Key Facts on Sexual Health of Young People and Adults in North Lincolnshire, 2013/14

Headlines
Sexual health is an important area of public health that needs sustained and focused effort in order to improve health outcomes. The importance of securing and improving the populations’ sexual health is acknowledged nationally, by the inclusion of three associated public health outcome indicators in the national Public Health Outcomes Framework. http://www.phoutcomes.info

The indicators are:
- Under 18 and under 16 conceptions (PHOF Indicator 2.04i, PHOF2.04ii)
- Chlamydia diagnosis (15-24 year olds) (PHOF Indicator 3.02ii)
- People presenting with HIV at a late stage of infection (PHOF indicator 3.04i)

What’s changed since 2013?

- Chlamydia diagnoses rates exceed national targets and currently stand at 2462 per 100,000. This is 74% higher than in 2012, when the number and rate of diagnoses were significantly below the national and regional rate. This was due largely to a counting error for North Lincolnshire in that year.
- A high diagnostic rate for chlamydia reflects success at identifying infection. PHE recommends a diagnostic rate of 2300 per 100,000
- This rise has contributed to a sharp increase in all newly recorded STIs in North Lincolnshire in 2013, which, overall, were up by 32% compared with 2012.
- There were no statistically significant increases in other STI diagnoses, (such as gonorrhoea or syphilis) in North Lincolnshire in 2013.
- An estimated 6% of women and 5% of men became presenting to GUM clinics between 2009-2013 with a new STI were re-infected within 12 months. This is similar to the national average. However the figure rises to 8.5% and 6.9% of women and men between 16-19 years of age.
- Take up of HIV testing in GUM clinics amongst eligible groups is below average
- GP LARC fitting rates remain high in North Lincolnshire and are the 2nd highest CCG in the country at 9.44% of women of child bearing age.
- Termination rates have fallen to 13.3 per 1000 women aged 15-44
- Teen conception rates have fallen to their lowest level since 1995-7, at 36.1 per 1000 15-17 year old females and are now much closer to, although still significantly above, national rates
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**Under 18 conceptions:**

Teen conception rates have fallen by a third in North Lincolnshire since 1997 and are currently at their lowest level in 15 years, at 36.1 per 1000. In 2012 more than 80% of the 106 teen conceptions recorded locally occurred amongst 16 and 17 year olds, and just under 20% (19) at 15 years of age or younger. Nevertheless, North Lincolnshire continues to have rates above the national average. The rates are highest in Scunthorpe North and Scunthorpe South.

For more detailed information on teen conception rates in North Lincolnshire see the latest factsheet at http://nldo.northlincs.gov.uk/IAS_Live/sa/jsna/lifestage-reports/developing-well

**Chlamydia diagnosis (15-24 year olds)**

- Chlamydia remains the most commonly diagnosed sexually transmitted infection (STI) in North Lincolnshire, with 700 newly confirmed cases in 2013 of which 475, 68%, are amongst 15-24 year olds. This represents a diagnostic rate per 100,000 15-24 year olds of 2462, and compares with 2016 per 100,000 nationally in that year, placing North Lincolnshire significantly above both the national and regional average, and in the top quartile of local authorities in the country.

- Young adults are advised to complete a test for chlamydia annually or following the change of a sexual partner, as part of the National Chlamydia Screening Programme, to control the infection and it complications.

- Between 2012-13 the proportion of 15-24 year olds screened in GUM and non GUM settings in North Lincolnshire rose from 18% to 20.6% This compares with a national average in that year of 24.9%. Whilst this is a lower coverage rate than nationally, the high diagnostic rate suggests that services in North Lincolnshire are appropriately targeting screening at those young people and populations most at risk of chlamydia infection.

- Socio economic deprivation is a known determinant of poor health outcomes and data from GUM clinics show a strong positive correlation between rates of STIs and IMD scores.

- Rates of new STIs were highest in the most deprived 20% neighbourhoods in North Lincolnshire, which were twice as high as in the 20% least deprived neighbourhoods.

**People presenting with HIV at a late stage of infection**

- The number of people living with and being treated for diagnosed HIV in North Lincolnshire rose slightly between 2012-2013 to 66 adults.

