



Isle of Wight

Unitary authority

This profile was published on 3 July 2018

Local Authority Health Profile 2018

This profile gives a picture of people's health in Isle of Wight. It is designed to help local government and health services understand their community's needs, so that they can work together to improve people's health and reduce health inequalities.

Health in summary

The health of people in Isle of Wight is varied compared with the England average. About 18% (3,800) of children live in low income families. Life expectancy for women is higher than the England average.

Health inequalities

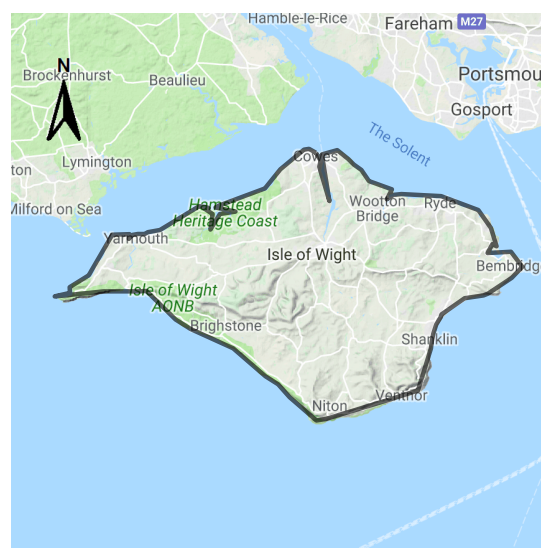
Life expectancy is 6.8 years lower for men and 3.7 years lower for women in the most deprived areas of Isle of Wight than in the least deprived areas.**

Child health

In Year 6, 20.8% (255) of children are classified as obese. The rate of alcohol-specific hospital stays among those under 18 is 67*, worse than the average for England. This represents 17 stays per year. Levels of GCSE attainment, breastfeeding initiation and smoking at time of delivery are worse than the England average.

Adult health

The rate of alcohol-related harm hospital stays is 497*, better than the average for England. This represents 735 stays per year. The rate of self-harm hospital stays is 173*. This represents 219 stays per year. The rate of people killed and seriously injured on roads is worse than average. Rates of sexually transmitted infections and TB are better than average. Rates of statutory homelessness and violent crime are worse than average.



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Map data © 2018 Google
Local authority displayed with ultra-generalised clipped boundary

For more information on priorities in this area, see:

- www.iwight.com/factsandfigures

Visit www.healthprofiles.info for more area profiles, more information and interactive maps and tools.

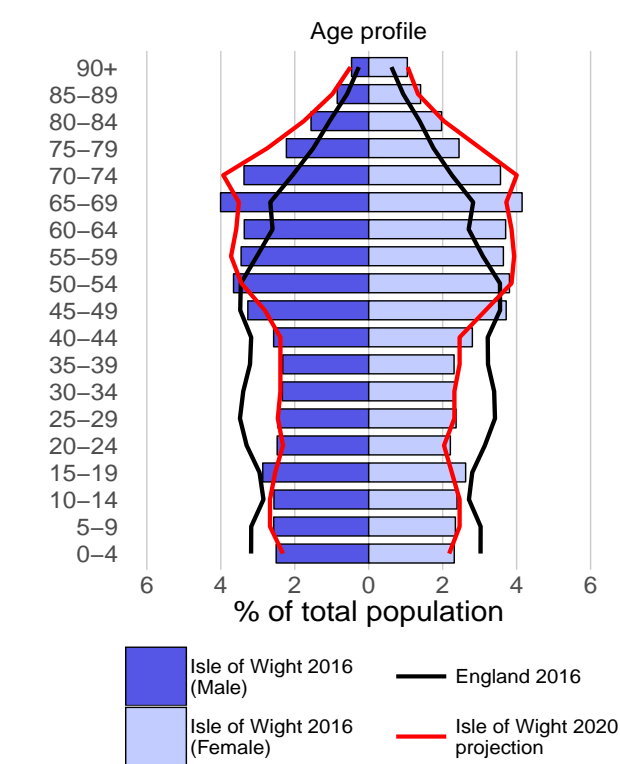
Local Authority Health Profiles are Official Statistics and are produced based on the three pillars of the [Code of Practice for Statistics](#): Trustworthiness, Quality and Value.

