Hampshire and Isle of Wight Sexual and Reproductive Health Needs Assessment 2022

Contents

Section 1: Executive Summary

1.1 Introduction: Why do we need a Sexual and Reproductive Health Needs Assessment?

The World Health Organization (WHO) defines sexual health as a state of physical, emotional, mental, and social wellbeing in relation to sexuality and not just the absence of disease, dysfunction, or infirmity[1]. Good sexual and reproductive health is a key Public Health priority. This joint HNA reflects the partnership between the Hampshire and Isle of Wight Public Health Team and our commitment to collaborate to improve sexual and reproductive health across the whole system, to ensure that our residents have access to effective, efficient, and equitable services.

1.2 Aims, Scope and Methodology: How we conducted our HNA

A health needs assessment (HNA) is a systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health outcomes and reduce inequalities. The aims of this HNA are to understand the current sexual and reproductive health needs of Hampshire and Isle of Wight residents. As part of our HNA we used current quantitative data and listened to our residents to understand current lived experiences to help shape future priorities for Hampshire and Isle of Wight. This is to ensure that the sexual and reproductive health needs of Hampshire and Isle of Wight residents are included in all future commissioning, service planning and provision across the whole system. This HNA adopts an inequalities lens to explore variation in outcomes across the Hampshire and Isle of Wight system. Health inequalities are not caused by one single issue, but a complex mix of environmental and social factors which play out in a local area, or place – this means that together we all have a critical role to play in reducing health inequalities. This HNA is to inform and aid Hampshire County Council, the Isle of Wight Council and all system partners to work towards improving the sexual and reproductive health and reducing health inequalities for Hampshire and Isle of Wight residents (excluding the cities of Portsmouth and Southampton).

1.3 Findings: What are our key findings?

Hampshire Key Findings

Key sexual health findings in Hampshire

1. In Hampshire in 2020, STIs disproportionately affected people who identified as gay, bisexual, and other men who have sex with men, people of Black Caribbean ethnicity and people aged 15 to 24 years old.

2. Overall, of Hampshire residents diagnosed with a new STI in 2020, 45.4% were men and 54.6% were women.

3. The rate of new STIs being diagnosed is higher in more deprived areas.

4. Young people are more likely to become re-infected with STIs, which is a marker for persistent high-risk behaviour.

[1] Sexual health (who.int)

5. The STI testing rate has been declining since 2019, following previous increases since 2012. In 2021, the figure was 2,167.8 per 100,000, compared to 3,453.5 per 100,000 in 2019. Hampshire is worse than England.

6. The proportion of 15- to 24-year-olds screened for Chlamydia decreased from 18.3% in 2019 to 12.3% in 2020. A further decrease happened from 2020 to 2021, down to 10.6%.

7. Diagnostic rates for syphilis and gonorrhoea are low.

8. HIV prevalence and testing coverage are both low. HIV late diagnoses are high in Hampshire. In Hampshire in 2019-2021, late diagnoses in heterosexual men were worse than England's average, at 65.4% compared to 58.1% in England.

9. Men are underrepresented in Sexual Health Services and have lower testing rates than women.

Key reproductive health trends in Hampshire

10. Prescription of Long-Acting Reversible Contraceptives (LARC) has declined over time. The total prescribed LARC (excluding injections) was 45.5 per 1,000 in 2020, compared to the highest prescribing rate of 67.2 per 1,000 in 2018.

11. The total percentage of LARC prescribed by GP Services has increased between 2018 and 2020, whilst the percentage of LARC prescribed by SRH Services has declined over the same time period.

12. The total abortion rate has slowly increased over time. The total abortion rate was 16.4 per 1,000 in 2020 compared to 18.9 per 1,000.

Prevention

13. Effective prevention requires a whole system life course approach. Sexual health promotion should be inclusive and promote sexual self-efficacy based on a sex positive approach.

14. RSE is most effective when the education (and wider) workforce receives evidence-based training. Hampshire and Isle of Wight children and young people tell us that they want better, more inclusive RSE.

Access to Sexual and Reproductive Health Services

15. Equalities data is not systematically and routinely collected by all commissioned Sexual and Reproductive Health Services.
16. The quantitative data used in this Health Needs Assessment reflects the demand on sexual and reproductive health services, however it does not reflect unmet need for Hampshire and Isle of Wight residents.

17. Over half of all consultations for Hampshire residents are provided by one clinic, and one online testing service: Solent NHS Trust (Online Sexual Health Service) and St Mary's Community Health Campus. 94% of all consultations for Hampshire residents are provided by eight clinics.

18. There is high acceptability of online sexual and reproductive health services for Hampshire residents. However, there may be people at higher risk of poor sexual and reproductive health that are digitally excluded, therefore a range of service models are needed to ensure equitable access.

19. COVID-19 disrupted access to contraceptive services.

Hampshire Voices

20. Hampshire residents tell us that they want services that that are designed around their lives. Walk in clinics, evening and weekend openings are what people want from sexual and reproductive health services.

21. Reducing stigma around HIV is key to ensure that people from Black African communities in Hampshire access our sexual and reproductive health services. This is important to ensure greater update for women in need of PrEP.

22. We have an engaged wider workforce in Hampshire and Isle of Wight who all contribute to supporting our residents to improve sexual and reproductive health outcomes. However, there is a need to ensure that our workforce is supported to gain knowledge and skills and to come together as a network to share good practice. There is also a need for training around LGBTQ+ Sexual and Reproductive Health.

23. Stigma perceived or enacted affects access to sexual and reproductive health services for some LGBTQ+ people and for some young parents.

10.1.2 Isle of Wight: Key Findings

Key sexual health findings in the Isle of Wight:

24. The STI testing rate is declining and getting worse. Since 2018 the STI rate per 100,000 has decreased year on year. In 2021, the figure was 1,656.4 per 100,000, compared to 3,380.7 per 100,000 in 2018.

25. The proportion of 15- to 24-year-olds screened for Chlamydia decreased from 26.6% in 2019 to 12.3% in 2020. A further decrease happened from 2020 to 2021 to 9.3%.

26. Diagnostic rates for syphilis and gonorrhoea are low.

27. HIV prevalence and testing coverage are both low, with such low numbers of diagnoses it is difficult to interpret data on late HIV diagnoses.

Key reproductive health trends in the Isle of Wight:

28. Prescription of Long-Acting Reversible Contraceptives (LARC) has declined over time. The total prescribed LARC (excluding injections) was 47.6 per 1,000 in 2020, compared to the highest prescribing rate of 85.9 per 1,000 in 2018.

29. The biggest changes have been observed in SRH Services, rather than GP Services. In 2019 77% of LARC prescriptions were from the GP, compared to 50.4% in 2018. Out of the women accessing SRH services (under 25 and over 25) a high percentage are choosing LARC, significantly higher than England.

30. The total abortion rate has increased over time. The total abortion rate was 15.5 per 1,000 in 2020 compared to 10.7 per 1,000. The highest abortion rate can be observed in the 25-29 age group.

Prevention

31. Effective prevention requires a whole system life course approach. Sexual health promotion should be inclusive and promote sexual self-efficacy based on a sex positive approach. Greater understanding is needed to understand groups at increased risk of poor sexual and reproductive health on the Island.

32. RSE is most effective when the education (and wider) workforce receives evidence-based training. Hampshire and Isle of Wight children and young people tell us that they want better, more inclusive RSE.

Access to Sexual and Reproductive Health Services

33. Equalities data is not systematically and routinely collected by all commissioned Sexual and Reproductive Health Services.

34. The quantitative data used in this Health Needs Assessment reflects the demand on sexual and reproductive health services, however it does not reflect unmet need for Hampshire and Isle of Wight residents.

35. There is high acceptability of online sexual and reproductive health services for Isle of Wight residents. There is high acceptability of online sexual and reproductive health services. However, there may be people at higher risk of poor sexual and reproductive health that are digitally excluded, therefore a range of service models are needed to ensure equitable access.

36. COVID-19 disrupted access to contraceptive services.

Isle of Wight Voices

37. Isle of Wight residents tell us that they want services that that are designed around their lives. Walk in clinics, evening and weekend openings are what people want from sexual and reproductive health services.

38. We have an engaged wider workforce in Hampshire and Isle of Wight who all contribute to supporting our residents to improve sexual and reproductive health outcomes. However, there is a need to ensure that our workforce is supported to gain knowledge and skills and to come together as a network to share good practice. There is also a need for training around LGBTQ+ Sexual and Reproductive Health.

39. Stigma perceived or enacted, affects access to sexual and reproductive health services for some LGBTQ+ people and for some young parents.

10.2 Recommendations

Achieving good sexual and reproductive health for all our residents is complex and requires a whole system approach. This SHNA has shown that there are variations in need for services and interventions for different individuals, groups, and communities across the life course. These recommendations reflect our commitment to work together across the whole system, to ensure that our residents have access to effective, efficient, and equitable services to improve outcomes and reduce inequalities to support good sexual and reproductive health for all Hampshire and Isle of Wight residents.

10.2.1 Hampshire and Isle of Wight Recommendations

Sexual and Reproductive Health Needs Assessment: Recommendations		
Recommendation	**Rationale & Finding Link**	**Outcomes**
Theme: Working together		
1. Work collaboratively as a Sexual and Reproductive Health system to ensure our services meet needs to improve population outcomes. Share data, intelligence, and insight with system partners.	We need to design, plan, monitor and evaluate services and population outcomes together. We need to ensure that equalities data is systematically and routinely collected by all commissioned Sexual and Reproductive Health Services. Findings: 13,15,16, 30, 32, 33	Improve sexual and health outcomes for Hampshire and Isle of Wight residents by using a Population Health Management (PHM) approach to understand demand and unmet need.

2. Establish a single Sexual and Reproductive Health Network across the place of Hampshire and Isle of Wight to bring together all partners as a whole system.	A whole system approach is required to work strategically together to improve sexual and reproductive health for our populations. Findings: 13, 14, 15, 16	Improve system working to prioritise prevention to improve sexual and reproduce health.
3. Work as a system to support and promote Sexual and Reproductive Health Workforce Training.	A confident and trained workforce can support prevention at different levels with the system. Support our wider workforce to access evidence based sexual and reproductive health training as appropriate. Findings: 21, 36	Improved training for the wider Public Health workforce to embed preventative practice to improve population outcomes.
Theme: Prioritising Prevention		
4. Whole system approach to Sexual Health promotion to prioritise prevention.	A Hampshire and Isle of Wight approach to Sexual Health Promotion to ensure that campaigns and interventions meet the unique needs of groups at higher risk and our communities. Ensure that the Sexual Health Promotion service use data and intelligence to focus interventions in areas of need and with higher risk groups. Promote a sex and identity positive approach and sexual self-efficacy for all. Findings: 13, 14, 15, 16	Improve health literacy to ensure good sexual and reproductive health. Improve uptake of STI testing Reduce stigma and improve sexual self-efficacy.

5. Work together to ensure that Hampshire and Isle of Wight young people have access to effective, age appropriate, evidence-based Relationship and Sex Education	All young people can make informed and responsible decisions, understand issues around consent, healthy relationships, and are aware of how to look after their sexual and reproductive health throughout their life course. RSE is most effective when the education (and wider) workforce receives evidence-based training and when home and school are involved. Findings: 13, 14, 30, 31	Reduce rate of under 18 conceptions and STI new diagnosis in young people.
6. Work towards zero HIV transmission by adopting a whole Sexual and Reproductive Health system approach to improve access to community HIV testing and HIV PrEP for higher risk groups and communities.	Hampshire has high rates of late diagnosis of HIV, with variation between districts. Isle of Wight has low numbers of late diagnosis but also has low HIV testing coverage. Working with communities can reduce stigma and increase knowledge of HIV prevention. Findings: 8, 19, 20, 26, 35	Increase HIV testing coverage and PrEP uptake to reduce rates of late diagnosis of HIV in Hampshire and Isle of Wight.
Theme: Improving Access to Services and Reducing Health Inequalities		
7. Improve community access to LARC.	Women require contraceptive care designed around their needs and our residents have told us that	Improve uptake of LARC and reduce unplanned pregnancies.

	access in the community and with their GP is important. We need to work with partners towards a Women's Health Hub Model to ensure services meet the needs of Hampshire and Isle of Wight women. Focus on increasing LARC prescribed activity in Hampshire districts with lower activity than Hampshire average. Findings: 10, 11, 12, 27, 28, 29	
8. Improve access to STI Testing for groups at higher risk of poor sexual health.	Improving uptake and increasing the frequency of STI testing for Hampshire and Isle of Wight residents. Ensure a range of STI testing options based on local need including online self-sampling, in-person attendance at specialist clinics or in community pharmacies, primary care, and outreach services. Improve uptake of STI testing for men by ensuring effective sexual health promotion to address knowledge and barriers to testing. Findings: 1, 2, 3, 4, 5, 6, 7, 8, 9, 23, 24, 25, 26	Reduce STIs

9. Ensure that the Chlamydia Screening Programme promotes the benefits of regular testing and improves accessibility for testing for young people.	Improving the uptake of Chlamydia Screening for Hampshire and Isle of Wight young people to reduce the health harm caused by untreated chlamydia infection. Findings: 6, 24	Improve the Chlamydia Diagnostic Rate and proportion screened to reduce diagnoses and reinfections in under 25s.
10. Work with system partners to ensure that the Psychosexual Counselling Service meets both the sexual health and non-sexual health needs of Hampshire and Isle of Wight Residents.	Improving access to Psychosexual Counselling to ensure equity to meet the needs of Hampshire and Isle of Wight residents. Findings: 13, 19, 30, 35	Improve sexual health and wellbeing and sexual self-efficacy.
11. Ensure that the commissioned Sexual Health Service specialist clinic models (ROSE, SHIELD, TULIP and Xtra) are inclusive and continue to meet the needs of these groups.	The Integrated Sexual Health Service provider to undertake this review to understand barriers, to reduce the stigma associated with accessing sexual and reproductive health services. Ensuring a person centered approach to improve health and well-being, reduce stigma, empower people, to increase their uptake of sexual and reproductive health services. Findings: 4, 6, 9, 22, 37	Improve access to sexual and reproductive health services for marginalised and higher risk groups to reduce health inequalities.
12. Ensure that all services supporting Sexual and Reproductive Health are	Ensuring that no one is left behind in Hampshire and Isle of Wight. Our sexual	Reduce health inequalities and improve sexual and reproductive health for

inclusive and meet the needs of Inclusion Health Groups and those at higher risk of poorer outcomes.	and reproductive health services will meet the needs of all of our residents. Findings: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13,14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25,26, 27, 28, 29, 30, 31, 32, 33, 34, 35	Hampshire and Isle of Wight residents.
13. Ensuring access to contraception is included when planning for and responding to situations in which access to services may be lost or disrupted for longer periods of time.	COVID-19 disrupted access to contraceptive services. Findings: 10, 11, 12, 27, 28, 29	Improve system resilience to ensure access to contraception to reduce unplanned pregnancies.
Theme: Hampshire and Isle of Wight Voices		
14. Ensure that all partners in the system continue to listen to and coproduce with our residents to meet community needs to improve sexual and reproductive health outcomes for all.	Improving outcomes by ensuring that our local communities, community and voluntary sector organisations and commissioned services work together to plan, design, develop, deliver, and evaluate our sexual and reproductive health services. Findings: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13,14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25,26, 27, 28, 29, 30, 31, 32, 33, 34, 35	Improved sexual and reproductive health services to meet the needs of our communities.

Section 2: Introduction

2. Introduction to the Sexual and Reproductive Health Needs Assessment

The World Health Organization (WHO) defines sexual health as a state of physical, emotional, mental, and social wellbeing in relation to sexuality and not just the absence of disease, dysfunction, or infirmity[2]. Good sexual and reproductive health is a key Public Health priority. Most adults are sexually active and good sexual health and wellbeing is important to individuals and communities. Poor sexual health can lead to unintended pregnancies and sexually transmitted infections. Sexual health services are commissioned at a local level to meet the needs of the local population, including provision of information, advice, and support on a range of issues, such as sexually transmitted infections (STIs), contraception, relationships, and unplanned pregnancy. To improve the sexual and reproductive health of our population we need to understand the unique needs of our communities.

A health needs assessment (HNA) is a systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health outcomes and reduce inequalities. This is a joint Sexual and Reproductive Health Needs Assessment covering the Hampshire and Isle of Wight resident populations. However, we recognise the distinct Hampshire and Isle of Wight populations, and this will be reflected in the data to provide granular detail for analysis and recommendations. This joint HNA reflects the partnership between the Hampshire and Isle of Wight Public Health Team and our commitment to collaborate to improve sexual and reproductive health across the whole system, to ensure that our residents have access to effective, efficient, and equitable services.

2.1 Aims and Scope

The aims of this HNA are:

- To describe the current sexual and reproductive health needs of Hampshire and Isle of Wight residents.
- To assess the provision of access and utilisation of sexual and reproductive health services by Hampshire and Isle of Wight residents, to identify needs and barriers to ensure equitable services and to reduce variation in outcomes.
- To ensure that the sexual and reproductive health needs of Hampshire and Isle of Wight residents are included in all future commissioning, service planning and provision across the whole system.

The scope of this HNA will include:

- Hampshire and Isle of Wight Residents, excluding the cities of Portsmouth and Southampton.

[2] Sexual health (who.int)

- Sexually transmitted infections (STIs), HIV including PrEP, Contraception, Teenage Pregnancy, Termination of Pregnancy, Vasectomy and Prevention of poor sexual and reproductive health.

- Sexual assault referral centres (SARCs), sexual violence, antenatal blood borne virus screening and HIV care and treatment are not in scope.

This HNA is to inform and aid Hampshire County Council, the Isle of Wight Council and all system partners to work towards improving the sexual and reproductive health and reducing health inequalities for Hampshire and Isle of Wight residents (excluding the cities of Portsmouth and Southampton).

2.2 Methodology

This HNA is based on the principles of an epidemiological needs assessment approach (Stevens and Raftery,2004). The process involved:

1. Review of current service provision: *are we meeting population needs?*

2. Epidemiological needs assessment: *what are our trends?*

3. Health inequalities focus: *are there unwarranted variations in outcomes between different groups?*

4. Lived experiences: *what are our residents telling us?*

5. Recommendations: *how do we improve population outcomes?*

2.3 Limitations

This HNA uses the most current data available. This quantitative data reflects population demand of sexual and reproductive health services which may not reflect population needs (Rodriquez Santana et al, 2021). Where data is not available, we have used national data and evidence where appropriate.

The aim of the qualitative data used is not to generate summaries generalisable to the wider population, but to provide richness of lived experiences of Hampshire and Isle of Wight residents to illuminate the quantitative data used.

The CIPFA nearest neighbour model is used in this report as a form of benchmarking comparison. The model seeks to measure similarities between Local Authorities. The model considers a variety of different indicators including population demographics (proportion aged 0 to 17 and 75 to 84), area density, social economic factors (proportion of households with less than four rooms or in social-rented accommodation)[3].

Throughout this report, the phrasing ‘gay, bisexual and other men who have sex with men’ is used. Data sources use varying definitions for sexuality, and in most cases where ‘MSM’ is

[3] Fingertips Nearest Neighbours Methodology

used or shown in data sources, this group includes gay, bisexual, and other men who have sex with men.

The Isle of Wight Specialist Sexual Health Service mobilised in 2020/21 so the true impact of COVID-19 pandemic on service activity and outcomes is uncertain. Therefore, we cannot draw direct comparisons to Hampshire data which is also available pre COVID-19 pandemic.

2.4 Impact of COVID-19 Pandemic on Sexual and Reproductive Health

As a response to the COVID-19 pandemic, the UK Government implemented national and regional lockdowns along with social and physical distancing measures from March 2020. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data used throughout this assessment. All data interpreted from 2020 considers these factors, especially when comparing trend data from pre-pandemic years. To understand the impact of the COVID-19 pandemic on sexual and reproductive health, this HNA will focus on identifying health inequalities and variations in outcomes.

2.5 Health Inequalities and Variations in Outcomes – The Golden Thread

Nationally it is known that there is variation in sexual and reproductive health outcomes across each of the dimensions of health inequalities[4]. Inequalities in uptake of or access to interventions can make inequalities in sexual and reproductive health worse. Our HNA adopts an inequalities lens to explore variation in outcomes across the Hampshire and Isle of Wight system. This approach aims to identify any patterns and highlight potential interventions to improve population outcomes and reduce inequalities for Hampshire and Isle of Wight residents. Health inequalities are not caused by one single issue, but a complex mix of environmental and social factors which play out in a local area, or place – this means that together we have a critical role to play in reducing health inequalities.

[4] Variation in outcomes in sexual and reproductive health in England 2021 (publishing.service.gov.uk)

Section 3: Demographics

3. Demographics

Sexual and reproductive health is not equally distributed within the population. Strong links exist between deprivation and sexually transmitted infections (STIs), teenage conceptions and abortions, with the highest burden borne by black ethnic groups, gay bisexual and other men who have sex with men (GBMSM), and young people aged 15 to 24[5]. This section provides an overview of the key demographic information for Hampshire and Isle of Wight resident populations. Further insight can be found in the interactive JSNA 2021 Demography Report[6]and in the Equality and Diversity Factsheets[7] which also provides information for Hampshire District Council areas. Please note that updated census data will be available here.

Hampshire is an Upper Tier Local Authority (UTLA) and there are 11 LTLA (lower tier local authorities) referred to as districts within the Hampshire County Council boundary:

Basingstoke and Deane
Eastleigh
East Hants
Fareham
Gosport
Hart
Havant
New Forest
Rushmoor
Test Valley
Winchester

In comparison, the Isle of Wight is a Unitary Authority with no LTLAs.

3.1 Hampshire Population

3.1.1 Age and Sex

The population of Hampshire is estimated to be 1.409 million people. There are slightly more females, 51%, than males. 720,429 are female and 689,062 are male.[8]

Compared to England, Hampshire has an older population structure, with a greater proportion of the population aged 50 years and over and a lower proportion of working age, 20 to 44 years.

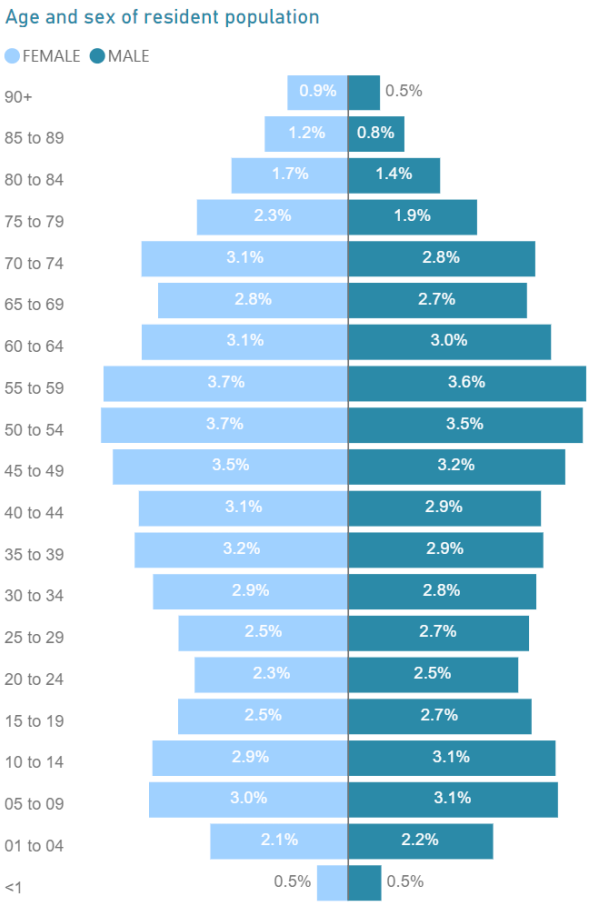
- Young people (aged 0-19 years) make up 22.6% of the population compared to 23.6% nationally.

[5] Sexually transmitted infections and screening for chlamydia in England: 2021 report - GOV.UK (www.gov.uk)
[6] JSNA Demography | Health and social care | Hampshire County Council (hants.gov.uk)
[7] Equality and Diversity Factsheets
[8] Microsoft Power BI Resident Population 2020 based estimates, Hampshire

- Hampshire has fewer young working age people (aged 20-44 years) compared to England as a whole; 27.9% in Hampshire compared to 32.4% in England.
- Older people, aged 70 years and over, make up 16.6% of the population compared to 13.4% nationally.
- 1.4% are in the 'oldest old' over 90 years population age group compared to 0.9% in England.

The population of Hampshire is expected to increase by 6.3% over the seven-year period from 2020 to 2027, this equates to an increase of 88,211 people.

Figure 1: Hampshire Resident Population 2020 (based estimates)



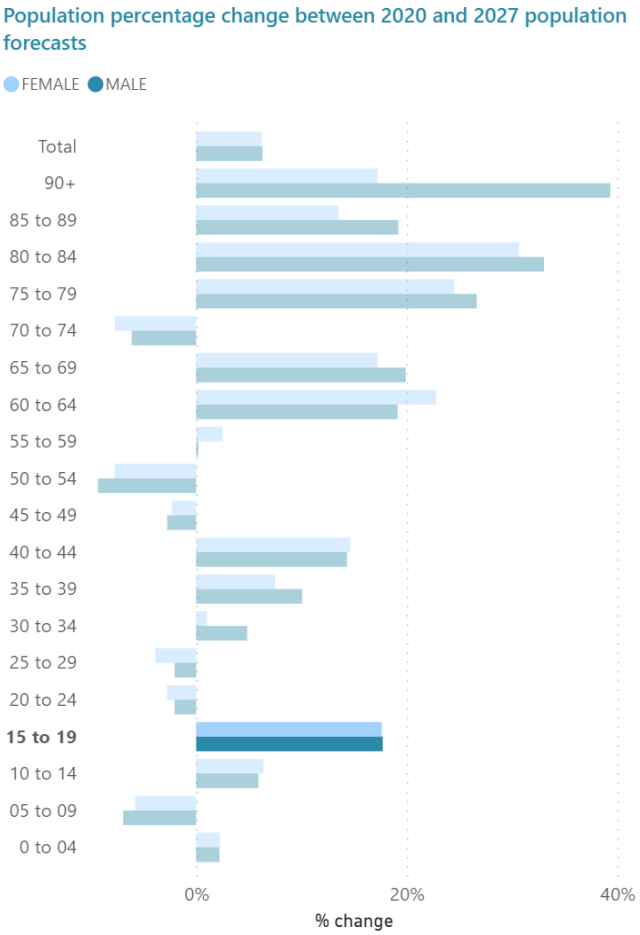
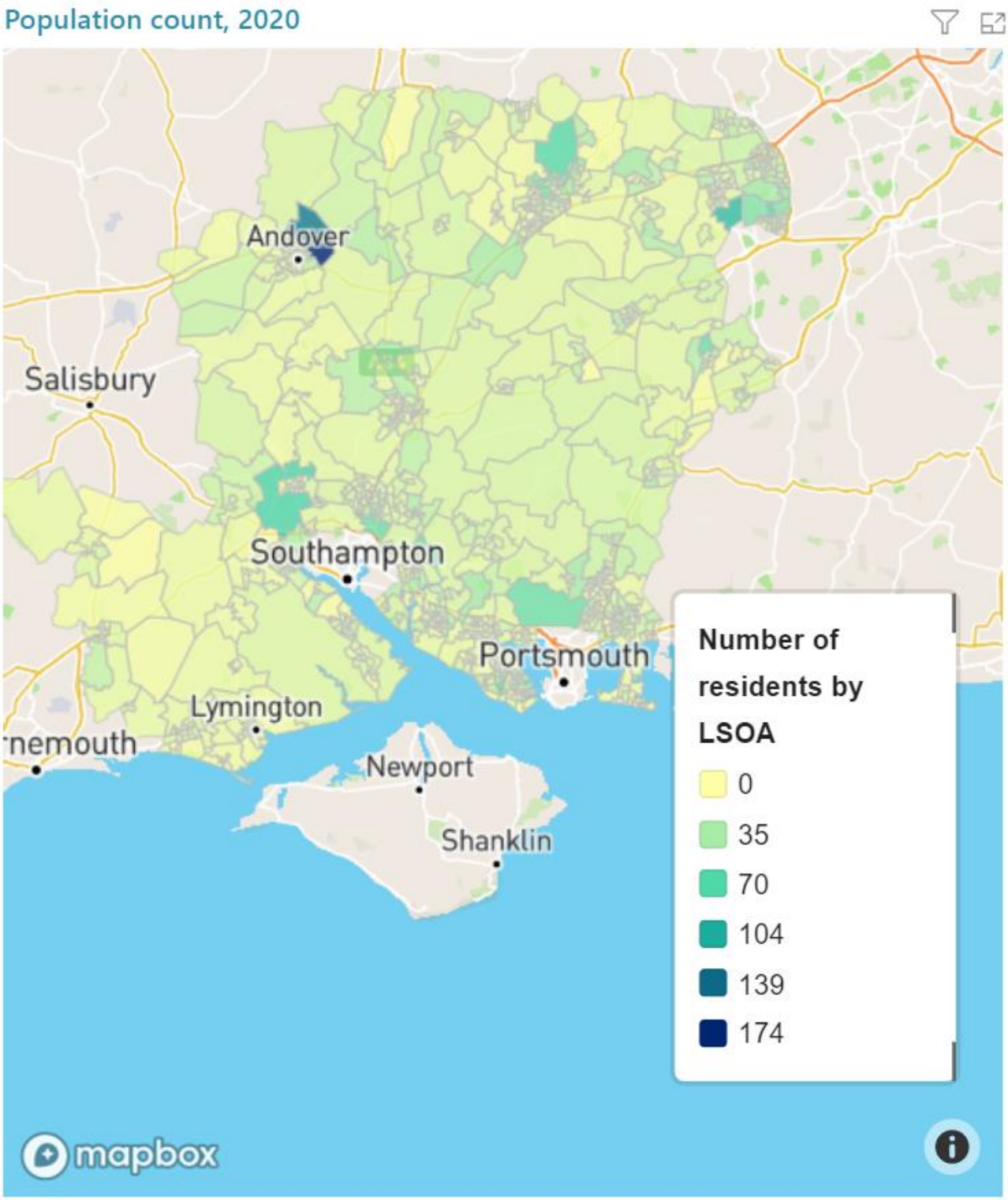


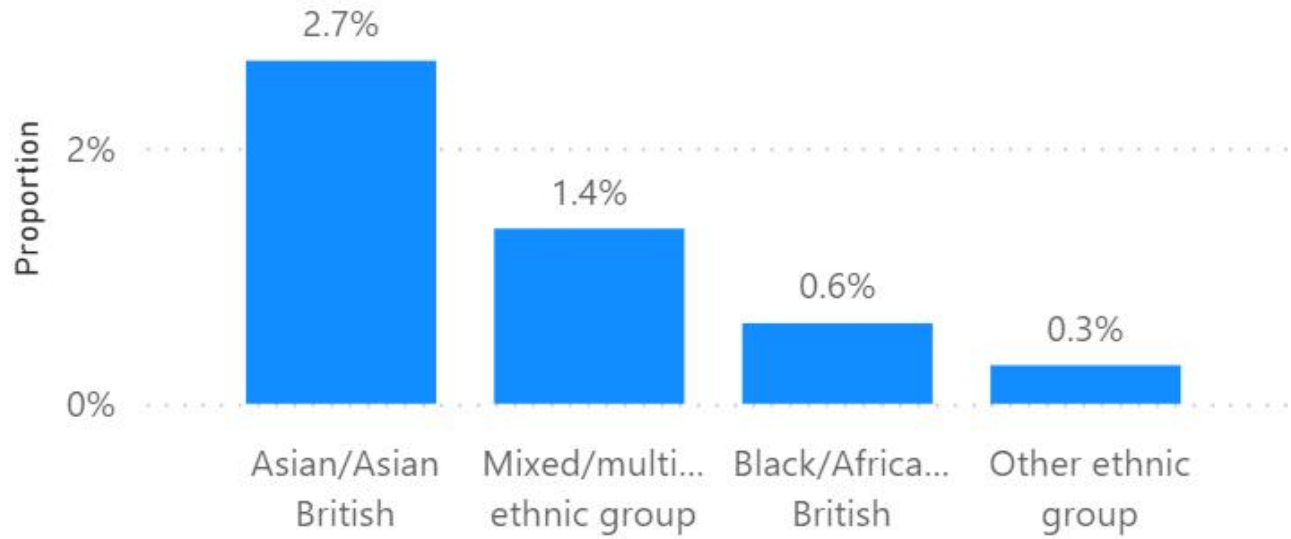
Figure 2: Hampshire Resident Population by LSOA, 2020



3.1.2 Ethnicity

From the 2011 census, 95% of Hampshire residents were in the White ethnic group. See below for the proportion of other ethnic groups and the number of ethnic minority group residents by LSOA[9].

Figure 3: Ethnicity, Hampshire Population, 2011

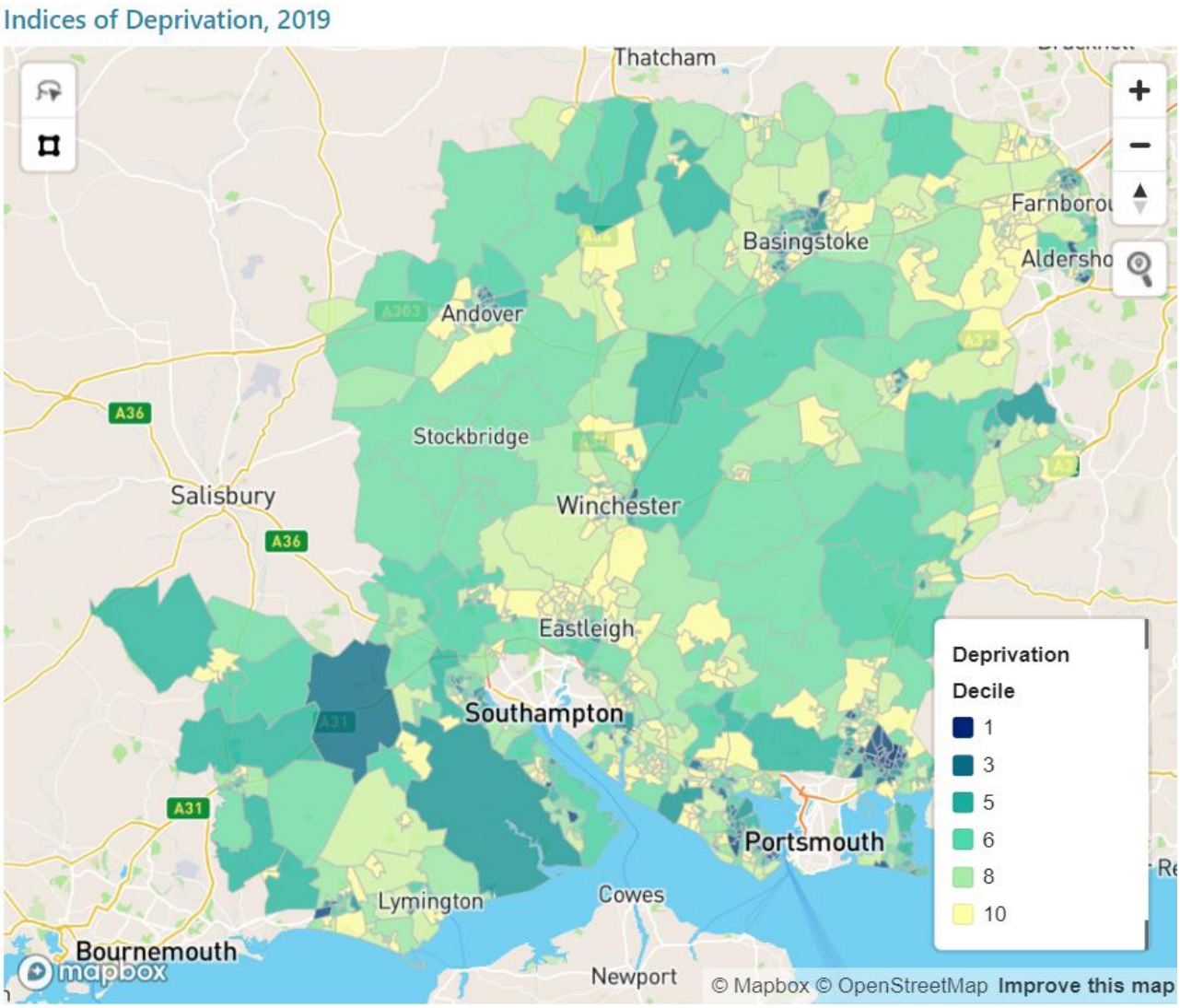


[9] Microsoft Power BI

3.1.3 Deprivation

Nationally when considering socio–economic status, rates of new STI diagnosis and under 18 conceptions are shown to be consistently higher in more deprived populations (as measured by the Index of Multiple Deprivation [IMD])[10].

Figure 4: Hampshire Indices of Deprivation, 2019



3.2 Isle of Wight Population

3.2.1 Age and Sex

The population of Isle of Wight is estimated to be 142,296 people. There are slightly more females, 51% than males. 75,512 are female and 69,784 are male[11].

Compared to England, the Island has an older population structure, with a greater proportion of the population aged 50 years and over and a lower proportion of working age, 20 to 44 years.

- Young people (aged 0-19 years) make up 19.1% of the population compared to 23.6% nationally.

[10] Sexual health: variation in outcomes and inequalities - GOV.UK (www.gov.uk)
[11] Microsoft Power BI

- The Island has fewer young working-age people (aged 20-44 years) compared to England as a whole; 23.6% for Isle of Wight compared to 32.3% in England.

- Older people, aged 70 years and over, make up 21.4% of the population compared to 13.6% nationally.

- 1.4% are in the 'oldest old' over 90 years population age group compared to 0.9% in England

The Island's population is expected to increase by 5.6% from 2020 to 2030, this equates to an increase of 8,000 people.

Figure 5: Isle of Wight Resident Population 2020 (based estimates)

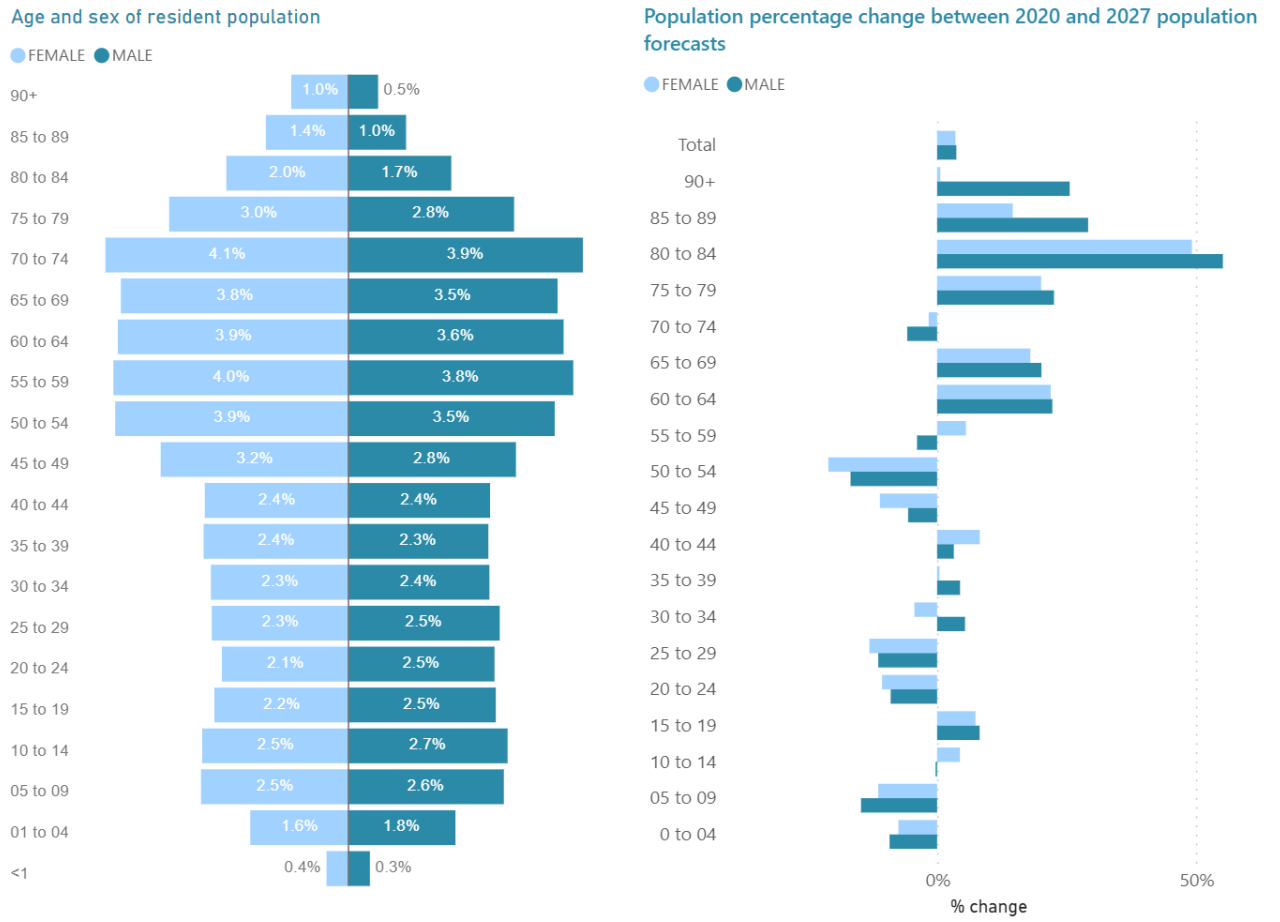
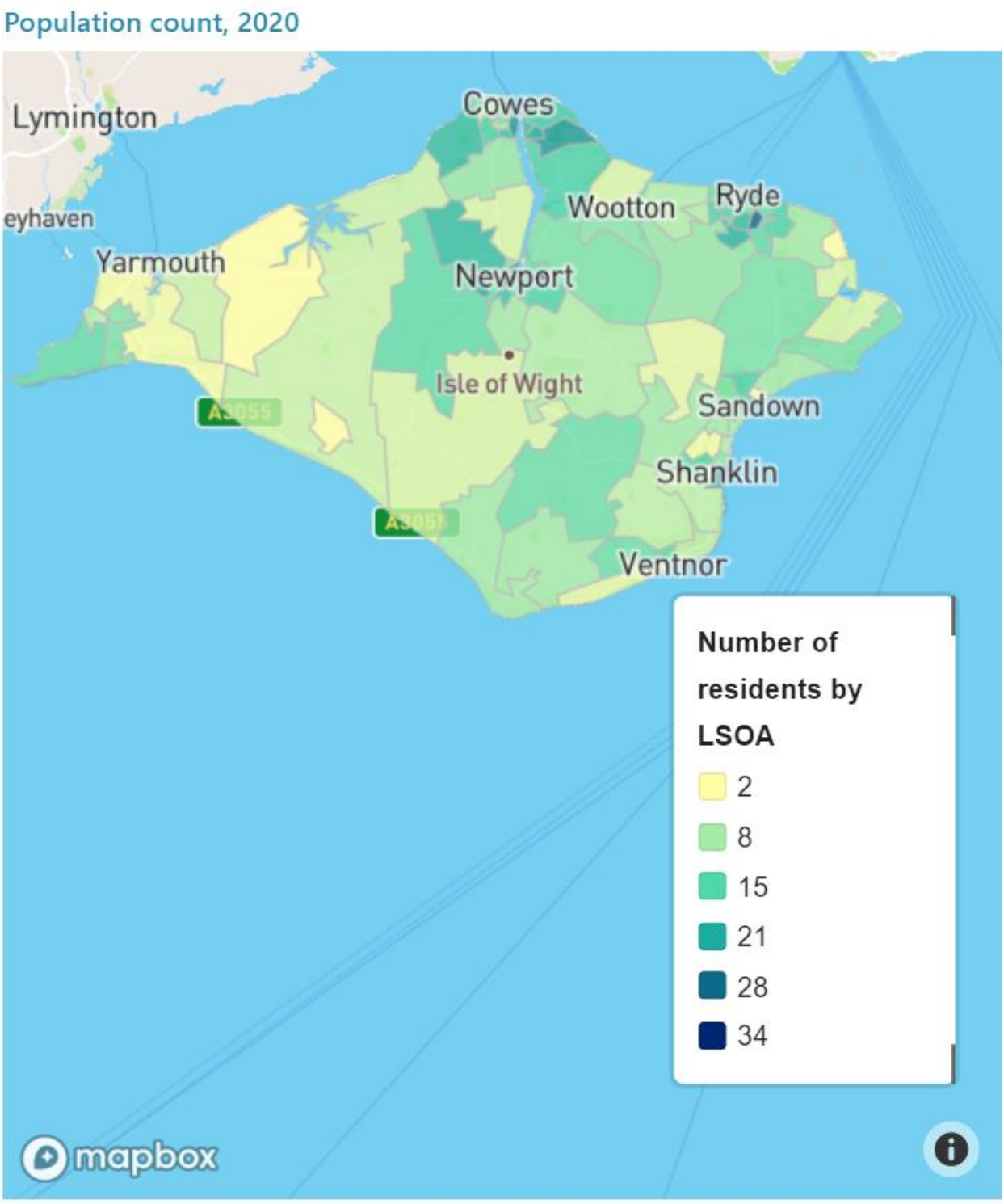


Figure 6: Isle of Wight Resident Population by LSOA, 2020



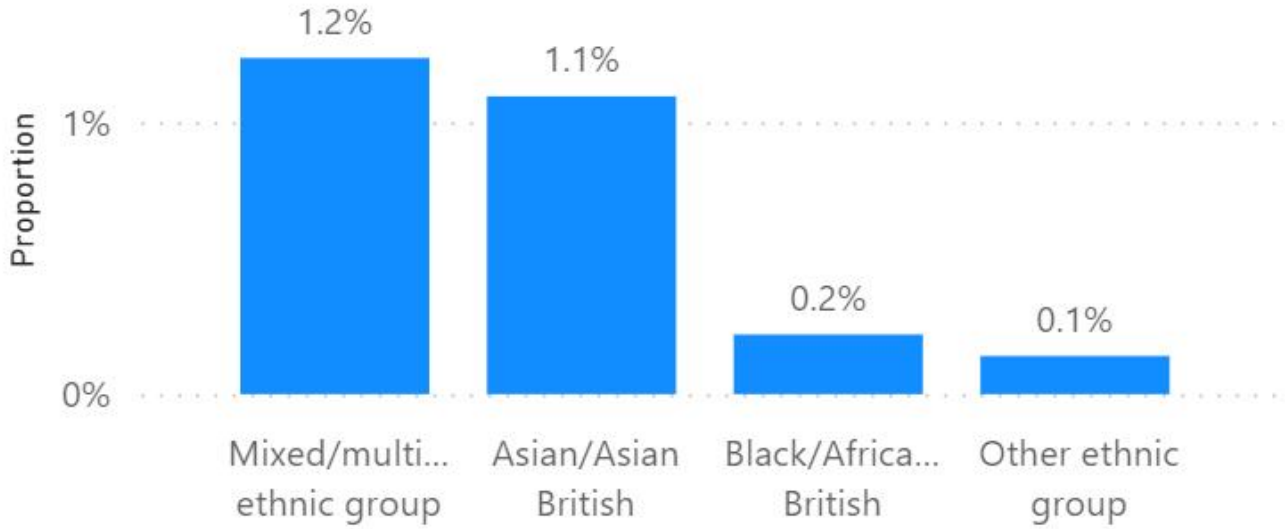
3.2.2 Ethnicity

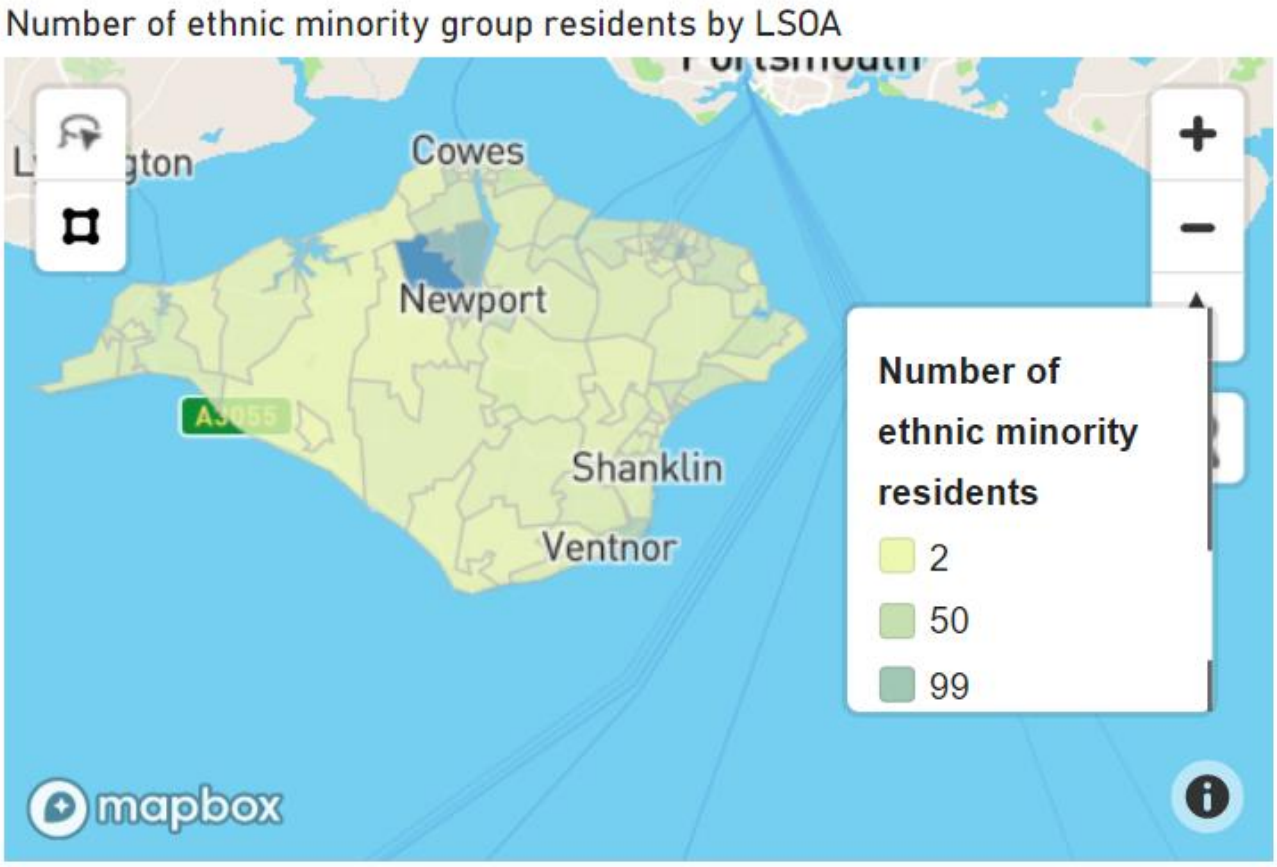
From the 2011 census, 97.3% of Isle of Wight residents were in the White ethnic group compared to the national average of 86%. See below for the proportion of other ethnic groups and the number of ethnic minority group residents by LSOA[12]. Overall, the White population

[12] Microsoft Power BI

of the Island has higher proportions of people in older age groups. The demographic of the population who are from an ethnic minority group tends to be younger.

Figure 7: Ethnicity, Isle of Wight Residents, 2011

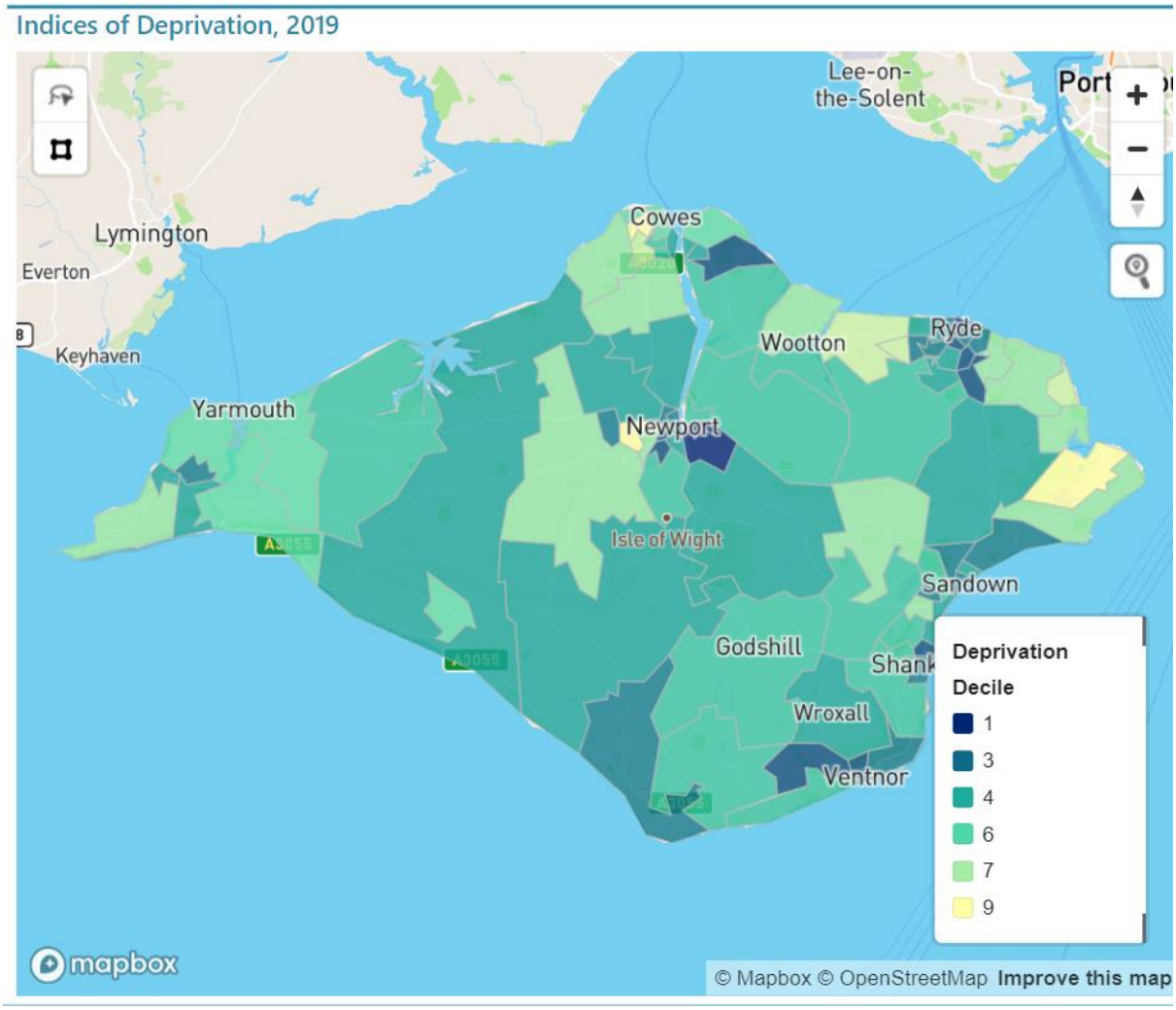




3.2.3 Deprivation

Nationally, when considering socio–economic status, rates of new STI diagnosis and under 18 conceptions are shown to be consistently higher in more deprived populations (as measured by the Index of Multiple Deprivation [IMD])[13].

Figure 8: Isle of Wight Indices of Deprivation, 2019



[13] Sexual health: variation in outcomes and inequalities - GOV.UK (www.gov.uk)

Section 4: Sexual and Reproductive Health System

4. Sexual and Reproductive Health System

Since 2013, Sexual and Reproductive Health services are commissioned by Local Authorities, Integrated Care Systems (ICS)[14], and NHS England (NHSE) as part of a whole system. Local authorities are mandated to commission comprehensive open access sexual and reproductive health services, including free STI testing and treatment, notification of sexual partners of infected persons and advice on, and reasonable access to, a broad range of contraception; and advice on preventing unplanned pregnancy[15][16].

Commissioning responsibilities are summarised below:

Local authorities commission: Hampshire County Council and Isle of Wight Council

- comprehensive sexual health services including most contraceptive services and all prescribing costs, but excluding GP provided contraception (except Long-Acting Reversible Contraception locally commissioned)
- sexually transmitted infections (STI) testing and treatment, chlamydia screening, HIV testing and HIV PrEP
- specialist services, including young people's sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools, college, and pharmacies

Hampshire County Council and Isle of Wight Council along with Portsmouth City Council and Southampton City Council (HIPS) collaboratively commission an integrated Sexual and Reproductive Health Service to provide a 'one stop shop' approach to the delivery of specialist sexual health services across all four local authority areas via a single point of access.

Hampshire & Isle of Wight ICS and Frimley ICS commission:

- most abortion services
- sterilisation
- vasectomy
- non-sexual-health elements of psychosexual health services
- gynaecology including any use of contraception for non-contraceptive purposes

National Health Service England (NHSE) commissions:

- contraception provided as an additional service under the GP contract
- HIV treatment and care including drug costs for HIV Post-Exposure Prophylaxis following Sexual Exposure (PEPSE)

[14] From July 2022 Health and Care Act 2022 (legislation.gov.uk)
[15] http://www.legislation.gov.uk/uksi/2013/351/contents/made
[16] Health and Social Care Act 2012 (legislation.gov.uk)

- promotion of opportunistic testing and treatment for STIs and patient-requested testing by GPs
- sexual health elements of prison health services
- sexual assault referral centres (SARCs)
- cervical screening
- specialist foetal medicine services

4.1 National Policy, Guidance and Legislation

The following is a summary of the key national policies, guidance and legislation relating to Sexual and Reproductive Health:

- The Framework for Sexual Health Improvement in England (2013) sets out the government's ambitions for improving sexual health outcomes with a focus on STIs, HIV, contraception and unplanned pregnancies and prevention and provides the evidence base to enable sexual health improvement by effective collaborative system working.

- Commissioning Sexual Health Services and Interventions: Best Practice Guidance for Local Authorities (2013) guidance on the legal requirements to provide comprehensive, open access sexual health services for contraception and testing and treatment of sexually transmitted infections

- Making it work A guide to whole system commissioning for sexual health, reproductive health, and HIV (2015 revised) contains guidance for working together to improve population outcomes.

- Teenage Pregnancy Prevention Framework (2018) Guidance for local teenage pregnancy prevention programmes to help young people avoid unplanned pregnancies and develop healthy relationships.

- The National Integrated Sexual Health Service Specification (2018) provides a standard specification for Local Authority commissioning on Level 3 Sexual and Reproductive Health Services.

- Health matters: Prevention - a life course (2019) approach provided guidance on taking a life course approach to the prevention of ill health.

- Variation in Outcomes in Sexual and Reproductive Health in England (2021) is a toolkit to explore inequalities at a local level.

- Towards Zero: the HIV Action Plan for England, 2022 to 2025 (2021) sets out the ambitions to achieve an 80% reduction in new HIV infections in England by 2025.

- Women's Health Strategy for England (2022) sets out ten-year ambitions to improve women's health outcomes and reduce inequalities across the life course.

- The FSRH Hatfield Vision (2022) is a Framework to Improve Women and Girls' Reproductive Health Outcomes. The Vision features priority goals and actions to improve access to contraception, reproductive rights, menopause, menstrual health, cervical screening and maternal health outcomes in black women and women of colour.

- Sexual and Reproductive Health and HIV: applying All Our Health Guidance (2022) provides information on promoting good Sexual and Reproductive health.

- NICE Guidance and Quality Standards relating to sexual and reproductive health.

- British Association for Sexual Health (BASHH) and HIV produce clinical standards and guidelines.

- The Public Health Outcomes Framework[17] contains four key indicators for Sexual and Reproductive Health:

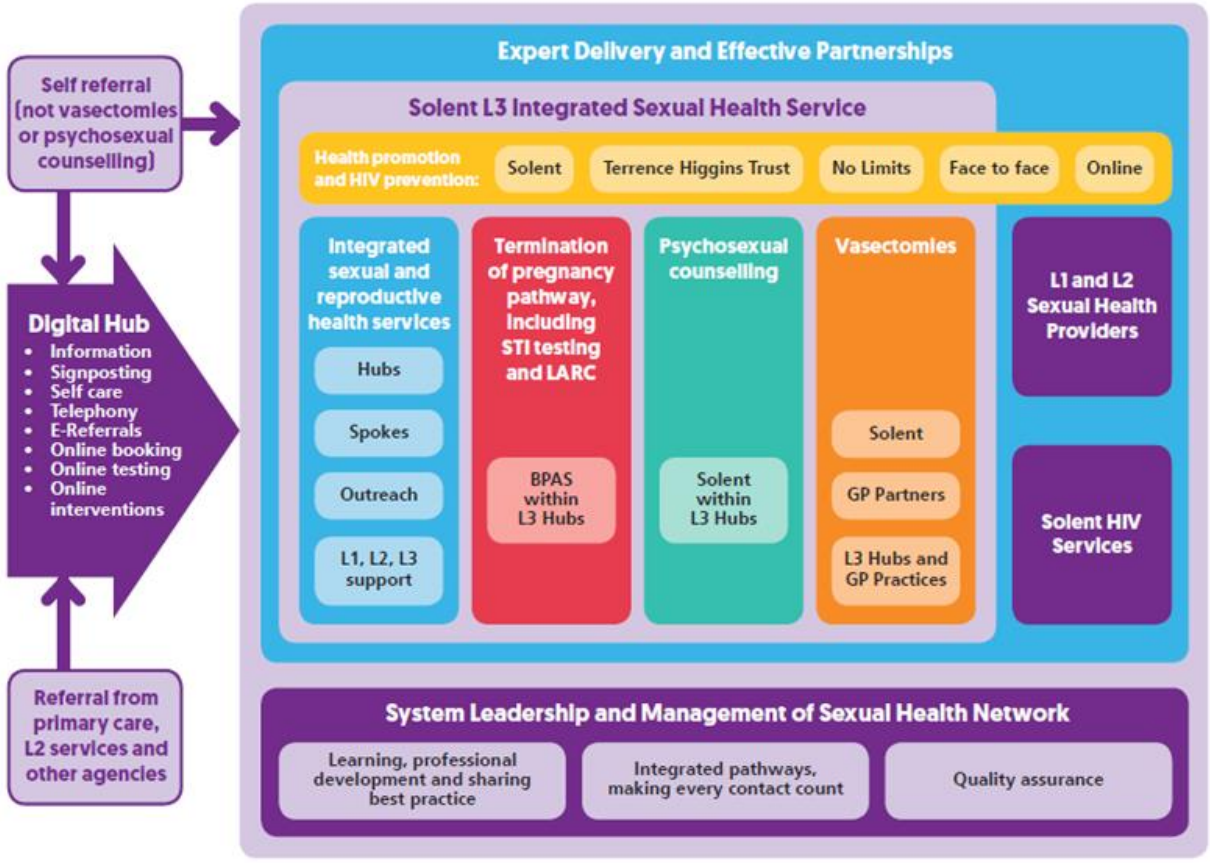
    - Under 18 conceptions
    - Chlamydia detection rate in the 15 – 24 age group
    - Late diagnosis of HIV
    - New STI diagnoses (excluding Chlamydia) aged under 25

4.2 Hampshire and Isle of Wight Sexual and Reproductive Health System

The Hampshire and Isle of Wight model adopts a whole system approach (*Figure 9: Hampshire & Isle of Wight Sexual & Reproductive Health System*) with Local Authority, Integrated Care Boards (ICBs) and National Health Service England (NHSE) working in partnership with aligned commissioning, performance management and quality improvement.

