

Health and wellbeing
strategy for the Isle of Wight
2018 to 2021

Foreword

Many things influence our health and wellbeing – the lifestyles we lead, our social contacts, the environment around us, our jobs and homes, as well as the health and care services which support us.

Everyone on the Island should have the right to enjoy good health and wellbeing and the majority do, however we are aware that some groups and communities systematically experience poorer health than others.

While this strategy aims to improve the health and wellbeing of everyone on the Island, it focuses on making faster improvements for those who are most vulnerable and experience a poorer quality of life.

This is the first health and wellbeing strategy under the new conservative leadership of the council, overseen by a reinvigorated health and wellbeing board. Many people and organisations have contributed to the strategy, so that we have a shared vision for health and wellbeing for the Island.

We can't tackle everything that impacts on health and wellbeing at once, but together we have agreed to take a 'life course' approach under three themes: **Start well; live well; and age well**. We want to make a significant difference to the lives of people across the Island.

Alongside the three main themes we have agreed to two 'place-based' initiatives in Newport (Pan) and Ryde (North East) taking an asset-based community development (ABCD) approach to support and develop citizen-led action to improve the health of their communities. Much is already going on, but in a recent consultation, you have said to us that you really value that sense of community and you would like to develop it even more. The board and local public organisations can help with this but it cannot be done without local people playing their part.

Our health and wellbeing is fundamental to how we live our lives and everyone has a role in improving it for ourselves and the people around us. Together we have agreed the areas we want to focus our efforts on, and we now have to ask ourselves what we could do to play our part, either as an individual, as part of a community or as part of a group or organisation.

Councillor Dave Stewart

Chair, Isle of Wight Council Health and Wellbeing Board

For details of meetings held by the health and wellbeing board please visit: www.iwight.com/Meetings

Executive summary

The statutory roles of the health and wellbeing board (HWB) are: to improve the health and wellbeing of local people; to reduce health inequalities; to promote the integration of services; and to oversee the production of a joint strategic needs analysis (JSNA) and joint health and wellbeing strategy (JHWS).

The Island system has undergone significant challenges in recent years and will continue to face the challenges of an ageing population and increasing demand on health and care services for the duration of this strategy. We have also seen changes to the leadership of our NHS trust and the formation of a local care board (LCB) that will focus on key priority areas for ensuring high quality and sustainable health and care services for the Island.

With the Isle of Wight Council under new political leadership since May 2017, the HWB has been reinvigorated with the aim of ensuring that it is accorded the necessary corporate, political and partnership priority to develop this strategy based on the health and wellbeing needs of local people. This, along with the formation of the LCB that reports to the HWB, has the potential to bring clarity to the prevention agenda by building on the work already done to set priorities for projects and actions. It will ensure that there is clear, strong and coherent leadership in order to have the focus and capacity to make a difference. This includes the need to take both a 'whole population' and targeted approach for communities with greater challenges.

This strategy builds on the aim of the council's corporate plan to move towards one public service by developing joint commissioning across council departments and the wider NHS, regeneration and environmental system, and in doing so to start looking beyond integration itself to the outcomes it produces to improve the wider determinants of health and wellbeing.

By taking a 'life course' approach (**Start well, live well, age well**) and building on the place-based work with communities and voluntary and community partners, using an asset based approach to preventing ill-health, building resilience and self-care it will bring together the many strategies and plans we have in place under one clear vision. This will enable the HWB and LCB to evidence the impact of the work of the board, its members and their organisations in improving health and wellbeing outcomes and reducing inequalities.

Health and wellbeing strategy for the Island

Shared vision for health and wellbeing on the Island:

People live healthy and independent lives, supported by thriving and connected communities with timely and easy access to high-quality and integrated public services when they need them.

This strategy sets out a shared vision using a 'life course' approach for improving health and wellbeing on the Island. It is now generally acknowledged that a life course approach that promotes a holistic view of an individual's total health and wellbeing is an effective means of reviewing public health in a community. This approach emphasises social perspective looking back across an individual's or group's life experiences for clues to current patterns of health and disease, while recognising that both past and present experiences are shaped by the wider social, economic and cultural context. By agreeing this approach jointly, we can all work together as individuals, groups, communities and organisations to make sure we are all pulling together in the same direction.

The strategy has not attempted to cover everything that impacts on health and wellbeing. Following consultation with key stakeholders, priorities would be identified and focused on during the period of this strategy. Consultation for this strategy was scheduled from July to December 2017 and had three phases:

- 1 Workshop with stakeholders with the results from this presented as a business plan for approval at the HWB.
- 2 Individual meetings with major stakeholders including elected members, representatives from the voluntary sector and council officers leading on housing, regeneration and place.
- 3 Draft report submitted for comment to corporate management team and the HWB for comment.

From this consultation, the priorities identified are based on what is believed to be the most important issues, which when addressed will have the biggest impact on our health and wellbeing locally. Information and data available for the Island has also been used to help us agree these priorities.

START WELL

Children are supported to get the best start in life that will lead to good health and wellbeing. This will provide the foundation to ensure they are able to achieve the best opportunities and wellbeing outcomes throughout their lives.

LIVE WELL

Families, individuals and communities are thriving and resilient, with access to good jobs, affordable housing, leisure activities, lifelong training, education and learning, health and care services, and are able to enjoy the place that they live.

AGE WELL

People are able to live independently in their own homes with appropriate care and support. Older and disabled residents are supported to play an active role in their communities and encouraged to maintain and develop their social and community networks.

Place-based initiatives

Alongside the life course approach we have agreed to two 'place-based' initiatives in **Newport (Pan)** and **Ryde (North East)**, taking an asset-based community development (ABCD) approach to support and develop citizen led action to improve the health of their communities and reduce inequalities. Much is already going on in these communities and there has been a significant amount of funding and intervention over the years. The decision to use an asset based approach to tackle the causes of inequalities in these communities was made after conversations with community members. They told us they didn't want to be done 'to' and 'for' but wanted to be supported to lead action to improve the health and wellbeing of their neighbourhoods.

Underlying principles

The focus of the Health and Wellbeing Strategy 2018 to 2021 is to improve health and wellbeing overall and to deliver swift and significant improvements for groups and communities that experience poorer health and quality of life. To make the best use of resources the work contributing to this strategy will apply the following principles:

EQUITY

Provision of services should be proportional to need and targeted to the areas, groups and individuals that need them most.

ACCESSIBILITY

Services should be accessible to all, with factors including geography, opening hours and physical access being considered for all including disabled persons.

INTEGRATION

Where the integration of services provides an easier system and better outcomes for people within the same overall cost, all relevant organisations should work together to maximise the local benefits.

EFFECTIVENESS

Activities and services should be evidence-based and provide value for money.

SUSTAINABILITY

The work contributing to this strategy should be developed and delivered with due regard to the environmental, economic and social dimensions of sustainability.

DIVERSITY

Activities and services should have due regard to the specific needs of protected groups and foster good relations between different people when carrying out their duties.

