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Monitoring Officer
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Agenda

Name of meeting	**HEALTH AND WELLBEING BOARD**
Date	**THURSDAY 26 JANUARY 2023**
Time	**9.30 AM**
Venue	**COUNCIL CHAMBER, COUNTY HALL, NEWPORT, ISLE OF WIGHT**

Participants
Councillor Lora Peacey-Wilcox (Chairman)
Michele Legg, IW CCG (Vice-Chairman)
Councillor Debbie Andre
Norman Arnold, IW Economic Development Board
Emily Brothers, IWALC
Simon Bryant, Isle of Wight Council
Maria Bunce, Age UK IW
Darren Cattell, IW NHS Trust
Emma Corina, IW Voluntary Sector Forum
Steve Crocker, Isle of Wight Council
Michaela Dyer, IW CCG
Laura Gaudion, Isle of Wight Council
Gill Kennett, Healthwatch
Councillor Karl Love
Councillor Karen Lucioni
Terry Norton, Police and Crime Commissioner for Hampshire & Isle of Wight
Jim Pegler, Hampshire Constabulary
Wendy Perera, Isle of Wight Council
Colin Rowland, Isle of Wight Council

Democratic Services Officer: Sarah Philipsborn democratic.services@iow.gov.uk

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Details of this and other Council committee meetings can be viewed on the Isle of Wight Council's Committee website. This information may be available in alternative formats on request. Please note the meeting will be audio recorded and the recording will be placed on the website (except any part of the meeting from which the press and public are excluded). Young people are welcome to attend Council meetings however parents/carers should be aware that the public gallery is not a supervised area.

1. **Apologies and Changes in Membership (if any)**

To note any changes in membership of the Committee, made in accordance with Part 4B, Paragraph 5 of the Constitution.

2. **Minutes** (Pages 5 - 8)

To confirm as a true record the Minutes of the meeting held on 9 November 2022.

3. **Declarations of Interest**

To invite Members to declare any interest they might have in the matters on the agenda.

4. **Chairman's Announcements**

The Chairman to give a verbal update to the Board.

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

Questions may be asked without notice but to guarantee a full reply at the meeting, a question must be put including the name and address of the questioner by delivery in writing or by electronic mail to Democratic Services at democratic.services@iow.gov.uk, no later than two clear working days before the start of the meeting. Therefore the deadline for written questions will be Monday 23 January 2023.

6. **The Better Care Fund** (Pages 9 - 24)

To receive an update paper from the Better Care Fund for signing off, regarding the additional funds provided by Government for aiding Adult Social Care with discharge needs.

7. **The Intergrated Care Plan** (Pages 25 - 54)

To bring to the Board the Integrated Care Strategy to endorce .

8. **Strategy Priorities 2023 of the HWB**

(a) Health Inequalities (Pages 55 - 98)

To receive and discuss a paper on the Drivers of Health Inequalities on the Isle of Wight.

(b) Housing and its Relationship with Health (Pages 99 - 112)

To receive a Power Point on the relationship between Housing and Health.

9. **Members' Question Time**

To guarantee a reply to a question, a question must be submitted in writing or by electronic mail to democratic.services@iow.gov.uk no later than 09:30am on Tuesday, 24 January 2023. A question may be asked at the meeting without prior notice but in these circumstances, there is no guarantee that a full reply will be given at the meeting.

CHRISTOPHER POTTER
Monitoring Officer
Wednesday, 18 January 2023

Interests

If there is a matter on this agenda which may relate to an interest you or your partner or spouse has or one you have disclosed in your register of interests, you must declare your interest before the matter is discussed or when your interest becomes apparent. If the matter relates to an interest in your register of pecuniary interests then you must take no part in its consideration and you must leave the room for that item. Should you wish to participate as a member of the public to express your views where public speaking is allowed under the Council's normal procedures, then you will need to seek a dispensation to do so. Dispensations are considered by the Monitoring Officer following the submission of a written request. Dispensations may take up to 2 weeks to be granted.

Members are reminded that it is a requirement of the Code of Conduct that they should also keep their written Register of Interests up to date. Any changes to the interests recorded on that form should be made as soon as reasonably practicable, and within 28 days of the change. A change would be necessary if, for example, your employment changes, you move house or acquire any new property or land.

If you require more guidance on the Code of Conduct or are unsure whether you need to record an interest on the written register you should take advice from the Monitoring Officer – Christopher Potter on (01983) 821000, email christopher.potter@iow.gov.uk, or Deputy Monitoring Officer - Justin Thorne on (01983) 821000, email justin.thorne@iow.gov.uk.

Notice of recording

Please note that all meetings that are open to the public and press may be filmed or recorded and/or commented on online by the council or any member of the public or press. However, this activity must not disrupt the meeting, and if it does you will be asked to stop and possibly to leave the meeting. This meeting may also be filmed for live and subsequent broadcast (except any part of the meeting from which the press and public are excluded).

If you wish to record, film or photograph the council meeting or if you believe that being filmed or recorded would pose a risk to the safety of you or others then please speak with the democratic services officer prior to that start of the meeting. Their contact details are on the agenda papers.

If the press and public are excluded for part of a meeting because confidential or exempt information is likely to be disclosed, there is no right to record that part of the meeting. All recording and filming equipment must be removed from the meeting room when the public and press are excluded.

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Minutes

Name of meeting	**HEALTH AND WELLBEING BOARD**
Date and Time	**WEDNESDAY 9 NOVEMBER 2022 COMMENCING AT 10.00 AM**
Venue	**COUNCIL CHAMBER, COUNTY HALL, NEWPORT, ISLE OF WIGHT**
Present	Cllr L Peacey-Wilcox (Chairman), Cllr D Andre, S Bryant, M Dyer, G Kennett, and W Perera
Also Present	Emily Brothers, Mike Bulpitt, Sue Cochrane, Amanda Gregory, Mark Howe, Ian Lloyd, Sarah Philipsborn, J Steward and Fran White
Also Present (Virtual)	Derek Benson, Caroline Morison and Steve Crocker
Apologies	D Cattell, E Corina, L Guadion, M Legg, and T Norton

8. **Apologies and Changes in Membership (If Any)**

Apologies were received from Michele Legg, Darren Cattell, Terry Norton, Laura Gaudion, Shirley Smart and Emma Corina. Emily Brothers to substitute for Shirley Smart and Mike Bulpitt to substitute for Emma Corina.

9. **Minutes**

RESOLVED:

THAT the minutes of the meeting held on 28 July 2022 be approved.

10. **Declarations of Interest**

None received

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

No public questions were received

12. **Chairman's Update**

The Chairman informed the Board, that following the Health and Wellbeing Strategy and the Health and Care Plan having been signed off at the last Health and Wellbeing Board meeting in July, a joint launch was being planned.

13. **Pharmaceutical Needs Assessment (PNA)**

The Director of Public Health presented the Pharmaceutical Needs Assessment. This did not identify any gaps in service provision in line with the regulation.

The report highlighted need in relation to pharmaceutical services.

RESOLVED:

THAT the contents of the report be signed off.

14. **Better Care Fund 2022/23**

The Strategic Manager Partnerships and Support Services for Adult Services presented the Better Care Fund Update.

It was stated that the Better Care Fund programme supports local systems to deliver the integration of health and social care, in a manner that supports person centred care, and supports and better outcomes for people and carers.

The BCF planning timetable was explained to the Board, and that this was not in sync with the Health and Wellbeing Board, which meant the Chair had signed off in the timeline.

Discussion took place on how well the Better Care Fund was working and coordinating the wider health and care issues within the community

The Strategic Manager Partnerships and Support Services stated that it was an on-going piece of work that was determined by statutory guidelines and the Board members need to give thought about how they address the challenges.

RESOLVED:

THAT the Better Care Fund Update be approved.

15. **The Isle of Wight Safeguarding Children Partnership IOWSCP**

The Independent Chair of the Isle of Wight Safeguarding Children Partnership presented the IOWSCP Annual Report 2021/22 for signing off.

It was highlighted by the Director of Children’s Services that it was the statutory responsibility for all partners to fulfil their safeguarding obligations.

The Report constituted a detailed account of the commitment to safeguarding children throughout the partnership and the challenges faced, particularly, as the year was still being shaped by the consequences of the pandemic.

The Report described the on-going actions concerning the safeguarding of children, and the business plan priorities for 2021/22. It also explored Learning and Improvement, as well as the Business Plan Priorities for 2022/23.

The Independent Chair was thanked for all his hard work at the IWSCP, given his forth coming retirement.

RESOLVED:

THAT the IOWSCP Yearly Report be noted

16. **Mental Health Update**

The Associate Director of Community Mental Health and Learning Disabilities Isle of Wight NHS Trust and the Consultant in Public Health gave an update to the Board, as a priority of the Health and Wellbeing Board

It was explained that it was of great importance that the mental wellbeing and suicide prevention programme continued to be progressed the Island, and that there were strong partnership networks to coordinate the work. There was a focus on training and upskilling to further improve the programme and support for those who need to access the services. There was also investment in a strategy to help those bereaved by suicide.

It was explained that the NHS had attracted additional funding to help the 16–25 age range and that there were Mental Health Skilled Trainers (MHSTs) in 26 schools on the Island.

CAMHS was being expanded to include extra funding for eating disorder care and closer to home services.

There was the hope to replicate good practice in Southampton with rapid response vehicles which dealt with mental health in a similar way to paramedics dealing with physical health There was an early indication that funding would be available for this service which would be a 24/7 service.

It was highlighted that the dementia strategy was being drafted at present, which was looking to a more nurse led service to deal with the backlog accrued through the pandemic.

Questions were raised about the need to do more work on the GP referral pathway and the need for a strategy on how this could be achieved.

RESOLVED:

THAT the update be noted

17. **The Integrated Care Strategy**

The Chief Strategy and Transformation Officer presented an update on the interim Integrated Care Strategy.

It was explained that this was an ongoing development of an integrated care system and thought need to be focused on how the development was being undertaken. It concerned the breadth of thinking that focused on population needs and engagement of all stakeholders. This was part of an ongoing process and was helped by the fact that it was not starting from scratch.

It was acknowledged that it was challenging, but the important thing was to build on what was happening, not duplicating what was already in existence.
The five suggested themes for Hampshire and the Isle of Wight were identified as being, Children and Young People, Mental Wellbeing, Prevention of Ill Health and Promotion of Healthy Lifestyles, Our people (workforce) and Digital and Data. It was explained that these 5 themes were grounded in national and international policy.

Development strategy discussions had also identified 11 potential areas of focus to build upon.

RESOLVED:

THAT the Interim Integrated Care Strategy be noted.

18. **Members' Question Time**

No members questions were received

19. **Health and Wellbeing Forward Plan**

A verbal update was given by the Director of Public Health on upcoming items.

CHAIRMAN

Committee: **HEALTH AND WELLBEING BOARD**

Date: **26 JANUARY 2023**

Title: **BETTER CARE FUND UPDATE Q4 2022/23 - (ADULT SOCIAL CARE DISCHARGE FUND DETERMINATION (2022-2023) No 31/635)**

Report of: **Ian Lloyd, Strategic Manager Partnerships and Support Services**

Cheryl Harding-Trestrail, Associate Director of Commissioning – Urgent and Emergency Care and Community Services, Hampshire and Isle of Wight Integrated Care Board – Isle of Wight

Eleanor Roddick, Associate Director Health Improvement Partnerships and Place, Hampshire and Isle of Wight Integrated Care Board – Isle of Wight

Sponsors: **Laura Gaudion, Director Adult Social Care and Housing Needs**

Michaela Dyer, Hampshire and Isle of Wight Integrated Care Board – Isle of Wight

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Executive summary

1. This paper summaries the update position on expectations following the issue of the Department of Health and Social Care (DHSC), '*Our Plan for Patients*' (September 2022) with regards to the allocation for the Isle of Wight from the DHSC £500 million Adult Social Care Discharge Fund.

2. It was instructed by NHS England, on 18 November 2022, that the allocations are to be incorporated into the Better Care Fund (BCF) with the requirement that proposed plans are jointly approved by the Health and Wellbeing Board (HWB), as well as being formally included within the local s75 agreement as the financial and contractual vehicle between the ICB and Local Authority and supports the development of an integrated health and care partnership.

    a) £200 million would be distributed to local authorities (LAs), based on the adult social care relative needs formula (RNF). For the Isle of Wight, the allocation is £638,679.

    b) £300 million would be distributed to integrated care boards (ICBs). For Hampshire and the Isle of Wight, the allocation is £12,449,000, of which the Isle of Wight sub-allocation is £1,299,132.

3. The HWB is asked to note and ratify the proposals as outlined in the Decisions, Recommendations, and any Options section below. These proposals (contained within Appendix 1) were submitted via delegated authority provided to the Director of Adult Social Care and the Interim Managing Director for the IW ICB, as shared with the Chair of the HWB. Once approved centrally, these will be incorporated into the local s.75

agreement.

Background

4. On 22 September 2022, the DHSC published '*Our Plan for Patients'* which set out a range of measures to help the NHS and social care perform at their best for patients. Particular focus was afforded to delays in accessing care across health and social care – many of which were identified as occurring at the points in the system where people move from one care setting to another such as from hospital to recover at home or in a care home.

5. As part of a range of directives and measures, the DHSC announced that a £500 million national fund would be put in place to support discharge from hospital into the community and bolster the social care workforce, freeing up beds for patients who need them.

6. On 18 November, the Minister for Care outlined the allocations details for the £500 million fund, referred to as the Adult Social Care Discharge Fund Determination (2022-2023) No 31/6357, as follows:

    a) £200 million would be distributed to LAs, based on the adult social care relative needs formula (RNF). For the Isle of Wight, the allocation is £638,679.

    b) £300 million would be distributed to ICBs. For Hampshire and the Isle of Wight, the allocation is £12,449,000, of which the Isle of Wight sub-allocation is £1,299,132.

7. The funding would be available for use up until 31 March 2023 and will be provided in two tranches – the first (40%) in December 2022, and the second (60%) by the end of January 2023 for areas that had met the stipulated conditions

8. It has been confirmed that the allocations are to be incorporated into the BCF with the requirement that proposed plans are jointly approved by the HWB, as well as being formally included within the s75 agreement.

9. The timeline for completion of the proposed plans, including the allocation by the ICB to the local HWB footprint is the 16 December 2022, with the first mandated monitoring report to be submitted by the 6 January 2023.

10. In acknowledgement that, for many areas, HWB will not be convening prior to this deadline, the national BCF team have advised that plans should be:

    a) agreed at senior official level in ICBs and LAs

    b) the HWB to be informed and have the opportunity to challenge the discharge plan. Due to the tight timescales, this does not need to happen before 16 December.

    c) whilst there is not a confirmatory requirement, the regional Better Care Fund

Manager must be made aware of any subsequent challenge raised by the HWB.

11. This paper provides notification to the HWB about the national Adult Social Care Discharge Fund Determination (2022-2023) No 31/6357 and its proposed incorporation into the local s.75 agreement.

Purpose of the grant

12. The overarching intended use of the grant would be to enable the local system to address current system pressures with a focus on the following areas:

    a) enabling more people to be discharged to an appropriate setting, including from mental health inpatient settings, with adequate and timely social care support as required

    b) prioritising those approaches that are most effective in freeing up the maximum number of hospital beds and reducing bed days lost within the funding available, including from mental health inpatient settings. Discharge to Assess (D2A) and provision of homecare is recognised as an effective option for discharging more people in a safe and timely manner. Residential care to meet complex health and care needs may be more appropriate for people who have been waiting to be discharged for a long time

    c) boosting general adult social care workforce capacity through recruitment and retention activity, where that will help to reduce delayed discharges from hospital. This could include, but is not limited to, measures which: increase hours worked by existing workforce; improve retention of existing workforce; provide additional or redeployed capacity from current care workers; or support local recruitment initiatives. LAs will need to satisfy themselves that steps they take to boost workforce capacity align with their functions under the Care Act 2014, and each local authority will need to take into account any legal, employment law, equality, or tax considerations that may arise.

13. Local interpretation and scheme development is currently underway and will be guided by the existing BCF Plan, Health and Care Plan, as well as Winter Resilience Plans. The System Resilience Board will also input to help address current critical issues that require immediate support from a tactical level over the next four months to help prioritise patient safety and flow.

Conditions of the grant

14. This funding is provided by the department on the condition that every local authority:

    a) pools this funding into the local Better Care Fund (BCF) with plans for health and social care spend (including mental health) agreed by the LAs and ICB chief executives, and signed off by the HWB under national condition 1 of the BCF

    b) works with their ICB to provide a planned spending report by 4 weeks after details of the fund are published (by 16 December 2022), confirming planned use of this grant against their BCF plan, and that the use of the funding has been agreed by the local authority and the ICB. (*Note: the completion is mandatory for*

receipt of the second tranche of funding. A copy of the discharge funding submission is attached as Appendix 1.)

c) demonstrates how they have used the funding provided in this grant via fortnightly activity reports and a final spending report provided to the department alongside the wider end of year BCF reports, as set out in the 'reporting requirements' section below

d) works with their ICB and hospital trusts in their local area to improve all existing NHSE discharge data collections including related Situation Reporting Data and discharge data submitted as part of the Commissioning Data Set, specifically on the date that a person is ready for discharge. From 2023, this data will be used as a basis for a metric linked to delayed discharge in the BCF

e) ensures that as a minimum social care providers must keep the required Capacity Tracker data updated in line with the Adult Social Care Provider Provisions statutory guidance

f) does not use this funding to compensate for expenditure already incurred, activities for which the local authority has already earmarked or allocated expenditure, or to fund inflationary pressures

g) does not use this funding for activities which do not support the primary purpose of this grant

h) engages with a progress review across all areas in January 2023.

15. Once the ICB allocation has been determined and incorporated into the Isle of Wight's combined envelope, the above conditions will be applicable to the allocation in its entirety.

Governance

16. Governance for this funding will follow the existing BCF governance structure including engagement with the regional and national BCF team.

17. Where there are persistent challenges or non-compliance with the funding conditions outlined above, or if funds are not being spent in accordance with the agreed plan, NHS England and the department, in collaboration with the National Discharge Taskforce, will follow up with local areas to challenge the planning approach and provide additional scrutiny of spending. Local areas are expected to engage fully with this process where necessary.

18. In the event that there has been a failure to comply with any of the stipulated conditions of the grant, or if any overpayment is made under this grant, or any amount is paid in error, the Secretary of State may reduce, suspend or withhold grant payments or require the repayment of the whole or any part of the grant monies paid, as may be determined by the Secretary of State and notified in writing to the local authority.

19. Such sum as has been notified will immediately become repayable to the Secretary of State who may set off the sum against any future amount due to the local authority from central government.

20. NHS England and DHSC will monitor continued compliance against the funding conditions set out above, through interactions with local areas and scrutiny of the spending reports and the discharge related metrics. Local authorities will thus be required to work with their ICB to provide the following:

    a) a report detailing how the local authority plans to spend the allocation as per the Conditions of the grant noted above.

    b) fortnightly activity reports as per the Conditions of the grant noted above.

    c) a final spending report provided to the department alongside the wider end of year BCF reports, by 2 May 2023.

Strategic Alignment

21. The Adult Social Care Discharge Fund Determination (2022-2023) No 31/6357 will be developed in alignment with a number of strategic plans including the:

    a) Better Care Fund 2022/23

    b) IOW Health and Wellbeing Strategy – in particular the BCF aligns with the Living Well and Ageing Well domains.

    c) IOW Health and Care Plan – the BCF aligns with the focus on prevention, integration and care close to home

    d) ASC Care Close to Home Strategy (CCtH)

    e) HIOW Partnership of ICBs Delivery Plan

    f) System Winter Resilience Plan

    g) Island Independent Living Strategy

    h) Local Authority High Impact Change Model

Financial Impact

22. The total value of the Isle of Wight's allocation of the Adult Social Care Discharge Fund Determination (2022-2023) No 31/6357 is £1,937,811. This consists of £1,299,132 that has been allocated as part of the Isle of Wight ICB funding, and the remaining value in respect of the ASC element (based on the adult social care relative needs formula (RNF)) being £638,679, that the Isle of Wight Council receives.

23. From the total allocation, services will be agreed in line with the Grant guidance and

funding transferred to either the ICB or council based on who commissions the service.

24. The Section 75 Agreement will be developed and executed in respect of the previously determined BCF 2022/23 allocations. The additional funds associated with the grant will be incorporated into the existing agreement by a formal variation which will set out the arrangements for financial risk sharing between the ICB and the Council should the aligned budget over/underspend. The current provisions of the S75 agreement provide that each organisation is responsible for the over/underspend relating to its own functions; therefore, the variation will not increase the financial risk to either organisation.

Risk

25. There is significant risk to both the Council, the ICB, and the wider system if the Adult Social Care Discharge Fund Determination (2022-2023) No 31/6357 Plan is not agreed and subsequently approved by regulators by the nationally mandated deadline of 16 December 2022:

No.	Risk	Risk	Mitigation	Mitigated Risk
1	Should the system not agree and fail to submit its plan by the indicated deadline, the system will not receive additional funding. The system is already experiencing heightened capacity and resilience pressures, to lose out on the opportunity to fund additional measures may place patient safety at risk.	R	• HWB agree to receive an interim position update with approval for delegated authority to submit on behalf of the HWB. • HWB agree to receive a copy of the submitted plan for opportunity to feedback at the January 2023 HWB meeting, prior to execution of the s75 by the 31 January 2023. • Existing BCF governance utilized with senior officers of both the LA and ICB commencing development of the local plans for implementation in preparation of the 16 December 2023 deadline, which has been met. General discussion of the requirements and planning process have also been tabled at the IW system Joint Strategic Partnership Board of the 30 November 2022.	G
2	Failure to submit presents a significant reputational risk to the ICB, LA, HWB and wider system and will likely	A		G

	result in external scrutiny from National regulators and further scrutiny.			
3	Winter pressures money are to be paid to local government via a section 31 grant, to be used to alleviate pressures on the NHS over winter and to ensure it is pooled in to the BCF. However, these funds are limited with no further resources currently available to the system to support winter resilience. Risk of inability to address systems pressures without additional investment.	A	• Completion of the mandatory requirements of this Grant would enable additional funding to address Winter demand and capacity pressures. • The HIOW Health and Care system is experiencing significant winter pressures which may still go beyond the scope of the additional investment	A
4	In the event that there has been a failure to comply with any of the stipulated conditions of the grant, or if any overpayment is made under this grant, or any amount is paid in error, the Secretary of State may reduce, suspend or withhold grant payments or require the repayment of the		• Existing BCF governance structure in place to monitor implementation of the additional Grant allocation, including senior finance leads from both the LA and ICB, enabling local oversight. • Close working relationship with regional Better Care Fund Manager enables early stage 'troubleshooting' to mitigate any issues as they arise. • National guidance requirements communicated to senior officers to enable decision making and submission in line with stipulated dates.	G

	whole or any part of the grant monies paid, as may be determined by the Secretary of State and notified in writing to the local authority. Such sum as has been notified will immediately become repayable to the Secretary of State who may set off the sum against any future amount due to the local authority from central government.			
5	National allocation to ICB has been determined for Hampshire and the Isle of Wight as £12,449,000. However, there is no mandated requirement of distribution to all places within the ICB; weighted population is suggested but not required. ICB leads could decide to allocate to other places deemed to have a greater need than the IW which may lead to a reduced, or even nil, allocation to the IW place.	A	• Senior officer from the IW place within the ICB, including the Managing Director, have been engaged with the discussions pertaining to the ICB place allocation. • A stocktake of extant measures and capacity levels has been undertaken to evidence need to additional support. • Draft proposals for the NHS element of the allocation have been developed to aid conversations. • The ICB decision regarding the proportion of the £12.4 mil allocation will not affect the ASC element. • ICB allocation provided to IW	G
6	Failure to submit the BCF ASC	A	• Existing BCF Structure in place to monitor the receipt and review of	G

	Discharge Funding monitoring against plan by 30 December could result in the non-payment / delay to the receipt of the second tranche of the funding in January.		the metrics and submission of report by 30 December 2022. • Metrics gathering and monitoring by the System Resilience Board (in line with Winter Plan execution).	

Decisions, recommendations and any options

26. The HWB is asked to note the proposals and:

a) RATIFY that the recommendation for the development of the Adult Social Care Discharge Fund Determination (2022-2023) No 31/6357 Plan are approved in line with national and local requirements.

b) RATIFY the HWB Chairs decision to delegate authority to the Managing Director for the Hampshire and Isle of Wight Integrated Care Board (Isle of Wight place) and Director Adult Social Care and Housing Needs, to meet the nationally mandated deadlines to sign-off the final plan for the Isle of Wight on behalf of the Isle of Wight Health and Well-Being Board.

c) RATIFY the final Plan presented to the HWB at the meeting of the 26 January 2023, with the opportunity to provide comment and direction on further measures.

d) APPROVE the variation of the funds into the BCF 2022/23 s75 which is due for completion by the national deadline of 31 January 2023.

Appendices

1. Discharge funding final submission for IW

MICHAELA DYER

Interim Managing Director, Hampshire and Isle of Wight ICB - IW

LAURA GAUDION

Director - Adult Social Care and Housing Needs, Isle of Wight Council

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Discharge fund 2022-23 Funding Template

2. Cover

HM Government

NHS

Version 1.0.0

Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.

- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".

- This template has been produced for areas to confirm how the additional funding to support discharge from hospital and bolster the social care workforce will be spent in each area. The government has also produced guidance on the conditions attached tothis funding, that you should ensure has been followed.

- This template collects detailed data on how the funding allocated to each area will be spent. The portion of the funding that is allocated via Integrated Care Boards (ICBs) does not have a centrally set distribution to individual HWBs. ICBs should agree with local authority partners how this funding will be distributed and confirm this distribution in a separate template. The amount pooled into the BCF plan for this HWB from each ICB should also be entered in the expenditure worksheet of this template (cell N31) (The use of all funding should be agreed in each HWB area between health and social care partners.

Health and Wellbeing Board:	Isle of Wight
Completed by:	Pete Smith, Assistant Director – Commissioning and Partnerships,
E-mail:	peter.smith@iow.gov.uk
Contact number:	Pete Smith: Tel: (01983) 821000 Ext. 6069 | Mob: 07583063973

Please confirm that the planned use of the funding has been agreed between the local authority and the ICB and indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Confirm that use of the funding has been agreed (Yes/No)	Yes
Job Title:	Chief Executive - Isle of Wight Council
Name:	Wendy Perera

If the following contacts have changed since your main BCF plan was submitted, please update the details.

	Role:	**Professional Title (e.g. Dr, Cllr, Prof)**	**First-name:**	**Surname:**	**E-mail:**
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Cllr	Lora	Peacey-Wilcox	Lora.Peacey-Wilcox@IOW.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off		Michaela	Dyer	michaela.dyer@nhs.net
	Local Authority Chief Executive		Wendy	Perera	Wendy.Perera@IOW.gov.uk
	LA Section 151 Officer		Chris	Ward	Chris.Ward@portsmouthcc.gov.uk
*Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->	Local Authority Director of Adult Social Care and Housing Needs		Laura	Gaudion	laura.gaudion@iow.gov.uk

When all yellow sections have been completed, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Discharge fund 2022-23 Funding Template

5. Expenditure

Selected Health and Wellbeing Board: Isle of Wight

Source of funding		Amount pooled	Planned spend
LA allocation		*£638,679*	£638,679
ICB allocation	NHS Hampshire and Isle Of Wight ICB	*£1,299,132*	£1,299,132
		Please enter amount pooled from ICB	
		Please enter amount pooled from ICB	

Yellow sections indicate required input

Scheme ID	Scheme Name	Brief Description of Scheme (including impact on reducing delayed discharges).	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Estimated number of packages/beneficiaries	Setting	Spend Area	Commissioner	Source of Funding	Planned Expenditure (£)
1	Home care capacity	Additional home care capacity in IWC outreach team (6 x Elder care workers	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge		30		Social Care	Isle of Wight	Local authority grant	£222,486
2	Reablement capacity	Additional spend linked to Bluebell House Residential Care Home (costs incurred in	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)		70		Social Care	Isle of Wight	Local authority grant	£150,000
3	Residential capacity	Additional ASC costs in provision of care and support linked to Discharge	Residential Placements	Care home		30		Social Care	Isle of Wight	Local authority grant	£266,193
4	Additional medical workforce (Geriatrician)	Shared role with community and acute. The purpose of the role will help support	Additional or redeployed capacity from current care workers	Costs of agency staff		519 hours of clinical case management	Home care	Community Health	Isle of Wight	ICB allocation	£67,500
5	Discharge team capacity extension	The purpose of this resource will be to :- - Triage High Dependency	Additional or redeployed capacity from current care workers	Costs of agency staff		2,400 hours of additional capacity	Home care	Community Health	Isle of Wight	ICB allocation	£41,000
6	Home Bridging Service	Immediate care for patients who require home health care / support – direct	Home Care or Domiciliary Care	Domiciliary care packages		Up to 80 care visits per day by 8 carers. Patient		Community Health	Isle of Wight	ICB allocation	£300,000
7	Telehealth and proactive support to care homes	This proposal is to enhance the current provision supporting deteriorating	Assistive Technologies and Equipment	Telecare		48 per month		Community Health	Isle of Wight	ICB allocation	£73,000
8	Community Day Hub Pilot	Implementation of a second Health and Day Care Hub – this time in the South	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge		8 patients 7 days per week		Community Health	Isle of Wight	ICB allocation	£98,000

9	Community Unit	Bedded unit to provide a nurse led unit for patients no longer meeting criteria to	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)		144		Community Health	Isle of Wight	ICB allocation	£451,333
10	Discharge to assess beds	National enhanced rate incentive scheme offered to all providers maximise care	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)		59 per month; dependant on the		Community Health	Isle of Wight	ICB allocation	£268,299

Scheme types and guidance

This guidance should be read alongside the addendum to the 2022-23 BCF Policy Framework and Planning Requirements.

The scheme types below are based on the BCF scheme types in main BCF plans, but have been amended to reflect the scope of the funding. Additional scheme types have been added that relate to activity to retain or recruit social care workforce. The most appropriate description should be chosen for each scheme. There is an option to select 'other' as a main scheme type. That option should only be used when none of the specific categories are appropriate.

The conditions for use of the funding (as set out in the addendum to the 2022-23 BCF Policy Framework and Planning Requirements) confirm expectations for use of this funding. Funding should be pooled into local BCF agreements as an addition to existing section 75 arrangements. Local areas should ensure that there is agreement between ICBs and local government on the planned spend.

The relevant Area of Spend (Social Care/Primary Care/Community Health/Mental Health/Acute Care) should be selected

The expenditure sheet can be used to indicate whether spending is commissioned by the local authority or the ICB.

This funding is being allocated via:
- a grant to local government - (40% of the fund)
- an allocation to ICBs - (60% of the fund)

Both elements of funding should be pooled into local BCF section 75 agreements.

Once the HWB is selected on the cover sheet, the local authority allocation will pre populate on the expenditure sheet. The names of all ICBs that contribute to the HWB's BCF pool will also appear on the expenditure sheet. The amount that each ICB will pool into each HWB's BCF must be specified. ICBs are required to submit a separate template that confirms the distribution of the funding across HWBs in their system. (Template to be circulated separately).

When completing the expenditure plan, the two elements of funding that is being used for each line of spend, should be selected. The funding will be paid in two tranches, with the second tranche dependent on an area submitting a spending plan 4 weeks after allocation of funding. The plan should cover expected use of both tranches of funding. Further reporting is also expected, and this should detail the actual spend over the duration of the fund. (An amended reporting template for fortnightly basis and end of year reporting, will be circulated separately)

Local areas may use up to 1% of their total allocation (LA and ICB) for reasonable administrative costs associated with distributing and reporting on this funding.

For the scheme types listed below, the number of people that will benefit from the increased capacity should be indicated - for example where additional domiciliary care is being purchased with part of the funding, it should be indicated how many more packages of care are expected to be purchased with this funding.

Assistive Technologies and Equipment
Home Care or Domiciliary Care
Bed Based Intermediate Care Services
Reablement in a Person's Own Home
Residential Placements

Scheme types/services	Sub type	Notes	home care?
Assistive Technologies and Equipment	1. Telecare 2. Community based equipment 3. Other	You should include an expected number of beneficiaries for expenditure under this category	Y
Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge 3. Domiciliary care workforce development 4. Other	You should include an expected number of beneficiaries for expenditure under this category	Y
Bed Based Intermediate Care Services	1. Step down (discharge to assess pathway 2) 2. Other	You should include an expected number of beneficiaries for expenditure under this category	N
Reablement in a Person's Own Home	1. Reablement to support to discharge – step down 2. Reablement service accepting community and discharge 3. Other	You should include an expected number of beneficiaries for expenditure under this category	Y
Residential Placements	1. Care home 2. Nursing home 3. Discharge from hospital (with reablement) to long term care 4. Other	You should include an expected number of beneficiaries for expenditure under this category	N
Increase hours worked by existing workforce	1. Childcare costs 2. Overtime for existing staff.	You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Improve retention of existing workforce	1. Retention bonuses for existing care staff 2. Incentive payments 3. Wellbeing measures 4. Bringing forward planned pay increases	You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Additional or redeployed capacity from current care workers	1. Costs of agency staff 2. Local staff banks 3. Redeploy other local authority staff	You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting

Local recruitment initiatives		You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Other		You should minimise spend under this category and use the standard scheme types wherever possible.	Area to indicate setting
Administration		Areas can use up to 1% of their spend to cover the costs of administering this funding. This must reflect actual costs and be no more than 1% of the total amount that is pooled in each HWB area	NA

HAMPSHIRE AND ISLE OF WIGHT

INTEGRATED CARE STRATEGY

December 2022

This document sets out our interim strategy with five agreed priority areas to drive forward the next phase of our work together. It will be further reviewed, developed and refined through 2023.

This interim strategy has been jointly developed by partners and stakeholders from across Hampshire and Isle of Wight

The integrated care partnership is responsible for setting the strategy for health and care in Hampshire and Isle of Wight to meet local healthcare, social care and public health needs. We will continue to work with new and existing partners to further develop and deliver our strategy. This interim strategy has been jointly developed by partners and stakeholders, including:

Contents

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Foreword

Building a better future together

The Hampshire and Isle of Wight integrated care partnership is committed to improving the health, happiness, wealth and wellbeing of the population. Building on our strong track record of working together as partners and with local people, we look to the future with great optimism. We are united in our work with people and communities, creating a society in which every individual can thrive throughout the course of their life, from birth to old age. Our mission is to deal with the pressures and challenges of today, seize opportunities and together build a better future.

Through working closely with local communities, we know that people want improved health and wellbeing, as well as:

- More choice and control over their own health and wellbeing
- Easier access to services and resources, and when they need it – the right support and care, in the right place, and the right conversations, at the right time.

