

Public Document Pack



NOTICE OF MEETING

Meeting	Health and Wellbeing Board
Date and Time	Thursday, 18th March, 2021 at 10.00 am
Place	Virtual Meeting
Enquiries to	members.services@hants.gov.uk

John Coughlan CBE
Chief Executive
The Castle, Winchester SO23 8UJ

FILMING AND BROADCAST NOTIFICATION

This meeting is being held remotely and will be recorded and broadcast live via the County Council's website.

AGENDA

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence received.

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 3 - 12)

To confirm the minutes of the previous meeting.

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. THE HIOW INTEGRATED CARE SYSTEM: NATIONAL CONTEXT, LOCAL PROGRESS TO DATE AND NEXT STEPS (Pages 13 - 18)

To receive a brief update on the Hampshire and Isle of Wight Integrated Care System.

7. HEALTHIER COMMUNITIES THEME FOCUS (Pages 19 - 78)

- a. To receive an on the priorities and progress of the Healthier Communities strand of the Hampshire Health and Wellbeing Strategy.
- b. To engage members of the Board in a dialogue to help inform the development of a new Local Transport Plan (LTP4) for Hampshire.

8. HEALTH AND WELLBEING BOARD ANNUAL REPORT (Pages 79 - 100)

To receive the Board's annual report on the progress of ongoing work to support the delivery of the Joint Health and Wellbeing Strategy within the limitations of the Covid-19 impact.

9. FORWARD PLANNING FOR FUTURE MEETINGS (Pages 101 - 104)

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 observe the public sessions of the meeting via the webcast.

Agenda Item 3

AT A MEETING of the Health and Wellbeing Board of HAMPSHIRE COUNTY
COUNCIL held remotely on Thursday, 10th December, 2020

Chairman:

* Councillor Liz Fairhurst

* Councillor Judith Grajewski

Councillor Zilliah Brooks

* Councillor Patricia Stallard

Councillor Roy Perry

Councillor Ray Bolton

*Present

Co-opted members

Dr Barbara Rushton, Graham Allen, Simon Bryant, Steve Crocker, Dr Peter Bibawy, Dr David Chilvers, Cllr Anne Crampton, Cllr Philip Raffaelli, Tricia Hughes, Christine Holloway, Julie Amies, Ron Shields, Alex Whitfield, David Radbourne, Dr Rory Honney and Dr Matt Nisbet

Councillor Roger Huxstep was present with the agreement of the Chairman.

133. APOLOGIES FOR ABSENCE

Apologies were noted from the following Members:

Mark Cubbon, Co-opted Deputy for Provider Representative: Acute Health Trusts

Dr Sarah Schofield, West Hampshire Clinical Commissioning Group

Maggie Maclsaac, Co-opted Deputy for South Eastern Hampshire Clinical Commissioning Group

Michael Lane, Police and Crime Commissioner for Hampshire Ron Shields, Provider Representative: Community and Mental Health

Dr Nicola Decker, North Hampshire Clinical Commissioning Group

134. 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.

There were no declarations of interest received.

135. MINUTES OF PREVIOUS MEETING

The minutes of the 1 October meeting were reviewed agreed. Members wished to note the urgency of collaborating with transport colleagues on active travel and feeding into the Local Transport Plan. It was confirmed that this will be taken forward to the next meeting and is on the 18 March 2021 agenda for fuller discussion. It was noted that Members are continuing to work on this individually and responding to consultations.

136. DEPUTATIONS

There were no deputations received.

137. CHAIRMAN'S ANNOUNCEMENTS

The Chairman made the following announcements:

The COVID Clinical Vulnerabilities Index has been updated with November 2020 data and has now been published on the COVID JSNA pages. The link will be circulated to Members following the meeting and also noted below--

<https://documents.hants.gov.uk/public-health/jsna-covid19/Vulnerabilities-report.pdf>

138. MENTAL HEALTH AND WELLBEING RECOVERY UPDATE

The Board received an update from the Director of Public Health on the work currently taking place to support the mental health and wellbeing of Hampshire residents, including work linked to COVID-19 Recovery. Members heard:

There has been impact on mental health and wellbeing with long-term, disproportionate impact and increasing inequalities in some population groups. Review of the psychological impact on mothers, Black and Asian minority groups, are continuing alongside providing support.

This was an existing County Council priority and a commitment to work on Mental health prevention work these areas through the concordat with new challenges and priorities as a result of Covid. Work has continued with partners and a coordinated mental health plan delivered in collaboration through organizations and areas.

Communications and messaging have followed a system wide approach which is a critical element of supporting recovery with key messages, support, and guidance and high engagement on social media. Existing inequalities in children and young people have been exacerbated and work continues through existing partnerships and workstreams. Promoting messaging and signposting to adults who have faced financial challenges, unemployment and those at risk of poor mental health. There is provision of seed funding for community organizing and champions. Older adults have faced disproportionate loneliness, depression, and physical deconditioning and collaboration continues with colleagues to

continue initiatives and ensuring access to support. Volunteers have been skilling up and continue to signpost to services.

Conversations have been linked up in preparation for the Mental Health Partnership Board meeting in early 2021. Alongside gathering local intelligence, feedback from school surveys, and local priorities for a system wide effort for prevention of mental health problems and suicide, as well as early intervention at the STP level for those most at risk and needing to access services. Joint efforts will continue across systems to support strategic partners and provide leadership across public and voluntary sectors considering service user voice and lived experiences. Bereavement services will be coordinated with further funding to expand across the geographical footprint.

Work continues as part of the Mental Health Concordat that was signed last year.

In response to questions, Members heard:

While the strategy is to signpost people to various services and organizations, it would lead to increased referrals and direct engagement. People are encouraged to take personal actions to increase their mental health and any direct linking to services are self-referrals.

A huge amount of work is being undertaken by the voluntary sector, faith communities, district, borough, and parishes, alongside statutory organizations to provide services to vulnerable people in the community. For carers and those with learning disabilities and autism, significant pressure and stress has built up due to national restrictions. The consequences will continue in the medium to long term in terms of mental health concerns engendered by the pandemic. Services will need to continue and increased when they can be provided as the pandemic abates.

The pandemic has hit the deprived community harder and the roots of inequality and poverty on mental health and wellbeing are critical to identify and address. There has been a specific strand on debt and insecurity to understand and consider what is behind mental health issues. There is an initial pilot that will be expanded and ensuring discussion and signposting regarding financial concerns in frontline services. This work will be brought back to the Partnership Board to work in a focused way at a strategic level.

The effects of delays in mental health service provisions and CAMHS wait list are being monitored as well as the impact on housing assessment delays with new funding expected. 3.1m in funding was recently announced for Hampshire and the Isle of Wight, recognizing significant deficiency and access issues, with a commitment to core services, enhancing prevention, and investment in schools. Autism and learning disability services remain areas of concern with additional pressures and priorities, as well as access to crisis services for young people. Those in the most extreme crisis have been the focus in receive weeks and further funding is expected there as well. Keeping children in school is a priority for colleagues and partners, and in Hampshire, primary and secondary attendance continues to be strong.

Pre-existing issues and inequalities highlighted by Covid have moved up the agenda and ideally, the positive impact of increased volunteering remains in the community.

Cabinet has approved economic recovery plans, but it will be important to consider the data on referrals and delays post-Covid and mitigations for managing the long-term impact. Actions and pressure to push positive changes forward continues and the Mental Health Partnership Board is a major step forward.

Following on to previous discussion about housing and physical activity, taking preventative action to collaborate and as communities for mental health and wellbeing improvements. A survey will be circulated soon to gather insight and feedback regarding the working of the Board and the measures used to mark progress. Differences in areas and why those discrepancies exist can be drawn from meaningful data.

Understanding how the data translates into people's actual mental health in order to find the baseline and measure post-Covid outcomes incrementally to establish goals and measure progress is preferable to being reactive. Plans are in place with key performance indicators, rather than the number of people using the service.

In the restoration and recovery phase, it has been difficult for many vulnerable and hard to reach residents, including Black and Minority Ethnicities, and community champions are in place to help open those communication channels to provide help and services to address health inequalities.

The baseline data for commissioned services is being held and reviewed to inform future priorities and progress to be taken to the Mental Health Partnership Board, with an update to the Health and Wellbeing Board in 2021 on the work that is taking place.

RESOLVED:

That the Health and Wellbeing Board--

- Notes the ongoing work to improve the mental health and wellbeing of Hampshire residents alongside partners through the Mental Health and Wellbeing Plan. This delivers on Hampshire County Council's pledge of commitment made through the Mental Health Prevention Concordat.

139. **LIVING WELL THEME FOCUS**

The Board Sponsor for Living Well provided an update on the priorities and progress of the Living Well strand of the Health and Wellbeing Strategy and the schemes implemented rapidly as a result of the pandemic. Members received a review of the priorities and a quick overview of the key actions and collaborations.

For this item, Alex Whitfield noted as a declaration of interest that she is on the Inequalities Board along with Simon Bryant.

In response to questions, Members heard:

Covid has had a positive effect on quitting smoking, which contributes to health inequality. The targeted, collaborative work of CCGs, Public Health, and General Practitioners with registered smokers and over 700 self-referrals in delivering action, to lower the risk of smoking and having Covid or other respiratory illnesses.

An ambitious Healthy Hearts Programme is in place as heart attacks and strokes are the most likely cause of death with the most significant difference in socio-economic status. This pharmacist led program aligns with national programme and provides opportunities to work further upstream in finding the causes, encouraging no smoking, physical activity, and weight loss. Unhealthy weight remains a risk for long-term conditions and obesity remains a complex issue. A pre-Covid pilot was paused but will restart when partners have the capacity to expand into other areas of Hampshire incorporating their lessons learned.

Promoting physical activity for life and training around the work force element was covered at the previous meeting. A new regional colleague has joined to extend the community activity across the area and reach target audiences of those less active or inactive. Information to follow for Members to share and push the information to cover all geographical areas.

Digital self-care includes educational websites, video libraries, and applications, in addition to a services finder on the Hampshire and Isle of Wight website. In order to keep NHS resources and hospitals resilient virtual wards allow for home monitoring, so only the most vulnerable are admitted at the right time. Resources, videos, and webinars are available for social prescribing.

While the programme is fantastic and nationally recognized, the personalized care website needs to be more accessible and the profile for these useful resources need to be raised. Hospitals have been positive and worked very hard with positive engagement from midwifery teams. A social media campaign will follow in January targeting partners as well due to household interactions being important in prevention and support. Social prescribing is an effective approach in helping the front lines.

Targeting manual occupations and deprived areas and measuring the take up of offers from providers is best done by geography and occupations. With no recent census, information was generated from questionnaires and targeting via social media, physical strategies, and GP referrals to get residents into the service.

PCNs are eligible to join the link workers groups to learn more from each other. Shared learning and capturing outcomes with a high-level strategy will be useful in activating community leadership and sharing interventions. Effective structures with PCNs and districts and boroughs are part of population health management and the plan to get local networks and communities of practice and sharing established.

RESOLVED:

That the Health and Wellbeing Board--

- **Reduce the proportion of women smoking at the time of delivery**

Notes the progress in this area and highlight the value of working in partnership on this and other key priorities to reduce health inequalities in Hampshire.

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

Notes the work achieved by our acute providers in this area and support a renewed effort through Public Health, NHS Commissioning, NHS provision and the voluntary sector to reduce the proportion of women smoking at the time of delivery.

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

Supports and promotes the Healthy Weight agenda within their organisations including working collaboratively through a whole system approach.

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

Ensures their organisations are sighted on and contribute to the Strategy Consultation.

- **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**

Notes the various tools open to clinician and the public to support them in their conditions.

There was a 10-minute comfort break taken 11:36am.

140. **MODERNIZING OUR HOSPITALS: IMPACT ON POPULATION HEALTH IN RELATION TO THE STRATEGY**

Representatives from Hampshire Hospitals NHS Trust and Hampshire and Isle of Wight Partnership of CCGs provided an overview of the Hampshire Together: Modernising our Hospitals and Health Services programme in relation to the impact on population health.

Councillor Jackie Porter spoke on this item to raise points about the calendar of the consultation and the impact, alongside adults, especially on children and young people aged 0-19. It would be useful to clarify and explain the choices in

the consultations and separate the site options from the clinical options, which can be confusing to the public. While the physical architecture and child friendly buildings are appreciated, the specifics of how Hampshire Together will support children's physical and mental health and provide support and flexibility for families is critical. For those needed specialized care, children and families should not need to travel long distances. Need based support for the family's other children impacted and care for the children of NHS staff should also be considered.

Members heard:

The Modernizing Our Hospitals programme aligns with the Health and Wellbeing Board Strategy will include a combination of programmes and some of the transformation pillars in north and mid Hampshire, measuring local impact and collecting community led responses.

As part of the Integrated Care Partnership, the focus will be on services but also culture and relationships. A single point access will shape how people utilize services considering data, information, understanding population data packs, root causes of poor health, procurement, need-based help for frequent users, etc. Emerging discussion has shown the potential for real community led opportunities. Potential impacts and key considerations (such as patient outcomes, health inequalities, workforce, sustainability, service delivery, effect on other providers, and accessibility) alongside statutory responsibilities are considered in developing the business case.

The integrated impact assessment is by an external organization at Stage 2, mindful that the study area encompasses approximately a million people, including all protected characteristics and ages in the new model of care. Options are being finalized to be taken forward to public consultations. Collaboration continues with South Coast Ambulance Service to address mitigations, as well as considering transport accessibility by private vehicles, public transport, blue light ambulance, etc. to ascertain timings and identifying affected residents for mitigations. There can also be changes in infrastructure over a period of time.

Two possible locations have been announced and consulting on both options, as well as clinical models. The real drive is to provide as much care as possible close to where people live, especially children who are often visited at their local GPs. Provisions for a helipad will be included in location considerations and would be easier on a green field site.

Programmes should consider tackling prevention and health inequalities as pre-planned goals. Similarly, it would be useful to consider idea transport situations and analyse benefits and disadvantages, rather than simply compare them to current problematic scenarios. For those not arriving by ambulance, can patients' concerns be addressed and for better outcomes, possible subsidies, and opportunities.

Changes in consultation information has been confusing for the public and it would be helpful to simplify the language to exclude health jargon and reviewed by the patient panel to ensure it is accessible and clear. Transport remains a

fundamental consideration for people utilizing services and it's critical to be mindful of traffic, parking, children and family members, limitations for those taking public transportation, and similar case reviews or real experiences when analysing the data, journey times, and accessibility. The analysis of travel time is broken down by deprivation, public and private transport, travel times, ethnic minorities and protected groups affected, and vast amount of data and maps explored and considered.

GPs, elected representatives, and Public Health colleagues have engaged in conversations providing feedback to ensure that access to services extends to all communities and there are effective links with GPs and Public Health for a joint up approach to services, e.g. alcohol and substance abuse, for a positive impact. While infrastructure and other unknowns remain a challenge, having the right framework and assurances for adequate resources and staff, is good approach for accessibility and affordability of care. The public will need to understand that the new consultation is a different one and separate from the planning application.

While access and infrastructure will support people closer to people where they live, for some people travel time will be longer. There are distinct advantages to centralized services and the vision is that there would be alternate closer GPs or digital services for those affected. The County Council continues working alongside colleagues to provide infrastructure support. Residents would benefit from more community and outpatient care and clinicians would then be able to deliver better specialized care.

A Joint Health and Social Care committee has been formed with the Southampton City Council with robust interest and engagement in the project in order to scrutinize and oversee the process. The next meeting will take place on 18 January and will be accepting representations.

It was noted that local government elections and the pre-election period may overlap with consultations and resulting delays. Following the CCG led consultation opening to the public, the Board would appreciate having sight of plans and progress as this is an incredible opportunity to take on board and value feedback and comments to benefit the population.

RESOLVED:

That the Health and Wellbeing Board--

- Will be updated regarding and following the consultation for sight of plans and progress

141. **HAMPSHIRE SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT**

The Independent Chair of the Hampshire Safeguarding Children Partnership (HSCP) provided an independent analysis of the safeguarding services provided

to children and young people in Hampshire over 2019/20 and a summary of the work undertaken to deliver the HSCP's Business Plan and priorities over the next year.