Relationship to other strategies

This health and wellbeing strategy does not sit alone. The priorities set out in the strategy will inform related core strategic commissioning and delivery plans, helping to consolidate action in these areas of importance.



Figure one

It is clear from *figure one* that there are a broad range of plans and strategies that will have an influence on the community's health and wellbeing and this is something that the HWB will need to review and influence. It is not the purpose of the health and wellbeing strategy to include or reiterate the contents of these documents but to identify the areas where there are gaps within these range of strategies that need to be addressed.

This is set in the context of the planning for a 'One Public Service' approach which aims to support cross public sector partnerships to work collaboratively on land and property initiatives leading to new jobs, new homes, joined up public services and savings for the taxpayer. The health and wellbeing strategy aims to support this by engaging with partners to identify how other areas of work such as regeneration, housing and digital connectivity can impact on the community's wellbeing.

Start well

Children are supported to get the best start in life. Good health and wellbeing will provide the foundation to ensure they are able to make the best of opportunities throughout life and achieve their maximum potential.

Why is this important?

We know that giving every child the best possible start in life is crucial to reducing health inequality across the life course. The foundations for a good life are laid in these early years (starting in the womb) and the effects are felt on many aspects of health and wellbeing from obesity, heart disease and mental health, to educational achievement and economic status.

Nationally, the Department for Education and Department of Health has issued statutory guidance for local authorities, clinical commissioning groups and NHS England to promote the health and wellbeing of looked-after children. This guidance states that the health needs of looked-after children should be taken into account in developing the local Joint Strategic Needs Assessment (JSNA) and the Joint Health And Wellbeing Strategy (JHWS).

Locally, the JSNA articulates the needs of children on the Isle of Wight. Based on the JSNA, the Children's Trust board has published the new Children and Young People's Plan (CYPP) 2017 to 2020. This plan sets out the vision of working together to achieve high quality outcomes for children and families through the provision of sustainable support and services. The outcomes and priorities in the plan are reflected in the Isle of Wight Council's corporate plan and in the Commissioning Intentions 2017 to 2019 published by the clinical commissioning group.

To achieve the outcomes and priorities for children, this will require the JHWS to address the wider determinants of health such as reducing childhood poverty, providing access to affordable housing and the availability of jobs and sustainable transport through inward investment and regeneration.

The provision of sustainable support and services includes the offer of early help and intervention through family hubs in local communities, the Strengthening Families programme, education and special educational needs and disability services support for children, families and schools. Children's social care provides a range of services and support to protect and safeguard children. This includes supporting children to remain within, or return to the care of, their families where and when it is safe and appropriate to do so and to provide the best outcomes for children in care and care leavers, including fostering and adoption.

The corporate parenting responsibilities of local authorities include having a duty under section 22(3)(a) of the Children Act 1989 to safeguard and promote the welfare of the children they look after, including eligible children and those placed for adoption, regardless of whether they are placed in or out of authority or the type of placement. This includes the promotion of the child's physical, emotional and mental health and acting on any early signs of health issues. Directors of children's services, directors of public health and lead members for children's services have a responsibility to ensure there are systems in place so that this duty is properly discharged.

Most children become looked after as a result of abuse and neglect. Although they have many of the same health issues as their peers, the extent of these is often greater because of their past experiences. Delays in identifying and meeting their emotional wellbeing and mental health needs can have far reaching effects on all aspects of their lives, including their chances of realising their potential and leading happy and healthy lives as adults. There is growing evidence of the impact of adverse childhood events on health and wellbeing in adulthood. Children subject to child protection and children in need, like children in care and care leavers, are likely to have experienced such adverse childhood events. Therefore, the JHWS needs to set out the life courses and care pathways for these children to support them to achieve happy and healthy independent adulthood.

Locally, child poverty levels are in line with national figures with one in five (20.7 per cent) of all children on the Isle of Wight classed as being in relative poverty (21.2 per cent of under 16s). This is higher than for the south east of England and is an increase of 585 children on 2013 numbers.

Across the country, at any one time, one in ten young people aged five to 16 years have a mental health problem. We also know that many adults with mental health problems first experienced them from their mid-teens. When asked in the most recent school survey 16 per cent of secondary school pupils said they had used mental health or counselling services in the past year.

When pupils were asked about their social media habits, 92 per cent in Year 8 and 10 said they use social media, and 63 per cent in year 6, with 38 per cent of year 8 and 10, and 25 per cent of year 6 receiving a nasty, hurtful or scary message. When local children were asked if they have ever been bullied, just under half of year 6 (49 per cent) and 45 per cent of secondary school pupils said they had been bullied.

Pupils were asked a series of questions to determine an overall self-esteem score and a resilience score. In secondary schools seven per cent of pupils have low self-esteem, and 27 per cent have low resilience, while among Year 6 pupils five per cent have low self-esteem and 15 per cent have low resilience.

Evidence shows that the population's diet is getting worse and obesity and poor health outcomes are increasing as a result. On the Isle of Wight the National Child Measurement Programme (NCMP) data showed that 32.7 per cent of children in Year 6 were classed as overweight or obese which is above the national average (22.1 per cent).

The Department of Health (DoH) recommends that those aged five to 18 should exercise for 60 minutes every day to be healthy. Locally, when we asked about exercise only 16 per cent said they met this guideline. For both boys and girls, physical activity decreases with age.

The JSNA draws upon data from a wide range of indicators of health and wellbeing which have been used to identify our priorities for working in partnership to improve the health and wellbeing of children. For more detailed information visit the children's and young people's factsheets (including pregnancy and maternity information):

www.iwight.com/Council/OtherServices/Isle-of-Wight-Facts-and-Figures/Information-Factsheets-and-Figuresheets

What will the health and wellbeing board focus on?

The HWB acknowledges the priorities and work plan set by the Children's Trust plan as follows:

- Children, young people and families enjoy the best possible mental, emotional and physical health.
- Children, young people and families feel safe and behave safely
- Children and young people have high aspirations and are able to achieve their full potential

Alongside the Children and Young People Plan and the Children's Mental Health Transformation Plan priorities we will focus on including the following:

1 Improving children's resilience, knowledge and skills to improve their health and wellbeing.

2 Developing new integrated prevention and early help services across health and social care to meet the needs of children and families.

Priority 1: Improving children's resilience, knowledge and skills to improve their health and wellbeing

Public health, schools and key stakeholders are working together to coproduce a new 'whole school' programme of interrelated provision that schools can use to improve pupils' health and wellbeing

to reduce inequalities which affect attainment and aspiration. The Partnership for Educational Attainment and Children’s Health (PEACH) programme will build on the previous ‘healthy schools’ programme and will incorporate accredited awards. Initially PEACH will incorporate four domains (as shown in figure two):

- Personal, social, health and economic education.
- Emotional wellbeing and mental health.
- Physical activity.
- Healthy eating.

Within each domain, a set of key criteria are outlined which need to be met to improve the health and wellbeing of children and young people.

