Sexual Health Strategy for Rotherham 2015 - 2017

1 Introduction

The National Strategy for Sexual Health and HIV (2001) defines sexual health as a key part of our identity as human beings. Good sexual health is an important part of physical and mental health and well-being; the consequences of poor sexual health can impact considerably on individuals and communities.

Poor sexual health is disproportionately experienced by some of the most vulnerable members of our local communities, including young people, men who have sex with men (MSM), people from countries of high HIV prevalence, especially Black Africans, those who misuse drugs and/or alcohol and people from our most deprived neighbourhoods. We must, therefore, ensure that measures are put into place to reduce sexual health inequalities and improve the sexual health of all the people of Rotherham.

Good sexual health includes developing skills and expectations to enjoy loving and age appropriate relationships. Child sexual exploitation (CSE) and abuse damages this development, and leads to increased risk of sexually transmitted infections (STIs), unwanted pregnancy, and of domestic violence and abuse in the future. The negative impacts upon educational attainment, health risk behaviours and mental health problems are also well evidenced.

The Health Working Group Report on Child Sexual Exploitation, January 2014, states that all those concerned with improving the health and welfare of their local population have a responsibility to tackle child sexual abuse.

As of 1st April 2013 every Local Authority has a legal duty to protect the public's health. The Director of Public Health is responsible for ensuring that there are effective arrangements in place for preparing, planning and responding to health protection concerns, including those in relation to the sexual health of the local population.

Through this strategy, we will:

- ensure we have an effective multi agency response to child sexual exploitation and abuse;
- reduce inequalities and improve sexual health outcomes;
- build an honest and open culture where everyone is able to make informed and responsible choices about relationships and sex;
- recognise that sexual ill health can affect all parts of society;
- recognise that sexual health is a health protection issue.

2 Background

The importance of improving sexual health is acknowledged by the inclusion of three key indicators in the Public Health Outcomes Framework (2012):

- under 18 conceptions;
- chlamydia detection (15-24 year olds);
- presentation with HIV at a late stage of infection.

The outcome indicators have been included as markers to give an overall picture of the level of sexually transmitted infection (STI), unprotected sexual activity and general sexual health within a population. The Framework for Sexual Health Improvement in England (2013) acknowledges that effective collaborative commissioning of interventions and services is key to improving outcomes.

The new commissioning arrangements (in place from April 2013) have placed the lead responsibility for the commissioning of sexual health services and interventions within the Local Authority. In addition, Rotherham Clinical Commissioning Group (CCG) and NHS England commission certain sexual health services. It is vital that all commissioning organisations work closely together to ensure that services and interventions are comprehensive, high quality, seamless and offer value for money.

Under the new commissioning arrangements Rotherham Metropolitan Borough Council (RMBC) has been mandated to ensure that their local populations receive effective provision of contraception and open access to sexual health services. Furthermore, they are also mandated to ensure that there are plans in place to protect the health of the population, for example, in relation to STI outbreaks. In meeting these obligations, the following key principles of best practice will be observed:

- use of an effective multiagency response to preventing and protecting children from child sexual exploitation and abuse;
- prioritisation of the promotion of good sexual health;
- the promotion of 'joined up' working under strong leadership;
- a focus on outcomes;
- addressing the wider determinants of sexual health;
- the commissioning of high quality services with clarity about accountability;
- addressing the needs of our more vulnerable groups in Rotherham;
- ensuring that we have good quality data in relation to services and outcomes.

