

# Public Document Pack



Monitoring Officer  
**Christopher Potter**

County Hall, Newport, Isle of Wight PO30 1UD  
Telephone (01983) 821000

## Agenda

Name of meeting	<b>CABINET</b>
Date	<b>THURSDAY 9 MARCH 2023</b>
Time	<b>5.00 PM</b>
Venue	<b>COUNCIL CHAMBER, COUNTY HALL, NEWPORT, ISLE OF WIGHT</b>
Members of the Cabinet	Cllrs L Peacey-Wilcox (Chairman), D Andre, J Bacon, P Fuller, C Jarman, J Jones-Evans, P Jordan, K Love, K Lucioni and I Stephens
	Democratic Services Officer: Sarah MacDonald democratic.services@iow.gov.uk

---

1. **Minutes** (Pages 7 - 16)

To confirm as a true record the Record of Decision of the meeting held on 9 February 2023.

2. **Declarations of Interest**

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

3. **Public Question Time - Maximum 15 Minutes for Written Questions and 15 Minutes for Oral Questions**

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](mailto:democratic.services@iow.gov.uk), no later than two clear working days before the start of the meeting. Normally, Cabinet is held on Thursday, therefore the deadline for written questions will be Monday 6 March 2023.



Details of this Cabinet meeting and other Council meetings can be viewed on the Isle of Wight Council's [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.

4. **Chairman's Announcements**
5. **Report of the Cabinet Member for Children's Services, Education and Lifelong Skills**
  - (a) Determine Academic Year Term Dates 2024/25 (Pages 17 - 28)
  - (b) Early Years Childcare Sufficiency Report (Pages 29 - 38)
6. **Report of the Cabinet Member for Adult Social Care and Public Health**
  - (a) Review of the Public Health Partnership Function between Isle of Wight Council and Hampshire County Council. (Pages 39 - 58)
  - (b) Director of Public Health Annual Report: A Golden Age – ageing well on the Isle of Wight (Pages 59 - 78)
  - (c) Working Together to improve Health and Care for Isle of Wight residents (Pages 79 - 94)
  - (d) Carers' Strategy 2023-2028 (Pages 95 - 128)
7. **Report of the Cabinet Member for Strategic Finance, Transformational Change and Corporate Resources**
  - (a) Local Housing Benefit Scheme Review (Pages 129 - 140)
  - (b) Council Tax Premiums on Second Homes and Empty Properties (Pages 141 - 152)
8. **Report of the Cabinet Member for Infrastructure, Highways PFI and Transport**
  - (a) The Isle of Wight Council (Various Streets, Wroxall) (Traffic Regulation) Order No 1 2022 (Pages 153 - 176)
9. **Cabinet Member Announcements**

To invite Cabinet Members to provide a brief update on matters concerning their portfolio.
10. **Consideration of the Forward Plan** (Pages 177 - 190)

Cabinet Members to identify decisions which need to be amended, added or to be removed from the Forward Plan.
11. **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](mailto:democratic.services@iow.gov.uk) no later than 5pm on Tuesday 7 March 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, 1 March 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](mailto:christopher.potter@iow.gov.uk), or Deputy Monitoring Officer - Justin Thorne on (01983) 821000, email [justin.thorne@iow.gov.uk](mailto: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.

If you require further information please see the council guide to reporting on council meetings which can be found at <http://www.iwight.com/documentlibrary/view/recording-of-proceedings-guidance-note>

All information that is recorded by the council is held in accordance with the Data Protection Act 2018. For further information please contact Democratic Services at [democratic.services@iow.gov.uk](mailto:democratic.services@iow.gov.uk)

## Arrangements for Submitting Oral Questions at Meetings of Council and Cabinet:

The front desk “opens” for public wishing to attend the meeting half an hour before the meeting.

In the circumstances that a member of the public wishes to ask an oral question, they should approach the front desk and notify them of their intention. They will be given a form to complete which details their name, town/village of residence, email address and the topic of the question (not the question in full, unless they wish to provide this).

These forms will be numbered in the order they are handed back.

The time for registering questions will be for a 20 minute period (up to 10 minutes prior to the start of the meeting). After that time expires the forms will be collected and given to the Chairman of the meeting.

If time allows after dealing with any written questions, the Chairman will then ask those who have submitted a form to put their question. These will be in the order they were received. As the subject matter is known, the Chairman should be able to indicate which member will reply. If time permits the Chairman may accept further questions.

The option to ask a supplementary question will be at the Chairman’s discretion.

Once the defined period of time allowed for questions has passed (and assuming the Chairman has not extended this) then all remaining oral questions are left unanswered.

No oral question will receive a guaranteed written response, unless the member responding indicates as such.

This page is intentionally left blank



## Minutes

Name of meeting	<b>CABINET</b>
Date and Time	<b>THURSDAY 9 FEBRUARY 2023 COMMENCING AT 5.00 PM</b>
Venue	<b>COUNCIL CHAMBER, COUNTY HALL, NEWPORT, ISLE OF WIGHT</b>
Present	Cllrs L Peacey-Wilcox (Chairman), D Andre, J Bacon, P Fuller, C Jarman, J Jones-Evans, P Jordan, K Love, K Lucioni and I Stephens
Also Present	Cllrs G Brodie, A Garratt and G Peace  Christopher Ashman, Laura Gaudion, Wendy Perera, Christopher Potter and Sharon Betts
Also Present (Virtual)	Steve Crocker, Chris Ward, Natasha Dix, Kerry Hubbleday and Dawn Lang

### 66. Minutes

RESOLVED:

THAT the minutes of the meeting held on 12 January 2023 be approved.

### 67. Declarations of Interest

Councillor Jones-Evans declared an interest in minute number xxxxx relating to the IW Festival as she owned a property nearby. Cllr Lucioni declared an interest in the same item as she had purchased tickets for the IW Festival and Cllr Jarman also declared an interest in the same item as he had been given tickets for the festival, although he had donated them for fundraising purposes.

### 68. Public Question Time - Maximum 15 Minutes for Written Questions and 15 Minutes for Oral Questions

A written question was received from Carol Jones (PQ 04-23) relating to the proposed traffic restrictions in St Catherine's Street, Ventnor. A response was provided later in the meeting.

Written questions were received from Christopher Messer (PQ 05-23) and Susie and John Gosling (PQ 06-23) relating to the cuts to the stroke support service proposed in the budget. The Cabinet Member for Adult Social Care and Public Health provided a response to both questions.

**69. Chairman's Announcements**

The Chairman had no announcements to make.

**70. Report of the Cabinet Member for Childrens' Services, Education and Lifelong Skills**

**70a Determination of School Admission Arrangements for 2024/25**

There was a statutory requirement each year to publish the admission arrangements for the following school year before 28 February. It was noted that four island primary schools were reducing their published admission number (PAN) due to the falling birth rate on the island. A separate report on school place planning would be coming to Cabinet in June 2023.

RESOLVED:

That Cabinet approves the 2024/2025 school admissions arrangements.

**71. Report of the Cabinet Member for Infrastructure, Highways PFI and Transport**

**71a The Isle of Wight Council (Various Streets, Ventnor) (Traffic Regulation) Order No 1 2022**

This was the latest in a number of Traffic Regulation Orders (TROs) being brought forward to address concerns raised over a long period of time by businesses, residents and Town, Parish and Community Councils. A petition had been received regarding the proposals in St Catherine's Street, Ventnor signed by over 600 people.

RESOLVED:

Cabinet approves the proposed restrictions that are subject to this report in relation to The Isle of Wight Council (Various Streets, Ventnor) (Traffic Regulation) Order No 1 2022; The Isle of Wight Council (Esplanade, Ventnor) (Parking Places) Order No 1 2022; The Isle of Wight Council (Designated Loading Bays) Order No 1 2022 with amendment - to abandon the proposals in some locations, and to implement the rest of the restrictions.

To abandon proposals for Scheme 2 – St Catherine's Street, Ventnor and not proceed with any TRO for this road.

That Scheme 1 – Albert Street, Ventnor, be deferred to a later date pending further detailed investigation and research on the proposal.

That Scheme 4 – Park Avenue, Ventnor, be deferred until a later date pending further detailed investigation and research on the proposal.

**72. Report of the Cabinet Member for Levelling Up, Regeneration, Business Development and Tourism**



**72a To approve the terms of a new land hire agreement with IW Festival Ltd for the staging of the IW Festival at Seaclose Park.**

Councillor Jones-Evans left the room for this item. A new 5-year agreement was being sought for the use of council owned land by the Isle of Wight Festival organisers. A tariff based green levy had been agreed, which would contribute to the council's Mission Zero projects. It was hoped that the festival would become the 'greenest' festival in the UK making the island more attractive. In response to concerns raised it was confirmed that the council would keep the agreed bond for the duration of the five years, and also that reassurance had been received regarding the traffic management plans for the event.

**RESOLVED:**

To agree the terms set out in the report for a new five (5) year agreement with Isle of Wight Festival Ltd. to stage the IW Festival for the period 2023-2027 inclusive and to instruct the Director of Regeneration in liaison with the Leader of the Isle of Wight Council to conclude the details of the agreement, including provision to terminate where necessary.

**73. Report of the Cabinet Member for Strategic Finance, Transformational Change and Corporate Resources**

**73a Quarterly Performance Monitoring Report Q3 2022-23**

The report was for the period to end December 2022. It was noted that a number of assumptions had been used and that the issues in Ukraine and national government directly impacted on the financial settlement received. A few points were highlighted, including the following:

The number of One Leisure cards had increased and the number of memberships was now at 78 per cent of the pre-covid level.

97.28 per cent of waste was not going to landfill.

The floating bridge had been operational for 98.6 per cent of its scheduled working hours.

The waiting list for inspections for the Disabled Facilities Grant had reduced from 102 down to 24.

The SALIX project to replace windows and upgrade heating in county hall would result in an annual saving of £282,937 in energy costs. It was confirmed that despite rumours in the media, county hall was not due to be demolished.

**RESOLVED:**

That Cabinet approves the Performance and Finance Report for the Quarter ended 31 December 2022, and the priority report detail as set out in appendices 1-10, together with the council's financial position as set out in appendices 11-12.

### 73b **2023/24 Discretionary Rates Relief Schemes**

This was a government initiative to assist businesses in the hospitality and leisure sectors and small businesses.

#### RESOLVED:

That Cabinet recommends to Full Council to adopt the discretionary rate relief schemes as outlined in the Autumn statement 2022 and to ensure that the reliefs are applied to eligible accounts for the financial year 2023/24.

That delegated authority be granted to the Cabinet Member for Strategic Finance, Transformational Change and Corporate Resources to agree further legislative changes to the discretionary rates relief scheme.

### 73c **Discretionary Rates Relief – Heat Network Rates Relief Scheme**

This was a government scheme to give 100 per cent relief to eligible Low Carbon networks. One organisation on the island had been identified as being eligible.

#### RESOLVED:

That Cabinet adopt Option (a) as detailed below in that the heat networks rates relief scheme be implemented from 1 April 2022 and 100% relief is granted to those properties identified by the Valuation Office as using low carbon networks on the Island.

### 73d **Council Tax Support Grant**

The report was outlined, and it was noted that a trend was being shown towards the pledge made in the previous year to take the amount of relief towards 70% with a further increase if possible thereafter.

#### RESOLVED:

That the Cabinet adopt the draft Council Tax Support Grant scheme as attached in Appendix 1 to provide additional support to eligible Local Council Tax Support claimants as at 1 April 2023.

That a discretionary scheme is developed which awards £25 to newly eligible LCTS claimants after 1 April 2023 and to delegate authority to the Cabinet Member for Strategic Finance, Transformational Change and Corporate Resources to agree further details of the discretionary scheme.

### 73e **Budget and Council Tax Setting 2023-2024 and Future Years' Forecasts**

The Leader left the meeting part way through this item and Cllr Stephens took the Chair.

Cuts and savings had been made across all services to reach a balanced budget. The burden of cuts would fall mainly on discretionary services. The Cabinet were mindful of the concerns of the S.151 officer as to the fragility of the budget, and that every opportunity should be made for income generation. Between now and October 2023 the budget would be acutely monitored, savings made, and revenue generated. Members would not give up fighting for the Island Deal and continue to work hard to obtain government funding.

Some queries were raised by Cllr Garratt regarding the cost of replacement of mobile phones and the cut to the library book fund, which would be debated further at Full Council, and by Cllr Brodie regarding the cost of upgrading of ICT equipment and number of possible staff cuts. It was confirmed that whilst an actual number could not be provided, the loss of staff would be a last resort.

RESOLVED:

1. 1. That the Cabinet endorse the following:
  - (a) The recommendations to the Council set out below.
2. It is recommended that the Council approve the following:
  - (a) The revised Revenue Budget for the financial year 2022/23 and the Revenue Budget for the financial year 2023/24 as set out in the General Fund Summary (Appendix 1) which includes:
    - (i) Additional spending in Adult Social Care of £7.6m and Children's Services of £4.3m
    - (ii) No Revenue Contribution to Capital in 2022/23 or 2023/24
    - (iii) The Covid Contingency estimated at £4.2m, to guard against continuing and legacy risks
  - (b) Any variation arising from the Local Government Finance Settlement 2023/24 or any further savings made in 2022/23 arising at the year-end (after allowing for specific carry forward requests) be transferred to the Revenue Reserve for Capital, Covid Contingency, Transformation Reserve, and General Reserves with the level of each transfer to be determined by the S.151 Officer.
  - (c) That the level of Council Tax be increased by 2.99% for general purposes in accordance with the referendum threshold<sup>4</sup> for 2023/24 announced by Government (as calculated in Appendix 2)
  - (d) That the level of Council Tax be increased by a further 2.0% beyond the referendum threshold (as calculated in Appendix 2) to take advantage of the flexibility offered by Government to implement a "Social Care Precept"; and that in accordance with the conditions of that flexibility, the full amount of the associated sum generated of £1,872,500 is passported direct to Adult Social Care

(e) That the amounts set out in Appendix 2 be now calculated by the Council for the financial year 2023/24 in accordance with Section 31 and Sections 34 to 36 of the Local Government Finance Act 1992

(f) The S.151 Officer be given delegated authority to implement any variation to the overall level of Council Tax arising from the final notification of the Hampshire Police & Crime Commissioner, Hampshire & Isle of Wight Fire & Rescue Authority and Parish and Town Council precepts, and amend the calculations set out in Appendix 2 accordingly

(g) The savings proposals for each Portfolio amounting, in total, to £3.895m for 2023/24 and continuing into future years as set out on the next page:

Portfolio	Controllable Budget	Savings Proposal	
	£	£	%
Adult Social Care & Public Health*	54,438,981	1,243,500	<b>2.3%</b>
Children's Services, Education & Lifelong Skills*	28,695,978	299,000	<b>1.0%</b>
Climate, Environment, Heritage, HR, Legal & Democratic Services	7,812,210	128,000	<b>1.6%</b>
Community Protection, Regulatory & Waste	9,471,672	430,000	<b>4.5%</b>
Digital Transformation, Housing, Homelessness & Poverty	9,306,890	255,000	<b>2.7%</b>
Infrastructure, Highways PFI & Transport **	12,658,707	536,600	<b>4.2%</b>
Leader & Strategic Oversight	732,911	150,000	<b>20.5%</b>
Levelling Up, Regeneration, Business Development & Tourism	4,816,254	130,000	<b>2.7%</b>
Planning & Enforcement	2,646,087	45,000	<b>1.7%</b>
Strategic Finance, Transformational Change	9,339,164	677,900	<b>7.3%</b>

& Corporate Resources			
Grand Total	<b>139,918,854</b>	<b>3,895,000</b>	<b>2.8%</b>
* Excludes the additional funding passported through to Adult Social Care of £7.6m (which if included would result in an overall increase of 11.6%) and the additional funding for Children's Services, Education & Lifelong Skills of £4.3m (which if included would result in an overall increase of 14.0%)			
** Excludes £19.4m of PFI grant funding, on a gross expenditure basis the saving amounts to 1.7%			

[4](#) Council Tax increases beyond the referendum threshold can only be implemented following a "Yes" vote in a local referendum

(h) Directors be instructed to start planning how the Council will achieve the savings requirements of £6.0m for the 3 year period 2024/25 to 2026/27 and that this be incorporated into Service Business Plans

(i) The minimum level of Revenue Balances as at 31 March 2024, predicated on the approval of £3.895m savings in 2023/24 and the retention of the Covid Contingency of £4.2m, be set at £8.0m to reflect the known and expected budget and financial risks to the Council

(j) Members have regard for the "Statement of the Section 151 Officer in accordance with the Local Government Act 2003"

(k) The Capital Programme 2022/23 to 2027/28 set out in Appendix 5 which includes all additions, deletions and amendments for slippage and re-phasing

(l) The new Capital Investment Proposals ("New Starts") - 2023/24 set out in Appendix 4 be reflected within the recommended Capital Programme 2022/23 to 2027/28 and be funded from the available Capital Resources

(m) The allocation of Disabled Facilities Grants be made to the Better Care Fund, and reflected within the recommended Capital Programme 2022/23 to 2027/28

(n) The S.151 Officer be given delegated authority to determine how each source of finance is used to fund the overall Capital Programme and to alter the overall mix of financing, as necessary, to maximise the flexibility of capital resources used and minimise the ongoing costs of borrowing to the Council

(o) That the S.151 Officer in consultation with the Leader of the Council be given delegated authority to release capital resources held back for any contingent items that might arise, and also for any match funding requirements that may be required of the Council in order to secure additional external capital funding (e.g. bids for funding from Government or any other external source).

3. It is recommended that the Council note the following in respect of the Council's Budget:

(a) The Revenue Budget 2023/24 as set out in Appendix 1 has been prepared on the basis of a 4.99% increase in Council Tax, any reduction from the overall 4.99% Council Tax increase proposed will require additional savings of £936,300 for each 1% reduction in order for the Budget 2023/24 to be approved

(b) The Revenue Forecasts for 2024/25 onwards as set out in the section entitled "Revenue Forecasts 2024/25 to 2026/27" and Appendix 1

(c) The estimated Savings Requirement of £6.0m for the three-year period 2024/25 to 2026/27, for financial and service planning purposes, be phased as follows:

<b>Financial Year</b>	<b>In Year Savings Requirement £m</b>	<b>Cumulative Saving £m</b>
2024/25	2.0	2.0
2025/26	2.0	4.0
2026/27	2.0	6.0

(d) The Transformation Reserve held to fund the upfront costs associated with Spend to Save Schemes and Invest to Save Schemes holds a very modest uncommitted balance of £3.2m and will only be replenished from contributions from the Revenue Budget and an approval to the transfer of any further savings at year end

(e) Should the Council elect to reduce the level of savings below £3.895m in 2023/24 (and £2.0m p.a. thereafter), the Council's financial risk will increase and therefore the minimum level of General Reserves held will also need to increase in order to maintain the Council's financial resilience

(f) The Council Tax base for the financial year 2023/24 will be 54,087.0 [item T in the formula in Section 31 B(1) of the Local Government Finance Act 1992, as amended (the "Act")].

(g) The Council Tax element of the Collection Fund for 2022/23 is estimated to be in deficit by £848,700\* which is shared between the Isle of Wight Council (84.7%) and the Police & Crime Commissioner (11.6%) and the Hampshire & Isle of Wight Fire & Rescue Authority (3.7%)

(h) The Business Rate element of the Collection Fund for 2022/23 is estimated to be in deficit by £334,500 of which is shared between the Isle of Wight Council (49%), the Hampshire & Isle of Wight Fire & Rescue Authority (1%) and the Government (50%)

(i) The Retained Business Rate income<sup>5</sup> for 2023/24 based on the estimated Business Rate element of the Collection Fund deficit as at March 2023, the Non Domestic Rates poundage for 2023/24 and estimated rateable values for 2023/24 has been set at £41,958,105.

\*Includes a deficit of £578,900 which under regulation was allowed to be spread over 3 years and is shared on a different basis

#### **74. Cabinet Member Announcements**

The Cabinet Member for Children's Services, Education and Lifelong Skills reported that there was to be an Inclusive Island Conference on 16 February to discuss accessibility and ensure the best experience for residents, workers and visitors.

A meeting had been held with Yarmouth Town Council working party regarding the future use of the former Yarmouth Primary site.

The DfE had announced that the island would be one of 14 areas to deliver family hubs, with up to £1 million of funding to follow.

The Cabinet Member for Levelling Up, Regeneration, Business Development and Tourism reported that Building 41, a space for co-working and hot desking, had opened successfully, with 120 people attending the opening. Two Area Regeneration Officers had been appointed with funding for the Shared Prosperity Fund to look at the Bay area.

The Cabinet Member for Adult Social Care and Public Health reported that he was concerned over the merger of the NHS trust with Portsmouth and the possible implications for the Island.

The Cabinet Member for Community Protection, Regulatory Services and Waste reported that she had visited the waste plant at Forest Road and was surprised at the amount of waste that needed to be removed from recycling. A reminder was given to residents to put the correct items into the recycling bin. The issue of disposable vapes was being looked into to find the best method of disposal.

#### **75. Consideration of the Forward Plan**

The new item on the Cultural Strategy was highlighted and people were encouraged to complete the consultation.

A delegated decision was due to be made for the Statement of Intent for the Eco Flex scheme.

#### **76. Members' Question Time**

Councillor Lilley submitted a written question (MQ 04-23) which was read out and a summarised response was given by the Cabinet Member for Children's Services, Education and Lifelong Skills. The full response would be forwarded to Cllr Lilley.

CHAIRMAN







## Cabinet report

Date	<b>9 MARCH 2023</b>
Title	<b>DETERMINE ACADEMIC YEAR/TERM DATES FOR 2024/2025</b>
Report of	<b>CABINET MEMBER FOR CHILDREN'S SERVICES, EDUCATION AND LIFELONG SKILLS</b>

---

### EXECUTIVE SUMMARY

1. The purpose of this paper is to seek approval from the Cabinet on the determination of the pattern of school term and holiday dates for the school year 2024/2025 and to note the outcomes of the consultation process that has been followed.
2. Following a public consultation for the 2019/2020 school year, the Isle of Wight Council introduced a two-week October half term break and used the same approach in the following school year.
3. In Spring 2022, the Council carried out a further consultation with all stakeholders on views of the two-week October half term break. Specifically, respondents were asked to state their preferred length of that break, choosing between three options. After responses had been analysed, schools and professional bodies were asked for comments on proposed term and holiday dates which had been designed using the public consultation response that preferred a two-week October half term break.
4. The setting of the 2024/2025 calendar has not made any changes to the October half term which therefore remains as two weeks.
5. This report provides two options that were subject to consultation regarding the timing of the summer half term holiday. Option one with no changes to previous the year (retention of the May half term) and option two with a slightly later summer half term commencing the first week of June.

### RECOMMENDATION

- |  |
|--|
| <ol style="list-style-type: none"><li>6. That Cabinet approves the proposed calendar for term dates 2024/2025 as outlined in Appendix 1, that includes the summer half term holiday commencing 26 May 2025. The recommendation is supported by representative members of the Directorate Consultative Committee (DCM) a professional body group comprising of union delegates.</li></ol> |
|--|

## BACKGROUND

7. It is the responsibility of a local authority to schedule a school year which provides the statutory 190 pupil days and 195 teacher days in voluntary controlled and community schools. The structure for delivering this entitlement has been the subject of national and local debate in recent years. Across England, in local authorities and in schools with responsibility for setting their own school year, there are an increasing number of schools that do not use the typical school year of three terms, with one-week half term breaks and a long summer holiday of up to six weeks.
8. Having a balanced school year with regular breaks in the middle and at the end of each term helps to maximise wellbeing and helps schools to plan learning more effectively.
9. Children benefit from good attendance in school; it supports educational achievement and lays the foundation for a positive contribution to society and economic well-being. Properly structured periods of learning and rest help children to remain healthy, enjoy their school time and achieve more. The publication of dates well in advance enables families to plan holidays and arrange childcare so that school attendance need not be compromised.
10. The proposed pattern for term and holiday dates on the Isle of Wight takes account of the last day of term in July 2024 and then provides the best available balanced half terms and holiday periods. There has been agreement with Island schools that one of the non-teaching days is taken on the first day of the autumn term, the remaining four are determined and allocated by the school as they wish.

## CORPORATE PRIORITIES AND STRATEGIC CONTEXT

11. The recommendation in this report links to the Corporate Plan 2021-25 priority which is to work with local communities to maintain and ensure appropriate local school provision. Also raising educational achievement is a priority of the Council as set out in the Council's Corporate Plan. The standardisation of dates as much as possible across schools helps them to plan effectively and supports good attendance.

### Responding to climate change and enhancing the biosphere

12. The decision for this report is to confirm the calendar that will apply to the School Year 2024/25. It applies the usual restrictions of 195 days for teacher attendance and 190 days of pupil attendance. Consideration to carbon mitigation and/or climate change was not applicable because the decision to be made is strategic/administrative in nature.

### Economic Recovery and Reducing Poverty

13. The school year plans the term and holiday dates calendar. The public consultation carried out in 2022 regarding the Autumn half terms explored the links between the school year and the Island's businesses. The responses received state that the configuration of the school year does have an impact on aspects of business and families' access to holidays. Therefore, the Autumn half term remains the same.

### Impact on Young People and Future Generations

14. The decisions the Council makes now not only affect current residents, but may have long term impacts, both positive and negative, on young people and future generations. These impacts may not immediately be apparent or may not emerge for several years or decades. Impacts will be interrelated across the various domains of young people's lives from housing, employment or training, health and the environment.
15. The consultation process invited schools and professional bodies to respond, and these views have been considered in the recommendation in this paper.

### Corporate Aims

16. The recommendation in this report directly links to the Corporate Plan 2021-25 priority which is to work with local communities to maintain and ensure appropriate local school provision.

### CONSULTATION

17. Schools were invited to comment on their preferred pattern of term dates via an Isle of Wight Council school communication and consultation that ran from 5 December 2022 to 30 January 2023. The consultation received 26 responses.
18. The responses were analysed following the closure of the consultation. The responses from schools and professional bodies are included in Appendix 3.

### ANALYSIS

19. With a clear majority within the consultation, the model of school holiday and term dates included in Appendix 1 is recommended featuring a summer half term holiday commencing 26 May 2025. The setting of the 2024/2025 calendar has not made any changes to the October half term which therefore remains as two weeks.

### FINANCIAL / BUDGET IMPLICATIONS

20. The school year decides the term and holiday dates calendar; it has no budget implications.

### LEGAL IMPLICATIONS

21. Under section 32 Education Act 2002, the local authority shall determine the dates when the school terms and holidays are to begin and end for community, voluntary controlled or community special schools.

### EQUALITY AND DIVERSITY

22. The proposed calendar for 2024/2025 term dates applies to all community, voluntary controlled schools, community special schools. Other local authority maintained schools on the Island routinely utilise the determined calendar. Academies and Free Schools are free to set their own term dates. The proposed calendar is applied across all schools using it in the same way and therefore does not have any impact

on any of the protected characteristics.

## OPTIONS

23. Option 1 - To approve the proposed calendar for the term dates 2024/25 as set out in Appendix 1.

Option 2 - To approve an alternative calendar that is set out in Appendix 2.

## RISK MANAGEMENT

24. It is a requirement for the local authority to set school term and holiday dates for all its maintained schools, other than Voluntary aided, Foundation and Academy schools, to whom the dates are recommended. If the Council fails to agree term dates, it is failing in its statutory duty to comply with section 32 of the Education Act 2002. There is a risk that schools not under local authority control self-determine term dates creating inconsistency with school holiday patterns. This is out of the local authority control.

The risk of not approving option one is it will impact the GCSE timetable for Secondary schools, it is therefore important the summer half term holiday commences 26 May 2025. If option two was chosen Academies have the option to choose their own term dates, which may have an impact on school transportation and costs.

## EVALUATION

25. The proposed calendar was reviewed and has taken into consideration the consultation and change that applied for the 2019/2020 school year. It is considered the proposed pattern in Appendix 1 is the preferred option.

## APPENDICES ATTACHED

26. Appendix 1: Proposed 2024/25 school year with usual Summer half-term pattern  
Appendix 2: Proposed 2024/25 school year with a later Summer half-term pattern  
Appendix 3: Consultation responses from schools and professional bodies

## BACKGROUND PAPERS

Contact Point: Ashley Jefferies, Head of Access and Resources, ☎ 0370 779 8948,  
e-mail: [ashley.jefferies@hants.gov.uk](mailto:ashley.jefferies@hants.gov.uk)

STEVE CROCKER  
*Director of Children's Services*

CLLR DEBBIE ANDRE  
*Cabinet Member for Children's Services,  
Education and Lifelong Skills*

**Isle of Wight School Terms And Holidays  
2024 – 2025**

Appendix 1

Determined programme of school term and holiday dates for county and controlled schools for the  
academic year 2024/25

SEPTEMBER 2024						
M	26	2*	9	16	23	30
T	27	3	10	17	24	
W	28	4	11	18	25	
T	29	5	12	19	26	
F	30	6	13	20	27	
S	31	7	14	21	28	
S	1	8	15	22	29	

OCTOBER 2024					
M		7	14	21	28
T	1	8	15	22	29
W	2	9	16	23	30
T	3	10	17	24	31
F	4	11	18#	25	
S	5	12	19	26	
S	6	13	20	27	

NOVEMBER 2024				
M	4*	11	18	25
T	5	12	19	26
W	6	13	20	27
T	7	14	21	28
F	1	8	15	22
S	2	9	16	23
S	3	10	17	24

DECEMBER 2024					
M		2	9	16	23
T		3	10	17	24
W		4	11	18	25
T		5	12	19	26
F		6	13	20#	27
S		7	14	21	28
S	1	8	15	22	29

JANUARY 2025					
M		6*	13	20	27
T		7	14	21	28
W	1	8	15	22	29
T	2	9	16	23	30
F	3	10	17	24	31
S	4	11	18	25	
S	5	12	19	26	

FEBRUARY 2025				
M	3	10	17	24*
T	4	11	18	25
W	5	12	19	26
T	6	13	20	27
F	7	14#	21	28
S	1	8	15	22
S	2	9	16	23

MARCH 2025					
M		3	10	17	24
T		4	11	18	25
W		5	12	19	26
T		6	13	20	27
F		7	14	21	28
S	1	8	15	22	29
S	2	9	16	23	30

APRIL 2025					
M		7	14	21	28
T	1	8	15	22*	29
W	2	9	16	23	30
T	3	10	17	24	
F	4#	11	18	25	
S	5	12	19	26	
S	6	13	20	27	

MAY 2025				
M	5	12	19	26
T	6	13	20	27
W	7	14	21	28
T	1	8	15	22
F	2	9	16	23#
S	3	10	17	24
S	4	11	18	25

JUNE 2025					
M		2*	9	16	23
T		3	10	17	24
W		4	11	18	25
T		5	12	19	26
F		6	13	20	27
S		7	14	21	28
S	1	8	15	22	29

JULY 2025					
M		7	14	21	28
T	1	8	15	22	29#
W	2	9	16	23	30
T	3	10	17	24	31
F	4	11	18	25	
S	5	12	19	26	
S	6	13	20	27	

AUGUST 2025				
M		4	11	18
T		5	12	19
W		6	13	20
T		7	14	21
F	1	8	15	22
S	2	9	16	23
S	3	10	17	24

## Isle of Wight School Terms And Holidays 2024 – 2025

Determined programme of school term and holiday dates for county and controlled schools for the  
academic year 2024/25

Bank and Public Holidays 2024/25			
Christmas Day	25 December 2024	Easter Monday	21 April 2025
Boxing Day	26 December 2024	May Day Holiday	5 May 2025
New Year's Day	1 January 2025	Spring Bank Holiday	26 May 2025
Good Friday	18 April 2025	Summer Bank Holiday	25 August 2025

\* First day after break



School Holidays



Bank Holidays and National Holidays

# Last day before break

**Autumn Term 2024** starts on Monday 2<sup>nd</sup> September 2024 and ends on Friday 20<sup>th</sup> December 2024

(Half term from Monday 21<sup>st</sup> October to Friday 1<sup>st</sup> November 2024)

**Spring Term 2025** starts on Monday 6<sup>th</sup> January 2025 and ends on Friday 4<sup>th</sup> April 2025

(Half term from Monday 17<sup>th</sup> February to Friday 21<sup>st</sup> February 2025)

**Summer Term 2025** starts on Tuesday 22<sup>nd</sup> April 2025 and ends on Tuesday 29<sup>th</sup> July 2025

(Half term from Monday 26<sup>th</sup> May to Friday 30<sup>th</sup> May 2025)

Term	Start date	End Date
Autumn 2024	2 September 2024	20 December 2024
	Half term 21 October – 1 November 2024	
Spring 2025	6 January 2025	4 April 2025
	Half term 17 February - 21 February 2025	
Summer 2025	22 April 2025	29 July 2025
	Half term 26 May – 30 May 2025	

**Please note that the dates as published are correct.**

**There has been agreement with Island schools that one of the non-teaching days is taken on the first day of the autumn term, the remaining four are determined and allocated by the school as they wish. Please check with your child's school.**

**Please also note that the first day of the Autumn Term in September 2025 will not be determined until the 2025/26 timetable has been consulted upon and approved in March 2024.**

**Isle of Wight School Terms And Holidays  
2024 – 2025**

**Appendix 2**

Determined programme of school term and holiday dates for county and controlled schools for the  
academic year 2024/25

SEPTEMBER 2024						
M	26	2*	9	16	23	30
T	27	3	10	17	24	
W	28	4	11	18	25	
T	29	5	12	19	26	
F	30	6	13	20	27	
S	31	7	14	21	28	
S	1	8	15	22	29	

OCTOBER 2024					
M		7	14	21	28
T	1	8	15	22	29
W	2	9	16	23	30
T	3	10	17	24	31
F	4	11	18#	25	
S	5	12	19	26	
S	6	13	20	27	

NOVEMBER 2024				
M	4*	11	18	25
T	5	12	19	26
W	6	13	20	27
T	7	14	21	28
F	1	8	15	22
S	2	9	16	23
S	3	10	17	24

DECEMBER 2024					
M		2	9	16	23
T		3	10	17	24
W		4	11	18	25
T		5	12	19	26
F		6	13	20#	27
S		7	14	21	28
S	1	8	15	22	29

JANUARY 2025					
M		6*	13	20	27
T		7	14	21	28
W	1	8	15	22	29
T	2	9	16	23	30
F	3	10	17	24	31
S	4	11	18	25	
S	5	12	19	26	

FEBRUARY 2025				
M	3	10	17	24*
T	4	11	18	25
W	5	12	19	26
T	6	13	20	27
F	7	14#	21	28
S	1	8	15	22
S	2	9	16	23

MARCH 2025					
M		3	10	17	24
T		4	11	18	25
W		5	12	19	26
T		6	13	20	27
F		7	14	21	28
S	1	8	15	22	29
S	2	9	16	23	30

APRIL 2025					
M		7	14	21	28
T	1	8	15	22*	29
W	2	9	16	23	30
T	3	10	17	24	
F	4#	11	18	25	
S	5	12	19	26	
S	6	13	20	27	

MAY 2025				
M	5	12	19	26
T	6	13	20	27
W	7	14	21	28
T	1	8	15	22
F	2	9	16	23
S	3	10	17	24
S	4	11	18	25

JUNE 2025					
M		2	9*	16	23
T		3	10	17	24
W		4	11	18	25
T		5	12	19	26
F		6	13	20	27
S		7	14	21	28
S	1	8	15	22	29

JULY 2025					
M		7	14	21	28
T	1	8	15	22	29
W	2	9	16	23	30#
T	3	10	17	24	31
F	4	11	18	25	
S	5	12	19	26	
S	6	13	20	27	

AUGUST 2025				
M		4	11	18
T		5	12	19
W		6	13	20
T		7	14	21
F	1	8	15	22
S	2	9	16	23
S	3	10	17	24

## Isle of Wight School Terms And Holidays 2024 – 2025

Determined programme of school term and holiday dates for county and controlled schools for the  
academic year 2024/25

Bank and Public Holidays 2024/25			
Christmas Day	25 December 2024	Easter Monday	21 April 2025
Boxing Day	26 December 2024	May Day Holiday	5 May 2025
New Year's Day	1 January 2025	Spring Bank Holiday	26 May 2025
Good Friday	18 April 2025	Summer Bank Holiday	25 August 2025

\* First day after break



School Holidays



Bank Holidays and National Holidays

# Last day before break

**Autumn Term 2024** starts on Monday 2<sup>nd</sup> September 2024 and ends on Friday 20<sup>th</sup> December 2024

(Half term from Monday 21<sup>st</sup> October to Friday 1<sup>st</sup> November 2024)

**Spring Term 2025** starts on Monday 6<sup>th</sup> January 2025 and ends on Friday 4<sup>th</sup> April 2025

(Half term from Monday 17<sup>th</sup> February to Friday 21<sup>st</sup> February 2025)

**Summer Term 2025** starts on Tuesday 22<sup>nd</sup> April 2025 and ends on Wednesday 30<sup>th</sup> July 2025

(Half term from Monday 2<sup>nd</sup> June to Friday 6<sup>th</sup> June 2025)

Term	Start date	End Date
Autumn 2024	2 September 2024	20 December 2024
	Half term 21 October – 1 November 2024	
Spring 2025	6 January 2025	4 April 2025
	Half term 17 February - 21 February 2025	
Summer 2025	22 April 2025	30 July 2025
	Half term 2 June – 6 June 2025	

**Please note that the dates as published are correct.**

**There has been agreement with Island schools that one of the non-teaching days is taken on the first day of the autumn term, the remaining four are determined and allocated by the school as they wish. Please check with your child's school.**

**Please also note that the first day of the Autumn Term in September 2025 will not be determined until the 2025/26 timetable has been consulted upon and approved in March 2024.**



### Appendix 3: Consultation responses from schools and professional bodies

- The consultation received 26 responses, 25 (96%) responses were received from schools, and 1 (4%) from a professional body. It should be noted 1 school responded on behalf of 3 federated Secondary schools and 2 Primary schools responded on behalf of 2 schools in their respective federations.
- The majority of responses 17 (65%) are in favour of option 1, usual summer half term commencing 26 May 2025.
- The remaining 9 (35%) would prefer a later summer half term commencing 2 June 2025.

The comments received are shown below. Several comments refer to other times of the year outside of the scope of this consultation.

15 Responses – as follows:

ID	Name	Responses
1	anonymous	Although Version 1 gives an 8.5-week term, it only leaves two days in the final week - 28th & 29th July - which we would disaggregate with 4 twilight Insets spread throughout the year. This will then give staff an 8-week term and a 5-week summer break - I believe 4.5 weeks over the summer will have a negative effect on wellbeing. I have done a similar thing in the past few years where we have had 2-week October break - I have disaggregated 2 Insets days so that the Christmas break has still been two weeks for staff wellbeing. We have found disaggregated Insets to be much more effective and targeted to individual staff need than a whole day, whole school Inset.
2	anonymous	Although Version 1 gives an 8.5-week term, it only leaves two days in the final week - 28th & 29th July - which we would disaggregate with 4 twilight Insets spread throughout the year. This will then give staff an 8-week term and a 5-week summer break - I believe 4.5 weeks over the summer will have a negative effect on wellbeing. I have done a similar thing in the past few years where we have had 2-week October break - I have disaggregated 2 Insets days so that the Christmas break has still been two weeks for staff wellbeing. We have found disaggregated Insets to be much more effective and targeted to individual staff need than a whole day, whole school Inset.
3	anonymous	Two points 1 - Version 2 is NOT possible as this is during examination times. So we would have National examinations going on when the school is closed and staff are not employed. It would simply not be something we could do. Therefore, if this is opted for then Medina College, Carisbrooke College and The Island VI Form would have to close the week commencing 26th May and open on w/c 2nd June. 2 - Not having an option for the two-week October half term is a mistake. By closing for two weeks, we take away 25 hours of face-to-face learning time for Year 11 (and Year 6) students. Outcomes generally are poor for The Island and so why reduce teaching time even more. If this is not altered, it is likely that any Academy will change their holidays to move to a one - week October break. Certainly, if IWEF were to move to be within a MAT then I would recommend to

<b>ID</b>	<b>Name</b>	<b>Responses</b>
		the MAT that IWEF moved to a one-week October break as CEC do anyway. The educational argument for this is very solid. Matthew Parr-Burman
4	anonymous	Version 1 leaves a very long half term until the summer however I am aware that other secondary schools have exams during this half term and realise that this is more appropriate as there would be less interruptions to the exam period.
5	anonymous	We will set version 1 date irrespective of the outcome of the consultation as there are GCSE exams during the other week. Families with Yr11 children won't be able to go away and if they do will miss exams, which will be detrimental to Island figures and children's outcomes, and staff will end up without a break at all. We must also be clear that CEC will not follow the 2 week half term in October model as all robust research shows that this is detrimental to student outcomes.
6	anonymous	Because of the exams
7	anonymous	I would prefer one week October half term and an earlier July finish as the temperatures could be very hot especially in non- air-conditioned schools. However, if this is not an option the later June half term seems more palatable and avoids an 8.5 final half term when the children may be less responsive.
8	anonymous	None
9	anonymous	I have reached out to ASCL members and would like to provide some feedback, There was a feeling that we should not align college dates to the second and later half term break in the summer as it would be problematic with GCSE exams which fall that week, meaning staff wouldn't get a break and Yr11 children couldn't go away The robust research clearly suggests outcomes are affected by a two week half-term in October, the students miss one week of learning and although the summer is extended this will not affect Year 11/13 that have already completed the public exams. We would also question the 3 bank holidays in the summer 1 half term (due to change of week for half-term).
10	anonymous	Option 2 proposes a 'May; half term' in June and falls thus in the middle of the GCSE timetable. With careful consideration this option will not be in the best interests for all children across the Island.
11	anonymous	Am not happy that the summer holidays start so late in July. Children and staff will be exhausted, and this isn't the best use of teaching days.
12	anonymous	Both options are rubbish. Where has our summer holiday gone? Aren't we supposed to get 6 weeks? Two weeks in October has messed up the rest of our holidays.
13	anonymous	Version 1 would make the summer term more than 8 weeks long. This is too long for the children and staff.

