

North Tyneside

Joint strategic needs assessment

Sexual and reproductive health

January 2024



North
Tyneside
Council

1. Introduction

The purpose of this JSNA is to provide an up-to-date summary of sexual and reproductive health issues, nationally, regionally and in North Tyneside.

The World Health Organization (WHO) defines sexual health as a state of physical, emotional, mental and social wellbeing in relation to sexuality – it is not just 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.

Most adults are sexually active and good sexual 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 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 pregnancies and abortions
- poor educational, social, and economic opportunities for teenage mothers, young fathers, and their children
- HIV transmission
- cervical and other genital cancers
- hepatitis, chronic liver disease and liver cancer
- recurrent genital herpes
- recurrent genital warts
- pelvic inflammatory disease, which can cause ectopic pregnancies and infertility
- poorer maternity outcomes for mother and baby

In England, our definition of sexual, reproductive and human immunodeficiency virus (HIV) health promotion includes the provision of advice, information, education and services around contraception, sexually transmitted infections (STIs), HIV and termination of pregnancy.

2. Key issues

[New STI diagnosis](#)¹ (excluding chlamydia aged under 25) rate is considerably above national and regional averages and all are showing an increasing trend. Gonorrhoea and syphilis have re-emerged as major public health concerns, especially among gay, bisexual and MSM (men having sex with men). There has been a considerable rise in Gonorrhoea locally and regionally.

[Chlamydia detection rate female aged 15 to 24](#)² has reduced significantly since pre-pandemic levels. There were less detections of chlamydia in North Tyneside (1974) than the North East (2375), and England (2110) average. All rates are increasing following the 2020 post pandemic low, but are yet to return to the pre pandemic levels. Chlamydia proportion aged 15-24 screened has not recovered from the pandemic and remains lower than the North East and England.

Nationally inequalities are evident. The impact of STIs remains greatest in:

- Young heterosexuals aged 15 to 24 years
- Black minority ethnic populations
- Gay, bisexual and other men who have sex with men (MSM)
- People in the most deprived deciles

It is important that local services for the prevention, diagnosis, treatment, and care of STIs are available to the general population, but target groups with greater sexual health needs.

HIV screening remains above regional and national averages whilst positivity remains below.

Abortion rates across various measures are showing an increasing trend, and whilst rates are often regional and national averages, this may warrant closer consideration.

Following a national decline in LARC prescribing during the pandemic, rates appear to have returned to pre-pandemic levels and prescriptions levels are positive within North Tyneside.

¹ [Fingertips Sexual and Reproductive Health Profile - New STI](#)

² [Fingertips Sexual and Reproductive Health Profile - Chlamydia](#)

3. High Level Priorities

4. Those at Risk

Sexually transmitted infections (STIs)

Sexually transmitted infections (STIs) are a significant public health concern. STIs are often considered to be stigmatising and may seriously impact the health and wellbeing of affected individuals.

Those more likely to be at risk:

- More likely to be young people, 15-24 (females 7 times, males 3.5 times more likely than older groups – 25-64)
- Young women more likely, partly due to engagement with screening
- Men who have sex with men (MSM) (higher risk)
- BAME communities higher risk
- Deprivation risk (maybe gendered norms)

Young people aged 15 to 24 years old experience the highest diagnosis rates of the most common STIs, likely due to higher rates of partner change.

Young women are more likely to be diagnosed with an STI than young men, partly due to greater uptake of chlamydia screening through the National Chlamydia Screening Programme (NCSP), as well as sexual mixing between younger women and older male partners.

The rise in syphilis, gonorrhoea, and chlamydia diagnoses among MSM is probably primarily associated with behavioural changes such as an increase in partner numbers and condomless anal intercourse with new or casual partners.

HIV

The number of people in the England having a H.I.V test in sexual health services has risen by 10% from 2021 to 2022 (UKHSA, 2023³) however this is still less than pre-pandemic levels.

³ <https://www.gov.uk/government/statistics/hiv-annual-data-tables/hiv-testing-prep-new-hiv-diagnoses-and-care-outcomes-for-people-accessing-hiv-services-2023-report>

Highest levels of testing are for GBMSM and the lowest heterosexual males and bisexual women. 2022 highest ever rate of testing for MSM group but fall in women and BAME communities.

Partner notification shows higher positivity than HIV test positivity.