Councillor Jackie Porter spoke on this item and wished to record thanks from all County Councillors for maintaining the high safeguarding standard with the help of teachers, care givers, child minder, sports coaches, and others. The public's support for safeguarding remains solid and thanks goes out to all County Council staff and partner organizations. Members agreed and echoed their appreciation and sentiments for all the hard work witnessed this year.

Revised arrangements, new programmes implemented and transformation through training, funding, audit, practice review, etc. as part of the partnership have covered critical areas of safeguarding. The pandemic has put extra pressures on all services and colleagues but there has been a heartfelt response and the partnership elevated to a level previously unseen. There has been superb work and no complacency, ensuring a line of sight for the most vulnerable children and the partnership stronger than before.

It was noted there were three priorities and that will be taken back for amendment.

With regards to temporary protections, this data is not covered within this report but there has been an increase in the complexity of case work. Families are struggling with Covid pressures and issues related to substance abuse, domestic abuse, and parents' mental health issues. There have been some delays in adoption and care orders and currently an uneven picture, but there is no complacency and thanks to all those with continued involvement in safeguarding youngsters.

The independent chair of the Safeguarding Adults' Board confirmed that work continues with a family approach and Hampshire remains in a strong place.

RESOLVED:

That the Health and Wellbeing Board note that--

- The Annual Report of the Hampshire Safeguarding Children Partnership and in particular the assessment that arrangements remain effective
- The transition to the new arrangements under Working Together 2018 was successfully implemented in September 2019, and within these arrangements the statutory status of the three Safeguarding Partners; Hampshire County Council, Hampshire Constabulary and the Clinical Commissioning Group. The HSCP will continue to ensure the effective implementation of the arrangements for Safeguarding Partners laid out in Working Together 2018
- That whilst the report covers the year 2019/20, the ongoing COVID-19 pandemic has impacted on requirements for service and has seen a renewed commitment to partnership working.

142. **FORWARD PLAN FOR FUTURE MEETINGS**

Members considered anticipated future business items and progress on actions for the Health and Wellbeing Board.

It was confirmed that transport remains an important issue and will be featured at the next meeting for discussion and included as part of the Annual Report of the Board. The Board Sponsor for Strategic Leadership provided assurance that the transport item will be included as it is a critical aspect in the health of communities.

The meeting concluded at 12:55pm.

Chairman,

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board
Date:	18 th March 2021
Title:	Briefing Note on the White Paper 'Integration and Innovation: Working Together to Improve Health and Social Care for All' and the Hampshire and Isle Wight Integrated Care System Development.
Report From:	Richard Samuel, Director of ICS Transition and Development

Contact name:

Tel: 07702828352

Email: richardsamuel@nhs.net

Purpose of this Report

1. This paper provides an update on the White Paper 'Integration and Innovation: working together to improve health and social care for all' [White paper] and assesses the alignment between the current Hampshire and Isle of Wight Integrated Care System [HIOW ICS] development and governance proposals (as set out in the HIOW ICS application) and the proposals set out within the White Paper.

Recommendation(s)

2. That the Hampshire Health and Wellbeing Board:
3. Note the contents of the Briefing Paper and the direction of travel being taken by the HIOW ICS as it develops.

Executive Summary

4. The White Paper was launched on 11 February 2021.

<https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all>

5. In parallel to the launch, NHS England / Improvement published their response to a consultation undertaken in November 2020 on further legislative options 'Integrating Care – the Next Steps' and recommendations to the Government on legislative change.

<https://www.england.nhs.uk/wp-content/uploads/2021/02/legislating-for-integratedcare-systems-five-recommendations.pdf>

6. Amanda Pritchard (Chief Operating Officer, NHSE/I) also shared a letter setting out the next steps on the White paper

<https://www.england.nhs.uk/wp-content/uploads/2021/02/C1127-integrated-caresystems-next-steps-letter.pdf>

7. Within this letter there is a link to a further consultation process running between **11 February and 7 April** inviting views on proposals how decisions about who should provide health care services are made in future. The proposed new regime will replace the current rules around procuring healthcare services.
8. In addition to this material, there have been a number of briefing papers produced to support understanding, including:
9. An FAQ produced by NHSE/I:

<https://www.england.nhs.uk/wp-content/uploads/2021/02/C1127-faqs-on-icslegislative-recommendations.pdf>

10. A briefing note by the NHS Confederation:

<https://www.nhsconfed.org/resources/2021/02/integration-and-innovation-healthand-care-bill>

11. The white paper does not address reforms to social care and public health (with some minor exceptions) noting that these will be dealt with 'later in 2021'.

Summary of Key White Paper Proposals relating to Integrated Care Systems

12. The proposals set out within the White Paper are consistent with the options in the NHSE/I consultation shared in November 2021 'Integrating Care – the Next Steps'.
13. The White Paper has confirmed that ICSs will become statutory bodies taking on the commissioning functions of the clinical commissioning groups (CCGs) and some of those of NHS England. The ICS will comprise:
 - an **ICS NHS Body** (responsible for developing a plan to meet the health needs of the population - directly accountable for NHS spend, performance and the day to day running of the ICS);
 - an **ICS Health and Care Partnership** (with representation from health, social care, public health, local authorities, and Health and Wellbeing

Boards, responsible for developing a plan that addresses the wider health, public health, and social care needs of the system).

14. ICSs (composed of both the ICS NHS Body and the ICS Health and Care Partnership) will be accountable for the health outcomes of the population. A central intention of the legislation is to drive improved integration and collaboration to reduce inequalities and support people to live longer, healthier and more independent lives. Importantly, Health and wellbeing boards (HWBs) will remain in place and will continue to have an important responsibility at place level to bring local partners together, as well as developing the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy, which both HWBs and ICSs will have to regard.
15. A duty to collaborate will be created to promote collaboration across the healthcare, public health and social care system. This will apply to all partners within systems, including local authorities. The white paper identifies two primary forms of collaboration / integration which will be underpinned by the legislation:
 - **Places.** Integration between the NHS and others, principally local authorities, to deliver improved outcomes to health and wellbeing for local people. The white paper cites the primacy of place within successful ICSs;
 - **Provider Collaboratives.** Integration, typically but not exclusively between NHS partners, to remove barriers to collaboration and make working together across the NHS an organising principle. These collaboratives can be shaped by geography (e.g. north and mid Hampshire) or service (e.g. mental health or cancer).
16. The proposals set out minimum consistent requirements, which the partners that make up each system are free to supplement with further arrangements. We anticipate, therefore, that there will **not** be any legislative provision about arrangements below ICS level – with flexibility given to develop decision-making processes and structures that work most effectively for us. The White Paper does, however, set a clear ambition / expectation that the ICS NHS Body will be able to delegate significantly to ‘place’ level and to ‘provider collaboratives’

Hampshire and Isle of Wight Integrated Care System

17. Hampshire and the Isle of Wight Integrated Care System was established following approval by NHS (Joint) Executive Group on 5 December 2020. As part of this development process, Hampshire and the Isle of Wight Sustainability and Transformation Partnership [STP] had set out both its proposed development priorities; proposed ICS governance arrangements and operating model.

18. The proposals set out in the HIOW ICS submission are in line with the White Paper, albeit with some adaptations required in the light of the proposed role and function of the ICS NHS Body and ICS Health and Care Partnership. We anticipate more detailed guidance on future ICS governance arrangements in the next 4-6 weeks and will be awaiting this information before progressing arrangements relating to ICS Board.
19. The absence of legislation to govern sub-ICS integration and delivery arrangements is positive in that it allows for the continued development of future arrangements for 'place' based integration across Hampshire and the Isle of Wight; and for the development of provider collaboratives (both in local geographies and across provider sectors). Clearly there will need to be an acceleration in the development of some of these arrangements if HIOW is to be in a place to enact delegation arrangements with confidence from April 2022.

Co-Production

20. The White Paper publication follows formal consultation last November. NHS England and NHS Improvement invited views on strengthened proposals to put integrated care systems (ICSs) on a statutory footing.

Conclusion

21. The launch of the White Paper 'Integration and Innovation: working together to improve health and social care for all' on 11 February 2021 has set out an ambitious legislative programme that seeks to accelerate the development journey that health and care in Hampshire and the Isle of Wight have been on for over 3 years. The proposals are founded on the core principle that health and care must be based on collaboration and partnership working – and the legislative programme is designed to enable this at local levels.
22. Whilst more detailed guidance is awaited, the White Paper confirms the need for Hampshire and the Isle of Wight to now set out a clear and rapid development programme that will equip the local health and care partners to secure the greatest benefit for local people from the opportunities created by the coming legislation.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

<p>The Council is a key partner in the development and work of the Hampshire and Isle of Wight ICS and as with other partners, will need to take into consideration the White Paper.</p>

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 equalities impact assessment has not been completed for this item which is an update on the release of national legislation.

This page is intentionally left blank

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board
Date:	18 th March 2021
Title:	Healthier Communities Theme Focus
Report From:	Councillor Anne Crampton, Board Sponsor for Healthier Communities

Contact name: Rosie Fowler

Tel: 07500 973 340

Email: rosie.fowler@nhs.net

Purpose of this Report

1. The purpose of this report is to provide an update to the Hampshire Health and Wellbeing Board on the priorities and progress of the Healthier Communities strand of the Hampshire Health and Wellbeing Strategy.

Recommendation(s)

2. That the Hampshire Health and Wellbeing Board:
3. Note the Healthy Homes project progress and endorse the planned next steps to develop and roll out a joint induction opportunity, and multi-agency training including educational videos.
4. Note the good practice examples of work going on across Hampshire to develop healthier communities, along with the value of partnership working in this area to reduce health inequalities in Hampshire.
5. Support the exploration of a Health Begins at Home Memorandum of Understanding which would allow organisations to make a commitment towards the use of housing to improve the long-term health and wellbeing of communities.
6. Receive a status report on current Disabled Facilities Grant (DFG) practice at a future Health and Wellbeing Board meeting.

Executive Summary

7. The Hampshire Health and Wellbeing Strategy outlines the key priorities for Healthier Communities within Hampshire. This is a broad and multifaceted strand of the Strategy, and this paper provides an update on the delivery of the priorities along with examples of some of the good practice going on across the local system.
8. Local Communities have been central in the response to the COVID-19 Pandemic, and relationships between local authorities, the NHS, voluntary sector and community groups have been strengthened in ways which were unimaginable previously. This partnership working has delivered a strong support offer to those most vulnerable in the community, and stands us in good stead for the future as we enter the recovery phase.
9. The Healthy Homes Working Group continue to drive coordinated action to address the areas highlighted from the Healthy Homes Needs Assessment and Workshop in January 2020. Workforce Development has been a key priority for the group, with a focus on a multi-agency induction offer, educational videos and organisational 'champions'. This should lead to a shared understanding of the wider determinants of health across sectors, and strengthen relationships between teams which will enable more efficient pathways and positive experiences for clients. In May 2020 a system-wide view of homelessness was developed across Hampshire which showed 1700 people were homeless. Local Authorities have been working extensively with local partners to reduce and prevent homelessness during the pandemic, with the preventative work continuing so this can be sustained in the future.
10. COVID-19 has highlighted the importance of good quality homes and access to green spaces, for our health and wellbeing. Coordinated efforts across partners continue to ensure new developments are built with health and wellbeing in mind. In October 2020 Hampshire's Walking and Cycling Principles were launched at the County's first Active Places Summit. The outcomes from this summit will help to inform Hampshire's Local Transport Plan, which is also being presented to the Health and Wellbeing Board in March 2021. Many schemes exist across Hampshire to promote physical activity within people's local communities.

Contextual Information

11. The Healthier Communities priority recognises that to improve the health of the whole population and address health inequalities, all partners need to work together to address the wider social, economic and environmental determinants of health. Three initial priority areas of focus were identified:
12. Family, friends and community – e.g. supporting communities to be more resilient, building social networks and reducing loneliness and isolation; linking in with the County Council's place-based demand management and prevention programme.

13. Housing – e.g. reducing homelessness, helping people access affordable housing, helping vulnerable people to maintain tenancies, lifetime homes
14. Built and natural environment – e.g. ensuring new developments are designed with health and wellbeing in mind; ensuring access to green spaces, facilitating active travel and physical activity, e.g. through accessible leisure facilities and opportunities

Family, Friends and Community

15. The COVID-19 pandemic has highlighted the importance of resilient, connected communities and social networks. Local communities have been central in the response to the pandemic through the delivery of Local Response Centres and schemes to support those most vulnerable in the community, and will continue to play a key role as we work towards recovery.
16. The Districts and Boroughs Community Recovery Group was formed in October 2020 with the aim of identifying commonalities around the impact of COVID-19 on local communities, sharing good practice in relation to community recovery, and exploring collaborative opportunities to address impacts. The group complements the Strategic Welfare Recovery Group by focusing on aspects of recovery relating to wellbeing, welfare and community issues. The group identified the following common priority areas:
 - Mental health and physical wellbeing
 - Financial hardship and widening inequalities
 - Community and voluntary sector resilience
 - Social isolation and digital exclusion
 - Housing and homelessness
 - Community tensions
17. Districts and Boroughs are working with their local partners and communities to develop and promote initiatives which aim to mitigate against these negative impacts. Some of these initiatives existed prior to the pandemic and some are new initiatives developed to meet emerging needs. These include development of community pantries and other food-related initiatives to assist families who are struggling to make ends meet, such as the Gosport Food Partnership; employability support to assist people in moving into work, training or other skills opportunities, such as the Hart Employment and Skills Hub; community grant funds, such as the Supporting Communities Fund in East Hampshire which funds projects that improve mental health, reduce social isolation and aid community COVID-19 recovery; and, public communications to raise awareness of the support available to people who are experiencing financial, social and wellbeing impacts of the pandemic, such as supporting the It's OK campaign.
18. The pandemic has exposed and exacerbated inequalities in our communities. Partnership work aimed at better understanding and

addressing these inequalities is happening at both a Hampshire and Isle of Wight system level via the Prevention and Inequalities Board, county level through the Hampshire Districts and Boroughs Community Recovery Group, and at individual district and borough level through local partnerships between councils, health and voluntary sector. For example, in Rushmoor, the Borough Council, CCG and PCNs are undertaking targeted work to support the Nepali community with an immediate focus on improving awareness of key public health messages including access to vaccination sites, which has resulted in an increased number of the Nepali community obtaining vaccinations.

19. In the North Hampshire area, the CCG has worked with partners to establish a Healthier Communities Programme which aims to develop a community centred approach to improve wellbeing in areas with the worst health outcomes, particularly focusing on wards with higher levels of deprivation and increased behavioural risk factors.
20. The HIOW STP Suicide Prevention Programme are also developing actions through the workforce development workstream to support those working with residents who are experiencing debt and poor mental health.

Housing

21. There is a broad range of partnerships and programmes taking place across the County to support homelessness prevention, healthy homes and multi-agency collaboration between housing, health and care.

Healthy Homes Working Group

22. The Healthy Homes Working Group and Action Plan was established by the Hampshire Districts Health and Wellbeing forum in collaboration with health and public health colleagues, to drive coordinated action to address priorities identified through the Healthy Homes Needs Assessment and multi-agency Healthy Homes Workshop held early in 2020, without duplicating work of other groups. As detailed in the paper to the Hampshire Health and Wellbeing Board in July 2020, one priority was to strengthen multi-agency working through joint training opportunities.
23. A training and development survey was produced and circulated to frontline staff across the system. The survey received over 260 responses from colleagues across health, social care, fire and rescue, voluntary sector and housing.
24. Survey recommendations included the establishment of a joint induction offer across health/care/housing based on the shared determinants of health. Other recommendations included multi-agency training

opportunities in relation to specific topics and organisational 'champions' which provide a focal point for multi-agency enquiries.