- This represents a HIV prevalence rate of less than 0.6 per 1000 people aged 15-59 years, compared to 2.1 per 1000 nationally and 1.2 regionally. No areas of North Lincolnshire had a HIC prevalence rate of higher than 2 per 1000.

- As in previous years, the largest routes of HIV infection are between heterosexual couples and men having sex with men. The rates of HIV infection in men who have sex with men has increased in North Lincolnshire since 2009, as it has nationally.

- The number of people presenting each year with HIV is relatively small and between 2011-13, 33% presented at a late stage of infection, compared to 45% nationally. All of these ‘late presentations’ of HIV were heterosexuals. However, numbers are small and so these differences are not statistically significant.

- A large proportion of sexual health screens in GUM clinics now also include a HIV test.

- In 2013, 66% of attendees at GUM clinics in North Lincolnshire were offered a HIV screen, compared with 79% nationally.

- Take up the offer of a HIV test amongst those offered one is just below national rates, at 79% compared with 80% nationally.
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- The highest take up of HIV testing is amongst heterosexual males, and the lowest amongst men having sex with men.
- Amongst men who have sex with men, the highest rates of positive HIV testing is amongst those presenting with gonorrhea. This suggests ongoing high levels of unsafe sex in this group, indicating that this group should remain a priority for targeted HIV and STI prevention and health promotion work.

Other Sexually Transmitted infections (STIs)

- The rate of other newly diagnosed STIs, (ie excluding chlamydia) also rose slightly in 2013. Although not significantly so.
- This was due largely to an increase in new cases of gonorrhea, which doubled between 2012-13, (from 10 cases to 25 a year).
- In contrast, diagnoses of genital herpes fell by 29% between 2012-13.
- Overall, there were 1137 newly diagnosed STIs in North Lincolnshire in 2013, of which more than half, 62% were chlamydia and 18% genital warts.
- Amongst male GUM clinic attendees, 79% of syphilis diagnoses, 58% of gonorrhea diagnoses, 17% of chlamydia diagnoses and 11% of herpes diagnoses, were amongst men who have sex with men.
- Rates of STIs across North Lincolnshire broadly correlate with areas of deprivation. With STI rates more than 150% higher in the most deprived 20% areas compared with the 20% least deprived areas in North Lincolnshire.
- Nationally, the highest infection rates of all STIs are amongst the Black African and Caribbean populations.

Contraception

- A strategic local and national priority for sexual health is to ensure that access to the full range of contraceptive methods is available to all. A proxy measure of this is the provision of long acting reversible contraception, or LARC. This should also lead to a reduction in rates of unwanted pregnancy.
- 2013 data for North Lincolnshire shows that we continue to exceed NICE Guidance targets for contraceptive uptake, (NICE Guidance 30).
- In 2013 more than half of those women in North Lincolnshire who accessed contraception through primary care, chose a long acting reversible contraceptive method.
- Expressed as a rate per 1000 women aged 15-44, North Lincolnshire has the highest rate of GP prescribed LARC fitting in the country (2013/14), with rates more than twice the national average, at 99.4 per 1000, compared with 49 per 1000 nationally.
- The latest local data for 2013/14 also show a significant and growing uptake of LARC amongst under 25s in our area.

Abortion

- In 2013, the age standardised abortion rate in North Lincolnshire was 13.3 per 1000 women of childbearing age. This represents a significant fall since 2011 and is significantly below the national rate of 16.1 per 1000. The highest rate was amongst 18-19 year olds, at 28 per 1000, compared with 14 per 1000 amongst under 18s.
- The number of repeat abortions amongst North Lincolnshire women under 25 also fell in 2013 with rates significantly below the national average at 21.4%, compared with 27.1% of all abortions amongst this age group.
- Nevertheless, this is still higher than in 2007, when the proportion was 17%.
For women aged 25 years and older, the proportion of repeat abortions is 42%, compared with 45% nationally. This suggests that more work could be done to ensure that women with previous terminations are appropriately targeted for contraceptive services.

What’s the local picture and how do we compare?

Sexual health

Sexually transmitted infections (STIs)
In 2013, there were 1,137 newly diagnosed cases of STIs in North Lincolnshire, representing a rate per 100,000 population of 675.3, compared with 810.9 per 100,000 nationally in that year.

