

Seizing the opportunity:

A population health
prevention strategy for
Jersey (2023-2027)

Executive Summary

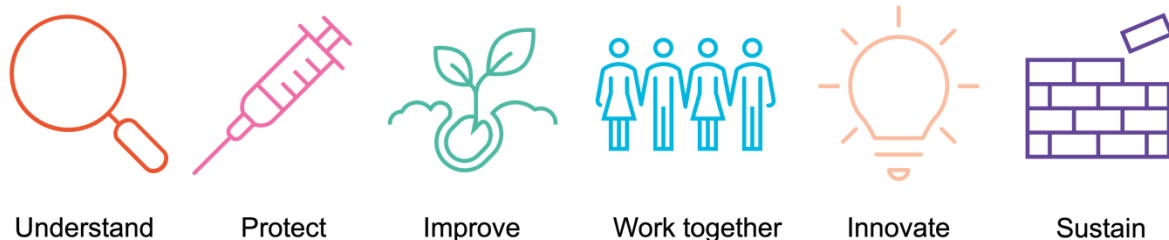
Public health is about preventing illness and helping people live longer, healthier lives. Our new public health strategy says what we will do over the next five years to improve the physical and mental health of Islanders, by focusing on prevention.

The average health of the 103,000 people that live in Jersey compares well to the UK. But recent reports have shown that some groups are much worse off or have a higher risk of becoming unwell. These avoidable differences in health are known as health inequalities. If we can understand these better, we can help all Islanders be healthier for longer.

Our new strategy is called *Seizing the opportunity: A public health prevention strategy for Jersey 2023-27*. We developed it with help from Islanders, charities, community groups and Government. In October 2022 we ran the *Big Health and Wellbeing Conversation*, speaking to more than 1,000 Islanders to gather their views on what supported and challenged their health and what Government could do to help. One clear message was a request for more support with healthy behaviours.

In addition to speaking to Islanders and many professionals working for charities and in Government, we looked carefully at local health data. We also studied what other countries have done to help their citizens stay well. Then we brought all this together to give us six strategic priorities, shown below.

Figure 1: Population health strategic priorities 2023-27



Understand

It is important that we get a better understanding of health in the Island. Better data will help us to see how age, gender, income and ethnicity influence health. This improved understanding will help us focus our efforts where they are most needed. Our priorities include:

- Develop a strategic needs assessment of health on the Island;
- Continue to engage with Islanders from all walks of life to better understand their needs;
- Improve our ability to monitor and evaluate our work.

Protect

The Government of Jersey has a duty to protect islanders from infectious diseases, environmental hazards and extreme weather. This work is usually called health protection. Health protection services are delivered by lots of different organisations working together, with Public Health playing a lead role. Our health protection priorities include:

- Continue to lead improvements in how Islanders are protected from threats to health from infectious diseases, environmental hazards and extreme weather events;
- Update public health legislation;
- Develop and implement an immunisation strategy.

Improve

Like most countries, Jersey has an ageing population. More people are becoming unwell with long-term illnesses like diabetes, cancer and heart disease. Every year new medicines and medical technology mean healthcare becomes more expensive. This will make it difficult to fund healthcare in the future.

One way to slow this increase in cost is to invest in prevention. Preventing someone becoming ill is cheaper than treating someone who is already unwell. It also saves considerable suffering. Many long-term illnesses share common causes, or risks. Eating well, being active, not drinking too much and not smoking, all help us stay well for longer. In our recent consultation with Islanders, people asked for more support with healthy behaviours. Our strategy will make it easier for people to be healthy by shaping the places we live, work and play. This work is usually called health improvement.

To do this, we will use several different approaches. Health in all Policies can help us improve the social determinants of health, which have a bigger impact on health than health services. The social determinants of health include things like income, housing, education, work, the strength of our communities and the availability of a social safety net. We will work with partners to make Jersey an easier place to make a healthy choice. And, in some cases, we will carry out evidence-based behaviour change programmes for people who really need them. Our priorities include:

- Work with Government colleagues to support the social determinants of health, through Health in all Policies;
- Support Islanders with healthy behaviours through a number of complementary approaches that aim to reduce harms from tobacco and alcohol and increase access to affordable, nutritious food;
- Develop preventative services;
- Work with partners to improve the prevention of mental ill health.

Work together

Preventing ill health and promoting good health is very much a team effort. Our aim is to build on the fantastic work already being done by partners in Government and in the community. Because our health is influenced by many different factors we need all kinds of people to work together; Government departments, arms length bodies, charities, businesses, social enterprises, employers, communities and families.

One of the Public Health's team's jobs is to lead this collaborative approach. Our work is informed by consultation with Islanders and their communities. We also study data and evidence to see what has worked elsewhere. Then we can bring people together to discuss and agree the best way to tackle the Island's issues. This work takes time and energy to build trust and mutual understanding. Our priorities include:

- Building and developing partnership for priority topics, such as mental health;
- Support healthcare colleagues to maximise the population benefits of healthcare and reduce health inequalities;

Innovate

For some health problems there are proven solutions. For example, we know vaccines are fantastic at preventing childhood illnesses. But some problems need experimentation and innovation. For instance, almost every country in the world is seeing an increase in illness caused by poor diet, but no one has yet worked out the best way to prevent this.

We have identified several pressing issues in Jersey that need innovation. They are:

- How to use Government and community resources so we can help everyone be healthy, not just people who are highly motivated;
- How to better support children and young people, especially those from less advantaged homes;
- How to make best use of carefully chosen digital tools that can support Islanders' health.

Sustain

Before the Covid-19 pandemic, Jersey had a tiny team working on population health. To deliver this ambitious strategy we need to sustain a highly skilled, appropriately resourced and well-supported public health team that can work effectively with a huge range of partners. This will require training and investment. We also want to role model the focus on prevention and wellbeing that we are encouraging others to adopt. Our priorities include:

- Developing the public health team's ability to deliver this strategy;
- Continue to deliver a range of statutory and non-statutory activities that are the responsibility of the Medical Officer of Health.

Further information

An action plan (*Population Health Action Plan 2023-27*) sets out the aims and objectives that will help us achieve these priorities. We look forward to working with all our partners over the next five years to convert these plans to action.

Conclusion

The Public Health team is just one of a large, interconnected network of Government departments, arms length bodies, charities, businesses, social enterprises, employers, communities and individuals working to improve the health of Jersey's population through prevention. We relish the opportunity to contribute our specific skill set in relation to data, evidence, innovation and partnership working to help coordinate and amplify these efforts, as well as helping identify and address key gaps.

Maintaining Jersey's ability to improve health through prevention will need investment. Our funding is currently complicated and insecure, with lots of short-term, ring-fenced funds. Consolidating these into a single, long-term budget would help us deliver much of this strategy, either in full or in part. Some parts of this strategy would still need extra funds. These are clearly marked in the *Population Health Action Plan 2023-27*.

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Foreword from the Minister for Health and Social Services



With a new public health team and a groundswell of support from ministers, community stakeholders and Islanders, now is the time to seize the opportunity and improve the health of all Islanders through better prevention.

Since taking office in the summer of 2022, I have been privileged to work with a public health team whose professionalism, dedication and innovative thinking have helped shaped an agenda around prevention that will have a profound and positive impact on Islanders' health in the coming years.

Physical, mental and social health are the currencies that allow us to live, work, play, create, socialise and contribute to our Island community. The Public Health directorate's unique role is to work with a range of partners across Jersey to protect and improve health, not through treating illness after it has happened (although treatment services are vital) but by helping us get better at preventing illness before it occurs.

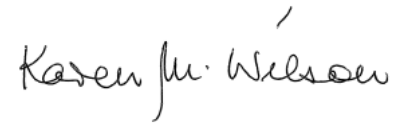
We know that the social determinants of health - the conditions in which we are born, grow, live work and age - have an enormous impact on health. We know that inequalities in access to education, housing, income, social security and healthcare contribute to these differences in health. We know from recent reports that, despite good average health, health inequalities are a real issue for Jersey.^{1,2} These reports are not identifying new problems, but shining a light on existing issues. Tackling them will help us reduce the demand for government services in the longer term, which means prevention is the business of all of Government.

This commitment to improving health through prevention is the business of the whole of government. It is fundamental to the Chief Minister's vision for healthy people and communities. It sits at the heart of the Government Plan and Common Strategic Policy. It runs like the print through a stick of rock through my own and fellow ministers' Ministerial Plans.

In the public consultation held for the strategy, Islanders told us that they didn't want handouts or to be lectured, but they did want better support from Government to be healthy. Research shows that more equal societies are typically more prosperous. This strategy is part of the Government's aim to help build long-term, sustainable prosperity for Jersey. Investing in prevention is a sensible way to invest scarce Government resources - *our* money, gathered by Government at a time when cost of living pressures make paying tax painful for most of us and research shows that investment in prevention pays dividends in the long run.

We want Jersey to continue to be a wonderful place in which to be born, grow up, live, work and age. Health is a fundamental part of how we make that happen. Before we expanded our Public Health team there were many organisations and parts of Government doing

excellent work on prevention. Now we will be able to better coordinate these activities and make them more impactful.



Deputy Karen Wilson
Minister for Health and Social Services

June 2023

Introduction from Prof. Peter Bradley, Director of Public Health



Why population health?

Why does Jersey need a population health strategy that focusses on prevention?

Before training in population health, I worked as a GP. I would wait in my consultation room for patients to come through the door and once I'd assessed them, I'd treat them if I could or refer them on to someone I hoped would be able to help them. Although I found this work rewarding and valuable, I became frustrated by my inability to *prevent* much of the ill health I saw, in the young and old, and particularly in those who had fewer resources.

The causes of the causes

I began to understand that many of the causes of the poor physical and mental health that I saw daily were due to issues unrelated to healthcare, like whether someone had enough money, decent housing, supportive friends or family, or the kind of work they did. For some people, fundamentally good health (even if occasionally disrupted by illness) was a given and took little effort. For others, poor physical and mental wellbeing were the norm. Many of these people had enormously challenging day-to-day lives. It took a huge amount of energy, resilience and determination just to keep going day by day and there was little, if any, resource left for thinking about ways of better caring for themselves.

A football analogy

If the things that influence health were a football team, then I, as a GP, was a goalkeeper. I was essential when things went wrong, but I was completely incapable of saving every shot or indeed winning the match (keeping people healthy) on my own. As a doctor, to truly prevent illness and promote physical and mental health and wellbeing, I needed to be part of a coordinated effort from a huge range of individuals, organisations, businesses, communities and Government. I trained in population health because I wanted to contribute to this community-wide effort.

The public health team are one of many 'players' who improve health and wellbeing in Jersey through prevention. We have a particular set of skills, such as understanding the causes of health and illness, using data and translating research evidence into real-world uses. Our most important role is in coordinating and contributing to Island-wide efforts to improve health in Jersey. To extend the football analogy, Public Health's role is perhaps more like a manager than a player. We don't usually directly provide services to individuals. Instead, we study our populations to understand their strengths and vulnerabilities and we try tactics old and new to support, protect and improve the health of the populations we

serve. We rely on good, strong relationships with our many partners to shape the world in such a way that it is easier for people to be healthy, with a particular focus on those who are less advantaged.

Why we need a strategy

There are many reasons why a population health strategy that focusses on prevention is needed (a strategy is a plan of action designed to achieve a long-term goal). Because the things that influence health are so numerous, because the community organisations and Government departments that have a role are so many, because the health needs of any population are huge and because the potential approaches are so varied and potentially resource intensive, we need a strategy to help organise and prioritise our efforts. This strategy has evolved considerably during its year-long gestation and will need to change further over the coming years, as new issues and priorities arise.

Consultation

To gather Islanders' views we ran Jersey's Big Health and Wellbeing Conversation in October 2022. People from all walks of life – many of which have not always been well represented in Government surveys and consultations – generously gave their time to help us understand their perspectives on how Government can best support their health and wellbeing. These discussions have been instrumental in shaping this strategy and are covered in more detail in the next section. We also consulted widely with Government and community colleagues who work with Jersey's diverse communities, studied local data to understand health needs and trends, and carried out a detailed review of international approaches.

