


Health of the working age population on the Isle of Wight

PHIT Team


Data correct as of January 2025

Contents of the report


Start by understanding the demographics of the working age population: age, sex, ethnicity, population forecasts, projections, life expectancy and premature mortality




Then look into the socio-economic factors affecting people and in turn their health: education, economic inactivity, disability and caring responsibilities



Taking this all into account understand the general health of the population: exploring the relationship between self-reported health and several characteristics; as well as understanding the risk factors for poor health



Explore the health conditions affecting the working age population: exploring the number of people diagnosed with a long term or major condition and exploring personal independence payments.



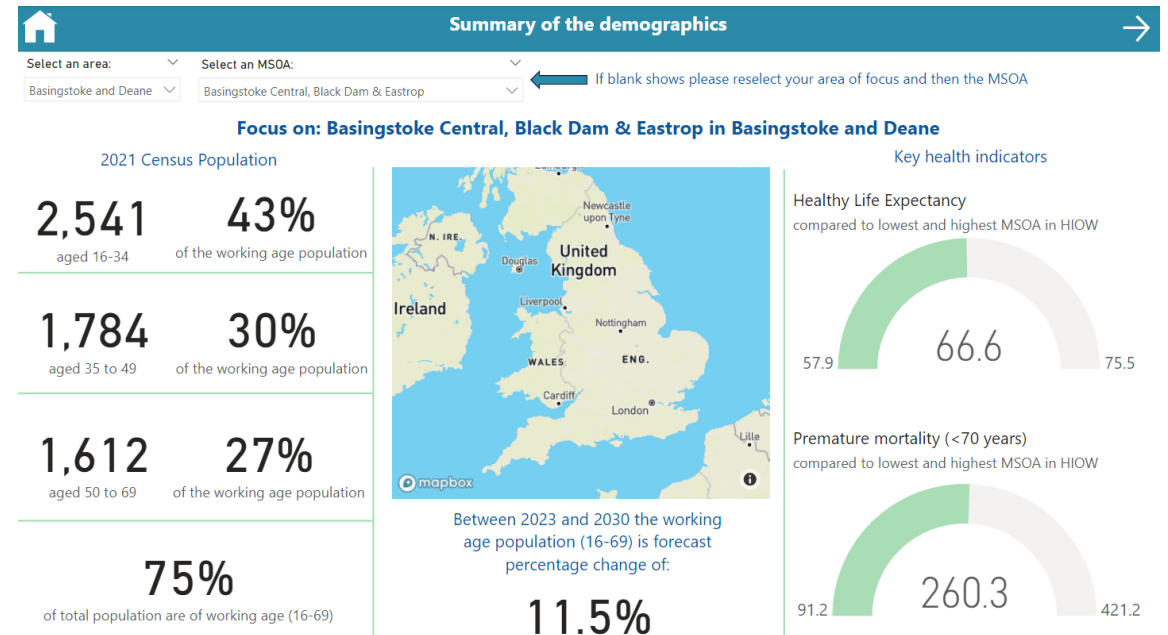
Check any data definitions or caveats at the end of the report

Why is it important to understand the working age population better?

- Analysis by the [Health Foundation](#) revealed that 3.7 million people (12% of the working age population) are currently in work and reporting a 'work limiting' health that is restricting the type or amount of work they can do. The rate of work limiting conditions has increased fastest in the younger working age population (16 to 34). This is driven by increases in reported mental ill health. Work limiting conditions have significant inequalities; with age, educational attainment, occupation and ethnicity.
- On the Isle of Wight, [50.8% of the population aged 16 to 64](#) who are living with a physical or mental health long term condition are in employment. This is significantly worse than the England and South East value. This means there is a [15.0 percentage point gap](#) in the employment rate between those with a physical or mental health long term health condition and the overall employment rate.
- An area's employment rate is an important place-based characteristic. This is because employment rate correlates to how many years people can expect to live in good health. In places with higher economic inactivity, people are more likely to have a lower healthy life expectancy. Good education can increase a person's employment choices as it provides the skills and specialist knowledge needed to secure good jobs and participate in society. It is also therefore an important influence on a person's health over their life.
- Understanding the characteristics of our working age population is so important. Economic inactivity has increased across the county and work-limiting conditions do not impact people or place equally. The data in this report show that people of a younger working age may experience different work-limiting health conditions to those of an older working age. Local population health insights into the differing challenges of the working age population should inform preventative work programmes. These should aim to help people with disabilities or poor health gain work and support employees to remain at work and in good health.

Using the Power BI dashboard to investigate your area

- The data in the dashboard is available for all districts in Hampshire and the Isle of Wight, where data is available it is also presented at MSOA.
- To get started exploring your area look at the demography summary and socio-economic summary pages where you can explore local variation within your chosen district. This could help guide you through the appropriate pages to explore next.



Defining the working age population

- Often the working age population is defined as 16 to 64 years. Throughout the report the working age population will be referred to. In this context, this population includes those aged 16 to 69 unless stated otherwise.
- In April 2024 the state pension age was 66 for both men and women. However, most data is available by 5-year age band, hence the decision to capture those aged up to and including 69.
- This report will therefore not capture everyone who is working but aims to understand the characteristics of a large percentage of the population that are working.
- Throughout the report, if data is available, the working age population will be broken down into three age groups: 16 to 34, 35 to 49, 50 to 69.

Summary of the working age population on the Isle of Wight

- Overall, the working age population makes up 63.4% of the overall population. Almost half of the working age population are 50 to 69 year olds.
- Forecasts to 2030 estimate that the population will grow by 3.1%, but long-term projections predict the working age population will decline.
- There are inequalities in life expectancy and healthy life expectancy, with significant variation across the Island. The population living in Newport East and Parkhurst have an estimated 20 years of life to be lived in poor health compared to 14.2 years in Bembridge and Nettlestone.
- 12.4% of the working age population do not have any qualifications. People with no qualifications rate their health a lot poorer than people with qualifications. More than a third of the population with no qualifications are disabled.
- Almost half (48.7%) of the 16+ population are economically inactive this has increased from the previous census in 2011. More than two thirds of economic inactivity is due to retirement. Exploring economic inactivity by reason shows differences; long term sick and disabled has increased more in females than males.
- Around 1 in 5 of the working age population are disabled under the Equality Act; this is higher in females than males. The prevalence of disability increases with age. Those that are disabled under the Equality Act report worse health than those who are not disabled; but the difference in reporting is very significant for those who are disabled, and their day-to-day activities are limited a lot.
- The proportion of people not working due to looking after home or family has increased, females are more likely than males to be economically inactive for this reason. Just under 10,000 people of working age are providing unpaid care; with 3 in 5 being females. 42% of people providing care are providing 20 hours or more a week. As the number of hours providing care increases, the number of people rating their health as good decreases.

Summary of the working age population on the Isle of Wight

- There are marked differences in the causes of ill health by age. The Global Burden of Disease study found that on the Isle of Wight, the leading causes of disability adjusted life years for 15- to 49-year-olds were mental disorders, followed by musculoskeletal disorders and substance use disorders. In contrast, in the older working age populations (50- to 69-year-olds) was neoplasms, musculoskeletal disorders and cardiovascular diseases.
- This is consistent with national evidence in [The State of Ageing 2022](#) report, which found that from the age of 50 we are more likely to develop a long-term condition. Analysis of data for the Isle of Wight resonates with this national evidence. From 50 years a significant change is observed in general health and inequalities become more evident with a greater proportion of people in the more deprived areas living a bigger proportion of their lives with poor health and disability.
- 30.9% of the population aged 50- to 69-year-old have 2 or more major conditions diagnosed. Common mental health conditions, depression and anxiety, are the most recorded condition in patients aged 15 to 49 years. In the 50- to 69-year-olds, cardiovascular disease is the condition recorded the most on GP records. As the working age population ages, the percentage with musculoskeletal disease recorded on their records increases significantly.
- These findings from the analysis of primary care data are supported by analysis of claimant data for Personal Independence Payments for residents of the Isle of Wight. Psychiatric disorders account for the largest number of claims, followed by musculoskeletal disease. The type of disorders within these condition groups reported varied by age.
- For psychiatric disorders the younger working age population (16-34) have the highest number of claims; of which over a third are due to autistic spectrum disorders. In 25- to 49-year-olds and 50- to 69-year-olds mixed anxiety and depressive disorders were the condition contributing significantly to claims.
- For musculoskeletal diseases the older population (50- to 69-year-olds) are the most affected by this condition. For 16- to 49-year-olds the leading reason for claiming was chronic pain syndromes. In 50- to 69-year-olds the number of claims increase significantly, with osteoarthritis the reason for 42.5% of claims.

Key considerations and implications for workplace health on the Isle of Wight

- Not all areas with high levels of economic inactivity due to ill health share the same characteristics in terms of age profile or type of illness.
- The overall rise in the proportion of people economically inactive is not solely due to reasons of ill health – there are also increases in the proportion of people with caring responsibilities. Being an unpaid carer decreases opportunity for economic activity and increases the likelihood of poor health.
- Not all health conditions will be amenable to efforts to improve or support employment opportunity, so care must be taken to understand local profiles and support accordingly.
- Where ill health is a primary reason for economic inactivity, it is often a complex picture involving more than one health issue/LTC. There may also be other factors affecting an individual's opportunities: accessibility/availability of suitable work, level of training and qualifications, co-occurring caring responsibilities (for example).
- In addition to those already economically inactive, there will be a population whose ill health is putting their employment at risk. Falling into economic inactivity is costly to the individual's wellbeing and their ability to support their family, as well as to the employer and the wider economy. Supporting people to stay in work and supporting employers to adjust to an individual's health needs, may help avoid this outcome.
- The relationship between work and health is complex; and not all work is 'good' - poor conditions, unsocial hours, job insecurity and in-work poverty can themselves be a cause of work-related mental and physical health problems.
- The geography, demographic profile and range of employment opportunities on the Island mean that there may be particular challenges in securing suitable employment for some people.
- A good workplace can provide a channel to reach its employees with proactive advice and interventions to support individuals with current concerns and help prevent future ill health.

Chapter 1: Demographics of the working age population

Links to the following pages

[How many of the population are of the working age on the Isle of Wight?](#)

[Understanding the future of the working age population: Forecasting 2023 to 2030](#)

[Understanding the future of the working age population: Projecting to 2043](#)

[Life expectancy \(LE\) estimates \(2018-2022\)](#)

[Healthy life expectancy \(HLE\) estimates \(2018-2022\)](#)

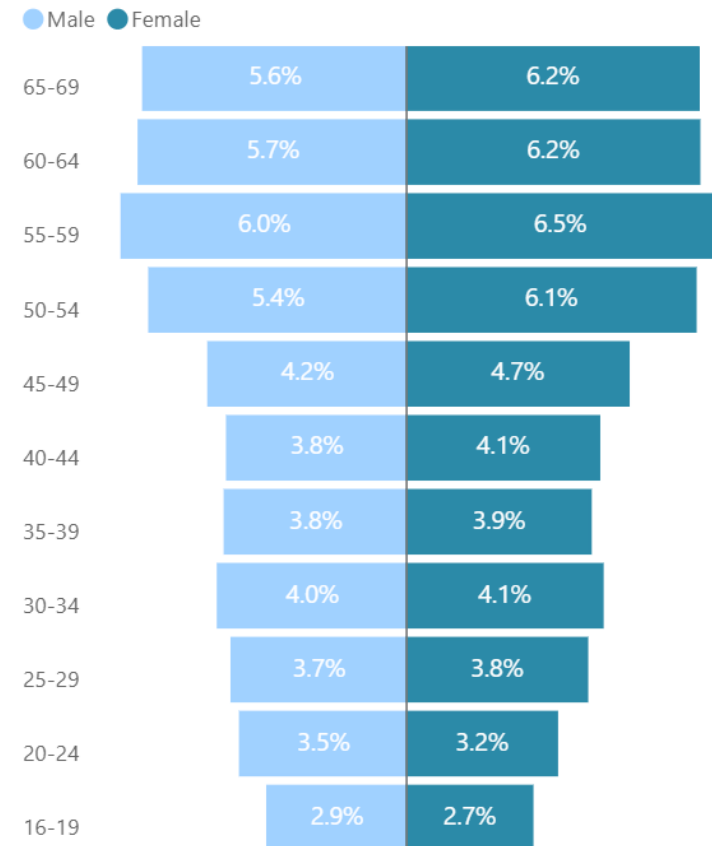
[Years of life lived in poor health](#)

[Premature mortality](#)

How many of the population are of the working age on the Isle of Wight?

