly affects sexually active women aged 15-24. Since 2011/12, the East Riding has had a significantly worse rate of hospital admissions for PID than the national average. Chart 6.4.1 shows the latest available period (2016/17), comparing the East Riding to region and England.

Chart 6.4.1 Crude rate per 100,000 population of hospital admissions due to Pelvic Inflammatory Disease. Women aged 15-44 years. Source: PHE Fingertips



6.5 Cervical Screening

Cervical screening aids detecting and removing abnormal tissue or cells in the cervix prior to cervical cancer developing. High cervical screening coverage improves detection and survival rates of cervical cancer patients. In England, all women aged 25-49 receive invitations to screening every 3 years; women aged 50-64 receive invitations every 5 years.

In 2018, the cervical cancer screening coverage in the East Riding was 77.8%, significantly better than both the regional and national levels (74.2% and 71.4% respectively). In the same year, the East Riding had the highest coverage of all local authorities within the region and also when compared to the nearest 15 CIPFA neighbours. In all periods between 2010 and 2018, the East Riding had a significantly higher coverage than both the regional and England averages.

7. NHS East Riding of Yorkshire CCG sexual health contract monitoring information

Contracting reports concerning sexual health related activity are produced for NHS ERY CCG by their current provider on a monthly basis. The tables in this section summarise a number of the indicators within the reports, split by type of service, for four separate financial years (2015/16-18/19) and a final column which pools them together into an average and/or total.

7.1 Community Gynaecology

There were on average 399 referrals per year (2015/16-18/19) regarding community gynaecology but numbers have declined over this four year period (table 7.1.1). The table also shows the percentage of patients seen within the 18- week access reached the target of 95% for the four year period overall, but two periods were under target by 1%. Chart 7.1.2 displays the number of referrals on a quarterly basis and illustrates the general decline in referral numbers, from 134 in Q1 of 2015/16 to 89 in Q4 of 2018/19.

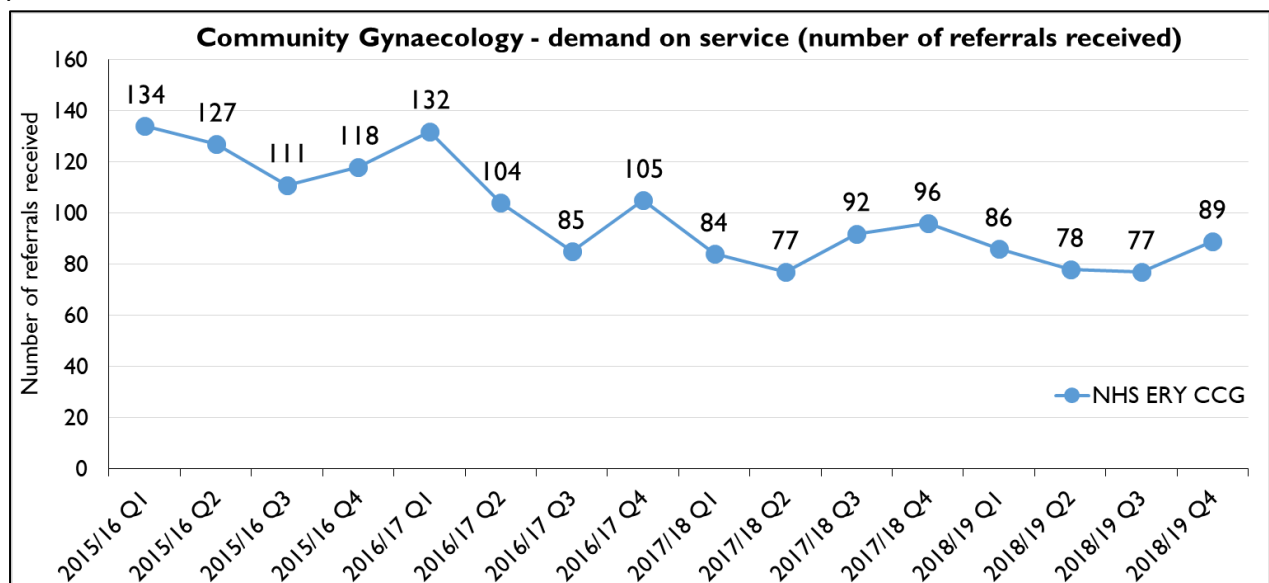
Table 7.1.1 Community gynaecology indicators. Source: NHS ERY CCG current provider

