HEALTH & WELLBEING: LOCALITY WORKING

TOWN COUNCIL MEETING **REPORT 54/15** **8 JUNE 2015**

The purpose of this paper is to report on recent developments in the Isle of Wight Council's Health and Well Being Strategy and the move to Locality Working.

NO. **DETAIL**

1) BACKGROUND

a) The Town Council meeting of 13 April considered the Isle of Wight Council's new draft Health and Wellbeing Strategy for 2015/18 and asked the Clerk to discuss its concerns in a meeting with the Deputy Director of Public Health.

b) The Town Council meeting of 18 May considered the move to Locality Working in the delivery of Health and Wellbeing services, with Ventnor being included in the South Wight Locality, and asked the Clerk to prepare and present the case for the Town Council's direct involvement in the South Wight Team.

c) This Report sets out the developments in both these areas.

2) HEALTH AND WELLBEING STRATEGY

a) The major matters raised in the discussion of the draft Health and Wellbeing Strategy were the importance of including a commitment to positive discrimination in resource allocation to those areas of the Island with clearly identified significant deprivation and the value of including a reference to the potential significance of Town and Parish Councils among the partners responsible for its development and delivery.

b) Both received a very positive response that is reflected in the substantive document presented to the Health and Wellbeing Board at its meeting on 28 May.

c) The Strategy now includes the importance of directly addressing the challenges presented by the Island's known areas of deprivation with the paragraph:

We are committed to targeting some of our resources to support those individuals, families and communities that experience the worst health and wellbeing outcomes so they are better able to self-care and to access services when they need them. We want to 'narrow the gap' between the best and worst outcomes experienced by Islanders.

d) The acknowledgement of the potential role for Town and Parish Councils is the following paragraph:

The Island's town and parish councils are increasingly significant partners in maintaining services which make a valuable contribution to the health and wellbeing of our residents and communities. Indeed many town and parish councils have health and wellbeing of their communities as a priority area of focus.

3) LOCALITY WORKING

a) The initial proposal for engaging Town and Council Parishes with the work of the Locality Teams as been for that to be channelled through the Voluntary Sector representative on the team, Paul Savill, the Locality Link Officer based at Community Action Isle of Wight.

b) His proposal is for a quarterly meeting with him and one representative from each of the 13 Town and Parish Councils in the South Wight Locality, the first of which is arranged for the evening of 15 July at Salisbury Gardens Green Room that has been offered as a location for it.

c) However, there is a strong case for Ventnor in particular to have direct involvement with the Team and that is set out in the attachment to this Report that was sent to the Deputy Director of Public Health, Anita Cameron-Smith on 25 May.

d) The proposal was submitted for discussion at the Team's meeting of 28 May.

VENTNOR TOWN COUNCIL

SOUTH WIGHT LOCALITY | A PROPOSAL | 24 MAY 2015

1) PREAMBLE

a) At its meeting of Monday 18 May Ventnor Town Council welcomed the move to Locality Working and resolved to request a direct connection with the South Wight Locality Team.

b) The Town Council holds that this would represent a significant contribution to both that team's work and the health and wellbeing of the area's residents.

2) THE STRATEGY

a) The proposal reflects and extends two elements of the new Health and Wellbeing Strategy to be presented to the Board meeting of 28 May.

b) It acknowledges the increasing significance of Town and Parish councils as partners in service delivery:

The Island's town and parish councils are increasingly significant partners in maintaining services which make a valuable contribution to the health and wellbeing of our residents and communities. Indeed many town and parish councils have health and wellbeing of their communities as a priority area of focus.

c) It also recognises the importance of an degree of positive discrimination in resource commitment in favour of those areas of the Island known to be among the most deprived nationally and on the Island:

We are committed to targeting some of our resources to support those individuals, families and communities that experience the worst health and wellbeing outcomes so they are better able to self-care and to access services when they need them. We want to 'narrow the gap' between the best and worst outcomes experienced by Islanders.