Currently, there is variation in uptake of evidence-based and quality provision by local schools, alongside differing levels of engagement in implementing health promoting policies and incorporating the four key areas. Equally, there is a lack of opportunities for schools to share best practice with each other in the areas of the four domains and to plan island wide approaches to new and emerging areas to focus on or how different elements can become integrated. PEACH is that collaboration and will enable additional funding to be bid for and best value made of existing resources.

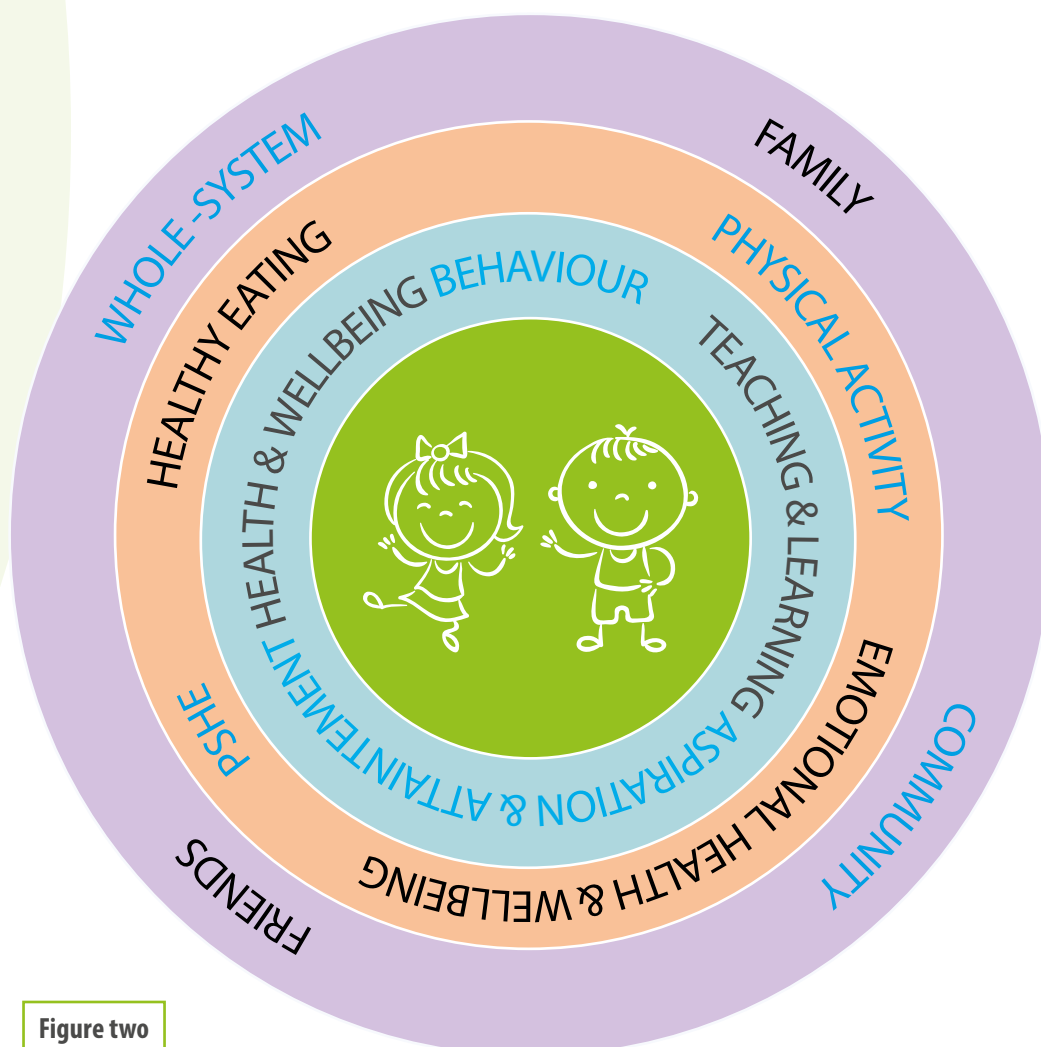


Figure two

What will we do?

We aim to achieve this through a whole-school and family centred approach working with key stakeholders and schools, to offer an effective, evidence-based range of interventions and a support network to schools which they buy into through a membership. PEACH has been developed during a process of bringing key stakeholders together to develop and implement the programme. As a result stakeholders agreed the four domains of PEACH should include accredited awards and that schools wanted support from public health in ensuring the interventions provided to children are evidence based. The aim is to make the offer of such good value to schools that they choose to invest their school PE premium and other funding to pay for their engagement in PEACH.

The offer will include:

- training for school staff;
- an accreditation/award process;
- a panel of providers delivering evidence based approaches;
- offers to schools of new opportunities and resources;
- sharing of good practice between schools;
- networking between schools and providers;
- updates to schools on latest policies and strategies relevant to the four domains.

Work has already started to:

- plan, develop and coordinate PEACH through a partnership model;
- develop a process to pool resource to ensure PEACH becomes self-funding and brings best value for money to schools;
- support the training and development of staff to better equip them in improving health and wellbeing, behaviour and attainment;
- improve pupil attainment, aspiration, health and wellbeing;
- improve engagement and capture stakeholder insight, ideas and solutions to local issues.

Priority 2: Developing new integrated prevention and early help services across health and social care, to meet the needs of children and families

Health and care services for children on the Isle of Wight are commissioned by local authority public health, local authority children's services, the Isle of Wight Clinical Commissioning Group and NHS England. Locally through the work of the Local Care Board we are moving toward integrated provision of services and therefore to support this new model of delivery we are committed to integrating the commissioning functions across the system. For children and young people the aim is to streamline the complexity that exists in the planning of services for children's health and wellbeing.

What will we do?

Establish an integrated children's commissioning unit (ICCU) that will initially focus on integrating the commissioning within the local authority regarding children's and family services. As the unit develops it is proposed that elements of the clinical commissioning group's (CCG) commissioning could be integrated into the unit, specifically services relating to child wellbeing, mental health and services for children with learning difficulties and disabilities.

The unit will initially focus on the joint commissioning of public health nursing (0 to 19 years) and children's services early help contracts to realise benefits and ensure:

- understandable and identifiable connectivity between universal, targeted and specialist provision making services easily accessible;
- the use of evidenced-based interventions and services that we know work;
- the interventions and services are cost effective and outcomes focused;
- robust processes for quality and performance and contract management;
- the best possible services at best value.

By working in this way, the ICCU will contribute to the aims of this strategy to create the conditions for families to be resilient and better able to improve their own health and wellbeing.

Live well

Families, individuals and communities are thriving and resilient with access to good jobs, affordable housing, leisure activities, lifelong training, education and learning, health and care services and are able to enjoy the place where they live.

Why is this important?

People who live in thriving and resilient families and communities enjoy a sense of belonging, of being cared for and valued. These feelings provide the foundations for better health, a sense of wellbeing and foster the conditions which support people to thrive and aspire to their potential. Unfortunately, not all people and families on the Island experience these benefits: some are vulnerable and live fragile lives, which are affected by even small changes to their circumstances.

