

Isle of Wight Council

Public Health Strategy 2020-2025



Ambition for the health of people living on the Isle of Wight

This strategy sets out the ambition to improve the health and wellbeing of people living on the Isle of Wight. Improving the health of the population is a duty of the Council. The strategy is therefore essential for investing in the health of residents and future generations. Furthermore, good health is important for thriving communities and a shift to a wellness model supporting people to stay well is important to reduce future demands on services. This strategy will focus on everyone living on the Island being able to have the same opportunities to live in good health. The recent pandemic has also highlighted the need for the council to prepare for outbreaks of infectious diseases and public health emergencies.

This strategy will create a shared vision for how we can make health improvements happen over the next five years.

LIFE EXPECTANCY



HEALTHY LIFE EXPECTANCY



Men and women on the Isle of Wight live approximately 20 years of their lives in poor health.

DEPRIVATION

Life expectancy and deprivation

Men from the most deprived areas of the Isle of Wight die 6.1 years earlier than those in the least deprived areas.



Women from the most deprived areas of the Isle of Wight die 4.3 years earlier than those from the least deprived areas.



Healthy life expectancy and deprivation

Men in the most deprived areas of the Isle of Wight have 10.3 fewer years of healthy life than men in the least deprived areas.



Women in the most deprived areas of the Isle of Wight have 7.5 fewer years of healthy life expectancy than women in the least deprived areas.



People living in the most deprived areas not only die earlier than those in the least deprived areas, they also have more years of poor health before they die.



CHILDREN AND YOUNG PEOPLE



SMOKING IN PREGNANCY

ISLE OF WIGHT

15.6%

ENGLAND

10.6%



BREASTMILK BABIES

ISLE OF WIGHT BABIES FIRST FEED

69.7%

ENGLAND BABIES FIRST FEED

67.4%

VACCINATIONS

Measles, Mumps and Rubella (MMR) – two doses by 5 years of age



ISLE OF WIGHT

84.2%

ENGLAND

86.4%

Influenza vaccination for at risk individuals - Isle of Wight 45.5%, compared to England 48%.

LIFESTYLES

CHILDREN WHO ARE OVERWEIGHT OR OBESE

Reception class

ISLE OF WIGHT

23.8%

ENGLAND

22.6%



Year 6- Isle of Wight 32.8, compared to England 34.3%.

ADULTS WHO ARE OVERWEIGHT OR OBESE

ISLE OF WIGHT

63.1%

ENGLAND

62.3%



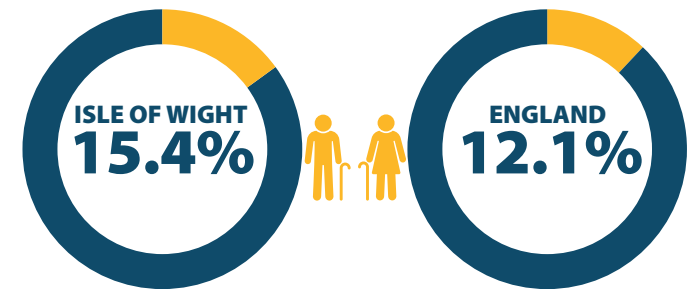
Percentage of adults who are physically active - Isle of Wight 70.6% England 67.2%

Percentage of the adult population who are current smokers - Isle of Wight 14.4% England 13.9%

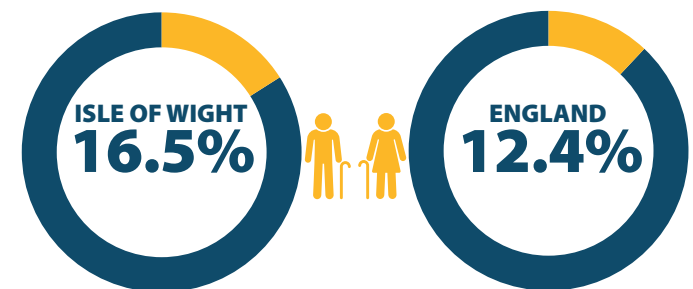
Percentage of adults who are dependent drinkers - Isle of Wight 1.33% England 1.39%

AGEING

Percentage reporting two or more long-term conditions, one of which is musculoskeletal related.



