



JOINT STRATEGIC NEEDS ASSESSMENT

TOWN COUNCIL MEETING

REPORT 44/15

18 MAY 2015

The purpose of this paper is to present the progress to date in the development of a Joint Strategic Needs Assessment (JSNA) for Ventnor as one of the outcomes of the Town Council's participation in the Department for Communities and Local Government's Our Place programme.

No. DETAIL

1) BACKGROUND

- a) The main goal of a JSNA is to accurately assess the health needs of a local population in order to improve the physical and mental health and well-being of individuals and communities. The NHS and upper-tier local authorities have had a statutory duty to produce an annual JSNA since 2007 under the Local Government and Public Involvement in Health Act of that year.
 - b) They are led by Public Health in partnership with the Local Authority and the NHS. The Island's JSNA was first published in 2011 and was one of the documents that has shaped the Town Council's strategic development over the last three years.
 - c) Following the designation of improved health and wellbeing of Ventnor residents as one of the three priorities of the Town Council's application to the Our Place programme, the discussions with the Public Health team included a request from us for a JSNA specific to Ventnor with the necessary additional work being funded from the programme.
 - d) The request was accepted with enthusiasm and the Deputy Director of Public Health Anita Cameron-Smith and researcher Danika Barber met with the Mayor and staff leading the Our Place Programme on Monday 11 May to present their initial findings.
 - e) Extracts from their findings are attached to this Report.
-

2) CONTEXT

- a) The other significant study of deprivation is, as Members are aware, the government's Index of Multiple Deprivation last published in 2010. An update was originally due in April this year but it has been postponed to July and the Public Health team will update their Ventnor findings for us once this additional small area data is available.
 - b) The importance of small area data – known as Lower Super Output Areas – is that it reveals deprivation that would otherwise be camouflaged within the larger Ward or Local Authority areas.
 - c) For the purposes of small area data, Ventnor has four Lower Super Output Areas, known to researchers as Ventnor East A (Central Ventnor), Ventnor East B (Bonchurch), Ventnor West A (St Lawrence) and Ventnor West B (Upper Ventnor).
-

3) VENTNOR'S JSNA

- a) The first of the attached slides from the Public Health presentation clearly shows the variations between the four areas in relation to a range of significant deprivation indicators, with the town's Central and Upper Ventnor areas ranking high on deprivation.
 - b) The second and third slides show where the 89 Lower Super Output Areas into which the Island divides rank in relation to both nationally and within the Island: on the first, Ventnor Central is within the 20% most deprived nationally and on the second both Ventnor Central and Upper Ventnor are within the 20% most deprived on the Island.
 - c) The fourth slide attached here shows the comparisons between the four areas of the town in relation to levels of child poverty.
 - d) Finally the overall assessment of Ventnor as a whole in relation to the range of deprivation indications is attached over three pages.
-



Index of Multiple Deprivation: Deprivation in Ventnor compared with Local (Isle of Wight) Quintiles

