

Isle of Wight Health and Wellbeing Board			
Paper Title:	Drivers of Health Inequalities on the Isle of Wight	Item no:	
Author:	Jo Jefferies, Eleanor Reed, Catherine Walsh, Jenny Bowers,	Date:	January 2022
Sponsor:	Simon Bryant		
Background/Context:	<p>1. Introduction</p> <p>Whilst health services and public health interventions can go some way to increasing the opportunities for good health, to understand why it is not an equal playing field, it is necessary to consider the bigger picture, that is to consider the range of factors which influence our health and wellbeing and the differences observed between different groups.</p> <p>The circumstances in which we are born, grow, live and work are the things which have the strongest influence and biggest impact on health and often include factors outside the control of individuals, so while there are steps that we can take to improve our health, the biggest changes will only come by acting on these wider factors.</p> <p>These factors can be considered as the ‘building blocks of health’. They are the things which have the strongest influence and biggest impact on health, things like the built and natural environment, how we travel, the food we eat, the quality of education and work, and the money we have, as well as the homes we live in and the family, friends and communities around us which are impacted by both national and local policy.</p> <p>As an anchor institution¹, Isle of Wight Council is well positioned to use its assets and resources to benefit the communities it serves to impact on some of the building blocks that drive health and contribute to inequalities to narrow the gaps in health experienced between different</p>		

¹ [What is an anchor institution? | CLES](#)

groups and communities. The action required is cross cutting and includes policies, actions, and community engagement across a range of areas

This paper draws on the recently published Joint Strategic Needs Assessment (JSNA) to describe some of the key inequalities in health and wellbeing affecting the Isle of Wight population, exploring the factors that drive this and the health conditions where inequality is most evident before exploring in more detail how a range of factors, taken together have impacted disproportionately in communities in specific areas of Pan, Ryde, Freshwater and Sandown.

The paper describes current work being undertaken by the Council and its partners across the Island as a whole and specifically in the areas discussed to tackle and reduce the impact of inequalities on health and wellbeing and asks CMT to consider where there may be opportunities to build on existing work, work differently or to work with system partners and communities in new ways which will continue to address health inequalities against a background of increasing financial challenges.

2. Background

Understanding population structure helps us understand inequalities

The Isle of Wight has a significantly older population than England as a whole, 37% of residents are aged over 60 years compared to 24% nationally. There has been an increase of 24.7% in people aged 65 years and over, with a reduction in the proportion of people aged 15 to 64 years and children aged under 15 years over the last two censuses. The increase in over-65s locally is almost twice that observed for England.

The Island experiences more migration within the country than other parts of the UK for both inflow and outflow. This means that, compared to the rest of the country a higher proportion of younger people leave the island to go university and / or to pursue employment opportunities elsewhere and a higher proportion of older working age adult and older retirees move to the island in later life

	<p>than in other areas. This could also include some younger age adults returning to raise families.</p> <p>Although older people can experience worse health and more deprivation, trend data for life expectancy and healthy life expectancy for this population on the Island shows that in general, older people living here have a similar or better life expectancy and can expect to live a similar or statistically better number of years in good health than England, meaning that older Island residents are likely to mostly be in good health for their age.</p> <p>Conversely, data demonstrates that across the Island, people of all ages who live in poorer communities die earlier and live in poorer health than those living in wealthier places. Areas such as Pan in Newport and parts of Ryde are home to those with the worst deprivation, health and other wellbeing indicators, comparable to the worst 20% of the country.</p> <p>There is increasing evidence² that coastal communities face a disproportionately high burden of ill health, particularly heart disease, diabetes, cancer, COPD and mental health. National data, show that life expectancy, healthy life expectancy and disability-free life expectancy are all lower in coastal areas for males and females and 92.7% of the Island population are living in a coastal community.</p> <p>These issues did not emerge recently, they have developed gradually from changes in infrastructure and culture, housing provision and employment opportunities that have over the years had an impact over several generations on education, mental and physical health, parenting and family life, jobs and housing etc. Many of these trends are reflected nationally but are heightened on the Island and can be seen in worse outcomes and the patterns of demography such as far more older people and far fewer young adults than children.</p>
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² [Chief Medical Officer's annual report 2021: health in coastal communities](#)

Taken together the information presented confirms that there are some factors which contribute to ill health and drive inequalities in a similar way across the island, the differences in population structure and assets in different areas of the Island also contribute. This indicates that whilst there are some actions that can be taken island wide, others may need to be tailored to local areas.

