Public Health England

Public Health Outcomes Framework

Isle of Wight

Introduction

The Public Health Outcomes Framework Healthy lives, healthy people: Improving outcomes and supporting transparency sets out a vision for public health, desired outcomes and the indicators that will help us understand how well public health is being improved and protected. The framework concentrates on two high-level outcomes to be achieved across the public health system, and groups further indicators into four 'domains' that cover the full spectrum of public health. The outcomes reflect a focus not only on how long people live, but on how well they live at all stages of life.

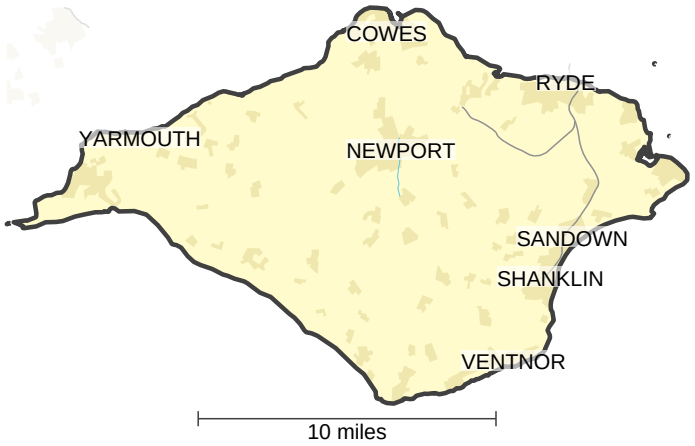
This profile currently presents data for the first set of indicators at England and upper tier local authority levels, collated by Public Health England.

The profile allows you to:

- Compare your local authority against other authorities in the region
- Benchmark your local authority against the England value

Public Health Outcomes Framework baseline data will be revised and corrected in accordance with the general DH statistical policy on revisions and corrections.

Contents



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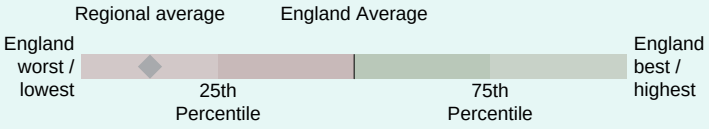
Isle of Wight

Spine Charts

Key
Significance compared to goal / England average:

- Significantly worse
- Not significantly different
- Significantly better
- Significantly lower
- Significantly higher
- Significance not tested



Overarching indicators

	Period	Local value	Eng. value	Eng. worst	Range	Eng. best
0.1i - Healthy life expectancy at birth (Male)	2012 - 14	64.2	63.4	55.0		70.5
0.1i - Healthy life expectancy at birth (Female)	2012 - 14	62.9	64.0	54.4		72.2
0.1ii - Life expectancy at birth (Male)	2012 - 14	79.8	79.5	74.7		83.3
0.1ii - Life expectancy at birth (Female)	2012 - 14	83.5	83.2	79.8		86.7
0.1ii - Life expectancy at 65 (Male)	2012 - 14	19.0	18.8	15.9		21.6
0.1ii - Life expectancy at 65 (Female)	2012 - 14	21.4	21.2	18.8		24.6
0.2i - Slope index of inequality in life expectancy at birth based on national deprivation deciles within England (Male)	2012 - 14		9.2			
0.2i - Slope index of inequality in life expectancy at birth based on national deprivation deciles within England (Female)	2012 - 14		7.0			
0.2ii - Number of upper tier local authorities for which the local slope index of inequality in life expectancy (as defined in 0.2iii) has decreased (Male)	2012 - 14		80			
0.2ii - Number of upper tier local authorities for which the local slope index of inequality in life expectancy (as defined in 0.2iii) has decreased (Female)	2012 - 14		67			
0.2iii - Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area (Male)	2012 - 14	4.9	-	2.5		16.6
0.2iii - Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area (Female)	2012 - 14	2.8	-	1.8		12.2
0.2iv - Gap in life expectancy at birth between each local authority and England as a whole (Male)	2012 - 14	0.3	0.0	-4.8		3.8
0.2iv - Gap in life expectancy at birth between each local authority and England as a whole (Female)	2012 - 14	0.3	0.0	-3.4		3.5
0.2v - Slope index of inequality in healthy life expectancy at birth based on national deprivation deciles within England (Male)	2012 - 14		19.0			
0.2v - Slope index of inequality in healthy life expectancy at birth based on national deprivation deciles within England (Female)	2012 - 14		20.2			
0.2vi - SII in healthy life expectancy based within local authorities, based on deprivation within Middle Super Output Areas (Male)	2009 - 13	10.3	-	24.6		3.8
0.2vi - SII in healthy life expectancy based within local authorities, based on deprivation within Middle Super Output Areas (Female)	2009 - 13	7.5	-	22.1		2.8
0.2vii - Slope index of inequality in life expectancy at birth within English regions, based on regional deprivation deciles within each area (Male)	2012 - 14		-			
0.2vii - Slope index of inequality in life expectancy at birth within English regions, based on regional deprivation deciles within each area (Female)	2012 - 14		-			

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Wider determinants of health

	Period	Local value	Eng. value	Eng. worst	Range	Eng. best
1.01i - Children in low income families (all dependent children under 20)	2013	18.3	18.0	35.5		5.9
1.01ii - Children in low income families (under 16s)	2013	19.2	18.6	34.4		6.1
1.02i - School Readiness: the percentage of children achieving a good level of development at the end of reception (Persons)	2014/15	71.7	66.3	50.7		77.5
1.02i - School Readiness: the percentage of children achieving a good level of development at the end of reception (Male)	2014/15	63.9	58.6	43.7		72.0
1.02i - School Readiness: the percentage of children achieving a good level of development at the end of reception (Female)	2014/15	80.5	74.3	57.5		84.5
1.02i - School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception (Persons)	2014/15	55.7	51.2	37.8		70.8
1.02i - School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception (Male)	2014/15	47.7	42.6	28.9		64.4
1.02i - School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception (Female)	2014/15	65.5	60.3	41.8		78.2
1.02ii - School Readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check (Persons)	2014/15	76.8	76.8	69.5		86.5
1.02ii - School Readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check (Male)	2014/15	72.2	73.0	64.9		84.3
1.02ii - School Readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check (Female)	2014/15	81.4	80.8	73.8		89.1
1.02ii - School Readiness: the percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check (Persons)	2014/15	58.6	64.7	51.0		78.7
1.02ii - School Readiness: the percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check (Male)	2014/15	50.6	59.5	42.9		78.4
1.02ii - School Readiness: the percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check (Female)	2014/15	65.3	70.1	58.1		83.2
1.03 - Pupil absence	2014/15	4.95	4.62	5.79		3.44
1.04 - First time entrants to the youth justice system	2015	402	369	822		127
1.05 - 16-18 year olds not in education employment or training	2015	2.7	4.2	7.9		1.5
1.06i - Adults with a learning disability who live in stable and appropriate accommodation (Persons)	2014/15	70.4	73.3	35.1		94.4
1.06i - Adults with a learning disability who live in stable and appropriate accommodation (Male)	2014/15	73.3	73.2	32.5		100
1.06i - Adults with a learning disability who live in stable and appropriate accommodation (Female)	2014/15	67.6	73.1	7.7		100
1.06ii - Percentage of adults in contact with secondary mental health services who live in stable and appropriate accommodation (Persons)	2014/15	37.6	59.7	10.6		91.6
1.06ii - Percentage of adults in contact with secondary mental health services who live in stable and appropriate accommodation (Male)	2014/15	39.2	58.4	10.4		91.0
1.06ii - Percentage of adults in contact with secondary mental health services who live in stable and appropriate accommodation (Female)	2014/15	38.0	61.3	10.8		94.3
1.07 - People in prison who have a mental illness or a significant mental illness	2013/14		5.55			
1.08i - Gap in the employment rate between those with a long-term health condition and the overall employment rate	2015/16	9.1	8.8	19.0		-0.4
1.08ii - Gap in the employment rate between those with a learning disability and the overall employment rate (Persons)	2014/15	64.6	66.9	79.8		44.0
1.08ii - Gap in the employment rate between those with a learning disability and the overall employment rate (Male)	2014/15	66.7	71.8	84.8		48.2

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Wider determinants of health continued	Period	Local value	Eng. value	Eng. worst	Range	Eng. best
1.08ii - Gap in the employment rate between those with a learning disability and the overall employment rate (Female)	2014/15	63.6	62.3	75.0		34.1
1.08iii - Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate (Persons)	2014/15	- *	66.1	77.5		54.2
1.08iii - Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate (Male)	2014/15	- *	72.6	84.4		59.5
1.08iii - Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate (Female)	2014/15	- *	59.3	71.0		47.9
1.08iv - Percentage of people aged 16-64 in employment (Persons)	2015/16	73.2	73.9	60.4		84.3
1.08iv - Percentage of people aged 16-64 in employment (Male)	2015/16	76.3	79.2	64.6		88.7
1.08iv - Percentage of people aged 16-64 in employment (Female)	2015/16	70.2	68.8	53.6		80.0
1.09i - Sickness absence - the percentage of employees who had at least one day off in the previous week	2011 - 13	2.7	2.4	4.3		0.6
1.09ii - Sickness absence - the percent of working days lost due to sickness absence	2011 - 13	1.8	1.5	2.8		0.3
1.10 - Killed and seriously injured (KSI) casualties on England's roads	2012 - 14	58.8	39.3	76.3		15.5
1.11 - Domestic abuse	2014/15	18.4	20.4	5.5		33.8
1.12i - Violent crime (including sexual violence) - hospital admissions for violence	2012/13 - 14/15	43.6	47.5	143.5		7.5
1.12ii - Violent crime (including sexual violence) - violence offences per 1,000 population	2015/16	24.6	17.2	6.7		36.7
1.12iii- Violent crime (including sexual violence) - rate of sexual offences per 1,000 population	2015/16	2.3	1.7	0.9		3.5
1.13i - Re-offending levels - percentage of offenders who re-offend	2013	27.8	26.4	18.2		35.5
1.13ii - Re-offending levels - average number of re-offences per offender	2013	0.83	0.82	0.47		1.36
1.13iii - First time offenders	2015	185.5	242.4	87.1		480.1
1.14i - The rate of complaints about noise	2014/15	4.1 ^	7.1	72.9		2.2
1.14ii - The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime	2011	3.8	5.2	20.8		0.8
1.14iii - The percentage of the population exposed to road, rail and air transport noise of 55 dB(A) or more during the night-time	2011	4.7	8.0	42.4		1.2
1.15i - Statutory homelessness - Eligible homeless people not in priority need	2015/16	3.6	0.9	8.9		0.1
1.15ii - Statutory homelessness - households in temporary accommodation	2015/16	2.9	3.1	35.0		0.0
1.16 - Utilisation of outdoor space for exercise/health reasons	Mar 2014 - Feb 2015	38.8	17.9	7.2		70.3
1.17 - Fuel poverty	2014	8.9	10.6	15.1		5.8
1.18i - Social Isolation: percentage of adult social care users who have as much social contact as they would like	2015/16	45.5	45.4	35.8		55.1
1.18ii - Social Isolation: percentage of adult carers who have as much social contact as they would like	2014/15	31.4	38.5	18.2		52.6

Health improvement

	Period	Local value	Eng. value	Eng. worst	Range	Eng. best
2.01 - Low birth weight of term babies	2014	2.1	2.9	5.8		1.6
2.02i - Breastfeeding - breastfeeding initiation	2014/15	- x	74.3	47.2		92.9

Note: * - Disclosure control applied, ^ - Value estimated, x - Value Missing

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Health improvement continued	Period	Local value	Eng. value	Eng. worst	Range	Eng. best
2.02ii - Breastfeeding - breastfeeding prevalence at 6-8 weeks after birth - current method	2015/16	47.4	43.2	18.0		76.5
2.02ii - Breastfeeding - breastfeeding prevalence at 6-8 weeks after birth - historical method	2014/15	45.8	43.8	19.1		81.5
2.03 - Smoking status at time of delivery	2015/16	13.0	10.6	26.0		1.8
2.04 - Under 18 conceptions	2014	23.2	22.8	42.4		8.4
2.04 - Under 18 conceptions: conceptions in those aged under 16	2014	4.0	4.4	11.9		0.7
2.05ii - Proportion of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review	2015/16	97.8	81.3	19.0		100
2.06i - Child excess weight in 4-5 and 10-11 year olds - 4-5 year olds	2014/15	23.8	21.9	27.4		14.9
2.06ii - Child excess weight in 4-5 and 10-11 year olds - 10-11 year olds	2014/15	33.4	33.2	43.2		21.5
2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	2014/15	169.5	109.6	199.7		61.3
2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	2014/15	292.4	137.5	292.4		45.0
2.07ii - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	2014/15	133.7	131.7	287.1		67.1
2.08i - Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31st March	2014/15	13.4	13.9	18.0		8.7
2.08ii - Percentage of children where there is a cause for concern	2014/15	32.0	37.0	56.0		19.0
2.09i - Smoking prevalence at age 15 - current smokers (WAY survey)	2014/15	11.2	8.2	14.9		3.4
2.09ii - Smoking prevalence at age 15 - regular smokers (WAY survey)	2014/15	6.9	5.5	11.1		1.3
2.09iii - Smoking prevalence at age 15 - occasional smokers (WAY survey)	2014/15	4.3	2.7	7.6		0.6
2.09iv - Smoking prevalence at age 15 years - regular smokers (SDD survey)	2014		8			
2.09v - Smoking prevalence at age 15 years - occasional smokers (SDD survey)	2014		5			
2.10ii - Emergency Hospital Admissions for Intentional Self-Harm	2014/15	203.9	191.4	629.9		58.9
2.11i - Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)	2015	60.8	52.3	36.5		62.8
2.11ii - Average number of portions of fruit consumed daily (adults)	2015	2.60	2.51	2.11		2.93
2.11iii - Average number of portions of vegetables consumed daily (adults)	2015	2.43	2.27	1.70		2.60
2.11iv – Proportion of the population meeting the recommended “5-a-day” at age 15	2014/15	46.8	52.4	39.9		67.6
2.11v – Average number of portions of fruit consumed daily at age 15 (WAY survey)	2014/15	2.13	2.39	2.01		3.26
2.11vi – Average number of portions of vegetables consumed daily at age 15 (WAY survey)	2014/15	2.19	2.40	1.86		2.92
2.12 - Excess weight in Adults	2013 - 15	67.4	64.8	76.2		46.5
2.13i - Percentage of physically active and inactive adults - active adults	2015	55.9	57.0	44.8		69.8
2.13ii - Percentage of physically active and inactive adults - inactive adults	2015	28.3	28.7	43.7		17.5
2.14 - Smoking Prevalence in adults - current smokers (APS)	2015	16.4	16.9	26.8		9.5
2.14 - Smoking Prevalence in adult in routine and manual occupations - current smokers (APS)	2015	25.5	26.5	36.3		15.8
2.15i - Successful completion of drug treatment - opiate users	2015	6.7	6.7	2.5		17.8
2.15ii - Successful completion of drug treatment - non-opiate users	2015	30.2	37.3	19.0		61.8
2.15iii - Successful completion of alcohol treatment	2015	57.8	38.4	16.8		64.9
2.15iv - Deaths from drug misuse	2013 - 15	6.5	3.9	19.0		1.4

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Health improvement continued	Period	Local value	Eng. value	Eng. worst	Range	Eng. best
2.16 - Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison	2015/16	- *	30.3	0.0		71.6
2.17 - Recorded diabetes	2014/15	6.6	6.4	3.7		8.9
2.18 - Admission episodes for alcohol-related conditions - narrow definition (Persons)	2014/15	487	641	1223		379
2.18 - Admission episodes for alcohol-related conditions - narrow definition (Male)	2014/15	656	827	1544		494
2.18 - Admission episodes for alcohol-related conditions - narrow definition (Female)	2014/15	335	474	920		275
2.19 - Cancer diagnosed at early stage (experimental statistics)	2014	54.7	50.7	36.3		59.7
2.20i - Cancer screening coverage - breast cancer	2015	79.6	75.4	56.3		84.5
2.20ii - Cancer screening coverage - cervical cancer	2015	74.5	73.5	56.5		79.6
2.20iii - Cancer screening coverage - bowel cancer	2015	60.3	57.1	37.3		66.0
2.20iv – Abdominal Aortic Aneurysm Screening – Coverage	2014/15	82.1	79.4	59.0		87.3
2.20v – Diabetic eye screening - uptake	2014/15		82.9			
2.20vii - Infectious Diseases in Pregnancy Screening – HIV Coverage	2014/15		98.9			
2.20viii - Infectious Diseases in Pregnancy Screening – Syphilis Coverage	2014		97.4			
2.20ix - Infectious Diseases in Pregnancy Screening – Hepatitis B Coverage	2014		97.4			
2.20x - Sickle Cell and Thalassaemia Screening – Coverage	2014/15		98.9			
2.20xi - Newborn Blood Spot Screening – Coverage	2014/15	97.0	95.8	79.1		99.8
2.20xii Newborn Hearing Screening – Coverage	2014/15	99.4	98.5	93.5		100
2.20xiii - Newborn and Infant Physical Examination Screening – Coverage	2014/15		93.3			
2.22iii - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check	2013/14 - 15/16	58.2	56.4	17.0		100
2.22iv - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	2013/14 - 15/16	39.6	48.6	19.7		100.0
2.22v - Cumulative percentage of the eligible population aged 40-74 who received an NHS Health check	2013/14 - 15/16	23.1	27.4	11.0		55.7
2.23i - Self-reported wellbeing - people with a low satisfaction score	2014/15	5.2	4.8	8.7		2.8
2.23ii - Self-reported wellbeing - people with a low worthwhile score	2014/15	3.7	3.8	8.2		2.4
2.23iii - Self-reported wellbeing - people with a low happiness score	2014/15	8.1	9.0	15.5		5.3
2.23iv - Self-reported wellbeing - people with a high anxiety score	2014/15	17.8	19.4	26.4		10.3
2.24i - Injuries due to falls in people aged 65 and over (Persons)	2014/15	1466	2125	3462		1392
2.24i - Injuries due to falls in people aged 65 and over (Male)	2014/15	1306	1740	3046		1063
2.24i - Injuries due to falls in people aged 65 and over (Female)	2014/15	1626	2509	3903		1626
2.24ii - Injuries due to falls in people aged 65 and over - aged 65-79 (Persons)	2014/15	737	1012	1923		643
2.24ii - Injuries due to falls in people aged 65 and over - aged 65-79 (Male)	2014/15	572	826	1754		437
2.24ii - Injuries due to falls in people aged 65 and over - aged 65-79 (Female)	2014/15	901	1198	2092		753
2.24iii - Injuries due to falls in people aged 65 and over - aged 80+ (Persons)	2014/15	3579	5351	8611		3292
2.24iii - Injuries due to falls in people aged 65 and over - aged 80+ (Male)	2014/15	3433	4391	7459		2723
2.24iii - Injuries due to falls in people aged 65 and over - aged 80+ (Female)	2014/15	3726	6312	10519		3726

Note: * - Disclosure control applied

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Health protection

	Period	Local value	Eng. value	Eng. worst	Range	Eng. best
3.01 - Fraction of mortality attributable to particulate air pollution	2014	4.0	5.1	7.8		3.4
3.02 - Chlamydia detection rate (15-24 year olds) < 1900 1900 to 2300 ≥ 2300	2015	1525	1887	1054		5434
3.02 - Chlamydia detection rate (15-24 year olds) (Male)	2015	1015	1276	224		4205
3.02 - Chlamydia detection rate (15-24 year olds) (Female)	2015	2090	2492	1414		6586
3.03i - Population vaccination coverage - Hepatitis B (1 year old)	2014/15	- ^	-	0.0		100
3.03i - Population vaccination coverage - Hepatitis B (2 years old)	2014/15	- ^	-	0.0		100
3.03iii - Population vaccination coverage - Dtap / IPV / Hib (1 year old) < 90 90 to 95 ≥ 95	2014/15	92.4 ^	94.2	75.1		98.8
3.03iii - Population vaccination coverage - Dtap / IPV / Hib (2 years old) < 90 90 to 95 ≥ 95	2014/15	94.8 ^	95.7	79.2		99.2
3.03iv - Population vaccination coverage - MenC < 90 90 to 95 ≥ 95	2012/13	94.8	93.9	75.9		98.8
3.03v - Population vaccination coverage - PCV < 90 90 to 95 ≥ 95	2014/15	93.1 ^	93.9	78.7		98.6
3.03vi - Population vaccination coverage - Hib / MenC booster (2 years old) < 90 90 to 95 ≥ 95	2014/15	92.7 ^	92.1	72.1		98.0
3.03vi - Population vaccination coverage - Hib / Men C booster (5 years old) < 90 90 to 95 ≥ 95	2014/15	92.9 ^	92.4	72.7		97.8
3.03vii - Population vaccination coverage - PCV booster < 90 90 to 95 ≥ 95	2014/15	88.2 ^	92.2	71.0		98.3
3.03viii - Population vaccination coverage - MMR for one dose (2 years old) < 90 90 to 95 ≥ 95	2014/15	92.7 ^	92.3	73.8		98.1
3.03ix - Population vaccination coverage - MMR for one dose (5 years old) < 90 90 to 95 ≥ 95	2014/15	96.6 ^	94.4	75.6		98.6
3.03x - Population vaccination coverage - MMR for two doses (5 years old) < 90 90 to 95 ≥ 95	2014/15	89.0 ^	88.6	64.0		97.5
3.03xii - Population vaccination coverage – HPV vaccination coverage for one dose (females 12-13 years old) < 80 80 to 90 ≥ 90	2014/15	99.5	89.4	67.6		99.5
3.03xiii - Population vaccination coverage - PPV < 65 65 to 75 ≥ 75	2015/16	70.7	70.1	50.2		100
3.03xiv - Population vaccination coverage - Flu (aged 65+) < 75 ≥ 75	2015/16	68.3	71.0	57.4		77.4
3.03xv - Population vaccination coverage - Flu (at risk individuals) < 55 ≥ 55	2015/16	44.9	45.1	28.8		56.5
3.03xvii - Population vaccination coverage - Shingles vaccination coverage (70 years old) < 50 50 to 60 ≥ 60	2014/15	61.8 ^	59.0	24.8		68.0
3.03xviii - Population vaccination coverage - Flu (2-4 years old) < 40 40 to 65 ≥ 65	2015/16	30.9	34.4	13.4		49.1
3.04 - HIV late diagnosis < 25 25 to 50 ≥ 50	2013 - 15	- *	40.3	75.0		12.5
3.05i - Treatment completion for TB < 50th-percentile of UTLAs ≥50th to <90th ≥90th	2014	-	84.4	57.1		100
3.05ii - Incidence of TB < 10th-percentile of UTLAs ≥10th to <50th ≥50th	2013 - 15	1.2	12.0	85.6		1.2
3.06 - NHS organisations with a board approved sustainable development management plan	2014/15	100	56.5	0.0		100

Note: * - Disclosure control applied, ^ - Value estimated

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Healthcare and premature mortality

	Period	Local value	Eng. value	Eng. worst	Range	Eng. best
4.01 - Infant mortality	2013 - 15	3.1	3.9	7.9		2.0
4.02 - Proportion of five year old children free from dental decay	2014/15	73.6	75.2	43.9		85.9
4.03 - Mortality rate from causes considered preventable (Persons)	2013 - 15	167.7	184.5	320.5		130.5
4.03 - Mortality rate from causes considered preventable (Male)	2013 - 15	220.2	232.5	409.4		153.5
4.03 - Mortality rate from causes considered preventable (Female)	2013 - 15	117.9	139.6	239.7		101.1
4.04i - Under 75 mortality rate from all cardiovascular diseases (Persons)	2013 - 15	73.0	74.6	137.6		45.4
4.04i - Under 75 mortality rate from all cardiovascular diseases (Male)	2013 - 15	109.8	104.7	184.9		68.4
4.04i - Under 75 mortality rate from all cardiovascular diseases (Female)	2013 - 15	38.3	46.2	93.2		22.1
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (Persons)	2013 - 15	44.4	48.1	89.5		27.2
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (Male)	2013 - 15	72.7	72.5	132.0		44.6
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (Female)	2013 - 15	17.7	25.0	49.2		13.6
4.05i - Under 75 mortality rate from cancer (Persons)	2013 - 15	136.5	138.8	194.8		105.8
4.05i - Under 75 mortality rate from cancer (Male)	2013 - 15	153.3	154.8	218.7		99.5
4.05i - Under 75 mortality rate from cancer (Female)	2013 - 15	120.6	123.9	172.6		90.0
4.05ii - Under 75 mortality rate from cancer considered preventable (Persons)	2013 - 15	77.5	81.1	129.3		59.6
4.05ii - Under 75 mortality rate from cancer considered preventable (Male)	2013 - 15	84.0	88.4	143.3		63.6
4.05ii - Under 75 mortality rate from cancer considered preventable (Female)	2013 - 15	71.3	74.5	120.5		53.2
4.06i - Under 75 mortality rate from liver disease (Persons)	2013 - 15	16.5	18.0	44.4		10.0
4.06i - Under 75 mortality rate from liver disease (Male)	2013 - 15	21.1	23.7	59.1		12.8
4.06i - Under 75 mortality rate from liver disease (Female)	2013 - 15	12.3	12.5	29.7		6.6
4.06ii - Under 75 mortality rate from liver disease considered preventable (Persons)	2013 - 15	14.2	15.9	40.8		9.0
4.06ii - Under 75 mortality rate from liver disease considered preventable (Male)	2013 - 15	18.8	21.4	54.7		11.8
4.06ii - Under 75 mortality rate from liver disease considered preventable (Female)	2013 - 15	- x	10.6	27.1		5.6
4.07i - Under 75 mortality rate from respiratory disease (Persons)	2013 - 15	25.2	33.1	68.3		16.5
4.07i - Under 75 mortality rate from respiratory disease (Male)	2013 - 15	31.6	38.5	80.2		20.5
4.07i - Under 75 mortality rate from respiratory disease (Female)	2013 - 15	19.2	28.0	60.6		14.3
4.07ii - Under 75 mortality rate from respiratory disease considered preventable (Persons)	2013 - 15	13.8	18.1	45.9		7.5
4.07ii - Under 75 mortality rate from respiratory disease considered preventable (Male)	2013 - 15	17.1	20.3	51.0		8.0
4.07ii - Under 75 mortality rate from respiratory disease considered preventable (Female)	2013 - 15	10.7	16.1	41.7		7.9
4.08 - Mortality rate from a range of specified communicable diseases, including influenza (Persons)	2013 - 15	7.5	10.5	23.7		6.1
4.08 - Mortality rate from a range of specified communicable diseases, including influenza (Male)	2013 - 15	- x	11.5	24.2		6.8
4.08 - Mortality rate from a range of specified communicable diseases, including influenza (Female)	2013 - 15	- x	9.6	24.2		5.2
4.09i - Excess under 75 mortality rate in adults with serious mental illness	2013/14	135.4	351.8	587.7		135.4
4.09ii - Proportion of adults in the population in contact with secondary mental health services	2013/14	14.4	5.3	14.6		2.4

Note: x - Value Missing

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Healthcare and premature mortality continued	Period	Local value	Eng. value	Eng. worst	Range	Eng. best
4.10 - Suicide rate (Persons)	2013 - 15	13.4	10.1	17.4		5.6
4.10 - Suicide rate (Male)	2013 - 15	23.2	15.8	27.5		8.5
4.10 - Suicide rate (Female)	2013 - 15	- x	4.7	8.5		2.6
4.11 - Emergency readmissions within 30 days of discharge from hospital (Persons)	2011/12	9.5	11.8	14.5		8.8
4.11 - Emergency readmissions within 30 days of discharge from hospital (Male)	2011/12	10.1	12.1	14.9		8.7
4.11 - Emergency readmissions within 30 days of discharge from hospital (Female)	2011/12	9.0	11.5	14.7		8.3
4.12i - Preventable sight loss - age related macular degeneration (AMD)	2014/15	123.9	118.1	402.1		23.1
4.12ii - Preventable sight loss - glaucoma	2014/15	10.7	12.8	30.3		3.6
4.12iii - Preventable sight loss - diabetic eye disease	2014/15	4.9	3.2	19.6		0.0
4.12iv - Preventable sight loss - sight loss certifications	2014/15	58.9	42.4	99.2		6.4
4.13 - Health related quality of life for older people	2013/14	0.735	0.727	0.628		0.788
4.14i - Hip fractures in people aged 65 and over (Persons)	2014/15	532	571	743		379
4.14i - Hip fractures in people aged 65 and over (Male)	2014/15	416	425	673		257
4.14i - Hip fractures in people aged 65 and over (Female)	2014/15	647	718	977		445
4.14ii - Hip fractures in people aged 65 and over - aged 65-79 (Persons)	2014/15	253	239	362		163
4.14ii - Hip fractures in people aged 65 and over - aged 65-79 (Male)	2014/15	174	167	363		84
4.14ii - Hip fractures in people aged 65 and over - aged 65-79 (Female)	2014/15	332	312	461		170
4.14iii - Hip fractures in people aged 65 and over - aged 80+ (Persons)	2014/15	1340	1535	2036		983
4.14iii - Hip fractures in people aged 65 and over - aged 80+ (Male)	2014/15	1118	1174	1815		606
4.14iii - Hip fractures in people aged 65 and over - aged 80+ (Female)	2014/15	1562	1895	2597		1284
4.15i - Excess winter deaths index (single year, all ages) (Persons)	Aug 2014 - Jul 2015	24.4	27.7	50.7		10.0
4.15i - Excess winter deaths index (single year, all ages) (Male)	Aug 2014 - Jul 2015	15.3	23.6	51.0		-2.7
4.15i - Excess winter deaths index (single year, all ages) (Female)	Aug 2014 - Jul 2015	33.5	31.6	62.6		3.1
4.15ii - Excess winter deaths index (single year, age 85+) (Persons)	Aug 2014 - Jul 2015	32.0	40.1	72.6		11.5
4.15ii - Excess winter deaths index (single year, age 85+) (Male)	Aug 2014 - Jul 2015	31.8	36.3	98.1		-5.7
4.15ii - Excess winter deaths index (single year, age 85+) (Female)	Aug 2014 - Jul 2015	32.1	42.4	77.0		3.8
4.15iii - Excess winter deaths index (3 years, all ages) (Persons)	Aug 2012 - Jul 2015	19.1	19.6	33.0		10.2
4.15iii - Excess winter deaths index (3 years, all ages) (Male)	Aug 2012 - Jul 2015	18.4	16.6	33.2		0.6
4.15iii - Excess winter deaths index (3 years, all ages) (Female)	Aug 2012 - Jul 2015	19.7	22.4	39.3		8.0
4.15iv - Excess winter deaths index (3 years, age 85+) (Persons)	Aug 2012 - Jul 2015	26.3	28.2	49.0		11.2
4.15iv - Excess winter deaths index (3 years, age 85+) (Male)	Aug 2012 - Jul 2015	25.9	26.5	61.1		-7.1
4.15iv - Excess winter deaths index (3 years, age 85+) (Female)	Aug 2012 - Jul 2015	26.5	29.2	54.1		9.1
4.16 - Estimated diagnosis rate for people with dementia	2013/14	-	52.5			

Note: x - Value Missing

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Isle of Wight

Supporting information

	Period	Local value	Eng. value	Eng. worst	Range	Eng. best
Supporting Information - Deprivation score (IMD 2010)	2010	20.7	21.7	43.4		5.4
Supporting information - Deprivation score (IMD 2015)	2015	23.1	21.8	42.0		5.7
Supporting information - % population aged	2015	18.2	21.3	17.6		29.9
Supporting information - % population aged 65+	2015	26.6	17.7	6.0		28.0
Supporting information - % population from Black and Minority Ethnic (BME) groups	2011	2.7	14.6	1.5		71.0

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Tartan Rugs

Overarching indicators

Indicator		Period	England	Bracknell F	Brig & Hov	Bucks	East Sussex	Hants	IoW	Kent	Medway	Milt Keynes	Oxon	Portsmouth	Reading	Slough	Southampton	Surrey	W Berks	W Sussex	Win & Maid	Wokingham
0.1i	Healthy life expectancy at birth (Male)	2012 - 14	63.4	68.3	62.6	69.5	62.5	67.4	**64.2**	63.7	62.6	64.0	68.0	62.3	66.2	60.4	61.6	67.4	69.0	66.1	69.4	70.5
0.1i	Healthy life expectancy at birth (Female)	2012 - 14	64.0	67.1	63.1	67.8	65.5	67.3	**62.9**	65.0	61.1	65.8	66.6	63.0	64.6	58.6	63.7	68.9	69.6	68.6	70.3	70.7
0.1ii	Life expectancy at birth (Male)	2012 - 14	79.5	81.4	79.0	81.4	80.3	81.1	**79.8**	80.1	78.7	79.1	81.0	78.2	78.5	78.6	78.2	81.7	81.0	80.6	80.8	81.8
0.1ii	Life expectancy at birth (Female)	2012 - 14	83.2	85.0	83.5	85.0	84.1	84.3	**83.5**	83.6	82.2	82.6	84.1	82.2	82.9	82.9	83.1	84.6	84.3	84.2	84.8	84.7
0.1ii	Life expectancy at 65 (Male)	2012 - 14	18.8	19.3	18.7	19.9	19.4	19.7	**19.0**	19.0	18.1	18.2	19.5	17.8	18.2	18.1	17.7	20.0	19.6	19.4	19.4	19.7
0.1ii	Life expectancy at 65 (Female)	2012 - 14	21.2	22.4	21.6	22.6	22.1	22.0	**21.4**	21.4	20.3	20.7	21.7	20.4	21.0	21.0	21.2	22.0	22.1	22.0	22.3	21.9
0.2i	Slope index of inequality in life expectancy at birth based on national deprivation deciles within England (Male)	2012 - 14	9.2																			
0.2i	Slope index of inequality in life expectancy at birth based on national deprivation deciles within England (Female)	2012 - 14	7.0																			
0.2ii	Number of upper tier local authorities for which the local slope index of inequality in life expectancy (as defined in 0.2iii) has decreased (Male)	2012 - 14	80																			
0.2ii	Number of upper tier local authorities for which the local slope index of inequality in life expectancy (as defined in 0.2iii) has decreased (Female)	2012 - 14	67																			
0.2iii	Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area (Male)	2012 - 14	-	6.2	9.6	6.9	7.3	6.5	**4.9**	7.4	6.3	6.5	6.1	9.1	9.1	4.3	8.0	6.4	5.6	7.1	6.0	4.0
0.2iii	Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area (Female)	2012 - 14	-	1.8	6.7	5.1	6.7	5.1	**2.8**	4.4	4.3	6.3	3.0	5.7	6.6	3.8	4.7	5.0	6.3	6.6	5.5	6.2
0.2iv	Gap in life expectancy at birth between each local authority and England as a whole (Male)	2012 - 14	0.0	1.9	-0.5	1.9	0.8	1.6	**0.3**	0.6	-0.8	-0.4	1.5	-1.3	-1.0	-0.9	-1.3	2.2	1.5	1.1	1.3	2.3

Comparison with respect to England value / goal: Lower | Similar | Higher | Better | Similar | Worse | Not compared

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Isle of Wight

Overarching indicators continued

Indicator		Period	England	Bracknell F	Brig & Hov	Bucks	East Sussex	Hants	IoW	Kent	Medway	Milt Keynes	Oxon	Portsmouth	Reading	Slough	Southampton	Surrey	W Berks	W Sussex	Win & Maid	Wokingham
0.2iv	Gap in life expectancy at birth between each local authority and England as a whole (Female)	2012 - 14	0.0	1.8	0.3	1.8	0.9	1.1	**0.3**	0.4	-1.0	-0.6	0.9	-1.0	-0.3	-0.3	-0.1	1.4	1.1	1.0	1.6	1.5
0.2v	Slope index of inequality in healthy life expectancy at birth based on national deprivation deciles within England (Male)	2012 - 14	19.0																			
0.2v	Slope index of inequality in healthy life expectancy at birth based on national deprivation deciles within England (Female)	2012 - 14	20.2																			
0.2vi	SII in healthy life expectancy based within local authorities, based on deprivation within Middle Super Output Areas (Male)	2009 - 13	-	10.0	14.0	11.7	13.3	11.3	**10.3**	13.6	11.6	11.5	9.3	15.1	12.8	7.4	12.1	8.3	6.8	12.3	6.7	7.1
0.2vi	SII in healthy life expectancy based within local authorities, based on deprivation within Middle Super Output Areas (Female)	2009 - 13	-	7.8	12.5	11.9	13.1	10.5	**7.5**	12.5	11.7	11.6	8.8	14.2	13.5	8.6	11.0	8.4	6.5	11.6	5.3	7.1
0.2vii	Slope index of inequality in life expectancy at birth within English regions, based on regional deprivation deciles within each area (Male)	2012 - 14	-																			
0.2vii	Slope index of inequality in life expectancy at birth within English regions, based on regional deprivation deciles within each area (Female)	2012 - 14	-																			

Wider determinants of health

1.01i	Children in low income families (all dependent children under 20)	2013	18.0	10.0	16.8	9.2	15.8	10.4	**18.3**	16.5	19.7	16.8	10.7	21.4	17.8	18.1	21.9	9.0	9.2	11.5	8.3	5.9
1.01ii	Children in low income families (under 16s)	2013	18.6	10.5	17.0	9.6	16.5	11.0	**19.2**	17.3	20.8	17.6	11.1	22.5	18.4	18.4	22.7	9.4	9.5	12.1	8.6	6.1
1.02i	School Readiness: the percentage of children achieving a good level of development at the end of reception (Persons)	2014/15	66.3	73.2	64.7	68.4	74.3	72.6	**71.7**	72.9	70.7	67.0	66.2	68.6	67.1	64.9	66.1	72.6	71.0	63.5	73.9	70.0
1.02i	School Readiness: the percentage of children achieving a good level of development at the end of reception (Male)	2014/15	58.6	65.3	56.5	61.8	66.6	65.7	**63.9**	65.5	62.2	58.2	58.4	60.1	59.7	56.6	59.2	65.1	63.1	55.0	67.7	63.0

Comparison with respect to England value / goal: Lower | Similar | Higher | Better | Similar | Worse | Not compared

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Wider determinants of health continued

Indicator		Period	England	Bracknell F	Brig & Hov	Bucks	East Sussex	Hants	IoW	Kent	Medway	Milt Keynes	Oxon	Portsmouth	Reading	Slough	Southampton	Surrey	W Berks	W Sussex	Win & Maid	Wokingham
1.02i	School Readiness: the percentage of children achieving a good level of development at the end of reception (Female)	2014/15	74.3	81.5	73.1	75.3	82.3	79.9	**80.5**	80.5	79.8	76.1	74.6	77.5	74.2	72.8	73.8	80.1	79.4	72.9	80.4	77.5
1.02i	School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception (Persons)	2014/15	51.2	53.5	52.6	46.8	57.9	49.2	**55.7**	58.8	57.0	51.5	45.2	56.5	53.1	58.2	54.0	51.4	45.1	43.8	55.9	50.5
1.02i	School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception (Male)	2014/15	42.6	41.5	40.2	36.5	47.8	40.1	**47.7**	51.1	47.1	44.6	37.2	48.0	46.1	51.8	45.9	40.6	31.3	35.6	54.5	38.0
1.02i	School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception (Female)	2014/15	60.3	66.1	63.9	56.7	68.1	59.1	**65.5**	66.3	67.2	57.6	54.7	66.5	60.1	63.3	64.2	62.0	60.3	53.5	57.8	62.7
1.02ii	School Readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check (Persons)	2014/15	76.8	78.7	75.2	77.4	76.0	77.8	**76.8**	78.1	74.7	76.7	76.2	73.9	74.5	77.6	77.9	78.2	76.5	72.7	80.3	73.9
1.02ii	School Readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check (Male)	2014/15	73.0	75.2	71.2	74.4	72.1	73.6	**72.2**	74.3	71.5	73.2	73.2	69.8	70.1	74.2	74.7	75.0	74.6	67.4	78.9	71.0
1.02ii	School Readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check (Female)	2014/15	80.8	82.3	79.4	80.6	80.3	82.2	**81.4**	82.1	78.0	80.2	79.5	78.4	79.3	81.1	81.3	81.7	78.7	78.3	81.7	76.9
1.02ii	School Readiness: the percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check (Persons)	2014/15	64.7	56.8	61.5	57.0	60.2	60.6	**58.6**	63.3	64.3	67.0	54.3	62.7	65.8	68.0	66.4	58.7	55.4	55.1	60.0	52.7
1.02ii	School Readiness: the percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check (Male)	2014/15	59.5	55.4	58.4	52.3	53.0	54.6	**50.6**	58.1	60.9	61.1	50.8	57.9	58.6	61.2	63.7	54.6	50.7	49.1	60.4	42.9
1.02ii	School Readiness: the percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check (Female)	2014/15	70.1	58.3	65.1	61.6	67.1	67.1	**65.3**	68.7	67.6	72.2	58.1	68.8	73.5	73.5	69.2	63.3	61.8	61.4	59.6	60.7
1.03	Pupil absence	2014/15	4.62	3.89	4.92	4.55	5.10	4.40	**4.95**	4.86	4.83	4.60	4.59	5.34	4.43	4.28	5.17	4.31	4.04	4.49	4.24	4.06
1.04	First time entrants to the youth justice system	2015	369	231	260	255	320	309	**402**	288	275	411	293	318	489	495	491	127	276	365	236	264

C - 13

Comparison with respect to England value / goal: Lower | Similar | Higher | Better | Similar | Worse | Not compared

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Isle of Wight

Wider determinants of health continued

Indicator		Period	England	Bracknell F	Brig & Hov	Bucks	East Sussex	Hants	IoW	Kent	Medway	Milt Keynes	Oxon	Portsmouth	Reading	Slough	Southampton	Surrey	W Berks	W Sussex	Win & Maid	Wokingham
1.05	16-18 year olds not in education employment or training	2015	4.2	3.3	4.8	2.7	4.8	3.0	**2.7**	5.0	7.4	3.8 $	4.1 $	5.5	4.6	4.1	4.7	1.6	2.9	3.9 $	5.4 $	1.9
1.06i	Adults with a learning disability who live in stable and appropriate accommodation (Persons)	2014/15	73.3	88.5	79.3	62.9	69.1	66.5	**70.4**	72.4	61.8	82.2	82.4	78.5	68.3	65.2	75.7	64.2	75.7	40.5	85.7	73.6
1.06i	Adults with a learning disability who live in stable and appropriate accommodation (Male)	2014/15	73.2	87.5	80.5	57.7	67.5	95.2	**73.3**	71.3	63.9	78.6	83.2	84.6	69.8	77.4	74.2	64.9	78.0	41.3	61.1	72.2
1.06i	Adults with a learning disability who live in stable and appropriate accommodation (Female)	2014/15	73.1	95.0	77.6	69.1	70.9	46.5	**67.6**	73.9	58.5	86.7	81.5	70.7	75.8	77.8	80.0	63.3	75.0	46.7	62.5	73.5
1.06ii	Percentage of adults in contact with secondary mental health services who live in stable and appropriate accommodation (Persons)	2014/15	59.7	74.9	44.7	62.7	24.8	32.7	**37.6**	75.3	77.2	60.1	54.5	69.6	80.7	86.9	18.0	45.3	74.7	45.2	82.6	89.8
1.06ii	Percentage of adults in contact with secondary mental health services who live in stable and appropriate accommodation (Male)	2014/15	58.4	62.5	43.6	60.1	25.3	32.1	**39.2**	74.6	77.4	61.1	55.1	68.6	76.6	85.6	15.1	44.5	69.0	45.7	79.7	85.6
1.06ii	Percentage of adults in contact with secondary mental health services who live in stable and appropriate accommodation (Female)	2014/15	61.3	89.2	45.9	65.1	24.4	33.5	**38.0**	76.2	77.0	58.9	53.8	71.1	86.2	88.9	21.8	46.1	86.4	44.7	86.3	94.3
1.07	People in prison who have a mental illness or a significant mental illness	2013/14	5.55																			
1.08i	Gap in the employment rate between those with a long-term health condition and the overall employment rate	2015/16	8.8	0.9	13.3	6.7	8.1	6.6	**9.1**	7.5	7.3	6.8	2.5	9.2	5.3	11.2	6.4	2.0	4.4	11.6	4.5	-0.4
1.08ii	Gap in the employment rate between those with a learning disability and the overall employment rate (Persons)	2014/15	66.9	60.7	62.3	72.8	65.2	75.7	**64.6**	65.0	68.4	63.1	68.7	61.9	68.4	65.2	65.0	68.7	79.8	75.8	51.4	66.4
1.08ii	Gap in the employment rate between those with a learning disability and the overall employment rate (Male)	2014/15	71.8	68.7	65.0	77.5	68.9	82.0	**66.7**	69.7	72.1	68.7	73.0	66.6	72.3	70.9	65.4	74.3	84.8	79.3	63.4	73.0
1.08ii	Gap in the employment rate between those with a learning disability and the overall employment rate (Female)	2014/15	62.3	51.6	59.9	68.4	62.1	69.9	**63.6**	61.0	65.0	57.1	64.8	56.9	63.8	57.8	65.1	63.5	75.0	72.2	55.8	59.7
1.08iii	Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate (Persons)	2014/15	66.1	66.9	69.0	68.7	69.3	75.3	**- ***	68.3	64.4	67.9	67.8	65.1	64.0	64.9	69.9	68.3	74.9	71.2	71.3	65.0
1.08iii	Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate (Male)	2014/15	72.6	74.8	73.3	75.9	74.9	82.1	**- ***	74.2	68.4	71.8	75.1	71.2	68.9	75.3	72.3	75.0	81.6	75.4	76.7	77.5