[17] Office for Health Inequalities and Disparities. *Public Health Outcomes Framework.* Available from: fingertips.phe.org.uk

Figure 9: Hampshire & Isle of Wight Sexual & Reproductive Health System



4.3 Local Commissioned Services

Hampshire County Council and Isle of Wight Council commission level 2 enhanced sexual health services in GP Practices and Community Pharmacies. Level 2 enhanced sexual health services are services that are commissioned and provided in addition to sexual health services that are commissioned by NHSE and provided within general practice or community pharmacy.[18] Information on the open framework for Hampshire County Council and the service specifications are available on the Council's website Open Framework for the Provision of Public Health Services | Business and economy | Hampshire County Council (hants.gov.uk).

General Practice

All General Practices in Hampshire and Isle of Wight can apply to their local authority Public Health team to hold a contract to provide Long-Acting Reversible Contraception (LARC). In Hampshire most General Practices provide LARC through the level 2 enhanced sexual health services. As of December 2022, there are 105 practices or organisations signed up to the open framework for LARC and 7 practices that haven't yet applied to provide this service in Hampshire. The LARC service includes Intrauterine Contraception Device (IUCD) fittings and removals and Sub Dermal Implant (SDI) fittings and removals. Within the service Practices

[18] Level 2 Sexual Health Service (datadictionary.nhs.uk)

can also provide IUDs (copper coil) for emergency contraception. On the Isle of Wight, there are 12 practices, of which 10 are currently signed up to provide LARC services.

Community Pharmacy

Community Pharmacies in Hampshire and Isle of Wight can apply to Public Health to have a contract to provide Emergency Hormonal Contraception (EHC). Both Hampshire and Isle of Wight contracts include the provision of levonorgestrel (licensed up to 72 hours after unprotected sexual intercourse (UPSI)) and ulipristal acetate (licensed up to 120 after UPSI). There are no age restrictions for residents to access this service. As of December 2022, there are 224 community pharmacies in Hampshire[19], of which 163 are contracted to provide Emergency Hormonal Contraception service. There are 29 community pharmacies on the Isle of Wight, of which 25 provide EHC service. Trained pharmacists can provide EHC free of charge using Patient Group Directions. From October 2022 Hampshire and Isle of Wight have had joint Patient Group Directions for both levonorgestrel and ulipristal acetate.

Specialist Sexual Health Service (Level 3 service)

Hampshire County Council and Isle of Wight Council (collaboratively with Portsmouth and Southampton) commission an Integrated Sexual Health Level 3 Service which aims to improve sexual and reproductive health and reduce health inequalities by providing non-judgmental and confidential open access services where the majority of sexual health and contraceptive needs can be met at one appointment, by one health professional, in services with extended opening hours and locations which are accessible by public transport[20]. The Integrated Service includes, genitourinary medicine (GUM) services including online STI Testing, Contraception, Sexual Health Promotion and Outreach for people at higher risk of poor sexual and reproductive health. This Integrated Service is currently provided by Solent NHS Trust for both Hampshire and the Isle of Wight. Each Local Authority commissions the service separately for their populations, through use of the Public Health Grant.

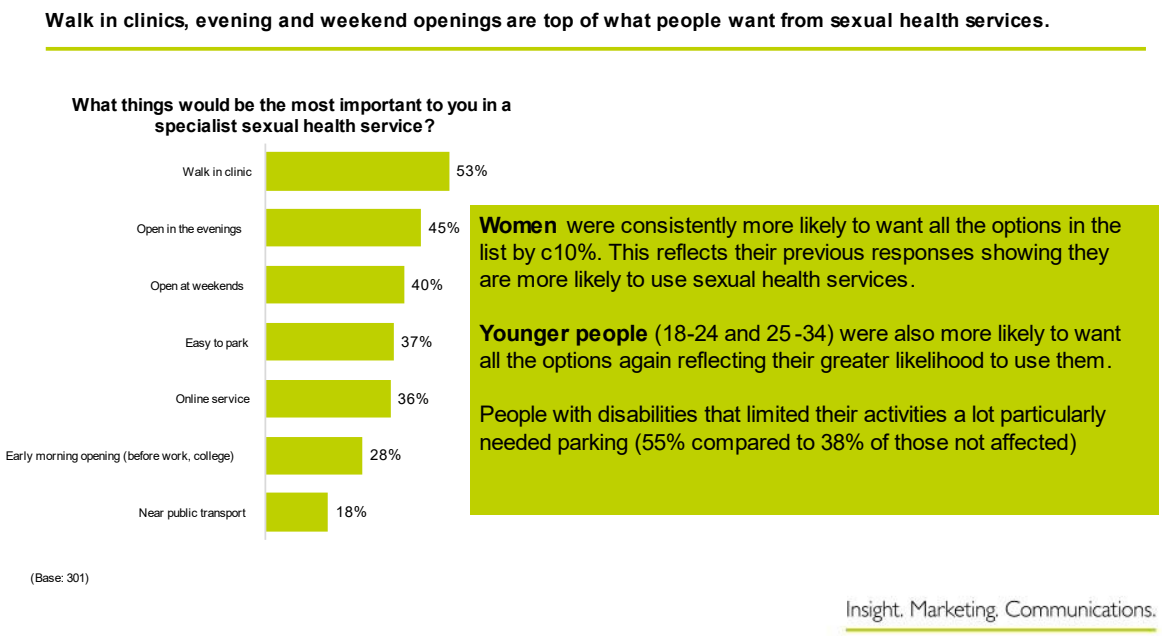
4.4 Equality Audit: L3 Specialist Sexual Health Service

An annual equity audit is undertaken by the Level 3 Sexual Health Service provided by Solent NHS Trust to understand service access and reduce health inequalities by our residents with a focus on protected characteristics (by age, gender, ethnicity, and sexual orientation). The annual equity audit is completed for both Hampshire and Isle of Wight residents, alongside residents of Southampton City and Portsmouth City.

Our residents have told us (Appendix 1: *Hampshire and Isle of Wight Sexual and Reproductive Health Residents Survey*) that easy and flexible access to local Specialist Sexual Health Services is important. Of those residents we spoke to, most people (87%) expected to travel less than 30 minutes to access health services. For Isle of Wight residents 14% expected to have to travel more than 60 minutes. This may reflect travel time across the Island or the perceived need to travel to the mainland. Flexibility was also rated as important with access to walk in clinics, evening, and weekend appointments a priority for Hampshire and Isle of Wight residents (Figure 10: Resident Priorities Summary: Specialist Sexual Health Service).

[19] Hampshire Pharmaceutical Needs Assessment 2022 Main Document (hants.gov.uk)
[20] Integrated Sexual Health Services: A suggested national service specification (publishing.service.gov.uk)

Figure 10: Resident Priorities Summary: Specialist Sexual Health Service



4.4.1 Hampshire Audit

The sexual health equity uptake audit for 2021/22 showed that the specialist service had provided a service to just over 45,400 unique patients (service users), these services include Genitourinary medicine GUM, Integrated sexual and reproductive health, online STI testing, outreach, psychosexual counselling, HIV treatment and care, termination of pregnancy and vasectomy.

For the services that Hampshire County Council commissions there were just over 39,400 unique attendances (this excludes HIV treatment and care, termination of pregnancy and vasectomy services).

Age and Sex

The Solent NHS Trust Sexual Health Service equity uptake audit shows that service users accessing the services commissioned by Hampshire Council in 2021/22 between the ages of 19-24 (31.3%) and 25-34 (34.8%) make up 66.1% of all unique attendances at the Sexual Health Service.

In all the service areas commissioned by Hampshire County Council there are a higher percentage of individuals recorded as female accessing the services, than those recorded as male. However, patients accessing the psychosexual service were all recorded as male for the two financial years 2019/20 and 2021/22. The psychosexual service data is being quality assured by Solent NHS Trust, as it is possible that all male attendees for this aspect of the service is a data quality issue and that women have also accessed the service.

Ethnicity

The majority of service users (56%) did not have an ethnicity recorded. Of those with an ethnicity recorded, 38% were recorded as White – British.

Sexual Orientation

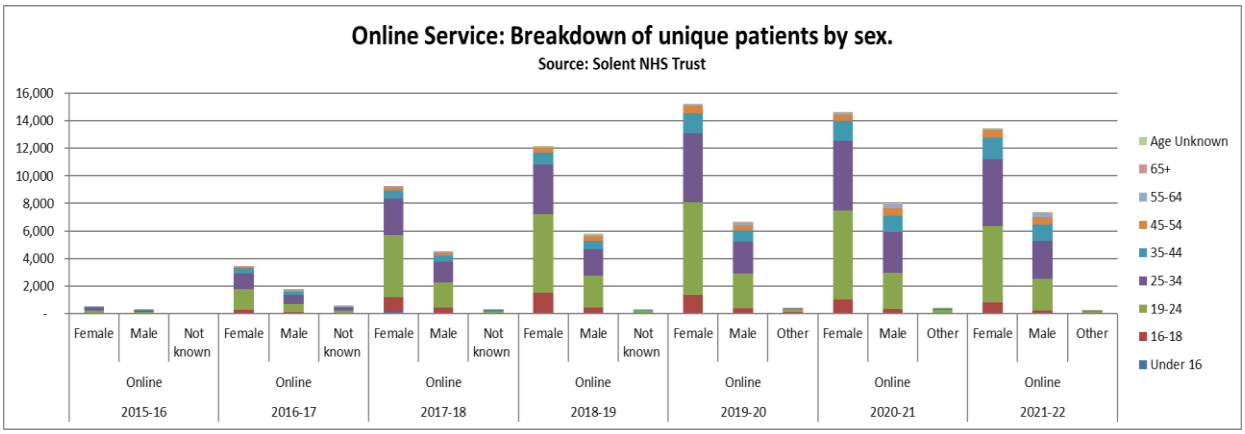
The majority of service users (61%) sexual orientation was recorded as not known/not asked or was inconclusive from data. Of those with a sexual orientation recorded, 37% were recorded as heterosexual and 3% as gay man.

Online Service

The majority of patients accessed the online service offer, with 21,100 unique patients, 64% were female, 35% were male and a small percentage stated other. The online service offer has experienced a year-on-year increase since it was first provided in 2015/16, with slight reduction in numbers in 2021/22 from the 2020/21 numbers of 23,000. The higher numbers in 2020/21 may have been a result of the reduction in face-to-face access to services.

Data on ethnicity for the online service states that 95% didn't state their ethnicity. Of those that did 4.3% were White British. White Other, Black, or Black British - African and Mixed – White and Black Caribbean were the next highest ethnicities stated.

Figure 11: Online Service: Breakdown of unique patients by sex, Hampshire



Integrated Sexual and Reproductive Health Service

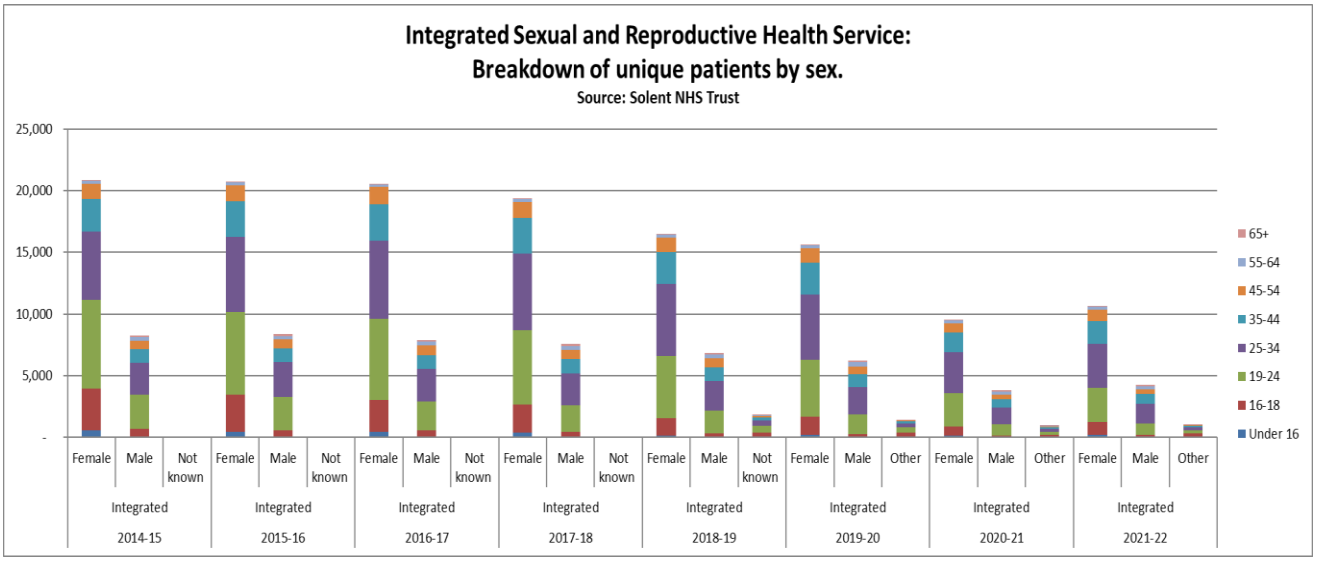
During 2021/22, 15,873 unique patients accessed an Integrated SRH service, this was less that previous years and has decreased since 2014/15 when 29,068 unique patients accessed, steadily decreasing to 23,275 in 2019/20. Note that access in 2020/21 was lower with 14,283 service users, this larger annual reduction between 2019/20 to 2020/21 is likely to be a result of the COVID-19 pandemic which resulted in a reduction of face-to-face appointments in health services. In 2021/22 66.9% of unique patents were recorded as female, 26.7% were recorded as male and 6.4% were recorded as other.

This reduction reflects demand and availability of appointments and not necessarily need. The L3 Integrated Sexual SRH Service is currently undertaking a Systems Thinking[21] redesign will provide greater clarity of need. We need greater understanding of the demographics of those accessing services in clinic or online. For example, reduction in appointments may be due to increased complexity of patient need, therefore there may be fewer patients needing more complex care.

[21] The Level 3 service is currently undergoing a redesign following the Systems Thinking Vanguard methodology which is led by Portsmouth City Council in collaboration will Hampshire and Isle of Wight Local Authority Commissioners.

Data on ethnicity for the Integrated SRH service states 77.8% were White British, 8.7% are not stated, 4.6% are White – Other and 2% are Black or Black British – African. Please note that the percentages above are the proportions of patients for whom ethnicity was recorded. Therefore, this data is incomplete and may not reflect an accurate picture.

Figure 12: Integrated Sexual and Reproductive Health Service: Breakdown of unique patients by sex, Hampshire

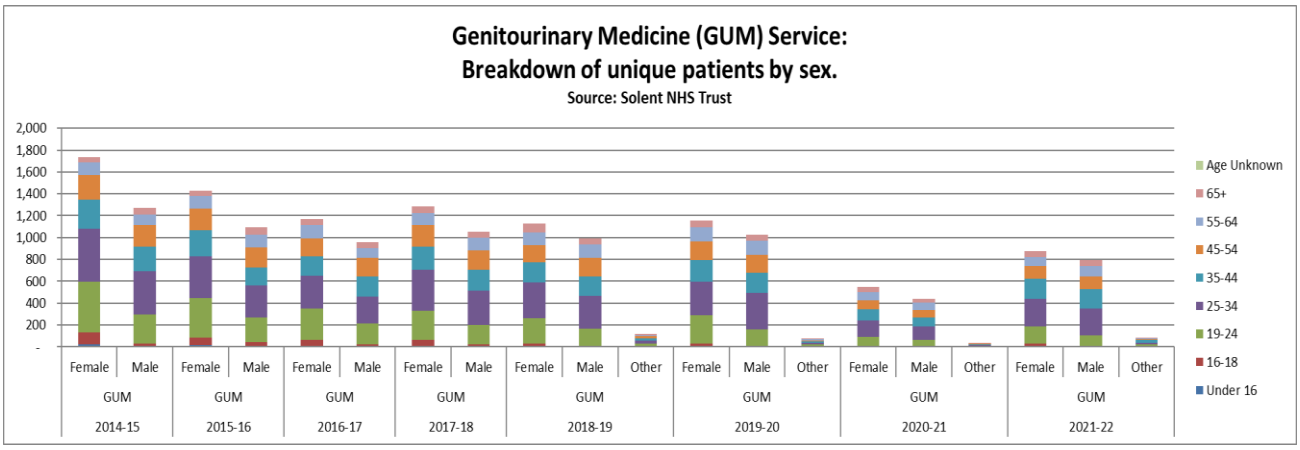


Genitourinary Medicine (GUM) Service

In 2021/22 just over 1,700 unique patients accessed the GUM service, this is a reduction from previous years (except 2020/21) when approximately 2,300 unique patients accessed the service annually from 2015/16. There were just over 1000 service users in 2020/21. In 2021/22 50.4% of unique patients were recorded as female, 45.8% were recorded as male and 4.6% were recorded as other.

Data on ethnicity for the GUM service states 79% were White British, 5.8% are not stated, 5.8% are White – Other and 2.1% are Black or Black British – African.

Figure 13: Genitourinary Medicine (GUM): Breakdown of unique patients by sex, Hampshire

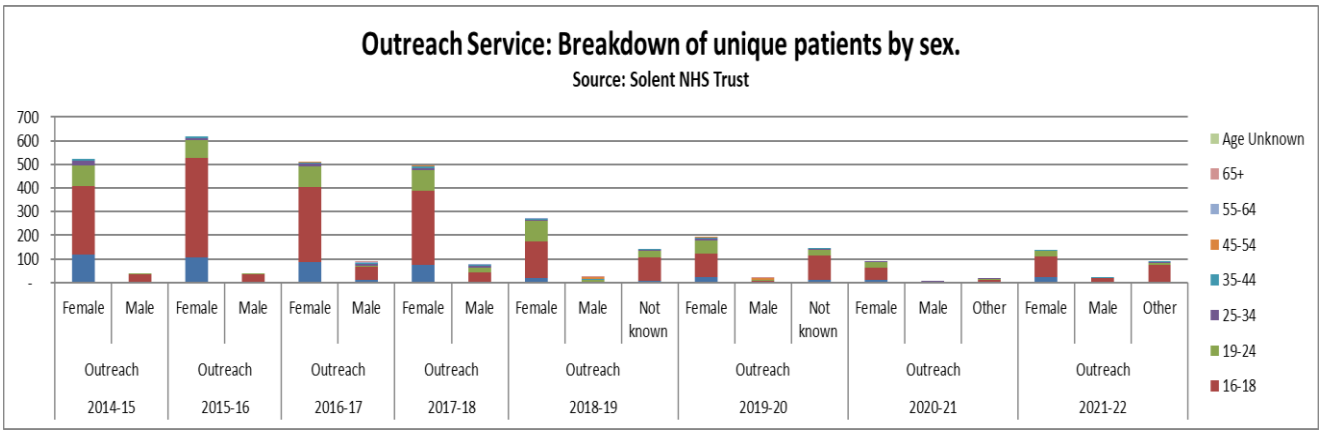


Outreach Service

The outreach service provides specialist sexual and reproductive health support to individuals at greater risk of poor sexual and reproductive health. In 2021/22 just over 240 unique patients accessed the outreach service, this is a reduction from 2019/20 when approximately 350 unique patients accessed this service. In 2020/21 there were just over 100 unique patients, again, this was likely the result of COVID-19 pandemic. Under 18-year-old females are offered a referral to the outreach service if they access emergency hormonal contraception in community pharmacy. This service also saw a decline in numbers accessing the service during the national lockdowns during the pandemic. In 2021/22 56% of unique patients were recorded as female, 8.6% were recorded as male and 35% were recorded as other or not known. The majority of service users (83%) were under 19 years of age and 14% were under 25, only 6% were 25 or over.

Ethnicity was not stated for 47.7% of service users. White – British was recorded for 48.1% of service users and 1.2% were recorded as Black or Black British - African.

Figure 14: Outreach Service: Breakdown of unique patients by sex, Hampshire



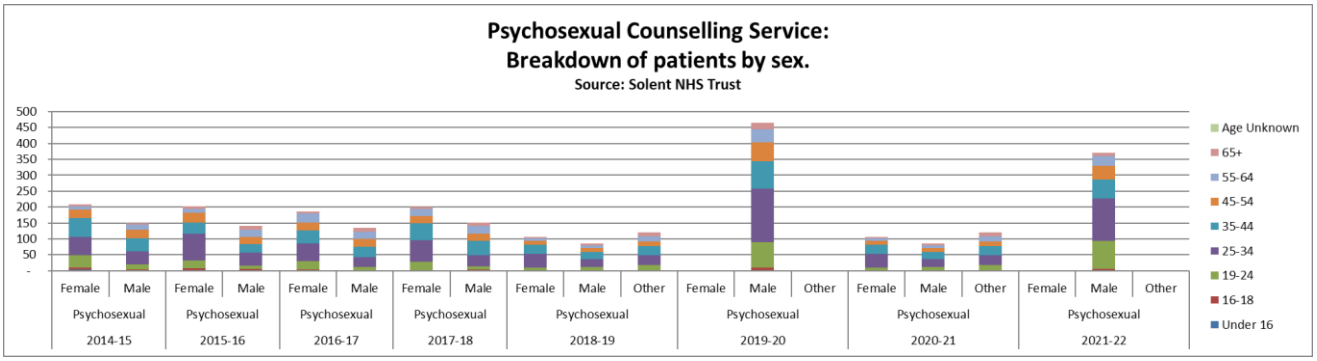
Psychosexual Service

In 2021/22 just over 370 unique patients that accessed the psychosexual service, this is similar to previous years, however 2019/20 saw the highest number of service users with

over 460 accessing the service. During the 2020/21 Solent NHS Trust offered virtual psychosexual counselling due to the national lockdowns. For 2019/20 and 2021/22 all service users have been recorded as male. Sexual orientation was recorded as unknown for all service users for the last 3 financial years. Solent NHS Trust are quality assuring this data as all male attendance during two financial years would be unusual.

In the last 3 years of data, 2019/20, 2020/21 and 2021/22 the majority of service users were in the 25-34 age bracket (36%, 31% and 36% respectively).

Figure 15: Psychosexual Service: Breakdown of unique patients by sex, Hampshire



4.4.2 Isle of Wight Audit

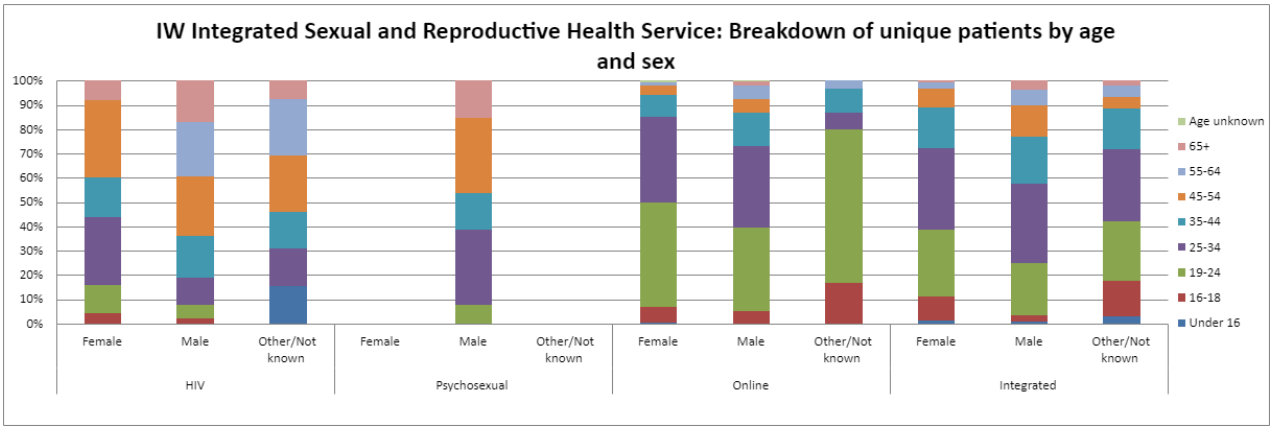
The Solent NHS Trust Sexual Health Service equity uptake audit for 2021/22 showed that the specialist service provided a service to just over 3000 unique patients (service users), these services include Integrated SRH, online STI testing, psychosexual counselling, HIV treatment and care (HIV treatment and care is delivered by the specialist service but commissioned via NHSE).

The audit shows a higher percentage of recorded females accessing both Integrated SRH and online services than recorded males. Of the 1600 unique patients attending Integrated SRH 69% of attendees were female, 21% male and the remaining 10% recorded as gender unknown.

Ethnicity was not stated for 22.6% of Integrated SRH attendees. 72.8% were recorded as White British, 2.3% White- Other and 0.6% Asian or Asian British-other.

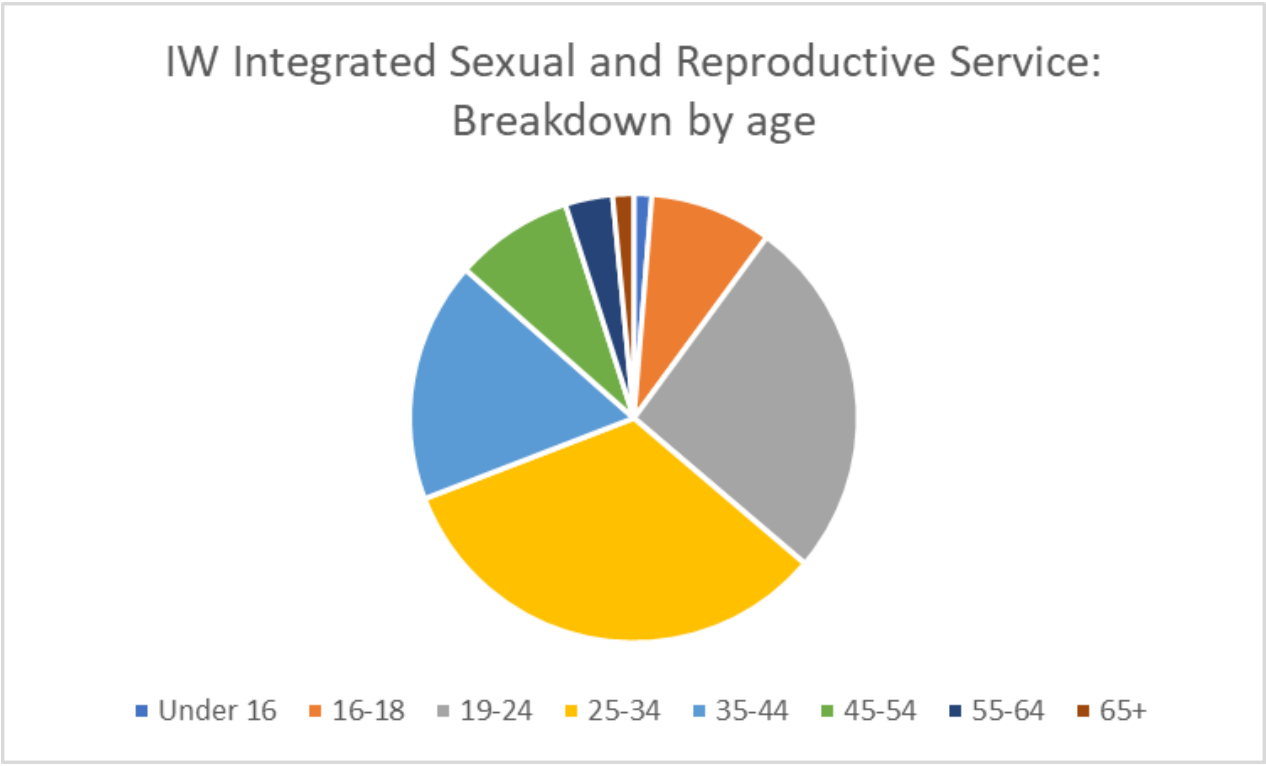
The sexual orientation of the majority of service users (53%) was recorded as heterosexual with further 4% recorded as gay male. There were no sexual orientation records for 43% of Integrated SRH attendees.

Figure 16: Integrated Sexual and Reproductive Health Service: Breakdown of Unique Patients by Age, Isle of Wight



The equity uptake audit shows that service users accessing the services commissioned by Isle of Wight Council in 2021/22 are aged 19-24 (26.1%), 25-34 (32.9%) & 35-44 (17.3%) which make up 76.4% of all unique attendances at the Sexual Health Service.

Figure 17: Integrated Sexual and Reproductive Health Service: Breakdown by Age, Isle of Wight



Online Service

The majority of patients accessed the online service offer, with just under 1300 unique patients. 60% were recorded as female, 37% were recorded as male and a small percentage recorded as other/ not known. Data on ethnicity for the online service states that 98% didn't state their ethnicity. Similarly, 96% did not state their sexual orientation.

4.4.3 Impact of COVID-19 on Sexual and Reproductive Health Services

In March 2020, in response to the COVID-19 pandemic, the UK Government implemented strict non-pharmaceutical interventions (NPIs) in the form of national and regional lockdowns, as well as social and physical distancing measures including an emphasis on staying at home.

Consequently, sexual health services (SHS) in England had substantially reduced capacity to deliver face-to-face consultations but underwent rapid reconfiguration to increase access to STI testing via telephone or internet consultations. Between March and May 2020, it was recorded that there was a reduction in[22]:

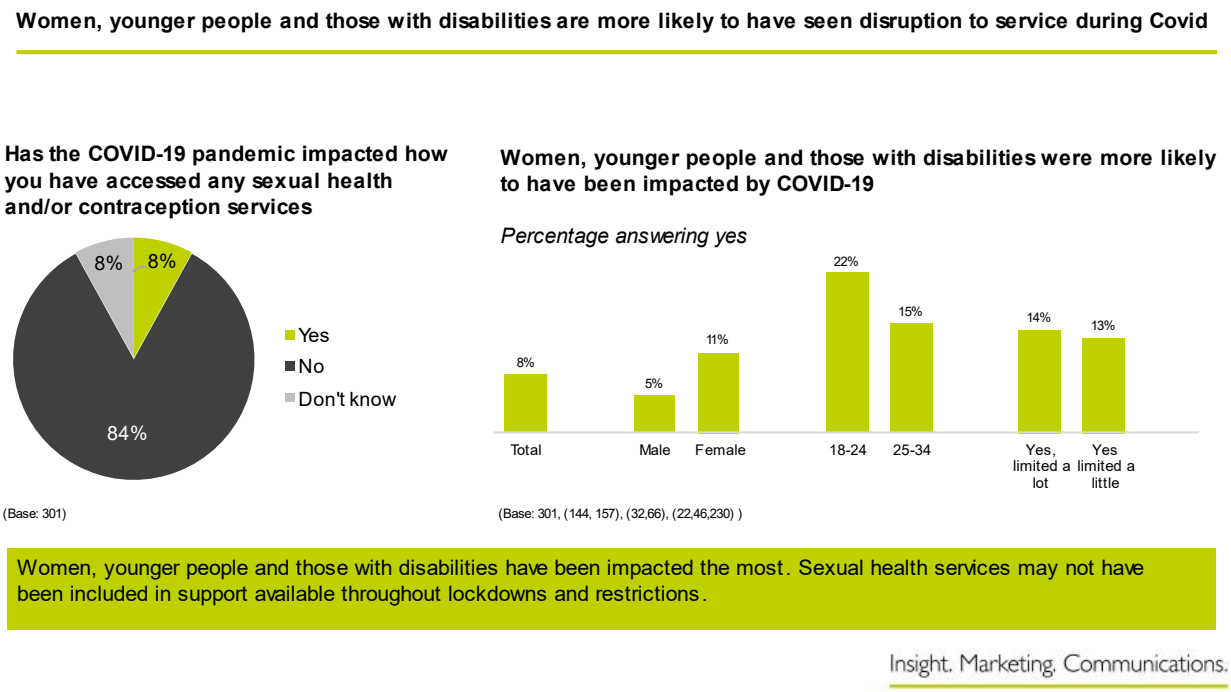
- consultations undertaken by sexual health services (SHSs) and specialised HIV services
- testing for viral hepatitis in drug services, prisons, general practice and SHSs testing for HIV and STIs in SHSs
- vaccination of gay, bisexual, and other men who have sex with men (MSM) against Human Papillomavirus (HPV), hepatitis B (HBV) and hepatitis A (HAV)
- diagnoses of viral hepatitis, HIV and STIs
- hepatitis C (HCV) treatment initiations

Nationally, there was an increase in HIV, STI and hepatitis tests and diagnoses in June 2020, following an easing of the national lockdown restrictions[23]. However, STI testing, and diagnoses decreased across all infections between 2019 and 2020. Over this period, larger decreases in diagnoses were observed for STIs that are usually diagnosed clinically at a face-to-face consultation, such as genital warts or genital herpes, when compared to those that could be diagnosed using remote self-sampling kits such as chlamydia and gonorrhoea.

Our residents survey showed (Appendix 1: Summary of Responses – Residents Survey) that women, young people, and people with disabilities were more likely to have been impacted by the changes to services during the COVID-19 pandemic, affecting access to sexual and reproductive health services. Therefore, reduced access may have had a negative impact and further increased health inequalities for these groups.

[22] COVID-19: impact on STIs, HIV and viral hepatitis, 2020 report (publishing.service.gov.uk)
[23] COVID-19: impact on STIs, HIV and viral hepatitis, 2020 report (publishing.service.gov.uk)

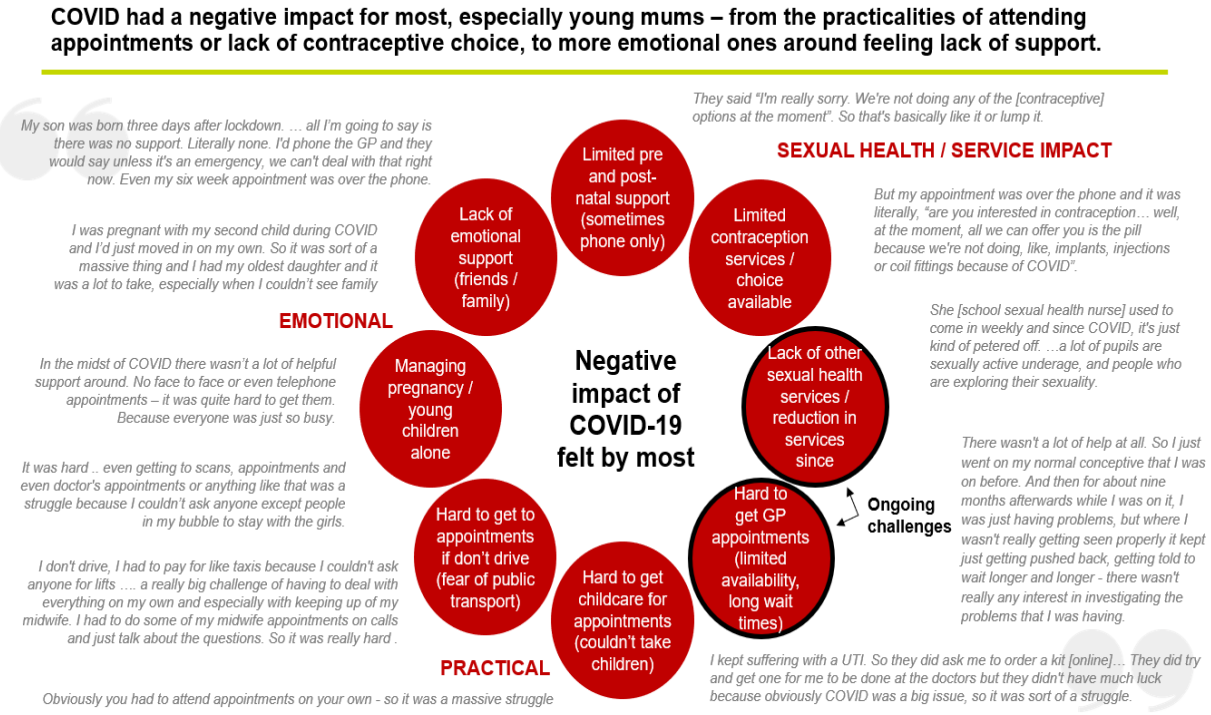
Figure 18: Summary of Impact of COVID-19 Pandemic: Residents Survey



Our wider workforce survey (Appendix 1: Summary of Responses – Workforce Survey) also reported negative impacts to services during the COVID-19 pandemic. Access to contracpetive services was the most commonly reported impact with long waiting lists for LARC cited as the major concern. Our workforce survey respondents also raised concerns regarding access to sexual and reproductive health services for young people and the widening of health inequalites during the COVID-19 pandemic. Access to high quality information to enable the workforce to appropriately signpost was also cited as important to mitigate the reduction and changes in access to services.

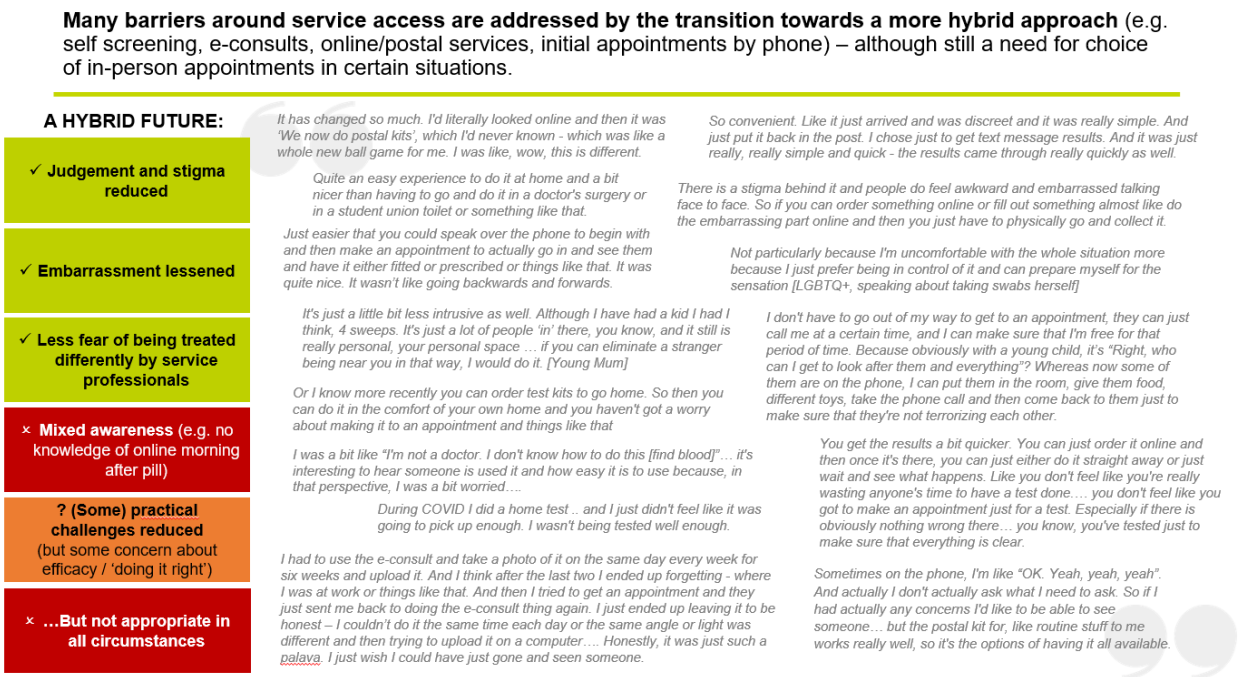
Small scale focus groups were undertaken by the Hampshire Insight and Engagement Team (for further information see section 9.3) with both young parent groups and LGBTQ+ groups. Due to the small numbers, it is not appropriate to use this qualitative data to generate summaries generalisable to the wider population, however it should be used to provide richness of lived experiences of Hampshire and Isle of Wight residents and to consider further research and service developments based on ongoing feedback.

Figure 19: Impact of COVID-19 on Young Parents



Our focus groups (Appendix 3: Research report: young mothers and LGBTQ+ community interviews) also reported negative impacts to services during the COVID-19 Pandemic. There were reported struggles accessing the contraception they were previously using or wanted to use and getting appointments to discuss issues they were experiencing. Access to services was reported across health services and not limited to sexual and reproductive health. Physically accessing appointments during COVID-19 Pandemic was also cited as challenging due to social distancing and child care difficulties outside of 'their bubble'.

Figure 20: Barriers to Services – Focus Group Response



Our focus groups felt that many of the barriers to accessing services are being addressed by the transition towards a more hybrid approach to service delivery which in part were put in place or extended to enable health care to continue to be delivered during the COVID-19 Pandemic while reducing face to face contact to reduce the risk of transmitting the virus.

Services such as self-sampling (screening at home for STIs and HIV) address both emotional barriers such as stigma but also physical challenges such as booking, travelling to, and attending appointments. However, there were also concerns about how to correctly undertake screening at home and knowledge about what services could be accessed remotely and whether these would be appropriate for all sexual and reproductive health needs.

Our focus groups generally welcomed the move to hybrid service delivery but called for several aspects of improvements in future services, these included improved relationships and sex education in schools with access to specialist one to one advice, better signposting to services and greater choice and information about contraception. Making services more inclusive and less heteronormative or designed for older parents would reduce stigma and make accessing services easier for people who do not identify as heterosexual and for young parents.

Section 5: Sexually Transmitted Infections (STIs) and HIV

5.1 STIs

As STIs are often asymptomatic, frequent STI screening of groups with greater sexual health needs is important and should be conducted in line with national guidelines. Early detection and treatment can reduce important long-term consequences, such as infertility and ectopic pregnancy. Vaccination is an intervention that can be used to control genital warts, hepatitis A and hepatitis B, however, control of other STIs relies on consistent and correct condom use, behaviour change to decrease overlapping and multiple partners, ensuring prompt access to testing and treatment, and ensuring partners of cases are promptly notified and tested.

5.1.1 Hampshire Overview

Key sexual health trends in Hampshire

- In Hampshire in 2020, STIs disproportionately affected people who identified as gay, bisexual, and other men who have sex with men, people of Black Caribbean ethnicity and people aged 15 to 24 years old[24][25]
- Overall, of Hampshire residents diagnosed with a new STI in 2020, 45.4% were men and 54.6% were women[26][27]
- The rate of new STIs being diagnosed is higher in more deprived areas[28]
- Young people are more likely to become re-infected with STIs, which is a marker for persistent high-risk behaviour[29][30]
- The STI testing rate has been declining since 2019, following previous increases since 2012. In 2021, the figure was 2,167.8 per 100,000, compared to 3,453.5 per 100,000 in 2019. Hampshire is worse than England.
- The proportion of 15- to 24-year-olds screened for Chlamydia decreased from 18.3% in 2019 to 12.3% in 2020. A further decrease happened from 2020 to 2021, down to 10.6%.
- Diagnostic rates for syphilis and gonorrhoea are low
- HIV prevalence and testing coverage are both low, however the proportion of HIV infections that are diagnosed late is high in Hampshire.
- Men are less likely to access the L3 SRH Service than women.

[24] Made in SHSs and non-specialist SHSs
[25] SPLASH Hampshire 2022-01-27 (phe.org.uk)
[26] In SHSs and non-specialist SHSs; excluding diagnoses with no patient gender recorded
[27] UKHSA 2022 SPLASH Supplement Report
[28] UKHSA 2022 SPLASH Supplement Report
[29] UKHSA 2022 SPLASH Supplement Report
[30] UKHSA 2022 SPLASH Supplement Report

5.1.2 Isle of Wight Overview

Key sexual health trends in the Isle of Wight:

- The STI testing rate is declining and getting worse. Since 2018 the STI rate per 100,000 has decreased year on year. In 2021, the figure was 1,656.4 per 100,000, compared to 3,380.7 per 100,000 in 2018.
- The proportion of 15- to 24-year-olds screened for Chlamydia decreased from 26.6% in 2019 to 12.3% in 2020. A further decrease happened from 2020 to 2021 to 9.3%.
- Diagnostic rates for syphilis and gonorrhoea are low.
- The proportion of HIV diagnosed at a late stage of infection is lower than the national figure.
- HIV prevalence and testing coverage are both low.

5.1.3 STI Testing Rate

Hampshire

In general, Hampshire's trends of STI testing and testing positivity have followed the same trajectory as the England rate.

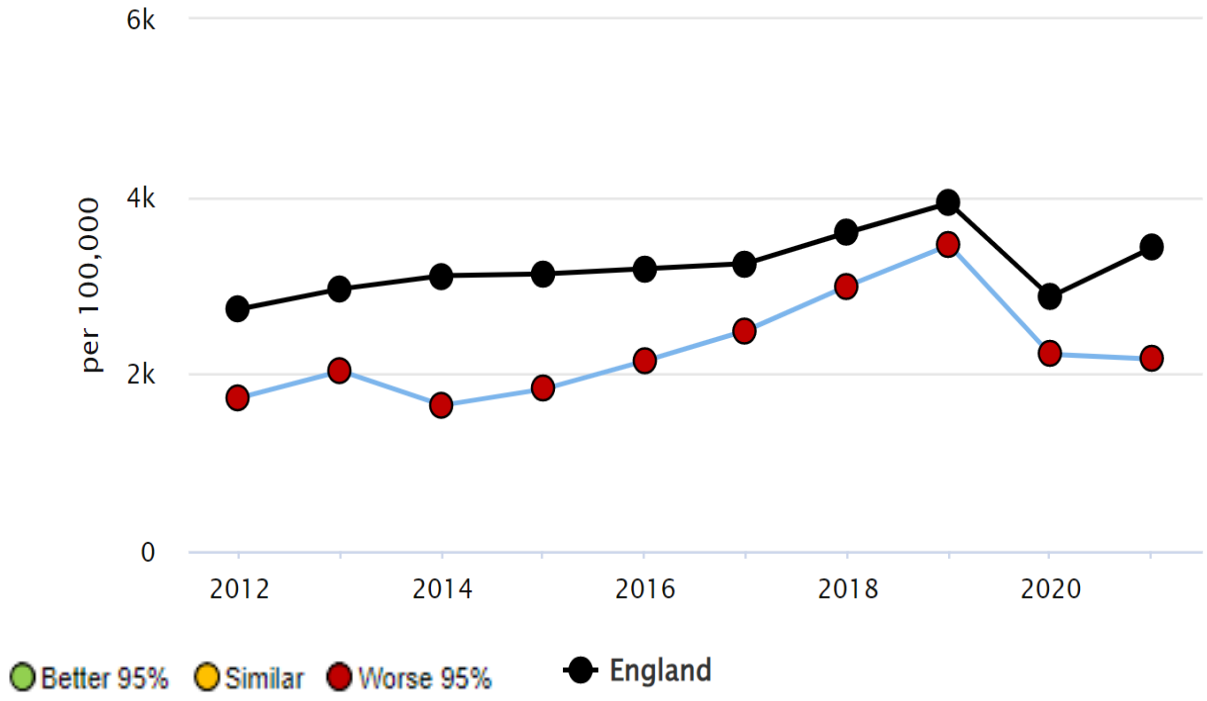
STI Testing Rate

In Hampshire in 2021 the STI testing rate (excluding chlamydia aged below 25) was 2,167.8 per 100,000 people[31]. Hampshire's STI testing rate (excluding chlamydia aged <25) has always been lower than England's, as seen in Figure 21. In 2021, England's testing rate was 3,422.4 per 100,000. CIPFA nearest neighbours' comparison is not available for this indicator.

Since 2014 the testing rate in Hampshire had been steadily increasing, rising from 1,648.2 per 100,000 in 2014 to 3,453.5 per 100,000 in 2019. There was a reduction in testing in 2020, when Hampshire saw a 36% drop in the testing rate compared to 2019[32]. This same pattern is seen in England, which saw on average the highest STI testing rate in 2019 (3,926.1 per 100,000) and then a 27% drop to the 2020 figure of 2,870.8 per 100,000[33].

[31] Public health profiles - OHID (phe.org.uk)
[32] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)
[33] Public health profiles - OHID (phe.org.uk)

Figure 21: Hampshire and England's STI testing rate (excluding chlamydia aged <25), 2020[34]



Source: Fingertips[35]

Although Hampshire's testing rate is worse than England's, there is some local variation within the county. All districts are individually worse than England. This local variation can be seen in Figure 22.

Figure 22: Hampshire's STI testing rate (excluding chlamydia aged <25) by district, 2021

Area	Value per 100,000	Better, similar, or worse than		Trend
		England	Hampshire	
England	*3,422.4*			›
Hampshire	*2,167.8*			⌄
Basingstoke and Deane	*2,394.8*			⌄
East Hampshire	*1,595.6*			⌄
Eastleigh	*2,063.2*			›

[34] Tests for syphilis, HIV, gonorrhoea, and chlamydia (aged over 25) among people accessing sexual health services* in England.
[35] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)

Fareham	*2,127.4*			
Gosport	*2,586.2*			
Hart	*1,689.4*			
Havant	*3,257.9*			
New Forest	*1,500.1*			
Rushmoor	*2,842.6*			
Test Valley	*1,989.6*			
Winchester	*2,182.3*			

Source: Fingertips[36]

Key: ^ increasing and getting better, > no significant change, v decreasing and getting worse

Isle of Wight

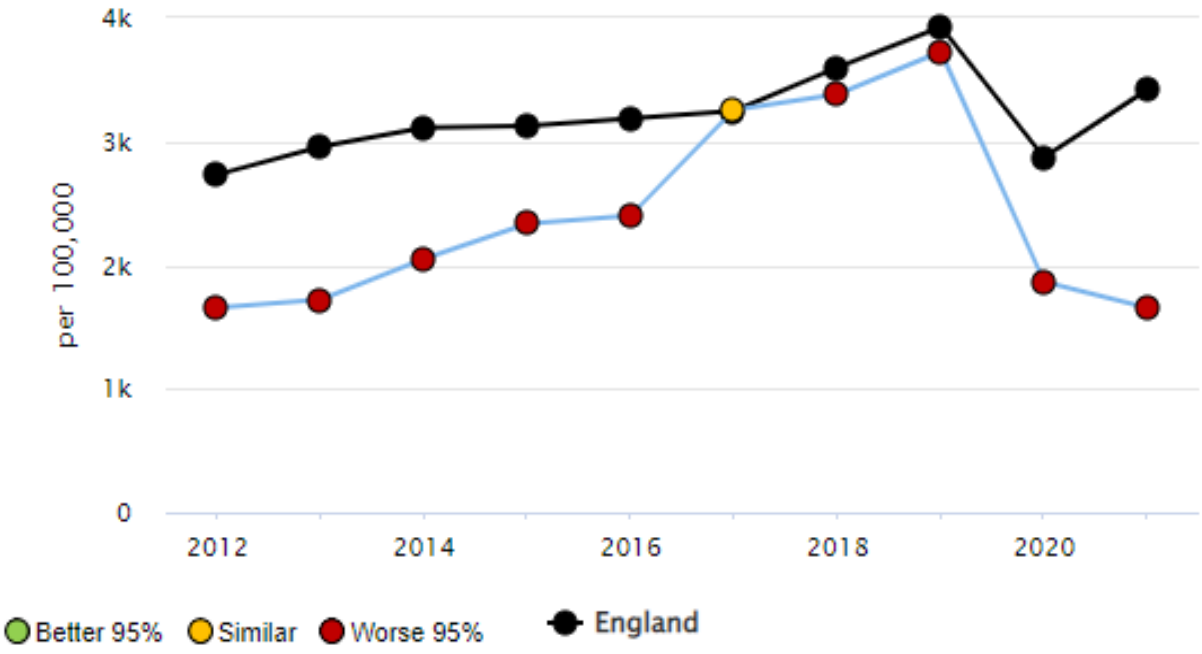
On the Isle of Wight in 2021 the STI testing rate (excluding Chlamydia aged below 25) was 1,656.4 per 100,000 people[37]. This was statistically significantly worse than the England testing rate of 3,422.4 per 1,000. A comparison to CIPFA nearest neighbours average was not available.

Between 2012 and 2019 the testing rate on the Isle of Wight had statistically significantly increased, from 1,656.0 per 100,000 in 2012 to 3,726.4 per 100,000 in 2019. The 2020 figure was 50% lower than the 2019 figure. The decline in testing between 2019 and 2020 was also observed in England, however this decline was much smaller at 27%. In 2021, STI testing rates decreased further in the Isle of Wight to 1,656.4 per 1,000 - statistically similar to the testing rate in 2012. Whereas England's STI testing rate increased from 2020 to 2021 to 3,422.4 per 100,000 (still lower than 2019).

Since 2012, the Isle of Wight's STI testing rate (excluding Chlamydia aged less than 25) has been statistically significantly worse than England every year apart from 2017 where it was statistically similar. The recent trend is decreasing and getting worse.

[36] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)
[37] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)

Figure 23: Isle of Wight and England's STI testing rate (excluding chlamydia aged <25), 2012-2021[38]



Source: Fingertips[39]

5.1.4 STI Testing Positivity

Hampshire

In 2021, Hampshire's STI testing positivity (excluding chlamydia aged <25) was at 5.6%, higher than Hampshire's CIPFA nearest neighbours, which averaged 4.4%. However, it was lower than England's STI testing positivity, which was 6.1% in 2021.

Hampshire's STI testing positivity has been increasing over time, seen in Figure 25, with a decrease between 2020 and 2021. This is in line with the trends in England and Hampshire's nearest neighbours. Good access to testing for those with STI symptoms and those at increased risk of infection may contribute to the observed increase in positivity. Positivity rates depend both on the number of diagnoses and the offer of testing: higher positivity rates compared with previous years can represent increased burden of infection, decreases in the number of tests, or both. Hampshire's increased positivity is likely a result of the decrease in testing and potentially an increasing burden of disease.

[38] Tests for syphilis, HIV, gonorrhoea, and chlamydia (aged over 25) among people accessing sexual health services* in England.
[39] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)

Figure 24: STI testing positivity (excluding chlamydia aged <25) by district, 2021

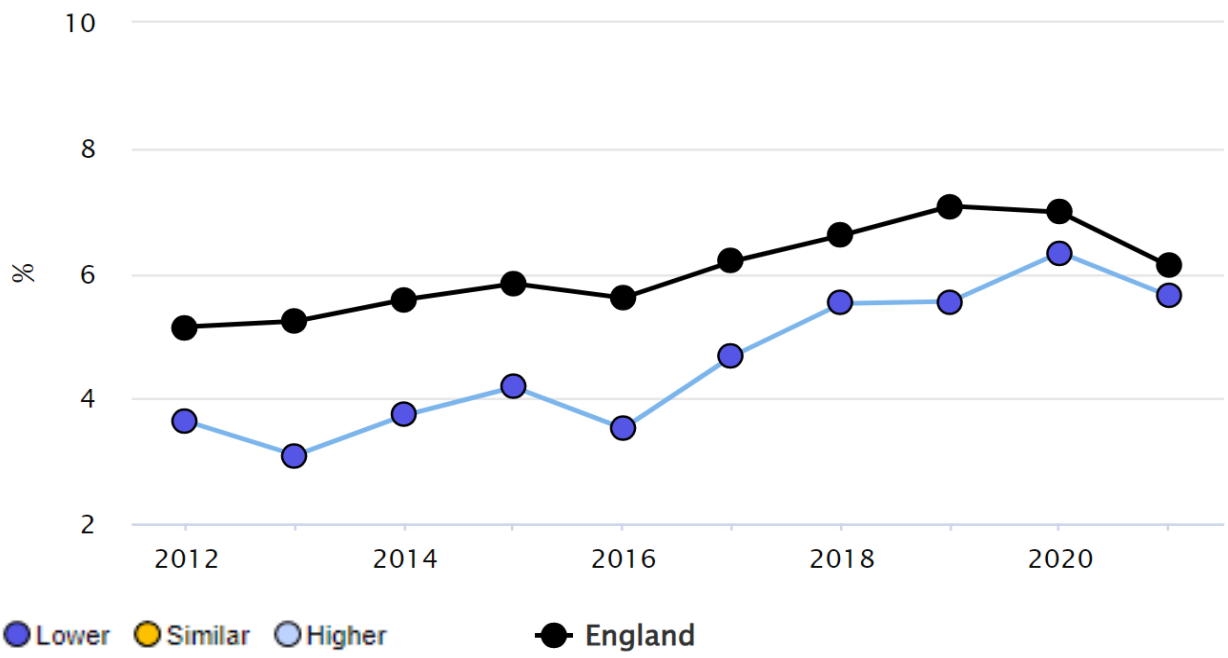
Area	Value %	**Higher**, **similar,** or **lower** than		Trend
		England	Hampshire	
England	*6.1*			›
Hampshire	*5.6*			^
Basingstoke and Deane	*6.9*			^
East Hampshire	*5.8*			›
Eastleigh	*5.8*			›
Fareham	*6.3*			›
Gosport	*5.7*			›
Hart	*5.2*			›
Havant	*4.4*			›
New Forest	*5.6*			›
Rushmoor	*6.7*			›
Test Valley	*5.9*			^
Winchester	*3.8*			›

Source: Fingertips[40]

Key: ^ increasing, › no significant change

[40] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)

Figure 25: Hampshire's STI testing positivity % (excluding chlamydia aged <25), 2021[41]



Source: Fingertips[42]

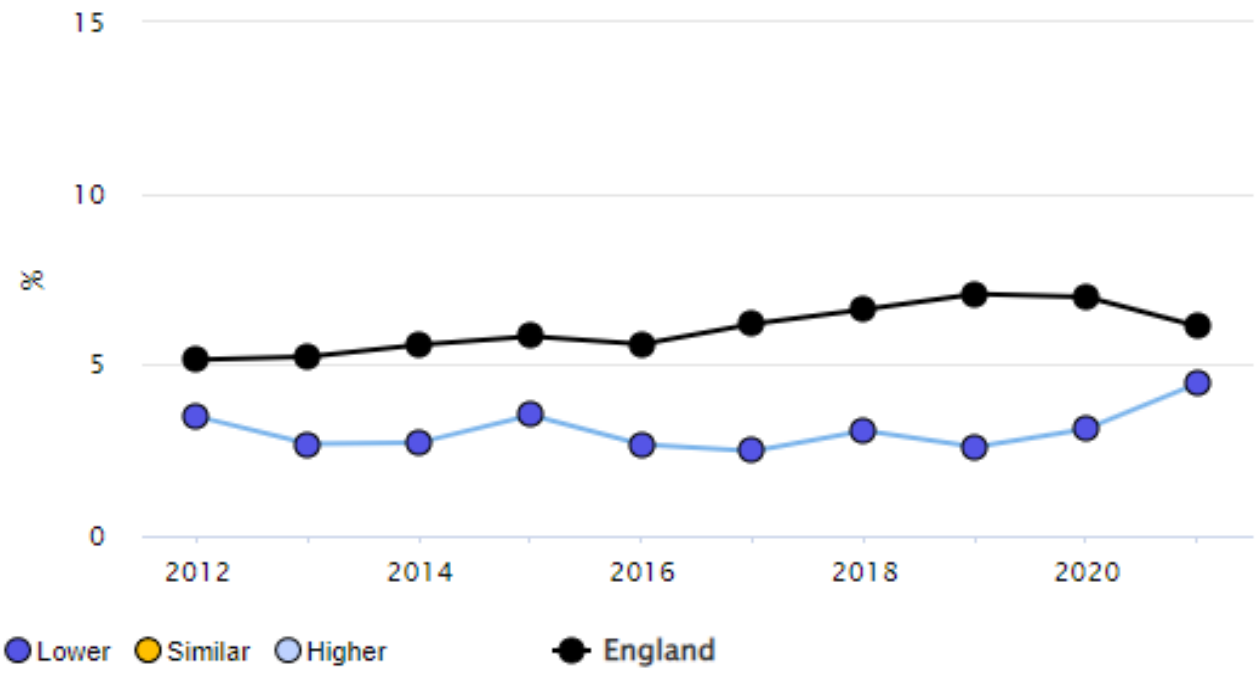
Note: STI tests and diagnoses in this measure are only for HIV, syphilis, gonorrhoea, and chlamydia (aged 25-years and above)[43].

Isle of Wight

In 2021, the Isle of Wight's STI testing positivity (excluding Chlamydia aged <25) was at 4.5%, statistically similar to the Isle of Wight's CIPFA nearest neighbours average of 4.4%[44]. It was lower than England's STI testing positivity which was 6.1% in 2019. In contrast with the trends in England and the Isle of Wight's nearest neighbours, the Isle of Wight's STI testing positivity has remained stable over time. This is seen in Figure 26.

