

Report of the Director of Public Health to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on 23rd September 2021

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Subject:

Sexual Health Services

Summary statement:

Local authorities are responsible for providing comprehensive, open access sexual health services, alongside services provided by the NHS. While they are able to make decisions about provision based on local need, there are also specific legal requirements ensuring the provision of certain services which are set out in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

This report provides recent data on the sexual and reproductive health of Bradford residents including the impact of COVID on sexual health service provision, outlines new developments on national sexual health policy and summarises key implications for local commissioning of sexual health services.

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Portfolio:
Healthy People and Places

Overview & Scrutiny Area:
Health and Social Care

1. SUMMARY

- 1.1** Bradford Council has responsibility for commissioning services that impact on residents sexual and reproductive health through the provision of open access sexual health services, in addition the NHS through NHS England and local Integrated Care Systems also have responsibilities that impact on local sexual and reproductive health which are set out in the Health and Social Care Act 2012.
- 1.2** Overview and Scrutiny Members were updated on sexual health 13th February 2020 and this report provides information on the most recent data reported and measured by Public Health England (PHE), the key public health implications of those measures and the contribution that the services commissioned by Bradford Council have on those measures. In addition, members will be informed of the impact of COVID on sexual health service provision and key national sexual health policy developments which will influence the re-procurement of sexual health services during 2022.

2. BACKGROUND

- 2.1** This report provides an overview of the sexual health and wellbeing of the population as measured through PHE Local Authority Sexual and Reproductive Health Profiles. The data reports key measures for Bradford District, based on the indicators and sub indicators compared against the England average and the associated trends in that data over time.
- 2.2** There are fifty-nine sexual health measures in total of which fifteen are considered key performance indicators (KPI's) and three appear in the Public Health Outcomes Framework (PHOF). A summary report is produced annually by PHE, the most recent being January 2021, the report provides data over time up to the end of the 2019 calendar year. It provides the most reliable snapshot and historical record of key data sets to inform understanding of need. This data provides a substantive basis for drawing inferences and making recommendations, it also is representative of data over time not impacted by Covid-19.
- 2.3** The sexual health measures that are reported are indicative of sexual health and wellbeing many of which directly relate to sexual health services commissioned by Bradford council. However, some indicators are concerned with services commissioned through the NHS and impacted by wider national and local policy and service provision.
- 2.4** Under the 2012 Health and Social Care Act 2012 Local Authorities became responsible commissioning of the following open access mandated sexual health services:
- Sexually transmitted infection (STI) testing and treatment, including chlamydia screening as part of the National Chlamydia Screening Programme and HIV testing;
 - contraception, including implants and intra-uterine contraception and all prescribing costs, but excluding contraception provided as an additional service under the NHS GP contract;
 - sexual health aspects of psychosexual counselling, and;

- any sexual health specialist services, including young people's sexual health and teenage pregnancy services, outreach, HIV prevention and sexual health promotion, services in schools, colleges and pharmacies.

The legislation also set out the responsibilities of what were then NHS clinical commissioning groups and also NHS England related to provision of GP and pharmacy services, the provision of abortion services and HIV treatment and care. These arrangements will be incorporated into the 2021 Health and Care Bill proceeding through parliament.

3. REPORT ISSUES

- 3.1** A full list of all indicators and sub indicators along with their current figures are available in **Appendix A**. This shows current values, provides an indication of recent or previous years' trends where available and benchmarks our performance against the England and Yorkshire and Humber average. These indicators are up to date reports based on the most recent released data and show trends over time that exclude the period of the Covid pandemic.
- 3.2** The Key Sexual Health indicators for Bradford are shown in figure 1. This chart shows the fifteen key sexual and reproductive health indicators in Bradford compared to the rest of England; the local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average, the diamond shows the average for the Yorkshire and the Humber region.

Figure 1 Sexual and reproductive health key performance indicators for Bradford at glance



Tables 1 and 2 show a simple summary of the fifteen KPI's; five indicators are better than the England average and three worse with two indicators where the gap is narrowing and six where the gap is widening or getting worse.