This strategy focuses on the some of the wider factors which impact on our lives and health more broadly, and drive our need for support, health and care services. In 'healthcare' terms, we know that getting appointments with a dentist, GP and access to emergency care is a significant concern. There are short and long term things we are doing to address this. The healthcare system's 'joint forward plan' due in April 2023, will focus on the more targeted actions we need to take to improve access and the effectiveness of our healthcare services.

Providing better joined up services in Hampshire and Isle of Wight

This strategy is ambitious; set against a challenging backdrop. Local people are experiencing widening inequalities, varied access to services and in some cases, poor experiences of health and care support. Covid-19 and increases to the cost of living have placed additional pressure on households and individuals, voluntary, community and public sector resources including education, housing, fire, police, social care and health services. Demand for health services is increasing more quickly than funding and more quickly than we can recruit and train staff. Funding levels in social care have been repeatedly cut for over a decade, whilst care demands have continued to rise. The November 2022 Autumn Statement is positive for health and care finances but challenges remain. Rising inflation, increasing energy prices and government fiscal policy place additional pressure on already overstretched services.

We know too, that staff across our various organisations continue to work incredibly hard under continued strain and that the impact of the pandemic is far from over. Recruiting, developing, supporting and retaining staff across all partner organisations is a core strategic priority for us as a partnership.

It is vital that we work on our priorities together to improve health and wellbeing

We are embracing the opportunity to better coordinate our work together. We are committed to working differently, and more closely together, to explore new innovations and options to make best use of the collective resources available. This interim strategy is a strong first step and will continue to evolve and build momentum over time.

We would like to thank the huge number of colleagues and members of our local communities for their input in shaping this interim strategy and their ongoing commitment, input and support.

Developing our strategy

Information and people involved in shaping this strategy

1. **We reviewed the available data and evidence** (Hampshire and Isle of Wight Joint Strategic Need Assessments, Health and Wellbeing strategies, system diagnostics)

2. **We worked with our local communities and across partner organisations to understand their perspectives and priorities** – we had multiple conversations with the integrated care partnership and in other focus groups and meetings with colleagues to inform and our themes for initial focus as a partnership.

3. **We identified five priority areas for initial focus:** children and young people; mental wellbeing; prevention of ill health and promotion of healthy lifestyles; workforce; digital and data. We continued working with all partners to identify data, insights and evidence around each of these themes.

4. We held a workshop on 28 September 2022 in which members of the public and colleagues **reviewed the evidence** under each theme and **created a longlist** of ideas for our joint work as a partnership on our five priority areas. Following the workshop we continued to work with all partners to flesh out these ideas.

5. We agreed the **priority areas** for our interim strategy. These are the areas around which we will focus our early work together as a new partnership. We have each committed to working together to seize opportunities to enhance our existing work in these areas. It is important to note that this strategy does not set out all the work happening across Hampshire and Isle of Wight. Furthermore, we will review our strategy regularly as a partnership to ensure our priority areas of focus are relevant and that we make continuous progress against them. This will include working with health and wellbeing boards to further develop, implement and refresh our partnership strategy.

This strategy:

- ✓ builds on **work already completed** (including the joint strategic needs assessments and health and wellbeing strategies)
- ✓ focuses on **better integration of health, social care, wider public sector and voluntary sector services**
- ✓ sets priorities for joint working where **collective working (beyond local placea) is most helpful**
- ✓ is **co-developed** with a wide range of partners
- ✓ has regard to the NHS Mandate 2022-23
- ✓ will **be updated regularly** to reflect the changing needs of local people and opportunities to work even more effectively together

This interim strategy provides a strategic direction and key commitments at a headline level. It is not a detailed operational plan. Our local authorities and the NHS are required to give full attention to this interim strategy in considering how we plan, commission and deliver services. For example, the integrated care board and NHS partners will take into account this interim strategy when developing more detailed delivery plans to support the national requirement for a five-year NHS 'joint forward plan' by April 2023.

To read the joint strategic needs assessments, please visit:

Hampshire: Joint Strategic Needs Assessment (JSNA) | Health and social care | Hampshire County Council (hants.gov.uk) **Isle of Wight**: JSNA - Overview - Service Details (iow.gov.uk)

Southampton: Joint Strategic Needs Assessment (JSNA) (southampton.gov.uk) **Portsmouth**: Joint strategic needs assessment - Portsmouth City Council

Selecting our priorities as a partnership

We codeveloped the following strategy design principles to support us as a partnership, in deciding which priorities we should include in our strategy:

- ✓ People and communities have told us are important to them
- ✓ Address the root causes of what affects people's health and quality of life
- ✓ Address health inequalities
- ✓ Address at least one of the following points:
  - Making care and services more joined up for people
  - Making it easier for people to access the services they need
  - Giving people more choice and control over the way their care is planned and delivered
- ✓ Affects more than one geographical area (i.e. place) and warrants a system-wide focus. (If the priority area only affects one place then it is better sitting in a local health and wellbeing strategy)
- ✓ Are supported by a strong, evidence-based case for change – for example there are currently poor outcomes in this area
- ✓ Need all system partners to work together to tackle them and make best use of our combined capacity and capabilities
- ✓ Are recognisable and relevant to all system partners and support existing strategies
- ✓ Are within our gift as a partnership to impact.

The intended impact of our strategy

Ultimately, the aim of our work together as a partnership is to improve the health, happiness, wealth and wellbeing of the local population.

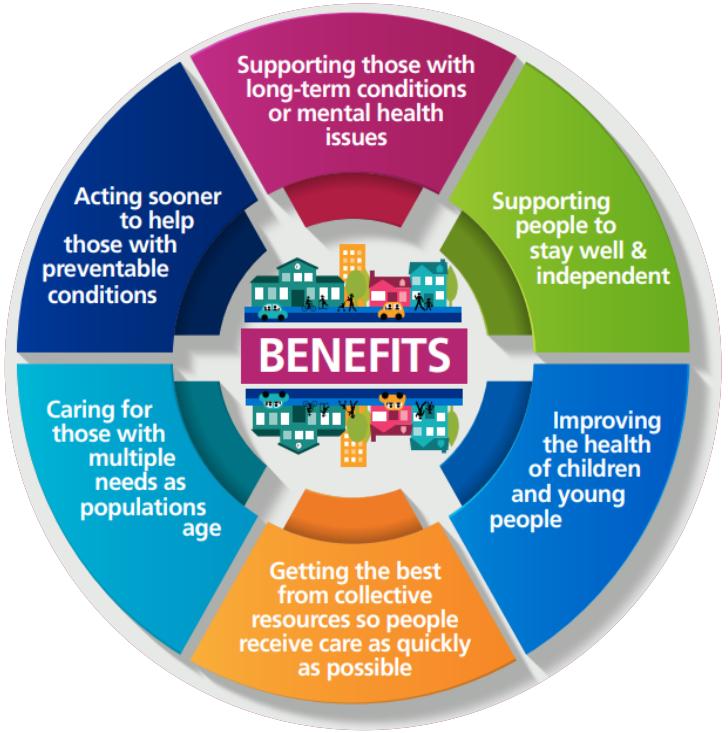
In doing so, over the medium to longer term, this will:

- Reduce the demand for health and care services
- Enable us to further improve the quality of service we provide
- Relieve pressure on the people who work in our organisations
- Enable us to live within our financial means

Alongside our work as a whole system partnership, various partners will continue to work together to do all they can to meet the health and care needs of local people in increasingly effective ways. This includes:

- Partnerships in each of our places, ie: Hampshire, Southampton, Isle of Wight, Portsmouth and at neighbourhood level;
- Partnerships working with people with very specific needs, for example around housing;
- Collaboration within 'sectors', eg: primary care, acute hospital trusts and the voluntary and community organisations

In combination, our efforts will deliver the benefits shown right.



Hampshire and Isle of Wight

OUR STRATEGY ON A PAGE

OUR 5 PRIORITIES AND KEY AREAS OF FOCUS:

POPULATION OF 1.9M:

- Varied demographics
- Areas of deprivation
- Variation in life expectancy
- Strong partnership working to seize opportunities

Children and young people

- Continue and develop our **trauma-informed approach**
- Co-locate services to enable a **family-based approach**
- Further develop a **joint children's digital strategy**
- Focus on the **"best start in life" for every child** in the first 1000 days of their life
- Improve **access and mental health outcomes** for children and adolescent mental health services
- Work with schools and other key partners on **prevention and early intervention**

Mental wellbeing

- Improve access to **bereavement support**
- **Address inequalities** in access and services
- Support the **mental health and wellbeing of our staff.**
- Better connect people to **avoid loneliness and social isolation**
- Promote **emotional wellbeing** and **prevent psychological harm**
- Improve mental health and emotional resilience for **children and young people**
- Focused work to **prevent suicide**

Good health and proactive care

- **Improve social connectedness**
- Provide **support in community settings** for healthy behaviours and mental wellbeing
- Ensure **equal importance** is given to mental wellbeing and physical health
- Minimise potential health and wellbeing **impact of cost of living pressures**
- Provide **proactive, integrated care for people with complex needs**
- Support **healthy ageing** and people living with the impact of ageing
- Combine resources around **groups of greatest need**

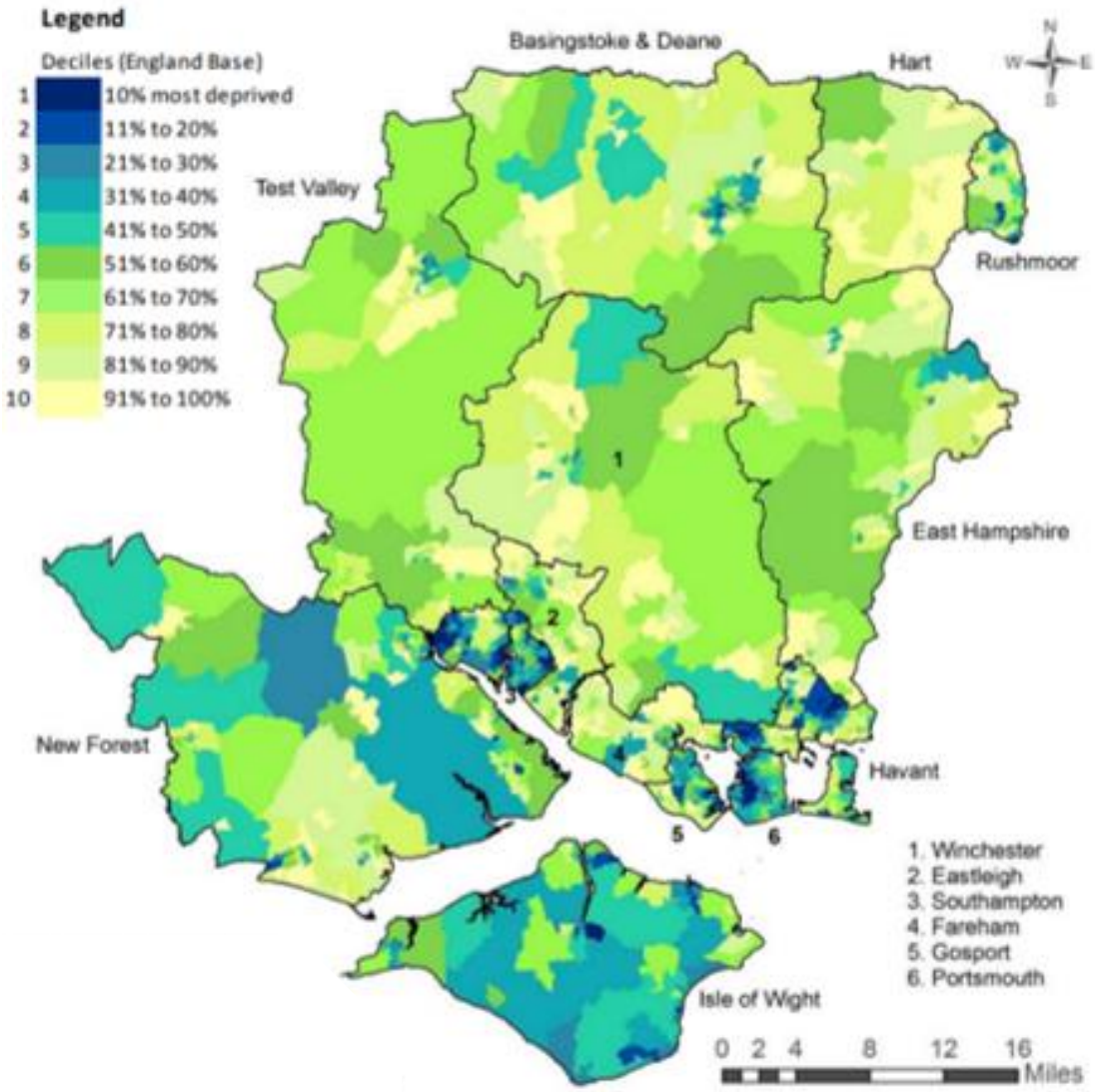
Our people (workforce)

- Evolve our **workforce models** and building **capacity to meet demand**
- Ensure the availability of the **right skills and capabilities**
- Ensure people who provide services are **well supported and feel valued**

Digital and data

- **Empower people** to use digital solutions
- Support our **workforce**
- **Joint** data, information and **insights**
- Improve how we **share information**
- Continue to improve our **digital solutions**

Context


Legend
Deciles (England Base)
1 10% most deprived
2 11% to 20%
3 21% to 30%
4 31% to 40%
5 41% to 50%
6 51% to 60%
7 61% to 70%
8 71% to 80%
9 81% to 90%
10 91% to 100%
Basingstoke & Deane
Hart
Test Valley
Rushmoor
East Hampshire
New Forest
Havant
Isle of Wight
1. Winchester
2. Eastleigh
3. Southampton
4. Fareham
5. Gosport
6. Portsmouth
0 2 4 8 12 16
Miles

The population we serve

The Hampshire and Isle of Wight integrated care system is the 10th largest of the 42 systems across England. Our four places – Hampshire, Portsmouth, Southampton and Isle of Wight - are the foundation of our system.

Overall, our population is ageing and living with increasing frailty and multiple health needs, especially in rural areas, particularly west Hampshire and the Isle of Wight. In urban areas such as Southampton, Portsmouth, and north-east Hampshire, the population is more ethnically diverse compared to the rest of the area (overall 93.8% white). There are also higher levels of deprivation and mental health vulnerability in these areas. The age of people living on the Isle of Wight is similar to other places popular with retirees, but more people live alone. We also have coastal communities; 92.7% of the Island's population are resident in areas defined as coastal. These areas have lower life expectancy and higher rates of many diseases in comparison to non-coastal areas.

In Hampshire and Isle of Wight, healthy life expectancy has decreased in most areas, meaning people are living more of their lives in poor health. This is particularly the case for people living in the most deprived areas. Smoking, poor diet, physical inactivity, obesity and harmful alcohol use remain leading health risks, resulting in preventable ill health.

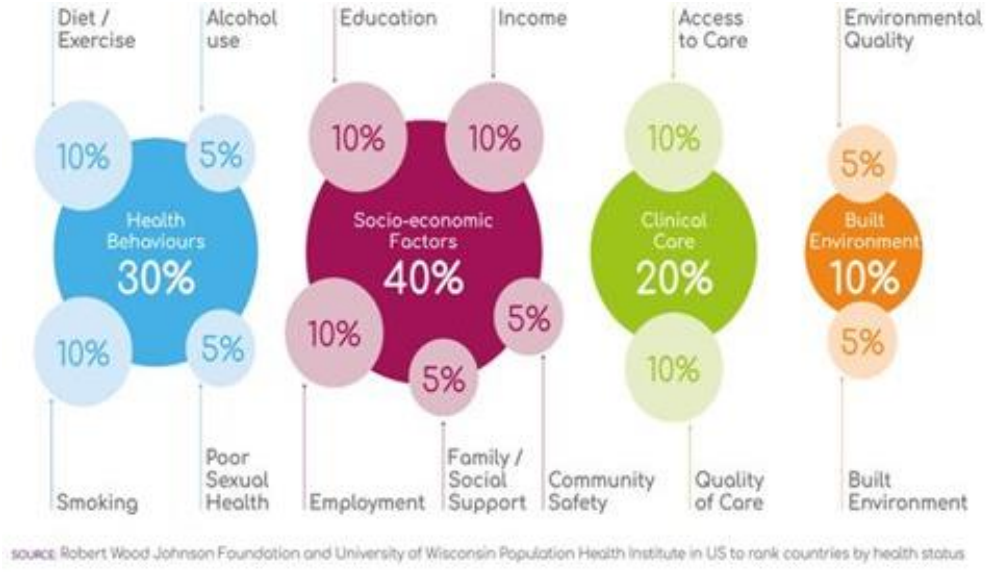
Health Inequalities

Health, as well as people's experience of public services, vary depending on where a person is born and lives as an adult, their level of income and education and factors such as ethnicity, gender, age and sexuality. This is known as experiencing **health inequalities**; addressing these inequalities in Hampshire and Isle of Wight is a priority that runs throughout this strategy. Some people and communities experience significantly poorer **access, outcomes and life expectancy** than the rest of our population. In Hampshire and Isle of Wight we see:

- Higher levels of emergency care compared to the rest of England, especially in more deprived areas, where access to primary care, outpatient and planned care are lower.
- Deaths from cancer, circulatory and respiratory diseases are the greatest causes of the differences in life expectancy between the most and least deprived. More deprived areas see higher levels of heart disease, diabetes, chronic obstructive pulmonary disease and mental health issues. People living in these areas are also more likely to experience not just one, but multiple ongoing health conditions.
- A boy born in our most deprived areas will live on average between 6.1 years to 9.1 years less compared to a boy born in our least deprived area, and for a girl, between 2.3 years to 5.5 years less.
- Covid-19 has created additional health and social care needs and disproportionately impacted people living in more deprived areas, people with learning disabilities, older people, men, some ethnic minority groups, people living in densely populated areas, people working in certain occupations and people with existing conditions.
- Premature mortality in people with severe mental illness is higher than the national average on the Isle of Wight, Southampton and Portsmouth.

The issues that affect our health and wellbeing

People are dying due to preventable and avoidable ill health and there are wide inequalities in life expectancy. Almost every aspect of our lives – our jobs, homes, access to education, public transport and whether we experience poor attachment in early years, trauma as a result of adverse childhood experiences, poverty, racism or wider discrimination – impacts our health and, ultimately, how long we will live. These factors are often referred to as **the wider determinants of health**.



Long term conditions: Around 30 per cent of all people with a long-term physical health condition also have a mental health problem with a higher proportion reporting high levels of anxiety

Housing: Those in rented accommodation are more likely to feel lonely often, especially in 16–24-year-old population groups

Health behaviours: Adults with depression are twice as likely to smoke as adults without depression. People with schizophrenia are three times more likely to smoke than other people and tend to smoke more heavily.

Social connectiveness: Those with an underlying health condition more likely to feel lonely often – especially in the younger 16–24-year-old population groups

The impact of deprivation

On average, people in the more deprived areas of Hampshire and Isle of Wight live a shorter life than those in the least deprived areas (**3 years less for men and 2.8 years for women**). They are also more likely to spend more of their life in poor health. Portsmouth and Southampton see greater levels of deprivation, ranking 57 and 55 out of 317 local authorities in England (where a ranking of 1 = the local authority with the highest level of deprivation).

Hampshire is among the least deprived authorities although there are areas that fall within the most deprived areas in the country.
10% of children in Hampshire aged 0 to 15 years are living in income deprived families, and 9% of residents aged 60 or over experience income deprivation

Isle of Wight is the 80th most deprived authority in England. 92.7% of the population are resident in areas defined as coastal, which have lower life expectancy and higher rates of many diseases in comparison to non-coastal areas (Chief Medical Officer's Report, 2021).Just over half the population of the Island lives in area which are in the three deciles of highest deprivation.

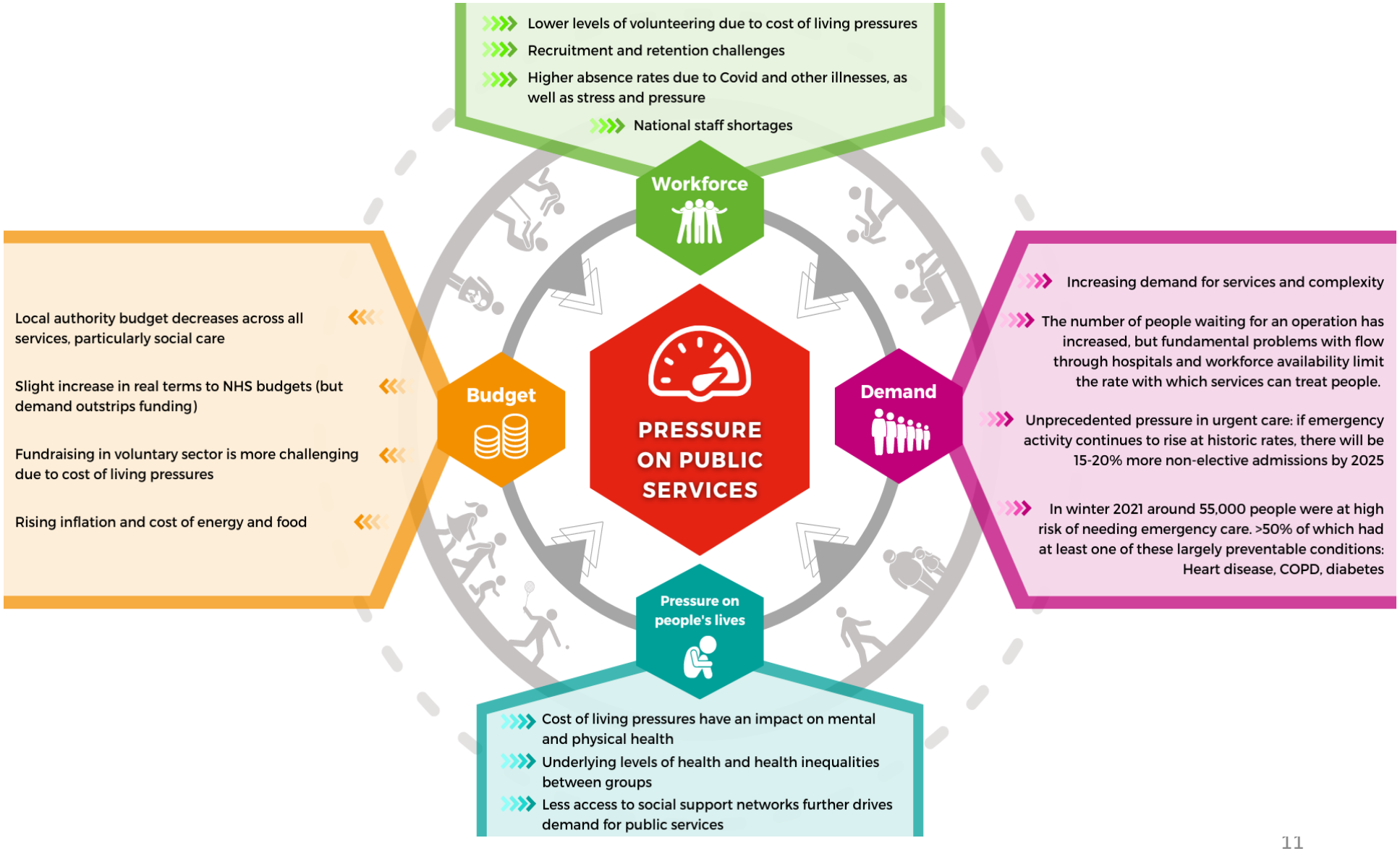
Portsmouth is ranked 57th most deprived authority in England. 13% of Portsmouth's population live in the 10% most deprived areas nationally, and over 60% are in the most deprived two quintiles.
25% of households in Portsmouth are in relative poverty. In 2019/20 17% of children were in absolute low-income families (before housing costs). This varies from 29% of children in the most deprived ward to 7% of children in the least deprived ward.

Southampton is ranked 55th most deprived authority in England. 28% of Southampton's population live in neighbourhoods within the 20% most deprived areas nationally.

The challenging environment in which services are operating

Our strategy is set in the context of an increasingly difficult environment for all partner organisations. Addressing the issues that affect people's health and wellbeing in such a challenging environment requires us to think differently. This strategy is not about simply doing more, it is about taking a radically different approach.

Meeting these challenges requires looking in new ways at the workforce we have, including new staffing models and the ability for staff to create meaningful career paths across organisations and professions. For our staff to provide excellent care to local people, they need to feel well looked after and supported and have access to opportunities to grow their skills and talents.



We are working with local communities to understand what is most important to them

In developing this strategy, we have reflected on insight from our local communities, which partners across the partnership have sought in a number of ways. We considered the below in creating our strategic priorities.

What we did

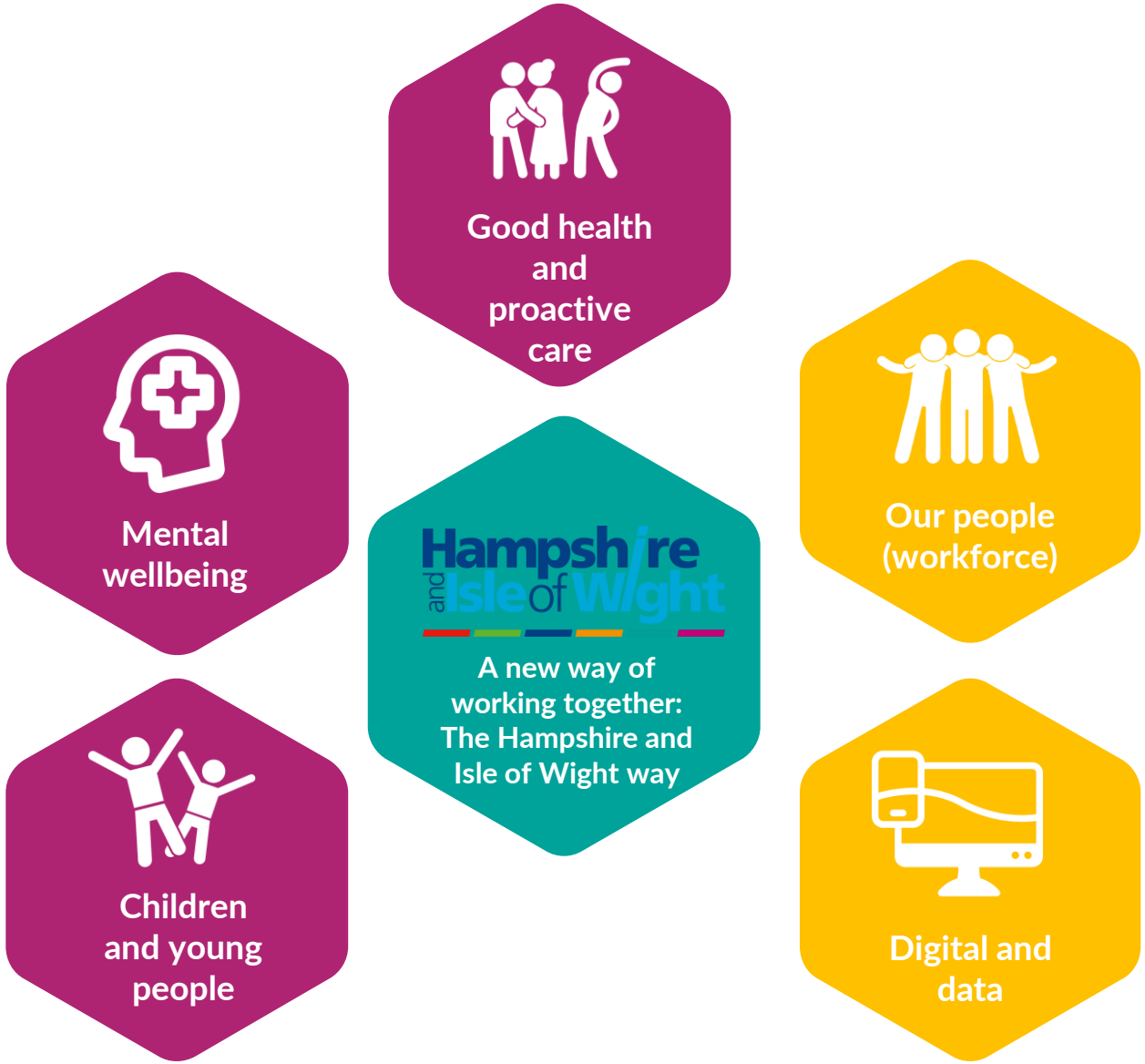
- Surveys on a range of topics, online and face to face, in clinical and community settings, with many directly targeted to different local communities
- Co-design groups, workshops and events on topics such as our community involvement approach, digital transformation and the development of the new integrated care partnership
- Attended local community events, both in person and virtually
- Discussed issues at regular integrated care board and other groups with representatives from across communities
- Focus groups on a range of topics
- Funding partners such as Healthwatch and community groups to undertake targeted research
- Engagement programmes to support procurement and transformation plans

What we heard

- People want more join up between different services, from GPs to hospitals to social care; education and housing too
- People want to be more involved in how their care is delivered, to have better communication with health and care services, and be clearer about what is available to them
- Access is an issue, with people identifying the need for more specialist access and shorter waiting times, and more consistent support services across our geography
- Whilst people say digital technology has its benefits, it is important to ensure that no-one is left behind. Face to face appointments are still highly valued
- Cost of living is a concern across the system. Also people see opportunities to improve and expand the health and care workforce including use of volunteers
- Other issues weigh on people too. For example, in rural areas, equipment and plant theft are big concerns. In urban areas people are concerned with protecting their homes and property
- Carers and young carers support, and greater collaboration with schools, primary care and other health services is vital

Hampshire and Isle of Wight

Our strategic priorities



Core to our strategy: a new way of working together in partnership

We are thinking and acting beyond the core services we deliver (and the way we currently deliver these services) to focus on improving the overall wellbeing of our population. Links between our services and the way people access them, and 'flow' through them –make a big difference to experiences, outcomes and the efficiency of these services.

How will we deliver improved outcomes?

- Through a radically different and more ambitious partnership approach to supporting people to build health, happiness, wealth and wellbeing, recognising the importance of the wider determinants of health and focus on reducing health inequalities.
- Providing high-quality **care and support for our population** built on collaboration between all partners removing any artificial divides and using our collective resources to best affect, making decisions based on data, intelligence and insight
- Promoting greater **community empowerment,** based upon a strengths-based and trauma informed approach which listens to and works alongside communities.

What are we focusing on?

Five priority areas emerged from our initial assessment of data and understanding insights from people, communities and colleagues – see below.

How will we work as a partnership?

On 28th September 2022 we held an event with a wide range of stakeholders, who will be involved in the integrated care partnership moving forward, to shape our priorities. We developed a set of principles for our work as a partnership, set out below.

The integrated care partnership will:

- Use the voice of the public, communities, people that use services, and our staff to shape our work
- Use evidence on which to base our decisions, looking critically at the wider determinants of health inequalities, innovative and evaluative in our approach
- Focus on where we can make improvements and the experience people have of all our services, making changes centred around local people and populations
- Keep engaging and involving people across the system so that:
  - our priorities are co-produced and all partners have an opportunity to shape them;
  - we understand the priorities driving each of our partner organisations;
  - all partners can recognise the importance and relevance of whole system strategic priorities.
- Not seek to detract from organisations' existing strategies or health and wellbeing board plans. Our work should supplement and support existing plans and strategies.
- Use clear language to describe our work.

Working together in our new partnership, we will initially focus on these five priority areas:

Based on these principles, we will develop the "Hampshire and Isle of Wight way":

Children and Young People

What have we heard from our communities and partners?

"Children and young people are our first priority; they are the future of Hampshire and the Isle of Wight"

- "We know if you get it right in the first 1,000 days, then the chances of positive outcomes are massively increased"
- "If a child enters school with a health inequality, this gap is likely to never close"
- "Adverse childhood experiences can lead to trauma, which may increase the risk of cardio-vascular disease, poor mental health, obesity, not educated, repeat victim and perpetrator – if we can work together on it will really benefit us"
- Young carers are cut off and potentially suffering from social isolation

The outcome we want to achieve: We want all children to have the best possible start in life, regardless of where they are born, and have positive physical, emotional and mental wellbeing.

Areas for improvement

- **Best start in life:** Many babies and mothers missed out during the pandemic, which exacerbated health inequalities and led to increasing obesity, mental health issues and missed vaccinations.
- **Obesity**: the England average is 9.9% in reception year - children on the Island and Portsmouth are above this, and Southampton is 9.9%. The British Medical Journal reports hospitalisation, illness and avoidable long term conditions could be reduced by 18% if all children were as healthy as the most socially advantaged.
- **Mental health:** Children whose parents have a mental health disorder, those in a family with unhealthy family functioning, and/or in lower income households are more at risk of developing a mental health disorder. 16,485 children and young people accessed NHS funded mental health services in 2021/22 (37% more children than in 2019/20). When compared to their peers, children under the care of mental health services are almost 20 times more likely to enter the judicial system. We've seen a 295% increase in referrals to children and young people inpatient services since the start of the pandemic (over 50% of this for specialised eating disorder services)
- Increases in **Education Health and Care Plans** for children with Special Educational Needs and Disabilities.
- **Looked-after children and young people** have poorer outcomes including mental and physical health, education and offending rates.

What do we know works?

- If children and families **get the best start during pregnancy and in a child's first 1,000 days** of life, then the likelihood of that child going on to achieve more through education, maximise their potential and lead healthy independent lives increases.
- **Intervening early**, redirecting resources towards prevention and working restoratively with families and individuals supports them to build on their own strengths and resilience to improve their lives. Family hubs provide additional resource in three geographies to extend and deepen family support programmes and support parents early on in their parenting journey
- **Strong integrated pathways of support** eg: there is strong evidence in Portsmouth that children want school based support on healthy lifestyles and mental health support. Early support for child emotional wellbeing including schools based programme - e.g. My Happy Mind.
- **Peer support** groups for pregnant women and their families
- Focused, family-based multi-professional support for **children with neurodivergence**.

Our areas of focus as a new partnership

Building on what we know works, and further research and innovation, we will work together to explore what more or different we can do in:

- Focusing on the **"best start in life"** by ensuring families receive good care and support (including for their mental wellbeing) during pregnancy and in the first 1,000 days of a child's life
- **Improving access and mental health outcomes** for children and adolescent mental health services
- **Working with schools and other key partners on prevention and early intervention** to reduce the risk and increase protective buffers at an individual, relationship, community and societal level, e.g.: encouraging physical activity to support mental and physical health. Focus on direct causes of ill health and wider determinants of health and wellbeing. Meeting the health needs of vulnerable groups including 'looked after children', care experienced young people and reducing violence against women and girls.
- Continuing our **trauma-informed approach** led by Public Health, Police and Crime Commissioner and Hampshire and Isle of Wight Constabulary
- **Redesigning and co-locating services** to enable a family-based approach to accessing services, co-designed with parents and carers to ensure a 'whole family approach'
- Further developing a **joint children's digital strategy**

What are the benefits for:

Local people: reduced health inequalities, improved mental health and wellbeing (reduced anxiety, reduced suicides, reduced eating disorders) and physical health, improved educational attainment, better inclusion and engagement in schools, societal benefits e.g. reduction in crime
Our staff: reduced pressure and increased satisfaction at work
Partners: positive impact on society and the economy, reduced demand for services in the future.

