



Isle of Wight Council

Healthy Lives

**Behaviours and lifestyle choices for
adults and children**

July 2025

Contents

1	Introduction	3
2	Global Burden of Disease	4
3	Alcohol	5
4	Drug misuse	7
5	Smoking and vaping.....	9
6	Physical activity.....	12
7	Healthy diet	14
8	Overweight and obesity.....	16
9	Sexual health and reproductive health	17

1 Introduction

Our behaviours, personal circumstances and illnesses hugely affect our life expectancy and health. Influences on our health are particularly important before birth and during early childhood. These influences and risk factors continue to accumulate, and their effects build as we move into adulthood. Preventing exposure to these risk factors and reducing inequalities in how these risk factors are distributed among our population, can have a positive impact on our health.

Local public health teams work to both prevent and reduce people's exposures to risk factors across all stages of life. We commission services which help people reduce their risk factors (for example, smoking). We also work alongside other organisations to provide people with the support they need to make healthy decisions and prevent exposure to negative risk factors in the first place.

This chapter focuses on:

- the risk factors, causes and protective factors which influence our health
- the health inequalities which are evident

Data in this written summary is correct as of July 2025. The data in this report can be explored further by smaller geographies in the JSNA Healthy Lives data report¹. The data report will be updated continuously, as new data becomes available.

The health outcomes of our population, and how these impact different population groups, are discussed in more detail in the accompanying JSNA reports.

¹ [JSNA Healthy Lives data report](#)

2 Global Burden of Disease

The Global Burden of Disease (2021)² provides a tool to help understand what is causing and driving the most death and disability globally and the differences across countries. This study suggests that on the Isle of Wight the most notable all age causes of disease burden (disability adjusted life years) were cancers, cardiovascular diseases and respiratory infections and tuberculosis. The top three risk factors driving this are tobacco, high body mass index and dietary risks³.

The Isle of Wight's population is progressively ageing, 2024 population estimates report that over one in five residents are aged 65 years and over⁴. An ageing population is linked to increased burden and duration of non-communicable diseases⁵. The major causes of disability for adults aged 70 years and over are cancers, cardiovascular diseases and respiratory infections and TB⁶. High blood pressure, tobacco and dietary risks are the three top risk factors for this older population group⁷.

This burden of ill health has remained the same over time, stressing the importance of understanding the behaviours and lifestyles choices of our local population to be able to address them effectively.

² [VizHub - GBD Compare](#)

³ [VizHub - GBD Compare](#)

⁴ [Demography and births and deaths Power BI](#)

⁵ [Global, regional, and national burden of diseases and injuries for adults 70 years and older: systematic analysis for the Global Burden of Disease 2019 Study | The BMJ](#)

⁶ [VizHub - GBD Compare](#)

⁷ [VizHub - GBD Compare](#)

3 Alcohol

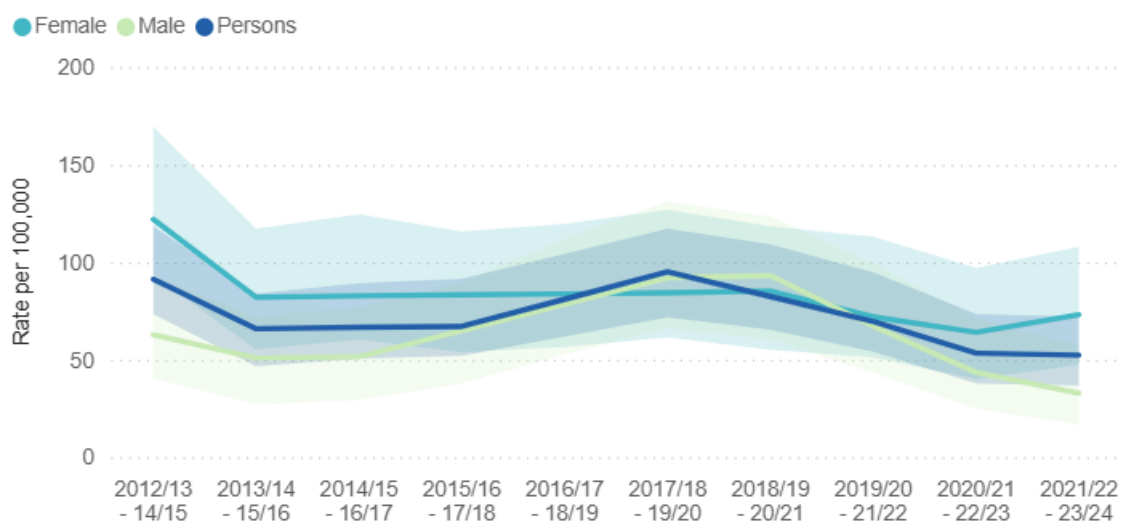
Excess alcohol consumption can contribute to a broad range of illnesses, including liver disease, heart disease, stroke, high blood pressure, and mental health conditions. It is the sixth largest risk factor for ill health on the Isle of Wight⁸. It can also be associated with a range of social and economic issues including loss of employment and crime.

In a recent survey, 25% of young people in Year 8 and Year 10 in Hampshire, Isle of Wight, Southampton and Portsmouth reported currently or previously using alcohol. Those who drink alcohol are significantly more likely to be trans and gender diverse and older pupils. Young people from all ethnic minority groups are less likely to drink alcohol compared to White young people⁹.

Hospital admissions specifically caused by alcohol in under 18s have remained statistically significantly worse than the England value¹⁰; with a rate of 52.4 per 100,000 in 2021/22-23/34. Figure 1 shows the rate for females is higher than males, although this is not statistically significant due to the overlapping confidence intervals.

