



**Isle of Wight
Council**

**Isle of Wight Council
Pharmaceutical Needs
Assessment**

2025-2028

Appendix 1 – Demography

Document information

Title: Isle of Wight Pharmaceutical Needs Assessment 2025-2028 – Appendix 1

Status: Draft

Current version: 2

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Approved by: Isle of Wight Health and Wellbeing Board

Approval date: [Date]

Review frequency: Three years

Next review: 2028

Version history

Version	Date	Description
1	November 2024	First draft for Health and Wellbeing Board
2	December 2024	Second draft for public consultation

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1 Defining need in relation to pharmaceutical services

Some people will make more use of pharmacy services than others. These will include those on long term medicines, older people and the very young. This reflects the prevalence of health issues within these segments of the population. Parents and carers of children under the age of five are encouraged by the NHS to visit their local pharmacy team first for clinical advice for minor health concerns such as sore throats, coughs, colds, upset stomachs and teething. It is well recognised that the pharmaceutical care needs of elderly patients are different from other populations. For instance, the elderly tend to take more medicines, have multiple conditions and more complicated treatment plans¹. Some segments of the population may have specific needs in relation to pharmaceutical services. These are examined below. However, the main considerations of need in relation to pharmaceutical services on the Isle of Wight are service location and availability.

2 Demography – size and structure of the population

2.1 Current population

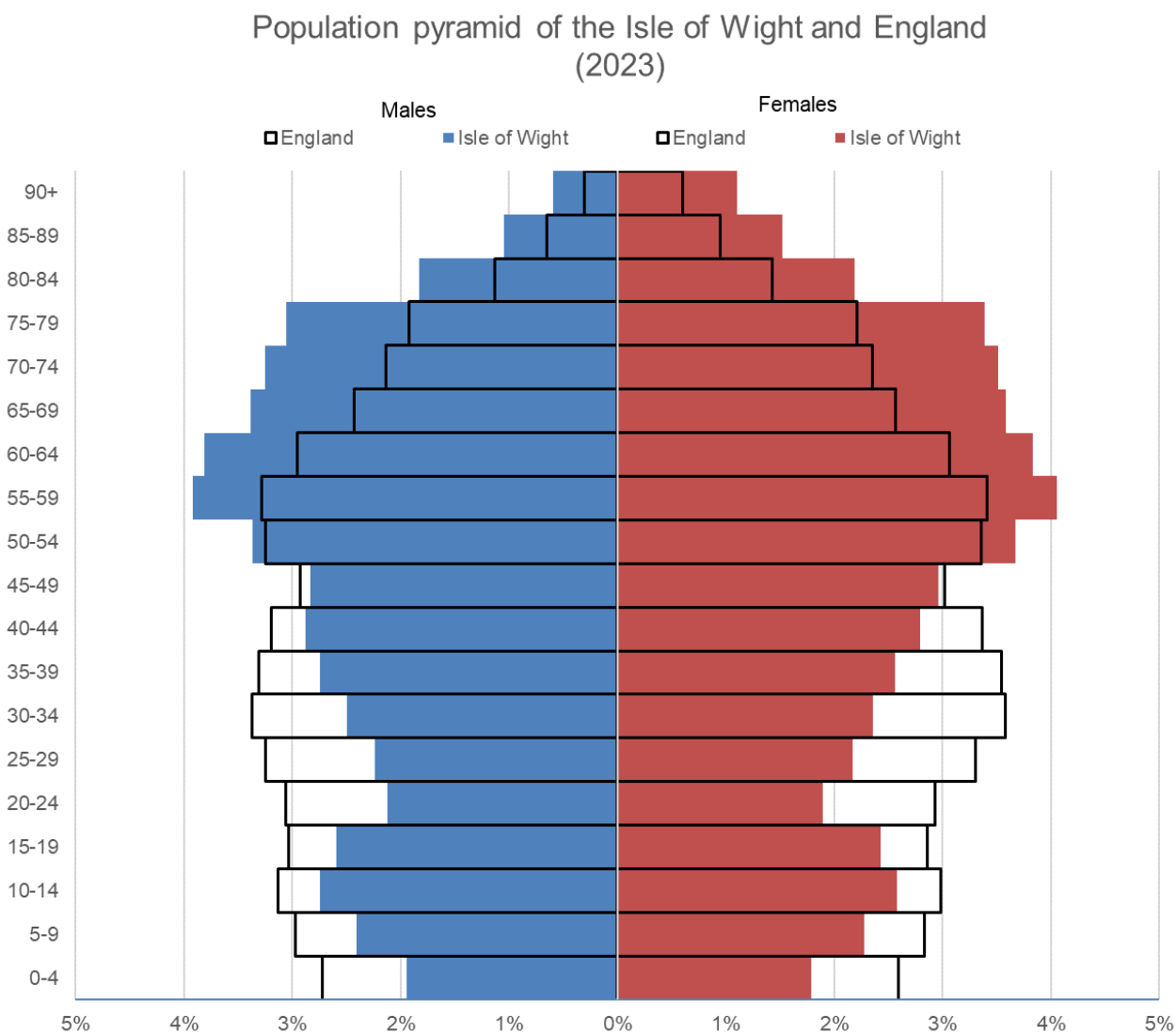
The population of the Island in 2023 is estimated to be just short of 142,500 people and around 72,000 households. This is according to Hampshire County Council's Demography Team's 2023-based population forecasts. This makes the Isle of Wight the second least populous county in England after Rutland. Over the twelve-year period between the 2011 Census and 2023, the Island's population is estimated to have increased by 3%. In absolute numbers this equates to an increase of just over 4,000 people.

The population pyramid below (Figure 1) shows the latest population forecasts available for the Island compared to England. It shows the Island has an older population, with a higher proportion of the population aged 50 years and over compared to England.

In 2023, population forecasts show that the Island had fewer young working aged people (aged 20-49) compared to England as a whole; 30.1% on the Island compared to 38.9% in England. Young people (aged 0-19 years) made up 18.8% of the population compared to 23.1% nationally. Older Island residents (aged 75 years and over) account for 14.7% of the population, compared to 9.2% nationally. There are estimated to be almost 2,500 people living on the Island who are aged 90 years and over; 1.7% compared to 0.9% nationally.

¹ [Pharmaceutical care - a model for elderly patients - The Pharmaceutical Journal \(pharmaceutical-journal.com\)](https://www.pharmaceutical-journal.com)

Figure 1 – Population Age and Sex Structure of the Isle of Wight and England, 2023

