# Isle of Wight

# Joint Strategic Needs Assessment (JSNA)

# 2011

# (Data Document)

# Preface

We are pleased to launch this document for the Isle of Wight Joint Strategic Needs Assessment (JSNA), 2011.

The JSNA will be a key part of the new local arrangements to improve health and wellbeing on the Island, outlined in the government's public health white paper 'Healthy Lives, Healthy People'. These arrangements will include the establishment of a local Health and Wellbeing Board, which will bring together Isle of Wight Council, NHS Isle of Wight and the emerging Clinical Commissioning Group, as well as other local partners. The Board will provide a framework for these organisations to take a joint approach to improving the health and wellbeing of the Island population.

The JSNA is intended to provide a comprehensive picture of the Island's health and wellbeing, and will enable the Health and Wellbeing Board to develop an over-arching Health and Wellbeing Strategy for the Island. This strategy will respond to the needs and priorities identified in the JSNA, and plan what services and activities are required to address them.

This JSNA document starts by discussing the Island as a place and outlines the make-up of its population. It goes on to reflect the central themes of the Marmot Review, 'Fair Society, Healthy Lives';

- That there are inequalities in health between different groups within the population which could be avoided.
- That these inequalities, and health and wellbeing in the whole population, are influenced by wider 'social determinants of health', such as our material circumstances and social environment.

This document considers some of those social determinants, such as the economy, education and, housing. It goes on to discuss the health and wellbeing of children and adults on the Island. It concludes with a discussion about some of the Island's health inequalities, including a focus on some specific groups likely to be at greater risk of experiencing them.

The Isle of Wight is at an early stage on its JSNA journey. As we move forward, we will develop the JSNA into a continuous process which will involve and incorporate the perspectives of our partner organisations whose work affects people's health and wellbeing; of the new Healthwatch organisation for patients and carers; of the voluntary sector; and of the wider community. And we will ensure that information about health and wellbeing on the Island is made more easily available to all of those groups, in order to inform and improve decision-making and prioritisation at all levels.

Meanwhile we would welcome your comments on this document and we look forward to working with you within this process in the future.

Ian Anderson

Director for Community Wellbeing and Social Care
Isle of Wight Council

Dr. Jenifer Smith

Director of Public Health
NHS Isle of Wight

## Introduction

This document is the full JSNA, containing detailed information about the key issues which impact the health and wellbeing of Island residents. Supporting data sets are also available online here: 'Isle of Wight Facts and Figures'

All data used is the latest available at the time of writing the document, in some cases this will be data from previous years in order to be able to make meaningful comparisons against the national average or other local authorities. More up-to-date local information has been used where possible to give a more detailed picture of specific issues.

## Contents

# Place and Population

## Place

The Island's land area is predominantly rural: 75% is classified as villages, hamlets or isolated dwellings, with only 16% of the population living in these areas. This population faces significant difficulties in accessing facilities, which presents challenges for service delivery.

The Isle of Wight has a land area of 380 square kilometres (146 square miles) and its population density is 370.7 people per square kilometre, compared with 395 in England. 16% of the Island's land area is classified as urban, with 64% of the Island's population living in urban areas[1]. The remaining 84% of the Island's land area is classified as rural. 75% of the Island is classified as villages, hamlets or isolated dwellings, with 16% of the population living in these areas. They face significant difficulties in accessing facilities, and present challenges for service delivery.

The Isle of Wight lies off the South Coast of England, with ferry services providing a mainland link at three locations on the North, West and East of the Island. This has an impact on the ease of accessing mainland services as an alternative to Island based ones (for example, healthcare, employment and education).

## Population

Island population growth of approximately 1% a year is forecast to continue. Growth is driven by net inward migration, with inward migrants predominantly of working age or newly retired, and net outward migration among young people aged 15-29.

The Island is proportionately older compared with England: 24.1% of the Island population is aged 65+ compared with 16.6% of the England population. Over the next 10 years the Island's largest population increase (25%) will be in the 65+ population, with the under-20 and working age populations falling slightly as proportions of the Island population. A significant proportion of the growth among over 65s will be among the very elderly (85+).

The Isle of Wight has a population of 140,500.[2] The largest group of residents are aged 60-64 (8.1% of the total population), and almost a quarter of residents (24.1%) are aged 65 and over. This is very high compared with the England average (16.6%).

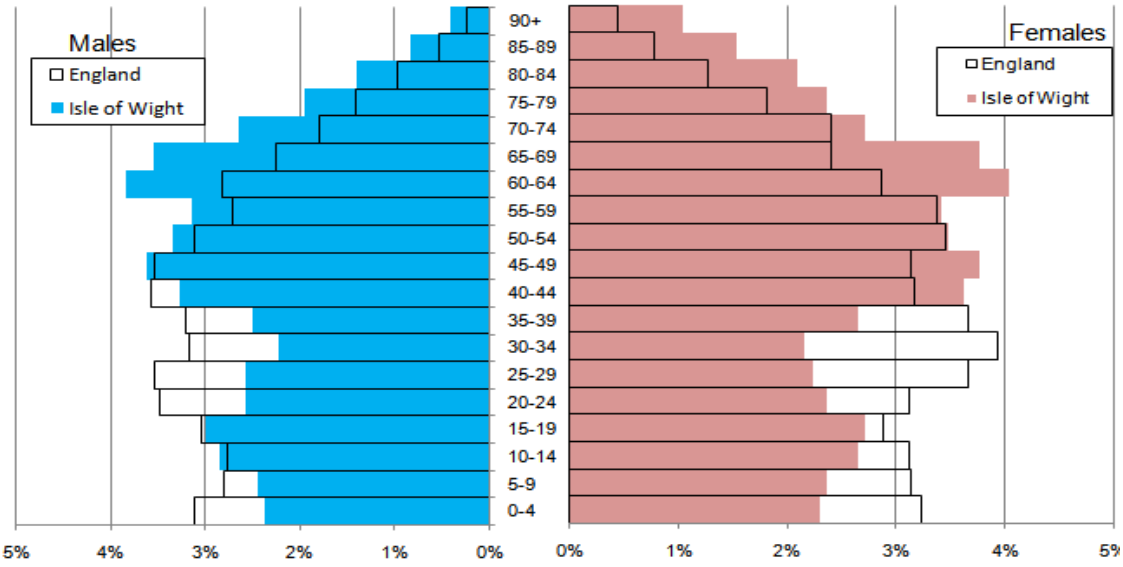
The high level is in part due to the inward migration of retirees, and is exacerbated further by the significant number of Islanders between the ages of 18-35 who leave to go to University or to find employment. Most people starting a family tend to be in this age group – and as a result the Island's birth rate is low compared with the rest of England. The Island also has slightly fewer children under the age of 5 than the national average (5.6% as opposed to 7%).

[1] 2001 Census

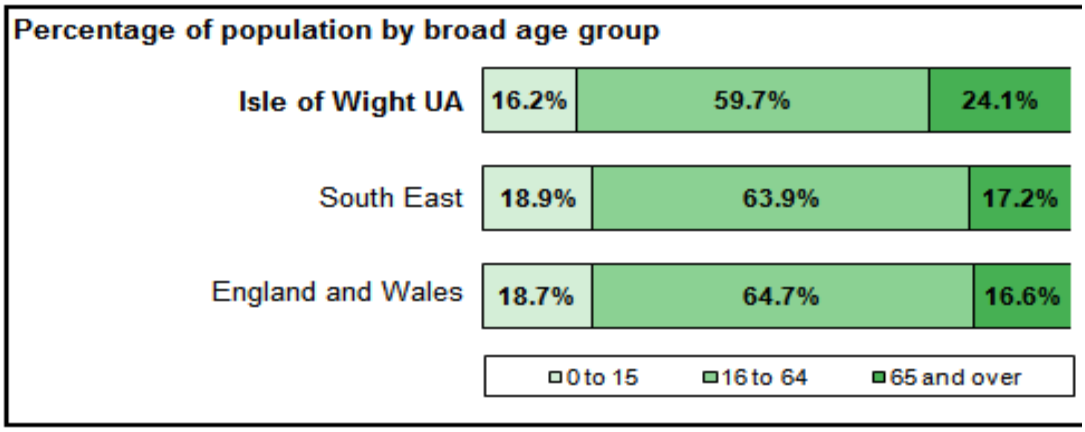
[2] ONS Mid Year Estimates 2010

Between the ages of 35 to 50 there starts to be inward migration to the Island. Many of these families have teenage children, and as a result the Island numbers for both of these age ranges are close to the national profile. The net effect of these movements is that the Island's population grows approximately 1% per year.

The population pyramid below shows clearly the difference between the Island population and the rest of England – the Isle of Wight population clearly shows a 'narrow waist' and is very top heavy in contrast to the England pyramid which bulges out in the middle.




Isle of Wight Age and Gender as % of total population (140,500), compared to England.
Source: ONS 2010 Mid-Year Estimates



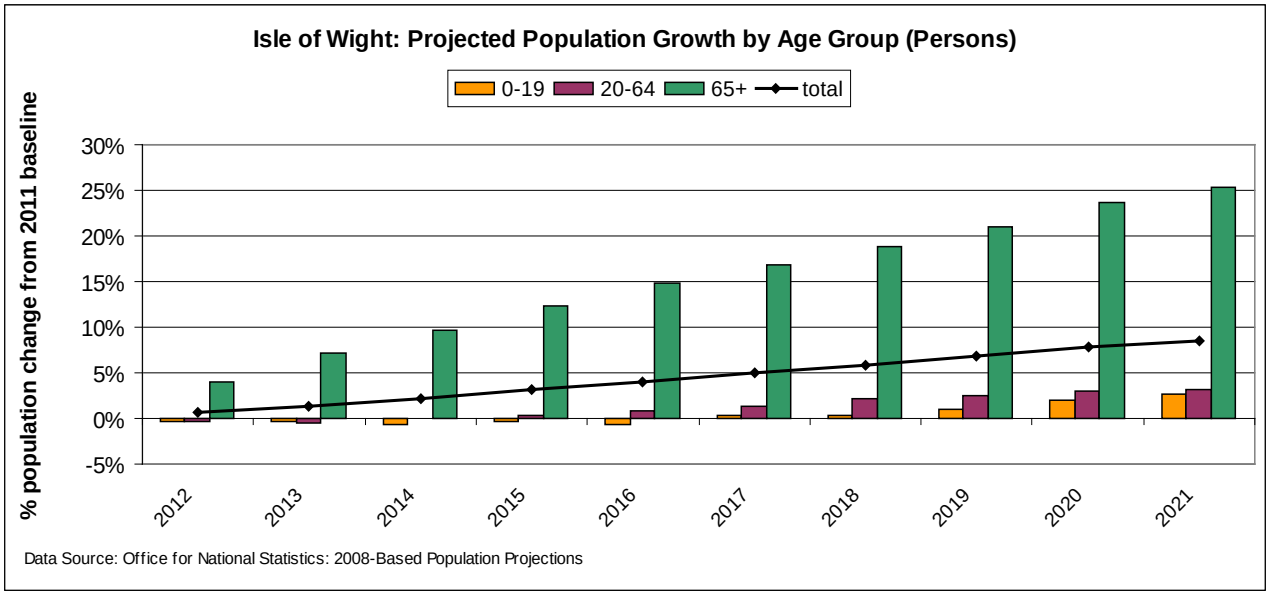

(UA=Unitary Authority)

The Island population is projected to increase by 8.5% over the next 10 years[3] which is in line with England and the South East. The largest increase (25.4%) is in the 65+ age group, which will grow from 25% of the population to 28%. The number of under 20s will fall by 1% to 20%. A similar

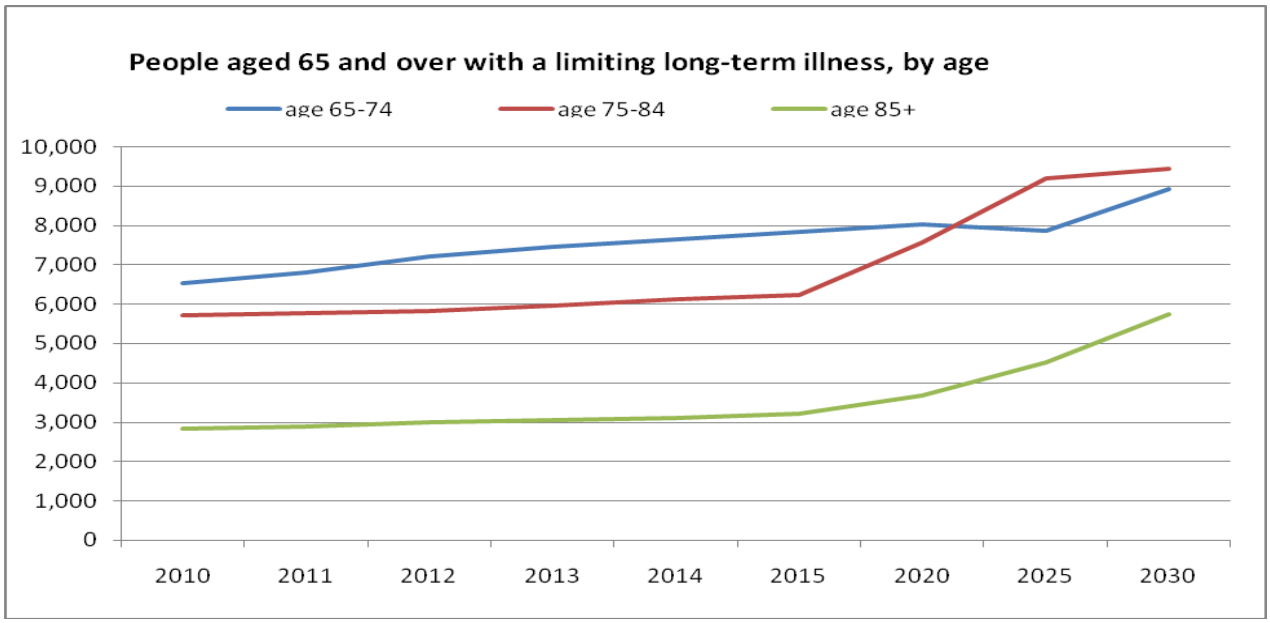
[3] ONS Population Projections based on 2008 data

picture is seen with the 20 to 64 age groups, which will fall to 52% of our population. These trends are similar across England and the South East.

The greatest population increase is expected be amongst elderly males, with the most significant increases in men aged over 80.




As people get older they are more likely to suffer a limiting long-term illness. The graph below illustrates the projected growth in people over 65 with a limiting long-term illness over the next 19 years. [4] The steepest rate of increase is seen amongst the 85+ age group which is projected to practically double by 2030.




[4] 2001 Census Table S016 Sex and age by general health and limiting long-term illness.

## Ethnicity

At the 2001 Census the Island was considerably less ethnically diverse compared with England, with 3.2% of the Island population from minority ethnic groups, including other white groups (13% in England). 2009 estimates suggest that the Island's minority ethnic population has increased to 8.3% of the total, with the greatest increases in the White Other and Asian/Asian British groups.