[41] STI tests and diagnoses in this figure are only for HIV, syphilis, gonorrhoea, and chlamydia (aged 25-year and above).
[42] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)
[43] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)
[44] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)

Figure 26: Isle of Wight's STI testing positivity % (excluding chlamydia aged <25), 2012-2021[45]



Source: Fingertips[46]

Positivity rates depend both on the number of diagnoses and the offer of testing: higher positivity rates compared with previous years can represent increased burden of infection, increased access to testing for those at higher risk, decreases in the number of tests or a combination of these factors. However, overall positivity is increasing over time from 2.5% in 2017 to 4.5% in 2021 which is likely a result of the decrease in testing and potentially an increasing burden of disease.

5.1.5 STI Testing Demographics

Hampshire

Testing demographics - ethnicity

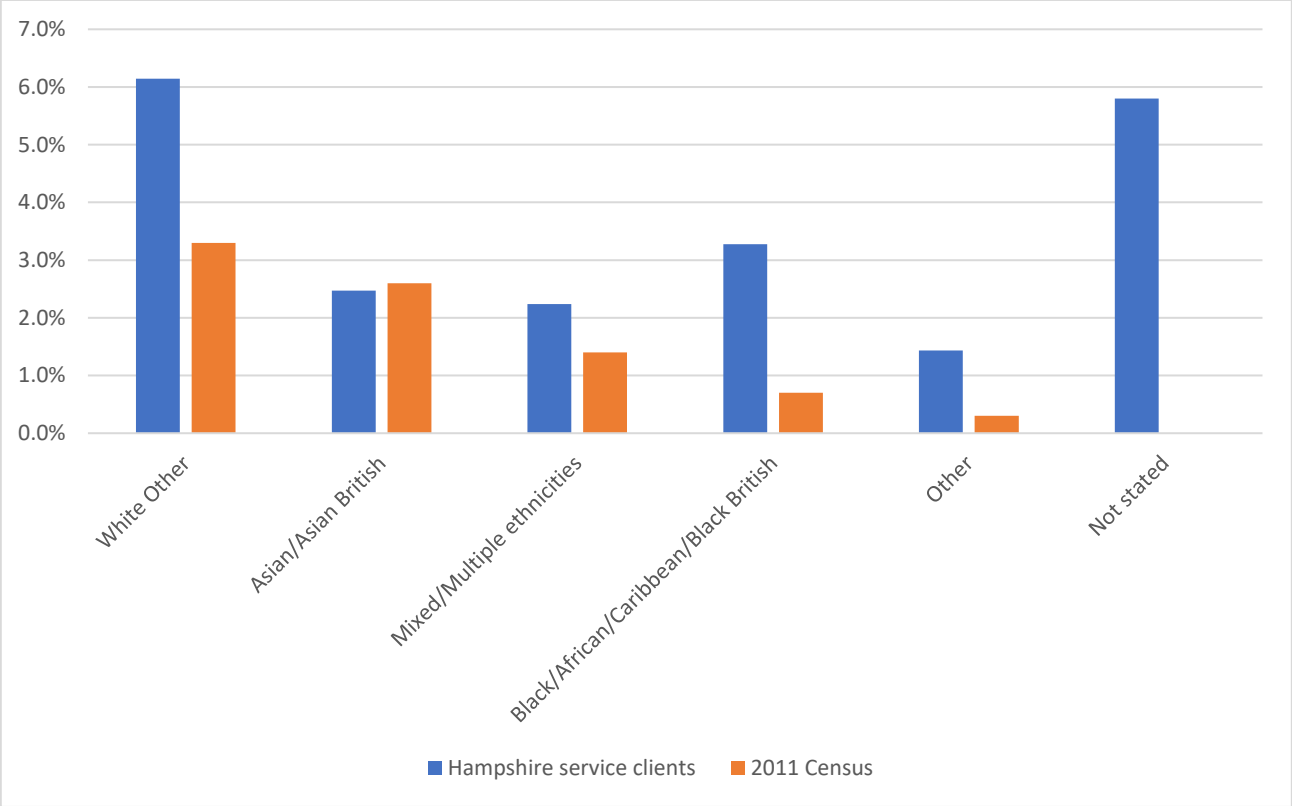
In Hampshire in 2021/22, 78.9% of people attending the local sexual health service for GUM (appointment booked for STI testing / treatment) were self-reported as White British. In the 2011 census 91.8% of Hampshire's population was self-reported as White British. Therefore, the White British population in Hampshire is underrepresented in this component of the local sexual health service. However, certain ethnic minority groups bear a higher burden of STI infection, therefore the need for testing in these groups is higher. All other ethnicities in Hampshire make up a much smaller percentage of the total population. Figure 27 shows a comparison of the 2011 census population by ethnicity and the ethnicity breakdown of people

[45] STI tests and diagnoses in this figure are only for HIV, syphilis, gonorrhoea, and chlamydia (aged 25 years and older).
[46] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)

who attend the local sexual health service for GUM (appointments booked for STI testing / treatment). 5.8% of people attending the service did not state their ethnicity.

White British is not included in Figure 26 as it would make the chart unreadable when looking at the other ethnicities due to the much smaller percentages.

Figure 27: Ethnicity breakdown (excluding White British) comparison between 2011 Census and Hampshire sexual health service clients (attending for GUM testing/treatment)



Source: ONS 2011 Census - Hampshire Facts and Figures[47], Hampshire 2014 - 2022 Sexual Health Uptake Audit

Figure 27 shows that the Asian/Asian British population is tested/treated proportionately in Hampshire's demographic profile. The White British population in Hampshire is under tested/treated (not shown in Figure 27), and every other ethnicity is overrepresented in the testing/treating in Hampshire.

Online screening demographics – ethnicity

In Hampshire in 2021/22, 95% of people attending the local sexual health service for online screening did not state their ethnicity. The breakdown of the other ethnicities is seen in Figure 28.

[47] Hampshire-facts-figures-People-and-culture.pdf (hants.gov.uk)

Figure 28: Ethnicity breakdown of Hampshire sexual health service online screening clients, 2021/22

Ethnicity	Online %
White British	4.3%
White other	0.2%
Asian/Asian British	0.1%
Mixed/multiple ethnicities	0.2%
Black/African/Caribbean/Black British	0.1%
Other	0.0%
Not stated	95.0%

Source: Hampshire 2014 - 2022 Sexual Health Uptake Audit

Isle of Wight

In 2021/22, 98% of people attending the local sexual health service for online screening did not state their ethnicity and 1.7% classified themselves as white British.

5.1.6 STI Testing Geography and Clinic Use

Evidence supports the use of STI testing outside clinical services using self-sampling kits for people who are asymptomatic. Access to online services encourages people who have previously never engaged with sexual health services to come forward for testing.[48]

Hampshire

43.7% of consultations for Hampshire residents are provided by the specialist sexual health service online testing service: Solent NHS Trust (Online Sexual Health Service) and 48.9% of all consultations for Hampshire residents are provided at clinics delivered by Solent NHS Trust.

Almost one in four (24.2%) of all consultations for Hampshire residents are provided by clinics which are outside of Hampshire, shown in Figure 29. Although it is worth noting that only one of these is outside of the integrated sexual health service collaboratively commissioned for Hampshire residents and this is Buryfields clinic in Guildford, which provides 1.4% of all consultations. The clinics outside of Hampshire but part of the integrated service are St Mary's community health campus in Portsmouth and Royal South Hants hospital in Southampton. The location of these out of county clinics can be seen in Figure 30 as an

[48] Recommendations for research | Reducing sexually transmitted infections | Guidance | NICE

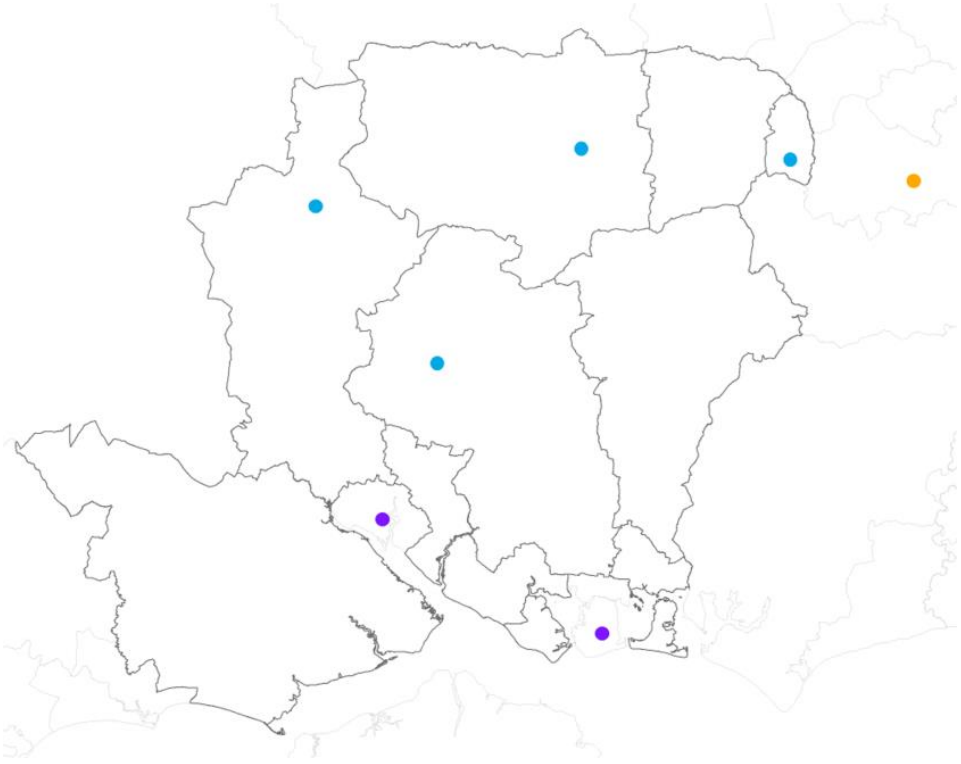
orange point for out of area and other service provider and as purple points for out of county but same provider on the map. The clinics within Hampshire are blue points on the map.

Figure 29: Number and percent of all consultations by Hampshire residents at SHSs: 2020 (only SHSs with more than 500 consultations included)

Clinic name	**Number of consultations**	**% of all consultations**
Solent NHS Trust - Online Sexual Health Service	*22,486*	*43.7*
St Mary's Community Health Campus	*7,151*	*13.9*
Crown Heights Sexual Health	*5,959*	*11.6*
Royal South Hants Hospital	*4,593*	*8.9*
Aldershot Centre for Health	*3,867*	*7.5*
St Clements Surgery	*1,931*	*3.8*
Andover Health Centre	*1,626*	*3.2*
Buryfields Clinic	*717*	*1.4*

Source: UKHSA SPLASH 2022 Supplement Report

Figure 30: Location of SHSs with more than 500 consultations for Hampshire residents in 2020



Isle of Wight

99.2% of all consultations for Isle of Wight residents are provided locally across the Hampshire, Isle of Wight, Portsmouth, and Southampton (HIPS) area or by online services.

44.5% of all consultations for Isle of Wight residents are provided at the clinic based at St Marys Hospital and a further 17.1% of consultations for residents are provided by the specialist sexual health service online testing service: Solent NHS Trust (Online Sexual Health Service). 22.9% are provided by Preventx, another online sexual health service provider.

Preventx were commissioned to provide the online service for Isle of Wight residents prior to Solent NHS Trust becoming the sexual health service provider for the Isle of Wight Council in April 2020. This option was phased out over 2020-21 with residents signposted to Solent's online testing service.

Figure 31: Number and percent of all consultations by Isle of Wight residents at SHSs: 2020 (only SHSs with more than 10 consultations included)

Clinic name	**Number of consultations**	**% of all consultations**
St Mary's Hospital Isle of Wight	*2,343*	*44.5*
Preventx	*1,206*	*22.9*
Solent NHS Trust – Online Sexual Health Service	*900*	*17.1*
Tower House Surgery	*671*	*12.7*
St Mary's Community Health Campus	*41*	*0.8*
Royal South Hants Hospital	*29*	*0.6*
St Richard's Hospital	*18*	*0.3*
SH24	*16*	*0.3*
Crown Heights Sexual Health	*14*	*0.3*
Mortimer Market Centre	*14*	*0.3*
Aldershot Centre for Health	*11*	*0.2*

Source: UKHSA SPLASH 2022 Supplement Report

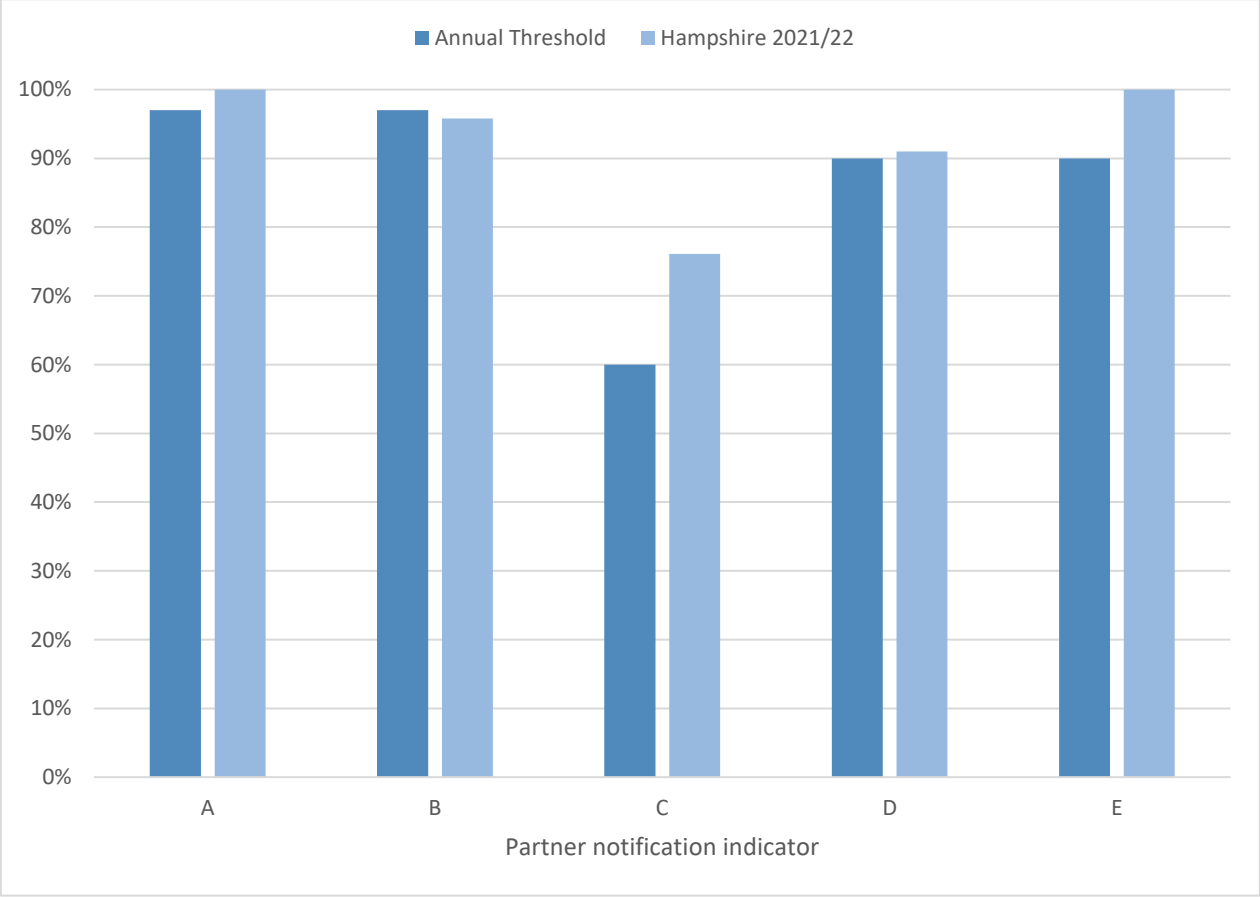
5.1.7 Partner Notification

Hampshire

Hampshire's partner notification figures have remained relatively stable between 2019/20 and 2021/22. As seen in Figure 32, Hampshire's partner notification figures are also in line with,

or better than, the annual thresholds. For the bar chart, the names of each indicator have been labelled A to E, with the full explanation of each indicator below. There is only one indicator for which Hampshire is below the annual threshold; the percentage of index cases and subsequent cases having the outcome of (an) agreed contact action(s), or the decision not to contact, documented for all contacts following a PN discussion (95.8% compared to the threshold of 97%). This is B in Figure 32.

Figure 32: Annual Threshold and Hampshire's partner notification figures, 2021/22



Source: Solent NHS Trust Sexual Health Service Dashboard

A: Index cases and subsequent cases for acute STIs documented as offered at least one discussion, which may be a telephone discussion, for the purpose of PN with a HCW with the appropriate documented competency

B: Index cases and subsequent cases having the outcome of (an) agreed contact action(s), or the decision not to contact, documented for all contacts following a PN discussion

C: Number of contacts per index case who have attended for testing and treatment within 4 weeks of the first PN discussion

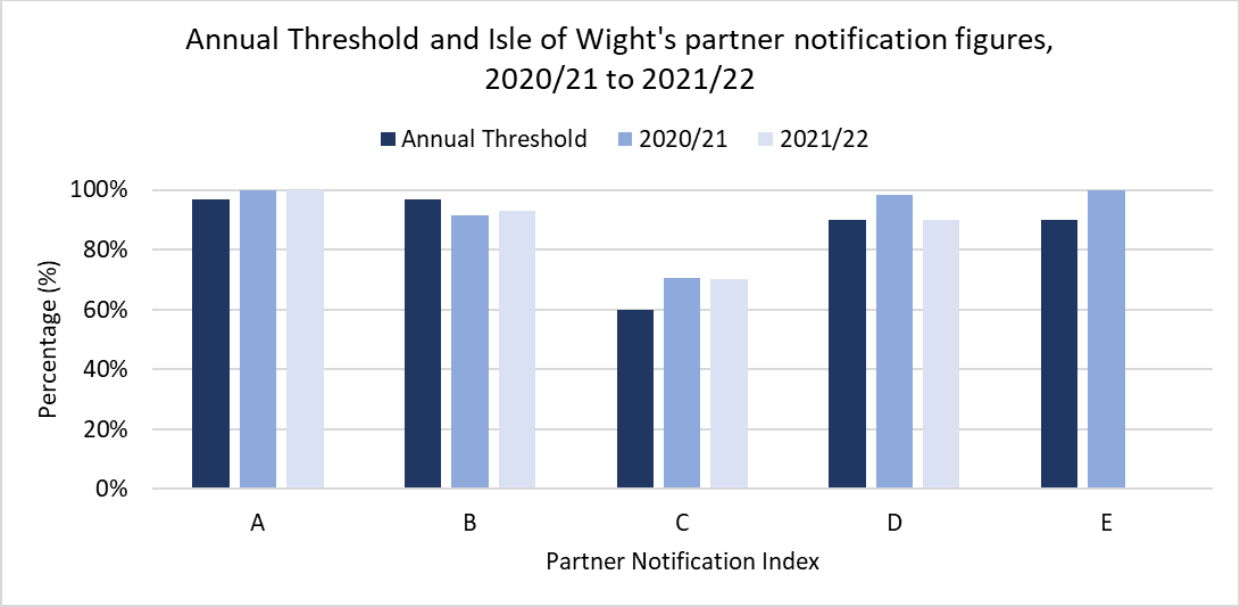
D: Contacts who have documented partner notification outcomes or a progress update at 12 weeks after first PN discussion with the index case

E: Positive HIV diagnoses who have documented evidence that PN has been discussed within 4 weeks of receiving positive HIV diagnosis

Isle of Wight

The Isle of Wight's partner notification figures are exceeding the annual threshold requirements for all partner notification indexes apart from indicator number 2 in Figure 33. Indicator 2 is the percentage of index cases and subsequent cases having the outcome of (an) agreed contact action(s), or the decision not to contact, documented for all contacts following a PN discussion. The annual threshold is 97% and in both time periods Isle of Wight's percentage was lower (91.6% and 92.9%). This indicates the people at risk of an STI are being contacted.

Figure 33: Annual Threshold and Isle of Wight's partner notification figures, 2020/21 to 2021/22[49]



5.1.8 STI Diagnostic Rate

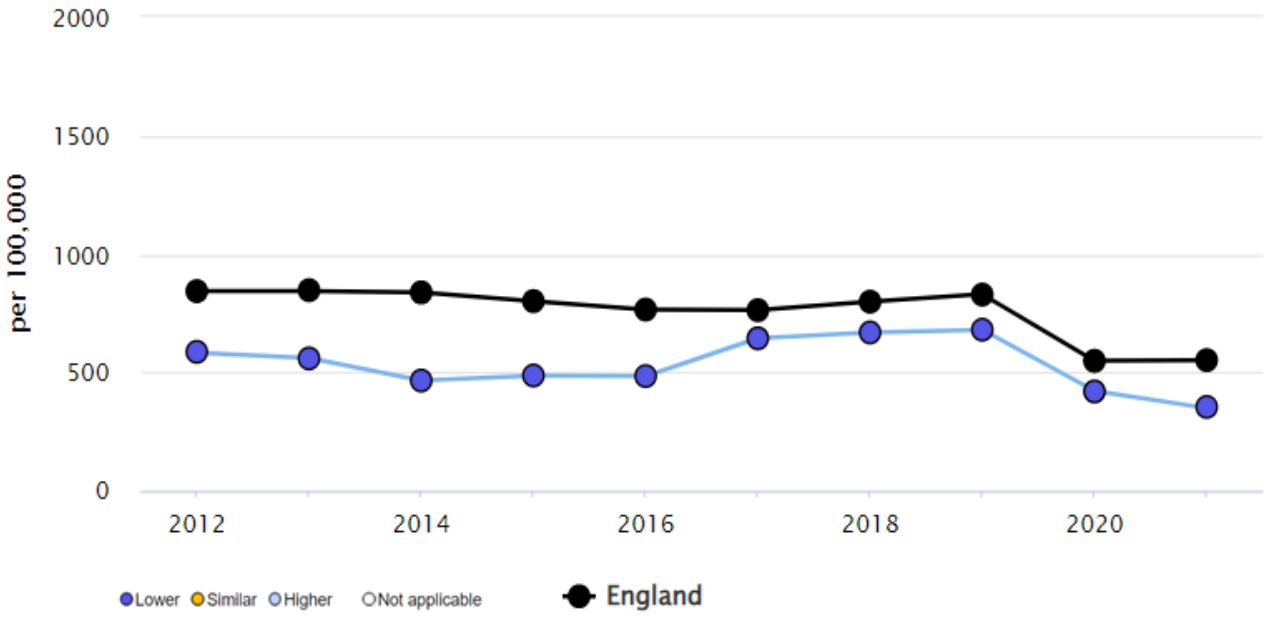
Hampshire

Hampshire's 2021 all new STI diagnosis rate is 349 per 100,000, lower than the England value 551 per 100,000) but similar to Hampshire's CIPFA nearest neighbours average (352 per 100,000).

Similarly, to the STI testing rate (Figure 21), Hampshire saw a significant decline in 2020, with the all new STI diagnosis rate being 38.1% lower than the 2019 figure. This will likely have been as a result of COVID-19. A further decline was observed from 2020 to 2021 to 4,847 per 100,000, the recent trend for Hampshire is the rate is declining.

[49] Source: Solent NHS Trust Sexual Health Service Dashboard

Figure 34: Hampshire's all new STI diagnosis rate, 2012 to 2021



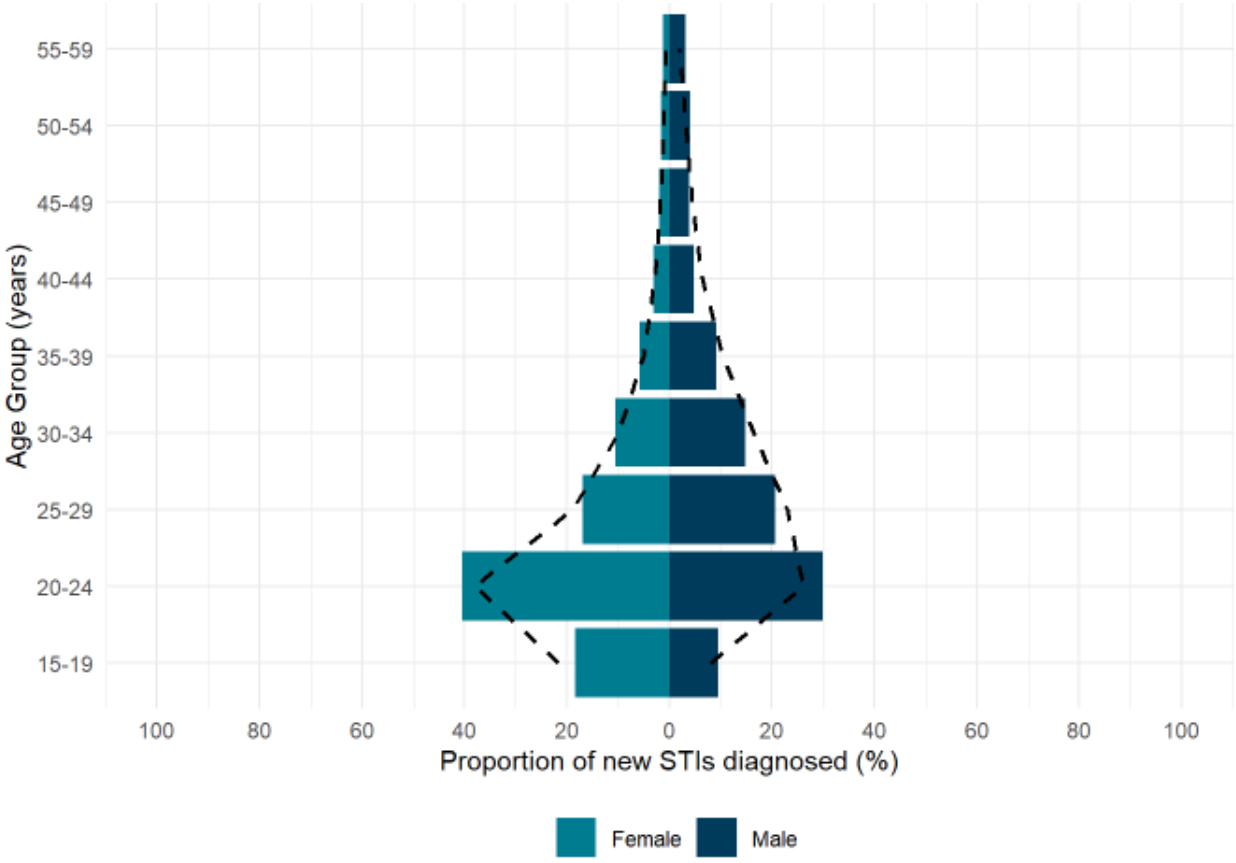
Source: Fingertips[50]

In 2020, of those diagnosed with a new STI in Hampshire, 45.5% were men and 54.6% were women[51]. The proportion of new STIs which are diagnosed in gay, bisexual, and other men who have sex with men has been increasing in recent years in Hampshire. In 2016, 9.8% of new STIs were diagnosed in gay, bisexual, and other men who have sex with men, this has steadily increased to 15.4% in 2020[52]. The higher number of women accessing the service may reflect more opportunities for STI testing as women also access services routinely for contraception. Therefore, this may reflect demand rather than unmet need.

Seen in Figure 35, in 2020, 50.2% of diagnoses of new STIs made in specialist SHSs and non-specialist SHSs in Hampshire residents were in young people aged 15 to 24 years old. This compares to 45.7% in England.

[50] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)
[51] UKHSA SPLASH 2022 Supplement Report
[52] UKHSA SPLASH 2022 Supplement Report

Figure 35: Proportion of new STIs by age group and gender in Hampshire (bars) and England (lines), 2020



Source: SPLASH 2022 Supplement Report

In Hampshire in 2020, 70.3% of new STI's were in people of White ethnicity, followed by 2.6% in people of Black ethnicity. A further 1.7% were in people of Asian ethnicity, followed by 1.6% in people of mixed ethnicity. People with 'other' ethnicity made up 0.7% of new STIs. 23.1% of new STIs were in people who had no ethnicity specified. This is seen in figure 36.

Figure 36: Proportion of new STIs in Hampshire by ethnic group (SHS diagnoses only), 2020

Ethnic group	**%**
White	*70.3*
Black	*2.6*
Asian	*1.7*
Mixed	*1.6*
Other	*0.7*
Not specified	*23.1*

The highest rates of new STI diagnoses are in the more deprived areas of Hampshire. Areas such as Andover in Test Valley, Rushmoor, Basingstoke town and Eastleigh all have high STI diagnosis rates. This pattern can be seen by comparing Figure 37 against the map below it (Figure 38), which shows Hampshire's deprivation.

Figure 37: New STI diagnoses per 100,000 population

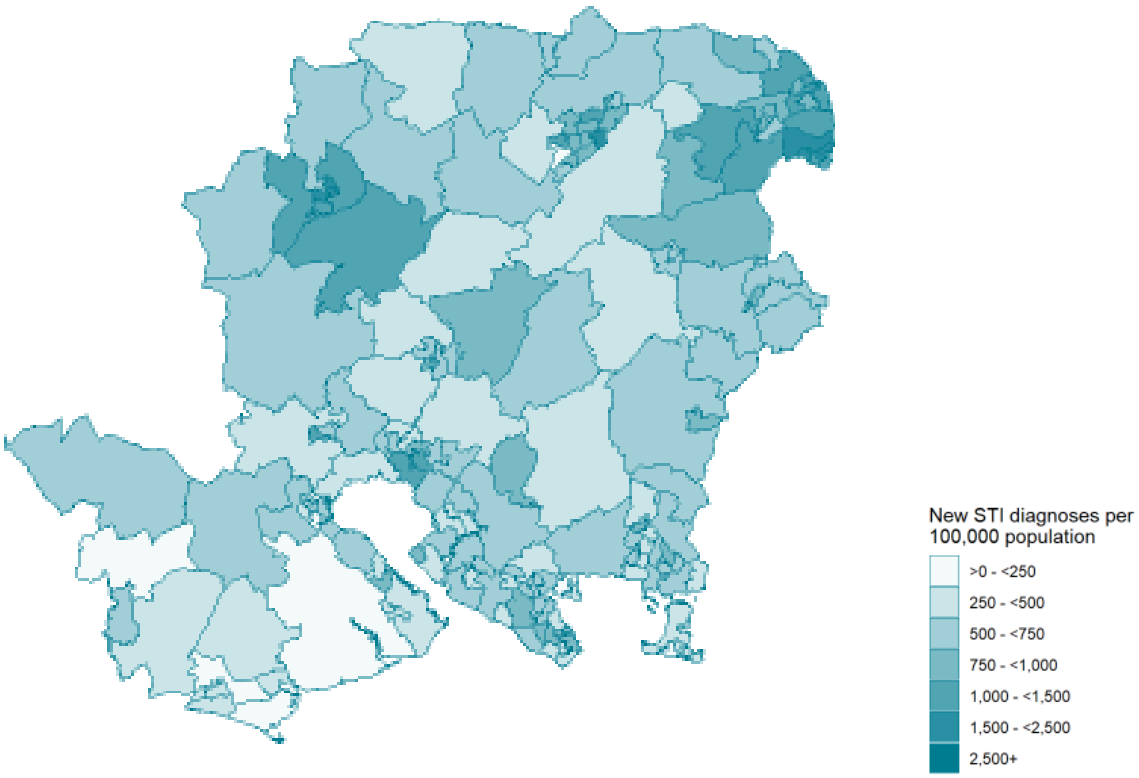
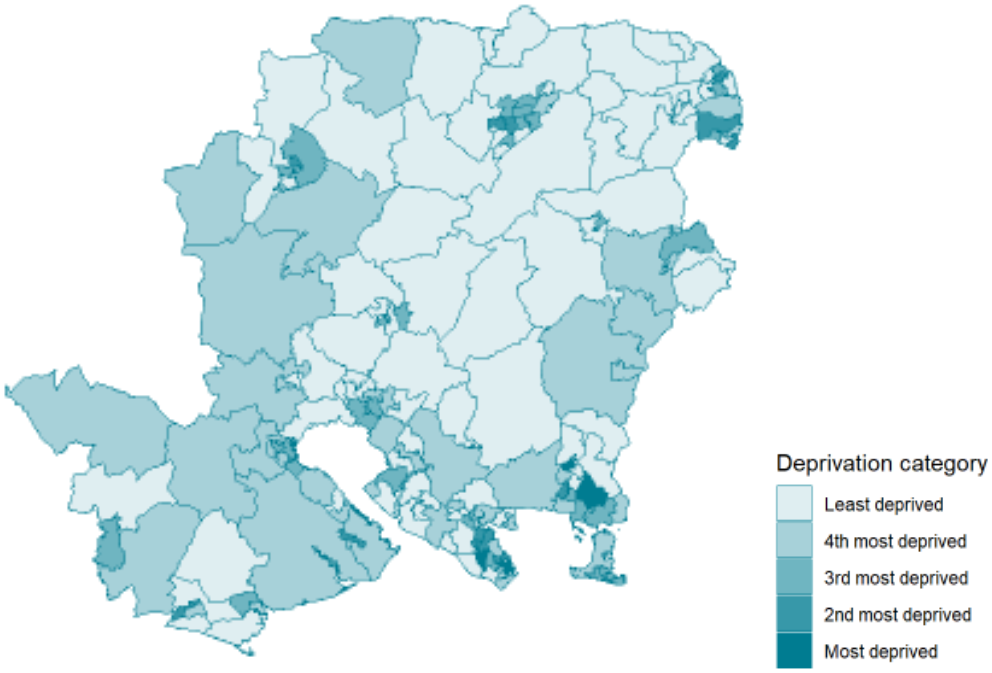


Figure 38: Hampshire Deprivation Levels



In Hampshire, it is encouraging that the new STI diagnosis rate is low, however, the STI testing rate is below England's value and the nearest neighbours. Despite this, the testing positivity percentage is higher than Hampshire's nearest neighbours, and the disparity between England and Hampshire's STI testing rate has been closing since 2014.

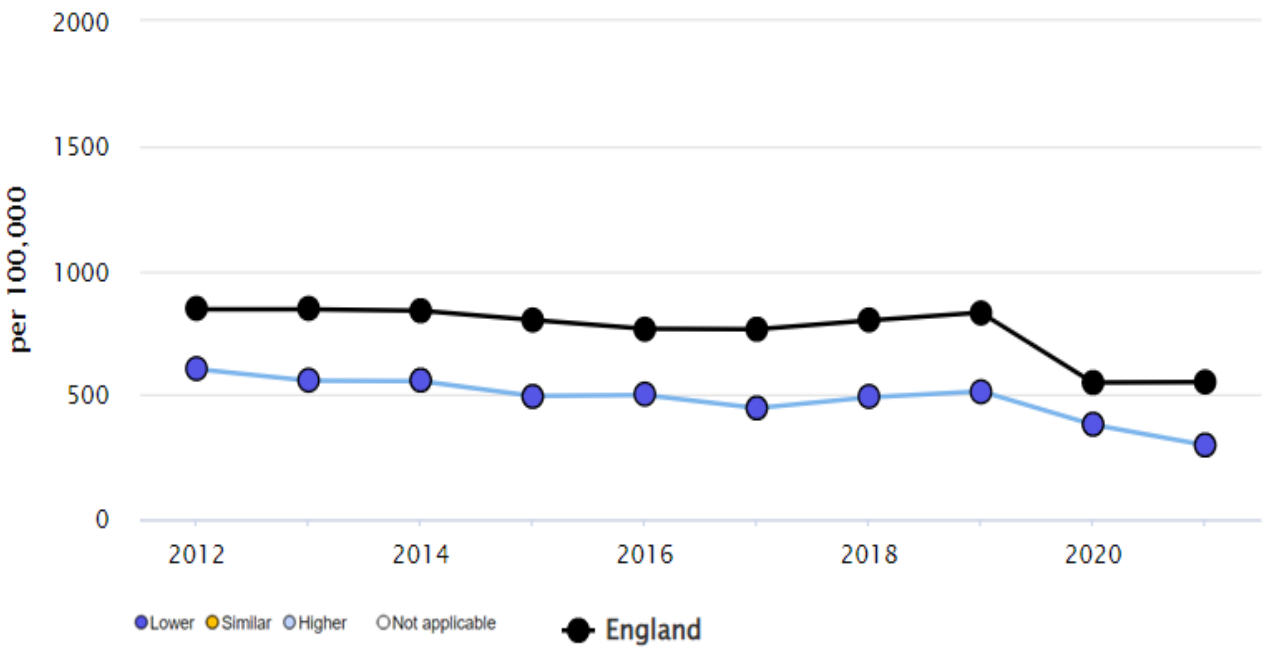
Hampshire's STI testing rate following COVID-19 will be monitored to ensure testing uptake improves to previous levels and improves beyond England's value and the nearest neighbours.

Isle of Wight

The Isle of Wight's all new STI diagnosis rate is 297 per 100,000 in 2021[53]. This is statistically significantly lower than the England rate (551 per 100,000) and statistically significantly similar to the Isle of Wight's CIPFA nearest neighbours (326 per 100,000)[54]. The Isle of Wight has been consistently statistically significantly lower than the England value from 2012 to 2021.

The Isle of Wight saw a decline in the all new STI diagnosis rate, with 2020 being 26% lower than 2019. 2021 shows a further decline of 22% to 297 per 100,000. This means that in 2021 the gap between the Isle of Wight STI diagnoses rate and England's has widened. Prior to the declines that begun in 2020, the trend had been relatively stable. However, now the trend is decreasing. One reason for this is probably because of the decreasing STI testing rate discussed earlier.

Figure 39: Isle of Wight's all new STI diagnosis rate, 2012 to 2021



Source: Fingertips[55]

[53] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)
[54] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)
[55] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)

Local patterns of diagnosis

Data around ethnicity and new STI diagnosis in SHSs are inconclusive because 44.3% of the records do not have an ethnicity specified. In 2020, of those diagnosed with a new STI in the Isle of Wight 55.5% were men and 44.5% were women in SHSs and non-specialist SHSs, excluding diagnoses where no patient gender had been recorded[56].

46.4% of diagnoses of new STIs made in SHSs and non-specialist SHSs were in young people aged 15 to 24 years old in the Isle of Wight in 2020[57]. This compares to 45.7% in England.

In terms of deprivation, data from SHS diagnoses only are available[58]. The largest proportion of new STI diagnoses were in the 2nd most deprived group (44.3%), followed by the 3rd most deprived (21.6%). The least deprived category had the lowest percentage of diagnoses at 2.1% of the total. However, when looking at the rates of new STIs by deprivation category in the Isle of Wight the 2nd most deprived had the highest rate (527 per 100,000) followed by the most deprived category (512 per 100,000).

It is encouraging that the Isle of Wight has a low new STI diagnosis rate. However, the testing positivity is low and the dramatic decline in the testing rate during 2020-2021 will be monitored to ensure testing uptake improves to previous levels and improves beyond England's value and the nearest neighbours.

5.2 Chlamydia

Chlamydia is the most commonly diagnosed bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group. The chlamydia detection rate among under 25-year-olds is a measure of chlamydia control activity, aimed at reducing the incidence of reproductive sequelae of chlamydia infection and interrupting transmission. An increased detection rate is indicative of increased control activity; the detection rate is not a measure of morbidity[59].

In June 2021, the National Chlamydia Screening Programme (NCSP) changed the chlamydia screening to focus on reducing the harms of untreated chlamydia infection[60]. Due to this, opportunistic screening should now focus on predominately young women and other people with a womb or ovaries. In practice this means that chlamydia screening in community settings, such as GPs and pharmacies, will only be proactively offered to young women. Services provided by sexual health services remain unchanged.[61]. Due to this in 2021 the RAG rating was removed from this indicator.

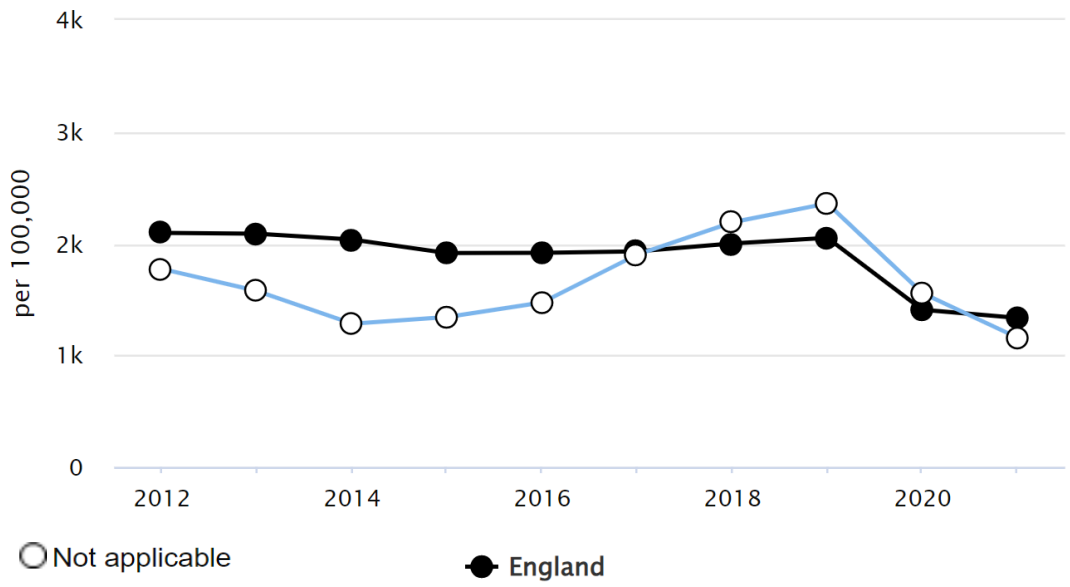
[56] SPLASH Supplement Isle of Wight
[57] SPLASH supplement report
[58] SPLASH supplement report
[59] Public health profiles - OHID (phe.org.uk)
[60] https://fingertips.phe.org.uk/documents/Summary%20of%20changes%20to%20the%20NCSP%20PHOF%20DRI%20benchmarking%20December%202021.pdf
[61] This includes transgender men, non-binary people assigned female at birth and intersex people with a womb or ovaries.

5.2.1 Chlamydia Detection Rate

Hampshire

Hampshire's detection rate has improved from 2016 to 2019, before having a significant decline in 2020. From 2020 to 2021, there was a further decline in all person's chlamydia detection rate from 1,556 per 100,000 to 1,157 per 100,000[62].

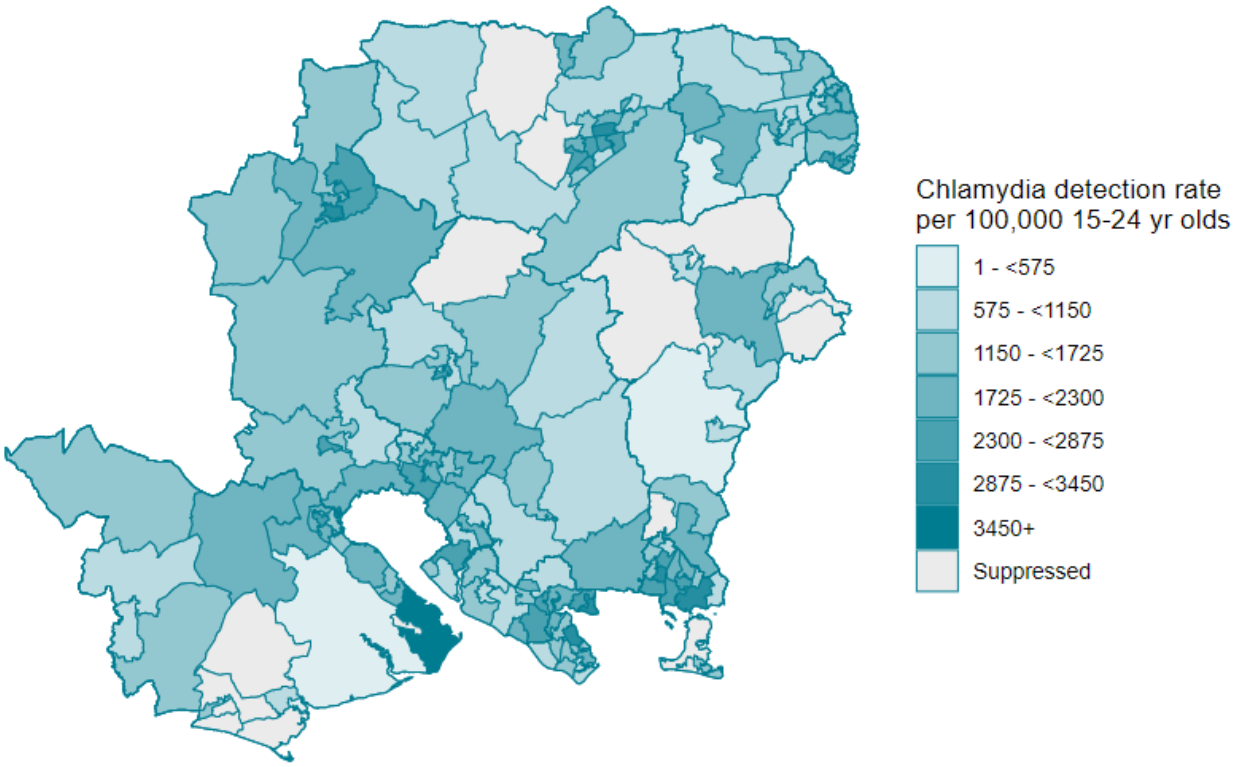
Figure 40: Hampshire's chlamydia detection rate in people aged 15 to 24, 2012 to 2021. Not RAG rated against a goal



Source: Fingertips

[62]https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000057/pat/6/ati/302/are/E10000014/iid/90776/age/156/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

Figure 41: Map of chlamydia detection rate in Hampshire by MSOA, 2020[63]



Source: Hampshire 2022 Summary Profile of Local Authority Sexual Health[64]

In Hampshire, there is local variation in the chlamydia detection rate. Generally, the detection rate is higher in more urban areas (for example, Basingstoke town, Andover town, Winchester city and near the Waterside in the New Forest.) This is likely due to younger populations living in these areas and access to young people's walk-in clinics. The lowest detection rates in Hampshire are in sparsely populated, rural areas such as East Hampshire and rural parts of Basingstoke and Deane. In Hampshire, gay, bisexual, and other men who have sex with men represented 14.4% of the chlamydia diagnoses in 2020, this has increased in recent years[65].

The proportion of the population screened for Chlamydia is also decreasing and getting worse in Hampshire. In 2019, 18.3% of the population were screened for Chlamydia, this declined to 12.3% in 2020[66]. A further decline was recorded from 2020 to 2021 to 10.6% of 15-24 year olds screened. In all districts in Hampshire, the recent trend in the proportion of the population screened is declining and getting worse[67]. Hart has the lowest screening coverage at 8.5% and Winchester has the highest at 13.5%. All districts are statistically significantly worse than England.

[63] Data is sourced from the CTAD Chlamydia Surveillance System (CTAD). As a response to the COVID-19 pandemic since March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 should consider this reconfiguration, especially when comparing with data from pre-pandemic years.

[64] SPLASH Hampshire 2022-01-27 (phe.org.uk)

[65] UKHSA SPLASH 2022 Supplement Report

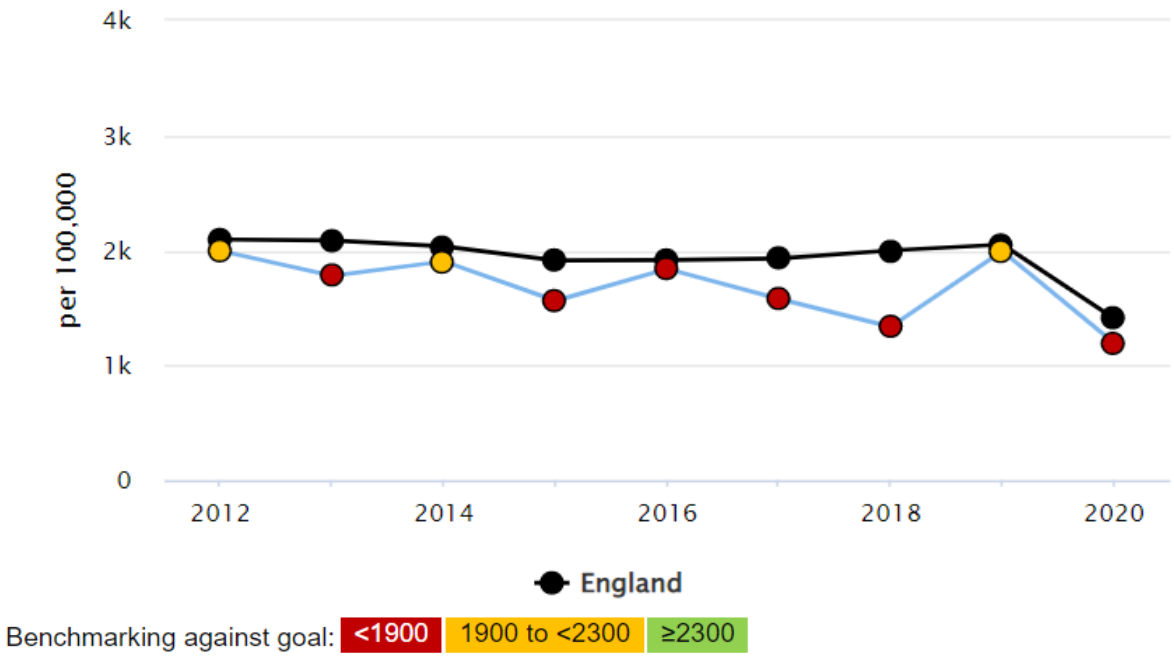
[66] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)

[67] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)

Isle of Wight

In 2020, the chlamydia detection rate in 15 to 24 year olds in Isle of Wight was 1,195 per 100,000 population (158 positives out of 1,610 screened), lower than the 2,300 target[68]. As seen in Figure 42, Isle of Wight's detection rate did improve in 2016, before declining again and improving in 2019. Both England and the Isle of Wight experienced significant declines in the detection rate between 2019 and 2020, 31.3% and 40% respectively.

Figure 42: The Isle of Wight's chlamydia detection rate in people aged 15 to 24, 2012 to 2020

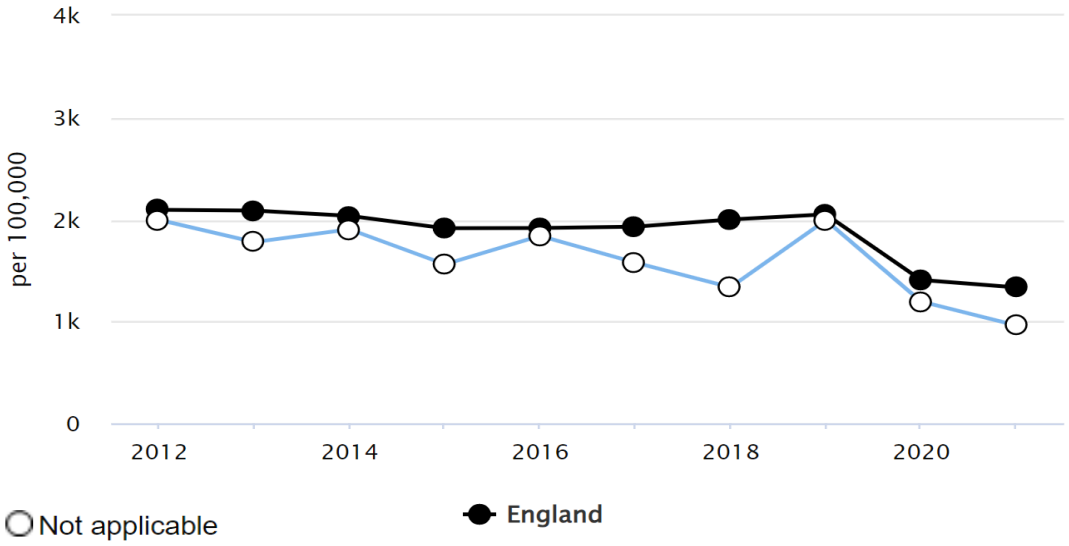


Source: Fingertips[69]

In 2021, the all persons detection rate decreased to 960 from 1,195 per 100,000 in 2020.

[68] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)
[69] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)

Figure 43: The Isle of Wight's chlamydia detection rate in people aged 15 to 24, 2012 to 2021. No RAG rating available



Source: Fingertips[70]

With the change in focus to opportunistic screening, detection rates specifically for females and other people with a womb or ovaries is increasingly important. When looking at the females only indicator the detection rate declined significantly between 2019 and 2020 from 2,466 to 1,158 per 100,000, following the declining trend seen in England. The recent time trend shows that the detection rate is decreasing.

[70] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)

Figure 44: The Isle of Wight's chlamydia detection rate in people aged 15 to 24 (females), 2012 to 2021. No RAG rating available

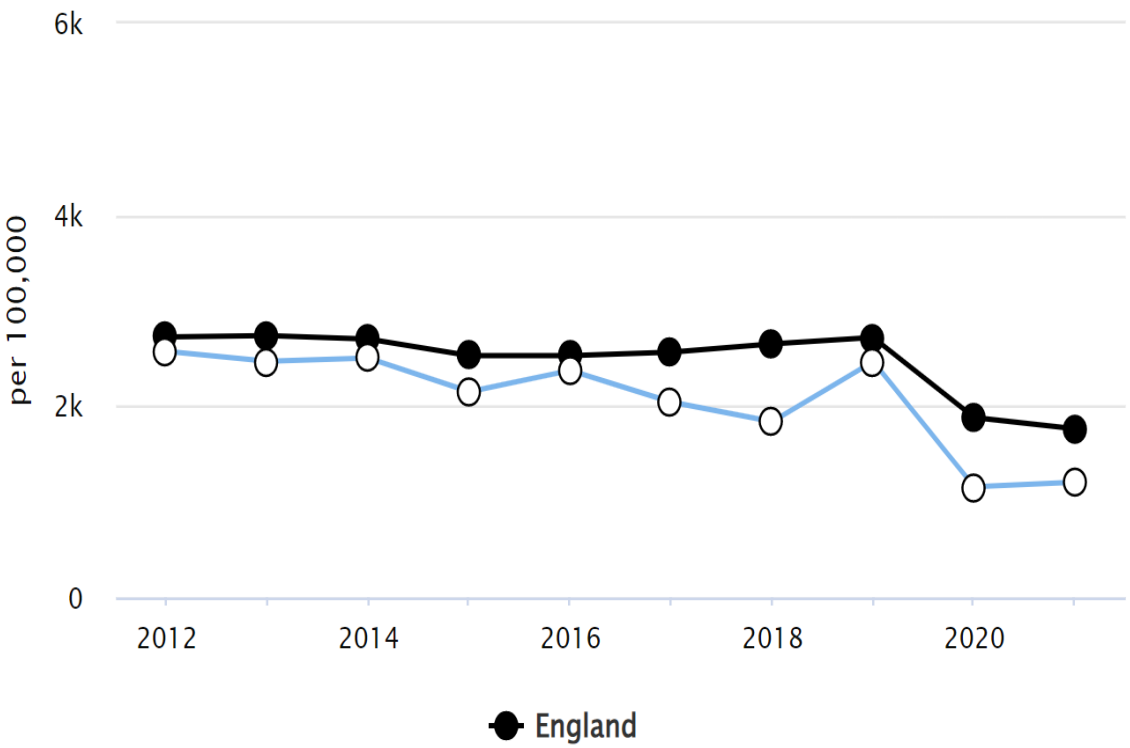
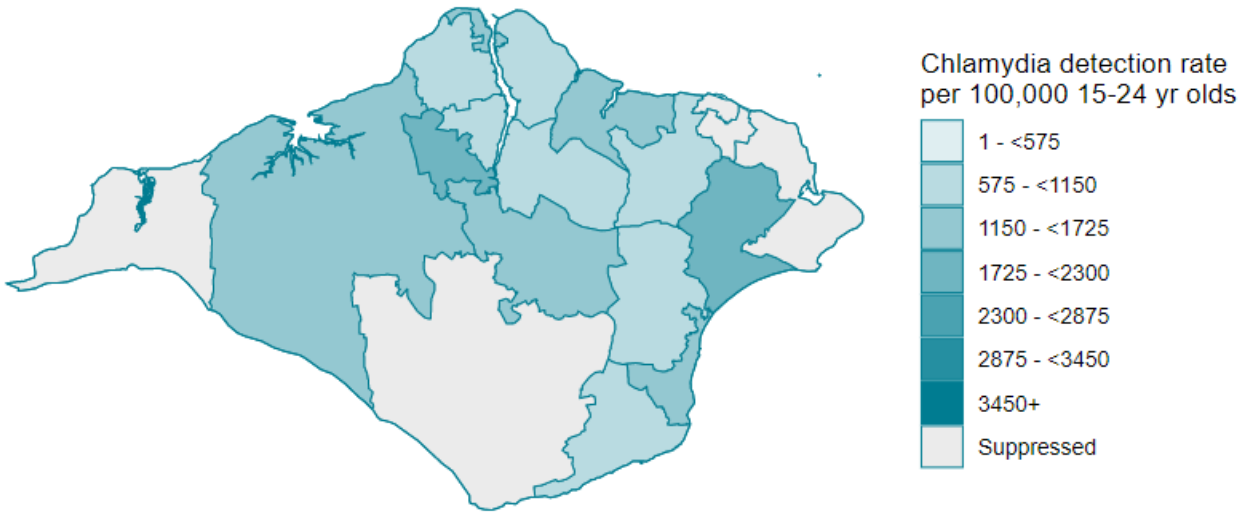


Figure 45 showing the map of chlamydia detection by MSOA. There is some variation across the Isle of Wight, with some MSOA's have higher detection rates. Due to small numbers, several MSOA's data is suppressed.

Figure 45: Map of chlamydia detection rate per 100,000 population in 15 to 24 years in Isle of Wight by MSOA, 2020[71]



Source: Isle of Wight 2022 Summary Profile of Local Authority Sexual Health[72]

5.2.2 Chlamydia Positivity Rate

Public Health England (PHE[73]) previously recommended that local authorities should be working towards achieving a detection rate of at least 2,300 per 100,000 population aged 15 to 24. The recommendation was set as a level that would encourage high volume screening and diagnoses, be ambitious but achievable, high enough to encourage community screening, rather than specialist sexual health clinic only diagnoses, and would be likely to result in a continued chlamydia prevalence reduction, according to mathematical modelling. While there is no local authority commissioned Chlamydia testing in General Practice or Pharmacy, GPs should offer Chlamydia screening as part of their routine care.

Hampshire

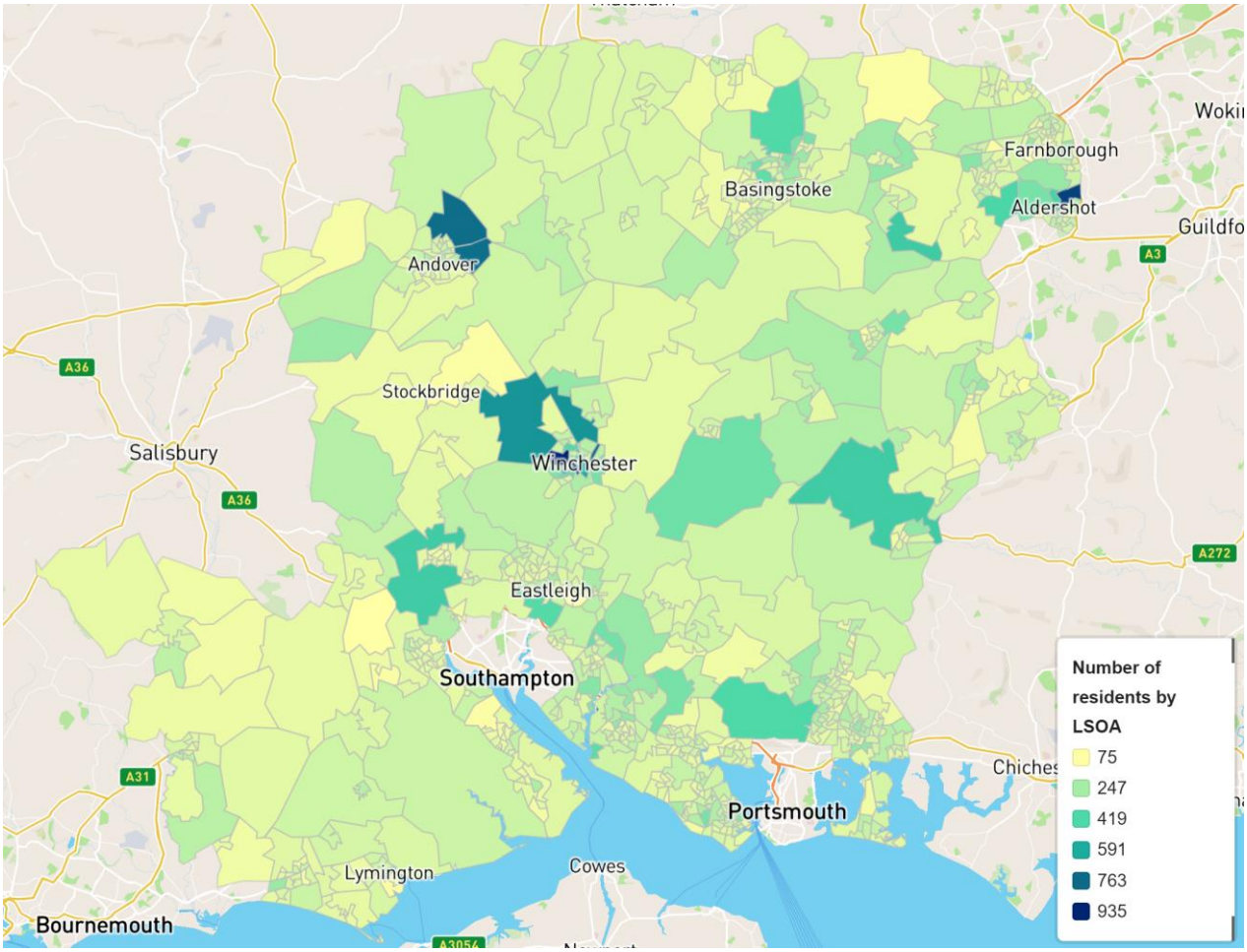
Given the change in the focus of Chlamydia screening to females, a calculation of the proportion screened has been adapted. Using 2021 data for all persons, the positivity rate was 10.9% (1,633 positives out of the 15,033 screened). Data on the number of people screened is only available by all persons, so an assumption is made that the positivity rate in all persons is the same as in females. In order to hit the new calculated detection rate of 3,250 per 100,000 aged 15-24 females, at least 29.9% of 15-24 year old females would need to be screened annually. Figure 46 shows the number of residents aged 15 to 24 in Hampshire.

