

**Healthy Lives**

**September 2022**

## Contents

<b>Introduction</b> .....	3
<b>Lifestyle Risk Factors</b> .....	4
Global Burden of Disease .....	4
Alcohol .....	4
Drug misuse .....	7
Smoking and vaping .....	8
Physical activity .....	10
Healthy diet .....	11
Atrial fibrillation .....	14
Sexual and reproductive health .....	15
<b>First 1,001 days</b> .....	18
Breastfeeding .....	18
Smoking, alcohol and obesity in pregnancy .....	18
Fertility Rate .....	19
Low birth weight and pre-term delivery .....	19
<b>Risk factors for children</b> .....	21
Early years development .....	21
School attendance and educational attainment .....	22
Not in education, employment or training (NEETs) .....	24
<b>Risk factors in adults</b> .....	29
Unemployment .....	29
Low pay and poverty .....	30
Cost of living .....	32
Gambling .....	33
Serious Violence .....	34
<b>Protective measures</b> .....	38
Vaccination .....	38
Screening .....	39

## Introduction

Our behaviours, personal circumstances and illnesses hugely affect our life expectancy and health. Influences on our health are particularly important before birth and during early childhood. These influences and risk factors continue to accumulate and their effects build as we move into adulthood. Preventing exposure to these risk factors and reducing inequalities in how these risk factors are distributed among our population, can have a positive impact on our health.

Local public health teams work to both prevent and reduce people's exposures to risk factors across all stages of life. We commission services which help people reduce their risk factors (for example, smoking), as well as work alongside other organisations to provide people with the support they need to make healthy decisions and prevent exposure to negative risk factors in the first place.

This chapter focuses on the risk factors, causes and protective factors which influence our health, the health inequalities which are evident and the potential impact COVID has had.

Data in this written summary are correct as of September 2022. The data in this report can be explored further by smaller geographies in the [JSNA Healthy Lives data report](#).<sup>1</sup> Further information on the impact of COVID on our local population has been discussed in the Isle of Wight COVID-19 Health Impact Assessment.

The health outcomes of our population and how these impact different population groups are discussed in more detail in the accompanying [JSNA reports](#).<sup>2</sup>

## **Lifestyle Risk Factors**

### **Global Burden of Disease**

The Global Burden of Disease (2019)<sup>3</sup> provides a tool to help understand what is causing and driving the most death and disability globally and the differences across countries. This study suggests that on the Isle of Wight the most notable all age causes of disease burden were cardiovascular diseases, musculoskeletal conditions and neoplasms. The top three risk factors driving this are tobacco, high blood sugars and high body mass index.

The Isle of Wight's population is progressively ageing, there has been an increase of 24.7% in people aged 65 years and over between the two censuses.<sup>4</sup> The latest Census data reports that almost 30% of residents are aged 65 years and over.<sup>5</sup> An ageing population is linked to increased burden and duration of non-communicable diseases.<sup>6</sup> The major causes of disability for adults aged 70 years and over in the Isle of Wight are neoplasms, cardiovascular diseases and neurological disorders. Tobacco, high blood sugars and high blood pressure are the three top risk factors for this older population group.

This burden of ill health has remained the same over time, stressing the importance of understanding the behaviours and lifestyles choices of our local population to be able to address them effectively.

### **Alcohol**

Excess alcohol consumption can contribute to a broad range of illnesses, including liver disease, heart disease, stroke, high blood pressure, and mental health conditions. It is the sixth largest risk factor for ill health on the Isle of Wight.<sup>7</sup> It can also be associated with a range of social and economic issues including loss of employment and crime.

In a recent survey of school children on the Isle of Wight, 25% of year 10 students had been drunk at least once in the last four weeks, and 4% of year 10 students had been drunk three or more times.<sup>8</sup>

Hospital admissions specifically caused by alcohol in under 18s declined from 2006/7-2008/09 to 2013/14-2015/16, before rising again, as shown in Figure 1. The Isle of Wight was statistically significantly worse than the England rate in every time period since 2006/7-2008/9, with an average of approximately 20 children admitted a year in the most recent period.<sup>9</sup> In this age group, there is not a statistically significant difference between males and females admitted to hospital for alcohol than males on the Isle of Wight.<sup>10</sup>

Figure 1: Under 18's admission episodes for alcohol-specific conditions on the Isle of Wight, 2006 to 2021



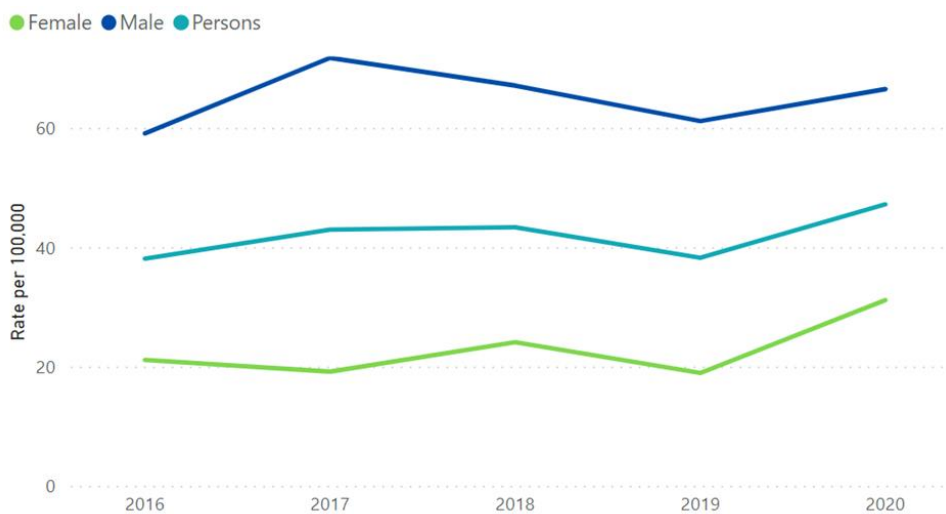
Source: [Child and Maternal Health | OHID](#)<sup>11</sup>

In adults, admissions for alcohol-related conditions (using the narrow definition<sup>12</sup>) have been rising from 391 per 100,000 in 2016/17 to 586 per 100,000 in 2019/20.<sup>13</sup> There was a small (statistically insignificant) decline to 517 per 100,000 in 2020/21, this rate is statistically significantly higher than the rate for England.

Using the broad definition<sup>14</sup> for admissions for alcohol related conditions, there has been a very similar pattern observed with an increase from 1,153 per 100,000 in 2016/17 to 1,722 per 100,000 in 2019/20. There was then a small (statistically insignificant) decline to 1,516 per 100,000 in 2020/21, this is statistically similar to the rate for England. For both definitions of hospital admissions, areas of greater deprivation and males had higher rates of admissions nationally.<sup>15</sup>

Figure 2 shows that alcohol related mortality has remained fairly stable since 2016 and the rate on the Isle of Wight was statistically similar to England (47.2 per 100,000 compared with 37.8) in 2020.<sup>16</sup> Nationally and on the Isle of Wight, men have significantly higher rates of alcohol related mortality than women.<sup>17</sup>

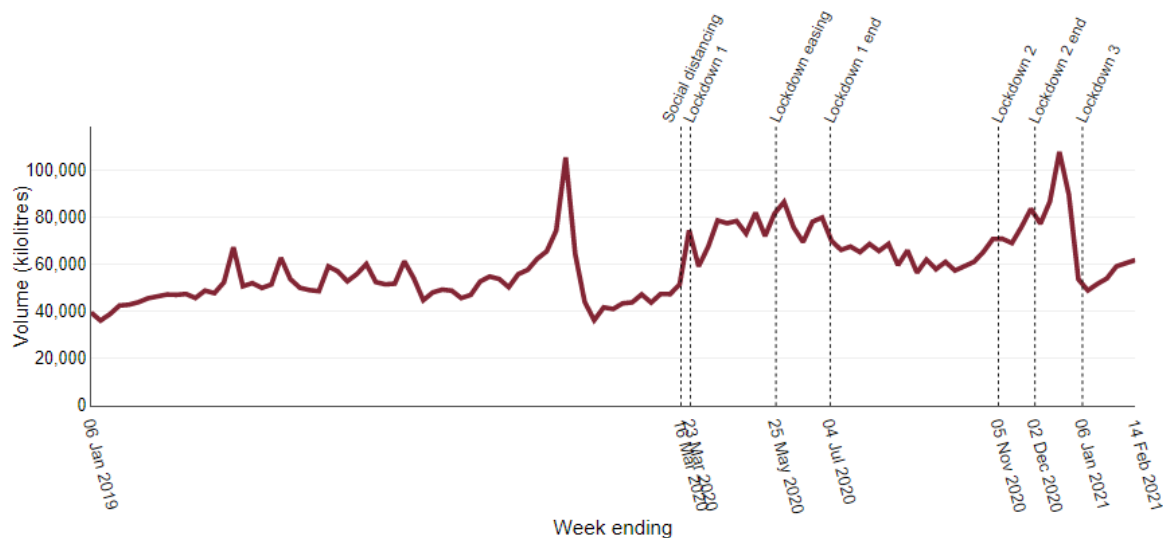
Figure 2: Isle of Wight alcohol-related mortality, 2016 to 2020



Source: [Local Alcohol Profiles for England | OHID](#)<sup>18</sup>

National data shows that people living in the most deprived areas are more than twice as likely to die from alcohol-specific conditions as those from the least deprived areas.<sup>19</sup> During lockdowns there was also a change in consumption behaviours, with increased retail purchasing of alcohol and drinking at home.<sup>20</sup> In England, surveys have shown an increase in drinking at higher risk levels during the pandemic.<sup>21</sup> The longer-term trends are as yet unclear. Locally, this has been reflected by a steady increase in referrals for alcohol treatment. The substance misuse service has also explored different options for service delivery when face to face appointments were restricted. This included using digital technology to provide virtual appointments and group meetings.

Figure 3: Great Britain trend in alcohol volume sales 2019 to 2021



Source: [Wider Impact of COVID-19 \(WICH\), Office for Health Improvement and Disparities](#)<sup>22</sup>

## Drug misuse

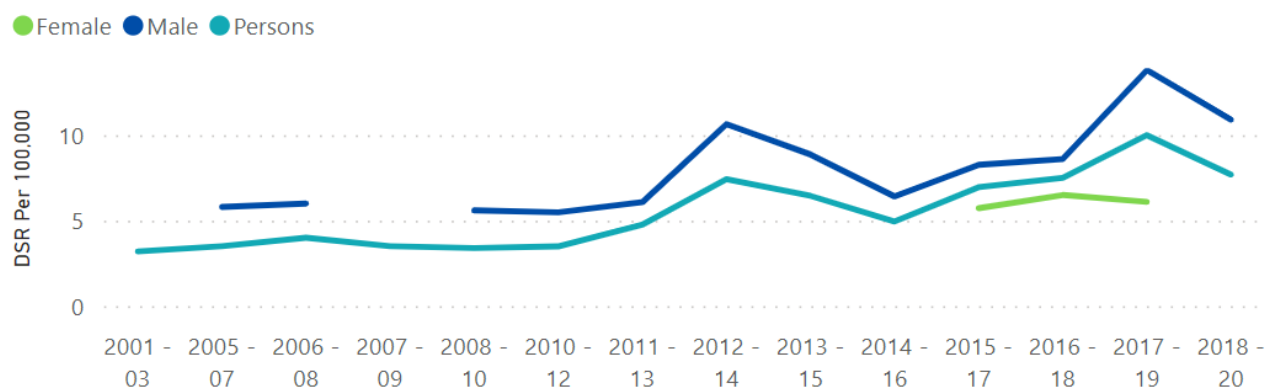
Drug misuse is a significant cause of disability, and is the fourth ranked cause of death in 15-49 year olds in the Isle of Wight.<sup>23</sup> The health effects of drug misuse vary depending on the type of substances and the pattern and context of their use.<sup>24</sup> In a recent survey of school children in the Isle of Wight, 4% of year 7 students and 7% of year 10 students reported having ever tried drugs.<sup>25</sup> Interpret this with some caution because of the small sample size for this survey question, especially for the year 7 population.

Hospital admissions for those aged 15 to 24 due to substance misuse have remained relatively stable since 2008/09.<sup>26</sup> Rates in 2018/19-20/21 are higher than they were in 2008/09-10/11 both nationally and locally.

Across time, deaths from drug misuse on the Isle of Wight have increased, rates in recent years have been statistically significantly higher than the rates for England.<sup>27</sup> Nationally, there is an ageing cohort of drug dependent and ex-dependent people who experience illness and death as a result of their drug misuse. Deaths related to illnesses from former drug misuse will also be included in the rate of deaths from drug misuse and therefore the figures should be considered in this context.

Figure 4 shows there were 7.7 deaths from drug misuse per 100,000 residents on the Isle of Wight in 2018 to 2020, which is statistically similar than the England average of 5.0. Deaths from drug misuse occur more often in men, with 18 of the 27 deaths from drugs misuse.<sup>28</sup> National data shows people from the most deprived areas are significantly more likely to die from drug misuse than those from the least deprived areas.<sup>29</sup> It is currently not clear how the pandemic affected drug use, however recorded drug crime increased both locally and nationally.<sup>30</sup>

Figure 4: Isle of Wight deaths from drug misuse, 2001-03 to 2018-20



Source: [Public Health Outcomes Framework | OHID](#)<sup>31</sup>

Isle of Wight public health team commissions a Substance Misuse Treatment Service to holistically support people affected by alcohol or drugs through overcoming their addiction whilst addressing any social issues which may be present. A breakdown of adults in treatment by drug types is as follows:<sup>32</sup>

- 34% for support with alcohol only

- 44% for opiates
- 9% for non-opiate drugs
- 13% for alcohol and non-opiate drugs

74% of service users also have a mental health need.<sup>33</sup>

The proportion of opiate users successfully completing drug treatment has seen a slight reduction in the most recent data due to the challenges of Covid-19 on delivery. 2020 data indicates 4.1% of opiate clients successfully completed compared to 6.2% in 2019.<sup>34</sup> This reflects the national trend. The proportion of opiate and/or crack users who are not in treatment has remained similar and is currently estimated to be 42.5%. The proportion of non-opiate drug users successfully completing drug treatment was 28.0% in 2020, a slight increase from 2019 (24.3%) and now statistically similar to the national average of 33.0%.<sup>35</sup>

There has been a national commitment to increase investment for substance misuse services as part of the new national 10 year From Harm to Hope Drug Plan to help address unmet need, improve outcomes and break supply and demand<sup>36</sup>.

### **Smoking and vaping**

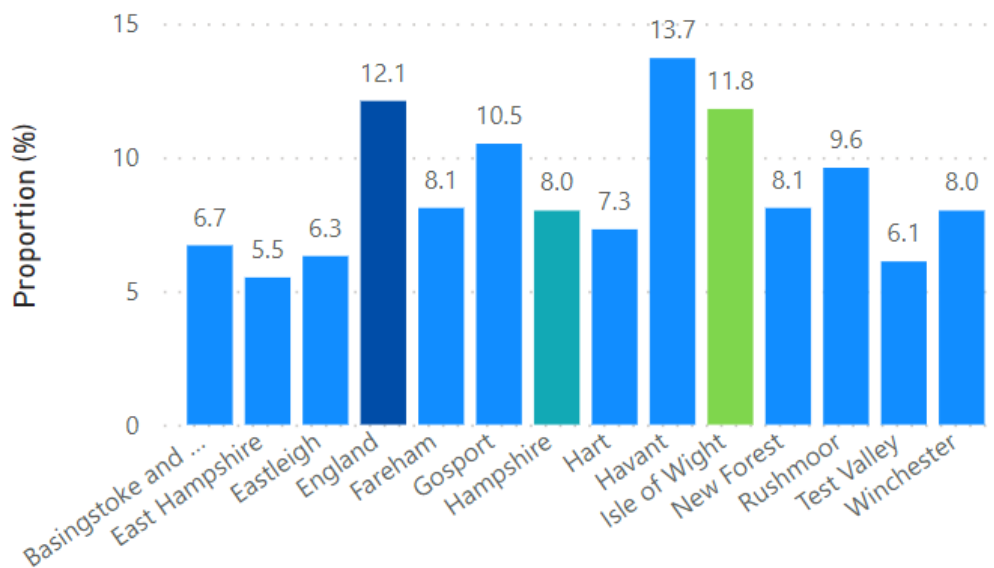
Smoking is the leading cause of preventable ill health and early death in England and was responsible for almost 75,000 deaths and more than 500,000 hospital admissions in 2019.<sup>37</sup> On the Isle of Wight between 2017 and 2019, it was responsible for 612 deaths in people aged 35 years and older.<sup>38</sup> It is linked to many cancers, cardiovascular disease and respiratory diseases.<sup>39</sup> It is also the largest preventable cause of foetal and infant illness and death (see maternity section).