Figure 1: Under 18s admission episodes for alcohol-specific conditions on the Isle of Wight, 2012 to 2023

Admission episodes for alcohol-specific conditions (under 18 years) on the Isle of Wight



⁸ [VizHub - GBD Compare](#)

⁹ [HIPS Headline Findings 2024 \(beewellprogramme.org\)](#)

¹⁰ [Alcohol Profile - Data | Fingertips | Department of Health and Social Care](#)

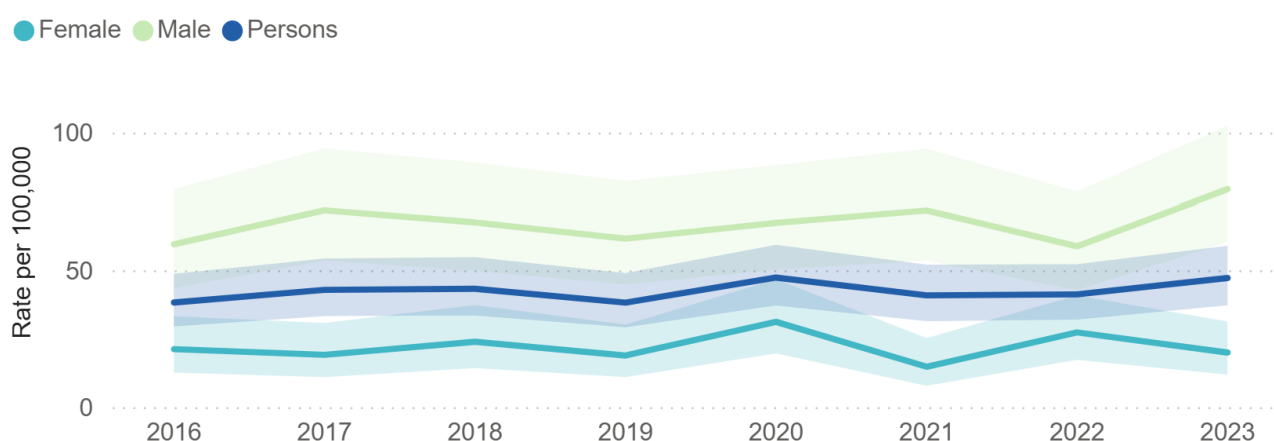
In adults, admissions for alcohol-related conditions (using the narrow definition¹¹) have increased between 2016/17 and 2023/24¹². The Isle of Wight has higher admissions than England, at 684 per 100,000, compared to 504.1 per 100,000 for England.

Using the broad definition¹³ for admissions for alcohol related conditions, the trend on the Island has also increased between 2016/17 and 2023/24; whereas there has been no significant change for England. For both definitions of hospital admissions, areas of greater deprivation and males had higher rates of admissions nationally.

On the Isle of Wight alcohol-related mortality is high at 47.2 per 100,000, statistically similar to the national figure of 40.7 per 100,000. Nationally and across the Isle of Wight (shown in Figure 2) men have significantly higher rates of alcohol related mortality than women¹⁴.

Figure 2: Isle of Wight alcohol-related mortality, 2016 to 2022

Alcohol-related mortality on the Isle of Wight



In 2023, alcohol specific mortality was higher on the Isle of Wight than England, at 19.7 per 100,000 compared to 15.0 per 100,000. National data shows that people from the most deprived areas are over twice as likely to die from alcohol-specific conditions as those from the least deprived areas¹⁵.

¹¹ Narrow definition: includes admissions where only the primary diagnosis (main reason for admission) is an alcohol-related condition. As every hospital admission must have a primary diagnosis, it is less sensitive to coding practices, and therefore can provide the best indication of trends, but may also understate the part alcohol plays in the admission.

¹² [Fingertips | Department of Health and Social Care](#)

¹³ Broad definition: includes admissions where either the primary diagnosis (main reason for admission) or one of the secondary (contributory) diagnoses is an alcohol-related condition. This measure gives an indication of the full impact of alcohol on hospital admissions and the burden places on the NHS but is sensitive to changes in coding practice over time.

¹⁴ [Fingertips | Department of Health and Social Care](#)

¹⁵ [Fingertips | Department of Health and Social Care](#)

