A TEES SEXUAL HEALTH NEEDS ASSESSMENT 2023

October 2023

Contents

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Introduction

Good sexual and reproductive health is an important part of physical and mental health and wellbeing of individuals and communities. Poor sexual health can be a consequence of and associated with other vulnerabilities, such as drug and alcohol use, coercion, exploitation, and abuse, leading to poor short- and long-term outcomes. Lower socioeconomic status and exclusion are linked to poorer sexual health with a higher burden of disease in populations who live in more deprived areas.

Poor sexual health holds costs for both individuals and society. At individual level, sexually transmitted infections (STIs) are the main cause of preventable infertility. Teenage pregnancy is associated with poverty, low aspirations, and not being in education, employment, or training (1). Unintended pregnancies impact on women from all parts of society, with an estimated annual cost to the NHS in England of £817 million. (2)

There is good evidence to demonstrate that spending on sexual health interventions and services is cost effective. Long-Acting Reversible Contraception (LARC) is the most cost-effective form of contraception (3). Overall, for every £1 spent on contraception, £11 is saved in other healthcare costs. Early testing and diagnosis of HIV reduces annual treatment costs per patient by an average of £12,600.

The impact of the COVID-19 pandemic on sexual health and sexual health services was significant. Lockdowns and other restrictions resulted in disruption to the delivery of sexual health services (SHS) between 2020 and 2021.

However, Sexual Health Services responded by scaling up telephone and internet consultations, online home testing kits, as well as continuing face-to-face appointments. While there has been some recovery in the number of face-to-face consultations compared to 2020, testing numbers remain lower compared to the period before the COVID-19 pandemic.

STI diagnosis declined sharply from 415,056 in 2019 to 309,921 in 2020 and recovered to 311,604 new diagnoses in 2021. In 2021, in the UK, a total of 4,002,827 consultations took place at Sexual Health Services, a 15.7% increase compared to 2020 and an increase of 3.9% since 2019.

Groups at higher risk of poor sexual health generally include young people and young adults, gay, bisexual, and other men who have sex with men (MSM), some black, Asian and minority ethic (BME) populations and other vulnerable groups such as homeless people or sex workers. Poor sexual health is also associated with deprivation.

Aims and objectives.

Aims

The aim of the sexual health needs assessment is to offer a strategic review of sexual health need, and services to improve sexual health and wellbeing of the population. The findings will inform future service models and commissioning decisions.

Objectives

The objectives of the health needs assessment are to:

- Describe the sexual health of the population in Teesside by looking at key indicators and trends to understand the local burden of disease.
- Describe current provision of sexual health promotion, prevention, and treatment services in Teesside.
- Assess the capacity to meet current and future demand and to identify gaps between sexual health needs and service provision.
- Provide an overview of current services and delivery in Teesside, during and following COVID 19.
- Provide recommendations to address gaps in services and current unmet needs and to help inform any future system and service redesign through the commissioning process.
- Provide a particular focus on access to services by young people and those most at risk.

Background

Sexual Health and Reproductive Health

Sexual health is influenced by the knowledge, attitudes, and behaviours of individuals. Social norms, peer pressure, stigma, discrimination, cultural and religion influence both attitudes and decisions of individuals.

The World Health Organisation (WHO) defines sexual health as

'...health is a state of physical, emotional, mental, and social well-being related sexuality; it is not merely the absence of disease dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled' (4)

The WHO acknowledges that for sexual health to be attained and maintained, the sexual rights of all people must be respected, protected, and fulfilled and has developed a working definition of sexual rights.

The WHO define reproductive health as:

'*Reproductive health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so'* (5)

Most adults are sexually active and good sexual and reproductive health matters to individuals and communities. Sexual health needs vary according to factors such as age, gender, sexual orientation, and ethnicity. However, there are certain core needs common to everyone, including access to high-quality information and education enabling people to make informed responsible decisions, and access to high-quality services, treatment and interventions.

The consequences of poor sexual health include unplanned or unwanted pregnancies, including teenage pregnancies, which can lead to abortions, poorer maternity outcomes for mother and baby

and poorer educational and socioeconomic outcomes for teenage parents and their children. Poor sexual health can also manifest in sexually transmitted infections which can result in recurrent infections, pelvic inflammatory disease, ectopic pregnancies, infertility, hepatitis, chronic liver disease, liver cancer, cervical and other genital cancers.

Sexual Health Promotion and Prevention

Sexual health promotion and prevention supports informed decisions through the provision of high quality, accessible information with clear messages, targeted interventions, and programmes and through face-to-face advice and testing. Access to equitable sexual health promotion aims to enable autonomous decisions about sexual activity and to prevent unwanted pregnancies, and transmission of STIs. As part of a holistic approach to health, all health care professionals should consider sexual health and opportunities for sexual health promotion and prevention (6).

Stigma and embarrassment about sexual health are widespread in relation to HIV but also other STIs and contraception. This can result in patients not asking for information or seeking testing and treatment but also in healthcare professionals preferring not to offer advice and testing.

Knowledge and access to information on sexual health and sexual health services e.g. how to prevent or get tested for STIs and unwanted pregnancies, methods of contraception including LARC and how to get and use emergency contraception are crucial. This could be face-to-face advice from health professionals as recommended by NICE or other sources of information such as campaigns, sex and relationship education, leaflets, posters, websites, and social media.

Health promotion aims to influence risk-taking behaviours which impact on decisions concerning relationships, contraception and unprotected sex but also on alcohol and drug consumption and other behaviours. There is strong scientific evidence that comprehensive relationships and sex education (RSE) protects young people from STIs and unplanned pregnancy and mitigates risk taking behaviours. RSE in primary and secondary schools aims to provide children with age-appropriate information, to enable them to explore and develop their attitudes and values and to empower them to make positive decisions about their sexual health related behaviour. Consequently, from September 2020, The Department for Education made Relationships Education compulsory in all primary schools in England and RSE compulsory in all secondary schools, as well as making Health Education compulsory in all state-funded schools. (7)

Sexual health prevention and promotion should be viewed in the context of the increasing role of the internet and social media in the life of most people and, in particular for young people. Young people have extensive access to websites and social media and use them to find and exchange information and advice.

Groups at Higher Risk of Poor Sexual Health

Poor sexual health is associated with deprivation, with higher rates of unwanted and teenage pregnancies and STIs in lower socio-economic groups.

Vulnerable, at risk and hard to reach groups within the population are most likely to experience poor sexual health. Some are more exposed to the risk of unwanted pregnancies or sexual exploitation; others engage in risk taking behaviours such as unprotected sex, multiple partners and injecting drugs and therefore have a higher risk of STIs. Many also experience difficulties in accessing sexual health services or finding appropriate sexual health services.

Young people and young adults, aged 15 to 24 years old, experience the highest burden of disease from the most common STIs in England. 61% of chlamydia diagnoses in 2021 were among young

people. Young women were more likely to be diagnosed with chlamydia than young men, partly due to greater uptake of chlamydia screening through the National Chlamydia Screening Programme (NCSP). A lack of awareness and knowledge of safe sex and prevention is common. Frequent partner change as well as risk taking behaviours including drug and alcohol misuse also contribute to the higher risk of contracting STIs.

Young people who are in or leaving care, who have low educational attainment and who are from disadvantaged backgrounds are particularly vulnerable to poor sexual health including STIs, sexual exploitation and teenage pregnancies.

People from BME groups have, depending on the prevalence in their country of origin, a higher risk of HIV. Women from an African background are more likely to be a victim of female genital mutilation and suffering from the associated consequences and complications.

Gay, bisexual, transgender, queer and men who have sex with men (GBMSM) are at higher risk of contracting STIs, and therefore have a significantly higher incidence and prevalence of most STIs including HIV. MSM have a higher prevalence of syphilis, gonorrhoea and chlamydia diagnoses than the general population. Rates are highest in those that test positive for HIV. Higher prevalence of syphilis, gonorrhoea, and chlamydia diagnoses among MSM is associated with attitudes and behaviours towards partner change and condomless anal intercourse with new or casual partners. For some chemsex (sexual activity engaged in while under the influence of stimulant drugs) and group sex facilitated by geosocial networking applications is also a contributing factor (8). The PrEP Impact Trial (HIV Pre-exposure Prophylaxis) offers a new way for people to reduce their risk of acquiring HIV for those who are at a high risk. Since the introduction of PrEP there has been an increase in detection of syphilis and gonorrhea cases in MSM, which is likely to be due to the increase in access to services. From April 2018, the government introduced a nationwide HPV vaccination program for MSM aged 45 or younger in recognition of the burden of disease from genital warts in MSM.

People with learning difficulties often do not have appropriate access to sex and relationship education and information and consequently are more vulnerable to sexual exploitation, unwanted pregnancies and STIs.

Homeless people as well as sex workers are at a higher risk of poor sexual health and sexual exploitation.

The prison population with a high proportion of people with alcohol and drug misuse problems, people with poor educational attainment and from deprived backgrounds, care leavers and those from BME groups have a higher risk and prevalence of STIs.

Risk taking behaviours such as alcohol and substance misuse is strongly associated with poor sexual health. Both drug and alcohol consumption influences judgements and risk-taking behaviours and is associated with an increased likelihood of sex at a younger age, a greater number of partners, more regretted or coerced sex, risk of sexual aggression and violence and teenage pregnancy.

Sexually Transmitted Infections

Sexually transmitted infections are preventable and disproportionately affect vulnerable groups of the population. However rapid and early diagnosis and management of STIs minimises associated complications and can break the chain of transmission and spread of the disease. Late diagnoses and treatment of STIs however can lead to significant illness and complications such as ectopic pregnancies, infertility, systemic infections, long term illness and cancer.

A number of risk-taking behaviours and other factors that increase the risk of contracting STIs have been identified. These include alcohol and drug misuse, early onset of sexual activity, unprotected sex, condomless sex with casual or multiple partners and poor contraceptive use. Other risk factors include low self-esteem and lack of practical and negotiation skills as well as poor knowledge about the risk of different sexual behaviours. Young people are at increased risk of STIs if they have poor access to sexual health services and resources such as condoms and receive poor sex and relationship education. Peer pressure and attitudes of society also impact on poor access to services and contribute to risk of STIs.

The sexually transmitted infections with the highest diagnosis rate in England in 2021 were:

- Chlamydia (159,448 cases, 51.2% of all new STI diagnoses)
- Gonorrhoea (51,074 cases, 16.4% of all new STI diagnoses)
- Genital warts (28,280 cases, 9.1% of all new STI diagnoses)
- Genital herpes (21,649 cases, 7.0% of all new STI diagnoses)

Whilst Chlamydia remains a concern, especially in young people aged 15 -24 years old, data shows that the total number of gonorrhoea diagnoses from January to September 2022 (56,327) was 21% higher when compared to the same period in 2019 (46,541), the year when the previous highest number of diagnoses of gonorrhoea was reported (9).

Mpox infections have also been linked to STIs. Mpox is a zoonotic infection, caused by the monkeypox virus, which can spread between people through close skin contact or droplets, but mostly through sexual contact. The first recent cases of MPox infection, acquired within the UK, were confirmed in England from 6 May 2022. Subsequently an outbreak was declared in the UK. This predominately affected gay, bisexual, and other men who have sex with men without documented history of travel to endemic countries.

Up to 31 December 2022 there were 3,553 confirmed and highly probable MPox cases reported in England, concentrated in cities and in particular the London region. There were a further 20 cases in England in 2023 (to May 2023). Prior to 2022 only a small number of travel related cases of Mpox had been identified in the UK.

Conception and Teenage Conceptions

The number and rate of conceptions in England and Wales varied considerably over the last decades. Since 1990, conceptions were at their lowest in 2001, at a rate of 70.3 conceptions per 1,000 women (aged 15-44 years) and at their highest in 2010/11 at 80.5 per 1,000. Following an increase in the early 2000s, the number and rate of conceptions has declined from 2012. In 2021 there was a slightly higher number of conceptions than the previous two years.

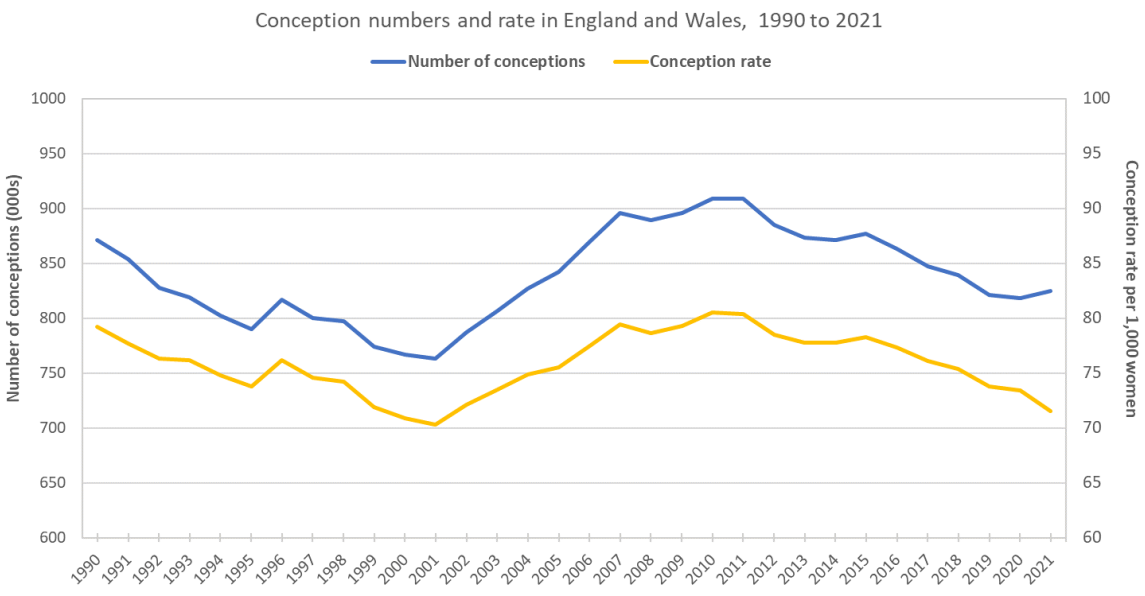


Figure 1 - Conception numbers and rates in England and Wales, 1990 to 2021, ONS Conception Statistics

The conception rate for women under 20 years reduced significantly since 2007, from 68 per 1000 in this age group to 26 per 1000 in 2021. Conceptions in the 20-24 age group also reduced in this period while conceptions in other age group increased since 1990. A more recent decline was seen in the 30-34 (89.7 in 1990 and 116.2 in 2021) and 35-39 (33.6 to 65.1 respectively) age groups. Currently, the highest conception rate is in the 30-34 age group.

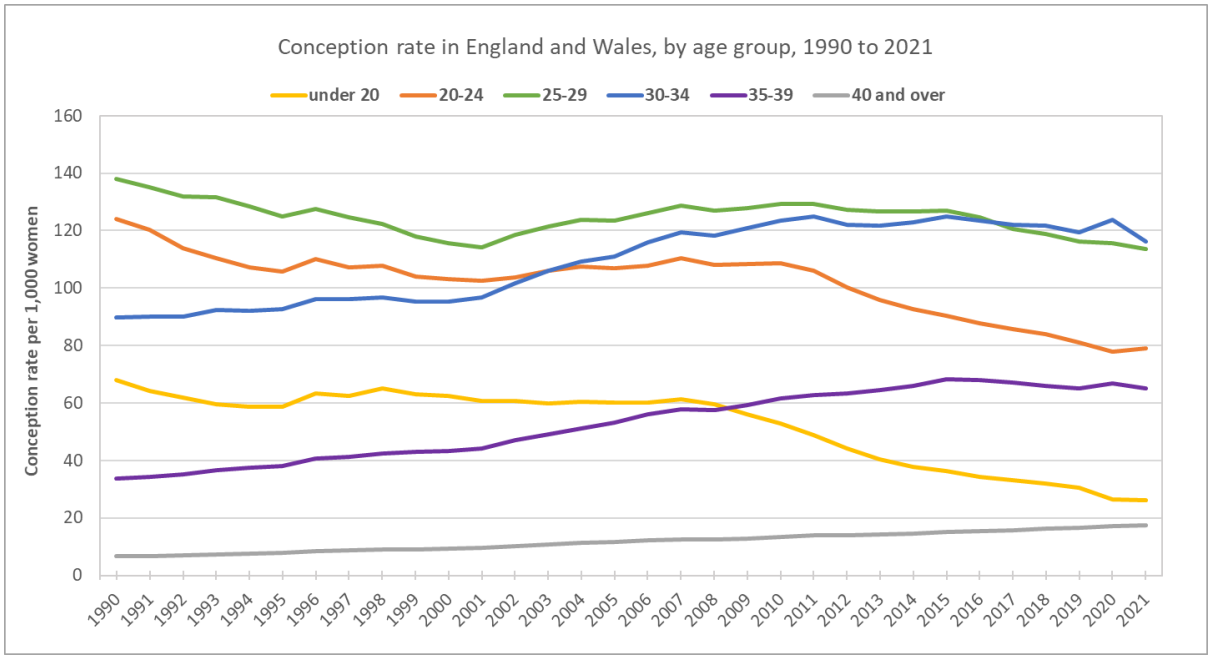


Figure 2 - Conception rates in England and Wales, by age group, 1990 to 2021, ONS Conception Statistics

Whilst the number of teenage conceptions dropped in England and Wales, the proportion of teenage pregnancies resulting in abortions increased from 40.1% in 2004 to 50.1% in 2020, making this the age group with the highest proportion of abortions. (10)

Teenage parenthood is associated with considerable health and social risks. Teenage mothers are more likely to smoke during pregnancy and less likely to breastfeed which results in poorer health for their babies. Stillbirth rates are 30% higher for children born to women under 20. The Incidence of low birth weight of term babies is 30% higher for babies born to women under 20 and the infant mortality rate is 60% higher rate for babies born to women under 20. (11)

Young people in England still experience higher teenage birth rates than their peers in Western European countries. Young girls and women remain at highest risk of unplanned pregnancy with significant variation and inequalities between and within local authorities. (12)

The Teenage Pregnancy Framework set out a whole systems approach to reducing unplanned teenage pregnancy. The aim of the framework is to build the knowledge, skills, resilience, and aspirations of young people and providing easy access to welcoming services. This enables young people to delay sex until they are ready to enjoy healthy, consensual relationships and to use contraception to prevent unplanned pregnancy. (11)

Figure 3 -teenage pregnancy whole systems approach, Teenage Pregnancy Framework, PHE, May 2018

Sexual Violence

Sexual and domestic violence, sexual exploitation and abuse can affect anyone. More than a third of rapes reported to police are against children under 16 years of age. Sexual violence is defined as any unwanted behaviour perceived to be of a sexual nature or sexual contact that takes place without consent or mutual understanding. The Sexual Violence Research Initiative defines sexual violence as:

"Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work".

Sexual violence has been classified into four types and five categories as follows:

- Completed sex act without the victim's consent, or involving a victim who is unable to consent or refuse.
- An attempted (non-completed) sex act without the victim's consent or involving a victim who is unable to consent or refuse.
- Abusive sexual contact.
- Non-contact sexual abuse.
- Sexual violence, type unspecified – Inadequate information available to categorize into one of the other 4 categories. (13)

Serious sexual crime including rapes, sexual assaults, and sexual activity with children; other sexual offences including soliciting, exploitation of prostitution, and other unlawful sexual activity between consenting adults.

Summary

- Poor sexual health is linked to age, gender, sexual orientation, ethnicity and deprivation, with higher rates in young people and young adults, MSM, other vulnerable groups, and in areas of higher deprivation.
- The most common STI is Chlamydia, accounting for 50% of all STI diagnoses, followed by gonorrhoea.
- The all-age conception rate has decreased continuously during the last decade.
- Teenage conceptions decreased significantly from 68/1000 in 2007 to 26/1000 in 2021.
- Half of all teenage conceptions resulted in an abortion in 2020.

National, Regional and Local Policy Context

National Policy

The national sexual health strategy **A Framework for Sexual Health Improvement in England** aims to improve the sexual health of the whole population, to reduce inequalities and to improve sexual health outcomes (14). The policy calls to build an open and honest culture where everyone can make informed and responsible choices about relationships and sex and to recognise that sexual ill health can affect all parts of society. The building stones to achieve this are the development of knowledge and resilience among young people, prevention, and rapid access to high quality services for all leading to reduced rates and transmission of STIs, unwanted pregnancies and teenage pregnancies and people remaining healthy as they age (15).

In 2021 an action plan was released working towards ending **HIV Transmission, AIDS and HIV related deaths in England 2022 to 2025.**

The **Public Health Outcomes Framework** sets out a vision for public health which is to 'Improve and protect the nation's health and improve the health of the poorest fastest'. It provides a key set of indicators against which progress is made (16). There are four main overarching categories which are categorised as wider determinants, health improvement, health protection and healthcare and premature mortality. The Public Health Outcomes Framework for England outlined sexual health improvement targets for Chlamydia diagnostic rates, under 18 conceptions and people presenting with HIV at a late stage of infection.

The Office for Health Improvement and Disparities (OHID) have developed **Sexual and Reproductive Health Profiles** to support local authorities and others to monitor the health of their populations and the contribution of local public health related systems (17). The profiles provide useful benchmarking information to indicate where the local authority stands in comparison to national and regional averages and nearest geographical and statistical neighbours. The specific indicators which are measured are

- Syphilis diagnostic rate, Gonorrhoea diagnostic rate, Chlamydia detection rate, Chlamydia proportion (aged 15-24) screened, new STI diagnosis.
- HIV testing coverage, HIV late diagnosis in people first diagnosed in the UK, HIV late diagnosis, HIV diagnosis prevalence rate per 1000 aged 25-59
- Population vaccination coverage: HPV vaccination coverage for one dose.
- Under 25 repeat abortion, abortions under 10 weeks
- Total prescribed LARC (excluding injections)
- Under 18 conception rate, under 18 conception leading to abortion
- Violent crime – sexual offences per 1000 population

National guidance published in 2022 on **Sexual and Reproductive Health and HIV: Applying All Our Health** refers to the **Framework for Sexual Health Improvement** in England to help local areas to understand what is working well, identify any gaps, and maximise the assets of all services to strengthen the prevention pathway for all young people. It is being used in a variety of ways: to review actions across a whole area, to focus on high-rate wards or to strengthen a specific aspect of

prevention. A self-assessment checklist is provided for councils to collate a summary of the current local situation and identify gaps and actions.

Young people should be supported to make informed decisions about their sexual health leading to a reduction in teenage pregnancies, STIs and better outcomes for teenage parents. To achieve this the policy calls for strong and accountable leadership, high quality sex and relationship education in schools and colleges, youth friendly services, targeted programmes, education and advise for at risk groups as well as support and education for parents and practitioners working with young people at risk. The policy makes explicit reference to the '**You're Welcome'** initiative which sets out quality standards for sexual health services to improve services for young people. In 2023 the 'You're welcome scheme guidelines were refreshed through consultation with young people to reflect the changing landscape of access to services. Core principles were streamlined and a consideration for digital services was included (18).

Local Policy

The Health and Wellbeing Strategies of the four local authorities across Teesside are informed by the Joint Strategic Needs Assessments which regularly update key information and analysis on sexual health and victims of domestic and sexual violence. Health and Wellbeing strategies are closely linked to other local health and local authority strategies. Currently there are no standalone sexual health strategies or teenage pregnancy strategies in place.

National Standards, Guidance and Plans

The national policy on **Integrated Sexual Health Commissioning** supports local authorities in commissioning high quality services according to local need and national requirements. The development of Integrated Care Boards (ICBs) through the revised **Health and Social Care Act** (2022) shifted some of the commissioning functions from NHS England to the ICBs. (19)

Integrated care partnerships (ICPs) formed as statutory committees that bring together a broad set of system partners (including local government, voluntary, community and social enterprise sector (VCSE), NHS organisations and others) to develop a health and care strategy for the area.

Working through the local ICB and ICPs four key aims have been identified as:

- improving outcomes in population health and health care
- tackling inequalities in outcomes, experience and access
- enhancing productivity and value for money
- helping the NHS to support broader social and economic development.

The North East and North Cumbria ICB (NENC ICB) produces the '**Better Health and Wellbeing Strategy'** which provides a strategic direction and agreed key commitments to improve the health and care of people in the North East and North Cumbria. The key commitment areas are based on the understanding of health and care needs across 23 local authority areas. The high-level commitment areas focus on health inequalities, longer and healthier life expectancy, fairer health outcomes, best start in life for our children and young people, improving health and care services, protecting health and well-being, long term conditions, mental health, learning disability and substance misuse, adult social care and NHS services (20). The strategy will influence areas of reproductive and sexual health for the populations in Teesside under many of these key commitment areas but will also consider digital and physical resources for improving sexual and reproductive health outcomes.

The national guidance '**Making it work: A guide to whole system commissioning for sexual health**, **reproductive health and HIV'** supports a whole system approach to commissioning sexual health services and focuses on the impact of commissioning in terms of outcomes defined in the Public Health and NHS Outcomes Frameworks and the benefits to service users as well as the wider population. Collaboration is essential to developing local commissioning strategies, assessing the implications of decisions across the whole system and agreeing shared pathways that ensures secure seamless SH, RH and HIV Services. It states:

'Sexual health, reproductive health and HIV services make an important contribution to the health of the individuals and communities they serve. Their success depends on the whole system - commissioners, providers and wider stakeholders - working together to make these services as responsive, relevant and as easy to use as possible and ultimately to improve the public's health' (21)

Standards and guidance for sexual health services have been developed by several organisations. The British Association for Sexual Health and HIV (BASHH) has published **Standards for the Management of Sexually Transmitted Infections**. (22) The Medical Foundation for HIV and Sexual Health (MEDFASH) developed **Recommended Standards for Sexual Health Services and Recommended Standards for NHS HIV Services**. (23) (24) **New Service Standards for Sexual and Reproductive Healthcare** have been published Faculty of Sexual and Reproductive Healthcare. (25) The British HIV Association (BHIVA) issued UK **Guidelines for the Management of Sexual and Reproductive Health of People Living with HIV Infection**. (26)

NICE clinical guidance on **Long Acting Reversible Contraception (LARC**) from 2005, updated in 2019, offers best practice advice on the provision of information and care for women who consider using LARC (27).

NICE offers clinical guidance on **HIV testing**: increasing uptake among people who may have undiagnosed HIV, which offers guidance to increase testing uptake in primary and secondary care settings, specialist sexual health settings and community settings (28). More general guidance for **reducing STIs** has recently been updated to cover interventions to prevent STIs in people aged over 16, which includes HIV. The guidance outlines ways to increase the uptake of testing and vaccination for human papillomavirus (HPV) and hepatitis A and B (29).

In support of wider sexual ill health prevention schemes, which are commissioned locally, to reduce STIs, NICE provides some clinical guidance to support **condom distribution schemes**. The guidance offers an insight into broader sexual and reproductive health services designed for young people, in particular to prevent unplanned pregnancies (30). To complement condom distributions there is specific public health guidance on contraceptive services for under 25s which has a focus on tailored support to meet the needs, and choices, of those who are socially disadvantaged or may find it difficult to access services (31).

NICE public health guidance on Hepatitis B and C specifically recommends the development of local care pathways including testing of high-risk individuals in sexual health settings.

The report '**Progress towards ending the HIV epidemic in the United Kingdom'** and the NICE standard '**HIV Testing: encouraging uptake'** recommends actions to improve the availability and accessibility of HIV testing through community engagement, outreach, and targeted services especially to gay, bisexual, other men who have sex with men, black African men and women.

Methodology

Health needs assessments (HNA) are best described as:

"A systematic process used by NHS organisations and local authorities to assess the health problems facing a population. This includes determining whether certain groups appear more prone to illness than others and pinpointing any inequalities in terms of service provision. It results in an agreed list of priorities to improve healthcare in a particular area." (32)

A health needs assessment reviews needs and maps current service provision to identify any gaps in service provision as well as barriers to access services. The results of the health needs assessment will help to priorities the allocation of finite resources to best meet local needs.