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Wider determinants of health continued

Indicator		Period	England	Bracknell F	Brig & Hov	Bucks	East Sussex	Hants	IoW	Kent	Medway	Milt Keynes	Oxon	Portsmouth	Reading	Slough	Southampton	Surrey	W Berks	W Sussex	Win & Maid	Wokingham
1.08iii	Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate (Female)	2014/15	59.3	59.1	64.6	61.7	63.9	68.6	**- ***	62.5	60.3	63.9	60.2	58.1	59.0	54.1	67.3	61.8	66.7	67.2	66.3	52.3
1.08iv	Percentage of people aged 16-64 in employment (Persons)	2015/16	73.9	84.3	71.6	79.8	73.8	79.7	**73.2**	74.7	71.0	76.2	79.5	71.7	74.8	74.6	75.8	78.9	82.9	79.2	79.6	78.2
1.08iv	Percentage of people aged 16-64 in employment (Male)	2015/16	79.2	88.7	71.7	86.5	78.6	83.9	**76.3**	81.3	77.0	80.4	84.0	75.0	78.4	84.7	78.7	84.5	87.5	82.6	83.4	85.0
1.08iv	Percentage of people aged 16-64 in employment (Female)	2015/16	68.8	80.0	71.5	73.2	69.2	75.7	**70.2**	68.3	64.9	72.0	75.0	68.2	71.1	64.5	72.8	73.4	78.3	75.9	75.8	71.5
1.09i	Sickness absence - the percentage of employees who had at least one day off in the previous week	2011 - 13	2.4	3.2	1.7	1.9	2.4	2.6	**2.7**	2.9	2.4	3.2	2.9	2.2	2.3	2.5	2.7	1.6	1.9	2.8	1.5	2.0
1.09ii	Sickness absence - the percent of working days lost due to sickness absence	2011 - 13	1.5	1.8	0.9	0.8	1.4	1.6	**1.8**	1.7	1.7	1.3	1.8	1.5	1.5	1.6	1.7	1.0	1.5	1.5	0.8	1.1
1.10	Killed and seriously injured (KSI) casualties on England's roads	2012 - 14	39.3	23.7	55.5	43.6	64.5	53.9	**58.8**	39.6	20.2	38.1	50.6	54.0	28.3	33.1	49.1	55.2	43.3	54.4	39.6	29.6
1.11	Domestic abuse	2014/15	20.4	22.7	17.1	22.7	17.1	18.4	**18.4**	19.8	19.8	22.7	22.7	18.4	22.7	22.7	18.4	15.5	22.7	17.1	22.7	22.7
1.12i	Violent crime (including sexual violence) - hospital admissions for violence	2012/13 - 14/15	47.5	20.7	43.6	20.3	31.0	28.7	**43.6**	31.4	28.3	34.6	14.1	40.8	21.5	55.4	82.1	25.1	17.6	30.5	24.8	7.5
1.12ii	Violent crime (including sexual violence) - violence offences per 1,000 population	2015/16	17.2	9.7	22.7	10.4	15.4	18.1	**24.6**	18.4	22.7	15.2	10.7	35.4	20.9	20.1	34.0	13.9	10.5	14.7	12.2	7.2
1.12iii	- Violent crime (including sexual violence) - rate of sexual offences per 1,000 population	2015/16	1.7	1.7	2.2	1.4	1.6	1.6	**2.3**	1.6	2.1	1.9	1.8	2.6	2.4	2.0	3.2	1.3	1.4	1.5	1.2	1.2
1.13i	Re-offending levels - percentage of offenders who re-offend	2013	26.4	20.2	29.3	22.3	23.8	24.2	**27.8**	24.2	25.3	23.9	25.1	28.1	26.8	26.6	29.0	23.0	24.2	23.5	22.5	18.2
1.13ii	Re-offending levels - average number of re-offences per offender	2013	0.82	0.51	1.12	0.62	0.74	0.84	**0.83**	0.75	0.79	0.81	0.73	1.05	0.89	0.82	0.99	0.74	0.75	0.72	0.58	0.47
1.13iii	First time offenders	2015	242.4	218.6	236.9	190.3	182.3	170.0	**185.5**	203.7	258.0	302.0	196.1	245.8	342.6	421.2	259.3	191.3	216.4	218.5	216.4	162.8
1.14i	The rate of complaints about noise	2014/15	7.1 ^	4.6	11.0	2.9 ^	5.7 ^	4.9 ^	**4.1 ^**	5.1 ^	5.7 ^	9.5	5.2 ^	10.4	4.4 ^	3.2 ^	9.6 ^	4.4 ^	3.9	4.2 ^	3.9 ^	3.9
1.14ii	The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime	2011	5.2	2.6	6.8	5.2	5.5	2.7	**3.8**	4.6	4.2	1.1	3.4	8.3	8.2	8.5	6.4	5.8	4.4	4.2	6.3	3.9

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Wider determinants of health continued

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1.14iii	The percentage of the population exposed to road, rail and air transport noise of 55 dB(A) or more during the night-time	2011	8.0	4.2	8.4	9.6	6.9	6.1	**4.7**	7.5	6.5	2.9	5.4	14.3	11.3	14.8	9.9	12.0	8.8	6.4	11.2	11.3
1.15i	Statutory homelessness - Eligible homeless people not in priority need	2015/16	0.9	0.3	2.7	0.6	- *	0.2	**3.6**	- *	3.1	0.1	0.3	0.6	0.8	0.6	- *	0.2	0.7	0.6	- *	0.6
1.15ii	Statutory homelessness - households in temporary accommodation	2015/16	3.1	2.3	13.0	1.0	0.8	1.6	**2.9**	1.3	2.3	4.1	0.7	0.7	4.8	4.1	1.7	- *	0.8	1.6	0.4	0.9
1.16	Utilisation of outdoor space for exercise/health reasons	Mar 2014 - Feb 2015	17.9	- x	24.6 $	24.5	31.8	23.0	**38.8**	18.4	12.6	36.4	16.0	31.1 $	13.9 $	23.5	- x	24.9	18.7	22.0	20.8 $	- x
1.17	Fuel poverty	2014	10.6	5.8	12.3	7.9	9.0	7.0	**8.9**	8.9	9.2	6.0	9.1	11.8	10.8	8.2	9.8	7.3	8.3	7.7	8.2	6.1
1.18i	Social Isolation: percentage of adult social care users who have as much social contact as they would like	2015/16	45.4	42.3	44.7	41.4	42.6	51.4	**45.5**	49.0	44.9	48.3	47.5	39.3	43.2	39.1	55.1	46.4	45.5	45.8	44.1	42.2
1.18ii	Social Isolation: percentage of adult carers who have as much social contact as they would like	2014/15	38.5	44.2	42.6	38.9	37.5	28.5	**31.4**	33.9	41.0	33.1	38.5	47.1	36.6	39.0	49.5	35.8	38.8	36.1	36.5	33.8

Health improvement

2.01	Low birth weight of term babies	2014	2.9	1.7	2.9	2.5	2.1	2.3	**2.1**	2.3	2.7	2.8	2.3	3.0	3.0	2.9	2.6	2.2	2.0	2.0	2.4	2.0
2.02i	Breastfeeding - breastfeeding initiation	2014/15	74.3	82.2	87.9	76.3	76.0	78.8	**- x**	71.3	69.1	- x	82.1	74.6	79.0	76.6	73.2	84.7	77.2	81.8	82.4	- x
2.02ii	Breastfeeding - breastfeeding prevalence at 6-8 weeks after birth - current method	2015/16	43.2 ^	52.4	71.5	- x	- x	- x	**47.4**	- x	- x	- x	60.2	- x	61.3	59.2	- x	- x	53.9	- x	- x	60.1
2.02ii	Breastfeeding - breastfeeding prevalence at 6-8 weeks after birth - historical method	2014/15	43.8	- x	72.5	- x	- x	48.8	**45.8**	- x	- x	- x	62.6	- x	- x	- x	- x	- x	- x	- x	- x	- x
2.03	Smoking status at time of delivery	2015/16	10.6 $	6.3	6.3	7.4	12.5	9.0	**13.0**	13.0	16.7	10.9	8.0	12.7	8.0	8.3	14.3	5.8	7.0	8.9	8.6	4.8
2.04	Under 18 conceptions	2014	22.8	12.6	28.2	12.8	20.0	15.9	**23.2**	22.2	33.2	21.1	16.8	22.6	26.9	20.3	29.0	14.2	19.7	18.2	13.5	8.4
2.04	Under 18 conceptions: conceptions in those aged under 16	2014	4.4	1.9	5.4	2.2	3.4	3.0	**4.0**	4.6	6.6	3.2	3.2	5.6	4.1	2.3	5.9	2.5	2.6	2.7	3.4	0.7

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Health improvement continued

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2.05ii	Proportion of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review	2015/16	81.3 ^	100	- x	99.8	- x	99.9	**97.8**	61.1 ^	100	100	42.7	90.4	99.8	100	95.4	50.3	99.4	100	99.9	99.8
	2.06i - Child excess weight in 4-5 and 10-11 year olds - 4-5 year olds	2014/15	21.9	20.6	17.9	18.6	19.9	21.1	**23.8**	22.5	21.6	22.0	18.6	22.9	22.6	19.6	22.8	17.9	19.6	19.7	17.2	16.6
2.06ii	Child excess weight in 4-5 and 10-11 year olds - 10-11 year olds	2014/15	33.2	27.3	26.4	26.7	29.6	29.0	**33.4**	32.8	34.0	33.9	28.8	33.4	35.6	38.8	34.6	26.0	28.7	29.4	29.0	26.1
2.07i	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	2014/15	109.6	101.3	98.7	108.9	121.6	96.2	**169.5**	103.0	120.8	92.4	118.2	88.9	85.8	100.9	136.0	96.0	84.5	104.7	91.5	72.5
2.07i	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	2014/15	137.5	105.4	117.0	139.7	168.6	125.6	**292.4**	146.7	158.0	117.0	148.8	96.8	93.9	117.6	161.3	112.8	91.8	135.9	96.1	74.8
2.07ii	Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	2014/15	131.7	112.4	105.2	156.2	147.9	155.2	**133.7**	140.1	108.2	113.7	135.6	116.7	67.1	121.1	140.4	130.9	114.6	159.1	148.1	97.5
2.08i	Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31st March	2014/15	13.9	13.6	15.3	13.9	15.4	13.3	**13.4**	14.4	15.9	13.1	15.8	14.4	17.3	16.1	- x	14.2	16.1	- x	13.4	17.1
2.08ii	Percentage of children where there is a cause for concern	2014/15	37.0	- *	45.0	36.0	46.0	33.0	**32.0**	41.0	46.0	33.0	48.0	34.0	56.0	47.0	- x	40.0	46.0	- x	- *	- *
2.09i	Smoking prevalence at age 15 - current smokers (WAY survey)	2014/15	8.2	6.1	14.9	5.1	12.8	7.2	**11.2**	10.5	10.0	9.6	10.4	10.9	8.2	4.0	11.7	6.8	6.0	10.6	7.6	4.9
2.09ii	Smoking prevalence at age 15 - regular smokers (WAY survey)	2014/15	5.5	4.4	9.7	2.9	7.3	4.9	**6.9**	7.3	6.6	6.7	5.7	8.2	6.1	2.6	8.3	4.1	3.2	7.1	4.2	2.2
2.09iii	Smoking prevalence at age 15 - occasional smokers (WAY survey)	2014/15	2.7	1.8	5.3	2.2	5.5	2.3	**4.3**	3.2	3.4	2.9	4.7	2.7	2.1	1.3	3.4	2.6	2.8	3.5	3.5	2.7
2.09iv	Smoking prevalence at age 15 years - regular smokers (SDD survey)	2014	8																			
2.09v	Smoking prevalence at age 15 years - occasional smokers (SDD survey)	2014	5																			
2.10ii	Emergency Hospital Admissions for Intentional Self-Harm	2014/15	191.4	118.3	288.0	135.1	230.2	209.5	**203.9**	199.3	110.5	157.0	198.8	319.8	130.0	162.2	329.5	155.9	127.0	232.4	150.6	91.1
2.11i	Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)	2015	52.3	55.8	60.8	59.9	57.6	58.5	**60.8**	53.6	47.4	51.8	58.0	50.0	49.4	45.3	57.4	57.0	57.7	57.4	54.0	60.1

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Health improvement continued

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2.11ii	Average number of portions of fruit consumed daily (adults)	2015	2.51	2.65	2.53	2.62	2.61	2.67	**2.60**	2.53	2.23	2.48	2.70	2.59	2.41	2.47	2.74	2.64	2.67	2.58	2.63	2.84
2.11iii	Average number of portions of vegetables consumed daily (adults)	2015	2.27	2.32	2.52	2.49	2.54	2.49	**2.43**	2.39	2.21	2.36	2.44	2.13	2.16	1.92	2.27	2.43	2.56	2.44	2.36	2.34
	2.11iv – Proportion of the population meeting the recommended “5-a-day” at age 15	2014/15	52.4	53.1	65.7	59.5	54.3	52.1	**46.8**	51.0	45.2	53.9	55.8	52.3	57.4	58.4	47.8	58.2	56.5	55.2	64.7	63.1
	2.11v – Average number of portions of fruit consumed daily at age 15 (WAY survey)	2014/15	2.39	2.43	2.74	2.65	2.42	2.27	**2.13**	2.29	2.17	2.50	2.55	2.41	2.60	2.62	2.24	2.34	2.43	2.34	2.75	2.63
	2.11vi – Average number of portions of vegetables consumed daily at age 15 (WAY survey)	2014/15	2.40	2.47	2.87	2.54	2.44	2.42	**2.19**	2.40	2.11	2.53	2.46	2.39	2.50	2.46	2.19	2.60	2.58	2.58	2.73	2.66
2.12	Excess weight in Adults	2013 - 15	64.8	62.6	52.6	61.7	63.4	65.8	**67.4**	65.5	65.6	66.7	60.3	63.1	63.4	62.5	62.6	60.9	64.6	63.3	62.4	63.3
2.13i	Percentage of physically active and inactive adults - active adults	2015	57.0	63.8	68.4	62.8	58.7	60.9	**55.9**	59.0	53.3	56.3	60.9	60.5	59.3	49.8	54.2	62.0	62.6	60.2	61.3	63.9
2.13ii	Percentage of physically active and inactive adults - inactive adults	2015	28.7	20.3	19.2	22.0	26.6	24.7	**28.3**	26.7	29.4	27.3	23.4	25.7	29.7	31.1	33.2	22.9	24.4	25.6	22.3	21.0
2.14	Smoking Prevalence in adults - current smokers (APS)	2015	16.9	16.7	20.9	11.0	18.0	14.8	**16.4**	17.0	22.3	16.4	15.5	19.8	17.6	18.3	20.4	14.0	14.1	14.6	13.0	9.5
2.14	Smoking Prevalence in adult in routine and manual occupations - current smokers (APS)	2015	26.5	29.8	34.2	21.5	34.6	24.5	**25.5**	24.8	29.7	25.4	30.6	28.1	25.6	27.1	28.1	22.5	25.8	24.2	19.5	25.7
2.15i	Successful completion of drug treatment - opiate users	2015	6.7	16.5	5.1	9.4	6.5	8.0	**6.7**	8.5	5.5	4.7	4.6	8.8	5.7	9.4	5.8	8.6	9.0	6.0	8.7	17.8
2.15ii	Successful completion of drug treatment - non-opiate users	2015	37.3	42.6	29.1	34.5	31.2	39.6	**30.2**	49.4	40.2	19.4	20.1	37.4	31.6	50.0	23.8	43.2	34.3	31.9	44.1	32.5
2.15iii	Successful completion of alcohol treatment	2015	38.4	44.7	37.1	39.7	36.4	43.9	**57.8**	48.5	37.6	16.8	27.2	33.6	38.3	56.9	26.8	40.5	39.3	35.4	44.6	47.3
2.15iv	Deaths from drug misuse	2013 - 15	3.9	- x	7.5	2.3	4.3	3.4	**6.5**	4.4	6.3	- x	2.5	9.5	6.1	- x	5.1	2.2	- x	2.9	- x	- x
2.16	Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison	2015/16	30.3	33.3	28.9	21.0	31.1	22.7	**- ***	34.1	60.4	20.2	40.6	33.7	25.5	19.5	36.5	15.3	45.5	21.3	- *	55.0
2.17	Recorded diabetes	2014/15	6.4	5.3	4.1	5.9	6.1	5.8	**6.6**	6.2	6.9	5.5	4.9	5.6	4.7	8.4	5.5	5.0	4.7	6.2	5.0	4.6

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2.18	Admission episodes for alcohol-related conditions - narrow definition (Persons)	2014/15	641	459	613	502	571	472	**487**	526	434	571	572	599	541	625	709	484	424	557	485	379
2.18	Admission episodes for alcohol-related conditions - narrow definition (Male)	2014/15	827	602	754	615	721	601	**656**	693	613	711	688	820	693	900	953	637	550	694	626	494
2.18	Admission episodes for alcohol-related conditions - narrow definition (Female)	2014/15	474	330	482	404	442	360	**335**	379	275	454	471	395	403	370	481	350	310	439	362	281
2.19	Cancer diagnosed at early stage (experimental statistics)	2014	50.7	47.2	47.3	49.9	41.9	52.3	**54.7**	48.6	44.6	47.8	52.6	53.8	53.2	36.3	46.1	46.0	47.7	50.5	43.2	55.0
2.20i	Cancer screening coverage - breast cancer	2015	75.4	78.7	70.5	79.9	76.2	77.5	**79.6**	77.0	76.4	78.8	78.9	70.6	73.4	69.9	70.3	75.7	81.7	75.1	79.3	82.3
2.20ii	Cancer screening coverage - cervical cancer	2015	73.5	77.4	70.2	75.9	75.6	76.2	**74.5**	77.1	75.6	73.5	73.4	69.6	69.2	68.0	69.6	73.4	77.3	75.0	74.8	77.9
2.20iii	Cancer screening coverage - bowel cancer	2015	57.1	58.0	54.0	57.3	57.8	65.0	**60.3**	58.1	56.3	53.5	55.8	56.9	55.3	42.8	55.1	59.9	62.2	60.8	56.5	65.4
2.20iv	– Abdominal Aortic Aneurysm Screening – Coverage	2014/15	79.4	77.4	76.2	77.5	79.4	83.9	**82.1**	80.7	79.4	79.6	77.8	79.9	70.4	68.5	78.5	79.6	79.3	81.3	77.1	80.5
2.20v	– Diabetic eye screening - uptake	2014/15	82.9																			
2.20vii	Infectious Diseases in Pregnancy Screening – HIV Coverage	2014/15	98.9																			
2.20viii	Infectious Diseases in Pregnancy Screening – Syphilis Coverage	2014	97.4																			
2.20ix	Infectious Diseases in Pregnancy Screening – Hepatitis B Coverage	2014	97.4																			
2.20x	Sickle Cell and Thalassaemia Screening – Coverage	2014/15	98.9																			
2.20xi	Newborn Blood Spot Screening – Coverage	2014/15	95.8	93.5	79.1	97.2	- x	- x	**97.0**	95.1	95.7	96.1	98.8	98.9	97.3	97.7	98.2	- x	97.1	91.2	95.8	96.1
2.20xii	Newborn Hearing Screening – Coverage	2014/15	98.5	98.1	98.7	99.4	98.5	98.7	**99.4**	98.4	97.8	99.6	98.3	99.0	95.7	97.1	98.3	98.5	97.0	98.9	97.2	94.4
2.20xiii	Newborn and Infant Physical Examination Screening – Coverage	2014/15	93.3																			
2.22iii	Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check	2013/14 - 15/16	56.4	45.7	30.4	62.4	65.0	60.7	**58.2**	63.3	58.7	69.5	62.6	68.1	54.8	45.1	62.5	17.0	66.7	43.5	45.5	36.8

Comparison with respect to England value / goal: Lower | Similar | Higher | Better | Similar | Worse | Not compared

Note: x - Value Missing, -

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Health improvement continued

Indicator		Period	England	Bracknell F	Brig & Hov	Bucks	East Sussex	Hants	IoW	Kent	Medway	Milt Keynes	Oxon	Portsmouth	Reading	Slough	Southampton	Surrey	W Berks	W Sussex	Win & Maid	Wokingham
2.22iv	Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	2013/14 - 15/16	48.6	69.5	65.0	43.9	50.7	41.6	**39.6**	40.0	44.9	43.9	49.8	31.7	48.5	59.2	38.0	65.1	36.3	48.2	48.1	37.2
2.22v	Cumulative percentage of the eligible population aged 40-74 who received an NHS Health check	2013/14 - 15/16	27.4	31.8	19.8	27.4	33.0	25.2	**23.1**	25.3	26.4	30.5	31.1	21.6	26.6	26.6	23.8	11.0	24.3	21.0	21.9	13.7
2.23i	Self-reported wellbeing - people with a low satisfaction score	2014/15	4.8	4.3	4.4	2.9	4.0	2.9	**5.2**	4.2	6.3	5.3	3.2	3.9	5.1	7.1	3.8	3.3	- x	3.4	- x	3.8
2.23ii	Self-reported wellbeing - people with a low worthwhile score	2014/15	3.8	3.5	- x	- x	4.3	2.7	**3.7**	3.0	4.1	5.3	- x	3.5	- x	- x	- x	3.6	- x	- x	3.2	- x
2.23iii	Self-reported wellbeing - people with a low happiness score	2014/15	9.0	8.2	9.4	7.7	9.7	7.0	**8.1**	10.1	10.8	9.6	5.5	6.8	5.3	12.1	6.8	7.0	7.9	6.9	7.7	7.7
2.23iv	Self-reported wellbeing - people with a high anxiety score	2014/15	19.4	21.4	24.1	20.8	20.3	16.8	**17.8**	17.2	19.3	20.4	19.6	15.0	21.1	23.5	22.6	19.6	19.6	17.1	21.2	16.4
2.24i	Injuries due to falls in people aged 65 and over (Persons)	2014/15	2125	2068	2220	1938	2108	1991	**1466**	2201	1778	2023	2281	2368	1851	2448	3072	2100	1656	2000	2311	1649
2.24i	Injuries due to falls in people aged 65 and over (Male)	2014/15	1740	1538	1877	1667	1767	1633	**1306**	1796	1419	1767	1862	2092	1551	2191	2689	1676	1455	1560	1865	1281
2.24i	Injuries due to falls in people aged 65 and over (Female)	2014/15	2509	2597	2562	2209	2448	2349	**1626**	2605	2137	2280	2701	2644	2152	2706	3454	2523	1857	2440	2756	2017
2.24ii	Injuries due to falls in people aged 65 and over - aged 65-79 (Persons)	2014/15	1012	855	1089	901	984	951	**737**	1007	887	1024	997	1224	889	1200	1599	919	753	932	1041	724
2.24ii	Injuries due to falls in people aged 65 and over - aged 65-79 (Male)	2014/15	826	546	874	826	822	761	**572**	812	672	881	809	1067	713	985	1412	730	641	745	882	553
2.24ii	Injuries due to falls in people aged 65 and over - aged 65-79 (Female)	2014/15	1198	1164	1303	977	1146	1141	**901**	1201	1103	1166	1186	1381	1066	1415	1786	1108	865	1119	1200	894
2.24iii	Injuries due to falls in people aged 65 and over - aged 80+ (Persons)	2014/15	5351	5584	5500	4945	5367	5008	**3579**	5664	4362	4922	6005	5685	4642	6068	7341	5524	4276	5098	5994	4332
2.24iii	Injuries due to falls in people aged 65 and over - aged 80+ (Male)	2014/15	4391	4416	4787	4106	4508	4164	**3433**	4650	3588	4335	4916	5064	3981	5689	6391	4421	3817	3925	4718	3390
2.24iii	Injuries due to falls in people aged 65 and over - aged 80+ (Female)	2014/15	6312	6752	6214	5783	6225	5853	**3726**	6677	5136	5510	7095	6305	5303	6447	8292	6627	4734	6272	7269	5274

Comparison with respect to England value / goal: Lower | Similar | Higher | Better | Similar | Worse | Not compared

Note: x - Value Missing

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Health protection

Indicator		Period	England	Bracknell F	Brig & Hov	Bucks	East Sussex	Hants	IoW	Kent	Medway	Milt Keynes	Oxon	Portsmouth	Reading	Slough	Southampton	Surrey	W Berks	W Sussex	Win & Maid	Wokingham
3.01	Fraction of mortality attributable to particulate air pollution	2014	5.1	4.7	4.6	5.0	4.3	4.7	**4.0**	5.2	5.6	5.2	5.1	5.1	5.5	6.2	5.3	5.0	4.9	4.4	5.2	5.1
3.02	Chlamydia detection rate (15-24 year olds) < 1900 1900 to 2300 ≥ 2300	2015	1887	1375	2033	1317	1616	1315	**1525**	1187	1942	2514	1372	2058	2221	1408	2402	1182	1152	1925	1374	1071
3.02	Chlamydia detection rate (15-24 year olds) (Male)	2015	1276	876	1419	825	1098	924	**1015**	717	1227	1611	820	1420	1579	923	1632	912	868	1396	995	762
3.02	Chlamydia detection rate (15-24 year olds) (Female)	2015	2492	1926	2618	1821	2164	1723	**2090**	1665	2676	3260	1620	2780	2847	1920	3235	1449	1443	2486	1797	1414
3.03i	Population vaccination coverage - Hepatitis B (1 year old)	2014/15	-	100 ^	70.0 ^	100 ^	- ^	- ^	**- ^**	96.0 ^	100 ^	100 ^	100 ^	100 ^	100 ^	100 ^	100 ^	88.9 ^	100 ^	90.0 ^	100 ^	100 ^
3.03i	Population vaccination coverage - Hepatitis B (2 years old)	2014/15	-	100 ^	75.0 ^	80.0 ^	- ^	- ^	**- ^**	92.1 ^	75.0 ^	94.1 ^	100 ^	87.5 ^	75.0 ^	100 ^	100 ^	63.2 ^	71.4 ^	92.0 ^	83.3 ^	71.4 ^
3.03iii	Population vaccination coverage - Dtap / IPV / Hib (1 year old) < 90 90 to 95 ≥ 95	2014/15	94.2	94.7 ^	91.9 ^	96.9 ^	93.8 ^	96.2 ^	**92.4 ^**	90.9 ^	89.5 ^	96.6 ^	96.8 ^	95.3 ^	93.1 ^	94.4 ^	96.0 ^	85.4 ^	93.8 ^	94.8 ^	94.4 ^	94.5 ^
3.03iii	Population vaccination coverage - Dtap / IPV / Hib (2 years old) < 90 90 to 95 ≥ 95	2014/15	95.7	93.4 ^	94.4 ^	97.0 ^	94.9 ^	96.6 ^	**94.8 ^**	94.7 ^	95.1 ^	94.3 ^	99.2 ^	96.1 ^	94.1 ^	94.6 ^	97.2 ^	87.3 ^	94.6 ^	96.3 ^	95.9 ^	95.5 ^
3.03iv	Population vaccination coverage - MenC < 90 90 to 95 ≥ 95	2012/13	93.9 ^	92.3 ^	93.0	95.7 ^	94.4	94.6	**94.8**	96.1	96.5	93.7 ^	93.9 ^	93.6	92.9 ^	92.3 ^	94.3	87.1 ^	92.9 ^	95.1	92.3 ^	92.9 ^
3.03v	Population vaccination coverage - PCV < 90 90 to 95 ≥ 95	2014/15	93.9	93.1 ^	91.7 ^	96.7 ^	93.4 ^	95.8 ^	**93.1 ^**	90.6 ^	89.1 ^	96.4 ^	97.1 ^	94.7 ^	92.4 ^	93.4 ^	95.3 ^	85.3 ^	92.6 ^	94.5 ^	94.2 ^	93.7 ^
3.03vi	Population vaccination coverage - Hib / MenC booster (2 years old) < 90 90 to 95 ≥ 95	2014/15	92.1	91.5 ^	91.0 ^	95.1 ^	91.7 ^	94.3 ^	**92.7 ^**	90.5 ^	89.3 ^	92.1 ^	95.0 ^	92.5 ^	90.6 ^	88.2 ^	94.2 ^	81.1 ^	93.1 ^	94.2 ^	91.8 ^	92.2 ^
3.03vi	Population vaccination coverage - Hib / Men C booster (5 years old) < 90 90 to 95 ≥ 95	2014/15	92.4	92.7 ^	91.3 ^	94.8 ^	91.9 ^	93.4 ^	**92.9 ^**	92.9 ^	92.7 ^	93.3 ^	94.6 ^	92.3 ^	89.5 ^	91.1 ^	91.6 ^	83.8 ^	94.0 ^	94.8 ^	92.5 ^	92.3 ^
3.03vii	Population vaccination coverage - PCV booster < 90 90 to 95 ≥ 95	2014/15	92.2 ^	91.4 ^	94.9 ^	95.3 ^	91.6 ^	94.6 ^	**88.2 ^**	90.4 ^	88.3 ^	93.6 ^	95.1 ^	93.6 ^	89.3 ^	88.6 ^	95.5 ^	82.0 ^	92.7 ^	94.3 ^	92.3 ^	91.3 ^
3.03viii	Population vaccination coverage - MMR for one dose (2 years old) < 90 90 to 95 ≥ 95	2014/15	92.3	91.8 ^	90.0 ^	95.6 ^	91.2 ^	94.9 ^	**92.7 ^**	89.6 ^	88.6 ^	93.5 ^	95.2 ^	93.3 ^	91.0 ^	88.3 ^	95.7 ^	82.5 ^	92.9 ^	93.0 ^	91.6 ^	92.1 ^

Comparison with respect to England value / goal: Lower | Similar | Higher | Better | Similar | Worse | Not compared

Note: ^ - Value estimated

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Health protection continued

Indicator	Period	England	Bracknell F	Brig & Hov	Bucks	East Sussex	Hants	IoW	Kent	Medway	Milt Keynes	Oxon	Portsmouth	Reading	Slough	Southampton	Surrey	W Berks	W Sussex	Win & Maid	Wokingham
3.03ix Population vaccination coverage - MMR for one dose (5 years old)	2014/15	94.4	93.6 ^	92.5 ^	95.9 ^	93.2 ^	95.4 ^	**96.6 ^**	93.2 ^	93.2 ^	95.9 ^	96.4 ^	94.8 ^	93.2 ^	92.4 ^	96.3 ^	85.6 ^	96.0 ^	93.9 ^	93.9 ^	94.6 ^
< 90 90 to 95 ≥ 95																					
3.03x Population vaccination coverage - MMR for two doses (5 years old)	2014/15	88.6	86.3 ^	87.0 ^	93.2 ^	88.9 ^	93.1 ^	**89.0 ^**	82.4 ^	84.4 ^	90.8 ^	92.5 ^	90.5 ^	86.8 ^	82.2 ^	90.8 ^	74.1 ^	90.6 ^	91.3 ^	86.6 ^	90.0 ^
< 90 90 to 95 ≥ 95																					
3.03xii Population vaccination coverage – HPV vaccination coverage for one dose (females 12-13 years old)	2014/15	89.4	93.6	89.6	92.1	73.6	93.8	**99.5**	83.1	85.6	97.4	94.0	95.7	90.8	90.7	91.6	89.8	91.3	87.4	89.6	93.5
< 80 80 to 90 ≥ 90																					
3.03xiii Population vaccination coverage - PPV	2015/16	70.1	75.1	65.4	71.6	68.5	73.5	**70.7**	69.5	67.9	69.7	73.9	69.3	74.6	73.7	70.5	67.0	74.6	68.6	73.0	72.9
< 65 65 to 75 ≥ 75																					
3.03xiv Population vaccination coverage - Flu (aged 65+)	2015/16	71.0	72.3	65.2	71.0	69.7	73.1	**68.3**	69.0	70.2	70.9	72.4	73.0	72.4	67.7	73.1	67.2	74.8	70.1	67.4	71.0
< 75 ≥ 75																					
3.03xv Population vaccination coverage - Flu (at risk individuals)	2015/16	45.1	51.2	41.4	45.0	44.9	49.2	**44.9**	42.8	44.4	41.8	45.9	45.7	48.5	47.5	46.1	42.4	51.6	42.2	44.6	45.4
< 55 ≥ 55																					
3.03xvii Population vaccination coverage - Shingles vaccination coverage (70 years old)	2014/15	59.0 ^	65.5 ^	48.6 ^	65.7 ^	60.2 ^	63.1 ^	**61.8 ^**	58.7 ^	57.9 ^	64.9 ^	63.2 ^	56.9 ^	62.2 ^	55.2 ^	57.7 ^	56.0 ^	64.5 ^	61.0 ^	63.8 ^	53.0 ^
< 50 50 to 60 ≥ 60																					
3.03xviii Population vaccination coverage - Flu (2-4 years old)	2015/16	34.4	40.4	27.4	38.9	29.8	41.5	**30.9**	33.5	35.1	33.0	42.0	32.2	37.2	25.8	33.3	34.8	49.1	39.2	32.2	48.4
< 40 40 to 65 ≥ 65																					
3.04 - HIV late diagnosis	2013 - 15	40.3	61.5	29.6	45.6	37.3	46.9	**- ***	54.2	50.0	56.1	50.8	39.6	45.9	50.0	45.5	42.7	40.0	42.9	25.8	36.4
< 25 25 to 50 ≥ 50																					
3.05i - Treatment completion for TB	2014	84.4	-	76.5	75.0	87.0	83.7	**-**	82.2	-	77.8	89.9	-	93.5	94.1	80.0	85.5	-	81.1	94.1	-
< 50th-percentile of UTLAs ≥50th to <90th ≥90th																					
3.05ii - Incidence of TB	2013 - 15	12.0	7.6	7.3	8.2	4.2	3.8	**1.2**	6.6	5.6	10.2	9.4	7.5	34.7	47.8	12.5	5.8	5.1	5.8	8.4	10.3
< 10th-percentile of UTLAs ≥10th to <50th ≥50th																					
3.06 NHS organisations with a board approved sustainable development management plan	2014/15	56.5	50.0	80.0	50.0	42.9	40.0	**100**	53.8	60.0	75.0	57.1	75.0	40.0	50.0	75.0	50.0	50.0	54.5	40.0	50.0

Comparison with respect to England value / goal: Lower | Similar | Higher | Better | Similar | Worse | Not compared

Note: * - Disclosure control applied, ^ - Value estimated, -

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Healthcare and premature mortality

Indicator		Period	England	Bracknell F	Brig & Hov	Bucks	East Sussex	Hants	IoW	Kent	Medway	Milt Keynes	Oxon	Portsmouth	Reading	Slough	Southampton	Surrey	W Berks	W Sussex	Win & Maid	Wokingham
4.01	Infant mortality	2013 - 15	3.9	2.2	3.8	3.5	3.4	2.9	**3.1**	3.0	3.6	5.3	2.9	2.6	3.6	4.1	3.1	2.6	3.2	3.4	3.4	3.9
4.02	Proportion of five year old children free from dental decay	2014/15	75.2	77.9	82.4	76.5	79.7	85.0	**73.6**	83.4	81.3	78.3	77.3	81.9	71.9	58.7	66.3	81.3	76.9	82.0	81.5	85.2
4.03	Mortality rate from causes considered preventable (Persons)	2013 - 15	184.5	140.3	199.8	134.1	161.5	151.2	**167.7**	172.7	211.2	185.2	142.6	231.1	193.9	215.5	231.2	142.2	150.1	159.1	142.5	130.5
4.03	Mortality rate from causes considered preventable (Male)	2013 - 15	232.5	182.9	254.4	169.2	204.7	188.0	**220.2**	220.7	260.0	242.7	177.2	300.3	252.8	277.0	297.3	176.6	184.9	205.4	183.7	162.5
4.03	Mortality rate from causes considered preventable (Female)	2013 - 15	139.6	101.1	147.1	103.3	122.7	118.0	**117.9**	128.2	163.6	134.4	110.9	165.7	140.4	159.2	168.0	110.5	115.8	117.1	104.5	103.1
4.04i	Under 75 mortality rate from all cardiovascular diseases (Persons)	2013 - 15	74.6	62.9	67.4	52.0	58.9	57.0	**73.0**	66.5	79.6	68.0	54.1	100.0	85.0	104.7	86.9	55.8	53.4	62.9	58.7	51.6
4.04i	Under 75 mortality rate from all cardiovascular diseases (Male)	2013 - 15	104.7	87.5	93.8	75.1	81.7	78.0	**109.8**	93.2	108.8	101.4	76.7	146.3	114.7	152.1	124.9	81.0	79.3	89.5	90.4	68.4
4.04i	Under 75 mortality rate from all cardiovascular diseases (Female)	2013 - 15	46.2	39.6	41.2	30.2	38.0	37.3	**38.3**	41.2	51.3	36.6	32.8	54.7	56.6	58.7	49.8	32.1	28.4	38.5	28.8	35.5
4.04ii	Under 75 mortality rate from cardiovascular diseases considered preventable (Persons)	2013 - 15	48.1	39.7	40.3	31.0	35.1	36.2	**44.4**	42.3	55.7	44.8	34.7	61.3	57.5	70.7	56.4	34.4	37.8	39.9	36.2	33.7
4.04ii	Under 75 mortality rate from cardiovascular diseases considered preventable (Male)	2013 - 15	72.5	57.7	59.9	49.4	52.9	54.3	**72.7**	64.4	83.0	72.1	53.5	91.0	83.8	111.4	87.2	52.7	61.0	61.4	58.1	48.6
4.04ii	Under 75 mortality rate from cardiovascular diseases considered preventable (Female)	2013 - 15	25.0	22.7	20.9	13.6	18.9	19.2	**17.7**	21.5	29.3	19.0	16.8	32.1	32.6	31.3	26.0	17.3	15.4	20.1	15.5	19.4
4.05i	Under 75 mortality rate from cancer (Persons)	2013 - 15	138.8	121.2	146.4	113.1	131.3	122.5	**136.5**	137.7	159.3	143.7	116.9	166.2	139.9	141.8	154.8	118.9	126.4	131.3	122.7	116.9
4.05i	Under 75 mortality rate from cancer (Male)	2013 - 15	154.8	148.3	160.4	125.8	144.4	135.9	**153.3**	150.5	172.1	163.0	126.0	189.5	158.4	144.9	174.8	126.5	143.9	148.9	130.3	130.1
4.05i	Under 75 mortality rate from cancer (Female)	2013 - 15	123.9	96.5	133.0	101.7	119.6	110.2	**120.6**	126.0	147.2	125.8	108.8	143.9	123.0	138.4	136.1	112.0	109.6	115.5	116.0	104.6
4.05ii	Under 75 mortality rate from cancer considered preventable (Persons)	2013 - 15	81.1	61.1	84.9	61.0	75.3	69.9	**77.5**	78.8	97.4	82.3	64.5	97.0	76.6	90.0	94.0	66.7	68.2	75.0	68.8	64.0
4.05ii	Under 75 mortality rate from cancer considered preventable (Male)	2013 - 15	88.4	70.0	91.1	64.2	80.1	75.1	**84.0**	84.5	103.5	91.5	65.5	109.1	74.5	85.7	102.3	69.1	74.1	83.5	73.5	70.8

C - 23

Comparison with respect to England value / goal: Lower | Similar | Higher | Better | Similar | Worse | Not compared

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Healthcare and premature mortality continued

Indicator		Period	England	Bracknell F	Brig & Hov	Bucks	East Sussex	Hants	IoW	Kent	Medway	Milt Keynes	Oxon	Portsmouth	Reading	Slough	Southampton	Surrey	W Berks	W Sussex	Win & Maid	Wokingham
4.05ii	Under 75 mortality rate from cancer considered preventable (Female)	2013 - 15	74.5	53.2	79.0	58.4	71.0	65.2	**71.3**	73.6	91.7	73.9	63.8	85.5	79.1	94.1	86.5	64.7	62.5	67.5	64.8	57.8
4.06i	Under 75 mortality rate from liver disease (Persons)	2013 - 15	18.0	- x	19.1	10.0	15.8	12.5	**16.5**	16.6	21.1	16.3	13.9	26.4	19.1	23.0	19.7	14.4	14.0	13.0	16.7	11.7
4.06i	Under 75 mortality rate from liver disease (Male)	2013 - 15	23.7	- x	25.6	12.8	21.9	15.8	**21.1**	22.4	28.9	22.7	16.9	34.2	28.2	27.6	28.6	18.7	15.5	18.6	21.6	13.8
4.06i	Under 75 mortality rate from liver disease (Female)	2013 - 15	12.5	- x	12.5	7.2	10.2	9.5	**12.3**	11.1	13.4	10.1	11.0	18.5	- x	- x	10.9	10.3	12.8	7.8	- x	- x
4.06ii	Under 75 mortality rate from liver disease considered preventable (Persons)	2013 - 15	15.9	- x	17.6	9.2	14.4	11.0	**14.2**	14.4	16.4	13.8	11.3	23.1	17.9	16.6	18.4	13.3	13.0	11.7	14.5	9.0
4.06ii	Under 75 mortality rate from liver disease considered preventable (Male)	2013 - 15	21.4	- x	24.3	11.8	20.2	13.9	**18.8**	19.6	22.2	20.1	14.4	31.0	26.6	20.0	26.7	17.2	14.4	16.6	18.4	- x
4.06ii	Under 75 mortality rate from liver disease considered preventable (Female)	2013 - 15	10.6	- x	10.8	6.6	9.1	8.3	**- x**	9.4	10.7	- x	8.4	15.2	- x	- x	10.1	9.5	11.9	7.1	- x	- x
4.07i	Under 75 mortality rate from respiratory disease (Persons)	2013 - 15	33.1	22.4	33.8	19.9	28.2	23.3	**25.2**	32.3	40.1	36.8	23.6	44.7	35.4	38.9	51.7	23.6	25.6	24.3	21.9	21.4
4.07i	Under 75 mortality rate from respiratory disease (Male)	2013 - 15	38.5	27.5	38.3	23.5	35.9	26.7	**31.6**	38.5	49.0	42.7	28.0	56.6	49.2	50.9	63.2	30.4	34.8	32.1	29.9	24.9
4.07i	Under 75 mortality rate from respiratory disease (Female)	2013 - 15	28.0	- x	29.3	16.7	21.2	20.1	**19.2**	26.6	31.7	31.4	19.5	33.1	22.4	27.6	40.9	17.3	16.9	17.1	14.3	18.3
4.07ii	Under 75 mortality rate from respiratory disease considered preventable (Persons)	2013 - 15	18.1	13.7	20.8	8.2	15.8	13.8	**13.8**	17.8	24.4	20.4	11.8	28.1	22.1	19.1	34.6	11.9	14.9	12.8	10.3	9.8
4.07ii	Under 75 mortality rate from respiratory disease considered preventable (Male)	2013 - 15	20.3	- x	24.4	8.4	19.5	15.8	**17.1**	21.6	29.0	23.3	12.8	34.3	26.2	24.6	40.9	15.9	19.1	16.4	- x	- x
4.07ii	Under 75 mortality rate from respiratory disease considered preventable (Female)	2013 - 15	16.1	- x	17.3	7.9	12.5	11.9	**10.7**	14.2	20.0	17.7	10.8	22.2	18.3	- x	28.9	8.2	- x	9.5	- x	- x
4.08	Mortality rate from a range of specified communicable diseases, including influenza (Persons)	2013 - 15	10.5	- x	16.0	9.7	7.3	10.8	**7.5**	7.7	10.8	10.4	9.4	14.3	17.3	10.3	14.2	6.2	10.2	9.0	8.9	10.2
4.08	Mortality rate from a range of specified communicable diseases, including influenza (Male)	2013 - 15	11.5	- x	20.6	11.7	8.6	11.4	**- x**	8.6	12.0	- x	9.6	15.9	24.2	- x	14.9	7.7	14.4	10.4	- x	- x
4.08	Mortality rate from a range of specified communicable diseases, including influenza (Female)	2013 - 15	9.6	- x	11.1	7.7	5.9	10.5	**- x**	7.0	9.2	10.1	9.1	13.5	- x	- x	14.2	5.2	- x	8.0	9.2	- x