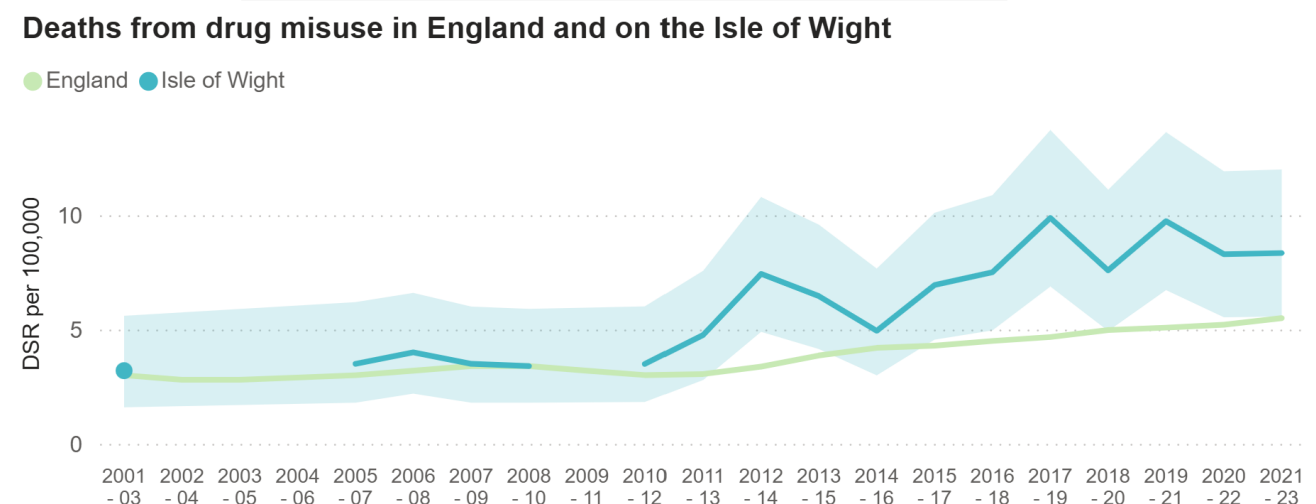
4 Drug misuse

Drug misuse is a significant cause of disability and is the leading cause of death in 15-to 49-year-olds on the Isle of Wight¹⁶. The health effects of drug misuse vary depending on the type of substances and the pattern and context of their use¹⁷. In a recent survey of Year 8 and Year 10 school children in Hampshire, Isle of Wight, Southampton and Portsmouth, 3% reported currently or previously using cannabis, and 1% for other illegal drugs¹⁸.

On the Isle of Wight, hospital admissions for those aged 15 to 24 years due to substance misuse has remained statistically similar to England for the majority of years from 2008/09-2010/11 and 2021/22-2023/24.

Deaths from drug misuse remain statistically significantly higher and worse than England¹⁹ at 8.3 per 100,000 compared to 5.5 per 100,000 in England in 2021-22. Nationally, there is an ageing cohort of drug dependent and ex-dependent people who experience illness and death as a result of their drug misuse. Deaths related to illnesses from former drug misuse will also be included in the rate of deaths from drug misuse and therefore the figures should be considered in this context. Deaths from drug misuse are significantly higher in men than women on the Island, and national data shows people from the most deprived areas are significantly more likely to die from drug misuse than those from the least deprived areas²⁰. It is currently not clear how the pandemic affected drug use, however recorded drug crime increased both locally and nationally.

Figure 3: Isle of Wight deaths from drug misuse, 2001-03 to 2021-23



¹⁶ [VizHub - GBD Compare](#)

¹⁷ [A summary of the health harms of drugs - GOV.UK \(www.gov.uk\)](#)

¹⁸ [HIPS Headline Findings 2024 \(beewellprogramme.org\)](#)

¹⁹ [Fingertips | Department of Health and Social Care](#)

²⁰ [Fingertips | Department of Health and Social Care](#)

Isle of Wight Public Health Team commissions a Substance Misuse Treatment Service to holistically support people affected by alcohol or drugs through overcoming their addiction whilst addressing any social issues which may be present. Detailed data on the demographics of the service users at 'Inclusion' are available in the JSNA Inclusion Health Groups report²¹.

The proportion of opiate users successfully completing drug treatment on the Isle of Wight is stable over time, although it has larger variation year-to-year due to small numbers²². In 2023, 6.9% of opiate users were successful in completing drug treatment, similar to the national percentage of 5.1%. The England trend is in line with the Island's, with a gradual decline. The proportion of non-opiate drug users successfully completing drug treatment has remained stable in recent years at 28.2% in 2023 on the Isle of Wight.

²¹ [JSNA Inclusion Health Groups](#)

²² [Fingertips | Department of Health and Social Care](#)

5 Smoking and vaping

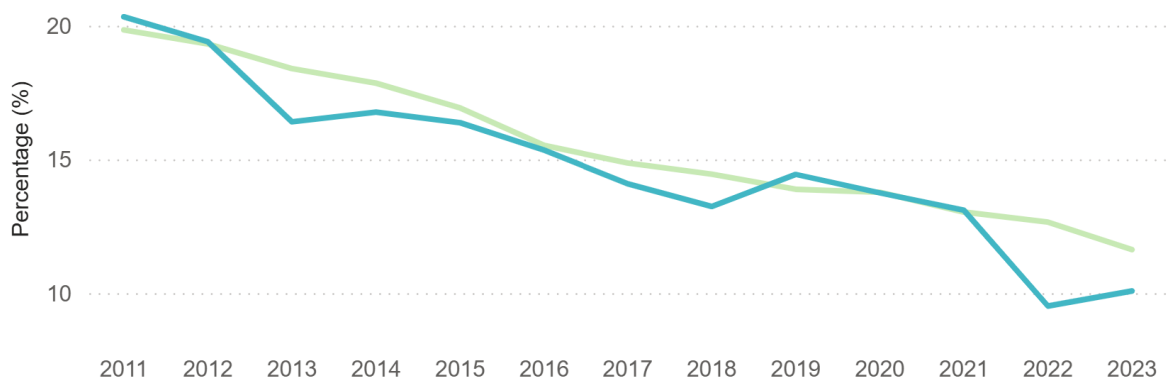
Smoking is the leading cause of preventable ill health and early death in England and was responsible for almost 75,000 deaths and more than 500,000 hospital admissions in 2019²³. On the Isle of Wight between 2017 and 2019, smoking was responsible for around 600 deaths in people aged 35 years and older²⁴. It is linked to many cancers, cardiovascular disease and respiratory diseases^{25,26}.

Figure 4 shows the smoking prevalence (APS) on the Isle of Wight is 10.1% compared to 11.6% in England in 2023^{27,28}. In addition, men are significantly more likely to smoke than women, those in routine or manual occupations and those who are unemployed are significantly more likely to smoke than those in managerial or professional occupations, and those living in the most deprived areas are significantly more likely to smoke than those in the least deprived²⁹.

