Health on the Isle of Wight 2013

Annual report of the Director of Public Health

ISLE of WIGHT COUNCIL

Contents

Foreword

I am delighted to present my first Public Health Annual Report for the Isle of Wight. This is also the first report to be published by public health since its transition from the NHS to the council which happened in April 2013. This is now a duty for the Director of Public Health based in the local authority. This report provides an objective assessment of health and wellbeing and provides recommendations for how this could be improved, based on the analysis of information and evidence based practice.

The move of public health to the Isle of Wight Council will help to improve the health of the population through new partnerships within the council. The integration of public health responsibility to the council will help to ensure that health is at the heart of everything that the Isle of Wight Council does in working to shape the Island. There are new opportunities to provide health leadership and influence across all council services and activities to improve the overall health and well-being of the Island residents and reduce health inequalities. I hope the drivers of the Health and Wellbeing Strategy and Children's Plan will be reviewed in light of these recommendations.

This report focuses on the needs of children living on the Island. This is because investing in our children's health and wellbeing will not only benefit today's children but will improve their lives as they grow into adults and therefore affect the lives of future generations. This report comes at a time with renewed focus on children and young people on the Isle of Wight and follows an acknowledgment that child safeguarding and education attainment were not at standards we should accept. In addition the change in the commissioning landscape for health has meant that commissioning care pathways for children is now more complex, with multiple parties purchasing healthcare for children and families.

In this report we will look at public health issues affecting our children and young people as they are growing up, by following the course of a child's life from the mothers' health during pregnancy, birth, early years and school years through to adulthood.

The need for early intervention as the bedrock for supporting early development is highlighted in Graham Allen's report 'Early Intervention: The Next Steps' as this enables every young person to acquire the foundation for success. This Public Health Report highlights some of the key interventions on the Island and suggests further interventions needed for improving the outcomes for children and young people.

Simon Bryant FFPH, MPH, MSc, BSc.
Acting Director of Public Health Isle of Wight.

The Health of the Island

The Public Health Outcomes Framework highlights key issues of health and those issues affecting health and helps us compare our area with the England average. The four outcome areas are;

- The wider determinants of health.
- Health improvement.
- Health protection.
- Healthcare and premature mortality

Each indicator is measured against a national benchmark with the following colour codes. [1]

- Lower
- Similar
- Higher
- Not compared.

[1] Each indicator needs to be examined against the national average as good performance will be lower or higher for different indicators.

Wider determinants of health

These outcomes relate to the factors which determine health, in that we experience good health when these factors are advantageous and they include income, education, housing and the community in which we live, crime and safety. This domain highlights many of these factors.

Indicator	Improving the wider determinants of health	Range	Local value	England Eng lowest	Eng average	Eng highest
1.01ii	Children in poverty (under 16s)	●	21.1%	6.9%	20.6%	43.6%
1.03	Pupil absence	●	6.7%	4.3%	5.1%	6.7%
1.04i	First time entrants to the youth justice system	●	1,030	151	537	1,427
1.05	16-18 year olds not in education employment or training	●	4.7%	2.0%	5.8%	10.5%
1.06i	Adults with a learning disability who live in stable and appropriate accommodation	○	70.9%	30.9%	70.0%	93.8%
1.06ii	Adults in contact with secondary mental health services who live in stable and appropriate accommodation	○	44.6%	1.3%	66.8%	92.8%
1.08i	Gap in the employment rate between those with a long-term health condition and the overall employment rate	○	8.6	-5.3	7.1	21.7
1.08ii	Gap in the employment rate between those with a learning disability and the overall employment rate	○	58.6	40.2	63.2	73.1
1.09i	Sickness absence - The percentage of employees who had at least one day off in the previous week	●	3.4%	0.6%	2.2%	3.5%
1.09ii	Sickness absence - The percent of working days lost due to sickness absence	●	2.7%	0.3%	1.5%	2.7%
1.10	Killed and seriously injured casualties on England's roads	●	64.3	16.9	40.5	81.8
1.12i	Violent crime (including sexual violence) - hospital admissions for violence	●	49.5	9.9	67.7	213.5
1.12ii	Violent crime (including sexual violence) - violence offences	●	12.4	4.1	10.6	27.1
1.13i	Re-offending levels - percentage of offenders who re-offend	●	27.4%	17.3%	26.8%	36.3%
1.13ii	Re-offending levels - average number of re-offences per offender	●	0.8	0.4	0.8	1.3
1.14i	The percentage of the population affected by noise - Number of complaints about noise	●	4.8	2.5	7.5	58.4
1.14ii	The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime	○	1.5%	0.3%	5.4%	29.8%
1.14iii	The percentage of the population exposed to road, rail and air transport noise of 55 dB(A) or more during the night-time	○	2.5%	0.8%	12.8%	57.5%
1.15i	Statutory homelessness - homelessness acceptances	●	1	0.2	2.3	9.7
1.15ii	Statutory homelessness - households in temporary accommodation	●	2.1	0	2.3	32.4
1.16	Utilisation of outdoor space for exercise/health reasons	●	30.7%	0.5%	15.3%	41.2%
1.17	Fuel Poverty	●	9.9%	3.8%	10.9%	18.0%
1.18i	Social Isolation: % of adult social care users who have as much social contact as they would like	●	43.3%	32.2%	42.3%	54.2%

Some factors that require more concerted effort around children's wellbeing are highlighted in detail in this report. There are many community issues affecting Island residents including sickness absence and violence, these all have an impact on health and healthcare use.

Health improvement

These outcomes relate to key health behaviours which affect risk of future ill-health where interventions can improve outcomes, including uptake of screening and self-reported wellbeing.

Indicator			England		
Improving the wider determinants of health	Range	Local value	Eng lowest	Eng average	Eng highest
2.01 Low birth weight of term babies		2.7%	1.6%	2.9%	5.3%
2.02i Breastfeeding - Breastfeeding initiation		78.0%	41.8%	74.0%	94.3%
2.02ii Breastfeeding - Breastfeeding prevalence at 6-8 weeks after birth		43.1%	19.7%	47.2%	82.8%
2.03 Smoking status at time of delivery		22.5%	2.9%	13.2%	29.7%
2.04 Under 18 conceptions		29.6	9.4	30.7	58.1
2.06i Excess weight in 4-5 and 10-11 year olds - 4-5 year olds		23.1%	16.1%	22.6%	30.0%
2.06ii Excess weight in 4-5 and 10-11 year olds - 10-11 year olds		34.0%	26.6%	33.9%	42.8%
2.07i Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)		152.2	68.7	118.2	211.4
2.07ii Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24)		159.0	71.6	144.7	278.7
2.08 Emotional well-being of looked after children		16.0	9.5	13.8	20.1
2.13i Percentage of physically active and inactive adults - active adults		56.8%	43.8%	56.0%	68.5%
2.13ii Percentage of active and inactive adults - inactive adults		29.4%	18.2%	28.5%	40.2%
2.14 moking prevalence - adults (over 18s)		20.4%	13.2%	20.0%	29.3%
2.15i Successful completion of drug treatment - opiate users		11.3%	3.8%	8.2%	17.6%
2.15ii Successful completion of drug treatment - non-opiate users		36.7%	17.4%	40.2%	68.4%
2.17 Recorded diabetes		6.0%	3.6%	5.8%	8.0%
2.20i Cancer screening coverage - breast cancer		80.4%	58.2%	76.3%	84.5%
2.20ii Cancer screening coverage - cervical cancer		74.9%	58.6%	73.9%	79.9%
2.21vii Access to non-cancer screening programmes - diabetic retinopathy		80.2%	66.7%	80.9%	95.0%
2.22i Take up of NHS Health Check Programme by those eligible - health check offered		19.5%	0.7%	16.5%	42.5%
2.22ii Take up of NHS Health Check programme by those eligible - health check take up		47.2%	7.7%	49.1%	100.0%
2.23i Self-reported well-being - people with a low satisfaction score		22.4%	14.6%	24.3%	30.5%
2.23ii Self-reported well-being - people with a low worthwhile score		17.7%	12.8%	20.1%	25.4%
2.23iii Self-reported well-being - people with a low happiness score		27.9%	19.2%	29.0%	36.6%
2.23iv Self-reported well-being - people with a high anxiety score		34.4%	34.4%	40.1%	48.3%
2.24i Injuries due to falls in people aged 65 and over (Persons)		1,122	1,070	1,665	2,985
2.24i Injuries due to falls in people aged 65 and over (males/females) (Male)		832	704	1,302	2,535
2.24i Injuries due to falls in people aged 65 and over (males/females) (Female)		1,412	1,298	2,028	3,713
2.24ii Injuries due to falls in people aged 65 and over - aged 65-79		659	545	941	1,726
2.24iii Injuries due to falls in people aged 65 and over - aged 80+		3,204	2,892	4,924	8,965

THERE ARE LOWER RATES OF LOW BIRTH WEIGHT BABIES BORN ON THE ISLAND AND TEENAGE PREGNANCY RATES ARE SIMILAR TO THE NATIONAL AVERAGE

We are similar to the national picture with regard to indicators in maternal and new born health. There are lower rates of low birth weight babies born on the Island and teenage pregnancy rates are similar to the national average. Areas of concern are high rates of smoking in pregnancy, and breastfeeding initiation. These issues are discussed in greater detail later in this report.

For lifestyles, the Island again has a similar picture to the national average, with obesity in primary school aged children in line with the national average. Smoking is lower than the national average, although this is based on an estimate using national survey data.

In general, the Island population feels good about itself, with levels of people reporting poor wellbeing similar to the national average and those reporting high anxiety lower than the national average.

Health protection

These outcomes relate to protecting the health of the population from infectious disease and environmental impacts on health such as pollution.

Indicator				England		
Improving the wider determinants of health		Range	Local value	Eng lowest	Eng average	Eng highest
3.01	Fraction of mortality attributable to particulate air pollution	○	4.6%	3.0%	5.4%	8.3%
3.02i	Chlamydia diagnoses (15-24 year olds) - Old NCSP data	●	1,918	783	2,125	5,995
3.02ii	Chlamydia diagnoses (15-24 year olds) - CTAD (Male)	●	1,468	383	1,368	4,364
3.02ii	Chlamydia diagnoses (15-24 year olds) - CTAD (Female)	●	2,527	987	2,568	7,314
3.02ii	Chlamydia diagnoses (15-24 year olds) - CTAD (Persons)	●	1,989	703	1,979	6,132
3.03i	Population vaccination coverage - Hepatitis B (1 year old)	-	-	-	-	-
3.03i	Population vaccination coverage - Hepatitis B (2 years old)	-	-	-	-	-
3.03iii	Population vaccination coverage - Dtap / IPV / Hib (1 year old)	●	92.9%	84.9%	94.7%	98.8%
3.03iii	Population vaccination coverage - Dtap / IPV / Hib (2 years old)	●	95.0%	85.7%	96.1%	98.8%
3.03iv	Population vaccination coverage - MenC	●	91.4%	81.4%	93.9%	98.6%
3.03v	Population vaccination coverage - PCV	●	92.7%	83.8%	94.2%	98.6%
3.03vi	Population vaccination coverage - Hib / MenC booster (2 years old)	●	90.5%	75.7%	92.3%	97.3%
3.03vi	Population vaccination coverage - Hib / Men C booster (5 years)	●	86.4%	0.0%	88.6%	97.6%
3.03vii	Population vaccination coverage - PCV booster	●	88.7%	74.7%	91.5%	97.0%
3.03viii	Population vaccination coverage - MMR for one dose (2 years old)	●	89.8%	78.7%	91.2%	97.2%
3.03ix	Population vaccination coverage - MMR for one dose (5 years old)	●	92.1%	79.8%	92.9%	98.0%
3.03x	Population vaccination coverage - MMR for two doses (5 years old)	●	80.3%	69.7%	86.0%	95.3%
3.03xii	Population vaccination coverage - HPV	●	89.5%	62.3%	86.8%	97.2%
3.03xiii	Population vaccination coverage - PPV	●	70.0%	52.8%	68.3%	76.6%
3.03xiv	Population vaccination coverage - Flu (aged 65+)	●	70.4%	64.8%	74.0%	81.5%
3.03xv	Population vaccination coverage - Flu (at risk individuals)	●	51.8%	43.4%	51.6%	66.3%
3.04	People presenting with HIV at a late stage of infection	●	16.7%	0.0%	50.0%	75.0%
3.05i	Treatment completion for TB	-	*	-	82.8%	-
3.05ii	Incidence of TB	●	3.6	0	15.1	112.3
3.06	Public sector organisations with a board approved sustainable development management plan	○	100%	20.0%	84.1%	100%

Chlamydia and Tuberculosis (TB) diagnosis is lower than the national average which is indicative of lower prevalence. On the whole, vaccination rates are lower than the national average and do not provide herd immunity.

Healthcare and premature mortality

These outcomes relate to deaths from preventable diseases and admissions and treatment in hospital. They are in part an indication of the quality of healthcare services commissioned to meet the needs of the population.

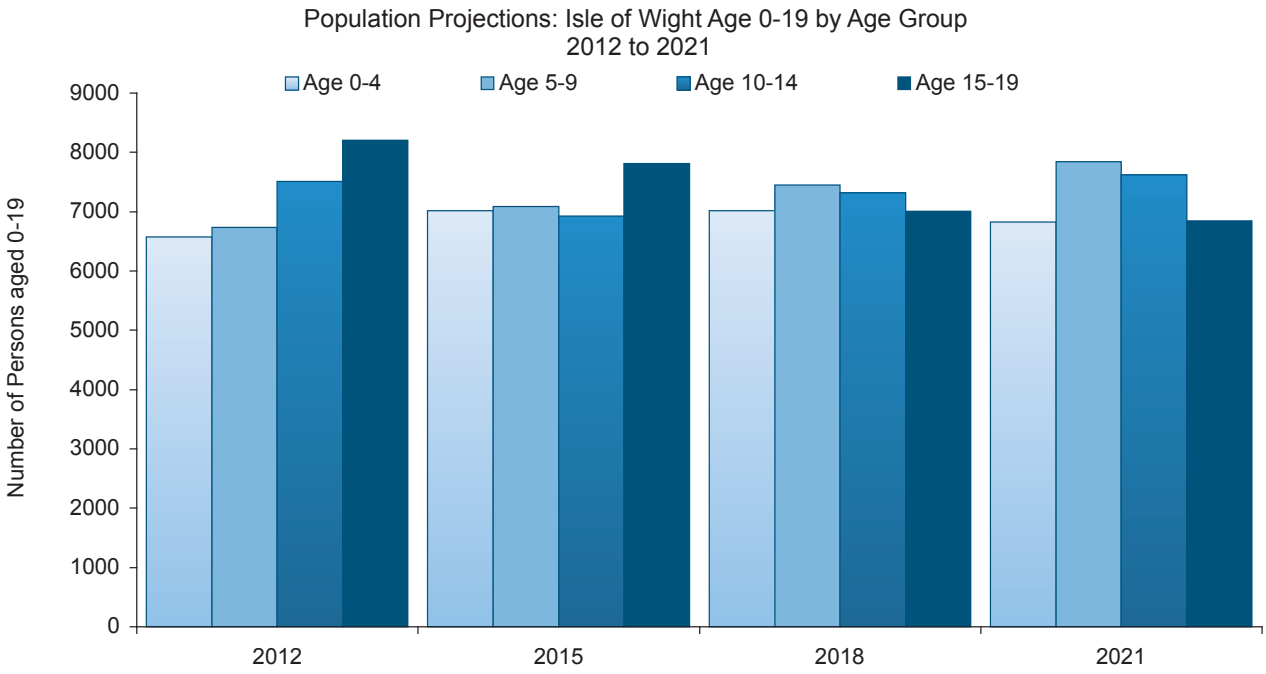
Indicator				England		
Improving the wider determinants of health		Range	Local value	Eng lowest	Eng average	Eng highest
4.01	Infant mortality		2.59	2.28	4.29	8.02
4.02	Tooth decay in children aged 5		0.56	0.35	0.94	2.1
4.03	Mortality rate from causes considered preventable (provisional)		133.4	100.7	146.1	264.2
4.04i	Under 75 mortality rate from all cardiovascular diseases (revised provisional)		60.4	39.5	60.9	113.3
4.04ii	Under 75 mortality rate from cardiovascular diseases considered preventable (provisional)		37.5	23	40.6	75.1
4.05i	Under 75 mortality rate from cancer (revised provisional)		100.3	84	108.1	153.2
4.05ii	Under 75 mortality rate from cancer considered preventable (provisional)		54.9	45.2	61.9	98.1
4.06i	Under 75 mortality rate from liver disease (provisional)		11.3	8.7	14.4	39.3
4.06ii	Under 75 mortality rate from liver disease considered preventable (provisional)		10.3	7.5	12.7	37
4.07i	Under 75 mortality rate from respiratory disease (provisional)		20.2	13.7	23.4	62
4.07ii	Under 75 mortality rate from respiratory disease considered preventable (provisional)		7.7	5.3	11.6	28.6
4.08	Mortality from communicable diseases (provisional)		24.3	22	29.9	54.9
4.10	Suicide rate (provisional)		11.8	4.3	7.9	13.9
4.11	Emergency readmissions within 30 days of discharge from hospital (Persons)		9.7%	8.1%	11.8%	13.8%
4.11	Emergency readmissions within 30 days of discharge from hospital (Male)		10.3%	8.6%	12.1%	14.8%
4.11	Emergency readmissions within 30 days of discharge from hospital (Female)		9.2%	7.2%	11.4%	13.2%
4.12i	Preventable sight loss - age related macular degeneration (AMD)		135.4	12.8	110.5	225.2
4.12ii	Preventable sight loss - glaucoma		8.5	3	12.8	34.5
4.12iii	Preventable sight loss - diabetic eye disease		-	0.9	3.8	15.8
4.12iv	Preventable sight loss - sight loss certifications		60	5.1	44.5	82.5
4.14i	Hip fractures in people aged 65 and over		428.1	337.9	457.2	599.5
4.14ii	Hip fractures in people aged 65 and over - aged 65-79		215.2	135.7	222.2	346.7
4.14iii	Hip fractures in people aged 65 and over - aged 80+		1,386	993	1,515	2,021
4.15i	Excess Winter Deaths Index (Single year, all ages)		20.3	2	17	34
4.15ii	Excess Winter Deaths Index (single year, ages 85+)		26.1	-0.7	21.2	

Death rates are lower than, or similar to, the average rates for preventable diseases. Suicide rates are higher than the national average. This is been addressed through the Island Suicide Prevention Strategy.

