Hampshire County Council

NOTICE OF MEETING

Meeting	Health and Wellbeing Board
Date and Time	Thursday, 7th October, 2021 at 10.00 am
Place	Ashburton Hall - HCC
Enquiries to	members.services@hants.gov.uk

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

FILMING AND BROADCAST NOTIFICATION
This meeting may be recorded and broadcast live on the County Council's website. The meeting may also be recorded and broadcast by the press and members of the public – please see the Filming Protocol available on the County Council's website.

AGENDA

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

2. DECLARATIONS OF INTEREST

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

3. MINUTES OF PREVIOUS MEETING (Pages 5 - 16)

To confirm the minutes of the previous meeting (18 March 2021).

4. DEPUTATIONS

To receive any deputations notified under Standing Order 12.

5. ELECTION OF VICE CHAIRMAN

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

6. CHAIRMAN'S ANNOUNCEMENTS

To receive any announcements the Chairman may wish to make.

7. DYING WELL: THEME DEEP DIVE (Pages 17 - 46)

To receive an update on the priorities and progress of the Dying Well strand of the Hampshire Health and Wellbeing Strategy.

8. STRATEGIC LEADERSHIP: JSNA PROGRAMME UPDATE AND HIA FINDINGS SUMMARY (Pages 47 - 84)

To receive an update on the Joint Strategic Needs Assessment programme of work.

9. STRATEGIC LEADERSHIP: UPDATED BUSINESS PLAN (Pages 85 - 100)

To consider the updated Business Plan supporting the work of the Health and Wellbeing Board.

10. STARTING, LIVING, AND AGEING WELL: PHYSICAL ACTIVITY STRATEGY (Pages 101 - 168)

To consider the We Can Be Active Physical Activity Strategy.

11. STRATEGIC LEADERSHIP: ICS UPDATE (Pages 169 - 184)

To receive an update on Integrated Care Systems.

12. FORWARD PLAN FOR FUTURE MEETINGS (Pages 185 - 188)

To consider the Forward Plan for topics at future meetings of the Board.

ABOUT THIS AGENDA:

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

ABOUT THIS MEETING:

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

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

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AT A MEETING of the Health and Wellbeing Board of HAMPSHIRE COUNTY COUNCIL held remotely on Thursday, 18th March, 2021

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, Dr Peter Bibawy, Dr Nicola Decker, Cllr Anne Crampton, Cllr Philip Raffaelli, Tricia Hughes, Christine Holloway, Julie Amies, Alex Whitfield, Suzanne Smith, Dr Rory Honney, Paula Anderson, Mary O'Brien and Anja Kimberley

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

143. **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

Michael Lane, Police and Crime Commissioner for Hampshire

Ron Shields, Provider Representative: Community and Mental Health

David Radbourne, NHS England (Wessex)

Steve Crocker, Director of Children's Services

The Chairman noted that Members Julie Amies and Simon Bryant would join the meeting following the Isle of Wight Health and Wellbeing Board also taking place that morning.

144. **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.

Cllr Anne Crampton declared an interest as an employee of the Branksomewood Surgery in Fleet part of the North East Hampshire and Farnham CCG.

145. MINUTES OF PREVIOUS MEETING

The minutes of the 10 December meeting were reviewed agreed.

146. DEPUTATIONS

There were no deputations received.

147. CHAIRMAN'S ANNOUNCEMENTS

The Chairman made the following announcements:

A survey of all Board Members was completed and many thanks for the time that colleagues took to share their views. COIVD working has further helped develop the strong partnerships which was highlighted in the survey responses. This feedback will be taken forward with a view to informing and advising Board Sponsors as we continually review the strategy and key metrics and involvement across the Board's activities. Some key themes include how the Board is run for more effective debate and feedback to others to ensure it is a strong leadership forum. This includes reviewing how the Board links into the system and wider partners who can influence Health and Wellbeing including parish councils and those communities not widely represented. The majority of suggestions align, and Board Sponsors will be asked to provide an update at the next meeting. Further suggestions include key topics relating to health and wellbeing further broadening out the programme of work as we have been doing to include transport, and wider determinates of health. This will all be taken forward in a strong work plan of both topics and ways of working.

A brief update on the Integrated Care System will follow and views from the ICS Executive considered in due course as to the impact on Board membership.

148. THE HIOW INTEGRATED CARE SYSTEM: NATIONAL CONTEXT, LOCAL PROGRESS TO DATE AND NEXT STEPS

The Board received an update from CCG representatives on the Hampshire and Isle of Wight Integrated Care System (ICS) geography and areas withing the Frimley ICS.

Members heard that the white paper reviews legislation and proposals for the health and care bill coming into force April 22, building on previous plans and working together. It doesn't address reforms to social care and public health which will be dealt with later this year. The aim is for joint working and with a

duty to collaborate effectively to improve outcomes for residents at the place level with integrations between NHS and other partners. Provider collaboratives will need specific details to be worked through guided by legislation.

The NHS body will need to be set up alongside a health and care partnership to meet statutory must dos. The sub structure beneath the top structure – remains to be implemented along with defining place, maximize existing structures and best way to proceed. Health and Wellbeing Boards will be key to that and how can they help improve outcomes for the population.

The HIOW ICS and Frimley ICS will need to ensure coproduction to get it right from all perspectives. Building on the journey thus far, all coterminous areas of Hampshire's complicated geography will need to be included in moving forwards. Representation from both ICSs will be critical when discussed in depth in due course. Increased clarity with specific detailed guidance will improve collaboration with joined up conversations with both ICSs. While ICS boundaries are not set down in statute, further discussions will be required across all partners working within both ICSs to ensure boundary issues are considered.

Members noted that working within tribes of NHS and local authorities and committing as a group to explore how we work and be ahead of national guidance and support, with curiosity about each other ways of working ahead of statutory changes.

The Chairman requested that any questions regarding this item be emailed in ahead of the item to be reviewed in depth at an upcoming meeting. A further discussion with partners will follow in both the Hampshire and Isle of Wight ICS and the Frimley Health and Care ICS to consider implications and next steps of the White Paper proposals.

RESOLVED:

That the Health and Wellbeing Board--

- Noted the contents of the Briefing Paper and the direction of travel being taken by the HIOW ICS as it develops.

149. **HEALTHIER COMMUNITIES THEME FOCUS**

a. Theme Deep Dive

The Board Sponsor for Healthier Communities provided an update noting that the pandemic has brought economic hardship, social isolation, increased loneliness and the need for agencies such as local authorities, NHS and voluntary sector has been highlighted in supporting communities in the recovery phase and beyond. The Healthy Homes Workshop, workforce training, green spaces, homelessness have been priorities with inspiring outcomes for Hampshire boroughs and districts.

Members heard that there have been three main priorities - family, friends and community resilience, housing, and the built and natural environment. Local communications have been key to the response. Strengthened relationships and shared knowledge will continue to take work forwards with some pre-pandemic initiatives but most to address new pandemic needs - food pantries, employment and skills hubs, and community grants. The pandemic has exposed inequalities within our communities, and work to address health inequalities includes the Healthier Communities Programme in North Hampshire, along with targeted work to raise awareness of key public health messages with the Nepali Community in North East Hampshire.

There is a broad range of partnerships and programmes working together to keep people safe at home. Following the Healthy Homes Workshop in January 2020, a working group was established in the summer of 2020 to take forward the workshop and needs assessment recommendations. This includes strengthening multiagency working through joint training opportunities. Survey recommendations are being implemented based on shared determinants of health which includes a joint induction offer across health/care/housing with the aim of more efficient and positive pathways for clients. The potential “Health Begins at Home” memorandum of understanding will be shared for organisations to commit to long term health outcomes and the support of the Board would be appreciated. Understanding home adaptation processes and policies will help guide the next steps as outlined in the business plan.

Homelessness prevention work commissioned by the STP and the impact of remarkable effort for people experiencing homelessness who have the worst health outcomes. While the scale of the effort by health and social care and local authority partners right across the geographical footprint of Hampshire has been significant, it is not a start and finish activity. The numbers change and for a sense of the scale of the data from March 2020, there were 1700 people homeless with a high percentage underlying physical and mental health conditions and health needs, even when registered with GPs.

Highlighting outcomes achieved together with a growing multidisciplinary team approach and working groups with transformed access to mental health services for adults and older adults across the community. Development of primary care services access, acute hospital discharge with people presenting homeless, and housing outreach services for people facing multiple challenges.

Driven by changing narrative, shared learning, home being the underpinning social determinants of health and a common purpose with sustained appetite for whole system changes. A large percentage of people facing homelessness need provision of wrap around support and emergency or shared housing to help them lead their best lives and overcome deteriorating mental health and manage debt. Concerns have been shared with local authority partners regarding rent and mortgage arrears, the end of furlough, and moratorium on eviction to accelerate broader system collaboration. Without a home, nothing else can fall into place and the development of health begins at home.

The aim of the built and natural environment priority is that new developments are designed with health and wellbeing in mind, encouraging active travel and

physical activity with sustainability at the core. There are a number of examples of where this approach has been successfully developed. Walking, cycling, and running have increased over the pandemic and the new County Council walking and cycling principles presented and considered in Local Transport Plan (LTP) 4 is next on today's Agenda. Physical activity in local community and schemes delivered by council and voluntary sector are key. It is unfortunate that it took a pandemic to make these changes, but lessons learned will continue to be reflected in work following on past the pandemic.

In response to questions, Members heard:

Homelessness and addiction services are connected but this aspect of health services is often underfunded and underserved. Consistent working with partners has coproduced specifications with voices of people who have lived with it, for those currently experiencing homelessness on a more outreach type basis.

It will be critical to take positive actions happening in parts of the geography to upscale it with wider initiatives consistently for everyone. Recently formed districts and boroughs community recovery forum includes sharing learning in areas and potentially expanding the impact. Linking to Council wise equivalent, welfare and recovery forum to have these important conversations is key to upscaling.

Willingness for people to operate in partnership across the patch but also feedback on disconnected local authority structure will help the business of joining up and avoid designing in a weakness, in order to have a single voice.

While homes having green spaces and the outside environment are important the internal building specifications of homes are too. With a shift towards working from home, cooking at home, and being healthy - the space to do so inside is critical with minimum specifications considered by developers. A significant part of the Healthy Homes Needs Assessment is to bring together partners to improve the built structure of housing. The Public Health team also contributes to new development consultations and consider improving indoor spaces in building applications.

Members noted that NHS health outcomes are key to the success of ICS and homes are an integral determinant of health. Improving homes to make them warmer and more sustainable will prevent winter deaths due to cold and be in keeping with the County's Climate Emergency.

Future home designs, size and layout and transport plans have a significant impact on health. While Building for Life standards exist for healthy homes these guidelines should be considered in local building and transport planning to future proof developments.

Members thanked those presenting for a very thought-provoking discussion that highlighted the need for a housing workshop and was exceedingly helpful and useful. The Executive Member for Children and Young People noted that some homes have been too small for families to live in comfortably through the multiple

lockdowns. Safeguarding issues, difficult situations, and the safety and wellbeing of children and young people also needs consideration engaging planners and districts to ensure that when homes are built, they are fit for purpose and for the future.

Members agreed to bring these conversations back to their organizations and encourage districts and boroughs to add these considerations into their planning iterations. After further discussion, an additional final recommendation was proposed, seconded and agreed by Members to strongly encourage taking these factors into account.

RESOLVED:

That the Health and Wellbeing Board--

- Noted the contents of the Briefing Paper and the direction of travel being taken by the HIOW ICS as it develops.

- 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.

- 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.

- 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.

- The Hampshire Health and Wellbeing Board request all Planning Authorities to review their Local Plans with particular regards to current and emerging design standards for healthy homes.

b. Local Transport Plan 4

Members received an update from Public Health and Transportation colleagues currently collaborating on the refresh of the Local Transport Plan (LTP). This has been a valuable opportunity to incorporate the health of Hampshire residents, as transport has a wide-ranging impact on not just access, but on the wider determinants of health.

Members heard that the impact of place and how transport shapes it from spatial aspects of roads, green spaces, cycling and walking infrastructure to connectivity of streets if residents are able to access community feel safe. Unfortunately, the

negative consequences are most felt by disadvantaged groups including noise, air quality and separation with a physical and mental health impact.

The transport strategy is currently in the engagement stage for the Local Transport Plan 4. Following this there will be a consultation stage after which it is planned to adopt a new plan by the end of the year. This is the time to influence and shape before putting pen to paper. Engagement is taking place on 2 design principles, the LTP objectives and the drivers of change including: changing climate, environment, changing society, changing economy, and changing technology. The design principles mark a change in policy direction and are “the engine” of the LTP.

Some headline finding of the technical evidence base and research were reviewed, notably around decarbonisation of the transport system, health and transport trends, and the impact of pollution from transport on heath.

In response to questions, Members questions --

The rise in homeworking presents an opportunity to reduce the need to travel. Rail usage and future strategies will need to respond to the longer-term impact of the pandemic. Rail patronage, of all modes, has seen the biggest drop during the pandemic. The industry is currently developing strategies to support a strong recovery but in a very uncertain future. The historic rail system was commercially based on supporting long distance commuting to London. This is considered likely to change because of the rise in remote working. Post pandemic, the rail network will need to adapt to offer a much broader market of services and offers including a more local rather than London centric operating model.

It was recognised that the car was an important mode of transport that has brought significant freedoms and prosperity. It is the dominant mode in most rural parts of Hampshire. The strategy would need to balance the needs of car drivers and other modes carefully. It will be important to encourage and support people through positive changes and take the people along the journey.

The LTP would include a rural topic paper reflecting the complex nature and challenges faced by residents of villages without surgeries, shops, or buses. Solution like enhanced fibre networks to improve connectivity should have a role to play in such locations.

Members commended the report and focus on implications for health. Younger generations already have changed behaviours and getting people on board must also make it easier for individuals to make the right choices. Inequalities will be improved and there is scope to impact even the smaller journeys and increase physical activity there.

