

York Sexual Health Needs Assessment

2018

A rapid assessment of the sexual health needs
of the York population

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Executive Summary

This report looks at the current and emerging sexual health needs of people living in York.

Sexual health remains an important public health priority. Without timely and accurate diagnosis and treatment the risk of accidental transmission and medical complications is high. This would present a significant risk to the public health and also increase the demand for costly treatments into the future.

In York, there is an integrated sexual health service that operates through a hub and spoke model. When recently surveyed, service users indicated they were generally satisfied with the service they received. There is also evidence from the most recent LASAR report that the Lesbian, Gay, Bisexual, and Transgender (LGBT) population of York make good use of the integrated sexual health service.

1. Scope and Purpose

The purpose of this needs assessment is to consider the current and emerging sexual health needs of residents who live in York.

The primary intended outcome of this needs assessment is to inform future sexual health strategies and commissioning decisions over the next three years.

The needs assessment includes a description of York's population and how it is projected to change in the coming years. It also includes a description of the sexual health service use and health outcomes of the population of York; including testing and diagnosis of sexual health infections (STIs), contraception, conception and pregnancy termination among teenagers.

The following information sources were used as part of this needs assessment.

- Routinely collected data indicators; for example, Public Health England (PHE) Fingertips or the Census.
- Specialist reports; York local authority HIV, sexual, and reproductive health epidemiology report (LASAR), Public Health England, 2017
- Extracts from recent York topic specific needs assessments, produced as part of the Joint Strategic Needs Assessment
- Data provided by the service provider, about people who have used the integrated wellbeing service in the last year.
- Information collected from residents about their views of sexual health services in York.

The views of organisations and professionals have not been formally collected as part of this needs assessment. There will be an extended engagement and consultation period as part of planned commissioning work in 2018, and this will include the opportunity to discuss sexual health need in York.

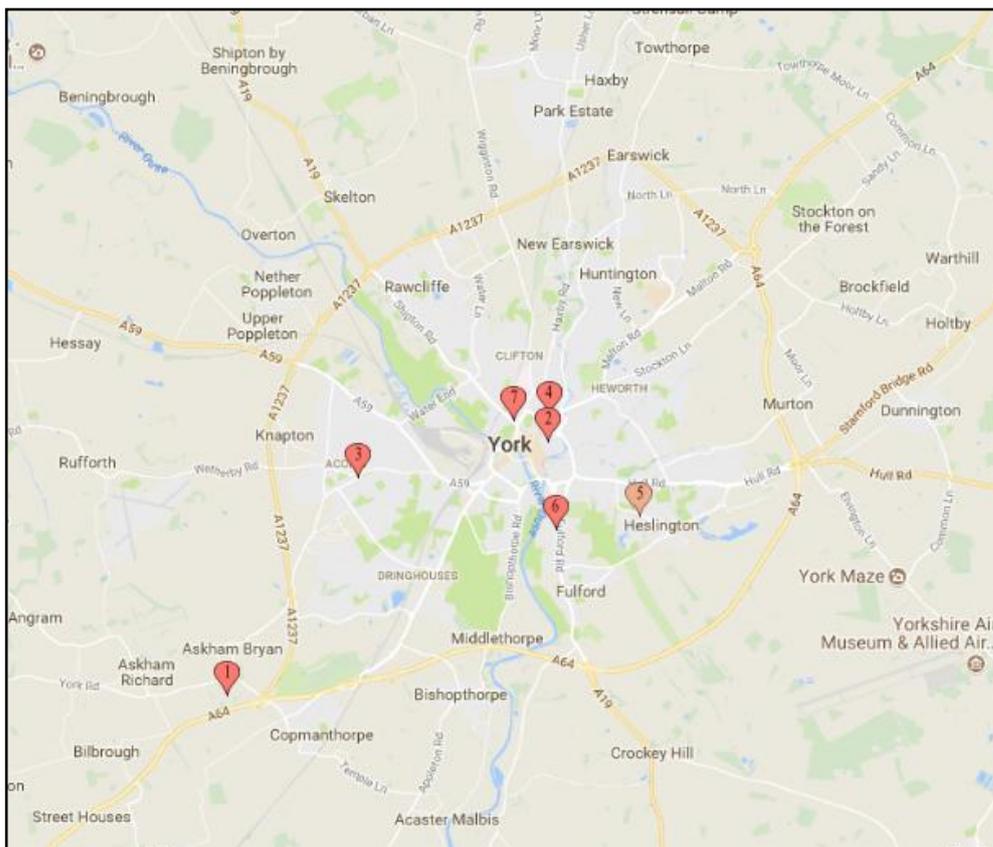


Figure 1 the location integrated sexual health service sites in York.

National Public health services contract

The national public health services contract³ describes a set of outcomes that might be expected from a sexual health service.

- Clear accessible and up to date information about services providing contraception and sexual health for the whole population including information targeted at those at highest risk of sexual ill health
- Improved access to services among those at highest risk of sexual ill health
- Reduced sexual health inequalities amongst young people and young adults

³ <https://www.gov.uk/government/publications/public-health-services-non-mandatory-contracts-and-guidance-published>

- Reduced sexual health inequalities amongst BME groups
- Increased uptake of effective methods of contraception, including rapid access to the full range of contraceptive methods including LARC (Long Acting Reversible Contraceptive) for all age groups
- A reduction in unwanted pregnancies in all ages as evidenced by teenage conception and abortion rates
- Increased diagnosis and effective management of sexually transmitted infections
- Increased uptake of HIV testing with particular emphasis on first time service users and repeat testing of those that remain at risk
- Increased development of evidence-based practice

There are three main public health outcome measures for these services; these are included in the Public Health Outcomes Framework profile 2016-2019⁴.

- 2.04 – Under 18's conception rate
- 3.02 – Chlamydia detection rate in 15-24 year olds
- 3.04 – Proportion of new HIV diagnosis where people present with late stage infection

Clinical commissioning groups are responsible for commissioning the following services;

- most pregnancy termination services
- sterilisation
- vasectomy
- non-sexual-health elements of psychosexual health services
- gynecology, including any use of contraception for non-contraceptive purposes

⁴ Public Health England, Public Health Outcomes Framework (2016) Improving outcomes and supporting transparency (part 2) <https://www.gov.uk/government/publications/public-health-outcomes-framework-2016-to-2019>

NHS England is responsible for commissioning the following services;

- contraception provided as an additional service under the GP contract
- HIV treatment and care (including drug costs for PEPSE)
- promotion of opportunistic testing and treatment for STIs
- ensuring GPs respond to patient-requested testing for STIs
- sexual health elements of prison health services
- sexual assault referral centers
- cervical screening programs
- specialist fetal medicine services

Other sexual health services commissioned in York:

GP practices in York are commissioned by NHS England and the Vale of York CCG to deliver a range of contraception services, including contraception for non-contraceptive purposes, as well as and STI diagnosis and treatment services. In addition to the core GP contract, City of York Council commission GP practices in York to deliver long acting reversible contraception (LARC).

York Teaching Hospital provides a sexual assault referral centre from a base in Bishopthorpe, a specialist centre for sexual assault in relation to children is located in York Hospital.

Emergency hormonal contraception is available in York through GP practices, the YorSexual Health Clinics, and from the outpatient service at York Hospital. Pregnancy advice and termination services are available through Marie Stopes UK; the nearest clinics are in Leeds.

Emergency treatment for people who have potentially been exposed to HIV is available from the integrated sexual health service and York hospital A+E.