The chosen approach for this HNA is a rapid HNA and due to both time constraints and capacity will be based on routinely available epidemiological information, service provision and performance data. Stakeholder, service user and public consultation will also take place alongside this HNA and will be reported elsewhere.

Data on demographic information was obtained from the Office of National Statistics and local authority sources. Information on the incidence and prevalence of sexually transmitted infections was mainly provided through publicly available data from UKHSA and the Office for Inequalities and Disparities (OHID), the Department of Health and Social Care and other national bodies such as FSRH. Statistics on conceptions and contraception were obtained from the Office of National Statistics. HCRG Care Group and local authorities have provided local service information for service mapping.

Homeless people, sex workers and the prison population are known to have an increased risk of STIs. There is however no routinely available local sexual health data for these groups.

There are a range of STIs and viruses such as Trichomoniasis, Hepatitis B, Hepatitis C and HPV which are not specifically addressed in this HNA.

Data Quality

Data included in this report was accurate and correct at the time of writing and may be subject to change beyond the control of this data collation.

It was not possible to collate all data in the same time period format. This was partially due to the way data is recorded and published nationally, with some indicators in calendar year and others in financial year. Service level data was not consistently provided in the same reporting period, resulting in limitations to its use and understanding. The reporting period is indicated throughout the report, generally unless otherwise stated a mixed year, i.e. 2021/22, refers to financial year. Sexual health service attendance data is reported by contract year (August-July).

It is of particular note that this needs assessment was conducted following the COVID-19 pandemic and the implementation of a new service in August 2021. Data reported in 2020 and 2021 is impacted by the reconfiguration of sexual health services in 2021 and response to COVID-19 due to restrictions on access and availability of services. Data should therefore be interpreted in this context.

Deprivation data is derived from the Index of Multiple Deprivation (IMD) 2019 and refers to the population estimates of that time. Due to this, it will not fully reflect the current population of Teesside.

It is important to note the new data on sexual orientation gained from the 2021 Census, indicating all Teesside authorities apart from Middlesbrough have a lower proportion of residents identifying as non-heterosexual/straight than regional and national averages.

For data derived from the OHID Fingertips site, care should be taken when comparing annual data from before and after 2021 due to the source of population estimates being different. The source of population estimates before 2021 is based on the 2011 Census and the source after 2021 is based on the 2021 Census. Publication of 2021 Census data has meant mid-year estimates are being rebased in due course, and as such recent population trends are not included in this needs assessment.

Some demographic data for STIs, sexual violence and sexual health service activity is not recorded or available and therefore will not total the sum of all new cases, appointments, or attendances. Where demographic information is missing or incomplete, data will be presented as a proportion of known characteristics rather than the total overall, unless otherwise stated. Incomplete demographic information in service activity is a key area that needs more consideration.

Some diagnosis, case and attendance numbers are very small and as such any values of less than 5 have been redacted. Due to the very low numbers across the board, the number of HIV diagnoses have been rounded to the nearest 5 and percentages calculated on the rounded total for Teesside. The number of people diagnosed with HIV at local authority level is very small, meaning the percentage of late diagnosis appears amplified and therefore has not been included in this needs assessment.

Limitations

There are a number of limitations associated with this health needs assessment. Routinely available data, information and reports are frequently updated and newer data sets might be available by the time the report has been published. The authors have always endeavoured to use the most recent information available at the time of conducting the needs assessment.

Emergency Hormone Contraception (EHC) and condoms are distributed by the core service and through community pharmacies. The data provided by community pharmacies and their datasets provided are not always clear in terms of coding and determining whether the individual was issued a c-card registration or distributed condoms. Therefore, this data should be used as an estimated reference.

A full stakeholder involvement for a comprehensive health needs assessment has not been undertaken as part of this needs assessment. A review of expenditure is not part of the remit of this assessment. The report focuses on sexual health services provided and commissioned by local authorities and provides only limited information on sexual health services commissioned by ICBs and NHS England due to lack of available data and information.

Demographics

Population

According to the Census, 2021, the four local authorities in Teesside have a combined population of 569,386. Stockton is the largest of the local authorities with a population of 196,594, accounting for 34.5% Teesside population, followed by Middlesbrough with a population of 143,922, Redcar and Cleveland with 136,536 and Hartlepool with 92,334.

Gender

The proportion of male and female residents in Teesside is similar to the regional and national figures. There are more females than males across all Teesside local authorities, 51.1% overall compared to 48.9% males.

Local authority	Females (N)	% females	Males (N)	% males
Hartlepool	47,656	51.6%	44,691	48.4%
Middlesbrough	73,035	50.7%	70,887	49.3%
Redcar and Cleveland	70,448	51.6%	66,090	48.4%
Stockton-on-Tees	100,070	50.9%	96,517	49.1%
Teesside	**291,209**	**51.1%**	**278,185**	**48.9%**

Figure 4 – Proportion of population by gender split by local authority

Age

Across Teesside, there are an estimated 63,037 (11.1%) residents aged 15-24 years and 72,444 (12.7%) residents aged 25-34 years. Middlesbrough has a slightly younger age profile than the other local authorities, with almost a quarter (23.3%) of the town's population under the age of 18, compared to 22% in Stockton, 21.5% in Hartlepool and 20% in Redcar and Cleveland. Middlesbrough also has the largest proportion of its population in the young adult age bracket of 18-24 (9.4%). Redcar and Cleveland have a slightly older age profile, with 23.3% aged 65 years and over.

	Age band (% of local authority)									
Local authority	0-4	5-9	10-14	15-17	18-24	25-34	35-44	45-54	55-64	65+
Stockton-on-Tees	5.5%	6.3%	6.6%	3.6%	6.7%	12.7%	12.7%	13.3%	13.6%	18.9%
Middlesbrough	6.2%	6.8%	6.6%	3.7%	9.4%	14.3%	12.1%	11.6%	12.6%	16.8%
Hartlepool	5.4%	6.0%	6.4%	3.6%	7.5%	12.3%	11.4%	13.0%	14.5%	19.7%
Redcar & Cleveland	5.0%	5.8%	5.9%	3.4%	6.7%	11.3%	10.9%	13.2%	14.8%	23.3%
Teesside	**5.5%**	**6.2%**	**6.4%**	**3.6%**	**7.4%**	**12.7%**	**12.0%**	**12.9%**	**13.8%**	**19.7%**

Figure 5 – Percentage of residents in age bands, by local authority, Teesside, ONS 2021 Census

Ethnicity

The North East region is less ethnically diverse than all other regions of England. In the region, 90.6% of the population are White British (including English, Welsh, Scottish, Northern Irish, and British) compared to 74.4% England and Wales population. Hartlepool and Redcar and Cleveland have a higher proportion of White British residents than the North East average, at 95% and 96.5%, while Stockton is similar to the regional average (90.3%).

Middlesbrough has a higher non-White British population than other areas in Teesside, 20.4% from ethnic minority groups, mainly accounted for by larger Asian or Asian British populations (10.4%). This

is significantly higher than the regional average. Stockton also has a higher Asian or Asian British population than the North East average (*see appendix 1*).

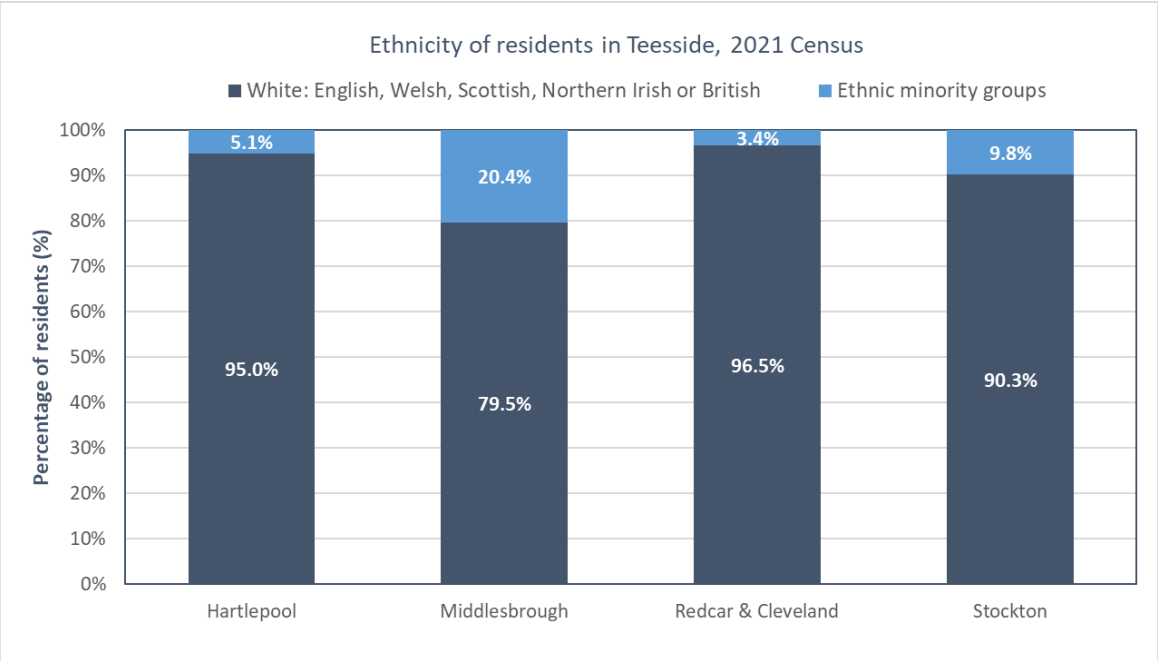


Figure 6 – Ethnicity by Teesside local authority, ONS 2021 Census

Sexual Orientation

For the first year in its history, information on sexual orientation was included in the 2021 Census. A higher proportion of Middlesbrough residents identify as gay or lesbian, bisexual, pansexual or another sexual orientation beside heterosexuality (LGB+), at 3.2%. This figure is at 2.8% for Hartlepool, 2.6% in Stockton and 2.5% in Redcar and Cleveland. The proportion of LGB+ population in Teesside local authorities are lower than England, at 4.2%.

	Sexual Orientation (Broad), Teesside local authorities, 2021 Census (% only)					
Area name	Straight or Heterosexual	Gay or Lesbian	Bisexual	Pansexual	All other sexual orientations (incl. Asexual and Queer)	Not answered
Hartlepool	91.1%	1.5%	1.1%	0.2%	0.1%	6.1%
Middlesbrough	89.6%	1.6%	1.2%	0.3%	0.1%	7.3%
Redcar and Cleveland	91.3%	1.3%	0.9%	0.2%	0.1%	6.3%
Stockton-on-Tees	91.6%	1.4%	0.9%	0.2%	0.1%	5.9%
North East	91.0%	1.6%	1.2%	0.2%	0.1%	5.9%
England & Wales	89.4%	1.5%	1.3%	0.2%	1.1%	6.5%

Figure 7 - Sexual orientation by Teesside local authority. ONS 2021 Census

Deprivation

The North East has the highest proportion of deprived households of all regions in England. Local authorities in Teesside generally have high levels of deprivation. Middlesbrough is the local authority in England with the highest level of deprivation, with almost half (49%) of its lower super output areas (LSOAs) in the 10% most deprived in the country. Over one-third of Hartlepool LSOAs are in the 10% most deprived at 36%, followed by Redcar and Cleveland at 24% and Stockton at 21%.

In terms of actual numbers of residents, this equates to an estimated 180,504 residents across Teesside living in the most deprived areas of the country. Middlesbrough has the highest number of residents in the most deprived areas at 70,145, followed by Stockton with 43,749.

Proportion and number of residents in the most deprived areas by local authority (IMD 2019)			
Local authority	Proportion of LSOAs in the 10% most deprived areas	Rank of proportion of 10% most deprived (out of 317	Number of residents in 10% most deprived areas
Hartlepool	36%	10	34,619
Middlesbrough	49%	1	70,145
Redcar and Cleveland	24%	29	31,991
Stockton	21%	39	43,749

Figure 8 – Proportion, rank and number of residents in the most deprived LSOAs, by Teesside local authority. IMD 2019

Summary: Demographics

- The four local authorities in Teesside have a combined population of 569,386, with 63,037 (11.1%) residents aged 15-24 years and 72,444 (12.7%) residents aged 25-34 years.
- Teesside has a lower than average BAME population. However, Middlesbrough has the highest proportion ethnic minority groups with 20.4%.
- Between 2.5% and 3.2% Teesside population identify as non-heterosexual (LGB+), slightly lower than the national average.
- Teesside local authorities have higher levels of deprivation than other areas in the region, with an estimated 180,504 residents living in the most deprived areas of the country.
- Middlesbrough has the highest proportion of its geography in the most 10% deprived of all local authorities in England (49%).

Conceptions

In 2021, conception rates in all Teesside local authorities were above both the regional and national averages of 69.0 and 71.5 per 1,000 respectably. Middlesbrough has the highest rate at 92.4, followed by Redcar and Cleveland at 78.9, Stockton at 73.1 and Hartlepool at 73.0. The rate of conceptions in Middlesbrough have been consistently higher than the other Tees authorities for several years. Conception rates across Teesside have remained relatively stable for the last 5 years.

Of the Teesside local authorities, Middlesbrough had the highest proportion of conceptions leading to abortion, at 32.8%, followed by Hartlepool at 29.0, Redcar and Cleveland 28.5% and Stockton at 26.3% (2021). In the latest year, Middlesbrough, Hartlepool and Redcar and Cleveland have a higher proportion of conceptions leading to abortion than the North East and national averages, while Stockton is similar to these comparators (*see appendix 2*).

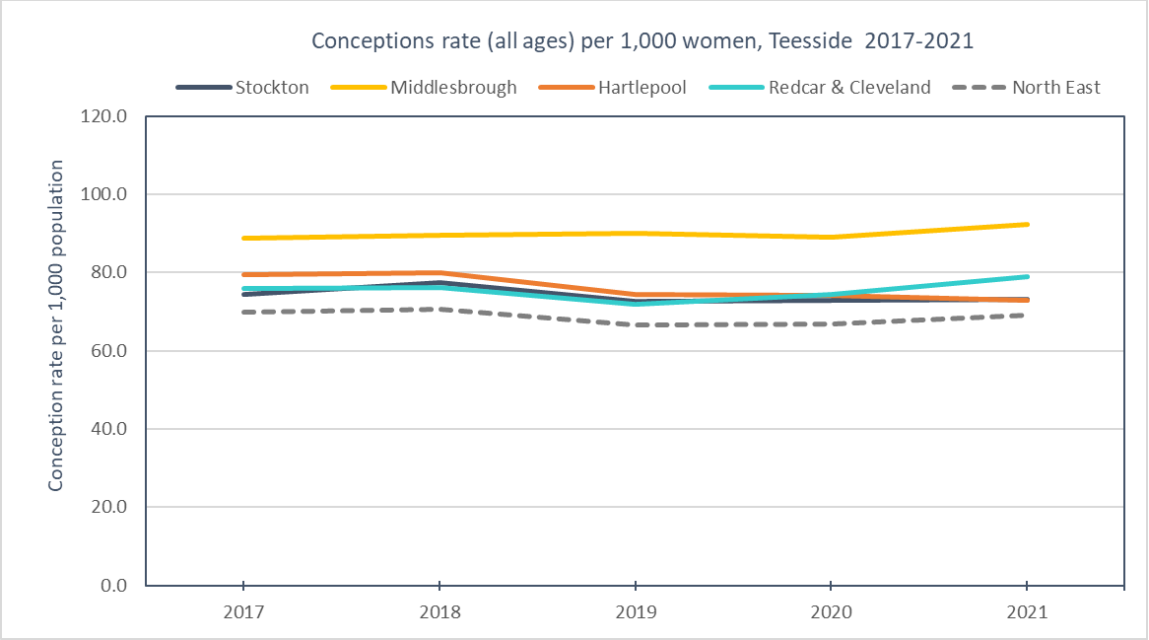


Figure 9 – Conception rate (all ages) of women, Teesside local authorities, 2017-2021. ONS Conception Statistics 2021

Teenage Pregnancy

In 2021, Middlesbrough had the highest under 18 conception rate of all Tees local authorities at 31.5 per 1,000 population, followed by Redcar and Cleveland at 27.3, and Hartlepool and Stockton at 19.9 and 17.4 per 1,000 respectively. The under 18 conception rate remains higher in the North East at 19.8 compared to 13.1 per 1,000 nationally.

In the last three years, the under 18 conception rate has reduced across all local authorities in Teesside.

	2019			2020			2021		
Under 18 years	Number of conceptions	Rate of conceptions (per 1,000)	% Conceptions leading to abortion	Number of conceptions	Rate of conceptions (per 1,000)	% Conceptions leading to abortion	Number of conceptions	Rate of conceptions (per 1,000)	% Conceptions leading to abortion
Hartlepool	40	27.0	57.5	32	20.4	46.9	34	19.9	44.1
Middlesbrough	83	37.1	39.8	71	30.4	40.8	83	31.5	48.2
Redcar & Cleveland	62	30.0	45.2	57	27.5	40.4	60	27.3	45.0
Stockton-on-Tees	70	22.0	42.9	73	22.0	41.1	61	17.4	39.3
North East	**872**	**21.8**	**47.2**	**766**	**18.6**	**40.3**	**840**	**19.8**	**45.0**
England	14,019	15.7	54.7	11,878	13.0	53.0	12,361	13.1	53.4

Figure 10 -Conception numbers and rates, and the percentage of conceptions leading to abortion in under 18s, 2019-2021, ONS Conception Statistics

The under-18 conception rate in England has steadily decreased since 2007 until the last two years where it has remained almost the same at 13.0 and 13.1. In the North East, the under 18 conception rate decreased between 2007 and 2020. Between these years Hartlepool decreased from 64.5 to 20.4, Middlesbrough from 70.7 to 30.4, Stockton 52.5 to 22.0 and Redcar and Cleveland from 49.0 to 27.5 per 1,000.

In the last two decades, the only Tees local authority to drop below the national rate was Stockton in 2000 and 2001. Stockton has been very similar to the North East figure since 2003, while Middlesbrough has been typically higher than the North East. The rate in Hartlepool reduced sharply between 2018 and 2021, currently similar to the North East rate.

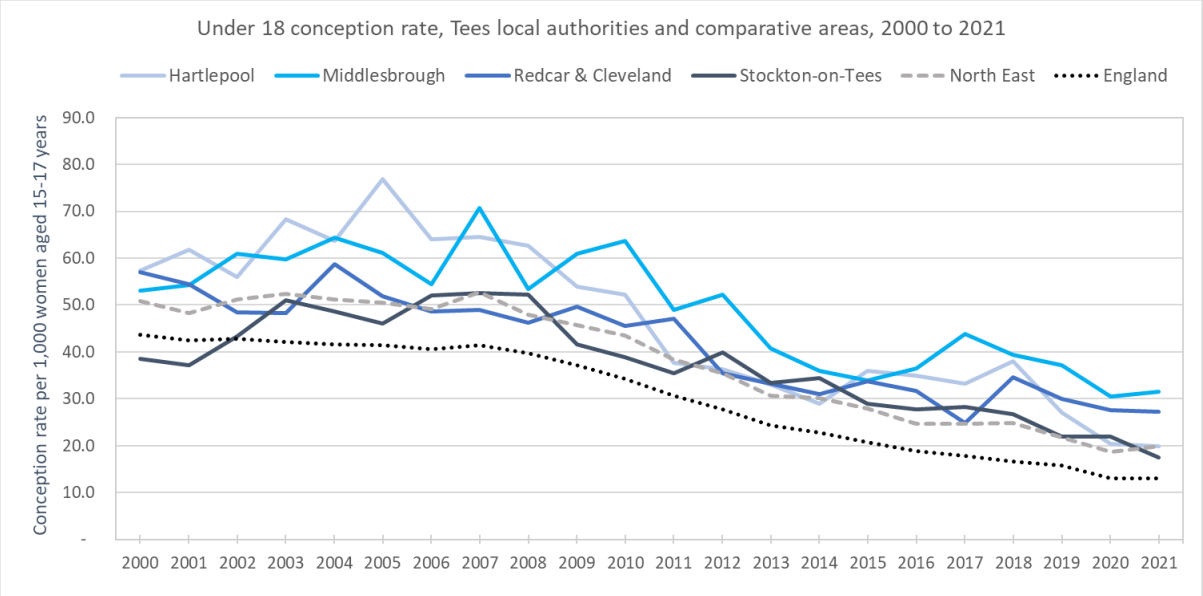


Figure 11 -Under 18 conception rates, 2000-2021. ONS Conception Statistics

Generally, the proportion of conceptions leading to abortions in the Tees local authorities have been similar to the North East. Middlesbrough has tended to be lower than the regional average but in recent years this has increased and the 2021 figure indicates a higher proportion of conceptions leading to abortion than the North East.

Under 18 Conceptions and Deprivation

The under-18 conception rate is closely related to the level of deprivation across England but to a greater extent in the North East. Generally, a higher level of deprivation in a local authority correlates with a higher under -18 conception rate.

Middlesbrough is one of the most deprived local authorities in England and had the highest conception rate in under-18s at 31.5 in 2021. Teenage pregnancy rates in Middlesbrough and Redcar & Cleveland are above the average when benchmarked against other local authorities with a similar level of deprivation. In 2021 Middlesbrough was the 5th most deprived area nationally and had the highest conception rate in England. The under- 18 conception rates in Hartlepool and Stockton are similar to other local authorities with a comparable level of deprivation.

2021 conception rate (U18s) and IMD 2019	IMD (rank of average score)	Under 18 conception rate
Hartlepool	9	19.9
Middlesbrough	5	31.5
Redcar & Cleveland	31	27.3
Stockton-on-Tees	56	17.4

Figure 12- Under 18 conception rate and deprivation rank in Teesside, ONS Conception Statistics and IMD 2019

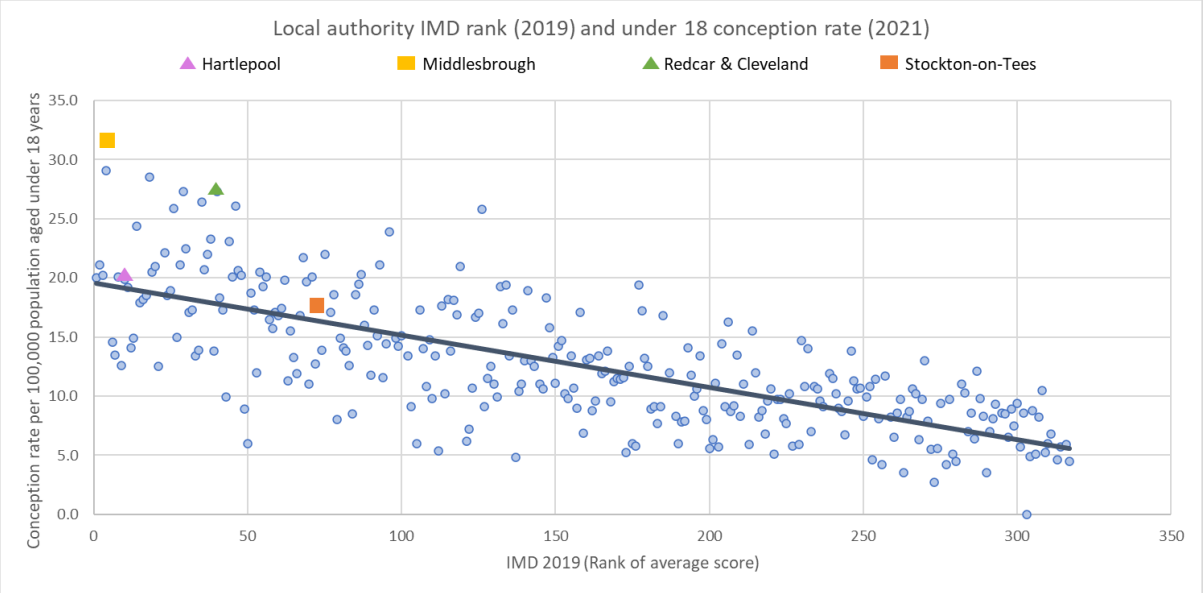


Figure 13 - IMD rank and under 18 conception rates in England, by local authority, ONS Conception Statistics (2021) and IMD 2019

Summary: Conceptions

- Middlesbrough has consistently higher conception rates than other local authorities in Tees.
- Under-18 conceptions in Teesside declined significantly over the last decades but remain consistently above the national average. In 2021 Middlesbrough had the highest under 18 conception rates in England.
- Under-18 conceptions correlate with deprivation and in 2021 were higher than expected in Middlesbrough and Redcar and Cleveland.

Contraception

Contraceptive Services for Young People

In 2021/22, 1,696 persons aged under 20 years attended the service and received contraception in Teesside. Hartlepool accounted for over a third (37.1%) of contraception issued, significantly higher than Middlesbrough (21.9%), Stockton (21.5%) and Redcar and Cleveland (19.5%). The most common method of contraception issued was the implant, at 34.3% across Teesside. This was followed by male condoms (24.8%) and the hormonal contraception pill (22.6%). The least used contraception method issued by the service was intrauterine system (IUS)/intrauterine device (IUD), at 3.2% and other methods (2.3%). In total, 636 attendances were for LARC (not including Depo injections).

A higher proportion of under 20s in Stockton were issued the implant (46.8%) than other areas in Teesside, with only a small number opting for the depo injection. Hartlepool and Middlesbrough issued a higher proportion of their service users with condoms than Redcar and Cleveland and Stockton, while Redcar and Cleveland were more likely than other areas to issue other methods of contraception.

Local authority	Depo injection	Implant	IUD/IUS	hormonal contraception (pill)	condoms	other	2021/22 total	2021/22 total (%)
Hartlepool	100	159	11	172	184	3	**629**	**37.1%**
Middlesbrough	37	131	10	75	114	5	**372**	**21.9%**
Redcar & Cleveland	51	120	22	57	53	27	**330**	**19.5%**
Stockton	28	171	12	80	70	4	**365**	**21.5%**
Teesside Total	**216**	**581**	**55**	**384**	**421**	**39**	**1696**	
Teesside Total (%)	**12.7%**	**34.3%**	**3.2%**	**22.6%**	**24.8%**	**2.3%**		

Figure 14- Contraception in Teesside, by local authority and contraception method, under 20 years only. SHS, 2021/22

In 2021/22, 7,847 persons aged 20 and over attended the service and received contraception in Teesside. Of these, 4,872 (62.1%) attendances were for LARC (not including Depo injections or IUS for menorrhagia).

Local authority	Depo injection	Implant	IUD/IUS	IUS for menorrhagia	hormonal contraception (pill)	condoms	other	2021/22 total	2021/22 total (%)
Hartlepool	229	740	464	7	542	221	47	**2250**	**28.7%**
Middlesbrough	100	556	501	9	292	184	44	**1686**	**21.5%**
Redcar & Cleveland	108	550	561	7	225	212	127	**1790**	**22.8%**
Stockton	96	880	620	18	346	70	91	**2121**	**27.0%**
Total	**533**	**2726**	**2146**	**41**	**1405**	**687**	**309**	**7847**	
Teesside Total (%)	**6.8%**	**34.7%**	**27.3%**	**0.5%**	**17.9%**	**8.8%**	**3.9%**		

Figure 15- Contraception in Teesside, by local authority and contraception method, 20 years and over. SHS, 2021/22

As with the younger age group, the most common contraception method in persons aged 20 years and over were implants (34.7%), almost exactly the same proportion as under 20s. This age group were however more likely to be issued IUS/IUD methods, accounting for over a quarter (27.3%) of contraception issued in Teesside, and slightly less likely to opt for hormonal contraception (17.9%) or condoms (8.8%) from the service. A small number of women were issued IUS for menorrhagia.

Again, the implant was used by a higher proportion of Stockton service users than other areas of Teesside (41.5%), while only a relatively small proportion opted for condoms (3.3%). A higher proportion of Hartlepool service users were issued the hormonal contraception pill. Despite Hartlepool having the smallest population in Teesside, service use is highest in this area (28.7%).