ID	Name	Responses
14	anonymous	version 2 means the weeks in the term are more evenly spread out which is why I have selected it and feel this is more suitable. I believe version 1 creates a very long 8 and a bit week term, which I feel is way to long for the children.
15	anonymous	The constant changing of the holiday pattern is a source of frustration for our members and could be having an impact on staff recruitment. Version 2 could be problematic with having a half-term holiday during the public examinations. There is a preference for a longer summer holiday to fully recover from the school year. Neither pattern of holidays provides for this. Perhaps a compromise could be a 10-day October half-term and the remaining days added back onto the summer break.

This page is intentionally left blank

Purpose: For Noting



## Cabinet report

Date	<b>9 MARCH 2023</b>
Title	<b>EARLY YEARS CHILDCARE SUFFICIENCY ASSESSMENT</b>
Report of	<b>CABINET MEMBER FOR CHILDREN'S SERVICES, EDUCATION AND LIFELONG SKILLS</b>

---

### EXECUTIVE SUMMARY

1. The purpose of this report is to provide an update to Cabinet Members on how the Local Authority complies with its statutory duty to secure sufficient childcare to meet parental need, in accordance with the Early Education and Childcare Statutory Guidance for Local Authorities (June 2018).
2. A Childcare Sufficiency Assessment (CSA) is completed annually. This report summarises the analysis and identifies actions required to maintain and improve childcare sufficiency across the Isle of Wight, based on data from December 2022.
3. Statutory guidance requires that the Council must, as far as is reasonably practicable, secure sufficient childcare for working parents and to undertake a sufficiency assessment to be brought to Executive Members on an annual basis.
4. Generally, the childcare market has continued to return from lower levels of attendance during the COVID pandemic. The cost of living and rising costs, difficulties with recruiting and retaining experience and qualified staff have become a challenge to some childcare settings.
5. The early years and childcare sector for under-fives continues to offer a good variety of childcare, with 98 per cent of provision receiving Good or Outstanding judgements from Ofsted.
6. The Extended Entitlement (30 hours) uptake in Spring 2022 was 883 children with an increase in Summer 2022 to 905 children. These are similar numbers to pre-Covid numbers.
7. The early years and childcare sector continue to work with the Local Authority in offering flexible childcare. The number of childminders has reduced to 33 from previously 38, a 13 per cent decrease in numbers since 2020. Although the number

of childminders has reduced, the number of places on offer have increased slightly by 1.4 per cent from 214 places to 217 places.

8. Since 2019, there has been an overall decrease of 111 childcare places on the Isle of Wight to 2,528 places in December 2022. Decreases in numbers were due to the one maintained nursery reducing their available places by 33 per cent (15 places) and the Private, Voluntary and Independent (PVI) settings reducing their places by 9 per cent (198 places). However, there was also a 1.4 per cent increase (3 places) offered by childminders, and a 36 per cent (84 places) increase offered by pre-schools registered within a school.
9. As in previous years, the market continues to cite challenges with financial sustainability due to increased rent, utilities, employers pension costs contributions and increases in national minimum/living wage. Whilst there was an Early Years Entitlement (EYE) funding uplift of funding in 2021, this did not fully respond to the increased costs seen by providers. There are national recruitment and retention concerns regarding the childcare workforce, and evidence suggests this is starting to impact on the island. Data from our survey of childcare providers suggests more experienced and trained practitioners are leaving the childcare workforce and less experienced and less trained practitioners are filling these gaps.
10. The findings of the 2021 census show that the resident population on the Island rose by 1.5 per cent from 138,300 to 140,400 between 2011 and 2021. These figures were below the official estimates for the Island between censuses and has revealed a significant shift in the age of population. During this period, the population of residents aged 0-15 decreased (down by 6.3 per cent) with a significant reduction of 13 per cent of children under 5 on the island.
11. The Isle of Wight Council Planning strategy (July 2021) has been put on hold. A consultation is taking place to review the National Planning Framework which will include a proposed range of housing targets. The planning team consult with the Early Years Advisory Team to ensure any proposed developments take into consideration early years places within that area.
12. Out of School childcare continues to be required by working parents who need care outside of school hours and this demand looks likely to increase. The parental survey carried out by the Early Years Advisory Team indicates 40 per cent of parents anticipate requiring more Out of School childcare over the next two years.
13. The Holiday Activity and Food Programme (HAF) which provide enriching activities and food for children meeting income related free school meal eligibility has seen a reduction in the number of providers from 14 in its first year to 12 in 2022. Although there has been a reduction in providers, there has been an increase in the number of places provided from 3,678 places in 2020-2021 to 3,790 places in 2021-2022. The programme has seen an increase in the number of secondary aged children attending, while Primary aged children have remained at similar levels.
14. The Early Years Special Educational Needs Advisory Team provide advice and information to early years settings on how best to meet the needs of a child with a Special Educational Need or Disability (SEND). All Providers on the Island have an up to date offer of how they can meet needs on the Council Local Offer pages.

15. The CSA action plan outlines key areas of focus for the period 2022 to 2024, which will be reviewed annually.

## RECOMMENDATION

16. That the Cabinet having been presented with the statutory sufficiency assessment, the Cabinet is satisfied that the local authority has met its statutory obligations in respect of the Early Years Childcare Sufficiency Assessment.

## BACKGROUND

17. The Childcare Act 2006 requires local authorities to improve outcomes for all young children, reduce inequalities and ensure there is sufficient, high-quality EYE and childcare to meet forecast demand. The early years entitlement offers support two-year-olds of low income families and universal access for all three and four year olds to receive up to 15 hours per week across 38 weeks.
18. Section 6 of the Childcare Act 2006 places a duty on local authorities to secure sufficient childcare, so far as reasonably practicable, for working parents. The Childcare Act 2016 further refined this duty with implementation of 30 hours childcare. The duty was also set out at regulation 33 of the Childcare (early years provision free of charge) (extended entitlement) regulation 2016.
19. The Early Education and Childcare statutory guidance for Local Authorities (June 2018) outlines the requirement to report annually to Council Members on how they are meeting their duty to secure sufficient childcare, and to make this report available and accessible to parents.
20. During the COVID pandemic, a report was presented to the Policy and Scrutiny Committee for Children's Services, Education and Lifelong Skills in March 2021 to summarise how the childcare market was affected during the pandemic.
21. On 27 October 2021, the Government announced a further investment of over £200 million per year over the next three financial years for the Holiday Activity and Food (HAF) programme, following a successful roll out of the programme across England in 2021.

## KEY FINDINGS

22. The mix, quality and availability of different types of provision, including children with special educational needs:
  - The Isle of Wight childcare market is predominantly provided from the Private, Voluntary and Independent (PVI) childcare sector. On the Island, this comprises 84 providers, 13 of which are school based, 37 are PVI providers and 34 are childminders.
  - The early years childcare market continues to offer variety of weeks of delivery and 82 per cent (69 out of 84) of all settings (PVI, school based and childminders) deliver beyond school term time.
  - The childcare market supports children with SEND with 101 children supported directly by the Early Years SEN Team. This represents growth from 81 children in 2022.

- 98 per cent of Isle of Wight childcare providers have Good and Outstanding Ofsted judgements, compared to All England levels of 96 per cent.

23. EYE including funded childcare entitlement for 2, 3 and 4-year-olds, both universal and extended (30 hours):

- Take up of funded 2-year-old childcare has improved from 67 per cent in 2021 to 77 per cent in 2022. This is above the south east average (69 per cent), and all England take up (72 per cent).
- Three and-four-year-old take up has increased to 93 per cent of children from 91 per cent in 2021.
- 51 per cent of children are claiming the extended entitlement (30 hours).

### OUT OF SCHOOL CHILDCARE

24. The Out of School childcare sector on the Isle of Wight is predominantly run by school-based providers, with only one dedicated provider solely offering out of school childcare.

25. Since 2020, the Council has been delivering the HAF Programme and now has a small team delivering this work. This is successfully supporting a greater understanding of the out of school childcare market. Work continues with schools to consider their approaches to out of school childcare.

26. There were 12 providers who delivered HAF schemes in 2022. The IOW and Hampshire framework agreement provides an opportunity for some of the mainland providers of HAF to deliver on the Island and three providers did so in 2022.

### FACTORS AFFECTING THE CHILDCARE MARKET

27. The issues affecting the childcare market are consistent with those highlighted previously and are further exacerbated by the wider cost of living, inflationary rises and changes to the workforce since the COVID pandemic.

- The sector has increasing concerns with regard to financial stability and sustainability, as a result of:
  - increased wages
  - increased percentage of employers' contributions for pensions
  - pay and condition competition from other sectors such as retail and schools.
  - national living wage increased and the erosion of salary differential
  - inflation costs that are not supported by an early years hourly rate that has been cash limited for a number of years and continues to do so.
  - some providers experiencing difficulty in retaining qualified staff resulting in experienced staff being replaced by less experienced and qualified staff.
  - the increased cost of living affecting parents' ability to pay fees. or permitted voluntary consumable charges or permitted costs of food.
  - increased contact from parents seeking support to understand what charges are permitted within the free early years



entitlements. increases in food costs place additional pressure on HAF Programme providers with offering different food options.

## CORPORATE PRIORITIES AND STRATEGIC CONTEXT

### Economic Recovery and Reducing Poverty

28. As a result of sufficient Early Years Childcare places parents and carers can join the workforce. Paid employment for parents and carers helps to significantly reduce the number of residents, including children who are living in poverty.
29. Creating a strong, sustainable diverse childcare market enables parents and carers to undertake education or training to assist them to obtain work ensuring people can develop their skills and fulfil their potential.

### IMPACT ON YOUNG PEOPLE AND FUTURE GENERATIONS

30. High quality childcare on the island offers young people the choice of entering the childcare workforce as an Early Years Practitioner, developing their skills in childcare as well as numeracy and literacy. Early Years Practitioners need to have the skills and confidence to communicate to a wide audience, including parents and other professionals. These skills are transferrable to any occupation and will benefit them in the long term.

### Corporate Aims

31. Consulting with parents and carers will ensure the childcare market meets the needs of the public and evolves as these needs change and develop. This supports the corporate aim of “listen to parents and students and work with them to develop ‘needs driven’ children’s service”.
32. The Early Years Advisory Team will continue to work with local communities to maintain and ensure there is an Early Years childcare places for all those children who require one.
33. The Early Years Advisory Team will continue to support and challenge where necessary to ensure all Early Years settings are judged by Ofsted as good or above.
34. The Early Years Advisory Team will continue to work with Early Years Providers to ensure their business model remains financial sustainable to ensure enough childcare settings remain open and offering childcare places.
35. Working collaboratively with the Early Years Special Educational Needs team and the Islands Parent Carer Network to ensure there are sufficient Early Years places for children with Special Educational Needs and or disability.

### RISK MANAGMENT

36. Through the CSA the childcare market is assessed by utilising data and surveys which informs the current amount of childcare available and the need for childcare in the future. Without this assessment there would be insufficient knowledge of the childcare market which could result in the Local Authority not meeting its statutory

duty of the Childcare Act 2006 which gives the Local Authority the duty of securing sufficient Early years childcare places.

## FINANCIAL BUDGET IMPLICATIONS

37. Childcare is supported by parental fees and through Early Year Education (EYE) funded hours for eligible two, three and four-year-olds. The EYE funding is provided from the Early Years Block of the DfE Dedicated Schools Grant. It is governed by the Early Years National Funding Formula. The type of organisation and their childcare offer will determine the balance of the parental fees to early years funding received by each setting.
38. Isle of Wight Schools Forum is the accountable body for confirming EYE funding rates and receives reports on the funding changes and subsequent consultations.
39. The Department for Education undertook a consultation in 2022 to change the way Local Authority funding will be allocated. The Isle of Wight saw an increase in the value of Early Years entitlements with 10 pence for 2-year-olds and 25 pence for 3- and 4-year-olds.
40. The indicative allocation for the HAF programme in 2023 is £432,230 which is an increase when compared to the previous year of £428,170. This will support the number of children eligible for free school meals which has increased from Christmas 2021 3276 children to Christmas 2022 3790 children.

## PERFORMANCE

41. The performance of the Isle of Wight childcare market in relation to sufficiency is measured by:
  - Isle of Wight take up of EYE for eligible funded twos. The DfE, in partnership with the Department for Work and Pensions (DWP), provides local authorities with the number of families who are most likely to meet the eligibility criteria for 2-year-old funding.
  - Isle of Wight take up of universal entitlement<sup>1</sup> of funded three and four-year-olds.
  - The number of families who contact the Council to make enquires regarding appropriate childcare solutions.
  - Locality level assessments to ensure sufficient childcare places.
  - Locality level assessments to attempt to increase the number of new childminders joining the sector where demand is required.
  - Locality level assessment to target areas to increase the number of HAF Programme providers that support secondary age children.

## CONSULTATION

42. There is no requirement to consult on the CSA. The CSA is informed by [Early Education and Childcare Statutory Guidance](#). The CSA will be published on the Council's website and will feature in briefings with childcare providers throughout the coming year.

---

<sup>1</sup> Universal Entitlement is funded universal early years entitlement which is 15 hours per week for 38 weeks a year to a maximum of 570 hours per child's eligible birthday year.

43. A survey to parents was undertaken during Autumn 2022 to gather information on any changes to parental demand for childcare. It was assumed there would be less childcare required due to more home working, however the responses received suggested that childcare requirements have increased with particular emphasis on the out of school childcare market.
44. Universal early years is available to all three- and four-year-olds resident in England. There is no statutory requirement for parents to take up provision and choice remains. The statutory Early Years Foundation Stage (EYFS) requires all providers to be inclusive. The Local Authority monitors take up of ethnic groups through parental declaration at child's access to provision. Data for Spring 2022 suggests that 5.43 per cent of the total EYE funded 2-, 3- and 4-year-old children are from ethnic groups other than White British. A further 6.26 per cent are either; information not yet obtained / refused / blank, with the remaining 88.31 per cent White British. This is representative of the demographic of the Isle of Wight
45. The continued monitoring of EYE take up, and the implementation of action plans to monitor demand and supply helps to mitigate risks of childcare places not being available for parents.

## CONCLUSIONS

46. The CSA has identified a need for careful market management in the coming years as there is a population reduction. The 2021 census findings citing a 13 per cent reduction in children aged 0-5 on the island
47. The Isle of Wight continues to have a high-quality childcare market which is evident in Ofsted inspections with 98 per cent of Island Providers being judged Good or above. The market continues to support funded two-year-olds and has continued to respond well to extended entitlement for working parents (30 hours). The market has sustained its capacity for three- and four-year-olds with 93 per cent of all three- and four-year-olds accessing provision.
48. There is an ongoing need to develop the Out of School childcare market, particularly the before and after school sector as the number of places offered is not recorded. Further analysis of the market and its relationship to the extended 30 hours offer in Early Years is required to support schools with an approximate indicator of demand from new pupils. The Early Years Advisory Team will be undertaking a survey of schools to inform what Out of School and wraparound facilities are available. The HAF Programme has strengthened delivery and understanding regarding school holiday periods.
49. All Early Years Providers on the island are represented on the Councils Local Offer pages indicating they can support Early Years children with Special educational Needs.

## ACTION PLAN

50. It should be noted that childcare sufficiency is a dynamic process, taking account of childcare market changes, adapting to supply and demand and other environmental and regulatory factors. The Early Years Advisory Team will keep childcare providers, parents, and other key stakeholders informed of known changes through regular communications via emails, newsletters and termly provider briefings. To keep parents informed, the Council's Family Information Services platform is

currently being improved and in future will include childcare providers and providers' SEND Local offers, together with further childcare funding information and other information that supports families.

51. The CSA has outlined some areas where further action is needed to understand specific elements of the changing childcare market. The action plan has set out the key areas that will be addressed over the next two years.

<b>Theme</b>	<b>What we will</b>	<b>Lead Officer</b>	<b>By When</b>
Market Stability – population change and financial sustainability	Offer business support package to all Early Years Providers to help ensure their viability and sustainability in a challenging business environment.	Demand & Supply Childcare Development Officer	Throughout the year.
	Review wider financial and other support available to the sector and establish a database of other funding and grants available to the sector.	Demand & Supply Childcare Development Officer	Spring 2023
	Develop a market management risk register which expands on the Early Years business risk register enabling a market risk based approach to ensure the availability of sufficient childcare places.	Demand & Supply Childcare Development Officer	Summer 2023
	As part of establishing the market management risk register, develop a dashboard of data sources on all available aspects of the marketplace built around the existing Power BI interactive mapping tool, to better inform market management, future CSA reports and other IWC reporting requirements.	Demand & Supply Childcare Development Officer	Summer 2023
Market Stability – recruitment and retention	Develop a workforce strategy in partnership with local training providers, the DWP & Jobcentres to help employers in the sector recruit, train and retain more qualified staff.	Demand & Supply Childcare Development Officer	Autumn 2023
	Develop a strategy to support the recruitment and training of new childminders to provide choice where needed in the current market and with growth in the market areas where there is limited provision.	Demand & Supply Childcare Development Officer	Throughout the year

Market Stability – Early Years Education	Continue to support all early years providers to deliver flexible 2,3 and 4 year old nursery education funded places, as well as supporting the expansion and development of childcare places across the Island.	Demand & Supply Childcare Development Officer	Throughout the year
	Undertake further research into the size, demand and trend for under 2-year-old provision on the Island.	Demand & Supply Childcare Development Officer	Summer 2023
	Continue to monitor and promote 2-, 3- and 4-year-old funding to ensure sufficient places.	Demand & Supply Childcare Development Officer	Throughout the year
	Continue to monitor and promote entitlements for disadvantaged children: EYPP, DAF, SEND. <sup>2</sup>		Throughout the year
	Review and update a communication strategy which includes the Family Information Service website to enable parents and wider stakeholders to access accurate information on the supply and demand of the childcare market.	Demand & Supply Childcare Development Officer	Throughout the year
Market Stability – SEND	Work in Partnership with the Early years SEND Team to ensure childcare is inclusive and meets the needs of children with special educational needs and disabilities by ensuring the Local Offer is fit for purpose.	Early Years SEN Service manager Early Years Advisors	Throughout the year
Market Change – Out of School	Develop the marketplace for out of school/ wraparound childcare.	Demand & Supply Childcare Development Officer	Summer 2023
Market Change – to support housing developments	Work with the IWC’s Planning team on new housing developments to ensure Early Years places are	Demand & Supply Childcare	Throughout the year

<sup>2</sup> EYPP – Early Years Pupil Premium – Funding for 3- and 4-year-olds when parents are in receipt of a benefit

DAF – Disability Access Fund – Funding for settings for children who are eligible for disability living allowance

SEND – Children who have a Special Educational Need or Disability

	prioritised in the initial planning stage to meet possible future childcare demands.	Development Officer	
Market Change – Holiday Activity and Food Programme	Enhance the HAF programme’s reach and effectiveness on the Island.	HAF Programme Manager	Easter 2023
Increase take-up – 2-year-olds funded children & Extended Offer	Promote the availability and monitor the level of take up of 2-year-old and the Extended Entitlement funding to parents.	Demand & Supply Childcare Development Officer	
	Work with DWP/Jobcentres to promote the available childcare options as part of their return to work agenda.	Demand & Supply Childcare Development Officer	

## CARBON EMISSIONS

52. Not applicable as strategic/administrative report. There could be climate implications within projects that are created from the childcare market assessment. These will be considered and assessed through a different report, specific for those projects as they are developed.

## EQUALITY AND DIVERSITY

53. The council as a public body is required to meet its statutory obligations under the Equality Act 2010 to have due regard to eliminate unlawful discrimination, promote equal opportunities between people from different groups and to foster good relations between people who share a protected characteristic and people who do not share it. The protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
53. The CSA report does not report negatively on equality and diversity. Childcare places across the island can be accessed by all.
54. The Council’s policies in relation to equal opportunities and eliminating discrimination will continue to apply.

Contact Point: Laurence Keynes, Early Years Demand & Supply Childcare Development Officer ☎ 821000 e-mail [Laurence.keynes@iow.gov.uk](mailto:Laurence.keynes@iow.gov.uk)

STEVE CROCKER  
*Director of Children’s Services*

(CLLR) DEBBIE ANDRE  
*Cabinet Member for Children’s Services, Education and Lifelong Skills*



Purpose: For Decision

## Cabinet Report

Date **9 MARCH 2023**

Title **PUBLIC HEALTH STRATEGIC PARTNERSHIP**

Report of **CABINET MEMBER FOR ADULT SOCIAL CARE AND PUBLIC HEALTH**

### EXECUTIVE SUMMARY

1. The Island's Public Health function is delivered through a formal partnership agreement between Isle of Wight Council (IWC) and Hampshire County Council (HCC) covering the period September 2019 - September 2025.
2. The partnership enables a focus on local island issues under the specialist leadership of senior quality Public Health staff; as well as providing senior Public Health leadership to the Council, Health and Social Care system and a wide range of statutory and community partners for the benefit of the population.
3. In September 2022 a Local Government Association (LGA) peer review was undertaken to ensure the partnership and outcomes continue to meet the needs of the island. The reviewers found clear evidence of significant progress in providing safe, high quality commissioned Public Health services to the IOW community and strong recognition of the value of the Public Health Partnership with potential moving forwards for development.
4. The partnership report and LGA Review was supported unanimously by Policy and Scrutiny Committee for Health and Social Care on 5 December 2022.

### RECOMMENDATION

5. That Cabinet agrees to option one:
  - a) That the Cabinet approves the continuation of the Public Health Partnership until September 2025 when an updated agreement will be considered.

### BACKGROUND

#### **Introduction**

6. In September 2019 a Public Health Partnership between Isle of Wight Council (IWC) and Hampshire County Council (HCC) was agreed to run for 5 years. This

followed a period of 18 months of review and working together between both Councils as part of this a report that set out the key findings from an analysis of the Public Health function was completed.

7. Prior to the formal partnership of the Public Health function in 2018, leadership was lacking, and recruitment of specialist staff had not been successful leading to the Council not fulfilling its public health duties. A number of recommendations were made at the time of the formal partnership the majority of those critical to the IWC Public Health function which have been met, however, further progress has been made to ensure a strong Public Health function leading to a position where the Council can now proudly demonstrate its leadership of public health for the Island. The Progress of the partnership was formally reviewed as part of and LGA peer review with a summary set out in this paper.
8. Since 2018 and the commencement of the formal partnership, the Public Health senior leadership team and IWC Corporate Management Team (CMT) have worked together to address the key issues, with further developments taking place after the formal partnership started. This relationship has continued, and its success is demonstrated by the strong partnership working between the Director of Public Health (DPH) and Public Health Management Team, with members of CMT, Cabinet and partners on the IOW as further demonstrated during the pandemic.
9. As a result of the partnership, IWC is now delivering its mandated Public Health duties and has safe, high quality, value for money commissioned public health services in place for residents.
10. Although some Public Health outcomes still require improvement, the work undertaken through the Public Health Partnership to date has laid firm foundations that enables and facilitates further work to achieve this.
11. Through the Partnership the public health team has strengthened relationships internally within the Council and with the IOW Trust, Integrated Care System (ICS), and the voluntary sector and has brought benefits to IWC due to more effective joint working with other agencies including strengthening with Police and Fire. Feedback from partners, through the peer review, demonstrates the benefits of the Public Health Partnership and has improved the reputation of the Council with regard to Public Health leadership.
12. The Partnership enables a focus on local island issues under the specialist leadership of skilled and qualified senior public health staff; as well as providing senior public health leadership to the ICS for the benefit of the population in accordance with the statutory requirements. Neither of which were possible prior to the Partnership due to the challenges being dealt with by the Council with regard to public health.

### **LGA review**

13. In September 2022, the public health work and arrangements were subject to an LGA review to inform Council thinking on policy, prioritisation and budgeting to best deliver an effective public health function for Isle of Wight residents and provide an external peer assessment for the Council.



14. Led by the LGA Improvement Team, reviewers found clear evidence of significant progress in providing safe, high quality commissioned public health services to the IOW community and strong recognition of the value of the Public Health Partnership with potential moving forwards for development.
15. Importantly, the independent review provided reassurance that the Partnership provided good leadership for public health with:
  - (i) clear structures and processes in place to support the public health function
  - b) teams working well to understand the needs of residents and using intelligence to shape decision making
  - c) team skills and capacity strengthened to deliver public health corporate priorities
  - d) Island outcomes improving through strong public health leadership.
16. The report noted that strategic leadership for improving health and tackling health inequalities is provided by the Director of Public Health, supported by Consultants in Public Health through engagement with members, partners and through representation at key Island and ICS Boards with further work to refresh the role of partners with regard to public health actions.
17. A refresh of the Public Health Strategy, aligned to the Joint Health & Wellbeing Strategy and the IOW Health & Care Plan and the Hampshire and IOW ICP Plan, with system wide goals will help to deliver a unified public health vision for the Island with clear priorities visible to partners.
18. The Public Health team will continue to promote a culture of quality improvement within service provision by continuous monitoring of the public health service outcomes and working with partners to embed public health approaches in the system.
19. The Public Health Team lead the work of the Island Health Protection Board which undertakes key functions of communicable disease oversight, assurance, and escalation, bringing together partners from across the health protection system. This Board met for the first time, in its new format and with a renewed scope covering a broader range of health protection matters, in September 2022.
20. The Public Health team, with partners, will look to build on community engagement and co-production initiatives to shape Council priorities. This includes where appropriate, championing place-based health improvement work, and setting-based work for example the PEACH program (Partnership Education Attainment and Children's Health), underpinned by local engagement strategies to gain insight into local areas of need encouraging delivery of more local outcomes.
21. Staff recruitment and retention across all sectors on the Island come with significant challenge, with specialist Public Health workforce being no exception. This is being addressed through the Public Health Workforce Development Strategy and aligned work plan provide a platform for strengthening the skills and practice of our public health staff, with developments such as Public Health Apprentices. This plan aligns across the Island and Hampshire to fully realise the potential of the Partnership. The Public Health team also play an active role in the Systems Workforce Board which oversees a range of activities to facilitate partnership working between all health and care system partners and ensuring that workforce activity is aligned, structured, and provides system benefit.

## Public Health Grant and Budget

22. The Public Health grant is allocated to Local Authorities (LA) from the department of Health and Social Care to use to discharge their duty to improve and protect the health of the population and to reduce health inequalities and is ring-fenced for this purpose. A Unitary Authority undertakes many activities and has wide reaching opportunities to shape their services in a way that will support delivery of these objectives requiring strong public health leadership.
23. It is recognised that a wide range of social and environmental factors impact on the health of the population and therefore accepted that to deliver the duty described above, the Public Health grant can be used for activity across the Council. However, the Department of Health and Social Care, who, as the funding department, have a role in assuring that the Public Health grant is used appropriately, are clear that the first call on the grant must be to deliver the mandated and prescribed Public Health services and services with prime function of public health.
24. The Public Health ringfenced grant for the IOW has been reviewed and most recently has been aligned to the key areas of public health with an increased budget for smoking cessation, weight management and public mental health. In 2020/21 a longer-term financial plan was developed putting the budget on a stable foundation which included resolving long term budget disputes and Agenda for Change<sup>1</sup> Pay uplifts to NHS providers of public health services in line with NHS pay settlements and set out in the Public Health Grant conditions.
25. A robust Service Level Agreement (SLA) to monitor Public Health outcomes against use of the Public Health Grant in other areas of the Council has been developed and implemented and is regularly reviewed by the Public Health Management Team
26. The Director of Public Health and the Management Team have clear oversight of all commissioned public health services and robust processes are in place to support commissioning which has taken time to develop and implement. The Partnership has enabled rapid transfer of the substance misuse service; mobilisation of a new Specialist Sexual and Reproductive Health service; completion of a needs assessment and commissioning of a new Domestic Abuse service, procurement and mobilisation of Healthy Lifestyles Isle of Wight and mobilisation of the 0-19 Public Health Nursing Service ensuring that safe high quality mandated public health services which align with the conditions of the Public Health grant are now in place.
27. It is expected that the conditions on the Public Health grant for 2023/24 will be the same as those in 2022/23, specifically in relation to the basis of the ring-fence. The remit and grant must be signed off by the Director of Public Health and the Council's Section 151 Officer. It is anticipated that the level of the grant for 2023/24 will be announced in early 2023. It is also expected that there will be an allowance for inflation and the recently agreed uplift to NHS pay for our commissioned services, but it is unknown at what percentage. When greater clarity is provided the budget will be updated accordingly. The remit of the budget is set out below.

---

<sup>1</sup> Agenda for Change is the NHS pay structure

## 28. SERVICE AREAS

	Current Budget £000
Sexual Health Services	1,116
Substance Misuse Services	1,873
0-19 Healthy Child Programme	2,143
Wellbeing Services (Smoking, Healthy Weight, NHS Health Checks, Mental Wellbeing)	656
Domestic Abuse	150
Core Services	2,831

29. The Public Health team continue to take advantage of opportunities to make the service more efficient and prioritise the funding available to those services that make the most difference to the residents of the Island. This includes closer work with the NHS to better align services, where appropriate, to deliver those improved service outcomes for the residents of the Isle of Wight.
30. In 2022/23 the ring-fenced Public Health grant received by the Isle of Wight was increased by £216,832 to £7.935m. This increase was given to cover the recurring inflationary costs incurred by providers most notably the increase in staff cost experienced by the NHS providers for the years 2021/22 and 2022/23. In addition, the grant increase was to cover specialist sexual and reproductive health service activity to enable Pre-exposure prophylaxis for HIV which was previously funded through a standalone grant. At this time there has not been any confirmation of the actual grant level in 2023/24, the budget has therefore been set on the minimum expectation of a grant equivalent to that received in 2022/23 of £54.4m. When the ring-fenced grant and all other grants received and utilised by Public Health in 2022/23 are confirmed for 2023/24 with specific allocations, these will be added to the budget.
31. Within the current year Public Health resources have continued to include a residual element of funding remaining from the COVID-19 response. From a financial perspective any forecast costs relating to this funding are expected to be met from those resources.
32. Despite the recent grant increases and the likelihood of a further inflationary increase in grant for 2023/24 there remains significant challenges for delivery of the County Council's core public health responsibilities and for wider work to improve the public's health. Continued careful planning, delivery and evaluation of evidence-based interventions will ensure that the available Public Health resources are focused on the key public health priority areas.
33. The refreshed focus will seek to reduce the prevalence of the conditions contributing the most to years lived in ill health and the impact of these on health inequalities, namely smoking, cardiovascular disease, diabetes, unhealthy weight, low physical activity and poor mental health by acting on the risk factors, environment and conditions which combine to drive them. In keeping with the population structure of the Island, work is also ongoing to develop more targeted evidence-based interventions to improve the physical and mental health of older residents. This work will also contribute to wider work of system partners in enabling independence and reducing social isolation in older age. Together this work recognises the links between health and wealth, as well as the vision and strategic direction set out through the Corporate Plan.

34. A key priority is to ensure efficient delivery of the public health mandate to best meet the public health needs of Island residents and to continue to ensure that these services are providing best value for money. These include the mandated services: the National Child Measurement Programme, (NCMP) delivered through the school nursing service; delivering quality assured NHS health checks with the aim of both reducing future ill health, particularly cardio-vascular disease and dementia, and the associated demand for health and social care services; enabling access to comprehensive good value for money sexual and reproductive health services through transformation, providing public health expertise and leadership to NHS commissioners and to local Integrated Care Systems to inform the planning and commissioning of health services and the delivery of health protection and public health emergency planning responsibilities and cooperation with the criminal justice system in respect to violence prevention.
35. A focus on improved outcomes, narrowing the gap in outcomes for groups at most risk of ill health and increased quality in the public health commissioned services remains our key priorities.
36. There is compelling evidence that what happens at the start of life is vital in laying the foundations for good adult outcomes. The Healthy Child Programme (0-19) is an evidence based universal prevention and early intervention public health programme that is offered to all families. These services are supported by a mandate that requires universal delivery of five key child 'development reviews. It supports parents and promotes child development, leading to improved child health outcomes and reduced inequalities while ensuring that families at risk are identified at the earliest opportunity. To ensure that we get the best outcomes for children and families the Public Health team is working in partnership with Children's Services and NHS colleagues to transform and provide collaborative services for children and young people and their families. Effective use of resources will help to maximise the universal nature of the service, as well as to provide an enhanced offer to vulnerable families, to get the best possible outcomes in the six high impact areas, focus on prevention, and early identification of children and families at risk of future health and social problems. The Public Health nursing service, commissioned in 2021/22 has continued to support the Island's vulnerable families at a time of resource constraint and national staffing challenges through an active partnership between commissioner and provider.
37. The proportion of our population making unhealthy lifestyle choices, which will impact on their future health and care needs, remains a real public health challenge. These choices already have an impact on public services and lead to considerable costs to the system. This is likely to get worse over time. Focusing on prevention and making a healthy lifestyle 'the norm' for people of all ages is key to keeping people healthy, in employment and independent for longer and to reducing future demand for services. We continue to work to achieve this through appropriate nutrition, reducing obesity, promoting physical activity and supporting people to stop smoking and to drink sensibly. The Stop Smoking Service is accessible to the whole population and aims to increase quit rates, through focussing on population groups for whom smoking prevalence is still high. This requires strategic leadership and collaboration to change the system alongside effective services for the population.

38. With an increasingly older population, tackling social isolation and malnutrition, preventing falls and maintaining mobility in our vulnerable and older residents remain important areas of focus for our work with colleagues in Adult Social Care and the NHS.
39. Domestic abuse is a serious public health problem; Public Health leadership of the strategic partnership is driving work across the system to reduce domestic abuse. The Domestic Abuse service for victims and perpetrators provides further impetus to this work and has an increased focus on reducing the impacts of domestic abuse on children to prevent long term sequelae and impact. In 2022/23, this work continues to be supported by a specific additional grant to support domestic abuse services.
40. Poor mental health represents a significant burden of disease on the Island and increases the risk of developing physical illness and of premature mortality. We will continue our work to improve the mental wellbeing of our communities and the focus on preventing suicide. The Mental Health Partnership and plan has been further developed this year. Promoting emotional wellbeing, resilience and good mental health in children is a priority for both our health visiting (through action on maternal mental health and promoting attachment) and school nursing services.
41. The substance misuse service delivers a robust drug and alcohol treatment system that fully meets the diverse needs of the Island population and empowers and enables people to recover from alcohol and/or drug dependency. Through a transformation programme the service will take a family approach and deliver a comprehensive treatment service. Wider system work continues to support responsible drinking and promote safe and healthy places for people to live and work. An additional grant (SSMTRG) was received specifically to improve substance misuse services in line with the national drugs strategy and to increase access to Inpatient detoxification.
42. Sexual and reproductive health services and substance misuse services, being demand led, are challenged by the number of patients requiring these services. However, they are continuing to meet the demand through service transformation to ensure that the right service is provided at the right time in the right way for those who need it including through upstream preventative work and shifting more activity from face to face to digital interventions where appropriate. These approaches, begun prior to the pandemic, have been further developed during the response to COVID-19.
43. The Director of Public Health (DPH) continues to deliver the Health Protection responsibilities through partnership work with the UK Health Security Agency, and NHS England. The Council's health protection responsibilities have been significantly stretched this year with the added responsibilities of COVID-19 pandemic leadership, Outbreak Control Plan, local contact tracing service and leadership and coordinating testing services. This will continue to be a core part of the Directorates work in the coming year. The Emergency Planning responsibilities are delivered through work with the Emergency Planning teams in the Council and wider Local Resilience Forum (LRF) partners.
44. To ensure delivery of the Joint Strategic Needs Assessment on behalf of the Health and Wellbeing Board the team continues deliver key analysis for partners including working with the developing Primary Care Networks. Our leadership of Population

Health Management will enable more effective delivery of healthcare for the system. Our leadership of COVID-19 intelligence work has led to continued intelligence analysis and enabled services to be needs led and tackle inequalities

45. 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 action on social and environmental factors which drive, and impact health, sometimes referred to as the building blocks of health. For example, Public Health are contributing to reducing the impact of food poverty and are part of the officer-led Anti-poverty group. The public health team are also engaged with planning policy and the development of the emerging Local Transport Plan.

### **Public Health Leadership**

46. One of the key concerns on development of the Partnership was the IOW Council not fulfilling all the statutory and mandatory Public Health functions. Of particular concern was the requirement to provide public health advice to the NHS and planning for, and responding to, emergencies that present a risk to public health. Without specialist public health expertise this was not possible. The Corporate Plan allows for scrutiny of public health action and review of performance against important indicators. The development of an overall Public Health Strategy, Joint Strategic Needs Assessment (JSNA) and subject specific planning have led to improved policy and service development.
47. During the COVID-19 pandemic we have seen the benefit of working together and the ability of the IOW Council to provide public health leadership in a public health emergency. The strength of the joint senior team was essential to manage the complexity of the response to this global pandemic. Whilst the pandemic stretched the senior team, the joint working was of benefit to both Councils through increased efficiencies and more focused roles e.g., testing and tracing. During the pandemic the Public Health team led with others in the Council on the rollout of the first COVID-19 app on the Isle of Wight bringing learning to both Councils.
48. The Partnership has provided Faculty of Public Health (FPH)-approved senior public health leadership to IWC Public Health team members to enable them to contribute productively and safely to the pandemic response including ensuring public health services were able to operate safely, providing robust epidemiological information to partners, supporting the social care and education response to prevention and management of outbreaks, and contributing to impactful communication campaigns.
49. Continued improvement of public health outcomes is very much dependent upon a strong public health function. With public health leadership we are seeing NHS partners other and partner agencies working on the Isle of Wight demonstrating that they are working together on the key outcomes to address the priorities.
50. Through local senior public health leadership further work has developed across the Council including with:
- The Regeneration team to improve health through place
  - Adult Social Care on infection control and development of the Integrated Care Systems

- Community Safety on Domestic Abuse prevention and implementation of the new Domestic Abuse Act
- Corporate resources on the Health and Wellbeing of Staff
- Children's Services on early help
- Emergency Planning on local extreme weather plans

51. A strong Public Health Strategy aligned to the Joint Health & Wellbeing Strategy and the IOW Health & Care Plan, will continue inform the Council's Corporate Plan. System wide goals will deliver a unified public health vision for the Island with clear priorities visible to partners. Risk management and business processes have improved with an effective public health risk register now in place and monitored by the joint Management Team

### **Team Capacity**

52. The Partnership has delivered effective senior leadership and specialist staff as set out above which enables the Isle of Wight Council to fulfil its public health duties. In addition, it has benefited positively the Council with the increased capacity of senior staff who are able to focus on key areas of work and embed strongly in the ICS. This has met the technical and leadership capability within the public health function which wasn't present at all levels. This ensured the IWC Public Health team has permanent professionally qualified public health consultant resource which was previously lacking.
53. The development of the IOW Public Health plan has enabled clear team and personal objectives to be developed and has resulted in good progress across a number of domains of public health including development of Early Help, development and publication of the Physical Activity Strategy with Energise Me and a resumed focus on partnership working to take forward other important work including smoking cessation in pregnancy, Partnership Education Attainment and Children's Health (PEACH) programme and work to support people challenged by co-occurring mental health conditions and substance misuse. There has been a renewed focus on mental health which will be increasingly important to maintain in the recovery from COVID-19.
54. Due to the challenge of recruitment to specialist posts on the IOW some of the staff have been jointly based in Hampshire, for example, specialist health protection practitioners and consultants in public health. During the COVID-19 pandemic, remote working has facilitated the way that staff based in different geographical locations work together effectively. The LGA review supports this approach and suggests further close working together of both teams. Through the Partnership investment from Health Education England, we have been able to increase the hours of the public health Workforce Development lead for the Isle of Wight working with the council workforce team. This is enabling the team to be supported to develop and progress professionally in line with public health need and IWC corporate needs.
55. Many of the challenges regarding the IOW Public Health intelligence function, including skills development, have been resolved. The Isle of Wight Council Public Health Intelligence analysts have increased their specialist skills and enabled focused productivity working together in a matrixed public health intelligence team.

Priority will continue to be placed on using Intelligence to shape thinking and drive action with an updated core JSNA which has been delivered in 2022.

56. By working together within the Partnership, access to insight work has supported the IOW Public Health Team. Increased use of targeted social media to reach specific communities on the Island presents a further opportunity to deliver impactful public health behaviour change campaigns.

## **Outcomes**

57. Whilst there are still a range of public health outcomes that need to improve for the Isle of Wight population including male life expectancy, smoking related deaths, and low childhood immunisation rates the increased oversight by the strategy work programme, together with safe and high quality commissioned public health services will enable these to be addressed, however this will be a long-term ambition.
58. As with other areas, the impact of the COVID-19 pandemic has highlighted and widened existing inequalities in physical and mental health for residents of the Isle of Wight. It will be important to continue to work at system level to influence and support improvements in these outcomes.

## **System benefits**

59. Work is ongoing to refresh and test partner responsibilities to take account of changes to planning and accountability brought about by the new ICS governance structures. Relationships with ICS partners are being fostered which will embed public health thinking across the wider system.
60. The Partnership between Hampshire County Council and Isle of Wight Council has brought a wider benefit to the Isle of Wight and the system. With the majority of the Pan Hampshire area being led by one Director of Public Health and his team has meant an increased influence with partners and for issues of importance to the Isle of Wight.
61. When considering the work required with NHS England and UKHSA (UK Health Security Agency - successor body to PHE) and the Integrated Care System regarding public health matters including health protection, screening and immunisations and population health management there have been considerable benefits to leading this at scale for the benefit of the population in line with the Council's responsibilities.
62. When commissioning Public Health services as a team we have been able to align services and bring cost efficiencies to areas with the same service provider whilst also retaining the ability to meet the needs of Isle of Wight residents. This has improved outcomes for the whole population.



## CORPORATE PRIORITIES AND STRATEGIC CONTEXT

### Responding to climate change and enhancing the biosphere

63. The recommendation to continue the Partnership will seek to build on and progress the Council's climate change agenda. All new service specifications developed and commissioned by Public Health will consider the impact of climate change and the need for environmental sustainability.
64. The ability for the Partnership to function using remote working has reduced the carbon footprint from travel of team members. When travel to and from the Island is necessary to fulfil Partnership functions the carbon footprint of those travelling will be considered and lift sharing or active transport will be the preferred options.
65. Environmental and infectious disease risks from climate change fall under the remit of the Health Protection and Emergency Planning Preparedness and Response Teams who work collaboratively to ensure the safety of Island residents.

