Sexual Health Profile - Isle of Wight

November 2018

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Introduction and Background

Understanding the needs in relation to sexual health requires information and intelligence to be collated from a variety of sources. This statement of need starts to bring relevant information together to help us to identify and understand the current need within the population, identifying those who are at risk of poor sexual health, alongside service activity and demand.

The current World Health Organisation (WHO) working definition of sexual health is:

"a state of physical, emotional, mental and social wellbeing in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintain, the sexual rights of all persons must be respected, protected and fulfilled"[1]

Reproductive health addresses the reproductive processes, functions and system at all stages of life, implying: "that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so."[2]

The majority of adults are sexually active, and therefore, maintaining good sexual and reproductive health should be a priority. Sexual health problems include:

- Sexually transmitted infections (STIs)
- Human immunodeficiency virus (HIV) infection
- Unintended pregnancy
- Abortion
- Fertility problems
- Sexual dysfunction

Poor sexual health leads to a number of emotional, social and health related consequences for an individual, their relatives and the health economy. STIs are entirely preventable, and usually treatable, particularly in the early stages of infection. Detecting STIs early can help to prevent onward spread of infection as well as having specific health benefits. Those infected with HIV at a very late stage, for example, have a life expectancy that is 10 years shorter than someone who starts treatment earlier[3].

Unplanned pregnancies can impact upon individuals, families and the wider society. Unplanned pregnancies represent a missed opportunity for optimising pre-pregnancy health such as taking vitamin and folic acid supplements, being of a healthy weight, giving up smoking and reducing alcohol consumption. Good pre-conception health is known to improve the health of the mother and also health outcomes for the child[4]. Furthermore, wider

[1] World Health Organisation (2018). Sexual Health. Available here
[2] World Health Organisation (2018). Sexual and Reproductive Health. Available here
[3] https://publichealthmatters.blog.gov.uk/2014/12/01/leaving-it-late-why-are-people-still-dying-from-hiv-in-the-uk/
[4] Public Health England (2018). Making the Case for Preconception Care: Planning and preparation for pregnancy to improve maternal and child health outcomes. Available here

determinants such as relationship and support status, education, suitable housing, employment and financial stability contribute towards optimal outcomes for both parents and children and many of these are more likely to be stable and in place for a planned pregnancy. Smoking during pregnancy, maternal obesity and perinatal mental health problems all contribute to significant financial cost to the NHS and the public sector and therefore influence the wider society. Giving people greater control over reproductive choices helps in ensuring that more pregnancies are planned improving the health of parents and supporting every child to have the best start in life[4].

Although sexual activity is widespread among adults in England, the sexual and reproductive health (SRH) needs of an individual can vary according to various factors including age, sexuality and ethnicity. Links have also been observed between higher levels of deprivation and increased STI incidence and teenage conceptions[5]. The highest burden of poor SRH is borne by men who have sex with men (MSM), women, teenagers, young people (aged 16-24) and black and minority ethnic groups (BME). In particular, black Caribbean people have high diagnosis rates of many STIs[6] and black African men and women are thought to be at particular risk of HIV[7]. Young people experience the highest diagnosis rates of the most common STIs, this is largely thought to be due to regularly changes in partner among this age group[6]. Some of the groups at higher risk of poor sexual health face stigma and discrimination, which in itself can be a barrier to accessing services.

There are currently five SRH indicators included in the Public Health Outcomes Framework (PHOF):

- Under-18 conception rate (per 1,000 females aged 15-17)
- Chlamydia detection rate (per 100,000 aged 15-24)
- HIV late diagnosis (percentage of adults aged 15+ newly diagnosed)
- HPV vaccination coverage for one dose (percentage females 12-13 years)
- Sexual offences rate (per 1,000 of population)

In order to improve on these indicators, as well as reduce the transmission of STIs and HIV and prevent unintended pregnancy, a sustained public health response is required. SRH services include: support, advice and health care around contraception, relationships, STIs (including HIV) and terminations of pregnancy. Delivering these provisions requires involvement from a number of providers including general practice (GP), community services, acute hospitals, pharmacies and the voluntary, charitable and independent sector.

In April 2013, after the introduction of the Health and Social Care Act 2012, Public Health transitioned to Local Authorities and commissioning of public SRH services has since been shared between Local Authorities, Clinical Commissioning Groups (CCGs) and NHS England. The Isle of Wight (IoW) Council has a statutory responsibility to commission a range of SRH services including the provision of contraception (except for non-contraceptive purposes), testing and treatment for STIs.

[5] NICE (2007). Sexually transmitted infections and under-18 conceptions: prevention. Available here
[6] Public Health England (2018). Sexually transmitted infections and screening for chlamydia in England 2017. Available here
[7] Public Health England (2017). Towards elimination of HIV transmission, AIDs and HIV-related deaths in the UK. Available here

National Policy Context

After the introduction of the Health and Social Care Act in 2012, Public Health transitioned to Local Authorities and commissioning of public SRH services has since been shared between Local Authorities, CCGs and NHS England. Appendix 1 displays the commissioning responsibilities for sexual health between these three organisations. Despite clear division of responsibility, there is a considerable amount of overlap between the three organisations. This means that in order to join up care for patients, collaborative working and cohesive referral pathways are essential. A high level of co-production is also required to ensure that organisations share the power and responsibility of delivering high quality sexual health services and valuing the needs and wants of the population they are providing for.

There are a number of national policies and guidance documents which support the delivery of high quality SRH services and these are detailed in appendix 2.

Aims and objectives

This report provides an overview of the sexual and reproductive health of the population on the Isle of Wight using readily available data. It seeks to identify current trends in relation to key SRH areas of interest to the population on the island, commissioners and stakeholders in order to highlight possible areas for further investigation to support current and future service developments and meet unmet need.

This report could serve to help shape models of care and assist with the allocation of resources to maximise SRH outcomes and reduce health inequalities.

Objectives:

- To undertake an epidemiological needs assessment - describing the demography of the area by gender, deprivation, age and ethnicity in order to identify any specific groups that may need to be targeted. Also look at the sexual health profile for the IoW in terms of time, person, place and incidence of adverse sexual and reproductive health outcomes
- To work with key stakeholders to review how well existing service provision and configuration meets the identified local needs

Methods

This profile has been developed by using the ‘Sexual Health Needs Assessments A ‘How to Guide’’ which was commissioned by the Department of Health (DH) National Support Teams for Sexual Health and Teenage Pregnancy and published in 2007 as a basis for guiding the process.

This process involved:

1. *Mapping Need* – mapping groups at higher risk of negative sexual health outcomes, exploring service data
2. *Mapping Demand* – looking into service uptake and how uptake varies by population - is there demand and no services available?
3. *Mapping Services* – where are they, what do they provide, when is it provided, who delivers the services? How does this fit with key population groups?

4. *Gap Analysis* – Pull all this information together and identify any gaps in provision or mismatch between needs, demand and supply.

Data Sources

Joint Strategic Needs Assessment (JSNA)

The Isle of Wight JSNA pulls together a variety of information describing the current and future health and wellbeing needs of local residents. It is an ongoing iterative process of data collection involving partner organisations, the voluntary sector and the wider community and is co-ordinated by the Local Authority. It is published online and made up of a number of 'Factsheets and Figuresheets' which can be found through the following link: https://www.iow.gov.uk/Council/transparency/Our-Community1/Isle-of-Wight-Facts-and-Figures/Joint-Strategic-Needs-Assessment-JSNA

HIV & STI Web Portal

This is a restricted access PHE web portal providing STI (collected from level 2 and level 3 clinics) and chlamydia (collected from NHS/local authority commissioned laboratories) surveillance data at a local level. These can be for specific geographical areas or clinics and for chosen time frames[8].

Local Authority Sexual Health, Reproductive Health and HIV Epidemiology Reports (LASERs)

Reports produced by PHE on an annual basis describing STIs, HIV and reproductive health in the local area to inform JSNAs and help to target service provision. They include data on STIs, clinic access and service use with breakdowns by geographical area and key risk groups. These reports are restricted and only available via the HIV & STI web portal.

Sexual and Reproductive Health Profiles

These profiles have been developed by Public Health England (PHE) to support Local Authorities and other interested parties in monitoring SRH outcomes in their specific population. These profiles are publicly available and contain a number of interactive tools showing maps, charts, tables and trends. There are currently 25 indicators relating to 'HIV and STIs', 13 indicators related to 'Reproductive Health', 3 indicators for 'Teenage Pregnancy' and 5 indicators showing the 'Wider Determinants of Health' included in the profiles.

The tool also allows for comparison with other Local Authorities in the region, with England averages or other national goals and also to comparatively similar areas known as 'statistical neighbours'. These comparator areas are decided based on factors such as population, socioeconomic status and mortality characteristics using a methodology developed by the Chartered Institute of Public Finance and Accounting (CIPFA). They are therefore known as 'CIPFA nearest neighbours'.

[8] Public Health England (2017). Sexual health, reproductive health and HIV in England: A guide to local and national data. Available here

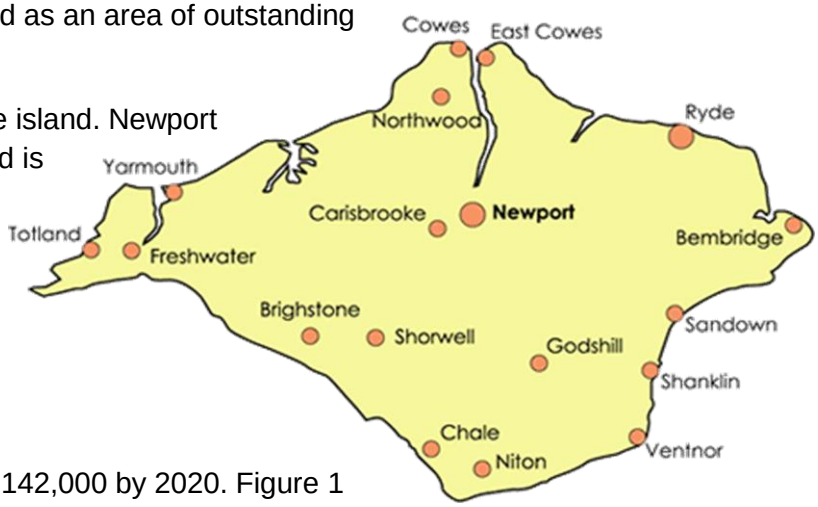
The profiles also include data on recent trends and use colours to indicate whether performance is better/worse/similar or lower/higher/similar depending on the context of each indicator.

A note on small numbers in the data.

It should be noted that for some of the areas that are discussed in the following sections of the report, the island has very low numbers. In line with data sharing and confidentiality protocols, where numbers are so low that data might become potentially identifiable, steps have been made to statistically suppress this data. Throughout the report it will be highlighted where this is the case and where presented figures, therefore, should be interpreted with caution.

About the Isle of Wight

The Isle of Wight is an island off the South Coast of England which is home to c140,000 people. The main towns on the island are Newport, Ryde, Cowes and East Cowes. The island is a popular tourist destination due to its mild climate and beautiful coastline with more than half of the island being designated as an area of outstanding natural beauty.

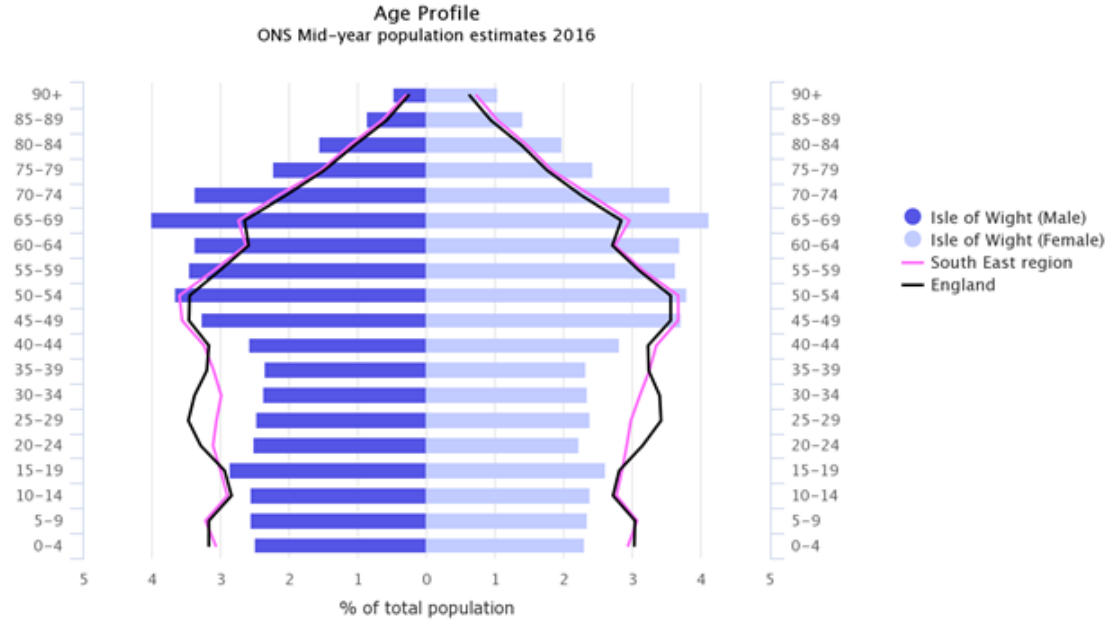


The map shows the main towns on the island. Newport is the second largest by population and is home to the Isle of Wight Council, St Mary's Hospital, courts and headquarters of the emergency services. There are 25 parish and 8 Town councils.

Population

The population is expected to grow to 142,000 by 2020. Figure 1 shows the age-gender distribution of the Island's population, compared with the South East region (pink line) and England (black line). The Isle of Wight has a higher proportion of those aged 55+ compared to both the South East and England. The Island also has a lower proportion of those aged 45 and under compared to the South East and England. The shape of this population pyramid would indicate a shrinking population (if the total population was only influenced by births and deaths), but due to internal migration this isn't the case. This is a combination of inward net migration of older adults, and outward net migration of young adults.