Strategic Context

We have discussed this strategy with Islanders (through the *Big Health and Wellbeing Conversation*³), community organisations, the Chief Executive Officer, senior Government executives and officers, the Chief Minister, the Council of Ministers and a specially convened Ministerial Working Group. This strategy is part of a much wider strategic framework which includes the Common Strategic Policy, Government Plan and Ministerial Plans (see figure 3, below). Our strategy aligns closely with Common Strategic Policy 2023-26 priorities, in particular those relating to Health and Wellbeing, Children and Families, and Ageing Population. We have been hugely encouraged by how closely our thinking and political priorities have aligned and look forward to working closely with our political colleagues over the period of this strategy and beyond.

We also cross-referenced findings from the *Big Health and Wellbeing Conversation* with Ministerial Plans for 2023. These showed an encouraging overlap between Islanders' concerns and ministers' priorities, as well as a significant gap in relation to supporting healthy behaviours. We address this gap in the 'Improve' section of this strategy (below).

Jersey Independent Covid-19 Review

The recent review of Jersey's handling of the Covid-19 response makes an eloquent argument for the importance of the Public Health directorate, the potential consequences of a history of underinvestment in preventative measures and the value to Islanders of having an effective population health function.⁴

The report states that "It is not in dispute that there was a badly limited public health function in place at onset of pandemic".⁴ It notes some core concerns relating to out-of-date legislation, data sharing, emergency planning and information on population health (in

particular for priority groups at greater risk), which we address in the *Understand* and *Protect* sections of the strategy below. Although population health is much wider than Covid-19, we are pleased to see the value of our services underlined by an independent body examining the biggest global health crisis in living memory.

Figure 2: How our Population Health Strategy fits into the wider Strategic Context



What is 'health'?

What do we mean by 'health'? The World Health Organisation defines 'health' as, "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".⁵ For most of us, total wellbeing is probably something we aspire to, rather than achieve on a regular basis. But the definition is useful because it places equal weight on mental health as well as physical health, and because it makes clear the link between social conditions and health. When we refer to 'health' and 'wellbeing' in this strategy, we mean health in this broad sense. We place equal importance on mental health and its

interdependence with physical health.¹ The aim of this strategy is to help move Islanders closer to a state of physical, mental and social wellbeing for a greater proportion of their lives, with a particular focus on priority groups whose health is worse, for whatever reason.

Health in Jersey

The health of Jersey's 103,000 Islanders is, on average, very good. For example:

- 82% of Jersey's population rated their own health as good or very good, making Jersey one of the highest-rated countries in Europe for self-rated health.¹
- Life expectancy is higher than the UK, at 81.4 years for males and 85.2 years for females (compared to 79.4 (males) and 83.1 (females) in England);⁶
- Covid-19 had much less of an impact than in England, with a significantly lower rate of avoidable death from SARS-CoV-2 in Jersey (146/100,000) than England (257/100,000);⁷
- Immunisation rates are high, especially for children under the age of five.⁸

The Island has a wealth of assets that contribute to good health and wellbeing for many Islanders. Jersey's countryside is outstandingly beautiful, it has a vibrant voluntary sector, crime is low, employment (which is generally good for health) is high, and it benefits from an ancient parish system which fosters community activity at a local level.⁹⁻¹²

There are also, however, significant opportunities for improvement. Although average health is generally good, we know, from even the very limited information currently available, that these averages hide much poorer health (and risk of poor health) for many people. For example:

- A recent report showed associations between poorer self-rated health and certain characteristics, such as living in rented and social housing, being of Portuguese or Madeiran ethnicity, being of 'other' or bisexual sexual orientation and being over 65 and retired.² (These findings do not necessarily show a causal link and warrant further investigation).
- Although Jersey is a wealthy Island, a very significant proportion of the population face significant financial challenges. After housing costs, 24% of households live in relative low income.¹³ Consultation for this strategy also repeatedly highlighted significant financial challenges for people above the income support threshold.
- Social conditions for some Islanders – especially those who have been resident for less than six months (or five years), or who lack qualified housing status – can be extremely challenging.^{14, 15}
- 29% of Islanders working in manual, routine, semi-routine or service jobs smoke, compared with just 7% of senior managers. We know that smoking kills up to half of all smokers.^{16, 17}
- Quality of diet is closely linked to relative wealth. For example, children in reception and in Year 6 who attend non-fee-paying schools are much more likely to be overweight or obese than children attending fee-paying schools.¹⁸ In addition, the quality of diet among people living in social housing or non-qualified rental accommodation is much poorer than other Islanders'. After smoking, poor diet is the biggest modifiable risk for poor health in Europe.^{19, 20}

¹ Concepts of mental health include mental wellbeing, emotional wellbeing, mental illness and dementia.

- Jersey’s alcohol consumption remains among the highest in Europe and is a big driver of social issues such as domestic violence and crime.²¹
- Less than one in five school children say they are physically active, although two thirds would like to be more active. Low levels of physical activity are a key risk for poor physical and mental health.^{20, 22}
- Many Islanders suffer from poor mental health and wellbeing, in particular children and young people, who report very high levels of anxiety and self-harm.^{19, 22}

It’s clear that there is much to celebrate but also much that is worthy of attention, particularly when thinking about priority groups whose health could be improved.

Why health is essential

Jersey needs a healthy population to sustain its prosperity. Or, as one Islander put it during the recent Big Health and Wellbeing Conversation, “You have to have good health to create wealth”. Prevention is highly cost-effective, with good returns on investment – preventing illness is an appropriate and prudent use of scarce government resources, costing a fraction of the price of treating illness once it has arisen (see Appendix 5 for more detail). The evidence of strong returns on investment applies to both physical and mental health, comes from both the public and private sector and includes settings-based approaches, such as workplace health.²³⁻²⁵

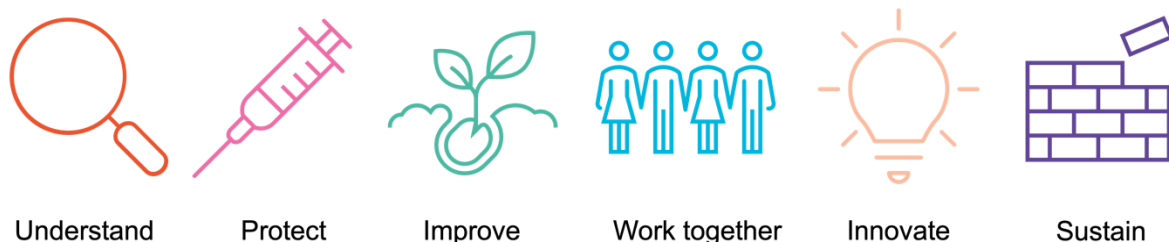
It is in the interests of *all* Islanders for everyone who lives and works in Jersey to be enabled - through their own efforts and with the support of Government - to be healthy. As the pandemic showed, each of us relies every day on a multitude of people from all walks of life to produce our food, to care for our elderly and those who are unwell, to serve us in hotels, bars and restaurants, to educate our children, to deliver things we buy online, to empty our bins, to keep us safe. Health is the currency that allows us all to work, to socialise, to create, to care for friends and family, to explore life in all its richness.

This strategy argues that investing in prevention for Islanders from all walks of life makes financial sense as well as being the kind thing to do. Arguments about social justice, financial discipline and compassion all point in the same direction; protecting, promoting and improving health for all of Jersey’s population is sensible, fair and fiscally prudent.

Our priorities for 2023-27

We are a relatively small team with a potentially huge remit. We have therefore had to prioritise where we put our resources. Through discussion, consultation, data analysis and reviews of literature and evidence, we have formed our priorities for 2023-27.

Figure 3: Strategic Priorities



Understand

To develop our understanding of health on the Island, of differences in health between Islanders and communities and our ability to assess the impact of interventions, so that we can advise from a position of deeper knowledge of Jersey's specific context.

Protect

Improve protection for Islanders from infectious diseases, environmental hazards and extreme events.

Improve

Make improvements to preventive services and health-promoting environments so that it is easier for all Islanders to be healthy.

Work together

Take a leadership role in coordinating the many people and organisations who work to improve Islanders' health through prevention, so that these efforts are as effective as they can be.

Innovate

Make skilful use of new approaches to improve our ability to tackle longstanding and challenging issues, like adolescent mental health.

Sustain

Sustain a highly skilled, appropriately resourced and well-supported Public Health team that can work effectively with a huge range of partners to deliver our ambitious agenda.

A note on the structure of this report

This report is divided into six chapters, each of which focuses on one of the six population health priorities of Understand, Protect, Innovate, Improve, Work Together and Sustain.

Each chapter of this report follows the same format:

1. We give some background on why the topic is important;
2. We set out our vision for what great could look like in 2027, if we achieved our aims;
3. We describe some improvements Islanders might experience if we were successful;
4. We provide some case studies and other examples of relevant work;
5. We summarise our high-level, strategic aims for 2023-27, for each topic.

An accompanying document, titled *Population Health Action Plan 2023-27*, provides more detailed objectives relating to each of these strategic aims, to give an understanding of how we intend to achieve our strategic goals.

We are excited to begin the task of putting this strategy into action, working with our many partners across the Island, to improve the health of people living in Jersey through better prevention.



Professor Peter Bradley
Director of Public Health and Medical Officer of Health, June 2023

Big Health and Wellbeing Conversation

Grande pâl'lie entouor la santé et l'bein-être en Jèrri

A Grande Conversa sobre Saúde e Bem-Estar

Konsultacje społeczne dotyczące zdrowia oraz samopoczucia

The Big Health and Wellbeing Conversation

To hear Islanders' views and what they think the Government could do to support their health, we ran Jersey's *Big Health and Wellbeing Conversation* between the 7th and 24th of October 2022.

The consultation involved 22 sessions with the general public in 11 different locations on 10th October, plus a further 18 sessions with organisations, schools and charities in the following days. This allowed us to hear from Islanders from all walks of life, including people whose views are not always heard, such as people from ethnic minorities, who are homeless, older people, mums and dads and guardians of very young children, and people with learning disabilities.

We asked everyone the same three questions:

1. What things help you to stay healthy and well?
2. Which things have a negative effect on your health and wellbeing?
3. How can the Government of Jersey help you to improve your health and wellbeing?

A detailed report on the findings from the Big Health and Wellbeing Conversation was published on 2nd February 2023 as the Director of Public Health's Annual Report.³ The word clouds below, drawn from analysis of responses to questions 1 and 2 give a clear indication of Islanders' priorities.

Factors supporting Islanders' health	Factors that challenge Islanders' health	Islanders' views on what Government can do
Engaging in healthy behaviours (nutritious food, physical activity, limiting 'unhealthy' behaviours)	Engaging in unhealthy behaviours (alcohol, smoking, taking drugs, lack of physical activity, unhealthy food)	Improve leisure and exercise facilities
Spending time outdoors, in nature	Environment and pollution	Improve environment
Social connections and Companionship	Loneliness and social isolation	Improve inclusivity
Work/life balance	Cost of living	Support with cost of living
		Improve personal stressors
		Improve work/life balance
		Address quality of housing
Engaging in self care	Television, media & social media	Improve leisure and exercise facilities
	Personal stressors	
Ensuring safety and security	Cost of living	Improve cost of living

Islanders' priorities and Ministerial Plans

We cross-referenced Islanders' responses with Ministerial Plans. This showed considerable overlap between issues of importance identified through the *Big Health and Wellbeing Conversation* and multiple ministerial commitments relating to cost of living, the environment and fostering a more inclusive community.

A commitment to prevention through promoting healthy behaviours would further complement existing ministerial plans, as action to promote healthy lifestyles is needed to secure continued improvement in health. Our plans for improving Islanders' ability to support their health through healthy behaviours are mapped out in *Improve*, below.

In response to the consultation we have also added an objective to establish a continual dialogue with Islanders. This will help us evaluate the effectiveness of new or existing services and policies. We plan to make appropriate use of digital methods to support this. Technological approaches are likely to reduce costs and improve our ability to interact with a wide range of Islanders.

A final word on the Big Health and Wellbeing Conversation

We would like to take this opportunity to thank every Islander who gave their time to help us understand health priorities in Jersey. Your time and thoughts have been invaluable – thank you!

Understand Comprannez Compreender Zrozumienie

Why is understanding health important?

To improve Islanders' health we first need to understand it. Jersey is a unique place with unique opportunities and challenges. We need good quality local data and evidence to help us understand health on the Island and monitor the impact of our work.

Our aim is to understand physical, mental, and social health in several different ways.

- We want to understand health outcomes like illness or early death;
- We want to understand risks for poor health, like smoking or poor diet;
- We want to understand the aspects of people's lives that can protect or improve their health, like having enough money for the essentials, or being physically active.