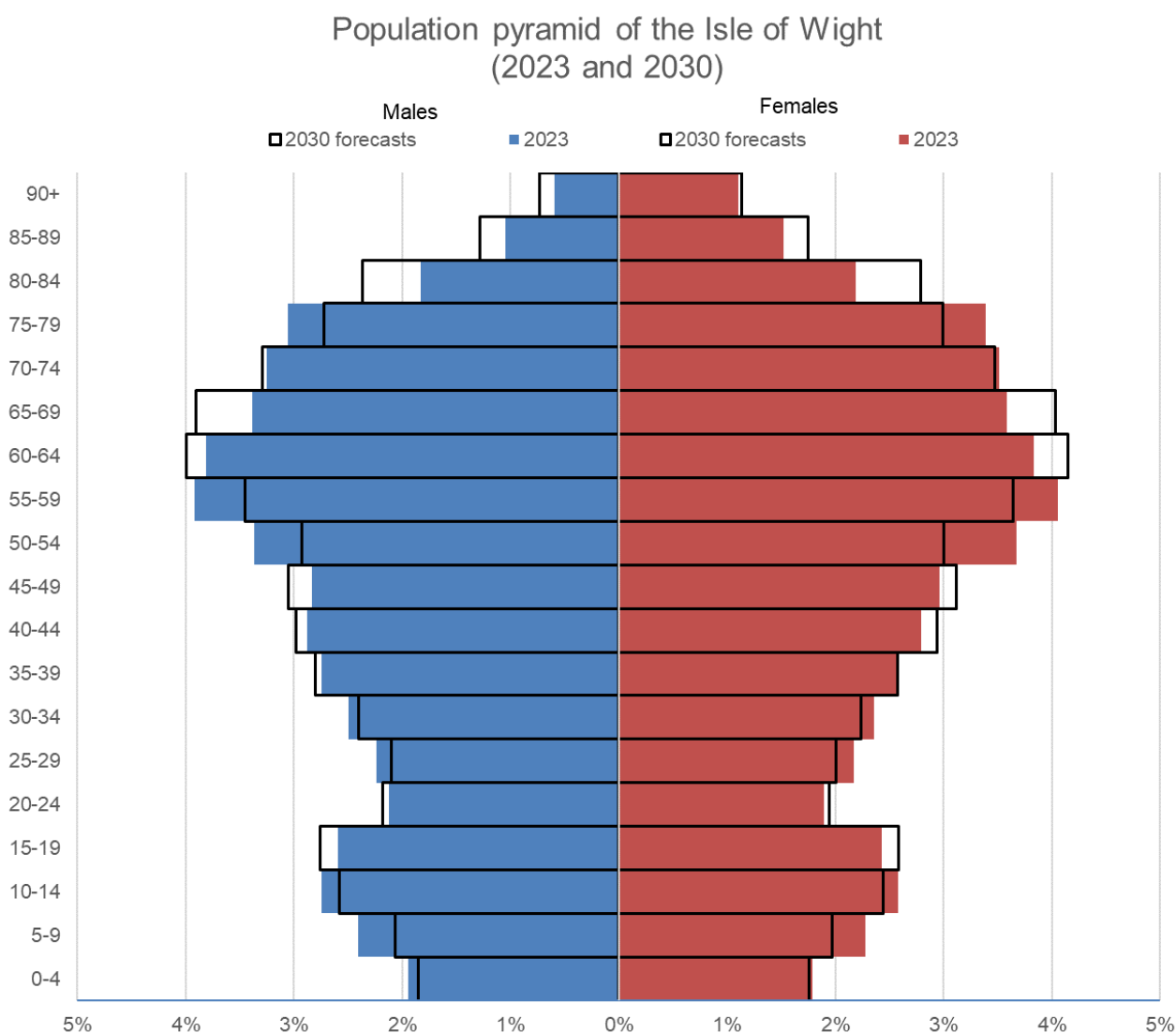


Source: Hampshire County Council Environment Department 2023 population forecasts (IOW data) and ONS mid-2023 population estimates (England data)

2.2 Population forecasts

The population pyramid (Figure 2) shows the projected change in the Island’s population age and sex structure over the next seven years. Hampshire County Council’s population forecasts suggest that the population of the Island is expected to increase by 3.0%, from 142,414 in 2023 to 146,675 by 2030.

Figure 2 – Population forecast for the Isle of Wight 2023 and 2030



Source: Hampshire County Council Environment Department 2023 population forecasts

Population projections suggest a 1.2% decrease in the 0- to 19-year-old population. This can be mainly attributable to the 5- to 14-year-old population.

Looking forward, the ageing of the Island’s population is set to continue with projections suggesting that by 2030 30.5% of the population will be aged 65 or older, 15.8% aged 75 or older and 4.9% aged 85 or older. The number of people aged 85 years and over is expected to increase from 6,077 to 7,193 people by 2030 – an increase of 18.4%.

2.3 New Housing developments and impact on local population dynamics

The table below shows the areas where planning applications have been approved and when the units are expected to be delivered. Please note that these figures are indicative of approved applications only. The delivery of these is out of the local authority's control. The further into the future you go, the less reliable the confidence of delivery.

The area expecting the highest levels of development over the next fifteen years is Newport. Nearly 1,750 homes are expected to be delivered there over the next few years. Other areas expecting significant developments are Ryde, Cowes, East Cowes, and The Bay - see Table 1.

Table 1 - Developments by settlement from 2022/23 to 2036/37 onwards

Settlement	Delivery trajectory							Total units
	22/23	23/24	24/25	25/26	26/27	27/28 to 31/32	32/33 to 36/37	
Arreton	33	9	0	0	0	0	0	42
Bembridge	0	0	6	59	52	42	0	159
Brighstone	25	30	0	0	0	0	0	55
Cowes	11	13	21	65	141	478	200	929
East Cowes	1	8	25	25	28	264	0	351
Godshill	0	30	30	30	17	0	0	107
Nettlestone	0	0	10	7	0	0	0	17
Newport	112	72	93	113	110	728	515	1,743
Rookley	27	1	0	0	0	0	0	28
Ryde	31	22	54	139	139	545	330	1,260
The Bay*	10	40	30	7	30	160	0	277
Wellow	0	0	0	8	8	0	0	16
West Wight**	0	0	10	34	55	125	0	224
Wootton	0	0	20	20	0	29	0	69
Yarmouth	0	0	13	13	0	0	0	26
Isle of Wight total	250	225	312	520	580	2,371	1,045	5,303

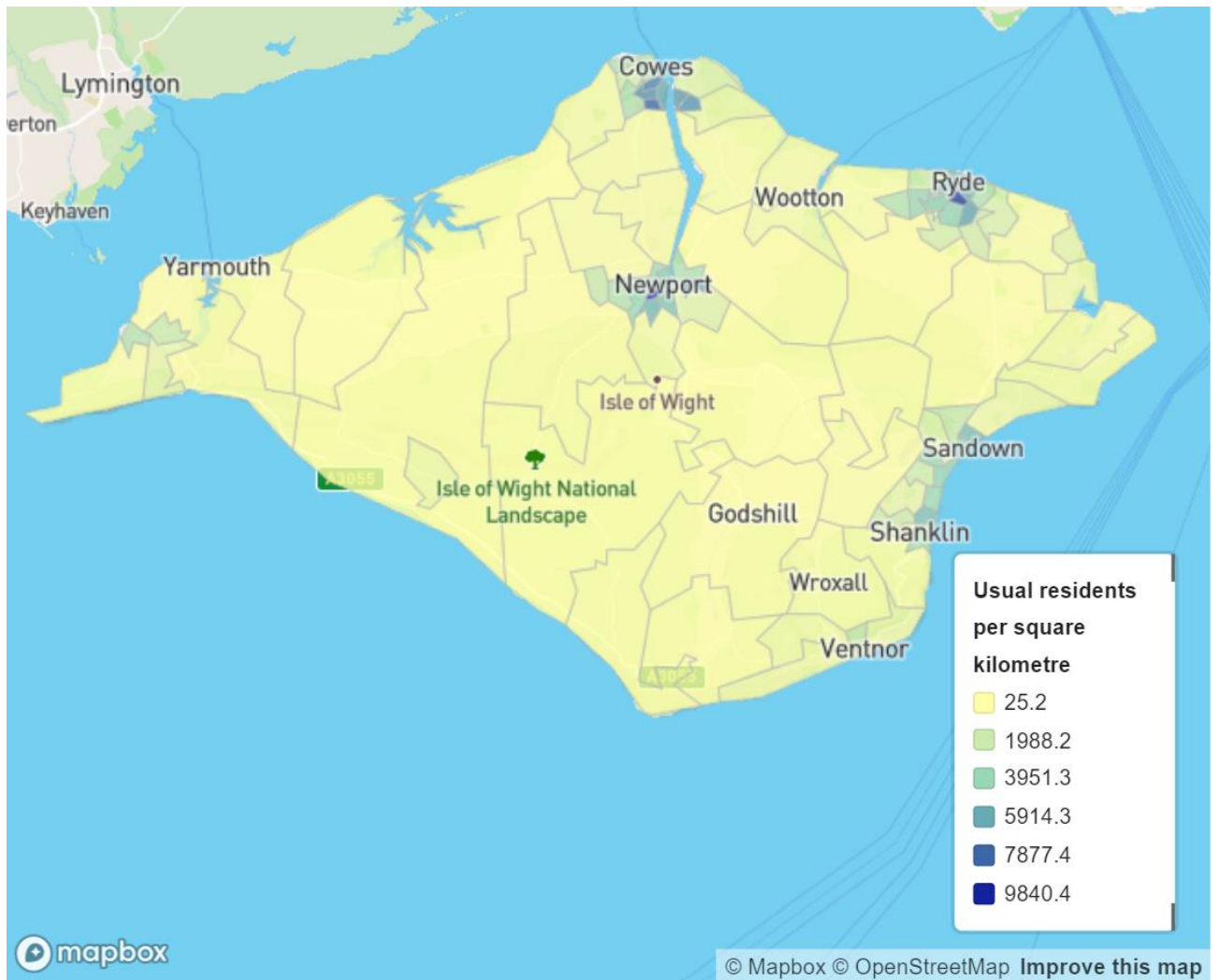
* The Bay includes Sandown, Shanklin & Lake

** West Wight includes Freshwater and Totland

2.4 Population Density

The Isle of Wight's population density is lower than that of England. There are 370 people per square kilometre compared to 433.5 per square kilometre in England. Population density varies greatly across the Island. Higher population density generally correlates with the rural/urban classification of the area – see Map 1.