Of these the most common were Chlamydia, which increased in North Lincolnshire during this 12 month period, by 82% across all age group. This rise in chlamydia diagnoses was due in large part to a large number of chlamydia diagnoses for North Lincolnshire being wrongly attributed to a neighbouring local authority area in the previous year, as well as increased activity by a newly commissioned provider.

The number of newly diagnosed cases of gonorrhoea also increased in North Lincolnshire in 2013, almost doubling from 7.1 per 100,000 in 2012, to 13.7 in 2013. However, numbers remain small (<25 new cases a year) and so annual rates are subject to large and random fluctuations.

At the same time the number of new cases of herpes in North Lincolnshire fell by almost a third.

Table 1 STI rates and trends Number of newly diagnosed cases each year and rate per 100,000 2012-13

<table>
<thead>
<tr>
<th></th>
<th>N Lincs</th>
<th>England</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>2013</td>
<td>2012</td>
</tr>
<tr>
<td>All chlamydia diagnoses</td>
<td>707</td>
<td>389</td>
</tr>
<tr>
<td>Rate per 100,000</td>
<td>419.9</td>
<td>231.0</td>
</tr>
<tr>
<td>Chlamydia no.s (&lt;25)</td>
<td>475</td>
<td>273</td>
</tr>
<tr>
<td>Rates per 100,000 (&lt;25)</td>
<td>2461.5</td>
<td>1414.7</td>
</tr>
<tr>
<td>Chlamydia no.s (25+)</td>
<td>222</td>
<td>116</td>
</tr>
<tr>
<td>Rates per 100,000 (25+)</td>
<td>185.4</td>
<td>96.9</td>
</tr>
<tr>
<td>Gonorrhoea no.s</td>
<td>23</td>
<td>12</td>
</tr>
<tr>
<td>Rate per 100,000</td>
<td>13.7</td>
<td>7.1</td>
</tr>
<tr>
<td>Herpes no.s</td>
<td>74</td>
<td>105</td>
</tr>
<tr>
<td>Rate per 100,000</td>
<td>44.0</td>
<td>62.4</td>
</tr>
<tr>
<td>Syphilis no.s</td>
<td>&lt;10</td>
<td>&lt;10</td>
</tr>
<tr>
<td>Rate per 100,000</td>
<td>2.4</td>
<td>1.2</td>
</tr>
<tr>
<td>Genital warts no.s</td>
<td>207</td>
<td>213</td>
</tr>
<tr>
<td>Rate per 100,000</td>
<td>122.9</td>
<td>126.5</td>
</tr>
<tr>
<td>Other STIs no.s</td>
<td>91</td>
<td>172</td>
</tr>
<tr>
<td>Rate per 100,000</td>
<td>54.1</td>
<td>102.7</td>
</tr>
<tr>
<td>All new cases of STIs no.s</td>
<td>1137</td>
<td>862</td>
</tr>
<tr>
<td>Rate per 100,000</td>
<td>675.3</td>
<td>512.0</td>
</tr>
</tbody>
</table>
16-24 year old make up 11% of the population, yet according to a report from the Royal College of Physicians (RCP) and the British Association for Sexual Health and HIV (BASHH), account for almost half of all STIs diagnosed in sexual health clinics. In North Lincolnshire the proportion is higher at 68%.

This age group are also most likely to binge drink, and amongst females, have the highest average weekly alcohol consumption of any age group.

This national report reinforces other national and local evidence linking alcohol consumption to poor sexual health in the young. In particular it highlights that:

- 82% of 16-30 year olds report drinking alcohol before sexual activity
- People who drink heavily are more likely to have unprotected sex with multiple partners.

Local sexual health services have more than 6000 contacts with 16-24 year olds each year in North Lincolnshire. These contacts present staff who work with young people with an opportunity to communicate key messages about alcohol and deliver brief interventions to this age group.

**Chlamydia**

In 2013, the Department of Health recommended that all local authority areas should aim for at least 2,300 chlamydia diagnoses per 100,000 people aged 15-24 years. And that areas that achieve rates at or above this level should aim to sustain or increase their diagnosis rates, whilst areas achieving below this level should aim to increase their diagnosis rate incrementally, for example by 10% from the previous year.