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* rate per 100,000 population

** see [page 3](#)

Population



Understanding the sociodemographic profile of an area is important when planning services. Different population groups may have different health and social care needs and are likely to interact with services in different ways.

	Isle of Wight (persons)	England (persons)
Population (2016)*	140	55,268
Projected population (2020)*	142	56,705
% population aged under 18	18.0%	21.3%
% population aged 65+	27.0%	17.9%
% people from an ethnic minority group	1.8%	13.6%

* thousands

Source:
Populations: Office for National Statistics licensed under the Open Government Licence
Ethnic minority groups: Annual Population Survey, October 2015 to September 2016

Deprivation

The level of deprivation in an area can be used to identify those communities who may be in the greatest need of services. These maps and charts show the Index of Multiple Deprivation 2015 (IMD 2015).

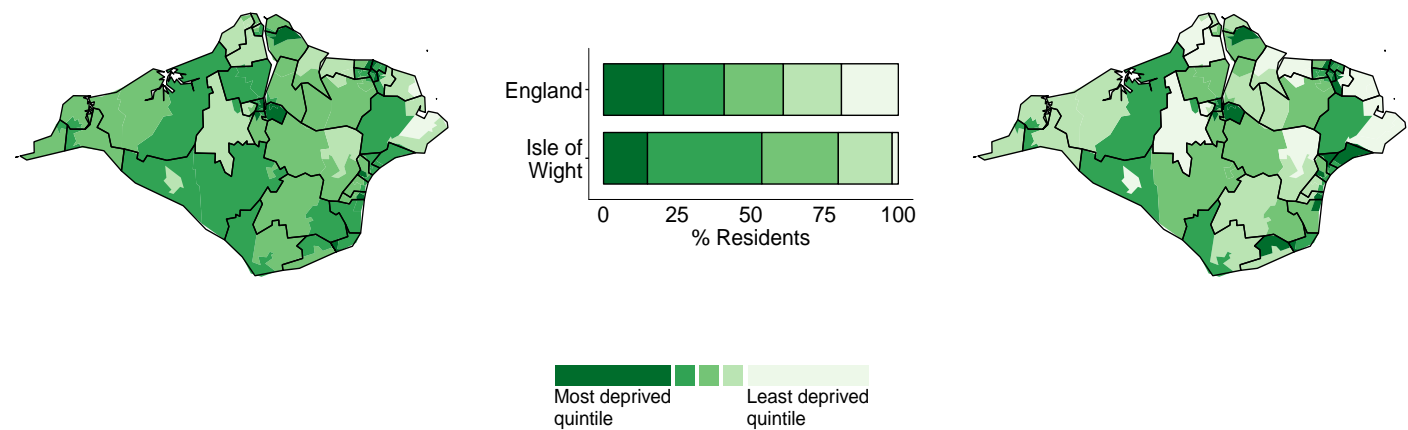
National

The first of the two maps shows differences in deprivation in this area based on national comparisons, using national quintiles (fifths) of IMD 2015, shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England.

The chart shows the percentage of the population who live in areas at each level of deprivation.

Local

The second map shows the differences in deprivation based on local quintiles (fifths) of IMD 2015 for this area.