For each of these, we need to understand the average for the whole of the Jersey population as well as more detailed information on how health varies for different people.

In general, Jersey has good data on average health, but limited information on the avoidable differences in health between people, known as health inequalities (see Appendix 1). Although recent reports are starting to address this gap in our knowledge, improving our understanding of health inequalities is a core aim of this strategy.^{1, 2} The Jersey Independent Covid-19 Review repeatedly notes the importance of understanding the health of less-advantaged Islanders.⁴

There are many ways of studying the population to better understand health inequalities:

- Considering physical and mental health and how these affect each other;
- Looking at different age groups, such as infants, children, young people, adults and older people;
- Analysing things that promote and protect good health, such as friendships, having enough money, being educated, good work;
- Examining risks to health. These include behaviours such as smoking, being physically inactive, not eating nutritious food, and substance use (including alcohol). These behaviours are heavily influenced by the environments in which we live, work and play.
- Investigating the social determinants of health, such as income, housing, education and good work. These can often be modified by Government policy, legislation, guidance, taxation and spending;

- Studying internationally recognised drivers of health inequalities (age, sex, ethnicity, deprivation, income and disability) as well as characteristics specific to Jersey such as housing tenure and residential status.²

Each of the above ‘lenses’ give part of the picture. Population health is often described as both a science and an art. The science is skilful analysis. The art is combining these different perspectives to create an understandable picture, or narrative, that helps Islanders, professionals and volunteers to improve the health of all people living in Jersey. Our plans for a comprehensive Joint Strategic Needs Assessment will, over time, help build a coherent picture of health and differences in health in Jersey, building the existing work on various health profiles and Statistics Jersey’s recent report on characteristics associated with poor health.²

Evaluation

We need to understand if the interventions we have chosen are working, especially when we are trying innovative approaches. This points to a need for high-quality monitoring and evaluation. Evaluating efforts to improve a population’s health is often complex. Scientific experiments usually change just one thing at a time so that the effect of change can be well understood. In the real world, many things are changing at the same time, making it difficult to assess the impact of the intervention. For this reason we aim to develop academic partnerships to support our evaluation work, where necessary.

Public engagement

The basis for our work is the perspectives of the people we serve – Islanders of all kinds. How do Islanders stay healthy? What makes it difficult for Islanders to be healthy, or makes us unwell? How can Government and other partners help? The views of Islanders whose voices have often been less heard – people in financial difficulty or on low pay, people who were born outside of Jersey, people who are socially excluded in some way – are just as important as the opinions of those with whom Government has traditionally found it easier to communicate. All perspectives are vital if services and interventions are to be of genuine use to every Islander, especially those who would benefit from greater support. We have begun the process of better understanding these perspectives through our recent *Big Health and Wellbeing Conversation* (see above) and we want to continue to engage with Islanders of all kinds in the future.

What great could look like in 2027

This is our vision for understanding the health of all Islanders by 2027.

1. We have a detailed understanding of what keeps Islanders well, risks to Islanders’ health and how health trends are changing over time, making use of information from a wide variety of sources, including digital technology.
2. We have a sophisticated understanding of the differences in health between communities and have a much better grasp of what causes these differences.
3. We can integrate this information with our knowledge of international best practice to provide high quality suggestions for how to improve Islanders’ health.

² Some other ‘protected characteristics’ under human rights law relating to sexual orientation, gender and religion can also be important. However, their use in assessing population health can be controversial so must be approached with caution.

4. We present this information in ways that Islanders of all kinds find interesting and engaging, so that everyone can have an informed view on how the Government of Jersey could act to improve health. As a result, we see more and more Islanders able to understand health information and how it affects their lives and their community.

As an Islander, I will notice the following...

1. I can access comprehensive information about the health of different groups of Islanders and will understand how the health of people who have something in common with me compares to others.
2. If I want to, I can be involved in developing and improving population health interventions. If I take part, my voice is respected and heard, regardless of my age or background and I will be able to see that what I have said has influenced the way things are done.

Case study

The Government of Jersey has funded several Covid Recovery Projects, including an Understanding and Insights scheme, led jointly by Public Health and Statistics Jersey. This work aims to increase our understanding of how the pandemic affected the health of different Islanders, to inform recovery. To gather and analyse this information, the Public Health Intelligence team has recruited two staff on temporary contracts to gather and analyse the views of Islanders young and old. What we learn from this process will help inform future government plans.

Strategic Aims for 2023-27

1. Develop a comprehensive understanding of the health risks, protective factors and outcomes for Jersey, with an additional focus on developing our understanding of health inequalities.
2. Improve our ability - through involving and engaging Islanders of all ages and cultures, with an emphasis on priority groups - to understand how the Government of Jersey can best support Islanders' health and wellbeing.
3. Improve our ability to monitor and evaluate population health interventions to increase our impact and make the best possible use of public funds.

Protect Protégiz Proteger Ochrona

Why is health protection important?

Government has significant responsibility for managing threats to Islanders' health from infectious diseases, environmental hazards and extreme weather events. The Covid-19 pandemic along with recent incidents such as the flooding from the Grands Vaux Reservoir and the explosion at Haut Du Mont has given us all a visceral understanding of the importance of this work, which is often referred to as 'Health Protection'.

In Jersey, as elsewhere, health protection services are delivered by multiple partners. These include Public Health, Environmental Health, Emergency Planning, community and hospital-based Infection Prevention and Control, the Consultant for Communicable Disease Control (CCDC), Microbiology, and Sexual Health. Jersey has also had (until very recently) a number of dedicated teams working specifically on Covid-19. These professionals work closely with Islanders, schools, care homes, the prison, businesses and other settings to protect health. Public Health has a key leadership role but effective partnership working is needed to facilitate high quality, coordinated prevention of harm from the threats outlined above.

Some key features of good health protection are:

- Coordination of multiple professionals across different departments and collaboration with Islanders, businesses, schools, care homes, and other settings (partnership working);
- A detailed understanding of the amount and type of infectious disease in the Island and how this changes over time (surveillance);
- An ability to coordinate the collection of information, advice, and input from multiple professionals when dealing with infectious disease in the community (case management);
- Emergency plans to respond to specific threats (emergency planning).

A recent internal review of health protection, along with the Jersey Independent Covid-19 Review, highlighted the potential to strengthen current arrangements.^{4, 26} These reviews recommend a range of improvements, including: better data sharing; more effective partnership working; additional workforce capacity; use of modern digital systems to support the response to new and emerging threats; updated public health and civil contingencies legislation; and improved emergency planning.

Our aim is therefore to develop Jersey's health protection capacity and skills in collaboration with health protection partners.

What great could look like in 2027

This is our vision for health protection in Jersey in 2027.

1. A Health Protection Partnership is established, enabling delivery of high quality services across organisational and professional boundaries, based on mutual trust and a clear understanding of roles and responsibilities.
2. New, modern public health and civil contingencies legislation, developed through consultation with Islanders, provides proportionate powers for the control of infectious disease and other threats.
3. Covid-19 (and other common viruses such as influenza) are well controlled, with an appropriate balance between managing risk, protecting vulnerable Islanders and minimising disruption to communities.
4. There are effective, strong plans in place for reducing (or if possible, eliminating) certain infectious diseases. These plans include vaccination, infection control, and awareness raising. They are developed with input from Islanders and are supported by Jersey residents.
5. Health protection partners can see, on a weekly basis, up-to-date data on the number and type of cases of all infectious diseases in the Island. Similar reports are available for other health risks such as air and water quality.
6. Infectious disease outbreaks are well managed. Modern digital tools allow all professionals involved to see, in real-time (and at a level appropriate to their training and expertise), the work done by colleagues, regardless of their location.
7. Emergency plans, developed with Islanders and Public Health input, are in place for key threats so the Island and its communities are prepared for any likely emergency.

As an Islander, I will notice the following...

1. If I catch a notifiable infectious disease (or am a contact of someone with a notifiable infectious disease) I will get great advice and treatment and everyone involved will be well-coordinated.³
2. The disruption to my life and livelihood from Covid-19, flu and other infectious diseases will be reasonable. I will feel like there is a good balance between protecting people and allowing everyday life to continue.
3. I will be highly likely to have had the full range of vaccinations appropriate to my age, whether I am a small child, at school, of working age or an older adult.
4. I will understand what actions I need to take to protect myself, my family, and my neighbours in the event of environmental emergencies like heatwaves and floods.

Case study

The Covid-19 pandemic has shown Jersey's ability to come together to support the lives and livelihoods of Islanders in the face of serious population health challenges. This extraordinary response quickly established much needed services and support for vulnerable Islanders. It involved the huge variety of people that make our Island so special, from an incredible variety of backgrounds, and with different knowledge, skills and perspectives. It is important to maintain and build on these networks and to ensure that the

³ Serious infections that have the potential to cause significant harm are 'notifiable' by law. Not all infections are notifiable, for example the common cold.

same capacity and capabilities exist to respond quickly and effectively if needed in the future.

Strategic Aims for 2023-27

1. Continue to support and improve day-to-day protection against: infectious disease; chemical, biological, radiological and nuclear (CBRN) threats; and other immediate risks to health (such as environmental hazards), with an emphasis on protecting Islanders at greater risk.
2. Develop and implement a strategic approach to reducing the risk to Islanders from infectious diseases, CBRN threats and environmental hazards, with an additional focus on groups at the greatest risk of harm.
3. Work to ensure that immunisations are used as effectively as possible to protect Islanders from infectious disease, paying particular attention to groups with lower uptake.
4. Support work on improved legislation to provide appropriate, modern legal basis for population health action in response to infectious and environmental hazards (Civil Contingencies Act and Public Health Law).

Improve Amendez Melhorar Poprawa

Why is improving health important?

Why is improving physical and mental health important? A recent Government of Jersey report sets out the challenge:

International organisations [...] have recently identified significant challenges to the long-term durability, performance and sustainability of healthcare systems [due to] ageing populations, increasing rates of chronic and complex disease [and] growing cost pressures from new medical technologies and medicines. Jersey is facing the same threats as the rest of the world in this respect. The cost of health care is also rising by around 4-10% [per annum], which places a challenge on sustainability.²⁷

One hugely important, proven, but currently under-used way of addressing the challenge of an aging population with increasing medical needs is investing in prevention of long-term illness like cardiovascular disease, cancer and depression. These illnesses share common causes, or risks, which are outlined below. Preventing physical and mental ill health, rather than treating it as it arises, is cost-effective, with high rates of return on investment.²³⁻²⁵ Prevention is kind because it helps avoid unnecessary suffering and, if done skilfully - with the aim of reducing inequalities in health - it is fair, because it helps those with the greatest need.²⁸

Improving prevention of ill health and the promotion of physical and mental health and wellbeing therefore represents a huge opportunity to improve the lives of all Islanders. This would free up scarce government resources for uses other than healthcare and welfare.

This section of the strategy proposes complementary approaches to prevention of non-communicable disease, which, taken together, are often referred to as 'Health Improvement'. It involves very different strategies to those used to prevent infectious disease and builds on existing work by Government and its various partners in the community.

Health in all Policies

We know that income, education, work, housing, community, social inclusion, the economy and our environment have a bigger impact on health than health services. Studies consistently show that roughly half of our physical and mental health is shaped by these 'Social Determinants of Health'.²⁹ Differences in access to life's fundamentals underpin many of the observed inequalities in health seen across the world. On average, wealthy people with ample resources of all kinds live longer and in better health than people with fewer resources. These differences are seen between countries and also between communities within countries. For example, in the UK, healthy life expectancy is 20 years less for women

in deprived areas than for their wealthy counterparts.^{30,4} We don't yet have detailed data on differences in health for Jersey but we can safely assume, based on an enormous body of international evidence, and recent local reports, that these differences exist.²

This strategy proposes a 'Health in all Policies' approach to improving social conditions for all Islanders.^{31,5} By working closely with Government partners we can help support and develop existing efforts to make Jersey a fairer and healthier place. Our initial focus will be on housing, as consultation for this strategy showed this to be one of the most common causes of concern.

Finally, we know from work in Scotland and elsewhere that pressing social issues, like debt, housing and income often need addressing before individuals can consider making changes to health behaviours. As part of our planned work to scope how best to establish a sustainable health improvement service, we will consider how to improve the links between 'social' and 'health' services, so that people's priority needs are met before tackling health behaviours.