25. The Healthy Homes Working Group agreed that implementing these recommendations should lead to much more efficient and positive pathways for clients through services. The Group is taking these forward including the creation of short videos on the topics highlighted, such as homelessness prevention, to enable a shared understanding of roles, expectations and processes. The full survey outcomes can be shared upon request.
26. The Working Group will also be exploring the potential to establish a Health Begins at Home Memorandum of Understanding (MoU), based on a similar approach adopted in West Sussex. The MoU would enable organisations to co-develop and make a collective commitment towards the use of housing to improve the long-term health and wellbeing of communities and align housing and health policy across the region.
27. The Healthy Homes Action Plan also includes promotion of accessible homes, including Disabled Facilities Grants (DFGs). Hampshire County Council is working with district partners to understand current policies and processes in each local authority, to better understand the equity of provision. Any transformation to current practices would require coproduction with district leads and the appropriate resource. It is recommended that the board receives a status report on current DFG practice at a future Health and Wellbeing Board meeting.

Homelessness Prevention

28. In addition to good practice already being delivered in local districts, The Keep Well Collaborative (www.keepwellcollab.co.uk), commissioned by the HIOW STP has developed and facilitated/brokered a range of collaborative programmes to keep people safe and well at home including:
 29. specialist housing in-reach services for inpatients or visitors to A&E at QA Hospital to prevent homelessness upon discharge
 30. a service to support Ambulance colleagues when called to attend people who are sleeping rough, those in mental health crisis or people living in temporary accommodation, to connect them with the appropriate primary or secondary care services.
 31. Closer links between Winchester City Council and Southern Health's community mental health provision to support tenancy sustainment
 32. A partnership for VIVID tenancy support workers to be mentored by Solent NHS Trust
 33. A pipeline of housing solutions for people to 'step out' of mental health acute services.

34. An expression of interest has also been submitted to the MHCLG's Changing Futures programme which aims to outcomes for people experiencing multiple disadvantage through a whole system review of service discharge and transitions points to prevent people falling between gaps in services.
35. A summary of high level outputs and outcomes can be found at Appendix 1.
36. Colleagues have also been supporting the wider local authority Covid19 response for people experiencing homelessness. Government directives to accommodate all rough sleepers and those imminently at risk of rough sleeping, under the 'Everyone in' banner was delivered with little notice for local housing authorities to act.
37. Homelessness Teams had only 2-3 days to ensure this happened successfully. This placed an enormous amount of pressure on the housing and health systems to act quickly, keep people safe and protect them from Covid.
38. Units of accommodation were sourced in the hundreds, from hoteliers and existing providers across Hampshire. Following the initial phase of placement a system wide approach was quickly mobilised to ensure welfare and health needs were continually assessed and met for what is a complex group and who often arrived with little in the way of belongings and previous health support.

39. As at May 2020, we developed a system view of homelessness across our geographical footprint. We found:

- **1700 people were homeless** – with the largest concentrations in Portsmouth (528), IOW (278) and Southampton (185). **Even with extraordinary efforts by LA partners at the time, 23 people remained sleeping rough across the County.**
- Within Hampshire hostels¹, **circa 40% of people have significant underlying physical health conditions**
- Across Hampshire districts:
- **77% have mental ill health**
- **80% misuse substances**
- **61% have co-occurring mental health/substance misuse** – with the largest numbers in Fareham & Gosport
- **Average age circa 31 years old** – with the oldest in Basingstoke (average 45 years); Gosport and Test Valley (av. 40 years) and the youngest in East Hants (av. 25 years)
- **88% of shared accommodation settings do not have a linked GP practice**
- Although many are registered with a GP, in some areas **engagement with primary healthcare services is challenging and many have unmet health needs**

40. The collective response across all LA partners has been remarkable – with the momentum accelerating the evolution and transformation of collaborative action which includes:

41. A growing multi-disciplinary team approach with a number of task and finish groups established i.e. strategic oversight group on mental health, primary care, implementation of acute hospital discharge pathways for people presenting as homeless, Ambulance service integration

42. Partnership focus – learning how we fit together as a system supporting people facing multiple disadvantage – recognising the benefits of both local focus and system working

43. A changing system narrative – sharing ‘live learning’, stretching thinking, the home increasingly seen as the key social determinant of health

44. Development of a common purpose – particularly seen with the development of the MHCLG Changing Futures Expression of Interest, and strengthening ties to the Strategic Housing Officers Group including partners from the Ministry of Justice and Police

45. The development of a new Community Mental Health Framework for Adults and Older Adults radically changing the design of locally accessed

¹ HCC triage data collection – March and May 2020

community mental health services as part of the broader transformation of health care systems

46. Further details can be found in Appendix 2.

Built and Natural Environment

47. COVID-19 has highlighted the importance of good quality homes and access to green spaces, to our health and wellbeing.

48. Coordinated efforts between District and Borough Councils, County Council, health and other partners are required to ensure new development plans enable healthy, active lives, and have sustainability at their heart. The Whitehill & Bordon Healthy New Town in East Hampshire is an example of where this approach has already been delivered. These principles are also central to the Manydown development in Basingstoke and Welbourne Garden Village in Fareham which are in the planning stages. Potential for a Garden Community is also being explored in Hart as part of the Government's Garden Communities programme.

49. Many people turned to walking, cycling, running and other outdoor exercise as the pandemic reduced the range of physical activity options. In October 2020 Hampshire County Council's new walking and cycling principles were presented at Hampshire's first Active Places Summit. These principles were developed by a wide range of partners to enable more people to walk, cycle or use public transport in scale with Hampshire's Climate Change targets. The principles also aim to deliver better environments to match Hampshire's 2050 vision, deliver better transport for all, address factors that contribute to public health, and reduce social inequalities. Feedback from the Active Places Summit will be used to inform the County Council's Local Transport Plan, which will guide future investment and decision making within the County Council in relation to transport. An update on the new Transport Plan (LTP4) will be presented to the Health and Wellbeing Board in March 2021. Some district level plans have also been developed such as East Hampshire District Councils Local Cycling and Walking Infrastructure Plan which is also designed to encourage active travel in the District.

50. A wide range of local projects and schemes exist or are being developed across Hampshire to reduce barriers and engage more people in being active outdoors including: Walking for Health schemes delivered by local councils or voluntary sector; walking trails such as the 'Walking Past' local historical walk programme in Gosport; infrastructure projects such as the Moor Road recreation ground and play area in Rushmoor which will provide play and outdoor fitness facilities for residents across a range of ages, and the Hart Green Grid programme which aims to develop a network of green links and open green spaces to encourage walking and

cycling as well as creating wider opportunities for active recreation and leisure; and, community gardening projects, such as Minding the Garden, an emerging social and therapeutic horticulture project in Hart.

Performance

51. This report has highlighted examples of good practice and progress to date against the Healthier Communities priorities. Moving forward into 2021/22 we will look to identify measures and mechanisms to capture future progress, as well as what has worked and what hasn't. This is likely to involve a combination of quantitative metrics and qualitative examples or case studies from across the system.

Co-Production

52. This report has been co-produced between public health and district/ borough council representatives, with input from the multi-agency Healthy Homes Working Group. The Healthy Homes workforce development plan is also based on the outcomes of a survey which was contributed to by over 260 partners across health, care, housing and the voluntary sector in Hampshire. A number of the schemes listed within this report also involve co-production, and community engagement continues to be a priority.

Conclusions

53. There is a considerable amount of good practice going on across the system which contributes towards the delivery of the Healthier Communities priorities.

54. COVID-19 has exposed and exacerbated inequalities and highlighted the importance of resilient communities and joined-up approaches to address the wider determinants of health. There are a wide range of partnership groups and approaches in place or developing across Hampshire to address this. These will be central to supporting the recovery of communities from the pandemic.

55. The Healthy Homes Working Group continues to be key in delivering the Healthy Homes priorities, with a focus on workforce development. It is recommended that the development of a Memorandum of Understanding is explored to enable organisations to make a commitment to partnership working.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	Yes
People in Hampshire live safe, healthy and independent lives:	Yes
People in Hampshire enjoy a rich and diverse environment:	Yes
People in Hampshire enjoy being part of strong, inclusive communities:	Yes

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:

An equalities impact assessment has not been completed for this item which is an update.

This page is intentionally left blank

Healthier Communities Update

HAMPSHIRE HEALTH AND WELLBEING BOARD
MARCH 2021

- COUNCILLOR ANNE CRAMPTON, BOARD SPONSOR FOR HEALTHIER COMMUNITIES,
- ROSIE FOWLER, HAMPSHIRE DISTRICTS HEALTH & WELLBEING PROJECT OFFICER,
- ABBIE TWAITTS, SENIOR PUBLIC HEALTH PRACTITIONER,
- SHARON COLLINS, DIRECTOR, KEEP WELL COLLABORATIVE

Healthier Communities Priorities

- ▶ **Family, friends and community** – e.g. supporting communities to be more resilient, building social networks and reducing loneliness and isolation; linking in with the County Council's place-based demand management and prevention programme
- ▶ **Housing** – e.g. reducing homelessness, helping people access affordable housing, helping vulnerable people to maintain tenancies, lifetime homes
- ▶ **Built and natural environment** – e.g. ensuring new developments are designed with health and wellbeing in mind; ensuring access to green spaces, facilitating active travel and physical activity, e.g. through accessible leisure facilities and opportunities

Family, Friends and Community

- ▶ The COVID-19 pandemic has highlighted the importance of resilient, connected communities and social networks
- ▶ Partnership working has been central in the response to the pandemic and will continue to play a key role as we work towards recovery
- ▶ Districts and Boroughs are working with local partners and communities to mitigate against the negative impacts - Community pantries, employability support and grant funds
- ▶ The pandemic has exposed and exacerbated inequalities in our communities. Targeted work across Hampshire has been supporting those most at risk.

Healthy Homes

- ▶ Broad range of partnerships and programmes taking place across the County to support homelessness prevention, healthy homes and multi-agency collaboration between housing, health and care
- ▶ Multi- Agency Healthy Homes Working Group continues to drive coordinated action to deliver the priorities from the Healthy Homes Workshop in Jan 2020 and address the areas highlighted from the Healthy Homes Needs Assessment
- ▶ System wide Training and Development Survey for frontline staff identified the following areas for development:
 - Collaborative induction offer
 - Multi-agency training including promotional videos
 - Organisational 'champions'
- ▶ Exploring potential to establish a Health Begins at Home Memorandum of Understanding

Health, Housing and Partners– evolution and transformation through Covid Wave 1

Pre Covid	Now	Outputs
Data poor	Since April increased understanding of where people are located and their needs: we now know following the Government directive ‘Everyone In’ that there are 1700 people (as at May 2020) housed in temporary accommodation; of which 678 were previously not housed; starting to use data to inform decisions; development of risk assurance framework	<ul style="list-style-type: none"> Driving the use of data -eg prevention and discharge scheme at QA, operational from 18/1/21, being able to quantify (as well as qualitative) impact of interventions; costing interventions. Platform for intermediate care across HIOW? Looking to triangulate MHCLG data with health data on a system footprint Financials: +£38m to keep people homeless across HIOW
Silo working	Multi disciplinary team approach; number of task and finish groups set up – primary care, intermediate care	<ul style="list-style-type: none"> Using multi-disciplinary approach to how we do business to become ‘the norm’ Primary care service specification – named clinicians in hostels – funding stream being actively pursued Linking with HIOW LA CEOs, now have a named CEO as a link Continuing to strengthen links with SHOG and Healthy Homes
Organisationally focussed	<ul style="list-style-type: none"> Working in partnership style ‘It’s been good working this close to health’ Learning about how we fit together as a system (partial/whole) for people experiencing multiple disadvantage – recognising that some aspects need a local focus, others recognising the benefits of system working Clearer escalation process (or more awareness of them) and strategic input into issues Great collaboration between services from all parties 	<ul style="list-style-type: none"> Making strategic and operational connections with health/housing; looking to broaden this Strengthening relationships with health and housing Connecting health with MHCLG Raising colleagues awareness of the ‘bigger prize’ eg MFFD patients, not just for people with no fixed abode but for those in social housing and may be in hospital longer term impacting on tenancy agreements
Cultural barriers	Language – overcoming the need to speak fluent in ‘housing’ and ‘health’, stepping in to this space to begin to radically change the design of locally accessed community services	<ul style="list-style-type: none"> Commission of homeless health care offer Actively being part of the conversation that ‘things can be different and things can improve’ Facilitating discussions and organisations to ‘step into one another’s shoes’
Vision and principles	Coming together to develop common purpose – particularly seen with the development of the Expression of Interest re the MHCLG £46m over 15 sites. This continues to build on system working – identify areas of good practice/gaps. And include partners from Ministry of Justice/Police	<ul style="list-style-type: none"> Conversations and discussions with wider system partners Expression of Interest – Changing Futures – joining up partners
Structural barriers to community MH services	The development of a new Community MH Framework for Adults and Older Adults	<ul style="list-style-type: none"> Strengthening neighbourhood mental health, support community resilience recognising widening disadvantage going forward as we emerge (live with) the epidemic particularly in terms of worsening social determinants of health

Built and Natural Environment

- ▶ COVID-19 has highlighted the importance of good quality homes and access to green spaces for our health and wellbeing.
- ▶ Coordinated efforts are required to ensure new development plans enable healthy, active lives, and have sustainability at their heart.
- ▶ Hampshire's first Active Places Summit took place in October 2020
- ▶ Hampshire's Walking and Cycling principles were developed by a wide range of partners to enable more people to walk, cycle or use public transport in scale with Hampshire's Climate Change targets.
- ▶ A wide range of local projects and schemes exist across Hampshire to reduce barriers and engage more people in being active outdoors in their local communities.

Recommendations for the board

- ▶ Note the good practice examples of work going on across Hampshire to develop healthier communities, along with the value of partnership working in this area to reduce health inequalities in Hampshire.
- ▶ Note the Healthy Homes project progress and endorse the planned next steps to develop and roll out a joint induction opportunity, and multi-agency training including educational videos for frontline staff across Hampshire.
- ▶ Support the exploration of a Health Begins at Home Memorandum of Understanding which would allow organisations to make a commitment towards the use of housing to improve the long-term health and wellbeing of communities.
- ▶ Receive a status report on current Disabled Facilities Grant (DFG) practice at a future Health and Wellbeing Board meeting.

This page is intentionally left blank

Keep Well Collaborative

Keeping people safe and well at home



Vision 2025: What will people say?

Local People:

"I feel safe and secure in my home. My home supports what is important and what matters to me. It helps me live my life & does not hinder my physical or mental wellbeing."

System:

"We understand that someone's housing situation is a key determinant of their health. We use the home as a lens to wellbeing to align policy and strategy to design and deliver services alongside local people."

Join the
conversation...

 /keepwellcollab

 @keepwe

keepwellcoll



Hampshire and Isle of Wight
Sustainability and Transformation Partnership

Who we are and what we do

We help build collaborative relationships between housing, health, social care, statutory and voluntary agencies breaking silos, building trust and inspiring a relentless focus on championing change, despite the obstacles.

Our radically ambitious approach shifts our focus from health initiatives which treat the symptoms of the lives we lead, to the place where we live our lives.

By recognising that 'health begins at home' we are unlocking capacity and resources, strengthening our reach beyond individual organisation boundaries and in so doing we:

1. Maximise the impact of our collective investment in the region
2. Strengthen common aims and strategic cross sector strategic thinking
3. Enable smarter/shared cross-sector risk mitigation
4. Inspire a relentless focus building trusted relationships which
5. Keep people safe and well at home



Our approach

We work to improve the mental health and wellbeing of our shared communities through a focus on the home by:

- Building greater community resilience
- Making better use of collective workforces
- Making better use of collective buildings, land and property assets

Directly supporting priorities within the HIOW STP Strategic Delivery Plan we have co-produced a specific Housing Programme which stretches strategic thinking and operational practice through cross-sector collaboration to:

- Reduce Out of Area Placements
- Reduce Health Inequalities of our most marginalised communities
- Unlock the social capacity of public land and in so doing, provide housing solutions for key workers

NHS Integration and Innovation White Paper ... a journey we've already begun

This means that as a system we have already begun to make great strides in developing a more integrated, innovative and creative response to joining up primary, social care and support as close to home as possible, directly improving health outcomes.

Work with system 'early adopters' has already levered in excess of £900K into the health economy in additional value.