Mental wellbeing

What have we heard from our communities and partners?

"The non-clinical route into mental health and wellbeing support is just as important as the clinical route"

- Prioritising and promoting mental health and wellbeing is a priority across all partners, for all population age groups
- "Focus on illness is too strong and should be more of a focus on wellness"
- "Secondary care in mental health is just the tip of the iceberg - there needs to be many rafts of supporting scaffolds in place"
- "We need to challenge ourselves that access is the same and equitable", and continue to improve parity of physical and mental health
- We need to state tangible solutions with ambitious targets and do a few things well

The outcome we want to achieve: improve the population's mental health, emotional wellbeing and physical health, by focussing on prevention and working more closely with communities in the provision of excellent, equitable, joined-up services, care and support.

Areas for improvement

- **Prevalence of mental health conditions varies across our geography**, e.g. the Island has the highest prevalence of severe mental illness, followed by Southampton and Portsmouth
- **Mental health problems have greater and wider impact in some groups than others**, e.g. the largest proportion of the population claiming Employment Support Allowance due to mental health problems is those aged 18-24yrs; impacts are inequitable in deprived and ethnic minority communities
- **We are below the national average and peer top quartile for some services**, e.g waiting times for children and young people, people living with a serious mental illness who have not had their regular 'physical health check' in primary care, and below national targets for improving access to psychological therapies and dementia diagnosis
- **There is a mismatch between the needs of population and the capacity of services**, and this varies across our system, so some people more impacted than others
- **Far reaching mental health impact of Covid19 still to be fully realised**; but has exacerbated inequalities for marginalised people/groups, especially those struggling with their mental health and wellbeing before the pandemic.

What do we know works?

- **Collaboration and determined focus on prevention and early intervention** e.g. Isle of Wight's Mental Health Alliance, partnering between Shout mental health text service & 111 Mental Health Triage Team, social prescribing.
- **Single points of access and 'no wrong door' approaches** - through join up between local authorities, primary care and voluntary care / social enterprises, improve the quality and availability of urgent care
- **Lessening the stigma around mental health and wellbeing** – coordinated communication campaigns between services / organisations e.g. 'Its OK not to be OK'
- **Digitally enabled support and care**, e.g.: psychological therapies and advice and information
- **Adopting 'outreach' approaches** through other healthcare interactions e.g. dentists, opticians to identify individuals who may be at risk
- **Expanding access to support in local communities** via innovation between partners e.g. co-location of services, mobile/pop up support in 'trusted' places where people live or gather e.g. Hampshire Homeless Health Teams, Joint work with Faith Leaders (Covid 19 Vaccination)

Our areas of focus as a new partnership

Building on what we know works, and further research and innovation, we will work together to explore what more or different we can do in:

- **Emotional wellbeing** and prevention of psychological harm - including excess morbidity and excess mortality associated with severe mental illness and promoting attachment in early years.
- **Improving mental health and emotional resilience** for children and young people, especially as they move into adulthood, and for families, parents and carers of children
- **Better connecting people** to reduce loneliness/isolation
- Focused work to **prevent suicide**
- **Improving access to bereavement support** and services
- **Addressing inequalities in access and outcomes and enabling people to navigate through services**
- Ensure people with **serious mental illness** can access the right help and support when needed
- **Provide a greater focus on support with addiction** including drugs, alcohol and gambling

What are the benefits for:

Local people: reduced health inequalities, improved mental health and wellbeing (reduced anxiety, reduced suicides, reduced eating disorders) and physical health, greater independence, and for children and young people - improved educational attainment
Our staff: reduced pressure and increased satisfaction at work
Partners: increased effectiveness, improved productivity and workforce supply (resulting from improved mental health and physical health and/or reduced caring responsibilities for others with mental health support needs), positive impact on the economy, unmet need recognised and addressed.

Promoting good health and providing proactive care

What have we heard from our communities and partners?

"We need to be tackling the 'causes of the causes' of people's ill health"

- If trends continue, preventable ill-health and deaths will grow, as will health inequalities and our services will become increasingly unsustainable. There is a great deal we can and are doing, but there is more we could do together
- Deprivation is often hidden in rural communities – we need to prioritise areas of greatest need/ inequality – recognising we can't do all of this at once
- There is a role for all partners in improving health of our population, not just in terms of managing the conditions that people have already been diagnosed with, but addressing some of the wider determinants of health, so that people can live more years in better health.

The outcome we want to achieve: We want to narrow the health gaps between the richest and poorest, enable every individual to live more of their life in a state of good health, and make sure people can access resources and services in their communities to manage their own health and wellbeing.

Areas for improvement

- **Outcomes vary widely**, eg: some of the lowest avoidable and preventable mortality rates in some areas, other areas significantly above national median
- **Some people suffer poorer health and die younger**, eg: people with learning disabilities (life expectancy 14 years less for males, 18 years less for females), people who are homeless, gamblers, refugees, carers, people with mental health needs (eg: a person with schizophrenia dies up to 20 years earlier, the last 7 years in poor health)
- **The greatest contribution to life expectancy gap** between the most and least deprived is linked to circulatory diseases, cancer and respiratory diseases
- **Stagnating life expectancy improvements** particularly in the more deprived areas, (especially females). Time spent in good health has decreased
- **Impacts wider then health**, eg alcohol and drug misues lead to higher propensity to be a victim or perpetrator of violence
- **These outcomes can be changed,** eg: smoking remains the biggest preventable killer and major contributor to health inequalities; alcohol admissions are increasing, particularly in Southampton and west Hampshire; top issues noted in patient records: 1. hypertension, 2. depression, 3. obesity
- **Feeling isolated** is linked to early death, poor health and wellbeing - social isolation is associated with a greater risk of inactivity, smoking, risk-taking behaviour, coronary heart disease, stroke, depression and low self-esteem.

What do we know works?

- **Taking a life course approach** recognising there are a wide range of protective and risk factors that influence health and wellbeing over the life span and that people's outcomes can be improved throughout life
- **Reducing health inequalities** through the life course requires a whole-of-society approach dealing comprehensively with all health determinants. We know that clinical care only contributes to 20% of an individual's health outcomes and therefore to improve our population health and wellbeing we need to focus on the other contributing factors, eg: health behaviours (smoking, diet, alcohol), socioeconomic factors (family/social support), the environment people live in (housing)
- **Promoting healthy behaviours** eg: healthy diet, healthy weight, physical activity, smoking cessation - helps with major conditions i.e. cancer, depression, dementia, diabetes and cardiovascular disease.
- **Better connecting people** (tackling social isolation) improves health outcomes and reduces the need for health services and residential care, supports employment and increases workplace productivity. Services which build on the community model of empowerment, like social prescribing, voluntary and community befriender services and local government community connector services all have positive impacts. These services can deliver up to a 68% reduction in using services; up to 88% of people who access these services have a better understanding of their community support and a 10% increase in wellbeing measures eg: connectedness to others.
- **Providing proactive, integrated care for people**, especially those with complex needs, providing care closer to home, shifting focus to prevention, and reducing reliance on support services including urgent or emergency care.
- **Core 20+5 approach** to health inequalities: focusing on the most deprived 20% of the population plus other local population groups experiencing inequalities in five clinical areas: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension.

Our areas of focus as a new partnership

Building on what we know works, and further research and innovation, we will work together to explore what more or different we can do in:

- **Improving social connectedness and support in communities –** leveraging existing community assets and empowering citizens across all stages of life, building overall community wealth
- **Providing support for healthy behaviours and mental wellbeing in community settings;** targeted approaches on evidence-based issues eg: lung health checks, vaping prevention in children, visual impairment for those with learning disabilities, reducing the direct health harm and broader population impact of unhealthy relationships with drugs and alcohol, increased physical activity
- **Ensuring equal importance is given to mental wellbeing and physical health** and tackling the stigma of mental health
- Supporting people to minimise the potential health and wellbeing impacts of **cost of living pressures**
- **Providing proactive, integrated care** for people with complex needs, including frailty
- **Supporting healthy ageing and people living with the impact of ageing**, providing bespoke support to people that may be at greater risk of poor outcomes due to old age, building prevention into pathways, eg: smoking, obesity, 5-a day, physical activity, alcohol, drugs
- **Combining resources** on housing, mental health, refugees, homeless, rough sleepers and 'Core20+5'

What are the benefits for:

local people: no matter what a person's circumstances are, they can be assured of dignity and security as they age; improved health, happiness, wealth and wellbeing; longer lives and increased overall years of good health

our staff: reduced pressure and increased satisfaction at work, with a focus on prevention and early intervention

partners: people living longer, healthier, happier, wealthier lives which reduces demand and unmet need, delivers efficiencies, improved effectiveness

Our people, digital technology and data are key to enabling us to deliver our priorities

Our people: the people that work across all our services are vital to the delivery of this strategy. We have a highly skilled, dedicated and committed workforce across Hampshire and Isle of Wight, including a huge contribution from volunteers and informal carers.

External factors lead to increased demands on services and the people that deliver them. People are living and working longer, necessitating radical changes in how we structure work, e.g.: flexibility, mid-career shifts, re-skilling, and delayed retirement. The health and wealth of the workforce affects the health and wealth of local people. In the NHS, 1 in 4 staff members are 'lower paid' (defined as earning up to £12.73 per hour in 2021/22, just below average UK hourly earnings). By comparison, around 4 in 5 social care employees are 'lower paid' by the same measure. Our workforce has faced unprecedented challenges over the Covid-19 pandemic and demonstrated exceptional resilience, including adopting new practices to sustain services for the benefit of local people.

Our workforce is stretched, both in Hampshire and Isle of Wight and across the country. Workforce wellbeing remains a key priority across all sectors. In June 2022 alone the NHS lost 476,900 days (nationally) to sickness and absence due to anxiety, stress and depression. As of September 2021, nearly 100,000 NHS vacant posts, and 105,000 in social care were being advertised nationally. An estimated extra 475,000 jobs are needed in health and 490,000 in social care across the country by the next decade. We recognise the imperative to re-examine the way we work and innovative delivery pathways supported by digital technology.

Workforce challenges in Hampshire and Isle of Wight

- Domiciliary care workforce shortages, particularly in Isle of Wight, south-west and south-east Hampshire
- NHS workforce supply pipelines unable to keep pace with current demand, particularly for nursing, midwifery, medical and allied health roles
- Our workforce is not representative of the communities we serve, which might then impact on the inclusivity of services we provide
- Staff morale and engagement scores are generally declining across the NHS.

Digital solutions, data and insights: harnessing the power and innovation of technology and information technology will help us to deliver better quality, more efficient care, closer to people's homes and communities, in a way that fits people's individual needs and lifestyles. Joining up data, technology and information systems will also support us to join up our care and improve services and support our workforce to be more efficient. It is vital that we are able to share data across our partnership that enables us to develop a shared picture of where there is greatest need and inequality. This will support new, trusting, more informed ways of working across organisations Data held by the NHS, and generated by smart devices worn by individuals, presents opportunities to support everyone with access to their health information and personalise many more health and support interventions.

However, the complexity, cost and time it takes to introduce some new digital solutions, join up data and create insight we can act on continues to present a challenge. Additionally, most local people understand the benefit of digital solutions and shared data, but we must continue to be respectful of the views and preferences of those who still have reservations or are unclear.
For example:

Sharing patient information

A Wessex Care Records survey highlighted:

- 86% of respondents understood their information was shared for their care and treatment, but less were aware it was shared for planning services (46%)
- Respondents were positive about potential future uses such as sharing for planning and improving services (77%)
- There was less support for sharing with other organisations, i.e.: the charities/universities carrying out research (58%), other organisations, such as councils, providing care and support (53%) and companies developing new treatments (38%)

Face-to-face still highly valued

Hampshire Fire Service asked what people thought the challenges were to accessing services. Respondents said access to technology was the main barrier (46% said face to face communication was best)

Remote monitoring needs to be effective

Healthwatch England asked people about their experience of remote monitoring. People said there are many benefits to blood pressure monitoring at home, including peace of mind, feeling in control and convenience, but there are serious questions about whether the benefits of better health are being realised and gaps in GP processes need to be addressed to avoid demotivating people and missing opportunities to address blood pressure problems.

Our people (workforce)

What have we heard from our communities and partners?

"Without the workforce, none of our ambitions will be achieved"

- "We can't do anything without our people. They need to be supported, inspired and have good access to continuous development.
- "[We need] a workforce that is engaged, empowered and always learning and striving to improve."
- "There is the opportunity join up our training and retention offer, including creating employment opportunities for our local population to improve their health outcomes"
- Reductions in workforce puts pressure on loyal staff and shortages are getting worse across all roles
- The rising cost of living is creating downward pressure on the real wages of our workforce and making it even harder to recruit
- Our workforce doesn't match need with some areas very well served and others (often more deprived) areas underserved
- There is some duplication in roles, especially between "first contact" staff

The outcome we want to achieve: We want to ensure we can attract, recruit and retain people with the right skills and values to enable provision of high quality health and care services for the population of Hampshire and Isle of Wight.

Areas for improvement

- Untapped resources in voluntary and community sector
- Increasing sickness absence rates, eg: NHS increased to 5.2% in June 2022; 23.2% of sickness due to anxiety, stress, depression and other mental health
- Annualised growth for the health workforce is 4% per year over the past five years, but there is still shortfall, NHS vacancies at 10% in south east region April –June 2022. 2021/22 NHS staff retention rate at 14%
- At the time of the 2011 census, there were 39,437 unpaid carers across our system providing for family members or friends. The total number is now likely to be much higher. However, during Covid-19, we have seen a breakdown in unpaid carer arrangements and voluntary and community sector care support is also compromised. Many of the people being supported in this way are living with long term, often life long, care and support needs. Without the amazing commitment and dedication of unpaid carers the health and care system would quickly come to a standstill.
- Shortages in one workforce group results in additional pressures on other agencies, eg a shortage of specialist mental health staff has an impact on police, who are not the most appropriate to deal with those in crises.

What do we know works?

- Concerted focus to improve diversity, inclusivity and belonging and the development of a universal workforce
- Collaboration in recruitment and retention, including international recruitment
- Making every contact count
- Health and wellbeing at work, including support for menopause and staff fast track referrals into support services
- Joining up pathways into education around healthy lifestyles into care, health and voluntary sector roles
- Levelling up through employment - securing good work is a key indicator to improve individual, and collective, health and economic wellbeing outcomes
- Organisational development networks across partner organisations to work together on development and share best practice
- 'Education to employment' projects working with schools and colleges
- Joint leadership and transformation programmes eg: Hampshire 2020 programme

Our areas of focus as a new partnership

Building on what we know works, and further research and innovation, we will work together to explore what more or different we can do in:

- Evolving our workforce models and building capacity to meet demand: Grow the workforce for the future by extending recruitment and working closely with education providers, building our ability to share system resources and move between organisations, harness the untapped support of volunteers and implement effective, collaborative workforce planning which accounts for labour market flows across health and care sectors and their interaction with the wider economy, designing innovative new workforce models and roles with career pathways
- Ensuring the availability of the right skills and capabilities to deliver, safe high-quality care.
- Ensuring people who provide services are well supported and feel valued, taking a system-wide approach to organisational development and support offers for our staff, including access to mental health first aid support and trauma counselling, and supporting people with unpaid caring roles, as well as improving diversity and inclusivity.

These initial actions focus on the critical issues in health and care workforce; however, the partnership is committed to workforce solutions that benefit all partners.

What are the benefits for:

Local people: better availability of staff with the right capabilities means better access to high quality services. There is a direct link between staff feeling supported and valued and being able to deliver high quality, compassionate care.

Our staff: increased fulfilment, increased job and career satisfaction, lower levels of stress, avoid duplication of recruitment and training requirements, feel able to deliver care of the quality to which they aspire, improved personal health and wellbeing.

Partners: improved workforce supply and pipeline; creation of new roles to support delivery of key priorities at place (e.g. case management). If staff shortages in one part of the system are addressed, this has a positive impact on workforce capacity across all sectors. Positive impact on the economy and wider determinants of health for local people employed locally.

Digital solutions, data and insights

What have we heard from our communities and partners?

"There is a known need for digital systems to be integrated and compatible: without this there is a decline in efficiency and collaboration"

- "A shared single picture of vulnerability is essential so that we can target activity to the sections of the population that need it most"
- "It's about the enablers. That's where we can get traction as a system"
- Systems are not connecting with each other: too many systems creates duplication. We are wasting time by not have the right access to the right equipment or networks to do work in real time.
- Increased awareness and concern about digital exclusion. This is not just about access to computers and the internet, but includes issues such as privacy, disability and access for carers.

The outcomes we want to achieve: 1. We want to harness the benefits that digital solutions can offer to our local people, carers and staff, ensuring they are available to everybody, regardless of age, disability or household income. 2. We want to develop our shared picture of which population groups have the greatest need – we will do this through building a rich, joint partnership data picture, and use this to develop the best services and support for the people of Hampshire and Isle of Wight.

Areas for improvement

- People are now using **digital tools for online consultations**, accessing their GP record, and to seek advice and guidance.
- **Digital exclusion** is having an increasing impact on the most vulnerable in our society. People that are digitally excluded often pay more for household bills, earn less, have lower levels of educational attainment and can suffer more from social isolation, which impacts on both mental and physical health.
- We have a **range of different IT systems** that do not all "talk" to each other.
- Our **data sets** are not yet as sophisticated or joined up as they need to be. Consequently, our activities as a partnership lack the evidence base that could be available to enable excellent decision making including individual care and service planning.
- Health and care can be **slower to adopt** digital innovation.

What do we know works?

- **Giving local people more control of their care** for example by sharing your Covid-19 status or ordering repeat prescriptions through the NHS App or viewing your latest test results and communicating with your healthcare professional via 'patient portals'.
- **Providing users with simple secure access to the information they need**, for example by providing care homes with access to the system-wide shared care record to see any new patients history such as medications and allergies.
- **Bringing information from multiple sources together in one place** and reducing the number clicks and logins, for example with single sign on to the shared care record or through electronic patient record portals.
- **Reducing unnecessary travel time** for staff and people using services by providing secure mobile access to systems and giving people the choice of virtual consultations.

Our areas of focus as a new integrated care partnership:

Building on what we know works, and further research and innovation, we will work together to explore what more or different we can do in the following areas:

- We will **empower local people** to use digital solutions through promoting and engagement in digital services. We will provide resources and support for local people to engage in digital to ensure equity of access to all health and care services
- We will **support our workforce** to be confident and competent in using digital solutions to provide high quality care
- We will **improve how we share information** between organisations and remove the organisational, digital, data and technology boundaries created by legacy systems to better support care provision and the creation of integrated datasets to support planning.
- We will **continue to improve our digital solutions**, focusing initially on investment in shared electronic health and care records. We will explore digital innovations in improving health and modernising care and experience, including the use of apps and wearable devices

What are the benefits for:

Local people: can receive care at home, where appropriate and only need to say things once. People feel they are always involved and have control of their own care, can access care and information in a way that meets their individual needs and helps them to make choices about their own health and wellbeing. Our local people do not feel digitally excluded and can access to a range of services.

Our staff: can access equipment that is modern, reliable and fast, and helps productivity, releasing more time for providing care. Staff can review and update patient records when and where they need to, using joined up systems that talk to each other. Staff can easily communicate with colleagues across different organisations involved in the care of local people.

Partners: Reduced efficiencies by saving staff time and avoiding duplication; facilitates joined up care and services; enables real-time, consistent capturing of information which improves our understanding of people's needs and helps decision making; enables joined up data sets to support better planning, including our population health approach.

How we will deliver our partnership strategy

Our response to the needs of our population is primarily through our work in local places

This strategy draws upon the work of our four health and wellbeing boards and their strategies and plans in our four local places - Hampshire Southampton, Portsmouth and the Isle of Wight.

Our strategy identifies a small number of priority areas where there is an opportunity to add value across our four places, recognising that most of the work undertaken to tackle health inequalities, improve health outcomes and service delivery, and contribute to social and economic development is delivered in local places.

These are the themes that are common to all four local health and wellbeing strategies:

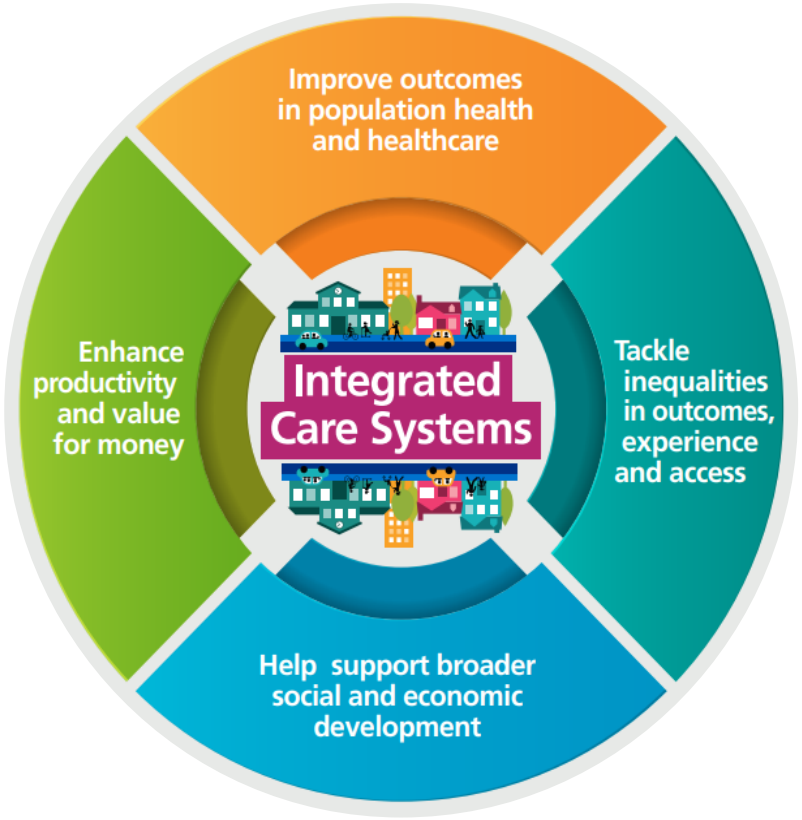
Children and Young people	Reduce Inequalities Work with parents, families, schools and early years settings Improve physical wellbeing and improve lifestyles Improve emotional wellbeing and mental health
Living Well and Improving Lifestyles	Encourage healthier lifestyle choices and healthy approaches in schools and organisations Promote mental wellbeing and reduce mental ill health Promote active travel, create a greener, cleaner environment
Connected Communities	Joined up approaches across providers Building community networks Building on social capital
Housing	Ensure residents are able to live in healthy and safe homes Ensure home environments enable people to stay well Recognise and ensure that communities and families are not adversely impacted through poverty

Hampshire	Enable planning for older age living Ensure Palliative Care Collaboration is in place Support those at end of life to be in preferred setting Encourage improvement in skills and capacity to have early conversations on end of life Improve bereavement support and service locally
Isle of Wight	Invest in prevention and early intervention to help health and wellbeing Improve housing standards and reduce fuel poverty, social isolation and loneliness Include health inequalities in policy development and commissioning Reduce health inequalities
Portsmouth	Provide immediate support to people in financial hardship Helping people access the right support at the right time Repair relationships to support our most vulnerable Develop stronger models of support for landlords and tenants for longer, successful tenancies Develop models of housing that suit individual needs Implement Homelessness and Rough Sleeping Strategy to provide support for the most vulnerable
Southampton	Support people to live active, safe and independent lives and management their own wellbeing Reduce inequalities in health outcomes, make Southampton a healthy place to live and work with strong and active communities Ensure people in Southampton have improved health experiences as a result of high-quality integrated service

The work we do together as a whole integrated care system complements and supports the work that we do together in our four places

What is an integrated care system?
NHS England defines an integrated care system as “partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.” (NHS England » What are integrated care systems?)

The purpose of integrated care systems is to bring partner organisations together to:



Every part of our integrated care system has a role to play in delivering the priorities set out in this strategy.

Our **four local places** analyse the health and care needs of their residents and set local strategies for meeting these needs in their area. Their work feeds into and informs this partnership interim strategy document. The four places take local action to deliver for the needs of their local communities alongside the priorities agreed in this document.

The integrated care partnership develops the strategy to address root causes of health and wellness, tackle health inequalities and bring partners together to work together in new ways. The integrated care partnership sets strategic priorities based on sound evidence and that are within our gift to tackle as a partnership.

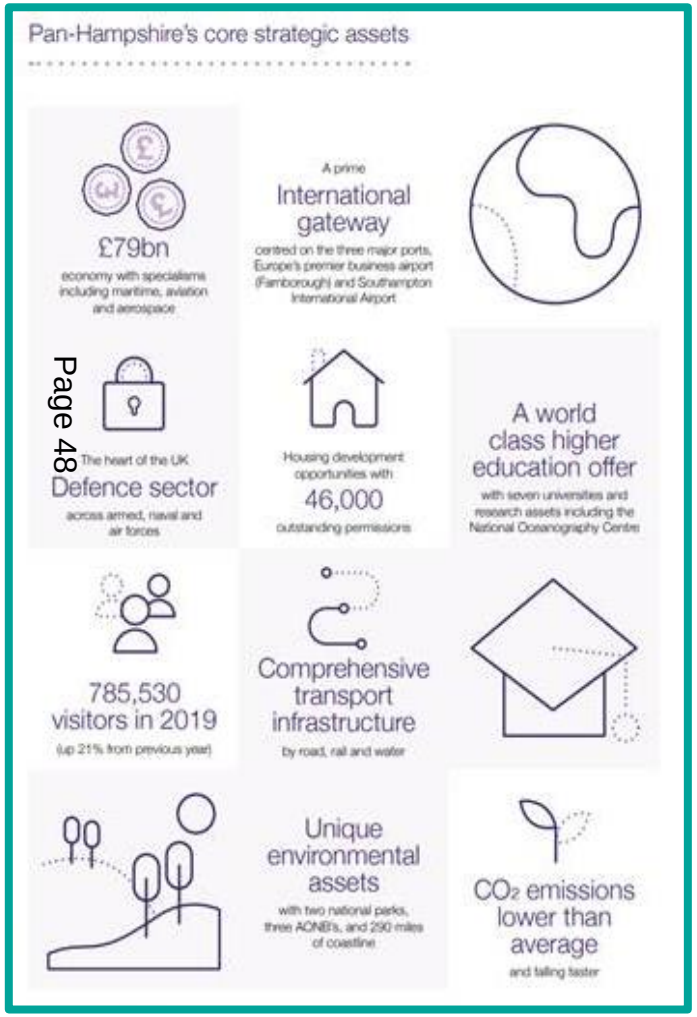
Our **Integrated Care Board** is responsible for planning NHS services across Hampshire and Isle of Wight and allocating resources across all health services. The integrated care board will ensure that the planning, quality monitoring, improvement and transformation of health services aligns and contributes to the priorities described in this partnership strategy.

Organisations come together in **collaboratives and networks** to address particular strategic themes.

Each organisation in our integrated care system sets strategies that address the challenges and opportunities facing their specific organisation. As partners that have worked together to agree partnership strategic priorities, these organisations will ensure that their organisational strategies contribute to the delivery of the priorities set out in this document.

Using our collective strengths and assets

Our strategy focuses on a small number of initial priority areas to make the best use of our combined resources, including the strengths of our local communities and our ***strategic assets*** across Hampshire and the Isle of Wight. As we work together to deliver our priorities, we will also develop the way that we work together as a partnership, continuing to learn together and draw on our collective insights and talented people. Our approach focuses on the strengths of individuals, community networks and other assets – and not their deficits – led by a focus on outcomes rather than a focus on services.



The strength of our communities

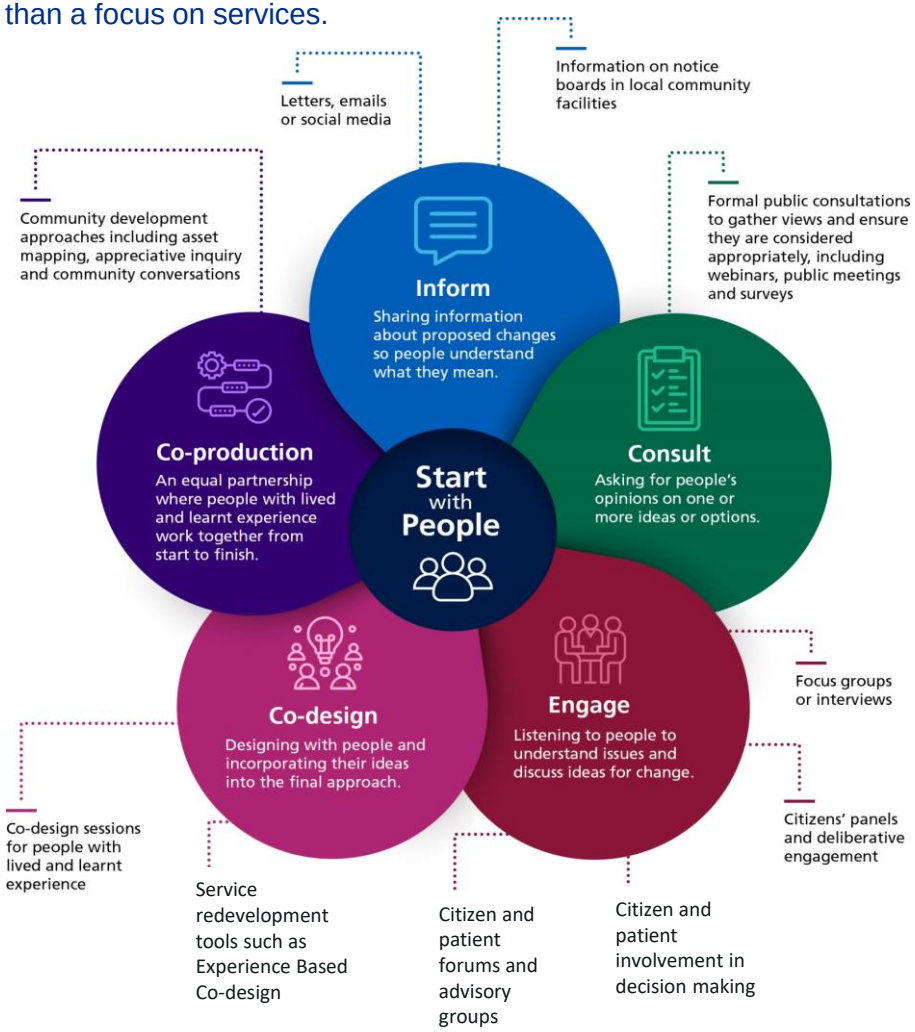
Our ambition is it to harness the resources, skills, knowledge and experience of the communities we serve. We have strong communities, within which many people give their time and skills as volunteers, and thousands of people providing unpaid care to their loved ones. Our voluntary, community and social enterprise sector is a significant asset and makes a huge contribution to our communities.

Thousands of students attend higher education here and we are home to outstanding centres of research and innovation in our local universities industry and academic health science network. We have a thriving cultural scene and industries providing employment and infrastructure.

Using these assets we will address health inequalities, improve and innovate the way we deliver services, support economic growth and support local people to improve their health, happiness, wealth and wellbeing.

As described earlier, we have drawn upon insights from local people to inform this interim strategy. Our community involvement approach, incorporates many ways of working with local people (see right), and builds on existing best practice here and in other places, strengthening the valuable relationships we have, and meeting the needs of our diverse communities.

As part of this, we are launching a project aimed at supporting under-served communities to participate in research to improve access, resources and support. The project brings together voluntary; community; social enterprise; local government; health and adult social care partners, the University of Winchester and people with lived experiences. This will be instrumental in the delivery of this strategy and our ongoing work as a partnership with our local communities.

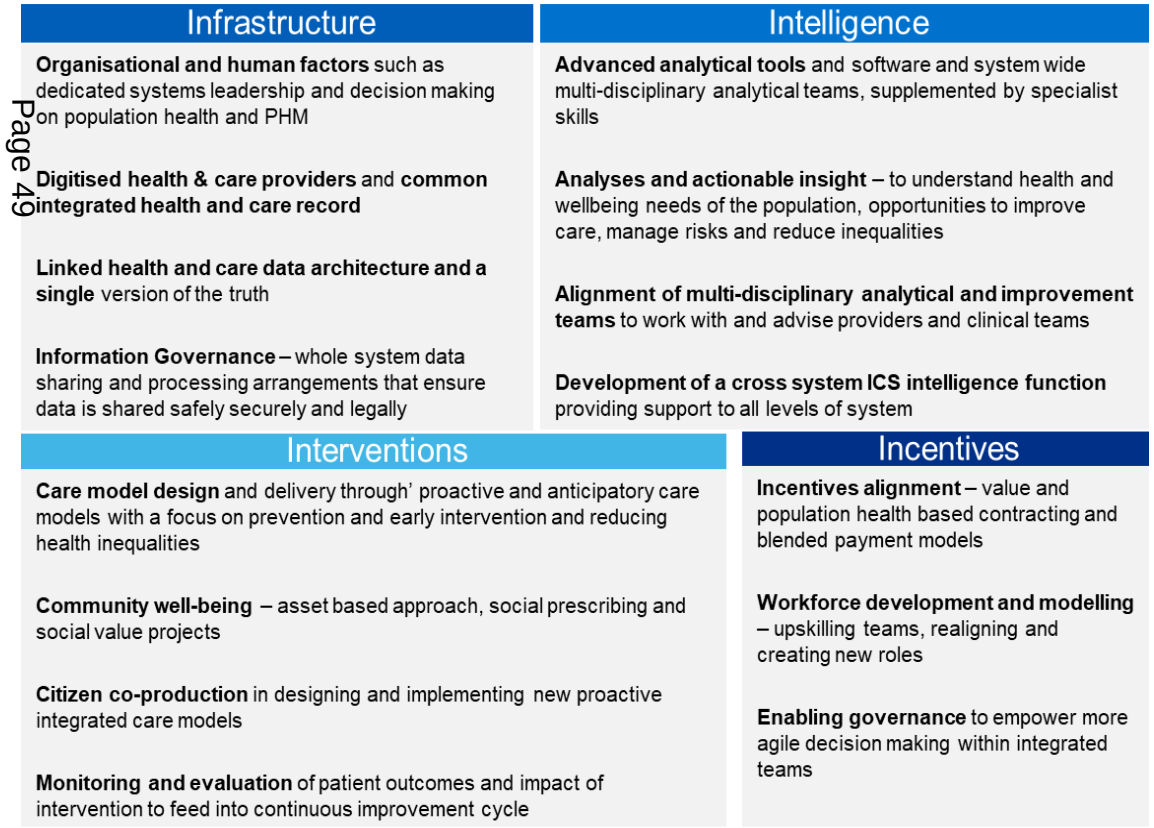


Developing our learning system

Together we will design a learning and improvement system, building on excellent practice across Hampshire and Isle of Wight, and drawing on evidence and best practice from the highest performing health and care systems nationally and internationally. We will develop a unified approach to change and transformation, and how we will deliver the best outcomes for local people, making the best use of our resources. This will have implications for how we plan, design, deliver and sustain change and improvement. Key to this are our collective insight and innovation capabilities.