[71] Data is sourced from the CTAD Chlamydia Surveillance System (CTAD). As a response to the COVID-19 pandemic since March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 should consider this reconfiguration, especially when comparing with data from pre-pandemic years.

[72] SPLASH Isle of Wight 2022-01-27 (phe.org.uk)

[73] Replaced with UKHSA and OHID

Figure 46: Residents aged 15 to 24 in Hampshire by LSOA, 2020



Source: Hampshire County Council JSNA Demography Report[74]

Figure 47: Percentage of the population needing to be screened to meet the 3,250/100,000 target

District	Percentage needing to be screened to meet target	Percentage screened in 2021	Percentage difference (increase needed to meet target)
Hampshire	*29.9%*	*10.6%*	*19.3%*
Basingstoke and Deane	*27.5%*	*12.1%*	*15.4%*
East Hampshire	*36.9%*	*8.8%*	*28.1%*
Eastleigh	*30.1%*	*10.5%*	*19.6%*
Fareham	*31.9%*	*10.5%*	*21.4%*

[74] Microsoft Power BI

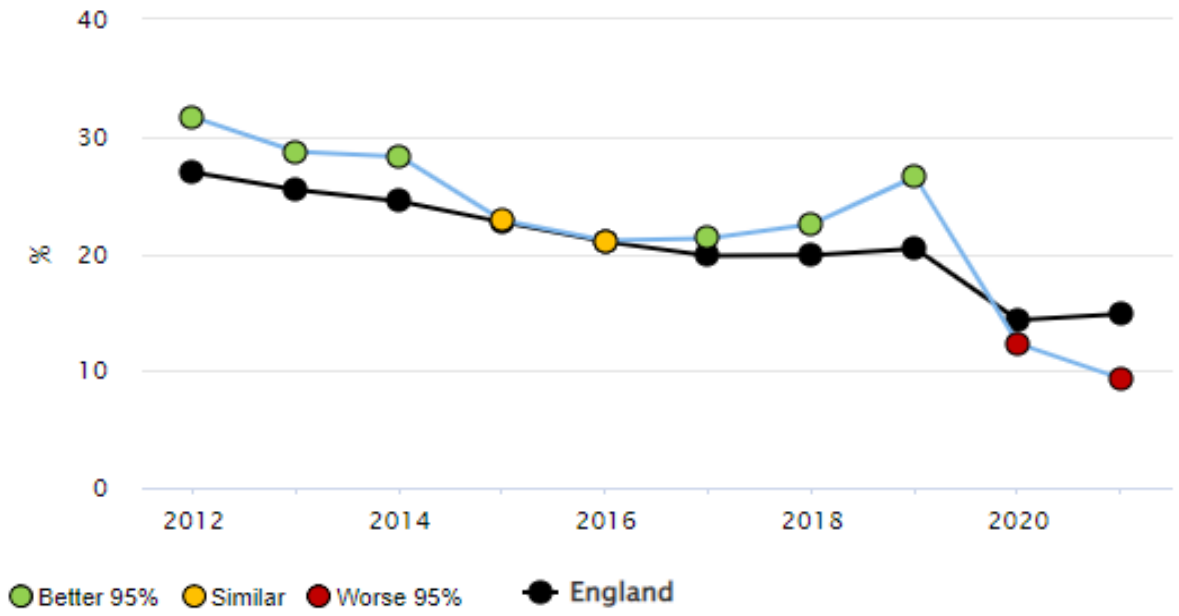
Gosport	*21.4%*	*11.0%*	*10.4%*
Hart	*36.0%*	*8.5%*	*27.5%*
Havant	*26.7%*	*10.3%*	*16.4%*
New Forest	*35.1%*	*8.8%*	*26.3%*
Rushmoor	*24.0%*	*10.1%*	*13.9%*
Test Valley	*38.2%*	*11.5%*	*26.7%*
Winchester	*31.2%*	*13.5%*	*17.7%*

Source: Fingertips[75]

Isle of Wight

The percentage of 15-24 year olds screened for Chlamydia on the Isle of Wight is 9.3% in 2021. This is statistically significantly lower than the England percentage (14.8%) and the CIPFA nearest neighbours average (13.1%)[76]. Figure 48 shows that between 2012 and 2019 the Isle of Wight has been statistically significantly higher or statistically similar to the England value. But in 2020 and 2021 the percentage screened is statistically significantly lower than the England percentage, contributing to the declining and worsening trend.

Figure 48: The proportion of the population aged 15-24 screened for Chlamydia in the Isle of Wight, 2012 to 2020



[75] Public health profiles - OHID (phe.org.uk)
[76] Fingertips Sexual and Reproductive Health Profiles – Indicator: 90777

The overall positivity rate for chlamydia is 9.81% in 2020, similar to the national positivity rate[77]. This means to achieve a detection rate of 2,300 at least 23.5% of the population are required to be screened. This means the number of 15-24 year olds screened needs to increase substantially to achieve the detection rate target.

Given the change in the focus of Chlamydia screening to females, the detection rate has been adapted. Using 2021 data for all persons, the positivity rate was 10.3% (127 positives out of the 1,233 screened). Data on the number of people screened is only available by all persons, so an assumption made here is that the positivity rate in all persons is the same as in females. In order to hit the new calculated detection rate of 3,250 per 1,000 aged 15-24 females, at least 31.5% of 15-24 year old females would need to be screened annually.

5.3 Gonorrhoea

Gonorrhoea is used as a marker for rates of unsafe sexual activity. This is because the majority of cases are diagnosed in sexual health clinics, and consequently the number of cases may be a measure of access to STI treatment. Infections with gonorrhoea are also more likely than chlamydia to result in symptoms and be antimicrobial resistant[78]. The gonorrhoea diagnostic rate presents all gonorrhoea diagnoses among people accessing sexual health services[79] in England, who are also residents in England, expressed as a rate per 100,000 population. Data are presented by area of patient residence and include those resident in England and those with an unknown residence (data for those resident outside of England are not included).[80]

5.3.1 Gonorrhoea Diagnostic Rate

Hampshire

In Hampshire the gonorrhoea diagnostic rate has followed the same trend as England since 2012, increasing since 2016, with a slight drop in 2020. However, the rate for Hampshire has always been significantly and consistently lower than England's value, in 2021 the diagnostic rate was 30 per 100,000 in Hampshire, compared to 90 per 100,000 in England. This is seen in Figure 49 below.

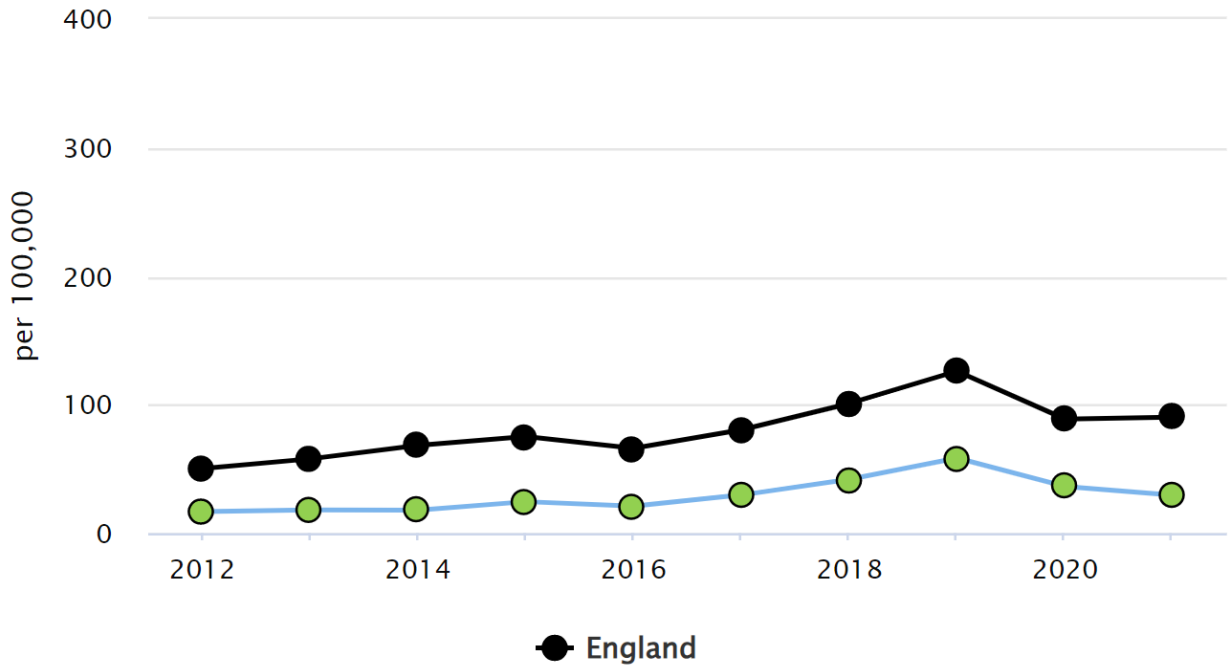
[77] UKHSA SPLASH report Isle of Wight

[78] Multi-drug resistant gonorrhoea (who.int)

[79] Sexual health services refer to services offering specialist (level 3) STI-related care such as genitourinary medicine (GUM), and integrated GUM and sexual and reproductive health (SRH) services. They also include other services offering non-specialist (level 1 or level 2) STI-related care and community-based settings such as young people's services, internet services, termination of pregnancy services, pharmacies, outreach, and general practice.

[80] Public health profiles - OHID (phe.org.uk)

Figure 49: Hampshire gonorrhoea diagnostic rate, 2012 to 2021



Source: Fingertips[81]

Hampshire has also had consistently lower rates of gonorrhoea diagnosis than its CIPFA nearest neighbours. In 2021 the average diagnostic rate for gonorrhoea in Hampshire's nearest neighbours was 37 per 100,000.

Hampshire as a whole and each individual district within the county all have statistically significantly lower diagnostic rates than England for gonorrhoea. In 2021 Rushmoor had the highest diagnostic rate within Hampshire (50 per 100,000)[82]. The district with the lowest diagnostic rate is Winchester (20 per 100,000). This local variation is seen in Figure 50 below.

Figure 50: 2021 Gonorrhoea diagnostic rate in Hampshire by district, per 100,000, 2021

District	Gonorrhoea diagnostic rate per 100,000
Hampshire	*30*
Basingstoke and Deane	*33*
East Hampshire	*23*
Eastleigh	*21*
Fareham	*23*

[81] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)
[82] Public health profiles - OHID (phe.org.uk)

Gosport	*35*
Hart	*26*
Havant	*43*
New Forest	*24*
Rushmoor	*50*
Test Valley	*34*
Winchester	*20*

Source: Fingertips[83]

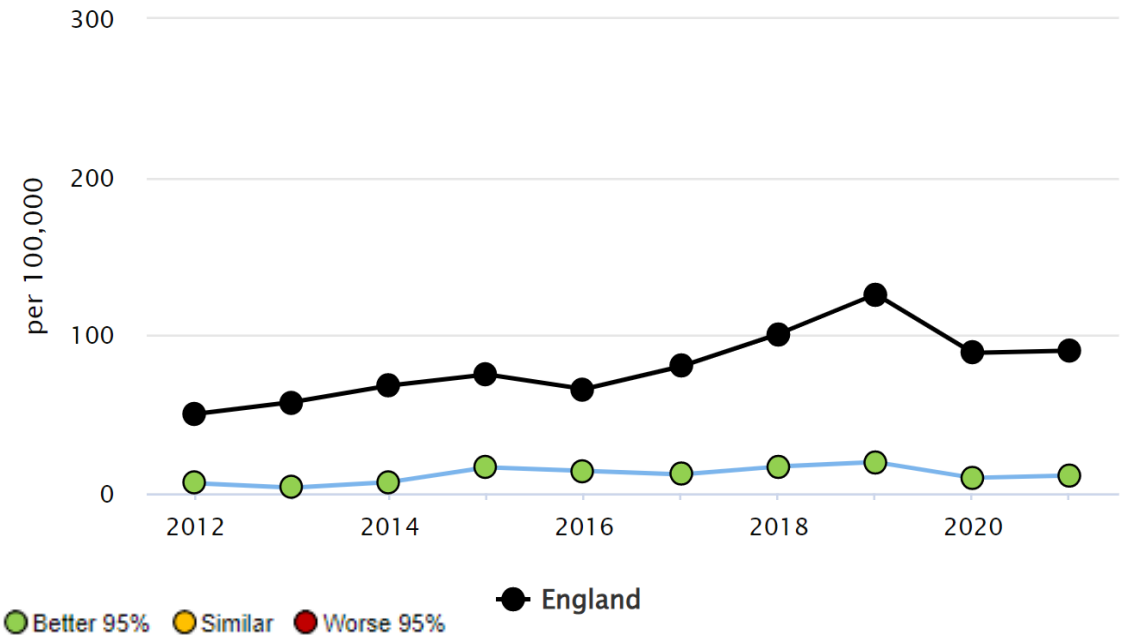
Isle of Wight

The gonorrhoea diagnostic rate for the Isle of Wight is very low at 11 per 100,000 in 2021. This is statistically significantly lower than the England value (90 per 100,000) and the CIPFA nearest neighbours average (28 per 100,000)[84]. This is the lowest rate across all Counties and UA in the South East and amongst the CIPFA nearest neighbours for the Isle of Wight.

Between 2012 and 2020 there has been no significant change in the gonorrhoea diagnostic rate with the rate remaining very low. However, between 2016 and 2019 there was an increase from 14 per 100,000 to 20 per 100,000, although not statistically significant, this followed the national trend. The number of gonorrhoea diagnoses decreased by 50% between 2019 and 2020, from 28 diagnoses in 2019 to 14 in 2020.

[83] Public health profiles - OHID (phe.org.uk)
[84] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)

Figure 51: Isle of Wight Gonorrhoea diagnostic rate, 2012 to 2021



5.3.2 Gonorrhoea Trends

Hampshire

In Hampshire, the proportion of gonorrhoea diagnoses made in gay, bisexual, and other men who have sex with men had been declining between 2016 to 2019, from 51.7% to 36.2%. However, there was an increase in 2020, when it rose to 44.4%[85].

Reinfection with an STI is a marker of persistent high-risk behaviour. In Hampshire residents, an estimated 1.9% of women and 6.0% of men diagnosed with gonorrhoea at a SHS between 2016 and 2020 became reinfected with gonorrhoea within 12 months. Nationally, an estimated 4.1% of women and 11.2% of men became reinfected with gonorrhoea within 12 months[86].

Isle of Wight

The Isle of Wight has a lower reinfection rate than England. During the five-year period from 2016 to 2020, in Isle of Wight residents, 0% of women and 3.4% of men became reinfected with gonorrhoea within 12 months in comparison with 4.1% of women and 11.2% of men nationally[87].

5.4 Syphilis

Syphilis is an important public health issue in gay, bisexual, and other men who have sex with men (MSM) among whom incidence has increased nationally over the past decade[88].

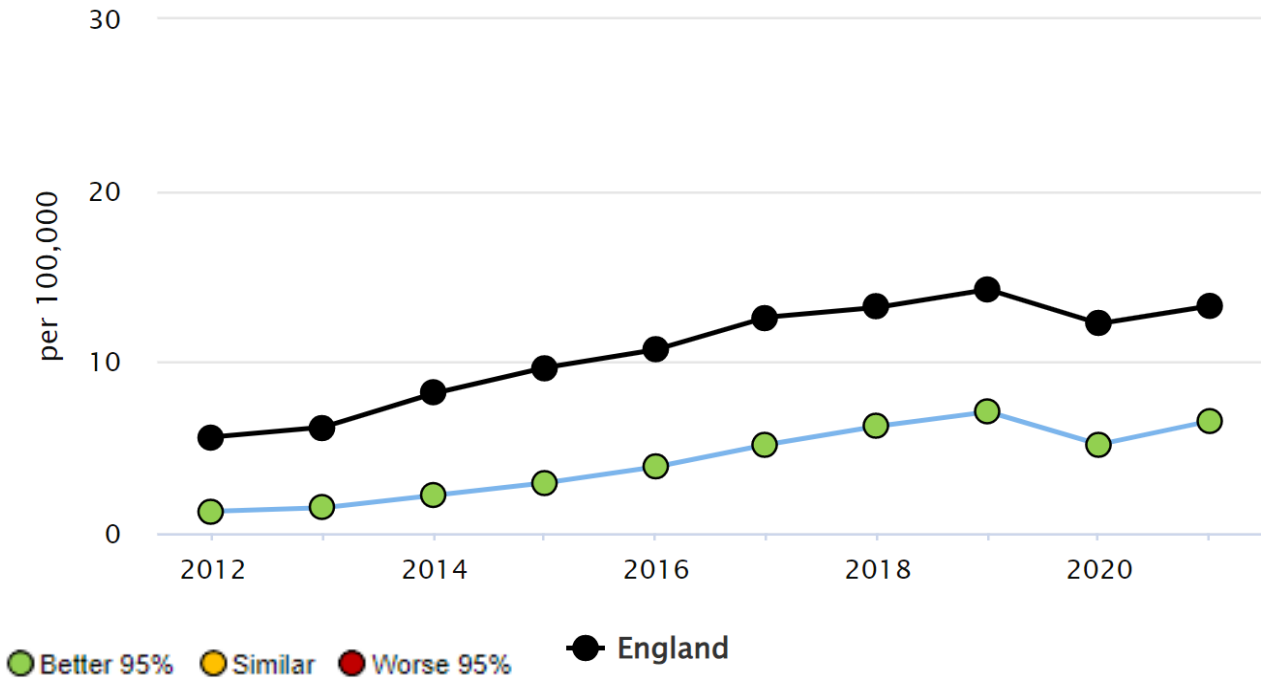
[85] UKHSA 2022 SPLASH Supplement Report
[86] UKHSA 2022 SPLASH Supplement Report
[87] SPLASH supplement report, UK Health Security Agency
[88] Public health profiles - OHID (phe.org.uk)

5.4.1 Syphilis Diagnostic Rate

Hampshire

The syphilis diagnostic rate in Hampshire has followed the same trend as England's diagnostic rate since 2012, increasing gradually over time. Like the diagnostic rate for gonorrhoea, Hampshire is also consistently and significantly lower than England for syphilis diagnoses. In 2021, Hampshire's syphilis diagnosis rate was 6.6 per 100,000, compared to 13.3 per 100,000 in England. This is seen in Figure 52 below.

Figure 52: Hampshire syphilis diagnostic rate, 2012 to 2021



Source: Fingertips[89]

Hampshire is similar to its CIPFA nearest neighbours, which have an average of 6.4 per 100,000[90].

Whilst Hampshire has a lower diagnostic rate than England, the districts of Rushmoor, Basingstoke and Deane, Fareham and Hart have a diagnostic rate similar to England. Rushmoor has the highest syphilis diagnostic rates and Eastleigh has the lowest[91]. This local variation is seen in Figure 53 below.

[89] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)
[90] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)
[91] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)

Figure 53: Syphilis diagnostic rate in Hampshire by district, per 100,000, 2021

District	Syphilis diagnostic rate per 100,000
Hampshire	*6.6*
Basingstoke and Deane	*9*
East Hampshire	*6.5*
Eastleigh	*3*
Fareham	*8.6*
Gosport	*4.7*
Hart	*6.1*
Havant	*6.3*
New Forest	*5*
Rushmoor	*14.8*
Test Valley	*5.5*
Winchester	*4.0*

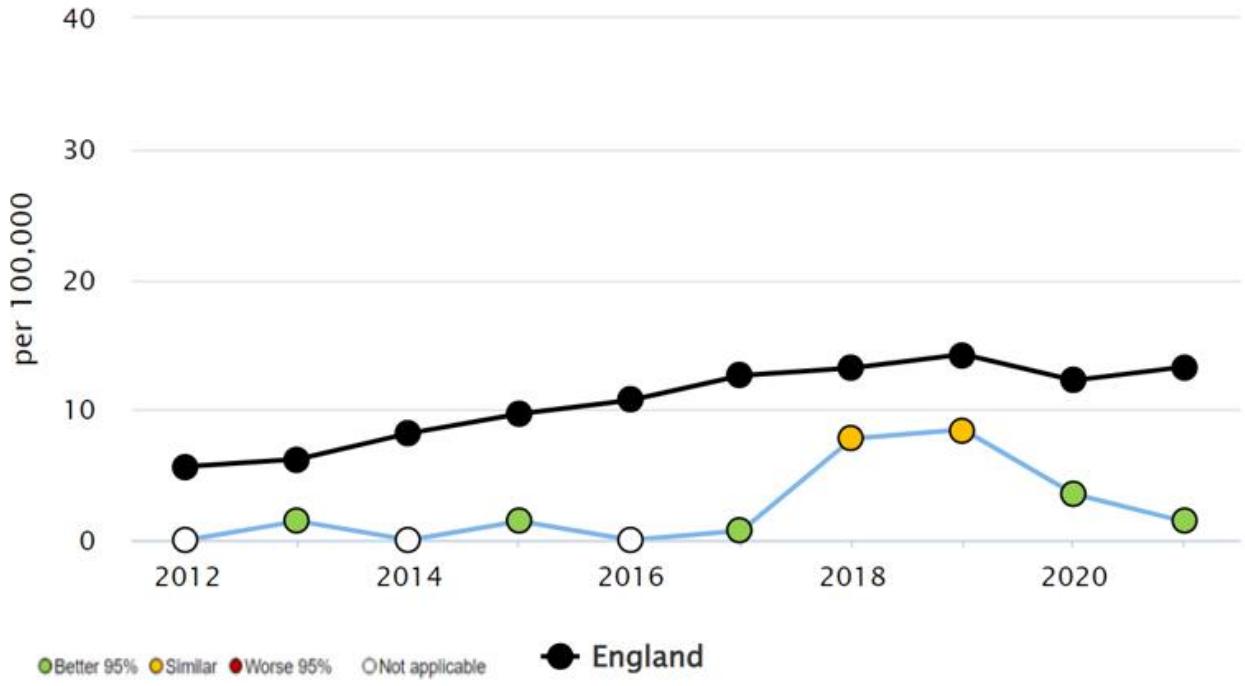
Source: Fingertips[92]

Isle of Wight

The syphilis diagnostic rate in the population is very low at 1.4 per 100,000, the lowest among the counties and UA in the South East[93]. This is statistically significantly lower than the England value (13.3 per 100,000) and the CIPFA nearest neighbours average (5.6 per 100,000). The syphilis diagnostic rate has remained low since 2012, with a statistically insignificant increase in 2018 and 2019 to a peak of 8.5 per 100,000 in 2019.

[92] Public health profiles - OHID (phe.org.uk)
[93] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)

Figure 54: Isle of Wight syphilis diagnostic rate, 2012 to 2020



Source: Fingertips[94]

5.4.2 Syphilis Trends

Hampshire

In Hampshire, the proportion of syphilis diagnosed in gay, bisexual, and other men who have sex with men has remained relatively stable since 2016, although it has been high throughout this period. In Hampshire in 2020, 64.3% of syphilis diagnoses were in gay, bisexual, and other men who have sex with men[95].

Isle of Wight

The number of syphilis diagnoses decreased by 58%, from 12 diagnoses in 2019 to 5 in 2020. From 2020 to 2021, the rates for England, the South East and CIPFA nearest neighbours increased but the Isle of Wight's diagnostic rate decreased[96]. In 2021, 2 people in the Isle of Wight were diagnosed with syphilis.

5.5 HIV

Free and effective antiretroviral therapy (ART) in the UK has transformed HIV from a fatal infection into a chronic but manageable condition. People living with HIV in the UK can now expect to have a near normal life expectancy if diagnosed promptly and they adhere to

[94] Fingertips, Sexual and Reproductive Health Profiles
[95] UKHSA 2022 SPLASH Supplement Report
[96] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)

treatment. In addition, those on treatment are unable to pass on HIV, even if having unprotected sex (undetectable=untransmissible [U=U]).

Data reported in 2020 were impacted by the changes in how people accessed health services, and their reconfiguration during the COVID-19 pandemic, which also resulted in data reporting delays.

In 2020, an estimated 97,740 (95% credible interval (95% CrI) 96,400 to 100,060) people were living with HIV in England and an estimated 4,660 in 2020 were unaware of their infection. The quality of care received by people living with HIV remained high. For the first time, the UNAIDS 95-95-95 targets were met with 95% of all people diagnosed, 99% of those in care on treatment and 97% of those receiving treatment being virally suppressed in both the UK and England. This means that 91% of all people living with HIV and accessing care were virally suppressed in 2020, surpassing the 73% UNAIDS 90-90-90 substantial target as well as the 86% UNAIDS 95-95-95 substantial target.

England has set an ambition to end HIV transmission, AIDS, and HIV-related deaths by 2030. The England HIV Action Plan 2022-2025 set out intermediate commitments for the next 4 years to achieve the 2030 ambition, including how HIV transmission will be reduced by 80% by 2025. To achieve these aims, a combination prevention approach will be implemented focusing on prevent, test, treat and retain. Hampshire County Council and isle of Wight Council are working together with system partners on a local system HIV Action Plan to improve outcomes for residents[97].

5.5.1 HIV Testing Coverage

In our Hampshire and Isle of Wight residents survey, 55% of respondents (*n=297*) would access HIV testing from their GP, followed by 39% from a Specialist Sexual Health Service[98].

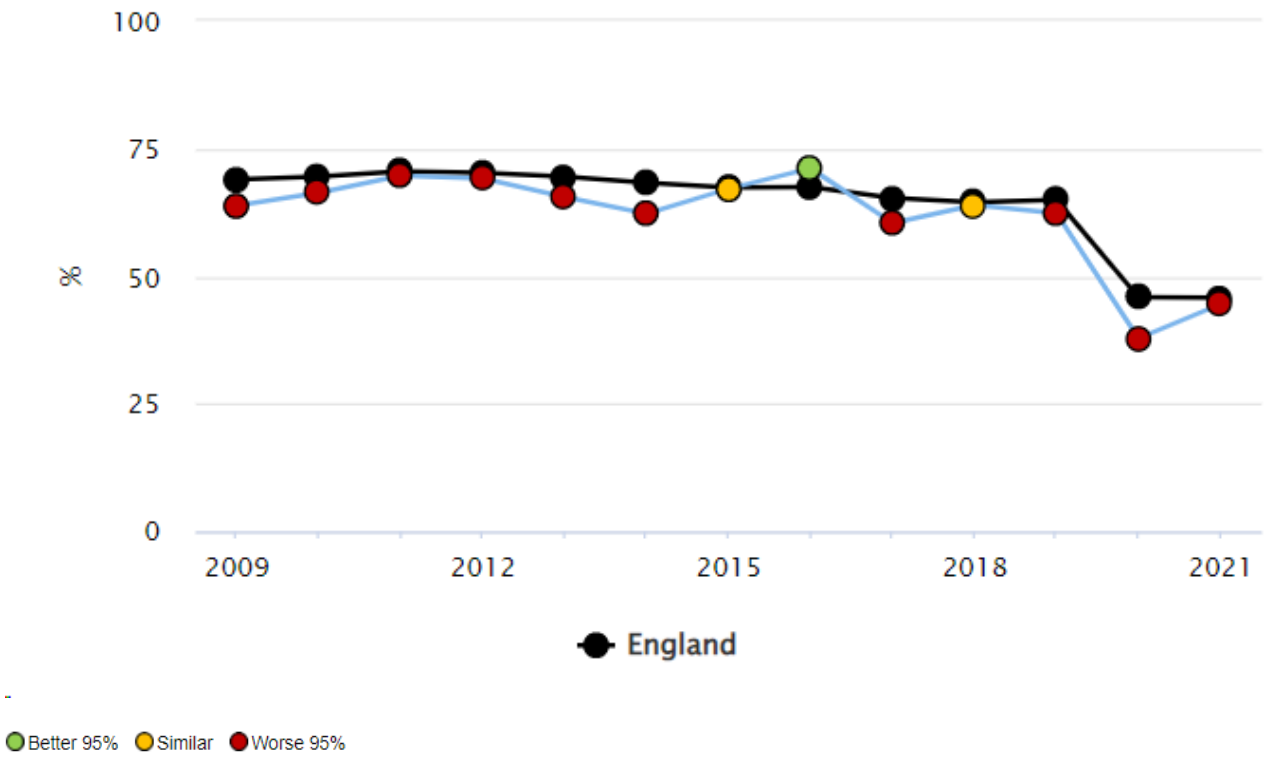
Hampshire

In 2021, 44.5% of HIV tests were accepted when offered to eligible Hampshire persons attending a specialist sexual health service. This is lower than England at 45.8%. This is an improvement from 2020 of 37.8%, but lower remains lower than all previous years since 2009.

[97] UKHSA Splash Report

[98] IEU_PH_66_Sexual Health Needs Assessment Insight

Figure 55: HIV testing coverage, total Hampshire Residents



This indicator presents the number of persons tested for HIV (and not the number of tests reported) out of those people considered eligible for a HIV test when attending specialist sexual health services. HIV testing is integral to the treatment and management of HIV infection. Knowledge of HIV status increases survival rates, improves quality of life, and reduces the risk of onward transmission.

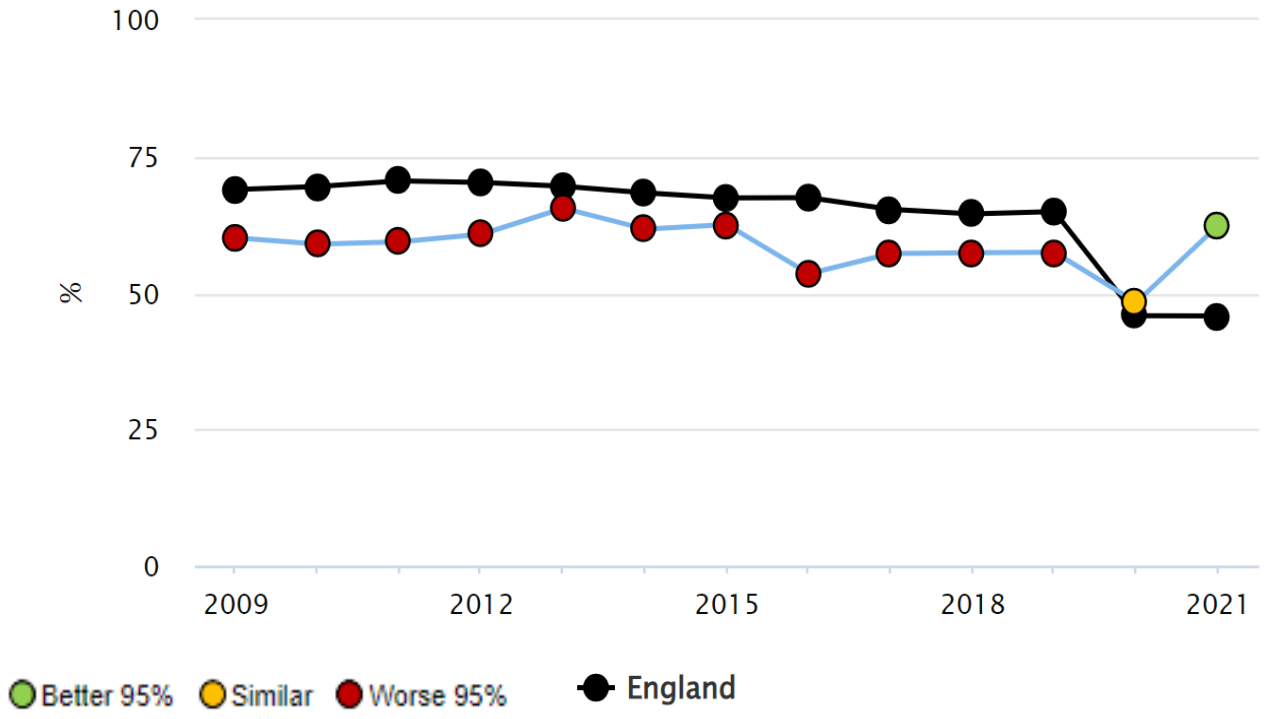
Isle of Wight

Due to the low prevalence, there is no pattern at MSOA level to be able to identify within area variation[99]. The HIV testing among eligible patients at specialist SHS varies. In total 48.3% of those who were eligible at SHS received an HIV test, which was similar to England at 46% in 2020[100]. The number of people tested in 2020 was less than half of that tested in 2019 in the Isle of Wight. In 2021 the percentage of people among eligible patients who received a test increased to 62.4%, statistically significantly higher than England at 45.8%, as shown in Figure 56 below.

[99] UKHSA Splash Report

[100] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)

Figure 56: HIV testing coverage in the Isle of Wight, 2009-2020



Source: Fingertips[101]

Testing varies across different population groups on the Isle of Wight:

- Testing coverage in gay, bisexual, and other men who have sex with men has been statistically similar to the England percentage in all years from 2009 to 2020 (apart from 2016). The highest coverage achieved was in 2019 at 91.4%[102]. The percentage increased from 76.5% in 2020 to 86.3% in 2021, however the count decreased between the two periods from 91 to 88.
- In gay, bisexual, and other men who have sex with men, 30.7% tested more than once in the year 2021. This is statistically significantly worse than the England percentage of 45.3[103]. This is also significantly lower than the percentage of repeat HIV testing in gay, bisexual, and other men who have sex with men in 2019 at 53.5%.
- From 2009 and 2019 the Isle of Wight was testing a statistically significantly lower proportion of women compared to England. The highest coverage was achieved in 2013 at 64.3%. 2020 was the first year where coverage in women was statistically significantly better than England's coverage[104]. This percentage increased from 2020 to 2021 to 57.1% from 41.4%, however the count decreased from 372 to 352.

[101] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)
[102] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)
[103] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk) Indicator ID: 93551
[104] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)

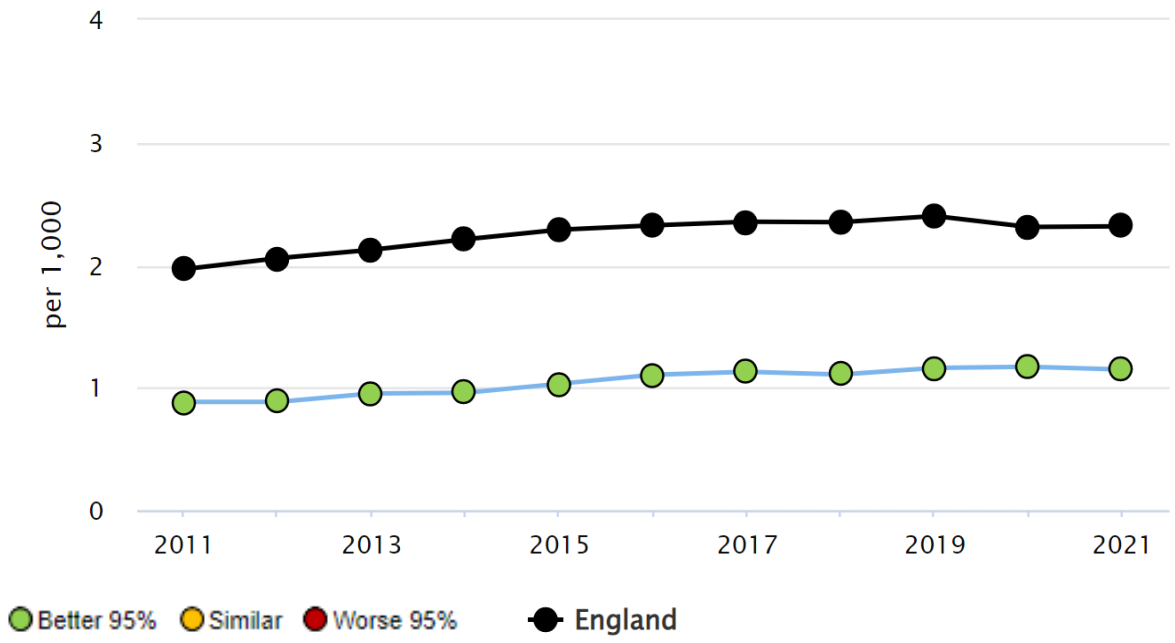
- Testing coverage in men has also been statistically significantly lower compared to England for all years from 2010 to 2019. In 2021, 74.1% were tested, the first year the percentage has been statistically significantly higher than England[105].

5.5.2 HIV Diagnosed Prevalence

Hampshire

Hampshire's HIV diagnosed prevalence rate is 1.15 per 1,000 (aged 15 to 59) and is lower than England's value (2.32 per 1,000 aged 15 to 59) in 2021. The trend for Hampshire has followed the England trend, staying consistent across time. Unlike other indicators, there was no change in the 2019 to 2020 figures for HIV diagnosis prevalence. 2019 was 1.16 per 1,000 in Hampshire. In this measure, Hampshire is addressing HIV well. For all time periods between 2011 and 2021, Hampshire had a statistically significantly lower HIV diagnosed prevalence rate than the England rate and the Nearest neighbours average.

Figure 57: HIV diagnosed prevalence rate per 1,000 aged 15 to 59, 2011-2021, Hampshire

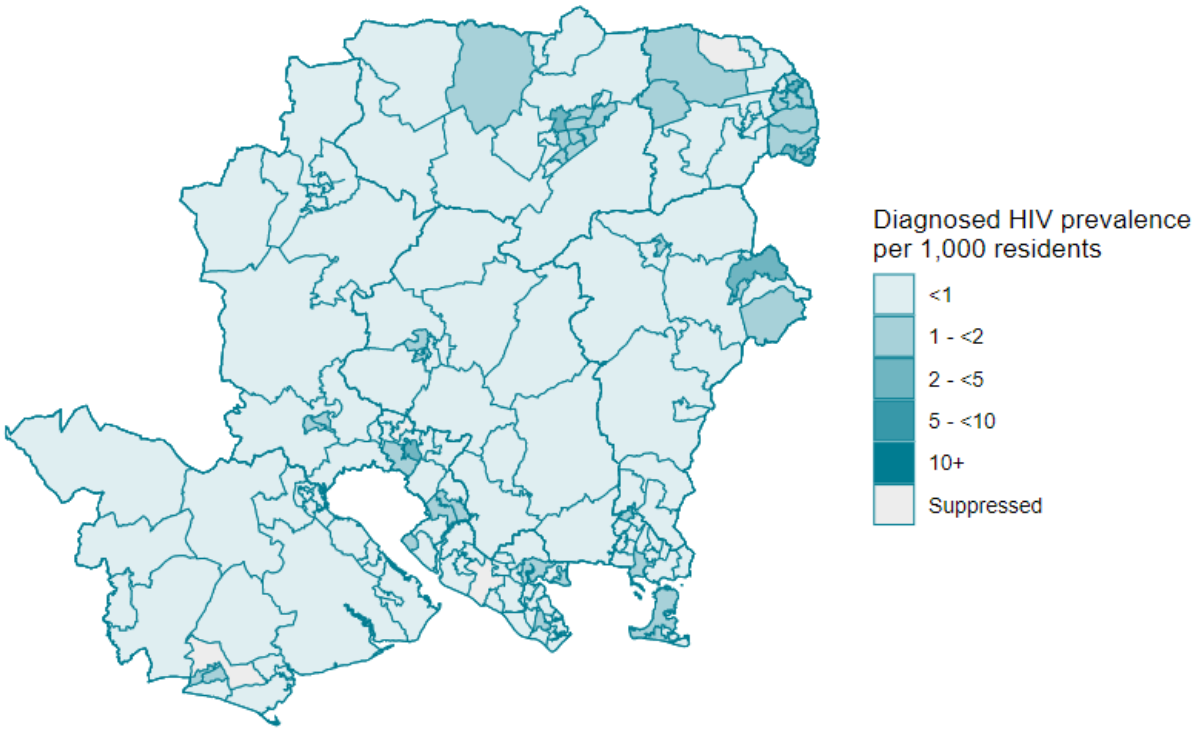


Source: Fingertips[106]

Figure 58 below shows the local variation in diagnosed HIV prevalence throughout Hampshire. There is higher diagnosed prevalence in urban areas, for example Winchester city, Basingstoke town and the districts of Havant and Rushmoor. There is also high diagnosed prevalence near Bordon in East Hampshire.

[105] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)
[106] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)

Figure 58: Diagnosed HIV prevalence among people of all ages in Hampshire by MSOA, 2020



Source: SPLASH[107]

Data from Hampshire's sexual health services show that in 2021/22 33.8% of people have their sexuality recorded, meaning that the majority (66.2%) of people in contact with the service for HIV care do not have their sexuality recorded[108]. Figure 58 shows that, of those for whom sexuality is recorded, the majority (87.4%) report being heterosexual. It should be noted that the definition of the sexual orientation reported by an individual may not encompass all their sexual activity, for example men who have sex with men.

Figure 59: People receiving HIV care from Hampshire sexual health service by sexual orientation (excluding those with no sexual orientation recorded), 2021/22

Sexual orientation	**%**
Heterosexual	*87.4*
Gay	*7.2*
Bisexual	*4.8*
Lesbian	*0.4*
Patient asked - does not know/is not sure	*0.1*
Pansexual	*0.0*

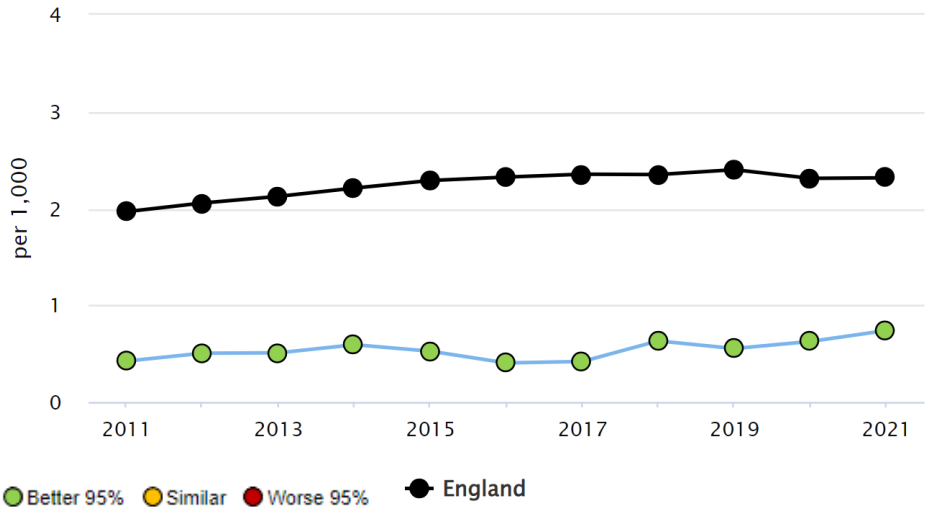
[107] SPLASH Hampshire 2022-01-27 (phe.org.uk)
[108] Reported in the data as not known, not asked, null, patient declined to answer or opted out.

Source: Hampshire sexual health uptake audit 2014 – 2022

Isle of Wight

The Isle of Wight's HIV diagnosed prevalence rate (15-59) was 0.74 per 1,000 in 2021[109]. This is significantly below the goal of less than 2 per 1,000. This is statistically significantly lower (and better) than the England value (2.32 per 1,000) and the CIPFA nearest neighbours average (1.00 per 1,000). Since 2011 the Isle of Wight has consistently had a statistically significantly lower rate than England. In 2011 the rate was lower at 0.42 per 1,000, however this is statistically similar to the rate in 2020, emphasising that there has been no significant change over time.

Figure 60: HIV diagnosed prevalence rate per 1,000 aged 15 to 59 in the Isle of Wight, 2011 to 2021



Source: Fingertips[110]

5.5.3 Late Diagnosis

Late diagnosis is the most important predictor of HIV-related morbidity and short-term mortality. It is a PHOF indicator, and monitoring is essential to evaluate the success of local HIV testing efforts. Late diagnosis is defined as having a CD4 count <350 cells/mm^3 within 91 days of first HIV diagnosis in the UK[111].

The South East Regional HIV Late Diagnosis Review 2019 – 2020 involved 11 Sexual Health Services including Solent NHS Trust[112] found that in the South East local authority areas, patients receiving a late diagnosis of HIV were statistically significantly older than new diagnoses overall: 32.5% of late diagnosis cases were aged 50+, compared to 21.4% of new diagnoses. More men were diagnosed late than women (72.4% male), reflecting a similar pattern to overall new diagnoses, which are higher among men overall (68.4% male). People

[109] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)
[110] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)
[111] SPLASH Hampshire 2022-01-27
[112] South East regional report: HIV late diagnosis reviews – 2019 and 2020

of black African heritage are over-represented among late diagnosis HIV cases at 25.2%, similar to new diagnoses (17.8%).

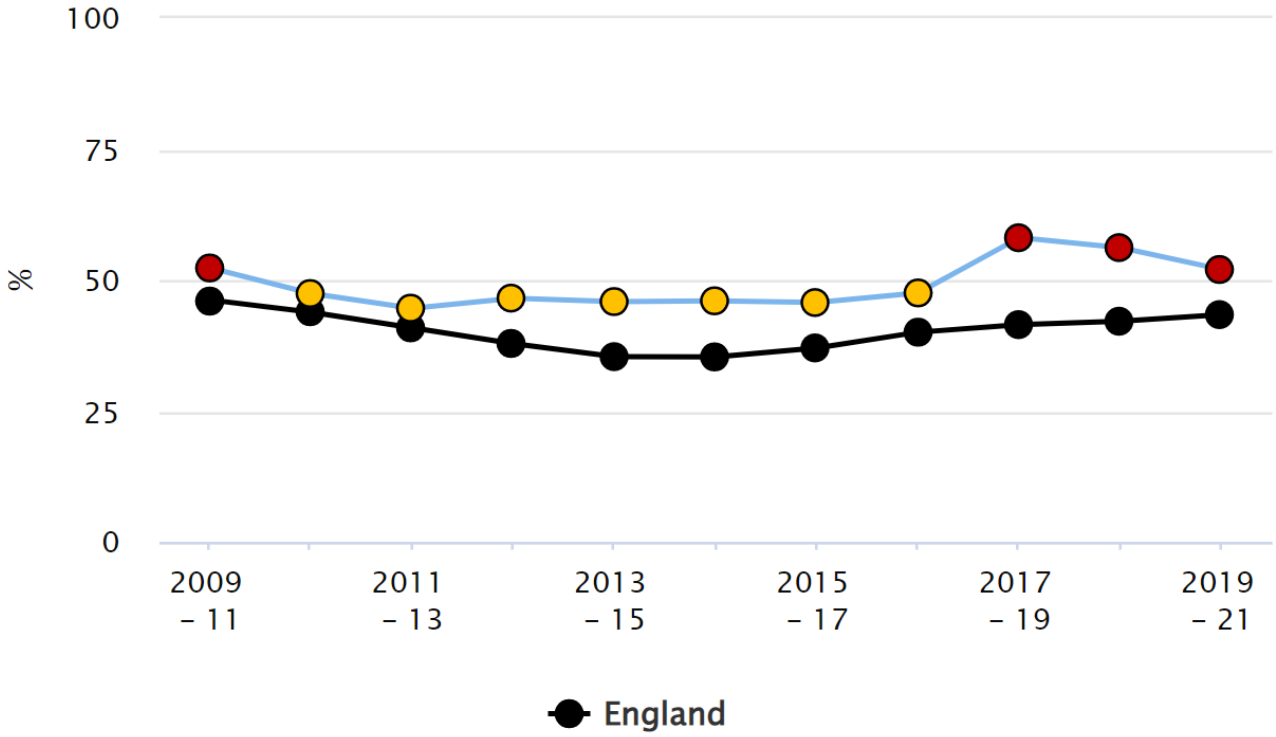
Sexual contact was the leading risk factor for transmission, reported in 4 out of 5 cases overall. Compared to new diagnoses among men, heterosexual contact was more often reported to be the likely transmission route among late diagnosed cases: 38.8% vs. 25.4%. Half of missed opportunities to test occurred in primary care (49.4%), a quarter in hospital clinics (25.8%) and a fifth in A&E or admissions units (19.1%). Failing to test in response to indicator conditions was the leading cause of missed opportunities, featuring in a quarter of cases (23.7%), followed by having a high-risk sexual partner (18.5%).

Hampshire

The proportion of HIV cases that are diagnosed late is high in Hampshire, but overall, HIV diagnoses are not high. Figure 61 below shows the percentage of adults (aged 15 years or more) newly diagnosed with HIV with a CD4 count less than 350 cells per mm3 within 91 days of diagnosis, excluding those with evidence of recent seroconversion[113]. Excluding those previously diagnosed abroad, this indicator focuses upon those first diagnosed in the UK at a late stage of infection. This is important, as it reflects how well undiagnosed late-stage infections are identified by HIV testing in the UK, and what portion of new diagnoses they constitute. Those previously diagnosed abroad are also often already on treatment when subsequently diagnosed in the UK, so their inclusion could misleadingly suppress rates of late diagnosis.

[113] Public health profiles - OHID (phe.org.uk)

Figure 61: HIV late diagnosis in people first diagnosed with HIV in the UK (%)[114]



As seen in Figure 61, there has been significant increase since 2016-18, from 47.5% to 58.1% in 2017-19[115]. Since 2017-19 there has been a decline in Hampshire, but Hampshire is still worse than England. In 2019-21 Hampshire was 52.0%, compared to 43.4% in England.

Figure 62: HIV late diagnosis in people first diagnosed with HIV in the UK (%), 2019 to 2021

District	**HIV late diagnosis in people first diagnosed with HIV in the UK %**
Basingstoke and Deane	*33.3*
East Hampshire	*62.5*
Eastleigh	*50*
Fareham	*66.7*
Gosport	*50*
Hart	*20*
Havant	*77.8*
New Forest	*42.9*

[114] Percentage of adults (aged 15 years or more) newly diagnosed with HIV with a CD4 count less than 350 cells per mm^3 within 91 days of diagnosis, excluding those with evidence of recent seroconversion (see notes). These include only reports of HIV diagnoses first made in the UK (which excludes those previously diagnosed with HIV abroad).

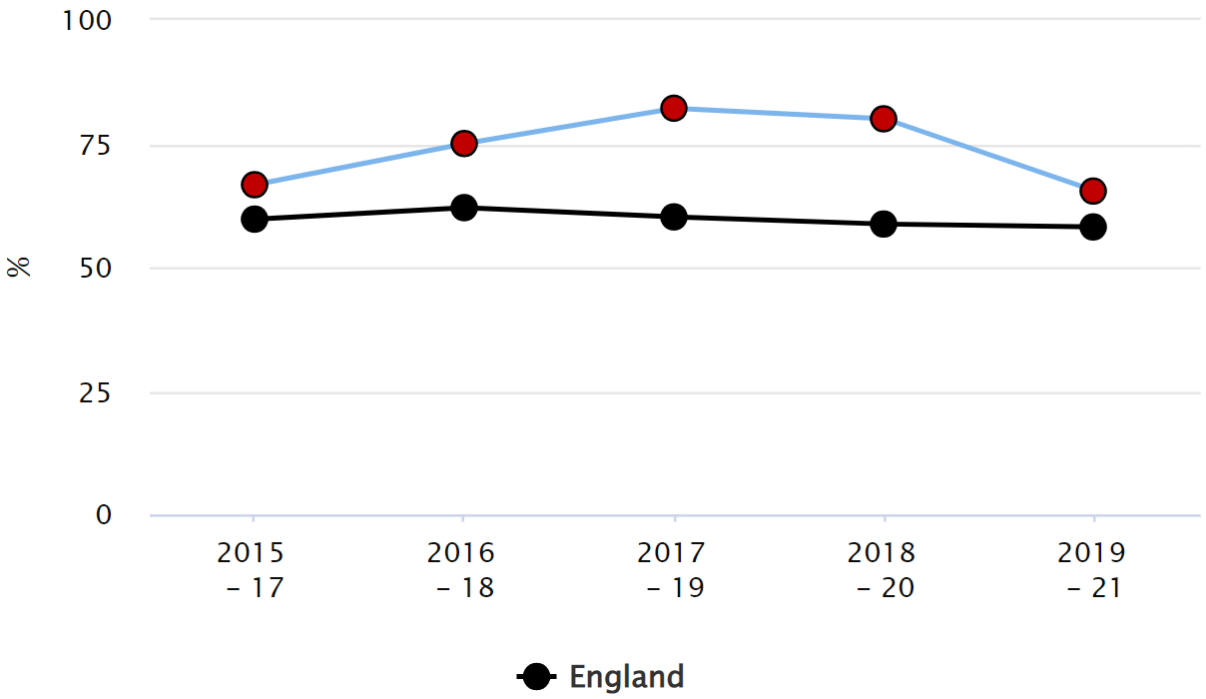
[115] Public health profiles - OHID (phe.org.uk)

Rushmoor	*57.1*
Test Valley	*71.4*
Winchester	*66.7*

Source: Fingertips[116]

In Hampshire in 2019-2021, late diagnoses in heterosexual men were worse than England's rate, at 65.4% compared to 58.1% in England. This is shown in Figure 63 below.

Figure 63: HIV late diagnosis in heterosexual men first diagnosed with HIV in the UK, Hampshire



Source: Fingertips[117]

[116] Public health profiles - OHID (phe.org.uk)
[117] Public health profiles - OHID (phe.org.uk)

Figure 64: HIV late diagnosis in gay, bisexual, and other men who have sex with men first diagnosed with HIV in the UK, Hampshire, and England

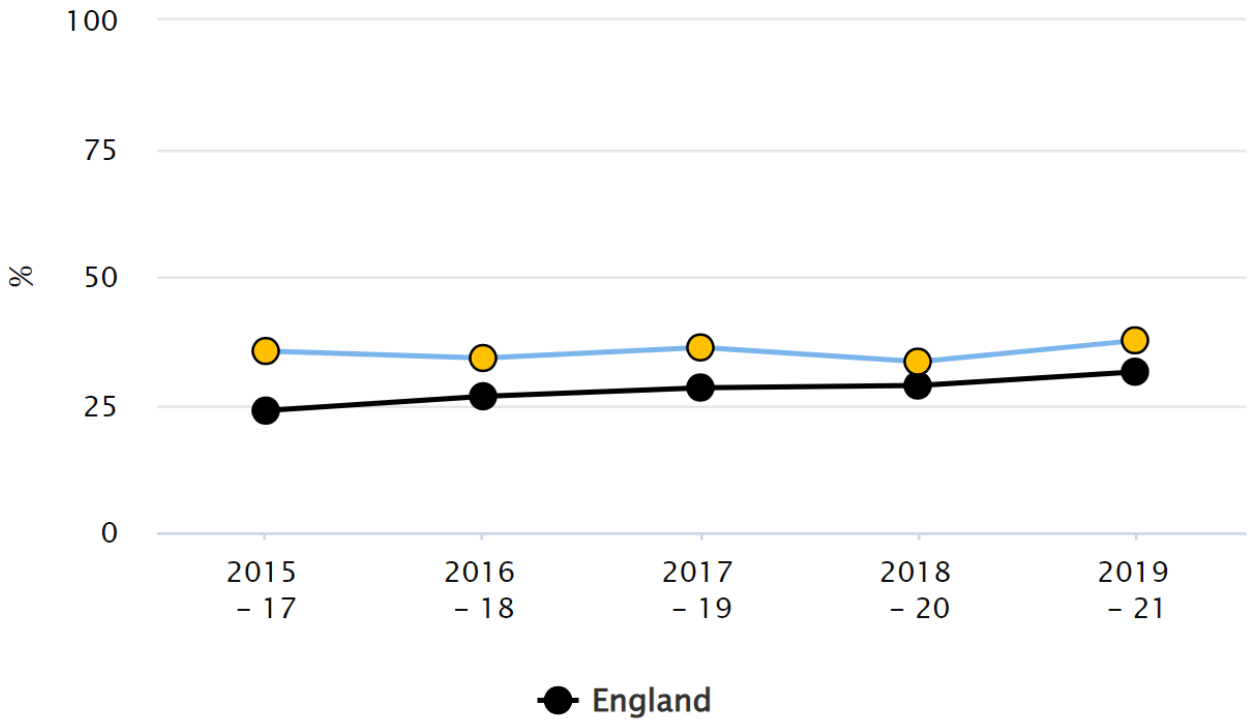
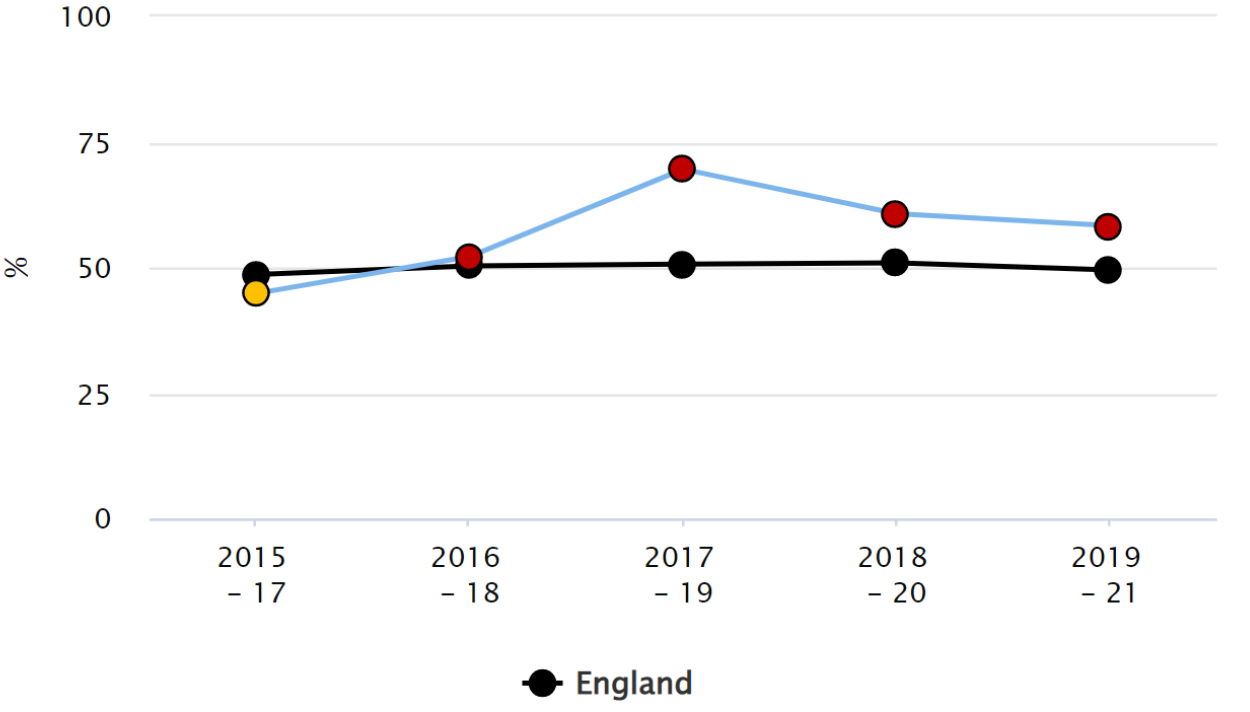


Figure 64 above shows the trend in late diagnoses in gay, bisexual, and other men who have sex with men, who were first diagnosed with HIV in the UK. In 2019-2021 Hampshire was similar to England, at 37.5% compared to 31.4% respectively.

Figure 65: HIV late diagnosis in heterosexual and bisexual women first diagnosed with HIV in the UK, Hampshire, and England



Source: Fingertips[118]

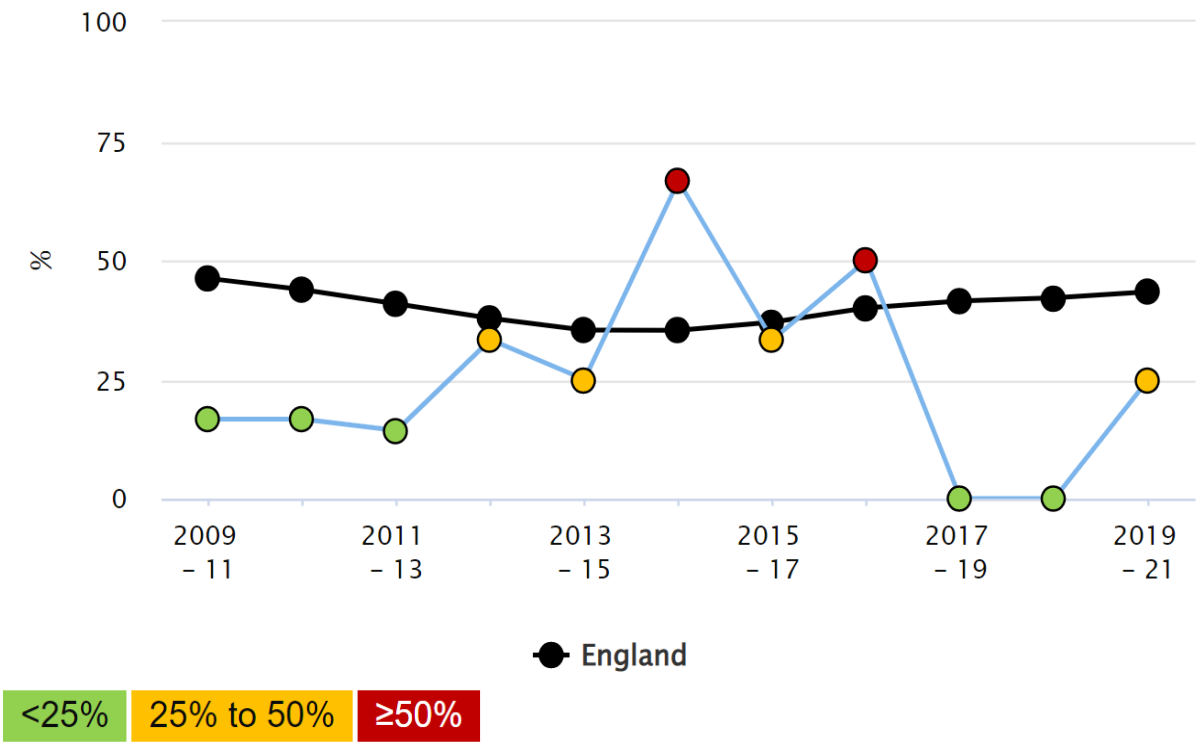
In 2019-2021 Hampshire was performing worse than England with HIV late diagnosis in heterosexual and bisexual women first diagnosed with HIV in the UK, at 58.3%, compared to 49.5% in England. Hampshire has been worse than England since 2016-2018 for this indicator, as seen in Figure 65.