We all have a role to play in maintaining and improving the health and wellbeing of ourselves and our families. We need to support and motivate individuals, families and communities to take responsibility for their own health and wellbeing and provide support to those who need help to do so.

The lifestyles we lead play a significant part in our health and wellbeing. Heart disease and cancers remain the main causes of premature deaths and health inequalities on the Island, but for the most part, these diseases are preventable by changing our everyday habits.

On the Isle of Wight it is estimated 22,000 people aged 16 plus smoke. Of these each year on average 850 (3.8 per cent) will be admitted to hospital and around 115 will die from a smoking attributable condition. It has been highlighted that 22 per cent of pregnant women smoke throughout their pregnancy, one of the highest rates in the country although this is an improving picture.

The percentage of adults completing less than 30 minutes of activity per day is 33.2 per cent, which is significantly worse than the national average of 22.7 per cent. This means one in three adults on the Island are inactive. It is estimated that 66.2 per cent of adults on the Island have excess weight which is similar to the national average. It is now clear that inactivity along with high-calorific food and large portion sizes, has contributed to an increase in obesity.

Alcohol is the leading risk factor for deaths among men and women aged 15 to 49 years in the UK. It is now the third biggest risk factor for preventable ill-health and death behind smoking and raised blood pressure.

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually. Locally it has been indicated that alcohol admissions to St Mary's have cost £1.6 million per year but it is likely that this represents a significant underestimate.

The Isle of Wight faces significant health challenges and pressures on local services with the same number of people drinking harmfully as the number of people with diabetes (10,000) and at least a third of people on the Island are drinking above recommended guidelines.

Our mental health is an important indicator of our ability to cope with everyday life. It is reported that 1,600 people on the Island have a mental health problem at any one time, often influenced by multiple factors including low educational attainment, social isolation, unemployment and financial and relationship problems.

Added to this is the issue of those adults and young people with coexisting severe mental illness and problematic substance misuse use. These people have some of the worst health, wellbeing and social outcomes. While the interdependence of mental health and substance misuse (formerly known as dual diagnosis) is widely acknowledged and documented, the collaborative tackling of the issue remains far from systematic or integrated.

Adverse childhood experiences (ACE) can have a tremendous impact on lifelong health and opportunity. This is now being seen as an important public health consideration for services providing interventions for working age adults who are living with the impact of their ACEs not only on their health and wellbeing but also on but also on their economic status.

We know from the 2011 census that the majority of householders (70 per cent) on the Island own their properties, with 41 per cent of those owning them outright; being older retired people who have paid off their mortgages. This rate of home ownership is higher than for both the south east and for England being 67 per cent and 63 per cent respectively with outright ownership also being higher at 33 per cent and 31 per cent respectively.

This does not leave a lot of room for manoeuvre for those looking to purchase accommodation and given that the average house price for the Isle of Wight in April 2017 was £198,865 which is 7.9 times the average full time earnings of £25,297. This means the ability for many to purchase is not an option.

There is, therefore, great pressure on the rented housing sector on the Island. This is particularly so for social housing given that the percentage of social housing stock on the Island amounts to 10 per cent of all housing tenure as opposed to 14 per cent in the south east and 18 per cent in England. This, coupled with the numbers on the register for social housing far exceeding the number of allocations made, means demand far exceeds supply.

In November 2017 there were 2016 households registered for social housing, and while an average of 430 allocations has been made over the last three years, the level of allocations per year has dropped by 25 per cent over the same period.

Access to the private rented sector is not a viable alternative option for many households given the unaffordability of such accommodation, particularly those who are benefit reliant or on low incomes. The following table shows the level of rents charged in the private sector as opposed to the assistance a household can get from the Local Housing Allowance to help pay rent and compared to social housing rents.

Type of rented unit	Private rent levels per month at March 2017	Local Housing Allowance (LHA) rates per month with effect Nov 2017	Social rented per month from Nov 17		
			General needs	Affordable rented	Intermediate rented
Room/bedsit	£379	£297	£316	n/a	n/a
1 bed	£450	£403	£358	£411	£472
2 Bed	£595	£528	£464	£507	£637
3 bed	£750	£648	£488	£585	£736
4+ bed	£950	£798	£511	£749	£866

(Source, Valuation Office)

Many households struggling to secure or maintain accommodation, seek advice and assistance from the local authority's housing services. Over the last three years the service has received an average of 1,456 approaches a year and this year is starting to register an increase in approaches. Wherever possible, homeless prevention is the desired outcome and over the last three years, an average of 312 households have been assisted in this way, but the numbers assisted have dropped by 12 per cent over this period due to the lack of suitable affordable accommodation available for households to access.

The ability to move people on to suitable accommodation is also reflected in the number of households in temporary accommodation which has seen a rise from 141 in March 2013 to 174 at the present time.

What will the health and wellbeing board focus on?

The HWB is keen to focus greater attention on prevention and early help for individuals, families and households. It welcomes the intended outcomes of the council's developing plans to regenerate local areas in order to attract new business, create jobs and increase personal wealth. It is hoped that this will help to address the local levels of unemployment and economic deprivation, which are seen to have clear impact on Islander's health and wellbeing. Alongside this it is now recognised that digital technology and connectivity now underpin almost every aspect of modern living across work, travel, leisure and health, and good internet access is now widely viewed as the 'fourth utility'. The Island's 'digital pathfinder' plans, which aim to attract new digital businesses to the Isle of Wight, and support existing Island organisations with opportunities presented by the digital economy, will also have an impact on our local community.

Alongside these corporate plans, supported by the use of JSNA data and the Isle of Wight Prevention Strategy, we have identified five main areas of focus for this strategy:

1 Ensuring people get timely support to maintain secure and appropriate housing.

2 Encourage people to be more active and structure places to be more conducive to activity with a focus on health inequalities for disabled people.

3 Work together to develop inclusive and resilient communities and support access to good work.

4 Reducing the occurrence and impact of Adverse Childhood Experiences (ACEs).

5 Addressing the issue of complex needs (formally known as 'dual diagnosis').

Priority 1: Ensuring people get timely support to maintain secure and appropriate housing

Housing clearly impacts on health, education, crime and employment. Without good quality housing, people are less likely to be able to maintain good health, steady employment or education. Good quality and affordable housing has also been proven to help reduce crime. This strategy aim is to create the conditions for stronger and more resilient communities. We want everyone to be able to live in a decent, safe home that they can afford. Delivering on the Island's vision for 'One Public Service' will enable a more integrated and timely intervention to stop people becoming homeless and to help people adapt their homes to changes in their circumstances such as disability or illness.

What will we do?

We will develop and implement a homelessness strategy that focuses on prevention, early intervention and the changes the system needs in order to support people to maintain secure and appropriate housing.

In April 2018 the Homelessness Reduction Act 2017 was due to be implemented. The act places a duty on all public bodies to ensure that where a threat of homelessness is recognised, a referral is made to the housing authority to help to prevent homelessness.

