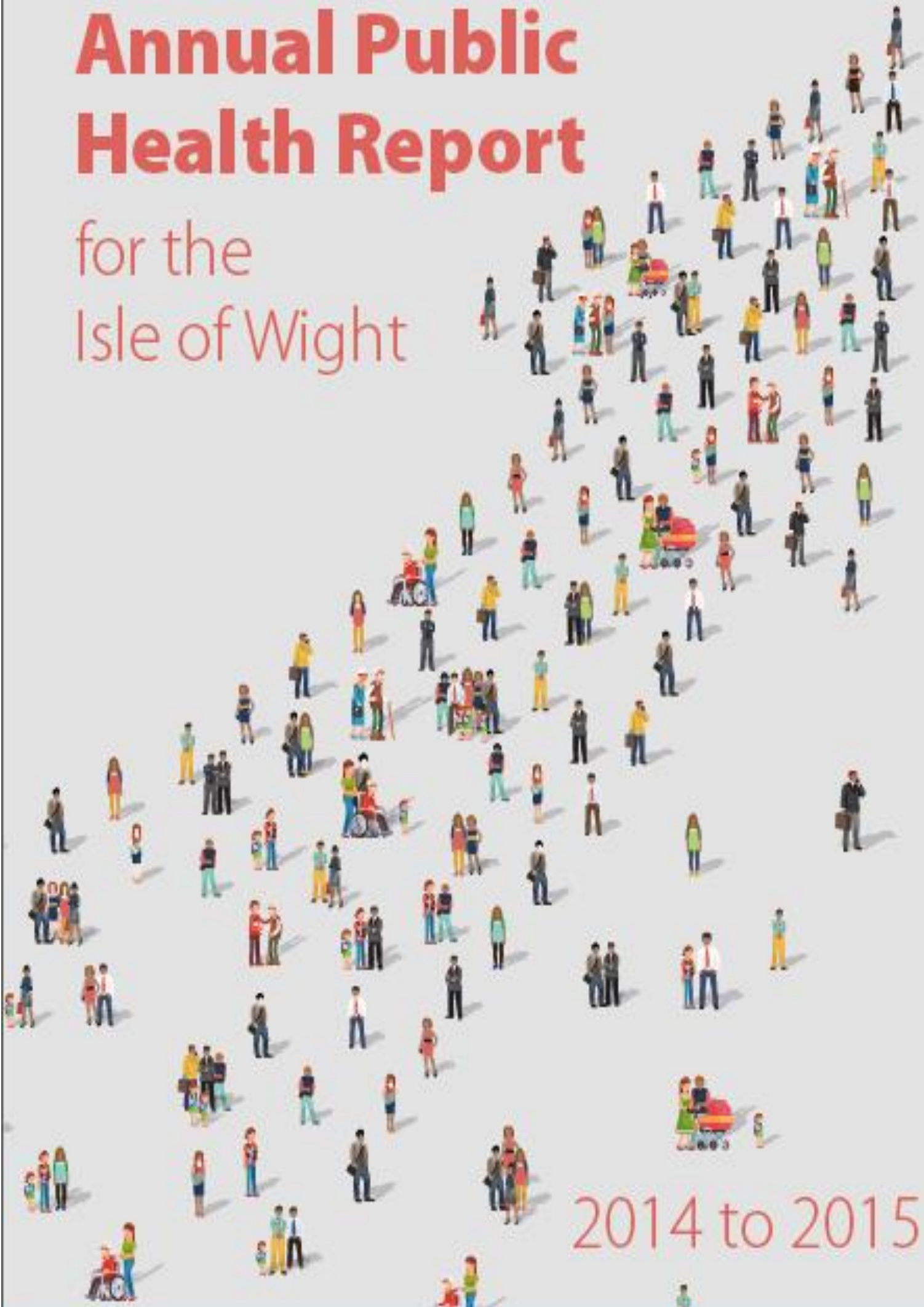
Annual Public Health Report

for the Isle of Wight



2014 to 2015

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Foreword

I am delighted to write the introduction to the Isle of Wight Public Health Annual Report 2014 to 2015, my first one since I took up post which highlights the new innovative ways of working taking place here on the Island. Previous reports have taken a series of themes based on analyses of the major public health challenges on the Isle of Wight but this report goes back to basics and focusses on a range of information to inform planners, policy makers, service providers and politicians of the inequalities that remain deeply rooted in our Island communities.

This report focuses on the asset-based approaches that are being used to empower people and communities on the Island to mobilise their strengths, talents and skills to improve their health and wellbeing. By focussing on 'strengths' rather than 'needs' we can better support people to build resilient personal and local neighbourhood networks that can help prevent crisis and reduce demand on overburdened statutory services.

The Isle of Wight is experiencing a period of intense economic pressure. The well-publicised financial turmoil currently faced by the Health and Social Care system is without precedent and the scale of challenges will bring significant and long term changes to what and how services are delivered in the future. It is unsurprising then that there has been some healthy scepticism about asset-based approaches, wondering how one could build on assets for people who have suffered multiple disadvantages through abuse and trauma, addiction problems, homelessness, frailty, mental illness, physical disability and limited social networks. However evidence shows that these approaches are making a real difference to people and communities with extremely limited resources of any kind and the results have demonstrated that not only do asset based approaches work but they are actually the *only* approaches that will work in the longer term to deliver the 'fully engaged scenario' that Wanless (2002) describes to ensure sustainability of the health and social care sector.

Members of the Public Health Team working with the local community.

We are pleased and encouraged with the progress we have made so far on the Isle of Wight, working through the combined efforts of people with an interest and role in public health, many of whom do not have 'public health' in their job title, particularly our Town and Parish Councils and voluntary sector colleagues such as Aspire in Ryde and many more, coming alongside communities to recognise and nurture the wonderful abundance of skills, talents and gifts we have here on the Island.

