

Agenda

Name of meeting	HEALTH AND WELLBEING BOARD
Date	THURSDAY 25 APRIL 2024
Time	9.30 AM
Venue	COUNCIL CHAMBER, COUNTY HALL, NEWPORT, ISLE OF WIGHT

Participants

Councillor Phil Jordan (Chairman)
Michele Legg, Chairman of the IW Integrate Care Board (Vice-Chairman)
Councillor Debbie Andre
Norman Arnold, IW Economic Development Board
Councillor Jonathan Bacon
Simon Bryant, Isle of Wight Council
Darren Cattell, Integrated Care Board
Jo Dare, IW Voluntary Sector Forum
June Davison, Isle of Wight Association of Local Council's (IWALC)
Penny Emerit, IW NHS Trust
Laura Gaudion, Isle of Wight Council
Gill Kennett, Healthwatch
Councillor Karen Lucioni
Robert Mitchell, Hampshire Constabulary
Terry Norton, Police and Crime Commissioner for Hampshire & Isle of Wight
Councillor Ian Stephens
Wendy Perera, Isle of Wight Council
Colin Rowland, Isle of Wight Council
Ashley Whittaker, Isle of Wight Council

Democratic Services Officer: Marie Bartlett
democratic.services@iow.gov.uk



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

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

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

To confirm as a true record the Minutes of the meeting held on 26 October 2023.

3. **Declarations of Interest**

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

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

Questions may be asked without notice but to guarantee a full reply at the meeting, a question must be put including the name and address of the questioner by delivery in writing or by electronic mail to Democratic Services at democratic.services@iow.gov.uk, no later than two clear working days before the start of the meeting. Therefore the deadline for written questions will be Monday, 22 April 2024.

5. **Chairman's Update**

The Chairman to give a verbal update to the Board.

6. **Tackling Health Inequalities**

To discuss health inequalities across the Island and actions being taken by all partners.

7. **Anchor Institutions** (Pages 9 - 12)

To receive a presentation from Fiona Maxwell.

8. **Drug and Alcohol from Harm to Hope** (Pages 13 - 18)

To receive a presentation/report from Sue Cochrane.

9. **Members' Question Time**

To guarantee a reply to a question, a question must be submitted in writing or by electronic mail to democratic.services@iow.gov.uk no later than 9.30 am on Tuesday, 23 April 2024. 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, 17 April 2024

Interests

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

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

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

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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.

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Minutes

Name of meeting	HEALTH AND WELLBEING BOARD
Date and Time	THURSDAY 26 OCTOBER 2023 COMMENCING AT 9.30 AM
Venue	CONFERENCE ROOM 5, FLOOR 4, COUNTY HALL, NEWPORT, ISLE OF WIGHT
Present	Cllrs P Jordan (Chairman), M Legg (Vice-Chairman), D Andre, S Bryant, D Cattell, E Corina, G Kennett, K Lucioni, T Norton, W Perera and C Rowland
Also Present (Virtual)	Cllr I Stephens
Apologies	J Davison, P Emerit and R Mitchell

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

Apologies were received from J Davison and D Price.

J Smyth and M Baker substituted for P Emerit and R Mitchell.

13. **Minutes**

RESOLVED:

THAT the minutes of the meeting held on 20 July 2023 be approved

14. **Declarations of Interest**

Cllr K Lucioni declared an interest as she was a Personal Assistant.

Cllr P Jordan declared an interest as he was part of a care provider on the Isle of Wight and will not take part or vote in any item that directly relates to care provision.

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

A written public question was submitted by Mr J Wadsworth (PQ-40-23).

16. **Chairman's Update**

There was not Chairman's update at this meeting.

17. **Integrated Care Partnership**

The Director for Public Health and Director of Partnership for HIOW ICB advised the board of the work undertaken during the previous 18 months with both design and ambition for the partnership. The Integrated Care Partnership (ICP) is co chaired by the Director of Public Health for the Isle of Wight and the Health and Wellbeing Board chair for Southampton.

The Integrated Care Strategy was published in December 2022 which sets out five strategic priority areas which included:

- Children and Young people
- Mental wellbeing
- Good health and proactive care
- Our people (workforce)
- Digital solutions, data and insights

The next steps would be considered at the ICP meeting in November 2023, considering the strategic ambitions.

