

NOTICE OF MEETING

Meeting	Health and Wellbeing Board
Date and Time	Thursday, 16th June, 2022 at 10.00 am
Place	Ashburton Hall, Elizabeth II Court, The Castle, Winchester
Enquiries to	members.services@hants.gov.uk

Carolyn Williamson FCPFA
Chief Executive
The Castle, Winchester SO23 8UJ

FILMING AND BROADCAST NOTIFICATION

This meeting may be recorded and broadcast live on the County Council's website and available for repeat viewing, it may also be recorded and filmed by the press and public. Filming or recording is only permitted in the meeting room whilst the meeting is taking place so must stop when the meeting is either adjourned or closed. Filming is not permitted elsewhere in the building at any time. Please see the Filming Protocol available on the County Council's website.

AGENDA

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

2. DECLARATIONS OF INTEREST

All Members who believe they have a Disclosable Pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to Part 3 Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore all Members with a Personal Interest in a matter being considered at the meeting should consider, having regard to Part 5, Paragraph 4 of the Code, whether such interest should be declared, and having regard to Part 5, Paragraph 5 of the Code, consider whether it is appropriate to leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with the Code.

3. MINUTES OF PREVIOUS MEETING (Pages 5 - 10)

To confirm the minutes of the previous meeting held on 17 March 2022.

4. DEPUTATIONS

To receive any deputations notified under Standing Order 12.

5. CHAIRMAN'S ANNOUNCEMENTS

To receive any announcements the Chairman may wish to make.

6. ELECTION OF VICE CHAIRMAN

For the Board to elect a Vice Chairman, as required by the Hampshire County Council Constitution at the first formal meeting of the Board following the Annual General Meeting in each year.

7. JOINT STRATEGIC NEEDS ASSESSMENT UPDATE (Pages 11 - 18)

To receive an update on Hampshire's Joint Strategic Needs Assessment (JSNA) which considers the current and future health and wellbeing needs and inequalities within the population.

8. LIVING WELL THEME FOCUS (Pages 19 - 44)

To receive an update on work under the 'Living Well' theme of the Joint Health and Wellbeing Strategy.

**9. HEALTH AND WELLBEING BOARD ANNUAL UPDATE 2021-22
(Pages 45 - 90)**

To consider the annual report of the Health and Wellbeing Board for 2021/22.

**10. INTEGRATED CARE SYSTEMS UPDATE IN HAMPSHIRE AND ISLE
OF WIGHT (Pages 91 - 110)**

To receive an update on the formation of Integrated Care Systems covering Hampshire.

**11. HAMPSHIRE PHARMACEUTICAL NEEDS ASSESSMENT (Pages 111
- 116)**

To consider an update to the Hampshire Pharmaceutical Needs Assessment.

12. FORWARD PLAN (Pages 117 - 120)

To review anticipated future business items and progress on actions for the Health and Wellbeing Board.

ABOUT THIS AGENDA:

On request, this agenda can be provided in alternative versions (such as large print, Braille or audio) and in alternative languages.

ABOUT THIS MEETING:

The press and public are welcome to attend the public sessions of the meeting. If you have any particular requirements, for example if you require wheelchair access, please contact members.services@hants.gov.uk for assistance.

County Councillors attending as appointed members of this Committee or by virtue of Standing Order 18.5; or with the concurrence of the Chairman in connection with their duties as members of the Council or as a local County Councillor qualify for travelling expenses.

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Agenda Item 3

AT A MEETING of the Health and Wellbeing Board of HAMPSHIRE COUNTY
COUNCIL held at The Castle, Winchester on Thursday, 17th March, 2022

Chairman:
* Councillor Liz Fairhurst

* Councillor Roz Chadd

*Present

Co-opted members

Dr Barbara Rushton, Simon Bryant, Dr Gareth Robinson, Gill Kneller, Cllr Anne Crampton, Julie Amies, Ron Shields, Alex Whitfield, Ann Smith, Jason Avery, Suzanne Smith and Councillor Michael Hope

24. APOLOGIES FOR ABSENCE

Apologies were received from:

- Donna Jones, Hampshire Police and Crime Commissioner (her deputy was a vacancy)
- Cllr Philip Raffaelli (Cllr Michael Hope attended as substitute)
- Dr Nicola Decker
- Dr Rory Honney
- David Radbourne, NHS England (his substitute Mary O'Brien also gave apologies)
- Graham Allen, Director of Adults' Health and Care
- Steve Crocker, Director of Children's Services (Suzanne Smith attended as substitute)

25. DECLARATIONS OF INTEREST

Members were mindful that where they believed they had a Disclosable Pecuniary Interest in any matter considered at the meeting they must declare that interest at the time of the relevant debate and, having regard to the circumstances described in Part 3, Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter was discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore Members were mindful that where they believed they had a Personal interest in a matter being considered at the meeting they considered whether such interest should be declared, and having regard to Part 5, Paragraph 5 of the Code, considered whether it was appropriate to leave the meeting whilst the matter was discussed, save for exercising any right to speak in accordance with the Code.

26. MINUTES OF PREVIOUS MEETING (9 DEC 2021)

The minutes of the meeting held on 9 December 2021 were reviewed and agreed.

27. **DEPUTATIONS**

No deputations were received.

28. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made a number of announcements as follows:

Ukraine

The County Council had expressed its shock and sadness at the unfolding situation and had confirmed publicly that it was ready to play its part in supporting the humanitarian emergency, and to help any new arrivals coming into the county, building on previous resettlement schemes, and past collaborative experience with partners of helping refugees and evacuees from other conflicts.

The Council had also welcomed the Government's announcement on the launch of the 'Homes for Ukraine' scheme and were awaiting further information as to the full nature of the support that may be required to underpin the initiative. It was expected that this would include providing those fleeing the conflict with help to access public services, schools, public health and other support, including access to trauma counselling.

The Chairman noted that the Leader of the County Council had announced an initial £100,000 in funding to provide any immediate support required by Ukrainians arriving in the county.

In terms of keeping the public well informed, the dedicated pages on the County Council's website were being regularly updated with information about the steps being taken with partners across Hampshire to support those seeking refuge, and how they were able to help. This also included links to the 'Homes for Ukraine' scheme and how to register an interest in supporting individuals, as well as families.

The Board joined with the Chairman in underlining their joint commitment to providing those who may arrive in Hampshire with a safe haven, and any support they may require to manage the impact of this deeply distressing conflict.

Health and Wellbeing Activities for Children & Young People

The Chairman thanked the Health and Wellbeing Board member's organisations for the collaborative effort in putting on a week of health and wellbeing activities for children and young people in schools in February 2022. The aim for the week had been "To encourage and support children and young people to have a good understanding and relationship with their own physical and mental wellbeing". The Chairman reported that there had been engagement from a broad range of partners, many of whom were represented on the Health and Wellbeing Board.

JSNA Second Workshop Update

The Chairman noted that the second Joint Strategic Needs Assessment workshop had taken place and had been well attended by colleagues, covering the strategic overview as well as examples of practical use of report sections, datasets and tools.

ICS Delay Update

The Board heard that progress on the drafting and finalisation of legislation was continuing in Parliament for the creation of integrated care systems (ICSs). From 1st April NHS organisations would move into shadow form ready for the intended implementation of the ICSs for Hampshire and Isle of Wight and Frimley formally from 1st July 2022. The Chairman noted that Lena Samuels was the Chair designate and Maggie MacIsaac the Chief Executive designate for the Hampshire and Isle of Wight ICS and that Priya Singh was the Chair designate and Fiona Edwards the Chief Executive designate for the Frimley ICS.

Representatives from all organisations were involved in continuing discussions designed to establish structures and governance arrangements. A more detailed update was intended to be provided at the Board's June meeting.

Health and Wellbeing Board Annual Report 2021-22

The Chairman announced that Board Sponsors would collaborate to bring the Board's Annual Report to the June Health and Wellbeing Board and noted that it would be received at the July Health and Adult Social Care Overview and Scrutiny Committee.

Pharmaceutical Needs Assessment Update

A local steering group had met including representatives from NHS England and Community Pharmacy South Central to review the content and structure of the document. The contractor questionnaire had been issued and responses collated. A draft document would be circulated to NHS England and the County Council's Public Health Management Team prior to 60 days public consultation period and sign off by the board in the Autumn.

Dying Well Carer's Network Staff Session

The Chairman also announced that the Carers/Working Parents Staff Network held an End-of-Life Care event this week which had been very well attended and positively received not only by Network members but other colleagues from the County Council.

29. **STARTING WELL: THEME FOCUS**

A representative of the Director of Children's Services gave a presentation to summarise the report providing an update on the progress of the Starting Well priority areas of the Joint Health and Wellbeing Strategy (see Item 6 in the Minute Book). The update also covered the 2021 Holiday Activity and Food programme.

Members of the Board commented on the issues raised by the presentation and areas where partner organisations could help signpost families to relevant services each other provided.

RESOLVED:

That the Hampshire Health and Wellbeing Board note the report and progress against the priority areas.

30. **LIVING WELL: HAMPSHIRE SUICIDE PREVENTION STRATEGY UPDATE**

A representative of the Director of Public Health and representative with relevant lived experience gave a presentation to summarise the report providing an update on the Hampshire Suicide Prevention Strategy (see Item 7 in the Minute Book).

Board members commented on the issues raised including opportunities to promote training on suicide and bereavement within partner organisations.

RESOLVED:

That the Hampshire Health and Wellbeing Board:

1. Note the progress and achievements from the 2018-2021 Suicide Prevention Strategy, including enhanced activity and additional funding secured in the last year.
2. Approve the approach moving forward to embed suicide prevention across the wider mental health agenda across the System.
3. Recognise the significant importance of this agenda by identifying a senior suicide prevention champion/sponsor across each organisation to enable mobilisation of workstreams across each HWB partner organisation. The role of the champion/sponsor is to ensure adequate resources and workforce capacity are directed to delivering the ambitions of the suicide prevention strategy and action plan.
4. Support the continuation of the approach whereby People with Lived/Living experience integrate and inform (where possible) all workstreams of the Hampshire Suicide Prevention Strategy and action plan moving forward.

31. **STRATEGIC LEADERSHIP: ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2021-22 (COVID-19: ADDRESSING INEQUALITIES IN MENTAL HEALTH AND WELLBEING ACROSS HAMPSHIRE)**

The Director of Public Health presented his annual report, which for 2021-22 focused on addressing inequalities in mental health and wellbeing across Hampshire in the context of the Covid-19 pandemic (see Item 8 in the Minute Book).

Board members welcomed the report and commented on the issues raised.

RESOLVED:

The Health and Wellbeing Board:

1. Note the Annual Report of the Director of Public Health 2021.
2. Endorse the recommendations within the Annual Report:
 - i. Work with partners across Hampshire to promote a prevention-focused approach towards improving the public's mental and emotional health through progressing the work of Hampshire's Mental Health Prevention Concordat.
 - ii. Work alongside community, voluntary sector and district partners to identify how we can support mental health and wellbeing for people from ethnic minority backgrounds and other populations at increased risk of COVID-19 in Hampshire. This includes utilising Community Researchers to engage with their communities to understand key issues around mental and emotional health and wellbeing.
 - iii. Mobilise community assets to promote mental and physical health and wellbeing via the implementation of a Community Champion programme, whilst also strengthening communities through a sustained Men's Activity Network.
 - iv. Strengthen the pathways for people with co-occurring mental health and alcohol and drug use conditions, working with the NHS Transforming Mental Health Services programme
 - v. Ensuring that mental health services are equally accessible for everyone, including those from ethnic minority groups who are more likely to have been affected by the impact of COVID-19.
 - vi. Focus on the wider social and economic factors to address inequalities and mental health. For example, understanding the impact of COVID-19 on people's personal finances and mental wellbeing and seeking to address these through targeted resources for residents and training programmes to support front-line staff.
 - vii. Building capacity and capability across frontline workforces to prevent mental health problems and promote good mental and emotional wellbeing within their everyday practice using the Public Mental Health Leadership and Workforce Development Framework Call to Action.
 - viii. Continuing to promote public-facing culturally competent mental and emotional wellbeing resources and targeted communications campaigns, especially to address areas of inequalities

32. **HEALTHIER COMMUNITIES: HAMPSHIRE AND ISLE OF WIGHT FIRE AND RESCUE SERVICE**

A representative of the Hampshire and Isle of Wight Fire and Rescue Service (HIWFRS) gave a presentation to summarise the report regarding the draft HIWFRS Community Safety Plan 2022-2025 (see Item 9 in the Minute Book).

Board members commented on the draft plan, including opportunities for closer working between partner organisations. It was noted that some fire stations were used for Covid vaccinations and in some cases attracted people who were not

willing to attend a health setting. It was discussed whether this approach could be used for reaching people over other health issues.

RESOLVED:

That the Hampshire Health and Wellbeing Board:

1. Note the contents of this report with particular reference to the inclusion of Health as a priority (page 7).
2. Partners provide feedback to the Area Manager, Jason Avery by the 23 March 2022.

33. **FORWARD PLAN**

The Board Manager presented the forward plan of items due to come before the Board in future (see Item 10 in the Minute Book) and invited feedback from Members of the Board.

It was suggested that it would be timely to review the Terms of Reference of the Health and Wellbeing Board, in the light of the changes in NHS Commissioning to Integrated Care Systems.

The Healthwatch representative highlighted that a topic being regularly raised with Healthwatch by the public recently was concerns over dentistry. It was noted that dentistry was currently commissioned regionally, but that this would be moving to Integrated Care Systems in future.

RESOLVED:

The Forward Plan was noted.

Chairman,

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board
Date:	16 June 2022
Title:	Joint Strategic Needs Assessment (JSNA) Update
Report From:	Simon Bryant, Director of Public Health

Contact name: Simon Bryant

Tel: 0370 779 3256

Email: Simon.bryant@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to present Health and Wellbeing Board members with the Inclusion Health report as part of the Joint Strategic Needs Assessment (JSNA) work programme.
2. This report focuses on the inclusion health groups across Hampshire and where possible aims to quantify these communities in our population, where they live, their demographics and describe the potential health outcomes and challenges they may face (includes district summary).

Recommendation

3. That the Inclusion Health Report is noted and members take information and actions within their own organisations and section they represent.

Contextual Information

4. The JSNA work programme is progressing with a number of chapters which are now completed and available via the [JSNA website](#).
5. The JSNA is structured on the [ONS Health Index domains](#) and provides as a resource with a written high-level summary and [PowerBI data report](#) which enables data to be analysed at smaller geographies such as GP, PCN, LSOA, District.
6. The following sections have been completed previously:

- a. COVID-19 Health Impact Assessment – a retrospective view of the first two waves of the pandemic and what has meant to our local populations, reviews national guidance and policy to date and what the potential impacts have been and will be on our populations.
- b. JSNA Demography - focussing on the age structure of our population and future projections and the socio demographic and protected characteristics of our population.
- c. JSNA Vital Statistics - detailing births and deaths data and trends analysis
- d. JSNA Healthy Places - this chapter focuses on the social and commercial drivers for health – includes district reports.

7. Reports still to be published:

- a. JSNA Healthy Lives – providing a focus on risk factors including behavioural risk factors and some of the wider determinants of health.
- b. JSNA Healthy People - focussing on the health outcomes of our population and the health inequalities which are evident.

Inclusion Health Groups Chapter

- 8. Inclusion health is a ‘catch-all’ term used to describe people who are socially excluded. These people typically experience multiple overlapping risk factors for poor health (such as poverty, adverse childhood experiences, violence, substance use, mental illness and complex trauma), experience stigma and discrimination, and are not consistently accounted for in electronic records (such as healthcare databases).
- 9. These experiences frequently lead to barriers in access to healthcare and extremely poor health outcomes. People belonging to inclusion health groups frequently suffer from multiple health issues, which can include mental and physical ill health and substance dependence issues. This leads to extremely poor health outcomes, often much worse than the general population, lower average age of death, and it contributes considerably to increasing health inequalities.
- 10. The data are not comprehensive and challenging to find but this is the beginnings of quantifying the Inclusion Health groups in our local area and understanding their health and social care challenges

11. Link to a full written report can be found here:

<https://www.hants.gov.uk/socialcareandhealth/publichealth/jsna/2022-inclusion-health-groups>

12. An infographic summary has been created for each District, and Hampshire; these can be found here:

https://documents.hants.gov.uk/public-health/jsna-2022/inclusion-health-groups-summaries/hampshire.pdf?_gl=1*ebpffo*_ga*NTU1NzM0OTkuMTY1MDUzNDUyNQ..*_ga_8ZVSPZWL5T*MTY1MTc1ODk0NC4xLjAuMTY1MTc1ODk0NC4w

Conclusion

13. Inclusion Health groups are more likely to experience poor health outcomes so as a board we need to focus our work on these groups and ensure actions we take consider how we ensure they are included.

Inclusion Health Groups: Hampshire

Key:
National data = dark blue
UTLA data = light blue
LTLA data = orange

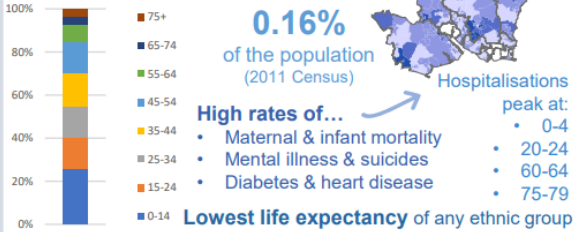
Inclusion health is a 'catch-all' term used to describe people who are socially excluded. People in inclusion health groups frequently suffer from multiple health issues.