- Out of the total population 63.4% of the Isle of Wight would be classified as working age (16 to 69). There is significant variation across the Island, with higher percentages of the population of working age in Ryde and Newport area but significantly less in Bembridge and Nettlestone and Yarmouth and Freshwater.
- The working age population of the Isle of Wight overall is older, with almost half (47.6%) aged 50 to 69.
- A large number of the older working age population live in areas surrounding Yarmouth, Shanklin and Sandown.
- On the Isle of Wight, 96.7% of the population identified as white ethnicity. 1.5% of the population identified as Asian, Asian British or Asian Welsh.

Working age population structure (16-69) on the Isle of Wight



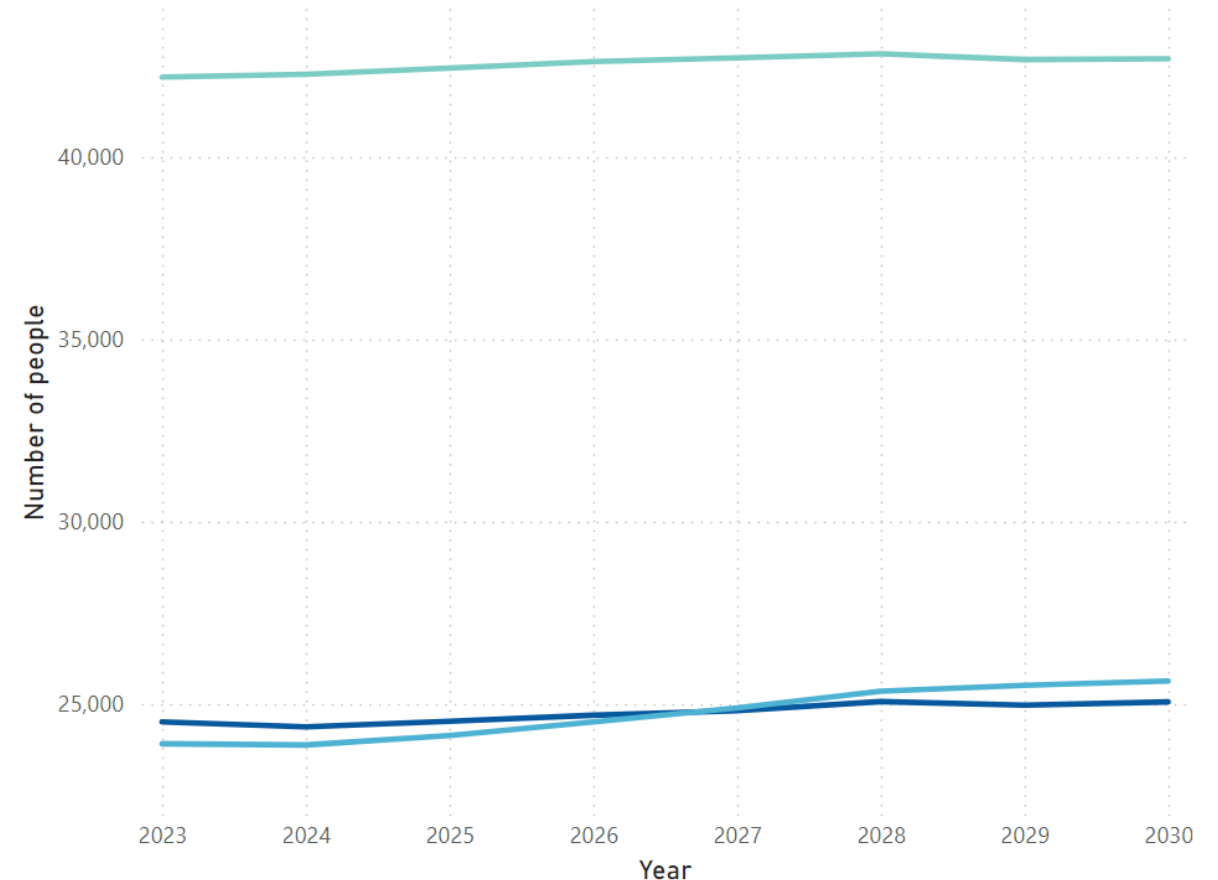
Note: 100% = all people aged 16-69

Understanding the future of the working age population: Forecasting 2023 to 2030

- Between 2023 and 2030 the working age population is forecasted to increase by 3.1%. However, there is significant variation across the MSOAs, with some forecast for the population to decline in size
- Forecasts predict that the percentage of the population that are of working age will remain constant (around 64%) but the number of people of working age is forecast to increase by around 2,750.
- 50- to 69-year-olds are forecast to continue to make up a large proportion of the working age population.

Population forecasts, 2023 to 2030, on the Isle of Wight

Age ● 16-34 ● 35-49 ● 50-69

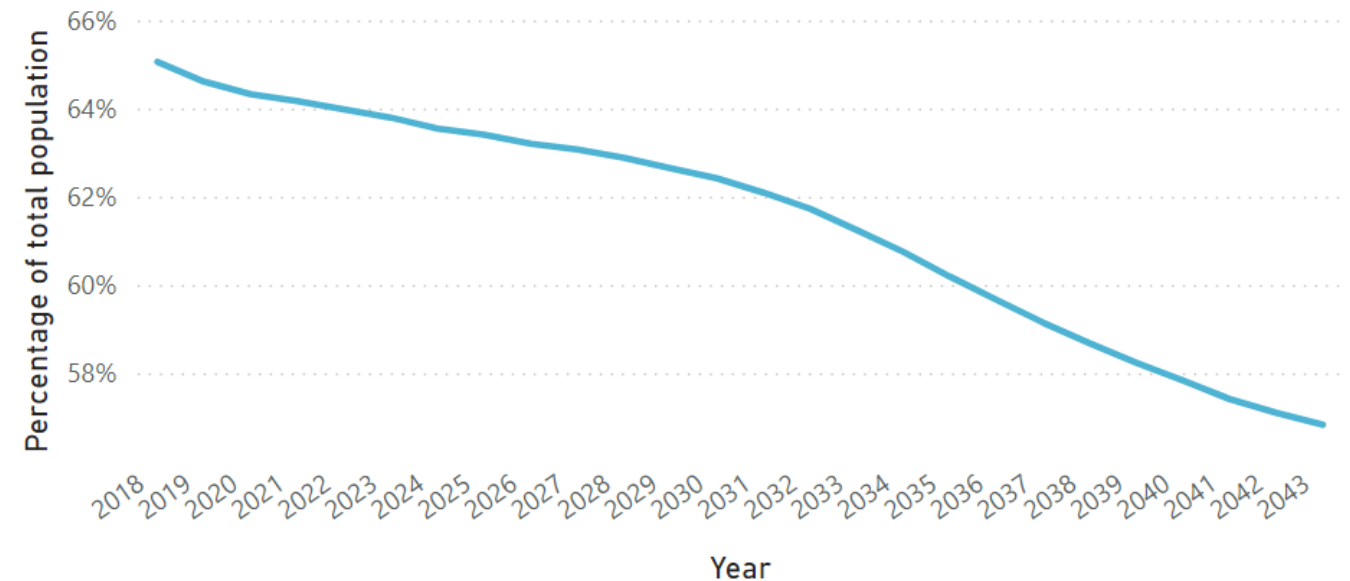


[*To find out more about forecasts visit the data information at the end of the report](#)

Understanding the future of the working age population: Projecting to 2043

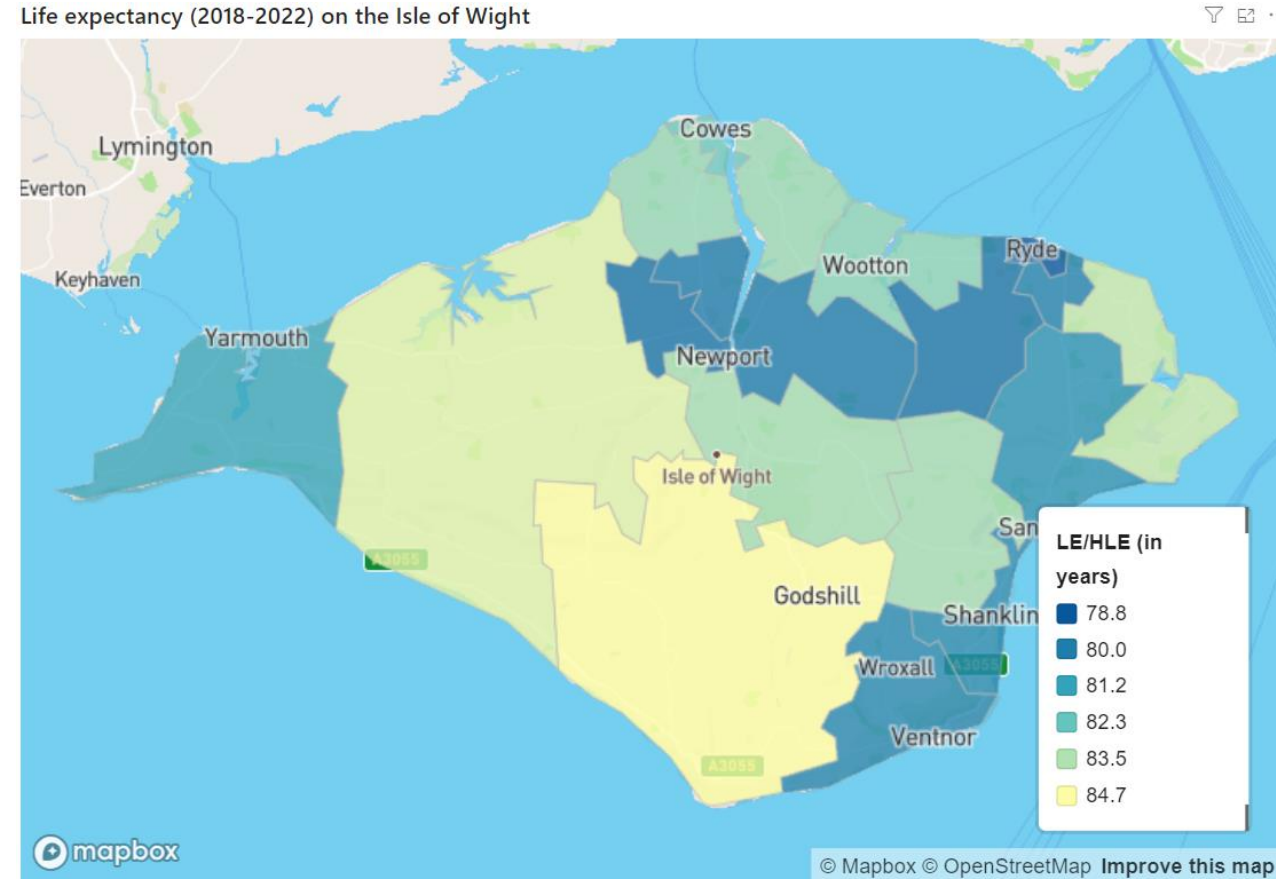
- Projections estimate that by 2043 that the 50 to 69 will continue to make up almost half (48.4%) of the working age population (15 to 69).
- Projections also estimate the percentage of the population that are of working age (15 to 69) on the island, will decrease from 65.1% in 2018 to 56.8% in 2043.
- This same pattern is observed across the South East, with the proportion decreasing from 67.8% to 63.7%.
- By 2043, the working age population will be smaller at around 89,000 people.
- [*To find out more about projections visit the data information at the end of the report](#)

The percentage of the population projected to be of working age (15-69), 2018 to 2043 on the Isle of Wight



Life expectancy (LE) estimates (2018-2022)

- Life expectancy (2018-2022) is estimated to be 81.7 years on the Isle of Wight; statically lower than the estimated life expectancy for Hampshire and Isle of Wight overall at 82.9 years.
- The lowest estimated life expectancy was in Ryde Central at 78.8 years and the highest in Niton, Shorwell and Godshill at 84.7 years.