Improving healthy behaviours by making positive changes to the environment

We know that another huge influence on our health is our behaviour in relation to the quality of our diet, how active we are, and how much we smoke and drink. Our conversations with Islanders confirmed this, with many people citing nutritious food and regular physical activity as being important for supporting health and wellbeing, along with the importance of relationships with friends and family. Mental health is also key here: good mental health is a resource that enables healthier behaviours, and healthier behaviours promote good mental health.²⁴

Consultation with ministers repeatedly highlighted the importance of alcohol. High alcohol consumption is a particular issue in Jersey; Islanders drink more, on average, than all but a handful of European nations, with a host of related issues including high alcohol-related hospital admissions, crime and domestic violence.²¹ We are developing a new substance use strategy which will have alcohol as its primary focus and links closely with existing government strategic priorities relating to alcohol such as the Government Plan and the Community Safety Strategy.

Although personal responsibility and choice clearly have a role in our lifestyle, the environments in which we live, the systems that support us (like housing) and the behaviour of our peers have a greater influence. Imagine, for example, trying to eat a delicious and nutritious meal in an English motorway service station. Although there is huge 'choice', it is usually difficult or impossible to nourish ourselves in this environment because our decisions are constrained by what is available from fast-food outlets and coffee shops. This local food environment has itself been constructed by commercial interests and cultural norms. The same logic applies to the various food, physical activity, alcohol and other 'environments' in Jersey's towns and villages.

We also know that the ability to exercise choice is influenced by the resources available to us. Those with most need of healthier behaviours often have the fewest resources to enact those changes.²⁸ Making positive improvements to our environments can therefore improve health and are often highly cost-effective.²³⁻²⁵

⁴ Healthy life expectancy is the number of years you can expect, on average to live in good health.

⁵ Health in all policies is an approach that seeks to support and improve health by work skilfully right across Government to influence decisions on policy, legislation, taxation and spending.

Developing targeted behaviour change programmes

Although improvements to social conditions and the environments in which we grow, live, work and play are necessary, there is also evidence that people who want to make improvements to their health can benefit from individual support, for example when trying to stop smoking. We will therefore continue to develop existing services, targeted at and co-developed by those with the greatest need, to support individual behaviour change. We will also scope how best to establish a sustainably financed body to lead health improvement service provision in Jersey in the long term.

Commissioning

Some services are best provided by organisations outside of Government. As the Organisation for Economic Co-operation and Development's (OECD) Better Life Index acknowledges, Jersey has an active voluntary community and not-for-profit sector that provide a range of essential services, from family nursing through to school food.³² By improving the way we buy these services - for example, by ensuring that providers are working to clearly-defined, evidence-based standards, as well as working with a range of providers to create new services - we can better support Islanders' health in a range of ways.

Summary

Improving the physical and mental health of a whole population through prevention is complex because our health is affected by an array of influences which often interact with each other. Improving these many and varied effects is a vast challenge that needs careful prioritisation. One of the most exciting things about practising population health in Jersey is that, as a Crown Dependency, Jersey has the power to make positive changes for its population across a very wide range of areas that influence health, as outlined above. This work will need creativity, tenacity, cooperation and new ways of thinking. Jersey is unlikely to fully solve global issues whose resolution has eluded bigger jurisdictions with greater resources, but experience shows we *can* make positive changes that improve people's lives.

What great could look like in 2027

This is our vision for health improvement in Jersey in 2027.

1. We have data that show real improvements in health for all communities, not just the highly motivated.
2. The Government of Jersey works closely with Islanders and other agencies to find ways to improve health at a time and in a way that suits them.
3. Government policies relating to the social determinants of health support all Islanders to be physically and mentally healthier.
4. There is a clear plan for preventing mental ill health and promoting wellbeing in the Island. Government, communities, charities and Islanders are all working effectively together to help bring this plan to life.
5. There is tangible progress in seizing opportunities to help Islanders of all ages and backgrounds to eat well, be physically active, drink in moderation and stop smoking. These improvements are fair, i.e. things have improved both on average and for Islanders with higher risk. Improvements are supported by places that make it easier to be healthy and a much more joined up system of preventive services that support improvements to physical, mental and social risks for poor health.
6. Services paid for by the Government of Jersey but provided by charities or businesses will be high quality, working to clearly defined standards. Existing

providers will be supported to improve their services and new providers will have been encouraged to help address longstanding issues.

As an Islander, I will notice the following...

1. I can see that the Government of Jersey is making improvements to the way it supports Islanders to be physically and mentally healthy, in particular in relation to housing.
2. If I work in a routine, manual, or service job, I can access a range of services to keep me well including, for example, stop smoking services. The design of these services will have been influenced by people like me and, consequently, fewer of my peers will smoke.
3. When I eat food in school, that food will be more likely to nourish me, so I have lots of energy to learn and be physically active.
4. If I need support with a social issue like debt or housing that is stopping me making improvements to my health, I will find it easier to get that help.

Case study

Jersey continues to invest heavily in improving the availability of nutritious food in primary schools. This work is supported by new monies committed in response to the new Chief Minister's 100-day commitment to, "Introduce legislation and funding to ensure that school children have access to one meal a day in school". A project to create the necessary infrastructure to extend the primary schools meal service to serve high quality hot food at lunch time to all maintained primary schools is underway. The eligibility to access free school meals is being extended to children up to the age of 18 (it was previously only available to children under the age of 11). We are also about to update our food and nutrition strategy, working closely with partners across the food system to understand how we can positively influence Jersey's food environment.

Strategic Aims for 2023-27

1. Using Health in all Policies as a tool, work with Government of Jersey colleagues to help create the conditions in which it is easier for more Islanders to be healthy, with a focus on those at the greatest risk of poor health.
2. Work to reduce harms and inequalities in health caused by tobacco and nicotine products.
3. Work to reduce harms and inequalities in health caused by alcohol.
4. Make it easier for Islanders of all ages to access and afford healthy, nutritious food.
5. Improve opportunities for Islanders to be physically active, with an emphasis on those who face barriers to improving their physical activity.
6. Lead and support work to develop preventive services.
7. Work with partners to develop and implement effective primary prevention strategies relating to mental health and suicide prevention.
8. Develop strategic approach to commissioning high quality population health services.
9. Establish an approach to secure a continual dialogue with Islanders to evaluate and improve the effectiveness of new or existing services or policies, including the use of digital data capture.

Work Together

Travailliz Ensemble'ye

Trabalhar Juntos

Wspólna Praca

Why is working together important?

Preventing ill health and promoting good health is very much a team effort. As detailed elsewhere in this strategy, our physical, mental, and social health and wellbeing are influenced by a complex web of factors that include social conditions, local environments, health services and individual behaviour as well as our genetic inheritance. Improving health therefore needs Jersey's many different government departments, arms length bodies, charities, businesses, social enterprises, employers, communities, families and individuals to work together in partnership.

The Government of Jersey and its Public Health team has a major role in leading this collaborative approach. It must first be informed by the views of Islanders and their communities, as well the organisations that work with them on a daily basis. This is one of the reasons we consulted so widely for the strategy. By combining these rich insights with knowledge of evidence and best practice, we can bring partners together to discuss and agree the best way to tackle the Island's issues in a way that is appropriate to Jersey's unique context.

Our intention is therefore to work closely with Islanders to design new ways to improve health. Experience from elsewhere shows that genuine collaboration with the local population is possible and can bring rich rewards, (see Case Study, *below*).³³ Such approaches take time and energy to build trust and mutual understanding.

Consultation for this strategy showed that such trust and understanding have not always been present in Government work with communities and their representatives. Nonetheless, inspired by the success of the *Big Health and Wellbeing Conversation*, our aim is to develop this way of working to help achieve better health for Islanders. Our initial collaborative focus will be on supporting efforts to improve mental health and wellbeing alongside specific strategies led and requested by healthcare colleagues.

What great could look like in 2027

1. All of the various departments and agencies in Jersey whose work has an impact on health and wellbeing understand the importance of their contribution to improving health. They are motivated to collaborate to improve things for Islanders.
2. Public health, health services, other government departments, charities, Islanders and their communities are routinely involved in developing and implementing whole-system approaches to tackling key issues, such as improving mental health or supporting people with dementia. These approaches lead to measurable improvements in health.

As An Islander, I will notice the following...

1. If I want to have a say in how services are provided, regardless of my age, my background, or my length of stay in the Island, my views will be welcomed. I will be able to see that what I have said has influenced the way things are done.
2. My mental health will be more likely to be better supported by a coordinated range of policies, interventions and services. These will make it less likely for me suffer from poor mental health in the first place, and, if I become unwell, will mean that there is improved support to get better quickly.
3. I will be able to see that government understands Jersey's most important social issues and how they impact on health. I will be familiar with government plans to address these and will be able to feel tangible benefits for me, my family and friends.

Case study: The Wigan New Deal

The Wigan New Deal is an informal agreement between Wigan Council and everyone who lives or works in Wigan to create a better borough. It is “an example of ‘asset-based’ working, in which public services seek to build on the strengths and assets of individuals and communities to improve outcomes.” The partnership between local government, residents and workers shows that, “it is possible to achieve substantial savings while protecting or improving outcomes, but only if services are genuinely transformed and upfront investment is available to help bring about new ways of working. The [Wigan] Deal is not a panacea, but it does illustrate the kind of work that is needed to shift to a new model of public service delivery in which patients, service users and communities are involved as active partners in improving health and care.”³³

Example of Good Practice in Jersey: The Mental Health and Wellbeing Strategic Partnership

The recently established Mental Health and Wellbeing Strategic Partnership brings together partners from charities, health services, primary care and Public Health to identify priorities for improving population health and support pieces of work to improve them. This partnership is building trust and a collaborative spirit that we hope will translate into tangible improvements in mental health for Islanders.

Strategic Aims for 2023-27

1. Build and develop strategic partnerships around core topics and priorities as outlined in the strategy.
2. Support health colleagues to maximise the population benefits of healthcare and reduce health inequalities.

Innovate Înnovez Inovar Wprowadzanie Innowacji

Why is innovation important?

Improving the health of a whole population, in a way that doesn't place those with fewer resources at a disadvantage, often needs skilful innovation.³⁴ There are lots of effective, evidence-based approaches to improve health that we refer to in this strategy. But there are also significant, global health challenges that countries big and small are wrestling with, which need fresh approaches. As a recent government report states, "Health and care systems are being forced to think differently about how to meet [population health] challenges."²⁷

Some of these issues, such as the rise in obesity and diet-related illness are addressed elsewhere in this strategy. But our analysis of Jersey's specific context has revealed several other pressing issues that need innovative ways of working to improve them. They include:

- How to make best use of government, community and voluntary resources to truly prevent poor health and improve wellbeing for a whole population, not just those who are highly motivated;
- How to better support children and young people, especially those from less advantaged homes;
- How to make effective and fair use of carefully chosen digital tools that can support Islanders' health.

We know that all innovation carries risk because it involves change. For example, new digital tools can help many but exclude others with low levels of digital literacy, limited internet access or with sensory impairments. For that reason, we are committed to developing our ability to monitor and evaluate our work so that we can understand what works and adjust what we are doing as we go along.

What great could look like in 2027

This is our vision for innovation in Jersey in 2027.

1. There is a new, sustainably funded organisation to help coordinate and amplify existing work in the Island to improve and promote health and wellbeing has been successfully established.
2. People representing the many different communities in Jersey are involved in helping develop services that address Islanders' needs and support improvements to health in a way that suits them. These diverse Islanders are engaged through a variety of innovative methods that make this engagement easy for Islanders and cost-effective

for Government. As a result, communities feel well-supported to understand and improve their own health.

3. The Government of Jersey makes skilful use of best practice and promising ideas from across the world and sensitively implements these in the Jersey context.
4. Jersey is recognised internationally for its successful and innovative approaches, including making use of its digital capability.

As an Islander, I will notice the following...

1. Regardless of how long I have lived in Jersey, I will know about, and be able to access, a comprehensive, coordinated and appropriate offer to help me stay well. Services will work for me because they will have been designed with input from people like me. I can go to multiple venues for help, and they will always point me in the right direction, even if help from another agency is needed.
2. My local school is a hub for the community, helping parents overcome practical challenges like childcare and creating an environment in which children can be healthier more easily.
3. As an Islander, regardless of my age, income, language, literacy and or disability, I can access a range of tools to support my health.