Older people living alone



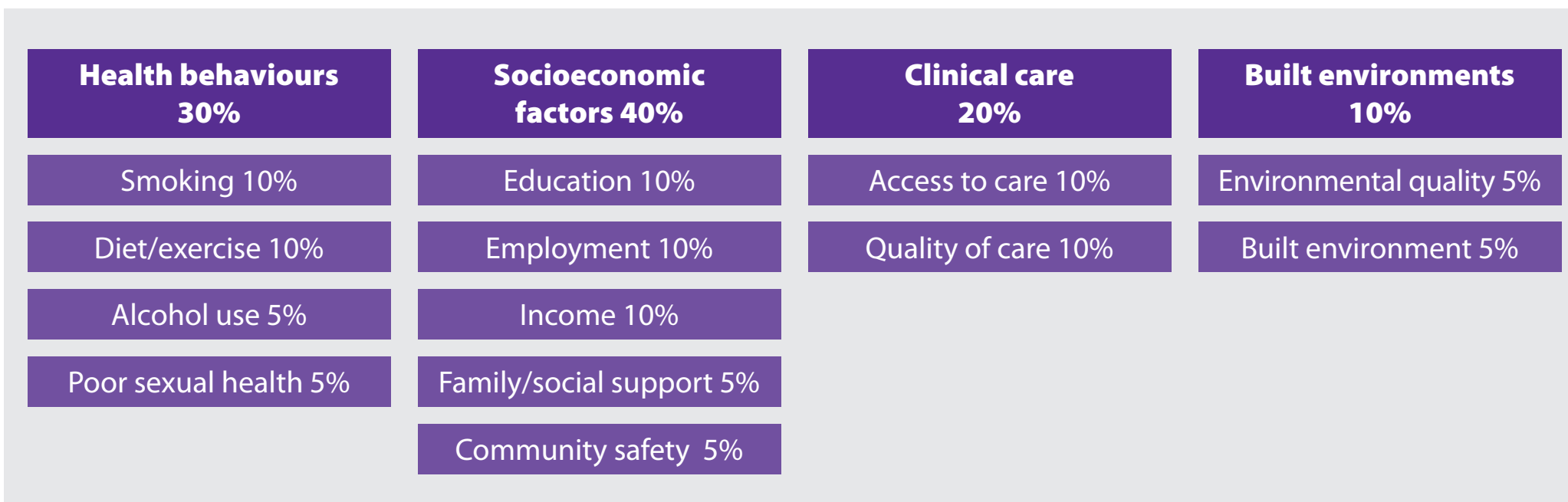
Hip fractures in people aged 65 and over - Isle of Wight 519/100,000 England 558/100,000



It is important that there is an understanding of the population so that their needs can be met now and in the future. Just over 141,000 people live on the Isle of Wight. People on the Isle of Wight are living longer, and our population is growing older. There is also an increase in the ageing population as older people move to the Island to retire. The Isle of Wight has one of the oldest populations in England. Currently, more than one in four people in the Isle of Wight are aged over 65 years.

By 2028, almost one in three people will be over 65 years. There are relatively fewer children and young people on the Island. Children and young people aged between 0-19 years, comprise 19.5 per cent of the population on the Isle of Wight. In England, 23.7 per cent of the population is aged between 0-19 years. Younger people tend to leave the island to pursue educational and employment opportunities.

Our health is influenced by a wide range of factors, including our genes, our health behaviours, our families and friends, education, employment, the communities we live in as well as the provision and quality of healthcare. In order to prevent disease and help to create the conditions in which people can live healthy lives all these factors need to be taken into account. The Council is well placed to address these complex factors working with partners and communities of the Island.



Not all the population have the same chances to have good physical and emotional wellbeing. There are inequalities in health that exist from the least to the most deprived. These inequalities impact negatively upon our life chances.

Some people are more vulnerable because of their early life circumstances. Where more adversity exists, in the form of abuse, neglect, parental separation, alcohol and

drug abuse or severe mental illness, this can affect our future emotional and physical wellbeing. Other groups are more vulnerable because of pre-existing conditions such as a learning disability. Therefore, an approach which is both a universal and targeted is needed.