There is continued stigma around testing, and public stigma around HIV. This may be strongest for MSM who may already be stigmatized, and those from the BAME community.

Reproductive health

Teenage pregnancy is both a cause and consequence of health and education inequalities.

Teenagers have the highest rate of unplanned pregnancy with disproportionately poor outcomes. Child poverty and unemployment are the two area deprivation indicators with the strongest influence on under-18 conception rates.

Abortion rates increase as levels of deprivation increase.

Reproductive experiences and choices for women are embedded in and influenced by societal constructs. There is growing evidence that women do not feel listened to or at times taken seriously with regards to their own reproductive health.

5. Level of Need

STIs⁴

New STI diagnosis (excluding chlamydia aged under 25) rate is 672 above regional (368) and national rates (496). All rates are increasing after 2019/20.

Syphilis diagnostic rate (per 100,000) - No significant change in the trend with the value being 4.8 in 2022. Significantly lower than the syphilis rate in the North East as whole which was 14.8 and England 15.4.

⁴ [Fingertips - Sexual and Reproductive Health Profiles](#)

Gonorrhoea rate (per 100,000) – a rate of 99 is a significant increase on previous years. The rate is below national (146) and regional rates (99). All rates are increasing after 2019/20.

Chlamydia detection rate female aged 15 to 24 has reduced significantly since pre-pandemic levels. There were less detections of chlamydia in North Tyneside (1974) than the North East (2375) and England average (2110). All rates are increasing after 2019/20.

Chlamydia proportion aged 15-24 screened has not recovered from the pandemic 13.8% in 2022, compared 23.9% in 2019) and remains lower than the North East (15.5%) and England (15.2%). All rates are decreasing.

HIV

HIV testing coverage (72.2%) is higher than regional (55.2%) and national (48.2%) having recovered to above pre pandemic levels.

HIV testing gay, bisexual and other men who have sex with men – overall trend is reducing, 83.3% NT higher than both regional and national average testing (80.1, 74.1).

HIV testing in men – in North Tyneside this is 78.4 % which is above regional (70.3%) and national (65.1%). This is an increasing trend.

HIV testing in women –70.5% is higher than national (46.6%) and regional (38.5%) averages. The rate has recovered above pre pandemic levels and well exceed national increases.

HIV diagnosis rate – in North Tyneside it is lower (1.9) than regional (3.7) and national averages (6.7).

HIV prevalence rate – 0.78 in North Tyneside lower than regional and national averages.

Other sexual infections

Genital warts diagnostic rate is 38.2 in North Tyneside which is above regional but below national. Prev above both – since 2014

Genital herpes diagnostic rate is 47.8 which is above regional and national averages.

Reproductive health

Total abortion rate per 1000 – 18.0 above regional (17.6), below national (19.2). However, this is an increasing trend.

Abortions under 10 weeks is 87.7% which is above region (86.1%), below national averages (88.6%).

Abortions in the under 25 age group has seen a steady increase in North Tyneside (30.5) which is above regional (29.2) and national average (29.7).

Under 18s conceptions leading to abortion (%) in North Tyneside (64.4) are above regional (45.0) and national average (53.4).

Pelvic inflammatory disease (PID) admissions rate/100,000 – lower (184.9) regional (237.5) and national rates (224.4).

Ectopic pregnancy rates/100,000 – North Tyneside (105.7) is above regional (73.3) and national rates (90.6).

LARC (long-acting reversible contraception)

Total prescribed LARC excluding injections rate / 1,000 – North Tyneside (60.6) above regional (37.8) and national rate (41.8).

GP prescribed LARCs excluding injections rate/1000 – North Tyneside is above regional (14.4) similar to national rates (25.7).

Sexual and reproductive health services prescribed LARCs excluding injections rate/1000 in North Tyneside (35.1) is above regional (23.4) and national rates (16.1).

Under 25s choose LARC excluding injections rate/1000 at SRH in North Tyneside (38.8) is below regional (40.8) and above national rate (37.3).

Over 25s choose LARC excluding injections rate/1000 at SRH in North Tyneside (45.6) is below regional (52.2) and national rates (53.4).

Screening and immunisation

HPV vaccine male (%) – In North Tyneside (80.1) one dose male is above regional (56.6) and national averages (62.4).

