



Minutes

Name of meeting	HEALTH AND WELLBEING BOARD
Date and Time	THURSDAY 15 OCTOBER 2020 COMMENCING AT 9.30 AM
Venue	VIRTUAL (MS TEAMS)
Members of the board	Cllr Dave Stewart (Chairman) – Leader and Cabinet Member for Strategic Partnerships Michele Legg (Vice Chairman) – Chair, Isle of Wight Clinical Commissioning Group Cllr Paul Brading – Cabinet Member for Children’s Services Cllr Clare Mosdell – Cabinet Member for Adult Social Care and Public Health Chris Ashman – Director for Regeneration Norman Arnold – IW Economic Development Board Bob Blezzard – IWALC Simon Bryant – Director of Public Health Steve Crocker – Director of Children’s Services – Isle of Wight Council Sarah Jackson – Hampshire Constabulary Michael Lilley – Voluntary Sector Forum John Metcalfe – Chief Executive, Isle of Wight Council Zoryna O’Donnell – Healthwatch Isle of Wight Maggie Oldham – IW NHS Trust Alison Smith - Isle of Wight Clinical Commissioning Group Laura Gaudion – Assistant Director of Adult Social Services
Apologies	C Tozer, Megan Jones – Age UK

1. **Minutes**

To confirm the Minutes of the meeting held on 23 July 2020.

2. **Declarations of Interest**

None received.

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

None received.

4. **Chairman's Update**

The Chairman mentioned the unemployment figures for the Island. The latest statistics showed a peak in October rather than January. This was double what they were at this time last year.

5. **Recovery Plan**

The Director of Regeneration advised the Board how challenging the COVID-19 pandemic recovery had been. Due to lower rates of infection on the Island work had started to navigate through the recovery stage of the plan. There were three key points to the plan in line with the current COVID-19 situation they were:

- Community recovery
- Economic recovery
- Impacts on place

It was explained that the board had been given the task to oversee and develop the recovery plan. The chair of the Island Economic Board had been co-opted for this purpose. The Director of Public Health supported the inclusion of economic recovery in the role of the Health and Wellbeing Board.

The Board questioned if tourists visiting the Island towards the end of the season had affected our infection rate. The board was advised that it was too early to tell exactly how the influx of tourists had impacted.

The importance of the environment on the wellbeing of Island residents was acknowledged by the Board and concern was raised that it was not utilised as much as it could be to benefit residents' mental wellbeing. Community Action continued to be operational and provided support for the vulnerable within the Island community.

The Mental Health Plan was discussed, and the Board were advised how the Mental Health Teams were developing specific projects such as walking groups to help people's mental health. The success of the summer season was a testament to all residents, health sector, community sector, public sector, business sector who had been reinforcing the message of hands face and space. The Board heard how the Isle of Wight adapted very well and hoped this would continue.

The Strategic Manager of One Public Service explained to the Board how we had moved from Crisis Response to looking at sustainability. The 'what if' scenarios had been planned for such as a second outbreak and stepping the provision back up. There was Government funding awarded from DEFRA – crisis fund. Preparations were being made should high risk people need to 'shield' again and the Government framework for this had now been received. The Council now had in place a 'self-isolation tool kit' online that was being promoted. A self isolation support line was also going live soon. A local test and trace system was also being worked on.

The Board were advised by the IW NHS Trust Chief Executive that although there had been an increase in activity across the NHS, it has not been overwhelmed. The 'R' rate was low because of lockdown and the risk was moved to medium after the

summer tourism period. There had still been a relatively low number of cases on the Isle of Wight however it was important not to become complacent. Data showed that any intervention took two weeks to have any effect. It was stressed to the Board the importance of remembering to keep socially distanced, wear a face covering and be vigilant with hand washing to prevent the rise of infection both locally and nationally.

RESOLVED:

THAT the Recovery Plan is noted.

5.1 **A Better Island - Covid-19 recovery Plan**

The Director for Public Health presented the board with a presentation on health inequalities. Currently there was a good life expectancy however males had lower rates than females – this is inequality and a key point for the board to improve. He explained the inequalities in health and informed the board of its commitment to end these. The board heard how national data showed that age and sex made differences in relation to COVID19 cases, males of higher age seemed to be more effected. The data also showed that the mortality rates of the deprived were double that of the least deprived. Ethnicity was also an inequality amongst Covid19 as Black Males were shown to be three times more likely to die of Covid19 than White Females.

the board were advised that the three main issues they needed to focus on should be:

- Understanding individuals with risk factors.
- Unhealthy weight to be tackled and
- thinking towards ending inequality in all we do and ensuring that everyone can access the service that needs to.

Older males were not only at a higher risk of Covid19 but also poor mental health and it was important that vulnerable groups were targeted and made aware of the service Officers explained that they were currently looking at a targeted service for the most vulnerable using social marketing insight to assist with this. work with social housing providers was undertaken and that they were trained on how to fully support vulnerable people.

RESOLVED :

THAT A Better Island Recovery Plan is noted.

5.2 **Health and Wellbeing Strategy disparities**

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RESOLVED :

THAT the Health and Wellbeing disparities are noted.

5.3 Mental Health

The Board heard how there had been an increase in mental health issues in the community and in particular anxiety and depression, in both older and younger people. People had also made contact regarding unemployment issues and those people had been signposted to places that could help. There was a surge in referrals for mental health services due to lockdown. Children returning to school had created a significant rise in referrals particularly in eating disorders. Referral levels were now the same as they were pre covid-19.

The Director of Children Services explained to the Board how there had been an increase of referrals made by schools regarding issues around returning to school however, the children being referred for mental health services were not the same children that experienced issues before and it was a very complex situation.

The impact that lockdown had on older people was discussed and it was advised that there has been an increase in issues such as agoraphobia. It was important to communicate how important it was for Island residents to get back outside post lockdown.

Concern was raised regarding residents being anxious that they had not been able to visit their GP. The video call service was not always suitable and there needed to be a balance between being Covid-19 safe and re-opening services.

The Board were advised that access to Primary Care and Mental Health services has been mandated by NHS England for triage. All patients were contacted via phone in the first instance. 50% of all consultations from August 2020 had been done face to face. There was a backlog reported due to services being suspended for six months which was being worked through. Plans to keep services running should there be a second wave were being made. Increasing the number of available appointments and restoring services was a main focus and Cancer services now had more available appointments. Some services were struggling

such as the Orthopaedics as the department was small at St Marys. Strict infection control measures have been put in place to help contain the spread of the virus. Patients had been reluctant to travel to the mainland for treatments which had created longer wait times.

Updates for the next board discussed were:

- Physical impact of Covid19 from Director of Public Health
- Economic Impact of Covid-19 from Norman Arnold
- Mental Health Impact and Wellbeing on the Island from Maggie Oldham

THAT the Mental Health update is noted.

6. Members' Question Time

None received.

CHAIRMAN