Some examples of our impact

Reframing our existing map of the world, presents game changing opportunities

Specialist mental health in-reach service at Queen Alexandra Hospital, Portsmouth

Building on the early successes of our specialist housing in-reach work last year, we continue to enable collaborative action supporting QA Hospital, Two Saints, Solent NHS Trust and Portsmouth City Council, to secure winter funding to provide on-site support for inpatients or visitors to the Emergency Department (Page 45) who have a mental health support needs.

The service, which went live on the 18 January 2021 for six months, covers all patients who access QA living in Portsmouth, Fareham, Gosport and South East Hants. It provides help to access/navigate services and support and guidance around housing – avoiding people self-discharging before completing their treatment and ensuring no one is discharged on to the street.

The service is provided by two members of staff from Two Saints, and runs on-site Monday to Friday, 10am-6pm with out of hours emergency on call support.



[Queen Alexandra Hospital \(porthosp.nhs.uk\)](http://porthosp.nhs.uk)

Some examples of our impact

Reframing our existing map of the world, presents game changing opportunities

The success of our specialist in-reach collaboration is also extending to support our ambulance colleagues.

Similar to the in-reach service at QA, we are also mobilising a new collaboration with South Central Ambulance Service (SCAS) to provide rapid mental health and housing support when NHS colleagues are called to attend people who are sleeping rough, those in mental health crisis and/or people living in temporary/hostel accommodation to support their access to appropriate primary or secondary services.



NHS

**South Central
Ambulance Service**

NHS Foundation Trust

We anticipate the benefits of both QA and SCAS collaboration to:

- Reduce ED waiting time
- Support timely discharge
- Reduce hospital (re)admission
- Reduce Out of Area Placements
- Prevent people self discharging
- Prevent people being discharged no fixed abode

 /keepwellcollab  @keepwellcollab

keepwellcollab.co.uk

NHS

Hampshire and Isle of Wight
Sustainability and Transformation Partnership



Some examples of our impact

Reframing our existing map of the world, presents game changing opportunities

Enabling people to 'step out' of the system

Working with our partners Abri, Southern Health and the Society of St James, we've brokered a growing pipeline, initially of five permanent homes, pepper potted around a local a community café enabling patients to 'Step Out' of MH acute and rehab facilities – improving inpatient flow and reducing the need for out of area placements.

Staff report:

- Patients leave with feelings of joy and happiness
- Increased staff morale seeing people step out of the system into true independence
- Patients were able to be discharged an average of three months earlier than expected
- Achieving bed cost savings of ~£27K per person + reduced costs/cost avoidance with zero readmissions plus wider public purse savings

 /keepwellcollab  @keepwellcollab

keepwellcollab.co.uk

Early evaluation with residents finds:

- Improved optimism and hope for the future
- Sustained mental wellbeing
- Settled, secure lives back in the local community

“... I have come on leaps and bounds from where I was a year ago and having my own flat has played a part in that. My flat feels secure and it's so nice to have my own home; it gives me a sense of wellbeing and being in control.”

- Step Out resident, February 2021



Hampshire and Isle of Wight
Sustainability and Transformation Partnership



Some examples of our impact

Reframing our existing map of the world, presents game changing opportunities

Keeping people safe and well at home

We've also brokered pioneering collaborations between Solent NHS Trust:VIVID and Southern Health NHS Trust:Winchester City Council to develop housing led Wellbeing Services which keep people safe at home.

Our community mental health hospital colleagues provide monthly cross sector mentoring and support to three Wellbeing Workers employed by housing partners who support people living in the community with mental ill health.

VIVID's Wellbeing Service launched in December 2018 and was a finalist in the national Housing Heroes Awards 2019.

With a caseload of around 30 residents at any one time, the Wellbeing Service has already helped turn lives around and in just one case alone saved the NHS £17,000 a year through reduced GP appointments and repeat calls to 111 and 999 services.

VIVID has now gone on to appoint volunteer counsellors and introduced mental health champions into their contact centre to provide dedicated support to customers with mental health issues.

Some examples of our impact

Reframing our existing map of the world, presents game changing opportunities

Working to reduce Health Inequalities

We have been instrumental in bringing together District and Unitary partners alongside NHS, Public Health and community partners to enable a system response to the impact of the Covid19 pandemic upon our homeless communities.

We have built trusted cross sector relationships and continue to develop shared appetite to change the way we work together, proactively addressing the health inequalities of some of our most marginalised communities.

For the first time we know that ~1700 (May 2020) people across Hampshire and the Isle of Wight are currently homeless, with the largest concentrations in Portsmouth, Isle of Wight and Southampton. Across Hampshire Districts

- 77% have mental ill health; 80% misuse substances
- 61% have co-occurring mental health/substance misuse – with the largest numbers in Fareham & Gosport
- Average age circa 31 years old
- 88% of shared accommodation settings do not have a linked GP practice
- Although many are registered with a GP, in some areas engagement with primary healthcare services is challenging and many have unmet health needs

Homelessness costs the Hampshire & Isle of Wight system an estimated additional £38m a year. Quite simply it costs more to keep someone homeless, than it would to house and wrap around support.

Some examples of our impact

Reframing our existing map of the world, presents game changing opportunities

As part of our collaborative action to develop a system response to homelessness prevention we have:

- Shaped the development of a **primary level Homeless Healthcare specification** which will, once approved by CCGs, provide consistent healthcare to people experiencing homelessness across the HIOW footprint
- Supported the **development of the 111 service to ensure call handlers are aware of the Duty to Refer** people who may be at risk of homelessness to LA partners
- Shaped the implementation of **acute hospital discharge pathways** to ensure that people without a home are not discharged with no fixed abode; reducing hospital readmissions
- **Facilitated co-production which in turn supported a successful bid securing circa £250K** from Public Health England to implement a bespoke homeless healthcare offer in Portsmouth.
- **Chaired and developed a system wide peer support** network, encouraging cross sector peer mentoring
- Joined up cross sector teams and networks enabling partners to **extend their reach beyond organizational boundaries** with the potential to make better use of collective staff resources
- Continued to build appetite for a system wide response to homelessness prevention including:
 - The development of a **regional homelessness dashboard**
 - **Housing First** approaches
 - A **whole system review of transition/discharge points** to prevent people experiencing multiple disadvantage falling through the gaps in services

Page 47

Keep Well Collaborative Strategic Delivery Plan 2020-2025

Reduce Out of Area Placements

Reduce Health Inequality

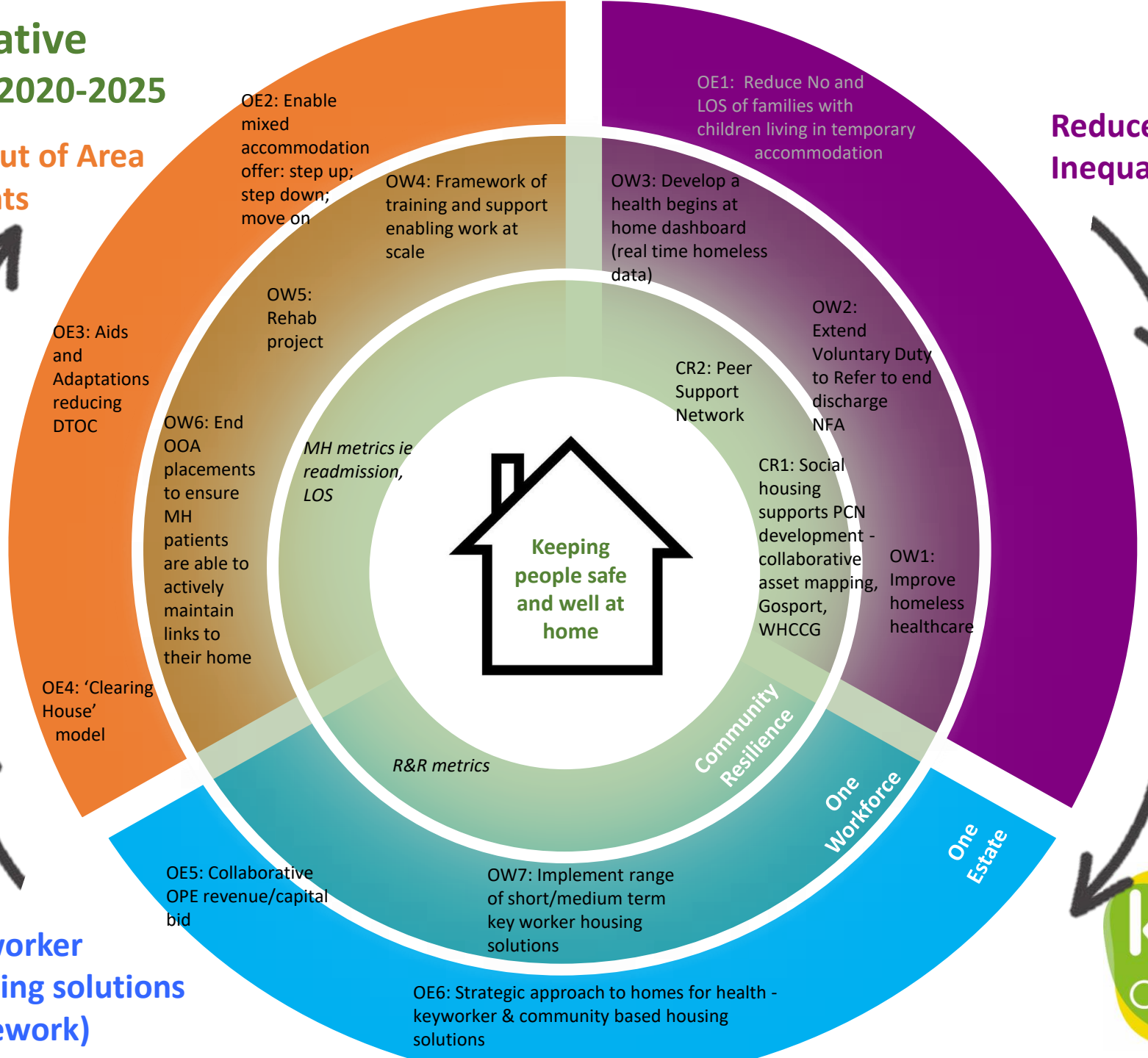
Change Agents
(Thought Leadership)

Sector Engagement Strategy
(Thought Leadership)

Key worker (housing solutions framework)



- 3 priorities:**
1. Reduce Health Inequality
 2. Key Worker
 3. Reduce OOA placement
- Page 48**
- 3 core strands:**
1. Community Resilience
 2. One Workforce
 3. One Estate



Keeping people safe and well at home



Queries?

patrick.fowler@sharedventures.co.uk

sharon.collins@sharedventures.co.uk

Page 49

Join the conversation...

 /keepwellcollab

 @keepwellcollab

keepwellcollab.co.uk



This page is intentionally left blank

System collaboration Homelessness prevention

Health update..... working with key partners

February 2021

Health, Housing and Partners– evolution and transformation through Covid Wave 1

Pre Covid	Now	Outputs
Data poor	Since April increased understanding of where people are located and their needs: we now know following the Government directive 'Everyone In' that there are 1700 people (as at May 2020) housed in temporary accommodation; of which 678 were previously not housed; starting to use data to inform decisions; development of risk assurance framework	<ul style="list-style-type: none"> • Driving the use of data -eg prevention and discharge scheme at QA, operational from 18/1/21, being able to quantify (as well as qualitative) impact of interventions; costing interventions. Platform for intermediate care across HIOW? • Looking to triangulate MHCLG data with health data on a system footprint • Financials: +£38m to keep people homeless across HIOW
Silo working	Multi disciplinary team approach; number of task and finish groups set up – primary care, intermediate care	<ul style="list-style-type: none"> • Using multi-disciplinary approach to how we do business to become 'the norm' • Primary care service specification – named clinicians in hostels – funding stream being actively pursued • Linking with HIOW LA CEOs, now have a named CEO as a link • Continuing to strengthen links with SHOG and Healthy Homes
Organisational focus	<ul style="list-style-type: none"> • Working in partnership style • 'It's been good working this close to health' • Learning about how we fit together as a system (partial/whole) for people experiencing multiple disadvantage – recognising that some aspects need a local focus, others recognising the benefits of system working • Clearer escalation process (or more awareness of them) and strategic input into issues • Great collaboration between services from all parties; informality of new working structures – allow the system as a whole to be more responsive to someone's needs/demands 	<ul style="list-style-type: none"> • Making strategic and operational connections with health/housing; looking to broaden this • Strengthening relationships with health and housing • Connecting health with MHCLG • Raising colleagues awareness of the 'bigger prize' eg MFFD patients, not just for people with no fixed abode but for those in social housing and may be in hospital longer term impacting on tenancy agreements; similar to the 'Let's get you home' approach in Sussex
Cultural barriers	Language – overcoming the need to speak fluent in 'housing' and 'health', stepping in to this space to begin to radically change the design of locally accessed community services	<ul style="list-style-type: none"> • Commission of homeless health care offer • Actively being part of the conversation that 'things can be different and things can improve' • Facilitating discussions and organisations to 'step into one another's shoes'
Vision and principles	Coming together to develop common purpose – particularly seen with the development of the Expression of Interest re the MHCLG £46m over 15 sites. This continues to build on system working – identify areas of good practice/gaps. And include partners from Ministry of Justice/Police	<ul style="list-style-type: none"> • Conversations and discussions with wider system partners • Expression of Interest – Changing Futures – joining up partners

Health, Housing and Partners – accelerated evolution and transformation

Pre Covid	Now	Growing appetite
<p>Structural barriers to community MH services</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 53</p>	<p>The development of a new Community MH Framework for Adults and Older Adults</p> <ul style="list-style-type: none"> • To develop a place-based model of community mental health care, radically changing the design of locally accessed community services as part of the broader transformation of health care systems • Shifts a renewed energy and focus to support people living in their communities with a range of long term mental illness targeting those who wouldn't ordinarily meet secondary care thresholds including those with more complex MH difficulties associate with a diagnosis of personal disorders – addressing the health inequalities that exist in accessing MH support. • Real emphasis on local neighbourhood collaboration – strengthening relationships with public sector, housing providers and Voluntary Community Sector partners – aiming to eliminate exclusions based on complexities and avoid unnecessary repeat assessments and referrals and includes: <ul style="list-style-type: none"> • Strengthening prevention building local resilience • Trauma informed approach – psychologically informed work – building on strengths, choice, aspirations • Ensure continuity of care – no cliff edge of lost care and support by moving away from system based onward referrals, arbitrary thresholds, unsupported transitions and discharges with little of not support 	<ul style="list-style-type: none"> • Strengthening neighbourhood mental health, support community resilience recognising widening disadvantage going forward as we emerge (live with) the epidemic particularly in terms of worsening social determinants of health: <ul style="list-style-type: none"> • rising levels of debt • job losses • housing insecurity • Fuel and food poverty • deteriorating mental ill health • Discussions with Office of the Police and Crime Commissioner re: trauma informed MH in reach as subject of Local Leadership Innovation Fund bid (likely bid Summer 2021) • Hampshire Homeless workstream discussion 25 02 21 with CMHT colleagues – exploring 'as is' vs 'to be' model • SHOG review 01 03 21 • Championing importance of housing to health ie the 'right door', the right home to live in

What next and areas of focus ...

Continue to build links with Health Inequalities and Prevention Board and Equality Board – eg discussion around vaccines as a co-ordinated approach

- **Prevention agenda**
- **Support people who are excluded**
- **Universal credit – what are the links and how to do so from a health perspective? Is there a link?**

Strategic Leadership – ICS/Place based, build on the SRO model as referenced in HIOW Strategic Delivery Plan

Maximise the expectations as set out in the NHS White Paper – integration and innovation

and Homeless healthcare Primary Care Offer

Intermediate care – build on the pioneer work in Portsmouth/South Eastern Hampshire and Fareham and Gosport that focuses on prevention and early discharge for this client group, building on the links with the Ambulance Trust

Changing Futures Prospectus – whole system discharge/transition review

Homelessness Work Stream – continue to share good practice, bring key partners to discussions, operational ‘fixes’ as well as strategic focus

Community Mental Health Framework

Use of data to drive through change/business cases providing strategic insight of the state of homelessness across HIOW footprint

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board
Date:	18 March 2021
Title:	Towards a New Transport Plan for Hampshire
Report From:	Simon Bryant – Director of Public Health

Contact name:

Tel: Sian Davies

Email: Sian.davies@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to engage members of the Board in a dialogue to help inform the development of a new Local Transport Plan (LTP4) for Hampshire.