### Economic Recovery and Reducing Poverty

66. Public Health services act to reduce inequalities by identifying areas of greatest need, highlighted by the Joint Strategic Needs Assessment, working across systems to influence decision making and procuring services in line with the Council's ambitions to reduce poverty and develop skills for sustainable economic growth and regeneration. The team is a member of relevant council forum linked to tackling poverty and recovery from the COVID pandemic

### Impact on Young People and Future Generations

67. Public Health has a clear mandate to make a positive difference to the lives of children and young people from before birth through to adulthood. Positive interventions in early childhood can have lifelong impacts on the health, education, employment and well-being of individuals.
68. The Island has established a successful Early Help intervention including Family centres offering support to children from the most vulnerable families. The Health Visiting and School Nursing teams actively engage with service users to understand their needs and views. Work is currently being undertaken in conjunction with the Maternity Voices Partnership on a First 1001 days review to understand how we can better serve our population. Moving forwards, Public Health will place insight and involvement from children and young people at the heart of design of service and implementation and the development of Family Hubs
69. The decisions the Council makes now not only affect current residents, but may have long term impacts, both positive and negative, on young people and future generations. These impacts may not immediately be apparent, emerging after a number of years or decades. Impacts will be interrelated across the various domains of young people's lives from housing, training and employment, health and the environment.
70. The United Nations Conventions on the Rights of the Child (UNCRC) in 1989, in particular article 12, places a duty for children and young people to have an active

voice in decision making on matters that affect them. We value the views of our young people. Incorporating coproduction and consultation with young people into our decision-making process is a robust way of ensuring young people's views are taken into consideration. Participation workers experienced in coproduction can support engagement with the Youth Council, our Island children and wider groups of young people to ensure the voice of young people is sought, heard and acted upon on important matters that will affect them.

### Corporate Aims

71. The Public Health Strategy is clearly aligned with the Corporate Plan 2021-2025, specifically the core values:
- a. Being community focussed – understanding the needs of people living and accessing services on the Isle of Wight underpin the development of new service specifications.
  - b. Working together – specialist teams and individual work closely with key partners both within the Council and the ICS.
  - c. Being effective and efficient – evaluation and/or audit processes are embedded within service provision. Key performance indicators (based on the latest evidence of effectiveness) are routinely reported and shared with stakeholders
  - d. Being fair and transparent – quantitative and qualitative data derived from the Joint Strategic Needs Assessment, service reviews, and service user feedback inform decision making.

### CONSULTATION

72. This report is informed by findings from the Local Government Association (LGA) review carried out in September 2022. The review by the LGA team included consultation with external stakeholders including Council members and key partners including Police, Fire and NHS (Hospital & ICS).
73. Consultation has concluded that the Partnership has led to significant improvement in the delivery of public health services on the Island. Progressing action learning points will be prioritised in public health workplans and programmes.

### SCRUTINY COMMITTEE

74. The report was considered by the Health and Social Care Policy and Scrutiny Committee on 5 December 2022. Findings received widespread support. The recommendation to continue the Public Health Partnership in line with The Agreement was fully endorsed by Members.

### FINANCIAL / BUDGET IMPLICATIONS

75. Continuation of the Partnership will maintain delivery of existing systems and processes established to provide financial governance for expenditure via the Public Health Grant and additional funding sources.
76. Terminating the Partnership will would necessitate urgent consideration of financial governance arrangements, with possible consequences for future delivery of Council statutory public health functions and the health and wellbeing of Island residents.

## LEGAL IMPLICATIONS

77. The Partnership agreement currently in place states:  
“During the term of this agreement, Hampshire County Council will provide the statutory role of Director of Public Health.”

“Either party may terminate this Agreement at any time by giving no less than 6 months’ notice in writing to the other party.”

If a decision is not made to continue the Partnership then the termination criteria set out in Clause 23 of the Partnership Agreement must be followed.

78. The Partnership agreement covers a period from Sept 2019 to Sept 2025, unless either party wishes to terminate by giving 6 months’ notice.

## EQUALITY AND DIVERSITY

79. The decision relates to continuation of the current Partnership agreement and is strategic/administrative in nature, therefore, there is no anticipated impact on equality and diversity.

## OPTIONS

80. Option 1 (recommended option)  
a) That Cabinet approves the continuation of the Partnership until September 2025 when an updated agreement will be considered.
81. Option 2  
a) Cabinet does not approve the continuation of the Partnership and makes a decision to follow termination procedures.

## RISK MANAGEMENT

82. Risks associated with option 1 are:  
a) Minimal - aims and objectives underpinning the delivery of the Public Health function are closely aligned to the Council’s corporate priorities. The DPH and senior management team maintain and scrutinise a comprehensive risk register embedding reporting and governance structures for all public health services. Statutory duty is being met, and outcomes are improving.
83. Risks associated with option 2 are:  
a) Failure to deliver the Council’s Public Health statutory duty and partner relationships  
b) Staff recruitment and retention issues  
c) Probable decline in health and wellbeing outcomes and a widening of inequalities faced by the Island’s population.  
d) Potential for the Council to expend additional resource & incur extra costs in establishing alternative arrangements to facilitate public health leadership and service provision

## EVALUATION

84. The Public Health function on the Isle of Wight is in a markedly stronger position in 2022 than in October 2018 and has continued to improve following the inception of the formal Public Health Partnership. The LGA review provides evidence that public health mandated functions are being effectively delivered through a range of commissioned services with robust monitoring of activity, outcome and risk. The public health budget is being used appropriately and the team have good support from IWC finance colleagues.
85. The Public Health team has stabilised, and morale has improved. The Workforce Development team continue to support staff to develop professionally and as a team.
86. Continuation of the Public Health Partnership will facilitate further progress and support the further improvement of public health outcomes for Isle of Wight residents.

## APPENDICES ATTACHED

87. Appendix 1 – Key data for services.

Contact Point: Simon Bryant, Director of Public Health, e-mail [simon.bryant@hants.gov.uk](mailto:simon.bryant@hants.gov.uk)

SIMON BRYANT  
*Director of Public Health*

CLLR KARL LOVE  
*Cabinet Member for Adult Social  
Care and Public Health*

## APPENDIX 1

### **Sexual Health Service**

1. Sexual and reproductive health is a complex area due to the clinical **and safeguarding** risk and the need for partnership with the ICB and NHS England to ensure an integrated service with termination of pregnancy, vasectomy, and HIV treatment and care services **and robust pathways with primary care**.
2. On 1 April 2020 the IOW Sexual Health Service (SHS), previously provided by IOW NHS Trust, transitioned to Solent NHS Trust. This was a challenging time as the mobilisation occurred during the COVID-19 pandemic, but due to the flexibility and commitment from the staff on the IOW as well as the staff within the Sexual Health Service in Solent the transition was successful.
3. Transitioning to Solent has meant the team have the support from a wider clinical, operational and leadership team. The benefits to both staff and patients include:

#### Stronger Leadership

- (a) Wider leadership and management team to support senior leadership in the IOW service, including more access to management supervision and support from corporate teams leading to strengthened governance, quality systems and processes. Access to a wider clinical expertise for clinical supervision and 8-weekly education days for all staff, clinical and non-clinical to provide cross cover for leave, sickness, and training. There is a new culture of reporting and learning from incidents, including near misses.

#### Improved access to services

- (b) Access to treatment by post for non-complex Chlamydia treatment, combined hormonal contraception and progesterone only contraception, herpes suppression therapy and HIV Pre-Exposure Prophylaxis (PrEP) follow-up.
- (c) Specialised lead nurse roles to support the delivery of patient care including safeguarding and practice and development and an Outreach nurse for young vulnerable people.
- (d) Full Sexually Transmitted Infections (STI) **and HIV** testing service online, including **appropriate testing methods** for men who have sex with men.
- (e) Permanent services include Consultant cover for HIV patients and complex genitourinary conditions. Deep implant removal clinic which means patients no longer have to travel to the mainland to access this. Ultrasound clinic reducing referrals to secondary care.
- (f) **Capability to flex service to respond to national priorities whilst maintaining BAU, e.g. provision of MPox vaccinations.**

### Electronic access to services

- (g) Electronic requesting for laboratory tests and electronic results making the turnaround time for patients shorter and stopping manual entry of results. Electronic patient record that is integrated with the mainland, improving continuity of care if the patient attends any of the clinics in Isle of Wight or Hampshire; with planned improvements to introduce a patient health record which will allow patients to log in to their own health record to access results, book appointments and request online STI screening.

### **Substance Misuse Service**

- 4. Substance misuse services are another complex and challenging area with clinical risk and the need for strong partnerships with other services. The previous substance misuse service provider, IRIS, had faced a number of challenges which had led to the need for a new service provider. A new provider, Inclusion (part of Midlands Partnership NHS Trust), is now commissioned by the Council as part of its Public Health responsibilities and has been running since 1 December 2019.
- 5. The IOW service has undergone a considerable period of consolidation and more recently, expansion. This has happened in a gradual transition from the service start, the first year of which was strongly focussed on improving internal systems, training and support for staff and ensuring the clinical safety and resilience of the service. More recently the focus has been on becoming more outward looking, focussed on partnerships and meeting the needs of the range of localised communities across the island geography.
- 6. During the first waves of the pandemic the service transformed its provision to be a mix of online and face to face based on the needs of the clients in the service. The service is now re-established as a face-to-face service and delivering in a covid-secure way.
- 7. The benefits to both staff and patients include:

### Improved staffing capability

- (a) The service has developed volunteers and attracted new staff to work at the service via a staff bank, this has enabled the service to respond quickly and benefit from additional government funds, expanding the team quickly at the start of the COVID-19 pandemic to cope with additional demands at no cost to local commissioners or authorities. This approach also enabled the protection of vulnerable staff who worked from home and led the partial transformation to telephone and on-line working.
- (b) The service has also been able to recruit to Criminal Justice Worker, Harm Reduction Worker, Volunteer Coordinator and Recovery Activities Lead roles as a result of Dame Carol Black investment. The Isle of Wight Service was the first in the South-East Region to fill these posts following approval of the grants. The Harm Reduction work has also been significantly improved

through the introduction of a mobile vehicle enabling interventions to reach individuals in outlying areas (including people not previously known to services) and ensure they have access to overdose prevention, testing and vaccination services as well as links into work to reduce and stop using drugs.

### Improved partnership working

- (c) Partnership working has been a strong area of development and the service has joined the existing outstanding local commitment to vulnerable adult's work. Currently the service employs a Housing Navigator, Homeless Mental Health Navigator and a Hospital Liaison Nurse via local partnerships, greatly strengthening the quantity and coherence of the work undertaken to support high need individuals.
- (d) The Young People's service has offered monthly sessions to all Island secondary schools & Colleges (6 regularly take these up with a number of others working with [the service](#) ad-hoc) and weekly satellites in The Foyer and the Pupil Referral Unit. These ensure mainstream needs are met in schools, focussing on those children most at risk of developing substance problems and those at risk of crime and exclusion. Further work is taking place on Gangs, County Lines and Criminal Exploitation. Partnership working with YOT (Youth Offending Team) and CAMHS (Child and Adolescent Mental Health Services) have both been improved with regular joint visits and sharing of resources. The Family and Carers service works closely with the adult and young people's services to ensure those affected by other's substance misuse have access to support whilst recognising the need to respect confidentiality

### ***Lifestyles, Smoking Cessation and Weight Management Services***

- 8. At the time of the formal partnership agreement, smoking cessation and weight management services were delivered by a very small, challenged in-house team. In early 2019 the service was audited against national standards and as a result, improvements were rapidly made to ensure delivery of a safe and high-quality service.
- 9. In July 2019 the decision was made to procure an external provider for these services, to ensure service resilience and bring in the wide range of technical and other skills and assets required. Separate procurements were undertaken for evidence-based healthy weight and stop smoking services. the services were mobilised in 2020/21 respectively. The services enable residents to access a range of support options specific to their individual needs, with services available digitally and in-person.
- 10. Partnership working to improve health outcomes for vulnerable residents has also been a key focus for the team. This has included working with NHS Maternity Services to support women to give up smoking while pregnant. The team has setup an Isle of Wight We Can Be Active network involving Council, NHS and the voluntary and community sector to move forward the Hampshire and Isle of Wight We Can Be Active Strategy. The team have developed healthy lifestyles plan and are working with teams across the council to deliver the plan.

## **0-19 Public Health Nursing Service**

11. Like sexual health, Public Health Nursing is a complex area due to clinical and safeguarding risks and the need for partnership with other agencies.
12. In 2018/19 a tender was run to procure a provider to run the 0-19 Public Health nursing service to a new specification. Solent NHS trust were successful and began to mobilise just before the COVID-19 pandemic; the start date of the service was delayed to 1 November 2020 due to the restrictions and demands on the Trust. Since that time benefits for staff and patients include:

### Clinical Delivery and Care Pathways including Safeguarding

- a) The development of a new specific Year 3 to Year 7 offer (as part of the wider 0-7 offer) is underway in partnership with other Solent 0-19 services to support the islands most vulnerable children around readiness for school and transition including those with SEND and electively home educated population.
- b) Development of specialist roles across the 0-19 service has been completed and will be implemented across the service as opportunities arise with staff engagement and as vacancy arises over the next 3-6 months.
- c) The school nursing service redeployed staff to support the delivery of the COVID-19 vaccines both as part of the primary care networks and the mass vaccinations centre at Riverside.

### Workforce Transformation

- (a) Development of a demand and capacity tool to support service transformation has been completed. A leadership review was undertaken and appointment of clinical team co-ordinators to manage and quality assure clinical practice have been appointed. There has also been a review and recruitment to increase resource of Business support team.
- (b) Skill mix roles have been introduced for Community Health Nurses and apprenticeship opportunities to 'grow our own' workforce.
- (c) A management, clinical and safeguarding supervision model has been implemented alongside regular communication opportunities for staff to contribute and engage in service development.
- d) A wellbeing offer to support staff including wellbeing day, team away day opportunity and service development days.
- e) System1 record keeping system has been introduced as the primary record.

### Quality and Performance

- f) A Clinical Voice Group has commenced with regular staff engagement and involvement, including service user stories and feedback. The performance team have supported with regular reporting of service Key Performance Indicators. An



Audit has been undertaken regarding safeguarding information received and partnership working with wider IOW safeguarding service underway to streamline and quality assure processes.

### Estates

- g) A new fit for purpose office space has been secured and funded by Solent NHS Trust. The 0-19 service has moved to Enterprise House, Newport and is offering co-location alongside the School Aged Immunisations service as part of Solent NHS Trust and CHIS as part of Southern Health Foundation Trust. All staff have mobile working options include laptop and smart phone to support clinical delivery and digital options.

### Partnership working

- h) Established and new relationships have been built upon with the following partners and opportunities for joint working have been implemented- for example – Health Visiting team leads now join the Early Help team allocations on a weekly basis to review all families in need of Early Help on the island to identify the most appropriate lead professional who can work directly with the family.
- Safeguarding/IOW Trust partners
  - Maternity Partners
  - Social Care
  - Early Help
  - Barnardo's
  - Voluntary - Youth Trust, Home-Start
  - Education/Early Years
  - Primary Care Networks

This page is intentionally left blank



## Cabinet Report

Date **9 MARCH 2023**

Title **ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH**

Report of **DIRECTOR OF PUBLIC HEALTH**

---

### EXECUTIVE SUMMARY

1. This year's report is focussed on healthy and active older people.
2. Since the DPH annual report in 2018 to 2019, which focussed on the health and wellbeing of older people, the whole country has experienced significant challenges, it is therefore appropriate to refocus on this topic.
3. It provides information on local services and opportunities available to all our residents and also what we can do ourselves to enable us to live and age well.

### RECOMMENDATION

4. To note the Annual Report of the Director of Public Health 2022/23
5. To endorse the ambition within the Annual Report to continue to provide and support organisations and services to enable, empower and facilitate residents, to be happy, healthy and active as they get older.

### STRATEGIC CONTEXT

6. The 2012 Health and Care Act places a statutory duty on upper tier Local Authorities to improve and protect the health of their residents.
7. The Director of Public Health has a statutory duty to produce an annual report about the health of the local population. The content and structure of the report is decided each year by the Director of Public Health, based on key issue of health and wellbeing that would benefit from a focused review. The requirement placed on Isle of Wight Council as the relevant local authority is to publish the report.

### Corporate Aims

8. The content of the DPH annual report celebrates activity which improves the health and wellbeing of our older population; this is relevant for ambition 16 of the

Corporate Plan 2021 - 2025 to 'place the health and wellbeing of residents at the centre of all we do.'

EQUALITY AND DIVERSITY

9. The report is strategic/administrative in nature; therefore, there is no anticipated negative impact on equalities.

APPENDICES ATTACHED

10. DPH Annual Report – Appendix 1.

Contact Point: Simon Bryant, Director of Public Health, [Simon.Bryant@hants.gov.uk](mailto:Simon.Bryant@hants.gov.uk)

SIMON BRYANT  
*Director of Public Health*

(CLLR) KARL LOVE  
*Cabinet Member for Adult Social Care  
and Public Health*

# Ageing well

## on the Isle of Wight



**Annual report  
of the Director  
of Public Health**

## Introduction



### Welcome to the Public Health annual report for 2022 to 2023.

Since my report in 2018 to 2019, which focussed on the health and wellbeing of older people, the whole country has experienced significant challenges so I feel it is appropriate to refocus on this topic. The pandemic impacted all of us, our families, friends and communities either directly on our health or indirectly through policies which changed how we worked, socialised and moved. This report considers these challenging times but also celebrates the progress which has been made. I reflect on our older people, how we are all ageing and how our lives and lifestyle choices can have a positive impact on how we age.

As we get older it does not mean opportunities and life experiences stop, in fact quite the opposite. As I think of my family and grandparents, I think about the contributions they made and we know that people of an older age contribute enormously to our communities socially and economically. A national report suggests that people over 70 years have the highest personal wellbeing compared to other age groups.

Case studies have been gathered to highlight progress that has been made and opportunities available to Isle of Wight residents. These capture some of the positive impacts people have experienced but also things we can do or change which can really help us to age healthily and as best we can as we move to into our older years.

Our ambition moving forward is simple but so important, we will continue to provide and support organisations and services to enable, empower and facilitate us all, to be happy, healthy and active as we get older.

I am proud to present this, my fourth report, to you.'



**Simon Bryant** BSc, MSc, MSc, FFPH  
Director of Public Health

Getting older is something to be celebrated, with better health care and medicine we are able to live longer. There is a greater understanding too of the impact healthy lifestyles at all ages can have on our health and wellbeing later in life. We have a wealth of data now but what does that tell us and how can we be healthier in older age?

Almost three in ten of our Island residents (29%) are aged over 65 and, comparable to the national picture, this is expected to increase. Life expectancy is good, and people are living longer, although improvements have slowed in recent years. An Isle of Wight man aged 65 years is estimated to live for 19.5 years and a woman aged 65 years is estimated to live for 21.5 years. Healthy life expectancy data tell us that over half of these years will be spent

in good health, but we also know that health outcomes and opportunities are different for everyone, with some people experiencing good health into old age longer than others.

This short animation shows our changing and ageing population structure from the first census in 1861 to the population reported in census 2021. The solid bars represent the Isle of Wight population and the lines are England and Wales population for comparison.



### Acknowledgements

I want to thank my whole team for the work this year which has again has at times put public health in spotlight. I am grateful for those who have worked on this report especially our partners in Age UK Isle of Wight, Southern Vectus, NHS falls prevention team, Healthy Lifestyles Isle of Wight, Independent Arts and the Living Well and Early Help Service. My team

including Jenny Bowers as the lead, Sarah Wallace, Simon Squibb, Sophie Ross, Stef Bryant, Catherine Walsh, Christian Sunderland, Matt Haines, Emily Shelton, Thomas Ruxton, Sam Brooks, Kayleigh Pullen, Sharon Kingsman and Maire-Claire Lobo supported by Lisa Williams.

## Isle of Wight's older population



While living longer is something to be celebrated and our ageing population presents opportunities, it also has implications for the economy, services and society. Knowing the size and structure of the population is fundamental for decision makers and policy makers in the UK.<sup>1</sup>

Head of the Office for National Statistics (ONS) Ageing Analysis team

aged 65 years and over, this equates to almost three in ten of our residents (29.2%).<sup>2</sup> Isle of Wight's population is much older than England overall where 19% of the total population are 65 years and over.

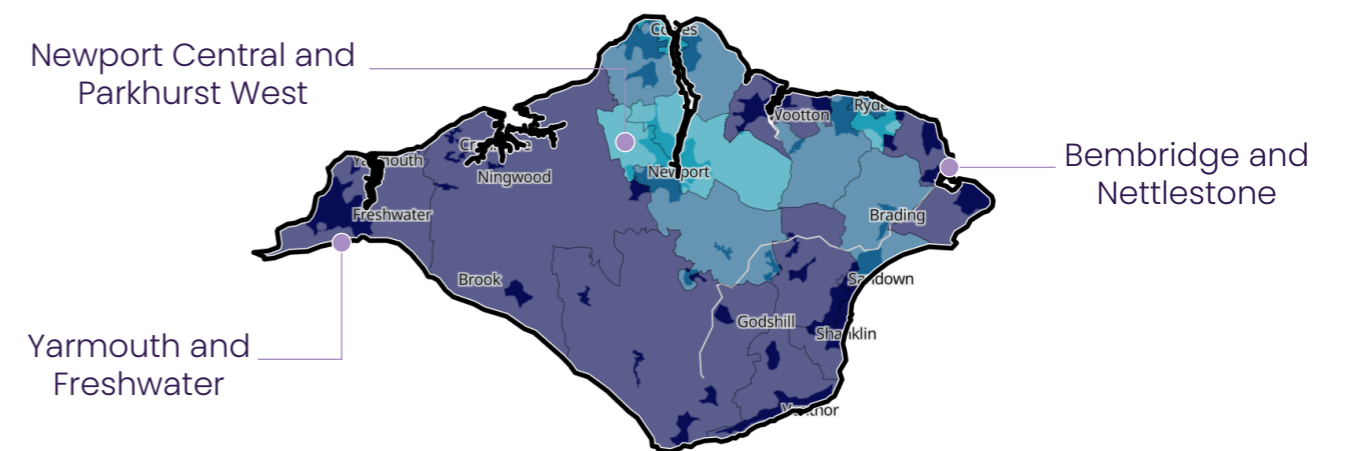
The average (median) age on the Isle of Wight rose from 46 years in 2011 to 51 years in 2021, reflecting the changing age structure of our population. In England, the recent median age was 40 years, again this highlights the much older population on the Isle of Wight when compared to England.

The latest census data confirm that the Isle of Wight population continues to age. There are over 41,000 people living on the Isle of Wight who are

Figure one shows that there are areas with much higher proportions of people aged 65 years and over these are mainly around the coastal areas. For example, in 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.

Figure one Census 2021: resident population aged 65 and over



**29.2%** of people on the Isle of Wight (local authority district) are **aged 65 years and over**



Data source: **2021 Census Data Atlas**

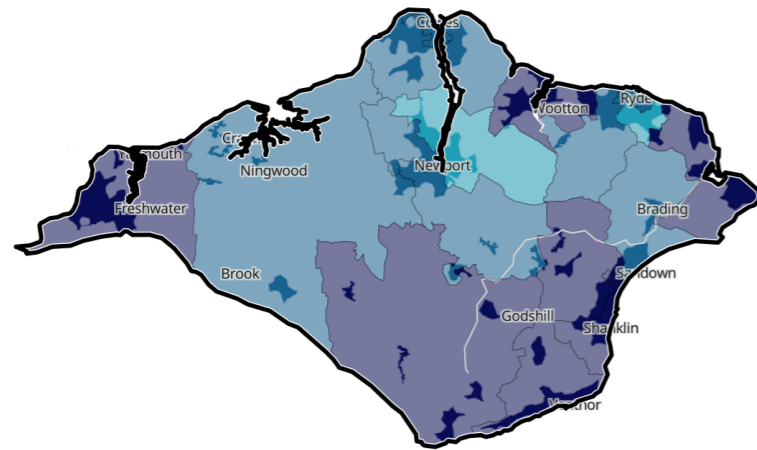
Across the Isle of Wight 18% of households are households with one person aged 66 years or over. Figure

two highlights areas where there is a greater proportion of these older single households.

<sup>1</sup> Voices of our ageing population – Office for National Statistics ons.gov.uk

<sup>2</sup> Population and household estimates, England and Wales – Office for National Statistics ons.gov.uk

Figure two Census 2021: Households with one person aged 66 years and over



**18.0%** of households on the Isle of Wight (local authority district) are **households with one person aged 66 year and over**



Data source: **2021 Census Data Atlas**

Page 64

The number of older people is expected to continue to rise substantially, with projections suggesting that by 2030 almost 35% of the population will be aged 65 or older, 17.3% aged 75 or older and 4.9% aged 85 or older. The proportion of the 85 years and over population is expected to increase from 5,378 to 7,358 people by 2030 – an increase of 36.8%.<sup>3</sup>

7.4% of residents (8,657 people) on the Isle of Wight are widowed

or the surviving partner from a civil partnership, again higher proportions of widowed or surviving partners are observed in the coastal areas. This is higher than the England proportion of 5.6%.

The most recent census data show our population is more diverse than previous censuses, for example by ethnicity, sexuality and gender identity. Some of this is because of better knowledge and understanding, reflected in the changes in the

census questionnaire. It is important to understand societal changes at a local level. Different characteristics and cultural diversities will also be reflected in our ageing population, and we know there is inequality in how ethnic minority communities experience ageing.<sup>4</sup> Just over 6% of people on the Isle of Wight were born outside of the UK and 0.5% of the population lived at an address outside of the UK one year ago.

In-migration also plays an important role in the population structure of the Isle of Wight. Overall 9.7% of people on the Isle of Wight were living at a different address within the UK

one year ago, this is comparable to England's proportion of 9.6%. The higher proportions of in-migration are observed in the coastal areas where there are also higher proportions of older people, suggesting people may be moving to the island for retirement (the Parkhurst area is an exception as the data includes the prison which is located there).

More detailed census data soon to be released will enable us to look at diversity and migration by smaller areas and age groups which will be included in the **Joint Strategic Needs Assessment (JSNA)**.

<sup>3</sup> Office for National Statistics 2018-based population projections

<sup>4</sup> Voices of our ageing population – Office for National Statistics ons.gov.uk



## Life expectancy and healthy life expectancy

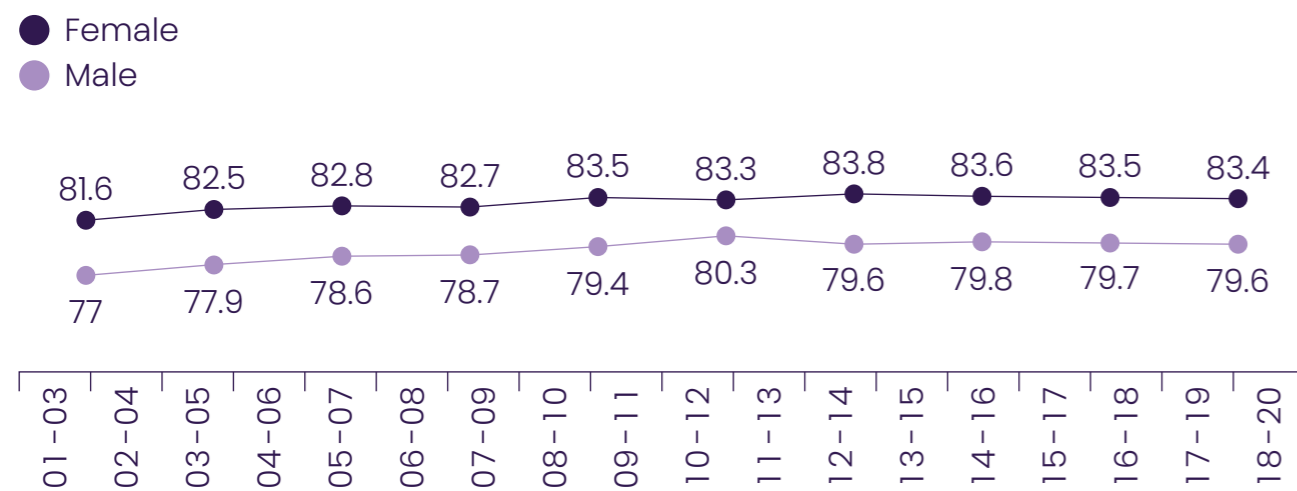
Life expectancy at birth is an estimate of the average number of years a newborn baby would survive if they experienced the age-specific mortality rates for that area and time period throughout their life.

Life expectancy on the Isle of Wight is good and people on the Isle of Wight are now living for longer than ever before, with similar life expectancy to the England average. There are some gender differences, a boy born on the

Isle of Wight today is estimated to live on average to 79.6 years whilst a girl born today is estimated to live until 83.4 years. Similar improvements have been observed in life expectancy at 65 years. An Isle of Wight man aged 65 years is estimated to live for 19.5 years and a woman aged 65 years is estimated to live for 21.5 years. More recently life expectancy improvements at birth and at 65 years have been slowing.

**Figure three** Life expectancy at birth: Isle of Wight trends 2001 to 2020

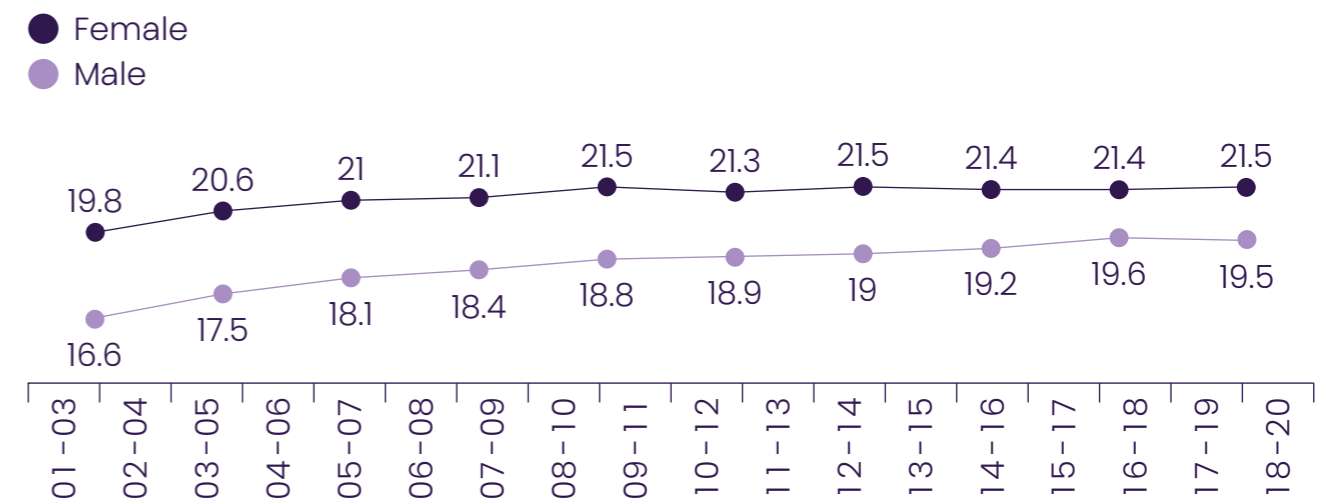
In 2001 to 2003 life expectancy at birth was 77 years for males and 81.6 years for females. This has increased to 79.6 years for males and 83.4 years for females by 2018 to 2020.



Data source: **Public Health Outcomes Framework**

**Figure four** Life expectancy 65 years: Isle of Wight trends 2001 to 2020

In 2001 to 2003 life expectancy at 65 years was 16.6 years for males and 19.8 years for females. By 2018 to 2020 this had increased by over two years for both to 19.5 years for males and 21.5 years for females.



Data source: **Public Health Outcomes Framework**

With life expectancy improving, how long someone lives in good health becomes increasingly important. The extra years obtained by life expectancy improvements are not always spent in good health, with many people developing conditions that reduce their independence and quality of life and increase need for health and care services. Latest trends show people are living longer in good health, but these improvements have also slowed. It is estimated that an Isle of Wight man aged 65 years will live for a further 12.6 years in good health and a 65-year-old female will live for

13.1 years in good health which means that 7.3 years for a man and 9.1 years for a woman will be in poor health.

People's experiences of good health during their life are different depending on where they live, their life opportunities and circumstances. People living in the poorest areas, on average, are diagnosed with serious illness earlier and die younger than people in more affluent areas.<sup>5</sup> The leading causes of disability in older people (70+) on the Isle of Wight are diabetes, low back pain, age related hearing loss, falls and Chronic Obstructive Pulmonary Disorder (COPD).<sup>6</sup>

<sup>5</sup> Quantifying health inequalities in England

<sup>6</sup> Global Burden of Disease, 2019

## An economically and socially active older population

In 2014, Age UK estimated that people aged 65 and over in the UK contributed £61bn to the economy through employment, informal caring and volunteering. This really emphasises the huge economic and social contribution people of an older age make.

People living longer in good health, alongside increases in the state pension age, led to greater numbers of people aged 50 years and over remaining economically active before the pandemic. Longer working lives has benefits as it offers us the opportunity to secure financial stability in later life, as well as retaining social connections and keeping active. This is not only good for individual health but also vital for the economy.<sup>7</sup> However, this can be impacted by ill health. Ill health is a leading reason for people aged 50 to 64 years to be out of work, which can impact significantly on personal finances and wellbeing.<sup>8</sup>

Findings from Office for National Statistics<sup>9</sup> reported that those aged 55 years and over were most likely

to become economically inactive, mostly because of retirement and early retirement, and to a lesser extent because of higher rates of redundancy. Annual Population Survey data<sup>10</sup> show that on the Isle of Wight there is a higher proportion of economically active people aged 50+ when compared to England. Overall, the proportion of those economically active in this age group did decrease during the pandemic but data for 2021 to 2022 show an increase greater than that observed nationally.

### Latest data April 2021 to March 2022 report

- 46.9% of the 50+ population were economically active – higher than England at 43.1%
- 80.4% of the 50–64 population were economically active – higher than England at 73.6%
- 13.1% of the over 65 population were economically active – higher than England at 10.9%

Unpaid informal care provided by friends and family is essential to our society and the economy.<sup>11</sup> As people are living for longer, sections of the population are increasingly likely to have a living parent and/or a grandchild. In the previous census (2011) over 10,500 Isle of Wight residents (17%) provided informal care. The older population provide a greater proportion of informal care, almost one third of carers aged 65 and over provided 50 hours or more unpaid care a week. National reports show that during the second wave of the pandemic, the numbers of over-65s in the UK who were providing unpaid care for someone almost doubled and for those who were already providing unpaid care the hours increased. Although local data is not available, given the older population structure on the Isle of Wight we can assume this national pattern was also observed locally.

Estimating the true financial value of informal care to both society and the individual is difficult, but it is without question that this care significantly contributes and saves the health

and social care system significant amounts of money and resources.

Volunteering not only benefits society, but for many it is also linked to boosting health and wellbeing. This could be due to a number of factors including meeting new people, being active, increasing confidence, learning new skills and new experiences. The older population contribute significantly to the voluntary sector. In 2020/21, people aged 65–74 were the most likely age group to formally volunteer. 22% volunteered at least once a month and 32% volunteered at least once a year.<sup>12</sup>

There are many opportunities to volunteer on the Isle of Wight these can be explored in more detail on the **Isle of Wight Volunteer Centre website**.

<sup>7</sup> Why older workers are the future | Centre for Ageing Better ageing-better.org.uk

<sup>8</sup> Why older workers are the future | Centre for Ageing Better ageing-better.org.uk

<sup>9</sup> Changing trends and recent shortages in the labour market, UK – Office for National Statistics ons.gov.uk

<sup>10</sup> Extracted from NOMIS 21 November 2022

<sup>11</sup> Living longer – Office for National Statistics ons.gov.uk

<sup>12</sup> Demographics – Volunteering | UK Civil Society Almanac 2021 | NCVO

## What prevents a healthier older age?

Staying healthy is important for future wellbeing and independence. Changing the way we live, to eat more healthily and be more active earlier, will help us to remain independent living at home in the future but it also reduces the risk of developing complications and comorbidities which lead to frailty and disability later in life.

As we get older there are some health conditions or physical disabilities we are more likely to experience such as frailty, reduced mobility, urinary incontinence, sensory impairment, falls and dementia. As development of these can be interlinked, we may experience a number of these conditions concurrently, making living physically and socially active lives

more difficult. Many health conditions can be prevented or managed through making changes to our lifestyle throughout our lifecourse, such as good diet and staying physically active. More information on these conditions can be found in the **Joint Strategic Needs Assessment Healthy People report.**

The Public Health Team on the Isle of Wight have commissioned a **Healthy Lifestyles service** which is available for all adults who live on the island. This provides stop smoking and weight management services. It enables residents to access both clinical and non-clinical interventions. Support can be provided by a number of ways including face to face appointments, online and app based.

## Case study: Healthy lifestyles Isle of Wight

Jim was referred to Healthy Lifestyles IOW by his GP when the pain from arthritis in his knees started to impact on his mobility. Here he describes his story and how his experience of using the service has enabled him to live healthier and become more physically active.

“ My weight had been creeping up for several years and now in my early 70s I was really starting to find it difficult to get about. I was a little nervous of attending the first session and was shocked to find that my weight had reached 109kg. I kept planning to start watching my weight tomorrow, but tomorrow never seemed to come.

I liked the empowering approach of the sessions; I wasn't told what to do but given information and tools to decide for myself what changes I wanted to make. The group that had seemed daunting on day one soon became a

friendly social event with feelings of camaraderie. Over the course of the 12 weekly sessions my weight was down to 95kg a total loss of 14kg. My pain was greatly reduced, and I felt so much more comfortable with daily tasks like tying my shoelaces and I was able to enjoy walks again.

I felt that the changes I had made to my diet and activity levels were sustainable as I had decided them myself and they fitted in with my lifestyle. I recognised that I had fallen into the habit of having higher fat and sugar foods regularly rather than occasionally and as my weight increased my activity levels had decreased. Now I can be more active and enjoy a more varied, healthier diet.’

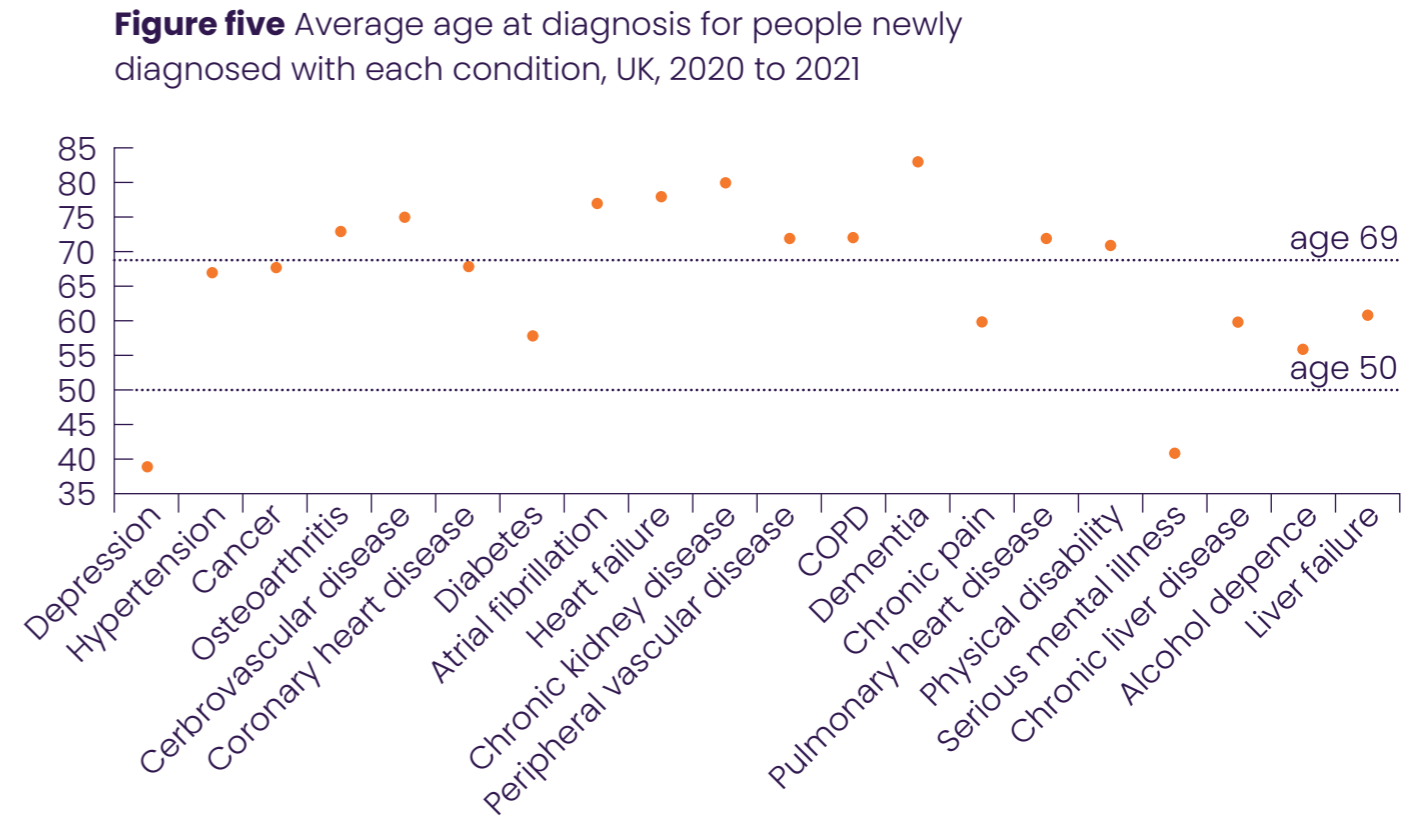
More information on the support provided and how to access services can be found on the **Healthy Lifestyles Isle of Wight website.**

Some health conditions or physical disabilities may prevent people going out, people lose confidence in being able to manage their conditions, such as incontinence when not in their home, or feel they can no longer travel independently. Being able to get out and about is an important part of staying active, healthy and connected to our local communities and social networks. The ability to travel therefore is often a key factor in reducing loneliness and social exclusion. On top of this, the COVID-19 pandemic intensified feelings of isolation and reduced confidence and familiarity in using public transport. Many older people report a lack of awareness of public transport options or for some people with dementia public transport can be a huge barrier to planning and taking independent journeys.