The recent ratification of a refresh of the plan for prominence to physical activity and Energise Me’s HIOW physical activity strategy and active transport will further address inequalities via structural determinants that impact physical activity and active transport. Remote appointments, working from home and opportunities around access and shared learning will be shared. Continued

investment in the green strategy, hospital infrastructure, travel links etc. and the response to the climate emergency will further this journey.

RESOLVED:

That the 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.

The Director of Public Health joined the meeting at this time.

A ten-minute comfort break was taken at 11:35am.

150. **HEALTH AND WELLBEING BOARD ANNUAL REPORT**

The Director of Adults' Health and Care introduced the Health and Wellbeing Board's annual report from the Director of Public Health, with a key focus on inequalities as result of covid but also pre-existing factors. Each Board Sponsor provided an update on progress, impact of Covid, challenges, key developments and upcoming priorities within their theme.

Strategic Leadership

Members heard that the work of the Board had been taken forward in the last year via virtual meetings with good discussions improved attendance, a survey carried out, and that the Joint Strategic Needs Assessment had been paused but was now being picked up with additional information expected from the current Census. Inequalities identified through Covid and earlier, are being addressed through various Boards best placed to take action and threaded through all work. Climate change work has started at the County Council and also further across partnership in relation to health, as well as key areas in planning and local developments to improve health and wellbeing outcomes at the place level.

Starting Well

Members heard that following on from the recent update to the Board, significant investment and activity has taken place in regards to children's mental health including close working with Clinical Commissioning Groups (CCGs). The impact of Covid with children not being at school and additional pressures on families with the effects of lockdown expected to be seen for some time with significant work and interventions put in place to support families and young people across agencies. A joint commissioning strategy with CCGs has been agreed and will delivering targeted work around domestic abuse and parenting pathways as priorities.

Living Well

Members heard that as a result of the pandemic, inequalities have been highlighted across population and though care has been available, not everyone has been able to access care and for the majority it has not been face to face. There has been good work focused on health and wellbeing around those shielding and homeless. Encouraging registering and receiving care have demonstrated examples of agencies working together. There has been a focus on mental health throughout the year. While there has been Covid related challenges with the anti-smoking program during pregnancy, the work is continuing and new investment to for weight management and obesity prevention. Increase in self harm, domestic abuse, and poor mental health have escalated as a result of social isolation. The focus remains on the underserved and on how to offer health and care and support them in taking up the services. Digital tools have kept the work moving forwards and coproducing solutions alongside voluntary sector.

Aging Well

Members heard paralleled joint working across Hampshire and particularly noting the contribution of the Voluntary Care Sector (VCS) alongside statutory organizations which have been at the forefront supporting residents in collective response. The one-year anniversary of the first national lockdown will take place on 23 March and be a national day of reflection to consider what has been endured and those lost. Colleagues are urged to observe the minute's silence at noon for a moment of reflection. Work undertaken in support of older people continues to extend beyond including the welfare helpline and supporting those shielding and vulnerable. Over a hundred thousand residents identified as clinically vulnerable or otherwise have been contacted and supported. The Healthy Homes Needs Assessment identifies key issues to be addressed. Technology and focused use in supporting residents has been a key development with continued use, leaving no one behind as a feature of collective working and shared ambitions. Fantastic examples of critical work have been taking place across the county and community, bringing good work forwards and maintaining new effective ways of working. Representation for carers has helped support the extended community to keep people safe and independent. VCS and faith communities have supported marginalized areas with local response centres and food banks. Those most vulnerable are prioritized for vaccination and in the transition out of lockdown, there is much catching up to be achieved in terms of services and support.

Dying Well

Members heard this was a timely conversation about the HIOW and Frimley ICS with regards to this particular chapter reflecting work and learning from across both geographies. The End of Life (EOL) Board established with key representatives and wider community representation. Bereavement and care after death, rollout of ReSPECT to be implemented in May and the difficulties for providers and hospices over Covid and understanding their significance in the end-of-life pathway. The SCAS pathway has been critical to patients being transferred to die at home. Progress against metrics is currently on hold due to

Covid impact but the HIOW ethical framework takes into account the fundamental principles such as everyone matters and the harm that could be suffered minimized, based on development work and collaboration of clinicians across the area. Funding and resources have been secured for ePaCCS rollout in the autumn.

Healthier Communities

Members heard that at the last physical meeting at healthy homes workshop was limited by the size of the venue but the pandemic has shown new ways of working with increased capacity. Recovery workshops have identified examples of good practice shared with districts and boroughs. New policies have been put into place in light of the Covid impact with successful homelessness strategies and local response centres stepping out to the mark with VCS and local authority support. Issues coming to light with mental and physical challenges and financial hardships have been signposted to new initiatives with partners keen to share knowledge across communities.

Members thanked all Board Sponsors and noted the positive progress. It was noted that a deep dive would follow on the ICSs and Boards that fall within and that inequalities will remain the firm focus of the partnership.

Members requested a visually appealing and engaging summary of the Annual Report be circulated to be shared with colleagues and organizations and it was confirmed this would be taken forward as an action.

RESOLVED:

That the Health and Wellbeing Board--

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

151. **FORWARD PLANNING FOR FUTURE MEETINGS**

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

Members noted the following:

- An update would follow as part of Strategic Leadership and the embedding of a culture of co-production.
- Embedding positives of Covid learning and united approach for a thumbnail sketch across chapters and supporting each other in addressing inequalities for residents.

- Upcoming workshop for development of the next physical activity strategy from all different sectors and request to bring this forward to the Board with appreciation of colleague's engagement and commitment to physical activity.

- Joint Strategic Needs Assessment update to follow over the summer.

- Signing off the on Pharmaceutical Needs Assessment expected at the next meeting.

- An update requested on the Joint Hampshire and Isle of Wight children and young people's mental health and emotional wellbeing Local Transformation Plan following on from December 2019.

- Following on to the excellent LTP4 presentation request for planning colleagues to attend for similar discussion.

- Organizational support and how we behave in the new world and request to carve our time to facilitate cultural differences and working together better.

The next formal meeting of the Board will take place on Thursday 1 July.

The meeting concluded at 12:15pm.

Chairman,

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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board
Date:	7 October 2021
Title:	Dying Well: Theme Deep Dive
Report From:	**Faye Prestleton,** Senior Programme Lead, Chief Nurse Directorate, Solent NHS Trust (HIOW ICS) faye.prestleton@solent.nhs.uk **Nancy Makamba,** Service Development Manager, NHS Frimley CCG (Frimley ICS) n.makamba@nhs.net

1. Purpose of this Report

The purpose of this report is to update the Health and Wellbeing Board on progress by HIOW and Frimley ICS' in relation to End of Life Care key priorities for improvement, outlined below:

- **Priority 1:** Ensure person-centred care, choice and control is consistently in place across Hampshire to help people live well with life-limiting conditions.
- **Priority 2:** Support people at end of life to return to or remain in their preferred setting in the last days and hours of life.
- **Priority 3:** Improve skills and capacity across Hampshire to ensure people are encouraged and supported to have early and timely conversations about end of life wishes and choices. This will help individuals and their families to plan and prepare in advance.
- **Priority 4:** Work together effectively across organisations to provide well integrated care and consistent palliative care, building on a shared care plan irrespective of organisational or funding boundaries.

  Priority 5: Improve access to bereavement support and services locally, for all age groups, especially for parents, families and educational communities following the death of a child, for children experiencing the loss of a parent, and for long-term carers who may also need support when their caring role ceases.

2. **Recommendations**

The Hampshire Health and Wellbeing Board are asked to support the following recommendations:

1. To agree the current approach and ongoing development of ICS wide End of Life Care Board/Steering Group, enabling end of life care specialists to come together across the patch to drive, develop and enhance end of life care locally. To enable appropriate representation from health, social care and voluntary organisations.

2. To support the developing partnership between Frimley ICS and HIOW ICS as we work together to share learning in the development of end of life care locally.

3. To acknowledge and agree the ICS priorities and deliverables we have identified to date around end of life care, noting that the deliverables will be subject to regular review.

4. To agree the outlined approach specifically related to the following workstreams:

   - **End of Life Interoperability**

     To support the multiple approaches taken across ICS to tackle interoperability, noting due to the complexity of the challenge that successful and effective engagement and delivery requires sufficient planning and development.

   - **End of Life Care Dashboard**

     To support plans to engage with the South East Regional work underway to review and develop an end of life care dashboard. Noting that whilst this will result in delays in visibility of ICS wide data, a regional approach will ensure consistency and support to tackle complex issues.

     To support discussions with commissioning bodies to outline expectations, supporting by Public Health data expertise.

3. **Executive Summary**

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

- Priority Workstreams in place
- Achievements to Date

- Plans and Next Steps

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

3.1 BACKGROUND INFORMATION

HIOW ICS End of life Care Board

Hampshire and Isle of Wight (HIOW) ICS worked closely with lead clinicians across the patch to establish and develop an ICS wide Board focussed on end of life and palliative care around 12-18 months ago.

The Board was established shortly before the pandemic in March 2020 from where work continued to focus on establishing the structure, purpose and ensuring engagement from all key stakeholders.

The Board established their purpose as follows:

1. **Strategy**
   To work with stakeholders to ensure we capture and maintain our status of care delivery across HIOW ICS in line with the National Ambitions framework and commit to ensuring this remains current and appropriate to inform our HIOW ICS Strategy and approach.
2. **Clinical Communication**
   To work with stakeholders to consider and establish the required set of clinical information to support patients who might be within the last year or so of life, operating within an appropriate Digital solution to enable the delivery of clear, consistent, shared and fully accessible clinical communication across the Hampshire and IOW ICS locality. Findings of an initial pilot to then inform recommendations for a model to be adopted across the HIOW ICS locality alongside a shared standard operating procedure (SOP), Business Change model and shared communication principles which outlines the standard information set and methods of capture to be adopted system wide.
3. **Patient Communication**
   Using a public health approach, strengthen the quality of information available to patients and their relatives/carers when considering and receiving end of life care. To make recommendations where needed for the use of information at different stages from diagnosis of LTC/life-shortening condition to final hours and bereavement which promotes consistency of communication and enables informed choice at all times.
4. **Training and Education**
   To make recommendations for the delivery of a training and education programme, for all staff involved in the delivery of end of life care. To

enable all staff to be fully equipped to enable conversations with patients and their relatives/carers to happen at the right time and in the right way.

Recognising the complexity of the health and social care system, the Board worked to identify their role within the wider health and social care economy – captured in the network map below. We are extremely proud of the commitment our colleagues have shown across HIOW to support ongoing development of the HIOW EOLC Board, promoting and enabling collaboration across the ICS locality around end of life care, developing and strengthening processes for true co-production with our patients and their families and ensuring both the patient and clinical voice is at the centre of everything we do.

Frimley Health and Care ICS

There are 3 joint chairs for the EOLC steering group. The aim is to support health, social care and voluntary organisations to work together and collaborate on improving services across the system. Children's EOLC steering group feed into the adult steering group. Great working partnerships have been forged with other ICSs.

Some of the desired outcomes identified by the group includes the following:

- People are proactively identified by all health & social care professionals when the end of their lives are nearing, enabling timely conversations on future care planning
- People's wishes around death and dying, including preferred place of care are listened to, respected and recorded appropriately
- People receive high quality palliative care and supportive care, twenty-four hours per day, seven days per week
- End of Life Care providers offer a seamless, streamlined, high quality and holistic service, resulting in people being treated with dignity, compassion and respect at the end of their lives and creating a positive experience of the care they receive
- Carers, friends and family members are supported with preparing for loss and bereavement, continuing after the person they care for has died
- Staff are confident, compassionate and competent to deliver person-centred care and advice which enables a good death
- Care is well coordinated and integrated across multi-disciplinary teams working with and around the person, their carers and families

3.2 Workstreams & Achievements to Date

Hampshire and Isle of Wight ICS

On behalf of HIOW ICS, the End of Life Care Board has worked collaboratively to outline five key principles for the delivery of End of Life Care across the HIOW locality.

These principles recognise there are established EOL networks within each locality, working to deliver programmes of work tailored specifically to the needs of their patients locally. As such, our five key principles act to complement locally driven priorities, reflecting a shared set of deliverables which work to achieve the following on behalf of the HIOW STP:

1) To drive, inform and shape the overarching EOL agenda
2) To strengthen shared learning associated with EOL care.

A series of working groups have been established to develop the key deliverables outlined below, at an operational level. The working groups have strong clinical, commissioning and provider representation to inform this work.