Our population health approach: building capability across the "four Is"

Building these capabilities will enable us to deliver a population health management approach to support us in delivering our strategic priorities. Through good population health management we can target groups of people with greatest need with the best type of evidence-based support.



Research and innovation

There are vast opportunities for research and innovation to help address challenges around:

- workforce (including health impacts on employment and improving workforce efficiency)
- mental health and wellbeing, particularly for children and young people
- new approaches to care for people living with long term conditions and for older people
- making the best use of digital solutions
- accessing routine care following the Covid-19 pandemic.

Some of these innovations help us to better deliver the right things at the right times in the right place, making the most efficient use of workforce and empowering people in their own lives. Other innovations drive technical efficiencies in established pathways of care. As in other global health systems, the adoption of innovations in health and care is patchy, driven by the way innovation is prioritised and funded. In the United Kingdom, we invest heavily in invention, but our ability to make use of inventions does not always keep pace.

Working as an integrated care partnership allows us to better align all the organisations in our system to make better use of innovations. Other factors that support this include the merging and therefore better alignment of central bodies, and our collective experiences of working through the Covid-19 pandemic, which changed our understanding of what is possible and how to enable rapid invention, adaptation and use of innovations. In Hampshire and Isle of Wight we will seek out research and innovation that directly supports our five strategic priorities, work out how these can be adopted across our partners and services, and develop our capacity and capability to sustain and spread innovations as part of our learning system approach. In doing so we will make best use of:

- Relationships with academic networks and institutions
- Commercial support and relationships with industry
- Design support and implementation science
- Real world evidence about what works well
- National networking, sharing, learning and supporting.

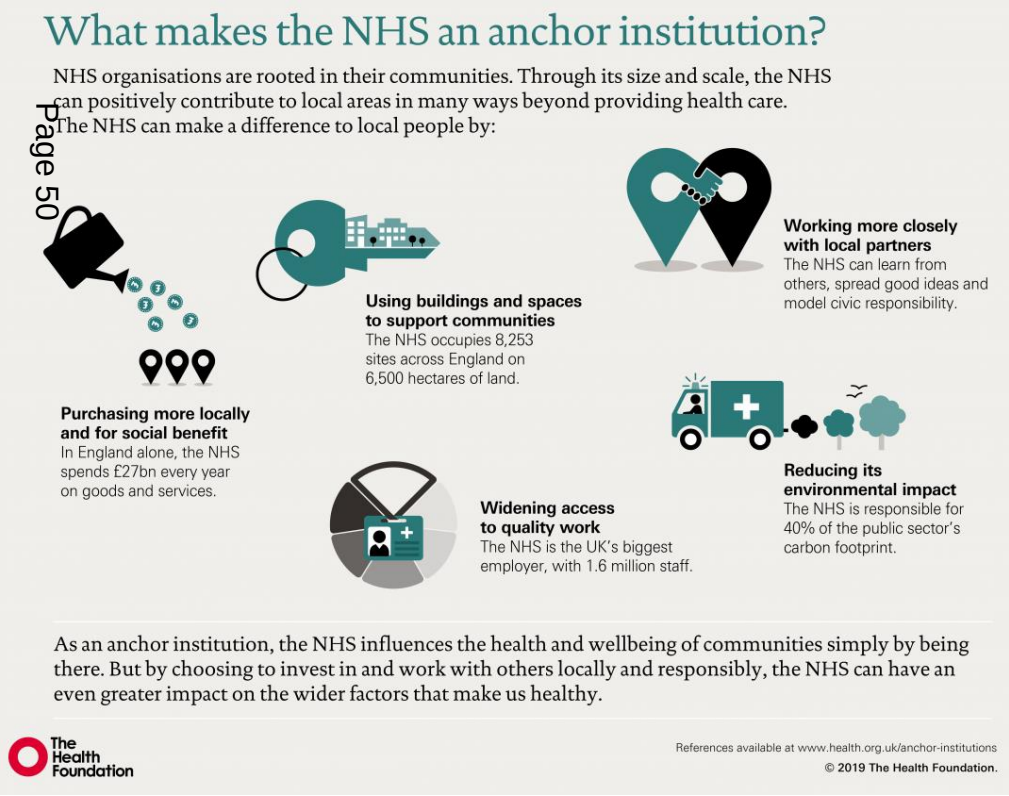
Ensuring our organisations benefit broader society and support environmental sustainability

Our organisations as “anchor institutions”

Large businesses, local authorities, NHS and other public sector organisations, are rooted in their local communities and can make a big contribution to local areas in many ways, far beyond our core purpose as organisations. The term ***anchor institutions*** refers to large organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. Anchors get their name because they are unlikely to relocate, given their connection to the local population, and have a significant influence on local health and wellbeing.

The Health Foundation developed the graphic (bottom left) to show how NHS organisations act as anchor institutions in their local communities. Although the graphic refers to the NHS, the same principles apply to partners, including local authorities, universities and large employers; local authorities already do much on their work as anchor institutions.

We are increasingly conscious of our potential to make an even greater contribution to broader society including supporting economic growth and the environment, and are working to better understand and realise this potential. In our workforce priority, we describe our ambition to work together to improve the health, happiness, wealth and wellbeing of local people working in our organisations, and our future workforce, and drawing more local people into employment and volunteering.



Opportunities to work together for a cleaner, greener environment for us all

Another area of focus for us as anchor institutions, is our work to address the climate crisis, as described below.

- **Reducing carbon emissions** through energy and water efficiencies and clean technology installations will contribute to cleaner air across Hampshire and Isle of Wight, and offer the potential to reduce the pressure on our system by lowering rates of chronic disease such as cardiovascular disease in our local population
- **Supporting local biodiversity** through creating or enhancing green spaces on our estate (land) to promote residents, staff and wider community health and wellbeing now and in the future
- **Empowering and supporting our workforce** to make greener decisions through creating an innovative environment, where our people feel able to embrace sustainability practices in their day-today actions and has a positive effect on their wellbeing at work
- **Reducing indirect environmental impacts** and maximising social value by choosing local and conscientious suppliers where possible e.g. maximising efficiencies in transporting of goods
- **Reducing operational waste** including choosing low carbon alternatives such as reusable equipment and reutilising where possible

Our partnership is committed to maximising our positive contribution to our local area wherever possible.

Funding and finance

All system partners are operating within an increasingly difficult national economic environment. Local authorities continue to work creatively with partners and populations to deliver statutory services within revenue and capital resources. At the time of writing, the impact of the recent 2022 Autumn Statement is still being worked through by councils. However, it is assumed that the overarching position remains relatively unchanged. Challenges coping within normal inflationary pressures, over a decade of reductions in core budgets, in addition to the significant unfunded growth in demand and costs, particularly in adults' and children's social care, and the crisis in special education needs, means that some local authorities are now pressing for fundamental change either in the way these services are funded, or in our statutory obligations.

The NHS in Hampshire and Isle of Wight receives £3.6bn for the health and care of its population, equating to approximately £1,895 per head of population. This is a relatively high level of funding per head of population compared to the rest of the country; however, in the context of increasing demand for services and rising costs, we will continue to see a challenged financial environment.

This further demonstrates the need to focus on the priority areas set out in this interim strategy to improve the health and wellbeing of local people. Partners are keen to better understand the totality of our funding envelope and explore opportunities to work together to make best use of the collective funding and resources available.

Nationally and in our system, local authorities are facing financial pressures in adult and children's social care, public health and the broader services that impact health and wellbeing outcomes. At the same time the health and care system faces further activity, workforce and financial challenges going forward across the NHS, local authorities and the voluntary sector.

Making best use of our resources

As a partnership, we are exploring what we can do to make better use of our resources, including:

- How to deliver efficiencies so that more funding can be made available to deliver our five strategic priorities
- Developing an equity model to ensure investment decisions are driven by population need and support reductions in the health inequalities described in this interim strategy
- All partners collectively providing and driving funding to the right places to ensure best value, care and support for local people
- Making more use of pooled funds through the use of Section 75 agreements between local authority and NHS partners, and similar, where appropriate
- How to operate an 'open book' financial culture
- Developing our shared approach across all partners to taking difficult financial decisions
- Increased contributions to local economic growth.

Section 75 agreements

Section 75 of the NHS Act 2006 allows partners (NHS bodies and councils) to contribute to a common fund which can be used to commission health or social care related services. This power allows a local authority to commission health services and NHS commissioners to commission social care. It enables joint commissioning and commissioning of integrated services.

Established section 75 arrangements are already in place between our integrated care board and our four upper tier local authority areas. This mechanism has resulted in a major increase in pooled budgets over the years in some parts of our system, where partners have agreed to share risks and rewards and accountability for outcomes.

Further integration of health and social care, while complex to deliver, is recognised as a much needed response to the challenges of rising demand and budgetary constraints. Our ambition is to utilise the section 75 agreements as the vehicle to further drive integration of services at a local level and also deliver on the strategic objectives of this strategy. We will continue to review the opportunities to use section 75 arrangements to further integrate services as the strategy develops and our place-based partnerships grow.

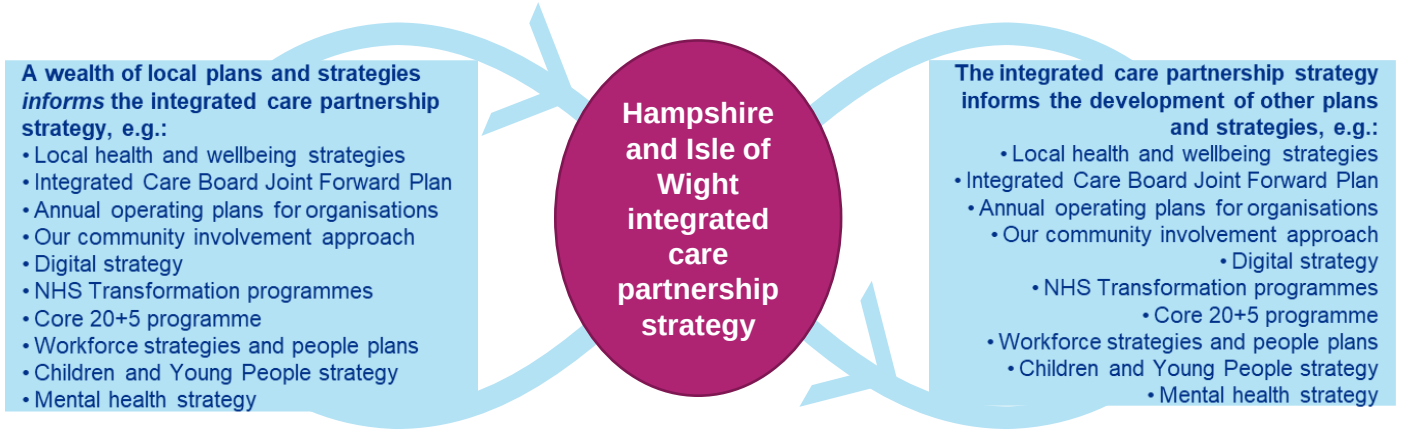
Implementation and iteration

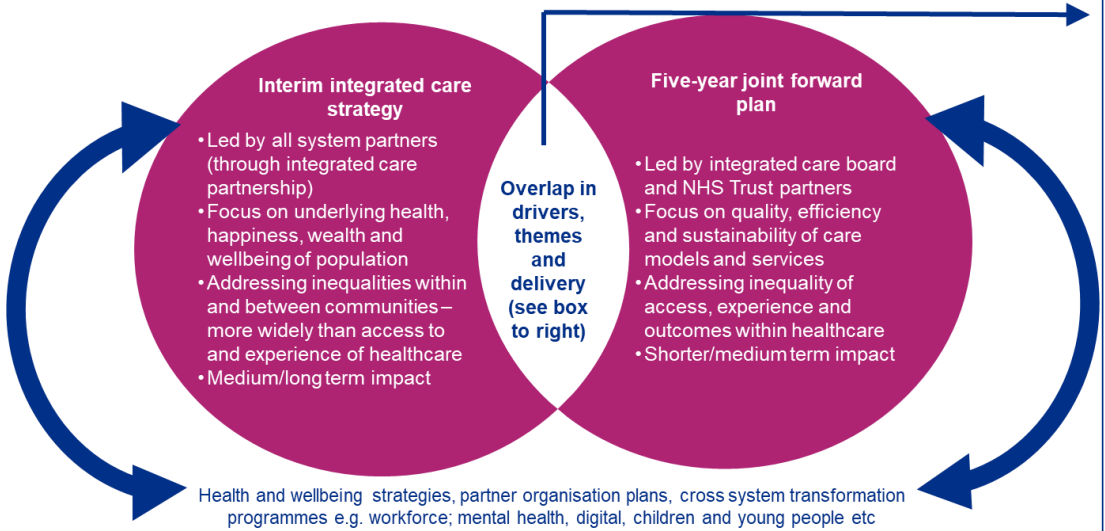
The integrated care partnership strategy is informed by other local strategies and plan, and in turn informs the refresh of those strategies and plans over time. This is an iterative process and joining up the priority areas across our various strategies and plans forms part of our new ways of working together.
We will regularly review our priorities to ensure that they remain relevant and check that we are delivering improvements in these areas for our local communities. In particular, we will refresh our strategy when new joint strategic needs assessments are created.

During the early part of 2023, we will:

- Publish a summary version of our interim strategy
- Invite further reflections and feedback from local people and partners to further inform our next work together to translate this strategy into delivery, as well as future refreshes of this strategy
- Work together and with local people, especially those with lived experience, to
    - develop our delivery framework for each of our priority areas
    - create a clear dashboard to measure and report progress in our delivery of our strategy on a quarterly and annual basis. This will be publicly available to ensure transparency and promote accountability
    - establish effective ways of reflecting on, and learning from our work together as a 'learning system'
    - use this interim strategy to inform the development of the NHS five-year joint forward plan (see right), and inform future versions of individual health and wellbeing strategies, NHS, voluntary sector and other organisation-specific plans

If you would like to be involved in these activities, please contact hiowicb-hsi.partnerships@nhs.net





Areas of overlap

- Both deliver the four aims of the ICS
- Both aim to address the most critical issues affecting the health service – i.e. increasing demand for services, workforce shortages. The strategy does this through the lens of population wellness, and the joint forward plan through the lens of service sustainability and quality.
- Both require a wide range of partners to be involved in delivery
- Both require community involvement and co-production
- The interim integrated care strategy and the joint forward plan together provide the strategic priorities and direction for the integrated care board.

Our strategy in summary

Our shared aims	Improve outcomes in population health and healthcare	Tackle inequalities in outcomes, experience and access	Enhance productivity and value for money	Help the NHS support broader social and economic development.	Take a more community-centred approach to wellbeing
Our challenges	Our population is growing and ageing. Improvement in life expectancy has stalled and begun to fall. Vulnerable people are dying younger and suffering poorer health than the general population. Inequalities are getting worse and drive worse outcomes. Challenges in workforce supply, funding, demand for services outstripping supply, impact of Covid-19 and cost of living. Without check inequalities will grow, years lived in poor health will increase and services will not cope.				
A radically different approach	Working together across all partners to take a community-centred approach to wellbeing. Seizing the opportunities offered by working together as a system and partnership with a mandate to use collective resources in new and different ways to build a better future - health, happiness, wealth and wellbeing.				
Priority areas *These themes emerged from evidence and conversations in Hampshire and Isle of Wight*	**Children and young people** We want all children to get the best possible start in life, regardless of where they are born.	**Mental wellbeing** We want mental wellbeing to be at the forefront of all that we do and to ensure as much importance is given to mental wellbeing as physical health.	**Promoting good health and providing proactive care** We want to enable every individual to live more of their life in a state of good health and be able to access resources and services in their communities.		
What we will initially focus on together *In our work together to deliver on our priority areas, we will:*	**Focus on the "best start in life" for every child** in the first 1000 days of their life	**Better connect people** to avoid loneliness and social isolation	Improve **social connectedness**		
	Improve access and mental health outcomes for children and adolescent mental health services	**Promote emotional wellbeing and prevent psychological harm**	**Provide support in community settings** for healthy behaviours and mental wellbeing		
	Work with schools and other key partners on **prevention and early intervention**	**Improve mental health and emotional resilience for children and young people**	Ensure **equal importance** is given to mental wellbeing and physical health		
	Continue and develop our **trauma-informed approach**	Focused work to **prevent suicide**	Minimise potential health and wellbeing impact of **cost of living pressures**		
	Co-locate services to enable a **family-based approach**	Improve access to **bereavement support**	Provide **proactive, integrated care for people with complex needs**		
	Further develop a **joint children's digital strategy**	**Address inequalities in access and services**	Support **healthy ageing** and people living with the impact of ageing		
		Support the **mental health and wellbeing of our staff**	**Combine resources** around groups of greatest need		
Enabling priorities *Improving workforce, digital, data and shared insights will enable us to deliver our work together around children and young people, mental well being and promoting good health.*	**Our workforce:** We want to ensure we can attract, recruit and retain people with the right skills and values to enable provision of high quality health and care services for the population of Hampshire and Isle of Wight. .	**Evolve our workforce models and building capacity to meet demand**	**Ensure the availability of the right skills and capabilities**	**Ensure people who provide services are well supported and feel valued**	
	Digital solutions, data and insights: We want to harness the benefits that digital solutions can offer and ensure they are available to everybody, regardless of age and household income	**Empower people to use digital solutions**	**Support our workforce**	**Improve how we share information**	**Continue to improve our digital solutions**
The "Hampshire and Isle of Wight way"	**As we work together to deliver our priorities, we will continue to learn together, and build our culture, capabilities and collaboration as a new integrated care partnership:** working with communities; adopting a continuous learning approach; developing a shared understanding of our opportunities and challenges, and shared vision; focusing on outcomes; building a high trust and high support culture; drawing on insights from all partners; listening to each other; focussing on priorities that resonate with all partners; making the best use of collective resource and capacity, strengthening our population health approach and developing our approach to collective assurance and accountability.				

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Isle of Wight Health and Wellbeing Board			
Paper Title:	**Drivers of Health Inequalities on the Isle of Wight**	**Item no:**	
Author:	Jo Jefferies, Eleanor Reed, Catherine Walsh, Jenny Bowers,	**Date:**	January 2022
Sponsor:	Simon Bryant		
Background/Context:	**1. Introduction** Whilst health services and public health interventions can go some way to increasing the opportunities for good health, to understand why it is not an equal playing field, it is necessary to consider the bigger picture, that is to consider the range of factors which influence our health and wellbeing and the differences observed between different groups. The circumstances in which we are born, grow, live and work are the things which have the strongest influence and biggest impact on health and often include factors outside the control of individuals, so while there are steps that we can take to improve our health, the biggest changes will only come by acting on these wider factors. These factors can be considered as the 'building blocks of health'. They are the things which have the strongest influence and biggest impact on health, things like the built and natural environment, how we travel, the food we eat, the quality of education and work, and the money we have, as well as the homes we live in and the family, friends and communities around us which are impacted by both national and local policy. As an anchor institution[1], Isle of Wight Council is well positioned to use its assets and resources to benefit the communities it serves to impact on some of the building blocks that drive health and contribute to inequalities to narrow the gaps in health experienced between different		

[1] What is an anchor institution? | CLES

groups and communities. The action required is cross cutting and includes policies, actions, and community engagement across a range of areas

This paper draws on the recently published Joint Strategic Needs Assessment (JSNA) to describe some of the key inequalities in health and wellbeing affecting the Isle of Wight population, exploring the factors that drive this and the health conditions where inequality is most evident before exploring in more detail how a range of factors, taken together have impacted disproportionately in communities in specific areas of Pan, Ryde, Freshwater and Sandown.

The paper describes current work being undertaken by the Council and its partners across the Island as a whole and specifically in the areas discussed to tackle and reduce the impact of inequalities on health and wellbeing and asks CMT to consider where there may be opportunities to build on existing work, work differently or to work with system partners and communities in new ways which will continue to address health inequalities against a background of increasing financial challenges.

2. Background

Understanding population structure helps us understand inequalities

The Isle of Wight has a significantly older population than England as a whole, 37% of residents are aged over 60 years compared to 24% nationally. There has been an increase of 24.7% in people aged 65 years and over, with a reduction in the proportion of people aged 15 to 64 years and children aged under 15 years over the last two censuses. The increase in over-65s locally is almost twice that observed for England.

The Island experiences more migration within the country than other parts of the UK for both inflow and outflow. This means that, compared to the rest of the country a higher proportion of younger people leave the island to go university and / or to pursue employment opportunities elsewhere and a higher proportion of older working age adult and older retirees move to the island in later life

	than in other areas. This could also include some younger age adults returning to raise families. Although older people can experience worse health and more deprivation, trend data for life expectancy and healthy life expectancy for this population on the Island shows that in general, older people living here have a similar or better life expectancy and can expect to live a similar or statistically better number of years in good health than England, meaning that older Island residents are likely to mostly be in good health for their age. Conversely, data demonstrates that across the Island, people of all ages who live in poorer communities die earlier and live in poorer health than those living in wealthier places. Areas such as Pan in Newport and parts of Ryde are home to those with the worst deprivation, health and other wellbeing indicators, comparable to the worst 20% of the country. There is increasing evidence[2] that coastal communities face a disproportionately high burden of ill health, particularly heart disease, diabetes, cancer, COPD and mental health. National data, show that life expectancy, healthy life expectancy and disability-free life expectancy are all lower in coastal areas for males and females and 92.7% of the Island population are living in a coastal community. These issues did not emerge recently, they have developed gradually from changes in infrastructure and culture, housing provision and employment opportunities that have over the years had an impact over several generations on education, mental and physical health, parenting and family life, jobs and housing etc. Many of these trends are reflected nationally but are heightened on the Island and can be seen in worse outcomes and the patterns of demography such as far more older people and far fewer young adults than children.

[2] Chief Medical Officer's annual report 2021: health in coastal communities

	Taken together the information presented confirms that there are some factors which contribute to ill health and drive inequalities in a similar way across the island, the differences in population structure and assets in different areas of the Island also contribute. This indicates that whilst there are some actions that can be taken island wide, others may need to be tailored to local areas. **3. Assets and challenges** The Island benefits from community assets and has significant social capital as exemplified by the close-knit communities, volunteering ethos, and community-based resources run by the voluntary sector and Town and parish councils. Legacies of historical infrastructure changes have also been beneficial: the closing of railway lines led to creating the cycle path network, the Island boasts many historical assets which contribute to cultural capital and positively promote and enhance tourism which is a key industry for economic growth and employment but due to the seasonal nature also has disadvantages. It should also be noted that the cultural and hospitality sectors were significantly impacted during the Covid-19 pandemic, contributing to loss of employment and in some cases, businesses ceasing to trade. Approximately one half of the Island lies within an Area of Outstanding Natural Beauty (AONB); as an island the coast is not far from any community and the Island is a designated a UNESCO Biosphere Reserve; spending time in green and blues spaces improves health through exercise, social connectiveness and promotes mental wellbeing. Air quality on the Isle of Wight is good, enabling good respiratory health. Anchor institutions are sizeable assets which are rooted in our communities and support the health and wellbeing of a local community by providing good quality services, employment and training opportunities for local people. The Island has four such institutions: the Council, Isle of Wight College, HMP Isle of Wight and Isle of Wight NHS

	Trust with potential to work more systematically to impact on health outcomes and reduce health inequalities. Housing stock, tenure and affordability has changed over time, resulting in more people living in insecure rented accommodation and/or overcrowded conditions. Cold homes also contribute to ill health and mortality. Evidence shows us that nationally 21.5% of excess winter deaths can be attributed to homes that are cold and a study found that death rates rise 2.8% for every Celsius degree drop in the external temperature for those in the coldest 10% of homes compared to 0.9% in the warmest homes.[3] Employment opportunities have also changed with a significant proportion being seasonal resulting in seasonal changes to benefits claimants. There is evidence of increased social isolation, food insecurity and lower educational attainment and internet/online engagement. The Isle of Wight also has higher prevalence of a wide range of long-term conditions including heart disease and cancer compared to local neighbouring areas, statistically similar populations, and the UK. There are also more children with special educational needs and disabilities (SEND) than the UK average. The increased cost of living being experienced across the UK over recent months, occurring soon after the Covid-19 pandemic will be particularly impactful for the Island and is already disproportionately affecting many of those who are already most vulnerable to poor health outcomes, thereby further widening many of the health inequalities already described. **Place level analysis (See Appendix 1 for more information).** Using information from the JSNA, four 'places' across the Island were identified as areas with significant health inequalities compared to the Island as a whole and were used as case studies to explore the factors contributing to poorer health outcomes in order to provide information that could inform further work.

[3] (OHID. Cost of Living Webinar October2022)

Freshwater South, Freshwater North and Yarmouth

As a place, these areas in West Wight experience better or comparable levels of deprivation to the Island as a whole but have an acutely older population with a level of limiting long term illness or disability that is higher than England and the Isle of Wight. This area also has worse health outcomes for certain cancers and for cardiovascular disease. Housing stock in this area is likely to be older and therefore less energy efficient, the houses in this area are less energy efficient with a larger proportion of homes having an energy band D to G than other areas and therefore more likely to be older, requiring a larger proportion of household budgets to heat and thereby contributing to the health impacts of cold weather for older people who are already more vulnerable. Older people living with long term illness may be less able to socialise and therefore be more susceptible to loneliness and social isolation. The lower levels of internet usage in this area indicate that digital methods of service delivery and social contact are unlikely to be taken up by residents.

Assets in this area include West Wight Sports centre run by a community -based charity that does much more than simply provide leisure facilities, the Our Place community café, volunteer run library, and the community run Freshwater Yarmouth and Totland bus service which aims to improve access to local health, social, retail and leisure activities and in so doing support the local economy. FYT is run by volunteers thereby also enabling people to connect, enjoy meaningful work and support mental wellbeing. There is also a car ferry connecting Yarmouth with Lymington in the New Forest, again providing a connection to a broader range of services for those who can afford to travel.

Parkhurst and Hunnyhill and Pan and Barton

The population in these areas in the north and east of Newport are very different to the island as a whole with predominantly a younger middle-aged population and more marked deprivation, particularly in Pan and Barton. Disability, hospital admissions and early deaths are also all higher here than nationally. This is suggestive of

	poorer health outcomes here not being driven by older age but likely to be more related to multiple deprivation and by the significant prison population. Data from the most recent census confirms this reporting that around 70% of households in the Pan area are deprived in one or more of the four dimensions (education, health, housing and employment). It is important to note that despite these challenges, the community of Pan is close-knit with several community assets including a local community centre with a café, learning facilities, support workers, a community larder located next to the Family Centre and the primary school, there are also local shops and a play park which can all contribute positively to health and wellbeing outcomes. **Ryde central wards** The wards in the central area of Ryde[4] have a larger proportion of primary school aged children, young adults and those aged 45-55 than the Isle of Wight as a whole. There are younger, working-aged men than women reflective of the HMOs and the higher density housing. Overcrowding and fuel poverty is also more prevalent and there are also more people living alone. Ryde South East ward has a much younger and more deprived population even than the rest of Ryde. There are higher rates of admissions for intentional self-harm and alcohol but lower rates of emergency hospital admissions overall. There is significantly worse premature mortality for all causes but especially cancer, circulatory diseases and other conditions considered as preventable. Taken together this information suggests that ill health here is driven not by an aging population but by preventable conditions, shaped by the social factors or building blocks which make it challenging for younger people to live in good health. Although the evidence outlined above describes health challenges, it should be noted that Ryde has a busy town centre with many thriving local businesses, some of which are community led, for example the swimming pool

[4] Ryde North West ward, Ryde West Ward, Ryde Monktonmead ward and Ryde South East ward

	is run by a community trust and Aspire is a large community centre offering a range of facilities and activities meeting the needs of local residents. The town council employs staff to support businesses and civic pride, to run a youth café and other services. One of the main libraries for the Island is in central Ryde and there are several primary schools. The Foyer, providing young persons supported accommodation is also in in this area. Ryde is well connected with a train connecting the town with the Bay area in addition to the bus coverage. There are also connections to the mainland with two passenger Solent-crossing services. There are also natural assets including the large golden beach and parks popular offering health promoting green and blue space being used by locals and visitors alike. Taken together the information above suggests that people living in Ryde may experience barriers which prevent them from adopting and maintaining healthy behaviours, some of which are linked to factors outside their immediate control, such as poorer quality or overcrowded housing, low income and / or unemployment There may also be groups living here experiencing physical and mental health issues which make it more difficult to access support services. **The Bay area** The Bay area consists of the towns of Shanklin, Lake and Sandown running along the coast of Sandown Bay which is a several miles long stretch of golden sand with safe bathing waters. The population structure is similar to that of the Isle of Wight as a whole. Deprivation is higher than the Isle of Wight average for older people and for children. Disability, hospital admissions and early deaths are also all higher as is the proportion of older people living alone. The Bay area is home to many tourist businesses including a zoo, dinosaur museum, a pier, crazy golf and hotels, restaurants, cafes and holiday accommodation offering employment, however physically some parts look and feel neglected with empty, with some derelict hotels and shops. The Heights, the main leisure centre for the

	south of the Island is in Sandown. There is also an airfield. A cycle path converted from the old railway line runs from Sandown to Newport. **4. Current action on health inequalities** The Council is working across a range of departments and functions in ways that directly or indirectly help to tackle health inequalities. The following section describes some of these in order to demonstrate the breadth of work and help to identify where further action may result in most impact but is by no means exhaustive. The programme of work delivered through the Councils cross-directorate anti-poverty officer action group under the three strategic areas outlined in the paper presented to CMT in September 2022 by the Director of Regeneration[5] as well as the work of the multi-agency Covid-19 Recovery Group, aim to address one of the key drivers of health inequality and therefore strongly support the health inequalities agenda across the Island. The Islands Health and Wellbeing Strategy[6] sits alongside and aligns with a number of other key local strategies and plans, including the Health and Care Plan and includes a commitment to tackle health inequalities as one of it's three system priorities. Work under this priority includes many elements discussed in this paper through the three key themes of place -based approaches, tackling poverty and supporting healthy lifestyles. The Council also works in partnership with the Integrated Care Board and Integrated Care Partnership through the Prevention and Inequalities Board, the Population Health Management Programme, Community Transformation Programme and System Workforce Board and with colleagues leading vaccination and screening

[5] Poverty mitigation/Cost of living crisis on the island 06.09.2022

[6] Isle of Wight Health & Wellbeing Strategy (moderngov.co.uk)

	programmes to ensure that specific actions to address inequalities in uptake of these highly effective preventative services are in place. **Public Health** The public health team are engaged in a wide range of partnership work, much of which aims to prevent ill health and reduce health inequalities through the work of the Mental Health Alliance, Safe Accommodation Board, and Violence Reduction Unit among others. Public Health are contributing to reducing the impact of food poverty and are part of the officer-led Anti-poverty group. A Health needs assessment for Substance Misuse has recently been completed with similar work under way or being planned for Sexual and Reproductive Health, Domestic Abuse and Older Peoples health, this work will identify health inequalities in relation to these areas and inform future work to reduce these. The Healthy Lifestyles Plan is now published and includes reducing inequalities in health as one of its strategic themes along with partnership work to promote healthier lifestyles and supporting places and communities to enable residents to achieve a healthier life. An internal steering group has been set up to coordinate and oversee this work. All services commissioned by Public Health have core-outcomes to reduce the impact of inequalities. Some such as the substance misuse and domestic abuse service work with populations more likely to be experiencing health inequalities whereas as others including sexual health, health visiting & school nursing offer a universal provision with targeted elements for specific groups at increased risk of poor health outcomes, thereby helping to tackle health inequalities. Smoking cessation, weight management and NHS Health Check services are also incentivised to deliver to service users more likely to experience poor outcomes. Public Health - Living Well - Service Details (iow.gov.uk). The continued widening of inequalities in health outcomes between the most and least deprived communities evident nationally is also observed for the Isle of Wight, however taking a closer look at outcomes

	across the Island, a range differences in the health of other groups and between different geographical areas is also apparent. By utilising a range of data and intelligence together with information on how the demographics and infrastructure of the Island has changed over time it is possible to obtain a more detailed understanding of the factors driving ill health across the island as a whole, for which place-level action across the island may be appropriate and of other factors which differ between areas and therefor may be more effectively addressed by more local action.
Strategic Alignment:	Tackling health inequalities is a duty of all upper tier local authorities as set out in the Health and Social Care Act. The proposals set out align with Council strategies and the strategies of local partners including, • Health and Wellbeing Strategy • Health and Care Plan • Public Health Strategy
Analysis of Risk:	
Financial Impact:	
Involvement/ Consultation	
Recommendations	is the recommendation to undertake more work to identify the Place-level and local-level actions with key partners (and link to LGA review?)
Decision Required	[ ] Approval [x] Received for discussion [ ] To Note for Information only

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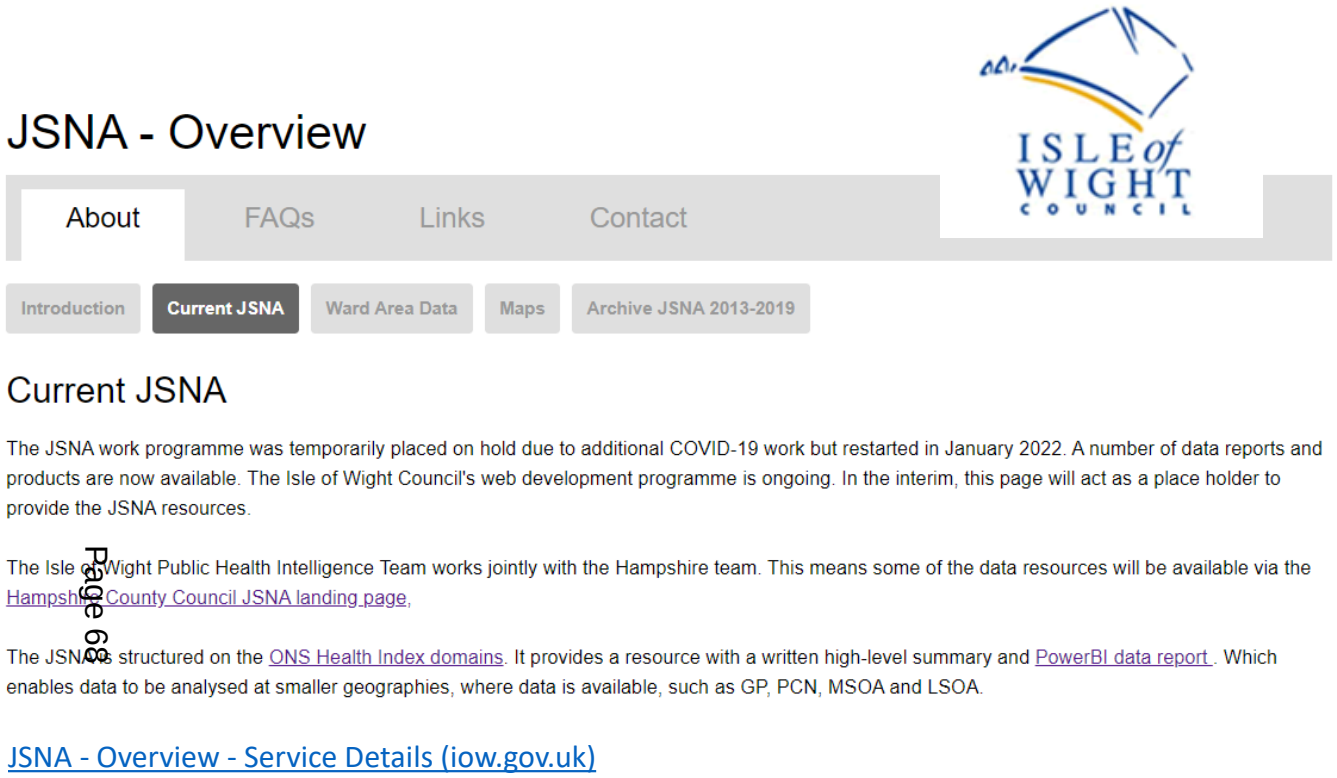
IOW Joint Strategic Needs Assessment Work Programme. The Isle of Wight story.