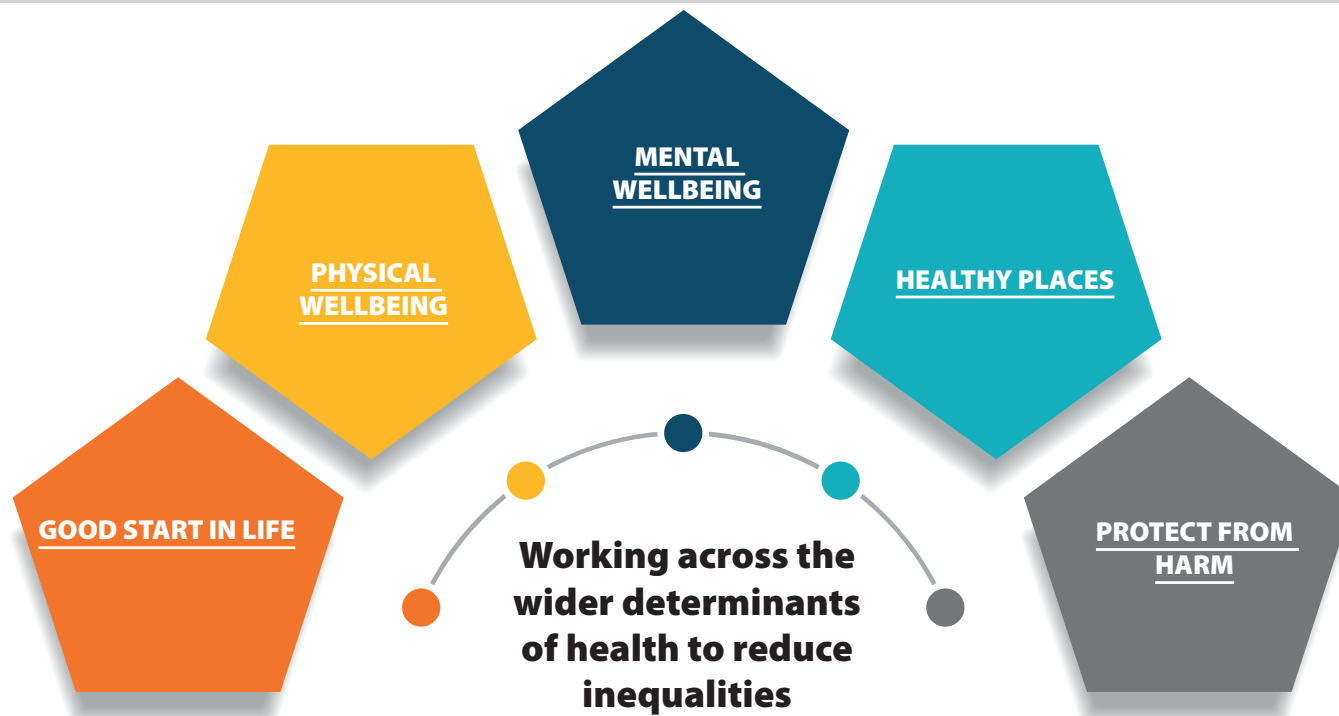
There is a need to be ambitious whilst also remaining pragmatic about what can be achieved. Vitally, this is a plan needing everyone to work together to ensure that we

consider health and health equity in all that we do.

Following a review of the health needs of Islanders and extensive engagement with stakeholders, five priority areas were identified. Health improvements related to these priorities will be implemented through a continuous cycle of strategy and service development.



Figure 1. The five domains of the Isle of Wight Public Health Strategy.



<p>The first 1000 days:</p> <ul style="list-style-type: none"> - Smoking in pregnancy, infant feeding, parenting and staying safe. <p>Education:</p> <ul style="list-style-type: none"> - Ready to learn. - Healthy learning environment. 	<p>Prioritise prevention:</p> <ul style="list-style-type: none"> - Being a healthy weight. - Being active. - Stopping smoking. - Reducing alcohol. <p>Healthy ageing:</p> <ul style="list-style-type: none"> - Staying active. - Preventing falls. 	<p>Good mental health and emotional wellbeing for all across the life course.</p> <p>Reduce the impact of substance misuse.</p> <p>Work together to reduce self-harm and suicide.</p>	<p>Healthy and safe communities:</p> <ul style="list-style-type: none"> - Planning. - Healthy homes. - Green and blue spaces. - Food environment. - Healthy settings. - Preventing violence. 	<p>Screening and immunisation:</p> <ul style="list-style-type: none"> - For all including the most vulnerable. <p>Sexual health and healthy relationships.</p> <p>Plan and respond to outbreaks and emergencies.</p>
--	--	--	---	--



The policy/strategy context

The Isle of Wight Council Public Health strategy draws on the priorities of several existing strategies in a mutually supportive way. The intention is to work across the Council, other parts of the public sector and the voluntary sector to deliver better health for Islanders. The strategy cannot be delivered by the Public Health team in isolation. The diagram opposite shows some of the strategies that the Public Health strategy will sit alongside.