Children's health and wellbeing - Introduction

There are 29,155 people under the age of 19 on the Isle of Wight and although they form a smaller proportion (21%) of the Island's population compared to the national average of 24%, their needs should not be overshadowed by the larger and growing proportion of older people. The Island population is projected to increase by 8.5% over the next ten years which is in line with England and the South East. It is projected that the number of those under 20 years of age will remain steady to 2021, however, the proportion of children and young people will reduce due to the large growth in older people (Figure 1).

Figure 1:



Source: ONS Interim 2011 Census based Projections

The Marmot Review (2010) identifies both national and local action to address health inequalities. Marmot recommends six objectives, with the highest priority being 'giving children the best start in life' as this is crucial to reducing health inequalities across the whole of a person's life and in future generations. The report has led to the development of a framework to consider inequality in all policies and to ensure effective evidence based interventions and delivery systems are in place.

One of the key messages from the Marmot Review is that reducing health inequalities is of paramount importance if we are going to improve the health of the population. We need to focus on the poorest in society alongside universal support for all (proportionate universalism). Marmot described a social gradient in health which means the lower a person's social position the worse his or her health outcomes will be.

A child's health and wellbeing is affected by many factors including genetics, living conditions, family background and culture. In order to improve children's health now and into adulthood we need to consider these issues and the interaction between them.

Two surveys have taken place on the Isle of Wight which examined health knowledge, behaviours and opinions that young people hold about issues which affect their health and wellbeing. Much of this report is based on these findings which will ensure that we improve outcomes for children across the Island from all backgrounds.

In spring 2013 the **Health Related Behaviour Survey** was carried out in partnership with public health and delivered by the University of Exeter, Schools Health Education Unit (SHEU) and involved 847 children from school years 8, 10 and 12 in various schools across the Island. It examined topics such as food and diet, physical activity, drugs, alcohol and tobacco and sexual health. This survey was also carried out on the Island 20 years ago; therefore we have been able to see changes in children's health behaviours, attitudes and knowledge over this time period.

In 2012, in partnership with The Children's Society, the council undertook the largest ever survey of young people on the Island, called the **Child Wellbeing Survey**. The survey, delivered through schools, asked children and young people about their wellbeing and included questions on key areas such as family relationships and feelings about the local area. The results give an important insight not just into the issues that are important for young people on the Island, and how these compare to children across the UK. Almost 5,000 children aged between eight and 16, in 44 primary and secondary schools across the Island, took part.

This public health report ends by giving an outline of the priorities and recommendations for the coming year before commenting on the progress made on the proposals of the Public Health Annual Report 2012.

Giving children the best start in life:

maternal and paternal health

Prior to becoming pregnant a woman's social circumstances, health and lifestyle choices can affect both her health and that of the baby. The start of life can have a major impact on both immediate and long term health and social outcomes of a person. Therefore a focus on adult and maternal and paternal health is essential for improving the outcomes for children. The Marmot Review sums up the importance of this as:

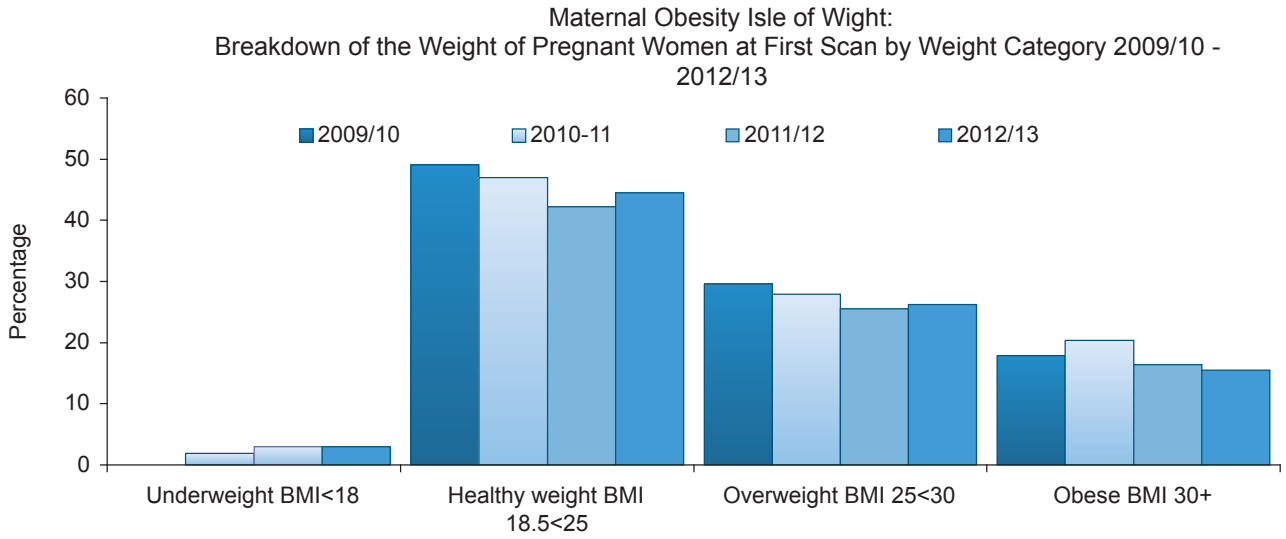
> *'Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development - physical, intellectual and emotional - are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being - from obesity, heart disease and mental health, to educational achievement and economic status.'*

Maternal obesity

The weight of the mother can have an effect of the outcomes for babies. Obese women can have healthy babies; however, the evidence suggests that there are more risks associated with pregnancies in women who have a BMI of over 30 when they become pregnant. These risks include pregnancy related diabetes, preeclampsia and poorer outcomes for the baby. Furthermore, this also impacts on her child's weight in later life and the chances of them developing long term conditions such as diabetes. In extremes this may lead to a stillbirth and maternal and infant death (National Institute of Clinical Excellence (NICE)).

Figure 2 shows the body mass index (BMI)[2] of pregnant women by year. It shows that approximately 40% of women giving birth are overweight or obese.

Figure 2:



Source: Maternity Department - St Mary's Isle of Wight

Tackling obesity and promoting healthy weight in all adults is essential if we are going to impact on obesity in pregnant women. With regard to maternal weight, women need to be encouraged to achieve a healthy weight before they become pregnant and advised that there is no need to 'eat for two' when they are pregnant. The maternity service at St Mary's hospital supports women in keeping their BMI stable throughout their pregnancy. This is in line with NICE guidelines, which state that dieting during pregnancy is not recommended as it may harm the health of the unborn child.

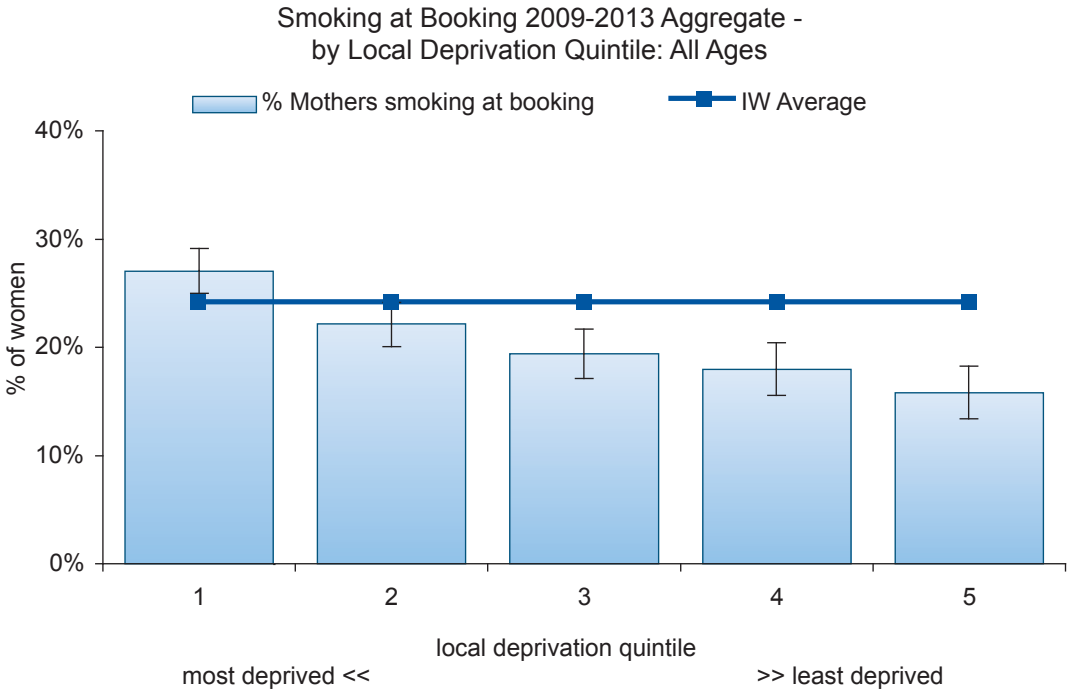
The remit of the Children's Trust now includes the pre-birth period. There are a range of services available to help women lose weight healthily following the birth of their baby. This is a key time when women are motivated to make changes and adopting a healthier diet can help them offer a healthier weaning diet to babies and achieve a healthy weight for their child.

[2] BMI is a calculation of body weight in kilograms in relation to a person's height in metres.

Smoking in pregnancy

Smoking during pregnancy is an indicator for a number of poor health and wellbeing outcomes for mother and baby, as well as the child's development. The prevalence of smoking in pregnancy is not evenly distributed across the Island, with significantly more women smoking in more deprived areas of the Island (Figure 3).

Figure 3:



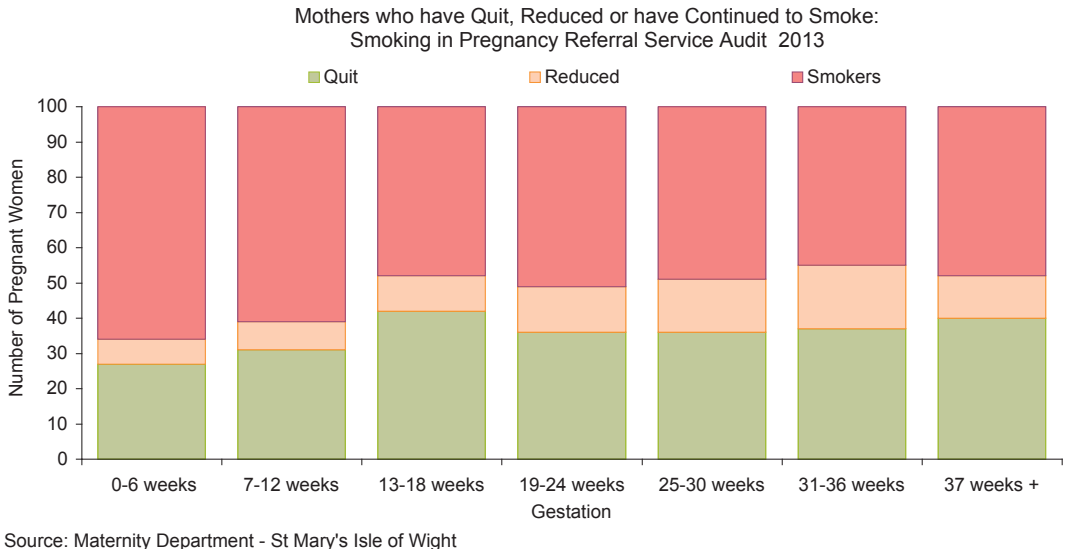
Data Source: Isle of Wight NHS Maternity Department

There is evidence that if a pregnant woman smokes the increased risks to the unborn child include:

- Increased likelihood of asthma
- Congenital defects
- Damage to the long term physical growth and intellectual development of the child
- Lower attainments in reading and mathematics up to age 16 and even with the highest qualification achieved by the age of 23
- Developing emphysema in adulthood
- Autism, attention deficit hyperactivity disorder (ADHD), conduct disorder
- Increased risk of learning difficulties

Having a mother who smokes during pregnancy is also strongly predictive of a propensity for antisocial behaviour and criminal activity later in life.

Figure 4:



From local data we know the Island reflects national trends in that the majority of women who smoke during pregnancy are younger. The highest prevalence is in pregnant women aged 18 or younger, with over 45% being smokers at the time they book for antenatal care compared with approximately 16% of women aged over 30. Through concerted efforts in this area there has been a reduction in smoking at delivery to 17.2% at the end of 2012/13, in line with our planned targets. Women quit smoking throughout the period of their pregnancy with the peak number of quitters being at 13 to 18 weeks gestation (Figure 4).

The Tobacco Control Plan for England sets an ambition to reduce rates of smoking throughout pregnancy to 11% or less by the end of 2015. In 2010/11 22.1% of pregnant women on the Island were smokers at the time of the birth of their baby. This has fallen to 17.2% in 2012/13. This downward trend needs to continue through co-ordinated work across all agencies and partners.

As a result of having a better understanding of local mothers, the following changes to care have been made:

- The current care pathway for all pregnant women includes a carbon monoxide (CO) test at booking. This identifies levels of exhaled CO which is an indicator of smoking, living in a household where there is high exposure of second-hand smoke or a faulty gas appliance. All pregnant smokers are referred to the specialist midwife who provides tailored information aimed at women on the Island. This includes the personal impact of smoking during pregnancy and the benefits to the baby of being smoke free.
- Sustained support for quitting through behaviour change and appropriate assistance from pharmacological therapies such as nicotine patches.
- The issue of smoking in pregnancy is revisited throughout pregnancy by all professionals.
- Tailored support to women in order to sustain a quit attempt throughout pregnancy.
- Provision of linked information and wider family support to members of smoking households.
- Support for women and families to sustain quit attempt beyond pregnancy.

IN 2010/11 22.1% OF PREGNANT WOMEN ON THE ISLAND WERE SMOKERS AT THE TIME OF THE BIRTH OF THEIR BABY

Alcohol and substance misuse in pregnancy

The Department of Health recommends that pregnant women, or women trying for a baby, should avoid alcohol altogether. Using illegal drugs during pregnancy (including cannabis, ecstasy, cocaine and heroin) can have a serious effect on an unborn baby. The more alcohol that is consumed, the greater the risk is to the baby's health with problems such as damage to the organs and nervous system, miscarriage, stillbirth, premature birth, small birth weight, and Foetal Alcohol Spectrum Disorder (FASD).