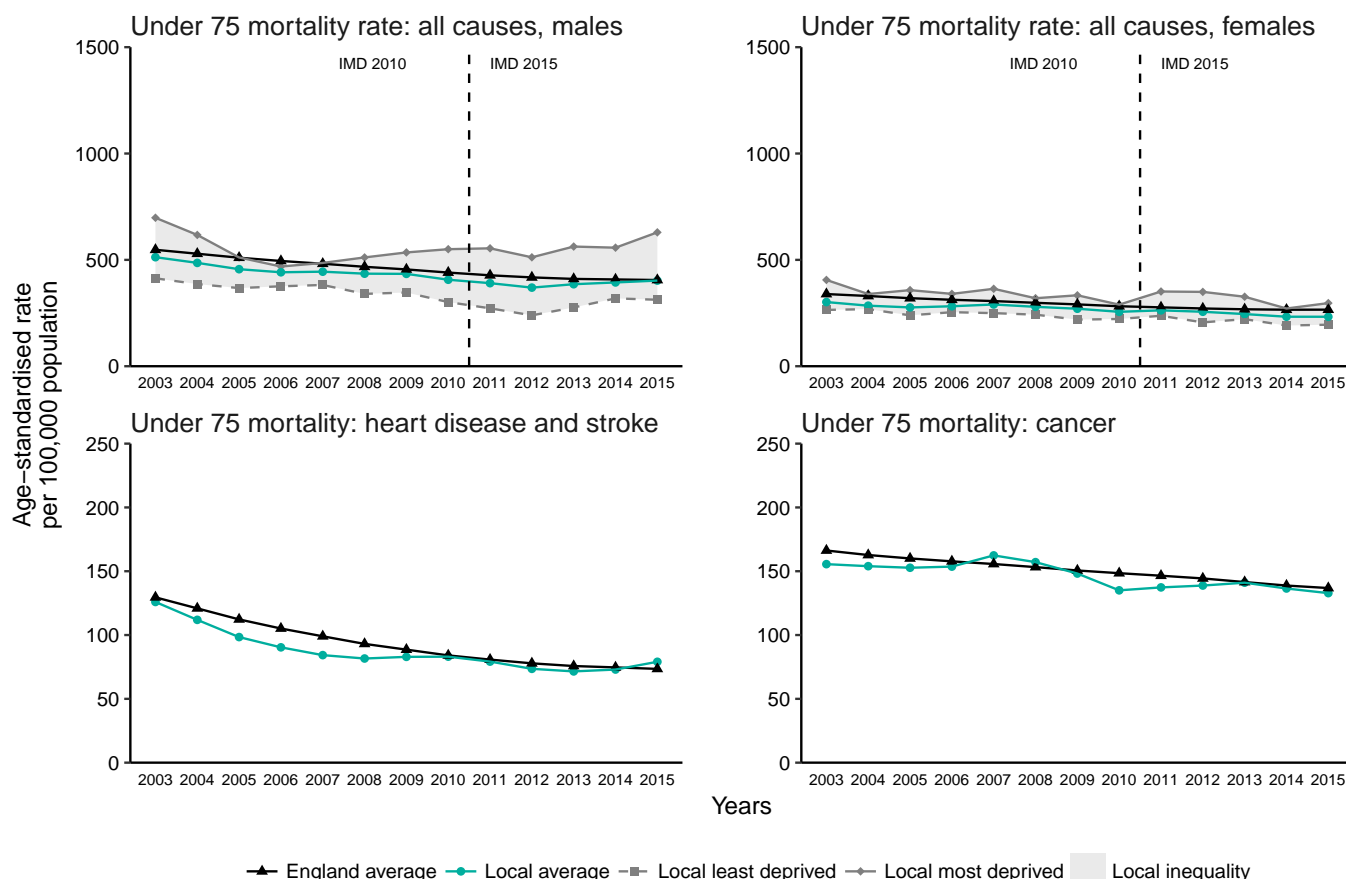
Health inequalities: life expectancy

The charts show life expectancy for males and females within this local authority for 2014-16. The local authority is divided into local deciles (tenths) by deprivation (IMD 2015). The life expectancy gap is the difference between the top and bottom of the inequality slope. This represents the range in years of life expectancy from most to least deprived within this area. If there was no inequality in life expectancy the line would be horizontal.



Trends over time: under 75 mortality

These charts provide a comparison of the trends in death rates in people under 75 between this area and England. For deaths from all causes, they also show the trends in the most deprived and least deprived local quintiles (fifths) of this area.



