



FOCUS ON DEPRIVATION

TOWN COUNCIL MEETING

REPORT 79/17

9 OCTOBER 2017

The purpose of this paper is to propose an outline schedule for expanding the Town Council's response to deprivation in the town in response to the inevitably serious consequences of the welfare reforms of recent years and the continuing substantial reduction in Local Government funding.

No. DETAILS

1) BACKGROUND

- a) Following the publication of the Index of Multiple Deprivation 2010 (IMD2010) in 2011, the Town Council looked carefully at the implications for the town and shared the results with the Island's major Agencies at a breakfast meeting and at first of our major consultation evenings with residents in January 2012.
- b) The IMD2010, like the first one before it in 2007, was based on the division of England into 32,482 small areas of approximately 1,500 population each known as Lower Super Output Areas (LSOAs) with a wide range of data being collected for each of them, enabling them to be ranked on criteria including Income, Employment, Education, Children in Poverty and Health.
- c) The Island divides into 89 LSOAs, Ventnor forms four of them and these coincide almost exactly with the town's four areas of Bonchurch, St Lawrence, Ventnor Central and Upper Ventnor.
- d) In the rankings of the 32,482 LSOAs (where 1 is the most deprived) Ventnor Central came in at 5,848, putting it in the 20% most deprived nationally, and Upper Ventnor at 8,486, just outside the most deprived 25%.
- e) Within the Island's 89 LSOAs, Ventnor Central is the 4th most deprived overall and the second most deprived when ranked on both Employment and Health. Upper Ventnor is the 17th most deprived on overall scores but the 4th most deprived in Education & Skills and 5th most deprived in relation to Children in Poverty.
- f) As part of the Town Council's initial response its first Community Development Officer was appointed in April 2012 followed by the appointment to an Economic Development Officer in May that year.

2) JOINT STRATEGIC NEEDS ASSESSMENT

- a) Although the government has chosen to discontinue the series of Indices of Deprivation, it does require all Local Authorities to main an assessment of the Health and Wellbeing of its residents in the form of a Joint Strategic Needs Assessment (JSNA).
- b) The Town Council's participation in the government's *Our Place* programme provided the funding to commission from Public Health a JSNA specifically for Ventnor that was completed in April 2015 and a copy of the results are attached to this Report.
- c) The Ventnor JSNA confirms that the findings of the IMD2010 are still relevant.

3) RECENT DEVELOPMENTS

- a) *A Report by the Policy in Practice Consultancy commissioned by the Local Government Association and published in August has provided a disturbing summary of The Cumulative Impacts of Welfare Reform: A National Picture* (the Report is available [here](#)).
- b) Its conclusion about the impact on those households most affected by the range of welfare benefit changes is:
Our analysis shows that 2.14 million working-age households, 1.34 million of whom are in work, will experience a real income loss greater than £50 per week by 2020... almost two thirds (63%) of working-age households losing over £50 per week are in work, whilst over 84% are households with children, either lone parents or couples with children (para 5.3, page 15).
- c) Locally, the Isle of Wight Council is proposing further changes to benefits that will reduce the

income of the most vulnerable even further.

- d) If its proposed changes to its Non-residential Care Charges Policy are implemented, the cost of buying those essential services for people in receipt of Attendance Allowance (AA), Disability Living Allowance (DLA) or Personal Independence Payments (PiP) who also receive chargeable non-residential care services will increase by £27.45 a week.
 - e) The implementation of any of its proposed changes to the Local Council Tax Reduction Scheme will also have a direct impact on the poorest.
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4) FOCUS ON DEPRIVATION: RESEARCH

- a) The Town Council's participation in the government's *Our Place* programme included two research proposals, the first of which had to be postponed and the other was pre-paid: both could now be implemented
 - b) Family Voice: a research project intended to be conducted in collaboration with the Children's Centre consisting of facilitated interviews with the parents in contact with the Centre to understand both the challenges they are facing and their responses to them.
 - c) *Joint Strategic Needs Assessment*: the payment made to Public Health included the cost of updating the work it did to provide the 2015 JSNA for Ventnor to identify signs of shift in the its absolute and relative scores.
 - d) It is proposed to implement both of these elements as contributions to the Town Council's understanding of the current challenges and future grant applications.
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5) FOCUS ON DEPRIVATION: CONNECTIONS

- a) The IMD2010 identified five of the Island's LSOAs as being in the most deprived 20% nationally: the map is attached.
 - b) The five – with overall national rankings in brackets – are Ryde North East (3,828), St Johns West (4,052), Pan (5,342), Ventnor Centre (5,839) and Pan (5,916).
 - c) It would be sensible to discuss the possibility of a collaborative approach between the three Town & Parish Councils in which the five areas are located: Ryde, Newport and Ventnor.
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6) PROGRAMME OUTLINE