Map 1 – The number of residents per square kilometre on the Isle of Wight

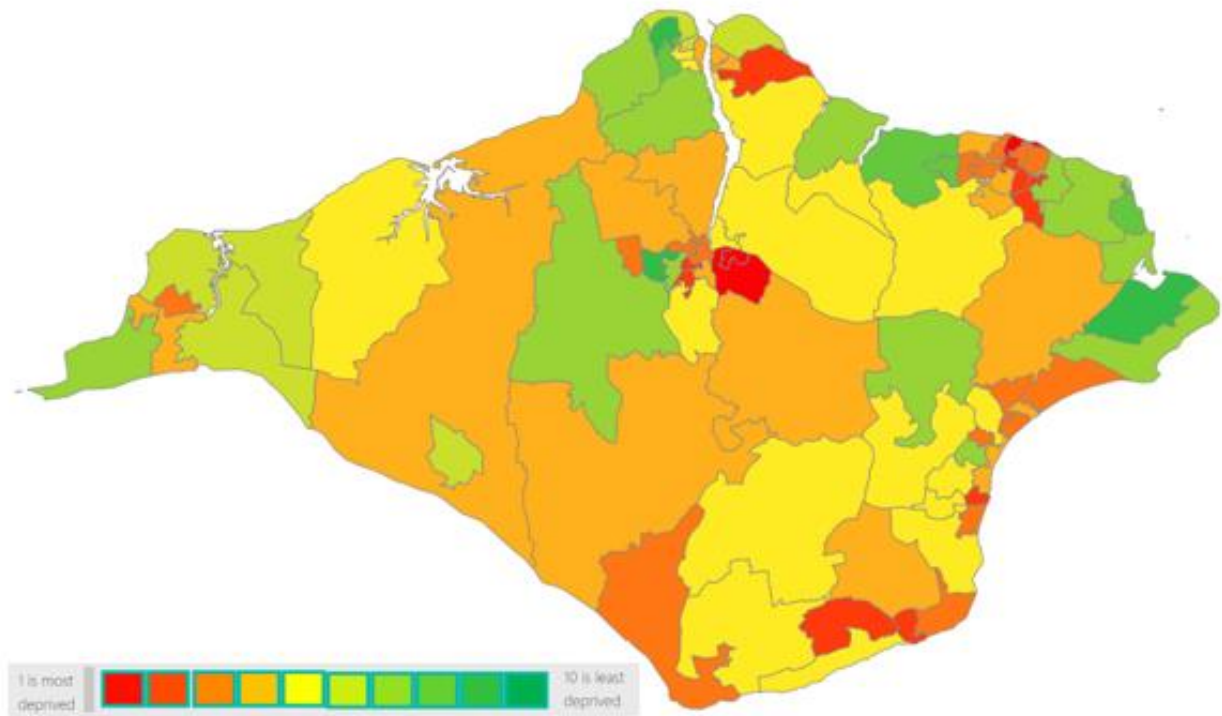


Source: Isle of Wight Demography JSNA

3 Indices of deprivation

The Island is the 80th most deprived authority in England (out of 317). This is according to the Index of Multiple Deprivation (IMD) 2019. However, there are pockets within the Island that fall within the most deprived areas in the country, see Map 2.

Map 2 – Index of Multiple Deprivation 2019 across the Isle of Wight



Two supplementary indexes are produced alongside the Index of Multiple Deprivation 2019. These explore:

- Income deprivation specifically affecting children (0 to 15 years) (IDACI)
- IDACI ranks six areas on the Island in the most deprived decile nationally
- Income deprivation affecting older people (aged 60 years and over) (IDAOP1).
- IDAOP1 ranks no areas on the Island in the most deprived decile nationally

4 General health of the population

The Census 2021 asked people to rate their general health, and whether they have a long-term illness or disability. This information gives an insight into the health of the people of the Isle of Wight overall. Also, the levels of long-term illness and disability across the resident population of the Island.

The majority of the Island's population (76.9%) reported having good or very good health, compared to 82.2% nationally. 76.7% of the Island's population reported no disabilities. This is a lower level (a higher level of people with a disability) than the 82.7% recorded across England.

Across the Island, 6.8% of people reported having bad or very bad health (5.2% in England).

The proportion of residents with a limiting long-term illness or disability is slightly worse than England. 9.8% of the Island's population said that they had a long-term health problem or disability which limited their day-to-day activity a lot, compared to 7.3% in England.

5 Life expectancy and healthy life expectancy

Overall, the Isle of Wight population's health is similar to England's. A boy born on the Island today will live on average for 79.1 years, slightly longer than the average for England at 78.9 years. A girl born on the Island today will live on average for 83.2 years, slightly longer than the average for England at 82.8 years.

Figure 3 – Trend in life expectancy for the Isle of Wight and England for males

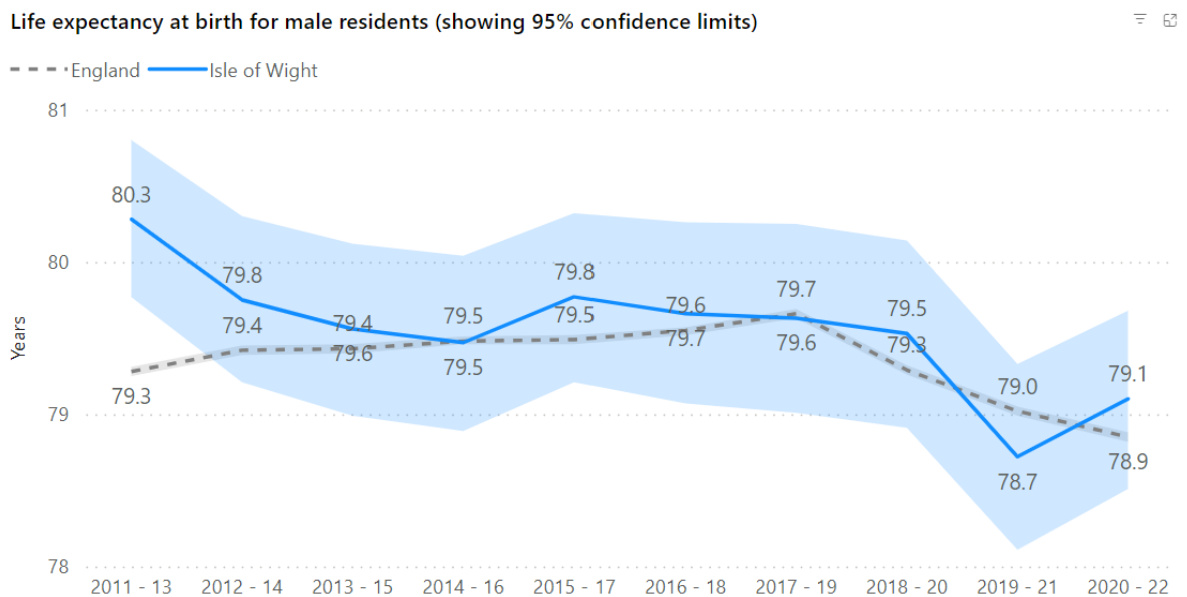
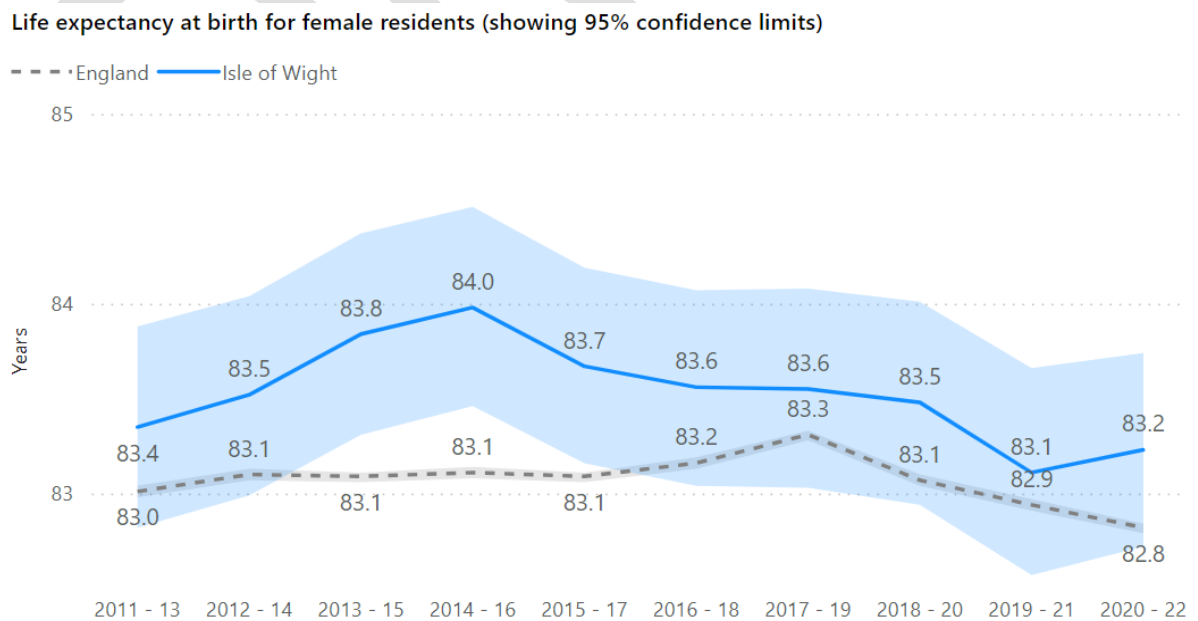