The latest statistics from the ONS[5] provide an estimate of the ethnic make-up of the Island's population, and predict an increase in the overall percentage for minority ethnic groups.

| Isle of Wight | All Groups | White British | % of All Groups | Total for all other ethnic minority groups | % of All Groups |
|---|---|---|---|---|---|
| 2001 Census | 132,731 | 128,440 | 96.77% | 4,291 | 3.23% |
| Mid 2009 estimate | 140,200 | 128,600 | 91.73% | 11,600 | 8.27% |

The ethnic groups which have the greatest rate of increase include; 'White: Other White[6]'; 'Asian or Asian British' and 'Black or Black British'.

| Isle of Wight | All Groups | Other White | Other White % | Asian or Asian British | Asian or Asian British % | Black or Black British | Black or Black British % |
|---|---|---|---|---|---|---|---|
| 2001 Census | 132,731 | 1640 | 1.24% | 432 | 0.33% | 304 | 0.23% |
| Mid 2009 estimate | 140,200 | 3,900 | 2.78% | 2,600 | 1.85% | 1,600 | 1.14% |

[5] ONS - Neighbourhood Statistics: Source 2001 Census: Census Area Statistics
Estimated resident population by ethnic group and sex, mid-2009 (experimental statistics)

[6] 'White: Other White' is anyone who identifies themselves as white but not British nor Irish. The majority of this group on the Isle of Wight are of European descent.

# Social Determinants of Health and Wellbeing

Wider 'social determinants', such as people's material circumstances and social environment, directly influence people's health and wellbeing, and contribute to avoidable inequalities in health between different groups in the population.

This section discusses those various social and economic factors which influence the health and wellbeing of the Isle of Wight population.

## Deprivation

The most deprived Island neighbourhoods are mainly in the town areas - areas among the 20% most deprived on the Island are found in East Cowes, Newport, Ryde, Sandown, Shanklin and Lake, and Ventnor. They experience persistent deprivation in different aspects of their lives including income, employment, education and housing. These factors interact with each other and contribute to residents of these neighbourhoods experiencing, on average, worse health compared with the rest of the Island.

The Island's rural areas experience significant deprivation in terms of physical and financial accessibility of housing and key local services.

This section discusses what the national Indices of Multiple Deprivation (IMD) tell us about deprivation locally, comparing the Isle of Wight with other Local Authority districts in England, and considering differences across the Isle of Wight itself.

The IMD is published every three years and is commissioned by the government. The most recent IMD was released in March 2011. Most of the data used is from 2008, though some measures are still based on 2001 Census data. Seven different domains or aspects of deprivation are measured: income; employment; health and disability; education, skills and training, barriers to housing and other services; crime; and living environment. These are weighted and combined into an overall measure of deprivation. This is explained in further detail in the IMD information sheets available online. [7]

The scores determined are listed by Lower Super Output Area (LSOA)[8] each being a geographical area with a population of approx 1,500. Using this approach every small area in England (a total of 32,482 LSOAs) can be ranked according to the deprivation experienced by the people living there. There are 89 LSOAs on the Isle of Wight.

Some areas of the Island, principally within the towns of Newport, Ryde and Ventnor, are among the 20% most deprived areas of England.

[7] Isle of Wight Facts and Figures web pages

[8] For the Island these used to nest within the Island Wards prior to the Boundary changes in 2009 (broadly 2 LSOAs to 1 Ward) and now cut across the revised Ward boundaries. The names based on the old Wards continue to be used to give an indication of where they are geographically.

## Deprivation compared with Local Authority districts in England

For the overall IMD 2010, the Isle of Wight was among the 40% most deprived local authorities in England (126th out of 326 – lower numbers are worse as 1 = most deprived). This reflects a drop of eight places since 2007, when the Island was ranked 134. The fall is in 'relative deprivation' i.e. it could be due to an improvement in other areas of England as opposed to a worsening of the local situation. However, the change is still a concern in that the Island is not keeping pace with the rest of England.

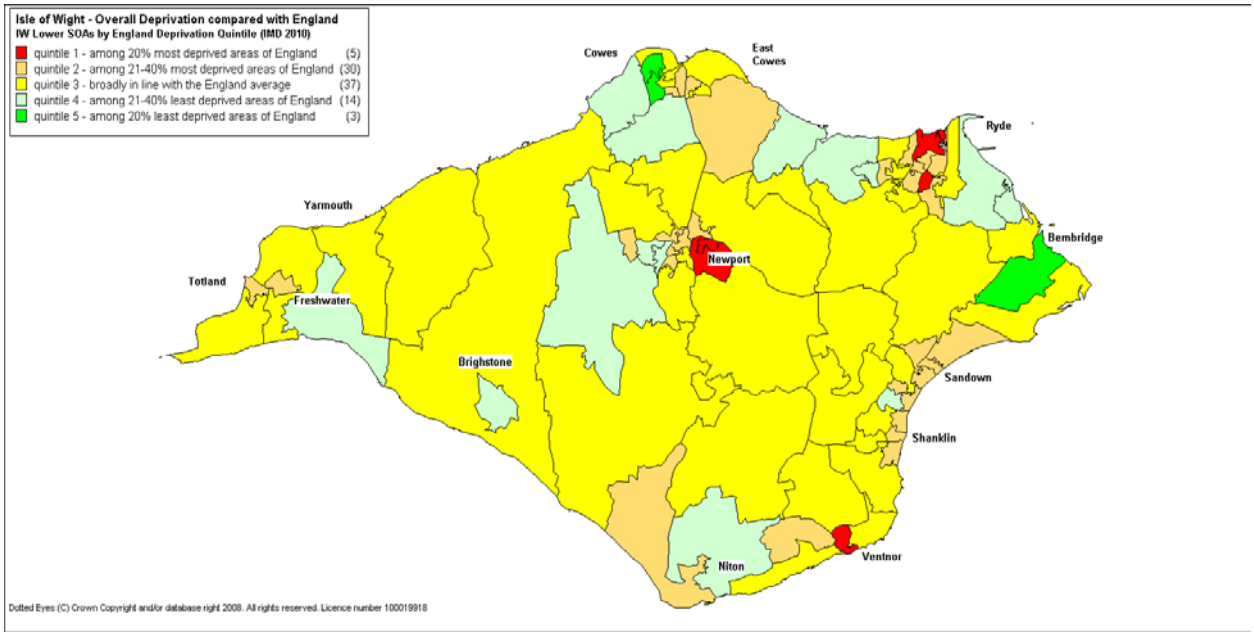
The IMD 2010 suggests that there have been improvements in some areas - For income deprivation the Island ranks 116th (105th in 2007) and for employment deprivation 114th (110th in 2007)[9].

When compared with neighbouring authorities in the South East the relative position of the Island is worse, as the South East is one of the more affluent regions of England. 34 of the LSOAs on the Island fall within the 20% most deprived in the region (14 of which are among the 10% most deprived in the South East).

As a Local Authority, the Isle of Wight is ranked 12th worst of the 67 authorities that make up the most deprived 20%, although the cities of Southampton, Portsmouth and Brighton& Hove fare worse, being amongst the six worst of the 67.

## Isle of Wight small-area deprivation compared with England

The map below shows overall deprivation among the Island's LSOAs in relation to England. Five of the Island's 89 LSOAs are among the most deprived 20% in England: they are in Newport, Ryde and Ventnor. A further 53 of the Island's LSOAs are among the most deprived 50% in England. In contrast three Island LSOAs were amongst the least deprived 20% in England: they are in Bembridge and Cowes.



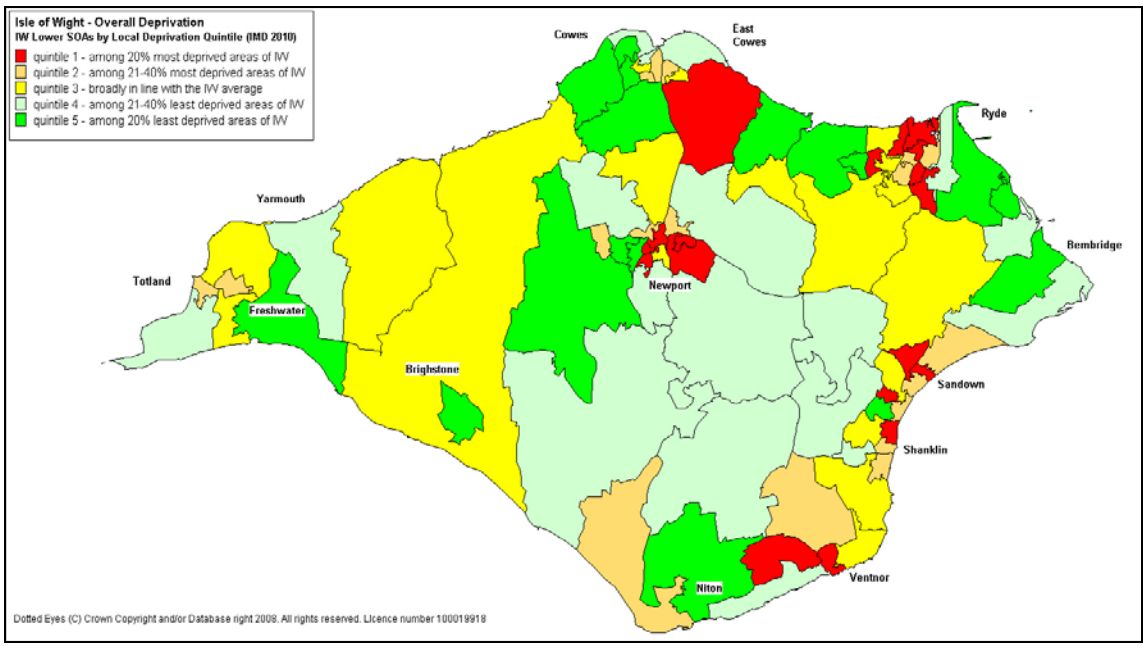

[9] Higher numbers are better, as it means we are lower down the list of deprived areas.

Deprivation on the Island is particularly noted in the employment, education & skills and barriers for housing and services domains, with the highest percentages of Island LSOAs falling into the most deprived 20% in England. Other areas of note are income and health & disability, with around half of the 89 Island LSOAs being within the most deprived 40% in England.

Whilst employment, living environment and income deprivation are greatest in extent, deprivation is most severe in terms of barriers to housing and services and the living environment. These represent severe concentrations of physical deprivation.

## Relative small-area deprivation within the Isle of Wight

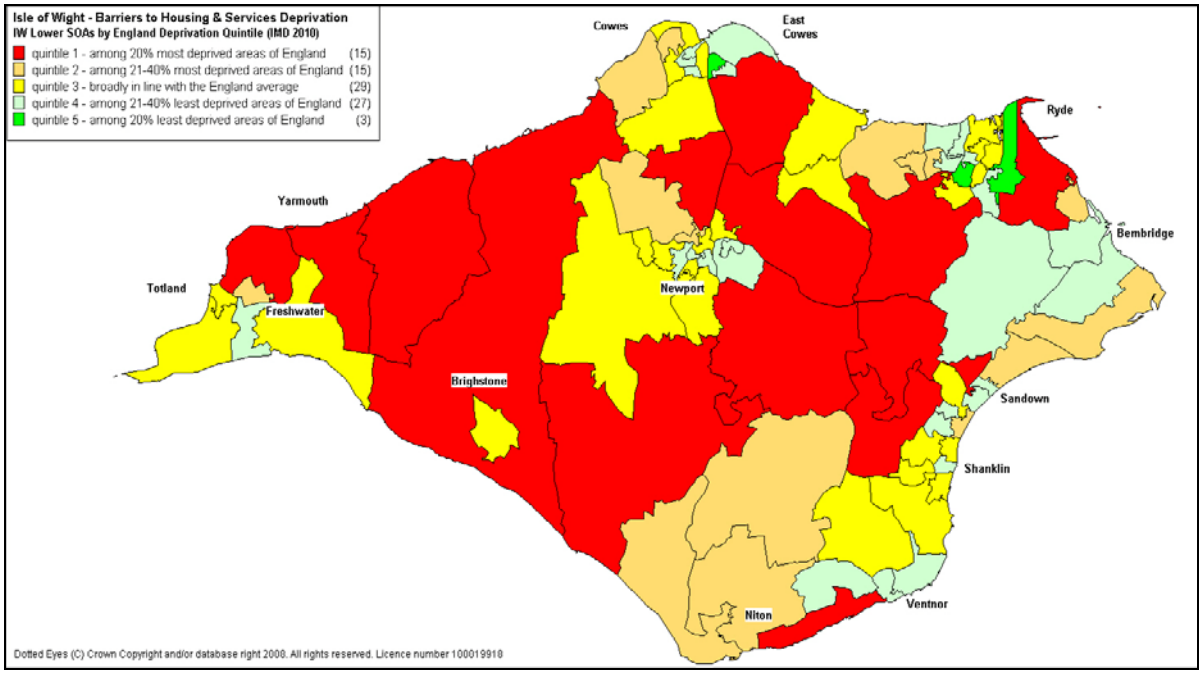
The map below shows relative deprivation of Isle of Wight LSOAs compared with each other. Areas among the most deprived 20% on the Island are found in East Cowes, Newport, Ryde, Sandown, Shanklin and Lake, and Ventnor.




## Rural Deprivation on the Isle of Wight

Rural deprivation on the Island can be illustrated through mapping the 'barriers to housing and services' aspect of deprivation. This measures the physical and financial accessibility of housing and key local services such as GP surgeries, food shops, schools and post offices. The map below shows deprivation among the Island's LSOAs in relation to England. In contrast with the maps of overall deprivation on the Island, this aspect of deprivation is found predominantly in the rural areas of the

Island.



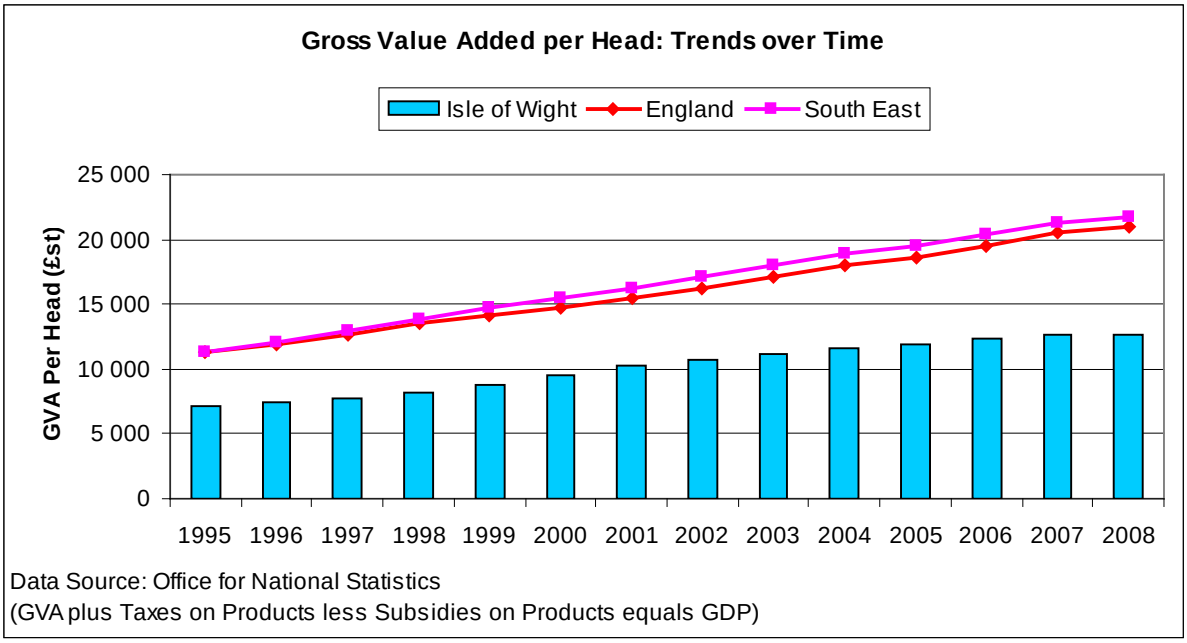

# Economy

The Island's economic performance is generally worse compared with national and regional figures – the impact on the Island of the national economic downturn is not yet clear. Gross Value Added, which measures economic activity, is lower; income and earnings are lower; the employment rate is lower; and measures of job vacancies are worse. Long-term Job Seekers Allowance claimants are concentrated in the 25-49 age group. This data suggests structural problems and constraints on business growth, including skills gaps. Claim rates for other working age benefits are also comparatively higher, notably Employment Support Allowance/Incapacity Benefit, which are paid to people for health-related inability to work.