3. Assets and challenges

The Island benefits from community assets and has significant social capital as exemplified by the close-knit communities, volunteering ethos, and community-based resources run by the voluntary sector and Town and parish councils.

Legacies of historical infrastructure changes have also been beneficial: the closing of railway lines led to creating the cycle path network, the Island boasts many historical assets which contribute to cultural capital and positively promote and enhance tourism which is a key industry for economic growth and employment but due to the seasonal nature also has disadvantages. It should also be noted that the cultural and hospitality sectors were significantly impacted during the Covid-19 pandemic, contributing to loss of employment and in some cases, businesses ceasing to trade.

Approximately one half of the Island lies within an Area of Outstanding Natural Beauty (AONB); as an island the coast is not far from any community and the Island is a designated a UNESCO Biosphere Reserve; spending time in green and blues spaces improves health through exercise, social connectiveness and promotes mental wellbeing. Air quality on the Isle of Wight is good, enabling good respiratory health.

Anchor institutions are sizeable assets which are rooted in our communities and support the health and wellbeing of a local community by providing good quality services, employment and training opportunities for local people. The Island has four such institutions: the Council, Isle of Wight College, HMP Isle of Wight and Isle of Wight NHS

	<p>Trust with potential to work more systematically to impact on health outcomes and reduce health inequalities.</p> <p>Housing stock, tenure and affordability has changed over time, resulting in more people living in insecure rented accommodation and/or overcrowded conditions. Cold homes also contribute to ill health and mortality. Evidence shows us that nationally 21.5% of excess winter deaths can be attributed to homes that are cold and a study found that death rates rise 2.8% for every Celsius degree drop in the external temperature for those in the coldest 10% of homes compared to 0.9% in the warmest homes.³</p> <p>Employment opportunities have also changed with a significant proportion being seasonal resulting in seasonal changes to benefits claimants. There is evidence of increased social isolation, food insecurity and lower educational attainment and internet/online engagement. The Isle of Wight also has higher prevalence of a wide range of long-term conditions including heart disease and cancer compared to local neighbouring areas, statistically similar populations, and the UK. There are also more children with special educational needs and disabilities (SEND) than the UK average.</p> <p>The increased cost of living being experienced across the UK over recent months, occurring soon after the Covid-19 pandemic will be particularly impactful for the Island and is already disproportionately affecting many of those who are already most vulnerable to poor health outcomes, thereby further widening many of the health inequalities already described.</p> <p>Place level analysis (See Appendix 1 for more information).</p> <p>Using information from the JSNA, four 'places' across the Island were identified as areas with significant health inequalities compared to the Island as a whole and were used as case studies to explore the factors contributing to poorer health outcomes in order to provide information that could inform further work.</p>
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³ (OHID. Cost of Living Webinar October2022)

Freshwater South, Freshwater North and Yarmouth

As a place, these areas in West Wight experience better or comparable levels of deprivation to the Island as a whole but have an acutely older population with a level of limiting long term illness or disability that is higher than England and the Isle of Wight. This area also has worse health outcomes for certain cancers and for cardiovascular disease. Housing stock in this area is likely to be older and therefore less energy efficient, the houses in this area are less energy efficient with a larger proportion of homes having an energy band D to G than other areas and therefore more likely to be older, requiring a larger proportion of household budgets to heat and thereby contributing to the health impacts of cold weather for older people who are already more vulnerable. Older people living with long term illness may be less able to socialise and therefore be more susceptible to loneliness and social isolation. The lower levels of internet usage in this area indicate that digital methods of service delivery and social contact are unlikely to be taken up by residents.