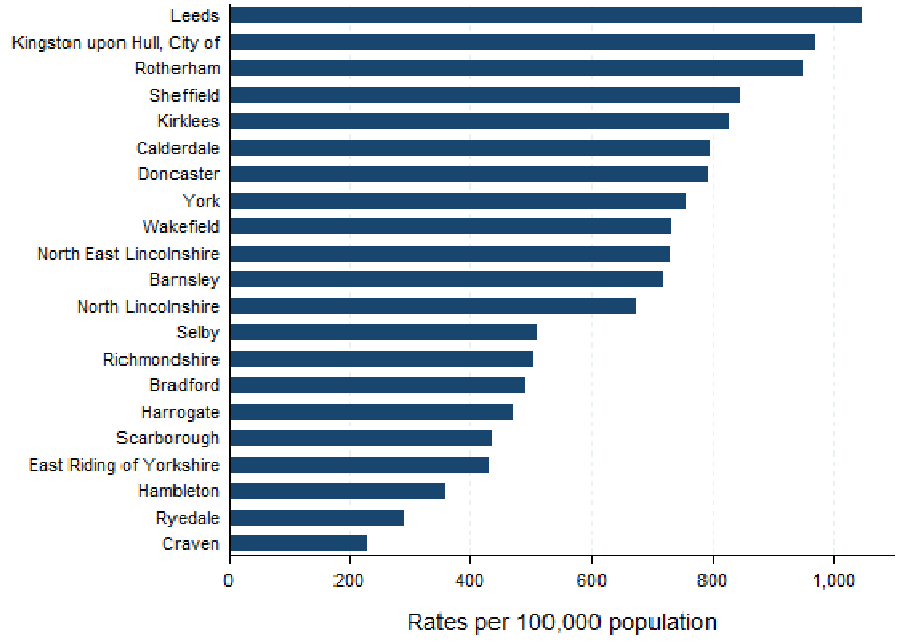
3 Sexual health needs analysis

3.1 Sexually transmitted infections

In the 2013 Local Authority Sexual Health epidemiology report produced by Public Health England (PHE), Rotherham was ranked 60 (out of 326 local authorities in England; first in the rank has highest rates) for rates of new STIs. A total of 2458 new STIs were diagnosed in residents of Rotherham, a rate of 951.4 per 100,000 residents (compared to 810.9 per 100,000 in England); 63% of diagnoses of new STIs in Rotherham were in young people aged 15-24 years (compared to 55% on average nationally)

Overall, Rotherham has significantly higher rate for STIs than that for England and is ranked third highest local authority in Yorkshire and Humber (Figure 1)

Figure 1: Rates of new STIs in each local authority in Yorkshire and Humber 2013



Source: Data from Genitourinary Medicine clinics and community settings (for Chlamydia only) Rates based on the 2012 ONS population estimates

Rotherham is ranked 59 (out of 326 local authorities in England) for the rate of gonorrhoea, which is a particular marker of high levels of risky sexual activity. The rate of gonorrhea diagnoses per 100,000 in this local authority was 51.9 (compared to 52.9 per 100,000 in England).

The rate of chlamydia detection per 100,000 young people aged 15-24 years in Rotherham was 3311.4 (compared to 2015.6 per 100,000 in England).

The high rates for chlamydia detection indicates *good* performance, as it means our services are strong on finding and treating chlamydial infection; and this will, in time,

lead to lower levels of infection circulating in the population. We do have relatively low rates of syphilis and rates of gonorrhea, close to the overall rate for England. These two are seen as markers of more ‘severe’ infection and give us a good indication of the overall health protection risk in the population. The rate of HIV is relatively low in Rotherham; we are not a “high incidence area” for HIV. The pattern we see in Rotherham is more of a young, sexually active population and a relatively controlled level of more serious infection, but we need to ensure that this control is maintained.

3.2 STI reinfection rates

Reinfection with an STI is a marker of persistent risky behaviour. In Rotherham, an estimated 4.2% of women and 4.8% of men presenting with a new STI at a Genitourinary medicine (GUM) clinic during the five year period from 2009 to 2013 became reinfected with a new STI within twelve months. This is significantly lower than national reinfection rates. Nationally, during the same period of time, an estimated 6.9% of women and 8.8% of men presenting with a new STI at a GUM clinic became reinfected with a new STI within twelve months.

Reinfection specifically with gonorrhea is also comparatively low and locally, as nationally, men are twice as likely to be reinfected compared to women. In Rotherham, an estimated 1.2% of women and 2.4% of men diagnosed with gonorrhoea at a GUM clinic between 2009 and 2013 became reinfected with gonorrhoea within twelve months. Nationally, an estimated 3.7% of women and 8.0% of men became reinfected with gonorrhoea within twelve months

3.3 Chlamydia

Chlamydia is an important cause of infertility, pelvic infection in women and testicular inflammation in men, and increases the risk of acquiring other sexually transmitted infections such as HIV.