Figure 4 – Trend in life expectancy for the Isle of Wight and England for females



Source: Isle of Wight Demography JSNA

Across the Island, life expectancy for males and females has generally been reducing over time since 2009. This has been particularly noticeable in males, see Figures 3 and 4.

Life expectancy varies with deprivation and is a key high level inequalities outcome measure. Males living in the most deprived areas of the Island could expect to live 76.3 years compared to 80.2 years in the least deprived areas - a difference of just under four years. Whilst females living in the most deprived areas of the Island could expect to live 80.4 years compared to 84.1 years in the least deprived areas - also a difference of just under four years.

Healthy life expectancy shows the years a person can expect to live in good health (rather than with a disability or in poor health). It is therefore a significant measure of a person's quality of life.

Life expectancy estimates show that females live for longer than men, but they also live with poor health for longer too. Male healthy life expectancy is 61.8 years, indicating an additional 17 years are spent in poor health. Female healthy life expectancy is 62.6 years, indicating just over 20 years are spent in poor health, see Figures 5 and 6.

Figure 4 – Trend in healthy life expectancy for the Isle of Wight and England for males

Healthy life expectancy at birth for male residents (showing 95% confidence limits)

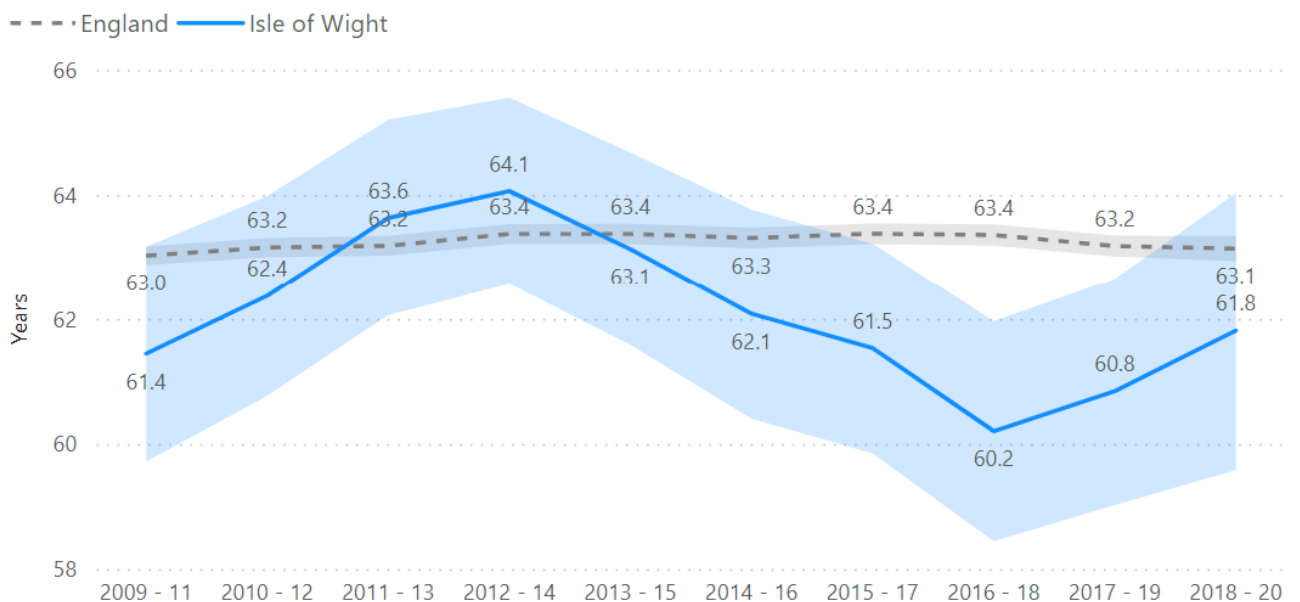
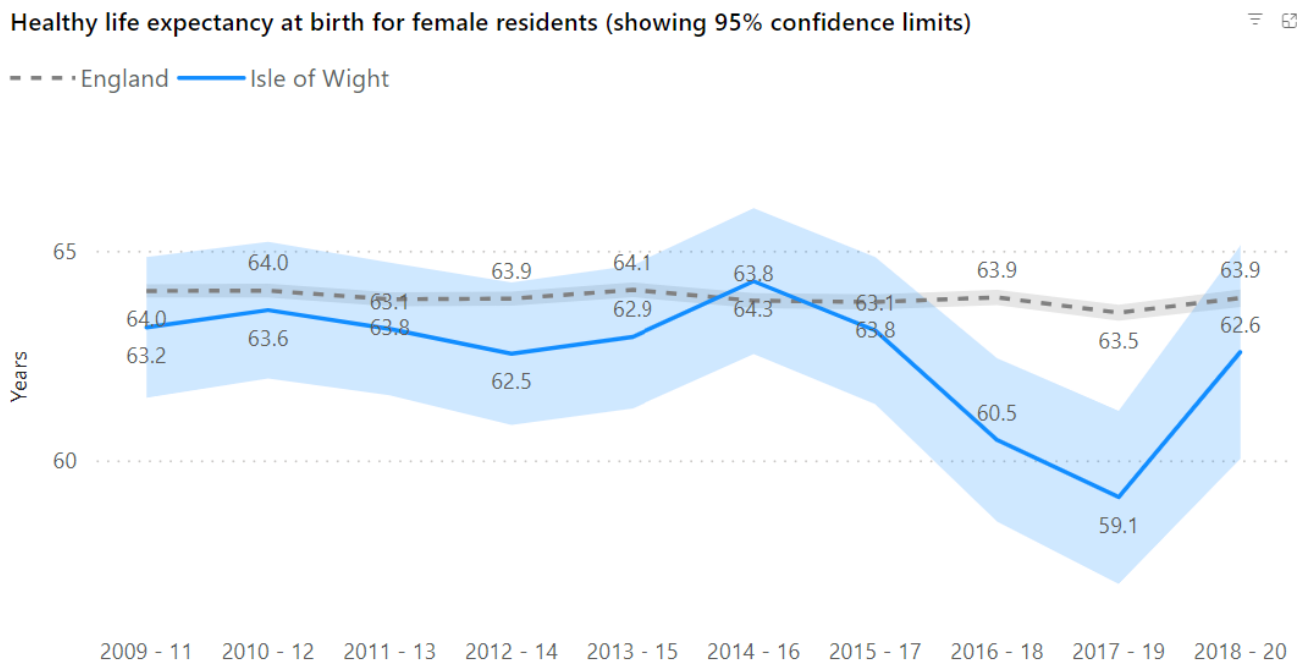


Figure 6 - Trend in healthy life expectancy for the Isle of Wight and England for females



Source: Isle of Wight Demography JSNA

Inequalities in healthy life expectancy are evident. Those resident in the most deprived areas live a smaller proportion of their lives in good health. Males and females living in the most deprived areas of the Island live in poor health for 10.3 years and 7.5 years longer respectively. This is compared to those living in the least deprived areas, see Figures 7 and 8.

