



# Minutes

Name of meeting	<b>ISLE OF WIGHT HEALTH AND WELLBEING BOARD</b>
Date and time	<b>THURSDAY, 18 JANUARY 2018 COMMENCING AT 9.30AM</b>
Venue	<b>COUNCIL CHAMBER, COUNTY HALL, NEWPORT, ISLE OF WIGHT</b>
Members of the Board	<p>Cllr Dave Stewart (Chairman) – Leader and Cabinet Member for Strategic Partnerships            Frank Simms – Isle of Wight NHS Trust            Cllr Geoff Brodie - IWALC            Kim Goode – on behalf of the Director of Children’s Services – Isle of Wight Council            Anita Cameron-Smith – Deputy Director of Public Health            Zoryna O’Donnell – Healthwatch Isle of Wight            John Metcalfe – Chief Executive, Isle of Wight Council            Cllr Clare Mosdell – Cabinet Member for Adult Social Care and Public Health            Michele Legg – Chair, Isle of Wight Clinical Commissioning Group            Helen Shields – Chief Officer, Isle of Wight Clinical Commissioning Group            Carol Tozer – Director of Adult Social Services            Cllr Paul Brading – Cabinet Member for Children’s Services            Wendy Perera – Head of Place            Sarah Jackson – Hampshire Constabulary</p>
Officers Present	<p>Marie Bartlett – Democratic Services Officer            Gillian Baker – Clinical Commissioning Group            Bryan Hurley - Public Health Principal            Paul Sly – System Convenor</p>
Observers	Cllr John Nicholson
Apologies	Emma Corina – Chair of the Voluntary Sector Forum

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22. [Minutes](#)

**RESOLVED :**

THAT the Minutes of the meeting held on [19 October 2017](#) be confirmed subject to Paul Sly being including in those attending.

23. **Declarations of Interest**

There were no declarations received at this stage.

24. **Health and Wellbeing Strategy**

a) **Update on Place Based Initiative**

Councillor Brodie advised that he had been asked to lead on the first Island place based initiative as his ward (Newport East) demonstrated the highest level of deprivation on the Island.

A steering group had been set up which included local residents, businesses and organisations. Support from Public Health had been arranged and resources for the steering group would be discussed. A more comprehensive report would be given to the board at its next meeting. Measures and indicators would be used to monitor progress.

An offer of assistance in providing information was given to the initiative which was welcomed by the officers involved.

**RESOLVED:**

THAT a full update on the place based initiative be presented to the next board meeting.

b) **Progress with One Public Estate**

It was noted that a range of partners and parties had met to discuss how the project would progress. The intention was to arrange for core partners to meet and project plan the scheme to move it forward. A lot of work had already been undertaken.

It was highlighted that the One Public Estate would be referred to as One Public Service in the future so as not to confuse it with other schemes.

**RESOLVED:**

THAT the progress be noted

c) **Formal sign off of the Strategy**

The board was advised that the strategy had been drafted with the support and engagement of all partners and articulated the health and wellbeing vision for the island.

There was some discussion around highlighting the board's commitment to the Strategy including a broader community safety strategy support. Priority three was implicit and it was felt that after bullet 3 another bullet point needed to be added for safer communities. The board agreed that the Strategy needed to avoid being too broad and acknowledged all links and areas that it needed to focus on.

The level of work that had been undertaken in producing the strategy was acknowledged and the board asked how the strategy would be used and who had ownership. The Health and Wellbeing Board manager advised that his role would be to oversee the Strategy using a project management approach to ensure actions were taken and progress reported to the board.

**RESOLVED:**

- (i) THAT a bullet point be added to include community Safety
- (ii) THAT reference to the Community Safety Strategy be included on the diagram on page C – 6
- (iii) THAT paragraph 3 on C - 7 under Why is this important be moved under paragraph 3 on page C – 8
- (iv) THAT the Strategy would be reported to the Council's Cabinet in March 2018 for a decision
- (v) THAT all partners would sign off the Strategy at their appropriate boards
- (vi) THAT the actions/outcomes and measures would be reported to the board

**25. Sustainability Transformation Partnership (STP)**

a) [Sustainability Transformation Plan](#)

The board was provided with an update of the progress of the Sustainability Transformation Plan (STP). Strong support from the Local Care Board had been given and it had been acknowledged that this was a large complex area, which had been broken down into five local care systems, north and mid Hampshire, south east Hampshire and Portsmouth, south west Hampshire and Southampton and Isle of Wight.

It was highlighted that for Information technology it was important to link with the Hampshire care and health information exchange to enable health professionals to have access to all patient details.

Concerns were raised regarding the level of engagement with the public and the impact this would have on services on the Island.

**RESOLVED:**

THAT the update be noted

b) [Acute Redesign](#)

The Systems convenor informed the board that the first phase was

almost complete. An in depth workshop had been attended by a number of people which also included patient representatives.

The Clinical Commissioning Group would meet on the 1 February 2018 to discuss the options available. The report would explain the detail behind the recommendations and be published ahead of the meeting. Next steps included production of a detailed business case which would be looked at and agreed by NHS England and a public consultation.

It was noted that the Acute Redesign was an island initiative and it was not run by the STP, it would however use the STP where required.

Transportation was still being highlighted as a big issue during all the meetings and workshops attended. It was explained that NHS England had attended a meeting where the issue had been raised and how the costings were managed was explained. The NHS was unable to fund patient travel.

A meeting had taken place of the Cross Solent Operators group and it was understood that the ferry companies had requested figures of patients travelling.