Isle of Wight

The HIV late diagnosis in people first diagnosed with HIV in the UK, was 25%. This is due to very small numbers, the large confidence intervals around the estimate result in a statistically similar figure to the England value of 43.3% in 2019-2021.[119]

Figure 66 below shows that the Isle of Wight's late HIV diagnosis rate has fluctuated over time, this is due to both the numerator and denominator being small. Therefore, the trend should be interpreted with caution as small changes in the counts will have a large effect on the percentage. There is no CIPFA nearest neighbour comparison available for this indicator.

Figure 66: HIV late diagnosis (all CD4 less than 350) in people first diagnosed with HIV in the UIK in the Isle of Wight, 2009-11 – 2017-19. This is RAG rated against the goal of under 25%



Source: Fingertips[120]

[118] Public health profiles - OHID (phe.org.uk)
[119] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)
[120] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)

5.5.4 HIV PrEP

HIV PrEP (pre-exposure prophylaxis) reduces the risk of infection with HIV. Evidence from the UK PROUD study reported that PrEP reduced the risk of HIV infection by 86% for gay, bisexual, and other men who have sex with men[121]. Access to PrEP for groups at higher risk of infection is a key priority in the *Towards Zero: the HIV Action Plan for England - 2022 to 2025*[122]. In our Hampshire and Isle of Wight residents survey, 46% of respondents (*n=297*) would access PrEP from their GP, followed by 34% from a Specialist Sexual Health Service[123]. Currently PrEP is only available free of charge from Specialist Sexual Health Services, or it can be purchased privately[124].

Hampshire

In Hampshire in 2021, the majority of people eligible for PrEP accessing the specialist SHS were male (96.6%). Only 1% of people eligible for PrEP accessing the specialist SHS were female in 2021 in Hampshire. The numbers for females are too small for any reliable trends to be seen.

99.5% of those assigned male are birth were eligible due to identifying as GBMSM or being a transgender woman. Of the males who were eligible in 2021, the majority (79.8%) identified as gay, 14.5% identified as bisexual and 0.8% identified as heterosexual. The majority of people (male, female and people with their sex not recorded combined) with a PrEP prescription received 90 tablets at a time (83%), the next most common prescription was 60 tablets (12%). 60.2% of males used PrEP daily, 32.6% take PrEP on an event-based regimen and 7.2% have an unknown regimen[125].

1,057 people in 2021 in Hampshire were defined as having a PrEP need. PrEP need is defined as the number of people who were HIV negative accessing specialist SHSs who were at substantial HIV risk and could benefit from receiving PrEP[126]. In 2021 the initiation or continuation rate of PrEP was 66.3% compared to 69.6% for England. This indicator assesses what proportion of individuals accessing specialist SHS with PrEP need to start or continue PrEP. The higher the proportion, the better PrEP need is being met through providing PrEP. A lower proportion indicates that more people with need are leaving the service without PrEP, the reason for which will be multifactorial.

Isle of Wight

On the Isle of Wight, the PrEP need (7.7%) is statistically similar to the England (7.4%). The majority of people accessing PrEP in the specialist SHS are male. In 2021, 66.1% of individuals accessing specialist SHS with an identified PrEP need either start or continue PrEP. This proportion is comparable to England, 69.6%. The majority of people with a PrEP prescription received ninety tablets at a time (93.3%) and 62.5% of people use PrEP daily.

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[121] Recommendations | Reducing sexually transmitted infections | Guidance | NICE
[122] Towards Zero: the HIV Action Plan for England - 2022 to 2025 - GOV.UK (www.gov.uk)
[123] IEU_PH_66_Sexual Health Needs Assessment Insight
[124] Home page - I Want PrEP Now
[125] UKHSA GUMCAD All STI Diagnosis and Services Report (Data period 01/01/2021 to 31/12/2021)
[126] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)

118 people in 2021 on the Isle of Wight were defined as having a PrEP need. In 2021 the initiation or continuation rate of PrEP was 66.1% compared to 69.6% for England.

5.6 Other STIs

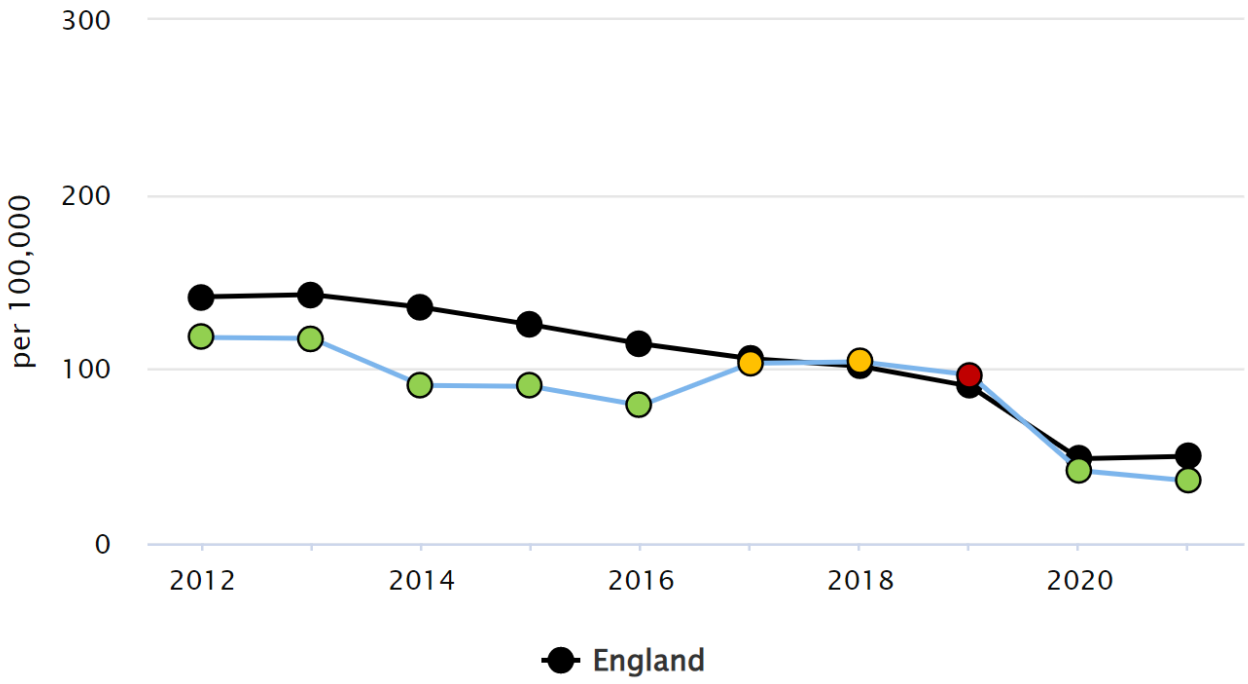
5.6.1 Genital Warts

Genital warts are the third most commonly diagnosed sexually transmitted infection (STI) in the UK and are caused by infection with specific subtypes of human papillomavirus (HPV). Recurrent infections are common with patients returning for treatment[127].

Hampshire

In Hampshire, the diagnostic rate for genital warts (per 100,000) was 35.9 in 2021. This is better than England, which was 50 per 100,000 in 2021. Over time Hampshire's diagnostic rate has been better than England from 2012 to 2016, and it then became similar to England from 2017 to 2018. In 2019 Hampshire was statistically significantly worse than England, at 96.6 per 100,000 but this was not the year with the highest diagnostic rate. The highest diagnostic rate in Hampshire was in 2018, and there have been significant decreases since then, particularly between 2019 and 2020. This is shown in Figure 67 below.

Figure 67: Hampshire genital warts diagnostic rate per 100,000, 2012 to 2021



Source: Fingertips[128]

There is local variation within Hampshire's genital warts diagnostic rate, seen in Figure 68. Rushmoor has the highest diagnostic rate (48.7 per 100,000), although Basingstoke and Deane is the only district which is statistically significantly higher than England. Eastleigh has the lowest at 24.4 per 100,000.

[127] Public health profiles - OHID (phe.org.uk)
[128] Public health profiles - OHID (phe.org.uk)

Figure 68: Genital warts diagnostic rate in Hampshire by district, per 100,000, 2021

District	Genital warts diagnostic rate
Basingstoke and Deane	*46.1*
East Hampshire	*28.3*
Eastleigh	*24.4*
Fareham	*34.4*
Gosport	*35.4*
Hart	*44.1*
Havant	*32.5*
New Forest	*30.6*
Rushmoor	*48.7*
Test Valley	*37.7*
Winchester	*36.5*

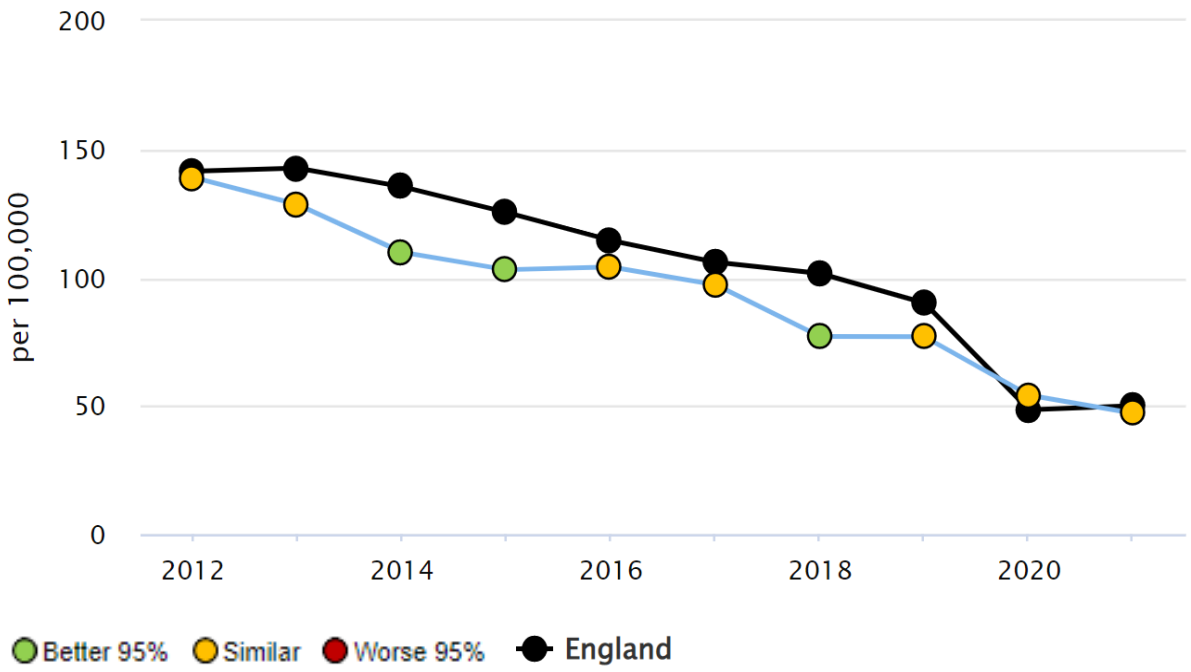
Source: Fingertips[129]

Isle of Wight

The diagnostic rate for Genital warts has been decreasing and rates are getting better. In 2021 the diagnostic rate on the Isle of Wight was the lowest ever recorded at 47.1 per 100,000[130]. This is statistically significantly similar to the England rate (50.0 per 100,000) and statistically worse than the CIPFA nearest neighbours' rate (37.5 per 100,000). The recent trend shows that genital warts diagnostic rates are decreasing and getting better. This decline is likely to be as a result of the introduction of the HPV vaccination programme.

[129] Public health profiles - OHID (phe.org.uk)
[130] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)

Figure 69: Isle of Wight genital warts diagnostic rate, 2012 to 2021



HPV vaccination uptake on the Isle of Wight in females for two doses has been declining since 2015/16, following the pattern seen in England. However, the decline during the pandemic period (2019/20 and 2020/21) has been much smaller on the Isle of Wight than the percentage declined observed for England. In 2020/21 81.5% of 13–14-year-olds have received the second dose of the HPV vaccine, meaning that they have completed the course[131]. This is statistically significantly higher than the England percentage of 60.6%. There is no CIPFA nearest neighbour comparison for this indicator.

5.6.2 Genital Herpes

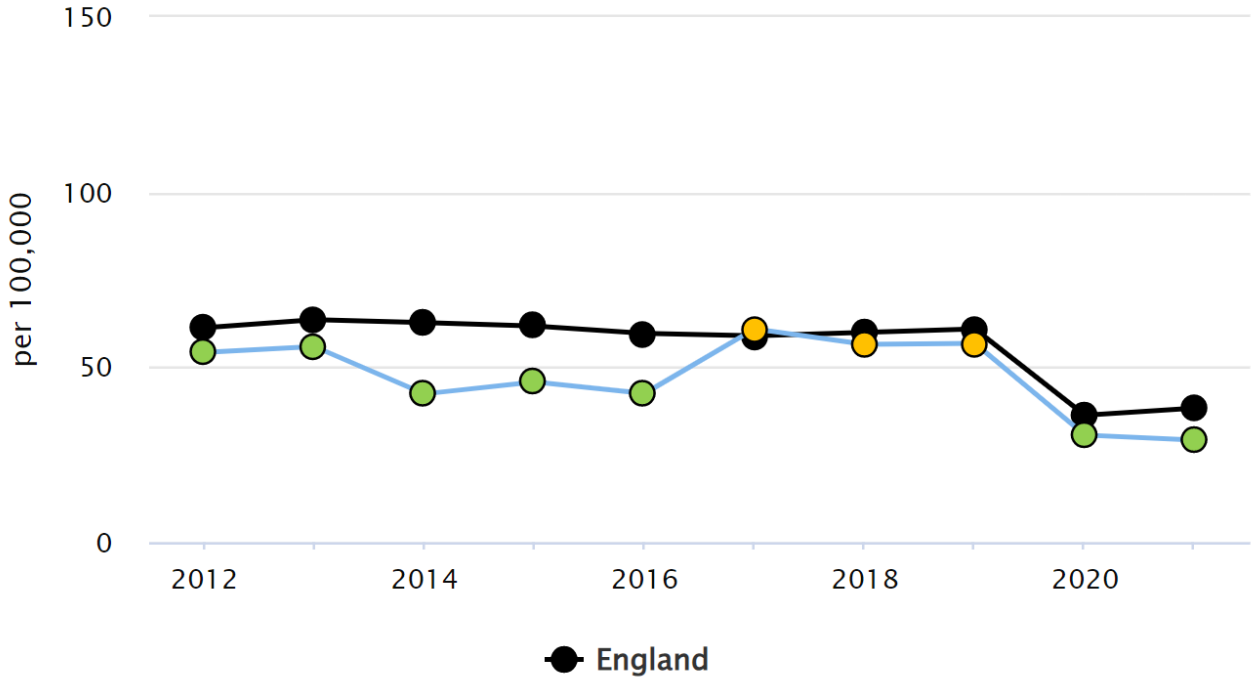
Genital herpes is the most common ulcerative sexually transmitted infection seen in England. Infections are frequently due to herpes simplex virus (HSV) type 2, although HSV-1 infection is also seen. Recurrent infections are common with patients returning for treatment[132].

Hampshire

In Hampshire in 2021 the genital herpes diagnostic rate per 100,000 was 29.2. This was lower than the England diagnostic rate, which was 38.3. Hampshire has generally been better than England, except for the years 2017 to 2019 when it had its highest rates and was similar to England. There was a steep decline between 2019 (56.8) and 2020 (30.6), which has been sustained into 2021.

[131] Public health profiles - OHID (phe.org.uk)
[132] Public health profiles - OHID (phe.org.uk)

Figure 70: Hampshire genital herpes diagnostic rate per 100,000, 2012 to 2021



Within Hampshire there is local variation in the genital herpes diagnostic rate. Gosport has the highest rate (46.1 per 100,000), and Winchester has the lowest rate (19.1 per 100,000). This is seen in Figure 71 below.

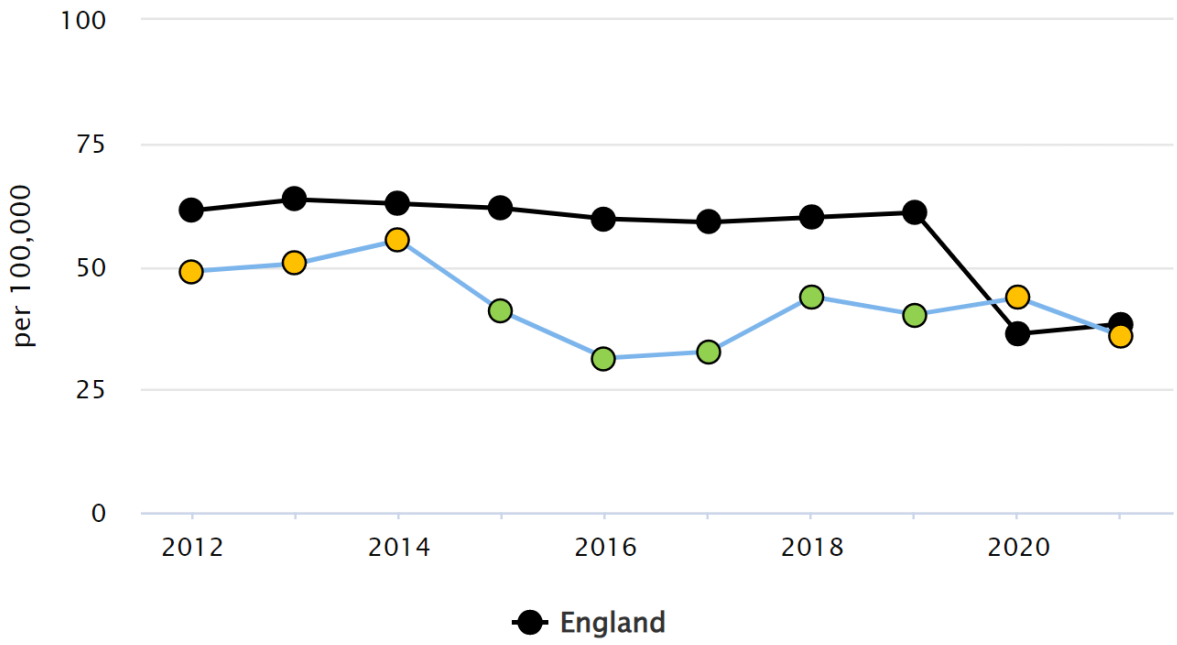
Figure 71: Genital warts diagnostic rate in Hampshire by district, per 100,000, 2021

District	**Genital herpes diagnostic rate**
Basingstoke and Deane	*34.9*
East Hampshire	*25.8*
Eastleigh	*24.4*
Fareham	*31.8*
Gosport	*46.1*
Hart	*38.9*
Havant	*26.1*
New Forest	*23.4*
Rushmoor	*32.8*
Test Valley	*26.7*
Winchester	*19.1*

Isle of Wight

The diagnosis rate for genital herpes on the Isle of Wight has had no significant trend change in recent time periods. Between 2020 and 2021, there was a decline from 43.6 per 100,000 to 35.8 per 100,000. In this same time period, the rates for England increased from 36.3 to 38.3 per 100,000. In 2021, genital herpes diagnosis rates on the Isle of Wight were statistically similar to England (38.3 per 100,000) and the CIPFA nearest neighbours average (30.0 per 100,000).

Figure 72: Isle of Wight genital herpes diagnostic rate, 2012 to 2021



Section 6: Reproductive Health

6. Reproductive Health

Women make up 51% of the population and 47% of the workforce. They have multiple and changing health needs throughout their lives, from puberty, through to menopause, and beyond. Reproductive health (RH) shapes not only the overall wellbeing of women, but also of families, communities, and wider society, extending far beyond the important experiences of pregnancy and childbirth.[133]. Reproductive health, including contraception to prevent unplanned pregnancy, is one of the greatest reproductive health concerns for women[134]. 45% of pregnancies are unplanned or associated with ambivalence.

During 2020, the UK government responded to the COVID-19 pandemic with national lockdowns which directly impacted service provision in England. The long-term impact is still under investigation, however, initial data relating to service impact suggest several areas of reproductive health care were directly impacted by the pandemic and its associated control measures[135].

6.1 Conception Rates

Nationally there were 817,515 conceptions in 2020 to women aged 15 to 44 years, marking the sixth consecutive annual decrease. The conception rate for women of all ages nationally saw a small decrease from 73.8 per 1,000 women in 2019 to 73.4 per 1,000 women in 2020. Women in the 30-34 age group had the highest number of conceptions for the fourth year in a row, with a record high of 248,528 conceptions in 2020[136]. Conceptions among women in the younger age groups continue to drop. The percentage of conceptions leading to legal abortions remained around a quarter, at 25.3% in 2020.

[133] Women's reproductive health programme: progress, products and next steps - GOV.UK (www.gov.uk)
[134] Public Health England. (2018). What do women say? Reproductive health is a public health issue. Crown, London.
[135] SPLASH Hampshire 2022-01-27
[136] Conceptions in England and Wales - Office for National Statistics

Hampshire

Figure 73: The crude birth rate for England and Hampshire. The crude birth rate is the number of live births per 1,000 population of all ages

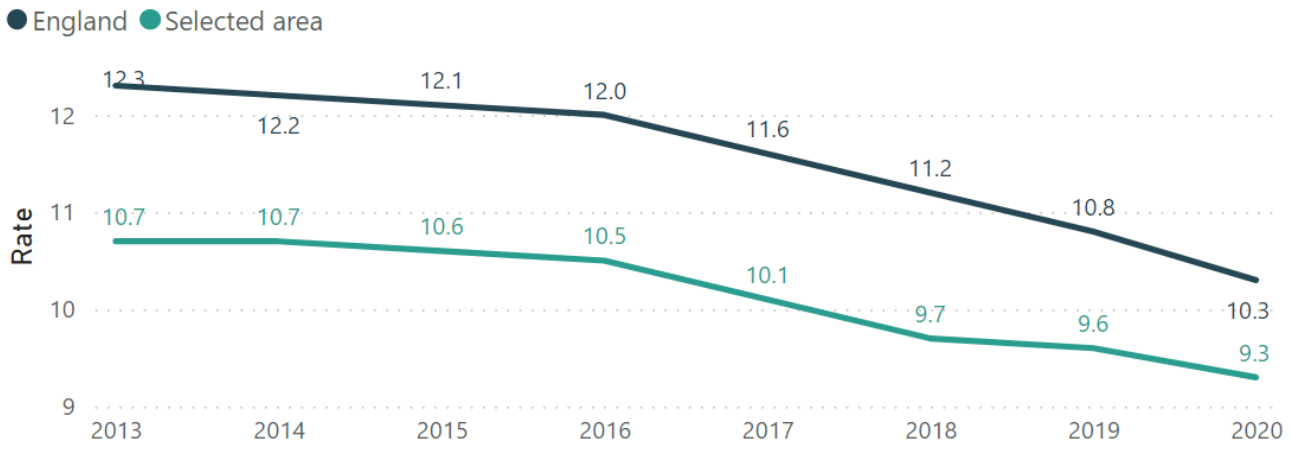
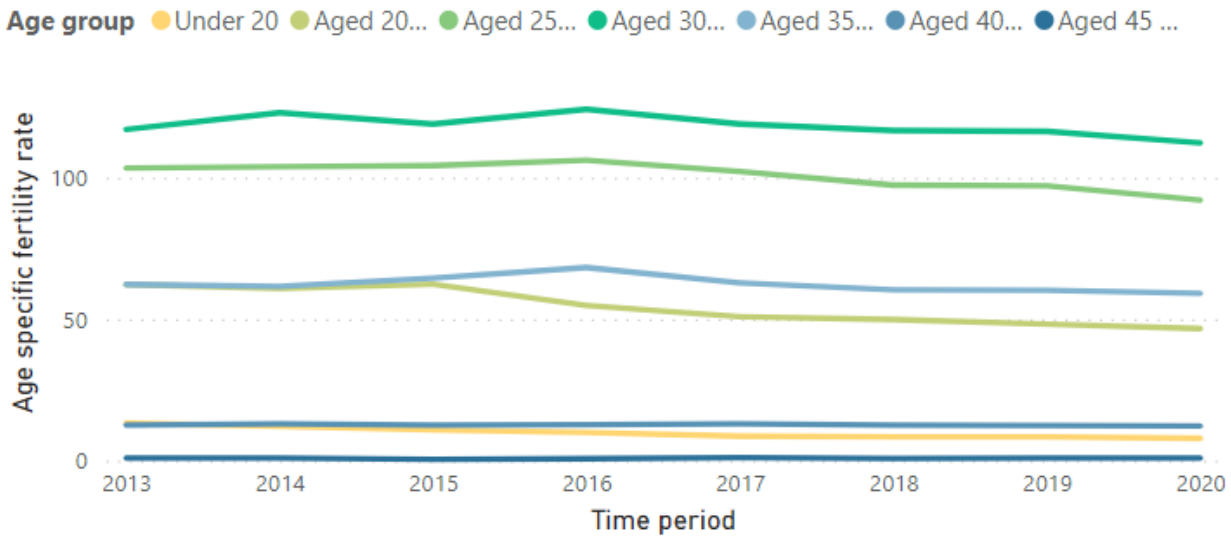


Figure 74: Age specific fertility rate for Hampshire



Isle of Wight

Figure 75: The crude birth rate for England and Isle of Wight. The crude birth rate is the number of live births per 1,000 population of all ages

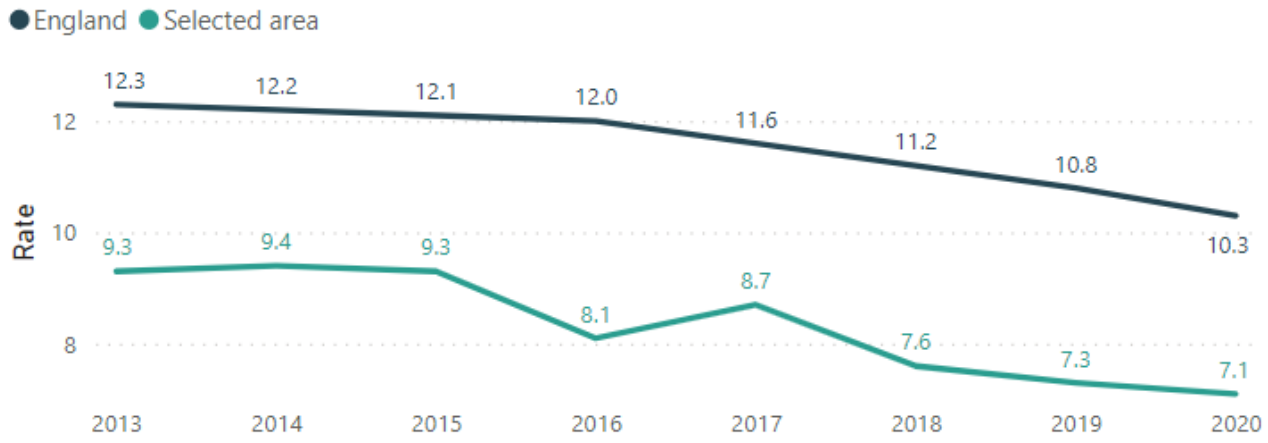
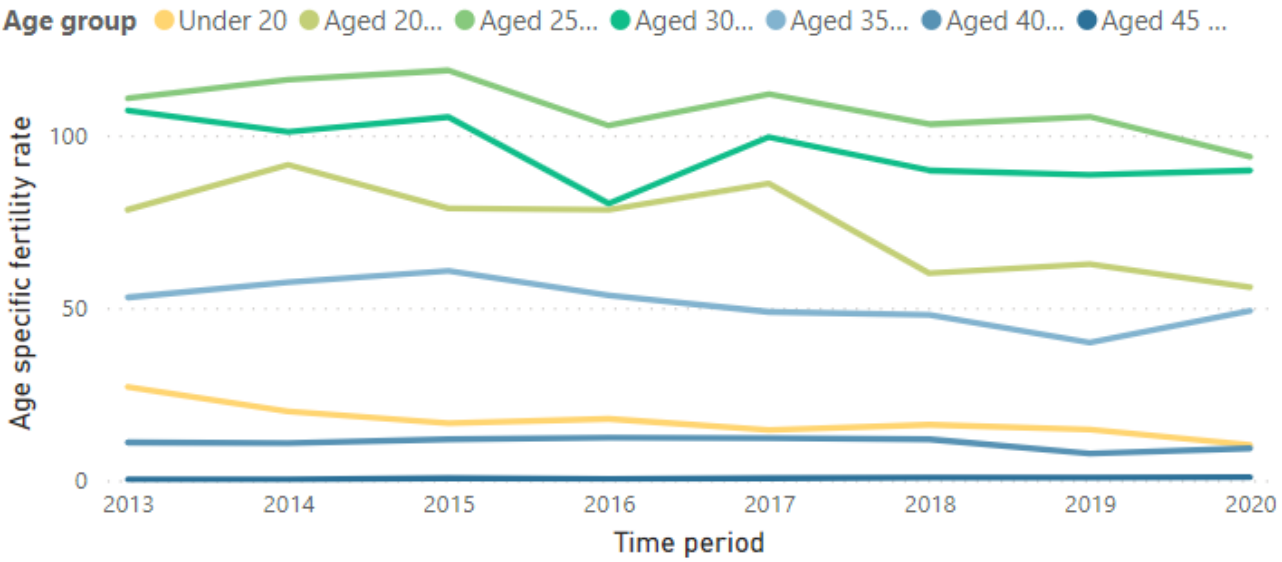


Figure 76: Age specific fertility rate for Isle of Wight



6.2 Teenage Pregnancy

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.[137] Nationally, there has been significant progress in reducing teenage conception rates. However, rates are still high in comparison to the rest of Western Europe. Inequalities between areas persist with deprived areas disproportionally affected. There are districts within Hampshire that are above the National rate. The Teenage Pregnancy Prevention Framework (2020) provides the evidence base to adopt a whole systems approach to reducing under 18 conceptions (Figure, 77).

[137] 'The prevalence of unplanned pregnancy and associated factors in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3)'. Lancet. Wellings K and others. Vol 382. November 2013

Figure 77: Translating evidence into a whole systems approach. 10 Key factors of effective local strategies[138]

Child poverty and unemployment are the two area deprivation indicators with the strongest influence on under–18 conception rates. At an individual level, the strongest associated risk factors for pregnancy before 18 are free school meals eligibility, persistent school absence by age 14, poorer than expected academic progress between ages 11 to 14 and being looked after or a care leaver. Other associated risk factors include first sex before 16, experience of sexual abuse or exploitation, alcohol, and experience of a previous pregnancy. Young women with lesbian or bisexual experience are also at increased risk of unplanned pregnancy. As with Adverse Childhood Experiences, young people who have experienced a number of these factors will be at significantly higher risk[139].

[138] Teenage Pregnancy Prevention Framework: Supporting young people to prevent unplanned pregnancy and develop healthy relationships, PHE & LGA updated May 2020.

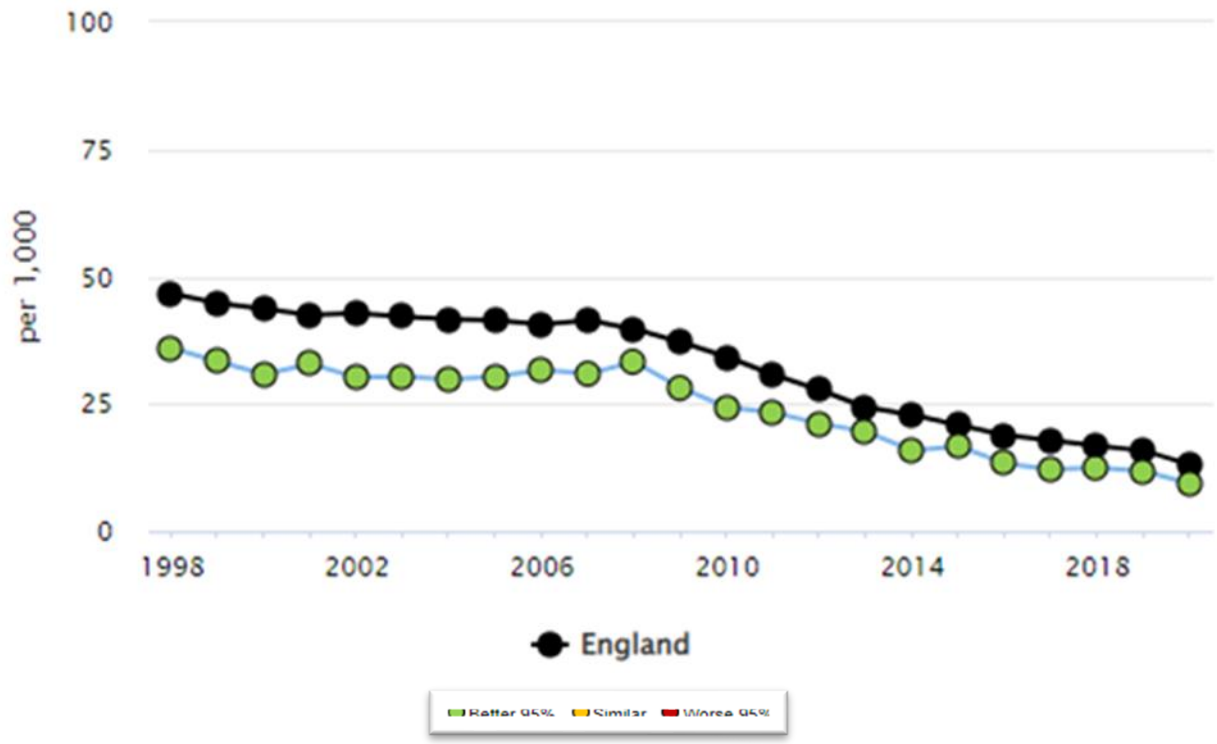
[139] Variation in outcomes in sexual and reproductive health in England 2021 (publishing.service.gov.uk)

6.2.1 Under 18 Conceptions

Hampshire

In 2020, the under 18s conception rate in Hampshire was 9.3 per 1,000. This is lower than both England (13 per 1,000) and Hampshire's CIPFA nearest neighbours average (11.2 per 1,000)[140]. In Hampshire, the rate of under 18s conceptions has been steadily declining since 1998, as seen in Figure 78 below. This decline is in line with the England trend. It is worth noting that the bigger than usual annual reduction is largely due to the 33% drop in Q2 which coincided with the first pandemic national lockdown

Figure 78: Hampshire under 18s conception rate per 1,000, 1998 to 2020



Source: Fingertips[141]

There is local variation within Hampshire's under 18s conception rate; only the districts of Test Valley, East Hampshire, Winchester, and Hart are significantly below England's value. As seen in Figure 79, there is a large variation between Hampshire's districts with the highest under 18s conception rate (Havant) being five times higher than the lowest (Hart). Whilst it isn't a statistically significant change, Eastleigh has reported an increase in the under 18 conception rate from 2018 (9.0) to 2020 (10.2) and gone from statistically significantly better than the national average to similar.

[140] Public health profiles - OHID (phe.org.uk)
[141] Public health profiles - OHID (phe.org.uk)

Figure 79: Hampshire under 18s conception rate (per 1,000) by district, 2020

District	Under 18s conception rate (per 1,000)
Basingstoke and Deane	*13.4*
East Hampshire	*7.2*
Eastleigh	*10.2*
Fareham	*9.4*
Gosport	*12.4*
Hart	*2.9*
Havant	*15.2*
New Forest	*10.3*
Rushmoor	*7.5*
Test Valley	*7.3*
Winchester	*4.2*

Source: Fingertips[142]

The variation which can be seen in Figure 79 is also reflected in Figure 80. Some of the districts in Hampshire with the highest under 18s conception rates in 2020, have also had a trend of high under 18s conception rates in previous years. For example, Gosport and Havant. Both these districts have declined over time, with Gosport now being below England's value. It can also be seen that Hart has had a consistently low under 18's conception rate since 2018. All other Hampshire districts have stable or declining under 18's conception rates between 2017 and 2020. Eastleigh has seen recent increases in under 18s conception rates so can be categorised as stable, rather than declining.

[142] Public health profiles - OHID (phe.org.uk)

Figure 80: Hampshire annual teenage conception rates by district, benchmarked against England, 2017 to 2020

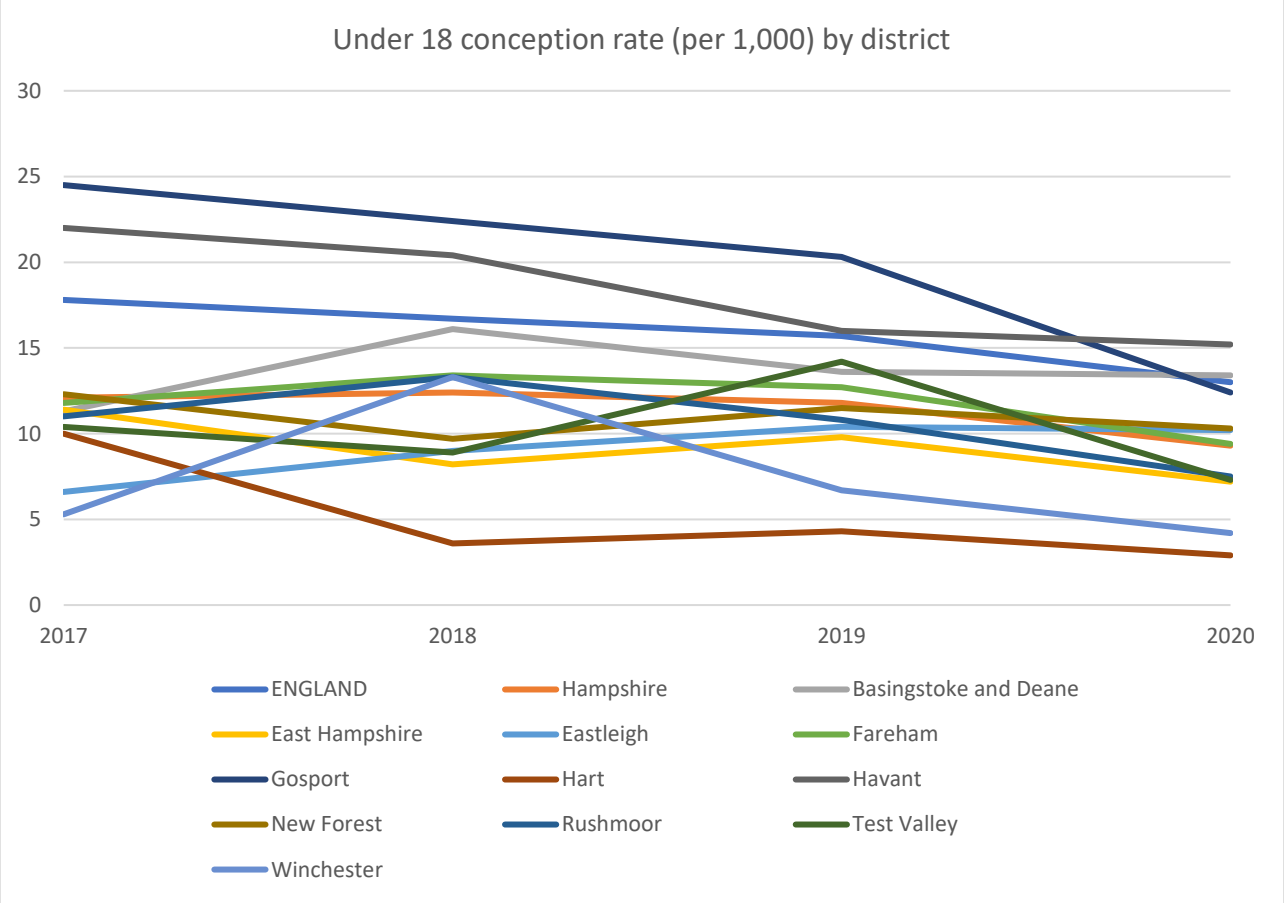


Figure 81 shows that within Hampshire there are wards within Gosport, Havant and Basingstoke that are significantly higher than the England rate for the three-year period between 2017 to 2019.

Figure 81: Hampshire Under-18s conceptions by ward, compared to the rate for England: three-year period between 2017 – 19

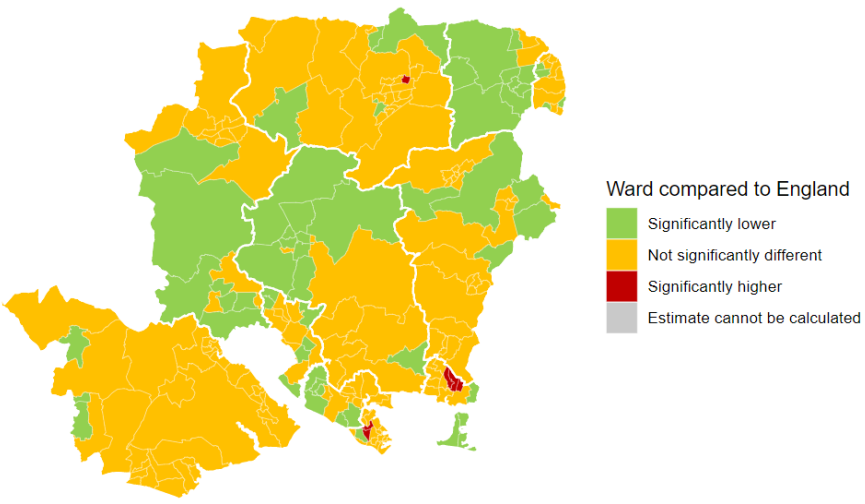
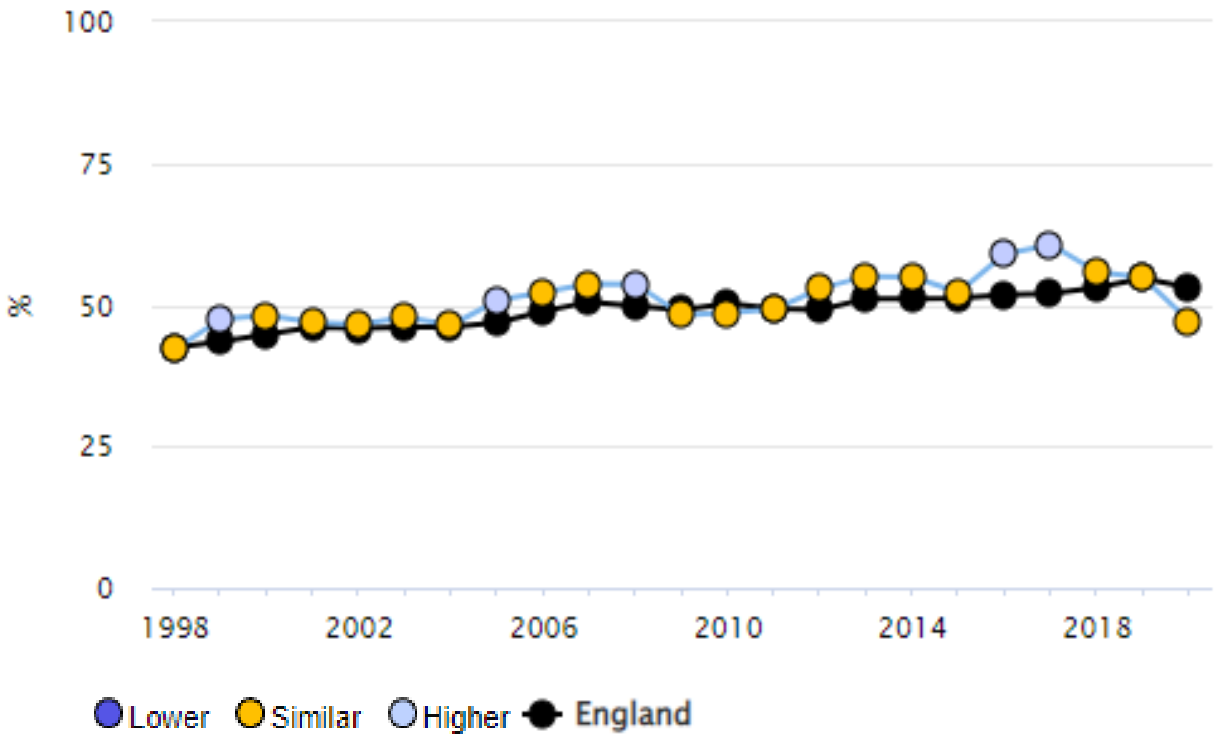


Figure 82 shows a steady increase in the percentage of under 18s conceptions leading to abortion, in line with the England trend. In 2020 there was a decrease in Hampshire, from 54.8% in 2019 to 47.1% in 2020. This decline was not seen in England.

Figure 82: Hampshire under 18s conceptions leading to abortion (%), 1998 to 2020



Source: Fingertips[143]

There is local variation between Hampshire's districts in the percentage of under 18s conceptions leading to abortion. Basingstoke and Deane, East Hampshire, the New Forest, and Eastleigh in particular have had decreases in recent years[144]. In 2020, Test Valley was the only district which was statistically significantly lower than England's average (33.3%). Every other district in Hampshire was similar to England, and Hart had the highest percentage at 60%. This is seen in Figure 83 below.

Figure 83: The percentage of under 18s conceptions leading to abortion, by district, 2020

District	**Under 18s conceptions leading to abortion (%)**
Basingstoke and Deane	*44.7*
East Hampshire	*56.2*
Eastleigh	*36.4*

[143] Public health profiles - OHID (phe.org.uk)
[144] Public health profiles - OHID (phe.org.uk)

Fareham	*52.9*
Gosport	*47.1*
Hart	*60*
Havant	*48.4*
New Forest	*51.9*
Rushmoor	*45.5*
Test Valley	*33.3*
Winchester	*55.6*

Overall, the data on teenage conceptions in Hampshire is encouraging and shows that the county is consistently below England and it's CIPFA nearest neighbours. Teenage conceptions have been steadily declining over time in the county, with local variation between districts becoming smaller in recent years as they all continue to decline or stabilise. The data suggest that current delivery should be continued, with data being checked annually.

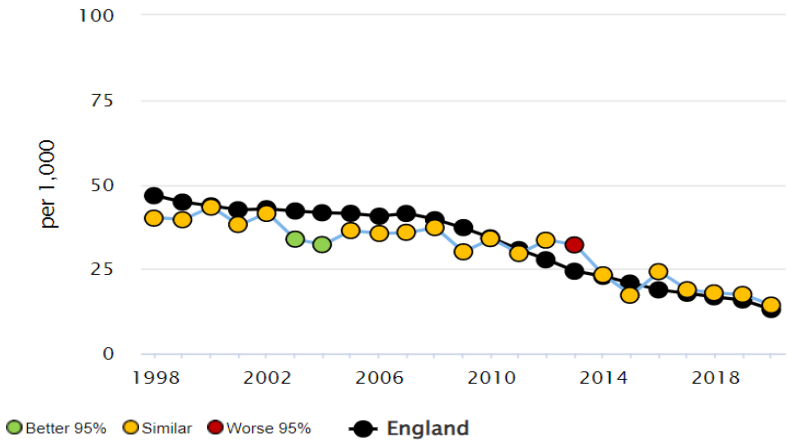
Isle of Wight

The Isle of Wight had an under 18 conception rate of 14.3 per 1,000 in 2020, this is statistically similar to the England rate of 13.0 per 1,000 [145]. This means there were 29 under 18 conceptions in 2020, down from a peak of 104 in 2002. There is no CIPFA nearest neighbours comparison for this indicator.

From 1998 to 2020 there has been a statistically significant decline from 40.2 per 1,000 to 14.3 per 1,000, following the national trend[146]. Note that the COVID-19 pandemic and strict lockdown implementation is likely to have affected the decline between 2019 and 2020. In 2020, there were 35 under 18 conceptions and a rate of 17.4 per 1,000.

[145] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)
[146] Public health profiles - OHID (phe.org.uk)

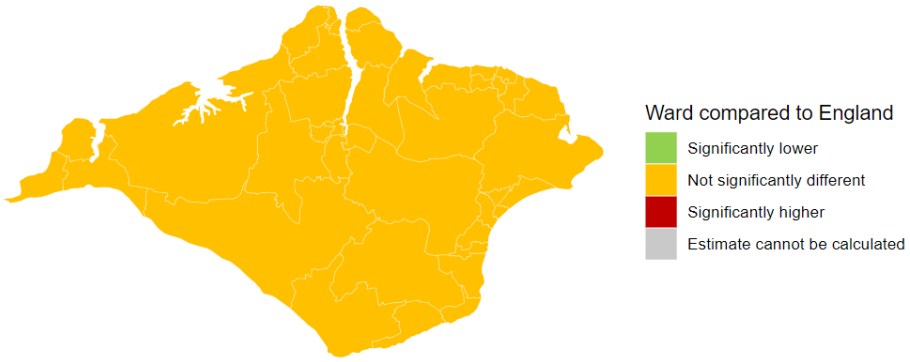
Figure 84: Under 18's conception rate per 1,000 in the Isle of Wight, 1998-2020



Source: Fingertips[147]

There is little significant variation across the Island identified in under 18 teenage conception rate ward data 2017-2019. All the wards had statistically similar rates to the England rate.

Figure 85: Under-18s conception on Isle of Wight by ward, compared to the rate for England: three-year period between 2017 – 19



Source: UKHSA Splash Report[148]

6.2.2 Risk Factors

Hampshire

There are several recognised risk indicators for teenage pregnancy, and Hampshire scores well on all of these[149].

[147] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)
[148] UKHSA Splash Report, downloaded from Fingertips
[149] E10000014.pdf

- In Hampshire 5.2% of young people aged 16 to 17 years were not in employment, education, or training in 2020. This compares to 5.5% nationally. This indicator is not available at district level[150]

- In Hampshire in 2020/21, 12.6% (32,163) children under 16 were in relative low-income families. This is below the England average of 18.5%. Within Hampshire, Havant has the highest proportion of children in relative low-income families (20.3%) and is the only district worse than England. Gosport is similar to England, at 18.8%. Every other district is better than England[151]. Relative low income is defined as a family in low income Before Housing Costs (BHC) in the reference year. A family must have claimed one or more of Universal Credit, Tax Credits or Housing Benefit at any point in the year to be classed as low income in these statistics. Relative low income sets a threshold as 60% of the UK average (median) income and moves each year as average income changes. It is used to measure the number and proportion of individuals who have income below this threshold.

- In Hampshire in 2020 there were 58 children in care per 10,000 population aged below 18. This has worsened in recent years but is still below the England average of 67 per 10,000[152]. This indicator is not available at district level.

- The average Attainment 8 score of children in Hampshire was 52.0 in 2020/21, better than the England average of 50.9. Gosport (42.7), Havant (46.4) and Rushmoor (49.2) are all statistically significantly worse than England, Basingstoke and Deane is similar to England (50.7). Every other district is better than England's average[153]. However, this is much lower in children in care, the average attainment 8 score of children looked after was 22.7 in 2020. This is higher than the England average of 21.4[154][155].

Isle of Wight

- The number of children in care on the Isle of Wight is 109 per 10,000 in 2021[156]. This is statistically significantly higher than the England rate (67 per 10,000). In 2012, the rate on the Isle of Wight was 60 per 10,000 and it has been rising year on year since then.

- The percentage of children in relative low-income families (under 16s) was 22.2% in 2020/21[157]. This is statistically significantly higher than the England percentage of 18.5% and CIPFA nearest neighbour average of 17.5%. Similarly, the percentage of children in absolute low-income families (under 16s) was 17.3% in 2020/21[158]. This is statistically significantly higher than the England percentage of 15.1% and CIPFA nearest neighbour average of 14.4%.

[150] Public health profiles - OHID (phe.org.uk)
[151] Public health profiles - OHID (phe.org.uk)
[152] Public health profiles - OHID (phe.org.uk)
[153] Public health profiles - OHID (phe.org.uk)
[154] Public health profiles - OHID (phe.org.uk)
[155] Public health profiles - OHID (phe.org.uk)
[156] Child and Maternal Health - OHID (phe.org.uk)
[157] Child and Maternal Health - OHID (phe.org.uk)
[158] Child and Maternal Health - OHID (phe.org.uk)

- The average attainment 8 score in the Isle of Wight in 2020/21 was 47.0, this is statistically significantly lower than the England score of 50.9[159]. The trend across time cannot be commented on due to the way GCSEs were awarded during the pandemic. There is no CIPFA nearest neighbour average for this indicator, however the Isle of Wight has the lowest attainment score among its CIPFA nearest neighbours.

- 5.4% of 16–17-year-olds in 2020 on the Isle of Wight are not in education, employment, or training (NEET) or their activity is not known[160]. This is statistically similar to the England value of 5.5%. 16–17-year-olds NEET has more than doubled between 2019 and 2020.

Based on this evidence, Isle of Wight should continue with the current delivery and monitoring of teenage pregnancy rates. However, it is important to acknowledge and work with the at-risk population.

6.3 Access to Contraception

The UK Government and the Faculty of Sexual and Reproductive Healthcare (FSRH) both highlight the importance of knowledge, access and choice for all women and men to all methods of contraception to help reduce unwanted pregnancies. Good contraception services have been shown to lower rates of teenage conceptions.

Contraception is widely available in Hampshire and the Isle of Wight from a number of sources and is provided free by the NHS for women and men of all ages. Contraception is available free of charge from: general practices, level 2 sexual and reproductive health (SRH) services, young person's clinics, NHS walk-in centres (emergency contraception only), integrated SHS, some specialist SHS (emergency contraception and male condoms) and some pharmacists under a Patient Group Direction. In July 2021, progesterone only pills (POP) became available to purchase over the counter at pharmacies without prescription. This is likely to have impacted the number of women needing to attend SRH or their GP for the contraceptive pill. In additional EHC is also available to purchase privately from pharmacies.

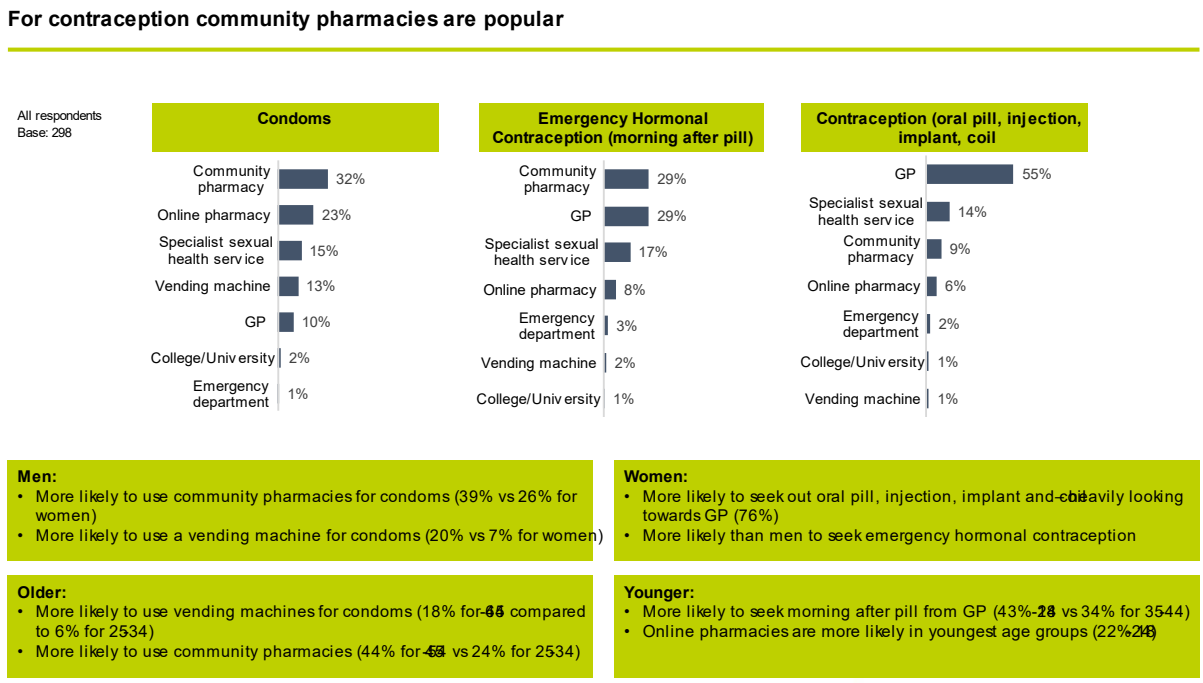
Provision of contraception at the time of abortion is recommended practice and is almost always commissioned as part of this service; a significant proportion of this is thought to be the most effective long-acting reversible contraception (LARC) methods (implants, intra-uterine systems [IUS] and intrauterine devices [IUD] but not injections).

For every £1 spent on contraception £11 is saved elsewhere on healthcare (2013, A framework for sexual health improvement in England, DH).

Access to contraception is important to Hampshire and Isle of Wight residents. Our residents have told us that access to local contraceptive services in the community from Pharmacies and General Practice is important and preferred (Appendix 1: Summary of Responses – Residents Survey).

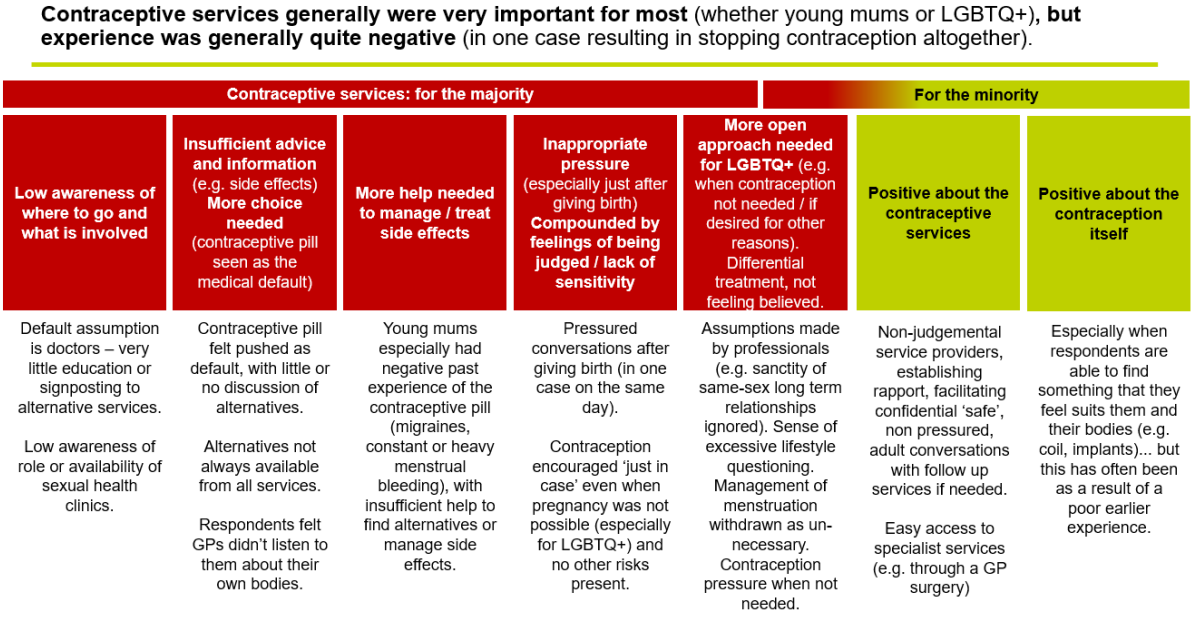
[159] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)
[160] Public health profiles - OHID (phe.org.uk)

Figure 86: Access to Contraception: Residents Survey



Our focus groups (Appendix 3: Research report: young mothers and LGBTQ+ community interviews) told us that contraceptive services were very important for most (whether young mums or LGBTQ+), but the experience was generally quite negative. Our group felt their needs where not listened to by health professionals and that the contraceptive pill was offered as default, with little or no discussion of alternatives.

Figure 87: Access to Contraception: Residents Experiences



6.3.1 Contraception: User Dependent Methods

Contraceptives which are dependent on user administration, known as user dependent methods, such as the contraceptive pill, are vulnerable to human error and therefore effectiveness uses the term “typical use”. The effectiveness of the contraceptive pill can also be reduced/ eliminated by illness involving vomiting or diarrhoea, and certain other medications. Even LARC (Long-Acting Reversible Contraception) methods like the contraceptive implant can be rendered less effective by some antibiotics, medications, and complimentary medications such as St John’s Wort.[161]

User dependent methods include oral contraceptives (combined or progesterone only pills), condoms, contraceptive patch, natural family planning, caps and diaphragms, spermicides (but only when used on their own) and virginal ring.