This section discusses in more detail key measures of economic activity and wellbeing: gross value added, income, employment, benefit claim rates and child poverty.

### Gross Value Added

Gross Value Added (GVA) measures the overall contribution of different industries and sectors, including the public sector, to the economy. It is available for local authority districts, and the chart below shows that the Island's GVA per head of the population has increased over time, although more slowly compared with England and the South East region, the Island lags well behind both of these areas.



Data Source: Office for National Statistics
(GVA plus Taxes on Products less Subsidies on Products equals GDP)

## Income

In 2010 the median gross **weekly** earnings of Island residents working full-time was £460, a 5.4% increase compared with 2009. However the Island figure represented only 92% of the equivalent national figure and 84% of the equivalent figure in the South East region. The 2010 median gross **hourly** earnings for Island residents working full-time was £11.54, again lower compared with the South East region (£13.98) and Great Britain (£12.65).[10]

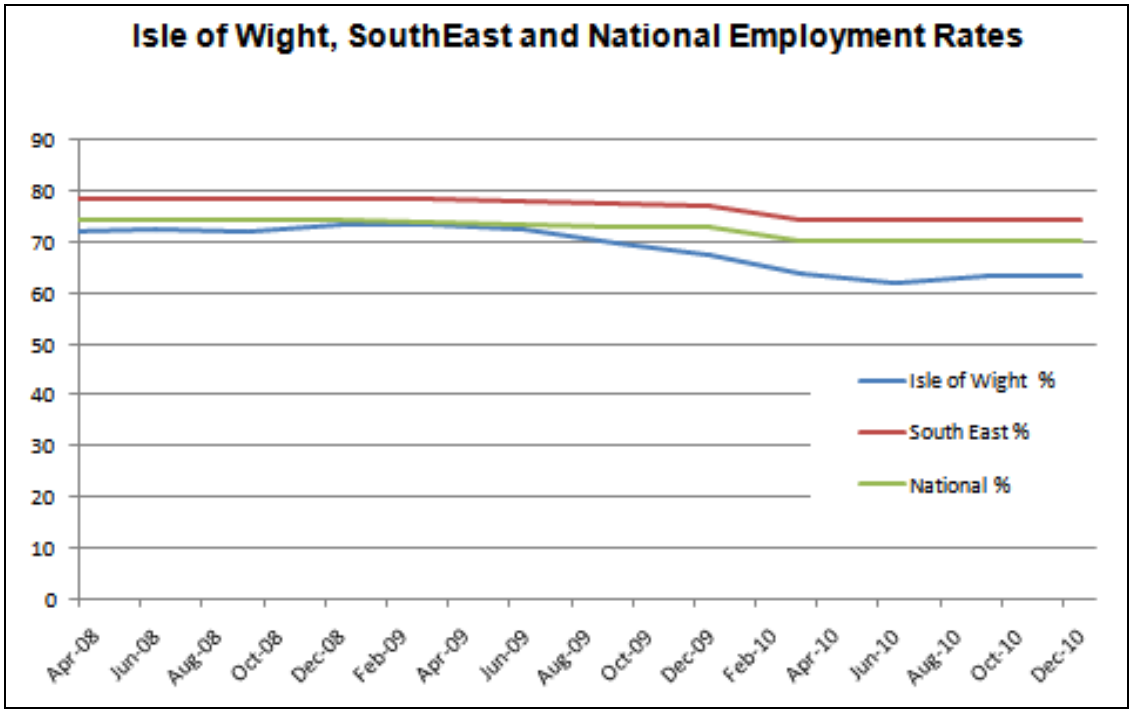
Income and earnings directly reflect the employment profile of the Island, which is discussed below.

## Employment

The Island's employment rate in 2010 was 63.3%, lower (worse) than the South East and the national average.[11] The rate has declined over the past 5 years but had levelled off towards the end of 2010. The recent economic downturn may not yet be fully reflected in the figures.

[10] ONS annual survey of hours and earnings in 2010, published by NOMIS. Median earnings in pounds for employees living in area

[11] ONS annual population survey published by NOMIS: data shows the % of the working age population who are economically active and in employment




Males are most affected by these changes – numbers employed have dropped on the Island from 30,000 (December 2009) to 27,500 (December 2010).

The number of people claiming Job Seekers Allowance (JSA) grew substantially between 2008 and 2009 but has since demonstrated a modest decline in numbers over the two subsequent years.

| Date | Number of Claimants | % Change |
|---|---|---|
| June 2008 | 1,370 | - |
| June 2009 | 2,919 | ↑113% |
| June 2010 | 2,768 | ↓5.2% |
| June 2011 | 2,657 | ↓4% |

JSA claimant figures for the Isle of Wight are subject to considerable seasonal and annual variation due to the importance of the tourist industry. As of June 2011 3.2% (2,657) of the Isle of Wight's 16 to 64 population were claiming JSA, compared to 2.5% across the South East as a whole and 3.7% nationally.

The June 2011 figures show that, as a proportion of the working age population, the highest rate of claimants is in the 18-24 age group (7% of this age group are claiming JSA). Most of these are short term claimants of 6 months or less. The largest number of claimants (1,405) is in the 25-49 age group, and this group has the greatest proportion of long term claimants (12 months and over.)

| Isle of Wight | Aged 18-24 | Aged 25-49 | Aged 50-64 |
|---|---|---|---|
| Total numbers | 725 | 1,405 | 500 |
| Numbers as a proportion of resident population of the same age | 7.0% | 3.5% | 3.5% |

Unemployment is expected to remain at around 4% until 2017[12]. The Isle of Wight has high levels of unemployment, but relatively low numbers of vacancies and comparatively worse vacancy indicators. The Island's rate of unfilled job centre vacancies per 10,000 working age population is half that of the national and regional rates; whereas the Island's rate of JSA claimants per unfilled jobcentre vacancy is double the national and regional rates[13]. This suggests structural problems (e.g. more employment in sectors which are declining, and less in sectors which are growing), and also wider issues such as skills gaps in the workforce, or other constraints on business growth. Around 2,400 people a day commute to the mainland, but mainly for senior professional jobs.

According to the Isle of Wight Local Economic Assessment (December 2010) *"With the public sector expected to materially shrink in the mid- term, the ability of the private sector to generate employment and output growth is key to the Island's sustained economic recovery."*[12] Future employment for Islanders may be linked to the potential to attract inward investment which to date has been low cost and reactive to specific company enquiries.[14] However, the Island's prosperity could be undermined by shortages of land for current/prospective companies, particularly for sites with river access. Another challenge in helping to present the Island as an attractive area to invest is with the skill base employees can offer – the Island's profile is discussed in the Education and Skills section below.

The use of technology holds an increasingly significant role in the development and success of business practice, for the Isle of Wight to position itself as a centre for innovative social and economic activity, it is critical that plans for investment in future advancements in broadband connectivity are made.

## Other Benefit Claimants

In addition to Job Seekers Allowance claimants, other groups of working age benefit claimants include Lone Parents and those claiming Employment Support Allowance / Incapacity Benefit and some other income-related benefits. Between May 2008 and February 2011 there has been a growth in numbers of people claiming these key working age benefits, from 13.7% to 16.3% of the working age population: this is higher than the equivalent national rate (14.7%) and South East regional rate (10.6%). This includes a comparatively high Island rate of claimants for Employment Support Allowance / Incapacity Benefit, which is paid to people unable to work because of health problems.

## Child Poverty

Children are defined as living in poverty if they live in families who are poor – that is, they are in receipt of out of work benefits, or in receipt of tax credits where their reported income is less than 60% of median income (the national child poverty threshold). Child poverty therefore directly reflects adults' income and employment.

[12] Local Economic Assessment (LEA) *link to online document*

[13] NOMIS from Job Centre Plus vacancy data, August 2011

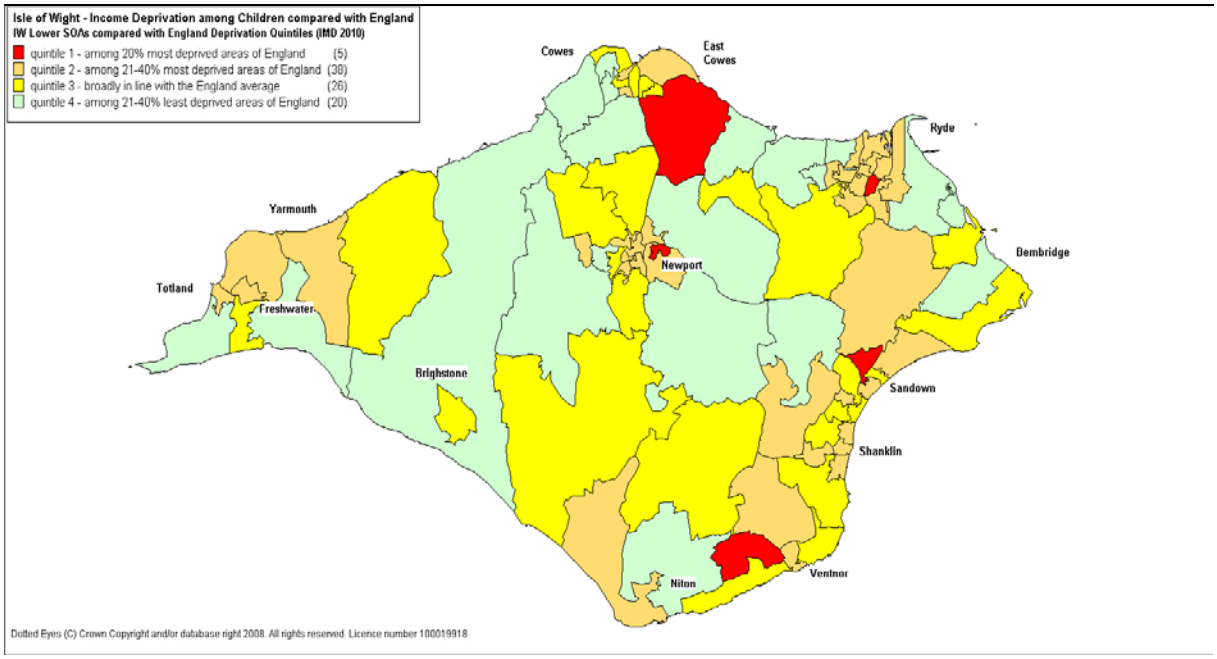
[14] Economic Development Delivery (March 2010)

There are 4,670 Island children under 15 currently living in benefit dependent households[15] (22% of under 15's). This shows an increase of more than 500 children compared with the previous year. In 2008 there were 5,380 children (aged 0-18) living in poverty on the Isle of Wight[16] – this is approximately 1 in 5 children in that age group (in line with the national average). 68% of these children live in lone parent households.

The neighbourhoods which have the highest levels of child poverty are traditionally the most deprived areas on the Island, however between 2006-2008 the neighbourhoods which experienced the largest increases and went against the overall Island trend were not those same areas. This suggests that whilst poverty is concentrated in deprived neighbourhoods, poverty is spreading into other more affluent areas[17]. Local families, particularly those in rural locations with high travel costs and no mains gas will be struggling to meet the rising costs of fuel, food and transport.

Factors including welfare changes and recently announced redundancies, particularly within the public sector which is the main employing industry locally, will impact on this further over the coming years.

According to the IMD 2010, five of the Islands 89 LSOAs are in the worst off 20% nationally for income deprivation affecting children[18]. As shown in the map below, these are in Newport, Ryde, Sandown, Ventnor and Osborne.




[15] DWP Number of Children living in all out-of-work benefit claimant households by local authority and age at May 2010

[16] 2008 National Indicator (NI 116) Proportion of children in families in receipt of out of work benefits, or in receipt of tax credits where their reported income is less than 60% median income

[17] IWC Child Poverty Needs Assessment 2011

[18] The 'indices for Income Deprivation Affecting Children' represent the proportion of children aged 0-15 living in income deprived households.

# Education and Skills

The Isle of Wight schools have just undergone a major reorganisation, with a move from a three tier system of infant, middle and high schools, to a two tier system with junior and secondary schools. The works are now completed and the new school sites are all open although some schools are presently operating from temporary structures. It is difficult to tell at the moment what impact if any the reorganisation has had on exam results, although the vast majority of schools have predicted dramatic improvements for the next academic year.

### Educational Attainment

Educational attainment is generally lower on the Island compared with the national and regional situations although it has shown an upward trend over recent years. The impact of the current school reorganisation is yet to be shown in results.

National Curriculum Key Stage 2 (age 10-11): in 2010-11 attainment fell sharply and the gap with England worsened.

GCSE attainment: in 2010-11 Island attainment improved, both for pupils achieving 5 GCSEs grades A*-C; and for those whose A*-Cs included English and Maths. These results represented considerable improvements over time.

A Level attainment: in 2010-11 97.7% of students achieved at least 1 A Level pass, very close to the national average, however only 19.1% achieved at least 1 'A' Grade, compared with 27% nationally.

Key Stage 2

Children aged between 5-16 educated in state schools are taught according to the National Curriculum, which includes a series of 'Key Stages', at the end of which children's attainment is measured.

Key Stage 2 attainment is measured in Year 6 for pupils aged 10-11. Isle of Wight attainment had improved overall between 2007 and 2010, but fell sharply in 2011 and the gap with the England average widened considerably. 62% of Island children attained Level 4, the expected level for this age group, in both English and Maths, compared with 74% in England and the South East. This gap is considerably worse than in 2010, when it was 4%. There is also evidence of a gender gap in performance, with 9% more girls gaining level 4 in both English and Maths than boys. Although this gap is present in both the South East (6%) and England (5%) it is less significant than that experienced on the Island.