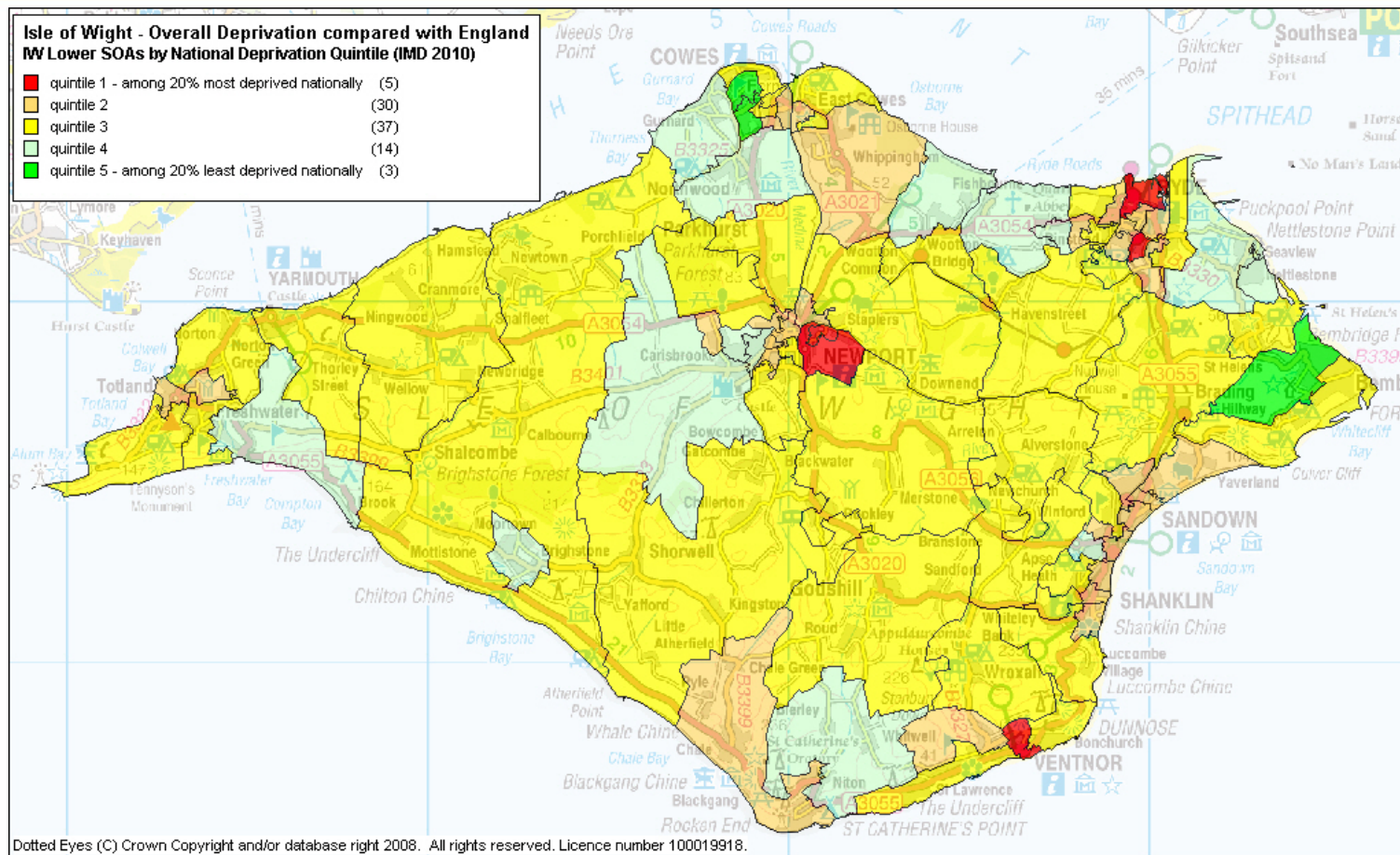
Aspect of Deprivation	Ventnor East A	Ventnor East B	Ventnor West A	Ventnor West B
Overall Deprivation	1	3	4	1
Income	1	3	4	1
Employment	1	2	4	2
Health & Disability	1	3	5	2
Education, Skills and Training	2	3	4	1
Barriers to Housing & Services	4	5	1	5
Crime	2	3	3	2
Living Environment	1	1	4	2
Children and Young People (IDACI)	1	3	3	1
Older People (IDAOPI)	1	3	4	2