The rates of hospital admissions on the Isle of Wight have increased and are getting worse, but remain statistically significantly lower than England in 2019/20.<sup>40</sup> Mortality attributable to smoking was lower in the Isle of Wight than England and is showing a gradual downwards trend as the prevalence of smoking declines.<sup>41</sup>

On the Isle of Wight, an estimated 11.8% of adults smoke compared to 12.1% in England.<sup>42,43</sup> In addition, men are significantly more likely to smoke than women, those in routine or manual occupations, intermediate occupations and those who are unemployed are significantly more likely to smoke than those in managerial or professional occupations, and those living in the most deprived areas are significantly more likely to smoke than those in the least deprived.<sup>44</sup>



Figure 5: Smoking prevalence in adults, 18+, 2020



Source: [Local Tobacco Control Profiles | OHID](#)<sup>45</sup>

Two-thirds of smokers will start smoking before the age of 18 years and experimental smoking in childhood is highly predictive of regular smoking in adolescence. Risk factors for young people to start smoking include truancy or school exclusion, drinking alcohol, taking drugs and having parents or siblings who smoke. A recent survey in the Isle of Wight showed that 18% of year 10's had tried smoking but do not smoke now, with 2% saying they often smoke (1 or more cigarettes a week).<sup>46</sup> Interpret this with some caution because of the small sample size for this survey question.

Vaping is much less harmful than smoking and an effective tool for adults who are quitting.<sup>47,48</sup> However, it is not risk free and NICE recommends that vaping should be discouraged in children who have never smoked.<sup>49</sup> A recent survey of children on the Isle of Wight found that 98% of year 7's and 69% of year 10's had never vaped or used e-cigarettes (not even a puff).<sup>50</sup> Interpret this with some caution because of the small sample size for this survey question, especially for the year 7 population.

However, in 2022 the number of 11–17-year-olds who had tried vaping in Great Britain had increased from 13.9% in 2020 to 15.8% in 2022. Current use among young people aged 11-17, whilst still low, has increased from 4.1% in 2020 to 7% in 2022.<sup>51</sup>

To help reduce smoking prevalence, the Isle of Wight public health team commissions a Community Stop Smoking Service which, although universal, is targeted to groups with the highest risk of tobacco-related harm, including routine and manual workers, people with serious mental health issues or smoking-related long-term conditions, and pregnant smokers. Last year (2021), the number of 4-week quitters who set a quit date from priority groups was 64.1% (345/538). 67.8% of all smokers in the service who set a quit date went on to quit smoking for at least four weeks in 2021.

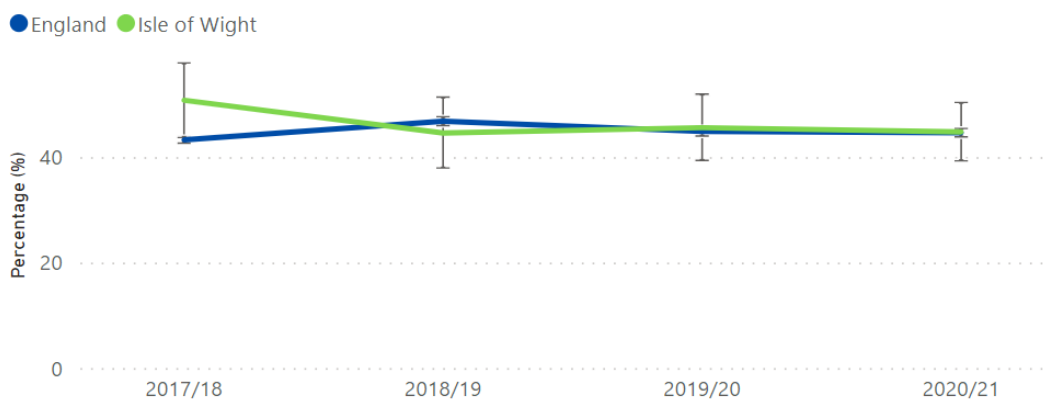
Smoking prevalence is thought to have reduced over the pandemic, with an estimated one million people in the UK having stopped during the first lockdown. More recent data has suggested that prevalence remains lower than pre-pandemic for both men and women.<sup>52</sup> The local Community Stop Smoking Service saw a reduction in referrals from healthcare services but a large increase in self-referrals after amplifying media messages around smoking as a risk factor for serious COVID-19 infection.

## Physical activity

Being physically active reduces mortality risk, helps prevent and address overweight and obesity, improves mental health, and reduces the risk of developing a wide range of illnesses, including heart disease, stroke, type 2 diabetes, obesity, some cancers, mental health problems and musculoskeletal conditions.

The proportion of children and young people on the Isle of Wight meeting the recommended 60 minutes of exercise per day is 44.8% in 2020/21, statistically similar to the England percentage, as seen in Figure 5.<sup>53</sup> National data shows that older children and minority ethnic groups are less likely to achieve the recommended amount of exercise.<sup>54</sup>

Figure 5: Physically active children and young people aged 5 to 16 on the Isle of Wight, 2017/18 to 2020/21

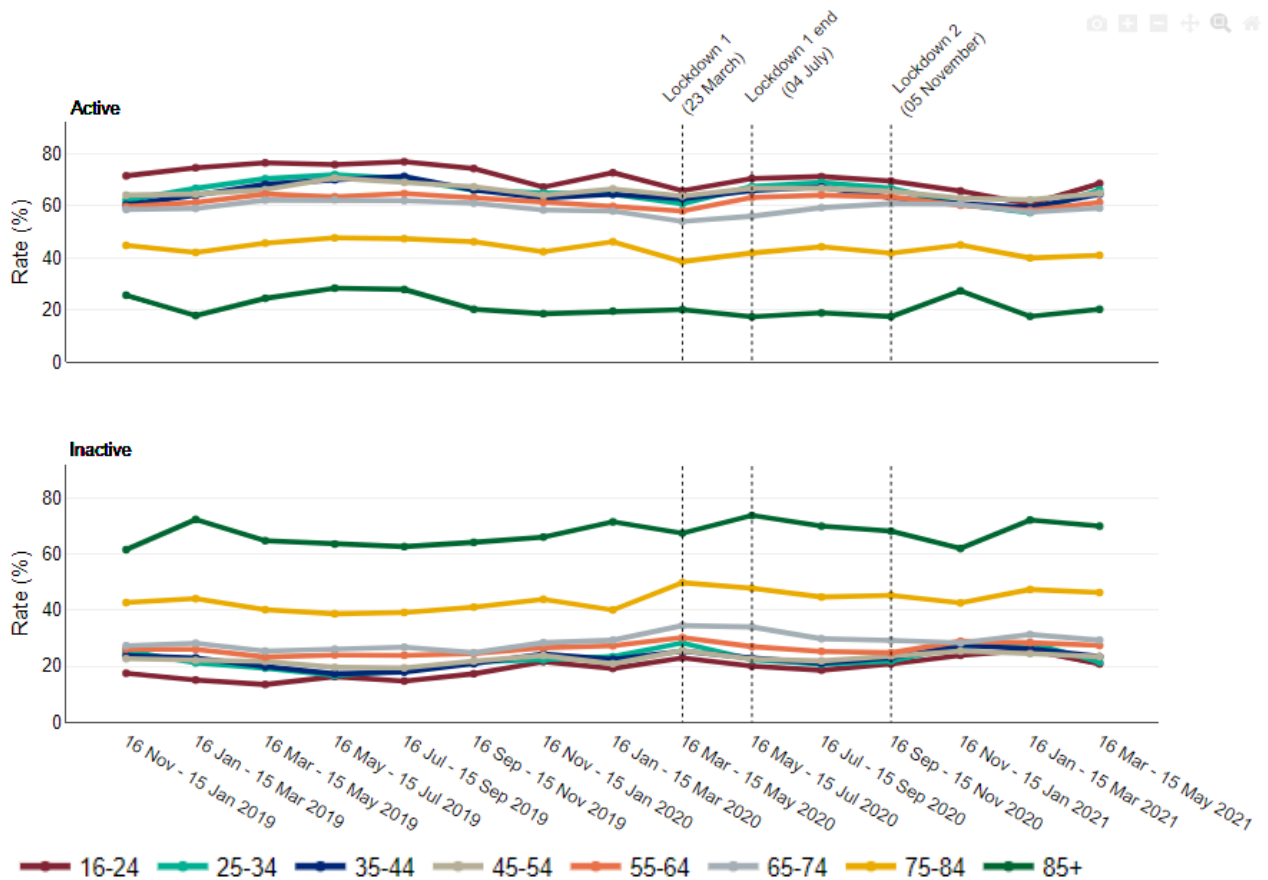


Source: [Child and Maternal Health Profile | OHID](#)<sup>55</sup>

The CMO currently recommends that adults undertake a minimum of 150 minutes (2.5 hours) of moderate physical activity per week, or 75 minutes of vigorous physical activity per week or an equivalent combination of the two.

70.2% of adults in the Isle of Wight undertake at least 150 moderate intensity equivalent (MIE) minutes physical activity per week<sup>56</sup>, and 19.5% are classified as physically inactive as they undertake less than 30 minutes of moderate intensity activity across the week.<sup>57</sup> Both of these statistics have remained at similar levels over the last five years. Nationally, data for adults shows that physical activity levels are lower in females, older people (75+), those from a lower socioeconomic class, people with a disability and minority ethnic groups.<sup>58</sup>

Figure 6: Percentage of adults in England who do more than 150 minutes (active) or less than 30 minutes (inactive) of sport or physical activity a week, by age



Source: [Sport England Active Lives Adult Survey | Figure from Wider Impact of COVID-19 on Health monitoring tool, OHID](#)<sup>59</sup>

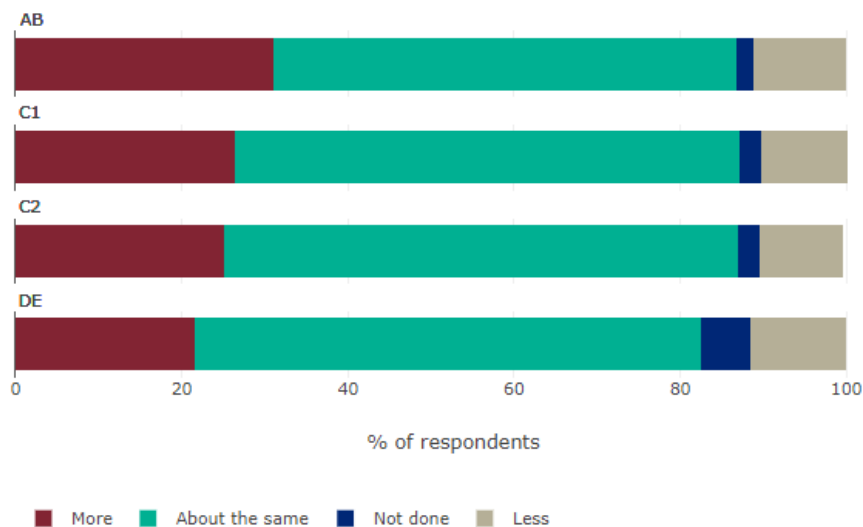
Activity levels fell in both adults and children during the pandemic, which could be partially explained by fewer people commuting to school or work using active forms of transport such as cycling and walking.<sup>45</sup> For those with long term conditions who were shielding, the impact on activity levels would have been even greater<sup>60</sup>. An Age UK national survey found that 23% of older people had seen their ability to do everyday activities reduce, which is likely to increase their dependency and reduce life expectancy.<sup>46</sup>

### Healthy diet

A healthy diet reduces the risk of obesity, heart disease, some cancers, and bone and joint disorders<sup>61</sup>. Limited data is available on the quality of people's diets on the Isle of Wight, but in a recent survey of school students on the Isle of Wight, 60% ate fruit every day and 61% ate vegetables every day<sup>62</sup>. The proportion of adults meeting the recommended '5-a-day' on a usual day has remained roughly static at 64.0%, which is statistically significantly higher than the England average of 55.4% in 2019/2020<sup>63</sup>. Additionally, national data shows that males and those from a lower socioeconomic group are also less likely to have a healthy diet<sup>50</sup>.

The impact of the pandemic on diet in the UK is complex<sup>64</sup>. With hospitality closed during long periods of restrictions, more people were cooking from home, however the quality of food varied across different groups. 32% reported eating more healthy main meals but 33% eating more unhealthy snacks.<sup>65</sup> There was also an increase in families eating together and food waste decreased. Children from disadvantaged backgrounds were most likely to eat more highly processed food and least likely to be eating fruit and vegetables.<sup>66,67</sup>

Figure 7: People eating healthy meals more or less often in the past month by social class in England, Wales and NI: survey data up to 14/07/2020



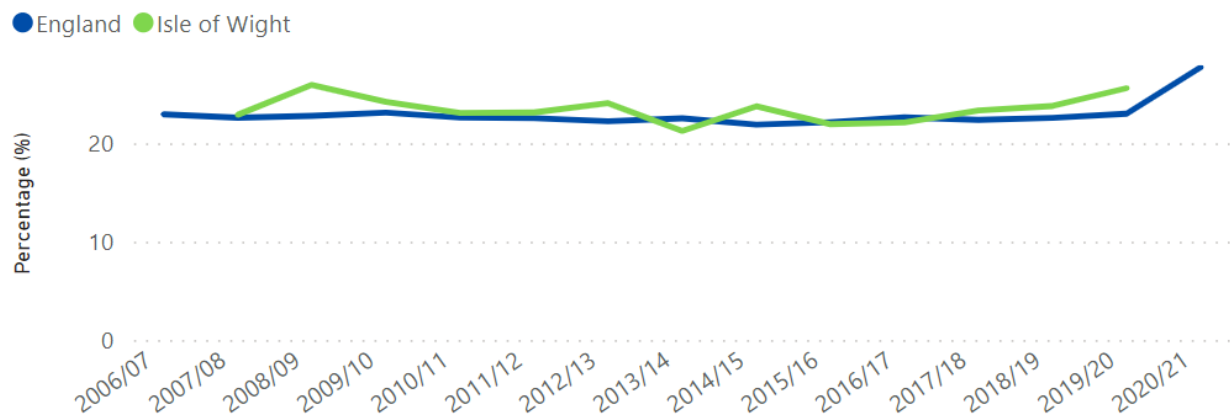
Source: [The COVID-19 Consumer Tracker. Food Standards Agency with Ipsos MORI. Figure from Wider Impact of COVID-19 on Health monitoring tool | OHID](#)<sup>68</sup>

The Food Insecurity Index developed by Southampton University identifies people who are at risk of food insecurity. Food insecurity can occur through a number of ways - through economic factors and through factors impacting on access to buying groceries. This is explored further in the [JSNA Healthy Places chapter](#).<sup>69</sup>

### Overweight and obesity

Poor diet and physical inactivity are leading risk factors for overweight and obesity, which in turn are risk factors for heart disease, stroke, type 2 diabetes, liver disease, some cancers, dementia, and mental health conditions.<sup>70</sup> These health risks increase with increasing weight. The proportion of children on the Isle of Wight who are overweight or obese increases from 25.6% in reception to 31.6% by year 6, and 61.7% of Isle of Wight adults are either overweight or obese.<sup>71</sup> These proportions have remained similar on the Isle of Wight over the last few years.

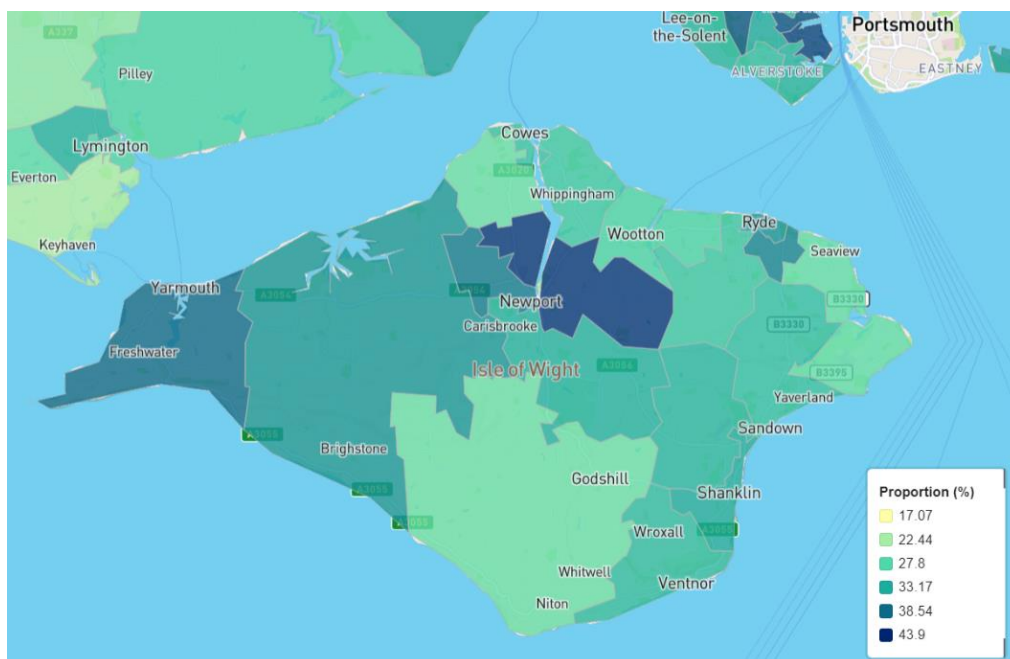
Figure 8: Reception children classified as overweight or obese, 2006 to 2020



Source: [Public Health Outcomes Framework | OHID](#)<sup>72</sup>

For both adults and children, overweight and obesity are more common in men than in women and in lower socioeconomic groups. Socioeconomic inequalities in overweight and obesity are widening. In adults, the prevalence of overweight and obesity generally increases in older age groups. Nationally, rates of childhood obesity and overweight increased sharply over the pandemic.<sup>73</sup>

Figure 9: Children classified as overweight or obese, 2017/18 to 2019/20 in Year 6



Data source: Local Health – [Small Area Public Health Data Profiles | OHID](#)<sup>74</sup>

To help reduce the prevalence of overweight and obesity the Isle of Wight public health team commissioned a Tier 2 weight management service for adults which, although universally accessible, places additional emphasis on targeting men, ethnic minority groups, people residing in the three deciles of greatest deprivation, people with long-term conditions, and people with learning disabilities. In 2021, this helped

108 people achieve 5% weight loss or more. Uptake of this service has been affected by pandemic restrictions.