Figure 7 – Inequality in healthy life expectancy between most and least deprived deciles for males across the local area

Male healthy life expectancy: Inequality between most and least deprived deciles, 2009-13

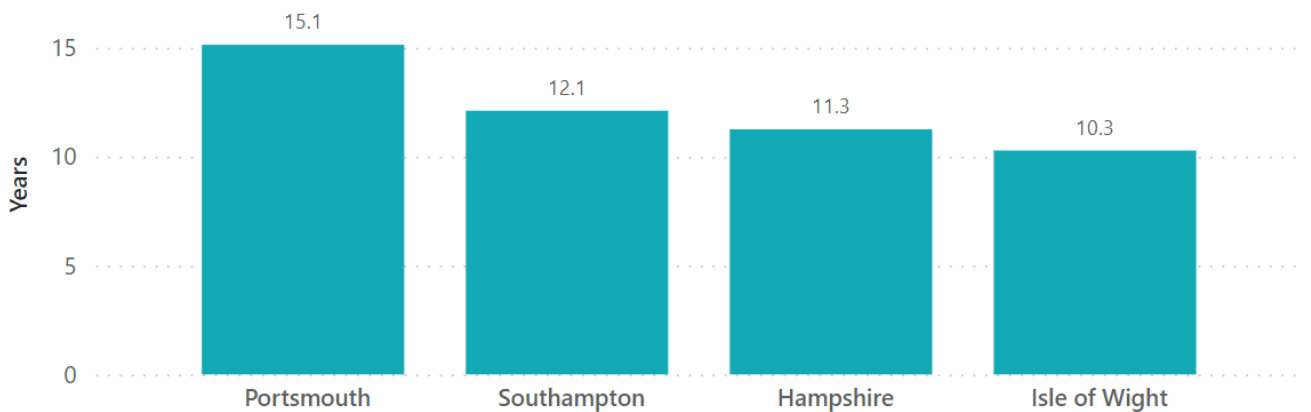
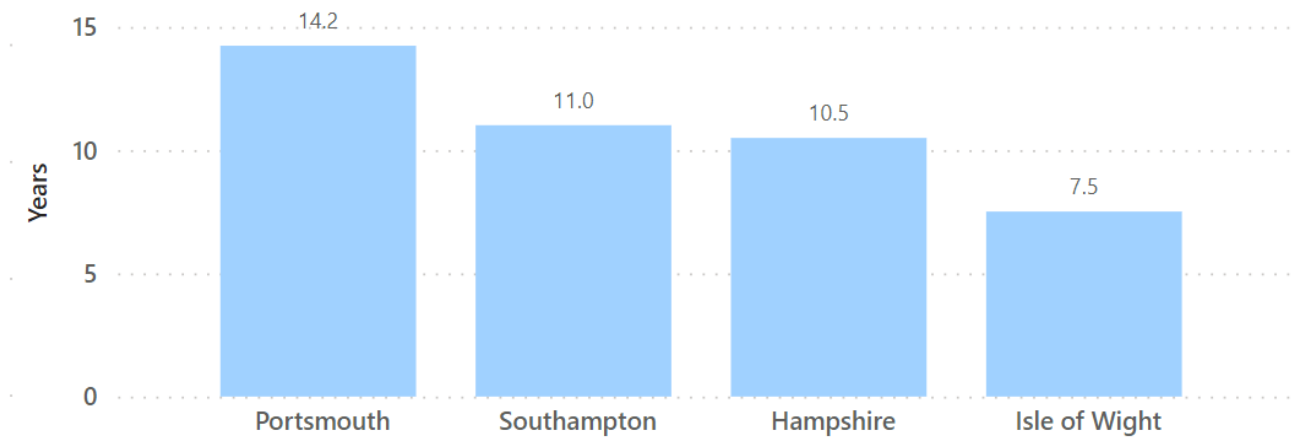


Figure 8 – Inequality in healthy life expectancy between most and least deprived deciles for females across the local area

Female healthy life expectancy: Inequality between most and least deprived deciles, 2009-13



Source: Isle of Wight Demography JSNA

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6 Populations with protected characteristics

6.1 Ethnicity

The 2021 Census is the most robust source of information about the ethnicity of the resident population for the Island.

The Island's population is less diverse than England as a whole. 97.0% of residents describe themselves as belonging to White ethnic groups, compared to the national average of 81%. The diversity of the area's population is increasing. 3.0% of the population described themselves as belonging to an ethnic minority group in 2021. This is up from 2.7% in the 2011 Census and 1.3% in 2001.

Overall, the White population of the Island has higher proportions of people in older age groups. The demographic of the population who are from an ethnic minority group tends to be younger:

- Young people (aged 0-15 years) make up 25.1% of the population who are from an ethnic minority, compared to 14.1% of the population who are from a White ethnic group.
- Younger working people (16-49 years) make up 49.3% of the population who are from an ethnic minority, compared to 31.7% of the population who are from a White ethnic group.
- Older people (65+) make up 8.7% of the population who are from an ethnic minority, compared to 28.9% of the population who are from a White ethnic group.

In England, there are health inequalities between ethnic minority and White groups, and between different ethnic groups. The root causes of these inequalities can be difficult to determine. A recent review by The King's Fund suggests a complex interplay of deprivation, environmental, physiological, health-related behaviours and the 'healthy migrant effect'. Ethnic minority groups are disproportionately affected by socio-economic deprivation. Existing inequalities can be reinforced by structural racism².

Generally, people from Bangladeshi and Pakistani communities have the poorest health outcomes across a range of health indicators. Rates of cardiovascular disease and diabetes are higher among Black and South Asian groups. These health inequalities may result in different levels of pharmaceutical need.

6.2 Disability

To understand the level of disability in our population, the responses from the 2021 Census question were analysed. This asked:

² [The health of people from ethnic minority groups in England | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/publications/health-ethnic-minority-groups)

“Do you have any long-term illness, health problems or disability which limits your daily activities or work you can do?”

Across the Island, 76.7% of people reported that they did not have any long-term illnesses which limited their daily activities or work. This is lower than the national average of 82.7%.

9.8% of people said they had a long-term health problem or disability which limited their day-to-day activities a lot, compared to 7.3% nationally. This varied across the Island, at its lowest at 5.0% in Carisbrooke East and highest at 14.7% in Sandown North.

6.3 Religion or belief

Census 2021 data reported that just over half of Isle of Wight residents (56.1%) stated they had a religion, 43.9% no religion and 6.5% did not say.

Of those who stated they had a religion, Christianity was the dominant religion with 47.7% of Island residents reporting to be Christian. However, this is down from 60.5% in 2011. 0.4% reported Muslim as their religion, 0.4% Buddhist and 0.2% Hindu.

6.4 Marriage and civil partnership

Census 2021 data reported that under half of Isle of Wight residents (46.1%) were married – 45.8% opposite sex and 0.3% same sex. 0.3% were in a registered civil partnership – 0.1% opposite sex and 0.2% same sex. 31.0% were single, 12.0% divorced or civil partnership dissolved, and 8.2% widowed or a surviving partner from a civil partnership.