<table>
<tr>
<td><u>Deliverable 1:</u>
<u>EOL Care continues to be a priority, remaining at the forefront of all organisations across HIOW STP</u>

ALL organisations across HIOW STP will have outlined a clear vision and strategy for End of Life Care, with an established End of Life Network in place to ensure shared discussion, communication and learning across organisational boundaries.
To identify a shared overarching vision for the delivery of End of Life Care
To share this overarching vision with all organisations to support the development of EOL strategy where needed</td>
<td><u>Deliverable 2:</u>
<u>Each Person is seen as an Individual & Care is Seamless, Planned and Co-ordinated</u>

The EOL Board will develop a proposed methodology to capture an agreed dataset within Treatment Escalation Planning and Advance Care Planning across HIOW, to enable:
the accurate capture of a patient's individual needs in relation to end of life care
accessibility for all across HIOW via a recognised format/platform
the sharing of information (to amend and view) across HIOW STP locality</td>
</tr>
<tr>
<td><u>Deliverable 3:</u>
<u>All staff have access to appropriate training resources to support the delivery of quality care</u>

To identify and bring together the wealth of education and training resources available across the HIOW locality and beyond, to enable the formation of a centralised resource for the provision of high quality training and education material, from which all EOL Care Professionals across health and social care settings can access and benefit.
Identify the Stakeholders to be contacted to inform initial understanding of workforce needs.
Understand examples of what works well within the training/education provision across HIOW
Bring group together and co-ordinate development of shared training/education materials.
To create a central resource of appropriate training resources e.g. e-learning, videos etc. accessible to all across the HIOW STP locality</td>
<td><u>Deliverable 4:</u>
<u>Support the early Identification of Patients and Carers</u>

To strengthen the guidance and processes available to professionals, patients and carers to support an open and competent approach to discussions around EOL, ensuring patients and carers have access to the support needed.
To create a "resource pack" of information to provide guidance, structure and tools to support initiating discussions around EOL.</td>
</tr>
<tr>
<td colspan="2"><u>Deliverable 5:</u>
<u>Bereavement and Care after Death</u>
Working alongside the Voluntary Sector, the End of Life Care Board will identify examples of best practice and outline opportunities for strengthening the provision of Bereavement and Spiritual Care offered to carers and families across HIOW STP locality.</td>
</tr>
</table>

Overview of Progress within HIOW ICS End of Life Care Board Workstreams

Deliverable	Progress	Next Steps
Deliverable 1: EOL Strategy	• EOL Matrix developed and shared by National Team • HIOW System populating in line with revised EOL Ambitions	• To identify gaps in service • To identify challenges in EOL Care • To inform strategic approach to then address these gaps/challenges • To develop process for regular review of EOL Matrix
Deliverable 2: EOL Interoperability	• Survey of key Providers expectations sought and analysis shared • Initial Agreement in Principle for delivery of Interoperability model drafted • Funding for Business Analyst secured and outline of role out for Expression of Interest	• Business Analyst to work with Stakeholders to refine Agreement in Principle and Proposed models for delivery • Initial model for TEP/ACP underway • To develop road map for pilot delivery • Links established with CHIE and ICS Technology Board to secure/maintain support
Deliverable 3: Training & Education	• Mapping exercise of existing training and education provision now complete. • Group working to review gaps in provision • Links established with HEE to consider adapting learning pathways	• Ongoing review of gaps in provision • Ongoing development of Learning Pathways

Frimley ICS

This report seeks to provide an update of Frimley Health and Care ICS steering group and priority workstreams that are currently in place as well as the achievements to date.

The key priorities for End-of-Life Care across the FH&C ICS over the next 5 years, outlined below, have been determined by the FH&C ICS End of Life Care Steering Group as areas which need further development, and also align with the national priorities. These priorities will be reviewed on an annual basis and the work plan will be updated accordingly.

Since the start of the strategy the following priorities have been completed:

- The set-up of the End of Life Steering Group, since the COVID-19 Pandemic, this group has continued to meet virtually and work has continued on the task & finish groups
- Completion of the National Framework Ambitions Self-Assessment Tool, this has now been completed twice with more stakeholders completing the self-assessment which is leading to an upward trend in outcomes against the ambitions
- The Production and implementation of a patient diary was superseded by the implementation of ReSPECT across the Frimley system
- Review of the Frimley North Model of 24/7 access to Specialist Symptom Control and Advice, this again was overtaken by COVID-19 Pandemic and formed part of the EoLC COVID-19 Response Teamwork
- Directory of Services was completed and is reviewed on a regular basis to ensure it remains current
- Training & Education Strategy produced and implemented, with ongoing workforce development
- Integrating Children & Young People's End of Life Care, with an EoLC Children's Group set up that feed into the EoLC Steering Group

Due to COVID-19 Pandemic a EoLC response group was set up. The CCGs End of Life Care Team, comprising of the clinical and managerial leads worked closely with the Medicines Management Team to ensure our EoLC Covid Response anticipated the needs of frontline staff and our population. During a very short space of time the team implemented guidance, protocols and pathways to support changes across the system during the pandemic see references below for the Response Team timeline.

Priorities	Work Streams
Education & Workforce	ReSPECT Project Implementation
Health Inequalities	Patient & Carer co-design and engagement with different faith & Cultural Groups e.g. People who are Homeless, Gypsy Roma Traveller (GRT), Learning Disability (LD) and Dementia Improving conversations around dying well and a good death across the Frimley system (Death Fair)

Data & Monitoring	Digital Solutions for Advance Care Plans, aligning with connected Care Reviewing performance and variation
Clinical Effectiveness	Ongoing Best Practice for End of Life Care with supporting business cases for NHSE Funding

HIOW and Frimley have created a close link that is vital for sharing information and lessons learnt on various work areas. Over the last few months, we have joined one another's steering group meetings as part of this shared learning which has provided extremely valuable.

Overview of progress within Frimley Health and care ICS Workstreams

Deliverable	Progress	Next Steps
Deliverable 1: EOL Strategy	• EOLC self-assessment tool kit used to measure Frimley ICS progress against the 6 ambitions. • This has now been completed twice with more stakeholders completing the self-assessment which is leading to an upward trend in outcomes against the ambitions	• Gaps identified – now being considered for task and finish groups / tagged onto the current ones. • Looking at ways to continue improving in those areas that we are progressing well.
Deliverable 2: ReSPECT implementation	• Project Manager is in post, leading on RESPECT work. • Training is being offered across Frimley ICS	• ReSPECT to be BAU by end of October • Training data to be maintained and reviewed regularly to identify where support is needed. • Data from ReSPECT to be used for EOLC data dashboard
Deliverable 3: Training & Education	• Mapping of EOLC training completed. • Localised version of levels of training was produced for all organisations across the ICS.	• Ongoing review of training and education by the steering group
Deliverable 4 **Multicultural and EoLC**	• ReSPECT to be BAU by end of October • Training data to be maintained and reviewed regularly to identify where support is needed.	• Staff booklet is ready for publishing and circulation.

	• Data from ReSPECT to be used for EOLC data dashboard	• Videos (films) to be created that focus on encouraging the public from different backgrounds to access EOLC.
Deliverable 5 **Bereavement and Care after death**	• 5 Death Fair sessions were delivered over a period of 5 months. • Positive engagement with the general public and other areas that need addressing were raised. This has informed future topics to be covered in the future • Bereavement leaflets published	• Plan activities every year during Dying Matters week • Future topics to be based on feedback from previous Death Fair sessions. • Consider sessions that encourage under represented communities to join e.g. man only Death Fair sessions

4. Partnership working

The South East Region have pulled together a Palliative and End of Life Care Leads Group during 2021/22, where leads from across the South East attend to discuss end of life care. This has enabled shared discussions across the South East to identify the following priorities related to PEOLC:

1. **Hospice Provision**

   Escalation of concerns related to the Hospice provision and the impact of Covid, resulting in reduced charitable income has led to additional funding secured for Hospices during 2020/21. Following this, a series of workshops are underway to develop our understanding the of the new Hospice commissioning framework co-ordinated by the central team and utilising their expertise to inform discussions.

2. **End of Life Care Dashboard Development**

   Recognising the value of oversight of End of Life data across the ICS and indeed the South East, the Regional team have formed a working group to develop a consistent approach across the South East and provide specialist expertise to these discussions. The aim of the group is to create an online dashboard that can be accessed by all ICSs in the SE region. Each ICS will be able to filter data to local level and identify areas that need addressing or gaps in care. This initiative is in its infancy and currently gathering data profiles from all ICSs.

3. **Out of Hours Care for End of Life**

   Identified as a priority. Further details have yet to be developed.

4.1 Local Partnership Working

Strong links have been developed between Frimley and HIOW ICS End of Life Care Groups which active sharing of expertise and learning. HIOW have particularly valued the shared learning received from recently held Death Fairs to inform the development of similar sessions within HIOW, including a pilot within Portsmouth seeking to engage with the BAME community.

Strategic links have been established between adults and children's end of life care, with learning being shared to inform the development of a Childrens EOLC Clinical Network.

In response to the development of an ICS EOLC Board in each area, the Hospices have come together to establish a HIOW Hospice Collaborative which works closely with the Boards in the development of EOLC locally. Work is now underway to develop a Frimley Hospice Collaborative linking in with Frimley ICS.

4.2 Coproduction: User & Community Engagement

Across both ICS', patient representation has been sought to support various workstreams. Alongside this, the working groups seek wider additional feedback from existing patient forums as and when required.

However, we recognise that further efforts need to be taken to strengthen and enhance how we engage with our community around the development of end of life care. Recognising this, each ICS has taken action as follows. The learning from both these approaches will be shared as part of the regular partnership working arrangement.

- **HIOW ICS:** Building on Alongside Communities Approach - A community conversation with patients, families, carers and those who support them scheduled 1 October 2021 to guide our next steps
- **Frimley ICS:** Multicultural videos – patient experiences to be captured via films. Patients will be from different ethnic backgrounds.

5. Challenges

Our Challenges we have experienced are detailed below, these inform the support we now request from the Health and Wellbeing Board:

a. **Access & Oversight of ICS wide data**: Identified as a priority workstream by SE Regional EOLC Team. Frimley and HIOW are both engaged in the working group to inform the development of a South East wide dashboard and improved access and visibility to key measures associated with end of life care.

   We request that the Hampshire Health and Wellbeing Board support plans to engage with the South East Regional work underway to review and develop an end of life care dashboard. To do so by supporting discussions with commissioning bodies to outline expectations (supported by Public Health expertise). In the event of any arising blockers it would be helpful to have the backing of the Board in facilitating and challenging the carriers. Whilst this will result in delays in visibility of ICS wide data, a regional approach will ensure consistency and support to tackle complex issues.

b. **Resources and Expertise:** Initially the impact of Covid-19 had resulted in pausing some of the groups. Hence, timelines affected. Now all groups have restarted. Added to this, there have been some challenges with capacity and resources within end of life care services which has led to some workstreams to be put on hold/delayed.

   The Board could intervene by availing additional funding to minimise the number of workstreams that may potentially be put back because of limited capacity.

c. **Workforce Resource and Expertise:** Challenges around stability of workforce and maintaining consistency of end of life expertise, due to recruitment and retention alongside complex training required.

A specific issue identified by Frimley related to capacity for specialists to support development and delivery of key workstreams: Previously Homelessness and EoLC workstream had to be paused. One of the clinical lead's funded post ended and there was no alternative funding in place.

Health and Wellbeing Board to be aware of these challenges faced and continued work to address this within service and across ICS'.

d. **Engagement of some key stakeholders (Users/Primary Care/ASC) has proved challenging:**

Request support from the Health and Wellbeing Board to improve engagement with our partners by identifying potential opportunities for engagement and supporting leads identified to prioritise this work. For the board to offer advice of how we could approach these challenges and seek to address.

Within HIOW, this relates to Primary Care, User representation and Adult Social Care. Within Frimley, this relates to Adult Social Care representation.

e. **Complexity of digital interoperability agenda to enable user access:** Agreement to our approach to pilot small scale services within patch (HIOW) and support prioritisation of agenda at technology boards.

f. **Continue to consult together around Dying Well Agenda:** to work together to review and update the Dying Well plan in line with current requirements, thereby informing a revised business plan for the future delivery of the health and wellbeing, dying well strategy. Alongside this, to clarify the process for ongoing reporting and escalation to ensure any potential challenges are supported where needed.

Despite the challenges faced by both HIOW and Frimley Health and Care ICS work is progressing. The continued collaboration between the ICS' and stakeholders will ensure better management of resources and avoid running concurrent initiatives individually. On completion of SE regional data dashboard task and finish group work, a fully operational data dashboard will enable the ICSs to have data at hand which will paint a clear current state situation and inform future intervention.

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

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 disproportionally low.

2. **Equalities Impact Assessment:**

It is expected that equality impact assessments would be completed as appropriate across the system for specific work programmes or decisions that feature in the business plan.

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Frimley Health and Care

NHS
Hampshire and Isle of Wight

Dying Well: A Deep Dive

Frimley and HIOW Integrated Care Systems

7 October 2021

MOVING FORWARD TOGETHER

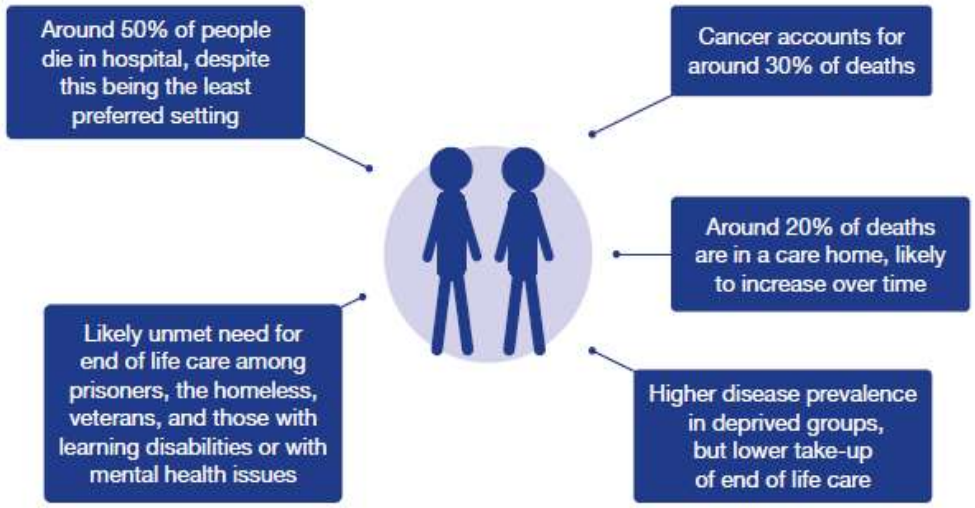
Dying Well:
Key priorities for Improvement

- **Priority 1:** Ensure delivery of person-centred care, choice & control consistent across patch
- **Priority 2:** Support people at EOL to enable their preferred place of death
- **Priority 3:** Enable skills to have early and timely conversations around EOLC.
- **Priority 4:** Shared care plan across organisational boundaries
- **Priority 5:** Improve access to bereavement support

Desired outcomes at End of Life

- People receive high quality palliative care and supportive care, twenty-four hours per day, seven days per week
- Staff are confident, compassionate and competent to deliver person-centred care and advice which enables a good death

Hampshire Health & Wellbeing Strategy (2019 – 2024)