People in contact with the Justice System

1 prison

- Health needs are linked to
- Early **childhood** experiences
 - Smoking and alcohol/**substance use**
 - **Deprivation** and exclusion
 - School absence and low **educational attainment**

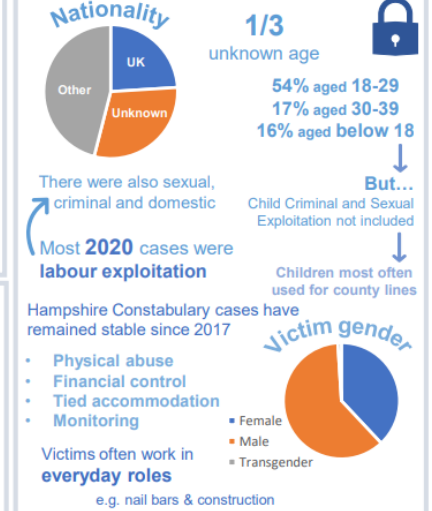
Gypsy, Roma and Traveller communities



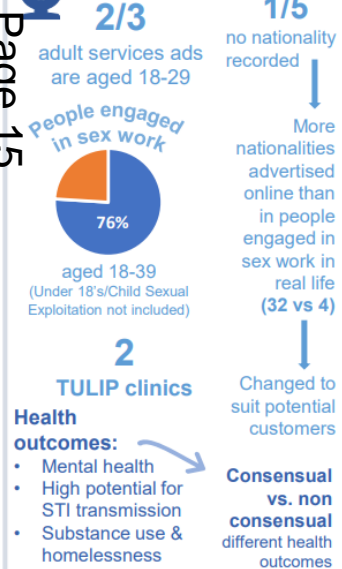
People experiencing homelessness



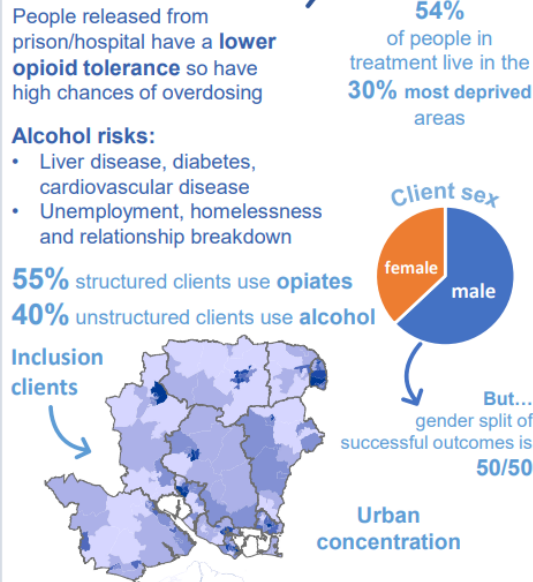
Victims of modern slavery



Sex workers



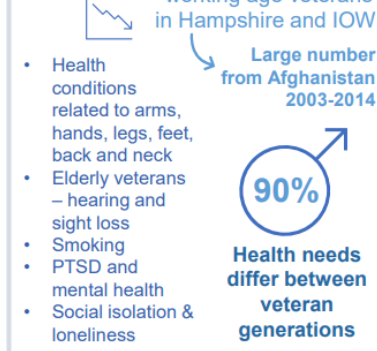
People with drug and alcohol dependency



Coastal communities



Veterans



Vulnerable migrants



REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	No
People in Hampshire live safe, healthy and independent lives:	Yes
People in Hampshire enjoy a rich and diverse environment:	No
People in Hampshire enjoy being part of strong, inclusive communities:	Yes

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
Joint Strategic Needs Assessment Workshop Update	9 December 2021
JSNA Programme Update and HIA Findings Summary	7 October 2021
Joint Strategic Needs Assessment Update	1 July 2021
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document

Location

None

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

2. Equalities Impact Assessment:

- See item numbers 12 and 13.

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board
Date:	16 June 2022
Title:	Living Well Theme Focus
Report From:	Dr Barbara Rushton, Board Sponsor for Living Well

Contact name: Whitney Kelly

Tel: 02392212450

Email: whitney.kelly1@nhs.net

Purpose of this Report

1. The purpose of this report is to provide an updated to the Hampshire Health and Wellbeing Board on the priorities and progress of the Living Well strand of the Health and Wellbeing Strategy. The presentation also makes reference to some of the schemes that have been implemented rapidly as a result of the pandemic.
2. Recommendation(s)

That the Hampshire Health and Wellbeing Board:

3. Reduce the proportion of women smoking at the time of delivery

The Board are asked to note the reduction in the numbers smoking at delivery but the need to keep focus on this area

4. Reduce the gap in smoking between people in routine and manual occupations & the general population

Although two thirds of people set a quit date after 4 weeks there is always more that could be done and more targeted interventions are being employed

5. Implement whole systems approach to childhood obesity in one area of Hampshire

The Board is asked to support and promote the Healthy Weight strategy within their organisations including working collaboratively through a whole system approach

6. Implement the Hampshire Physical Activity Strategy with a specific focus on enabling the workforce to be competent to promote physical activity for life

The Board is asked to ensure their organisations are sighted on and contribute to the Strategy implementation

7. Signpost to and encourage the systematic use of effective tools/initiatives (including digital) that will enable people to improve their self-management and provide peer support for long-term conditions

The Board is asked to note the various tools open to clinician and the public to support them in their conditions

Executive Summary

8. This report seeks to highlight the key challenges and developments relating to the various workstreams within the Living Well chapter including the activities to reduce smoking, tackling childhood obesity, the launch of the physical activity strategy, cardiovascular disease programmes and digital tools to support self-management.

9. There are many examples of collaboration between agencies within the chapter update, and as Hampshire & the Isle of Wight becomes an Integrated Care System ICS on 1 July 2022 there will be new opportunities to accelerate integration improve outcomes, tackle inequalities, enhance productivity and support community development across agencies.

Contextual Information

10. The impact of the past two years continues to be far-reaching and it may be some time before we return to pre-pandemic levels of physical and mental health. We have learned more about those most at risk from serious illness during Covid-19 and how early behavioural changes like exercise, weight management, stopping smoking and optimising control of blood pressure will lead to healthier life expectancy for all

11. Importantly Health and the Local Authority have continued to work together to support those shielding enabled “targeted communications” to the vulnerable

population providing advice and guidance on who to contact and how to access services. This includes work to support those experiencing homelessness.

12. Throughout 2021/22 work was undertaken to amplify media messages about smokers being at increased risk from Covid. An offer of digital/telephone stop smoking support continued and the accessibility of stop smoking medications enhanced, with more pharmacies and vape shops providing services. A second Quit4Covid GP text messaging campaign was delivered to encourage all smokers to seek expert advice. Support for pregnant women has continued through the 'Speak to your Midwife' targeted social media campaign and ongoing partnership work with NHS Trust Smokefree Pregnancy Steering Groups to promote midwife referrals.
13. In 2022/23 work is planned to ensure that the most vulnerable clients have access to face to face support and to review the experience of clients affected by substance misuse, mental illness and long term conditions, with a view to making pathways more accessible and improving outcomes.
14. Nationally, a "Live Longer Better campaign" has been established to "*to develop a new culture: from care to enablement, using activity (physical, cognitive and emotional) as the driver to increase healthspan for older adults*". Energise Me has invested into the national community of practice and learning which has a large network across the country. The opportunity to share resources and learning is being made available to colleagues and the website pages that Hampshire Adults' Health & Care are developing are anticipated to connect to this national work.
15. The 'Whole System Approach' (WSA) pilot to tackle obesity in Rushmoor remains in place, despite Covid-19 pandemic pressures, demonstrating partner(s) commitment to this shared agenda. Having become an example of success in establishing multi-agency collaboration with a place based focus, the WSA model has now been initiated in Havant with another pilot area to commence in 2022/23. The 'EnergiseMe' authored Physical Activity Strategy is now published and EnergiseMe are working with partners to facilitate the delivery of the strategy.
16. We have learnt a lot about the opportunities to enable people to access care through digital means. Transition to digital solutions has provided 1000s of online therapeutic mental health interventions for patients across Hampshire and there has been an improved 111 Mental Health service to support all ages across the system.
17. HLOW was a *trailblazer* site for the national NHS BP@Home programme. Approximately 6000 blood pressure monitors were distributed to GP surgeries to support the remote management of individual's with high blood pressure.

18. The CCG also funded the acquisition of additional functionality within a widely adopted text-messaging platform used by primary care. This allows for patients to share blood pressure readings taken at home with their doctor from the comfort of their own home.
19. Ongoing work continues to increase GP awareness of the nationally supported UCLPartners risk stratification tool which helps clinicians prioritise their management of patients with CVD risk factors. Our systems own Population Health Management tool remains under development but is closely linked with the CVD Prevention work stream and will provide additional case hypertension finding functionality in the year to come. The Healthy Hearts model for cardiovascular disease prevention has also been developed to tackle unwarranted variation across our geography.
20. Many of the interventions and new innovations designed to support people to live well have involved collaboration across organisations and traditional boundaries, with many examples of positive co-production. Tier 2 weight management support, for example, is available through digital app, virtual and face to face (in person) formats to flexibly serve user preference and adapt to circumstance (pandemic affected access).

Covid Impact and Mitigations

1. The impact of Covid-19 on smoking prevalence in the general population has been mixed, with the Hampshire 2020 adult prevalence at 8%. Referrals to Smokefree Hampshire from primary and secondary care reduced by approximately 40% during 21/22. However, the number of people referring themselves for support increased significantly. As a result the number of people quitting smoking with Smokefree Hampshire in 21/22 has remained consistent. For pregnant women, smoking at time of delivery reduced in Hampshire from 9.3% to 7.9%. Although positive, this data needs to be interpreted within the context of Covid-19 and the fact that CO monitoring at booking was paused for the majority of 21/22. This is likely to have significantly have reduced the identification of pregnant smokers.
23. Health Check delivery was severely compromised by the impact of COVID on primary care capacity (as well as latterly by the national shortage of blood test bottles). The time has been used to improve structures for Health Check commissioners (Public Health) and providers (Primary Care) to share learning and collaborate. As Health Checks recommence it is hoped these structures will allow for improved delivery and targeting of this valuable national programme as well as aligning with other planned opportunities to support improved CVD risk factor detection such as the Community Pharmacy Hypertension service and pulse and blood pressure checks at vaccination clinics.

24. Funding is being sought to support a broad MECC training offer applicable to a range of common upstream behavioural risk factors (such as smoking, diet and physical activity) which will upskill the health care work force to have healthy conversations in a variety of settings and with the intention of increasing clinical interactions like the health check.

Performance

25. *The COVID-19 vaccination programme has been a key factor in helping people to remain well in the community. Over 4 million doses have been given locally and the system mobilised quickly to ensure that over Winter 2021 everyone was offered a booster vaccination by 31st December to combat Omicron.*

Reducing the proportion of women smoking at the time of delivery

26. Smoking at Time of delivery in Hampshire in 20/21 is estimated to be 7.9%. This is a reduction from 19/20 (9.3%) and the lowest prevalence recorded to date. Whilst this is a positive sign, this data must be considered within the context of Covid-19 where CO monitoring was paused at midwife appointments for most of the year. This will have impacted the identification of women who were both smoking at time of booking (SATOB) and smoking at time of delivery (SATOD). Local variation in trust SATOD data continues, with areas of the highest deprivation having much higher smoker rates.
27. Smokefree Hampshire continued to offer a bespoke pathway for pregnant women with 416 setting a quit day in 20/21 and 56% of these achieving a 4 week quit.

Reduce the gap in smoking between people in routine and manual occupations & the general population

28. OHID Fingertips data has updated methodology on smoking prevalence in adults (APS) to account for new local authority and CCG boundaries. It is therefore, no longer directly comparable to previous years.
29. In Hampshire the proportion of people who smoke in routine and manual groups is 9.3% compared with 8% of adults overall. (England:12.1%, SE Region:11.1%)
30. 40% of people who set a quit date with Smokefree Hampshire were from routine and manual occupations (Contract Year 21/22) Of those people in

routine and manual occupations setting a quit date, 67% went on to successfully quit for 4 weeks.

31. In Smokefree Hampshire contract year 21/22 72% of 4 week quitters were from priority groups, which include routine and manual, alongside those affected by mental illness, long term conditions, people who are unemployed or pregnant.
32. Referrals to Smokefree Hampshire from primary and secondary care reduced by approximately 40% during 2020/21 however, during 2021/22 they have returned to approximately 70% of pre-covid levels. The number of people referring themselves for support increased significantly in the past two years.

Implement whole systems approach to childhood obesity in one area of Hampshire

1. The Healthy Early Years Award was developed to engage early years practitioners in a whole settings approach to health. Five Rushmoor early years settings piloted the award, including topics on Healthy Weight and Healthy Eating, and Physical Activity and Active Play. This is now live to all early years settings in Hampshire, and will be promoted further in 2022.

Implement the We Can Be Active Strategy

2. The We Can Be Active Strategy sets out 5 goals to achieve its mission “To inspire and support active lifestyles so we can all be active in a way that suits us”. Success has been defined as “People who once struggled to be active feeling the positive benefits of increased activity”. The emerging Integrated Care System has a crucial role to play encouraging active lifestyles due to the opportunity for contacts with people using health services. The Prevention and Inequalities Board selected physical activity as one of two priority focus areas. An action plan is being developed to embed physical activity training into workforce development and clinical pathways.
3. In the last year 47 clinicians have been trained through the Physical activity clinical champions training and 35 individuals trained through the Supporting others to be physically active training for social prescribers.
4. Hampshire County Council Public Health have identified resource (0.5 FTE) to facilitate the implementation and achievement of physical activity ambitions within its sphere of influence.
5. The [Get Active website](#) is being developed that can be used by people and organisations to signpost activity.

Signpost to and encourage the systematic use of effective tools/initiatives (including digital) that will enable people to improve their self-management and provide peer support for long-term conditions

37. Video & Telephone Consultation – secondary care procurement in progress. Primary care has just completed procurement for practices
38. A number of PCN's are acting as self-care demonstrators for particular conditions, reviewing and evaluating self-care apps. Includes diabetes & weight management, low-level MH/anxiety issues, BP at Home
39. Virtual wards/social care – Use of remote monitoring technologies including wearables and bio sensors to enable patients who would otherwise be in hospital to remain at home, including supporting the prevention of avoidable admissions and facilitating early discharge.
40. Primary Care Pods – SE Hants enables patients to self-provide clinical data (measurements, readings and self-rated scores) without the usual requirement of a face-to-face appointment.
41. ICS Digital Team working with social care have deployed 400 iPads to care homes to support ward rounds with GP's. A digital maturity survey is planned to horizon scan ICS requirements and prioritise less digitally mature care homes
42. Portsmouth & South East Digital Inclusion Community Network promoting collaborative working, sharing of best practice and awareness raising. CCG providing financial support to colleagues within the voluntary sector in PSEH to:
 - access online digital champions training support
 - purchase and/or refurbish devices for loan
 - provide short-term access to free mobile data for use with loaned devices
43. HIVE and Community First are recruiting digital champions, working with Age UK, Citizens Advice and You Trust to support citizens including those with learning disabilities. Working with libraries to create digital learning hubs.
44. Community First provide IT support with 6 tablets and 6 Chromebook available to loan and provide training to develop a positive mindset and employment related skills. 1 in 3 participants have a disability and 50% of referrals are from mental health service with others from DWP etc. In addition they are in the process of applying for further sim cards from Vodafone and have recently been

able to help a referral from a social prescriber to support a patient with mental health needs to have a phone to access health support.

45. ICS Digital Empowered Citizens workshop held attended by health & care colleagues, voluntary sector organisations and patient representatives to understand what is needed to support people using digital approaches such as self-monitoring equipment, online appointments, etc so that those who would like to use tools are able to.
46. Creation of an ICS Digital Empowered Citizens Working Group to develop a costed plan to support digital inclusion as part of the wider 3 year ICS Digital Transformation Plan

Co-Production

1. HCC Public Health have worked collaboratively with Acute, Maternity and Mental Health Trusts to support the implementation of the NHS Long Term Plan for Tobacco Dependency Services. PHE CLear Deep Dive Assessments have been used to audit smoking cessation pathways with a view to increasing referrals for stop smoking support, especially those from priority groups. Over the course of 2021/22 HCC Public Health have worked closely with NHS Trust Tobacco Dependency Steering Groups to develop 'in-house' smoking cessation models. Collaboration will continue into 22/23 to ensure these models offer a streamlined service and pathway to community stop smoking support.
2. Smokefree Hampshire offer an evidenced based service, available to all smokers in Hampshire targeting high risk groups with bespoke referral pathways to improve access and outcomes. A Health Equity Audit was undertaken 21/22 and ongoing work to enhance the accessibility of the service in 22/23 includes insight work with priority groups to identify their experience as service users & targeted social media campaigns.
3. The whole System Approach to obesity collaboration continues in Rushmoor and was recently established in Havant. A new WSA District is planned for 22/23 and shows the recognition of system partners value in working together to achieve shared objectives.
4. Teams focused on obesity have engaged with key partners, such as MIND, food retailers and housing associations to explain the approach and why it's important while increasing local stakeholder participation in the Whole System Approach

5. The We Can Be Active Strategy, a co-produced strategy for physical activity was adopted by the Health and Wellbeing Board in October 2021.
6. Working with MIND across Hampshire we are contacting every registered SMI patient to offer advice guidance and support in relation to vaccinations with a hope of further maintaining this activity to improve take up and completion of SMI health checks to reduce the mortality gap
7. Social prescribers within primary care working with wellbeing centers and improving advice and guidance on the steps to wellbeing bridging the gaps between physical and mental health, increasing referrals into commissioned services.
8. Recognising the ongoing pressure on General Practice, but also noting the development of the wider Primary Care Workforce through the Additional Roles Reimbursement Scheme (ARRS), we have recruited to a pharmacist led CVD prevention team designed to support Primary Care Network teams in optimising medication used to treat an individual's CVD risk factors (Atrial Fibrillation, High Blood Pressure and Cholesterol). This small workforce is currently being targeted to areas with higher need but with plans to expand the workforce, once funding is secured.

Conclusions

1. 2021/22 has continued to provide challenges for partners in supporting individuals to live well. We will continue to ensure that the digital tools are promoted further to the public and amongst professionals to deliver the right care, at the right time, in the right environment and provide robust Information to support people to manage their conditions in the community. Hampshire residents are now also welcoming a return to a 'new normal' where in-person clinical contact and in-person interventions can be achieved.
2. COVID-19 has widened existing inequalities and some of the most vulnerable people have been the most badly affected. The focus for all of the above programmes is early intervention and prevention and involve many system partners working on shared solutions. There are good examples of integrated approached to care in the areas covered in this report, but as Hampshire & the Isle of Wight becomes an Integrated Care System ICS on 1 July 2022 there will be new opportunities to improve outcomes, tackle inequalities, enhance productivity and support community development.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	No
People in Hampshire live safe, healthy and independent lives:	Yes
People in Hampshire enjoy a rich and diverse environment:	No
People in Hampshire enjoy being part of strong, inclusive communities:	No

Other Significant Links

Links to previous Member decisions:	
<u>Title</u> Living Well Theme Focus	<u>Date</u> December 2020
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

2. Equalities Impact Assessment:

An inequalities impact assessment has not been undertaken for this report as it is expected that equality impact assessments would be completed as appropriate across the system for specific work programmes or decisions that feature in this update.