Case study

In the late 1990s, the Government of Iceland developed a primary prevention model, in response to very high rates of substance use among teenagers in the country. In recent years the Icelandic Prevention Model has been trialled around the world and its use is evolving towards supporting generalised promotion of health and wellbeing for children and young people. The model is data-driven, using regular surveys of 14 and 15-year-olds to understand factors linked to better wellbeing as well as poor outcomes. These findings are used to develop a universal programme of support for all children, using schools as a hub for community engagement. A core part of this support is usually the provision of a wide range of subsidised, supervised activities after school. In Iceland, each child is given a 'leisure' card with more than €300 to spend on a wide range of quality-assured clubs provided by a range of organisations, giving opportunities for sport, dance, art, music, etc. The exact range of clubs is shaped by children and young people. Jersey is one of a number of jurisdictions considering how this approach could be successfully adapted to our Island context.

In our conversations with adults, children and young people, we heard that the connections and relationships that come from various leisure pursuits helped improve health, wellbeing and quality of life for our youngest Islanders. Increasing access to these health-enhancing activities in an affordable and inclusive way would hugely benefit our Island's youth.

Strategic Aims for 2023-27

1. Encourage the establishment of sustainably funded, innovative, coordinated health improvement activities that are acceptable to all Islanders.
2. Make use of innovative international approaches to improve primary prevention of poor physical and mental health, and promotion of wellbeing, for children and young people.
3. Ensure health improvement interventions are both cost-effective and effectively reach groups with greater need by making use of up-to-date expertise.
4. Engage with Islanders to understand how quality-assured digital tools can support their health. Develop concurrent plans to support Islanders with lower levels of digital literacy and/or access.

Sustain Souôt'nîn Sustentar Podtrzymywać

Why is sustaining our team important?

Improving the health of a whole population, in a way that is fair to those with fewer resources, is an almighty challenge. It takes a considerable amount of technical skill in working with data and evidence. Different and equally important 'soft' skills are also needed to bring a range of government departments, external agencies and Islanders together, so they can agree on how to collaborate and achieve common goals.

Therefore, for this strategy to be a success, the Government of Jersey will need a skilled public health workforce with enough capacity to deliver across the wide range of topics and priorities outlined in this strategy. Our team has achieved an enormous amount in the year since it came into being. To continue to deliver we need to move from the all-out effort required during the heat of the pandemic to a more sustainable work/life balance. In this way, staff will be able to care for themselves and their families as well as the public interest.

Our aim is therefore to invest time and energy over the next political term in developing our team's skills and capacity. We also want to role model within our team the focus on prevention, wellbeing and care that we are encouraging others to adopt. These behaviours are closely aligned to values of compassion and professionalism that were recently identified as being important to our team.

Sustaining recent improvements in Jersey's ability to deliver improvements to population health will require investment. Consolidating multiple, short-term, ring-fenced funds into a single, long-term budget will allow most objectives to be delivered either in full or in part. Some objectives will require additional funding, and these are clearly marked in the accompanying *Population Health Action Plan 2023-27*.

What great could look like in 2027

This is our vision for the Public Health team in 2027.

1. The Public Health team is resourced so that it can sustainably deliver and support the work of others, so the ambitious agenda outlined in this strategy is delivered.
2. The Public Health team will be highly trained and skilled in the practice of population health in the Jersey context and are seen to offer real value to the Island.
3. The team will have low rates of staff turnover and absence and good wellbeing, as measured through staff surveys.

As An Islander, I will notice the following.

1. If I work for Public Health, I will benefit from a supportive, enabling work culture and a comprehensive package of approaches to supporting my wellbeing.
2. When I see Public Health in the media, I will depend on them as a source of independent, impartial and skilled advice and information.
3. I will see the health of people living in Jersey improve and will feel that, as an Islander, I have played some part in that achievement.

Examples of good practice

The Covid Safe team was established in March 2020, working with enormous dedication to keep their community safe throughout the pandemic. However, by October 2022, as Government intervention in relation to Covid-19 gradually reduced, demand for their services lessened. Managers were clear that these colleagues deserve to be treated fairly, sensitively and with care as their contracts came to an end. This involved:

- Making sure communications were delivered in person, with clear reasons given for the change, and with questions encouraged;
- Using networks to identify other opportunities for staff, which continued even after they left the team. This has had the additional benefit of helping address short-term capacity issues across Government;
- Providing 'outplacement' support, including career workshops, CV writing, interview skills, interview feedback and support with finding more permanent work;
- Recognising the impact the changes might have on colleagues, thanking them for their hard work, and taking account of people's emotional state and wellbeing;
- Making sure that team leaders were personally available to discuss concerns when announcements of service reductions were made;
- Running daily meetings and providing ongoing support through operational leads, managers and colleagues.

The skills and confidence developed while working in the team have been invaluable in creating opportunities for colleagues, who are rightly proud of their achievements, have good memories of their experience and, we hope, recognise that they are valued and supported.

Strategic Aims for 2023-2027

1. Develop and support the Public Health team so it can sustainably deliver the Government of Jersey's strategic aims and objectives in relation to improving and protecting the public's health.
2. Continue to deliver a range of statutory and non-statutory activities for which Public Health and/or the Director of Public Health has responsibility.

You Said, We Did

As part of our commitment to collaboration we consulted widely with Government of Jersey colleagues, the parishes, community organisations, and Islanders on the content of this strategy. We have summarised some of the key comments and how we have addressed them, below.

1. Working in partnership

Many stakeholders, in particular charities, asked for Public Health to play a bigger role in coordinating and providing strategic direction for the many different organisations that aim to support Islanders' health. In response:

1. The importance of collaboration is highlighted by being given a specific section in the strategy (*Work Together*, above);
2. We are evolving plans for a semi-independent body to lead an improved and expanded health improvement offer in Jersey. One of the key roles of such an organisation would be to provide coordination and leadership in this area (see *Innovate*, above);
3. We continue to develop strategic partnerships around core priorities such as mental health (see, *Work Together*, above).

2. Prevention

Some stakeholders asked for a greater focus on the prevention of physical ill health and at an earlier stage than implied by an earlier draft's heading of Reducing Avoidable Admissions. Many Islanders fed back that access to affordable and inclusive productive social and leisure opportunities for our Island's children and young people was lacking. In response:

1. A new section dedicated to improving health through better prevention of preventable disease (*Improve*), makes our ambitions in this area much clearer;
2. We are scoping ways of developing a much-improved primary prevention offer for children and young people. The proposed new, semi-independent health improvement body is intended to achieve similar results for adults.
3. We have a specific aim relating to Health in all Policies approaches to tackling the social determinants of health.

3. Inclusive and fair

In our *Big Health and Wellbeing Conversation* with Islanders, we heard about how some groups found it more challenging to help themselves to improve their own health and wellbeing. This was either because of feeling excluded, not being eligible, or just simply not being able to afford to improve their diets, engage in exercise or even to find places to meet and make supportive relationships. In response:

1. We are developing a comprehensive understanding of the health risks, protective factors and outcomes for Jersey, with a particular focus on health inequalities (see *Understand*, above and *Appendix 1*);
2. We have a number of objectives covering a range of approaches to help create the conditions in which it is easier for more Islanders to be healthy, with a focus on those at the greatest risk of poor health.

We would like to thank everyone who read and commented on various drafts of this strategy – your input was invaluable.

Measuring Progress

Strategic measures

We have devised a shortlist of indicators which provide a snapshot of population health and will allow us to assess the effectiveness of our efforts to improve the prevention of poor physical and mental health. They include indicators relating to adults and children, physical and mental health, specific conditions and the wider determinants of health. The indicators are drawn from multiple sources:

- The Jersey Performance Framework;³⁵
- The OECD Better Life Index;³²
- An evolving inter-island collaboration with Guernsey and the Isle of Man on population health outcome indicators;
- Core surveys relating to health and wellbeing: the Jersey Opinions and Lifestyle Survey (adults); the Health, Activity and Wellbeing Survey (adults); and the Jersey Children and Young People's Survey (children).^{19, 22, 36}

It is worth noting that the multi-agency, real-world nature of improving a population's health means great care is needed in attributing improvement or worsening of key indicators to specific interventions. Nonetheless, we will evolve these indicators over the course of the strategy, making sure that each objective has an associated indicator that will help us assess progress against our strategic aims. Future versions of this set of indicators will include inequalities data as we develop our ability to measure variations in health risks and outcomes by key inequalities characteristics.

Table 2: Core population health indicators

Topic	Adult/child	Indicator	2022 value	Public health aim	Source	In JPF*	Notes
Smoking	Adult	% of adults who were daily or occasional smokers	14%	Reduce	JOLS	Yes	
Smoking	Adult	% of daily smoking among people in routine, semi-routine, manual or service occupation	29%	Reduce	JOLS	No	
Smoking	Child	% of children aged 14 to 15 years who have never smoked	72%	Increase	CYPS	Yes	
Alcohol	Adult	Average litres/year of alcohol consumed by Islanders	11.5 l/year	Reduce	Impots data	Yes	
Physical Activity	Adult	% of adults meeting guidelines for physical activity	52%	Increase	HAWS	Yes	
Physical Activity	Child	% of children and young people who self-report as active	18%	Increase	CYPS	No	
Diet	Adult	% of adults who had eaten at least 5-a-day in previous day	32%	Increase	HAWS	Yes	
Diet	Adult	% of adults living in social rental accommodation not eaten any fruit and vegetables in previous day	25%	Decrease	HAWS	No	
Diet	Child	% of children who report eating 5-a-day on the previous day	30%	Increase	CYPS	No	
Obesity	Adult	% of adult population who are overweight or obese	50%	Decrease	JOLS	Yes	
Obesity	Child	% of children in year 6 who are overweight or obese	30%	Decrease	JCMP	No	
Mental health & wellbeing	Child	% of year 10 and 12 pupils who have deliberately hurt themselves in the last 12 months	29%	Decrease	CYPS	No	
Mental health & wellbeing	Adult	Average mental wellbeing score on the short Warwick-Edinburgh scale (7-35)	26	Increase	JOLS	Yes	
Social capital	Adult	% of people feeling lonely often, occasionally or some of the time	54%	Decrease	HAWS	Yes	
Social capital	Child	% of young people in Years 8, 10 and 12 who feel they belong to Jersey 'a great deal' or 'quite a lot'	58%	Increase	CYPS		
Overall	Adult & child	Life expectancy at birth for previous 3-year period	83.3 years	Increase	Stats Jersey	Yes	
Overall	Adult & child	Healthy life expectancy at birth for previous 3-year period	68.2 years	Increase	Stats Jersey	Yes	Analysis due later 2022
Overall	Adult & child	OECD Better Life Index summary score and relative position	6.36 (24th of 41)	Increase	Stats Jersey		
Wider determinants	Child	% of households with children who find it quite difficult or very difficult to cope financially	40.20%	Decrease	Stats Jersey	Yes	
Wider determinants	Adult	% of households who find it quite difficult or very difficult to cope financially	30%	Decrease	Stats Jersey	Yes	

JPF: Jersey Performance Framework; JOLS: Jersey Opinions and Lifestyles Survey; CYPS: Children and Young People's Survey; HAWS: Health, Activity and Wellbeing Survey.

Measures for specific aims and objectives

In addition to the high-level strategic measures listed above, we are developing a suite of measures relating to each of the aims and objectives listed in the *Population Health Action Plan 2023-27*, informed by Institute for Healthcare Improvement methodology.³⁷

Reporting on strategic and objective-specific measures will form part of the governance for this strategy (see Appendix 7 for more detail).

Summary of Strategic Aims

A summary of priority Aims in this strategy are given below. The accompanying *Population Health Action Plan 2023-27* outlines the objectives that underpin and complement these aims, along with a high-level timeline.

Understand

1. Develop a comprehensive understanding of the health risks, protective factors and outcomes for Jersey, with an additional focus on developing our understanding of health inequalities.
2. Improve our ability - through involving and engaging Islanders of all ages and cultures, with an emphasis on priority groups - to understand how the Government of Jersey can best support Islanders' health and wellbeing.
3. Improve our ability to monitor and evaluate population health interventions to increase our impact and make the best possible use of public funds.

Protect

4. Continue to support and improve day-to-day protection against: infectious disease; chemical, biological, radiological and nuclear (CBRN) threats; and other immediate risks to health (such as environmental hazards), with an emphasis on protecting Islanders at greater risk.
5. Develop and implement a strategic approach to reducing the risk to Islanders from infectious diseases, CBRN threats and environmental hazards, with an additional focus on groups at the greatest risk of harm.
6. Work to ensure that immunisations are used as effectively as possible to protect Islanders from infectious disease, paying particular attention to groups with lowest uptake.
7. Support work on improved legislation to provide appropriate, modern legal basis for population health action in response to infectious and environmental hazards (Civil Contingencies Act and Public Health Law).