Figure 2. The relationship between actions and outcomes for the Isle of Wight Public Health Strategy.

Delivering the strategy

We know that to deliver the ambitions in this strategy we must work with a wide range of individuals, groups and organisations. Action plans will be developed for each of the priority areas. They will incorporate the measures described above from the Public Health outcomes framework and local data collection as well as additional key performance indicators from commissioned services. This ambitious strategy will be delivered over a five-year period. Progress will be reviewed quarterly.

The diagram opposite shows that each of the strategic areas have outcomes that we are aspiring to achieve and also inform development of action plans which will be monitored through agreed performance measures.



Good start in life

The first 1000 days

The first 1000 days of a child's life, starting in pregnancy until the age of two, lay the foundations for healthy growth and brain development. Brain development is influenced by a wide range of factors including nutrition, relationships with care givers and experiences of trauma. We want to focus on supporting parents to be in good health before their baby is born and so we will support smokers to quit before birth. Once baby has arrived, we will support women to breastfeed. When the baby is ready to start solid food, we will help care givers make the best choices. Going hand in hand with this, we want to ensure that children have good oral health before their first teeth emerge. To help develop strong, nurturing bonds between parent and child, we will commission services to support care givers, particularly those in most need. We also want to avoid children experiencing physical trauma. We will look at where and why accidents and injuries are occurring so that we can make sure we provide information to families to help them stay safe at home.

	WHAT WE WANT TO ACHIEVE	HOW WE WILL DO IT	HOW WE WILL MEASURE PROGRESS
Smoking in pregnancy	Reduce smoking amongst parents and carers.	Provide universal and targeted smoking, alcohol and substance misuse services. Midwife training and referral pathways including carbon monoxide monitoring.	Smoking status at time of delivery Smoking prevalence in adults (18+) – current smokers.
Infant feeding	Support mothers to breastfeed and encourage responsive feeding.	Provide support through midwifery and health visiting services as well as signposting families towards specialised support.	Breastmilk babies first feed. Breastfeeding prevalence at 6-8 weeks after birth.
	Children have a healthy diet.	Provide dietary advice and support through health visiting services.	Reception: prevalence of overweight (including obesity).
	Children have good oral health.	Work with health visitors, early years settings and dental care services to educate parents and carers about oral hygiene and to ensure children receive appropriate check-ups.	Children with one or more decayed, missing or filled teeth Hospital admissions for dental caries (0-5 years).
Supporting parenthood	Confident, enabled parents and caregivers.	Ongoing work to develop one approach for families with the Early Years group. Collaborating with early years settings, education and children's services across shared outcomes Support for parents through health visiting services.	Key performance indicators for health visiting and children's services commissioned services.
Accident prevention	Children are safe from accidents in the home.	Understand the data around hospital admissions for young children and use this to provide advice to parents via the health visitor mandated checks and Wessex Healthier Together.	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-5 years).



Good start in life

Education

Providing a good education to every child is important. There is a strong relationship between education and future health and wellbeing. People who have more years of education have lower rates of illness and death. Education directly contributes towards better health in two ways. One is through greater employment opportunities and higher income potential and the second is as a result of positively influencing health knowledge and behaviours. We want to ensure that all children are ready and able to learn when they reach compulsory school age and we want to promote a healthy learning environment.