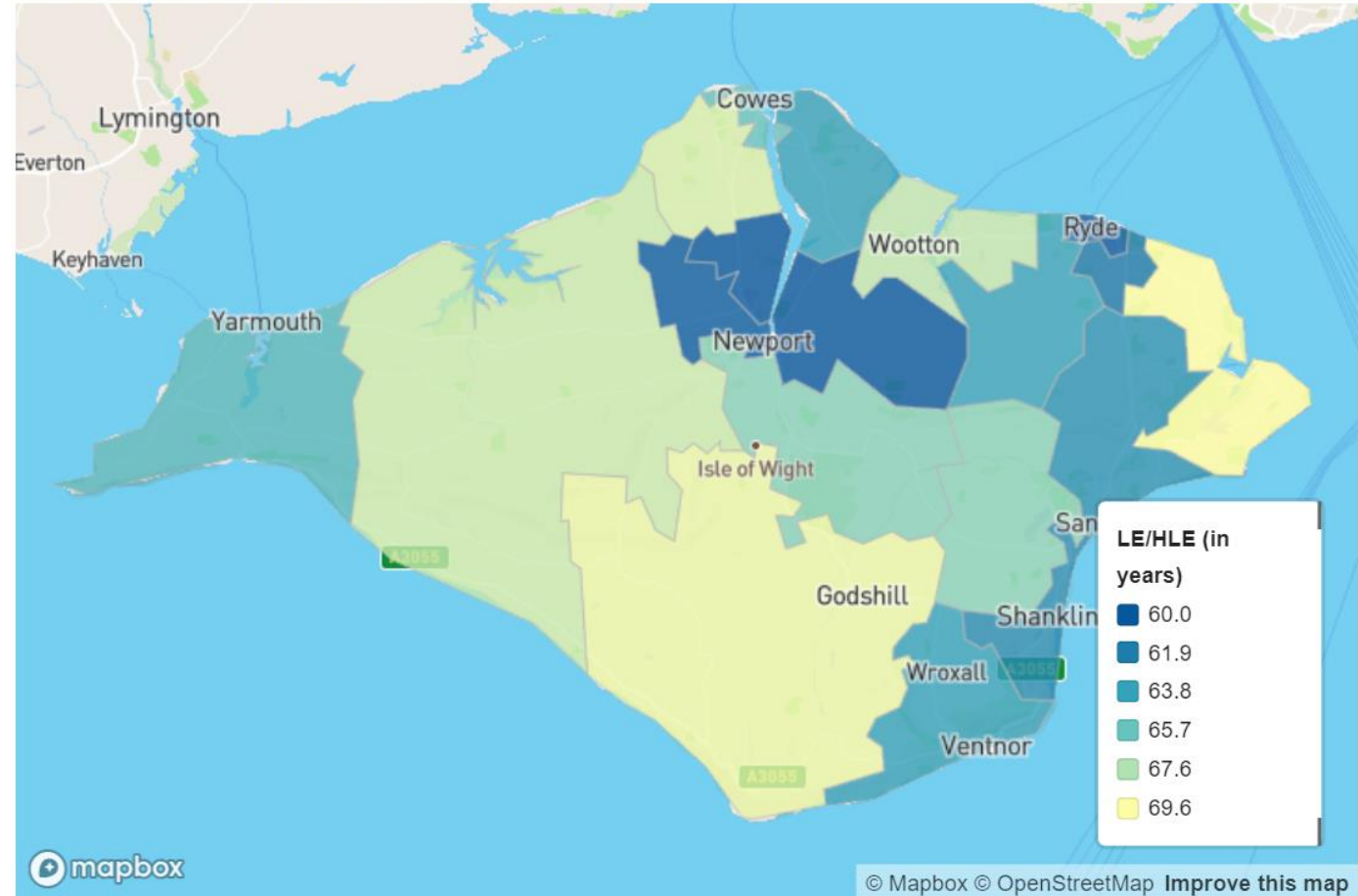
*To explore the data in more detail by district and MSOA visit the data resource. To find out more about [LE/HLE](#) visit the [data information at the end of the report](#)

Healthy life expectancy (HLE) estimates (2018-2022)

- On the Isle of Wight, healthy life expectancy is estimated to be 64.6 years, statistically lower than the Hampshire and Isle of Wight HLE of 68.8 years.
- The lowest estimated healthy life expectancy is in Newport East and Parkhurst East at 60.0 years and the highest in Bembridge and Nettlestone at 69.6 years.

*To explore the data in more detail by district and MSOA visit the data resource. To find out more about [LE/HLE visit the data information](#) at the end of the report

Healthy life expectancy (2018-2022) on the Isle of Wight

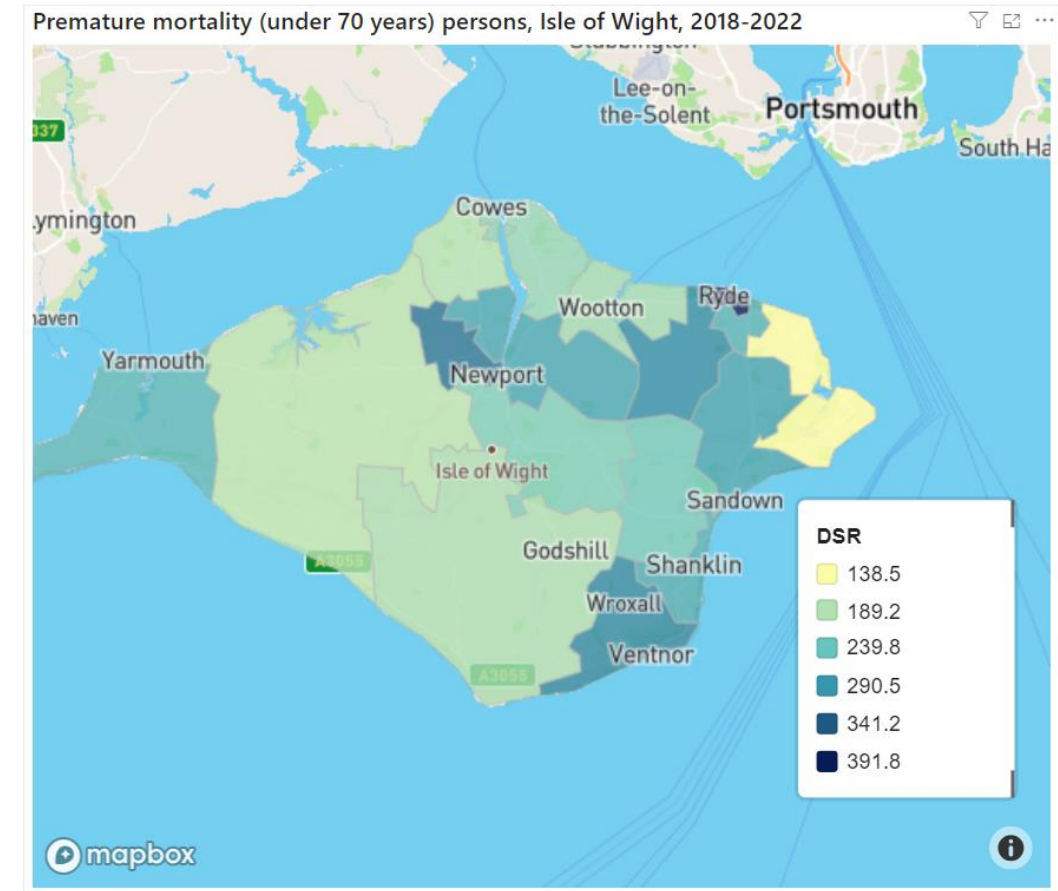


Years of life lived in poor health

- Years of life lived in poor health measures the difference or gap in years between life expectancy and healthy life expectancy.
- For the Isle of Wight, the years of life lived in poor health is estimated to be around 17.1 years. This is a larger difference than the Hampshire and Isle of Wight figure at 14.1 years gap.
- There is a lot of variation on the Island, with Newport East and Parkhurst having almost 20 years estimated to be lived in poor health and 14.2 years in Bembridge and Nettlestone.

Premature mortality (under 70 year olds)

- Premature mortality is a good high level indicator of the overall health of a population.
- The Isle of Wight has a directly standardised rate of premature mortality in under 70-year-olds of 245.3 per 100,000.
- The Isle of Wight has a statistically higher directly standardised rate of premature mortality in under 70-year-olds in males compared to females (305.2 compared to 189.3 per 100,000).
- The highest calculated rates (persons, females and males) of premature mortality are in Ryde Central MSOA.



Chapter 2: Socio-economic characteristics of the working age population

Link to the following pages:

[Education](#)

[Exploring the relationship between education and health](#)

[Economic inactivity in the South East](#)

[Economic inactivity on the Isle of Wight](#)

[Disability](#)

[Unpaid carers and Carer's Allowance](#)

Chapter 3: General health of the working age population

Link to the following pages:

[Differences in health by economic activity](#)

[Exploring the relationship between providing unpaid care and health](#)

[Exploring the relationship between sex, age and health](#)

[Exploring the relationship between disability status and health](#)

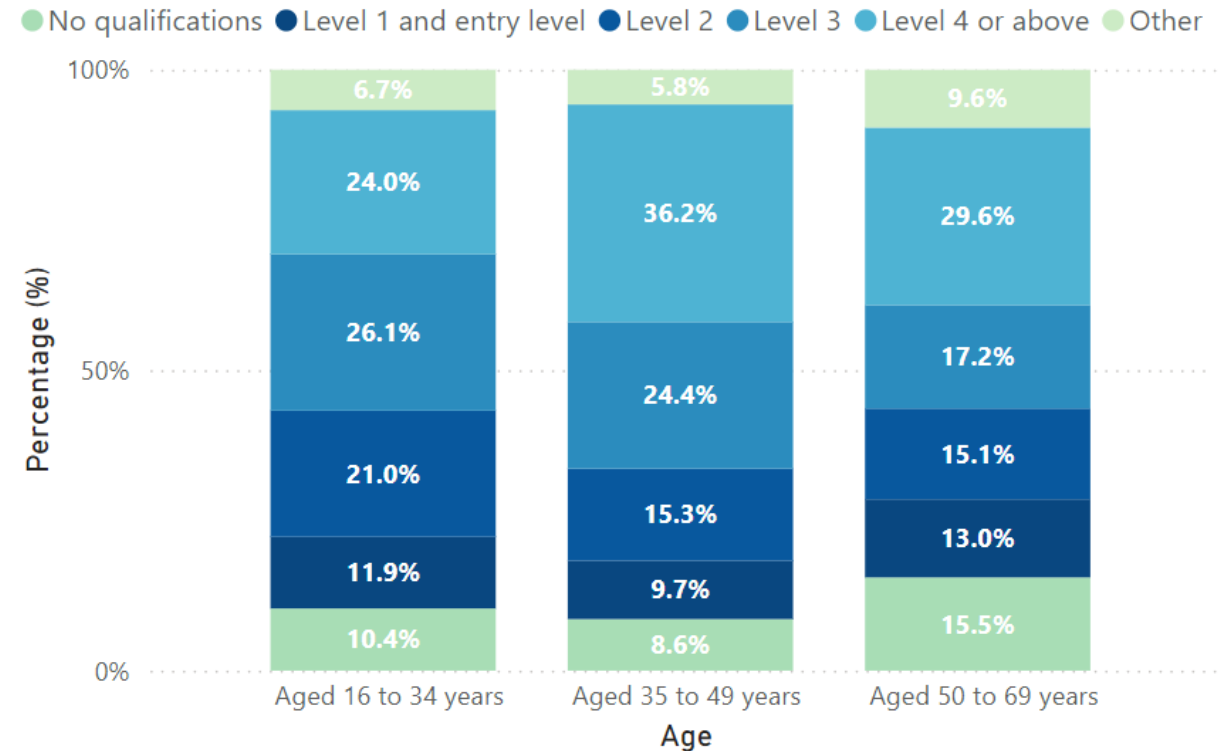
[Exploring the relationship between ethnicity and health](#)

[Exploring the relationship between marital status and health](#)

Socio-economic: Education

- Overall, 29.6% of the working age population (16-69) has a Level 4 or above qualification. In the working age population, those aged 35 to 49 are the most likely to have a Level 4 or above qualification at 36.2% of the population. In all age groups, there is a higher percentage of females with a Level 4 qualification.
- Overall, 12.4% of the working age population do not have any qualifications. 50- to 69-year-olds are the age group with the highest percentage of people with no qualifications at 15.5%, followed by the 16 to 34 age group at 10.3% and 8.6% of the 35- to 49-year-olds. In all age groups, there is a higher percentage of males with no qualifications.