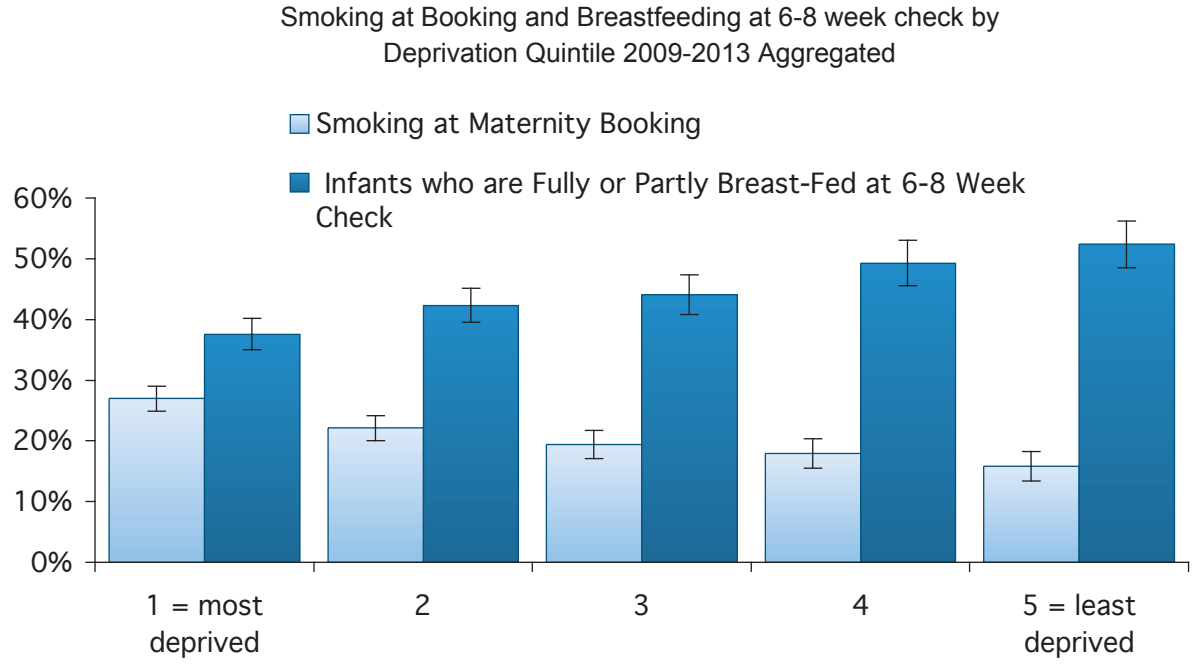
The number of women recorded as misusing drugs, or alcohol, during pregnancy is low but the risks are high, therefore this is an important issue. There is a specialist midwife for pregnant women who have identified that drugs or alcohol may be a problem during their pregnancy.

Infant feeding

Breastfeeding has both short and long-term health benefits and is a key element in reducing health inequalities. As well as providing complete nutrition for the development of healthy infants, human breast milk has an important role to play in protection against a number of diseases (gastroenteritis, respiratory infection, urinary tract infection). Breastfeeding is also beneficial to the mother's health, with a preventative role in some cancers and also for post natal weight management.

Breastfeeding is a skill that needs to be learned and women need varying levels of support. Breastfeeding rates on the Island are similar to the England average, but this means only half of all babies are breastfed by the time they are 6-8 weeks old. Younger women and those living in more deprived areas are less likely to breastfeed (Figure 5).

Figure 5:



Source: Maternity Department

Across the Island the maternity service, health visiting and children's centre services are working towards the UNICEF Baby Friendly Initiative (BFI). This follows evidence that other areas which have already implemented 'Baby Friendly' have seen their breastfeeding rates increase. The plan involves

- training all relevant staff in breastfeeding support
- training peer supporters (local mums who have breast fed and want to help support others)
- developing a programme of support groups run by qualified staff and peer supporters so mums can access face-to-face help, Monday to Friday

The aim is to have dedicated support groups available every working day somewhere on the Island and in each locality every week, staffed by BFI trained staff and trained peer supporters.

Children centres offer a range of antenatal opportunities to learn about breastfeeding and baby café sessions for those new to motherhood to meet and share their experiences. Some children's centres offer peer support and sessions with a qualified breastfeeding specialist. More midwife and health visitor clinics are being run in children's centres which are introducing more families to children's centres early on. It is essential for mothers to get support during the first weeks of their babies' lives as many who stopped breastfeeding in the early weeks would have breastfed for longer with the right support. Midwives, health visitors and children's centres also give families information about national breastfeeding helplines which offer support 'out of hours'.

RECOMMENDATION 1

the lifestyles of mothers and fathers should be discussed with them when they are expecting a baby so they can be referred to the appropriate services for support to help them make positive changes.

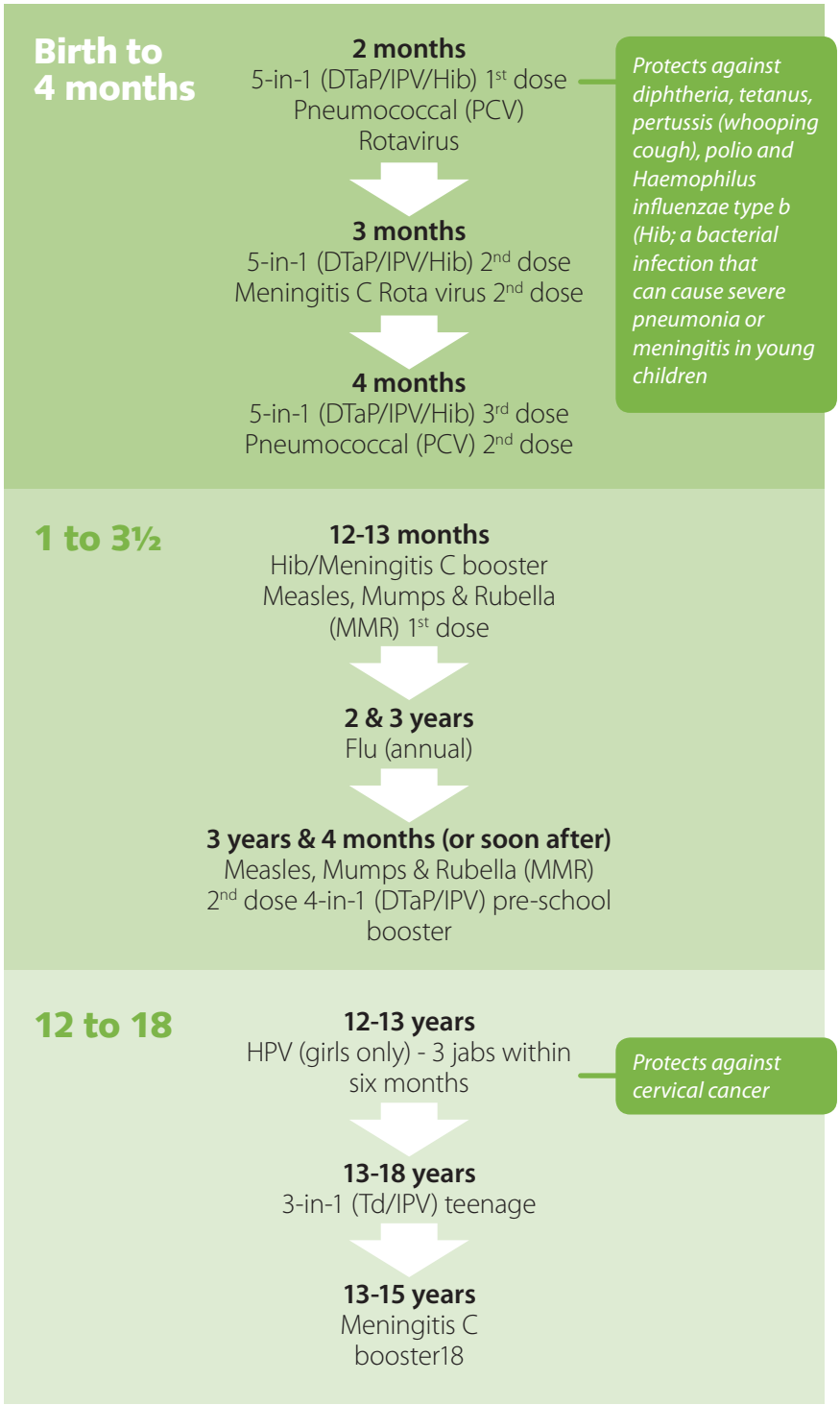
RECOMMENDATION 2

Further work should take place to increase breastfeeding, including BFI status, and all involved organisations should consider how we can best support women to breastfeed their babies.

Child immunisations

Routine childhood immunisations are the most effective way of keeping children protected against infectious diseases. The World Health Organization highlights their importance;

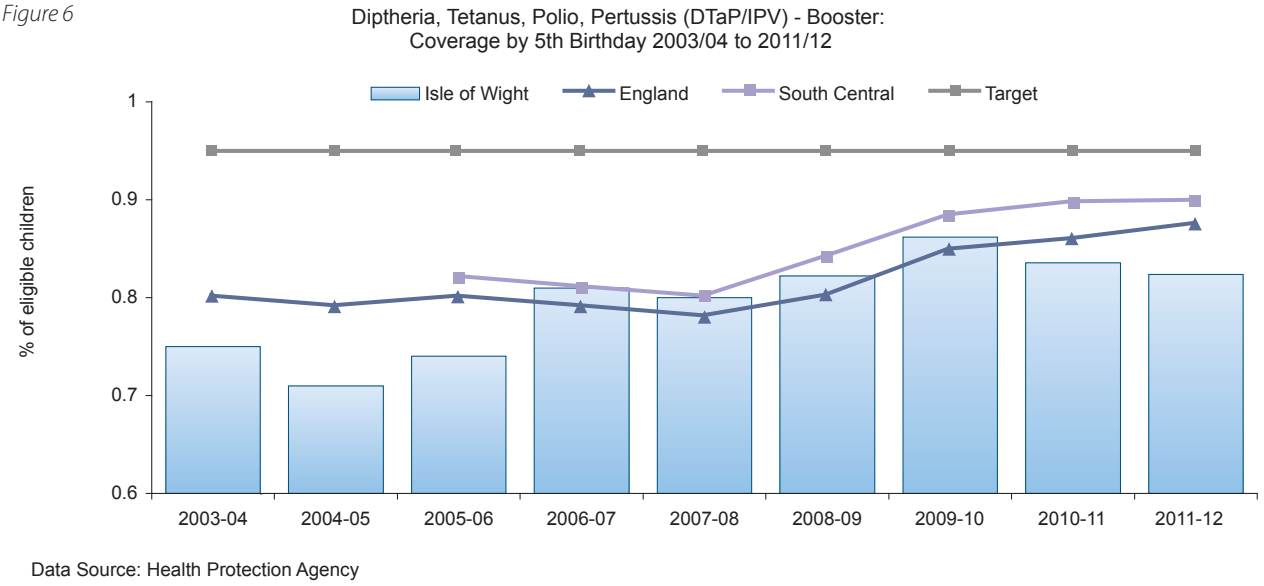
'The two public health interventions that have had the greatest impact on the world's health are clean water and Vaccines'. The current schedule for the UK is as follows:



The effectiveness of vaccines means that many of these diseases are rare which also means the illnesses are unknown and the risks are often perceived to be low. When the majority children are vaccinated (herd immunity) there will be little opportunity for an outbreak of the disease in the community. However, the outbreaks of measles in Swansea earlier in the year remind us that it is still important to ensure children are fully vaccinated against these serious and potentially fatal diseases. We have a persistent issue with lower uptake of vaccinations on the Island which needs addressing. In 2011/12 the average immunisation rate of children at age one on the Island was 92.8%, which means there is an increased risk of outbreaks of these serious illnesses. Figure 6 shows that this rate drops even further and by the age of five only 82.4% of five year olds had received their booster vaccinations.

We need to work across all sectors to ensure children receive all vaccinations in a timely manner.

Figure 6



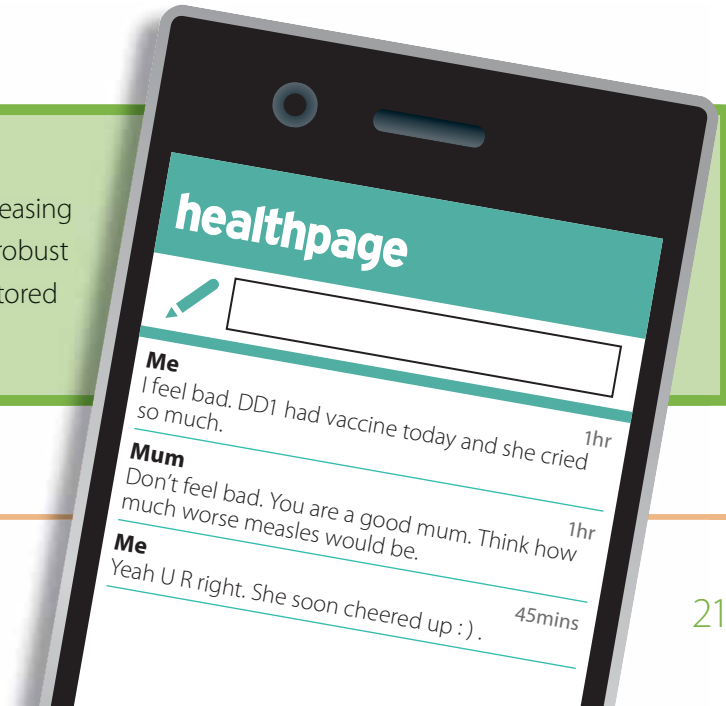
Data Source: Health Protection Agency

Following an increase in cases of pertussis (whooping cough) in new born babies, vaccination against pertussis is offered to all women. The uptake rate on the Island for pertussis is good, with 79.4% of pregnant women being vaccinated but only 40.2% were vaccinated against flu in 2012/13, the Department of Health target being 70%.

There have been a number of new national programmes being introduced into the schedule:

- **Infants - Commenced 1st July 2013**
  New rotavirus vaccination at 2 and 3 monthsDrop second Men C dose at 4 months
  (Providing Menjugate or NeisVac C vaccine given at primary vaccination)
- **Young children - Commencing 9th September 2013**
  Extension to seasonal influenza programme to 2 and 3 year old children
- **Adolescents from academic year 2013-14**
  Meningitis C school leaving booster

RECOMMENDATION 3
all partners should consider their role in increasing uptake of immunisations for children and a robust action plan should be developed and monitored to ensure herd immunity is reached.



Ensuring all children can maximise their capabilities

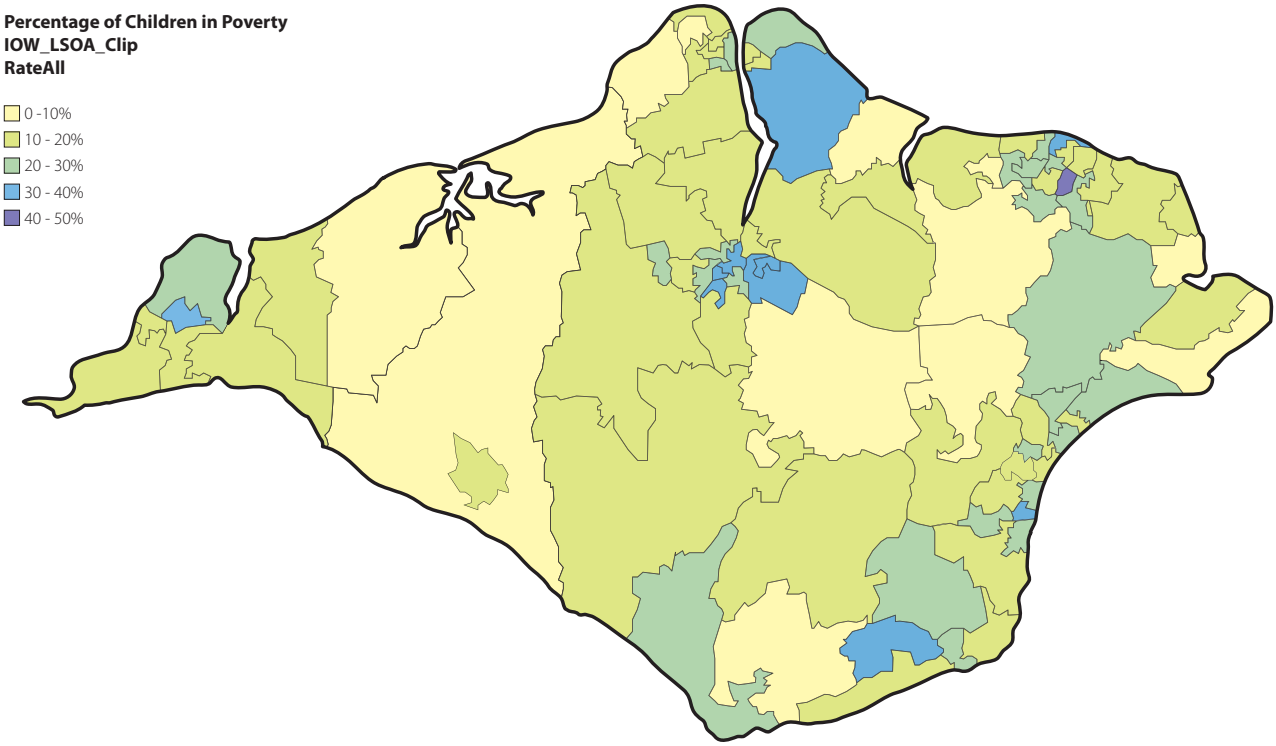
A happy and healthy start in life is supported by 'a healthy pregnancy; good maternal mental health; secure bonding with the child; love and responsiveness of parents along with clear boundaries, as well as opportunities for a child's cognitive, language and social and emotional development' and the importance of effective service delivery to support in this (Field, 2010).

The relationship between socioeconomic position and educational outcome has significant implications for subsequent employment, income, living standards, behaviours, and mental and physical health. Building on a good start to life is important and requires commitment to ensure all children can achieve their potential. The Island faces many challenges in this area including the poorest educational standards in the country. Central to this is the acquisition of cognitive and non-cognitive skills, which are strongly associated with educational achievement and with a whole range of other outcomes including better employment, income and physical and mental health.