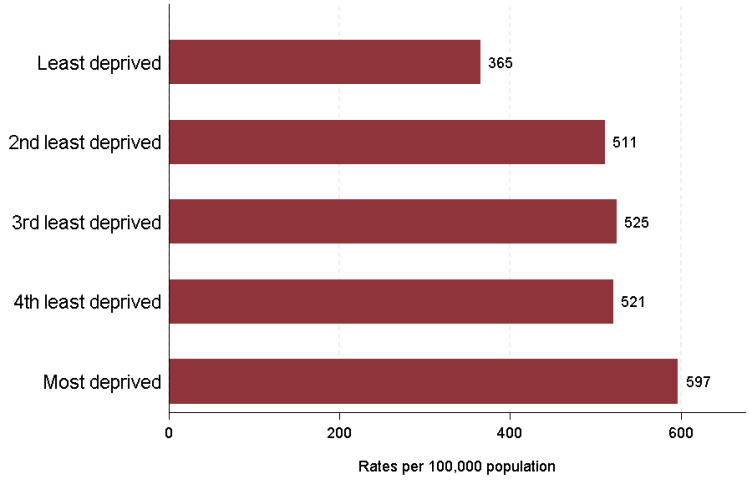
Chlamydia is the most common STI among Rotherham residents in 2013. The measure that we currently use to assess chlamydia is the rate of detection of disease. It may seem counterintuitive, but we want to keep the detection rate of chlamydia in Rotherham high. This is because we know there is a high background rate in the community, and having a high detection rate suggests we are identifying it effectively and treating it. Since chlamydia is most often asymptomatic, a high detection rate reflects success at identifying infections that, if left untreated, may lead to serious reproductive health consequences. The detection rate in Rotherham indicates that we have an effective detection programme in place, but that there is a considerable level of unprotected sexual activity and, thus, high levels of the infection circulating, within the targeted population of young people aged between 15 and 24 years of age.

The initial target, for effective detection, is 2,400 positive tests per 100,000 eligible population. The 2013 detection rate for chlamydia in Rotherham is 3,311.4 cases per 100,000, well above the Public Health Outcomes Framework recommendation. Our relatively high percentage of positive tests shows that testing in Rotherham is being effectively targeted towards the populations most at risk. However, as testing is currently predominantly from the core Integrated Sexual Health Services and Primary Care, we need to continue to ensure that access to testing is adequate for *all* young people, especially the more vulnerable, who may be less likely to access such services.

3.4 Distribution of new STIs and deprivation

Socio-economic deprivation is a known determinant of poor health outcomes; data from GUM services show a strong positive correlation between rates of new STIs and the Index of Multiple Deprivation across England. The relationship between STIs and socio-economic deprivation is probably influenced by a range of factors such as the provision of and access to sexual health services, education, health awareness, health-care seeking behaviour and sexual behaviour.

Rates of new STIs by deprivation category in Rotherham (GUM diagnoses only): 2013



Source: Data from Genitourinary Medicine Clinics
Rates based on the 2011 ONS population estimates
Excludes chlamydia diagnoses made outside GUM

3.5 HIV

HIV is nowadays considered to be a chronic disease which can be effectively managed. Crucially the earlier the diagnosis is made the more effective the treatment regime, and the more likely we are to prevent transmission to an uninfected person. Although overall numbers of those living with HIV is low in Rotherham (the diagnosed HIV prevalence being 1.0 per 1,000 population aged 15-59 years compared to 2.1 per 1,000 in England) we are seeing a larger number who present late with the infection. Between 2011 and 2013, 56% of HIV diagnoses in Rotherham were made at a late stage of infection (defined as CD4 count <350

cells/mm³ within 3 months of diagnosis) compared to 45% in England. Late diagnosis has implications for success and cost of treatment and onward transmission of the disease and is a critical component of the Public Health Outcomes Framework.

3.6 Abortion

The total abortion rate, access to NHS funded abortions at less than 10 weeks gestation, and under and over 25 years repeat abortion rates are indicators of lack of access to good quality contraception services and advice, as well as problems with individual use of contraceptive method and, potentially, poor access to termination services. Unplanned pregnancies can end in abortion or a maternity. Many unplanned pregnancies that continue will become wanted. However, unplanned pregnancy can cause financial, housing and relationship pressures and have impacts on existing children.

In 2013, in Rotherham upper tier local authority the total abortion rate per 1,000 female population aged 15-44 years was 12.7, while in England the rate was 16.6. The rank (out of 146 upper tier local authorities) within England for the total abortion rate (1st has the highest rate) was 123.

Among NHS funded abortions in Rotherham, the proportion of those under 10 weeks gestation was 69.5%, while in England the proportion was 79.4%. The earlier abortions are performed the lower the risk of complications. Prompt access to abortion, enabling provision earlier in pregnancy, is also cost-effective and an indicator of service quality and increases choices around procedure. There is considerable room for improvement in earlier access to terminations in Rotherham.