NICE Guidelines

The NICE guidance most relevant to specialist sexual health services are:

- PH51⁵ - Contraceptive services for under-25 year olds, 2014

⁵ NICE Guidance PH51 <https://www.nice.org.uk/guidance/ph51>

- CG30⁶ – Clinical guidance on the provision of long acting reversible, 2014 contraceptives
- PH3⁷ – Public health guidance on preventing sexually transmitted infections among under-18 year olds, 2007
- NG60⁸ - HIV testing: increasing uptake among people who may have undiagnosed HI, 2016
- NG68⁹ – Sexually transmitted infections: condom distribution schemes

Additional guidance in relation to teenage pregnancy is expected to be published in 2018.

BASH Guidelines

The British Association for Sexual Health and HIV produces a number of guidelines on the practical delivery of quality sexual health services. In total there are currently 25 recommendations which cover a wide range of sexual, reproductive, and gynaecological topics. Particularly relevant are the guidance documents on sexual history taking, STI testing and HIV¹⁰;

- HIV pre-exposure prophylaxis, 2016
- Summary guidance on tests for sexually transmitted infections, 2015
- HIV partner notification for adults: definitions, outcomes and standards, 2015
- Position statement of HIV testing window period, 2014
- Sexual History Taking, 2013
- Safer Sex Advice, 2012
- Recommendations for testing for sexually transmitted infections in men who have sex with men, 2014
- STI and related conditions in children and young people, 2010
- HIV testing guidelines, 2008
- Sexual and reproductive health of people living with HIV, 2008

⁶ NICE Guidance CG30 <https://www.nice.org.uk/guidance/cg30>

⁷ NICE Guidance PH3 <https://www.nice.org.uk/guidance/ph3>

⁸ NICE Guidance NG60 <https://www.nice.org.uk/guidance/ng60>

⁹ NICE Guidance NG68 <https://www.nice.org.uk/guidance/ng68>

¹⁰ BASH Guidelines <https://www.bashh.org/guidelines>

3. The population of York

3.1 Population size

The population of York is approximately 208,400. By 2021 it is estimated there will be 5,400 additional people living in York¹¹, the majority of the growth will be in older adults, whereas there will be 1,200 fewer young people (18-24) in York by the end of 2021¹². York has a relatively even gender split.

3.2 Sexual Orientation

ONS estimate that 2% of the Yorkshire population are lesbian, gay, or bisexual, and report that nationally younger people are more likely to identify as LGB¹³. This would mean that there are 4,000-4,500 LGB people living in York.

3.3 Ethnicity

94% of residents in York describe themselves as 'White British'; this is substantially greater than the national average¹⁴. The largest minority ethnic group in York is Chinese, many of whom are students.

3.4 Disability

Across all of York, 15.3% of residents are recorded as having 'limiting long term illness or disability'¹⁵ which impacts on their daily lives.

3.5 Population age

Age is particularly important in this needs assessment because young people, particularly those aged 16-24 years old have a higher need for sexual health services.

¹¹ Projecting adult needs and service information, (Accessed October 2017)

<http://www.pansi.org.uk/index.php?pageNo=383&areaID=8301&loc=8301>

¹² Projecting adult needs and service information, (Accessed October 2017)

<http://www.pansi.org.uk/index.php?pageNo=383&areaID=8301&loc=8301>

¹³

<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2016#people-aged-16-to-24-are-more-likely-to-identify-as-lesbian-gay-or-bisexual-than-any-other-age-group>

¹⁴ York Census summary data https://www.york.gov.uk/info/20037/statistics_and_information/79/census

¹⁵ <https://data.yorkopendata.org/dataset/kpi-hlth02/resource/f28fed25-2101-4852-b59f-d7948dc17cb9>

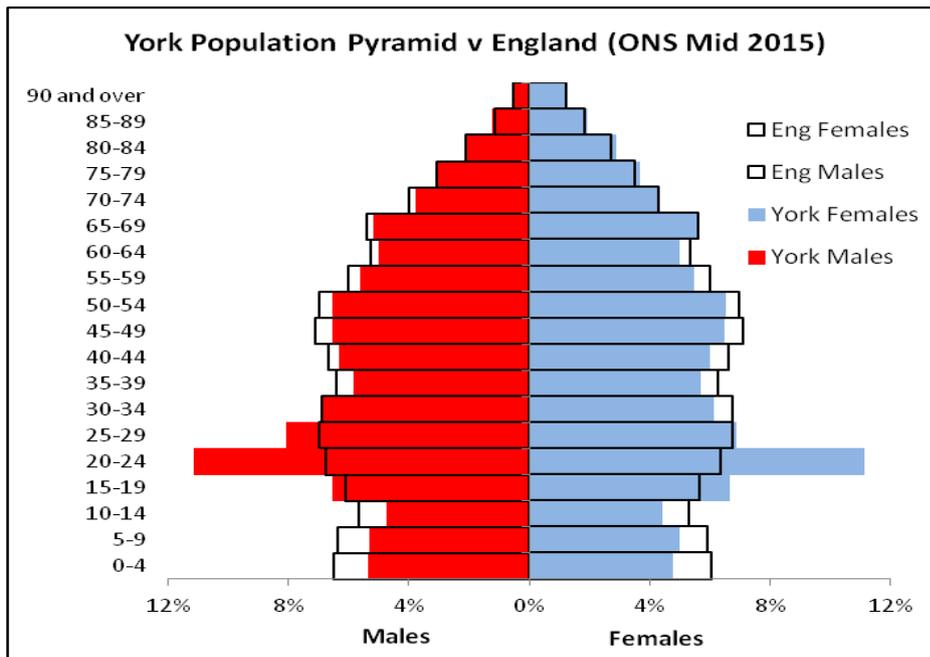


Figure 2 York population pyramid

Figure two above demonstrates that York has a large proportion of people in their late teens and early 20s¹⁶, this is larger than the England average:

- 6.6% of York's population are 15 to 19 years old
- 11% of York's population are 20-24 years old
- 7.8% of York's population are 25-29 years old.

The majority of 18-24 year olds live in Fishergate, Guildhall, and Hull road wards. More detailed information can be found in the ward profiles¹⁷.