Figure 1: Population pyramid for the Isle of Wight, ONS mid-year estimates 2016

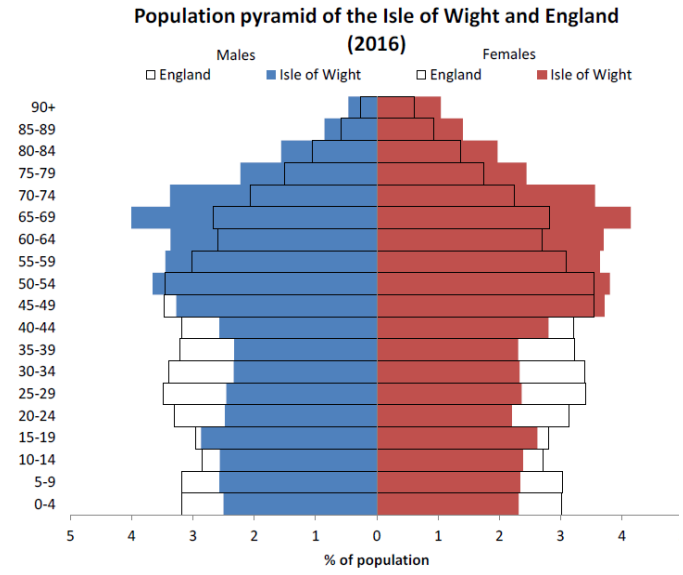


Source: PHE Fingertips Tool

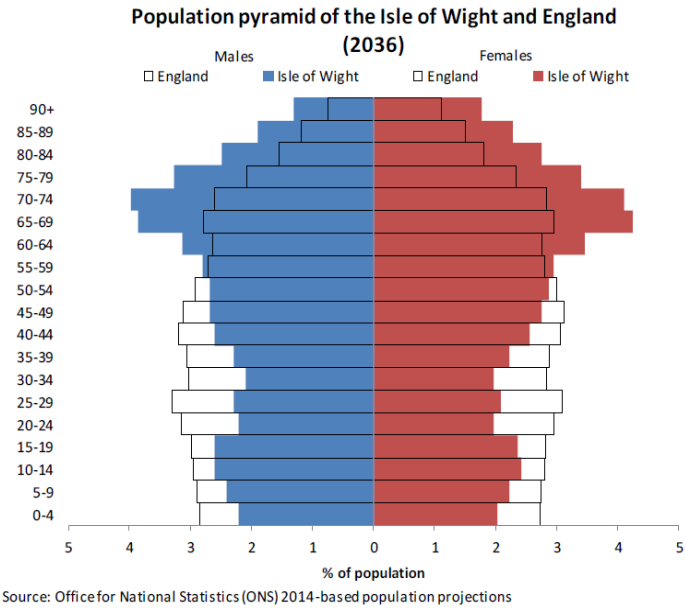
According to mid-2016 population estimates, the Island has experienced a net growth of c. 1,400 (1.0%) since the last Census in 2011. This increase is mainly due to the over 65 age group growing and the under 65 group shrinking. The Island has the 4th highest level of over 65s regionally and the 15th nationally, out of 348 local authorities in England and Wales.

It is expected that over the next 10 years, there will be a fall in the number of under 65s and increases in the number of 65 to 84 year olds and over 85s. Figure 2 shows population pyramids displaying the predicted percentage shifts in the Island's population by age band and gender, with an overlay of the same projections at a national level. These pyramids demonstrate the shift in the balance from the under 65 age group to those over 65, and how the population distribution on the Island varies from the national profile.

Figure 2: Population pyramids for the Isle of Wight and England, 2016 and 2036



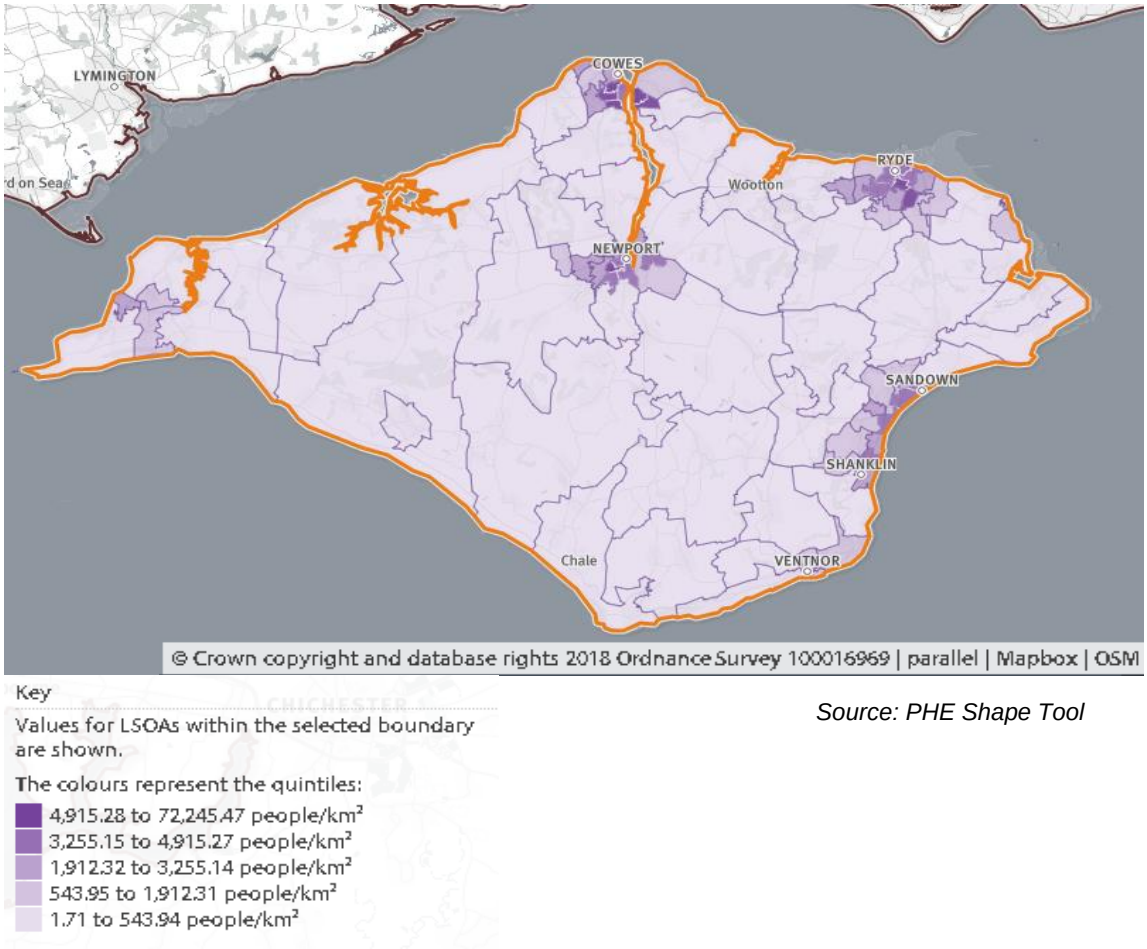
Source: Office for National Statistics (ONS) Mid-2016 Population Estimates



Source: Office for National Statistics (ONS) 2014-based population projections

Figure 3 shows the estimated population density per km^2 on the Island. It can be seen that the majority of the population reside around the main towns with a number also residing over to the far West of the Island.

Figure 3: Map of the Isle of Wight showing population density per km^2



Source: PHE Shape Tool

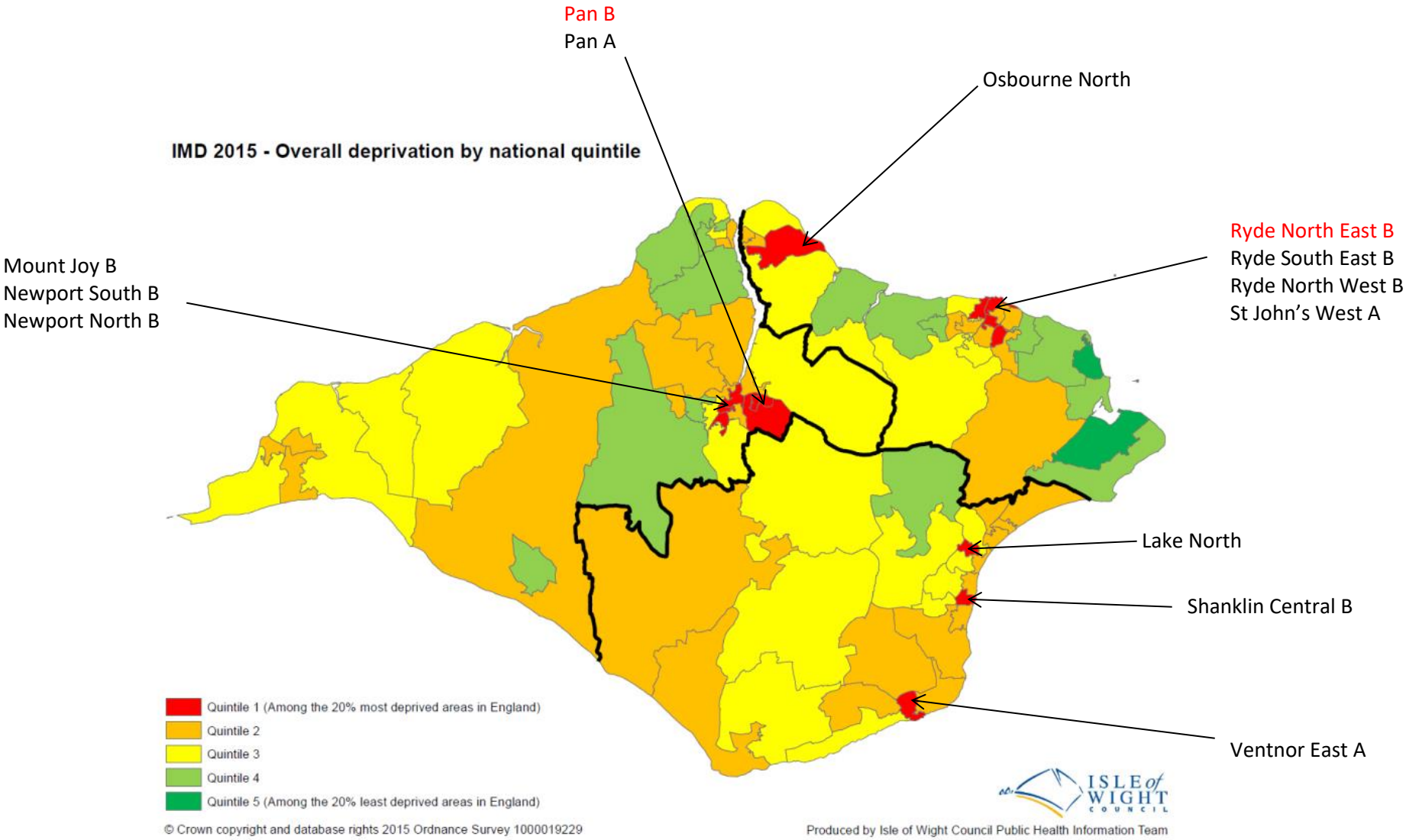
Deprivation

The Index of Multiple Deprivation (IMD) combines information from various domains to provide an overall relative measure of deprivation. The Isle of Wight is ranked 109 on the overall IMD scale out of 326 local authorities, where 1 equals the most deprived.

Figure 4 shows the overall deprivation by national quintile of the Isle of Wight Lower Super Output Areas (LSOAs). There are 12 local LSOAs within the 20% most deprived in England which are marked on the map. Ryde North East B and Pan B are also within the 10% most deprived (in red font on figure). There is considerable variation in deprivation across the Island with some areas among the most deprived in England and some the least deprived. About 18% of children live in low-income families. Life expectancy is 6.8 years lower for men and 3.7 years lower for women in the most deprived areas of the Island than in the least deprived areas[9].

[9] Isle of Wight JSNA – The English Indices of Deprivation 2015 Factsheet. Available here

Figure 4: Map of the Isle of Wight showing overall deprivation by national quintile (IMD 2015)



Ethnicity

According to the 2011 census, the non-white ethnic population make up 2.7% of the total population. This has more than doubled from the 2001 census (1.3%) suggesting a diversifying population. In England and Wales the non-white ethnic population is 14.1% of the total. The Island's non-white groups tend to live in the urban areas of Cowes, Newport, Ryde and Ventnor. The highest percentage is in the Parkhurst ward which is skewed by the prison population[10].

Religion and belief

In the 2011 census, 60.5% of the population identified themselves as Christian; this is a decrease from 73.7% in 2001. 29.6% identified themselves as having no religion; this has increased from 17.3%[10].

Sexual Orientation

There is currently no single source of reliable data around sexual orientation on the Island. According to the 2011 census, 65 households reported to be couples living in same sex civil partnerships. This, however, will only account for a proportion of the total non-heterosexual population.

PHE published modelling estimates for the Lesbian, Gay or Bisexual (LGB) population in February 2017. Using those estimates based on age, it is thought that the LGB population on the Island may be around 3,100. This is still, however, likely to be an underestimation as LGB levels are commonly under-reported[10].

Learning Disability

According to data from the practice disease register from 2016/17, the Isle of Wight has a significantly higher proportion of its residents registered as having a learning disability than in England. The Island also has the highest prevalence out of its 15 CIPFA nearest neighbours and in the South East region[11]. It is estimated that only 23% of adults with learning disabilities in England are identified on GP registers so these figures may be an under-representation[12], although the relatively stable and small community on the Island could mean that a higher proportion are identified locally than elsewhere. The Island also has higher than England average levels of:

- Children with moderate learning difficulties known to schools
- Children with severe learning difficulties known to schools
- Children with Autism known to schools
- Children with learning difficulties known to schools
- Adults (18 and older) with learning disability getting long term support from Local Authorities[11]

[10] Isle of Wight JSNA – Equality & Diversity Factsheet (2018). Available here

[11] Public Health England Fingertips Tool – Learning Disability Profiles

[12] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/613182/PWLDIE_2015_main_report_NB090517.pdf

Although it is possible that reporting of learning disability could be better on the island than elsewhere, it should still be recognised that there are a number of people living on the island experiencing learning disabilities. Evidence suggests that generally, people with learning disabilities do not have good access to sex and relationship education or information[13] and are also less likely than the general population to go for routine health related opportunities such as health checks, cervical smear tests or other screening tests[14].

Alcohol and tobacco

Alcohol consumption can affect judgement and may therefore contribute to an increased likelihood of engaging in risky sexual behaviour[15]. Smoking and alcohol consumption can also influence on fertility in both men and women[16]. Among young people, it is thought that risk behaviours such as consumption of alcohol, smoking and risky sexual behaviours tend to cluster and go onto shape adult behaviour[17].