The proposal then, at present, is for an outline programme within the following schedule:

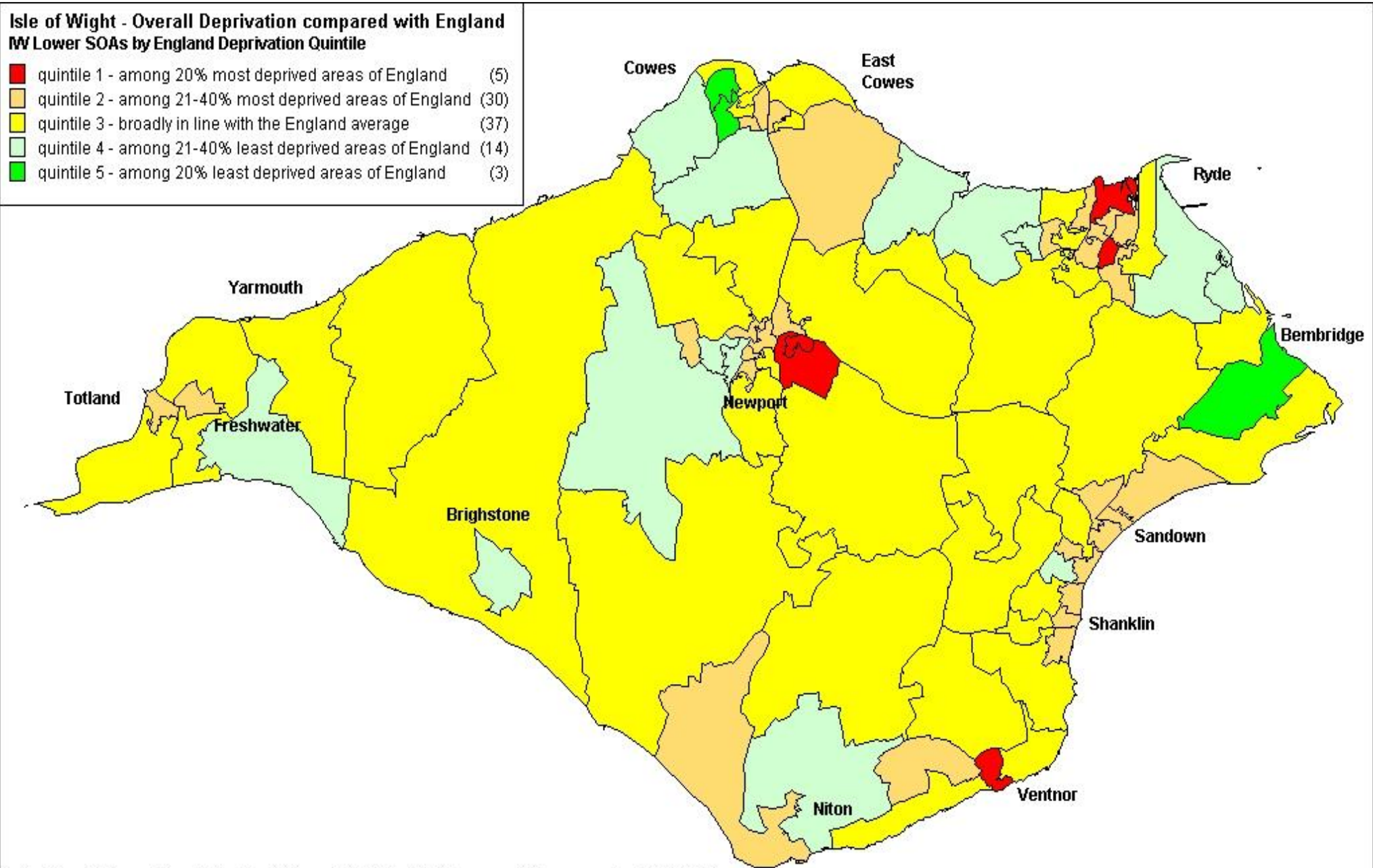
- o *Research: October – December* to implement the Family Voice and renewed JSNA research projects.
 - o *Connections: December – January* to establish a collaborative approach with both the other Island Town & Parish Councils in the most deprived 20% nationally and the town's voluntary and community organisations.
 - o *Conference: February – March* to prioritise the issues and agree actions.
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7) RECOMMENDATION

The Town Council is recommended to discuss, amend and agree the Programme Outline identified in section (6) above.

**Isle of Wight - Overall Deprivation compared with England
IW Lower SOAs by England Deprivation Quintile**

- quintile 1 - among 20% most deprived areas of England (5)
- quintile 2 - among 21-40% most deprived areas of England (30)
- quintile 3 - broadly in line with the England average (37)
- quintile 4 - among 21-40% least deprived areas of England (14)
- quintile 5 - among 20% least deprived areas of England (3)



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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				