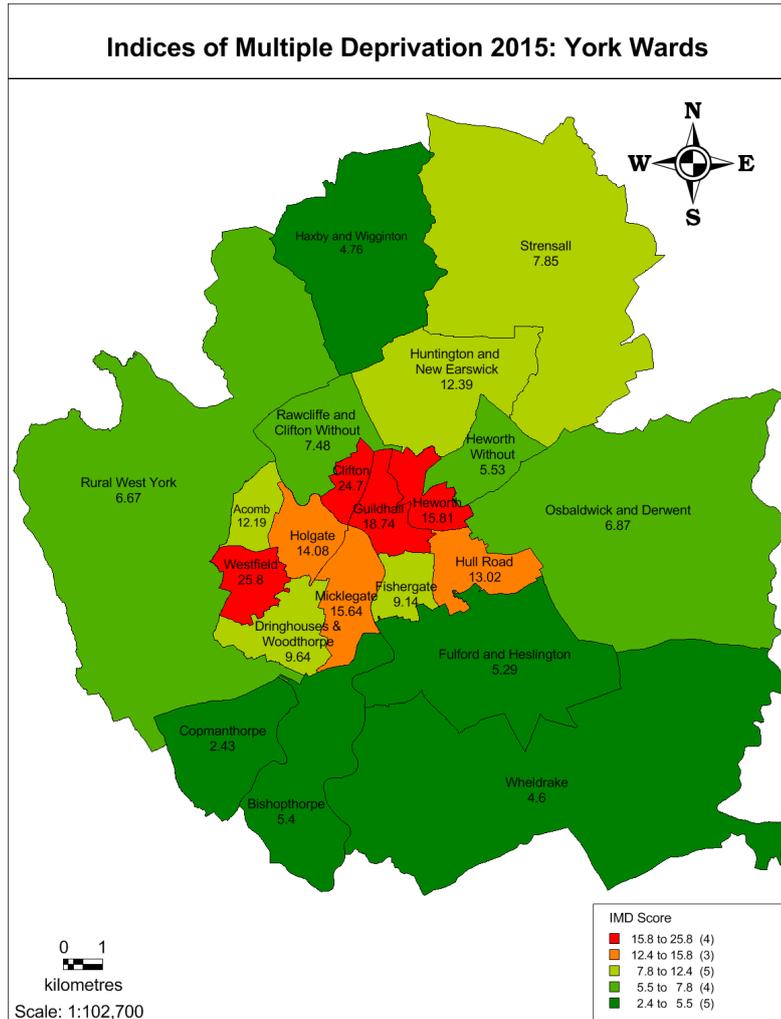
3.6 Relative deprivation

The Department of Health recognise that people living in areas of deprivation are at an increased risk of poor sexual health outcomes and that this is particularly true of young people¹⁸.

¹⁶ York Open Data, city profiles, age (page 2) <https://data.yorkopendata.org/dataset/york-profile>

¹⁷ York Open Data, Ward Profiles https://data.yorkopendata.org/group/d86c867f-170e-4163-8966-170455f0c0c7?sort=score+desc%2C+metadata_modified+desc&q=city+profile&tags=ward+profiles

¹⁸ https://webcache.googleusercontent.com/search?q=cache:Z1kValVZSaYJ:https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/210726/Service_Specification_with_covering_note.pdf+&cd=2&hl=en&ct=clnk&gl=uk



York is the 17th least deprived local authority in the country, however the map above shows that some wards (Westfield, Clifton, Guildhall, and Heworth) have higher levels of deprivation. It is estimated that 7,900 people (3.9%) live in parts of York that are in the most deprived 20% of England.

3.7 Fertility rate

York's (2015) fertility rate was 45 live births per 1,000 women aged 15 to 44 (England 63/1,000). This represents 2,023 live births in York. This is important to consider when planning contraception and sexual health services

3.8 Further reading about the population of York

- York Joint Strategic Needs Assessment <http://www.healthyyork.org/> .
- York Open Data <https://www.yorkopendata.org>

Student Health Needs Assessment (2017)

This needs assessment considers the health and wellbeing of students studying at the universities and colleges in York. Generally, students had a good level of awareness of local sexual health services, including where to go for advice and contraception. However, there were some concerns among staff and students about the emotional aspects of sexual relationships.

Pharmaceutical Needs Assessment (2018)

This needs assessment considered the population need for community pharmacy services 2018–2021. Some stakeholders reported that there was a sexual health service gap because emergency hormonal contraception was not available free of charge in the pharmacies in York.

Homelessness health needs assessment (2018)

The 2018 needs assessment considered the health and wellbeing of people in York who were sleeping rough, sofa surfing, in temporary or insecure accommodation. It found that people generally had good awareness of sexual health services in York, the majority knew where to access free condoms and sexual health advice. Additionally the majority were registered with a GP.

4. Sexual health need in York

4.1 Age

Nationally and in York sexually active young people are more likely to be diagnosed with an STI than other age groups¹⁹.

- 20-24 year olds account for 11% of the York population but 46% of the STI diagnosis
- 16-19 year olds account for 6.6% of the York population, but 21% of the STI diagnosis
- It is very uncommon to find 14 or 15 year olds in York with STIs, in the preceding 12 months, there were fewer than five diagnosis made.

(Data for July 2016 – June 2017: diagnosis of chlamydia, gonorrhoea, herpes, syphilis & genital warts)

Re-infection: Of all 15-19 year olds who were diagnosed with an STI in York, 11% of them were diagnosed with another STI within 12 months. This can be an indicator of risky sexual behaviour²⁰.

¹⁹ York LASAR report 2016 , page 16

²⁰ York LASAR report 2016, page 15

4.2 Age and Gender²¹

There are gender differences between STI diagnoses rates in York.

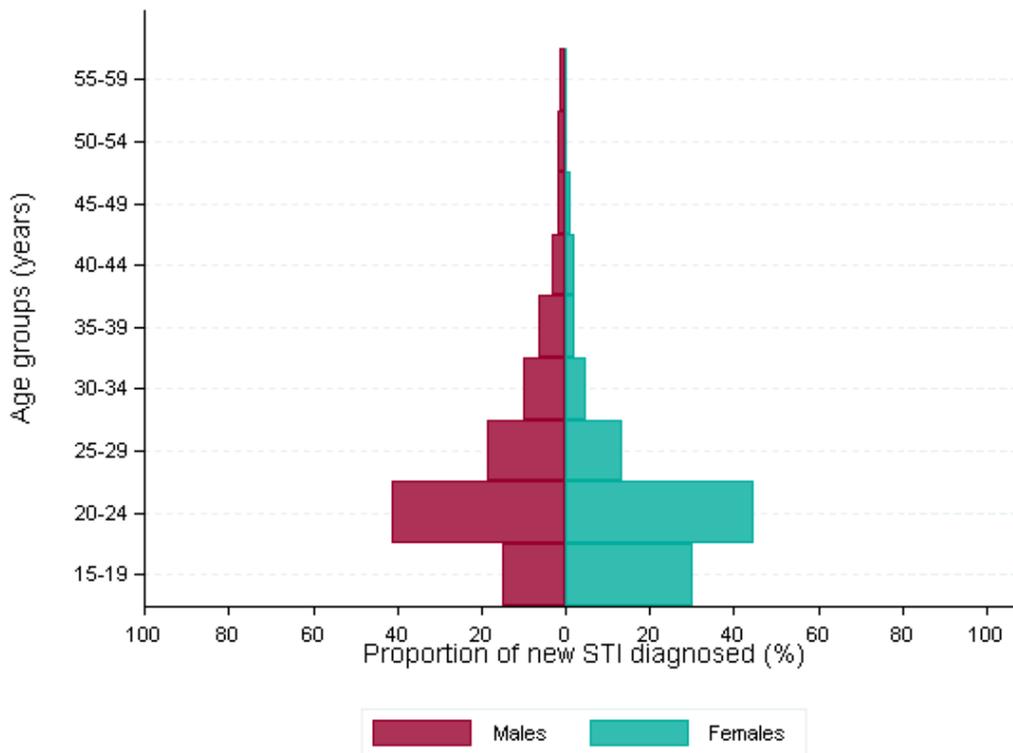


Figure 3 A chart displaying the age and gender of people diagnosed with chlamydia, gonorrhoea, herpes, syphilis, and genital warts in York, between July 2016 - June 2017

Figure three shows that women and girls of all ages accounted for 54% of all STI diagnosis. Women and girls aged 16-19 accounted for 77% of STI diagnosis for their age group between July 2016 and June 2017.

4.3 Sexual orientation

ONS estimate that 2% of the Yorkshire population are lesbian, gay, or bisexual, and report that nationally there are clear trends that show younger people are more likely to identify as LGBT²². Sexual orientation is important for this needs assessment because LGBT people nationally have a higher need for sexual health services.

²¹York LASAR report, page 16

²²

<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2016#people-aged-16-to-24-are-more-likely-to-identify-as-lesbian-gay-or-bisexual-than-any-other-age-group>

- LGB people accounted for 11% of all STI diagnosis in York²³
- Within this group, 1% of diagnosis made to lesbian women or bisexual people, the remaining 10% of diagnosis were made to gay men.
- Looking at men alone, 22% of STI diagnosis were made to men who have sex with men, this has risen from the previous years²⁴.