Community Gynaecology	Single financial year				4 years: 2015/16-2018/19	
	2015 /16	2016 /17	2017 /18	2018 /19	Average	Total
Percentage of patients seen within 18-week access target (average in period*)	97%	94%	94%	97%	96%	-
Demand on Service (Number of referrals received - total count in period)	490	426	349	330	399	1595
Percentage of planned discharges (average in period*)	92%	76%	75%	84%	82%	-
Number of discharges from service (total count in period)	196	202	305	303	252	1006
Total number of First Attendances (total count in period)	378	283	270	280	303	1211
Total number of Follow-Ups (total count in period)	360	316	305	303	321	1284

* Average % of individual months within the period



Chart 7.1.2 Community gynaecology - demand on service (count of referrals). Source: NHS ERY CCG current provider



7.2 Erectile Dysfunction

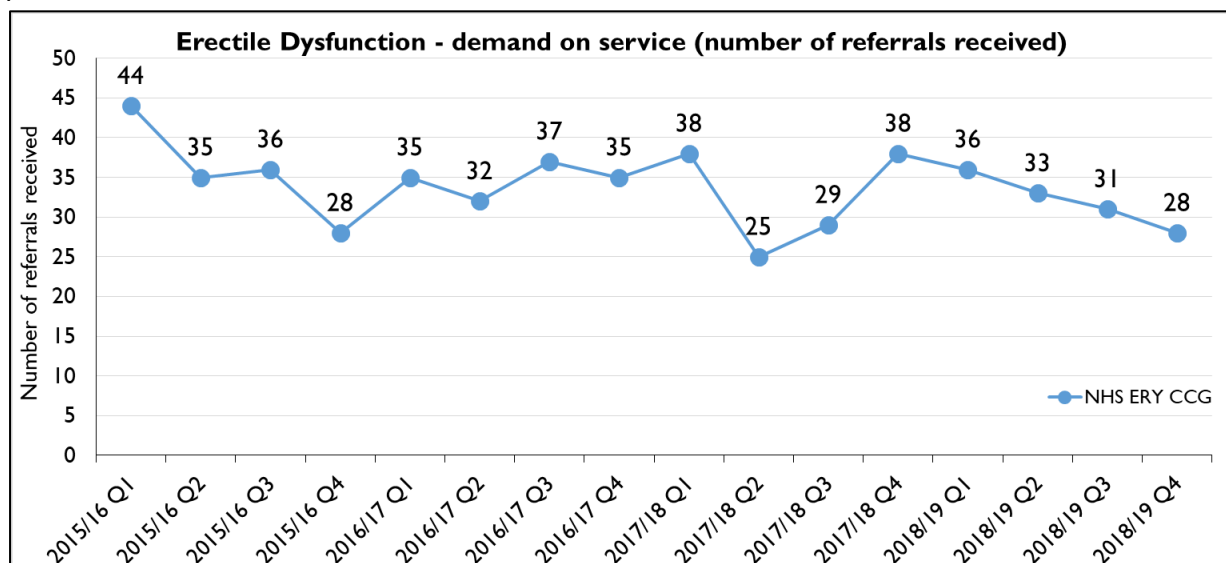
Within the four year period shown in the table 7.2.1, there were on average 137 referrals received per year for erectile dysfunction. Chart 7.2.2 displays the numbers referred quarterly. The 95% target for patients to be seen within 18 weeks was exceeded in all but one period, with an average of 96% over the duration presented in the table.