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Hampshire
County Council

Living Well Theme Focus

Hampshire
**Health and
Wellbeing**
Board



Living Well Priorities

1. Reduce the proportion of women smoking at the time of delivery

2. Reduce the gap in smoking between people in routine and manual occupations & the general population

3. Implement whole systems approach to childhood obesity in one area of Hampshire

4. Implement the Hampshire Physical Activity Strategy with a specific focus on enabling the workforce to be competent to promote physical activity for life

5. Signpost to and encourage the systematic use of effective tools/initiatives (including digital) that will enable people to improve their self-management and provide peer support for long-term conditions

Reduce the proportion of women smoking at the time of delivery

- Smoking at Time of delivery in Hampshire in 20/21 is estimated to be 7.9%. This is a reduction from 19/20 (9.3%) and the lowest prevalence recorded to date.
- Data must be considered within the context of Covid-19 where CO monitoring was paused at midwife appointments for most of the year.

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- This will have impacted the identification of women who were both smoking at time of booking (SATOB) and smoking at time of delivery (SATOD). Local variation in trust SATOD data continues, with areas of the highest deprivation having much higher smoker rates.
- Smokefree Hampshire continued to offer a bespoke pathway for pregnant women with 416 setting a quit day in 20/21 and 56% of these achieving a 4 week quit.
 - HCC Public Health have worked with Acute, Maternity and Mental Health Trusts to support the implementation of the NHS Long Term Plan for Tobacco Dependency Services and with NHS Trust Tobacco Dependency Steering Groups to develop 'in-house' smoking cessation models.

Reduce the gap in smoking between people in routine and manual occupations & the general population

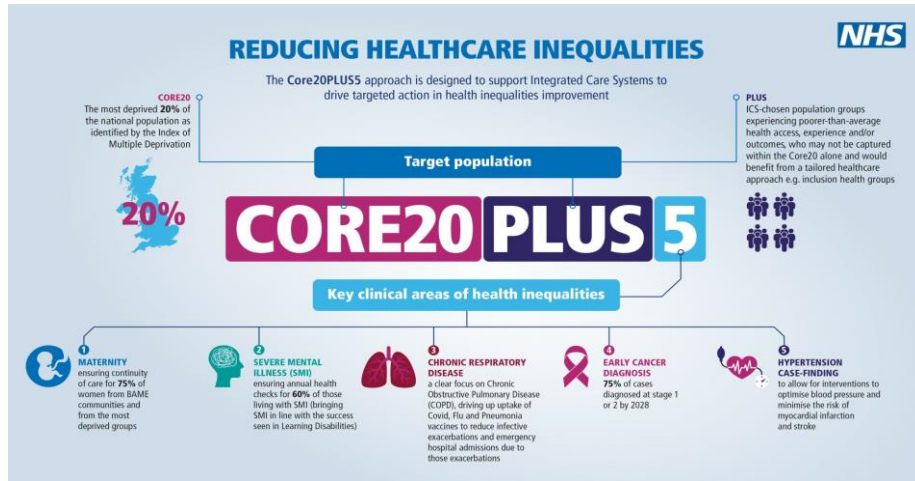
- OHID Fingertips data has updated methodology on smoking prevalence in adults (APS) to account for new local authority and CCG boundaries. It is therefore, no longer directly comparable to previous years.
- In Hampshire the proportion of people who smoke in routine and manual groups is 9.3% compared with 8% of adults overall. (England:12.1%, SE Region:11.1%)
- 40% of people who set a quit date with Smokefree Hampshire were from routine and manual occupations. Of those, 67% went on to successfully quit for 4 weeks.
- In Smokefree Hampshire contract year 2021/22 72% of 4 week quitters were from priority groups, which include routine and manual, among others

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- Smokefree Hampshire is available to all smokers in Hampshire, targeting high risk groups. A Health Equity Audit in 2021/22 and ongoing work is supported by 2022/23 insights work with priority groups to enhance service access by these groups.

Cardiovascular Disease Prevention



- ❖ Cardiovascular disease (CVD) kills 160,000 people a year (COVID has killed 150,000 since the start of the pandemic)
- ❖ Modifying risk factors will reduce mortality and morbidity
- ❖ There are significant health inequalities across Hampshire and the Isle of Wight
- ❖ HIOW has identified CVD as a key priority area

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- The 'Healthy Hearts' programme has been developed with primary care and public health
- Management and treatment of hypertension is one of the first focus areas of the programme because:
 - a) Hypertension is a key risk factor for a number of clinical conditions
 - b) Hampshire and Isle of Wight does not perform well in the management of hypertension compared to other areas
 - c) We will significantly improve outcomes over the next few years
 - d) It aligns with a number of national and local policies
 - e) Covid has severely impacted the management of hypertension
- The 'Healthy Hearts' programme has been structured based on successful pilots across our system

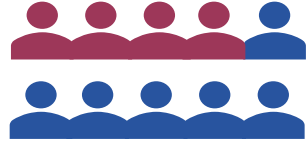
CVD PREVENT

Using the CVD PREVENT data

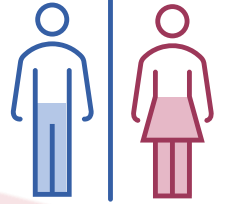
First Annual Audit Report – Key messages
For the baseline audit period up to March 2020



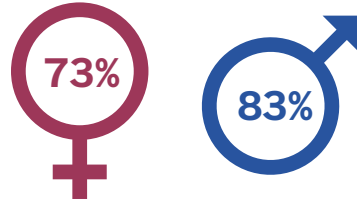
Hypertension: About 4 in 10 people with recorded hypertension also had obesity, increasing to 5 in 10 in the working age population



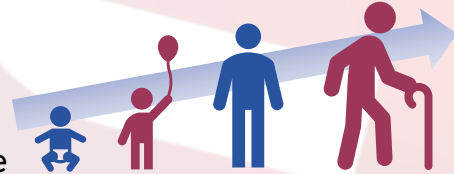
Hypertension: In people aged 18 – 79 years **69%** of females and **66%** of males were treated to target



Atrial Fibrillation: Females, with high stroke risk, aged **40 – 59** years, less likely to be prescribed an anticoagulant



Familial Hypercholesterolaemia (FH): The audit results suggest under recording of FH, highlighting opportunities to identify people with this genetic condition at a younger age



Cholesterol: Prescription for lipid lowering therapy was 93% for patients with CVD and 74% for those with CKD



93% Patients with CVD

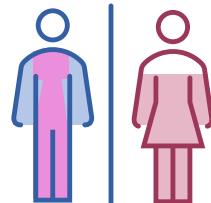


74% Patients with CKD



Cholesterol: Females with CVD aged **40 to 59** years were less likely to have a prescription for a lipid lowering therapy

92%



83%



Cholesterol: People with CKD in Black ethnic groups are least likely to have a prescription for a lipid lowering therapy, Asian ethnic groups are most likely

67%

Black ethnicity

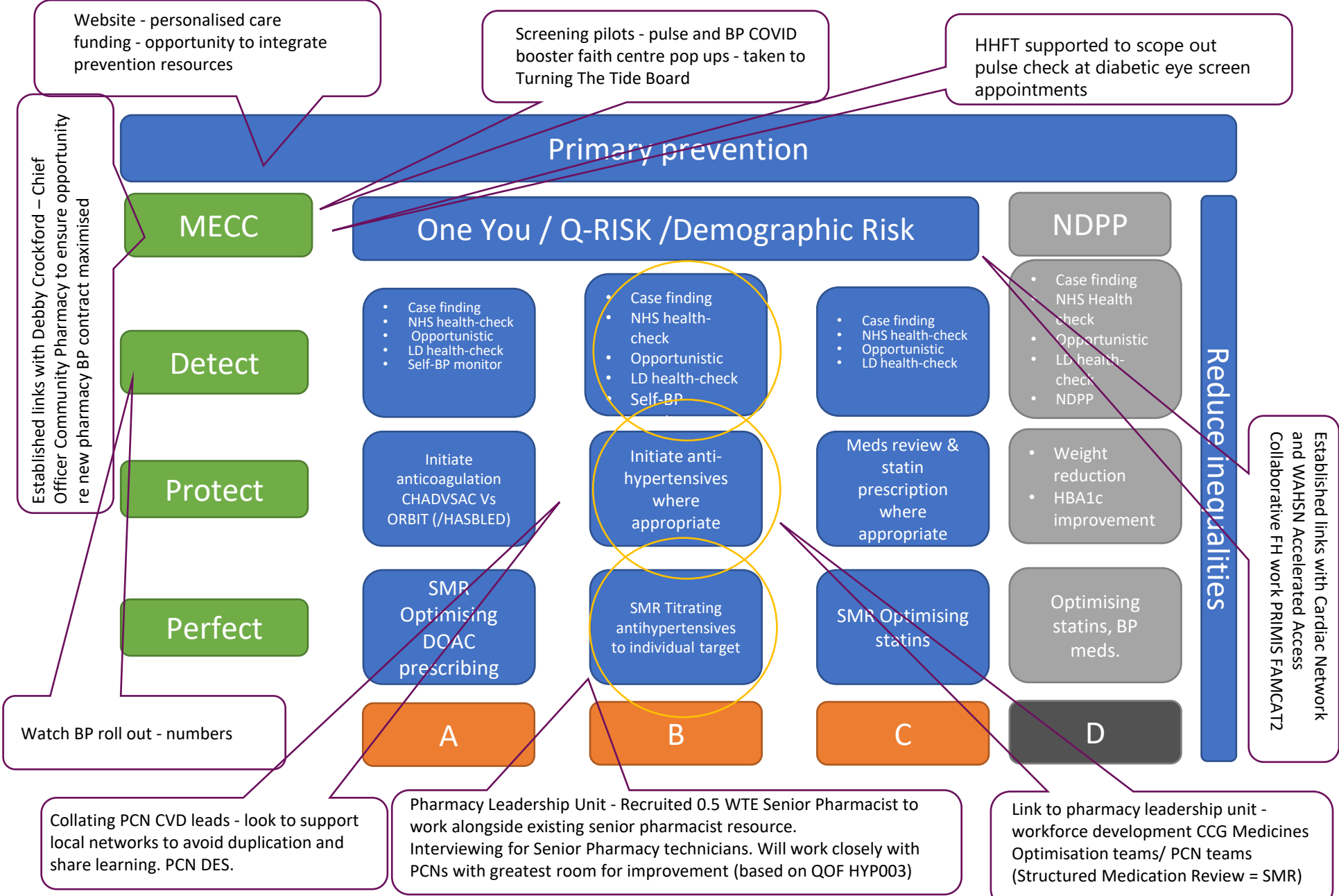


84%

Asian ethnicity

LC H&IOW CVD Prevention Plan on a page

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Implement Whole Systems Approach to obesity in an area of Hampshire

- Rushmoor's overweight & obesity prevalence is 64.3%, above England and Hampshire averages. A Whole Systems Approach (WSA) pilot to obesity was initiated in 2019/20 and continues in Rushmoor (and since piloted in Havant) bringing together partners to map the whole picture. There are links between:
 - *Obesity and Income*
 - *Obesity & the Built Environment*
 - *Obesity & Inactivity*
 - *Obesity & Food Poverty*
- An opportunity to trial place focused multi-agency interventions informed by community and system partners, for long-term change. Once tested, the approach can be applied elsewhere.
- Actions so far include: strengthening schemes such as the Healthy Start Scheme, working closely with Rushmoor Borough Council planning dept to ensure health is built into planning decisions, and working with schools.
- The success of bringing Rushmoor partners together in a WSA was extended in 2021/22 to Havant. Both are ongoing. Another district will be identified in 2022/23. WSA recognises that no single agency can tackle overweight and obesity alone. The WSA by district also builds-in the place based approach.

Hampshire Physical Activity Strategy



- We Can Be Active was created by over 800 individuals and organisations across Hampshire and the Isle of Wight.
- It began with an online conversation and focus groups to find out what would make it easier for local people to be active. The experiences and ideas shared in that conversation became the focus of a big planning session. And from there we developed 5 broad goals that summarise what local people need to be active:
 - Positive early experiences for our children and young people
 - Opportunities that meet our needs and interests and are accessible and easy to find
 - Places and travel routes where we all feel safe and are encouraged to be active
 - Support to help us get started or keep moving when we feel like we can't do it alone
 - Bold leaders working together to create happier and healthier communities
- Alongside the strategy Energise Me will continue to support active lifestyles for all by promoting local options (Parkrun, Zumba, Yoga) as well as tips to get active at home. Reducing inequalities in physical activity and sport is a top priority.
- Ongoing work with physical activity, health and community partners to embed movement into healthcare, education, planning and transport systems and providing training to professionals.
- The Prevention and Inequalities Board continues to promote physical activity programmes

tools/initiatives (including digital) that will enable people to improve self-management

- Video & Telephone Consultation – secondary care procurement in progress. Primary care has just completed procurement for practices
- A number of PCN's are acting as self-care demonstrators for particular conditions, reviewing and evaluating self-care apps. Includes diabetes & weight management, low-level MH/anxiety issues, BP at Home. The Healthier Together app provides advice for parents, young people and pregnant women.
- Virtual wards/social care – Use of remote monitoring technologies including wearables and bio sensors to enable patients who would otherwise be in hospital to remain at home, including supporting the prevention of avoidable admissions and facilitating early discharge.
- Primary Care Pods – SE Hants enables patients to self-provide clinical data (measurements, readings and self-rated scores) without the usual requirement of a face-to-face appointment.
- ICS Digital Team working with social care have deployed 400 iPads to care homes to support ward rounds with GP's. A digital maturity survey is planned to horizon scan ICS requirements and prioritise less digitally mature care homes

tools/initiatives (including digital) that will enable people to improve self-management

- Portsmouth & South East Digital Inclusion Community Network promoting collaborative working, sharing of best practice and awareness raising. CCG providing financial support to colleagues within the voluntary sector in PSEH to:
 - access online digital champions training support
 - purchase and/or refurbish devices for loan
 - provide short-term access to free mobile data for use with loaned devices
- Page 41 HIVE and Community First are recruiting digital champions, working with Age UK, Citizens Advice and You Trust to support citizens including those with learning disabilities. Working with libraries to create digital learning hubs.
- 41 Community First provide IT support with 6 tablets and 6 Chromebook available to loan and provide training to develop a positive mindset and employment related skills. 1 in 3 participants have a disability and 50% of referrals are from mental health service with others from DWP etc. In addition they are in the process of applying for further sim cards from Vodafone and have recently been able to help a referral from a social prescriber to support a patient with mental health needs to have a phone to access health support.
- ICS Digital Empowered Citizens workshop held attended by health & care colleagues, voluntary sector organisations and patient representatives to understand what is needed to support people using digital approaches such as self-monitoring equipment, online appointments, etc so that those who would like to use tools are able to.
- Creation of an ICS Digital Empowered Citizens Working Group to develop a costed plan to support digital inclusion as part of the wider 3 year ICS Digital Transformation Plan

Recommendations to the Board

1. Reduce the proportion of women smoking at the time of delivery

The Board are asked to note the reduction in the numbers smoking at delivery but the need to keep focus on this area

2. Reduce the gap in smoking between people in routine and manual occupations & the general population

Although two thirds of people set a quit date after 4 weeks there is always more that could be done and more targeted interventions are being employed

3. Implement whole systems approach to childhood obesity in one area of Hampshire

The Board is asked to support and promote the Healthy Weight strategy within their organisations including working collaboratively through a whole system approach

4. Implement the Hampshire Physical Activity Strategy with a specific focus on enabling the workforce to be competent to promote physical activity for life

The Board is asked to ensure their organisations are sighted on and contribute to the Strategy implementation

5. Signpost to and encourage the systematic use of effective tools/initiatives (including digital) that will enable people to improve their self-management and provide peer support for long-term conditions

The Board is asked to note and promote the various tools open to clinicians and the public to support them in their conditions

Discussion



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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board
Date:	16 June 2022
Title:	Health and Wellbeing Board Annual Update 2021-2022
Report From:	Simon Bryant, Director of Public Health

Contact name: Sumaiya Hassan

Tel: 0370 779 4072

Email: sumaiya.hassan@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to update the Board on the progress of ongoing work to support the delivery of the Joint Health and Wellbeing Strategy.

Recommendation(s)

2. That the Hampshire Health and Wellbeing Board:
 - Note the update, progress, and upcoming priorities of the Board's work.
 - Actively share the report with constituent members' boards and committees to ensure further engagement and development of the plan for 2022/23.
 - For all Board Members to share progress on areas of priority to include in the final report for the Health and Adult Social Care Scrutiny Committee.

Executive Summary

3. The Health and Wellbeing Board has continued to focus on health inequalities and risks under the continuing impact of Covid-19. In addition to the Covid-19 response, challenges, and recovery plans in place across themes, often interconnected, Board Sponsors have continued to strive to deliver the Strategy as outlined in the business plan with updated priorities, critical measures in place and monitoring against metrics.

Contextual Information

4. As a follow up to the Health and Wellbeing Board business plan, this report outlines key issues and developments, Covid impact and mitigations, coproduction and collaboration progress against metric, and upcoming priorities within each theme of the current Strategy in place until 2024.

Performance Review by Theme

Strategic Leadership, Simon Bryant

Key Issues and Developments

5. This year has seen a number of reports highlighting the impact of the pandemic:

[Joint Strategic Needs Assessment](#)

6. [COVID-19 Health Impact Assessment](#) – a retrospective view of the first two waves of the pandemic and what has meant to our local populations, reviews national guidance and policy to date and what the potential impacts have been and will be on our populations.
7. [JSNA Demography](#) - focussing on the age structure of our population and future projections and the socio demographic and protected characteristics of our population.
8. [JSNA Vital Statistics](#) - detailing births and deaths data and trends analysis
9. [JSNA Healthy Places](#) - this chapter focuses on the social and commercial drivers for health – includes district reports.
10. [Inclusion Health Groups](#) -This report focuses on the inclusion health groups across Hampshire and where possible aims to quantify these communities in our population, where they live, their demographics and describe the potential health outcomes and challenges they may face (includes district summary).