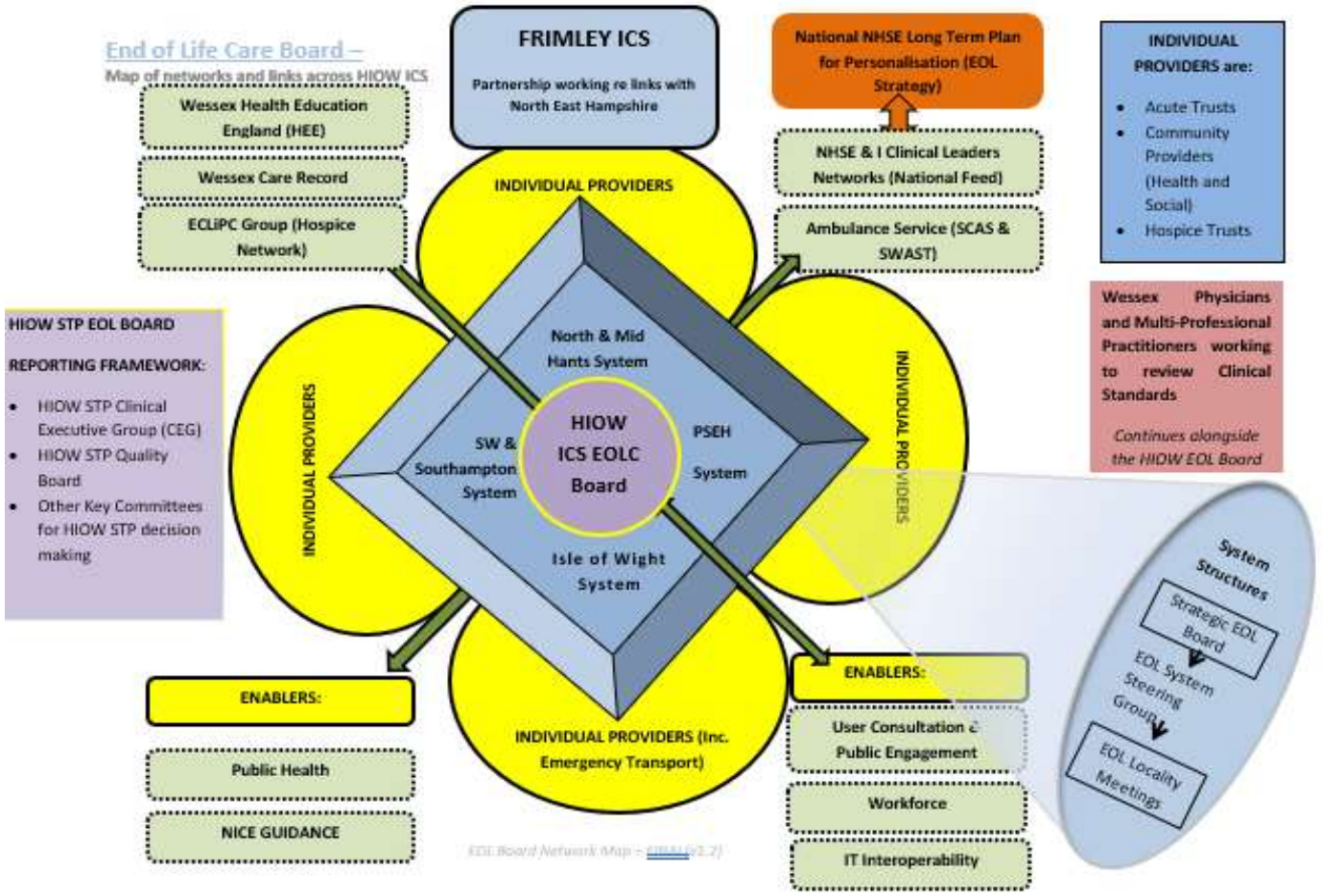
Overview of Frimley ICS End of Life Care Steering Group

- **Frimley CCG:**
  - North East Hampshire and Farnham
  - Surrey Heath
  - East Berkshire
- **Stakeholders of the group:**
  - Local authority / Social Care
  - Primary, Community and Secondary Care
  - Voluntary sector
  - Children's EOLC steering group feeds into this group
- **Task and Finish Groups:**
  - ReSPECT rollout - ongoing
  - Education and training - closed
  - Data and EOLC – picked up as from September
  - Homelessness and EOLC - restarted
  - Medicines Optimisation - ongoing
  - Multicultural and EOLC - Closed
- **Established links with National and Local EOLC networks**
  - Communication and information sharing
  - Lessons learnt
  - Accessing expertise from other ICSs
  - Frimley invite HIOW to steering group meetings and vice versa

Overview of HIOW ICS End of Life Care Board

- **End of Life Care Board established across HIOW system**
- **Excellent Engagement** from wide range of Professionals with extensive experience of End of Life Care
- **Representation from EOLC Specialists across Adults & Children inc.**
  - Senior Clinical leads from acute and community
  - HIOW Commissioning leads
  - HIOW Operational leads inc. Unscheduled care, Care Homes
  - Hospice representation
- **Established links with National and Local EOLC networks**
  To widen the communication flows and access to a range of opportunities and expertise.

Our place in ICS system



Partnership Working - HIOW & Frimley

- Links firmly established between Frimley & HIOW ICS' EOLC Boards – shared expertise and learning.
- Frimley supported HIOW by sharing experiences of "Death Fairs"
- Representation and engagement with SE Regional EOL Team now established, including identification of multiple priorities and workstreams.
- Strategic links between adults and children's EOLC now strengthened.
- Established HIOW Hospice Collaboration & development of Hospice Collaboration (Frimley ICS).

HIOW Workstreams

Deliverable	Progress	Next Steps
Deliverable 1: EOL Strategy	• EOL Matrix developed and shared by National Team • HIOW System populating in line with revised EOL Ambitions	• To identify gaps in service • To identify challenges in EOL Care • To inform strategic approach to then address these gaps/challenges • To develop process for regular review of EOL Matrix
Deliverable 2: EOL Interoperability (Links Priority 1/2/4)	• Survey of key Providers expectations sought and analysis shared • Initial Agreement in Principle for delivery of Interoperability model drafted • Funding for Business Analyst secured and outline of role out for Expression of Interest	• Business Analyst to work with Stakeholders to refine Agreement in Principle and Proposed models for delivery • Initial model for TEP/ACP underway • To develop road map for pilot delivery • Links established with CHIE and ICS Technology Board to secure/maintain support
Deliverable 3: Training & Education (Links Priority 3)	• Mapping exercise of existing training and education provision now complete. • Group working to review gaps in provision • Links established with HEE to consider adapting learning pathways	• Ongoing review of gaps in provision • Ongoing development of Learning Pathways
Deliverable 4: Early Identification (Links Priority 1/3)	• Working Group lead identified: Associate Director of Community Engagement and Patient Experience (Solent NHS Trust)	• Aim revised to "to improve how and when we identify people who are moving towards the end of their life, to ensure we can care and support them and their families in the way they would wish". • A community conversation with patients, families, carers and those who support them, to be held 1 October to guide our next steps, ensuring we are focussing on what really matter most rather than what we think does.
Deliverable 5: Bereavement & Care after Death (Links Priority 5)	• Existing support services provision outlined & developed. • Specialist Bereavement training shared via portals • Modelling of death fairs underway	• Further development of Death Fairs (learning from Frimley) • PSEH local development of a Death Fair model supporting diverse communities

Frimley ICS Workstreams

Deliverable	Progress	Next Steps
Deliverable 1 EOLC Strategy	• EOLC self assessment tool kit used to measure Frimley ICS progress against the 6 ambitions. • This has now been completed twice with more stakeholders completing the self-assessment which is leading to an upward trend in outcomes against the ambitions	• Gaps identified – now being considered for task and finish groups / tagged onto the current ones. • Looking at ways to continue improving in those areas that we are progressing well.
Deliverable 2 ReSPECT (Links Priority 1/2/4)	• Project Manager is in post, leading on RESPECT work. • Training is being offered across Frimley ICS	• ReSPECT to be BAU by end of October • Training data to be maintained and reviewed regularly to identify where support is needed. • Data from ReSPECT to be used for EOLC data dashboard
Deliverable 3 Education and Training (Links Priority 3)	• Mapping of EOLC training completed. • Localised version of levels of training was produced for all organisations across the ICS.	• Ongoing review of training and education by the steering group
Deliverable 4 Multicultural and EoLC (Links Priority 1)	• A booklet for staff has been developed "A Guide to reaching our communities in end of life care" • Looking at projects that would focus on communities that are seldom heard.	• Staff booklet is ready for publishing and circulation. • Videos (films) to be created that focus on encouraging the public from different backgrounds to access EOLC.
Deliverable 5 Bereavement and Care after death (Links Priority 5)	• 5 Death Fair sessions were delivered over a period of 5 months. • Positive engagement with the general public and other areas that need addressing were raised. This has informed future topics to be covered in the future & Bereavement leaflets published	• Plan activities every year during Dying Matters week • Future topics to be based on feedback from previous Death Fair sessions. • Consider sessions that encourage different communities to join e.g. man only Death Fair sessions

Covid-19 Response

- Weekly meetings began during the pandemic to date. To continue until “all clear” is given.
- Group implemented guidance, protocols and pathways to support changes across the system
- Regular updates on guidance and best practice e.g. Treatment Escalation Planning (TEP), symptom management, EoLC medication and supply.
- Webinars for GPs in the south of the patch (SHCCG and NEH&F CCG) DNACPR and Difficult Conversations as part of the session.
- Published a Frimley Health and Care Ethical Framework to help people think about the ethical aspect of their decisions during the pandemic
- Review of the Frimley North Model of 24/7 access to Specialist Symptom Control and Advice, this again was overtaken by COVID-19 Pandemic and formed part of the EoLC COVID-19 Response Team work

User Involvement & Clinical Engagement

HIOW and Frimley ICS

- Patient representation on specific working groups
- EOLC Board has triggered formation of Hospice Collaborative
- Engagement with patients and carers through existing Patient Involvement forums
- Death Fairs sessions – public gave topics they would like to hear about in the future

HIOW

- *Building on Alongside Communities Approach* - A community conversation with patients, families, carers and those who support them scheduled 1 October 2021 to guide our next steps *(community wide rather than EOLC specific).*

Frimley ICS

- Multicultural videos – patient experiences to be captured via films. Patients will be from different ethnic backgrounds.

Our Challenges

HIOW and Frimley

- **Access & Oversight of ICS wide data**: identified as a priority workstream by SE Regional EOLC Team.
- **Impact of Covid-19:**
- Delivery of workstreams delayed, some groups placed on hold. All groups have restarted.
- Late diagnosis of patients on PEOLC caseloads, impacting on patient care alongside clinical capacity and resource within service. Subsequent impact on workstream delivery.
- **User Engagement:**
- Challenge to identify and secure engagement from patients and carers with current EOLC experience. Plan in place to seek engagement from generic patient engagement forums.
- **Workforce Resource and Expertise:**
- ❑ Challenges around stability of workforce and maintaining consistency of EOLC expertise.
- ❑ Previously Homelessness and EoLC workstream had to be paused. One of the clinical lead's funded post ended and there was no alternative funding in place.
- **Engagement of some key stakeholders (e.g. Primary Care/ASC) has proved challenging:**
- To note, Provider leading in HIOW. Further engagement from central ICS resource now sought.

HIOW

- **Capacity for specialists to support development and delivery of key workstreams:** limited funding secured for ICS programme management support only.

How can the Board support us?

HIOW and Frimley ICS

1. **End of Life Care Strategy:** Agreement to the direction of travel we are taking in developing our workstreams
2. **Access & Oversight of ICS wide data**: Agreement to the outlined approach to develop dashboard in line with National work.

   To support discussions with commissioning bodies to outline expectations (supported by Public Health data expertise).
3. **Capacity for specialists to support development and delivery of key workstreams:** continued support for sustainable funding and ensuring EOL is a priority area for available specialist capacity
4. **Improved engagement of key stakeholders (Users/Primary Care/ASC):** request support to improve engagement from partners
5. **Complexity of digital interoperability agenda to enable user access:** Agreement to our approach to pilot small scale services within patch (HIOW) and support prioritisation of agenda at technology boards.
6. **Continue to consult together around Dying Well Agenda:** to work together to review and update the Dying Well plan in line with current requirements. To clarify process for ongoing reporting and escalation.

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board
Date:	7 October 2021
Title:	Public Health JSNA Work Programme Update and HIA findings summary
Report From:	Simon Bryant, Director of Public Health and Jenny Bowers, Principal Public Health Intelligence Specialist

Contact name: Jenny Bowers

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

Purpose of this Report

1. The purpose of this report is to provide an update on the JSNA work programme including a summary of the Hampshire COVID-19 Health Impact Assessment report

Recommendation(s)

That the Hampshire Health and Wellbeing Board:

2. Consider and take forward the report finding and recommend areas for organisational and system wide analysis.

Executive Summary

3. This Health Impact Assessment presentation summarises the main written report which provides a retrospective view of the first two waves of the pandemic and aims to assess the impact of COVID-19 on the residents of Hampshire.

Contextual Information

4. COVID-19 has exposed, exacerbated, and created health and social care needs and new inequalities. People across the UK, and indeed the world, have been harmed by the virus in very different ways. Both the first and second waves of the pandemic have brought challenges. We need to understand how the effects have disproportionally affected different population groups in Hampshire (age, gender, ethnicity, occupations, co-morbidities, deprivation) and how we minimise the negative impacts and maximise the positive benefits.

Co-Production

5. This report was compiled by the Public Health Intelligence Team and coproduction will be built into the next steps based on key findings.

Conclusions

6. Key areas of focus are summarised in the presentation.

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

Other Significant Links

Links to previous Member decisions:	
Title	Date
Joint Strategic Needs Assessment Update	July 2021
Direct links to specific legislation or Government Directives	
Title	Date

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.)

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EQUALITIES IMPACT ASSESSMENT:

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- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
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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 disproportionally low.

2. **Equalities Impact Assessment:**

A full equalities impact statement was not completed at this stage as the purpose of this report is to provide details of an update on the JSNA work programme including a summary of the Hampshire COVID-19 Health Impact Assessment report.