	WHAT WE WANT TO ACHIEVE	HOW WE WILL DO IT	HOW WE WILL MEASURE PROGRESS
Ready to learn	Children are ready and able to learn.	Work with parents through the health visiting service, early years settings and schools Developing the Partnership for Educational Attainment and Children's Health (PEACH) programme for early years settings. Widening the involvement of health visitors within early years settings.	School readiness: the percentage of children achieving a good level of development at the end of reception.
Healthy educational settings	Ensure all schools provide a healthy environment for pupils.	Delivery of the PEACH programme. Focusing on the food and physical environment.	EYFS indicator School survey data Year 6: prevalence of overweight (including obesity) School absence and exclusions.
Higher educational opportunities	Young people on the Island have the same chances to pursue higher education	Flexible programmes of study for young people where they are able to study for the first two years of their degree on the Island	Uptake and completion of degree programmes



Physical wellbeing

Healthy lifestyles

Life expectancy for men and women on the Isle of Wight is increasing. Although we are living longer lives, we are not living healthier lives. Both men and women spend around 20 years at the end of their lives in poor health. Poor health does not affect us all equally. People who are more deprived or more vulnerable have shorter lives and shorter healthy lives. Much of this poor health is avoidable. Smoking, poor diet, lack of physical activity and excessive alcohol consumption all contribute towards avoidable illness and death. We need to prevent avoidable illness and death by enabling people to make a change now to improve their health for the future. We know that we need to appropriately target our support towards those who are more likely to experience ill-health.

	WHAT WE WANT TO ACHIEVE	HOW WE WILL DO IT	HOW WE WILL MEASURE PROGRESS
Being a healthy weight	We want to encourage people to make a change now to have a positive impact on their health in the future in an environment that enables this to happen.	Work to influence the food and physical environment to support healthy lifestyles.	Year R and Year 6: prevalence of overweight (including obesity) Percentage of adults (aged 18+) classified as overweight or obese.
Increasing physical activity levels		Promote physical activity to be easy and accessible, focusing on active travel and high priority groups. Implement the Hampshire and Isle of Wight Physical Activity Strategy 2017-21.	Percentage of physically active adults. Active travel surveys.
Stopping smoking		Evidence-based smoking cessation service that supports smokers to quit. Promoting and supporting a smoke free environment.	Smoking prevalence in adults (18+) – current smokers.
Reducing alcohol consumption		Evidence-based alcohol services. Communicating messages around lower risk levels of alcohol consumption.	Service monitoring data. Admission episodes for alcohol-related conditions.



Physical wellbeing

Healthy ageing

The Isle of Wight has one of the oldest populations in the country and it is growing. By 2028, almost one third of the population will be aged over 65 years and one in ten will be aged over 80 years old. We know that older people are a diverse group – some are very independent and active and able to participate fully in community life. We also know that many older people have long-term conditions and need additional care and support. We need to continue our preventative approach into older age in order to support older people to remain in good health for as long as possible. As such, this work builds upon the good physical wellbeing priorities. We also acknowledge that healthy ageing encompasses a wider range of ambitions covered elsewhere in this strategy such as being connected and contributing to the local community (mental wellbeing) and living in healthy, safe homes (healthy places). We will focus on older people remaining healthy and active, enabling older people to identify health conditions at an earlier stage so they can benefit from the right support. Falls prevention encompasses a wide range of efforts, including supporting physical activity and ensuring that people who have fallen receive the right care and support.

	WHAT WE WANT TO ACHIEVE	HOW WE WILL DO IT	HOW WE WILL MEASURE PROGRESS
Continuing to prevent ill-health	Older people have a reduced risk of heart disease and stroke.	Early identification of risk through NHS Health-checks with appropriate support to help people reduce their risk as well as the treatment of pre-existing conditions that can lead to heart disease and stroke.	Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check.
Continuing to be physically active	Older people are physically active.	Strength and balance training provided with partners in leisure and community and voluntary organisations. Use of walking routes, parks and leisure facilities.	Percentage of physically active adults. Process and outcome measures for strength and balance training classes.
Preventing falls	Older people are less likely to fall.	Early prevention through community-based physical activity. Secondary prevention pathways after falls working with health and care colleagues as well as voluntary sector organisations.	Hip fractures in people aged 65 and over.