In 2013, North Lincolnshire achieved a diagnosis rate of 2462 per 1000, compared with 1382 in the previous year. North Lincolnshire is now exceeding the DH target of 2300. This is in part attributable to the change in sexual health service provider during 2013/14 and to subsequent improvements in access to screening opportunities, recording and targeted outreach to populations at higher risk of infection.
HIV & AIDs
Nationally, the number of people living with HIV has increased year on year over the last decade, due to the ageing of the already diagnosed population, and increasing life expectancy, as well as a continued high number of new infections.

Men having sex with men, (MSM) remain the group most affected by HIV. New diagnoses amongst MSM reached an all time high nationally in 2012, due to on-going high levels of HIV transmission as well as an increase in HIV testing.

Black African men and women are the second most affected population, with infection rates of 38 per 1000.

In North Lincolnshire, the prevalence of HIV in the population is below half that of the national rate at 0.6 per 1000. Nevertheless, this still represents a significant local increase in the last few years. Between 2005-13 the number of people accessing treatment services for HIV infection in North Lincolnshire more than doubled, from 32 to 66. Of these, 43 were male and 23 female, and more than 60 were already known to treatment services and were receiving triple therapy. Routes of HIV infection have remained constant in the last 5 years – with 20 men acquiring this via sex with other men, 36 through heterosexual sex and 9 through injecting drug use.

Contraception:
Almost everyone in the UK uses contraception at some point in their lives, with most couples using contraception for over 30 years. In 2003/4 the most commonly used contraception method used in the UK was the oral contraceptive pill, with 25% of women of child bearing age using it. This was followed by the condom, used by 23% women. Long acting reversible contraception (LARC) was used by just 8% women in that year. By 2008/9 use of LARCs had risen to 12% and by 2013/14 to 22.3%.

LARC methods are much more effective than barrier methods or oral contraceptives because they demand much less adherence, and because active steps must be taken if a woman wishes to stop using it.

North Lincolnshire continues to exceed NICE Guidance 30 recommendations for the use of contraception and uptake of LARC methods, especially in primary care. Currently just under 1 in 4 women of child bearing age use the oral contraceptive pill in North Lincolnshire, a rate similar to the national average.

Table 2: Uptake of contraception within North Lincolnshire

<table>
<thead>
<tr>
<th></th>
<th>Eligible population 15-44</th>
<th>% OCP</th>
<th>%IUS</th>
<th>%IUD</th>
<th>%SDI</th>
<th>% injectables</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NICE proposals</strong></td>
<td>2012 mid year estimates</td>
<td>19%</td>
<td>4.40%</td>
<td>3%</td>
<td>4.10%</td>
<td>3.7%</td>
</tr>
<tr>
<td><strong>North Lincolnshire actuals</strong></td>
<td>2012/13</td>
<td>30262</td>
<td>22%</td>
<td>4.8%</td>
<td>4.6%</td>
<td>10.1%</td>
</tr>
<tr>
<td></td>
<td>2013/14</td>
<td>30262</td>
<td>23%</td>
<td>3.6%</td>
<td>3.1%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

Source: North Lincolnshire CCG and VirginCare, 2014
In 2013/14 1639 women aged 15-44 opted for either a contraceptive implant or IUCD as their method of contraception. This means that the rate per 1000 LARC fittings in North Lincolnshire is 54 per 1000. In 2013/14 the number of women prescribed LARCs in a primary care setting in North Lincolnshire grew by 2.5% overall, reaching its highest level, especially amongst the younger age groups, whilst removals fell to almost half what they were in previous years. The graph below shows the total number of sub dermal implants prescribed by GPs and other community based providers in North Lincolnshire in the eight years up to March 2014.

**Figure 2**
*Number of Sub Dermal Implants prescribed and fitted in primary care in North Lincolnshire 2006-March 2014.*

![Graph showing number of sub dermal implants prescribed and fitted in primary care in North Lincolnshire 2006-March 2014.](source)

In contrast, the number of women being fitted with IUCDs has fallen in the last two years, as younger women opt for SDIs.

**Figure 3:** Number of IUCDs fitted in North Lincolnshire 2011-2014

![Graph showing number of IUCDs fitted in North Lincolnshire 2011-2014.](source)
Abortion rates
The age-standardised abortion rate per 1,000 women aged 15–44 is the key indicator of unintended pregnancy in this country. As take up of LARC increases, we should expect the abortion rates to fall. In 2013 there were 411 abortions performed on North Lincolnshire women, giving a local abortion rate of 13.3 per 1000, a significant fall since 2011, and a rate which is significantly below the national average. The highest rate was amongst 18-19 year olds at 28 per 1000, compared with 14 per 1000 amongst under 18s.