Condom Distribution Scheme

The local condom distribution scheme was mainly delivered through community pharmacies. There has been a reduction in the number of individuals accessing pharmacies to receive condoms either through an existing c-card or to obtain one in the last 3 years. In 2021 there were 161 individuals from across Teesside issued condoms via pharmacies compared to 222 in 2020 and 518 in 2019. The sharpest reduction was in Stockton residents, decreasing each year. In the other Teesside local authorities, the numbers accessing pharmacies for condoms were similar between 2020 and 2021.

In 2021, over two-thirds of individuals accessing condoms through pharmacies were Stockton (35.4%) and Redcar and Cleveland (33.5%) residents, while 21.7% were Middlesbrough residents and just 9.3% Hartlepool residents. Excluding persons aged 25 and over, this equates to an estimated rate of 3.2 per 1,000 population of Redcar and Cleveland, 2.3 in Stockton, 1.6 in Middlesbrough and 1.2 in Hartlepool.

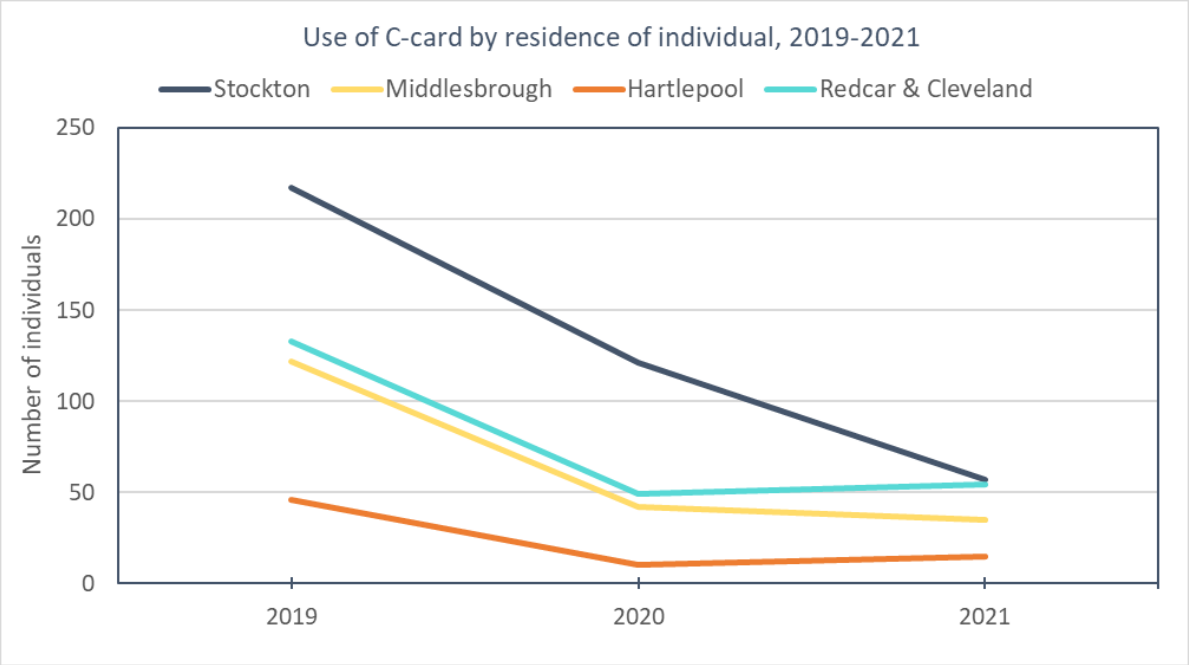


Figure 16 – Individuals using c-cards to obtain condoms through pharmacies, by local authority 2019-2021, Pharmacy data 2023

Across Teesside and over the last three years, slightly more females than males accessed condoms via pharmacies (52.4%), more pronounced in the latest year (60%). In 2021, 7.5% of those accessing condoms had a BME background. In the last three years, a similar number of 16-17 year-olds and 18-24 year-olds accessed pharmacies for condoms, accounting for 38.5% and 37% respectfully. In 2022 this equates to an estimated 4.4 per 1,000 Teesside population aged 16-17 accessing the service, compared to a rate of 1.7 aged 13-15 and 1.2 aged 18-24 years.

Long-Acting Reversible Contraception

Nationally, there has been an increase in the use of Long-Acting Reversible Contraception (LARC) in the last decade, with 56% of females in contact with SH services for contraception using a LARC method in 2021/22. Over the last ten years, LARC uptake increased, and uptake of user dependent methods decreased. The pause in this increase seen in 2020/21 was likely due to more restricted access to LARCs during the Covid-related lockdowns. In 2021/22, LARC uptake at SH services was above user dependent uptake for the first time. The large change seen in 2021/22 was driven by a sharp decrease in women seen by the sexual health service using contraceptive pills as their main

method. This was likely impacted by changes in service provision and progesterone only pills becoming available to purchase over the counter at pharmacies without prescription.

In 2021, LARC (excluding injections) were prescribed from GPs and the SHS at a rate of 41.8 per 1,000 female population aged 15-44 years in England. The North East rate is significantly lower than the national figure at 37.8 per 1,000. Local authorities in Tyneside have a significantly higher LARC prescription rate than England, while all Teesside local authorities have a significantly lower rate.

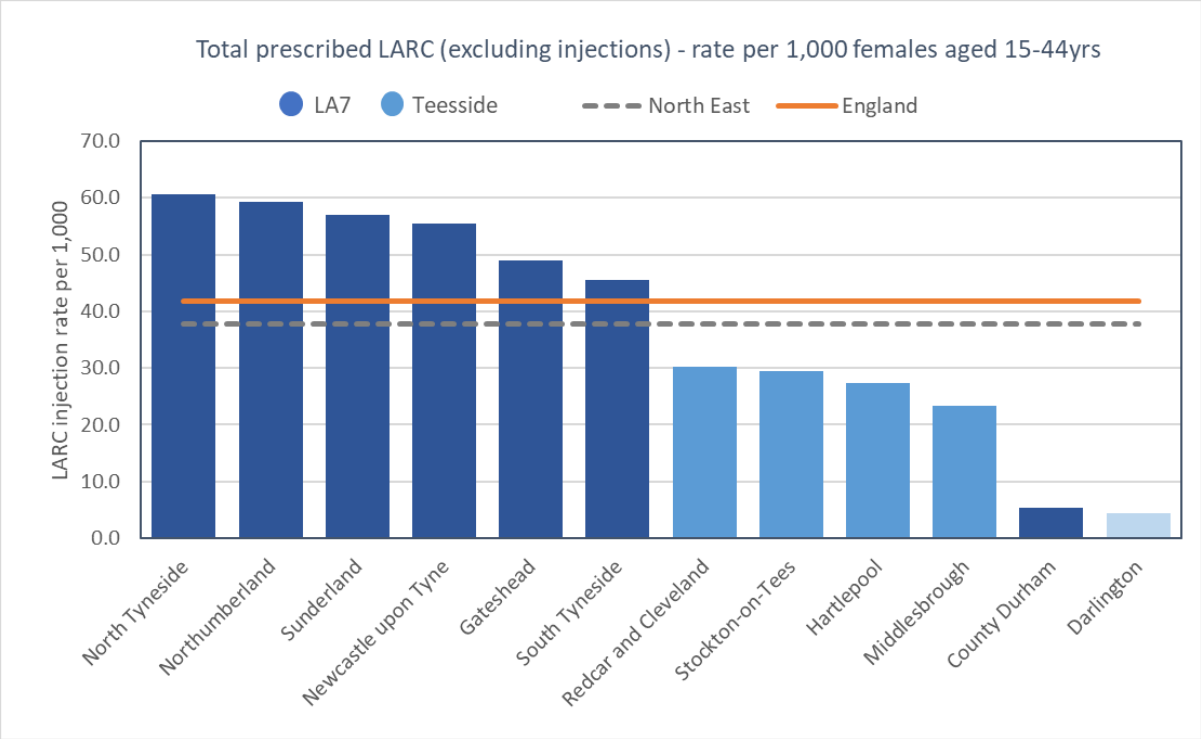


Figure 17 - Total prescribed LARC from GPs and the SHS, North East comparison, 2021. Fingertips OHID

Within Teesside, has the highest LARC uptake is in Redcar and Cleveland at 30.2, followed by Stockton at 29.4, Hartlepool at 27.3, and Middlesbrough with the lowest rate of 23.4 per 1,000.

Although the LARC rate has been increasing across all Teesside local authorities in recent years, they remain significantly below the national average. Note that the part of the increase seen between 2019 and 2020 is due to improved reporting of subcontracted activity.

Due to service access restriction during and after the pandemic there has been a significant waiting list for LARC in 2021/22 and 2022/23.

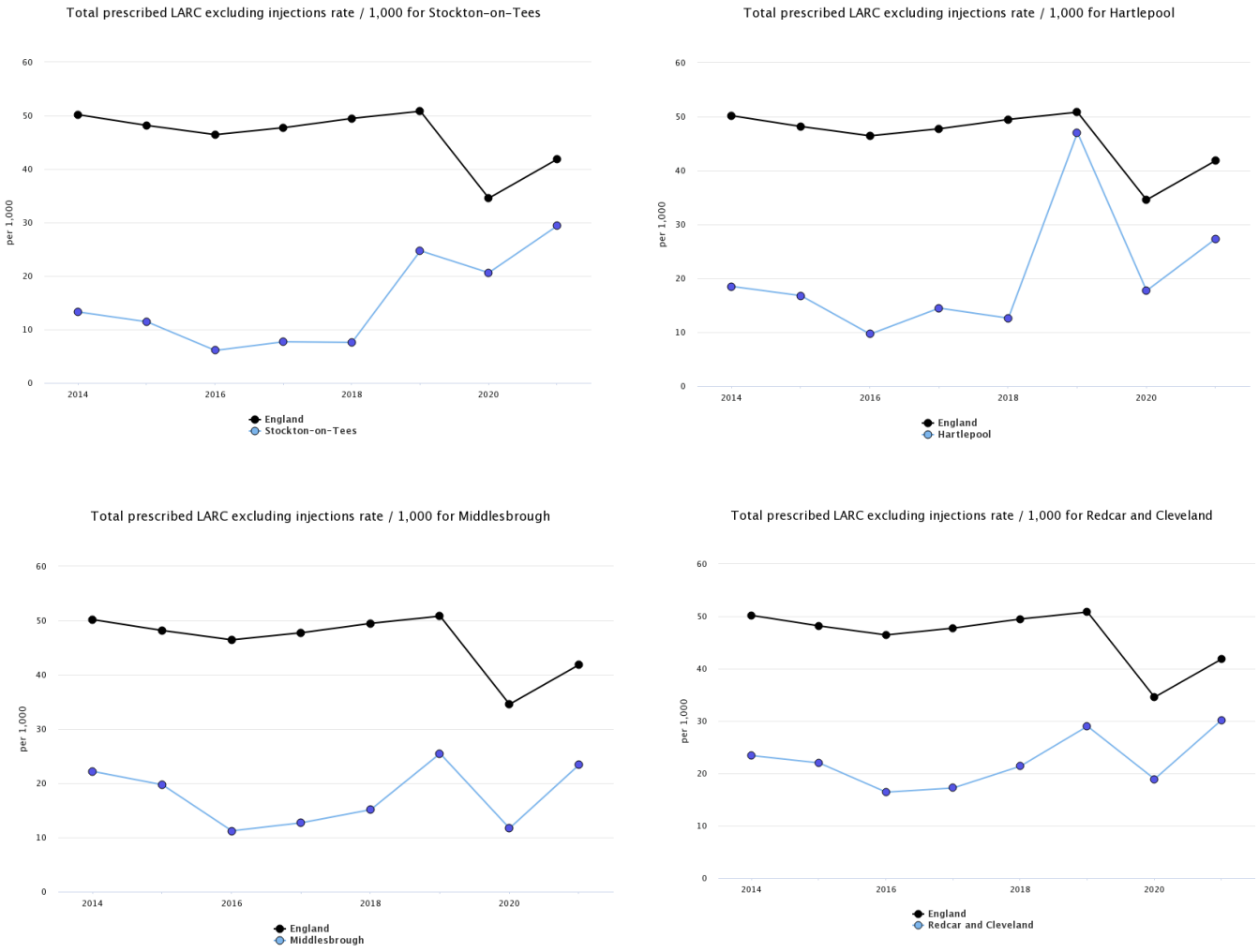


Figure 18 - Rate of prescribing of LARC (excluding injection) in population aged 15- 44 per 1000 , by local authority 2014 - 2021

LARC were used by 65.8% women (all ages) attending contraception clinics across Teesside in 2021/22(FY). These forms of contraception were opted for by a higher proportion of women in Stockton than other areas of Teesside, at 73.2%. Both Redcar and Cleveland (66.8%) and Middlesbrough (65.2%) had a similar take-up, while LARC usage was slightly lower in Hartlepool, at 59.3%.

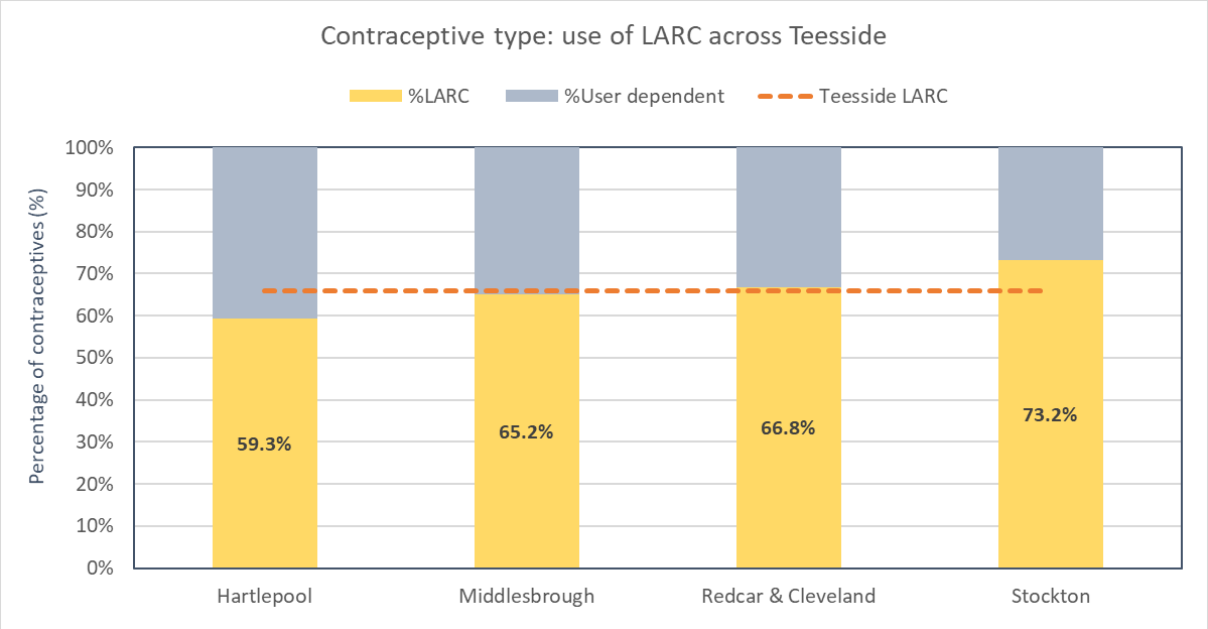


Figure 19 -Use of LARC in Teesside, by local authorities and Teesside comparison, 2021/22. Sexual Health Teesside (HCRG)

For all Teesside local authorities, the most common form of LARC is the implant, over half (52.9%) of all Teesside users of LARC (3,307 women) using this contraception. This is followed by IUD/IUS contraceptives, 2,201 (35.2%) women opting for this method. For all local authorities, the Depo Injection was the least used form of LARC (12% across Teesside). There is less variation in LARC method between local authorities than previous years, although Hartlepool had a higher proportion of LARC users opting for the Depo injection than other methods.

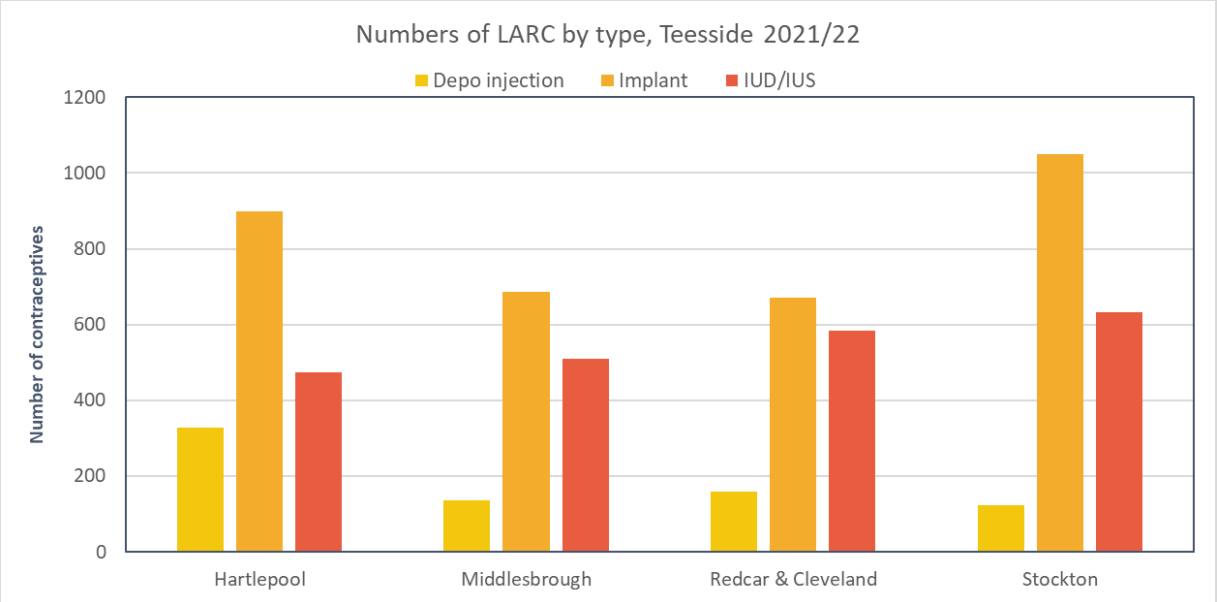


Figure 20- Number of users of LARC by type and local authority, Teesside 2021/22. Sexual Health Teesside (HCRG)

Emergency Hormonal Contraception

Emergency hormonal contraception (EHC) is provided free of charge from all sexual health clinics and subcontracted community pharmacies across Tees from the age of 13 years. The vast majority of EHC are issued from pharmacies (96.8% in 2021/22). A slightly higher proportion of EHC were issued from

clinics in Redcar and Cleveland than other areas, although this still accounts for a very small number of EHC (6.1%).

At clinics, a third of EHC (33.5%) were issued in Stockton, 28.6% in Hartlepool, 28.1% in Middlesbrough and just 9.7% in Redcar and Cleveland. The majority of EHC in 2021/22 were among persons aged 20 years and over (77.8%), one in five (19.5%) aged 16-19 years and a very small number aged 13-15 years (<10). With clinic data accounting for a small proportion of all EHC across Teesside, and only one year of data currently available, the below information relates exclusively to EHC issued from pharmacies.

Overall, there were 6,243 EHC issued by Teesside pharmacies in 2019/20, 4,368 in 2020/21 and 5,783 in 2021/22. All areas experienced a reduction of EHC issued in 2020/21, due to the impact of COVID-19 but saw a significant increase in 2021/22 with higher than pre-pandemic numbers in Hartlepool and Redcar and Cleveland, whilst numbers in Middlesbrough and Stockton remained below pre-pandemic figures.

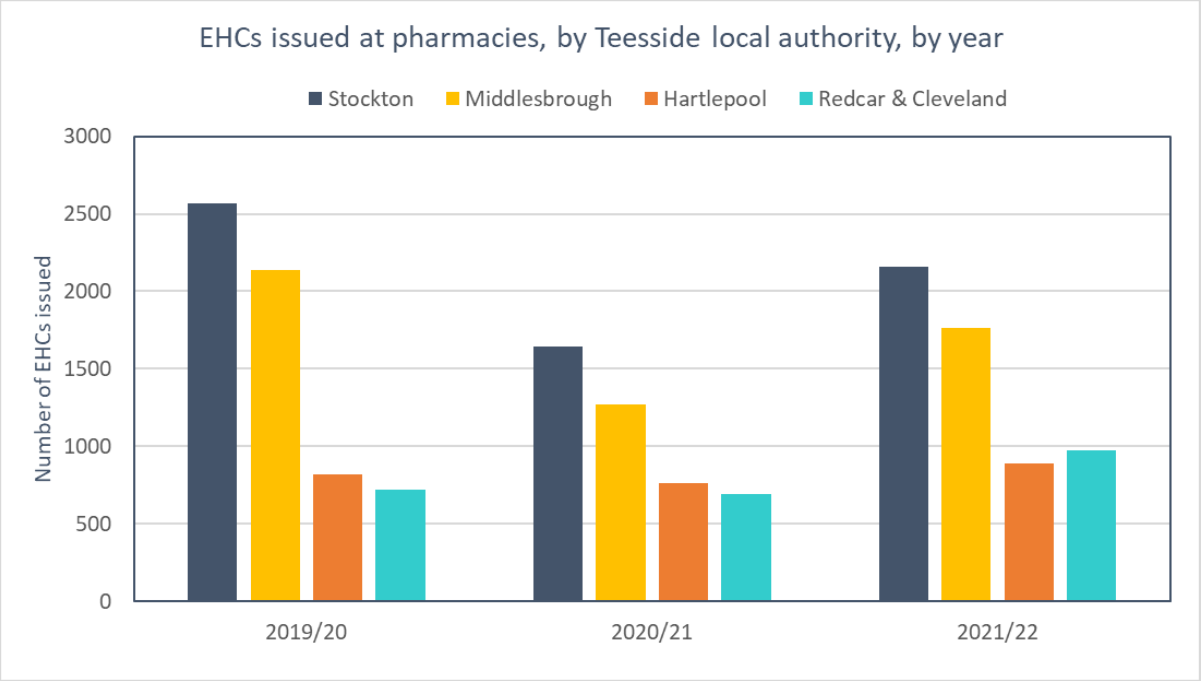


Figure 21- Number of EHC issued across Teesside, by location of pharmacy, 2019/20 to 2021/22. Pharmacy data 2023

Stockton is the largest of the local authorities in Teesside, having the highest number of EHC issued at pharmacies for the last three financial years. Of the 5,783 EHC issued in pharmacies in 2021/22, 37.3% of distributions were from pharmacies located in Stockton and 30.5% in Middlesbrough, with smaller distribution numbers in Redcar and Cleveland and Hartlepool. This translates to a rate of 62.2 EHCs per 1,000 females in Middlesbrough, 60.9 in Stockton, 53.2 in Hartlepool and 43.2 per 1,000 in Redcar and Cleveland.

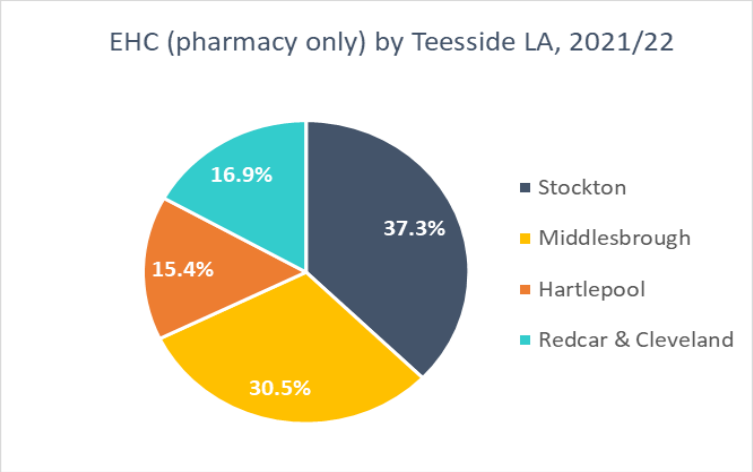


Figure 22- EHC issued by pharmacy location, Teesside local authorities. Pharmacy data 2023

In terms of EHC according to the residency of the individual rather than the location of the pharmacy, there were 5,402 dispenses of EHC to Teesside residents from subcontracted pharmacies in 2021/22. This indicates 6.6% EHCs issued from Teesside pharmacies were females from outside of the area. Stockton residents accounted for the largest proportion of EHCs in Teesside (33.5%), followed by Middlesbrough (31.1%), Redcar and Cleveland (20%) and Hartlepool (15.4%) residents.

Hartlepool and Stockton residents were more likely to access EHC from pharmacies within their own borough, 93.3% and 90.7% doing so. Just over one in five (21.7%) residents in both Middlesbrough and Redcar and Cleveland obtained EHC from a pharmacy outside their locality. Of the Redcar and Cleveland residents that didn't access EHC from within the borough, most opted to use a pharmacy in Middlesbrough, while Middlesbrough residents opted to travel to Stockton.

The amount of EHC distributed in each month varied over the year. The lowest numbers of EHC issued across Teesside overall were in the fourth quarter of the year, 412 in January, 416 in February and 396 in March. The month of June had the highest number of EHC dispensed to Teesside residents (502), followed by May (494) and October (495). Stockton had the single highest number at 172 EHC issued by pharmacies in August.

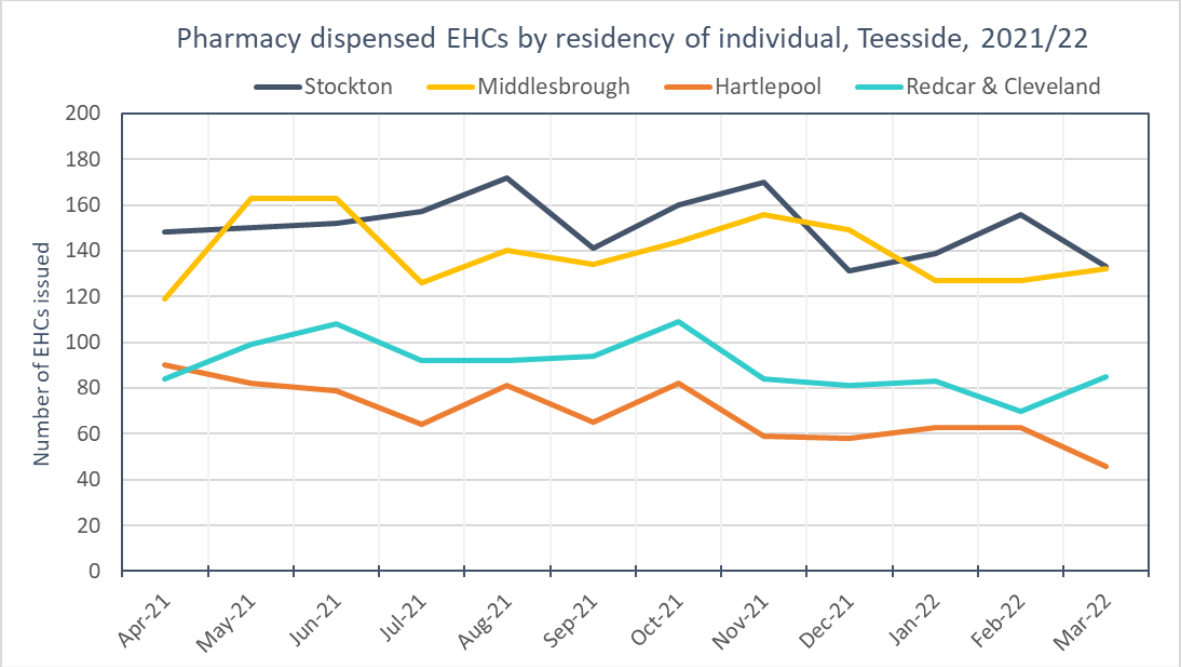


Figure 23 - EHC issued to Teesside residents, by local authority of residence, by month, 2021/22. Pharmacy data 2023

Almost three quarters (72.4%) Teesside residents accessing EHC in 2021/22 were aged 18-34 years, with slightly more in the 25-34 cohort (37%) than 18-24 (35.4%). A further 14.5% were aged 35-44 years, 11.6% in the youngest age band of 13-17 and a small number aged over 45 years (1.5%).