Figure 4: Smoking prevalence in adults, 18+, 2023

Smoking prevalence (APS) in adults (18+) on the Isle of Wight and England

● England ● Isle of Wight



The rates of mortality attributable to smoking in 2017-19 were lower on the Island than England and is showing a gradual downwards trend as the prevalence of smoking

²³ [Addressing the leading risk factors for ill health | Health Foundation](#)

²⁴ [Smoking Profile - Data | Fingertips | Department of Health and Social Care](#)

²⁵ [Addressing the leading risk factors for ill health | Health Foundation](#)

²⁶ [Smoking Profile - Data | Fingertips | Department of Health and Social Care](#)

²⁷ [Fingertips | Department of Health and Social Care](#)

²⁸ During the pandemic the data collection methods for the Annual Population Survey changed from face-to-face to phone only, and ONS have concluded that the change has impacted the final prevalence figures which are likely to be underestimates. Please see more details [here](#).

²⁹ [Fingertips | Department of Health and Social Care](#)

declines³⁰. However, despite still being lower than England, smoking attributable hospital admissions has increased and getting worse³¹.

Two thirds of smokers will start smoking before the age of 18 years and experimental smoking in childhood is highly predictive of regular smoking in adolescence. Risk factors for young people to start smoking include truancy or school exclusion, drinking alcohol, taking drugs and having parents or siblings who smoke. Children who grow up in a smoking household are four times more likely to start smoking.

An evidence update in 2022 on Nicotine Vaping by the Office for Health Improvement and Disparities (OHID) states that although not risk-free, vapes are far less harmful than smoking in the short and medium term and the estimated risk reduction is at least 95%^{32,33}. Therefore, it is important to make vapes accessible as a quitting aid, especially for the Island's high prevalence groups³⁴. However, it is not risk free and NICE recommends that vaping should be discouraged in those who have never smoked³⁵.

A recent survey of children in Hampshire, the Isle of Wight, Portsmouth and Southampton found that 10% of Year 8 and Year 10 pupils reported currently or previously using e-cigarettes³⁶. However, national data from 2023 shows that 1 in 5 children aged 11 to 17 have ever used an e-cigarette, up from one in ten in 2021³⁷. Children who have never smoked are more likely to vape than adults who never smoked, at 2.3% compared to 1.1%. Additionally, one third of those children who currently vape reported having an extremely strong, very strong or strong urge to vape. The most popular flavours for children aged 11 to 17 years were fruit (60%), followed by sweet or soft drink (25%).

To help reduce smoking prevalence, the Isle of Wight Public Health Team commissions a Community Stop Smoking Service which, although universal, is targeted to groups with the highest risk of tobacco-related harm, including routine and manual workers, people with serious mental health issues or smoking-related long-term conditions, and pregnant smokers. More detail is available on the Smokefree Island website³⁸.

Smoking prevalence is thought to have reduced over the pandemic, with an estimated one million people in the UK having stopped during the first lockdown³⁹. Evidence based stop

³⁰ [Smoking Profile - Data | Fingertips | Department of Health and Social Care](#)

³¹ [Smoking Profile - Data | Fingertips | Department of Health and Social Care](#)

³² [Nicotine vaping in England: 2022 evidence update main findings - GOV.UK \(www.gov.uk\)](#)

³³ [Nicotine vaping in England: 2022 evidence update main findings - GOV.UK \(www.gov.uk\)](#)

³⁴ [The Khan review: making smoking obsolete - GOV.UK](#)

³⁵ [Recommendations on preventing uptake | Tobacco: preventing uptake, promoting quitting and treating dependence | Guidance | NICE](#)

³⁶ [HIPS Headline Findings 2024 \(beewellprogramme.org\)](#)

³⁷ [Use-of-vapes-among-young-people-GB-2023-v2.pdf \(ash.org.uk\)](#)

³⁸ [Home - Smokefree Island](#)

³⁹ [Isle of Wight Covid-19 Health Impact Assessment](#)

smoking services are the most effective way to quit. The local Community Stop Smoking Service saw a reduction in referrals from healthcare services but a large increase in self-referrals after amplifying media messages around smoking as a risk factor for serious COVID-19 infection. Vaping prevalence is lower than smoking prevalence across all groups in England. About 9.1% of adults in England use a vape, 56% of whom are ex-smokers. The reason adults give for vaping depends on their smoking status. Never-smokers take up vaping because they enjoy the experience and want to give it a try, whereas current smokers vape to cut down on smoking and to try to quit, and ex-smokers take up vaping to quit smoking and prevent relapse. Those who smoke and haven't tried using e-cigarettes most commonly give the reasons that they do not want to develop a new addiction and are worried about the safety of vaping⁴⁰.

Smokefree Island is a service commissioned by the Isle of Wight Council and provided by Thrive Tribe. The aims of the service are to provide an expert stop smoking service for the Isle of Wight community.

Vaping among adults who are 'never smokers' is uncommon, with the ASH survey finding 1.1% of never smokers to be vaping in 2023. In England, in 2020, vaping products became the most popular aid used to stop smoking. There is no local data on adult vaping prevalence currently available, however, the commissioned stop smoking support provider offers an e-Cig Voucher Scheme⁴¹ to residents who wish to quit using a vape.

It is important to note that while vaping can help smokers quit, it is not harmless and is not for young people under 18. Whilst vapes have a strong association with smoking, at present there is no strong evidence to suggest that vaping is a gateway to smoking. More research is required into the associations between smoking, vaping and the common risk factors for both behaviours in young people.