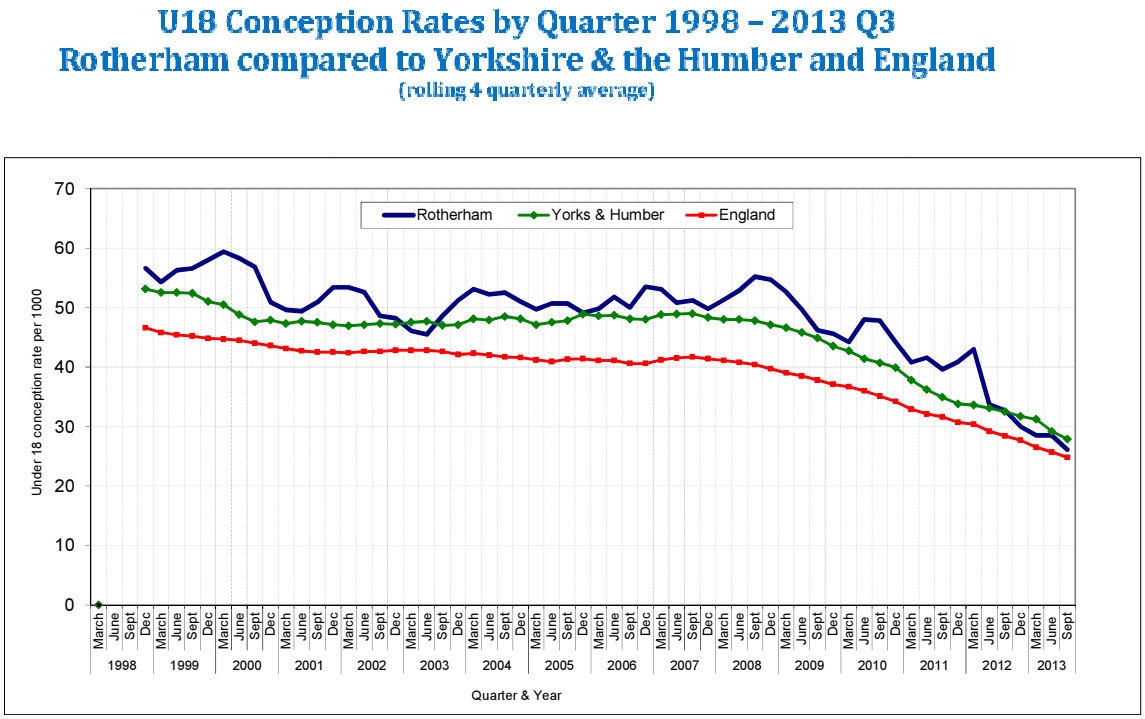
However Rotherham does perform relatively well in terms of repeat termination rates. In 2013, among women under 25 years who had an abortion in Rotherham, the proportion of those who had had a previous abortion was 21.1%, while in England the proportion was 26.9%.

3.7 Teenage pregnancy

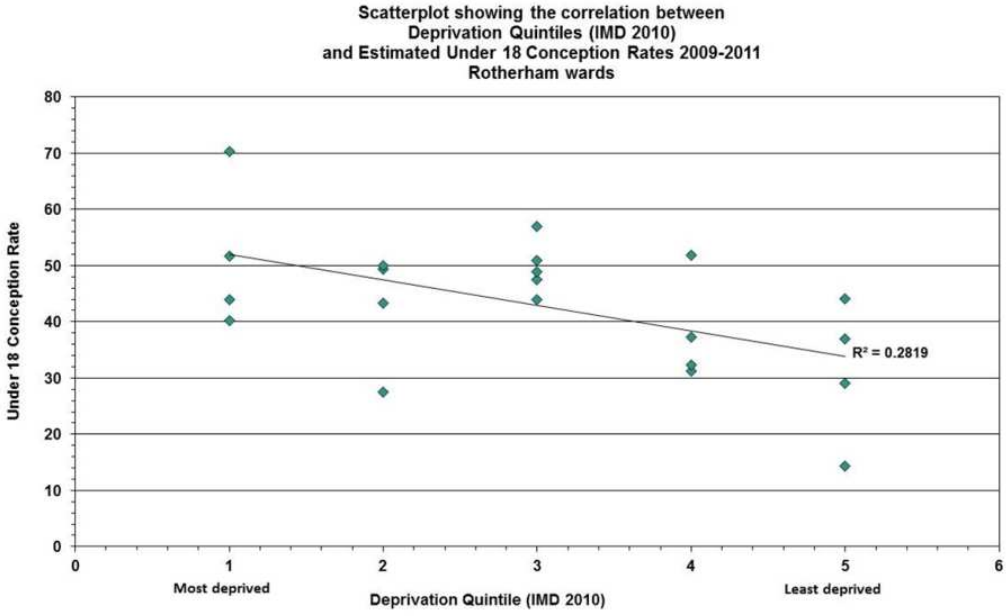
Continuing to reduce under 18 pregnancies is a high priority as highlighted by the inclusion of this as an indicator in the Public Outcomes Framework.