A joint meeting of the Health and Wellbeing board and the Adult Social Care and Health Policy and Scrutiny Committee was suggested to look at the public consultation process.

RESOLVED:

- (i) THAT the update be noted
- (ii) THAT the Systems Convenor speak with Cllr Brodie regarding the public consultation.

c) [Primary Care Strategy](#)

The Primary Care Strategy had been approved the previous year and an action plan had been developed. There had been a good response to Saturday opening hours which was being piloted at the moment. The Hampshire Health record would be rolled out across the Island which would enable healthcare professionals to see patient test results.

The STP required the CCG to bid across a wider area for e-consultation software which would give patients alternative options than visiting a doctor.

RESOLVED:

THAT the Primary Care Strategy action plan be noted

26. **Isle Help Strategic partnership annual report**

The Isle Help partnership had been extended for a further year and the process for the following year would be discussed with funding being highlighted as an issue.

RESOLVED:

THAT the annual report be noted.

27. **A Mentally Healthy Island, Our Blueprint for Mental Health 2017-2022**

It was noted that there was not enough focus on mental health. There had been a number of reports produced and the team wanted to reflect what was important. Key priorities that had been agreed which were:

- Old persons mental health
- Recovery/reablement
- Clinical pathways

An action plan would be drawn up and presented to the board.

RESOLVED:

THAT the blueprint for mental health 2017-2022 be noted

28. **Better Care Fund**

The Director of Adult Social Care advised the board that the IOW Better Care Fund plan 2017-19 was submitted and assured by October 2017. Targets were on track although the reduction in non-elective admissions was not on track. It was understood by all that as there had been a low base line it would be more of a challenge to achieve the target set.

RESOLVED:

THAT the Better Care Fund be noted

29. **Partner Updates**

It was noted that the Health and Wellbeing Board manager would circulate a guide with the template for partner updates prior to the next meeting.

A copy of the updates could be forwarded to the chairman of the Policy and Scrutiny Committee for Adult Social Care and Health.

a) **IW NHS Trust**

The Chief Executive advised the board that the trust had been extremely busy over the winter period and thanked staff and partners for the support they received. Flu cases had started to show up in the system. Preparation for a Care Quality Commission visit over the next

few weeks was underway and workshops had been run on mental health the previous week.

The board was advised that the flu jab was still available and it wasn't too late to request it. Public health would produce a fact sheet on the flu jab to encourage more people to request it.

b) **Voluntary Sector**

The Age Friendly Island Development Officer outlined the work that had been undertaken and how it linked in with the board. Work with Southern Vectis had achieved a reduction in the number of people falling on buses by 60%. Some larger companies across the island had started to roll out training which had been imbedded the "train a trainer" scheme into their induction programme. Accessible banking was being investigated as this had a huge impact on some of the elderly residents on the Island. An Age Friendly Charter would be produced by the steering group as a key piece of work.

Trading Standards were still working closely to increase the number of organisations signing up to the Isle of Wight Against Scams Partnership Charter.

The chairman referred to the report that had been supplied by the Voluntary Sector and asked people to ensure they had read it.

c) **Adult Social Care**

The Director of Adult Social Care advised that the key piece of work that had been undertaken was the learning disability strategy and actions in 2018. A public consultation on the Strategy would end in January 2018.

The board was asked to note that 22 people had been moved from Fairview house care home at very short notice. A detailed paper had been produced for the Policy and Scrutiny Committee the following week.

d) **Public Health**

The Deputy Director of Public Health advised that they had been working on the Joint Strategic Needs Assessment workshop which had been undertaken and the results from that would be brought forward to the board.

e) **Regeneration**

The Director of Regeneration advised the board that digital conference in November 2017 had been a success. A regeneration workshop to engage with the community had been held.

f) **Place**

The Head of Place advised that work had been undertaken on the introduction of the new Housing Act which allowed the team to work more flexibly following a service review. The impact of homelessness would be subject of a meeting that had been arranged.

Following a motion agreed by full council the previous evening homelessness would be reviewed to include all agencies and take a person approach to enable a service to be available across the Island. A Housing Strategy would be developed looking at the delivery of housing on the Island.

The Infrastructure task force continued to look at sustainable transport starting with a cycling and walking strategy.

The Island Plan was under review and workshops had been set up to undertake the review. The NHS Trust had been invited along to feed into this.

g) **Community Safety**

The Partnership had a clear plan which is under review at a workshop this month and a recent reducing reoffending conferencing had been attend. A lot of work around violent crime had been done particularly regarding links with substance misuse. The board was also reassured that a high amount of work had been undertaken around internet security for young people.

h) **Children's Services**

The approach to referrals had been looked at and there was no longer a referral and assessment team in children's social care. A children's assessment and safeguarding team had been set up which streamlined the process for children and families. An OFSTED inspection was expected post March 2018. Challenges for Children's services were around the number of looked after children and those who require care outside of parental care and the pressure of placements being an Island.

An initiative around resilience and supporting families working with children on the edge of the care system using the NSPCC framework and getting children back with their families was highlighted.

i) **CCG**

Funding had been received for the winter plan and the CCG had facilitated the discussions around that. A review of the emergency care resilience response the CCG had been rated partially compliant mainly due to ongoing training. Regarding mainland placements it was intended to ask the mainland CCG's to manage the services as they had the experience and expertise in that area.

Future partnership arrangements with both the Isle of Wight council and what can be done with mainland CCG's was being explored. A decision on the acute service redesign would be made. A governance review would be undertaken. The mental health transformation was huge and the blueprint was only the start.

The board noted that Helen Shields would shortly be leaving her post and thanked her for the work she had done.

CHAIRMAN