(Data for July 2016 – June 2017: diagnosis of chlamydia, gonorrhoea, herpes, syphilis & genital warts)

4.4 Ethnicity²⁵

93% of people with a diagnosed STI in York were White British. The largest ethnic minority group in York is Chinese. This group were not proportionally represented in the integrated sexual health service data for the last year.

4.5 Deprivation

Nationally, STI diagnosis is correlated with deprivation. However, in York the picture is different.

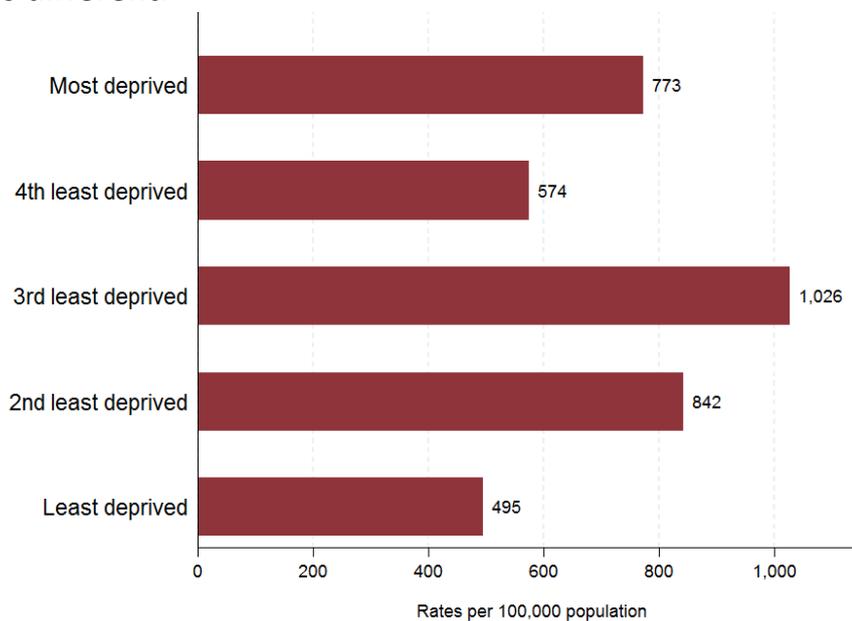


Figure 4 Rates of STI diagnosis in York displayed by deprivation quintile, 2016

²³ Public Health England data (restricted access) extract: July 2016-June 2017

²⁴ LASAR report 2016, page 19

²⁵ Public Health England data (restricted access) July 2016-June 2017

Figure four demonstrates that deprivation is only moderately linked to STI diagnosis rates in York²⁶. This suggests that there are other influencing factors which need to be understood.

4.6 Chlamydia

Chlamydia is caused by the bacterium Chlamydia Trachomatis and is the most common bacterial sexually transmitted infection in England. Most people with Chlamydia do not experience any symptoms and so may not know they have it. If untreated, Chlamydia can lead to complications including pelvic inflammatory disease, ectopic pregnancy and infertility. There are specific indicators for 15-24 year olds, because Chlamydia disproportionately affects young people.

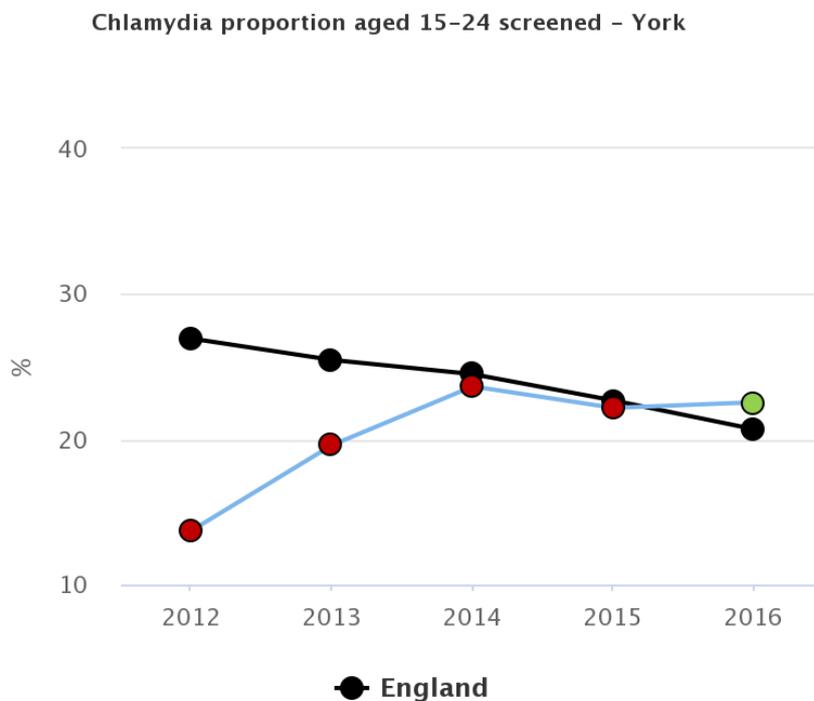


Figure 5 Chlamydia screening activity in York and England between 2012 and 2016

Figure five shows that, in York, Chlamydia screening was previously below the national average but has risen in recent years and is now above the England average. In 2016, 8,280 young people were screened for Chlamydia (4,460 by

²⁶ York LASAR report, 2016, page 25

the specialist sexual health service). This is a rate of 22.5/100,000 people aged 15-24²⁷.

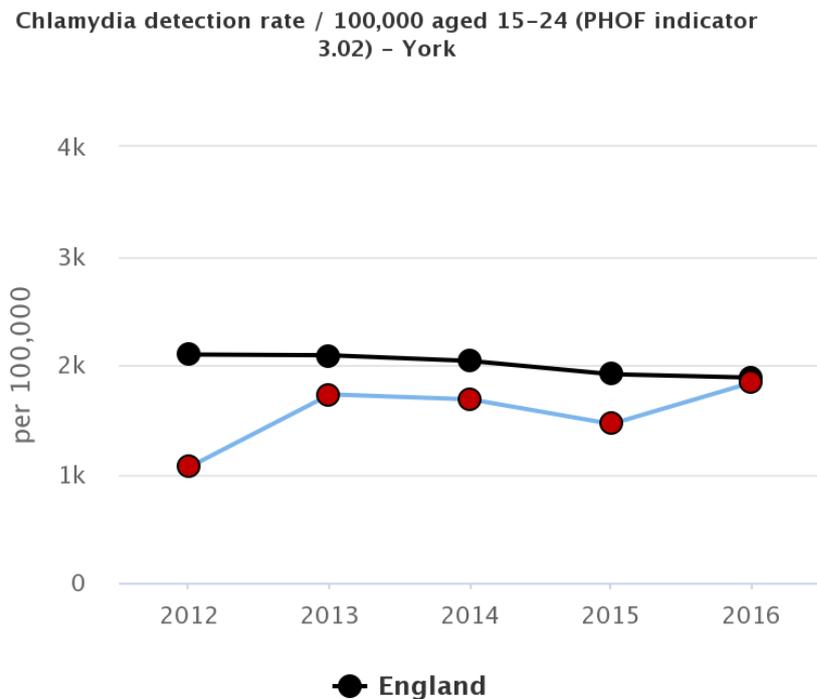


Figure 6 Chlamydia detection rate in York and England, 2012 - 2016

Figure six shows that York’s Chlamydia detection rate in 2016 was (1,838/100,000). This was lower than the nationally set target (2,300/100,000). York’s detection rate has been lower than the national target and the national average for the last five years. In real terms, this accounted for 675 diagnosis of Chlamydia in 2016²⁸.