These reports enabled the board and board members to plan health and care services focusing on health inequalities and the impact of the pandemic

Public Health Annual Report

11. The Director of Public Health [report](#) highlighted the mental health impacts of COVID on the population across all ages. The report set out key areas of work alongside recommendations that the board was asked to support. The recommendations were:

- i. Work with partners across Hampshire to promote a prevention-focused approach towards improving the public's mental and emotional health through progressing the work of Hampshire's Mental Health Prevention Concordat.
- ii. Work alongside community, voluntary sector and district partners to identify how we can support mental health and wellbeing for people from ethnic minority backgrounds and other populations at increased risk of COVID-19 in Hampshire. This includes utilising Community Researchers to engage with their communities to understand key issues around mental and emotional health and wellbeing.
- iii. Mobilise community assets to promote mental and physical health and wellbeing via the implementation of a Community Champion programme, whilst also strengthening communities through a sustained Men's Activity Network.
- iv. Strengthen the pathways for people with co-occurring mental health and alcohol and drug use conditions, working with the NHS Transforming Mental Health Services programme
- v. Ensuring that mental health services are equally accessible for everyone, including those from ethnic minority groups who are more likely to have been affected by the impact of COVID-19.
- vi. Focus on the wider social and economic factors to address inequalities and mental health. For example, understanding the impact of COVID-19 on people's personal finances and mental wellbeing and seeking to address these through targeted resources for residents and training programmes to support front-line staff.
- vii. Building capacity and capability across frontline workforces to prevent mental health problems and promote good mental and emotional wellbeing within their everyday practice using the Public Mental Health Leadership and Workforce Development Framework Call to Action.
- viii. Continuing to promote public-facing culturally competent mental and emotional wellbeing resources and targeted communications campaigns, especially to address areas of inequalities

Population Coproduction and Partner Collaboration

Membership Changes

12. The membership of the board has changed with new members and deputies representing: Police and Crime Commissioner, the District and Borough Council Chief Executives, Clinical Commissioning Group, Hampshire Fire and Rescue Service, Healthwatch Hampshire and Acute Health Trusts.

Next Priorities

13. [JSNA Healthy Lives](#) – providing a focus on risk factors including behavioural risk factors and some of the wider determinants of health.
14. [JSNA Healthy People](#) - focussing on the health outcomes of our population and the health inequalities which are evident.
15. The Pharmaceutical Needs assessment will be published in the autumn. This is a statement of the pharmaceutical services provided that are necessary to meet needs in the area and is the market entry document to enable NHS E/I and the ICS to commission pharmacy services for the population.

Role of the Board

16. With the development of the two Integrated Care Systems (ICS) which will continue to serve Hampshire residents - Hampshire and Isle of Wight Integrated Care System (ICS) and Frimley Health and Care ICS Board, membership of the Health and Wellbeing Board will be reviewed accordingly, and the Terms of Reference updated as necessary.

Starting Well, Steve Crocker

Key Issues and Developments

17. The standard funding model for children eligible for Continuing Care has been running for a year, it has simplified the administration process and allowed front line professionals to focus on ensuring the right care is in place to meet the child's needs. Although it is still the ambition to implement a pooled budget, this has now been delayed until 23/24 to review extending the standard funding model to include non care items of expenditure such as travel and insurance.
18. Hampshire County Council and the CCG explored the possibility of jointly commissioning care support, however the different requirements and regulatory frameworks meant that the services and associated documentation were different. Combining the service specifications risked removing the differentiations and having two specifications undermined the benefits of a joint framework. Although it was decided that stand alone processes would better meet each partners needs, we continue to work in partnership to ensure that both parties requirements are mutually understood and that ultimately Hampshire children and families receive more joined up services, regardless of how they are purchased.

19. A series of workshops were held in Spring 2021 which reviewed the domestic abuse pathways and customer journey maps were produced from the child's perspective. The maps demonstrated the large volume of stakeholders involved for families experiencing domestic abuse and the difficulties often encountered in navigating available services. The workshops suggested that more information is required about the services available to ensure that families are accessing the right support and that agencies are referring families appropriately, including setting expectations about their services. In addition, all services adopting a trauma informed approach was identified as key to improving the experience for families. The final action plan, including a list of agreed recommendations for improvements, will be reported to the Hampshire Domestic Abuse Partnership Board in June 2022.

Covid Impact and Mitigations

20. The longer-term impact of the Covid pandemic has seen a sustained increase in demand for services from children's social care. Referrals for assessment and intervention have been at least 20%, and at times 30% higher than pre-pandemic levels for the last 10 months and there is no evidence this is likely to reduce. Additional funding has been made available for social workers and other family practitioners to respond to this, but there remain ongoing recruitment issues (nationally), adding to the pressures on the service.
21. Covid-19, and the associated lockdowns and restrictions upon the everyday lives of children, young people and families, has had significant and generally negative impacts upon the mental health and emotional wellbeing of children and young people. It is too early to reliably predict the full impact that this disruption will have. After an initial dip from March to May 2020, presentations of serious self-harm (requiring hospital treatment) quickly rose to levels not previously seen. Referrals into specialist CAMHS have also risen significantly against previous years. The March 2022 referral level of 1,237 was the highest single month on record, 46.2% higher than the equivalent figure in March 2019 (the last March before the pandemic). Whilst March 2020 levels were impacted by the first Covid lockdown, referral levels since that time have continued to increase, as evidenced in Table 1 below. Similarly, whilst waiting lists for assessment and treatment, and total open caseloads were relatively static between March 2019 and March 2020, the combination of increased referrals, and increased acuity for those young people open to CAMHS during the pandemic has seen numbers for those awaiting assessment, awaiting treatment and open to treatment all rise significantly compared to pre-pandemic levels. The growth in the number of children awaiting assessment and treatment has also increased the amount of clinical capacity that CAMHS services need to invest each month in ensuring the safety of those on those waiting lists. Without this, more of the additional capacity that has been created in CAMHS services through additional

investment would have translated into additional treatment and assessment capacity.

Table 1: External Referrals into Hampshire CAMHS 2019-2022

Date	Referrals to CAMHS	% Change from 2019
Mar-19	846	N/A
Mar-20	700	-17.3%
Mar-21	1042	23.2%
Mar-22	1237	46.2%

22. Specialist CAMHS services in Hampshire made the shift from face to face appointments to digital service delivery for most children and young people quite quickly and the service continued to receive referrals through the pandemic.

23. In addition to increasing the CAMHS digital offer, effort was focused upon ensuring a continuation of the work of the CAMHS Transformation Board. Whilst this Board had been established to address some of the challenges associated with the pre-pandemic waiting times for CAMHS, it was also anticipated that a global pandemic would be detrimental to children's mental health, and that therefore it would be important to maintain a focus upon supporting service transformation to address both the historic challenges and the new emerging impacts as a result of the Pandemic.

24. This work has led to:

- i. Increased capacity in the Hampshire CAMHS eating disorder services capacity.
- ii. Increased capacity in the intensive home treatment CAMHS service (i2i).
- iii. Increased capacity in the Core CAMHS service to address historic waiting lists, and increased demand from the Pandemic (estimated at that time as being approximately 25%)
- iv. Establishing a new Paediatric Psychiatric Liaison service to support children and young people in mental health crisis at acute hospitals
- v. Continued expansion of the NHS 111 Mental Health Triage service, a 24/7 all age mental health service that puts children, young people and parents in contact with mental health professionals able to support a range of mental health crisis situations impacting children and young people, supported at most times by a dually staffed rapid response vehicle which can support young people in their communities and homes around mental health crisis situations without a need to visit hospital.
- vi. Increased capacity in Hampshire CAMHS early help and support capacity
- vii. Commissioning of a new Digital mental health early help service (Kooth.com) for 11-25 year olds across Hampshire
- viii. Increased capacity in the Hampshire community counselling services.
- ix. The development of a new community and voluntary sector mental health grants fund to support the third sector in supporting these services.

25. The combined impact of the above has been to increase the proportion of Hampshire children and young people accessing NHS funded mental health services to well above the levels of the NHS Long Term Plan, and to transform the number of clinical contacts offered within CAMHS services to Hampshire children and young people. The NHS Long Term Plan sets targets for the number of additional children and young people who will be accessing NHS funded mental health services against a baseline set in April 2016. For 2021/22, the target of additional children and young people (over and above the 2016 Baseline) to be accessing NHS funded mental health services was 9,427 for Hampshire, Southampton and Isle of Wight CCG. The actual number of additional children and young people accessing NHS funded mental health services in 2021/22 was 12,780, exceeding the national target for this area by 35.6%. This investment has also helped to clear waiting lists within higher risk areas of community CAMHS services (such as Children's Eating Disorder services), though as Table 1 above shows, the number of children awaiting assessment and/or treatment overall has risen. This investment has also helped to clear waiting lists within higher risk areas of community CAMHS services (such as Children's Eating Disorder services).
26. The mental health ramifications of the Pandemic upon children and young people have not only presented or been felt in NHS services. Schools have reported a range of impacts arising from the pandemic implied in changes in the behaviours of children and young people in and around school and college. To help mitigate some of these impacts, the NHS response has also been proactive in Hampshire. In addition to the local investments in service transformation outlined above the Hampshire Children's Mental Health Commissioning Team has also been working with local partners in the County Council, schools and other local partners to successfully:
- a. Attract funding to secure a further five Mental Health Support Teams (MHSTs) into Hampshire from January 2022, with a further four to arrive in January 2023 and three more from January 2024. Each MHST improves the resilience of the mental health early help offer in supported schools with a pupil population of approximately 8,000.
 - b. Deliver the DfE/Department of Health funded Link Programme into over 80 schools and colleges over the last 2 years, improving relationships between schools and CAMHS services and supporting whole school approaches to promoting positive mental health.
 - c. Working with NHS and wider colleagues to improve the quality of the digital help offer and the availability of freely available digital resources to support children, young people, parents and families around children's mental health.
 - d. Working with HCC colleagues to shape a common approach to the utilization of the DfE Wellbeing for Education Resilience funding that the County Council managed. This collaboration resulted in expansion of the capacity of the Kooth.com service in 2021/22, and resulted in improved mapping and communication of the Hampshire children's mental health

offer now reflected on the Hampshire-wide Family Information Services Hub (FISH).

27. The NHS Tier 4 CAMHS Service is commissioned at a regional level, and delivered by an NHS Provider Collaborative led by Sussex Partnership NHS Trust. This approach has a clear aim of reducing the number of children in out of area placements, and providing more care closer to home. However, a surge in demand for services, closure of some private facilities where concerns over quality have been raised and a shortage of specialist workforce required to meet this demand have led to significant issues with availability of Tier 4 beds for Children and Young People.

28. This reduction in NHS mental health beds is having a significant knock on financial and service pressure on children's social care services..

Coproduction and Collaboration

29. The joint commissioning strategy developed and agreed by the Joint Commissioning Board identifies a small number of priority projects where partnership working is critical to success. By having clear joint priorities alongside joint accountabilities, the Board aims to ensure teams can work effectively together to deliver joint goals.

30. Joint evaluation of the CAMHS and substance misuse worker roles co-located in social care has demonstrated positive outcomes for families which has a positive impact on partner services. Following the evaluation, funding has been secured for future years and a joint performance framework has been put in place to track progress.

31. The Hampshire Children's Trust Children and Young People's Plan has been refreshed for 2022 to 2025. The plan has been developed through engagement with children and young people in focus groups and a survey for parents, carers and professionals. Partners have then worked together in a series of workshops to create a plan based on this feedback for how partners can work together to improve outcomes. The plan is due to be launched in June.

32. Children's Services and Public Health have been working together to identify transformation opportunities for improving outcomes of children and families accessing the Public Health Nursing and the Family Support Services and Intensive Support Workers. This work has included a 'discovery phase' of a staff survey, interviews for key stakeholders and three focus groups with staff from within the services (both the interviews and focus groups included representation from Hampshire Parent Carer Network) and the findings are currently being assimilated ahead of the 'design phase' of two workshops.

Progress Against Metrics

33. Updated metrics are shown in the table below where they are available, it has not been possible to provide updates in all areas due to delays in national reporting and the impact of COVID-19 restrictions with school closures and low response rates.

34. A summary of available updated metrics is provided in the table below.

Theme & Aim	Update
<p><i>Increase mental health support in schools</i></p> <p>Waves 5-10 of the MHST programme will focus upon getting teams installed into schools in 4 CCG areas with no such provision at present.</p> <p>Nationally, the Link Programme can be potentially rolled out to all schools.</p>	<p>Only two MHSTs (supporting approximately 16 schools) have been allocated to Hampshire to date. Hampshire is set to benefit much more from the next few waves of MHSTs which are due to be confirmed by April 2021, to cover the next six waves of MHST rollout.</p> <p>The Link Programme is being rolled out more widely, though the impacts of Covid upon schools has limited recruitment into this programme to date to four completed programmes (of a planned seven).</p>
<p><i>Young people with problematic drug/alcohol use are able to access specialist substance misuse treatment</i></p> <p>Number of young people (under 18) in specialist substance misuse services</p> <p>Baseline 437</p>	<p>399</p> <p>Total numbers of under 18s in treatment in 2021/22 are similar for the same period last year (396) although remain 9% lower than the baseline figure.</p> <p>Since 1st July 2018, the young people's service has been expanded to support young adults aged 18-24 years. In 2021/22, a total of 568 young adults aged 18-24 were accessing either specialist or targeted treatment. This represents a 24% increase in the total numbers in treatment compared to the same period last year (459).</p> <p>To reflect the increased numbers of young people aged 11-24 years in treatment, additional investment has been made in the service for 2022-23. This additional capacity includes specific targets to increase the under 18s in treatment.</p>

<p>Children are offered support where parental substance misuse is identified</p> <p>Number of young people, whose parents are accessing substance misuse services, are offered support</p> <p>Target of 30 young people accessing support.</p>	<p>79</p> <p>Figures for 2021/22 show there has been an 80% increase in the number of young people supported compared to those previously reported (44), with numbers more than doubling compared to baseline.</p> <p>Additional investment for 2022/23 will allow the service to continue to meet increasing demand.</p>
<p>Reduce the proportion of women smoking at the time of delivery</p> <p>Reduce smoking at time of delivery (SATOD) in Hampshire to 7% by 2020.</p> <p>Increase referrals of pregnant smokers to Hampshire stop smoking service to 100% using an opt out system by 2020.</p> <p>Increase the uptake of stop smoking support by pregnant smokers with 50% of referrals setting a quit date by 2020.</p> <p>Increase the 4 week quit rate to 55% and the 12 week quit rate to 25% of those setting a quit date by 2020.</p>	<p>SATOD rate 2020/21 7.9% (carbon monoxide monitoring was paused during COVID and so the identification of smokers at booking may have been reduced).</p> <p>Maternity referrals to Smokefree Hants: 702 women (2020/21) 811 women (2021/22)</p> <p>'In house' maternity opt-out stop smoking service are currently being rolled out across NHS Trusts (delivery from Oct 2022). Therefore, pregnant women will no longer be routinely referred to Smokefree Hampshire.</p> <p>41% (between Oct 2021 to April 2022); previous contractual year was 34%</p> <p>4 week quit rate: 54% (Oct 2020 to Sep 2021) 12 week quit rate: 28% (Oct 2020 to Sep 2021)</p>
<p>Increase in mothers continuing to breastfeed at 6-8 weeks</p> <p>50%</p>	<p>57.5% (Nov 2021 to Jan 2022)</p>
<p>Number of children jointly funded for continuing care</p> <p>11 (Baseline)</p>	<p>62 – jointly funded for CC 9 - jointly funded via Section 117 Aftercare</p>

Next Priorities

35. To progress the domestic abuse 'Journey of a Child' action plan with leads from each agency.
36. HCC Children's Services, Public Health and CCG CYP MH commissioners have continued to work around the development of the offer for CYP with challenging behaviour. The HIOW ICS-wide Key Worker service is now live, providing improved support for CYP with LD/A on the Dynamic Support Register (which highlights those children and young people with greatest risk. The Complex Children's Panel has helped to build consensus around the development of new resilient placement options such as the Hayter House project in Romsey, due to go live in the Spring/Summer of 2023, whilst opening up access to similar provision in Southampton at a new development (Westwood House). The CCG has maintained its commitment to support HCC efforts that will improve the resilience of HCC Children in Care residential services and settings and Foster Care through funding for improved psychological insight and leadership. The CCG has also committed to funding to develop the reach and scope of Portage Service in relation to more vulnerable children of school age in 2022/23 and 2023/24.
37. To agree and implement opportunities for improving outcomes of children and families accessing the Public Health Nursing and the Family Support Services and Intensive Support Workers arising from the current discovery project underway.
38. To seek opportunities to incorporate and align Public Health Services into the Holiday Activity and Food (HAF) Programme signposting offer. There is significant alignment between Public Health priorities and the aim of HAF in respect of health eating, activity, obesity and signposting to other forms of support.

Living Well, Dr Barbara Rushton

Key Issues and Developments

39. The impact of the past two years continues to be far-reaching and it may be some time before we return to pre-pandemic levels of physical and mental health.
40. Importantly partners have continued to work together to support the vulnerable population providing advice and guidance on who to contact and how to access services. Face to Face appointments have returned.

41. An offer of digital/telephone stop smoking support continued and the accessibility of stop smoking medications enhanced, with more pharmacies and vape shops providing services.
42. Adults' Health & Care, Energise Me, and NHS partners are looking at how we can support better ageing. There are four areas of focus: continence, social isolation, dementia and falls
43. Nationally, a "Live Longer Better campaign" has been established and Energise Me has invested into the national community of practice and learning which has a large network across the country.
44. The Whole System Approach' (WSA) pilot to tackle obesity in Rushmoor has now been initiated in Havant
45. HLOW was a *trailblazer* site for the national NHS BP@Home programme. Approximately 6000 blood pressure monitors were distributed to GP surgeries to support the remote management of individuals with high blood pressure.

Covid Impact and Mitigations

46. Fewer people have come forward with significant mental and physical conditions increasing the harm to them from potential disease including cancer and cardiovascular disease.
47. Carbon Monoxide monitoring at booking is temporarily on hold. This has resulted in a reduced level of women coming forward as smokers Referrals to Smokefree Hampshire from primary and secondary care reduced by approximately 40% during 21/22. However, the number of people referring themselves for support increased significantly
48. A second Quit4Covid GP text messaging campaign was delivered to encourage all smokers to seek expert advice. Support for pregnant women has continued through the 'Speak to your Midwife' targeted social media campaign and ongoing partnership work with NHS Trust Smokefree Pregnancy Steering Groups to promote midwife referrals.
49. Health Check delivery was severely compromised by the impact of COVID on primary care capacity (as well as latterly by the national shortage of blood test bottles). The time has been used to improve structures for Health Check commissioners (Public Health) and providers (Primary Care) to share learning and collaborate

50. Ambition to increase the MECC training offer applicable to a range of common upstream behavioural risk factors (such as smoking, diet and physical activity) which will upskill the health care work force

Coproduction and Collaboration

51. HCC Public Health have worked collaboratively with Acute, Maternity and Mental Health Trusts to support the implementation of the NHS Long Term Plan for Tobacco Dependency Services.
52. The whole System Approach to obesity collaboration continues in Rushmoor and was recently established in Havant. A new District is planned for 22/23 and shows the recognition of system partners value in working together to achieve shared objectives.
53. The We Can Be Active Strategy, a co-produced strategy for physical activity was adopted by the Health and Wellbeing Board in October 2021.
54. Healthy Hearts programme has recruited to a pharmacist led cardiovascular disease prevention team designed to support Primary Care Network teams in optimising medication used to an treat individual's risk factors
55. A Health Equity Audit was undertaken for smokefree Hampshire to enhance the accessibility of the service in 22/23 includes insight work with priority groups to identify their experience as service users & targeted social media campaigns.
56. Working with MIND across Hampshire we are contacting every registered SMI patient to offer advice guidance and support in relation to vaccinations

Progress against Metrics

57. The COVID-19 vaccination programme has been a key factor in helping people to remain well in the community. Over 4 million doses have been given locally and the system mobilised quickly to ensure that over Winter 2021 everyone was offered a booster vaccination by 31st December to combat Omicron.
58. Smoking at Time of delivery in Hampshire in 20/21 is estimated to be 7.9%. This is a reduction from 19/20 (9.3%) and the lowest prevalence recorded to date.