There was discussion around the whole system approach, there were a number of strategies available and how these could work together, and what difference were expected.

It was noted that following the last Health and Wellbeing Board a number of board members had undertaken training on suicide prevention had been undertaken and the Director of Public Health advised that training can be measured at a system level. He asked how support could be provided to volunteers and how system approaches can be identified.

RESOLVED:

THAT the report be noted

18. **First 1001 days**

Rebecca Perrin and Eleanor Reed provided the board with a comprehensive presentation on the recent review undertaken of experiences of children and families for the first 1,001 days of a child's life.

The aim of the review was to open discussions between partners as the first 1001 days was an influential time in a child's life as they were still developing, change is possible and it was easier to act early to get the greatest gains. The review had included listening to a range of views across the Island and Hampshire on how the experience could be improved.

Strategies and tactics were identified to address challenges that were found during the review, it was noted that it was important to build on what was already in place and strengthen that by engaging with families at an early stage in a child's life.

Questions were asked what value this would have on delivery of current contracts in place to support similar schemes, they were advised that following this review would enhance what is already being provided in some areas, the scheme was an opportunity to bring partners together to support children and families on the Island.

RESOLVED:

THAT the outcome of the review be noted

19. **IW Safeguarding Children's Partnership Annual Report 2022-23**

The Strategic Partnership Manager for the Isle of Wight Safeguarding Children Partnership introduced the annual report and highlighted key items featured such as:

- The inclusion of scrutineer being included to the role of independent chair
- Ongoing workstreams
- Business plan priorities
- Actions
- Outcomes and impacts

The board recognised the work undertaken by the partnership.

RESOLVED:

THAT the IW Safeguarding Children's Partnership Annual report 2022-23 be noted

20. **Members' Question Time**

A written question from Cllr M Lilley was submitted (MQ-09-23).

T Norton asked if the board would benefit from a briefing from Hampshire Constabulary to update on right care right person response to mental health by the constabulary. It was agreed that a briefing would be useful at a future meeting.

CHAIRMAN

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Committee:	Health and Wellbeing Board
Date:	25 April 2024
Title:	Anchor Institutions – working together to improve community health, wealth and wellbeing.
Report From:	Simon Bryant, Director of Public Health Fiona Maxwell, Acting Consultant in Public Health Hilary Todd, Associate Director Occupational Health and Wellbeing, Solent NHS Trust and Integrated Care System Programme Manager; Max Nicol, Community Wealth and Special Projects Officer, Isle of Wight Council

Summary

1. A presentation and discussion on Anchor Institutions defining what they are and how the Island Anchor Institutions can promote improvements in the health, wealth and wellbeing communities and how we can work together to improve health and wellbeing for Island residents.

Anchor Institutions

2. Anchor institutions are large organisations that are unlikely to relocate and have a significant stake in their local area. They have sizeable assets that can be used to support their local community’s health and wellbeing and tackle health inequalities, for example, through procurement, training, employment, professional development, and buildings and land use.’
3. General areas and opportunities to use organizational/institutional resource to the benefit of the community can exist in the key areas of:
 - a. employment
 - b. procurement and commissioning for social value
 - c. use of capital and estates
 - d. environmental sustainability
4. Principles underpinning the application and development of anchor institutions thinking may be characterised as: doing what is already being done, in a way which brings greater community benefit. In other words, large institutions (generally) must employ people and buy goods and services and use buildings, but they can do so in a more targeted and locally-focused way, which adds benefit to local communities in terms of population health, addressing inequalities, strengthening the local economy and promoting sustainability and growth