3) VENTNOR

a) Ventnor has a clear connection to both these crucial elements of the Strategy.

b) Its central area is the only Lower Super Output Area in the South Wight Locality in the bottom quintile nationally on the IMD2010 and with Upper Ventnor only just outside that category half the town's population is in the most deprived quartile in the country.

c) The Town Council has recognised that reality - so clearly reflected in the Island's Joint Strategic Needs Assessment 2011 - and accepted it as central to its own strategic development. That is evidenced in its decision to establish the posts of Community Development Worker and Economic Development Worker and to develop extended partnership working with all relevant Agencies, realised most fully to date in the year- long participation in the Department for Communities and Local Government's Our Place Programme.

d) As part of that Programme, the Town Council requested from the Public Health Team a Joint Strategic Needs Assessment specific to Ventnor and the early results of that confirm, even at Middle Super Output Area level – the whole of the town – the extent

of very significant relative deprivation both nationally and within the Island across a wide range of indicators.

e) As a coastal town, Ventnor shares the experience of all the larger population areas in the South Wight Locality all of which are also coastal towns and in the most deprived 40% nationally and with most having areas in the 20% most deprived on the Island.

4) The Proposal

a) Ventnor Town Council's proposal is expressed in its unanimous reolution of Minute 67/15 of the 18 May:

i) the Town Council believes that the direct involvement of the Town Council with the South Wight Locality Team is justified by the Joint Strategic Needs Assessment prepared for the town by Public Health as part of the Our Place Programme;

ii) asks its Clerk to prepare and present the case for that involvement to the Deputy Director of Public Health as the Public Health Lead for the South Wight Locality Team; and

iii) approves the Clerk's proposal of its Community Development Officer Tony McCarthy as the Town Council's representative in that regard.

b) Tony McCarthy is particularly well qualified for such a role. He had been employed as a Community Development Worker for eight years with Refugee Action followed by the same period with Hampshire County Council prior to taking up post with the Town Council. He is experienced in partnership working within Agency frameworks and an excellent communicator. The role would come with protocols maintaining open and transparent communication channels both to and from the other 12 Town and Parish Councils in the South Wight Locality.

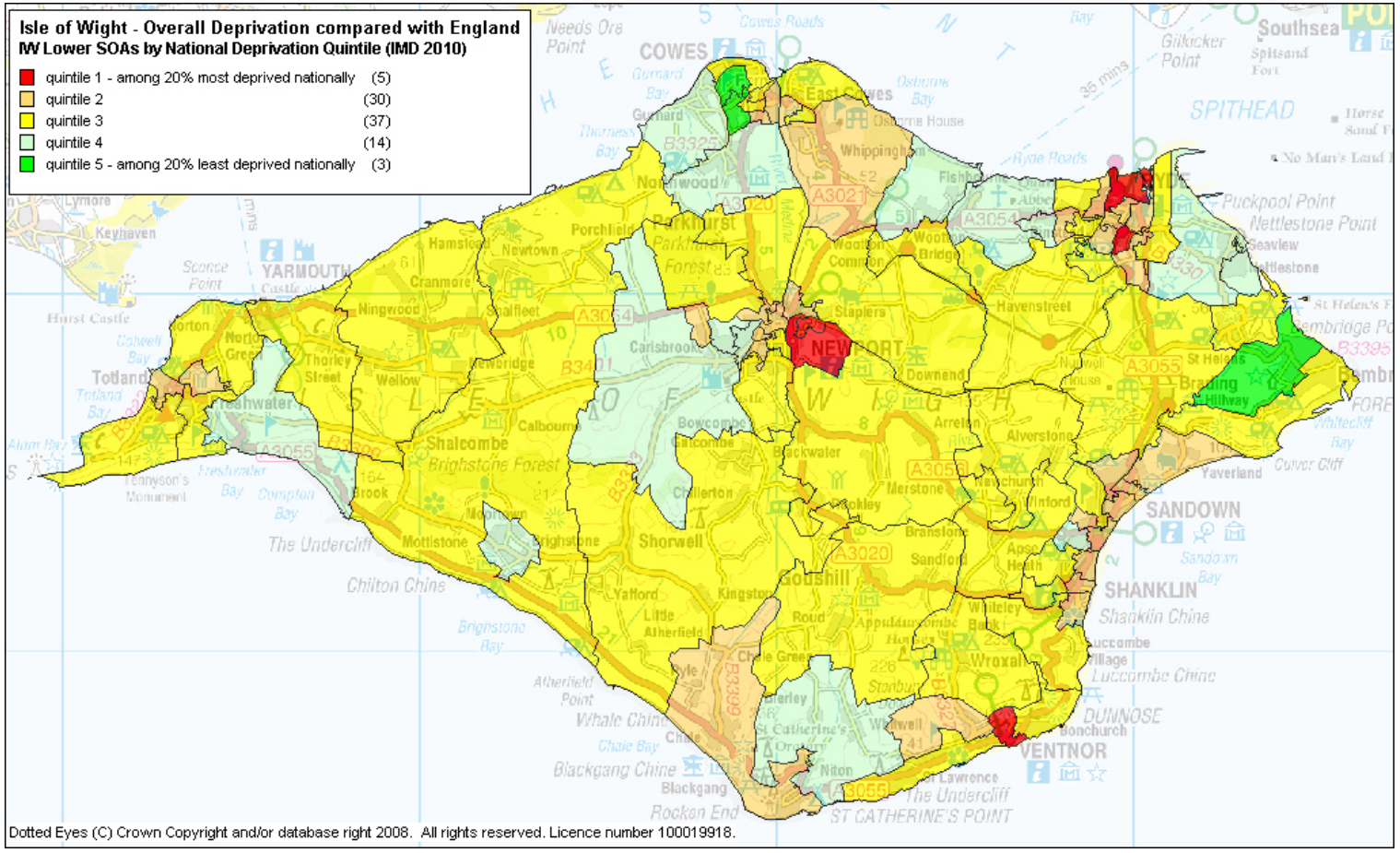
c) This proposal would contribute to the development of locality working by:

- providing a pilot for operationalising the reference in the new Strategy to the role of Town and Parish Councils in partnership working and service delivery;
- embedding an element of accountability to communities, that only Town and Parish Councils can provide, in the South Wight Locality team's structure (for the avoidance of doubt, the Council is very happy to work with the Team's Voluntary Sector representative but believes it has a distinctive and discrete contribution);
- opening up fresh opportunities for doing things differently in service design and delivery; and
- signalling and strengthening the commitment to *'narrow the gap' between the best and worst outcomes experienced by Islanders.*

Attachments

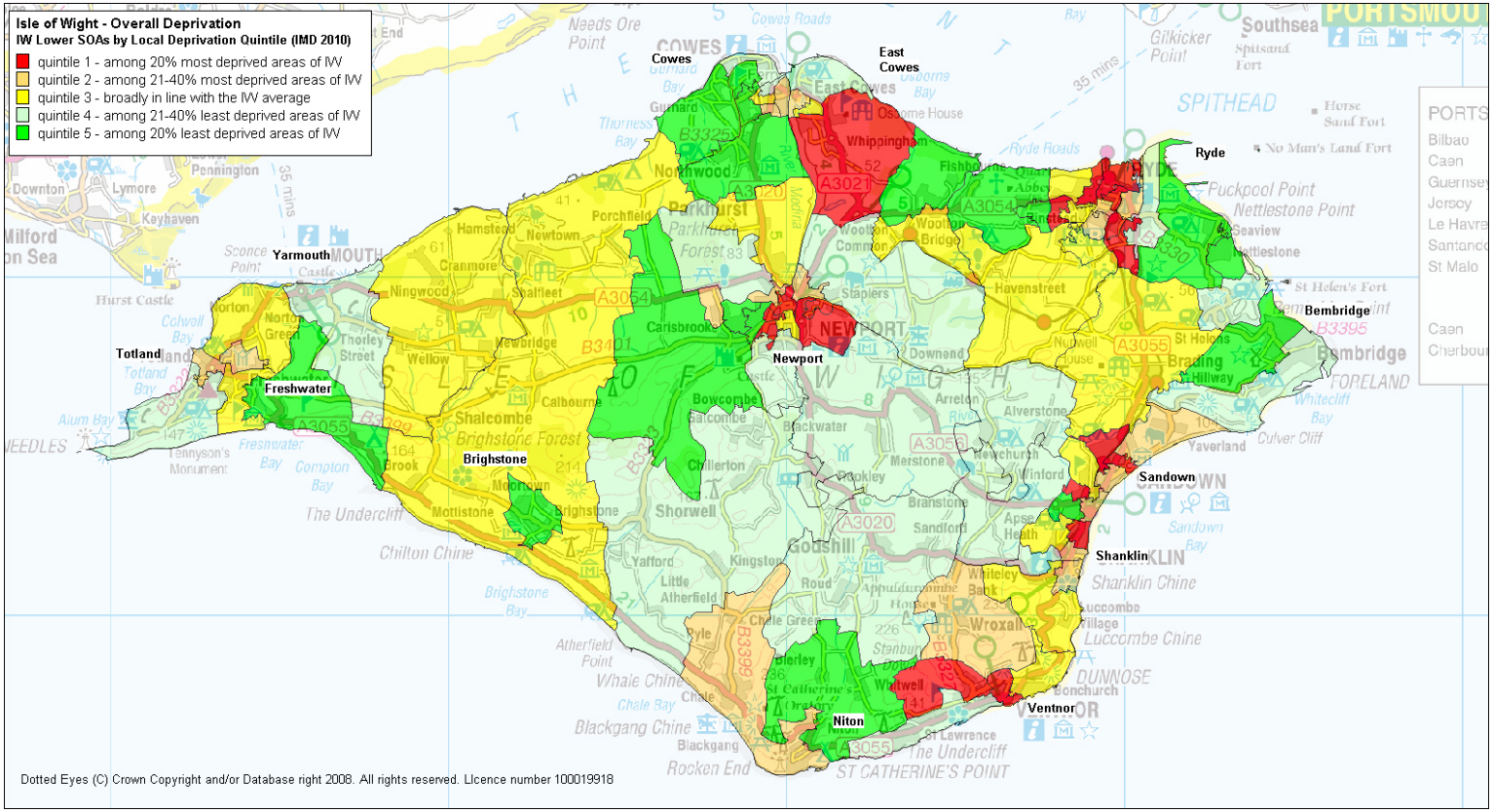
- Index of Multiple Deprivation: Isle of Wight Compared with England – Map
- Index of Multiple Deprivation: Relative Deprivation on the Isle of Wight – Map
- Local Health: framework.

Index of Multiple Deprivation: Isle of Wight compared with England (Map)



ISLE of WIGHT COUNCIL

Index of Multiple Deprivation: Relative Deprivation on the Isle of Wight (Map)



Comment: out of 4 ‘small areas’ of Ventnor , 2 are among the 20% most deprived areas on the Isle of Wight

ISLE of WIGHT COUNCIL

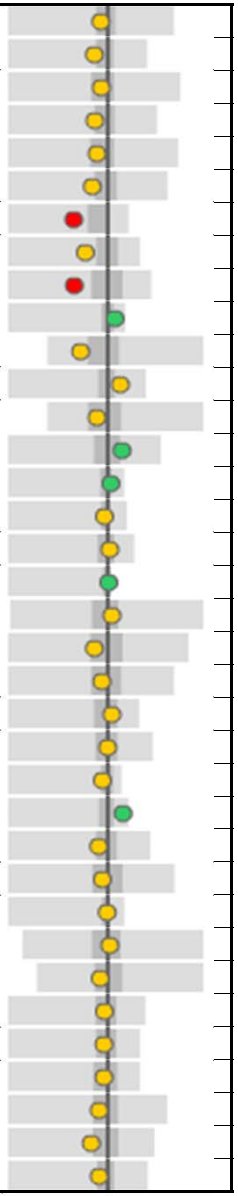
Public Health England

Local Health

Local Health
Selection: E02003598 - Isle of Wight 018
Source: http://www.localhealth.org.uk/#l=en;v=map4