Isle of Wight JSNA work programme



Structured on the ONS Health Index domains and provides as a resource with a written high-level summary and PowerBI data report which enables data to be analysed at smaller geographies such as GP, PCN, LSOA, District.

Completed reports

COVID-19 Health Impact Assessment – a retrospective view of the first two waves of the pandemic and what has meant to our local populations, reviews national guidance and policy to date and what the potential impacts have been and will be on our populations.

JSNA Demography -This chapter focuses on the age structure of our population and future projections and the socio demographic and protected characteristics of our population.

JSNA Vital Statistics - This chapter provides births and deaths data and trends analysis

JSNA Healthy Places - This chapter focuses on the social and commercial drivers for health – includes district reports

JSNA Inclusion Health Groups- This chapter considers inclusion health groups across Hampshire and Isle of Wight and where possible aims to quantify these communities in our population, where they live, their demographics and describe the potential health outcomes and challenges they may face - – includes district summary

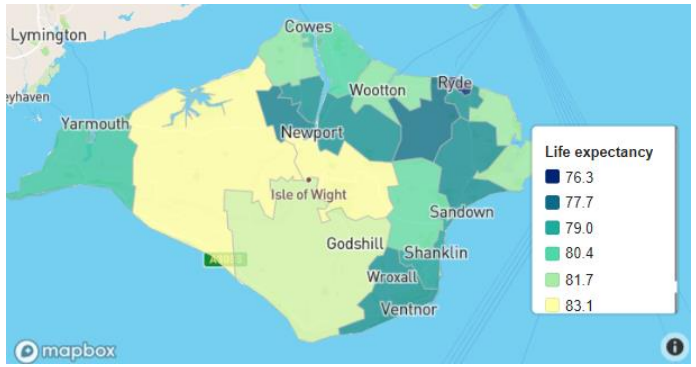
JSNA Healthy Lives - This chapter focuses on risk factors including behavioural risk factors and the wider determinants of health.

JSNA Healthy People - This chapter focuses on the health outcomes of our population and the health inequalities which are evident.

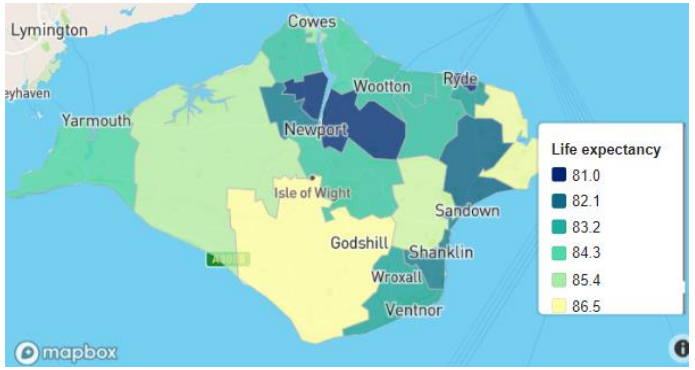
How healthy were the population of Isle of Wight before the pandemic?

Life expectancy at birth by Middle Super Output Area, 2015 to 2019

MALES



FEMALES



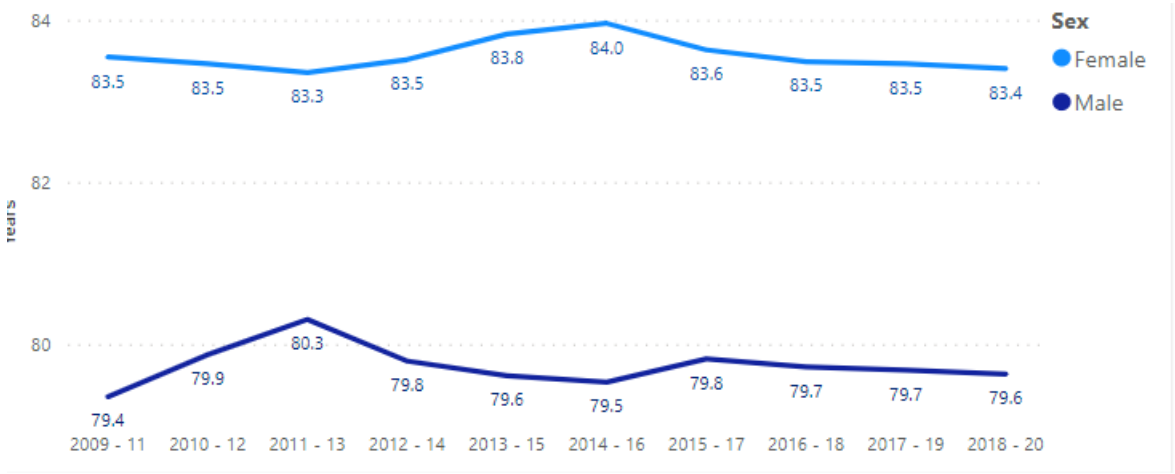
Data source: JSNA Demography

Life expectancy shows the overall trends in major population health measures which can set the context in which local authorities can assess the other indicators and identify the drivers of inequalities.

Life expectancy (all age) is similar on the Isle of Wight when compared to England however, **improvements have been slowing** and for the **more deprived areas and females, life expectancy estimates have been worsening.**

Small area estimates, shown in the map, also suggest variation in life expectancy across the island with **lower estimates suggested in the area around Newport**

Life expectancy at birth



Life expectancy indicator summary data , 2018-2020

Male life expectancy is	Male life expectancy is	Difference in male life expectancy at birth between areas in the most and least deprived decile is
79.6 years	Similar compared to England	6.8 years
Female life expectancy is	Female life expectancy is	Difference in female life expectancy at birth between area in the most and least deprived decile is
83.4 years	Similar compared to England	3.0 years

Data source: JSNA Demography

Right now, people in our poorest neighbourhoods are dying much earlier than people in the wealthiest areas. When we don't have what we need to heat our homes, buy healthy food and are constantly worrying about making ends meet, it can lead to chronic stress, poor health and lives being cut short.



Opportunities

Isle of Wight residents are much older however their overall population health may be good. Trend data for life expectancy and healthy life expectancy of people aged 65 years are comparable to or statistically better than England.

However, we know that people of all ages who live in poorer areas die earlier and live in poorer health than those living in wealthier areas and areas, such as Newport, Pan and Ryde. These areas should continue to be focused on capitalising on the assets such as the strong community spirit.

History has demonstrated changes in infrastructure, housing provision, jobs many of these trends are reflected nationally. Legacies of this time such as old railway line footpath networks, gardens are assets to the island and positively promote and enhance tourism.

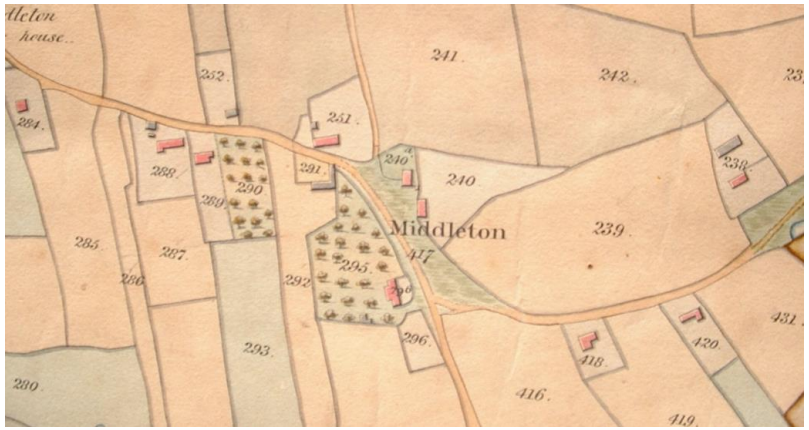
Geography approximately one half of the Island lies within an Area of Outstanding Natural Beauty (AONB); Designated a UNESCO Biosphere Reserve

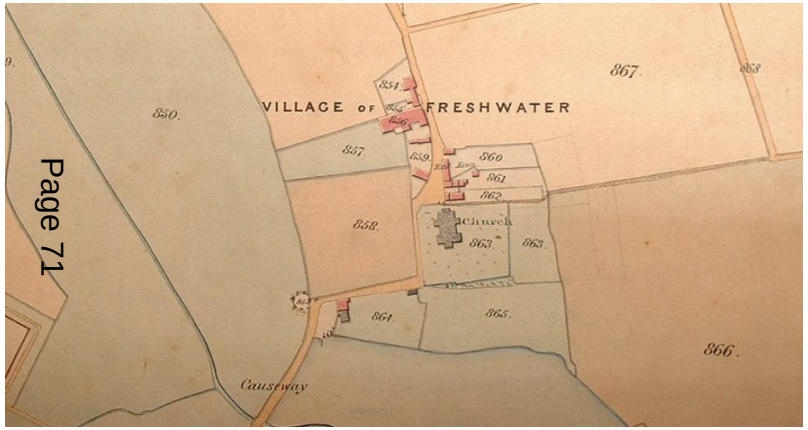
Focussing on our surroundings to promote positive mental wellbeing, social connectivity and inclusion will further enrich our older population's lives. **Recognising and respecting people's choices** providing alternatives for those who do not wish engage with the internet or online services will enable a more inclusive quality of care and social connectiveness.

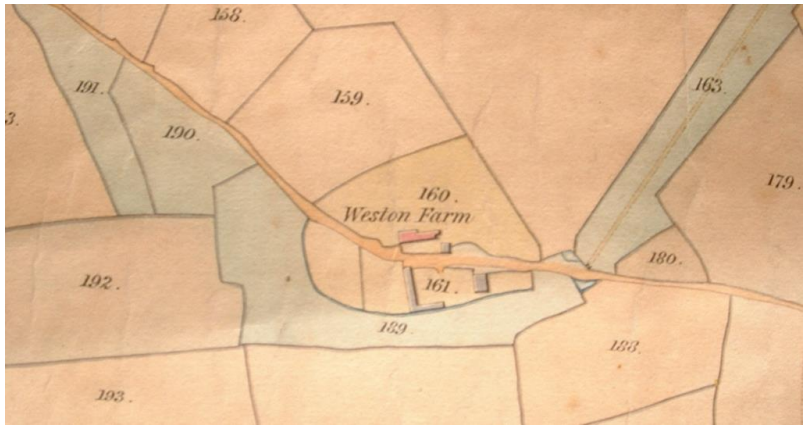
Air quality on the Isle of Wight is good, enabling good respiratory health.

Tourism industry provide job opportunities and experiences for local people but are seasonal and were vulnerable during the pandemic. **Year-Round Destination** is a sustainable approach and will reduce the vulnerabilities in this job market

Four Anchor institutions: IOW Council, IOW College, HMP Isle of Wight and St Mary's Trust. These are sizeable assets which are rooted in our communities and can be used to support local community's health and wellbeing, providing good quality employment and training opportunities for local people





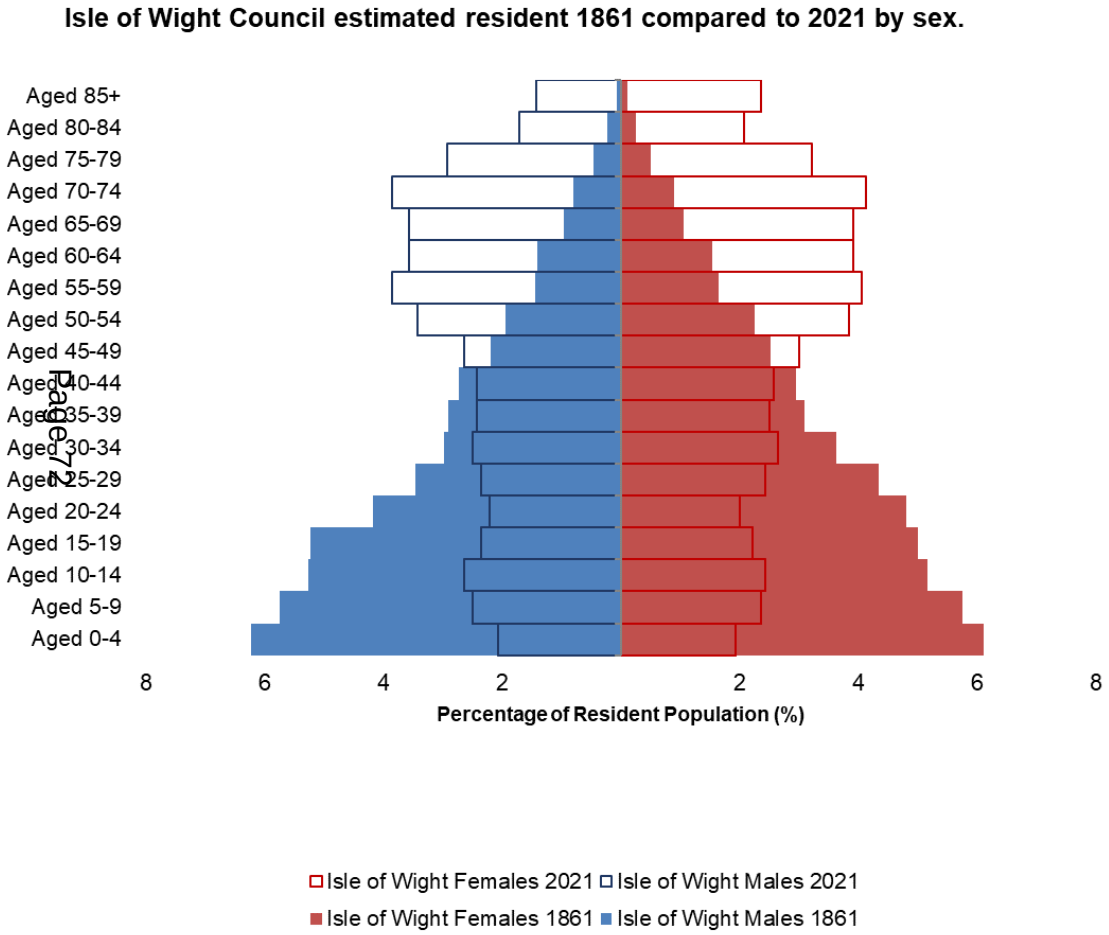


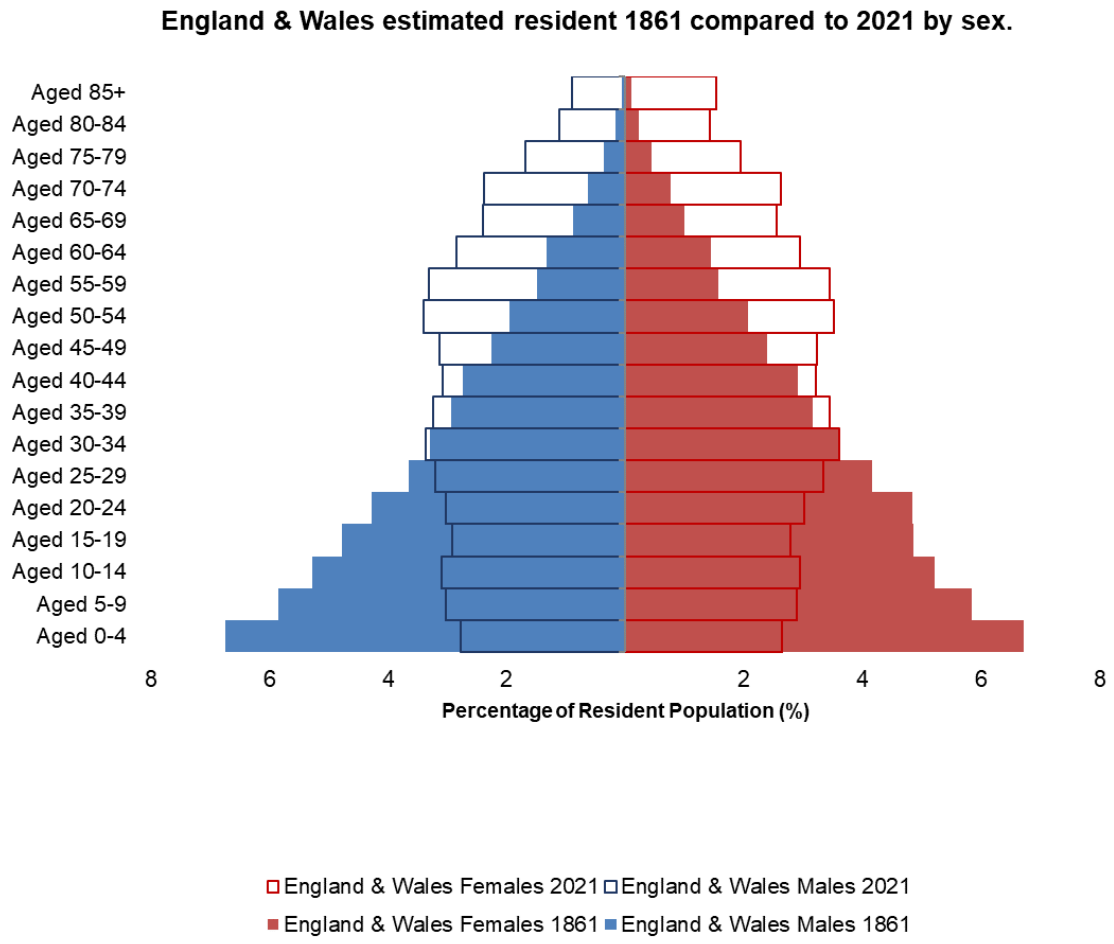
Isle of Wight Population over the history of time

Maps from the Tithe Commutation Act 1836 to present day

ISLE of WIGHT COUNCIL

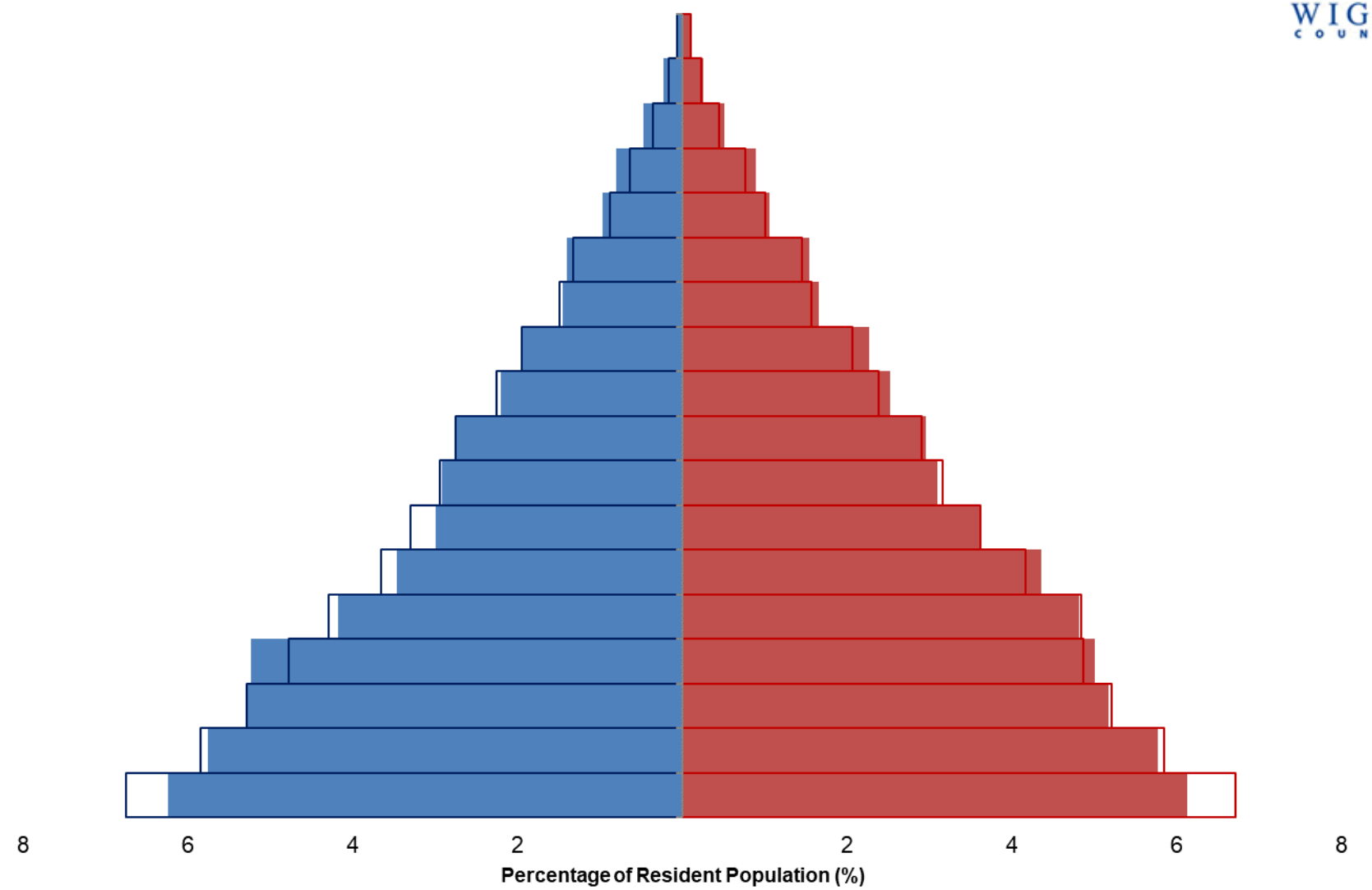
Census over time 1861 to 2021: 160 years of population change





Isle of Wight and England & Wales have a similar ageing population structure however the charts illustrate the significantly older proportion of older people on the Isle of Wight compared England & Wales

1861 Census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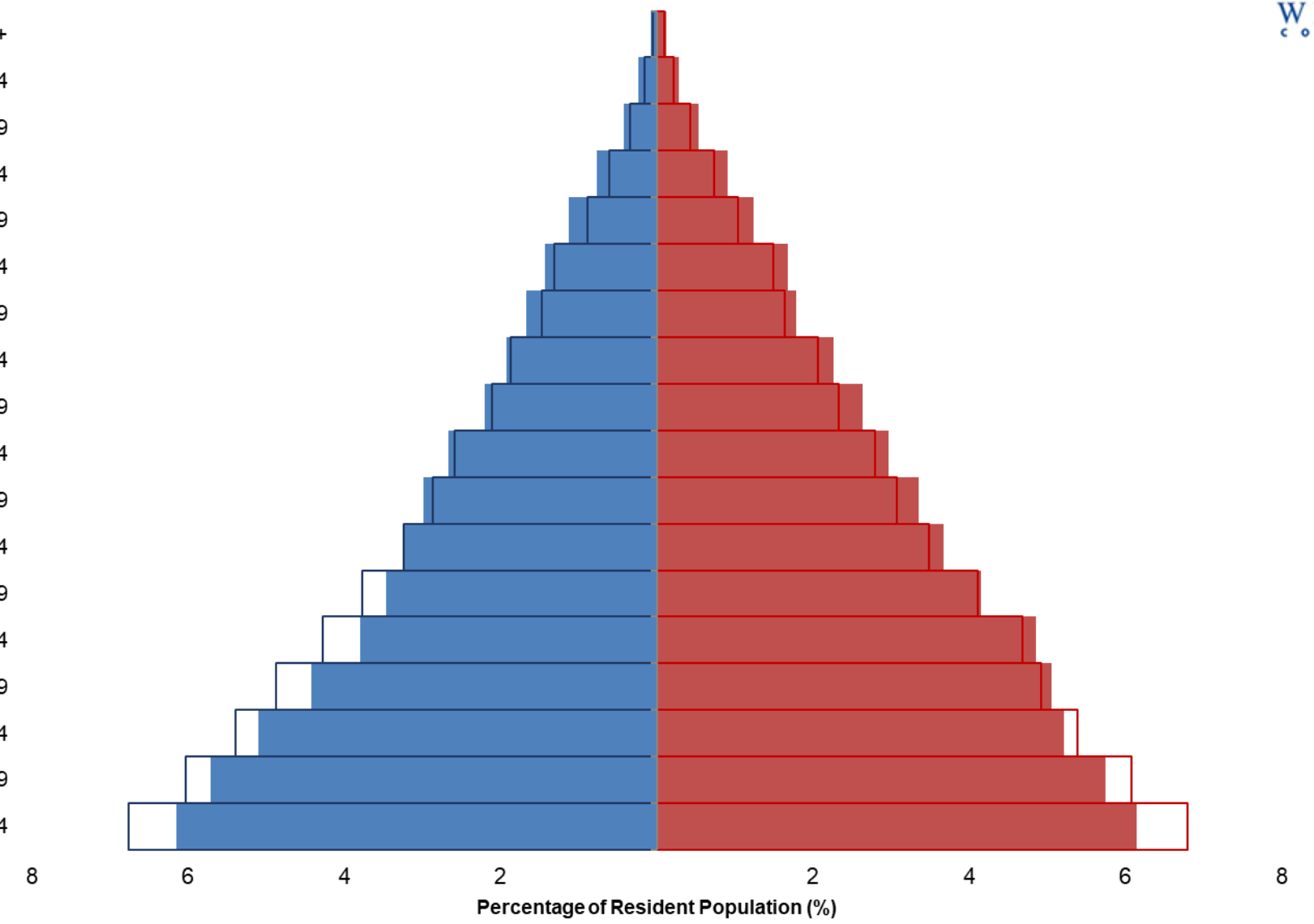
Percentage of Resident Population (%)