5. The link between a community's economic status and the health and wellbeing of its population is central to many initiatives, particularly in the area of employment and economy. The relationship between work and health is complex and bi-directional – poor health affects employability and employment prospects but being in good employment provides the means by which individuals, families and communities can improve their physical and mental health.
6. People experiencing poor physical and/or mental health face additional barriers to employment including issues of accessibility, flexibility or working, necessary adjustments and stigma. In addition to asking how we as a system can support people to improve their health and potentially access productive employment, we also need to consider how we as employers can promote and support the entry, retention, or return to work of people experiencing poor health. Such initiatives require effective multi-agency working with shared objectives such that the skills and expertise of different agencies and organisations can operate in concert. For individual institutions, this can include:
 - Actively supporting the health and wellbeing of their own workforce, preventing and mitigating work-related ill-health, enabling people to remain in work and providing opportunities for development.
 - Actively supporting routes into employment within the organisation by considering recruitment, apprenticeships, outreach, etc, to those communities most likely to be impacted by inequalities in economic opportunity and adverse health outcomes.
7. Anchor institutions acting in concert across a system may be able to maximise these potential benefits by creating opportunities for:
 - Linking up institutions and matching need with resource across the system, creating opportunities for addressing inequalities together
 - Shared learning and experience
 - Shared intelligence
 - Reduced duplication
 - Shared principles for local frameworks to develop (e.g., staff wellbeing)

Decisions, recommendations and any options

8. The Board is asked to:
 - a. To note this report and its accompanying presentation.
 - b. To consider links between the anchor organisations that are active on the Island and how these could be extended or strengthened to bring additional focus on health and wellbeing.

Relevant information

Relevant information on anchor institutions (background, theory and examples):

- Health Foundation 2019 report '[Building Healthier Communities: the role of the NHS as an anchor institution](#)'
- The Kings Fund '[Anchor Institutions and how they can affect people's health](#)'
- NHS Providers '[Being an Anchor Institution: Partnership approaches to improving population health](#)'
- '[How Strong is Your Anchor? A measurement tool for health anchors](#)' UCLPartners
- [Health Anchors Learning Network](#)
- '[Harnessing the power of anchor institutions – a progressive framework](#)' Joseph Rowntree Foundation/Leeds City Council
- '[Your Anchor Network Journey – a practical guide to getting started](#)' Health Foundation/HALN

Contact Point: Fiona Maxwell, Acting Consultant in Public Health;
Fiona.maxwell2@hants.gov.uk

SIMON BRYANT
Director of Public Health

CLLR DEBBIE ANDRE
*Cabinet member for Adult Social Care,
Housing and Public Health*

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Committee:	Health and Wellbeing Board
Date:	25 April 2024
Title:	From Harm to Hope - Drug and Alcohol Strategy Update
Report From:	Simon Bryant, Director of Public Health

Summary

1. The purpose of this report is to provide an overview of the delivery of the National Drugs Strategy on the Isle of Wight and provide an update of key achievements and key areas for focus during 2024.

Introduction

2. The multi-agency Island Strategic Drug and Alcohol Partnership (ISDAP) is chaired by the Director of Public Health as the Senior Responsible Officer (SRO) and delivers the ambitions of the National Drugs Strategy on the Island. This partnership has collectively developed the Island Drug and Alcohol delivery plan, which aims to:
 - ensure continued focus on prevention across work on drugs and alcohol.
 - target resources to make it more difficult for county lines operations to supply illegal drugs on the IOW.
 - improve drug and alcohol treatment services through increased capacity and quality of the workforce and better pathways of care alongside other organisations (including across the criminal justice system, mental health, housing, employment, and health care)
 - reduce unmet need, with a specific focus on improving access to treatment for those misusing alcohol.

Contextual Information- From Harm to Hope - National Drug Strategy

3. In December 2021, the government launched its 10-year drug strategy, From Harm to Hope with a clear vision to:
 - break drug supply chains;
 - deliver a world class substance misuse treatment and recovery system;
 - reduce demand for recreational drugs.
4. In line with national guidance, local Combatting Drugs Partnerships were formalised in line with Upper Tier Local Authority (UTLA) boundaries. This partnership has formed the accountable local governance, ensuring joint ownership and approach to the local implementation of the national strategy. The

Director of Public Health (DPH) for the Isle of Wight is the nominated Senior Responsible Officer (SRO).

Context

5. Alcohol and drug use can negatively impact health, the economy, productivity, and social aspects of communities. It is estimated every year that the social and economic costs of alcohol related harm amount to £21.5bn, while harm from illicit drug use costs £19.3bn. These include costs associated with health and social care, crime, lost productivity and premature death.
6. Alcohol and drugs cause some of the leading risk factors for the overall burden of disease in the UK and are associated with cardiovascular disease, some cancers and liver disease. There are also associations with acquisitive and violent crime and domestic abuse. Drug and alcohol use are also associated with poor access to housing, education and meaningful employment.