Recommendation(s)

2. That the Hampshire Health and Wellbeing Board:
 - To note the process by which the LTP is being developed and the opportunity for Board members to influence its future direction.
 - For Board members to consider responding to the local transport plan engagement

Executive Summary

3. Our approach to transport policy can directly impact the health of our residents. Transport directly impacts air quality and road traffic accidents. There is a bi-directional relationship between transport and physical health; car users are less likely to be physically active. Transport, through its impact on the environment can impact mental health through noise pollution, community severance and social isolation. The impacts of transport on health impact our communities differentially, with the negative impacts more likely to affect our most disadvantaged communities.
4. Hampshire County Council has a statutory requirement to have in place a Local Transport Plan (LTP). The current LTP (LTP3) was produced in 2011 and was subject to a minor review in 2013. A new Local Transport Plan

(LTP4) is being developed which will supersede the current LTP and will form the primary transport policy for Hampshire County Council to 2050.

5. Hampshire County Council are seeking to engage with the Board and its member organisations to start a conversation with anyone who wishes to express their view as to what should be included in a new plan. Any views expressed will be given full consideration in the development of a new LTP4 that will be consulted on later in 2021.

Contextual Information

6. Our approach to transport policy can directly impact the health of our residents. There are direct effects on air quality and road traffic accidents. There is a bi-directional relationship between transport and physical health and our environment influences our transport choices. Transport, through its impact on our environment is a contributing factor to mental health through noise pollution, community severance and social isolation. Our transport policy choices are more likely to affect our most disadvantaged communities.
7. The Local Transport Act 2008 makes it a statutory requirement for the County Council to produce a Local Transport Plans and associated policies. The County Council published a Local Transport Plan in 2011, which set a 20-year vision and strategy for local transport, for the period 2011-2031. Much has changed since 2011 and it is considered an appropriate time to review the plan and extend its time horizon to 2050 to be coterminous with the “Hampshire 2050” vision and the declaration of a climate emergency and adoption of carbon neutrality targets.
8. The County Council is in the early stages of developing a new plan and is seeking to engage in a dialogue on the new plan. To date a significant amount of work has taken place to review the current policy setting, identify the key drivers of change, collated a robust local evidence base and scope out work on an integrated impact assessment. It has used this to develop a vision, a set of clear outcomes and two core design principles. It now wishes to engage widely to test this work and begin a conversation with those who would seek to influence the future direction of the plan.
9. This paper supports a presentation that will be delivered to the Board by Hampshire County Council’s Head of Integrated Transport. Following this initial engagement, the County Council will then review all the comments made and draft a new plan. It is the intention that this would then be consulted on towards the end of 2021.
10. There are significant linkages between how we move about and the health and wellbeing of Hampshire residents. For example, there are clear direct

linkages related to road safety, our health and how active we are and between emissions from transport and illness. There are less direct but still important influences between accessibility to transport service and isolation/loneliness and accessing employment opportunities and mental health. In light of these strong relationships the board are encouraged to engage the first stage of the development of the new Local Transport Plan.

Coproduction

11. The current stage of “engagement” is effectively the coproduction stage. This is where the County Council is seeking the views of others before setting out a formal plan for consultation. It is the point at which members of the Board or others can influence and shape the Local Transport Plan before it is written. On top of this various stakeholder events are taking place or are planned with specific audience on tailored topics. For example, a digital conference was held on active travel which was attended by over 120 individuals representing walking, cycling and mobility groups.

Consultation and Equalities

12. An integrated sustainability appraisal is required to be undertaken of the LTP. An initial scoping document which is available on the local transport plan micro site. [Local Transport Plan | Hampshire County Council \(hants.gov.uk\)](https://www.hants.gov.uk/local-transport-plan)
13. The engagement and consultation activities related to the LTP have been covered above.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	Yes
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

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:

Equality Impact Assessments will be completed as required as part of the development of the new Local Transport Plan (LTP4) for Hampshire.

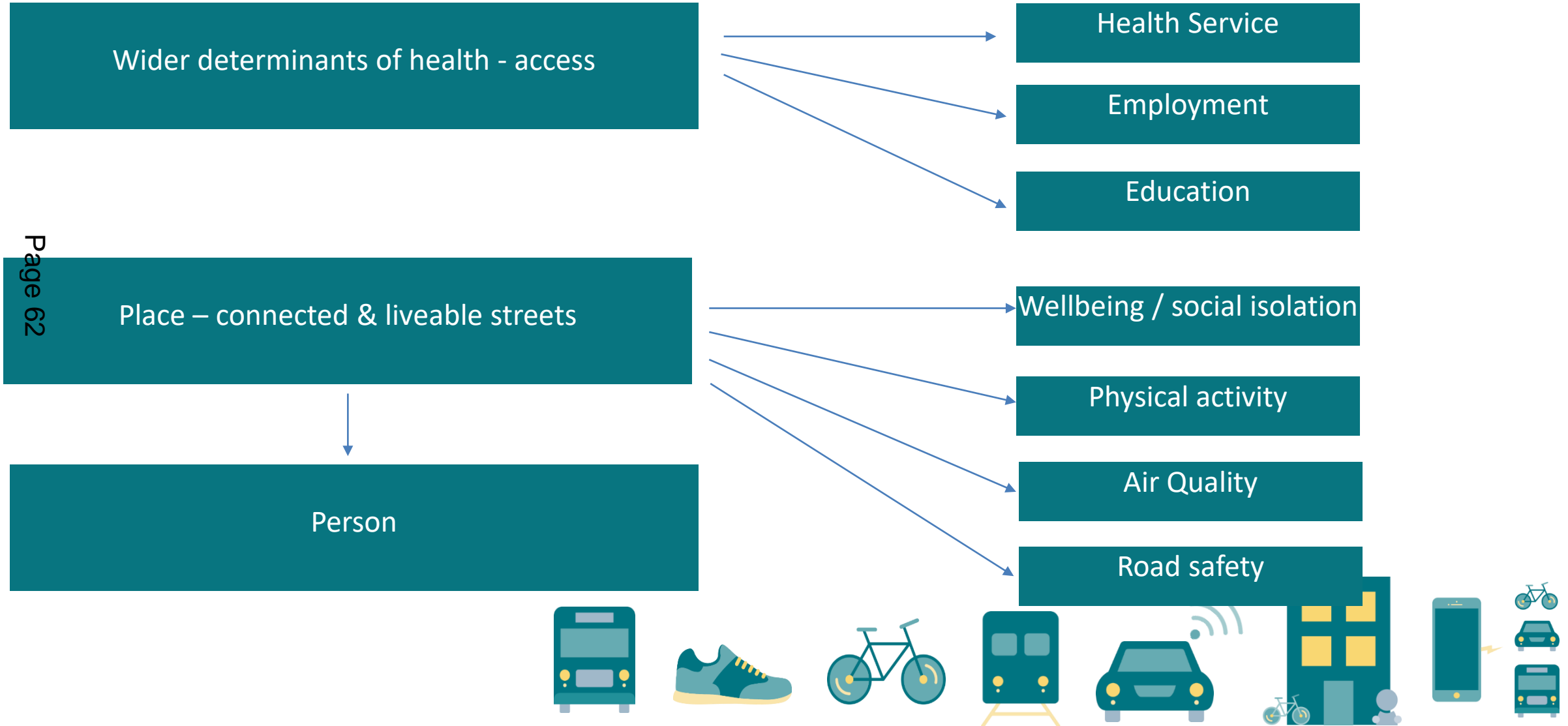
This page is intentionally left blank



Towards a new Transport Plan for Hampshire

Page 61

Transport and health: Impact and evidence



Page 62

The LTP: Introduction

The Local Transport Plan is an important policy document for the County Council and transport cuts across many wider policy areas.

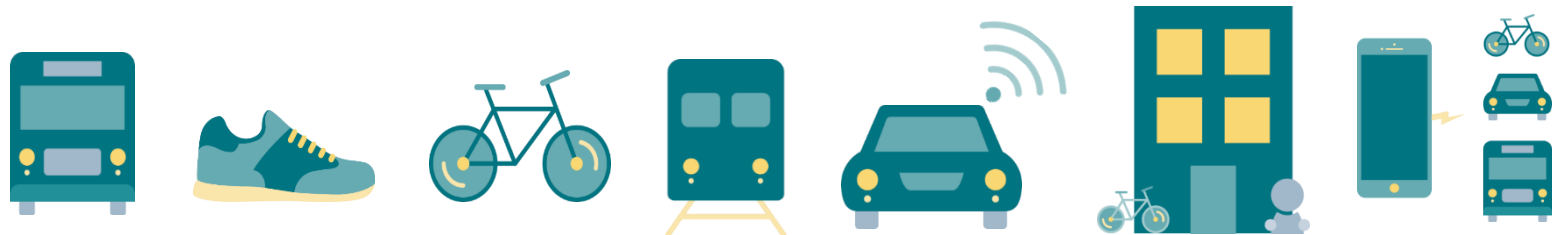
The new Transport Plan will form the primary transport policy for HCC to 2050. It will provide a framework to guide all our future transport planning and investment.

Stakeholder input is an important part of developing the Transport Plan.

An initial engagement exercise is currently being undertaken to seek input and feedback from stakeholders on emerging aspects of the Plan.

Further to the current engagement, the council intends to consult on a draft LTP in Summer '21.

The final Transport Plan is expected to be published by the end of 2021.



The Local Transport Plan is an important policy document for the County Council and transport cuts across many wider policy areas.

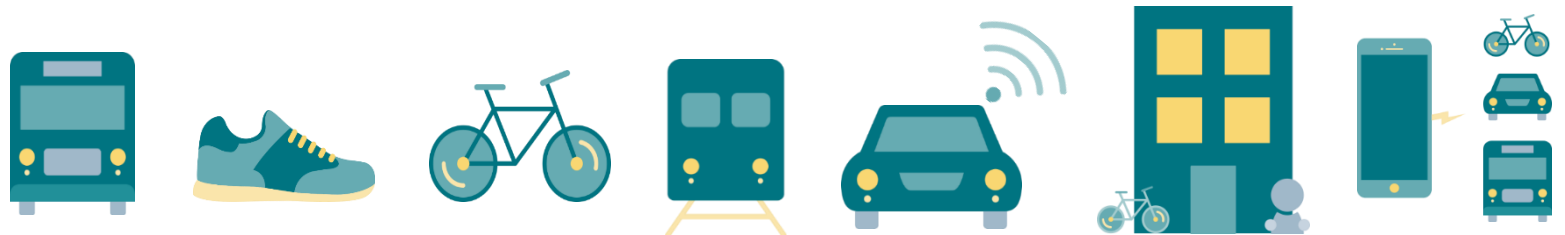
The new Transport Plan will form the primary transport policy for HCC to 2050. It will provide a framework to guide all our future transport planning and investment.

Stakeholder input is an important part of developing the Transport Plan.

An initial engagement exercise is currently being undertaken to seek input and feedback from stakeholders on emerging aspects of the Plan.

Further to the current engagement, the council intends to consult on a draft LTP in Summer '21.

The final Transport Plan is expected to be published by the end of 2021.



Background to the new Transport Plan

The new Transport Plan builds upon the County Council's current Local Transport Plan 3.

The new Transport Plan:

- takes account of **new / changing policies and priorities**;
- keeps our approach relevant, effective and 'fit for the future';
- establishes **new ways of thinking** about transport decision making, in line with our wider priorities; and
- ensures that we **maximise value for money** from investment.

Page 65

HAMPSHIRE 2050
VISION FOR THE FUTURE

 **TRANSPORT FOR THE South East**



Drivers of change

The Transport Plan looks ahead to 2050 and needs to take account of key trends.

These are important for how we plan, respond and adapt in relation to the approach to transport.

Evidence and research has helped us to identify some key factors, but we are keen to hear from others what we should be taking account of, and the relative priorities.



Changing climate



Changing environment



Changing society



Changing economy



Changing technology

The need for change (1)



DfT data shows that traffic on Hampshire roads grew by **+18%** between 2000 and 2019.



Car ownership in Hampshire is above average, in comparison with the South East and the rest of the UK. 45% of households have two or more cars or vans. **Hart and East Hampshire have some of the highest levels of car ownership in the country.**

LGVs **+71%**

Strategic Road Network **+20%**

Locally managed roads **+16%**

AND...

Traffic levels are forecast to rise by between **17% and 51%** by 2050 in England and Wales (based on 2018 DfT analysis).

Surface transport accounts for 37% of CO₂ emissions in Hampshire. **Passenger cars are the main contributor**, accounting for approx. 65% of domestic transport emissions in Hampshire.



If we carry on with existing policies and practice we will not achieve carbon neutrality from transport by 2050.

The need for change (2)

Even if we wholly switch to electric or hydrogen-fuelled vehicles, achieving carbon neutrality within the transport sector will require **at least a 10% reduction in car mileage in order to reduce energy demand.**

Page 68



Overall societal costs (health impacts) of road transport emissions in Hampshire are estimated at **£225 million** per annum. Defra estimates that **5.4%** of adult mortality in Hampshire is attributable to particulate air pollution.



Hampshire's population is set to increase by 10% between 2017 and 2041, led by **net inward migration** and an **ageing population.**

19% of adults in Hampshire undertake less than 30 minutes of physical activity per week.

Only 32% of boys and 24% of girls (aged 5-15) do sufficient physical activity.



Bus use has increased by **3%** over the last decade, but the **number of journeys per head is below the South East average.**

The cost of running and providing public transport means that in relative terms it is becoming more expensive for users.

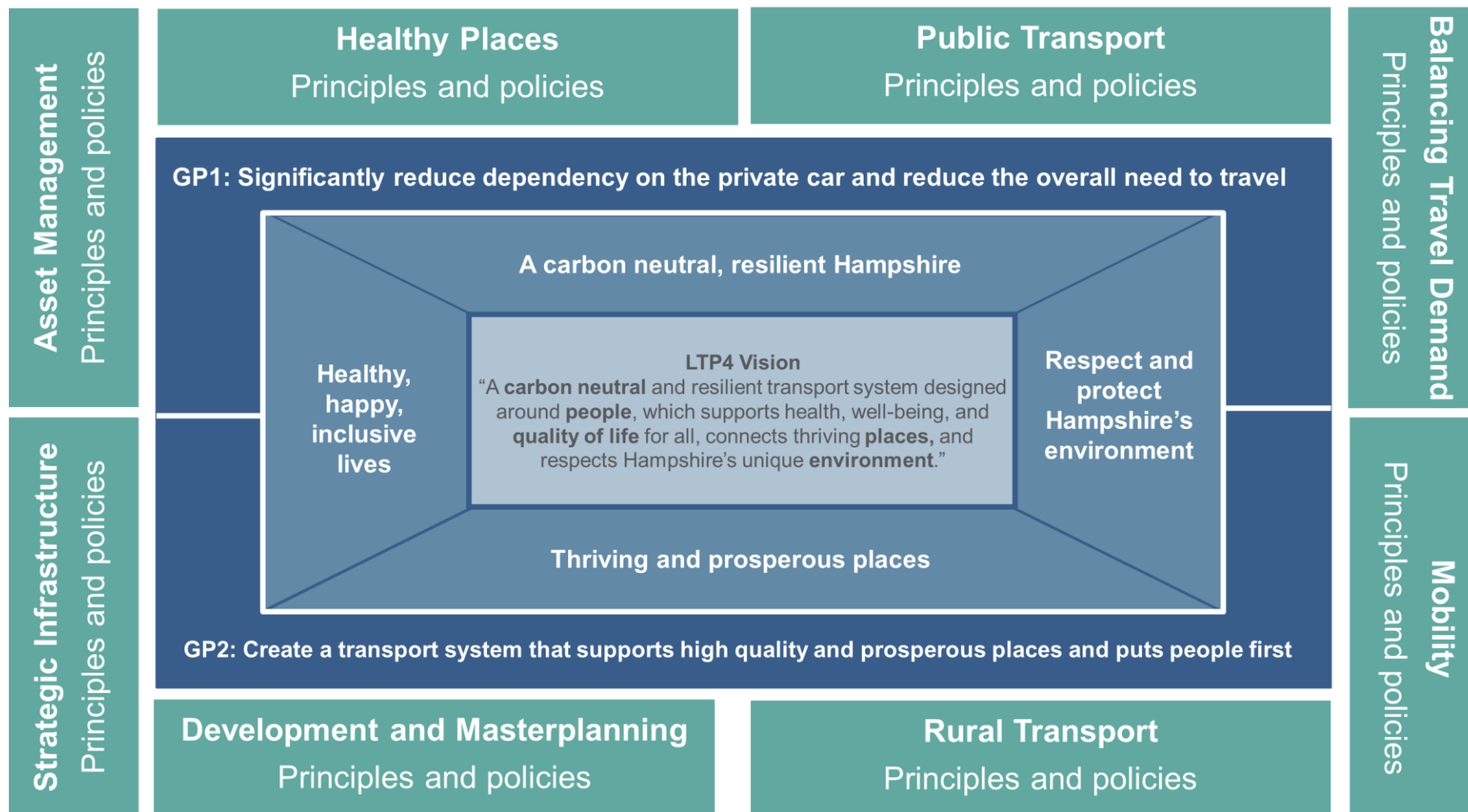


Emerging framework for the Transport Plan

The core content of the Transport Plan is intended to cover:

- An overall vision
- Key outcomes
- Guiding principles
- Supporting principles and policies

Page 69



A carbon neutral, resilient Hampshire

Reduce transport-related carbon emissions to net zero (neutrality) by 2050

resilient and reliable transport network

Page 70

Thriving and prosperous places

A transport system that supports a connected economy, creates successful places, and ensures Hampshire continues to prosper whilst reducing its emissions.