1881 Census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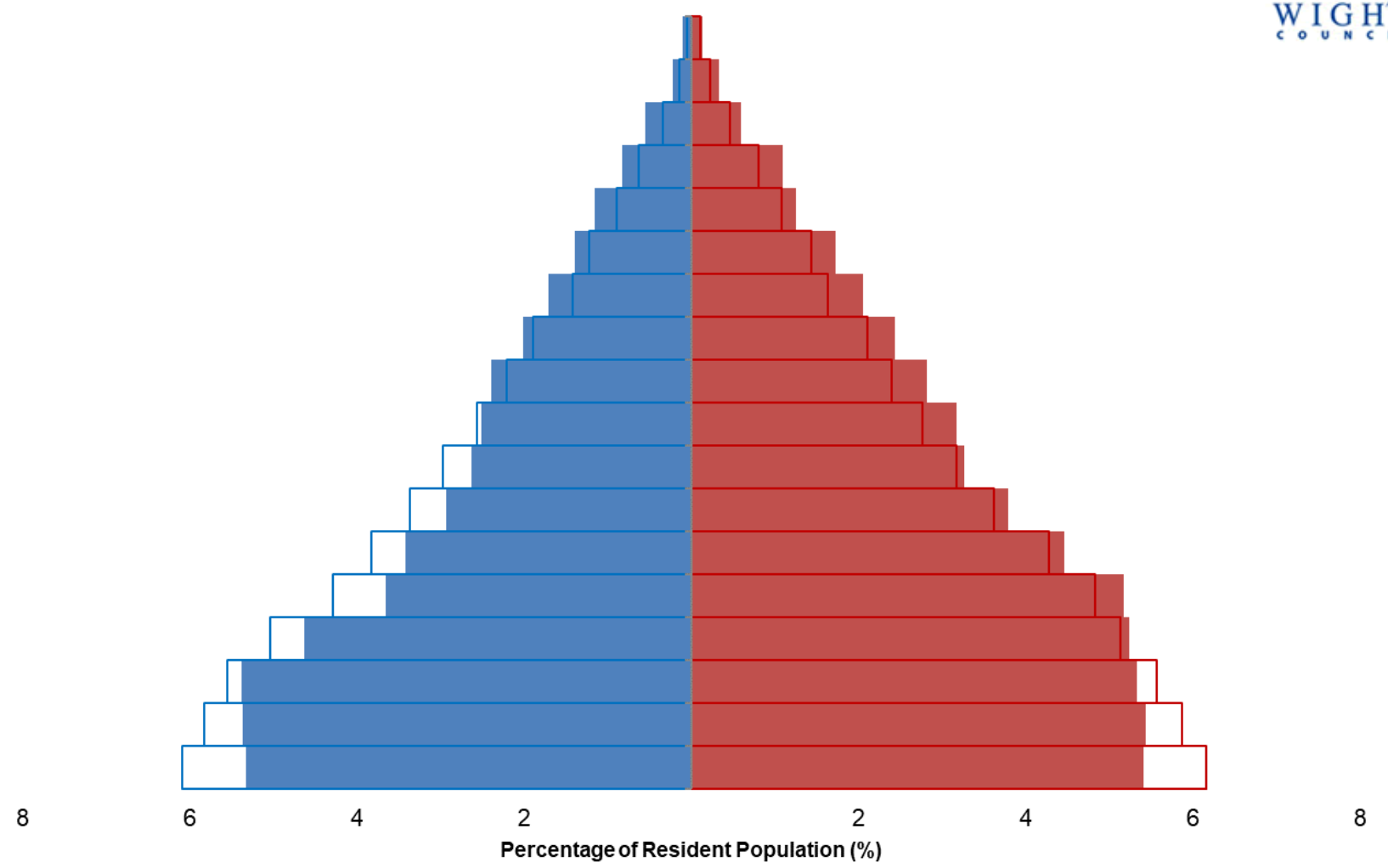
1891 Census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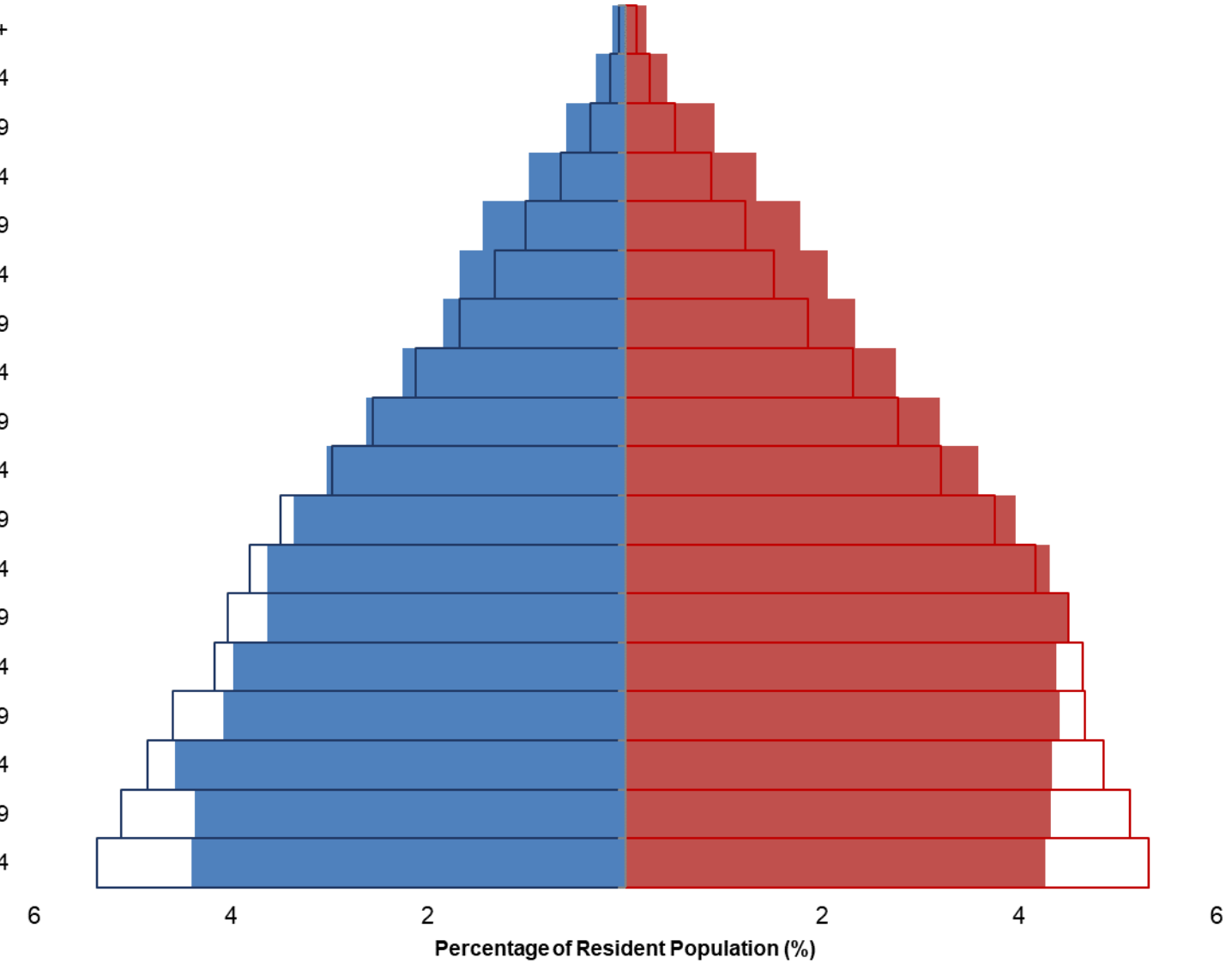
1911 Census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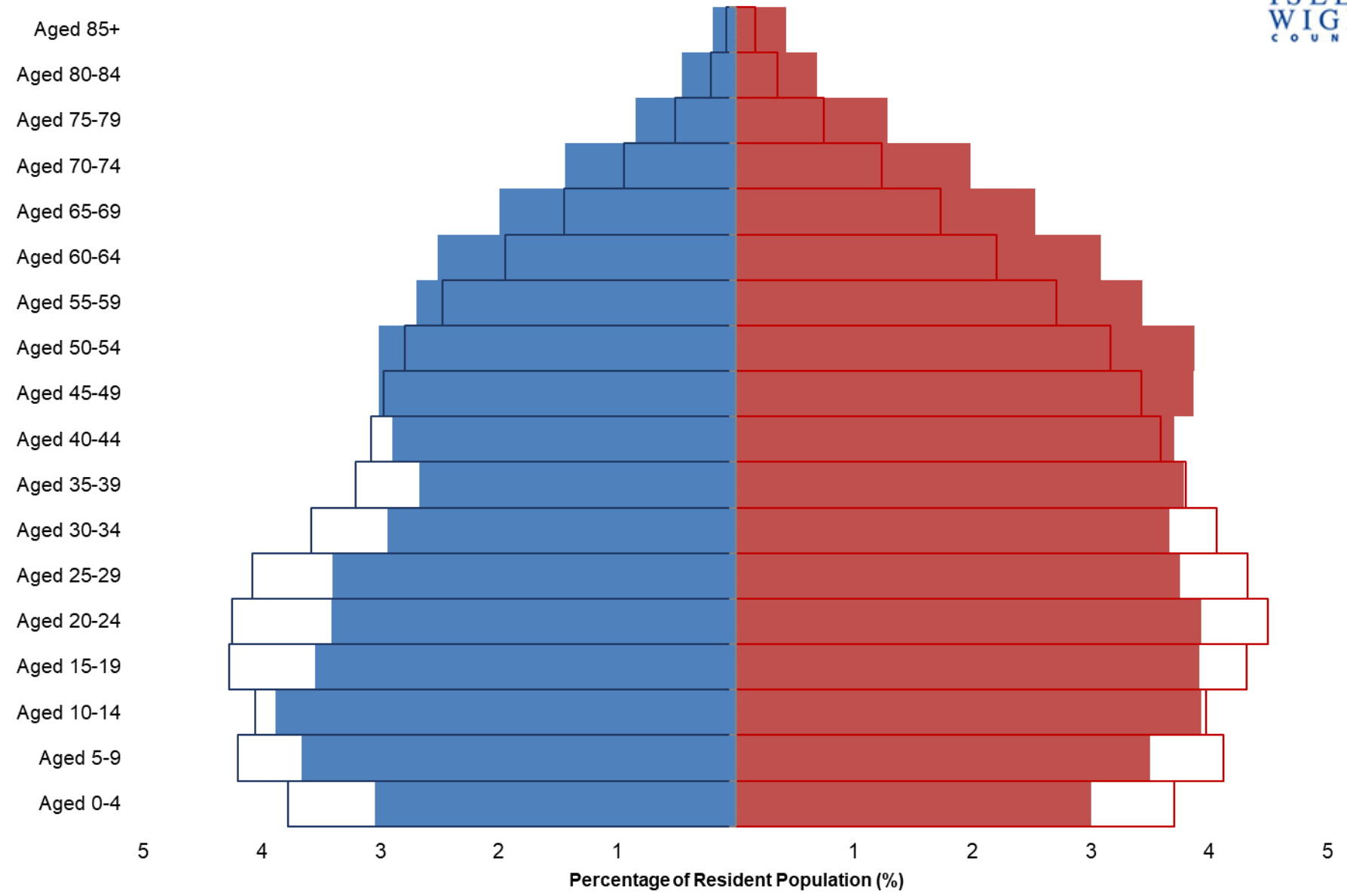
1931 Census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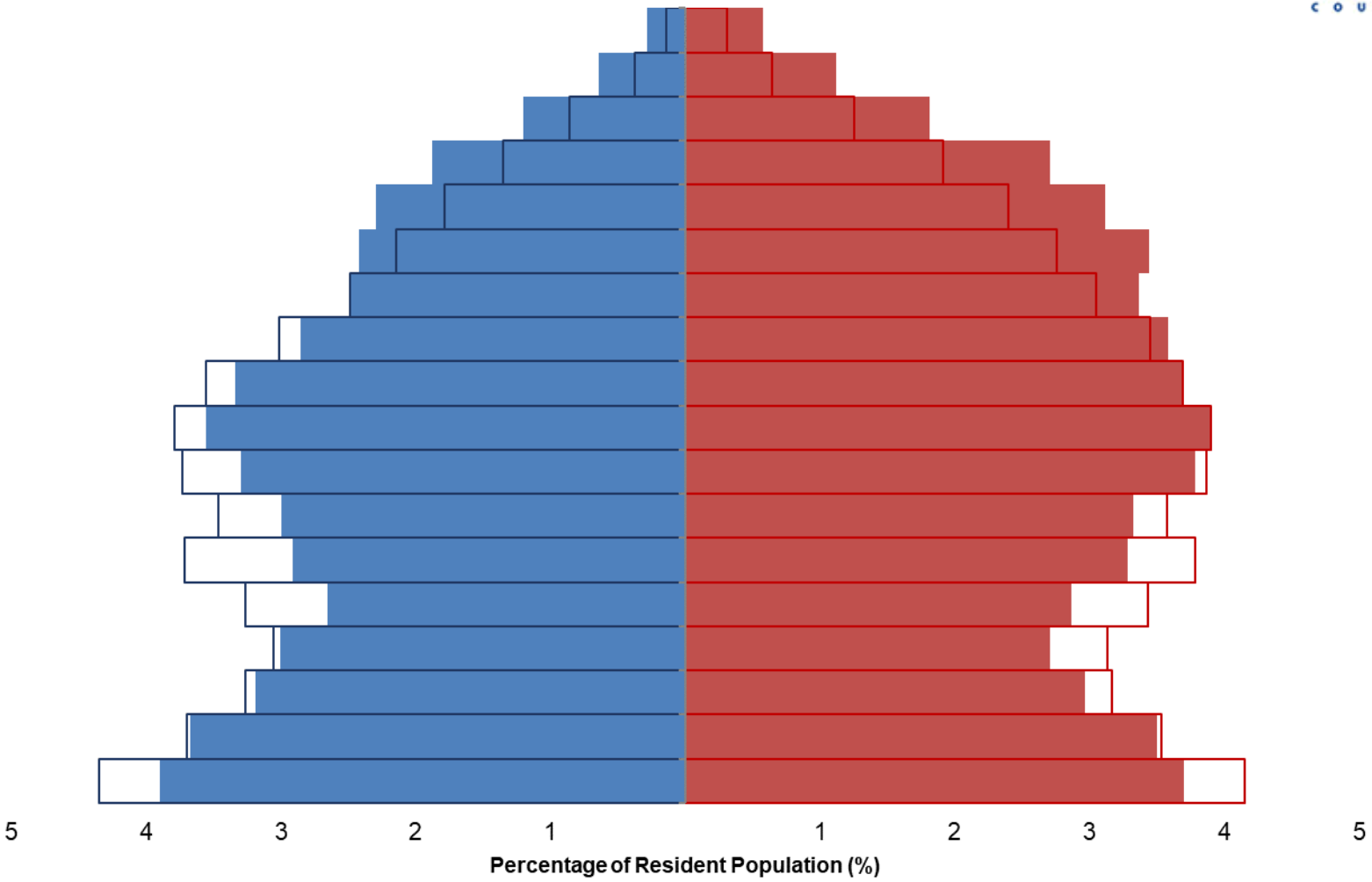
1951 Census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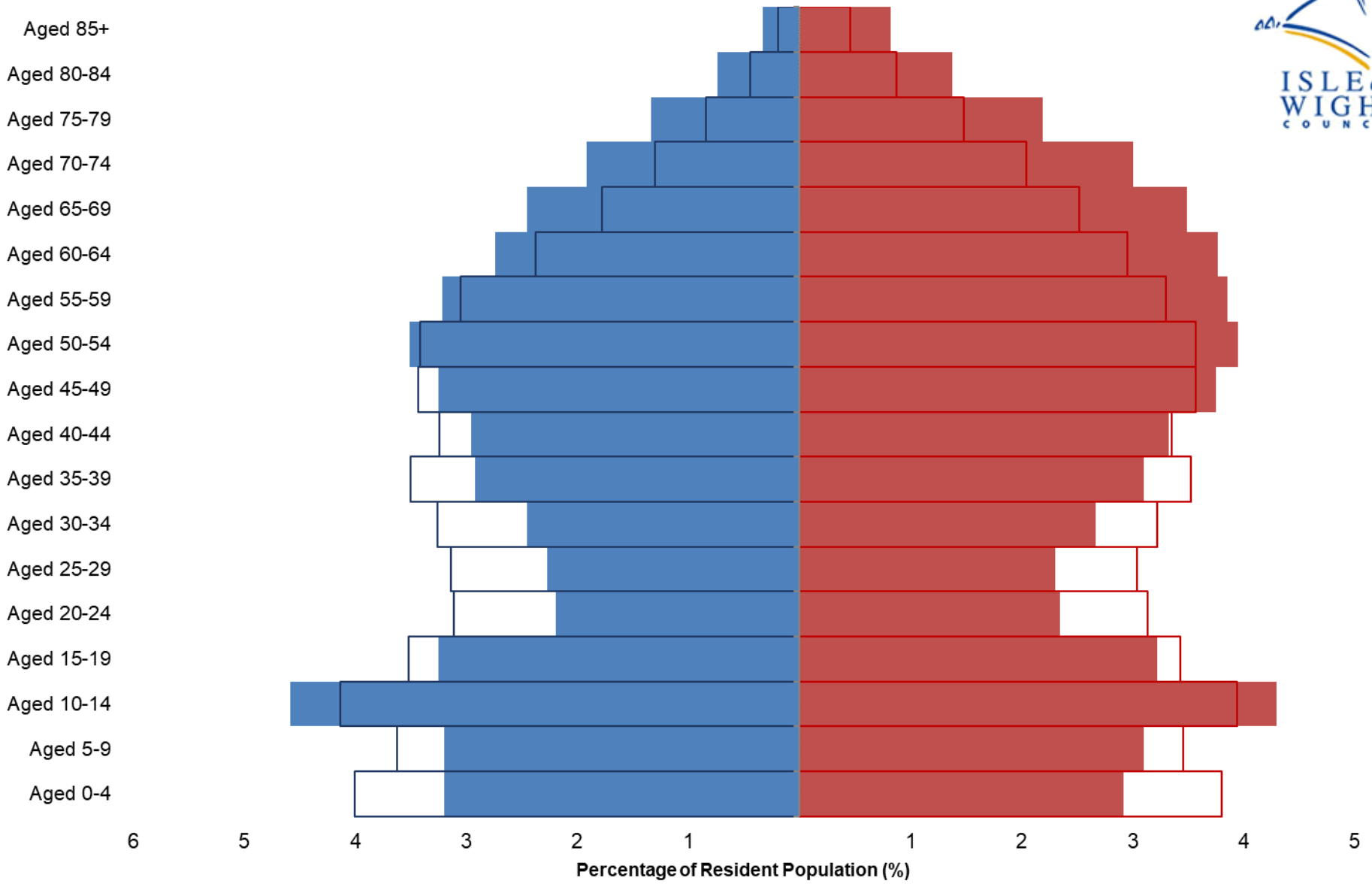
1961 Census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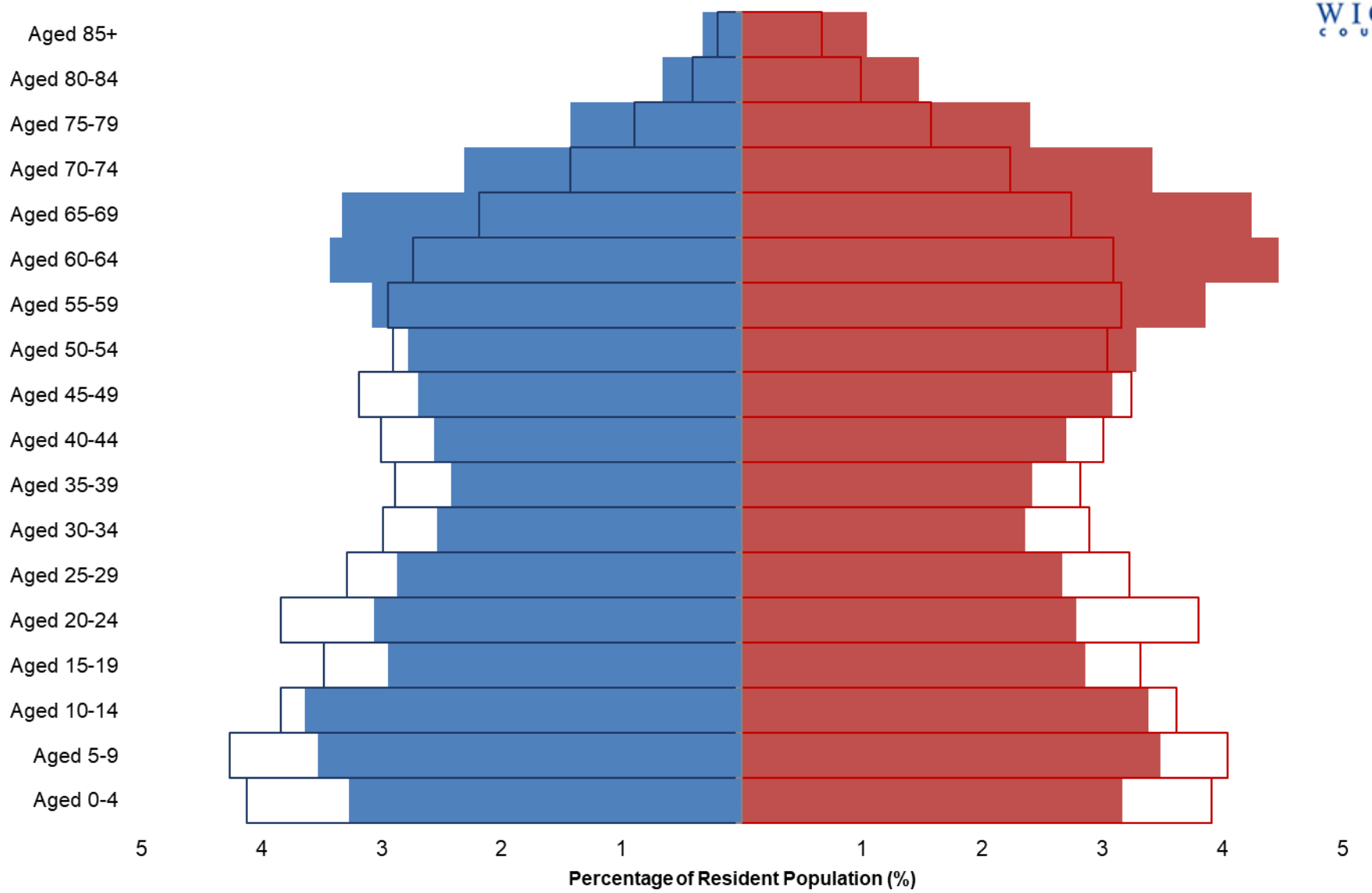
1971 Census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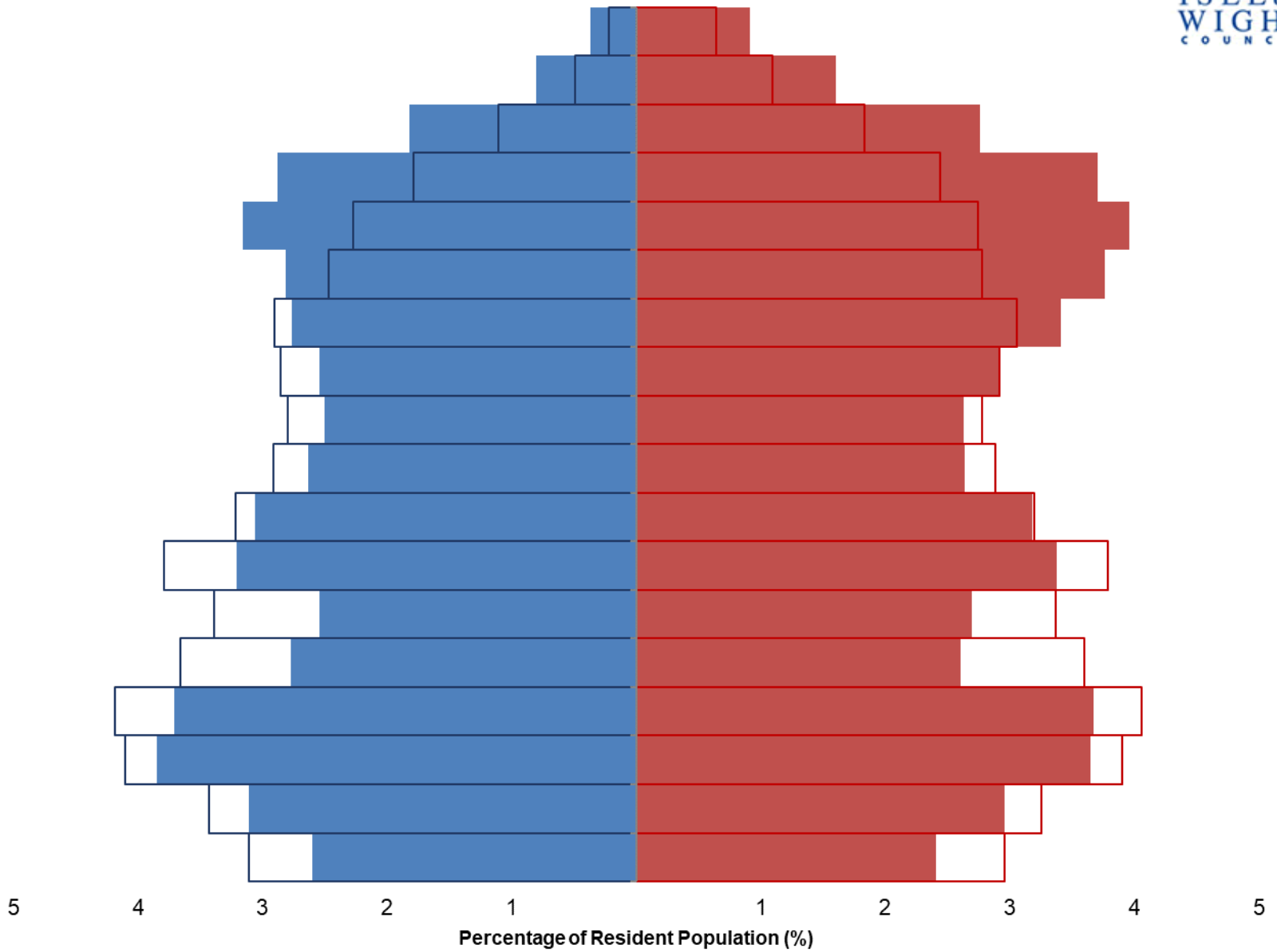
1981 Census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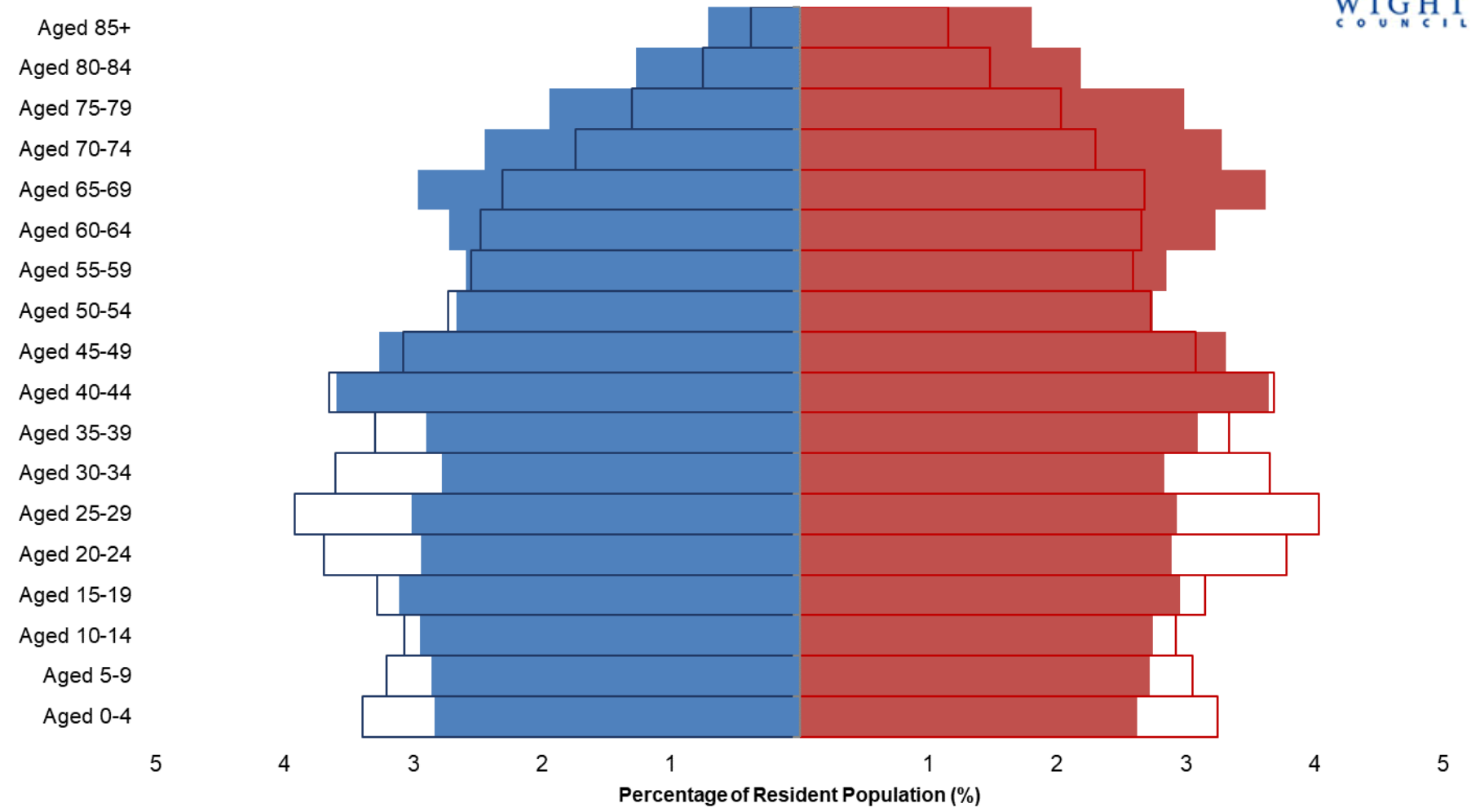
1991 Census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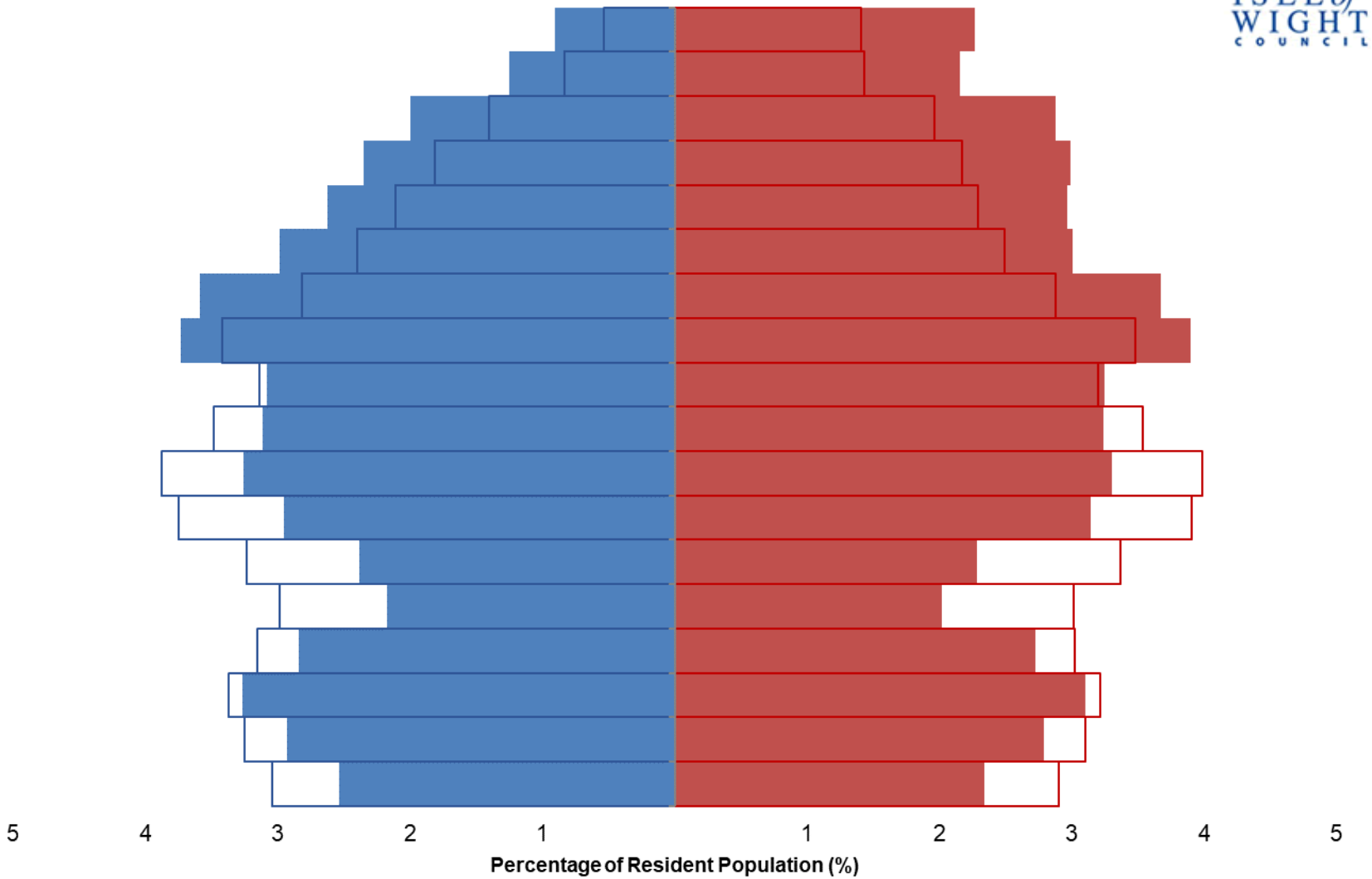
2001 Census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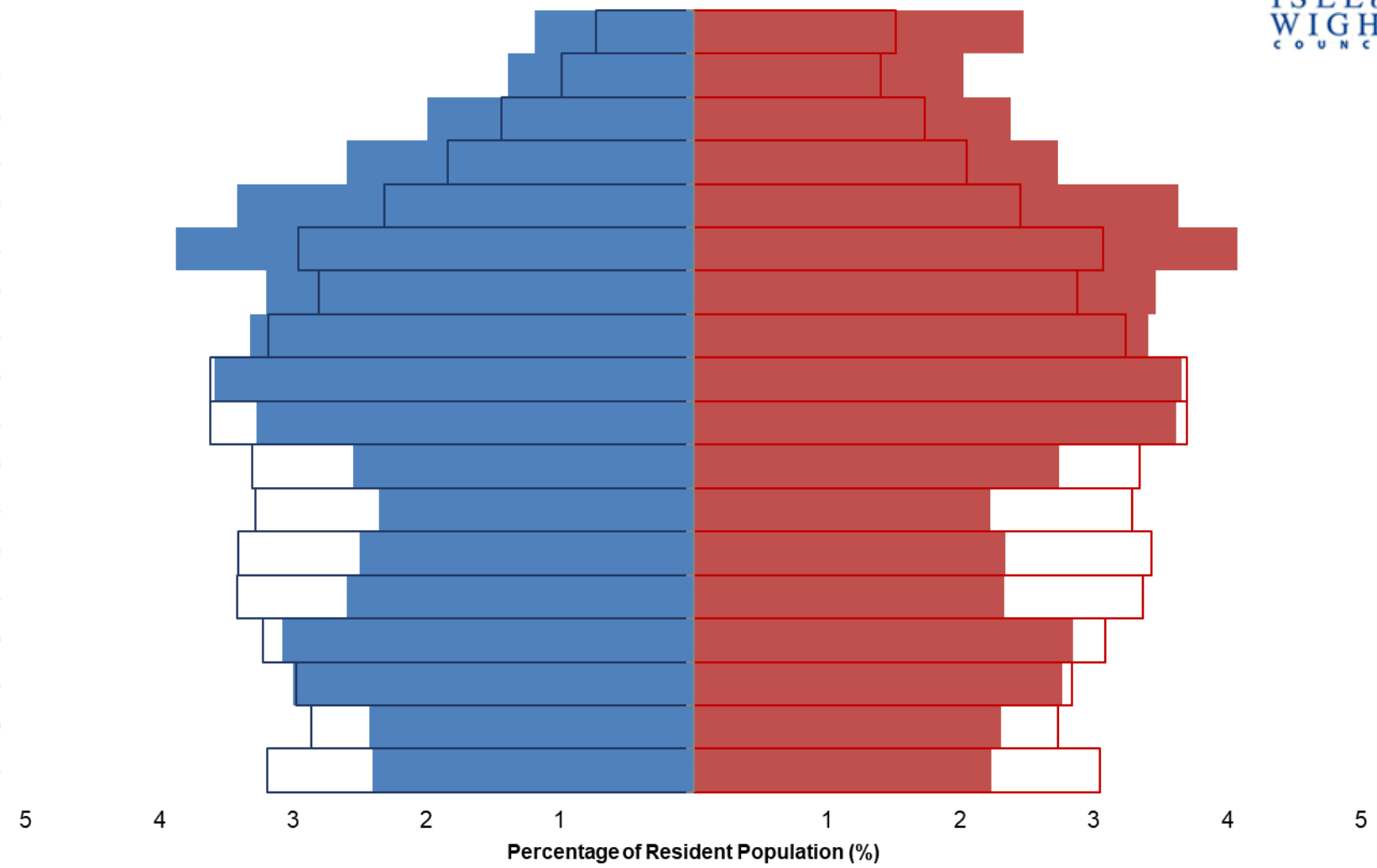
2011 Census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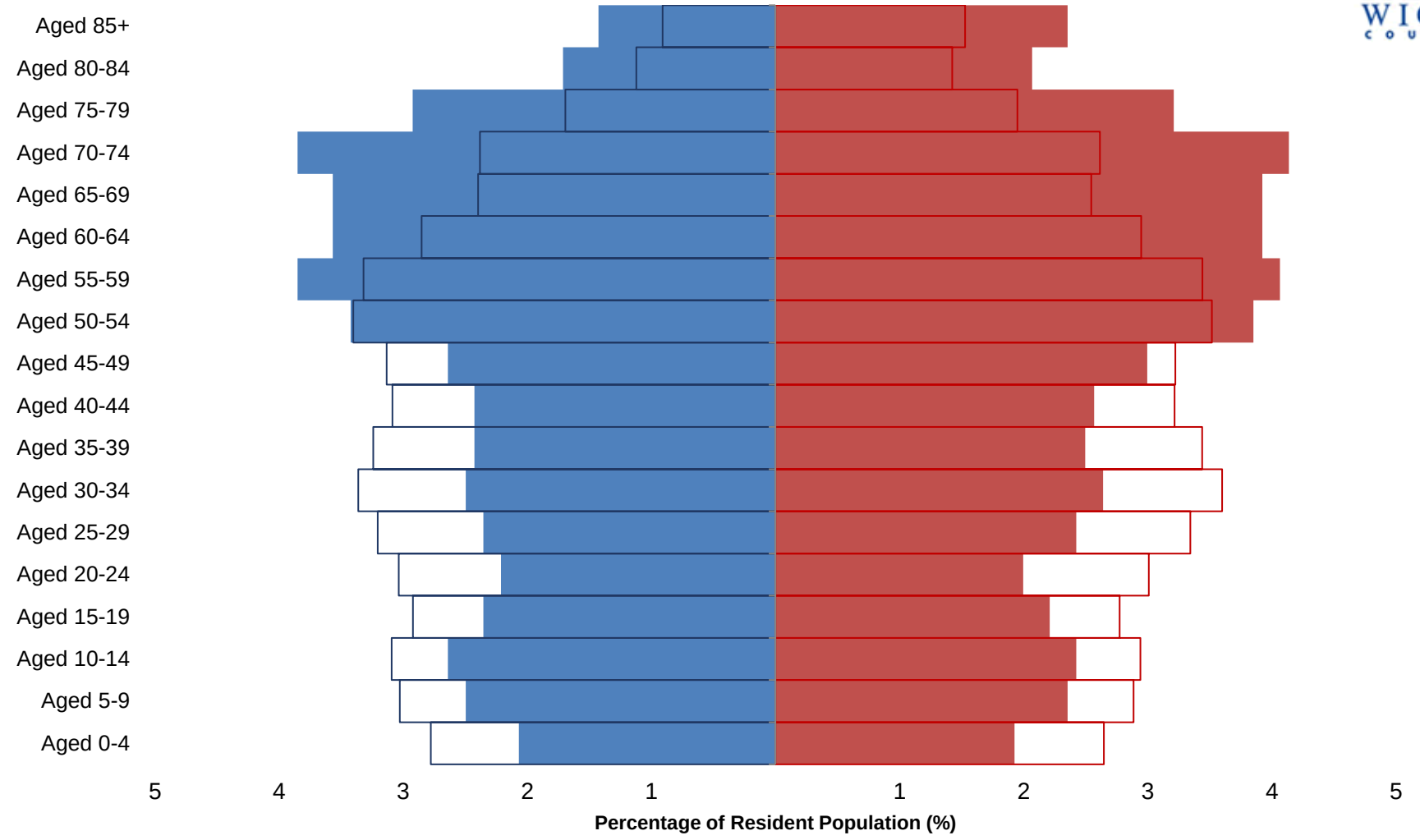
2021 Census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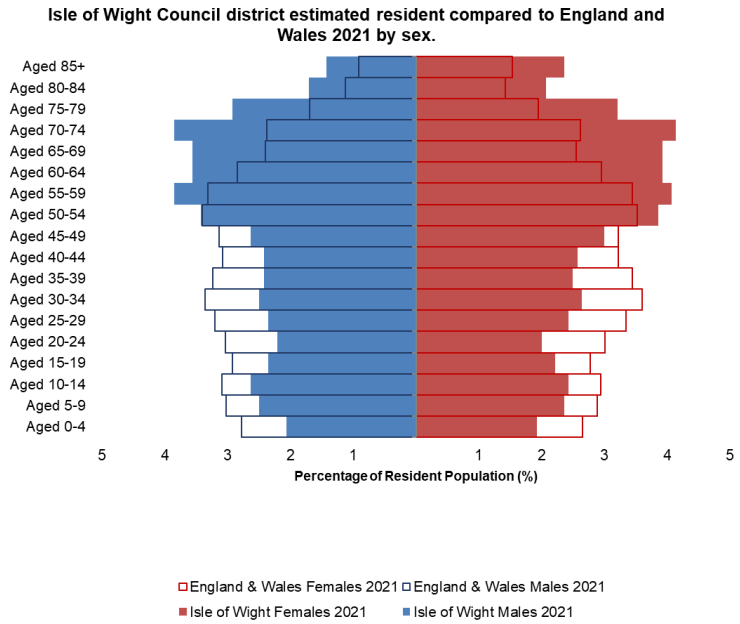
Understanding local challenges– population is a strong predictor of future health and care needs.