Hampshire and IOW JSNA Work programme update

Hampshire and Isle of Wight COVID-19 Health Impact Assessment: Late spring 2021

On the 11th March 2021 the World Health Organisation declared COVID-19 a pandemic, 15 months on this report aims to look at the impact COVID-19 has had on the residents of Hampshire & IOW.

COVID-19 has exposed, exacerbated, and created new inequalities. People across the UK, and indeed the world, have been harmed by the virus in very different ways. What has COVID-19 meant for our local population groups and their future population health and social care needs.

JSNA Core Documents: Late summer 2021

- Demographics including protective characteristics, deprivation and life expectancy/health life expectancy
- Inclusion health groups – homelessness, drug and alcohol dependence, travellers, sex workers, vulnerable migrants, victims of modern slavery, people in contact with CJS
- Vital Statistics – mortality and birth data

JSNA Main Chapters: Autumn /Winter 2021 linked to the social determinants of health model

Detailed JSNA Topic reports informed by HIA

Strategic context – key policy decisions and timelines NPIs, economic policy, medicines management

Assessment of impact – evidence of population groups and policy categories themed by impact (health/clinical, Mental well being/economic, education, social care, living conditions)

Population profile – socio demographic data
COVID-19 data – infections, social care, primary care, secondary care, long COVID, medicines management, mortality
Vulnerabilities Indices

Population health impacts discussion by JSNA chapters

Healthy People

This chapter focuses on the age structure of our population and future projections and the socio demographic characteristics of our population.

Healthy Living

This chapter focuses on risk factors including behavioural risk factors and the wider determinants of health.

Healthy Places

This chapter focuses on place, the area assets and the social and commercial drivers for health

Inequalities: age, ethnicity, religion, learning or physical disability, sex, sexual orientation,

Demography & Vital Statistics JSNA Chapter

This chapter focuses on the age structure of our population and future projections and the socio demographic characteristics of our population.

To include

- Current population – resident and registered
- Challenges of an ageing population
- Protective characteristics
  - Age
  - Disability
  - Gender reassignment
  - Marriage and civil partnerships
  - Pregnancy and maternity
  - Race
  - Religion or belief
  - Sex
- Population density
- Urban Rural communities
- Population forecasts including Old Age Dependency Ratio projections
- Vital statistics
  - Births – general fertility rate
  - Deaths inc. excess deaths
  - Migration
- Socio economic factors – some paused for Census 2021 results
  - Employment / Unemployment
  - Housing
  - Lone parents
  - Lone 65+ households
- Deprivation
- Housing developments

Paused for Census 2021 data

Healthy People

This chapter focuses on the health outcomes of our population and the health inequalities which are evident.

To include;

- Life expectancy/Healthy Life expectancy
- Mortality/avoidable deaths
- Physical Health conditions
  - Long Term Conditions/multimorbidity
- Mental wellbeing
- Population groups
  - Older people – falls ,frailty, sensory impairment
  - Carers
  - Ethnic minority groups
  - Learning Disabilities
  - Homeless
  - Veterans
  - Alcohol and drug dependence
  - Travellers

Healthy Living

This chapter focuses on risk factors including behavioural risk factors and the wider determinants of health.

To include

- GBD 2019 findings- burden of ill health
- Physiological risk factors – diabetes, excess weight, hypertension, high blood sugars
- Behavioural risk factors – alcohol misuse, drug misuse, smoking, physical activity, healthy diet
- CYP – education, training employment
- Employment/economy
- Protective measures, cancer screening, sexual health, vaccination coverage
- Maternity
  - Smoking and alcohol in pregnancy
  - Teenage pregnancy
  - Low birth weight
  - Breastfeeding
- Risk factors for children
- infant mortality
  - children's social, emotional and MH
  - child poverty
  - LAC
  - SEND
  - Autism – use Stef's report
  - overweight and obesity in children

Healthy places

This chapter focuses on the social and commercial drivers for health

- Access to green space
- Influencing planning
  - Including green space planning
- Local environment
  - Air pollution
  - Road safety
- Food insecurity
- Access to housing
  - Healthy homes inc. fuel poverty
  - Affordability
  - Access to accommodation
  - Overcrowding
  - Homelessness/temporary accommodation
- Access to services
  - Distance to GP
  - Distance to Pharmacy
  - Distance to community facilities – sports/leisure
- Mental wellbeing vulnerabilities and strengths
- Social connectiveness/isolation
- Digital
  - Access to broadband – mosaic data
- Crime

Inclusion Health Groups

People who are socially excluded, typically experience multiple overlapping risk factors for poor health (such as poverty, violence and complex trauma), experience stigma and discrimination, and are not consistently accounted for in electronic records (such as healthcare databases). These experiences frequently lead to barriers in access to healthcare and extremely poor health outcomes. People belonging to inclusion health groups have extremely poor health outcomes, often much worse than the general population, lower average age of death, and it contributes considerably to increasing health inequalities. Includes homelessness, children in care, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery

Hampshire COVID-19 HIA Summary

Hampshire & Isle of Wight Public Health Intelligence Team

July 2021

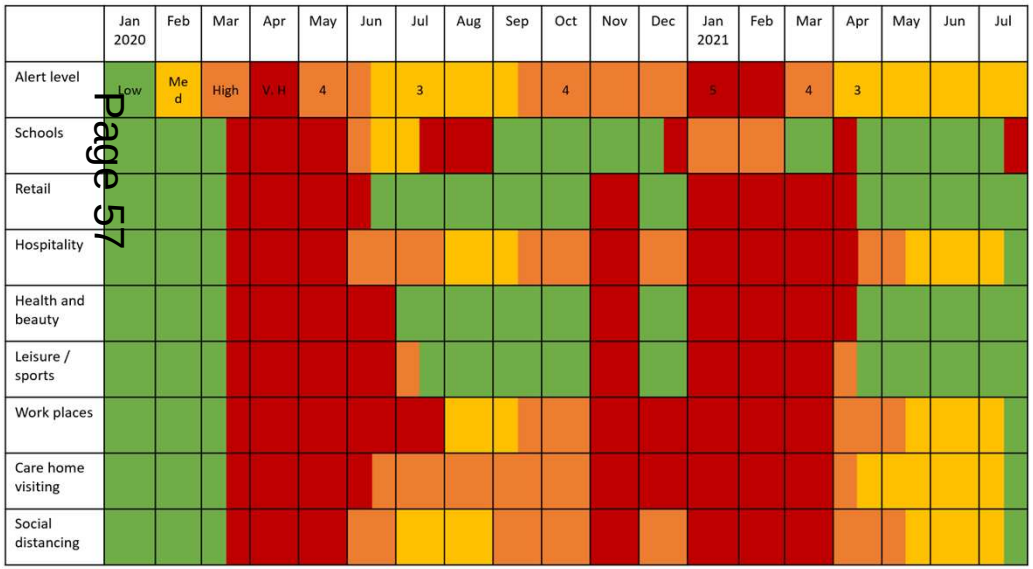
Contents

1. Strategic context

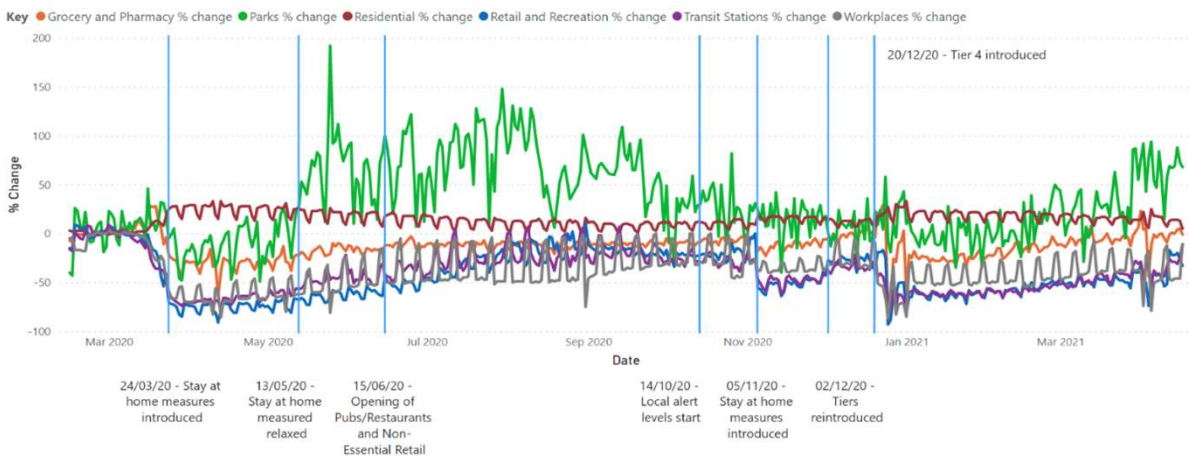
How have COVID-19 policies impacted on population movements, work patterns, socialisation and connectiveness?

- The direct health and clinical impacts of these policies are evident - suppressed infection rates resulting in fewer people being hospitalised and dying.
- The social and mental well-being impacts could be less positive, with reports of increased loneliness through reduced social connectiveness and increased anxiety and depression during times of great uncertainty. The long term impact of school closures on student's education, health and wellbeing outcomes. Policies addressing businesses and employment, such as the Coronavirus Job Retention Scheme, have been significant. Economic indicators suggest wide reaching, and perhaps long term, impacts on the current and future working age populations.

Timeline of key policy decisions



Population movement trends over time by category of place

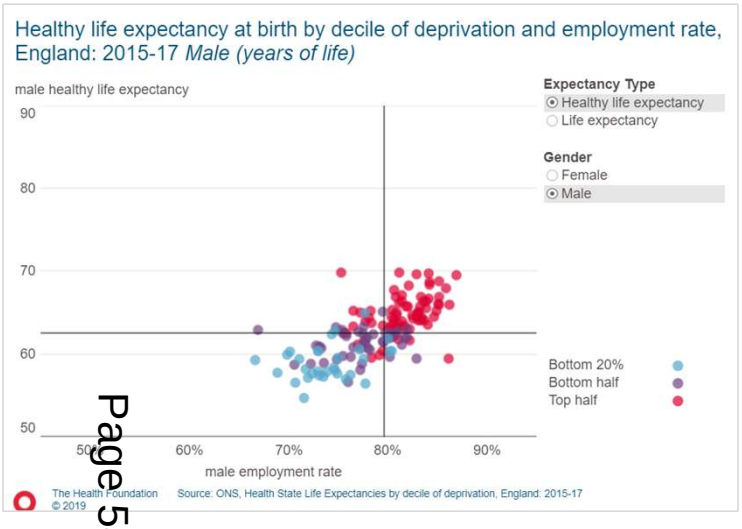


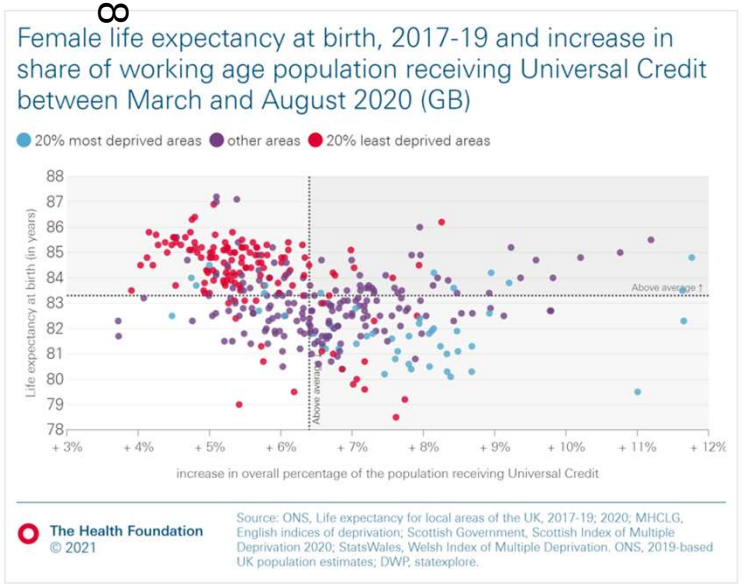
Source: Google COVID-19 Community Mobility Reports

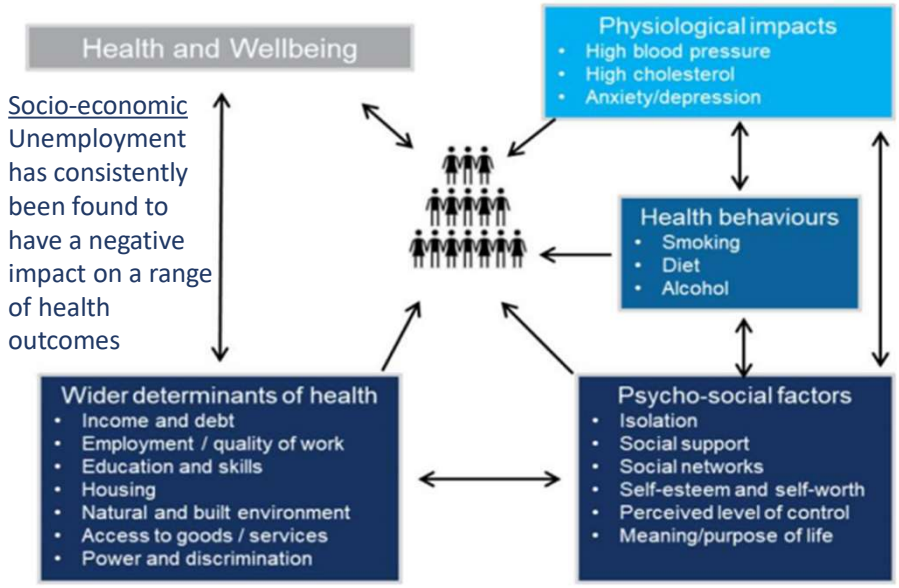
Significant periods when sectors were closed or restricted. Throughout 2020 all sectors, and therefore all population groups, experienced restrictions and closures. Social distancing has impacted on all our social interaction behaviours and movements since the start of the pandemic in March 2020.