²⁷ PHE fingertips, Chlamydia screening
<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000035/pat/6/par/E12000003/ati/102/are/E06000014/iid/90777/age/156/sex/4>

²⁸ PHE fingertips, Chlamydia detection rate
<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000035/pat/6/par/E12000003/ati/102/are/E06000014/iid/90776/age/156/sex/4>

4.7 Gonorrhoea²⁹

Neisseria gonorrhoea is a common STI which can lead to serious complications including pelvic inflammatory disease, ectopic pregnancy and infertility.

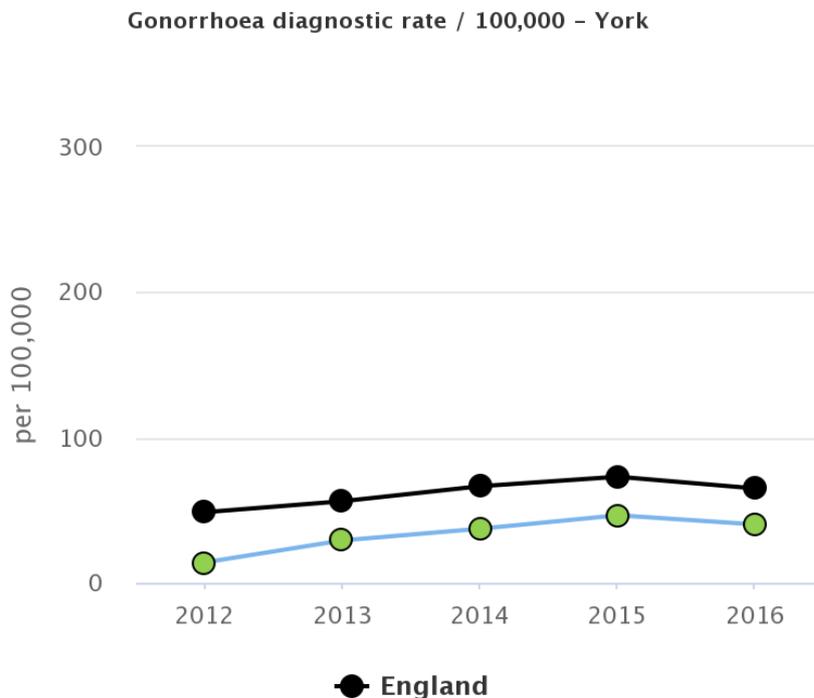


Figure 7 Gonorrhoea diagnosis rates in York and England, 2012 - 2016

Figure seven shows that Gonorrhoea diagnosis rates are gradually rising both in York and across England. In 2016, there were 85 diagnosed cases in York in comparison to 30 in 2012. In York in 2016 the diagnosis rate was 40/100,000, (England: 65/100,000).

Nationally, young people, black and minority ethnic groups, and people who live in areas of deprivation are particularly likely to be affected by gonorrhoea.

Gonorrhoea can usually be effectively treated with antibiotics but there are a growing number of cases where the infection is resistant to treatment; this includes a small number of confirmed resistant cases in Yorkshire and Humber. Antibiotic resistance puts the population at higher risk of forward transmission and increases the costs to the health and social care sector.

²⁹ PHE fingertips Gonorrhoea diagnosis rate
<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000035/pat/6/par/E12000003/ati/102/are/E06000014/iid/90759/age/1/sex/4>

4.8 Syphilis³⁰

Syphilis is a bacterial infection. People with undiagnosed syphilis can experience 'late stage' complications, sometimes several decades after the original infection. This may include poor coordination, paralysis, numbness, blindness, dementia, fatal organ damage.

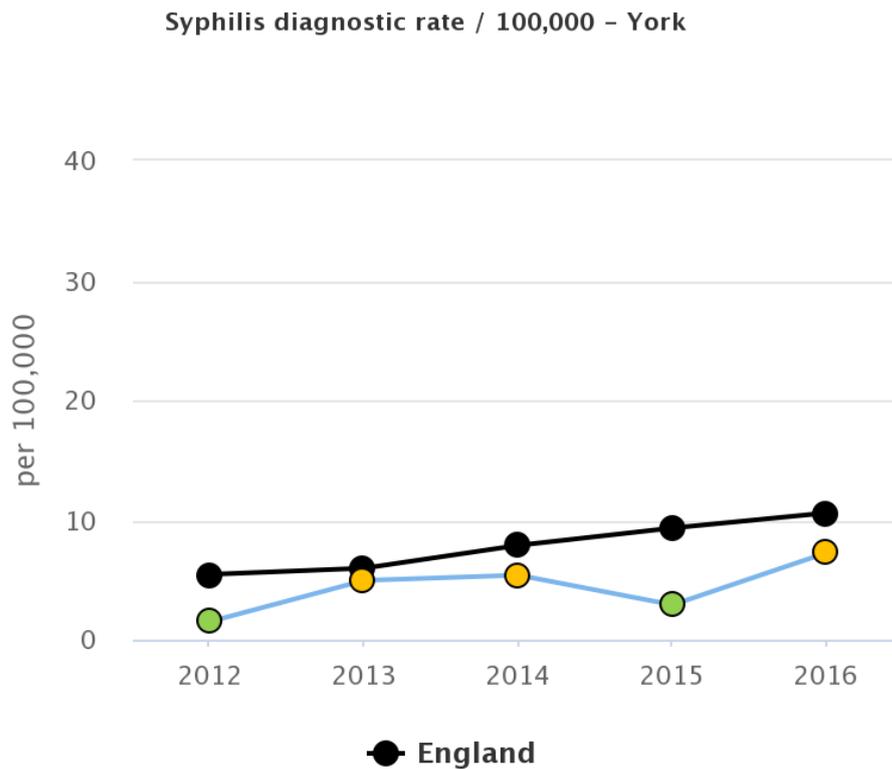


Figure 8 Syphilis diagnosis rate in York and England, 2012 - 2016

Figure eight shows that whilst the number of cases of syphilis in York is small, the rate of diagnosis is steadily rising both in York and across England. In 2016 there were 7.3 cases/100,000 residents. This is double the previous year. This equated to 15 cases in 2016. The majority of the increase in cases can be seen in men who have sex with men. The rate of diagnosis in this group in 2016 was 10.6/100,000 in 2016.

³⁰ PHE fingertips Syphilis diagnosis rate

<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000035/pat/6/par/E12000003/ati/102/are/E06000014/iid/90742/age/1/sex/4>

4.9 Genital Herpes³¹

Genital herpes simplex virus is a common sexually transmitted infection. It causes groups of small painful blisters which occur in periodic recurrent episodes. This means that people with genital herpes live with the condition for longer after diagnosis than they would with many other forms of STI.