Some of the recommendations we have proposed may attract criticism in an overstretched system coping with crisis, but if we are to divert this trend of health inequalities we have to be courageous. As a system we should extend the opportunity for peoples' participation in their communities, the added control over their lives that this brings, has the potential to contribute to their psychosocial well-being and, as a result to improve other health outcomes (Marmot, 2010).

In public health, we must give ourselves opportunities to learn, to adapt, and to improve constantly. We have also learnt to persevere. Approaches such as Local Area Coordination take time to be embedded and mainstreamed. We have to adapt as new evidence is generated, for example there has to be regular review of the evidence and a willingness to change policies based on new evidence.

The unrelenting pressure on acute services and the ageing of the population mean that developments in public health may not always receive the priority they deserve but we strongly believe that if we are to see real improvements in health, reduction of morbidity and a shift in the balance of care, the Isle of Wight Council and its partners must find ways to continue to prioritise prevention, early intervention, early years programmes and to prioritise investment in areas that will truly improve health outcomes.

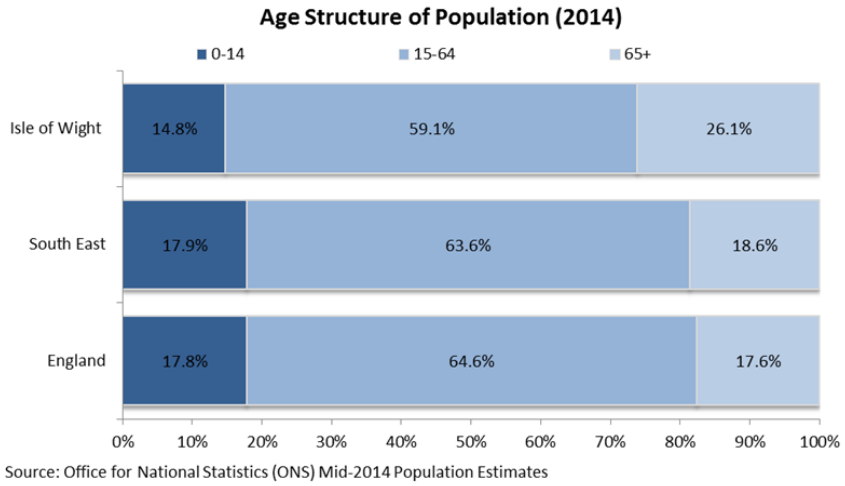
Dr Rida Elkheir, Director Public Health

and the Isle of Wight Public Health Team

Isle of Wight Council

Setting the scene – context and background information.

The Isle of Wight presents a unique set of challenges for the local health and care system. It lies off the south coast of England and covers an area of 147 square miles. The population is approximately 139,000 residents (ONS 2014 based mid-year estimates), an average of 3.6 persons per hectare (Census 2011) which is less dense than the England or South East averages. More than a quarter of residents (26.1%) are aged 65 years or over, while just under 15% are aged 0-14 years.



Source: Office for National Statistics (ONS) Mid-2014 Population Estimates

Around 1 in 6 households (16.5%) on the Isle of Wight are occupied by a single person over 65 and there are around 4,000 single parent households with dependent children. Social isolation and loneliness can be a problem for people living alone and has a big impact on their health and wellbeing. Like other coastal towns, the Isle of Wight is a popular retirement destination with a net inflow of people aged 50 to 79. This migration is becoming more marked over time with more than double the older people moving here in 2014 than in 2012 (JSNA – Demographics and Population factsheet, 2015). Many of these people will move here with partners, but then when their partner dies they find themselves without an adequate support network of friends and family and become dependent on service provision.

According to the 2011 Census, more than 1 in 5 people (22.6%) living on the Island say that their day-to-day activities are limited a lot or a little by long term health conditions; compared with 15.7% in the South East. The number of people living with long-term conditions is set to increase as a result of the increase in the number of older adults. Currently the cost of healthcare for people with one or more long term conditions equates to around two-thirds of the NHS budget and the cost of caring for people with three or more conditions is likely to rise from 17% of the NHS budget in 2006 to 24% by 2016.

Disability

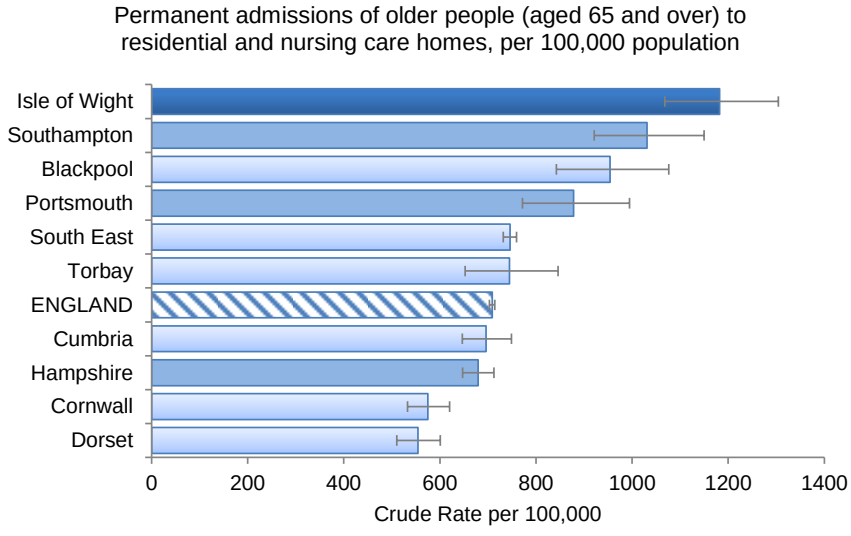
There are higher than average numbers of people living with disabilities on the Island. Disability living allowance figures for 2015 are 6.1% of the population; nearly double that of the South East (3.7%). Three percent of the population are claiming attendance allowance (a benefit for those over 65 with a physical or mental illness severe enough to warrant caring support). This is higher than rates elsewhere which reflects the ageing profile of the Island population.