In 2022, the Isle of Wight worked with Man V Fat to pilot a men's only Tier 2 Weight Management programme. Traditional weight management services are not always designed for men and research has consistently shown an under-representation, both in those referred and enrolled in the programme. This inequity of access to services means that men are therefore not routinely receiving the same support as women.<sup>75</sup> Between January and June 2022, the service helped 30 people achieve 5% weight loss or more.

## **Hypertension**

Hypertension, or high blood pressure, is an important risk factor for a number of conditions including heart disease, stroke, kidney disease, and vascular dementia. Risk factors for hypertension include a diet high in fats and salt, smoking, alcohol and physical inactivity.

The prevalence of hypertension on the Isle of Wight has been consistently in the highest quintile of the country and in 2020/21 was at 18.0%, which is significantly higher than the national average of 13.9%.<sup>76</sup> This may be partly explained by the Isle of Wight having an older population than average for England. For more details about hypertension, please see the [Healthy People report](#).<sup>77</sup>

In Hampshire and the Isle of Wight, 66.5% of the estimated number of people living with hypertension have been diagnosed in 2019/20. This is below the PHE detection ambition of 80% by diagnosing approximately an additional 57,260 people. This means approximately 33.5% of people who have hypertension are undiagnosed.<sup>78</sup> The Isle of Wight CCG percentage is slightly further from the goal at 65.8% of the estimated number of people living with hypotension having been diagnosed.

## **Atrial fibrillation**

Atrial fibrillation (AF) is the most common cause of an irregular heart rhythm and can lead to blood clots forming in the heart. Although mostly asymptomatic, people with AF are five-times more likely to suffer a stroke, and an AF-related stroke is more likely to result in death or severe disability. The prevalence of AF is higher on the Isle of Wight than England (2.93% compared with 2.1%<sup>79</sup>) which again may be related to the older population. Early identification and prescribing of anticoagulation (which thins the blood) reduces the risk of stroke by up to two-thirds.<sup>80</sup>

In Hampshire and Isle of Wight Integrated Care System (ICS), 86.3% of people with high-risk AF are anticoagulated, which is below than the England average of 87.9% and below national targets of 90%. This proportion varies across GP practices within the ICS from 73.7% to 100%.<sup>81</sup> For more details, please see the [JSNA Healthy People Long Term Conditions](#)<sup>82</sup> report.

In Hampshire and the Isle of Wight, 84.6% of the estimated number of people with atrial fibrillation have been diagnosed, just below the detection target of 85%.<sup>83</sup> The Isle of Wight CCG is lower at 74.3% diagnosed.

## Sexual and reproductive health

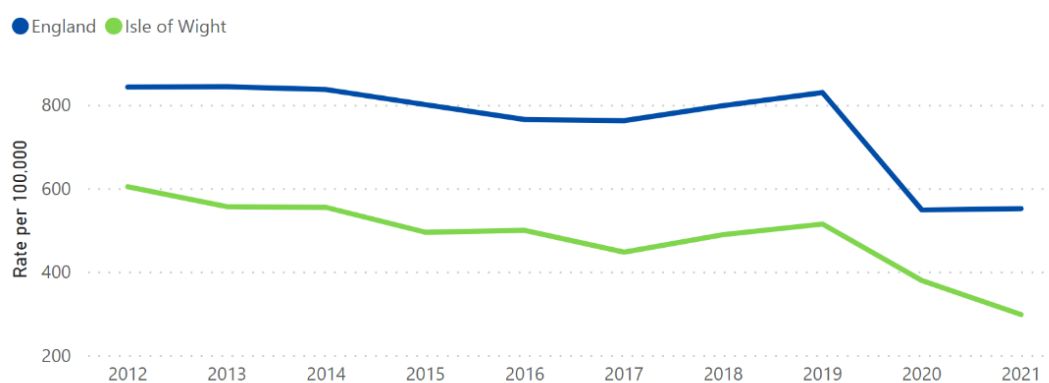
Good sexual health encompasses a positive, respectful approach to sexuality and sexual relationships which ensures sexual experiences that are safe, free of coercion, discrimination and violence. In England, the definition of sexual health also includes the provision of advice and services for contraception, termination of pregnancies, sexually transmitted infections (STIs) and Human Immunodeficiency Virus (HIV).

To ensure all women, trans-gender men and non-binary people with female reproductive organs have choice over, if and when they decide to get pregnant, good access to long-acting reversible contraception (LARC) is important. Levels of prescribed LARC within the Isle of Wight fell within the pandemic because of difficulties in organising face-to-face appointments. Further to this, a noticeable decline was observed from 2018 to 2019. It will be important to monitor these trends as health services resume more normal functioning. Although it is recognised that LARC is important it is equally important for all people to have access to the full range of contraceptive choices.

Early identification and treatment of STIs is important, as untreated infections can lead to serious complications including infertility, ectopic pregnancy, cancer and premature death. Up until the pandemic, the STI diagnosis rate had been increasing nationally, at which point it dropped – likely a result of both reduced sexual activity and less access to diagnostic services. In 2020, the England rate was 548 per 100,000 population, statistically higher than the rate for the Isle of Wight at 379 per 100,000.<sup>84</sup> There was a further decline and in 2021 the all new STI diagnosis rate was 297 per 100,000, shown in Figure 10. The new STI diagnoses recent trend shows a decrease in rates over time.

The rates on the Isle of Wight have been statistically better than the England rate since 2012. Reasons for variation in rates could include differences in population age structure and local access to sexual health services. Additionally, poor sexual health is associated with deprivation and social exclusion and has a greater impact on young people, men who have sex with men (MSM), and certain ethnic groups.

Figure 10: All new STI diagnosis rate / 100,000 population, 2012 to 2021

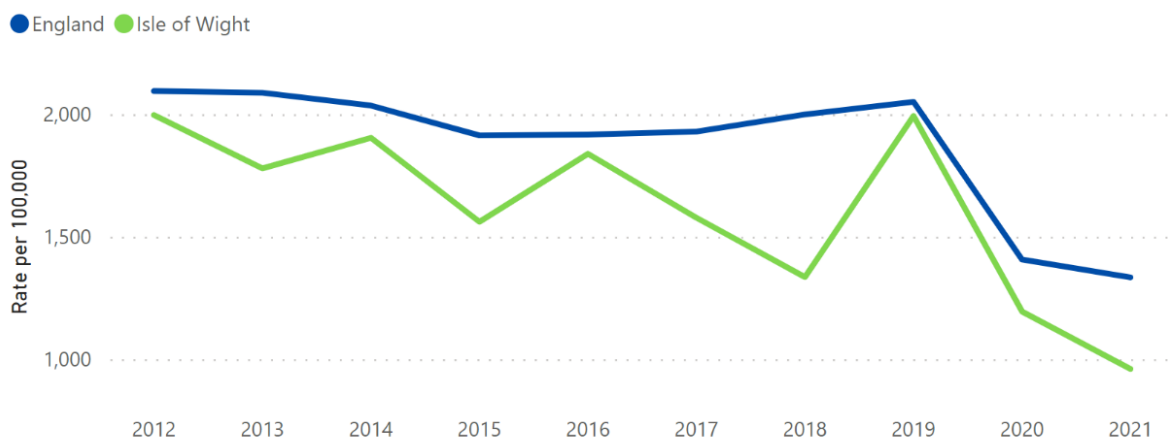


Source: [Sexual and Reproductive Health Profiles | OHID](#)<sup>85</sup>

Chlamydia is the most commonly diagnosed bacterial STI in England, and rates are far higher in young adults than any other age group. Local authorities are targeted to reach a detection rate of 2,300 diagnoses per 100,000 15-24 year olds to ensure infections are being adequately identified and treated. In 2022 there were changes to the National Chlamydia Screening Programme (NCSP) to focus on reducing reproductive harm of untreated infection in young women and other people with wombs and ovaries.<sup>86</sup> The detection rate target is still in place however this change means young women without symptoms will be proactively offered a chlamydia test.

The Isle of Wight's detection rate has fluctuated over time, never hitting the target of 2,300 per 100,000. The pandemic impeded this progress, and the detection rate has been declining since 2019, as seen in Figure 11.<sup>87</sup>

Figure 11: Chlamydia detection rate / 100,000 population aged 15 to 24, 2012 to 2021



Source: [Sexual and Reproductive Health Profiles | OHID](#)<sup>88</sup>

The new HIV diagnosis rate on the Isle of Wight was 3.5 per 100,000 in 2021, which was statistically similar to the England rate of 4.8 per 100,000.<sup>89</sup> Early HIV diagnosis and treatment will typically lead to a near-normal lifespan; in contrast, late diagnosis is an important predictor of morbidity and mortality.

On the Isle of Wight, the proportion of people who are diagnosed late with HIV (in people first diagnosed with HIV in the UK) in 2019-2021 was 25.0%, which is lower than the England average of 43.4%.<sup>90</sup> Due to small counts, the trend fluctuates yearly and should be interpreted with this in mind.

National data shows that people from Black ethnic groups, heterosexuals (particularly men), and people using injection drugs are more likely to be diagnosed late. However, in the Isle of Wight these patterns are hard to identify because of the small counts. Of those who were first diagnosed with HIV in the UK, one person was diagnosed with HIV late on the Isle of Wight.

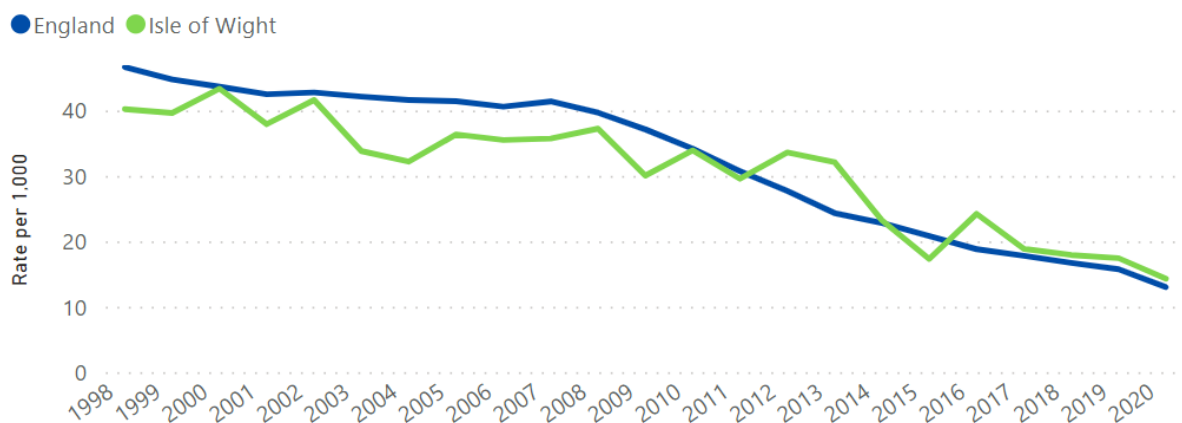
The Isle of Wight Public health team commissions sexual health services which ensure access to contraception and help to prevent and treat STIs and HIV. The services prioritise addressing inequalities, including through dedicated clinics for young people and people with learning disabilities.



## Teenage pregnancy

Most teenage pregnancies are unplanned and around half end in an abortion<sup>91</sup>. While for some young women having a child can be a very positive experience, for many bringing up a child results in poor outcomes for both mother and child. These outcomes include higher infant mortality rates, poorer child health, a higher risk of poor maternal mental health, lower maternal education and a higher risk of poverty. As seen in Figure 12, teenage pregnancy rates on the Isle of Wight have continued to decrease and currently are 14.3 per 1,000 children under 18 years old, which is similar the England rate and equates to 29 teenage pregnancies in 2020.<sup>92</sup>

Figure 12: Under 18's conception rate (per 1,000), 1998 to 2020



Source: [Sexual and Reproductive Health Profiles | OHID](#)<sup>93</sup>

## Termination of pregnancy

The total abortion rate on the Isle of Wight in 2020 was 15.5 per 1,000, this rate has increased over time<sup>94</sup>. The abortion rate on the Isle of Wight for over 25s was 13.5 per 1,000 which is statistically lower than England at 17.6 but has been increasing since 2014<sup>95</sup>.

## **First 1,001 days**

The first 1,001 days, that is from pregnancy to age two, is a period of uniquely rapid growth, when babies' brains, their sense of self and their understanding of the world are shaped by their experiences and environments. Sensitive, responsive caregiving including early attachment and bonding during the earliest years of life lay the foundation for later health and wellbeing, the benefits of which last a lifetime.

The Marmot Review report (2010) reported that maternal health, including stress, diet, drug, alcohol and tobacco use during pregnancy, has significant influence on foetal and early brain development.<sup>96</sup> Social and economic circumstances also can have an effect with babies born to mothers living in the poorest areas more likely to have low birth weights. This impacts brain development and is associated with poorer long-term health outcomes. A child's physical, social, and cognitive development during the early years strongly influences their school-readiness and educational attainment, economic participation, and health.

### **Breastfeeding**

Breastfeeding has numerous health benefits for both mother and baby. Breastfed babies have stronger immune systems, lower rates of illness and a lower risk of infant death. Also later in life, they have a lower risk of many diseases including diabetes, obesity and heart disease. Breastfeeding can also help promote mother-baby bonding and lowers a mother's risk of breast and ovarian cancer. It is recommended that babies should be exclusively breastfed (breast milk only) for around the first six months of a baby's life.

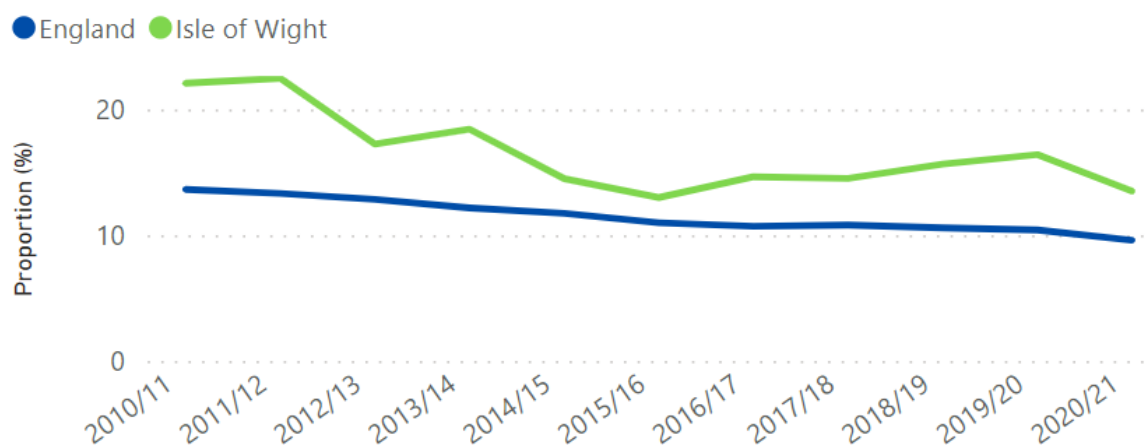
In 2018/19, 69.7 of the Isle of Wight's babies had breastmilk as their first feed, similar to the national percentage of 67.4%.<sup>97</sup> The importance of first feed breastmilk is twofold; the establishment and continuation of breastfeeding begins with initiation and first feed and the feeding of colostrum in the first hours and days of life confers sophisticated protective benefits. Colostrum contains immunologic components and several concentrated properties which provide a protective coating to the lining of the gut preventing bacterial transfer.