GCSE

Key Stage 4 is measured in Year 11 at age 15-16, when pupils take their GCSEs. There is also an attainment gap between the Isle of Wight and England at this stage, although it has improved in recent years. In 2010-11 75.1% of Isle of Wight pupils achieved five good GCSEs (grades A*-C), a considerable improvement since 2005-06 when this figure was 47.9% and a 5.2% improvement on 2009-10 figures (70%).

While the Island's attainment in 2009-10[19] was still 5.5% lower than the England average, the gap with England has been halved in the last five years. However the gap with England is wider when the measure is restricted to 5 GCSE Grades A*-C including English and Maths. The Island's achievement has improved by 4% in 2010-11, to 49.5%. However in 2009-10 the gap with England was 7.9% and this has improved only slightly in the last 5 years, by less than 1%[19].

The Island's gap in achievement between children eligible for free school meals and those not eligible widens between Key Stages 2 and 4. For Key Stage 2 pupils attaining Level 4 in English and Maths, the gap has narrowed slightly over time: in 2006 it was 21%, but this had improved to 20% in 2010, narrower than the England gap of 21%. For Key Stage 4 pupils the 2009-10 gap was 25%: although this was slightly narrower compared with England, this is more a reflection of the Island's lower overall attainment rate.

In 2009-10, 5% of Island pupils with a formal Statement of Special Education Needs achieved five GCSEs (grades A*-C) including English and Maths, compared with 7% in England. The Island's attainment gap between these pupils and all pupils was narrower compared with England, but again this just reflects the Island's lower overall attainment rate.

A-Levels

The percentage of Island students achieving A-Level passes has increased by 0.9% in 2010-2011 to 97.7%, closing the gap against the national average of 97.8%. Attainment of A grades has improved in recent years, but still lags considerably behind the national average (in 2010-11 19.1% of students on the Isle of Wight achieved grade A, compared with 27% in England).

The Island's attainment of A* at A-Level has also improved, but remains well below the national average. In 2010-11 4.1% of Island students achieved an A*, which was an increase of 1.4% from 2009-10. However, the national average is twice that, with 8.2% of students achieving A*.

## School Exclusions

The number of students excluded from Island schools rose by nearly a quarter from 2009-10 to 2010-11, with the majority of these being in years 9, 10 and 11. During the academic year 2010-11 there were a total of 829 exclusions involving 442 pupils, with 821 fixed term exclusions and 9 permanent exclusions. A total of 1874 days were lost due to fixed term exclusions across the year. The rise is due to schools tightening up on disruptive behaviour and responding to parents concerns.

## Adult Skills and Qualifications

The Island's workforce is less skilled compared with the national and regional averages. A lower proportion has a qualification equivalent to NVQ4 or above (equivalent to a first degree); however a higher proportion has no qualifications at all.

[19] 2010-11 National figures are yet to be released

The possession of appropriate skills and qualifications directly influences people's employment options, and hence their income and economic security. However in general the Island's workforce is less skilled compared with the national and regional averages.

In 2010 24.9% of the Island's working age population had a qualification equivalent to NVQ4 or above (equivalent to a first degree). This compared with 31.3% nationally and 33.9% in the South East region. At the opposite end of the spectrum, 12% of the Island's working age population had no qualifications. This represented a deterioration compared with the 2009 figure (10.7%), and was also worse than the national average (11.3%) and considerably worse compared with the South East Region (8.5%).[20]

The Island's skills profile is affected by the pattern of its young people with more qualifications leaving the Island for higher education and not returning immediately or at all.

## Housing

Housing is an important determinant of health, educational attainment and general social well-being.

The Island's low affordability of private housing and shortage of affordable social housing have resulted in an increasing need for the homelessness prevention service and for temporary accommodation.

The projected growth in households on the Island is forecast to lead to a shortfall in housing units, which will exert upward pressure on prices and increase unaffordability for younger families and people on lower incomes. There will be a specific requirement for more housing suitable for older people, including extra care housing.

The Island falls short of the national Decent Home standard for social housing – in 2009 47% of social housing did not meet this standard, affecting nearly 9,000 households.

15% of Island households live in fuel poverty, predominantly in rural areas – the highest rate in the South East region.

### Households

There were 68,242 households on the Island as of 30 June 2011[21]. The average household size has dropped from 2.3 to 2.1 since 2001. This reflects a change in the size of the family unit and the increasing number of single person households, many of them older people, and this trend will exert an upward pressure on the need for housing units. The Local Economic Assessment (LEA) observes that second home ownership is four times the national average, at 4% of the total stock. (link to LEA Pages 8 & 13.) There is also a reasonably large private rental sector on the Island.

### Housing Tenure

The Island has high levels of home ownership, according to the 2001 census 76.2% of homes were owned (41.7% outright) compared to 73.2% in the South East (31.3% outright) and 68.1% for

[20] ONS annual population survey published by NOMIS

[21] Information from Revenues and Benefits, count of households paying Council Tax 30th June 2011.

England (29.2% outright). The variance on the Island may be due to the high level of pensioners who reside here, many of whom may own their homes outright.

Socially rented properties are correspondingly low on the Island (10.1%, 2001 Census), compared with 14% across the South East and 19.3% for England as whole. The entire stock of council housing was transferred to Housing Associations (HAs) in the late 1980's. Other provision including private landlords amounts to 13% on the Island and 12% across both the South East and England.

### Housing Affordability

The Island's 2006 Housing Needs Survey (the most recent available) identified a clear need for more affordable housing on the Island, across all housing tenures. It identified a shortfall in affordable social housing on the Island, including specific needs among young people and among people needing affordable housing in rural areas.

In terms of private home ownership, the 2006 Housing Needs Survey showed that 80% of new first time buyers on the Island could not afford to buy a property. This is because of the Island's relatively low incomes in relation to house prices. While this is a national issue, national data shows that the Island's ratio of median house price to median earnings in 2010 was 7.82, higher than England (7.01) though lower than the South East region (8.23).[22]

These issues have implications for the Island's housing register, the need for temporary accommodation and homelessness (see below), as well as for the economic development of the Island.

### Homelessness

Official homelessness status is decided on the basis of strict criteria, and it is unlikely that single people will qualify. Both applications by and acceptances of families as being homeless had fallen over time but have started to increase again. Between 2004/05 and 2009/10 applications fell from 359 to 121, but in 2010/11 they increased again to 164. On average over this period 61% of applications were accepted. Households in temporary accommodation fell 66.3% from a high of 359 in 2004/05 to 121 households in 2009/10, but in 2010/11 this figure increased to 151 households.

Anyone can apply to be entered onto the housing register, indeed people use the register to ask for transfers within and between Housing Associations. A new housing register was implemented at the end of April 2010, when there were 3,004 applicants. At the end of March 2011 the number stood at 4,906, an increase of 39%. The number of lettings falls well short of the number of people on the register: there were 372 lettings in 2010/11, a slight decrease on the previous year.

Rent deposit schemes are a cost effective method of reducing homelessness by providing the up-front funding to enable a tenancy to commence. In 2010/11 the average cost of a deposit was £561 when compared to the average cost of 6 weeks of B+B accommodation at £660. Take-up of the scheme has increased over time and peaked at 225 cases in 2008/09, but fell back to 110 cases in 2010/11.

[22] Department for Communities & Local Government: Live tables on the housing market and house prices - local level (accessed Oct 2011)

There is a steep upwards trend in cases dealt with by homelessness prevention service[23] since 2007/08: 745 were dealt with in 2009/10, though this fell back to 645 cases in 2010/11. Since 2007/08 homelessness has been prevented in 59% of cases.

In recent months sales of properties has been erratic as a consequence of a number of influences; increased levels of unemployment combined with less disposable income and a depressed property market. For many the impact of job loss and loss of earnings has resulted in house repossession and eviction adding to those needing the support of the IWC Housing Department to find temporary accommodation.

### Housing Renewal

Housing condition has a direct bearing on educational attainment, health and life expectancy. There is a national Decent Home standard for social rented housing and vulnerable households in the private sector, with criteria including state of repair, reasonably modern facilities and warmth. Enforcement of housing conditions is a fundamental requirement in achieving this standard, and much work is still needed to reach this challenging target for the Island residents. At the national level, the updated definition of decent homes resulted in 57% of vulnerable households being rated decent in 2006, for the Island the latest assessment (2009) is that 53% meet this standard. That left 8,796 vulnerable households living in non-decent housing. Enquiries and complaints about housing quality increased tenfold between 2001/02 and 2008/09.

Drains and sewer maintenance is a fundamental part of ensuring public health, the housing renewal section has to ensure the satisfactory resolution of complaints. It should be noted that the volume of these complaints increased by 300% between 2001/02 and 2008/09.

### Fuel Poverty

A household is said to be in fuel poverty if it needs to spend more than 10% of its income on fuel to maintain a satisfactory heating regime. Whether or not a household is in fuel poverty is determined primarily by the energy efficiency of the property (and therefore, the energy required to heat and power the home); the cost of energy and household income.

It is estimated that 15.2% of households on the Isle of Wight are in fuel poverty, equating to over 10,300 Island households[24]. The Island's rate is in the mid-range of Local Authorities in England, but is the highest rate in the South-East region. Within the Island, fuel poverty tends to be higher in the rural areas.

[23] The service provides advice and support to tenants faced with eviction

[24] Department for Energy and Climate Change: Fuel Poverty Sub-Regional Statistics for 2008 (published 2011)

## Population-led Demand for Housing

### General

We expect the number of households on the Isle of Wight to grow by almost 6,000 over the next 10 years (8.8% growth on current households)[25]. An estimated 600 units per year are required over the next 5 years to meet this demand. The current housing target for the Isle of Wight is 520 units p.a. which would leave a shortfall.

The market response to the shortfall is likely to be a rise in prices. Available houses are likely to be bought by in-migrating retirees and second home purchasers, potentially driving younger families and those on lower incomes out of the market.[26]

There has been a drive to increase the number of affordable properties available on the Island, in part as a response to regional targets and research undertaken by IWC Housing Department, but also as a commitment by the council to meet the housing needs of the young and first-time buyers within the community.

### Older People

Amongst pensioners home ownership/mortgage is widespread on the Island accounting for 83% of all pensioner households (South East 76%, England 70%[27]), only 9.6% live in social housing (South East 17%, England 23%).

'Extra Care' housing is usually self-contained and comes with care support services to enable independent living. There are three places on the Island currently offering Extra Care Housing – one a partnership between the Adelaide and Medina Housing Association (10 one bedroom flats), the others (34 units) provided by Southern Housing at Ventnor and Newport.

Conservative estimates[28] applied to the ONS population projections through to 2021 suggest that at least an additional 424 older person households per annum will be needed to meet the increased demand for housing.

The Local Investment Plan 2010 also identifies a backlog of 2,058 units of affordable housing for older people which will exacerbate the problem further.

[25] Calculated by multiplying the population increase by the average household size

[26] for more information see p26 of the Local Investment Plan 2010.

[27] 2001 Census data

[28] If current average household size of 2.1 persons per household is used (conservative as 58% of pensioners in 2001 lived in single person households)

# Community Safety

The Island is a relatively safe place to live compared with other areas – in 2010-11 the Island's rate of recorded crime for 7 key offences (including violence against the person, sexual offences and robbery) was better than the national average. However key issues needing to be addressed include alcohol related crime, violent crime (particularly domestic abuse and bullying), criminal damage and anti-social behaviour.

## Crime

Violent crime increased in 2010-11, with a considerable increase in violence with injury. Younger people are a key demographic for further work as they contribute significantly to violent crime, anti-social behaviour and criminal damage.

Violent crime has increased by 11.24% (268 offences) during 2010-11 when compared with the previous period, and remains a key priority locally. Of that figure, violence with injury has increased by 26.18% (255 offences). Alcohol is a contributing factor in a large number of these cases, and this link should not be overlooked.

Dwelling burglaries are also a priority, with a particular focus on managing persistent offenders and improving security awareness particularly with older people in the community.

A key demographic for further work is younger people (10 – 17 years) as they are a large contributing age group to anti-social behaviour, criminal damage and theft. Boredom, peer pressure and alcohol misuse appear as the drivers behind their offending.

In addition, there are some people on the Island for whom the perceived threat of crime is a very real issue, even though the statistics may show that they are safer here than elsewhere. This can have a negative impact on the way people live their lives, for example not wanting to go out alone after dark. Residents of East Wight are more likely to perceive problems of anti-social behaviour in their area compared with the rest of the Island[29]. Half of all residents in this area say that parents not taking responsibility for the behaviour of their children is a problem, and teenagers hanging round the streets was also a key issue.

## Substance Misuse

Alcohol consumption was a contributing factor to many cases of violent crime including domestic violence.

There are approximately 600 Problem Drug Users on the Island, around 60% of whom are receiving treatment. The most common primary drug used among adults is opiates, and among young people is cannabis. There is a low level of crack cocaine use on the Island, but there has been increasing use of Space E, especially among young people.

[29] 2009 Residents Survey Report

In 2008-09[30] national estimates for Problem Drug Misuse (misuse of Class A drugs – heroin, cocaine and crack cocaine) indicated that there were an estimated 614 Problem Drug Users (PDUs) on the Island (the estimated range is between 529 and 814 individuals). This equates to 7.1 per 1,000 population (0.7%). This compares with rates of 6.4 (0.6%) for the South East and 9.4 (0.9%) nationally, but these differences are not statistically significant.

These prevalence estimates compare with 346 individuals who were working with the substance misuse system commissioned by the Drug and Alcohol Action Team (DAAT) in 2010/11.

This suggests that there are likely to be at least 200 individuals who are not currently engaged with treatment services, possibly more.

The most prevalent age group range for PDUs within the treatment system is the 25-34 group (49%) with the lowest level in the 16-24 age group (only 6% in this age range) – this reflects the national position.

For those individuals within treatment, the most prevalent primary drugs used were opiates; the most prevalent secondary drug was alcohol followed by cannabis. Crack usage is at a fairly low level for the island. This conflicts with national estimates where a much higher level usage of crack is predicted; however supporting statistics from the police on drug seizures for the island show a similar low level of crack misuse.

An emerging issue on the Island has been the rise of Space E (4-methylmethcathi-none) the new substance of choice for many drug users, especially amongst young people. For those entering treatment with Get Sorted, the young peoples' substance misuse team, the most prevalent drugs of choice are cannabis and alcohol. Few young people on the island present to the services with a class A drug problem, and of these none advise that they have used heroin or crack cocaine.

The DAAT reports that of 300 known problem drug users in treatment, 6% are aged 15-20 years old. The national prevalence for this age group is 17%, indicating that there are potentially many young people on the Island who are unknown to the services.

The DAAT produce an annual needs assessment for Adult Drug Misuse providing detailed information which is available through the DAAT website.[31]

The 2009 Residents Survey saw an increase in the number of residents **perceiving** people using drugs (increase of 2%) and dealing drugs (increase of 3%) as a problem.

See also pages 28 and 35 for more information on alcohol harms to health.

[30] The most recent available as at October 2011

[31] DAAT website

## Domestic Abuse

There has been an increase in the number of domestic crimes reported to the police, though such crimes are still believed to be under-reported. The most frequently recorded domestic offence is actual bodily harm. Children and young people witnessing domestic abuse is a key issue.