The 2011 Census indicated that 16,420 people on the Isle of Wight provided at least 1 hour of unpaid care per week, which means 12% of the total population had a caring responsibility. In many cases those providing the care are themselves elderly and living with their own health conditions. This is important because there is a clear relationship between poor health and caring that increases with the duration and intensity of the caring role. Those providing high levels of care are twice as likely to have poor health compared to those without caring responsibilities. The 2008 Carers Survey, conducted by Carers UK on behalf of the Isle of Wight Council and Isle of Wight PCT, showed that 68% of those asked thought their health had suffered as a result of their caring role and 43% felt they were not able to take a break from their role. Caring responsibilities and long term conditions can also contribute to feelings of isolation and loneliness (Campaign to End Loneliness, 2013).

The Isle of Wight also has statistically significantly higher (worse) rates of people registered as hard of hearing or with preventable sight loss certifications than the England average. It is estimated that on the Isle of Wight in 2014 there are over 8,500 people aged between 18 and 64 with a moderate or serious disability. This figure is predicted to rise to 9,700 by 2020 (PANSI, 2013).

Regarding mental health, the prevalence of GP recorded mental illness on the Isle of Wight in 2014/15 is 1.1%, meaning just over 1,500 people, which is statistically significantly higher (worse) than England at 0.9%. The number of people on the Isle of Wight in contact with NHS funded adult specialist mental health services was just short of 3,000 (per 100,000 population) between July and September 2016. This is significantly higher than England with just over 2,000.

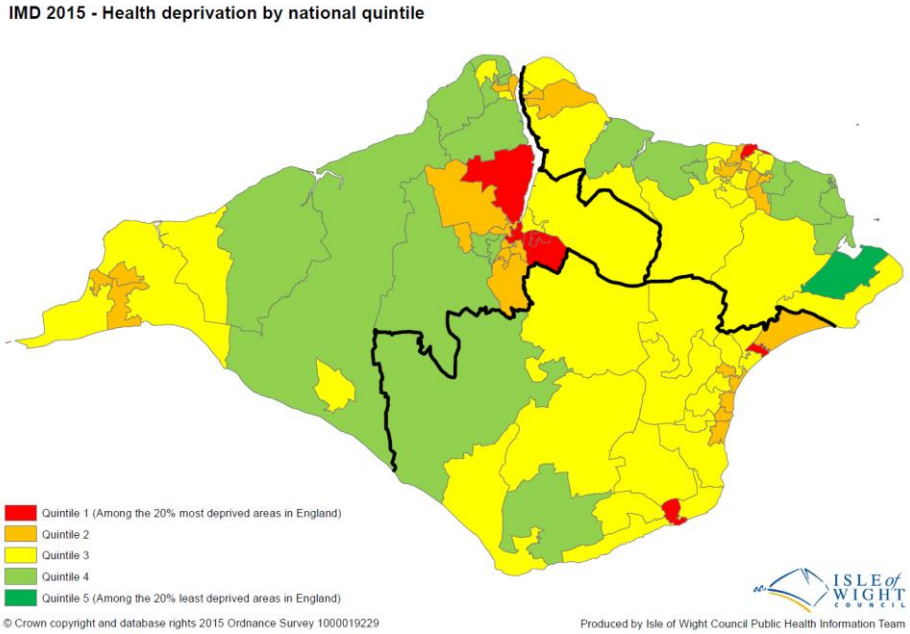
Alcohol-related mortality on the Isle of Wight is similar to the national figure at approximately 44 people dying of alcohol-related illnesses per 100,000 population compared to 45 for England (2014 calendar year). Local hospital admission episodes for alcohol-related conditions is statistically lower (better) than England with 487 per 100,000 population compared to 641 for England (2014/15 financial year). In 2012/13 there were 1,182 permanent admissions of people aged 65 and over to residential and nursing homes per 100,000 population. This is statistically higher than the England average, and all but one of our ONS comparator areas.



Source: ASCOF

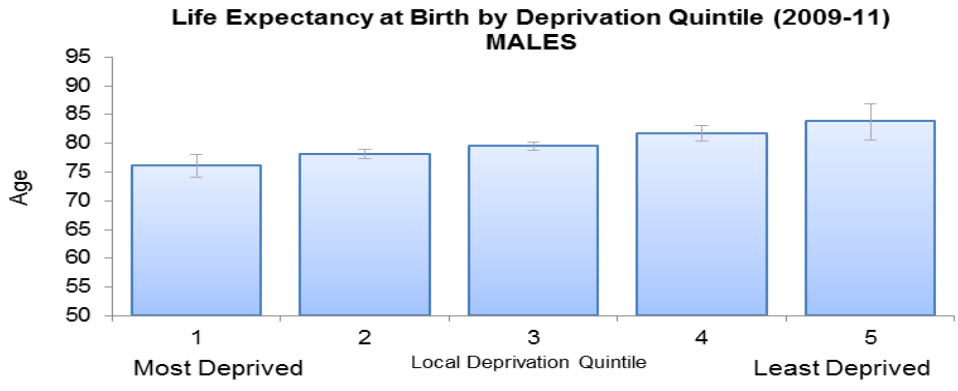
Health inequalities

There are marked health inequalities between different geographic areas on the Island. Seven areas of the Isle of Wight are among the 20% most deprived in England – these are in Newport, Ryde, Sandown and Ventnor. Conversely, Bembridge is one of the 20% least deprived. This is important because people in different social circumstances experience avoidable differences in health and wellbeing. *"Inequalities in health arise because of inequalities in society – in the conditions in which people are born, grow, live, work and age."* (Marmot, 2010)



Life Expectancy

Average life expectancy on the Island is 79.1 years for men and 83.6 years for women and is slightly above the England average (78.5 years for men and 82.6 years for women) but disability-free life expectancy on the Island is slightly lower than the England average. There are marked differences across different localities in relation to life expectancy. In England, people living in the poorest neighbourhoods will, on average, die seven years earlier than those people living in the most affluent neighbourhoods (Marmot, 2010). On the Isle of Wight, the Ventnor and South Wight area has a life expectancy rate of 89.1 years for men, whereas The Bay area has the lowest life expectancy of 76.9 years for men, over 12 years less. The difference between the least and most deprived areas on the Island is 7.6 years and there is a statistically significant difference, one that is potentially preventable.