Highest level of qualification on the Isle of Wight for the working age population

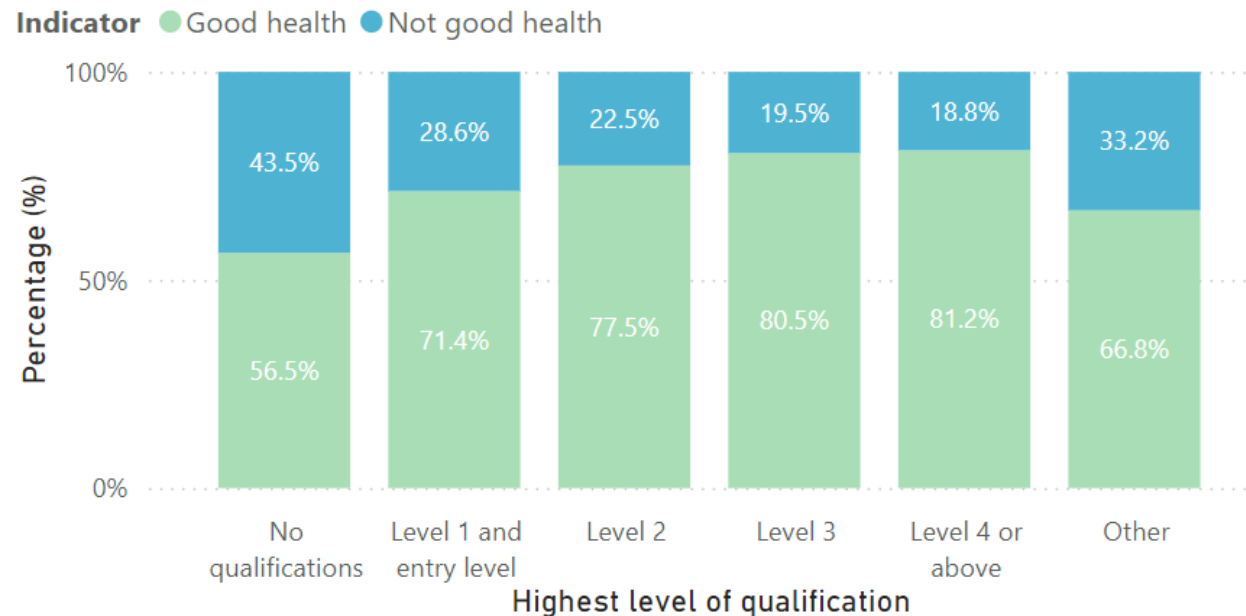


[*to understand the levels of qualification, visit the data section at the end of the report](#)

Exploring the relationship between education and health

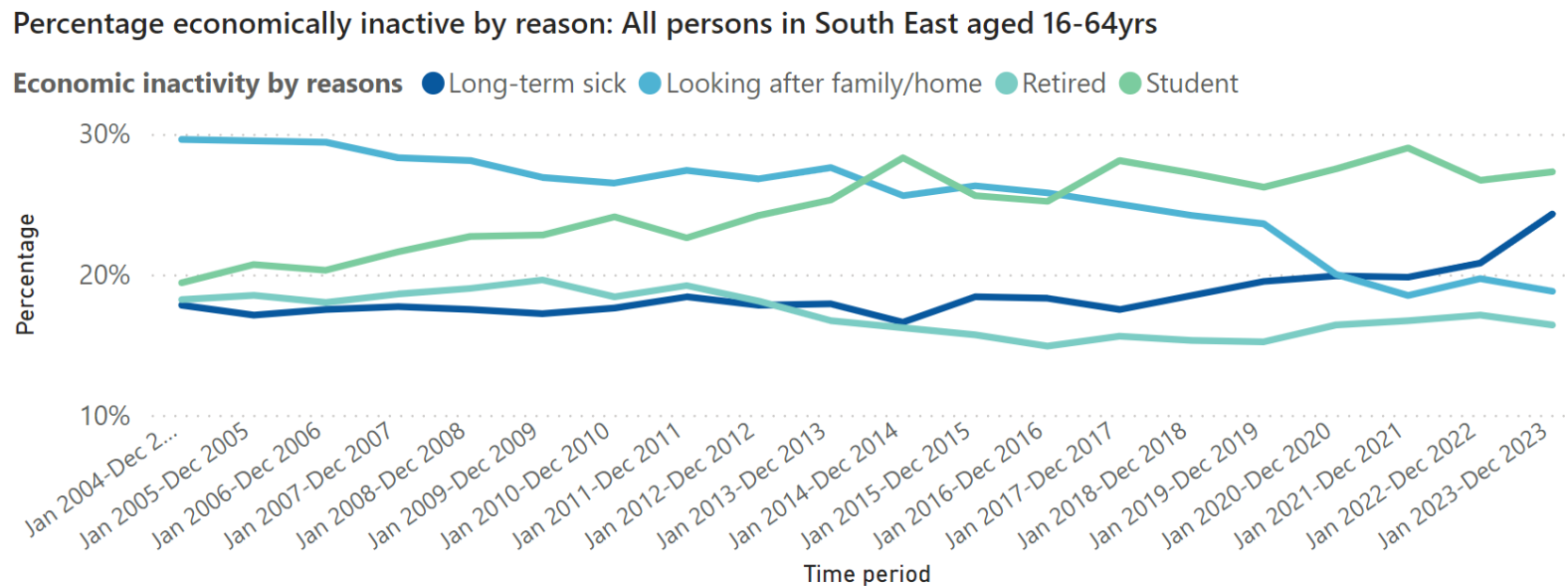
- Not good health includes fair, bad or very bad rating of health.
- For all persons: As the level of education increases, the percentage of the population rating their health as good increases from 56.5% for those with no qualifications to 81.2% of people with a Level 4 qualification. This difference is more prominent in the older age groups.
- Over a third of those with no qualifications (37.8%) are disabled under the equality act; compared to around one fifth of the population with a Level 4 or above qualification are disabled under the equality act.

Highest level of qualification on the Isle of Wight (aged 16 to 69 years) by health rating



Socio-economic: economic inactivity in the South East

- In the South East between January-December 2004 and January-December 2023 there has been two pattern changes in the reasons why people aged 16 to 64 years are economically inactive. Being a student as a reason for being economically inactive has risen over the years and the reason of looking after family/home has declined.
- Economic inactivity in 16- to 24-year-olds is driven by people being students, 77% of all inactivity.
- In 25- to 49-year-olds, looking after family/home (44.6%) and being long-term sick (32.5%) drives economic inactivity.
- In 50- to 64-year-olds, being retired (37.6%) or long-term sick (32.3%) are the leading reasons for economic inactivity.



Economic inactivity on the Isle of Wight

- Between the Censuses in 2011 and 2021 there has been an increase in reporting of economic inactivity in the 16 years and older population, from 44.1% in 2011 to 48.7% in 2021.
- In 2021, there was a higher percentage of the 16+ population on the Isle of Wight reporting long term sick or disabled, looking after home or family or retired as the reason for their economic inactivity.

Isle of Wight, Census 2011 and 2021

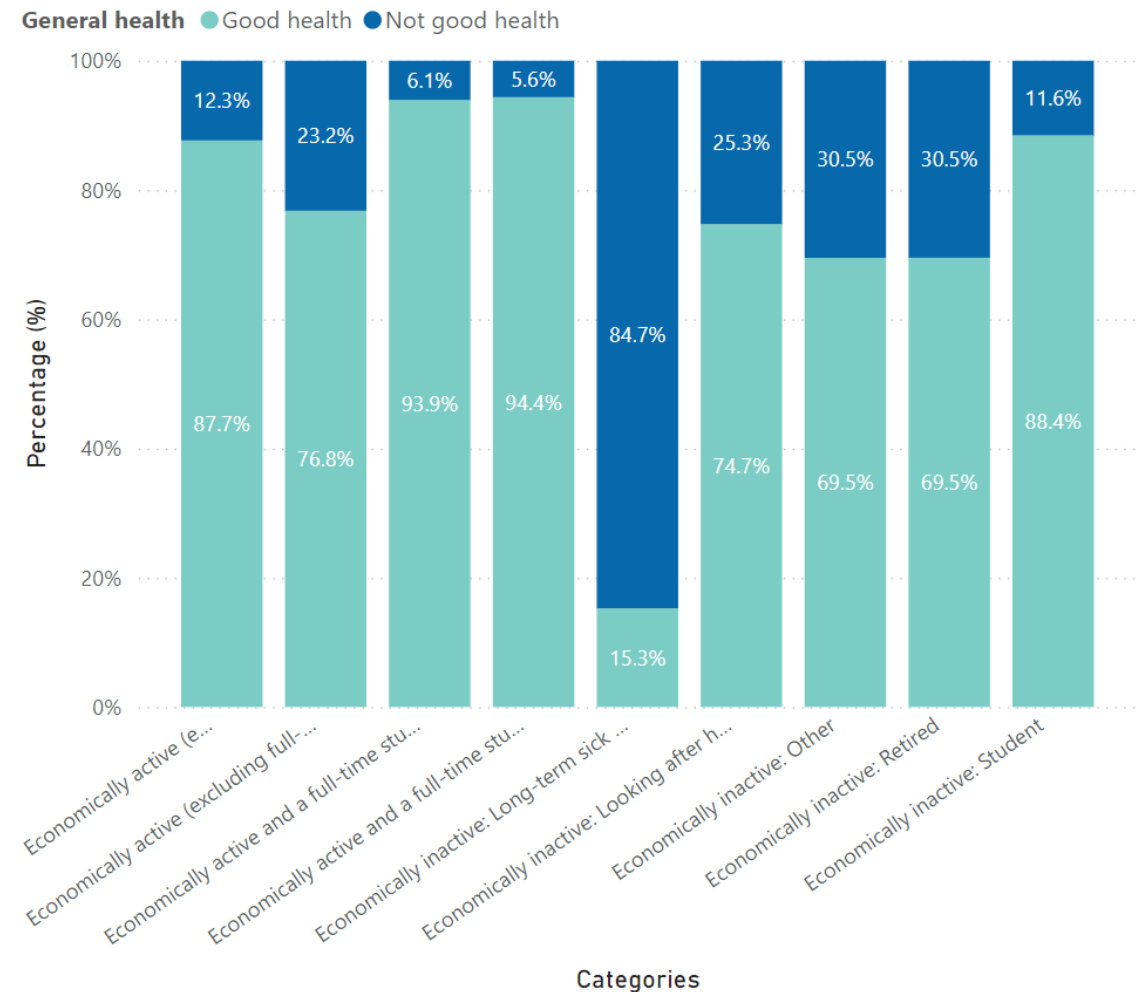
Indicator	Year	Sex	Count (16+)	Percentage (16+)
All Economically Inactive	2011	Persons	50,924	44.1%
All Economically Inactive	2021	Persons	58,185	48.7%
Long-term sick or disabled	2011	Persons	4,651	4.0%
Long-term sick or disabled	2021	Persons	6,113	5.1%
Looking after home or family	2011	Persons	3,974	3.4%
Looking after home or family	2021	Persons	4,789	4.0%
Retired	2011	Persons	35,428	30.6%
Retired	2021	Persons	39,723	33.2%
Student	2011	Persons	3,683	3.2%
Student	2021	Persons	3,704	3.1%

Differences in health by economic activity

- On the Isle of Wight those who are economically inactive because they are long term sick rate their health the worst, with 84.7% of 16- to 69-year-olds rating their health as not good (where not good includes rating their health as fair, bad or very bad).
- Students rate their health the best, ranging on 88.4% to 94.4% depending on their economic activity.

To explore the data by age of the working age population visit the data resource.

Isle of Wight's working age population: Economic activity by rating of health

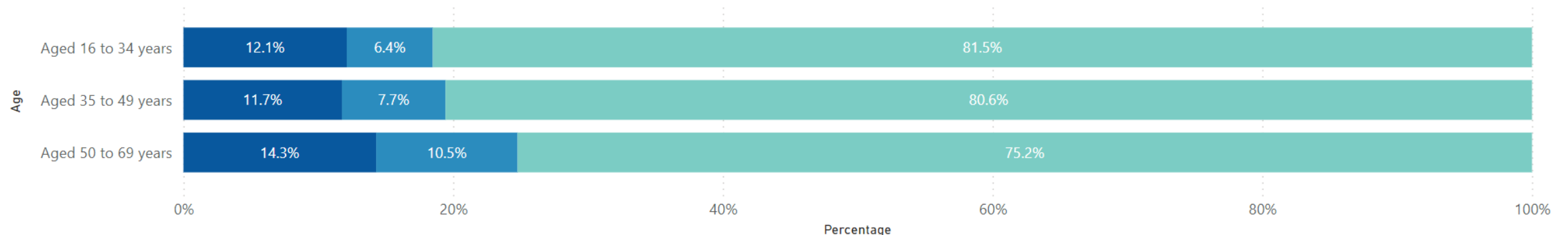


Disability

- Overall, 21.7% of the working age population on the Isle of Wight are considered disabled under the Equality Act. The percentage of the working age population that are disabled is higher in females (23.2%) than males (20.1%).
- On the Isle of Wight, the percentage of the population that are disabled increases with age.
- 24.8% of the populated age 50 to 69 years are disabled under the Equality Act, compared to 18.5% in the 16- to 34-year-old population.