Table 7.2.1 Erectile dysfunction indicators. Source: NHS ERY CCG current provider

Erectile Dysfunction	Single financial year				4 years: 2015/16-2018/19	
	2015/16	2016/17	2017/18	2018/19	Average per yr.	Total
Percentage of patients seen within 18 week access target (average in period)	99%	96%	93%	96%	96%	-
Demand on Service (Number of referrals received - total count in period)	143	139	130	128	135	540
Number of discharges from service - total count in period)	121	90	112	112	108.75	435
Percentage of planned discharges - average in period)	72%	46%	48%	55%	55%	-
Total number of First attendances - total count in period)	115	100	101	94	102.5	410
Total number of Follow-Ups - total count in period)	299	187	192	228	226.5	906



Chart 7.2.2 Erectile dysfunction - demand on service (count of referrals). Source: NHS ERY CCG current provider



7.3 Ring Pessary

In the period 2015/16-18/19 there were on average 49 follow ups per year for ring pessary. Numbers of first attendances within these years were too small to present in table 7.3.1.

Table 7.3.1 Ring Pessary - total number of follow-ups (total count in period). Source: NHS ERY CCG current provider

Ring Pessary	Single financial year				4 years: 2015/16-2018/19	
	2015/16	2016/17	2017/18	2018/19	Average per yr.	Total
Total number of follow-ups (total count in period)	73	57	35	29	49	194

7.4 Emergency Medical Abortion (EMA)

The number of Emergency Medical Abortion (EMA) full pathways within the four year period 2015/16-17/18, averaged 103 per year, as shown in table 7.4.1 alongside other related indicators. The numbers of assessments relating to “Pill 1 & Pill 2 Only” were too small to produce in this document.

Table 7.4.1 Emergency Medical Abortions (EMA) indicators. Source: NHS ERY CCG current provider

EMA	Single financial year				4 years: 2015/16-2018/19	
	2015/16	2016/17	2017/18	2018/19	Average per yr.	Total
Number of Assessments Only (total count in period)	6	5	84	140	*	235
Number of Assessment & Scan Only (total count in period)	42	95	88	67	73	292
Number of Full Pathway (total count in period)	96	95	102	117	103	410

* Inconsistent data, therefore not reported here



7.5 Specialist Menopause

There were on average, 85 first attendances and 182 follow ups for specialist menopause per year between 2015/16 and 2017/18. Table 7.5.1 provides further detail. Numbers relating to the more specific indicators of medically led pathway, nurse led pathway and bone density scans were too small to reproduce within table 7.5.1.

Table 7.5.1 Specialist Menopause indicators. Source: NHS ERY CCG current provider

Specialist Menopause	Single financial year				4 years: 2015/16-2018/19	
	2015/ 16	2016/ 17	2017/ 18	2018/ 19	Average per yr.	Total
Percentage of patients seen within 18-week access target (average in period)	*	92%	95%	94%	94%	-
Total number of First attendances (total count in period)	16	63	98	162	85	339
Total number of Follow- Ups (total count in period)	77	132	192	327	182	728