The table and charts below show the latest trends in abortion rates in North Lincolnshire, and compare them with national trends. As these show, the overall abortion rate remained relatively stable until 2012 and 2013 when rates fell. It remains to be seen whether this is a long term downward trend.

### Table 3
**No of abortions and rate per 1000 women North Lincolnshire, 2013**

<table>
<thead>
<tr>
<th></th>
<th>All 15-44</th>
<th>&lt;18</th>
<th>18-19</th>
<th>20-4</th>
<th>25-9</th>
<th>30-4</th>
<th>35-44</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
<td>411</td>
<td>39</td>
<td>41</td>
<td>129</td>
<td>102</td>
<td>56</td>
<td>44</td>
</tr>
<tr>
<td>Rate</td>
<td>13.6</td>
<td>13</td>
<td>23</td>
<td>28</td>
<td>20</td>
<td>12</td>
<td>4</td>
</tr>
</tbody>
</table>

Source: DoH, 2014

### Figure 4
**Abortion rates per 1000, all ages, 2003-2013**

Source: DoH, 2014

Abortion rates have fallen in almost all age groups, but have fallen fastest amongst the younger age groups, (under25s), who make up more than half of all abortions.
Repeat abortions
The number of repeat abortions amongst young women has also fallen and is significantly below national rates for all age groups, but especially for under 25s. In 2013, more than a third, 37%, of all abortions (152), were repeat abortions. This compares with 37% nationally.

Amongst under 25s, the proportion of repeat abortions was 28% (n = 59), compared with 27% nationally. However this is still higher than in 2007 when the proportion of all repeat abortions amongst under 25s was 17%, and 27% nationally.

In other words, whilst terminations have fallen, repeat abortions have not fallen quite as fast and so make up an increasing proportion of the total, suggesting a need to ensure that women with previous abortions are appropriately targeted for contraceptive services.

What are our key strengths/assets?

Sexual health and HIV
North Lincolnshire Council re-let the contract for comprehensive sexual health service to Virgin Care from April 1st 2013 for 3 years; in doing so securing an open access sexual health service providing:

- STI Screening and treatment, including National Chlamydia Screening Programme
- Contraceptive choice
- Training and workforce development
- Health promotion and marketing
- Targeted outreach
- Advice, information and onward referral
- HIV treatment services are commissioned from Virgin Care.
Contraception
North Lincolnshire continues to ensure contraceptive choice is provided to its population through services delivered by GPs and now by VirginCare. In doing so North Lincolnshire continues to exceed NICE Guidance 30 recommendations for contraceptive uptake and LARC use. GPs in North Lincolnshire continue to be the highest prescribers nationally for LARC methods.

Abortion
Commissioning for abortion services is now the responsibility of the local CCG. Up to March 2013, all abortion service providers were commissioned against the nationally mandated termination of pregnancy specification, and as a result all women in North Lincolnshire were able to access all providers of abortion services free of charge. In 2013 82.2% of all abortions carried out on women in North Lincolnshire were under 10 weeks’ gestation. This is an improvement on previous years and is above both the regional and national averages.

Aspirations, achievements and improvement challenges for commissioners and service providers to consider
A Framework for Sexual Health Improvement in England published by the Department of Health, March 2013 identifies the key issues for consideration by Health and Well being Boards as:

1. Prevention of poor sexual health
2. Strong leadership and joined up working
3. Focus on outcomes
4. Addressing the wider determinants of sexual health
5. Commissioning high-quality services, with clarity about accountability
6. Meeting the needs of more vulnerable groups
7. Good-quality intelligence about service and outcomes for monitoring purposes

This will require

- Collaborative commissioning and the delivery of seamless evidence based services supported by a managed network which has clear accountability to the local Health and Wellbeing Board
- A whole systems approach to sexual health commissioning
- Universal services, complimented by targeted provision to those most at risk/in need of sexual health services
- Use of section 75/pooled budgets, with strong leadership by the Health and Wellbeing Board with funding being made available to support service improvements.
- Stakeholders working together, supported by commissioning/contractual arrangements as well as regular opportunities to come together and share good practice
- A communication plan with awareness raised as a result
- Sexual health services with a common brand which is been market tested, well received and is well known
- Continuous improvements in sexual health outcomes, in line with or better than national rates
Why are these issues important?