Local prevalence and unmet need

7. The Office of Health Inequalities and Disparities (OHID) publish estimates on the prevalence of illicit drug use and the number of people with an alcohol dependency and use this to determine local levels of unmet need.
8. On the Isle of Wight, there are an estimated 740 people using illicit opiates and/or crack cocaine which is a rate of 9.1 per 1,000 population (statistically similar to the England rate of 9.5 per 1,000)¹. Prevalence varies by age, gender, and drug type. Patterns of drug use are also changing and overall use is declining.
9. The Island has a slightly lower proportion of opiate and/ or crack users not in treatment (54.5%) compared to England (57.6%). Reducing barriers and improving access to treatment continues to be a priority moving forward.
10. Prevalence of alcohol dependency on the Island (13.5 per 1000) is similar to England (13.7 per 1000). In terms of numbers, this means that there were approximately 1,580 adults on the Island drinking dependently (2019-20; more recent data is not yet available) with numbers remaining relatively stable over the previous 5 years². There are more informal options for those seeking support for alcohol use alongside community treatment providers, such as mutual aid organisations and primary care, therefore obtaining a complete picture of those seeking treatment is complex.
11. Whilst the impact of drug and alcohol use can affect anyone, some communities and groups are at greater risk of harm. Drug and alcohol use can also have a disproportionate impact on physical and mental health outcomes.
12. Approximately 80% of people accessing drug and alcohol treatment nationally have co-occurring mental ill-health.

¹ [Opiate and crack cocaine use: prevalence estimates - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

² [Alcohol dependence prevalence in England - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

13. Approximately 70% of people accessing drug and alcohol treatment services smoke tobacco. This is significantly higher than the population of the Island (9.5%).
14. Blood borne viruses (such as Hepatitis C) largely affect people who inject drugs in the UK.

Isle of Wight Strategy and Local Delivery Plan

15. In line with national expectations, a local delivery plan provides clear strategic priorities to reduce both drug and alcohol related harm and improve outcomes for Island residents. The Island Drug and Alcohol delivery plan was informed by a needs assessment alongside workshops held with partners across agencies. Key achievements and performance are presented later in this report.
16. The delivery plan is supported by 3 years additional funding to support local delivery. It is not known whether any further additional funding will be forthcoming post March 2025.

Local Treatment Services

17. Drug and alcohol treatment and support for all ages is led and commissioned by Public Health and provided by Inclusion Recovery IOW. Inclusion is part of the Midlands Partnership NHS Trust.
18. The service is for all ages and has a hub in Newport. Interventions and treatment are tailored to individual needs; providing structured treatment, group activities, peer support, opiate substitution therapy, harm reduction, brief interventions, and advice as well as access to detoxification and residential rehab.
19. Inclusion provide specialist training and advice to the wider treatment system, work in partnership with other organisations to build and improve pathways and support the work of the Island Strategic Drug and Alcohol Partnership. Inclusion also offers a tailored package of support to young people under 25 years old to identify and address behaviours in connection with drug and alcohol use.
20. The service offers a community engagement model, supporting children and young people where they feel most comfortable and working at their pace including in-reach into local schools and colleges. Young people are offered a tailored, holistic package of support including one to one and group work, supporting them to understand and address the factors driving behaviour and building their personal resilience. Through early intervention, education and delivery of specialist treatment, young people are supported to make informed choices and reduce the impact of substance use on themselves, their family, and the wider community. The service also works alongside education settings to provide substance awareness and harm reduction workshops, including drugs, alcohol and smoking.
21. Support for people impacted by someone else's drug and/or alcohol use is also provided by Inclusion. This includes emotional support and information on

addiction, advice on available services and how they can support their family member more effectively to aid recovery.

22. The Dame Carol Black Detoxification Centre opened in 2022 to provide a local service in Fareham, Hampshire (previous centres in Kent and Somerset) and offers medically managed detoxification to approximately 200 people per year. It is funded through a three-year grant from Office for Health Improvement and Disparities utilising a pooled budget from 20 local authorities.