Table 1 Bradford Sexual and Reproductive Health Key Performance Indicators compared to England

Bradford Sexual and Reproductive Health Key Performance Indicators compared to England					
Sexual Health KPI's	Number of indicators	Significantly worse	Not significantly different	Significantly better	Different from England
STI	6	3		3	
HIV	4		2	2	
Reproductive Health	3		2		1 Lower
Teenage Pregnancy	1		1		
Wider determinants	1				1 Higher

Table 2 Trends for Bradford Sexual and Reproductive Health Key Performance Indicators

Trends for Bradford Sexual and Reproductive Health Key Performance Indicators					
	Number of indicators	Getting worse / gap is widening	No significant change	Getting Better / gap is narrowing	No trend data available
STI	6	4	1	1	
HIV	4		3	1	
Reproductive Health	3	1	2		
Teenage Pregnancy	1			1	
Wider determinants	1	1			

3.3 Key Performance Indicators

It is not possible in this report to present further comment and analysis on all fifty-nine sexual health indicators; therefore, this report focuses on the fifteen KPI's and references where other specific indicators support that comment. Appendix A provides the detailed tables published by PHE for these KPI's.

3.3.1 New STI diagnoses (excluding chlamydia aged <25 yrs.) / 100,000 Significantly better, getting worse

In Bradford 2019 a total 1,952 of new diagnosed STI's was recorded in people under 25 years of age (this number excludes Chlamydia, the most common STI) representing 69% of all newly diagnosed STI's in the overall population.

The diagnostic rate has risen from 474/100k in 2012 to 577/100k in 2019 (a 21.2% increase) and indicates that the testing gap, that needed to be closed, has resulted in the detection and treatment of more disease, however as the diagnostic rate is increasing this may indicate that more testing is required or that testing needs to be focussed on more high-risk populations. The 2019 rate compares to England 900/100k Yorkshire and Humber region 644/100k.

3.3.2 Syphilis diagnostic rate / 100,000 Significantly better, no significant change

There were thirty-five cases of Syphilis cases diagnosed in 20019 and the arte for Bradford at 6.3 per 100k compares to 13.8/100k in England and 6.3/100k in Yorkshire and Humber.

3.3.3 Gonorrhoea diagnostic rate / 100,000 Significantly better, getting worse

In Bradford 2019 the total number of new diagnosed Gonorrhoea cases) all

ages, was 428, resulting in a rate of 79/100k which compares to 123/100k England and 81/100k Yorkshire and Humber region. In 2012 the rate in Bradford was 30/100k. An increasing gonorrhoea rate is considered a key a measure for indicating increased prevalence of sexually transmitted infections in a population measuring. This data there has been a 163% increase in the Bradford population rate since 2012 and this increase will require further analysis within the district to identify trends in population risk factors associated with age, sex, ethnicity or risk-taking behaviour. It should be noted alongside the increased STI testing and diagnostic rates as representing overall increased prevalence of STI's in the population.

3.3.4 Chlamydia detection rate / 100,000 aged 15 to 24 yrs. (PHOF indicator)
Significantly worse, getting worse

Bradford has underperformed against this measure since 2012 with a detection rate of 1,252 per 100,000 in 2019 set against the target ambition in the national Chlamydia Screening Programme of detecting more than 2300/100,000. Screening and detection rates are significantly below England and Y&H rates and the lowest of all CIPFA neighbours. Increased diagnostic rates among over 25 years of age may reflect this low detection rate in younger people.

Of concern is the reducing rate of detection in women in this age range with a rate of detection in 2019 of 1,624/100k in Bradford compared to 2,715/100k in England and 2,983 in Yorkshire and Humber.

Undetected (diagnosed) of chlamydia and other STI's is considered to be a risk factor for pelvic inflammatory (PID) and it is noted that admissions for PID in Bradford are above national and regional averages.

3.3.5 Chlamydia proportion aged 15 to 24 yrs. screened
Significantly worse, getting worse

In 2019 the proportion of Young People fifteen to twenty-four year screened was 22% compared to 20.4 for England and 20.6% in Yorkshire and Humber. The screening arte has reduced each year since 2012. Local data will need to be further analysed to understand patterns of screening by age, sex, ethnicity and other demographics to provide insight into how to ensure targeted screening takes place, in particular when the revised chlamydia screening policy is implemented in 2022.

3.3.6 STI testing rate (excluding chlamydia aged <25 yrs.) / 100,000
Significantly worse, getting better

The STI testing rate is still significantly below the rate for England but has improved and the gap has closed to be more consistent with the average for Yorkshire and Humber rate. This has coincided with and improved STI diagnostic rate.

3.3.7 New HIV diagnosis rate / 100,000 aged 15+ yrs.
Significantly better, no significant change

The number of diagnoses fell considerably in 2019 compared to 2018 but it is not yet indicative of a trend so there is no significant change noted in the trend of new diagnosis yet.