Disability status of the working age population (16-69) on the Isle of Wight

Categories ● Disabled under the Equality Act: Day-to-day activities limited a little ● Disabled under the Equality Act: Day-to-day activities limited a lot ● Not disabled under the Equality Act



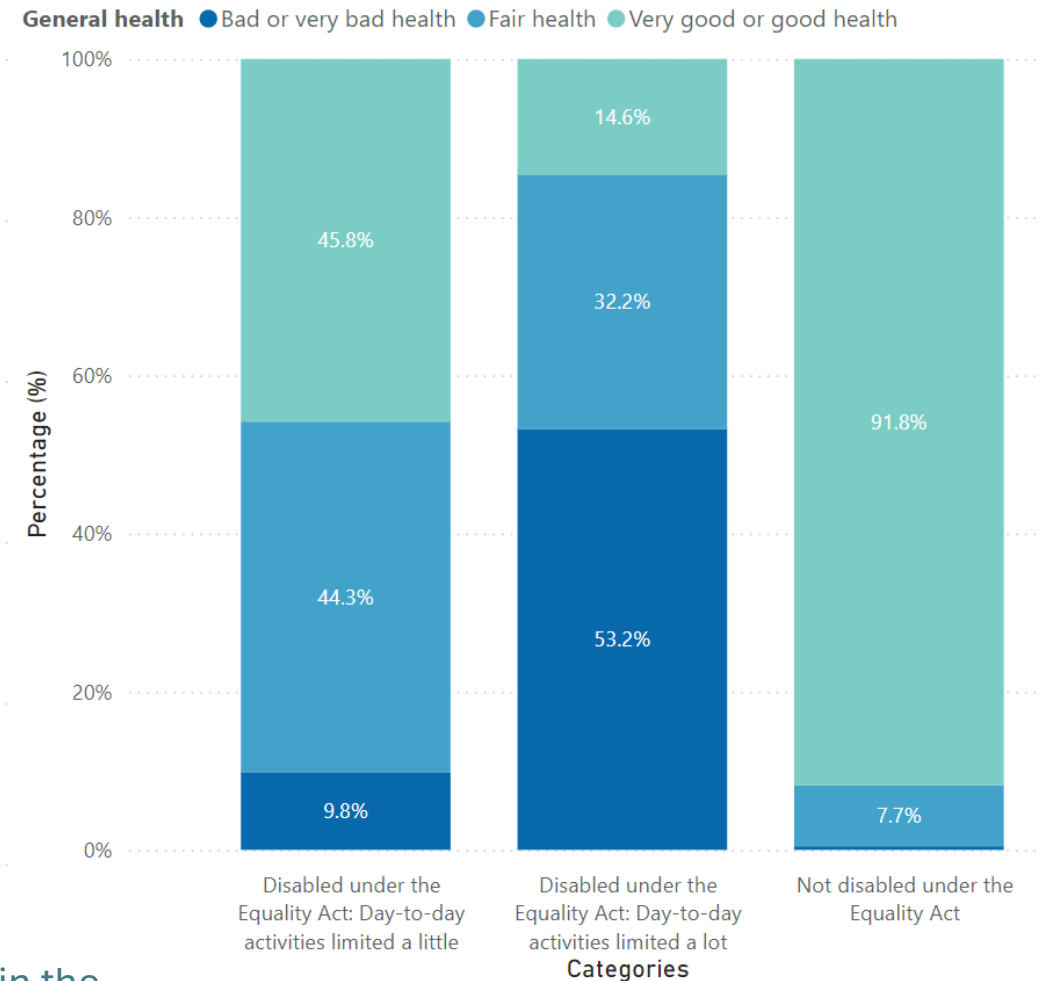
[*Data information at the end explains how disability was defined in the census](#)

Differences in health by disability status

- Those that are disabled under the Equality Act report worse health than those who are not disabled; but the difference in reporting is very significant for those who are disabled and their day-to-day activities are limited a lot..
- Only 14.6% of 16- to 69-year-olds who are disabled, with day-to-day activities limited a lot, rate their health as good or very good. This compares to 45.8% of people who are disabled, with day-to-day activities limited a little, and 91.8% of people who are not disabled.

To explore the data by age of the working age population visit the data resource.

Isle of Wight's working age population (16-69): Disability by rating of health

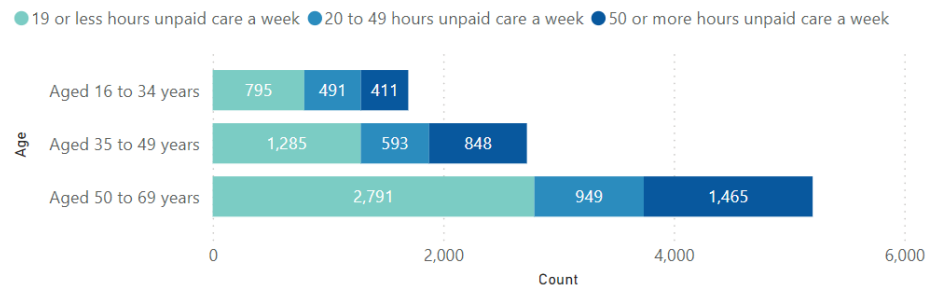


[*Data information at the end explains how the rating of health was collected in the census](#)

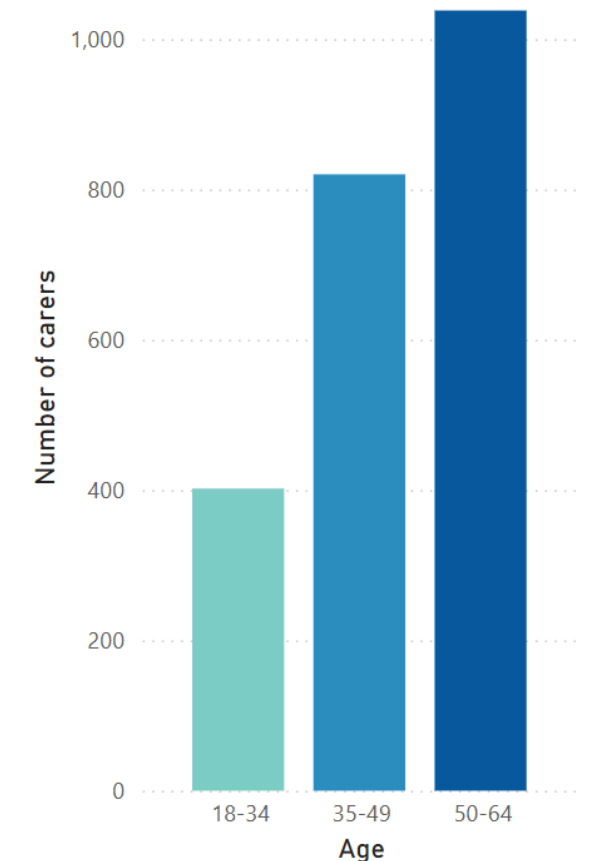
Carers on the Isle of Wight

- Caring responsibilities can affect people's ability to pursue paid work or as much work as they would like.
- There are around 9,600 people of working age who are providing unpaid care on the Isle of Wight; with 61% of them being female.
- More than 50% of all unpaid carers are providing less than 19 hours a week.
- Just over 2,250 working age people (18 to 64) were in receipt of Carer's Allowance on the Isle of Wight in May 2024.
- In May 2024, almost half (45.9%) of working age people (16 to 64) in receipt of Carer's Allowance were aged 50 to 64.

Number of carers by age on the Isle of Wight



Number of people, by age, in receipt of Carer's Allowance payments on the Isle of Wight

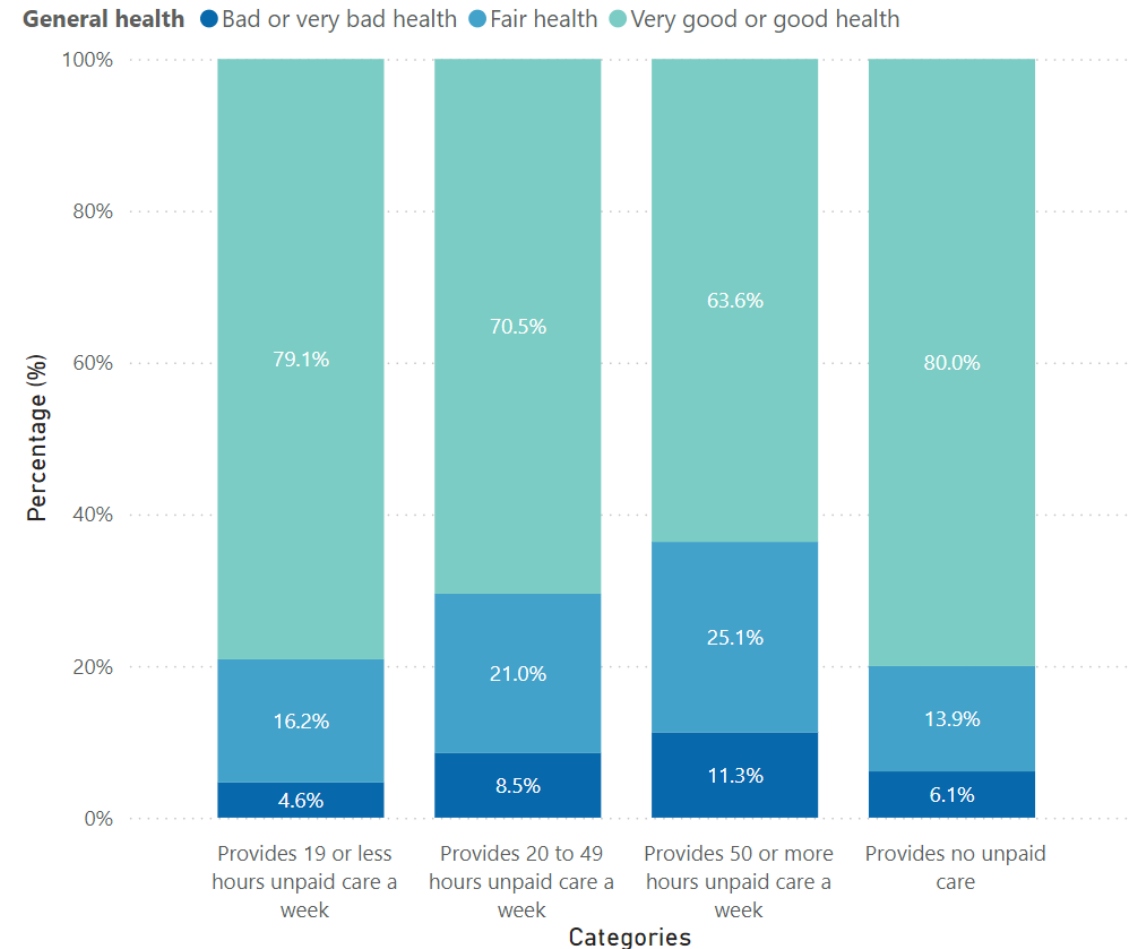


[*Data information at the end explains how unpaid care was defined in the census and eligibility requirements for Carer's allowance](#)

Differences in health by hours of unpaid care provided

- On the Isle of Wight, in the working age population as the number of hours providing unpaid care increases, the rating of health decreases.
- Of the working age population that provide no unpaid care 80.0% rate their health as good or very good; compared to 63.6% of the working age population providing 50 or more hours of unpaid care.