Poverty is one of the greatest threats to child wellbeing. It is a relative concept in relation to affordability of living in the UK. Living in a poor family can reduce children's expectations of their own lives and lead to a cycle where poverty is repeated from generation to generation. In recent times we have seen the advent and increased need for 'food banks' which is a sign that families are finding it harder to make ends meet.

The map below shows the percentage of children living in poverty.[3]

Percentage of Children in Low Income Families: August 2011



The Child Poverty Act 2010 enshrined in law the commitment to eradicate child poverty in the UK by 2020 and placed a duty on local authorities to work with partners to reduce and mitigate the effects of poverty and to prepare and publish a local Child Poverty Needs Assessment and Strategy.

Locally, 20.3% of the Island's children live in poverty. This is slightly above the national average of 20.1% and considerably higher than the regional figure of 16.6%. There is a higher level of deprivation in the 0-5 age group with the percentage rising to 26%. Additionally 64% (40% nationally) of children in poverty live in lone parent households (End Child Poverty, 2013).

There has been a recent downward trend in child poverty figures both nationally and locally, which is surprising at this time of economic downturn. Theories developing to explain this reduction, in light of the economic climate, include the possibility that wages in general are declining, leading to a lowering of the average figure. The result is that families have to be in even greater poverty to reach the threshold. Using the most recent HMRC figures for Child Poverty over the three years 2009 - 2011 for all children, locally and nationally the trend was an increase in 2009 followed by a decrease.

[3] H M Revenues & Customs (HMRC) defines children living in poverty as 'The proportion of children living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income'. It is based on income before housing costs so is not a clear representation of disposable income

Families and parenting

The quality of the relationship between parent and child is vitally important for emotional and social development and has a fundamental influence across almost every aspect of human development; physical, intellectual and emotional. The tradition of passing down parenting skills from generation to generation has changed considerably and while knowledge may be gained by reading books, those with lower educational and social skills are finding parenting skills squeezed out as extended families reduce and more one-parent households have smaller knowledge bases on which to draw.

Ensuring that a child is brought up experiencing warmth, love and encouragement within safe boundaries can be harder if a number of factors are present for the parent. These include:

Experience	Circumstances	Health
Own poor experience of being parented	Poverty, social deprivation and isolation	Poor parental mental health including post natal depression
Divorce/separation and lone parenthood	Poor housing, poor environment	Substance misuse
Being a young parent	Long working hours for both men and women	Domestic abuse

Conversely, children who have positive relationships with their parents are more likely to have successful relationships of their own at school and later on at work, with friends and partners. They are also more likely to have better educational outcomes. If children are brought up with warm, firm, encouraging parenting the evidence is clear that they can succeed even in the most adverse of circumstances. Poor attachment and poor child/parent relationships are risk factors for mental ill health in childhood and later in life. This may manifest itself in risk taking behaviour such as alcohol, tobacco or drug use or self-harm.

On the Island a significantly lower proportion of children live with both parents (52% compared to 60% nationally).

In July 2013, a survey was conducted to ascertain opinions of professionals with involvement in the CAF[4] process. 79.3% of those completing the survey felt that parenting was the main concern/need of families accessing the CAF. 54.1% felt behaviour was the next highest need and mental health at 36% was the third highest.

There are a number of programmes to support effective parenting including; plans to increase the number of health visitors including specialist family nurse partnership, maintaining 15 hours a week free entitlement to early education for 3 and 4 year olds and extending this provision to 20% of the most disadvantaged 2 year olds, offering parenting and relationship support for families.

[4] The common assessment framework (CAF) is a four-step process whereby professionals can identify a child's or young person's needs early, assess those needs, deliver coordinated services and review progress.

Currently parenting and family support on the Island is delivered through a variety of providers and services:

- A parenting service[5] for parents of 5-19 year old children
- A parenting service[6] for families with 0-5 year olds at a targeted and universal level.
- This includes Evidence Based Parenting Projects (EBPP), Family Links as well as Parent Play, 1-1 support and outreach services. Other services such as Baby Massage and 'Stay and Play' have a parenting focus. The centres also offer targeted support on oral health, sleep advice, weaning, healthy eating, breastfeeding and a counselling service.
- Practical and emotional support provided by a volunteer[7] in the family's own home enables parents to cope with the pressures they are facing. This reduces the potential for family crisis and breakdown, decreases isolation, promotes confidence and strengthens family relationships.
- Job Centre Plus, in partnership with the council, support families by giving them information on training, work and benefits they may be entitled to. Parents who are looking for work may be assisted with a transport costs.
- The council is promoting digital inclusion (links to the library service and the Universal Credit Local Support Scheme) as well as the Superfast Broadband Project.
- The council will continue to provide family learning support and encourage parents to gain qualifications themselves so they can improve their chances of employment.

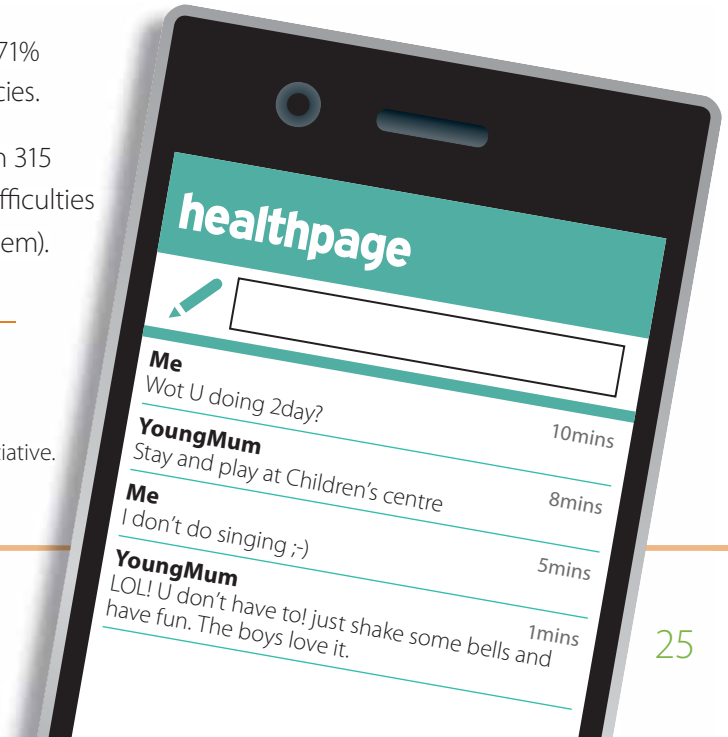
As part of the development of the Isle of Wight's Early Help Strategy the future delivery of parenting and family support will be considered.

Many of families also experience a wide range of challenging issues such as domestic violence, relationship breakdown, child protection concerns, mental and physical health problems, housing issues, debt, poverty and isolation. These problems make it incredibly hard for families to move forward.

We know that the families engaged with the Strengthening Families Programme on the Island (as nationally) have a range of complex issues to deal with:

- 72% are single parent households
- 85% have children with poor school attendance, exclusion from school and behaviour problems
- 81% are in receipt of working age benefits
- 83% had police call outs to household in the last 12 months
- 74% had contact with police due to domestic abuse
- 33% have adults with mental health problems and children with mental health problems and/or ADHD
- 52% have poor parenting identified as an issue
- 86% are supported by more than one agency and 71% of families are supported by more than three agencies.

The Strengthening Families Programme[8] focuses on 315 families who are currently experiencing complex difficulties (as shown by the range of services involved with them).



[5] Provided by Barnardo's
[6] Provided by the children's centres
[7] Provided by Homestart
[8] The council's response to the national 'Troubled Families' initiative.

RECOMMENDATION 4

The integration and development of services for children should take into consideration the impact of parenting and ensure joined up pathways are in place to better support children and their families.

Early education and readiness for school

The foundations for virtually every aspect of human development -physical, emotional and intellectual- begin in early childhood and it is crucial that children have positive early experiences. Later interventions, whilst important, are considerably less effective where good early foundations are lacking (Marmot, 2010). On the Island we know that significantly fewer children (59.2 per cent) are ready for school and have the right level of development compared with the England average (63.5 per cent).

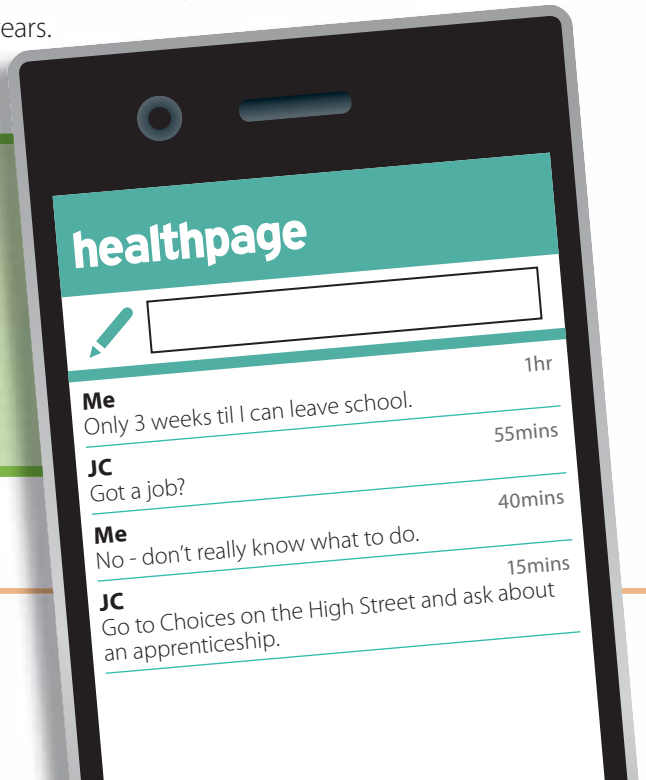
It is important that children are prepared for school. As children develop and mature they will need to engage in more formalised learning activities, but they need to come at this from a point where they are confident, capable, happy, motivated and inspired thinkers and learners with positive mind-sets (Dweck 2006) and have the capacity for self-regulation, which comes from self-directed and independent activity within an appropriate, playful learning environment (discussion paper on school readiness).

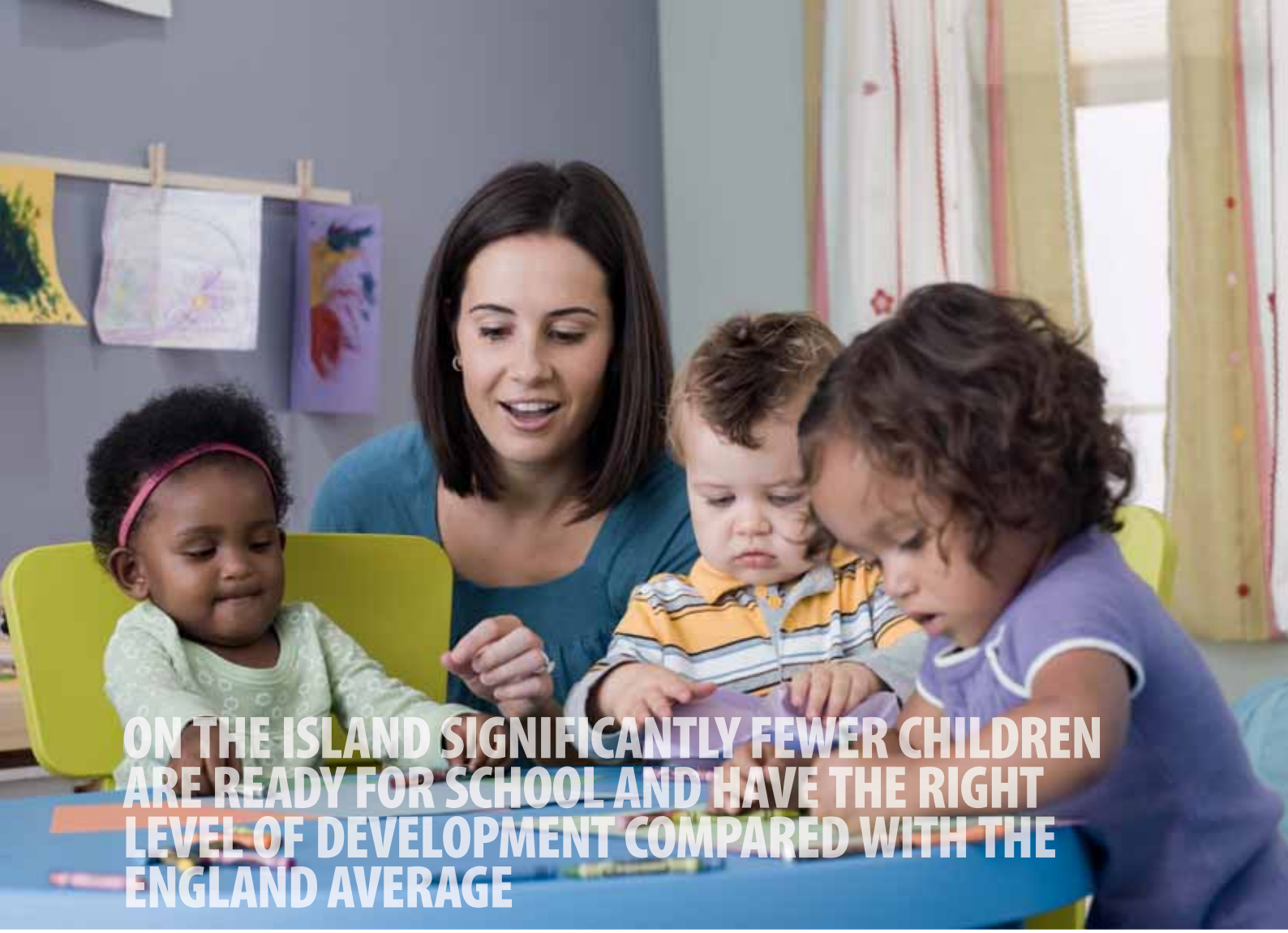
Government has shown a strong commitment to reducing inequalities during early years through policy initiatives such as 'Sure Start' and the Healthy Child Programme and we need to ensure these are continued so parents are effectively supported with regard to quality early education and childcare. The health visiting service is now ensuring that the two year check is completed for 80% of children. This will ensure that issues are picked up early and families and children can be supported and treated. This is of vital importance to improve education attainment later in life.

We need to focus on the education and achievements of children under five years of age who are at risk of being excluded from mainstream school. This is in order that they can receive the specialist support they need at the earliest opportunity. This is currently provided free for 188 children under the age of two from vulnerable families. This will be increased to 518 so we support more disadvantaged families to improve the experience for their children during those important preschool years.

RECOMMENDATION 5

The assessment of a child when he or she is 2 years old is of utmost importance and means it is a priority. The outcome of this assessment should be monitored on a longer term basis so any issues can be identified and support be put in place at the earliest stage.





School education

We know the Island continues to be one of the worst performing areas in England for both primary and secondary education. This will impact on future employment of these young people and also on their health and wellbeing. People with lower educational attainment have worse health and are likely to have lower life expectancy. Factors such as social background, diet, education and lifestyle choices impact on the development of our children. Children from disadvantaged backgrounds are at a significantly increased risk of developing behavioural disorders which could lead to difficulties in later life, including educational attainment, development of relationships and longer-term mental health.

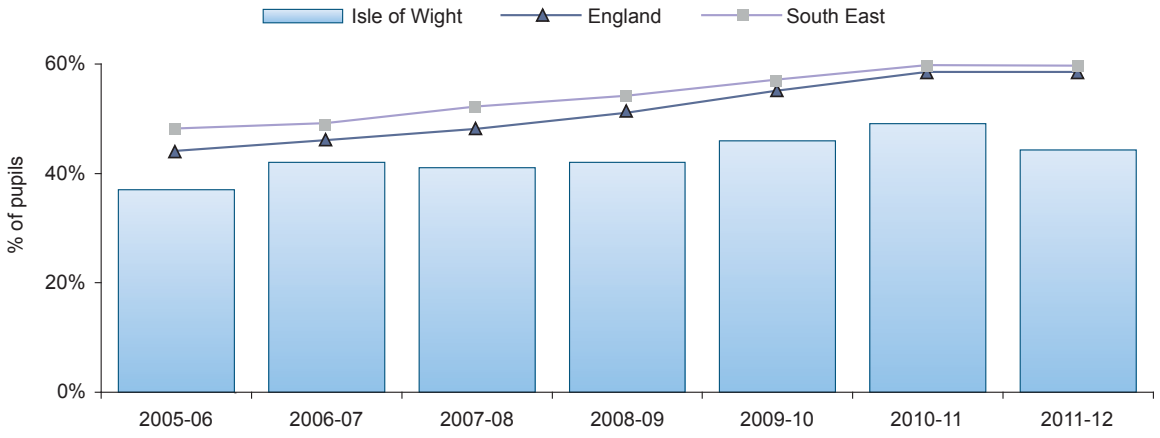
Over the past three years, our schools have transitioned from a three-tier system to the two-tier model of education more typical of the rest of England from September 2012. The quality of the education on the Island is poor, with only 11% of the Island's secondary aged children attending a good school. This will have long term impacts or those children's future and health outcomes.