### **Smoking, alcohol and obesity in pregnancy**

Smoking, obesity and alcohol use in pregnancy can have health impacts on both mother and child. Smoking is detrimental to the health of the developing child and increases the risk of premature delivery, miscarriage, stillbirth and sudden infant death. It also increases a woman's risk of complications during pregnancy.

In 2018/19 18.9% of pregnant women were smoking in early pregnancy, during the time at which they booked an appointment with a midwife. This is statistically significantly higher than the England percentage of 12.8%.<sup>98</sup> The proportion of women smoking at time of delivery on the Isle of Wight has had no significant change over the last five years, at 13.5%, as shown in Figure 13.<sup>99</sup> This is statistically significantly higher than the England percentage (9.6%). The Isle of Wight is likely to miss the national target of 6% by the end of 2022.

Figure 13: Smoking status at the time of delivery, 2010/11 to 2020/21



Source: [Child and Maternal Health Profile | OHID](#)<sup>100</sup>

Mothers who are overweight and obese have higher risk of complications and death during pregnancy, as do their babies. Obesity in early pregnancy data from 2018/19 suggest that almost one in four mothers (24.0%) on the Isle of Wight are obese, this is comparable to England (22.1%).<sup>101</sup>

Alcohol and drug use are toxic to the developing child, potentially leading to birth defects or complications during pregnancy which are highly preventable. On the Isle of Wight, 3% of new presentations at the substance misuse services (for alcohol and/or drugs) are pregnant.<sup>102</sup>

Foetal alcohol syndrome (FAS) is the most common single cause of learning disabilities, resulting in mental and physical problems in the baby from damage to the brain, spinal cord and other parts of the body. Using figures on the European prevalence of alcohol use during pregnancy (25.2%), from a recent Lancet study, it is estimated that approximately 4 children are born with FAS in Isle of Wight per year.<sup>103</sup>

## Fertility Rate

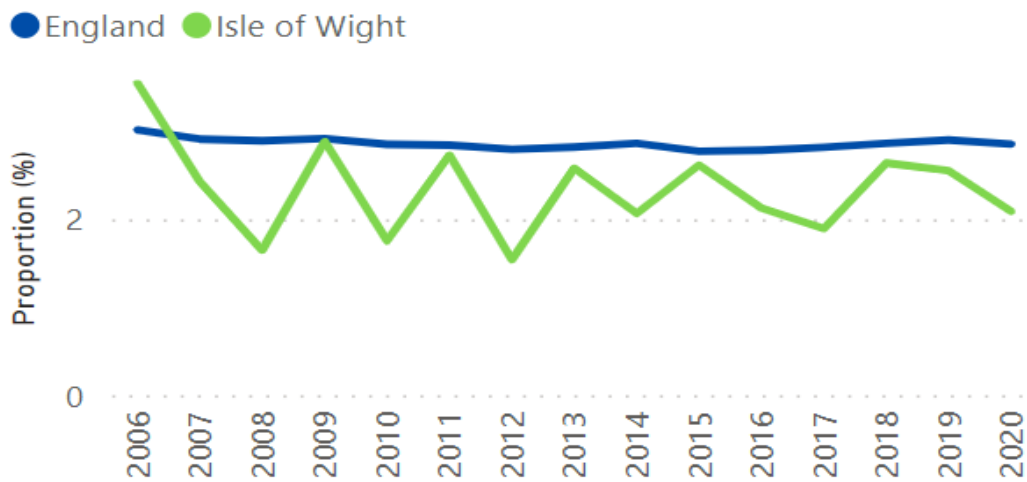
The general fertility rate on the Isle of Wight has decreased over the last five years, and is currently 51.3 per 1,000 women aged 15-44 in 2020.<sup>104</sup> This has also been consistently and significantly below the England rate for the last three time periods and the recent time trend shows the fertility rate is decreasing. In 2020 there were 1,009 live births on the Isle of Wight, compared to a 1,329 in 2012.<sup>105</sup>

## Low birth weight and pre-term delivery

Low birth weight (defined as under 2.5kg) and very low birth weight (under 1.5kg) are associated with deprivation. It is often a result from smoking in pregnancy, unhealthy maternal diet, babies being born prematurely and multiple births. These babies are at a higher risk of poor health, developmental issues, and dying prematurely. On the Isle of Wight, the proportion of babies with low birth weight has remained fairly

constant and, at 2.09%, is statistically similar to the England percentage (2.86%).<sup>106</sup> This can be seen in Figure 14.

Figure 14: Percentage of term babies with low birth weight, 2006 to 2020



Source: [Child and Maternal Health Profile | OHID](#)<sup>107</sup>

Preterm births are those before the 37 weeks of pregnancy and are the single biggest cause of neonatal mortality and morbidity in the UK. Babies born preterm have high rates of early, late and post neonatal mortality and the risk of mortality increases as gestational age at birth decreases. Babies who survive have increased rates of disability. Preterm births as a proportion of all live births have been increasing across the Isle of Wight since 2018. Local variation of the different fertility rates across the Isle of Wight can be explored further in the [JSNA Vital Statistics data report](#)<sup>108</sup>.

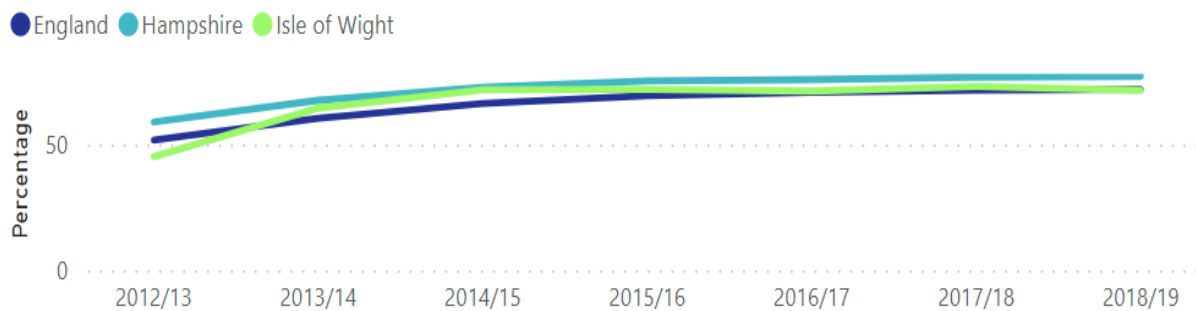
## Risk factors for children

Protective factors that promote the health and well-being of children and families such as; good early years development, good educational outcomes and having an economically stable and supportive home and family are vital. They are hugely influential to the development of children and young people and the life opportunities and health that they will have later in life.

### Early years development

Achievement in Early Years is a good predictor of achievement later in childhood. On the Isle of Wight, the proportion of boys and girls achieving a good level of development by the end of reception is statistically similar to the England percentage (71.46% compared to 71.81%).<sup>109</sup>

Figure 15: Children achieving a good level of development at the end of reception, 2012/13 to 2018/19

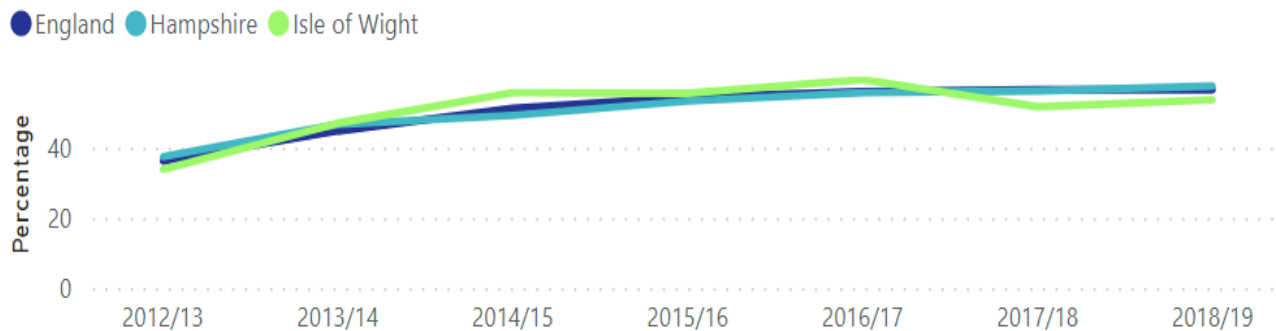


Source: [Child and Maternal Health Profile | OHID](#)<sup>110</sup>

However, this proportion is lower in children eligible for free school meals (a marker of low family income) both locally and nationally, and the gap in achievement is slightly larger locally than the average gap nationally.<sup>111</sup> On the Isle of Wight 53.56% of children with free school meal status are achieving a good level of development by the end of reception, a difference of 17.9%.<sup>112</sup>

The percentage of both all year one pupils and pupils with free school meals achieving the expected level in phonics on the Isle of Wight is statistically significantly lower than the England percentage.<sup>113</sup> On 2018/19 78.2% of all students achieved the expected level in the phonics screening check. The achievement level for children with free school meal status compared to all students was statistically significantly lower at 61.9%.

Figure 16: Children with free school meal status achieving the expected level in the phonics screening check in Year 1, 2011/12 to 2018/19



Source: [Child and Maternal Health Profile | OHID](#)<sup>114</sup>

### School attendance and educational attainment

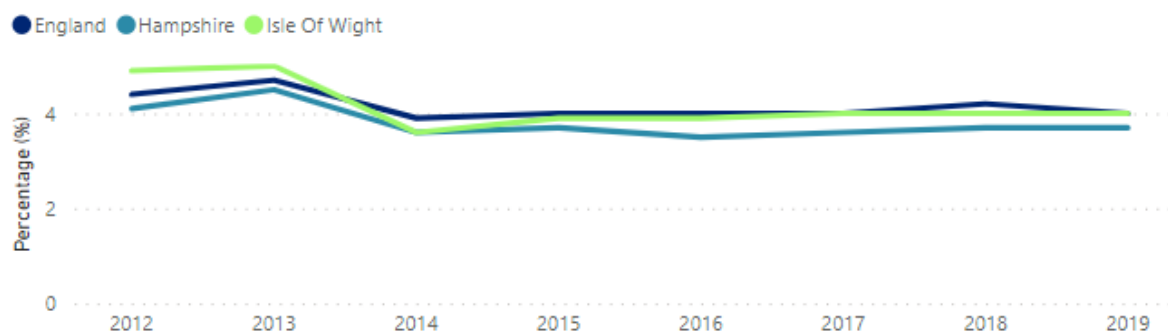
There are clear links between school engagement, educational attainment and both current and future health outcomes for children and young people. Good educational attainment and skills are key to breaking the intergenerational cycle of inequalities in income and employment opportunities which impact on health.

Authorised and unauthorised absences from school can negatively impact student achievement and this impact is larger for children from low-income households. The Isle of Wight has similar rates of authorised absences and consistently higher rates of unauthorised absences than the England percentage.<sup>115</sup> The percentage of suspensions on the Isle of Wight have been consistently higher than the England percentage, in 2020 it was 5.07%. Permanent exclusion rates on the Isle of Wight are similar to that of England (all schools 0.06% in 2020).

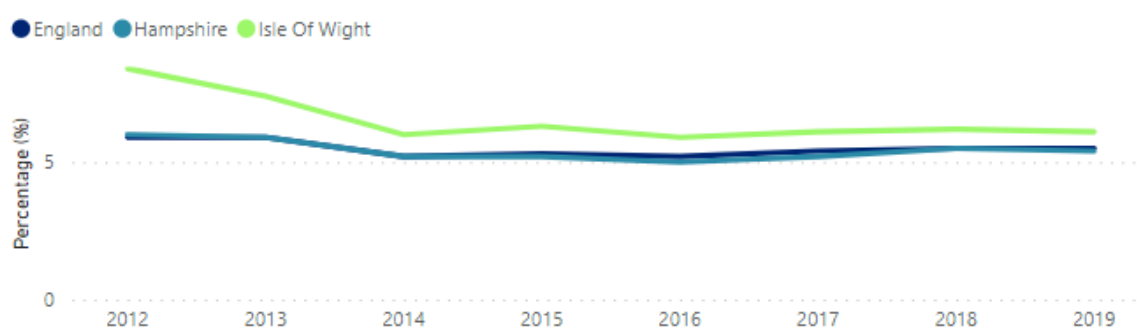
The overall absence levels on the Isle of Wight vary according to type of school – primary versus secondary.<sup>116</sup> In primary schools, absence levels are similar to England, both at 4%. In secondary schools, absence levels are higher than England, 6.1% compared to 5.5%.

Figure 17: Overall pupil absence, 2012 to 2019

Primary:



Secondary:



Source: [Local Authority Interactive Tool | GOV.UK](#)<sup>117</sup>

The pandemic and home-learning environment substantially affected student opportunities to learn. Nationally, the time that secondary school students spent learning declined from 6.6 hours per day before the pandemic to 4.5 hours during lockdown.<sup>118</sup> This varied by area, with schools with high levels of disadvantage (schools with high rates of free school meal eligibility) losing an average of 2.2 months of learning. This compares to schools from areas of lower levels of disadvantage (schools with low rates of free school meal eligibility) losing 1.5 months.<sup>119</sup> The reasons why students from disadvantaged areas lost more learning opportunities include a reduced access to digital resources, an increased risk of household overcrowding which may prevent adequate study space, and parents not being able to provide study support because of lower educational attainment or speaking different languages.

Educational qualifications are a key determinant of future employment and income, and there are clear links between attainment and both current and future health outcomes for children and young people. Attainment at Key Stage 4 is summarised through two indicators:

- Average 'Attainment 8' (A8) score: measures the average achievement of pupils in up to 5 qualifications including Maths and English (which are counted twice) plus three further qualifications from either GCSEs, the English

Baccalaureate or other qualifications approved by the Department for Education.

- Average Progress 8 score: measures the average progress of pupils from the end of Key Stage 2 (primary school) to the end of Key Stage 4, comparing pupils' A8 scores with the average A8 score all pupils nationally who had similar starting points.

Average Attainment 8 score was 47.0 in 2020/21, this was statistically significantly worse than the England score of 50.9.<sup>120</sup> The way GCSE grades were awarded changed during the Covid-19 pandemic, so therefore, 2019/20 and 2020/21 data should not be directly compared to attainment data from years previously. Progress 8 in the Isle of Wight was  $-0.34$  in 2019.<sup>121</sup> A negative score means pupils in these schools on average do worse at KS4 than those with similar prior attainment nationally. Note this does not mean that the pupils on the Isle of Wight did not make progress rather it means they made less progress than other pupils nationally with similar starting point.