6.5 Pregnancy and maternity

Smoking during pregnancy can cause serious pregnancy-related health problems. These include:

- complications during labour
- an increased risk of miscarriage
- premature birth
- stillbirth
- low birthweight
- sudden unexpected death in infancy.

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. On average, smokers have more complications during pregnancy and labour, including bleeding during pregnancy, placental abruption and premature rupture of membranes.

Recent data for the financial year 2022/23 suggest that on the Island, 8.9% of mothers were known to be smokers at the time of delivery.

Trend data show that since 2010/11 the percentage of mothers smoking has decreased and is now at the same level as England.

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7 Inclusion groups and other populations with specific needs

7.1 Rural populations

The Isle of Wight is a predominantly rural county. Out of the Island's 89 Lower Super Output Areas (LSOAs), 28 of them are classed as rural. However, most of these 28 are larger in size, covering a higher proportion of the area of the Island.

The rural LSOAs cover 68% of the Island's area, however just 31.5% of the population live in them. The other 68.5% of the population live in the 32% of the Island's total area defined as urban.

7.2 Coastal areas

The Chief Medical Officer's 2021 report focused on health inequalities in coastal areas. It outlined that these areas have low life expectancy and higher rates of many diseases, compared with non-coastal areas. Analysis produced by the University of Plymouth has been used to identify coastal and non-coastal communities. Coastal areas are defined as those with built-up area which lie within 500m of high tide.

The majority of the Island is classed as coastal apart from some of the more rural areas, see Map 3.

Map 3 - Map showing Isle of Wight Coastal Communities by LSOA



Source: Isle of Wight Healthy Places JSNA

Coastal communities include a disproportionately high burden of ill health. Particularly in heart disease, diabetes, cancer, COPD and mental health. There is also a significant disparity in hospital admissions due to 'health-risking behaviour' between coastal and non-coastal areas³.

Deprivation in these areas, and the age of coastal populations are both related to this burden of ill health. The University of Plymouth's Coastal Health Outcomes report concluded that there is also a substantial health service deficit in coastal communities⁴.

7.3 People with long term conditions

Around one in four people have two or more long-term conditions. This is often known as multimorbidity, and this rises to two thirds of people aged 65 years or over⁵. The proportion of patients who have two or more medical conditions simultaneously is rising⁶.

Multi-morbidity increases with age. However, other circumstances can mean certain people are more vulnerable to having multiple long-term conditions. Almost a third of people with 4 or more conditions are under 65 years of age.

People in disadvantaged areas are at greater risk of having multiple conditions. They are likely to have multiple conditions around 10 to 15 years earlier than people in affluent areas⁷. Around 28% of people in the most deprived areas of England have 4 or more conditions, compared with 16% in the least-deprived areas⁸.

Children or young adults with serious congenital, or acquired, impairments often have multiple physical or mental illnesses. Certain periods of life, including pregnancy, increase the probability that multiple conditions will present simultaneously⁹.

Analysis by the Health Foundation shows that 82% of people with cancer have at least one additional condition. This also applies to 92% with cardiovascular disease, 92% with chronic obstructive pulmonary disease and 70% with a mental health condition¹⁰. Figure 9 taken from this analysis shows that a person with hypertension had an average of 2.1 additional conditions. A person with depression or anxiety had an average of 2.0 additional conditions. People with chronic kidney disease had an average of 3.3 additional conditions.

³ [Chief Medical Officer's annual report 2021: health in coastal communities - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/90222/cmof-annual-report-2021-health-in-coastal-communities.pdf)

⁴ [Chief Medical Officer's annual report 2021: health in coastal communities - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/90222/cmof-annual-report-2021-health-in-coastal-communities.pdf)

⁵ [NHS England » Multimorbidity – the biggest clinical challenge facing the NHS?](https://www.nhs.uk/news/2019/07/multimorbidity-the-biggest-clinical-challenge-facing-the-nhs/)

⁶ [Rising to the challenge of multimorbidity | The BMJ](https://www.bmj.com/content/361/bmj.n2222)

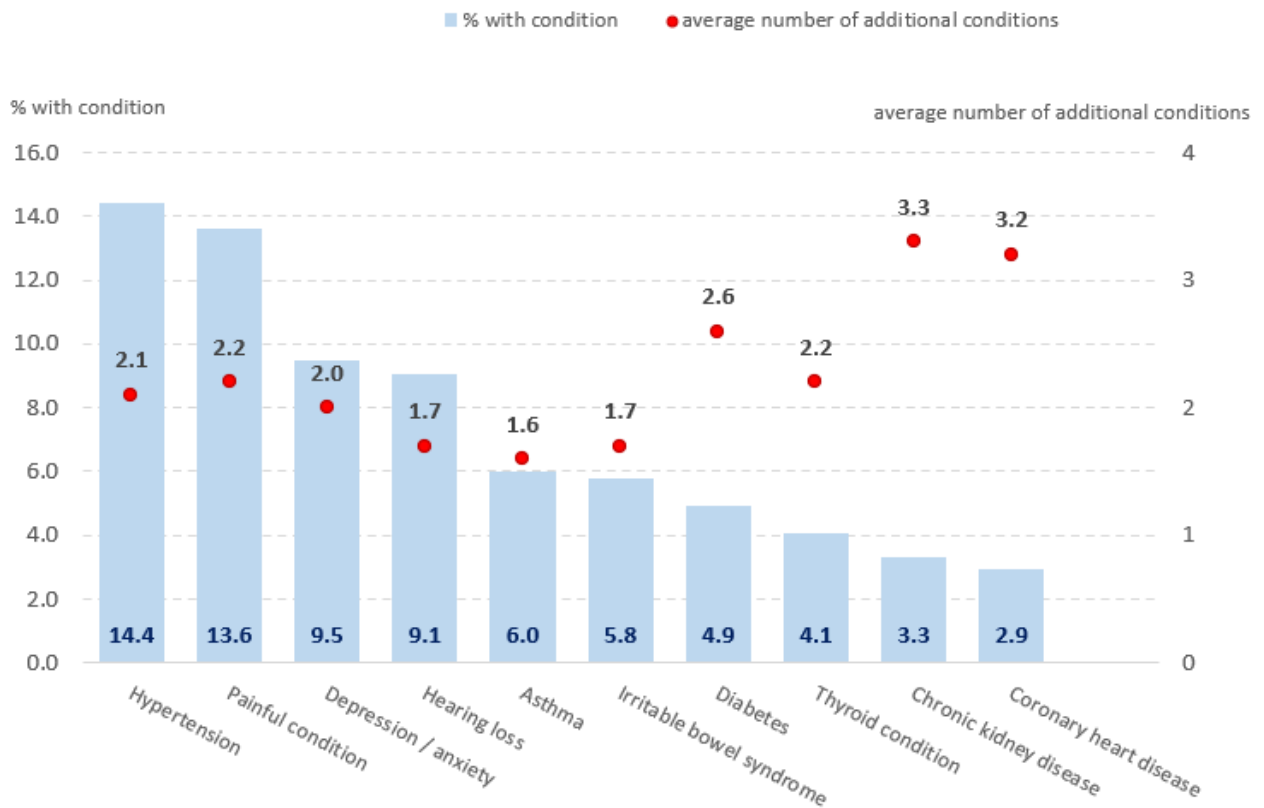
⁷ [Long-term conditions and multi-morbidity | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/publications/long-term-conditions-and-multi-morbidity)

⁸ [Understanding the health care needs of people with multiple health conditions.pdf](https://www.kingsfund.org.uk/publications/understanding-the-health-care-needs-of-people-with-multiple-health-conditions)

⁹ [Rising to the challenge of multimorbidity | The BMJ](https://www.bmj.com/content/361/bmj.n2222)

¹⁰ [Understanding the health care needs of people with multiple health conditions.pdf](https://www.kingsfund.org.uk/publications/understanding-the-health-care-needs-of-people-with-multiple-health-conditions)

Figure 9 – Percentage with a range of common conditions and average number of additional conditions



Data source: [Understanding the health care needs of people with multiple health conditions.pdf](#)