We will ensure that all public bodies on the Island adhere to these new duties and that early intervention is put in place to ensure that all residents facing homelessness are given the appropriate advice, assistance and support to access and sustain suitable accommodation to meet their needs.

We will do this by:

- ensuring that all services put recognising the need for homelessness prevention at the core of their services;
- supporting public bodies and other agencies to work with housing services to develop and implement pathways for referrals where homelessness has been identified;
- improve the resilience within households to prevent future threats of homelessness.

Priority 2: Encouraging people to be more active and structure places to be more conducive to activity

Our 2016 public health annual report focused on physical activity and recommended the need for a whole-system approach to tackling inactivity. There is strong evidence that physical inactivity is

detrimental to health, both physical and mental and the benefits of even moderate levels of activity on health and wellbeing are also well documented. Focusing attention on this priority by the HWB will help to reduce forecasted pressures on our health and care system, and will revitalise our approach to physical activity, transport and sport.

What will we do?

The council's place-shaping role is crucial to creating the structural environment and directing how sport, physical activity and active travel can join-up to create a more integrated approach to increasing physical activity.

- We will build on work already happening from existing and new partnerships (locally and regionally) to work better together to be more effective in how we use our local resource, access external resources and address the barriers for people to be more active through joined-up, innovative and sustainable initiatives.
- Our active travel work will be linked into the local action plan for physical activity and sport, as part of our approach for how we encourage people and their families to be more active within their communities.
- We will continue to build from our asset-based approaches to working alongside, and within communities to identify and mobilise assets to create opportunities for new formal and informal physical activity.
- Ensure that as we integrate our commissioning functions so that physical activity and green transport are considered in all specifications for the workforce and service users.
- We will develop an appropriate training and development workforce plan for staff working within or connected to the physical activity sector to build competencies.

Priority 3: Work together to develop inclusive and resilient communities and support access to good work

The local economy, and access to good quality work, is a major determinant of health. Long-term unemployment worsens health in three important ways: financial problems which affect living standards; depression or anxiety triggered by a lack of a positive self-identity; and its association with poor health behaviours, such as alcohol consumption.

What will we do?

Recognise the value of local community and neighbourhoods as places where health is created and people are mutually supported to age well, flourish and contribute. Our Public Health Team and Regeneration Team will work closely together as we clearly recognise that good health and employment are closely linked, as are poor health and worklessness. This will lead to the following areas of work:

- Harness the skills, gifts and experiences of people in the community and support them to utilise their strengths in contributing to the regeneration of their community.
- Build and grow welcoming and inclusive communities, where everyone has the opportunity to participate.
- Work with the Community Safety Partnership to identify and address issues that have an impact on community wellbeing, eg perception of safety/risk of crime.
- Work with regeneration to supply the data and intelligence needed to target programmes of work and resources.
- Work through our team of local area coordinators to ensure that individuals who have physical or learning disabilities and mental health needs have the opportunity to be in control of their lives and are able to contribute to and benefit from work opportunities suitable for their abilities and increased prosperity.

Priority 4: Reducing the occurrence and impact of adverse childhood experiences (ACEs)

Childhood experiences, both positive and negative, have a tremendous impact on lifelong health and opportunity. Therefore, early experiences are an important public health issue. As the experiences occur in early life but continue to impact throughout life right up to old age, the ACEs priority is a thread connecting all three phases of the life course focused on by this strategy. We have placed it in **live well** because of the impact parents have on the occurrence of ACEs. We already have good early help and prevention in place for children within children's services but little to address the impact of ACEs, and little understanding of ACEs in services for working age adults who are living with the impact of their ACEs.

We have known for a long time that children raised in disadvantage are likely to experience worse health and life chances as children and as adults as well. Research which began in the late 1990s on the impact of this disadvantage, which were named adverse childhood experiences (ACEs), demonstrated the mechanism by which this happens.

Adverse childhood experiences have been linked to:

- risky health behaviours;
- chronic health conditions;
- low-life potential;
- early death.

As the number of ACEs increases, so does the risk for these outcomes. The wide-ranging health and social consequences of ACEs underscore the importance of preventing them before they happen.

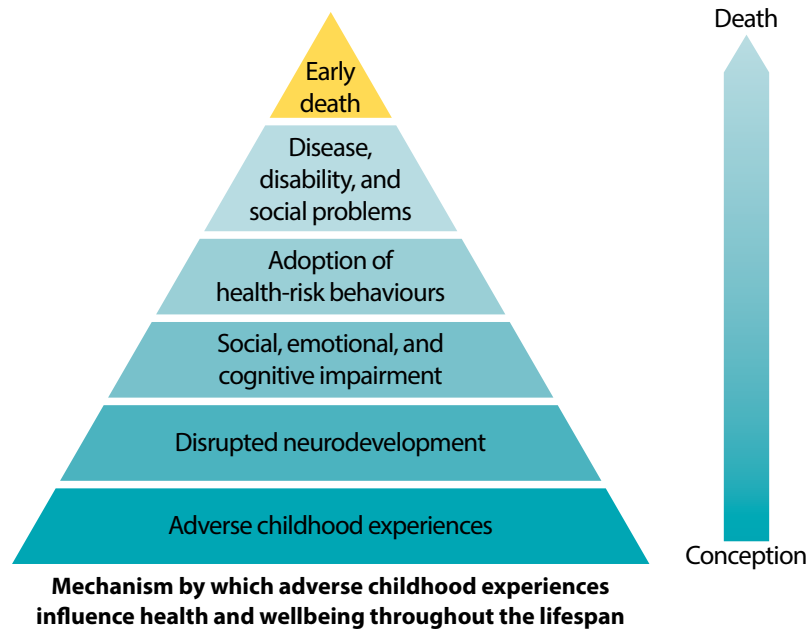


Figure three

Adverse Childhood Experiences (ACEs) are common. Almost two-thirds of a typical adult population report at least one ACE, and 15 per cent report four or more ACEs. ACEs are a set of abusive and neglectful childhood experiences: including direct abuse, eg sexual, emotional, and physical and neglect; and indirect, ie household dysfunction, domestic violence, drug and alcohol misuse, mental ill health, criminality, or separation from parent.