Teenage pregnancy in Rotherham has fallen over the past few years due, in part, to increasing take up of Long Acting Reversible Contraception (LARC). Rotherham's under 18 conception rate fell to its lowest in the period 1998-2012 at 30.0 conceptions per 1,000 females aged 15-17 years. This represents a 26.7% decrease over the 2011 rate of 40.9 the number of conceptions has decreased from 201 to 144, a decrease of 28.4%. Data by quarter for September 2013 is at its lowest ever with a provisional rate of 20.1, with quarterly rates decreasing since December 2012. Impressively, this is lower than the England rate (22.2 females aged 15-17 years).

The rate for under 16 conceptions has also fallen from 9.4 to 6.8 conceptions per 1,000, bringing Rotherham statistically in line with the rest of England.



In Rotherham (as with the rest of the country) there is a clear relationship between conception rate and deprivation and interventions have been targeted to work with deprived young people to address risk and raise self-esteem and aspiration



3.8 Sexual and reproductive health profile

The Sexual and Reproductive Health Profile for Rotherham is a data set published by PHE which shows a range of sexual and reproductive health indicators as well as indicators covering the wider determinants of health (see Appendix 1).

The indicators show a level of deprivation with high rates of youth offending, young people not in education and training and young people experiencing poverty. We are, however, seeing good progress in the educational attainment of our young people and this has been a contributory factor in the excellent progress in the reduction of teenage conceptions. Overall, given the level of deprivation in Rotherham, we are seeing a promising picture in relation to uptake of contraception, risky behaviour taking and teenage conceptions. However, there are some areas for improvement. Although we do have a good uptake of HIV testing, for example, we do need to improve our rates of early diagnosis to ensure the best health outcomes.

4 A life course approach

In order for people to stay healthy, know how to protect their sexual health and how to access appropriate services and interventions when they need them, everyone needs age appropriate education, information and support.

For all young people it is important that they receive high quality education about sex and relationships. Focusing especially on our young people is crucial, as early established behaviour patterns can affect health throughout life. We need to prioritise prevention for our young people aged 16 to 19 years, who tend to have significantly higher rates of poor sexual health than older people, it is important that all our young people:

- know how to ask for help and able to access confidential advice and support about wellbeing, relationships and sexual health;
- have the confidence and emotional resilience to understand the benefits of loving, healthy relationships and delaying sex;
- understand consent and issues around abusive relationships;
- make informed and responsible decisions, understand issues around consent and the benefits of stable relationships and are aware of the risks of unprotected sex;
- have rapid and easy access to appropriate services
- whatever their sexuality, have their sexual health needs met.

We will have a comprehensive Sexual Health Service and School Nursing Service in Rotherham providing support to the school curriculum. The School Nursing Service will provide contraceptive advice and/or referrals to sexual health services and support schools in their delivery of puberty education.

All Rotherham schools will be engaged with services and provide consistent and robust Sex and Relationship Education. This will address what is appropriate sexual behaviour and where to seek help or advice, as well as what the risks are of becoming pregnant or contracting an STI. Our aim is that Head Teachers and Governing bodies will fully support sexual health initiatives within their schools.

We will have a fully integrated Sexual Health Service provided at main clinic sites and at youth clinics across the Borough, providing open access, non-judgemental services for all young people.

We will have General Practitioners (GPs) across the borough who are 'young

person friendly' and provide a range of sexual health and contraceptive services to any young person requesting them.

We will have pharmacies in Rotherham who provide, free of charge to the end user, Emergency Hormonal Contraception to young women who need this service and who signpost into other services when necessary.

For all our adults we need them to have access to high quality services and information. For our older residents we want them to remain healthy as they age. We will ensure that:

- all Rotherham residents understand the range of choices of contraception and where to access them;
- people with additional needs are identified and appropriately supported;
- all Rotherham residents have information and support to access testing and early diagnosis to prevent the transmission of HIV and STIs;
- people of all ages understand the risks of unprotected sex and how they can protect themselves;
- older people with diagnosed HIV are able to access any health and social care services they need;
- people with other physical problems that may affect their sexual health are able to access the support they need.

We* will have *a fully integrated open access Sexual Health Service, providing a full range of contraceptive and STI testing/treatment services for all Rotherham residents.

We will have prompt access to abortion services earlier in pregnancy

GPs across the Borough will offer a comprehensive sexual health service to their patients including a range of contraception and STI testing working in collaboration with the commissioned specialist services.

We will develop and sustain third sector sexual health services to increase access and reduce late diagnoses and we will ensure that all our health professionals fully engage with these services.

Robust care pathways will be adopted across all services to reflect individual and complex needs.

5 Prevention

Sexual health promotion and prevention aims to help people to make informed and responsible choices in their lives. Effective sexual health promotion programmes can help to address the prejudice, stigma and discrimination that can be linked to sexual ill health. Such programmes can help to tackle the factors that can influence sexual health outcomes.