Assets in this area include West Wight Sports centre run by a community -based charity that does much more than simply provide leisure facilities, the Our Place community café, volunteer run library, and the community run Freshwater Yarmouth and Totland bus service which aims to improve access to local health, social, retail and leisure activities and in so doing support the local economy. FYT is run by volunteers thereby also enabling people to connect, enjoy meaningful work and support mental wellbeing. There is also a car ferry connecting Yarmouth with Lymington in the New Forest, again providing a connection to a broader range of services for those who can afford to travel.

Parkhurst and Hunnyhill and Pan and Barton

The population in these areas in the north and east of Newport are very different to the island as a whole with predominantly a younger middle-aged population and more marked deprivation, particularly in Pan and Barton. Disability, hospital admissions and early deaths are also all higher here than nationally. This is suggestive of

	<p>poorer health outcomes here not being driven by older age but likely to be more related to multiple deprivation and by the significant prison population. Data from the most recent census confirms this reporting that around 70% of households in the Pan area are deprived in one or more of the four dimensions (education, health, housing and employment).</p> <p>It is important to note that despite these challenges, the community of Pan is close-knit with several community assets including a local community centre with a café, learning facilities, support workers, a community larder located next to the Family Centre and the primary school, there are also local shops and a play park which can all contribute positively to health and wellbeing outcomes.</p> <p>Ryde central wards</p> <p>The wards in the central area of Ryde⁴ have a larger proportion of primary school aged children, young adults and those aged 45-55 than the Isle of Wight as a whole. There are younger, working-aged men than women reflective of the HMOs and the higher density housing. Overcrowding and fuel poverty is also more prevalent and there are also more people living alone. Ryde South East ward has a much younger and more deprived population even than the rest of Ryde. There are higher rates of admissions for intentional self-harm and alcohol but lower rates of emergency hospital admissions overall. There is significantly worse premature mortality for all causes but especially cancer, circulatory diseases and other conditions considered as preventable. Taken together this information suggests that ill health here is driven not by an aging population but by preventable conditions, shaped by the social factors or building blocks which make it challenging for younger people to live in good health.</p> <p>Although the evidence outlined above describes health challenges, it should be noted that Ryde has a busy town centre with many thriving local businesses, some of which are community led, for example the swimming pool</p>
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⁴ Ryde North West ward, Ryde West Ward, Ryde Monktonmead ward and Ryde South East ward

is run by a community trust and Aspire is a large community centre offering a range of facilities and activities meeting the needs of local residents. The town council employs staff to support businesses and civic pride, to run a youth café and other services. One of the main libraries for the Island is in central Ryde and there are several primary schools. The Foyer, providing young persons supported accommodation is also in this area. Ryde is well connected with a train connecting the town with the Bay area in addition to the bus coverage. There are also connections to the mainland with two passenger Solent-crossing services. There are also natural assets including the large golden beach and parks popular offering health promoting green and blue space being used by locals and visitors alike.

Taken together the information above suggests that people living in Ryde may experience barriers which prevent them from adopting and maintaining healthy behaviours, some of which are linked to factors outside their immediate control, such as poorer quality or overcrowded housing, low income and / or unemployment. There may also be groups living here experiencing physical and mental health issues which make it more difficult to access support services.

The Bay area

The Bay area consists of the towns of Shanklin, Lake and Sandown running along the coast of Sandown Bay which is a several miles long stretch of golden sand with safe bathing waters. The population structure is similar to that of the Isle of Wight as a whole. Deprivation is higher than the Isle of Wight average for older people and for children. Disability, hospital admissions and early deaths are also all higher as is the proportion of older people living alone.

The Bay area is home to many tourist businesses including a zoo, dinosaur museum, a pier, crazy golf and hotels, restaurants, cafes and holiday accommodation offering employment, however physically some parts look and feel neglected with empty, with some derelict hotels and shops. The Heights, the main leisure centre for the

south of the Island is in Sandown. There is also an airfield. A cycle path converted from the old railway line runs from Sandown to Newport.