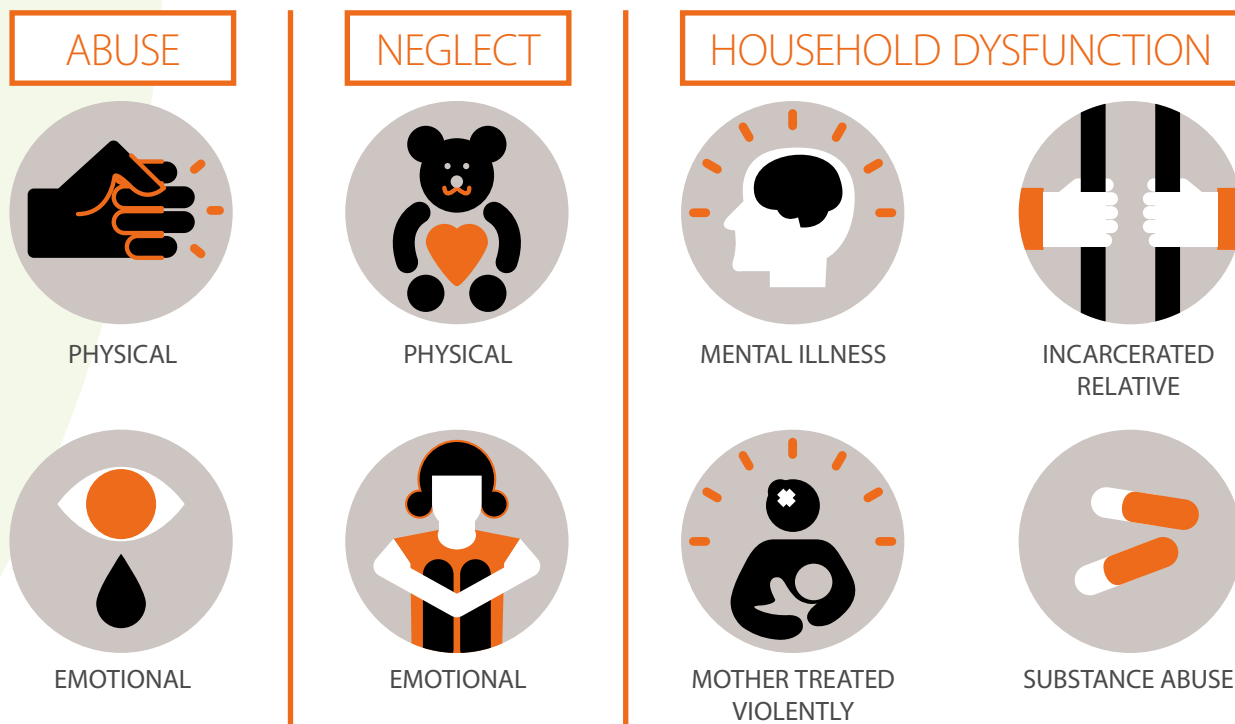


Figure four

Children and young people exposed to ACEs have an increased risk of health harming behaviours and poor health outcomes across the life course.

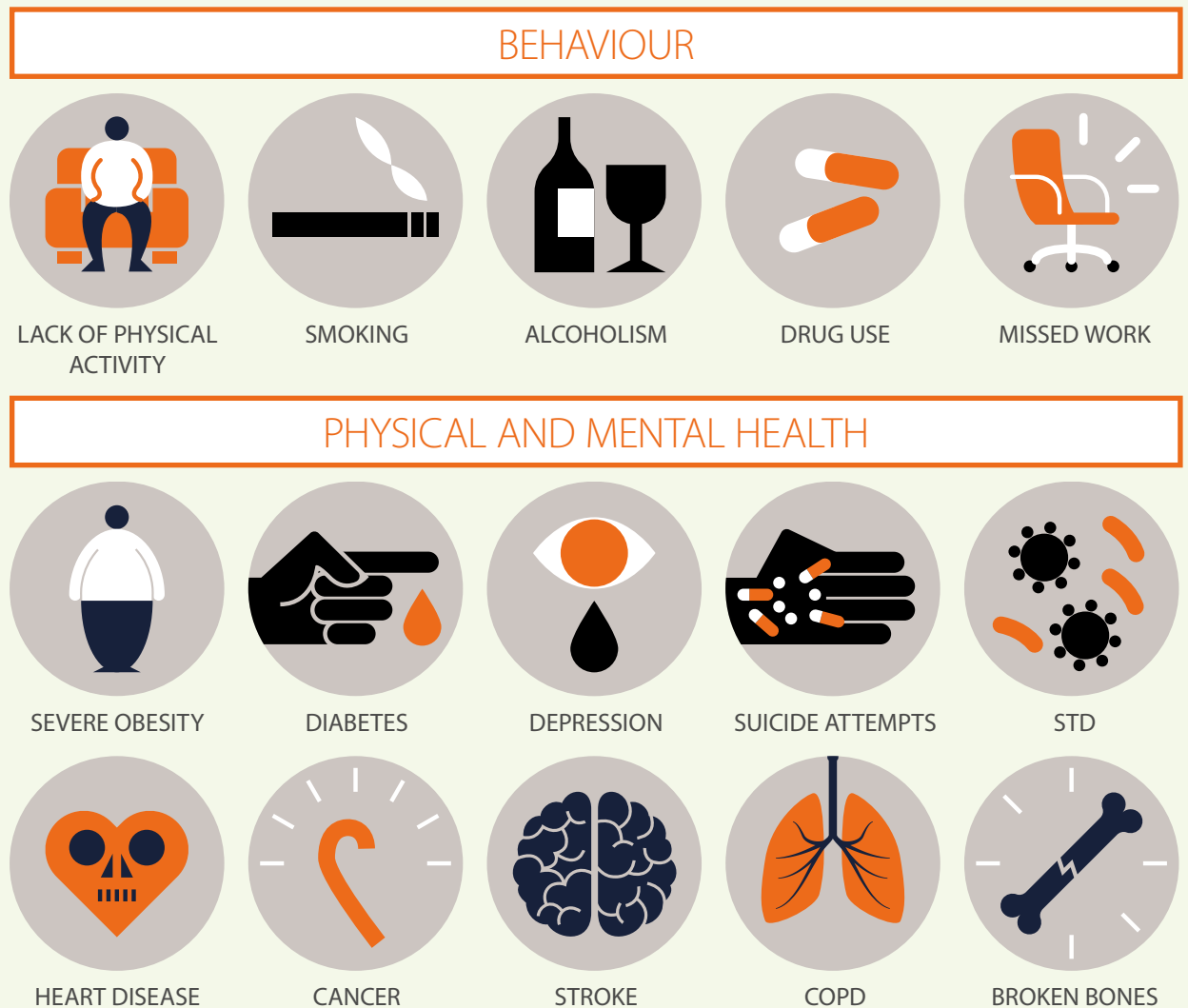


Figure five

Tackling the causes, presence and impact of ACEs will be an important factor in achieving our aspiration to reduce inequalities on the Island. People living with deprivation and poverty have fewer protective factors and are likely, on average, to have a higher prevalence of ACEs. Children and young people exposed to ACEs are more likely than those who are not to grow up to live in conditions that have a negative impact on their health. Parents with higher ACEs are more likely to have children who also have higher ACEs. Adults with four or more ACEs score are more likely to live with long term conditions; prematurely die; commit violent crime; or be a victim of violent crime; experience unemployment; and therefore require more interventions and support during their adulthood, and are less likely to work, pay taxes and contribute positively to their community.

What will we do?

A period of coproduction called the 'big conversation' will help us decide what we will do. This phase has been launched by a screening of the documentary 'Resilience' with a discussion afterwards.