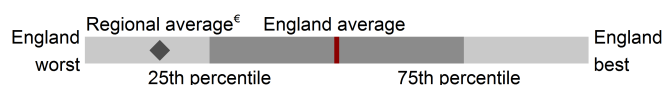
Data from 2010-12 onwards have been revised to use IMD 2015 to define local deprivation quintiles (fifths), all prior time points use IMD 2010. In doing this, areas are grouped into deprivation quintiles using the Index of Multiple Deprivation which most closely aligns with the time period of the data. This provides a more accurate way of examining changes over time by deprivation.

Data points are the midpoints of three year averages of annual rates, for example 2005 represents the period 2004 to 2006. Where data are missing for local least or most deprived, the value could not be calculated as the number of cases is too small.

Health summary for Isle of Wight

The chart below shows how the health of people in this area compares with the rest of England. This area's value for each indicator is shown as a circle. The England average is shown by the red line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator. However, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared



	Indicator names	Period	Local count	Local value	Eng value	Eng worst		Eng best
Life expectancy and causes of death	1 Life expectancy at birth (Male)	2014 – 16	n/a	79.5	79.5	74.2		83.7
	2 Life expectancy at birth (Female)	2014 – 16	n/a	84.0	83.1	79.4		86.8
	3 Under 75 mortality rate: all causes	2014 – 16	1,443	315.2	333.8	545.7		215.2
	4 Under 75 mortality rate: cardiovascular	2014 – 16	362	79.0	73.5	141.3		42.3
	5 Under 75 mortality rate: cancer	2014 – 16	630	132.8	136.8	195.3		99.1
	6 Suicide rate	2014 – 16	50	13.3	9.9	18.3		4.6
Injuries and ill health	7 Killed and seriously injured on roads	2014 – 16	230	55.0	39.7	110.4		13.5
	8 Hospital stays for self-harm	2016/17	219	173.3	185.3	578.9		50.6
	9 Hip fractures in older people (aged 65+)	2016/17	214	556.3	575.0	854.2		364.7
	10 Cancer diagnosed at early stage	2016	410	52.0	52.6	39.3		61.9
	11 Diabetes diagnoses (aged 17+)	2017	n/a	67.5	77.1	54.3		96.3
	12 Dementia diagnoses (aged 65+)	2017	1,805	72.9	67.9	45.1		90.8
Behavioural risk factors	13 Alcohol-specific hospital stays (under 18s)	2014/15 – 16/17	51	67.1	34.2	100.0		6.5
	14 Alcohol-related harm hospital stays	2016/17	735	497.3	636.4	1,151.1		388.2
	15 Smoking prevalence in adults (aged 18+)	2017	16,210	14.1	14.9	24.8		4.6
	16 Physically active adults (aged 19+)	2016/17	n/a	68.1	66.0	53.3		78.8
	17 Excess weight in adults (aged 18+)	2016/17	n/a	64.1	61.3	74.9		40.5
Child health	18 Under 18 conceptions	2016	55	24.2	18.8	36.7		3.3
	19 Smoking status at time of delivery	2016/17	171	14.6	10.7	28.1		2.3
	20 Breastfeeding initiation	2016/17	772	66.4	74.5	37.9		96.7
	21 Infant mortality rate	2014 – 16	13	3.5	3.9	7.9		0.0
	22 Obese children (aged 10–11)	2016/17	255	20.8	20.0	29.2		8.8
Inequalities	23 Deprivation score (IMD 2015)	2015	n/a	23.1	21.8	42.0		5.0
	24 Smoking prevalence: routine and manual occupations	2017	n/a	22.8	25.7	48.7		5.1
Wider determinants of health	25 Children in low income families (under 16s)	2015	3,815	17.8	16.8	30.5		5.7
	26 GCSEs achieved	2015/16	584	45.0	57.8	44.8		78.7
	27 Employment rate (aged 16–64)	2016/17	56,100	73.5	74.4	59.8		88.5
	28 Statutory homelessness	2016/17	166	2.6	0.8			
	29 Violent crime (violence offences)	2016/17	3,675	26.4	20.0	42.2		5.7
Health protection	30 Excess winter deaths	Aug 2013 – Jul 2016	228	14.1	17.9	30.3		6.3
	31 New sexually transmitted infections	2017	396	483.8	793.8	3,215.3		266.6
	32 New cases of tuberculosis	2014 – 16	7	1.7	10.9	69.0		0.0