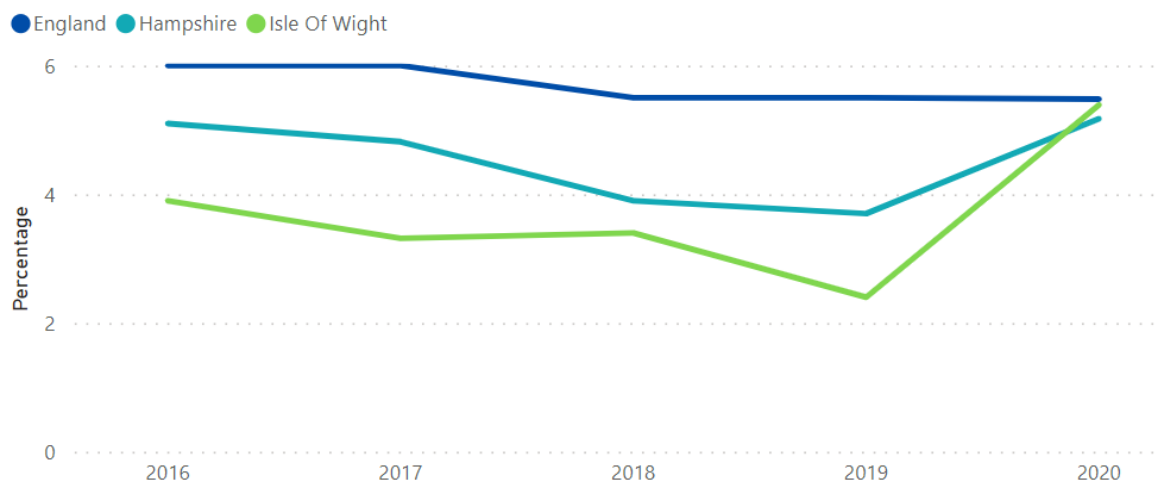
Another factor which can influence school attainment is the first language of the pupil. If English is limited at home this may mean that children need to learn English when first attending school and subsequently may not be able to access help at home with homework and projects. Census data from 2011 shows that out of all children aged 3 to 15 98.6% had English as their main language.<sup>122</sup>

### **Not in education, employment or training (NEETs)**

Young people are legally required to remain in education, employment or training until the end of the academic year in which they turn 18. A lack of further education and training can lead to poor basic skills and limited academic and vocational qualifications. Those who are not in education, employment or training (NEET) have poorer health outcomes, and people who are unemployed for more than 12 months find it increasingly difficult to find permanent employment. National data shows that males and certain ethnic groups are less likely to be in education, employment or training. The percentage of children not in NEET on the Isle of Wight is similar to the England percentage at 5.4%.<sup>123</sup>



Figure 19: Proportion of 16 and 17 year olds classified as NEET, 2016 to 2020

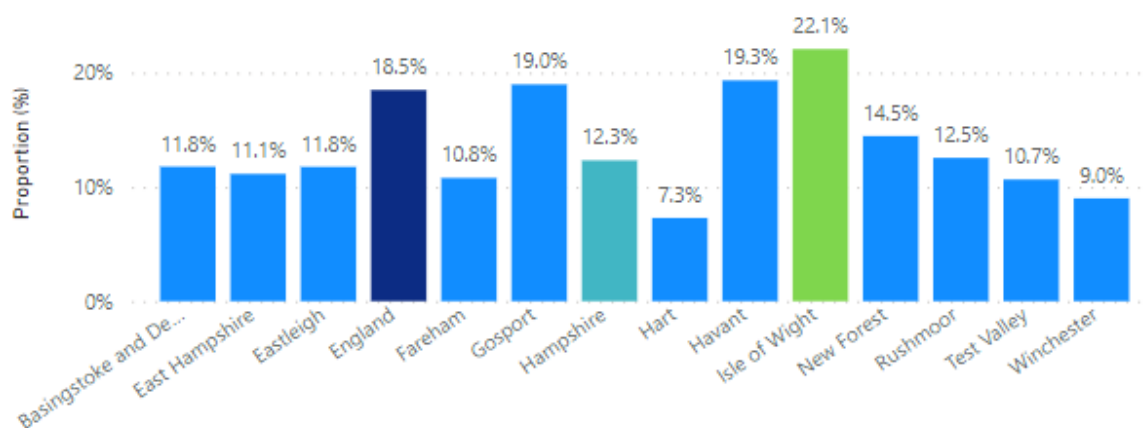


Source: [Child and Maternal Health Profile | OHID](#)<sup>124</sup>

### Child poverty

Childhood poverty leads to poorer mental health, lower educational attainment and poor health outcomes and premature mortality for adulthood. The Isle of Wight has a higher proportion of children are living in low-income households than the England average (22.1% compared with 18.5% in 2020/21).<sup>125</sup>

Figure 21: Children living in relative low-income households, 2020/21



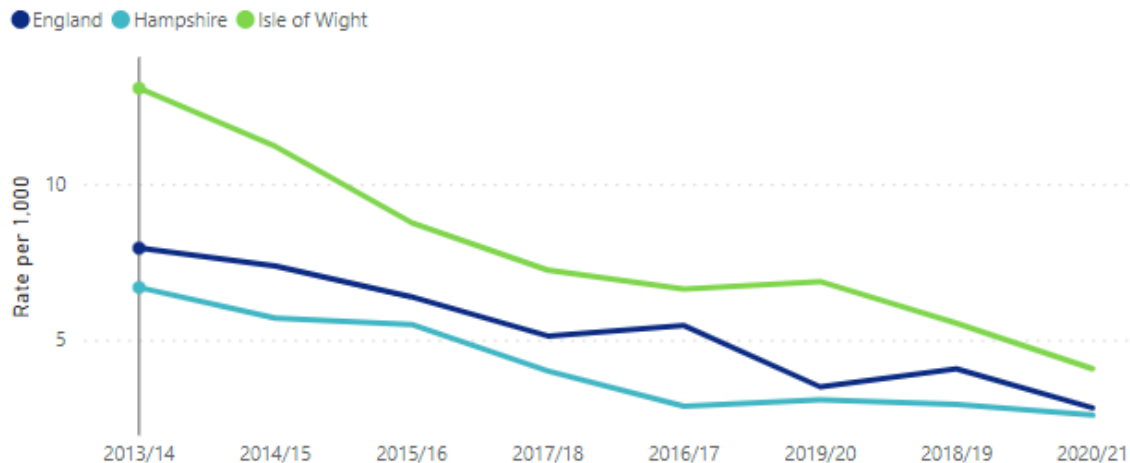
Source: [Children in Low Income Families | Department for Work and Pensions GOV.UK](#)<sup>126</sup>; [Hampshire Small Area Population Estimates | Hampshire County Council](#)<sup>127</sup>; [Lower Super Output Area population estimates | Office for National Statistics](#)<sup>128</sup>

### Children involved in the criminal justice system

A wide range of factors influence whether a child is involved with the criminal justice system including their family, their local community and neighbourhood and their engagement in school. Children in contact with the criminal justice system have high levels of mental health needs and a higher risk of suicide than other young people. Figure 21 shows that the rate of children and young people receiving a first

reprimand, warning or conviction on the Isle of Wight has decreased between 2010 and 2021. However, recent data shows that the rate is statistically significantly higher than the England rate at 238.5 per 100,000.<sup>129</sup> National data shows that areas of greater deprivation have significantly higher rates of first time entrants to the youth justice system.<sup>130</sup>

Figure 21: First time entrants to youth justice system (aged 10 to 17), 2010 to 2020



Source: [Child and Maternal Health Profile | OHID](#)<sup>131</sup>

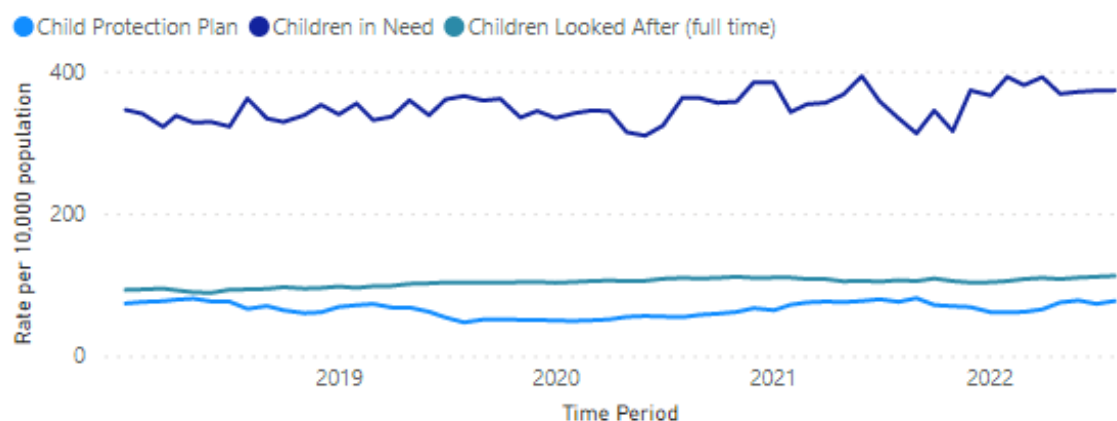
### Vulnerable children

The Department of Education define Children in Need (CiN) as a legally defined group of children (under the Children Act 1989), assessed as needing help and protection as a result of risks to their development or health. This group includes children subject to Child in Need Plans, Child Protection plans, Looked After Children, young carers and disabled children. Children in need also include young people aged 18 or over who continue to receive care, accommodation or support from children’s services and unborn children.

As of March 2022, there were 938 Children in Need, 266 were on a Child Protection Plan, and 152 Children Looked After (full time) identified by the Isle of Wight’s Children’s services.

Figure 23 shows the trends from February 2018 to March 2022. Over this time period the rate of Children in Need has steadily increased from 345 to 372 per 10,000 population. Children Looked After (full time) rate has also increased from 92 to 112 per 10,000 whereas the Child Protection Plan rate has slightly increased from 73 to 77 per 10,000 population.

Figure 22: Children in Need, Child Protection Plans and Children Looked After (full time). Rate per 10,000 under 18 years population. February 2018 to March 2022



Source: Isle of Wight Council Children's Services

### Characteristics of Children in Need

The Children in Need census is an annual statutory census for all local authorities. The census covers the financial year (1 April to 31 March) and collects data on children referred to local authority social care services because their health or development is at risk.

National trend data from the Census report that there are;

- A consistently higher proportion of boys were identified. In 2021, 54% of Children in Need were boys
- The children were mainly from a white ethnic group. In 2021, 65% were White British.
- The highest proportion of Children in Need from an ethnic minority group were Black (8.7%) and Asian (7.9%)
- Highest proportion of children were aged 10 to 15 years. In 2021 31.4% were 10 to 14 years, 24.4% were 16 years and over and 21.9% were aged 5 to 9 years.

The Isle of Wight's children's social care services, assessment data, derived from the national annual census (2021)<sup>132</sup> reports the characteristics for each referral and found that;

- Police, health services and school are the main referral sources and accounted for 22.9%, 13.2% and 26.7% respectively of referrals made during 2021.
- On the Isle of Wight, family dysfunction has been the main primary need recorded over time and is increasing, in 2021 six in ten assessments (60%) identified this as the primary need. This is different to the national trend where abuse is the most common primary need, identified in over half (56%) of the assessments.

- Abuse or neglect was the next most common primary need identified in during Children in Need assessments, on the Isle of Wight cases. In 2021, more than one in four assessments (28.4%) identified this as the primary need
- Factors identified at the end of assessment are additional factors that social workers record as being relevant in a case. The majority of children have more than one factor recorded for each episode of need. 20.5% of cases had other recorded in this category. Concerns about neglect remain the most common factor in 2021. One in four (24.8%) had this concern recorded.
- The next most common factor identified at the end of assessment was concerns about the child's parent/carer being the victim of domestic violence (23.6%) followed by the mental health of the child's parent/carer (21.8%). Again trends are very similar over the last four years.
- 14% of Children in Need had a disability recorded. One third of these children (33.7%) had autism recorded under the disability category, learning disabilities was the next most recorded category (26.5%)
- Neglect was the most common initial category of abuse recorded for children on protection plans in 2021, accounting for a significant proportion of children, 65.6%. This has been the dominant category of abuse recorded over the last five years. The next most common category was emotional abuse, accounting for almost one quarter of children (24.2%). Cases where emotional abuse is recorded have increased from 14.1% in 2017 to 24.2% in 2022.

### Educational outcomes for Children in Need

Educational outcome inequalities for Children in Need are evident. National data suggest that children who had been continuously looked after for at least 12 months had better outcomes when compared to Children in Need.<sup>133</sup> Nationally;

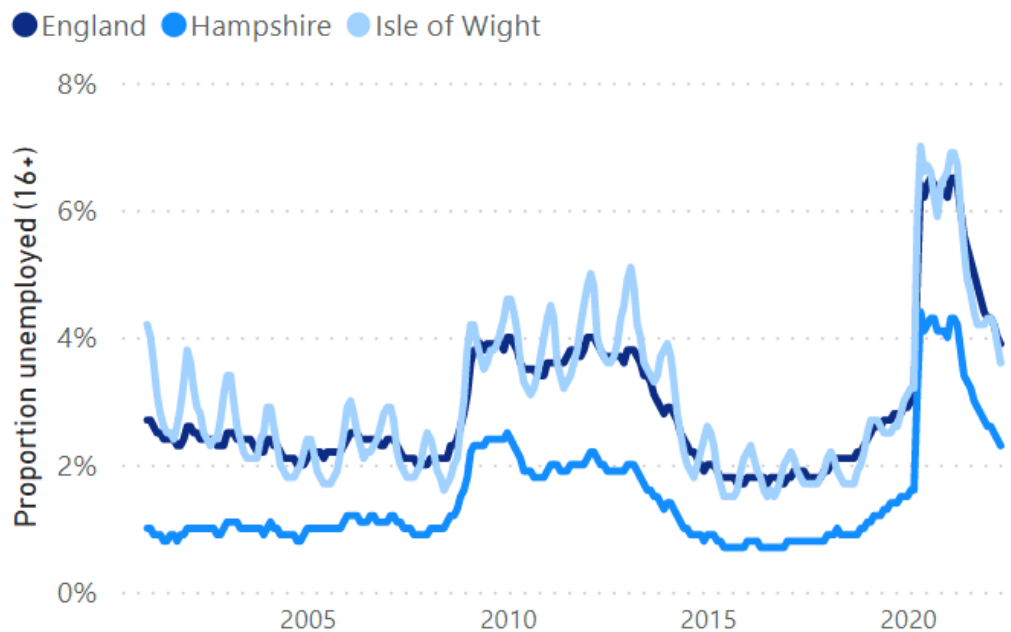
- Over a third of all children in need in Key Stage 2 achieved the expected level in reading, writing and maths (35%). Pupils who had been continuously looked after for at least 12 months achieved higher than this average (37%), but lower than the average for all pupils (65%).
- The average Attainment 8 score for all children in need in Key Stage 4 was 18.5, compared to 46.7 for all pupils. Pupils who had been continuously looked after for at least 12 months had a similar average Attainment 8 score of 18.7, but have better Progress 8 scores than the average child in need (-1.27 compared to -1.49).
- Over a quarter of all children in need were persistently absent (29%). A smaller proportion of those who had been continuously looked after for at least 12 months were persistently absent (11%), the same as the rate for all pupils (11%).
- Children who had been continuously looked after for at least 12 months had a lower rate of permanent exclusions (0.05%) than the average for all children in need (0.58%), and the average for all pupils (0.10%).
- One in ten of all pupils in 2019 have been in need in the previous 6 years. Compared to all pupils, these children are less likely do well at each stage of education, more likely to have SEN or FSM, and more likely to be persistently absent.

## Risk factors in adults

### Unemployment

Work is typically good for an individual's physical and mental health and wellbeing, and access to local employment and good working conditions can influence the health of a community.<sup>134</sup> In England the proportion of adults claiming Universal Credit has declined after a sharp increase during the COVID-19 pandemic, to 3.9% in May 2022. The rate on the Isle of Wight was slightly lower at 3.6%.<sup>135</sup>

Figure 24: Proportion of people claiming Universal Credit, 2001 to 2022



Source: [Claimant Count by Age and Sex | NOMIS](#)<sup>136</sup>

Nationally and locally, there are inequalities in employment rates between<sup>137</sup>

- men and women (men have higher employment rates, on the Isle of Wight this is not a statistically difference)
- age groups (those aged 25 to 49 have higher rates than those aged 16 to 24 or those aged 50 to 64),
- disability (those without a disability have higher rates than those with a disability)

At a national level people from White ethnic groups have higher rates of employment than those from ethnic minority groups.<sup>138</sup>

Poorer quality employment can impact on health and wellbeing.<sup>139</sup> One example of this is zero-hour contract. While these types of contracts can provide flexibility for employees to choose when they work, they have also been associated with poorer mental health. South East England has the second highest prevalence of people on zero-hour contracts in the UK, with 3.2% of people in employment on a zero-hours contract in 2021.<sup>140</sup> Similar to national trends, this has been increasing in recent

years. Applying this percentage to the Isle of Wight population, this suggests approximately 4,493 people are currently working on a zero-hours contract on the Isle of Wight.<sup>141</sup> Nationally, the proportion of people on zero-hours contracts is higher in females and 16–24-year-olds.<sup>142</sup>

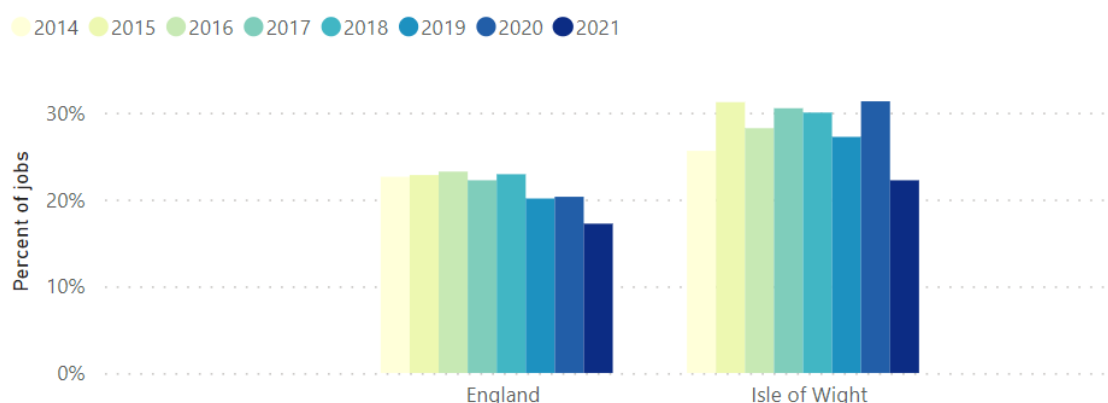
The pandemic had a huge impact on employment. During the first lockdown, all non-essential businesses were instructed to close. Those working in food service, accommodation, arts and entertainment were most affected.<sup>143</sup> The Coronavirus Job Retention Scheme (CJRS) provided economic support by enabling workers to be furloughed.<sup>144</sup> National data suggests that young working age people were most likely to be furloughed instead of working throughout the pandemic.<sup>109</sup> More detailed information on the impact of national COVID-19 economic policy on our working population can be found in the Isle of Wight COVID-19 vulnerability indices reports.<sup>145</sup>

### Low pay and poverty

A 'living wage' can be defined as a job which pays enough to meet the local cost of living – this is different from the National Living Wage set by the government. The proportion jobs where the pay is lower than living wage has decreased between 2014 and 2021 nationally from 22.6% to 17.2%.<sup>146</sup> On the Isle of Wight, the proportion of people is much higher, it has decreased from 2014 to 2021 from 25.6% to 22.2%. However, this decline was not linear with a peak in 2020 at 31.3%, shown in Figure 24.<sup>147</sup>

Women are more likely to be working in roles that pay lower than the living wage nationally in 2021 (20.6% compared with 13.7% for men). This difference is also evident on the Isle of Wight, in 2021 24.7% of men and 30.4% of women were in jobs that pay less than the living wage. However, due to increases in the cost of living these figures are likely to have changed into 2022, potentially leaving greater numbers of people living in poverty.