Key

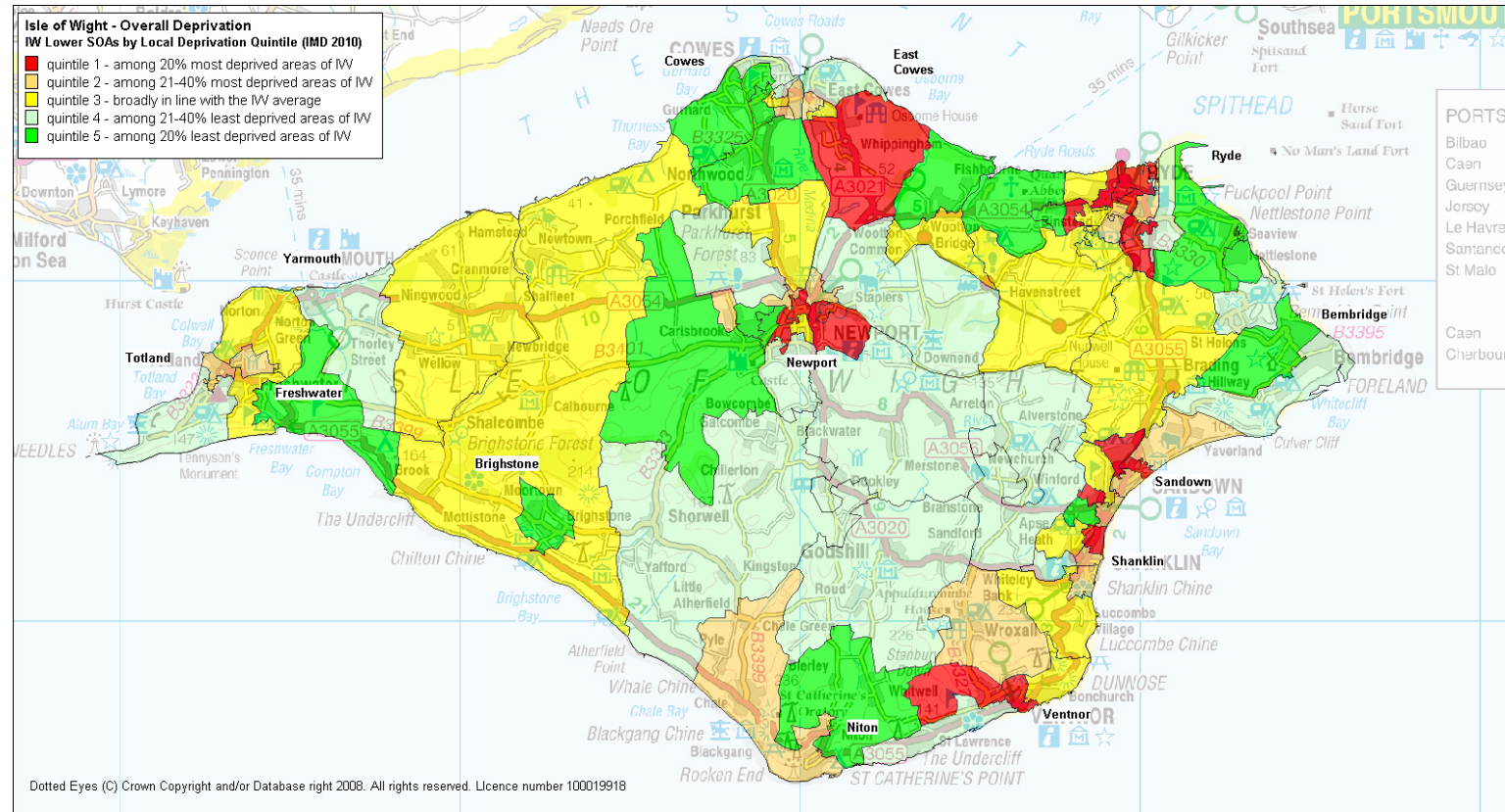
1	Among 20% most deprived areas of IW
2	
3	Broadly in line with IW average
4	
5	Among 20% least deprived areas of IW



Index of Multiple Deprivation: Isle of Wight compared with England (Map)



Index of Multiple Deprivation: Relative Deprivation on the Isle of Wight (Map)