For full details on each indicator, see the definitions tab of the Health Profiles online tool: www.healthprofiles.info

Indicator value types

1, 2 Life expectancy - Years 3, 4, 5 Directly age-standardised rate per 100,000 population aged under 75 6 Directly age-standardised rate per 100,000 population aged 10 and over 7 Crude rate per 100,000 population 8 Directly age-standardised rate per 100,000 population 9 Directly age-standardised rate per 100,000 population aged 65 and over 10 Proportion - % of cancers diagnosed at stage 1 or 2 11 Proportion - % recorded diagnosis of diabetes as a proportion of the estimated number with diabetes 12 Proportion - % recorded diagnosis of dementia as a proportion of the estimated number with dementia 13 Crude rate per 100,000 population aged under 18 14 Directly age-standardised rate per 100,000 population 15, 16, 17 Proportion - % 18 Crude rate per 1,000 females aged 15 to 17 19, 20 Proportion - % 21 Crude rate per 1,000 live births 22 Proportion - % 23 Index of Multiple Deprivation (IMD) 2015 score 24, 25 Proportion - % 26 Proportion - % 5 A*-C including English & Maths 27 Proportion - % 28 Crude rate per 1,000 households 29 Crude rate per 1,000 population 30 Ratio of excess winter deaths to average of non-winter deaths (%) 31 Crude rate per 100,000 population aged 15 to 64 (excluding Chlamydia) 32 Crude rate per 100,000 population

€"Regional" refers to the former government regions.

If 25% or more of areas have no data then the England range is not displayed.

Please send any enquiries to healthprofiles@phe.gov.uk

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APPENDIX 1

Report to Policy and Scrutiny Committee for Adult Social Care and Health regarding the recently published Local Authority Health Profile 2018 for the Isle of Wight

This report provides a short description on the role of Public Health in Local Authorities and a commentary on the Local Authority Health Profile produced annually by Public Health England.

Section 12 of the 2012 Health and Social Care Act introduced a new duty for all upper-tier and unitary local authorities in England to take appropriate steps to improve and protect the health of the people who live in their areas. The Isle of Wight Council is responsible for providing the local leadership for public health, backed by a ring-fenced grant. A specialist public health team is led by the Director of Public Health, who is a statutory chief officer of the Council.

The Director of Public health is the lead officer in the local authority for health. The Director has a duty to improve the health of the population with a specific focus to reduce health inequalities and to champion health across the whole of the authority's business. They should promote healthier lifestyles and scrutinise and challenge the NHS and other partners to promote better health and ensure threats to health are addressed. The role includes responsibility for the provision of mandated and non-mandated services as detailed in the Appendix. The Director of Public Health also has a delegated role from the Health and Wellbeing Board to lead the Joint Strategic Needs Assessment.

Health Profile

The Local Authority Health Profile is published annually by Public Health England and provides an overview of health for each local authority in England. It provides summary data on a range of indicators for local populations, highlighting issues that can affect health in each locality. The profiles are intended to help local government and health services make plans to improve the health of their local population and reduce health inequalities. The Local Authority Health Profile is an overview of health and wellbeing indicators, more detailed indicators are routinely monitored and published by Public Health England¹.

Commentary of the Isle of Wight Health Profile

Population

The 2018 Profile highlights that on the Isle of Wight over one in four of the population is older than 65 (27.1%). This is the 15th highest level of any local authority in England and Wales. Of course, the fact that people are living longer is something to be celebrated but an aging population will also develop more long term conditions requiring care and support. The estimated percentage of adults with a long term condition is expected to increase from current levels; on the Isle of Wight 31% of all adults have one or more long term conditions and 12% of adults have 3 or more long term conditions.² Health and care partners need to work together with communities to do everything they can to keep people as healthy and independent as possible as they enter older age, preventing the onset of long term conditions wherever possible by addressing poor lifestyles, improving unhealthy environments and other, wider, determinants of health.