As a result of that discussion we agreed to meet again in late January 2018 with a wider group of people working in a range of agencies to agree an action plan. Initially there is likely to be a need to understand what percentage of the population live with four or more ACEs, and to raise awareness amongst staff and the community. Possible actions to be implemented are:

- routine enquiry about ACEs;
- trauma informed care including talking therapies;
- training to ensure staff can do this.

This will be overseen by the multi-agency group which is taking forward other aspects of the live well priorities.

Priority 5: Addressing the issue of complex needs (formally known as 'dual diagnosis')

Adults and young people with coexisting severe mental illness and substance misuse have some of the worst health, wellbeing and social outcomes. It is not clear how many people in the UK have a coexisting severe mental illness and misuse substances, partly because some people in this group do not use services or get relevant care or treatment. While the interdependence of mental health and substance misuse (formerly known as dual diagnosis) is widely acknowledged and documented, the collaborative tackling of the issue remains far from systematic or integrated.

What will we do?

The most recent national guidance is very clear. All staff that may be the first point of contact with young people and adults with coexisting severe mental illness and substance misuse should be able to identify and provide support to people with coexisting severe mental illness and substance misuse. In addition, secondary care mental health services should “not exclude people with severe mental illness because of their substance misuse”. Mental health services should adopt a person-centred approach to reduce stigma and address any inequity to access to services people may face. Signatories to the substance misuse strategy pledge the following:

To address coexisting severe mental illness and substance misuse in community health and social care services. Guidance will be developed in partnership with the NHS trust and Public Health to draw together the expertise of mental health and substance misuse practitioners as well as wider agencies and stakeholders as appropriate into a framework that will standardise aims, objectives and processes across the Isle of Wight. Delivery of the guidance will be monitored by the Drug and Alcohol Action Team (DAAT) board.

Age well

People are able to live independently in their own homes with appropriate care support. Older residents are supported to play an active role in their communities and supported to maintain and develop their social and community networks.

Why is this important?

Older people can, and often do, make a valuable social, economic and civic contribution to their local communities, and to the Island, alongside other generations. Remaining active helps people age well and we need to encourage more people, of all ages, to maintain and develop their social and community networks. People should be supported to live independently in their own homes with appropriate care support as they age.

Over one in four Island residents are older than 65. This is the 15th highest level of any local authority in England and Wales. Over the next ten years, the number of 65 to 79 years old will increase by nearly 17 per cent, while the over 85s will increase by 40 per cent.

Most people want to stay living independently for as long as possible and have strong emotional ties to their neighbourhoods. Having the right kind of accommodation in the right place is one of the major factors that determine our ability to maintain independence, particularly as we get older.

In line with population changes, the proportion of people living with long-term conditions will increase. Dementias currently affect five per cent of people aged over 65 and 20 per cent of those over 80 years. The changing age profile will result in significant increases in the number of people living with a dementia.

The role undertaken by carers will become even more crucial so that people are able to remain independent. Services for carers should be joined-up across organisations on the Island to ensure that the most effective and efficient support is provided.

Older people at risk of losing their independence following an illness or hospital admission currently receive care and support from a number of organisations, often experiencing several handovers between professionals. These services need to be more integrated with a focus throughout the system on regaining and promoting independence. The adult social care strategy 'Care closer to Home' sets out how this will be delivered for the Island. It uses the PIP approach (promote wellbeing

– improve wellbeing – protect wellbeing) as its underlying principles and focuses on working with people and the local community to help people remain in their own homes.

Carers are an essential component of the health and social care economy and save the government approximately £119 billion each year (NHS England 2014). On the Island we have more than 16,000 carers providing the help and support that keeps people living within their own homes. Without this support, the Island's services simply could not cope with demand.

Caring responsibilities can have an adverse impact on the physical and mental health, education and employment potential of those who care, which can result in significantly poorer health and quality of life outcomes. These in turn can affect a carer's effectiveness and lead to the admission of the cared for person to hospital or residential care.

What will the health and wellbeing board focus on?

The HWB is keen to focus greater attention on prevention and early help for older people and carers. Therefore, alongside supporting the outcomes of the Care Closer to Home strategy, the local care board priorities and other plans that aim to address the issues raised by the JSNA, we have identified three main areas of focus for this strategy:

1 Integrate activity that focuses on prevention and self-care.

2 Support for carers including those who formally care and informal carers.

3 Work to promote inclusion, independence and resilience through strengthened neighbourhood and social networks.

Priority 1: Integrate activity that focuses on prevention and self-care

What will we do?

We will continue to build on our asset/strength based approaches to working alongside, and within communities to identify and mobilise assets to:

- help people maximise income, including benefits they are entitled to supporting aging well (eat and heat);
- commit to developing the workforce through MECC (making every contact count);
- be able to use a person-centred approach that enables people to live well whatever their goals;
- increase community engagement, undertake intergenerational activity and encourage volunteering to foster understanding, build relationships and resilience;
- work with our fire service to introduce the STEER (safety through education and exercise for resilience) course to the Island.

Priority 2: Support for carers including those who formally care and informal carers

We recognise the invaluable contribution that carers on the Island make to our families and communities. The role undertaken by carers will become even more crucial so that people are able to remain independent. Services for carers should be joined-up across organisations on the Island to ensure that the most effective and efficient support is provided.

What will we do?

Carers need early identification and appropriate support to ensure that they are able to remain in their caring role therefore we will:

- develop our workforce especially within the three Integrated locality services and primary care to be able to identify and offer appropriate support to unpaid carers, enabling carers to remain in their caring role for as long as possible, while ensuring that we recognise when a carer needs to opt out of caring;
- introduce a carer's lounge offering unpaid carers a safe place to look at their needs and what help they require to support their cared for person while in hospital;

- offer training for carers in delivery of personal care – Independent living equipment and manual handling can be offered at the Independent Living Centre to improve the unpaid carer's confidence in caring for their person at home.

Priority 3: Work to promote inclusion, independence and resilience through strengthened neighbourhood and social networks

Evidence shows us that experiencing loneliness in older age has serious potential negative health impacts. There is also good evidence to show having good social networks as you age can serve to protect you against various health risks. We recognise that communities are enriched through the inclusion and contribution of older people, people with disabilities, mental health needs and carers.

What will we do?

- Working with partners in the community, we will ensure that individuals have the opportunity to be in control of their lives and be heard.
- Create the conditions for the development of sustainable natural friendships and connections within communities that are mutually supportive. Connect people with shared interests and experiences, to enable meaningful social networks to develop.

Asset based community development (ABCD) – place-based initiatives

Alongside the three main themes we have agreed to two 'place-based' initiatives in Newport (Pan) and Ryde (North East), taking an ABCD approach to support and develop citizen-led action to improve the health of their communities. Much is already going on in these communities, and there has been a significant amount of funding and intervention over the years. The decision to use an asset-based approach to tackling inequalities in these communities was made after conversations with community members, who told us they didn't want to be done 'to' and 'for' but wanted to be supported to lead action to improve their neighbourhoods.