Figure 88: Effectiveness of Contraceptive Methods

Method	**Perfect use or typical use**	**How it works**
Contraceptive implant	More than 99% effective with perfect use	Work for 3 years, but can be taken out earlier
Intrauterine system (IUS)	More than 99% effective	Works for 3 to 5 years depending on type, but can be taken out earlier
Intrauterine device (IUD)	More than 99% effective	Can stay in place for 5 to 10 years depending on type, but can be taken out at any time
Contraceptive injective	Perfect use: more than 99% effective. Typical use: 94% effective	The injection lasts for 8 to 13 weeks, depending on the type
Contraceptive patch	Perfect use: more than 99% effective Typical use: around 91% effective	User dependent method
Vaginal ring	Perfect use: more than 99% effective Typical use: around 91% effective	User dependent method
Combined contraceptive pill	Perfect use: more than 99% effective Typical use: around 91% effective	User dependent method
Progestogen-only pill	Perfect use: 99% effective Typical use: around 91% effective	User dependent method
Sterilisation	Female: more than 99% effective	Permanent contraception

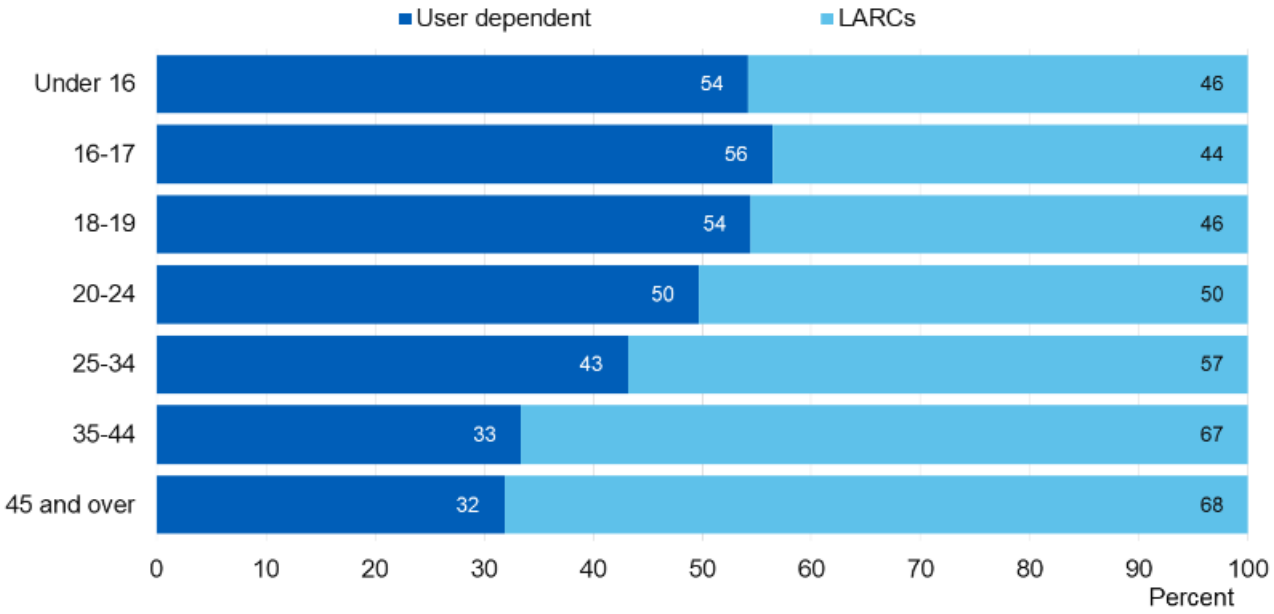
[161] St John's wort | Interactions | BNF | NICE

	Male: around 1 in 2,000 men can become fertile again	
Male condoms	Perfect use: 98% effective Typical use: around 82% effective	User dependent method
Female condoms	Perfect use: 95% effective Typical use: around 79% effective	User dependent method
Diaphragms and caps	Perfect use: 92 to 96% effective Typical use: around 71 to 88% effective	User dependent method
Natural family planning	Perfect use: can be up to 99% effective Typical use: around 76% effective	
Source: NHS, Your contraception guide https://www.nhs.uk/conditions/contraception/how-effective-contraception/		

Nationally in 2021/22, the proportion of females who chose LARCs as a main method of contraception (at SRH services) is lowest in younger age groups; 44-46% of those aged under 20, compared to 67-68% of those aged 35 and over[162].

[162] Part 2: Methods of contraception - NHS Digital, publication September 2022

Figure 89: Uptake of user dependent contraceptives / LARCs (at SRH services), by age (2021/22)



Source: NHS Digital Sexual and Reproductive Health Services (SRH), England (Contraception) 2021/22, National statistics, Official statistics.

Nationally 44% of females in contact with SRH services for contraception had a user dependent method in 2021/22. Oral contraceptives were the most common method in all age groups, with the exception of those aged 35 and over, for whom IUS were most common.

Hampshire

In 2020 42.7% of women in Hampshire choose user-dependent methods at SRH Services, this includes all recorded contraceptive methods at SRH services excluding long-acting reversible contraception. Nationally, 54.9% of women chose user-dependent methods at SRH services in 2020.

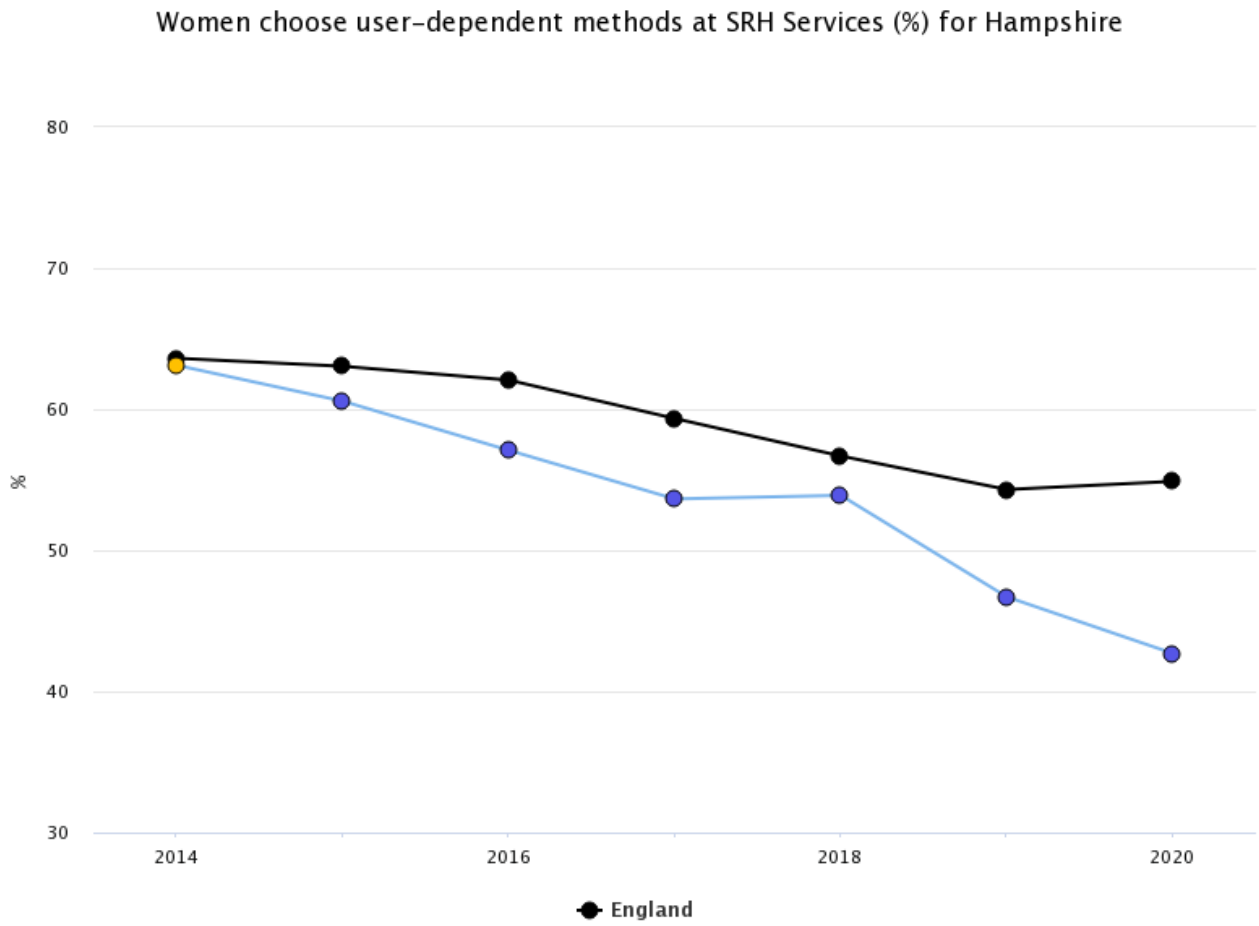
There is variation across districts, and this could also be representative of access to SRH services. It is important to note that these figures only focus on women attending SRH service(s) and so these percentages may not represent those of the whole population of women in these areas.

Hart has the highest percentage of women choosing user-dependent methods at SRH services at 51.2%, followed by Basingstoke and Deane (47.9%), Winchester (47.8%) and Rushmoor (46.1%). East Hants had the lowest percentage of women choosing user-dependent methods at 35.1%, followed by Fareham at 37.4%.[163]

The percentage of women in Hampshire who choose user-dependent methods at SRH Services has been declining since 2014.

[163] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)

Figure 90: Women Choose user-dependent methods at SRH Services (%) for Hampshire



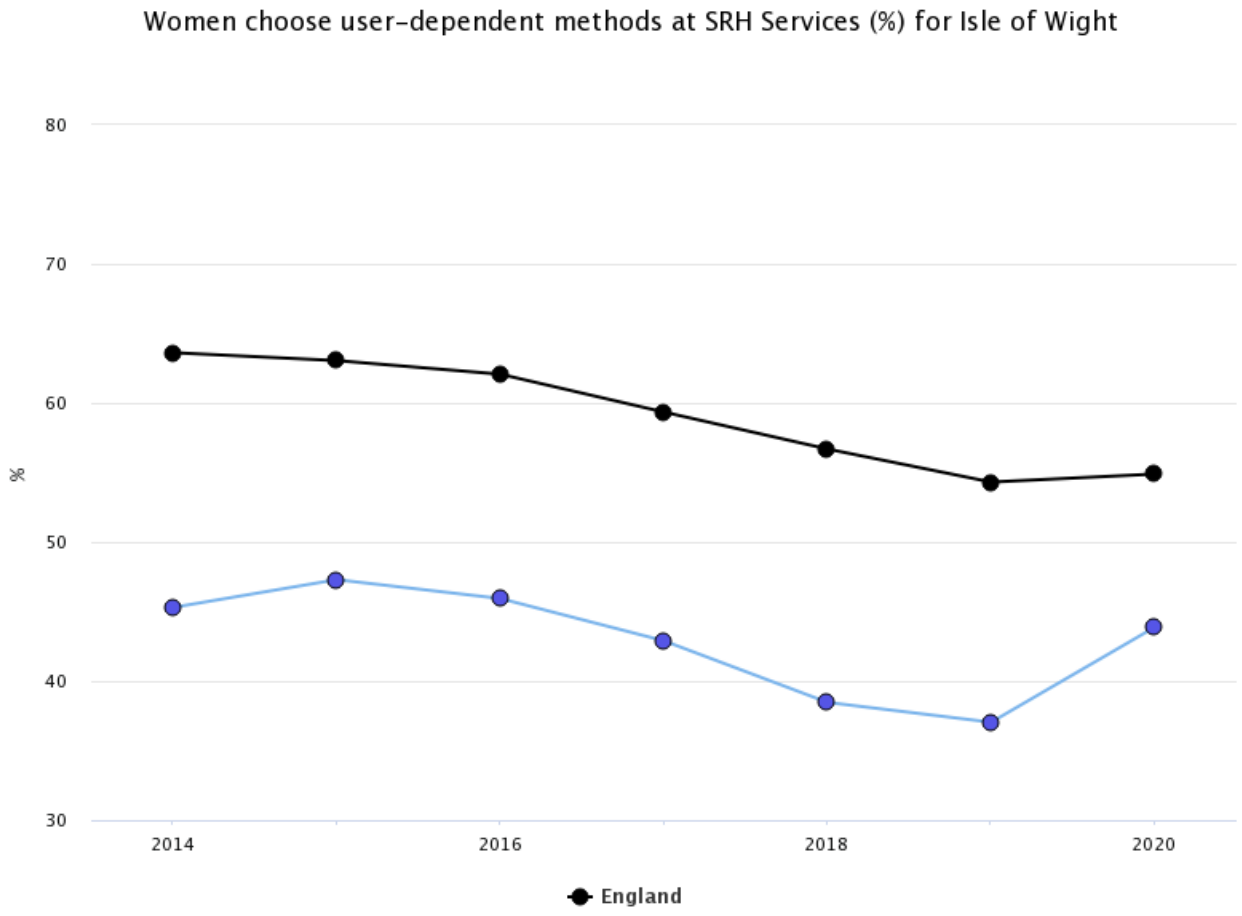
Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)

Isle of Wight

In 2020 43.9% of women on the Isle of Wight choose user-dependent methods at SRH Services, this includes all recorded contraceptive methods at SRH services excluding long-acting reversible contraception. Nationally, 54.9% of women chose user-dependent methods at SRH services in 2020.

The percentage of women on the Isle of Wight who choose user-dependent methods at SRH Services has been declining between 2015 to 2019 from 47.3% to 37% but experienced an increase in 2020 to 43.9%. This could be due to challenges accessing LARC during the COVID-19 pandemic.

Figure 91: Women Choose user-dependent methods at SRH Services (%) for Isle of Wight



Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)

6.3.2 Long Acting Reversible Contraception (LARC)

Access to long-acting reversible contraceptives (LARC) was reduced during the COVID-19 pandemic, due to the need for a physical appointment for fittings and removals[26]. In March 2020, the Faculty of Sexual and Reproductive Health (FSRH) supported the extended use of contraceptive implants and coils; Nexplanon®, Mirena®, Levosert® and 10-year copper IUDs because of the high rates of COVID-19, no available vaccination and high COVID-19 death rates[77]. However, since then the advice has shifted, and it is not advised to have an extended use of LARC.

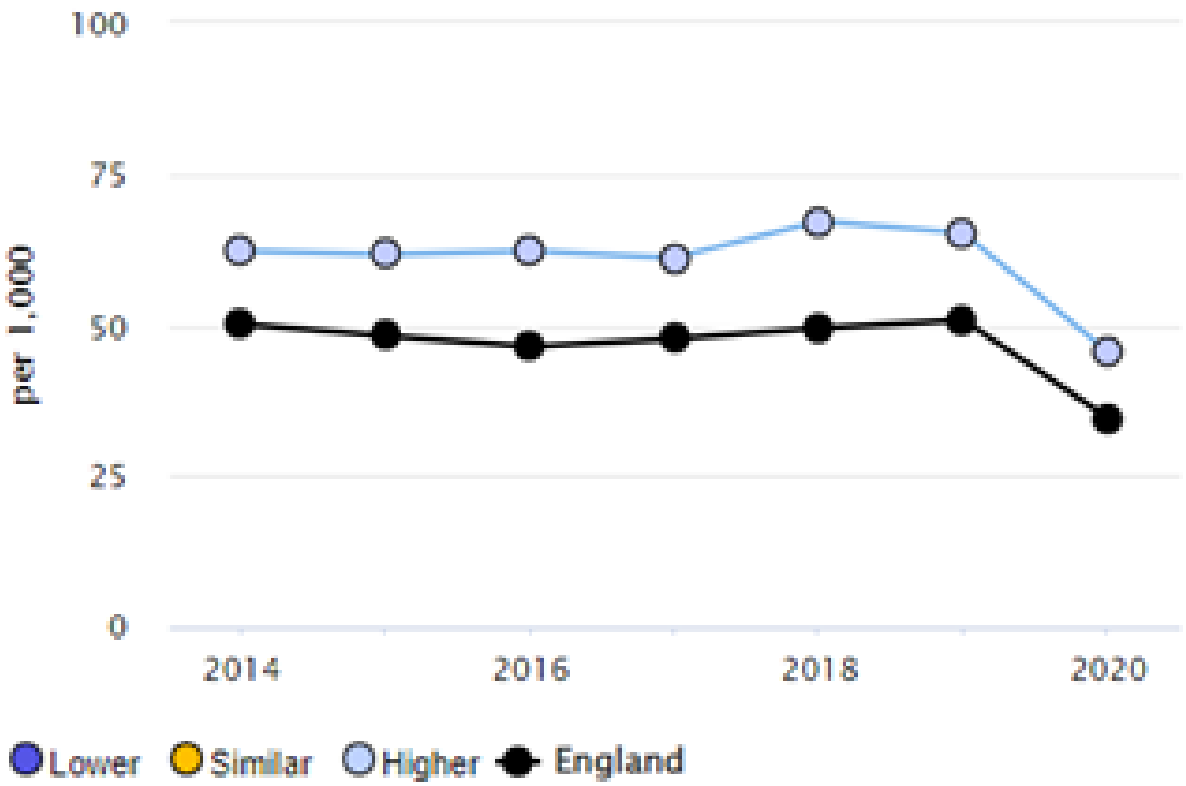
Hampshire

Within General Practice that are contracted by Hampshire Public Health to provide LARC there were 11,353 claimed fittings and removals during 2019/20, 9,314 claims during 2020/21 and 12,002 claims during 2021/22. This shows that the number of claimed LARC fittings and removals increased in 2021/22 back to pre-COVID-19 pandemic levels.

In Hampshire, the total prescribed LARC (excluding injections) is similar to England, following the same trend since 2014. In 2018 the total prescribed LARC excluding injections rate was at its highest in Hampshire (67.2 per 1,000), and it has since declined to 45.5 per 1,000. Most

of this decline was between 2019 and 2020, as seen in Figure 92 below. England's 2020 figure was 34.6 per 1,000.

Figure 92: Total prescribed LARC excluding injections rate per 1,000 in Hampshire, 2014 - 2020



Source: Fingertips[78]

There is local variation within Hampshire's total prescribed LARC, with the districts of Gosport, Havant and Test Valley being similar to England in 2020[79]. Again, these districts had the decline in their total prescribed LARC between 2019 and 2020. In contrast, Rushmoor had the highest total prescribed LARC (excluding injections) rate, at 55.8 per 1,000 in 2020, down from 87.0 per 1,000 in 2019[80]. In Rushmoor this is predominantly due to the change in the amount of LARC prescribed by GPs, which was 70.4 per 1,000 in 2019 and declined to 43.8 per 1,000 in 2020. This is compared to the lower rate of SRH services prescribed LARC (excluding injections) which was 16.4 per 1,000 in 2019 and 12.2 per 1,000 in 2020.

Figure 93: Breakdown of total prescribed LARC by SRH services and GP, 2018 to 2020

Area	**2018**		**2019**		**2020**	
	% from SRH	% from GP	% from SRH	% from GP	% from SRH	% from GP
Hampshire	*27.8*	*72.0*	*24.1*	*75.9*	*23.5*	*76.5*
Basingstoke and Deane	*28.0*	*72.0*	*29.1*	*70.9*	*23.3*	*76.7*

East Hampshire	*26.2*	*73.8*	*24.9*	*74.8*	*20.1*	*79.9*
Eastleigh	*26.5*	*73.5*	*20.6*	*79.4*	*18.4*	*81.6*
Fareham	*36.1*	*63.9*	*30.2*	*69.8*	*32.9*	*67.1*
Gosport	*54.0*	*46.0*	*52.4*	*47.6*	*48.6*	*50.6*
Hart	*15.1*	*84.9*	*15.8*	*84.1*	*12.3*	*87.9*
Havant	*37.1*	*62.8*	*26.7*	*73.1*	*32.5*	*67.5*
New Forest	*21.6*	*78.3*	*11.2*	*88.7*	*16.8*	*83.4*
Rushmoor	*22.3*	*77.8*	*18.9*	*80.9*	*21.9*	*78.5*
Test Valley	*33.8*	*66.0*	*34.8*	*64.8*	*40.0*	*60.9*
Winchester	*17.6*	*82.4*	*12.6*	*85.7*	*11.8*	*86.0*

Source: Fingertips[81]

This percentages in this table were calculated using the count from fingertips indicators 91819 and 92255.

Figure 94: GP prescribed LARC as a proportion of total prescribed LARC, 2018 to 2020, Hampshire

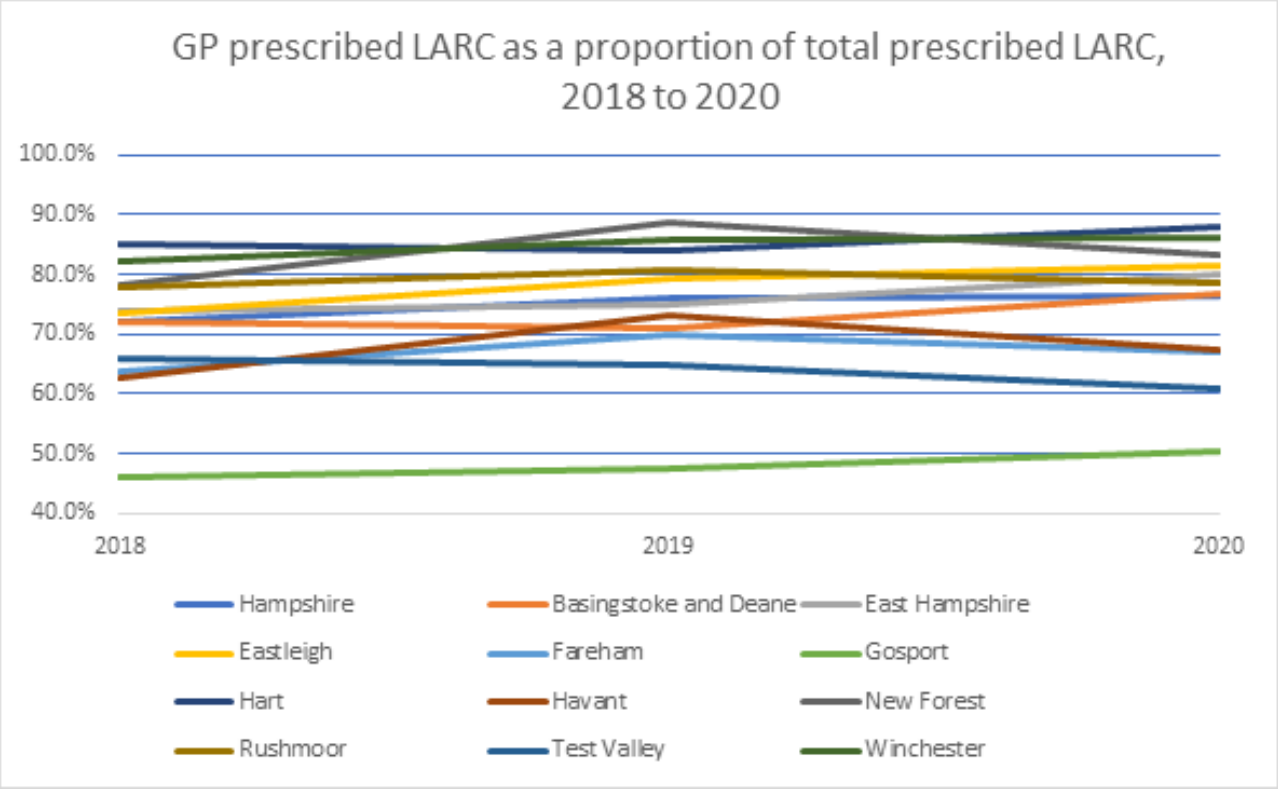
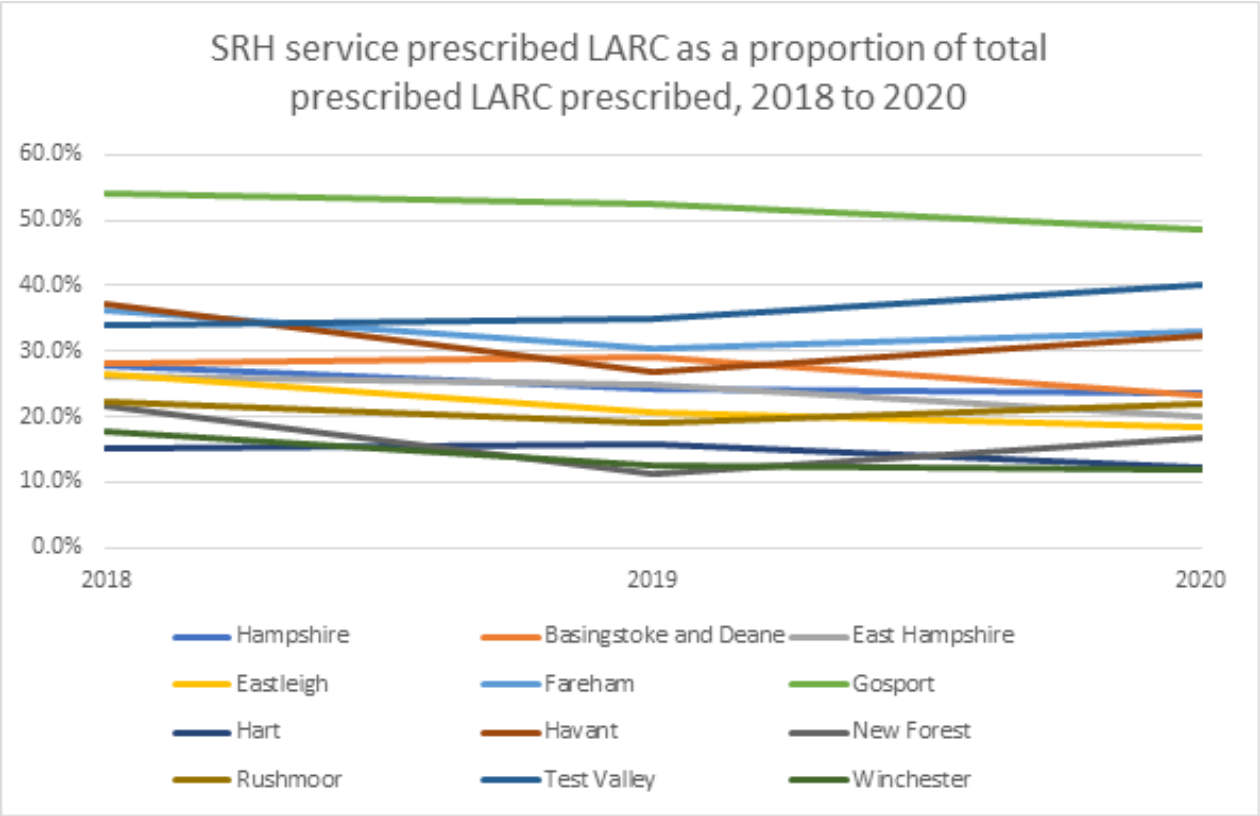


Figure 95: SRH service prescribed LARC as a proportion of total prescribed LARC, 2018 to 2020, Hampshire



Source: Fingertips

Note: Figure 94 and Figure 95 are opposites of each other (each district will total approximately 100%, small errors are due to rounding). Both figures are included so they can be used individually in future work specific to GP LARC or SRH service LARC.

Data from the Hampshire uptake audit (2014 – 2022) shows that in 2021/22 the majority of people who had their gender recorded who were using Hampshire's sexual health service for contraception and/or GUM were women (including trans women), at 64.3%. 35.6% were men, including trans men, and 0.2% identified as non-binary or 'other'. Many clients had no gender recorded, as a percentage of all clients for this service in 2021/22 these clients make up 2.9%[xi]. A detailed age breakdown is shown in figure 96.

Of the women who have their age recorded, 28.4% are aged 20 – 24 in 2021/22. This is also the age category with the largest percentage of men (18.4%). Generally, women and girls begin accessing the service for contraception and/or GUM at younger ages than men and boys (12.7% aged 15 to 19, compared to 4.9% in men/boys) and men continue their use of the service for contraception and/or GUM at older ages than women, with 16.8% of men using the service being aged 45 and older, compared to just 7.6% of women. Over three quarters (77.1%) of women using the service for contraception and/or GUM in 2021/22 are aged 15 to 34, compared to 57% of men.

Due to the small number of people who identified as non-binary or 'other' in 2021/22, the percentages in the age breakdown of this group should be interpreted with caution. The data show that the majority of people who identify as non-binary or 'other' in 2021/22 who used the service for contraception and/or GUM were 15 to 19 (31%). Unlike men and women, there were no people who identified as non-binary or 'other' who used the service for this aged over 54. The percentage of people aged 15 to 34 and identifying as non-binary or 'other' is 80.4%.

Figure 96: Age and gender breakdown of people using Hampshire's sexual health service in 2021/22 for contraception and/or GUM

Age group	**Women (inc. trans women)**	**Men (inc. trans men)**	**Non-binary/other**
19 years and under	*13%*	*5.0%*	*36.6%*
20 to 24	*28.4%*	*18.4%*	*25.4%*
25 to 29	*21.1%*	*17.2%*	*11.3%*
30 to 34	*15.0%*	*16.6%*	*12.7%*
35 to 39	*9.3%*	*15.5%*	*4.2%*
40 to 44	*5.7%*	*10.6%*	*7.0%*
45 to 49	*3.6%*	*6.1%*	*1.4%*
50 to 54	*2.2%*	*4.3%*	*1.4%*
55+	*1.9%*	*6.4%*	*0.0%*
TOTAL	*100%*	*100%*	*100%*

Source: 2014-2022 Hampshire Sexual Health Uptake Audit

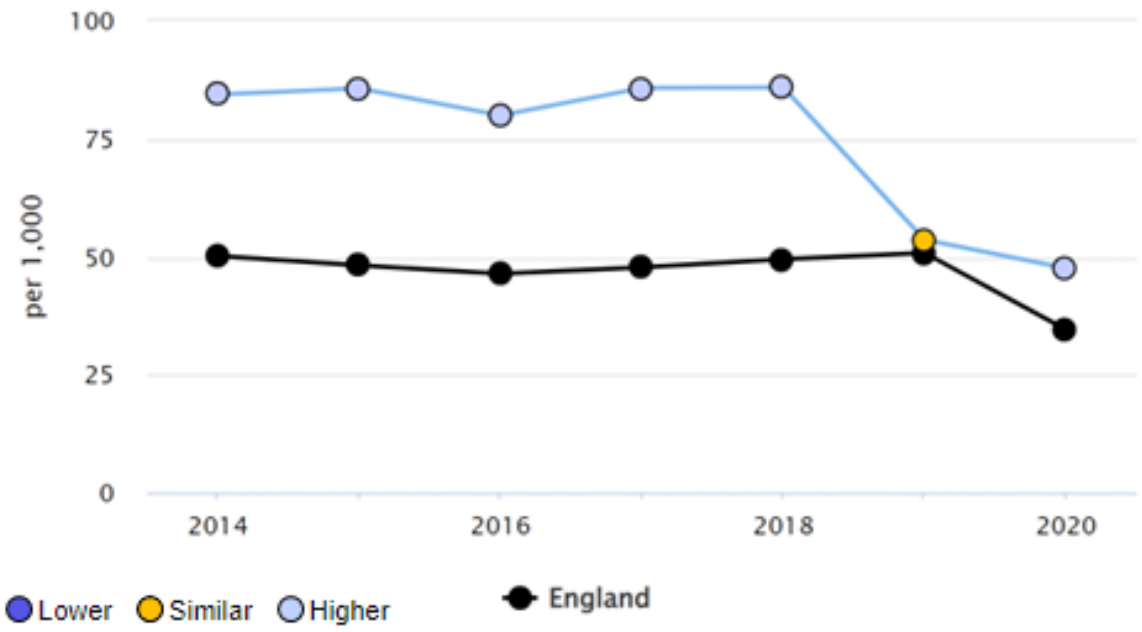
The rate of prescribed LARC being higher than England is encouraging and suggests that the current delivery is suitable. This should be reviewed annually. This will determine if and how the rate of LARC prescribed will recover from the low level seen in 2020 due to COVID-19. The importance of SRH services prescribing LARC was highlighted in 2020, when many districts saw an increase in the proportion of LARC being prescribed in SRH services as opposed to GP's, likely as a result of COVID-19 and the associated messaging and restrictions in attending GP surgeries.

Isle of Wight

The total prescribed LARC excluding injections rate for the Isle of Wight is 47.6 per 1,000 in 2020. This is statistically significantly higher than England rate (34.6 per 1,000)[55]. The highest prescribing rate was in 2018 at 85.9 per 1,000, as shown in Figure 97 below. The recent trend

is shows that LARC prescribing rates are decreasing. There is no CIPFA nearest neighbours comparison for this indicator.

Figure 97: Total prescribed LARC excluding injections rate per 1,000 in the Isle of Wight, 2014 to 2020



Source: Fingertips[56]

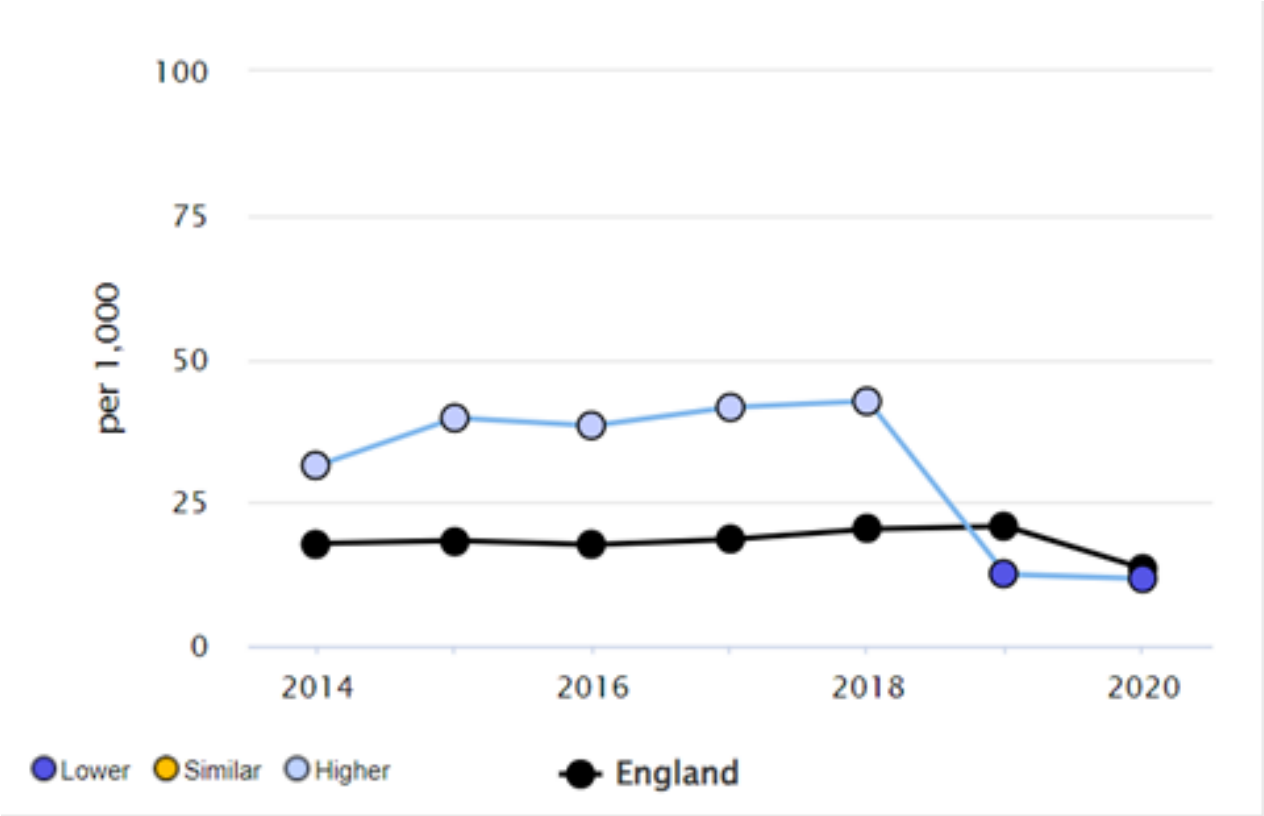
The decline in 2020 is likely due to changes in access and behaviours in the COVID-19 pandemic. However, it is unclear what caused the statistically significant decline between 2018 and 2019. In 2019, 1,055 people were prescribed LARC – with 814 receiving that prescription from the GP[57]. This meant that in 2019 77% of LARC prescriptions were from the GP, compared to 50.4% in 2018.

Figure 98: Comparing GP Services and SRH Services Prescribing LARC, 2016-2020

Time Period	GP Services (count)	GP Services (% of total)	SRH Services prescribed (count)	SRH Services prescribed (% of total)	Total prescribed (count)
2016	852	52%	785	48%	1,637
2017	899	52%	843	48%	1,742
2018	863	50%	848	50%	1,711
2019	814	77%	245	23%	1,055
2020	706	76%	230	25%	935

The largest changes in prescribed LARC excluding injections can be seen in SRH Services. In 2018 GP-prescribed and SRH-prescribed rates and counts were very similar. But from 2018 to 2019 in SRH there was a decline from 42.6 per 1,000 to 12.5 per 1,000. The count of prescribed LARC in SRH Services decreased from 848 to 245 in this time period. This decline meant the prescribing rate was statistically significantly lower than the England rate in 2019. Most recent data (2020) show the SRH service prescribed LARC rate was 11.7 per 1,000.

Figure 99: SRH Services prescribed LARC excluding injections rate per 1,000 in the Isle of Wight, 2014-2020



Source: Fingertips[58]

Age breakdowns (over 25 and under 25) is only available in LARC use in SRH Services and not through the GP Service.

Over 25s choosing LARC at SRH Services experienced a small decline (not statistically significant) from 64% in 2019 to 58.3% in 2020[59]. This percentage is statistically significantly higher than the England (44.5%) and the CIPFA nearest neighbour's average of 44.3%. Before 2020 the trend was increasing. But the actual count of women choosing LARC has drastically decreased over time from 572 in 2017 to 160 in 2019. A further decline, as expected, occurred in 2020 to 140. This shows that fewer people are accessing SRH services across time, but of those that are accessing this service, a higher proportion are choosing LARC.

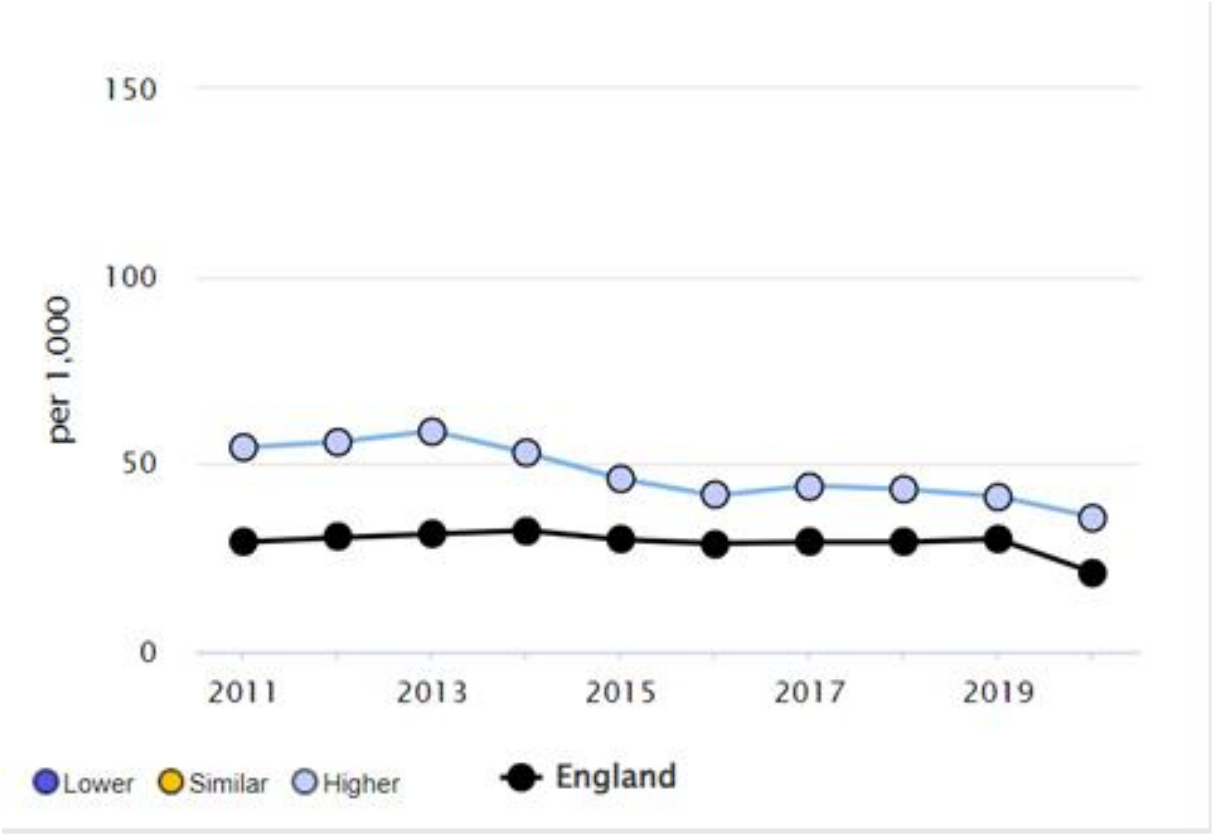
Similarly, the under 25s choosing LARC at SRH Services experienced a small decline (not statistically significant) from 43.1% in 2019 to 40.0% in 2020[60]. This percentage is statistically significantly higher than the England (28.8%) and the CIPFA nearest neighbours average of

28.7%. However, the same trend is observed as it is in over 25s, the count of women choosing LARC has decreased from a peak of 367 in 2018 to 125 in 2019. A further decline, as expected, occurred in 2020 to 100.

This shows that potentially the preference of LARC over other methods in women of all ages on the Isle of Wight is different to patterns observed in England and CIPFA nearest neighbours. However, the picture is line with England in that a higher percentage of over 25's, compared to under 25's are using LARC. It is important to recognise that, although the percentage choosing LARC at SRH is increasing, the number of women accessing LARC through SRH services is going down.

Whereas GP prescribing LARC excluding injections have been statistically significantly higher than the England rate since 2011[61]. However, the trend for this prescribing rate is also declining, with the highest GP prescribing rate in 2013 at 58.8 per 1,000. However, this is decreasing at a much slower rate compared to SRH services prescribing rate. In 2020, the GP prescribing rate was 35.9 per 1,000, statistically higher than the England rate of 21.1 per 1,000 and the CIPFA nearest neighbours average of 24.9 per 1,000.

Figure 100: GP prescribed LARC per 1,000 excluding injections in the Isle of Wight, 2011-2020



Source: Fingertips[62]

The differences explained in LARC prescribing rates between GP and SRH is likely to reflect local geography and service models. For example, accessing LARC use in rural and semi-rural areas of the Island is more likely to be through the GP.

6.3.3 Emergency Hormonal Contraception (EHC) in Pharmacies

Hampshire

There were 6,708 consultations in 2019/20 within Hampshire pharmacies that are contracted by Public Health to provide free EHC, this reduced to 5,051 in 2020/21 which would have been impacted by the first national COVID-19 lock down and social distancing during the COVID-19 pandemic. In the last full financial year 2021/22, the number of consultations increased to 6,138

The majority of consultations are in the 19 to 24-year-old and 25 to 34-year-old age groups (Figure 101). Over the last three financial years most consultations take place on Monday, with an average of 25% on Mondays (Figure 102).

Figure 101: Hampshire EHC Consultations by Percentage Age Bracket

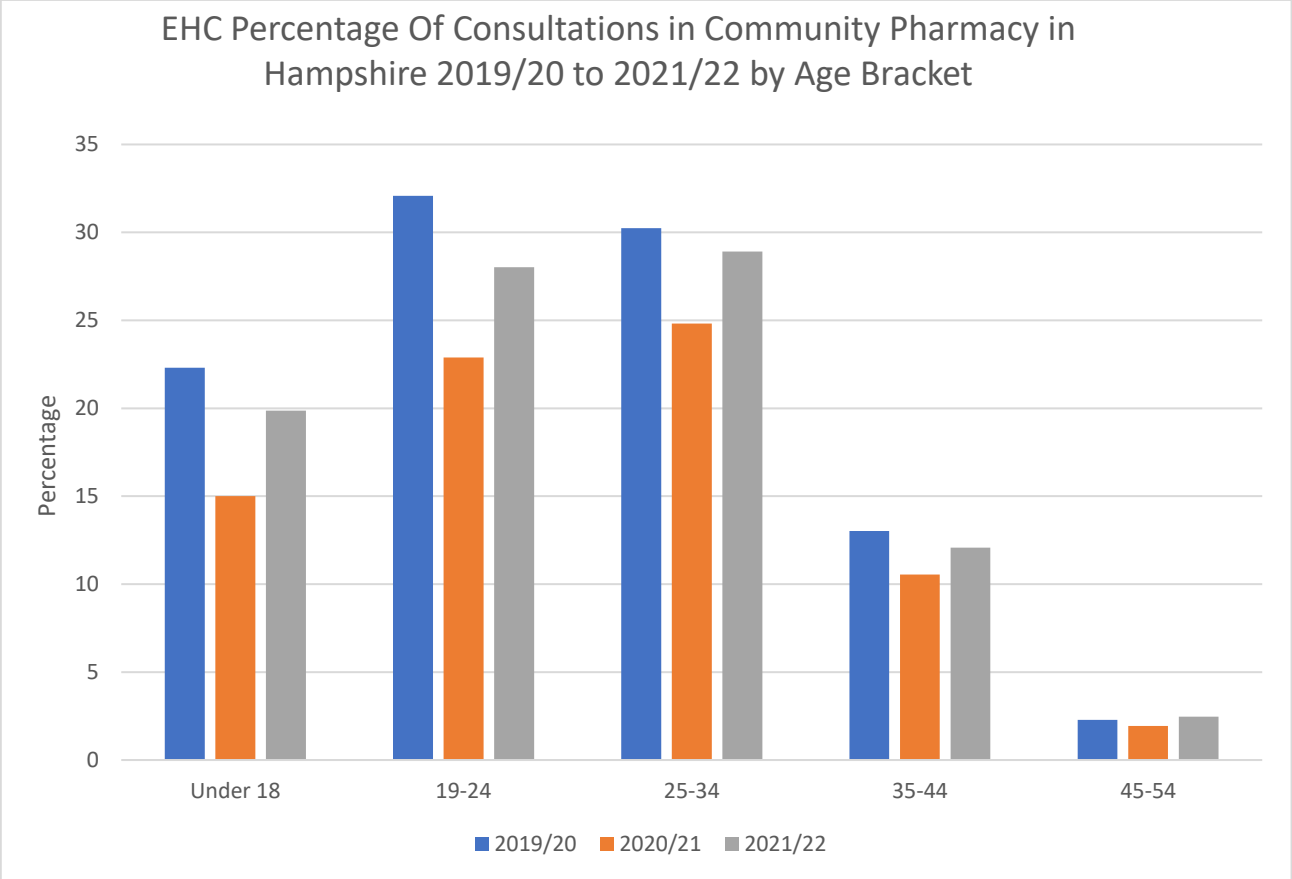
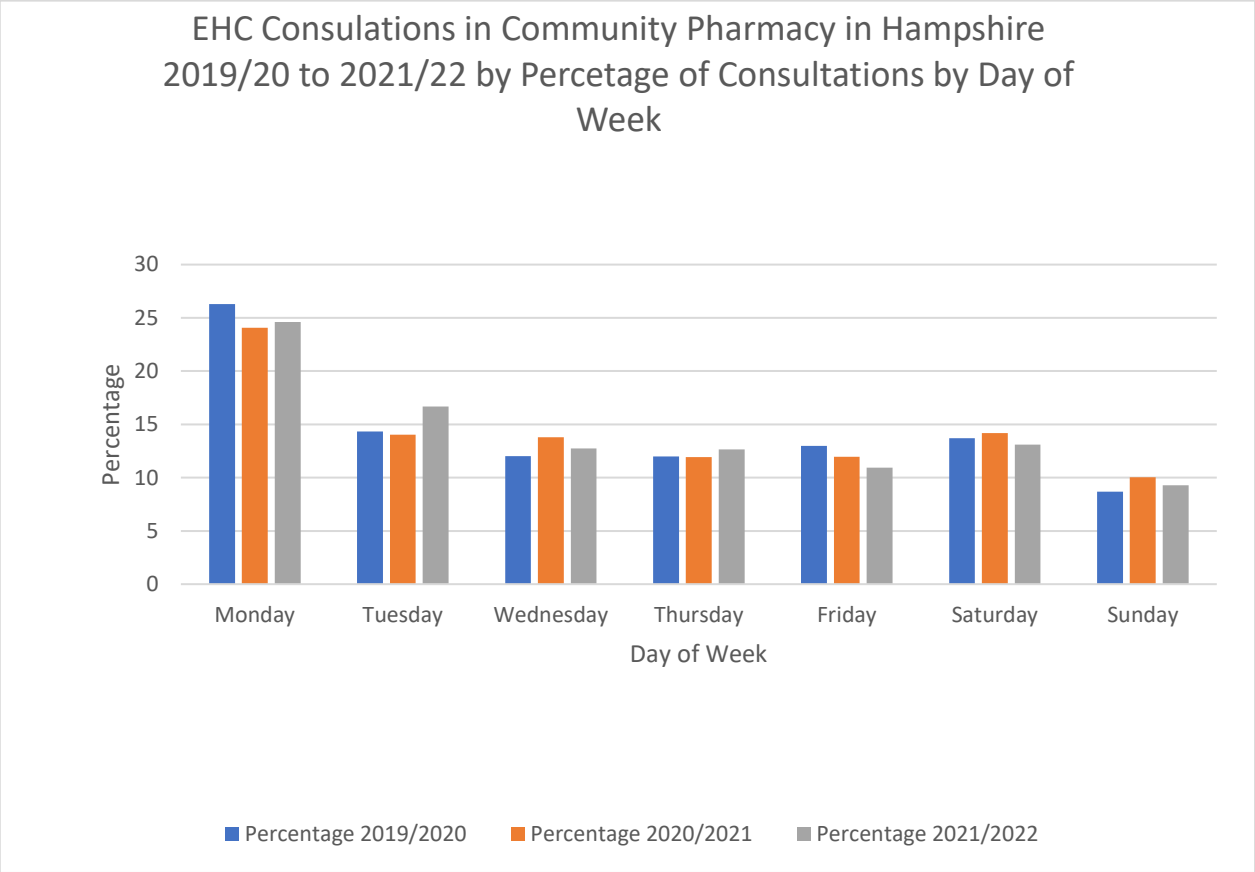


Figure 102: Hampshire EHC Consultations by Day of Week



Isle of Wight

In 2020/21 there were 1029 consultations for EHC within Island Pharmacies contracted to provide the service. This is a decrease from 1331 consultations in 2019/20, likely due to the impact of national lockdown and social distancing measures implemented during the COVID-19 pandemic. In 2021/22 there were 1261 EHC consultations, slightly more than in 2019/20.

Over the past three financial years, the majority of consultations are within the 25–34-year-old age group. Around 64% of consultations were for women aged 19 to 34 years old (Figure 103) and the majority of appointments were carried out on Tuesday (Figure 104)

Figure 103: Isle of Wight EHC Consultations by Percentage Age Bracket

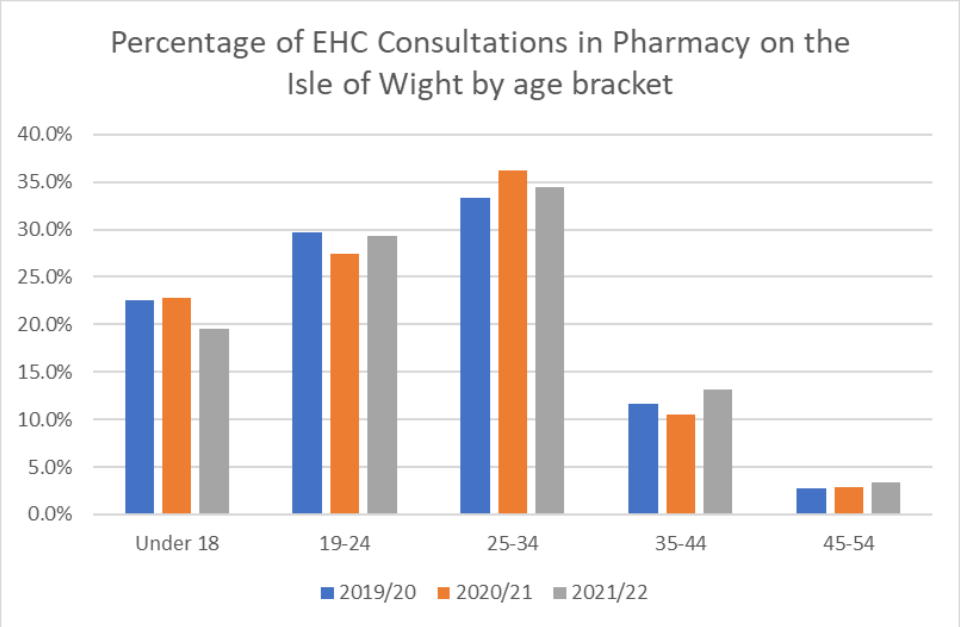
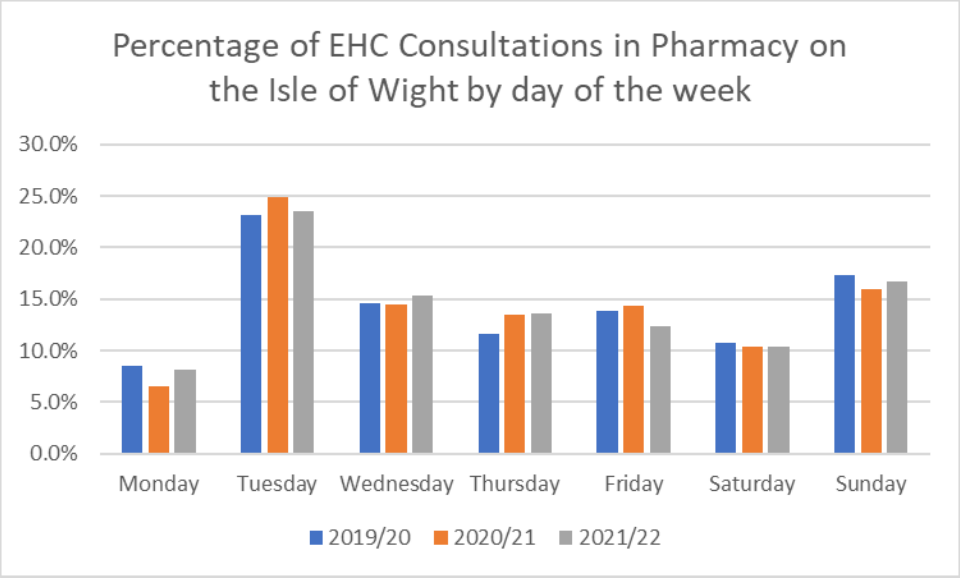


Figure 104: Isle of Wight EHC Consultations by Day of Week



6.3 Termination of Pregnancy (TOP)

The total abortion rate, under 25 years repeat abortion rate, under 25 years abortions after a birth, and over 25 years abortion rates may be indicators of lack of access to good quality contraception services and advice, as well as problems with individual use of contraceptive method. The earlier abortions are performed, the lower the risk of complications. Prompt

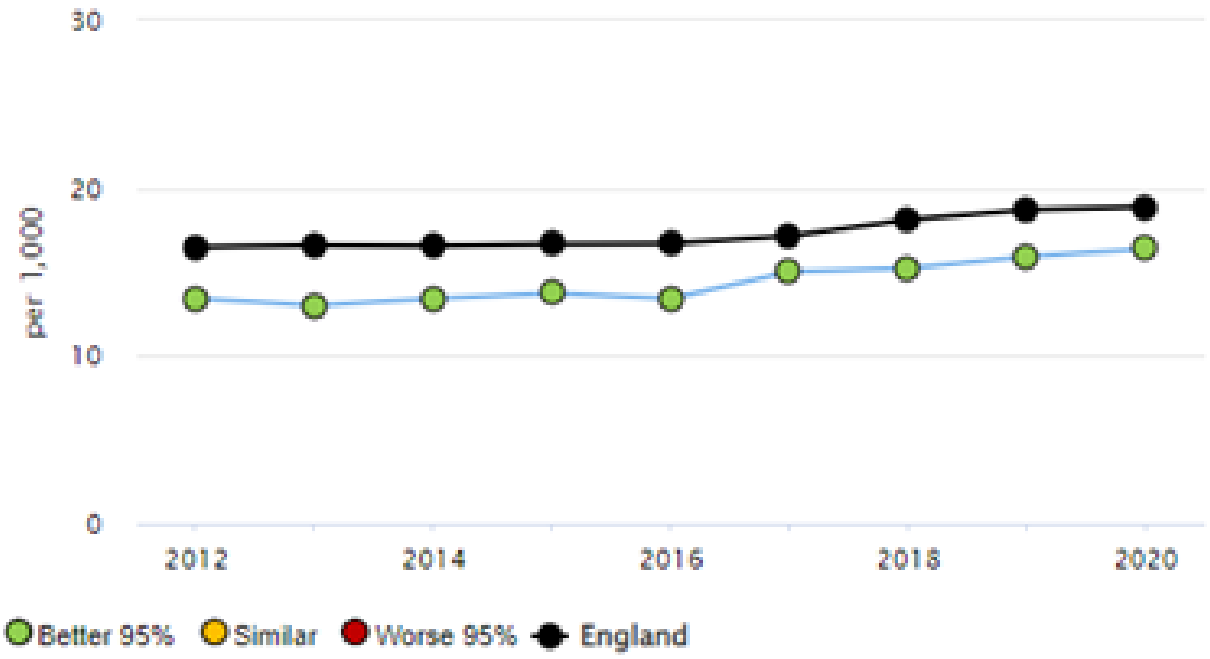
access to abortion, enabling provision earlier in pregnancy, is also cost-effective and an indicator of service quality.

In our Hampshire and Isle of Wight residents survey, 57% of female respondents would access seek abortion advice from their GP, followed by 33% from a Specialist Sexual Health Service[164].

Hampshire

In Hampshire, the total abortion rate has been steadily increasing since 2012 and has remained in line with the England trend for this time period. This is seen in Figure 45. In 2020, the total abortion rate in Hampshire was 16.4 per 1,000 and the England rate was 18.9 per 1,000. The abortion rate seems relatively unaffected by the COVID-19 pandemic as there were 3,686 abortions in Hampshire in 2019, and 3,787 in 2020. However, as seen in Figure 104, the abortion rate in under 18s conceptions may have been affected by the COVID-19 pandemic in Hampshire. A more detailed breakdown of crude abortion rates by age is provided in Figure 105 which shows the changes across time for each age group in both Hampshire and England.

Figure 105: Hampshire total abortion rate (per 1,000 female population aged 15 to 44 years), 2012 to 2020

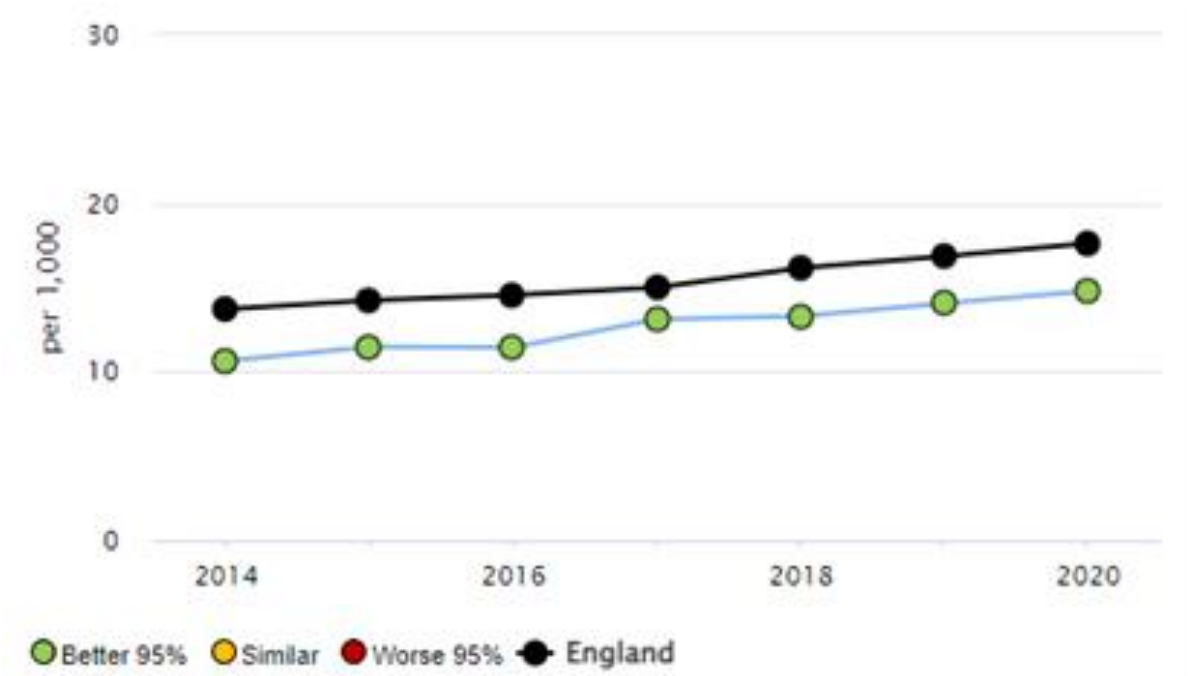


Source: Fingertips[83]

In Hampshire in 2020 the over 25s abortion rate was 14.8 per 1,000, compared to 17.6 per 1,000 in England. This, too, has been steadily increasing since 2014, at which time in Hampshire the rate was 10.6 per 1,000.