Deprivation

Using the 2015 Indices of Deprivation, the Isle of Wight has 13 areas (Lower Super Output Areas) within the 20% most deprived areas in the Country with two of these (Ryde North East B and Pan B) being within the 10% most deprived areas. Just less than one in five children on the Isle of Wight live in poverty, slightly higher than the England average. It is well recognised that poor social and economic circumstances affect health and well-being throughout life. Disadvantage has many forms and may be absolute or relative, it can include: having few family assets, a poorer education, a lower paid job or insecure employment, living in poor housing or trying to bring up a family in difficult circumstances. These disadvantages tend to concentrate among the same people, and many are evidenced in the Local Area Health Profile for the Isle of Wight.

¹ Public Health Outcomes Framework <https://fingertips.phe.org.uk/>

² NHS Outcomes Tool. GP Patient Survey 2015/16

Local Area Health Profile Domains

The Health summary dashboard sets out 32 indicators over seven domains, with nine indicators in the profile shown as 'red' indicating a significantly worse position than the England average.

- Life expectancy and causes of death
(No red indicators)

Life expectancy for people on the Isle of Wight is in line with England figures, with an expectancy of 79.5 years for men, and 84.0 years for women. There is a significant inequality in life expectancy with a male in the least deprived area expected to live for almost 7 years (6.8) years more than his neighbour in the most deprived area. For females the difference is 3.7 years. The under 75 death rates for cancer and cardiovascular diseases are comparable to England, but like life expectancy, there is a strong correlation with deprivation. The under 75 death rates for all causes range from 457 per 100,000 in the most deprived groups to 251 in the most affluent groups.

Injuries and Ill health

(2 red indicators: killed or seriously injured on roads, diabetes diagnoses)

The Isle of Wight has comparable rates to England for hospital stays for self-harm; hip fractures (65+) and dementia diagnosis. These indicators are important to benchmark the health of the population and require continued attention and action to reduce the serious consequence of these conditions on the patient, their carers and their wider support network.

The Isle of Wight has a significantly worse rate of people killed or seriously injured on the roads than England. There were 55 such incidents between 2014 and 2016. This is a major cause of preventable death and morbidity particularly in the younger age groups. The issue is being addressed through the Hampshire and Isle of Wight Safer Roads Partnership with priorities given to engineering solutions and education programmes.

There is a national increase in the number of people diagnosed with diabetes, due almost entirely to rising rates of obesity. The number of people diagnosed on the Island is significantly lower than expected. This potentially indicates under-diagnosis and that more effort needs to be given to make people aware of the risk factors for developing diabetes, and the symptoms of diabetes so that preventative action or early intervention may be possible.

- Behavioural risk factors
(1 red indicator: alcohol admissions to hospital for children)

The key behavioural risk factors that impact on the health of the population include alcohol, smoking, physical activity, and excess weight. The Isle of Wight has rates that are generally comparable to England for these factors, but there is a need to take more action to reduce these rates. Hospital stays for children (under 18s) where alcohol is the specific cause are significantly higher than England, in the three years from April 2014 there were 51 such admissions. these admissions may still reflect children with a health and care need, and may have a long term impact on their personal health and a wider impact on their communities. However this indicator should be viewed with caution as it is dependent on local admission policies which may be different with other comparator areas. .

- Child health
(2 red indicators: smoking in pregnancy, breast feeding initiation)

Ensuring that children have the best start in life is vital if they are to achieve their full potential, grow up to be healthy adults, and benefit the communities in which they live. A number of high level indicators have been included in this domain which will help assure the health of children is being prioritised across many health and wellbeing partners. Smoking in pregnancy has well known detrimental effects on the growth and development of the baby and health of the mother. The percentage of Isle of Wight mothers smoking during pregnancy has improved since 2010/11, however, the latest data from 2015/16 show that we still have more work to do with a rate of 15%, above the England average. This means that 171 Isle of Wight babies each year are not getting a good start in life as they are born to a mother who is smoking. Maternity services have been promoting the Public Health smoking cessation service which also offers prescriptions for Nicotine Replacement Therapies (NRT). In addition, the percentage of women initiating breast feeding within the first 48 hours of birth is significantly lower than the England average, which is a disappointing reversal of historical trends. Further support needs to be given to the community of breast feeding mums, and to reinforce messages through Childrens Services. Improvement in both smoking cessation and breastfeeding rates is part of the new maternity service specification.