The Isle of Wight performs generally better than the England average for alcohol related indicators with significantly better outcomes in terms of[18]:

- Admission episodes for alcohol related conditions (Narrow)
- Admission episodes for alcohol related conditions (Broad)
- Admission for alcohol specific conditions

The Island has similar outcomes to the England average for alcohol-related mortality and alcohol-specific mortality. Admission episodes for alcohol-specific conditions for under 18s (67.1 per 100,000 under 18s 2014/15 to 2016/17), however are significantly worse than the England average (34.2 per 100,000 under 18s 2014/15 to 2016/17) and the majority of the Island's comparator areas [18]. However, this indicator is based on a 3-year pooled figure so may be influenced by the suppression of small numbers for local data and should therefore be interpreted with caution.

Smoking prevalence in adults on the Island at 14.1% is similar to the national average (14.9%). According to the "What About YOUth (WAY)" survey 2014/15, 11.2% of 15 year olds on the Island classify themselves as current smokers. This is significantly higher than 8.2% of 15 year olds in England. Although this data is a few years old, it is still of note that smoking levels may be higher than average among young people on the Island as we know that risky behaviours tend to cluster in this age group[17]. Smoking at time of delivery in the Isle of Wight at 14.6% is significantly worse than the national average (10.7%) and also worse than the majority of our comparator areas[19]. This is significant as we know that teenage mothers are more likely to smoke during pregnancy[20] therefore, if levels of smoking

[13] Talking about sex and relationships: the views of young people with learning disabilities, CHANGE, 2010
[14] https://www.iow.gov.uk/azservices/documents/2552-Learning-Disabilities-Factsheet-2017-Final-DB-v1.pdf
[15] Patton, R., Keaney, F., and Brady, M. (2008). Drugs, alcohol and sexual health: opportunities to influence risk behaviour. *BMC Research Notes,* 1: 27.
[16] Sharma, R. et al. (2013). Lifestyle factors and reproductive health: taking control of your fertility. *Reproductive Biology and Endocrinology, 11*: 66.
[17] Kipping et al. (2012). Multiple risk behaviour in adolescence. *Journal of Public Health, 34:* 1-2.
[18] Public Health England Fingertips Tool – Local Alcohol Profiles for England
[19] Public Health England Fingertips Tool – Local Tobacco Control Profiles
[20] Public Health England (2016). Teenage mothers and young fathers support framework. Available from: https://www.gov.uk/government/publications/teenage-mothers-and-young-fathers-support-framework

are higher in adolescents and during pregnancy, this may be linked also with levels of teenage pregnancy.

Mental Health

Depression recorded incidence as reported on the practice register for 18+ on the Island (1.6%) is similar to the England average (1.5%). Depression recorded prevalence for 18+ is slightly lower (8.2%) than the England average (9.1%). However, prevalence of depression and anxiety among 18+ (16.5%) according to the practice register appears to be significantly higher than the national average (13.7%) along with long-term mental health problems (8% vs 5.7%) and severe mental illness (1.18% vs 0.92%). The Island also has higher levels of depression and anxiety among social care users (58.4%) than the national average (54.5%). The estimated prevalence of mental health disorders in children and young people is also slightly higher (9.5%) than the England average (9.2%)[21].

General Health on the Isle of Wight

Life expectancy on the island for males (79.5) is similar to the national average (79.5) and for females (84) above the national average (83.1). Key indicators on which the Isle of Wight is performing significantly worse than the national average include[22]:

- Killed and seriously injured on roads
- Diabetes diagnoses 17+
- Alcohol specific stays under 18
- Breastfeeding initiation
- Smoking status at the time of delivery (smoking in pregnancy)
- Children in low income families
- GCSEs achieved
- Statutory homelessness
- Violent crime

Indicators on which the Isle of Wight is performing better than the England average include[22]:

- Under 75 mortality rate: all causes
- Alcohol-related harm hospital stays
- New sexually transmitted infections
- New cases of tuberculosis

[21] Public Health England Fingertips Tool – Mental Health and Wellbeing JSNA
[22] Public Health England Fingertips Tool – Local Authority Health Profiles

Key Points

- The Island has an ageing population and a higher level of those aged 55+ than the national average
- Although there are large rural areas, it is most densely populated in the main towns
- There is a wide range of socio-economic deprivation in different areas of the Island
- The residents are mostly White British, but it is becoming more ethnically diverse
- The size of the LGBT population on the Island is unclear
- There appears to be a significant number of residents on the Island with learning disabilities
- Data suggests that smoking levels among young people and during pregnancy on the island are higher than the national average – this should be further explored in relation to teenage pregnancy

Sexual Health Services in the Isle of Wight

Information for this section comes from conversation with the service provider from the Isle of Wight NHS Trust and from discussion with the Sexual Health Commissioning Lead in the public health team at the Isle of Wight Council.

Service Model

The Island has a fully integrated sexual health service bringing together Genitourinary Medicine (GUM) and contraceptive services.

Services provided include:

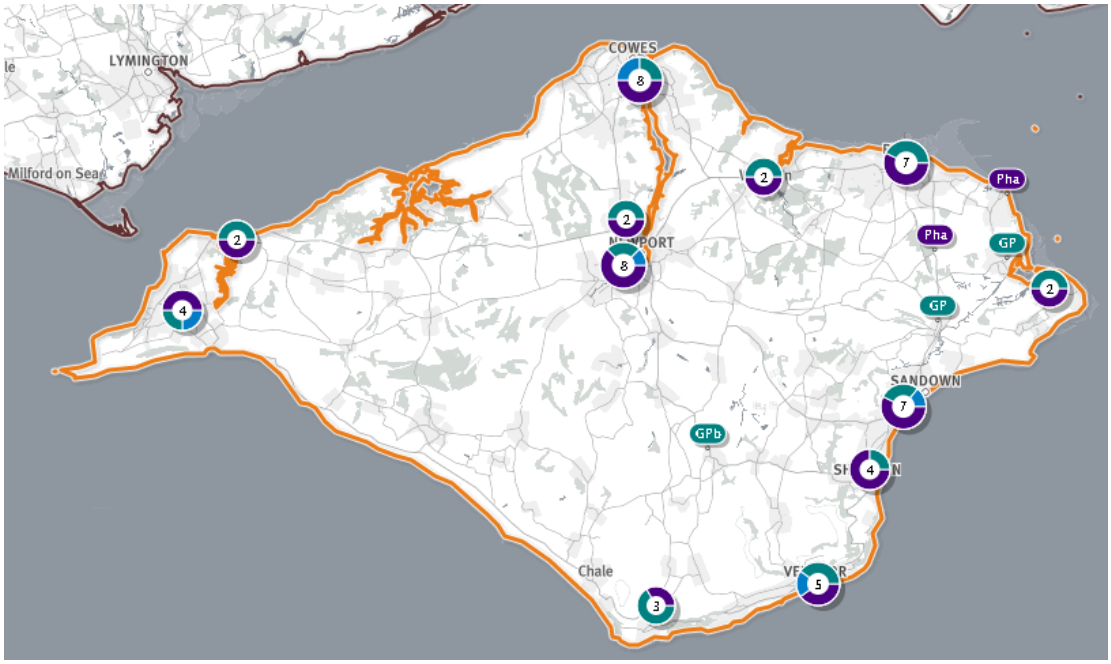
- Full range of contraception
- STI testing, prevention and advice
- Psychosexual services
- HIV treatment and care
- Terminations of pregnancy
- Outreach services

The main hub for sexual health services is at St Mary's Hospital in Newport (the only Hospital on the Island).

Map with GP surgeries/pharmacies

Figure 5 shows the locations of the GP surgeries (green), pharmacies (purple) and health centres (blue) on the island.

Figure 5: Map of the Isle of Wight showing location of primary care services



Source: Public Health England Shape Tool

Satellite Clinics

There are currently two under 18s drop-in clinics at St Mary's Hospital, Newport and the Wellbeing Centre, Ryde.

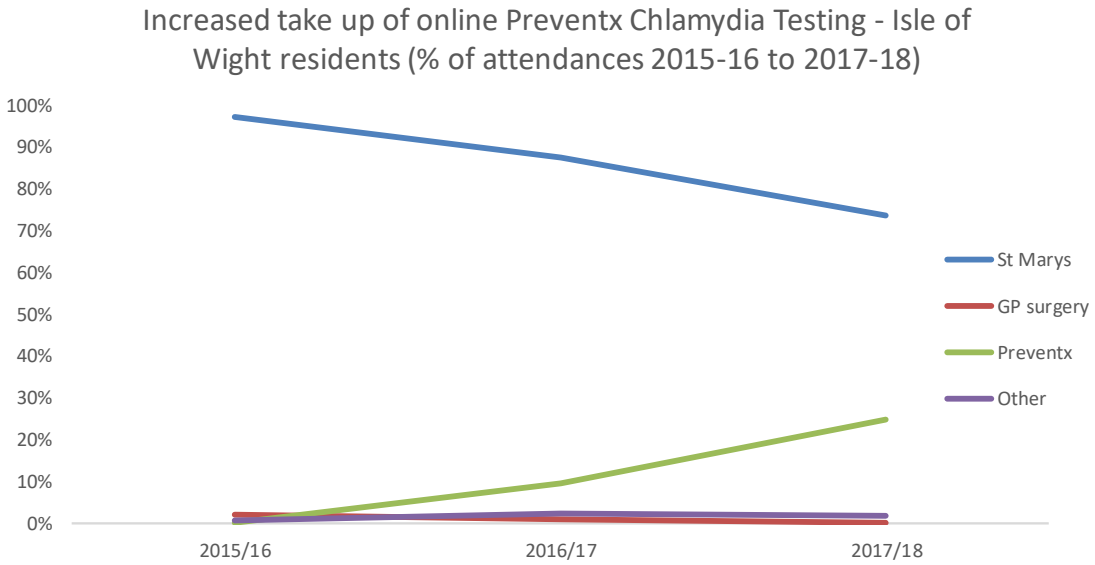
Opening times are as follows:

St Mary's Hospital, Newport	**Wellbeing Centre, Ryde**
Tuesday, 14:30 - 17.00 Under 18s only	Thursday, 14:30 – 17:00 Under 18s only

There are initial plans for a third location to be put in place in early 2019.

Online Services

In October 2016, the Island extended its online Chlamydia testing service to an online 4 STI testing service through 'www.freetest.me'. This testing service covers Chlamydia, Gonorrhoea, Syphilis and HIV. Through this, it was hoped to reduce footfall allowing the physical service to focus on more complex cases. All asymptomatic cases are referred to the online testing service. Early indications are that as a result of this online testing service attendances have fallen at St Marys, and there has been a high take up (over 2,000 attendances in 2017-18) of this online service. Total attendances has risen overall, so it may be that online testing has encouraged more people to seek sexual health services than may otherwise have done so.



Tier 1 Training

The service also provides sessions around sexual health and awareness raising of services for year 10 students on the island. Sessions are also available for people who work with young people such as teachers and the police. The service is also about to begin training for parents and carers which covers the sexual health services available and keeping young people safe online.

Sexual Health on the Isle of Wight

Table 3 shows the Island's Sexual and Reproductive Health area profile showing their performance on key indicators, benchmarked against the regional and England average. The only indicators on which the Isle of Wight are performing below the England average are Chlamydia detection rate and HIV testing coverage. Indicators where the Isle of Wight is performing significantly better than the England average include syphilis diagnostic rate, gonorrhoea diagnostic rate, chlamydia proportion aged 15-24 screened, new STI diagnoses (excluding chlamydia <25 years), new HIV diagnosis rate, HIV diagnosed prevalence rate, under 25s repeat abortions and total prescribed Long Acting Reversible Contraception (LARC) excluding injections rate. Under 18s conceptions leading to abortions is similar to the national average. Under 18s conception rate appears to be lower than the England average but this has not been statistically compared so we cannot say whether this value is significantly lower. Also the sexual offences rate on the Island looks to be higher than the England average, but again it has not been possible to statistically compare these values.

Table 3: Sexual and Reproductive Health Profile for the Isle of Wight

Compared with benchmark Better Similar Worse | Lower Similar Higher Not Compared

Benchmark Value: Worst/Lowest | 25th Percentile | 75th Percentile | Best/Highest

Indicator	Period	IoW			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Syphilis diagnostic rate / 100,000	2017	→	1	0.7	9.5	12.5	154.1		0.0
Gonorrhoea diagnostic rate / 100,000	2017	→	17	12.1	45.9	78.8	654.4		4.8
Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator 3.02) <1,900 1,900 to 2,300 ≥2,300	2017	→	213	1,489	1510	1882	713		6,259
Chlamydia proportion aged 15-24 screened	2017	↓	2,933	20.5%	17.1%	19.3%	9.1%		47.1%
New STI diagnoses (exc chlamydia aged <25) / 100,000	2017	↓	396	484	648	794	3,215		267
HIV testing coverage, total (%)	2017	↓	1,565	62.1%	69.2%	65.7%	26.1%		88.5%
HIV late diagnosis (%) (PHOF indicator 3.04) <25% 25% to 50% ≥50%	2015 - 17	–	-	*	44.0%	41.1%	88.9%		0.0%
New HIV diagnosis rate / 100,000 aged 15+	2017	→	1	0.8	5.8	8.7	44.6		0.0
HIV diagnosed prevalence rate / 1,000 aged 15-59 <2 2 to 5 ≥5	2017	→	30	0.42	1.81	2.32	14.65		0.29
Total prescribed LARC excluding injections rate / 1,000	2016	–	1,637	80.0	54.0	46.4	6.1		84.8
Under 18s conception rate / 1,000 (PHOF indicator 2.04)	2016	↓	55	24.2	15.0	18.8	36.7		3.3
Under 18s conceptions leading to abortion (%)	2016	→	23	41.8%	54.2%	51.8%	21.2%		94.7%
Sexual offences rate / 1,000 (PHOF indicator 1.12iii)	2016/17	↑	424	3.0	1.9	1.9	0.7		4.7

Source: Public Health England Sexual and Reproductive Health Profiles

Nationally, the total number of STIs diagnosed remains relatively stable. In particular, diagnoses of genital warts have decreased over the past decade in line with the introduction of the human papillomavirus (HPV) immunisation programme. However, diagnoses of syphilis and gonorrhoea have risen and there has been a decline in the number of chlamydia tests carried out since 2016. The impact of STIs remains greatest among young heterosexuals (15-24), gay, bisexual, men who have sex with men and black ethnic minorities – in particular black Caribbean and black African[6]. The following section of this report presents data collected and analysed by PHE available publicly through PHE's Fingertips Tool.

First overall STI rates will be covered followed by exploration of the key infections: chlamydia, gonorrhoea, syphilis, genital warts, genital herpes and HIV. There will also be a focussed section on young people as a key group to target for STI prevention. When possible, data is compared against the England average, the PHE South East region and also the Island's 15 comparator areas (CIPFA 'nearest neighbours'). In these tables, the Isle of Wight's position out of these comparator areas has been highlighted. It is not possible to compare areas across the geography of the Isle of Wight due to small numbers in the data.