Improve

8. Using Health in all Policies as a tool, work with Government of Jersey colleagues to help create the conditions in which it is easier for more Islanders to be healthy, with a focus on those at the greatest risk of poor health.
9. Work to reduce harms and inequalities in health caused by tobacco and nicotine products.
10. Work to reduce harms and inequalities in health caused by alcohol.
11. Make it easier for Islanders of all ages to access and afford healthy, nutritious food.
12. Improve opportunities for Islanders to be physically active, with an emphasis on those who face barriers to improving their physical activity.
13. Lead and support work to develop preventive services.
14. Work with partners to develop and implement effective primary prevention strategies relating to mental health and suicide prevention.
15. Develop strategic approach to commissioning high quality population health services.

16. Establish an approach to secure a continual dialogue with Islanders to evaluate and improve the effectiveness of new or existing services or policies, including the use of digital data capture.

Work together

17. Build and develop strategic partnerships around core topics and priorities as outlined in the strategy.
18. Support health colleagues to maximise the population benefits of healthcare and reduce health inequalities.

Innovate

19. Encourage the establishment of sustainably funded, innovative, coordinated health improvement activities that are acceptable to all Islanders.
20. Make use of innovative international approaches to improve primary prevention of poor physical and mental health, and promotion of wellbeing, for children and young people.
21. Ensure health improvement interventions are both cost-effective and effectively reach groups with greater need by making use of up-to-date expertise.
22. Engage with Islanders to understand how quality-assured digital tools can support their health. Develop concurrent plans to support Islanders with lower levels of digital literacy and/or access.

Sustain

23. Develop and support the Public Health team so it is able to sustainably deliver the Government of Jersey's strategic aims and objectives in relation to improving and protecting the public's health.
24. Continue to deliver a range of statutory and non-statutory activities for which public health and/or the Director of Public Health has responsibility.

The future

As the title of this strategy acknowledges, this is a significant moment of opportunity for improving the health of Islanders through better prevention. The new Council of Ministers and States Assembly members have shown a considerable appetite for population-wide approaches to preventing ill health and protecting, promoting and improving physical and mental health, especially for those whose health is at greater risk, for whatever reason.

These ministers are now supported by a Public Health team which is increasingly embedded in the network of charities, community organisations, businesses, social enterprises, individuals, parishes, Government departments and arms length bodies that all make vital contributions to population health. Consultation for this strategy was both humbling and encouraging. Humbling, because of the amount of excellent work already being carried out by those we spoke to. Encouraging, because almost everyone we spoke to wanted input from our team and valued our contribution in terms of leadership, data analysis, knowledge of evidence, and ability to act as a trusted partner, bringing diverse groups together to work towards a common goal.

All of which points to the primary challenge that this strategy tries to address: given the scale of the challenge, the range of possible approaches and the modest size of a team with a truly enormous potential remit, what should we focus on?

In this strategy, we set out our key priorities for 2023-27.

Understand

To develop our understanding of health in the Island, of differences in health between various groups and communities and our ability to assess the impact of interventions, so that we can advise from a position of deeper knowledge of Jersey's specific context.

Protect

Improve protection for Islanders from infectious diseases, environmental hazards, and extreme events.

Improve

Make improvements to preventive services and health-promoting environments, so that it is easier for all Islanders to be healthy.

Work together

Take a leadership role in coordinating the many people and organisations who work to improve Islanders' health, so that these efforts are as effective as they can be.

Innovate

Make skilful use of new approaches to improve our ability to tackle longstanding and challenging issues like adolescent mental health.

Sustain

Sustain a highly skilled, appropriately resourced, and well-supported Public Health team that can work effectively with a huge range of partners to deliver our ambitious agenda.

A final comment

The financial case for investing in prevention based on firm evidence: some population health initiatives have a return on investment of more than £200 for every pound spend, with effective population health legislation *averaging* a return of almost £50 for each £1 spent.²³ Although public finances across the world are under pressure from aging populations, increasing healthcare costs and rising costs of living, investment for the future and will protect against future cost pressures. As Benjamin Franklin once said, “an ounce of prevention is worth a pound of cure”, (although using the maths above, he could easily have said, “an ounce of prevention is worth three pounds of cure”!). We understand the scale of the challenge. But, by working together, we can, and will, make improvements to Islanders’ health, which will improve lives.

Appendix 1: Key Concepts and Principles

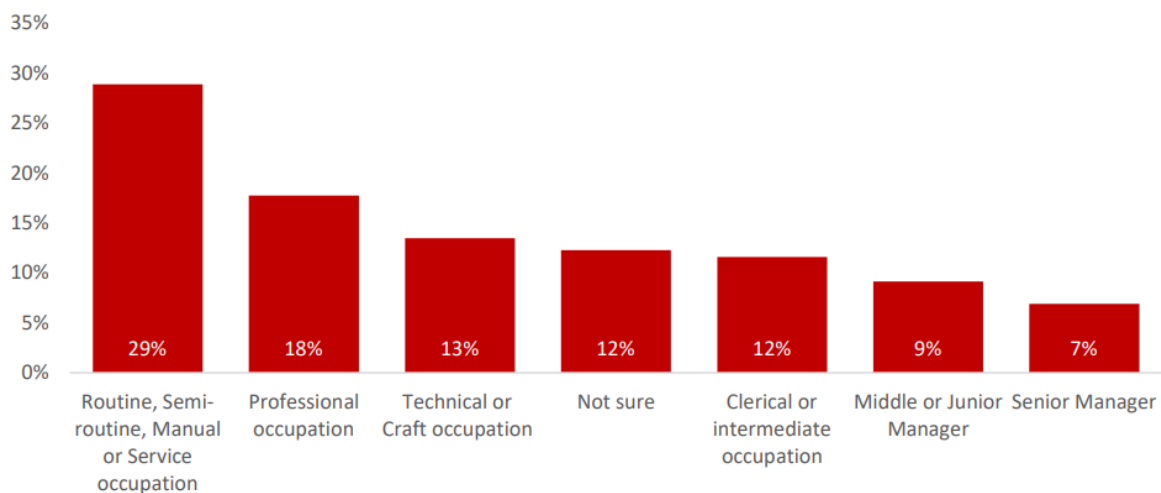
Health inequalities

Health inequalities are avoidable differences in health between different groups of people. For example, smoking can be devastating, killing half of all smokers. In Jersey, very few people in senior management roles smoke, compared to nearly a third of people in routine, semi-routine, manual or service jobs (see figure 7, below). As a result, people doing this kind of work are more likely to spend a greater proportion of their life in ill health and die (early) from smoking. The reasons for differences in smoking rates between groups are complicated; we need to work closely with Islanders to understand why they smoke and how we might help them quit. Evidence shows most smokers want to stop smoking.³⁸

Our aim throughout this strategy is to identify and reduce health inequalities of all kinds, without making overall health worse.

Public Health also often refers to the ‘slope’ of inequality, which can be clearly seen in figure 7, below. When trying to reduce health inequalities we think about not just those with the worst health (or in this case, risk) but also those in the middle, whose position could also be improved.

Figure 6: Graph showing prevalence of daily smoking by occupation in Jersey¹⁶



A life course approach

Our health is shaped throughout our lives by a myriad of influences, beginning with conditions inside our mother’s womb and continuing up until the end of life. The life course is usually divided up into several stages: pre-conception, pregnancy and infancy (also known as the first 1,000 days); childhood; adolescence; adulthood; and older age.

Some things protect and promote good health whatever our age, such as eating well, being physically active, having enough money for the essentials, and strong relationships with others. But each stage of life also has its unique opportunities and risks. For example, in

infancy, immunisations and attachment to a caregiver are key. In adolescence, sexual health becomes important. In adulthood, the kind of work you do has a profound impact on health. In later life, vaccinations once again play an important role and relationships are key to reduce isolation.

For any given topic, thinking through the needs and opportunities at different stages of the life course can help bring an appropriate plan into focus. We also need to consider how the needs of men and women vary: women of reproductive age have specific health needs, for example.

Figure 7: The life course



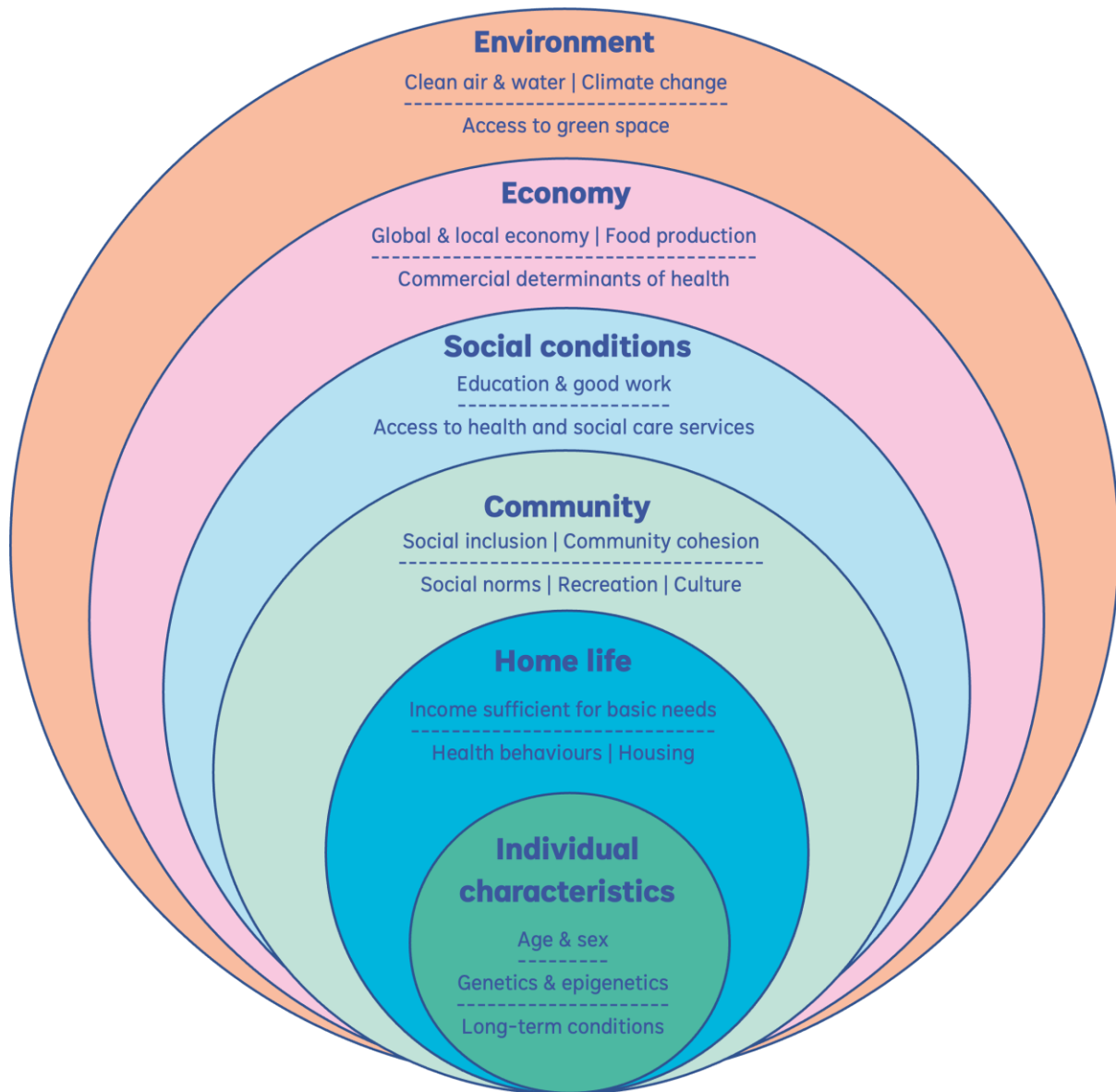
The social (and commercial) determinants of health

The circumstances in which we are born, grow, live, work, and age have a much bigger impact on our health than health services. If the things that influence our health were a football team, health services would be the goalkeeper, the last resort when the rest of the team has been unable to prevent an attack. A good goalkeeper is essential when things go wrong, but they can't save every shot and they can't win the game on their own.