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Comparison with respect to England value / goal: Lower | Similar | Higher | Better | Similar | Worse | Not compared

Note: x - Value Missing

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Healthcare and premature mortality continued

Indicator		Period	England	Bracknell F	Brig & Hov	Bucks	East Sussex	Hants	IoW	Kent	Medway	Milt Keynes	Oxon	Portsmouth	Reading	Slough	Southampton	Surrey	W Berks	W Sussex	Win & Maid	Wokingham
4.09i	Excess under 75 mortality rate in adults with serious mental illness	2013/14	351.8	361.9	332.6	302.6	275.6	386.7	**135.4**	353.6	424.0	298.8	292.3	405.1	382.0	403.5	445.8	356.1	458.8	371.2	400.0	330.1
4.09ii	Proportion of adults in the population in contact with secondary mental health services	2013/14	5.3	4.0	6.9	3.3	7.1	4.1	**14.4**	4.8	4.9	3.7	3.4	4.4	4.6	4.2	5.1	3.2	3.7	4.1	3.5	2.9
4.10	Suicide rate (Persons)	2013 - 15	10.1	8.1	15.2	8.5	11.9	8.7	**13.4**	12.0	11.7	8.6	9.4	14.1	11.0	8.8	14.4	9.1	7.0	10.1	7.1	6.0
4.10	Suicide rate (Male)	2013 - 15	15.8	- x	24.4	12.9	19.4	13.8	**23.2**	19.4	17.8	14.6	14.6	20.9	19.0	14.8	21.6	12.8	- x	16.0	- x	- x
4.10	Suicide rate (Female)	2013 - 15	4.7	- x	- x	4.3	4.9	3.9	**- x**	5.1	- x	- x	4.4	- x	- x	- x	- x	5.6	- x	4.6	- x	- x
4.11	Emergency readmissions within 30 days of discharge from hospital (Persons)	2011/12	11.8	11.6	14.5	10.4	11.0	11.1	**9.5**	11.9	11.5	12.9	11.4	12.2	11.1	13.4	12.5	11.9	10.0	11.8	10.6	10.2
4.11	Emergency readmissions within 30 days of discharge from hospital (Male)	2011/12	12.1	10.8	14.5	11.1	11.3	11.3	**10.1**	12.2	12.1	12.9	11.8	12.3	11.3	14.8	12.7	12.1	10.1	11.8	10.7	10.1
4.11	Emergency readmissions within 30 days of discharge from hospital (Female)	2011/12	11.5	12.3	14.7	9.8	10.7	10.9	**9.0**	11.7	10.9	12.8	11.1	12.1	10.8	12.1	12.5	11.7	9.8	11.9	10.6	10.3
4.12i	Preventable sight loss - age related macular degeneration (AMD)	2014/15	118.1	118.8	153.8	113.5	148.8	158.8	**123.9**	126.3	100.4	31.0	98.6	196.8	140.4	139.5	186.9	108.1	125.7	41.9	105.2	118.3
4.12ii	Preventable sight loss - glaucoma	2014/15	12.8	8.9	12.1	8.0	22.1	15.0	**10.7**	9.6	8.5	- *	9.1	25.8	15.7	23.8	14.3	12.5	13.3	6.7	17.0	9.7
4.12iii	Preventable sight loss - diabetic eye disease	2014/15	3.2	- *	2.8	3.4	3.2	4.4	**4.9**	3.6	4.7	- *	2.4	- *	4.5	11.3	3.3	1.9	- *	1.4	- *	- *
4.12iv	Preventable sight loss - sight loss certifications	2014/15	42.4	33.0	40.9	36.0	67.1	58.5	**58.9**	39.3	35.0	10.4	31.1	49.7	37.9	46.3	57.9	36.4	37.2	21.0	31.9	32.7
4.13	Health related quality of life for older people	2013/14	0.727	0.767	0.743	0.779	0.756	0.764	**0.735**	0.745	0.736	0.729	0.761	0.725	0.751	0.699	0.727	0.774	0.788	0.751	0.764	0.766
4.14i	Hip fractures in people aged 65 and over (Persons)	2014/15	571	548	624	534	516	509	**532**	598	607	559	568	611	495	606	656	577	545	563	559	528
4.14i	Hip fractures in people aged 65 and over (Male)	2014/15	425	414	550	410	416	378	**416**	428	455	430	438	603	438	577	575	433	489	392	364	366
4.14i	Hip fractures in people aged 65 and over (Female)	2014/15	718	682	698	658	616	640	**647**	769	758	689	697	619	553	635	738	721	601	734	755	690
4.14ii	Hip fractures in people aged 65 and over - aged 65-79 (Persons)	2014/15	239	208	284	196	207	206	**253**	253	253	263	208	270	210	211	294	210	199	237	192	228

Comparison with respect to England value / goal: Lower | Similar | Higher | Better | Similar | Worse | Not compared

Note: * - Disclosure control applied, x - Value Missing

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Healthcare and premature mortality continued

Indicator		Period	England	Bracknell F	Brig & Hov	Bucks	East Sussex	Hants	IoW	Kent	Medway	Milt Keynes	Oxon	Portsmouth	Reading	Slough	Southampton	Surrey	W Berks	W Sussex	Win & Maid	Wokingham
4.14ii	Hip fractures in people aged 65 and over - aged 65-79 (Male)	2014/15	167	- *	259	140	157	124	**174**	169	167	180	166	228	206	- *	220	141	166	161	134	131
4.14ii	Hip fractures in people aged 65 and over - aged 65-79 (Female)	2014/15	312	- *	309	253	258	288	**332**	337	339	346	251	313	214	- *	368	280	233	313	250	325
4.14iii	Hip fractures in people aged 65 and over - aged 80+ (Persons)	2014/15	1535	1531	1608	1513	1410	1388	**1340**	1599	1632	1419	1609	1600	1323	1752	1707	1640	1548	1508	1624	1399
4.14iii	Hip fractures in people aged 65 and over - aged 80+ (Male)	2014/15	1174	- *	1391	1194	1167	1114	**1118**	1176	1291	1155	1226	1692	1110	- *	1605	1280	1427	1060	1030	1049
4.14iii	Hip fractures in people aged 65 and over - aged 80+ (Female)	2014/15	1895	- *	1825	1832	1653	1663	**1562**	2022	1973	1683	1993	1508	1536	- *	1810	1999	1669	1956	2218	1748
4.15i	Excess winter deaths index (single year, all ages) (Persons)	Aug 2014 - Jul 2015	27.7	11.3	21.2	29.2	29.4	24.9	**24.4**	27.8	23.2	33.7	23.5	32.0	37.9	30.8	25.7	27.8	23.8	29.8	21.7	16.3
4.15i	Excess winter deaths index (single year, all ages) (Male)	Aug 2014 - Jul 2015	23.6	9.3	19.5	22.1	22.2	20.0	**15.3**	23.3	15.2	25.8	22.5	25.8	47.8	34.4	21.0	22.5	18.7	23.2	15.4	10.5
4.15i	Excess winter deaths index (single year, all ages) (Female)	Aug 2014 - Jul 2015	31.6	13.3	22.8	36.0	36.0	29.4	**33.5**	31.9	31.2	41.4	24.5	38.3	28.3	27.0	30.2	32.6	29.2	35.6	27.4	22.3
4.15ii	Excess winter deaths index (single year, age 85+) (Persons)	Aug 2014 - Jul 2015	40.1	21.0	34.9	36.2	40.1	39.0	**32.0**	35.8	41.4	51.5	34.3	37.7	46.1	39.1	48.9	38.0	28.1	44.6	27.6	22.4
4.15ii	Excess winter deaths index (single year, age 85+) (Male)	Aug 2014 - Jul 2015	36.3	43.3	35.1	19.1	26.4	34.8	**31.8**	30.8	46.8	26.2	46.1	39.7	40.2	46.7	22.0	34.0	28.7	40.9	31.8	15.2
4.15ii	Excess winter deaths index (single year, age 85+) (Female)	Aug 2014 - Jul 2015	42.4	8.4	34.8	47.7	48.8	41.5	**32.1**	38.8	38.8	67.8	27.9	36.6	50.0	34.1	66.4	40.4	27.7	46.8	25.1	28.1
4.15iii	Excess winter deaths index (3 years, all ages) (Persons)	Aug 2012 - Jul 2015	19.6	10.9	16.3	17.0	17.7	16.9	**19.1**	21.0	16.7	24.0	19.8	25.5	25.7	24.0	15.8	18.8	13.0	19.1	13.6	21.3
4.15iii	Excess winter deaths index (3 years, all ages) (Male)	Aug 2012 - Jul 2015	16.6	5.0	15.9	14.3	12.9	13.0	**18.4**	18.5	10.9	17.5	15.9	20.6	25.1	27.3	13.6	15.6	9.0	16.3	4.6	24.5
4.15iii	Excess winter deaths index (3 years, all ages) (Female)	Aug 2012 - Jul 2015	22.4	17.3	16.6	19.6	22.1	20.5	**19.7**	23.3	22.3	30.4	23.4	30.2	26.4	20.4	18.1	21.6	17.0	21.7	22.5	18.3
4.15iv	Excess winter deaths index (3 years, age 85+) (Persons)	Aug 2012 - Jul 2015	28.2	29.3	26.5	24.7	24.9	25.4	**26.3**	26.3	27.9	32.4	27.2	30.3	37.1	26.5	24.1	26.5	25.5	25.9	26.6	32.3

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Comparison with respect to England value / goal: Lower | Similar | Higher | Better | Similar | Worse | Not compared

Note: * - Disclosure control applied

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Healthcare and premature mortality continued

Indicator		Period	England	Bracknell F	Brig & Hov	Bucks	East Sussex	Hants	IoW	Kent	Medway	Milt Keynes	Oxon	Portsmouth	Reading	Slough	Southampton	Surrey	W Berks	W Sussex	Win & Maid	Wokingham
4.15iv	Excess winter deaths index (3 years, age 85+) (Male)	Aug 2012 - Jul 2015	26.5	24.3	31.1	22.3	22.0	22.5	**25.9**	22.7	17.0	16.8	26.0	27.4	36.5	18.8	17.2	23.1	25.5	25.8	22.2	41.9
4.15iv	Excess winter deaths index (3 years, age 85+) (Female)	Aug 2012 - Jul 2015	29.2	32.6	23.9	26.2	26.7	27.2	**26.5**	28.4	34.1	41.7	27.9	31.8	37.4	32.1	28.5	28.5	25.6	25.9	29.3	25.9
4.16	Estimated diagnosis rate for people with dementia	2013/14	52.5	-	-	-	-	-	**-**	-	-	-	-	-	-	-	-	-	-	-	-	-

Supporting information

	Supporting Information - Deprivation score (IMD 2010)	2010	21.7	9.5	26.0	10.2	20.2	11.3	**20.7**	17.7	20.5	15.6	12.3	25.4	20.6	24.2	25.0	8.8	10.0	14.1	8.8	5.4
	Supporting information - Deprivation score (IMD 2015)	2015	21.8	10.5	23.4	9.8	18.8	11.9	**23.1**	18.8	22.3	18.0	11.5	27.1	19.3	22.9	26.9	9.4	10.2	14.0	8.9	5.7
	Supporting information - % population aged	2015	21.3	23.7	18.0	22.8	19.5	20.8	**18.2**	21.7	22.8	25.3	20.9	20.7	22.5	27.8	19.7	21.9	22.9	20.4	22.8	23.2
	Supporting information - % population aged 65+	2015	17.7	13.7	13.3	18.2	24.9	20.7	**26.6**	19.7	15.4	12.8	17.5	14.0	12.0	9.6	13.2	18.5	17.8	22.3	18.2	17.3
	Supporting information - % population from Black and Minority Ethnic (BME) groups	2011	14.6	9.4	10.9	13.6	4.0	5.0	**2.7**	6.3	10.4	20.0	9.1	11.6	25.2	54.3	14.1	9.6	5.2	6.2	13.9	11.6

Comparison with respect to England value / goal: Lower | Similar | Higher | Better | Similar | Worse | Not compared

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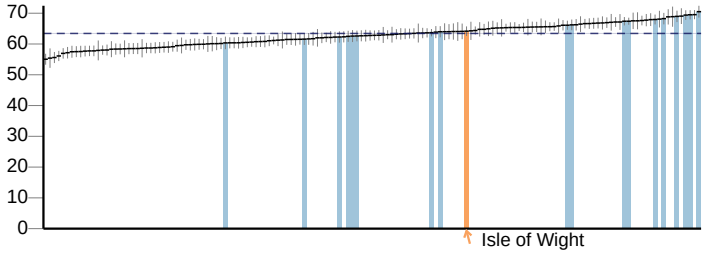
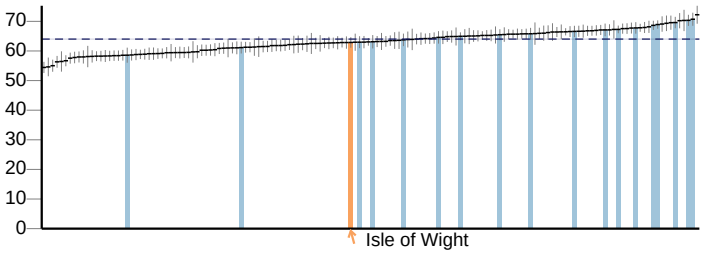
Summary Charts

Overarching indicators

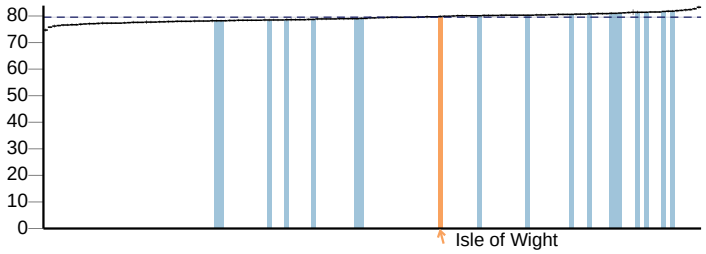
0.1i - Healthy life expectancy at birth (Male)



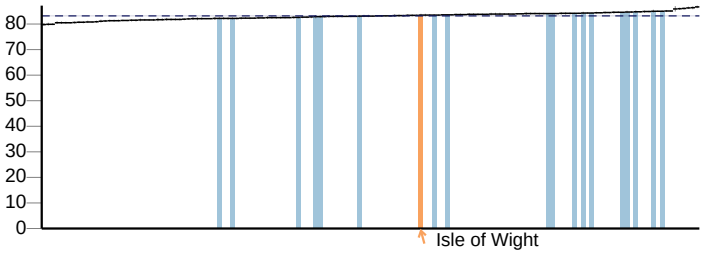
0.1i - Healthy life expectancy at birth (Female)



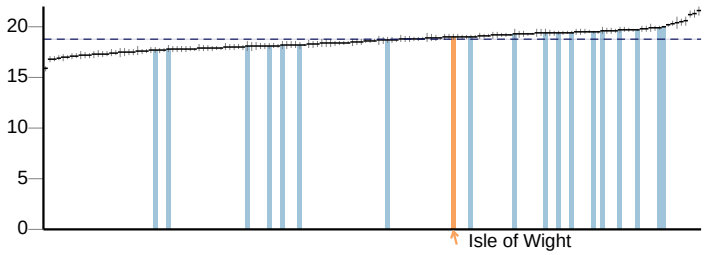
0.1ii - Life expectancy at birth (Male)



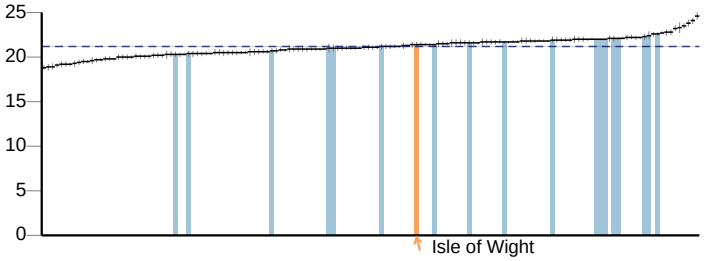
0.1ii - Life expectancy at birth (Female)



0.1ii - Life expectancy at 65 (Male)



0.1ii - Life expectancy at 65 (Female)



0.2i - Slope index of inequality in life expectancy at birth based on national deprivation deciles within England (Male)

No data

0.2i - Slope index of inequality in life expectancy at birth based on national deprivation deciles within England (Female)

No data

0.2ii - Number of upper tier local authorities for which the local slope index of inequality in life expectancy (as defined in 0.2iii) has decreased (Male)

No data

0.2ii - Number of upper tier local authorities for which the local slope index of inequality in life expectancy (as defined in 0.2iii) has decreased (Female)

No data

Key England value and confidence interval ↑ Isle of Wight Other local authority in South East

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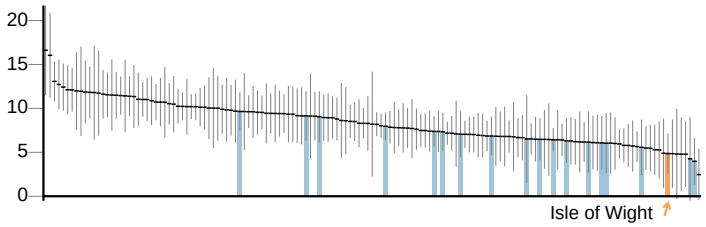
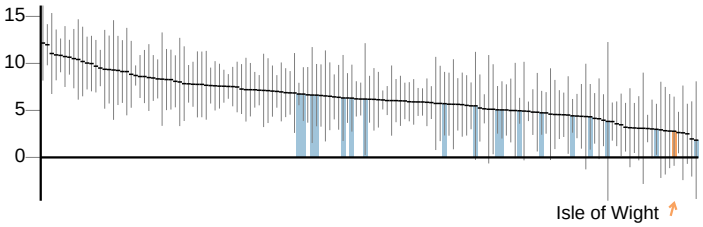
Overarching indicators continued

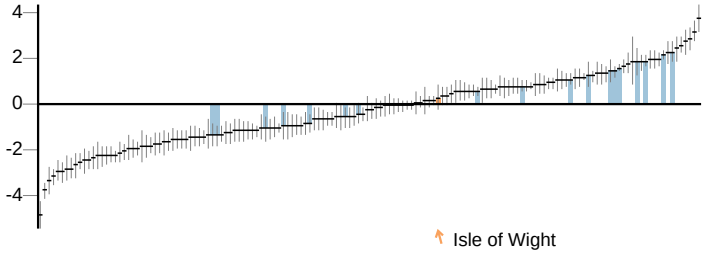
0.2iii - Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area (Male)



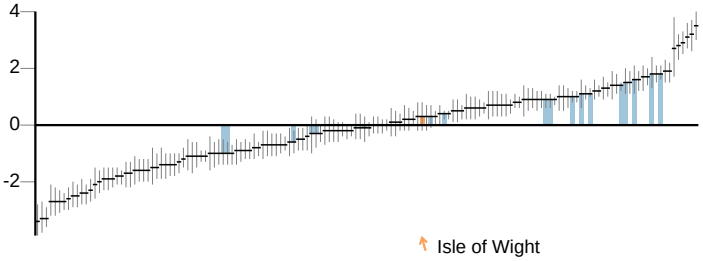
0.2iii - Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area (Female)



0.2iv - Gap in life expectancy at birth between each local authority and England as a whole (Male)



0.2iv - Gap in life expectancy at birth between each local authority and England as a whole (Female)



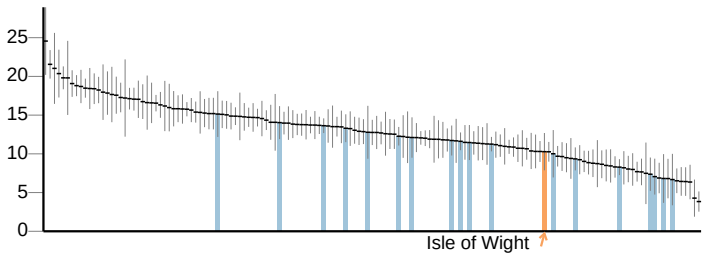
0.2v - Slope index of inequality in healthy life expectancy at birth based on national deprivation deciles within England (Male)

No data

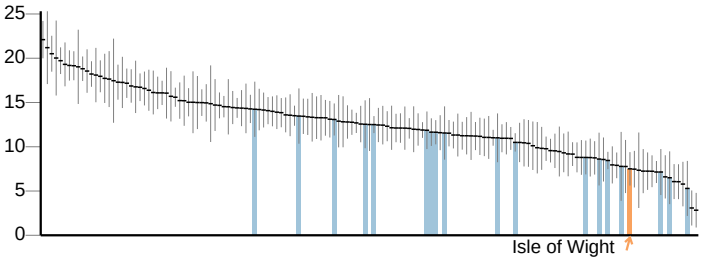
0.2v - Slope index of inequality in healthy life expectancy at birth based on national deprivation deciles within England (Female)

No data

0.2vi - SII in healthy life expectancy based within local authorities, based on deprivation within Middle Super Output Areas (Male)



0.2vi - SII in healthy life expectancy based within local authorities, based on deprivation within Middle Super Output Areas (Female)



0.2vii - Slope index of inequality in life expectancy at birth within English regions, based on regional deprivation deciles within each area (Male)

No data

0.2vii - Slope index of inequality in life expectancy at birth within English regions, based on regional deprivation deciles within each area (Female)

No data

Key England value and confidence interval Isle of Wight Other local authority in South East

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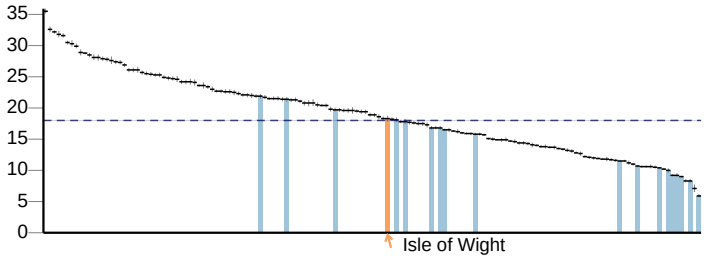
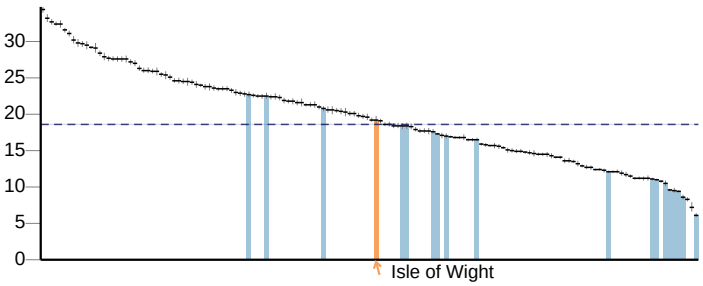
Isle of Wight

Wider determinants of health

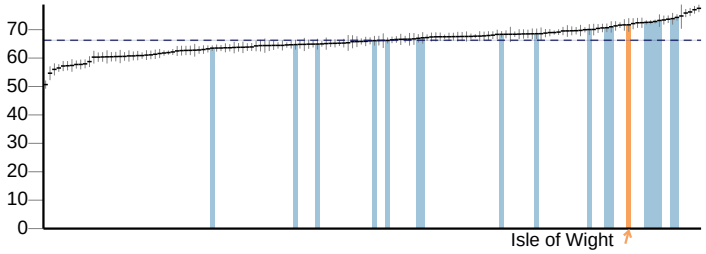
1.01i - Children in low income families (all dependent children under 20)



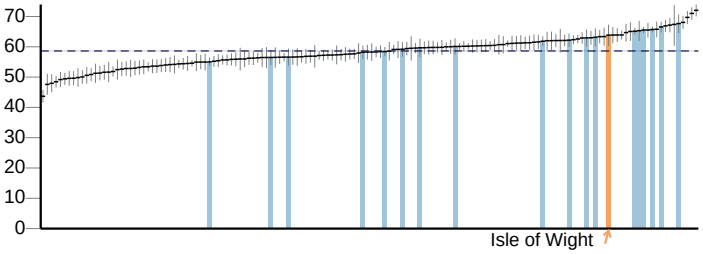
1.01ii - Children in low income families (under 16s)



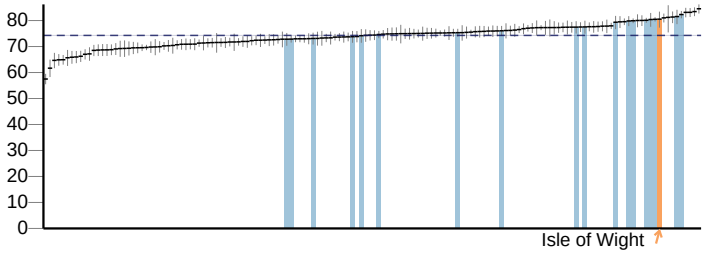
1.02i - School Readiness: the percentage of children achieving a good level of development at the end of reception (Persons)



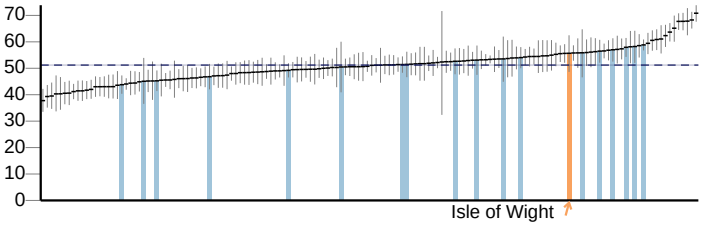
1.02i - School Readiness: the percentage of children achieving a good level of development at the end of reception (Male)



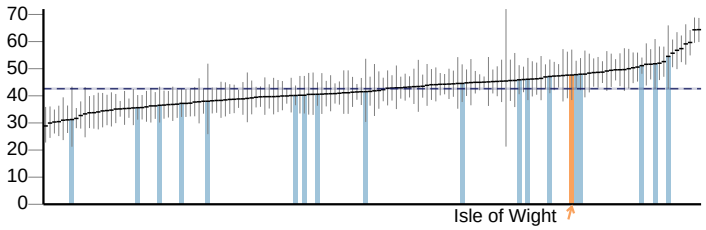
1.02i - School Readiness: the percentage of children achieving a good level of development at the end of reception (Female)



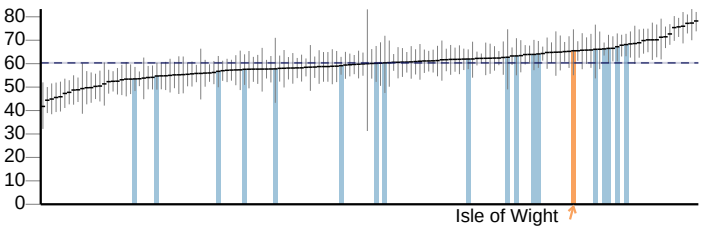
1.02i - School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception (Persons)



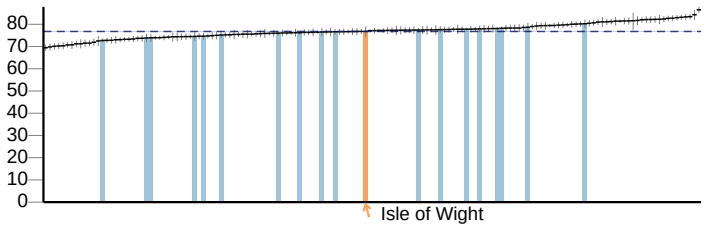
1.02i - School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception (Male)



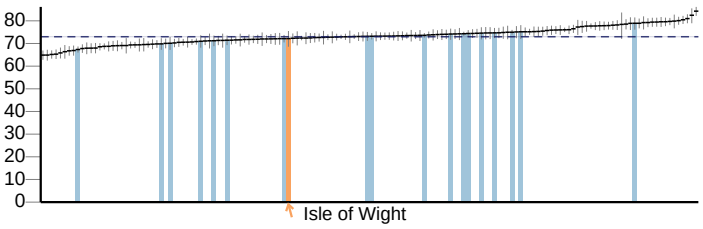
1.02i - School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception (Female)



1.02ii - School Readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check (Persons)



1.02ii - School Readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check (Male)



Key England value and confidence interval Isle of Wight Other local authority in South East

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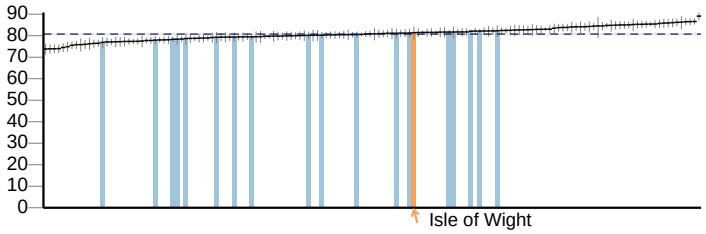
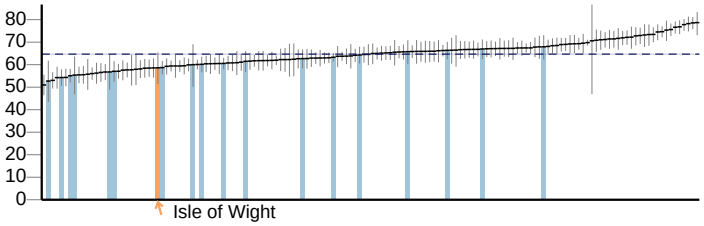
Wider determinants of health continued

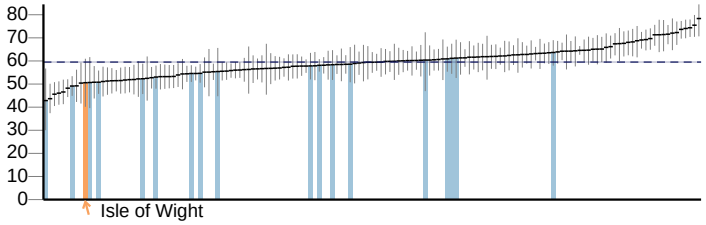
1.02ii - School Readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check (Female)



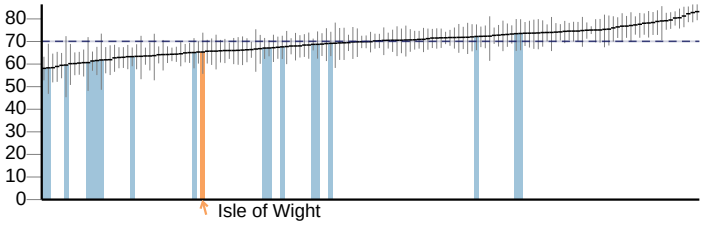
1.02ii - School Readiness: the percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check (Persons)



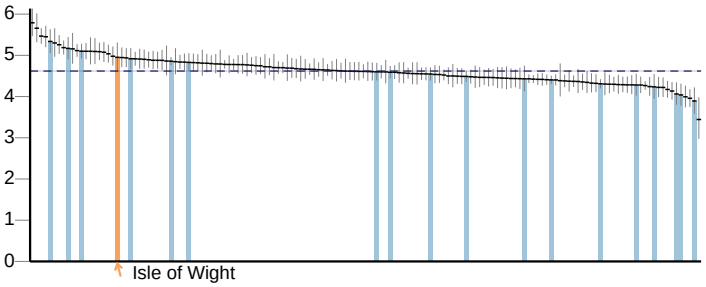
1.02ii - School Readiness: the percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check (Male)



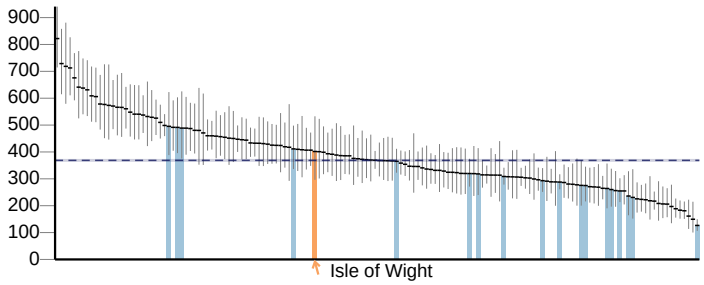
1.02ii - School Readiness: the percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check (Female)



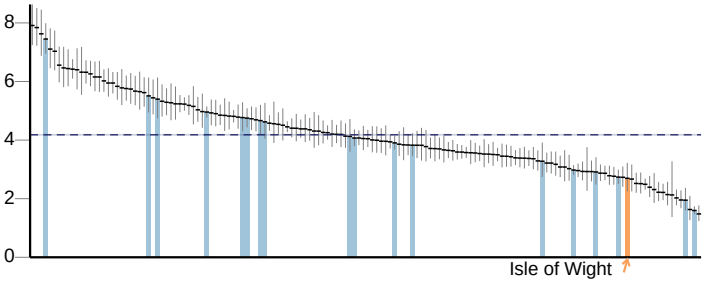
1.03 - Pupil absence



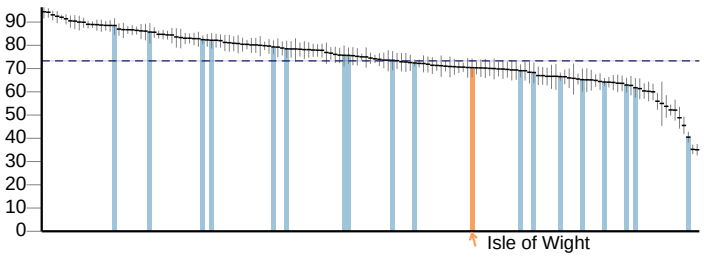
1.04 - First time entrants to the youth justice system



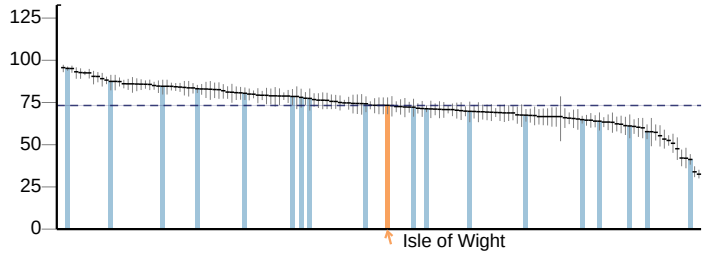
1.05 - 16-18 year olds not in education employment or training



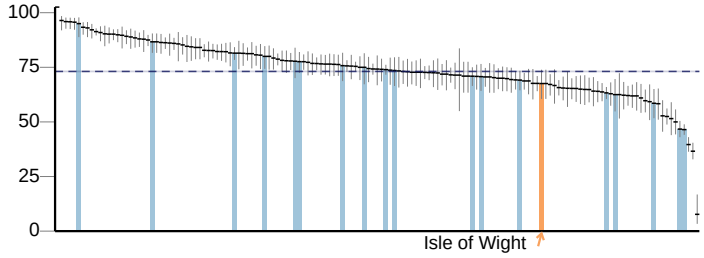
1.06i - Adults with a learning disability who live in stable and appropriate accommodation (Persons)



1.06i - Adults with a learning disability who live in stable and appropriate accommodation (Male)



1.06i - Adults with a learning disability who live in stable and appropriate accommodation (Female)



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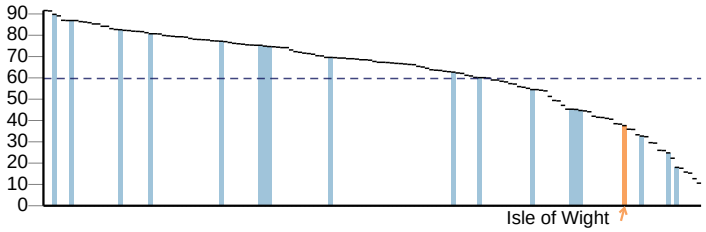
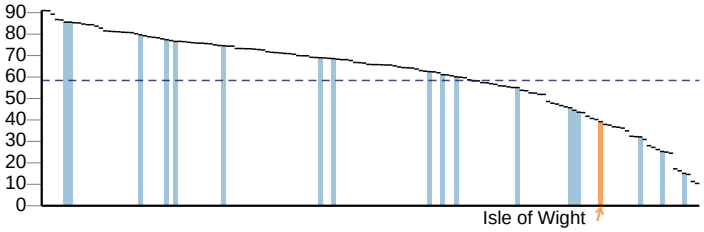
Wider determinants of health continued

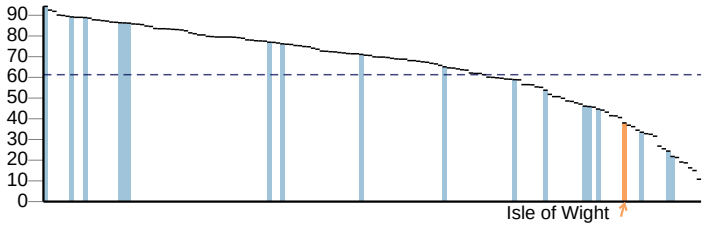
1.06ii - Percentage of adults in contact with secondary mental health services who live in stable and appropriate accommodation (Persons)



1.06ii - Percentage of adults in contact with secondary mental health services who live in stable and appropriate accommodation (Male)



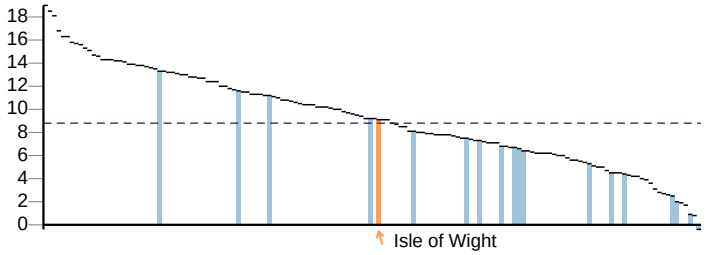
1.06ii - Percentage of adults in contact with secondary mental health services who live in stable and appropriate accommodation (Female)



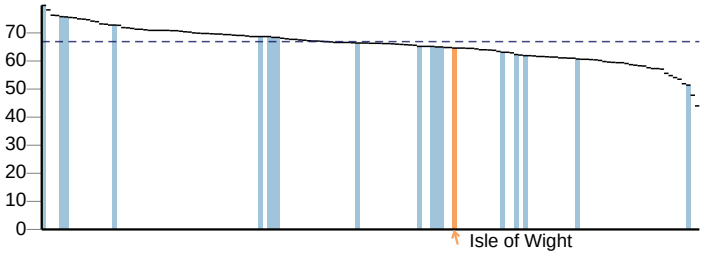
1.07 - People in prison who have a mental illness or a significant mental illness

No data

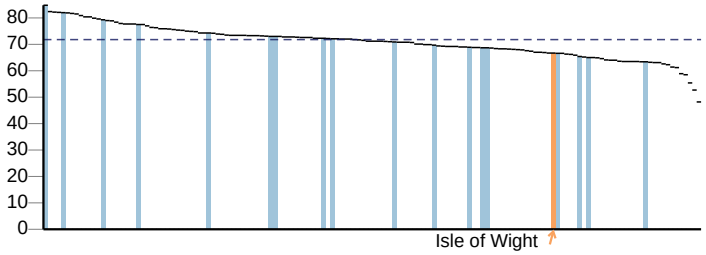
1.08i - Gap in the employment rate between those with a long-term health condition and the overall employment rate



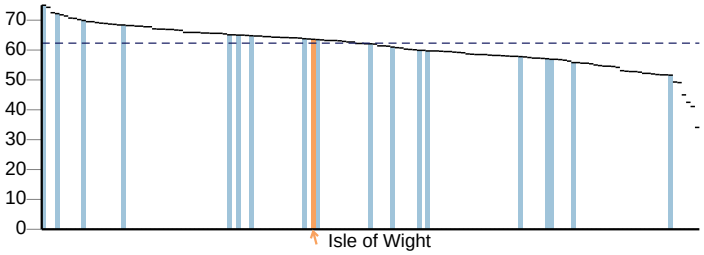
1.08ii - Gap in the employment rate between those with a learning disability and the overall employment rate (Persons)



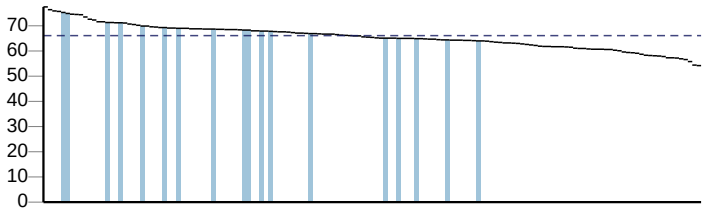
1.08ii - Gap in the employment rate between those with a learning disability and the overall employment rate (Male)



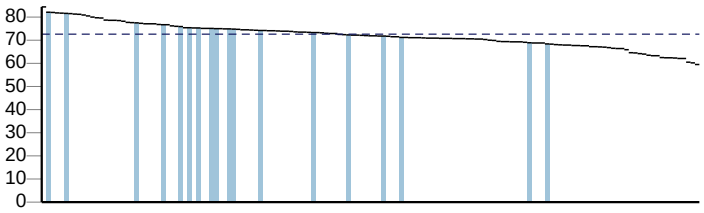
1.08ii - Gap in the employment rate between those with a learning disability and the overall employment rate (Female)



1.08iii - Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate (Persons)



1.08iii - Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate (Male)



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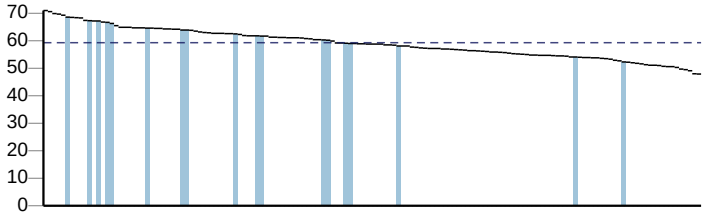
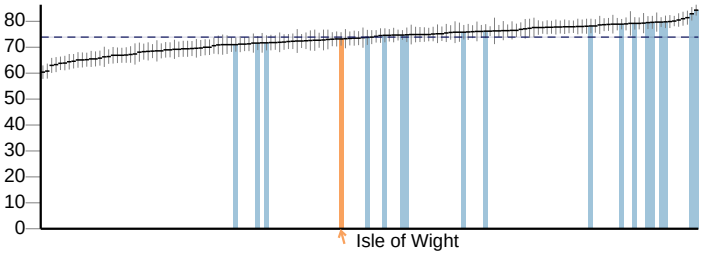
Wider determinants of health continued

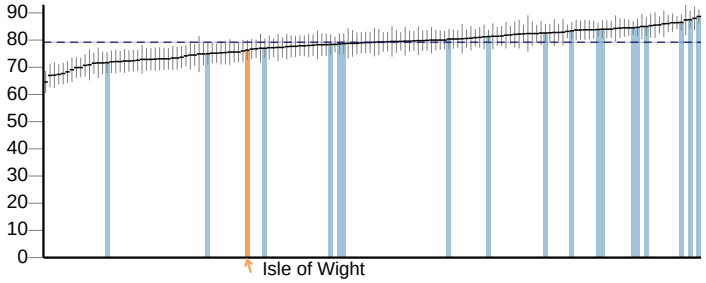
1.08iii - Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate (Female)