* Inconsistent data, therefore not reported here

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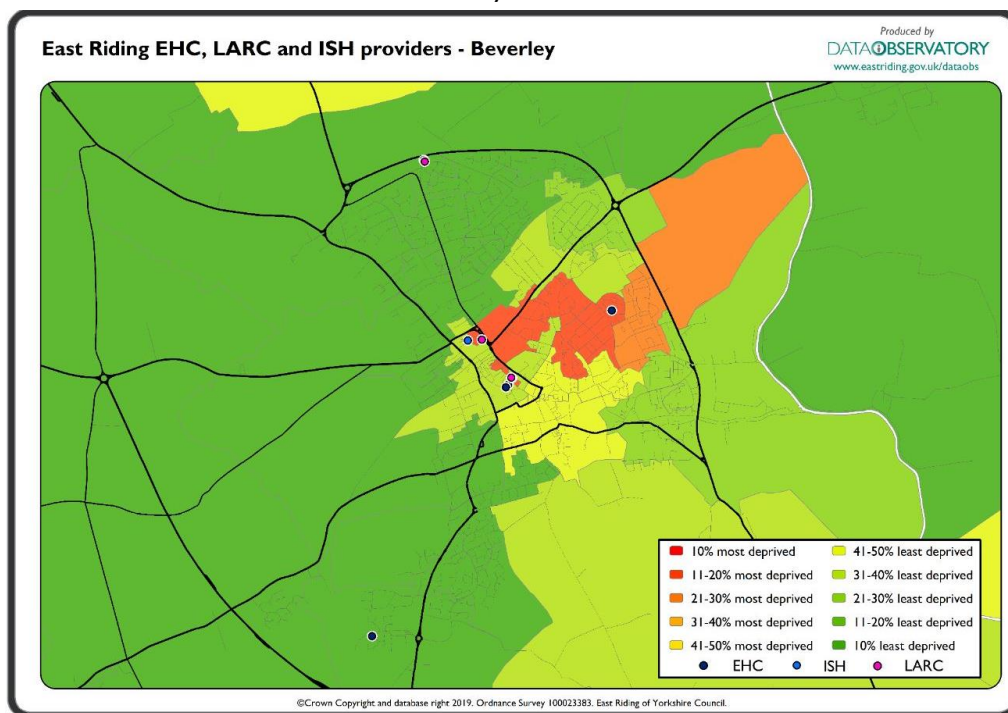


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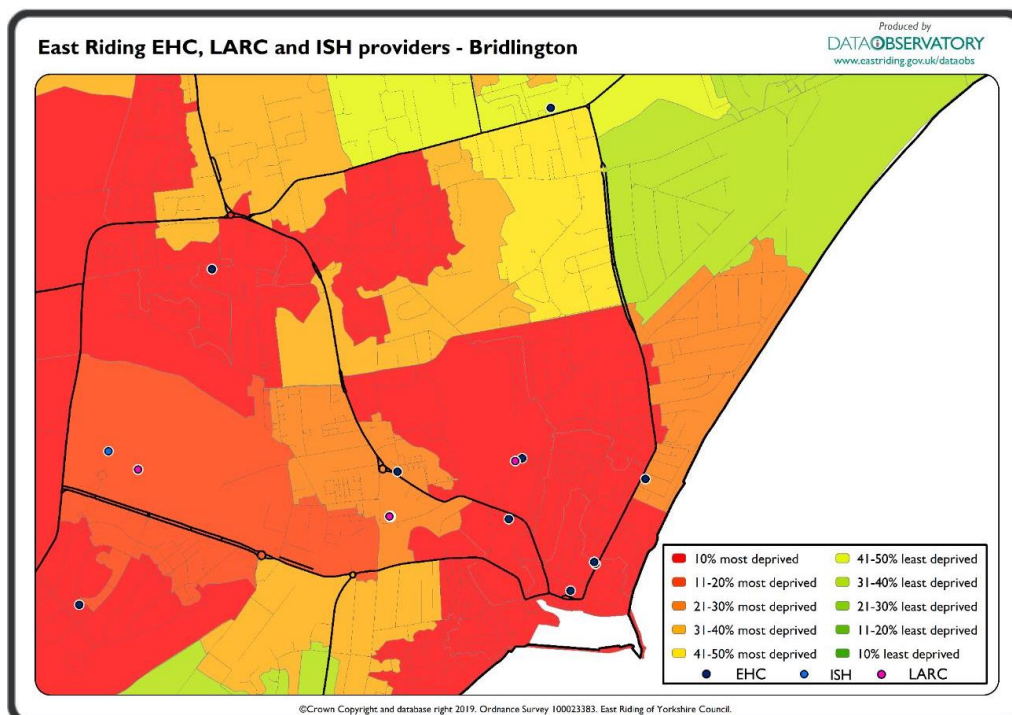
9. Appendices