Prevention must be our priority, including in our treatment services.

- we will have a sexual health culture in Rotherham that prioritises prevention and supports behaviour change
- we will make sure that the people of Rotherham are motivated to practice safer sex
- we will increase awareness of sexual health among local healthcare professional as part of the making every contact count approach.

All health professionals in our commissioned services will prioritise prevention and encourage and support behaviour change.

A 'culture' of prevention will be embedded within all services, not just our specialised commissioned ones. All professionals will make every contact count and be aware of how they can play a part in ensuring good sexual health for all Rotherham people.

All services, agencies, health professionals, workplaces, schools and colleges will encourage practices that promote good sexual health.

6 Safeguarding

The *Jay Independent Inquiry into Child sexual Exploitation in Rotherham 1997-2013* commissioned by RMBC and published in August 2014 set out the scale and nature of child sexual exploitation (CSE) in Rotherham and made far reaching recommendations for improvements, which have and continue to be responded to by all partners. The CSE Strategy and Action Plan is led by the Local Safeguarding Children Board,

It is important that all service providers are aware of child protection and safeguarding issues and the possibility of abuse and/or exploitation and work collaboratively to protect all children under 18 years of age. Sexual health services have a particular role to play in identifying risk and managing the impact of sexual abuse and or exploitation and, by working together with others and sharing intelligence, contributing to the protection of vulnerable young people and the pursuit and prosecution of perpetrators.

The Sexual Offences Act 2003 provides that the age of consent is 16 and that sexual activity involving children under 16 is unlawful. The age of consent also reflects the fact that children aged under 16 are particularly vulnerable to exploitation and abuse.

We know that approximately 25% of young people under 16 in Rotherham are sexually active (Rotherham Lifestyle Survey Report 2013). It is important, therefore, that any young person under 16 who is sexually active should have confidence to attend sexual health services and have early access to professional advice, support and treatment.

We will ensure that:

- all our providers of sexual health services are aware of the child protection procedures in Rotherham and work proactively and collaboratively to protect and support our vulnerable young people.
- all our providers of sexual health services have robust guidelines and referral pathways in place for risk assessment and management of child sexual abuse, including child sexual exploitation;
- all our young people have equitable access to confidential sexual health services including emergency contraception and abortion;

We will have robust referral pathways and consistent approaches to identify risk and vulnerability to Child Sexual Exploitation which will be adopted by all services.

Services will offer the best evidence based support and protection for young people who are victims and/or at risk from sexual abuse and/or exploitation.

Survivors of abuse of any age, and parents and families affected by child sexual abuse and/or exploitation will have access to support

We will adopt interventions, based on evidence of best practice, in relation to preventing potential perpetrators from abusing/exploiting vulnerable young people.

7 Health improvement

Prevention is key to good sexual health and there are some issues where additional focus is needed to improve outcomes.

In the prevention of unwanted teenage pregnancies (under 18 years) there is strong evidence to suggest that high quality education about relationships and sex and access to, and correct use of, effective contraception is key. In Rotherham there is a clear relationship between teenage conception rate and deprivation and interventions have been targeted to work with young people from the most deprived areas to address risk and raise self-esteem and aspiration.

Increased use of the highly effective LARC methods to prevent unwanted pregnancy could potentially lead to a perception that a condom is unnecessary. The best way for sexually active people of any age to avoid an STI is to use a condom when they have sex. Promotion of, and access to, all methods of contraception is important.

Our most vulnerable young people often lead chaotic lifestyles, are often found in the care system and/or have special educational needs. Interventions need to be targeted effectively.

- young people in Rotherham will receive appropriate information and education to enable them to make informed decisions
- young people in Rotherham will have access to the full range of contraceptive methods
- young people in Rotherham will have the appropriate support to ensure that they have ambitions, stay engaged, reach high levels of educational attainment and have the best start in life

All services and professionals working with young people will give consistent messages in relation to prevention of unwanted pregnancy and STIs.

We will have a wide range of services offering sexual health advice, information and treatment and a full range of contraceptive services available across the Borough in a variety of settings to ensure we engage with all our young people.

We will develop specialised services to work with hard to reach, vulnerable groups such as the Roma community and young people in care, and adopt specific, evidence based, targeted interventions.

We will reinforce aspiration as the 'social norm' in all sections of society.

8 Health protection

The Health and Social Care Act (2012) places the overall responsibility for Infection Prevention and Control with the Director Public Health. The legislation enables and requires the Local Authority to intervene and take action to protect the health of the population. Protecting the public from infection relies on maintaining rates of testing and early treatment to prevent spread. Those who are infected must be confident that they will be treated well when getting tested and treated.