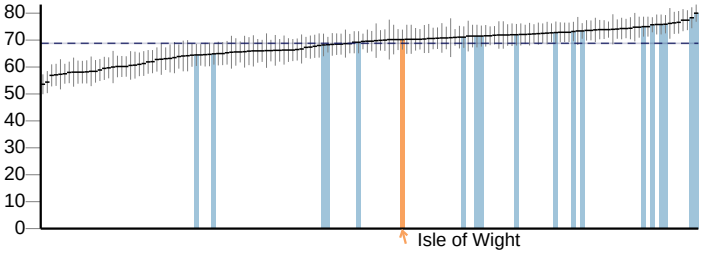
1.08iv - Percentage of people aged 16-64 in employment (Persons)



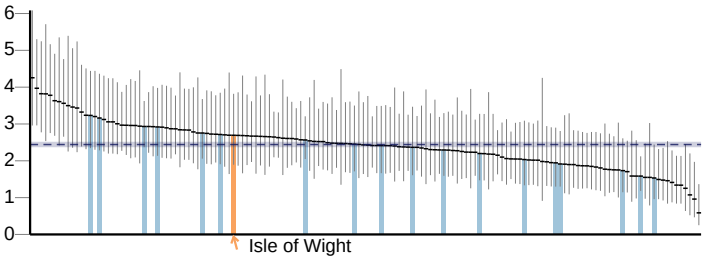
1.08iv - Percentage of people aged 16-64 in employment (Male)



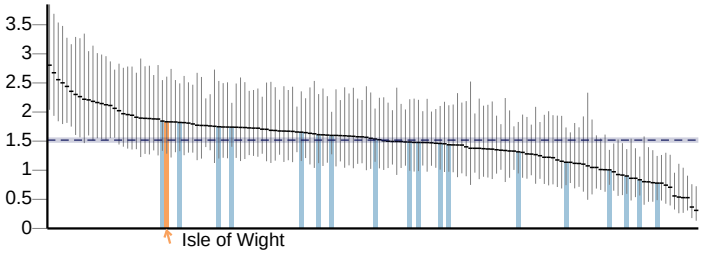
1.08iv - Percentage of people aged 16-64 in employment (Female)



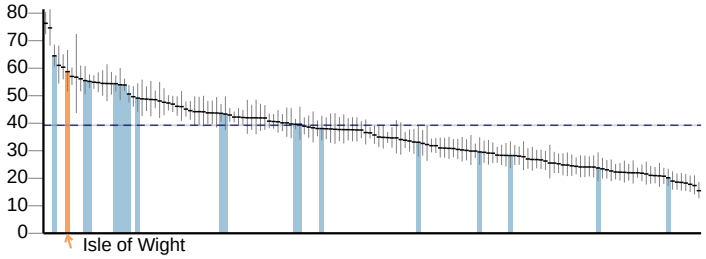
1.09i - Sickness absence - the percentage of employees who had at least one day off in the previous week



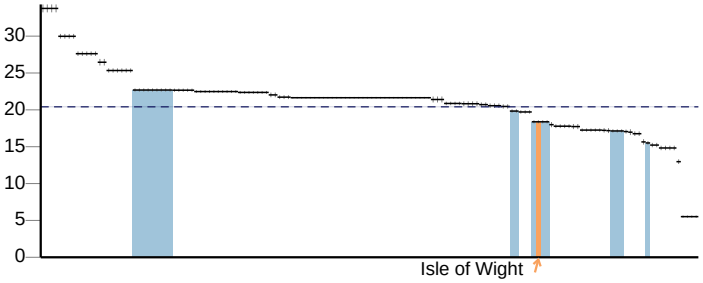
1.09ii - Sickness absence - the percent of working days lost due to sickness absence



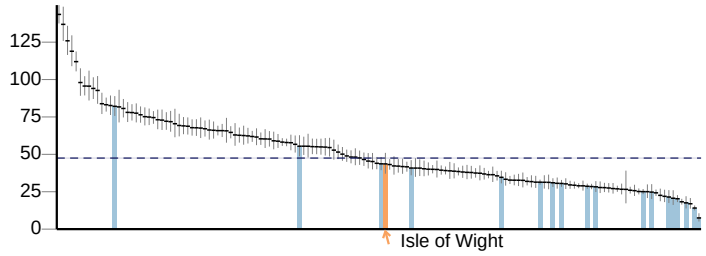
1.10 - Killed and seriously injured (KSI) casualties on England's roads



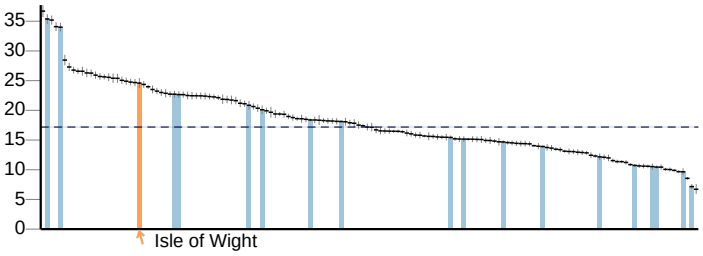
1.11 - Domestic abuse



1.12i - Violent crime (including sexual violence) - hospital admissions for violence



1.12ii - Violent crime (including sexual violence) - violence offences per 1,000 population



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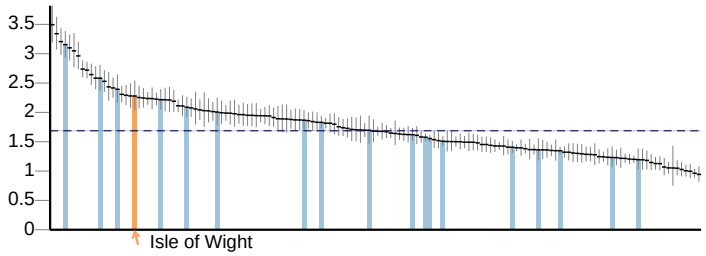
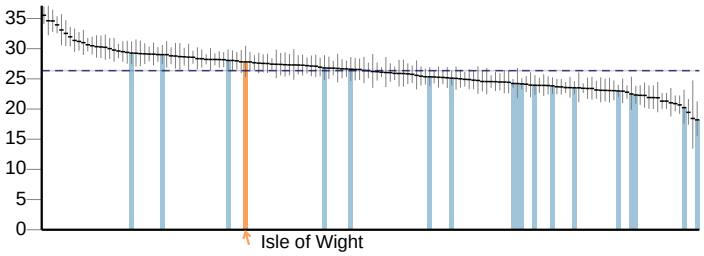
Isle of Wight

Wider determinants of health continued

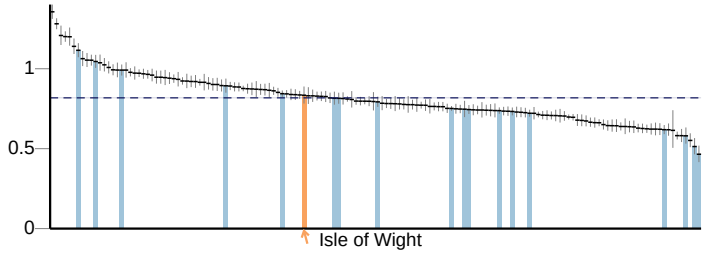
1.12iii- Violent crime (including sexual violence) - rate of sexual offences per 1,000 population



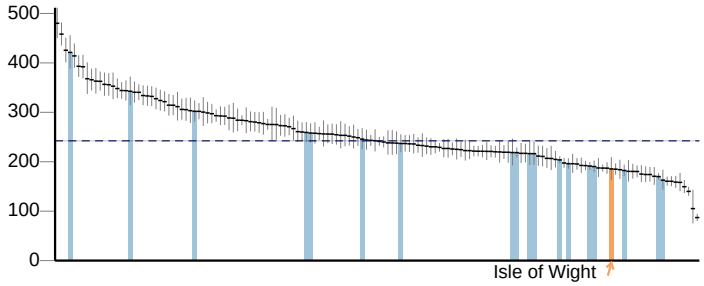
1.13i - Re-offending levels - percentage of offenders who re-offend



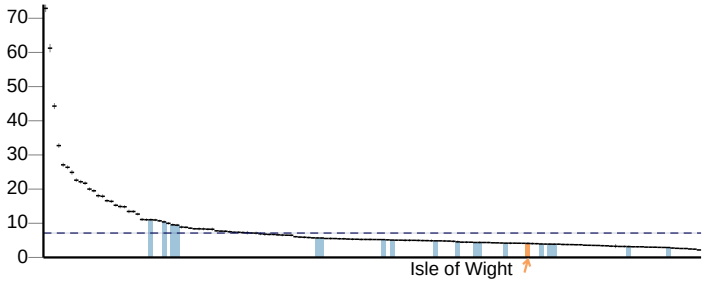
1.13ii - Re-offending levels - average number of re-offences per offender



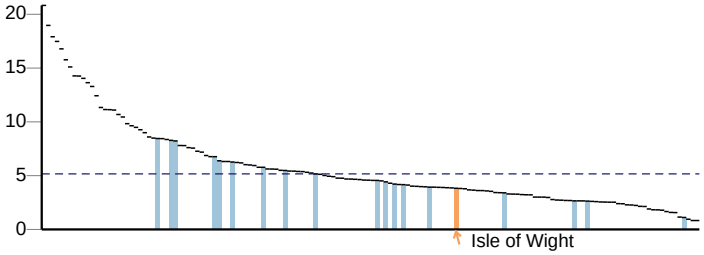
1.13iii - First time offenders



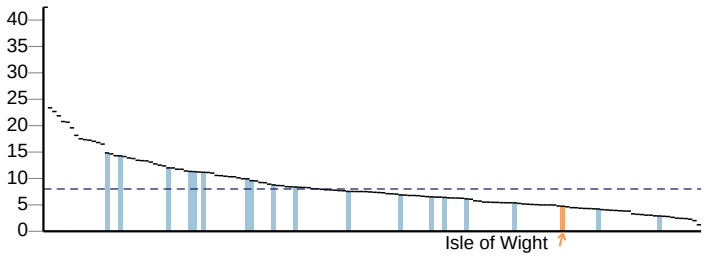
1.14i - The rate of complaints about noise



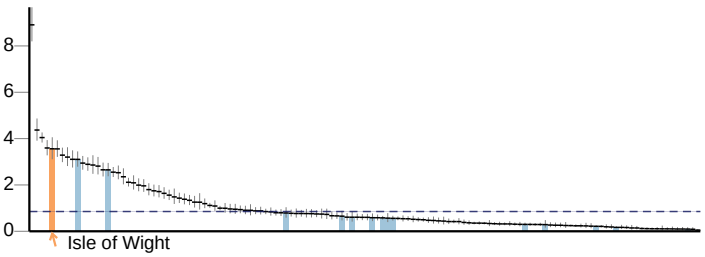
1.14ii - The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime



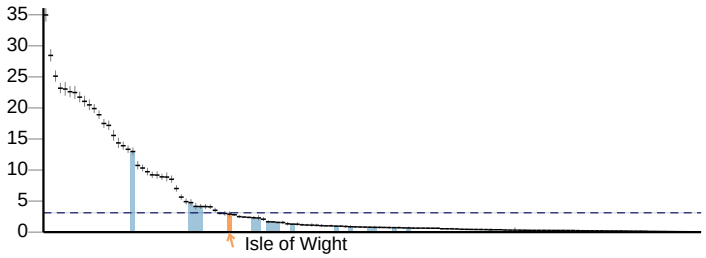
1.14iii - The percentage of the population exposed to road, rail and air transport noise of 55 dB(A) or more during the night-time



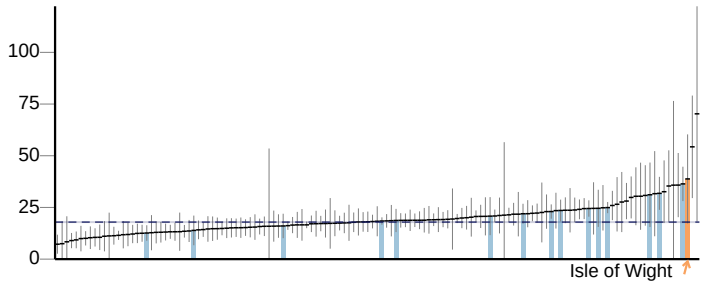
1.15i - Statutory homelessness - Eligible homeless people not in priority need



1.15ii - Statutory homelessness - households in temporary accommodation



1.16 - Utilisation of outdoor space for exercise/health reasons



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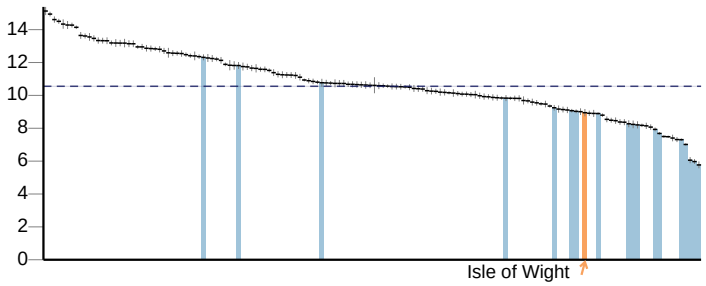
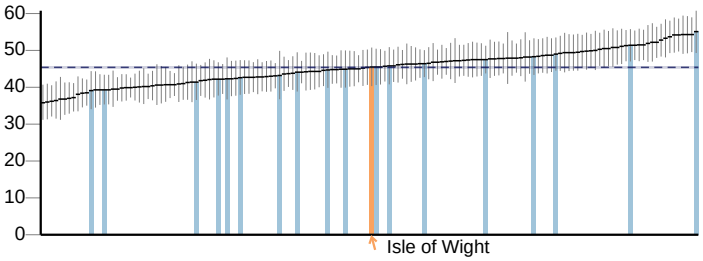
Wider determinants of health continued

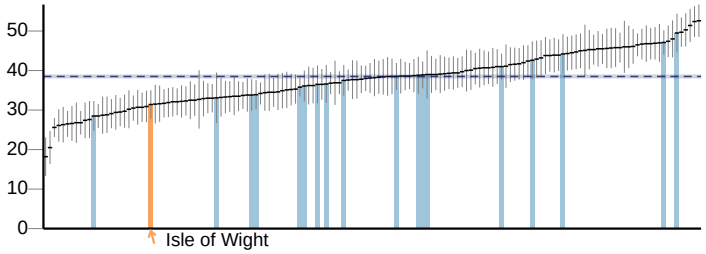
1.17 - Fuel poverty



1.18i - Social Isolation: percentage of adult social care users who have as much social contact as they would like



1.18ii - Social Isolation: percentage of adult carers who have as much social contact as they would like



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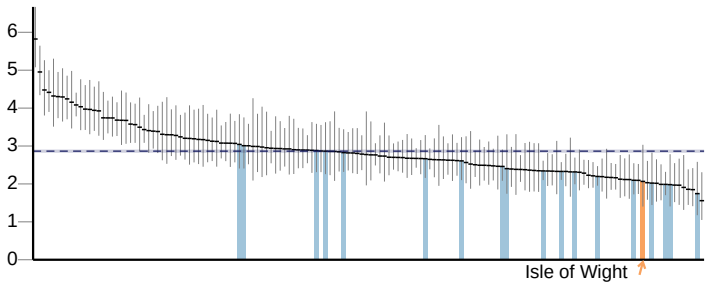
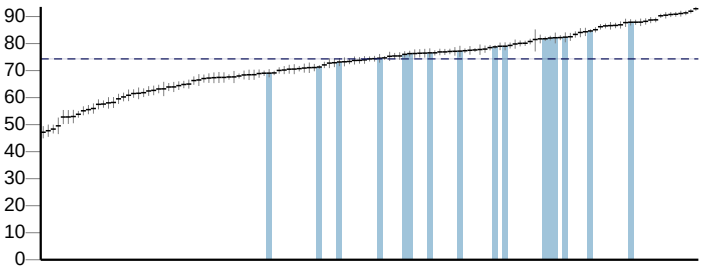
Isle of Wight

Health improvement

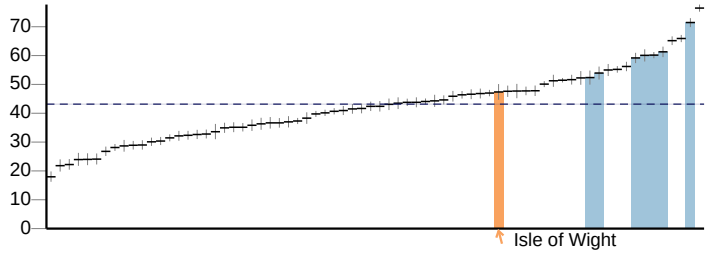
2.01 - Low birth weight of term babies



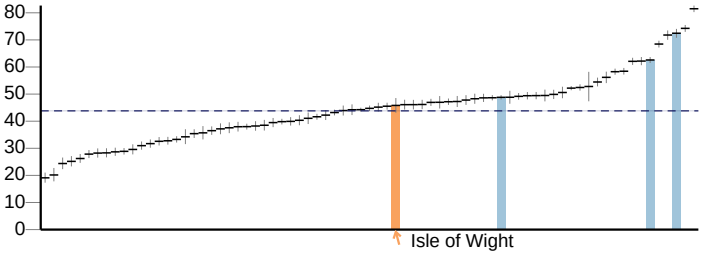
2.02i - Breastfeeding - breastfeeding initiation



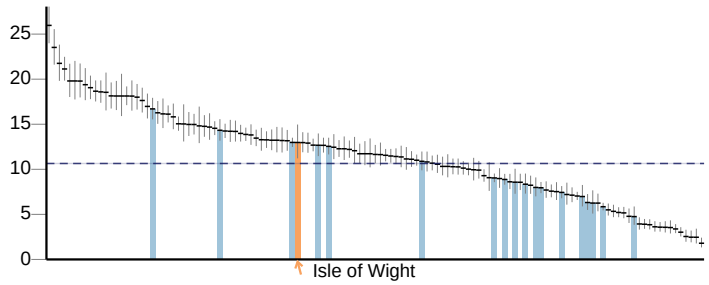
2.02ii - Breastfeeding - breastfeeding prevalence at 6-8 weeks after birth - current method



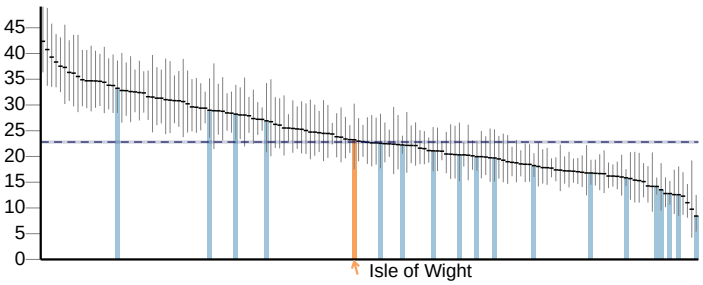
2.02ii - Breastfeeding - breastfeeding prevalence at 6-8 weeks after birth - historical method



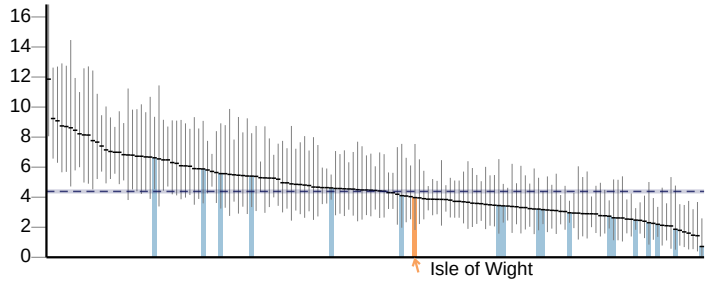
2.03 - Smoking status at time of delivery



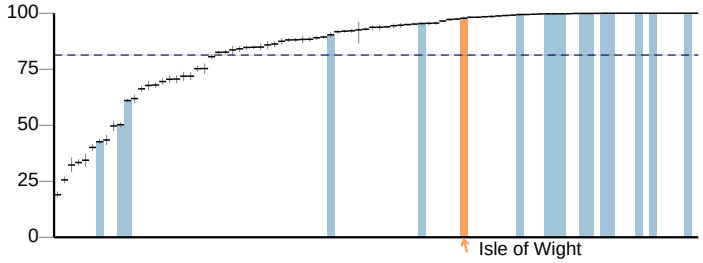
2.04 - Under 18 conceptions



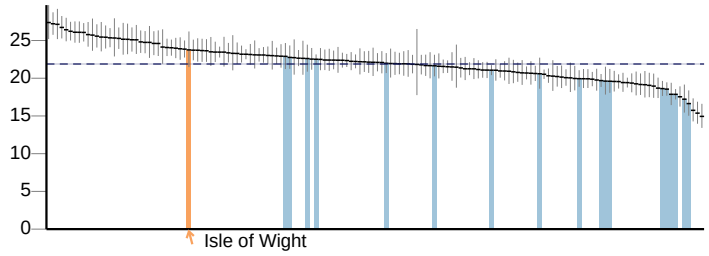
2.04 - Under 18 conceptions: conceptions in those aged under 16



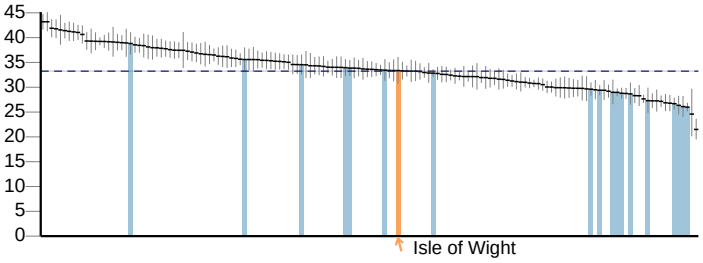
2.05ii - Proportion of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review



2.06i - Child excess weight in 4-5 and 10-11 year olds - 4-5 year olds



2.06ii - Child excess weight in 4-5 and 10-11 year olds - 10-11 year olds



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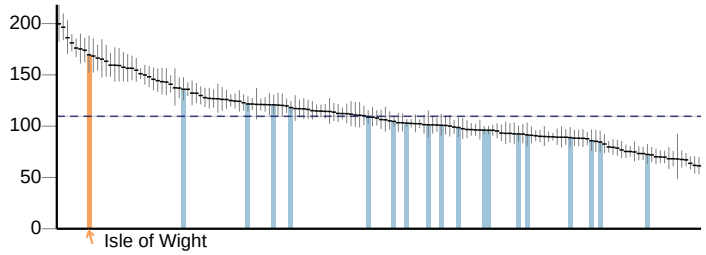
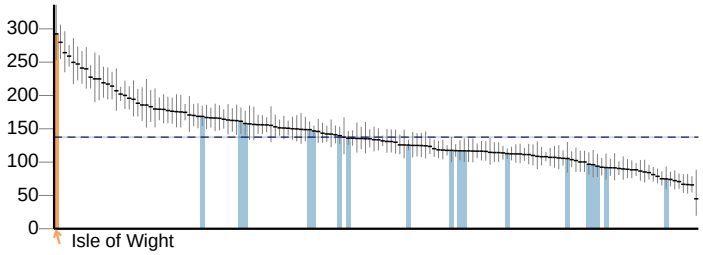
Health improvement continued

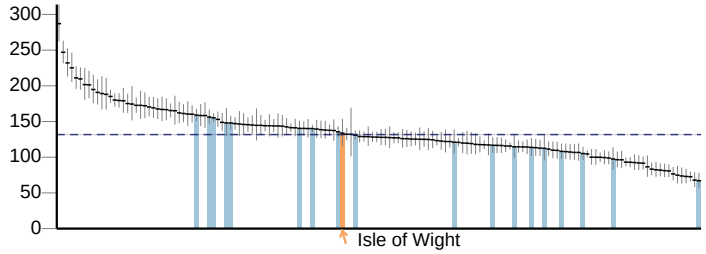
2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)



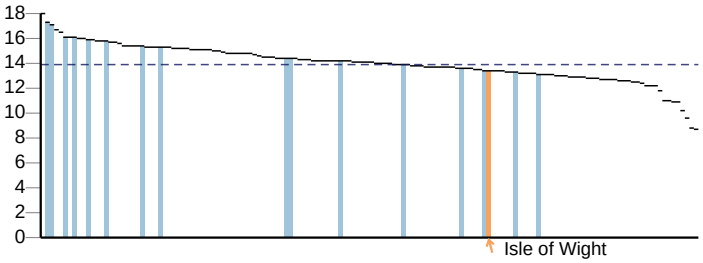
2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)



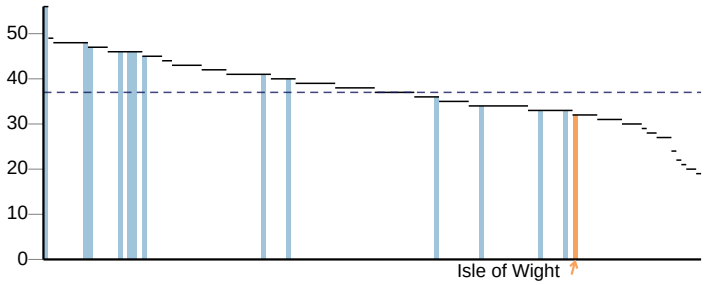
2.07ii - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)



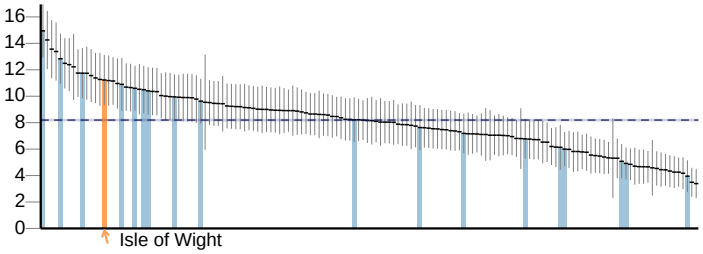
2.08i - Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31st March



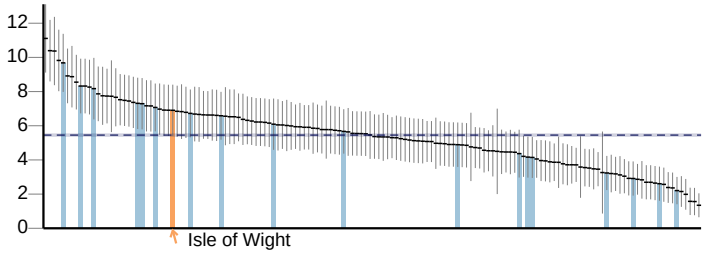
2.08ii - Percentage of children where there is a cause for concern



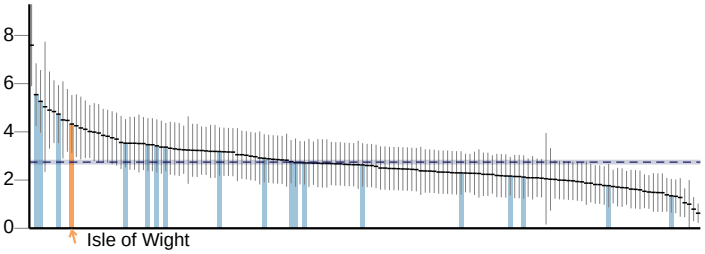
2.09i - Smoking prevalence at age 15 - current smokers (WAY survey)



2.09ii - Smoking prevalence at age 15 - regular smokers (WAY survey)



2.09iii - Smoking prevalence at age 15 - occasional smokers (WAY survey)



2.09iv - Smoking prevalence at age 15 years - regular smokers (SDD survey)

No data

2.09v - Smoking prevalence at age 15 years - occasional smokers (SDD survey)

No data

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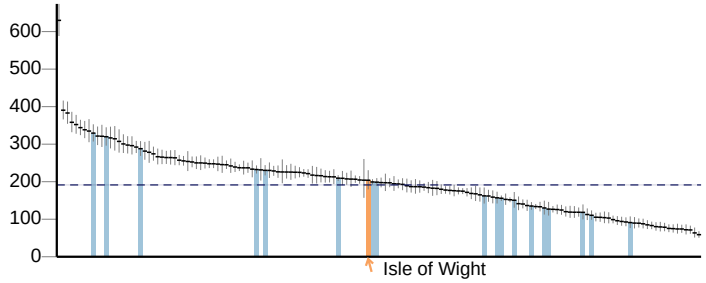
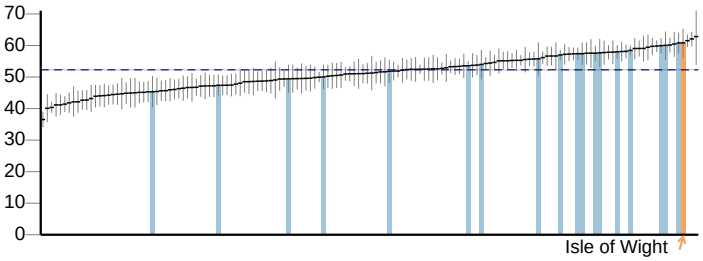
Health improvement continued

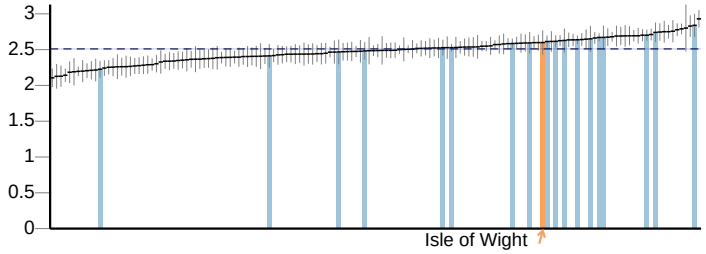
2.10ii - Emergency Hospital Admissions for Intentional Self-Harm



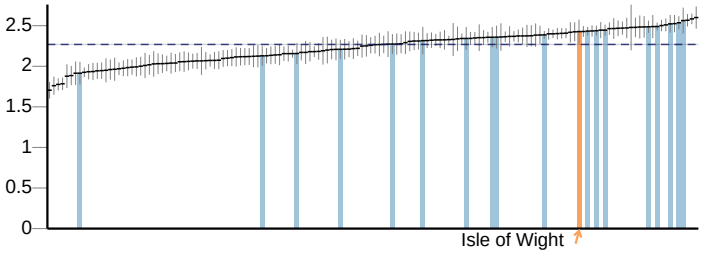
2.11i - Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)



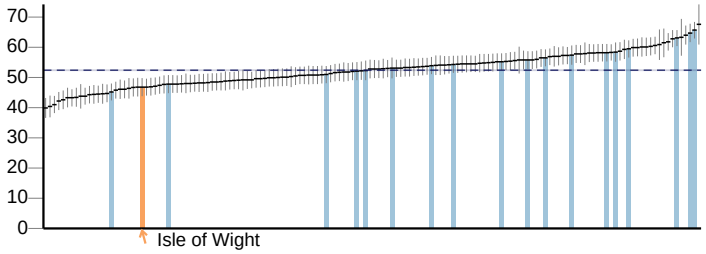
2.11ii - Average number of portions of fruit consumed daily (adults)



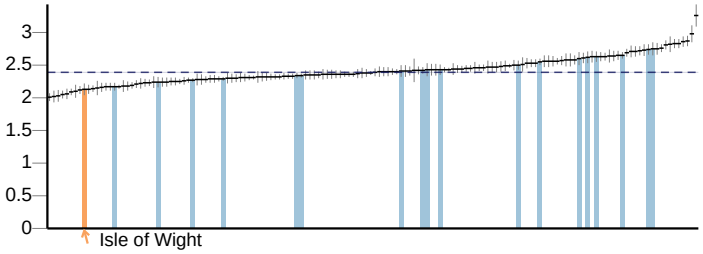
2.11iii - Average number of portions of vegetables consumed daily (adults)



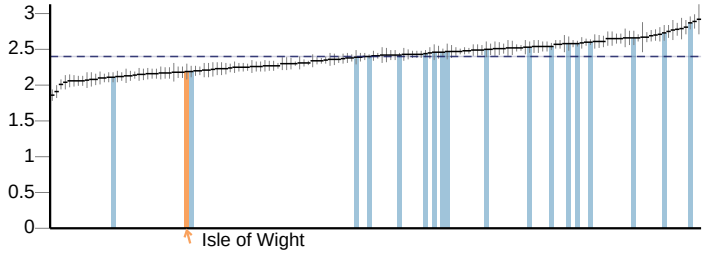
2.11iv – Proportion of the population meeting the recommended "5-a-day" at age 15



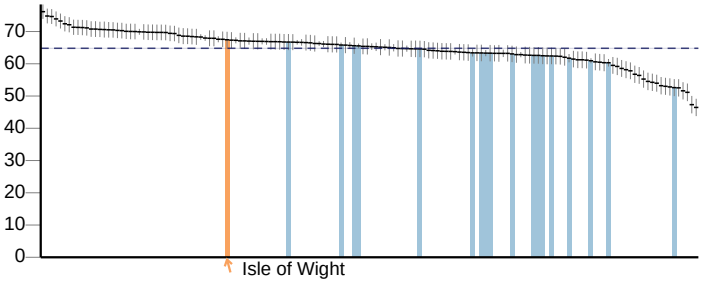
2.11v – Average number of portions of fruit consumed daily at age 15 (WAY survey)



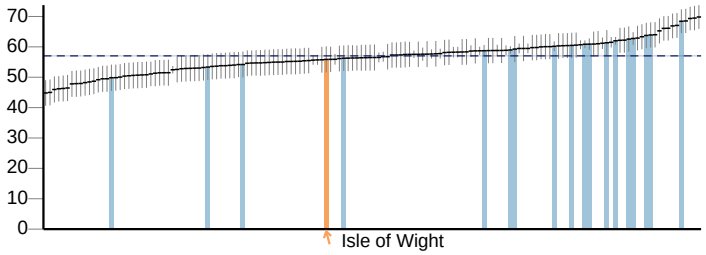
2.11vi – Average number of portions of vegetables consumed daily at age 15 (WAY survey)



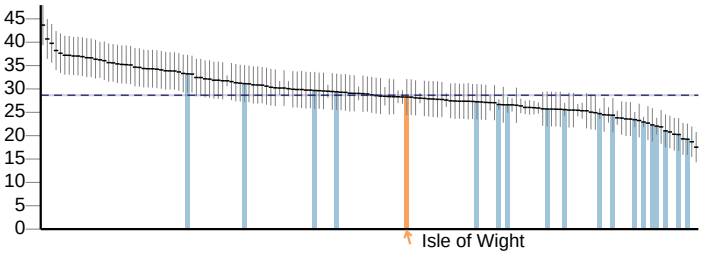
2.12 - Excess weight in Adults



2.13i - Percentage of physically active and inactive adults - active adults



2.13ii - Percentage of physically active and inactive adults - inactive adults



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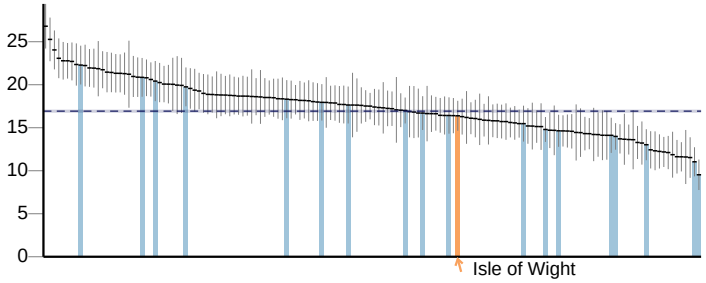
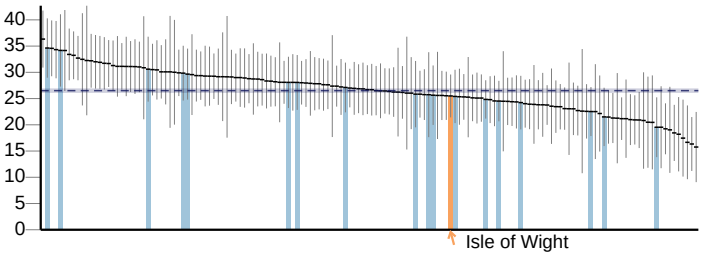
Health improvement continued

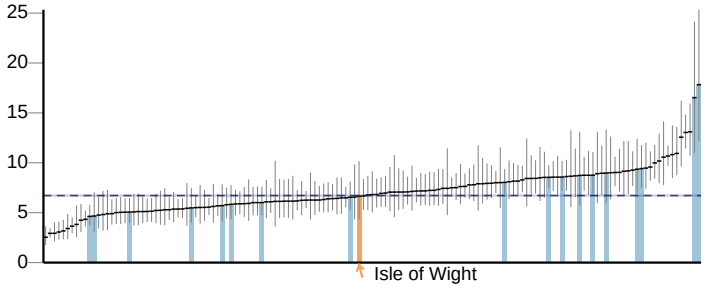
2.14 - Smoking Prevalence in adults - current smokers (APS)



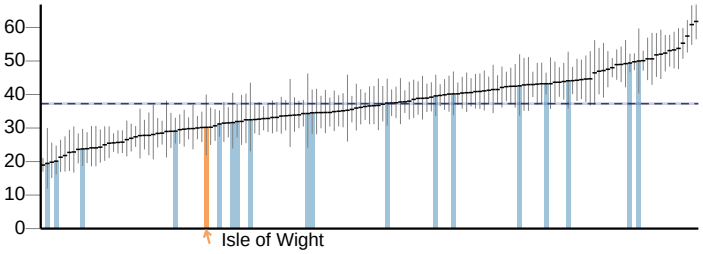
2.14 - Smoking Prevalence in adult in routine and manual occupations - current smokers (APS)



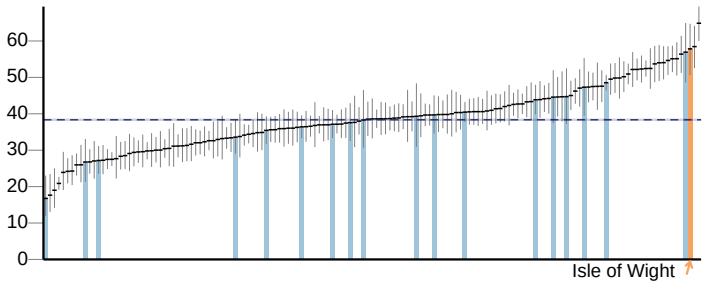
2.15i - Successful completion of drug treatment - opiate users



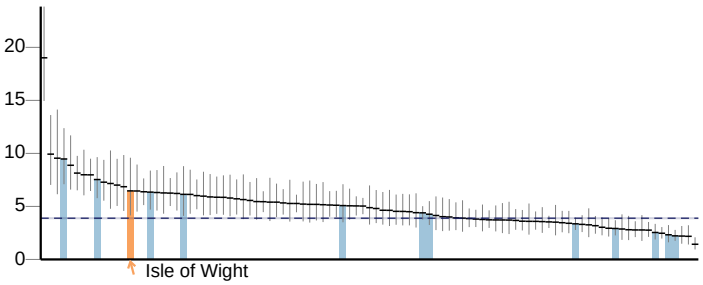
2.15ii - Successful completion of drug treatment - non-opiate users



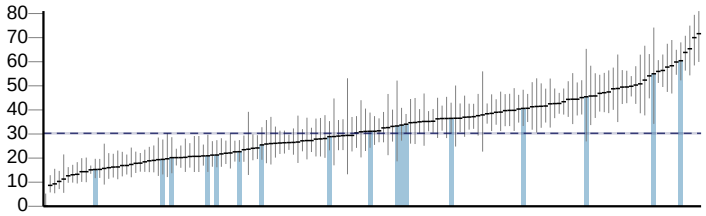
2.15iii - Successful completion of alcohol treatment



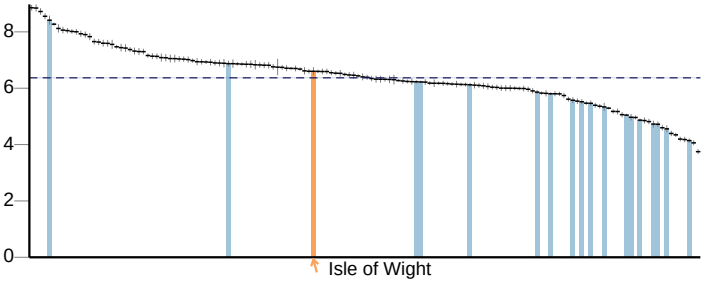
2.15iv - Deaths from drug misuse



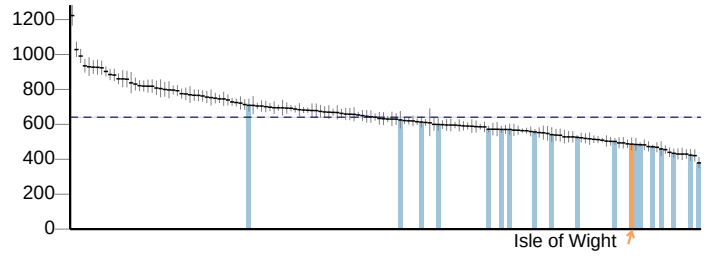
2.16 - Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison



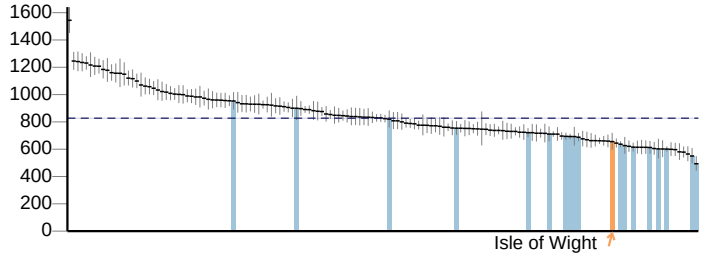
2.17 - Recorded diabetes



2.18 - Admission episodes for alcohol-related conditions - narrow definition (Persons)



2.18 - Admission episodes for alcohol-related conditions - narrow definition (Male)



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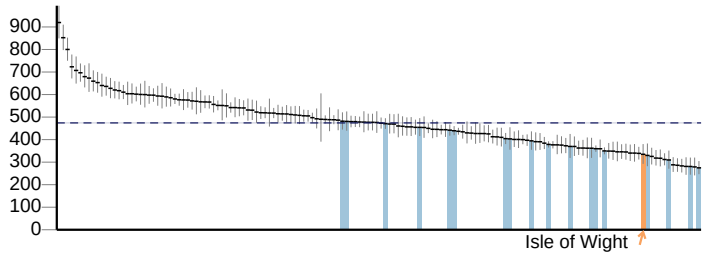
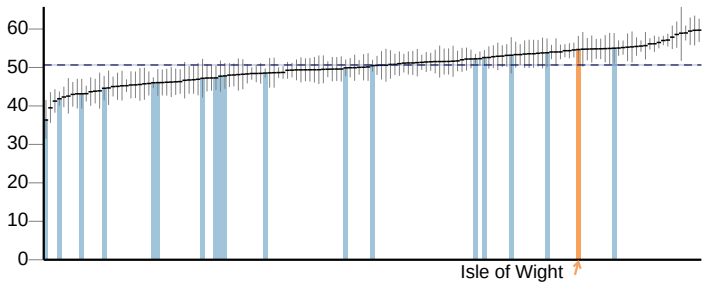
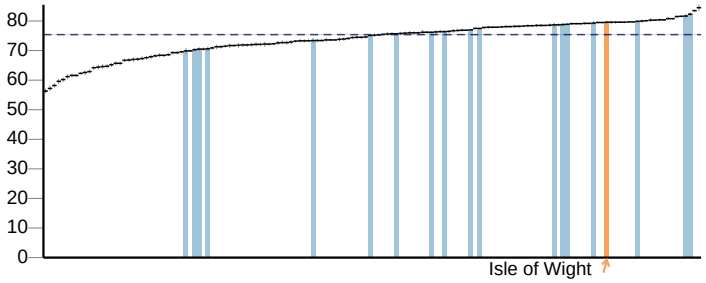
2.18 - Admission episodes for alcohol-related conditions - narrow definition (Female)



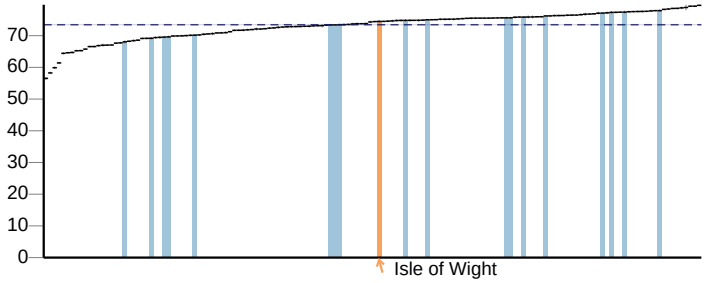
2.19 - Cancer diagnosed at early stage (experimental statistics)