59. 40% of people who set a quit date with Smokefree Hampshire were from routine and manual occupations. Of those people in routine and manual occupations setting a quit date, 67% went on to successfully quit for 4 weeks.
60. The Healthy Early Years Award was developed to engage early years practitioners in a whole settings approach to health. Five Rushmoor early years settings piloted the award, including topics on Healthy Weight and Healthy Eating, and Physical Activity and Active Play. This is now live to all early years settings in Hampshire and will be promoted further in 2022.
61. The Physical Activity Strategy was launched in 2021. In the last year 47 clinicians have been trained through the Physical activity clinical champions training and 35 individuals trained through the supporting others to be physically active training for social prescribers.
62. The Prevention and Inequalities Board selected physical activity as one of two priority focus areas. An action plan is being developed to embed physical activity training into workforce development and clinical pathways.

Next Priorities

63. Tackling the inequalities that lead to poorer health outcomes has to remain front and centre of our approach to prevention and self-care programmes.
64. Cardiovascular disease prevention remains a priority for the Prevention & Inequalities Board across the ICS
65. Important to restart programmes that have been paused while the system specifically needs to gear up for the Covid-19 impact on mental health and ensuring service capacity and resilience in the coming year.
66. We will continue to ensure that we increase accessibility to digital tools and they are promoted further within the system
67. As Hampshire & the Isle of Wight becomes an Integrated Care System ICS on 1 July 2022 there will be new opportunities to improve outcomes, tackle inequalities, enhance productivity and support community development. The Board should facilitate deeper integration across agencies as well as ensure its priorities are reflected in the forthcoming integrated care strategy.

Aging Well, Graham Allen

Key Issues and Developments

Live Longer Better Programme

68. The Live Longer Better programme is part of a national revolution by Sir Muir Gray and led locally by Public Health, Demand Management & Prevention and Energise Me. The programme aims to support older people to increase their healthy life expectancy, reverse the effects of lockdown and reduce demand on health and care services.
69. The integral aspect of Live Longer Better is a cultural shift in how we support older people; from 'care' that implies doing tasks for people, to 'coaching' – doing tasks with people. To enable this, we need to increase levels of physical activity in people as they get older.
70. To deliver the Live Longer Better programme in Hampshire, we have identified four key areas of focus: falls, continence, social isolation and dementia. All are interlinked and provide opportunities where physical activity can prevent the condition, or improve the quality of life of people who experience them.
71. To date we have:
- Relunched Steady and Strong (evidence-based falls prevention classes), with 86 classes open across the county.
 - Developed information for Social Workers on continence to promote opportunities to prevent or reverse incontinence, rather than manage it with containment products.
 - Undertaken insights and engagement with Hampshire residents about strength and balance.
 - Developed content for a Live Longer Better microsite for Hampshire residents.

Technology-enabled Care and Digital Enablement for Older People

72. **Digital Enablement:** Supporting older people to become digitally enabled brings a variety of benefits, many of which have been highlighted during the COVID pandemic, for example helping people to access services and remain socially connected. The previous year's grant funded activity has continued to deliver providing digital literacy training and access to connected equipment.
73. Further to this in partnership with the CCG, NHS England Health Equalities Partnership (HEP) funding has been utilised to establish a digital inclusion network, so that good practice and opportunities can be mapped, shared and acted upon across statutory partners and voluntary community and

social enterprise (VCSE) organisations. In addition the HEP funding is being utilised to provide digital champions training to VCSE partners to enable further training opportunities for digitally excluded individuals, as well as supporting the refurbishment of donated devices that can be loaned to people with free data.

74. Care Technology: Hampshire County Council's Care Technology partnership has continued to develop throughout the pandemic period, with the mainstreaming of our Cobots programme, the introduction of the Automated Wellbeing Call Service, using AI to support individuals and families who were shielding to access broader support services and a greater use of care technology to supplement or replace more traditional forms of care. The partnership has supported in excess of 30,000 individuals in the last 8 year and currently provides TEC services to circa 13,000 Hampshire residents.
75. We are now working with colleagues in using care technology to support short-term service following hospital discharge and within and beyond our discharge to assess units. The focus of this work is to enabled people to return home with support that helps them remain independent for longer and with less reliance on more intensive and intrusive forms of care; in the last year we have helped reduce the need for over 100,000 hours of home care, maximising people's independence for longer.

Covid Impact and Recovery

76. Older people are, of course, one of the key population groups to have been disproportionately affected by the impact of the Covid-19 pandemic. There have been continued collective efforts across the whole system to support the health and care needs of older people and effective flow through the system. As outlined in the last COVID Update presented to the Health and Adult Social Care Select Committee there are continued comparatively high volumes of demand and complexity of demand across community and hospital settings due to a range of factors. The social care market in Hampshire is continuing to experience significant pressures with regards to the recruitment and retention of staff.
77. Adults' Health and Care continues to provide high levels of support to the care sector. The department continues to work closely with care and support providers to maintain required levels of care and ensure stability in the market. This includes the Call2Care and Connect2Care campaign designed to attract new people to work in the care sector.
78. It is important to recognise that Hampshire County Council have distributed close to £80m of Government grant support to the social care sector over the last two financial year and also made additional payments in the last financial year of £18m to support the sector.

79. Each week, Hampshire community partners support over 400 individuals to be discharged from acute hospitals, with HCC leading on some two-thirds of these discharges. The vast majority of individuals are either able to go or return home with support (in some cases additional support), returning to a previous care home where they resided before admission or being admitted to temporary discharge to assess bed-based facility as part of our successful Short Term Service approach through HCC Care. Thereafter people move on, typically to an ongoing service level / type of care should they need it following a Care Act assessment outside of the hospital at a later point, when they have had an opportunity to better recover.
80. In relation to hospital discharges, new [Updated guidance](#) has been issued regarding hospital discharges following the end of the Civil Contingencies pandemic response. Key elements of the previous guidance are retained, but these are no longer a requirement. The new guidance sets out that arrangements and processes are a local decision and subject to local finances. That said, the previous approach is promoted as best practice.

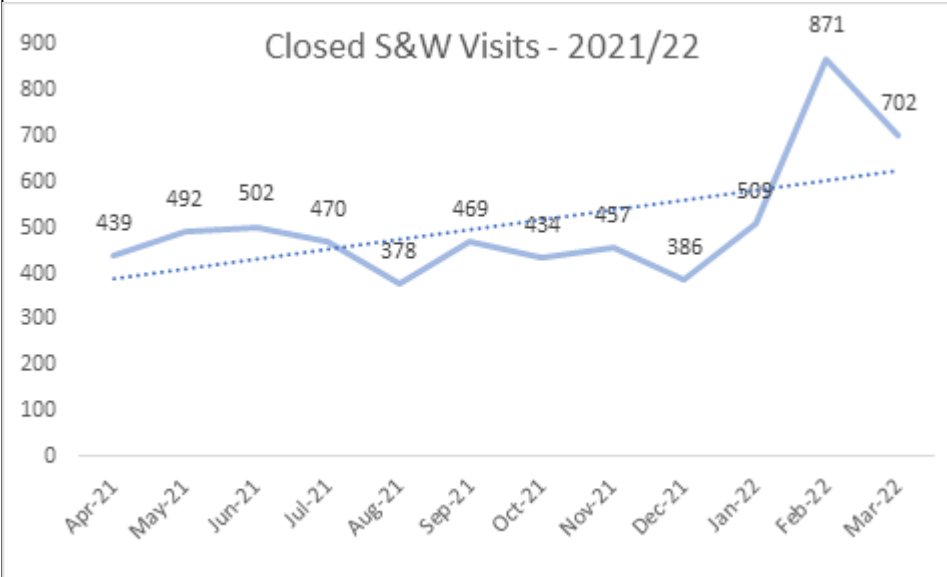
Population Coproduction and Partner Collaboration

81. The Carers Bronze Group, established during COVID and chaired by Carers Together has developed into the Carers Operational Group providing a place for carers organisations and local partners to come together to respond to the needs of unpaid carers, in addition and in support of the Hampshire Carers Partnership Board.
82. The Live Longer Better programme has a growing stakeholder group with a number of representatives across the system. We will work with specific care service areas to implement the programme and intend to include older people using the services in the design. We are also working with Hampshire County Council's Insights and Engagement team to utilise Hampshire Perspectives as part of the development of workstreams.

Progress Against Metrics

Increase in number of Hampshire Fire & Rescue Safe and Well visits	Month	Closed Visits
	Apr-21	439
	May-21	492
	Jun-21	502
	Jul-21	470
	Aug-21	378
	Sep-21	469
	Oct-21	434
	Nov-21	457
	Dec-21	386
	Jan-22	509
	Feb-22	871
	Mar-22	702
	Total	6109

Performance has remained constant over much of 2021/22, albeit with increased numbers over the last couple of months. This increase, during the last quarter of the year, is likely down to the relaxation in restrictions due to the pandemic enabling the Service to visit more vulnerable people.



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| **Uptake of flu vaccination** | Data is published by STP/ICS area - up to the end of February 2022. Uptake of the flu vaccine for older adults continues to be high in Hampshire: **Over 65s:** HIOW – 85.7% of people aged over 65 have been vaccinated. Frimley – 83% of people aged over 65 have been vaccinated. These figures compare favourably with the 82.3% rate for England as a whole. | |

Covid-19 vaccination

Healthcare workers:
 HIOW – 59.7% of healthcare workers have been vaccinated, compared to 60.5% in England
 Frimley (covering NE Hampshire) is slightly lower at 58.5% for healthcare workers.
 It is worth noting that the figures for flu vaccination of healthcare workers have dropped since 2020/21, largely due to the prioritisation of the Covid-19 vaccination for frontline workers.

As part of the ongoing system response, Hampshire has continued to prioritise and vaccinate older age groups who are at highest risk of dying from COVID-19 as well as key frontline workers who work with the most vulnerable. Work continues to identify and encourage people who are less likely to come forward for their vaccination.

HIOW – 95.8% of people 80 years and over had been fully vaccinated (3 doses), 94.8% had received a booster
 Frimley – unable to access this data

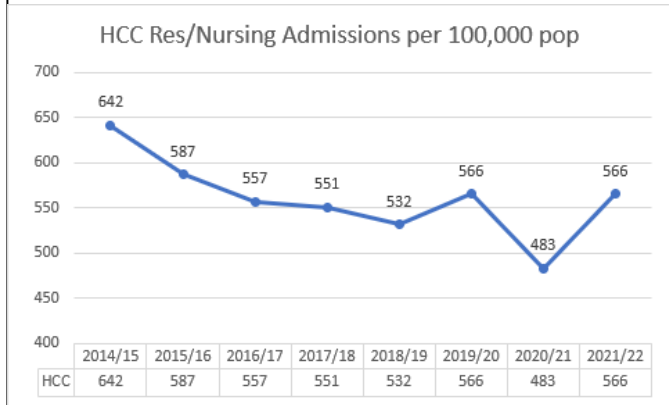
Source: Foundry, 25/05/22

Permanent admissions to residential/nursing homes 65+

The chart below shows admissions from 2014/15 to 2021/22.

As at March 2022, the permanent yearly admissions for people aged 65+ was 1766, equating to 566 per 100,000 population. The admission rate dropped dramatically during the Covid-19 pandemic and has now returned to a similar rate, however as seen over a longer trajectory (shown in the chart below) the reliance on permanent residential and nursing care is decreasing. This is a strategic intention, moving away from long-term care and aiming to support a higher proportion of people to remain independently (or with care) in their own homes and in more enabling care settings, such as extra care housing.

NB this data relates only to admissions where HCC was placing an individual in residential or nursing care. It does not reflect admissions organised by an individual or their family without HCC involvement.



Next Priorities

83. The following areas have been prioritised initially for the Live Longer Better programme:
- Day Services, to help people move more to provide activities that reduce sedentary behaviours and increase strength and balance.
 - Extra Care, services to support more provision of physical activity on site and working with local leisure providers. This will also incorporate the coaching element as described above for the domiciliary care provided.
 - Argenti, to support those with technology enabled care to access preventative opportunities for falls.
 - District and Borough Council, by developing Communities of Practice with key leads in local authorities to develop their own Live Longer Better action plan within the scope of the Hampshire objectives.
 - Undertake insights on continence, and further develop the insights for strength and balance.
 - Deliver a Hampshire-wide offer of activities tailored to older people which incorporate strength and balance.

Dying Well, Alex Whitfield

Executive Summary

84. Following on from a deep dive presentation in October 2021, the purpose of this report is to update the Health and Wellbeing Board on progress by HIOW and Frimley ICS' in relation to End of Life Care key priorities for improvement, outlined below:
- **Priority 1:** Ensure person-centred care, choice and control is consistently in place across Hampshire to help people live well with life-limiting conditions.
 - **Priority 2:** Support people at end of life to return to or remain in their preferred setting in the last days and hours of life.
 - **Priority 3:** Improve skills and capacity across Hampshire to ensure people are encouraged and supported to have early and timely conversations about end of life wishes and choices. This will help individuals and their families to plan and prepare in advance.

- **Priority 4:** Work together effectively across organisations to provide well integrated care and consistent palliative care, building on a shared care plan irrespective of organisational or funding boundaries.
- **Priority 5:** Improve access to bereavement support and services locally, for all age groups, especially for parents, families and educational communities following the death of a child, for children experiencing the loss of a parent, and for long-term carers who may also need support when their caring role ceases.

85. This report seeks to provide an update regarding the progress of both Hampshire and Isle of Wight ICS (HIOW) End of Life Care Board and Frimley Health and Care ICS Steering Group, regarding the following:

- Key Issues and Developments
- Covid Impact and Recovery
- Population Coproduction & Partner Collaboration
- Progress against Metrics

86. The key priorities for End-of-Life Care across each ICS are outlined below, having been determined by the relevant ICS Board/Steering Groups perspective of areas which need further development and aligned with the national priorities. These priorities will be reviewed on a regular basis, informed by the regular update of the End of Life Care matrix – the findings and recommendations from which will be pulled into the ICS work plans and updated accordingly.

Population Coproduction and Partner Collaboration

HIOW ICS Update

Community Engagement

87. Recognising the needs of our patients, families, carers and community partners are crucial to inform the development and delivery of PEOLC, during 2022/23, HIOW ICS identified engagement with our community as a dedicated workstream.

88. Work was initiated in October 2021, following which a series of community conversations have been held to understand what matters most (rather than what we believe matters most). The ICS have followed the Solent approach to community engagement, where we have listened to our community and initiated a programme of work to focus on a clearly defined group, those at most risk of a poor experience at end of life. We will ensure the continued inclusion of people with a learning disability and those who support them, working with them to design solutions and evaluate the impact of these changes based on measures the community have designed.

89. Alongside this pivotal and innovative approach to community engagement, the ICS have established links with the Wessex Care Record (WCR) to initiate a piece of work supporting the EOL Interoperability Working Group. Alongside WCR expertise, we are working to develop an audit which works to a) create a formal body of evidence to confirm understanding of existing patient expectations concerning the sharing of records and b) engaging with professionals, patients, carers and their families to understand expectations of how we should share records. The findings of this audit will inform the formation of a technical solution to sharing of EOL records and form part of the community engagement portfolio for PEOLC across the ICS.

Stakeholder Engagement

90. HIOW ICS PEOLC Board has recently restructured to further strengthen PEOLC/ICS leadership and professional expertise within the Board and various working groups. The revisions to the Board include plans to report to the ICS Transformation Board (once formed) as part of the wider ICS governance infrastructure. The PEOLC Board will report to the ICS Transformation Board on all aspects of the PEOLC Programme of work. Alongside this, regular reports are now provided to both the HIOW ICS Quality Board (from a quality perspective) and Hampshire Health and Wellbeing Board to ensure system wide input and awareness of the PEOLC programme.

91. To ensure discussions held at Board are informed by the wide range of skills and expertise across our system, we have worked with colleagues to ensure various groups feed in and out of the Board, strengthening our communication and wider stakeholder engagement, going forward. These groups include the PLACE PEOLC Steering Groups (with acknowledged need to re-establish these in two PLACE areas) to represent the views of our PLACE localities, Hospice Collaborative (recently formed with time to explore collectively as a collaborative of independent hospices) and CYP Clinical Network (as a specialist voice for CYP). All these groups are pivotal to informing the ICS direction of travel around PEOLC locally. It is this broad range of stakeholders that have been part of our plans to shape and drive the key deliverables of our Board.

Frimley ICS Update Community Engagement

92. The ICS is in the process of producing English and BAME EOLC videos. These videos will include translations into top 5 BAME languages that are spoken locally. Service users' experiences will be captured to encourage the local population to access EoLC support services.

93. The following booklets are regularly updated to improve outcomes for patients at the end of their life:

- Looking after someone at the end of their life
- A guide to reaching our communities in end-of-life care
- We are sorry for your loss
- Looking after someone at the end of their life

Stakeholder Engagement

94. Ensuring that people have equity of outcomes at the end of life requires an awareness and commitment to deliver appropriate palliative care. Seeking an understanding of the patient’s beliefs about health and illness is imperative. This facilitates the delivery of high-quality, personal, sensitive, and appropriate care founded on mutual trust, respect of the patient’s nationality, culture, age, gender, and political and religious beliefs. A booklet for staff “A Guide to reaching our communities in end-of-life care” was published and circulated across the system. The aim is to assist health and care professionals to better meet the spiritual needs of people for whom they care. This is raising awareness of the different cultural needs that our population may have.