Data Source: ONS Annual Deaths Extracts/ONS Mid Year Population Estimates / SEPHO Life Expectancy Calculator

From this we can see that we have higher incidence of vulnerable people on the Isle of Wight, including the disabled and older population, who have a higher percentage of long term conditions which creates an added burden on the local healthcare economy when compared to national averages. This has implications for the community – complexities of care especially where the old and frail are having to rely on a smaller cohort of younger people to provide that care locally. Indices of deprivation which have a major impact on health show areas that are of concern but which are not often reported or recognised.

Sustainable, Welcoming and Inclusive Communities

'As well as having needs and problems, our most marginalised communities also have ***social, cultural and material assets.*** *Identifying and mobilising these can help them overcome the health challenges they face…The more familiar '****deficit' approach focuses on the problems, needs and deficiencies in a community*** *such as deprivation, illness and health-damaging behaviours. It designs services to fill the gaps and fix the problems. As a result,* ***a community can feel disempowered and dependent****; people can become passive recipients of services rather than active agents in their own and their families' lives." (Foot and Hopkins, 2010, p7)*

If the conditions in which people grow, live and work are favourable, then they will have more control over their lives. Our lives are affected by the relationships we have with the people around us, within our neighbourhoods and community. Strong healthy relationships and friendships and the links that connect people to each other and to the resources in the place where they live can bring many health benefits.

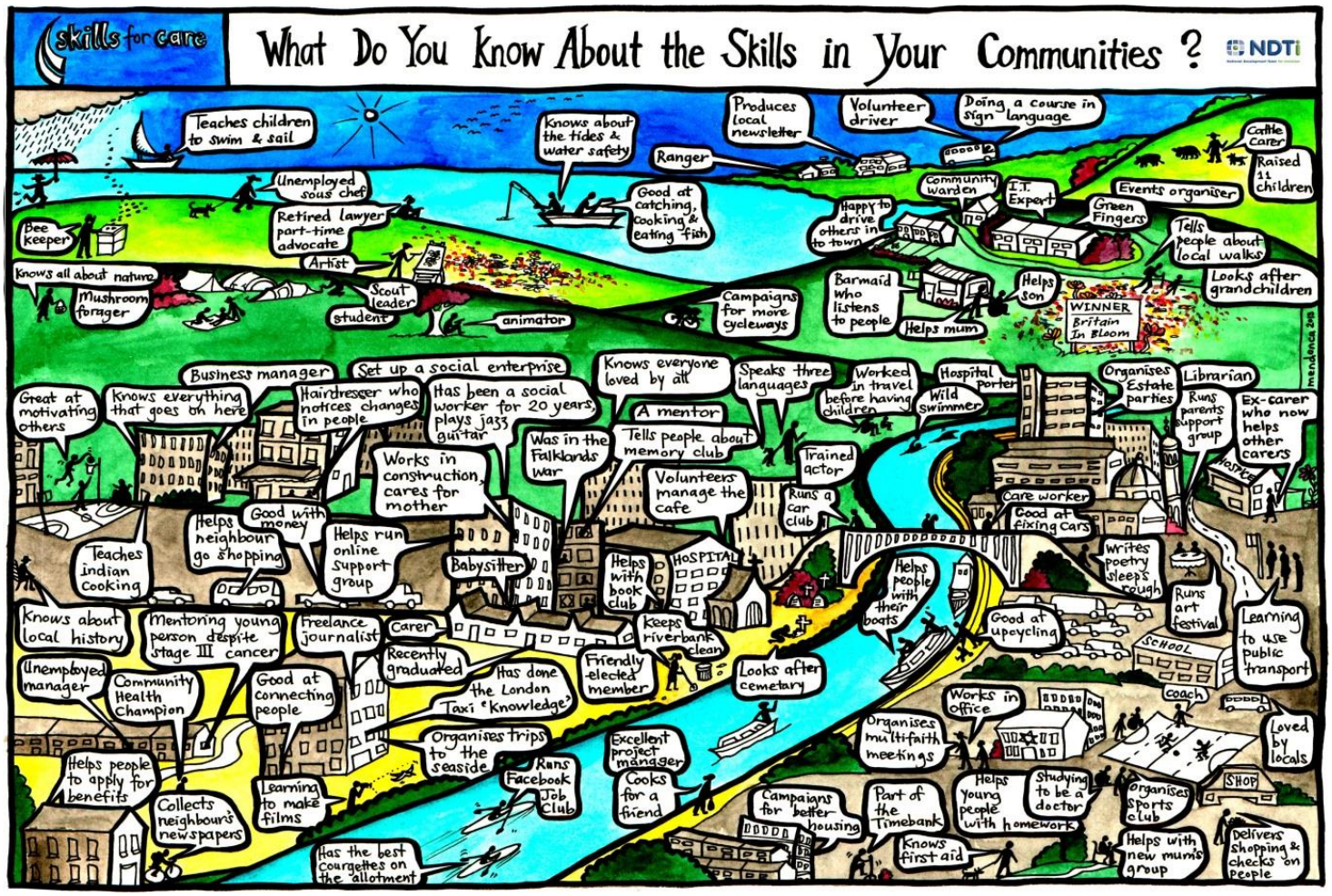
An asset-based approach recognises and makes visible people's strengths, skills and expertise within communities and mobilising them to enrich others. The intention is "to nurture, sustain, protect and build the health assets in every individual, family and community in order to improve people's life chances and enhance positive health and wellbeing" (*Foot and Hopkins, 2010*.) To do this requires a shift in the professional's role, away from solving problems to supporting people to recognise and mobilise the assets and resources they have. Practitioners working in an asset-based way take a different starting point; they ask 'What makes you healthy?', rather than 'What makes you ill?'