4. Current action on health inequalities

The Council is working across a range of departments and functions in ways that directly or indirectly help to tackle health inequalities. The following section describes some of these in order to demonstrate the breadth of work and help to identify where further action may result in most impact but is by no means exhaustive.

The programme of work delivered through the Councils cross-directorate anti-poverty officer action group under the three strategic areas outlined in the paper presented to CMT in September 2022 by the Director of Regeneration⁵ as well as the work of the multi-agency Covid-19 Recovery Group, aim to address one of the key drivers of health inequality and therefore strongly support the health inequalities agenda across the Island.

The Islands Health and Wellbeing Strategy⁶ sits alongside and aligns with a number of other key local strategies and plans, including the Health and Care Plan and includes a commitment to tackle health inequalities as one of its three system priorities. Work under this priority includes many elements discussed in this paper through the three key themes of place-based approaches, tackling poverty and supporting healthy lifestyles.

The Council also works in partnership with the Integrated Care Board and Integrated Care Partnership through the Prevention and Inequalities Board, the Population Health Management Programme, Community Transformation Programme and System Workforce Board and with colleagues leading vaccination and screening

⁵ Poverty mitigation/Cost of living crisis on the island 06.09.2022

⁶ [Isle of Wight Health & Wellbeing Strategy \(modern.gov.co.uk\)](https://modern.gov.co.uk)

programmes to ensure that specific actions to address inequalities in uptake of these highly effective preventative services are in place.

Public Health

The public health team are engaged in a wide range of partnership work, much of which aims to prevent ill health and reduce health inequalities through the work of the Mental Health Alliance, Safe Accommodation Board, and Violence Reduction Unit among others. Public Health are contributing to reducing the impact of food poverty and are part of the officer-led Anti-poverty group. A Health needs assessment for Substance Misuse has recently been completed with similar work under way or being planned for Sexual and Reproductive Health, Domestic Abuse and Older Peoples health, this work will identify health inequalities in relation to these areas and inform future work to reduce these. The Healthy Lifestyles Plan is now published and includes reducing inequalities in health as one of its strategic themes along with partnership work to promote healthier lifestyles and supporting places and communities to enable residents to achieve a healthier life. An internal steering group has been set up to coordinate and oversee this work.

All services commissioned by Public Health have core-outcomes to reduce the impact of inequalities. Some such as the substance misuse and domestic abuse service work with populations more likely to be experiencing health inequalities whereas as others including sexual health, health visiting & school nursing offer a universal provision with targeted elements for specific groups at increased risk of poor health outcomes, thereby helping to tackle health inequalities. Smoking cessation, weight management and NHS Health Check services are also incentivised to deliver to service users more likely to experience poor outcomes. [Public Health - Living Well - Service Details \(iow.gov.uk\)](#).

The continued widening of inequalities in health outcomes between the most and least deprived communities evident nationally is also observed for the Isle of Wight, however taking a closer look at outcomes

	<p>across the Island, a range differences in the health of other groups and between different geographical areas is also apparent. By utilising a range of data and intelligence together with information on how the demographics and infrastructure of the Island has changed over time it is possible to obtain a more detailed understanding of the factors driving ill health across the island as a whole, for which place-level action across the island may be appropriate and of other factors which differ between areas and therefor may be more effectively addressed by more local action.</p>
Strategic Alignment:	<p>Tackling health inequalities is a duty of all upper tier local authorities as set out in the Health and Social Care Act. The proposals set out align with Council strategies and the strategies of local partners including,</p> <ul style="list-style-type: none"> • Health and Wellbeing Strategy • Health and Care Plan • Public Health Strategy
Analysis of Risk:	
Financial Impact:	
Involvement/ Consultation	
Recommendations	<p>is the recommendation to undertake more work to identify the Place-level and local-level actions with key partners (and link to LGA review?)</p>
Decision Required	<div> <input type="checkbox"/> Approval <input checked="" type="checkbox"/> Received for discussion <input type="checkbox"/> To Note for Information only </div>