All STIs

Table 4 shows the incidence of all new STIs on the Isle of Wight as of 2017 compared to its CIPFA nearest neighbours. On the Isle of Wight in 2017, there were 441 new STI diagnoses per 100,000 total population per year. This is significantly lower than the England average (743 diagnoses per 100,000 total population per year) and lower than 12 of the 15 of its CIPFA nearest neighbours. Trend analysis also suggests that STI diagnoses have been falling in recent years.

Table 4: Incidence of all new STIs among IoW residents, England average and CIPFA nearest neighbours, 2017

All new STI diagnosis rate / 100,000 2017 — Crude rate - per 100,000

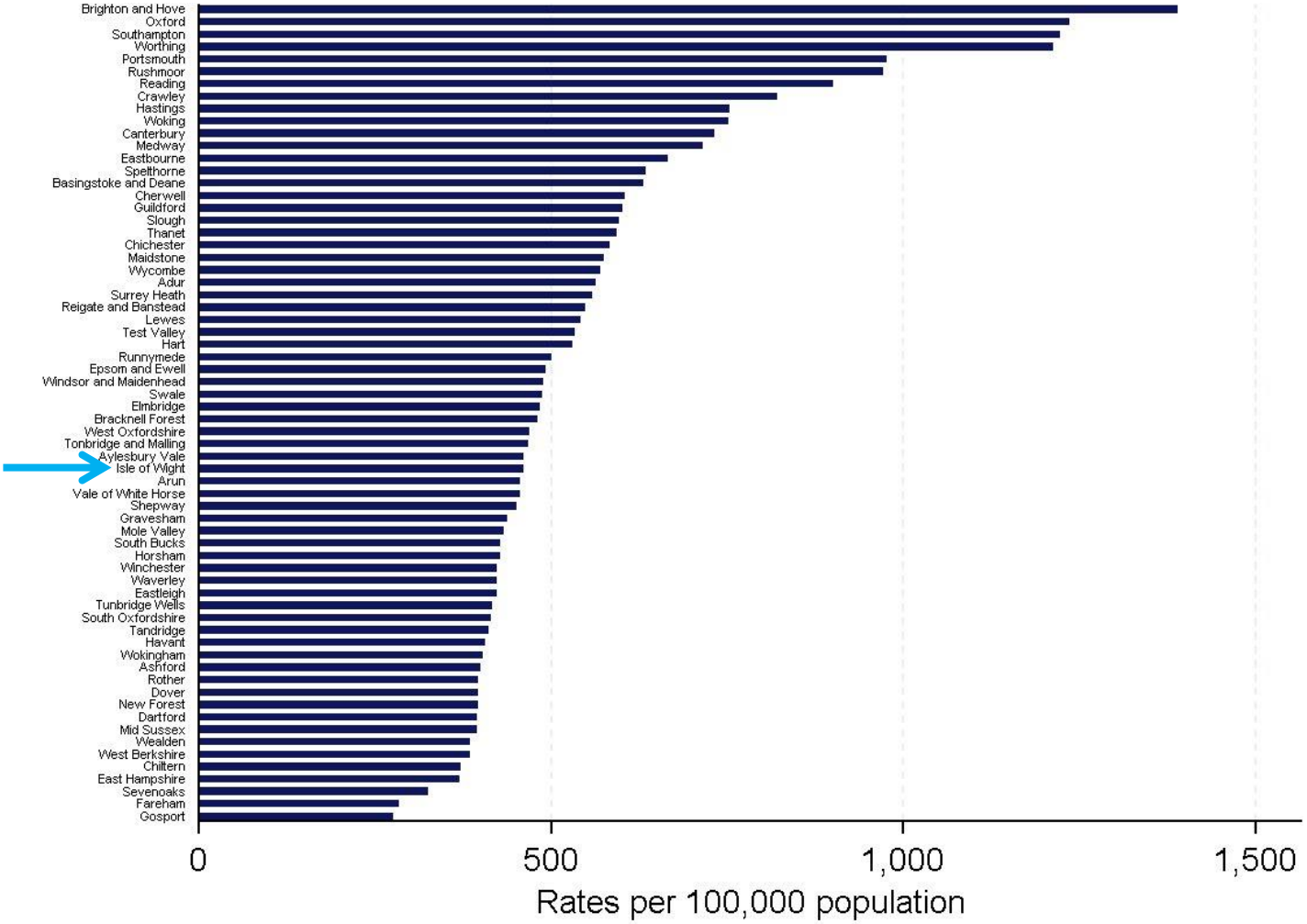
Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	410,703	743	741	745
Shropshire	↓	7	1,013	322	303	343
East Riding of Yorkshire	↑	1	1,389	411	390	433
Herefordshire	↓	6	789	416	388	446
Isle of Wight	↓	-	619	441	407	477
Northumberland	↓	2	1,502	473	450	498
Poole	↓	8	770	511	475	548
Cornwall	↓	9	2,872	517	499	537
Cheshire East	→	11	2,039	540	517	564
North Somerset	↓	5	1,147	542	511	574
Stockport	↓	13	1,570	542	515	569
Sefton	↓	4	1,534	558	531	587
Redcar and Cleveland	↓	14	761	562	522	603
Torbay	↓	3	813	605	564	648
Southend-on-Sea	→	15	1,213	672	634	711
Wirral	↓	10	2,198	682	654	711
Cheshire West and Chester	→	12	2,332	695	667	723

Source: Public Health England

Source: Public Health England Sexual and Reproductive Health Profiles

Figure 7 shows where the Isle of Wight sits in terms of rates per 100,000 population of new STIs compared to other unitary and lower tier authorities in the South East PHE Centre. It can be seen that the Island ranks slightly below the middle.

Figure 7: Rates per 100,000 population of new STIs in each Unitary and Lower Tier Authority in the South East PHE Centre: 2016



Source: IoW Local Authority HIV, Sexual and Reproductive Health Epidemiology Report (LASER), 2016

Table 5 shows new STI diagnoses excluding chlamydia in those aged under 25 on the Isle of Wight as of 2017. Chlamydia in under 25s have been taken out as the implementation of the National Chlamydia Screening programme means that there has been an increase in Chlamydia diagnoses in this age group. Therefore this may influence data and trends regarding diagnoses of all STIs when included. In 2017 there were 484 new STI diagnoses excluding Chlamydia in under 25s per 100,000 of the total population aged 15-64. This is significantly lower than the England average and lower than 10 of the Isle of Wight's CIPFA nearest neighbours. Trend analysis suggests that this has been falling in recent years.

Table 5: Incidence of all new STIs, excluding chlamydia in under 25s

New STI diagnoses (exc chlamydia aged <25) / 100,000 2017 — Crude rate - per 100,000

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	281,480	794	791	797
Shropshire	↓	7	631	329	304	356
East Riding of Yorkshire	↑	1	908	450	421	480
Northumberland	→	2	913	470	440	502
Herefordshire	↓	6	541	471	432	512
Redcar and Cleveland	→	14	401	483	436	532
Isle of Wight	↓	-	396	484	437	534
Cheshire East	↓	11	1,176	510	481	540
Stockport	↓	13	966	536	503	571
Cornwall	↓	9	1,795	538*	513	563
Poole	↓	8	497	540	493	589
Cheshire West and Chester	↓	12	1,170	558	526	591
North Somerset	→	5	748	594	552	638
Sefton	↓	4	1,038	618	581	657
Wirral	↓	10	1,302	658	623	695
Southend-on-Sea	→	15	755	666	619	715
Torbay	↓	3	541	690	633	751

Source: Public Health England

Source: Public Health England Sexual and Reproductive Health Profiles

STIs often present with minimal or no symptoms, this means that testing of risk groups is important in facilitating early detection and preventing onward transmission. By picking up STIs early, the risk of long-term consequences such as infertility or ectopic pregnancy can be reduced.

Table 6 shows STI testing rates on the Isle of Wight compared to England and its CIPFA nearest neighbours. Despite testing rates being below the England average, the Island has the highest testing rate when compared to similar areas. Trends also show testing rates have been increasing in recent years.

Table 6: STI testing rates among IoW residents, England average and CIPFA nearest neighbours, 2017

STI testing rate (exc chlamydia aged <25) / 100,000 2017 — Crude rate - per 100,000

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↑	-	5,935,425	16,739	16,726	16,753
Isle of Wight	↑	-	13,340	16,296	16,021	16,575
Torbay	↑	3	11,808	15,069	14,799	15,343
North Somerset	↓	5	16,796	13,330	13,129	13,533
Sefton	↑	4	22,353	13,308	13,134	13,483
Northumberland	↑	2	25,612	13,187	13,026	13,349
Cornwall	↑	9	42,935	12,915	12,793	13,038
Southend-on-Sea	→	15	14,475	12,770	12,563	12,980
Wirral	↑	10	24,552	12,417	12,262	12,573
Poole	↓	8	11,353	12,324	12,098	12,553
Herefordshire	↑	6	14,143	12,307	12,105	12,512
Cheshire West and Chester	↓	12	24,312	11,590	11,445	11,736
Stockport	↓	13	19,305	10,714	10,563	10,866
Cheshire East	↓	11	23,260	10,084	9,955	10,215
Redcar and Cleveland	↓	14	7,334	8,826	8,625	9,030
Shropshire	↑	7	15,787	8,242	8,114	8,372
East Riding of Yorkshire	↓	1	16,187	8,021	7,897	8,145

Source: Public Health England

Source: Public Health England Sexual and Reproductive Health Profiles

As well as looking into testing rates and diagnosis rates, it is important to explore positivity rates. This refers to the amount of tests that are conducted that come back as positive. A decreasing positivity rate could indicate a fall in incidence of an STI, or could also indicate a stable incidence if testing rates had increased. A decreasing positivity rate could also indicate that the key risk groups are not getting tested. Increasing positivity could indicate an increase in STI incidence; however, it could also indicate that testing is effectively targeting higher risk individuals. According to PHE's fingertips tool a higher positivity rate reflects a "better" outcome, but it is important to be cautious when exploring this data as it is clear that there are a number of different explanations.

While the Island has high testing rates, STI testing positivity is significantly lower than the England average and also the lowest out of its comparator areas (see table 7). This could indicate a number of things. Firstly there could be positive cases or certain at risk groups that are being missed from the testing. It could also be possible that the prevalence of STIs on the Island is simply lower than in other areas. With recent trends suggesting that testing rates are increasing and positivity rates decreasing, this seems to indicate that there may be a generally low incidence of STIs on the island. However, this explanation should not be taken as true without further exploration of data over a number of years and specifically who is being tested in terms of whether high risk groups are being reached. With the introduction of online testing on the Island, access to testing has never been easier, making it possible that this may increase uptake among the 'worried well' rather than those really at risk.

Table 7: STI positivity rates among IoW residence, England average and CIPFA nearest neighbours, 2017

STI testing positivity (exc chlamydia aged <25) % 2017 — Proportion - %

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	281,480	4.7	4.7	4.8
East Riding of Yorkshire	↑	1	908	5.6	5.3	6.0
Redcar and Cleveland	↑	14	401	5.5	5.0	6.0
Wirral	↓	10	1,302	5.3	5.0	5.6
Southend-on-Sea	→	15	755	5.2	4.9	5.6
Cheshire East	↑	11	1,176	5.1	4.8	5.3
Stockport	↓	13	966	5.0	4.7	5.3
Cheshire West and Chester	↓	12	1,170	4.8	4.5	5.1
Sefton	↓	4	1,038	4.6	4.4	4.9
Torbay	↓	3	541	4.6	4.2	5.0
North Somerset	→	5	748	4.5	4.1	4.8
Poole	→	8	497	4.4	4.0	4.8
Cornwall	↓	9	1,795	4.2*	4.0	4.4
Shropshire	↓	7	631	4.0	3.7	4.3
Herefordshire	↓	6	541	3.8	3.5	4.2
Northumberland	↓	2	913	3.6	3.3	3.8
Isle of Wight	↓	-	396	3.0	2.7	3.3

Source: Public Health England

Source: Public Health England Sexual and Reproductive Health Profiles

Chlamydia

Chlamydia is the most common diagnosed STI in England representing 49% of all new STI diagnoses[6]. It is most frequently diagnosed in people under the age of 25; however it can infect people of all ages. Many people do not notice any symptoms and therefore can remain undiagnosed and untreated for some time[23]. Therefore, screening, testing and targeting risk groups for chlamydia represent an integral part of maintaining good sexual health outcomes.

Table 8 shows the chlamydia diagnostic rates in those aged 25 and over on the Isle of Wight compared to England and its CIPFA nearest neighbours. The Island's chlamydia diagnostic rate (124 per 100,000 population aged 25+ per year) was lower than the England average and sits in the middle among similar areas with 7 areas with higher rates and 8 with lower rates. Recent trends have shown a stable rate.

Table 8: Chlamydia diagnostic rate among Isle of Wight residents aged 25+, England average and CIPFA nearest neighbours, 2017

Chlamydia diagnostic rate / 100,000 aged 25+ 2017 — Crude rate - per 100,000

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↑	-	72,923	189	188	190
East Riding of Yorkshire	→	1	168	67	57	78
Shropshire	↑	7	192	82	71	95
Herefordshire	→	6	138	98	82	116
Cornwall	↓	9	409	101	91	111
Northumberland	→	2	265	112	99	126
Torbay	→	3	115	115	95	138
Poole	→	8	128	117	97	139
Stockport	→	13	255	123	108	139
Isle of Wight	→	-	131	124	104	147
Sefton	→	4	276	137	121	154
Redcar and Cleveland	→	14	136	140	117	165
North Somerset	→	5	241	156	137	176
Cheshire East	↑	11	462	167	153	183
Southend-on-Sea	↑	15	229	178	156	203
Cheshire West and Chester	↑	12	480	199	181	217
Wirral	↑	10	514	222	203	242

Source: Public Health England

Source: Public Health England Sexual and Reproductive Health Profiles

Chlamydia among those aged under 25 years is discussed in more detail in the section entitled "Young People" in pages 35-37.

[23] BASHH (2015) A guide to Chlamydia. Available here

Other STIs

Gonorrhoea

Nationally there has been a 22% increase from 2016 to 2017 in diagnoses of gonorrhoea. This is of particular concern with the recent emergence of antibiotic resistant gonorrhoea. Gonorrhoea was also the most common new STI diagnosis among MSM in 2017 (43%)[6].