Standards at the end of Key Stage 2 were four points below the national average for English and mathematics at Level 4+ or better, combined. Although there has been a slight improvement in July 2013, we are still likely to be below England averages.

These low attainment figures continue into secondary school with only 44.5% attaining five A*-C grades at GCSE including English and mathematics. This is in the region of 15 percentage points below the national average (Figure 7).

Figure 7

School Attainment: Key Stage 4: % of Pupils Achieving 5+ A*-C grades GCSE including English & Maths



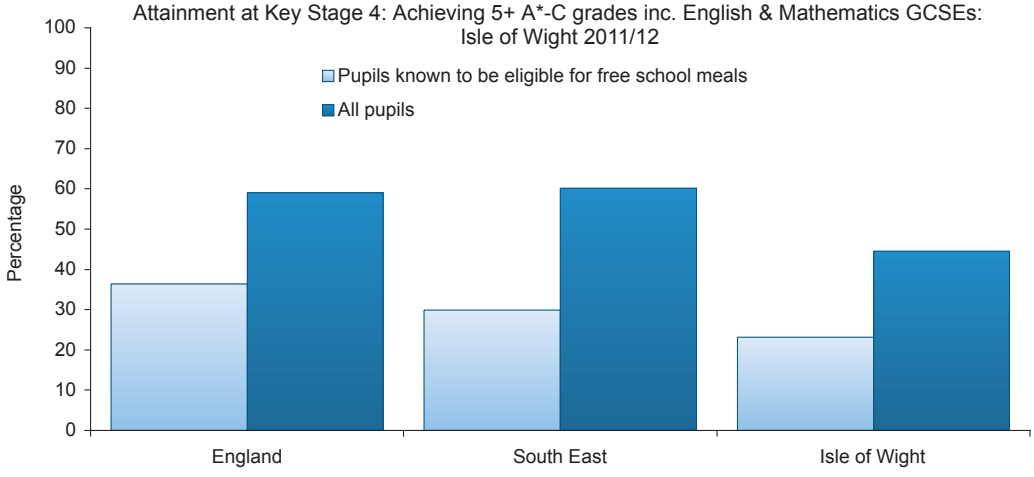
Data Source: Department for Education

It is well understood that economic deprivation is linked to low educational development. For this we use a proxy (representative) measure of the number of people eligible for free school meals. Figure 8 shows that overall the educational attainment at GCSE level on the Island is lower than both the England and South East figures and, importantly, that only 23.2% of those eligible for free schools meals achieve A* - C grade whilst 44.5% not eligible achieve the higher grades. If we are going to improve the outcomes of young people on the Island we need to think of innovative ways to support those pupils from poorer backgrounds and living in more challenging circumstances.

Figure 8 includes children with special educational needs. We know 3.5% of Island children in education have a statement of special educational needs which is slightly higher than the England average of 2.8%; this may affect our overall results.

Figure 8

Comparison Between those Receiving Free School Meals and all Pupils in Level of Attainment at Key Stage 4: Achieving 5+ A*-C grades inc. English & Mathematics GCSEs: Isle of Wight 2011/12

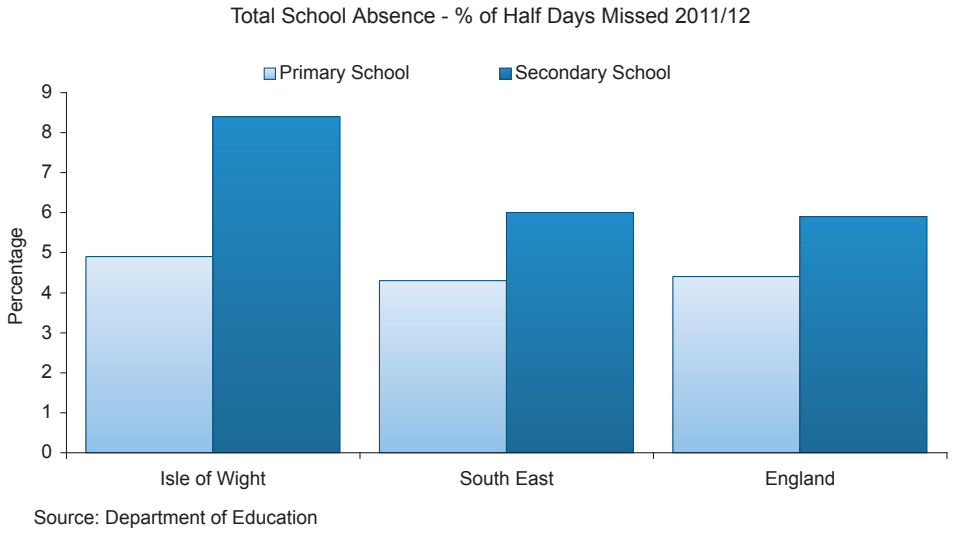


Source: Department of Education

THE ISLAND CONTINUES TO BE ONE OF THE WORST PERFORMING AREAS IN ENGLAND FOR BOTH PRIMARY AND SECONDARY EDUCATION

School attendance is vital for achievement at school. On the Island attendance at school is very low and worse than the national average The problem in secondary schools is stark where the Island's attendance is the worst in the country. On average, across our schools, 5% of all half days are missed (Figure 9). The persistent absence or truancy rate (students who missed 15% or more of school days) was 13.6%, almost double the national average of 7.4%. In 2012/13 there were 1189 fixed term exclusions from school, which involved 524 pupils and equated to 2,595 days.

Figure 9



Source: Department of Education

We are working to improve education on the Island through a variety of initiatives. These are set out in the School Improvement Strategy.

There is a multi-faceted plan to reduce occasional and persistent absence. The intention is to halve the gap between the Island's absence rate and the national average in 2013-14 and eradicate it altogether by July 2016. The actions include:

- The Behaviour Support & Parenting Advice team work with schools, pupils and parents to improve children's behaviour, emotional and social development, wellbeing and learning opportunities.
- A partnership between education and school nurses to look at underlying health issues affecting absence

RECOMMENDATION 6
All partners should consider how they can improve educational attainment to ensure the future health and wellbeing of children and the adults they become.

Personal Social Health and Economic Education

Personal Social Health and Economic Education (PSHE) is a core part of a school curriculum and a key component of a child and young person's learning about lifestyle choices. Through the SHEU survey we found that 25% of pupils said that they have found school lessons on emotional health and well-being to be 'quite' or 'very' useful and 14% found the lessons to be 'not at all' useful. The PSHE lessons found to be most useful by boys were physical activity (34%) followed by drugs/alcohol and tobacco education (32%). The PSHE lessons found to be most useful by girls were safety (36%) followed by bullying (35%) with drugs/alcohol and tobacco education on a par with boys at 32%. This aspect of education needs improving in line with the overall attainment. This is not just a local issue with national learning in PSHE education rated as good or better in only 60% of schools and requiring improvement or inadequate in 40%. This indicates that the quality of PSHE education is not yet good enough in a sizeable proportion of schools in England. With poorer educational standards on the Island the proportion of schools delivering inadequate PHSE is likely to be higher.

We need to embed the key characteristics of outstanding PSHE as identified by Ofsted in all schools. This will lead to pupils demonstrating excellent personal and social skills, and form open, harmonious and trusting relationships that enable them to express their feelings and opinions. Typically, pupils would listen well to each other during PSHE education lessons, ask thoughtful questions of their teacher and each other and use sound evidence to justify their own views.

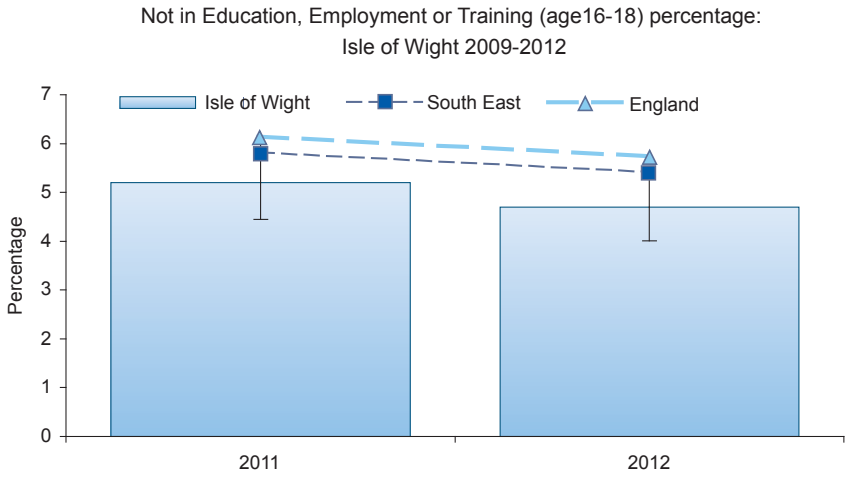
RECOMMENDATION 7
The quality of PSHE should be a key component of the school improvement strategy.

SCHOOL ATTENDANCE IS VITAL FOR ACHIEVEMENT AT SCHOOL. ON THE ISLAND ATTENDANCE AT SCHOOL IS VERY LOW AND WORSE THAN THE NATIONAL AVERAGE

Young people aged 16 and over

What young people do in the years after compulsory schooling, including the qualifications and the experiences they gain, has an impact for the rest of a young person's life and on their health and wellbeing. This is why there is local and national focus on supporting people into work and training.

Figure 10:



Source: Department of Education

On the Island in 2012 there were 4,067 young people aged 16 - 18 and of that number 4.7% were not in education, employment or training (NEET) (Figure 10). This is statistically significantly lower than the England average.

THE IMPACT OF SOMEONE BEING NEET IS SO SIGNIFICANT ON CURRENT AND FUTURE HEALTH THAT IT IS ESSENTIAL WE DO ALL WE CAN TO SUPPORT YOUNG PEOPLE

The impact of someone being NEET is so significant on current and future health that it is essential we do all we can to support young people into training and work. To that end there are a number of programmes on the Island:

- A local apprentice scheme, in line with the national scheme, supports over 120 young people by providing additional funding to support to local employers[9] to recruit an apprentice. Other programmes such as the pre-apprentice scheme have been successful in supporting young people into work or training. We need to monitor the impact of changes on the number of NEETS and long term outcomes.
- A partnership scheme with Student Training UK has seen over 85 young people sign up to the training scheme.
- We are also working to support young people with special educational needs (SEN) by the introduction of a small refreshment service within County Hall. This work is being expanded into pre internships.

Since September 2013 all young people in England must continue in education or training until the end of the academic year in which they turn 17. From September 2015 the age which young people must remain in education or training will be their 18th birthday (Raised Participation Age). This should positively impact on health and wellbeing due to the connections between good education and good health.

RECOMMENDATION 8

Develop Early Help Offer for young people at risk of becoming NEET as part of the PHSE delivery and the CAF process.

[9] Over 203 small and medium enterprises (SMEs) have applied to take up this offer enabling young people to have a range of choice with regard to which industry they apply for.

Mental wellbeing and self esteem

Positive mental wellbeing is essential for satisfaction with life and positive lifestyle choices, reducing the risk of poor physical health and helping to build resilience against mental illness requiring medical intervention. Half of the adults who experience a serious mental illness will have experienced problems by the age of 14 and one in ten children between the ages of one and 15 have a mental disorder.

The Children's Society survey found that primary school children on the Island are happier than the England average; however, older children of secondary school age are less happy. Older girls in particular are more worried about their appearance than their counterparts in the rest of England and Wales. We also know that children's experience of bullying has strong associations with levels of overall wellbeing (Rees et al. 2010). On the Island about a third (34%) of all children asked, in years five to ten, said they had been bullied and just under half (46%) said they had never been bullied.

The cross-government mental health strategy, No Health without Mental Health, identifies looked after children as one of the particularly vulnerable groups at risk of developing long-term mental health problems.

Many factors can contribute to the risk of a child having poor mental wellbeing or being at risk of future mental illness. These include the mother misusing alcohol or drugs during pregnancy, mother's stress during pregnancy, low birth weight, mental illness in a parent, poor parenting, deprivation, traumatic childhood experiences, child abuse and substance misuse.

Children's mental health and wellbeing is primarily nurtured in the home but public services can and do make a difference. This is especially important for those children in contact with health and social care services,

Supporting parents and carers before birth, in the early years and throughout childhood is the best way of promoting children's mental health. A secure parent/child relationship is an important building block to help give children emotional strength. There is also evidence that schools and colleges can enhance children's and young people's mental wellbeing. They can play a role by reducing risk taking behaviours, building self-esteem and supporting the development of social and emotional skills.

Frontline workers are in a good position to promote mental wellbeing and to support children and their families and many have been trained in youth mental health first aid (MHFA).[10]

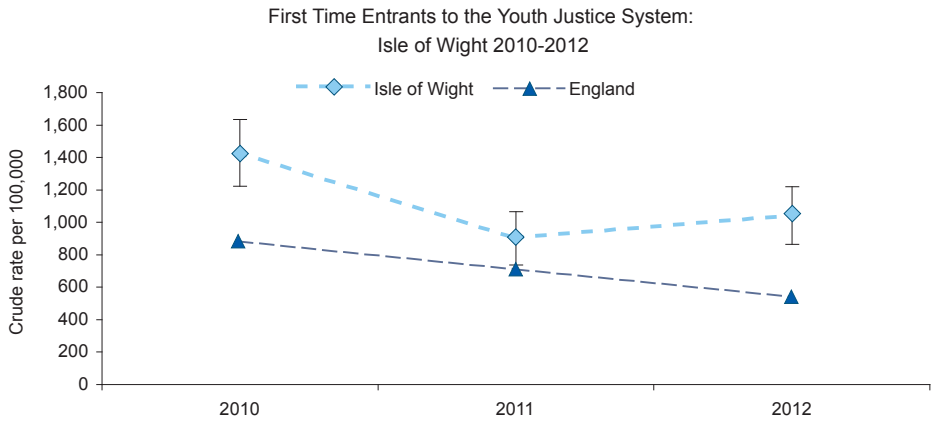
During 2012 and 2013 the Isle of Wight Local Involvement Network (LINk) carried out a series of discussion groups and a survey with young people focusing on young people's mental health and support services on the Island. The resultant report (Bringing it together) was published by Healthwatch in July 2013. Whilst it was acknowledged that there are areas of good practice on the Island, the report made several recommendations which included: work needs to be done to reduce the stigma associated with poor mental health, all involved organisations need to work together to reduce the risk of isolation and bullying, there should be a range of choice for our young people to access help and support and support networks should be commissioned separately for children and young people, and adults.

[10] MHFA is about recognising the signs and symptoms of common mental health issues, provide help on a first aid basis and effectively signpost towards support services.

Youth offending

Youth offending on the Island is significantly higher than the England average, with more people entering the youth justice system for the first time (Figure 11).

Figure 11:



Source: Police National Computer and ONS population estimates

According to the Youth Justice Board there are numerous risk factors which increase the likelihood of a young person's links to crime. Family background, income, history of criminality of others in the home or associates, parents attitudes to criminal behaviour, poor parental support and conflict within the home are all important factors. The circumstances in which children grow up contribute to them being more likely to offend such as low household income and poorer housing.

Experience of school and education also affects the tendency to criminal behaviour. Children showing lack of commitment to their education, involved in frequent truancy and disruptive behaviour, including bullying, are all at high risk.

Influences on criminal behaviour from the community in which the child grows up include; disorganisation and neglect of the environment, availability of drugs and living in a disadvantaged neighbourhood. A neighbourhood with a high population turnover and the resultant lack of neighbourhood attachment also gives rise to a less stable environment.

Personal attributes which influence a child's likeliness to offend include hyperactivity, impulsivity, low intelligence and cognitive impairment. Young people who have attitudes that condone criminal behaviour and drug abuse and early involvement in crime are more likely to offend, as are those with peers who are involved in crimes and drugs misuse.

The risk factors for youth offending and substance abuse overlap to a very large degree with those for educational underachievement, young parenthood, and adolescent mental health problems (risk and protective factors). In addition, it is likely that abused children may also have less exposure to protective factors and processes putting them at further risk of entering the youth justice system.

Children from deprived backgrounds who avoided a criminal record tend to enjoy good parental care and supervision in a less crowded home. The statistical connection between socioeconomic status and children's early offending behaviour was entirely mediated by family management practices.

The causes of crime were found to be firmly rooted in both the quality of care provided by the parents and in educational failure.

The Island's Youth Offending Team (YOT) provides a range of interventions (preventative, community and custodial) for young people aged 10 -17yrs, with their parents and/or carers.

Supporting healthy lifestyles

Personal behaviours and habits are often formed in childhood and adolescence which last into adulthood. The SHEU survey undertaken in 2013 highlights changes in children's behaviours from those recorded in the 1994 survey. Of most note is that fewer children are eating fruit and vegetables and fewer children are active, which links to the rise in overweight and obese children.