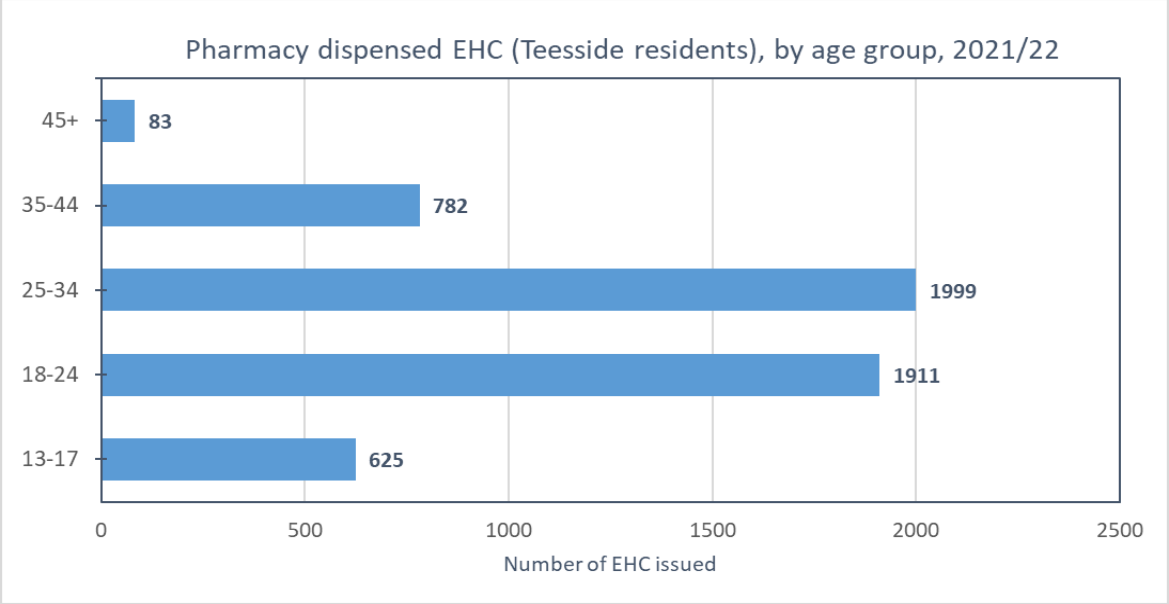


Figure 24- EHC issued to Teesside residents, by age band of resident, 2021/22. Pharmacy data 2023

In 2021/22 subcontracted pharmacies dispensed both types of EHC, Ulipristal acetate (EllaOne) 3,497 and Levonorgestrel (Levonelle) 1,623. Ulipristal acetate accounted for 64.8% of EHC.

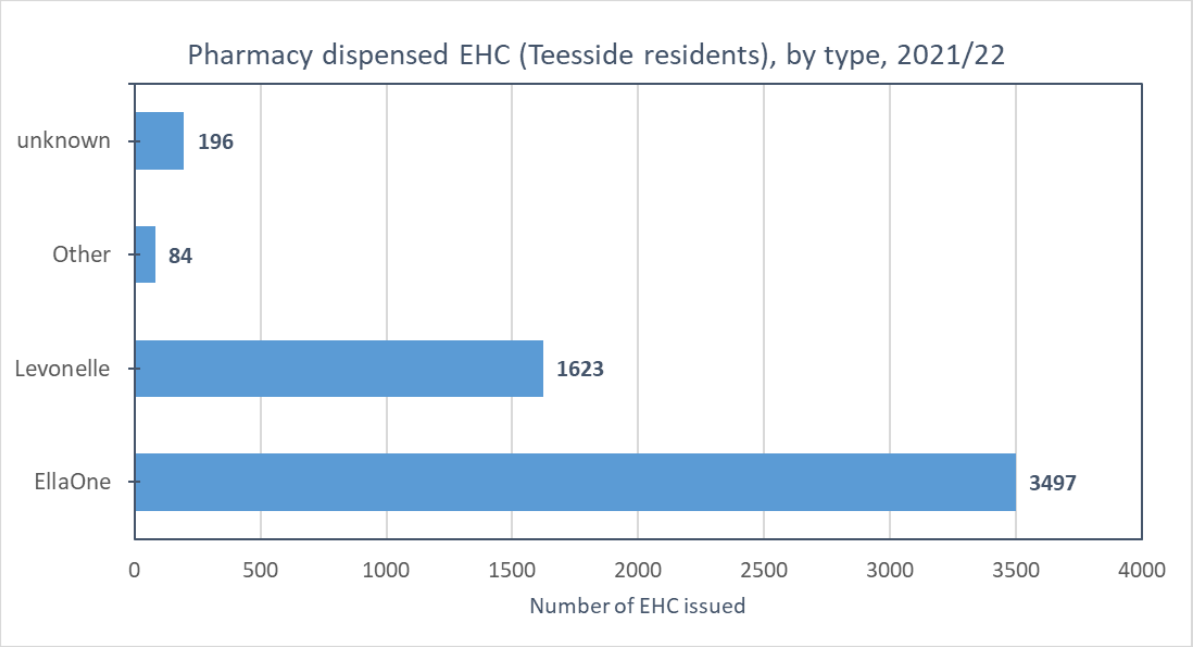


Figure 25- EHC issued to Teesside residents, by contraceptive pill supplied, 2021/22. Pharmacy data 2023

Abortions

Abortion rates can be an indicator of the effective use and access to contraception in an area. The age-standardised abortion rate (ASR) in England and Wales has increased each year since 2016, to 18.6 per 1,000 women, the highest ASR since the Abortion Act was introduced in 1967. However, the abortion rate for women aged under 18 has continued to decrease from 15.0 in 2011 to 6.5 per 1,000 in 2021.

In 2021, there were 2,375 legal abortions in Teesside. The age-standardised abortion rate was higher in all Teesside local authorities than the North East, and England average. Middlesbrough has the highest rate in Teesside at 29 per 1,000 women, the fourth highest rate of all local authorities in England, as well as the highest national abortion rate in women aged under 18 years, at 14.6 per 1,000. ASR are highest in the 20-24 age group in all areas.

		Crude rate per 1,000 women in age group					
Area of residence	ASR per 1,000 women (15 to 44)	Under 18	18 to 19	20 to 24	25 to 29	30 to 34	35 and over
Hartlepool	**20.0**	9.6	30.7	35.0	28.0	23.8	10.0
Middlesbrough	**29.0**	14.6	30.0	46.8	41.6	39.1	15.6
Redcar and Cleveland	**21.7**	12.0	35.2	43.9	28.1	24.8	8.8
Stockton-on-Tees	**20.0**	7.8	28.1	45.8	26.7	19.5	9.1
North East	**16.8**	8.5	22.1	28.5	24.2	19.5	8.7
England	**18.7**	6.5	22.4	30.9	27.3	22.5	10.7

Figure 26 -Age-standardised abortion rate and crude abortion rates by age band, by local authority, Teesside, 2021. Abortion Statistics [revised tables 2023]

The earlier abortions are performed the lower the risk of complications. In 2021, the majority of abortions carried out nationally are under 10 weeks, at 88.6% in England. The proportion of abortions carried out in this earlier gestation period has been increasing locally, regionally, and nationally in

recent years. In 2021, all Teesside authorities were similar to the national and above the regional average for abortions under 10 weeks' gestation.

	Abortion by gestation period (%)		
Area name	Under 10 weeks	10 to 12 weeks	13 weeks and over
Hartlepool	90.4	4.4	5.2
Middlesbrough	89.6	5.4	5.0
Redcar and Cleveland	89.7	4.8	5.5
Stockton-on-Tees	87.6	6.6	5.8
North East	86.1	7.5	6.4
England	88.6	5.0	6.4

Figure 27- Percentage of abortion by gestation period, by local authority, Teesside, 2021, Abortion Statistics [revised tables 2023]

Nationally 42.6% of all women and 29.7% of women under 25 years undergoing an abortion have had a previous abortion. In Middlesbrough and Stockton, the proportion of repeat abortions in all ages were higher than regional and national figures. In 2021, repeat abortions among women aged 25 and under in Hartlepool were lowest in the North East at 22.5%, while Stockton had the highest at 36.4%. Hartlepool, Middlesbrough, and Stockton are above the regional and national averages for repeat abortions in women aged over 25 years. It is important to note that the numbers of repeat abortions particularly in women aged under 25 years are relatively small, a total of 291 repeat abortions in this age group across Teesside.

	Repeat abortions (%)		
Area of residence	All ages	25 years and under	Over 25 years
Hartlepool	43.9	22.5	56.7
Middlesbrough	46.7	32.1	55.3
Redcar and Cleveland	39.2	30.1	46
Stockton-on-Tees	46.8	36.4	53.4
North East	41.6	29.2	49.7
England	42.6	29.7	49.6

Figure 28 -Percentage of repeat abortions, by local authority, Teesside, 2021. Abortion Statistics [revised tables 2023]

A significant proportion of conceptions in the under 18 age group lead to abortion. Nationally, more than half of conceptions (53.4%) lead to abortion in 2021. Middlesbrough has the highest proportion leading to abortions in Teesside, at 48.2%, followed by Redcar and Cleveland at 45%, Hartlepool at 44.1% and Stockton at 39.3%. Figure 13 indicates the percentage of conceptions leading to abortion in under 18s has decreased in Hartlepool and Stockton in the last 3 years, while this figure has increased in Middlesbrough. Over the last two decades, the proportion of conceptions leading to abortions in this age group has increased nationally and regionally to a lesser degree.

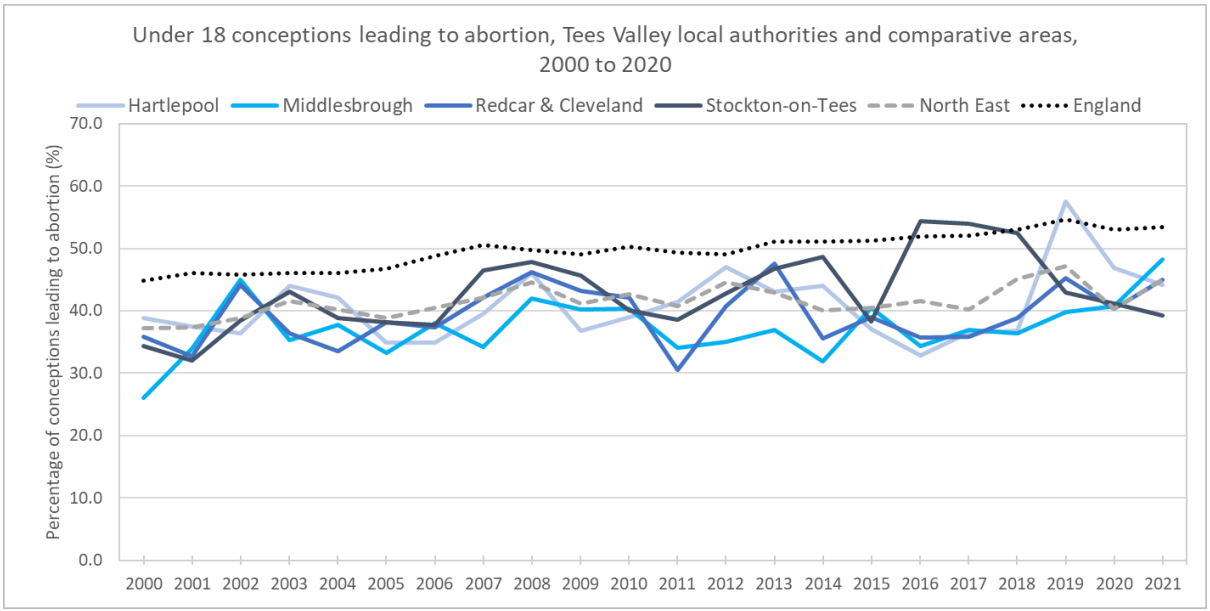


Figure 29 - Proportion of under 18 conceptions leading to abortion, 2020-2021, ONS Conception Statistics

Summary: Contraception & Abortion

- Repeat abortions LARC rates in Teesside have increased since 2018 but remain significantly lower than the national and regional average.
- At total of 5724 attendances were for LARC (implant and coil) in 2021/22. There was a significant waiting list for LARC following the pandemic.
- LARC was the preferred method of contraception in contraception clinics in Teesside.
- Implants the most common method followed by hormonal contraception in the younger and coils in the >20 age group.
- Condom distribution through the pharmacy C card scheme declined significantly since 2019 from 518 to only 161 condom distributions in Teesside in 2021.
- Emergency contraception was mainly accessed through pharmacies with 5783 EHC issued in 2021/22. Utilisation rates recovered but remain below pre pandemic rates.
- Emergency contraception distribution was highest in the 25-35 age group followed by 18-25 age groups, Ulipristal was most commonly used EHC (64%).
- Abortion rates in Teesside (20-29%) are higher than the regional and national average (17-19%) with 2,375 abortions in 2021.
- The highest abortion rates are in the 20-24 and 25-29 age groups.
- Between 39% and 58% of all teenage conceptions in Teesside (2019-21) resulted in an abortion. This was similar to regional but below the national average.
- Repeat abortions are common with 39% - 47% of women undergoing an abortion having had a previous abortion.

Sexually Transmitted Infections

In the last five years the rate of new STI diagnoses declined steeply during the pandemic and has since then returned to pre-pandemic rates in Hartlepool, Stockton, and Redcar and Cleveland and higher rates in Middlesbrough.

The reduction in new STI diagnoses is widely attributed to a lack of testing opportunities during the pandemic and a higher proportion of undiagnosed disease.

Middlesbrough had the highest rate of new STI diagnoses in Teesside for the last 8 years, with a rate of 491.9 per 100,000 population in 2022. This is higher than the regional average but similar to the national figure. Generally, Redcar and Cleveland had lower STI diagnoses than other areas of Teesside, the latest rate of 334.5. STI diagnosis rates in Hartlepool and Stockton have been very similar to the North East average for the last 3 years. These figures exclude diagnoses of chlamydia in the age group targeted by the National Chlamydia Screening Programme (NCSP).

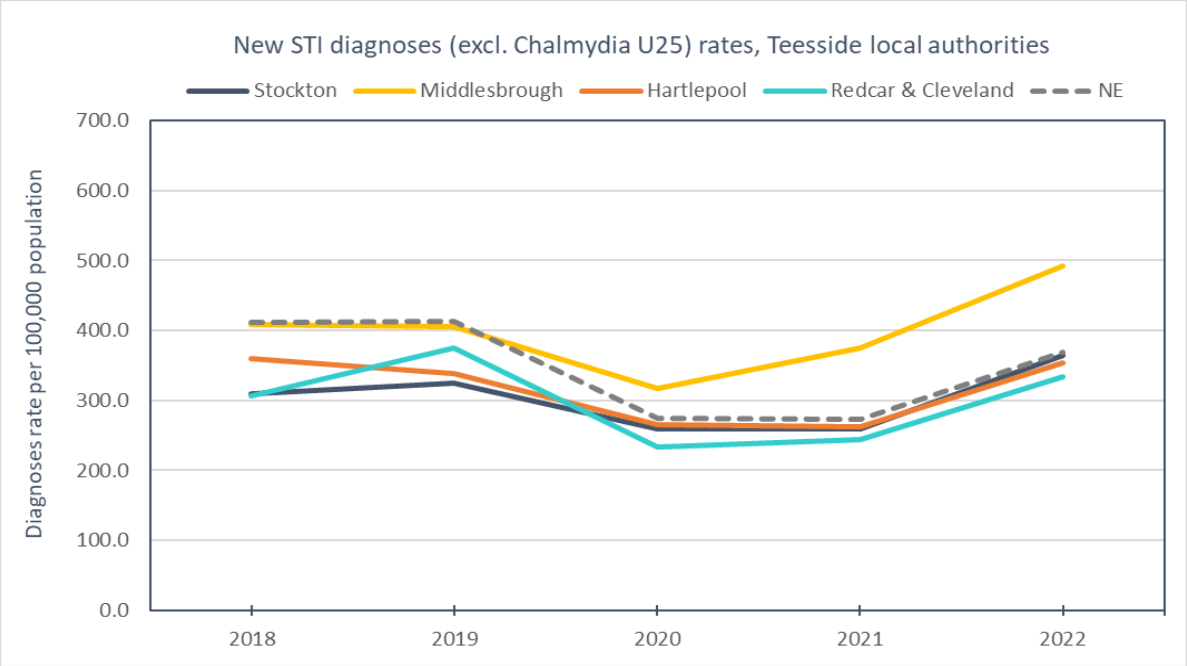


Figure 30 - New STI diagnoses rates (excluding chlamydia in under 25s) by Teesside local authority, 2018-2022, OHID Fingertips

Gonorrhoea

The rate of gonorrhoea diagnoses in the North East reduced by around a third (30.9%) between 2017 and 2021. This was very similar for Stockton and Hartlepool with 31.5% and 30.4% reductions, while both Middlesbrough and Redcar and Cleveland rates increased between these years. Figures for 2022 show a sharp increase in gonorrhoea rates. While nationally the 2022 figure is higher than pre-Covid figures, the increase has been greater regionally and locally, with Hartlepool, Stockton and the North East more than doubling in rate between 2021 and 2022.

Middlesbrough currently has the highest rate of Gonorrhoea in Teesside, at 141.2 per 100,000, compared to the regional average of 117.5 per 100,000. Hartlepool currently has the lowest diagnostic rate and has generally done so for a number of years, at 88.6 per 100,000, though this is still notably higher than the previous year. In Redcar and Cleveland the diagnostic rate has increased almost threefold since 2018, from 37.3 to 107.6 per 100,000 in 2022.

Area	Number and rate of Gonorrhoea diagnoses, all ages, Teesside local authorites, 2020-2022					
	2020		2021		2022	
	Number of diagnoses	Rate per 100,000	Number of diagnoses	Rate per 100,000	Number of diagnoses	Rate per 100,000
Hartlepool	45	38.4	36	38.9	82	88.6
Middlesbrough	84	59.5	112	77.9	203	141.2
Redcar & Cleveland	72	52.5	77	56.4	147	107.6
Stockton-on-Tees	94	47.6	81	41.1	232	117.7
North East	-	48.8	-	46.5	-	117.5
England	50,678	89.6	54,961	96.4	82,592	146.1

Figure 31-Number and rate of gonorrhoea diagnoses, Teesside local authorities, 2020-2022, OHID Fingertips

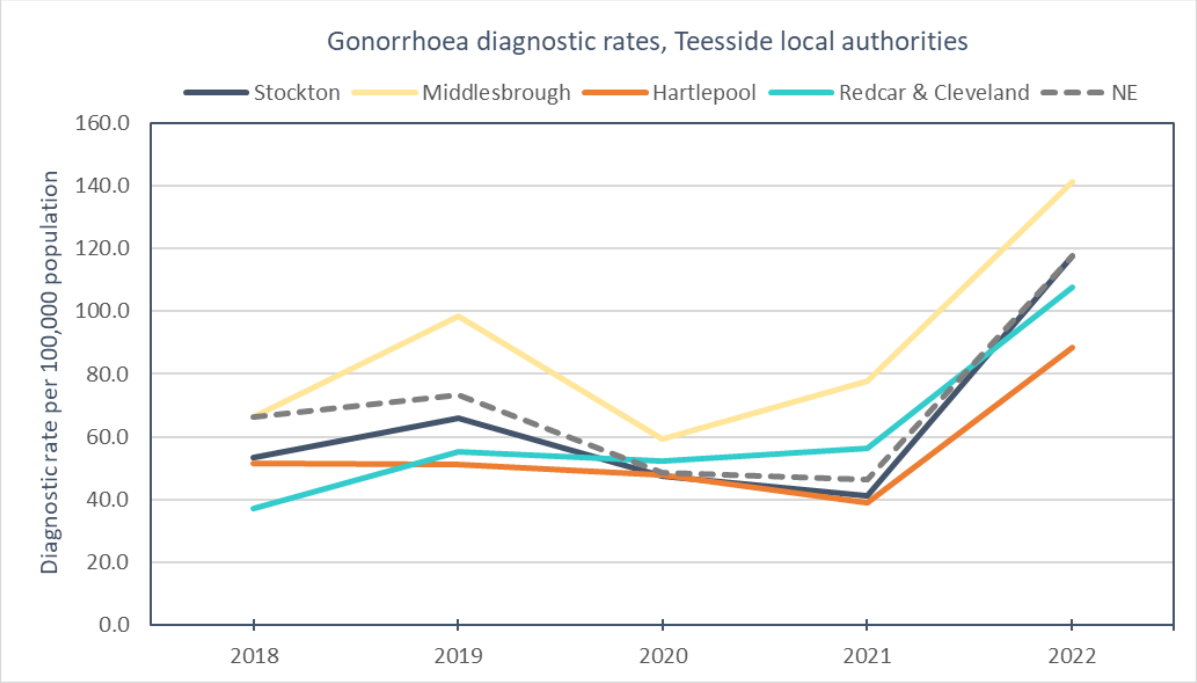


Figure 32- Gonorrhoea diagnosis rates by Teesside local authority, 2018-2022, Fingertips

There has been an increase gonorrhoea cases in 2022, the chart below illustrates the quarterly increase in the year across Teesside. Excluding Q3, Stockton has consistently had the highest number of diagnoses in 2022 while Hartlepool has had the lowest. In the final quarter of 2022 there were 193 gonorrhoea diagnoses in Teesside, compared to 101 in the same quarter of 2021, and 76 in Q4 2020.

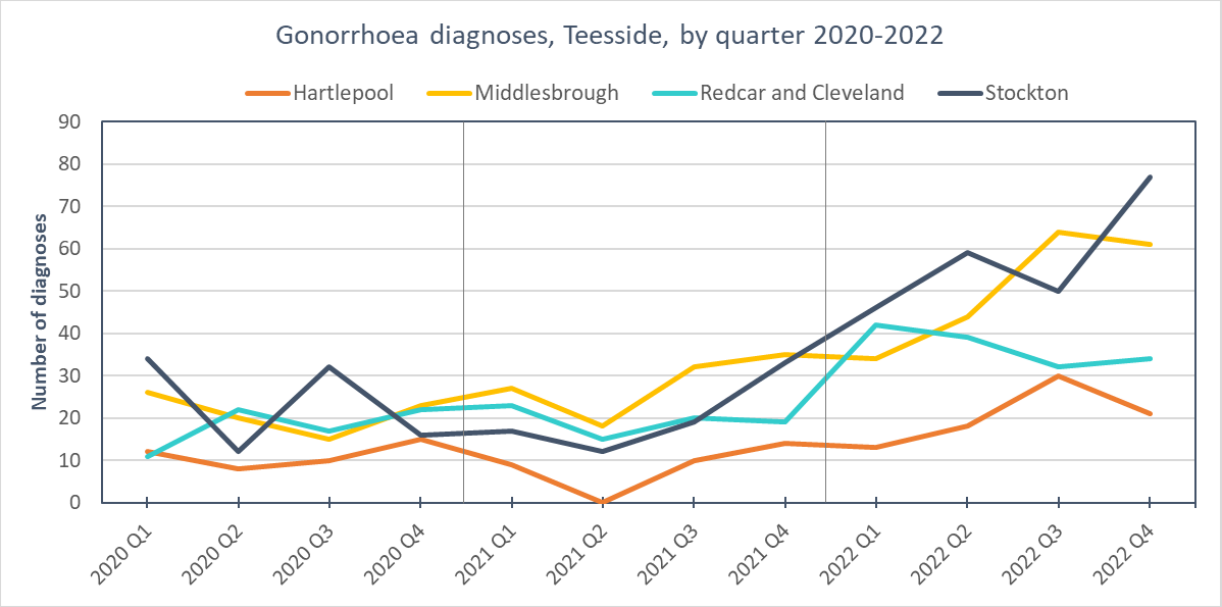


Figure 33 – Gonorrhoea diagnoses by local authority by quarter, Teesside, 2020-2022. UKSHA GUMCAD Report

Chlamydia

Testing and positivity

Chlamydia infections are widespread and often asymptomatic. The number of diagnoses reflect the level of testing as well as prevalence in an area. National guidance recommends focussing chlamydia testing on 16 to 24 year-old females. In 2022, there were 10,685 chlamydia tests in 16-24 year-olds in Teesside. This is higher than the previous two years but similar to pre-pandemic figures. Hartlepool tested the largest proportion of the 15-24 population, at 18.6%, while Middlesbrough had the lowest in Teesside at 15.1%, similar to the national screening figure (15.2%).

Higher testing often links to higher detection rates of chlamydia. However high positivity rates in Teesside also indicate a high prevalence in the population tested. The detection rates for chlamydia and percentage of tests that were positive for 15-24 year-olds are higher across Teesside than the North East and England. As well as the highest percentage of the population tested, Hartlepool had the highest detection rate of the Tees local authorities at 2,943 per 100,000. This was followed by Stockton at 2,673, Redcar and Cleveland at 2,264 and Middlesbrough at 2,048 per 100,000.

	Chlamydia testing and diagnosis in 15-24 year olds, Teesside local authorities, 2022				
Area	**Total Tests**	**Percent of population tested**	**Total Positive**	**Percent of tests positive**	**Detection rate per 100,000**
Hartlepool	1,943	18.6%	307	15.8%	2,943
Middlesbrough	2,810	15.1%	380	13.5%	2,048
Redcar & Cleveland	2,367	17.2%	312	13.2%	2,264
Stockton-on-Tees	3,565	17.4%	547	15.3%	2,673
North East	48,179	15.5%	5,899	12.2%	1,897
England	983,924	15.2%	108,290	11.0%	1,680

Figure 34 - Chlamydia tests, diagnoses and diagnosis rate in 2022 in young people aged 15-24. OHID Fingertips

In 2022, there were 27,914 chlamydia tests in Teesside (all ages). Almost three-quarters of these tests were among females (65.1%), 31.3% among males and 3.6% unknown. A slightly higher proportion of

tests in Stockton were taken by males than the Teesside average (35%). Across Teesside, 38.1% tests were taken by 25-34 year-olds, around a quarter (26.7%) in 20-24 year-olds and 23.2% aged over 35 years, smaller numbers in people aged under 25. In Hartlepool, 16.1% people tested were aged under 20 years, higher than other Teesside local authorities.

	Age groups						
	<20		20-34		35+		Total tests
Local authority	Count	%LA	Count	%LA	Count	%LA	
Hartlepool	685	16.1%	2,807	65.9%	770	18.1%	4,262
Middlesbrough	851	10.5%	5,339	65.9%	1,908	23.6%	8,098
Redcar and Cleveland	730	11.0%	4,107	62.0%	1,786	27.0%	6,623
Stockton	1,088	12.2%	5,841	65.4%	2,002	22.4%	8,931
Teesside	**3,354**	**12.0%**	**18,094**	**64.8%**	**6,466**	**23.2%**	**27,914**

Figure 35 - Chlamydia tests by age group, count and percentage of each local authority in 2022. CTAD service, HIV & STI portal

Positivity rates for chlamydia in Teesside were higher (13.2-15.8%) than the regional (12.2%) and national average (11%). This can indicate a targeted testing approach as well as a high prevalence in the population and possibly a high proportion of undetected disease.

On a large proportion of chlamydia tests ethnicity is not known (42.1%), with 5.7% tests in Teesside among ethnic minority groups. Distribution by ethnic groups follows a similar pattern to the population of the areas within Teesside.

Diagnosis rate

In 2022, Hartlepool and Middlesbrough had among the highest rates of chlamydia diagnoses in the North East, at 480.7 and 479.4 per 100,000, significantly higher than both the North East and England averages. The rate in Stockton is also higher than the latest regional and national figures however Redcar and Cleveland are similar. In 2022, there was a total of 2,444 cases of chlamydia in Teesside.