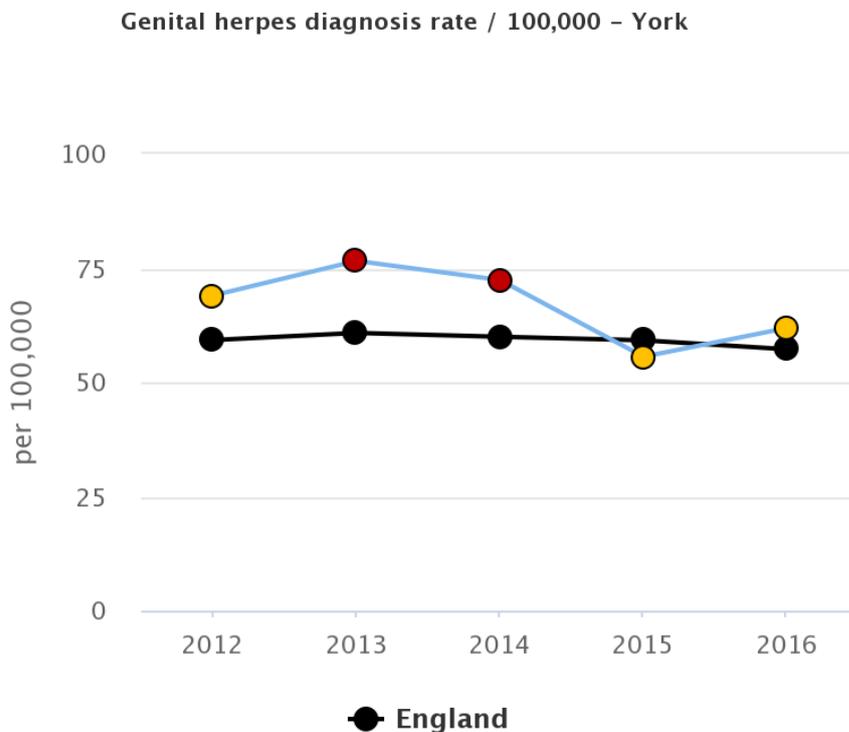


Figure 9 The rate of genital herpes diagnosis in York and England, 2012 - 2016

Figure nine shows that in 2016 York had 62 cases/100,000 residents (England: 59/100,000). This equated to 128 cases in 2016. Over the last five years, the rate of genital herpes diagnosis in York has been higher than or similar to the national average.

³¹PHE fingertips Genital herpes diagnosis rate
<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000035/pat/6/par/E12000003/ati/102/are/E06000014/iid/91046/age/1/sex/4>

4.10 Genital Warts³²

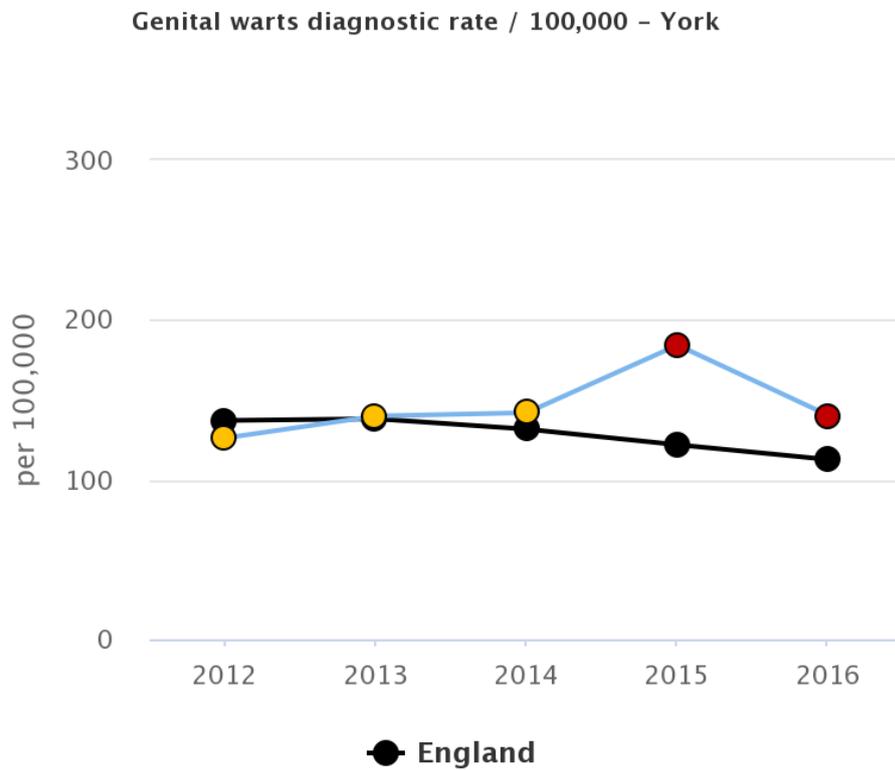


Figure 10 Genital warts diagnosis rate for York and England, 2012 – 2016

Genital warts is caused by a range of viral conditions. Figure ten indicates that for the last two years York has had a higher diagnosis rate for genital warts than the national average. York is also significantly higher for genital warts than the Yorkshire and Humber average. In 2016 the York diagnosis rate was 140 cases / 100,000 residents; this equates to 290 separate diagnosis.

³² PHE fingertips Genital Warts diagnosis rate
<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000035/pat/6/par/E12000003/ati/102/are/E06000014/iid/90729/age/1/sex/4>

4.11 HIV

HIV is a chronic long term condition which can be managed with timely diagnosis and sustained treatment. Untreated HIV will progress to AIDs, which is fatal.

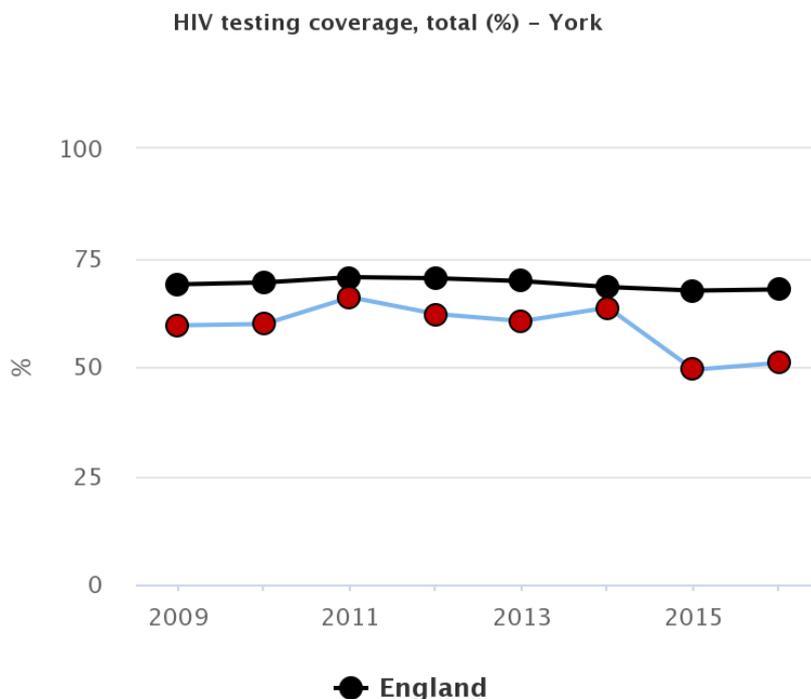


Figure 11 HIV testing among sexual health service users in York and England, 2009 – 2016

Figure eleven shows that among people who used the sexual health services in York; 89% of the eligible population were offered a HIV test, and 52% took a test³³. Across England tests were offered to 82% of the eligible population and delivered to 77%.

In real terms 4,532 HIV tests were delivered in York through the integrated sexual health service. This is at a rate of 52/100,000 (England: 77/100,000)³⁴.

Men who have sex with men (MSM) are at greater risk of HIV and so test coverage is specifically monitored for this group. In York (2016), the testing

³³ York LASAR data 2016, page 31

³⁴ PHE HIV testing coverage

<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000035/pat/6/par/E12000003/ati/102/re/E06000014/iid/91525/age/1/sex/4>

rate for MSM was 94/100,000 this accounted for 393 tests (321 people)³⁵ and is similar to the national average.