⁴⁰ [Use of e-cigarettes among adults in Great Britain - ASH](#)

⁴¹ <https://smokefreeisland.co.uk/vaping-and-ecigarettes/>

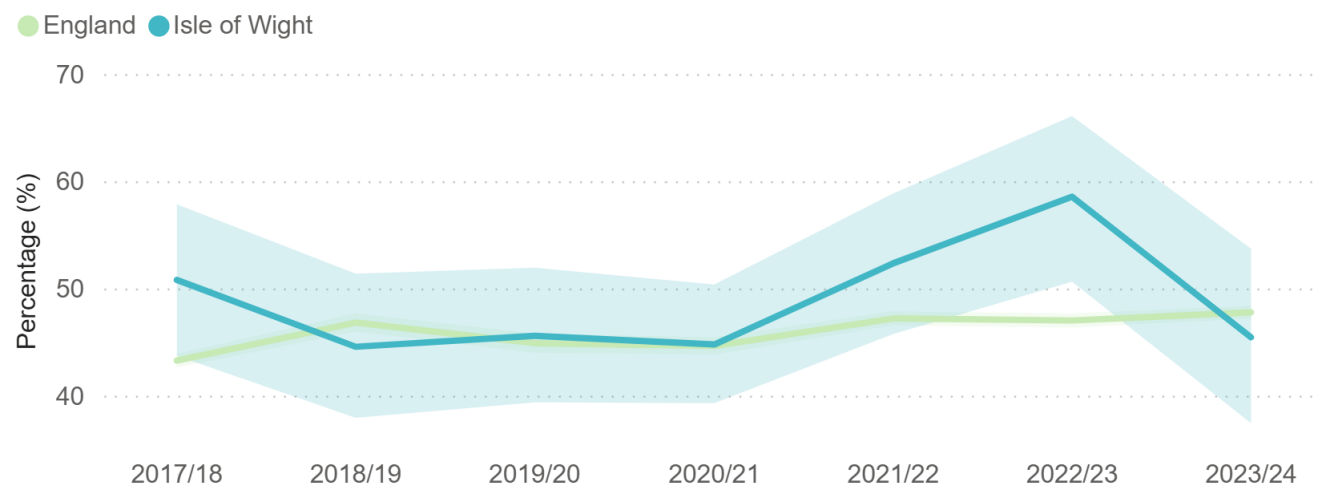
6 Physical activity

Being physically active reduces mortality risk, helps prevent and address overweight and obesity, improves mental health, and reduces the risk of developing a wide range of illnesses, including heart disease, stroke, Type 2 diabetes, obesity, some cancers, mental health problems and musculoskeletal conditions.

The proportion of children (5-16 years) on the Isle of Wight meeting the recommended 60 minutes of exercise per day is similar to England, at 45.4% of children compared to 47.8% nationally in 2023/24⁴². National data shows that female children, children in Years 3 to 6, and children from minority ethnic groups are less likely to achieve the recommended amount of exercise⁴³.

Figure 6: Physically active children and young people aged 5 to 16, 2017/18 to 2032/24

Percentage of physically active children and young people (5-16 years) in England and on the Isle of Wight



The Chief Medical Officer currently recommends that adults undertake a minimum of 150 minutes (2.5 hours) of moderate physical activity per week, or 75 minutes of vigorous physical activity per week or an equivalent combination of the two. Children are recommended to undertake 60 minutes of exercise per day.

In 2023/24, 69.7% of adults (19+) on the Isle of Wight undertake the recommended 150 minutes (2.5 hours) of moderate physical activity per week, or 75 minutes of vigorous physical activity per week or an equivalent combination of the two. 17.7% are classified as

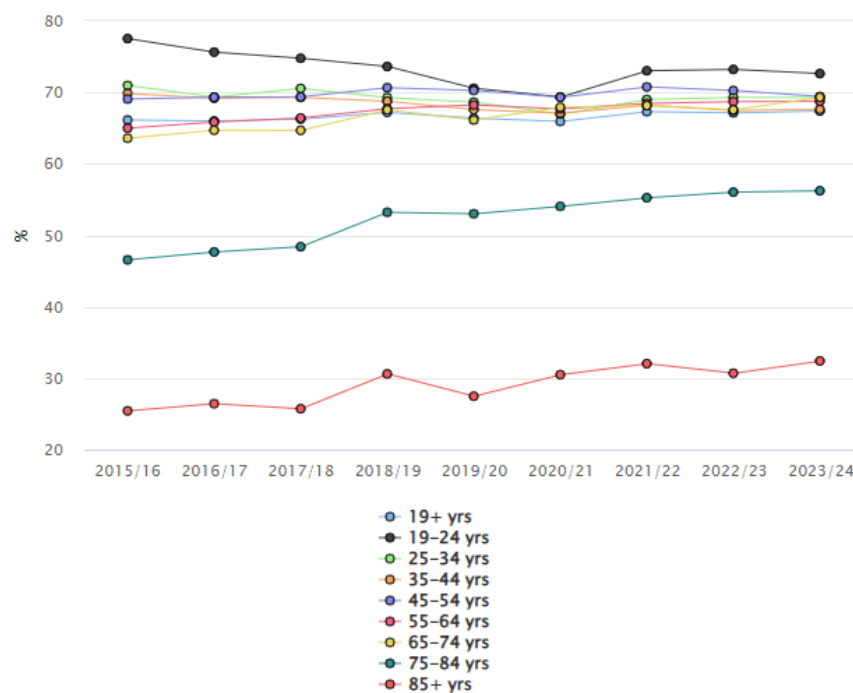
⁴² [Fingertips | Department of Health and Social Care](#)

⁴³ [Fingertips | Department of Health and Social Care](#)

physically inactive as they undertake less than 30 minutes of moderate intensity activity across the week in 2023/24^{44,45}.