- Up to 50% of pregnancies are unplanned
- In 2011, one person was diagnosed with HIV every 90 minutes in England
- Almost half of adults newly diagnosed with HIV are diagnosed after the point at which they should have started treatment
- Rates of infectious syphilis are at their highest level since the 1950s
- Gonorrhoea is becoming more difficult to treat, as it can quickly develop resistance to antibiotics

Social inequalities

In spite of recent improvements in the sexual health of the North Lincolnshire population, poor sexual health still disproportionately affects:

- Young people aged 16 – 24
- LGBT groups, in particular men who have sex with men

It is also evident that; The rates of STIs are higher in areas of social deprivation than in the more affluent areas of North Lincolnshire.

We also know that some groups are underrepresented in universal sexual health services, including LGB groups. For example in 2013/14, of the 9120 people who accessed Virgin Care services,

- 68% were aged under 25
- 2.6% identified as LGB (estimated population is 5%)
- 1.2% identified as being disabled (proxy prevalence measure is % in receipt of DLA which in 2012 equated to 5.5% of the population)
- In the first year of operation VC have noted that there has been an increase on average of around 5 MSM patients per month accessing the service.

The ability of local services to address issues of equality within universal provision are limited by the lack of quality data on the sexual health experience of populations with disability, from different ethnic backgrounds, and from LGBT groups.

Virgin Care are addressing this by providing a targeted outreach service in places popular with the LGBT community.

What are the views of local people? (Community voice)

In June 2014 a PATH (planning alternative futures with hope) event was held at the Baths Hall in Scunthorpe. Over 40 stakeholders and service users attended this event, describing their current experience of services, and illustrated this with many examples of good practice. This included:

- a sexual health action group that is driving the agenda
- a comprehensive sexual health service that is well received by those who use it
- 78% of our senior schools using Big Talk and receiving sex education

But it was also acknowledged by all that;

- Changes enacted through the health and social care act has resulted in the reduction of opportunity to realise assets and commission efficiently across the system to drive service improvements.
- A local workforce development programme to up skill people delivering frontline non clinical services is required to secure a wide-spread culture of sexual health promotion.
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- Changes enacted through the health and social care act has resulted in the reduction of opportunity to collaborate and commission collectively.
- We have good universal services, but have yet to secure the full complement of targeted provision required to improve the sexual health of the whole population of North Lincolnshire.
- Opportunities to improve service branding should be explored in order to raise the local profile.

What is our vision for the future of sexual health services?

Stakeholders described the vision at the local PATH event to be:

- A single “branded” sexual health service that enables providers to work under an umbrella, which our population trusts. This service will ensure that our population has access to services on its doorstep, and will offer postal testing, community outreach, provision through pharmacy, as well as in primary care as part of the 40+ health checks service.
- All professionals working in these services will be supported by good quality staff/workforce training and a “book of knowledge” detailing who does what in North Lincolnshire enabling us to ensure that we ‘Make Every Contact Count’ (MECC).
- Our partnership will include representatives from health, education and policy.
- We will promote our brand through using social media.
- We will also use media forms to promote a ‘how to improve your sexual health guide’ for our population. This will encourage people to take more responsibility for their sexual health and ensure that they get a sexual health MOT on a regular basis.
- We will also use social media to market our services to target audiences.
- We will make best use of data and intelligence, making sure that we use it to inform our service improvement.
- We will have a way of measuring how well SRE/PSHE is delivered in our schools, supported by a single local curriculum and quality standards.
- Progress against these standards is captured within the “Sexual Health Our Way” commissioning action plan.

Links to evidence base


References

A Framework for Sexual Health Improvement in England, DoH, March 2013
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Report on STI Infections in Yorkshire and Humber 2011, PHE, June 2013
North Lincolnshire Local Authority Sexual Health Epidemiology Report 2013, PHE, 2014
Developing Sexual Health Programmes – A framework for action, WHO, 2010

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