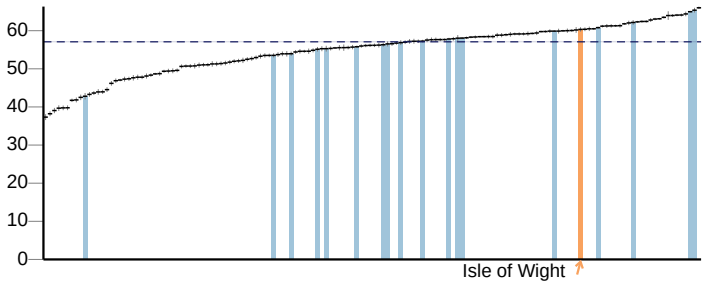
2.20i - Cancer screening coverage - breast cancer



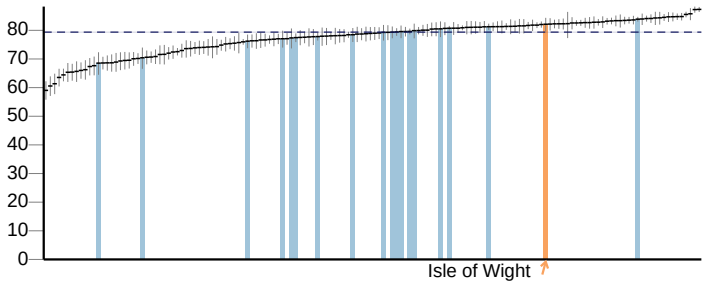
2.20ii - Cancer screening coverage - cervical cancer



2.20iii - Cancer screening coverage - bowel cancer



2.20iv – Abdominal Aortic Aneurysm Screening – Coverage



2.20v – Diabetic eye screening - uptake

No data

2.20vii - Infectious Diseases in Pregnancy Screening – HIV Coverage

No data

2.20viii - Infectious Diseases in Pregnancy Screening – Syphilis Coverage

No data

2.20ix - Infectious Diseases in Pregnancy Screening – Hepatitis B Coverage

No data

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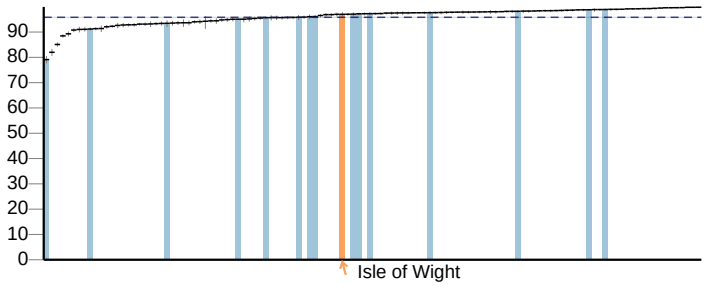
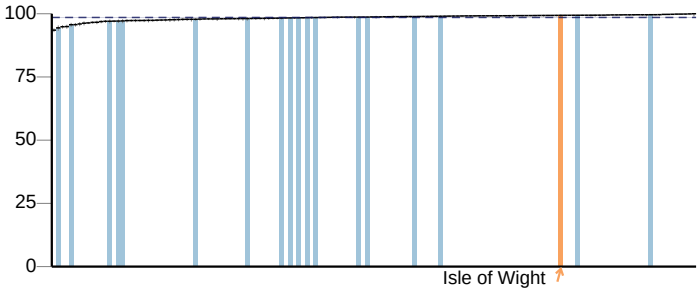
2.20x - Sickle Cell and Thalassaemia Screening – Coverage

No data

2.20xi - Newborn Blood Spot Screening – Coverage



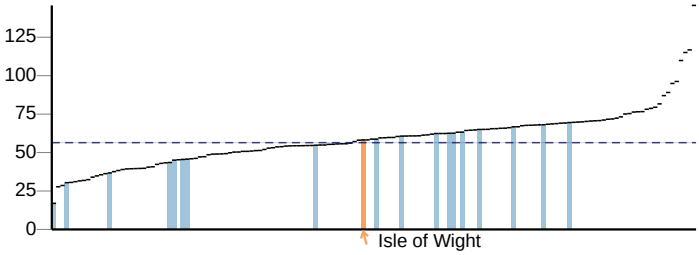
2.20xii Newborn Hearing Screening – Coverage



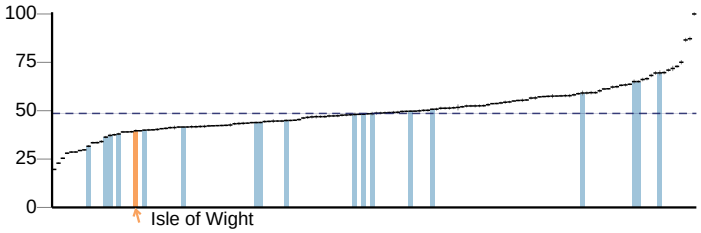
2.20xiii - Newborn and Infant Physical Examination Screening – Coverage

No data

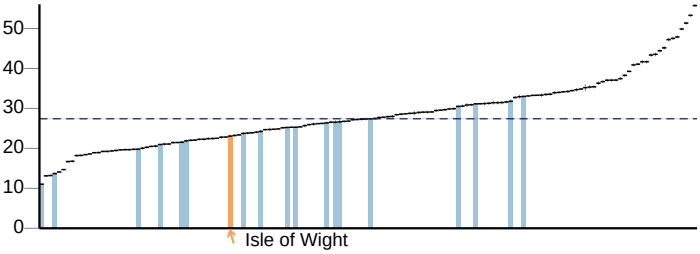
2.22iii - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check



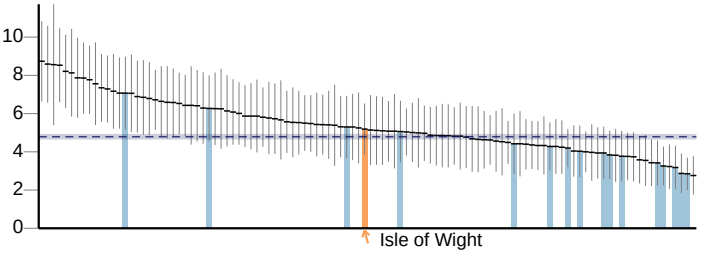
2.22iv - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check



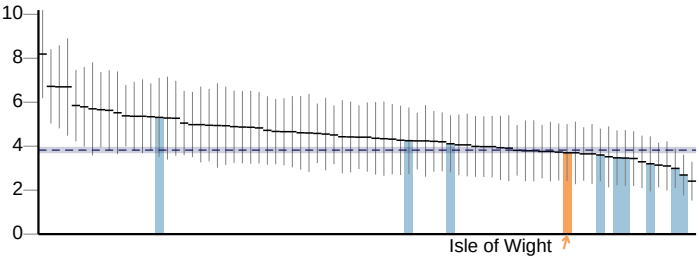
2.22v - Cumulative percentage of the eligible population aged 40-74 who received an NHS Health check



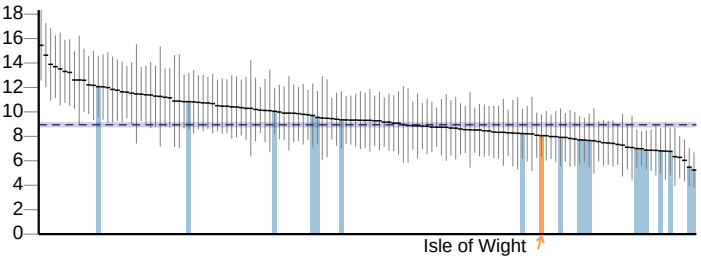
2.23i - Self-reported wellbeing - people with a low satisfaction score



2.23ii - Self-reported wellbeing - people with a low worthwhile score



2.23iii - Self-reported wellbeing - people with a low happiness score



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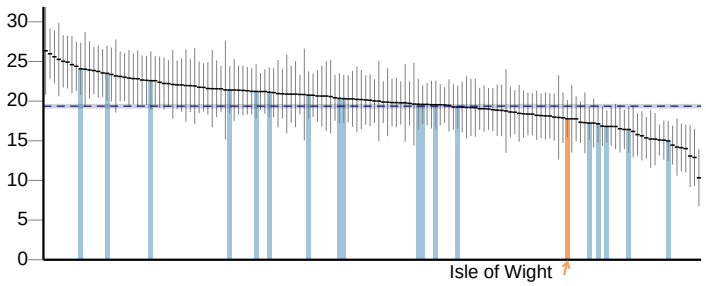
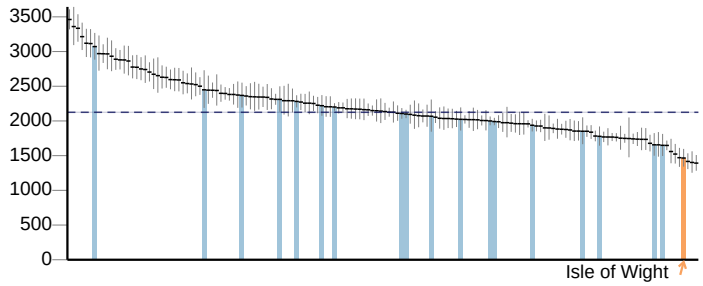
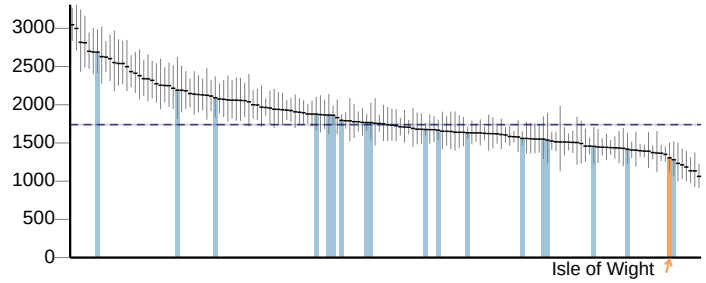
2.23iv - Self-reported wellbeing - people with a high anxiety score



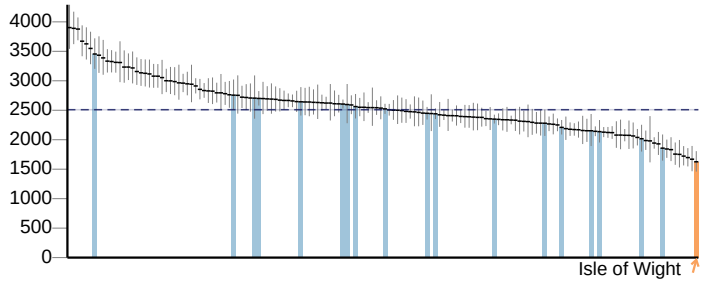
2.24i - Injuries due to falls in people aged 65 and over (Persons)



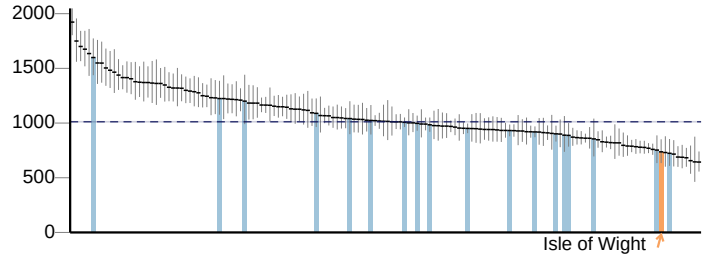
2.24i - Injuries due to falls in people aged 65 and over (Male)



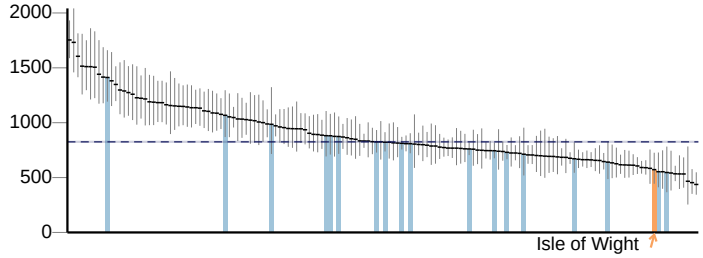
2.24i - Injuries due to falls in people aged 65 and over (Female)



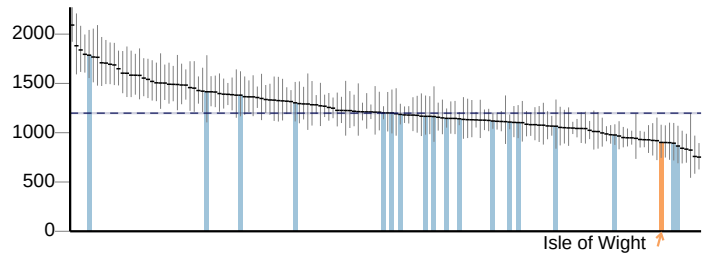
2.24ii - Injuries due to falls in people aged 65 and over - aged 65-79 (Persons)



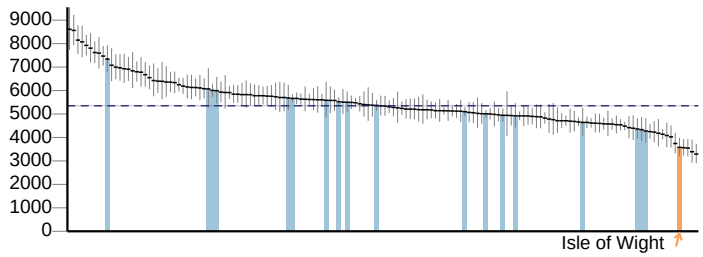
2.24ii - Injuries due to falls in people aged 65 and over - aged 65-79 (Male)



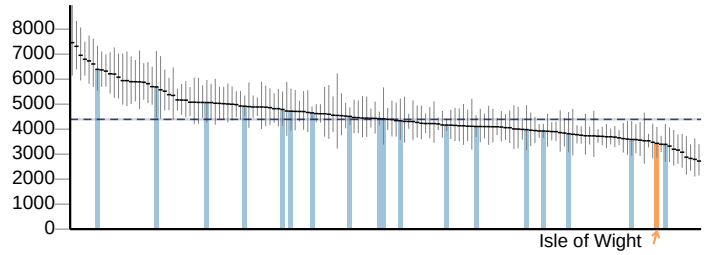
2.24ii - Injuries due to falls in people aged 65 and over - aged 65-79 (Female)



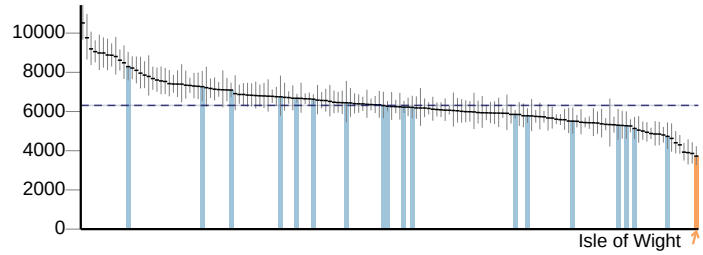
2.24iii - Injuries due to falls in people aged 65 and over - aged 80+ (Persons)



2.24iii - Injuries due to falls in people aged 65 and over - aged 80+ (Male)



2.24iii - Injuries due to falls in people aged 65 and over - aged 80+ (Female)



Key England value and confidence interval ↑ Isle of Wight Other local authority in South East

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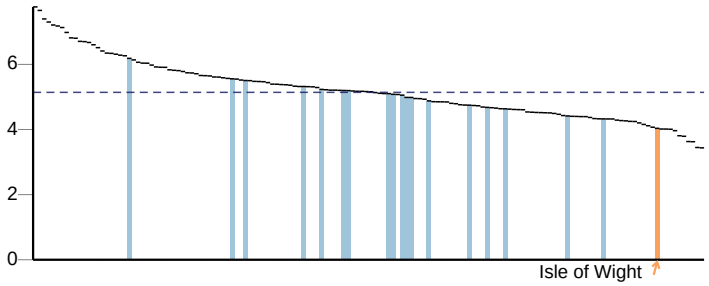
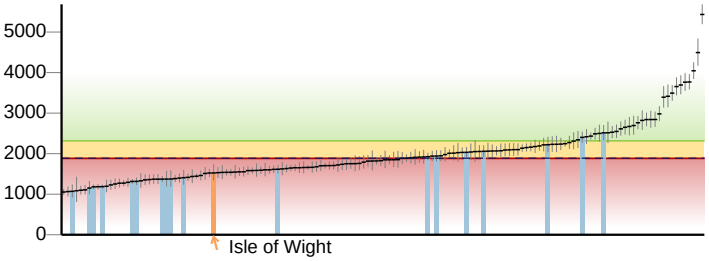
Health protection

3.01 - Fraction of mortality attributable to particulate air pollution

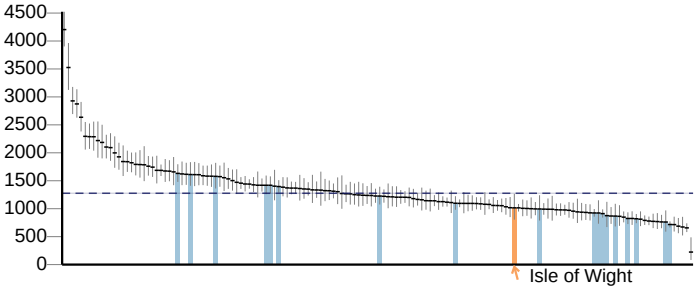


3.02 - Chlamydia detection rate (15-24 year olds)

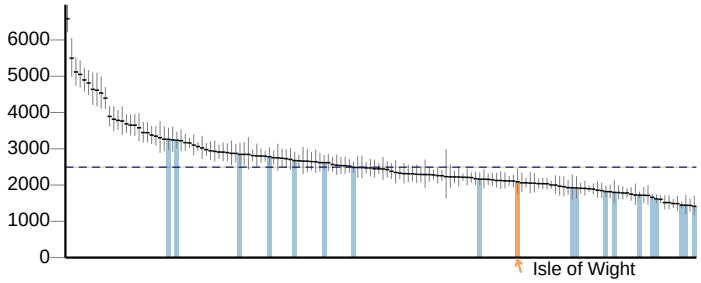
< 1900 1900 to 2300 ≥ 2300



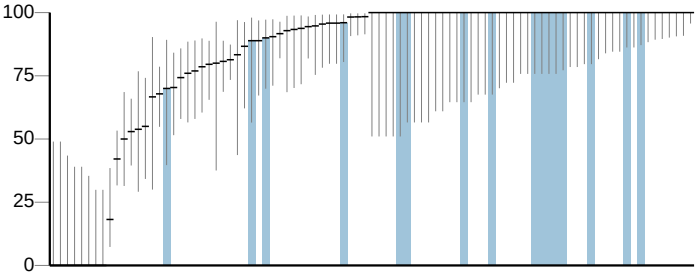
3.02 - Chlamydia detection rate (15-24 year olds) (Male)



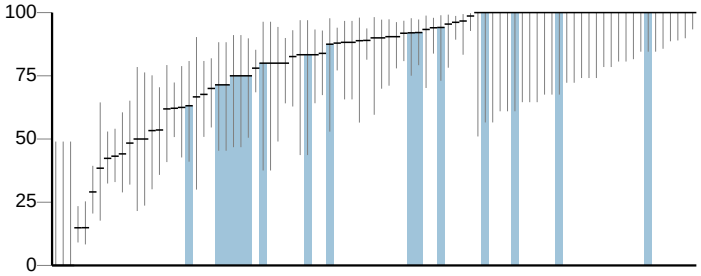
3.02 - Chlamydia detection rate (15-24 year olds) (Female)



3.03i - Population vaccination coverage - Hepatitis B (1 year old)

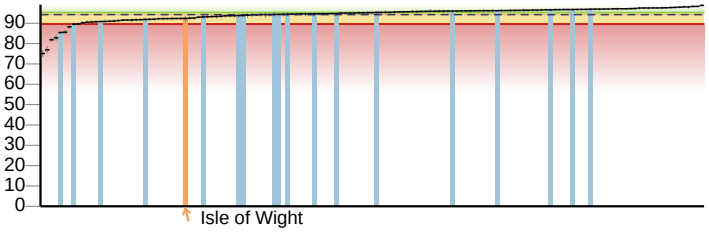


3.03i - Population vaccination coverage - Hepatitis B (2 years old)



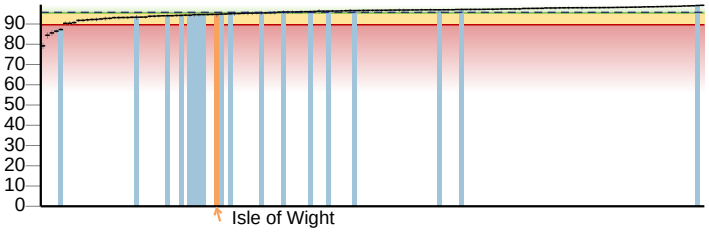
3.03iii - Population vaccination coverage - Dtap / IPV / Hib (1 year old)

< 90 90 to 95 ≥ 95



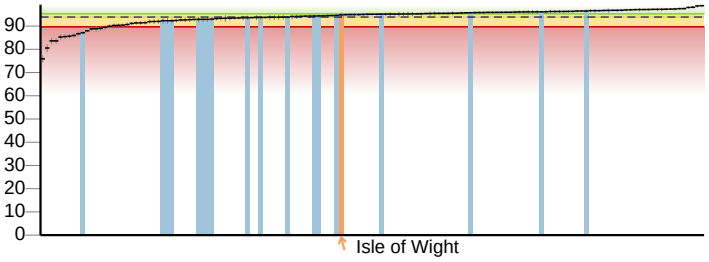
3.03iii - Population vaccination coverage - Dtap / IPV / Hib (2 years old)

< 90 90 to 95 ≥ 95



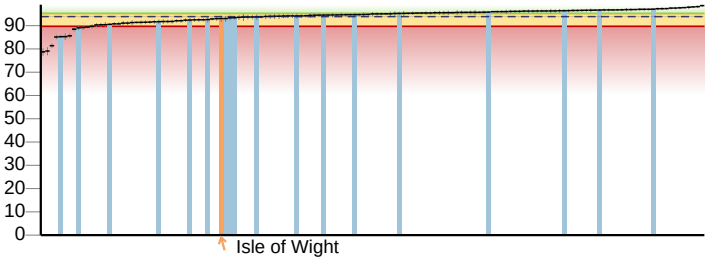
3.03iv - Population vaccination coverage - MenC

< 90 90 to 95 ≥ 95



3.03v - Population vaccination coverage - PCV

< 90 90 to 95 ≥ 95



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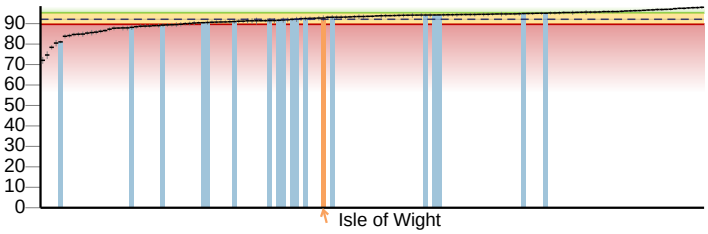
Health protection continued

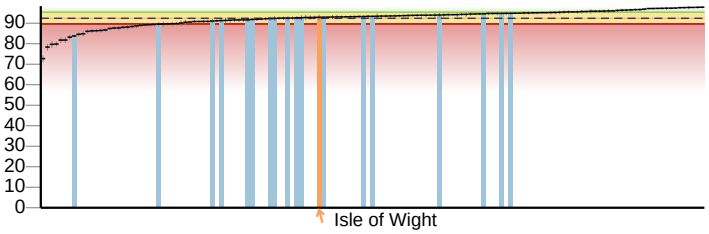
3.03vi - Population vaccination coverage - Hib / MenC booster (2 years old)

< 90 | 90 to 95 | ≥ 95



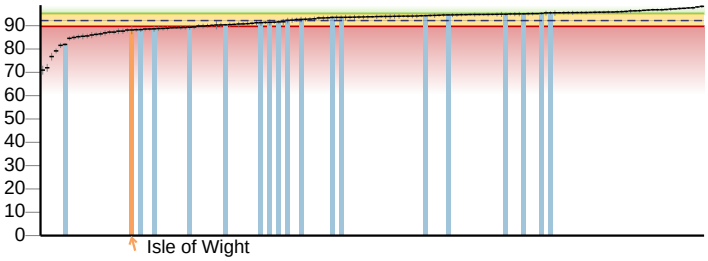
3.03vi - Population vaccination coverage - Hib / Men C booster (5 years old)

< 90 | 90 to 95 | ≥ 95



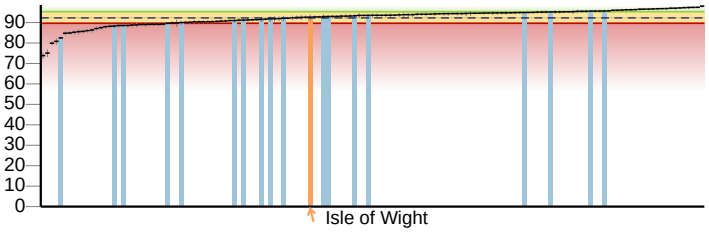
3.03vii - Population vaccination coverage - PCV booster

< 90 | 90 to 95 | ≥ 95



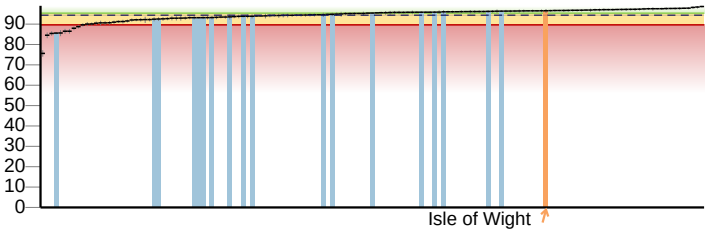
3.03viii - Population vaccination coverage - MMR for one dose (2 years old)

< 90 | 90 to 95 | ≥ 95



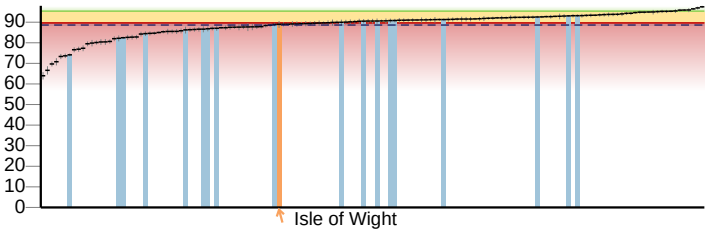
3.03ix - Population vaccination coverage - MMR for one dose (5 years old)

< 90 | 90 to 95 | ≥ 95



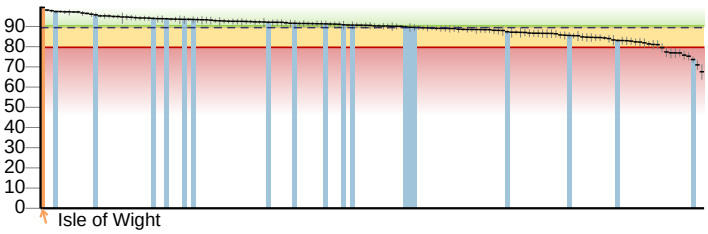
3.03x - Population vaccination coverage - MMR for two doses (5 years old)

< 90 | 90 to 95 | ≥ 95



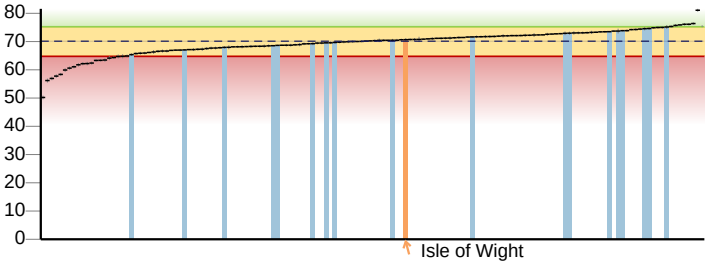
3.03xii - Population vaccination coverage – HPV vaccination coverage for one dose (females 12-13 years old)

< 80 | 80 to 90 | ≥ 90



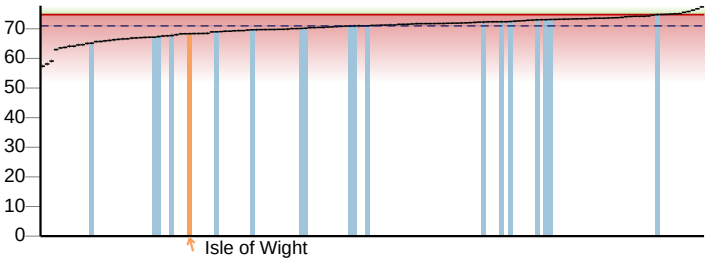
3.03xiii - Population vaccination coverage - PPV

< 65 | 65 to 75 | ≥ 75



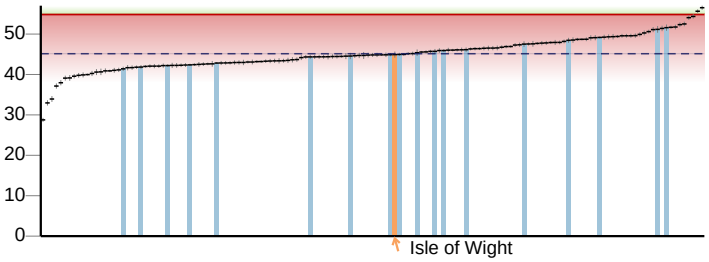
3.03xiv - Population vaccination coverage - Flu (aged 65+)

< 75 | ≥ 75



3.03xv - Population vaccination coverage - Flu (at risk individuals)

< 55 | ≥ 55



Key — England value and confidence interval | Isle of Wight | Other local authority in South East

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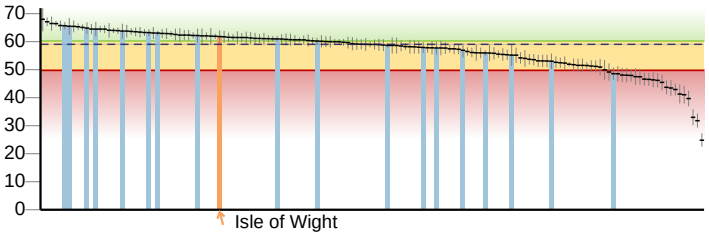
Health protection continued

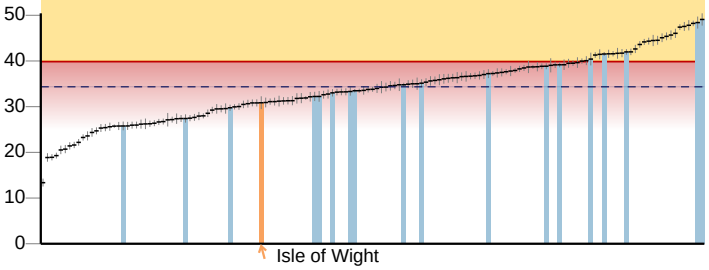
3.03xvii - Population vaccination coverage - Shingles vaccination coverage (70 years old)

< 50 50 to 60 ≥ 60



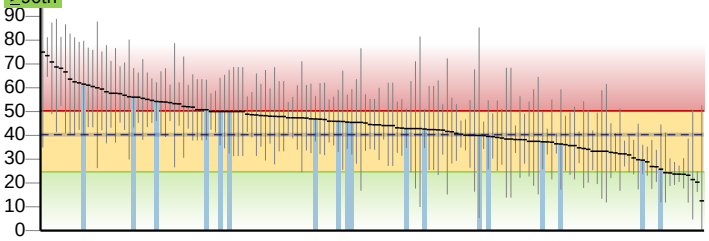
3.03xviii - Population vaccination coverage - Flu (2-4 years old)

< 40 40 to 65 ≥ 65



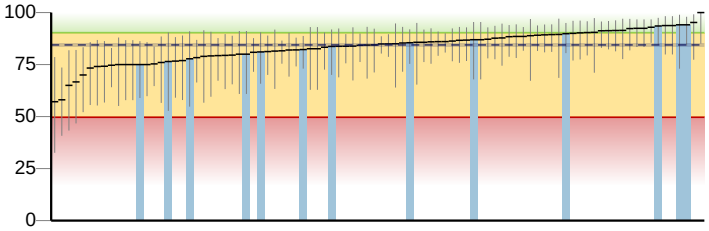
3.04 - HIV late diagnosis

< 25 25 to 50 ≥ 50 ≥90th



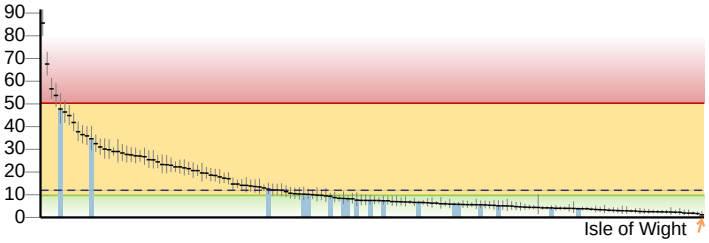
3.05i - Treatment completion for TB

< 50th-percentile of UTLAs ≥50th to <90th

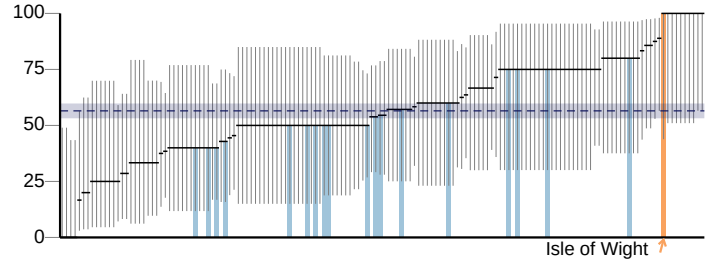


3.05ii - Incidence of TB

< 10th-percentile of UTLAs ≥10th to <50th ≥50th



3.06 - NHS organisations with a board approved sustainable development management plan



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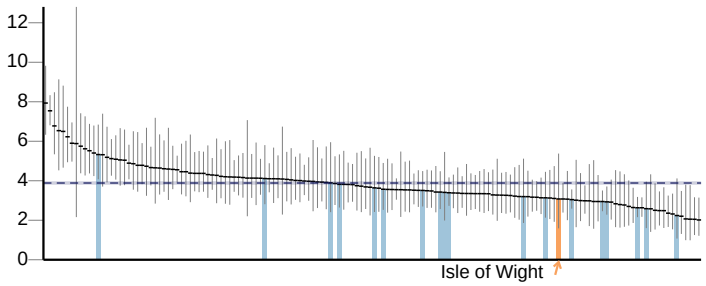
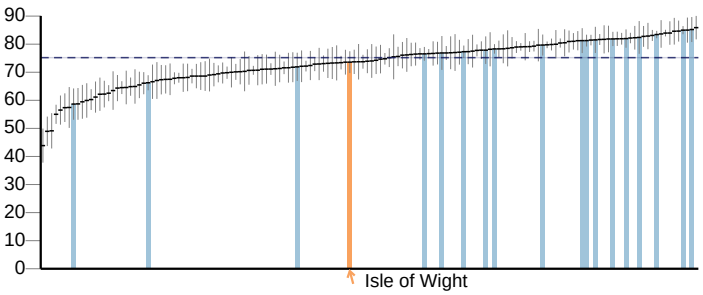
Isle of Wight

Healthcare and premature mortality

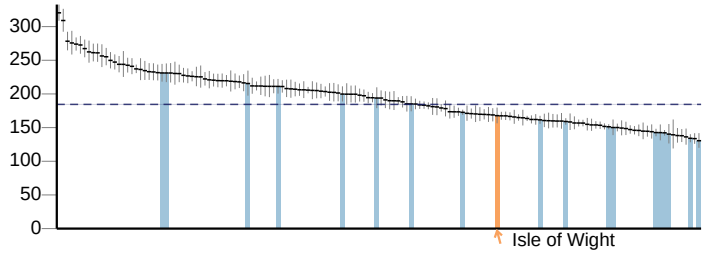
4.01 - Infant mortality



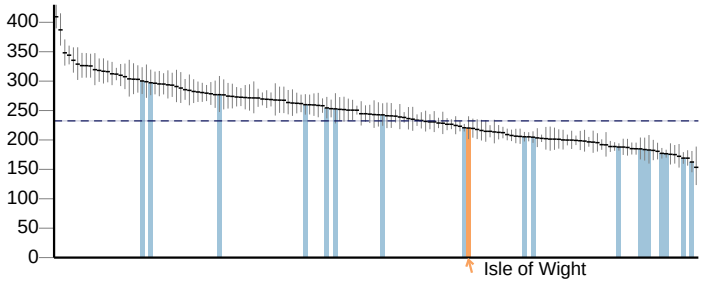
4.02 - Proportion of five year old children free from dental decay



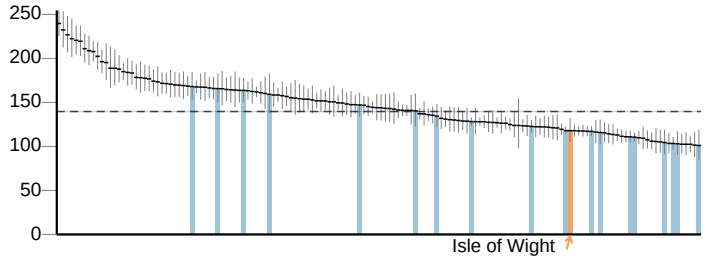
4.03 - Mortality rate from causes considered preventable (Persons)



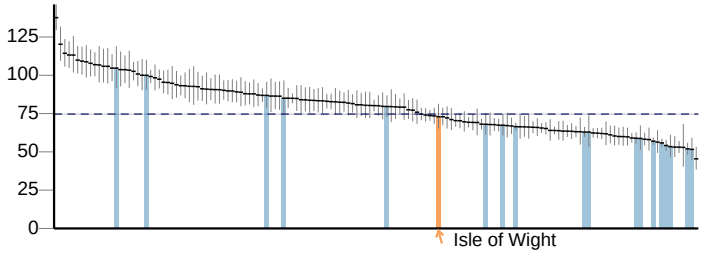
4.03 - Mortality rate from causes considered preventable (Male)



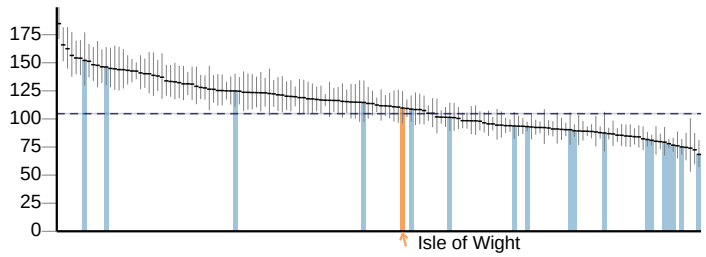
4.03 - Mortality rate from causes considered preventable (Female)



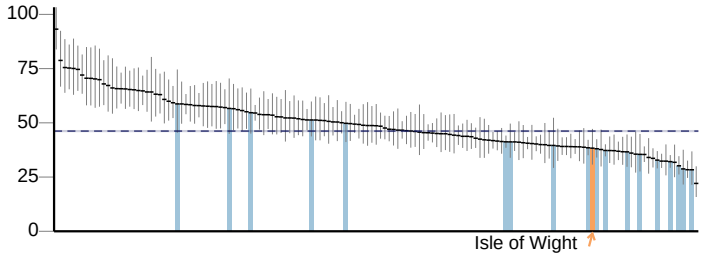
4.04i - Under 75 mortality rate from all cardiovascular diseases (Persons)



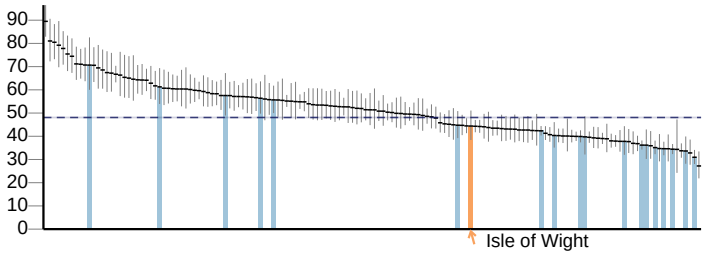
4.04i - Under 75 mortality rate from all cardiovascular diseases (Male)



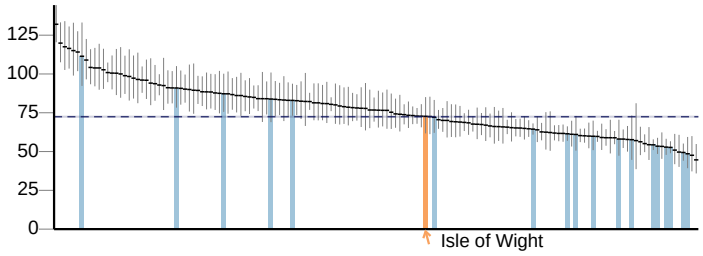
4.04i - Under 75 mortality rate from all cardiovascular diseases (Female)



4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (Persons)



4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (Male)



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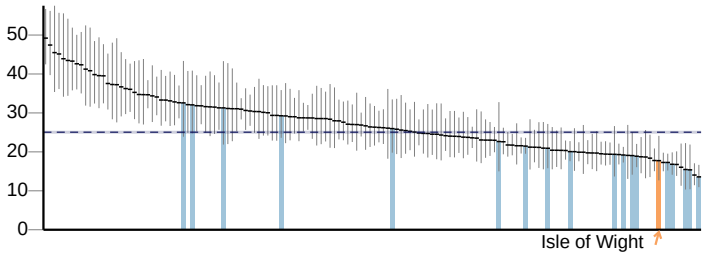
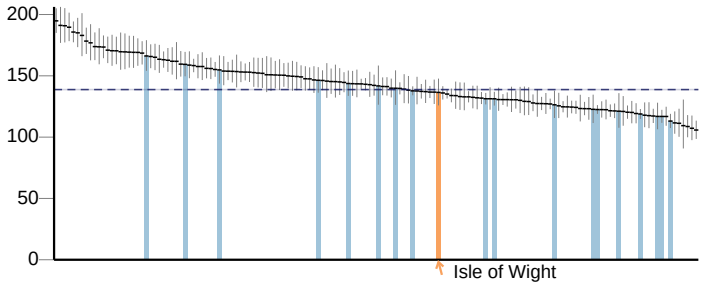
Healthcare and premature mortality continued

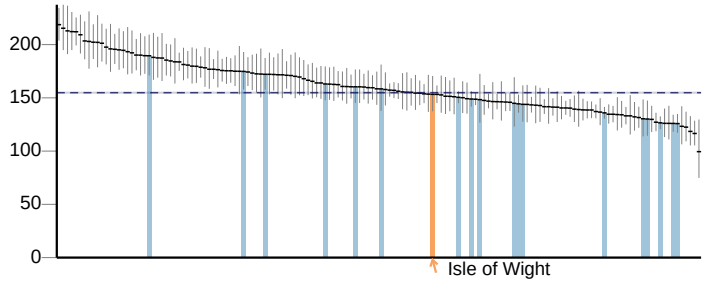
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (Female)



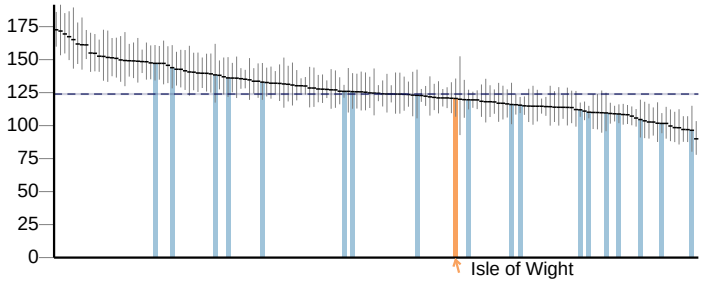
4.05i - Under 75 mortality rate from cancer (Persons)



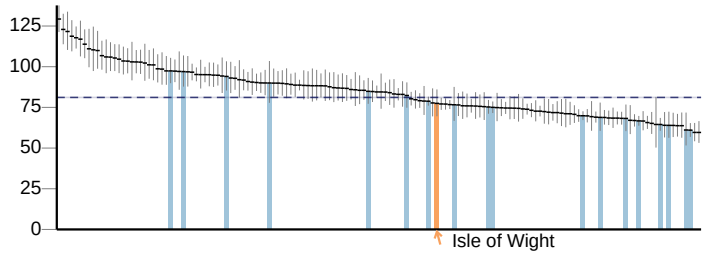
4.05i - Under 75 mortality rate from cancer (Male)