Table 9 shows the gonorrhoea diagnostic rate on the Isle of Wight compared to England and its CIPFA nearest neighbours. The Island's gonorrhoea diagnostic rate (12.1 per 100,000 population per year) was lower than the England average. This was also the lowest out of the 15 comparator areas. Trend data suggests a stable rate over recent years.

Table 9: Gonorrhoea diagnostic rate among IoW residents, England average and CIPFA nearest neighbours, 2017

Gonorrhoea diagnostic rate / 100,000 2017 — Crude rate - per 100,000

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↑	-	43,547	78.8	78.1	79.5
Isle of Wight	→	-	17	12.1	7.1	19.4
Torbay	→	3	24	17.9	11.4	26.6
Cornwall	↑	9	113	20.3*	16.7	24.4
Shropshire	↑	7	66	21.0	16.2	26.7
Herefordshire	→	6	40	21.1	15.1	28.7
Cheshire East	→	11	92	24.4	19.7	29.9
East Riding of Yorkshire	↑	1	90	26.6	21.4	32.7
Poole	→	8	51	33.8	25.2	44.5
Sefton	→	4	97	35.3	28.6	43.1
Cheshire West and Chester	→	12	122	36.3	30.2	43.4
Northumberland	→	2	119	37.5	31.1	44.9
North Somerset	↑	5	91	43.0	34.6	52.8
Southend-on-Sea	↑	15	84	46.5	37.1	57.6
Stockport	→	13	136	46.9	39.4	55.5
Redcar and Cleveland	↑	14	65	48.0	37.0	61.1
Wirral	→	10	180	55.9	48.0	64.6

Source: Public Health England

Source: Public Health England Sexual and Reproductive Health Profiles

Syphilis

Nationally there has been a 20% increase in diagnoses of syphilis between 2016 and 2017 and a 148% increase since 2008[6].

Table 10 shows the syphilis diagnostic rate on the Isle of Wight compared to England and its CIPFA nearest neighbours. The Island's syphilis diagnostic rate (0.7 per 100,000 population per year) was lower than the England average. This was also the lowest out of the 15 comparator areas. Trend data suggests a stable rate over recent years.

Table 10: Syphilis diagnostic rate among IoW residents, England average and CIPFA nearest neighbours, 2017

Syphilis diagnostic rate / 100,000 2017 — Crude rate - per 100,000

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↑	-	6,898	12.5	12.2	12.8
Isle of Wight	→	-	1	0.7	0.0	4.0
East Riding of Yorkshire	→	1	9	2.7	1.2	5.1
Sefton	→	4	8	2.9	1.3	5.7
Poole	→	8	5	3.3	1.1	7.7
Cheshire East	→	11	13	3.4	1.8	5.9
Redcar and Cleveland	→	14	6	4.4	1.6	9.6
Shropshire	↑	7	15	4.8	2.7	7.9
Cornwall	→	9	29	5.2	3.5	7.5
Northumberland	↑	2	18	5.7	3.4	9.0
Cheshire West and Chester	→	12	21	6.3	3.9	9.6
Southend-on-Sea	→	15	12	6.6	3.4	11.6
Wirral	↑	10	25	7.8	5.0	11.5
Herefordshire	→	6	15	7.9	4.4	13.1
Stockport	↑	13	24	8.3	5.3	12.3
North Somerset	→	5	18	8.5	5.0	13.4
Torbay	↑	3	12	8.9	4.6	15.6

Source: Public Health England

Source: Public Health England Sexual and Reproductive Health Profiles

Genital Warts

Table 11 shows the genital warts diagnostic rate on the Isle of Wight compared to England and its CIPFA nearest neighbours. The Island's genital warts diagnostic rate (98.4 per 100,000 population per year) was similar to the England average. The Isle of Wight was performing worse than comparator areas at 13th out of 15. However, over recent years there has been a downward trend.

Table 11: Genital warts diagnostic rate among Isle of Wight residents, England average and CIPFA nearest neighbours, 2017

Genital warts diagnostic rate / 100,000 2017 — Crude rate - per 100,000

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	57,399	103.9	103.0	104.7
Cheshire East	↓	11	242	64.1	56.3	72.8
Herefordshire	↓	6	128	67.5	56.3	80.3
Shropshire	↓	7	214	68.1	59.3	77.8
North Somerset	↓	5	156	73.7	62.6	86.2
Redcar and Cleveland	↓	14	100	73.8	60.0	89.8
East Riding of Yorkshire	→	1	251	74.3	65.4	84.1
Cheshire West and Chester	↓	12	260	77.4	68.3	87.5
Northumberland	↓	2	247	77.8	68.4	88.1
Stockport	↓	13	247	85.2	74.9	96.5
Poole	↓	8	138	91.6	76.9	108.2
Southend-on-Sea	↓	15	167	92.5	79.0	107.6
Sefton	↓	4	264	96.1	84.8	108.4
Isle of Wight	↓	-	138	98.4	82.7	116.2
Cornwall	↓	9	597	107.6	99.1	116.5
Torbay	↓	3	146	108.6	91.7	127.7
Wirral	↓	10	353	109.6	98.4	121.6

Source: Public Health England

Source: Public Health England Sexual and Reproductive Health Profiles

Genital Herpes

Table 12 shows the genital herpes diagnostic rate in the IoW compared to England and its CIPFA nearest neighbours. The island's genital herpes diagnostic rate (32.8 per 100,000 population per year) was lower than the England average. The island had the 3rd lowest rate out of the 15 comparator areas. Trend data suggests a decreasing rate over recent years.

Table 12: Genital herpes diagnostic rate among Isle of Wight residents, England average and CIPFA nearest neighbours, 2017

Genital herpes diagnosis rate / 100,000 2017 — Crude rate - per 100,000

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	31,314	56.7	56.0	57.3
Shropshire	→	7	86	27.4	21.9	33.8
Stockport	→	13	84	29.0	23.1	35.9
Isle of Wight	↓	-	46	32.8	24.0	43.7
Herefordshire	→	6	64	33.8	26.0	43.1
Cheshire West and Chester	↓	12	126	37.5	31.3	44.7
Redcar and Cleveland	→	14	52	38.4	28.7	50.3
Cornwall	→	9	231	41.6	36.4	47.3
Poole	→	8	64	42.5	32.7	54.2
Northumberland	→	2	139	43.8	36.8	51.7
East Riding of Yorkshire	↑	1	159	47.1	40.0	55.0
Wirral	↓	10	155	48.1	40.8	56.3
Cheshire East	↓	11	182	48.2	41.5	55.8
Sefton	→	4	137	49.8	41.8	58.9
North Somerset	→	5	107	50.5	41.4	61.1
Southend-on-Sea	→	15	97	53.7	43.6	65.5
Torbay	→	3	108	80.4	65.9	97.0

Source: Public Health England

Source: Public Health England Sexual and Reproductive Health Profiles

HIV

Nationally, it has been reported that the number of HIV diagnoses has fallen among gay and bisexual men. This suggests that current prevention strategies are working and that frequent HIV testing, especially amongst those most at risk of contracting HIV, needs to continue in order to prevent spread and begin treatment in the early stages. Despite this promising data, a relatively high proportion of HIV diagnoses are still being made at a late stage[24]. Late HIV diagnosis is one of the Sexual and Reproductive Health indicators included in the PHOF.

Table 13 shows HIV prevalence in the Isle of Wight compared to England and the Island's CIPFA nearest neighbours. The coloured bars indicate performance benchmarked against goals of <2 per 1000 population aged 15-59 (green), 2-5 per 1000 population aged 15-59 (amber) and ≥5 per 1000 population aged 15-59 (red). The National Institute for Health and Care Excellence (NICE) recommends enhanced testing in hospital and primary care settings in Local Authority areas where HIV prevalence is higher than 2 per 1000[25].

HIV prevalence on the Isle of Wight in 2017 was 0.42, this is considered low and below the national average of 2.32 per 1000 population aged 15-59. This is 2nd lowest out of the 15 comparator areas.

Table 13: HIV prevalence among Isle of Wight residents aged 15-59, England average and CIPFA nearest neighbours, 2017

HIV diagnosed prevalence rate / 1,000 aged 15-59 2017 — Crude rate - per 1000

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↑	-	75,444	2.32	2.30	2.33
Redcar and Cleveland	→	14	29	0.39	0.26	0.56
Isle of Wight	→	-	30	0.42	0.28	0.60
East Riding of Yorkshire	→	1	100	0.56	0.46	0.69
Northumberland	↑	2	105	0.61	0.50	0.74
Shropshire	→	7	123	0.72	0.60	0.86
Cornwall	↑	9	223	0.75	0.66	0.86
Herefordshire	→	6	83	0.81	0.65	1.01
North Somerset	→	5	104	0.92	0.75	1.11
Cheshire East	↑	11	197	0.95	0.82	1.09
Cheshire West and Chester	↑	12	192	1.01	0.88	1.17
Sefton	↑	4	173	1.17	1.00	1.35
Wirral	↑	10	212	1.20	1.04	1.37
Stockport	↑	13	245	1.50	1.32	1.70
Poole	→	8	164	1.97	1.68	2.29
Torbay	↑	3	148	2.13	1.80	2.51
Southend-on-Sea	→	15	301	2.89	2.57	3.23

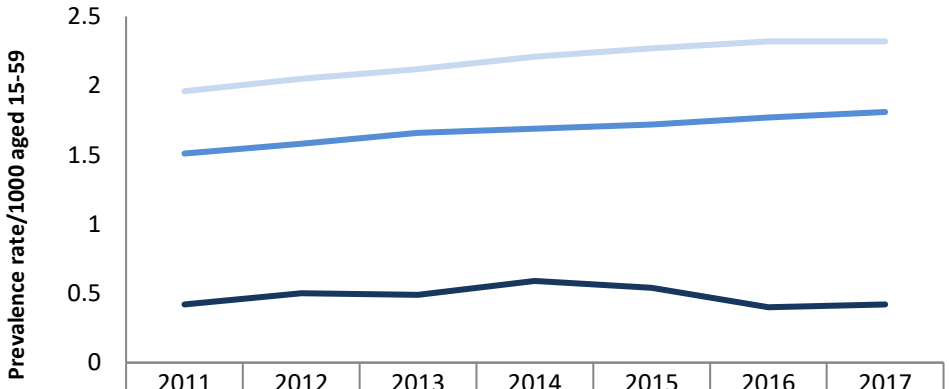
Source: Public Health England

Source: Public Health England Sexual and Reproductive Health Profiles

[24] Public Health England (2017). Towards elimination of HIV transmission, AIDS and HIV-related deaths in the UK. Available here

Figure 8 compares HIV prevalence on the Isle of Wight, the South East region and England between 2011 and 2017. It is clear that HIV prevalence has been relatively stable on the Island and has consistently been below both the regional and national averages.

Figure 8: HIV Prevalence in adults aged 15-59, Isle of Wight, South East and England, 2011-2017



	2011	2012	2013	2014	2015	2016	2017
IOW Prevalence	0.42	0.5	0.49	0.59	0.54	0.4	0.42
England Prevalence	1.96	2.05	2.12	2.21	2.27	2.32	2.32
South East Prevalence	1.51	1.58	1.66	1.69	1.72	1.77	1.81

Source: PHE Fingertips Tool

Table 14 shows new HIV diagnosis rate on the Isle of Wight compared to England and the island's CIPFA nearest neighbours in 2017. New HIV diagnosis rate (0.8 per 100,000 population aged 15+ per year) was significantly lower than the England average. The Isle of Wight has the joint lowest rate out of the comparator areas. Recent years have shown a stable trend. It is of note that for HIV, the numbers are so small trends are likely to fluctuate. With wide confidence intervals on table 14 we must also interpret this data with caution.

Table 14: HIV diagnosis rate among IoW residents aged 15+, England average and CIPFA nearest neighbours, 2017

New HIV diagnosis rate / 100,000 aged 15+ 2017 — Crude rate - per 100,000

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	3,948	8.7	8.4	8.9
Isle of Wight	→	-	1	0.8	0.0	4.6
Cornwall	↓	9	4	0.8	0.2	2.2
Northumberland	→	2	4	1.5	0.4	3.8
Cheshire East	→	11	8	2.5	1.1	5.0
Redcar and Cleveland	→	14	3	2.7	0.5	7.8
East Riding of Yorkshire	→	1	8	2.8	1.2	5.5
Shropshire	→	7	9	3.4	1.5	6.4
Cheshire West and Chester	→	12	11	3.9	2.0	7.0
Herefordshire	→	6	7	4.3	1.7	9.0
Sefton	→	4	11	4.8	2.4	8.6
Wirral	↓	10	13	4.9	2.6	8.4
Torbay	→	3	7	6.1	2.5	12.7
North Somerset	→	5	11	6.2	3.1	11.2
Stockport	→	13	15	6.3	3.5	10.4
Poole	→	8	8	6.4	2.7	12.5
Southend-on-Sea	→	15	14	9.4	5.2	15.8

Source: Public Health England

Source: Public Health England Sexual and Reproductive Health Profiles

Late HIV diagnoses (PHOF indicator 3.04)

Due to small numbers, the Sexual and Reproductive Health profile for the Isle of Wight is not able to include a value for the percentage of HIV diagnosed at a late stage on the island. However, according to the LASER report for the Isle of Wight, between 2014 and 2016, 100% of HIV diagnoses were made at a late stage. This is compared to 40.1% in England. Although this may seem concerning, the number of cases of HIV on the island are likely to be very small and therefore the percentage diagnosed at a late stage is likely to be high and to fluctuate between reporting periods. The introduction of online testing on the island in 2016 is likely to have made it easier for individuals to access HIV testing and therefore reduce late diagnosis further in the future

HIV testing uptake and coverage

PHE recommend that one of the key steps in eliminating HIV in the UK is through reducing undiagnosed HIV by increasing HIV testing[24]. NICE guidelines also recommend routine HIV testing for all who attend specialist SRH services for testing or treatment[25].

HIV Testing uptake measures the number of HIV tests that were accepted as a proportion of where a HIV test was offered in eligible new episodes. Table 15 shows HIV testing uptake on the Isle of Wight compared to England and its CIPFA nearest neighbours in 2017. This measures the proportion of times a HIV test was accepted when offered. HIV testing uptake (77.7%) was similar to the England average in 2017. The Isle of Wight is 4th in terms of testing uptake out of the 15 comparator areas. Recent years have shown a downward trend which has also been seen nationally.