A national study by the Health Foundation<sup>13</sup> found that although the prevalence of long term conditions rises steadily as we age, the increased

need for social care arises much later in life. In the study, 80% of 65 to 69 year olds had no social care needs but only 35% of these had no long term conditions. This tells us the prevalence of long term conditions and social care needs increase as we get older, however, the increase in long term conditions occurs at a younger age than the increase in social care needs. This means there are opportunities for us to prevent or delay worsening health and to live independently longer.

Figure five shows the average age of newly diagnosed health conditions. From the age of 50 years we are more likely to develop a long term condition but there are things we can do to delay or prevent these chronic conditions.



Data source: **The State of Ageing 2022**

Diseases of the circulatory system and cancers are the two main underlying causes of death on the Isle of Wight, recorded on 55% of deaths registered in 2021. Factors such as smoking, physical inactivity, poor diet, obesity and harmful alcohol intake are all risk factors for these illnesses. It has been increasingly recognised that addressing these common risk factors also reduces risk of dementia. Therefore, many premature deaths from these conditions and disability connected to them can be prevented through healthier lifestyles.

More information on these conditions can be found in the **Joint Strategic Needs Assessment long term conditions report**.

The Public Health Annual report 2018 to 2019, recommended that organisations engage with the strategic Island plan to create environments that are age friendly. The Isle of Wight is now recognised as an age friendly island. This is defined by the World Health Organisation as a place where people of all ages are able to live healthy and active later lives.

<sup>13</sup> Our ageing population - The Health Foundation

These places make it possible for people to continue to stay living in their homes, participate in the activities that they value, and contribute to their communities, for as long as possible. The next case study highlights the progress that has

been made to raise awareness of the challenges some people face and how services can be mindful of these to improve people's experiences when travelling, removing barriers to enable independence.

**Case study: Age-friendly improving services for older customers**

The Isle of Wight Ageing Better programme is led by Age UK Isle of Wight and is a partnership of organisations including the police, fire service, trading standards, charities, the library service and the local council. All partners all committed to making the Isle of Wight a great place to grow older. A significant area of work has been developing a training course for service providers.

The training is aimed at improving services by raising awareness of some of the challenges and barriers that older people can face when using services in later life. Delivered over three hours, which can be tailored to the needs of the organisation, the training covers:

- what age-friendly means;

- changes that happen to us as we get older;
- communication skills;
- bespoke content for the participating organisation.

The Isle of Wight's main bus operator, Southern Vectis, has incorporated this training into its compulsory programme for all drivers, using an age simulation suit and glasses to give participants an insight into common physical challenges in later life.

One participant of the training said;

“Age-friendly means to me we're all living longer, we're all getting older... Part of my job is to assist people as they enter my work.

I'm the driver. This is my bus. I want them to have a comfortable ride.'

Since introducing age-friendly training, Southern Vectis has seen a reduction in incidents involving slips, trips and falls. The company achieved a 96% overall customer satisfaction rate in the Autumn 2017 Bus Passengers Survey, one of the highest rates in the country.

The training has also led to a range of steps being taken to improve bus services for older customers, including changes to timetables so drivers can allow

passengers more time to board. Even a small change, for example an extra minute added to a route, can make a difference.

Around 450 bus drivers across all 14 companies within the Go South Coast group have now received age-friendly training. Southern Vectis is exploring how they can build on their age-friendly approach to improve transport services for passengers with learning difficulties.

More information can be found on the **Centre for Ageing Better website.**

## Impact of the pandemic on our physical and mental wellbeing for older people

The pandemic had a greater impact on older people than on younger age groups. This resulted from the direct effects of more severe health outcomes if older people became unwell with COVID-19 as well as indirect impacts from national policies such as lockdown and changes or delays in how some services were delivered. Many older people may have been shielding and unable to get out and about, or simply have reduced activities during periods of social distancing restrictions. This may have resulted in deconditioning. Deconditioning is the syndrome of 'physical, psychological and functional decline that occurs as a result of prolonged inactivity and associated loss of muscle strength.'<sup>14</sup>

Although deconditioning can occur in all age groups, in older adults it can occur more rapidly and be more severe.

Existing inequalities have been exacerbated in the older age group, national evidence has shown that the pandemic led to;

- decreased social connectiveness with increasing feelings of loneliness and isolation;
- a growing concern of cognitive decline due to lack of mental stimulation and socialising;
- increased anxiety and depression causing self neglect and loss of confidence;
- impact of the pandemic on our physical and mental wellbeing for older people;
- reduced activity is suggested to have had an impact on the four aspects of physical fitness (strength, stamina, suppleness and skill) and also on cognitive function and emotional wellbeing.

The impact of the first six months of the pandemic on our population has been explored in more detail in the **Joint Strategic Needs Assessment Healthy People report**.

One year on from the start of the pandemic Age UK<sup>15</sup> explored the impact of COVID-19 on older people's mental and physical health. This suggested that older people's physical health continued to be affected:

- 27% of older people (around 4.3 million) can't walk as far since the start of the pandemic;
- 37% of older people (nearly 6 million) have less energy since the start of the pandemic;
- 28% of older people (around 4.5 million) disagree that they have been able to keep fit since the start of the pandemic.

Older people's wellbeing and confidence had also been impacted with people saying they were still worried about contracting the virus and so had a loss of confidence going to crowded places:

- only 48% of older people were confident using public transport;
- only 33% were confident using leisure facilities;
- only 35% were confident going to group activities and classes;
- only 36% were confident going to religious venues.

<sup>14</sup> PHE 2021 Wider impacts of COVID-19 on physical activity, deconditioning and falls in older adults

<sup>15</sup> Impact of COVID-19 on older people's mental and physical health: one year on

## How can we live a healthier older age?

There have been huge gains over the past decades in terms of better treatment for the health conditions discussed and improvements in our overall population's lifestyles. Staying well, physically and mentally active are key things we can do to influence and ensure we age healthily. It is never too early or too late to start improving our health – action at any stage of life can support us to live happier and healthier older ages.

the Isle of Wight which is proactively supporting people to age well, remain independent, physically active and healthier for longer. The next sections focus on physical activity and being socially and mentally active, including stories from local people and organisations which showcase exciting opportunities locally.

Physical activity is one of the most important things we can do to stay healthy and independent. There is a lot of good work happening across

### Staying physically active

Being physically active and taking regular exercise is one of the single most important things we can do to improve our own health and wellbeing. People who exercise regularly have a lower risk of developing many long-term (chronic) conditions, such as heart disease,

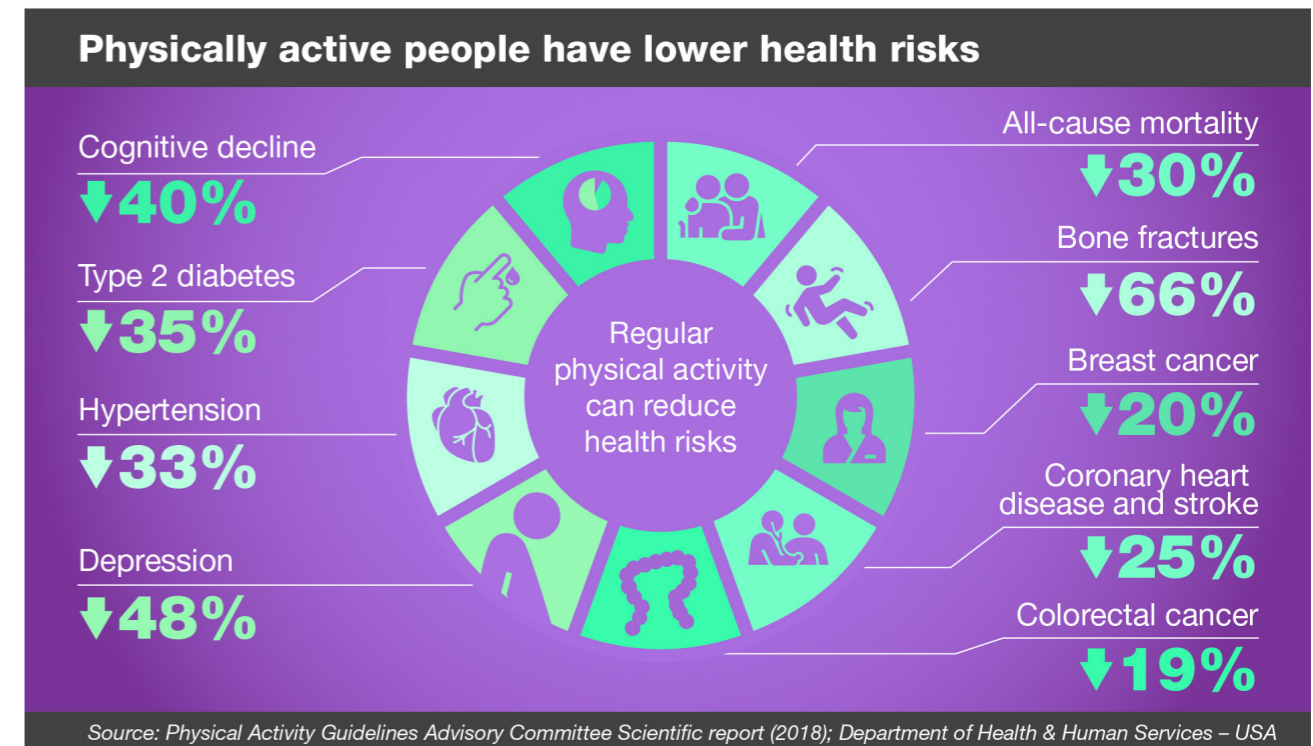
type 2 diabetes, stroke, and some cancers and lower your risk of early death by up to 30%. Research shows that physical activity can also boost self-esteem, mood, sleep quality and energy, as well as reducing your risk of stress, clinical depression, dementia and Alzheimer's disease.<sup>16</sup>

<sup>16</sup> Benefits of exercise - NHS nhs.uk

**Figure six** How regular physical activity can reduce health risks

Public Health England

Health Matters



Data source: **Public library – UKHSA national – Knowledge Hub khub.net**

However, we also know that the proportion of people who are physically inactive increases sharply with age, particularly after the age of

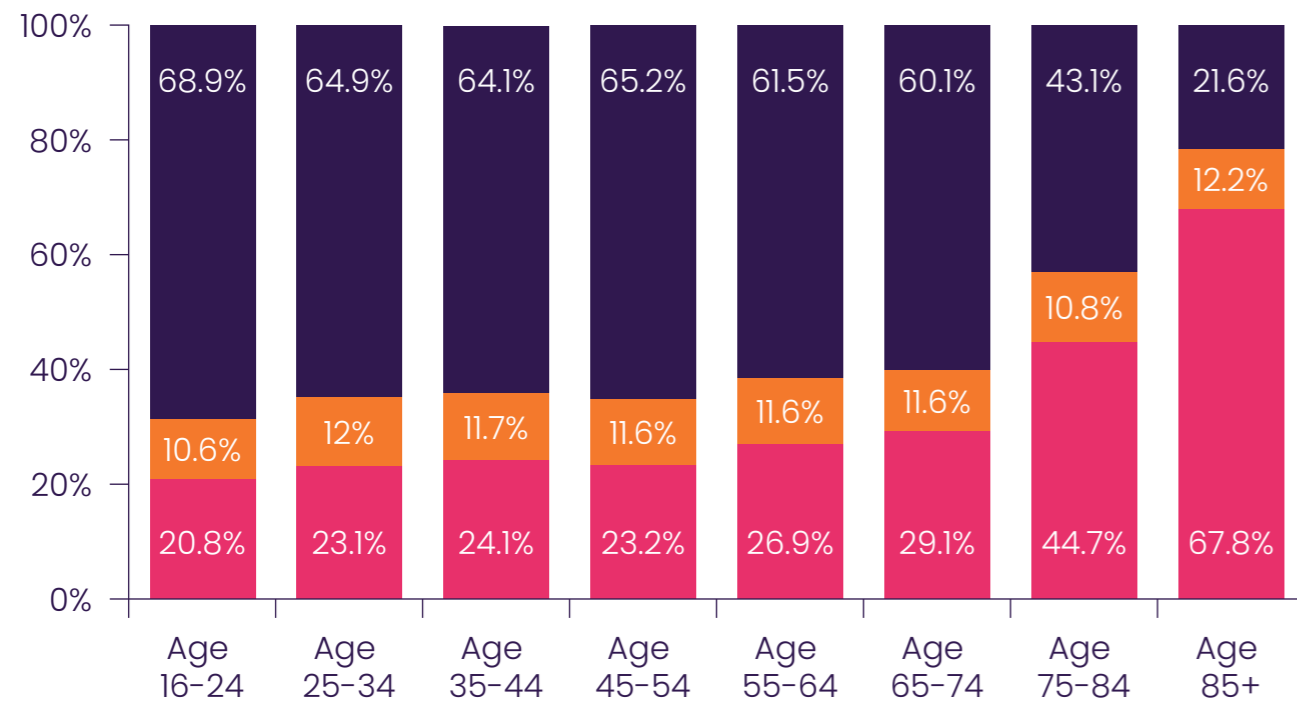
55 and the COVID-19 pandemic has impacted on physical activity levels among those aged 75 and over.<sup>17</sup>

<sup>17</sup> Health | The State of Ageing 2022 | Centre for Ageing Better ageing-better.org.uk

**Figure seven** Level of Physical Activity by 10 year aged bands

Active Lives Adult Survey 2020 to 2021 England

- **Active:** at least 150 minutes a week
- **Fairly active:** 30-149 minutes per week
- **Inactive:** less than 30 minutes a week



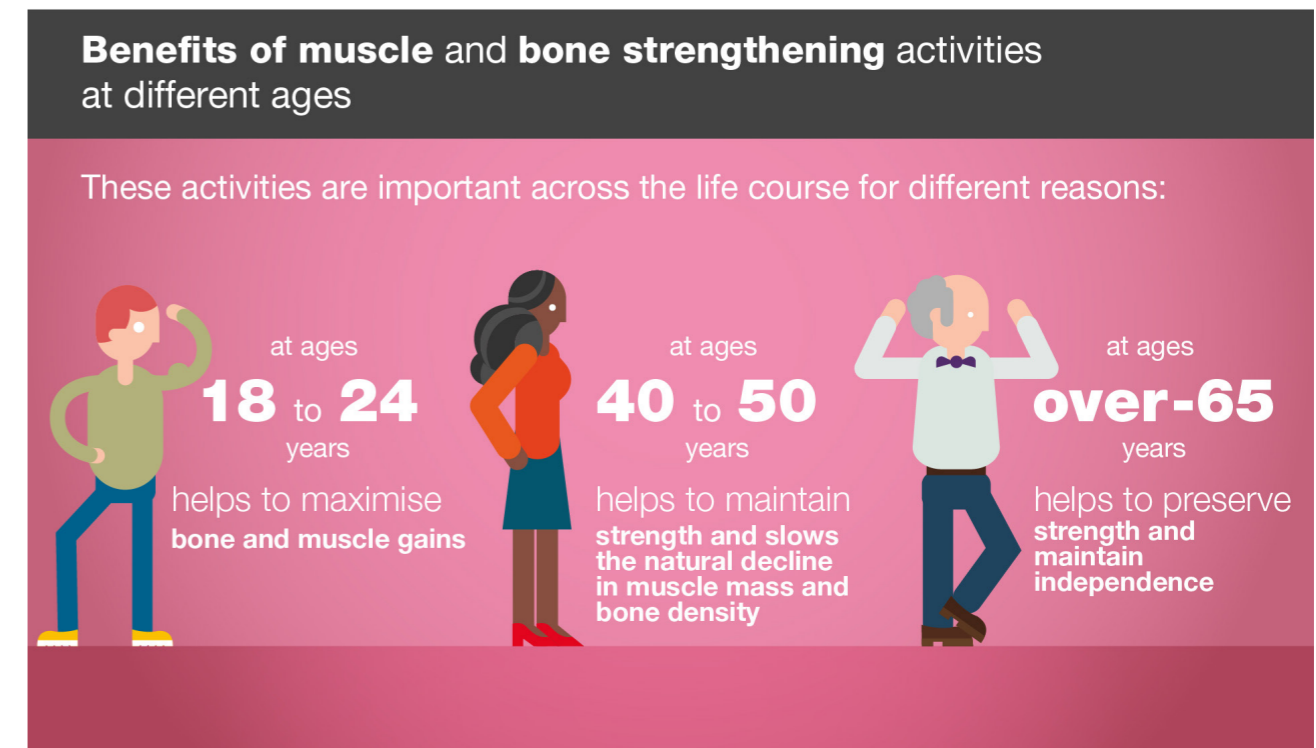
Data source: **Active Lives Adult Survey 2020 to 2021 England**

Figure seven shows that as we get older our levels of physical activity decline and therefore our ability to carry out activities of daily living may reduce. Rather than being considered as an inevitable effect of ageing, increasing physical activity at any age can instead prevent or reverse deconditioning, supporting people to participate in the activities they enjoy and improve health and wellbeing. The good news is that no matter

what age we are, or how many health conditions we have, we can reduce the gap between our current level of activity and our best possible level of activity so we can all live better for longer.

Being physically active benefits everyone at all ages and as we age the benefits of strong muscles and bones helps us to preserve strength and maintain independence.

**Figure eight** Benefits of activity at different ages



Data source: **Public library – UKHSA national – Knowledge Hub khub.net**

Balance impairment and muscle weakness caused by ageing and lack of use are the most prevalent modifiable risk factors for falls. Strength and balance training has been identified as an effective single intervention and as a component in successful multifactorial intervention programmes to reduce subsequent

falls. It is important that strength and balance training is undertaken after a multifactorial falls risk assessment<sup>18</sup> has been completed.<sup>19</sup> In this **short video clip** Caroline Abrahams, who is the charity director for Age UK, talks about the importance of strength and balance.

<sup>18</sup> A multifactorial falls risk assessment aims to identify a person's individual risk factors for falling

<sup>19</sup> Quality statement 8: Strength and balance training | Falls in older people | Quality standards | NICE



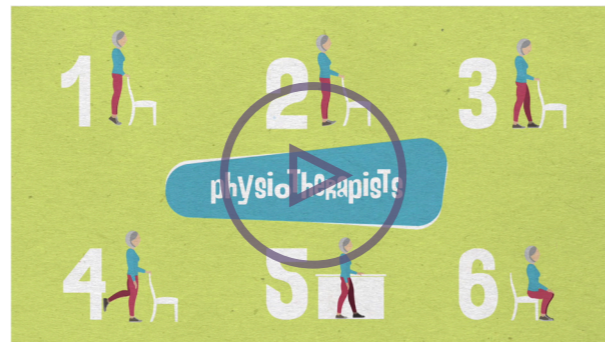
Local insights suggested that the importance and benefits of strength and balance may not be fully recognised. This suggested that although most people viewed strength and balance exercises as being important, they did not recognise it as important as other activities to help them lead healthy independent lives. Strength and balance exercises were seen as the least important of a list of eight healthy behaviours explored, falling behind options such as 'getting enough sleep.' Furthermore, strength and balance exercises were considered less important in older responders. There was also uncertainty about what constitutes as strength and balance exercises. People did not recognise that:

- strength and balance exercises are just as important as other general fitness and aerobic exercises;
- as we age there is a greater need for exercises for strength and balance, general day to day

movements, such as walking, are not enough;

- strength exercises do not put additional strain on the body;
- strength and balance are so important across all ages to maintain muscle and bone strength and independence.

Doing **strength exercises** and **balance exercises** twice a week can reduce your risk of having a fall. The Chartered Society of Physiotherapy have produced an information leaflet **Get Up and Go - A Guide to Staying Steady** and a video of six simple exercises we can do to keep us mobile and independent as we age.



## Maintaining our independence for longer

We are a caring nation, and as our friends and family age we like to help and care for them as much as possible, but it is also important we help ourselves and loved ones remain as independent as possible. A national study found that during the COVID-19 pandemic older people in the UK tended to rely on friends and family more than paid professionals than any other country.<sup>20</sup> Of course, this additional help may be necessary particularly during challenging times such as those we experienced during

the pandemic, but we need to ask if we can help them and ourselves in a different way. Many of the conditions discussed in this report can be prevented or self-managed, and staying physically and cognitively active is a key part of this. This video is a short dialogue between a grandfather, mother and daughter to help illustrate how the small changes we make could really help maintain independence and overall physical and mental health. The question we need to ask ourselves is 'do we care too much?'



<sup>20</sup> Health and care for older adults during the pandemic

## Staying socially and mentally active

Social relationships are vital for the maintenance of good health and wellbeing.<sup>21</sup> Social isolation and loneliness are associated with poor mental and physical health and increased mortality.<sup>22</sup> Social isolation and loneliness are closely linked but distinct terms. Either can exist without the other. It is possible to be socially isolated and not feel lonely, or to feel lonely when not socially isolated. Both concepts are independently linked to poorer health.

Social isolation is the objective term used to describe an absence of social contacts or community involvement, or a lack of access to services.<sup>23</sup> Loneliness is the feeling of being alone regardless of who may be around us or the social contact we have.

Social isolation poses particular challenges on the Island for places with remote access. Good transport links are important for helping people build and maintain social relationships. People without access to their own transport can find it difficult to get out to see friends and family or take

part in community activities. Social isolation and loneliness can affect people of any age. However, many of the risk factors such as bereavement and poor physical health are more common in the elderly, making this group particularly vulnerable. Across the Isle of Wight a social isolation index has also identified a number of areas where people are at increased risk of social isolation including Shanklin, Newport and Ventnor.<sup>24</sup>

The importance of social isolation and loneliness and the impact on health issues is being increasingly recognised. Feeling lonely can result in deterioration of health and wellbeing and has been shown to increase blood pressure and risk of cardiovascular diseases and heighten feelings of depression, anxiety and vulnerability. Socially engaged people experience less cognitive decline and are less prone to dementia.<sup>25</sup>

Across the Isle of Wight one in five people (20.2%) feel lonely often, always or some of the time.<sup>26</sup> The COVID-19 pandemic exacerbated feelings of isolation and loneliness. During the COVID-19 lockdown period people were unable to socialise in the same way as previously. The Opinions and Lifestyle Survey collect data every three months on loneliness and explores the impact lockdowns had on the levels of loneliness experienced by different groups<sup>27</sup> and reported:

- more females than males report being lonely but both saw an increase in feelings of loneliness during the pandemic. The proportion of females who are often lonely peaked in March 2021 at 8.4%, this has declined slowly and levelled off to 7% in June 2022. The proportion of males who often felt lonely has increased in the first half of 2022 to 6% in June 2022;
- younger people aged 16 to 35 years were more likely to report that they often felt lonely during the pandemic. Between February and March 2021, one in ten young people

in this age group reported often feeling lonely this has now levelled at 7.3%. The proportion of people aged 65 years and over has remained fairly constant with 4.2% reporting to often feel lonely in June 2022;

- people with underlying health conditions are more likely to feel lonely than those with no underlying health conditions. The proportion of people often feeling lonely who have an underlying health condition has increased every month from October 2020 and, in May 2021 12.9% of respondents reported feeling lonely often.

The Campaign to End Loneliness<sup>28</sup> estimate that half a million older people go at least five or six days a week without seeing or speaking to anyone at all. Additionally, they also suggest that loneliness, living alone and poor social connections are as bad for your health as smoking 15 cigarettes a day. Furthermore, loneliness can cause a 26% increase in risk of premature death.

<sup>21</sup> Steptoe A, Shankar A, Demakakos P, Wardle J. Social isolation, loneliness, and all-cause mortality in older men and women. *PNAS*. 2013; 110(15): 5797–5801

<sup>22</sup> Cornwell EY, Waite LJ. Measuring social isolation among older adults using multiple indicators from the NSHAP study *Journal of Gerontology: Social Sciences*. 2009; 64B(S1): i38–i46

<sup>23</sup> Davidson S, Rossall P. Evidence Review: Loneliness in Later Life. Age UK. July 2015

<sup>24</sup> JSNA Healthy Places

<sup>25</sup> rb\_june15\_loneliness\_in\_later\_life\_evidence\_review.pdf ageuk.org.uk

<sup>26</sup> Public health profiles - OHID phe.org.uk

<sup>27</sup> Wider Impacts of COVID-19 phe.gov.uk

<sup>28</sup> Home | Campaign to End Loneliness

In England, reported loneliness increases 12.7% between those aged 75-84 and those aged 85 and over.<sup>29</sup> This indicates a key time to ensure people remain connected and socially active in their communities.

happiness scores for over 65s.<sup>30</sup> Although low satisfaction and low worthwhile scores are also increasing, a higher proportion of people aged 50-64 reported feelings of low satisfaction than other age bands.<sup>31</sup>

Since 2019 there has been an increase in self-reported anxiety and low

The estimated prevalence of common mental disorders in those aged over 65 on the Isle of Wight is 10.8% compared to 10.2% in England (2017).<sup>32</sup> This indicates that breaking the stigma of talking about mental health is important for people to recognise need and seek early help.

working age counterparts (37%)<sup>33</sup> following a referral to Improving Access to Psychological Therapies (IAPT) services, and achieve good treatment outcomes. We must therefore work to ensure that staff and volunteers are able to identify possible mental wellbeing needs in this population, and signpost them to early help as appropriate.

Depression and other mental health conditions in older people often go underdiagnosed and undertreated. However it is important to diagnose as people of an older age with mental health problems often respond well to treatments. More older people (42%) complete treatment than their

The next case study shines the light on using arts to improve overall wellbeing and where older people have been able to connect with other people and be physically and mentally active.

**Figure nine** Factors affecting the mental health and wellbeing of older people



Data source: **Older people: statistics | Mental Health Foundation**

<sup>29</sup> Productive Healthy Ageing Profile - Data - OHID phe.org.uk  
<sup>30</sup> Productive Healthy Ageing Profile - Data - OHID phe.org.uk  
<sup>31</sup> Productive Healthy Ageing Profile - Data - OHID phe.org.uk

<sup>32</sup> Common Mental Health Disorders - Data - OHID phe.org.uk  
<sup>33</sup> Living well in older years - GOV.UK

## Case study: Independent arts

Independent Arts is an Isle of Wight charity, which uses the arts to improve wellbeing, quality of life and to reduce social isolation. They believe that art is for all stages of life. Movement is part of most of the community projects in some form or other. Some projects are specifically for movement and others it forms a part of the wider programme.

A total of 25 workshops are offered for all ages across the island in eight venues and so far they have 540 people participating in at least one of the classes.

Some of Independent Arts' most popular programmes are specifically designed for older people: boosting breathing, speech, movement, co-ordination and confidence. During the COVID-19 lockdowns and beyond many of the programmes were adapted to continue virtually to maintain important social connections.

Movement and Mindfulness are at the core of many of the programmes. This provides gentle access to those who might be

concerned about starting an exercise plan. It can be a route to other sessions and workshops with Independent Arts and elsewhere.

**Singing for Breathing** builds breathing techniques to allow people to regain control of their breathing, which can help them become more active and confident.

**DanceMakers** is a gentle, creative dance programme that can help improve balance, co-ordination, muscle strength, memory and confidence, while making friends and having fun.

**DanceSense** is a more specialised programme for anyone who lives with a neurological condition that affects movement and balance.

**Care Home Workshops for Wellbeing.** These gentle, seated movement sessions help circulation, joints, breathing and memory, some making use of interactive resources such as parachutes and Octabands.

These sessions encourage

group participation, visual stimulation and a flexible range of physical movements for all abilities, sparking self-expression, spontaneity and awareness of others. Other sessions are based on yoga and mindfulness,

improving self-esteem, sleep, muscle strength, posture and reducing anxiety.

More information on these classes can be found on the **Independent Arts website**.

Since April 2022 the Living Well and Early Help Service has been established on the Isle of Wight. The service is currently being delivered by Aspire Ryde, working in partnership with local councils and community organisations on the island and is available for people of all ages.

The service supports people on the Isle of Wight to stay safe, strong, well, resilient, in control, independent and connected with their local community. It aims to provide early help to improve health and wellbeing within the community. The team will listen to people to find out more about their strengths, passions and capabilities, so they can link them in with the right support available near to them.

Support and information on how to get involved is available through the community hubs, currently in place in Aspire, Pan Together, West Wight Community Sports Centre and Community development Ventnor.

The team can be contacted:

**01983 240732**  
**reception@lweh.org.uk**

More information can also be found on the **Living Well and Early Help Partnership website**.

2022 to 2023 

**Annual report  
of the Director  
of Public Health**



This page is intentionally left blank



## Cabinet report

Date	<b>9 MARCH 2023</b>
Title	<b>WORKING TOGETHER TO IMPROVE HEALTH AND CARE FOR ISLE OF WIGHT RESIDENTS</b>
Report of	<b>LEADER AND CABINET MEMBER FOR STRATEGIC OVERSIGHT AND THE CABINET MEMBER FOR ADULT SOCIAL CARE, AND PUBLIC HEALTH</b>

---

### EXECUTIVE SUMMARY

1. The current arrangements for The Island Health and Care Partnership Board were approved by Cabinet in 2021.
2. As a result of the creation of the Hampshire and Isle of Wight Integrated Care System the local partnership were asked to review their arrangements to establish a local place-based partnership to ensure close working between NHS Organisations, local authorities social care providers, the voluntary and community sectors and community leaders, with shared commitments to and accountability for improving the health and care of the Isle of Wight.
3. This paper sets out proposed changes to the existing Island Integrated Care Partnership arrangements and replacing them with new arrangements which would involve formally establishing a new Isle of Wight Health and Care Partnership and a new Isle of Wight Health and Care Executive Delivery Group.

### RECOMMENDATION

- |  |
|--|
| <ol style="list-style-type: none"><li>4. This paper recommends options a, b and c<ol style="list-style-type: none"><li>a) That Cabinet agree that the existing partnership is replaced by a new Isle of Wight Health and Care Partnership (IHCP) and a new Isle of Wight Health and Care Executive Delivery Group (IEDG)</li><li>b) That Cabinet approve the suggested membership and responsibilities for both the IHCP and IEDG as per the terms of reference in Appendix 1.</li><li>c) That Cabinet agree that these new groups are established by April 2023, with the current partnership having its last meeting in March 2023</li></ol></li></ol> |
|--|

## BACKGROUND

5. In July 2022 the Hampshire and Isle of Wight Integrated Care System (ICS) was established (made up of an Integrated Care Board and Integrated Care Partnership). There is explicit expectation in the Health and Care Bill that a significant amount of the work to be undertaken by this sub-regional board and partnership will be delegated to a more local level.
6. The Isle of Wight Integrated Care Partnership is the forum through which partners currently work together to plan and improve health and care services. Whilst the existing partnership has provided a useful forum to bring partners together for discussion, but with the emergence of the ICS different arrangements are needed.
7. As a health and care system we now want to take advantage of the opportunity that we have to reset the way we work together as partners for Isle of Wight residents within the boundaries of the Isle of Wight to deliver the ambitions set out in the Health and Wellbeing Strategy and in the Island Health and Care Plan.
8. Our current joint work is typically operationally focussed and often duplicates performance management functions that happen elsewhere in statutory organisations. It is important that we can take a broader, longer-term approach, which is more inclusive, so that we can meet the health and care needs of residents.
9. In summary the aim is to make changes to what we have now to enable us to be better able to:
  - (1) Develop long term strategic solutions together to tackle the challenges we face, including for example addressing the historical underinvestment in prevention and community services.
  - (2) Better ensure the voice of local people and the voice of all local health and care partners is heard in shaping our plans and shaping how we implement those plans.
  - (3) Accelerate the integration of health and social care delivery in ways that will meet the needs and expectations of local people.
  - (4) Align the investment, resources and expertise of all health and care partners around our joint priorities, and in so doing gain better value for every pound spent for local residents.
  - (5) Follow through on delivery of the Isle of Wight health and care plan, being clear who needs to do what in order to deliver it, identifying and removing obstacles and holding each other to account for its delivery



### **Isle of Wight Health and Care Partnership (IHCP)**

10. The partnership will take responsibility for local strategic direction and priorities for Island health and care, taking a multi-agency approach, improving outcomes for local people and leading the implementation of the Isle of Wight Health and Care Plan alongside the Health and Wellbeing Strategy.
11. This will be an assembly with a diverse range of voices; views; and perspectives from local people as well as professional, political, clinical and community leaders from across the Island to shape the development of priorities, listening to and aligning partners around our shared ambitions and priorities and create innovative solutions to the challenges we face. We will want to engage with our local community on how the is best achieved and propose to do so through meetings being held in public.
12. This partnership will not be operationally focused. It will receive assurance updates in terms of delivery against plans and any emerging population health and care needs to aid shaping future strategy from the Isle of Wight Executive Delivery Group.
13. Formalising partnership and governance arrangements will mean that members of the IHCP will be inducted and developed around expectations of the membership including what voting rights and responsibilities it has.

### **Isle of Wight Executive Delivery Group (IEDG)**

14. The Isle of Wight Executive Delivery Group would have responsibility for the oversight and delivery of the Isle of Wight Health and Care plan and IHCP strategies at an operational level.
15. Smaller in size and comprising executive leaders with decision making authority from their respective organisation for operational delivery, the IEDG would bring together statutory partners to agree and lead joint action to improve health and care services and outcomes agreed by the IHCP. This group would comply with all executive functions retained with the individual agencies that form the partnership.
16. The IEDG would also lead the process of regular refresh of the Health and Care Plan and provide assurance to the IHCP.
17. The suggested membership and responsibilities of the new IHCP and IEDG are set out in Appendix 1.
18. It is proposed that these new groups would be established from April 2023, the current partnership arrangements having its last meeting in March 2023.

## **Relationship with existing bodies**

19. Each of the organisations serving Isle of Wight residents has their own duties and accountabilities, whether statutory or otherwise. Being a member of the IHCP or IEDG doesn't change any of those responsibilities. Our aim is that working together, rather than separately, better meets the population needs, sharing and maximising opportunities as they become available.

## CORPORATE PRIORITIES AND STRATEGIC CONTEXT

### Corporate Aims

20. The council's corporate plan 2021 to 2025 emphasises the provision for the council to work to the island being a place where everyone "is part of the community and enjoys good health". Active engagement with the Isle of Wight Local Place Based Partnership arrangements for the Island would support the council in delivering this aspiration.
21. The Health and Wellbeing Board at its July 2022 meeting received and approved both the Island's Health and Wellbeing Strategy 2022 to 2027 and the Island's Health & Care Plan 2022 to 2025. Both are closely aligned, which ties together the quest to improve health inequalities and health and care outcomes on the Island.
22. The proposed recommendation will support the Council and its statutory health and care partners to achieve these aims.

### Economic Recovery and Reducing Poverty

23. This proposal will support the commitment to tackling health inequalities which are apparent across the Isle of Wight and for which these may contribute to the reducing poverty agenda. The recommendations within this report encourage collaborative long term system action across all the factors that contribute to inequalities will be something the Isle of Wight Health and Care Partnership arrangements will seek to minimise and link across strategic priorities and plans.

### Impact on Young People and Future Generations

24. The proposal will support the commitment to tackling health and care needs for our entire Island population of all ages. The membership of the IHCP will include representation of the Director for Children's Services to aid and support strategic decisions and planning of needs, that can ensure the viability of both the here and now but also future generation's needs.

## CONSULTATION

25. This paper has been developed following continued discussions with the Isle of Wight Integrated Care Partnership Board; Hampshire and Isle of Wight Integrated Care System; Hampshire and Isle of Wight Integrated Care Board; and Isle of Wight NHS Trust.
26. As part of the review and refresh of the Island's Health and Care Plan during 2021-2022, a four-month patient and stakeholder engagement was undertaken to set out the ambition to form as a local health and care partnership and Integrated Care

System we would work hard to build on partnerships that have been created and develop new partnerships with on and off-island partners, to strengthen the work we had been doing for overseeing and addressing the challenges.

## SCRUTINY COMMITTEE

27. As part of the recommended proposal for the development and establishing of the IHCP it would be referred through the Policy and Scrutiny Committee for Health and Social Care. The comments will be reported verbally following its meeting of the 6 March 2023.

## FINANCIAL / BUDGET IMPLICATIONS

28. The Hampshire and Isle of Wight ICS has yet to determine a financial allocation for the Isle of Wight or the services that it will delegate for local management in any form. However, it is known that the Island's health services provided through the NHS Trust have an annual structural deficit forecast of £21.7m and the Isle of Wight Council is forecasting a £7m year-end overspend on children's and adults social care packages. This is compounded in part by operational pressures including IW NHS Trust seeing increasing numbers of medically optimised patients remaining in hospital beds; high cost agency staffing; Emergency Department pressures; inflationary pressures in excess of available funding; increased care package costs; and continued expenditure on schemes to facilitate discharge which are unfunded with recurring funding.
29. The Isle of Wight Council has agreed a lawful and balanced budget for 2023/2024, which provides for the full financial impact of the extra-ordinary inflation and associated demand related cost pressures experienced over the past year and extending into 2023-24. This has resulted in a Council Tax increase of 4.99% (2% of which is raised specifically to be passported to Adult Social Care and a savings requirement of £3.9m in 2023-24 and a further £6m required over the following three-year period (2024-25 to 2026-7).
30. The budget includes increased spending in Adult Social Care and Children's Services of £11.9m to address the existing and known budget pressures across those services, this is set against additional government funding of £6.3m leaving a funding shortfall of £5.6m. Therefore, further funding from the Adult Social Care Precept of £1.9m will also be required to narrow the gap between these cost pressures and the funding available.
31. The value of the 2022/2023 Better Care Fund is £50.9m. The Isle of Wight Better Care Fund operates more as an aligned rather than a pooled budget currently. The Integrated Better Care Fund and winter pressures funding is non-recurrent and subject to central government determining its continuation on a year-on-year basis. A further review of schemes to be funded via BCF will continue to be explored during 2023/2024 to maximise the use of available funds against our Island's health and care priorities.

## LEGAL IMPLICATIONS

32. It is not possible to create a IHCP as a separate free standing corporate body to be responsible for the delivery and improvement of health and care services.

33. All stakeholders can however work jointly together as a partnership on the delivery of these responsibilities under formal framework agreement or memorandum of understanding (MOU). Any such agreements can be developed for individual activities or groups of activities as the key stakeholders become more confident with the effectiveness and development of the IHCP.
34. The purpose of the IHCP will be to make joint decisions 'in principle' as a partnership to drive, lead and agree strategy for Isle of Wight, lining and aligning with Health and Wellbeing Board. It will have regard to the specific challenges and needs as a partnership representing the health and care system for the Island, thereby seeking to make the best use of the resources available across the health and care system, and its focus on improving health outcomes for the population of the Isle of Wight.
35. Decisions the IHCP makes will continue to be ratified through the sovereign boards and committees, where required, in accordance with each organisation's standing orders and constitutions.

### EQUALITY AND DIVERSITY

36. The council as a public body is required to meet its statutory obligations under the Equality Act 2010 to have due regard to eliminate unlawful discrimination, promote equal opportunities between people from different groups and to foster good relations between people who share a protected characteristic and people who do not share it. The recommendations in this paper should in the long term lead to improved health outcomes for all including those with the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

### OPTIONS

37. The options available to the council are as follows:
  - a) To agree that the existing partnership are replaced by new arrangements by a new Isle of Wight Health and Care Partnership (IHCP) and a new Isle of Wight Health and Care Executive Delivery Group (IEDG)
  - b) To approve the suggested membership and responsibilities for both the IHCP and IEDG as per the terms of reference in appendix 1
  - c) To agree that these new groups are established by April 2023, with the current board having its last meeting in March 2023
  - d) Not to approve the existing partnership are replaced by new arrangements and cease any structured joint working arrangements with health and care partners on the Island.

## RISK MANAGEMENT

38. There is risk to the health and care system for the island if an IHCP is not developed as the current governance arrangements and decision making requires updating if it is to support effective health and care system-wide governance and decision making for its population.
39. The health and care system continues to remain under considerable pressure in terms of funding, resources, seasonal pressures, aging demographics with increasing health and care needs, and catch up with the delivery of services delayed by covid-19. The council may therefore want to take active participation in these arrangements under the remit of the IHCP to aid and build strong local arrangements in readiness of any delegated responsibilities determined by the ICS at a place-based level provided the Islands governance and leadership can be established and ready. Notwithstanding the success of the IHCP model is dependant on the ICS and NHS nationally properly funding the structural deficit in the NHS funding for the Isle of Wight.
40. The Isle of Wight Council is not obligated to work with or be part of an Isle of Wight Integrated Health and Care Partnership. However, the benefits to the community of collaborating with all the key stakeholders with an interest in the health and care of the population should not be understated.
41. The IHCP notwithstanding, the council is not delegating any of its statutory responsibilities to the IHCP therefore, it will still need to comply with its own governance arrangements when making 'key decisions' and setting of a legal and balanced budget.

## EVALUATION

42. The work of the former Island ICP and LCB is a good precursor to the review and development of the IHCP proposal, but it recognises that it needs to further evolve its role, membership, governance and function for overseeing the Islands Health and Care Plan strategies and delivery.
43. The IHCP may be able to exert more influence on the ICS to influence and shape the decisions and direction of the Integrated Care Board for the Islands health and care needs, whereby this is currently limited by the extent to which the council is able to influence the Integrated Care System Health and Care Partnership.
44. The Islands ICP acting membership supports the approach and direction of moving towards a revised IHCP by April 2023. The IHCP would facilitate the development of its own governance arrangements and decision-making processes to support effective health and care system-wide governance and decision making for its population.

## APPENDICES ATTACHED

45. Appendix 1: Island Health and Care Partnership and Island Executive Delivery Group Draft Terms of Reference and proposed membership.