Support future housing, employment and regeneration needs sustainably

Respect and protect Hampshire's environment

A transport network that protects and enhances our natural and historic environments

Improved air quality and less noise disturbance from transport

Healthy, happy, inclusive lives

A network that promotes active travel and active lifestyles to improve our health and wellbeing

A transport system that ensures that everyone has equal access to services, opportunities and life chances, delivering improved quality of life for all in Hampshire.

Emerging principles for the Transport Plan

Two key guiding principles for the Transport Plan are proposed.

We are encouraging feedback on whether these provide the right emphasis in order to align the approach with achieving the proposed outcomes.

1

Significantly reduce dependency on the private car and reduce the overall need to travel

2

Create a transport system that supports high quality, prosperous places and puts people first

Specific policies and approaches for transport delivery



Outcomes



Guiding Principle 1: Significantly reduce dependency on the private car and reduce the overall need to travel

This would place increased emphasis on approaches which:

Page 72

Prioritise walking, cycling and public transport

**Reduce the overall need to travel
'Live local, travel less'**

Own fewer cars and use them less

There is a need to decarbonise and make more efficient use of our transport system.

Major transport emission reductions are required.

Zero emission vehicles will play an important role, but we will still need to significantly reduce the number of miles driven to reduce the strain on zero carbon energy provision.

Guiding Principle 2: Create a transport system that supports high quality and prosperous places and puts people first

This would place increased emphasis on approaches which:

Shift away from 'planning for vehicles' to 'planning for people' and 'planning for places'

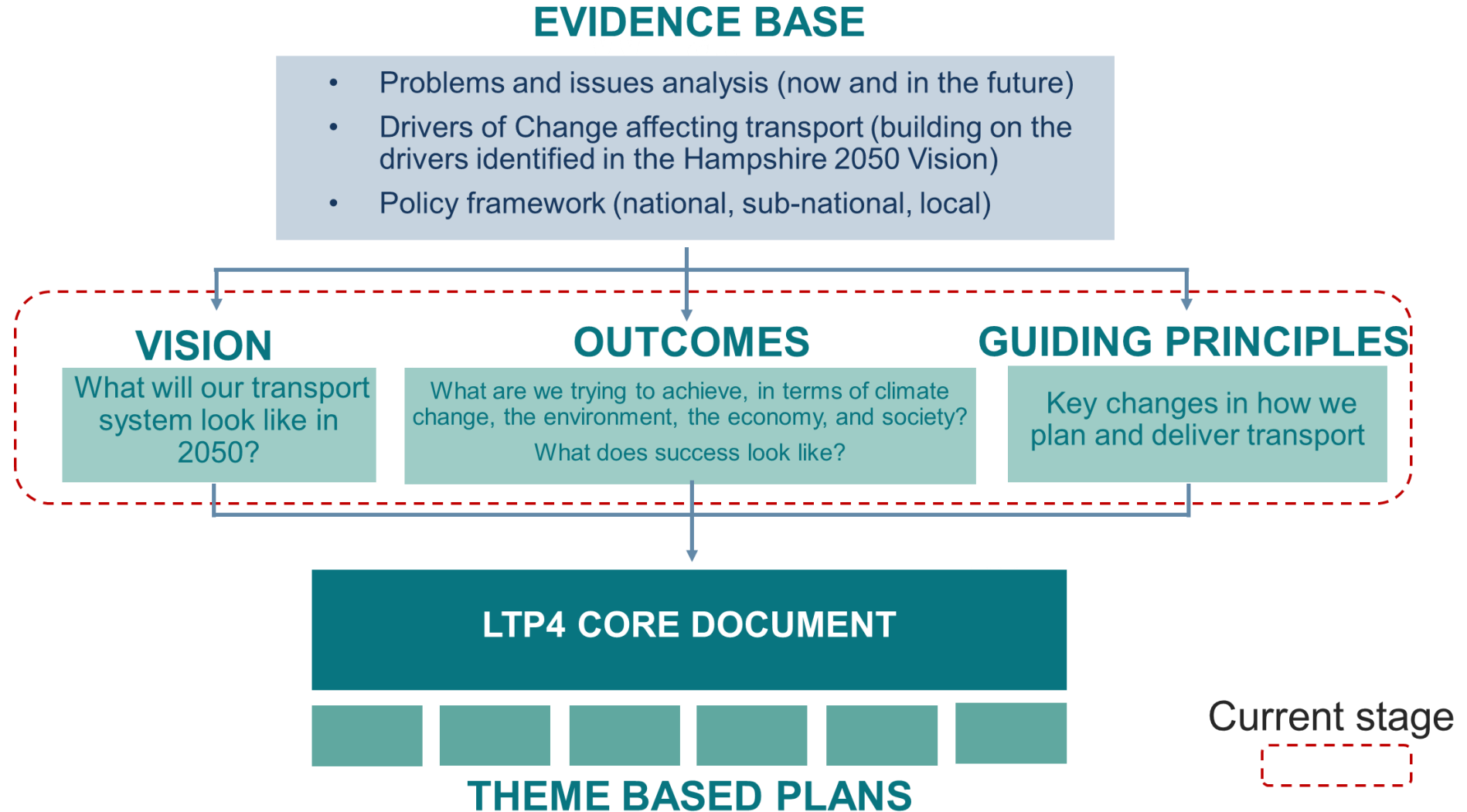
Planning our urban centres, residential areas, and other community places to prioritise and encourage active and public transport, in a way that creates better places to live, work, and visit.

In our urban areas, attractive walking, cycling and public transport options should be able to carry far more people in a more efficient manner than a car-focussed approach.

Our key strategic routes will need to be designed for the efficient movement of freight and people, to support national and sub-national economies.

There are several key elements to the Transport Plan.

Page 74



Developing the Transport Plan – key inputs

The development of the Transport Plan is underpinned by a wide range of technical, policy and stakeholder based activities.

Key inputs include:

Page 75

Evidence based analysis and research

- Comprehensive evidence base developed around transport plus wider related issues
- Carbon analysis (co-ordinated with Climate Change Strategy)

Policy review and best practice

- Local, sub-national and national policy affecting transport
- Examples of best practice approaches to transport planning and delivery

Integrated Impacts Assessment

- Strategic Environmental Assessment
- Equalities Impact Assessment
- Health Impact Assessment

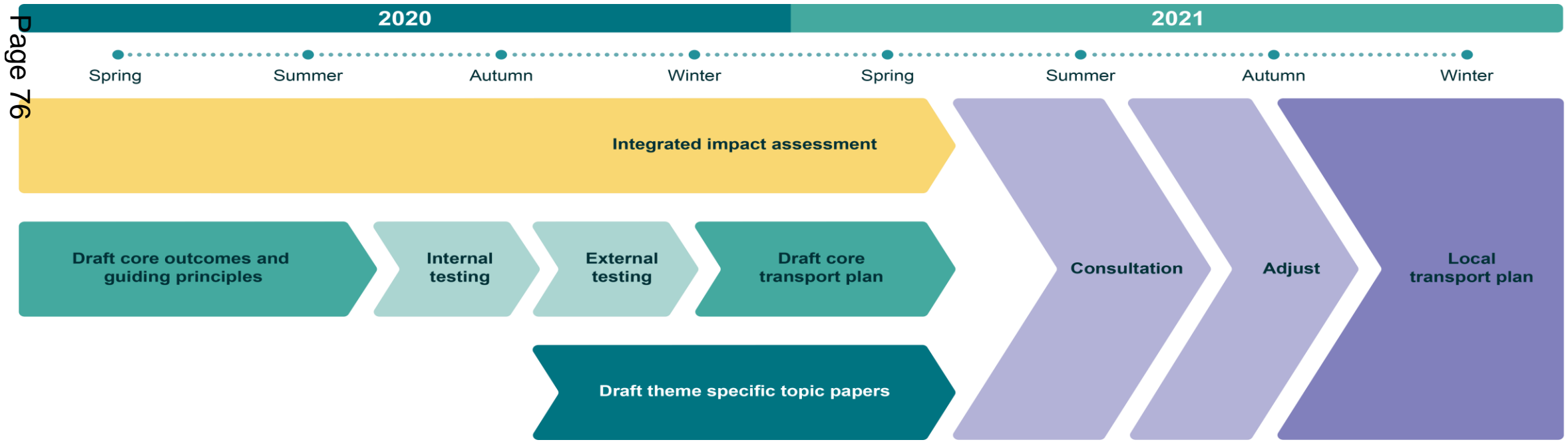
Stakeholder engagement

- Internal engagement and review
- External engagement exercise
- Consultation on the draft Transport Plan

Developing the Transport Plan

The development of the Transport Plan follows a robust process.

Incorporating a 'test and adjust' approach has been a key determinant of the programme



Page 76

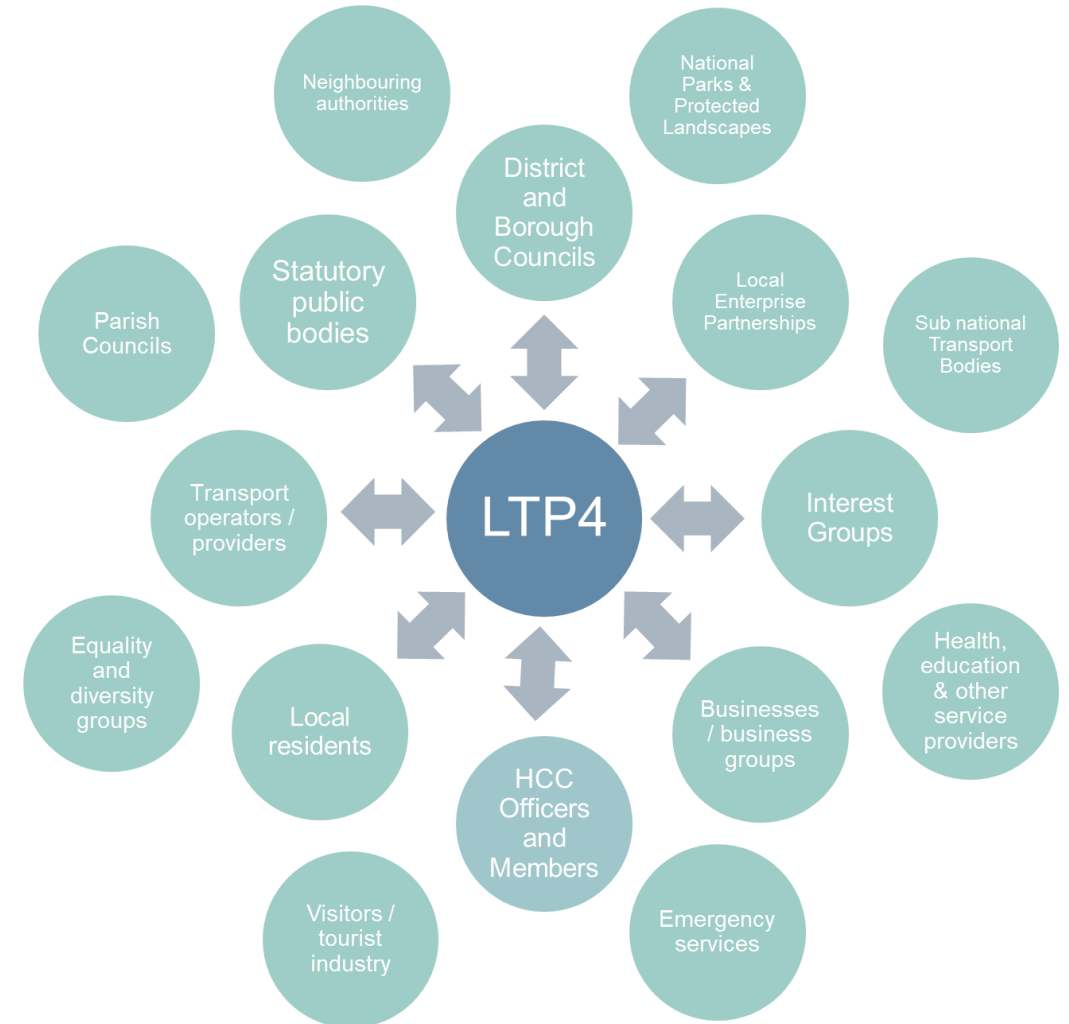
Developing the Transport Plan – stakeholder engagement

The County Council is encouraging wide participation to inform the development of the Transport Plan.

It is important that we capture a broad range of views.

This will include individuals, groups or organisations throughout Hampshire and beyond that:

- will be impacted by the LTP
- have an interest in transport in Hampshire
- have knowledge or experience to contribute to the development of the plan
- will have a role in delivering the LTP



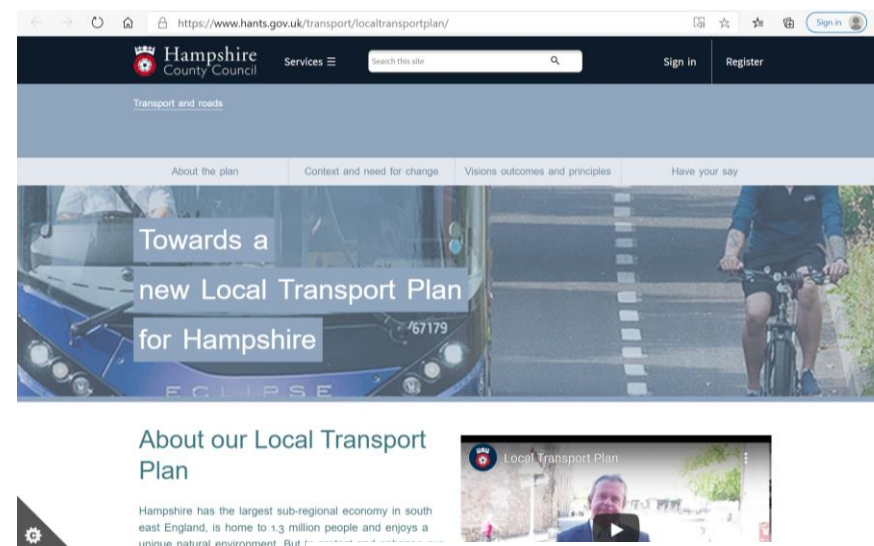
Developing the Transport Plan – how to get involved

The current engagement seeks input and feedback to further develop the Transport Plan. This is predominantly online, with a dedicated web site: <https://www.hants.gov.uk/transport/localtransportplan/>

It is accompanied by an online questionnaire / feedback form.

The engagement exercise is due to end on 28 February.

