



# Minutes

Name of meeting	<b>HEALTH AND WELLBEING BOARD</b>
Date and Time	<b>THURSDAY 26 JANUARY 2023 COMMENCING AT 9.30 AM</b>
Venue	<b>COUNCIL CHAMBER, COUNTY HALL, NEWPORT, ISLE OF WIGHT</b>
Present	Cllrs L Peacey-Wilcox (Chairman), D Andre, Brothers, S Bryant, D Cattell, E Corina, L Gaudion, G Kennett, K Lucioni and W Perera
Also Present	Jamie Brenchley, Ros Hartley, Johanna Jefferies and Sarah Philipsborn
Also Present (Virtual)	Michele Legg
Apologies	Cllr K Love

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## 20. **Apologies and Changes in Membership ( if any )**

Apologies from Karl Love and Shirley Smart.

Emily Brothers to substitute for Shirley Smart.

Super Intendent Rob Mitchell to replace Jim Pegler as the Board Member representing the Hampshire and Isle of Wight Police.

Maria Bunce to replace Rachel McKernan as Board Member representing Age UK Isle of Wight.

## 21. **Minutes**

RESOLVED:

THAT the minutes of the meeting held on 9 November 2022 be approved.

## 22. **Declarations of Interest**

Cllr Karen Lucioni declared she was a Personal Assistant (PA) on the PA Notice Board.

**23. Chairman's Announcements**

An update was given on the progress of the Mental Wellbeing Plan and the Substance Misuse Partnership Board.

The Chairman stated that the multi-agency Mental Health and Suicide Prevention Partnership had signed off the Isle of Wight's Mental Wellbeing Plan, which set out how improvements could be made to individual and others', mental wellbeing across the Island, over the next 5 years.

The plan focused on the actions required to support people before they needed services or reached crisis point. It identified priorities to drive forward significant improvements in the mental wellbeing of Islanders and to prevent death by suicide, through a commitment to build community resilience, to reduce stigma and discrimination, and to work in partnership to prevent and support people impacted by suicide.

The Chairman explained that in December 2021 the Government had launched its 10-year drug strategy, 'From Harm to Hope' with a clear vision to reduce drug and alcohol related harm. Public Health was working with partners to implement this strategy and to reduce harm for Island residents through the development of a local delivery plan, supported by a substance misuse needs assessment. This was to be overseen by the multi-agency Island Strategic Drug and Alcohol Partnership, which was to be chaired by Simon Bryant, who was also the Senior Officer responsible for this local implementation.

**24. Public Question Time - 15 Minutes Maximum**

None received

**25. The Better Care Fund**

The Better Care Fund Discharge Fund Determination Report relating to the distributing of funds to Adult Social Care, was presented to the Board and the Board was asked to vote on delegated authority be given to the Managing Director of the Isle of Wight Integrated Care Board and the Director of Adult Social Care and Housing, to meet the mandatory deadline for applying for the funding.

It was explained to the Board that the money had been given quickly by Government, but it was only available for a short space of time, and therefore, it was important to act quickly, to be allocated the funds. It was deemed correct for the Board to take this to a vote according to Paragraph 26 (b) of the Report

RESOLVED:

THAT the Better Care Fund be approved by vote.

THAT Delegated authority be given to the Managing Director of the Isle of Wight Integrated Care Board and The Director of Adult Social Care and Housing regarding this matter.

## **26. The Integrated Care Plan**

The Integrated Care Plan was reported to the Board by the Director of Partnership for the Integrated Care System (ICS), and it was explained that it was an interim plan with the scope to build on, and that flexibility existed to adapt and change where necessary.

It was an overarching strategy across the Isle of Wight and Hampshire designed to better coordinate care across the whole area.

The Integrated Care Plan looked at the development of a strategy in context with the population, and the issues that affected health and wellbeing.

The joint strategy was designed to better coordinate resources and people, and to be able to take into account context and the power of scale. The aim was to have priorities that focused on making a difference in improving the health and wellbeing of the local population.