Nationally, data for adults shows that physical activity levels are lower in females, older people, those with lower levels of education, those living in deprived areas, people with a disability, minority ethnic groups and those who are not employed⁴⁶.

Figure 7: Percentage of adults in England (aged 19+) who do 150 minutes of physical activity per week (physically active), by age, 2015/16 to 2023/24



Nationally, activity levels fell in both adults and children during the pandemic, which could be partially explained by fewer people commuting to school or work using active forms of transport such as cycling and walking⁴⁷. For those with long term conditions who were shielding, the impact on activity levels would have been even greater. An Age UK national survey found that 23% of older people had seen their ability to do everyday activities reduce, which is likely to increase their dependency and reduce life expectancy⁴⁸. The impact of reduced mobility on the older population is discussed in more detail in the Isle of Wight COVID-19 Health Impact Assessment⁴⁹.

⁴⁴ [Fingertips | Department of Health and Social Care](#)

⁴⁵ [Fingertips | Department of Health and Social Care](#)

⁴⁶ [Fingertips | Department of Health and Social Care](#)

⁴⁷ [Wider Impacts of COVID-19 \(phe.gov.uk\)](#)

⁴⁸ [New analysis finds the pandemic has significantly increased older people's need for social care | media | Age UK](#)

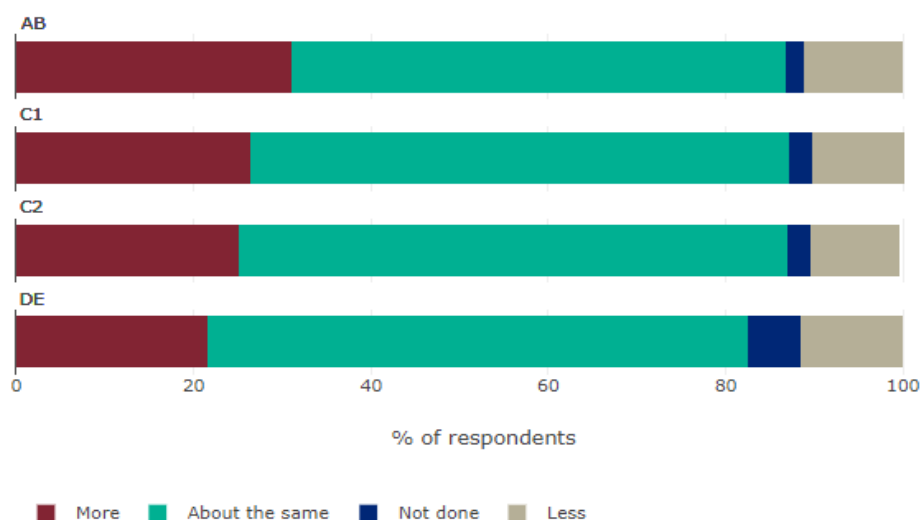
⁴⁹ [Isle of Wight COVID-19 Health Impact Assessment](#)

7 Healthy diet

A healthy diet reduces the risk of obesity, heart disease, some cancers, and bone and joint disorders⁵⁰. Limited data is available on the quality of people's diets locally, but in a recent survey of school students on the Isle of Wight, 88.6% ate fruit and vegetables on two to four days a week or more⁵¹. The proportion of adults meeting the recommended '5-a-day' on a usual day 37.2% on the Isle of Wight, compared to 31.3% in England in 2023/24. National data shows that males, people from ethnic minority groups, those with a disability, those living in a deprived area and those from a lower socioeconomic group, those who are younger and males are also less likely to have a healthy diet⁵².

The impact of the pandemic on diet in the UK is complex⁵³. With hospitality closed during long periods of restrictions, more people were cooking from home, however the quality of food varied across different groups. Thirty two percent reported eating more healthy main meals but 33% eating more unhealthy snacks⁵⁴. There was also an increase in families eating together and food waste decreased. Children from disadvantaged backgrounds were most likely to eat more highly processed food and least likely to be eating fruit and vegetables⁵⁵.

Figure 8: People eating healthy meals more or less often in the past month by social class in England, Wales and NI: survey data up to 14/07/2020



Source: OHID WICH tool

⁵⁰ [Addressing the leading risk factors for ill health | Health Foundation](#)

⁵¹ [#BeeWell Neighbourhood Data Hive](#)

⁵² [Wider Impacts of COVID-19 \(phe.gov.uk\)](#)

⁵³ [Renew Normal: Food in a Pandemic](#)

⁵⁴ [Renew Normal: Food in a Pandemic](#)