The accuracy of information relating to domestic abuse on the Island suffers due to under-reporting of abuse incidents – both by the victims themselves and by medical staff (who might administer treatment as a result of such abuse). Nonetheless, numbers of recorded incidents provide an insight into levels of domestic abuse.

Between 2009/10 and 2010/11 there was an 8% increase in domestic crimes reported to the Police, from 635 to 684 crimes. The most frequently recorded domestic offence is actual bodily harm (ABH), accounting for 42% of domestic crime over this period. In turn domestic crime accounts for approximately 27% of all reported ABH. Domestic ABH increased by 33% over this period, from 237 crimes in 2009/10 to 316 crimes in 2010/11.

The table below shows women's refuge attendance figures by years (Island Women's Refuge):

| Attendees | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 (1st half) |
|---|---|---|---|---|---|---|---|
| **Women** | 41 | 28 | 22 | 23 | 23 | 30 | 14 |
| **Children** | 43 | 41 | 26 | 21 | 25 | 21 | 20 |

The demand for places at the refuge is estimated to be much higher than the numbers above represent – difficulties in moving attendees onward prevent new attendees entering the refuge however. Problems encountered revolve around issues relating to finance of rental properties as well as acceptance of housing benefit by landlords.

Domestic abuse is perpetrated against both women and men, but there is the consideration of the involvement of children too. Below is a snapshot table, which, whilst not encompassing all recorded abuse within the period, is an indicator of the scale on which abuse takes place.

| **Domestic Abuse - snapshot Survey 2010** | |
|---|---|
| **Monday 15th November to Sunday 21st November 2010** | |
| No of Recorded cases | 184 |
| Recorded as Female | 153 |
| Recorded as male | 20 |
| **The number of children and young people involved in these cases who are witnessing domestic abuse as a member of family** | |
| Recorded as Female | 105 |
| Recorded as male | 86 |

## Transport and access

86.4% of Island households can access Newport town centre within 30 minutes by walking, cycling or public transport), slightly lower than the 2007 figure. The Index of Multiple Deprivation shows that access to services such as GP Practices, shops, post offices and primary schools is poorest in the Island's rural areas. The condition of Island roads is of concern.

The ability to access employment, education, health services, shopping, leisure and other opportunities can significantly impact on people's quality of life and life chances. Transport has a significant part to play in improving accessibility and can help ensure that people can access key destinations with ease and at times which are convenient. The condition of Island roads has long been a concern for residents and has an impact on road safety and transport links.

The local transport plan accessibility indicator measures the percentage of Island households able to access Newport town centre within 30 minutes by walking, cycling or public transport, as a typical scenario for comparative assessment. Accessibility increased steadily between 2004 and 2007 (from 76% to 87%) but fell in 2008 (79%). Latest figures indicate that accessibility has improved over the last year (from 79.3% to 86.4%) but has still not returned to 2007 levels (see also **Local Transport Plan** ). As noted on page 10, the Index of Multiple Deprivation shows that access to services such as GP Practices, shops, post offices and primary schools is poorest in the Island's rural areas.

# Health and Wellbeing

## Children and Young People

Approximately 1,200 babies are born each year on the Island[32]. The health and well-being of these children at birth, and as they grow older, is influenced by many factors. These include their family circumstances; social determinants of health as discussed earlier, such as parents' income, employment and education status; and the lifestyle behaviours of their parents and of the children themselves. Specific groups of vulnerable children, such as those living in poverty or in care are at higher risk of poor health and other outcomes such as poor educational attainment and poverty in adult life. All of these factors will interact to influence the health and well-being of this age group.

## Demography

Between 2002 and 2010, the population of children aged 0 to 15 has declined both absolutely (from 22,400 to 21,100) and as a proportional of the total population (from 16.7% to 15.0%). By 2020 numbers are projected to increase to 23,000, which will represent a slight decrease to 14.9% of the total population.

[32] ONS Vital Statistics Tables

## Children's Centres

The Island has a very strong network of Children's Centres. Approximately 80% of parents with children aged 0-5 are in contact with or have attended their local Children's Centre – this is almost double the national average and is a very useful asset in engaging with parents from a wide range of backgrounds.

## Child Health at Birth

Early access to maternity services in pregnancy enables early assessment of need and improves outcomes for mother and baby. In 2010-11, 91% of pregnant Island women saw a maternity healthcare professional within 12 completed weeks of pregnancy.

The Island's very high comparative rate of smoking in pregnancy (22.1%) will be detrimental to the health of mothers-to-be, babies and children.

The Island has a high rate of breast-feeding at birth (81%), but by the 6-8 week infant checks this has fallen significantly to 45%.

Early access to maternity services in pregnancy enables early assessment of need and improves outcomes for mother and baby. In 2010-11, 91% of pregnant Island women saw a maternity healthcare professional within 12 completed weeks of pregnancy, an improvement over time and higher than the England average.

While the infant mortality rate is a general indicator of the health of the child population, few Island children die in infancy - each year on average 4 infants die within 1 year of birth. The Island's infant mortality rate within 1 year of birth is 3.5 deaths per 1000 live births, lower than the England and South East region averages, though the difference is not statistically significant.[33]

A baby's birth weight is an important indicator of its health at birth, with low birth weight also associated with poor cognitive and health outcomes later in life. On average each year, nearly 90 low birth weight babies (< 2,500g) are born to Island families, representing between 7 – 8% of the Island's live births, similar to the rates in England and the South East Region[34]. On the Island, there is a close association between low birth weight and deprivation, with babies born to families resident in the more deprived areas more likely to be low birth weight.

Maternal smoking in pregnancy is the main modifiable factor contributing to low birth weight. The Island's rate of smoking in pregnancy has been considerably higher than the England average and one of the highest in England. In 2010-11, 22.1% of new Island mothers were smokers at delivery, compared with 13.5% in England.[35] This represents around Island 300 babies born each year to mothers who smoke. Newly-pregnant women resident in the Island's more deprived areas are more likely to be current smokers.

[33] National Centre for Health Outcomes Development (NCHOD)

[34] National Centre for Health Outcomes Development (NCHOD)

[35] Department of Health – Statistics on Smoking at Delivery

Breast-feeding has health benefits for babies. The Island has a high rate of breast-feeding at birth (81%), but by the 6-8 week infant checks this has fallen significantly to 45%. Younger mothers resident in the Island's more deprived areas are less likely to be breast-feeding after 6-8 weeks.

## Disease Prevention

Childhood immunisation rates are significantly lower than the 95% coverage rates recommended in order to achieve 'herd immunity.' This risks the transmission of disease among children who have not been vaccinated.

Certain infectious diseases, such as Measles, Mumps and Rubella (MMR), can be prevented by immunisation in childhood. Island childhood immunisation rates were considerably lower than comparative rates in England and South Central Strategic Health Authority (SCSHA), but in recent years they have improved and the gap is narrower. However in 2010-11, Island coverage for all 6 pre-school immunisations continued to fall short of the 95% target coverage rates, based on World Health Organisation advice aimed at achieving population or 'herd' immunity from infectious diseases. For example, only 87.6% of Island children received their first dose of MMR vaccine by age 2. These low coverage rates increase the risk of disease transmission among children who have not been vaccinated.[36]

There is now a national programme of immunisation for girls aged 12-13 against the human papilloma virus (HPV), which can cause cervical cancer (see also Screening section). In 2009-10 the Island immunised 82.3% of this year group with all 3 doses of the vaccine, higher than the figures for England and SCSHA.[37] Provisional 2010-11 figures suggest that Island coverage has improved to at least 86%.

## Lifestyle

On average 24% of the Island's Reception Year children and 33% of Year 6 children are obese or overweight. Obesity and overweight are therefore developing in the pre-school period, and prevalence increases as children get older.

Smoking behaviour in teenage years is important as the majority of adult smoking habits begin at this time. Young people's smoking behaviour is influenced by their family and friends, and by the prevalence of smoking in the wider environment.

Rates of hospital admissions among young people caused by alcohol consumption have been comparatively high, and this will often reflect broader risk-taking behaviour.

In the absence of any recent and robust local surveys, there is no reliable comprehensive picture of the lifestyle behaviours of the Island's children and young people. Some data is available from measurements of children's height and weight; from surveys of children's oral health; and from the national annual 'TellUs' surveys of young people aged 10-16, which were commissioned by Ofsted until 2008-09, which asked respondents questions about their lifestyle behaviours.

[36] Health Protection Agency & NHS Isle of Wight COVER returns

[37] Health Protection Agency - Annual HPV vaccine coverage in England

## Obesity

Each year, as part of a national programme, the height and weight of children in Reception Year (aged 4-5) and Year 6 (aged 10-11) is measured in their schools. In 2009-10 approximately 24% of the Island's Reception Year children and 30% of Year 6 children were obese or overweight[38]. Local rates of obesity and overweight are similar across all areas of the Island, and among all population groups, in contrast with national data which shows a link between obesity and deprivation. In the absence of geographical hotspots, obesity and overweight need to be seen as an Island-wide issue.

## Oral Health

The risk factors which influence levels of obesity and overweight, such as eating and drinking habits affect children's oral health. The most recent national oral health surveys of children aged 5 (conducted in 2007-08) and aged 12 (conducted in 2008-09) showed that, on the Island, the average dmft score (the number of **d**ecayed, **m**issing or **f**illed **t**eeth per child) was 0.99 for 5 year olds and 0.92 for 12 year olds. The dmft score was very slightly better than England for 5 year olds but significantly worse for 12 year olds.

Another contributing factor that had been recognised [39] is the potential impact of a lack of access to NHS Dentists. This issue has repercussions not just in childhood but also among adults. Attending a dentist can help to identify emerging issues and act as a preventative service.

## Smoking

The teenage years are the period when young people often start smoking, and this will directly influence future adult smoking behaviour. Young people are more likely to smoke if they live with or know other smokers. National data shows that from age 14 onwards, the proportion of young people who have ever smoked starts to increase sharply. The most recent TellUs survey of 10-16 year olds (2008-09) showed that 22% of Island respondents had '*ever smoked*', compared with 19% in England, (the difference is not statistically significant). On the Island it is estimated that nearly 700 young people aged 17-21 start smoking each year.

## Alcohol

It is known that while most young people will try alcohol before the age of 16, there are serious risks for teenagers who drink to excess, for example in their engagement in other risky behaviours such as the use of other drugs and unsafe sex.

The 2008-09 TellUs survey of 10-16 year olds reported that.

- 44% of Island respondents had '*ever had an alcoholic drink*'
- 17% had been drunk in the previous 4 weeks.
- 11.5% of the Island's respondents reported frequent misuse of drugs/ volatile substances or alcohol, or both.

[38] National Child Measurement Programme – annual reporting

[39] IW NHS – Dental Commissioning Strategy 2009-11

These findings were slightly worse than the national picture but the differences were not statistically significant.

Over the last few years the Island's rate of hospital admissions (50 – 60 a year) in the under-18 age group caused by alcohol consumption has been very significantly higher than the England rate and one of the highest in the country[40]. Admissions are more common among young women than young men. These numbers and rates have now started to decrease. St Mary's Hospital's relatively low admission thresholds for young people have contributed to these high rates (see below).

## Hospital Admissions

As noted above, compared with England, the Island has had comparatively high rates of hospital admissions caused by alcohol consumption amongst the under-18s. This is partly attributable to the limited facilities to observe children at St Mary's Emergency Department - the Children's Ward has therefore had for some conditions a relatively lower admission threshold compared with mainland hospitals, with young people being admitted for relatively short periods of time.

Rates of admission for deliberate and unintentional injuries in the same age group have also been comparatively high. As above, this may be partially attributable to admission practice at St Mary's A&E.

Road traffic casualties amongst children (under 18) are recorded [41] on a monthly basis with a 3 month lag. Figures reported in June 2011 show that there were 2 serious casualties in the period from 1st January to 31st March. In the previous year (2010-11) there were 10 serious casualties and no fatalities. Joint agency delivery of the Head On campaign, plus pedestrian road crossing education is being delivered throughout the year.

In contrast the Island has comparatively low rates of emergency admissions for asthma and diabetes in the under-19 age group, an improvement over recent years attributable to improved management of these conditions in the community.

## Mental Health

Young people's mental health and wellbeing, which is closely associated with their family environments including economic circumstances, can set the patterns for their adult life. The last 'TellUs' survey of children and young people found that 56% had good emotional health, defined as good relationships with family and friends, suggesting that 44% did not.

Mental health and wellbeing among children and young people can set the pattern for their mental health throughout their lifetime, with half of those with lifetime mental health problems first experiencing symptoms by the age of 14.[42]

[40] North West Public Health Observatory

[41] NI 48 - Number of Children killed or seriously injured in road traffic accidents (under 18 years of age)

[42] cited in HM Government *No Health without Mental Health: A cross-government mental health outcomes strategy for people of all ages (2011)*

While it is difficult to measure good mental health and well-being among children and young people, a local measure of emotional health and well-being on the Island has been available from the nationally-commissioned Tell Us surveys of 10-16 year olds, now discontinued, which asked questions about relationships with families and friends. In the last survey, conducted in 2008-09, 56% of Island respondents had good relationships with their family and friends, a finding similar to England's. However this does suggest that 44% of Island respondents did not feel that their relationships of this kind were good.

It is difficult to measure the extent of poor mental health in a local area. However, nationally it is known that, at any one time, 1 in 10 young people aged 5-16 are experiencing a mental health problem causing distress or impacting on their day to day life.[43] By applying this 1 in 10 measure to the Island's population, approximately 1,700 young people aged 5-16 could be experiencing such mental health problems. The proportion of these children is likely to be higher (worse) among those living in workless households, whose parents are in less affluent socio-economic groups and have fewer educational qualifications.

The Child and Adolescent Mental Health Services (CAMHS) Commissioning Strategy [44] acknowledged that joint working across the Children's Trust was needed to ensure that high quality outcomes could be achieved for all young people and their families, enabling them to have access to sustainable support and services. The overall intention remains to attain delivery of a comprehensive CAMHS which reflects both national best practice and local need.

## Sexual health

Many young people on the Island are sexually active, but some are having unprotected sex and are not necessarily accessing available sexual health services. The Island's teenage conception rate (at 30.4 conceptions per 1000 female population aged 15-17) is better than England's, but in the last 10 years there have been on average 90 conceptions a year. In 2010-11 35.2% of the Island's 15-24 population was screened for chlamydia, with 3.5% testing positive, a low rate compared with England.

Nationally, sexual risk-taking behaviour is most common among young people, and the same pattern is evident on the Island.

Chlamydia is the most common bacterial STI diagnosed in the UK. Without treatment, it can lead to long-term health harms, including ectopic pregnancy and infertility among women. Nationally and on the Island, approximately 75% of new Chlamydia diagnoses are among the under-25 age group – this equates on the Island to over 200 people aged under-25 each year. The Chlamydia Screening Programme is specifically targeting this age group, and in 2010-11 the Island screened 35.2% of this age group, better than the England rate of 25.2%[45].