Mobility data show significant population compliance with non pharmaceutical intervention policies. Adapting behaviours accordingly for example working from home, shopping online and staying local.

Health and mental wellbeing outcomes are driven by a wide range of factors. We must consider and understand the impacts of the wider determinants, physical and health behaviours which drive these.







Socio-economic
Unemployment has consistently been found to have a negative impact on a range of health outcomes

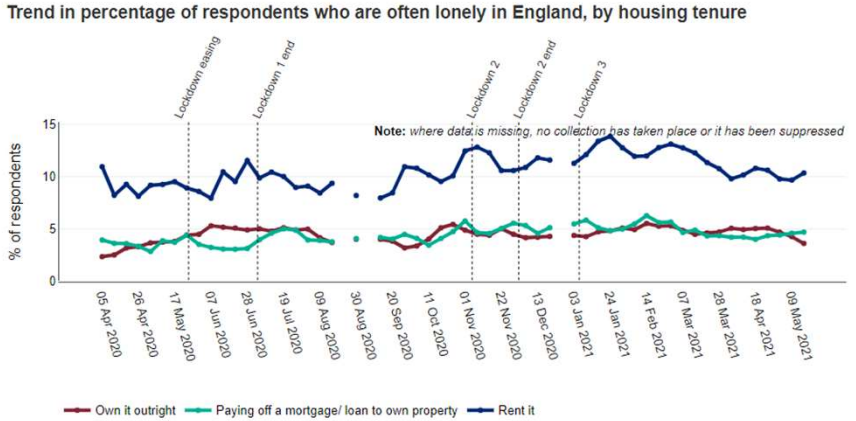
Long term conditions
Around 30 per cent of all people with a long-term physical health condition also have a mental health problem with a higher proportion reporting high levels of anxiety

Health behaviours
Adults with depression are twice as likely to smoke as adults without depression.

People with schizophrenia are three times more likely to smoke than other people and tend to smoke more heavily.

Social connectiveness
Those with an underlying health condition more likely to feel lonely often – especially in the younger 16–24-year-old population groups

Socio-economic
Greater increases in the share of the population receiving Universal Credit have tended to be in more deprived areas and those with lower life expectancy.



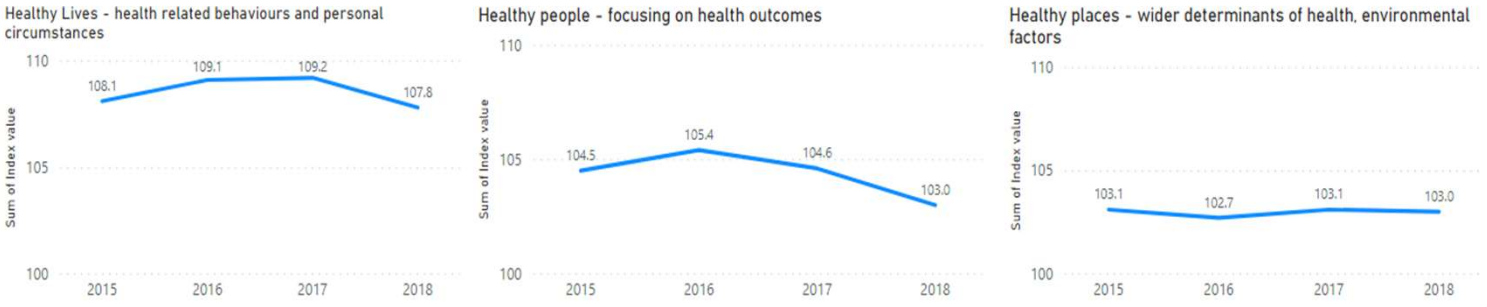
Housing
Those in rented accommodation more likely to feel lonely often – especially in the younger 16–24-year-old population groups

2. Hampshire demographics and health index baseline

How healthy were the population of Hampshire before the pandemic?

- Older population ageing at a faster rate than England overall
- Less ethnically diverse population compared to England but growing diversity. Basingstoke & Deane and Rushmoor districts with higher ethnic group diversity.
- Demographic structure of the population who are from an ethnic minority group is younger compared to the white population.
- Overall an affluent county but masks marked inequalities, with areas of significant deprivation affecting children and older people, including rural deprivation
- Before the pandemic improvements in our population's health had stagnated and in some areas deteriorated. Mental health and physical health such as musculoskeletal conditions are all worse in Hampshire than England and have deteriorated further. These areas will have been significantly impacted upon further due to COVID-19.
- Population density and inter-connectedness varies across Hampshire and only partly explaining the distribution of infection and deaths
- Provisional data indicate there was no baby boom as a result of the first lockdown restrictions.

ONS Health Index data uses a broad definition of health, including health outcomes, health-related behaviours and personal circumstances, and wider determinants of health and suggests that although better than England, population health has worsened between 2015 and 2018



Data source: ONS Health Index

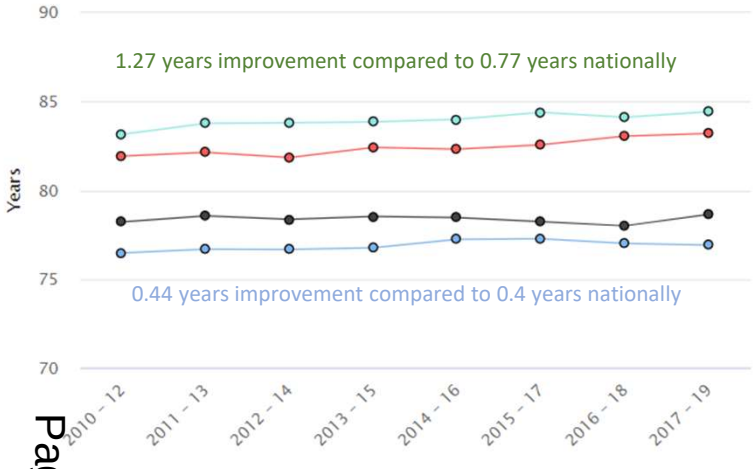
'Inequalities in social and economic conditions before the pandemic contributed to the high and unequal death toll from COVID-19'

Build back fairer: The COVID-19 Marmot Review

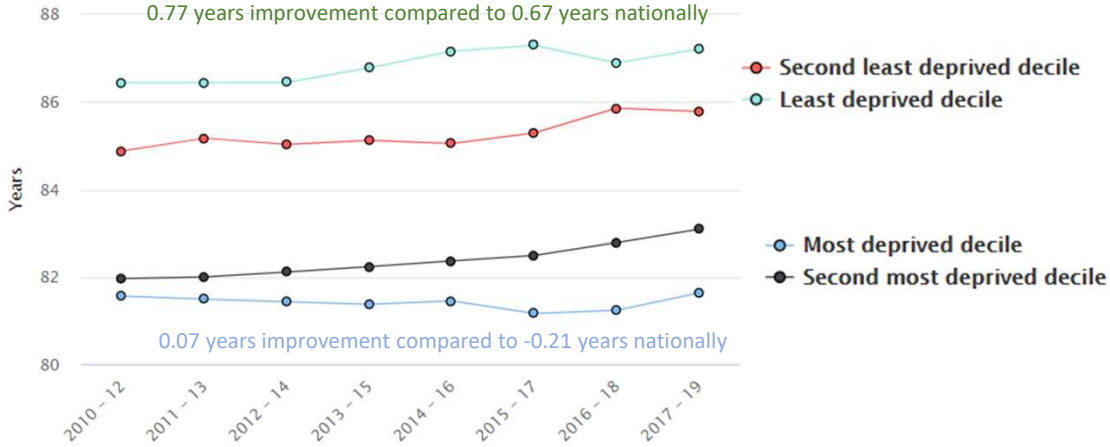
How healthy were the population of Hampshire before the pandemic?

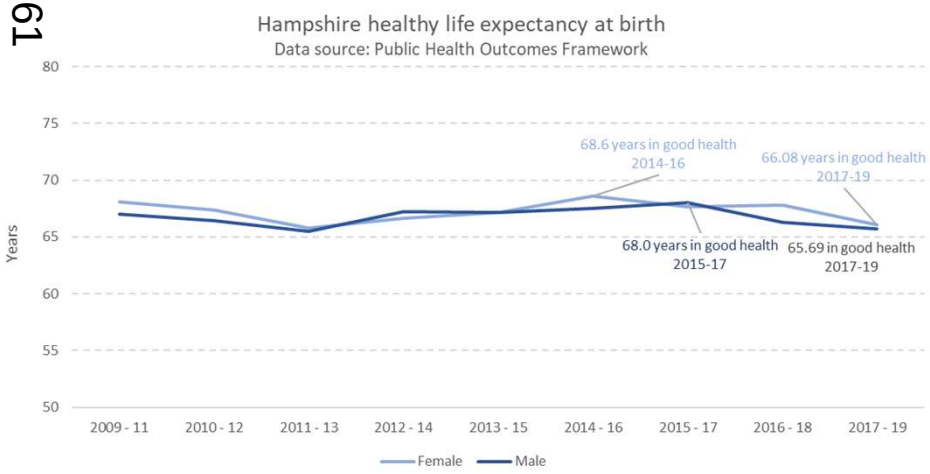
Hampshire & IOW Public Health Intelligence

Hampshire life expectancy at birth (males): inequalities



Hampshire life expectancy at birth (females): inequalities





Life expectancy improvements have been stagnating particularly in the more deprived areas, this is most evident in female life expectancy

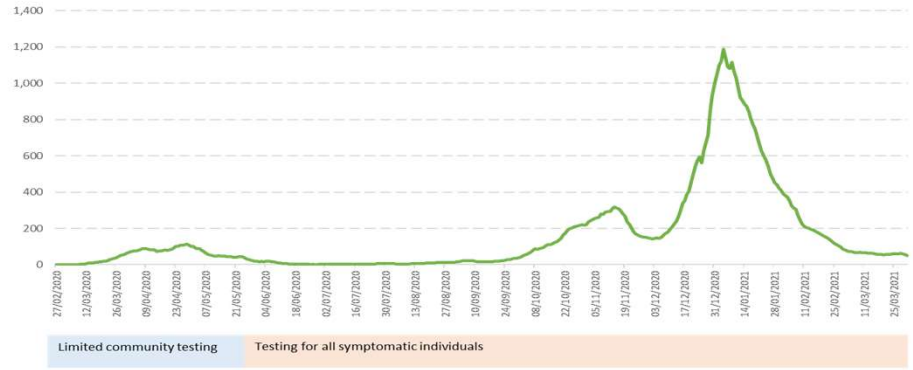
The time spent in good health for both Hampshire males and females has decreased over the past five to six years, by 2.5 years for females and 2.3 years for males

Data source: Public Health Outcomes Framework

3. COVID-19 Outcomes in Hampshire

Data Summary: How many people in Hampshire were infected, hospitalised and died due to COVID-19 during the first and second wave?

COVID-19 cases (7 day average) from 27/02/2020 to 31/03/2021

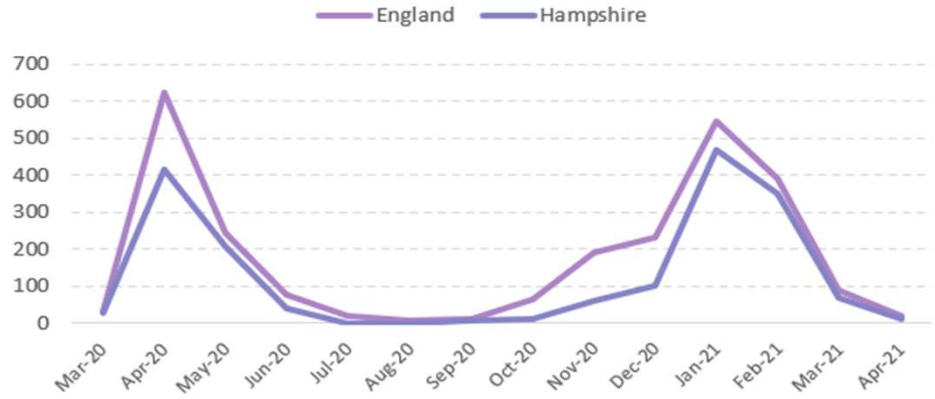


Source: PHE COVID-19 Dashboard

62,872 confirmed COVID-19 cases in Hampshire, this a rate of 4,457.7 per 100,000 of the population.

Over 15,000 people in Hampshire were experiencing Long COVID for 12 weeks or longer

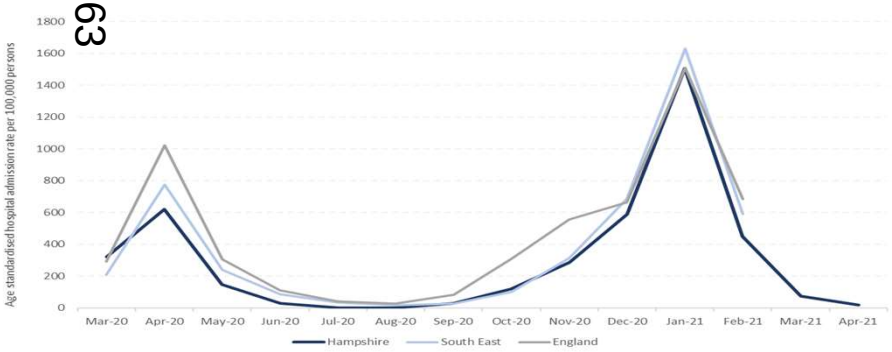
Age standardised mortality rates due to COVID-19



Source: Deaths due to COVID-19 by local area and deprivation, 20th May 2021 release, ONS

2,465 deaths due to COVID-19. Mortality due to COVID-19 was at its highest during the second wave of the pandemic.

Hampshire monthly age-standardised hospital admission rate per 100,000 person-years, for COVID-19 in England, South East March 2020 to February 2021 and Hampshire to May 2021



Source: SUS PbR Inpatients from South, Central & West CSU, extracted June 2021 and PHE COVID-19 Health Inequalities Monitoring for England (CHIME) tool

5,209 emergency admissions for Hampshire residents where COVID-19 was recorded

Hampshire rates suggest a greater burden from COVID-19 was evident in our population during Wave 2.