95. Stakeholders have completed the Ambitions Framework for PEoLC for the third time, there is an upward trend toward level 5. The outcomes help to inform the workplan for 22/23. One of the key areas identified was to continually make improvements by having a data set from across the system. The exceptional depth and breadth of clinical and care information afforded by the Frimley ICS data model gives us the opportunity to construct insightful and potentially anticipatory insights into whole population palliative and end of life needs and supports identification of individual residents’ end of life support requirements earlier.

EoLC AMBITIONS SELF ASSESSMENT																		
	Frimley ICS Combined Selfassessment tool						Frimley ICS						Frimley ICS					
	All attendees						17/05/2021						16.05.2022					
	21.11.2018						17/05/2021						16.05.2022					
	Level 0	Level 1	Level 2	Level 3	Level 4	Level 5	Level 0	Level 1	Level 2	Level 3	Level 4	Level 5	Level 0	Level 1	Level 2	Level 3	Level 4	Level 5
Ambition 1: Each Person Seen as an Individual	0.0%	9.1%	27.3%	36.4%	27.3%	0.0%	0.0%	0.0%	0.0%	31.60%	63.20%	5.30%	0.0%	0.0%	0.0%	26.3%	73.7%	0.0%
Ambition 2: Each person gets fair access to care	0.0%	10.0%	40.0%	40.0%	10.0%	0.0%	0.0%	0.0%	0.0%	50%	50%	0.0%	0.0%	0.0%	0.0%	66.7%	33.3%	0.0%
Ambition 3: Maximising comfort and wellbeing	0.0%	0.0%	12.5%	25.0%	56.3%	6.3%	0.0%	0.0%	0.0%	6.30%	68.80%	25%	0.0%	0.0%	0.0%	18.8%	68.8%	12.5%
Ambition 4: Care is coordinated	50.0%	8.3%	8.3%	12.5%	20.8%		0.0%	0.0%	13.0%	47.80%	39.10%	0.0%	0.0%	0.0%	4.3%	30.4%	56.5%	8.7%
Ambition 5: All staff are prepared to care	0.0%		14.3%	42.9%	42.9%	0.0%	0.0%	0.0%	0.0%	0.0%	57.10%	42.90%	0.0%	0.0%	0.0%	28.6%	71.4%	0.0%
Ambition 6: Each community is prepared	0.0%		75.0%	25.0%	0.0%	0.0%	0.0%	0.0%	25.0%	50%	25.00%	0.0%	0.0%	0.0%	0.0%	25.0%	75.0%	0.0%

96. The two hospices Thames and Phyllis Tuckwell are working together and aligning their service to promote equitable care across the system. A showcase event was held in March to mark the 2021 achievements. Achievements for 2021 presented includes:

- Rapid Response service Pilot ended in March 2022. Funding awarded to continue for the next 12 months. This service is to increase capacity of the current services.
- Thames Hospice co-connect Bereavement support – this is bereavement support for local people whose bereavement has been adversely impacted by the pandemic.
- Thames care@home – provides personal care to clients in their own homes, that have a prognosis of less than 6 weeks.
- Brigitte Trust – Neurological support group for people with MND, MS, MSA and PSP
- Implementation of ReSPECT – This was rolled out in August 2021.
- Urgent community Response / Hospital at Home (now called frailty virtual ward – allows patients with severe frailty to be treated in last few months of life or in final illness at home.
- Homeless pathway – making sure people who are homeless have a choice about their care at end of life.

Key Issues and Developments

Frimley ICS Update

Deliverables	Update
Deliverable 1: EOLC Strategy	<ul style="list-style-type: none"> • EOLC self-assessment tool kit used to measure Frimley ICS progress against the 6 ambitions. • This is completed every year to establish gaps and task and finish groups for the year. • 2022 is the third year for Frimley ICS using the assessment toolkit and there has been progress noted across all ambitions.
Deliverable 2: ReSPECT	<ul style="list-style-type: none"> • ReSPECT was rolled out in August. • Data monitoring and review – report, follow up reviews, compliance and feedback. • Utilisation data is monitored regularly and it shows an increase across the system. • Ongoing promotion via Frimley ICS website. • Online training offered and face to face training is provided as necessary or when requested.
Deliverable 3: Education and Training	<ul style="list-style-type: none"> • The steering group continuously reviews and identifies new training needs. • Ongoing promotion across the system on accessing training • Training Hub offering training support across the system.

Deliverable 4: Multicultural and EOLC	<ul style="list-style-type: none"> • Training data being maintained and reviewed. • A booklet for staff “A Guide to reaching our communities in end of life care” published and circulated across the system. • Booklet can be accessed via Frimley website • Videos (films) to be created that focus on encouraging the public from different backgrounds to access EOLC.
Deliverable 5: Bereavement and Care after Death	<ul style="list-style-type: none"> • Planning more Death Fair sessions for 2022. • Supporting other areas that want to run Death fair sessions and sharing information. • Continue to attend Dying Matters awareness week activities to learn from other areas.

HIOW ICS Update

Deliverables	Update
Deliverable 1: EOLC Strategy	<p>Initial focus on completing the EOL Self-Assessment Tool & Matrix shared by National Team.</p> <ul style="list-style-type: none"> • EOLC self-assessment tool kit populated to baseline HIOW ICS position against the 6 PEOLC ambitions. • Top Gaps Identified including: a) Shared Records b) Community Engagement (Promoting discussion around death, dying and bereavement) • Due to be completed annually, next in September 2022 to review/establish gaps and task and finish groups for year ahead. • Following restructure of the ICS PEOLC Board, strengthening links to the wider ICS structure, development of a HIOW ICS Strategy has now been proposed
Deliverable 2: EOL Interoperability	<p>Focussed on developing a technical solution to sharing information concerning PEOLC. Approach to enable operational delivery will need to follow.</p> <ul style="list-style-type: none"> • Business Analyst assigned. ICS have developed set of User Requirements (including an EOL Dataset) – signed off by Board • Working closely with Wessex Care Record with specific funding stream to support workstream • Series of Models considered in Options Paper – formally approved development of a “Hybrid” model • WG have agreed to work up technical specification for long-term Hybrid Solution. • Specific expertise requested of WCR to consider immediate amendments to CHIE against user requirements. • Work aimed to support a short term and long-term solution to support PEOLC patients.

Deliverable 3: Education and Training	<p>Focussed on developing a Training and Education Model across ICS – targeted at specific bands initially.</p> <ul style="list-style-type: none"> • Series of training sessions identified for specific staffing groups from within existing HIOW offer. • Working with HEE to build into existing platform and establish within HEE Learning Pathways • Further engagement and communication planned to secure ICS wide commitment to this provision.
Deliverable 4: Community Engagement	<p>This group was initially focussed on how we work with our community to support development of PEOLC.</p> <ul style="list-style-type: none"> • Two Community Conversations held, commencing Summer 2021, recommendation being to focus on a clearly defined group – those at most risk of a poor experience of PEOLC. • We will work with people with a learning disability and those who support them to design the solutions. • We shall evaluate the impact of those changes with measures decided by people with a learning disability
Deliverable 5: Bereavement & Care after death	<ul style="list-style-type: none"> • Learning shared from Frimley ICS around Death Fairs ran during 2021. • Portsmouth and South East ran a series of targeted discussions around Death for BAME community • Linking in with Libraries to hold a series of Death Fairs in HIOW. • Guidance for Volunteers drafted for further discussion

Covid Impact and Recovery

97. The EoLC Groups within each ICS continue to offer support to stakeholders. We have developed on our priorities in the last year and made significant changes to respond to PEoLC during a pandemic. The guidance, protocols, and pathways to support changes across the ICS are continuously reviewed as part of covid-19 recovery and the relevant steering groups continue to review PEOLC guidance across the system.

Progress against Metrics

98. Access to an ICS Palliative and End of Life Care dashboard has previously been outlined as a challenge with the Hampshire Health and Wellbeing Board. The proposed way forward at that time was to support a recently formed South East Regional team working group formed to develop a series of proposed indicators on which to form a dashboard.

99. Following a series of meetings, the Regional team have recently communicated a series of National core metrics for 2022/23 outlined within the new Palliative and End of Life Care Strategic Clinical Networks Budgetary Framework. The series of core metrics have provided a basis on

which all ICS' are now working to capture a baseline understanding of Palliative and End of Life Care across the ICS.

100. It is anticipated that the data associated with these core metrics will be available from quarter 2 2022/23. It is recognised that further work is required to strengthen the range of core metrics associated with PEOLC alongside a framework of measurable outcomes associated with various workstreams. This work is being completed alongside our efforts to develop methods of evaluation with our community and community partners.

101. Details of the initial core metrics are outlined below:

TABLE OF CORE METRICS 2022/23

Priority	Core metrics	Reporting
Improving Access	1. a) Total number of people identified as in their last year of life and b) percentage of individuals in the last year of life who have been offered personalised care planning (NHS LTP) 2. Establish and measure against regional baseline of available services for all ages 24/7PEoLC	Either locally identified, or based on an agreed baseline and trajectory depending on maturity (Quarterly from the start of Q2) Completion of baseline, building on Jan 2022baseline and 24/7 SPOC bids (Number and % by ICB, by the end of Quarter 2 and any changes by Quarter 4)
Improving Quality	3. No of staff with improved staff confidence, knowledge and skills in PEOLC, focussing on PCSP at EoL (NHS LTP)	Numbers/% of staff attended training, including PCI, E-ELCA, QOFQI (end of Quarter 4)
Improving sustainability	4. At least 33% of ICS/ ICB in each region have PEoLC as a strategic priority in ICS/ICB plans	Reviewing ICB/ ICS plans (by end of Quarter 1)

Next Priorities

102. Alongside the continuation of the Working Groups focussed on delivery, reporting to the ICS PEOLC Boards/Committees our ICS' will also be working on the following:

Area of Work	Details	ICS Area
Data Dashboard	National team have shared framework of data requirements in May 2022 which ICS' will report against from Q2 onwards.	Frimley and HIOW
Dying Matters Week	A series of information sessions were offered to our community as part of Dying Matters Week (May 22).	Frimley and HIOW

	Inc. ICS Board opened to the Community. Share learning to inform plans for 2022/23.	
Health and Care Bill	Following news of the pending Health and Care Bill, approach to exploration of services offered by hospices being considered – core/specialist services delivered, gaps and areas for collaboration.	Frimley and HIOW
Death Fairs	Death Fair sessions topics are being translated into English videos first then later into other languages (Polish Urdu, Panjabi and Nepalese). Death fairs being developed within HIOW in first instance.	Frimley and HIOW
Self-assessment tool and EOL Strategies	To be completed yearly to help identify gaps and opportunities. HIOW working to draft PEOLC ICS Strategy alongside this.	Frimley and HIOW
EOL Medicine Authorisation Charts	Different charts for the North and South in order to standardise paperwork used between providers, aim to reduce paperwork burden on prescribers & improve safety	Frimley
Single Point of Contact	Models being developed across HIOW and group established to share learning to inform HIOW wide model.	HIOW

Healthier Communities, Councillor Anne Crampton

Key Issues and Developments

Healthy Homes

103. Over the last year, a Healthy Homes Working Group has been taking forward the recommendations outlined in the Healthy Homes Needs Assessment.
104. We have successfully delivered a workforce development programme focused on keeping people safe at home which includes the following:
- Webinar series- To date, we have run 4 webinars out of our series of 6 which focused on Money Matters, Tenants Rights, Domestic Abuse and Anti-social behaviour. Future sessions will focus on Hoarding & Fire Safety and Social Prescribing.
 - Short videos- We have [published](#) short introductory videos on topics such as fuel poverty, Safe & Well visits and Disabled Facilities Grants.

- Joint Induction Programme- we have drafted a proposal to develop a joint induction programme across housing, health, care and community services to support more collaborative working across the system.

105. In addition to the workforce development programme, we are in the final stages of publishing a Health Begins at Home Memorandum of Understanding. The Hampshire Health Begins at Home MoU is designed for everyone working within the HIOW system, to make a change in the way we work together, innovate together and commission together. There are specific actions and outcome measures around preventing homelessness by promoting partnership working, ensuring everyone can stay safe and healthy in their own homes and supporting multiagency workforce development opportunities.

Healthy Environments

106. In order to progress the shared aim of healthier, more sustainable environments, we have achieved the following in the last year:
- Delivered four workshops with the Town and County Planning Association with colleagues from across Hampshire and the Isle of Wight to create recommendations for improving air quality
 - Developed the Hampshire Local Transport Plan 4 to support active lifestyles and quality places
 - Explored options for establishing a Healthy Environments Working Group to provide a coordinated approach to delivering health and wellbeing outcomes through the built and natural environment.

Districts and Boroughs Recovery

107. The District and Borough recovery group continued to meet as we moved out of COVID restrictions and into the early stages of recovery. The meeting takes place monthly and brings together representatives from all 11 District and Borough councils with a focus on those who work in their local community and on the Health and Wellbeing agenda. The meeting is chaired by a District or Borough member and the planning of each meeting is coproduced between the chair and the HCC Demand Management and Prevention Change Unit. Membership of the meeting is also extended to partners in Public Health and Health and aims to encourage partnership working and sharing of information among attendees.

Covid Impact and Recovery

108. The District and Borough Recovery Group meet monthly with a theme, guest speakers and topics that focus on Health and Wellbeing and COVID recovery. Guest speakers have included Public Health, Citizens Advice and Health colleagues. District and Borough colleagues also have an opportunity to share their priorities and challenges with peers.

Population Coproduction and Partner Collaboration

109. To inform the Health Begins at Home Memorandum of Understanding, we have liaised with a number of key strategic and operational groups to ensure the priorities and actions are both practical and ambitious. The key aims of the MOU is to improve collaboration amongst partners working to support people to live in a healthy environment.

Next Priorities

110. Healthy Homes:

- Publish the Health Begins at Home Memorandum of Understanding and invite stakeholders to sign up.
- Complete and evaluate the Healthy Homes Webinar series, and explore the possibility of further topics such as smoke-free homes.
- Further develop the joint induction programme in collaboration with ICS learning and development teams.

111. Healthy Environments:

- Explore opportunities to deliver action on air quality with partners with the joint agenda of health
- Establish a Healthy Environments Working Group

112. District and Borough Council recovery:

- Continue to identify opportunities for collaborative working
- Be informed of the emerging ICS priorities and align with District and Borough priorities where appropriate
- Continue to work together on key issues such as poverty, mental health and community engagement

Finance

113. The work and priorities of the Health and Wellbeing Board Business Plan are delivered within the existing financial resources of the partner organisations involved.

Conclusions

114. With continued positive changes and growth to the Board, we expect to take forward updated priorities and actions, monitor progress in a systematic way and continue to tackle inequalities, develop its system leadership role, and strengthen partnerships, working across Hampshire.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	No
People in Hampshire live safe, healthy and independent lives:	Yes
People in Hampshire enjoy a rich and diverse environment:	No
People in Hampshire enjoy being part of strong, inclusive communities:	Yes

Other Significant Links

Links to previous Member decisions:	
<u>Title</u> Health and Wellbeing Board Annual Report	<u>Date</u> March 2021

Section 100 D - Local Government Act 1972 - background documents	
<p>The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)</p>	
<u>Document</u>	<u>Location</u>
None	

EQUALITIES IMPACT ASSESSMENT:

0. Equality Duty

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

1. Equalities Impact Assessment:

It is expected that Equalities Impact Assessment will be completed as appropriate across the system for specific work programmes or decisions.

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Hampshire
County Council

Living Well

Hampshire
**Health and
Wellbeing**
Board



Key Issues and Developments

- ❖ The impact of the past two years continues to be far-reaching and it may be some time before we return to pre-pandemic levels of physical and mental health.
- ❖ Importantly partners have continued to work together to support the vulnerable population providing advice and guidance on who to contact and how to access services. Face to Face appointments have returned.
- ❖ An offer of digital/telephone stop smoking support continued and the accessibility of stop smoking medications enhanced, with more pharmacies and vape shops providing services.
- ❖ Adults' Health & Care, Energise Me, and NHS partners are looking at how we can support better ageing. There are four areas of focus: continence, social isolation, dementia and falls
- ❖ Nationally, a "Live Longer Better campaign" has been established and Energise Me has invested into the national community of practice and learning which has a large network across the country.
- ❖ The Whole System Approach' (WSA) pilot to tackle obesity in Rushmoor has now been initiated in Havant
- ❖ HLOW was a *trailblazer* site for the national NHS BP@Home programme. Approximately 6000 blood pressure monitors were distributed to GP surgeries to support the remote management of individuals with high blood pressure.

Covid Impact and Mitigations

- Fewer people have come forward with significant mental and physical conditions increasing the harm to them from potential disease including cancer and cardiovascular disease.
- Carbon Monoxide monitoring at booking is temporarily on hold. This has resulted in a reduced level of women coming forward as smokers Referrals to Smokefree Hampshire from primary and secondary care reduced by approximately 40% during 21/22. However, the number of people referring themselves for support increased significantly
- A second Quit4Covid GP text messaging campaign was delivered to encourage all smokers to seek expert advice. Support for pregnant women has continued through the 'Speak to your Midwife' targeted social media campaign and ongoing partnership work with NHS Trust Smokefree Pregnancy Steering Groups to promote midwife referrals.
- Health Check delivery was severely compromised by the impact of COVID on primary care capacity (as well as latterly by the national shortage of blood test bottles). The time has been used to improve structures for Health Check commissioners (Public Health) and providers (Primary Care) to share learning and collaborate
- Ambition to increase the MECC training offer applicable to a range of common upstream behavioural risk factors (such as smoking, diet and physical activity) which will upskill the health care work force

Coproduction & Collaboration

- ✓ HCC Public Health have worked collaboratively with Acute, Maternity and Mental Health Trusts to support the implementation of the NHS Long Term Plan for Tobacco Dependency Services.
- ✓ The whole System Approach to obesity collaboration continues in Rushmoor and was recently established in Havant. A new District is planned for 22/23 and shows the recognition of system partners value in working together to achieve shared objectives.
- ✓ The We Can Be Active Strategy, a co-produced strategy for physical activity was adopted by the Health and Wellbeing Board in October 2021.
- ✓ Healthy Hearts programme has recruited to a pharmacist led cardiovascular disease prevention team designed to support Primary Care Network teams in optimising medication used to an treat individual's risk factors
- ✓ A Health Equity Audit was undertaken for smokefree Hampshire to enhance the accessibility of the service in 22/23 includes insight work with priority groups to identify their experience as service users & targeted social media campaigns.
- ✓ Working with MIND across Hampshire we are contacting every registered SMI patient to offer advice guidance and support in relation to vaccinations

Progress against Metrics

- The COVID-19 vaccination programme has been a key factor in helping people to remain well in the community. Over 4 million doses have been given locally and the system mobilised quickly to ensure that over Winter 2021 everyone was offered a booster vaccination by 31st December to combat Omicron.
 - Smoking at Time of delivery in Hampshire in 20/21 is estimated to be 7.9%. This is a reduction from 19/20 (9.3%) and the lowest prevalence recorded to date.
 - 40% of people who set a quit date with Smokefree Hampshire were from routine and manual occupations. Of those people in routine and manual occupations setting a quit date, 67% went on to successfully quit for 4 weeks.
- Page 83
- The Healthy Early Years Award was developed to engage early years practitioners in a whole settings approach to health. Five Rushmoor early years settings piloted the award, including topics on Healthy Weight and Healthy Eating, and Physical Activity and Active Play. This is now live to all early years settings in Hampshire and will be promoted further in 2022.
- The Physical Activity Strategy was launched in 2021. In the last year 47 clinicians have been trained through the Physical activity clinical champions training and 35 individuals trained through the supporting others to be physically active training for social prescribers.
 - The Prevention and Inequalities Board selected physical activity as one of two priority focus areas. An action plan is being developed to embed physical activity training into workforce development and clinical pathways.