Measures to achieve the national policy ambition of no new infections by 2030 include:

3.3.8 HIV late diagnosis (%) (PHOF indicator)

Not significantly different, no significant change

People presenting with HIV at a late stage of infection are considered to be late diagnosis and Bradford achieved a rate of 44.6% in 2019 of HIV diagnosis being made which is consistent with national averages and has maintained this consistency in recent years.

3.3.9 HIV diagnosed prevalence rate / 1,000 aged 15-59 yrs.

Significantly better, no significant change

The HIV diagnosed prevalence rate at 1.48 per 1,000 compares to 2.39/1,000 for England and 1.52/1,000 with the trend being of no significant change.

3.3.10 HIV testing coverage, total (%)

Not significantly different, getting better

HIV testing coverage of individuals eligible for a test at 64.35 in 2019 in Bradford compares to 64.1% in England as a whole and 62.6 in Yorkshire and Humber and has been consistent over a substantial period.

3.3.11 Total abortion rate / 1,000

Not significantly different, getting worse

The total abortion rate of 19.4 per 1,000 in Bradford is higher than for England at 18.7/100k but not a significant difference and is higher again than Yorkshire and Humber at 17.4/100k. The trend over time is increasing a 17.6% increase in the rate since 2012. This statistic is considered to serve as mark of a failure to access or an indicator of lack of access to good quality contraception services and advice, as well as problems with individual use of contraceptive methods.

An additional measure in the profile is the proportion of women under 25 years who have an abortion after a birth. This indicator provides intelligence on the contraception needs after a birth event as it shows the percentage of women aged under 25 years having an abortion who have previously had a birth. The rate in Bradford in 2019 was 36.4% compared to England (25.3%) and 30.4% in Yorkshire and Humber region This is a measure that impacts across the commissioning system, in particular access to contraception after a maternity event.

3.3.12 Abortions under 10 weeks (%)

Not significantly different, no significant change

Bradford rate of abortions undertaken before 10 weeks of gestation was 83% in 2019 improving year on year from the rate of 77% in 2012. This is consistent with both national and regional rates and improving trend. The earlier abortions are performed the lower the risk of complications.

3.3.13 Total prescribed LARC excluding injections rate / 1,000

Lower, no significant change

This statistic is presented by PHE as either higher, similar or lower as contraceptive choices need to suit individuals. The choice of contraceptive method is highly personal and sexual health services and primary care doctors will establish and respect that individual choice whilst also making sure that advice on effective methods is provided.

PHE advises that Long-Acting Reversible Contraceptives (LARC) methods, such as contraceptive injections, implants, the intra-uterine system (IUS) or the intrauterine device (IUD), are highly effective as they do not rely on daily compliance and are more cost effective than condoms and the pill. Implants, IUS and IUD can remain in place for up to 3, 5 or 10 years depending on the type of product and are considered the most effective of all.

An increase in the provision of LARC is a proxy measure for wider access to the range of possible contraceptive methods and should also lead to a reduction in rates of unintended pregnancy.

New national guidance sets out the case for increasing LARC provision in Primary care (fitting by GP's).

Table 3 shows statistics based on fitting of LARCS by sexual health services and also by GPs in primary care. Since 2014 the total number fitted has reduced leading to with an increasing proportion of fitting being undertaken by SHS from 2015.

Table 3 LARC fitting by SHS and GPs in Bradford 2014-2019

Year	SHS	GP	Total	Annual % change	% SHS fitted	% GP fitted
2014	1,578	4,146	5,724		28%	72%
2015	1,636	3,655	5,291	-8%	31%	69%
2016	1,750	3,134	4,884	-8%	36%	64%
2017	2,140	3,350	5,490	12%	39%	61%
2018	2,223	2,864	5,087	-7%	44%	56%
2019	2,040	2,999	5,039	-1%	40%	60%

3.3.14 Under 18s conception rate / 1,000 (PHOF indicator)

Not significantly different, getting better

Bradford has delivered a continuous decrease in teenage conceptions over time with the rate in 2018 being 18.4 per 1,000 consistent with the national rate.

3.3.15 Violent crime - sexual offences per 1,000 population

Higher, no significant change

The rate of sexual offence per 1,000 is expressed without reference to better or worse than England averages. The rate in Bradford is 3.9 per 1,000 compared to 2.5/1,000 in England and 3.0/1,000 in Yorkshire and Humber.