Mental wellbeing

Good mental health and emotional wellbeing for all

Physical and mental health go hand in hand. People with severe mental illnesses have poorer physical health and die younger than those who do not have a serious mental illness. People with poorer health are two to three times more likely to have a mental health disorder. In the Isle of Wight, 16.5% of the population aged 16 years and over have a mental health disorder, of which depression is the most common diagnosis. We need to act on all fronts to promote positive emotional wellbeing. It is vital to intervene early as we know that most mental health disorders are recognisable during childhood. We also need to continue to act across the life course as there are points during our lives when our mental wellbeing can be more vulnerable such as:

- During transitions between school and higher education/employment.
- Before and after the birth of a child.
- When experiencing changes in work circumstances (unemployment and retirement).
- During a period of ill-health.
- Following bereavement.

	WHAT WE WANT TO ACHIEVE	HOW WE WILL DO IT	HOW WE WILL MEASURE PROGRESS
Childhood	Act across the life course to ensure that people: <ul style="list-style-type: none"> • are resilient and have the coping skills to navigate change • have the healthy social relationships that they need to feel happy and connected 	Develop a mental health and emotional wellbeing strategy for children in the Isle of Wight. <ul style="list-style-type: none"> • Mental health training and championing in schools. • The delivery of education programmes (PEACH). 	Self-reported wellbeing (school survey). Average rating of mental wellbeing and anxiety. Referral to mental health services.
Adulthood		<ul style="list-style-type: none"> • Support for families and carers through the HV provision Work with GPs and community organisations to implement social prescribing and purposeful involvement in community, such as opportunities for volunteering.	Self-reported wellbeing (school survey). Average rating of mental wellbeing and anxiety. Referral to mental health services.
Old age			Evaluation of social prescribing programmes. Social isolation: % of adult social care users who have as much social contact as they would like (65+ yrs); % of adult carers who have as much social contact as they would like (65+ yrs). Older people living alone: % of household occupied by a single person aged 65 or over.



Mental wellbeing

Reducing the impact of mental health disorders

There is a strong link between mental health disorders and alcohol and substance misuse. Almost all people who misuse drugs and alcohol experience mental health problems. Where these two conditions occur, there is an increased risk of harm and death – including death by suicide. We want to help prevent people misusing drugs and alcohol and to reduce the harms where these conditions occur.

	WHAT WE WANT TO ACHIEVE	HOW WE WILL DO IT	HOW WE WILL MEASURE PROGRESS
Substance misuse	Prevent people misusing substances. Reduce the harm from substance misuse.	Delivering the PEACH programme in schools. Commissioning high quality alcohol and substance misuse services. Providing aftercare upon leaving treatment.	Measure of illicit drug misuse. Deaths from drug misuse. Successful completion of drug treatment – opiate and non-opiate. Successful completion of alcohol treatment.
Self-harm	Reduce self-harm	Develop a mental health and emotional wellbeing strategy for children in the Isle of Wight.	School and voluntary sector surveys on self-harm prevalence. Emergency hospital admissions for intentional self-harm.
Suicide	Support the implementation and delivery of the Suicide Prevention strategy.	Continued work with the suicide prevention board, partnering with wider council stakeholders, the CCG, the NHS trust and the police .	Suicide rate.



Healthy places

Healthy communities

We want to help create healthy communities which people enjoy living and working in. Many things contribute towards healthy communities including access to green and blue spaces, a healthy food environment, having somewhere to live and good social support networks. There is a strong sense of community on the Isle of Wight with plenty of community assets and family connections which are important for good health. We also want to help create places where people are safe. We want to use our understanding of the risk factors for serious violence to prevent and reduce harm from all types of violence – particularly serious violence and domestic abuse. We will take a Public Health approach to violence reduction, using our knowledge of the geographical areas in which violence is more common and the type of violence that is most likely to be perpetrated to prevent violence occurring.

	WHAT WE WANT TO ACHIEVE	HOW WE WILL DO IT	HOW WE WILL MEASURE PROGRESS
Planning	Public Health is integrated into planning decisions.	Close work with the planning departments, over the timeframe of this strategy, and wider partners to provide knowledge and expertise on the health impacts of developments. Advising on health impact assessments.	Input into plans Changes made to plans as a result of Public Health advice.
Healthy homes	People live in safe, secure homes.	We will work with partners in planning and housing to influence health impacts.	Fuel poverty.
Green and blue spaces	People have access to safe and attractive green and blue spaces.	We will work with regeneration, planning, housing and wider partners to assess the impact of new developments and promote the health benefits of access to green and blue spaces.	Access to and use of green spaces. Utilisation of outside space for exercise/health reasons.
Food environment	A food environment that encourages people to make the best food choices for their health.	Develop and implement initiatives to recognise and reward food establishments that are health promoting.	Proportion of takeaways which provide healthy eating options. Initiatives developed to measure changes in consumption practices.
Healthy settings	Promote health and wellbeing in schools, workplaces, community spaces and leisure facilities.	Work with communities, schools, employers, employees, workforce leads, leisure and wider partners to embed healthy approaches to physical activity, food and community engagement.	Sickness absence – the percentage of working days lost due to sickness absence.
Violence	People feel safe and are safe.	Work with our partners to develop a Public Health approach to violence reduction. Identifying at risk populations, focusing on prevention and using data and evidence to inform practice.	Domestic abuse related incidents and crimes. Violent crime – violent offences per 1,000 population. Youth offences.