Feedback will be used to further develop the Transport Plan. Consultation on a draft LTP is currently planned to take place in the summer.



Drivers of change

From a local to global level there are some major changes ahead, presenting challenges and opportunities that we need to plan, respond and adapt to appropriately. Please share your thoughts on these [drivers of change](#) by responding to the questions below.

How important do you consider each of the drivers of change to be, in terms of their implications for transport in Hampshire up to 2050? (Please select one option per row)

	Very unimportant	Unimportant	Neutral	Important	Very important
Changing Climate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changing Economy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changing Society	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changing Environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changing Technology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COVID-19 Pandemic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If there are any other drivers that you feel should be considered, please outline which and why below:

Characters remaining: 1000

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board
Date:	18 March 2021
Title:	Health and Wellbeing Board Annual Update
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 within the limitations of the Covid-19 impact.

Recommendation(s)

2. That the Health and Wellbeing Board:
3. Note the update, progress, and upcoming priorities of the Board's work.
4. Actively share the report with constituent members' boards and committees to ensure further engagement and development of the plan for 2021/22.

Executive Summary

5. The Health and Wellbeing Board's recent focus has been 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 critical measures in place and monitoring against metrics.

Contextual Information

6. 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 Strategy.

Performance Review by Theme

Strategic Leadership, Simon Bryant

7. The strategic leadership of the Board has developed considerably in the last year with the Director of Public Health taking on the leadership theme of the Board.

Key Developments

8. There have been several significant changes to the Board over the course of the year. With the implementation of virtual meetings, due to the impact of COVID-19, attendance at Board meetings has been excellent allowing Members, often under pressure due to their roles, to easily join in without the usual travel requirements. All new and Deputy Members were invited to attend a meeting to learn more about how the Board operates and with further engagement planned. This will support stability of the membership. The Board is evolving to being more proactive and action oriented.
9. All Board Sponsors have taken on leadership for their themes in driving priorities forward, identifying and reviewing performance metrics. Wider joint planning has been implemented and feedback and insight engagement from all Members considered for forward planning. Co-production is now included in the Board report template to ensure it is an area of review for all business items coming to the Board. A Board Survey was recently conducted and responses being collated and reviewed to determine the direction of travel for the Board. Communication, action, accountability, and public engagement will be ongoing priorities going forwards. Key themes the Members of the Board have worked on are set out in this paper.

Joint Strategic Needs Assessment (JSNA)

10. JSNA work has currently been paused due to the COVID-19 intelligence commitments it is hoped that over the next few months a JSNA work programme will be developed.
11. Post COVID our population health needs have undoubtedly shifted and the long-term health and social care impact of COVID and what this means for our residents has to be considered. Therefore, to inform the JSNA work programme, a COVID health impact assessment will be undertaken to look at the impact to date, what we know happened across our area (time, place, person), what the evidence suggests and what that means for our population. This will be scoped fully and will inform more detailed JSNAs. Of course, underpinning all of this will be the JSNA demography section.
12. With the completion of Census 2021 and preliminary data, hopefully available end 2021, this will enable refreshes of many datasets and indices

such as social isolation, mental wellbeing tool and so again, these need to be considered

Inequalities

13. The COVID-19 pandemic has highlighted the urgent and continuing need to tackle health inequalities. Following a successful workshop on inequalities the strategic group focusing on this work has been refreshed with an organisational development workshop in Spring 2021. Refreshed Terms of Reference to ensure strategic and engaged Board membership with reach across all key organisational stakeholders.
14. The NHS Long Term Plan remains a guiding document in the agenda setting for prevention activities overseen by the board all of which play a critical contributing role to improving health outcomes for all. Strong collaboration between Public Health and NHS partners in response to the NHS Phase 3 return focusing on inequalities and the need to understand how restoration of services can be done in a way that reduces inequalities.
15. Evaluation of Prevention and Inequalities as a result of COVID-19 presented to the Health and Wellbeing Board highlighted the impacts of the pandemic on inequalities in health.
16. Heightened public awareness of COVID-19 and the risk factors associated with it likely contributed to increased impact of some prevention work streams such as the QUIT4COVID initiative which was a collaboration between primary care and public health and saw hundreds of individuals contact the quit smoking services.
17. The system wide work on preventing cardiovascular disease is accelerating at pace following close collaboration between primary care and prevention leadership colleagues and with cardiovascular disease accounting for a quarter of the gap in life expectancy between richest and poorest, provides an exciting opportunity to close this gap locally.
18. Two key action research projects from the previous year's plan were successfully completed and will guide an evidence-based approach to improving delivery of brief intervention to reduce excess alcohol consumption and optimize uptake of physical health checks for individuals with Serious Mental Illness (SMI) in primary care respectively.

Climate Change

19. The County Council has developed a significant work programme (2020-2025) to deliver commitments in the [Climate Change Strategic Framework](#). This framework details the response to the Climate Emergency through the two priority areas - carbon mitigation and resilience to climate change. The work programme sets out significant areas for action over the next five years, an important component of which is joint working across organisational

boundaries. For example, the Greening Campaign which offers a blueprint for community groups to develop community engagement, community sustainability and adaptation to climate change and the recently established Climate Change Expert Stakeholder Forum. A priority for the next phase of strategic leadership on climate change is coalescing local authority and NHS action and addressing priorities for environmental sustainability set out in the NHS Long Term Plan through new Integrated Care System structures.

Planning and Local Developments

20. There continues to be public health input to consultation responses to local plans and relevant planning applications. We are also continuing to work together to develop local evidence/background documents for planning policy and providing updates to Hampshire and Isle of Wight Planning Officers Group (HIPOG) with aim of increasing visibility and collaboration. Attendance by public health at Hart's Garden Community workshops to support the community and wellbeing themes.
21. Spatial Planning and Air Quality workshop will be held in March. The aim of the workshop is to tackle barriers to improving air quality in Hampshire and begin to develop local policy to support air quality improvements through spatial planning. It will be facilitated by the Town and Country Planning Association (TCPA) and will be attended by planning officers, environmental health officers, Public Health England and individuals from Hampshire Public Health and Environment, Transport and Economy teams. The workshop will be opened by Cllr Judith Grajewski, Executive Member for Public Health.

Starting Well, Steve Crocker

Key Issues and Developments

22. Over the course of 2020/21, the Hampshire and Isle of Wight Partnership of CCGs has confirmed a series of investments to increase the capacity and responsiveness of children and young people's mental health services across Hampshire.
23. From 21/22, a standard funding model will be implemented for children eligible for Continuing Care which will improve the experience for children and families, free up staff time for more direct work and facilitate better partnership working relationships.

Covid Impact and Mitigations

24. Covid-19, and the associated lockdowns and restrictions upon the everyday lives of children, young people and families has had significant with 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 had upon the mental health. 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.
25. The shift from face to face appointments to digital service delivery for most was delivered quickly, and Hampshire CAMHS services never stopped either seeing patients or receiving referrals; but there are limits to what digital innovation has been able to support. There has also been a push to increase the take-up of digital solutions such as Think Ninja, though it is not clear that this significantly reduced demand for mental health services. The Healthier Together digital platform continues to provide access to a range of digital services, and there have been improvements in the collaboration of CAMHS services with the NHS111 Mental Health Triage service which can provide 24/7 mental health support to children and young people suffering from mental health problems.
26. In terms of targeted support for mental health in schools, Covid has significantly impacted upon the development of mental health support in schools via both Mental Health Support Teams (MHSTs) and the roll-out of the Link Programme. The wider challenges for schools of supporting both face to face learning in school for some children whilst delivering home based learning has been extremely challenging for schools to maintain. Both have made it hard for as many schools to release personnel to participate in the delivery of the Link Programme as was originally intended. Commissioners are currently working with NHS England to inform the next six waves of MHSTs in Hampshire, which should result in more teams over the next three years.
27. Covid has clearly been a challenge for many of the families social care teams work with, exacerbating and magnifying existing issues. For some families their situation, affected by Covid, have brought them to the attention of Children's Social Care thus increasing demand at level 4 at points in time. Where face to face visiting is restricted staff have responded by delivering their interventions virtually through a range of creative virtual tools and resources, thus they have maintained engagement and contact with children, young people and parents. Learning sessions delivered by the CAMHS and Substance Misuse workers have significantly benefitted from being accessed on a virtual platform with demonstrable increases in attendance numbers.

Coproduction and Collaboration

28. A joint commissioning strategy has been developed and agreed by the Joint Commissioning Board to ensure that planning and delivery of services is done in a holistic, joined up way. It is a means for the different partners commissioning education, health and care provision to deliver positive outcomes for children and young people. The Strategy sets out the joint commissioning priorities for Health, Public Health and Social Care to

deliver better outcomes for children, young people and their families in Hampshire and the Isle of Wight (IoW).

29. CAMHS and substance misuse workers have had their posts extended. The roles are co-located in social care delivering interventions to ‘priority cohort’ families, working with partners to embed a whole family approach to meet the needs of both children and parents thereby improving safeguarding and outcomes for the whole family.

Progress Against Metrics

30. 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.

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

Theme & Aim	Update
<p>Increase mental health support in schools</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>Number of young people (under 18) in specialist substance misuse services</p> <p>Baseline 437</p>	<p>432</p>
<p>Young people with problematic drug/alcohol use are able to access specialist substance misuse treatment.</p> <p>Target is for 315 young people to access treatment.</p>	<p>697</p>

<p>Number of young people whose parents are accessing substance misuse services offered support</p> <p>Target of 30 young people access support.</p>	44
<p>Reduce the proportion of women smoking at the time of delivery</p> <p>Reduce 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>9.3%</p> <p>Data for 2019/20 indicates increase in numbers of maternity referrals to the stop smoking service to 819</p> <p>274 (33.5%) quit dates set</p> <p>157 pregnant 4 week quitters (76%) and 126 (50%) pregnant women quit for 12 weeks</p>
<p>Increase in mothers continuing to breastfeed at 6-8 weeks</p> <p>50%</p>	54.7%
<p>Number of children jointly funded for continuing care</p> <p>11 (Baseline)</p>	67

Next Priorities

32. A review of the domestic abuse pathway to understand the families open to social care services accessing domestic abuse services and the wider domestic abuse services and support landscape. This will include mapping needs from Children's Services children and families to understand gaps and implement a joint strategy for meeting demand.
33. Hampshire County Council and CCG domiciliary care provision review of the potential for CCG to join the care support framework, evaluation of the current expenditure and the impact of that on the framework levels/ cost to CCG etc.

34. Implementation of a pooled budget for standard funding model from 22/23 for Continuing Care.
35. A review of the parenting pathway to include the Children's Services Department, Public Health and CCG services, led through the Public Health and Children's Services Joint Transformation Board.
36. A review of our collective support offer for children with challenging behavior, including therapeutic responsibilities.

Living Well, Dr Barbara Rushton

Key Issues and Developments

37. What we have seen over the course of 2020/21 is that Covid -19 has highlighted the inequalities in our population and it has been harder for those already at risk to manage their physical and mental health and to 'Live Well'
38. Although Health and Care services have remained open for business throughout the year there have been changes to the way that individuals have been able to access support for both physical and Mental Health services. There have been concerns about the hidden harm being done through the impacts of not accessing care, compounded by the concerns over staff wellbeing, resilience and capacity to deliver services.
39. Importantly Health and the Local Authority have been working 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.
40. Work has been ongoing to mitigate the recent increases in the number of women smoking while the Quit 4 Covid programme has been a good example of a targeted intervention to all smokers. The Healthy Hearts model for cardiovascular disease prevention has also been developed to tackle unwarranted variation across our geography.
41. A pilot to tackle obesity in Rushmoor was implemented and is a good example of cross sector working while EnergiseMe have facilitated a wide ranging consultation to shape the forthcoming physical activity strategy.
42. 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.
43. We have also seen examples of digital solutions to support those to live well such as pulse oximetry, while Hampshire's Connect to support and the personalised care websites host a library of free self-help resources such as lifestyle, weight and mood management tools.
44. 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. The ambition going forward is that agencies continue to build on this spirit of co-operation through a whole system approach which as a result of the increasing need to tackle inequalities will need to shift its focus to continue to support those people to live healthy lifestyles.

Covid Impact and Mitigations

45. Behaviours through Covid have meant less people have come forward with significant mental and physical conditions increasing the harm to them from potential disease including cancer and cardiovascular disease. For smoking rates, it is anticipated that Covid-19 will have a direct and negative impact into 21/22 as CO monitoring at booking is temporarily on hold. This has resulted in a reduced level of women coming forward as smokers (i.e. reduced smoking at time of booking rates) and therefore a reduction in the number of women referred for support.
46. The Public Health team in Hampshire and IoW, working with the CCGs and supported by the LMC developed the Quit4Covid programme, with the aim of reducing the number of smokers locally. Access to care has also been encouraged with shared communications such as the "its ok to....." campaign
47. Although work on tackling obesity paused in March 2020 due to the Covid-19 pandemic a number of priority actions including targeted marketing and increasing access to play activities have been agreed for when the work is restarted.
48. Lockdown impacted on income and ability to work increasing self-harm isolation, domestic abuse and poor mental wellbeing. With the exception of memory assessment clinics every secondary mental health service has remained open and accessible with the same access criteria. Every single patient on caseload was risk stratified and an individual plan of engagement for continuity of care discussed and agreed. Face to Face appointments were maintained for those most at risk or in crisis and digital platforms for 1:2:1 therapeutic intervention as well as group digital solutions were procured

Coproduction and Collaboration

49. For smoking programmes HCC Public health have worked with all trusts to undertake Public Health England's Deep Dive Assessment of Pathways and audit levels of CO Screening at booking. All four hospital trusts are actively working to increase the number of women who stop smoking during pregnancy
50. Smokefree Hampshire are actively engaging with key groups such as people living in the most deprived areas of Hampshire and certain ethnic communities including targeted marketing, mobile outreach clinics,

- telephone support, the provision of 'Quit with Bella' app support and home visiting for the most vulnerable members in our community (pre Covid-19)
51. Teams focussed 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
 52. Energise me have provided workforce training for the health sector, social prescribing and volunteer workforces and recruited a post to work across the system through the National Academy for Social Prescribing Thriving Communities Programme
 53. Working with MIND across Hampshire we are contacting very 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
 54. 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.

Progress Against Metrics

55. The system has mobilised to ensure more than 90% of people in cohorts 1-4 including those over 70 and all health and care staff have been vaccinated which will be contributing significantly to ensuring people are able to continue to live well

Reducing the proportion of women smoking at the time of delivery

56. Increased from 8.7% in 18/19 to 9.3% in 19/20. (England: 10.8% in 18/19 and 10.4% in 19/20). Improved identification of smokers in early pregnancy may have contributed to this rise.
57. Smokefree Hampshire have reviewed their smoking in pregnancy service and implemented a number of improvements for maintaining the engagement of women and improving their chance of quitting; 52% of pregnant women quit at 4 weeks.

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

58. In Hampshire, the proportion of people who smoke in routine and manual occupations was 19.3% in 2019, compared to 10% of adults overall (England: 23.2% in R&M compared to 13.9% in adults overall)
59. 45% of people who used Smokefree Hampshire and quit successfully at 4 weeks are from routine and manual occupations (2019/20). Of those people in routine and manual occupations that set a quit date, 65% have successfully quit at 4 weeks against a target of 60%
60. Initial results from the Quit for Covid campaign have demonstrated the value of working in partnership with 1,084 self-referrals in October and November compared to 251 in September.

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

61. Five Rushmoor early years settings have piloted the healthy early years award, including the 'Healthy Weight, Healthy Eating' topic. This has now gone live to all early years settings in Hampshire

Implement the Hampshire Physical Activity Strategy

62. In December 2020 Energise Me ran an online conversation for everyone in Hampshire and the Isle of Wight to share their experiences of physical activity and to make suggestions about what needs to change to shape the new strategy
63. 255 joined the conversation alongside a number of facilitated focus groups with 25 Schools and a total of 576 children.