Researchers looking at barriers to getting tested and treated for STIs have identified a number of recurrent themes, which include

- not being able to afford testing or treatment
- concerns about the confidentiality
- concerns about stigma
- feeling that the services were not appropriate because of cultural or language barriers

The strategic responsibility of the Local Authority includes prevention, surveillance, planning and response to local incidents and outbreaks.

- RMBC and all partners will support preventive actions to protect the health of the population
- all sexual health incidents and outbreaks to be dealt with effectively at the most appropriate level
- we will have local plans and capacity to monitor and manage acute incidents to help prevent the transmission of sexually transmitted infections and to foster improvements in sexual health

We will have comprehensive Health Protection plans agreed and in place. We will have reporting systems and care pathways which are used effectively and monitored.

Our services will make early diagnosis their priority and encourage people to take up opportunities for testing. We will promote testing for STIs in a positive way to reduce stigma and make it more acceptable.

We will ensure services are free at the point of use to ensure that lack of money does not become a barrier to accessing services.

We will ensure that services respect confidentiality and provide for the diverse cultural and linguistic needs of our population.

9 Improving outcomes through effective commissioning

Evidence demonstrates that spending on sexual health interventions and services is cost effective and has a marked effect on other healthcare costs. Preventing unwanted pregnancies and reducing levels of sexual ill health in the population also impacts on social care budgets, benefits, housing and the overall economy of Rotherham. Good sexual health has a clear role to play in improving health and reducing health inequalities.

The new commissioning arrangements for sexual health services have been in force since 1st April 2013. RMBC is mandated to commission for comprehensive sexual health services which includes contraception, STI testing and treatment, Chlamydia screening as part of the screening programme and HIV testing. Rotherham CCG commissions abortion services, sterilisation, psychosexual counselling and Gynaecology (including any use of contraception for non-contraceptive purposes). The third commissioner of Rotherham's sexual health services is NHS England which is responsible for commissioning HIV treatment and care and the Sexual Assault Referral Centre (SARC). It is vital for commissioners to work closely together to ensure that the care and treatment the people of Rotherham receive is of high quality and is not fragmented.

A key principle of sexual health services is that they are open access, confidential and free of charge for the user. There are strong public health reasons why this should continue.

- our commissioners will work in partnership with all key players to develop a joint commitment to improving sexual health in Rotherham
- we will have challenging but achievable outcome measures for our services using robust data and needs assessment
- we will ensure value for money from our services and interventions and they will be developed and delivered to tackle the wider determinants of sexual health in Rotherham and targeted at groups who may be vulnerable and at risk from poor sexual health
- our interventions and services will be commissioned from high quality providers who have appropriately trained staff meeting recognised national professional guidelines

We will have a joint sexual health commissioning strategy agreed at a local level and all commissioners will have consistent, agreed outcome measures with providers.

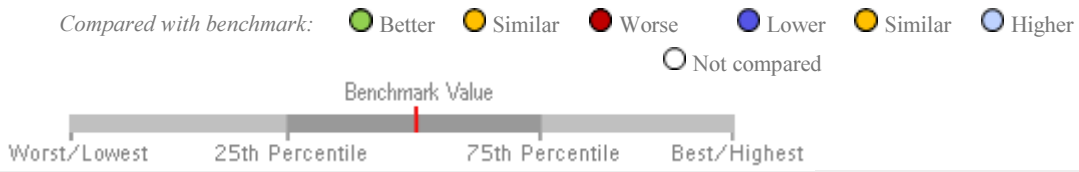
Robust data will be collected by all providers and an information sharing system will be in place with commissioners.

Providers will provide good quality, value for money services. They will work within their agreed budgets and to target their evidence based services appropriately.

All providers of sexual health services will evidence levels of competence/training and will ensure continual professional development of all their staff.

Appendix 1

Sexual and Reproductive Health Profile



Indicator	Period	Rotherham		Region	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Syphilis diagnosis rate / 100,000	2013	1	0.4	3.7	5.9	90.9		0.0
Gonorrhoea diagnosis rate / 100,000	2013	134	51.9	37.5	52.9	533.2		3.6
Chlamydia diagnosis rate / 100,000 aged 15-24 (PHOF indicator 3.02) <1,900 1,900 to 2,300 ≥2,300	2013	1,039	3,311	2,169	2,016	840		5,758
Chlamydia diagnosis rate / 100,000 aged 15-24, pre-2012 data <2,000 2,000 to 2,400 ≥2,400	2011	819	2,591	2,277	2,097	948		4,911
Chlamydia proportion aged 15-24 screened	2013	10,730	34.2%	24.4%	24.9%	10.6%		58.2%
Genital warts diagnosis rate / 100,000	2013	410	158.7	125.2	133.4	288.6		70.7
Genital herpes diagnosis rate / 100,000	2013	171	66.2	51.3	58.8	182.9		21.4
All new STI diagnoses (exc Chlamydia aged <25) / 100,000	2013	1,399	846	674	832	349		3,269
STI testing rate (exc Chlamydia aged < 25) / 100,000	2013	26,826	16,213	12,429	14,685	6,588		53,921
STI testing positivity (exc Chlamydia aged	2013	1,399	5.2%	5.4%	5.7%	4.0%		9.9%