Figure 24: Proportion of jobs paying lower than living wage, 2014 to 2021



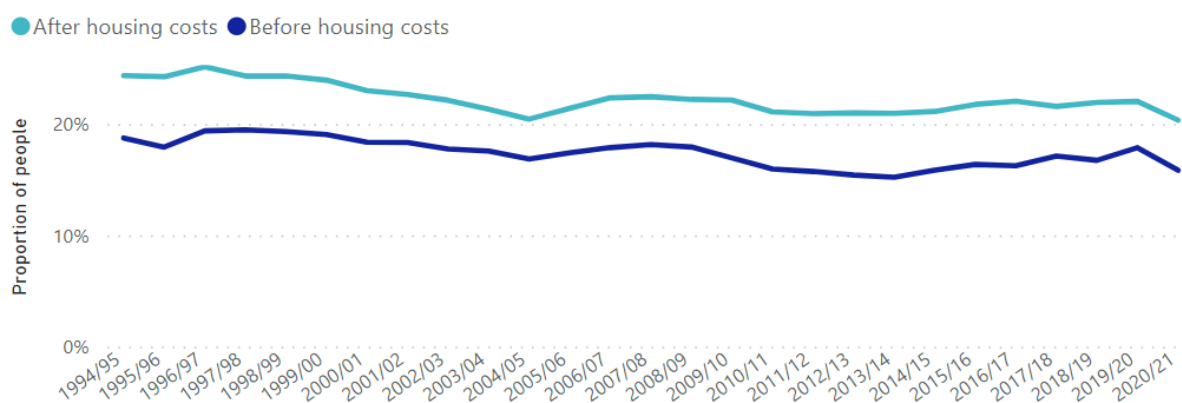
Source: [Annual Survey of Hours and Earnings | Office for National Statistics](#)<sup>148</sup>

There are a number of different ways of defining and measuring poverty and low income, and no single definition is universally accepted. The headline indicators currently used in the UK are:

- An individual is in relative poverty (or relative low income) if they are living in a household with income below 60% of median household income in that year. This measure essentially looks at inequality between low- and middle-income households.<sup>149</sup>
- An individual is in absolute poverty (or absolute low income) if they are living in households with income below 60% of the 2010/11 median, uprated for inflation. By using an income threshold that is fixed in time, this measure looks at how living standards of low-income households are changing over time.<sup>150</sup>

These measures can be presented before and after housing costs (BHC and AHC). Nationally the proportion of individuals living in relative poverty has remained relatively stable since 1994/95, standing at 20% (AHC) in 2020/21, which is around 13.4 million people. The proportion of children living in relative poverty in the UK has also remained relatively stable since 1994/95 and is now at 27% (AHC) in 2020/21, representing around 3.9 million children.<sup>151</sup>

Figure 25: Proportion of individuals living in relative poverty, UK, 1994/95-2020/21



Source: [Households below average income: for financial years ending 1995 to 2021 | Department for Health and Pensions | ONS](#)<sup>152</sup>

There were differences between different demographic groups in the population in terms of relative poverty. Higher proportions of those living in socially rented housing (46%, AHC) and private rented (33%, AHC) were living in relative poverty in 2019/20, compared with those living in a house with a mortgage (11%, AHC) or owned outright (15%, AHC). Households with a disabled person in the family were also more likely to live in relative poverty (31% compared with 19%, AHC). There were also large differences in relative low income by ethnic group over the years 2017/18 to 2019/20, with those from non-White ethnic groups more likely to be living in relative poverty.

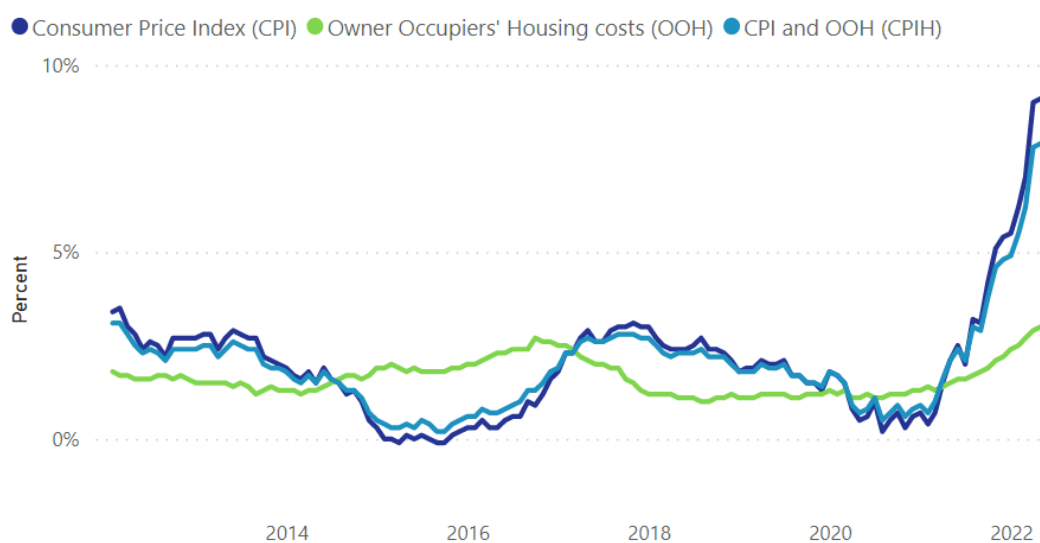
Recent changes to income levels, for example the removal of the £20 per week uplift in Universal Credit in October 2021, is suggested to push another 500,000 people

and 200,000 children into poverty. Additionally, the impacts of the cost of living crisis are yet to be fully felt or included in any of these figures.

## Cost of living

The increasing cost of living crisis has been covered widely in the media and data has shown that in 2022 there have been sharp increases in the costs of everyday essentials and fuel. The Consumer Price Index (CPI) and associated measures the OOH (Owner Occupier's Housing costs) and CPIH (the measure which includes CPI and OOH) reflect these increases in prices.<sup>153</sup>

Figure 27: CPI, OOH and CPIH, 2012 to 2022



Source: [Consumer price inflation, UK: April 2022 | ONS](#)<sup>154</sup>

The factors which have contributed the most to the increase in CPI are housing and household services (which includes energy costs), transport and food and non-alcoholic beverages.

Household are calculated to be living in fuel poverty when the energy efficiency rating of their home is in bands D, E, F or G and when their income after housing costs is below the poverty line. It is therefore driven by three factors: energy costs, energy efficiency of the home and income. Cold homes have been linked to an increased risk of developing a wide range of health conditions including, asthma, arthritis and pneumonia, as well as unintentional injury.<sup>155</sup> There are higher numbers of households with lower energy ratings (D to G) on the Isle of Wight and the majority of homes with low energy ratings are owner-occupied and likely to be older buildings.<sup>156</sup>

The proportion of households in fuel poverty on the Isle of Wight is consistently below the national average and is currently 11%.<sup>157</sup> More information on fuel poverty can be found in [the Healthy Places report](#).<sup>158</sup>

As of July 2022 the cost of living crisis was increasing and it has been estimated that one in six UK households (4.4 million) were in 'serious financial difficulties', which is



an increase from one in ten in October 2021. This will impact on the decisions people make about the quality of food they eat, the heating they chose to use, and how they can spend any disposable income. 58% of households are quite or very worried about their financial situation which will also be impacting on mental wellbeing.<sup>159</sup>

## Gambling

Gambling can be a fun recreational activity when self managed well and within personal financial limitations however, excessive gambling can impact on the health and wellbeing of individuals, families, communities and society. Problem gambling can have negative impacts on the day-to-day lives of gamblers and those close to them, in terms of resources (e.g. money and debt), physical and mental health and relationships.

Estimates suggest around 59% of the population have gambled in the previous year, however, this estimate includes the National Lottery and one-off sporting events, such as the Grand National, which many people participate in without gambling throughout the remainder of the year. Problem gambling or at risk gambling is difficult to quantify and there are different methods for establishing if someone is participating in risky gambling. Estimates from the Health Survey for England 2018 suggested that approximately 3.8% of the population were at-risk gamblers and problem gamblers were 0.5% of the population, although this may be an underestimate.<sup>160</sup> A large survey by YouGov and the Gambling commission in 2021 suggested that 13% of the population were at risk gamblers and 2.8% were problem gamblers.<sup>161</sup> Applying these survey figures to the Isle of Wight population suggests that there are just under 3,931 problem gamblers across the Isle of Wight.<sup>162</sup>

Figure 28: Proportions of people gambling applied to the Isle of Wight population

	Total	Men	Women	People on the Isle of Wight
Non-gambler	40.80%	37.3%	44.1%	57,283
Non-problem gambler	46.50%	44.0%	46.5%	65,286
Low risk gambler	7.00%	8.7%	5.3%	9,828
Medium risk gambler	2.90%	3.8%	2.1%	4,072
Problem gambler	2.80%	3.7%	2.0%	3,931

Source: [Percentage data from Gambling-related harms evidence review: Summary | Public Health England GOV. UK](#)<sup>163</sup> and [population data from Census 2021 | Office for National Statistics](#)<sup>164</sup>

Problem and at-risk gambling was reported to be more common in males than females. Younger age groups had a higher rate of problem gambling and this age group has seen the largest increase from 2019. No significant differences in problem gambling were reported between socioeconomic groups, however, a higher rate of problem gambling was reported in people from ethnic minority groups (8.1% compared with 2.0% for white ethnic groups).<sup>165</sup>

## Serious Violence

In April 2018, the government published their “Serious Violence Strategy”. The strategy defined serious violence as “specific types of crime such as homicide, knife crime and gun crime and areas of criminality where serious violence or its threat is inherent, such as in gangs and county lines drug dealing”.<sup>166</sup>

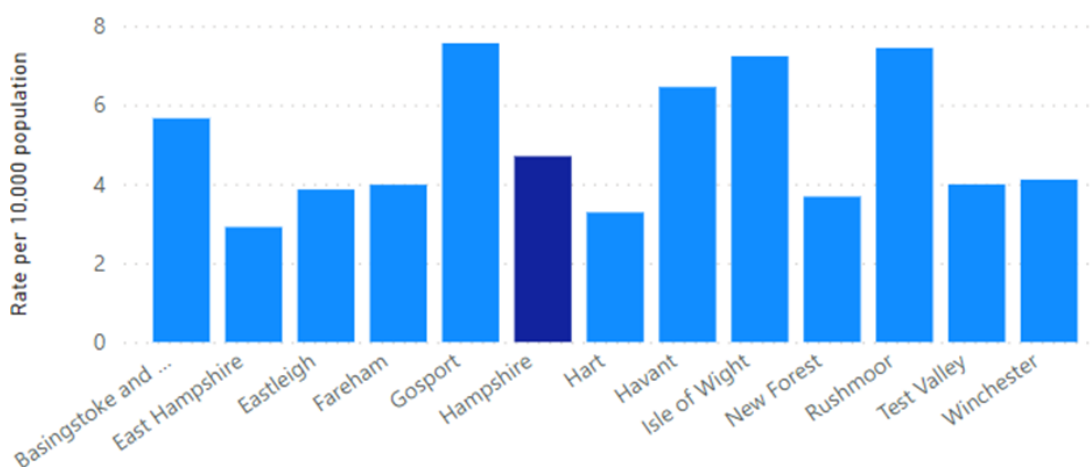
Serious violence impacts physical and emotional health and can cause serious impacts on the health, social and economic outcomes of individuals, communities and societies. An individual's involvement in serious violence increases risks of health harming behaviours, such as higher risk of future violence and reduced prospects in employment, education and wellbeing.

There is no one reason to explain why some people or populations are vulnerable to violence. Instead, there are a range of factors which increase the risk of being involved in violence. These are grouped into four categories (Society, Community, Relationship and Individual):

- Society: economic inequality, gender inequality, cultural norms supporting violence, high firearm availability, weak economic safety nets
- Community: Poverty, high unemployment, high crime levels, local illicit drug trade
- Relationship: poor parenting practices, marital discord or violent conflict, delinquent peers
- Individual: child maltreatment, alcohol consumption or drug use, poor educational attainment, fear of crime and concerns over social status

When looking at these risk factors, the Island has worse protective factors than the national average, such as education absences, children’s social service needs and hospital admissions for self-harm and alcohol-specific conditions, with both hospital admissions for self-harm and alcohol-specific conditions showing an increasing trend.

Figure 29: Serious violence offences per 10,000 population, 2016/17-2020/21



Source: Hampshire Constabulary

Using the Hampshire Constabulary definition of serious violence<sup>167</sup>, there were 511 serious violence crimes across the Isle of Wight between October 2016 and November 2021. Analysis of the hotspots suggests that the Isle of Wight had a significantly higher serious violence crime rate than the Hampshire average, with the Island only ranking below the district of Gosport and Rushmoor. The rate of serious violence on the Island has remained steady over the last 4 years, with no change in the level of serious violence in 2020/21 when compared to 2017/18. This is different to the trend at the national level, as in the year ending December 2021, knife-enabled crime and offences involving firearms decreased by 10% and 17% respectively from pre-pandemic levels.<sup>168</sup> The Island had the lowest rate for the involvement of bladed weapons in serious violence when compared to the other local authorities within the Hampshire Constabulary area.

Victims of serious violence on the Isle of Wight are most commonly males and aged between 15 and 25, with roughly 73% of all victims being male and 25% being aged between 15 and 25. This trend is seen at a national level, with males and adults aged 18-24 being the most common victim of serious violence<sup>169</sup>. One of the main drivers for this is illicit drug markets and county lines. Serious violence involving drugs and county lines is particularly prevalent and pose a great risk to positive outcomes.<sup>170</sup> The National Crime Agency (NCA) suggest that children as young as 12 can be drawn into County Lines activity, with 15-16 years being the most common age.

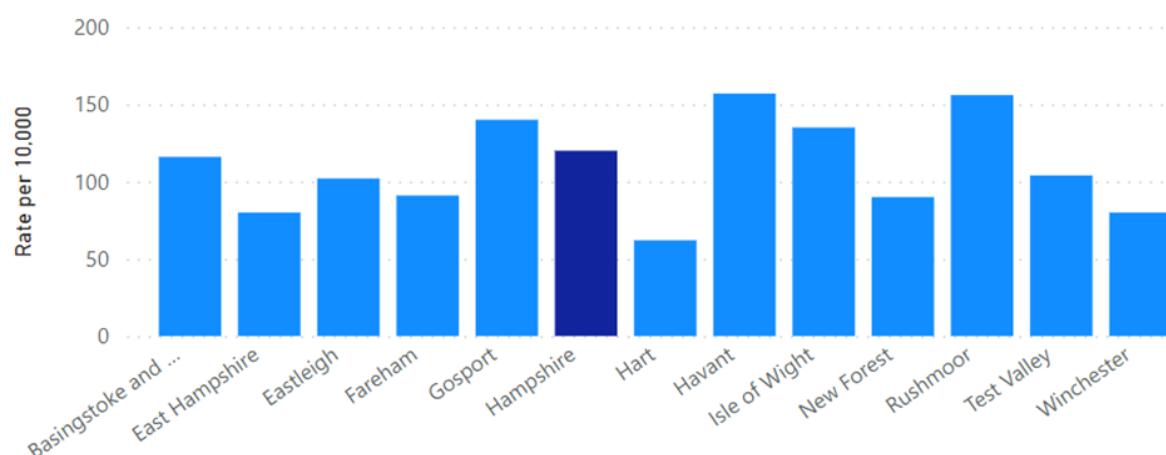
### **People affected by domestic abuse**

In 2021, the government published the Domestic Abuse Act. The act created a statutory definition of domestic abuse defining domestic abuse as both persons involved are “each aged over 16 and are personally connected to each other and the behaviour is abusive”. Behaviour is recognised as abusive if it is an incident or pattern of any of the following: physical, sexual, economic, psychological, emotional or any other abuse or violent, threatening, controlling or coercive behaviour.<sup>171</sup>

Domestic abuse-related crime within the Hampshire Constabulary area has seen an increase from 2016/17 to 2020/21, with an 8% increase in 2020/21 when compared to the previous year. This trend is also evident at a national level, with an 6% increase in 2020/21 compared to the previous year and can be partly attributed to improved recording by the police alongside increased reporting by victims.<sup>172</sup>

Focusing on the Isle of Wight, 20% of all police recorded offences were flagged as domestic abuse-related on the Isle of Wight between October 2020 and November 2021, a total of 1,920 domestic abuse offences. Partner/Spouse are the most common relationship involved domestic abuse offences.