Key achievements

23. The ISDAP has worked in partnership to prevent and reduce drug and alcohol harm on the Island, including the following achievements:

Health:

24. Improved pathways are in place for people with co-occurring conditions (drug, alcohol and mental health), including:
- a mental health drop in established at the Inclusion Hub in Newport to overcome barriers to accessing mental health support.
 - trained mental wellbeing practitioners within the drug and alcohol service so service users can easily access support for all their needs in one place. It should be noted that people with more complex mental health needs will still receive support from other partners e.g. community mental health services.
25. A specialist alcohol and drug liaison nurse works in the acute setting to support vulnerable people and improve access to structured treatment if required.
26. The Island has achieved Micro-elimination of Hepatitis C.
27. Refreshed support for whole families through the alcohol and drug Family Support Service. This has supported outcomes in terms of harm reduction to the family as well as improved support at home.
28. A brief structured intervention programme for alcohol has been developed and delivered, supporting people to reduce their drinking over a number of structured sessions, bridging to further support if required.
29. Training has been delivered to wide range of professionals including health care assistants, youth support workers, teachers and social workers on harm reduction, emerging trends and support available for people who need it.
30. Workshops have also been delivered in schools, responding to local needs and delivered in friendly and engaging way with positive feedback.
31. Coordinated campaigns have helped to improve awareness of available services on the Island, including promotion of the Rethink your Drink quiz and campaign, radio adverts for support through festive period and into new year, and a drink and drug driving awareness campaign led by IWC Road Safety Team.

32. A new smoking cessation service for those with co-occurring substance misuse and tobacco dependency.

Criminal Justice:

33. Pathways within the criminal justice system have been improved through:

- Specialist workers within the drug and alcohol team who work closely with Police and Probation to provide support to those in the criminal justice system.
- Closer working with Isle of Wight prison on the continuity of care pathway to ensure support for those released from prison remand so that they enter the community alcohol and drugs service without a break in medication and support.
- Collaborative work with the OPCC and Hampshire and Isle of Wight Constabulary to pilot Drug Testing on Arrest (DToA) (Class A drugs)
- Establishing a formal working agreement with Youth Justice Team to better support young people in the criminal justice system.

Housing and employment:

34. Targeted outreach from homelessness navigators who support vulnerable people to access coordinated support for their substance use, housing, and mental health. This includes hostel drop-in sessions, which improves access to support as the person is seen where they are currently living (rather than having to travel into Newport).

35. Inclusion have worked alongside the Department of Work and Pensions to provide additional support into employment for those accessing the drug and alcohol treatment service.

Responding to emerging threats:

36. The changing illicit drug market presents challenges, including an increased threat of drug related harm from synthetic opioids and other adulterants. To address this, we are:

- Working across the Isle of Wight to improve intelligence from partners and review the current Local Drug Information System, which issues drug alerts to professionals when adulterated / synthetic drugs are identified.
- Exploring opportunities to pilot rapid drug testing to understand types of drugs availability and be able to respond and issue timely harm reduction messaging.
- Continuing to ensure availability of naloxone in a variety of settings (e.g. Chantry House, Pharmacies) and deliver peer to peer naloxone training.

Co-Production:

37. On the Island, work is underway to improve understanding of the stigma and discrimination experienced by all people harmed by drug and alcohol use.

38. Work with professionals will also raise awareness of language we use when talking about addiction through the development of a language guide. This guide will challenge existing preconceptions and provide guidelines for professionals on how to use language to empower individuals and reinforce a person-first approach.
39. Inclusion has extensive Service User Involvement strategies to ensure people who use their services can contribute to service improvement and development. Involvement in services through peer mentoring, service user forums and co-delivery also promotes individual self-confidence and skills development and supports longer term recovery.

Conclusions

40. The Island Strategic Drug and Alcohol Partnership (ISDAP) is well established and has been a successful vehicle for implementing the national drugs strategy at a local level. The local plan to prevent and reduce drug and alcohol related harm has made substantial progress against national ambitions. Key areas of focus have been identified for 2024 and implementation will be reviewed through the ISDAP.

Supporting documents and information

41. [From harm to hope: a 10-year drugs plan to cut crime and save lives \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

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