Summary of findings and changes in behaviour from the 1994 and 2013

Food and diet
Fewer children are eating fresh fruit and vegetables
Fewer fizzy drinks, crisps and sweets are being consumed
Fewer children consider their health when choosing what to eat
More children wish to lose weight
Fewer are happy with their weight
The percentage (10%) of children not eating breakfast is similar to 1994 (11%)
More are eating fruit at breakfast
Less cereal is being consumed
Fewer children having a school produced lunch; more are eating a packed lunch
There is a large increase in those not having lunch

Physical activity
There are significant downward changes in percentages of children taking part in the listed physical activities
More children believe they are unfit, more feel that they are moderately fit
There is a large downward change in those believing they are fit or very healthy

Smoking
More children have never smoked
The percentage of regular smokers is similar
More children have not smoked during the 7 days leading up to the survey
More children live in smoke free homes
20% of children still live in a home with one regular smoker

Alcohol
Fewer children are consuming alcoholic drink
Fewer children are purchasing alcoholic drink
Fewer children are drinking at home, in others' homes and in pubs and clubs
Fewer children drink at home and of those that do, fewer parents are aware

Sexual health
More children know where to get condoms free of charge

Drugs
A greater percent of children have not taken illegal drugs
A very similar percentage of children have been offered cannabis
A greater percentage of children do not know someone who takes illegal drugs

Source: Schools Health Education Unit (SHEU) surveys

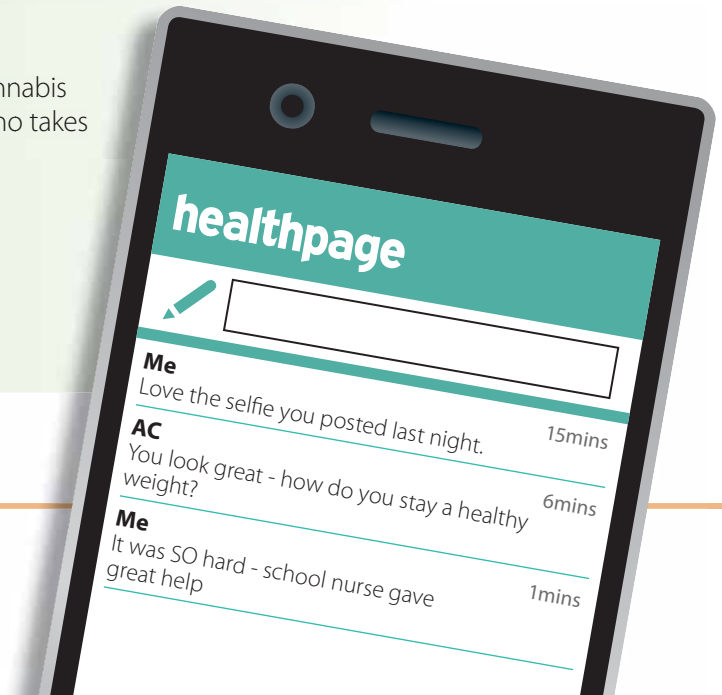
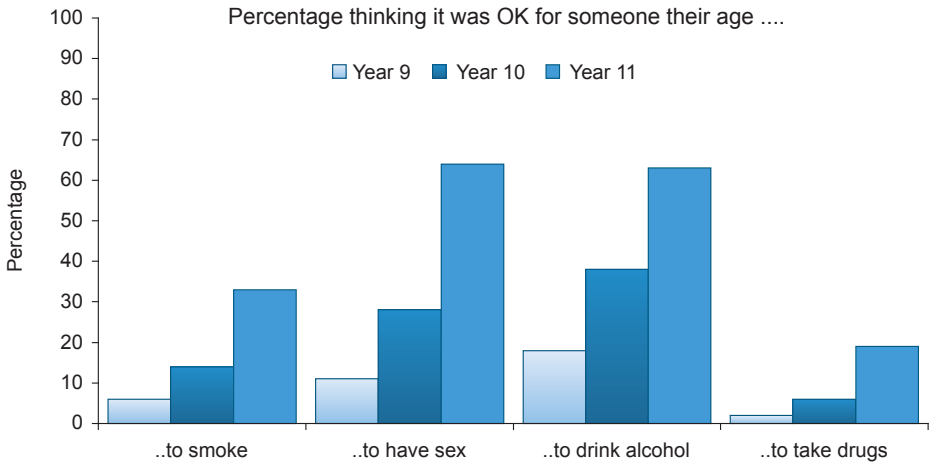


Figure 12:

Figure 12 shows the results and reveals that as children get older behaviours which are risky for their health become more acceptable.

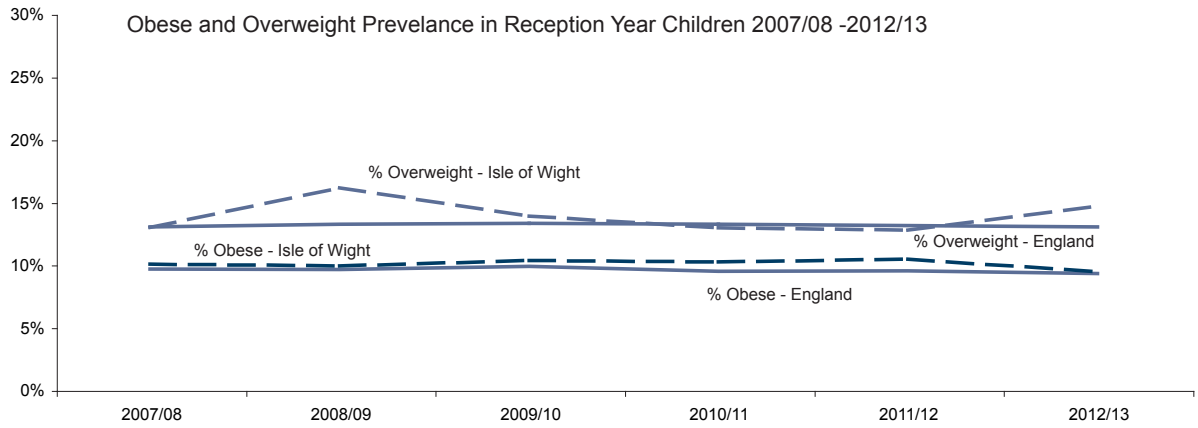


Source: Isle of Wight Survey of Children and Young People 2012

Healthy eating and healthy weight

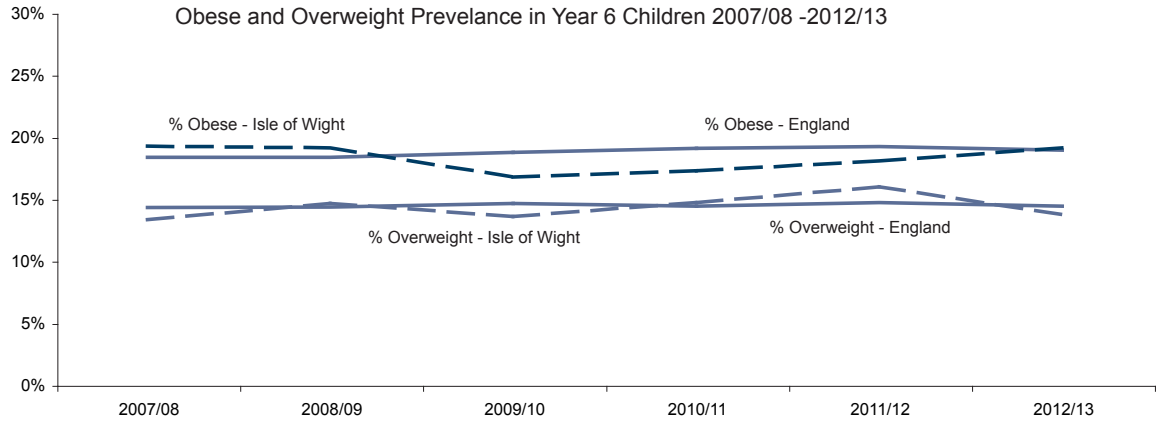
Maintaining a healthy weight (not over or under weight) in childhood reduces the risk of diseases such as coronary heart disease, cancer and diabetes in later life. Overweight children are more likely to become overweight adults. The national child measurement programme (NCMP) carried out by school nurses involves measuring the height and weight in year R and year 6. Figures 13 and 14 show the percentage of the children classed as obese in relation to the percentage for England. As can be seen, we are in line with England figures at 14% in 2011/12.

Figure 13:



Source: National Child Measurement Programme (NCMP)

Figure 14:



Source: National Child Measurement Programme (NCMP)

It is important that children receive enough energy and the right amounts at regular intervals to enable them to develop into healthy adults. In addition, eating habits developed in childhood are likely to be maintained into adult life. There is also a change in perception by individuals and society as to what someone of a healthy weight looks like. This means parents are less likely to support changes to reduce weight as they do not consider their child to be overweight.

The SHEU survey shows that 13% of children had no lunch on the day before the survey, 18% of pupils had a school lunch and 3% bought lunch from a takeaway or shop. This is a concern as we know that a good nutritious breakfast and lunch helps improve behaviour and is essential to help children learn. Some parents struggle to provide this and for these children a healthy breakfast and lunch in school can make all the difference. Even for children eating packed lunches carefully prepared at home, only 1 % will meet the nutritional guidelines of school lunches.

We are working with schools to try and encourage healthy school meals and increase the numbers of pupils eating these. From September 2014 the government will be offering all children in the first three years of school a free school lunch, so it is important that we ensure as many Island children as possible will have the chance to benefit from a healthy meal.

Much of the work to date has focused on the child's weight and programmes to reduce the weight of those who are overweight or obese outside of a family context. Evidence suggests this is not the most effective way of working. Therefore, in order to reduce the number of children who are overweight and obese we need a multifaceted approach which includes:

- Increasing the number of babies who are breastfed for longer.
- Encouraging children to be more physically active by walking more.
- Increasing playing in parks or gardens and participating in sport.
- Making healthier eating choices the norm, including healthy school meals and fewer snacks.
- Reducing the availability of unhealthy foods accessible to children.
- Supporting the national programme called Change4Life Smart Swaps by promotion and encouraging schools to engage.[11]

Through our work with adults who are also parents, we will enable more children to grow up a healthy weight as their parents change their personal and family eating habits. As discussed in the earlier in this report specialist programmes are available to support pregnant women to work towards a healthy weight for themselves.

RECOMMENDATION 9

Children being obese or overweight is a key health issue that needs further understanding and addressing. It is a complex issue and requires all involved organisations to work together therefore this should be a key consideration for the Children's Trust in the future.

[11] The Change4Life website is a useful resource for information about healthy diet and exercise. Smart Swap for schools focuses on two swaps: Swapping for a healthier (less sugary) breakfast and swapping to a school lunch.

Alcohol and drug use are important issues for young people as it is at this age that many young people experiment and try new things. Additionally this can lead to further risky behaviour such as early sexual activity or can lead to accidents and changes in behaviour.

It has been found both nationally (young people drink and drug survey) and on the Island that there has been a general decline in the numbers of young people using alcohol, tobacco and drugs. The SHEU survey asked pupils in years 8, 10 and 12 at secondary school if they had drank alcohol in the previous week. 21% confirmed that they had consumed alcohol, with most of the boys drinking beer or lager and spirits being the preferred drink for girls. The numbers of young people who do drink alcohol are drinking more than the youth of 20 years ago.

60% of those who have ever taken drugs said that they have taken an illegal drug and alcohol together on the same occasion.

Other key results from the survey are:

- 30% of pupils responded that they have tried smoking in the past or smoke now. 7% of pupils responded that they smoke 'regularly'.
- 21% of pupils responded that they have had an alcoholic drink in the last 7 days. 6% of pupils responded that they drank alcohol on more than one day in the last 7 days; 1% said they did so on more than three days.
- 20% have been offered cannabis.
- 9% reported they have taken one of the drugs listed in the survey[12].
- 32% think cannabis is always unsafe.

The SHEU survey asked a series of questions about young people's attitudes towards taking illegal drugs.

On the Island the average age of children trying drugs for the first time is 14 and the results of responses from year 10 pupils are summarised in table 1.

Table 1

Type of drug	Never heard of/ don't know much about it	Believe safe if used properly	Have used in last month	Have used
Amphetamines	57%	6%	0%	1%
Cannabis	31%	20%	5%	7%
Ecstasy	44%	5%	1%	2%
Synthetic hallucinogens	46%	4%	1%	1%
Solvents	43%	9%	0%	0%

[12] Amphetamines, Cannabis, Ecstasy, Synthetic hallucinogens, Solvents

We know that the consumption of drink and drugs are less common behaviours on the Island than for young people nationally.

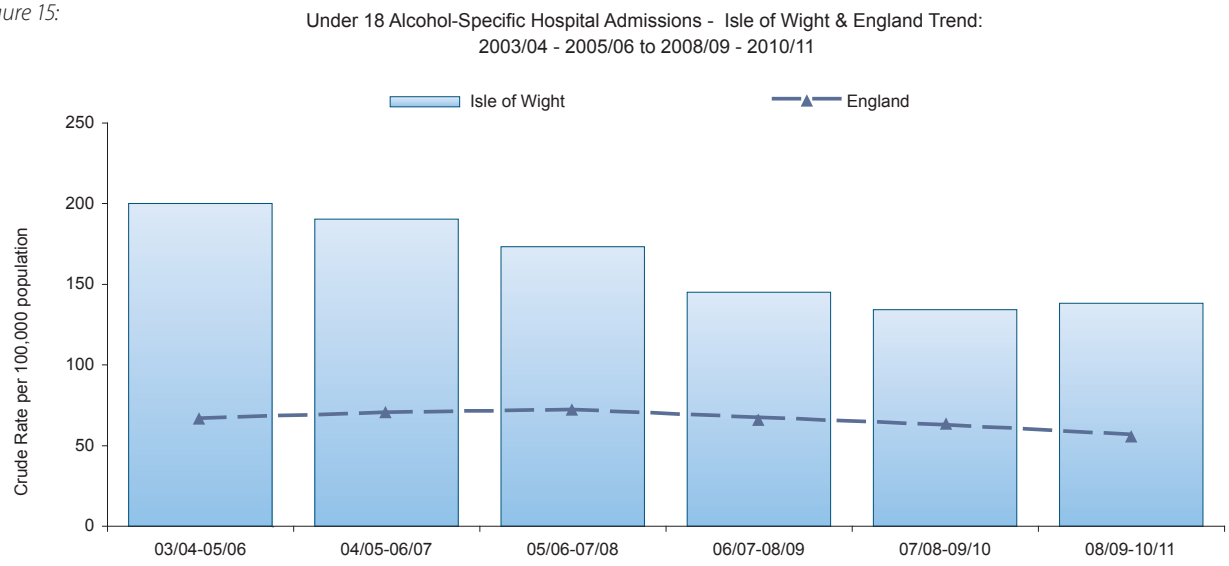
	Isle of Wight	England
Percentage of pupils who reported drinking pre-mixed spirits in the last 7 days	2%	7%
Percentage of pupils who were 'fairly sure' or 'certain' that they know someone who uses drugs (not prescribed by a doctor)	23%	34%

Source: SHEU 2013

'Get Sorted', the young people's substance misuse service, offers an holistic needs-led treatment service for young people up to the age of 24 and their families/carers affected by substance misuse.

High levels of alcohol specific local admissions to hospital have been observed for some time now when compared to the national average figures (Figure 15). This has always been attributed to the policy of young people being admitted when presenting with drug or alcohol intoxication as a matter of course. This is related the lower 'threshold of admission' on the Island than in other parts of the country. A number of factors contribute to these figures, including that the emergency department is not well suited to children in that there is no facility or space to create separate areas in the emergency department between intoxicated adults and children[13]. In contrast, the paediatric department is set up to care for children and the appropriateness of children under the influence being admitted to hospital is under review.

Figure 15:



Source: NWPHO LAPE dataset

RECOMMENDATION 10

We need to review the support for young people admitted to hospital whilst they are drunk.

[13] Standards for Children and Young People in Emergency Care Settings Developed by the Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings, Royal College of Paediatrics and Child health.

Smoking

There is a strong association between living with a smoker and taking up smoking as a young person. There is a range of wider societal factors which influence whether or not a child starts smoking, these include: tobacco price and availability; restrictions on smoking in public places; tobacco industry tactics including product placement in films.

Strategies to reduce the visibility of tobacco and its use have contributed to an overall reduction in smoking prevalence and the SHEU survey confirms that in comparison with 20 years ago, more children on the Island have never smoked and more children now live in smoke free homes.

Smoke free homes

Young children, particularly those who live with smokers, can be exposed to substantial levels of tobacco smoke, most of which occurs in the home and is greater when the mother smokes. A child exposed to second-hand smoke has an increased risk of asthma, lower respiratory infections, bronchitis, middle ear disease, bacterial meningitis and sudden infant death syndrome (SIDS).