Chlamydia diagnoses in the North East decreased between 2019 and 2021. This may be due to national lockdowns and limited sexual health services available during the COVID pandemic. The diagnosis rates in all Teesside local authorities except for Middlesbrough, which has increased, have not significantly changed in the last 5 years. Despite this, the 2022 rates in Teesside, the North East and England all increased from 2021. The largest increases in the latest year were in Stockton (51.9%) and Hartlepool (41.9%). In the last five years, chlamydia diagnosis rates increased from 390.6 to 479.0 per 100,000.

In 2022 in Teesside, one in five chlamydia tests among 16-19 year-olds were positive (20.2%), higher than other ages. Only 3.6% of tests among persons aged 35 years and over were positive for chlamydia. Males were more likely than females to test positive across Teesside, 10.6% compared to 8%. There was also a higher proportion of tests among persons from ethnic minority groups (any ethnicity except White British) to test positive, at 12.9% positive tests in 2022 compared to 8.7% in White British people. This could be attributed to targeted testing. The number of tests are too small to breakdown into different ethnic groups.

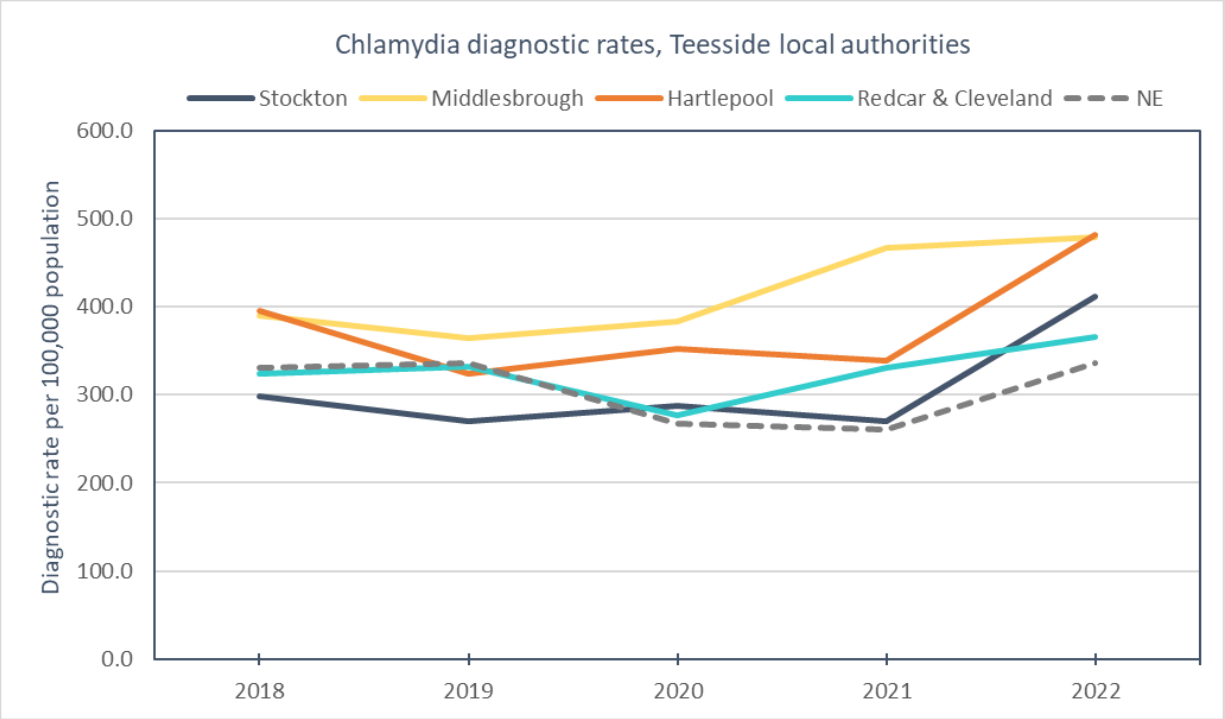


Figure 36 - Chlamydia diagnosis rates by Teesside local authority, 2018-2022, OHID Fingertips

Syphilis

For many years, syphilis testing rates were lower in Teesside than other areas of the region. Between 2018 and the start of 2021 syphilis testing rates in Teesside were significantly lower than the North East average. Syphilis testing rates across the North East dropped sharply in 2020 because of the pandemic/ Testing rates in Teesside remained very low until 2021 whilst testing rates in other areas recovered more quickly. Teesside testing rates have consistently increased since Q1 2021 and were the highest in the North East at the end of 2022 and also higher than pre-pandemic testing rates in Teesside.

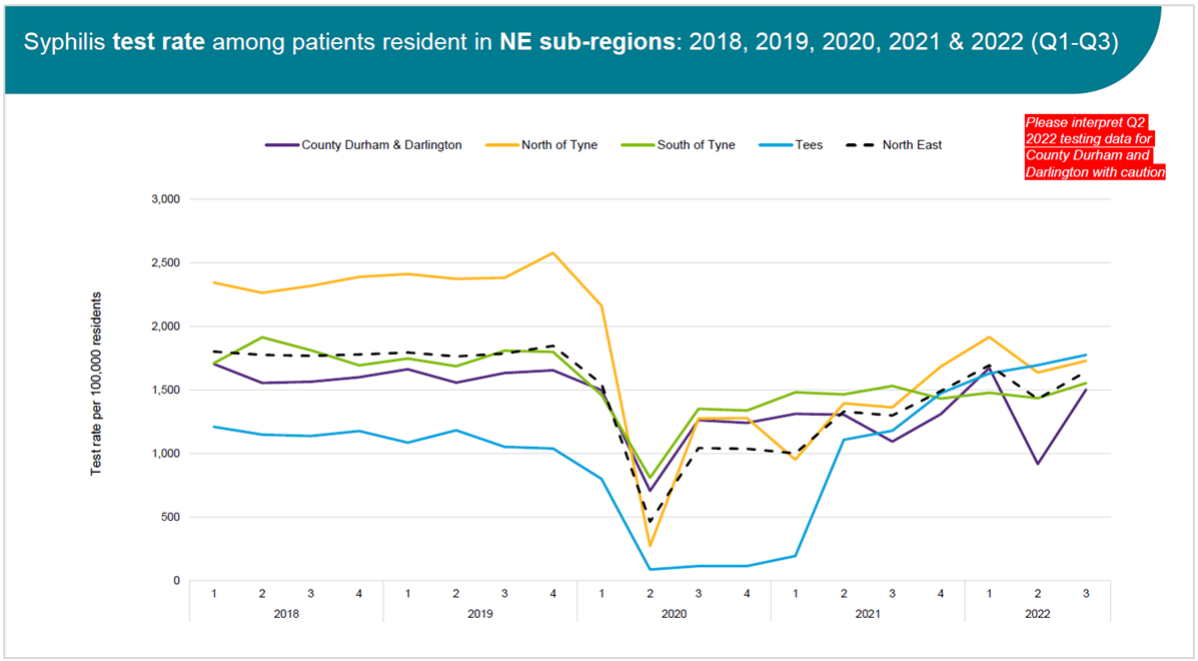


Figure 37- Syphilis testing rates in sub-regions of the North East, 2018-2022(Q3), by quarter

Syphilis testing rates in Teesside link to the ongoing syphilis outbreak in the area. Testing rates in Teesside varied substantially with the highest syphilis testing rate pre-pandemic in Hartlepool. Since Q1 2021 Middlesbrough superseded Hartlepool, with a testing rate circa 2,200 per 100,000 residents. Redcar and Cleveland generally had the lowest testing rate. Testing in all local authorities in Teesside increased sharply since Q1 2021, with higher testing rates than pre-pandemic.

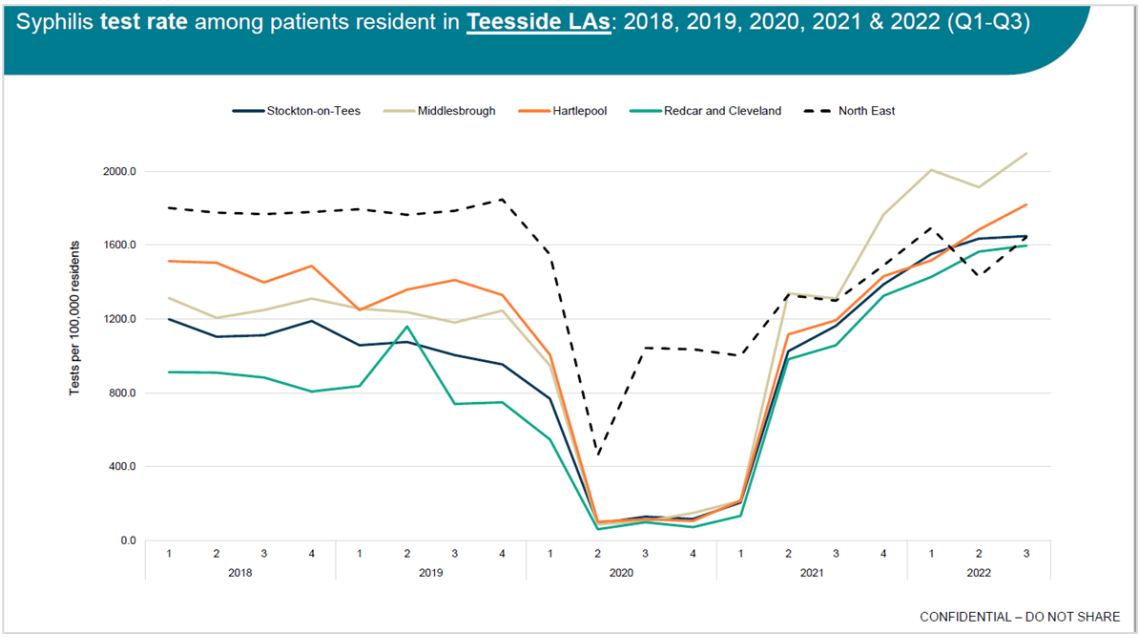


Figure 38 - Syphilis testing rates across Teesside, 2018-2022(Q3), by quarter

In recent years there has been a local increase in syphilis diagnoses. This was particularly notable in Stockton in 2019 and since 2020 in Middlesbrough. This was followed by an increase in Hartlepool and Redcar and Cleveland in 2021. The total number of new diagnoses remained stable 2022 but rates declined in three out of four local authorities at the end of 2022.

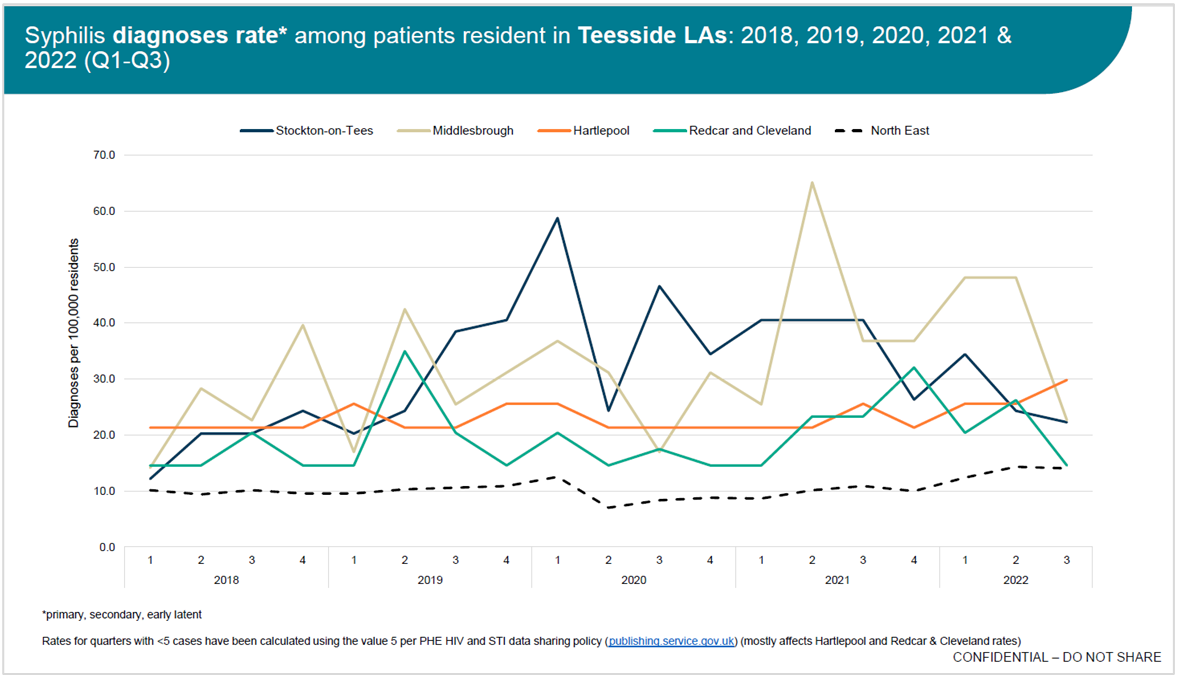


Figure 39 - Syphilis diagnosis rates across Teesside, by LA, 2018-2022(Q3), by quarter

Testing for syphilis increased sharply from Q2 2021 and particularly in women. Testing also increased in MSM but not in heterosexual men where testing rates remain below pre-pandemic numbers. All women are routinely tested for syphilis in early pregnancy and recommended to retest later in pregnancy if there are any concerns. Retesting has been promoted with maternity and sexual health services and might explain some of the increase in testing in women.

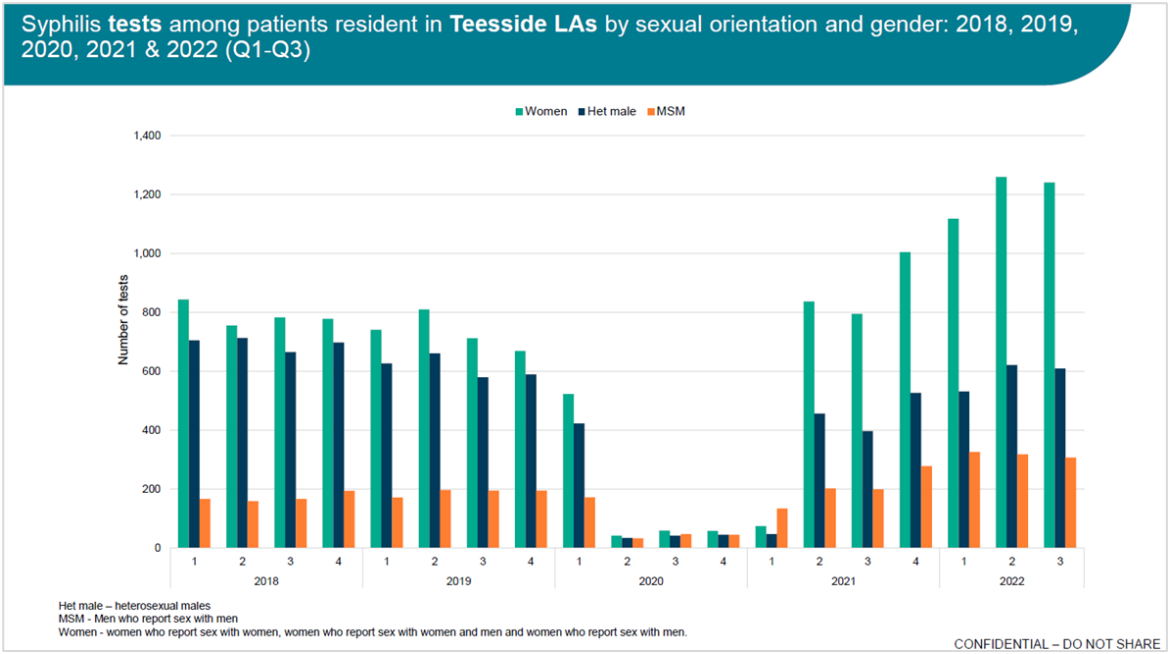


Figure 40 - Number of syphilis tests in Teesside, split by women, heterosexual men and MSM, quarterly, 2018-2022(Q3)

Before 2019 syphilis diagnoses were highest in the MSM group. This has changed with much higher numbers of syphilis diagnoses in women and heterosexual males since Q3 2019. A syphilis outbreak has been declared in September 2021. Increased testing in women at risk will account for an increase in diagnoses. However, testing has not increased in the same way in heterosexual males although diagnosis numbers have. This suggests that there is a cohort of undiagnosed individuals in the heterosexual male population.

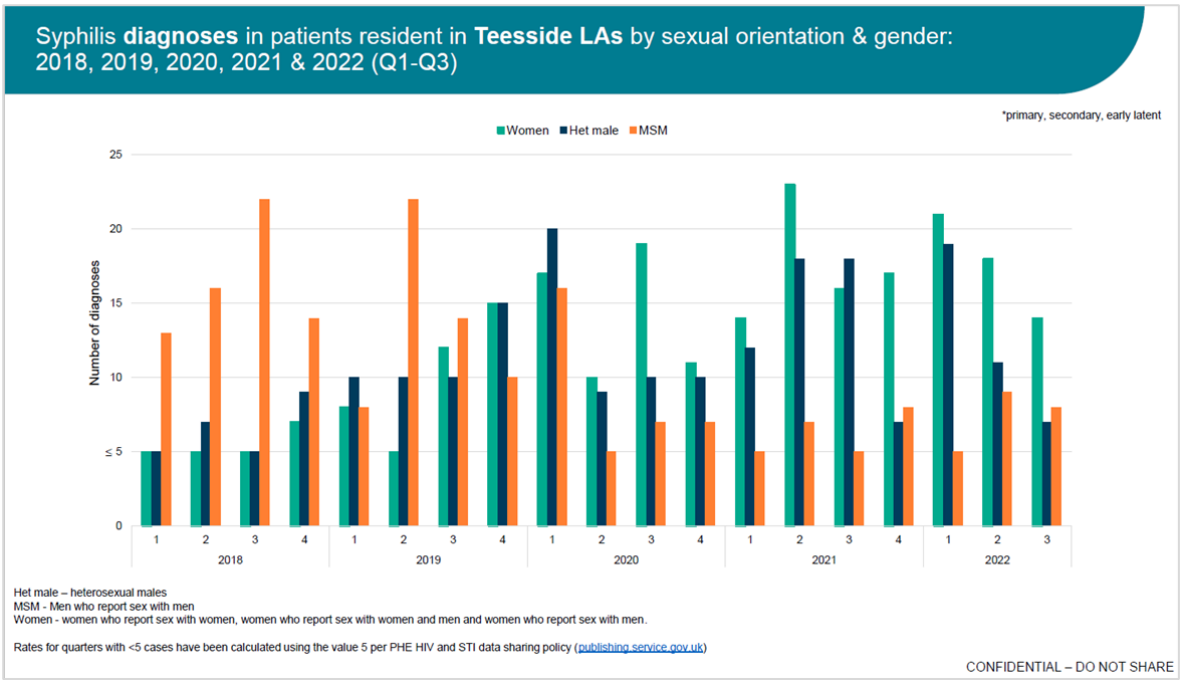


Figure 41 - Number of syphilis diagnoses in Teesside, split by women, heterosexual men and MSM, quarterly, 2018-2022(Q3)

Genital Warts and Genital Herpes

There has been a recent decline in the rate of genital warts across England, the North East and Teesside local authorities. The largest reduction was between 2019 and 2020, with the number of cases more than halving in this period in Hartlepool, Redcar and Cleveland and Stockton. In 2022, there were 145 cases of genital warts in Teesside. Hartlepool had a higher rate of genital warts at 35.6 per 100,000, and Redcar and Cleveland had the lowest at 20.5. The rates in Middlesbrough and Stockton have been consistently lower than the England average for several years.

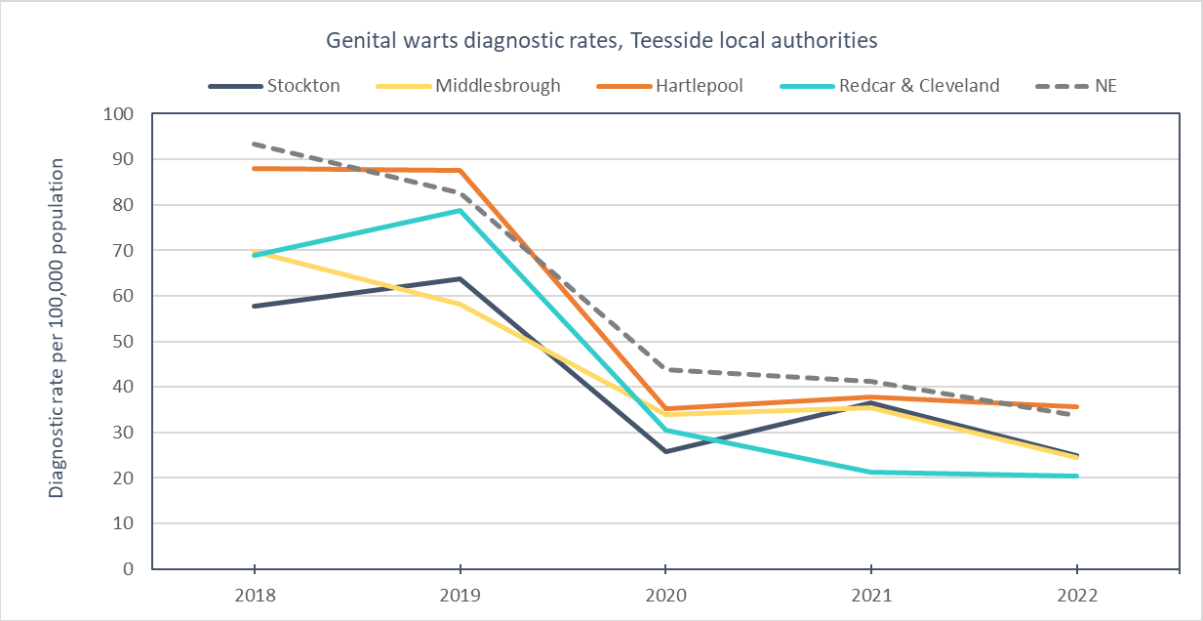


Figure 42 -- Genital warts diagnosis rate by Teesside local authority, 2020-2022, OHID Fingertips

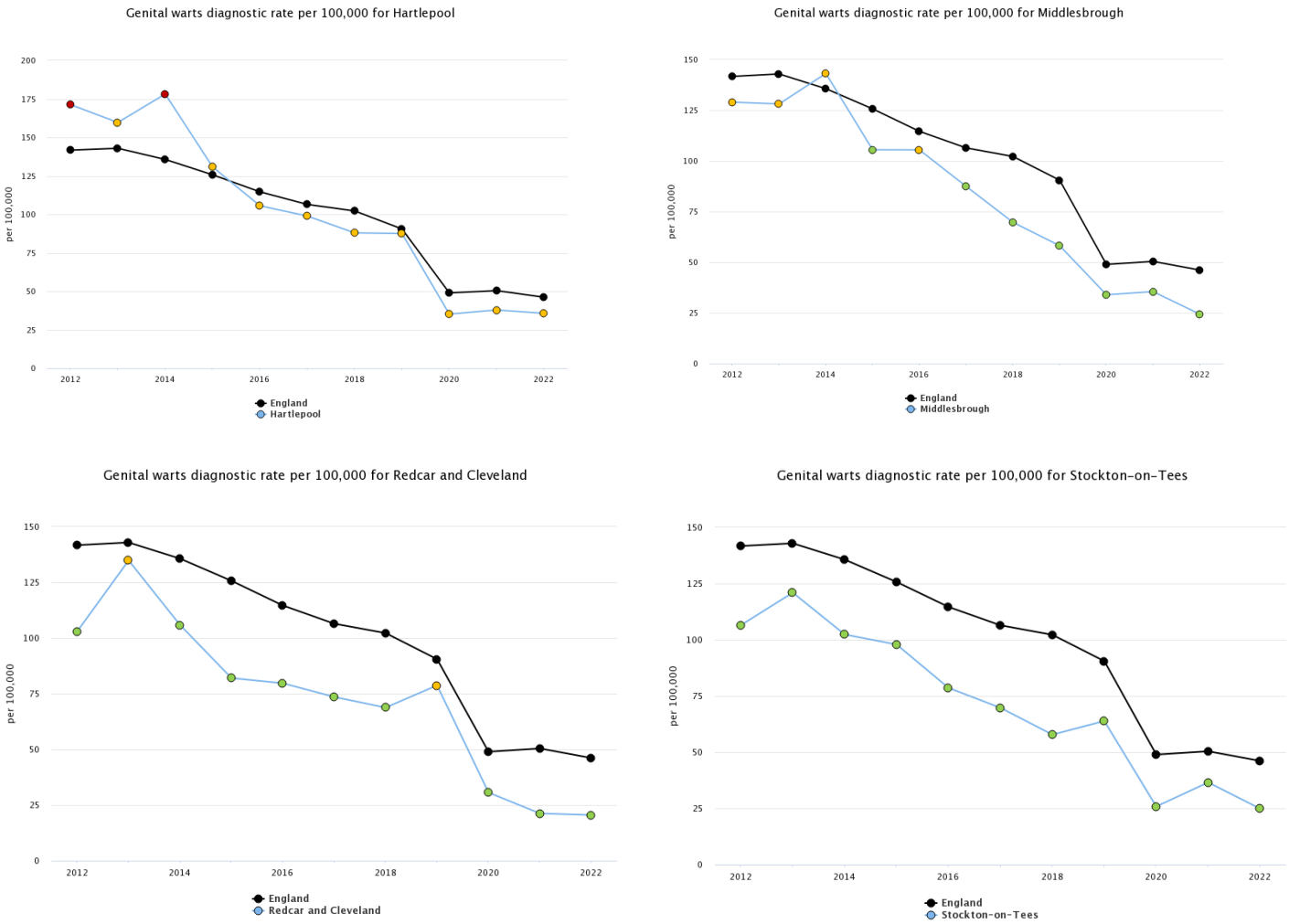


Figure 43 - Genital warts diagnostic rate per 100,00 from 2012 – 2022, by local authority

In total there were 257 cases of genital herpes in Teesside in 2022, slightly higher than the previous year of 215 cases. All Teesside local authorities except Hartlepool had a higher diagnosis rate in 2022 compared to 2021, with Middlesbrough the highest at 54.3 per 100,000. This is followed by Stockton at 45.7, Redcar and Cleveland at 40.3 and Hartlepool at 36.7 per 100,000. Hartlepool does not follow a similar trend to the other local authorities, with a significantly higher diagnosis rate in 2021. Unlike genital warts, genital herpes has not significantly changed in recent years. Redcar and Cleveland had the lowest rate of 30.6 per 100,000.

	Number and rate of Genital Warts diagnoses						Number and rate of Genital Herpes diagnoses					
	2020		2021		2022		2020		2021		2022	
Area	N	Rate per 100,000	N	Rate per 100,000	N	Rate per 100,000	N	Rate per 100,000	N	Rate per 100,000	N	Rate per 100,000
Hartlepool	33	35.2	35	37.8	33	35.6	41	43.7	57	60.7	34	36.7
Middlesbrough	48	34.0	51	35.5	35	24.4	44	31.1	53	36.9	78	54.3
Redcar & Cleveland	42	30.6	29	21.2	28	20.5	48	35.0	42	30.7	55	40.3
Stockton-on-Tees	51	25.8	72	36.5	49	24.9	87	44.1	63	32.0	90	45.7
North East	-	43.8	-	41.3	-	33.7	-	39.9	-	40.2	-	38.7
England	-	48.5	-	50.4	-	46.1	-	36.3	-	38.7	-	44.1

Figure 44 - Numbers and rates of genital warts and genital herpes diagnoses in Teesside, 2020-2022, OHID Fingertips

At a regional level, females show a higher rate of genital warts than males, although this difference has reduced significantly since 2019. The 2021 rate of genital warts in the North East for the 15-19 age group is at 21.1 per 100,000 for females and 11.9 per 100,000 for males. There has been a large reduction in genital warts since 2017 for both females and males. The introduction of the HPV vaccine could be attributed to declining rates, whilst the numbers remain small for uptake, this may be offering a contribution to the lowering numbers in genital warts cases (33).