The five main priorities of the strategy were outlined in being, Children and Young People, Mental Wellbeing, Good Health and Proactive Care, the Workforce and Digital Solutions.

The delivery of the strategy focused on how to add value across the objectives in service delivery in local places. The work that was being done as the 'umbrella' integrated care system across the four areas, supported the work that was being done locally in Hampshire, the Isle of Wight, Portsmouth and Southampton and made best use of combined resources.

RESOLVED:

THAT the (Interim) Integrated Care Plan be supported.

## **27. Strategy Priorities 2023 of the HWB**

### **27a Health Inequalities**

The Director of Public Health introduced the Health Inequalities report as being part of the major priorities of the Health and Wellbeing Board.

The Associate Director of Public Health presented the paper on the Drivers of Health Inequalities on the Isle of Wight, where it was fundamental to understand that it was necessary to consider the bigger picture to appreciate the range of factors which influenced health and wellbeing, and the differences observed between different groups.

It was explained to the board that the circumstances in which individuals were born, grow, live and work have the strongest influence and biggest impact on health. These were factors outside the control of individuals where actions needed to be taken to achieve the biggest changes in improving health. These factors were referred to as the building blocks of health, on which the Board could formulate policies, actions and community engagement.

The report looked at both the assets and challenges of the Island.

Housing and employment opportunities, food insecurities and lower educational attainment were highlighted among the challenges that faced the Island.

It was noted that the Isle of Wight population had a higher prevalence of a wide range of long-term conditions including heart disease and cancer, compared to local neighbouring mainland areas. There was also a greater number of children with special educational needs and disabilities than the UK average.

Four local geographic areas were identified as having significant health inequalities and were used as case studies to explore the factors contributing to poor health outcomes. These areas were Freshwater South, Freshwater North and Yarmouth; Parkhurst, Hunnyhill, Pan and Barton; Ryde Central Wards and the Bay Area.

The population of the Freshwater wards was identified as having an acutely older population with a level of a limiting long-term illness or disability that was higher than England and the rest of the Isle of Wight.

The Parkhurst and Hunnyhill, Pan and Barton had a younger middle-aged population but suffered more marked deprivation with disability, hospital admissions and early deaths being higher than the national average.

70% of households were regarded as being deprived in one or more of the four dimensions of education, health, housing and unemployment.

The Ryde ward had a larger proportion of primary school aged children with Ryde South East ward having a much younger and more deprived population than the rest of Ryde. The population of the Ryde wards had a significantly worse premature mortality for all causes of death especially cancer, circulatory diseases and conditions seen as preventable, and the data showed higher rates of self-harm and alcohol abuse. The findings suggested that ill health in this area was not driven by an aging population but by preventable conditions, that was shaped by social factors. Poor quality housing, overcrowding, low income and unemployment were also deemed influencing factors with groups experiencing physical and mental health issues in the area.

The Bay showed higher levels of deprivation for older people and children than the Isle of Wight average. Disability, hospital admissions and early deaths were also all higher.

RESOLVED:

THAT the report on the drivers of Health inequalities be noted and further discussed between partners to take action.

## 27b     **Housing and its Relationship with Health**

The Service Manager for Housing Needs and Homelessness presented a report detailing the links between health and housing. This explained the impact of housing on health and demonstrated how housing impacted on the life course of individuals.

The report showed how housing impacted health through three established pathways: quality, security and affordability. Underlying all three were fundamental challenges that related to the shortage of good quality and affordable housing.

Suitable housing that was safe and warm was deemed as being one of the foundations of personal wellbeing whether in childhood or old age.

The Report stated that one in five dwellings did not meet decent standards in England. Insecurity was highlighted as having a significant impact on security with 26% of private renters having lived for less than a year in their home, compared to fewer than 8% of social renters and 2% of owner-occupiers. The link between frequent residential moves and poorer health and mental health was explored.

Housing affordability was deemed as an important factor affecting health both directly and indirectly. Affordability problems were described as having increased in both the private and social rented sectors.

RESOLVED:

THAT the report on the links between housing and health be noted and the subject be further discussed.

## 28.     **Members' Question Time**

None received

CHAIRMAN