Table 15: HIV testing uptake among Isle of Wight residents aged 15+ attending SRH services, England average and CIPFA nearest neighbours, 2017

HIV testing uptake, total (%) 2017 — Proportion - %

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	1,147,961	77.0	76.9	77.0
Poole	↑	8	2,542	90.6	89.5	91.6
Cornwall	↓	9	8,947	85.1	84.4	85.7
Northumberland	↓	2	5,018	81.1	80.1	82.1
Isle of Wight	↓	-	1,728	77.7	75.9	79.4
Southend-on-Sea	↑	15	3,023	77.7	76.4	79.0
Herefordshire	↓	6	1,944	72.2	70.5	73.9
East Riding of Yorkshire	↓	1	2,657	71.1	69.7	72.6
Shropshire	↓	7	2,375	69.8	68.2	71.4
Wirral	↑	10	2,703	69.6	68.2	71.1
Redcar and Cleveland	↓	14	1,267	68.4	66.2	70.5
Cheshire West and Chester	↑	12	3,231	68.3	67.0	69.6
Torbay	↓	3	2,464	67.7	66.1	69.2
Cheshire East	↑	11	3,855	67.5	66.3	68.7
Stockport	↓	13	3,237	63.8	62.4	65.1
North Somerset	↑	5	2,959	57.5	56.1	58.9
Sefton	↓	4	3,843	43.3	42.3	44.3

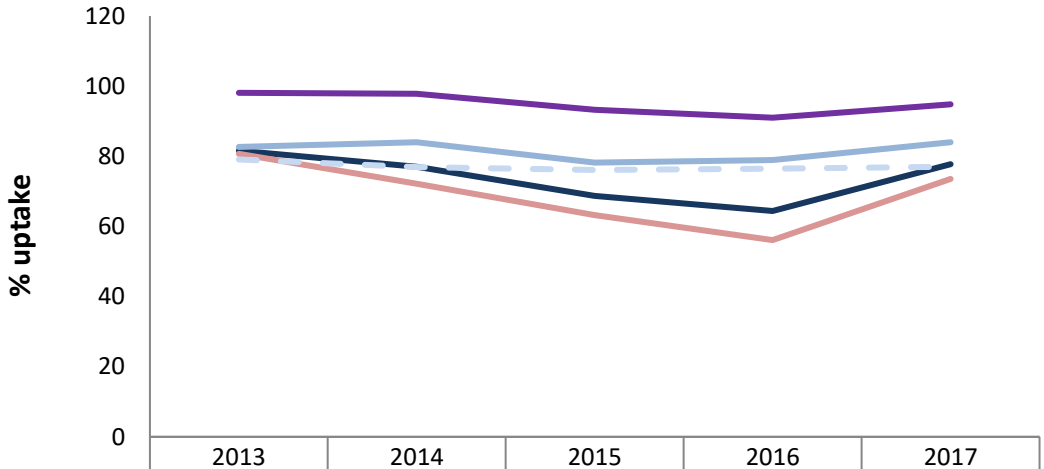
Source: Public Health England

Source: Public Health England Sexual and Reproductive Health Profiles

[25] NICE Guideline NG60 (2016). HIV testing: increasing uptake HIV testing: increasing uptake among people who may have undiagnosed HIV.

Figure 9 shows the uptake of HIV testing from 2013-17 among various population groups on the Isle of Wight, compared to the England average. Testing uptake has declined slightly since 2013 (81.6% to 77.7%) but has risen in all groups since 2016. This may be reflective of the introduction of the online testing option. There was only lower uptake among women than the England average; however testing uptake in this group has risen from 56.1% to 73.5% from 2016-17. Testing uptake among MSM has remained consistently high (94.8% in 2017). The lower uptake of HIV testing among women may be related to the fact that women are routinely offered an HIV test as part of maternal screening. Many women may be sure that they do not have HIV and so decline a test.

Figure 9: Uptake of HIV testing among IoW residents 2013-2017 compared to England average



	2013	2014	2015	2016	2017
Total	81.6	77	68.7	64.4	77.7
Men	82.7	84	78.2	78.9	84
Women	80.7	72.2	63.2	56.1	73.5
MSM	98.1	97.8	93.3	91	94.8
England Total	79.1	76.9	76.1	76.5	77

Source: PHE Fingertips Tool

Table 16 shows HIV testing coverage for the Isle of Wight compared to its CIPFA nearest neighbours and to the England average in 2017. This indicator reflects the proportion of eligible new attendees who accepted a test. HIV testing coverage (62.1%) for the Isle of Wight was lower than the England average. The Isle of Wight ranks 7th out of 15 comparator areas. Trend data suggests a reduction in coverage over recent years. Figure 10 shows testing coverage split by population group in the Isle of Wight compared to the England average. Again testing coverage among women is lower than the national average (56.3% vs 65.7%). Both men and MSM have higher testing coverage than the national average (Men: 71.5%, MSM: 86.6%, England: 65.7%). Again the lower coverage among women may be due to routine maternal screening.

Table 16: HIV testing uptake among Isle of Wight residents aged 15+ attending SRH services, England average and CIPFA nearest neighbours, 2017

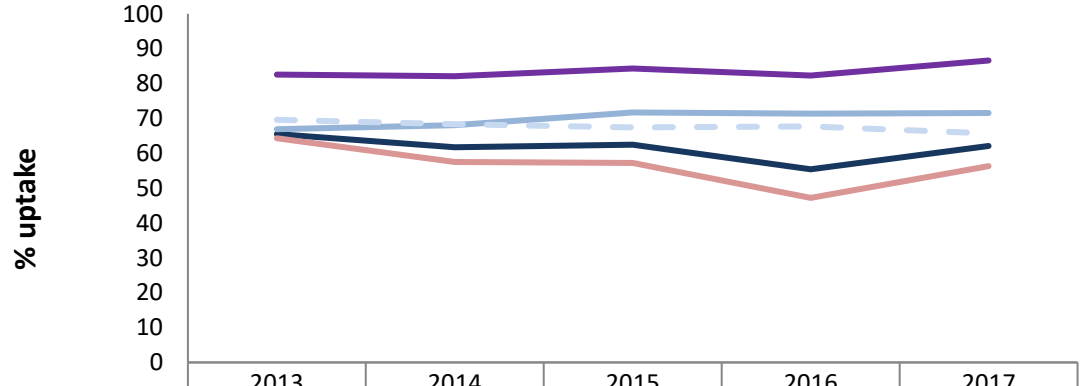
HIV testing coverage, total (%) 2017 — Proportion - %

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	1,006,652	65.7	65.6	65.8
Poole	→	8	2,234	84.7	83.3	86.1
Cornwall	↑	9	8,067	76.5	75.6	77.3
Wirral	↑	10	2,552	65.2	63.7	66.7
Torbay	↑	3	2,195	64.6	62.9	66.2
Shropshire	↓	7	2,192	63.2	61.6	64.8
Northumberland	↓	2	4,578	62.9	61.8	64.0
Isle of Wight	↓	-	1,565	62.1	60.2	64.0
Herefordshire	↓	6	1,775	61.7	59.8	63.4
North Somerset	↑	5	2,608	59.6	58.1	61.0
Cheshire East	↓	11	3,491	58.7	57.4	59.9
Redcar and Cleveland	↓	14	1,168	58.0	55.8	60.1
East Riding of Yorkshire	↓	1	2,441	57.6	56.1	59.1
Cheshire West and Chester	↓	12	2,950	56.7	55.3	58.0
Stockport	↓	13	3,038	45.6	44.4	46.8
Southend-on-Sea	↓	15	2,840	38.4	37.3	39.6
Sefton	↓	4	3,392	36.0	35.0	37.0

Source: Public Health England

Source: Public Health England Sexual and Reproductive Health Profiles

Figure 10: HIV testing coverage among IoW residents 2013-2017 compared to England average



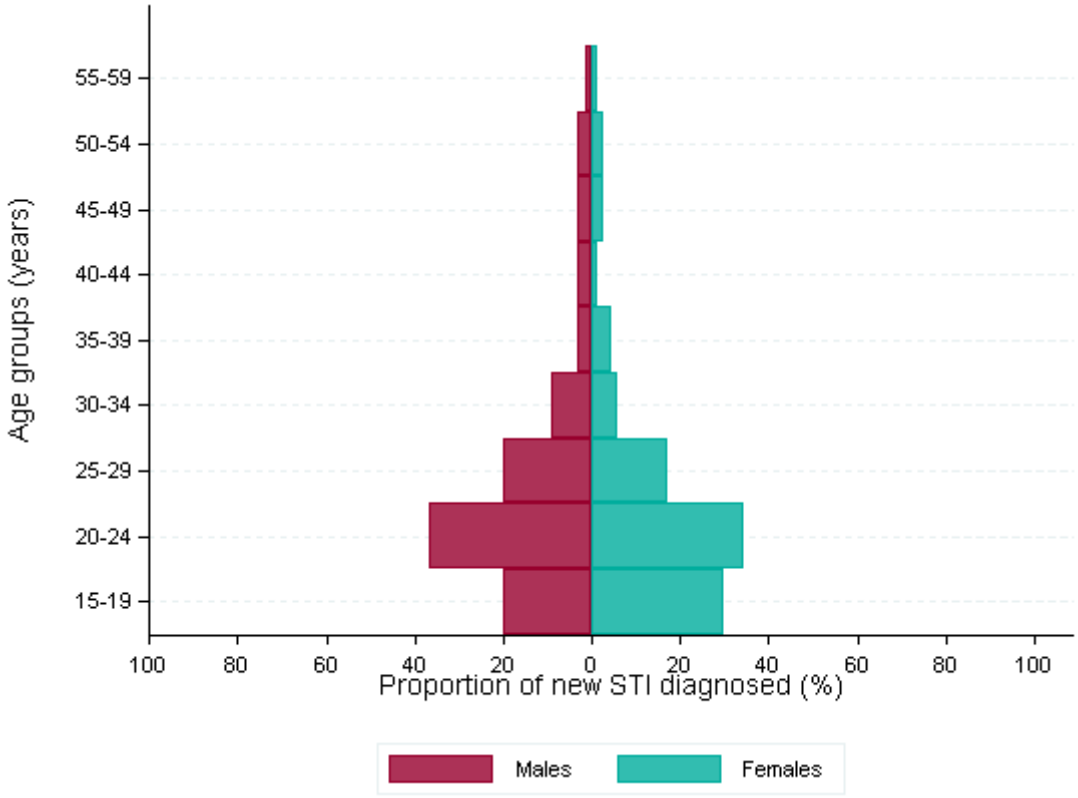
	2013	2014	2015	2016	2017
Total	65.5	61.7	62.5	55.4	62.1
Men	66.9	68.1	71.7	71.4	71.5
Women	64.3	57.5	57.2	47.2	56.3
MSM	82.6	82.1	84.3	82.3	86.6
England Total	69.6	68.3	67.4	67.7	65.7

Source: PHE Fingertips Tool

Young People

Figure 11 shows the proportion of new STIs by age group and gender on the Isle of Wight in 2016. It is clear that the majority of new STIs were among those aged 15-24 years.

Figure 11: Proportion of new STIs by age group and gender on the Isle of Wight, 2016



*Source: Data from routine specialist and non-specialist sexual health services' returns to the GUMCAD STI Surveillance System and routine non-specialist sexual health services' returns to the CTAD Chlamydia Surveillance system (CTAD). *Please note that to prevent deductive disclosure the number of STI diagnoses has been rounded up to the nearest 5*

The significant number of STIs among those aged 15-24 is likely to be due to greater rates of partner change among this age group[6]. With young people representing such a significant proportion of residents affected by STIs, it is important to ensure that this age group are getting tested and being adequately educated around sexual health.

Chlamydia

Chlamydia detection rate is one of the PHOF indicators and measures the crude rate of chlamydia diagnoses detection per 100,000 young adults aged 15-24 attending GUM clinics, primary care and community services. This reflects testing coverage and proportion testing positive rather than a measure of prevalence. PHE recommends that areas achieve a detection rate of at least 2,300 per 100,000 residents aged 15-24 years, a level which is expected to lead to a decrease in chlamydia prevalence.

Table 17 shows the proportion of 15-24 year olds screened for chlamydia on the Isle of Wight compared to the England average and CIPFA nearest neighbours. Table 18 shows the corresponding chlamydia detection rates. Despite performing relatively well in terms of proportion screened, Chlamydia detection rate of those aged 15-24 for the Isle of Wight

(1,489 per 100,000 population aged 15-24 per year) remains significantly below the target rate of 2,300. Without further data on specific locations and risk groups, it is difficult to ascertain whether the low detection rate reflects that the system is not capturing those most at risk, or whether prevalence of Chlamydia on the island is in fact relatively low. It should be recommended that the Island continues to encourage young people to get tested and target groups we know to be most at risk.

Table 17: Proportion of the population aged 15-24 screened for chlamydia, Isle of Wight, England average and CIPFA nearest neighbours, 2017

Chlamydia proportion aged 15-24 screened 2017 — Proportion - %

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	1,302,649	19.3	19.3	19.4
Cheshire West and Chester	→	12	10,743	27.7	27.2	28.3
Wirral	↑	10	8,286	24.2	23.6	24.7
Cornwall	↑	9	14,123	23.1	22.7	23.4
Torbay	↓	3	2,960	22.0	21.2	22.8
North Somerset	↓	5	4,536	21.8	21.2	22.4
Cheshire East	↓	11	8,442	21.8	21.4	22.3
Southend-on-Sea	↓	15	4,200	21.6	21.0	22.3
Northumberland	↓	2	6,673	21.0	20.5	21.5
Isle of Wight	↓	-	2,933	20.5	19.8	21.3
Stockport	↓	13	6,083	20.3	19.8	20.8
Poole	↓	8	3,096	19.6	19.0	20.4
Sefton	↓	4	5,579	19.1	18.6	19.6
Herefordshire	↓	6	3,055	16.3	15.7	16.9
Redcar and Cleveland	↓	14	2,189	14.3	13.7	15.0
Shropshire	↓	7	4,257	12.9	12.5	13.3
East Riding of Yorkshire	↓	1	3,483	10.2	9.8	10.5

Source: Public Health England

Source: Public Health England Sexual and Reproductive Health Profiles

Table 18: Chlamydia detection rate among 15-24 year olds, Isle of Wight, England average and CIPFA nearest neighbours, 2017

Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator 3.02) 2017 — Crude rate - per 100,000

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	126,828	1,882	1,872	1,892
Cheshire West and Chester	↑	12	1,149	2,966	2,797	3,143
Wirral	→	10	879	2,563	2,396	2,738
Redcar and Cleveland	↓	14	354	2,319	2,083	2,573
Southend-on-Sea	→	15	441	2,269	2,062	2,491
Cheshire East	↑	11	839	2,170	2,026	2,322
Stockport	→	13	584	1,949	1,794	2,114
Torbay	↓	3	261	1,940	1,712	2,190
North Somerset	↓	5	383	1,839	1,659	2,033
Northumberland	↓	2	580	1,826	1,681	1,981
Cornwall	↓	9	1,049	1,712	1,610	1,819
Poole	↓	8	265	1,682	1,486	1,897
Sefton	↓	4	479	1,638	1,495	1,791
Isle of Wight	→	-	213	1,489	1,296	1,703
East Riding of Yorkshire	↑	1	468	1,366	1,245	1,495
Herefordshire	↓	6	229	1,220	1,067	1,388
Shropshire	→	7	365	1,103	993	1,222

Source: Public Health England

Source: Public Health England Sexual and Reproductive Health Profile

Key Points

- The Island is performing well on the majority of key sexual health indicators
- There is a mismatch between levels of testing coverage on the Island and testing positivity which warrants further investigation
    - With increasing amounts of people being tested and decreasing levels of positivity – this could suggest that the relevant risk groups are not being targeted effectively
- There appear to be very few cases of HIV on the island
- Trends are difficult to analyse where small numbers cause them to fluctuate
- The majority of new STIs on the Island are among those aged 15-24
- Further exploration of location, gender, age and ethnicity of STI cases would provide clearer information on any key sexual health problems for the island

Contraception

The provision of contraception is widely recognised as a highly cost-effective public health intervention playing a role in reducing the number of unplanned pregnancies. Planned pregnancies are likely to lead to healthier babies and more positive future outcomes. A pregnancy being planned gives more control over ensuring optimal pre-conception health as well as ensuring individuals are prepared financially and emotionally to have a child. Research into return on investment suggests that there are significant financial savings to be made from providing contraception services[26].