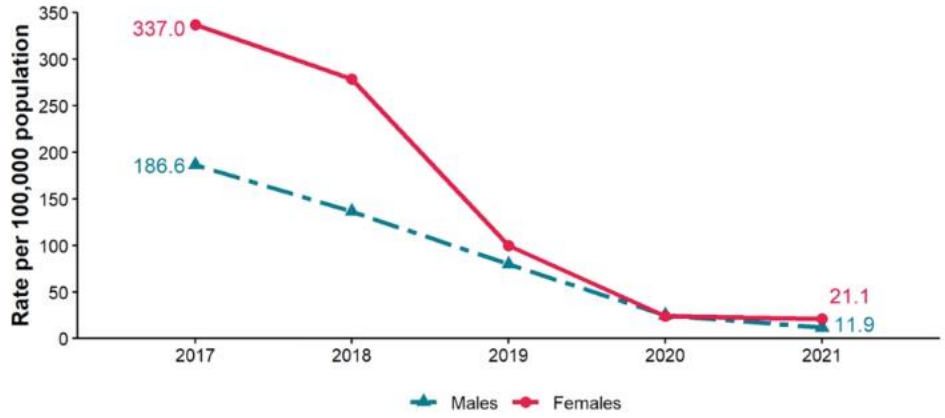


Figure 45 – Rates of genital warts in the North East, by gender, 2017-2021. UKHSA 2023

Genital herpes diagnostic rates in Teesside varied with the highest pre-pandemic rate in 2019 in Redcar and Cleveland. Similar to the North East average, rates dropped in all local authorities in 2020 and except for Hartlepool remained low in 2021. Diagnostic rates for general herpes increased in 2022 but remained below pre-pandemic levels.

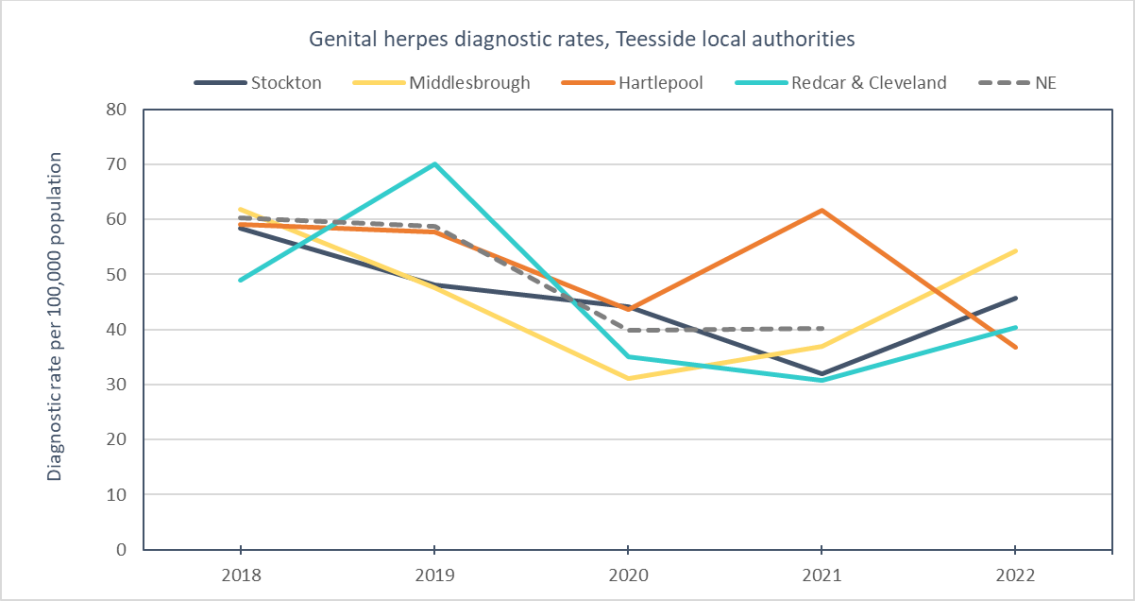


Figure 46 - Genital herpes diagnosis rate by Teesside local authority, 2020-2022, OHID Fingertips

HIV

New Diagnoses

Nationally, new HIV infections in England decreased steadily since 2014, from 5,788 to 2,692 in 2021. The number of new diagnoses of HIV in Teesside and the North East remains comparatively low. In the five years from 2017 to 2021 a total of 120 new cases of HIV were diagnosed in Teesside. In 2021 there were 23 new diagnoses in Teesside and a total of 85 new cases across the North East region. The latest rate of new diagnoses is very similar between three of the four Tees local authorities (between 3.2 and 3.6/100,000), with Middlesbrough slightly higher at 5.7/100,000. However, all local authorities in the area are statistically similar to the national average of 4.8/100,000.

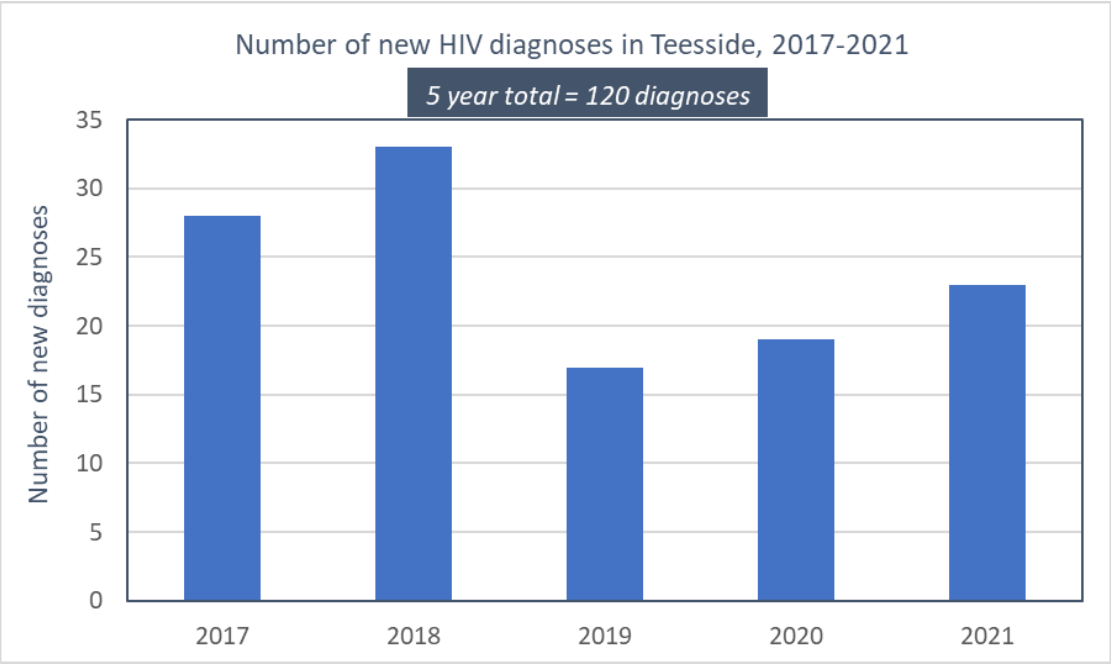


Figure 47 – Number of new HIV diagnoses in Teesside, 2017-2021. OHID, Fingertips

Three-quarters (75.2%) of new HIV diagnoses in the North East (2016-2020) were among males. Most diagnoses (69%) were among the 25-49 age cohort, with 19% aged 50 years and over and 12.2% aged 15-24 years. 49% of new diagnoses were in gay, bisexual and other men who have sex with men (GBMSM). 20% of new diagnoses were in Black. Demographic breakdown for new diagnoses is not available at local authority level.

HIV Prevalence

The number of people living with HIV in England has increased from 67,618 in 2011 to 91,432 in 2021, because fewer people with HIV are living with and dying from AIDS. The prevalence of HIV in Teesside and the North East remains comparatively low with 2018 people across the North East and 320 in Teesside in 2021. The prevalence of HIV in England is 2.3 compared to 1.1 in the North East. All local authorities in Teesside are below the England rate and are considered areas of low prevalence. In 2021, Middlesbrough had the highest rate at 1.3. In Teesside, 53.8% of people living with HIV in 2020 were White, 29.5% were Black and 9% of Other ethnic group.

Area	Prevalence number and rate of HIV diagnoses, 15-59yrs, Teesside local authorites, 2019-2021					
	2019		2020		2021	
	Number of diagnoses	Rate per 1,000	Number of diagnoses	Rate per 1,000	Number of diagnoses	Rate per 1,000
Hartlepool	46	0.9	42	0.8	49	0.9
Middlesbrough	125	1.5	106	1.3	109	1.3
Redcar & Cleveland	46	0.6	39	0.5	43	0.6
Stockton-on-Tees	142	1.3	107	1.0	119	1.1
North East	-	1.2	-	1.1	-	1.1
England		2.4		2.3		2.3

Figure 48 - Number and rate of HIV diagnosis, Teesside local authorities, 15-59 years, 2019-2021. OHID Fingertips

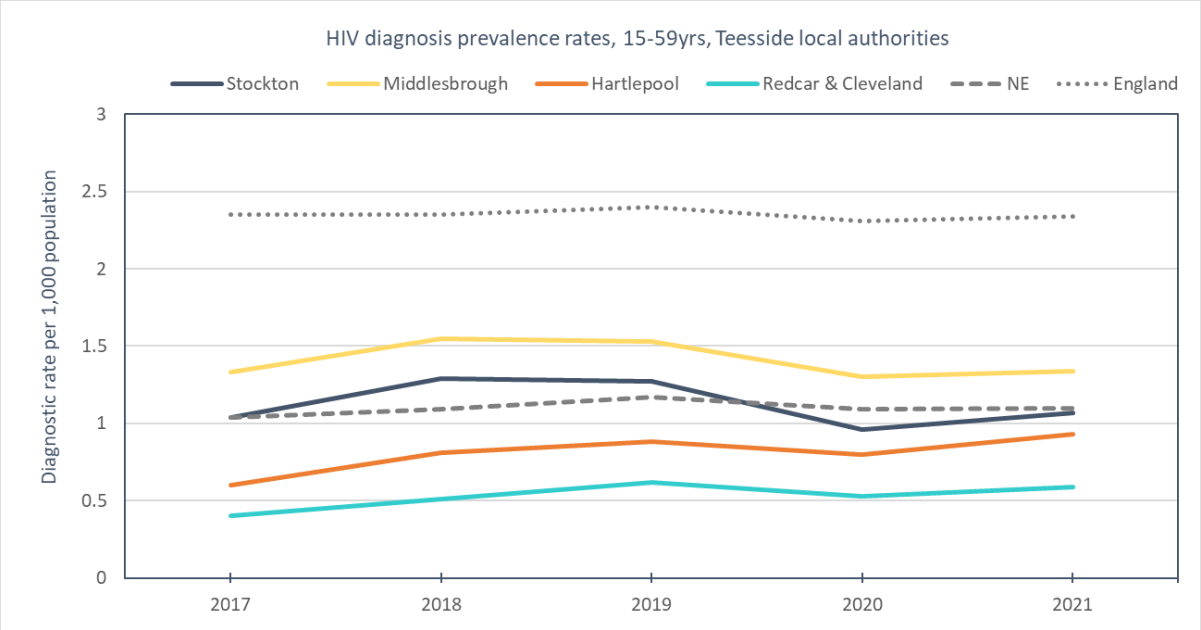


Figure 49 - HIV diagnosis prevalence rate, 15-59yrs, by Teesside local authority, 2017-2021, OHID Fingertips

Late diagnosis is the most important predictor of morbidity and mortality for HIV patients. A late diagnosis of HIV is defined as persons (15+) newly diagnosed with HIV with a CD4 count less than 350 cells per mm3 within 91 days of diagnosis. 43.3% of diagnoses in England and 40% in the North East were identified as late diagnoses between 2019 and 2021. The proportion of late diagnosis is highest in heterosexual men (58.1%) followed by heterosexual and bisexual women (49.5%) and MSM (31.4%).

MPox

Between 15 May and 21 November 2022 there were 48 confirmed cases of Mpox in the North East, with 6 confirmed cases across Teesside. In 2022/23, a total of 89 higher risk individuals received the first dose of the MPox vaccine, 55 people received the second dose. 93% of vaccines were issued to males.

Vulnerable groups

Young People

Young people carry the burden of STIs and are also more likely to become re-infected with STIs, contributing to infection persistence and health service workload. Younger females, aged under 25 years, are more likely than males to be diagnosed with an STI across Teesside. This is particularly notable in 15-19 year olds in Hartlepool and Stockton. A notably higher proportion of females aged 20-24 years in Redcar and Cleveland are diagnosed with new STIs than the England average. Generally, Teesside has a higher concentration of new STI diagnoses in the under 25 age groups and lower male diagnoses in older ages than England.

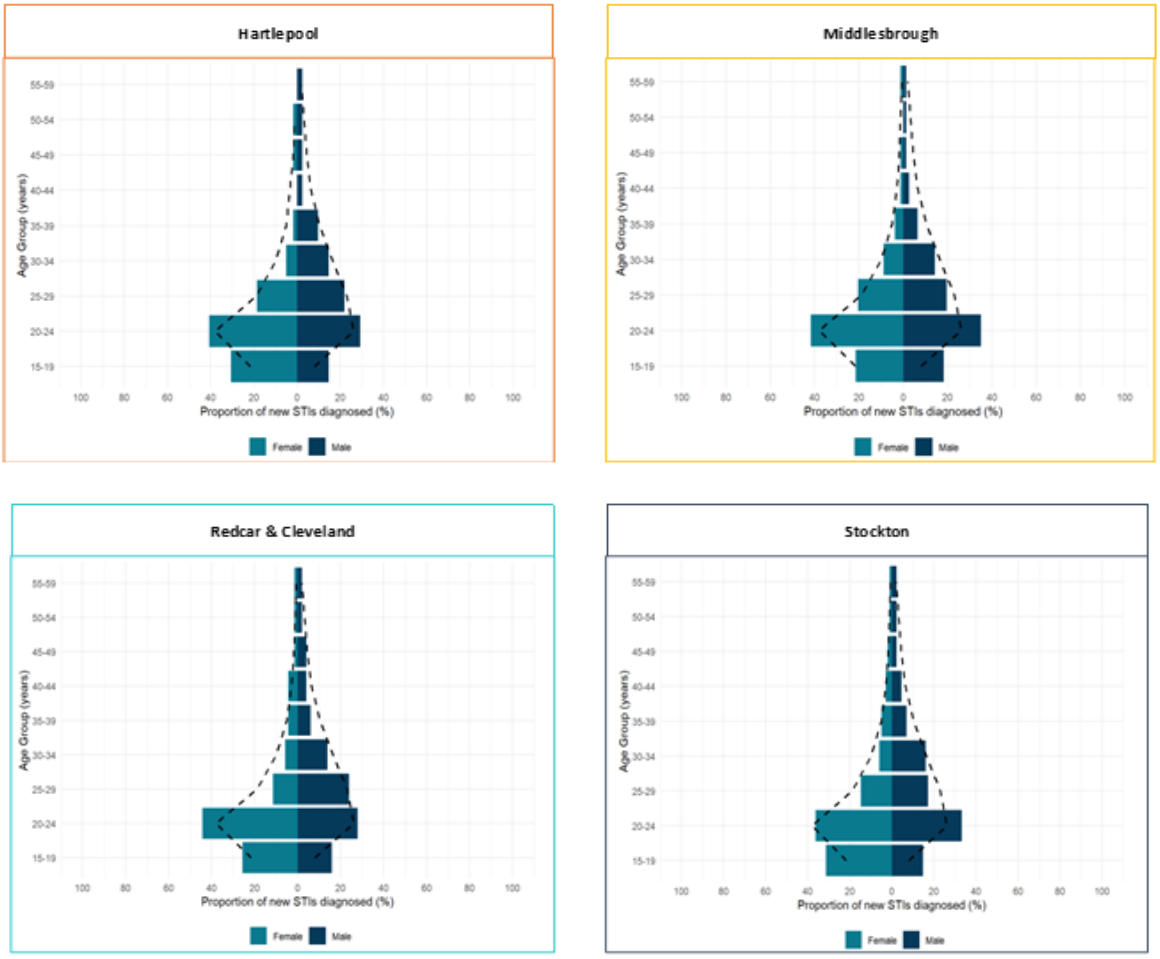


Figure 50 - Proportion of new STIs by age group and gender in Teesside local authorities compared to England (lines), SPLASH 2020.

Ethnic Minority Groups

In Teesside (2020) 91.2% of new STI diagnoses were among people of White, 3.1% Mixed , 2.3% Asian, 1.6% Black and 1% Other ethnicity. This is similar to the average population in Teesside.

Deprivation

There is a strong socio-economic gradient for STI diagnoses. More than half (57.5%) of STI diagnoses in Teesside were in people living in the 20% most deprived areas. This has increased since 2018 when

49.8% of patients were from the most deprived areas. This is illustrated in Figure 52 below which compares STI rates and deprivation at ward level.

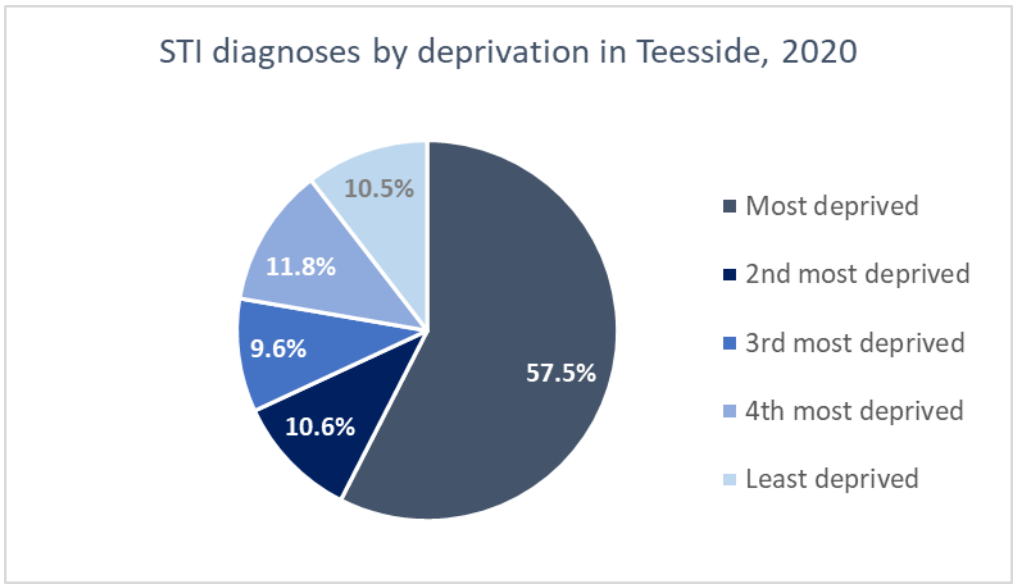
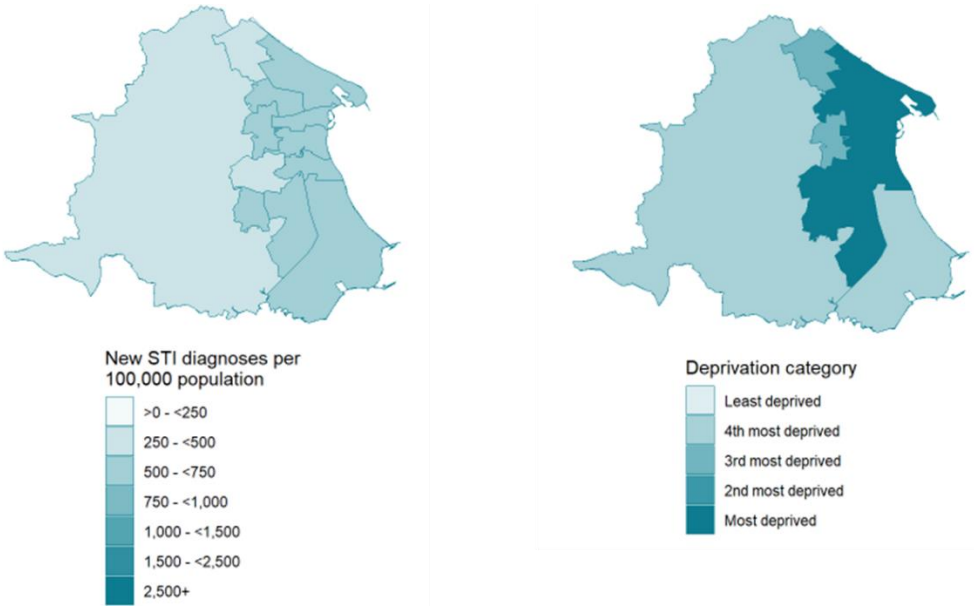


Figure 51- STI diagnosis by deprivation quintile (IMD 2019), Teesside, SPLASH Report 2020

Hartlepool



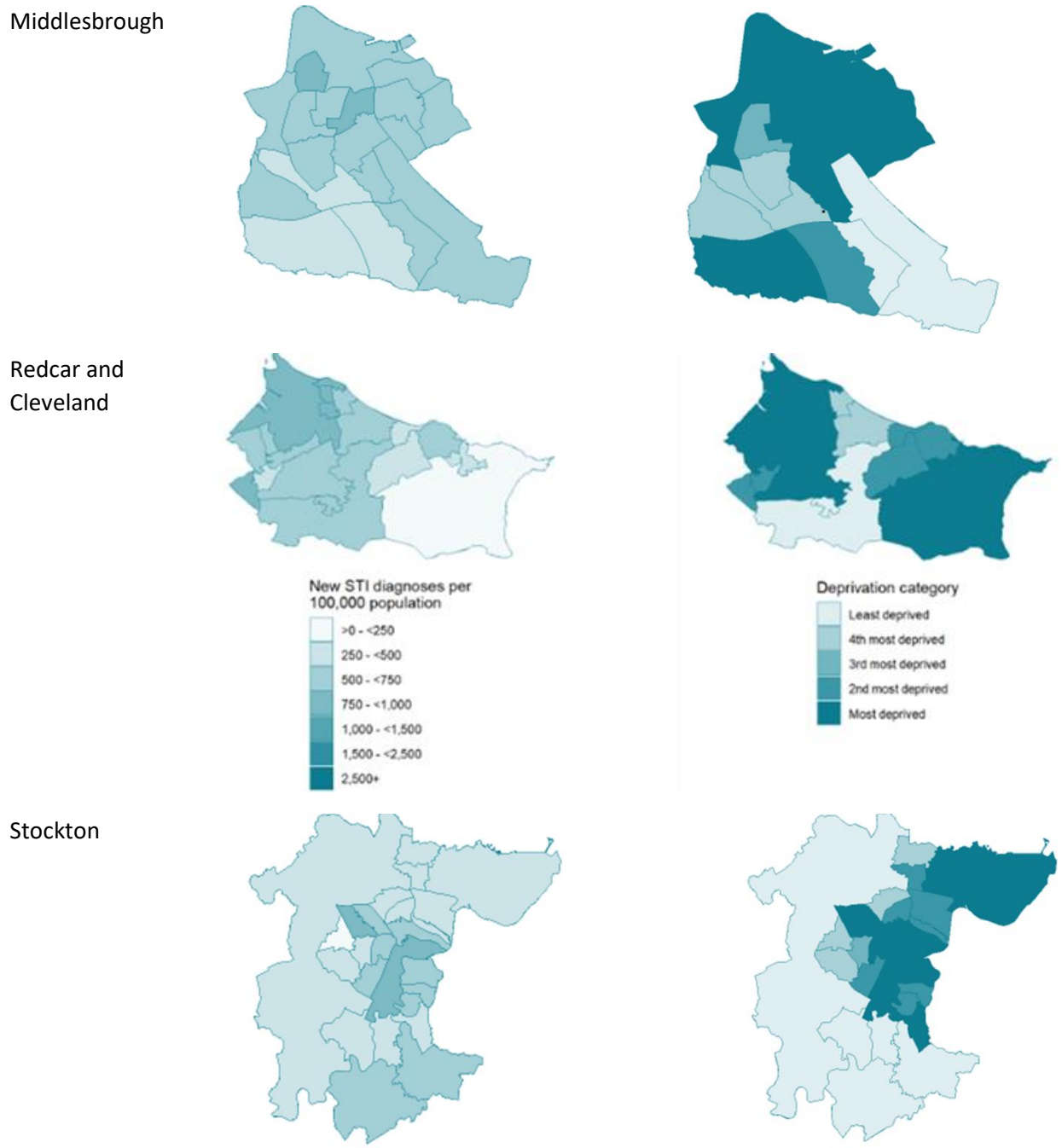


Figure 52 – STI diagnosis rates and deprivation deciles by ward and local authority, SPLASH Report 2020

Sexual Orientation

Men who have sex with men (MSM) are generally at higher risk of STIs. MSM account for 12.3% new STIs in Redcar and Cleveland, 11.4% in Stockton, 10.3% in Middlesbrough and just 7.8% new STIs in Hartlepool compared to 23.7% in England (2020). 25% syphilis diagnoses in Teesside in 2020 were among MSM. The graphs below show that syphilis used to be the most common STI in MSM followed Gonorrhoea. Gonorrhoea has become much more common in MSM since 2018/19 and has become the most common STI in MSM in Middlesbrough in 2020.

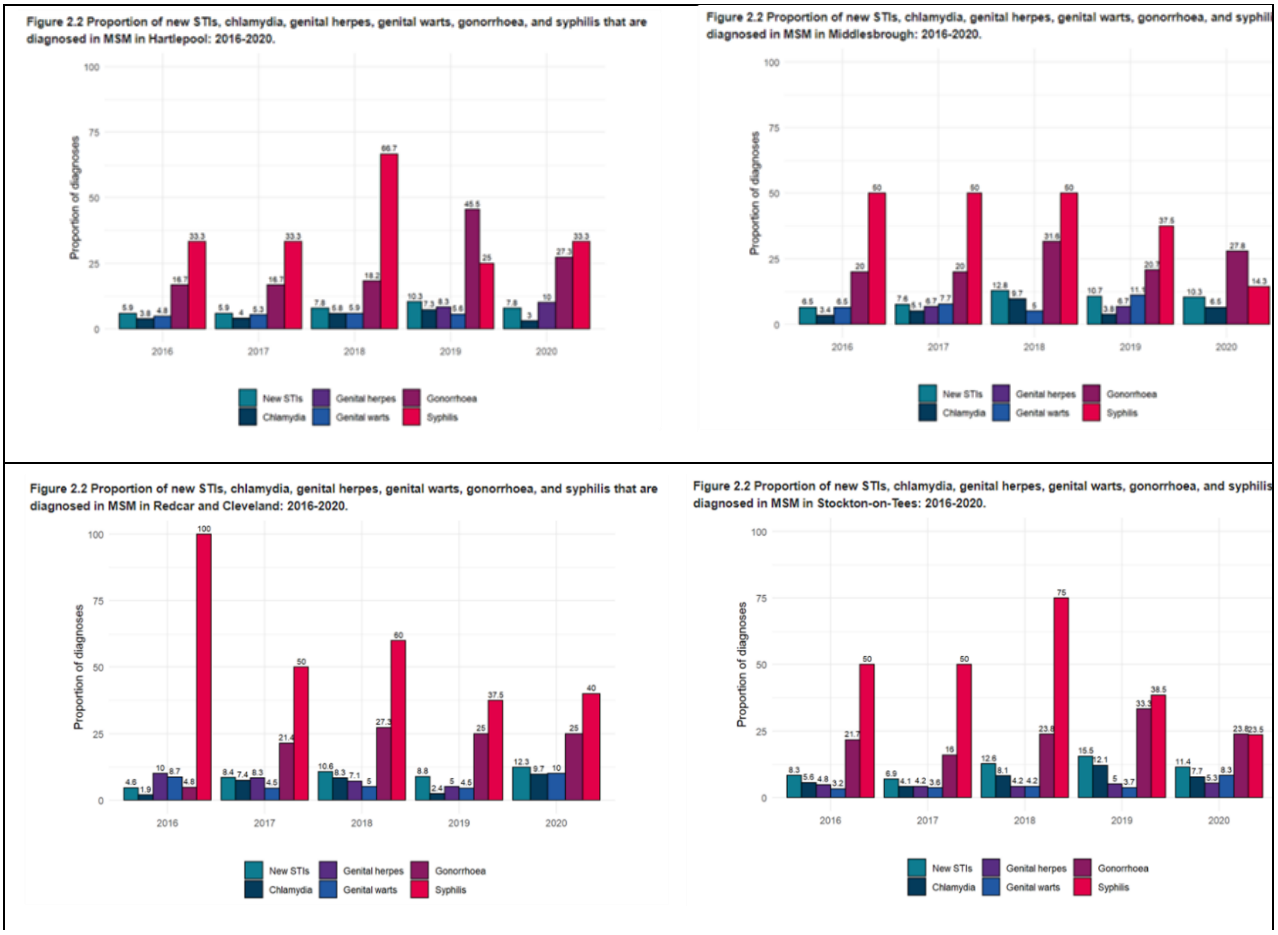


Figure 53 – STI diagnosis in MSM by STI type and local authority in Teesside, SPLASH Report 2020

Summary: STIs

- New STI diagnosis rates decreased significantly during the pandemic and are now similar to pre-pandemic rates expect for Middlesbrough where new STI diagnose rate is above the pre pandemic rate and above the regional average.
- In 2022 there has been a significant increase in Gonorrhoea cases in all areas with the highest rate in Middlesbrough.
- The chlamydia detection rate in Middlesbrough, Hartlepool and Stockton is above the pre-pandemic rate and for all four local authorities above the national rate.
- Chlamydia testing rates were above the regional and national average, except for Middlesbrough where the testing rate was just below the national average. The positivity rate for chlamydia in Teesside remains above average and was highest in the 16-19 age group.
- STI testing rates including syphilis testing fell sharply during the pandemic. In Teesside testing rates declined further and stayed low for longer than elsewhere in the North East and compared to the nation average.
- STI and syphilis testing rates in Teesside increased significantly from 2021 particularly in Middlesbrough and are now the highest in the region.
- Syphilis cases increased significantly since 2019 first in Stockton, followed by Middlesbrough and to a lesser extend in Hartlepool and Redcar and Cleveland. An outbreak was declared in 2021.