The SHUE survey found that 39% of secondary school children live with at least one person who smokes on most days indoors in their home; 19% said more than one person does.

Supportive programmes that maximise the number of homes that are smoke free, where children live and visit will reduce the health risks associated with exposure to environmental tobacco smoke.

A national campaign called 'Take 7 Steps Out' has a clear memorable message which is practical and achievable. On the Island we have trained children's centre staff to deliver this campaign alongside a programme using the 'Chemical Soup' toolkit, which informs parents in an interactive environment about the poisons in tobacco smoke. A pathway has been developed to facilitate referral from health visitors, practice nurses, midwives and other health professionals to this programme that will support families to make their homes smoke free.

All secondary schools include information to deter tobacco use as part of personal social, health and economic (PSHE) education. In addition we have commissioned 'Operation Smoke Storm' a learning resource aimed at creating a shift in young people's attitudes towards smoking and the tobacco industry. Operation Smoke Storm has been shown to improve young people's attitudes and dispel misconceptions held about smoking by as much as 39%, as well as increasing awareness of key smoking issues by 77%. This resource is being used by four of the Island's secondary schools.

There is good UK evidence that a peer-led approach can prevent children and young people from taking up smoking. A partnership has been set up between the University of Southampton, Public Health and Island Innovation VI Form Campus to consider the feasibility of a study into the effectiveness of social norms on young people's decision to smoke or not. Social norms interventions seek to establish and emphasise the non-smoking, anti-smoking norm using student-centred activities to establish its accuracy in the local setting. Social norms interventions should be particularly effective with young adults as the development of the intervention is highly participative.

Oral health

Oral health is an important aspect of general health and wellbeing. Good dental health enables people to eat and enjoy a variety of food, facilitating better nutrition, communication and socialisation in the community, all of which contributes to a healthier lifestyle and improved health and wellbeing.

Oral health problems can impact on speech development, self-confidence and socialisation from decayed and missing teeth, as well as learning through time off school for toothache and dental treatment. All these affect a child's ability to develop to their full potential. Children from the most disadvantaged backgrounds are at greatest risk from tooth decay and tend to have higher levels of destructive infections. These dental health inequalities and their impact on children's development persist into adulthood, adding to other health and social inequalities in the population.

Once a child develops dental decay in their childhood teeth, pain and extraction are likely. If a child develops dental decay in their permanent teeth, they are left with permanent tooth loss or a lifelong legacy of fillings which need to be maintained.

There is significant cost to the healthcare system from extractions provided under a general anaesthesia (GA) for children, as these need to be carried out in a hospital by a specialist team. Regular surveys are carried out to examine children's teeth and collect data about the number of missing, decayed and filled teeth those children have.

The latest data from the 2011-12 survey of five year olds shows the proportion of Island children participating fell from 72.8% in 2007-8 (67% for England) to 51.9% in 2011-12 (65% for England). This is a significant drop and may impact on the validity of the data as children most likely to have decay are often least likely to participate in programmes. The proportion of our children experiencing dental decay in 2011-12 was 18% (27% in 2007-8). The proportion of children with untreated dental decay was 17% in 2011-12 (25% in 2007-8). The Public Health Outcomes Framework (2011/12) shows overall Isle of Wight children have an average of 0.56 teeth affected by dental decay (2011/12). This is statistically significantly better than the England average of 0.94.

Attending a dentist can help identify emerging issues and act as a preventative service offering expert advice. The Island has seen an increase in dentists over the last three years which is now in line with the national average of 44 dentists per 100,000. The numbers of children attending dental services has increased from 58.2% in 2006 to 69.6% in 2012; however, this is still below the England rate of 70.7%.

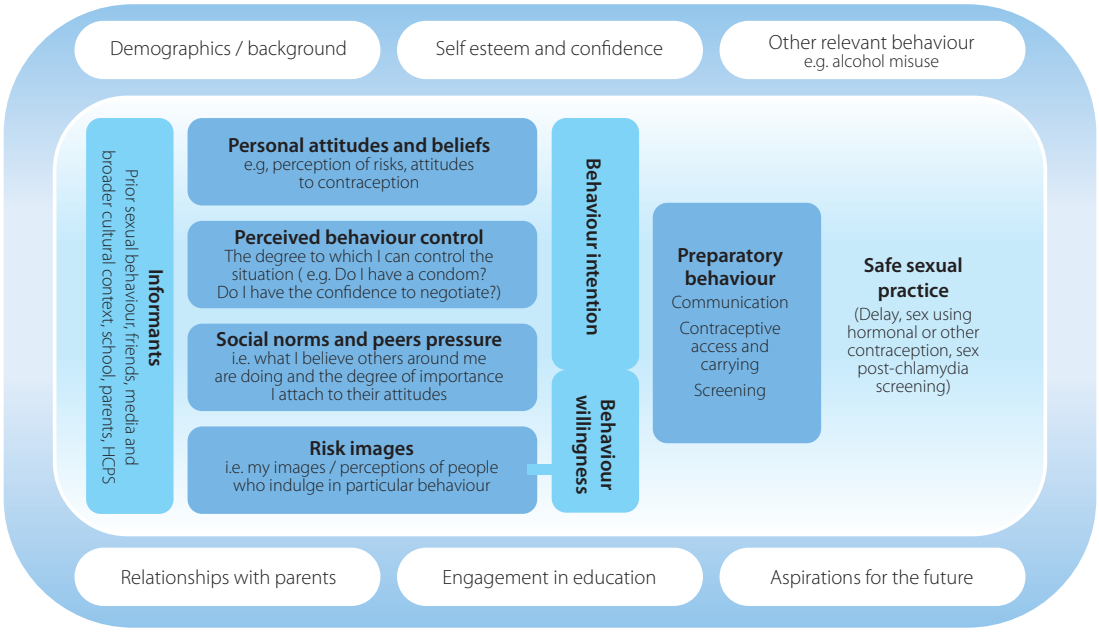
The SHEU survey shows that for the Island the majority of pupils (80%) last visited the dentist within 6 months. 12% of pupils responded that they last visited the dentist more than a year ago. 82% of respondents said they had cleaned their teeth at least twice the day before completing the survey and 2% said they had not cleaned their teeth at all on the day before the survey.

An initiative has been piloted on the Island targeted at improving oral health in young children. An intensive oral health improvement project was undertaken in East Cowes Primary School with all pupils including those in the pre-school year. School staff members were trained to deliver a daily supervised tooth brushing programme and three applications of fluoride varnish was delivered to all children who consented and were eligible to participate, taking into account their medical history. The programme is currently being evaluated. Health visitors and school nurses will be working with staff at pre-schools and reception classes to support supervised tooth brushing programmes and encourage more young families to regularly attend dental appointments.

Sexual health

On the Island young people experience good sexual health. However, achieving good sexual health is complex (as shown in Figure 16) and there are variations in need for services and interventions for different groups according to their needs. This includes vulnerable young people, gay, lesbian, bisexual and transgender people and recognising the differences between young men and young women.

Figure 16: **Model of influences on safer sex practices** (Department of Health)



We have comparatively better sexual health on the Island, with 30.3 per 1000 population in 15-24 year olds (35.6 nationally and 31.5 regionally) having a diagnosis of acute sexually transmitted infections, including Chlamydia.

There is a variety of attitudes about sexual health and sexual practices. 40% of Island boys and 31% of girls in years 9 to 11 thought it was acceptable for someone their own age to have sex. The SHEU survey highlights some key facts about sexual activity. 57% have not had sex, that is, 53% have not had a sexual relationship at all while 4% are 'currently in a relationship and thinking about having sex'. 20% have had sex, that is, 6% have 'had a sexual relationship in the past' while 12% are 'currently in a sexual relationship'. The remaining 23% preferred not to say.

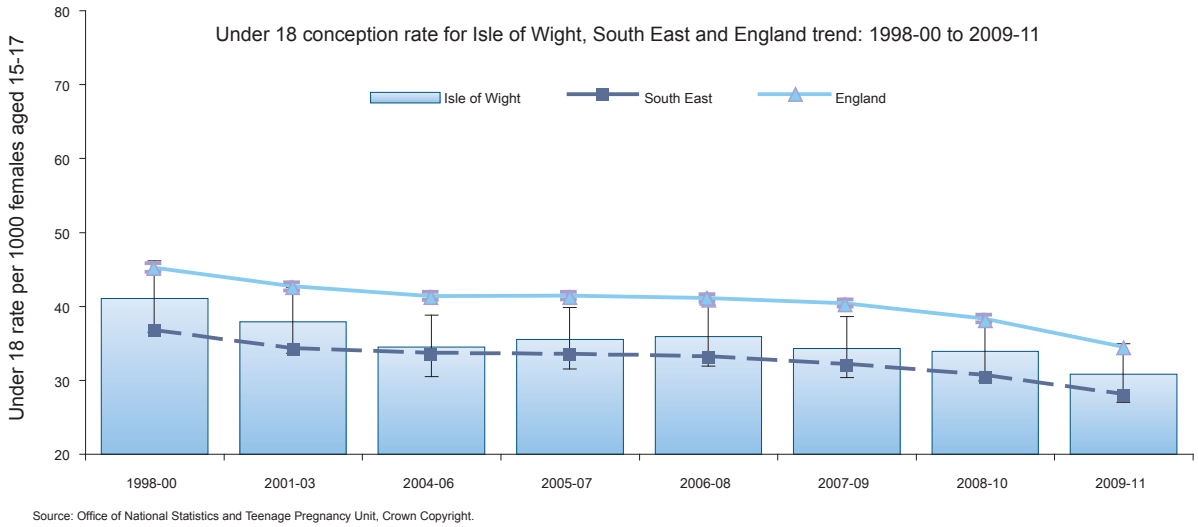
We have developed a sexual health strategy for the Isle of Wight which we will implement in the next year. This takes a holistic approach to sexual health, ensuring the needs of young people continue to be met, whilst recognising that all adults need to have access to sexual health services. It is essential that there is collaboration and integration between a broad range of organisations, including commissioning organisations, in order to achieve desired outcomes

Teenage pregnancy

Reducing the number of teenage pregnancies rates is an important issue because young women who become pregnant are less likely to complete their education and more likely to become unemployed and have increased levels of poverty. Furthermore, the opportunities that they can offer their own children are reduced.

On the Island, the under 18 conception rate is comparable and falling in line with both the South East and the England average (Figure 17). Over half (57%) of teenage conceptions end in births.

Figure 17:



Source: Office of National Statistics and Teenage Pregnancy Unit, Crown Copyright.

We support teenagers who are expecting or have had a baby by providing them with an integrated support package, in order to improve their life choices and outcomes for their children. Midwives, health visitors, social workers and schools work together to provide multi-agency care and advice, with 73% of teenage parents being supported by a coordinated planned approach as well as by children's centres.

Work needs to be carried out to better identify and support those young people at risk. Links need to be enhanced across a range of services such as the children's assessment team common assessment framework (CAF), the youth service, education participation, those supporting looked after children and the sexual health outreach services.

RECOMMENDATION 11

Improvement in the co-ordination of multi-agency support and identification for teenage parents through CAF

Protecting children and young people

Unintentional injury

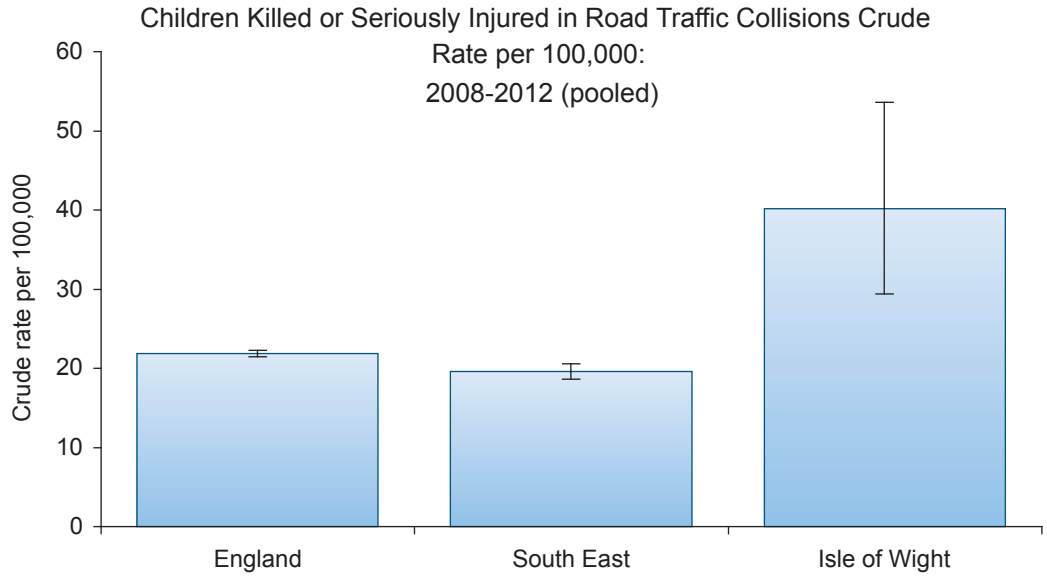
Accidental injuries in children are an important health issue as they are the most common cause of death in children over one year of age and a major contributor to loss of length of life. Every year they leave many thousands of children permanently disabled or disfigured. Additionally, they contribute to inequalities with children from poorer backgrounds being five times more likely to die as a result of an accident than children from better off families (Royal Society for the Prevention of Accidents (ROSPA)). More than one million children nationally under the age of 15 experience accidents in and around the home every year, for which they are taken to accident and emergency units. Many more are treated by GPs and by parents and carers (ROSPA).

On the Island road safety is of particular importance due to high rates of serious injuries and deaths on the roads of people of all ages.

From January 2011 to September 2013, 33 children were either killed or seriously injured in road traffic accidents, this is equivalent to one child being killed or seriously injured every month on our roads. Figure 18 shows that there was a statistically significantly higher rate of children killed or seriously injured in road traffic collisions on our roads than both the England and South East rates (pooled period of five years from 2008 to 2012).

Injuries to those under 18, in particular those aged 15-18, are in the majority of cases the result of accidents involving motorised two wheelers, pedal cycles and pedestrian activities. The road safety department for the Isle of Wight delivers two hard hitting education programmes within the student environment targeted at the 15-18 age groups:

Figure 18:



Source: Department of Transport

'Head On' is a programme that consists of a staged road traffic accident (RTA) and a demonstration of extraction of persons trapped that involves all three emergency services. This is followed by a graphic film of an RTA including classroom discussion.

'Safe Drive Stay Alive' is an annual theatre presentation; students aged 16-17 are given true life experiences and reflections from serving emergency service personnel.

The service is currently maintaining established areas of work which should impact positively on the current RTA figures these include: a pre rider and safer riding course for motorcycle users and a pre-driver course open to 16-18 year olds; the courses provide theory and practical sessions given by qualified instructors.

Since 2012 the Fire Service has delivered Bikeability training courses to young pedal cycle riders; to date over 600 students have benefited from this course. This is a direct approach to reducing the numbers of those killed and seriously injured involving under 18's using pedal cycles. The service also delivers pedestrian crossing education to all year 1 pupils; the training has a direct influence on students' understanding of pedestrian road safety.

A strategic road safety forum is now in place and will be scrutinising RTA statistics to inform the road safety forum on direction. Reduction in the numbers of children and young people killed or seriously injured on our roads remains a multi-agency priority involving education, engineering & enforcement.

In the SHEU survey children in years 8, 10 and 12 were asked if they had had an accident in the preceding 12 months. 10% responded that they had an accident at school, while 13% stated their accident was at home. 43% of boys and 28% of girls responded that the accident they were involved in was whilst playing sport. The most common injuries were cuts, bruises, grazes and sprains. 47% of the accidents required a visit to the doctor or emergency department - this is significantly higher than the UK average of 38%.

There are numerous developments we can undertake to reduce accidents. There is abundant evidence that unintentional injury prevention actually works. It also reduces costs, and estimates of the ratio of the financial return from injury prevention (relative to the initial investment) range, for example, from 50 to one for bicycle helmets and 17 to one for smoke alarms.

Preventing accidents to children requires a combination of factors to be tackled.