Whether a sexual offence is declared at a sexual health service on presentation is not routinely captured in data for reporting purposes. However, sexual offences are likely to result in presentations at sexual health services as a result of the need for STI testing and assistance with contraception.

3.4 National Sexual Health Policy

3.4.1 HIV in the UK: towards zero HIV transmissions by 2030.

In January 2020 the UK government published this report which sets out the progress that has been made in identifying and treating HIV and the steps that will be taken to achieve zero transmissions by 2030. It notes the substantial reduction in new HIV diagnoses in the United Kingdom since a peak in 2014, with the decline particularly marked among gay and bisexual men (GBM) in whom diagnoses fell by 35% in 2018. However, more progress is needed to address undiagnosed and late diagnosis of HIV. This national challenge will need to be continued to be addressed locally in Bradford by services in targeting local populations and promotion of HIV testing through key local services including primary care.

3.4.2 **The National Chlamydia Screening Programme (NCSP)**

The NCSP which has been in operation since 2008 has been reviewed leading to substantive changes from 2022. The new national policy refocuses the screening programme from a generic population screening approach to the reduction of the burden and severity of Chlamydia by focussing in particular on young women's health needs who bear the main burden of untreated chlamydia rather than aiming to reduce infection in the overall population. In practice, this will mean that chlamydia screening offered in community settings, such as GPs and community pharmacies, will target young women only, for example through offering screening at contraceptive appointments. Services available at specialist sexual health services are to remain unchanged. Everyone can still get tested as needed, but men will not be proactively offered a test unless an indication has been identified, such as being a partner of someone with chlamydia or having symptoms.

3.4.3 **PHE Women's reproductive health programme**

This programme has now been published and sets out the following ambitions for women's reproductive health care:

- improve reproductive health-related quality of life,
- fulfilment of reproductive choice, and
- early identification of reproductive morbidity

The measures to be monitored will assess:

- psychosexual wellbeing;
- absence of violence;
- menstrual health;
- menopause health;
- contraception;
- unplanned pregnancy;
- abortion;
- pre conception care;
- infertility and fertility service, and;
- prevention of reproductive ill health.

Of particular emphasis is the focus on ensuring access to Long-Acting Reversible Contraceptives (LARC), especially in maternity and primary care settings, with a challenge to local systems not only local authority commissioners to increase this provision.

The creation of a new National Health Security Agency which will replace functions exercised by Public Health England in relation to health protection and communicable diseases including STI's is also expected to have some impact on the commissioning responsibilities of local authorities and the NHS in the long term, although there are no major changes expected in the short term.

3.4.4 E-sexual and reproductive healthcare telemedicine

A set of resources have been developed by PHE in conjunction with the British Association for Sexual Health and HIV (BASHH), the Faculty of Sexual and Reproductive Healthcare (FSRH) and Brook to support practitioners working in telemedicine during the pandemic. This builds upon national and local progress toward offering e-sexual health services online and through postal based provision. The range of options to support sexual and reproductive health is wider than local authority commissioned sexual health services and includes:

- online access to testing for sexually transmitted infections and the provision of postal testing
- access to general and emergency hormonal contraceptives
- provision of abortion at home products.

3.5 Covid-19 Impacts

Access to sexual health services have been impacted as a result of Covid and services have responded well and implemented innovative service adaptations to ensure access to key services.

The transition to online and postal sexual health services has accelerated as a result of Covid with an increasing range of services that can be offered through this service medium to improve sexual health. These innovations will have an impact on the type and range of service settings procured in the future including the composition of the sexual health workforce and service locations. Assessing the impact of these service changes on vulnerable, at risk or digitally excluded populations and modelling and costing these changes for future commissioning is a priority. STI testing is increasingly offered online and both emergency hormonal contraception and home-based abortions are facilitated by this service option.

The Community Based Sexual Health Outreach, Prevention and Support Service have also continued meeting service users need during COVID delivering services in new and flexible ways including a full range of support groups and access to safer sex products online. HIV and LGBT Training continued to be delivered to professionals via outline platforms and in person when practicable and safe. Face to face services have now recommenced in particular to those with a priority need.

3.6 Services Provided

The services currently commissioned by Bradford Council are summarised in **Appendix B**.