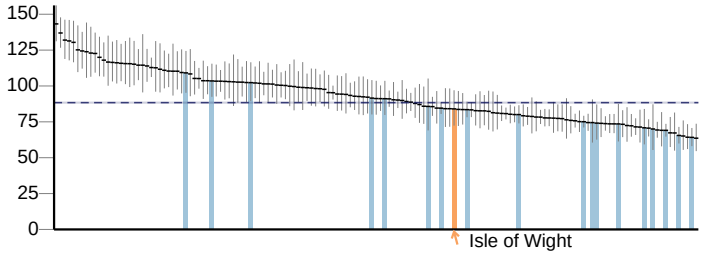
4.05i - Under 75 mortality rate from cancer (Female)



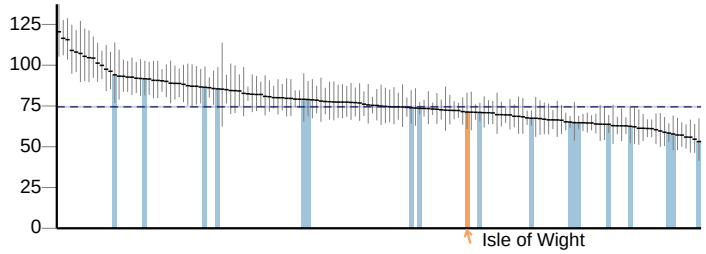
4.05ii - Under 75 mortality rate from cancer considered preventable (Persons)



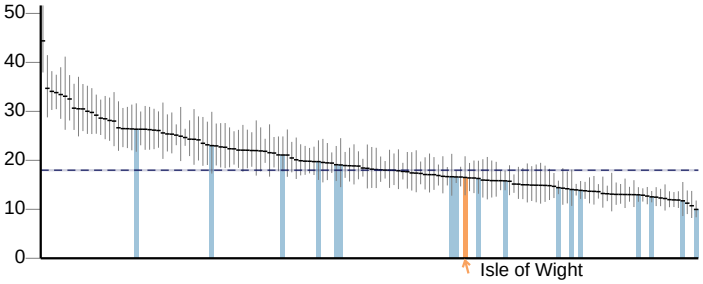
4.05ii - Under 75 mortality rate from cancer considered preventable (Male)



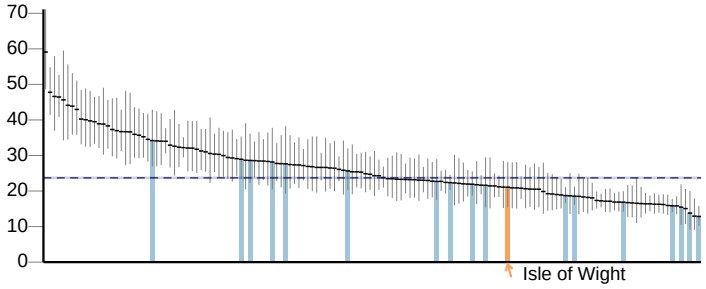
4.05ii - Under 75 mortality rate from cancer considered preventable (Female)



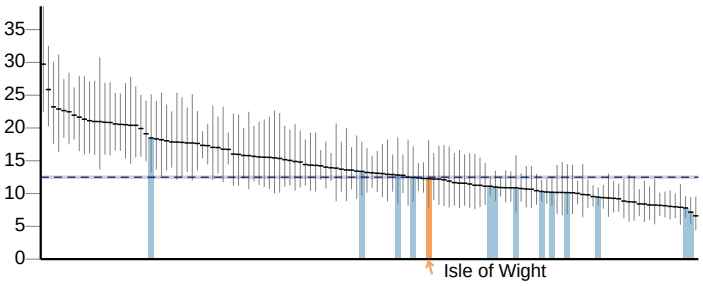
4.06i - Under 75 mortality rate from liver disease (Persons)



4.06i - Under 75 mortality rate from liver disease (Male)



4.06i - Under 75 mortality rate from liver disease (Female)



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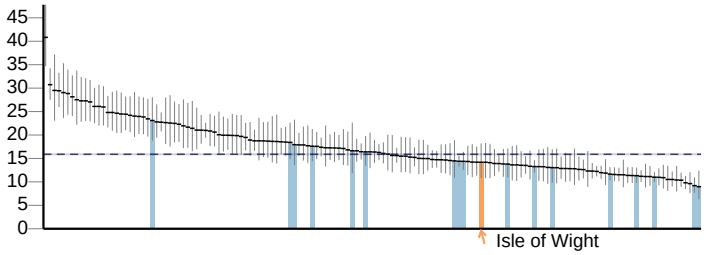
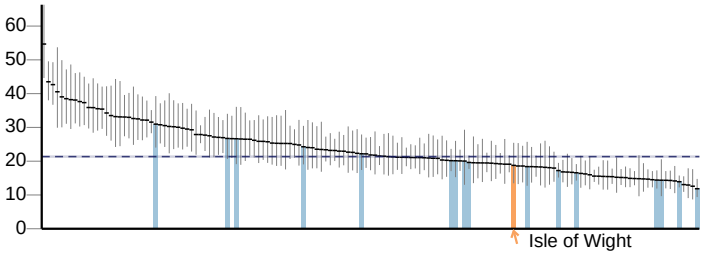
Healthcare and premature mortality continued

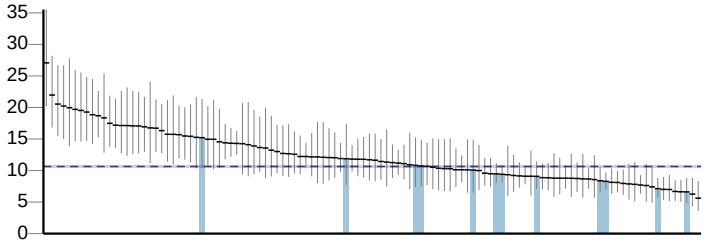
4.06ii - Under 75 mortality rate from liver disease considered preventable (Persons)



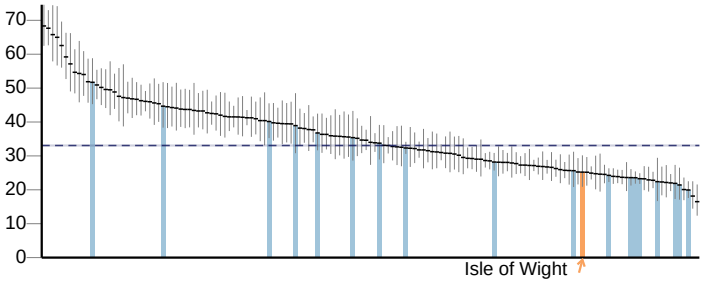
4.06ii - Under 75 mortality rate from liver disease considered preventable (Male)



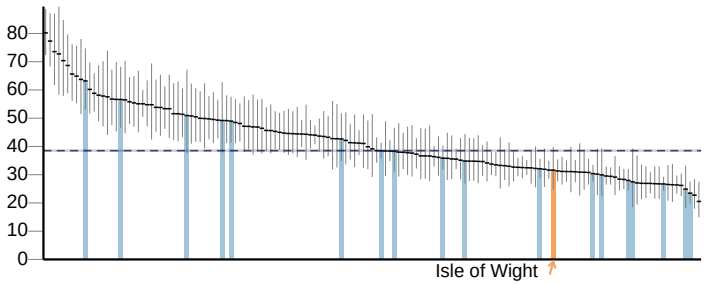
4.06ii - Under 75 mortality rate from liver disease considered preventable (Female)



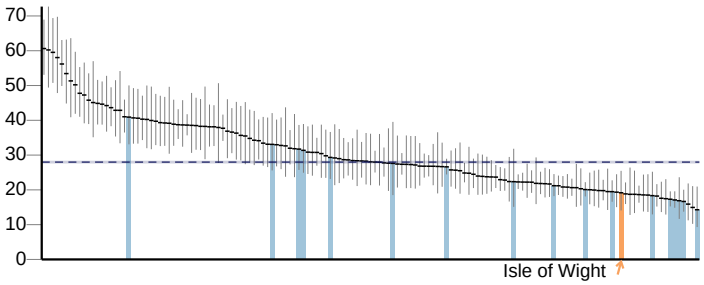
4.07i - Under 75 mortality rate from respiratory disease (Persons)



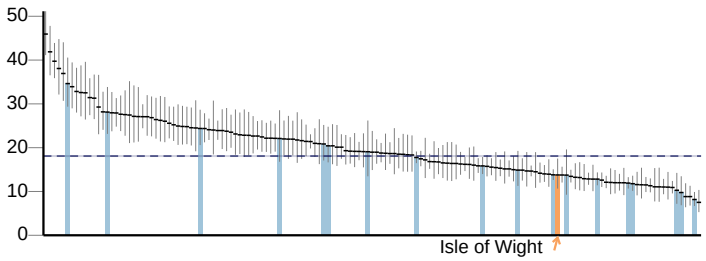
4.07i - Under 75 mortality rate from respiratory disease (Male)



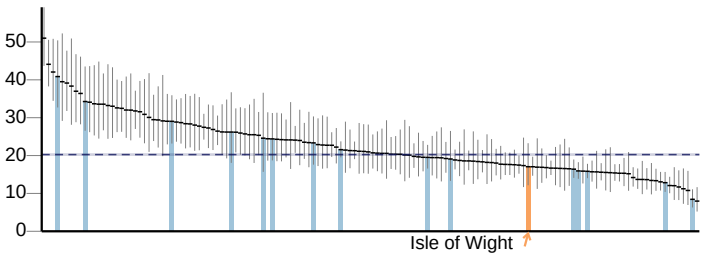
4.07i - Under 75 mortality rate from respiratory disease (Female)



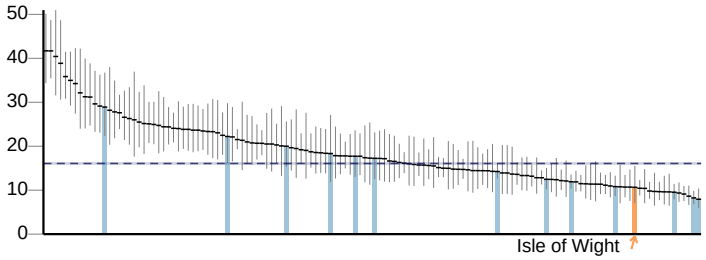
4.07ii - Under 75 mortality rate from respiratory disease considered preventable (Persons)



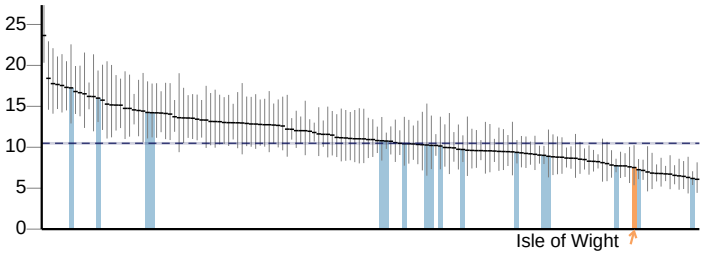
4.07ii - Under 75 mortality rate from respiratory disease considered preventable (Male)



4.07ii - Under 75 mortality rate from respiratory disease considered preventable (Female)



4.08 - Mortality rate from a range of specified communicable diseases, including influenza (Persons)



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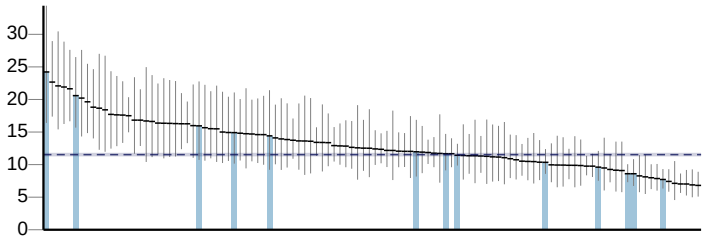
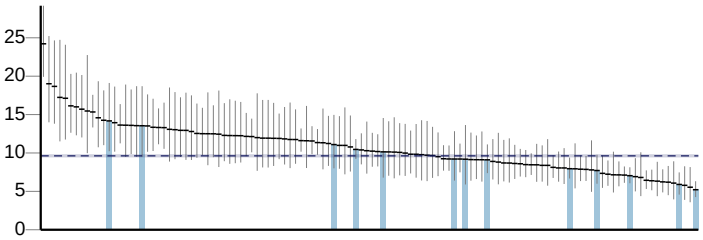
Healthcare and premature mortality continued

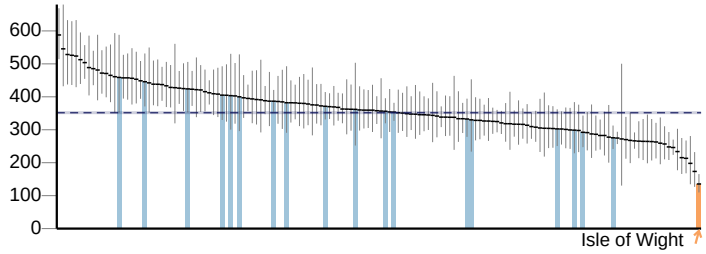
4.08 - Mortality rate from a range of specified communicable diseases, including influenza (Male)



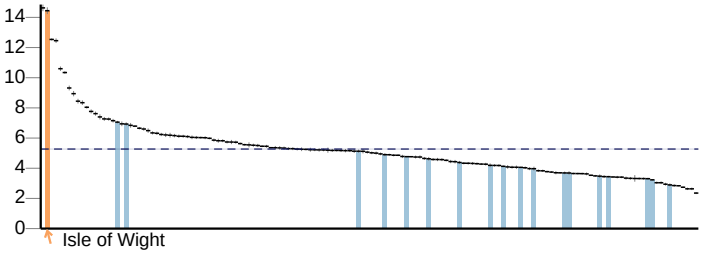
4.08 - Mortality rate from a range of specified communicable diseases, including influenza (Female)



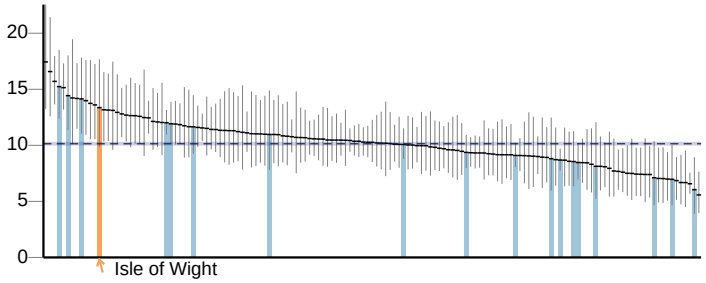
4.09i - Excess under 75 mortality rate in adults with serious mental illness



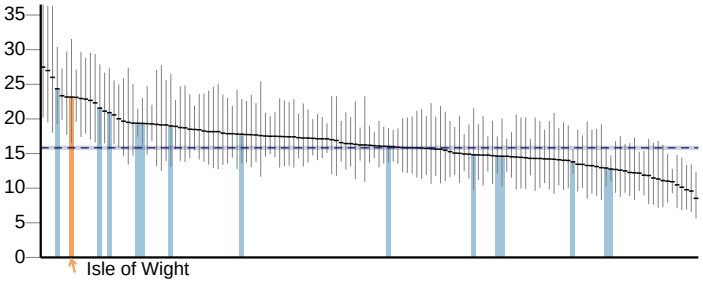
4.09ii - Proportion of adults in the population in contact with secondary mental health services



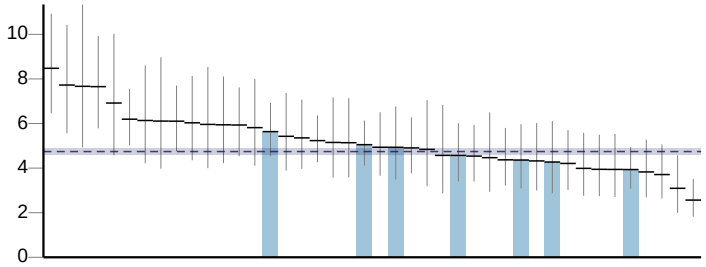
4.10 - Suicide rate (Persons)



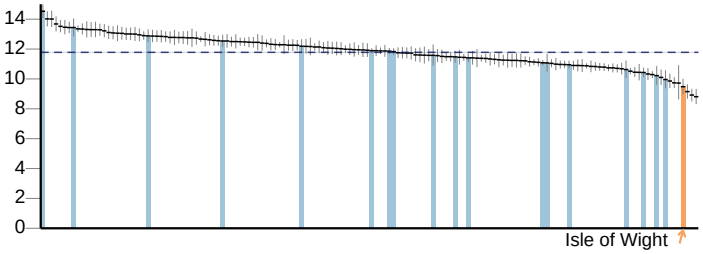
4.10 - Suicide rate (Male)



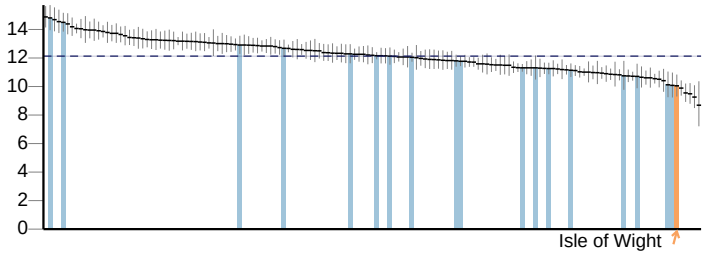
4.10 - Suicide rate (Female)



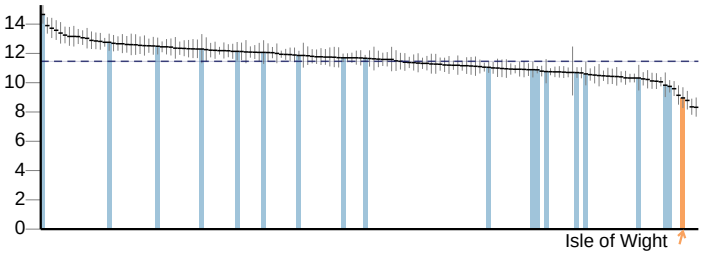
4.11 - Emergency readmissions within 30 days of discharge from hospital (Persons)



4.11 - Emergency readmissions within 30 days of discharge from hospital (Male)



4.11 - Emergency readmissions within 30 days of discharge from hospital (Female)



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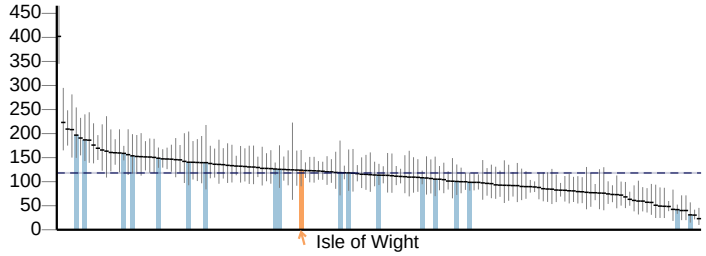
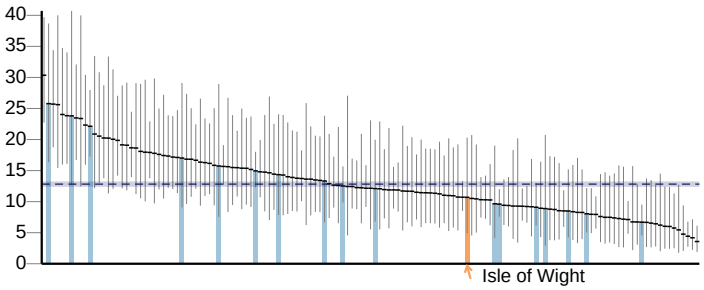
Isle of Wight

Healthcare and premature mortality continued

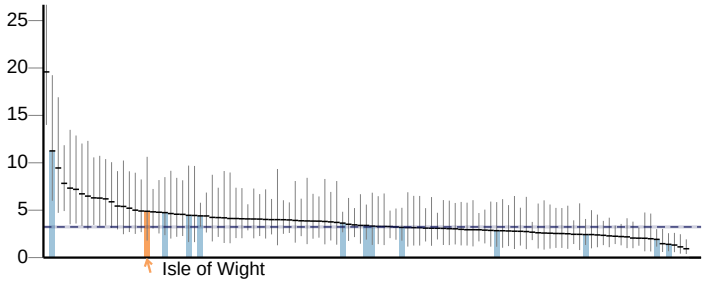
4.12i - Preventable sight loss - age related macular degeneration (AMD)



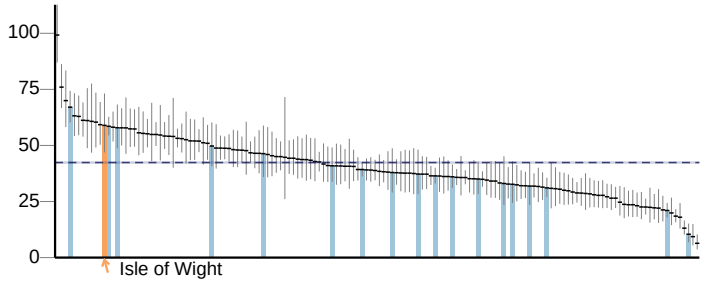
4.12ii - Preventable sight loss - glaucoma



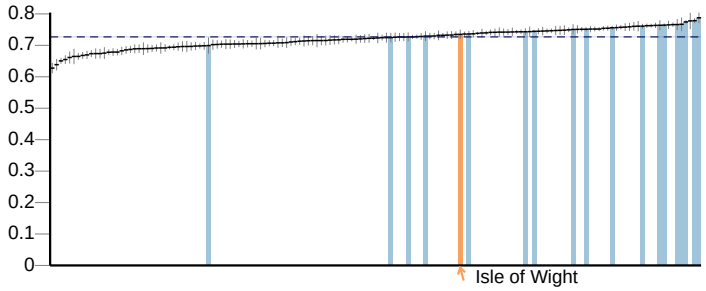
4.12iii - Preventable sight loss - diabetic eye disease



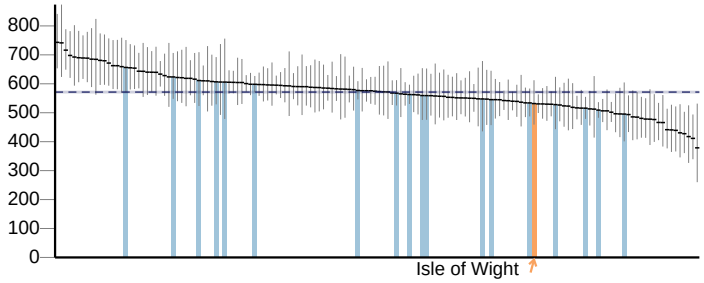
4.12iv - Preventable sight loss - sight loss certifications



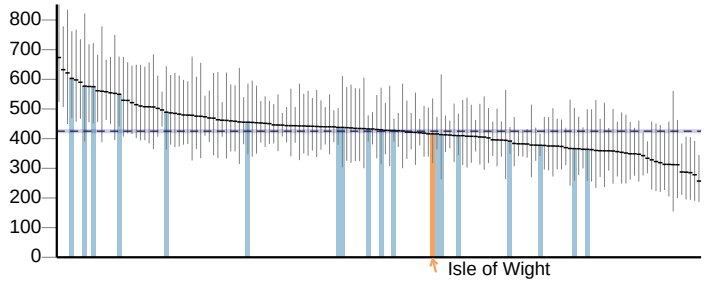
4.13 - Health related quality of life for older people



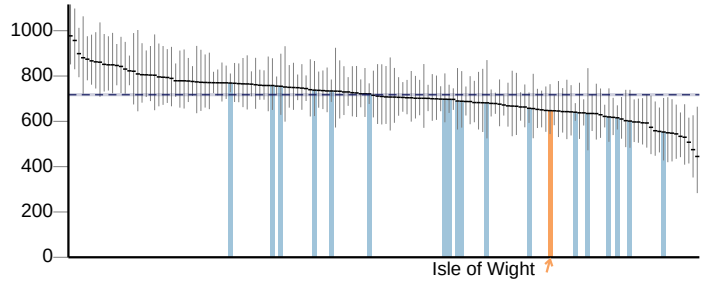
4.14i - Hip fractures in people aged 65 and over (Persons)



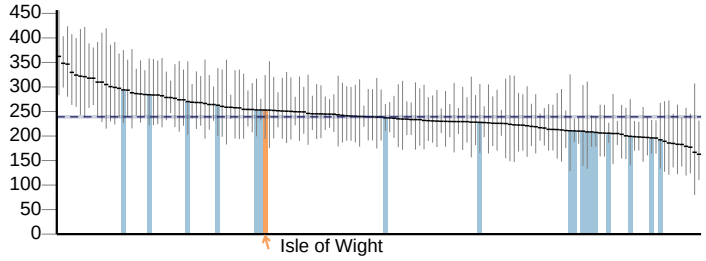
4.14i - Hip fractures in people aged 65 and over (Male)



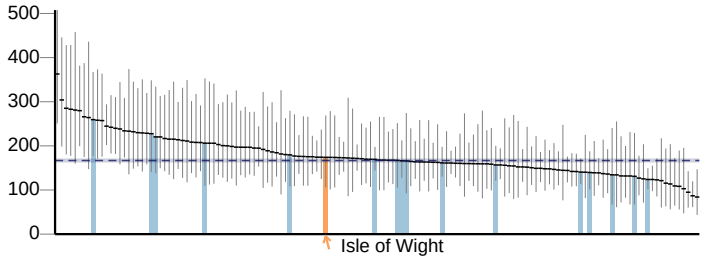
4.14i - Hip fractures in people aged 65 and over (Female)



4.14ii - Hip fractures in people aged 65 and over - aged 65-79 (Persons)



4.14ii - Hip fractures in people aged 65 and over - aged 65-79 (Male)



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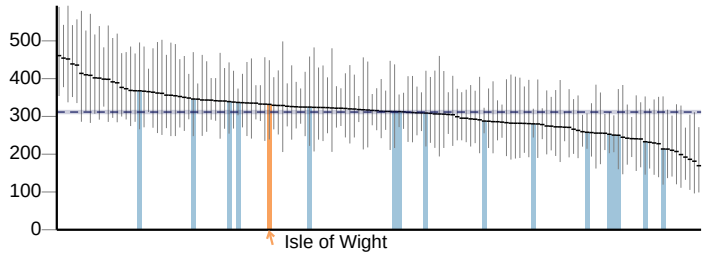
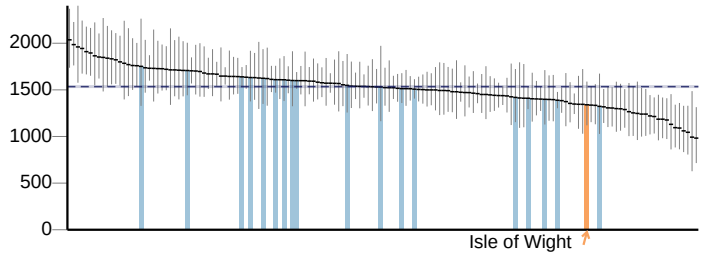
Healthcare and premature mortality continued

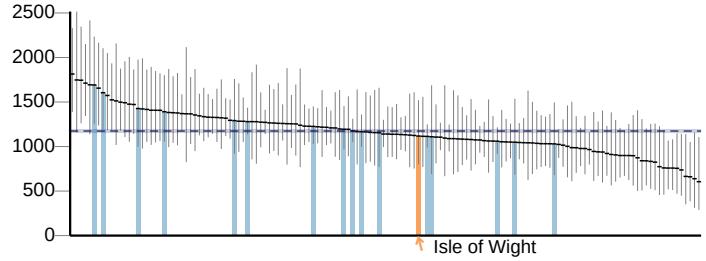
4.14ii - Hip fractures in people aged 65 and over - aged 65-79 (Female)



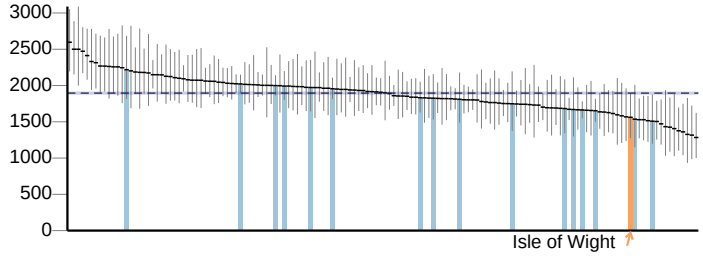
4.14iii - Hip fractures in people aged 65 and over - aged 80+ (Persons)



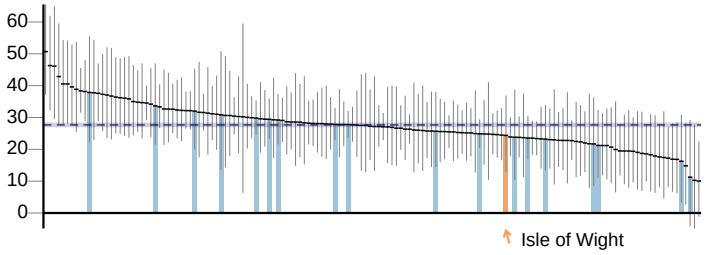
4.14iii - Hip fractures in people aged 65 and over - aged 80+ (Male)



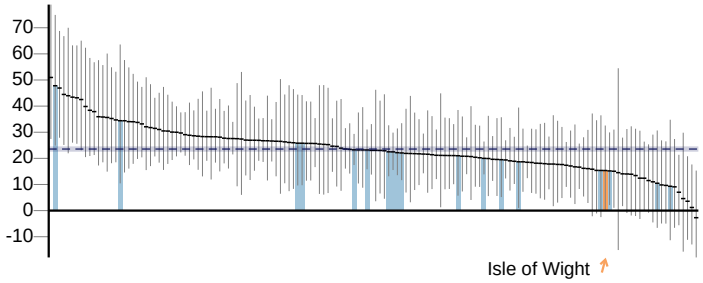
4.14iii - Hip fractures in people aged 65 and over - aged 80+ (Female)



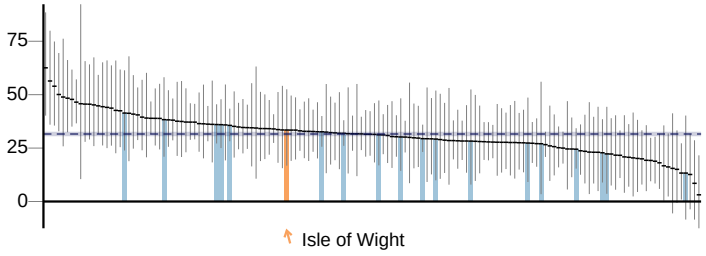
4.15i - Excess winter deaths index (single year, all ages) (Persons)



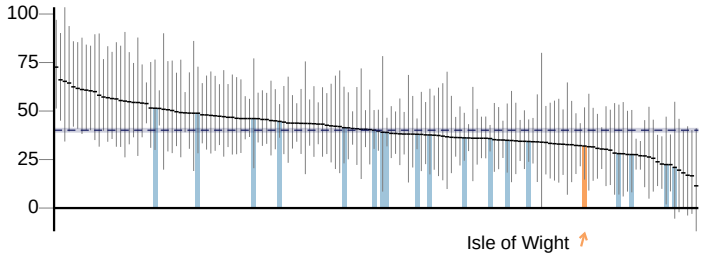
4.15i - Excess winter deaths index (single year, all ages) (Male)



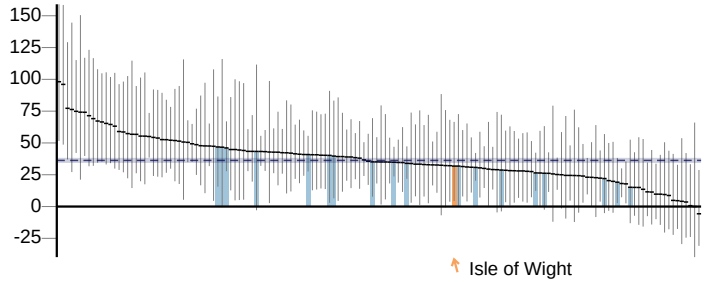
4.15i - Excess winter deaths index (single year, all ages) (Female)



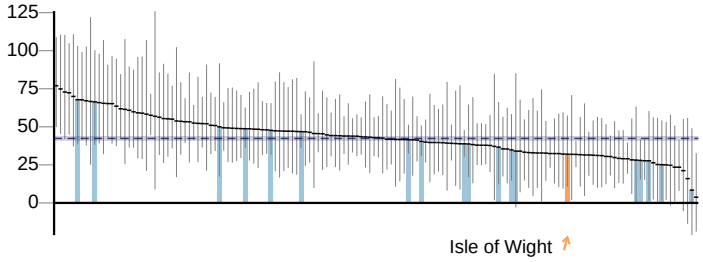
4.15ii - Excess winter deaths index (single year, age 85+) (Persons)



4.15ii - Excess winter deaths index (single year, age 85+) (Male)



4.15ii - Excess winter deaths index (single year, age 85+) (Female)



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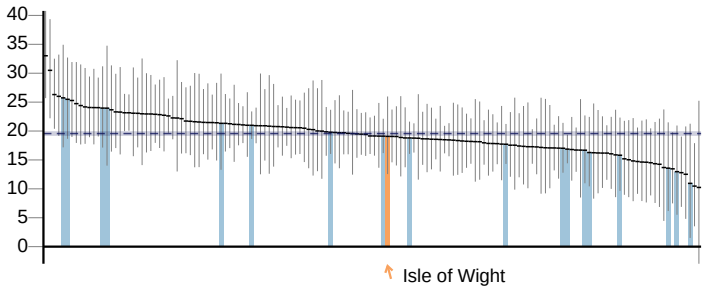
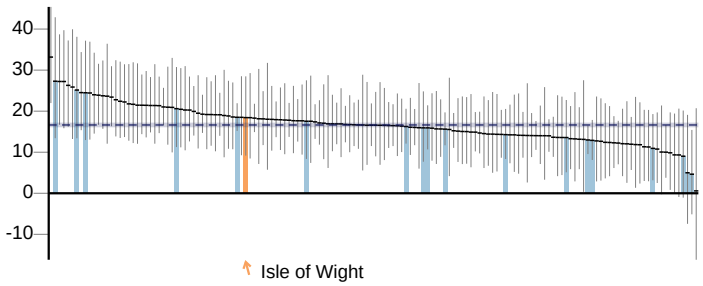
Healthcare and premature mortality continued

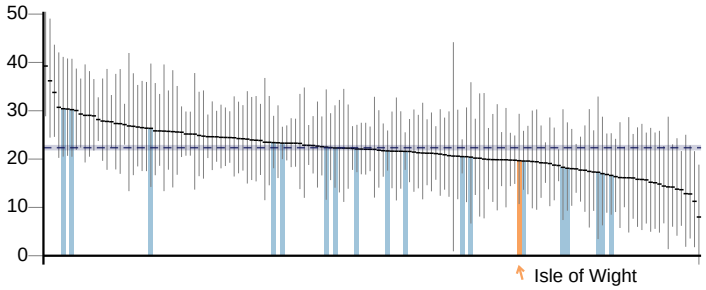
4.15iii - Excess winter deaths index (3 years, all ages) (Persons)



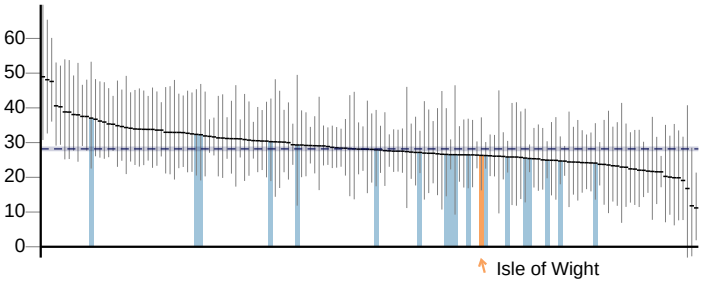
4.15iii - Excess winter deaths index (3 years, all ages) (Male)



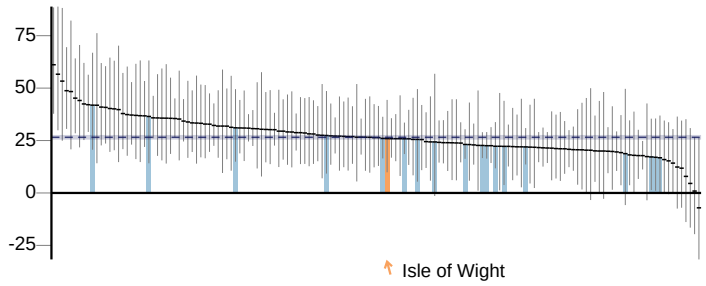
4.15iii - Excess winter deaths index (3 years, all ages) (Female)



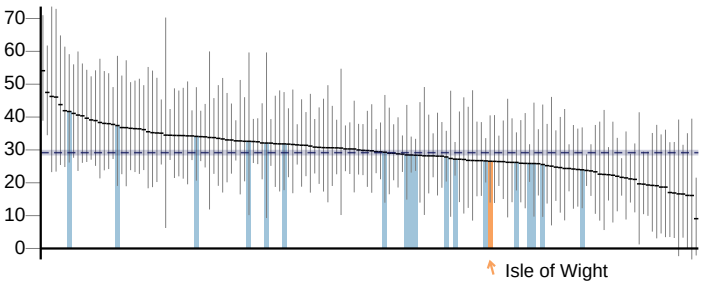
4.15iv - Excess winter deaths index (3 years, age 85+) (Persons)



4.15iv - Excess winter deaths index (3 years, age 85+) (Male)



4.15iv - Excess winter deaths index (3 years, age 85+) (Female)



4.16 - Estimated diagnosis rate for people with dementia

No data

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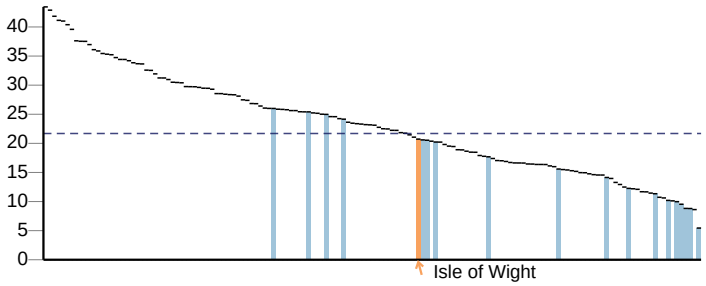
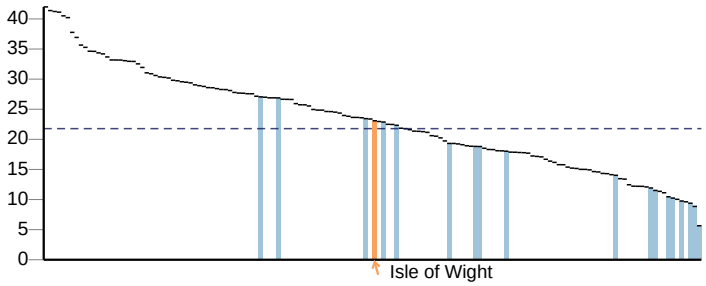
Supporting information

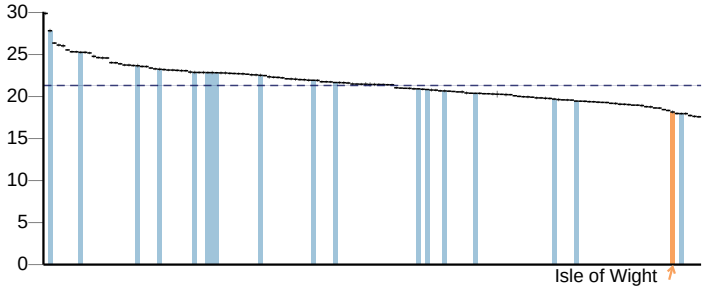
Supporting Information - Deprivation score (IMD 2010)



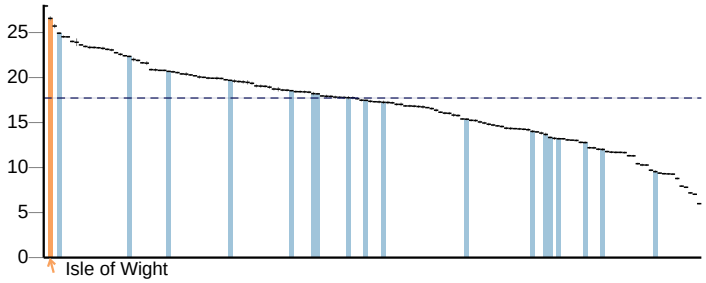
Supporting information - Deprivation score (IMD 2015)



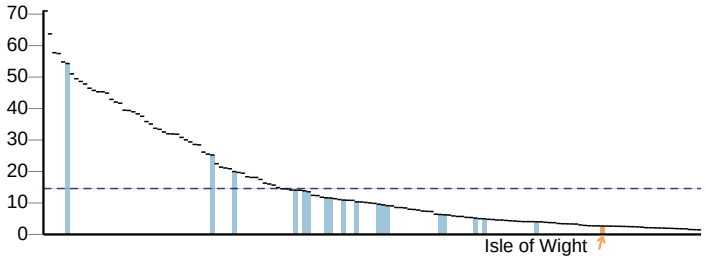
Supporting information - % population aged



Supporting information - % population aged 65+



Supporting information - % population from Black and Minority Ethnic (BME) groups



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Definitions

Overarching indicators

0.1i Healthy life expectancy at birth: the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health. 0.1ii Life expectancy at birth: the average number of years a person would expect to live based on contemporary mortality rates. 0.1ii Life expectancy at 65: the average number of years a person would expect to live based on contemporary mortality rates. 0.2i Slope index of inequality in life expectancy at birth based on national deprivation deciles within England: the range in years of life expectancy across the social gradient, from most to least deprived. 0.2ii Number of upper tier local authorities for which the local slope index of inequality in life expectancy (as defined in indicator 0.2iii) has decreased 0.2iii Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles: the range in years of life expectancy across the social gradient within each local authority, from most to least deprived. 0.2iv The gap in years between overall life expectancy at birth in each English local authority and life expectancy at birth for England as a whole. 0.2v Slope index of inequality in healthy life expectancy at birth based on national deprivation deciles within England: the range in years of life expectancy across the social gradient, from most to least deprived. 0.2vi SII in healthy life expectancy based within local authorities, based on deprivation within Middle Super Output Areas 0.2vii Slope index of inequality in life expectancy at birth within English region, based on regional deprivation deciles: the range in years of life expectancy across the social gradient within each local authority, from most to least deprived.