Figure 30: Domestic abuse offences, 2020/21



Source: Hampshire Constabulary

The challenges of providing a comprehensive picture of the true extent of domestic violence in a geographical area are recognised nationally. On the Island, approximately 3,754 females and 1,800 males aged between 16 to 74 experience domestic abuse a year. These are figures derived from combining national statistics on crime rates to the population of the Isle of Wight. This means that we are assuming that the Isle of Wight is not significantly different to the rest of the UK in terms of patterns and rates of domestic abuse and violence. In reality, it may be better or worse, but sufficient research has been conducted into domestic violence and abuse such that we may safely generalise some of the findings to our local population.

By comparing the total number of victims derived from the national statistics and the number of victims recorded by the police, we can hypothesise the gap between these figures and highlight the under-reporting of domestic abuse incidents. An estimated 4,300 individuals aged between 16 to 74 years (2,900 females and 1,400 males) on the Isle of Wight who report to experience any form of domestic abuse a year are not reported to the police. Only an estimated 23% of the individuals on the Isle of Wight who report experiencing domestic abuse are recorded by the police.

National research indicates that 12% of under 11s and 18% of 11-17s had been exposed to domestic violence between adults in their childhood.<sup>31</sup> If these percentages are applied to the Island's population, it suggests that 1,750 under 11s and 1,816 children and young people aged 11-17 have experienced domestic abuse between adults in their homes – 3,566 children and young people in total.

Women and girls are disproportionately affected by domestic violence and abuse, with women and girls accounting for 68% of the victims of DA-flagged crime on the Isle of Wight. In addition, there are other risk factors nationally associated with increased domestic violence.<sup>173</sup> These include:

- Age: Risk is highest in the younger age groups (16-19 and 20-24, for both men and women). These age groups also exhibit the highest risk on the Island.

- Having a long-term illness, disability or impairment – women with a long-standing illness, disability or impairment were more than twice as likely to report having been a victim of domestic abuse (14.7% compared to 6% who had no long-standing illness, disability or impairment. An increased risk is also seen for men (7.5% compared to 3.2%)
- Being divorced or separated: 18.6% of women and 12.5% of men who were separated, and nearly 13% of divorced/legally dissolved partnership women and 7.6% of men, compared to 3.8% (women) and 2.3% (men) of married respondents had experienced domestic violence in the last year. Risk also increases around the time of separation
- Employment status: closely associated with long term illness/disability (above), women who are classed as unemployment were twice as likely to report having been a victim of domestic abuse (13.1% compared to 7.3% in employment and 7% who are economically inactive). An increased risk is also seen for men (5% compared to 3.6% and 3.3%).
- Sexuality/sexual identity: 19.6% of bisexual women and 12.2% of lesbian women, compared to 6.9% of heterosexual women, had experienced domestic abuse in the previous year. An increased risk is also seen in gay and bisexual men (6% and 7.3% compared to 3.5% of heterosexual men). The extent of under-reporting may be higher than for people in heterosexual relationships, since coming forward will require the victim to disclose their sexuality to police or other authorities. Additionally, fear of being involuntarily 'outed' may in itself provide a means for an abuser to exert control.

## Protective measures

### Vaccination

High vaccination coverage is essential to ensuring population protection against vaccine-preventable diseases. These diseases often lead to serious complications which can include lasting disability and death.

Vaccination coverage on the Isle of Wight has significantly improved for the majority of vaccines over the last five years. Exceptions to this were:<sup>131</sup>

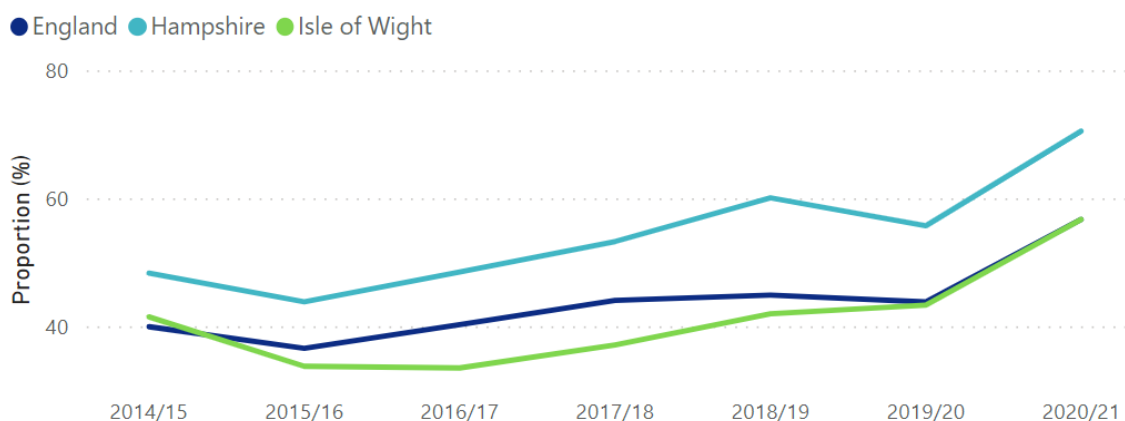
- The first vaccination dose of the Measles, Mumps and Rubella (MMR) and the pneumonia vaccination for 65-year-olds (PPV) which stayed the same
- Human Papilloma Virus (HPV) vaccine, which has worsened.

Local coverage is better or significantly better than the England average for almost all vaccinations. However, most vaccinations are not meeting the target coverage levels set for them, including both doses of the MMR vaccine, meningitis vaccines, and the vaccine for Diphtheria, Tetanus and Pertussis (DTaP). National data shows that vaccination coverage is lower in areas of deprivation.

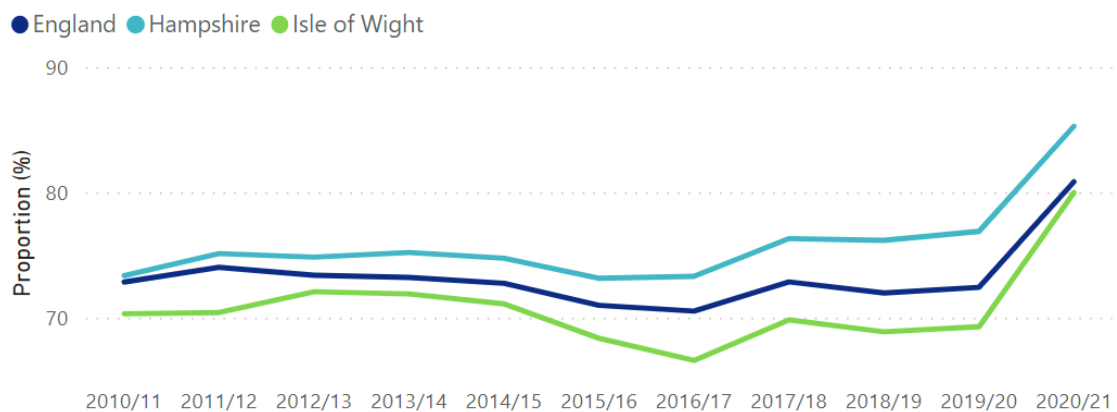
Generally, vaccination coverage has not been affected by the pandemic and, in the case of flu vaccination, there were large increases in coverage for 2–3 year olds and people aged 65 years old and over.

Figure 31: Flu vaccination coverage in 2 and 3 year olds and over 65's, 2010/11 to 2020/21

#### 2 to 3 years old



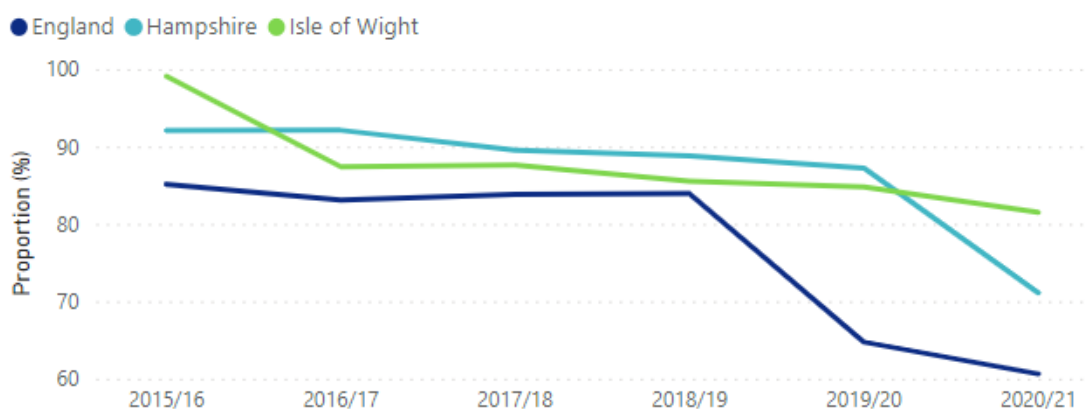
## Over 65's



Source: [Health Protection Profile | OHID](#)<sup>174</sup>

However, with schools being closed, HPV vaccination coverage reduced in girls. HPV vaccine coverage had already been declining before the pandemic, reducing from 99.1% in 2015/16 to 81.5% in 2020/21. 2019/20 was also the first year that boys were also offered the HPV vaccine.<sup>175</sup> There are inequalities in coverage between boys (75.7%) and girls (81.5%) which need to be monitored and addressed.

Figure 32: HPV vaccination coverage for two doses in 13-14 year old females, 2015/16 to 2020/21



Source: [Sexual and Reproductive Health Profiles | OHID](#)<sup>176</sup>

National data shows that overall vaccination coverage is lower in areas of deprivation. These differences are significant for flu vaccinations in children, meningococcal vaccinations in teenagers and MMR vaccines (2 doses for 5 year olds).

## Screening

Screening can detect people who are at high risk for a health problem but are not experiencing symptoms. Early detection can reduce the intensity of treatment required and improve chances of survival. Therefore, screening is a key public health action as part of wider preventative and healthcare activities.

All adults aged 60 to 74 are invited for bowel cancer screening every two years. All adult screening programmes on the Isle of Wight have seen notable drops in coverage recently as a result of the pandemic, with the exception of bowel cancer screening which individuals carry out themselves at home.

Adult men are invited for abdominal aorta screening during the year they turn 65 years. Abdominal aortic aneurysm screening has been the most affected, with a statically significant decline from 81.6% in 2019/20 to 49.5% in 2020/21.<sup>177</sup>

Adult women including transgender men and non-binary people with female reproductive organs are also invited for cervical cancer (from ages 25 to 64) and breast cancer (from ages 53 to 70) screening. We are ensuring that transgender men and non-binary people with female reproductive organs are aware of cancer symptoms which may impact them, as well as receiving screening invites and being able to access screening services for cervical screening, as well as breast cancer screening. A new NHS Cervical Screening Management System to replace the current call/recall system for cervical screening is in development. This system will support the option for a GP or sexual health provider to manually opt-in eligible transgender men and non-binary people so that they also receive an automatic screening invitation to participate in the NHS Cervical Screening Programme.

Prior to the pandemic, adult screening programmes on the Isle of Wight had a higher coverage than the England average. The only exception to this was cervical cancer screening within the 50-64 year old group, which has been consistently significantly lower than the England average.

However, no screening programme had reached their national performance thresholds. Prior to the pandemic:

- Breast cancer screening had met its acceptable target (70%) but missed its achievable target (80%)
- Aortic aneurysm screening had met its acceptable target (75%) but not its achievable target (85%)
- Cervical cancer screening had missed its acceptable target (80%) in both younger and older women

There are also important inequalities in uptake, with all screening programmes shown nationally to have lower coverage in areas of deprivation.

### **NHS Health Check Programme**

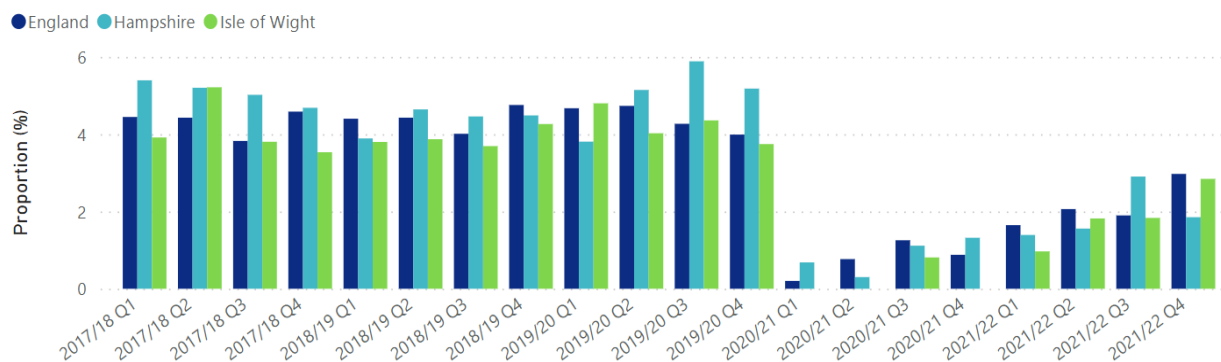
The NHS Health Check programme invites people aged between 40 and 74 for a check every five years to assess and manage their risk of heart disease, stroke, kidney disease and diabetes. High uptake is important to ensure that individuals at a high risk can be identified and take appropriate actions lower their risk of serious conditions which can result in disability or death.

The delivery of the NHS Health Check programme, which is commissioned by local government and provided mainly in NHS primary care settings, was largely suspended between April 2020 and February 2022 as a result of the pandemic and in line with national guidance from NHS England. Invitations to receive health checks



dropping from 3.7% of the eligible population in quarter four of 2019/20 to 0.0% in quarter 1 of 2020/21 in the Isle of Wight (4.0% to 0.2% nationally over this time period), and these figures are yet to recover to previous levels.<sup>178</sup>

Figure 35: Proportion of eligible population invited for a health check, 2017/18 to 2021/22



Source: [NHS Health Check Profile | OHID](#)<sup>179</sup>

On the Isle of Wight, 28.4% of those eligible for an NHS Health Check has received one between 2017/18 to 2021/22, statistically similar to the England percentage of 28.4%<sup>180</sup>. The uptake rate is the rolling 5-year cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check. Over this period has shown a slight decrease to 49.6% in the five years to 2021/22 from a high point of 52.7% in the five years to 2019/20<sup>181</sup>.

The relationship between uptake of NHS Health Check invitations and deprivation is not clear. The Isle of Wight Public Health Team are helping to address inequalities by prioritising health checks for people living in areas of high deprivation, people from certain ethnic groups, and people who smoke, have a BMI over 30, or have a familial history of coronary heart disease.

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<sup>36</sup> From harm to hope: A 10-year drugs plan to cut crime and save lives | GOV.UK - <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>

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<sup>38</sup> Local Tobacco Control Profiles| OHID - <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/4/gid/1938132887/pat/6/par/E12000008/ati/402/are/E06000046/iid/93748/age/202/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

<sup>39</sup> Addressing the leading risk factors for ill health | The Health Foundation - <https://reader.health.org.uk/addressing-leading-risk-factors/trends-in-smoking-diet-physical-activity-and-alcohol-use#smoking>

<sup>40</sup> Local Tobacco Control Profiles | OHID <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/4/gid/1938132885/pat/6/ati/402/are/E06000046/iid/93753/age/202/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

<sup>41</sup> Local Tobacco Control Profiles | OHID <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/4/gid/1938132885/pat/6/par/E12000008/ati/402/are/E10000014/iid/93748/age/202/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/car-do-0>

<sup>42</sup> Local Tobacco Control Profiles | OHID <https://fingertips.phe.org.uk/tobacco-control#page/4/gid/1938132885/pat/6/par/E12000008/ati/402/are/E06000046/iid/93798/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

<sup>43</sup> During the pandemic the data collection methods for the Annual Population Survey changed from face-to-face to phone only, and ONS have concluded that the change has impacted the final prevalence figures which are likely to be underestimates. Please see more details:

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/bulletins/smokingprevalenceintheukandtheimpactofdatacollectionchanges/2020>

<sup>44</sup> Local Tobacco Control Profiles | OHID - [https://fingertips.phe.org.uk/tobacco-control#page/7/gid/1938132885/pat/6/par/E12000008/ati/402/are/E06000046/iid/93798/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/ine-ao-1\\_ine-yo-1:2020:-1:-1\\_ine-pt-0\\_ine-ct-114](https://fingertips.phe.org.uk/tobacco-control#page/7/gid/1938132885/pat/6/par/E12000008/ati/402/are/E06000046/iid/93798/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/ine-ao-1_ine-yo-1:2020:-1:-1_ine-pt-0_ine-ct-114)

<sup>45</sup> Local Tobacco Control Profiles | OHID - [https://fingertips.phe.org.uk/tobacco-control#page/3/gid/1938132885/ati/401/iid/93798/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/ine-ao-1\\_ine-yo-1:2020:-1:-1\\_ine-ct-114\\_ine-pt-0\\_car-do-0](https://fingertips.phe.org.uk/tobacco-control#page/3/gid/1938132885/ati/401/iid/93798/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/ine-ao-1_ine-yo-1:2020:-1:-1_ine-ct-114_ine-pt-0_car-do-0)

<sup>46</sup> Hampshire and Isle of Wight School Survey 2022 (unpublished)

<sup>47</sup> National Academies of Sciences, Engineering, and Medicine. Public health consequences of e-cigarettes. A consensus study report of NASEM. US 2018

<sup>48</sup> Hartmann-Boyce J, McRobbie H, Lindson N, Bullen C, Begh R, Theodoulou A. Can electronic cigarettes help people stop smoking, and do they have any unwanted effects when used for this purpose. Cochrane Database Syst Rev. 2021

<sup>49</sup> Tobacco: preventing uptake, promoting quitting and treating dependence| National Institute for Health and Care Excellence - <https://www.nice.org.uk/guidance/ng209/chapter/Recommendations-on-preventing-uptake>

<sup>50</sup> Hampshire and Isle of Wight School Survey 2022 (unpublished)

<sup>51</sup> Action on Smoking and Health (ASH). Use of e-cigarettes (vapes) among young people in Great Britain. 2022.