3.7 Relationship and Sex Education (RSE)

Provision of RSE by schools become mandatory in September 2020, Public Health has commissioned two services within the district to deliver:

3.7.1 Relationships, Sex and Health Education (RSE) service in schools which

complements but does not duplicate or replace the PSHE provision and supports schools to sustain a good integral sexual health education programme in line with local and national best practice. This includes identifying RSE gaps and training need across the district, where required co-delivering with teaching staff using RSE modules which have been developed in years 7 to 10 and developing sustainable ways from within schools to delivery good quality RSE independently from September 2022.

3.7.2 Targeted RSE programme delivers the RSE curriculum to young people living in care and accessing specialist education provision, via a range of settings and tailored to the specific needs of the young people. This includes supporting and signposting young people into specialist services and schemes that are relevant to improving their relationships, sexual health, wellbeing and future aspirations. The service also delivers training in RSE to parents, foster carers, residential children's home staff and other key professionals in contact with young people in specialist provision, enabling these carers and professionals to feel more informed and better equipped to discuss RSE with children in care.

4. FINANCIAL & RESOURCE APPRAISAL

There are no financial and resource issues arising from this report.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

There are no risk management and governance issues arising from this report.

6. LEGAL APPRAISAL

There are no legal issues arising from this report.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

There are no equality and diversity implications arising from this report.

7.2 SUSTAINABILITY IMPLICATIONS

There are no direct sustainability implications arising from this report at present

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

There is no direct impact on gas emissions from this report at present.

7.4 COMMUNITY SAFETY IMPLICATIONS

There are no direct community safety implications arising from this report at present

7.5 HUMAN RIGHTS ACT

There are no direct Human Rights implications arising from this report at present.

7.6 TRADE UNION

There are no direct Trade Union implications arising from this report at present

7.7 WARD IMPLICATIONS

There are no direct ward implications arising from this report at present

7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

Not applicable for this report

7.9 IMPLICATIONS FOR CORPORATE PARENTING

Not applicable for this report

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

Not applicable for this report if needed this will be undertaken in preparation for any tender and contract mobilisation.

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

Not applicable for this report

10. RECOMMENDATIONS

The committee is invited to note and comment on the report.

11. APPENDICES









Appendix A: Charts and tables of the sexual health KPI's referred to in paragraphs specific indicators. A selection of tables showing recent trends in the selected indicators mentioned in paragraphs 3.3.1 to 3.1.15


Appendix B: List of services commissioned by Bradford Council and provided by the Integrated Sexual Health Services provider (Locala). A small range of services are subcontracted by Locala and some outreach work is undertaken by MESMAC through a separate, small value contract.









12. BACKGROUND DOCUMENTS


- Local Authority Sexual and Reproductive Health Profiles: Public Health England
<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/0/gid/8000057/pat/6/ati/202/are/E08000032/iid/90742/age/1/sex/4/cid/4/tbm/1>
- National Chlamydia Screening Programme (NCSP): Public Health England
<https://www.gov.uk/government/publications/changes-to-the-national-chlamydia-screening-programme-ncsp/changes-to-the-national-chlamydia-screening-programme-ncsp>
- HIV in the UK: towards zero HIV transmissions by 2030; Public Health England
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/965765/HIV_in_the_UK_2019_towards_zero_HIV_transmissions_by_2030.pdf
- E-sexual and reproductive healthcare telemedicine
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/940103/E-SRH_Framework_User_Guide_Issue2-October-2020.pdf
- PHE Women's reproductive health programme
<https://www.gov.uk/government/publications/phe-womens-reproductive-health-programme-2020-to-2021/womens-reproductive-health-programme-progress-products-and-next-steps>









Sexually Transmitted Infections**New STI diagnoses (excl chlamydia aged <25) / 100,000**Recent trend:  Increasing & getting worse

Period	Bradford				Yorkshire and the Humber	England	
		Count	Value	95% Lower CI			95% Upper CI
2012		1,594	474	451	497	625	836
2013		1,504	448	426	471	673	852
2014		1,666	497	473	521	696	862
2015		1,471	438	416	461	623	841
2016		1,508	448	426	472	615	801
2017		1,621	482	459	506	611	798
2018		1,766	523	499	548	621	845
2019		1,952	577	552	603	644	900


Syphilis diagnostic rate / 100,000Recent trend:  No significant change

Period	Bradford				Yorkshire and the Humber	England	
		Count	Value	95% Lower CI			95% Upper CI
2012		16	3.1	1.7	5.0	2.9	5.5
2013		17	3.2	1.9	5.2	3.7	6.0
2014		8	1.5	0.7	3.0	3.7	8.0
2015		20	3.8	2.3	5.8	3.7	9.4
2016		38	7.1	5.0	9.8	6.7	10.5
2017		37	6.9	4.9	9.5	7.4	12.2
2018		35	6.5	4.5	9.1	7.4	12.5
2019		35	6.5	4.5	9.0	6.3	13.8