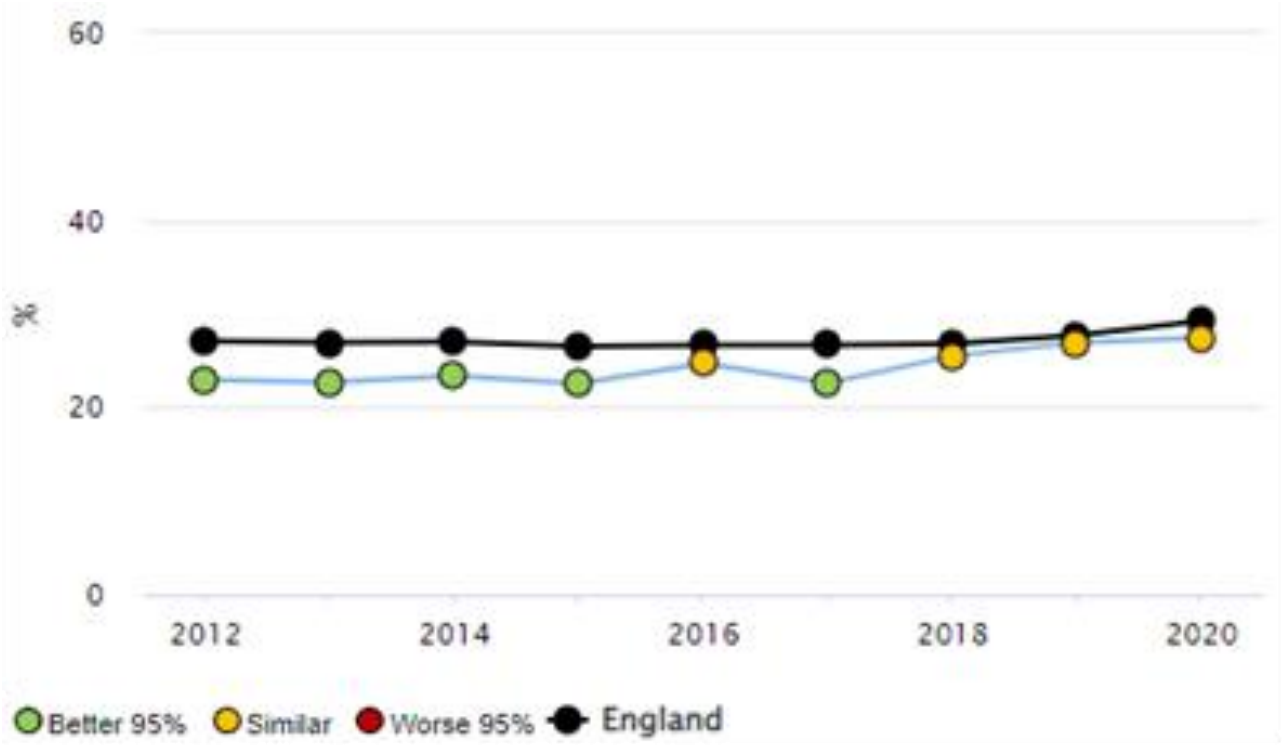
[164] IEU_PH_66_Sexual Health Needs Assessment Insight

Figure 106: Hampshire over 25s abortion rate (per 1,000), 2014 to 2020



In Hampshire, the number of under 25s repeat abortions has not changed significantly in recent years. It has risen from 22.9% in 2012 to 27.4% in 2020 and has converged closer to the England average in this time period. This figure also seems to be unaffected by the COVID-19 pandemic, in 2019 there were 375 under 25s repeat abortions, and in 2020 there were 373.

Figure 107: Hampshire percentage of under 25s repeat abortions

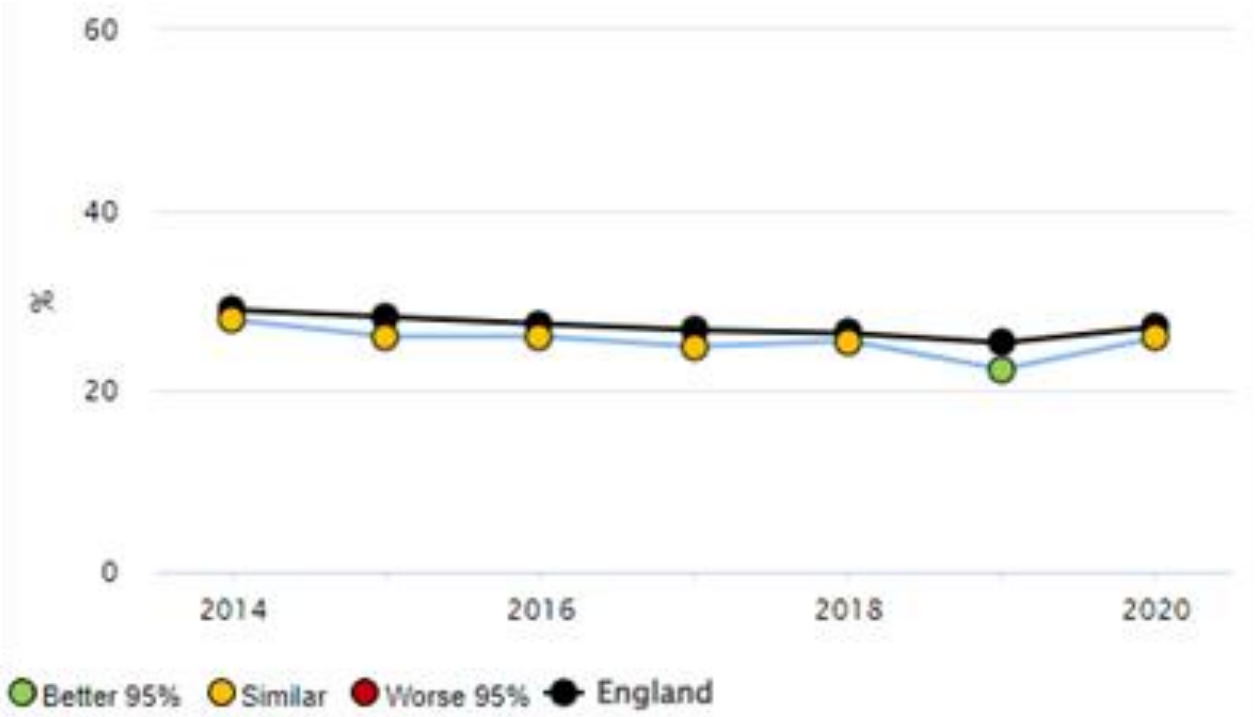


Source: Fingertips[85]

In Hampshire the percentage of under 25s having an abortion, who have previously had a birth, has not significantly changed in recent years. This metric also seems unaffected by the COVID-19 pandemic, in 2019 it was 22.4%, compared to 25.9% in 2020. Hampshire has followed the trend in England since 2014. In England in 2020 the percentage of under 25s having an abortion who have previously had a birth was 27.1%. The aim of this indicator is to increase awareness of post-partum contraception need at the local level. Local authorities can use this indicator to help identify maternity and contraception needs within their area, and work with Clinical Commissioning Groups where appropriate. Unfortunately, data is not available at a level lower than UTLA for this indicator.

Hampshire Hospital Foundation Trust (HHFT) have begun to provide some forms of contraception for postnatal women, these include Progesterone Only Pills, Depo-Provera, and condoms. Both POP and Depo are prescribed by midwifes using a patient group direction.

Figure 108: Hampshire under 25s abortion after a birth (%), 2014 to 2020

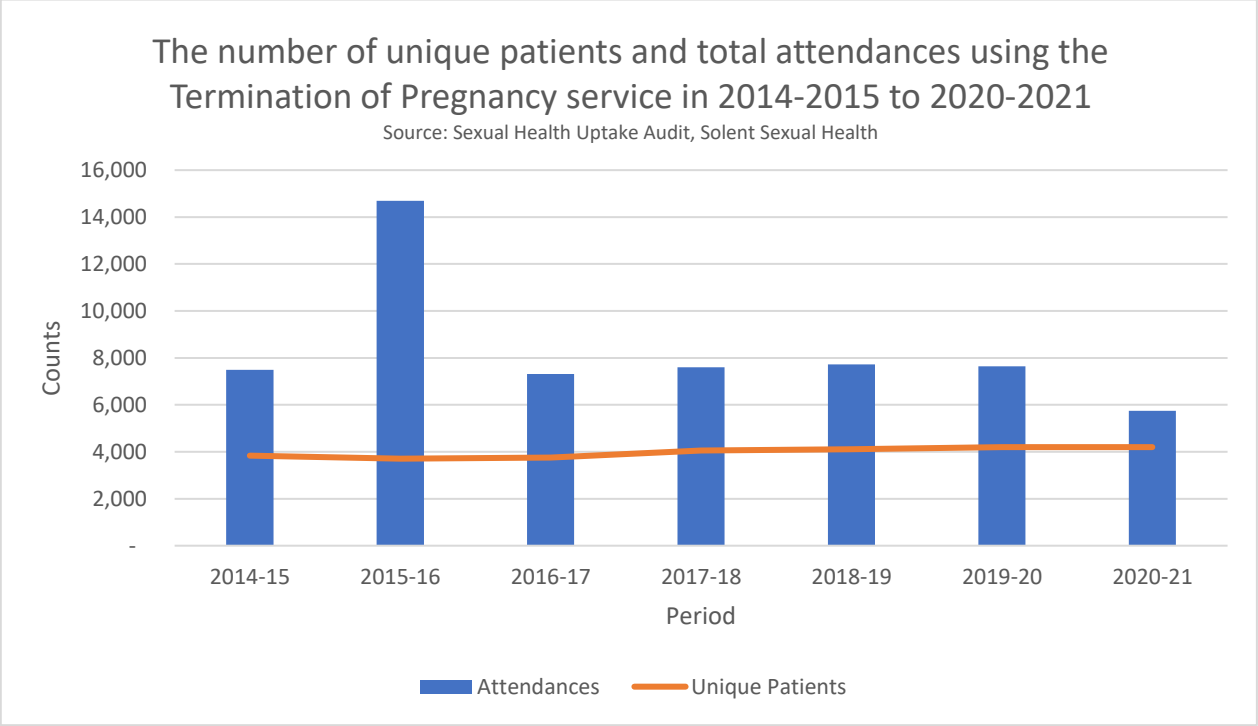


Source: Fingertips[86]

Figure 109: Crude abortion rates per 1,000 women in Hampshire, 2021[87]

Crude Rate per 1,000 women	**Hampshire**				**England**			
	2018	2019	2020	2021	2018	2019	2020	2021
Under 18	*6.7*	*5.9*	*4.4*	*4.9*	*8.1*	*8.0*	*6.8*	*6.5*
18-19	*22.7*	*23.5*	*18.8*	*22.2*	*23.9*	*24.0*	*22.2*	*22.4*
20-24	*27.2*	*28.6*	*31.3*	*28.5*	*29.4*	*30.2*	*29.9*	*30.9*
25-29	*22.2*	*23.3*	*24.5*	*24.7*	*25.4*	*26.3*	*26.4*	*27.3*
30-34	*16.6*	*18.6*	*19.5*	*19.5*	*20.0*	*21.0*	*22.0*	*22.5*
35+	*7.9*	*7.9*	*8.6*	*8.7*	*9.3*	*9.8*	*10.7*	*10.7*
Total women aged 15-44	*15.3 (14.8-15.9)*	*16.1 (12.8-16.2)*	*16.6 (13.7-17.3)*	*16.5 (16.0-17.0)*	*17.5 (17.4-17.5)*	*18.1 (18.0-18.1)*	*18.3 (18.2-18.4)*	*18.7 (18.6-18.8)*

Figure 110: Termination of Pregnancy Trends, 2014 to 2021, Hampshire Residents[165]

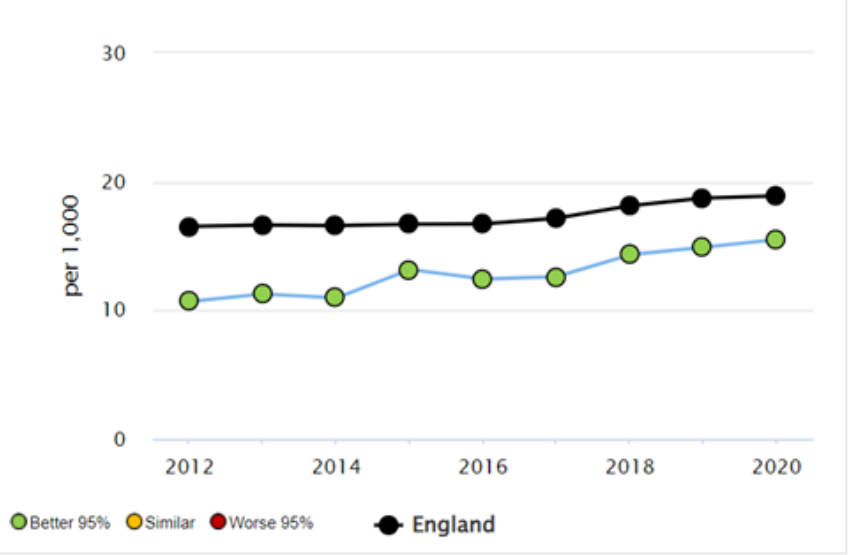


Isle of Wight

The total abortion rate for the Isle of Wight is 15.5 per 1,000, this equates to 304 abortions in 2020[63]. This is statistically significantly better than the England rate of 18.9 per 1,000 and statistically similar to the CIPFA nearest neighbours average of 17.0 per 1,000. However, the trend in Figure 111 shows the total abortion rate for the Isle of Wight has been increasing over time, with a much lower rate in 2012, 10.7 per 1,000.

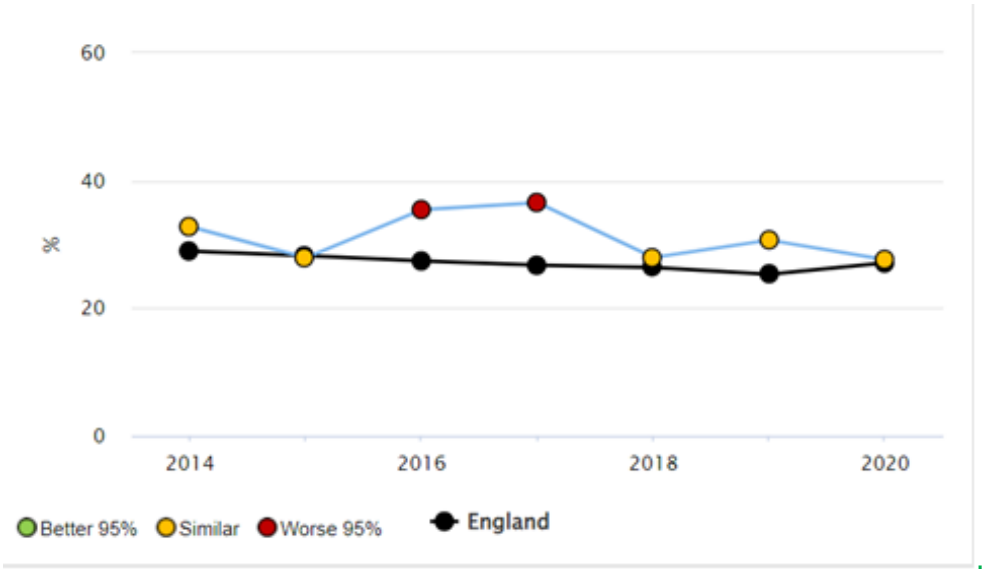
[165] Sexual Health Equity Audit Data, Solent NHS Trust,

Figure 111: Total abortion rate per 1,000 in the Isle of Wight, 2012 to 2020[64]



In 2020, in the Isle of Wight 27.6% of under 25s having had an abortion had previously given birth[66]. This is statistically similar to the England percentage of 27.1% and the CIPFA nearest neighbours average of 28.0%. This suggests that more could be done to increase awareness of post-partum contraception need.

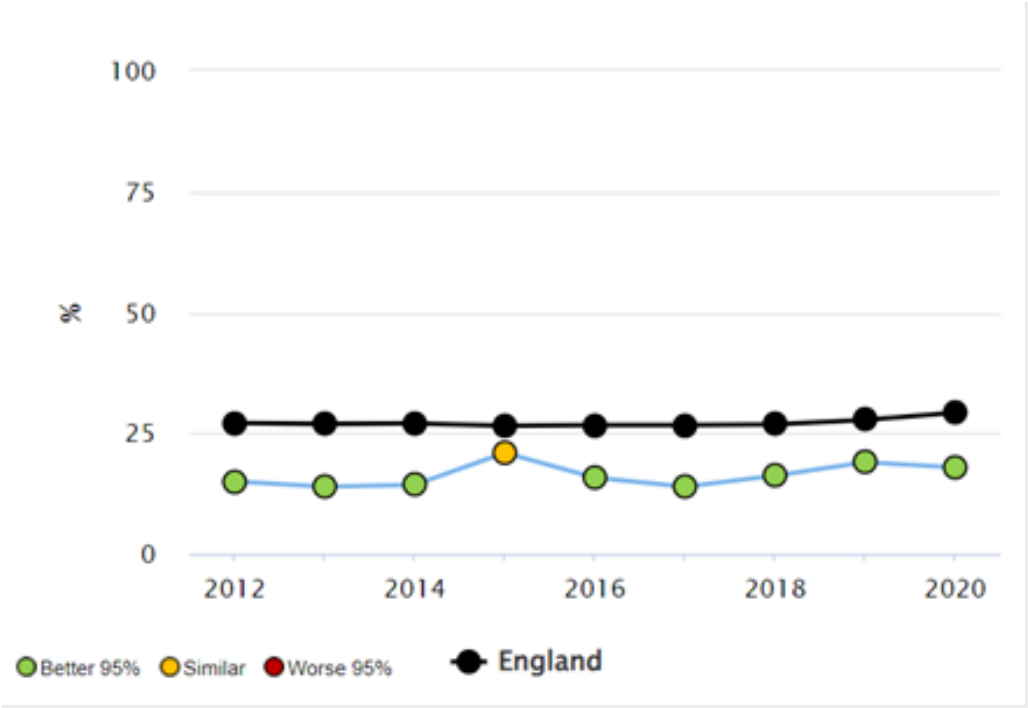
Figure 112: Under 25's abortion after a birth (%) in the Isle of Wight, 2014-2020



Source: Fingertips[67]

Similarly, the Isle of Wight's percentage of under 25 repeat abortions was 17.9%[68]. This is statistically significantly lower than the England percentage of 29.2% and the CIPFA nearest neighbours average of 26.3%. There has been no significant change since 2012.

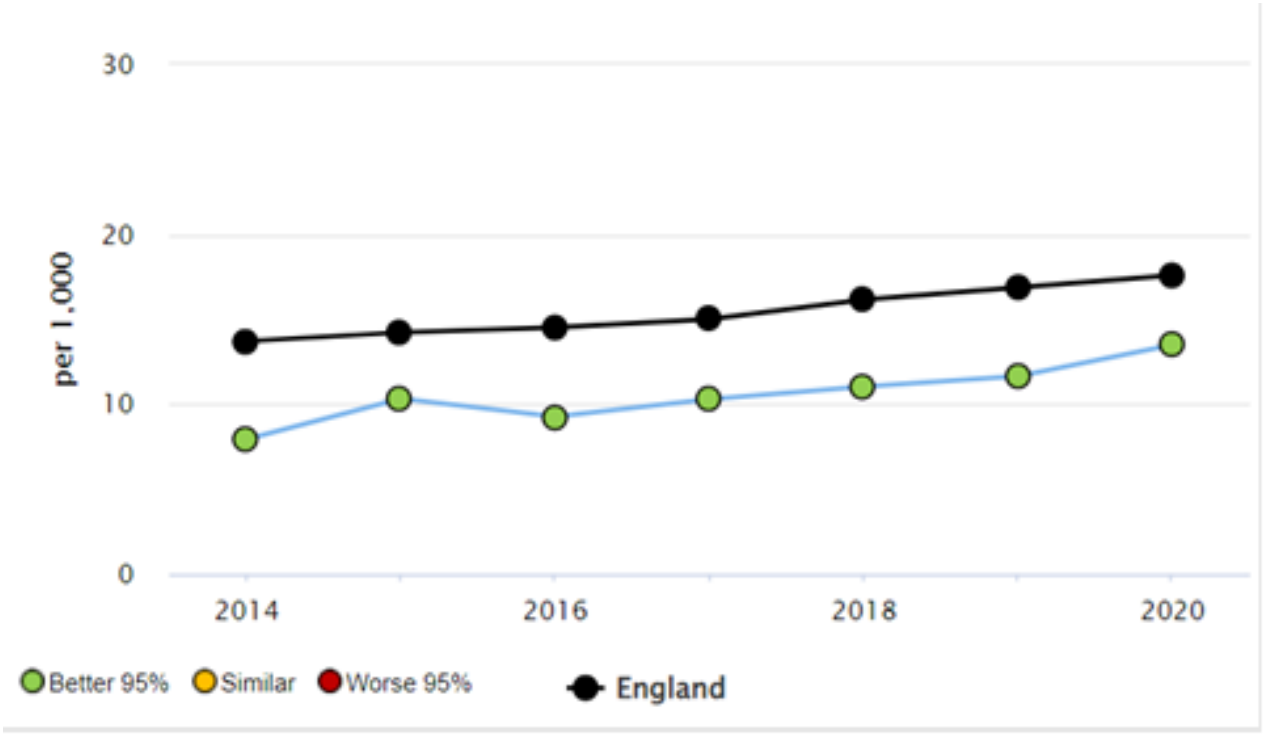
Figure 113: Under 25 repeat abortions (%) in the Isle of Wight, 2012 to 2020



Source: Fingertips[69]

In 2020 in the Isle of Wight the over 25s abortion rate was 13.5 per 1,000[70]. This was statistically significantly better than the England rate of 17.6 per 1,000 and statistically similar to the CIPFA nearest neighbours average of 15.1 per 1,000. However, the trend shows that the rate is increasing in the Isle of Wight from 7.9 per 1,000 in 2014.

Figure 114: Over 25s abortion rate per 1,000 in the Isle of Wight, 2014 to 2020



Source: Fingertips[71]

Abortions by age[72]

Crude abortion rates have changed in each age group since 2018 in the Isle of Wight. Under 18 rates have fluctuated, with a rate of 7.9 per 1,000 in 2021 which is higher than the England rate. The 18-19 age group have had declining abortion rates, mirroring the England pattern, to 21.4 per 1,000 in 2021. The 20-24 crude abortion rates were rising from 2018 to 2020, before declining in 2021 to 25.8 per 1,000.

25-29 crude abortion rates have increased the most from 18.5 per 1,000 in 2018 to 27.9 per 1,000 in 2021, which is similar to the rate for England. However, the England rate for this age group has not changed that much across the time periods, compared to the Isle of Wight.

Similarly, the 30-34 age group has also experienced a rise in abortion rates from 12.4 per 1,000 in 2018 to 20.1 per 1,000 in 2021. An increasing trend is also evident in the England rates but at a much slower rate.

In 2021 crude abortion rates were the lowest in the 35+ age group, at 7.5 per 1,000. This is different to England where the lowest abortion rate occurs in the Under 18 age group.

Figure 115: Crude abortion rates per 1,000 women in the Isle of Wight and England, 2018 to 2021[73]

Crude abortion Rate per 1,000 women	**Isle of Wight**				**England**			
	2018	2019	2020	2021	2018	2019	2020	2021
Under 18	6.6	10.0	4.5	7.9	8.1	8.0	6.8	6.5
18-19	27.7	24.4	22.4	21.4	23.9	24.0	22.2	22.4
20-24	26.9	27.6	28.4	25.8	29.4	30.2	29.9	30.9
25-29	18.5	19.3	17.1	27.9	25.4	26.3	26.4	27.3
30-34	12.4	17.8	21.2	20.1	20.0	21.0	22.0	22.5
35+	6.6	4.9	8.2	7.5	9.3	9.8	10.7	10.7
Total women aged 15-44	13.7 (12.1-15.4)	14.4 (12.8-16.2)	15.4 (13.7-17.3)	16.5 (14.8-18.4)	17.5 (17.4-17.5)	18.1 (18.0-18.1)	18.3 (18.2-18.4)	18.7 (18.6-18.8)

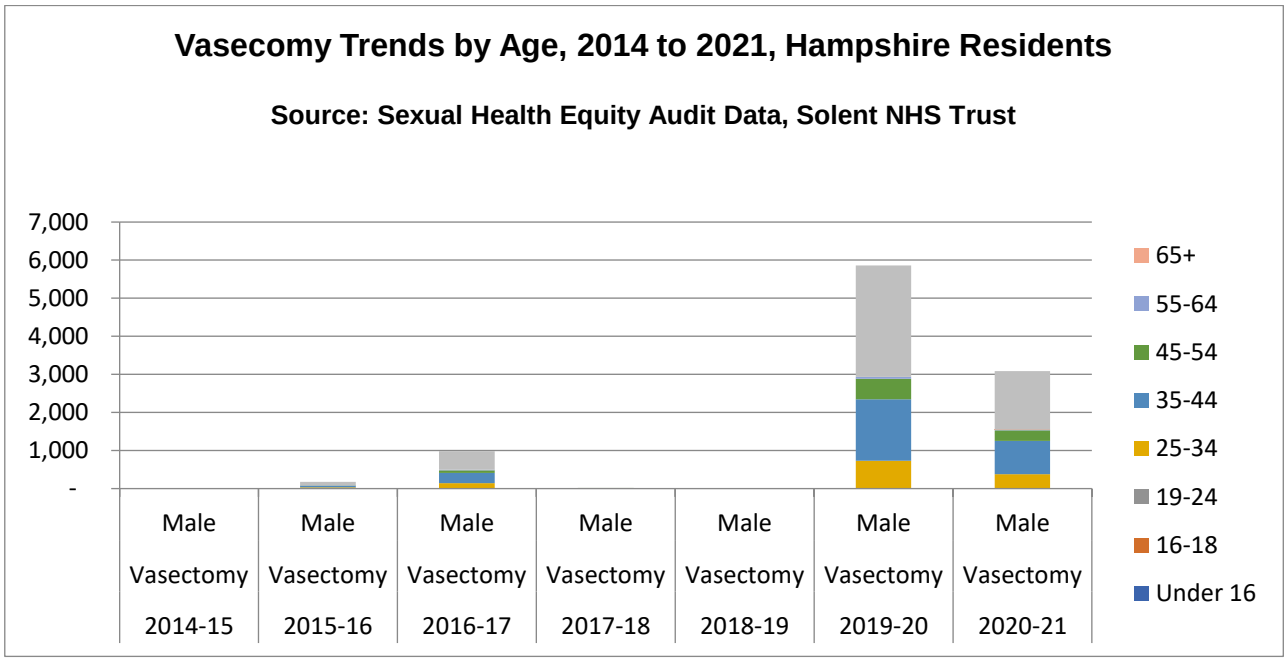
6.4 Vasectomy

Vasectomy (male sterilisation) is a surgical procedure to permanently prevent pregnancy and is 99% effective[166]. In our Hampshire and Isle of Wight residents survey, 5% of male respondents would seek vasectomy advice from their GP, followed by 15% from a Specialist Sexual Health Service[167].

Hampshire

Solent NHS Trust Sexual Health Service is the single provider of vasectomies for all men in Hampshire.[168].

Figure 116: Vasectomy Trends by Age, 2014 to 2021, Hampshire Residents



Isle of Wight

The Isle of Wight vasectomy service commissioned by the ICB and is provided by MSI UK Reproductive Choices[169]. As this service is currently commissioned by the ICB and does not form part of the Integrated Sexual Health Service data is not currently available. The activity data has been requested from the ICB Commissioner.

[166] Vasectomy (male sterilisation) - NHS (www.nhs.uk)
[167] IEU_PH_66_Sexual Health Needs Assessment Insight
[168] Vasectomy Referral - Let's Talk about It (letstalkaboutit.nhs.uk)
[169] MSI Choices Isle of Wight Vasectomy Clinic | MSI Reproductive Choices UK

Section 7: Prevention

7. Prevention

Health promotion and disease prevention through population-based interventions, including action to reduce health inequalities, aim to prevent poor sexual and reproductive health outcomes[170]. The three levels of prevention are[171]:

> **Primary prevention:** Taking action to reduce the incidence of disease and health problems within the population, either through universal measures that reduce lifestyle risks and their causes or by targeting high-risk groups.
>
> **Secondary prevention**: Systematically detecting the early stages of disease and intervening before full symptoms develop.
>
> **Tertiary prevention**: Softening the impact of an ongoing illness or injury that has lasting effects. This is done by helping people manage long-term, often-complex health problems in order to improve as much as possible their ability to function, their quality of life and their life expectancy.

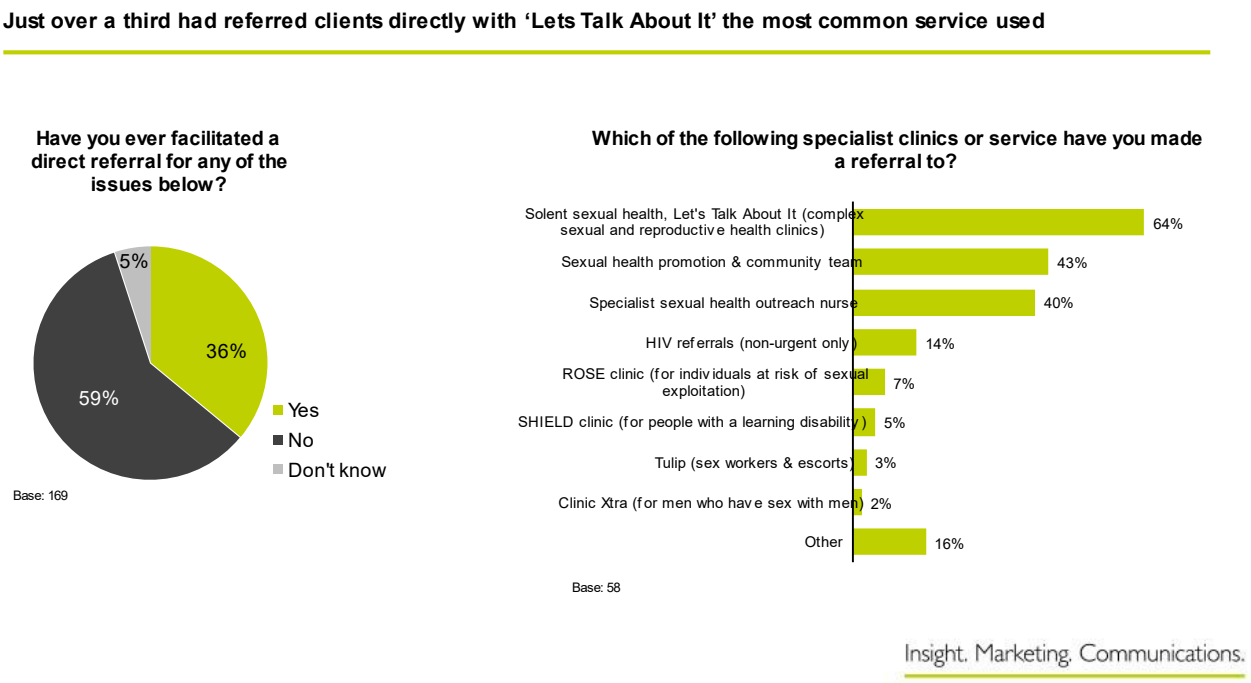
The Hampshire and Isle of Wight workforce survey found that 36% of respondents were aware of relevant services for their clients and had made a direct referral to the Sexual Health Service (Figure 117) which suggests an awareness of prevention services. However, 59% had not made any referrals. Therefore, consideration of a communications campaign may be beneficial to raise awareness of preventative services available in Hampshire and the Isle of Wight to ensure the workforce is confident to make appropriate referrals to specialist SHS. There is a National Health Promotion Programme for Sexual Health and Reproductive Health, Sexwise provided by the FPA which focuses on prevention[172].

[170] WHO EMRO | Health promotion and disease prevention through population-based interventions, including action to address social determinants and health inequity | Public health functions | About WHO

[171] Prevention | Local Government Association

[172] Let's talk about sex! | Sexwise

Figure 117: Summary of Sexual and Reproductive Health Referrals to Services: Workforce Survey



7.1 Sexual Health Promotion Service

Health promotion is the process of empowering people to increase control over their health and its determinants through health literacy efforts and multisectoral action to increase healthy behaviours. This process includes activities for communities or for populations at increased risk of negative health outcomes. Health promotion aims to address behavioural risk factors for poor sexual and reproductive health.[173]

Solent NHS Trust Sexual Health Promotion and Network Team provide services in the community which aims to improve the Sexual and Reproductive Health Public Health Outcomes Framework indicators, by:

- Prevention of STI transmission
- Reducing the late diagnosis of HIV
- Providing targeted One to One Support and Group Work
- Reducing teenage pregnancy
- Relationships and Sex Education

Reducing the late diagnosis of HIV

Solent NHS Trust Sexual Health Promotion and Network Team work with communities and professionals to increase knowledge about HIV prevention and to provide access to rapid

[173] WHO EMRO | Health promotion and disease prevention through population-based interventions, including action to address social determinants and health inequity | Public health functions | About WHO

HIV testing. They support Faith Leaders and Barbershops to promote safer sex messages about STI prevention including PrEP, testing and increased access to condoms.

One to One Support and Group Work

One to One Support and Group Work is commissioned to be provided for at risk groups in the population, such as those that are disproportionately affected by poor sexual health outcomes.

Sexual health promotion and HIV prevention sessions are delivered to support young people (under 25 year olds) at risk of poor sexual health outcomes and to LGBT young people (aged 16-24 year olds/19 years plus with additional vulnerabilities)

The Sexual Health Promotion and Network Team are commissioned to provide Intensive one to one behaviour change sessions (up to 6 sessions per individual) with young people with an annual target of 250 sessions in Hampshire and 30 on the Isle of Wight. The service also provided almost 4,000 brief interventions with Hampshire young people and over 250 brief interventions with Isle of Wight young people in 2021/22. Brief interventions and Intensive behaviour change sessions are delivered to Gay, Bisexual or other men who have sex with men with an annual target of 48 in Hampshire. Work is ongoing on the Isle of Wight to make links with these groups.

Reducing Teenage Pregnancy

The Sexual Health Promotion and Network Team provide targeted Relationships and Sex Education (RSE) programmes. In Hampshire, the SHP team deliver a targeted single gender RSE programme called ‘Let’s Talk RSE’ (previously called Girl Talk, Boy Talk (GTBT), in partnerships with No Limits. Let’s Talk RSE is an evidence-based educational programme for young people which is delivered by trained facilitators over 5-7 sessions depending on the needs of the young people.

In Hampshire, they are commissioned to provide a minimum of 20 programmes, to schools in high-rate teenage conception areas or areas with an identified need. In 2020/21 the service reported providing 32 programmes to Hampshire schools.

On the Isle of Wight, the SHP are commissioned to deliver a minimum of seven Let’s Talk RSE programmes to Island schools. In 2020/21, despite being engaged with a number of schools, the service did not deliver any programmes on the Isle of Wight. This offer to deliver Let Talk RSE was new for Isle of Wight schools in 2020/21 so a lack of previous experience of the programme and the very new relationship with SHP team may have limited the uptake. Another factor that is likely to have contributed to this is that during stages of theCOVID-19 pandemic many Schools were not opening to visitors due to national social distancing measures.

The Let’s Talk RSE programme contributes to and enhances the wider PSHE programme as part of the curriculum rather than replacing classroom-based lessons. Smaller group sizes with sessions over 5-7 weeks allow students to build relationships with each other and the facilitator. The safe environment encourages their questions for them to make positive lifestyle choices around relationships and sexual health.

Relationships and Sex Education

The Sexual Health Promotion and Network Team in partnership with Hampshire County Council Children's Services workforce development team deliver an annual Relationships and Sex Education training plan for all practitioners that are working with Hampshire's children and young people. This training supports practitioners to discuss relationships, sexual and reproductive health with young people and provide brief interventions, including the delivery of the free 'Get it On' Condom Card (C-Card) scheme.

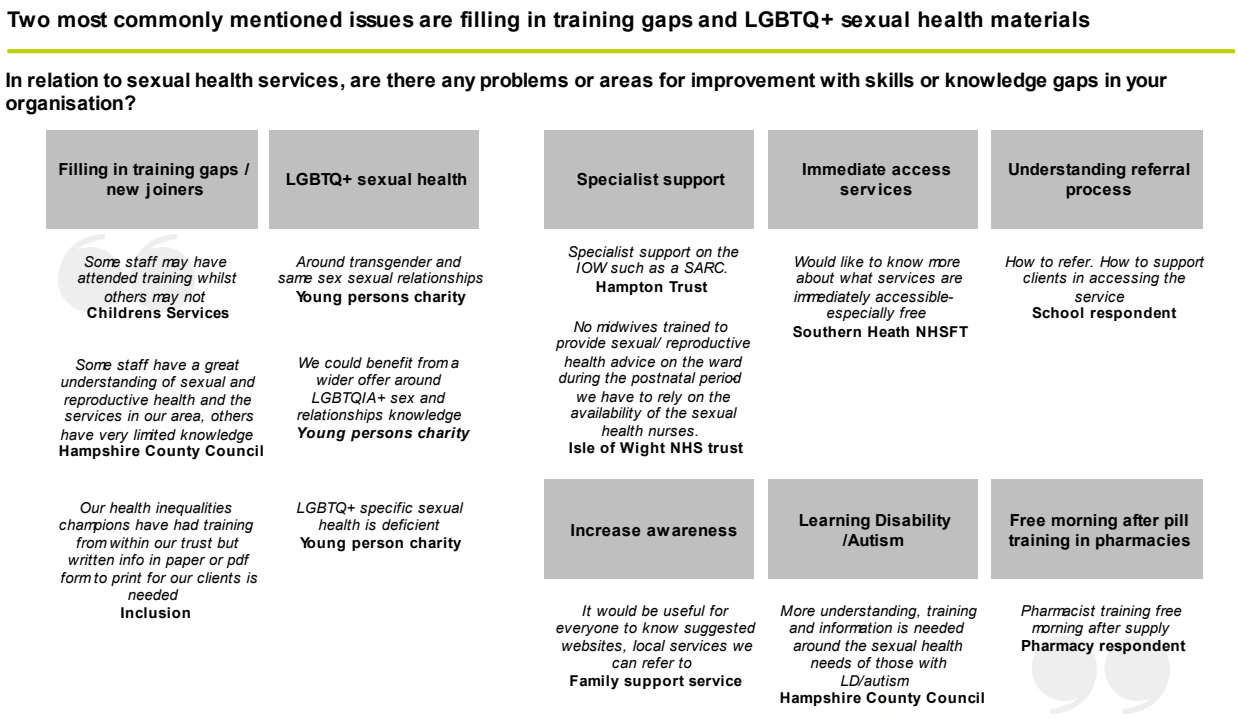
During 2022/23 the professional RSE training has been delivered as a hybrid course in Hampshire, having moved to virtual delivery during the COVID-19 Pandemic. In Hampshire day 1 is delivered virtually and day 2 as face to face. There are 5 courses of 2 days to be delivered during 2022/23 with up to 22 participants on each course. Additional training is provided on the Let's Talk RSE programme, LGBT+ Awareness and pregnancy testing workshops.

The sexual health promotion and network team also provide regular webinars to local practitioners to address identified issues such as:

- EHC training for pharmacists
- HIV webinar for professionals working in education
- Professionals supporting young people – sexual health
- Professionals working in secondary education – sexual health
- Let's Talk Relationships and Sex programme
- LGBTQIA webinar

Our workforce survey showed that some staff and organisations had a good understanding of sexual and reproductive health services, however others had very limited knowledge and there was a gap in knowledge for LGBTQ+ specific sexual health. It was cited that it would be useful for everyone to know suggested websites and local services they can refer people to.

Figure 118: Summary of Training Gaps: Workforce Survey



7.2 Relationship and Sex Education (RSE) in Schools

Relationships and sex education is learning about the emotional, social, and physical aspects of human development, relationships, sexuality, wellbeing, and sexual health. All young people need comprehensive RSE and easy access to services to develop healthy, consensual relationships, prevent unplanned pregnancy and protect their sexual health. Education settings are the main places providing RSE. In September 2020 relationships education in primary schools, RSE in secondary schools, and health education in both primary and secondary became statutory in all schools. This includes academies, free schools, faith schools and the independent sector. Statutory guidance was published in 2019[174]. The guidance states that it is mandatory for secondary education settings to have a relationships and sex education policy and primary education settings must have a relationship policy. Although sex education is not compulsory in primary schools, the Department of Education continues to recommend that all primary schools have a sex education programme tailored to the age and physical and emotional maturity of pupils.

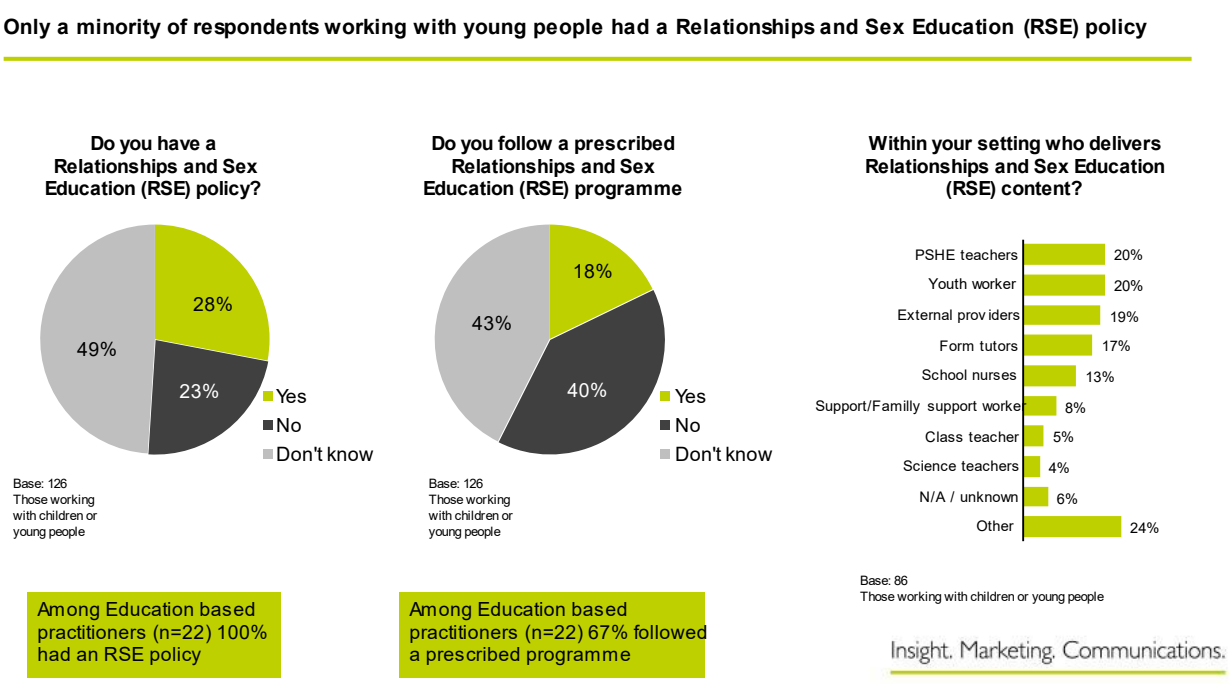
Independent and published research from a wide range of academic and credible sources in the UK and internationally demonstrate that RSE contributes to improved physical and mental health for young people. When they have received RSE, young people are[175]:

- More likely to seek help or speak out.
- More likely to practice safe sex and have improved health outcomes.

[174] Relationships and sex education (RSE) and health education - GOV.UK (www.gov.uk)
[175] RSE The Evidence - two page summary.pdf (sexeducationforum.org.uk)

- More likely to have consented to first sex, and for first sex to happen at an older age.
- More likely to understand digital safety in regard to relationships and sex.
- More knowledgeable and aware of discrimination, gender equity and sexual rights.
- Less likely to be a victim or perpetrator of sexual violence.

Figure 119: Relationship and Sex (RSE) Policy – Workforce Survey Summary



Our workforce survey showed that all education based practitioners who took part had an RSE policy and 67% followed a prescribed programme of study.

In Hampshire Relationships Education, Relationships and Sex Education and Health Education are supported through the Hampshire Inspection and Advisory Service (HIAS) and Hampshire Health in Education (HHiE). Schools are supported by HIAS through Personal Development and Learning (PDL) network meetings and newsletters.

Hampshire Health in Education is a public health programme for school settings in Hampshire which aims to support settings to take a whole setting approach to health and wellbeing supporting children, young people, and their families, providing information, teaching resources and training on a range of health issues. HHiE have developed 9 free e-learning modules with input from local school staff which includes a module of Relationships and sex education.

Between November 2021 and January 2022, HHiE surveyed 3966 students in years 5, 7, and 10, and 466 members of staff from early years to further education. This was the second round of the survey, which was co-designed with students and staff and launched by Public Health and Education & Inclusion teams in 2019. The sample was self-selecting (not randomly sampled) so the results should be treated as indicative of the views of students and staff, rather than representative of what everyone thinks.

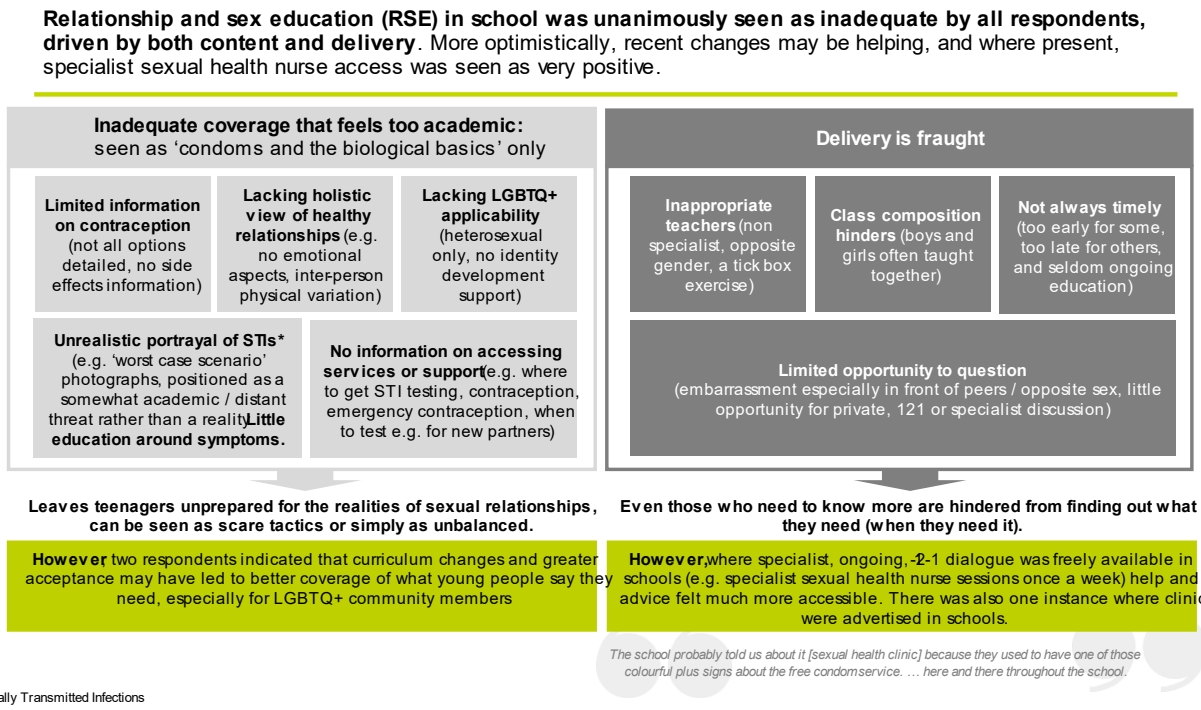
Key findings in response to relationships and sexual health were:

- There was generally a high understanding of consent, although this was lower amongst year 7 students, those not living with their parents, and those receiving extra help in lessons.
- There was generally a high awareness of contraception and how to protect from STIs, but lower awareness of how to access sexual health services – especially amongst students who were non-binary, from an ethnic minority, or young carers.
- 21% of year 10 students, and 59% of non-binary students, said they worried about their sexuality or gender identity compared to just 6% of the overall sample.
- Students rated information available at school about health, online safety, and relationships highly, but information on substance use, sexual education and sleep were seen as less helpful.
- Staff rated their knowledge and confidence to teach sex education highly. While fewer felt their knowledge of LGBT+ topics was up to date, most still felt confident teaching the subject, when compared to other areas of health.
- Training was seen by staff as the thing most needed to improve RSE support in schools.

Isle of Wight schools are similarly supported by HIAS for Relationships Education, Relationships and Sex Education and Health Education through Personal Development and Learning (PDL) network meetings and newsletters.

Island schools are also supported by the Partnership for Education, Attainment and Children's Health (PEACH). PEACH, led by the Isle of Wight Public Health team, is a whole school approach which aims to support schools in improving educational outcomes by supporting the promotion of healthy behaviours in students, reducing health inequalities and inspiring development of health-promoting environments. PEACH works with Isle of Wight schools in establishing health and wellbeing focussed procedures and policies, recognising health promotion related activity by way of an award system based on the PEACH framework. The Isle of Wight PEACH programme supports local delivery of RSE.

Figure 120: Feedback from Young Parents and LGBTQ Focus Groups



Our young parent and LGBTQ focus groups told us RSE didn't cover LGBTQ+ issues and focused on the biology and condoms only and they felt they were not well prepared for adult sexual relationships. They reported that the school education they received didn't provide information on signs and symptoms of STIs, where to access contraception and sexual health support or emergency contraception or condoms. The groups stated it was a positive experience to have external visitors and one to one support and specialist sexual health nurse clinics in school/college.

For the LGBTQ+ group it was reported that youth support services were a source of positive information to cover RSE that they felt was missing in schools. Young parents didn't feel that there was this same support service for them in the same way the LGBTQ+ group spoke of youth support services.

7.3 Psychosexual Counselling

Psychosexual Counselling Services are commissioned by Hampshire County Council and Isle of Wight Council for their residents. Psychosexual Counselling Services provide help for residents presenting with problems of sexual dysfunction. According to the World Health Organisation International Classification of Diseases (ICD10)[176] "sexual dysfunction covers the various ways in which an individual is unable to participate in a sexual relationship as they would wish". Due to the complex and multi-faceted aspects of psychosexual problems this service is referral-only from General Practice as diagnosis requires an initial discussion with a doctor to confirm or rule out a physical cause. Although commissioned by the Local Authorities in Hampshire and the Isle of Wight the Guidance from gov.uk on national guidance on Commissioning local HIV sexual and reproductive health services (updated) 2018 states

[176] World Health Organisation ICD-10 Version 2019 ICD-10 Version:2019 (who.int)

that CCGs (ICBs) are responsible for commissioning non-sexual-health elements of psychosexual health services[177].

The psychosexual service commissioned by Hampshire and Isle of Wight Councils and provided by the specialist sexual health service is for residents aged 16 years and over, and their associated partner, who have been referred by their GP for the management of the following psychosexual conditions:

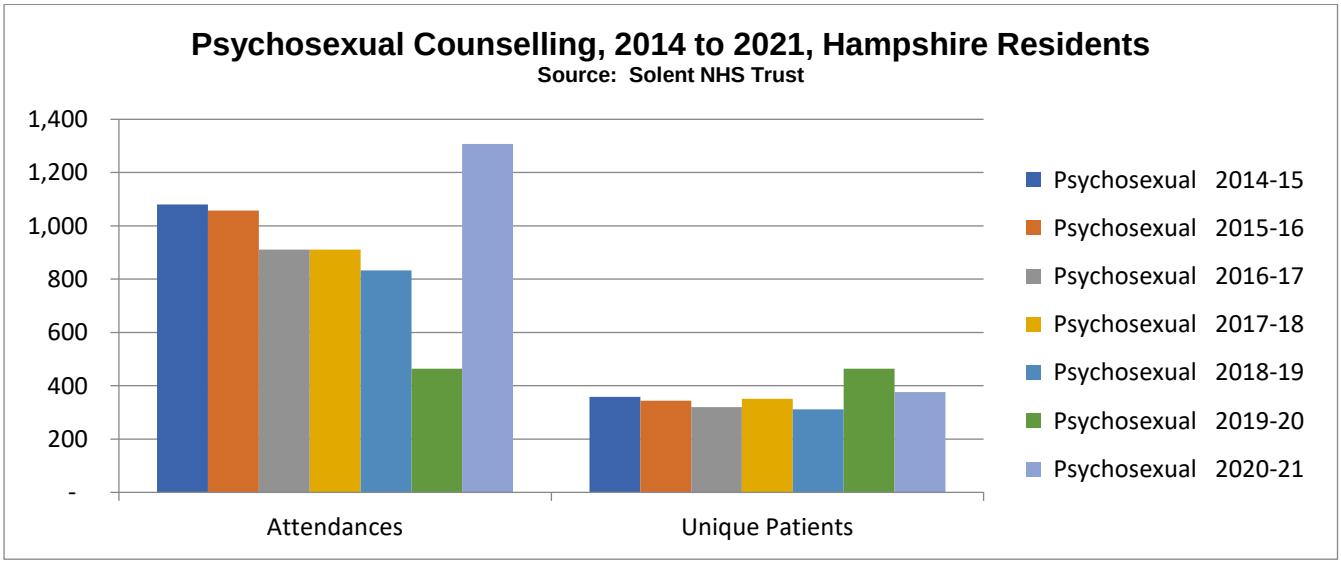
- Low sexual desire / lack or loss of libido
- Non-consummation
- Non-Orgasmic problems
- Vaginismus
- Dyspareunia / Vulvodynia
- Ejaculatory control - premature / retarded

**Erectile dysfunction may be considered, following medical treatment in primary care in line with clinical protocols.*

The service will provide short to medium term therapy and offer as routine 6 sessions.

In our Hampshire and Isle of Wight residents survey, 51% of respondents (*n=297*) would seek psychosexual counselling advice from their GP, followed by 29% from a Specialist Sexual Health Service[178].

Figure 121: Psychosexual Counselling, 2014 to 2021, Hampshire Residents



[177] Guidance, Commissioning local HIV sexual and reproductive health service, Gov.UK, revised 2018 Commissioning local HIV sexual and reproductive health services - GOV.UK (www.gov.uk)
[178] IEU_PH_66_Sexual Health Needs Assessment Insight

Isle of Wight

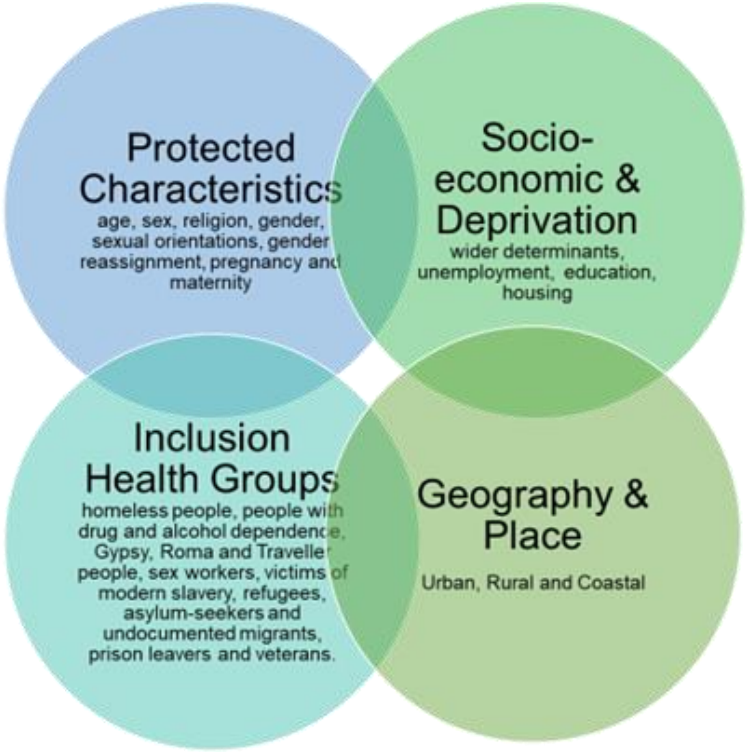
A very small number of residents accessed the psychosexual counselling service on the Isle of Wight during 2020/21 (fewer than 20). This could be due to this being a relatively new service offer for residents and may indicate a training need for GPs to understand referral pathways.

Section 8: Health Inequalities

8. Health Inequalities

Health inequalities are “unfair and avoidable differences in health across populations and between different groups within society” (The King’s Fund 2020). These inequalities are complex and rooted in society, but they can also be prevented. The dimensions of health inequalities are overlapping, as shown Figure 122. At a national level, it is known that there is variation in sexual and reproductive health outcomes across each of the dimensions of health inequalities. Inequalities in uptake of or access to interventions can make inequalities in sexual and reproductive health worse.

Figure 122: Dimensions of Health Inequalities



Variations in outcomes are evident in many aspects of sexual and reproductive health, between and within local areas and populations or communities. Some of these differences have a clear relationship with social and health inequalities; and may be impacted by differences in behaviour, social networks, and risk exposures. Others may indicate geographic variation in local populations’ demographics or in access to, and use of sexual and reproductive health services, or in the availability and provision of interventions[179]. The PHE publication, Place-based approaches to reducing health inequalities recommends taking whole-system at-scale action on health inequalities, this means drawing together civic activity, services and community centered approaches in ways that are sensitive to local needs and priorities[180].

[179] Variation in outcomes in sexual and reproductive health in England 2021 (publishing.service.gov.uk)

[180] Health disparities and health inequalities: applying All Our Health - GOV.UK (www.gov.uk)

8.1 Inclusion Health Groups

Inclusion health is a 'catch-all' term used to describe people who are socially excluded, typically experience multiple overlapping risk factors for poor health (such as poverty, violence, and complex trauma), experience stigma and discrimination. People in Inclusion Health Groups[181] face multiple disadvantage which negatively affect their health and wellbeing and may be included in one or more groups, which can compound inequality. These experiences frequently lead to barriers in access to healthcare and extremely poor health outcomes[182]. Further details can be in the JSNA Inclusion Health Groups Reports for Hampshire, Districts, and Isle of Wight.

8.1.1 Sex Workers

The internet, social media and mobile communication technology have all had an impact on how sex work is advertised, accessed, and delivered. There are typically three types of sex workers, those who work on the street, those who work in massage parlours, and those who advertise online. It is also important to note the distinction between consensual and non-consensual sex work. Non-consensual sex work can fall under sexual exploitation and trafficking and is likely to have different health outcomes than consensual sex work.

Online advertising demographics - Hampshire Constabulary data taken from the first 50 adverts on four adult services websites in February 2022 shows that most adverts are for people aged 18-29 (63%), 27% are for 30–39-year-olds. 1% of adverts have an unknown age, and no adverts have the age listed as below 18. Some of these advertisements will be duplicates with the same sex workers being advertised under different descriptions, and it is important to note that sex workers who are trying to attract business by advertising online are likely to advertise as what is popular, not necessarily what is true. Ages and nationalities are frequently changed to suit potential customers. There were 32 nationalities recorded within these 50 adverts.

People engaged in sex work demographics – The definition used for this data is people recorded on police systems as engaged in sex work, which is the exchange of money or goods for sexual services or erotic performances, either regularly or occasionally. Like all data on sex workers, Hampshire Constabulary data is unlikely to represent an accurate picture. Hampshire Constabulary data shows that most people are aged 18-39 years (76%). Again, no people were below the age of 18 as child sexual exploitation was not included in this data. For nearly one fifth of sex workers there is no nationality recorded. For those who did have nationality recorded, there were only four nationalities, much lower than the 32 nationalities recorded on the adult services websites.

The L3 sexual and reproductive health service provides TULIP walk-in clinics for individuals involved in commercial sex work, such as sex workers and escorts. Currently there are four TULIP walk-in clinics in Hampshire, in Aldershot, Basingstoke, Portsmouth and Southampton which are accessible for Hampshire and Isle of Wight residents. The 2020/21 annual uptake audit from Solent NHS Trust Sexual Health Service reported that there were 25 Hampshire residents accessing the TULIP clinics at the Andover Centre for Health, Basingstoke, Royal South Hampshire, and St Mary's Hospital clinics. Isle of Wight data will be added shortly.

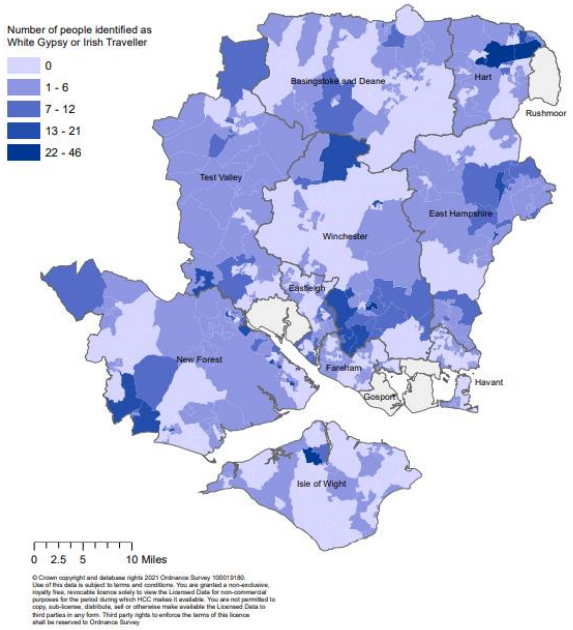
[181] JSNA Inclusion Health Groups | Health and social care | Hampshire County Council (hants.gov.uk)
[182] JSNA Inclusion Health Groups | Health and social care | Hampshire County Council (hants.gov.uk)

Stigma is an issue which may reduce access to services and increase reluctance to disclose that they are a sex worker, impacting on accessing the additional support available. Inclusive services are key to improve access for sex workers. Feedback from the TULIP service has suggested that a dedicated outreach worker would be beneficial for this hard-to-reach population; a sex worker outreach worker would be able to support individuals holistically with their sexual and reproductive health and non-sexual health needs. Evidence shows that Sex Worker Outreach Programmes (SWOPs) across the UK have been found to be beneficial in helping to understand and support the needs of sex workers[183]. Co-designed and co-delivered interventions that are either multicomponent or focus on education and empowerment are also likely to be effective[184].