- Inequalities and Wider Determinates of Health
(4 red indicators: children in low income households, GCSE achievement, homelessness, violent offences)

Inequalities and deprivation cover a range of issues that are caused by a lack of all types of resources (not just financial). The index of multiple deprivation uses measures of a number of these resources and shows that the overall level of deprivation on the Island is marginally higher than the England average. In addition to the health indicators for children already described the profile highlights that about 3,800 children on the Island are disadvantaged as a result of living in a low income family. Education is one of the clearest indicators of life outcomes such as employment, income and social status, which are all associated with better health outcomes. While education is improving on the Island with more schools rated as 'Good' there is an expectation that there will also be an improvement in academic achievement in the next few years. This profile, which uses 2015/16 data, shows that the percentage of children that achieve 5 GCSE's or higher was significantly lower than the England average.

The health of people experiencing homelessness is significantly worse than that of the general population and homelessness in early life can impact on life chances and the longer a person experiences homelessness the more likely their health and wellbeing will be at risk. The rate of households becoming unintentionally homeless and considered to be in priority need on the Isle Of Wight is significantly worse than the England average and totalled 166 households in 2016/17. The Homelessness Reduction Act 2017 will widen access to assistance from local housing authorities to all households at risk of homelessness.

The number of violent offences recorded has increased in recent years to a high of 3,675 in 2016/17 and the rate is significantly worse than the rates for England. The Constabulary are leading a piece of work on violent crime to understand the problem and identify solutions working with the community safety partnership

- Health Protection
(No red indicators)

The Local Authority Health Profile shows three outcome indicators under Health Protection; winter deaths, sexually transmitted infections, and tuberculosis. These outcome indicators show that the Isle of Wight is currently in line with similar areas³ and England, however the prevention of infectious disease and environmental impacts on health should be ongoing objectives. Achieving adequate immunisation rates for children, adults over the age of 65 and other 'at risk' groups is a priority for the Isle of Wight and key to reducing infectious disease, and premature death. In common with other countries, more people die in the winter than in the summer in England and Wales. While the rate of excess Winter deaths is in line with the rate for England many of these deaths are preventable. The main causes of these deaths are respiratory, especially flu and pneumonia, and cardiovascular illnesses brought on by the cold. More than a fifth are directly attributable to lower indoor temperatures in homes, and around half of those deaths are due to Fuel Poverty (FP). This means that there are opportunities to prevent excess Winter deaths. Sexually transmitted infection data are a summary of new diagnoses, and the lower rate in 2017 is in line with the downward trend that we have seen every year since 2012. The number of new cases of tuberculosis remains low on the Island between (2014-16). There are robust systems in place for identifying, monitoring and treating any cases of TB.

³ Statistically similar areas to the IoW as defined by CIPFA nearest neighbourhoods 2018

Appendix. 2012 Health and Social Care Act – Public Health mandated services and responsibilities

The mandated services

- Sexual Health
- NHS Health Checks
- National Childhood Measurement Programme
- Health Protection
- Universal health checks - 5 visits for children between the age of 0 and 5 (Healthy Child Programme)
- Public Health Advice to NHS Commissioners
- Dental Health Surveys
- To review air quality under Local Air Quality Management legislation

The Director of public health responsibilities also include

- to exercise of any public health functions of the Secretary of State which the Secretary of State requires the local authority to exercise by regulations under section 6C of the NHS Act;
- any public health activity undertaken by the local authority under arrangements with the Secretary of State;
- local authority functions in relation to planning for, and responding to, emergencies that present a risk to public health;
- the local authority role in co-operating with police, probation and prison services in relation to assessing risks of violent or sexual offenders; and,
- other public health functions that the Secretary of State may specify in regulations (e.g. functions in relation to making representations about the grant of a license to use premises for the supply of alcohol).
- Ensure the grant is used for the provision of Substance misuse services