A wide range of contraceptive options are offered on the Island. This report will be focusing on the provision of Long-Acting Reversible Contraceptives (LARC) which refers to intrauterine devices (IUD), intrauterine systems (IUS) and contraceptive implants as these are the ones included in PHE's analyses of LARC use.

Table 19 compares LARC prescription rates among women aged 15-44 to rates in England and with the Isle of Wight's CIPFA nearest neighbours. This data includes those prescribed through the sexual health service and through GPs. The Isle of Wight has a significantly higher rate of LARC prescription than the England average and all but one of the comparator areas at 80.0 per 1,000 women per year.

Table 19: LARC prescription rate among women aged 15-44 years, Isle of Wight, England average and CIPFA nearest neighbours, 2016

Total prescribed LARC excluding injections rate / 1,000 2016 — Crude rate - per 1000

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	–	-	492,620	46.4	46.3	46.6
Cornwall	–	9	7,126	80.4	78.6	82.3
Isle of Wight	–	-	1,637	80.0	76.2	84.0
North Somerset	–	5	2,316	67.2	64.5	70.0
Torbay	–	3	1,247	61.5	58.1	65.0
Northumberland	–	2	3,011	61.0	58.8	63.2
Shropshire	–	7	2,933	60.3	58.2	62.5
East Riding of Yorkshire	–	1	3,023	59.3	57.2	61.4
Herefordshire	–	6	1,698	57.0	54.3	59.8
Cheshire West and Chester	–	12	3,352	56.7	54.8	58.6
Stockport	–	13	2,497	48.0	46.2	49.9
Cheshire East	–	11	2,908	47.3	45.6	49.1
Southend-on-Sea	–	15	1,325	39.7	37.6	41.9
Wirral	–	10	2,083	38.0	36.4	39.6
Sefton	–	4	1,385	30.8	29.2	32.4
Poole	–	8	703	27.0	25.0	29.0
Redcar and Cleveland	–	14	380	16.4	14.8	18.2

Source: NHS Digital, NHS Business Services Authority and Office for National Statistics

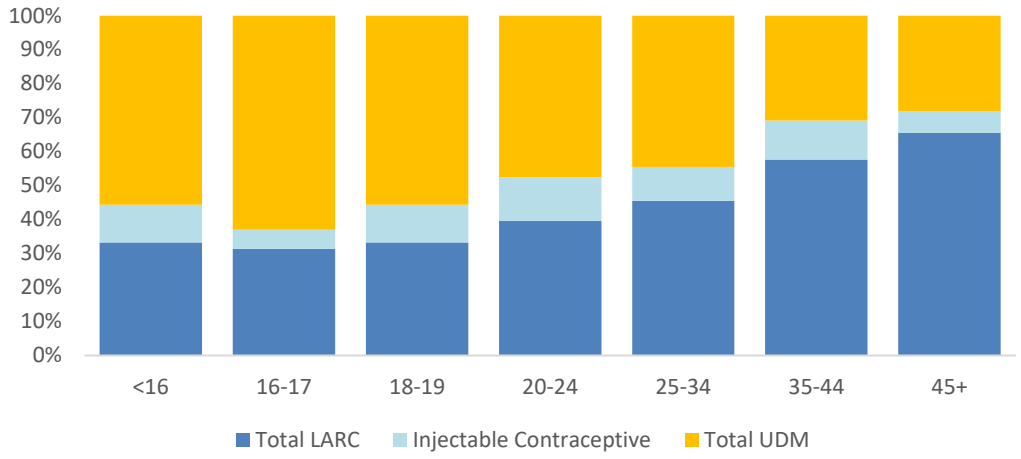
Source: Public Health England Sexual and Reproductive Health Profiles

Figure 13 shows the reported main method of contraception used by age group among Isle of Wight residents in 2016. LARC and injectable methods are higher across all age groups than in England as a whole, while user dependent methods (UDM) are lower across all ages than England as a whole. LARC methods require less reliance on users to remember to take them and are therefore thought to be more effective. They are also more cost effective than UDM. The Isle of Wight has done a significant amount of work promoting the use of LARCs and this appears to be displayed in the data with the Island having a high rate of LARC

[26] Public Health England (2018). Contraception: Economic Analysis Estimation of the Return on Investment (ROI) for publicly funded contraception in England.

prescription. It is also suggested that this may have something to do with waiting times for GP appointments on the Island, meaning that women may pick contraceptive methods that require less regular follow up. It is also clear from figures that that use of LARCs increases as women get older. This is a trend that is also seen nationally and is perhaps reflective of more stable, long-term relationships, so the older population profile of the Island will also affect LARC take-up.

Figure 13: Main method of contraception by age band, Isle of Wight residents 2016



Source: Isle of Wight 2016 LASER report – data from SRHAD (Sexual and Reproductive Health Services)

Table 20 compares the percentage of women accessing specialist SRH services that choose user dependent methods in England and compared to the Isle of Wight's CIPFA nearest neighbours. Significantly fewer women choose user dependent methods than in England or the comparator areas, this reflects the high proportion of LARCs on the Isle of Wight.

Table 20: Percentage of women choosing user-dependent methods as main method of contraception at SRH services on the Isle of Wight, compared to England average and CIPFA nearest neighbours, 2016

Women choose user-dependent methods at SRH Services (%) 2016 — Proportion - %

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	–	-	528,034	62.1	62.0	62.2
Southend-on-Sea	–	15	3,905	76.1	74.9	77.2
Wirral	–	10	4,828	66.8	65.7	67.9
North Somerset	–	5	1,774	63.7	61.9	65.5
Cheshire West and Chester	–	12	3,303	63.1	61.8	64.4
Cheshire East	–	11	3,849	63.1	61.9	64.3
Stockport	–	13	3,480	63.1	61.8	64.3
Sefton	–	4	4,043	62.4	61.2	63.5
Shropshire	–	7	542	60.6	57.4	63.8
Torbay	–	3	1,321	58.9	56.9	60.9
Herefordshire	–	6	658	56.2	53.4	59.1
Cornwall	–	9	3,424	56.0	54.8	57.2
East Riding of Yorkshire	–	1	2,077	53.9	52.3	55.4
Poole	–	8	502	52.5	49.3	55.7
Northumberland	–	2	2,865	51.6	50.3	52.9
Redcar and Cleveland	–	14	969	50.8	48.6	53.1
Isle of Wight	–	-	876	45.9	43.7	48.2

Source: NHS Digital

Source: Public Health England Sexual and Reproductive Health Profiles

Teenage pregnancy

There are concerns that exist around teenage pregnancy[27]:

- In England there are higher teenage birth rates than in other Western European countries
- Teenagers remain at the highest risk of unplanned pregnancy
- Teenage pregnancy is highly associated with levels of deprivation
- This influence of deprivation is reflected in that inequalities in rates persist between and within local authorities
- Outcomes for young parents and their children are still disproportionately poor leading to inter-generational inequalities

Outcomes for young parents and their children[28]:

- Teenage mothers are two times as likely to smoke before and during pregnancy and 3 times more likely to smoke throughout pregnancy
- Teenage mothers are a third less likely to start breastfeeding and half as likely to be breastfeeding at 6-8 weeks
- Risk of stillbirth, infant mortality and Sudden Unexplained Death in Infancy are higher among babies of teenage mothers
- Children of teenage mothers are twice as likely to be hospitalised for gastro-enteritis or accidental injury
- Babies of teenage mothers are more like to be behind on the development of spatial, verbal and non-verbal abilities
- Teenage mothers have higher rates of poor mental health for up to three years after birth – they are 3 times more likely to experience postnatal depression
- 2 in 3 teenage mothers experience relationship breakdown in pregnancy or 3 years after birth
- Children born to teenage mothers have a 63% higher risk of living in poverty
- 1 in 5 girls aged 16-18 not in education, employment or training (NEET) are teenage mothers
- Women who are teenage mothers are 22% more likely to be living in poverty at age 30
- Men who were young fathers are twice as likely to be unemployed at 30

It is clear that there is strong evidence that work should be done to ensure that young people are receiving the knowledge and skills necessary to use local services, delay sex until they are ready and use contraception to prevent unplanned pregnancy. In the UK, over the past 18 years, the under-18 conception rate has fallen by almost 60% and the under-16 conception rate by over 60%[27]. Despite this significant progress, teenage pregnancy must continue to be monitored to ensure that progress continues to be made and to work on reducing health inequalities in this area.

Table 21 shows the under 18s conception rate on the Island (PHOF indicator 2.04) compared to the England average and the Isle of Wight's CIPFA nearest neighbours. The under 18s conception rate on the Island is higher than the England average but not

[27] Public Health England (2018). Teenage pregnancy prevention framework. Available here
[28] Public Health England (2016). Teenage mothers and young fathers support framework. Available here

significantly so. The rate is also the 5th highest out of the 15 comparator areas. Recent trends have shown a decrease in line with the national picture.

Table 21: Under 18s conception rate on the Isle of Wight, England average and CIPFA nearest

Under 18s conception rate / 1,000 (PHOF indicator 2.04) 2016 — Crude rate - per 1000

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	17,014	18.8	18.5	19.1
East Riding of Yorkshire	↓	1	79	14.4	11.4	17.9
Herefordshire	↓	6	44	14.5	10.6	19.5
Shropshire	↓	7	82	15.2	12.1	18.8
Cheshire East	↓	11	98	15.5	12.5	18.8
Cornwall	↓	9	142	16.1*	13.5	18.9
Stockport	↓	13	87	17.8	14.3	22.0
North Somerset	↓	5	62	17.8	13.7	22.9
Cheshire West and Chester	↓	12	100	18.7	15.2	22.7
Poole	↓	8	48	19.4	14.3	25.7
Sefton	↓	4	94	20.9	16.9	25.6
Northumberland	↓	2	105	21.0	17.1	25.4
Isle of Wight	↓	-	55	24.2	18.2	31.5
Torbay	↓	3	52	25.7	19.2	33.7
Wirral	↓	10	144	26.2	22.1	30.9
Southend-on-Sea	↓	15	81	27.1	21.5	33.7
Redcar and Cleveland	↓	14	70	31.6	24.6	39.9

Source: Office for National Statistics (ONS)

Source: Public Health England Sexual and Reproductive Health Profiles

Table 22 shows the percentage of under 18s conceptions that led to termination in 2016 in the IoW compared to the England average and CIPFA nearest neighbours. The IoW at 41.8% is lower than England but not significantly so. The island does however, have the third lowest percentage out of its 15 comparator areas.

Table 22: Percentage of Under 18s conceptions leading to abortion in the Isle of Wight, England average and CIPFA nearest neighbours, 2016

Under 18s conceptions leading to abortion (%) 2016 — Proportion - %

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↑	-	8,813	51.8	51.0	52.5
Cornwall	↑	9	87	61.3*	53.1	68.9
Cheshire East	→	11	60	61.2	51.3	70.3
North Somerset	↑	5	36	58.1	45.7	69.5
Torbay	→	3	30	57.7	44.2	70.1
Sefton	↑	4	54	57.4	47.3	67.0
Cheshire West and Chester	↑	12	57	57.0	47.2	66.3
Stockport	↑	13	48	55.2	44.7	65.2
Shropshire	→	7	45	54.9	44.1	65.2
East Riding of Yorkshire	→	1	43	54.4	43.5	65.0
Southend-on-Sea	→	15	44	54.3	43.5	64.7
Herefordshire	↑	6	23	52.3	37.9	66.2
Wirral	↑	10	74	51.4	43.3	59.4
Poole	→	8	24	50.0	36.4	63.6
Isle of Wight	→	-	23	41.8	29.7	55.0
Northumberland	→	2	40	38.1	29.4	47.6
Redcar and Cleveland	→	14	25	35.7	25.5	47.4

Source: Office for National Statistics (ONS)

Source: Public Health England Sexual and Reproductive Health Profiles

Table 23 shows the under 18s birth rate on the Isle of Wight compared to the England average and CIPFA nearest neighbours. The under 18s birth rate on the Island is higher than the national average but not significantly so. The Island's rate is the 4th highest out of its 15 comparator areas. Trend analysis has shown that this rate has been stable in recent years.