Wider determinants of health

1.01i Percentage of all dependent children under 20 in relative poverty (living in households where income is less than 60 per cent of median household income before housing costs) 1.01ii % of children in low income families (children living in families in receipt of out of work benefits or tax credits where their reported income is < 60% median income) for u-16s only 1.02i School Readiness: all children achieving a good level of development at the end of reception as a percentage of all eligible children. 1.02i School Readiness: all children achieving a good level of development at the end of reception as a percentage of all eligible children by free school meal status 1.02ii School Readiness: Year 1 pupils achieving the expected level in the phonics screening check as a percentage of all eligible pupils 1.02ii School Readiness: the percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check 1.03 % of half days missed by pupils due to overall absence (incl. authorised and unauthorised absence) 1.04 Rate of 10-17 year olds receiving their first reprimand, warning or conviction per 100,000 population 1.05 % of 16-18 year olds not in education, employment or training (NEET) 1.06i % of adults with a learning disability who are known to the council, who are recorded as living in their own home or with their family 1.06ii % of adults (age 18-69) who are receiving secondary mental health services on the Care Programme Approach recorded as living independently, with or without support. 1.07 People in prison who have a mental illness or a significant mental illness 1.08i % point gap in the employment rate between those with a long-term health condition and the overall employment rate 1.08ii % point gap in the employment rate between those with a learning disability and the overall employment rate 1.08iii The percentage point gap between the percentage of working age adults who are receiving secondary mental health services and who are on the Care Programme Approach recorded as being employed (aged 18 to 69) and the percentage of all respondents in the Labour Force Survey classed as employed (aged 16 to 64) 1.08iv % of all respondents in the Labour Force Survey classed as employed (aged 16-64) 1.09i % of employees who had at least one day off due to sickness absence in the previous working week 1.09ii % of working days lost due to sickness absence in the previous working week 1.10 Rate of people KSI on the roads, all ages, per 100,000 resident population 1.11 Rate of domestic abuse incidents recorded by the police per 1,000 population 1.12i Age-standardised rate of emergency hospital admissions for violence per 100,000 population 1.12ii Crude rate of violence against the person offences per 1,000 population 1.12iii Crude rate of sexual offences per 1,000 population 1.13i % of offenders who re-offend from a rolling 12 month cohort 1.13ii Average no. of re-offences committed per offender from a rolling 12 month cohort 1.13iii First time offenders - The number of first time entrants to the criminal justice system as a rate per 100,000 of the population 1.14i Rate of complaints per year per LA about noise per thousand population 1.14ii The percentage of the population exposed to road, rail and air transport noise of 65 dB(A) or more, LAeq,16h per local authority (16h is the period 0700 – 2300) according to the results of the strategic noise mapping carried out as required by the Environmental Noise (England) Regulations 2006, as amended. 1.14iii The percentage of the population exposed to road, rail and air transport noise of 55 dB(A) or more, Lnight (LAeq,8h) per local authority (8h is the period 2300 – 0700) according to the results of the strategic noise mapping carried out as required by the Environmental Noise (England) Regulations 2006, as amended. 1.15i Statutory homelessness - Eligible Homeless People Not In Priority need per 1,000 households 1.15ii Households in temporary accommodation per 1,000 households 1.16 % of people using outdoor space for exercise/health reasons 1.17 The percentage of households that experience fuel poverty based on the "Low income, high cost" methodology 1.18i % of adult social care users who have as much social contact as they would like according to the Adult Social Care Users Survey 1.18ii The percentage of adult carers who have as much social contact at they would like according to the Personal Social Services Carers survey

Health improvement

2.01 % of all live births at term with low birth weight 2.02i % of all mothers who breastfeed their babies in the first 48hrs after delivery 2.02ii % of all infants due a 6-8 week check that are totally or partially breastfed 2.03 % of women who smoke at time of delivery 2.04 Rate of conceptions per 1,000 females aged 15-17 2.04 Rate of conceptions per 1,000 females aged 13-15 2.05ii Proportion of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review 2.06i% of children aged 4-5 classified as overweight or obese 2.06ii % of children aged 10-11 years classified as overweight or obese 2.07i Rate of hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 years per 10,000 resident population 2.07i Rate of hospital admissions caused by unintentional and deliberate injuries in children aged 0-4 years per 10,000 resident population 2.07ii Rate of hospital admissions caused by unintentional and deliberate injuries in young people aged 15-24 per 10,000 resident population 2.08i Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31st March 2.08ii Percentage of children aged 5-16 who have been in care for at least 12 months on 31st March whose score in the SDQ indicates cause for concern 2.09i Smoking prevalence at age 15 - current smokers (WAY survey) 2.09ii Smoking prevalence at age 15 - regular smokers (WAY survey) 2.09iii Smoking prevalence at age 15 - occasional smokers (WAY survey) 2.09iv Smoking prevalence at age 15 years - regular smokers (SDD survey) 2.09v Smoking prevalence at age 15 years - occasional smokers (SDD survey) 2.10ii Emergency Hospital Admissions for Intentional Self-Harm 2.11i Proportion of the adult population meeting the recommended '5-a-day' on a 'usual day' (adults) 2.11ii Average number of portions of fruit consumed daily (adults) 2.11iii Average number of portions of vegetables consumed daily (adults) 2.11iv – Proportion of the population meeting the recommended “5-a-day” at age 15 2.11v – Average number of portions of fruit consumed daily at age 15 (WAY survey) 2.11vi – Average number of portions of vegetables consumed daily at age 15 (WAY survey) 2.12 Percentage of adults classified as overweight or obese 2.13i Percentage of adults achieving at least 150 minutes of physical activity per week in accordance with UK Chief Medical Officer (CMO) recommended guidelines on physical activity. 2.13ii The percentage of adults classified as "inactive" 2.14 Smoking Prevalence in adults - current smokers (APS) 2.14 Smoking Prevalence in adult in routine and manual occupations - current smokers (APS) 2.15i % of opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months 2.15ii % of non-opiate drug users that left treatment successfully who do not re-present to treatment within 6 months 2.15iii % of alcohol users that left drug treatment successfully who do not re-present to treatment within 6 months 2.15iv Deaths from drug misuse 2.16 Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison 2.17 % of QOF-recorded cases of diabetes registered with GP practices aged 17+ 2.18 Hospital admissions for alcohol-related conditions (narrow definition), all ages, directly age standardised rate per 100,000 population European standard population. 2.19 The proportion of invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary and uterus, non-Hodgkin lymphomas, and melanomas of skin, diagnosed at stage 1 or 2 2.20i % of eligible women screened adequately within the previous 3 years on 31st March 2.20ii % of eligible women screened adequately within the previous 3.5 or 5.5 years (according to age) on 31st March 2.20iii % of people eligible for bowel screening who were screened 2.20iv Abdominal aortic aneurysm screening 2.20v 2.20v – Diabetic eye screening - uptake of routine digital screening event 2.20vii % of pregnant women eligible for infectious disease screening who are tested for HIV 2.20viii % of pregnant women eligible for infectious disease screening who are tested for syphilis 2.20ix % of pregnant women eligible for infectious disease screening who are tested for Hepatitis B 2.20x % of pregnant women eligible for antenatal sickle cell and thalassaemia screening who were screened 2.20xi % of babies eligible for newborn blood spot screening who were screened 2.20xii % of babies eligible for newborn hearing screening for whom screening process is complete within 4 weeks 2.20xiii % of babies eligible for newborn physical clinical examination screening who were tested within 72 hours of birth 2.22ii Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check in the five year period 2013/14 - 2017/18 2.22iv Cumulative percentage of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the five year period 2013/14 - 2017/18 2.22v Cumulative percentage of eligible population aged 40-74 who received an NHS Health Check in the five year period 2013/14 - 2017/18

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2.23i % of respondents scoring 0-4 to the question "Overall, how satisfied are you with your life nowadays?" 2.23ii % of respondents scoring 0-4 to the question "Overall, to what extent do you feel the things you do in your life are worthwhile?" 2.23iii % of respondents scoring 0-4 to the question "Overall, how happy did you feel yesterday?" 2.23iv % of respondents scoring 6-10 to the question "Overall, how anxious did you feel yesterday?" 2.24i Age-sex standardised rate of emergency hospital admissions for injuries due to falls in persons aged 65+ per 100,000 population 2.24ii Age-sex standardised rate of emergency hospital admissions for injuries due to falls in persons aged 65-79 per 100,000 population 2.24iii Age-sex standardised rate of emergency hospital admissions for injuries due to falls in persons aged 80+ per 100,000 population

Health protection

3.01 Fraction of all-cause adult mortality attributable to anthropogenic particulate air pollution (measured as fine particulate matter, PM2.5) 3.02 Rate of chlamydia detection per 100,000 young people aged 15 to 24 3.03i % of eligible children who received 3 doses of Hepatitis B vaccine at any time by their 1st birthday 3.03i % of eligible children who received 4 doses of Hepatitis B vaccine at any time by their 2nd birthday 3.03iii % of eligible children who received 3 doses of Dtap / IPV / Hib vaccine at any time by their 1st birthday 3.03iii % of eligible children who received 3 doses of Dtap / IPV / Hib vaccine at any time by their 2nd birthday 3.03iv % of eligible children who have received the completed course of Men C vaccine by their 1st birthday 3.03v % of eligible children who have received the complete course of PCV vaccine by their 1st birthday 3.03vi % of eligible children who have received one booster dose of Hib/Men C vaccine by their 2nd birthday 3.03vi % of eligible children who have received one booster dose of Hib/Men C vaccine by their 5th birthday 3.03vii % of eligible children who have received one booster dose of PCV vaccine by their 2nd birthday 3.03viii % of eligible children who have received one dose of MMR vaccine on or after their 1st birthday and anytime up to their 2nd birthday 3.03ix % of eligible children who have received one dose of MMR vaccine on or after their 1st birthday and at any time up to their 5th birthday 3.03x % of eligible children who have received two doses of MMR vaccine on or after their 1st birthday and at any time up to their 5th birthday 3.03xii Population vaccination coverage for one dose (females 12-13 years old) - HPV 3.03xiii % of eligible adults aged 65+ who have received the PPV vaccine 3.03xiv % of eligible adults aged 65+ who have received the flu vaccine 3.03xv Flu vaccination coverage (at risk individuals from age six months to under 65 years, excluding otherwise 'healthy' pregnant women and carers) 3.03xvii 3.3xvii - Shingles vaccination coverage (70 years old) 3.03xviii 3.03xviii – Population vaccination coverage – Flu (2-4 years old) 3.04 3.04 - Percentage of adults (aged 15 or above) newly diagnosed with HIV with a CD4 count less than 350 cells per mm^3 3.05iProportion of drug sensitive TB cases who had completed a full course of treatment by 12 months 3.05iiIncidence of TB (three year average) 3.06 % of NHS organisations that have a Sustainable Development Management Plan that has been signed off at Board level

Healthcare and premature mortality

4.01 Infant mortality - Rate of deaths in infants aged under 1 year per 1,000 live births 4.02 Percentage of 5 year olds who are free from obvious dental decay 4.03 Age-standardised rate of mortality from causes considered preventable per 100,000 population 4.04i Age-standardised rate of mortality from all cardiovascular diseases (including heart disease and stroke) in persons less than 75 years of age per 100,000 population 4.04ii Age-standardised rate of mortality considered preventable from all cardiovascular diseases (incl. heart disease and stroke) in those aged 4.05i Age-standardised rate of mortality from all cancers in persons less than 75 years of age per 100,000 population 4.05ii Age-standardised rate of mortality considered preventable from all cancers in those aged 4.06i Age-standardised rate of mortality from liver disease in persons less than 75 years of age per 100,000 population 4.06ii Age-standardised rate of mortality considered preventable from liver disease in those aged 4.07i Age-standardised rate of mortality from respiratory disease in persons less than 75 years per 100,000 population 4.07ii Age-standardised rate of mortality considered preventable from respiratory disease in those aged 4.08 Age-standardised rate of mortality from communicable diseases per 100,000 population 4.09i Excess under 75 mortality rate in adults with serious mental illness 4.09ii The percentage of the population in contact with Secondary Mental Health Services 4.10 Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population 4.11 Indirectly standardised % of emergency admissions to any hospital within 30 days of the previous discharge from hospital 4.12i Crude rate of sight loss due to age related macular degeneration (AMD) in those aged 65+ per 100,000 population 4.12ii Crude rate of sight loss due to glaucoma in those aged 40+ per 100,000 population 4.12iii Crude rate of sight loss due to diabetic eye disease in those aged 12+ per 100,000 population 4.12iv Crude rate of sight loss certifications per 100,000 population 4.13 Average health status score for adults aged 65 and over 4.14i Age-sex standardised rate of emergency admissions for fractured neck of femur in those aged 65+ per 100,000 population 4.14ii Age-sex standardised rate of emergency admissions for fractured neck of femur in those aged 65-79 per 100,000 population 4.14iii Age-sex standardised rate of emergency admissions for fractured neck of femur in those aged 80+ per 100,000 population 4.15i Excess winter deaths index (single year, all ages) 4.15ii Excess winter deaths index (single year, age 85+) 4.15iii Excess winter deaths index (3 years, all ages) 4.15iv Excess winter deaths index (3 years, age 85+) 4.16 Estimated diagnosis rate for people with dementia

Supporting information

Supporting InformationIndex of multiple deprivation score (IMD 2010) Index of multiple deprivation score (IMD 2015) The percentage of the population aged The percentage of the population aged 65+ The percentage of the population classified as from Black and Minority Ethnic (BME) groups

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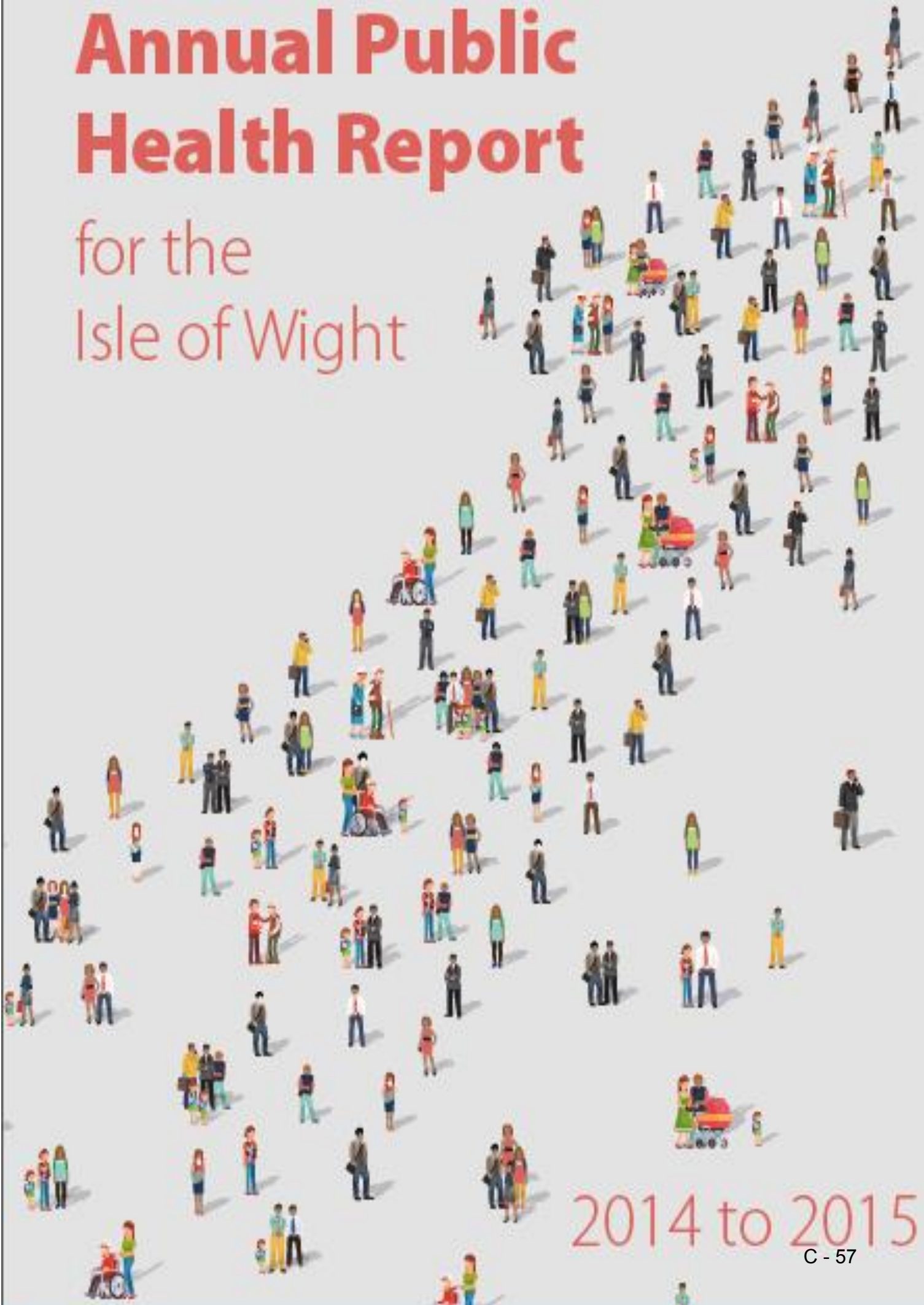
Annual Public Health Report

for the Isle of Wight



2014 to 2015

Contents

Foreword

I am delighted to write the introduction to the Isle of Wight Public Health Annual Report 2014 to 2015, my first one since I took up post which highlights the new innovative ways of working taking place here on the Island. Previous reports have taken a series of themes based on analyses of the major public health challenges on the Isle of Wight but this report goes back to basics and focusses on a range of information to inform planners, policy makers, service providers and politicians of the inequalities that remain deeply rooted in our Island communities.

This report focuses on the asset-based approaches that are being used to empower people and communities on the Island to mobilise their strengths, talents and skills to improve their health and wellbeing. By focussing on 'strengths' rather than 'needs' we can better support people to build resilient personal and local neighbourhood networks that can help prevent crisis and reduce demand on overburdened statutory services.

The Isle of Wight is experiencing a period of intense economic pressure. The well-publicised financial turmoil currently faced by the Health and Social Care system is without precedent and the scale of challenges will bring significant and long term changes to what and how services are delivered in the future. It is unsurprising then that there has been some healthy scepticism about asset-based approaches, wondering how one could build on assets for people who have suffered multiple disadvantages through abuse and trauma, addiction problems, homelessness, frailty, mental illness, physical disability and limited social networks. However evidence shows that these approaches are making a real difference to people and communities with extremely limited resources of any kind and the results have demonstrated that not only do asset based approaches work but they are actually the *only* approaches that will work in the longer term to deliver the 'fully engaged scenario' that Wanless (2002) describes to ensure sustainability of the health and social care sector.

Members of the Public Health Team working with the local community.

We are pleased and encouraged with the progress we have made so far on the Isle of Wight, working through the combined efforts of people with an interest and role in public health, many of whom do not have 'public health' in their job title, particularly our Town and Parish Councils and voluntary sector colleagues such as Aspire in Ryde and many more, coming alongside communities to recognise and nurture the wonderful abundance of skills, talents and gifts we have here on the Island.

Some of the recommendations we have proposed may attract criticism in an overstretched system coping with crisis, but if we are to divert this trend of health inequalities we have to be courageous. As a system we should extend the opportunity for peoples' participation in their communities, the added control over their lives that this brings, has the potential to contribute to their psychosocial well-being and, as a result to improve other health outcomes (Marmot, 2010).

In public health, we must give ourselves opportunities to learn, to adapt, and to improve constantly. We have also learnt to persevere. Approaches such as Local Area Coordination take time to be embedded and mainstreamed. We have to adapt as new evidence is generated, for example there has to be regular review of the evidence and a willingness to change policies based on new evidence.

The unrelenting pressure on acute services and the ageing of the population mean that developments in public health may not always receive the priority they deserve but we strongly believe that if we are to see real improvements in health, reduction of morbidity and a shift in the balance of care, the Isle of Wight Council and its partners must find ways to continue to prioritise prevention, early intervention, early years programmes and to prioritise investment in areas that will truly improve health outcomes.

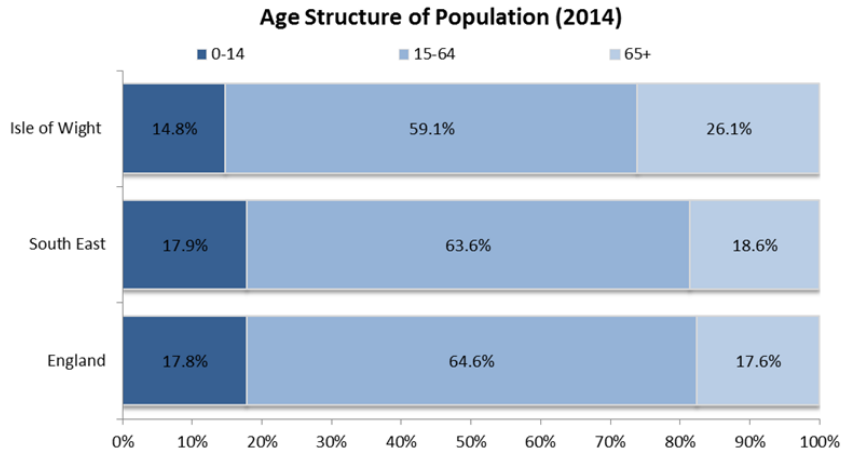
Dr Rida Elkheir, Director Public Health

and the Isle of Wight Public Health Team

Isle of Wight Council

Setting the scene – context and background information.

The Isle of Wight presents a unique set of challenges for the local health and care system. It lies off the south coast of England and covers an area of 147 square miles. The population is approximately 139,000 residents (ONS 2014 based mid-year estimates), an average of 3.6 persons per hectare (Census 2011) which is less dense than the England or South East averages. More than a quarter of residents (26.1%) are aged 65 years or over, while just under 15% are aged 0-14 years.



Source: Office for National Statistics (ONS) Mid-2014 Population Estimates

Around 1 in 6 households (16.5%) on the Isle of Wight are occupied by a single person over 65 and there are around 4,000 single parent households with dependent children. Social isolation and loneliness can be a problem for people living alone and has a big impact on their health and wellbeing. Like other coastal towns, the Isle of Wight is a popular retirement destination with a net inflow of people aged 50 to 79. This migration is becoming more marked over time with more than double the older people moving here in 2014 than in 2012 (JSNA – Demographics and Population factsheet, 2015). Many of these people will move here with partners, but then when their partner dies they find themselves without an adequate support network of friends and family and become dependent on service provision.

According to the 2011 Census, more than 1 in 5 people (22.6%) living on the Island say that their day-to-day activities are limited a lot or a little by long term health conditions; compared with 15.7% in the South East. The number of people living with long-term conditions is set to increase as a result of the increase in the number of older adults. Currently the cost of healthcare for people with one or more long term conditions equates to around two-thirds of the NHS budget and the cost of caring for people with three or more conditions is likely to rise from 17% of the NHS budget in 2006 to 24% by 2016.

Disability

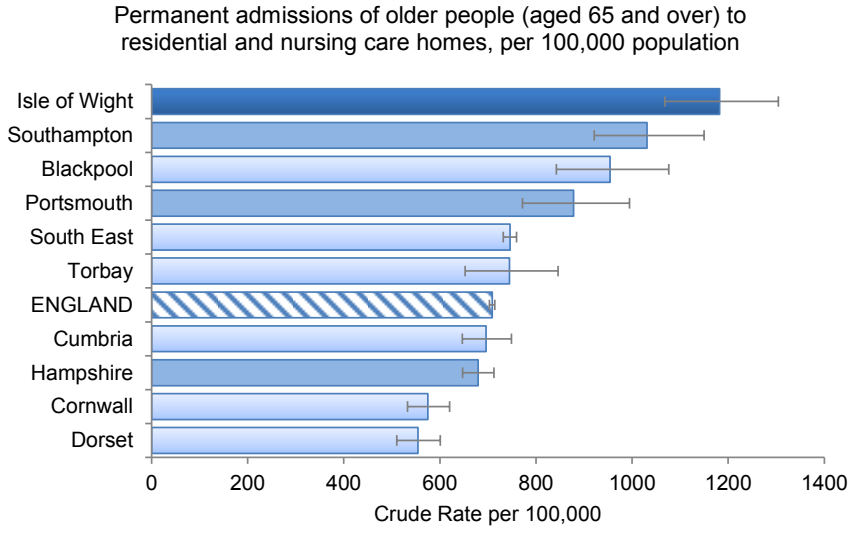
There are higher than average numbers of people living with disabilities on the Island. Disability living allowance figures for 2015 are 6.1% of the population; nearly double that of the South East (3.7%). Three percent of the population are claiming attendance allowance (a benefit for those over 65 with a physical or mental illness severe enough to warrant caring support). This is higher than rates elsewhere which reflects the ageing profile of the Island population.

The 2011 Census indicated that 16,420 people on the Isle of Wight provided at least 1 hour of unpaid care per week, which means 12% of the total population had a caring responsibility. In many cases those providing the care are themselves elderly and living with their own health conditions. This is important because there is a clear relationship between poor health and caring that increases with the duration and intensity of the caring role. Those providing high levels of care are twice as likely to have poor health compared to those without caring responsibilities. The 2008 Carers Survey, conducted by Carers UK on behalf of the Isle of Wight Council and Isle of Wight PCT, showed that 68% of those asked thought their health had suffered as a result of their caring role and 43% felt they were not able to take a break from their role. Caring responsibilities and long term conditions can also contribute to feelings of isolation and loneliness (Campaign to End Loneliness, 2013).

The Isle of Wight also has statistically significantly higher (worse) rates of people registered as hard of hearing or with preventable sight loss certifications than the England average. It is estimated that on the Isle of Wight in 2014 there are over 8,500 people aged between 18 and 64 with a moderate or serious disability. This figure is predicted to rise to 9,700 by 2020 (PANSI, 2013).

Regarding mental health, the prevalence of GP recorded mental illness on the Isle of Wight in 2014/15 is 1.1%, meaning just over 1,500 people, which is statistically significantly higher (worse) than England at 0.9%. The number of people on the Isle of Wight in contact with NHS funded adult specialist mental health services was just short of 3,000 (per 100,000 population) between July and September 2016. This is significantly higher than England with just over 2,000.

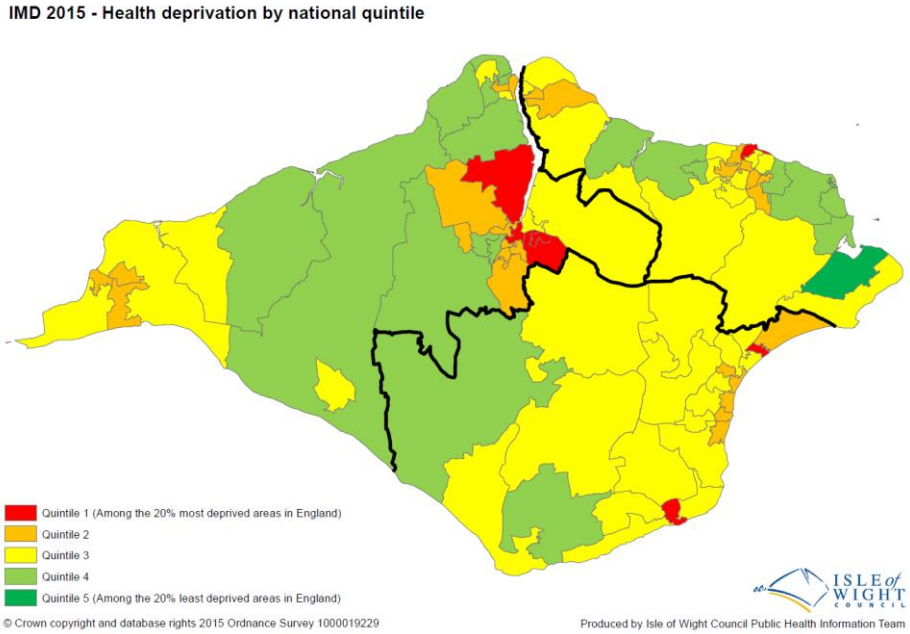
Alcohol-related mortality on the Isle of Wight is similar to the national figure at approximately 44 people dying of alcohol-related illnesses per 100,000 population compared to 45 for England (2014 calendar year). Local hospital admission episodes for alcohol-related conditions is statistically lower (better) than England with 487 per 100,000 population compared to 641 for England (2014/15 financial year). In 2012/13 there were 1,182 permanent admissions of people aged 65 and over to residential and nursing homes per 100,000 population. This is statistically higher than the England average, and all but one of our ONS comparator areas.



Source: ASCOF

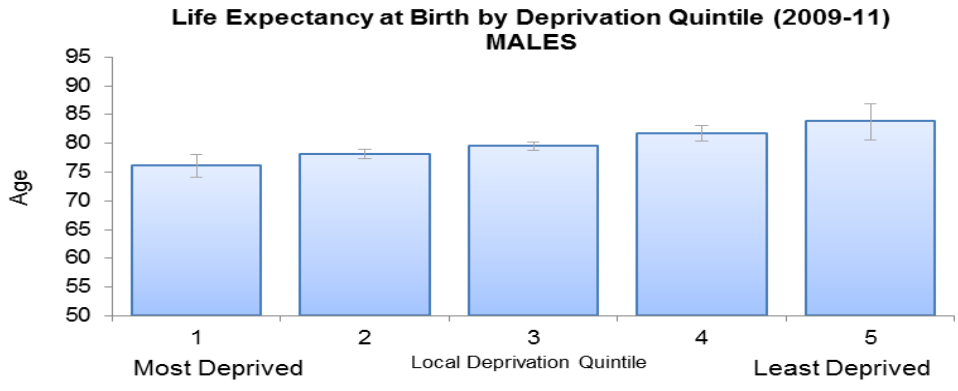
Health inequalities

There are marked health inequalities between different geographic areas on the Island. Seven areas of the Isle of Wight are among the 20% most deprived in England – these are in Newport, Ryde, Sandown and Ventnor. Conversely, Bembridge is one of the 20% least deprived. This is important because people in different social circumstances experience avoidable differences in health and wellbeing. *"Inequalities in health arise because of inequalities in society – in the conditions in which people are born, grow, live, work and age."* (Marmot, 2010)



Life Expectancy

Average life expectancy on the Island is 79.1 years for men and 83.6 years for women and is slightly above the England average (78.5 years for men and 82.6 years for women) but disability-free life expectancy on the Island is slightly lower than the England average. There are marked differences across different localities in relation to life expectancy. In England, people living in the poorest neighbourhoods will, on average, die seven years earlier than those people living in the most affluent neighbourhoods (Marmot, 2010). On the Isle of Wight, the Ventnor and South Wight area has a life expectancy rate of 89.1 years for men, whereas The Bay area has the lowest life expectancy of 76.9 years for men, over 12 years less. The difference between the least and most deprived areas on the Island is 7.6 years and there is a statistically significant difference, one that is potentially preventable.



Data Source: ONS Annual Deaths Extracts/ONS Mid Year Population Estimates / SEPHO Life Expectancy Calculator

From this we can see that we have higher incidence of vulnerable people on the Isle of Wight, including the disabled and older population, who have a higher percentage of long term conditions which creates an added burden on the local healthcare economy when compared to national averages. This has implications for the community – complexities of care especially where the old and frail are having to rely on a smaller cohort of younger people to provide that care locally. Indices of deprivation which have a major impact on health show areas that are of concern but which are not often reported or recognised.

Sustainable, Welcoming and Inclusive Communities

'As well as having needs and problems, our most marginalised communities also have ***social, cultural and material assets.*** *Identifying and mobilising these can help them overcome the health challenges they face…The more familiar '****deficit' approach focuses on the problems, needs and deficiencies in a community*** *such as deprivation, illness and health-damaging behaviours. It designs services to fill the gaps and fix the problems. As a result,* ***a community can feel disempowered and dependent****; people can become passive recipients of services rather than active agents in their own and their families' lives." (Foot and Hopkins, 2010, p7)*

If the conditions in which people grow, live and work are favourable, then they will have more control over their lives. Our lives are affected by the relationships we have with the people around us, within our neighbourhoods and community. Strong healthy relationships and friendships and the links that connect people to each other and to the resources in the place where they live can bring many health benefits.

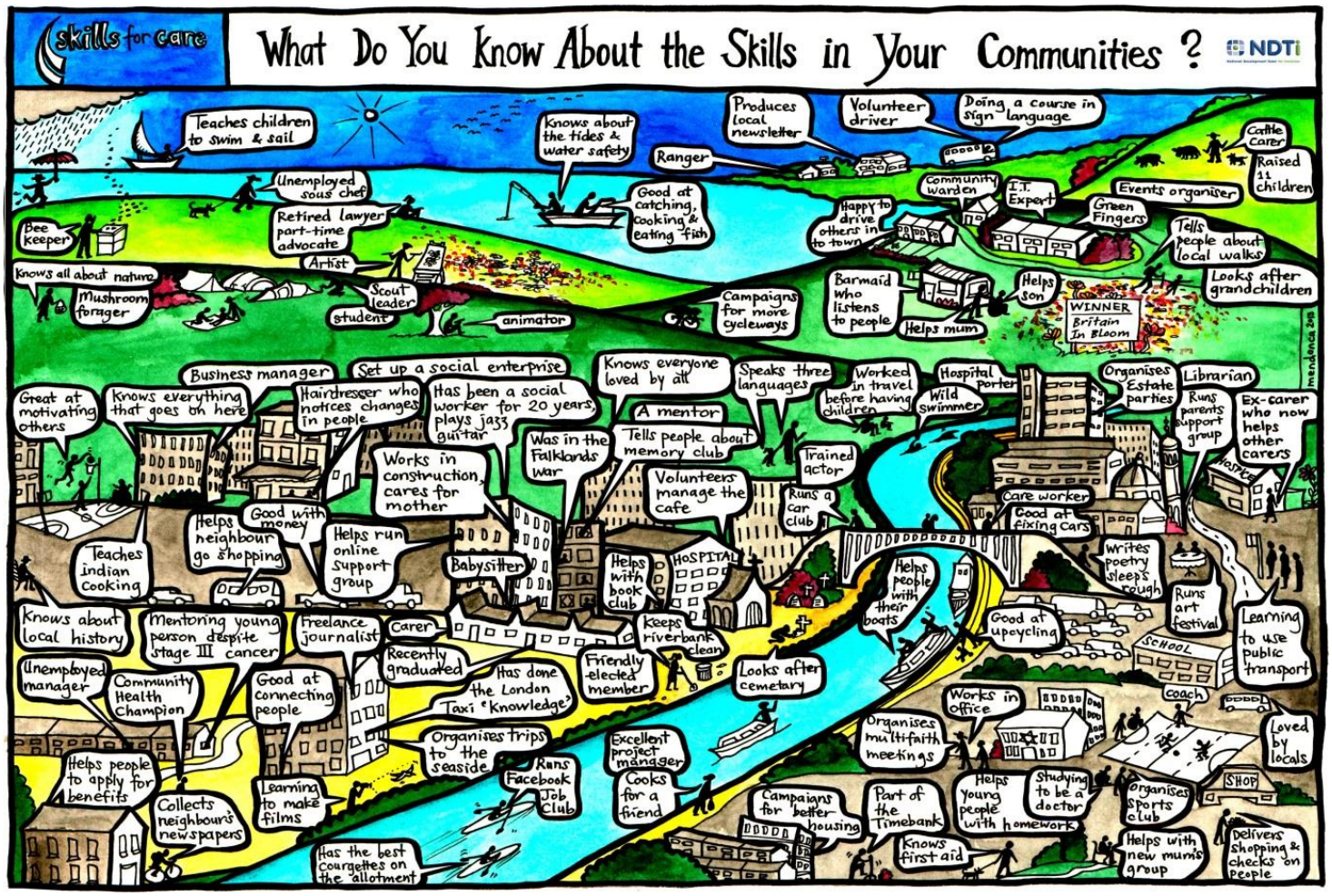
An asset-based approach recognises and makes visible people's strengths, skills and expertise within communities and mobilising them to enrich others. The intention is "to nurture, sustain, protect and build the health assets in every individual, family and community in order to improve people's life chances and enhance positive health and wellbeing" (*Foot and Hopkins, 2010*.) To do this requires a shift in the professional's role, away from solving problems to supporting people to recognise and mobilise the assets and resources they have. Practitioners working in an asset-based way take a different starting point; they ask 'What makes you healthy?', rather than 'What makes you ill?'

The focus on appreciating and mobilising individuals' and community talents, skills and assets rather than focusing on problems and needs can result in the development of activities that protect existing and create new health assets which are community driven. This can lead to creating more inclusive, connected and safer places for people to work, live, grow and age and act as a 'buffer' against particular risks of poor health and inequality within communities.

Asset Based Community Development

On the Isle of Wight we have been exploring the Asset Based Community Development (ABCD) approach and were delighted to have run a two day workshop led by Cormac Russell. Cormac is a significant international leader, thinker and advocate of ABCD and director of Nurture Development. This was great opportunity to hear from him directly and reflect on our options to make use of this and other approaches to better serve our local citizens on the Isle of Wight. These events led to two Town and Parish Councils coming forward to work alongside Public Health to apply this approach into practice within their communities.

Representatives from the Parish Council, Friends of Freshwater Library, the Memorial Hall, the Sports and Community Centre and the West Wight Churches undertook ABCD training. This helped them to develop a deeper appreciation of the benefit of working together with their community, to make use of the assets that they already have and to support people to make better use of them. They are planning more events with the community with the aim of discovering the dreams and aspirations of community members, discovering the skills of community members, asking the community what they can do for themselves and connecting people together.


skills for care
What Do You Know About the Skills in Your Communities ?
NDTi
Teaches children to swim & sail
Knows about the tides & water safety
Ranger
Produces local newsletter
Volunteer driver
Doing a course in sign language
Cattle carer
Raised 11 children
Unemployed sous chef
Retired lawyer part-time advocate
Good at catching, cooking & eating fish
Community warden
I.T. Expert
Events organiser
Green Fingers
Bee keeper
Artist
Happy to drive others in to town
Tells people about local walks
Knows all about nature
Mushroom forager
Scout leader
student
animator
Campaigns for more cycleways
Barmaid who listens to people
Helps mum
Helps son
WINNER Britain In Bloom
Looks after grandchildren
Business manager
Set up a social enterprise
Knows everyone loved by all
Speaks three languages
Worked in travel before having children
Hospital Porter
Wild swimmer
Organises Estate parties
Librarian
Great at motivating others
Knows everything that goes on here
Hairdresser who notices changes in people
Has been a social worker for 20 years, plays jazz guitar
A mentor
Tells people about memory club
Was in the Falklands war
Trained actor
Runs parents support group
Ex-carer who now helps other carers
Works in construction, cares for mother
Volunteers manage the cafe
Runs a car club
Care worker
Good at fixing cars
Teaches Indian cooking
Helps neighbour go shopping
Good with money
Helps run online support group
Babysitter
Helps with book club
HOSPITAL
Writes poetry sleeps rough
Runs art festival
Knows about local history
Mentoring young person despite stage III cancer
Freelance journalist
Carer
Recently graduated
Keeps riverbank clean
Helps people with their boats
Good at upcycling
SCHOOL
Learning to use public transport
Unemployed manager
Community Health Champion
Good at connecting people
Has done the London Taxi 'Knowledge'
Friendly elected member
Looks after cemetary
Coach
Works in office
Organises multifaith meetings
Loved by locals
Helps people to apply for benefits
Organises trips to the seaside
Excellent project manager
Runs Facebook Job Club
Cooks for a friend
Helps Young people with homework
Studying to be a doctor
Organises sports club
SHOP
Learning to make films
Collects neighbours' newspapers
Campaigns for better housing
Part of the Timebank
Knows first aid
Helps with new mum's group
Delivers shopping & checks on people
Has the best courgettes on the allotment

Local Area Coordination as a prevention approach

The legislative and political 'commitment' to integrating, transforming and shaping future health and care provision and practice towards a system which is sustainable, place-based and person-centred in order to achieve cost-effective outcomes that actually improve the lives of people within the given resource available, is an unprecedented challenge facing all unitary and district authorities across England. This comes at a time when people are living longer, when demand and cost to provide health and social care services is increasing, and funding and resource to meet these demands has, and continues to decrease which perpetuates the inequalities facing people that need it most within our society. This causes and connects to higher levels of unmet 'need', isolation, inactivity, loneliness and factors that cause risk of harm and/or ill health in the future.

Approaches that promote health and wellbeing in all its forms and focus on what a 'good life' looks like, rather than needs or deficits, and prevent or delay the need for intensive services make a significant contribution to reducing inequalities. Local Area Coordination is a central plank of the system-wide agreed prevention and early intervention approach. It is fully evidence-based with proven cost saving and quality improvement outcomes for individuals, families, communities and health and social care, focussing on supporting children and adults with disabilities, mental health needs and older people, and their families/carers to:

- stay strong, safe and connected as contributing citizens
- build more welcoming, inclusive and supportive communities

Local Area Co-ordination will support people:

- to build their own, their family's and community's resilience and reduce the need for services whenever possible (capacity building)
- at risk of crisis or dependency of services to build resilience in their local communities through the development of networks and local solutions, therefore eliminating or reducing the need for formal services (prevention and demand reduction)
- already dependent on services to build personal connections, community contribution, reducing reliance on formal services

As shown in the previous sections, the Isle of Wight context creates a unique set of challenges for the local health and care and wider system currently and in the future when contextualised within the national policy frameworks and austere economic conditions. Currently on the Isle of Wight, 26.1% of the 139,000 population are aged 65 and over in comparison to the England average of 16.9% with this figure set to rise to 28.4% by 2021 (JSNA – Demographics and Population factsheet, 2015). Alongside this, the number of people living with long-term conditions (LTC) is set to increase and the cost of healthcare for people with one or more LTCs equates currently to around two thirds of the NHS budget and the cost of caring for people with three or more LTCs is due to rise from 17% of the budget in 2006 to 24% by 2016.

The factors outlined above and within the 'setting the scene' chapter contribute to perpetuating health inequalities and risk factors that could affect individual health and wellbeing and therefore service utilisation to 'address' current and future demand. It is this context that creates the environment for Public Health alongside partners to justify the introduction of Local Area Coordination and how the principles underpinning the approach can contribute to managing and reducing current and future 'demand', and actualising the vision and outcomes outlined within the Isle of Wight's 'My Life, a Full Life' programme which is a Vanguard Site for New Models of

Care. The ‘My Life, a Full Life’ programme is a coming together of the Isle of Wight Clinical Commissioning Group, Isle of Wight Council, Isle of Wight NHS Trust and voluntary sector organisations to work collaboratively to deliver on a strategic vision for health and care in the future in response to the challenges outlined above. Specifically, the new model of care is aimed at improving health, wellbeing and care of the Island population, improving care and quality outcomes, delivering appropriate care at home and in the community and making health and wellbeing clinically and financially sustainable.

Central to this new model of care is prevention and early intervention as depicted by the ‘My Life’ model (Appendix 2), which explicitly outlines the intention of increasing individual and family networks and associational life (community connectedness and contribution) to reduce demand and reliance on services in the future. This formula requires some vital ingredients to make it become a reality. Local Area Coordination is viewed as one of these ingredients in enabling this transformational shift away from being heavily reliant on statutory services, which has limited the range of care and support available to Island residents. Based on forecast demand it has been identified that this way of working is no longer clinically or financially sustainable. What is required is a new care model that people will have much greater support from their community and family/friends, as it:

- builds on assets and mobilises social capital to help reshape care delivery to meet peoples changing needs
- integrates services to improve quality and increase system efficiencies using technology
- is based in the community/at home
- is a significant shift to prevention and early intervention, self-help/care, with the aim of reducing health inequalities and the health and wellbeing gap
- improves the health and wellbeing of our Island population
- empowers and enable self-care, recovery and self-management
- strengthens community building
- reduces reliance on statutory services

The justification for Local Area Coordination locally is furthered through the capacity to contribute towards actualising Public Health’s vision to ‘improve and protect the nation’s health and wellbeing, and improve the health of the poorest fastest’. In which, Local Area Coordination cuts across four key domains of Public Health:

- Improving the wider determinants of health that affect individual health and wellbeing and health inequalities at an individual and community level;
- Health Improvement through people helped to live healthy lifestyles and make health lifestyle choices;
- Health Protection through reducing health inequalities and promoting health assets that act as protective factors within communities;
- Contribution to improving healthcare public health and preventing premature mortality through a reduction of number of people living with preventable ill health and people dying prematurely.

The Local Area Coordinators are recruited by the community that they will be working alongside.

The Isle of Wight started its Local Area Coordination journey following a year of planning, conversations, development of a steering group of partners across the health and social care system and intentional design, with the recruitment of three Local Area Coordinators for Ryde, Freshwater/Yarmouth/Totland and Shanklin in September 2015. The role of the Local Area Coordinator is to support individuals and their families/carers to: build and pursue their vision for a good life; be heard and in control; identify their personal strengths and goals; develop and use personal and local networks, and connect with and be part of, and contribute to community life.

How it works

Local people including people with a lived experience of disability, mental health needs, caring and ageing are invited to take part in a day of recruitment activities, following the principles of Local Area Coordination, ensuring inclusion, contribution and citizenship.

The interview days are held in community venues within the recruitment area. There are eight to 25 local people invited to spend the day with the candidates. The candidates are asked to take part in two timed and scored tasks with community members:

1. Using the resources provided, work together to facilitate and map a conversation with community members about existing assets/resources and connections in the local community.

2. Building upon the previous activity. Work together to facilitate and record a session with community members where the following questions answered:

    - What we love about our community

- What can we do together to make it even better
- Who do we know that would like to get involved?

After each task the candidates are scored by each member of the community using the following questions:

- Did they introduce everyone and the activity?
- Was the language clear – did they use jargon?
- Did they use eye contact?
- Did they help everyone to contribute/have a voice?
- Did they listen and accurately reflect contributions?
- Do you feel positive, excited by the conversation?
- Are candidates supporting or controlling conversations?
- Do we have something visual that is clear and shows creativity?
- Are they organised?
- Do they sum up at the end?