Gonorrhoea diagnostic rate / 100,000Recent trend:  Increasing & getting worse









Period	Bradford				Yorkshire and the Humber	England	
		Count	Value	95% Lower CI			95% Upper CI
2012		156	30	25	35	27	49
2013		167	32	27	37	38	56
2014		207	39	34	45	45	67
2015		200	38	33	43	45	73
2016		182	34	29	40	46	65
2017		225	42	37	48	53	78
2018		368	69	62	76	68	98
2019		428	79	72	87	81	123

Chlamydia detection rate / 100,000 aged 15 to 24


Recent trend:  Decreasing & getting worse









Benchmarking against goal:

<1900 1900 to <2300 ≥2300


Period	Bradford					Yorkshire and the Humber	England
		Count	Value	95% Lower CI	95% Upper CI		
2012		1,118	1,593	1,501	1,690	1,950	2,095
2013		1,076	1,545	1,454	1,640	2,178	2,088
2014		1,087	1,576	1,483	1,672	2,240	2,035
2015		960	1,393	1,307	1,484	2,047	1,914
2016		1,100	1,617	1,523	1,716	2,132	1,917
2017		1,023	1,514	1,422	1,609	2,261	1,929
2018		878	1,292	1,208	1,381	2,071	1,999
2019		853	1,252	1,170	1,339	2,200	2,043









Chlamydia proportion aged 15 to 24 screened

Recent trend:  Decreasing & getting worse

Period	Bradford					Yorkshire and the Humber	England
		Count	Value	95% Lower CI	95% Upper CI		
2012		13,545	19.3%	19.0%	19.6%	22.6%	26.9%
2013		12,298	17.7%	17.3%	18.0%	24.4%	25.5%
2014		12,972	18.8%	18.5%	19.1%	24.5%	24.5%
2015		10,865	15.8%	15.5%	16.1%	21.4%	22.7%
2016		10,025	14.7%	14.5%	15.0%	20.1%	21.0%
2017		9,415	13.9%	13.7%	14.2%	20.6%	19.8%
2018		8,746	12.9%	12.6%	13.1%	19.9%	19.9%
2019		8,309	12.2%	11.9%	12.5%	20.6%	20.4%


STI testing rate (excl chlamydia aged <25) / 100,000



Recent trend:  Increasing & getting better

Period	Bradford					Yorkshire and the Humber	England
		Count	Value	95% Lower CI	95% Upper CI		
2012		32,583	9,679	9,575	9,785	11,433	14,477
2013		32,762	9,757	9,652	9,863	12,685	15,432
2014		41,869	12,482	12,362	12,602	14,011	16,224
2015		37,067	11,034	10,922	11,147	12,748	16,457
2016		37,900	11,270	11,156	11,384	12,658	16,801
2017		39,040	11,602	11,487	11,717	13,209	16,779
2018		42,504	12,592	12,473	12,713	13,461	18,191
2019		46,349	13,698	13,574	13,824	14,031	19,654

HIV

New HIV diagnosis rate / 100,000 aged 15+

Recent trend:  No significant change

Period	Bradford					Yorkshire and the Humber	England
		Count	Value	95% Lower CI	95% Upper CI		
2011		36	8.8	6.2	12.2	8.4	12.8
2012		41	10.0	7.2	13.6	7.8	12.9

Period	Bradford					Yorkshire and the Humber	England
	Count	Value	95% Lower CI	95% Upper CI			
2013		31	7.6	5.1	10.7	7.9	12.3
2014		32	7.8	5.3	11.0	8.1	12.9
2015		28	6.8	4.5	9.8	7.5	12.4
2016		21	5.1	3.1	7.8	6.1	10.5
2017		23	5.5	3.5	8.3	5.9	9.3
2018		37	8.9	6.2	12.2	6.4	9.0
2019		14	3.3	1.8	5.6	5.3	8.1

HIV late diagnosis (%)

Benchmarking against goal:

<25% 25% to 50% ≥50%

Period	Bradford					Yorkshire and the Humber	England
	Count	Value	95% Lower CI	95% Upper CI			
2009 - 11		50	52.1%	41.6%	62.4%	53.0%	50.0%
2010 - 12		53	55.8%	45.2%	66.0%	52.6%	48.4%
2011 - 13		45	52.3%	41.3%	63.2%	50.5%	45.7%
2012 - 14		45	52.3%	41.3%	63.2%	48.7%	43.0%
2013 - 15		34	45.9%	34.3%	57.9%	46.8%	40.2%
2014 - 16		30	48.4%	35.5%	61.4%	45.6%	40.3%
2015 - 17		24	45.3%	31.6%	59.6%	48.5%	41.3%
2016 - 18		29	44.6%	32.3%	57.5%	49.7%	43.1%
2017 - 19		25	46.3%	32.6%	60.4%	51.3%	43.1%

HIV diagnosed prevalence rate / 1,000 aged 15-59

Recent trend: No significant change

Benchmarking against goal:

<2 2 to 5 ≥5

Period	Bradford					Yorkshire and the Humber	England
	Count	Value	95% Lower CI	95% Upper CI			
2011		324	1.04	0.93	1.16	1.13	1.97
2012		349	1.12	1.01	1.25	1.19	2.06
2013		363	1.17	1.05	1.30	1.25	2.13
2014		375	1.21	1.09	1.34	1.28	2.21
2015		384	1.24	1.12	1.37	1.34	2.29
2016		399	1.29	1.16	1.42	1.40	2.33
2017		409	1.32	1.20	1.45	1.44	2.35
2018		438	1.41	1.28	1.55	1.47	2.35
2019		459	1.48	1.35	1.62	1.52	2.39

HIV testing coverage, total (%)

Recent trend: Increasing & getting better *artefact as a result of very high denominators

Period	Bradford					Yorkshire and the Humber	England
	Count	Value	95% Lower CI	95% Upper CI			
2009		4,636	73.3%	72.1%	74.3%	69.3%	68.9%
2010		4,568	74.5%	73.4%	75.6%	69.3%	69.3%
2011		4,666	71.1%	69.9%	72.1%	71.9%	70.5%

Period	Bradford					Yorkshire and the Humber	England
		Count	Value	95% Lower CI	95% Upper CI		
2012		4,741	73.1%	72.0%	74.2%	68.1%	70.3%
2013		4,511	71.0%	69.9%	72.1%	69.2%	69.6%
2014		6,469	41.7%	40.9%	42.5%	64.0%	68.3%
2015		5,199	41.3%	40.4%	42.1%	62.0%	67.3%
2016		5,443	60.2%	59.1%	61.2%	57.3%	67.4%
2017		5,986	66.8%	65.8%	67.8%	58.7%	65.4%
2018		6,128	64.6%	63.6%	65.5%	59.5%	64.4%
2019		5,614	64.3%	63.3%	65.3%	62.6%	64.8%

Reproductive Health

Total abortion rate / 1000

Recent trend: Increasing & getting worse

Period	Bradford					Yorkshire and the Humber	England
		Count	Value	95% Lower CI	95% Upper CI		
2012		1,773	16.5	15.7	17.3	13.9	16.5
2013		1,787	16.7	15.9	17.5	14.6	16.6
2014		1,792	16.9	16.1	17.7	14.5	16.6
2015		1,717	16.3	15.5	17.0	14.4	16.7
2016		1,852	17.6	16.9	18.5	14.8	16.7
2017		1,771	16.9	16.2	17.8	15.7	17.2
2018		1,974	18.9	18.1	19.7	16.7	18.1
2019		2,018	19.4	18.5	20.2	17.4	18.7

Abortions under 10 weeks (%)


Recent trend: No significant change

Period	Bradford					Yorkshire and the Humber	England
		Count	Value	95% Lower CI	95% Upper CI		
2012		1,356	77.0%	75.0%	79.0%	74.0%	77.5%
2013		1,395	78.5%	76.6%	80.4%	76.3%	79.4%
2014		1,410	78.9%	77.0%	80.8%	78.9%	80.4%
2015		1,374	80.2%	78.3%	82.0%	78.7%	80.3%
2016		1,508	82.1%	80.3%	83.8%	80.5%	80.8%
2017		1,429	81.3%	79.4%	83.1%	78.4%	76.6%
2018		1,588	80.9%	79.1%	82.5%	78.5%	80.3%
2019		1,683	83.8%	82.1%	85.3%	81.0%	82.5%