IOW has a significantly older population compared to England

- **37% are aged over 60 years compared to 24% nationally**
- During the pandemic advancing age (>60 years) was a strong predictor of poor outcomes - increasing hospital admission rates and deaths.
- Older people were disproportionately affected by severe COVID-19 outcomes

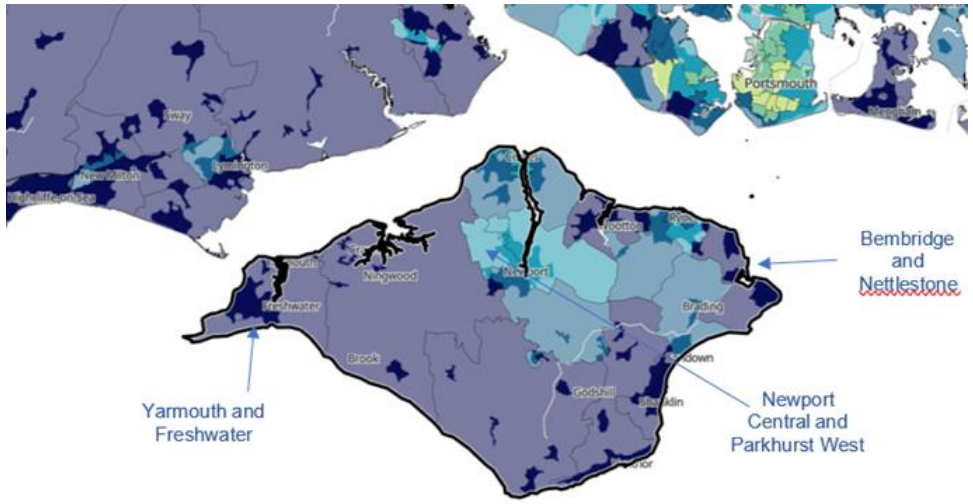
Changes over the last two censuses:

- In the Isle of Wight, the population size has increased by 1.5%. This is lower than the overall increase for England (6.6%) and Southeast (7.5%).
- **There has been an increase of 24.7% in people aged 65 years and over**, a decrease of 5.3% in people aged 15 to 64 years, and a decrease of 6.3% in children aged under 15 years. Conversely, in England, there has been an increase of 20.1% in people aged 65 years and over, an increase of 3.6% in people aged 15 to 64 years, and an increase of 5.0% in children aged under 15 years.



Isle of Wight population continues to age at a significant pace with an observed decrease in the 0-64 years populations between the two Censuses.

Census 2021: resident population aged 65



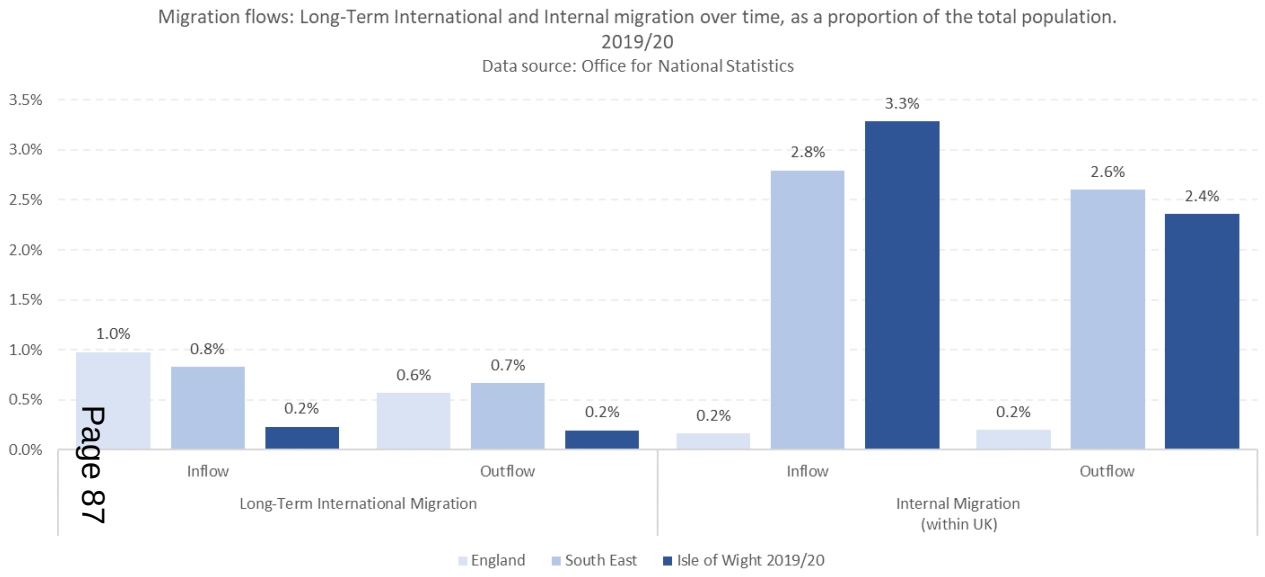
Bembridge and Nettlestone, 42.6 % of residents are aged over 65 years and in Yarmouth and Freshwater 41.1% are aged over 65 years. This is in contrast to other areas such as Newport Central and Parkhurst West where 17.7% are aged over 65 years

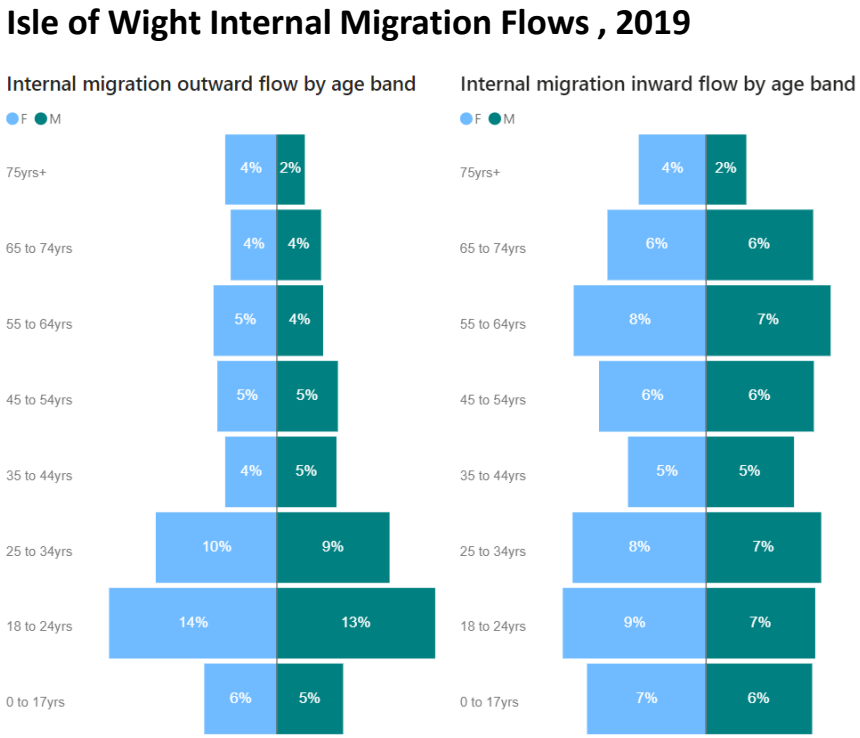
Coastal communities include a disproportionately high burden of ill health, particularly heart disease, diabetes, cancer, COPD and mental health. National data, show that life expectancy, healthy life expectancy and disability-free life expectancy are all lower in coastal areas for males and females.

92.7% of the IOW population are living in a coastal community. Over nine out of ten of the island's 65 years and over population live in a coastal area.

Data source: JSNA Healthy Places

Understanding population change: migration flows.





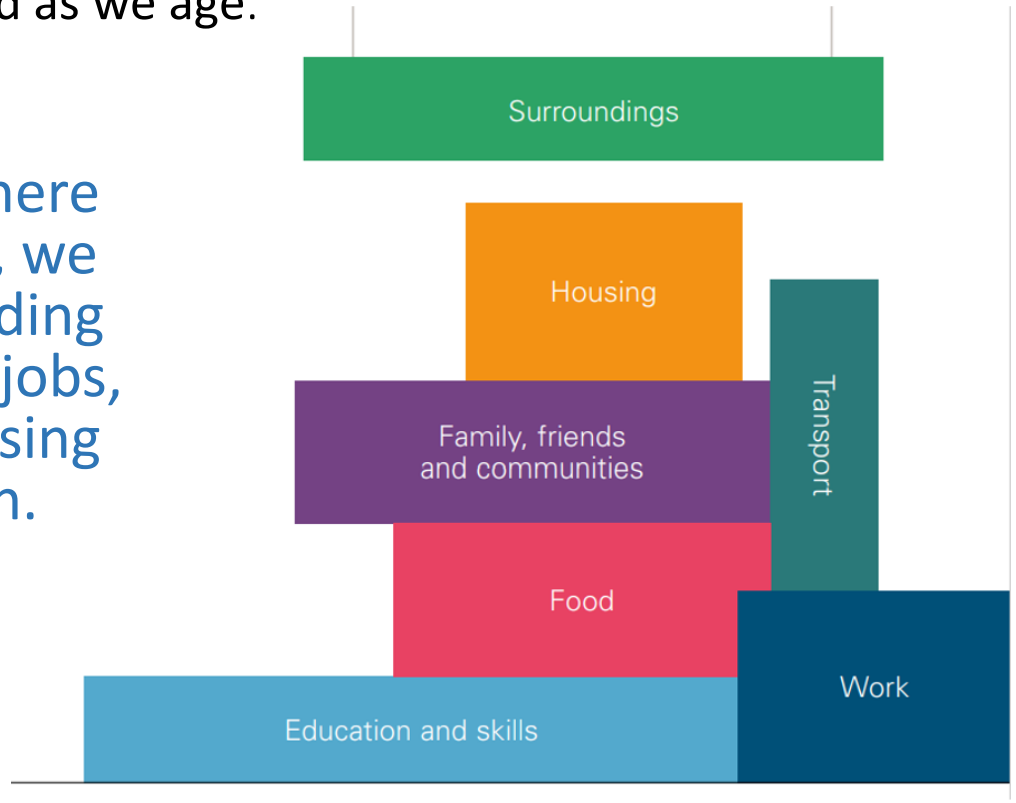
Larger proportion of internal migration influencing population structure compared to England. This is reflective of the regional trend.

Outward flow – young university/ working age population
Inflow – older working age/older population and possible returning younger population

What are the building blocks of good mental and physical health?

Access to good health care is important.
However, it accounts for as little as 10% of a population's health and wellbeing.
Socio economic factors such as education and employment, **health behaviours** such as smoking, and diet and the **built environment** are the strongest influences on how healthy we are now and as we age.

To create a society where everybody can thrive, we need all the right building blocks in place: stable jobs, good pay, quality housing and good education.



The Health Foundation

What are the building blocks of good mental and physical health? Transport & Work

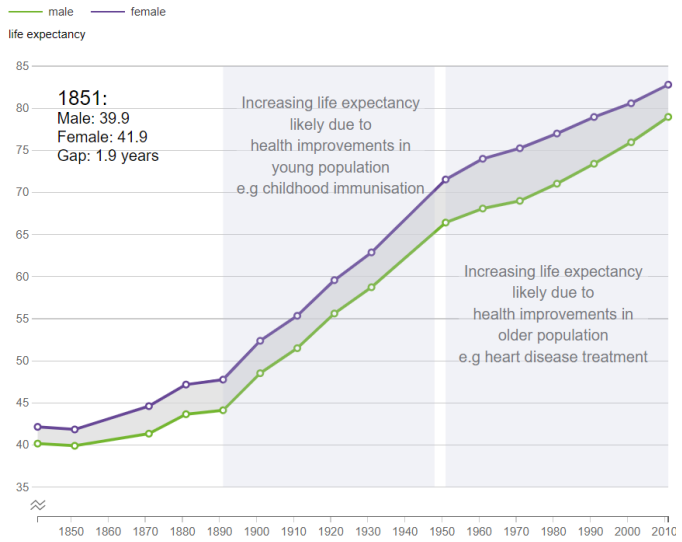
Hospitals on the Isle of Wight c1936

Hospital	Function	Beds	Admissions	Management	Medical Staff	Nursing Staff
Royal County Hospital	General	72	1121	Voluntary	resident	Matron 7 staff nurses 25 Probationers
Frank James	General	23	282	Voluntary	Visiting	Matron 2 Sisters 4 nurses
Arthur Webster	Cottage Hospital	9	110	Voluntary	Visiting	Matron 4 nurses
Scio House & Surgical Home	Children's	10	178	Voluntary	Visiting	Matron 3 nurses
Royal National Hospital Ventnor	Tuberculosis	157	314	Voluntary	3 Residents + Visiting Staff	Matron 10 Sisters 25 nurses 15 Assistant Nurses
St Mary's	Chronic	128	184	County Council	Visiting M.O.	1 Sister 2 Charge Nurses
St Mary's	Maternity	9	47	County Council	Visiting M.O.	15 Assistant Nurses
Whitecroft Hospital	Mental Illness	339	158	County Council	3 Residents + Visiting Staff	Matron 69 nurses
Longford	Tuberculosis	28	63	County Council	Visiting M.O.	Matron 4 nurses
Fairlee Hospital	Infectious Diseases	31	51	Joint Hospital Board	Visiting M.O.	Matron 1 Sister 4 nurses
Ventnor & Undercliff Hospital	Infectious Diseases	8	25	Ventnor U.D.C.	Private G.P.s	1 + help

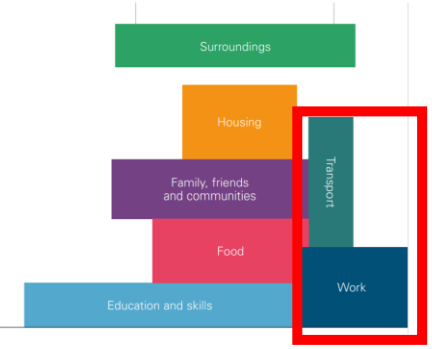
HMP Isle of Wight prison combined the two island prisons, Albany and Parkhurst. The two former prisons along with Camp Hill were merged in 2009. Across the three sites there were nearly 1,700 prisoners making it one of the largest prisons in the country. The reorganisation took effect on 1 April 2009. In March 2013 Camp Hill closed, reducing the overall prison population by 595. The prison remains a large employer.

Royal National Hospital Ventnor
The National Cottage Hospital for Consumption and Diseases of the Chest opened in 1869.

Life expectancy at birth, England and Wales, 1841 to 2011



As well as a changes in transport and work. These examples illustrate the complexity of health and medical practice in 1936. Clean air and sunshine drove national policy and patients were brought to the national hospital in Ventnor for treatment. Medical advances and a better understanding of human health and evidence based care pathways enable a centralised service. Increasing life expectancy creates an ageing population and long term condition management becomes priority.



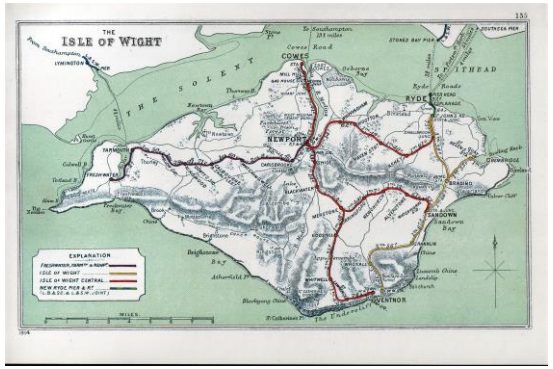
Anchor institutions are large organisations that are unlikely to relocate and have a significant stake in their local area. They have sizeable assets that can be used to support their local community's health and wellbeing and tackle health inequalities, for example, through procurement, training, employment, professional development, and buildings and land use.

Hospitals on the Isle of Wight 2020

Hospital	Function	Beds	Admissions	Management	Staff
IOW Hospital Trust, St Mary's Hospital	General and A&E and MH	246	22,685 a year	NHS	Approx. 3,000

Railway lines on the Isle of Wight before 1950s

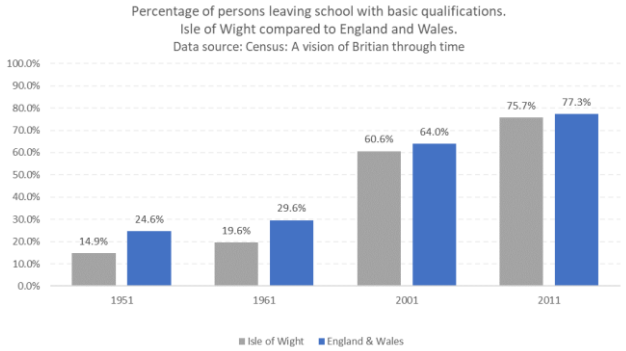
Until the 1950's the island boasted 55 miles of railway line. Of these the 'main line' from Ryde Pier Head to Ventnor was the busiest, also serving the principal holiday resorts of Sandown and Shanklin.

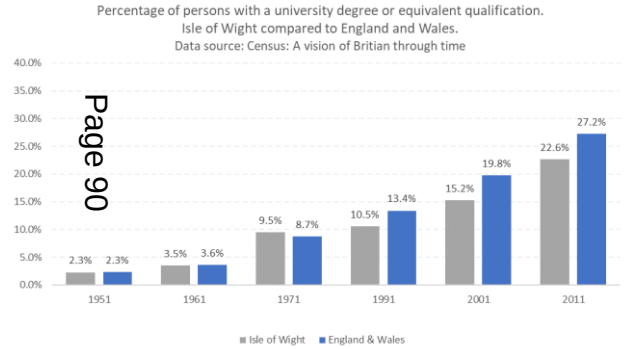


Railway lines on the Isle of Wight 2020

One main line 8.5 miles of railway line– 'The Island Line'- runs along the East coast connecting Ryde, Pierhead with Shanklin via 6 stations.

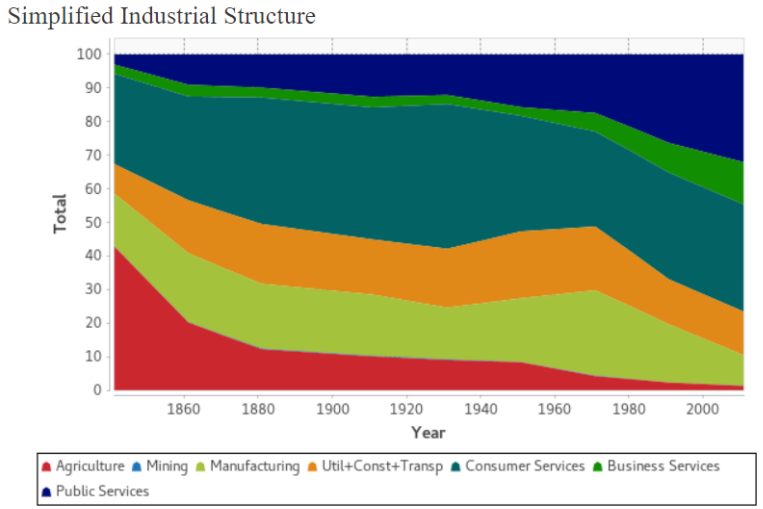
What are the building blocks of good mental and physical health?
Work, Education & Skills

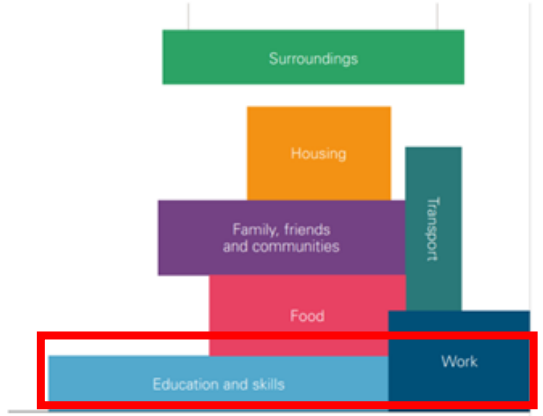




Job opportunities but also qualification constraints are apparent over time

A decline in agriculture and more recently manufacturing has been observed. Consumer services (including Tourism) has always been a significant industry on the Isle of Wight. The public services industry has increased by over 200%





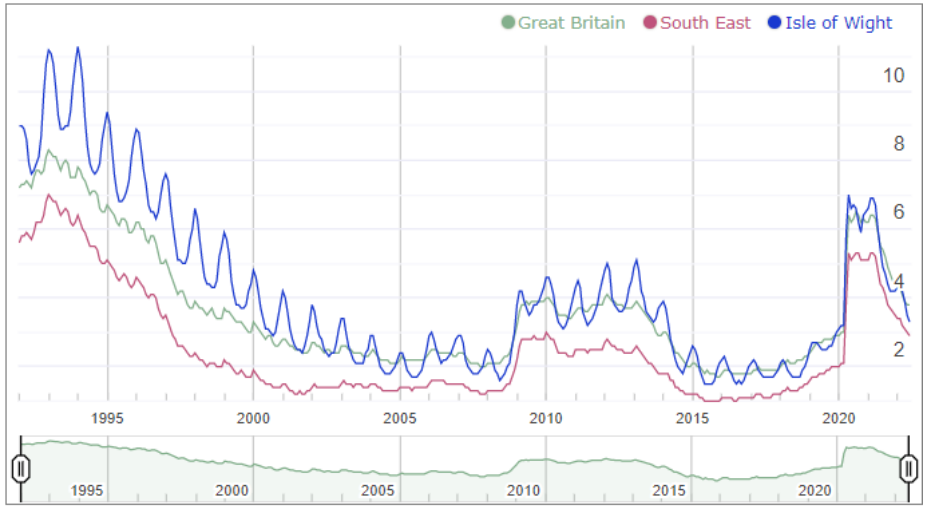
Anchor institutions are large organisations that are unlikely to relocate and have a significant stake in their local area. They have sizeable assets that can be used to support their local community's health and wellbeing and tackle health inequalities, for example, through procurement, training, employment, professional development, and buildings and land use.

The accommodation and food sector are one of the most prominent industry sector on the Isle of Wight.

Overall the IOW has a higher claimant count than Great Britain or South East. The chart clearly demonstrates the seasonality of employment across the Island with claimants counts increasing out of season. The impact of COVID-19 policy is also evident.

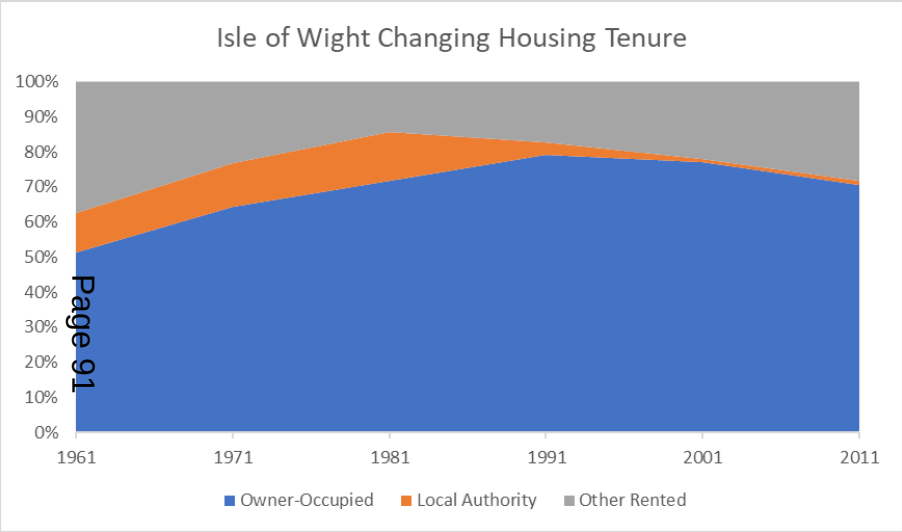
Year Round Destination programme will provide an established tourist industry less reliant on traditional school holidays and provide stable longer term employment and opportunities.

Claimant Count By Sex - Time Series

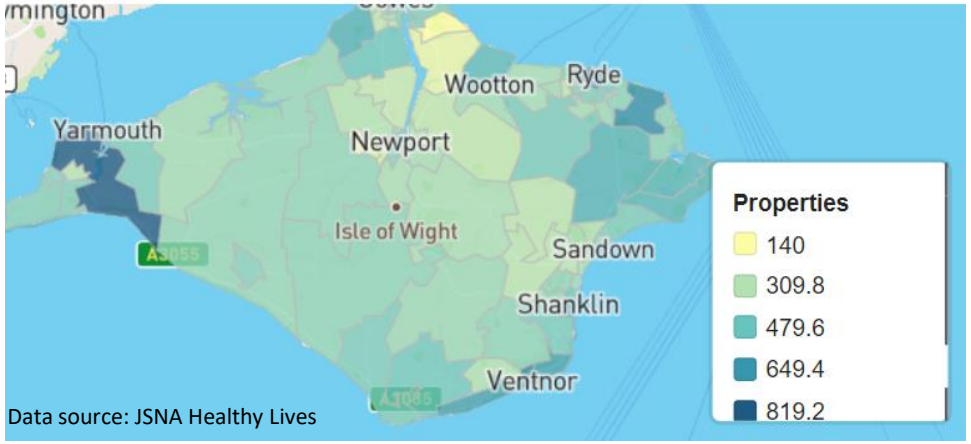


What are the building blocks of good mental and physical health? Housing.

Housing tenure changes observed across the Isle of Wight reflect the national trends. Since 1991 there has been a decrease in Owner Occupied and Local Authority housing. **Other rented , which includes private rentals have increased and in 2011 accounted for 28% of the housing** (26% across England & Wales)

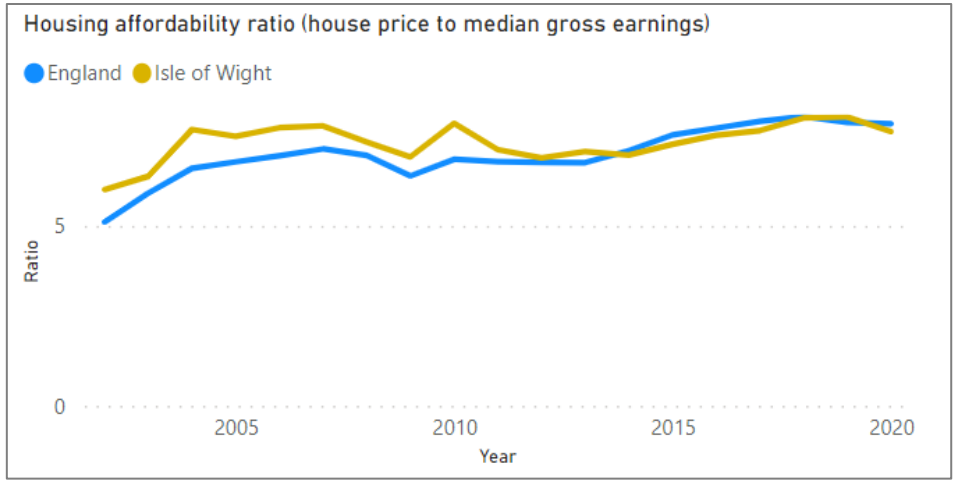


Number of properties with an energy efficiency rating of bands D, E or F



Data source: JSNA Healthy Lives

The **housing affordability ratio** shows how affordable housing is compared with median gross earnings - **the higher the ratio, the less affordable housing has become.** This may lead to increased numbers of people living in insecure rented accommodation or overcrowded conditions. It can also result in an increase in homelessness. Poor quality housing or fuel poverty leads to people living in cold homes during the winter which increases the number of excess winter deaths. **Across the Isle of Wight homes have become less affordable since 2002.** Need to recognize the Island's **unique housing market circumstances**/ delivery limitations for e.g, non viability of new development, projected population growth dependent on internal migration, land overvalued, AONB, drinking water supply and sewerage capacity etc., and so national policy may not be applicable



There are higher numbers of households with lower energy ratings in the Freshwater, Yarmouth and Seaview and the majority of homes with low energy ratings are owner-occupied and likely to be older buildings

Household are calculated to be living in fuel poverty when the energy efficiency rating of their home is in bands D, E, F or G and when their income after housing costs is below the poverty line. It is therefore driven by three factors: energy costs, energy efficiency of the home and income. Cold homes have been linked to an increased risk of developing a wide range of health conditions including, asthma, arthritis and pneumonia, as well as unintentional injury.

What are the building blocks of good mental and physical health? Surroundings: Food, Family, Friends & Community.

Food insecurity on the Island is high due to high levels of deprivation and additionally reduced access to shops for large areas of the Island. Central Shanklin and Newport are the areas with the highest concentrations of fast-food outlets.

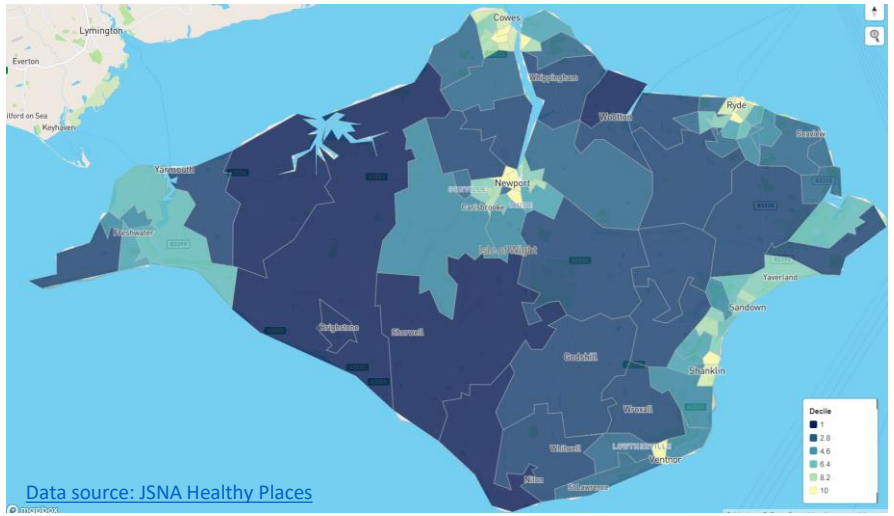
There is also low **access to leisure facilities**, higher levels of social isolation and low internet engagement.

The Isle of Wight has a number of areas where people are at increased risk of **social isolation** including Shanklin, Newport and Ventnor. However, the ONS Opinion and Lifestyle survey reported that between October 2020 and February 2021 4.7% of people on the Isle of Wight felt always or often lonely, compared to 7.3% in England

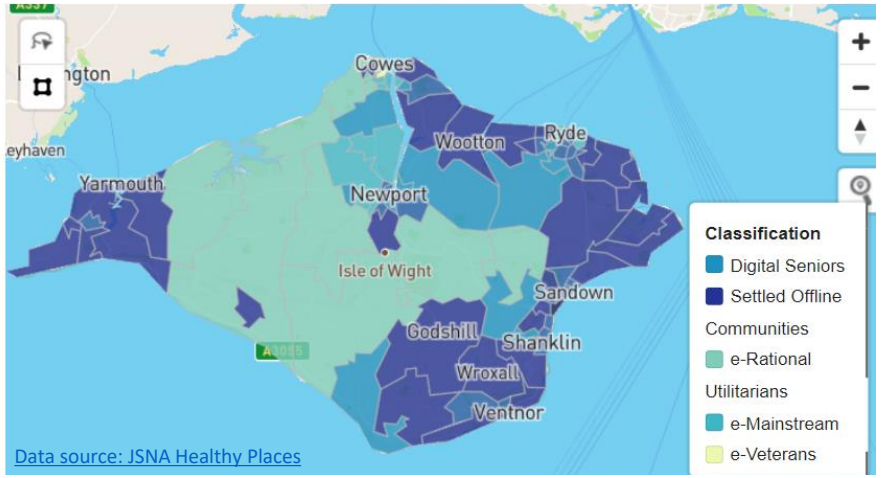
There were very few areas where there was high **internet engagement** (only one within Cowes). The Isle of Wight also showed low rates of electronic returns for the census which suggests that alternative methods may be necessary for some communications.

Food Insecurity: Structural index

Includes bus stops, distances to employment / food stores and internet speeds



Internet User Classifications



Passive and Uncommitted: Limited or no engagement, suburbs / semi rural, semi-skilled or blue-collar occupations

Settled Offline Communities: Limited use, elderly, White British, semi-rural.

Food bank locations

5 food banks plus 3 additional sites for pantries

The extent people use the internet can impact on life aspects such as social connections, access to services such as groceries, banking, employment, and information or access to health services. Internet access, the means and ability to use online services became very important during the pandemic as many services moved to a digital offer potentially isolating people further

Understanding health and social care outcomes: Ill Health and Multi-morbidity

Multimorbidity is often associated with reduced quality of life, higher mortality, polypharmacy and high treatment burden, higher rates of adverse drug events, and much greater health services use (NICE Guidance QS153)

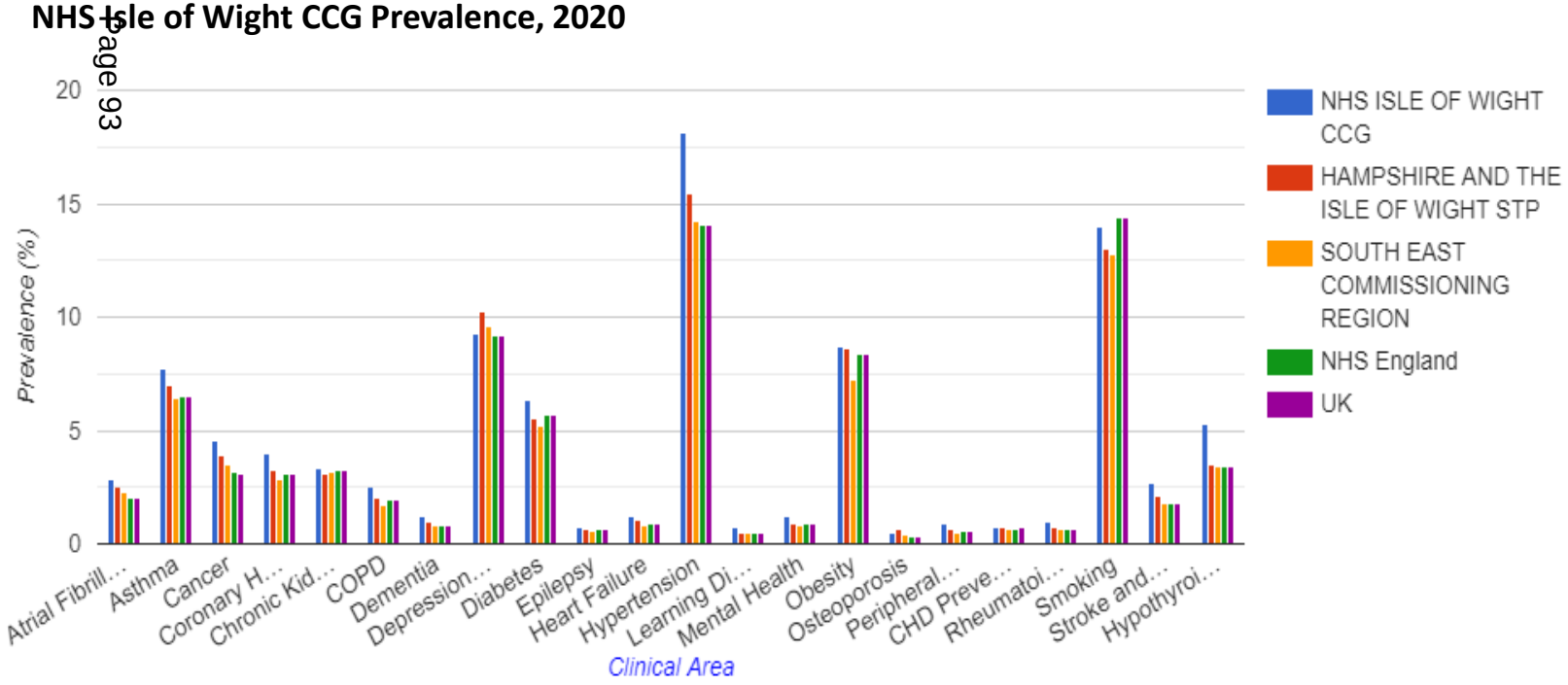
The number of long-term conditions increases steadily with age.