The focus on appreciating and mobilising individuals' and community talents, skills and assets rather than focusing on problems and needs can result in the development of activities that protect existing and create new health assets which are community driven. This can lead to creating more inclusive, connected and safer places for people to work, live, grow and age and act as a 'buffer' against particular risks of poor health and inequality within communities.

Asset Based Community Development

On the Isle of Wight we have been exploring the Asset Based Community Development (ABCD) approach and were delighted to have run a two day workshop led by Cormac Russell. Cormac is a significant international leader, thinker and advocate of ABCD and director of Nurture Development. This was great opportunity to hear from him directly and reflect on our options to make use of this and other approaches to better serve our local citizens on the Isle of Wight. These events led to two Town and Parish Councils coming forward to work alongside Public Health to apply this approach into practice within their communities.

Representatives from the Parish Council, Friends of Freshwater Library, the Memorial Hall, the Sports and Community Centre and the West Wight Churches undertook ABCD training. This helped them to develop a deeper appreciation of the benefit of working together with their community, to make use of the assets that they already have and to support people to make better use of them. They are planning more events with the community with the aim of discovering the dreams and aspirations of community members, discovering the skills of community members, asking the community what they can do for themselves and connecting people together.


skills for care
What Do You Know About the Skills in Your Communities ?
NDTi
Teaches children to swim & sail
Knows about the tides & water safety
Produces local newsletter
Volunteer driver
Doing a course in sign language
Ranger
Cattle Carer
Raised 11 children
Unemployed sous chef
Retired lawyer part-time advocate
Good at catching, cooking & eating fish
Community warden
I.T. Expert
Events organiser
Green Fingers
Bee keeper
Happy to drive others in to town
Tells people about local walks
Knows all about nature
Mushroom forager
Artist
Scout leader
student
animator
Campaigns for more cycleways
Barmaid who listens to people
Helps mum
Helps son
WINNER Britain In Bloom
Looks after grandchildren
Business manager
Set up a social enterprise
Knows everyone loved by all
Speaks three languages
Worked in travel before having children
Hospital Porter
Wild swimmer
Organises Estate parties
Librarian
Great at motivating others
Knows everything that goes on here
Hairdresser who notices changes in people
Has been a social worker for 20 years, plays jazz guitar
A mentor
Tells people about memory club
Was in the Falklands War
Runs parents support group
Ex-carer who now helps other carers
Works in construction, cares for mother
Trained actor
Volunteers manage the cafe
Runs a car club
Care worker
Good at fixing cars
Helps neighbour go shopping
Good with money
Helps run online Support group
Babysitter
Helps with book club
HOSPITAL
Writes poetry sleeps rough
Teaches Indian cooking
Helps people with their boats
Runs art festival
Knows about local history
Mentoring young person despite stage III cancer
Freelance journalist
Carer
Keeps riverbank clean
Good at upcycling
SCHOOL
Learning to use public transport
Recently graduated
Has done the London Taxi 'Knowledge'
Friendly elected member
Looks after cemetary
Unemployed manager
Community Health Champion
Good at connecting people
Works in office
Coach
Organises trips to the seaside
Excellent project manager
Organises multifaith meetings
Loved by locals
Runs Facebook Job Club
Cooks for a friend
Helps people to apply for benefits
Learning to make films
Campaigns for better housing
Part of the Timebank
Helps Young people with homework
Studying to be a doctor
Organises sports club
SHOP
Collects neighbours' newspapers
Knows first aid
Helps with new mum's group
Delivers shopping & checks on people
Has the best courgettes on the allotment

Local Area Coordination as a prevention approach

The legislative and political 'commitment' to integrating, transforming and shaping future health and care provision and practice towards a system which is sustainable, place-based and person-centred in order to achieve cost-effective outcomes that actually improve the lives of people within the given resource available, is an unprecedented challenge facing all unitary and district authorities across England. This comes at a time when people are living longer, when demand and cost to provide health and social care services is increasing, and funding and resource to meet these demands has, and continues to decrease which perpetuates the inequalities facing people that need it most within our society. This causes and connects to higher levels of unmet 'need', isolation, inactivity, loneliness and factors that cause risk of harm and/or ill health in the future.

Approaches that promote health and wellbeing in all its forms and focus on what a 'good life' looks like, rather than needs or deficits, and prevent or delay the need for intensive services make a significant contribution to reducing inequalities. Local Area Coordination is a central plank of the system-wide agreed prevention and early intervention approach. It is fully evidence-based with proven cost saving and quality improvement outcomes for individuals, families, communities and health and social care, focussing on supporting children and adults with disabilities, mental health needs and older people, and their families/carers to:

- stay strong, safe and connected as contributing citizens
- build more welcoming, inclusive and supportive communities

Local Area Co-ordination will support people:

- to build their own, their family's and community's resilience and reduce the need for services whenever possible (capacity building)
- at risk of crisis or dependency of services to build resilience in their local communities through the development of networks and local solutions, therefore eliminating or reducing the need for formal services (prevention and demand reduction)
- already dependent on services to build personal connections, community contribution, reducing reliance on formal services

As shown in the previous sections, the Isle of Wight context creates a unique set of challenges for the local health and care and wider system currently and in the future when contextualised within the national policy frameworks and austere economic conditions. Currently on the Isle of Wight, 26.1% of the 139,000 population are aged 65 and over in comparison to the England average of 16.9% with this figure set to rise to 28.4% by 2021 (JSNA – Demographics and Population factsheet, 2015). Alongside this, the number of people living with long-term conditions (LTC) is set to increase and the cost of healthcare for people with one or more LTCs equates currently to around two thirds of the NHS budget and the cost of caring for people with three or more LTCs is due to rise from 17% of the budget in 2006 to 24% by 2016.