- Syphilis rates were typically highest in GBMSM, but since the start of the outbreak rates have specifically increased and are now higher in heterosexual men and women.
- Genital wart diagnoses reduced locally, regionally and nationally. in Teesside have halved between 2019 and 2022.
- HIV diagnosis (prevalence) rates in Teesside are below the England average. There were 23 new diagnoses in 2021.
- 89 patients received at least one Mpox vaccination, 93% were male patients.
- STIs are most prevalent in young people, with a higher rate of STI diagnoses in under 25 in Teesside compared to England.
- STI diagnoses are linked to deprivation with 58% of new STI diagnoses in Teesside in Q1 (20% most deprived areas) in 2021, an increase from 50% in 2018.

Sexual violence

In 2021/22 there were 2,510 sexual offences recorded by Cleveland Police in the Crime Survey for England and Wales (CSEW). This was an increase of 30% compared to 2020/21 (1,928 offences), with a rate of 4.4 sexual offences per 1,000 population in 2021/22. The rate in Teesside was higher than both the England and North East rates at 3.0 and 3.6 per 1,000. After the City of London, the Cleveland Police area (Teesside) has the highest rate of sexual offences in the country.

By local authority, Middlesbrough has the highest rate of sexual offences of all local authorities in the North East at 5.6 per 1,000 (2021/22). Stockton and Hartlepool also have a higher rate than the national average, at 4.1 and 3.8 per 1,000 respectively, whilst Redcar and Cleveland was just above the national average with 2.6 per 1000. In recent years, the rate of sexual offences has been increasing in all areas at national, regional and local level.

	Sexual offences in Teesside, number of offences and rate per 1,000 population					
Area	2019/20		2020/21		2021/22	
	Number of offences	Rate per 1,000	Number of offences	Rate per 1,000	Number of offences	Rate per 1,000
Hartlepool	304	3.3	322	3.4	358	3.8
Middlesbrough	570	4.1	549	3.9	797	5.6
Redcar & Cleveland	357	2.6	350	2.6	457	3.3
Stockton-on-Tees	565	2.9	612	3.1	800	4.1
North East	-	3.1	-	2.8	9,537	3.6
England	-	2.5	-	2.3	171,621	3.0

Figure 54- Sexual Offences in Teesside, OHID Fingertips- Home Office crime data and ONS population data

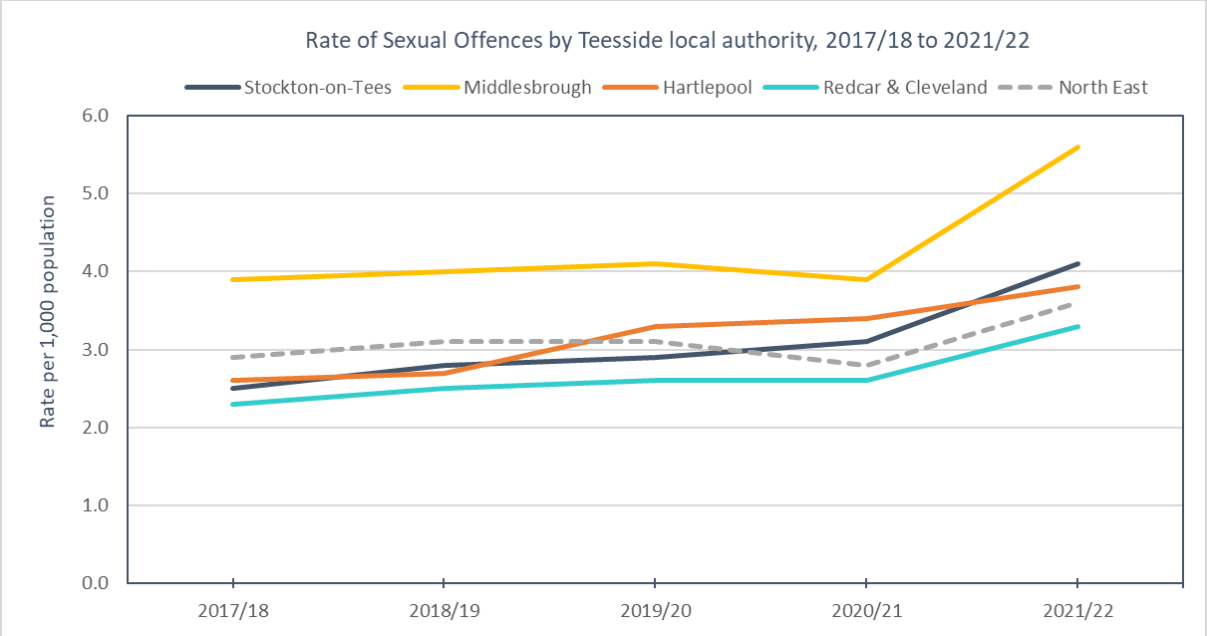
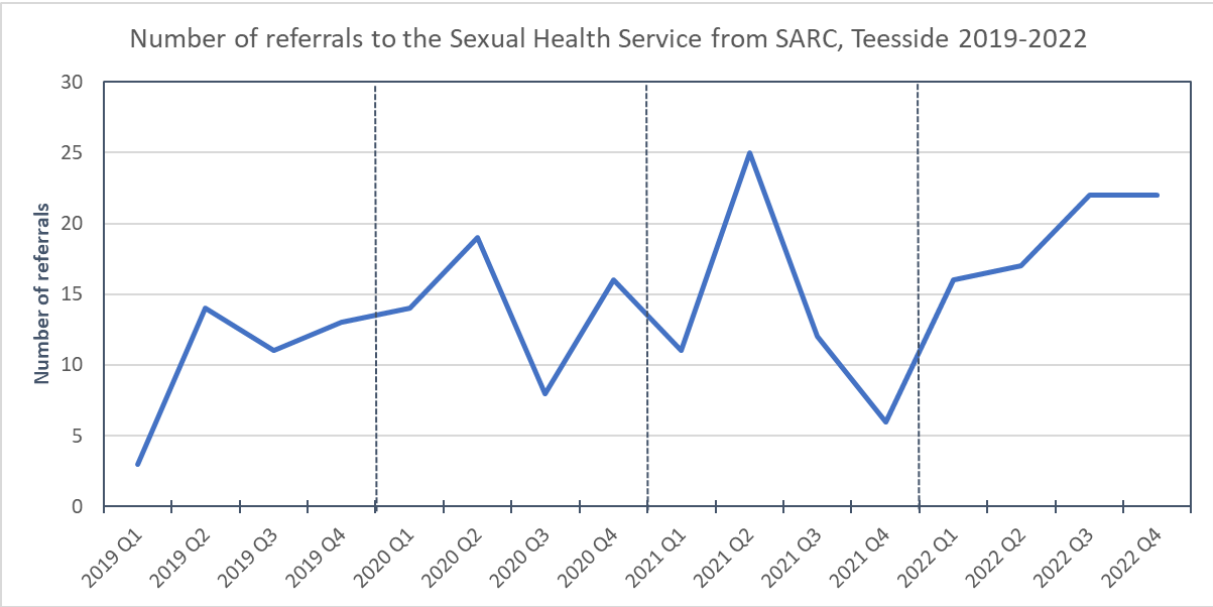


Figure 55 - Rate of sexual offences per 1,000 population by Teesside local authority, 2017/18-2021/22. OHID Fingertips

Over the last four years there have been 229 referrals to the Teesside Sexual Health Service from the Sexual Assault Referral Centre (SARC). There were more referrals from SARC in 2022 than any of the previous three years, with 77 referrals. Contrary to the decline in other aspects of utilisation of the sexual health service during and following the pandemic, referrals following sexual assault have increased and are higher than before the pandemic.



	Calendar year			
	2019	2020	2021	2022
Number of referrals from SARC	41	57	54	77

Figure 56 -Referrals to the Sexual Health Service from SARC, by quarter, 2019-2022. Sexual Health Teesside (HCRG

Summary – Sexual Violence
• Sexual offences have increased in all areas over recent years. • The rate of sexual offences in the Cleveland police area is above regional and national averages. • Middlesbrough has the highest rate of sexual offences in Cleveland. • The number of referrals to the sexual health service following sexual assault has increased during the pandemic and is now significantly higher than in 2019.

Sexual health service

The Tees Sexual Health Service is jointly commissioned by the four local authorities in Teesside, the ICB and NHS England as an integrated, community-based service. The service is delivered by a single provider who offers Genito Urinary Medicine (GUM) and Contraception and Sexual health (CASH) services across the four local authority areas in Teesside. The service also offers vasectomy, menorrhagia care, psychosexual counselling, cervical screening, and vaccinations for Mpox and HPV as well as a range of digital services through their website. The shift to a stronger digital offer was part of the new service configuration from August 2021. The digital offer includes advise and information through the website and chat function and online order of STI home testing kits, condoms, pregnancy tests, hormonal and emergency contraception. The services offer booked appointments and walk-in clinics through their hubs based in each of the four localities in Teesside as well as through their subcontracted services in GP practices, community pharmacies and by Marie Stopes International. GP practices are signed up to offer chlamydia testing and/or LARC. Community pharmacies across Teesside offer emergency contraception and chlamydia testing kits. The service also offers pre and post exposure prophylaxis for HIV and since 2022 assessment, testing, treatment, and vaccination for Mpox.

The provision of sexual health and HIV prevention services for young people and vulnerable groups which was subcontracted to Brook and Terence Higgins is no longer part of the integrated service from 2022/23.

The service hubs are located in Fens Medical Centre in Hartlepool, Lawson Street Health Centre in Stockton, the Live Well Centre in Middlesbrough and the Redcar and Cleveland Community Heart. All hubs offer extended opening times on some days during the week and there is also an offer on Saturday mornings between 9am and 1pm, alternating between the Hartlepool and Middlesbrough sites. Walk in clinics have been reintroduced since January 2023 and are provided weekly in all local authority areas. The hubs offer the full range of community contraceptive and GUM services, provided by nursing and medical staff.

Service Hub locations	Mon	Tue	Wed	Thu	Fri	Sat
Fens Medical Centre, Hartlepool	09:00 - 17:00	09:00 - 20:00	09:00 - 17:00	08:00 - 19:00	09:00 - 17:00	09:00 - 13:00
Lawson Street, Stockton on Tees	09:00 - 20:00	09:00 - 17:00	08:00 - 19:00	09:00 - 17:00	09:00 - 17:00	
Live Well Centre, Middlesbrough	09:00 - 17:00	08:00 - 19:00	09:00 - 17:00	09:00 - 20:00	09:00 - 17:00	09:00 - 13:00
Redcar Heart, Redcar	09:00 - 20:00	09:00 - 17:00	08:00 - 19:00	09:00 - 17:00	09:00 - 17:00	

Figure 57- Service Hub opening times, Teesside, by day and time. Sexual Health Teesside (HCRG)

18 GP practices across Teesside were subcontracted to provide more specialised sexual health services such as LARCas well as chlamydia testing for 15 -24 year olds.

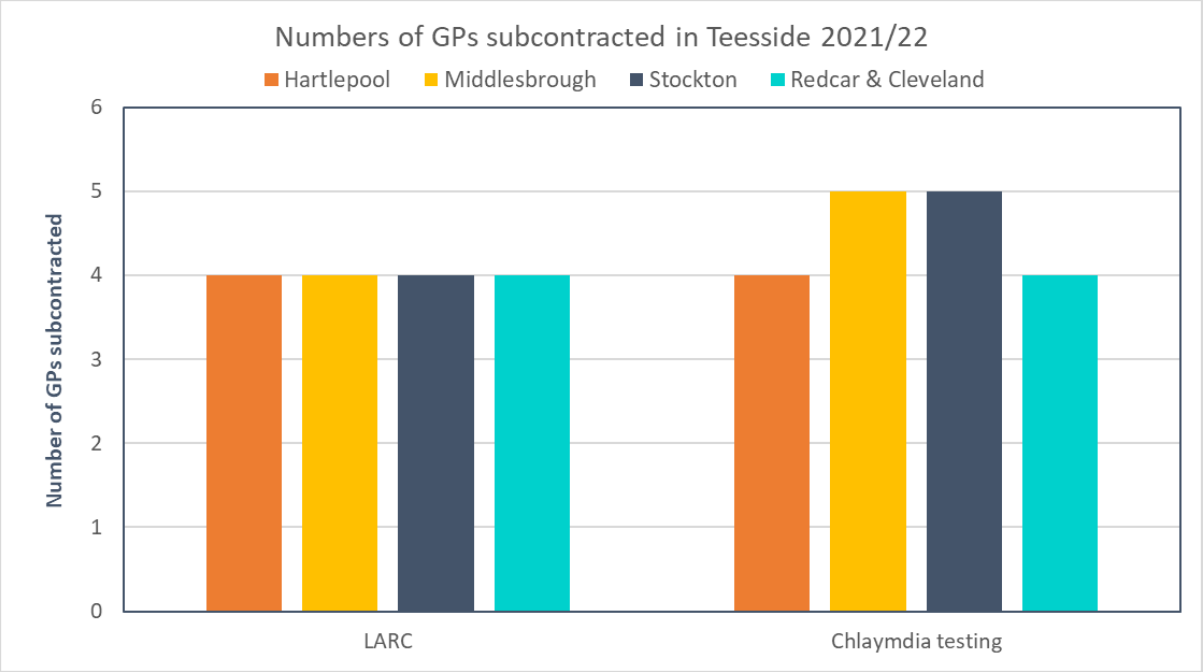


Figure 58 -Subcontracted GPs in Teesside and service offered. Sexual Health Teesside (HCRG)

Utilisation of Sexual and Reproductive Health Services

In 2021/22, there were 1.62 million contacts with sexual and reproductive health services (SRH) for contraception and STI's made by circa 860,000 individuals in England. This was an increase of 3% from 2020/21 (1.58 million contacts) after a significant decline in 2019/20 as a result of the pandemic. There has been a general reduction in the number of SRH contacts since 2011/12, a 34% overall reduction. Changes over time may be affected by variation in the way services record the non-contraception related activity included in this measure, as well as the increased use of long-acting reversible contraception (LARC) which does not require regular contact with services, relatively low STI rates and the impact of the COVID-19 pandemic.

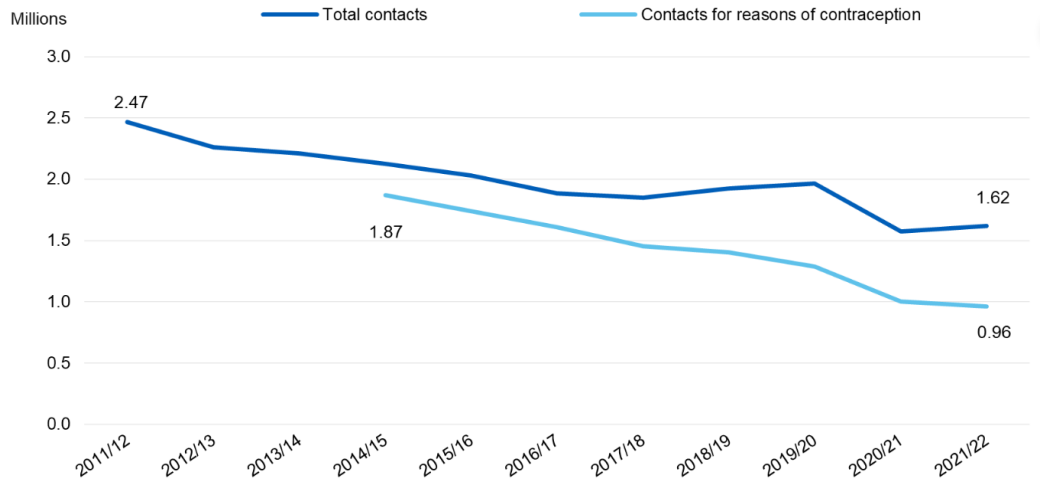


Figure 59- Contacts at sexual and reproductive health services (SRH) in England, 2011/12-2021/22. NHS Digital

The COVID-19 pandemic led to an increased number of non-face to face contacts with SRH services across England including email, telephone, SMS and talk type appointments. Nationally, 77% of all contacts with SRH services were by females, at 1.24 million contacts (2021/22). In this period. 9% of female contacts involved the provision of a new main method of contraception, 14% a change of main method and 33% the maintenance of an existing main method. This is a total of 56% of contacts where a main method was supplied or maintained with 77% attending a sexual health service for other most GUM related concerns (Figure 39).

In this period, 20% of all contacts with SRH services were by males (318,000 contacts). The majority of contacts by males was for other, mostly GUM services whether with or without a contraception-related service.

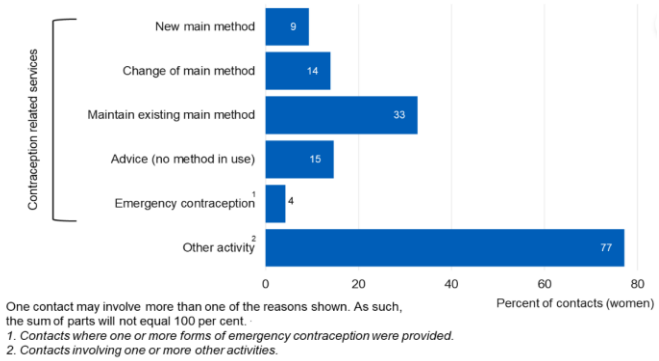


Figure 60- Reasons for contacting SRH services in England (female only), 2021/22. NHS Digital

Sexual Health Service Utilisation in Teesside

In Teesside, there were over 13,400 contacts with SH services for contraceptive purposes in 2021/22. Circa 3,800 were Stockton residents, 3,500 Middlesbrough residents, 3,200 Redcar and Cleveland residents and 2,800 were Hartlepool residents. By population aged 13 years and over, Hartlepool has the highest utilisation rate in Teesside with 35.8 per 1,000 population, compared to 29.3 in Middlesbrough, 27.3 in Redcar and Cleveland and 23 per 1,000 in Stockton.

In 2021/22 there were 40,322 attendances, face to face and virtual, at sexual health services across Teesside, with a further 1,935 booked appointments that were not attended (did not attend/DNA). Booked appointments were most utilised, accounting for 37.2% attendances, followed by use of sub-contracted services (30.4%). Residents of Middlesbrough and Stockton were more likely to book appointments and use subcontracted services than Hartlepool and Redcar and Cleveland residents. Hartlepool residents were slightly more likely to not attend pre-booked appointments, at 15.8% compared to 11.4% across Teesside.

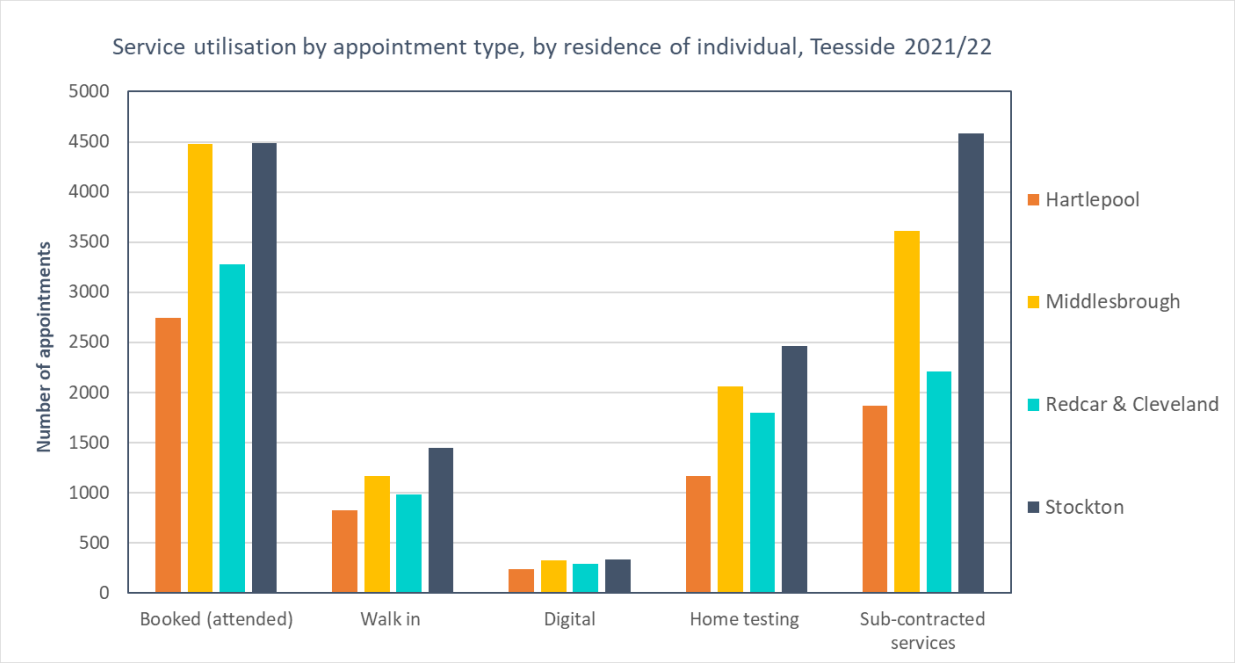


Figure 61 – Sexual health service utilisation by type of appointment, Teesside local authorities 2021/22. HCRG 2023

In the last years there has been significant variation in service utilisation. In 2018/19 there were 44,377 attendances, in 2019/20 there were 48,738 appointments across Teesside (including DNA), 46,480 in 2020/21 and 42,257 in 2021/22. The reduction in 2020/21 is largely accounted for by the COVID-19 pandemic impacting on service provision, accessibility, and availability. However, this continues to decrease into the following year for each of the Tees local authorities. Hartlepool had the largest reduction in appointments in the last three years, a decrease of 26.1%, mostly accounted for by the 21.5% drop between 2020/21 and 2021/22. In this period, Middlesbrough reduced by just 3.1%, Redcar and Cleveland by 5.4% and Stockton had an 8.7% reduction.

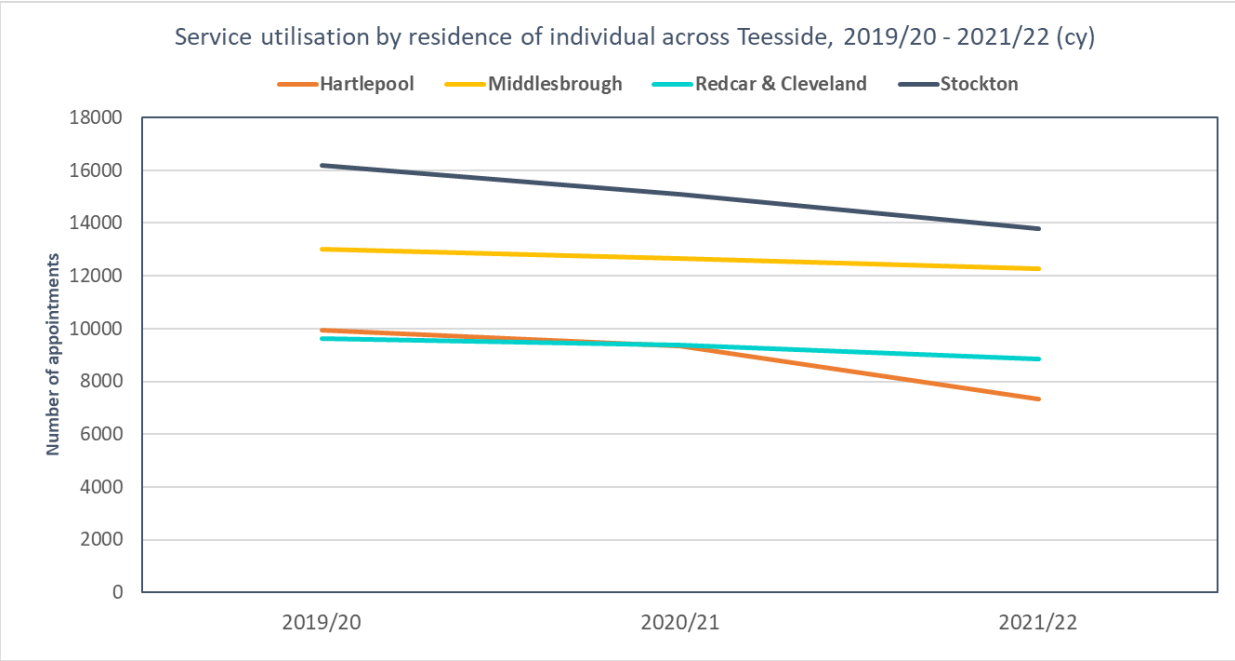


Figure 62 – Sexual health service utilisation by Teesside local authority, 2019/20 to 2021/22. HCRG 2023

Pharmacies accounted for almost half (46.8%) of sub-contracted service use in Teesside (2021/22), and GPs for 17.3%.

Across Teesside, the majority of service users are aged 16 years and over, at 98% in 2021/22. This has increased in the last three years, previously a slightly higher proportion aged under 16 years (3.9% in 2019/20). Persons aged 16-34 years accounted for 71.8% service appointments in 2021/22, 16.7% aged 35-44 and smaller numbers either side of these age bands.

Applying this to the general population (2021 Census), 16-24 year-olds have the highest rate of sexual health service attendance in Teesside, at 178.4 per 1,000 population in 2021/22, a reduction from the previous contract year of 201.7 per 1,000. The attendance rates in the youngest and oldest age groups have consistently been below 2.6 per 1,000 population in the last three years, while the 14-15 age group has more than halved in the last two years, 74.7 in 2019/20 to 34.6 in 2021/22.