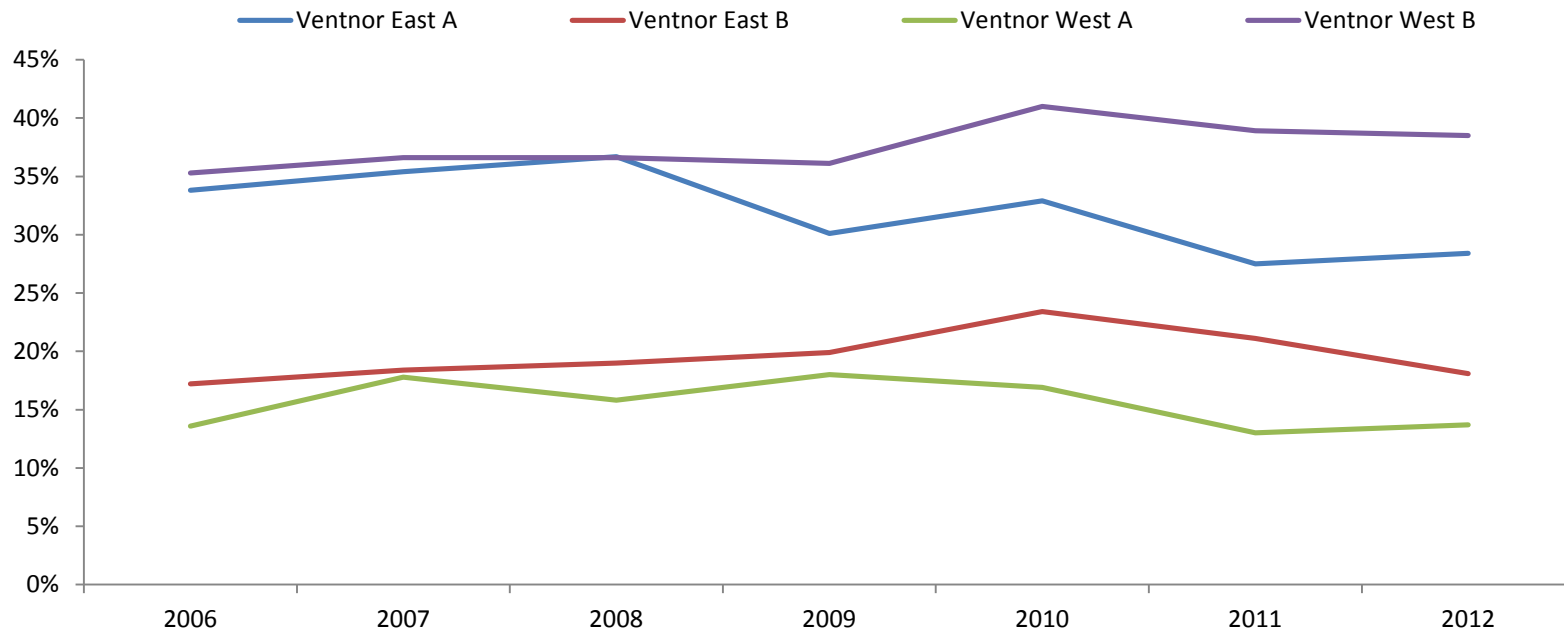


Comment: out of 4 'small areas' of Ventnor , 2 are among the 20% most deprived areas on the Isle of Wight



Children in Poverty

Children in Poverty*



**Number of children living in families in receipt of CTC whose reported income is less than 60 per cent of the median income or in receipt of IS or (Income-Based) JSA, divided by the total number of children in the area (determined by Child Benefit data)*



Local Health

Selection: E02003598 - Isle of Wight 018

Source: <http://www.localhealth.org.uk/#l=en;v=map4>colour shows
significance
against IOW**Indicators****Ventnor
MSOA****Isle of Wight****England****Ventnor against
England**