Next priorities

- ❖ Tackling the inequalities that lead to poorer health outcomes has to remain front and centre of our approach to prevention and self-care programmes.
- ❖ Cardiovascular disease prevention remains a priority for the Prevention & Inequalities Board across the ICS
- ❖ Important to restart programmes that have been paused while the system specifically needs to gear up for the Covid-19 impact on mental health and ensuring service capacity and resilience in the coming year.
- ❖ We will continue to ensure that we increase accessibility to digital tools and they are promoted further within the system
- ❖ As Hampshire & the Isle of Wight becomes an Integrated Care System ICS on 1 July 2022 there will be new opportunities to improve outcomes, tackle inequalities, enhance productivity and support community development. The Board should facilitate deeper integration across agencies as well as ensure its priorities are reflected in the forthcoming integrated care strategy.

Dying Well – Alex Whitfield

- [Theme Focus](#) and [Presentation](#) (October 2021)
- Following a deep dive presentation in October 2021, the following update is provided to the Health and Wellbeing Board.

Deliverable 1
EOLC Strategy

- EOLC self assessment tool kit used to measure Frimley ICS progress against the 6 ambitions.
- This is completed every year to establish gaps and task and finish groups for the year.
- 2022 is the third year for Frimley ICS using the assessment toolkit and there has been progress noted across all ambitions.

Deliverable 2
ReSPECT**(Links Priority 1/2/4)**

- ReSPECT was rolled out in August.
- Data monitoring and review – report, follow up reviews, compliance and feedback.
- Utilisation data is monitored regularly and it shows an increase across the system.
- Ongoing promotion via Frimley ICS website.
- Online training offered and face to face training is provided as necessary or when requested.

Deliverable 3
Education and Training
(Links Priority 3)

- The steering group continuously reviews and identifies new training needs.
- Ongoing promotion across the system on accessing training
- Training Hub offering training support across the system.
- Training data being maintained and reviewed.

Deliverable 4
Multicultural and EoLC
(Links Priority 1)

- A booklet for staff “A Guide to reaching our communities in end of life care” published and circulated across the system.
- Booklet can be accessed via Frimley website
- Videos (films) to be created that focus on encouraging the public from different backgrounds to access EOLC.

Deliverable 5
Bereavement and Care
after death
(Links Priority 5)

- Planning more Death Fair sessions for 2022.
- Supporting other areas that want to run Death fair sessions and sharing information.
- Continue to attend Dying Matters awareness week activities to learn from other areas.

Deliverable 1 EOLC Strategy

Initial focus on completing the EOL Self-Assessment Tool & Matrix shared by National Team.

- EOLC self assessment tool kit populated to baseline HLOW ICS position against the 6 PEOLC ambitions.
- Top Gaps Identified including: a) **Shared Records** b) **Community Engagement** (Promoting discussion around death, dying and bereavement)
- Due to be completed annually, next in September 2022 to review/establish gaps and task and finish groups for year ahead.
- Following restructure of the ICS PEOLC Board, strengthening links to the wider ICS structure, development of a HLOW ICS Strategy has now been proposed

Deliverable 2 EOL Interoperability (Links Priority 1/2/4)

Focused on developing a technical solution to sharing information concerning PEOLC. Approach to enable operational delivery will need to follow.

- Business Analyst assigned. ICS have developed set of **User Requirements (including an EOL Dataset)** – signed off by Board
- Working closely with Wessex Care Record with specific funding stream to support workstream
- Series of Models considered in Options Paper – **formally approved development of a “Hybrid” model**
- WG have agreed to work up technical specification for long-term Hybrid Solution.
- Specific expertise requested of WCR to consider **immediate amendments to CHIE** against user requirements.
- Work aimed to support a short term and long term solution to support PEOLC patients.

Deliverable 3 Education and Training (Links P.3)

Focused on developing a Training and Education Model across ICS – targeted at specific bands initially.

- **Series of training sessions identified** for specific staffing groups from within existing HLOW offer.
- Working with HEE to build into existing platform and establish within **HEE Learning Pathways**
- Further engagement and communication planned to secure ICS wide commitment to this provision.

Deliverable 4 Community Engagement (Links P.1/3)

This group was initially focussed on how we work with our community to support development of PEOLC.

- Two Community Conversations held, commencing Summer 2021, recommendation being to focus on a **clearly defined group** – those at most risk of a poor experience of PEOLC.
- We will work with **people with a learning disability and those who support them** to design the solutions.
- We shall evaluate the impact of those changes with measures decided by people with a learning disability

Deliverable 5 Bereavement and Care after death (Links P.5)

- Learning shared from Frimley ICS around Death Fairs ran during 2021.
- Portsmouth and South East ran a series of targeted discussions around **Death for BAME community**
- Linking in with Libraries to hold a **series of Death Fairs in HLOW**.
- **Guidance for Volunteers** drafted for further discussion

In other News....

- **Dying Matters Week:** A number of events were held over 2nd – 6th May to support our professionals and wider community. This included opening ICS Board for Community to attend within HIOW ICS.
- **Thames Hospice Co-connect Bereavement Support** – Support for people whose bereavement has been adversely impacted by the pandemic now available across Frimley ICS.
- **Hospice Rapid Response Service** – Following a successful 3-month pilot, funding has been awarded to continue the service for a year - increasing capacity to support admission avoidance and system pressures across Frimley ICS.
- **Hospice Collaborative and Childrens and Young People Network established** to support further integration of PEOLC discussions across HIOW ICS.
- **EoLC and Homelessness pathway** –used across the system making sure people who are homeless have a choice about their care at End of life within HIOW ICS.
- **HIOW ICS PEOLC Board** – recently restructured to link in with newly established ICS governance structure - HIOW ICS Transformation Board.

Next Steps

Alongside the continuation of the Working Groups focused on delivery, reporting to ICS PEOLC Boards/Committees our ICS' will be working on:

Area of Work	Details	ICS Area
Data Dashboard	National team have shared framework of data requirements in May 2022 which ICS' will report against from Q2 onwards.	Frimley and HIOW
Dying Matters Week	A series of information sessions were offered to our community as part of Dying Matters Week (May 22). Inc. ICS Board opened to the Community. Share learning to inform plans for 2022/23.	Frimley and HIOW
Health and Care Bill	Following new of pending Health and Care Bill, approach to exploration of services offered by hospices being considered – core/specialist services delivered, gaps and areas for collaboration.	Frimley and HIOW
Death Fairs	Death Fair sessions topics are being translated into English videos first then later into other languages (Polish Urdu, Panjabi and Nepalese).	Frimley and HIOW
Self-assessment Tool & EOL Strategies	To be completed yearly to help identify gaps and opportunities. HIOW working to draft PEOLC ICS Strategy alongside this.	Frimley and HIOW
EoL Medicine Authorisation Charts	Different charts for the North and South in order to standardise paperwork used between providers, aim to reduce paperwork burden on prescribers & improve safety.	Frimley
Single Point of Contact	Models being developed across HIOW and group established to share learning to inform HIOW wide model.	HIOW

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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board
Date:	16 th June 2022
Title:	Integrated Care Systems Update in Hampshire and Isle of Wight
Report From:	Ros Hartley, Director of Partnerships, Hampshire & Isle of Wight ICS Daryl Gasson, Executive Place Managing Director, Frimley ICS

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Purpose of this Report

1. This paper provides an update on the development of the two Integrated Care Systems (ICS) which will continue to serve Hampshire residents - Hampshire and Isle of Wight Integrated Care System (ICS) and Frimley Health and Care ICS. This update builds on the last briefing to the Board in October 2021.
2. Since the last meeting of the Board the White Paper on [joining up care for people, places and populations](#) has been published and provides significantly more clarity around how place-based partnership working will develop in the future.

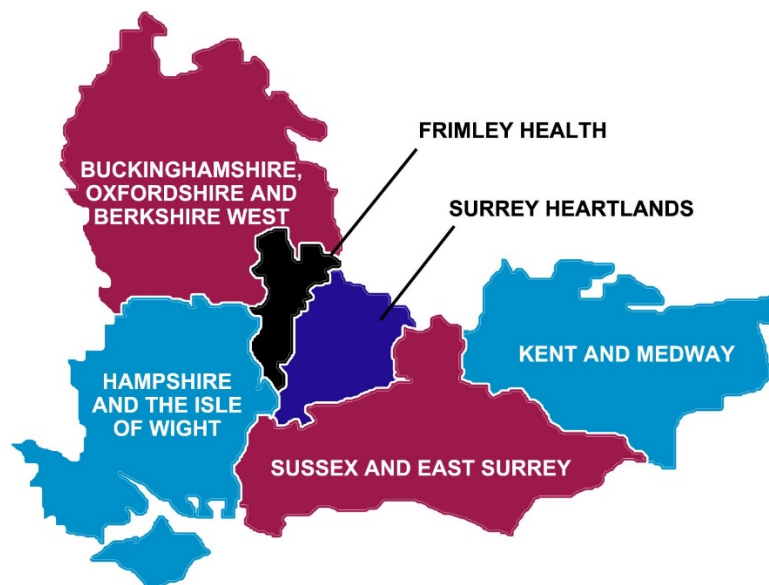
Recommendation(s)

That the Hampshire Health and Wellbeing Board:

3. Receive the report and note the direction of travel and ongoing development work ready for 1st July 2022
4. Work with other key partners to ensure the role of the Health & Wellbeing Board is clearly defined in the emerging governance framework

Executive Summary

5. From July 2022 Integrated Care Systems will take on the responsibility for improving health and care for residents. It will also be responsible for broader aims such as strategic planning for the area.
6. The NHS was set up primarily to provide episodic treatment for acute illness, but it now needs with its partners to deliver joined-up support for growing numbers of older people and people living with long-term conditions. As a result, the NHS and its partners need to work differently by providing more care in people's homes and the community and breaking down barriers between services.
7. We have two integrated care systems within the Hampshire geography, namely Frimley Health & care and Hampshire & Isle of Wight, both of which are focused on improving population health and reducing health inequalities



8. The Local Authority boundary, combined with historical NHS commissioning arrangements, means that we have a long history of the two areas working together with the Council and there are many services already jointly commissioned including Continuing Health Care, children's services and maternity.
9. Our systems are working ever more closely together to achieve even better joint working.

10. **The Hampshire & Isle of Wight Integrated Care System** will serve a population of 1.9 million people in Portsmouth, Southampton, Isle of Wight and the majority of Hampshire.
11. **The Frimley Integrated Care System** will serve a population of 800,000 people across Surrey Heath, Slough, Windsor & Maidenhead, Bracknell Forest and North East Hampshire
12. Between now and statutory transition in July 2022 we will continue to engage with our partners to find out how we can best work together, identify key areas where joint working will have maximum impact and at the same time design simplified governance and decision making structures that suit us all.

Contextual Information

13. The Government has announced a number of reform packages for health and care across England, which includes:
 - Health and Care Bill, which puts Integrated Care Systems on a statutory footing. This is currently progressing through Parliament and is expected to come into effect from July 2022.
 - 'People at the Heart of Care', a white paper on reforming adult social care published in Autumn 2021.
 - 'Health and social care integration: joining up care for people, places and populations', a white paper published in February 2022.
 - 'Roadmap to recovery', a speech by the Secretary of State for Health and Social Care made in March 2022.
14. We await the legislative processes to conclude and therefore the details set out in this paper are subject to further change.

Definitions

15. There are a number of terms used within this paper to describe concepts as defined by the new legislation. A short explanation of these are as follows:

Hampshire and Isle of Wight: The naming convention for the new ICS is Hampshire and Isle of Wight including Southampton and Portsmouth.

Integrated Care System (ICS): the statutory arrangement which brings together local authorities, providers and commissioners of NHS services and other local partners to plan and improve health and care services to meet the needs of their population, made up of an Integrated Care Partnership and an Integrated Care Board.

Integrated Care Partnership (ICP): a broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS Integrated Care Board. It is the ICP where we envisage close working with the Health & Wellbeing Board

Integrated Care Board (ICB): An NHS body responsible for NHS strategic planning, the allocation of NHS resources and performance, and bringing the NHS together locally to improve health outcomes and health services. This body will take on the functions currently undertaken by Clinical Commissioning Groups (CCGs).

Place: the entity/locality in which local government and the NHS face a shared set of challenges at a scale that often works well for joint action. Our definition of 'place' is with respect to the geographies of the upper tier local authorities in Hampshire and the Isle of Wight.

Clinical Commissioning Group (CCG): the existing NHS body responsible for designing, planning and funding NHS services within the location it serves. From July, CCGs will be dissolved and their functions taken on by the ICB.

Department for Health and Social Care (DHSC): Government department responsible for implementation of national policy.

ICS structure

16. The legislation creates two statutory parts of an ICS: an Integrated Care Partnership and an Integrated Care Board. The Place of Hampshire will report link into both ICS governance structures as shown in diagram 1 below.
17. The draft governance structures work in the form of a matrix, given there are programmes which will be undertaken at an ICS level which will naturally link with the work at place, and vice versa. For example, we are proposing transformation programmes will be undertaken at an ICS level to focus on strategic level work and outcomes. Provider collaboratives and local delivery systems (Hampshire specific and focussing on acute footprints) will often cover more than one place
18. Workshops with partners to help design the new ICS have taken place throughout 2021/22 and are continuing. This includes workshops with the

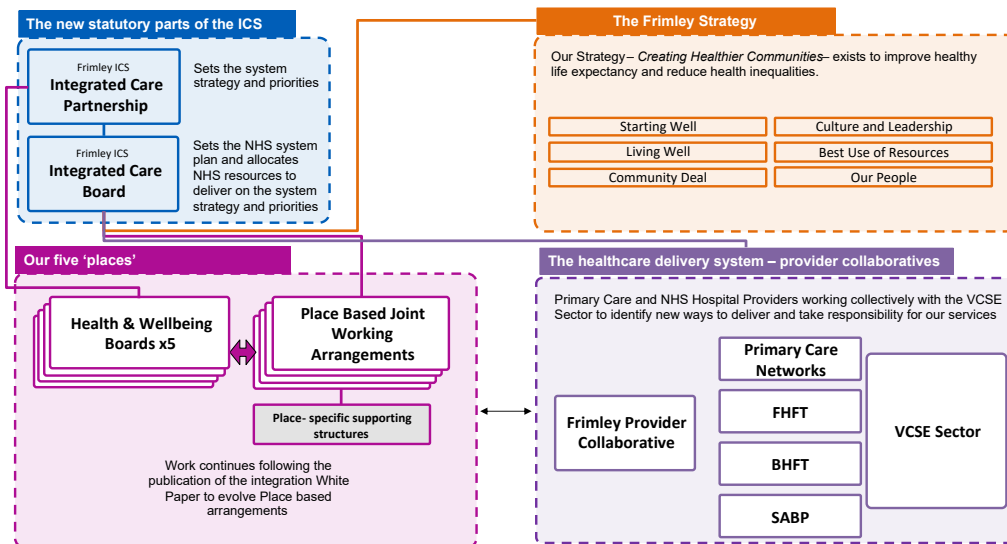
voluntary and community sector, all Healthwatch organisations in Hampshire and Isle of Wight, and existing CCG staff.

19. Further engagement with partners has also commenced to consider:

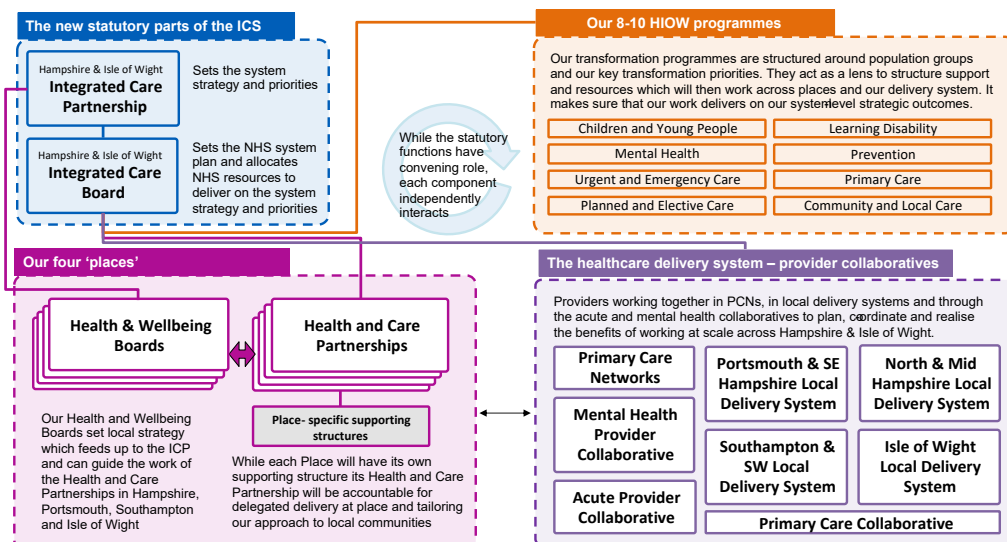
- How NHS money will flow and financial delegation to place
- Other NHS responsibilities and functions to be carried out at place
- The management structure in the ICBs which brings leadership to places,
- The planned governance model for place – including how HWBBs link to the ICPs and how existing governance between CCG Boards and places will transition to the ICB.