The factors outlined above and within the 'setting the scene' chapter contribute to perpetuating health inequalities and risk factors that could affect individual health and wellbeing and therefore service utilisation to 'address' current and future demand. It is this context that creates the environment for Public Health alongside partners to justify the introduction of Local Area Coordination and how the principles underpinning the approach can contribute to managing and reducing current and future 'demand', and actualising the vision and outcomes outlined within the Isle of Wight's 'My Life, a Full Life' programme which is a Vanguard Site for New Models of

Care. The ‘My Life, a Full Life’ programme is a coming together of the Isle of Wight Clinical Commissioning Group, Isle of Wight Council, Isle of Wight NHS Trust and voluntary sector organisations to work collaboratively to deliver on a strategic vision for health and care in the future in response to the challenges outlined above. Specifically, the new model of care is aimed at improving health, wellbeing and care of the Island population, improving care and quality outcomes, delivering appropriate care at home and in the community and making health and wellbeing clinically and financially sustainable.

Central to this new model of care is prevention and early intervention as depicted by the ‘My Life’ model (Appendix 2), which explicitly outlines the intention of increasing individual and family networks and associational life (community connectedness and contribution) to reduce demand and reliance on services in the future. This formula requires some vital ingredients to make it become a reality. Local Area Coordination is viewed as one of these ingredients in enabling this transformational shift away from being heavily reliant on statutory services, which has limited the range of care and support available to Island residents. Based on forecast demand it has been identified that this way of working is no longer clinically or financially sustainable. What is required is a new care model that people will have much greater support from their community and family/friends, as it:

- builds on assets and mobilises social capital to help reshape care delivery to meet peoples changing needs
- integrates services to improve quality and increase system efficiencies using technology
- is based in the community/at home
- is a significant shift to prevention and early intervention, self-help/care, with the aim of reducing health inequalities and the health and wellbeing gap
- improves the health and wellbeing of our Island population
- empowers and enable self-care, recovery and self-management
- strengthens community building
- reduces reliance on statutory services

The justification for Local Area Coordination locally is furthered through the capacity to contribute towards actualising Public Health’s vision to ‘improve and protect the nation’s health and wellbeing, and improve the health of the poorest fastest’. In which, Local Area Coordination cuts across four key domains of Public Health:

- Improving the wider determinants of health that affect individual health and wellbeing and health inequalities at an individual and community level;
- Health Improvement through people helped to live healthy lifestyles and make health lifestyle choices;
- Health Protection through reducing health inequalities and promoting health assets that act as protective factors within communities;
- Contribution to improving healthcare public health and preventing premature mortality through a reduction of number of people living with preventable ill health and people dying prematurely.

The Local Area Coordinators are recruited by the community that they will be working alongside.

The Isle of Wight started its Local Area Coordination journey following a year of planning, conversations, development of a steering group of partners across the health and social care system and intentional design, with the recruitment of three Local Area Coordinators for Ryde, Freshwater/Yarmouth/Totland and Shanklin in September 2015. The role of the Local Area Coordinator is to support individuals and their families/carers to: build and pursue their vision for a good life; be heard and in control; identify their personal strengths and goals; develop and use personal and local networks, and connect with and be part of, and contribute to community life.

How it works

Local people including people with a lived experience of disability, mental health needs, caring and ageing are invited to take part in a day of recruitment activities, following the principles of Local Area Coordination, ensuring inclusion, contribution and citizenship.

The interview days are held in community venues within the recruitment area. There are eight to 25 local people invited to spend the day with the candidates. The candidates are asked to take part in two timed and scored tasks with community members:

1. Using the resources provided, work together to facilitate and map a conversation with community members about existing assets/resources and connections in the local community.

2. Building upon the previous activity. Work together to facilitate and record a session with community members where the following questions answered:

    - What we love about our community

- What can we do together to make it even better
- Who do we know that would like to get involved?

After each task the candidates are scored by each member of the community using the following questions:

- Did they introduce everyone and the activity?
- Was the language clear – did they use jargon?
- Did they use eye contact?
- Did they help everyone to contribute/have a voice?
- Did they listen and accurately reflect contributions?
- Do you feel positive, excited by the conversation?
- Are candidates supporting or controlling conversations?
- Do we have something visual that is clear and shows creativity?
- Are they organised?
- Do they sum up at the end?