Indicator	Period	Rotherham		Region	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
<25) %								
HIV testing uptake, MSM (%)	2013	46	97.9%	94.5%	94.8%	86.1%		100%
HIV testing uptake, women (%)	2013	2,292	82.6%	71.9%	75.8%	29.0%		94.4%
HIV testing uptake, men (%)	2013	2,185	85.9%	81.7%	84.9%	58.4%		95.9%
HIV testing coverage, MSM (%)	2013	37	94.9%	85.9%	86.1%	63.3%		100%
HIV testing coverage, women (%)	2013	2,092	75.7%	63.8%	65.6%	26.0%		85.2%
HIV testing coverage, men (%)	2013	2,029	79.7%	75.7%	77.5%	50.6%		86.9%
HIV late diagnosis (%) (PHOF indicator 3.04) <25%25% to 50%≥50%	2011 - 13	14	56.0%	51.6%	45.0%	77.3%		25.9%
HIV diagnosed prevalence rate / 1,000 aged 15-59	2013	157	1.05	1.26	2.14	0.37		14.70
Population vaccination coverage - HPV (%) (PHOF indicator) <previous year's England value≥previous year's England value	2012/13	1,537	91.5%*	89.4%	86.1%	62.1%		96.2%
Abortions under 10 weeks (%)	2013	421	69.5%	76.3%	79.4%	55.6%		87.4%
Under 25s repeat abortions (%)	2013	62	21.1%	26.3%	26.9%	49.2%		13.9%
Total abortions rate / 1,000	2013	613	12.7	14.5	16.6	32.4		9.0
GP prescribed LARC rate / 1,000	2013	2,879	60.3	66.9	52.7	7.5		96.3
Pelvic inflammatory disease (PID) admissions rate / 100,000	2012/13	151	311.9	229.2	228.3	693.9		70.9
Ectopic pregnancy admissions rate /	2012/13	45	92.9	88.4	94.7	173.1		14.0

Indicator	Period	Rotherham		Region	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
100,000								
Cervical cancer registrations rate / 100,000	2009 - 11	-	10.4	10.5	8.8	17.4		3.0
Under 18s conceptions rate / 1,000 (PHOF indicator 2.04)	2012	144	30.0	31.7	27.7	52.0		14.2
Under 16s conceptions rate / 1,000 (PHOF indicator 2.04)	2012	32	6.8	6.8	5.6	15.8		2.0
Under 18s conceptions leading to abortion (%)	2012	67	46.5%	41.3%	49.1%	27.3%		79.5%
Under 18s abortions rate / 1,000 (based on year of conception)	2012	67	14.0	13.1	13.6	7.1		25.8
Under 18s births rate / 1,000 (based on year of conception)	2012	77	16.1	18.6	14.1	33.8		3.0
Sexual offences rate / 1,000 (PHOF indicator 1.12iii)	2013/14	212	0.82	1.10	1.01	0.38		2.43
Under 18s alcohol-specific hospital admissions rate / 100,000	2010/11 - 12/13	63	37.4	44.1	44.9	117.3		15.2
Percentage people living in 20% most deprived areas in England	2012	86,125	33.3%	27.8%	20.4%	83.8%		0.0%
Under 16s in poverty (%) (PHOF indicator 1.01ii)	2011	11,525	23.2%	21.7%	20.6%	43.6%		6.9%
GCSE achieved 5A*-C inc. Eng & Maths (%)	2012/13	2,224	63.6%	59.5%	60.8%	43.7%		81.9%
16-18 year olds not in education employment or training (%) (PHOF indicator 1.05)	2013	620	6.4%	5.7%	5.3%	9.8%		1.8%
Pupil absence (%) (PHOF indicator 1.03)	2012/13	763,158	5.93%	5.45%	5.26%	6.31%		4.36%
First time entrants to	2013	134	535	459	441	847		171

Indicator	Period	Rotherham		Region	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
the youth justice system rate / 100,000 (PHOF indicator 1.04)								