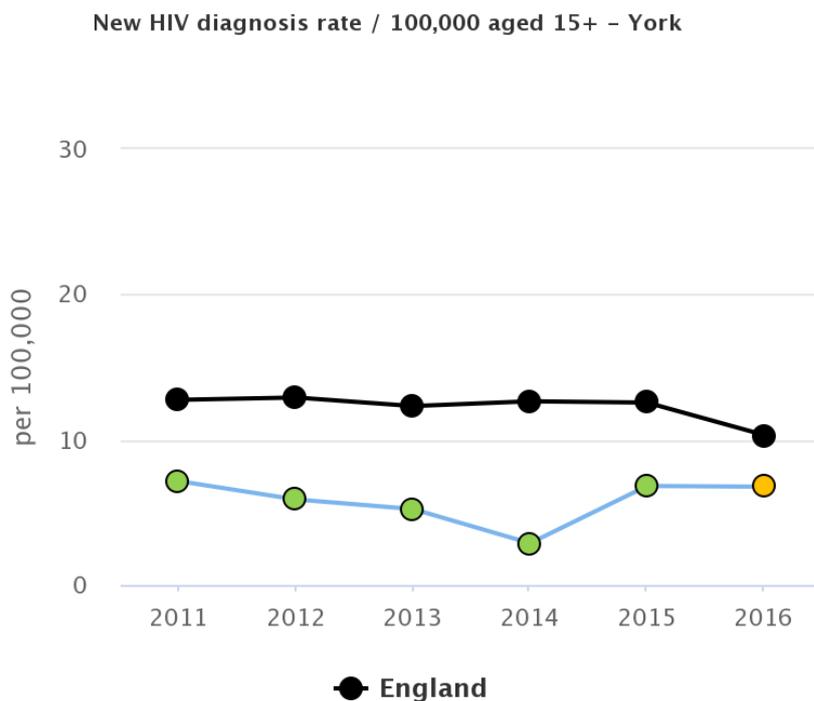


Figure 12 HIV diagnosis rates York and England, 2011-2016

Figure twelve shows that the HIV diagnosis rate in York is 6.8/100,000 (England: 10.3/100,000). In 2016, this equated to 12 new cases³⁶. The prevalence of HIV in York is 0.79/1,000³⁷ (England: 2.31/1,000).

Half of HIV cases in York are diagnosed late. This means that the person's immune system was already suppressed at the time of diagnosis³⁸. There are some gaps in the data for York, but it is likely that York's late diagnosis rate is worse than the national late diagnosis rate of 40%.

³⁵ Fingertips HIV test coverage among men who have sex with men
<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000035/pat/6/par/E12000003/ati/102/are/E06000014/iid/91049/age/1/sex/1>

³⁶ Fingertips, HIV new diagnosis
<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000035/pat/6/par/E12000003/ati/102/are/E06000014/iid/91818/age/188/sex/4>

³⁷ HIV prevalence York
<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000035/pat/6/par/E12000003/ati/102/are/E06000014/iid/90790/age/238/sex/4>

³⁸ Fingertips late HIV diagnosis
<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000035/pat/6/par/E12000003/ati/102/are/E06000014/iid/90791/age/188/sex/4>

4.12 Teenage conception and parenthood

Teenage pregnancy is a complex issue with a range of contributing factors such as access to sexual health advice and contraception, deprivation, and low self esteem.

For some young women aged 15-17 becoming pregnant is positive, however others find it very challenging³⁹. There are disproportionately poor outcomes for those who become teenage parents; these young people are more likely to experience poverty, post natal depression, to have few qualifications, and to experience unemployment. Teenage parenthood is also associated with infant ill health and low birth weight.

Reducing unwanted teenage pregnancies can have a substantial impact on health inequalities across the population and can also reduce the need for intensive health and social care services⁴⁰.

Under 18s conception rate / 1,000 (PHOF indicator 2.04) – York

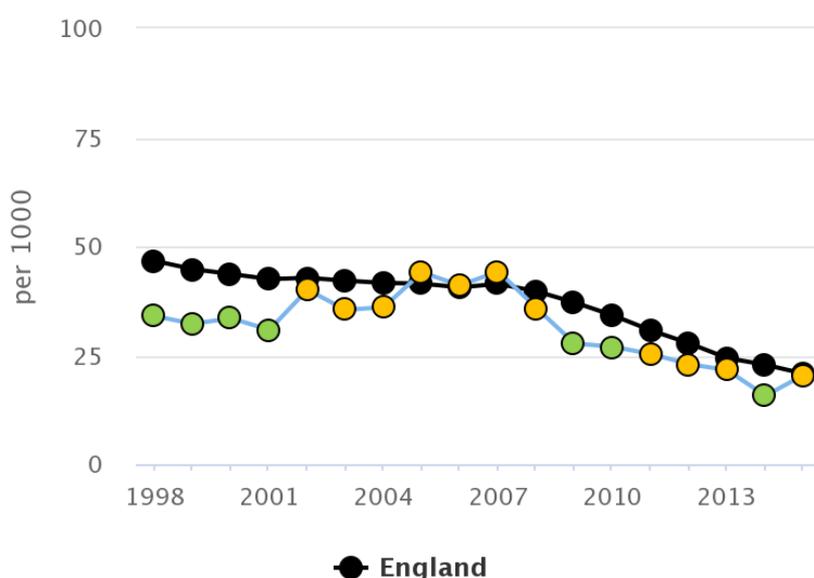


Figure 13 under 18's conception rate in York and England, 1998 - 2015

³⁹

https://webcache.googleusercontent.com/search?q=cache:PAp183u1TTQJ:https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216332/dh_127470.pdf+&cd=10&hl=en&ct=clnk&gl=uk

⁴⁰ NICE (2014) Local government briefing on contraceptive services

<https://www.nice.org.uk/advice/lgb17/chapter/What-can-local-authorities-achieve-by-improving-contraceptive-services> (LGB17)

Figure thirteen shows that across both England and York there has been a sustained reduction in teenage conception rates. Between July 2015-June 2016 there were 49 conceptions among women aged 15-17 years old. This is a rate of 17/1,000 15-17 year olds, (England: 20/1,000)⁴¹.