<sup>52</sup> Wider Impacts of COVID-19 on Health (WICH tool) | OHID - <https://analytics.phe.gov.uk/apps/covid-19-indirect-effects/>

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- <sup>53</sup> Child and Maternal Health Profile | OHID - <https://fingertips.phe.org.uk/child-health-profiles#page/4/gid/1938133224/pat/6/par/E12000008/ati/402/are/E06000046/iid/93570/age/246/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>
- <sup>54</sup> Child and Maternal Health Profile | OHID - [https://fingertips.phe.org.uk/child-health-profiles#page/7/gid/1938133224/pat/6/par/E12000008/ati/402/are/E06000046/iid/93570/age/246/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0\\_ine-yo-1:2020:-1:-1\\_ine-pt-0\\_ine-ct-129](https://fingertips.phe.org.uk/child-health-profiles#page/7/gid/1938133224/pat/6/par/E12000008/ati/402/are/E06000046/iid/93570/age/246/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0_ine-yo-1:2020:-1:-1_ine-pt-0_ine-ct-129)
- <sup>55</sup> Child and Maternal Health Profile | OHID - [https://fingertips.phe.org.uk/child-health-profiles#page/4/gid/1938133224/pat/6/par/E12000008/ati/402/are/E06000046/iid/93570/age/246/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0\\_ine-yo-1:2020:-1:-1\\_ine-ct-129\\_ine-pt-0](https://fingertips.phe.org.uk/child-health-profiles#page/4/gid/1938133224/pat/6/par/E12000008/ati/402/are/E06000046/iid/93570/age/246/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0_ine-yo-1:2020:-1:-1_ine-ct-129_ine-pt-0)
- <sup>56</sup> Physical Activity Profile | OHID - <https://fingertips.phe.org.uk/physical-activity#page/4/gid/1938132899/pat/6/par/E12000008/ati/402/are/E06000046/iid/93014/age/298/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>
- <sup>57</sup> Physical Activity Profile | OHID - <https://fingertips.phe.org.uk/physical-activity#page/4/gid/1938132899/pat/6/par/E12000008/ati/402/are/E06000046/iid/93015/age/298/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>
- <sup>58</sup> Physical Activity Profile | OHID - [https://fingertips.phe.org.uk/physical-activity#page/7/gid/1938132899/pat/6/par/E12000008/ati/402/are/E06000046/iid/93014/age/298/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/ine-yo-1:2020:-1:-1\\_ine-ct-25\\_ine-pt-1](https://fingertips.phe.org.uk/physical-activity#page/7/gid/1938132899/pat/6/par/E12000008/ati/402/are/E06000046/iid/93014/age/298/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/ine-yo-1:2020:-1:-1_ine-ct-25_ine-pt-1)
- <sup>59</sup> Sport England Active Lives Adult Survey | Figure from Wider Impact of COVID-19 on Health monitoring tool OHID - <https://analytics.phe.gov.uk/apps/covid-19-indirect-effects/>
- <sup>60</sup> Isle of Wight Health Impact | Hampshire and Isle of Wight Public Health Intelligence Team - <https://iow.moderngov.co.uk/documents/s6982/Isle%20of%20Wight%20COVID-19%20Health%20Impact%20Assessment%20Summary.pdf>
- <sup>61</sup> Addressing the leading risk factors for ill health | The Health Foundation - <https://reader.health.org.uk/addressing-leading-risk-factors/trends-in-smoking-diet-physical-activity-and-alcohol-use#smoking>
- <sup>62</sup> Hampshire and Isle of Wight School Survey 2022 (unpublished)
- <sup>63</sup> Public Health Outcomes Framework | OHID - <https://fingertips.phe.org.uk/public-health-outcomes-framework#page/4/gid/1000042/pat/6/par/E12000008/ati/402/are/E06000046/iid/93077/age/164/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>
- <sup>64</sup> Food in a pandemic | Food Standards Agency - <https://www.food.gov.uk/sites/default/files/media/document/fsa-food-in-a-pandemic-march-2021.pdf>
- <sup>65</sup> Food in a pandemic | Food Standards Agency - <https://www.food.gov.uk/sites/default/files/media/document/fsa-food-in-a-pandemic-march-2021.pdf>
- <sup>66</sup> Food in a pandemic | Food Standards Agency - <https://www.food.gov.uk/sites/default/files/media/document/fsa-food-in-a-pandemic-march-2021.pdf>
- <sup>67</sup> Isle of Wight Health Impact | Hampshire and Isle of Wight Public Health Intelligence Team - <https://iow.moderngov.co.uk/documents/s6982/Isle%20of%20Wight%20COVID-19%20Health%20Impact%20Assessment%20Summary.pdf>
- <sup>68</sup> The COVID-19 Consumer Tracker. Food Standards Agency with Ipsos MORI. Figure from Wider Impact of COVID-19 on Health monitoring tool | OHID - <https://analytics.phe.gov.uk/apps/covid-19-indirect-effects/>
- <sup>69</sup> JSNA Healthy Places Chapter | Hampshire and Isle of Wight Intelligence - <https://www.iow.gov.uk/Council/OtherServices/Isle-of-Wight-Facts-and-Figures/Current-JSNA/>
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<sup>70</sup> Addressing the leading risk factors for ill health | The Health Foundation - <https://reader.health.org.uk/addressing-leading-risk-factors/trends-in-smoking-diet-physical-activity-and-alcohol-use#smoking>

<sup>71</sup> Public Health Outcomes Framework | OHID - <https://fingertips.phe.org.uk/public-health-outcomes-framework#page/4/gid/1000042/pat/6/par/E12000008/ati/402/are/E06000046/iid/20601/age/200/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

<sup>72</sup> Public Health Outcomes Framework | OHID - <https://fingertips.phe.org.uk/public-health-outcomes-framework#page/4/gid/1000042/pat/6/par/E12000008/ati/402/are/E06000046/iid/20601/age/200/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

<sup>73</sup> Addressing the leading risk factors for ill health | The Health Foundation - <https://reader.health.org.uk/addressing-leading-risk-factors/trends-in-smoking-diet-physical-activity-and-alcohol-use#smoking>

<sup>74</sup> Local Health – Small Area Public Health Data Profiles | OHID- <https://fingertips.phe.org.uk/local-health#page/3/gid/1938133183/pat/402/par/E06000046/ati/3/are/E02003581/iid/93107/age/201/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

<sup>75</sup> Must know: behavioural weight management services – a guide to tackling obesity | Local Government Association - <https://www.local.gov.uk/publications/must-know-behavioural-weight-management-services-guide-tackling-obesity#increasing-equitable-access-to-weight-management-services->

<sup>76</sup> Productive Healthy Ageing Profile| OHID - <https://fingertips.phe.org.uk/healthy-ageing#page/4/gid/1938133280/pat/6/par/E12000008/ati/402/are/E06000046/iid/219/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

<sup>77</sup> Healthy People Report | Hampshire and Isle of Wight – <https://www.iow.gov.uk/Council/OtherServices/Isle-of-Wight-Facts-and-Figures/Current-JSNA/>

<sup>78</sup> Cardiovascular disease (CVD) Prevention Pack | OHID - <https://fingertips.phe.org.uk/static-reports/cardiovascular-disease-prevention/E54000042.pdf>

<sup>79</sup> Quality and Outcomes Framework (QOF) | NHS Digital [Quality and Outcomes Framework \(QOF\) - NHS Digital](https://www.nhs.uk/quality-and-outcomes-framework/)

<sup>80</sup> Anticoagulants National Institute for Health and Care Excellence - <https://cks.nice.org.uk/topics/atrial-fibrillation/prescribing-information/anticoagulants/>

<sup>81</sup> National General Practise Profiles| OHID - <https://fingertips.phe.org.uk/profile/general-practice/data#page/1/gid/3000009/pat/223/par/E40000005/ati/66/are/nE38000137/iid/262/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

<sup>82</sup> JSNA Healthy People Long Term Conditions | Hampshire and Isle of Wight Public Health Intelligence Team – <https://www.iow.gov.uk/Council/OtherServices/Isle-of-Wight-Facts-and-Figures/Current-JSNA/>

<sup>83</sup> Cardiovascular disease (CVD) Prevention Pack | OHID - <https://fingertips.phe.org.uk/static-reports/cardiovascular-disease-prevention/E54000042.pdf>

<sup>84</sup> Sexual and Reproductive Health Profiles | OHID - <https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000035/pat/6/par/E12000008/ati/302/are/E06000046/iid/91523/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

<sup>85</sup> Sexual and Reproductive Health Profiles | OHID - <https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000035/pat/6/par/E12000008/ati/302/are/E06000046/iid/91523/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

<sup>86</sup> This includes transgender men, non-binary people assigned female at birth and intersex people with a womb or ovaries.

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<sup>87</sup> Sexual and Reproductive Health Profiles | OHID - <https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000035/pat/6/par/E12000008/ati/302/are/E06000046/iid/90776/age/156/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0>

<sup>88</sup> Sexual and Reproductive Health Profiles | OHID<sup>88</sup> - <https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000035/pat/6/par/E12000008/ati/302/are/E06000046/iid/90776/age/156/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0>

<sup>89</sup> Sexual and Reproductive Health Profiles | OHID - <https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/1938133286/pat/6/par/E12000008/ati/302/are/E06000046/iid/91818/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0>

<sup>90</sup> Sexual and Reproductive Health Profiles | OHID - <https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/1938133286/pat/6/par/E12000008/ati/302/are/E06000046/iid/90791/age/188/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/car-do-0>

<sup>91</sup> Hampshire Teenage Pregnancy Partnership | Hampshire County Council - <https://www.hants.gov.uk/socialcareandhealth/getiton/professionals/teenagepregnancypartnership#:~:text=Local%20and%20National%20data,the%20IOW%20result%20in%20abortion>

<sup>92</sup> Sexual and Reproductive Health Profiles | OHID - <https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000036/pat/6/par/E12000008/ati/402/are/E06000046/iid/20401/age/173/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0>

<sup>93</sup> Sexual and Reproductive Health Profiles | OHID - <https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000036/pat/6/par/E12000008/ati/402/are/E06000046/iid/20401/age/173/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0>

<sup>94</sup> Sexual and Reproductive Health Profiles | OHID - <https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000059/pat/6/par/E12000008/ati/402/are/E06000046/iid/90754/age/1/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0>

<sup>95</sup> Sexual and Reproductive Health Profiles | OHID - <https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000059/pat/6/par/E12000008/ati/402/are/E06000046/iid/92298/age/275/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0>

<sup>96</sup> Fair Society, Healthy Lives | The institute of Health Equity <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf>

<sup>97</sup> Child and Maternal Health Profile | OHID - <https://fingertips.phe.org.uk/child-health-profiles#page/4/gid/1938133222/pat/6/par/E12000008/ati/402/are/E06000046/iid/93580/age/309/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

<sup>98</sup> Child and Maternal Health Profile | OHID - <https://fingertips.phe.org.uk/child-health-profiles#page/4/gid/1938133222/pat/6/par/E12000008/ati/402/are/E06000046/iid/93579/age/1/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

<sup>99</sup> Child and Maternal Health Profile | OHID - <https://fingertips.phe.org.uk/child-health-profiles#page/4/gid/1938133222/pat/6/par/E12000008/ati/402/are/E06000046/iid/93085/age/1/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

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<sup>100</sup> Child and Maternal Health Profile | OHID - <https://fingertips.phe.org.uk/child-health-profiles#page/4/gid/1938133222/pat/6/par/E12000008/ati/402/are/E06000046/iid/93085/age/1/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

<sup>101</sup> Obesity Profile | OHID - <https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/4/gid/1938133368/pat/6/ati/302/are/E06000046/iid/93584/age/-1/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0>

<sup>102</sup> Parents with problem alcohol and drug use: Data from England and Isle of Wight, 2019 to 2020 | OHID - <https://www.ndtms.net/resources/public/Parental%20substance%20misuse/South%20East/S%20E%20Isle%20of%20Wight%202019-20%20Parental%20substance%20misuse%20data%20pack.html>

<sup>103</sup> Based on the assumption of 2020 fertility rates. European assumption of alcohol use during pregnancy was applied with the final assumption that 1 in 67 women who consume alcohol in pregnancy would deliver a child with FAS.

<sup>104</sup> Child and Maternal Health Profile | OHID - <https://fingertips.phe.org.uk/child-health-profiles#page/4/gid/1938133222/pat/6/par/E12000008/ati/402/are/E06000046/iid/92266/age/179/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

<sup>105</sup> Child and Maternal Health Profile | OHID - <https://fingertips.phe.org.uk/child-health-profiles#page/4/gid/1938133222/pat/6/par/E12000008/ati/402/are/E06000046/iid/92266/age/179/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

<sup>106</sup> Child and Maternal Health Profile | OHID - <https://fingertips.phe.org.uk/child-health-profiles#page/4/gid/1938133222/pat/6/par/E12000008/ati/402/are/E06000046/iid/20101/age/235/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

<sup>107</sup> Child and Maternal Health Profile | OHID - <https://fingertips.phe.org.uk/child-health-profiles#page/4/gid/1938133222/pat/6/par/E12000008/ati/402/are/E06000046/iid/20101/age/235/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

<sup>108</sup> JSNA Vital Statistics data Report | Hampshire and Isle of Wight Intelligence Team - <https://app.powerbi.com/view?r=eyJrIjoiN2YxZWYwZmItNGNiNy00YzY1LTg4YTAZGI2NTVjYjc5YzU5IiwidCI6IjNmODFkOGI1LWVIMDctNGMxNy04NjIjLTFkYjQzOTAxOGQ5YiIsImMiOiJh9>

<sup>109</sup> Child and Maternal Health Profile | OHID - <https://fingertips.phe.org.uk/child-health-profiles#page/4/gid/1938133223/pat/6/par/E12000008/ati/402/are/E06000046/iid/90631/age/34/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

<sup>110</sup> Child and Maternal Health Profile | OHID - <https://fingertips.phe.org.uk/child-health-profiles#page/4/gid/1938133223/pat/6/par/E12000008/ati/402/are/E06000046/iid/90631/age/34/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

<sup>111</sup> Child and Maternal Health Profile | OHID - <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133258/pat/6/ati/402/are/E06000046/iid/91872/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

<sup>112</sup> Child and Maternal Health Profile | OHID - <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/3/gid/1938133258/pat/6/par/E12000008/ati/402/are/E06000046/iid/90632/age/34/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

<sup>113</sup> Child and Maternal Health Profile | OHID - <https://fingertips.phe.org.uk/child-health-profiles#page/1/gid/1938133258/pat/6/par/E12000008/ati/402/are/E06000046/iid/90634/age/35/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

<sup>114</sup> Child and Maternal Health Profile | OHID - <https://fingertips.phe.org.uk/child-health-profiles#page/4/gid/1938133258/pat/6/par/E12000008/ati/402/are/E06000046/iid/90634/age/35/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

<sup>115</sup> Local Authority Interactive Tool | GOV.UK - <https://www.gov.uk/government/publications/local-authority-interactive-tool-lait>



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- <sup>116</sup> Local Authority Interactive Tool | GOV.UK - <https://www.gov.uk/government/publications/local-authority-interactive-tool-lait>
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- <sup>118</sup> Family time use and home learning during the COVID-19 lockdown | Institute for Fiscal Studies <https://ifs.org.uk/publications/family-time-use-and-home-learning-during-covid-19-lockdown>
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