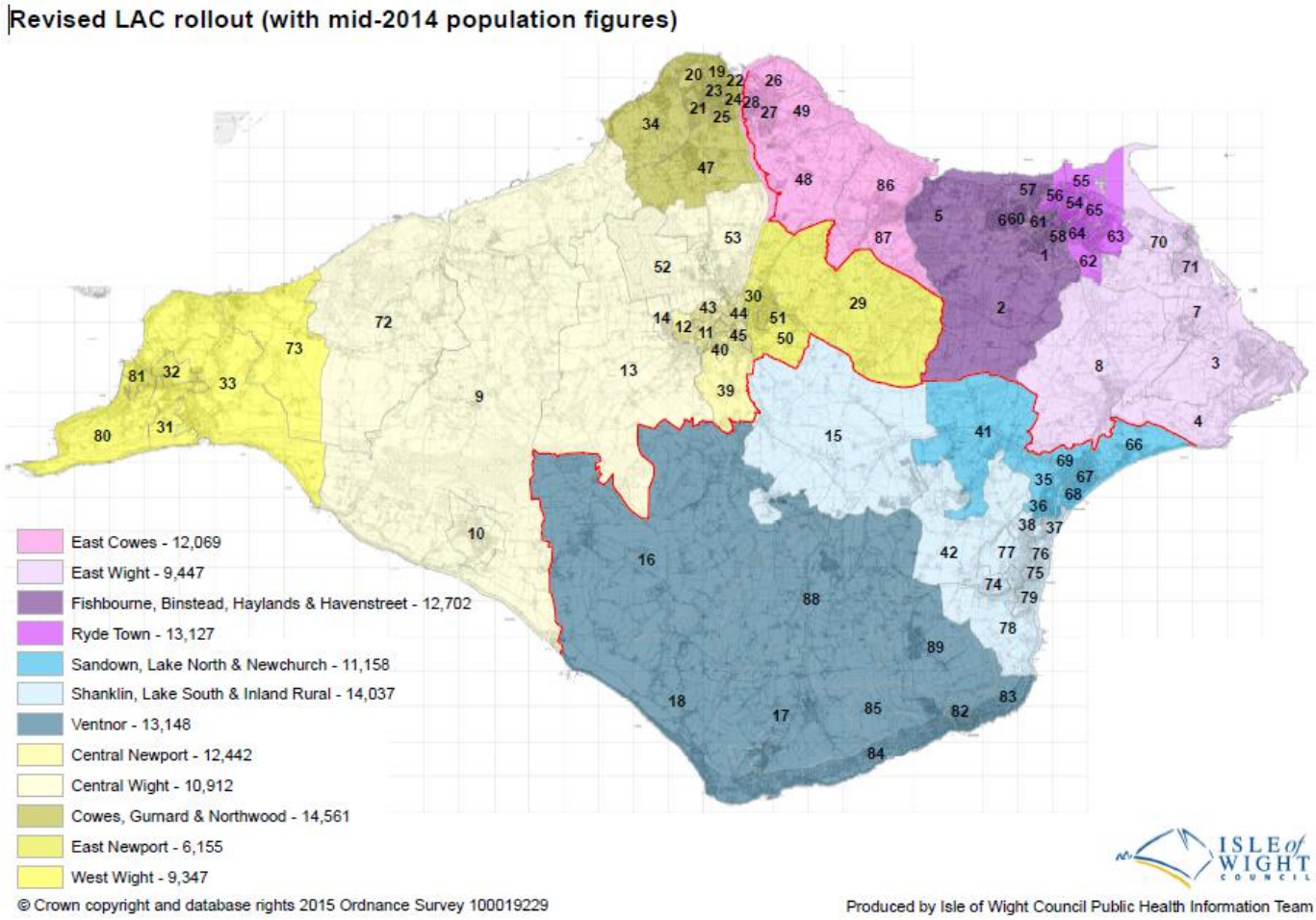
In the afternoon there is a second part to the interview where each candidate is asked ten technical questions by a panel of five people including the programme manager and the National Network Director; the other three being drawn from the community members on the day. The responses are scored and added to those from the morning and the person with the highest score is offered the position, if the panel agree. The balance of power lies with the community.

Three Local Area Coordinators have successfully been appointed by their communities and this has led to the following:

- Introductions from local people to their Local Area Coordinator
- Local understanding of the role
- Local ownership of the Local Area Coordinator and a commitment to support the role.
- Sharing of gifts, assets, skills and opportunities for Local Area Coordinators to use when in post to help build and connect people together, and create more resourceful and inclusive communities
- Community members all felt comfortable in how they could introduce people they know who might benefit from Local Area Coordination and with local organisations that could lead to partnership working for shared outcomes.

This has mobilised the implementation, integration and embedding of Local Area Coordination within the community.

Based on existing evidence and evaluation each Local Area Coordinator works effectively within a population of 10,000 to 12,000, therefore the Island would benefit from 12 Local Area Coordinators as the map below demonstrates:



A formative evaluation of the Local Area Coordination programme was conducted after six months and the key findings are as follows:

- Impact of the recruitment process
  The extent of involvement of community members in the recruitment process outweighs statutory services. It has resulted in members contributing ideas, opportunities, and assets and collective-efficacy through wanting to be connected to the Local Area Coordinator within their community going forward
- Induction period
  The evidence recognises the value and importance of having the opportunities to build personal relationships at a range of layers (individual, community and system) and building on what is being done to maintain awareness, engagement and understanding of Local Area Coordination within areas of practice across the whole system
- Implementation
  Following an introduction, a Local Area Coordinator spends time getting to know the individual/family and building a trusting relationship. Some of the key mechanisms identified through the evaluation that facilitate this, which is then key to positive outcomes, are: being based within the community, listening and not judging, taking time to understand formal and informal assets, being 'within the system', and staying true to the principles of strength-based approaches through positive conversation.
  This approach on the island is being delivered in partnership with the National Local Area Coordination Network. A network of Local Area Coordination sites across England and Wales who are seeing replicable positive outcomes for local people and communities.

Summary of future plans / recommendations

Recommendation 1 - That Local Area Coordination is extended to all areas of the Island, and becomes integral to the delivery of the new integrated model of care.

Recommendation 2 - Further develops and disseminates the working model for health assets.

Recommendation 3 - Plan to incorporate asset-based approaches into mainstream public health activity once the approach is fully evaluated

Recommendation 4 - Plan to integrate health assets and interventions that promote assets into health and wellbeing strategies.