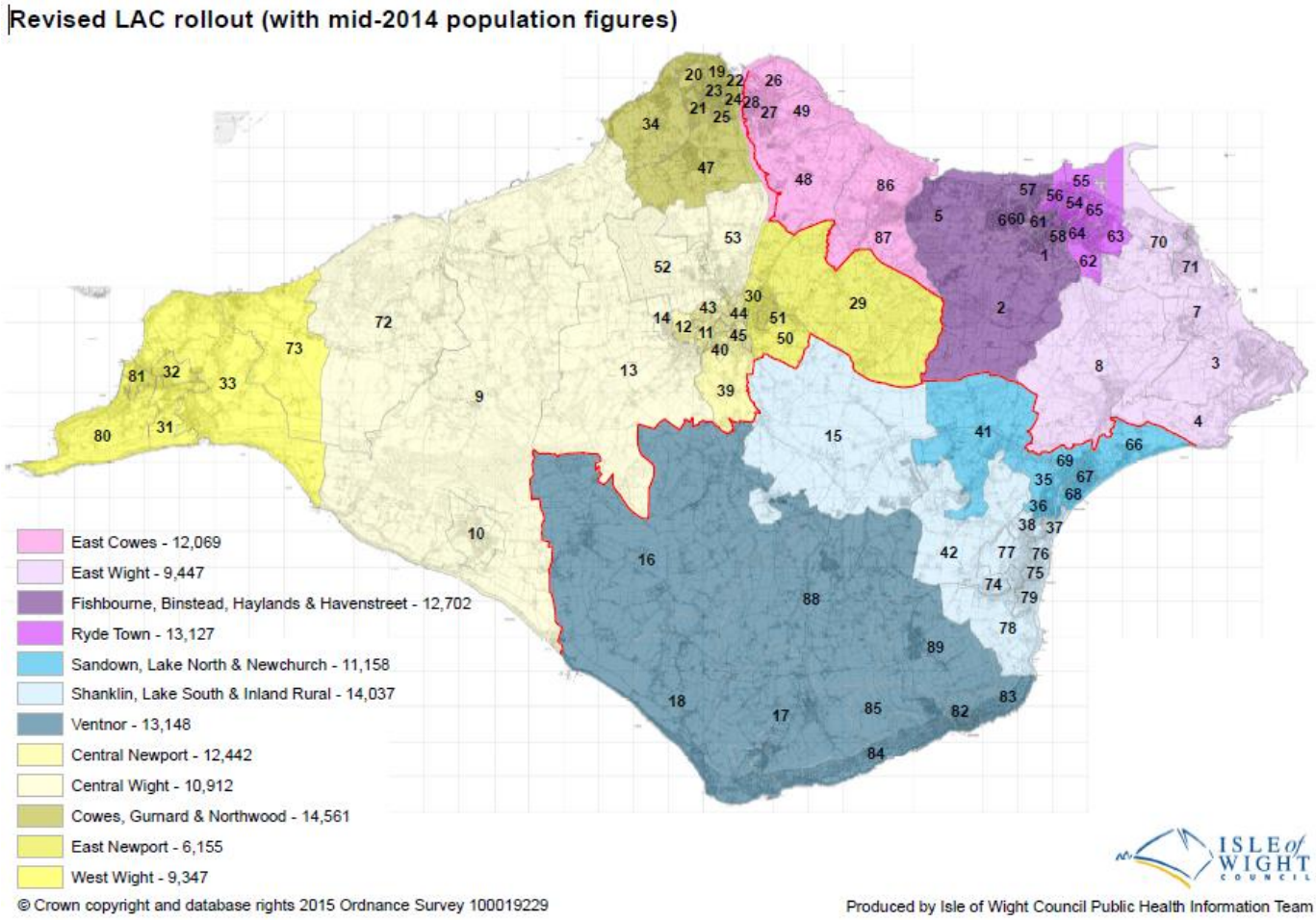
In the afternoon there is a second part to the interview where each candidate is asked ten technical questions by a panel of five people including the programme manager and the National Network Director; the other three being drawn from the community members on the day. The responses are scored and added to those from the morning and the person with the highest score is offered the position, if the panel agree. The balance of power lies with the community.

Three Local Area Coordinators have successfully been appointed by their communities and this has led to the following:

- Introductions from local people to their Local Area Coordinator
- Local understanding of the role
- Local ownership of the Local Area Coordinator and a commitment to support the role.
- Sharing of gifts, assets, skills and opportunities for Local Area Coordinators to use when in post to help build and connect people together, and create more resourceful and inclusive communities
- Community members all felt comfortable in how they could introduce people they know who might benefit from Local Area Coordination and with local organisations that could lead to partnership working for shared outcomes.

This has mobilised the implementation, integration and embedding of Local Area Coordination within the community.

Based on existing evidence and evaluation each Local Area Coordinator works effectively within a population of 10,000 to 12,000, therefore the Island would benefit from 12 Local Area Coordinators as the map below demonstrates:



A formative evaluation of the Local Area Coordination programme was conducted after six months and the key findings are as follows:

- Impact of the recruitment process
  The extent of involvement of community members in the recruitment process outweighs statutory services. It has resulted in members contributing ideas, opportunities, and assets and collective-efficacy through wanting to be connected to the Local Area Coordinator within their community going forward
- Induction period
  The evidence recognises the value and importance of having the opportunities to build personal relationships at a range of layers (individual, community and system) and building on what is being done to maintain awareness, engagement and understanding of Local Area Coordination within areas of practice across the whole system
- Implementation
  Following an introduction, a Local Area Coordinator spends time getting to know the individual/family and building a trusting relationship. Some of the key mechanisms identified through the evaluation that facilitate this, which is then key to positive outcomes, are: being based within the community, listening and not judging, taking time to understand formal and informal assets, being 'within the system', and staying true to the principles of strength-based approaches through positive conversation.
  This approach on the island is being delivered in partnership with the National Local Area Coordination Network. A network of Local Area Coordination sites across England and Wales who are seeing replicable positive outcomes for local people and communities.

Summary of future plans / recommendations

Recommendation 1 - That Local Area Coordination is extended to all areas of the Island, and becomes integral to the delivery of the new integrated model of care.

Recommendation 2 - Further develops and disseminates the working model for health assets.

Recommendation 3 - Plan to incorporate asset-based approaches into mainstream public health activity once the approach is fully evaluated

Recommendation 4 - Plan to integrate health assets and interventions that promote assets into health and wellbeing strategies.

Recommendation 6 - Champion asset-based approaches at local, regional and national levels.

Recommendation 7 - Prioritise NHS and local authority investment into asset-based community development for health and wellbeing.

Recommendation 8 - Develop workforces and build community capacity to incorporate skills and knowledge on health assets and asset-based approaches.

Conclusion

To successfully improve the health and wellbeing of the population and consider how we can reduce inequalities, it is really important to focus on the assets and resources of our communities. So rather than looking 'to fix', we need to focus on the wealth and richness of what we have and explore with our residents what they can and want to do to make the Island healthier and more supportive. Sometimes we forget that people are the experts of their own lives and once we acknowledge and respect that, the conversation changes to one of empowerment and positivity rather than deficits.

On the Island we have started that journey to support health and wellbeing through asset-based approaches and we are already starting to see the positive outcomes for individuals, families and communities. Vital to this is the understanding of health as not just the absence of disease but something much more dynamic. Modern health care is great at fixing discrete physical problems, treating infections and delivering episodic acute care. The shift to caring for a large proportion of the population with long-term conditions, disability and mental illness requires different approaches which help to support a feeling of coherence in people's lives and to build reserves of wellness, even when living with illness (Health Foundation 2015).

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References

Adult Social Care Outcomes Framework (2013) *Health and Social Care Information Centre* [online] available at: http://www.hscic.gov.uk/catalogue/PUB11145 [accessed 21 January 2015].

Isle of Wight Council (2015) "JSNA - Demographics and Population Factsheet" [online] available at https://www.iwight.com/azservices/documents/2552-Isle-of-Wight-Demographic-and-Population-2014-15-Final.pdf (accessed 19th May 2015)

Isle of Wight Council (2015) "JSNA – Older People Factsheet" [online] available at https://www.iwight.com/azservices/documents/2552-Older-People-v3-Final.pdf (accessed 23rd June 2015)

Isle of Wight Council (2015) "JSNA – Health Deprivation and Disability Factsheet" [online] available at https://www.iwight.com/azservices/documents/2552-IMD-Health-domain-info-sheet-Oct-2015.pdf (accessed 23rd October 2015)

Isle of Wight Council (2013) "JSNA – Life expectancy, mortality and end of life care Factsheet" [online] available at https://www.iwight.com/azservices/documents/2552-Life-Expectancy-mortality-end-of-life-care-Sept-2013.pdf (accessed 21st May 2015)

Isle of Wight Council (2013) "JSNA – Disability Factsheet" [online] available at https://www.iwight.com/azservices/documents/2552-Disability-Factsheet-September-2013-FINAL.pdf (accessed 23rd May 2015)

Marmot, M. (2010) *Fair Society: Healthy Lives: A Report of the Review of Health Inequalities in England post 2010.* London, Marmot Review

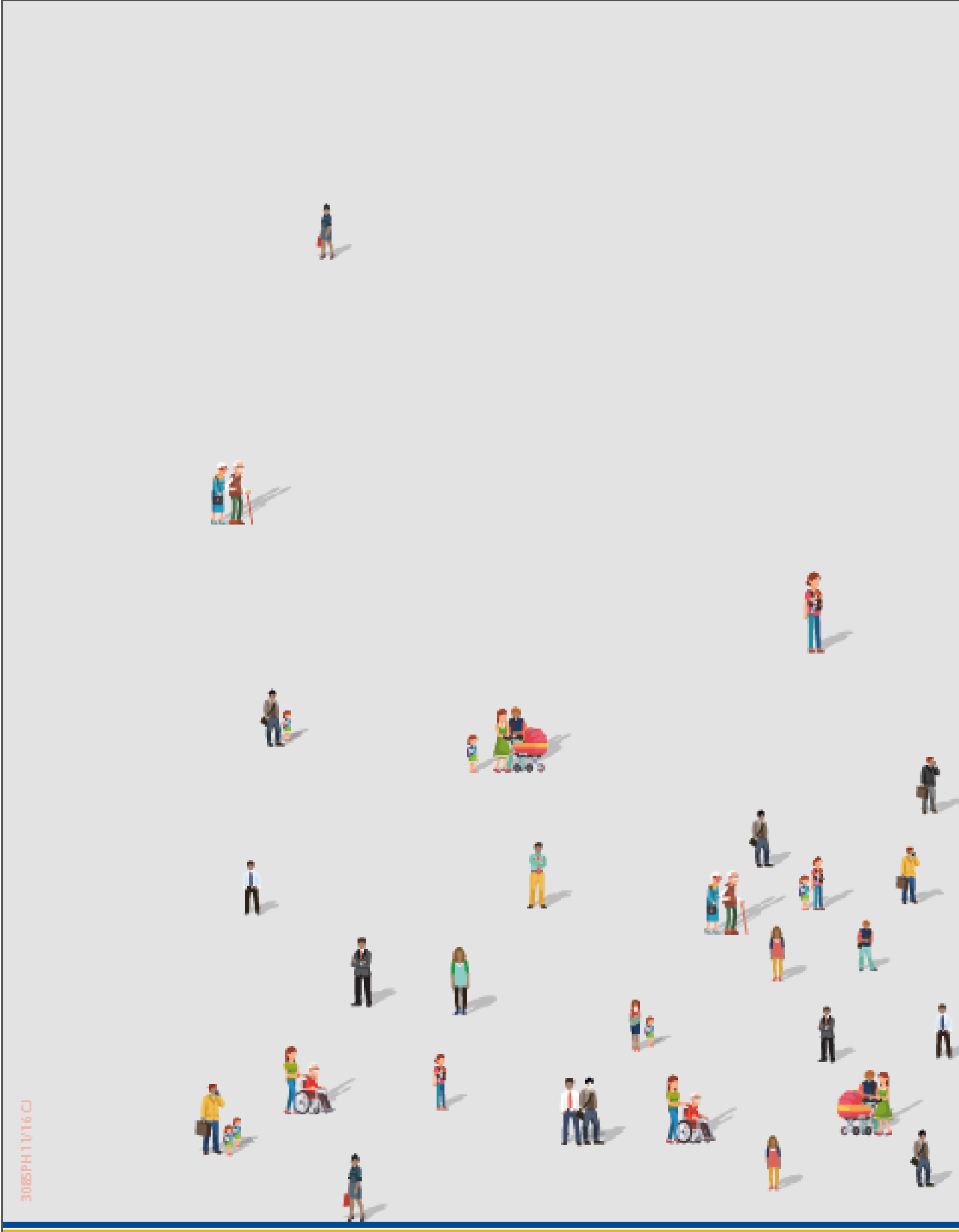
Oxford Brookes University (2013) "Projecting Adult Needs and Service Information" [online] available at http://www.pansi.org.uk/ (accessed 15th May 2015)

Public Health England (2015) *"A guide to community-centred approaches for health and wellbeing"* [online] available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417515/A_guide_to_community-centred_approaches_for_health_and_wellbeing__full_report_.pdf (accessed 20th May 2015)

Campaign to End Loneliness (2016) "*Hidden People Report"* [online] available at http://www.campaigntoendloneliness.org/wp-content/uploads/CEL-Hidden-People-report-final.pdf (accessed 21st May 2015)

Rippon S, Hopkins T (2015) Head, hands and heart: asset-based approaches in health care. Health Foundation summary and analysis *April 2015* www.health.org.uk/assetsapproaches (accessed 20 October 2016)

Wanless, D. (2002) "Securing Our Future Health: Taking A Long-Term View. HM Treasury. London.



Annual Public Health Report

for the Isle of Wight

2015 to 2016

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Foreword

My team and I are delighted to present this Public Health Annual Report and welcome this yearly opportunity to showcase all the good work underway on the Island to help support and facilitate better health and wellbeing for our residents. This also provides a chance to critically assess our successes against persistent or new challenges and allows the Isle of Wight Public Health Team to present what we think are the key areas for improvement for the future. In this report we have decided to focus on the very important issue of "parity of esteem" between physical and mental health.

It is a sad fact that mental health does not receive the same level of attention as physical health. People experiencing mental health problems frequently face stigma and discrimination, not only in the wider community but also from services. This is exemplified in part by lower treatment rates for mental health conditions and an underfunding of mental healthcare which represents a clear imbalance when compared to the scale and impact of mental health conditions. A radical culture change is therefore needed to raise awareness and ensure better use of resources to tackle the issue.

Achieving "parity of esteem" will require a fundamental change in the way services are planned, delivered and commissioned. But we need to be bolder in our approach and recognise that we all have a role in achieving better positive physical and mental health. The solution for achieving parity of esteem between physical and mental health rests in part in the individual and the collective responsibility to look after ourselves better. It also lies in the better integration of local services and strategic outlook.

The Isle of Wight Public Health Team presents this report as a positioning statement which clearly identifies the specific characteristics which define our island, the range of issues it faces in terms of physical and mental health and the steps we are talking collectively to remedy these.

Dr Rida Elkheir,
Director of Public Health
Isle of Wight Public Health Team

1. Summary of recommendations from the Director of Public Health Annual report 2014/15 and progress update.

Recommendation 1 - That Local Area Coordination is extended to all areas of the Island, and becomes integral to the delivery of the new integrated model of care.

Through the development of My Life a Full Life a further six Local Area Coordinators have been appointed for Newport and surrounding areas. This leaves only three areas without Local Area Coordination at the present time. The positive impact on the wider system is being demonstrated through the outcomes achieved for individuals, families, communities. Through the Local Area Coordination Leadership Group working with partners across the system, there is a move to exploring how a system-wide approach can be developed to extend Local Area Coordination for full Island coverage supporting and improving the health and wellbeing of all communities.

Recommendation 2 - Further develop and disseminate the working model for health assets.

Public Health is working in partnership with My Life a Full Life and embarked on an ambitious programme of systemic transformation which will ensure that people will have much greater support from their community, family and friends, as it builds on assets and mobilises social capital to help reshape care delivery to meet people's changing needs. My Life a Full Life marks a significant shift towards prevention and early intervention, self-help/care, with the aim of reducing health inequalities and improving the health and wellbeing of our communities.

Recommendation 3 - Plan to incorporate asset-based approaches into mainstream public health activity once the approach is fully evaluated

Through the evaluation of Local Area Coordination and Asset Based Community Development (ABCD), we are gaining a greater understanding of how these approaches improve and sustain health and wellbeing. This understanding is leading to the development of incorporating an assessment of assets as part of the Joint Strategic Needs Assessment (JSNA) to inform not only local need but also where the health assets are located locally that can support health and wellbeing. This greater understanding of the wealth of resources in the community is enabling public health activity to build on positive local health and wellbeing improvement activities and working more closely with communities to support them in the development of those assets.

Recommendation 4 - Plan to integrate health assets and interventions that promote assets into health and wellbeing strategies.

Enabling and supporting people to maintain their health and wellbeing requires a strategic partnership approach that is rooted in evidence, sustained and which goes beyond health and social care, beyond commissioning, to achieve sustainable and real culture change in our communities. In 2015/16, Public Health, in partnership with

My Life a Full Life, developed a Prevention and Early Help Strategy which marks a shift away from a focus on sickness and disease to one focused on creating and sustaining wellness and wellbeing.

Such an approach is embedded in the corporate plans and strategies of all organisations of My Life a Full Life as well as within local agencies such as charities working with mental health, learning disabilities, older people and the independent sector such as Housing Associations and Care Homes. The My Life a Full Life Prevention work stream and strategy will promote wellbeing in many ways. How this will happen in practice will depend on the characteristics, needs and assets of individuals being supported including people's goals and wishes and how these impact on their wellbeing.

Recommendation 5 - Champion asset-based approaches at local, regional and national levels.

Through conversations with NHS England and Public Health England, the Isle of Wight is being seen as an area of good practice in the development of these approaches. This has led to national and regional recognition and opportunities to take a leadership role locally in supporting the development of asset-based approaches as part of the Public Health South East Community Asset Based Approaches Programme.

Recommendation 6 - Prioritise NHS and local authority investment into asset-based community development for health and wellbeing.

Through evaluation we are developing a robust model for determining the cost benefit for these approaches for the system (NHS & local authority). This will be used to inform wider commissioning and a business case to secure long term investment. There is emerging recognition and understanding that on the Island these approaches are reducing dependency on statutory services through empowering individuals to use their personal assets and choices to support their health and wellbeing

Recommendation 7 - Develop workforces and build community capacity to incorporate skills and knowledge on health assets and asset-based approaches.

Through working together in the community Local Area Coordination has influenced workforce development through shared learning and training events. This has enabled exploration of these approaches by partners and the skills and knowledge required to work in this way to be encouraged behaviours. This is seen both in how professionals and organisations are working within communities and how together with communities we are supporting the development of community capacity. For example, in one area, a community has come together to develop local football activities for children at no cost.

2. Introduction

What do we mean by “Mental Health”?

The positive dimension of mental health is laid out in the World Health Organisation’s (WHO) definition of health as contained in its constitution: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."[i]

WHO describes Mental Health as “not just the absence of mental disorder [but] as a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”[ii]

What is parity of esteem between physical and mental health?

Parity of esteem is the principle by which mental health must be given equal priority to physical health. Whilst this value was enshrined in law by the Health and Social Care Act 2012 there is still a significant disparity in funding and access for mental health. Mental health problems account for 28% of the burden of disease but only 13% of NHS spending[iii].

Why do we need parity of esteem between physical and mental health?

There is a recognised overlap between mental and physical health. Mental illness reduces life expectancy - it has a similar effect on life-expectancy to smoking, and a greater effect than obesity[iv].

Mental ill health is also associated with increased chances of physical illness, increasing the risks of the person having conditions such as coronary heart disease, type 2 diabetes or respiratory disease.

In turn, poor physical health increases the risk of mental illness. For example the risk of depression is doubled for people with diabetes, hypertension, coronary artery disease and heart failure, and tripled in those with stroke, end-stage renal failure and chronic obstructive pulmonary disease (COPD). Children experiencing a serious or chronic illness are also twice as likely to develop emotional disorders.

Overall 78% of mental health service users access hospital services compared with 48% of non-mental health service users[v].

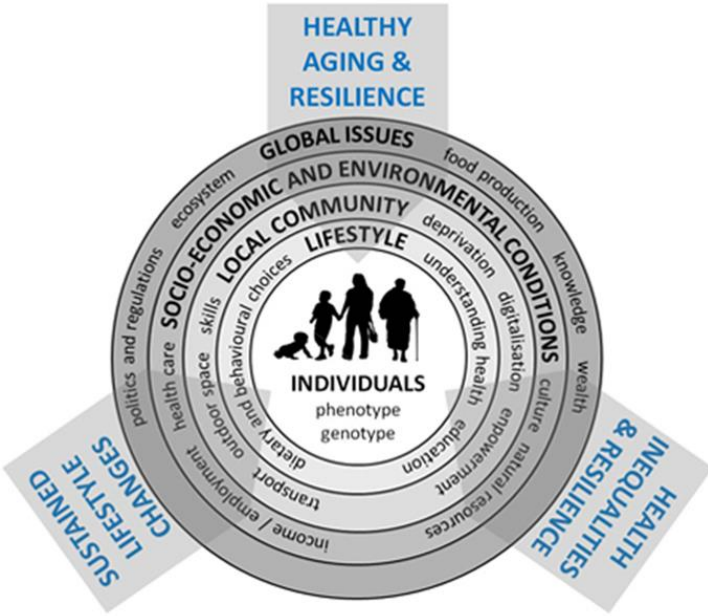
The cost of dealing with the consequences of mental ill health is significant. 54% of mental health service users arriving at A&E came by ambulance or helicopter compared to 26% of non-mental health service users. A higher proportion of these patients were admitted and they stayed in hospital around 30% longer[vi].

What are the determinants of positive/negative mental health?

To a large extent, factors such as where we live, the state of our environment, genetics, our income and education level, and our relationships with friends and family all have considerable impacts on health. These factors are called the "wider determinants of health" and bear a significant impact on the quality of life of individuals and communities.

The determinants of physical health are well established within the public health community. Multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time.

For example, persistent socio-economic pressures are recognised risks to mental health for individuals and communities . The clearest evidence is associated with indicators of poverty, including low levels of education.



Poor mental health is also associated with rapid social change, stressful work conditions, gender discrimination, social exclusion, unhealthy lifestyle, risks of violence, physical ill-health and human rights violations.

There are also specific psychological and personality factors that make people vulnerable to mental disorders. Lastly, there are some biological causes of mental disorders including genetic factors which contribute to imbalances in chemicals in the brain.

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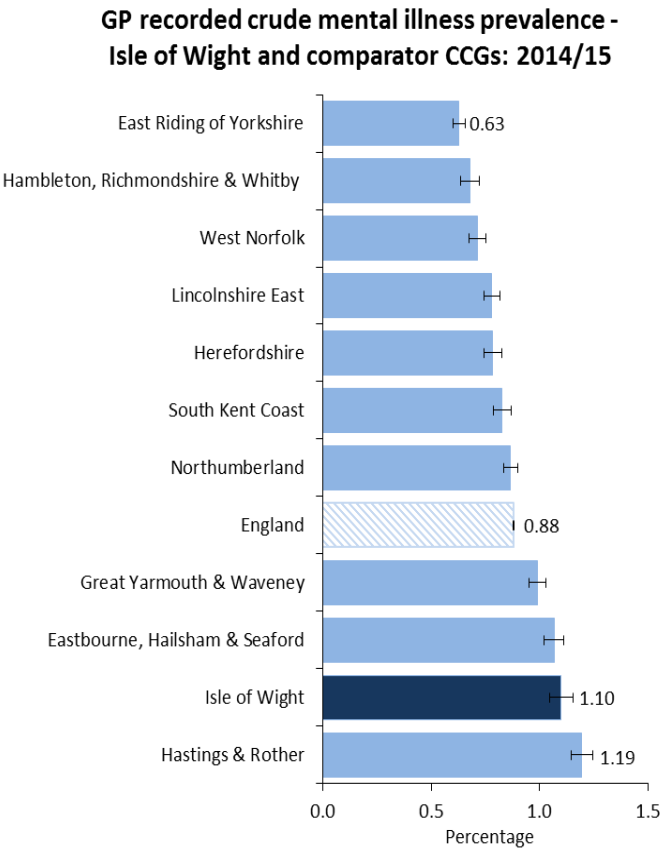
3. The local picture

Mental illness is the largest single source of burden of disease in the UK and no other health condition matches mental illness in the combined extent of prevalence, persistence and breadth of impact. Mental illness is consistently associated with deprivation, low income, unemployment, poor education, poorer physical health and increased health-risk behaviour. Mental illness has not only a human and social cost but also an economical one with wider costs in England estimated at £105.2 billion a year[viii].

Cost-effective interventions exist to both prevent mental illness and to promote wider population mental health. The Isle of Wight Council aims to provide effective public health action that will reduce the present and future disease burden and cost of mental illness.

Mental illness prevalence on the Isle of Wight

The chart below shows the percentage of patients diagnosed with mental health and on GP practice mental health registers. This is a register of patients with schizophrenia, bipolar affective disorder and other psychoses, plus other patients on lithium therapy.



Source: Quality and Outcomes Framework - http://digital.nhs.uk/qof

The crude prevalence rate for the Isle of Wight in 2014/15 is 1.1% (1,558 patients).

This is statistically significantly higher (worse) than the England average of 0.9% and also eight out of our ten comparator CCGs.

When comparing the Isle of Wight's localities, West & Central Wight has a statistically significantly lower prevalence than South Wight.

North East Wight is in between and is statistically similar to both. When looking at the time trend, mental illness has steadily increased from 2004/05 to 2014/15.

The England figure shows a similar upward trend, although statistically significantly lower.

Suicide on the Isle of Wight

The suicide and undetermined death rate for the Isle of Wight currently reported by the Public Health Outcomes Framework is 13.4 per 100,000 for the three year period 2013-2015. The England average for the same period is 10.2 per 100,000 and for the South East 10.2 per 100,000. Although the rate for the Isle of Wight is higher this is not significant. The rate for males on the Isle of Wight is 23.2 which is significantly higher than the England average of 15.8 per 100,000. A rate for female suicide on the Isle of Wight cannot be calculated because the number of cases is too small; the England average however is 4.7 per 100,000.

Local responsibility for coordinating and implementing work on suicide prevention became, from April 2013, an integral part of local authorities' new responsibilities for leading on local public health and health improvement. Included in these responsibilities is the establishment of a local suicide prevention partnership, the implementation of a process for local suicide audit and the delivery of local action to prevent and reduce suicide.

A local suicide audit has been carried out for 2013 & 2014, focusing on the six identified key priority areas from the Preventing Suicide in England document. The following local actions have been highlighted from this audit:

2.1 Reduce risk of suicide in high risk groups

The audit indicates that males aged 50 or over with a diagnosis of a long term condition or a terminal illness, which live alone are considered to be a high risk vulnerable group. This should be considered within all areas where diagnosis is delivered and high level intervention of support should be offered to this group.

2.2 Tailor approaches to mental health support in specific groups

Offer additional support to residents who have a long term condition or terminal illness. Offer increased mental health support to those identified with financial difficulties. Increase follow up from those patients who are conveyed to hospital with a possible suicide attempt.

2.3 Reduce access to the means of suicide

Measures are in place to limit the amount of over the counter medications that can be purchased as well as increased support for community pharmacy staff for help in supporting patients and their families with a long term condition and terminal illness. Other measures include availability of Samaritans' Help Line and Freephone number at key locations and regular police presence at identified hot spots.

2.4 Provide information and support to individuals bereaved by suicide

Increased availability and knowledge of appropriate bereavement support so that wider support groups can refer or offer support to those affected.

2.5 Support the media to report appropriately on incidences of suicide

Continue to develop the good working relationship with local media agencies by providing up to date briefings on data and findings from audit and other sources.

2.6 Implement research, data collection and monitoring

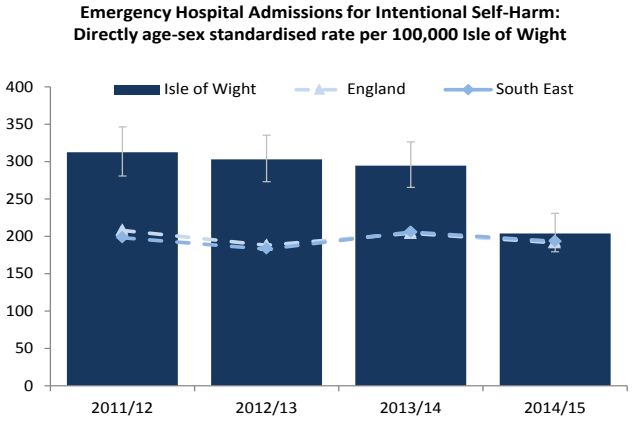
A revised audit process and the interdependencies highlighted within both the prevention group and wider stakeholder groups has clearly shown that there is a need for wider collaboration to prevent suicide. An outcome of this audit is to continue to develop these relationships and use the information and intelligence gathered to support and shape the prevention strategy and enable guidance to other agencies.

Self-harm on the Isle of Wight

The trend in hospital admissions for self-harm, for the financial year 2014/15 for the Isle of Wight (203.9 per 100,000) has seen a significant drop compared to the last 3 financial years and is now in line with the England (191.4) and South East (193.1) averages.

This could be attributed to an initiative called Operation Serenity street triage; this is a collaborative scheme between police and NHS staff, with the objective of supplying a better initial mental illness diagnosis.

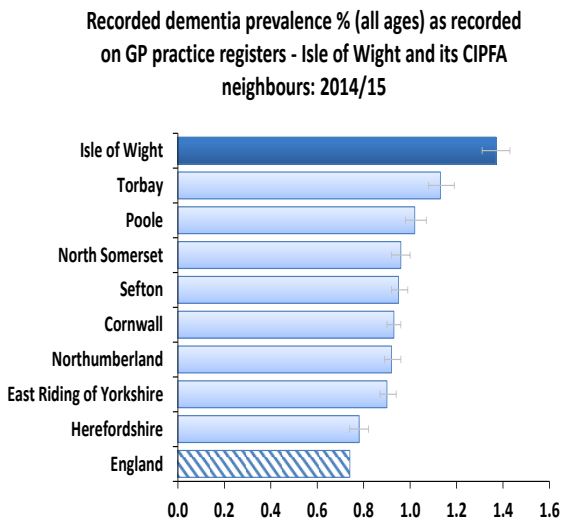
These actions have the potential to reduce emergency admissions for self-harm and help to ensure the correct treatment pathway before crisis occurs.



Source: Hospital Episode Statistics (HES) www.hscic.gov.uk/hes

Before this initiative people experiencing a mental health crisis were taken to a place of safety, either a police station or a hospital under section 136 of the Mental Health Act.

Dementia prevalence on the Isle of Wight



Source: HSCIC (PHE Fingertips tool) www.fingertips.phe.org.uk

"Dementia" describes a set of symptoms that may include memory loss and difficulties with thinking, problem-solving or language when the brain is damaged by diseases, such as Alzheimer's disease or a series of strokes

The Isle of Wight has the highest proportion of residents diagnosed with dementia (1.4% or 1,944 people) or double the England average of 0.7%.

Although the comparison areas have similar demographics, it may be that the observed differences are due in part to the particularly high proportion of older residents on the Island.

4. Work underway on the Isle of Wight to ensure parity of esteem between Mental and Physical Health

Prevention

The new Care Models Programme (part of the NHS Five Year Forward View[ix]) recognises the challenges posed by people living longer, often with complex health issues. At the same time, it recognises that many more people want to be more informed and involved in their care and that, as such, there are more opportunities for better health through increased prevention and supported self-care.

People with poor mental health or a learning disability have poorer health outcomes than the general population and for this reason the Prevention Strategy identifies parity of esteem for mental health as a key equality objective.

There are already plans in place to improve this position as part of the work on parity of esteem between mental and physical health led by My Life a Full Life which will:

- Increase the percentage of patients with a learning disability having an annual health check to reduce health inequalities.

- Increase the percentage of patients with a serious mental illness having an annual health check to reduce health inequalities.

- Refresh the Island substance misuse strategy and implementation plan and produce an "addiction strategy" to recognise the pluralistic nature of addiction and dual diagnosis rather than focus on the substance

- Deliver the Island Mental Health Crisis Concordat Action Plan

- Maintaining and improving mental health is fundamental to improving the health of the island's population. Partnership working with colleagues across the council, CCG and the NHS Trust is crucial in supporting our understanding of the causes and prevalence of poor mental health and of strategies that focus on better mental health for all.

Self-care and self-management

Digital inclusion is central to self-help initiatives and to promote education and information.

At least one in four of us will experience a mental health problem at some point in our life – often not diagnosed nor requiring specialist services. The Island is championing the use of E-Mental Health tools that people can access and use at their own convenience whether in the comfort of their own home, or when they are out and about.

The Isle of Wight is developing an approach to improving and developing access to online mental health support therapy, which could be particularly useful to those with mild to moderate anxiety and depression.

This mode of delivery has a number of advantages. It is easy to access from home and could benefit those living in the more remote parts of the Isle of Wight.

On the Isle of Wight there are currently three providers of e-Mental health which are self-referral:

Big White Wall is a safe online community of people who are anxious, down or not coping who support and help each other by sharing what's troubling them, guided by trained professionals. It is available 24/7 and is completely anonymous. Professionally trained Wall Guides ensure the safety and anonymity of all members www.bigwhitewall.com

Silver Cloud is an online secure and immediate access to supported CBT (cognitive behavioural therapy) programmes, tailored to an individual's specific needs. It provides a space for thinking and feeling working through modules at the individual's own pace https://iow.silvercloudhealth.com/signup

Foundation for Positive Mental Health is an easy to use audio programme, that incorporates techniques, which research shows can help lift mood out of depression, stress and anxiety and build confidence & coping www.foundationforpositivementalhealth.com

Reading Well Books on Prescription helps you to understand and manage your health and wellbeing using self-help reading. The scheme is endorsed by health professionals and supported by public libraries and covers young people's mental health, common mental health conditions and dementia.

Supporting Recovery from Substance Misuse

Supporting local people on their recovery journey through substance misuse is beneficial for the physical and mental health and wellbeing of the wider community and the whole island's population. Substance misuse is not only detrimental to the individual but also to their family and wider community.

The Isle of Wight Substance Misuse Strategy (2013) recognises the inter-dependency of substance misuse across physical and mental health and advocates an integrated, recovery approach to addressing its impact, through working in partnership.
Within the context of the Health and Wellbeing Strategy (2015/16) we are delivering positive outcomes for the most vulnerable in our communities through the provision of an integrated substance misuse service, providing support to young people and their families.

Physical Activity

The UK chief medical officers' guidelines indicate that people living in England should aim to take part in at least 150 minutes of moderate physical activity each week[xi]. Increasing time spent being active as part of an individual's healthy lifestyle is a key physical and mental health improvement message.

The lack of physical activity (those doing less than 30 minutes per week) has resulted in costing the UK an estimated £7.4 billion a year, including £0.9 billion to the NHS alone[xii]. Low levels of physical activity are considered to be one of the top 10 causes of disease and disability in England.

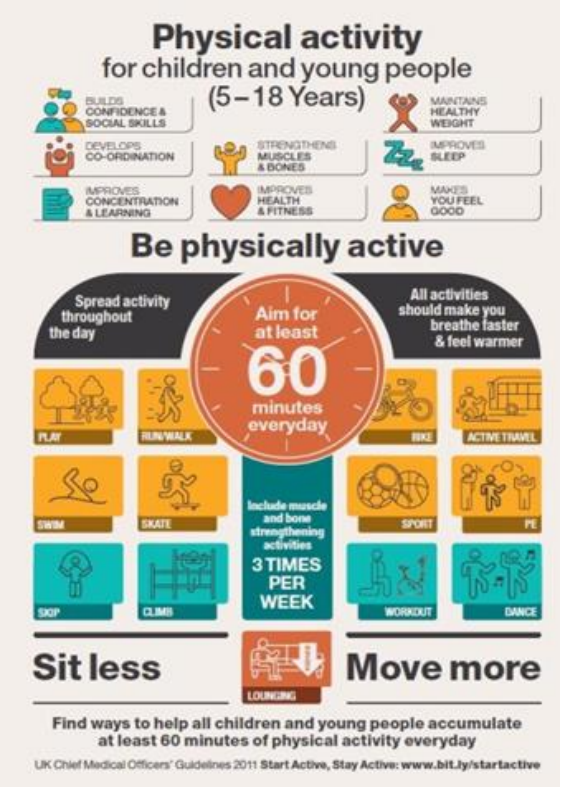
Encouraging inactive people to become more active could prevent one in ten cases of stroke and heart disease in the UK, one in six deaths from any cause and the number of people at working age living with one or more long-term condition.

Being physically active at different stages of life can result in a range of individual mental and physical health and wellbeing benefits.

The overarching message is that it is not necessarily about new investments to address the challenges.

It is also about uncovering and making existing assets visible and maximise opportunities to think and act differently about how we commission and plan public services.

This will include developing innovative approaches for distinct groups such as our inactive school-aged children, inactive adults and hard-to-reach groups.



Findings from the 2015 Public Health Children and Young People's Survey[xiii] found that, for both females and males, physical activity decreases with age.

An example of how we are responding to the challenge of child obesity (with three in ten Year 6 students classed as overweight/obese), inactivity and sedentary learning is through the work of EduMove in primary schools.

EduMove is an innovation that has an evidence-based background of increasing educational attainment, engagement to and enjoyment within learning and physical activity levels through educational movement games within a Physical Activity Teaching and Learning Curriculum for children.

On the Island we are working towards developing a Physically Active culture, whereby being active is part of a healthy lifestyle for all people living on the Isle of Wight. The message then is clear, 'to make physical activity a part of daily life during all stages of life[xiv]', alongside mobilising the capacity of sport to achieve non-sporting objectives.

Sexual health

The Government has set out its ambitions for improving sexual health in its publication "A Framework for Sexual Health in England .Sexual health is an important area of public health. Most of the adult population of England are sexually active and access to quality sexual health services improves the health and wellbeing of both individuals and population.

The Isle of Wight Council currently commissions an Integrated Sexual Health Service from the Isle of Wight NHS Trust, based at St Mary's Hospital, Newport. It also commissions community pharmacies and GP practices to deliver long acting reversible contraception (LARC), chlamydia screening and emergency hormonal contraception services. Community pharmacies are also commissioned to provide chlamydia treatment for those with a positive result.

An integrated sexual health service model aims to improve sexual health by providing easy access to services through open access "one stop shops", where the majority of sexual health and contraceptive needs can be met on one site, usually by one health professional, in services with extended opening hours and accessible locations. This model will aim to improve the sexual health of the Island by

increasing access to the service for the island communities, with a focus on vulnerable and disadvantaged groups such as young people/people with learning disabilities/people with mental health problems and men who have sex with men.

Wellbeing Platform

The development of the Island's Wellbeing Platform is a programme of work that is providing a multi-layered approach to health improvement. The overarching platform is designed to ensure that health improvement messages are consistently delivered through the broad health and social care system and within the community. The aim of the Platform is to reduce preventable long-term conditions and empower people to take responsibility for their own health and wellbeing and live longer healthier lives.

The Platform consists of a range of services including: The Wellbeing Service, Local Area Coordination (see below), School Nursing, Health Visiting (see below), Leisure Services and GPs for example.

The Wellbeing Service is being developed to offer behaviour change support for 12 months to residents, to achieve long-term healthy lifestyles, for example, weight loss, stop smoking, and alcohol reduction.

Local Area Coordination

Local Area Coordinators work with people (all ages) with physical disabilities, mental health needs, older people and their carers and families.

Following an introduction, a Local Area Coordinator spends time getting to know the individual/family and building a trusted relationship. Some of the key elements that facilitate positive outcomes for people are that the Local Area Coordinator is based within the community; listens without judging; takes time to understand their interests, skills and experiences; they sit within the system and staying true to the principles of strength-based approaches through having positive conversations focussing on the person rather than their need associated with their illness, age mental health or disability. For people with enduring physical and/or mental health needs the programme has seen increases in confidence, self-esteem, community contribution, support into employment and volunteering opportunities.

Health Visitors

Health Visitors lead on the care offered to parents as they transition into parenthood and meet the needs of their babies so they develop well physically and emotionally to be healthy and able to learn. The first 1,000 days of life are critical to life-long good health. Health Visitors deliver the Healthy Child Programme. Health Visitors ensure parents also receive support for Early Help from the family centres and that children are able to access early years education at a preschool setting or child minder. Health Visitors also work closely with general practice and primary care services.

Early Help

In April 2015 Barnardo's began providing an integrated Early Help service, incorporating the Children's Centre offer, parenting support and the Strengthening Families programme interventions. This service is provided from the existing Children's Centres which have been renamed as Family centres as the offer gives support to families with children aged 0-19, not only the 0-5s the Children's centres were originally build for. The service includes family workers who do outreach work with families with complex needs and also provides sessions in the centres.

The services works to a number of outcomes including the Public Health Outcomes Framework (PHOF) indicators and provides interventions to improve health and wellbeing including increasing breastfeeding, healthy eating, physical activity, vaccination rates, oral health, mental health and reducing smoking in the home/car, substance misuse, unwanted pregnancy and unintentional injuries. The midwifery and health visiting services work closely with this service providing clinics from the centres and referring parents to the parenting support and early help services.

NHS Health Check Programme (Cardiovascular Disease Prevention)

NHS Health Checks are a cardiovascular risk assessment offered to everyone between the ages of 40 and 74 who have not already been identified as being at risk. Eligible patients are invited by the GP Practice to be assessed for their 10 year risk of cardiovascular disease and appropriate referrals are made to support patients identified to be at risk. The Island has a higher than national average figure for people attending to have their health check.

5. Recommendations for 2016/17 and beyond

To work collaboratively with partners in the council, and externally to support the development of opportunities for physical activity on the island.

To spread the responsibility for promoting positive health improvement messages by a wider range of organisations (including public, private and voluntary) and make every contact with residents an opportunity to talk about wellbeing.

To work collaboratively to develop easily accessible opportunities including sports, art, education and other activities that will build resilience in an individual to support long term mental wellbeing.

References

[i] WHO (1946): http://www.who.int/about/mission/en/

[ii] WHO (2014): http://www.who.int/features/factfiles/mental_health/en/

[iii] Centre for Mental Health (2015): https://www.centreformentalhealth.org.uk/parity-of-esteem

[iv] Risks of all-cause and suicide mortality in mental disorders: a meta-review Authors Edward Chesney, Guy M. Goodwin, Seena Fazel, First published: 2 June 2014: http://onlinelibrary.wiley.com/doi/10.1002/wps.20128/abstract;jsessionid=B60892E7B3255CBFF2769094A7E3F60A.f04t04

[v] Centre for mental health: https://www.centreformentalhealth.org.uk/parity-of-esteem

[vi] Ibid iv

[vii] Source: Swansea University; Psychology Department Dementia Research Group: http://www.swansea.ac.uk/psychology/psychologydementiaresearchgroup/

[viii] Centre for Mental Health, (2010): www.rcpsych.ac.uk/pdf/Position%20Statement%204%20website.pdf

[ix] NHS Five Year Forward View (2015): https://www.england.nhs.uk/ourwork/futurenhs/new-care-models/

[x] Alison Mental Health course online: https://alison.com/learn/mental-health-studies

[xi] Royal College of Psychiatrists (2016) "Health matters: getting every adult active every day": http://www.rcpsych.ac.uk/pdf/Position%20Statement%204%20website.pdf

[xii] Sport Think Tank (2016): "Public Health England Lunch Physical Activity Guide": http://www.sportsthinktank.com/news/2016/07/public-health-england-lunch-physical-activity-guide

[xiii] Isle of Wight Public Health Team (2015):"Children and Young People Survey 2015": https://www.iwight.com/azservices/documents/2552-Children-and-young-peoples-survey-2015-final.pdf

[xiv] WHO (2016): Infographic: Make physical activity a part of daily life during all stages of life: http://www.euro.who.int/__data/assets/pdf_file/0004/286753/physical-activity-daily-life.pdf?ua=1