Health Profile for England (2017) reported;

- at age 40, 44% of people had 1 or more long-term condition.
- at age 60, 64% of people had 1 or more long-term condition and over 30% had 2 or more.
- at age 80, nearly 90% of people had 1 or more long-term condition and 44% had 3 or more.

In Census 2011, almost one in five residents on the Isle of Wight reported having a limiting long term illness or disability this was significantly higher than England. Huge variation was observed across the island from 17.6% in Newport to 30.3% in Sandown.

NHS Isle of Wight CCG Prevalence, 2020



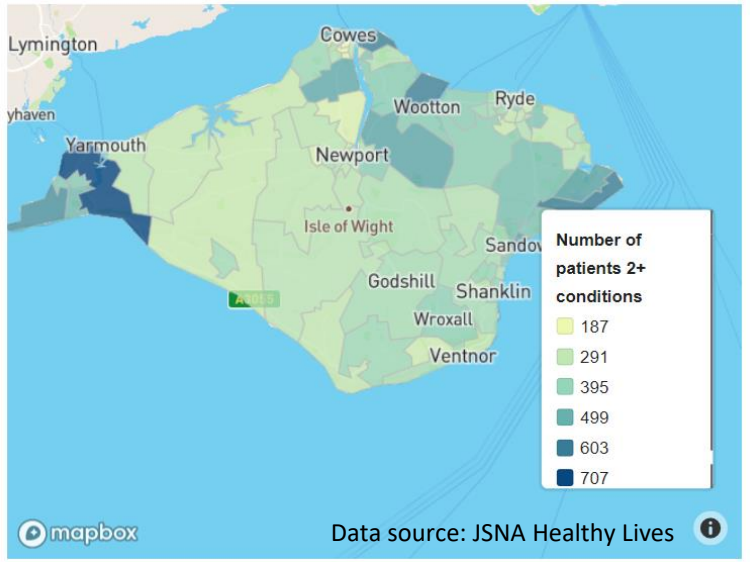
Data source: NHS ISLE OF WIGHT CCG - QOF Database (gpcontract.co.uk)

Estimated number of people with 2+ long term conditions

32,935 people have 2 or more conditions

23.1% of the population have 2 or more conditions

Number of patients with 2 or more long term conditions by resident LSOA

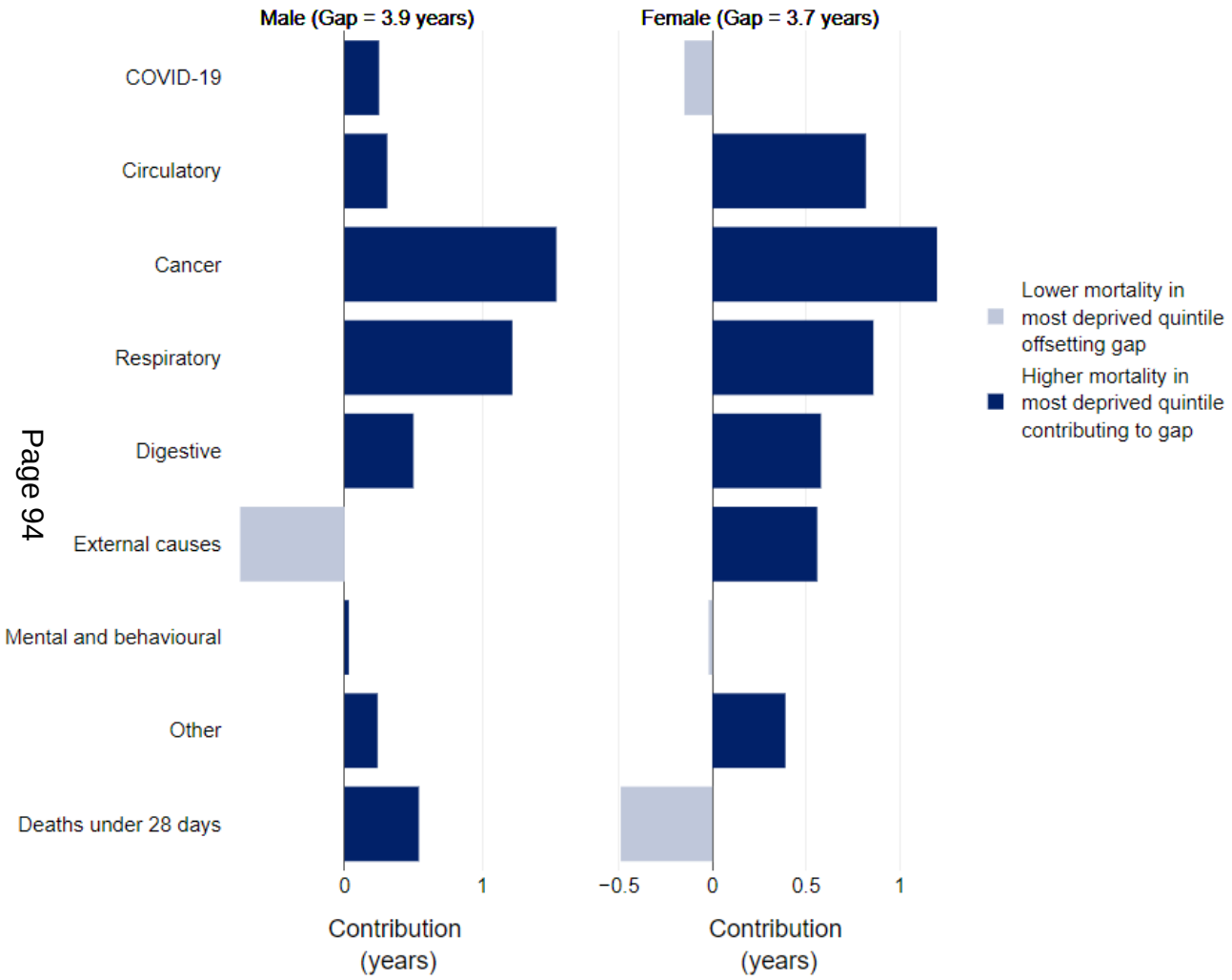


CHD, Hypertension, Stroke, Heart failure, Atrial Fibrillation, Diabetes, COPD, Asthma, Cancer prevalence is above the HIOW ICS, England and increasing. But management is suboptimal in some areas. Access to care and mode of access will be a concern (given the IOW geography) and multiple appointments with different services increases the burden of treatment, compromising the overall quality of care that people receive.

An expanding elderly population with multimorbidity means a rising demand for healthcare services and increasing reliance on access to care from the mainland. At the same time, the contracting working age population to look after and support this elderly population poses significant challenges.

Understanding health and social care outcomes: Premature Mortality

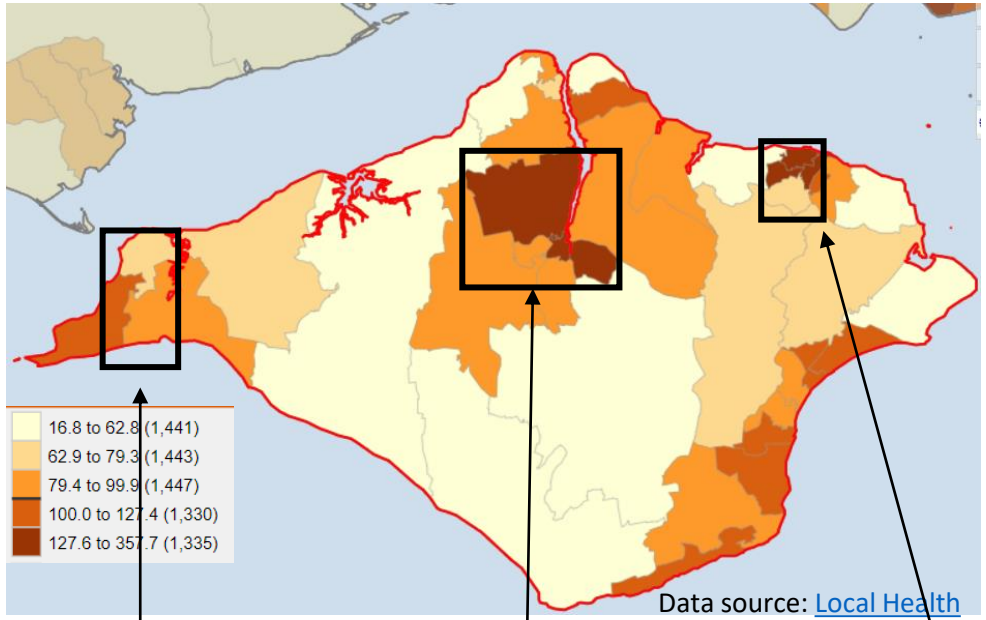
Breakdown of the life expectancy gap between the most and least deprived quintiles of Isle of Wight by cause of death, 2020 to 2021 (Provisional)



Source: Office for Health Improvement and Disparities based on ONS death registration data (provisional for 2021) and 2020 mid year population estimates, and Department for Levelling Up, Housing and Communities Index of Multiple Deprivation, 2019

People in our poorest neighbourhoods are dying much earlier than people in the wealthiest areas. For males the differences are greatest in deaths from cancer and respiratory diseases for females it is deaths from circulatory, cancer and respiratory diseases.

Deaths from causes considered preventable, under 75 years, Indirectly standardised ratio, 2016 to 2020 (Standardised mortality ratio (SMR)



Newport and Ryde have the highest preventable, premature death rates

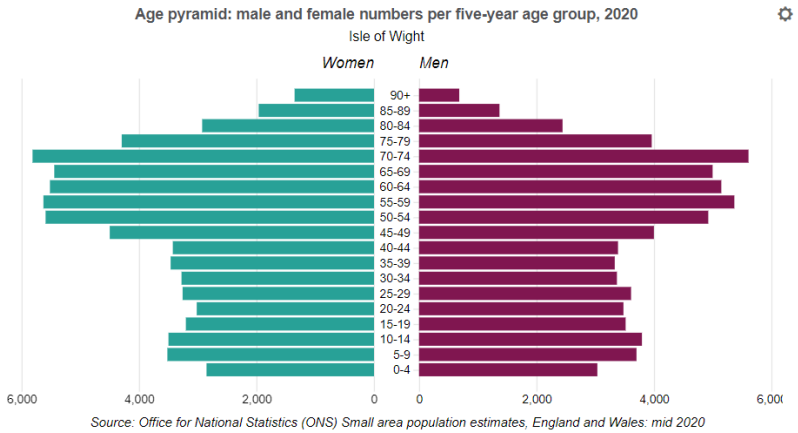
Place Story 1

Place Story 2

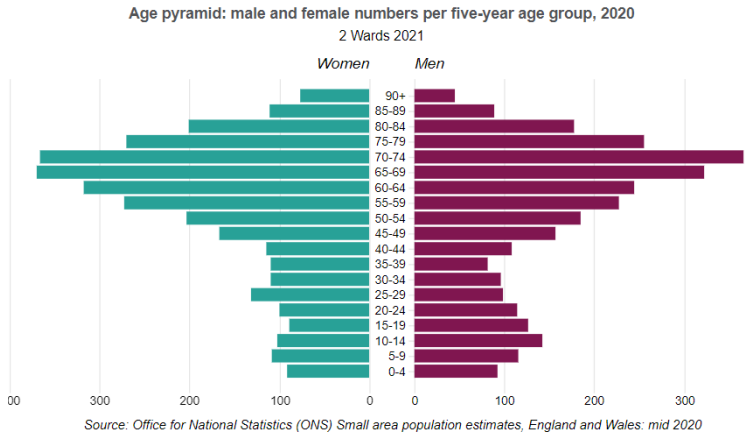
Place Story 3

Place Story 1: Freshwater South & Freshwater North & Yarmouth wards
What building blocks of good mental and physical health can we identify within these communities?

Isle of Wight



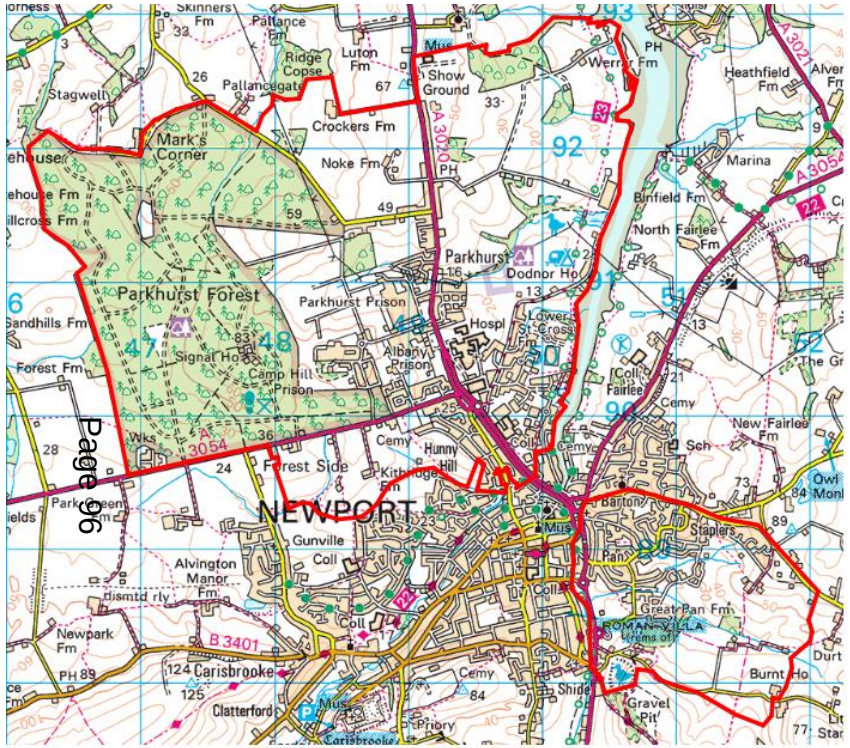
Freshwater South & Freshwater North & Yarmouth wards



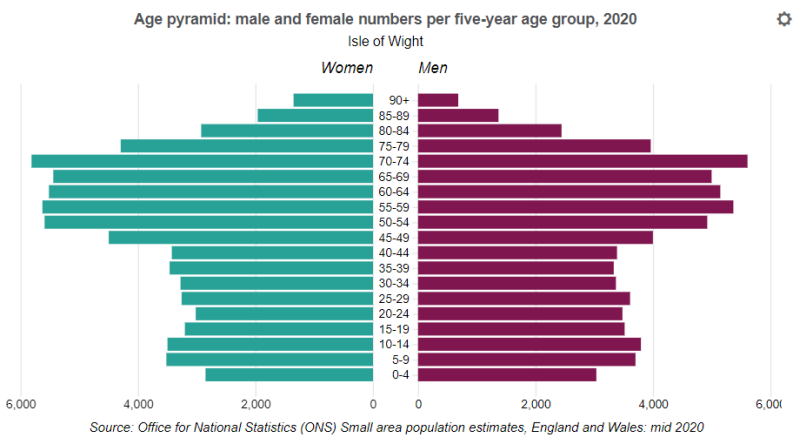
- Acutely older population
- Significantly better or comparable deprivation levels (15% IDACI, 10% IDOPI compared to 18% and 13% IOW)
- LLTI or disability – significantly worse than England, higher than IOW
- Significantly better or comparable emergency admissions rates
- Significantly worse incidence of breast and prostate cancer
- Comparable to England premature mortality rates, all causes, circulatory diseases, all cancer and conditions considered preventable.
- Significantly worse all age deaths from circulatory disease

Data source: OHID Local Health

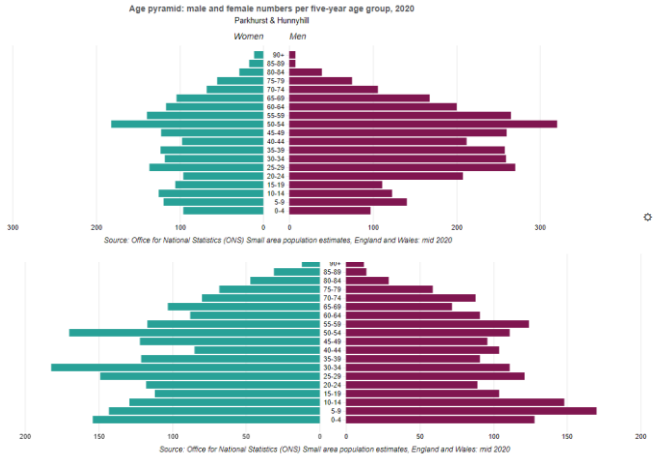
Place Story 2: Parkhurst and Hunnyhill ward & Pan and Barton ward
What building blocks of good mental and physical health can we identify within these communities?



Isle of Wight



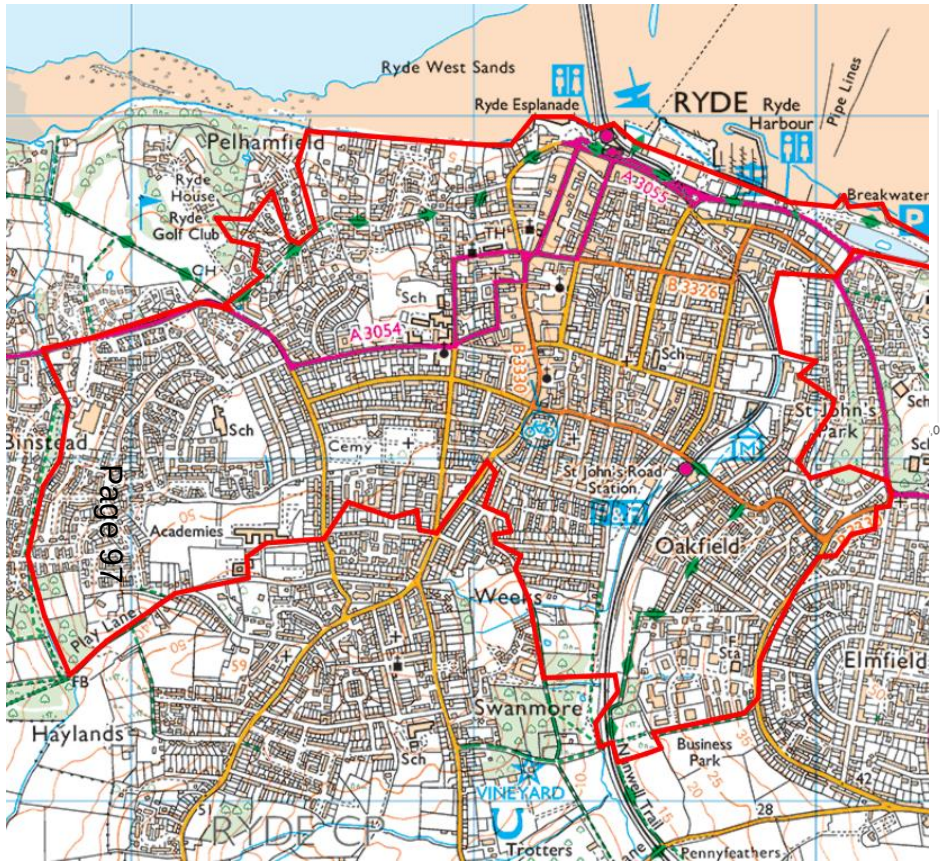
Parkhurst and Hunnyhill ward & Pan and Barton ward



- Younger middle aged male population – reflective of the prison population
- Much younger population and more deprived in Pan and Barton
- High deprivation levels in 10% most deprived areas (25% IDACI, 20% IDOPI compared to 18% and 13% IOW)
- LLTI or disability – significantly worse than England, comparable to IOW
- Higher fertility rate than IOW and England
- Significantly worse emergency admissions rates for intentional self harm than England
- Significantly worse admissions rates for alcohol attributable conditions and emergency COPD admissions than England
- Not significantly different incidence of cancer
- Significantly worse premature mortality rates, all causes, circulatory diseases, and conditions considered preventable.
- Significantly worse all age deaths from circulatory disease

Data source: OHID Local Health

Place Story 3: Ryde North West ward, Ryde West Ward, Ryde Monktonmead ward and Ryde South East. What building blocks of good mental and physical health can we identify within these communities?



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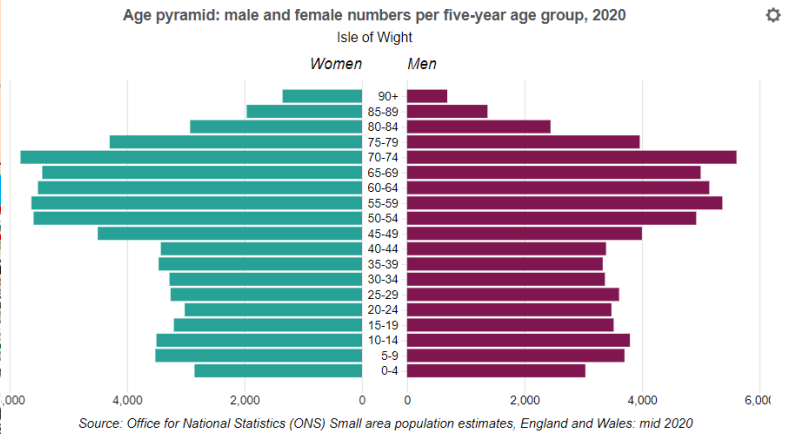
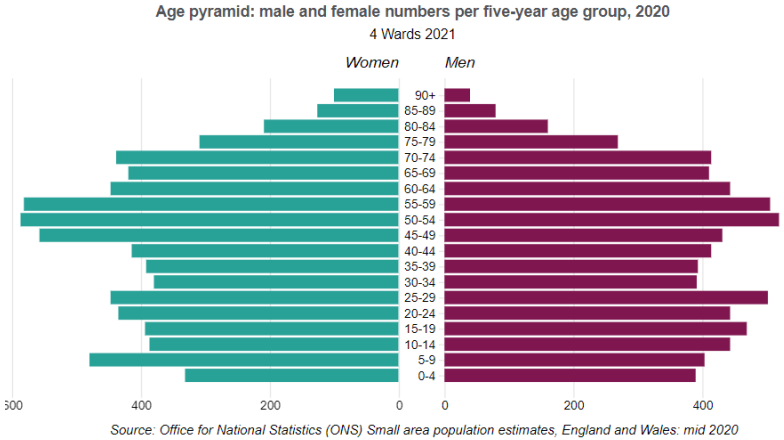


Source: Office for National Statistics (ONS) Small area population estimates, England and Wales: mid 2020

Ryde North West ward, Ryde West Ward,Ryde Monktonmead ward and Ryde South East



Source: Office for National Statistics (ONS) Small area population estimates, England and Wales: mid 2020

- Younger population – larger proportion older working age and primary school age.
- Much younger and more deprived population in Ryde South east ward
- High deprivation levels in 20% most deprived areas (23% IDACI, 18% IDOPI compared to 18% and 13% IOW)
- LLTI or disability – significantly worse than England, comparable to IOW
- Higher proportion of older people living alone than England and IOW
- Higher proportion of overcrowded houses, very high population density and fuel poverty than England and IOW
- Significantly better or comparable emergency admissions rates
- Significantly worse admissions rates for intentional self harm and alcohol harm
- Significantly worse incidence of all cancers and prostate cancer
- Significantly worse premature mortality rates, all causes, all cancer, circulatory diseases, and conditions considered preventable.
- Significantly worse all age deaths from circulatory disease, all cancers and all causes

Data source: OHID Local Health

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Isle of Wight
Health and Wellbeing Board

Housing and Health

Agenda

Item number	Subject	Time
1	Housing and Health links.	5 minutes
2	Local work programmes	10 minutes
3	Workshop: ‘’Health begins at Home’’ (SWOT)	25 minutes

ISLE of WIGHT COUNCIL

Introduction

‘’Our homes provide the living environment that dictates our future health’’

Housing impacts health through three established pathways: quality, security and affordability. Underlying all three however, there are fundamental challenges related to the shortage of good quality and affordable housing.

There is a wide array of evidence which demonstrates that housing is critical to health across the life-course (Parliamentary Office of Science and Technology 2011). Suitable housing that is safe and warm is one of the foundations of personal wellbeing, whether in childhood or old age. It enables people to access basic services and build relationships with neighbours and other members of their community, and can facilitate interventions designed to promote and improve health. For people with complex or severe needs – including the rising number of older people – good housing can help them maintain good health and independence for longer.

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The interplay between Housing and Health

National Context: The importance of having healthy, safe, suitable and stable home.

Families with children live in 66% of all overcrowded homes 724,000 households

Homes for children and families

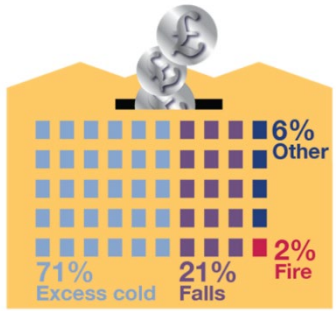
Almost one in six families with dependent children are living in non-decent homes

A decent home: meets the current statutory minimum standard for housing; is in a reasonable state of repair; has reasonably modern facilities and services; provides a reasonable degree of thermal comfort

Homes for children and families

93% of homes lack access features important for people with limited mobility

The estimated cost to the NHS of poor housing lived in by older (55+) people

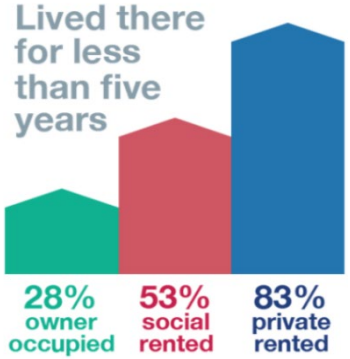


£624 million
cost per annum

Homes for older people

The end of a tenancy in the private rented sector is the main reason for homelessness

83% of families with children living in the private rented sector have lived there for less than five years



Homes for children and families

Infographics: Housing Collection - infographics box upload Aug 2017. Housing Collection - infographics box upload Aug 2017 | Powered by Box

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Homelessness Context (2022)

National Context:

- The most recent government figures released (July 2022) show 74,230 households in England became homeless or were at imminent risk of becoming homeless between January and March 2022 – including 25,610 families with children. This represents an 11% rise in three months, and a 5% rise on the same period last year.
- Since March household incomes have been further battered by the cost of living crisis. There continue to be calls for central government to intervene to prevent a steep rise in homelessness as renters struggle with the highest private rents on record alongside rocketing household bills.
- ***The government's latest homelessness data also revealed:***
- Despite being in full-time work 10,560 households were found to be homeless or threatened with homelessness. This is the highest number of people in full-time work recorded as homeless since this government started recording this data in 2018.
- 1 in 4 (25%) households were found to be homeless or at risk of becoming homeless because of the loss of a private tenancy (18,210 households). This has increased by 94% in a year and is the second leading trigger of homelessness in England.
- The total number of households who are facing homelessness as a result of being asked to leave by family and friends was 19,840 from January to March 2022. This is the leading trigger of homelessness.

Local Context:

- 35.89% increase in the number of families accommodated in Temporary Accommodation (April 2020 – April 2022)
- 30.95% increase in the number of total households accommodated in Temporary Accommodation. (April 2020 – April 2022)
- 37.28% increase in the numbers of households accepted as being owed a main duty. (April 2020 – April 2022)
- 25% increase in the numbers of households prevented from homelessness. (August 2020- August 2022)
- In 2020/21 there were 1766 approaches to the homelessness service, including those requiring general advice, an increase of 124 on the previous financial year, and 314 on the previous 24 months.
- Collaborative and focused intervention saw a significant decrease in rough sleeping in 2021, with 5 individuals identified during a rough sleeper estimate, down from 24 individuals 24 months previously.
- The IOW is above the national average for households with children threatened with homelessness.

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Security – Homelessness

National data evidence that people experiencing homelessness have some of society's worst health outcomes. Evidence suggests that they are more likely to die 30-40 years younger than people who are not homeless (ONS, 2021). Research also indicates the cost of homeless is far more than it costs to house and support individuals maintain their tenancy, health and wellbeing. (Pleace, & Culhane, 2016). In addition, research highlights the devastating impact of homelessness on children who confront 'abject poverty and experience a constellation of risks that have a devastating impact on their well-being' (Raferty & Shinn, 1991, p1176). Furthermore, scholars suggest an increased likelihood of parents developing mental illness, physical harm and other health conditions as they struggle to adapt to the instability of the environment and competing needs of their own and those of their children. (ICPH, 2015).

People experiencing homelessness report poorer diagnoses and greater barriers to the healthcare needed than the general population. We must understand why this is and address the systemic change needed. Experiencing homelessness should not mean that someone is unable to access the healthcare they need. Nor should it mean we accept poorer health outcomes and growing health inequalities. Homelessness is a health issue and we must respond accordingly.

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Security

- 26% of private renters have lived in their home for less than 1 year, compared to fewer than 8% of social renters and 2% of owner-occupiers.
- This partly reflects the life stages of people in each tenure, however, growing numbers of people are raising families in the private rented sector. Instability can pose a problem for children's health and other outcomes.
- Living in poverty is measured as when net household income after housing costs is below 60% of the median net household income.
- Residential moves matter for health as instability at an early age can indicate interruptions in education and social participation, which can negatively affect their later lives. If certain groups of children are more likely to experience this, it can cause inequality in health outcomes.
- There is an association between frequent residential moves and poorer health, including mental health issues and health conditions. This may be due to the factors that require moves, such as economic insecurity, as well as the moving process itself.
- Overall, children in poverty are 1.5 times more likely to have moved multiple times before the age of 14 years than those not in poverty.

Health and Homelessness - Big picture

- The health of people experiencing homelessness is worse across the board – but particularly mental health
- There is a gap in every instance between the support that people feel that they need and the support that they are able to access. This is most stark for people with a mental health condition.
- GP registration is high, but people who experience homelessness are still higher users of emergency healthcare services
- Not getting the support that they need leads people to self-medicate – perpetuating a cycle of poor health and homelessness
- Many people have health needs when they become homeless, especially around mental health.

Affordability

- Spending more than a third of household income on housing costs is an indicator of affordability problems.
- Housing affordability matters for health, both directly and indirectly. Difficulty paying the rent or mortgage can harm mental health, while spending more on housing leaves less income for other essentials that influence health, such as food and social participation.
- In 2018/19 9% of all households in England were spending more than a third of their income on housing costs, which is equivalent to 6.3 million people.
- In 2018/19, 29% of households in the private rented sector were classed as having an affordability problem, compared to 3% of households that own their home with a mortgage. In the social rented sector, 10% of households spend more than a third of their income on housing.

Trends in affordability have differed by tenure over the past number of years:

Affordability problems have increased in both the private and social rented sectors by 2 percentage points and 4 percentage points, respectively, in the past 10 years.

- In the past 5 years, the number of social renter households with affordability problems has increased at a faster rate than in the previous two decades, though this has stabilised in 2018/19. One factor for this could be the reduction of government support for both social and private renters since 2013/14.
- In contrast, the past 10 years has seen affordability problems decrease by 8 percentage points for households that own their homes with a mortgage. This partly reflects a prolonged period of low interest rates.
- This follows an overall trend since 1996/97 where the proportion of private and social rented households have increasingly experienced affordability problems in contrast to homes owned with mortgages, apart from a short period around the 2008 financial crisis

Housing Quality

- Housing quality can directly impact a person's health. Housing quality typically refers to the physical condition as well as the quality of the social and physical environment of the home's location.
- Factors that can determine quality of housing include air quality, home safety, space per individual, and the presence of possible irritants, such as mould, asbestos, and lead.
- Experts associate poor quality housing with many negative health outcomes, including chronic disease, injuries, and poor mental health.
- For example, low quality home equipment and systems, such as heating, plumbing, and air conditioning, may increase the risk of exposure to carbon monoxide, lead, and airborne illnesses.
- Typically, people from low income households are more likely to live in poorer quality housing, which can negatively impact their health. For instance, if a person lives in an overcrowded place, they may be at an increased risk of poorer mental health, food insecurity, and infectious diseases.
- In addition, some people may not have the means to improve the safety and quality of certain systems and appliances. Consequently, they may not be able to adequately heat their home, which may lead to higher levels of blood pressure and result in a heart attack.
- Moreover, homes of people from lower income households may be more susceptible to various types of damage that can affect health if not repaired. For example, water leaks may lead to mould growth, which can cause damage to respiratory health.
- Research also notes the association between poor housing conditions and an increased risk of severe complications from COVID-19.

Housing and Health Objectives

Develop ‘Health Begins at Home’ memorandum of understanding (MOU), to commit to joint strategic decisions, working with communities, using our resources effectively and efficiently, making and commissioning across health, housing, social care and community services. The MOU includes the commitment to deliver a set of actions under the following priorities:

1. **Preventing homelessness through improved partnership working** (actions related to duty/ commitment to refer, ensure discharge protocols are in place and followed in key settings such as local hospitals, prison and probation services). Supporting people to identify and manage health and wellbeing problems as early as possible, making sure the right support is in place
2. **Ensuring everyone can stay safe in their own homes** (actions include reducing inequity in access to Disabled Facilities Grants, building accessible homes, ensuring people who hoard get access to support)
3. **Setting out processes to continually learn and improve** (actions include developing a data dashboard to inform evaluation and improvement, developing multiagency workforce development offers)

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Local Work Programmes – links to objectives

Develop and sign a 'Health Begins at Home Memorandum of understanding (MOU)' to commit all system partners to work collaboratively to ensure that individuals are able to live in a healthy and safe home. This includes signing up to take action against our four main priorities

Launch of a Homelessness Prevention and Reduction Board.

Building the right homes- Nationally Described Space Standards, Energy efficient

Raise awareness- Minimum Energy Efficiency Standards, Housing Health and Safety Rating System (HHSRS)

Working together- GP surgeries and housing teams (damp and asthma; Homelessness)

Reducing Inequalities- targeting interventions to those in fuel poverty, proactively identifying households for HHSRS

Asbestos- deaths are more likely to be in those in roles regarding repair and maintenance of homes.

Carbon monoxide- through working with the fire service reduce death from accidental or non- accidental carbon monoxide poisoning. Poisonings are more likely in the winter months. 53 fatalities in England.

Second hand smoke- reduce the impacts smoking and non-smoking householders e.g. respiratory conditions.

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Workshop – What role do we play and how can we make our best better?