## BACKGROUND PAPERS

46. ["IMPLICATIONS OF THE HEALTH AND SOCIAL CARE BILL \(2021-22\) FOR THE COUNCIL AND THE FUTURE OF THE ISLE OF WIGHT INTEGRATED CARE PARTNERSHIP"](#), Cabinet Paper 25 October 2021
47. [ISLE OF WIGHT HEALTH AND CARE PLAN 2022-2025](#)
48. [ISLE OF WIGHT HEALTH AND WELLBEING STRATEGY 2022-2027](#)

Contact Point: Ian Lloyd, Strategic Manager Partnership and Support Services, ☎ 821000 ext 8964 e-mail [ian.lloyd@iow.gov.uk](mailto:ian.lloyd@iow.gov.uk)

WENDY PERERA  
*Chief Executive*

CLLR LORA PEACEY WILCOX  
*Leader of the Council and Cabinet  
Member for Strategic Partnerships*

CLLR KARL LOVE  
*Cabinet Member for Adult Social Care,  
and Public Health*

# Isle of Wight Health and Care Partnership – Terms of Reference DRAFT v0.3

## What is the aim of the Partnership?

To provide robust leadership focusing on the needs of, and improving outcomes for the Isle of Wight and its residents through collaboration in a way that is aligned to the Hampshire and Isle of Wight Integrated Care System approach. Including (but not exclusively):

- Developing long term strategic health & care solutions together to tackle the challenges the Island faces
- Ensuring the voice of local people (and the voice of all local health and care partners) is understood and heard in shaping local plans and how we implement those plans the Isle of Wight
- Improving the physical health, mental health and wellbeing of Isle of Wight residents through joined up commissioning that removes duplication.
- Identify opportunities for delegation of responsibilities to place and integration of services, including maximising health act flexibilities (e.g. NHS Act Section75 partnership and integration agreements)
- Providing assurance to the Integrated Care System of local arrangements and the allocation of funds
- Contributing to development of Integrated Care System/Integrated Care Board strategies that support ‘system wide’ health and care working, so that the needs of the Isle of Wight people are properly identified and reflected.
- Holding member partners to account for performance and quality of service delivery on behalf of the Islands residents

## What is the Purpose of the Partnership?

To lead the delivery of care and support services on the Isle of Wight for the benefit of local people that are shaped to provide the agreed outcomes for residents and supporting them to live healthy and independent lives.

In doing so members will seek support from the individual sovereign organisations and external stakeholders to realise the benefits of the ICS strategies for the Isle of Wight. It will promote public engagement in the development of strategies and plans for the Isle of Wight that delivers high quality, sustainable and affordable health and care with particular focus on the four overarching priority areas contained in the Isle of Wight Health and Care Plan: Preventing ill health; Partnerships; Productivity and Pathways.

This partnership does not replace or override the statutory duties, powers and authority of the individual member organisations nor their own internal governance arrangements.

# What is the Operating Framework for the partnership?

Page 88

## Membership

- IHCP Chairperson (elected yearly from IHCP membership)
- IHCP Deputy Chairperson (elected yearly)
- Leader of the IW Council
- Cabinet Member for ASC/PH (IWCouncil)
- Clinical Director HIOW ICB
- Chief Executive IW Council
- Director for ASCHN IW Council
- Director for Public Health IW Council
- Director for Childrens Services IW Council
- Managing Director HIOW ICB
- Non Exec Director HIOW ICB
- Chief Executive IW NHS Trust (title change 1/4?)
- Deputy Chief Exec IW NHS Trust
- Medical Director IW NHS Trust
- Non Exec Director IW NHS Trust
- System Finance Lead (IW rep)
- System Health and Quality Lead ( HIOW ICB)
- Primary Care Network (PCN) Clinical Directors x 2
- Chief Executive Mountbatten
- VCSE Forum Rep
- Independent Provider Rep – IW Care Partnership
- Health Watch Chief Exec–Peoples voice rep
- Independent Chairperson of Safeguarding Adults/Childrens Board

## Others

- IHCP may wish to invite and/or co-opt at its discretion other key stakeholder reps or other attendees to brief the partnership (agreed by Chairperson)

## Quoracy – In attendance

- Chairperson or Deputy
- 2 x Representatives from HIOW ICB
- 2 x Representatives from IW NHS Trust
- 2 x Representatives from IW Council

## Voting

- Deputies will be permitted and allowed to vote. However, meeting will not be quorate if the number of deputies is greater than the number of core members
- In the event a majority decision cannot be reached the chairperson will have the casting vote, unless a conflict of interest this will be delegated to Deputy Chairperson. Where both have a conflict the IHCP will require a majority vote from the voting attendees

## Standing Agenda

1. Welcome, apologies & quorate
2. Minutes and Actions
3. Executive Delivery Group Assurance & Escalations Briefing report
4. National, regional and local matters arising (strategic awareness and decisions)
5. AOB
6. Forward Plan review

## Frequency of meetings – Bi-monthly

- Extraordinary and additional meetings can be called by Chairperson
- Meeting locations County Hall (usually)
- Forward Plan of agenda items will be produced
- The IHCP is intended to be held in public meeting unless grounds for excluding

## Governance

- Arrangements for IHCP to manage conflicts of interest - Partnership members conflict of interests to be recorded and monitored (annual declaration register);
- Conflicts of interest to be raised at meetings
- Escalations from EDG to be documented and decisions required set out
- A risk register will be developed by Executive Delivery Group to capture key strategic risks for IHCP to monitor and review
- An Annual General Meeting will be held to enable wider Public engagement of the work undertaken and achieved by the IHCP and agree Chairperson/Deputy Chairperson role
- Reference back to IW HWB, ICS and each represented organisation sovereign bodies following each meeting
- Ensure island residents , voluntary and independent sector partners are represented or engaged/consulted with
- NHS Act Partnership agreements and plans (Section 75, Section 256 etc) (e.g. Better Care Fund) will be presented and agreed, and then to the HWB as required
- Agendas, minutes, papers and action logs will be circulated for each meeting 5 days prior to meeting (paper to the corp admin 7 days prior to the meeting)
- Members of IHCP to read papers in advance of meeting
- TOR reviewed as minimum annually
- IHCP governance supported by Strategic Mgr for Partnership & Support Services and corporate governance team



## What is the aim of the Group?

To be the executive decision-making body of the Island Health Care Partnership (comprising executive leaders with decision making authority from the respective organisation) with responsibility for the management oversight and delivery of the Isle of Wight Health and Care Plan and IHCP strategic objectives and strategies.

It will provide the executive leadership and take responsibility for managing the Isle of Wight health and care system, bringing strong local place-based collaborative leadership to afford flexibility for multi-agency approach to integrate services, improving outcomes for local people and leading the strategic direction, design and implementation of the Isle of Wight Health and Care Plan, in a way that is aligned to the Hants/IW approach via the ICS. In doing so it will:

- Accelerate the integration of health and social care delivery in ways that meet the needs and expectation of local people
- Align investment, resources and expertise of all health and care partners around our joint priorities, and in doing so gain better value for every pound spent for local residents
- Follow through on delivery of the Isle of Wight Health and Care Plan, being clear who needs to do what in order to deliver it, identifying and removing obstacles and holding each other to account for its delivery
- Comply with all executive functions retained with individual agencies that form the EDG
- Lead the process of regular refresh of the Health and Care Plan
- Provide the IHCP with assurance reporting and monitoring of IHCP sub-group activities, progress, risks and escalations

Page 89

## What is the Purpose of the Group?

To provide the vehicle for the statutory bodies to work as a single alliance and ensure clarity in relation to the tactical level of detail in terms of transformation and planning of health and care services, ensuring processes are in place to support financial stability and high-quality outcomes for services and the population of Isle of Wight.

In doing so members will seek support from the identified leads contained within the Tactical Transformation and Planning delivery groups in pursuit of gaining assurance and capturing any escalations that need collective risk mitigation/resolution, or identifying those that will need to be escalated to the IHCP for the delivery and implementation of the agreed strategies. It will promote compliance with the governance regime and leading the parties' behaviour in accordance with the principles of the Islands Health and Care Partnership.

This Group does not replace or override the statutory duties, powers and authority of the Partner Boards and Governing Bodies but will aid the setting out and compliance of these responsibilities invested in the senior executives involved in the EDG.

# What is the Operating Framework for the Group?

Page 90

## Membership

- Chief Executive IW Council (Chairperson)
- Managing Director HIOW ICB
- Chief Executive IW NHS Trust (title change 1/4?)
- Deputy Chief Exec IW NHS Trust
- Director for ASCHN IW Council
- Director for Public Health IW Council & HWB lead Officer
- Clinical Director HIOW ICB

## Others

- IEDG may wish to invite and/or co-opt at its discretion other key executive reps or other attendees to brief the group (agreed by Chairperson)

## Quoracy – In attendance

- Noting this is an Executive Group rather than a Board
- quorum will not be present unless at least one (1) Unified Executive Team Member from each of the three statutory organisations is in attendance.
- Deputies will be permitted at the agreement of the Chairperson

## Decision/Voting

- Each Executive Team member (or its alternative) will have an equal say in discussions and will look to agree recommendations based on the IHCP Principles
- Where consensus cannot be achieved, it shall defer to IHCP and/or its sovereign bodies for decision

## Standing Agenda

1. Welcome, apologies & quorate
2. Actions & Decision Log
3. Transformation & Planning delivery group progress, matters arising and escalations briefing reports (Risk management)
4. National, regional and local matters arising (strategic awareness)
5. AOB
6. IHCP Forward Plan review and agenda setting (held with IHCP Chairperson)

## Frequency of meetings – Monthly

- Extraordinary and additional meetings can be called by Chairperson
- Meeting locations County Hall (usually)
- Action and Decision Log will be produced
- The IEDG is not a Board meeting
- The IEDG will review and recommend IHCP Forward Plan items for consideration by the IHCP Chairperson

## Workstreams

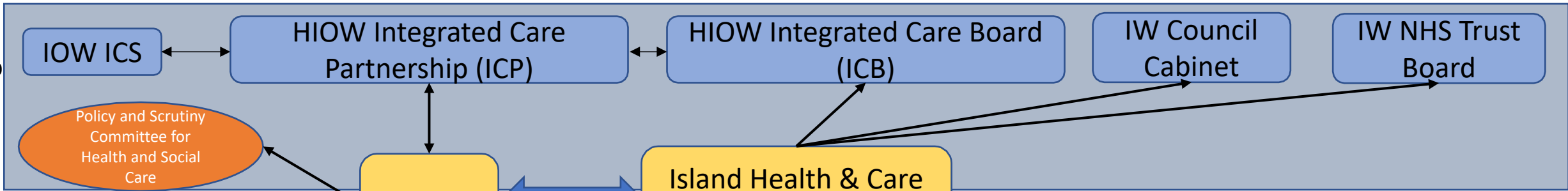
- The EDG will oversee the Transformation and Planning Delivery Groups that will report directly to it (as outlined in the IHCP Governance structure chart)
- Additional groups may be added to report into the EDG as identified
- Engagement and Communications

## Governance

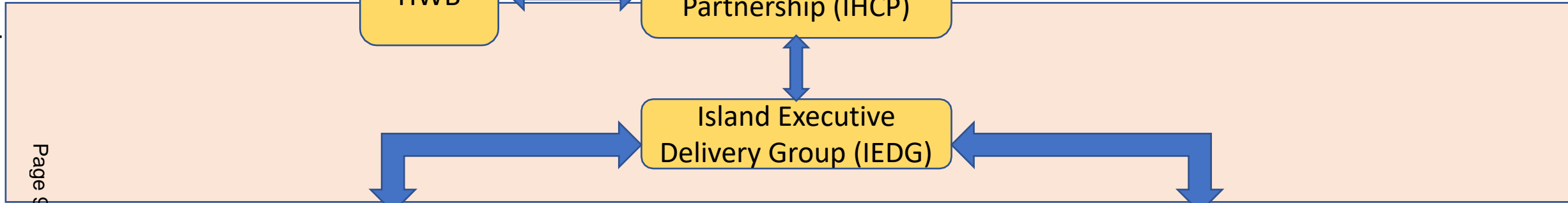
- Escalations from Transformation and Planning delivery groups to EDG to be documented and decisions required set out (including escalations required to IHCP)
- A risk register will be developed and managed on behalf of the IHCP to monitor and provide recommendations to review key strategic risks for IHCP
- The EDG will provide the IHCP with both an annual report for its AGM of the work undertaken and achieved by the IHCP in the year, plus bi-monthly updates of progress, matters arising and escalations for the IHCP attention
- Reference back to IW HWB, ICS and each represented sovereign bodies following each meeting
- Joint commissioning and use of health act flexibilities (e.g. S75s, BCF etc) arrangements will be overseen before presenting to the IHCP and in turn agreed to go to HWB
- Agendas, Action and Decision Log, and papers will be circulated for each meeting 3 days prior to meeting (paper to the governance admin 4 days prior to the meeting)
- Members of EDG to read papers in advance of meeting
- TOR reviewed as minimum annually
- IEDG governance will be supported by Strategic Mgr for Partnership & Support Services Or other system governance

# IHCP Governance Structure

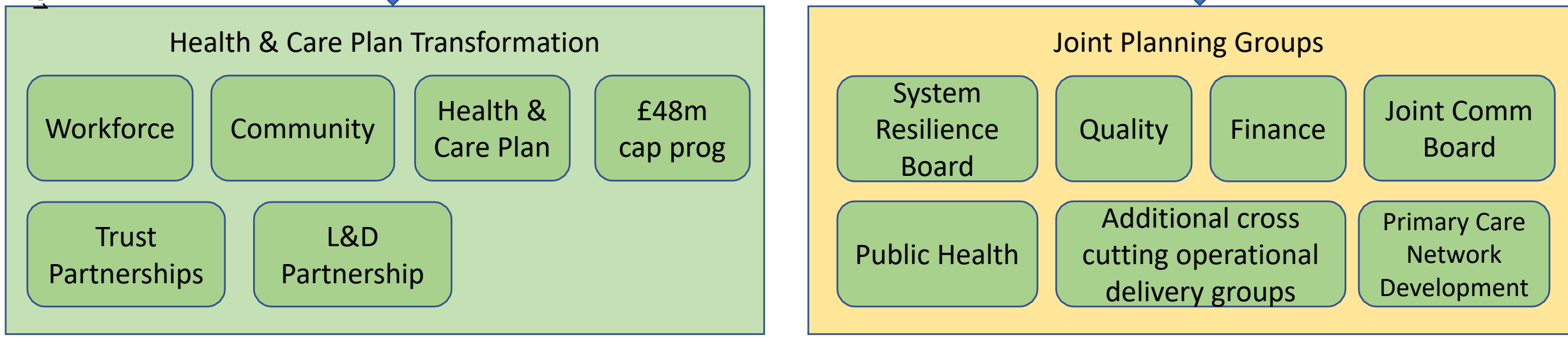
Oversight



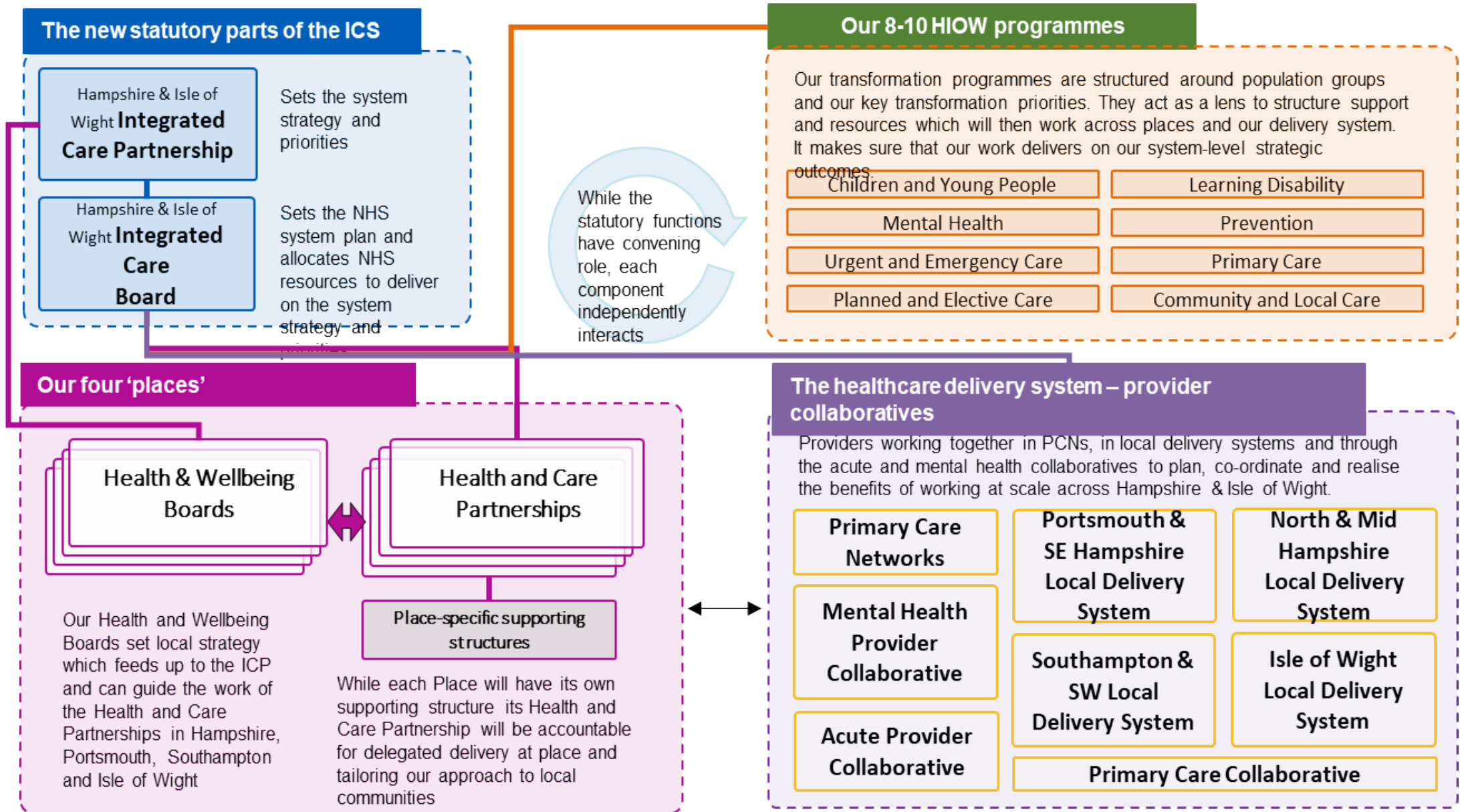
Leadership



Tactical Delivery



# The link between the HIOW ICS and our local place (IHCP) system functions



# Abbreviations Glossary

Abbreviation	Name
ACS/ ASCHN	Adult Social Care / and Housing Need
AGM	Annual General Meeting
AOB	Any Other Business
BCF	Better Care Fund
HWB	Island Health and Wellbeing Board
ICB	Hants and Isle of Wight Integrated Care Board
ICS	Hants and Isle of Wight Integrated Care System
IEDG/EDG	Island Executive Delivery Group
IHCP	Island Health Care Partnership
NHS	National Health Service
PCN	Primary Care Network
PH	Public Health
S75	Section 75 agreements
TOR	Terms of Reference
VCSE	Voluntary, Community and Social Enterprise Sector

This page is intentionally left blank



Purpose: For Decision

## Cabinet Report

Date **9 MARCH 2023**

Title **UNPAID CARERS STRATEGY 2023 – 2028**

Report of **CABINET MEMBER FOR ADULT SOCIAL CARE AND PUBLIC HEALTH**

---

### EXECUTIVE SUMMARY

1. The report seeks Cabinet approval of the Isle of Wight Carers Strategy 2023 – 2028. The Carers Strategy is provided as Appendix 1 of this report.
2. The strategy has been developed in partnership with the IW NHS Trust, Hampshire and Isle of Wight Integrated Care Board, and partners from the voluntary and community organisations on the Isle of Wight together with, most importantly, with direct input from our islands unpaid carers.
3. The new carers strategy has been co-produced through detailed and extensive consultation during 2021 – 2022 with our islands unpaid carers and our strategy steering group, which included representation from statutory services, and the Voluntary, Community and Social Enterprise sector, including Healthwatch Isle of Wight, Carers IW, People Matter Isle of Wight and AGE UK IW.

### RECOMMENDATION

- |   |
|---|
| 4. Cabinet approves the Isle of Wight Carers Strategy 2023 – 2028 enabling the strategy to progress to approval and adoption by the Isle of Wight Health and Care Partnership Board |
|---|

### BACKGROUND

5. Supporting our islands unpaid carers is key to ensuring that they and the people they care for, who are often very vulnerable people within our community, live well and live the best lives that they can. The latest Census data has just been published which showed that 19,757 people on the Isle of Wight provide unpaid care to others, this is an increase from the previous census of over 3,000 of our islands residents, since the last census in 2011.

6. Our island's unpaid carers need to be supported to continue the selfless and relentless roles that they have. This in turn reduces the dependency of those needing support from statutory or formal care services, and it allows them as carers to not just simply survive but live the life they want to.
7. The work that our islands unpaid carers do, often behind closed doors and away from public eyes, needs to be recognized and a new unpaid carers strategy was needed as the previous strategies were out of date.
  - *"Working Together With Carers Strategy 2013 to 2016"*
  - *"Working Together With Carers Strategy 2017 to 2019" (Refresh) was out of date.*
8. The new unpaid carers strategy has been co-produced though detailed and extensive consultation during 2021 – 2022 with our islands unpaid carers and our strategy steering group, which included representation from statutory services, and the Voluntary, Community and Social Enterprise sector including Healthwatch Isle of Wight, Carers IW, People Matter Isle of Wight and AGE UK IW.
9. The new carers strategy is now ready to be formally adopted and agreed by the Council. The Integrated Care Board and by the Isle of Wight NHS. The new strategy focuses on the direction and areas which need to change to better support our islands unpaid carers and make a real difference to those people supporting our islands most vulnerable residents.
10. The new strategy was developed in three stages.
  - (a) Stage one – a review was undertaken in early 2020 of the *2017 – 2019 Carers strategy refresh* and the current services supporting our islands unpaid carers. The strategy steering group looked at what was being done on the island to support our unpaid carers. We established some really important information that enabled us to ask the right questions and develop an island wide carer survey. The survey allowed us to gather more information on what services and support were needed, and what needed to change to better support those undertaking the vital role of an unpaid carer.
  - (b) Stage two – the strategy steering group undertook a programme of consultation and focussed engagement with local residents and professional partners, to gather their views and experiences of what areas are working well and what needs to improve to support our islands unpaid carers. The strategy steering group then used the feedback and data collected to develop the system wide carers strategy which is being presented for adoption.
  - (c) Stage three – once the strategy has been agreed and adopted by the Local Authority, The NHS Trust and the Isle of Wight Health and Care Partnership Board we will develop and implement a delivery plan for the strategy, which will be overseen by the established unpaid carers strategy steering group enabling the provision of regular updates detailing progress against the ambitions within the strategy to be provided.



## CORPORATE PRIORITIES AND STRATEGIC CONTEXT

11. The Carers Strategy 2023 – 2028 supports the core values as outlined in the Corporate plan 2021 – 2025 including
  - Being community focused
  - Working together
  - Being effective and efficient
  - Being fair and transparent
12. The Carers Strategy 2023 – 2028 supports the following Alliance aspirations and priorities as outlined in the Corporate Plan 2021 – 2025
13. **We will ensure that we listen to people. We will do so by holding consultations in which we will have a proper discussion with residents about issues.** We have listened to our residents on the island throughout the development of the strategy and co-produced the strategy and would like to record our thanks to them and our island partners.
14. **Prioritise dealing with the health inequalities and the resulting poverty highlighted during the pandemic.** The health inequalities identified in the Public Health Isle of Wight COVID-19 Health Impact Assessment published in October 2021 reported how the pandemic had highlighted existing health inequalities and had exacerbated health and social care vulnerabilities for people living with health condition on the Isle of Wight which has further increased the pressure on our island's unpaid carers.
15. **Support and increase the influence of Healthwatch and the voluntary sector.** The strategy development has been led by the islands unpaid carers and by the voluntary sector partners including Healthwatch Isle of Wight, Carers Isle of Wight, People Matter Isle of Wight and AGE UK Isle of Wight.
16. The aims of the Carers Strategy 2023 – 2028 also align with the recently refreshed Adult Social Care – Care Close to Home Strategy 2022 – 2025 and the Alliance Administration priorities sent out in the Corporate Plan, by seeking to ensure that people and their families are provided with the information that they need and that they are provided with the support they need when they need it. Supporting our islands residents to live within their own homes and communities for as long as is possible, avoiding the unnecessary use of hospital care or care in funded care settings.

### Responding to climate change and enhancing the biosphere

17. The Climate and Environment Strategy is not directly impacted by the Carers Strategy 2023 - 2028

### Economic Recovery and Reducing Poverty

18. The Carers Strategy 2023 – 2028 looks to influence both locally and nationally the support offered to our islands unpaid carers many of whom may be experiencing financial hardship whilst undertaking the demanding role of an unpaid carer.
19. The more support that can be offered to our island unpaid carers helping them where appropriate manage their finances and offer them the support that they need

when they need it will reduce any financial inequalities which can be the result of undertaking the vital role of an unpaid carer in our community.

### Impact on Young People and Future Generations

20. The decisions the Council makes now not only affect current residents, but may have long term impacts, both positive and negative, on young people and future generations. These impacts may not immediately be apparent or may not emerge for a number of years or decades. Impacts will be interrelated across the various domains of young people's lives from housing, employment or training, health and the environment.
21. The United Nations Conventions on the Rights of the Child (UNCRC) in 1989, in particular article 12, places a duty for children and young people to have an active voice in decision making on matters that affect them. We value the views of our young people. Incorporating coproduction and consultation with young people into our decision-making process is a robust way of ensuring young people's views are taken into consideration. Participation workers experienced in coproduction can support engagement with the Youth Council, our Island children and wider groups of young people to ensure the voice of young people is sought, heard and acted upon on important matters that will affect them.
22. The Isle of Wight Council understand and acknowledge that we have a number of young carers on the Isle of Wight who also need support and guidance. Our islands young carers under the age of 18 are supported by the Young Carers Service, who can be contacted on [01983 861071](tel:01983861071) at any time or email [iowyoungcarers@ymca-fg.org](mailto:iowyoungcarers@ymca-fg.org). [Young Carers Service – IOW - YMCA \(ymca-fg.org\)](http://ymca-fg.org)

### Corporate Aims

23. This strategy and the activity undertaken during its development supports the Alliance aspirations and priorities as outlined in the Councils' corporate plan;
  - We will ensure that we listen to people. We will do so by holding consultations in which we will have a proper discussion with residents about issues.
  - Prioritise dealing with the health inequalities and the resulting poverty highlighted during the pandemic
  - Support and increase the influence of Healthwatch and the voluntary sector

### CONSULTATION

24. As part of phase two of the strategy development the strategy steering group delivered a lengthy and diverse programme of public consultation and engagement to ensure that the views of our islands unpaid carers and the people they care for were heard along with the voices of other partners and stakeholders, which is outlined in paragraph 11 of this report.

### SCRUTINY COMMITTEE

25. The Carers Strategy 2023 – 2028 is being discussed by the Policy and Scrutiny Committee for Health and Social Care on 6 March 2023.

## FINANCIAL / BUDGET IMPLICATIONS

26. There are no direct financial budget implications with the endorsement and adoption of this strategy. However the strategy seeks to ensure that existing and future budgets can be used efficiently and effectively to meet the needs of our islands unpaid carers, which will include the continuation of a Community Carers Support service.

## LEGAL IMPLICATIONS

27. The Isle of Wight Council has duties under the Care Act 2014 to proactively assess and meet the needs of vulnerable adults when defined eligibility criteria are met. Many carers will have eligible needs as defined by the Care Act and as such this strategy will enable the council to meet its statutory duty.

## EQUALITY AND DIVERSITY

28. Our Carers Strategy 2023 – 2028 provides a valuable opportunity to ensure that all Island residents, including those with protected characteristics benefit from care and support that best meets their personal needs and choices even when not specifically highlighted as impacted through the Equality Impact Assessment process.
29. An Equality Impact Assessment has been completed to assess how this strategy will impact on any persons with a protected characteristic. This EIA has been signed off by Legal Services and the Director of Adult Social Services and Housing Needs. A copy of the EIA is provided as Appendix 2.
30. The EIA assessment concluded that the Carers Strategy 2023 - 2028 will have a positive impact on all people undertaking the role of providing unpaid care on the Island regardless of any protected characteristic they may have. All unpaid carer support services will be fully inclusive.
31. The strategy will have a particular positive impact on the following protected characteristics
  - Age – The strategy will seek to improve services for all of our island’s unpaid carers regardless of age
  - Disability – the strategy will seek to improve the support available for all unpaid carers regardless of any disability they may have, and enable the right support to be available for them when they need it.

## OPTIONS

32. Option 1 – Cabinet approval and endorsement of the Isle of Wight Carers Strategy 2023 – 2028, enabling the strategy to progress for formal adoption by the Isle of Wight Health and Care Partnership Board, and supporting a whole system approach to improving care and support for our islands unpaid carers.
33. Option 2 – Cabinet does not approve and endorse the Carers Strategy 2023 – 2028 resulting in the council not having an up to date or relevant strategy outlining the support available to local unpaid carers and assisting in the discharge of our statutory functions in this area.

## RISK MANAGEMENT

### Option 1

34. There is potential risk associated, post adoption of the strategy in the ineffective strategy implementation. This will be mitigated by the development of a robust delivery plan clearly outlining the actions required to drive forward the strategy's implementation and through ongoing leadership and scrutiny by partners in the voluntary sector.

### Option 2

35. The failure to adopt a new and updated Carers Strategy will result in the support for our islands unpaid carers remaining which will place further pressure on statutory services. The needs of our islands unpaid carers will not be improved which will lead to
- Increasing the vulnerability to ours island cared for and unpaid cares
  - Increased levels of unpaid carers at crisis point
  - Increased financial pressure for the Council
  - Increased financial pressure for the NHS Trust
  - Reputational risk for the Council

## EVALUATION

36. To progress with the implementation and adoption of the Carers Strategy 2023 – 2028. The adoption and endorsement of the strategy is needed by the Alliance. Once the strategy has been agreed and approved, the strategy can be presented to the Isle of Wight Health and Care Partnership Board. This will enable a detailed delivery plan to be coproduced with unpaid carers and the services which support and represent them to ensure that the strategy is effectively implemented to better support our islands unpaid carers.

## APPENDICES ATTACHED

Appendix 1 - Carers Strategy 2023 – 2028  
Appendix 2 - EIA for Carers Strategy

Contact Point: Alaster Sims, Commissioning Officer, ☎ 821000 ext. 6934 e-mail  
[Alaster.sims@iow.gov.uk](mailto:Alaster.sims@iow.gov.uk)

LAURA GAUDION  
*Director of Adult Services and Housing  
Needs*

(CLLR) KARL LOVE  
*Cabinet Member for Adult Social Care  
and Public Health.*

Isle of Wight

# Carers' Strategy



2023 to 2028



# Contents

---

<b>Introduction</b> .....	<b>3</b>
<b>Forewords</b> .....	<b>4</b>
Supporting the Island’s unpaid carers .....	4
Committed to supporting local people .....	5
<b>Definition of a carer</b> .....	<b>6</b>
What do we mean by a carer? .....	6
<b>The national picture</b> .....	<b>7</b>
<b>Island carers</b> .....	<b>8</b>
<b>The impact of Covid-19</b> .....	<b>9</b>
<b>Legal responsibilities</b> .....	<b>10</b>
<b>Working together as an island</b> .....	<b>11</b>
Carers told us .....	11
<b>Strategic priorities</b> .....	<b>12</b>
Priority One .....	12
Priority Two .....	14
Priority Three .....	16
<b>Putting the strategy into action</b> .....	<b>18</b>
<b>Governance and monitoring</b> .....	<b>19</b>



# Introduction

---

**The Isle of Wight Carers' Strategy is aimed at everybody with caring responsibilities, across all ages, who provide unpaid care for people living on the Isle of Wight.**

The strategy has been co-produced with the Isle of Wight Council, the NHS, our voluntary and community sectors and, most importantly, local people who have caring responsibilities. This was at the heart of its development and demonstrates our commitment to identifying and supporting carers across the whole Island.

Caring is a selfless role, where families and friends look after their loved ones or others that they feel a sense of responsibility for, but it should not be carried out at the expense of the carer's own health and wellbeing. However, we know that many carers do not access the support that they may need as they do not think of themselves as 'carers' or have not been identified by statutory organisations as such (known as 'hidden carers').

The Isle of Wight is a place with a rich and varied history, but with huge potential for future generations and filled with people passionate about our unique Island. This community pride and sense of belonging gives the Island and its people the compassion and resilience which carers demonstrate each day.

We need to do more to identify these quiet heroes in our island's community and ensure they have the help and support to enable them to carry out their caring responsibilities, but also flourish in whichever goals and ambitions they have for themselves.

We need to promote, improve and protect our island's unpaid carers wellbeing for the future.



# Forewords

---

## Supporting the Island's unpaid carers

---

Over 19,000 people were identified as unpaid carers on the Isle of Wight in the 2021 census.

Having a new unpaid carers strategy which is supported by the Isle of Wight Council, The Hampshire and Isle of Wight Care Board and the Isle of Wight NHS Trust recognises the important and vital role of our island's unpaid carers.

This new strategy aims to make a real difference to the lives of our island's unpaid carers. It will have three key priorities:

**Priority one: To ensure that our Islands unpaid carers are recognised.**

**Priority two: Our islands unpaid carers can communicate and have access to health and social care services when needed.**

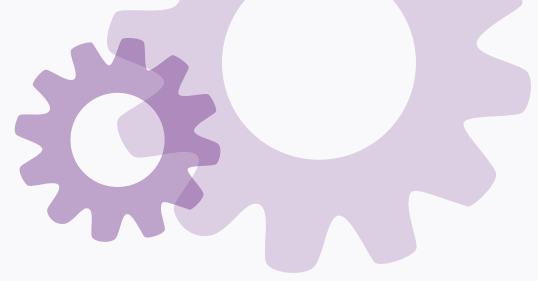
**Priority three: Unpaid carers on the Island are supported, so that their health and wellbeing are improved.**

We would like to thank all of those who took part in our Island survey, workshops and focus groups. We would like to especially thank Carers IW, Age UK, Healthwatch Isle of Wight and People Matter Isle of Wight for their continued support and involvement in the ongoing work, making the new unpaid carers strategy something which the island can be proud of, improving the lives of both the unpaid carers and indeed their cared for.

### **Laura Gaudion**

Director of Adult Social Care and Housing Needs





## Committed to supporting local people

---

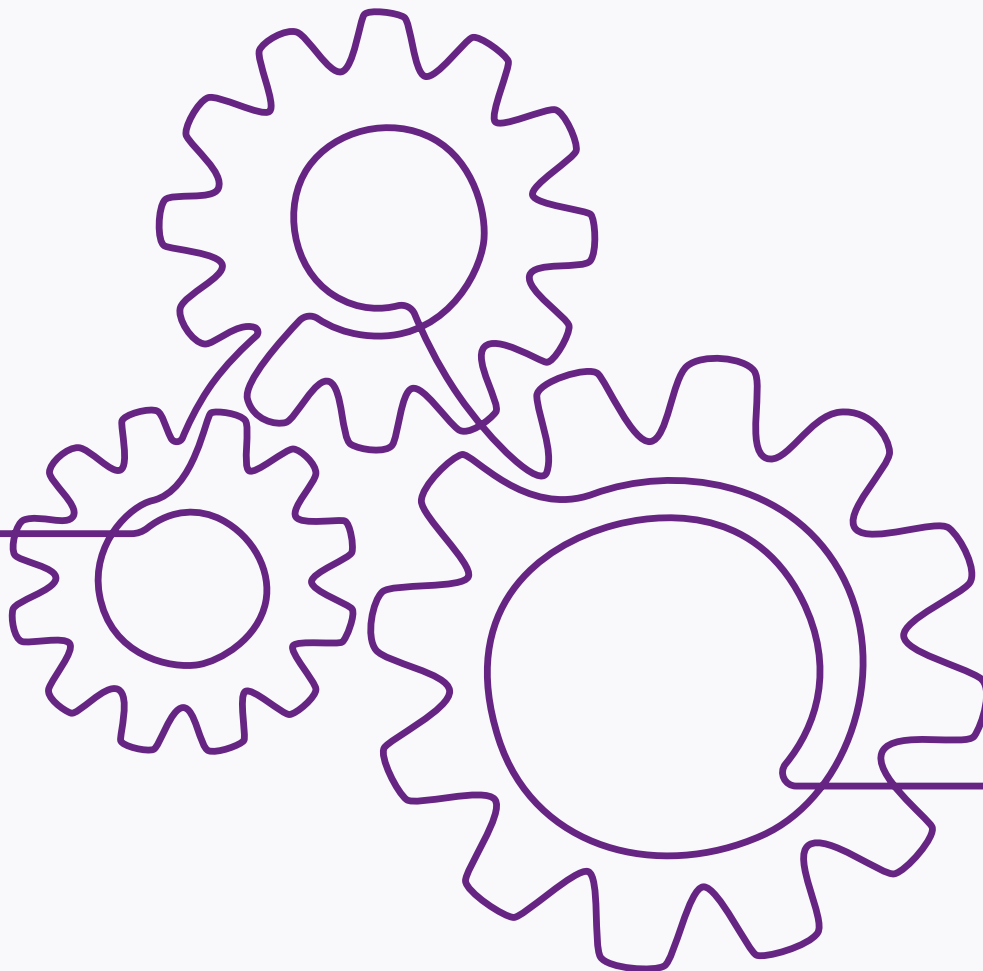
I am delighted to support this strategy which sets out a joint vision for identifying and supporting carers across the Island.

We need to do more to help and support carers who provide such a vital role in our community often at great cost to their own health and wellbeing. I regularly witness how meaningful involvement and inclusion of carers can lead to better care for people accessing our services.

The Isle of Wight NHS Trust is committed to supporting all local people with caring responsibilities and delivering on the priorities identified by them in this strategy.

### **Juliet Pearce**

Director of Nursing Midwifery and AHPs



# Definition of a carer

---

## What do we mean by a carer?

---

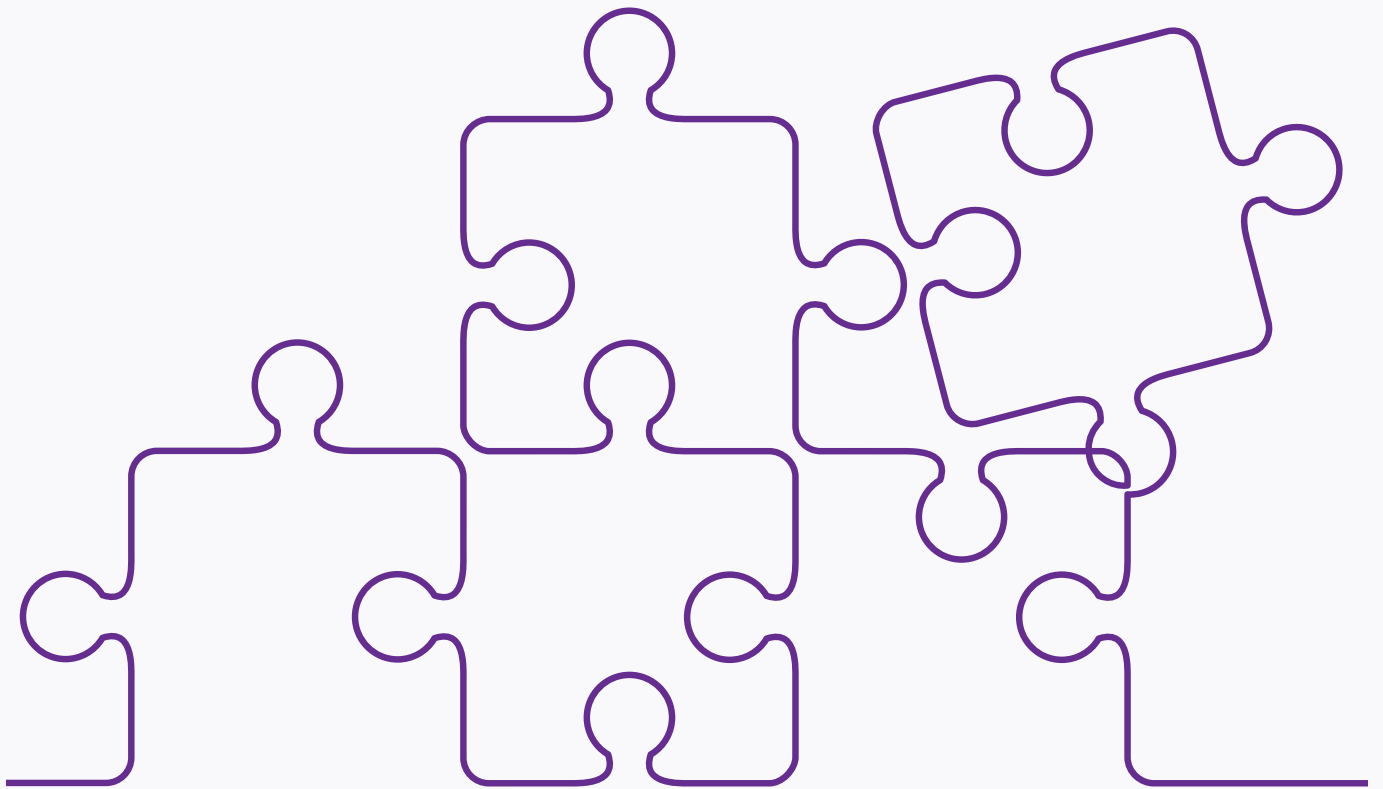
The standard definition of a carer is *"A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. Caring for someone can take up a few hours each week, or a carer may be caring for 24 hours a day, seven days a week."*

However, we know that it can sometimes be difficult for carers to view themselves as carers, when they are fulfilling that role through, friendship, love, compassion, and loyalty. They understand the person they care for better than anybody else.

Carers understand their physical and emotional needs, their interests, what they enjoy, and what causes them anxiety. This level of insight and understanding is something which statutory services could never replicate, and which emphasises what an incredible role they all play.

Unpaid carers are holding families together, keeping individuals safe and enabling them to participate within the community, while at the same time making an enormous contribution to society.