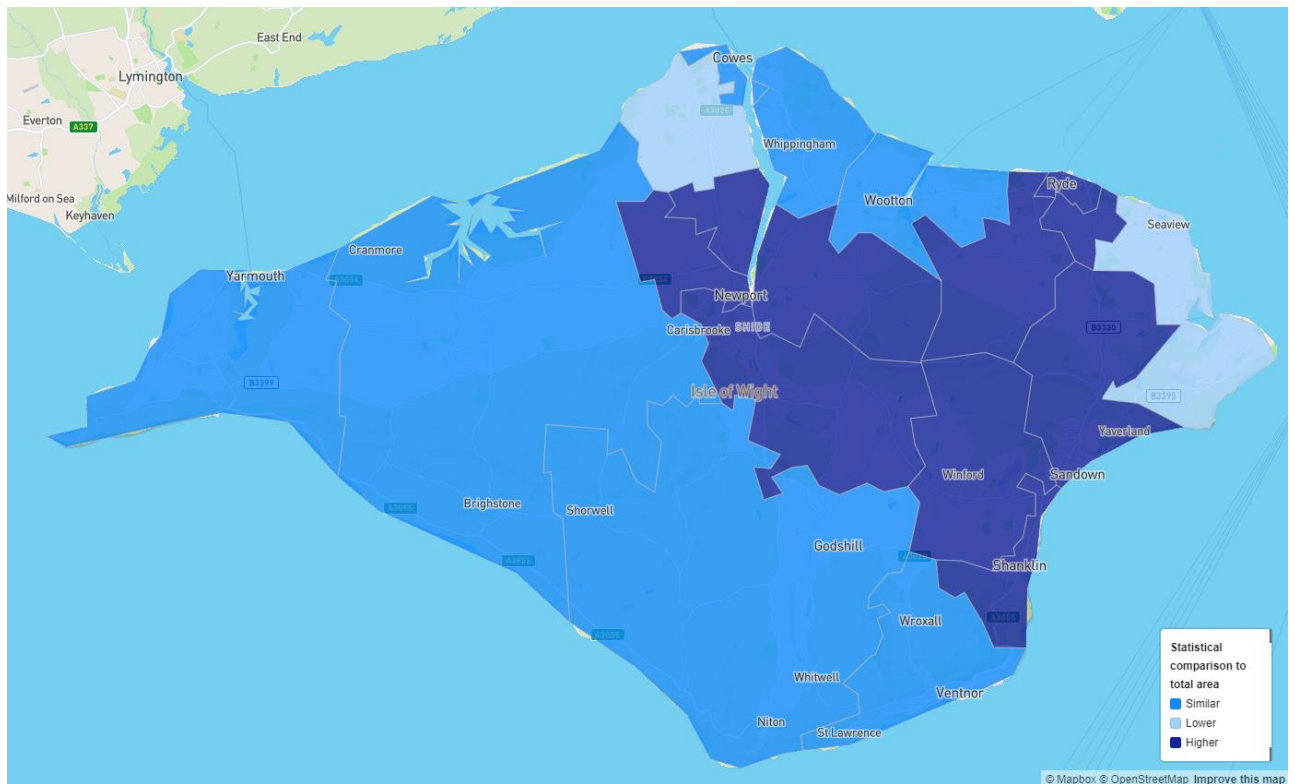
Pharmacists are ideally placed to improve the care and quality of life of people with multiple long-term conditions. This is particularly true where polypharmacy is an issue. Pharmacists may also have a pivotal role to play in the prevention or worsening of multi-morbidities in younger people¹¹.

Across the Isle of Wight, a little over 32,900 residents have two or more long terms conditions, this equates to over one in five people (23.1%) as at April 2021.

Map 4 below shows that there is further variation within the Island. Most of the areas to the east of the Island have higher levels of multimorbidity, except for Seaview and Bembridge.

¹¹ [New approach needed to tackle rise of multimorbidity - The Pharmaceutical Journal \(pharmaceutical-journal.com\)](#)

Map 4 – People with two or more long term conditions, rate per 100,000 – April 2024



Data source: [JSNA Major Conditions Report](#)

The Health Foundation study reported that a high number of additional conditions are seen in people diagnosed with:

- Cancer
- Chronic Obstructive Pulmonary Disorder
- Cardiovascular Disease, and
- Mental health.

Hypertension and pain were the most common additional conditions.

7.4 Military

The Isle of Wight has no military presence.

7.5 Military Veterans

Robust data about the number, location and demographics of veterans has previously been limited at both national and local level. However, the Census 2021 contained a question “Have you **previously** served in the UK Armed Forces?”. This makes the data more

complete now than it has been in the past. Census data suggests that there are around 7,200 veterans living on the Isle of Wight.

The most common mental health problems are anxiety and depression. However, there are clearly some veterans with more complex problems who will need more specialised and bespoke treatment. These might be for complex (PTSD) or dual diagnoses of alcohol misuse and mental health problems.

7.6 Offenders

There is one prison on the Isle of Wight set across two neighbouring sites (Albany and Parkhurst) just outside Newport. It is a high security men's prison with an operational capacity of 1,101. Prison population data from the Ministry of Justice for July 2024 report a population of 1,079.

The pharmaceutical needs of prisoners on the Island are met by the services within the walls of those establishments. This means they are not within the scope of this PNA.

7.7 People in contact with the justice system

Nationally, the number of individuals formally dealt with by the Criminal Justice System (CJS) was 30% lower in 2020 than in 2019, as a result of COVID-19. The rate of juveniles receiving their first conviction, caution or youth caution per 100,000 10 to 17-year-old population on the Isle of Wight is significantly higher (worse) than the national average at 340.0 compared to 143.4 nationally¹².

Children and young people at risk of offending or within the youth justice system often have more unmet health needs than other children¹³. For young people, there are overlapping risk factors associated with youth crime, such as school absence and low educational attainment¹⁴.

7.8 Drug and alcohol dependents

There is conflicting data on UK alcohol consumption trends, between what people say they drink and the data on alcoholic drink sales. European research evidence indicates that people under-estimate their personal alcohol consumption by around 60%¹⁵.

¹² [Public Health Outcomes Framework - Data - PHE](#)

¹³ [Improving outcomes and supporting transparency part 2: summary technical specifications of public health indicators \(publishing.service.gov.uk\)](#)

¹⁴ [Improving outcomes and supporting transparency part 2: summary technical specifications of public health indicators \(publishing.service.gov.uk\)](#)

¹⁵ [Alcohol consumption higher than reported in England | UCL News - UCL – University College London](#)

Between 2010 and 2016 there was a very gradual increase in the estimated number of alcohol dependent adults on the Isle of Wight¹⁶. Numbers increased from 1,456 to 1,553, then decreased back to 1,487 in 2017. There was a sharp increase to 1,681 in 2018, and back down to 1,581 in 2019.

The number of opiate users on the Island successfully completing drug treatment had been declining. This was in line with the England trend. However, it has increased to statistically higher than England for the past two years¹⁷. There has been a decline in the number of people completing successful alcohol treatment on the Isle of Wight. However, the most recent figure is back in line with the national average.

Pharmacies provide a number of services to this section of the community, such as:

- Supervised administration programmes
- needle exchanges
- Hepatitis C testing, and
- healthy lifestyle advice.

7.9 Homeless and rough sleepers

There are three main forms of homelessness:

- rough sleeping
- statutory homelessness, and
- hidden homelessness, whereby people sofa surf at family and friends' houses or live-in housing which is not safe to be occupied.

Those who fall under the category of 'hidden homelessness' are the ones most often excluded from official data.

A count of rough sleepers on the Island in 2023 recorded three rough sleepers – a decrease from the previous year (five)¹⁸. Analysis of this count showed that one of the Island's rough sleeping cohort were female. The 2023 national average is recorded as 15%. All three were aged over 25 years. All three were from the UK.