Isle of Wight's working age population (aged 16 to 69 years): Unpaid care by rating of health



[*Data information at the end explains how the rating of health was collected in the census](#)

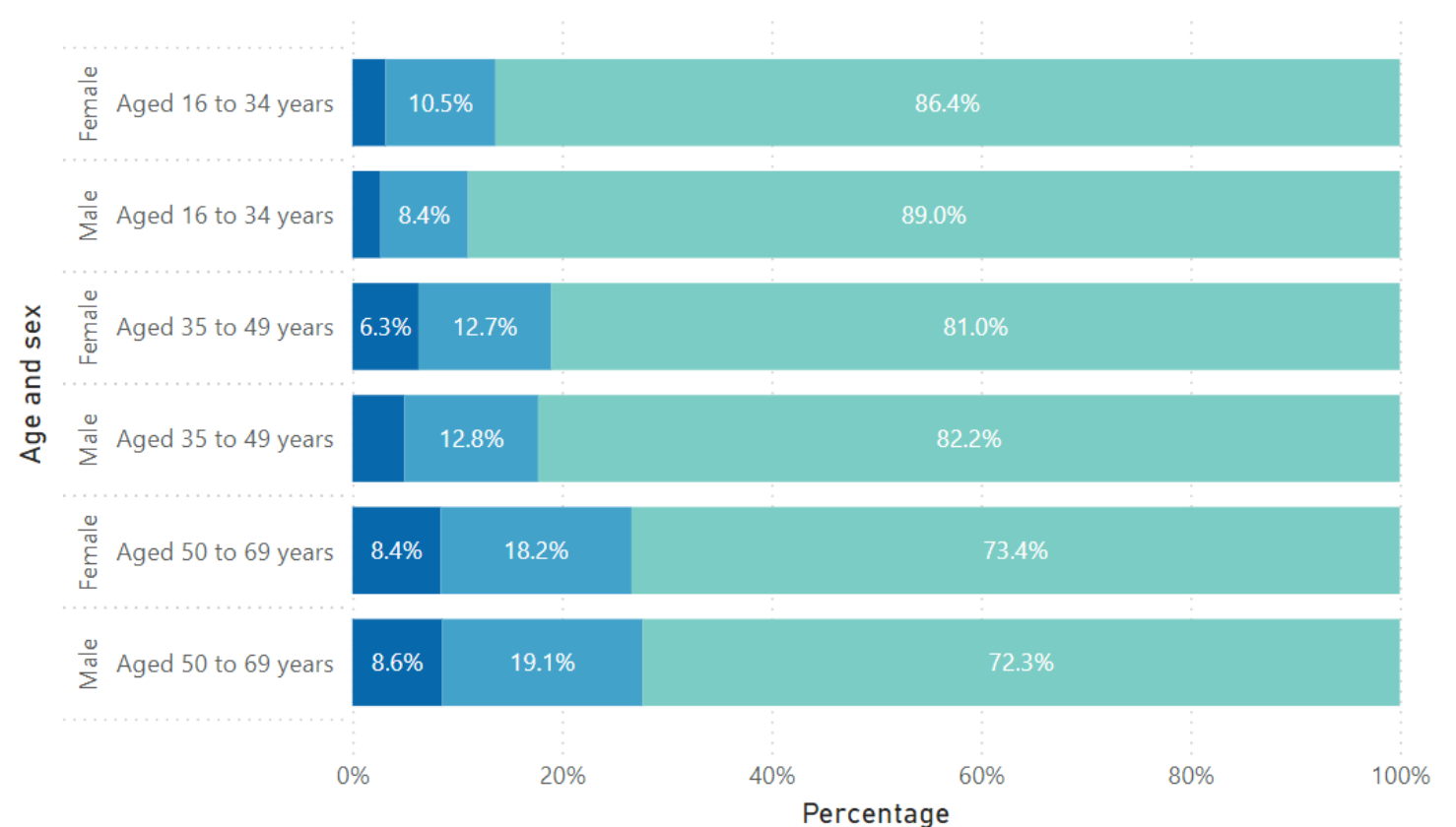
Differences in health by sex and age

- 79.1% of the working age population (16 to 69) rate their health as good or very good; females is slightly lower at 78.7% and males higher at 79.6%.
- For both males and females, the percentage rating their health as good or very good decreases with age.

To explore the data by age of the working age population visit the [data resource](#).

Population's rating of health on the Isle of Wight

General health ● Bad or very bad health ● Fair health ● Very good or good health



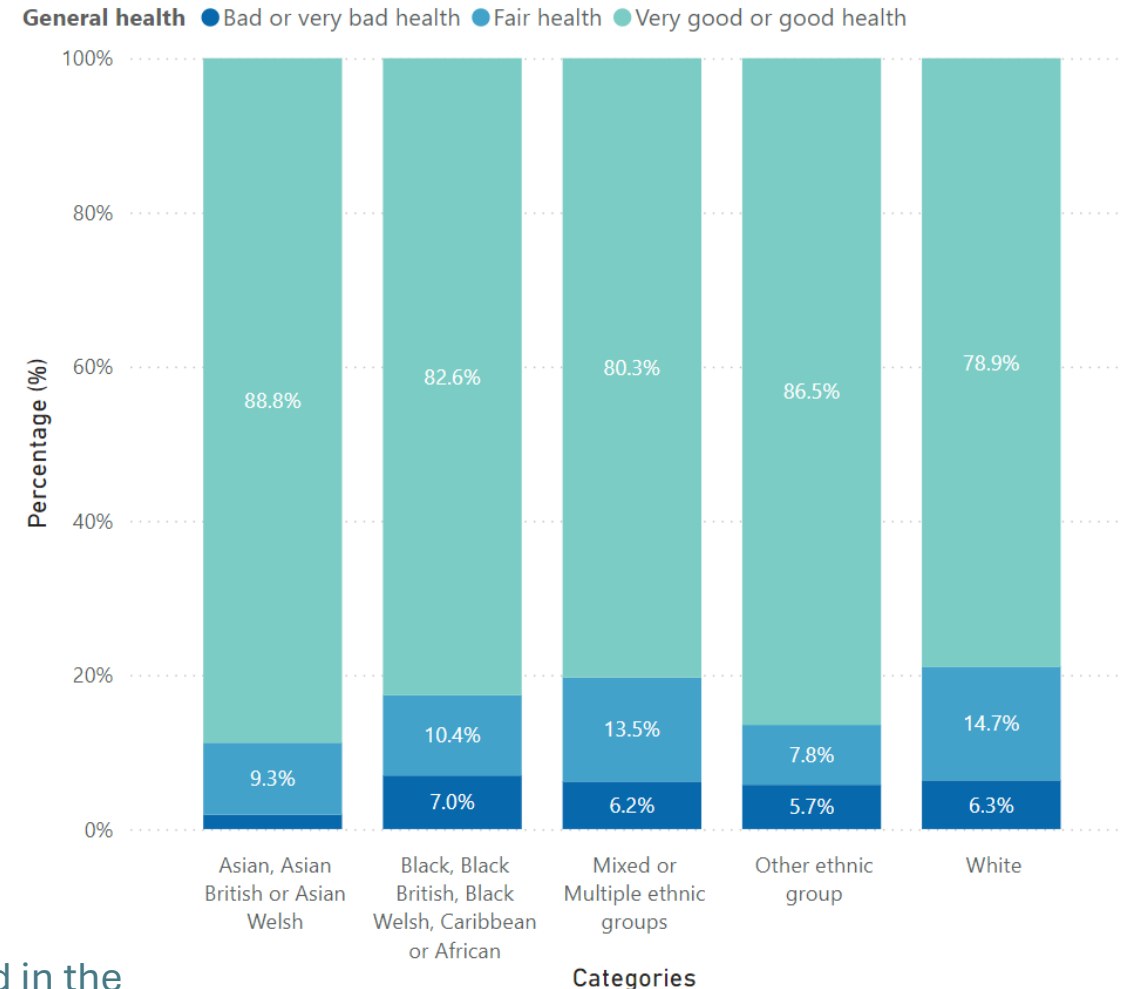
[*Data information at the end explains how the rating of health was collected in the census](#)

Differences in health by ethnicity

- On the Isle of Wight, there is more variation in the reporting of health by ethnicity than in England overall.
- Asian, Asian British or Asian Welsh had the highest self reported health, with 88.8% of 16- to 69-year-olds rating their health as good or very good. White ethnicity had the lowest self reported health with 78.9% of 16- to 69-year-olds rating their health as good or very good.

To explore the data by age of the working age population visit the data resource.

Isle of Wight's working age population (16-69): Ethnicity by rating of health



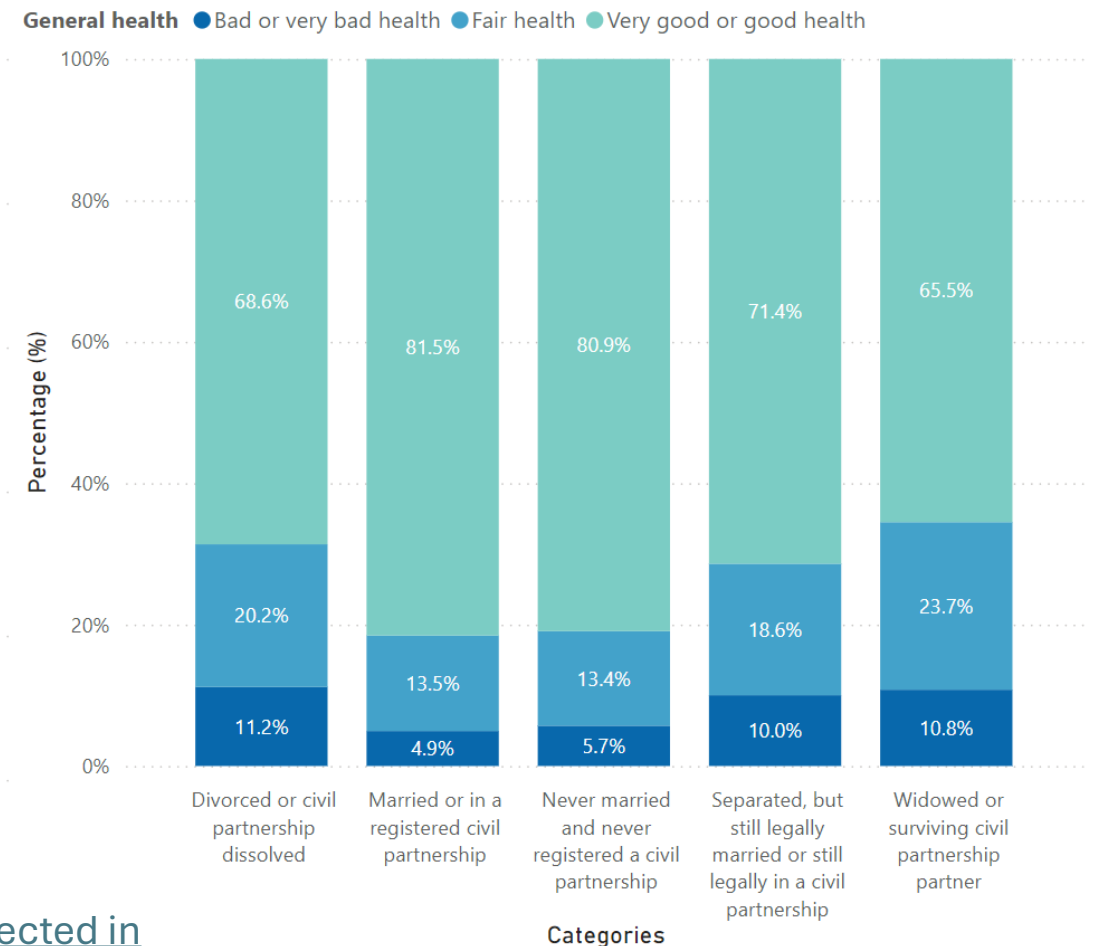
*[Data information at the end explains how the rating of health was collected in the census](#)

Differences in health by marital status

- On the Isle of Wight, 16- to 69-year-olds who were married or in a registered civil partnership reported the best health, with 81.5% rating their health as good or very good.
- People who are divorced or civil partnership dissolved reported the worst health, with 11.2% rating their health as bad or very bad.

To explore the data by age of the working age population visit the data resource.

Isle of Wight's working age population: Marital status by rating of health



[*Data information at the end explains how the rating of health was collected in the census](#)

Health of the working age population

Causes of the overall burden of disease

Risk factors for the overall burden of disease

Multimorbidity

Population diagnosed with two or more long term conditions

Major conditions in the population

Personal Independence Payments

PIP: Psychiatric disorders

PIP: MSK

Overall burden of disease - causes

- On the Isle of Wight, in 2021, the leading causes of Disability Adjusted Life Years (DALYs) for 15- to 49-year-olds were mental disorders (18.1%), musculoskeletal disorders (12.5%) and substance use disorders (8.9%).
- In 50- to 69-year-olds the leading causes were neoplasms (22.8%), musculoskeletal disorders (12.7%) and cardiovascular diseases (12.3%).
- For both age groups these leading causes are the same as England are all categorised as non-communicable diseases.