## The national picture

---

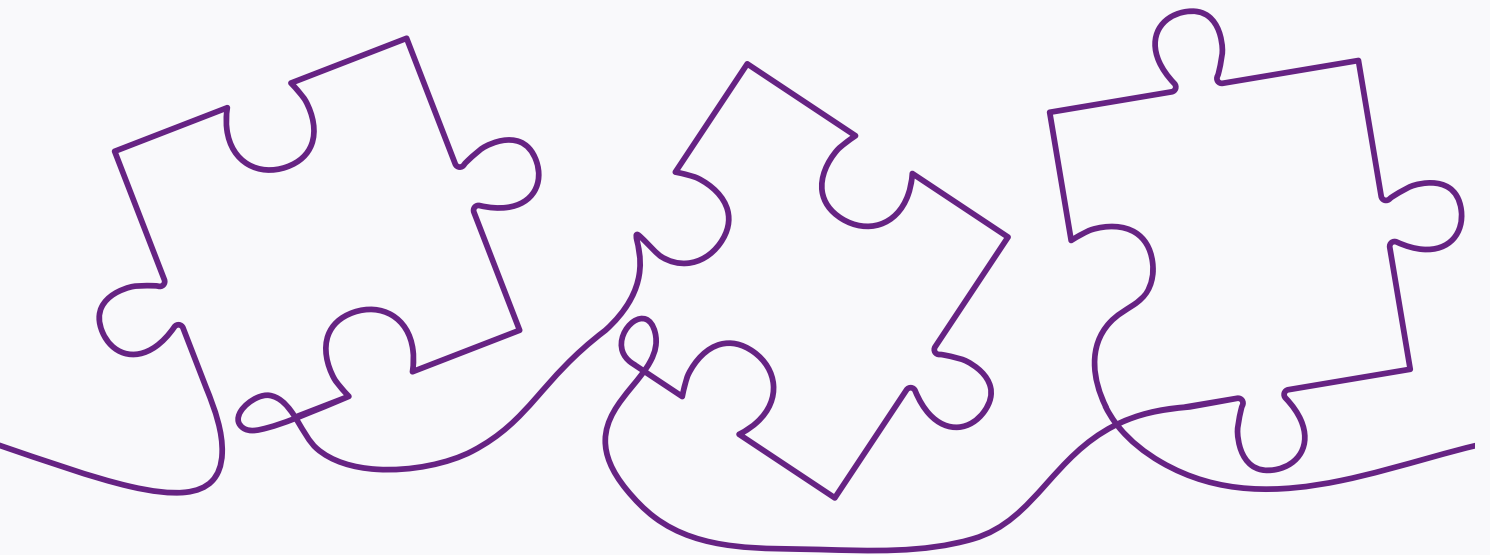
- Support provided by carers is valued at around £132 billion a year before the pandemic and during 2020 over £193 billion. (Nuffield Trust Report, October 2022)
- It is estimated that the number of people aged 65 years or over who are caring has grown to over two million - a 43 per cent increase from 2011 to 2019.
- Disabilities amongst working age adults and the numbers of older people in the UK who requiring help with personal care are increasing.
- People are living longer due to better access to medical care, healthier lifestyles, and fewer labour-intensive jobs, meaning they stay physically fit for longer.
- Many carers suffer from loneliness and isolation, require support to help them stay in work, and face their own health problems as a result of their caring role.
- Carers may have to give up paid employment, school, or study which affects their independence, wellbeing, and their economic wellbeing. This may also have a substantial effect on their former employers' productivity and lead to high costs of recruitment and training.

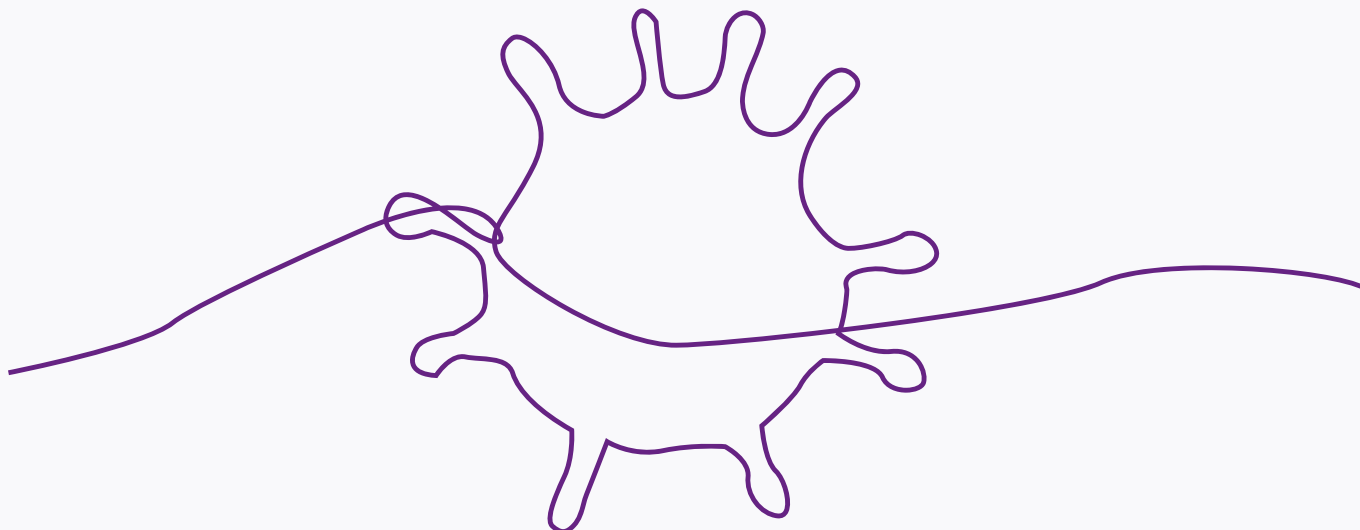
Ref: CARERS UK policy briefing, August 2019

# Island carers

---

- The Isle of Wight has over 19,000 unpaid carers over the age of 18 within our island's community, providing essential support to those they care for. (Census data 2021)
- Split between male and female carers on the Isle of Wight that have completed a carers assessment are 59 per cent female carers and 41 per cent male carers. (Census data 2011)
- The average age that carers on the Isle of Wight to receive a statutory assessment is 68 years. (Isle of Wight Council 2022)
- The Isle of Wight has around 300 young carers, who are likely to be juggling their caring role alongside education and other interests. This can make it hugely challenging for young carers to enjoy the same opportunities as their peers.
- Relatively low numbers of people from culturally diverse backgrounds identify as carers or access support services on the Isle of Wight, due to our island's demographics and unique geographical location, however support must be made available for all unpaid carers regardless of who they are or their background.





## The impact of Covid-19

---

Carers UK estimates that an additional 4.5m people have taken on caring responsibilities since the Covid-19 pandemic. Research in the early part of the pandemic showed that carers were providing an additional ten hours of support per week on average. (Carers UK, Caring Behind Closed Doors, April 2020)

- Carers have seen invaluable day service provision for the person they care for, being suspended, which meant they were unable to take a much-needed break from their role.
- Carers may have been unable to visit the person they care for if they were admitted to hospital, which added to their anxiety about whether they could provide the support they needed when they returned home.
- Carers may have been unable to access medical appointments due to their increased caring role, meaning their own health and wellbeing suffered.
- Carers may have been furloughed by their employer and receiving a reduced salary, meaning they have experienced additional financial challenges.
- Carers may have been unable to access some services which moved to online only support, meaning they felt more isolated and unable to cope. In a Carers Trust report published in July 2020, 56 per cent of young carers say their education has suffered, and 40 per cent of young carers (aged 12-17) and 59 per cent of young adult carers (aged 18-25) say their mental health has deteriorated. (Carers Trust, My Future, My feelings, My Family, July 2020)
- Age UK recently reported that 27 per cent of older people are unable to walk as far since the pandemic, with 25 per cent living with more physical pain. This is likely to be placing additional pressures on carers. (Age UK, One Year On, July 2021)

These findings illustrate the scale of the challenge now facing us. However, they emphasise the extraordinary strength, commitment, and resilience of carers to continue in their caring role.

# Legal responsibilities

---

The Isle of Wight Council and other statutory bodies have a legal duty to meet the needs for unpaid carers and the people that they care for, below is the list of those duties and commitments to unpaid carers.

- Care Act 2014 places a requirement on local authorities to promote the wellbeing of individuals when carrying out their social care functions. Carers have a right to an assessment to establish whether they have eligible needs, together with the provision of information and advice to help make the best choices about accessing support.
- Children and Families Act 2014 makes it easier for young carers to have an assessment of their needs and introduced 'whole family' approaches to assessment and support.

In addition, the NHS Commitment to Carers sets out eight priorities for the NHS:

- Raising the profile of carers
- Education, training and information
- Service development
- Person-centred, well-coordinated care
- Primary care
- Commissioning support
- Partnership links
- NHS England as an employer, the National Institute for Health and Care Excellence (NICE) has also produced a guideline on supporting adult carers which will underpin all our future work to improve support. We also have a duty to safeguard carers from any kind of abuse or neglect, in relation to their own needs or those of the person they care for. This includes making it straightforward to raise any kind of safeguarding concern, safe in the knowledge that we will be supportive and non-judgemental throughout.



# Working together as an island

---

This strategy has been shaped by the voices and experiences of carers and those organisations which support them, to ensure that the priorities for the future are based upon what is most important to them as carers.

We did this in a number of ways:

- Holding focused discussions with carers in a range of locations to gather real life examples of their everyday challenges and what might help.
- Carried out an islandwide survey during 2021.
- Held regular meetings with our strategy partners, Healthwatch IW, Carers IW, AGE UK IW and People Matter IW.
- Held a workshop with carers to review the draft strategy and give their feedback.

## Carers told us

---

- From our survey nearly a third of those who responded to the survey were neglecting themselves, this is a shocking finding and something which needs to be reduced within our island's community.
- Carers have told us that they are increasingly getting into crisis situations because of the lack of support available. We need to ensure that the right support is available at the right time at the right location.
- All carers who responded to our survey reported that they had their own disabilities. This means our carers have more barriers increasing the difficulty of their role as a carer.
- The majority of our island's carers who completed the survey said that they were frequently disturbed at night and did not have a regular sleep patten.

Carers told us that the support groups and advice offered by Carers IW was invaluable and vital for their care journey. They also told us that having regular telephone support and contact with Carers IW helped them sustain their unpaid caring role.

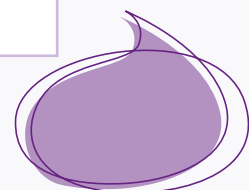
Carers told us that they also received invaluable support from other organisations within our community including People Matter Isle of Wight (PMIW), Healthwatch Isle of Wight and AGE UK Isle of Wight.



**"We are experts by experience for the people we care for and being an unpaid carer is difficult."**

**"I'm not just an unpaid carer I'm a cook, cleaner, financial accountant, a husband, a father, a gardener, a taxi driver, a social worker and a nurse."**

**"We as unpaid carers do everything."**



# Strategic priorities

---

The themes identified throughout our conversations with carers and the people they care for have enabled us to clearly identify the three areas which need to be prioritised to support unpaid carers.

We are absolutely committed to delivering against these three priorities.

## Priority One

---

**People being recognised as a carer and recognition of the important role they play within our island's community, carers being able to shape the services they need.**

### **Being recognised**

The first priority which our conversations and survey showed us was that carers don't feel that they are always recognised and involved with many of the important decisions along their care journey. Carers told us that when services were needed to support them and their cared for they were often missed out. Carers also felt that they were unable to help shape the services and support which they needed.

### **What are the challenges?**

We recognise that supporting unpaid carers with the services which they need, including respite is an area which needs to be improved.

- Carers told us that the availability of day respite care, to help them sustain their caring role is rarely available.
- Carers told us that overnight respite care is also rarely available to help them sustain their caring role.
- Carers told us that services often don't allow them to help shape the services which the cared for needs.
- Carers told us that they feel they are not recognised as an unpaid carer when in hospital or by health and social care professionals.

### **How are we going to overcome the challenges?**

- Through better partnership working with statutory services making the role of the unpaid carers more visible.
- Promoting and raising awareness of the Emergency Carers Alert Card so that it can be used more widely within our island's community.
- Ensuring that statutory services consult with carers on what respite and support they need and ensuring that options are available.
- Commissioning a voice through a community carers support service for our island's unpaid carers.
- Ensuing information, advice and training is available through a suitable commissioned service for our Island's unpaid carers.
- Educating our Health and Social Services to identify and recognise our island's unpaid carers and the impact that decisions have on them both as individuals.
- Providing advice and information to those people giving unpaid care in strategic locations including but not limited to Severnacres, St Mary's and Carers Centre in Newport.



- Offering advice and information that is more geographically accessible within our island's community.
- Recognising unpaid carers as experts and that the Island has a joined up approach to the identification and recognition of the carer and their cared for.
- Encouraging carers to register with their GP as an unpaid carer, and recognition for their role.
- Carers are recognised by the health and social care system and supported so that they don't become in need of care and support themselves.



**"Everyone's care and life journey is different making sure that we need statutory services understand this."**

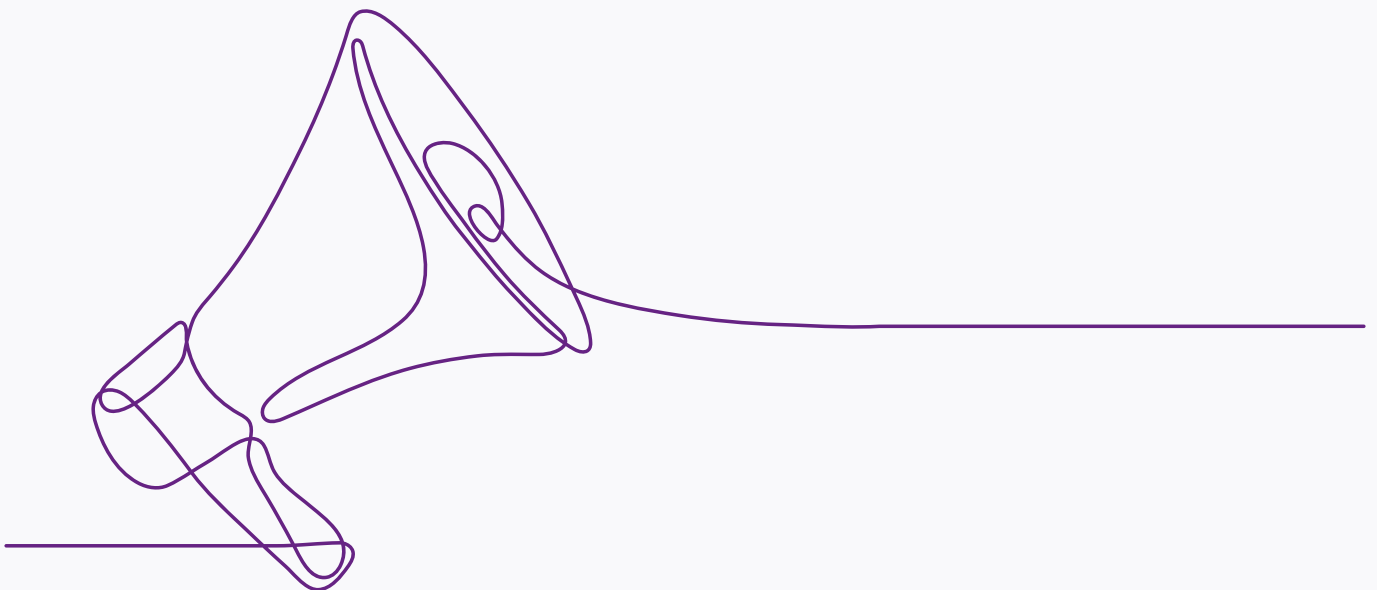
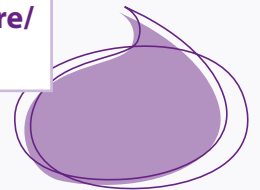
**"I have not been spoken to or asked about caring at all."**

**"I appreciate a two-to-three hour break twice a week, but really a full morning or afternoon is the minimum needed to do anything relaxing, when you are on call 24/7. Live in carers get two hours off every day as well as being paid, so why are unpaid carers discriminated against?"**

**"I rang the mental health crisis number and was told that my partner needed to contact his GP, they totally ignore carers, we are never listened to"**

**"Services more accessible and easier to contact, services linked. At present there is no cooperation with GPs/Consultants/Social Care/Support Services. All operate independently argh!!"**

**"My opinions and observations are dismissed - they are The Professionals and they Know All About It."**



### **Being able to communicate and have access to health and social care services, and those services being provided by other organisations when needed.**

#### **Being able to communicate**

We recognise that being able to communicate, clearly and appropriately with each other is very important to ensuring that carers are supported through their care journey. Our island's unpaid carers told us that they are not always able to communicate clearly and appropriately, which causes a lot of problems for them and makes their role increasingly difficult.

#### **What are the challenges?**

- Carers told us that they feel departments/wards within statutory services don't talk with each other clearly enough, and when they do its often a confusing message.
- Carers told us that they feel the hospital and the council don't communicate with each other well enough and there is too much red tape.
- Carers told us that they feel ignored, and taken for granted by professionals, and that when they try to tell their story, that they are not listened to.
- Carers told us that they often feel isolated and unable to access support which is available within our island's community.
- Carers informed us that paperwork and financial assessments are not easy to understand and complicated to complete, and often it's difficult to understand the results from them.
- Carers stated that some professionals don't know what support is available for carers and that they should know what is available and proactively signpost them.
- Carers told us that they need better information in a clear and concise form to help them with advice and about what support is on offer.

#### **How are we going to overcome the challenges?**

- Through better information to our island's professional statutory services enabling them to understand and communicate better with our island's unpaid carers.
- Access to awareness training to our statutory service departments, wards, GP practices, and emergency services on the important role of our island's unpaid carers.
- When financial assessments are required, that they are carried out in a respectful and timely manner, and that a clear explanation of the results is given to the carer and the cared for when appropriate.
- Encouraging GP practices recognise and take account of where an unpaid carer is involved in supporting someone, and that they are kept informed, and supported in their role.
- Supporting unpaid carers through the Living Well and Early Help service which is now embedded within the Island's community.
- The Voluntary Community Social Enterprise (VCSE) community are aware of the support available to unpaid carers, which can help improve their wellbeing.
- Recognising that preventative help and advice will stop small problems becoming bigger ones.
- Realising that a phone call should be a last resort when a carer is falling into crisis or at crisis point and that a face-to-face response is offered when possible, to prevent or reduce the situation from deteriorating further.

- If carers are to undertake fundamental roles like dressing ulcers, that they are offered the necessary support and training from professional services, including the ongoing monitoring by a professional.
- If actions are promised by services, that they are carried out, as a phone call back on the same day could prevent a carer going into crisis.
- Look at options to increase the day care and respite options for carers.
- Increase the carer awareness training to organisations and statutory services across the Island.



**“Communication is extremely difficult and frustrating with the hospital.”**

**“It’s distressing when you get an answerphone message saying someone will call you back and they never do.”**

**“I was not involved in my partner’s discharge from hospital at all; do I not count?”**

**“The GPs don’t seem to want to know or help with current medical situations with regards to Mum, it’s not easy to speak to them either.”**

**“I never knew that I could call Carers IW in a crisis situation.”**

**“Biggest issue I have is communication between cared for, GP and unpaid carer, I can’t get support from admiral nurses without going through her GP.”**



## Priority Three

---

**Regular support to help the unpaid carers within our island's community, ensuring both the cared for and the carers health and wellbeing are improved.**

### **Being Supported**

Supporting carers is recognised as a significant part of ensuring our community not only survives but thrives, ensuring that people's wellbeing is not only protected but improved and promoted. We need to ensure that the right support is available, at the right time and in the right location for our island's unpaid carers where possible.

### **What are the challenges**

- Carers told us that there is not enough respite is available for their cared for person and that this has a massive impact on the carer's health and wellbeing.
- Carers told us that they are not just carers they are nurses, cleaners, cooks, friends, bankers, bill payers, home repair specialists and gardeners and that they need better timely support if they are to stay in their role.
- Carers told us as carers they are financially worse off and with the cost of living increasing, they have no fall back position.
- Carers asked for more training to help them cope better and where specific medical conditions require specialist training that its available in a timely manner, in the right location at the right time.
- Carers told us that they often struggle to get a diagnosis from the mental health and dementia service, which can impact on them both financially and with what support is available.
- Carers and the people they care for do not have a named social worker which means that they often have to tell their story over and over again.

### **How are we going to overcome the challenges?**

- By ensuring that unpaid carers are aware of the support available through commissioned services.
- Offering carers access to carers crisis support plans through Carers Isle of Wight.
- Increasing the access to respite offer and improving access to it.
- Offering more tailored respite support.
- Review and improve the local authority's processes to identify the gaps for respite and finding alternatives or funding to be able to create those opportunities.
- Access to immediate support for those carers who are experiencing domestic violence and abuse.
- Increasing knowledge to ensure that a consistent message is given to all unpaid carers and professionals across the Island.
- Offering carers opportunities for their voices to be heard both locally and nationally.
- Encouraging the use of networking events to allow organisations to grow their knowledge and support on what is available, and to encourage collaborative working to improve carers lives.



**"I would just like a A4 sheet of paper when we get a diagnosis of who can help us."**

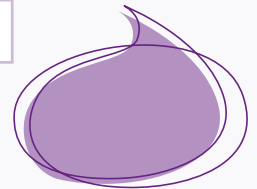
**"I am 63 and I don't know what financial support is available."**

**"My mum was referred to the Mental Health Service over a year ago and still no one has been in touch."**

**"I never knew I could phone Carers IW in a crisis situation."**

**"What are the options for us for respite, my mum always says that my daughter will do that but I cannot cope."**

**"My son needs mentoring support which is not available."**



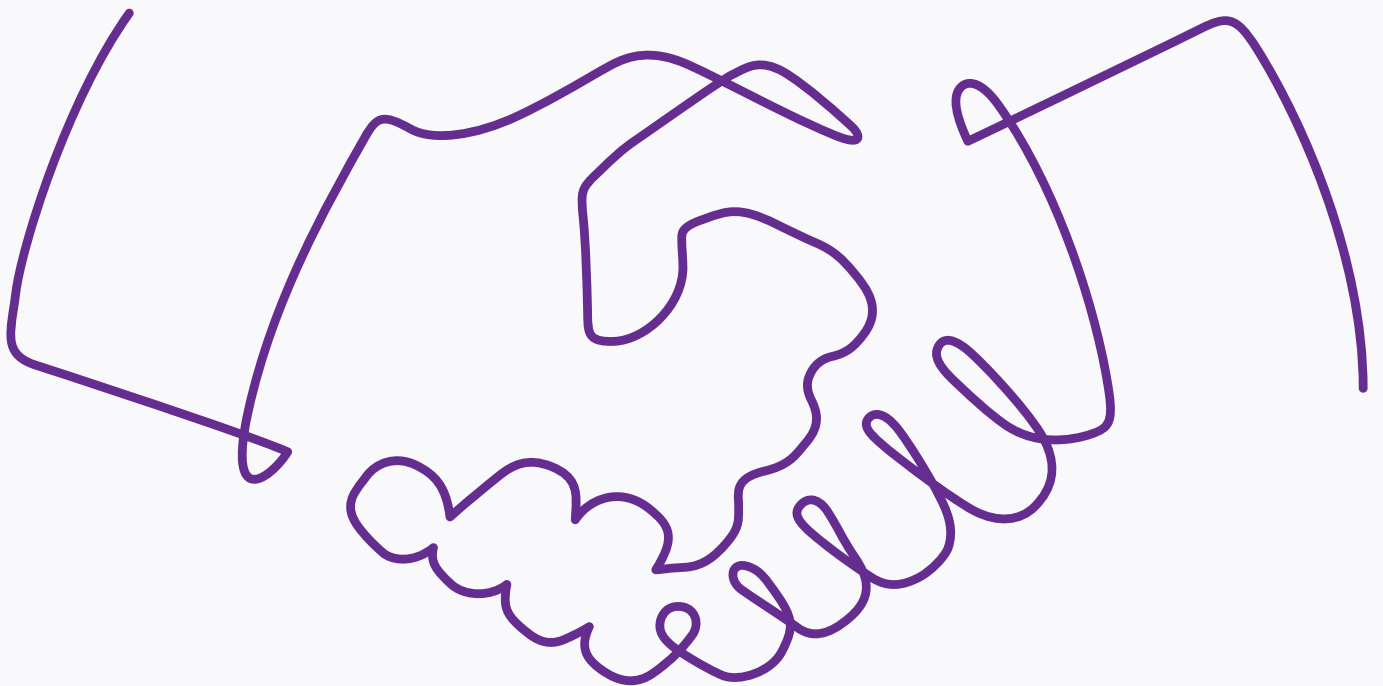
# Putting the strategy into action

---

Developing the strategy has highlighted that a lot of activity is already taking place. In addition to this, to meet the outcomes of this strategy, we will develop an action plan to identify what we need, who will do it and by when. This will cover the commitments identified under the three priorities of the strategy.

The action plan will be led by Isle of Wight Council and Hampshire and the Isle of Wight Integrated Care Board and will be delivered in partnership with the local organisations who supported the development of the strategy and other relevant partners.

We will publish regular updates against progress, as well as all the reports produced to inform the strategy and consultation reports making these available via websites. This will provide evidence to support decision making by commissioners and service providers about carer support services.





## Governance and monitoring

---

The Carers Strategy Steering Group will continue to oversee the implementation of the strategy. The group will meet regularly so they have the opportunity to address any issues highlighted and monitor progress. The steering group will provide twice yearly updates the to the Health and Wellbeing Board and Integrated Care Partnership.

The success of the delivery of the carers strategy will be measured by a set of indicators that will be used to create a dashboard to monitor effectiveness of the strategy. We know that to really meet the needs of the individual, it is important to listen to them and act. We will continue to re-visit our vision to ensure the voice of lived experience not only remains central to the strategy but helps to measure the impact of it.

## Strategic Commissioning Team

Isle of Wight Council  
County Hall  
High Street  
Newport  
Isle of Wight  
PO30 1UD

[www.iwight.com](http://www.iwight.com)  
[asc@iow.gov.uk](mailto:asc@iow.gov.uk)



5068ASC 02/23 CJ



# Equality Impact Assessment Template

Before carrying out an Equalities Impact Assessment (EIA), you should familiarise yourself with the [guidance](#). This document should be in **plain English**, include **Stakeholder** involvement and be able to stand up to **scrutiny** (local and/or court) if/when challenged to ensure we have met the councils public sector equality duty.

An Equality Impact Assessment (EIA) should be completed when you are considering:

- developing, reviewing or removing policies
- developing, reviewing or removing strategies
- developing, reviewing or removing services
- developing, reviewing or removing a council function/system
- commencing any project/programme

## Assessor(s) Name and job title:

**Alaster Sims**

## Directorate and Team/School Name:

Strategic Commissioning and Partnerships Team, Adult Social Care

## Name, aim, objective and expected outcome of the programme/ activity:

**Name:** Isle of Wight Carers Strategy 2023 – 2028

**Aim:** Supporting our islands unpaid carers is key to ensuing that they and the people they care for, who are often very vulnerable people within our community, live well and live the best lives that they can.

Our islands unpaid carers need to be supported to continue their selfless and relentless roles that they have. This in turn reduces the dependency of those needing support from statutory or formal care services, and it allows them as carers to not just simply survive but live the life they want to.

The work that our islands unpaid carers do often behind closed doors and away from public eyes needs to be recognized and a new unpaid carers strategy was needed as the previous strategies were out of date.

*“Working Together With Carers Strategy” 2013 to 2016*

*“Working Together With Carers Strategy 2017 to 2019” (Refresh)*



		this group from obtaining services or limit their participation in any aspect of public life?)	share a protected characteristic and people who do not.	action taken to date?				
<p><b>Age</b> (restrictions/difficulties both younger/older)</p> <p>Page 123</p>	<b>Positive</b>	<b>No</b>	The strategy proposes system wide change to better support and improve the service available to our islands unpaid carers regardless of age.	<b>No concerns have been raised</b>	<b>Island wide consultation has been carried out with no restrictions to engage</b>	<b>No gaps evidenced</b>	<b>The strategy is a publicly available document and will be reviewed by the Strategy stakeholder working group which includes voluntary organisations and statutory organisations who represent all areas of protected characteristics</b>	<b>All adjustments were made during consultation and engagement to ensure all island unpaid carers and all individuals who wanted to be engaged and to be part of the strategy development, thusly the formulation of the carers strategy.</b>
<p><b>Disability</b> a) Physical b) Mental health (must respond to both a &amp; b)</p>	<b>positive</b>	<b>No</b>	The strategy proposes system wide change to better support and improve the service available to our islands unpaid carers	<b>No concerns have been raised</b>	<b>Island wide consultation has been carried out with no restrictions to engage</b>	<b>No gaps evidenced</b>	<b>The strategy is a publicly available document and will be reviewed by the Strategy stakeholder working group which includes voluntary</b>	<b>All adjustments were made during consultation and engagement to ensure all island unpaid carers and all individuals who wanted to be engaged and to be part of the strategy</b>

			regardless of disability.				organisations and statutory organisations who represent all areas of protected characteristics	development, thusly the formulation of the carers strategy.
<p><b>Race</b> (including ethnicity and nationality)</p> <p>Page 124</p>	<b>No impact</b>	<b>No</b>	The strategy proposes system wide change to better support and improve the service available to our islands unpaid carers regardless of race.	<b>No concerns have been raised</b>	<b>Island wide consultation has been carried out with no restrictions to engage</b>	<b>No gaps evidenced</b>	The strategy is a publicly available document and will be reviewed by the Strategy stakeholder working group which includes voluntary organisations and statutory organisations who represent all areas of protected characteristics	All adjustments were made during consultation and engagement to ensure all island unpaid carers and all individuals who wanted to be engaged and to be part of the strategy development, thusly the formulation of the carers strategy.
<p><b>Religion or belief</b> (different faith groups/those without a faith)</p>	<b>No impact</b>	<b>No</b>	The strategy proposes system wide change to better support and improve the service available to our islands unpaid carers regardless of	<b>No concerns have been raised</b>	<b>Island wide consultation has been carried out with no restrictions to engage</b>	<b>No gaps evidenced</b>	The strategy is a publicly available document and will be reviewed by the Strategy stakeholder working group which includes voluntary organisations	All adjustments were made during consultation and engagement to ensure all island unpaid carers and all individuals who wanted to be engaged and to be part of the strategy development,

			religious or faith belief.				and statutory organisations who represent all areas of protected characteristics	thusly the formulation of the carers strategy.
<p><b>Sex</b> (Including Trans and non-binary – is your language inclusive of trans and non-binary people?)</p> <p>Page 125</p>	<b>No impact</b>	<b>No</b>	The strategy proposes system wide change to better support and improve the service available to our islands unpaid carers regardless of Sex.	<b>No concerns have been raised</b>	<b>Island wide consultation has been carried out with no restrictions to engage</b>	<b>No gaps evidenced</b>	The strategy is a publicly available document and will be reviewed by the Strategy stakeholder working group which includes voluntary organisations and statutory organisations who represent all areas of protected characteristics	All adjustments were made during consultation and engagement to ensure all island unpaid carers and all individuals who wanted to be engaged and to be part of the strategy development, thusly the formulation of the carers strategy.
<p><b>Sexual orientation</b> (is your language inclusive of LGB groups?)</p>	<b>No impact</b>	<b>No</b>	The strategy proposes system wide change to better support and improve the service available to our islands unpaid carers regardless of	<b>No concerns have been raised</b>	<b>Island wide consultation has been carried out with no restrictions to engage</b>	<b>No gaps evidenced</b>	The strategy is a publicly available document and will be reviewed by the Strategy stakeholder working group which includes voluntary organisations and statutory	All adjustments were made during consultation and engagement to ensure all island unpaid carers and all individuals who wanted to be engaged and to be part of the strategy development, thusly the

			Sexual orientation				organisations who represent all areas of protected characteristics	formulation of the carers strategy.
<b>Pregnancy and maternity</b>	<b>No impact</b>	<b>No</b>	The strategy proposes system wide change to better support and improve the service available to our islands unpaid carers regardless of Pregnancy and maternity status.	<b>No concerns have been raised</b>	<b>Island wide consultation has been carried out with no restrictions to engage</b>	<b>No gaps evidenced</b>	The strategy is a publicly available document and will be reviewed by the Strategy stakeholder working group which includes voluntary organisations and statutory organisations who represent all areas of protected characteristics	All adjustments were made during consultation and engagement to ensure all island unpaid carers and all individuals who wanted to be engaged and to be part of the strategy development, thusly the formulation of the carers strategy.
<b>Marriage and Civil Partnership</b>	<b>No Impact</b>	<b>No</b>	The strategy proposes system wide change to better support and improve the service available to our islands unpaid carers regardless of Pregnancy and	<b>No concerns have been raised</b>	<b>Island wide consultation has been carried out with no restrictions to engage</b>	<b>No gaps evidenced</b>	The strategy is a publicly available document and will be reviewed by the Strategy stakeholder working group which includes voluntary organisations and statutory organisations	All adjustments were made during consultation and engagement to ensure all island unpaid carers and all individuals who wanted to be engaged and to be part of the strategy development, thusly the

			maternity status.				<b>who represent all areas of protected characteristics</b>	<b>formulation of the carers strategy.</b>
<b>Gender reassignment</b>	<b>No Impact</b>	<b>No</b>	The strategy proposes system wide change to better support and improve the service available to our islands unpaid carers regardless of gender reassignment.	<b>No concerns have been raised</b>	<b>Island wide consultation has been carried out with no restrictions to engage</b>	<b>No gaps evidenced</b>	<b>The strategy is a publicly available document and will be reviewed by the Strategy stakeholder working group which includes voluntary organisations and statutory organisations who represent all areas of protected characteristics</b>	<b>All adjustments were made during consultation and engagement to ensure all island unpaid carers and all individuals who wanted to be engaged and to be part of the strategy development, thusly the formulation of the carers strategy.</b>

Page 1  
27

In order to identify the needs of the groups, you will need to review data, statistics, user feedback, population data, complaints data, staffing data ([SAPHRreports@iow.gov.uk](mailto:SAPHRreports@iow.gov.uk)), community/client data, feedback from focus groups etc. When assessing the impact, the assessment should come from an evidence base and not through opinion or self-knowledge.

## H. Review

How are you engaging people with a wide range of protected characteristics in the development, review and/or monitoring of the programme/ activity?

The strategy and its work plan have been developed by engaging with people from a wide range of protected characteristics, the strategy will be monitored regularly by the carers strategy working group which also has representation from people with a wide range of protected characteristics.

Date of next review: ongoing though the work plan (TBC) next date of review for strategy January 2028

## H. Sign-off

Head of Service/Director/Headteacher sign off & date:

Name: Peter Smith

Date: 09/02/2023



RE\_ Paper for  
cabinet - Carers Stra

Legal sign off & date: 07/02/23

Name: Judy Mason

Date: 07/02/2023





## Cabinet report

Date	<b>9 MARCH 2023</b>
Title	<b>LOCAL HOUSING BENEFIT SCHEME REVIEW</b>
Report of	<b>CABINET MEMBER FOR STRATEGIC FINANCE, TRANSFORMATIONAL CHANGE AND CORPORATE RESOURCES</b>

---

### EXECUTIVE SUMMARY

1. This report will be brought to Full Council to review the Isle of Wight Council's current local discretionary scheme for Housing Benefit.
2. The Housing Benefit scheme is a national scheme that is administered locally by local authorities on behalf of central government. The majority of this scheme is mandatory, but authorities have discretion to implement a local scheme which allows certain prescribed incomes to be disregarded in the calculation of Housing Benefit entitlement. These incomes are commonly known as War Disablement and War Widow's Pensions.
3. The Isle of Wight Council previously made the decision to adopt a scheme to disregard these incomes in full. This has been in operation since the late 1980s.
4. This scheme can be reviewed periodically. Therefore, the outcome of the recommendation to continue this scheme will mean that claimants in receipt of these incomes will continue to receive the same level of Housing Benefit entitlement as they do currently.

### RECOMMENDATION

5. That Cabinet recommends to Full Council the approval of the continuation of the Isle of Wight Council's discretionary scheme to disregard War Disablement and War Widow's Pensions in full, from the calculation of income for Housing Benefit purposes (Option A);

And that Cabinet recommends that Full Council delegates future minor changes or reviews to this scheme to the Cabinet Member for Strategic Finance, Transformational Change and Corporate Resources in consultation with the Benefits Manager (Option C).

## BACKGROUND

6. The statutory scheme, as set by central government, only disregards £10 per week from their income in the calculation of Housing Benefit entitlement.
7. Central government gave local authorities the discretion to disregard up to 100 per cent of any War Disablement or War Widow's Pension (and prescribed versions of these incomes).
8. The Isle of Wight Council previously made the decision to disregard the full 100 per cent of these incomes from Housing Benefit calculations in its local discretionary scheme since the late 1980s. In 2021/22, there were 18 Housing Benefit claims where this scheme applied.
9. Appendix 1 to this report sets out the provisions of the current discretionary scheme to be reviewed.
10. The Isle of Wight Council also disregards these prescribed incomes in full within its own Local Council Tax Support scheme and has done so since the scheme came into force in 2012.
11. Disregarding the prescribed incomes in full aligns with the Isle of Wight Council's commitment under the Armed Forces Covenant to offer support to the local Armed Forces residents and their families and to give special consideration to those who have been injured and or bereaved as a result of service.

## CORPORATE PRIORITIES AND STRATEGIC CONTEXT

### Provision of affordable housing for Island Residents

12. This scheme assists those Island residents in receipt of a War Disablement or War Widow's Pension by disregarding these incomes in full for Housing Benefit purposes. This assists with the provision of affordable housing for these residents, as it means that their Housing Benefit entitlement is not reduced as a result of having these pensions.

### Responding to climate change and enhancing the biosphere

13. This scheme supports those within the community in receipt of a War Disablement or War Widow's Pension living within the UNESCOs biosphere through enabling sustainable housing, reducing potential poverty, and reducing inequalities.

### Economic Recovery and Reducing Poverty

14. The Council intends to take full advantage of the powers within legislation to provide additional support to Island residents and reduce poverty. This scheme provides protection to vulnerable residents and ensures that they are not disadvantaged by reducing their Housing Benefit entitlement as a result of having these incomes.

## Impact on Young People and Future Generations

15. The provisions of this scheme do not directly impact young people, however there may be young people or children in the households of those residents receiving a War Disablement or War Widow's Pension. By continuing to disregard the pension incomes in full, it prevents these children from being negatively impacted by Housing Benefit changes.
16. Equally, future generations may be affected if they claim Housing Benefit in the future and they or their partner is injured, ill or dies as a result of military service and they receive a War Disablement or War Widow's Pension for this reason.

## Corporate Aims

17. This scheme supports the corporate aim to '*Provide greater support to those on low incomes, including through the local council tax support scheme*' as residents in receipt of Housing Benefit are considered to be 'low-income households' and include those with vulnerabilities. Many of these residents will also be in receipt of local council tax support, under which these pensions are also fully disregarded.

## CONSULTATION

18. There is no requirement for any consultation on this scheme. Unless there are any legislative changes to be made, the scheme can be periodically reviewed.

## FINANCIAL / BUDGET IMPLICATIONS

19. Housing Benefit is funded by central government and administered by the local authority. Each year, the local authority must submit a subsidy claim to government to recoup the costs of making Housing Benefit payments to residents.
20. For claims which are affected by the local discretionary scheme, local authorities are able to claim back 75 per cent of their costs through the subsidy claim each year.
21. In 2021/22, the Isle of Wight Council spent a total of £42,909 on cases affected by this discretionary scheme, of which £32,180 was funded through the subsidy claim. This meant that the overall cost to the council was £10,729.
22. The estimated expenditure for these cases for 2023/24, which has been based on the initial subsidy estimate, is £49,573. Of this, £37,180 will be funded through the subsidy claim. This means that the overall cost to the council would be £12,393.

## LEGAL IMPLICATIONS

23. This scheme was adopted in line with sections 134(8) and 139(6) Social Security Administration Act 1992, which enables the Council to resolve to disregard 100 per cent of the prescribed incomes for working age and pension age claimants.

## EQUALITY AND DIVERSITY

24. The council as a public body is required to meet its statutory obligations under the Equality Act 2010 to have due regard to eliminate unlawful discrimination, promote

equal opportunities between people from different groups and to foster good relations between people who share a protected characteristic and people who do not share it. The protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

25. Under the Equality Act 2010 we are required to have due regard to our equality duties when making decisions, reviewing services, undertaking projects, developing and reviewing policies.
26. Appendix 2 sets out the Equality Impact Assessment undertaken for the review of this scheme.
27. The assessment shows that if the recommended option to continue the current discretionary scheme is accepted, there will be no impact on any of the protected characteristic groups. However, if the decision is made not to continue the scheme, there would be a negative impact on those residents who have disabilities as a result of their injuries sustained during service which entitles them to receive a War Disablement Pension. Equally, if the scheme were not continued, there would be a negative impact on partners who receive a War Widow's Pension due to the bereavement of their Armed Forces partner.

## OPTIONS

28. 

Option A

That Cabinet recommends to Full Council the approval of the continuation of the Isle of Wight Council's discretionary scheme to disregard War Disablement and War Widow's Pensions in full from the calculation of income for Housing Benefit purposes.
29. 

Option B

That Cabinet recommends to Full Council to end the Isle of Wight Council's current scheme to disregard the above prescribed incomes in full from the calculation of Housing Benefit and revert to disregarding only £10 per week as per the statutory national scheme.
30. 

Option C

That Cabinet recommends that Full Council delegates future minor changes or reviews to this scheme to the Cabinet Member for Strategic Finance, Transformational Change and Corporate Resources in consultation with the Benefits Manager.

## RISK MANAGEMENT

31. The use of monies which can be mostly recouped through central government has a positive impact in alleviating financial pressures for those on Housing Benefit and in receipt of one of the prescribed War Disablement or War Widow's Pensions.

