



# Minutes

Name of meeting	<b>HEALTH AND WELLBEING BOARD</b>
Date and Time	<b>THURSDAY 18 MARCH 2021 COMMENCING AT 9.30 AM</b>
Venue	<b>VIRTUAL (MS TEAMS)</b>
Present	Cllrs Legg (Vice-Chairman), N Arnold, S Bryant, P Brading, S Dear, S Homes, S Jackson, G Kennett, M Lilley, C Mosdell, J Metcalfe, M Oldham, S Smart and A Smith
Officers Present	J Amies – Energise Me
Apologies	S Crocker, D Stewart and E Lincoln

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12. **Minutes**

To confirm as a true record the Minutes of the meeting held on 28 January 2021.

13. **Declarations of Interest**

There were no declarations at this stage.

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

There were no public questions submitted.

15. **Chairman's Update**

The chairman explained that the update would be given in the same format as the previous meeting. A verbal update due to the Covid-19 pandemic as members of the board are still very busy with Covid-19 pressures despite the situation improving.

16. **Covid-19 Impact**

The Director for public Health gave a verbal update on the wider impact of Covid-19. The weekly case rates per 100,000 were now some of the lowest in the country which put the Isle of Wight in a good position. The seven day rate for the Isle of Wight was said to be 21.2 cases. The figure was anticipated to fluctuate as restrictions are eased. Due to the figure being low it was said that one or two cases would change the figure. Cases by specimen date, age and demographics showed that rates of cases continued to drop across all age groups. Hospital admissions were said to be steady but not falling and at the time the published data showed there were 16 patients in St Marys receiving treatment for Covid-19 two of which

were receiving ventilator support. The rate of mortality was said to be below the five year average. Trends in Covid-19 deaths were raised and people with underlying health conditions, people living in an area of deprivation, region, living conditions and employment were all said to be showing as trends in relation to Covid-19 mortality rates.

RESOLVED:

THAT the COVID-19 impact is noted.

17. **General Update**

The impacts on both physical and mental health were yet to be quantified. A drop in urgent care in the first lockdown included delays for things such as cancer, immunization and screening updates had all had knock on effects on people's mental health and how long term health would be impacted by this. Employment type impacted on the COVID-19 risk, certain employment posed greater risk of catching the virus. The board was asked to think how this could be tackled moving forward.

RESOLVED:

THAT the COVID-19 Impact is noted.

18. **Mental Health**

An update was given on mental health from a COVID-19 perspective. There was said to be three main impacts. The first discussed was people not coming through for treatment because of the pandemic, this resulted in people that were now accessing services were more unwell than they usually would be when accessing the service. The second was the direct impact of the covid-19 pandemic including trauma, bereavement and the psychological impacts of lockdown impacting on mental health. The third and longer lasting point raised was socioeconomic impacts, the link between unemployment and other socioeconomic impacts would last the longest and had been closely linked to poor mental health. The same changes in patterns to mental health services on the island were also being seen nationally. A rise in eating disorders had been seen in children, young people and adults and an increase in people in mental health crisis was also in line with the national average. Access was key to helping people gain access to the service. The integrated mental health hub closely linked with safe haven allowed people in mental health crisis to access through face to face, phone or online. A new platform called Sharon was explained. Sharon, an interactive platform to allow people to interact with Mental Health services. 111's specialist Mental Health services continued. Access to the voluntary sector had also been extended and lots of work was being done after a significant rapid expansion of Mental Health practitioners based in Primary Care were working very closely with Mental Health services to provide a seamless across the service.

A member asked how the message was getting to people who had never accessed Mental Health services before. An increased number of bereaved people from the pandemic were said to be struggling as they had lost loved ones during lockdown

and not been able to gain support from family due to restrictions so had been trying to cope on their own. The Board were assured that although there had been a big public shift in attitude towards mental health there was still a long way to go. Feelings of shame were one of the symptoms of Mental illness and this made people feel it was difficult to access care when they had Mental Health issues. There were plans for a café fronted service to open up in Newport to support the public in accessing services and information.

**RESOLVED:**

THAT the Mental Health update is noted.

**19. Economic Recovery and the Impact on health and wellbeing**

The Director of Regeneration introduced the item and handed over to the Chairman of the Economic Board to provide an update on the economic recovery and impact on health and wellbeing from COVID-19.

A significant level of government support had been given to Island business. £72 million had been spent supporting businesses through lockdowns and restrictions.

The Chairman of the economic board said there were four broad themes that the board really needed to be aware of:

- Job re-start and small business recovery
- Selling the Island offer
- Maximising local spend
- Imbed the local spirit built up over the lockdowns.

**RESOLVED:**

THAT the Economic Recovery and the impact on Health and Wellbeing is noted.

**20. Physical Activity**

A representative from 'Energise Me' a charity focussed on physical activity took the board through a presentation. Stories were shared about Island residents whose lives have been positively impacted by physical activity. The inactive population of the Island 26,000 (11.2%) do not do any physical activity, approximately 14,000 people (8.6%) of the population were missing the intensity, approximately 10,000 people (1.8%) were active but not for 30 minutes per week. This is approximately 2,000 people. Inactivity levels were mapped across the Island and shown to the board. The board heard how the recovery was planned:

- Integrated Care System Prevention Plan re-fresh would include physical activity
- Host to the regional Social Prescribing role – a partnership between Sport England and other national organisations and the National academy of Social Prescribing

- Opening School Facilities phase 2 investment c.£283k into Hampshire and the Isle of Wight
- Hampshire and Isle of Wight Strategy workshop 30 March 2021.

Discussion around the new strategy and how it would be taken forward was invited by the Director of Public Health as where questions. it was asked what could be done for people that felt like couch to 5k would be too difficult and what could be done to get these people active, and also what work was done around breaking down barriers around words that put people off. Activities such as housework and gardening were encouraged as they kept people active as opposed to more traditional forms of excessive such as running. A priority was made to ensure a range of activities were available for a range of people.

RESOLVED:

THAT the Physical Activity presentation is noted.

21. **Members' Question Time**

No members questions were received.

CHAIRMAN