Total prescribed LARC excluding injections rate / 1,000






















Recent trend: No significant change

Period	Bradford					Yorkshire and the Humber	England
		Count	Value	95% Lower CI	95% Upper CI		
2014		5,724	53.9	52.5	55.3	56.4	50.2
2015		5,291	49.9	48.6	51.3	51.9	48.2
2016		4,884	46.3	45.0	47.7	50.7	46.4
2017		5,490	52.5	51.1	53.9	55.4	47.7
2018		5,087	48.6	47.3	50.0	56.9	49.5

Period	Bradford					Yorkshire and the Humber	England
	Count	Value	95% Lower CI	95% Upper CI			
2019		5,040	48.4	47.0	49.7	57.5	50.8











Teenage Pregnancy Under 18s conception rate / 1,000

Recent trend:  Decreasing & getting better

Period	Bradford					Yorkshire and the Humber	England
	Count	Value	95% Lower CI	95% Upper CI			
1998		572	57.2	52.6	62.1	53.1	46.6
1999		509	50.6	46.3	55.2	51.0	44.8
2000		499	48.9	44.7	53.3	47.9	43.6
2001		498	47.4	43.3	51.7	47.1	42.5
2002		485	46.4	42.4	50.8	47.2	42.8
2003		466	45.1	41.1	49.4	47.1	42.1
2004		452	44.0	40.1	48.3	48.1	41.6
2005		529	51.6	47.3	56.2	48.9	41.4
2006		456	45.4	41.3	49.7	48.0	40.6
2007		491	48.5	44.3	53.0	48.3	41.4
2008		475	46.3	42.3	50.7	47.1	39.7
2009		430	41.2	37.4	45.3	43.5	37.1
2010		360	34.6	31.1	38.4	39.9	34.2
2011		302	28.4	25.3	31.8	33.8	30.7
2012		321	30.3	27.0	33.8	31.7	27.7
2013		299	28.0	24.9	31.3	28.5	24.3
2014		290	27.2	24.2	30.5	26.4	22.8
2015		241	22.4	19.6	25.4	24.3	20.8
2016		216	20.0	17.4	22.8	22.0	18.8
2017		205	19.1	16.6	21.9	20.6	17.8
2018		197	18.4	15.9	21.2	19.6	16.7

Wider Determinants Violent crime - sexual offences per 1,000 population

Recent trend:  Increasing

Period	Bradford					Yorkshire and the Humber	England
	Count	Value	95% Lower CI	95% Upper CI			
2010/11		402	0.8*	0.7	0.9	0.8*	0.8*
2011/12		375	0.7*	0.7	0.8	0.7*	0.8*
2012/13		520	1.0*	0.9	1.1	0.9*	0.8*
2013/14		687	1.3*	1.2	1.4	1.1*	1.0*
2014/15		1,003	1.9*	1.8	2.0	1.6*	1.4*
2015/16		1,436	2.7*	2.6	2.9	2.0*	1.7*
2016/17		1,731	3.3*	3.1	3.4	2.3*	1.9*
2017/18		2,071	3.9*	3.7	4.1	2.9*	2.4*
2018/19		2,274	4.3*	4.1	4.4	3.1*	2.6*
2019/20		2,092	3.9*	3.7	4.1	3.0*	2.5*

Locala

Integrated sexual and reproductive health service

- Bradford city centre main clinic (hub) providing a fully integrated services for STI testing, Diagnosis and treatment and a full contraceptive service and delivering long acting reversible contraception (LARC)
- Spoke clinics: Bingley, Shipley, Keighley and Bowling Hall Medical practice
- Young People queue and wait clinics
- On-line STI testing, diagnosis and treatment; and online emergency hormonal contraception delivered through a sub contract with a national provider.
- The service subcontracts GP providers to deliver long acting reversible contraception (LARC) and some STI care
- 10 community pharmacies for the provision of emergency hormonal contraception
- C- Card services for free condoms to Young People under 25 years of age
- Removal of injectable contraceptive implants
- Partner notification
- Pre exposure prophylaxis for preventing HIV infection (PrEP)

Mesmac

- Preventative interventions to Individuals who engage in Risky Sexual Behaviours (RSB).
- Supports services including support groups to people living with HIV
- Early diagnosis of HIV and STIs through targeted assertive service provision through Point of care (POC) testing
- Targeted sexual health interventions to individuals who are at high risk of exposure to Human Immunodeficiency Virus (HIV) and other Sexually Transmitted Infections (STIs).
- Training for Professionals and Organisational Development