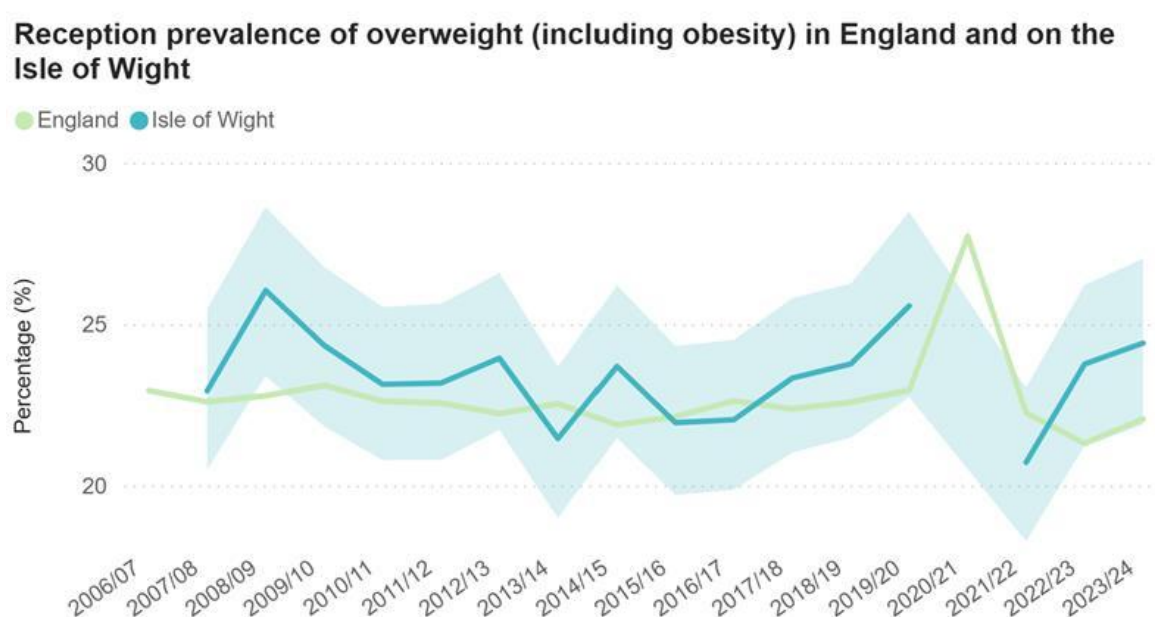
⁵⁵ [Renew Normal: Food in a Pandemic](#)

The Food Insecurity Index developed by University of Southampton identifies people who are at risk of food insecurity. Food insecurity can occur through a number of ways - through economic factors and through factors impacting on access to buying groceries. This is explored further in the JSNA Healthy Places chapter which covers University of Southampton's Food Security Index as well as fast food outlets, food banks and community pantries.

8 Overweight and obesity

Poor diet and physical inactivity are leading risk factors for overweight and obesity, which in turn are risk factors for heart disease, stroke, Type 2 diabetes, liver disease, some cancers, dementia, and mental health conditions⁵⁶. These health risks increase with increasing weight. The proportion of children on the Isle of Wight who are overweight or obese increases from 24.4% in Reception to 29.6% by Year 6 in 2023/24. Therefore, Isle of Wight similar to the the England prevalence of overweight and obesity for Reception age (22.1%) and statistically lower than the England percentage of overweight and obese year 6 children at 35.8%.

Figure 9: Reception children classified as overweight or obese, 2006 to 2020



69.7% of Island adults are either overweight or obese, higher than the national prevalence of 64.5%⁵⁷. Inequalities in overweight and obesity exist in adults. Nationally, the prevalence of overweight and obesity is higher in Black and White British ethnic groups, those who are disabled, those in older ages, and in men. Overweight and obesity also increase with deprivation.

To help reduce the prevalence of overweight and obesity, Isle of Wight public health team commissions a Tier 2 weight management service for adults which, although universally accessible, places additional emphasis on targeting men, ethnic minority groups, and those residing in the three deciles of greatest deprivation.

⁵⁶ [Addressing the leading risk factors for ill health | Health Foundation](#)

⁵⁷ [Fingertips | Department of Health and Social Care](#)

9 Sexual health and reproductive health

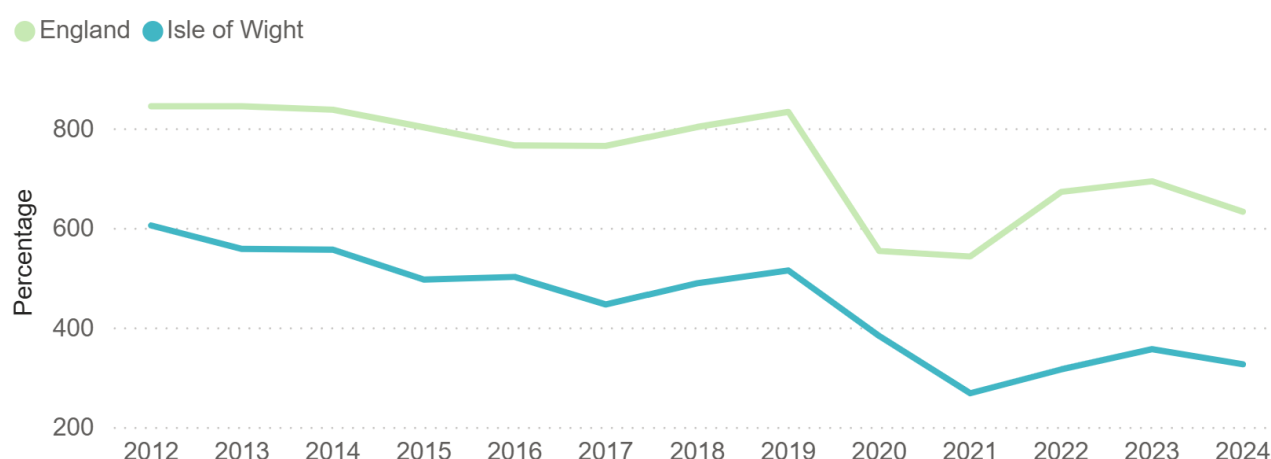
Good sexual health encompasses a positive, respectful approach to sexuality and sexual relationships which ensures sexual experiences that are safe, free of coercion, discrimination and violence. In England, the definition of sexual health also includes the provision of advice and services for contraception, termination of pregnancies, sexually transmitted infections (STIs) and Human Immunodeficiency Virus (HIV).