'Place-based' is a term used to describe how we will work with colleagues across public, voluntary and private sectors and people within a location/community area to co-produce a set of actions which lead to structural changes and improvements to the place that they live in. This will result in reducing the inequalities that cause poorer health outcomes for people who work, live, age and grow within that 'place'.

The starting point is the conversation we have with people where they understand what is important to them about their place and health and wellbeing, then building to:

- discover and establish what the priorities, ideas and opportunities are;
- establish what already exists that can be built from – who can support in taking the next steps.

This is what leads to the structural changes with the aim of adding life to years not just years to life through joint efforts of the system and communities.

Place-based initiatives are designed to promote change around fundamental determinants of health and wellbeing in local communities. Place-based health initiatives share an emphasis on concentrated investments in social, economic and human capital within local settings to achieve measureable health improvements. This approach is preferred to the more individualised/targeted approaches we have employed in the past that focus on a single risk factor or behaviour, as this has limited the opportunity to address 'the cause of the causes' of poorer health outcomes and inequalities within a place.

We will take action to:

- design the approach to meet the unique needs and priorities of the locations;
- engage with people across all sections of the 'place' in collaborative decision making;
- seize opportunities, particularly local skills, interests and gifts;
- evolve to new learning and people's interests;
- encourage collaborative actions by crossing and moving beyond organisational boundaries;
- attempt to change behaviours, norms and inequalities which cause poorer health.

People are more likely to engage within activity as close to their doorsteps as possible, since people will engage and connect around the things they care about, and most people will mobilise around the things that are close to home, therefore have more influence on the factors that underpin good health.

How will we know we have made a difference?

The HWB needs to have a shared understanding of how well it is doing in achieving the goals of this strategy and the outcomes for the Local Care Board. This will enable the HWB to have a robust oversight of the health and wellbeing of the whole population and its progress towards improvements goals.

The HWB recognises the importance of health and care services but at the same time acknowledges the research undertaken by the Health Foundation¹ that shows as little as 10 per cent of people's health and wellbeing is linked to access to health and care services. Therefore our measures for success need to be wider than just the health and care metric that focuses on demand for, quality of and access to health and care services.

Because of this we will develop a shared 'dashboard' that all partners are signed up to and that can be monitored both collectively and within their own organisations. These will include the local care board indicators alongside a local wellbeing indicator set developed based on the work produced by Happy City, a UK charity that develops measures to indicate social wellbeing and prosperity.

The delivery and monitoring of the priorities for health and care services will be through the Local Care Board. The delivery and monitoring of the priorities for the wider determinants of health and reduction in inequalities as set out in this strategy will be through the creation of a local wellbeing board as shown in figure six.



Figure six

¹ www.health.org.uk/blog/infographic-what-makes-us-healthy

It is proposed that a local wellbeing board will be formed to measure the success of this strategy in reducing inequalities and improving overall wellbeing by using a local wellbeing indicator set (LWIS). The set is the product of a six-month scoping project commissioned by the Office for National Statistics and Public Health England and developed by Happy City and What Works Centre for Wellbeing.

The indicator set was developed to meet the need for local measures that provide a consistent framework that uses local authority level indicators so that local decision makers can better understand the wellbeing of their constituents, and how they can act to improve it. The LWIS final framework is built around seven domains (personal wellbeing, economy, education and childhood, equality, health, place and social relationships) as shown in figure seven.

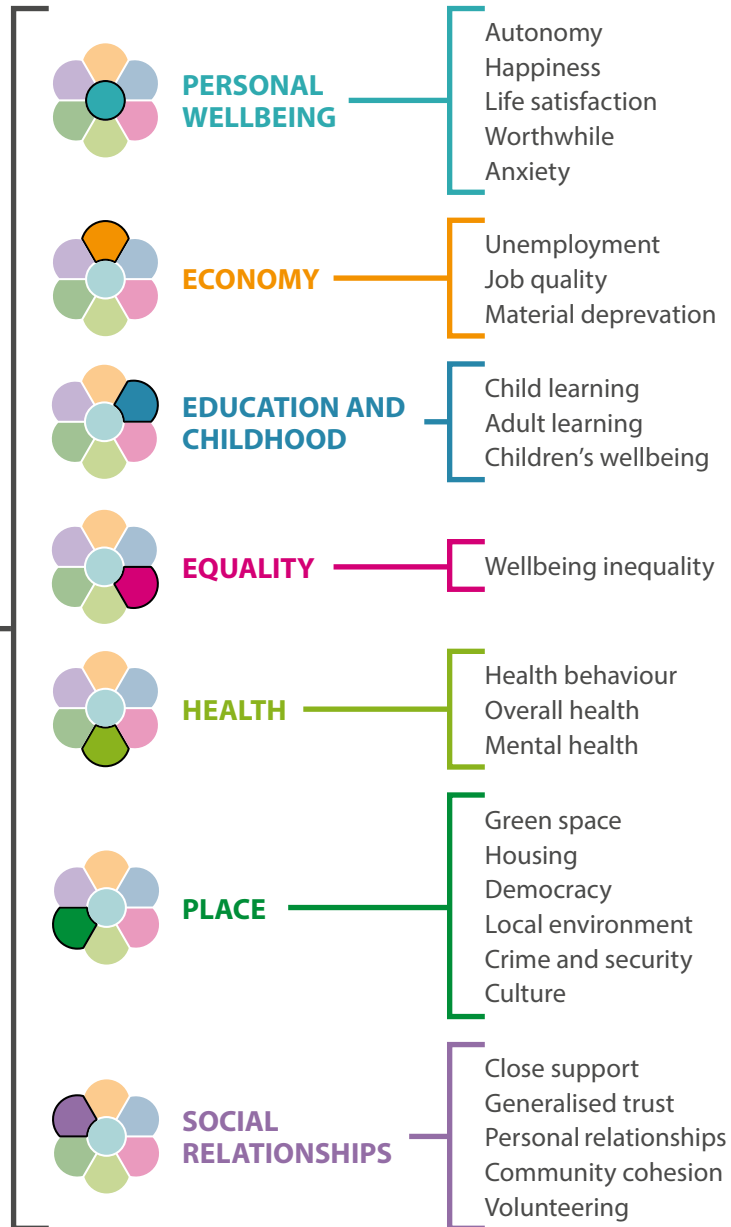


Figure seven
Local wellbeing indicator set –
Framework of seven domains

Each domain consists of several sub-domains – there are 26 in total (see figure eight). One 'ideal' indicator set has been identified for each sub-domain. In 11 cases, this indicator is not currently available at the local authority level – in most of these cases there is a proposed alternative indicator which is widely available at present to create a 'currently available' set. There are a further 37 additional indicators across the sub-domains, for if more in-depth, nuanced understanding is required.

By the use of these measures we will, for the first time, be able to measure the effect of the identified actions within a health and wellbeing strategy. By undertaking this, it is the aim to quantify either the achievements and improvements that we are making within the local community, or areas of health inequalities that require addressing.

Figure eight
Sub-domains



Health and wellbeing strategy for the Isle of Wight 2018 to 2021

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