Overall burden of disease – risk factors

Global burden of disease data* identifies the following risk factors:

- For all causes of disability adjusted life years in 2021 for 15- to 49-year-olds were drug use (6.3%), alcohol use (5.8%) and high body-mass index (4.6%).
- In 50- to 69-year-olds it was tobacco (9.9%), high body-mass index (8.6%) and dietary risks (7.6%).
- Tobacco, drug use, alcohol use and dietary risks are categorised as behavioural risk factors. High body-mass index is a metabolic risk.
- HIOW Health Analytics data** (recorded risk factors on GP records) shows that:
 - Alcohol rates per 100,000 increase with age; from 6,887 per 100,000 in 15- to 34-year-olds to 16,808 per 100,000 in 50- to 69-year-olds
 - Obesity and severely obese follows the same pattern increasing with age from 13,521 per 100,000 in 15- to 34-year-olds to 31,362 per 100,000 in 50- to 69-year-olds
 - Smoking follows a different pattern with recorded smoking highest in 35- to 49-year-olds followed by 15- to 34-year-olds and then 50- to 69-year-olds. Although the rate is similar in 15- to 34-year-olds and 50- to 69-year-olds

Physical activity

- National findings show that physical inactivity increases significantly in the population aged 75+ years. People who have a disability, female, are unemployed/economically inactive or have lower levels of education are also more likely to be physically inactive. On the Isle of Wight, 23.3% of the population aged 19+ are classified as [physically inactive](#).

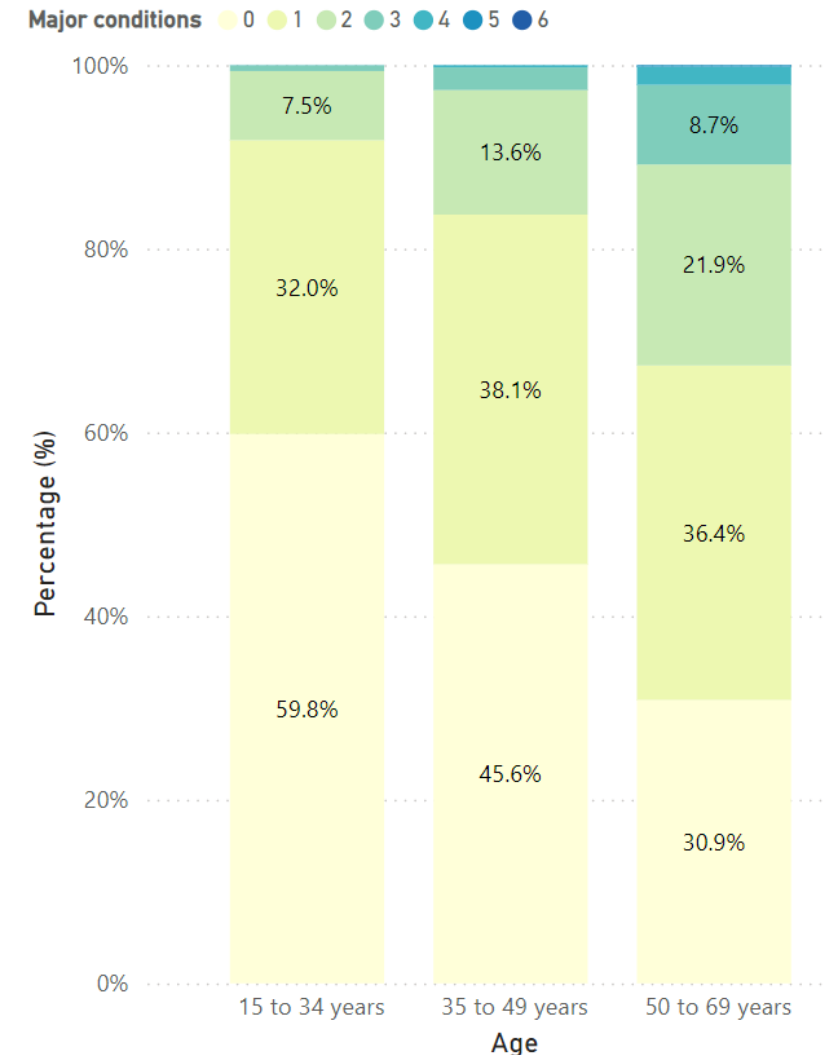
*[Data information at the end explains the Global Burden of Disease dataset](#)

** [Visit the Data resource on HIOW Health Analytics for more information](#)

Multiple major conditions in the working age population

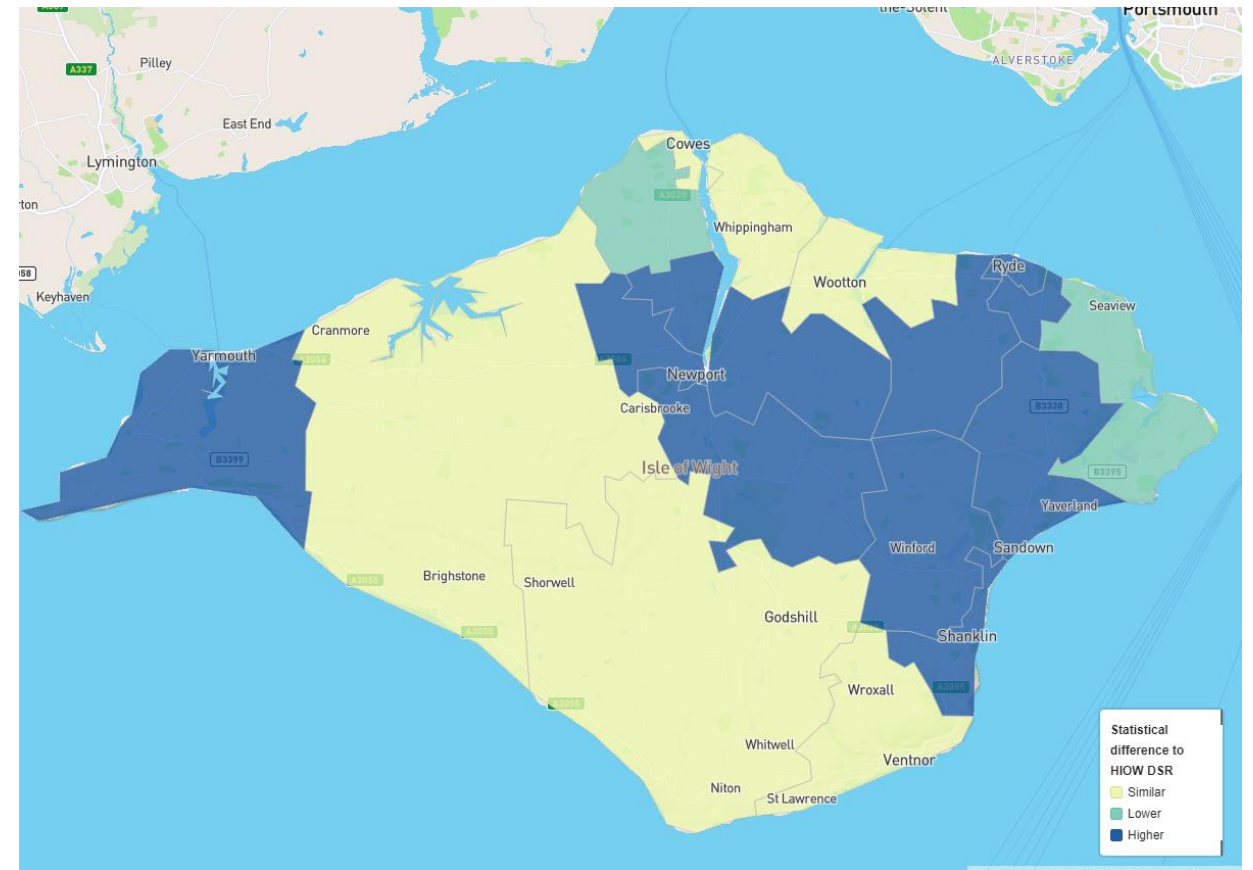
- This dataset explores the major conditions in the working age population: mental health conditions, cancer, cardiovascular disease, chronic kidney disease, chronic respiratory disease, dementia and musculoskeletal disease.
- On the Isle of Wight, the number of people with one of these recorded major conditions increases with age.
- In 15- to 34-year-olds over half the population (59.8%) do not have any major conditions recorded, compared to 30.9% of 50- to 69-year-olds.
- The number of people living with multi-morbidity (two or more major conditions) also increases with age. In 15- to 34-year-olds 8.2% of the population have two or more recorded major conditions, 16.3% of 35- to 49-year-olds and 32.7% of 50- to 69-year-olds.

Number of recorded major conditions on the Isle of Wight



Two or more major conditions in the working age population (aged <70 years)

- On the Isle of Wight, many MSOAs have a higher directly standardised rate (DSR) of people with two or more major conditions compared to the Hampshire and Isle of Wight average, illustrated in blue.
- MSOAs surrounding Newport, Shanklin, Ryde and Yarmouth have a higher rate of people with two or more major conditions recorded.
- Cowes West, Gurnard and Northwood and Bembridge & Nettlestone are the only MSOAs with a DSR that is statistically lower than the HIOW DSR.



Major conditions*: GP records recorded conditions

- As seen in the GBD data, common mental health conditions (depression and anxiety) are impacted a large proportion of all ages of the working age population; with the diagnosed prevalence peaking in adults aged 35- to 49-years-old. Anxiety diagnosis prevalence is higher than depression in those aged 16- to 49-year-olds but in 50- to 69-year-olds the diagnosis of the two conditions is similar.
- In the older working age population, aged 50 to 69, around a third of people (33.1%) have cardiovascular disease recorded on their GP record, significantly higher than the 35- to 49-year-olds at 10.8% have received this diagnosis and just 3.4% of patients aged 15 to 34. Therefore, showing a gradual increase between the first two age groups and a significant rise in the oldest working age population.
- Musculoskeletal (MSK) disease is another condition where there are significant differences between 16- to 49-year-olds and 50- to 69-year-olds. 0.7% of patients aged 15 to 34 and 5% of patients aged 35 to 49 have MSK on their GP record compared to 20.9% of 50- to 69-year-olds.
- Chronic respiratory disease has little variation by age, with around 15% of the population diagnosed.

Personal Independence Payments (PIP)

- The leading causes of reasons for claiming PIP in the 16 to 69 population accounting for 91.7% of claims in 2023 were: cardiovascular disease, malignant disease, musculoskeletal disease (general and regional), neurological disorder, psychiatric disorders and respiratory disease.
- On the Isle of Wight, psychiatric disorders account for the largest number of claims – 41.3% of all claims in the 16 to 69 population. The proportion of claims that are due to psychiatric disorders decreases with age.
- The second largest reason for claiming PIP was musculoskeletal disease (general) – making up 18.5% of all claims in the 16 to 69 population.

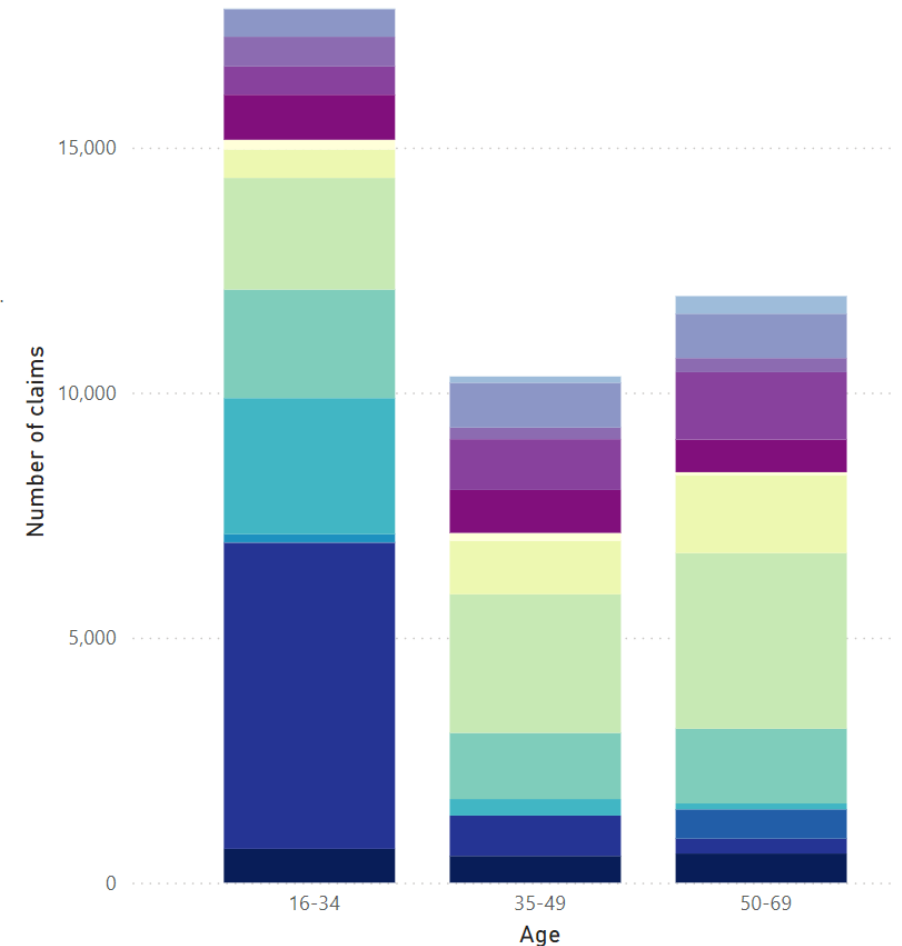
PIP: Psychiatric disorders in 2023

- In 16- to 34-year-olds over a third (35.1%) of all psychiatric claims were because of autistic spectrum disorders.
- In 35- to 49-year-olds mixed anxiety and depressive disorders are the most significant contributing to claims for psychiatric disorders at 27.5%.
- The same pattern is evident for 50- to 69-year-olds at 30.2% of psychiatric disorder claims.