HPV vaccine female (%) – in North Tyneside on does female (80.9) is above regional (64.3) and national averages (69.3).

Cervical cancer screening (25-49 year olds) in North Tyneside the screening rate (77.0) is above regional (72.6) and national rates (67.6).

Cervical cancer screening (50-64 year olds) in North Tyneside the screening rate (75.9) is above regional (74.6) and national averages (74.6) and regional 75.9, 74.6, 74.6).

6. Unmet needs

Nationally the diagnosis rates of STIs remains greatest in young heterosexuals aged 15 to 24 years, black minority ethnic (BME) populations, MSM, and people residing in the most deprived areas in England. Not all of these inequalities are evident in local services and data indicating a possible unmet need.

Gonorrhoea and syphilis have re-emerged as major public health concerns, especially among gay, bisexual and MSM.

The rise in syphilis, gonorrhoea and chlamydia diagnoses among MSM is probably primarily associated with behavioural changes such as an increase in partner numbers and condomless anal intercourse with new or casual partners.

The national rise in chlamydia is generated, in part, by the increasing positivity of tests delivered through the National Chlamydia Screening Programme (NCSP) but increasing transmission in people aged 25 years and older is also likely. Locally testing is on the decline indicating a possible unmet need. This is especially important as nationally 70-80% of positive cases are asymptomatic and only identified through screening.

7. Projected need and demand

Gonorrhoea and syphilis have re-emerged as major public health concerns, especially among gay, bisexual and MSM. Since 2009, gonorrhoea and syphilis diagnoses have risen by 249% (16,141 to 56,259)

and 165% (2,847 to 7,541) overall, and by 643% (3,579 to 26,574) and 236% (1,692 to 5,681) among MSM. Behavioural changes, including more condomless sex with new or casual partners, likely contribute to these trends. There is no data to suggest that this rising trend will not continue.

8. Community assets and services

North Tyneside council commissions an integrated sexual health service from Northumbria NHS Foundation trust. The service operates a 'hub and spoke' model. There is one central hub with two out-reach and weekend centres.

The service provides clear, accessible, and up-to-date information in a range of formats available about services providing contraception and sexual health services for the whole population, including preventative information targeted at those at highest risk of sexual ill health.

The service supports delivery against the five main sexual public health outcome framework measures:

- Under 18 contraception
- Chlamydia detection rate
- New STIs diagnosis (excluding chlamydia under 25s)
- Prescribing of long-acting reversible contraception excluding injections (females ages 15-44)
- People presenting with HIV at a late stage

Pharmacy services providing emergency contraception are commissioned by Northumbria Healthcare directly.

There are a range of community and voluntary services that have signed up independently to join the c-card and STI screening. Evidence for Interventions

Evidence

Prevention is central to achieving good sexual health outcomes and entails changes that reduce the risk of poor sexual health outcomes and activities

that encourage healthy behaviours. Education, condom use, diagnosis and treatment are key interventions for their prevention and control.

Open access to SHSs (in person or online) that provide rapid treatment and partner notification can reduce the risk of STI complications and infection spread. It is important that local and national services for the prevention, diagnosis, treatment and care of STIs are available to the general population, but target groups with greater sexual health needs.

International evidence is clear that comprehensive relationships and sex education (RSE) protects young people from STIs and unplanned pregnancy, as well as some of the behaviours that make them more at risk, including non-consensual sex.

9. Views

The national survey 'what do women say? Reproductive health is a public health issue' provides a great deal of useful insight.

Survey participants identified that their greatest reproductive concerns were to not get pregnant (particularly younger women), to have an enjoyable sex life, to manage reproductive health symptoms and to attend screenings for early identification of adverse reproductive conditions. Different issues took on relatively greater or lesser importance different stages of life.

There were a range of factors operating that influenced women's reproductive choices and ability to enact them. These included medical factors, career goals, culture, service availability and the perception of external pressures and assumptions. Much of reproductive life was felt to be spent avoiding pregnancy.

There is a juxtaposition between the need to plan and/or prevent pregnancy across the lifecycle against the day-to-day realities of managing symptoms associated with reproductive functions such as periods, the menopause and the impacts of childbirth.

10. Additional Needs Assessment Required

Alcohol harm health needs assessment

Cervical screening needs assessment

Vaccine needs assessment

11. Key Contacts

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