Income Deprivation (%)	18.8	14.7	14.7	
Low Birth Weight Births (%)	9.4	7	7.4	
Child Poverty (%)	29.6	20.8	21.8	
Child Development at age 5 (%)	76.3	59.2	63.5	
GCSE Achievement (5A*-C inc. Eng & Maths) (%)	32.2	44.4	58.8	
Unemployment (%)	4.5	4.1	3.8	
Long Term Unemployment (Rate/1,000 working age population)	11.8	12.1	10.1	
General Health - bad or very bad (%)	7.8	6.5	5.5	
General Health - very bad (%)	1.8	1.5	1.2	
Limiting long term illness or disability (%)	25.7	22.6	17.6	
Households with central heating (%)	93.1	94.9	97.3	
Overcrowding (%)	6.1	5.8	8.7	
Provision of 1 hour or more unpaid care per week (%)	13.6	11.9	10.2	
Provision of 50 hours or more unpaid care per week (%)	3.6	3	2.4	
Pensioners living alone (%)	30.8	30.5	31.5	
Older People in Deprivation (%)	18.7	16.5	18.1	
Obese Children (Reception Year) (%)	10.3	10	9.4	
Children with excess weight (Reception Year) (%)	27.3	23.4	22.5	
Obese Children (Year 6) (%)	22.5	18.2	19.1	
Children with excess weight (Year 6) (%)	38.8	33	33.5	
Children's and young people's admissions for injury (Crude rate/100,000 aged 0-17)	1917.8	1584.5	1180.9	

Occasional smoker (modelled prevalence, age 11-15) (%)	1.6	1.6	1.5	
Regular smoker (modelled prevalence, age 11-15) (%)	3.8	3.5	3.1	
Occasional smoker (modelled prevalence, age 15) (%)	4.2	4.3	4	
Regular smoker (modelled prevalence, age 15) (%)	10.2	9.8	8.7	
Occasional smoker (modelled prevalence, age 16-17) (%)	6.5	6.4	5.9	
Regular smoker (modelled prevalence, age 16-17) (%)	17.5	16.5	14.8	
Deliveries to teenage mothers (%)	3.6	2.2	1.5	
Admissions for injuries in under 5s (Crude rate per 10,000)	200.3	205.7	139.6	
Emergency admissions in under 5s (Crude rate per 1000)	234.5	192	150	
A&E attendances in under 5s (Crude rate per 1000)	315.1	377.2	509.5	
Obese adults (%)	28.7	27.4	24.1	
Binge drinking adults (%)	13.5	12.8	20	
Healthy eating adults (%)	26.3	25.8	28.7	
Emergency hospital admissions for all causes (SAR)	78.4	78.6	100	
Emergency hospital admissions for CHD (SAR)	78.5	84.5	100	
Emergency hospital admissions for stroke (SAR)	103.7	107.4	100	
Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR)	88.6	96	100	
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) (SAR)	47.9	58.7	100	
Incidence of all cancer (SIR)	96.2	99.2	100	
Incidence of breast cancer (SIR)	109.8	111	100	
Incidence of colorectal cancer (SIR)	103.9	90	100	
Incidence of lung cancer (SIR)	84.9	78	100	
Incidence of prostate cancer (SIR)	96.5	106.7	100	
Hospital stays for self harm (SAR)	119.3	107.8	100	
Hospital stays for alcohol related harm (SAR)	51.3	51.9	100	
Emergency hospital admissions for hip fracture in 65+ (SAR)	110.4	90.4	100	
Elective hospital admissions for hip replacement (SAR)	103.5	116	100	
Elective hospital admissions for knee replacement (SAR)	93.1	118.4	100	
Life expectancy at birth for males (years)	79.5	79.5	78.9	
Life expectancy at birth for females (years)	82.1	83.3	82.8	
Deaths from all causes, all ages (SMR)	101.5	95.3	100	
Deaths from all causes, under 65 years (SMR)	103.3	96.1	100	
Deaths from all causes, under 75 years (SMR)	103.1	92.9	100	
Deaths from all cancer, all ages (SMR)	106.3	95.5	100	
Deaths from all cancer, under 75 years (SMR)	118.8	97	100	
Deaths from circulatory disease, all ages (SMR)	111.3	97.6	100	

Deaths from circulatory disease, under 75 years (SMR)	110.5	96	100	
Deaths from coronary heart disease, all ages (SMR)	108	89.3	100	
Deaths from coronary heart disease, under 75 years (SMR)	93.9	83.6	100	
Deaths from stroke, all ages (SMR)	102.5	91.6	100	
Deaths from respiratory diseases, all ages (SMR)	93	78.9	100	
● significantly worse ● significantly better ● not significantly different from average				