The 'social determinants of health' include income, benefits, education, work, access to health services, housing, and whether you feel part of society. As a Crown Dependency, the Government of Jersey has many opportunities to shape the social determinants of health for the benefit of Islanders through policy, legislation, taxation, and spending. Public Health is not, in general, responsible for the social determinants of health but can influence them through formal mechanisms such as 'Health in all Policies' and many other informal routes.

The influence of commercial interests on our health is increasingly being understood, also known as the 'Commercial Determinants of Health'.³⁹ These can be positive, for example a local business that creates green energy and good quality jobs. But local, national and global businesses can also harm health, for example by manufacturing and promoting tobacco or highly processed foods.

Figure 8: The social determinants of health



Appendix 2: Strategy development

Work on this strategy began in February 2022. We started by making a list of key stakeholders in Government and in the community. We then ran a series of more than 20 semi-structured interviews to better understand the key health challenges on the Island, alongside extensive reviews of international best practice. We examined available data to build a picture of the health strengths and opportunities for development. A first version of the strategy was written in May 2022, and this was shared with contributing stakeholders and the Government of Jersey Executive Leadership Team shortly afterwards.

Over the summer, a heavily revised version was produced in response to the many comments we received from stakeholders. We also set up *The Big Wellbeing Conversation* with Islanders, to understand their views, which ran from 10th October.

We integrated feedback from *The Big Wellbeing Conversation* into the revised strategy to create another version that we took for further consultation with the Executive Leadership Team (November 2022), the Minister for Health and Social Services and the Council of Ministers (December 2022). Further consultation with a specially convened Ministerial Working Group was completed in February 2023. We spoke to the Comité des Connétables, also in February 2023. The Health and Social Security Scrutiny Panel were given an opportunity to comment in April and May 2023.

A significant challenge was prioritising which areas we would commit to in this strategy. We used a number of criteria to help us decide, including:

- Evidence of health need from local data;
- Evidence of effective interventions to tackle specific issues;
- Islanders' and other stakeholders' views;
- The extent to which the Public Health team were responsible for or had a good mechanism for influencing tangible improvements.
- Extensive reference to international literature;
- Many discussions with various members of the team;
- Return on investment and other resource implications.

Appendix 3: Demography and Epidemiology – Adults

Demographics

The 2021 census shows that on 21st March 2021 Jersey had a population of 103,267. St Helier, (the largest parish), had 35,822 people and St Mary (the smallest) had 1,818 people. The population had increased by 5,410 since 2011. Net inward migration between 2011-2021 accounted for 3,300 of the 5,410 increase. (The equivalent figure was 6,800 in the period 2001-2011). 52,264 (51%) of the Jersey population were female and 51,003 (49%) were male. By birth, the majority of the population were born either in Jersey (51,274, 50%) or the British Isles (29,598, 29%). 8,280 (8%) were born in Portugal or Madeira and 2,808, (3%) in Poland and the remainder (11,289, 11%) were born in Ireland, France, another European country or the rest of the world. Self-reported ethnicity shows a small but significant number of people who weren't born in Portugal or Madeira (1,500) who identify as Portuguese or Madeiran and around 300 people born outside of Poland who identify as Polish. Data on 1st language spoken was not available at the time of writing. In common with other developed nations, Jersey has an aging population: the largest population group was people aged 50-59 (16,637, 16%). The dependency ratio for Jersey (the ratio of those outside of working age to those of working age) was 52% in 2021; this has increased from 46% in 2011 and is likely to increase further as middle aged-Islanders age and retire.⁴⁰

Quality of life

The Better Life Index aims to capture population wellbeing, using an 11-item framework⁶ developed by the Organisation for Economic Co-operation and Development (OECD). As a nation, Jersey's 2021 Better Life Index score was 6.4 (out of 10), ranking 24th of 41 nations, five places lower than in 2019. Jersey ranked in the top 10 for community (3rd) and jobs and earnings (10th). Housing (26th), work-life balance (29th) and civic engagement (41st/last) ranked lower.¹² These findings were broadly corroborated by engagement carried out for this strategy: the community sector was often identified as a key asset and housing and work-life balance identified as areas where there are significant opportunities for improvements.

Mortality: Life expectancy, death rates, causes of death and preventable deaths

Life expectancy is higher than the UK, at 81.4 years for males and 85.2 years for females (compared to 79.4 (males) and 83.1 (females) in England).⁶ In 2020 (the most recent year for which data are available), 20% of deaths were considered avoidable (i.e. treatable by more timely healthcare and/or preventable through effective population health interventions).⁷ In 2021, 820 Jersey residents died, 410 males and 410 females. In 2021 the age-standardised mortality rate (ASMR) was 759 per 100,000, significantly lower than the overall ASMR for England (and for every region in England) in the same period.⁴¹ Cancers and cardiovascular disease have remained as the leading causes of death in Jersey since 2007. They accounted for 58% of deaths in 2021. Respiratory disease (12%) and mental

⁶ These are: jobs and earnings, housing, health status, work-life balance, education and skills, community, civic engagement, environmental quality, personal safety and life satisfaction.

and behavioural disorders (8%) were the next biggest causes of death. Covid-19 accounted for 4% of deaths in Jersey compared to 12% in England and Wales.⁴¹

Morbidity

Long-term conditions

In the 2021 census, 21,382 (21%) of residents reported having a long-term condition.⁴² Of these, 15,782 reported that these condition/s limited their daily activities a little or a lot.⁴² The most recent data on the kind of long-term conditions affecting Islanders comes from an analysis of GP records on 31st December 2019 rather than census data. These data estimate around 30,000 Islanders were affected by long-term conditions, with hypertension, obesity and asthma being the most common.⁴³

Mental health

In 2021 about two thirds of adults in Jersey report high or very high happiness (69%), satisfaction (66%) and feeling worthwhile (69%). Around one in ten Islanders scored low for satisfaction and feeling worthwhile (11% for each), and 15% reported low happiness. Low scores were associated with rarely or never socialising with others face to face. 14% of Islanders often felt lonely and 30% reported feeling high levels of anxiety the previous day. On average, wellbeing was higher in older Islanders, who also had lower levels of anxiety.¹⁹

Health behaviour risks

Smoking

In 2021, 14% of the population reported smoking daily (9%) or occasionally (5%). Smoking rates have fallen significantly in recent years, from 25% in 2005. Current rates and the decline in smoking are comparable to UK trends. Rates vary significantly between different occupational groups, with 29% of people working in routine, semi-routine, manual or service industries smoking, compared to just 7% of those in senior management positions.¹⁶

Alcohol

Per capita alcohol consumption has fallen slightly in Jersey to 11.5l pure alcohol/person/year, but remains among the highest in Europe, just above France (11.4l), Poland (11.0l) and the UK (around 10l). 25% of drinkers in Jersey drink at hazardous or harmful levels. Around 1 in 5 of all crimes were recorded as involving alcohol. On the other hand, 14% of all Jersey adults report never drinking alcohol, an increase from 10% in 2014.²¹

Physical activity

Although nearly 8 in 10 (79%) of Jersey adults responding to the Jersey Opinions and Lifestyle Survey reported being active or fairly active, only half of all adults reported meeting World health Organisation guidelines for physical activity in the 2021 Health and Wellbeing Survey.^{19, 36}

Diet

Nearly all adults (90%) agreed healthy eating was important to them but around two thirds of adults in Jersey (69%) eat fewer than the recommended five portions of fruit and vegetables a day. On average, more women (36%) than men (27%) eat five a day. Diet quality is socially patterned, with 25% of people living in social rented accommodation reporting having eaten no fruit and vegetables in the previous 24 hours compared to 4% of people living in owner-occupied accommodation. 39% of Islanders find it difficult to afford fruit and vegetables and 8% lack the necessary facilities to prepare healthy meals.¹⁹

Obesity

In 2021, roughly half (47%) of all adults self-reported a healthy weight, a third (32%) reported being overweight and 18% reported being obese. These proportions have remained stable for the last 15 years. Men (57%) were more likely to be overweight or obese than women (43%).¹⁹

Social risks for health

Relative income

In 2021/22, after housing costs, 24% of households and 21% of individuals lived in relative (less than 60% of the median) low income. One in four children lived in relative low income (fewer than the UK) and over one in four pensioners were living in relative low income (twice the proportion of the UK).⁴⁴

Employment, Social Security and Work Status

Jersey has very low unemployment. On 21 March 2021 there were 2,020 (3%) Islanders aged 16-64 who were unemployed and looking for work, three quarters of whom were born in Jersey or the UK. Similar numbers (2,030, 3%) were unable to work due to sickness or disability and 780 (1.1%) were unemployed and not looking for work.⁴⁵ As of March 2021, around 7,600 adults and 3,170 children lived in income support households.⁴⁶ In the 2021 census, nearly two thirds of women (63%) aged 16 and over were classified as economically active (working or looking for work), slightly higher than the UK (59%). This rises to 79% of women classified as economically active when looking at those aged 16-64.⁴⁵ Finally, consultation with stakeholders indicated that being 'Registered' and 'Entitled for Work' were key indicators of social risk because of access to housing and entitlement to various state support and services for adults and their dependents. The recent census identified 5,454 (6%) individuals who were 'Entitled for Work' and 4,550 (5%) who were 'Registered'. Registered and Entitled for Work status is strongly linked with place of birth: there were 60 (0%) Jersey-born adults with registered or entitled status, compared to 870 adults born in Poland (32%), 1,980 born in Portugal or Madeira (25%), 1,750 (44%) from other EU countries and 1,640 (33%) from elsewhere in the world.⁴⁰

Appendix 4: Demography and Epidemiology – Children and Young People

Demography

In March 2021 Jersey had 19,577 children and young people aged 0-18, 19% of the population. 9,925 (51%) were male and 9,652 (49%) were female. 16% of children say they care for a family member, and 5% spend more than 5 hours a week caring. 19% of children lacked 5 or more items needed for 'a normal life'. Overall, 6% of children report having black mould on their walls or ceiling: 20% of children lacking 5 or more items report having this issue. 77% describe themselves as having good or very good health and 15% reported a physical or mental disability or long-term illness.

Lifestyle risks

30% of children report eating at least 5 portions of fruit and vegetables a day (this has increased from about 22% in 2013). 84% of children had brushed their teeth twice or more in the previous day. Not brushing teeth twice or more was strongly associated with lacking 5 or more items (57% of children in this category). 24% of year 10 and 12 pupils reported sleeping for 5 hours or less the previous night and low levels of sleep were associated with low self-esteem and lacking essential items. 82% of children did not meet physical activity recommendations in the previous 7 days. 67% of children want to do more physical activity. 53% of children travel to school by car. The percentage of young people who have never smoked is increasing among older children and the number of young people who smoke regularly or occasionally has also been on a downward trend since 2005. Similarly, the proportion of young people that drink alcohol regularly or occasionally has also been falling since 2018, in particular among year 12 pupils. 59% of year 12 young people had been offered cannabis and 29% had been offered other drugs. Around a quarter of year 12 young people report having taken drugs, a similar proportion to 2018 and 2019. 74% of young people report they would say no to sex if they didn't want it and the proportion of those who would 'probably just give in' was higher among those with lower self-esteem. 46% of year 12 young people report being sexually active and there is an upward trend in young people reporting having sex without contraception (22% in 2021 vs 15% in 2018).

In 2019 (most recent data) 22% of reception children were overweight and obese (13% overweight, 8% obese). 30% of year 6 children were overweight or obese (13% overweight, 17% obese). For comparison in England 2018/19, 22.6% reception children were overweight or obese and 34.3% of year 6 children were overweight or obese.

Wellbeing

The latest children and young people's survey found that 29% of year 10 and 12 pupils have thought about self-harm in the last 12 months, while 23% reported having self-harmed over the same time period. Rates were considerably higher among pupils living with higher levels of material deprivation (38%) or whose gender was either not specified or non-binary (54%).

25% of children in years 4-12 had low or medium self-esteem and almost 50% of female pupils in years 10-12 had high level of anxiety, compared to around 25% of boys of the same age. The latest children and young people's survey found that 29% of year 10 and 12 pupils have thought about self-harm in the last 12 months, while 23% reported having self-harmed over the same time period. Rates were considerably higher among pupils living with higher levels of material deprivation (38%) or whose gender was either not specified or non-binary (54%). 21% of young people reported having been bullied in the last 12 months and 35% of female pupils in years 8-12 had experienced inappropriate comments or unwanted attention of a sexual nature. 21% of children reported knowing someone they thought was a victim of child sexual exploitation. 58% of young people in years 8-12 had a strong sense of belonging in Jersey and this varied by ethnicity: the figure was 67% for young people who identified as Jersey and 38% for young people who identified as Madeiran.