Table 23: Under 18s births rate on the Isle of Wight, England average and CIPFA nearest neighbours,

Under 18s births rate / 1,000 2016 — Crude rate - per 1000

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	5,025	5.6	5.4	5.7
Shropshire	↓	7	15	2.8	1.6	4.6
Herefordshire	↓	6	9	3.0	1.4	5.6
Poole	↓	8	8	3.2	1.4	6.4
East Riding of Yorkshire	↓	1	21	3.8	2.4	5.8
North Somerset	↓	5	14	4.0	2.2	6.8
Cheshire East	↓	11	27	4.3	2.8	6.2
Cheshire West and Chester	↓	12	23	4.3	2.7	6.4
Stockport	↓	13	21	4.3	2.7	6.6
Cornwall	↓	9	42	4.8*	3.4	6.4
Sefton	→	4	23	5.1	3.2	7.7
Torbay	↓	3	11	5.4	2.7	9.7
Wirral	↓	10	37	6.7	4.7	9.3
Isle of Wight	→	-	16	7.0	4.0	11.4
Northumberland	↓	2	39	7.8	5.5	10.6
Southend-on-Sea	→	15	29	9.7	6.5	13.9
Redcar and Cleveland	↓	14	30	13.5	9.1	19.3

Source: Office for National Statistics (ONS)

Source: Public Health England Sexual and Reproductive Health Profiles

Key Points – Reproductive Health

- Helping to ensure that the majority of pregnancies are planned has significant health benefits for both parents and their children
- Reducing levels of teenage pregnancy is a key public health concern
- Analysis of emergency contraception services / usage would be useful to ascertain extent to which this is being used by age etc.
- The Isle of Wight has similar levels of teenage pregnancy to the national average, but appears to be performing worse than comparator areas
    - With small numbers, rates and trends can be unstable
    - Considering the significant health and social impact of teenage pregnancy – it is important that the island continues to work to decrease teenage pregnancy
- Levels of LARC use on the Island are high
    - Use of LARCs increases with age – encouraging younger people to use longer acting methods could help to decrease teenage pregnancy on the island

Stakeholder Engagement

The opinions of key stakeholders for sexual health were sought from the local providers of sexual health services. This took place in face to face interviews. Opinion was sought from the following providers:

- Isle of Wight NHS Trust
- GP Providers
- Pharmacy Providers

During the interviews the following questions were asked:

1. Can you briefly explain the sexual health services you currently provide in your surgery?
    a. Any further info around clinic times/walk in opportunities/appointment booking systems would also be useful
2. What is working well with regard to the sexual health services you provide?
3. What are the challenges you face in delivering sexual health services on the island?
4. Is there anything else you'd like to feed back around provision of sexual health services on the island?

At this point, there has only been significant input from the Isle of Wight NHS Trust. Responses were received from one GP practice manager who highlighted the problems they face with regards to budget cuts and delivering sexual health services.

Key themes

The following key themes are described from an interview with the Clinical Service Lead for Sexual Health with the Isle of Wight NHS Trust.

The service is working well

The provider from the Isle of Wight NHS Trust reported that the current service is running well being able to offer treatment for STIs, contraceptive options, terminations of pregnancy, vasectomy services and psychosexual counselling all on the island. More complex treatment can also be received over on the mainland. The provider reports that they see lots of young people as well as vulnerable populations such as people with learning difficulties and LGBT.

The benefits of online testing

The Island has an online system for the testing of STIs. The provider reported that all asymptomatic cases that become known to the service are referred to the online system. This has allowed the sexual health service at St Mary's Hospital to devote more time to complex cases.

Taking control of services from GP practices

The provider reported that while the under 18s sexual health clinics on the Island were based in the GP surgeries; there were inconsistencies in the services that were offered. The clinics have now been taken over by the Isle of Wight NHS Trust and currently run in two locations on the Island for two afternoons a week. There is hoped to be a third location in early 2019.

The Isle of Wight NHS Trust have also become an approved provider for fitting implants and coils. This is after their funding was cut for performing these procedures. The Trust were keen to continue being able to provide this service as it is a procedure that clinicians can lose competence in if they are not performing them regularly. The Trust were concerned that in the more rural GP practices, these procedures are not performed on a regular basis and therefore these clinicians should perhaps not be the only option for this service. In the interest of potential risk to patients, it is deemed best that it should be the most experienced clinicians, those based in the designated sexual health service, that have the responsibility and opportunity to fit implants and coils.

Challenges facing the sexual health services

The provider reported that one of the biggest challenges that they face at the moment is with repeat appointments for contraception. The Isle of Wight NHS Trust offers an initial appointment to prescribe contraception, follow up appointments are supposed to take place with the GP. On the Island, it can be difficult to get timely GP appointments and so the sexual health service gets quite a lot of interest from individuals who should be seeing their GP. The provider also reported some problems with the pharmacies, with many who locum, it can be difficult to know exactly what each pharmacy offers and therefore where to signpost patients to.

Comparative Models

As a part of the process, it was decided to explore other sexual health service models which may help the Island to face the significant budget cuts which may challenge their current service model. Although it has a much larger service, Essex County Council have done significant work in putting a large proportion of their sexual health services online and making their services more efficient, reducing costs.

The sexual health service has a website aimed at stakeholders and the public providing quarterly updates as well as having a presence on Facebook and Twitter. They also have a digital system with which to communicate directly and securely with service users allowing them to send out text messages, for example, to send appointment reminders.

Essex have an online STI testing service available 24 hours a day, 7 days a week which has reduced face to face appointments by 29%. They also have an app by which young people can access free condoms without the need to visit a clinic. In order to sign up for this service, service users must view three short, informative animations covering Sex, Consent and the Law, STIs, Emergency Contraception and Using a Condom. This is followed by a short quiz to check their understanding. Users are then directed to one of 80 venues where they can discretely access condoms for free.

Essex have also made a move away from walk in and wait sessions favouring exclusive appointment sessions with a number of urgent access slots. By applying effective triage into this, it can be ensured that those most at need get an appointment quickly and that appropriate service and care can be applied.

As mentioned, Essex has a significantly larger population and sexual health service than the Isle of Wight. However, there may be certain aspects of this model that could be applied on the Island that may improve efficiency of services and make financial savings.

Discussion

This report provides an overview of the sexual and reproductive health of the population on the Isle of Wight using readily available data that is accessible to the general public as well as local activity data provided by Public Health England through a secure portal. It also seeks to draw upon additional qualitative intelligence gathered through conversations with the main provider on the Island and discussions with a comparative commissioner to think about alternative service models as a way of providing some key areas for possible further investigation and / or discussion at a local level.

Key points have been highlighted throughout this report around the population of the Island, sexual and reproductive health on the Island and use of sexual health services. As the Island has a significant proportion of those aged 55+, access to services should be considered to ensure that older people on the Island can access services as well as those who live in rural areas. There also appear to be a number of people living on the Island who have learning disabilities. It should be ensured that measures are in place to make sure services are accessible for these residents.

Data suggests that there are higher than average rates of smoking among young people and during pregnancy among residents on the island. Considering that teenage mothers are more likely to smoke during pregnancy, it was felt as important to look into levels of teenage pregnancy for this assessment of need. Levels of teenage pregnancy on the Island are similar to the national average; but considering the significant health and social impact to both parents and children, continued effort should be made to prevent teenage pregnancy. Although LARC use on the Island is very high, it is used more widely among the older population on the Island and perhaps use of LARCs could be further encouraged among the younger population. Education plays a key role in preventing teenage pregnancy and it should be recommended that young people on the Island are getting access to high quality education around sexual and reproductive health.

When considering sexual health, the Island is performing relatively well on the majority of key indicators. However, there appears to be a mismatch between testing rates and positivity rates where they are performing quite well in terms of testing coverage, but have low positivity rates. As discussed previously, from the data presented, it is not clear whether the low positivity is a result of there being generally low levels of STIs, or whether the right people are not being tested. For this reason it should be recommended that further exploration should be made as to exactly what groups are being tested. This would help to inform whether there needs to be more targeted testing for specific risk groups on the Island. The online testing service has shown an increase in take up since starting, but further analysis is required to understand whether those who are using it are in key risk groups, or are the “worried well” which therefore influences why positivity rates may be low.

With some of the STIs being diagnosed in very low numbers on the island, steps should be made to ensure that practitioners are able to keep up levels of key competencies with regard to sexual health. For conditions such as HIV, it makes sense that the Island makes use of links from the mainland in delivering treatment and care using practitioners who have had more exposure to complex conditions and cases. The same should be said for procedures such as coil fittings where performing these procedures regularly is important for keeping up competency.

The Isle of Wight has made significant steps in recent years to move more of their services online with the introduction of their online STI testing service. Reflecting on learning from the sexual health model in Essex, perhaps there is further work that could be done in this area to improve the efficiency of the service. The current satellite clinics on the Island aimed at young people have limited opening hours and are in limited locations. It is suggested that perhaps these clinics are not the most efficient way of providing access to sexual health services for young people. As in Essex, the service could be accessed online initially, and then through appropriate triage, the user is given an appropriate appointment depending on symptoms, if required, or signposted directly to the online testing service or other appropriate information. Through this system, face to face appointments can be ensured to be given to those most at need. More straightforward problems that could be solved through sending a testing kit or signposting to advice and information could be accessed purely online.

Key Areas for Possible Further Exploration / Discussion at a Local Level:

- Mismatch between high levels of testing and low positivity rates:
    - Could be beneficial to have more localised information to ascertain whether the high-risk groups are being reached
    - May want to explore mismatch between testing coverage and testing positivity
    - May want to explore current use of online testing service in terms of who is accessing this service to ensure that this is reaching those that need it rather than the “worried well”
- High risk groups:
    - How do you ensure you continue to target high risk groups such as young people, MSM and BME communities effectively?
- Maintaining professional competencies:
    - How do you ensure that practitioners are able to keep up key competencies when they are seeing limited numbers of some conditions?
    - Are services maximising links with the mainland to ensure high quality of care?
- Teenage pregnancy:
    - Significant health and social impact – whilst numbers are small, how do you tackle this to continue to reduce this?
- LARC:
    - Especially in relation to the Island’s younger population
- PSRE:
    - Quality education around sexual and reproductive health – how do we ensure this happens?
- Service Models:
    - Are there opportunities to change the service model further? Consider the use of online services as a single point of access and triage to ensure those most at need are seen and prioritised
    - As some residents on the Island live in rural areas, ensure that the sexual health services are accessible to all – more online services may play a role in this

Appendices

Appendix 1: Commissioning responsibilities for sexual health

Local Authority	NHS England	Clinical Commissioning Groups
• Contraception (including the costs of LARC devices and prescription or supply of other methods including condoms) and advice on preventing unintended pregnancy in specialist services and those commissioned from primary care (GP and community pharmacy) under local public health contracts (such as arrangements formerly covered by national and local enhanced services) • STI testing and treatment in specialist services and those commissioned from primary care under local public health contracts, chlamydia screening as part of the NCSP, HIV testing including population screening in primary care and general medical settings, partner notification for STIs and HIV • Sexual health aspects of psychosexual counselling • Any sexual health specialist services, including young people's sexual health services, outreach, HIV prevention and sexual health promotion, service publicity, services in schools, colleges and pharmacies Social care services (outside of the Public Health ring fenced grant), including • HIV social care • Wider support for teenage parents	• Contraceptive services provided as an 'additional service' under the GP contract (excludes provision of LARC) • HIV treatment and care services for adults and children, and cost of all antiretroviral treatment. • Testing and treatment for STIs (including HIV testing) in general practice when clinically indicated or requested by individual patients, where provided as part of "essential services" under the GP contract (i.e. not part of public health commissioned services, but relating to the individual's care) • HIV testing when clinically indicated in other NHS England – commissioned services • All sexual health elements of healthcare in secure and detained settings • Sexual assault referral centres • Cervical screening in a range of settings • HPV immunisation programme • Specialist foetal medicine services, including late surgical termination of pregnancy for foetal anomaly between 13 and 24 gestational weeks • NHS Infectious Diseases in Pregnancy Screening Programme including antenatal screening for HIV, syphilis, hepatitis B	• Termination of pregnancy services, including STI and HIV testing and contraception provided as part of the abortion pathway (except abortion for foetal anomaly by specialist foetal medicine services) • Female sterilisation • Vasectomy (male sterilisation) • Non-sexual health elements of psychosexual health services • Contraception primarily for gynaecological (non-contraceptive) purposes • HIV testing when clinically indicated in CCG-commissioned services (including A&E and other hospital departments)

Source: Making it Work: A guide to whole system commissioning for sexual and reproductive health and HIV, PHE 2014[29]

[29] Public Health England (2014). Making It work: a guide to whole system commissioning for sexual and reproductive health and HIV. Available here

Appendix 2. Key national policy and guidance documents for delivering high quality SRH services

Guidance Document	Key Points

A Framework for Sexual Health Improvement in England: Department of Health (DH) 2013	• Ambitions for SRH going forward after significant structural change to health services in England
	• SRH across the life course
	• Four priority areas:
	  ○ STIs
	  ○ HIV
	  ○ Contraception and unwanted pregnancy
	  ○ Preventing teenage pregnancy

Integrated Sexual Health Services National Service Specification: DH 2013	• Service specification for integrated sexual health services to guide commissioning
	• Covers:
	  ○ Rationale for commissioning effective and easy to access services
	  ○ Key outcomes
	  ○ What should be offered at various levels of service
	  ○ Professional and other quality standards
	  ○ Partnership working with other services

Making it Work: A guide to whole system commissioning for sexual and reproductive health and HIV: Public Health England (PHE) 2014	• Help commissioners to deliver SRH services in line with their responsibilities according to the Health and Social Care Act (2012)
	• Key messages:
	  ○ Person centred commissioning – decisions based on need
	  ○ Service user pathways as staring point – make integrated responsive services
	  ○ Review existing services to ensure meeting need
	  ○ Tackle wider determinants of health
	  ○ Role of director of public health to deliver system stability and integration
	  ○ Use views of clinicians and service users
	  ○ Develop strong relationships across commissioning organisations and communicate to develop local solutions
	  ○ Collaboration – make the best use of limited resources
	  ○ Educate and train current and future workforce
	  ○ Acknowledge economic climate requires new thinking and innovation

Health Promotion for Sexual and Reproductive Health and HIV Strategic Action Plan, PHE 2016-2019	• Health promotion actions that are an important part of PHE's wider SRH and HIV work programme • Specific reference to the PHOF and Framework for Sexual Health Improvement • Priorities include: ○ Reduce onward HIV transmission, acquisition and avoidable deaths

	○ Reduce the rates of STIs ○ Reduce unplanned pregnancies ○ Reduce the rate of under 16 and under 18 conceptions
Sexual Health, Reproductive Health and HIV: A Review of Commissioning, PHE 2017	• In response to some areas struggling to provide a 'seamless' journey for patients • Aimed to 'provide a clear picture and to highlight areas of challenge within the commissioning framework' • Key themes ○ Fragmentation of commissioning ○ Barriers to services (at risk groups) ○ Cross-charging for patients attending services out of area ○ Workforce concerns (clinical and commissioning) ○ Increased demand for some services ○ Financial pressures (particularly in LAs) • These themes were discussed with partners and actions and key deliverables were identified