Number of people claiming for psychiatric disorders, by cause, on the Isle of Wight

Detailed cause

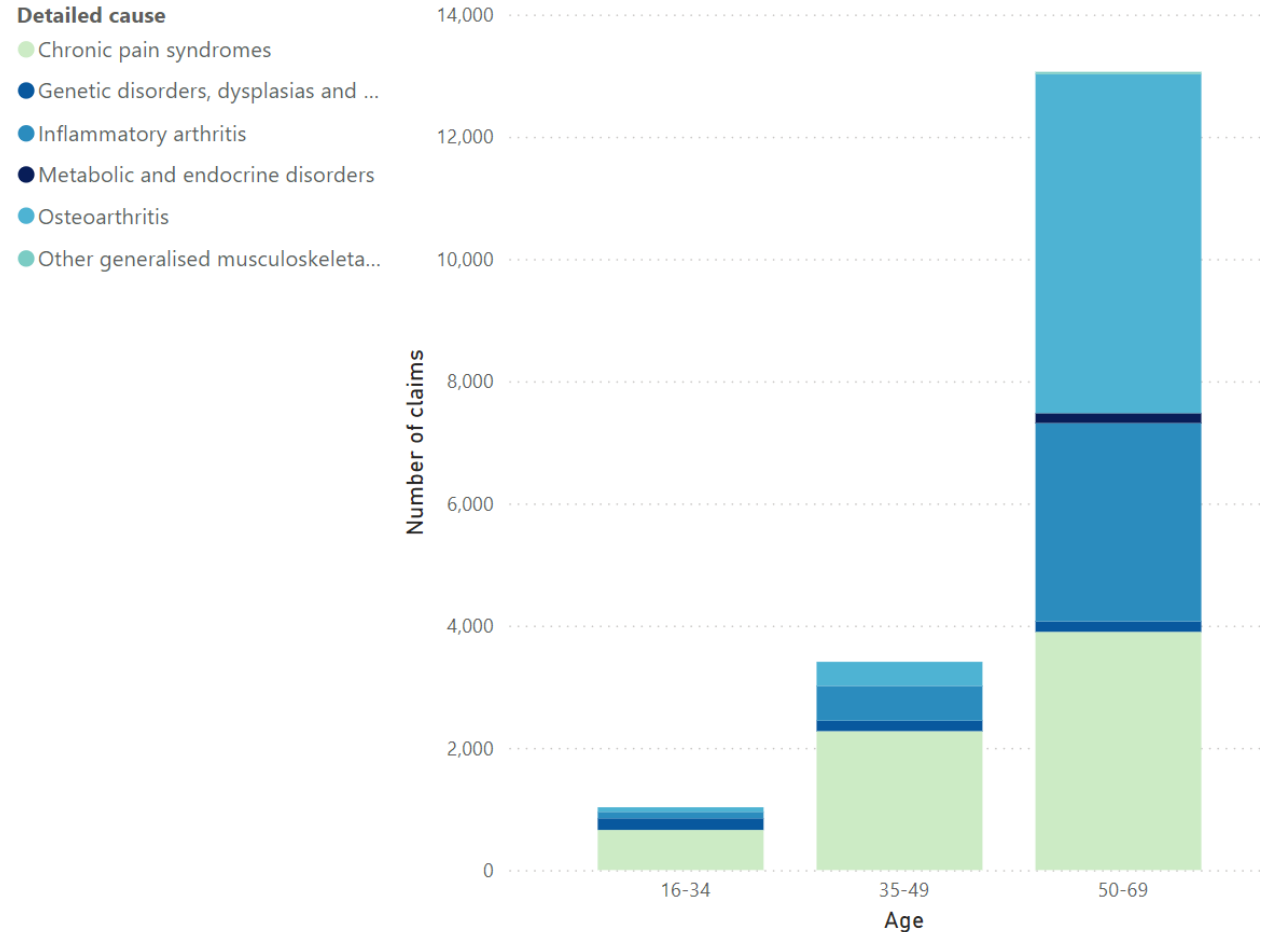
- Anxiety disorders
- Autistic spectrum disorders
- Cognitive disorders
- Eating disorders
- Hyperkinetic disorder
- Learning disability global
- Mixed anxiety and depressive diso...
- Mood disorders
- Obsessive compulsive disorder
- Personality disorder
- Psychotic disorders
- Specific learning disorder
- Stress reactions
- Substance (mis) use disorders



PIP: Musculoskeletal disease in 2023

- Overall, MSK accounts for 29.7% of all claims, (18.5% are MSK general claims & 11.2% are MSK regional claims).
- In 16- to 34-year-olds, 60.8% of all MSK disease (general) claims are because of chronic pain syndromes. This pattern is the same for the population aged 35 to 49 at 65.3%.
- In 50- to 69-year-olds the number of claims relating to MSK general increases significantly. Osteoarthritis makes up the largest percentage of all MSK general claims at 42.5%.

Number of people claiming for musculoskeletal disease (general), by cause, on the Isle of Wight



Data information: Data definitions and caveats

Understanding forecasts and projections

- Small area population forecasts are calculated by Hampshire County Council that take into account birth and death rates, along with large scale housing developments that are planned.
- Projections were calculated by the Office for National Statistics (ONS). 2018-based subnational population projections are projected resident population of an area; based on past trends and the assumptions of future levels of births, deaths and migration. They do not incorporate local development plans but provide a baseline which can be combined with local knowledge as required.

Understanding life expectancy and healthy life expectancy

- Small area life expectancy and healthy life expectancy (2018-2022) have been calculated. Interpret these with caution, taking note of the confidence interval. The confidence intervals provide the range that the true values lies in. A wider confidence interval suggests the estimate is less stable and should be interpreted with caution.
- Both estimates are the average number of a years a person would expect to live at birth. With Healthy life expectancy this is an estimate of the average number of years a person would expect to live in good health

Education: understanding the educational levels from Census 2021

Level 1 and entry level: 1 to 4 GCSEs grade A* to C, Any GCSEs at other grades, O levels or CSEs (any grades), 1 AS level, NVQ level 1, Foundation GNVQ, Basic or Essential Skills

Level 2: 5 or more GCSEs (A* to C or 9 to 4), O levels (passes), CSEs (grade 1), School Certification, 1 A level, 2 to 3 AS levels, VCEs, Intermediate or Higher Diploma, Welsh Baccalaureate Intermediate Diploma, NVQ level 2, Intermediate GNVQ, City and Guilds Craft, BTEC First or General Diploma, RSA Diploma

Level 3: 2 or more A levels or VCEs, 4 or more AS levels, Higher School Certificate, Progression or Advanced Diploma, Welsh Baccalaureate Advance Diploma, NVQ level 3; Advanced GNVQ, City and Guilds Advanced Craft, ONC, OND, BTEC National, RSA Advanced Diploma

Level 4 or above: degree (BA, BSc), higher degree (MA, PhD, PGCE), NVQ level 4 to 5, HNC, HND, RSA Higher Diploma, BTEC Higher level, professional qualifications (for example, teaching, nursing, accountancy)

Other: apprenticeships, vocational or work-related qualifications, other qualifications achieved in England or Wales, qualifications achieved outside England or Wales (equivalent not stated or unknown)

Economic activity definition from Census 2021

Definition: People aged 16 years and over are economically active if, between 15 March and 21 March 2021, they were:

- in employment (an employee or self-employed)
 - unemployed, but looking for work and could start within two weeks
 - unemployed, but waiting to start a job that had been offered and accepted
- It is a measure of whether or not a person was an active participant in the labour market during this period. Economically inactive are those aged 16 years and over who did not have a job between 15 March to 21 March 2021 and had not looked for work between 22 February to 21 March 2021 or could not start work within two weeks.

Disability definition from Census 2021

- Disability: People who assessed their day-to-day activities as limited by long-term physical or mental health conditions or illnesses are considered disabled. This definition of a disabled person meets the harmonised standard for measuring disability and is in line with the Equality Act (2010).
- To identify disability, the census asked people "Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?". If they answered yes, a further question "Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?" was presented.

Understanding unpaid care (from Census 2021) and Carer's Allowance

- **Unpaid care:** An unpaid carer may look after, give help or support to anyone who has long-term physical or mental ill-health conditions, illness or problems related to old age. This does not include any activities as part of paid employment. This help can be within or outside of the carer's household.
- **Carer's Allowance (CA)** is a non-contributory benefit for people:
 - who look after a severely disabled person for at least 35 hours a week
 - who are not gainfully employed (i.e. not earning more than £95 per week after certain deductions) and
 - who are not in full-time education
 - **This excludes** people with an entitlement to Carer's Allowance who do not receive a payment, for instance where another income benefit is being paid to the carer.

General health of the working age population from Census 2021

What do we mean by rating their health?

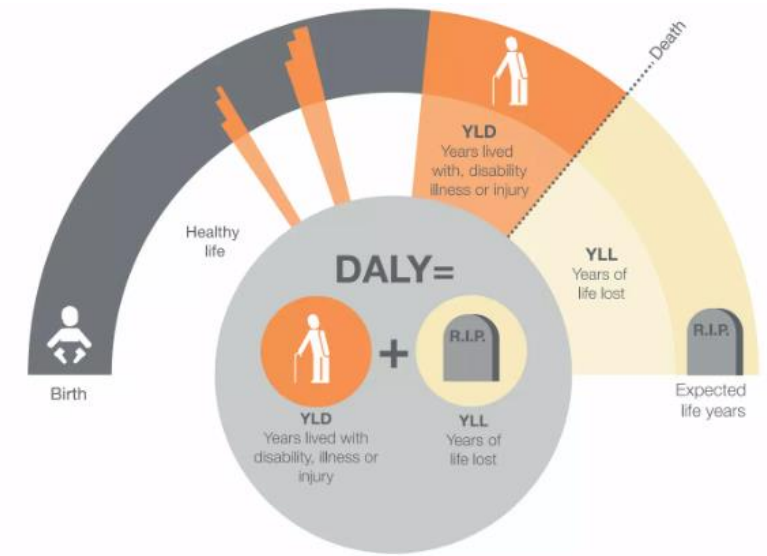
- An individual's personal assessment of the general state of their health from very good to very bad. This assessment is not based on a person's health over any specified period of time.
- Census 2021 was conducted during the coronavirus (COVID-19) pandemic. This may have influenced how people perceive and rate their health and therefore may have affected how people chose to respond.
- When only good or not good health is available; not good health includes people that rated their health as fair, bad or very bad. Good includes ratings of good or very good

Understanding the global burden of disease

- The overall burden of disease can be explained by disability adjusted life years (DALY):

DALY = Years of life lost due to premature mortality (YLLs) + Years of life lost due to lives in less than full health or years of life lost due to disability (YLDs)

- For causal factors the higher the percentage, the greater the contribution to the total burden of disease
- The DALYs or YLDs attributable to risk factors will not add up to 100%. Different risk attributed burden cannot be added together because risk factors overlap in the population



PHE, 2015

Understanding the HLOW Health Analytics dataset

- Data from HLOW Health Analytics can be used to explore the recorded major conditions. The data includes residents on the Isle of Wight and most of Hampshire (part of Hart and excludes Rushmoor) who are registered with a GP in HLOW ICB. For more information visit the data information.
- The major conditions report includes: cancer, cardiovascular disease, chronic kidney disease, chronic respiratory disease, dementia, mental health and musculoskeletal disease.
- All data is correct as of data download in April 2024

Understanding Personal Independent Payment (PIP)

Personal Independence Payment (PIP) eligibility to claim: if you're aged 16 to 64 and have a health condition or disability where you:

- have had difficulties with daily living or getting around (or both) for 3 months
- expect these difficulties to continue for at least 9 months (unless you're terminally ill with less than 6 months to live)
- This data explores the total for all entitled cases. It shows both the number of people in receipt of PIP and those with entitlement where the payment has been suspended (e.g if they are in hospital at a point in time).