Protect from harm

Prevent

The threat from infectious diseases is changing. Whilst the overall burden of infectious diseases is decreasing, levels of coverage for the childhood vaccination programme are below 95%. As a result of this, there have been outbreaks of infections such as measles – a disease that was recently declared eliminated in England. On the Isle of Wight, the level of population coverage for the MMR vaccination at five years of age is 84.2%. We need to work with our partners to increase uptake of the childhood vaccination programme as well as increasing vaccination uptake for risk groups. We also know that some sexually transmitted infections are increasing, and we therefore need to ensure that we address this through providing health education and commissioning high quality sexual health services.

	WHAT WE WANT TO ACHIEVE	HOW WE WILL DO IT	HOW WE WILL MEASURE PROGRESS
Immunisation	Increase immunisation uptake for the childhood vaccination programme.	We will work with NHSE Screening and immunisations, CCGs, PCNs/GP practices, public health nursing, early years settings and schools. Vaccination campaigns and timely evidence-based advice to stakeholders and the general public.	Population vaccination coverage – MMR for one dose (2 years old). Population vaccination coverage – DTAP/IPV/Hib (2 years old). Population vaccination coverage – MMR for two doses (5 years old).
	Ensure risk groups receive the appropriate immunisations.	We will work with NHSE Screening and immunisations and trust, including maternity, CCGs/PCNs/GP practices, pharmacies and the wider workforce to target risk groups, care settings.	Population vaccination coverage – Flu (aged 65+). Population vaccination coverage – PPV. Population vaccination coverage – Shingles vaccination coverage (70 years old).
Screening	Support NHSE to ensure the screening programme is delivered universally and where there is greatest need.	We will work with NHSE Screening and immunisations, the acute trust including maternity, CCGs/PCNs/GP practices and care settings to support the delivery of screening.	Population screening coverage At risk population screening coverage.
Sexual health and healthy relationships	People are protected from sexually transmitted diseases.	Commissioning sexual health services. Providing health education in schools through the PEACH programme.	Chlamydia detection rate /100,000 aged 15-24
	People have access to contraceptive services.	Commissioning sexual health services. Working with CCGs, PCNs and GPs.	Under 18s conception rate /1,000.



Protect from harm

Prepare and respond to emergencies

Considering the current COVID-19 pandemic, it is vital that the community is prepared for and able to recover from outbreaks and emergency incidents. Novel infections can arise anywhere across the globe and known infections continue to pose a threat. We will work with our partners to develop and practise Public Health emergency plans to create a community that is resilient now and in the future.

	WHAT WE WANT TO ACHIEVE	HOW WE WILL DO IT	HOW WE WILL MEASURE PROGRESS
Outbreaks	Provide our statutory duties in the management and control of infectious disease outbreaks.	Work with PHE, other colleagues in local authority environmental health and settings. Inform and advise public and stakeholders. Working with partners.	Audit of practice. Learning from incident management. Compliance with Standard Operating Procedures.
COVID19	Minimise the spread of infection.	Through effective testing, tracing and NHS app use.	Infection numbers.
Emergency planning	Contribute towards ensuring that the Island is prepared for emergencies and that the system is resilient.	Developing Public Health emergency plans for pandemic influenza, and hot and cold weather. Provide input to other emergency plans where there are health impacts. Work with the Island Resilience forum and the local resilience forum. Work with PHE, emergency planning and other partners.	Having up to date plans. Practising and maintaining plans. Learning from incident debriefs and exercises. Updating plans .