colour shows significance against IOW

Indicators	**Ventnor MSOA**	**Isle of Wight**	**England**	**Ventnor against England**
Income Deprivation (%)	18.8	14.7	14.7	
Low Birth Weight Births (%)	9.4	7	7.4	
Child Poverty (%)	29.6	20.8	21.8	
Child Development at age 5 (%)	76.3	59.2	63.5	
GCSE Achievement (5A*-C inc. Eng & Maths) (%)	32.2	44.4	58.8	
Unemployment (%)	4.5	4.1	3.8	
Long Term Unemployment (Rate/1,000 working age population)	11.8	12.1	10.1	
General Health - bad or very bad (%)	7.8	6.5	5.5	
General Health - very bad (%)	1.8	1.5	1.2	
Limiting long term illness or disability (%)	25.7	22.6	17.6	
Households with central heating (%)	93.1	94.9	97.3	
Overcrowding (%)	6.1	5.8	8.7	
Provision of 1 hour or more unpaid care per week (%)	13.6	11.9	10.2	
Provision of 50 hours or more unpaid care per week (%)	3.6	3	2.4	
Pensioners living alone (%)	30.8	30.5	31.5	
Older People in Deprivation (%)	18.7	16.5	18.1	
Obese Children (Reception Year) (%)	10.3	10	9.4	
Children with excess weight (Reception Year) (%)	27.3	23.4	22.5	
Obese Children (Year 6) (%)	22.5	18.2	19.1	
Children with excess weight (Year 6) (%)	38.8	33	33.5	
Children's and young people's admissions for injury (Crude rate/100,000 aged 0-17)	1917.8	1584.5	1180.9	

Occasional smoker (modelled prevalence, age 11-15) (%)	1.6	1.6	1.5	
Regular smoker (modelled prevalence, age 11-15) (%)	3.8	3.5	3.1	
Occasional smoker (modelled prevalence, age 15) (%)	4.2	4.3	4	
Regular smoker (modelled prevalence, age 15) (%)	10.2	9.8	8.7	
Occasional smoker (modelled prevalence, age 16-17) (%)	6.5	6.4	5.9	
Regular smoker (modelled prevalence, age 16-17) (%)	17.5	16.5	14.8	
Deliveries to teenage mothers (%)	3.6	2.2	1.5	
Admissions for injuries in under 5s (Crude rate per 10,000)	200.3	205.7	139.6	
Emergency admissions in under 5s (Crude rate per 1000)	234.5	192	150	
A&E attendances in under 5s (Crude rate per 1000)	315.1	377.2	509.5	
Obese adults (%)	28.7	27.4	24.1	
Binge drinking adults (%)	13.5	12.8	20	
Healthy eating adults (%)	26.3	25.8	28.7	
Emergency hospital admissions for all causes (SAR)	78.4	78.6	100	
Emergency hospital admissions for CHD (SAR)	78.5	84.5	100	
Emergency hospital admissions for stroke (SAR)	103.7	107.4	100	
Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR)	88.6	96	100	
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) (SA	47.9	58.7	100	
Incidence of all cancer (SIR)	96.2	99.2	100	
Incidence of breast cancer (SIR)	109.8	111	100	
Incidence of colorectal cancer (SIR)	103.9	90	100	
Incidence of lung cancer (SIR)	84.9	78	100	
Incidence of prostate cancer (SIR)	96.5	106.7	100	
Hospital stays for self harm (SAR)	119.3	107.8	100	
Hospital stays for alcohol related harm (SAR)	51.3	51.9	100	
Emergency hospital admissions for hip fracture in 65+ (SAR)	110.4	90.4	100	
Elective hospital admissions for hip replacement (SAR)	103.5	116	100	
Elective hospital admissions for knee replacement (SAR)	93.1	118.4	100	
Life expectancy at birth for males (years)	79.5	79.5	78.9	
Life expectancy at birth for females (years)	82.1	83.3	82.8	
Deaths from all causes, all ages (SMR)	101.5	95.3	100	
Deaths from all causes, under 65 years (SMR)	103.3	96.1	100	
Deaths from all causes, under 75 years (SMR)	103.1	92.9	100	
Deaths from all cancer, all ages (SMR)	106.3	95.5	100	
Deaths from all cancer, under 75 years (SMR)	118.8	97	100	
Deaths from circulatory disease, all ages (SMR)	111.3	97.6	100	

Deaths from circulatory disease, under 75 years (SMR)	110.5	96	100	
Deaths from coronary heart disease, all ages (SMR)	108	89.3	100	
Deaths from coronary heart disease, under 75 years (SMR)	93.9	83.6	100	
Deaths from stroke, all ages (SMR)	102.5	91.6	100	
Deaths from respiratory diseases, all ages (SMR)	93	78.9	100	
significantly worse *significantly better* *not significantly different from average*				