8.1.2 Gypsy, Roma, and Traveller Communities

All districts in Hampshire have a very small percentage of their population identified as Gypsy or Irish Traveller in the 2011 Census, the same is observed for the Isle of Wight. Hart has the largest percentage of its population identified as Gypsy or Irish Traveller (0.3%), and Gosport has the lowest (0.04%), see Figure 123: Gypsy or Irish Traveller, Number of People by MSOA in Hampshire and Isle of Wight, 2011 Census Data. The age of Gypsy or Irish Traveller people in Hampshire and the Isle of Wight varies by district. Hart and Rushmoor have the highest percentage of Gypsy or Irish Traveller people aged 0-14 years (31% and 32%), and the Isle of Wight has the lowest percentage (2%).

Figure 123: Gypsy or Irish Traveller, Number of People by MSOA, 2011



Source: Office for National Statistics 2011 Census

Many Gypsy, Roma, and Traveller people experience barriers to access healthcare. This population have high maternal and infant mortality rates, low child immunisation levels, high

[183] TULIP Clinics - Let's Talk about It (letstalkaboutit.nhs.uk)

[184] Interventions to improve health and the determinants of health among sex workers in high-income countries: a systematic review - The Lancet Public Health

rates of mental illness, suicides, diabetes, and heart disease. Gypsy, Roma, and Traveller people, especially travelling families, tend to use emergency services such as A&E rather than any structured approach to healthcare, often due to previous poor experiences and / or perceived stigma. This leads to disrupted health provision and makes preventative care very difficult to administer[185]. Specialist outreach services can improve health outcomes for Gyspy, Roma and Traveller communities.[186] Solent NHS Trust Sexual Health Service provides Sexual Health Promotion for Gypsy, Roma, and Traveller communities, working at the Hampshire District level with community partners, according to identified need.

8.1.3 People Experiencing Homelessness

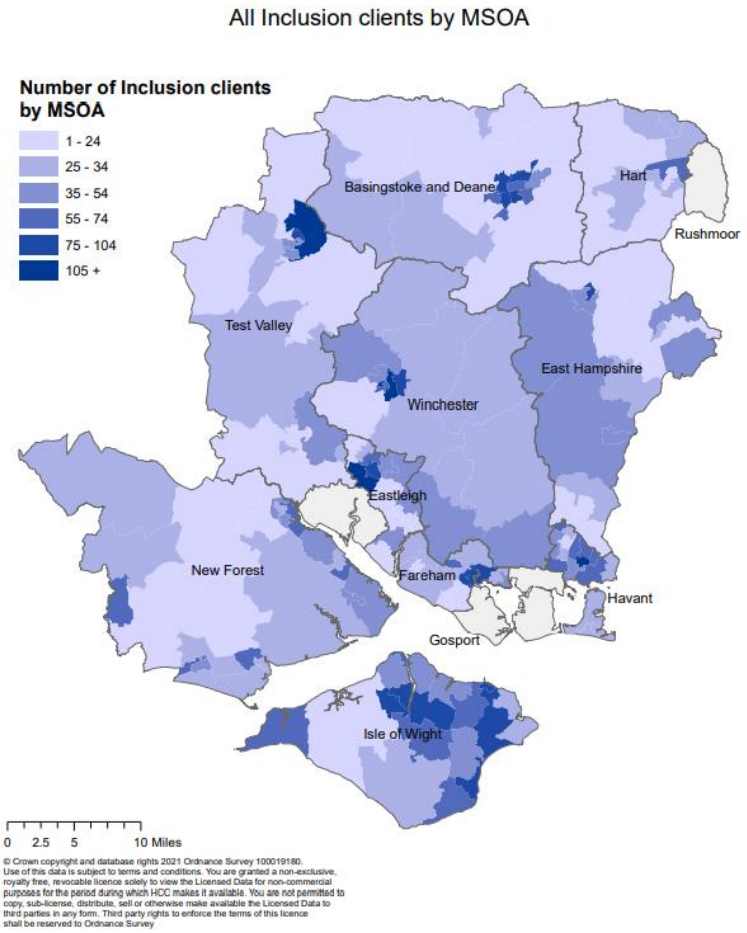
In 2020, the ONS reported that 91% of Hampshire and Isle of Wight's homeless population were aged over 26 years old, 6% were 18-25 and none were below[187]. Nationally and within Hampshire and Isle of Wight it is estimated that the majority of people experiencing homelessness are male, typically between 70-90%. There is a paucity of evidence on the sexual and reproductive health needs of older homeless people. However, young people experiencing homeless experience higher rates of STIs, are also vulnerable to sexual exploitation. Past and current trauma and safety issues influence how young people experiencing homelessness address their sexual health needs. Evidence suggests sexual and reproductive health care is best managed by a community outreach model by health professionals building trusting relationships with young people experiencing homelessness.[188]

8.1.4 People with Drug and Alcohol Dependency

Abusing drugs or alcohol can lead to risky sexual behaviour and poor health outcomes. It is estimated that 11,250 people have alcohol dependency in Hampshire, and 1,680 on the Isle of Wight. The rate of alcohol dependency per 100 adult population is higher on the Isle of Wight (1.44) than in Hampshire (1.03) or England (1.37)[189]. Most of the data available on Hampshire and Isle of Wight drug and alcohol dependents comes from NHS Inclusion, one of the services available to people experiencing drug and/or alcohol problems.[190]

[185] Tackling inequalities faced by Gypsy, Roma, and Traveller communities - Women and Equalities Committee (parliament.uk)
[186] Improving Roma health: a guide for health and care professionals - GOV.UK (www.gov.uk)
[187] Inclusion Health Groups (hants.gov.uk)
[188] British Journal of Community Nursing - Improving the sexual health of young people experiencing homelessness
[189] Inclusion Health Groups (hants.gov.uk)
[190] Inclusion Health Groups (hants.gov.uk)

Figure 124: All Inclusion Clients by MSOA, Hampshire and Isle of Wight Residents



Source: NHS Inclusion

Young people are a key risk group: 16–24-year-olds are among the highest consumers of alcohol, in terms of both prevalence and unit consumption, and have the highest rate of sexually transmitted infections.[191] People with established harmful or dependent drug misuse problems may engage in activities that either directly or indirectly put their sexual health at risk. For example, to fund drug use, people are drawn into the sex industry, leading to an increased risk of STIs and sexual assault[192].

Chemsex is used to describe intentional sex under the influence of psychoactive drugs, mostly among men who have sex with men. It refers particularly to the use of mephedrone, γ-hydroxybutyrate (GHB), γ-butyrolactone (GBL), and crystallised methamphetamine. These drugs are often used in combination to facilitate sexual sessions lasting several hours or days with multiple sexual partners[193]. Evidence shows that while there may be a relatively low population prevalence of Chemsex in the British Isles as a whole, it is likely that this behaviour is geographically concentrated in large gay urban areas (e.g., Brighton, Manchester,

[191] Alcohol and sex a cocktail for poor sexual health.pdf
[192] EuropeanResponsesGuide2017_BackgroundPaper-Sexual-health-and-drug-use.pdf (europa.eu)
[193] What is chemsex and why does it matter? | The BMJ

London).[194]. However, early identification of those at risk of harm is vital, together with a responsive patient pathway. Solent NHS Trust Sexual Health Service provides Chemsex harm reduction support and referrals to specialist substance misuse services for Hampshire and Isle of Wight residents.[195]

8.1.5 Veterans

In 2016 it was estimated that in Hampshire and the Isle of Wight there were 37,400 military veterans of working age (16-64 years)[196]. 90% of Hampshire and Isle of Wight veterans are male. There is a lack of evidence detailing the unique sexual and reproductive health needs of veterans. The Women's Health Strategy[197] recommends that the reproductive health needs of female veterans are considered by default due to the unique set of challenges accessing healthcare that are separate from their male counterparts. Local Authorities as commissioners of Sexual and Reproductive Health services will be required under the Armed Forces Covenant Duty to consider the needs of veterans to ensure equitable access to healthcare.[198]

8.1.6 Vulnerable Migrants

Vulnerable migrants experience a unique set of challenges when accessing healthcare, such as language barriers, insecure immigration status and housing and discrimination. Their cultural, spiritual, and religious beliefs and practices can impact on health behaviours and practices, health outcomes, use of and access to healthcare, and decision-making regarding medical treatment[199]. Different religions and cultures have different beliefs and practices concerning contraception, menstruation, pregnancy, and childbirth. These can affect a patient's understanding of and compliance with healthcare professionals' recommendations.

The most vulnerable migrants and asylum seekers are a dynamic population who move frequently and many of their characteristics are protected. As a result, data are unavailable to map this population. At the time of writing there are currently three bridging hotels in Hampshire, two are in Basingstoke and Deane and one is in Rushmoor, additional asylum contingency hotels are also being used to accommodate migrants on a short term basis in Hampshire, numbers of migrants vary as these hotels are used to provide shorter term accommodation [200]. Solent NHS Trust Sexual Health Service provides an outreach support service to bridging hotels in Hampshire working in partnership with system healthcare providers to provide holistic care for vulnerable migrants and people seeking asylum.

Over 27000 people fleeing war in Ukraine are currently also resident in Hampshire and the Isle of Wight through the Homes for Ukraine scheme with over 90% in Hampshire.

The number of vulnerable migrants involved in sex work in Hampshire and Isle of Wight is unknown. Evidence based Information and support for sex workers, service providers, sex

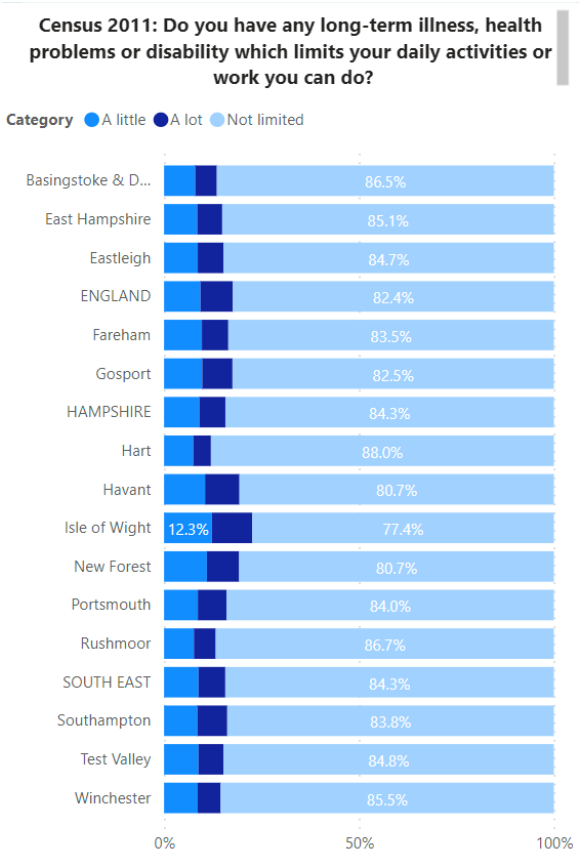
[194] Low levels of chemsex amongst men who have sex with men, but high levels of risk amongst men who engage in chemsex: analysis of a cross-sectional online survey across four countries - PMC (nih.gov)areas
[195] Chemsex Support - Let's Talk about It (letstalkaboutit.nhs.uk)
[196] Inclusion Health Groups (hants.gov.uk)
[197] Women's Health Strategy for England - GOV.UK (www.gov.uk)
[198] The New Armed Forces Covenant Duty: What organisations in scope will need to know - Armed Forces Covenant
[199] Inclusion Health Groups (hants.gov.uk)
[200] Inclusion Health Groups (hants.gov.uk)

work projects, and sex work organisations is provided by TAMPEP, the European Network for HIV/STI Prevention and Health Promotion among Migrant Sex Workers[201].

8.1.7 People with Learning Disabilities and Physical Disabilities

There is limited evidence concerning the sexual health of people with learning disabilities. The right to a sex life is enshrined in legislation but often people with learning disabilities face barriers due to concerns around the ability to consent, vulnerability and the possibility of exploitation[202]. In Hampshire 6.7% of people said they had a long-term health problem or disability which limited their day-to-day activities a lot. This varied across Hampshire between 4.5% in Hart to 8.8% in Havant to 12.3% in the Isle of Wight[203].

Figure 125: Disability, Hampshire & Isle of Wight, Census 2011



Solent NHS Trust Sexual Health Service provides a dedicated clinic for People with Learning Disabilities. The SHIELD clinic provides contraception, STI screening and treatment and offers patients access to extra support, regardless of age and accepts self-referrals. The SHIELD clinics are available in Aldershot, Basingstoke, Southampton, Portsmouth, and Isle of Wight. Accessible Easy Read information is also provided[204]. The 2020/21 annual uptake audit from Solent NHS Trust Sexual Health Service reported that there were 62 Hampshire

[201] TAMPEP | The European Network for the Promotion of Rights and Health among Migrant Sex Workers
[202] Health Inequalities Sexual health (3).pdf
[203] JSNA Demography | Health and social care | Hampshire County Council (hants.gov.uk)
[204] shield-leaflet-nov-21.pdf (letstalkaboutit.nhs.uk)

residents accessing the SHIELD & ROSE clinics at the Aldershot Centre for Health, Basingstoke, and St Mary's Hospital clinics.

Accessible Sexual and Reproductive Health services are important to people with learning and physical disabilities. Our Hampshire and Isle of Wight Residents Survey (Appendix 1) found that people with disabilities that limited their activities need and prioritise parking (55% compared to 38% of those not affected) to access services. In addition, for people with physical disabilities equitable access to clinical spaces and appropriate adaptations were important, as well as clear accessible advice in Easy Read formats on Sexual and Reproductive Health provider websites and social media[205].

8.1.8 People at Risk of Sexual Exploitation

Local authorities have a statutory safeguarding duty; and Public Health has a critical role to play in reducing children, young people and vulnerable adult's risk to exploitation and intervening when it does happen. Solent NHS Trust Sexual Health Service provides a dedicated clinic for people at risk of sexual exploitation. The ROSE: Risk of Sexual Exploitation clinic provides a supportive, non-judgemental sexual and reproductive health service for individuals who are at risk of sexual exploitation, regardless of age. Referrals from a professional are required to access these clinics. The ROSE clinics are available in Aldershot, Basingstoke, Southampton, and Portsmouth. The 2020/21 annual uptake audit from Solent NHS Trust Sexual Health Service reported that there were 67 Hampshire residents accessing the ROSE clinics at the Andover, Eastleigh, Royal South Hampshire, and St Mary's Hospital clinics.

8.1.9 People in contact with Criminal Justice System

People in contact with the criminal justice system, including those in prison and on probation, tend to be in poorer health than the general population and have a greater need for health and care. Nationally, as of December 2020, 96% of prisoners were male (75,044) and 4% were female (3,136) (both in remand and sentenced)[206]. In Hampshire and Isle of Wight there are two prisons. HMP Isle of Wight is a high security men's prison, in February 2022 it had a population of 77278,79. HMP Winchester is a men's prison and young offender institution, in February 2022 it had a population of 485. Both prisons provide new prisoners with an induction which includes discussions about their mental and sexual health and any substance misuse issues. Solent NHS Trust Sexual Health Service provides an in-reach L3 Sexual Health and HIV Clinic for HMP Winchester and HMP Isle of Wight.

RECONNECT is an NHS care after custody service that seeks to improve the continuity of care of vulnerable people leaving prison or an immigration removal centre (IRC) [207]. RECONNECT operates on a referral system. Referrals can be accepted from probation services, police, Liaison and Diversion services and / or Home Office enforcement teams for individuals who have been released in the past 28 days. Self-referrals and those from friends and family can be made on behalf of an individual whilst they are in prison or immigration removal centre.

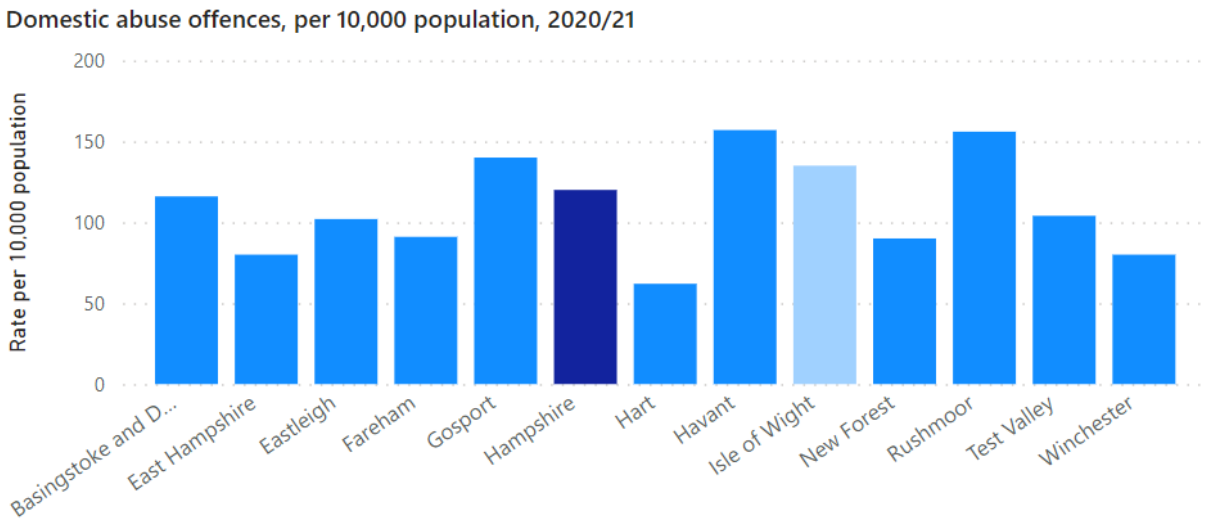
[205] Access to sexual health services for underserved populations: Lorraine Stanley, SWAD Dorset - YouTube
[206] Support for women leaving prison - House of Commons Library (parliament.uk)
[207] NHS commissioning » RECONNECT (england.nhs.uk)

For prison leavers, the continuity of sexual and reproductive health care of people should also be considered to ensure that people are linked into the most appropriate service for their needs. Special consideration should also be given to the reproductive health needs of female prison leavers who may require additional support to access services.

8.1.10 Victims of Domestic Abuse

People experiencing domestic abuse (DA) commonly present in sexual and reproductive health services and NICE recommends routine enquiry to identify DA within these services[208]. Domestic abuse often leads victims experiencing urinary tract or vaginal infections, sexually transmitted infections, sexual dysfunction, delayed pregnancy care, miscarriage, premature labour, stillbirths, multiple unintended pregnancies or terminations, frequent kidney or bladder infections, pelvic pain, and vaginal bleeding. Many of these victims will also experience sexual abuse and rape. Domestic abuse affects around 26 per cent of heterosexual women, 32 per cent of gay / lesbian women, 45 per cent of bisexual women, 27 per cent of gay men, 14 per cent of heterosexual men and 80 per cent of transgender people in the UK[209]. Figure 126 shows the number of recorded domestic abuse offences by Hampshire districts and Isle of Wight in 2020/21.

Figure 126: Domestic Abuse Offences, 2020/21, Hampshire and Isle of Wight



Every year nearly half a million survivors of domestic abuse seek assistance from medical professionals. Given that just one in five survivors call the Police, it is vital that health professionals have the tools to respond to domestic abuse and that survivors can access a non-criminal justice-based route to effective support[210]. ADViSE (Assessing for Domestic Violence and Abuse in Sexual Health Environments) is a training and referral programme that supports sexual health staff to recognise the signs and symptoms of domestic violence and abuse, teaching them how to respond to these patients. It also provides patients with

[208] Responding to Domestic Abuse in Sexual Health Settings (bashhguidelines.org)
[209] The ADViSE programme: Using sexual health services to support people who have experienced domestic violence and abuse - ARC West (nihr.ac.uk)
[210] Office for National Statistics-www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/yearendingmarch2018

direct referrals to specialist services through a simple, local care pathway, as recommended by British Association for Sexual Health and HIV (BASHH) guidance.

8.2 Groups at Higher Risk of Poor Sexual and Reproductive Health

Nationally, sexually transmitted infections (STIs) are more likely to be diagnosed in young people, gay, bisexual, and other men who have sex with men (MSM) and black and ethnic minorities[211]. People are most at risk of STIs if they are involved in higher rates of condomless sex with multiple partners or frequently change partners. There may be more people practising these behaviours in some groups than others, but this does not mean that everyone in the group is necessarily at higher risk. In Hampshire and the Isle of Wight in 2020, STIs disproportionately affected people who identified as gay, bisexual and other men who have sex with men, people of Black Caribbean ethnicity and people aged 15 to 24 years old[i3] NICE Guidance (NG221) Reducing Sexually Transmitted Infections sets out recommendations for improving access to sexual and reproductive health services with a focus on reducing barriers for groups at higher risk. Co-production to design culturally competent services and interventions in consultation with the groups that they are for, in line with NICE's guideline on community engagement is recommended to improve outcomes for groups at higher risk.

8.2.1 Gay and Bisexual and other Men who have Sex with Men (GBMSM)

Hampshire and Isle of Wight both follow the national trend with gay, bisexual, and other men who have sex with men (GBMSM) having higher rates of STIs. Solent NHS Trust Sexual Health Service provides a dedicated clinic XTRA: Men who have Sex with Men which provides additional services, regardless of age or sexuality[212]. The 2020/21 annual uptake audit from Solent NHS Trust Sexual Health Service reported that there were 358 Hampshire residents accessing clinic XTRA at the Andover, Basingstoke, Eastleigh, Royal South Hampshire, Winchester, and St Mary's Hospital clinics. See Section 5: STIs and HIV and Section 6: Reproductive Health for comprehensive analysis.

8.2.2 Young People

Hampshire and Isle of Wight both follow the national trend with young people having the highest burden of STIs. In Hampshire 50.2% of diagnoses of new STIs made in SHSs and non-specialist SHSs were in young people aged 15 to 24 years old. This compares to 45.7% in England. Additionally, in Hampshire young people are more likely to become re-infected with STIs, which is a marker for persistent high-risk behaviour[213][214]. In the Isle of Wight, the proportion of 15- to 24-year-olds screened for Chlamydia decreased from 26.6% in 2019 to 12.3% in 2020. A further decrease happened from 2020 to 2021 to 9.3%. See Section 5: STIs and HIV and Section 6: Reproductive Health for comprehensive analysis.

[211] Sexually transmitted infections (STIs): annual data tables - GOV.UK (www.gov.uk)
[212] Specialist Clinics - Let's Talk about It (letstalkaboutit.nhs.uk)
[213] UKHSA 2022 SPLASH Supplement Report
[214] UKHSA 2022 SPLASH Supplement Report

8.2.3 People from Ethnic Minorities

Hampshire and Isle of Wight both follow the national trend with people with black ethnicities having higher burden of STIs. See Section 5: STIs and HIV and Section 6: Reproductive Health for comprehensive analysis).

Section 9: Hampshire and Isle of Wight Voices

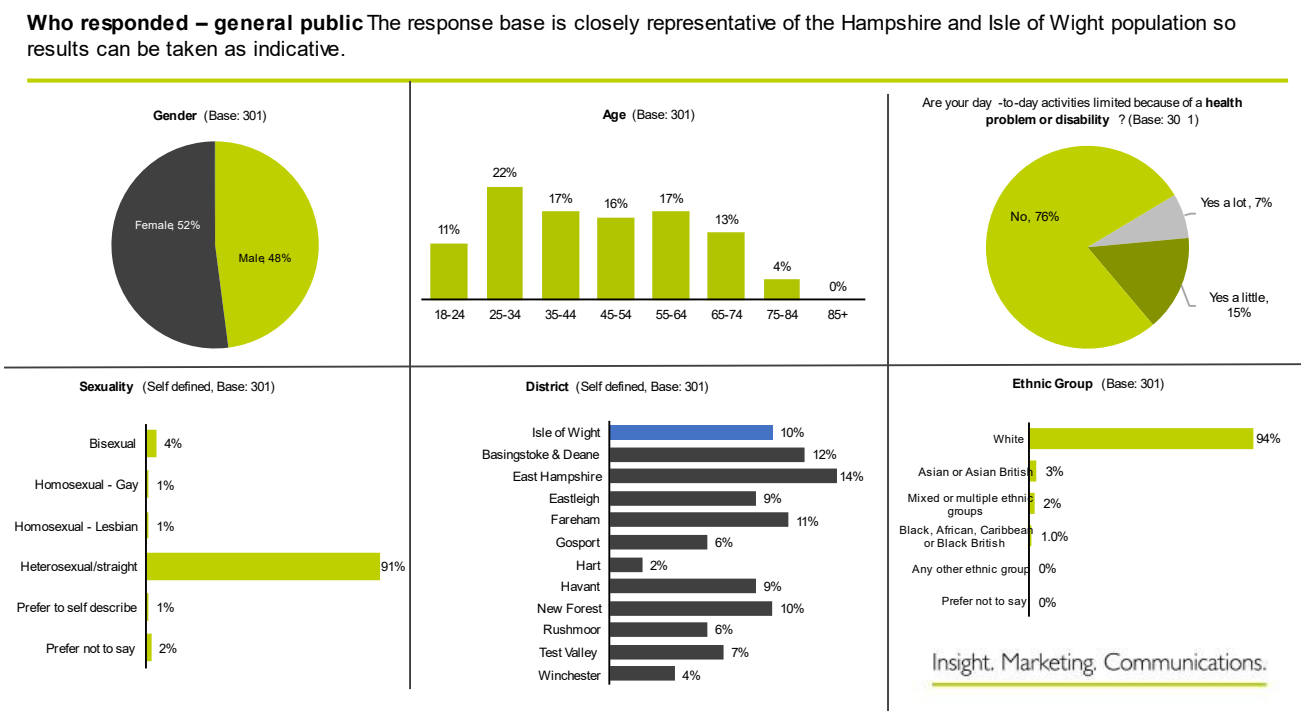
9. Hampshire and Isle of Wight Voices

A key dimension of understanding the health needs of a population is ensure that the voices and lived experiences are captured, to ensure that the unique and diverse needs of communities are included in future commissioning, service planning and provision across the whole system. As part of this health needs assessment a programme of qualitative research was undertaken between February 2022 and October 2022 to understand current lived experiences of our residents to help shape future priorities for Hampshire and Isle of Wight.

9.1 Hampshire and Isle of Wight Residents Survey

Hampshire County Council on behalf of Hampshire and Isle of Wight Public Health Team conducted a representative survey with a sample of residents aged over 18 who were demographically representative of our population composition (Figure 127: Summary of Responses – Residents Survey).

Figure 127: Summary of Responses – Residents Survey



The survey focused on experiences of access to services, knowledge of services and preferred service delivery models. The Residents' Survey was conducted between 21 - 28 February 2022, with 301 respondents sharing their views. The following is a summary of the main findings and recommendations:

Figure 128: Key Findings and Recommendations: Residents Survey

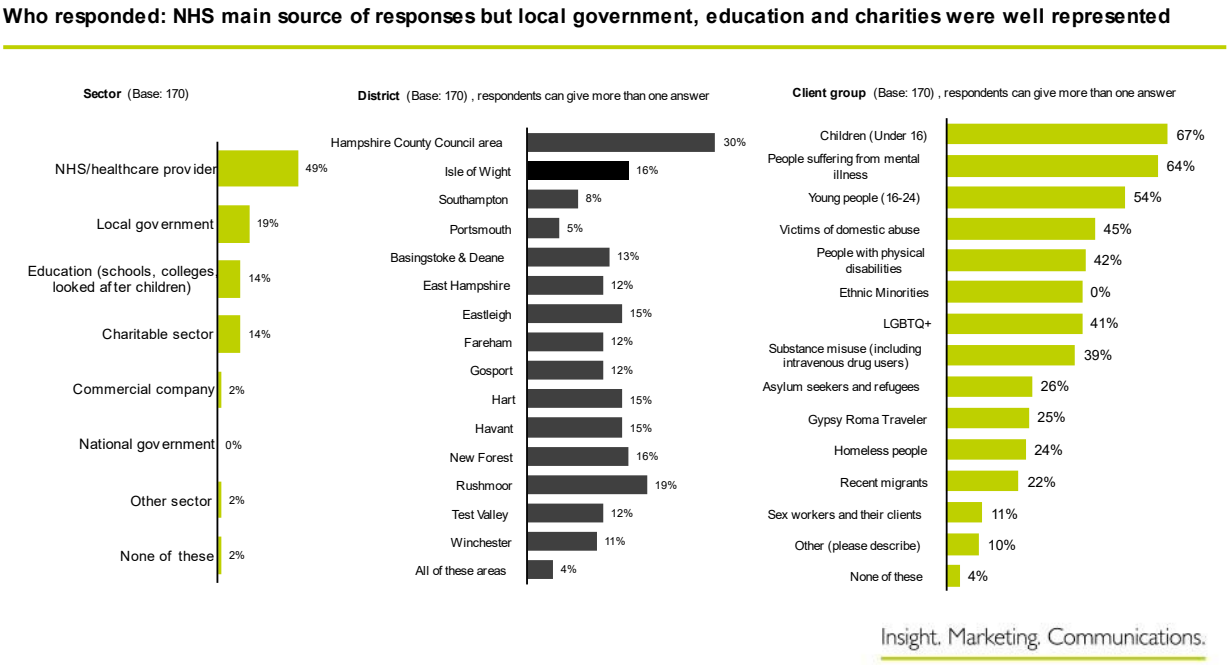
Key Findings	Recommendations
1. Women more likely to engage with nearly all forms of information on sexual health particularly friends and family.	• Educating women, particularly those with partners, should be the priority for information campaigns. • For men, healthcare professionals, their partners and the internet are the key resources. Male friendly online advice would be the best approach for men.
2. Walk in clinics, evening and weekend openings are top of what people want from sexual health services.	• Expanded opening hours can be concentrated in the evening rather than the morning. • Improving parking is a key inequalities reduction strategy for those with disabilities.
3. Condoms and STI testing are interactions where men are more likely to have engaged.	• These services the key touchpoints for giving men information on other issues. • Communications at these points could concentrate on key sexual health issues for men in a male-friendly way.
4. Women, younger people, and those with disabilities have been impacted the most by COVID-19 pandemic.	• Contraceptive services are vulnerable to disruption caused by the COVID-19 pandemic. • Sexual health services may not have been included in support packages e.g., home delivery throughout lockdowns and restrictions. • This matches practitioner findings of unplanned pregnancies due to lack of coil clinic appointments.

Full details can be found at *Appendix 1: Hampshire and Isle of Wight Sexual and Reproductive Health Residents Survey.*

9.2 Hampshire and Isle of Wight Workforce Survey

Hampshire County Council on behalf of Hampshire and Isle of Wight Public Health Team conducted an open invitation survey to sexual health practitioners and the wider workforce across the public sector, charities, schools, and businesses (Figure 129).

Figure 129: Summary of Responses – Workforce Survey



The aim of the Workforce Survey was to ascertain current knowledge levels of Sexual and Reproductive Health services, prevention, and to understand training needs. The workforce survey was conducted between and the 14 March and 5 April 2022 and 170 respondents, from 73 organisations across Hampshire and the Isle of Wight shared their views. The following is a summary of the main findings and recommendations:

Figure 130: Key Findings and Recommendations: Workforce Survey

Key Findings	Recommendations
• Evidence based online resources were frequently mentioned by the workforce as a priority.	• High quality online resources remain a priority. • Interactions with professionals are still valued. • However, evidence based online resources maximise the workforce to cover as many people as efficiently as possible and are a good choice.

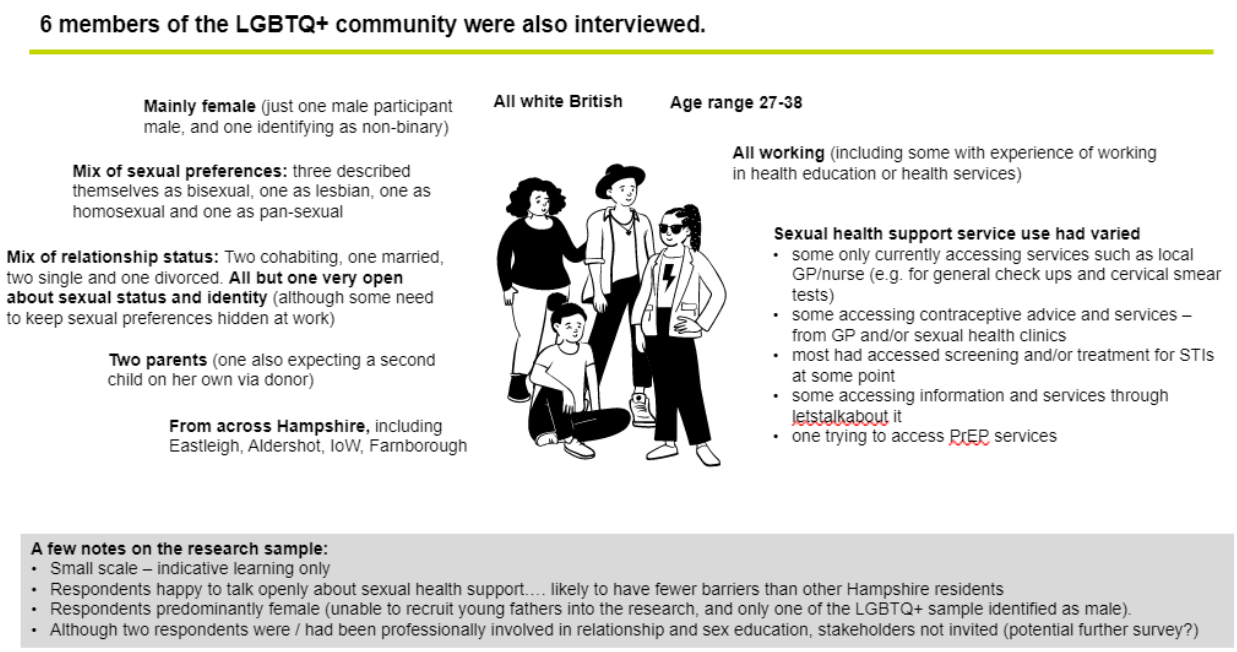
• There is a gap in sexual and reproductive health information as services stop or reduce.	• Monitoring when services stop working and having a 'here's where to get your info now' package could help reduce information and signposting gaps. • There is no need to bombard those getting their information elsewhere but when this relationship ends it's a key moment of change.
• Two most mentioned issues needing support are filling in training gaps and LGBTQ+ sexual health materials	• Materials for LGBTQ+ sexual health would be really appreciated • Fill in training for new joiners or staff missing expertise would be appreciated
• COVID-19 disrupted access to contraceptive services	• Contraception became challenging, unwanted pregnancies resulted e.g., from missed coil clinic appointments. • Contraception could/should have been included in support packages during COVID-19 – a plan to do so in other circumstances could help. Services did respond in other ways, but gaps remained.

Further details can be found at *Appendix 1: Hampshire and Isle of Wight Sexual and Reproductive Health Workforce Surve*y.

9.3 LGBTQ+ Focus Group and Community Interviews

Hampshire County Council on behalf of Hampshire and Isle of Wight Public Health Team conducted a series of community interviews and focus groups with six members of the LGBTQ+ community from Hampshire and the Isle of Wight. The semi-structure interviews were conducted in October 2022 and explored knowledge, attitudes and lived experiences regarding accessing sexual and reproductive health services with a sample of people, aged 27 to 38 from the LGBTQ+ community.

Figure 131: Summary of LGBTQ+ Participants



A common theme was that all LGBTQ+ participants had experienced stigma and felt judged by the medical profession when accessing services:

> *I get they have to ensure that they have informed consent. But there is a way of delivering it and I feel at times as soon as certain services know you are not completely heterosexual, a lot of the sexual health services almost limit it [services] because they're like, "Well, you're not at risk of this if you're not going to sleep [with men]". I find they can be kind of condescending. …I don't feel like should have to explain my whole sexual life to you. And if I'm telling you, actually I need the contraception or I want these tests, there will be a reason. It's condescending because they want further explanations instead of just accepting it, it's very invasive I find. If I was straight and just said "yeah, that's fine", I would get what I wanted straight away.*

Figure 132: Summary of Key Findings from LGBTQ+ and Young Parent Interviews

Key Findings	Recommendations
• Respondents felt 'judged', colouring opinions of sexual health services.	• Need to remove feelings of judgement and perception of unequal treatment to increase service access (young mums feeling judged for their age, LGBTQ+ feel treated differently).
• Relationship and sex education in schools is seen (historically) as lacking by all.	• Education coverage (especially at school) universally seen inadequate, and delivery often poor. However, some indications that progress may be being made, especially where

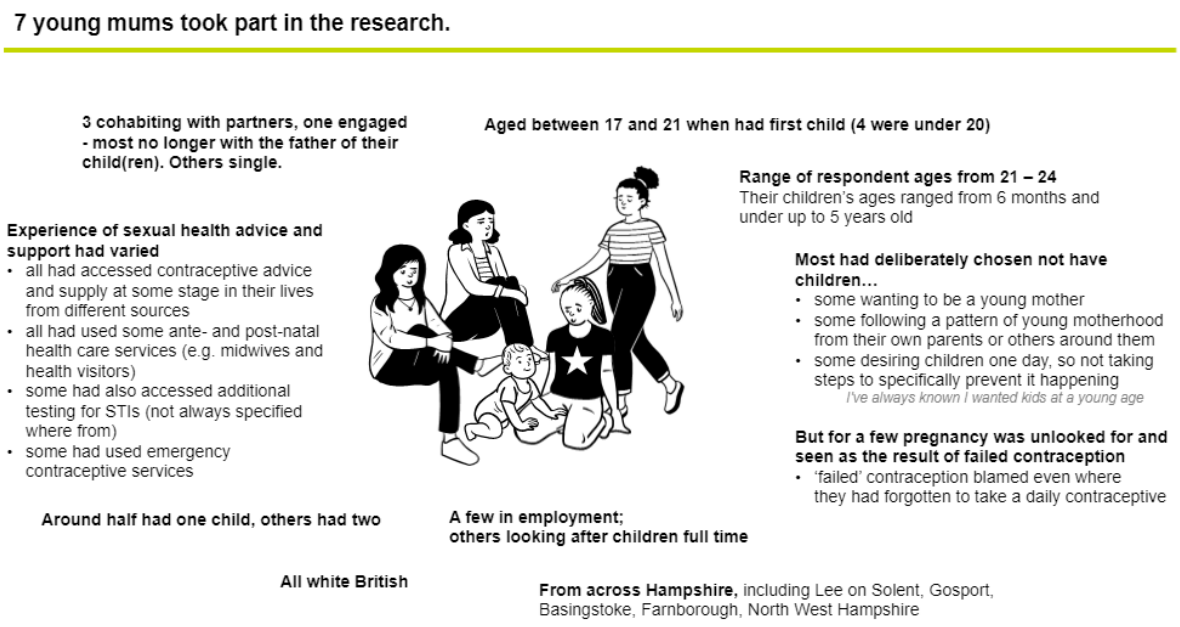
	dedicated one to one specialist advice was available.
• Key source of information beyond schools is online (mainly Google), but wider sources also critical.	• Internet sites can provide information or facilitate hybrid services. However, often hard to navigate to sound advice (better search engine optimisation possibly needed). Family also important (where family relationships allow) – but wider publicity for services and more information is required.
• Contraception a key service accessed by most, but experience often negative.	• Contraception often an important first point of contact, but experience clouded by sense of judgement, lack of information/ or choice, pressured or seemingly inappropriate conversations. Making interactions easier may have the potential to increase accessibility of other services.
• There are both emotional and functional barriers to service access.	• Key barriers: feelings of judgement, embarrassment, experience of being treated differently, lack of awareness, plus more functional barriers - many of which were exacerbated during/post COVID.
• A future hybrid delivery of sexual health services is (generally) welcomed	• Providing a hybrid choice of services (e.g., online/postal STI screening, phone appointments with face-to-face follow ups) can offer a future for sexual health services that is welcomed by most and counteracts many of the barriers (with a few caveats on efficacy, and around suitability in all instances).
• More needs to be done to make services LGBTQ+ appropriate.	• Acceptance of LGBTQ+ people now more common, but instances still exist where people feel judged, and treated differently. More overt acceptance and flexibility needed, especially around services relating to contraception.

Further details can be found at *Appendix 3: Hampshire and Isle of Wight Sexual and Reproductive Health Research Report: Young Parents and LGBTQ+ Community Interviews.*

9.4 Young Parents Community Focus Group and Interviews

Hampshire County Council on behalf of Hampshire and Isle of Wight Public Health Team conducted a series of community interviews and focus groups with seven young parents (female) from Hampshire and the Isle of Wight. The semi-structure interviews were conducted in October 2022 and explored knowledge, attitudes and lived experiences of accessing sexual and reproductive health services with a sample of people, aged 17 to 21 who were young mums.

Figure 133: Summary of Young Parents Participants



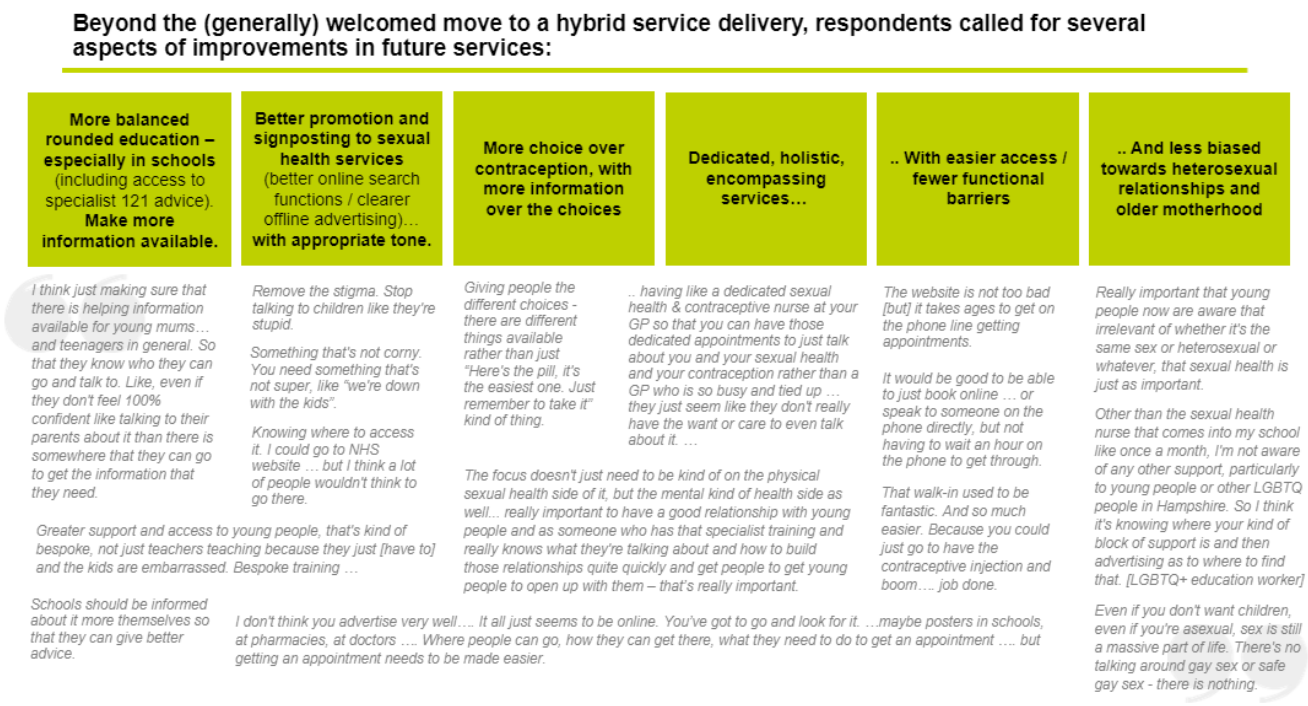
A common theme was that many of the young mothers felt judged by the medical profession which can create barriers for accessing sexual and reproductive health services and affects the perception of services received. In addition, the participants also reported being treated differently to older mothers by being referred to specialist services for young parents and by the increased questioning of personal choices such as contraception.

> *"I need to refer you to a different team because you're a single mum". Like you're being told "oh you're abnormal - you need to be referred to a different team". I thought that was so unfair.*

Therefore, perceived stigma potentially acts as barrier for these young mothers. A summary of Summary of Key Findings from LGBTQ+ and Young Parent Interviews can be found in Figure 132. Further details can be found at *Appendix 3: Hampshire and Isle of Wight Sexual*

and Reproductive Health Research Report: Young Parents and LGBTQ+ Community Interviews.

Figure 134:Summary of Service Improvements: LGBTQ+ and Young Parents



9.5 Black African Community Lived Experiences Researchers Project

Community involvement and having a voice in local decisions are all factors that underpin good health. Participatory approaches directly address the marginalisation and powerlessness caused by entrenched health inequalities. Hampshire County Council Community Researchers worked with members of their own Black African community to find out about their lived experiences of sexual and reproductive health services in Hampshire. The research was undertaken in June 2022 with a focus to explore attitudes and knowledge around HIV and PrEP, and general sexual and reproductive health services. Confidentiality and privacy were cited as the main concern and barrier to accessing health care services. Underpinning this were experiences of discrimination and stigma associated with HIV, as highlighted by one participant:

> *"Discrimination and stigmatisation are very prevalent in our society and that, sometimes, gets in the way of getting a good service".*

The key findings from Hampshire residents were:

Key finding 1: Concern about privacy was the top issue regarding the use of sexual health services.

Key finding 2: Respondents considered the fact that the services were confidential, free and easy to access to be appealing.

Key finding 3:	Respondents were of the view that targeted HIV and PrEP messages would be useful for people in the community.
Key finding 4:	Due to privacy concerns, most respondents thought that it was best for people to learn about HIV and PrEP through the “Internet”
Key finding 5:	Having material in different languages was an important aspect of ensuring that the message reached everyone.
Key finding 6:	Respondents considered that, in the light of the stigma about HIV, finding ways of accessing the service anonymously was crucial.

Section 10: Key Findings and Recommendations

10.1 Key Findings

Sexual and reproductive health is relatively good for Hampshire and Isle of Wight residents. However, there are variations in outcomes for some individuals, groups, and communities. Variation may be a consequence of knowledge, access, and uptake of sexual and reproductive health services which can create and widen health inequalities. These variations in outcomes can be seen across all districts in Hampshire and on the Isle of Wight for a range of different indicators of good sexual and reproductive health. The COVID-19 pandemic has negatively affected some outcomes for Hampshire and Isle of Wight residents. The following provides a summary of the key findings for Hampshire and Isle of Wight.

10.1.1 Hampshire: Key findings

Key sexual health findings in Hampshire

1. In Hampshire in 2020, STIs disproportionately affected people who identified as gay, bisexual, and other men who have sex with men, people of Black Caribbean ethnicity and people aged 15 to 24 years old.

2. Overall, of Hampshire residents diagnosed with a new STI in 2020, 45.4% were men and 54.6% were women.

3. The rate of new STIs being diagnosed is higher in more deprived areas.

4. Young people are more likely to become re-infected with STIs, which is a marker for persistent high-risk behaviour.[215][216]

5. The STI testing rate has been declining since 2019, following previous increases since 2012. In 2021, the figure was 2,167.8 per 100,000, compared to 3,453.5 per 100,000 in 2019. Hampshire is worse than England.

6. The proportion of 15- to 24-year-olds screened for Chlamydia decreased from 18.3% in 2019 to 12.3% in 2020. A further decrease happened from 2020 to 2021, down to 10.6%.

7. Diagnostic rates for syphilis and gonorrhoea are low.

8. HIV prevalence and testing coverage are both low. HIV late diagnoses are high in Hampshire. In Hampshire in 2019-2021, late diagnoses in heterosexual men were worse than England's average, at 65.4% compared to 58.1% in England.

9. Men are underrepresented in Sexual Health Services and have lower testing rates than women.

[215] UKHSA 2022 SPLASH Supplement Report
[216] UKHSA 2022 SPLASH Supplement Report

Key reproductive health trends in Hampshire

10. Prescription of Long-Acting Reversible Contraceptives (LARC) has declined over time. The total prescribed LARC (excluding injections) was 45.5 per 1,000 in 2020, compared to the highest prescribing rate of 62.7 per 1,000 in 2018.

11. LARC prescribed by GP Services has increased between 2018 and 2020, whilst LARC prescribed by SRH Services has declined over the same time period.

12. The total abortion rate has slowly increased over time. The total abortion rate in Hampshire was 16.4 per 1,000 in 2020 compared to 18.9 per 1,000 in England.

Prevention

13. Effective prevention requires a whole system life course approach. Sexual health promotion should be inclusive and promote sexual self-efficacy based on a sex positive approach.

14. RSE is most effective when the education (and wider) workforce receives evidence-based training. Hampshire and Isle of Wight children and young people tell us that they want better, more inclusive RSE.

Access to Sexual and Reproductive Health Services

15. Equalities data is not systematically and routinely collected by all commissioned Sexual and Reproductive Health Services.

16. The quantitative data used in this Health Needs Assessment reflects the demand on sexual and reproductive health services, however it does not reflect unmet need for Hampshire and Isle of Wight residents.

17. Over half of all consultations for Hampshire residents are provided by one clinic, and one online testing service: Solent NHS Trust (Online Sexual Health Service) and St Mary's Community Health Campus. 94% of all consultations for Hampshire residents are provided by eight clinics.

18. There is high acceptability of online sexual and reproductive health services for Hampshire residents. However, there may be people at higher risk of poor sexual and reproductive health that are digitally excluded, therefore a range of service models are needed to ensure equitable access.

19. COVID-19 disrupted access to contraceptive services.

Hampshire Voices

20. Hampshire residents tell us that they want services that that are designed around their lives. Walk in clinics, evening and weekend openings are what people want from sexual and reproductive health services.

21. Reducing stigma around HIV is key to ensure that people from Black African communities in Hampshire access our sexual and reproductive health services. This is important to ensure greater update for women in need of PrEP.

22. We have an engaged wider workforce in Hampshire and Isle of Wight who all contribute to supporting our residents to improve sexual and reproductive health outcomes. However, there is a need to ensure that our workforce is supported to gain knowledge and skills and to come together as a network to share good practice. There is also a need for training around LGBTQ+ Sexual and Reproductive Health.

23. Stigma perceived or enacted affects access to sexual and reproductive health services for some LGBTQ+ people and for some young parents.

10.1.2 Isle of Wight: Key Findings

Key sexual health findings in the Isle of Wight:

24. The STI testing rate is declining and getting worse. Since 2018 the STI rate per 100,000 has decreased year on year. In 2021, the figure was 1,656.4 per 100,000, compared to 3,380.7 per 100,000 in 2018.

25. The proportion of 15- to 24-year-olds screened for Chlamydia decreased from 26.6% in 2019 to 12.3% in 2020. A further decrease happened from 2020 to 2021 to 9.3%.

26. Diagnostic rates for syphilis and gonorrhoea are low.

27. HIV prevalence and testing coverage are both low, with such low numbers of diagnoses it is difficult to interpret data on late HIV diagnoses.

Key reproductive health trends in the Isle of Wight:

28. Prescription of Long-Acting Reversible Contraceptives (LARC) has declined over time. The total prescribed LARC (excluding injections) was 47.6 per 1,000 in 2020, compared to the highest prescribing rate of 85.9 per 1,000 in 2018.

29. The biggest changes have been observed in SRH Services, rather than GP Services. In 2019 77% of LARC prescriptions were from the GP, compared to 50.4% in 2018. Out of the women accessing SRH services (under 25 and over 25) a high percentage are choosing LARC, significantly higher than England.

30. The total abortion rate has increased over time. The total abortion rate was 15.5 per 1,000 in 2020 compared to 10.7 per 1,000 in 2012. The highest abortion rate can be observed in the 25-29 age group.

Prevention

31. Effective prevention requires a whole system life course approach. Sexual health promotion should be inclusive and promote sexual self-efficacy based on a sex

positive approach. Greater understanding is needed to understand groups at increased risk of poor sexual and reproductive health on the Island.

32. RSE is most effective when the education (and wider) workforce receives evidence-based training. Hampshire and Isle of Wight children and young people tell us that they want better, more inclusive RSE.

Access to Sexual and Reproductive Health Services

33. Equalities data is not systematically and routinely collected by all commissioned Sexual and Reproductive Health Services.

34. The quantitative data used in this Health Needs Assessment reflects the demand on sexual and reproductive health services, however it does not reflect unmet need for Hampshire and Isle of Wight residents.

35. There is high acceptability of online sexual and reproductive health services for Isle of Wight residents. However, there may be people at higher risk of poor sexual and reproductive health that are digitally excluded, therefore a range of service models are needed to ensure equitable access.

36. COVID-19 disrupted access to contraceptive services.

Isle of Wight Voices

37. Isle of Wight residents tell us that they want services that that are designed around their lives. Walk in clinics, evening and weekend openings are what people want from sexual and reproductive health services.

38. We have an engaged wider workforce in Hampshire and Isle of Wight who all contribute to supporting our residents to improve sexual and reproductive health outcomes. However, there is a need to ensure that our workforce is supported to gain knowledge and skills and to come together as a network to share good practice. There is also a need for training around LGBTQ+ Sexual and Reproductive Health.

39. Stigma perceived or enacted, affects access to sexual and reproductive health services for some LGBTQ+ people and for some young parents.

10.2 Recommendations

Achieving good sexual and reproductive health for all our residents is complex and requires a whole system approach. This SHNA has shown that there are variations in need for services and interventions for different individuals, groups, and communities across the life course. These recommendations reflect our commitment to work together across the whole system, to ensure that our residents have access to effective, efficient, and equitable services to improve outcomes and reduce inequalities to support good sexual and reproductive health for all Hampshire and Isle of Wight residents.

10.2.1 Hampshire and Isle of Wight Recommendations

Sexual and Reproductive Health Needs Assessment: Recommendations		
Recommendation	**Rationale & Finding Link**	**Outcomes**
Theme: Working together		
1. Work collaboratively as a Sexual and Reproductive Health system to ensure our services meet needs to improve population outcomes. Share data, intelligence, and insight with system partners.	We need to design, plan, monitor and evaluate services and population outcomes together. We need to ensure that equalities data is systematically and routinely collected by all commissioned Sexual and Reproductive Health Services. Findings: 13,15,16, 30, 32, 33	Improve sexual and health outcomes for Hampshire and Isle of Wight residents by using a Population Health Management (PHM) approach to understand demand and unmet need.
2. Establish a single Sexual and Reproductive Health Network across the place of Hampshire and Isle of Wight to bring together all partners as a whole system.	A whole system approach is required to work strategically together to improve sexual and reproductive health for our populations. Findings: 13, 14, 15, 16	Improve system working to prioritise prevention to improve sexual and reproduce health.
3. Work as a system to support and promote Sexual and Reproductive Health Workforce Training.	A confident and trained workforce can support prevention at different levels with the system. Support our wider workforce to access evidence based sexual and reproductive health training as appropriate. Findings: 21, 36	Improved training for the wider Public Health workforce to embed preventative practice to improve population outcomes.

Theme: Prioritising Prevention		
4. Whole system approach to Sexual Health promotion to prioritise prevention.	A Hampshire and Isle of Wight approach to Sexual Health Promotion to ensure that campaigns and interventions meet the unique needs of groups at higher risk and our communities. Ensure that the Sexual Health Promotion service use data and intelligence to focus interventions in areas of need and with higher risk groups. Promote a sex and identity positive approach and sexual self-efficacy for all. Findings: 13, 14, 15, 16	Improve health literacy to ensure good sexual and reproductive health. Improve uptake of STI testing Reduce stigma and improve sexual self-efficacy.
5. Work together to ensure that Hampshire and Isle of Wight young people have access to effective, age appropriate, evidence based Relationship and Sex Education	All young people can make informed and responsible decisions, understand issues around consent, healthy relationships, and are aware of how to look after their sexual and reproductive health throughout their life course. RSE is most effective when the education (and wider) workforce receive evidence based training and when home and school are involved. Findings: 13, 14, 30, 31	Reduce rate of under 18 conceptions and STI new diagnosis in young people.

6. Work towards zero HIV transmission by adopting a whole Sexual and Reproductive Health system approach to improve access to community HIV testing and HIV PrEP for higher risk groups and communities.	Hampshire has high rates of late diagnosis of HIV, with variation between districts. Isle of Wight has low numbers of late diagnosis but also has low HIV testing coverage. Working with communities can reduce stigma and increase knowledge of HIV prevention. Findings: 8, 19, 20, 26, 35	Increase HIV testing coverage and PrEP uptake to reduce rates of late diagnosis of HIV in Hampshire and Isle of Wight.
Theme: Improving Access to Services and Reducing Health Inequalities		
7. Improve community access to LARC.	Women require contraceptive care designed around their needs and our residents have told us that access in the community and with their GP is important. We need to work with partners towards a Women's Health Hub Model to ensure services meet the needs of Hampshire and Isle of Wight women. Focus on increasing LARC prescribed activity in Hampshire districts with lower activity than Hampshire average. Findings: 10, 11, 12, 27, 28, 29	Improve uptake of LARC and reduce unplanned pregnancies.

8. Improve access to STI Testing for groups at higher risk of poor sexual health.	Improving uptake and increasing the frequency of STI testing for Hampshire and Isle of Wight residents. Ensure a range of STI testing options based on local need including online self-sampling, in-person attendance at specialist clinics or in community pharmacies, primary care, and outreach services. Improve uptake of STI testing for men by ensuring effective sexual health promotion to address knowledge and barriers to testing. Findings: 1, 2, 3, 4, 5, 6, 7, 8, 9, 23, 24, 25, 26	Reduce STIs
9. Ensure that the Chlamydia Screening Programme promotes the benefits of regular testing and improves accessibility for testing for young people.	Improving the uptake of Chlamydia Screening for Hampshire and Isle of Wight young people to reduce the health harm caused by untreated chlamydia infection. Findings: 6, 24	Improve the Chlamydia Diagnostic Rate and proportion screened to reduce diagnoses and reinfections in under 25s.
10. Work with system partners to ensure that the Psychosexual Counselling Service meets both the sexual health and non-sexual health needs of Hampshire and Isle of Wight Residents.	Improving access to Psychosexual Counselling to ensure equity to meet the needs of Hampshire and Isle of Wight residents. Findings: 13, 19, 30, 35	Improve sexual health and wellbeing and sexual self-efficacy.

11. Ensure that the commissioned Sexual Health Service specialist clinic models (ROSE, SHIELD, TULIP and Xtra) are inclusive and continue to meet the needs of these groups.	The Integrated Sexual Health Service provider to undertake this review to understand barriers, to reduce the stigma associated with accessing sexual and reproductive health services. Ensuring a person centered approach to improve health and well-being, reduce stigma, empower people, to increase their uptake of sexual and reproductive health services. Findings: 4, 6, 9, 22, 37	Improve access to sexual and reproductive health services for marginalised and higher risk groups to reduce health inequalities.
12. Ensure that all services supporting Sexual and Reproductive Health are inclusive and meet the needs of Inclusion Health Groups and those at higher risk of poorer outcomes.	Ensuring that no one is left behind in Hampshire and Isle of Wight. Our sexual and reproductive health services will meet the needs of all of our residents. Findings: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13,14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25,26, 27, 28, 29, 30, 31, 32, 33, 34, 35	Reduce health inequalities and improve sexual and reproductive health for Hampshire and Isle of Wight residents.
13. Ensuring access to contraception is included when planning for and responding to situations in which access to services may be lost or disrupted for longer periods of time.	COVID-19 disrupted access to contraceptive services. Findings: 10, 11, 12, 27, 28, 29	Improve system resilience to ensure access to contraception to reduce unplanned pregnancies.

Theme: Hampshire and Isle of Wight Voices		
14. Ensure that all partners in the system continue to listen to and coproduce with our residents to meet community needs to improve sexual and reproductive health outcomes for all.	Improving outcomes by ensuring that our local communities, community and voluntary sector organisations and commissioned services work together to plan, design, develop, deliver, and evaluate our sexual and reproductive health services. Findings: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13,14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25,26, 27, 28, 29, 30, 31, 32, 33, 34, 35	Improved sexual and reproductive health services to meet the needs of our communities.

10.2.2 Next Steps

This SHNA will inform the strategic vision of Hampshire County Council and Isle of Wight Council to ensure good sexual and reproductive health for our populations. Our next steps are to:

- Engage with stakeholders and wider system partners on our key findings and recommendations.
- Establish the Hampshire and Isle of Wight Sexual and Reproductive Health Partnership to develop system strategic action plans sat place level.
- Ensure governance through the Hampshire and Isle of Wight Public Health Partnership and relevant ICP and ICB structures.

Appendices

Appendix 1: Hampshire and Isle of Wight Sexual and Reproductive Health Residents Survey	Appendix 1_Sexual Health Needs Assessn
Appendix 2: Hampshire and Isle of Wight Sexual and Reproductive Health Workforce Survey	Appendix 2_Sexual Health Needs Assessn
Appendix 3: Hampshire and Isle of Wight Sexual and Reproductive Health Research Report: Young Parents and LGBTQ+ Community Interviews.	Appendix_3 Sexual Health Needs Assessn

Figures

Glossary

CSE	Child Sexual Exploitation
EHC	Emergency Hormonal Contraception
GBMSM	Gay, Bisexual, and other Men who have Sex with Men
GUM	Genitourinary Medicine
GP	General Practice
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
ICB	Integrated Care Board
ICS	Integrated Care System
IUD	Intra-Uterine Device
IUS	Intra-Uterine System
LARC	Long Acting Reversible Contraception
LGBTQ+	Lesbian, Gay, Bisexual, Trans, Queer, Questioning and Ace[217]
OHID	Office for Health Improvement and Disparities
PEP	Post-Exposure Prophylaxis
PHE	Public Health England
PrEP	Pre-Exposure Prophylaxis
ROSE	Risk of Sexual Exploitation
RSE	Relationship and Sex Education
SEND	Special Educational Needs and Disability
SRH	Sexual and Reproductive Health
SHS	Sexual Health Service
TOP	Termination of Pregnancy
UKHSA	United Kingdom Health Security Agency

[217] List of LGBTQ+ terms (stonewall.org.uk)

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