Note: How the waves are defined varies depending on the data being presented, for local analysis the cases, hospital admissions and mortality wave time periods have been driven by the peak month. When interpreting data it is important to consider the policy context between Wave 1 and Wave 2, such as the change in testing strategies and clinical treatment

4 Healthy people

The impact of the pandemic on different groups

What demographic factors drove the direct impacts of COVID -19 on our population?

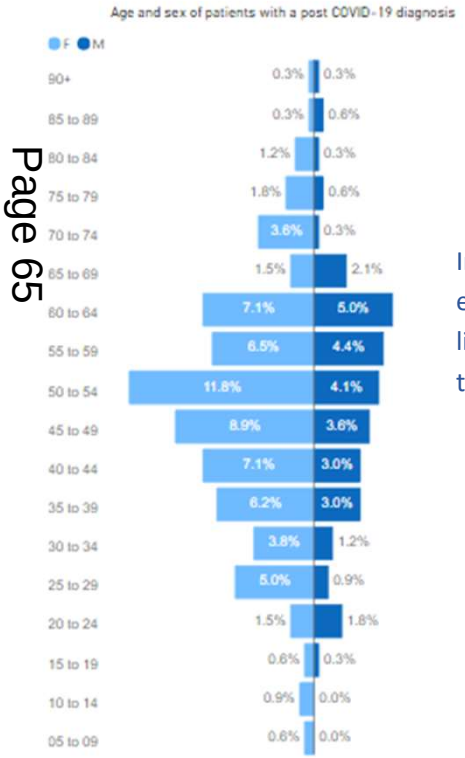
AGE

Advancing age (>60 years) was a strong predictor of poor outcomes - increasing hospital admission rates and deaths.

Older people were disproportionately affected by severe COVID-19 outcomes

Younger people (aged 70 or below) and women are more likely to experience Long COVID.

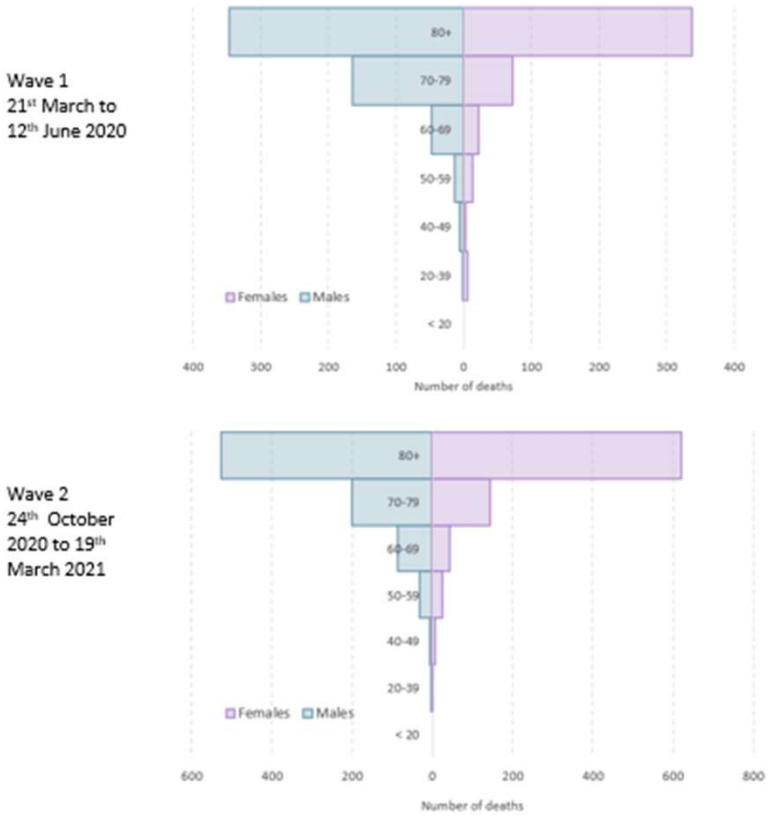
Age and sex of patients with a post COVID-19 diagnosis



In Hampshire working age women, especially those aged 45 to 64, are most likely to require on-going support with their health after contracting COVID-19.

Source: Care and Health Information Exchange (CHIE) extract May 2021

Distribution of deaths by age group and sex, for Waves 1 and 2



In Hampshire cases of COVID-19 were higher in older people in the first wave, mainly due to limited testing and that older people were most likely to be admitted to hospital.

Males aged 65 years and over accounted for 36% of admissions in the first wave and 31% in the second wave

Mortality rates were highest amongst the older population, 66.2% and 63.9% of deaths were among people 80 years and older during wave 1 and wave 2 respectively.

Source: Civil Registrations, NHS Digital

What demographic factors drove the direct impacts of COVID -19 on our population?

GENDER

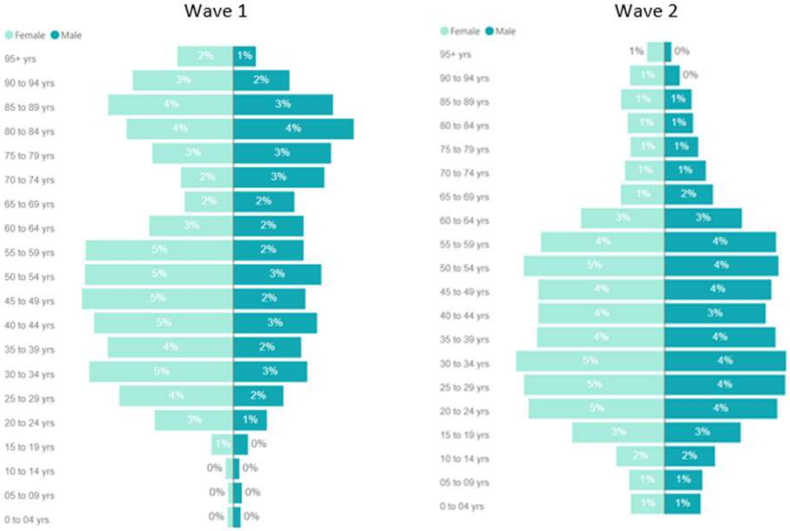
Higher numbers of cases were reported in females when compared to males.

- This is possibly linked to occupation for example, a higher proportion of females work in caring occupations with regular testing
- Women are more likely to experience Long COVID and so most likely to require on-going support with their health after contracting COVID-19.

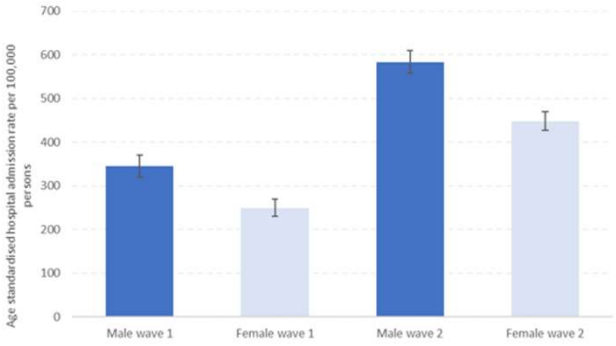
Males were disproportionately affected by the severe health outcomes due to COVID-19

- During both waves the male admission rate was significantly higher than female rate. Males and females both experienced significantly higher admission rates in Wave 2 compared to Wave 1.
- Overall, the mortality rates for deaths where COVID-19 was mentioned on the death certificate were significantly higher for males in older age bands than in females, this pattern occurred among all age bands aged 60 years and over.
- The annualised age standardised mortality rate in males (361.7 per 100,000) was over fifty per cent higher than that observed in females (204.0 per 1000,000) over the first wave of the pandemic.

Demographics of COVID-19 cases in Wave 1 (27th February 2020 to 31st May 2020) compared with Wave 2 (1st October 2020 to 31st March 2021)

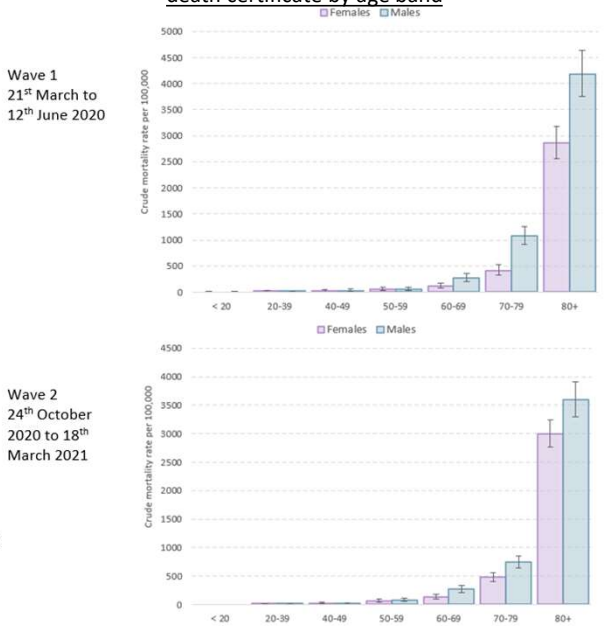


Age-standardised hospital admission rate per 100,000 by gender



Source: SUS PbR Inpatients from South, Central & West CSU, extracted June 202

Crude mortality rate for deaths with COVID-19 mentioned on the death certificate by age band



What demographic factors drove the direct impacts of COVID -19 on our population?

Ethnic group

People from ethnic minority groups were more likely to be diagnosed with COVID-19

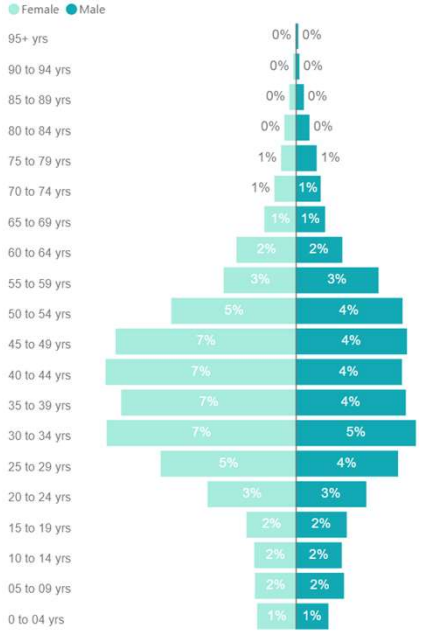
- Nationally people from Black ethnic groups were most likely to be diagnosed with COVID-19

People from ethnic minority were disproportionately affected by the severe health outcomes due to COVID-19

- In England as a whole, the Black ethnic group had the highest rate of hospital admissions although at the peak of the second wave the difference is small.
- At the peak of the first wave the admission rate in the Black group was 3.9 times higher than the White group, but was 3.2 times higher at the peak of the second wave.
- Among the Asian ethnic group, the Bangladeshi group had a particularly high admission rate at the peak of the second wave
- The admission rate in the Asian group was 2.8 times higher than the White group at the peak of the first wave and increased to 3.3 times higher.

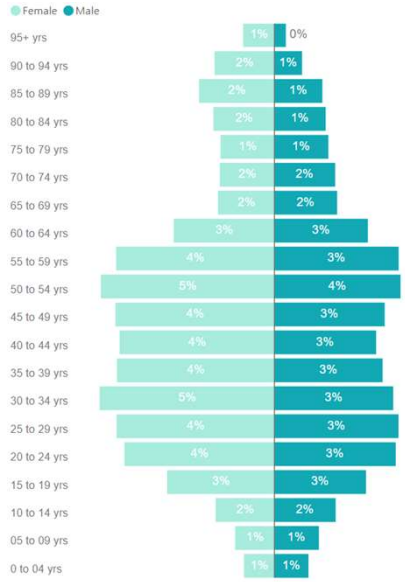
Demographics of COVID-19 cases in Wave 1 (27th February 2020 to 31st May 2020) compared with Wave 2 (1st October 2020 to 31st March 2021) .

A – Ethnic Minority Populations



A greater proportion of the working age population in ethnic minorities groups tested positive for COVID-19 compared to the White population. This is reflective of the younger population structure evident in Hampshire's ethnic population groups

B – White Population



COVID-19 admissions by ethnicity, 20th February 2020 to 31st March 2021

Hampshire admission data suggest there was a greater proportion of admissions of people from minority ethnic groups when compared with the population

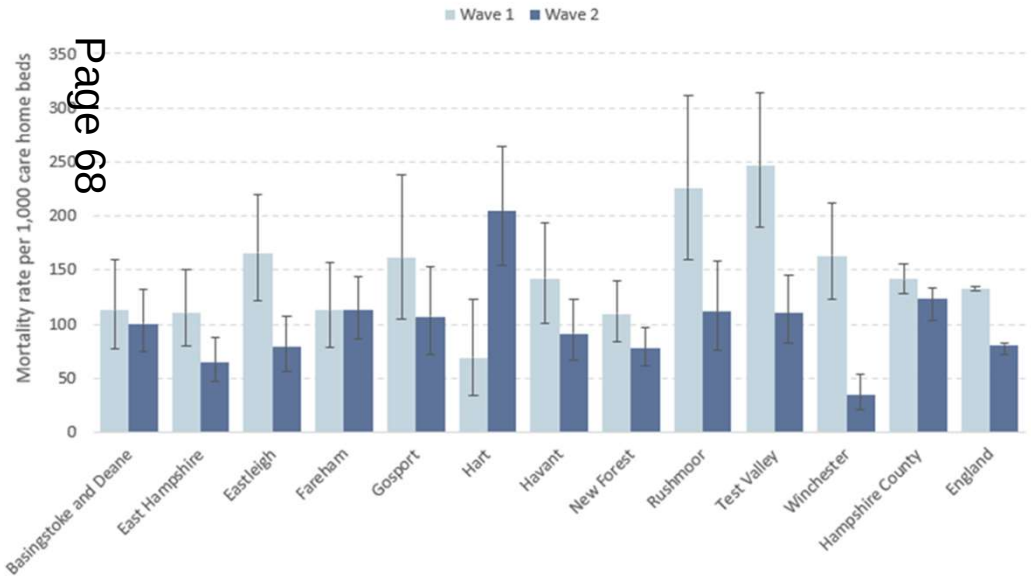
Death rates from COVID-19 were highest among people of Black and Asian ethnic groups.