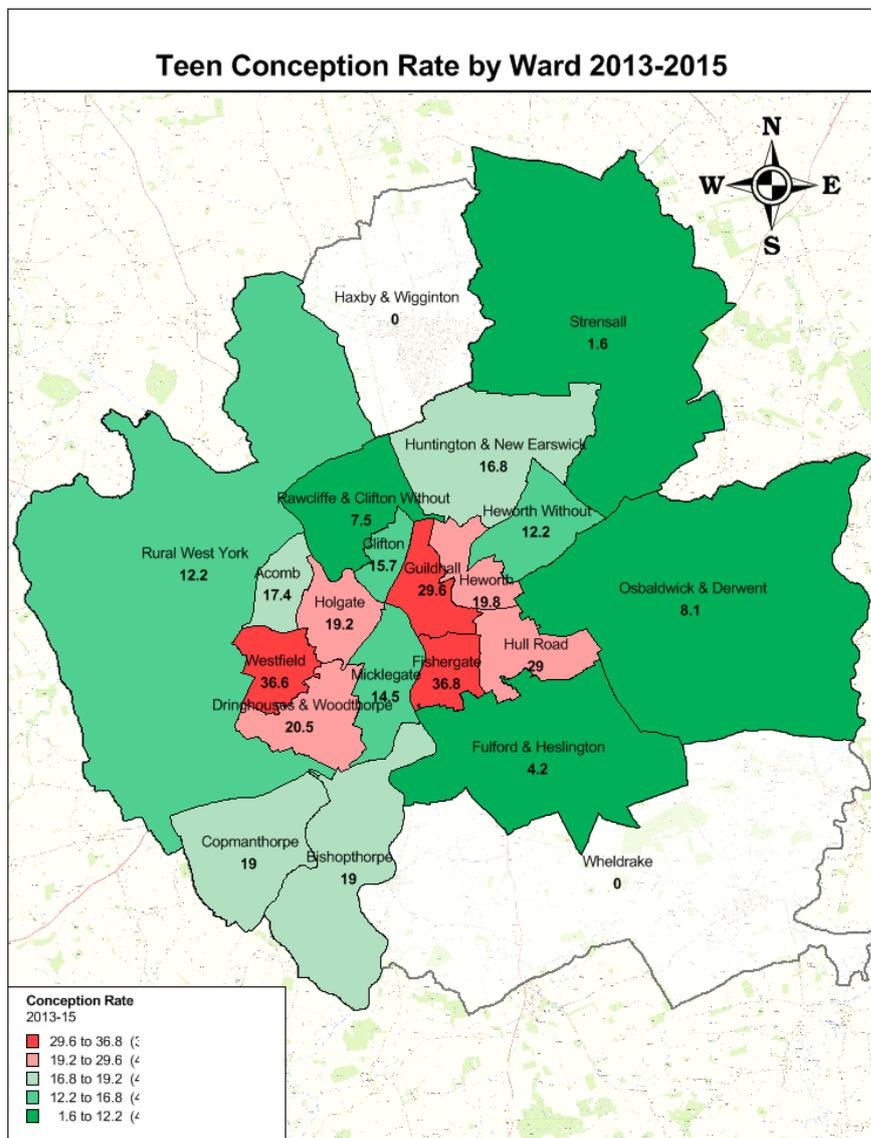


Figure 14 Ward level data showing the rate of conception to young women aged 15-17 years old in York.

Figure fourteen demonstrates that teenage conceptions are more likely in some wards in York than others. In particular Fishergate, Westfield, and

⁴¹Fingertips under-18's conception rates
<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000036/pat/6/par/E12000003/ati/102/are/E06000014/iid/20401/age/173/sex/2>

Guildhall have teenage conception rates that are higher than the York average⁴².

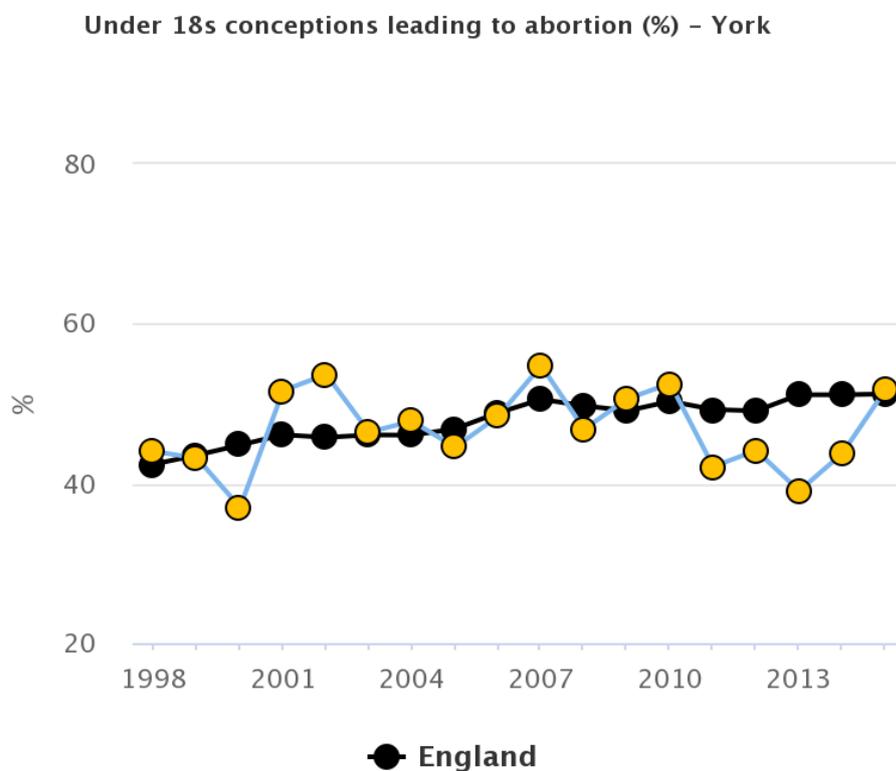


Figure 15 Termination of pregnancy among women aged 15-17 years old in York and England, 1998 - 2015

Nationally, around 50% of women aged 15-17 will terminate their pregnancy. Figure fifteen shows that York is aligned with this national trend. In 2015, of the 60 conceptions among women aged 15 -17, 31 were terminated⁴³. Women aged 15 -17 living in area of deprivation are less likely to terminate their pregnancy.

⁴² ONS ward level conceptions data (restricted access)

⁴³ Fingertips conceptions leading to termination among women aged 15-17 years
<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000036/pat/6/par/E12000003/ati/102/are/E06000014/iid/90731/age/173/sex/2>

5. Integrated sexual health service use

The following information is taken from the York integrated sexual health service's annual report and covers the period April 2016 – March 2017. This section does not include data from primary care.

In 2016/17 there were 16,768 attendances at the YorSexual Health clinics in York; this was a mixture of pre-booked appointments and walk-in attendances. Of these 5,678 were first time service users.

The service operates on a hub and spoke model, and the majority of the service is offered out of the hub clinic on Monkgate. Between April 2016 – March 2017, 15,586 of the attendances were at the Monkgate clinic, (93% of all attendances in the year).

In line with the overall population of York, the majority of people who used the sexual health service describe themselves as 'White British' (86%) or another white background (4%).

3% of the people who used the service reported they were LGBT. The majority of these were gay men.

More women than men used the service, there were 13,076 appointments for women across the year (72%). Additionally, more women use the service at a younger age.

- Of all the females who attended in the year, 70% were under 25, 16.3% were under 19, and 1.8% were under 16.
- Of all the males who attended in the year, 42% were under 25, 8.6% were under 19, and 0.3% were under 16.

Views of service users

In the autumn of 2017, people were invited to complete a short survey. Surveys were available online and in the sexual health clinics between 20th November and 10th December 2017. The surveys were promoted through social media and posters, as well as through the health and social care

professionals who regularly work with the higher risk groups identified earlier in this report.

- 228 responses
- More women (77%) than men completed the survey
- The female responders were younger on average than the male responders (3.4 year difference).
- The majority describe themselves as White British
- The majority describe themselves as heterosexual (76%)
- Respondents' ages ranged from 16-63. The majority were aged 19-21.
- 172 people had used the service in the last year, 55 people had not
- Most people had used the hub clinic on Monkgate.

Overall, this is similar to the service user demographics for 2016-2017.

- 90% (156 of 173) reported that the service was easy or very easy to access. Some felt that the drop-in facility made it easier to access than a GP practice.
- 87% (152 of 173) reported their overall experience was good or excellent.
- The majority of people said they received everything they needed from their visit.
- The staff were described as friendly, professional, and non-judgemental and knowledgeable.

Negative comments: Some people felt that the waiting times were excessively long, and that the information available on the website was difficult to find. There were some concerns about giving confidential information at reception.

Equality of experience: No statistical differences or clear trends were found when comparing service users' responses according to their age, sexuality, or gender.

6. Recommendations

1. To commission an integrated sexual health service which is flexible and responsive to population need, and operates using evidence based practice.
2. To work with a broad range of organisations, including social care teams, universities, and primary care, to ensure that the service is accessible and acceptable to service users.
3. To have an innovative service which is focused on improving outcomes and protecting the population of York.
4. To have a universal service which undertakes targeted activity to work towards equitable outcomes across the city.