Figures from the Ministry of Housing, Communities and Local Government show the Island to have 3.3 households per 1,000 in temporary accommodation. This is better than England's average of 4.2¹⁹. The Island has 10.6 households (per 1,000) owed a duty under the Homelessness Reduction Act (HRA). This is better than England and similar to

¹⁶ [Alcohol dependence prevalence in England - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

¹⁷ [Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

¹⁸ [Gov.UK dashboards on rough sleeping](https://gov.uk)

¹⁹ [Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

the South East averages (12.4 and 10.3 respectively).²⁰. Under the HRA prevention and relief duties are owed to all eligible households who are homeless or threatened with becoming homeless²¹.

However, homeless shelter figures often exceed national estimates and are often the most reliable and up to date local figures available.

Many people who are homeless experience poor mental health, domestic abuse and are likely to have substance use or addiction. One in three people who are homeless have attempted suicide. They are nine times more likely to die by suicide. Deaths as a result of traffic accidents are three times as likely, infections twice as likely and falls more than three times as likely for people experiencing homelessness. Drug and alcohol abuse are particularly common causes of death among the homeless population, accounting for just over a third of all deaths²².

7.10 Migration

Migration is complex and there is no legal requirement to inform a single body when someone moves. As such, data on migration is much less robust and comes with limitations on its use. Economic migrant data from the Department of Work and Pensions report that in the 12 months ending June 2024, there were 526 National Insurance Number registrations to adult overseas nationals on the Island. Of these registrations, 49% were to people from Asia, 12% were to those from Europe and 38% to people from the rest of the world²³.

7.11 Refugees and asylum seekers

The most vulnerable migrants and asylum seekers in the population are a dynamic population who make frequent geographic moves. As a result, data is not sufficient to map this population, and many of the group's characteristics are protected.

Historically, the Isle of Wight has had low numbers of asylum seekers and refugees. There have been just 32 resettlements recorded over the last ten years²⁴. Vulnerable migrants can arrive in the UK from any country, and many will be undetectable.

This population can have complex health needs too. Common health challenges could include:

- untreated communicable diseases

²⁰ [Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](https://www.phe.org.uk/public-health-outcomes-framework-data)

²¹ [Homelessness Reduction Act 2017 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2017/12)

²² [Inclusion Health Groups - Full Report \(iow.gov.uk\)](https://www.iow.gov.uk/inclusion-health-groups-full-report)

²³ [National Insurance numbers allocated to adult overseas nationals to June 2024 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/national-insurance-numbers-allocated-to-adult-overseas-nationals-to-june-2024)

²⁴ [Immigration system statistics data tables - GOV.UK \(www.gov.uk\)](https://www.gov.uk/immigration-system-statistics-data-tables)

- poorly controlled chronic conditions
- maternity care, and
- mental health and specialist support needs²⁵.

Some of the children and young people seeking asylum and attending schools will be unaccompanied. This means that they arrived in the UK without an adult family member or guardian accompanying them. Many of these children and young people will have experienced trauma, including the loss of their parents and/or siblings, or will have lived in war conditions²⁶.

Vulnerable migrants experience a unique set of challenges when accessing healthcare. These might include:

- language barriers
- insecure immigration status
- insecure housing, and
- discrimination.

Their cultural, spiritual, and religious beliefs and practices can impact on health behaviours and practices. This, in turn, can impact health outcomes, use of and access to healthcare, and decision-making regarding medical treatment^{27, 28}.

7.12 Afghan nationals

There are several health checks which are recommended for Afghan nationals arriving to the UK. The incidence of Tuberculosis, Hepatitis B and C, Anaemia, vitamin A and vitamin D deficiency and smoking are high. Health checks should be carried out and advice given where appropriate²⁹. There is also a high likelihood of people experiencing mental disorders, including PTSD. This could be because of their experiences in Afghanistan or their journey to the UK³⁰.

Gender roles in Afghanistan may also impact health and wellbeing. Men may be the decision-makers about family members' health³¹. Female Genital Mutilation (FGM) is practised in Afghanistan, and male circumcision is highly prevalent too. Individuals arriving in the UK should be given information on appropriate procedures for boys and men in the

²⁵ [Refugee and asylum seeker health toolkit \(bma.org.uk\)](https://www.bma.org.uk)

²⁶ [Asylum seekers and refugees guide | Hampshire County Council \(hants.gov.uk\)](https://www.hants.gov.uk)

²⁷ [Afghan relocation and resettlement schemes: advice for primary care \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

²⁸ [Culture, spirituality and religion: migrant health guide - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

²⁹ [Afghan relocation and resettlement schemes: advice for primary care \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

³⁰ [Afghan relocation and resettlement schemes: advice for primary care \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

³¹ [Afghan relocation and resettlement schemes: advice for primary care \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

UK. There is often limited access to antenatal care, so advice should be given to Afghan women on the benefits of antenatal care.

7.13 Gypsy, Roma and Traveller communities

Historically the Isle of Wight has had a relatively small Gypsy/Traveller community. Currently:

- there are no public permanent sites owned by the council
- there are no transit sites owned by the council
- the total provision suggested for Gypsies and Travellers on the Isle of Wight is that 16 permanent pitches are required, rising to 19 by 2035
- it is also recommended that a Transit Site of two pitches is needed, rising to three by 2035
- there are two unauthorised sites on public owned land, both of which have been unofficially 'tolerated' since at least 2012
- there is one unauthorised site occupied since at least 2006. This is the subject of a legal judgement, meaning the residents cannot be moved until a transit site is built for them
- there are two further observed unauthorised sites which are believed to contain people who are not either Gypsies or Travellers.

The number of people who identified as Gypsy or Irish Traveller in the 2021 Census was very small, just 65 (down from 94 in the 2011 Census). These are most likely to be living in 'bricks and mortar', as Census forms are only delivered to 'settled' accommodation. It is considered that the majority of Gypsies and Travellers actually living on the Island were not identified in the Census as they are living in caravans and other vehicles on unauthorised encampments or 'tolerated' sites³².

Counts of traveller caravans published by the Department for Levelling Up, Housing and Communities for January 2024 recorded a total of 33 traveller caravans across the Island. 32 of these were unauthorised ("tolerated") on land owned by Travellers. One was unauthorised ("tolerated") on land not owned by Travellers³³. There were no recorded Travelling Showpeople caravans.

There were a number of houseboats identified, although it was assessed that this population does not fall under the Government guidance for inclusion in traveller counts.

Gypsies and Travellers are significantly more likely to have a long-term illness, health problem or disability, and experience higher levels of anxiety and depression than the

³² [2981-Isle-of-Wight-GTTSA-2018-update.pdf \(iow.gov.uk\)](#)

³³ [Traveller caravan count: January 2024 - GOV.UK \(www.gov.uk\)](#)

general population. This community is also more likely to experience chest pain, arthritis and respiratory problems.

Roma are a relatively new ethnic group who have migrated to the UK from across Europe. Unlike UK Gypsies, Roma do not usually seek accommodation in caravans or on sites but live in houses as in their country of origin. Often Roma people are a hidden minority due to their reluctance to identify themselves as members of the Roma community. However, Census 2021 figures suggest there are 75 people who identify as Roma on the Isle of Wight.

Information on the health of Roma people is difficult to obtain. The voluntary sector organisation Roma Support Group reported that 60% of those using their services had poor physical health including:

- cancer
- diabetes
- epilepsy
- hepatitis B
- cardiovascular disease
- respiratory ailments, and
- multiple sclerosis.

In addition, 43% were suffering from mental health problems such as:

- depression
- personality disorders
- learning disabilities
- suicidal tendencies
- self-harm, and
- dependency/misuse of drugs³⁴.

7.14 University Students

There are no universities on the Isle of Wight. Any pharmaceutical needs for Island students at mainland universities will be covered by the pharmacies within those areas.

7.15 Visitors to the Island

Data from Visit Isle of Wight reported that there were just under 2 million visits to the Island during 2023. This is a reduction of just over 200,000 on the previous year. This total was

³⁴ [SS00-Health-inequalities_FINAL.pdf \(gypsy-traveller.org\)](#)

mainly made up of visits during the summer months with 730,000 visitors coming between July and September. This is a reduction of 10% compared to the same period in 2022.

This visitor population are likely to be on the Island for only a brief period. This means their health needs are likely to be related to:

- signposting to other health services
- providing support for self-care
- the provision of repeat medication, or
- dispensing prescriptions in the event of an acute condition.

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