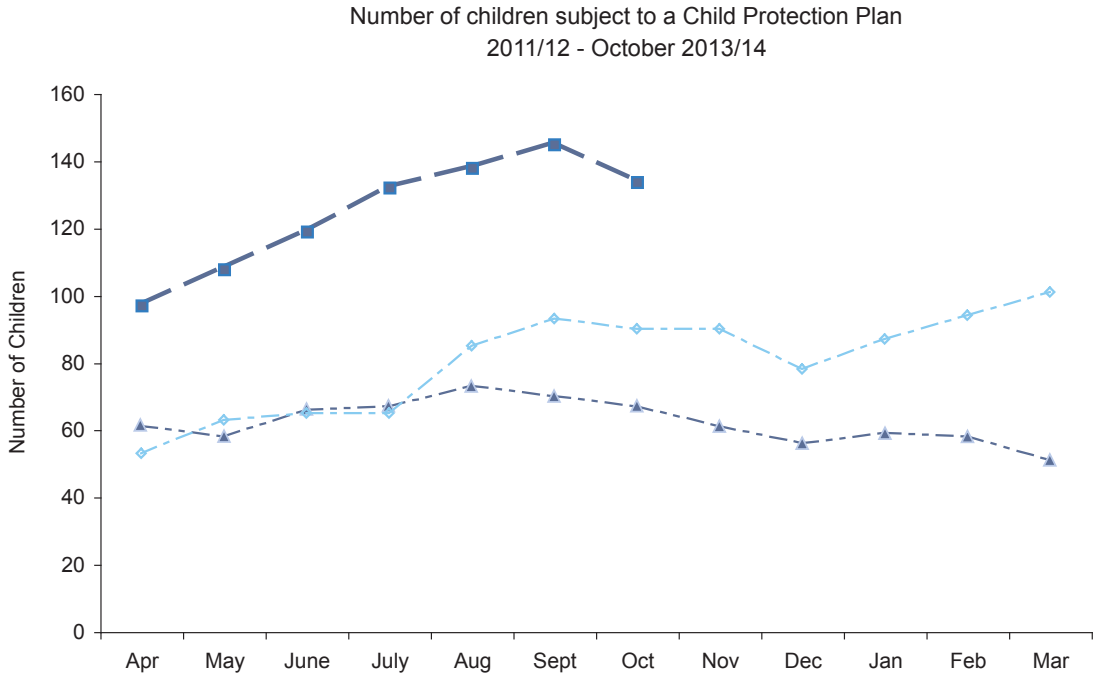
- Environment adaptations; such as fireguards and stair gates help to make the home environment safer.
- Education; this involves increasing the awareness of the risk of accidents in a variety of settings.
- Empowerment; local consultation and community involvement can generate a strong sense of commitment and ownership.
- Enforcement; there is legislation which relates to child safety.

Keeping children safe

As highlighted in the introduction, there is a renewed focus on improving the safeguarding arrangements for children on the Island. The children affected will be some of the most vulnerable on the Island and without robust interventions experience the poorest outcomes in childhood and later in life. Without robust interventions now we are storing up problems for the future, with many of these children requiring support to ensure they have a positive and fulfilling adulthood. Children in the care of the state are associated with a dramatic increase in the risk of becoming teenaged parents having health problems and becoming involved in crime (McCann et al. 1996).

In line with other areas of the country, the number of children who are looked after or subject to child protection plans on the Island has increased significantly over the past three years, but most sharply after the most recent inspection. At the end of March 2013 there were 179 children and young people in the care of the local authority and 101 children and young people subject to child protection plans (Figure 19).

Figure 19:



Source: Isle of Wight Council

These trends are at least in part caused by a welcome increase in people's awareness of safeguarding matters and of the risks facing some children and young people. Nevertheless, we start from the principle that children are best brought up within their own families and that unnecessary statutory interventions should be avoided.

We are developing new mechanisms for front line staff to work together to ensure that families receive an effective service that meets their needs. This is vital where children and families have complex needs. This includes the new integrated assessment for health, social care and education. Going forward our services will become more integrated to help with this. An example of such a service currently is our early intervention service through our children's centres where the council and Isle of Wight NHS Trust staff are located together.

Our children's centres and early help services are also focused on providing targeted assistance to help deliver our strategic objectives in this area.

We will continue to do everything we can to make sure children and young people are protected through statutory reviews, safeguarding children and promoting their welfare which became everyone's legal responsibility due to the Children's Act 2004. This includes not only protecting those we know are suffering abuse or neglect, but also preventing this happening in the first place. To do this we need to identify difficulties at an early stage and provide the right support to families who need help.

We recognise that children are best brought up in their own family and where this is not possible we will always seek to ensure alternative high quality care arrangements. For most, and when appropriate, this will be in local family placements. So we need to ensure we give extra help to any family experiencing particular difficulties and those parents who may be vulnerable. We will continue to support our foster families, adoptive parents and extended family members who take on the care of vulnerable children.

The common assessment framework (CAF) is a four-step process whereby professionals can identify a child's or young person's needs early, assess those needs, deliver coordinated services and review progress.

The CAF is designed to be used when;

- a professional is worried about how well a child or young person is progressing (e.g. concerns about their health, development, welfare, behaviour, progress in learning or any other aspect of their wellbeing),
- a child or young person, or their parent/carer, raises a concern with a professionals,
- a child's or young person's needs are unclear, or broader than the practitioner's service can address.

For the future there will be three locality 'Early Help Hubs' which offer innovative solutions to meeting need and demonstrating significant and sustained improvement on outcomes for children and young people. Children and their families will receive services they need, when they need them and where they can access them.

RECOMMENDATION 12
All partners should continue to support the improvement plan for safeguarding to ensure that vulnerable children are protected.

RECOMMENDATION 13
Support the development of Early Help Hubs and evidence based interventions

Domestic abuse

There has been an increase in the number of domestic crimes reported to the police, though such crimes are still believed to be under-reported and on average a woman will experience 35 assaults before going to the police. 1 in 7 males will experience domestic violence and abuse. During one year 225 children will be at high risk of exposure to domestic abuse due to parents' relationships and about half the children will themselves have been hit or beaten. Sexual and emotional abuse is also more likely to happen in these families.

The impact of domestic violence on children is wide ranging and varied. In relationships where there is domestic violence children witness about three-quarters of the abusive incidents. This is obviously distressing for a young child but the impact of domestic abuse will affect each child differently.

Younger children may become anxious. They can complain of tummy-aches or start to wet their bed. They may find it difficult to sleep, have temper tantrums and start to behave as if they are much younger than they are.

Older children react differently. Boys seem to express their distress much more outwardly. They may become aggressive and disobedient. Older boys may play truant and start to use alcohol or drugs. Girls are more likely to keep their distress inside. They may become withdrawn from other people and become anxious or depressed. They are more likely to have an eating disorder or to harm themselves by taking overdoses or cutting themselves.

All children affected often do badly at school or refuse to go to school.

These problems may turn into long term problems, as males exposed to domestic violence as children are more likely to engage in domestic violence as adults; similarly, females are more likely to be victims. Higher levels of adult depression and trauma symptoms also have been found.

Domestic abuse is not just an issue in adults with increasing recognition in teen relationships. Research now suggests that women between the ages of 16 and 25 are at the highest risk (Health Visiting and School Nursing Programmes: supporting implementation of the new service model No.5: Domestic Violence and Abuse - Professional Guidance).

During 2012 the Island's refuge outreach service supported 388 women with 489 children and 19 women with a total of 28 children were given a safe place to stay through refuge accommodation (Home Office - Recorded crime data at local authority level).

RECOMMENDATION 14

Ensure that health, social care and police work together so that robust methods and processes are in place to adequately support all children living in situations where domestic abuse occurs. This work should be lead and monitored by the Health and Wellbeing Board (or CSP?)

RECOMMENDATION 15

Develop better systems and processes to collect data on activity and impact of services in order to ensure interventions are effective

Summary of future plans / recommendations

RECOMMENDATION 1 - The lifestyles of mothers and fathers should be discussed with them when they are expecting a baby so they can be referred to the appropriate services for support to help them make positive changes.

RECOMMENDATION 2 - Further work should take place to increase breastfeeding including BFI status and all involved organisations should consider how we can best support women to breastfeed their babies.

RECOMMENDATION 3 - All partners should consider their role in increasing uptake of immunisations for children and a robust action plan is should be developed and monitored to ensure herd immunity is reached.

RECOMMENDATION 4 - The integration and development of services for children should take into consideration the impact of parenting and ensure joined up pathways are in place to better support children and their families. This work could be led by the Children's Trust.

RECOMMENDATION 5 -The assessment of a child when he or she is 2 years old is of utmost importance and means it is a priority. The outcome of this assessment should be monitored on a longer term basis so any issues can be identified and support be put in place at the earliest stage.

RECOMMENDATION 6 - All partners should consider how they can improve educational attainment to ensure the future health and wellbeing of children and the adults they become. This work should be overseen by the Health and Wellbeing Board.

RECOMMENDATION 7 - The quality of PSHE should be a key component of the school improvement strategy.

RECOMMENDATION 8 - Develop Early Help Offer for young people at risk of becoming NEET as part of the PHSE delivery and the CAF process.

RECOMMENDATION 9 - Children being obese or overweight is a key health issue that needs further understanding and addressing. It is a complex issue and requires all involved organisations to work together therefore this should be a key consideration for the Children's Trust in the future.

RECOMMENDATION 10 - Review the support for young people admitted to hospital whilst they are drunk.

RECOMMENDATION 11 - Improvement in the co-ordination of multi-agency support for teen parents through CAF.

RECOMMENDATION 12 - All partners should continue to support the improvement plan for safeguarding to ensure that vulnerable children are protected.

RECOMMENDATION 13 - Support the development of Early Help Hubs and evidence based interventions.

RECOMMENDATION 14 - ensure that health, social care and police work together so that robust methods and processes are in place to adequately support all children living in situations where domestic abuse occurs. This work should be lead and monitored by the Health and Wellbeing Board.

RECOMMENDATION 15 - Develop better systems and processes to collect data on activity and impact of services in order to ensure interventions are effective.

Progress with plans from last year

The 2012 Public Health Annual Report was published before the transfer of responsibility for public health from the NHS to local authorities, but pre-empted this by focusing on the environment and the impact on health. As such many of the recommendations are particularly pertinent to the council as it discharges its new responsibilities as they indicate how benefits could be leveraged through action within the wider determinants of health. This paper outlines the recommendations, indicates activity already being undertaken and proposes further action to address these recommendations.

RECOMMENDATION 1 ***A robust pathway for prevention of Chronic Obstructive Pulmonary Disease (COPD) exacerbation should be developed, including cold weather warnings and smoking cessation.***

An agreement is in place for the council to provide a "core offer" of commissioning support to the Clinical Commissioning Group (CCG) through the Public Health Department. Part of this is advising on preventative aspects of pathways, including the respiratory pathway.
As health and social care services become more integrated, opportunities for embedding and disseminating more general advice are being explored, such as utilising spare capacity within the urgent care hub.

RECOMMENDATION 2 ***To ensure babies and young children are protected from second-hand smoke, we should embed the 7 Steps programme throughout the Island.***

The 7 Steps programme has been rolled out to all children's centres and through the midwifery service. Initial impact of the programme has been positive with a formal evaluation taking place later in the year against agreed standards. Once established this programme will be promoted to GPs and primary care. This programme is funded through the Public Health ring-fenced allocation as part of the wider work on tobacco control.

RECOMMENDATION 3 ***Ensure all GPs consider Carbon Monoxide (CO) poisoning when seeing patients with symptoms associated with this.***

The council is currently commissioning a pilot in the maternity unit which has showed the positive use of carbon monoxide monitors to highlight the issue of poor air quality that could be due to smoking or a faulty boiler. As part of the work on tobacco control and smoking cessation, the public health team will work with the primary care contract team and the CCG Quality lead to discuss ways of updating GPs on CO monitoring through the use of protected training time. The Fire Service promote awareness of CO poisoning through the work they undertake with the community. With the move of public health staff to the council we are working closer together on this agenda.

RECOMMENDATION 4 ***Further links should be developed between the housing and public health teams. The housing needs assessment should consider health issues in relation to the housing needs of the Isle of Wight.***

The housing needs assessment will be commissioned in the summer through agreed budgets from the housing team. The tender specifications can be developed to include the option of additional health questions enabling the council to get maximum value from the budget available.
Further work developing health benefit from the built environment can be pursued through improved links with the CEOs of the housing group facilitated by the inclusion of the public health team.

RECOMMENDATION 5 *Continue to develop work around cold weather, fuel poverty and health.*

Excellent partnership work took place last year between the NHS, council and voluntary sector to support vulnerable people in the cold. Through this partnership we were awarded funding to support initiatives to tackle the effects of cold weather. We will review the work from the winter and develop an action plan for this coming winter. We will embed the cold winter programme into the My Life a Full Life programme. Furthermore, a robust evaluation will be built in to include multi-agency feedback of further programmes.

RECOMMENDATION 6 *Mental health services should work to incorporate use of outdoor space to aid recovery.*

Work on the implementation plan for the national strategy 'no health without mental health' is being led by the CCG with stakeholder engagement, including the council, through those involved in the My Life a Full Life Programme. This will address the physical health of mental health patients, and how to increase activity in this group.

RECOMMENDATION 7 *Embed the use of Health Impact Assessments (HIA) for developments on the Island so that wherever possible opportunities to create a positive impact on health are considered in all planning proposals.*

The council decision making processes currently allow the impact of some factors relevant to population health and wellbeing, such as equality and diversity, to be considered but do not include a formal assessment of health impact.
To do so would have resource implications, but would also provide a means of prioritising policy implementation for health and wellbeing gain, minimising the potential of unintentional adverse consequences for health and wellbeing, and documenting positive action to improve the health and wellbeing of people on the Island. A staged approach to implementation could be considered, with the scope increased as capacity to deliver health impact assessment is increased.
Implementation will require a training and awareness programme for relevant council staff, a process for identifying relevant policies, and a means of targeting resources to those policies most suitable for detailed assessment.
In the first instance, funding was secured from the Wessex Deanery of Health Education England to provide training and awareness of health impact assessment for relevant council staff and discussion has taken place with democratic services who have suggested including a question on health impact as part of the paperwork for the "call over" process. Including public health staff in assessing licencing application bids and major development control applications will facilitate a shared understanding of the potential benefits of health impact assessment and the associated resource implications.
Further work is needed to develop a proposed implementation plan informed by an assessment of the forward plan, available capacity for delivering health impact assessment, and priorities for health improvement.

RECOMMENDATION 8 *Ensure that promoting access to green space includes the benefits to health. Develop the Sustainable Transport Fund to include the health aspects of walking and cycling.*

The Local Sustainable Transport Fund (LSTF) with the value of £5.2 million offers an opportunity to link the environmental benefits of using active transport to the benefits for health and wellbeing. The overall aim of the project is to upgrade and improve sustainable transport infrastructure, travel information, and promote our sustainable transport network in order to grow our increasingly popular green tourism market. This will help to maintain the Island's position as a leading green tourism destination and promote sustainable travel options. This is being taken forward with the LSTF Element 3, Walking and cycling infrastructure improvements group.
There are further opportunities to maximise the potential physical and mental health benefits of living in proximity to an extensive network of Rights of Way within an area of outstanding natural beauty and members of the public health team are working with other teams within the council, including communications and leisure recreation and public spaces, to take this forward.

RECOMMENDATION 9 *Further initiatives should take place to encourage people to include walking in their daily routine.*

Community based weight management services are within the public health services now commissioned by the council. These include a GP practice based 12-week weight loss programme which uses a pedometer to measure and increase daily walking in order to help weight loss and three walking projects funded through the public health prospectus for community projects to increase physical activity and improve mental health.
Children's centres are all Change4life supporters and some have trained as health walk leaders and lead regular pushchair walks from their centres.

RECOMMENDATION 10 *Health walks should become part of care pathways with health and social care professionals referring and recommending walks.*

The council, through the ring fenced public health grant, commissions the Isle of Wight NHS Volunteer Service to co-ordinate the Isle of Wight Health Walk Scheme. All publicity related to NHS Volunteers now includes details of all Island health walks, giving them a higher profile to health and social care professionals and facilitating referral to them.
NHS Health Checks, a mandated service within the public health responsibilities for local authorities, is the five year call and recall programme aimed at earlier identification of cardiovascular disease (CVD) which is being offered to all Island residents aged 40-74 years not already on a CVD risk register. As part of this programme, it is identified whether patients are meeting the recommended requirements for physical activity. Health walks are offered as an option in the lifestyle care pathway to residents that are inactive. The public health prospectus awarded funding to community projects to increase physical activity and improve mental health; three of these projects which focus on walking are aimed at residents with long term health conditions and health and social care professionals are being asked to refer patients to the projects.

RECOMMENDATION 11 *Work with agencies to promote awareness of the risk of excessive exposure to UV light and how to protect against this.*

The Department of Health and Public Health England have a national programme of campaigns to promote awareness of how to prevent cancer. These messages can be reinforced locally through updates the council provides to the public to warn about extreme weather including heat waves. The relevant communications teams across the Island are working together to ensure a consistent message about potential emergencies. A communications plan will be agreed with input from Public Health England and local input from specialist public health staff to ensure timely advice is included.
The use of sun lotion can be promoted at high profile events such as the music festivals.
Further to this we will undertake a needs assessment to understand our high levels of skin cancer. This will be delivered through the JSNA team's work programme.

RECOMMENDATION 12 *Warnings to the general public about flooding should include general public health advice with regard to this emergency.*

The council provides updates to the public to warn about extreme weather, including heat waves and flooding. Public health advice will be included as part of this through a formal communication route. The communications team and public health team have developed good working arrangements for ensuring public health messages are being embedded in council business. This is being resourced from current staff within both teams.

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