Teenage conceptions are of concern because the babies and their mothers are more likely to experience poor health and other negative outcomes. On the Island there are just over 90

[43] ONS *Mental health of children and young people in Great Britain, 2004*

[44] Child and Adolescent mental Health Services (CAMHS) – Commissioning Strategy 2009-13

[45] National Chlamydia Screening Programme – Data Tables

conceptions each year to women aged under 18, of which approximately 16 are to girls aged under-16. The Island's under-18 conception rate fell in 2009 (to 30.4 conceptions per 1000 female population aged 15-17), and is now 26% lower than the England rate.

As noted above there is a close association between risky lifestyle behaviours and risky sexual behaviour. It is therefore likely that many of these risky behaviours will be found in the same young people, possibly experiencing other difficulties with family circumstances and vulnerabilities. On the Island, there is a close relationship between teenage conception rates and deprivation, and research has also shown that young mothers are at particular risk of domestic abuse, with 70% of teenage mother's being in violent relationships according to a 2008 National Survey.

National evidence shows that most teenage conceptions were unplanned, and this is particularly likely to be true of conceptions resulting in terminations. On the Island, approximately 43% of teenage conceptions result in terminations, or about 40 terminations each year. This is a slightly lower rate than England (47%)[46].

# Vulnerable Children

There are 14 Lower SOAs on the Island which are among the 20% worst nationally according to the Child Well-Being Index, 'children in need' domain. These are concentrated in the Island's urban areas - Ryde, Newport, Osborne, the Bay area, Ventnor, and also Brading and St. Helens.

The principal reason that children are referred to social care services is abuse or neglect. The number of referrals has declined on the Island, but not as fast as it has in the rest of England.

According to the Child Well-Being Index there are 14 LSOAs in the worst 20% nationally (2 in the worst 10%) where a child is likely to find themselves considered a child in need. These are concentrated in the Island's urban areas - Ryde, Newport, Osborne, the Bay area, Ventnor, as well as Brading and St Helens.

## Children in Contact with Community Services

The principal need identified for 'Children in Need' at initial assessment is 'abuse or neglect', which accounts for 41% of cases nationally.

As at the 31st March 2010 there were 723 Children in Need[47] on the Isle of Wight. The rate per 10,000 children is a good indicator of how we compare with our comparator authorities – we are about middle of the range against our closest statistical neighbours – with a slightly worse rate than Bath and North East Somerset (IOW 273.6 per 10,000, Bath 267.6 per 10,000)[48]

[46] Department for Education – Under-18 Conception Statistics

[47] Figures from DfE. A child in need is one who has been referred to social care for an assessment and has been determined to be in need of services.

[48] More information available on Education.gov.uk

## Referrals

After an initial filtering process a number of Children have a referral opened against them, in 2009/10, there were 723 such children – approximately 9% of the contact numbers.

Numbers have declined by 7% between 08/09 and 09/10. Amongst comparable Local Authorities the reduction over the previous 5 years was 23%, and in England the decline was 34%.

On the 31st March 2011 there were 585 children recorded on the community services database as open to the Children's social work teams, of which 175 are designated as 'looked after children'.

## Child Protection Plan

In 2009/10 there were 287 children subject to section 47 enquiries[49] which started during the year, of which 80 went on to become subject to a child protection plan, a 44% fall on the previous year (England showed a 19% rise nationally)[50].

By the 31st of March 2010 there were 30.3 per 10,000 under 18s (80 children) on the Child Protection register, 28% fewer than the previous year (113 children) In national terms the Island went against the trend as on the whole across England figures rose sharply in 2008/09 and continued to rise during 2009/10

## Children with a Disability

An estimated 1,200 children on the Island are living with a long-standing illness or disability. 35% of 'children in need' on the council ICS system have a recorded disability, although that may not be the primary reason why they were referred. In 2009-10 perceptions of services for disabled children on the Isle of Wight were very poor, however no up to date information is available to show whether the introduction of direct payments has improved that perception.

By applying the national Family Resource Survey to the Island population, it is estimated that approximately 1,260 children aged 0-15 have a long-standing illness or disability.

As at 18th July 2011 there were 602 'Children in Need' on the ICS system and of these 209 (35%) had a recorded disability, however the disability is not necessarily the primary reason why those children were referred.

Achieving a work life balance and provision of childcare for parents with disabled children is described as a challenge nationally by organisations working with disabled children and their families[51] – there's no evidence to suggest that the Island is an exception. The National Children's Bureau states: "Disabled children are more likely to live in poverty than other children. This is

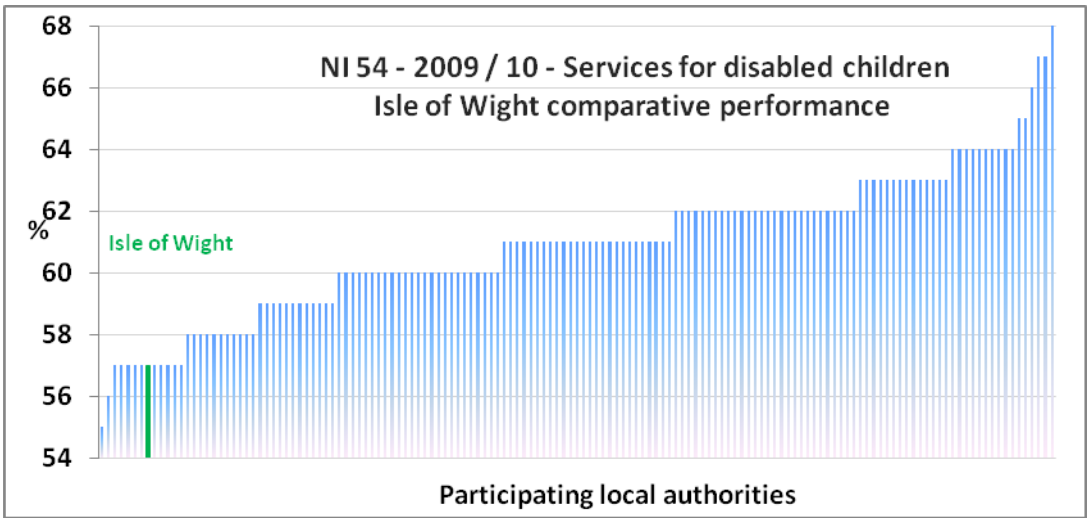
[49] A section 47 enquiry means that Children's Services must carry out an investigation when they have reasonable cause to believe that a child living in their area has suffered or is likely to suffer significant harm.
[50] These figures are approximations as there may be multiple children subject to one enquiry, or multiple enquiries per child in a year.

[51] Every Disabled Child Matters

because parents of disabled children face barriers to entering and sustaining employment and experience additional and ongoing costs as a result of caring for their disabled child."

National indicator NI54 provides a measure of service quality for disabled children on the island. The graph below illustrates the Island's position in 2009/10 amongst all participating authorities, where a higher value represents a greater satisfaction with services – it can be seen that perceptions of services for disabled children on the Island do not compare favourably with other local authorities.

This measure is no longer collected on a national basis so more up to date comparisons are not available, however it is expected that the introduction of direct payments for families with disabled children will help improve these perceptions.




# Adult Health and Wellbeing

Adult health is affected by the social determinants of health described earlier, including economic and environmental factors. These in turn influence people's own health behaviours, and their access to health services. All of these factors will interact to determine how long people remain in good health, their risk of developing a long-term health problem, and how long they will live.

## Perceptions of Place

The 2008 Place Survey provided nationally comparable data about the condition and attitudes of citizens by local area. It was discontinued by DCLG in August 2010, nonetheless the results still have some validity.

68% of Isle of Wight residents described their health as 'very good' or 'good'[52]. This is lower than figures for both the South East (79%) and England (76%). The difference may be due to the higher proportion of older people on the Island, who are less likely to perceive their health as good.

[52] 2008 Place Survey - NI 119 recorded the proportion of residents who describe their health as 'very good' or 'good'.

The measure of older people's satisfaction with their lives[53] gave a result for the Island of 89% and was amongst the highest for the South East Region (86%) and better than the national average (84%).

37% of older people on the Island believed they get the support and services needed to live independently[54]. This was amongst the highest for the South East Region (average 28%) and puts the Island in the top quarter nationally. That does, conversely, mean that 67% of older people do not believe they get the support and services needed to live independently.

## Lifestyle and behaviour

People's lifestyle choices, such as poor diet, smoking and alcohol consumption, put them at risk of avoidable health problems and make a major contribution to poorer health outcomes.

The situation on the Island is similar to that in England. However the numbers of people concerned mean that these lifestyle choices represent significant public health challenges for the Island.

### Smoking

Smoking is the single greatest cause of preventable illness, early death and health inequalities. On the Island an estimated 18% of the adult population are current smokers, but this prevalence is higher among specific population groups including men and routine and manual workers.

Smoking is the UK's single greatest cause of preventable illness and early death, causing a wide range of illnesses including various cancers (of which lung cancer is the most significant), respiratory diseases and heart disease. Whilst nationally smoking prevalence has fallen (improved), it remains a significant issue.

An estimated 18 % of all Island adults (age 18+) are current smokers, [55] equating to nearly 20,400 adult smokers on the Island. As of April 2011 Island GPs had just over 13,800 patients aged 16+ on record as current smokers, so at least 6,500 adult smokers are either not known to or not recorded by their GPs.

Smoking is one of the most significant causes of health inequalities. There is no definitive local data on the distribution of smokers on the Island. However it is estimated that 25% of Island residents in routine and manual jobs smoke, considerably worse compared with the population overall. This is in line with national data that there are proportionately more smokers in less affluent socio-economic groups and among residents of more deprived areas. Men and people in younger age groups are also more likely to smoke.

### Obesity

An estimated 65% of the Island's adult population are overweight or obese, with considerable

[53] 2008 Place Survey - NI 138 Satisfaction of People over 65 with both home and neighbourhood

[54] 2008 Place Survey - NI 139 The extent to which older people receive the support they need to live independently at home

[55] Integrated Household Survey, ONS (experimental statistics)

implications for long-term conditions such as heart disease, diabetes and cancer.

Obesity is influenced by a range of social and behavioural factors, which include physical activity and eating habits. The majority of Island adults are insufficiently active to benefit their health, and do not eat sufficiently healthily.

Obesity is one of the major public health issues in the UK. Being obese or overweight [56] increases the risk of long-term health problems such as type 2 diabetes, hypertension, cardiovascular disease including stroke, as well as cancer. National obesity trends are upwards, presenting significant future health challenges .

On the Island an estimated 27.4% of Island adults (age 16+) are obese[57]. This extrapolates to an estimated 32,100 adults who are obese and a further 44,800 overweight adults, in all 65% of the adult population. In April 2011 Island GPs had just over 12,600 patients on record as obese, so an estimated 18,000 obese adults are either not known to or not recorded as such by their GPs.

There is no local data to show where obese adults live on the Island. National data suggests that obesity prevalence is likely to vary depending on gender and age, socio-economic group and household income. However these patterns are less clear compared with smoking patterns.

Amongst the many complex behavioural and societal factors that combine to influence obesity are physical activity and eating habits. The national Active People survey[58] of participation in sports and active recreation shows that on the Island, 22.6% of adults are undertaking moderate physical activity at least 3 times a week, meaning that 77.4% are less active than this, although some people are likely to be physically active in other ways. Using consumption of fruit and vegetables as a proxy for healthy eating, an estimated 27.6% of Island adults (age 16+) consume at least 5 portions of fruit and vegetables a day, meaning that 72.4% consume less than this.[57]

### Alcohol Consumption

An estimated 17% of Island adults drink at increasing or high risk levels, with potential adverse implications for their physical and mental health, as well as for crime and anti-social behaviour, domestic abuse and family breakdown.

Drinking too much alcohol increases the risk of various physical and psychological harms, and the risk increases the more people drink. Alcohol misuse directly causes health problems such as liver cirrhosis; and significantly contributes to other health problems such as heart disease and stroke, hypertension, some cancers and some digestive disorders. Nationally the trends in alcohol-related health harms are upwards (worsening). Alcohol misuse can also have an impact on relationships, including domestic abuse, and contributes to the breakdown of relationships – this impacts on the safeguarding agenda, particularly of children.

[56] Adults are defined as overweight if their Body Mass Index (BMI) is between 25-<30; and as obese if their BMI is 30+.

[57] Association of Public Health Observatories – modelled estimates

[58] Sport England – Active People Survey

On the Island an estimated 17.3% of adults (age 16+) drink alcohol at 'increasing risk', levels regularly in excess of recommended limits, or at levels of 'high risk' of alcohol-related health harms. This rate is lower than the England rate, though the difference is not statistically significant.[57] However it extrapolates to an estimated 20,000 Island adults who are drinking at levels which risk harming their health.

When hospital admissions caused both wholly and partly by alcohol are measured, the Island has one of the lowest admission rates in England. However the Island's admission rate shows an upward (worsening) trend over time [59]. This could reflect better 'recording' of conditions to which alcohol contributes, but also increased hazardous and harmful alcohol consumption in the population. Local hospital admissions data shows very clearly that the people most likely to be admitted to hospital due to alcohol consumption are men, and people living in the Island's most deprived areas. This reflects the national situation.

On average 16 Island residents die each year as a direct result of alcohol consumption, which also contributes to another 27 deaths each year. The Island's alcohol-related mortality rates are similar to England's but upward trends are apparent.[59]

In the 12 months leading up to 31st May 2010, at least 13% of all crimes were categorised as being "Affected by Alcohol" and 1.3% were categorised as being affected by "drink and drugs". Locally 67% of alcohol related crimes last year were linked to violence against the person offences (including Domestic Abuse). This also has a knock-on impact in terms of the safeguarding agenda for Children.

### Sexual Health

While young people are the group at highest risk of poor sexual health, people in other age groups are still at risk of contracting sexually transmitted infections (STIs).

In 2010 the Island's rates of the following STIs for people of all ages were below England's: Chlamydia, gonorrhoea, herpes, syphilis and genital warts.[60]

HIV (Human Immunodeficiency Virus) is predominantly transmitted by sexual intercourse, though other groups such as injecting drug users are also vulnerable. In 2009, around 40 Island residents were receiving care for HIV. This represents a very low prevalence rate compared with other Local Authority Districts in England.[61]

### Sun Safety

The Island's comparatively high incidence of malignant melanoma could reflect unsafe exposure to the sun or excessive use of sun beds.

Among Island residents there are on average 30 new cases of malignant melanoma of the skin diagnosed each year, and 10 Island residents each year die from this cause. The Island has a higher

[59] North West Public Health Observatory

[60] Health Protection Agency

[61] Association of Public Health Observatories – Sexual Health Balanced Scorecard

incidence (rate of new cases) of malignant melanoma compared with England.[62] This could reflect both increased awareness and detection of melanoma, and also unsafe exposure to ultraviolet rays through sunburn or use of sun beds. Malignant melanoma is more commonly diagnosed among women than men, with a higher proportion among younger age groups compared with the more common cancers. Early diagnosis can enable effective treatment.

## Cancer Screening

It is important to achieve high coverage in screening programmes in order to detect disease early.

**Breast cancer coverage** is comparatively high, but still needs to be sustained and improved.

**Cervical cancer coverage** has fallen on the Island, with coverage lowest among younger women.

**Bowel cancer** is a significant contributor to early cancer deaths and health inequalities. It will be important to achieve high coverage in the new bowel screening programme in order to address these issues.