To ensure all women, trans-gender men, and non-binary people with female reproductive organs have choice over if and when they decide to get pregnant, good access to long-acting reversible contraception (LARC) is important. Levels of prescribed LARC across the Isle of Wight fell during the pandemic because of difficulties in organising face-to-face appointments. It will be important to monitor these trends as health services resume more normal functioning. Although it is recognised that LARC is important it is equally important for all people to have access to the full range of contraceptive choices.

Early identification and treatment of STIs is important, as untreated infections can lead to serious complications including infertility, ectopic pregnancy, cancer and premature death. Up until 2019, the STI diagnosis rate had been generally stable on the Isle of Wight and nationally, at which point it dropped in 2020 and 2021 – likely a result of both reduced sexual activity and less access to diagnostic services. The STI diagnosis rate has since increased from a low of 267.6 per 100,000 in 2021, to a rate of 325.7 per 100,000 in 2024. This is lower than the national rate of 632.3 per 100,000 in 2024. Additionally, poor sexual health is associated with deprivation and social exclusion, and has a greater impact on young people, men who have sex with men (MSM), and certain ethnic groups.

Figure 10: All new STI diagnosis rate / 100,000 population, 2012 to 2023

All new STI diagnoses rate in England and on the Isle of Wight

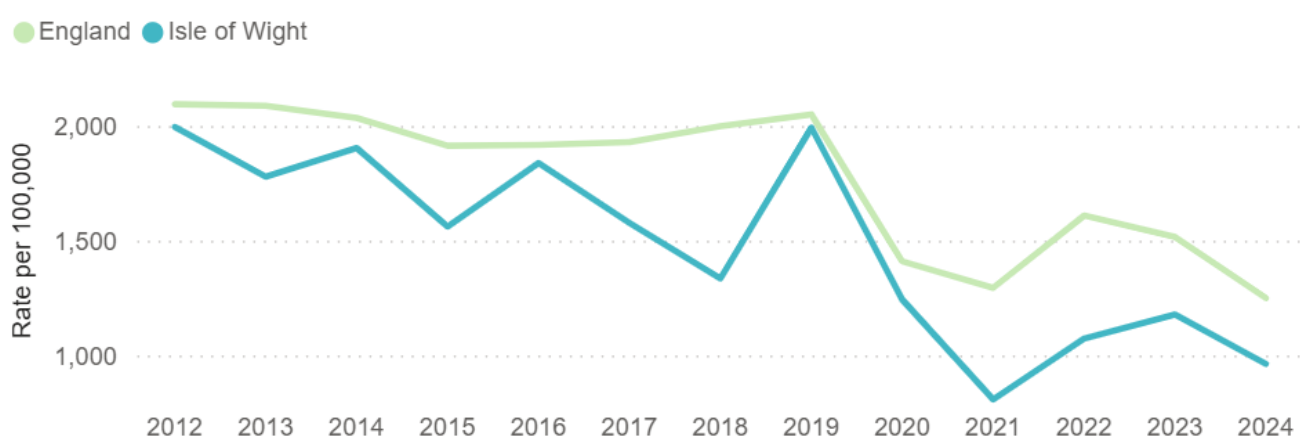


Chlamydia is the most commonly diagnosed bacterial STI in England, and rates are far higher in young adults than any other age group. The UK Health Security Agency (UKHSA) recommends that local authorities should be working towards achieving a detection rate of at least 3,250 per 100,000 female population aged 15 to 24. The recommendation was set at a level that would encourage a high volume of screening and diagnoses, be ambitious but achievable and high enough to encourage community screening rather than specialist sexual health clinic only diagnoses, as well as be likely to result in a continued chlamydia prevalence reduction, according to mathematical modelling⁵⁸. In 2022 there were changes to the National Chlamydia Screening Programme (NCSP) to focus on reducing reproductive harm of untreated infection in young women and other people with wombs and ovaries⁵⁹. The detection rate target is still in place however this change means young women without symptoms will be proactively offered a chlamydia test.

The Isle of Wight's detection rate had been fluctuating. The pandemic impeded any progress, and the detection rate has since dropped, as seen in Figure 11. In 2024, the Island's detection rate was 962.8 per 100,000, which is lower and worse than England (1,249.8 per 100,000)⁶⁰.

Figure 11: Chlamydia detection rate per 100,000 population aged 15 to 24, 2012 to 2024

Chlamydia detection rate per 100,000 aged 15-24 years in England and on the Isle of Wight



The new HIV diagnosis rate on the Isle of Wight was 4.3 per 100,000 in 2023, which was lower than the England rate of 10.4 per 100,000⁶¹. Early HIV diagnosis and treatment will typically lead to a near-normal lifespan. In contrast, late diagnosis is an important predictor of morbidity and mortality. On the Island, the proportion of people who are diagnosed late

⁵⁸ [Fingertips | Department of Health and Social Care](#)

⁵⁹ This includes transgender men, non-binary people assigned female at birth and intersex people with a womb or ovaries.

⁶⁰ [Fingertips | Department of Health and Social Care](#)

⁶¹ [Fingertips | Department of Health and Social Care](#)

with HIV (people first diagnosed with HIV in UK) was 28.6% in 2021-23, which is statistically lower than the England percentage of 43.5%⁶². National data shows that heterosexuals (particularly men), and people using injection drugs are more likely to be diagnosed late⁶³.

The Isle of Wight public health team commissions sexual and reproductive health services which help to prevent unplanned pregnancies, STIs and HIV as well as to treat infection. The services prioritise addressing inequalities, including through dedicated clinics for young people, MSM, people with learning disabilities and sex workers.

⁶² [Fingertips | Department of Health and Social Care](#)

⁶³ [Sexual and Reproductive Health Profiles - Data | Fingertips | Department of Health and Social Care](#)