Recommendation 6 - Champion asset-based approaches at local, regional and national levels.

Recommendation 7 - Prioritise NHS and local authority investment into asset-based community development for health and wellbeing.

Recommendation 8 - Develop workforces and build community capacity to incorporate skills and knowledge on health assets and asset-based approaches.

Conclusion

To successfully improve the health and wellbeing of the population and consider how we can reduce inequalities, it is really important to focus on the assets and resources of our communities. So rather than looking 'to fix', we need to focus on the wealth and richness of what we have and explore with our residents what they can and want to do to make the Island healthier and more supportive. Sometimes we forget that people are the experts of their own lives and once we acknowledge and respect that, the conversation changes to one of empowerment and positivity rather than deficits.

On the Island we have started that journey to support health and wellbeing through asset-based approaches and we are already starting to see the positive outcomes for individuals, families and communities. Vital to this is the understanding of health as not just the absence of disease but something much more dynamic. Modern health care is great at fixing discrete physical problems, treating infections and delivering episodic acute care. The shift to caring for a large proportion of the population with long-term conditions, disability and mental illness requires different approaches which help to support a feeling of coherence in people's lives and to build reserves of wellness, even when living with illness (Health Foundation 2015).

Acknowledgements

I would like to particularly thank Heather Rowell, Danika Barber and Anita Cameron-Smith for helping to compose this report. We are also grateful to other colleagues for their valuable contributions especially Ralph Broad of Local Area Coordination Network and Cormac Russell of Nurture Development. Thanks also to Cat James for her work in producing this document and acknowledge the work that the rest of the Public Health Team has completed over this reporting period including:

Bryan Hurley
Carol Foley
Eleanor Bell
Frances Tilley
Gilles Bergeron
Jess Maartens
Lauren Stott
Simon Squibb
Sharon Kingsman
Linzi Mathews
Jacqui Darby
Joyce Wise

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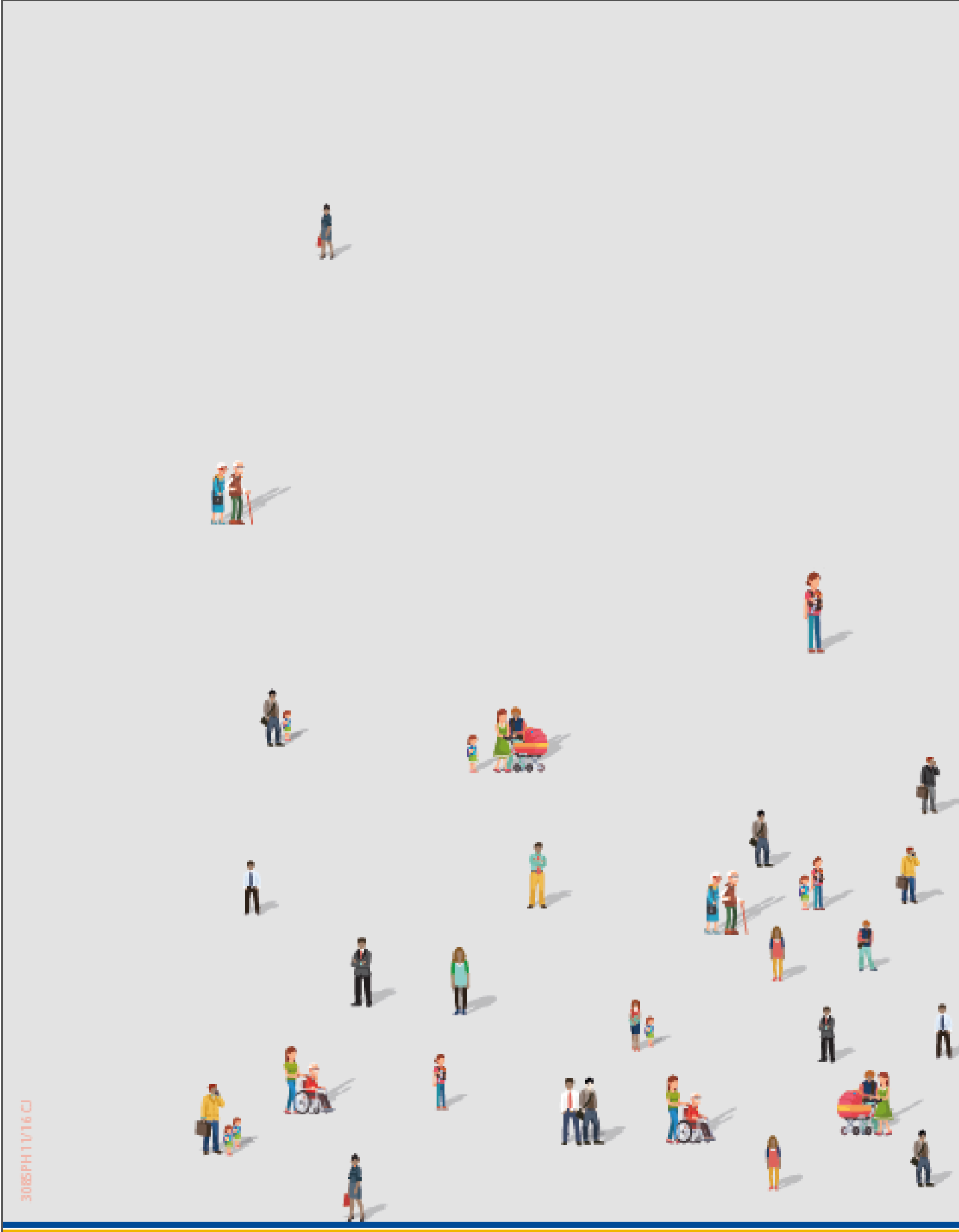

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