There are 3 national screening programmes for cancers which can be detected at a stage amenable to early diagnosis and treatment, since late diagnosis can lead to poorer outcomes. It is important to achieve high coverage in screening programmes in order to detect disease early. The Island's uptake of breast and cervical screening programmes is good compared with England: the bowel screening programme has only recently started.

Breast cancer is one of the four most commonly-diagnosed cancers in England and locally. Among Island residents over 150 new cases are diagnosed each year, 71% in the under-75 age group. The screening programme now targets women aged 53 – 70. In 2009-10, 81.2% of eligible Island women had been screened in the previous 3 years, a higher uptake compared with England (76.9%).[63] Although early diagnosis can enable effective treatment, breast cancer is nonetheless one of the 4 main causes of cancer deaths.

Cervical cancer is much less common, but evidence suggests that screening can achieve an 80% reduction in mortality. Among Island residents on average 5 new cases are diagnosed each year. The screening programme targets women aged 25-64. In 2009-10, 79% of eligible Island women had been screened in the previous 5 years. This represents a steady decrease since 2002-03, when Island coverage exceeded 85%.[63] Coverage is lowest among younger women who are less likely to respond to screening invitations.

Bowel cancer (cancer of the colon or rectum) is one of the four most common cancers in England. Among Island residents just over 100 new cases are diagnosed each year, split evenly among men and women, with 64% in the under-75 age group.[62] A national bowel screening programme is now in place and screening for Island residents aged 60-74 began in September 2010.

[62] National Cancer Information Service

[63] Information Centre for Health and Social Care

# Long-term health conditions

**Long-term health conditions (LTCs)** include heart disease, diabetes, Chronic Obstructive Pulmonary Disease (COPD) and dementia. Their prevalence increases with age and they have significant effects on people's quality of life and their need for health and social care services. Lifestyle behaviours and risks such as smoking, alcohol consumption and obesity can contribute to their development.

The Department of Health defines long-term conditions (LTC) as those conditions that cannot, at present, be cured, but can be controlled by medication and other therapies, thus enabling people to remain healthier for longer[64]. Some more common LTCs include hypertension (or high blood pressure), heart disease, diabetes, chronic kidney disease, asthma, mental health problems, dementia and specific neurological disorders: all of these have a significant impact on people's quality of life.

Information about the prevalence of LTCs comes both from self-reporting and from health service information systems. In terms of self-reporting, at the 2001 Census, 20.8% of all Islanders reported that they had a limiting long-term illness, rising to 47.4% in the 65+ age group. However the Department of Health cites research that 40% of English adults report having a long-term health condition, which, if applied to the Island population, would equate to over 45,000 Island adults.

In terms of diagnosis, GP Practices are incentivised to maintain registers of the most common LTCs. However there are often 'gaps' between the estimated numbers in the population and the number of people recorded on GP registers. These gaps could be because people haven't:

- seen their GP,
- had their condition diagnosed,
- had their condition formally recorded

If people with LTCs are known to their GP they can be supported to prevent or delay deterioration, and the development of associated health problems, and to address lifestyle behaviours such as smoking which can exacerbate LTCs. In this way they can maintain their health and well-being for as long as possible.

The table below shows some of the Island 'gaps', including potentially 20,000 people with undiagnosed hypertension and 1,500 people with undiagnosed dementia.[65]

[64] Department of Health (2008) *Raising the Profile of Long Term Conditions Care*

[65] GP-recorded data from QOF; Estimated numbers from Association of Public Health Observatories

| Long-Term Condition | Estimated Number of People with Condition | GP-Recorded Number of People with Condition | 'Gap' (people undiagnosed or unrecorded) |
|---|---|---|---|
| Asthma | 13,305 | 9,645 | 3,660 |
| Chronic Obstructive Pulmonary Disease (COPD | 4,133 | 2,326 | 1,807 |
| Coronary Heart Disease | 8,223 | 5,794 | 2,429 |
| Stroke | 3,602 | 3,217 | 385 |
| Hypertension | 43,955 | 23,309 | 20,646 |
| Diabetes | 9,954 | 6,719 | 3,235 |
| Dementia | 2,623 | 1,047 | 1,576 |

All of the estimates above take account of the gender, age and ethnicity breakdown of the Island's population, and in some cases the Island's deprivation status and smoking prevalence also inform the estimates.

People are more likely to develop an LTC as they get older - half of people aged over 60 in England have a long term condition. As the Island's population grows and ages, the number of people and proportion of the total population with these conditions is forecast to increase significantly, with major implications for the health and social care services needed to help their needs.

Lifestyle behaviours such as smoking, alcohol consumption, physical activity and diet can contribute to many of the conditions above. They are also influenced by other factors such as housing, the environment, personal affluence and living in deprived areas.

# Physical Disabilities

The number of people living with physical disabilities on the Island is set to increase by approximately 4% over the next 10 years. The Island has a higher rate of claimants receiving Disability Living Allowance (DLA) than the rest of England and the South East.

Disability Living Allowance

The rate for numbers of claimants receiving Disability Living Allowance[66] (DLA) as a proportion of the Island's total population is higher than both the equivalent regional rate and that for England, as illustrated in the chart below.

| February 2011 | Numbers | Percentage of Population[67] | SE Region | England % |
|---|---|---|---|---|
| Isle of Wight | 8,255 | 5.89% | 3.82% | 5.07% |

[66] Benefit Claimant numbers – Department for Works and Pensions

[67] 2010 Mid-year estimates for population applied - ONS

## Accommodation

Disabled Facilities Grants are a mandatory provision to assist older people and disabled people to live satisfactorily within their own homes. Typically there are 16 new referrals a month, and the demand outstrips the finance available. During the period 2006/07 to mid 2009 there were 805 modifications made to assist disabled applicants with;

- Bathing and W/C's (65%)
- Access in and around the home (8%)
- A variety of lifts and hoists (24%)
- Other security measures (3%)

## Physical Disability: Projected Demand

Projecting Adults Need and Service Information (PANSI) [68] provides some projections for the demand expected from various types of physical disability in people aged 18-64.

Many categories of disability show either a marginal decline or stable numbers to 2015 and approximately 4% growth by 2020. A similar pattern is shown by our comparator authorities.

However those categorised as unable to manage at least one domestic task, and those requiring assistance with self-care are forecast to increase by approximately 13% in the next 5 years and as much as 28% by 2020. Our comparator authorities experience growth between 1% and 4% lower.

The highest increases are expected in people aged 65-74 living alone (projected to increase by 21% by 2015, and 23% by 2020), and those aged 75+ living alone (increase of 8% over the next 5 years and 27% by 2020)

## Falls

Falls are a major cause of disability among older people. Fracture of neck of femur, or hip fracture, is often used as a proxy to measure falls in the community. Each year over 200 Isle of Wight residents are admitted to hospital with a fracture of neck of femur, with 94% of these admissions among people aged 65+.

## Mental Health

On some key measures of mental health, the Island is worse than the national average: for the Index of Multiple Deprivation mental health measure, and for claim rates for Employment Support Allowance with a mental ill health diagnosis.

The Island has a higher rate of hospital admissions and average length of hospital stay for mental illness, and a lower number of community mental health staff, compared with its peer group of mental health providers, suggesting an imbalance in service provision.

Mental health and wellbeing affect individuals' fulfilment in life, how families and communities function, and social inclusion. Mental health is influenced by many factors including family situation, social networks and social and economic circumstances. Mental and physical health are

[68] http://www.pansi.org.uk/

also closely inter-related, with each affecting the other. Groups in the population who are at greater risk of mental health problems include people who are financially insecure, unemployed, experiencing domestic abuse, homeless and prisoners. Mental health problems can then further compound these issues and leave people more socially excluded. The Government's mental health strategy 'No Health without Mental Health'[69] sets out objectives to improve mental health outcomes for individuals and the population as a whole, including improving the quality of life and social inclusion of people with mental health problems, and reducing the stigma they can experience.

Nationally, 1 in 6 adults are experiencing a common mental health problem (such as anxiety or depression) at any one time. [70] As with children and young people, it is difficult to measure the mental health and well-being among adults in a local area. However, applying the 1 in 6 measure to the Island's population suggests that nearly 18,000 Island adults could be experiencing a mental health problem. The national data suggests that such problems are likely to be more common among women than men, in the 35-54 age groups, and among people on the lowest incomes.

The latest available IMD figures for mental health (2007) show that the Island is significantly more deprived on a measure of mental ill health than on the overall measure of deprivation. The mental health measure includes the percentage of people who receive Incapacity Benefit because of a mental health problem. 3% of the Island's working age population, over 2,000 people, fall into this category, higher than England and the South-East region. Claim rates are higher in the more deprived areas of the Island.[71]

The mental wellbeing of the population and the social and other factors which influence people's mental health will also have an impact on the rate of mortality from suicide. On average 16 Island residents each year die this way, and relatively small changes in year-on-year numbers can result in a considerable percentage changes in the mortality rate. The Island's rate was relatively high between 1999-2003, then fell (improved), but has increased again since 2004/06 and in 2007-09 was one of the highest in England.[33]

The Island has a higher rate of hospital admissions for mental illness and longer average length of stay, and a lower rate of community mental health staff, compared with its peer group of mental health service providers. This suggests an imbalance in service provision, with services oriented towards treating people with more serious mental illness, rather than towards supporting people to recover from less severe mental health problems.

## People in Contact with Mental Health Services

On the 1st of April 2010 there were 1,553 people who were in contact with community mental health services, recorded as open cases on Isle of Wight Council's adult social care database, of these 316 received community based services during the year 2009/10

As noted above, people with mental health problems are at risk of social exclusion through, for example, experiencing employment and housing problems. The previous Government set targets to

[69] HM Government *No Health without Mental Health: Delivering better mental health outcomes for people of all ages (2011)*
[70] Office for National Statistics *Adult Psychiatric Morbidity in England, 2007: Results of a Household Survey*
[71] Department for Work and Pensions

increase the number of people receiving mental health services who were in employment[72], and in settled accommodation. [73] On the Island, from September 2009 – March 2010, the number of service clients in employment fell from 12.4% to 9%. The decrease is due to changes in the structure of the services, the increasing severity of illness experienced by the service clients being seen, and the effects of the recession. Information about the number of clients in settled accommodation is not currently available. Further work will be needed to ensure that these service clients are supported to improve their housing status and employment prospects where appropriate.

## Autistic Spectrum Disorder

Autistic Spectrum Disorder, or Autism, is defined as a lifelong condition that affects an individual's social communication and interaction and how they make sense of the world around them. By applying national prevalence models to the Island population, it is estimated that nearly 1,200 Island residents of all ages have a condition on the Autistic Spectrum, of whom approximately 300 are aged 0-19.[74]

## Dementia

**Dementia:** 99% of people with dementia are aged 65+, and the number of people with dementia is predicted to increase as the Island population ages, from approximately 2,600 people in 2011 to 3,300 in 2020**.** This will have significant implications for their need for health and social care services. Delayed diagnosis is common – earlier diagnosis would help sustain people's quality of life for longer and delay their need for support from more intensive services.

The term 'dementia' is used to describe a collection of symptoms, including a decline in memory, reasoning and communication skills, and a gradual loss of skills needed to carry out daily activities Dementia is a progressive condition whose symptoms become more severe over time. It can affect people of any age, but is most common in older people – 99% of people with dementia are aged 65 or over. There is poor recognition of and significant stigma attached to dementia , and this can contribute to delayed diagnosis . The table on page 38 demonstrates that only 36% of the people estimated to have this condition are known to or recorded as such by GPs.

Projections suggest that the number of Island residents with dementia will increase by 27% between 2011 and 2020 - from approximately 2,600 to 3,300 people[75]. Projections for early onset dementia suggest that between 40 and 50 people aged 30-64 will have dementia in any one year over this period. [76]

It has been identified[77] that there is an imbalance in the supply and demand for dementia care on the Island, adversely affecting both the individuals and carers involved and providing a knock on

[72] Employment amongst adults in contact with the secondary mental health services National Indicator (NI) 150

[73] As measured by NI 149 Adults receiving secondary mental health services in settled accommodation.

[74] 'Autism Spectrum Disorders in Adults living in households throughout England - report from the Adult Psychiatric Morbidity Survey 2007': adapted for local prevalence model by Hampshire PCT Public Health Team

[75] POPPI

[76] PANSI

[77] IWC/IWNHS/PCT – Dementia Services, Joint Commissioning Strategy 2009-13

effect to those statutory services responsible. As at 2009 there was only one nursing home that specialised in the provision of services for people with severe dementia. The shortage of Elderly Mental Infirm (EMI) nursing home placements for those with challenging forms of dementia impacts the ability to provide timely access to the right form of care in the right setting.

More care will need to be delivered in the community but without suitably qualified and experienced staff nursing homes are unable to expand their services. Diverting funds from inpatient services to outreach services where NHS professionals work alongside nursing home staff, could facilitate an increase in the number of community care placements available.

An important priority for future commissioned services will be the need to provide earlier intervention and ongoing support to the predicted increase in numbers of cases.

## Mortality and Life Expectancy

The main causes of death on the Island, as in England, are:

- cardiovascular disease (including heart disease and stroke);

- cancer (the 4 most common causes of cancer deaths are breast, colorectal (bowel), lung and prostate cancer);

- respiratory disease (the most common specific causes are bronchitis, COPD and pneumonia).

The Island's all-age mortality rate and life expectancy have shown a steady improvement over time. They have generally been better compared with England and similar to the South East region. However the Island's under-75 (premature) mortality rate has improved less quickly.

Data about mortality (or deaths) does not tell the whole story about the health of the Island population, since it does not necessarily reflect how healthy people are before they die. However mortality rates do provide information about the health of local areas, since rates are affected by the age at which people die – in very general terms, the healthier people are, the longer they are likely to live, and the lower (better) an area's mortality rate.

Mortality data shows what conditions people die from and the respective contributions of the different causes of death to the overall mortality rate of an area. Mortality rates also enable a comparison between areas with different population profiles, since they take into account the gender and age of the local population. Mortality data also enables a calculation of life expectancy – i.e. how many years a newborn baby could expect to live if they experienced their local area's current mortality rates.

The age at which people die and the cause of their death are influenced the social determinants of health described earlier in this assessment, including social, economic and environmental factors, by lifestyle behaviours and by access to health and other services.

## Main Causes of Death

Each year on the Island, approximately 1,700 people die, of whom around 28% are under 75 years of age. Nearly 75% of all deaths on the Island are caused by 3 groups of conditions, as shown below.[78]

- **Cardiovascular disease**. The main specific causes of death are heart disease and stroke.
- **Cancer**. The four most common cancers are breast (99% of deaths are among women), colorectal, lung and prostate (men).
- **Respiratory disease**. The main specific causes of death are bronchitis, chronic obstructive pulmonary disease and pneumonia.

Lifestyle behaviours, such as smoking, diet and physical activity and alcohol consumption, and risk factors, such as high blood pressure and obesity, directly contribute to these major causes of death.