32. Due to the small number of Housing Benefit claims affected, the actual cost to the council is minimal. The costs are monitored on an annual basis through the council's subsidy claim which is submitted to central government. The return contains information on the total amount spent on affected claims, and then calculates the 75 per cent owed back to the council through the final subsidy claim. Therefore, the benefit to local residents is considered to outweigh the cost implications to the council.
33. To adopt Option B and discontinue the current scheme would risk counteracting the council's commitment to the Armed Forces Covenant and would go against its overall corporate aims and objectives.
34. To adopt Option B, and discontinue this discretionary scheme for Housing Benefit, would not align with the current Local Council Tax Support scheme. This risks causing confusion and administration issues as the two schemes run alongside each other.

## EVALUATION

35. Option A is being recommended because it is considered as a minimal financial impact to the council to continue providing the maximum possible support to local residents who receive a War Disablement or War Widow's Pension under this scheme.
36. Option B does not align with the council's commitment to support such residents under the Armed Forces Covenant, and therefore this option would not be recommended by the service area.
37. Option C is being recommended to enable regular reviews of the policy to be undertaken quickly and efficiently, and if there are no changes or minor changes to be made, this can be delegated to an officer in consultation with the cabinet member for the service area.

## APPENDICES ATTACHED

Appendix 1 – Isle of Wight Council Local Housing Benefit scheme

Appendix 2 – Equality Impact Assessment for the review of the scheme

Contact Point: Erin Rhodes, Benefits Assistant Manager, ☎ 823950 e-mail [erin.rhodes@iow.gov.uk](mailto:erin.rhodes@iow.gov.uk)

SHARON BETTS  
*Director of Corporate Services*

CLLR CHRIS JARMAN  
*Cabinet Member for Strategic Finance,  
Transformational Change and Corporate  
Resources*

This page is intentionally left blank

## Local Scheme – Housing Benefit

### Background

1. The Housing Benefit scheme is a national scheme that is administered locally by the Council on behalf of Government. The majority of the scheme is mandatory but the Council has discretion to implement a local scheme which will allow certain incomes to be disregards.
2. Local Authorities have the discretion to increase the amount of income that is disregarded in respect of any War Disablement or War Widows pension, up to 100% (the statutory scheme just disregards the first £10 per week from the payment).
3. In line with Sections 134(8) or 139(6) of the Social Security Administration Act 1992, the Council has resolved to disregard 100% of the following prescribed incomes for both working age and pension age claimants, effective from 1 April 2023:
  - (a) **War Disablement Pensions** - The war disablement pensions prescribed are:
    - any retired pay or pension or allowance payable in respect of disablement under an instrument specified in section 639(2) of the Income Tax (Earnings and Pensions) Act 2003;
    - any retired pay or pension payable to a member of the armed forces of the Crown in respect of a disablement which is attributable to service, under:
      - (i) an Order in Council made under section 3 of the Naval and Marine Pay and Pensions Act 1865
      - (ii) the Army Pensions Warrant 1977
      - (iii) the Army Pensions (Armed Forces Pension Scheme 1975 and Attributable Benefits Scheme) Warrant 2010
      - (iv) any order or regulations made under section 2 of the Air Force (Constitution) Act 1917
      - (v) any order or regulations made under section 4 of the Reserve Forces Act 1996
      - (vi) any instrument amending or replacing any of the instruments referred to above or any power of Her Majesty otherwise than under an enactment to make provision about pensions for or in respect of persons who have been disabled or have died in consequence of service as members of the armed forces of the Crown; and
    - c) a payment made under article 14(1) (b) of the Armed Forces and Reserve Forces (Compensation Scheme) Order 2005.
  - (b) **War widow's pensions** - The war widow's pensions prescribed are:
    - any pension or allowance payable to a widow, widower or surviving civil partner under an instrument specified in section 639(2) of the Income Tax (Earnings and Pensions) Act 2003 in respect of the death or disablement of any person;

- a pension payable, to a widow, widower or surviving civil partner of a member of the armed forces of the Crown in respect of death which is attributable to service, under;
  - (i) an Order in Council made under section 3 of the Naval and Marine Pay and Pensions Act 1865
  - (ii) the Army Pensions Warrant 1977
  - (iii) the Army Pensions (Armed Forces Pension Scheme 1975 and Attributable Benefits Scheme) Warrant 2010
  - (iv) any order or regulations made under section 2 of the Air Force (Constitution) Act 1917
  - (v) any order or regulations made under section 4 of the Reserve Forces Act 1996
  - (vi) any instrument amending or replacing any of the above or any power of Her Majesty otherwise than under an enactment to make provision about pensions for or in respect of persons who have been disabled or have died in consequence of service as members of the armed forces of the Crown; and
  - (vii) a payment made under article 21(1)(a) of the Armed Forces and Reserve Forces (Compensation Scheme) Order 2005;
  
- (c) a payment made to compensate for the non-payment of such a pension or payment as is mentioned in any of the preceding sub-paragraphs



# Equality Impact Assessment Template

Before carrying out an Equalities Impact Assessment (EIA), you should familiarise yourself with the [guidance](#). This document should be in **plain English**, include **Stakeholder** involvement and be able to stand up to **scrutiny** (local and/or court) if/when challenged to ensure we have met the councils public sector equality duty.

An Equality Impact Assessment (EIA) should be completed when you are considering:

- developing, reviewing or removing policies
- developing, reviewing or removing strategies
- developing, reviewing or removing services
- developing, reviewing or removing a council function/system
- commencing any project/programme

## Assessor(s) Name and job title:

Erin Rhodes, Benefits Assistant Manager

## Directorate and Team/School Name:

Benefits, Corporate Services

## Name, aim, objective and expected outcome of the programme/ activity:

Name: Isle of Wight Council local Housing Benefit scheme

Aim: The Housing Benefit scheme is a national scheme that is administered locally by the council on behalf of central government. The majority of this scheme is mandatory, but government gave councils the discretion to implement a local scheme which allows certain prescribed incomes to be disregarded in the calculation of Housing Benefit such as War Disablement and War Widow's Pensions. The Isle of Wight Council previously decided to disregard the incomes in full under its local discretionary scheme.

Objective: This discretionary local scheme enables the Isle of Wight Council to support vulnerable residents who claim Housing Benefit and are in receipt of the prescribed incomes. It also aligns with the council's commitment to the Armed Forces Covenant to offer support to local Armed Forces residents and their families and to give special consideration to those who have been injured or bereaved as a result of service.

Expected outcome: to review the scheme and to continue the current level of disregard applied to the prescribed incomes in the calculation of Housing Benefit.

Reason for Equality Impact Assessment (tick as appropriate)

This is a <b>new</b> policy/strategy/service/system function proposal	
This is a proposal for a <b>change</b> to a policy/strategy/service/system function proposal function ( <i>check whether the original decision was equality impact assessed</i> )	X local scheme to be reviewed
<b>Removal of a</b> policy/strategy/service/system function proposal	
<b>Commencing</b> any project/programme	

**Equality and Diversity considerations**

Describe the ways in which the groups below may be impacted by your activity (**prior to mitigation**). The impact may be negative, positive or no impact.

Protected Characteristic	Negative, positive or no impact (before mitigation/intervention) and why?	Does the proposal have the potential to cause unlawful discrimination (is it possible that the proposal may exclude/restrict this group from obtaining services or limit their participation in any aspect of public life?)	How will you advance the equality of opportunity and to foster good relations between people who share a protected characteristic and people who do not.	What concerns have been raised to date during consultation (or early discussions) and what action taken to date?	What evidence, analysis or data has been used to substantiate your answer?	Are there any gaps in evidence to properly assess the impact? How will this be addressed?	How will you make communication accessible for this group?	What adjustments have been put in place to reduce/advance the inequality? ( <i>Where it cannot be diminished, can this be legally justified?</i> )
Page 138								
<b>Age</b> (restrictions/difficulties both younger/older)	No impact	No	N/A	N/A	N/A	N/A	N/A	N/A
<b>Disability</b> a) Physical b) Mental health (must respond to both a & b)	No impact – the recommendation is to make no change to the scheme, as it is designed to support residents who receive	No	N/A	N/A	N/A	N/A	N/A	N/A

	<p><b>War Disablement Pensions and who have sustained long-term health issues as a result of their service. However, if a change were to be made to reduce the disregarded amount, this would negatively impact these residents who receive Housing Benefit and would not support the Armed Forces Covenant.</b></p>							
<p><b>Race</b> (including ethnicity and nationality)</p>	No impact	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<p><b>Religion or belief</b> (different faith groups/those without a faith)</p>	No impact							
<p><b>Sex</b> (Including Trans and non-binary – is your language inclusive of trans and non-binary people?)</p>	No impact							
<p><b>Sexual orientation</b> (is your language inclusive of LGB groups?)</p>	No impact							
<p><b>Pregnancy and maternity</b></p>	No impact							
<p><b>Marriage and Civil Partnership</b></p>	No impact – the recommendation is to make no change to the current scheme.							

	However, if a change were to be made, it would negatively impact partners of those residents who served in the Armed Forces and receive payment of a War Widow's Pension and claim Housing Benefit. It would also not support the Armed Forces Covenant.							
<b>Gender reassignment</b>	<b>No impact</b>							

In order to identify the needs of the groups, you will need to review data, statistics, user feedback, population data, complaints data, staffing data ([SAPHRreports@iow.gov.uk](mailto:SAPHRreports@iow.gov.uk)), community/client data, feedback from focus groups etc. When assessing the impact, the assessment should come from an evidence base and not through opinion or self-knowledge.

**H. Review**

How are you engaging people with a wide range of protected characteristics in the development, review and/or monitoring of the programme/ activity?

Date of next review:

**H. Sign-off**

<b>Head of Service/Director/Headteacher sign off &amp; date:</b>	Name: S.Betts Date: 09 January 2023
<b>Legal sign off &amp; date:</b>	Name: Judy Mason Date: 09 January 2023



## Cabinet Report

Date **9 MARCH 2023**

Title **COUNCIL TAX PREMIUMS OF SECOND HOMES AND EMPTY PROPERTIES**

Report of **CABINET MEMBER FOR STRATEGIC FINANCE, TRANSFORMATIONAL CHANGE AND CORPORATE RESOURCES**

---

### EXECUTIVE SUMMARY

1. The Levelling Up and Regeneration Bill was given its first reading in the House of Commons on 11 May 2022, its aim to devolve power and give local leaders and communities the tools they need to make better places. It has since completed readings and committee stages in the House of Commons and has now progressed to the House of Lords.
2. The Bill will also empower if enacted, Councils to apply a council tax premium of up to 100 per cent on any home left empty for longer than a year, rather than two thereby encouraging more empty homes back into productive use.
3. The Bill if enacted, also recognises the impact that high levels of second home ownerships can have in some areas and will introduce a new discretionary council tax premium on second homes of up to 100 per cent.
4. Billing authorities wishing to adopt any changes arising from the Bill are required to make a Council resolution confirming their requirements at least 12 months prior to the financial year in which the changes will come into effect meaning that the Bill will need to obtain Royal Assent prior to 31 March 2023, to adopt the changes for the year commencing 1 April 2024. Such a resolution can only be made once the legislation is in force.
5. Billing authorities must adopt policies for the application of council tax premiums, so this report aims to inform councillors there is forthcoming legislation to apply council tax premiums on empty properties and second homes on the Island.

## RECOMMENDATION

6. Cabinet notes that the Department for Levelling Up Housing and Communities is sponsoring a bill to provide legislation that enables Local Authorities to apply premiums to second homes and empty properties.

Cabinet notes its support for this aspect of the bill and further notes the statutory powers it would provide to Local Authorities if the bill is enacted.

The Cabinet advises Full Council that, should the Levelling Up and Regeneration Bill become law, a further paper will be presented to Full Council regarding the earliest possible implementation of premiums on second homes and empty properties.

## BACKGROUND

7. The Government encourages all billing authorities to adopt council tax premiums on empty properties with a view to incentivising property owners to bring those properties back into use. Premiums can be charged currently where properties are left unoccupied and unfurnished for periods exceeding two years.
8. In May 2022 the Government published the Levelling Up and Regeneration Bill (the Bill). The Bill includes proposals aimed at further addressing empty properties through the application of council tax premiums, in addition to measures that recognise the impact that high levels of second home ownership can have in some areas.
9. Through the Bill it is the Government's intention to:
- (a) Reduce the minimum period for the implementation of a council tax premium for empty properties from two years to one year and
  - (b) Allow Councils to introduce a Council Tax premium of up to 100 per cent in respect of second homes
10. The changes outlined in paragraph 8 are subject to the Bill receiving Royal Assent. In its current form the Bill requires billing authorities to make a resolution confirming their intentions on the application of the premiums at least 12 months prior to the financial year in which the changes will come into effect.
11. The Bill continues to make its way through Parliament and currently sits at the committee stage of the House of Lords.
12. This report seeks to inform of the proposed council tax premiums as set out within the Bill, subject to Royal Assent being obtained.

13. Recent years have seen an increase in second home/holiday home ownership and a rise on 'staycations and short-term lets. These factors have reduced the availability of housing on the Island. Second home ownership across the Island is significant and is recognised to have a negative impact in terms of the supply of homes available to meet local housing needs.
14. Initial analysis shows that the application of a 100 per cent premium on second homes could generate additional council tax revenue in excess of £6 million and a further £286,897 for empty properties as detailed in the tables below.
15. Table 1: Potential council tax revenue generated from a 100% premium on second homes Figures correct as of 21 February 2023

Properties	Number of properties	Current Value £	Value with 100% premium £
Band A	346	497,719	995,438
Band B	499	836,348	1,672,696
Band C	515	978,671	1,957,342
Band D	546	1,167,184	2,334,368
Band E	427	1,109,264	2,218,529
Band F	254	779,835	1,559,671
Band G	179	632,435	1,264,871
Band H	21	89,328	178,656
<b>Total</b>	<b>2787</b>	<b>6,090,784</b>	<b>12,181,571 *</b>

\* excludes any amount for non-collection

16. Table 2: Potential council tax revenue generated from a 100% premium on properties empty more than one year but less than 2 years Figures correct as of 21 February 2023.

Properties	Number of properties	Current Value £	Value with 100% premium £
Band A	24	34,595	69,191
Band B	29	55,170	110,341
Band C	31	60,661	121,323
Band D	22	34,595	69,191
Band E	17	59,441	118,882
Band F	10	35,318	70,636
Band G	2	7,114	14,228.24
Band H	0	0.00	0.00
<b>Total</b>	<b>135</b>	<b>286,894</b>	<b>573,792</b>

In 2025/26, the Isle of Wight Council will keep approximately 81% of the Council Tax that it collects. The Police and Crime Commissioner will keep approximately 11% the Isle of Wight Fire Authority will keep 3% and Town, Parish and Community Councils will keep approximately 5%.

17. Income generated from the premium would be shared across all preceptors although the majority of revenue would benefit the Island.
18. A number of concerns have been raised in regard to whether the application of a second homes premium might encourage Council Tax “avoidance”, for instance by the owners of such properties transferring the property to business rates. Given that the Council Tax rates for second homes mirror those of main residences there may also be issues with the current classification of properties within each district’s Council Tax system, and the application of a second homes premium may prompt owners to reclassify properties for genuine reasons; reducing the potential revenue that might be derived from the premium and the figures quoted in the tables detailed on page 4. Paragraphs 19 and 20 provide further detail on the checks that are in place to ensure that the classification of properties remains accurate according to its use and therefore is charged appropriately.
19. Currently, properties that are available to let for more than 20 weeks (140 days) in a calendar year can be rated as business rates by the Valuation Office Agency (VOA). The only detail needed to support such a claim is evidence of an advertisement for let for the property. From April 2023 these criteria will still apply but additionally it must be demonstrated that the property was available to let for more than 20 weeks in the previous year, and proof must be provided that the property was actually let for short periods totalling at least 70 days. The burden of providing evidence to support future changes will be the homeowners and will be verified by the Council and reported to the VOA. This change should ensure that any properties transferring from Council Tax to Business Rates relate to genuine circumstances where the property is being utilised for business purposes.
20. Another concern that has been mooted is that couples who own second homes may claim that they are living separately and are single occupants of each respective property. If such cases arise there will be mechanisms available to the council to check the circumstances giving rise to any discount or exemption claimed, including single person discounts. These circumstances can be verified against the information that has been supplied to the council to claim the reduction. Financial penalties can be imposed where false information is provided and will assist in ensuring that data held is accurate.
21. Legislation to apply a 100 per cent premium on second homes was introduced in Wales in 2017/18 and the premium was paid on 24,873 properties in the 21/22 year. This number had increased across Wales by 2,005 from the number recorded at the outset of the scheme in 2017/18. Some areas, which historically had the highest number of second homes have seen a downward adjustment to the number of recorded second homes and the maximum recorded reduction in any area is 9%. It is uncertain whether these downward trends have been triggered by avoidance loopholes or are evidence that the premiums have achieved one of the intended outcomes of bringing second homes back into use as mainstream housing provision.



22. The second homes figures in Wales suggest that regardless of any avoidance issues that might remain within the system there should still be sufficient incentive for the Council to consider a Council Tax premium on second homes in order to help address the issues caused by second home ownership within the area.

## CORPORATE PRIORITIES AND STRATEGIC CONTEXT

### 23. Provision of affordable housing for Island Residents

The Island is facing a housing crisis. Since the onset of the pandemic over 80 per cent of its private rented stock has become unavailable for long term lets. Approximately 15,000 households struggle to accommodate themselves in the local housing market. Those on the lowest incomes and highest needs struggle to afford current market rents and prices, well below the Government's accepted standard definition of affordable housing. Hence by reducing the amount of time a property can be empty and introducing a premium on second homes we can potentially bring empty properties back into use sooner and increase the charge for second homes thereby discouraging their use and the impact this has on local communities.

### Responding to climate change and enhancing the biosphere

24. Adopting the council tax premiums for empty properties and second homes will not impact on climate change.

### Economic Recovery and Reducing Poverty

25. The Council intends to take full advantage of the powers within legislation to gain additional revenue to fund services for Island communities in order to support its most vulnerable residents.

### 26. Impact on Young People and Future Generations

The bill if enacted, may provide additional housing benefits for future generations in the long term.

## CONSULTATION

27. There is no requirement for any consultation as this change is subject to a change in legislation.

## FINANCIAL / BUDGET IMPLICATIONS

28. Implementing the powers provided by the new legislation will increase revenue. So, it is estimated that:
- (a) The implementation of a 100 per cent premium for properties empty for more than one year but less than 2 years is £286K.
  - (b) Applying a second home premium of 100 per cent is estimated to generate additional income in excess of £6 million.

## LEGAL IMPLICATIONS

29. This report is subject to the Levelling Up and Regeneration Bill and will be governed by legislation if Royal Assent is granted.

## EQUALITY AND DIVERSITY

30. An Equality Impact assessment is attached to the report.

## OPTIONS

31. The options for consideration are as follows:

### OPTION 1

- (i) Cabinet notes that the Department for Levelling Up, Housing and Communities (DLUHC) is sponsoring a bill to provide legislation that enables Local Authorities to apply premiums to second homes and empty properties
- (ii) Cabinet notes its support for this bill and further notes the statutory powers it would provide to Local Authorities if the bill is enacted
- (iii) The Cabinet advises Full Council that, should the Levelling Up and Regeneration Bill become law, a further paper will be presented to Full Council regarding the earliest implementation possible of premiums on second homes and empty properties.

### OPTION 2

Not to make any comment in relation to the bill until such time as it is enacted

## RISK MANAGEMENT

32. By not taking advantage of the legislation when enacted, the Council is not maximising the opportunity to collect further income to fund local services to meet the needs of its residents.
33. There is the risk that liable parties for council tax will try to avoid these premiums but there are processes and checks in place to ensure that fraud is not being committed.

## EVALUATION

34. The Levelling Up and Regeneration Bill intends to provide additional powers for councils to implement premiums for empty properties and second homes in order to improve outcomes for local people by means of providing more housing or to generate more income to support local services where empty properties and second homes are retained. It would be remiss of the council not to take advantage of the ability to raise additional revenue for the good of Island residents.

APPENDICES ATTACHED

Appendix 1 - Equality Impact Assessment

Contact Point: Debbie Vallas, Benefits Operational Manager – Tel (01983) 823950  
e-mail [debbie.vallas@iow.gov.uk](mailto:debbie.vallas@iow.gov.uk)

SHARON BETTS  
*Director of Corporate Services*

(CLLR) CHRIS JARMAN  
*Cabinet Member for Strategic Finance,  
Transformational Change and Corporate  
Resources*

This page is intentionally left blank

# Equality Impact Assessment Template

Before carrying out an Equalities Impact Assessment (EIA), you should familiarise yourself with the [guidance](#). This document should be in **plain English**, include **Stakeholder** involvement and be able to stand up to **scrutiny** (local and/or court) if/when challenged to ensure we have met the councils public sector equality duty.

An Equality Impact Assessment (EIA) should be completed when you are considering:

- developing, reviewing or removing policies
- developing, reviewing or removing strategies
- developing, reviewing or removing services
- developing, reviewing or removing a council function/system
- commencing any project/programme

## Assessor(s) Name and job title:

Debbie Vallas / Erin Rhodes Benefits Managers

## Directorate and Team/School Name:

## Name, aim, objective and expected outcome of the programme/ activity:

### Name:

**Implementation of new legislation to introduce council tax premiums for second homes and properties empty for more than one year.**

### Aim:

The government encourages all billing authorities to adopt council tax premiums on empty properties with a view to incentivising property owners to bring those properties back into use. Premiums can be charged currently where properties are left unoccupied and unfurnished for periods exceeding two years.

In May 2022 the Government published the Levelling Up and Regeneration Bill (the Bill). The Bill includes proposals aimed at further addressing empty properties through the application of council tax premiums, in addition to measures that recognise the impact that high levels of second home ownership can have in some areas.

### Objective:

Through the Bill it is the Government's intention to

- (a) Reduce the minimum period for the implementation of a council tax premium for empty properties from two years to one year and
- (b) Allow Councils to introduce a Council Tax premium of up to 100% in respect of second homes

**Expected outcome:**

As a result of the implementation of the premiums it is anticipated that the supply of homes available to meet local housing needs will not only increase but that the revenue available to the council will also increase to fund services for its communities.

Reason for Equality Impact Assessment (tick as appropriate)	
This is a <b>new</b> policy/strategy/service/system function proposal	✓
This is a proposal for a <b>change</b> to a policy/strategy/service/system function proposal function ( <i>check whether the original decision was equality impact assessed</i> )	N/A
<b>Removal</b> of a policy/strategy/service/system function proposal	N/A
<b>Commencing</b> any project/programme	1 April 2025

**Equality and Diversity considerations**

Describe the ways in which the groups below may be impacted by your activity (**prior to mitigation**). The impact may be negative, positive or no impact.

Protected Characteristic	Negative, positive or no impact (before mitigation/intervention) and why?	Does the proposal have the potential to cause unlawful discrimination (is it possible that the proposal may exclude/restrict this group from obtaining services or limit their participation in any aspect of	How will you advance the equality of opportunity and to foster good relations between people who share a protected characteristic and people who do not.	What concerns have been raised to date during consultation (or early discussions) and what action taken to date?	What evidence, analysis or data has been used to substantiate your answer?	Are there any gaps in evidence to properly assess the impact? How will this be addressed?	How will you make communication accessible for this group?	What adjustments have been put in place to reduce/advance the inequality? ( <i>Where it cannot be diminished, can this be legally justified?</i> )

		public life?)						
<b>Age</b> (restrictions/difficulties both younger/older)  Page 151	<b>No impact</b>	<b>No</b>	<b>Council tax is payable by the owner and residents of properties. These premiums will apply where the property is no one's main residence to all charge payers so will not adversely affect people who have a protected characteristic</b>	<b>This is a legislative change afforded by the Levelling Up Bill May 2022 so there is no consultation required.</b>			<b>Amendment to the policy will be communicated to the council taxpayers by means of information detailed on their bills and via the council's website.</b>	
<b>Disability</b> a) <b>Physical</b> b) <b>Mental health</b> (must respond to both a & b)	<b>No impact</b>	<b>No</b>						
<b>Race</b> (including ethnicity and nationality)	<b>No impact</b>	<b>No</b>						
<b>Religion or belief</b> (different faith groups/those without a faith)	<b>No impact</b>	<b>No</b>						
<b>Sex</b>	<b>No impact</b>	<b>No</b>						

(Including Trans and non-binary – is your language inclusive of trans and non-binary people?)								
<b>Sexual orientation</b> (is your language inclusive of LGB groups?)	<b>No impact</b>	<b>No</b>						
<b>Pregnancy and maternity</b>	<b>No impact</b>	<b>No</b>						
<b>Marriage and Civil Partnership</b>	<b>No impact</b>	<b>No</b>						
<b>Gender reassignment</b>	<b>No impact</b>	<b>No</b>						

In order to identify the needs of the groups, you will need to review data, statistics, user feedback, population data, complaints data, staffing data ([SAPHRreports@iow.gov.uk](mailto:SAPHRreports@iow.gov.uk)), community/client data, feedback from focus groups etc. When assessing the impact, the assessment should come from an evidence base and not through opinion or self-knowledge.

### Review

How are you engaging people with a wide range of protected characteristics in the development, review and/or monitoring of the programme/ activity?

Date of next review:

### H. Sign-off

**Head of Service/Director/Headteacher sign off & date:**

Name: Sharon Betts  
Date: 21 November 2022

**Legal sign off & date:**

Name:  
Date:





## Cabinet report

Date	<b>9 MARCH 2023</b>
Title	<b>THE ISLE OF WIGHT COUNCIL (VARIOUS STREETS, WROXALL) (TRAFFIC REGULATION) ORDER NO 1 2022</b>
Report of	<b>CABINET MEMBER FOR INFRASTRUCTURE, HIGHWAYS PFI AND TRANSPORT</b>

---

### EXECUTIVE SUMMARY

1. Proposed Traffic Regulation Orders – The Isle of Wight Council (Various Streets, Wroxall) (Traffic Regulation) Order No 1 2022.
2. This report provides the details of recommendation for introducing new parking restrictions, and making some of the existing parking restrictions enforceable, in various locations in Wroxall, as detailed in **Appendix 1** (Proposals' plans).
3. The proposals are aiming to ensure safety for all road users, whilst securing the emergency services' access and the movement of the traffic – by removing the inappropriate parking in order to increase visibility, create passing points, and free up footways.
4. The extent of the proposed restrictions is kept to a minimum, in order to preserve as many parking spaces as possible. However, as the Local Highway Authority, the Council has a duty to ensure road users' safety and the movement of the traffic, which means that these were prioritised above the preservation of parking spaces, where necessary.

### RECOMMENDATION

- |  |
|--|
| <ol style="list-style-type: none"><li>5. That the proposed restrictions which are subject to this report in relation to The Isle of Wight Council (Various Streets, Wroxall) (Traffic Regulation) Order No 1 2022 be approved.</li></ol> |
|--|

### BACKGROUND

6. The Isle of Wight Council (IOWC), as a Local Highway Authority, has a duty to ensure the expeditious and safe movement of people, services, and goods on the island's highway.
7. Various requests for changes on the network, from residents, businesses, Parish / Town and Community Councils and Ward Cllrs, are submitted daily to Island Roads

(IR). All requests are assessed and prioritised by the Island Roads' highway engineers, applying appropriate engineering methods, traffic surveys data and collision data, and potential impact on the road safety.

8. As a result, improvements that will enhance safety on the highway are identified each year, implementing of which would require review of the existing parking restrictions, traffic flow direction, and possibly width / weight restrictions.
9. The Council has previously adopted a two-year cycle of rolling reviews, called Traffic Regulation Order (TRO) reviews. The island was divided into 6 virtual areas known as Districts, and the aim is all districts to be reviewed by the end of the next financial year 2023/24 – ensuring that the whole island will be reviewed using similar strategic approach and that the traffic regulations across the island remain consistent.
10. In this occasion, all request for Wroxall in District 5, were assessed and respective proposals were designed by IR's highways engineers and TRO technician, ready for consultation at the beginning of last year. The proposals were prioritised and agreed with the PFI Contract Management Team (CMT) in line with the IOWC's obligations as a Local Highway Authority.

## CORPORATE PRIORITIES AND STRATEGIC CONTEXT

11. The proposed new regulations are in line with the IOWC's [Corporate Plan 2021 – 2025](#) and more specifically with its vision and clear aim to work together openly and with our communities to support and sustain our economy, environment and people.

### Responding to climate change and enhancing the biosphere

12. The proposals, if implemented, is unlikely to have a measurable positive or negative effect on carbon emissions. There may be some minor reduction in local air pollution and carbon emissions owing to fewer cars idling in the area, but it would most likely be a very small impact. Likewise, if the recommendation is approved, it may encourage residents/visitors to adopt more sustainable modes of travel.

### Economic Recovery and Reducing Poverty

13. It is not anticipated that the new regulations would have a direct impact on reducing the number of residents living in poverty.

### Impact on Young People and Future Generations

14. The recommendation, if approved, would have a positive impact on young people and future generations living on the island, as the safety of all road users plays a big role in citizens' wellbeing on a daily basis – as pedestrians, drivers, cyclists and public transport users.

### Corporate Aims

15. The key priorities within the plan, that this report is supporting are: 'Listen to people' – a 28-day island wide consultation was conducted; 'Encourage Sustainable transport and Active travel' – the recommended option would encourage walking, cycling and use of public transport.

## CONSULTATION

16. An informal consultation with the Parish Council and Ward Councillors took place in January 2022. The feedback was reviewed and the proposals were amended where appropriate.
17. Following the legal TRO making process and its requirement for a Formal Consultation, a public Notices, outlining the proposals and inviting public comments, were published in the Isle of Wight County Press on 30 September 2022. Notices and plans were also displayed on-street for a period of 28 days, which is a week longer than the legally required 21 days, see Appendix 2 (Public Notices). The closing date for representations was 28 October 2022.
18. The Authority received 105 representations for all three locations in Wroxall; the total number is broken down by locations in Appendix 3 (Consultation results), outlining the support and the objections for each location.
19. Two of the location (Manor Road and St Johns Road - plan No 3 in Appendix 3) received more support than objections, whilst one of the locations (St Johns Road - plan No 2 in Appendix 3) was mostly objected.
20. All representations can be found in the Background paper.

## FINANCIAL / BUDGET IMPLICATIONS

21. The total estimated cost of making of the TROs and implementing the recommended changes on the highways in the entire District 5, including Ventnor, would be approx. £12,815.27 excl. VAT, and it will be covered by the Highways capital budget for 2022/23.
22. All new assets will be accrued after implementation, the estimated annual maintenance cost would be approx. £1,564 excl. VAT for the next 15 years and it will be included in the Island Roads' maintenance contract's annual payment.

## LEGAL IMPLICATIONS

23. The Statutory Authority for making new TROs is contained within the Section 1 (1) of the Road Traffic Regulation Act 1984:
  - (1) The traffic authority for a road outside Greater London may make an order under this section (referred to in this Act as a "traffic regulation order") in respect of the road where it appears to the authority making the order that it is expedient to make it
    - (a) for avoiding danger to persons or other traffic using the road or any other road or for preventing the likelihood of any such danger arising, or
    - (b) for preventing damage to the road or to any building on or near the road, or
    - (c) for facilitating the passage on the road or any other road of any class of traffic (including pedestrians), or

- (d) for preventing the use of the road by vehicular traffic of a kind which, or its use by vehicular traffic in a manner which, is unsuitable having regard to the existing character of the road or adjoining property, or
  - (e) (without prejudice to the generality of paragraph (d) above) for preserving the character of the road in a case where it is specially suitable for use by persons on horseback or on foot, or
  - (f) for preserving or improving the amenities of the area through which the road runs, or
  - (g) for any of the purposes specified in paragraphs (a) to (c) of subsection (1) of section 87 of the Environment Act 1995 (air quality).
24. Orders are progressed in accordance with the Local Authority's Traffic Regulation Order (Procedure) (England and Wales) Regulations 1996.
25. The authority must consider all objections made before making a Traffic Regulation Order (regulation 13) and, where it does not "wholly accede" to any objection, provide reasons for this in its notification of the making of an order to any person that has objected (regulation 17(3)).
26. The Statutory Authority for signs and road markings are by virtue of the Traffic Signs Regulations and General Directions 2016.
27. The council is under a duty pursuant to Section 16 of the Traffic Management Act 2004 to manage their road network, whilst having regard to their other obligations, policies and objectives at the same time, with a view to facilitate the passage on the road or any other road of any class of traffic (including pedestrians) and for avoiding danger to persons or other traffic using the road or any other road or for preventing the likelihood of any such danger arising.
28. Consideration will need to be given to the duty under Section 122 of the Road Traffic Regulation Act 1984 when deciding whether to make, or to refuse to make a traffic regulation order.
29. Section 122 requires the local authority to secure the expeditious, convenient and safe movement of traffic (including pedestrians) and the provision of adequate parking facilities. In carrying out this exercise the council must have regard to the:
- (a) desirability of securing and maintaining reasonable access to premises;
  - (b) the effect on the amenities of any locality effected and (without prejudice to the generality of this paragraph) the importance of regulating and restricting the use of roads by heavy commercial vehicles, so as to preserve or improve the amenities of the areas through which the road(s) run;
  - (c) any strategy prepared under section 80 of the Environment Act 1995 (the national air quality strategy);
  - (d) the importance of facilitating the passage of public service vehicles and of securing the safety and convenience of persons using or desiring to use such vehicles;

- (e) any other matters appearing to the local authority to be relevant.
30. Regulation 13 of the 1996 Regulations confirms that before making an order, the traffic authority shall consider all objections duly made to the TROs that have not been withdrawn.
31. The validity of any traffic regulation order made by the council can be challenged by application to the High Court within six weeks following the date the order on the grounds identified in paragraphs 35-36 of Schedule 9 to the Road Traffic Regulation Act 1984.
32. The Court has the power to suspend an order or any of its provisions until the final determination of the proceedings.

### EQUALITY AND DIVERSITY

33. The Council as a public body is required to meet its statutory obligations under the Equality Act 2010 to have due regard to eliminate unlawful discrimination, promote equal opportunities between people from different groups and to foster good relations between people who share a protected characteristic and people who do not share it. The protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
34. Under the Equality Act 2010 the Council is required to have due regard to its equality duties when making decisions, reviewing services, undertaking projects, developing and reviewing policies.
35. Due regard to the Council's responsibilities under the Equality Act 2010 has been given at the formative stage of this proposal. An Equality Impact Assessment form has been completed in Appendix 4 (EIA form).

### OPTIONS

36. Option 1: To approve the proposed restrictions that are subject to this report in relation to The Isle of Wight Council (Various Streets, Wroxall) (Traffic Regulation) Order No 1 2022 as proposed.
37. Option 2: Not to approve the restrictions that are subject to this report in relation to The Isle of Wight Council (Various Streets, Wroxall) (Traffic Regulation) Order No 1 2022, and to abandon the proposal.
38. Option 3: To approve the proposed restrictions that are subject to this report in relation to The Isle of Wight Council (Various Streets, Wroxall) (Traffic Regulation) Order No 1 2022 with amendment.

### RISK MANAGEMENT

39. A risk has been identified to pedestrians and cyclists, emergency access, safe and free movement of traffic. The TRO proposals, if implemented, will ensure safety for all road users, whilst securing the movement of the traffic – by increasing visibility at junctions and bends and by removing parking that obstructs footways and limits access.

40. A risk has been identified for a loss of on-street parking space for the public if the proposed restrictions are implemented. In some locations priority was given to the road safety and movement of traffic, including pedestrian traffic, over preservation of parking spaces. The extent of the restrictions was kept to a minimum, in order to preserve as much parking spaces as possible.
41. Residents are encouraged to consider more sustainable ways of traveling such as walking, cycling and public transport, which would reduce the number of cars per household.
42. The Authority will monitor the impact of the changes and review the restriction if necessary.

## EVALUATION

43. Section 122 of the Road Traffic Regulation Act 1984 requires the local authority to secure the expeditious, convenient and safe movement of traffic (including pedestrians) and the provision of adequate parking facilities. In some cases a balance needs to be made between the requirement for a TRO for the reasons provided above and the need to take account of the impacts to any loss of residential on-street parking, especially in areas of parking stress, when set against the benefits of the proposed TRO and to ensure endeavours are taken to minimise the net loss of parking where possible.
44. Appendix 5 sets out the rationale for the TRO proposals made by Island Roads as the Isle of Wight Council's Highways Service Provider and is based upon the Traffic Management Act 2004, the Road Traffic Regulation Act 1984 and the Traffic Signs Regulations and General Directions 2016, as laid out in the Legal Implications' section of this report. It is on this basis that the recommendations have been developed in respect of this report and should be considered when arriving at a decision on each proposal.
45. Option 1: To approve as proposed - The road safety and highway engineers in Island Roads strongly advised the approval of all proposals on grounds of safety.
46. Option 2: Not to approve and to abandon the proposals – The road safety and highway engineers in Island Roads strongly advised against this option on grounds of safety: once a safety risk on the highway has been identified, the Local Highway Authority has an obligation to address it.
47. Option 3: To approve with amendment – As per Option 2 the road safety and highway engineers in Island Roads advised against this option on grounds of safety, as the extent of the restrictions was kept to a minimum. However, reducing the extend of the proposed restriction/s in some locations that were strongly objected to by the local residents may give an opportunity for exploring other options for these locations by reviewing the situation in the wider area at a later date.