Diagram 1

How each aspect of our system functions – Frimley ICS



How each aspect of our system functions – HIOW ICS



Integrated Care Partnerships

20. In Hampshire and Isle of Wight and Frimley ICS's we have the opportunity to develop the ICPs as a key driving force in our systems. They will be responsible for defining our system strategy and ambition and setting the tone and culture for partnership working. They will be built on existing partnerships and priorities (particularly through the Health and Wellbeing Boards) and is an opportunity to come together at scale at an impactful level for our populations. There is the opportunity for the ICPs to bring different perspectives and ways of thinking together, uniting everyone working to improve health and care, extending beyond our traditional partners locally.
21. In Hampshire there have been a series of discussions with members of the Health and Care Leadership Group, made up of CEOs from local authorities and the NHS, and other partners about the development of the ICP. This included discussions with Healthwatch, district and borough council chief executives from Hampshire, voluntary and community sector leads, Hampshire Fire & Rescue, Hampshire Constabulary and NHS providers.
22. There is a strong desire from partners to be involved in the ICPs and for it to be an inclusive partnership beyond those organisations directly responsible for health and care.
23. The Government has issued its indicative timeline to help systems identify the key milestones in developing the ICPs and the integrated care strategy. It defines 2022 to 2023 as a 'transitional year'.

Indicative date	Activity
April – June 2022	DHSC to engage with systems to inform the guidance on the integrated care strategy
July 2022	ICP formally established by local authorities and ICBs (subject to parliamentary passage)
July 2022	DHSC to publish guidance on the integrated care strategy
December 2022	Each ICP to publish an interim integrated care strategy if it wishes to influence the ICB's first 5-year forward plan for healthcare to be published before April 2023.

Indicative date	Activity
June 2023	DHSC refreshes integrated care strategy guidance (if needed)

Integrated Care Boards (ICB)

24. The Integrated Care Boards for Hampshire and Isle of Wight and Frimley are the statutory NHS bodies which will take on duties and responsibilities which currently sit with the Clinical Commissioning Groups (CCGs) covering the area.
25. Its purpose is to bring leadership to the NHS and is accountable to NHS England for the performance of the NHS, for strategic planning for the NHS, for the allocation of the circa £3.5 billion NHS resource for Hampshire & Isle of Wight and Frimley, and for ensuring effective collaboration, governance and contractual arrangements.
26. The board of an ICB differs from a CCG. Whereas CCGs are GP-led bodies and often have lay-member representation with non-voting members, such as local authorities, the ICB will have a unitary board. This means all members act as a single body to make decisions with shared corporate accountability. As such, the process to determine membership from partner organisations is regulated and a three-step process is required to appoint members and is currently underway. Eligibility criteria is required, followed by a nomination/application process, and then the final selection decided by the ICB chair-designate.
27. **In Hampshire and Isle of Wight** our Chair and Chief Executive, Lena Samuels & Maggie Maclsaac respectfully, have been appointed. Nominations are underway for Five Local Authority partner members drawn from the county council, unitary and district / borough councils
28. Other members will include two Primary Care partner member and two NHS Provider partner members
29. **Frimley Integrated Care Board** level executive and non-executive positions are now complete and we are in the final phase of working with partner organisations to identify a further eight colleagues to join the Board.

30. These eight seats will be filled with members who are working in the Local Authority, Primary Care and NHS Provider sectors and will ensure we bring a true system partnership approach to how the ICB takes decisions for the benefit of our population.

Development of 'place'

31. The White Paper on 'Joining up care for people, places and populations' published in February 2022, has been widely welcomed and provides significantly more clarity around how place-based partnership working will develop in the future. It identifies the value place based arrangements to bring together NHS and local authority leadership including responsibility for effective delivery and commissioning of health and care services, in addition to wider partners, such as the voluntary, community, social care and social enterprise sector.
32. It explains that all places within an ICS should adopt a model of accountability by Spring 2023. There should be a single person, accountable for shared outcomes in each place or local area, working with local partners. This could be an individual with a dual role across health and care or an individual who leads a place-based governance arrangement. The paper notes a 'place board' brings together partner organisations to pool resources, make decisions and plan jointly.
33. The White Paper also indicates that new flexibility around finances will be legislated for, to allow for more to be possible around budgets being aligned and pooled together. The Government has committed to review section 75 of the 2006 Act which underpins pooled budgets, to simplify and update the regulations.
34. There is agreement between the CCGs and Hampshire County Council, as the existing statutory members of the Integrated Care Board Board, that this board should be reconstituted as the strategic place-based board for Hampshire, with representation from leaders of key partner organisations in the county. It should be linked to decision-making structures in all statutory organisations that participate and determine the scope of a pooled budget. In line with the guidance in the recent White Paper, the new Place based Board will be responsible for:
- Effective delivery and commissioning of health and care services, through joint planning and decision making
 - Setting and agreeing shared outcomes and be accountable for delivery of these outcomes

- Increasing integration and pooled resources

Conclusions

35. Development of the ICS and its governance will continue beyond its formal launch on July 1st. ICS arrangements are new, but look to build on the integration already in place and particularly newly forged relationships between statutory partners working closely through the pandemic
36. The role of Health and Wellbeing Boards continues to be fundamental in driving improved outcomes for the local population but will also need to support the development of the wider Integrated Care System strategies and have appropriate representation on the new Integrated care Partnerships

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	No
People in Hampshire live safe, healthy and independent lives:	Yes
People in Hampshire enjoy a rich and diverse environment:	No
People in Hampshire enjoy being part of strong, inclusive communities:	Yes

Other Significant Links

Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>
Integrated Care Systems: design framework	June 2021
Thriving places Guidance on the development of placebased partnerships as part of statutory integrated care systems	September 2021
Health and social care integration: joining up care for people, places and populations	February 2022

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

2. Equalities Impact Assessment:

At this stage, an equalities impact assessment is not relevant because the item for discussion is an update for discussion and noting.

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Hampshire and Isle of Wight ICS Frimley ICS

Update on System Design

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16 June 2022





What is happening...

From July 2022 Integrated Care Systems will take on the responsibility for improving health and care for residents. It will also be responsible for broader aims such as strategic planning for the area.

The NHS was set up primarily to provide episodic treatment for acute illness, but it now needs to deliver joined-up support for growing numbers of older people and people living with long-term conditions. As a result, the NHS and its partners need to work differently by providing more care in people's homes and the community and breaking down barriers between services.

- **The Hampshire & Isle of Wight Integrated Care System will serve a population of 1.9 million people in Portsmouth, Southampton, Isle of Wight and the majority of Hampshire.**
- **The Frimley Integrated Care System will serve a population of 800,000 people across Surrey Heath, Slough, Windsor & Maidenhead, Bracknell Forest and North East Hampshire**



Two Integrated Care Systems

Working together in the future

We have two integrated care systems in adjacent geographies, both of which are focused on improving population health and reducing health inequalities across Local Authority boundaries, combined with historical NHS commissioning arrangements, means that we have an opportunity to strengthen our joint approach to co-ordinating our aims, objectives and ways of working

Our systems are working ever more closely together to achieve this aim.

We have a long history of the two areas working together across both health but also with Local Authority partners and there are many services already jointly commissioned including Continuing Health Care, children's services and maternity.

We have also more recently strengthened our joint working through our Covid pandemic response and our focus on improving health inequalities

Between now and statutory transition in July 2022 we will:

- engage with our partners to find out how we can best work together
- identify key areas where joint working will have maximum impact
- design simplified governance and decision making structures

How each aspect of our system functions – HIOW ICS

Integrated Care Partnership

The Integrated Care Partnership is a statutory committee, building on existing partnerships and collaboration across the system statutory committee. It is an alliance of NHS, local government and other partners working jointly to improve the care, health and wellbeing of the population of Hampshire & Isle of Wight. The Integrated Care Partnership sets the overarching strategy for health and care in HIOW, built up from an assessment of need in each part of the area, and facilitates joint action to deliver that strategy .

HIOW Integrated Care Board

The Integrated Care Board is the statutory organisation responsible for setting the strategic plan for the NHS to deliver its part of the health and care strategy. It allocates NHS resources and establishes system governance arrangements that support collective accountability. The Integrated Care Board will work through our four places and our transformation programmes (see below), and arranges for the provision of health services from our provider led healthcare delivery system.

Four Place partnerships

In our four place partnerships - in Hampshire, Isle of Wight, Portsmouth and Southampton - integrated teams (including local authority, Integrated Care Board, provider, and voluntary partners) come together to understand the needs of the population, agree joined up local plans to meet those needs, develop strong broad local partnerships and implement local solutions. The Integrated Care Board delegates local decision making for key NHS services to these partnerships.

Provider led healthcare delivery system

Health and care providers work individually and together through Primary Care Networks and provider collaboratives in each local delivery system (North & Mid Hampshire, Portsmouth & South East Hampshire, Southampton and South West Hampshire and IoW) and at the scale of Hampshire and IoW (e.g. the acute and mental health collaboratives) to plan, co-ordinate and deliver integrated care for the population. Over the next two years we see resources to enable local and at-scale collaboratives to succeed shifting from CCGs to the provider led delivery system.

HIOW Transformation Programmes

ICS-wide transformation programmes in which system partners work together to transform health and care: agreeing the consistent care models and pathways based on best practice that we will deploy across Hampshire and Isle of Wight, identifying and minimising unwarranted variation and co-ordinating whole system action to implement the NHS Long Term Plan and Hampshire and Isle of Wight strategy across the Integrated Care System.

Structure of our ICS



Integrated Care Board

- Our Chair and Chief Executive, Lena Samuels & Maggie Maclsaac, have been appointed.
- Recruitment is underway for the ICB
- Nominations are underway for Five Local Authority partner members; including elected and officer appointments, drawn from the county council, unitary and district / borough councils
- Two Primary Care partner member
- Two NHS Provider partner members
- First meeting 1st July

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Place based partnerships

- We have been strengthening our place based arrangements by linking with key leaders across the NHS and Local Authorities at Place level ready for July, arrangements will continue to develop through 2022.
- We have reviewed principles for local decision making to ensure we are working as close to communities as possible.

Integrated Care Partnership

- **Our strong preference is for an inclusive partnership, with broader representation, with clear linkages to the existing Health & Wellbeing Boards.**
- **Focus groups are meeting to design the model for the Partnership and how it can best build the Integrated care strategy**
- The proposed membership includes:
- Integrated Care Board independent Chair & Chief Executive
- City, county, district and borough councils, including Directors of Public Health, and representatives of Directors of Adult and Children's Services
- Local Authority elected members
- Representatives of: NHS provider chairs and Chief Executives
- Primary Care
- Representatives of the place partnerships in Hampshire, Southampton, Portsmouth, Isle of Wight
- Healthwatch
- Representatives of the Voluntary, Community and Social Enterprise (VCSE) sector; fire and police representatives; representatives of academic institutions and Wessex Academic Health Science Network.



Update on Change and Transition

Following Royal Assent being given and the establishment of the Health and Care Act (2022) in law, work continues for the establishment of our future NHS organisations and constructs.

We are on track for the establishment of the Frimley Integrated Care Board (to be know as “NHS Frimley”) on the 1st July. Recruitment to Board level executive and non-executive positions is now complete and we are now in the final phase of working with partner organisations to identify a further eight colleagues to join the Board. These eight seats will be filled with members who are working in the Local Authority, Primary Care and NHS Provider sectors and will ensure we bring a true system partnership approach to how the ICB takes decisions for the benefit of our population.



Update on Change and Transition

We continue to work with our broader system colleagues to design a vision for how the future partnership can operate effectively. Over the course of 2022 we will be refreshing the Frimley system strategy to ensure that we understand where our greatest challenges are for the 800,000 people who live in our system and to identify which areas of focus will form our collective priorities for 2023 onwards.

In April we submitted our system plan for 2022/23 which sets out our approach to meeting the main challenges of the year ahead. As a partnership we have submitted an ambitious plan which will ensure we can improve patient care and access throughout the year whilst living within the financial allocation which has been made available to us.



Questions?

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board
Date:	16 June 2022
Title:	Hampshire Pharmaceutical Needs Assessment
Report From:	Simon Bryant, Director of Public Health

Contact name: Jenny Bowers

Tel: 0370 779 2612 **Email:** Jenny.Bowers@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to provide an update on the Hampshire Pharmaceutical Needs Assessment (PNA)

Recommendation(s)

2. That the Hampshire Health and Wellbeing Board:
 - Consider the update and support the work programme

Summary of work progress

3. The health and wellbeing board are now consulting with relevant organisations and the public about the contents of the pharmaceutical needs assessment in line with statutory requirements.
4. Key organisations – neighbouring HWBs, LMC, LPC, GPS have had an email notifying them of the consultation which can be accessed here
[Consultation on the draft Pharmaceutical Needs Assessment for Hampshire 2022 | About the Council | Hampshire County Council \(hants.gov.uk\)](#)
5. The consultation will run for a period of 60 days from 4 April closing at 11.59pm on 3 June 2022.
6. Conclusions will be reflected in the final version of the PNA and circulated to Health and Wellbeing Board Members via email for final sign off.

Contextual Information

7. Since April 2013 every Health and Wellbeing Board in England has a legal responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a pharmaceutical needs assessment (PNA). The PNA looks at existing provision of community pharmacy services across Hampshire, whether this meets the current and future needs of the population and identifies any gaps in current or future provision.
8. The PNA has been undertaken in line with the requirements of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations and the latest guidance published in the information pack for local authority Health and Wellbeing Boards in October 2014. The Hampshire PNA has been in development since September 2021.
9. The document has been written with assistance from partners in neighbouring local authorities, NHS England and Community Pharmacy South Central (Local Pharmaceutical Committee) which is gratefully acknowledged.

Consultation and Equalities

10. As recommended in the PNA information pack, a steering group was established to support the PNA process in Hampshire and to oversee the production of the document in accordance with the regulations. The group has representation from key stakeholders including Community Pharmacy South Central and NHS England.
11. All community pharmacies in Hampshire were invited to complete a brief questionnaire about their services to inform the development of the PNA. This survey was open from 13 December 2021 until 17 January 2022. Response was initially low due to seasonal winter pressures and additional pressures placed on pharmacies by the accelerated COVID-19 booster roll-out and lateral flow test distribution. As a result, the deadline was extended but response was still relatively low, resulting in 38 responses (a response rate of 16.5%).
12. Health, demographic, pharmaceutical service provision and all other information were collated to examine how the health needs of the population can be met by current provision of pharmaceutical services. Those who share a protected characteristic as defined in the Equality Act

as well as any other groups with specific needs that exist within the area such as university students and offenders, were identified in the PNA.

Co-Production

13. This report was compiled by the Public Health Intelligence Team in Hampshire working collaboratively with our colleagues in Portsmouth, Southampton and Isle of Wight to ensure consistency in methodology and content across all the council PNA

Conclusions

14. The board will continue to be updated on progress and consultation findings will be presented in the final report and emailed to members for final approval and publication.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	No
People in Hampshire live safe, healthy and independent lives:	Yes
People in Hampshire enjoy a rich and diverse environment:	No
People in Hampshire enjoy being part of strong, inclusive communities:	Yes

Other Significant Links

Links to previous Member decisions:	
<u>Title</u> Update to Pharmaceutical Needs Assessment	<u>Date</u> July 2021
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

Section 100 D - Local Government Act 1972 - background documents	
<p>The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)</p>	
<u>Document</u>	<u>Location</u>
None	

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

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- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
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- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

2. Equalities Impact Assessment:

Please see 10-12 above.

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**Health and Wellbeing Board
Forward Plan for Future Meetings
16 June 2022**

Item	Notes	MAR 2021	JUL 2021	OCT 2021	DEC 2021	MAR 2022	JUN 2022	OCT 2022	DEC 2022	MAR 2023
Strategic Leadership										
Health and Wellbeing Board Business Plan Update				X						
Board Survey Response and Actions			X							
Joint Strategic Needs Assessment (JSNA) Programme Update			X		X		X			
JSNA Work Programme and HIA Findings Summary	Workshops held on 29/11/21, 27/01/22			X						
DPH Annual Report: COVID 19 Inequalities in Mental Health and Wellbeing in Hampshire						X				
Starting Well										
Joint Hampshire and Isle of Wight Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan	Last Received December 2019				X					
Hampshire Safeguarding Children Board Annual Report	Last Received December 2020				X				X	
Theme Focus	Last Received October 2020					X				
Living Well										

Item	Notes	MAR 2021	JUL 2021	OCT 2021	DEC 2021	MAR 2022	JUN 2022	OCT 2022	DEC 2022	MAR 2023
Hampshire Safeguarding Adults Board Annual Report	Report Circulated July 2021									
Theme Focus	Last Received December 2020						X			
Starting, Living and Ageing Well										
Hampshire Physical Activity Strategy				X						
Mental Health and Wellbeing Recovery Update	Last Received December 2020									
Hampshire Healthy Weight Strategy					X					
Suicide Prevention Strategy for Hampshire	Last received March 2018					X				
Healthier Communities										
District Forum Report on Housing and Health Topic	Last Received July 2020									
Theme Focus		X						X		
Fire and Rescue Service Draft Community Strategy						X				
Aging Well										
Theme Focus			X						X	
Dying Well										
Theme Focus			X							X
Integrated Care Systems										

Item	Notes	MAR 2021	JUL 2021	OCT 2021	DEC 2021	MAR 2022	JUN 2022	OCT 2022	DEC 2022	MAR 2023
The HIOW Integrated Care System (ICS) - National Context, Local Progress to Date and Next Steps		X								
The HIOW I Integrated Care System - Deep Dive			X							
ICS Update	Written Update November 2021			X			X			
Additional Business										
Forward Plan	Standing item	X	X	X	X	X	X	X	X	X
Integrated Intermediate Care (IIC)	Pending update	X								
Modernising our Hospitals: Impact on Population Health in Relation to the Strategy	Last Received December 2020									
Election of Vice-Chairman				X						
Pharmaceutical Needs Assessment Update			X				X (Draft)			
Hampshire Integration and Better Care Fund Plan 2021-22					X					
Terms of Reference Review								X		
Annual Report										
Health and Wellbeing Board Annual Report	Summary shared for circulation	X					X			
Written Updates										

Item	Notes	MAR 2021	JUL 2021	OCT 2021	DEC 2021	MAR 2022	JUN 2022	OCT 2022	DEC 2022	MAR 2023
Autism Partnership Board Report	Circulated September 2020									
Hampshire Local Dementia Profile - Alzheimer's Society	Circulated September 2021									
Adults' Departmental Safeguarding Report	Circulated December 2021									
Annual Community Safety Strategy Group Report	Circulated December 2021									
District Forum Housing and Health Survey Findings	To be circulated									
Violence against Women and Girls Task Group Briefing	Circulated March 2022									
HIWFRS Community Safety Plan 2022-2025	Circulated April 2022									