9.1 Appendix I - Maps

Map 9.1 ERC, LARC and ISH location in the Beverley area, December 2018. Source: ERY Data Observatory

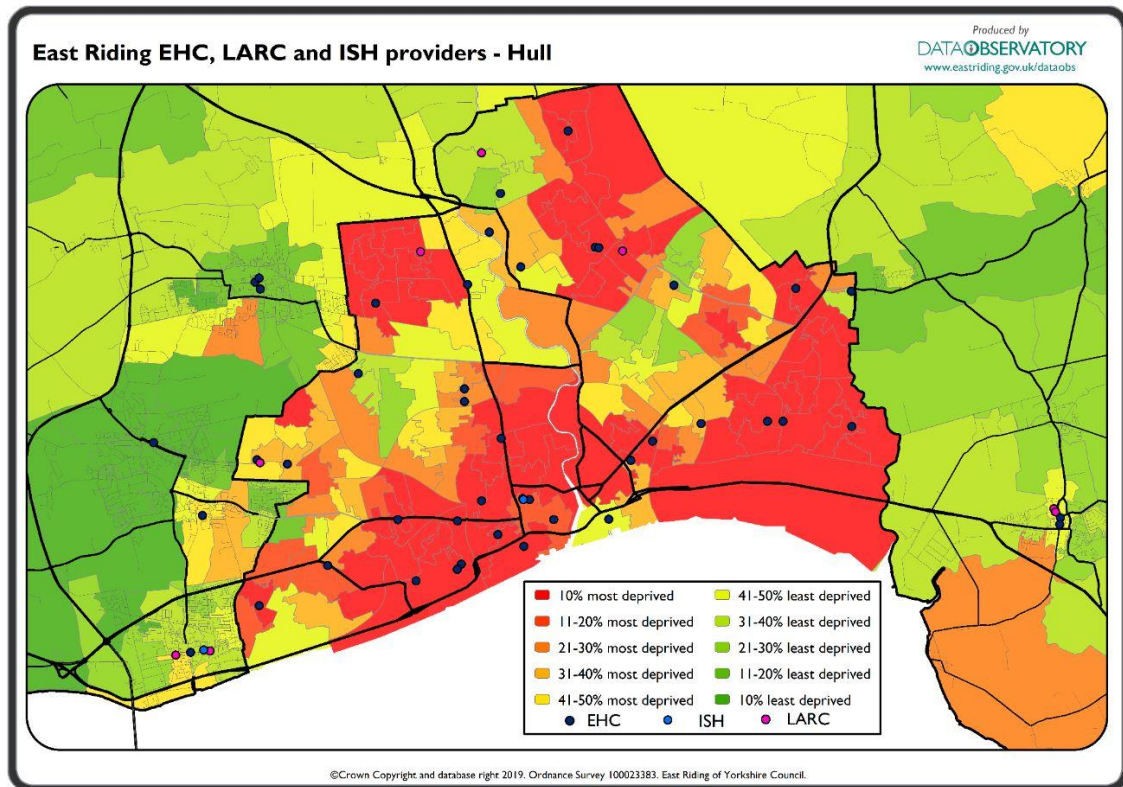


Map 9.2 ERC, LARC and ISH location Bridlington area, December 2018. Source: ERY Data Observatory



Map 9.3 ERC, LARC and ISH location in the Hull local authority area, December 2019.

Source: ERY Data Observatory



Public Health Intelligence Team

East Riding of Yorkshire Council

JF80, J Block, County Hall

Cross Street, Beverley

HU17 9BA

Email: phintelligence@eastriding.gov.uk

Website: www.eastriding.gov.uk/jsna