Next Priorities

64. 2020/21 has provided unprecedented challenges for partners in supporting individuals to live well. Tackling the inequalities that lead to poorer health outcomes has to remain front and centre of our approach to prevention and self-care programmes. 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.
65. The importance of robust digital solutions to support independence have proven to be more valuable than ever, so 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.
66. HIOW will become an Integrated care system ICS on 1 April 2021 with a Partnership Board representing health and care. Alongside the recently formed Prevention and Inequalities Board statutory partners will continue to work with communities to coproduce solutions that work for them alongside the voluntary sector.
67. In order to see positive outcomes the various programmes of work are committed to doing things 'with people not to them' to enable communities to lead healthier lives and develop the local community assets to focus on supporting populations most at risk.

Aging Well, Graham Allen

Key Issues and Developments

68. The last year has been particularly challenging for the older population and for services supporting them. COVID-19 has had a disproportionate effect

on older adults, with evidence showing heightened levels of loneliness, depression and physical deconditioning. Services continue to deal with growing complexity of care needs, for example the increasing prevalence of multiple conditions including higher levels of dementia. With statutory, independent and voluntary sector services having moved into an emergency response mode for much of the last year, work on the established priorities of the Ageing Well strand of the Health and Wellbeing Strategy has necessarily had to be adapted.

Covid Impact and Mitigations

69. Supporting older people's mental health and reducing social isolation is a key theme of the HWB Board Business Plan and the pandemic has galvanised efforts in this field. Welfare Support, with a focus on older people and the clinically extremely vulnerable, has been led by Hampshire County Council but delivered in partnership with all district and borough councils, the voluntary sector and NHS. This has been a huge collaborative effort, with more than 85,000 clinically extremely vulnerable people offered support through each lockdown¹.
70. To reduce isolation, the Welfare Helpline set up by Hampshire County Council has been linking people into befriending support (supporting all ages but with a focus on older people). Communication campaigns have tailored messages specifically to older people, including signposting to available services, promoting the importance of staying active, and encouraging digital inclusion. A dedicated webpage on staying well at home was published, with messages targeting physical and mental health, as well as enhancing the home environment. During the period when the clinically extremely vulnerable were advised to stay at home, the Public Health England Active at Home booklet and the Connect to Support care guide was emailed to those on the shielding list. Partner organisations supported with delivering hard copies to some of those who were not digitally connected. Targeted communications were also published under the 'It's OK to' banner, to build confidence in those who were clinically extremely vulnerable to come out of official 'shielding'.
71. **The Healthy Homes Needs Assessment**, which was a key action in the Board's Business Plan, was completed in January 2020, and included a workshop with key stakeholders to help shape the recommendations. A Healthy Homes Working Group was formed, an action plan was developed and was presented to the Health and Wellbeing Board in July 2020. A Workforce development survey was conducted in Autumn 2020. The key findings and recommendations will be presented to the Health and Wellbeing Board in March 2021 as part of the Healthier Communities update.
72. **Initiatives to enable older people to lead healthy, active lives** have continued during the last year, albeit adapted to the current circumstances, including work on **Falls prevention**. In 2020, 25 Falls Champions were

trained and over 250 Falls Friends were made. In total, there are now approximately 100 Falls Friends Champions and 1,300 Falls Friends. During 2020, Steady and Strong classes for older people were adapted to national and local Coronavirus restrictions. Many classes were closed for the majority of 2020 however some instructors delivered their classes online. Hampshire County Council ran the [Staying Well at Home campaign](#) which included the delivery of approx. 4,500 information packs to community partners working with those most at risk of deconditioning. Energise Me are developing a mapping tool to collate Strength and Balance opportunities for younger older people who would be too advanced for traditional Steady and Strong classes.

73. **The wider use of technology** has rapidly accelerated during the last year, with many partners now able to offer new ways of accessing services, for example by virtual appointments. An exciting technology development is Hampshire County Council's planned roll out of Collaborative Robots (Cobots) technology to enhance care delivery, as an alternative and enhancement to traditional forms of care. This innovative approach is the first of its kind and is aimed to help reduce the need for two carer visits and support carers with the physical demands of the role they undertake.

Coproduction and Collaboration

74. Health and Wellbeing Board organisations have worked together more collaboratively than ever before on many issues, with a new joint approach on hospital discharge being particularly significant, thanks to the combined efforts of the NHS, local government and the care sector. Overall, we have seen some 6,000+ people across Hampshire's acute hospitals supported to be discharged – a rate of 150+ people per week; either returning home with additional support, returning to a care home setting with additional support or being admitted to temporary 'discharge to assess' bed-based facilities (including some temporary 'hotel' bed facilities commissioned by the Clinical Commissioning Groups (CCGs) in the spring to create surge capacity) before moving to a permanent destination / service level / type. It is important to underline that the completion of an assessment to determine an ongoing level of support follows the person once they have moved out of acute hospital settings; delay through completion of an assessment whilst in an acute bed has been removed from the discharge process – the new approach being called Discharge to Assess (D2A).
75. A really important focus of this work, with regard to **improving older people's wellbeing and independence**, is the use of short-term bed-based care as alternatives to making permanent admissions to care homes - the development of specific D2A bed-based care. At the vanguard of this approach is the creation of the Clarence Unit which supports discharges from Queen Alexandra Hospital. This unit provides an average of 21 to 28 days support to individuals who are unable to return home upon discharge to aid their recovery and rehabilitation. Outcomes for clients benefitting

from the Clarence service offer have been very favourable with just under 25% requiring (moving on to) long-term residential and nursing care at the end of their stay. Prior to the D2A operation, most would have been discharged from hospital straight to a permanent long-term care solution.

76. Furthermore, through both the Local Resilience Forum (LRF) and HCC Bronze, collaborative and coproduction groups have been established through a dedicated Carers Bronze, chaired by Carers Together, alongside welfare cells built around the voluntary and community sector and local partners, including the Faith Community. These networks continue to be instrumental in wellbeing checks and regular contacts with older, vulnerable residents.

Progress Against Metrics

Increase in number of Hampshire Fire & Rescue Safe and Well visits	Month (2020/2021)	Count
	April	713
	May	608
	June	651
	July	615
	August	576
	September	714
	October	791
	November	597
	December	343
	January	167
	The figures represent the number of 'closed' Safe & Well in Hampshire. This is the number of referrals that HFRS has dealt with so will include telephone referrals, actual visits, people refusing visits, etc. Performance has remained strong over much of 2020, albeit with reduced numbers of referrals in the last couple of months.	
	Non-elective emergency admissions in people aged 65+	This measure is not being reported on, given the impact of Covid-19 on NHS activity.
Uptake of flu vaccination	This year, there has been the highest flu vaccine uptake ever achieved nationally. Data is published by STP/ICS area - up to end Dec: HIOW - 83.5% of people aged over 65 have been vaccinated compared to 80.2% for England HIOW - 77.7% of healthcare workers have been vaccinated, compared to 75.3 in England	

<p>Covid-19 vaccination</p>	<p>Frimley (covering NE Hampshire) is lower at 81.2% for over 65s and 72.4% for frontline healthcare workers.²</p> <p>As part of the system response, Hampshire has been working 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 is underway to identify and encourage people who are less likely to come forward for their vaccination.</p> <p>For COVID-19 vaccine, as of 31 Jan: Frimley – 91.4% of people 80 years and over had been vaccinated HIOW – 92.7% of people 80 years and over had been vaccinated</p>
<p>Permanent admissions to residential/nursing homes 65+</p>	<p>As at December 2020, the permanent yearly admissions rate for people aged 65+ was 1605, equating to 534 per 100,000 population. This is down from 544.9 per 100,000 population in December 2019. It is important to note however that 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.</p>

Next Priorities

- 77. The Cobot technology programme and the outcomes achieved will be closely monitored over the next 12 months. Wider work will also be continuing to support greater digital enablement for older people.
- 78. Work to review the Disabled Facilities Grant scheme and to report to the HWB Board as to whether arrangements are consistent and equitable across the county was paused during Covid-19, however it is hoped that this will be restarted.
- 79. Work to increase physical activity for older people and other vulnerable groups has been impacted by COVID-19. We know that across all demographic groups, the first national lockdown led to a 20% reduction in activity levels so resumption of this work will be a priority as we move into recovery. With the ICS Prevention and Inequalities workstream there is further opportunity to embed physical activity into diabetes, cardiovascular disease and musculoskeletal programmes and pathways – these will be explored going forward.

Dying Well, Dr Peter Bibawy

Key Issues and Developments

80. The issues around End of Life have developed well as this was a new aspect of the plan not present in the previous strategy. Boards have been established for the areas with key representation from all acute, community, hospice and commissioning teams.
81. Key task and finish groups have been established including looking at patients and carers and bereavement and after death and focused on key homelessness, Learning Disabilities and multi-cultural communities focused on North East Hampshire

Covid Impact and Mitigations

82. The impact of Covid on the stability of Hospice Providers has been highlighted and discussions held with NHSE/I to understand how we can support, recognizing their significant contribution to the EOL Pathway. This message was reinforced by the wider South East and NHSE/I investigating.
83. New SCAS Pathway developed to support patients due to be transferred to die at home, to support actions to be taken should they die during their journey home.
84. The single Community syringe driver and PRN charts in place across Hampshire, were updated in late 2019 in response to the Gosport Report. Additional resources to support these during COVID were deployed to all EMIS and S1 practices April 2020.
85. Additional EoL pharmacies were identified & contracted in Portsmouth

Coproduction and Collaboration

86. Frimley ICS are delivering the death fair sessions to the general public. These have been running for the last 3 months and extremely positive feedback received from attendees. The workgroups are looking to develop baseline understanding/measures of the services, education, staffing and patient needs across HloW. The aim of the EoL Board being to foster consistency, sharing of excellence and development of service/provision where absent or poorly developed, without dictating models from above.
87. The Board has representation from each locality and various sectors including hospices, acute, community, commissioning etc all with specialist knowledge of EOL
88. The HloW ICS EoL Board links to each of the 4 locality EoL Steering Groups in HloW who are the engines for implementation across LCPs. These Locality Groups are large and bring together CCG, PCN, Hospice, Social Service, Community and Acute Trust representation.

89. EoL Interoperability Working Group is currently developing a framework to invite patient and carer engagement as part of the group going forward.

Progress Against Metrics

90. Due to the current situation most of the work is currently on hold whilst in the Covid response phase

Next Priorities

91. Restarting all the ICS EoL Board work streams once the current situation has improved.
92. Restarting all the ICS EoL Board work streams once the current situation has improved.
93. ReSPECT - a process which creates personalised recommendations for a person's clinical care and treatment in a future emergency in which they are unable to make or express choices. roll out in May 2021.

Healthier Communities, Councillor Anne Crampton

Key Issues and Developments

94. Healthy Homes Working Group established, driving coordinated action to deliver the priorities from the Healthy Homes Workshop in Jan 2020 and address the areas highlighted from the Healthy Homes Needs Assessment.
95. Districts and Boroughs Community Recovery meeting established to identify commonalities around the impact of COVID-19 on local communities, share good practice in relation to community recovery, and explore collaborative opportunities to address impacts.
96. Hampshire's first Active Places Summit took place in October 2020 where Hampshire County Council's new walking and cycling principles were launched.

Covid Impact and Mitigations

97. Government directives to accommodate all rough sleepers and those imminently at risk of rough sleeping, under the 'Everyone in' banner was delivered with little notice for local housing authorities to act. Homelessness teams made huge efforts to ensure this happened successfully with units of accommodation sourced in the hundreds, and a system wide approach to ensuring welfare and health needs were assessed and met.
98. Districts/ Boroughs established Local Response Centres alongside the Voluntary Sector to support those most vulnerable in the community. Partnership working has been key, with relationships across communities/ organisations built and strengthened in ways which were unimaginable prior to the pandemic.

99. The Community Recovery Group have identified many impacts of the pandemic on local communities including mental health and physical wellbeing, financial hardships and social isolation. Districts and Boroughs are working with their communities and local partners to develop and promote initiatives which aim to mitigate against the negative impacts of the pandemic. This has included the development of community pantries, employability support and community grant funds.

Coproduction and Collaboration

100. The Healthy Homes workforce development plan is based on the outcomes of a survey which was contributed to by over 260 partners across health, care, housing and the voluntary sector in Hampshire. A number of the schemes listed within the Healthier Communities Board report in March 2021 also involve co-production, and community engagement continues to be a priority.

Progress Against Metrics

101. The paper to the Health and Wellbeing Board in March 2021 highlighted examples of good practice and progress to date against the Healthier Communities priorities. Going forward into 2021/22 we will look to identify measures and mechanisms to capture future progress, as well as what has worked and what hasn't. This is likely to involve a combination of quantitative metrics and qualitative examples or case studies from across the system.

Next Priorities

102. Progress Healthy Homes Action Plan – development of a collaborative induction offer, educational videos on identified topics, and networking opportunities including 'organisational champion' roles.
103. Developing and promoting initiatives to support community recovery, and using the Districts/ Boroughs Community Recovery forum to share knowledge across the County.
104. Development of outcome measures and mechanisms to capture the future progress of schemes, as well as what has or has not worked well.

Finance

105. The work and priorities of the Health and Wellbeing Board Business Plan are delivered within the existing financial resources of the partner organisations involved.
106. Additionally, Hampshire County Council and Hart District Council have jointly funded a one year part-time project officer secondment to support district level delivery of the business plan objectives.

Conclusions

107. With the significant 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. It is intended recent insight and retrospection about the Board's work will help mature and 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 Business Plan Update	<u>Date</u> December 2019
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:

- 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:

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

This page is intentionally left blank

**Health and Wellbeing Board
Forward Plan for Future Meetings
18 March 2021**

Item	Notes	DEC 2019	JUL 2020	OCT 2020	DEC 2020	MAR 2021	JUL 2021	OCT 2021	DEC 2021
Strategic Leadership									
Commission of Inquiry – Vision for Hampshire 2050	Written update shared September 2020	X							
Health and Wellbeing Board Business Plan Update	Update pending	X							
Hampshire System Planning for Winter		X							
Starting Well									
Joint Hampshire and Isle of Wight Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan	Annual refresh update	X							
Hampshire Safeguarding Children Board Annual Report	Annual report				X				
Theme Focus	Rescheduled from cancelled March meeting			X					
Living Well									
Hampshire Safeguarding Adults Board Annual Report	March meeting cancelled, circulated via email								

Item	Notes	DEC 2019	JUL 2020	OCT 2020	DEC 2020	MAR 2021	JUL 2021	OCT 2021	DEC 2021
"Was Not Brought" Policy	Feedback given, to return early 2021		X			X			
Theme Focus					X				
Starting, Living and Ageing Well									
Hampshire Physical Activity Strategy		X		X					
Mental Health and Wellbeing Recovery Update					X				
Healthier Communities									
District Forum Report on Housing and Health Topic	Rescheduled from cancelled March meeting. Survey circulated via email.		X						
Theme Focus						X			
Aging Well									
Theme Focus							X		
Dying Well									
Theme Focus								X	
Integrated Care Systems									
The HIOW Integrated Care System - National Context, Local Progress to Date and Next Steps						X			

Item	Notes	DEC 2019	JUL 2020	OCT 2020	DEC 2020	MAR 2021	JUL 2021	OCT 2021	DEC 2021
The HIOW I Integrated Care System - Deep Dive							X		
Covid-19 Updates									
Public Health Covid-19 Overview and Impact on Health and Wellbeing and Outbreak Control Plans			X						
Care Home Support Offer and Update			X						
Hampshire Welfare Response			X						
Children's Services Update on Covid Response			X						
Health and Wellbeing Board Representations to Pharmacy Consolidation Applications							X		
Additional Business									
Co-Production Update	Verbal update		X						
Forward Plan	New standing item			X	X	X			
Integrated Intermediate Care						X			
Modernising our Hospitals: Impact on Population Health in Relation to the Strategy					X				
Election of Vice-Chairman							X		

Item	Notes	DEC 2019	JUL 2020	OCT 2020	DEC 2020	MAR 2021	JUL 2021	OCT 2021	DEC 2021
Annual Report									
Health and Wellbeing Board 2020-21 Annual Report	Progress within each theme in Strategy to include Transport, post-Covid economic recovery					X			
Written Updates									
Autism Partnership Board Report	Circulated September 2020								
District Forum Housing and Health Survey Findings	To be circulated								