

Isle of Wight Health and Wellbeing Board

1. Formal details of the paper

- 1.1. Isle of Wight Joint Strategic Needs Assessment (JSNA)
- 1.2. General publication
- 1.3. 29 July 2021
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2. Summary

- 2.1 During the pandemic the JSNA work programme was suspended due to the need of the Public Health Intelligence Team to undertake COVID-19 data response work. It is anticipated that the JSNA work programme will recommence summer 2021. However, this is dependent on COVID-19 response work reducing significantly.
- 2.2 The JSNA work programme will be phased and consist of three JSNA work areas (outlined below), consisting of a 'COVID-19 Health Impact Assessment', a 'Core Document' and the 'Main Chapters'. To provide a headline measure of health, the Main Chapter will be structured on the [Office for National Statistics \(ONS\) 'Health Index' domains](#), linking with the [Dahlgren and Whitehead model of social determinants of health](#). All aspects will take a life course approach covering all ages. The JSNA work programme is summarised in the diagram (see Appendix A). The three phased JSNA work areas are:

I. COVID-19 Health Impact Assessment: Early summer 2021

This report aims to look at the impact COVID-19 has had on the residents of the Isle of Wight.

"COVID-19 has exposed, exacerbated, and created new inequalities. People across the UK, and indeed the world, have been harmed by the virus in very different ways. What has COVID-19 meant for our local population groups and their future population health and social care needs?"

Priority topics/themes identified from this report will inform the core JSNA documents and main chapters.

II. JSNA Core Documents: Late Summer 2021

"Pandemics have had lasting effects on the structure of the population and the COVID-19 pandemic is no exception, through changes in births, deaths and migration".

- Demographics including protective characteristics, deprivation and life expectancy/healthy life expectancy.
- Vital statistics – mortality and birth data

At this stage the full impact of COVID-19 on the IOW population is unclear. However, data from existing registration processes will help us understand the developing impact of the pandemic.

III. JSNA Main Chapters: Autumn / Winter 2021.

The ONS '*Health Index*' domains is split into three broad areas:

- Healthy people
 - Mortality: healthy life expectancy, avoidable deaths
 - Physical health conditions: dementia, musculoskeletal conditions, respiratory conditions, cardiovascular conditions, cancer, kidney disease
 - Difficulties in daily life: disability that impacts daily activities, difficulty completing activities of daily living (ADLs), frailty
 - Personal well-being: life satisfaction, life worthwhileness, happiness, anxiety
 - Mental health: suicides, depression, self-harm

- Healthy living
 - Physiological risk factors: diabetes, overweight and obesity in adults, hypertension
 - Behavioral risk factors: alcohol misuse, drug misuse, smoking, physical activity, healthy eating
 - Unemployment
 - Working conditions: job-related training, low pay, workplace safety
 - Risk factors for children: infant mortality, children's social, emotional and mental health, overweight and obesity in children, low birth weight, teenage pregnancy, child poverty, children in state care
 - Children and young people's education: young people's education, employment and training, pupil absence, early years development, GCSE achievement
 - Protective measures: cancer screening, vaccination coverage, sexual health

- Healthy places
 - Access to green space: public green space, private outdoor space
 - Local environment: air pollution, transport noise, neighborhood noise, road safety, road traffic volume
 - Access to housing: household overcrowding, rough sleeping, housing affordability
 - Access to services: distance to GP services, distance to pharmacies, distance to sports or leisure facilities
 - Crime: personal crime
 - Mental well-being tool
 - Social isolation

These chapters will provide a strategic view with recommendations for more detailed themed reports.

2.3 'Inclusion Health Groups: 2022'

Inequalities will be central to the JSNA programme of work and outputs. Needs and outcomes of inclusion health groups will be considered in the work. [Inclusion health](#) is a 'catch-all' term used to describe people who are socially excluded, typically experience multiple overlapping risk factors for poor health (such as poverty, violence and complex trauma), experience stigma and discrimination, and are not consistently accounted for in electronic records (such as healthcare databases). These experiences frequently lead to barriers in access to healthcare and extremely poor health outcomes. People belonging to inclusion health groups frequently suffer from multiple health issues, which can include mental and physical ill health and substance dependence issues. This leads to extremely poor health outcomes, often much worse than the general population, lower average age of death, and it contributes considerably to increasing health inequalities. There will be differences in needs within socially excluded groups (for example between men and women) and these differences must be understood and responded to appropriately.

2.4 Suggestions of inclusion health groups - homelessness, drug and alcohol dependence, travellers, sex workers, vulnerable migrants, victims of modern slavery, people in contact with criminal justice system.

3 Key Points of report

3.1 The purpose of this report is to provide Members of the Health Wellbeing Board with an update on the IOW Joint Strategic Needs Assessment (JSNA) work programme.

4. Recommendations

4.1 The Board is asked to note the JSNA work programme and further support the development engagement by member organisations.

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