The table below shows aggregate data on the number and percentage of deaths caused by each condition group for 2007-09, and the mortality rates from each condition group for 2006-08.

| Deaths of Isle of Wight Residents - Most Common Causes: 2007-09, All Ages | | | |
|---|---|---|---|
| **Cause of Death** | **Number of Deaths** | **% of All Deaths** | **Directly Age-Standardised Mortality Rate per 100,000 Population** |
| Cardiovascular disease (including heart disease and stroke) | 1699 | 34% | 156.3 |
| Cancer | 1366 | 27% | 166.0 |
| Respiratory disease | 628 | 12% | 59.2 |
| Other Causes | 1365 | 27% | |
| **All Causes** | **5058** | **100%** | **522.56** |
| Data Sources: Deaths Data - Office for National Statistics Annual Death Extracts. Mortality Rates - National Centre for Health Outcomes Development. | | | |

The Island's mortality rate for all ages has shown a steady downward trend over time. It has generally been lower (better) than the comparative England rate, and similar to the South East region's rate, and this was the case in 2007-09, the most recent data available.[79]

Deaths before the age of 75 are regarded nationally as premature. All local areas were set targets to reduce mortality in the under-75 age group from 2 of the 3 main causes of death – cardiovascular disease and cancer (respiratory disease causes proportionately less mortality among people aged under-75). Between 1995 and 2009 the Island's under-75 mortality rate from cardiovascular disease fell by 55%, and is slightly lower (better) than England's rate. However over the same period the Island's under-75 mortality rate from cancer fell by only 13.4%. The Island's rate is now better than England's and similar to the South East region's. [79]

Cancers of the lung and digestive organs (including the bowel) contribute significantly to the Island's under-75 cancer mortality rate. The lifestyle behaviours and risk factors described earlier, such as

[78] ONS Vital Statistics Tables

[79] National Centre for Health Outcomes Development (NCHOD)

smoking, obesity and alcohol consumption, can directly contribute to these cancers. Other cancers contributing to this mortality rate include breast and prostate cancer.

The under -75 mortality rate from some of these cancers is higher (worse) in the more deprived areas of the Island. This is particularly true of lung cancer, which is probably linked to the higher proportion of people in these areas who smoke.

## Life Expectancy

As noted above, life expectancy reflects the mortality (death) rates of people who live in an area. On the Island, life expectancy has improved steadily for both men and women over the last 15 years - this reflects the situation nationally and in other areas. Life Expectancy for Island men is 79.1 years and for Island women is 83.2 years (2007-09 data).[80]

Life expectancy for men and women on the Island is slightly longer (better) compared with England and the difference is statistically significant; but is slightly shorter (worse) compared with the South-East region, though the difference is not statistically significant.

## Excess Winter Deaths

In 2006-09 (the most recent period available) there were 92 Excess Winter Deaths among Island residents, and the Island rate increased compared with the previous 4-year period. Further work is needed to investigate trends, causes and inequalities within the Island.

The excess winter deaths measure refers to the ratio of additional deaths which occur in winter months, compared with deaths which occur in non-winter months. It is expressed as a percentage and does not refer to deaths of specific individuals. The number of excess winter deaths depends on the temperature and the level of disease in the population, as well as other factors such as how well equipped people are to cope with a drop in temperature. Most excess winter deaths are due to circulatory and respiratory diseases, and the majority occur amongst older people.

In 2006-09, 92 deaths of Island residents were counted as 'excess', and the Island's excess winter deaths ratio was 17.6%, very close to the England and South-East region's average, and in the mid-range of Local Authority districts in England. However this represented a deterioration compared with the previous periods, covering 2004-08, when the Island's ratio was less than 12%, which was in the best quintile of Local Authorities in England. Further work is needed to investigate trends and inequalities in excess winter deaths among Island residents.

[80] Office for National Statistics

# Health Inequalities

## Background

Health inequalities are differences in health experienced by different groups of people in the population. The key point about these differences is that they are, in many cases, **avoidable.**

Life Expectancy on the Island is used here as a proxy to illustrate:

**Gender Inequalities**: Life Expectancy is worse among Men compared with Women on the Island, as in England.

**Geographical Inequalities between:**

- Different electoral wards: in 2005-09 there was a 10.1 year 'gap' between the wards with the best and worst life expectancy.
- Areas with different levels of deprivation: in 2005-09 there was a 4.5 year 'gap' between the 20% most deprived and 20% least deprived Island neighbourhoods, reflecting the influence of wider social and economic factors.

People with the worst life expectancy die from the same conditions but at younger ages.

Health inequalities can be experienced between **specific groups in the population**, for example people with learning disabilities, carers and prisoners, and the population as a whole. It is important to understand the specific needs of these groups to inform strategies to improve their health and wellbeing.

Health inequalities take the form of differences in:

- People's health and well-being and quality of life.
- How long people remain in good health.
- How long people live.

Health inequalities are found between:

- men and women;
- residents of different areas within the Local Authority;
- different ethnic groups;
- specific groups of people in the population compared with the rest of the population.

Information on life expectancy and mortality is discussed below to illustrate gender and geographical health inequalities on the Island. While this issue is discussed in terms of health outcomes and behaviours, it has long been recognised that the social determinants of health discussed earlier, such as income, employment, education and housing, affect people's capacity to maintain good health and well-being, and contribute to health inequalities.

This is followed by discussion about some specific groups in the population who are at higher risk of experiencing health inequalities.

## Inequalities between Men and Women

The shorter life expectancy for Island men compared with Island women was highlighted above. This reflects data showing that, for 2 of the main causes of death in the under-75 age group

(cardiovascular disease and cancer), men experience significantly higher mortality rates than women i.e. they die from the same conditions but at younger ages.

While there is believed to be a genetic element to the difference between men and women, the difference also reflects other issues. For example, harmful lifestyle behaviours, such as smoking and alcohol misuse, are more common among men than women. There is also national evidence that men with symptoms of ill health tend to seek medical intervention later compared with women, which can then result in worse outcomes for them.

## Inequalities between Different Areas of the Island

There are differences in life expectancy between different electoral wards on the Island. For example, based on mortality data for the period 2005-09, life expectancy for was 78.1 years in the Sandown North ward, 10.1 years shorter compared with the Nettlestone and Seaview ward (88.2 years). This represents a considerable life expectancy 'gap'. [81]

Life expectancy for people living in the most deprived areas of the Island (the bottom 20%) was 79.8 years, compared with 84.3 years in the least deprived areas (top 20%). This means that on average residents of the most deprived 20% of the Island are living 4.5 years less than people living in the least deprived 20% of the Island. [82]

People resident in areas with shorter life expectancy die from the same 3 main conditions (cardiovascular disease, cancer and respiratory disease) as people in areas with longer life expectancy. The difference is that they are more likely to die earlier from those conditions.

## Specific Population Groups at Higher Risk of Health Inequalities

As mentioned above, health inequalities can be experienced by specific groups of people including:

- vulnerable older people
- people with learning disabilities
- carers
- prisoners & their families
- some specific ethnic groups
- people living in fuel poverty
- people experiencing domestic abuse
- people with mental health problems
- homeless people/rough sleepers
- asylum seekers & refugees
- looked after children
- people with physical disabilities, or long term medical conditions

It is important to understand the health needs of these groups in order to inform strategies to improve their health and wellbeing. Some of these groups were considered earlier in this assessment. This section looks specifically at four of these groups. These and other groups will be considered in more depth in future JSNA work.

[81] ONS Annual Death Extracts; ONS Mid Year Population Estimates – extrapolated to IW electoral wards

[82] Association of Public Health Observatories – Slope Index of Inequality

## Vulnerable Adults

A vulnerable adult is defined as a person who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation in any care setting. This includes individuals in receipt of social care services, those in receipt of other services such as health care, and those who may not be in receipt of services.

Safeguarding is the term used to describe the council's activity to ensure that any reported abuse of vulnerable people is dealt with. This activity for adults is now reported to central government in the shape of a national data return. The process for recording this activity and making it visible is in an early stage and exploration of trends and the effectiveness of the service will need further development.

## People with Learning Disabilities

Despite improvements in medical treatment and care, people with learning disabilities continue to experience worse health and social exclusion compared with the rest of the population. It is important to ensure that people with learning disabilities are known to health and social care services, so that they can be offered appropriate support and reasonable adjustments to services where needed.

The first national 'Valuing People' strategy defined learning disability as including the presence of:

- A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with;
- A reduced ability to cope independently (impaired social functioning);
- which started before adulthood, with a lasting effect on development.

People's learning disabilities will range from mild to severe, and the degree of severity will determine their need for support and services.

People with learning disabilities are a particularly vulnerable and socially excluded group. 'Valuing People' set out four guiding principles to improve the lives of people with learning disabilities:

- **Rights**: people with learning disabilities and their families should have the same human rights as others.
- **Independent living**: people should have greater control over the support they need to live independently, including access to services such as housing, education and employment.
- **Control**: people should be involved in and able to make informed decisions about their lives.
- **Inclusion**: people are able to participate in all aspects of the community, such as learning, working and being part of social networks.

On the Island, it is estimated that approximately 2,700 Island residents of all ages have a learning disability (ranging from mild to severe). Approximately 80% of these people are likely to have a mild disability, and approximately 20% (about 540 people) a moderate or severe disability. While people with severe disabilities are more likely to be known to and in receipt of health and social care services, people with moderate or mild disabilities might still need support and adjustment to services to enable access to them.

The number of people aged 18-64 predicted to have a learning disability on the Island[83] is expected to increase by 2.8% by 2020 (this is higher than our comparator authorities at 0.49%). For those with a moderate or severe learning disability this figure is higher at 3.9% by 2020 (1.7% in our comparator authorities). Improvements in life expectancy are likely to be a key part of these increases.

Projections[84] for the number of people with moderate or severe learning disabilities over 65 are for growth of 16% over the next 5 years, and of 25% by 2020, while amongst our comparator authorities the figures are 14% for 2015 and 25% by 2020.

While there have been improvements in medical treatment and care for people with learning disabilities that have helped to extend their life expectancy many still experience poorer health compared with the rest of the population. This health gap results largely from barriers which people face in accessing health services, and is therefore largely potentially avoidable. One measure to address this issue has been the requirement for GP Practices to establish a register of adult patients with learning disabilities, of any severity; and to offer an annual healthcheck to all people with moderate or severe learning disabilities known to the Local Authority. As of April 2011 there were 638 people on Island GP Practices Learning Disability registers; however no breakdown of the severity of their disability is available, so it is not known whether this includes all patients with moderate or severe disabilities. In the year 2010-11, 234 people with learning disabilities received a healthcheck, a fall compared with the 2009-10 figure of 281 people. Further work is needed to ensure that people with learning disabilities are known to their GP practices, and are offered and can access these healthchecks.

Following the 'Big Health Check' completed in February 2010, Island residents with a learning disability identified areas for improvement on issues affecting them:

- A need for training of health care and ancillary staff in basic awareness around the communication needs of people with a learning disability.
- To introduce a flagging system to patient notes that would help to increase awareness amongst all health staff of an individual's LD status, together with the potential need for:
    - providing extended appointment times;
    - a carer having to accompany an individual ;
    - consideration as to how information is provided – the format used; the use of language in letters and how it reads, and to whether direct contact by telephone might be more suitable and enable better understanding of the message by an individual than by letter.

In addition, areas for development include:

- Increased independence
- Access to further education and employment
- Increased housing options
- Transition to adulthood.

[83] PANSI
[84] POPPI

## Carers

People who are carers (to family members, partners and friends who are ill or disabled) experience poor health compared with those without caring responsibilities. It is important to ensure that support is available to enable carers to fulfil their caring role, while they themselves remain mentally and physically well.

The 2008 National Carers Strategy described a carer as someone who spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.[85] There is a clear relationship between caring and poor health: those providing high levels of care are twice as likely to have poor health compared with those without caring responsibilities.

As of November 2010 there were 1,857 carers helping 1,665 clients recorded on SWIFT[86] . 60% (1,120) of these carers were 65 or older (commonly spouses caring for partners).

During the year 2009/10 1,545 carers were assessed or reviewed. 74% of these went on to receive services, advice or information. This is 18% growth over the previous year 2008/09 figure of 973. Of particular concern both in their own right as potentially vulnerable people and as an important resource in providing care to our clients, are the high numbers of older people that are 75+ carers 443 (39%) of those that were receiving services during 2009/10.

During the period July to September 2010 there were 106 young carers registered with the Young Carers Project, 52% of them under 14 years of age.

- 61% caring for their Mother
- 20% for their Father
- 19% caring for a sibling

While it was identified[87] that having a caring role can lead to a greater closeness between a young carer and their parents, equally it has the potential to lead to problems for them such as poor attendance at school; isolation; a lack of time for leisure and pressures attributed to keeping family problems a secret. In addition it can lead to problems with their transition to adulthood, in particular around balancing working life with caring responsibilities.

## Prisoners

Prisoners have less healthy lifestyles, are more likely to engage in substance misuse and experience poorer health, including mental health, compared with the population as a whole. An ageing prison population means that the prevalence of long-term conditions will increase, with implications for healthcare needs.

[85] HM Government *The National Carers' Strategy 2008: Carers at the heart of 21st-century families and communities* (2008)

[86] Swift is the Social Services client recording system

[87] Isle of Wight Carers' Strategy 2009-12

In general prisoners have poorer health and less healthy lifestyles and experience greater health inequalities and social exclusion compared with the population at large.

In 2005 responsibility for the health needs of prisoners was moved from the Prison Service to NHS Isle of Wight, which has a responsibility to ensure that prisoners receive healthcare equivalent to that which they would have received in the community.

According to the report from a pilot project that was published in September 2009, 70% of all prisoners on the Isle of Wight required treatment for one or more complex mental health needs, of which

- 66% had a Personality Disorder;
- 45% a Neurotic disorder;
- 45% Drug Dependency;
- 30% Alcohol Dependency and
- 7 – 10% a Psychotic illness.

There were 1,673 prisoners in HMP Isle of Wight at the end of 2010, of whom 84 (5%) were aged 65+.

HMCIP (HM Chief Inspector of Prisons) nationally consider all prisoners over 55 to be 'older', i.e. their observed biological age is equal to their actual age plus 10years.[88] National figures suggest that

- 85% of older prisoners have chronic health conditions
- 10% of older prisoners live with a disability
- 30% of older prisoners have unrecognised depression
- 30% of older prisoners are diagnosed with a personality disorder

Health Needs Assessments for the Island prisons are undertaken regularly and a recent assessment featured in the Director of Public Health's report for 2009[89]

## Opportunity to comment

This document earmarks the formation of the Island's first Health & Well being Strategy which is currently under development and will be open to public consultation in Spring 2012.

If you would like to send us your comments on the JSNA before the **13 November 2011**, these can be considered in conjunction with the development of the Health & Well Being Strategy. All comments received after this date will be collated as part of the annual refresh of the JSNA and will help inform improvements to data sourcing and collection for the future.

Please email **JSNA@iow.gov.uk** with your comments.

[88] Aday and Wahadin: 'The Needs of Older Men and Women in the Criminal Justice System: an international perspective' (Prison Service Journal 160, pp13-22)

[89] Isle of Wight Public Health Annual Report 2009

# Appendix A – Bibliography (Data Sources and related documents)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