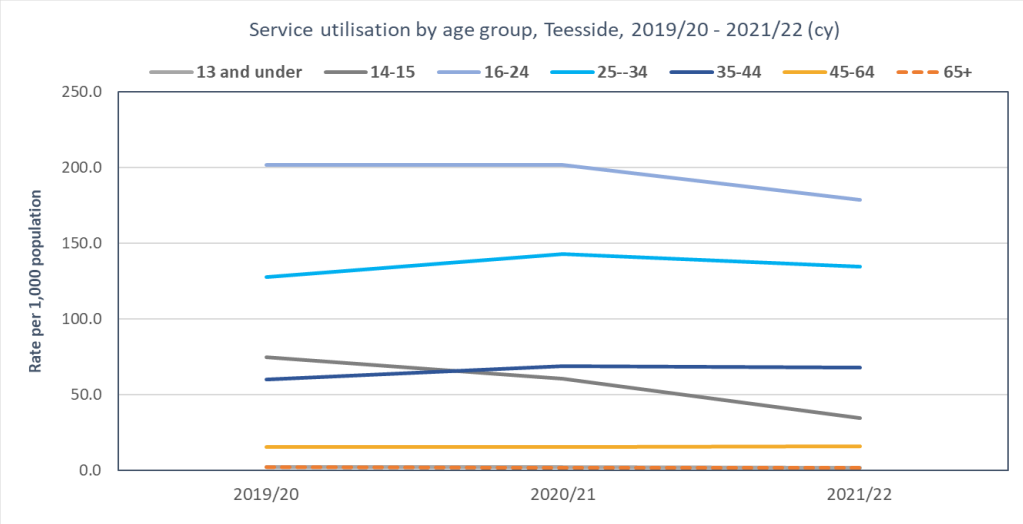


Figure 63 – Sexual health service utilisation by age group, Teesside, 2019/20-2021/22. HCRG 2023

In 2021/22, the service use rate in children aged 13 and under was highest in Redcar and Cleveland, at 3.3 per 1,000 population, and lowest in Stockton, at 0.8. Stockton also had the lowest rate in Teesside among persons aged 65 and over. Hartlepool had the highest rate of attendance in 14-15 yea- olds, at 49.9 per 1,000, notably higher than the Teesside rate of 34.6.

2021/22	Sexual health service use rate per 1,000 population in age band (2021 Census)						
	13yrs and under	14-15 yrs	16-24 yrs	25-34 yrs	35-44 yrs	45-64 yrs	65 yrs and over
Hartlepool	2.1	49.9	215.0	147.4	64.6	16.2	2.2
Middlesbrough	2.0	35.2	167.9	144.5	78.3	18.1	2.6
Redcar and Cleveland	3.3	27.0	183.2	137.7	63.3	15.7	2.1
Stockton	0.8	31.9	166.4	118.7	64.6	14.5	1.0
Teesside	**1.8**	**34.6**	**178.4**	**134.6**	**67.9**	**15.9**	**1.9**

Figure 64 – Sexual health service utilisation by age group, by Teesside local authority, 2021/22. HCRG 2023

A higher proportion of attendances in Teesside were among females, 60.7% in 2021/22. This is similar for Middlesbrough, Redcar and Cleveland and Stockton but Hartlepool has a higher proportion of female attendees, at 70.1%. Corresponding to this, Hartlepool has a lower proportion of MSM attendees than the other areas of Teesside, at 5.6% compared to 8% in Teesside overall.

The majority of sexual health attendances were among people of White British ethnicity (91.3%) in 2021/22. White Other accounted for 3.1% attendances, Asian ethnicities at 3% attendances. There were only a small proportion of Black (1.4%) and Other (0.5%) ethnic groups. Less than 1% ethnicities were unrecorded or not provided*. Reflecting its more ethnically diverse population, Middlesbrough had a higher proportion of attendees from Asian (6%) and Black (3%) and White Other (5.7%) ethnic groups.

Pre- and Post Exposure Prophylaxis for HIV

Pre-exposure prophylaxis (PrEP) was introduced firstly as pilot and since 2021/22 as a mainstream service for individuals at higher risk for HIV. In 2021/22 there were 161 new PrEP appointments and 210 PrEP follow ups in Teesside. This an increase from 2019/20 and 2020/21. Middlesbrough and Stockton had a higher number of appointments/follow ups for PrEP in 2021/22.

Post-exposure prophylaxis (PEP) is a combination of drugs taken within 72 hours sexual activity with risk of HIV transmission. There were 36 new cases and follow ups (combined figure) for PEP in Teesside in 2021/22, similar to the previous year but lower than 2019/20.

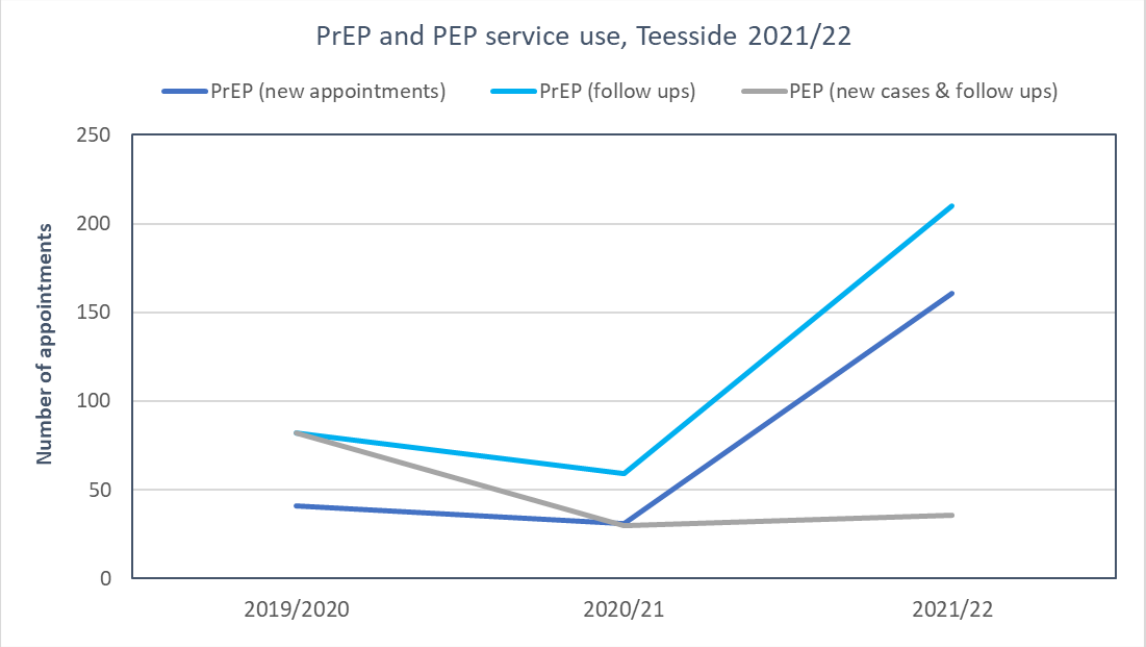


Figure 65 –PrEP and PEP utilisation by the sexual health service in Teesside, 2019/20-2021/22. HCRG 2023

Vasectomy

At the end of the contract year (July 2022), the total number of vasectomies carried out the Tees integrated sexual service area was 633, below the contracted number of 700 annually.

The number of vasectomies carried out by Marie Stopes across Teesside reduced during the peak of the COVID-19 pandemic (Q1 2020 to Q2 2021), however it has generally increased since this time. It has not completely returned to 2019 levels, which were a total of 718 (calendar year).

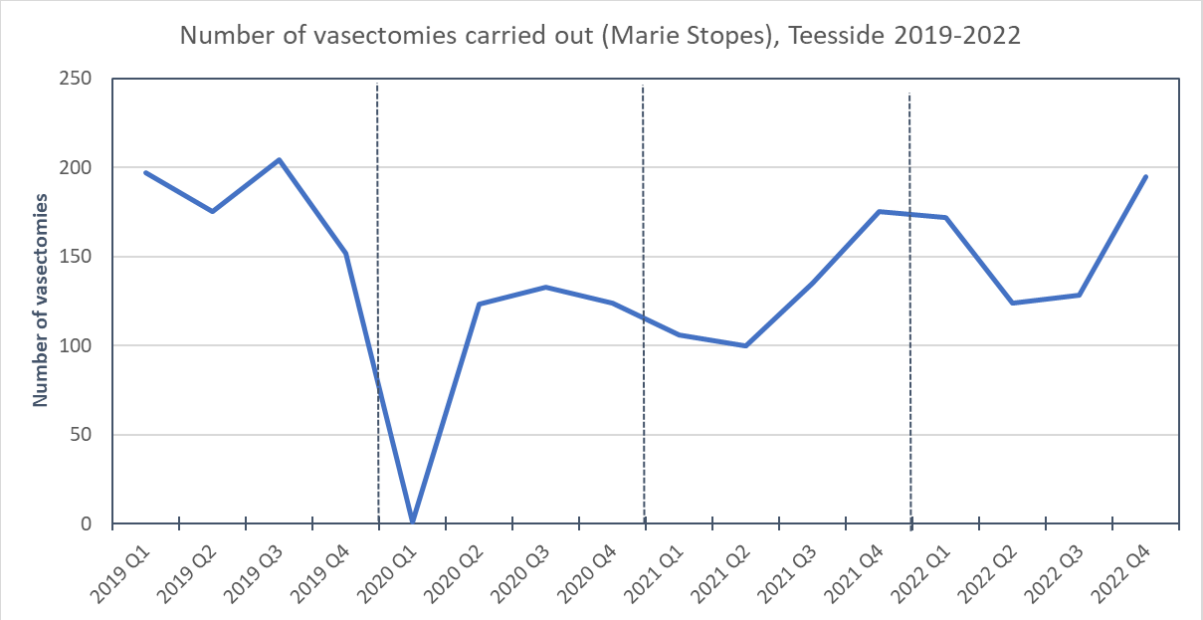


Figure 66 -Number of vasectomies carried out by Marie Stopes International by calendar year quarter, Teesside, 2019-2022. Sexual Health Teesside (HCRG)

Cervical Screening

Cervical Screening is offered within the service for those who are unable to, or choose not to, access it via primary care. At the end of the contract year (July 2022) the total number of cervical screens carried out across Tees was 257. Activity during 2022/23 remains similar with around 20 individuals per month receiving cervical screening In 2019 (calendar year), activity was significantly higher with 734 cervical screens carried out across Teesside, and a peak of 241 in Q1 2019. Overall there has been a downward trend in the number of cervical screens carried out by the sexual health service. The sharp decrease in numbers is partly attributed to the COVID-19 pandemic as services were unable to offer face to face appointments. Whilst activity has increased in 2022, it has not returned to pre pandemic levels.

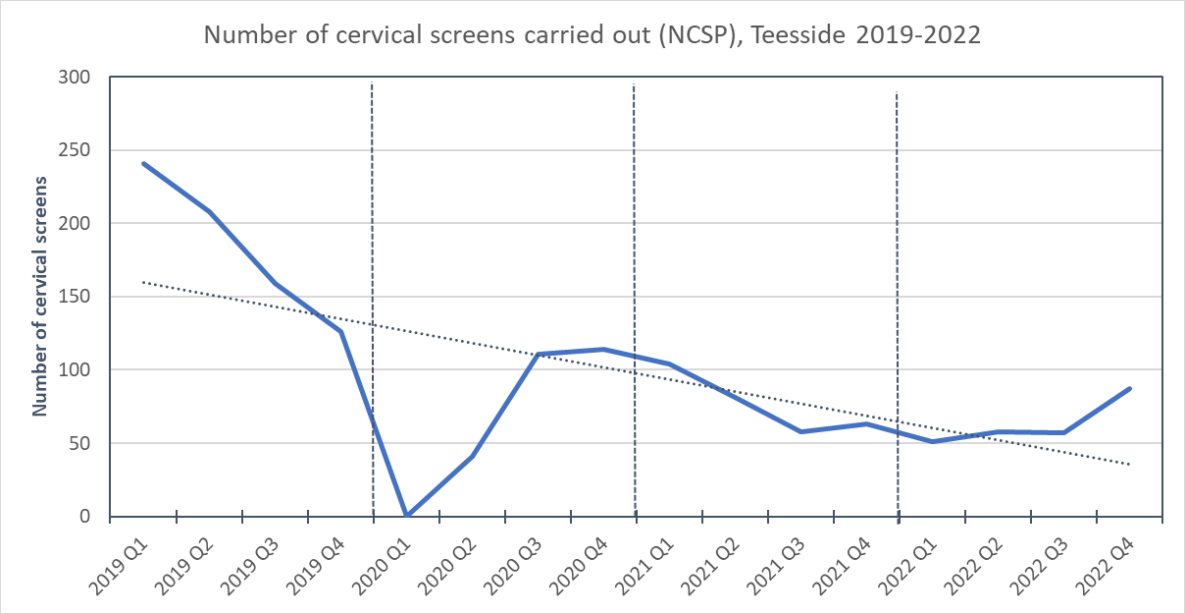


Figure 67 -Cervical Screening carried out by NCSP, Teesside 2019-2022. Sexual Health Teesside (HCRG) 2023

Psychosexual Counselling

333 patients were seen by the psychosexual service in Teesside in 2022. This is lower than the previous three years, including 2020 most notably impacted by the pandemic. There has been a general reduction in service use since Q2 2021.

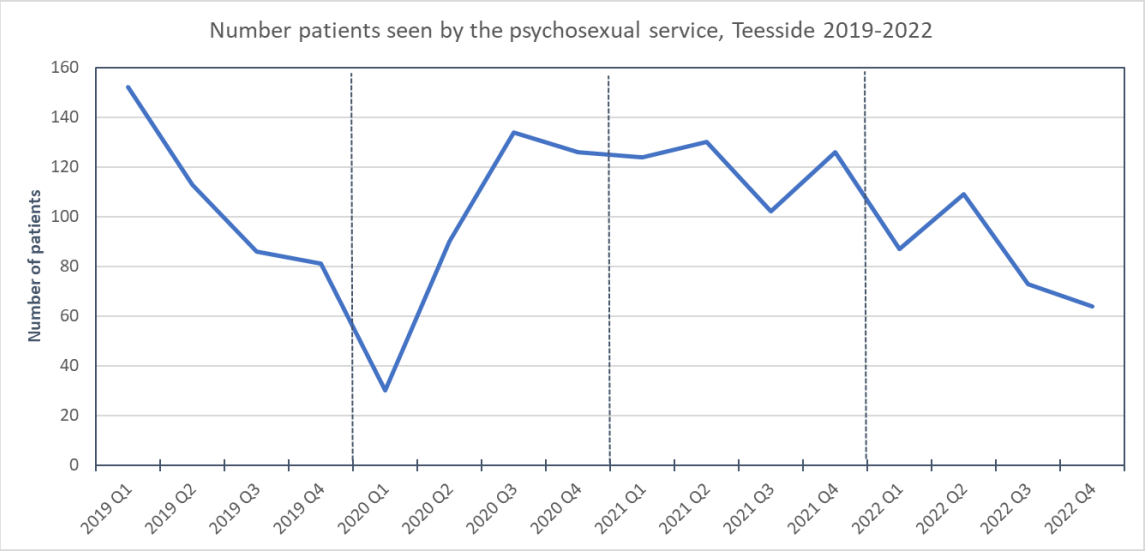


Figure 57 – Patients seen by the psychosexual service in Teesside, 2019-2022. Sexual Health Teesside 2023 (HCRG)

Interpretation Service

For all local authorities in Teesside, interpretation services for sexual health services were used more frequently in 2019 than any subsequent year. Across Teesside, interpretation services were used 380 times in 2019 compared to 242 in 2022. Use of interpretation services have remained stable for the last two years across local authorities. Middlesbrough has consistently used interpretation services more than other Teesside local authorities. In 2022 Middlesbrough used the service 118 times, compared to a significantly lower 68 in Stockton, 39 in Hartlepool and 17 in Redcar and Cleveland. This reflects the population in that Middlesbrough has a lower proportion of residents with English as their main language than the other areas in Teesside.

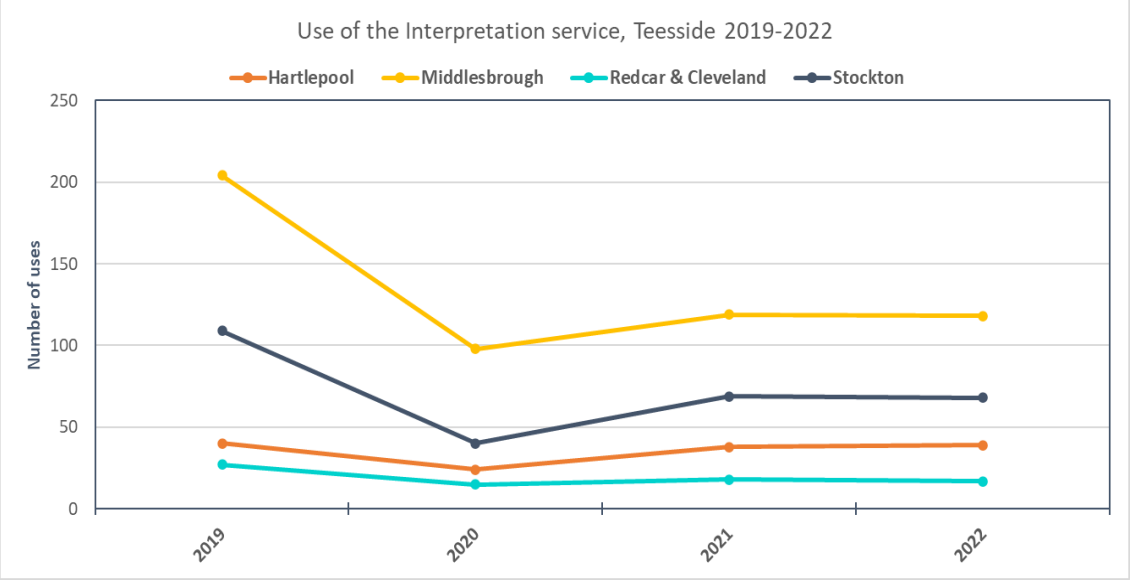


Figure 68 – Use of the interpretation service by the sexual health service in Teesside, 2019-2022. Sexual Health Teesside 2023 (HCRG)

Summary – Sexual health service

- The sexual health service is a fully integrated service across Teesside. The service offer face – to- face, virtual, online appointments and services, through service hubs in each local authority and subcontracted providers such as GP practices and community pharmacies.
- In 2021/22 18 out of over 80 general practices across Teesside were subcontracted to provide sexual health services with 16 practices offering LARC.
- Utilisation of sexual health services declined at national and local level over the past decade with a sharper drop because of the restrictions during the pandemic. Service utilisation declined more in Hartlepool and Stockton**.**
- Booked appointments were the most frequently used appointment type followed by appointments/activity in subcontracted services (mostly pharmacies) and home testing.
- The highest service utilisation in all areas was by young people and adults aged 16 to 24 years, followed by 25-34 year-olds.
- 60.7% of attendances were by females, with the highest proportion in Hartlepool with 70%.
- Utilisation by BAME groups was almost 9% and corresponded to proportion of BAME population with the highest proportion in Middlesbrough.
- Vasectomies were stood down during the pandemic but remained slightly below pre-pandemic levels in 2022 with 633 vasectomies.
- Cervical screening activity declined sharply in 2019/20 and has remained lower than at pre-pandemic levels with 257 cervical screenings in 2022.
- Psychosexual counselling also declined because of the pandemic and has declined again after an initial recovery with 333 patients seen in 2022.
- The use of interpretation services has also declined and recovered to below pre-pandemic levels.
- The utilisation of pre-exposure prophylaxis increased steeply between 2020/21 and 2021/22 with 161 new patients accessing the service in 2021/22. Post exposure prophylaxis utilisation declined during the pandemic and remained at low levels.

Conclusions

1. Overall, the needs assessment identified both significant sexual health needs as well as areas of improving or good outcomes. A local syphilis outbreak, rising gonorrhoea cases, the increasing burden of disease in lower socio-economic groups, high rates of unwanted pregnancies and abortions and the lack of access to and provision of contraception are specific concerns. On the other hand, there are good or improving outcomes such as a continuing low HIV prevalence, good chlamydia screening rates and a significant increase in STI testing over the past year as well as a substantial reduction in genital wart rates.
2. Poor sexual health is linked to age, gender, sexual orientation, ethnicity, and deprivation with higher rates in young people and young adults, MSM and other vulnerable groups as well as in areas of higher deprivation. This is supported by local data showing a particular high burden of disease in young people and young adults, MSM and people living in the most deprived areas in Teesside. Inequalities have increased since 2018 with over half of the burden of STIs in people living in the most deprived areas.
3. Utilisation of the sexual health service reduced because of the pandemic and recovery was slower compared to other sexual services regionally and nationally. This has been particularly evident for STI testing and LARC, but also reflected in lower overall utilisation of the service. Other service activity such as cervical screening, vasectomy, psychosexual counselling, and use of interpretation services also remains below the pandemic levels. Waiting lists for LARC and high detection and positivity rates in STIs indicate a high need and a back log of activity.
4. The way of how sexual health services are used has also changed through the provision of more virtual and online offers.
5. Conception rates in Teesside were above the regional and national average resulting in high abortion and repeat abortion rates, which indicates a high proportion of unwanted pregnancies and need for contraception.
6. Teenage conceptions declined significantly over the last decades but remain above the national average in Teesside with higher than expected rates in Middlesbrough and Redcar & Cleveland. The rate of terminations in <18 conceptions was similar to the regional but below the national average of 53%.
7. Good contraceptive care at population level relies on prevention, accessibility of services and high utilisation of long-acting methods. LARC rates in Teesside remained below the national average, although waiting lists have decreased and LARC has become the most commonly used method for contraception in patients accessing the sexual health service. Access through GP services is limited with less than 25% of GP practices signed up to provide LARC.
8. Access to emergency contraception remains good and is mainly provided through community pharmacies, with the highest EHC use in young adults. The most frequently used EHC was Ullipristal, which indicates that access might be delayed. Although utilisation of EHC has not yet recovered to pre-pandemic rates, the number of EHC distributed was far higher than condom distributions and similar to the number of LARC provided. This indicates a need for better contraceptive care particularly in young adults as well as faster information and access to EHC.
9. Prevention of STIs and unwanted pregnancies through free condom-distribution schemes for young people was poor. Condom distribution through the Tees wide C-card scheme declined continuously with only 161 condom distributions across Teesside in 2022/23.

10. STI testing and new diagnoses reduced significantly during the pandemic for most STIs. STI testing recovered only slowly at first but is now above pre-pandemic levels and the highest in the region. The increase is most likely because of interventions required in response to the syphilis outbreak. Increased testing rates will have contributed to increased diagnostic rates for most STIs and a reduction in previously undiagnosed disease.

11. Since 2019 Syphilis cases increased particularly in Stockton and Middlesborough and gonorrhoea cases since 2022. Typically, MSM had higher positive syphilis rates, however in this outbreak heterosexual men and women are more affected.

12. Gonorrhoea rates increased steeply since 2021 which is similar to increases at national and regional level. Chlamydia screening rates have improved across all local authorities with high positivity rates indicating that prevalence in the population is high and testing is targeted at the right groups. Genital wart rates decreased significantly at national, regional and local level most likely as a result of the HPV vaccination in young people and at-risk groups.

13. All areas in Teesside remain a low prevalence area for HIV with a continuing low rate of new diagnoses. The utilisation of pre-exposure prophylaxis increased in 2021/22 which offers additional protection for high-risk groups.

14. Sexual violence rates are high in Teesside. This is reflected in the number of referrals to the sexual health service following sexual assault which has increased during the pandemic and is now significantly higher than in 2019.

Recommendations

Based on this assessment it is recommended to

1. Address the sexual health needs highlighted in this needs assessment, with a focus on reducing inequalities, improving contraceptive care for young people and young adults, and improving STI prevention, testing and further transmission.
2. Reduce sexual health inequalities by understanding the drivers for poorer sexual health in the most deprived areas, in young people and at-risk groups. Develop and Implement evidence-based and co-produced interventions including condom distribution schemes, walk-in clinics, targeted clinics and good information and access to contraceptive care at local level and through trusted organisations.
3. Continue to improve overall service utilisation rates and review the utilisation of online and virtual sexual health services in the light of learning from the pandemic and ongoing changing needs and demand. Ensure that residents are aware of local services and that young people, at risk groups and those who are digitally excluded have good access to face-to-face services.
4. Work with partners to improve access, capacity and delivery of contraceptive care starting from user depended to long-acting methods to reduce reliance on emergency contraception and unwanted pregnancies.
5. Review utilisation emergency contraception pathways to ensure appropriate and timely access to EHC in service and pharmacies.
6. Strengthen the prevention of STIs and unwanted pregnancies through improved information and locally accessible condom distribution schemes for young people and at-risk groups.
7. Continue to improve access to STI services with in-service and online/ home-testing STI testing, treatment and partners notification to detect and treat disease, reduce unmet need and reduce onward transmission in response to the increase of syphilis and gonorrhoea cases.
8. Conduct further in-depth analysis to understand the reasons for the continued decline in cervical screening, vasectomy, psychosexual counselling provided by the sexual health service.
9. Collaborate with system partners to improve the sexual health and productive care of the local population and prevent and respond to sexual health needs and challenges such as the STI outbreaks, high abortion and repeat abortion rates and sexual health violence.
10. Review the results of this assessment in conjunction with the results from a population and stakeholder consultation to further understand sexual health needs, attitudes and behaviours. The consultation will provide useful information on perceived need and demand and show views and concerns about sexual health services.
11. Establish systems to involve local communities, especially those who are at highest risk, to co-design and develop pathways and service improvements to increase local access and equality, e.g. review of translation services.
12. Improve data systems and reporting of key information to monitor and benchmark sexual health needs and service provision at local level.

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Appendices

Appendix 1

	Ethnic Group (Broad), Teesside local authorities, 2021 Census											
	White British*		Asian or Asian British		White Other		Mixed or Multiple		Black or Black British		Other ethnic group	
Area name	N	%	N	%	N	%	N	%	N	%	N	%
Hartlepool	87,761	95.0%	1,600	1.7%	1,307	1.4%	671	0.8%	445	0.6%	554	0.6%
Middlesbrough	114,421	79.5%	15,090	10.4%	4,126	2.8%	3,001	2.2%	3,816	2.6%	3,468	2.4%
Redcar & Cleveland	131,789	96.5%	1,160	0.8%	1,599	1.2%	1,185	0.9%	265	0.1%	532	0.4%
Stockton	177,526	90.3%	9,052	4.6%	3,411	1.8%	2,737	1.4%	2,203	1.1%	1,664	0.9%
North East		90.6%		3.7%		2.5%		1.3%		1.0%		1.0%
England & Wales		74.4%		9.2%		7.4%		2.9%		4.0%		2.2%

Number and percentage split of ethnicity in Teesside, by local authority [ONS 2021 Census]

Appendix 2

	2019			2020			2021		
All ages	Number of conceptions	Rate of conceptions (per 1,000)	% leading to abortion	Number of conceptions	Rate of conceptions (per 1,000)	% leading to abortion	Number of conceptions	Rate of conceptions (per 1,000)	% leading to abortion
Hartlepool	1,236	74.5	25.4	1234	74.1	25.2	1229	73	29.0
Middlesbrough	2,454	90.0	29.3	2435	89.0	30.5	2610	92.4	32.8
Redcar & Cleveland	1,633	71.8	25.4	1692	74.4	27.5	1788	78.9	28.5
Stockton-on-Tees	2,539	72.6	24.0	2528	72.9	27.5	2602	73.1	26.3
North East	**32,341**	**66.6**	**24.1**	**32664**	**66.8**	**24.4**	**33425**	**69.0**	**26.3**
England	**782,858**	**74.1**	**25.2**	**780013**	**73.7**	**25.3**	**785656**	**71.5**	**26.5**

Conception numbers, rates and percentage of conceptions leading to abortion in Teesside, 2019-2021 [ONS Conception Statistics 2021]