## APPENDICES ATTACHED

- 48. Appendix 1 - Proposals' plans
- 49. Appendix 2 – Public Notices
- 50. Appendix 3 – Consultation results
- 51. Appendix 4 – EIA form
- 52. Appendix 5 – Proposals' rationale

## BACKGROUND PAPERS

- 53. [Representations](https://www.iow.gov.uk/documentlibrary/view/cm-feb-2023-wroxall-tro-background-paper) (https://www.iow.gov.uk/documentlibrary/view/cm-feb-2023-wroxall-tro-background-paper)

Contact Point: Scott Headey, Deputy Strategic Highways and Transportation  
Manager, ☎ 821000 e-mail [scott.headey@iow.gov.uk](mailto:scott.headey@iow.gov.uk)

COLIN ROWLAND  
*Director of Neighbourhoods*

CLLR PHIL JORDAN  
*Cabinet Member for Infrastructure, Highways PFI  
and Transport*

This page is intentionally left blank



1

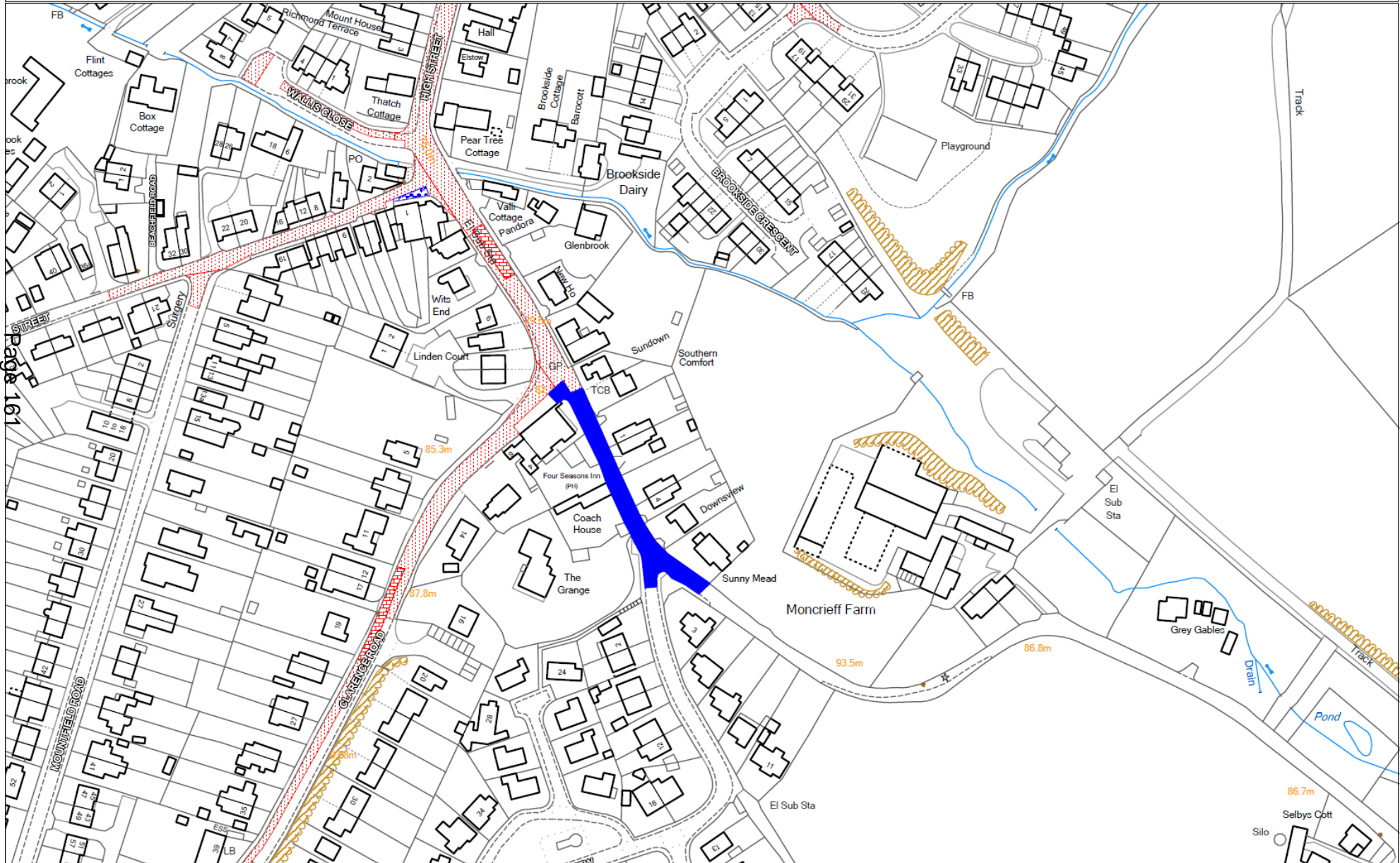
# Manor Road, Wroxall



Proposal: No Waiting at Any Time

Reason: to enhance safety and traffic flow

Note: all other restrictions will remain the same



Page 161

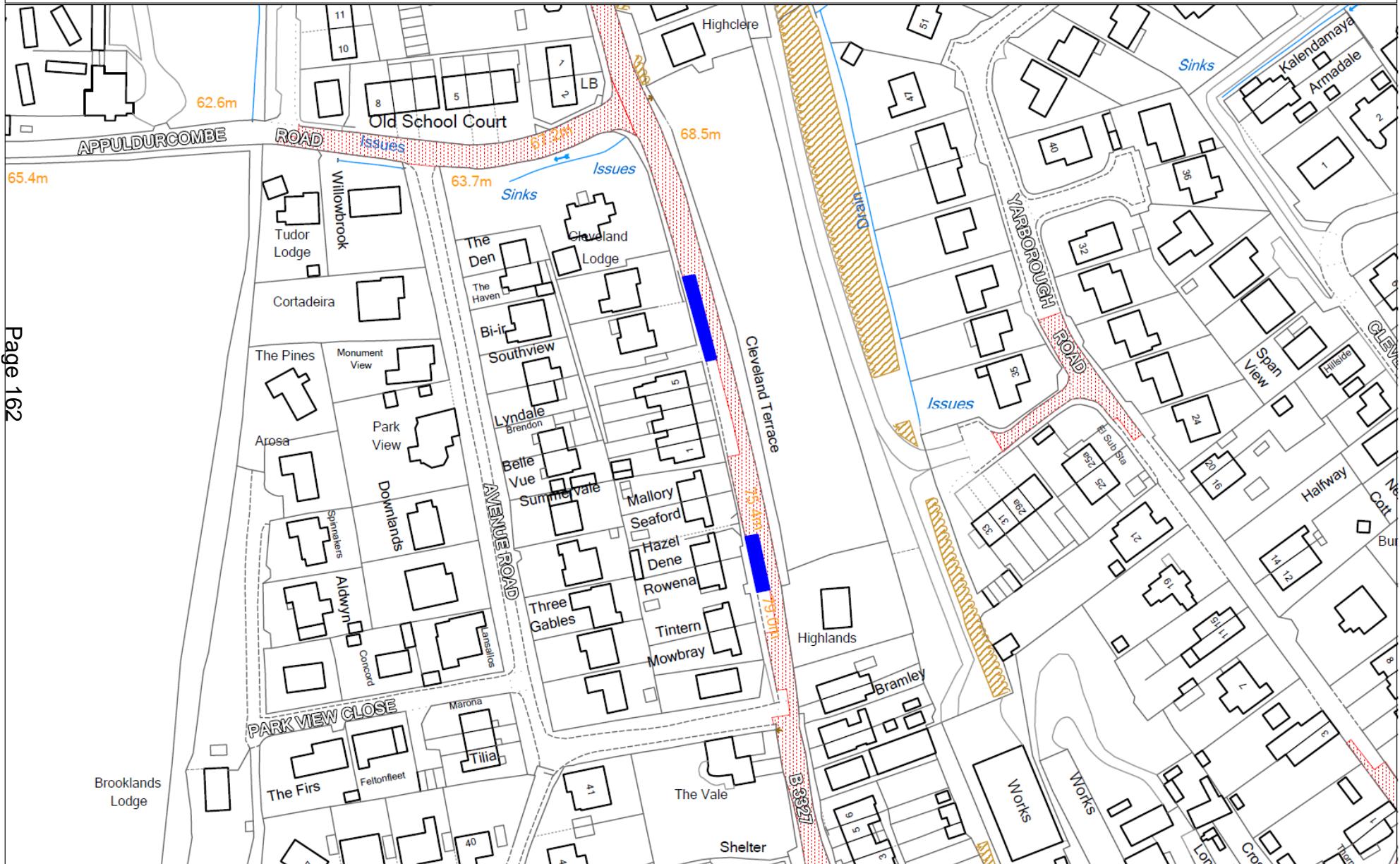
# St Johns Road, Wroxall



Proposal: No Waiting Monday to Saturday 8am to 6pm

Reason: to enhance safety and traffic flow

Note: all other restrictions will remain the same



3

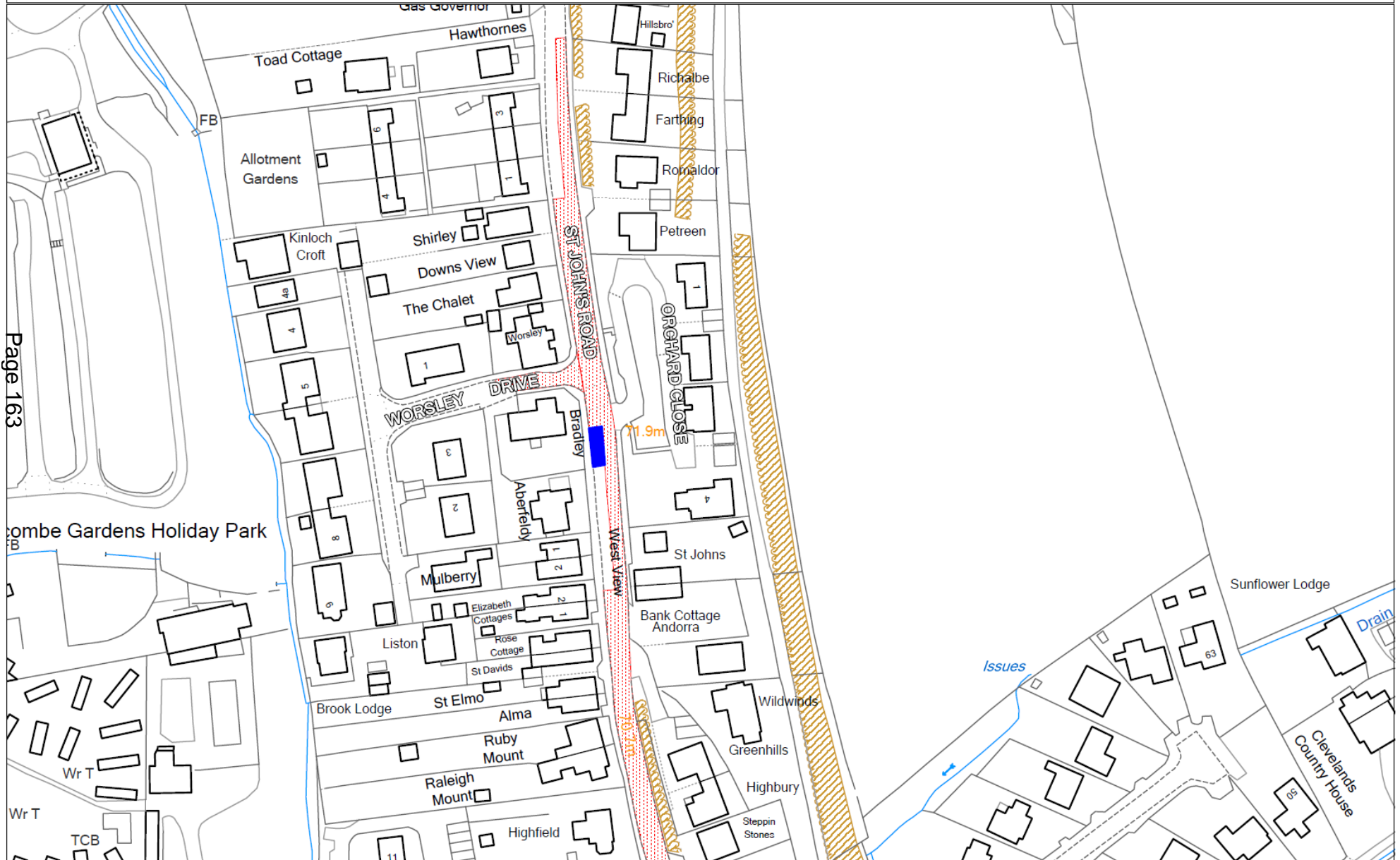
# St Johns Road, Wroxall



Proposal: No Waiting at Any Time

Reason: to enhance safety, visibility and traffic flow

Note: all other restrictions will remain the same



This page is intentionally left blank

**THE ISLE OF WIGHT COUNCIL  
(VARIOUS STREETS, WROXALL)  
(TRAFFIC REGULATION) ORDER NO 1 2022**

Notice is hereby given that the Isle of Wight Council in exercise of their powers under section 1(1) and (2), 2(1) to (3) and 4(2) of the Road Traffic Regulation Act 1984 ('the Act' of 1984), the Road Traffic Act 1991 ("the Act of 1991") and of all other enabling powers and after consultation with The Chief Officer of Police in accordance with Part III of Schedule 9 to the Act of 1984 has made an order the effect of which will be to:

1. To revoke the provisions of 'The Isle of Wight Council (Various Streets, Wroxall) (Traffic Regulation) Order No 1 2016'.

2. To re-enact the provisions contained therein subject to the following amendments:

a. To introduce 'No Waiting At Any Time' parking restriction in the following length of road:

Clarence Road, on the south side, from its junction with Manor Road to a point 5 metres west thereof.

Manor Road, on both sides, from its junction with High Street a point 95.5 metres south thereof.

Stenbury View, on both sides, from its junction with Manor Road to a point 12 metres south-west thereof.

St Johns Road, on the west side, from a point 44.5 metres south to a point 69 metres south of its junction with Appuldurcombe Road.

St Johns Road, on the west side, from a point 31 metres north to a point 47 metres north of its junction with Avenue Road.

St Johns Road., on the west side, from a point 12.5 metres south to a point 24 metres south of its junction with Worsley Drive.

The amendments are being proposed to facilitate the passage on the road or any other road of any class of traffic (including pedestrians) and for avoiding danger to persons or other traffic using the road or any other road or for preventing the likelihood of any such danger arising.

A copy of the draft Order, this Notice and the relevant plan may be inspected between normal office hours at the Customer Service Centre, County Hall, Newport, Isle of Wight during the objection period. If you wish to support or object to these proposals contained in this notice you should send the grounds for your objection, in writing, to Scott Headey – Traffic Manager, St Christopher House, 42 Daish Way, Newport, Isle of Wight, PO30 5XJ, or email [pfj@iow.gov.uk](mailto:pfj@iow.gov.uk), or complete the online form at <https://www.surveymonkey.co.uk/r/TRO5wroxall>, not later than 12 noon on Friday 28 October 2022.

Scott Headey - Deputy Strategic Manager

30 September 2022

This page is intentionally left blank

**Representations for Wroxall - 53 valid in total**

49 online, 4 via email

<b><u>Location</u></b>	<b><u>Total</u></b>	<b><u>Support</u></b>	<b><u>Objections</u></b>
1. Manor Road	<b>30</b>	<b>18</b>	<b>11</b>
2. St Johns Road	<b>40</b>	<b>16</b>	<b>26</b>
3. St Johns Road	<b>35</b>	<b>19</b>	<b>16</b>

This page is intentionally left blank



# Equality Impact Assessment

Before carrying out an Equalities Impact Assessment (EIA), you should familiarise yourself with the [guidance](#). This document should be in **plain English**, include **Stakeholder** involvement and be able to stand up to **scrutiny** (local and/or court) if/when challenged to ensure we have met the councils public sector equality duty.

An Equality Impact Assessment (EIA) should be completed when you are considering:

- developing, reviewing or removing policies
- developing, reviewing or removing strategies
- developing, reviewing or removing services
- developing, reviewing or removing a council function/system
- commencing any project/programme

## Assessor(s) Name and job title:

Scott Headey - Deputy Strategic Manager Highways and Transportation, Highways PFI Contract Management Team

## Directorate and Team/School Name:

Neighbourhoods

## Name, aim, objective and expected outcome of the programme/ activity:

**Name:** Implementation of the proposed Traffic Regulation Orders - The Isle of Wight Council (Various Streets, Wroxall) (Traffic Regulation) Order No 1 2022, introducing new parking restrictions in various locations in Wroxall.

**Aim:** To ensure safety for all road users, whilst securing the movement of the traffic – by increasing visibility at junctions and bends and by removing unregulated parking that obstructs footways and limits accessibility.

**Objective:** Traffic Regulation Orders are progressed in accordance with the Local Authority's Traffic Regulation Order (Procedure) (England and Wales) Regulations 1996. These restrictions were proposed to facilitate the passage on the road or any other road of any class of traffic (including pedestrians) and for avoiding danger to persons or other traffic using the road or any other road or for preventing the likelihood of any such danger arising.

**Expected outcome:** Safety for all road users and expeditious movement of traffic.

Reason for Equality Impact Assessment (tick as appropriate)	
This is a <b>new</b> policy/strategy/service/system function proposal	X
This is a proposal for a <b>change</b> to a policy/strategy/service/system function proposal function ( <i>check whether the original decision was equality impact assessed</i> )	X
<b>Removal</b> of a policy/strategy/service/system function proposal	X
<b>Commencing</b> any project/programme	√

Equality and Diversity considerations								
Describe the ways in which the groups below may be impacted by your activity (prior to mitigation). The impact may be negative, positive or no impact.								
Protected Characteristic	Negative, positive or no impact (before mitigation/intervention) and why?	Does the proposal have the potential to cause unlawful discrimination (is it possible that the proposal may exclude/restrict this group from obtaining services or limit their	How will you advance the equality of opportunity and to foster good relations between people who share a protected characteristic and people who do not.	What concerns have been raised to date during consultation (or early discussions) and what action taken to date?	What evidence, analysis or data has been used to substantiate your answer?	Are there any gaps in evidence to properly assess the impact? How will this be addressed?	How will you make communication accessible for this group?	What adjustments have been put in place to reduce/advance the inequality? ( <i>Where it cannot be diminished, can this be legally justified?</i> )

		participation in any aspect of public life?)						
<b>Age</b> (restrictions/difficulties both younger/older)	<b>Positive.</b> The proposals are considered to have a positive impact on all of the community irrespective of protected characteristic, providing increased visibility when crossing the road and ensuring access to footways.	No	N/A	<b>Concern:</b> Loss of on-street parking spaces.  <b>Answer:</b> The proposed restrictions allow for the dropping off and picking up of passengers, as well as loading and unloading.	N/A	No	N/A	N/A
<b>Disability</b> a) <b>Physical</b> b) <b>Mental health</b> (must respond to both a & b)	<b>Positive.</b> The proposals are considered to have a positive impact on all of the community irrespective of protected characteristic, providing increased visibility when crossing the road and ensuring access to footways.	No	N/A	<b>Concern:</b> Loss of on-street parking spaces.  <b>Answer:</b> The proposed restrictions allow for the dropping off and picking up of passengers, as well as loading and unloading.	N/A	No	N/A	N/A
<b>Race</b> (including ethnicity and nationality)	<b>Positive. Positive.</b> The proposals are considered to have a positive impact on all of the community irrespective of protected characteristic, providing increased visibility when	No	N/A	N/A	N/A	No	N/A	N/A

	crossing the road and ensuring access to footways.							
<b>Religion or belief</b> (different faith groups/those without a faith)	<b>Positive.</b> The proposals are considered to have a positive impact on all of the community irrespective of protected characteristic, providing increased visibility when crossing the road and ensuring access to footways.	No	N/A	N/A	N/A	No	N/A	N/A
<b>Sex</b> including trans and non-binary – is your language inclusive of trans and non-binary people?)	<b>Positive.</b> The proposals are considered to have a positive impact on all of the community irrespective of protected characteristic, providing increased visibility when crossing the road and ensuring access to footways.	No	N/A	N/A	N/A	No	N/A	N/A
<b>Sexual orientation</b> (is your language inclusive of LGB groups?)	<b>Positive.</b> The proposals are considered to have a positive impact on all of the community irrespective of protected characteristic, providing increased visibility when	No	N/A	N/A	N/A	No	N/A	N/A

	crossing the road and ensuring access to footways.							
<b>Pregnancy and maternity</b>	<b>Positive.</b> The proposals are considered to have a positive impact on all of the community irrespective of protected characteristic, providing increased visibility when crossing the road and ensuring access to footways.	No	N/A	<b>Concern:</b> Loss of on-street parking spaces.  <b>Answer:</b> The proposed restrictions allow for the dropping off and picking up of passengers, as well as loading and unloading.	N/A	No	N/A	N/A
Page 173 <b>Marriage and Civil Partnership</b>	<b>Positive.</b> The proposals are considered to have a positive impact on all of the community irrespective of protected characteristic, providing increased visibility when crossing the road and ensuring access to footways.	No	N/A	N/A	N/A	No	N/A	N/A
<b>Gender reassignment</b>	<b>Positive.</b> The proposals are considered to have a positive impact on all of the community irrespective of protected characteristic, providing increased visibility when	No	N/A	N/A	N/A	No	N/A	N/A

	crossing the road and ensuring access to footways.								
--	--	--	--	--	--	--	--	--	--

In order to identify the needs of the groups, you will need to review data, statistics, user feedback, population data, complaints data, staffing data ([SAPHRreports@iow.gov.uk](mailto:SAPHRreports@iow.gov.uk)), community/client data, feedback from focus groups etc. When assessing the impact, the assessment should come from an evidence base and not through opinion or self-knowledge.

**Review**

How are you engaging people with a wide range of protected characteristics in the development, review and/or monitoring of the programme/ activity?

Through the formal consultation exercise from 30/09/2022 to 28/10/2022, the opportunity to provide comment and representation on the proposals was provided. Notices and plans were displayed on site, published in the local press, and made available in the County Hall; these were also accessible online via the Council’s website. Large print copies were available on request.

105 representation for all three locations were received during the consultation period and these have been considered by the Local Highway Authority. In summary, some representations welcomed the proposals, whilst others objected some of the proposals on the same basis of potential loss of parking spaces and knock-on effect to the neighboring streets.

All representations have been fully considered in the Cabinet Report.

Date of next review: One year from implementation.

**Sign-off**

<b>Head of Service/Director/Headteacher sign off &amp; date:</b>	Name: Scott Headey - Deputy Strategic Manager Highways and Transportation, Highways PFI Contract Management Team  Date: 9 January 2023
<b>Legal sign off &amp; date:</b>	Name: Judy Mason - Strategic Manager of Human Resources and Employment Lawyer  Date: 3 February 2023

Location	Proposed changes	Rationale	Assessment method/s	HSIR overall assessment score	Safety assessment breakdown (Y/N)	Network integrity breakdown (Y/N)
			1.Site visit 2.Swept path 3.Visibility splay 4.Traffic flow 5.Collision data 6.Other (describe)		1.Recorded number of serious accidents 2.Will help prevent serious accidents 3.Will improve safety for protected characteristics 4.Will improve safety for motorists/vehicles 5.Will improve safety for cyclist/equestrians 6.Will improve safety for pedestrians	1.Asset type 2.Will improve congestion problems 3.Will improve parking provision 4.Will improve emergency services access 5.Will improve other facilities' access 6.Positive impact on the local amenities/character
1. Manor Road	"No Waiting at Any Times"	Extending the double yellow lines to Stenbury View in order to prevent obstructive parking at the junction and in this narrow lane.	1 - Y 2 - N 3 - N 4 - Y 5 - Y 6 - N	31.5	1 - 0 2 - UNKNOWN 3 - N 4 - Y 5 - N 6 - N	1 - CARRIAGEWAY 2 - Y 3 - N 4 - Y 5 - N 6 - N
2. St John's Road (1)	"No Waiting Mon to Sat 8am-6pm"	Extending the double yellow lines in order to prevent obstructive parking blocking the entrances and to improve traffic's passing ability.	1 - Y 2 - N 3 - N 4 - Y 5 - Y 6 - N	31	1 - 0 2 - UNKNOWN 3 - N 4 - Y 5 - N 6 - N	1 - CARRIAGEWAY 2 - Y 3 - N 4 - N 5 - N 6 - N
3. St John's Road (2)	"No Waiting at Any Times"	Extending the double yellow line opposite an entrance, in order to prevent obstructive parking and to improve traffic's passing ability.	1 - Y 2 - N 3 - N 4 - Y 5 - Y 6 - N	31	1 - 0 2 - UNKNOWN 3 - N 4 - Y 5 - N 6 - N	1 - CARRIAGEWAY 2 - Y 3 - N 4 - N 5 - N 6 - N

This page is intentionally left blank



## Isle of Wight Council Forward Plan – March 2023 and (where relevant) Notice of Intention to Hold Part of Meeting in Private Session

The Forward Plan is a list of all matters that are due to be considered no earlier than 28 clear working days from the date of this notice by the appropriate Decision Making Body or individual including those deemed to be key decisions.

The plan also gives notice of which decisions (if any) that may be made in private with the exclusion of press and public where for example personal or commercially sensitive information is to be considered in accordance with the Local Authorities (Executive Arrangements)(Meetings and Access to Information(England) Regulations 2012.

A list of all Council Members can be found on the Council's web site from this link

The Leader of the Council (also responsible for Strategic Oversight) is Cllr Lora Peacey-Wilcox.

Other members of the Cabinet are:

Deputy Leader and Cabinet Member for Digital Transformation, Housing, Homelessness and Poverty - Cllr Ian Stephens

Cabinet Member for Infrastructure, Highways PFI and Transport - Cllr Phil Jordan

Cabinet Member for Children's Services, Education and Lifelong Skills - Cllr Debbie Andre

Cabinet Member for Levelling-Up, Regeneration, Business Development and Tourism - Cllr Julie Jones-Evans

Cabinet Member for Adult Social Care and Public Health - Cllr Karl Love

Cabinet Member for Planning and Enforcement - Cllr Paul Fuller

Cabinet Member for Strategic Finance, Transformational Change and Corporate Resources – Cllr Chris Jarman

Cabinet Member for Climate Change, Environment, Heritage, Human Resources, Legal and Democratic Services - Cllr Jonathan Bacon

Cabinet Member for Community Protection, Regulatory Services and Waste – Cllr Karen Lucioni

\* Please note that any items highlighted in yellow are changes or additions from the previous Forward Plan

Title and Summary of Proposed Decision	Decision Making Body and name of relevant Cabinet Member	Meeting Date/Proposed Publishing Date	Relevant documents submitted to decision maker to be considered*	Consultees (including town and parish councils) and Consultation Method	May report or part of report be dealt with in private? If so - why?
--	--	---------------------------------------	--	---	---

Title and Summary of Proposed Decision	Decision Making Body and name of relevant Cabinet Member	Meeting Date/Proposed Publishing Date	Relevant documents submitted to decision maker to be considered*	Consultees (including town and parish councils) and Consultation Method	May report or part of report be dealt with in private? If so - why?
<p><b>Island Planning Strategy</b></p> <p>As the Draft IPS was not agreed on 5 October, Full Council is to specify its objections and to formally refer the matter back to the Cabinet.</p>	<p>Full Council</p> <p>Date 1<sup>st</sup> added: 17 March 2022</p>	<p>16 Nov 2022 <b>DEFERRED</b></p>		<p>Internal and External Full public consultation</p>	<p>Open</p>
<p><b>Approval of 'Statement of Intent' for ECO4 Flexibility Scheme</b></p> <p>The Energy Company Obligation (ECO4) Scheme runs from 2022-26. It allows local authorities to apply a broader range of criteria to define fuel poor and vulnerable households that can benefit from ECO4 funding for energy efficiency improvements, known as ECO Flex. To participate in ECO Flex, local authorities must publish a 'Statement of Intent' (SOI) which specifies the criteria that will be used to define eligible households. This report will consider the SOI for the Isle of Wight Council to be used throughout ECO4.</p>	<p>Deputy Leader, Cabinet Member for Digital Transformation, Housing, Homelessness and Poverty</p> <p>Deputy Leader, Cabinet Member for Digital Transformation, Housing, Homelessness and Poverty</p> <p>Date 1<sup>st</sup> added: 2 November 2022</p>	<p>9 Feb 2023</p>	<p>Grant of Delegation by Leader Report Appendix</p>		<p>Open</p>

Title and Summary of Proposed Decision	Decision Making Body and name of relevant Cabinet Member	Meeting Date/Proposed Publishing Date	Relevant documents submitted to decision maker to be considered*	Consultees (including town and parish councils) and Consultation Method	May report or part of report be dealt with in private? If so - why?
<p><b>Transport for South East - Strategic Investment Plan</b></p> <p>TFSE published its Transport Strategy in July 2020. The strategy sets an ambitious vision for the region to 2050 and identifies a preferred scenario to help achieve that vision. A series of Area Studies and thematic studies have since been completed and they identify packages of multi-modal interventions that are needed to deliver the 2050 vision.</p> <p>On 13 June 2022 the Transport for the South East (TfSE) Partnership Board approved the draft Strategic Investment Plan (SIP) for public consultation.</p> <p>The SIP will form the final part of the transport strategy, bringing together the outputs from the area studies and thematic studies, to become the blueprint for investment in the south east for the next 30 years.</p>	<p>Cabinet Member for Infrastructure, Highways PFI and Transport</p> <p>Councillor Phil Jordan Date 1<sup>st</sup> added: 1 February 2023</p>	<p>9 Mar 2023</p>	<p>01 - Leader's Signed Authority_Redacted Report Appendix 1 Appendix 2</p>		<p>Open</p>

Page 3 of 3

Title and Summary of Proposed Decision	Decision Making Body and name of relevant Cabinet Member	Meeting Date/Proposed Publishing Date	Relevant documents submitted to decision maker to be considered*	Consultees (including town and parish councils) and Consultation Method	May report or part of report be dealt with in private? If so - why?
<p><b>Review of the Public Health Partnership Function between Isle of Wight Council and Hampshire County Council.</b></p> <p>To provide an update on the Public Health Partnership with Isle of Wight Council, specifically on progress against the remaining recommendations from the 2018 review which had not been met at the time of the formal partnership.</p>	<p>Cabinet</p> <p>Cabinet Member for Adult Social Care, Public Health</p> <p>Date 1<sup>st</sup> added: 3 November 2021</p>	<p>9 Mar 2023</p>			<p>Open</p>
<p><b>Director of Public Health Annual Report: A Golden Age – ageing well on the Isle of Wight</b></p> <p>To consider the annual report of the Director of Public Health</p>	<p>Cabinet</p> <p>Cabinet Member for Adult Social Care, Public Health</p> <p>Date 1<sup>st</sup> added: 4 January 2023</p>	<p>9 Mar 2023</p>			<p>Open</p>

Title and Summary of Proposed Decision	Decision Making Body and name of relevant Cabinet Member	Meeting Date/Proposed Publishing Date	Relevant documents submitted to decision maker to be considered*	Consultees (including town and parish councils) and Consultation Method	May report or part of report be dealt with in private? If so - why?
<p><b>Carers' Strategy 2023-2028</b></p> <p>To adopt a new unpaid carers strategy as the previous strategies - "Working Together With Carers Strategy" 2013 to 2016 "Working Together With Carers Strategy 2017 to 2019" (Refresh) are out of date.</p> <p>The new strategy was delayed by the global Covid 19 pandemic but is now ready to be formally adopted and agreed by our island's statutory partners. The strategy focuses on the direction and areas which need to change to better support our island's unpaid carers and make a real difference to those people supporting our islands most vulnerable residents.</p>	<p>Cabinet</p> <p>Cabinet Member for Adult Social Care, Public Health</p> <p>Date 1<sup>st</sup> added: 8 December 2022</p>	<p>9 Mar 2023</p>	<p></p>	<p>Detailed and extensive consultation during 2021 – 2022 with our island's unpaid carers and our strategy steering group, including representation from statutory services and the Voluntary, Community and Social Enterprise (VCSE) sector.</p> <p>Island wide consultation through a survey conducted 2021, a digital workshop during 2022, six face to face workshops.</p> <p>Regular monthly meetings with the focus group, partners included Age UK, Carers IW, People Matter Isle of Wight, Carewatch Isle of Wight.</p> <p>Face to face meeting at Carers IW during 2022 which allowed for final comment and agreement by our islands unpaid carers of its contents and direction.</p>	<p>Open</p>

Title and Summary of Proposed Decision	Decision Making Body and name of relevant Cabinet Member	Meeting Date/Proposed Publishing Date	Relevant documents submitted to decision maker to be considered*	Consultees (including town and parish councils) and Consultation Method	May report or part of report be dealt with in private? If so - why?
<p><b>Determine Academic Year Term Dates 2024/25</b></p> <p>To seek approval on the determination of school term and holiday dates for the school year 2024-25</p>	<p>Cabinet</p> <p>Cabinet Member for Children's Services, Education and Lifelong Skills Date 1<sup>st</sup> added: 8 December 2022</p>	<p>9 Mar 2023</p>			<p>Open</p>
<p><b>Early Years Childcare Sufficiency Report</b></p> <p>The purpose of the report is to provide an overview of Early Years childcare sufficiency on the Isle of Wight. The LA has a statutory duty to ensure there are sufficient Early Years childcare places that are accessible to parents. This duty is presented through this report to elected council members and is made available to parents.</p>	<p>Cabinet</p> <p>Cabinet Member for Children's Services, Education and Lifelong Skills Date 1<sup>st</sup> added: 8 December 2022</p>	<p>9 Mar 2023</p>			<p>Open</p>

Title and Summary of Proposed Decision	Decision Making Body and name of relevant Cabinet Member	Meeting Date/Proposed Publishing Date	Relevant documents submitted to decision maker to be considered*	Consultees (including town and parish councils) and Consultation Method	May report or part of report be dealt with in private? If so - why?
<p><b>Local Housing Benefit Scheme Review</b></p> <p>The council has a discretionary localised scheme whereby it disregards in full any prescribed War Disablement Pension or War Widow's Pension in the calculation of Housing Benefit. This scheme was set up in 1980s and aligns with the council's commitment under the Armed Forces Covenant to support residents who have health issues as a result of service, and their families. The council is required to review the scheme with a view to continuing it.</p>	<p>Cabinet</p> <p>Full Council</p> <p>Cabinet Member for Strategic Finance, Transformational Change and Corporate Resources Date 1<sup>st</sup> added: 9 January 2023</p>	<p>9 Mar 2023</p> <p>15 Mar 2023</p>		<p>N/A</p>	<p>Open</p>
<p><b>The Isle of Wight Council (Various Streets, Wroxall) (Traffic Regulation) Order No 1 2022</b></p> <p>TRO proposal in Wroxall, as part of the District 5 TRO review.</p>	<p>Cabinet</p> <p>Cabinet Member for Infrastructure, Highways PFI and Transport Date 1<sup>st</sup> added: 20 December 2022</p>	<p>9 Mar 2023</p>		<p>Public consultation conducted online, via press publication and street notices on site</p>	<p>Open</p>

Title and Summary of Proposed Decision	Decision Making Body and name of relevant Cabinet Member	Meeting Date/Proposed Publishing Date	Relevant documents submitted to decision maker to be considered*	Consultees (including town and parish councils) and Consultation Method	May report or part of report be dealt with in private? If so - why?
<p><b>Council Tax Premiums on Second Homes and Empty Properties</b></p> <p>An update for members on the Levelling Up and Regeneration Bill.</p>	<p>Cabinet</p> <p>Full Council</p> <p>Cabinet Member for Strategic Finance, Transformational Change and Corporate Resources</p> <p>Date 1<sup>st</sup> added: 8 December 2022</p>	<p>9 Mar 2023</p> <p>15 Mar 2023</p>		<p>N/A</p>	<p>Open</p>
<p><b>Working Together to improve Health and Care for Isle of Wight residents</b></p> <p>A paper outlining the way in which health and care services on the island will work together and across organisations through partnership and deliver against the islands ambitions through the Health and Wellbeing Strategy and the Island Health and Care Plan</p>	<p>Cabinet</p> <p>Leader and Strategic Oversight</p> <p>Date 1<sup>st</sup> added: 9 January 2023</p>	<p>9 Mar 2023</p>		<p>Engagement with the current IW Health and Care Partnership Board (formerly the Integrated Care Partnership. A further engagement/consultation will be undertaken with the public as part of the paper development</p>	<p>Open</p>
<p><b>Report of the Independent Remuneration Panel and Approval of the Members Allowance Scheme</b></p>	<p>Full Council</p> <p>Date 1<sup>st</sup> added: 2 November 2022</p>	<p>15 Mar 2023</p>			<p>Open</p>



Title and Summary of Proposed Decision	Decision Making Body and name of relevant Cabinet Member	Meeting Date/Proposed Publishing Date	Relevant documents submitted to decision maker to be considered*	Consultees (including town and parish councils) and Consultation Method	May report or part of report be dealt with in private? If so - why?
<p><b>Post 16 Transport Policy Statement 2023-24</b></p> <p>Purpose is to seek approval of Post 16 policy statement for September 2023.</p>	<p>Cabinet</p> <p>Cabinet Member for Children's Services, Education and Lifelong Skills Date 1<sup>st</sup> added: 4 January 2023</p>	<p>11 May 2023</p>		<p>All Secondary School, HTP Apprenticeship College, IoW College, &amp; SENDIAS. General public if proposed changes to policy.</p>	<p>Open</p>
<p><b>Local Cycling &amp; Walking Infrastructure Plans (LCWIP's)</b></p> <p>To adopt the Local Cycling and Walking Infrastructure Plans to enable working with key local, regional and national stakeholders on securing resources to delivering infrastructure improvements.</p>	<p>Cabinet</p> <p>Cabinet Member for Infrastructure, Highways PFI and Transport Date 1<sup>st</sup> added: 20 December 2022</p>	<p>11 May 2023</p>	<p>East Cowes and Whippingham Cowes, Gurnard and Northwood Brading, Bembridge &amp; St Helens</p>	<p>Town &amp; Parish Councils and other stakeholder groups included cycle forum, IW rambblers, public rights of way, local area residents. Slide presentation provided and Q&amp;A sessions taken place.</p>	<p>Open</p>

Title and Summary of Proposed Decision	Decision Making Body and name of relevant Cabinet Member	Meeting Date/Proposed Publishing Date	Relevant documents submitted to decision maker to be considered*	Consultees (including town and parish councils) and Consultation Method	May report or part of report be dealt with in private? If so - why?
<p><b>Dementia Hub at Parklands, Cowes</b></p> <p>To support the implementation of the Isle of Wight Dementia Strategy 2022-2025, the Council's Corporate Leadership Team have approved in principle the use of the Parklands site in Cowes as a dementia hub for the Island.</p> <p>The hub will provide an environment where services can work in an integrated way providing opportunities to deliver against many of the commitments within the new dementia strategy.</p> <p>The report is seeking Cabinet approval to award a 25 year lease of Parklands to The Alzheimer Café IW to enable them to develop it as a dementia hub. This lease will be subject to the allocation of capital to enable the refurbishment works to be undertaken, with the lease commencing from the point that capital allocation is confirmed.</p>	<p>Cabinet</p> <p>Cabinet Member for Adult Social Care, Public Health</p> <p>Date 1<sup>st</sup> added: 1 February 2023</p>	<p>11 May 2023</p>		<p>A wide range of other stakeholders and professionals have been involved in the development of the strategy and its content, these include:</p> <ul style="list-style-type: none"> <li>• IW CCG</li> <li>• IW NHS Trust</li> <li>• Primary care</li> <li>• IWC Adult Social Care</li> <li>• Public Health</li> <li>• Housing Associations</li> <li>• Voluntary and community sector organisations (Advocacy, ULO, Carers IW, Age UK, Alzheimer Café)</li> <li>• Mountbatten Hospice</li> <li>• Ambulance services</li> <li>• Independent sector (residential and nursing homes and day care services)</li> </ul>	<p>Open</p>

Title and Summary of Proposed Decision	Decision Making Body and name of relevant Cabinet Member	Meeting Date/Proposed Publishing Date	Relevant documents submitted to decision maker to be considered*	Consultees (including town and parish councils) and Consultation Method	May report or part of report be dealt with in private? If so - why?
<p><b>Dinosaur Island – future provision</b></p> <p>Following the review of the governance options for Dinosaur Isle carried out in 2022 and the consultations carried out with Stakeholders including consideration of their feedback the Council is considering the preferred option for the governance of Dinosaur Isle, to ensure that dinosaur Isle is sustainable going forward and is financially viable.</p>	<p>Cabinet</p> <p>Cabinet Member for Climate Change, Environment, Heritage, Human Resources and Legal and Democratic Services</p> <p>Date 1<sup>st</sup> added: 1 February 2023</p>	<p>11 May 2023</p>		<p>Two meetings have been undertaken with stakeholder groups</p>	<p>Open</p>
<p><b>Adoption of new Planning Enforcement Strategy</b></p> <p>A decision to adopt a new Planning Enforcement Strategy</p>	<p>Cabinet</p> <p>Cabinet Member for Planning and Enforcement</p> <p>Date 1<sup>st</sup> added: 11 November 2022</p>	<p>11 May 2023</p>			<p>Open</p>
<p><b>Draft Island Planning Strategy</b></p> <p>Cabinet to consider a motion agreed at Full Council on 16 November 2022 that returned the Draft Island Planning Strategy to Cabinet for review.</p>	<p>Cabinet</p> <p>Cabinet Member for Planning and Enforcement</p> <p>Date 1<sup>st</sup> added: 8 December 2022</p>	<p>11 May 2023</p>			<p>Open</p>

Title and Summary of Proposed Decision	Decision Making Body and name of relevant Cabinet Member	Meeting Date/Proposed Publishing Date	Relevant documents submitted to decision maker to be considered*	Consultees (including town and parish councils) and Consultation Method	May report or part of report be dealt with in private? If so - why?
<p><b>Adult Social Care CQC Briefing Paper and Self-Assessment</b></p> <p>Briefing paper for noting setting out overview of CQC inspection requirements/framework/timeline and self-assessment completed by ASCHN</p>	<p>Cabinet</p> <p>Cabinet Member for Adult Social Care, Public Health</p> <p>Date 1<sup>st</sup> added: 1 March 2023</p>	<p>11 May 2023</p>			<p>Open</p>
<p><b>QPMR Q4 - 2022-23</b></p> <p>To provide a summary of progress against Corporate Plan activities and measures for the period January 2022 to March 2023. To inform Cabinet of areas of particular success, issues requiring attention and remedial activity in place to deal with these. To provide a report on the financial position of the council for the same period</p>	<p>Cabinet</p> <p>Cabinet Member for Strategic Finance, Transformational Change and Corporate Resources</p> <p>Date 1<sup>st</sup> added: 1 February 2023</p>	<p>8 Jun 2023</p>			<p>Open</p>
<p><b>The adoption of the Newport Harbour Masterplan Supplementary Planning Document</b></p> <p>Whether to adopt the draft Newport Harbour Masterplan as a supplementary planning document</p>	<p>Cabinet</p> <p>Cabinet Member for Levelling Up, Regeneration, Business Development and Tourism</p> <p>Date 1<sup>st</sup> added: 7 September 2022</p>	<p>8 Jun 2023</p>			<p>Open</p>

Title and Summary of Proposed Decision	Decision Making Body and name of relevant Cabinet Member	Meeting Date/Proposed Publishing Date	Relevant documents submitted to decision maker to be considered*	Consultees (including town and parish councils) and Consultation Method	May report or part of report be dealt with in private? If so - why?
<p><b>School Place Planning</b></p> <p>Report on school place planning following on the update provided to Scrutiny Committee in September 2022.</p>	<p>Cabinet</p> <p>Cabinet Member for Children's Services, Education and Lifelong Skills Date 1<sup>st</sup> added: 1 February 2023</p>	<p>8 Jun 2023</p>	<p>School Place Planning</p>	<p>Formal consultation subject to approval of recommendation in the report.</p>	<p>Open</p>
<p><b>Isle of Wight Cultural Strategy</b></p> <p>Adoption of a new Cultural strategy for the Island developed in partnership with the Island collection after extensive consultation with relevant stakeholders</p>	<p>Cabinet</p> <p>Cabinet Member for Levelling Up, Regeneration, Business Development and Tourism Date 1<sup>st</sup> added: 1 February 2023</p>	<p>8 Jun 2023</p>		<p>Island wide consultation to develop strategy underway – on publication of draft , Policy/scrutiny, relevant cabinet members</p>	<p>Open</p>
<p><b>Disposal of potential housing site(s) in East Cowes</b></p> <p>To confirm the granting of an option to dispose , subject to securing planning permission, on one or both of the council owned development sites known as Maresfield Rd and Albany</p>	<p>Cabinet</p> <p>Cabinet Member for Levelling Up, Regeneration, Business Development and Tourism Date 1<sup>st</sup> added: 6 July 2022</p>	<p>8 Jun 2023</p>		<p>East Cowes Waterfront Implementation Group and local member</p>	<p>Part exempt Yes – appendix summarising appraisal of responses to EOI issued in April 2022 – responses were submitted as commercial in confidence</p>

Title and Summary of Proposed Decision	Decision Making Body and name of relevant Cabinet Member	Meeting Date/Proposed Publishing Date	Relevant documents submitted to decision maker to be considered*	Consultees (including town and parish councils) and Consultation Method	May report or part of report be dealt with in private? If so - why?
<p><b>Adoption of the Newport &amp; Ryde LCWIP as a Supplementary Planning Document (SPD)</b></p> <p>Following a period of public consultation, Cabinet to be asked to adopt the Newport &amp; Ryde Local Cycling and Walking Infrastructure Plan (LCWIP) as a Supplementary Planning Document (SPD) that post adoption can be used as a material consideration in planning decisions.</p>	<p>Cabinet</p> <p>Cabinet Member for Levelling Up, Regeneration, Business Development and Tourism Date 1<sup>st</sup> added: 1 March 2023</p>	<p>8 Jun 2023</p>		<p>Prior to the cabinet decision, a formal 6 week public consultation in the LCWIP will have taken place in line with Planning legislation for the adoption of SPDs, including consultation with a number of statutory consultees</p>	<p>Open</p>
<p><b>Adoption of three LCWIPs (East Cowes &amp; Whippingham; Cowes, Gurnard &amp; Northwood; Brading, Bembridge &amp; St Helens) as a Supplementary Planning Documents (SPD)</b></p> <p>Following a period of public consultation, Cabinet to be asked to adopt three separate Local Cycling and Walking Infrastructure Plans (LCWIP) for East Cowes &amp; Whippingham; Cowes, Gurnard &amp; Northwood; and Brading, Bembridge &amp; St Helens as Supplementary Planning Documents (SPD) that post adoption can be used as a material consideration in planning decisions.</p>	<p>Cabinet</p> <p>Cabinet Member for Levelling Up, Regeneration, Business Development and Tourism Date 1<sup>st</sup> added: 1 March 2023</p>	<p>14 Sep 2023</p>		<p>Prior to the cabinet decision, a formal 6 week public consultation in the LCWIPs will have taken place in line with Planning legislation for the adoption of SPDs, including consultation with a number of statutory consultees</p>	<p>Open</p>