Social Risks for Health

Almost a quarter of children (23%) are living in relative low income. In the Children and Young People's Survey, nearly one in five (19%) of children lacked 2-4 items considered 'necessary for a normal life'. The overall percentage of pupils of compulsory school age in Government schools in Jersey that were in receipt of Jersey Premium funding in January 2021 was 27% (2,746 pupils).

Appendix 5: Returns on Investment

Below are tables summarising the Returns on Investment and Cost Benefit Ratios (CBR's) from population health interventions, taken from academic literature, the Faculty of Public Health and commercial reports. A detailed explanation of ROI's and CBR's is beyond the scope of this report. In summary, a return on investment (ROI) of 3 indicates that, for every pound spend, the person investing the money saved three pounds. A cost-benefit ratio (CBR) is more comprehensive and aims to quantify both tangible and intangible ('soft') benefits and costs to all affected groups, not just the entity making the investment.⁴⁷

It is worth noting that, for an island with a population of 100,000, cashable returns on investment are unlikely. ROI's therefore give an indication of the potential cost-effectiveness of interventions, which would plausibly lead to reductions in demand for health and other services, whether provided by Government or civil society.

Table 3: Return on Investment of population health programmes overall, and stratified by level and specialism, from a 2017 Systematic Review²³

	Median ROI	ROI range	Number of ROI studies	Median CBR	CBR range	Number of CBR studies
Overall	14.3	-21.3 to 221	34	8.3	0.7 to 29.4	23
Local level	4.1	0.9 to 19.3	18	10.3	0.9 to 23.6	11
National level	27.2	-21.3 to 221	17	17	1.2 to 167.	10
Specialism						
Health protection	34.2	0.7 to 221	8	41.8	1.1 to 167	10
Legislation	46.5	38 to 55	2	5.8	3 to 8.6	2
Health promotion	2.2	0.7 to 6.2	12	14.4	2 to 29.4	3
Healthcare public health	5.1	1.1 to 19.3	6	None reported	None reported	None reported
Wider determinants	5.6	1.1 to 10.8	6	7.1	0.7 to 23.6	6

CBR = cost-benefit ratio; ROI = return on investment

Table 4: Total returns on investment: economic pay-offs per £1 expenditure, from the Faculty of Public Health *Better Mental Health for All* report²⁴

Type of intervention	NHS	Other public Sector	Non-public sector	Total
Early identification and intervention as soon as mental disorder arises				
Early intervention for depression in diabetes	1.08	1.78	5.03	7.8
Health visitor interventions to reduce postnatal depression	0.4	–	0.4	0.8
Early intervention for depression in diabetes	0.19	0	0.14	0.8
Early intervention for medically unexplained symptoms	1.01	0	0.74	1.75
Early diagnosis and treatment of depression at work	0.51	–	4.52	5.03
Early detection of psychosis	2.62	0.79	6.85	10.27
Screening for alcohol misuse	2.24	0.93	8.57	11.75
Suicide training courses provided to all GPs	0.08	0.05	43.86	43.99
Suicide prevention through bridge safety barriers	1.75	1.31	51.39	54.45
Promotion of mental health and prevention of mental disorder				
Prevention of conduct disorder through social and emotional learning programmes	9.42	17.02	57.29	83.73
School-based interventions to reduce bullying	0	0	14.35	14.35
Workplace health promotion programmes	–	–	9.69	9.69
Addressing social determinants and consequence of mental disorder				
Debt advice services	0.34	0.58	2.36	3.55
Befriending for older adults	0.44	–	–	0.44

Figure 9: Returns on Investment for different approaches from Deloitte’s Mental health and employers: Refreshing the case for investment (January 2020)²⁵

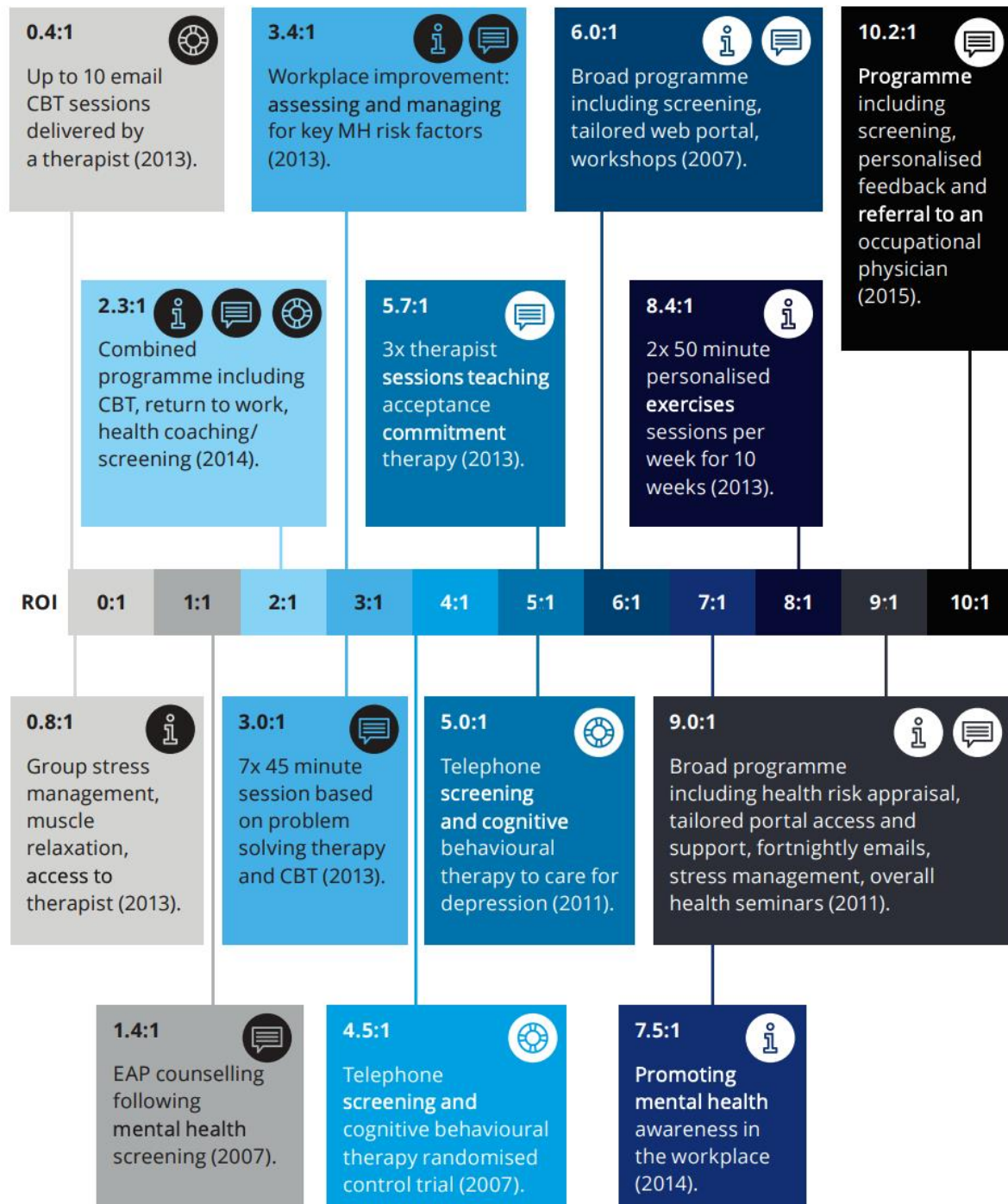


Table 5: Workplace returns on investment by intervention type, from Deloitte's Mental health and employers: Refreshing the case for investment (January 2020)²⁵

Intervention type	Return on Investment	Intervention Examples
Reactive 1:1 mental health support	3:1	Therapy with a licensed mental health practitioner
Proactive mental health support	5:1	Line manager workshops, coaching
Organisation-wide culture/awareness raising	6:1	Tailored web portals, personalised exercise sessions

Appendix 6: Current Public Health team work

Strategic Theme	Work currently underway
Understand	Joint Strategic Needs Assessment
	Routine public health reporting
	COVID Health And Social Recovery – Understanding & Insights Project
	Public Health Indicator Library
	Health protection surveillance (including COVID-19)
Protect	Leading routine health protection partnership working
	Health protection review and implementation
	Immunisation strategy and implementation
	Health protection governance, including COVID-19
	PFAS (per- and polyfluoroalkyl substances) Scientific Advisory Panel
	Supporting Jersey Resilience Forum and emergency planning
Improve	Health in All Policies (HiaP)
	Food and nutrition
	Tobacco/nicotine containing products
	Physical activity
	Health promotion
Work together	Mental health – leading Children’s Health and Wellbeing Outcome Forum, co-chairing Mental Health and Wellbeing Strategic Partnership
	Leading development of Suicide Prevention Strategy
	Leading health and welfare cell for major incident response
	Supporting healthcare: development of Cancer and Dementia strategies; supporting implementation of Oral Health Strategy
	Leading development and implementation of Substance Use strategy

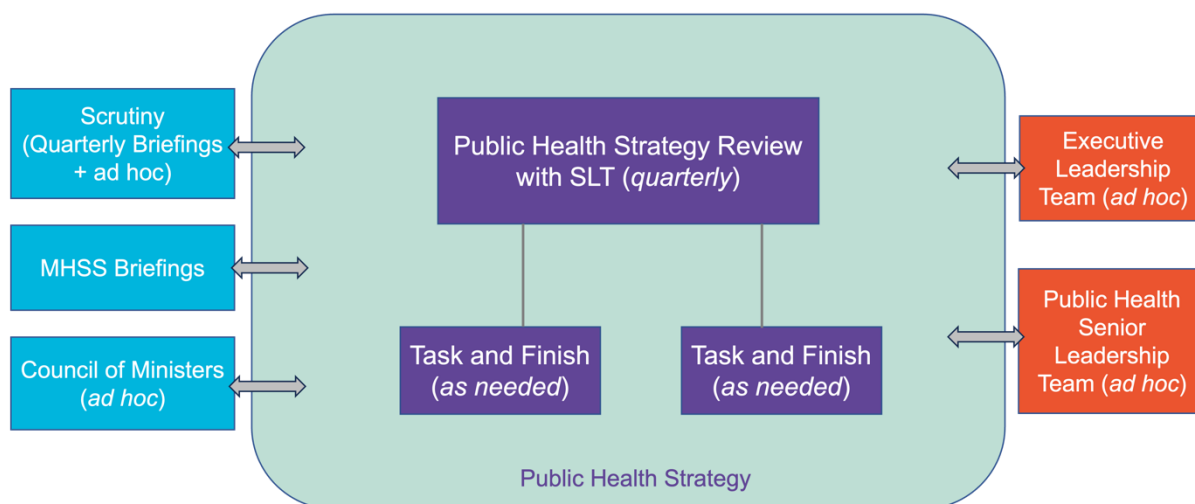
Strategic Theme	Work currently underway
	Partnership working
	Commissioning academy – common approach across Government
Innovate	ORCHA - digital app library
	Scoping sustainable Health Improvement organisation and funding
	Options appraisal for primary prevention through schools
Build	Developing team training and development programme

Appendix 7: Governance

The plans outlined below are subject to change as wider Governance structures within the Public Health Directorate and the Health and Care Services (HCS) department are developed. We propose:

1. Once a quarter, the fortnightly Public Health Senior Leadership Team (PHSLT) will focus on an operational review of progress against the strategy's aims and objectives. This will include review of measures (that are currently being developed) relating to specific aims and objectives.
2. Once a year, the fortnightly Public Health Senior Leadership Team (PHSLT) will focus on a strategic review of progress against the strategy's aims and objectives. This will include review of the population-level indicators outlined in *Measuring Progress*, above. This annual review will take place in March/April to allow strategic priorities to feed into the business planning and Government Plan processes.
3. Task and Finish groups will be constituted as necessary by SLT to deliver specific pieces of work as required.
4. Additional Oversight will be provided on an *ad hoc* basis by the Executive Leadership Team.
5. Political oversight will come through fortnightly briefings with the Minister for Health and Social Services, quarterly briefings with the Health and Social Security Scrutiny Panel (plus additional *ad hoc* briefings as required) as well as *ad hoc* briefings to the Council of Ministers.

Figure 10: Planned Governance Structure



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