What demographic factors drove the direct impacts of COVID -19 on our population?

Care home settings

Care homes were disproportionately affected by the COVID-19 outbreak as residents and those working in care homes were more vulnerable to the virus.

Annualised mortality rate per 1,000 care home beds by district



In Hampshire, deaths in care homes comprised 44% of all deaths where COVID-19 was mentioned on the death certificate in Wave 1 and just under one third during wave 2.

Rushmoor and Test Valley experienced the highest rates of care home mortality in Wave 1. Hart and New Forest, the lowest rates.

Hart was disproportionately affected in Wave 2 of the pandemic. Rates in Winchester were significantly lower than the national and county average.

What were the indirect impacts of COVID -19 on our population ?

The whole population has been impacted by the policies, however, particular groups have been impacted in different ways and have experienced different levels of hardship over the course of the pandemic. Variation is mainly accounted for by the broad stages of life.

The full effect of these impacts may be long lasting and some may not be evident for a number of years.

Older people were more vulnerable to serious illness and deaths from COVID-19 and more likely to shield. Decreased social connectiveness for older people who were also less likely to use online communications to supplement their interactions. Impacted on mental health with increased anxiety and depression reported as well as increases in cases of self neglect and self harm including self neglect.

Carers and Social Care nationally, there has been an increase in unpaid carers during the pandemic as people provide inform help for family member . Carers and families of these children have reported a decline in mental health and isolation. The impact of social distancing restrictions has also compounded social isolation and reduced mobility, so people may require social care services earlier than they may otherwise have done Service closures such as day centres will have impacted those with Learning Disabilities who receive support service. Children with disabilities, and their families, have also been impacted accessing medical services and experienced delays in appointments

Working age over the pandemic, some people have experienced financial strain, longer working hours, poorer work life balance or increased fear of potential exposure to COVID-19. One in five adults have experienced some form of depression, double the observed before the pandemic. Younger adults and women were more likely to experience some form of depression with women in in lower socio-economic jobs were more likely to be furloughed than any other positions (including key worker roles) and men in general. Low income or loss of income is associated with increasing levels of loneliness during lockdown and higher levels of anxiety and mental distress.

Children - evidence shows that number of children living in relative poverty has been steadily increasing prior to COVID, the economic impact of COVID has disproportionately impacted low-income families potentially further driving and widening the inequalities for these children

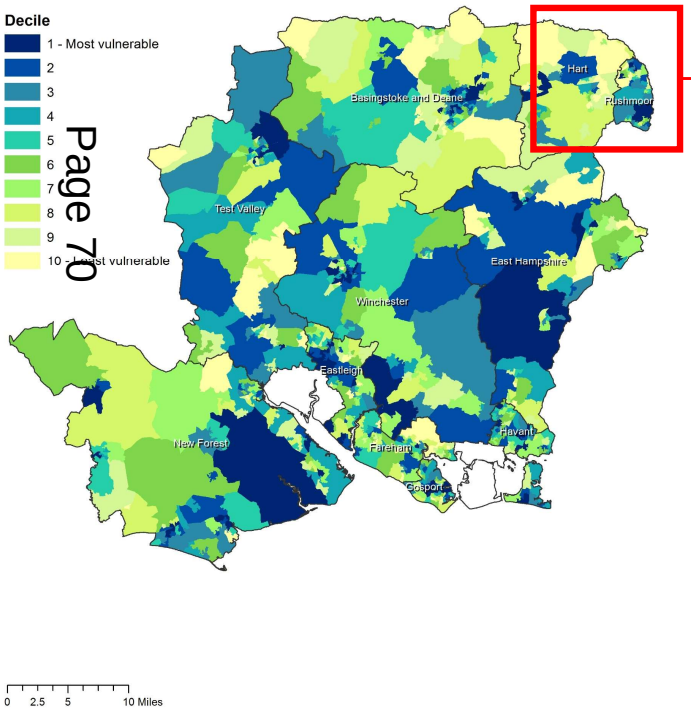
Young people – although at low clinical risk of severe health outcomes from contracting COVID-19 adolescence is a key period for CYP social cognitive development and the policies will have impacted on this development for some. The main pressures reported by CYP during the pandemic were; increased feelings of loneliness and isolation, concerns about school, college or university work., trouble sleeping ,anxiety about catching and spreading COVID-19 and a breakdown in routine. Many young people also expressed fears about the future. Online bullying and an increase in online gambling has also been reported in young adults.

Who in our population may have vulnerable mental wellbeing?

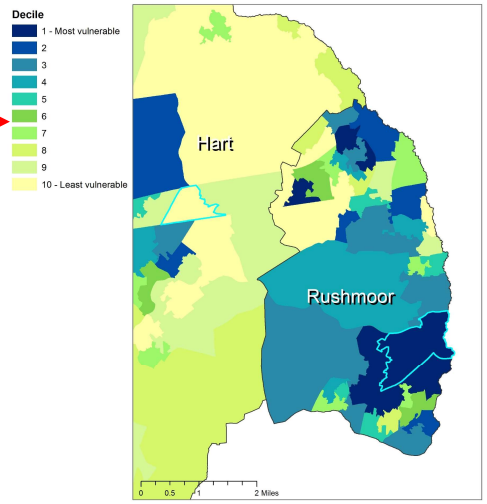
COVID-19 and the associated restrictions have both had an impact on the population's mental health, with groups who in the past have had robust mental health being affected alongside those with pre-existing experience or diagnosis of mental health conditions.

Using data from a range of sources, a wellbeing vulnerability index has been created to identify and map populations in Hampshire who are more likely to have vulnerable mental health because of the restrictions put in place during COVID-19

Hampshire Mental Wellbeing Vulnerability by LSOA



Hampshire's most and least vulnerable areas



Generally, Hampshire's urban populations are more likely than rural populations to have vulnerable mental health as a result of COVID-19 restrictions. Basingstoke town centre, Andover town centre, Eastleigh town centre and Winchester City Centre all follow this pattern

In Hart, East Hampshire and the New Forest more complex patterns of vulnerability exist. There are both urban and rural populations which are more vulnerable to mental ill health as a result of COVID-19 restrictions.

LSOA's most likely to have vulnerable mental wellbeing have the following characteristics in common

- Close to the centre of the major town in their respective district
- Most have new housing developments, or unusual types of accommodation (e.g., university halls or army barracks)

5. Healthy lives.

How different lifestyle behaviours which effect health have in turn been impacted by the pandemic

How have our lifestyles, behaviours and existing health conditions directly impacted our population's health through the pandemic?

Existing Health Conditions

Comorbidities predicted worse outcomes, especially evident for those with a history of non-communicable diseases such as obesity, diabetes, heart disease, hypertension and poorer for those living in more deprived areas.

- Exploring primary care data found that across Hampshire and Isle of Wight the most prevalent risk factor was excess weight, over half of the patients had a BMI which categorised them as overweight or obese, this is reflective of the general adult population prevalence
- The prevalence of moderately or severely frail Hampshire and Isle of Wight patients with COVID-19 is much higher when compared to the overall proportion in the general population, supporting evidence that this population were at high risk of contracting COVID-19.
- Admissions data for COVID-19 by physical health or lifestyle risk factors for Hampshire and Isle of Wight residents suggested that obesity was the most prevalent risk factor

Public Health England analysis of national data found that among deaths with COVID-19 on the death certificate, a higher percentage mentioned diabetes, hypertensive diseases, chronic kidney disease, chronic obstructive pulmonary disease and dementia than all cause death certificates.

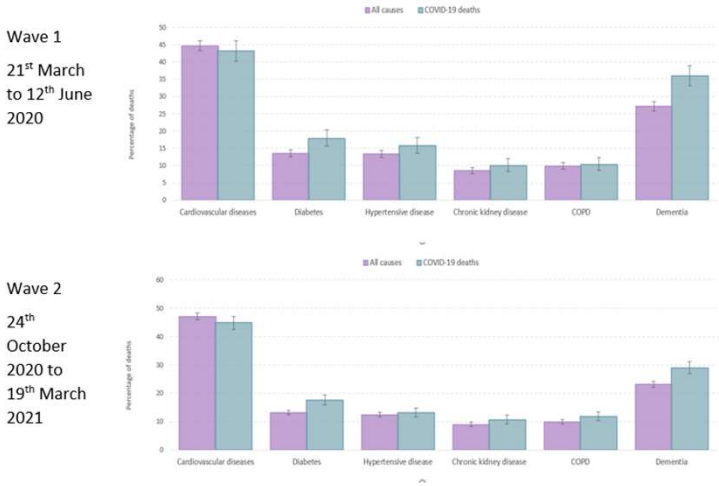
- Locally, similar patterns were found with the exception of cardiovascular diseases overall. The largest difference was for dementia. Dementia was mentioned on 27% of all death certificates over Wave 1 and 23% over wave 2.
- Diabetes was mentioned on 18% of death certificates which also had a record of COVID-19, significantly higher than the proportion of all deaths

Patients with COVID-19 positive test of GP record, comparison of conditions against population prevalence

Condition	Proportion with condition testing positive for COVID-19	HIOW STP Prevalence in population (QOF, 2019/20)
Chronic Kidney Disease	5.0%	3.7%
Chronic Obstructive Pulmonary disease	3.2%	2.0%
Cardiovascular disease	0.7%	1.2%
Dementia	3.5%	0.9%
Diabetes	8.7%	6.6%
Hypertension	18.5%	14.8%

Source: Care and Health Information Exchange (CHIE) extracted May 2021. QOF data source: NHS Digital

Percentage of COVID-19 deaths and all cause deaths where other conditions were mentioned on the death certificate



Source: Civil Registrations, NHS Digital

How have our lifestyles, behaviours and existing health conditions directly impacted our population's health through the pandemic?

Occupation. National data has reported a link between occupation and severe outcomes from contacting COVID-19. Men working as security guards, taxi drivers and chauffeurs, bus and coach drivers, chefs, sales and retail assistants, lower skilled workers in construction and processing plants, and men and women working in health and social care had significantly high rates of death from COVID-19.

Long COVID is also more prevalent amongst those working in the health and social care sector

Men from ethnic minority groups are much more likely to work in high risk occupations such as taxi or cab drivers

In wave 1 deaths in people aged 20 to 64 in 2020 were 1.22 times higher than average.

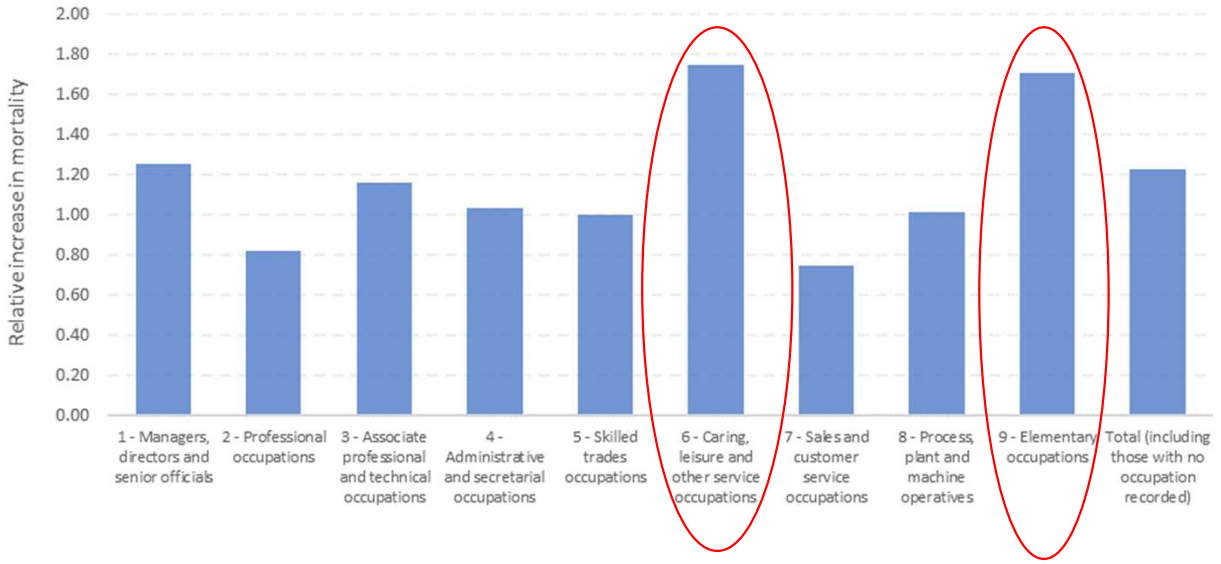
The biggest increase was in caring, leisure and other service occupations where death rates were 1.75 times higher than average.

The second highest rates were in deaths rates were in elementary occupations these were 1.70 times higher than the 2015-19 average.

Both occupation groups are traditionally poorly paid

Additionally, low income levels may be associated with factors likely to increase the risk of death from COVID-19 such as living in a more deprived area.

Hampshire relative increase in deaths occurring in Hampshire across Wave 1 compared to the average for 2015 to 2019 by occupation, residents aged 20 to 64 years of age



Source: Civil Registrations, NHS Digital

How have our lifestyles, behaviours and existing health conditions indirectly impacted our population's health through the pandemic?

Lifestyles and behaviours

In Hampshire over the course of the pandemic approximately 53,000 were shielding.

Spending months with reduced activity is suggested to have an impact on the four aspects of physical fitness (strength, stamina, suppleness and skill) and also on cognitive function and emotional wellbeing. This will increase dependency and reduce life expectancy.

Physical activity levels have impacted by the pandemic, for those aged 16 and over physical activity declined during the early stages of the pandemic. Children also saw a decrease in activity levels further affected by school closures as children could not engage in PE and swimming lessons. A reduction in exercise can result in deconditioning which leads to an increased risk of reduced bone mass and muscle strength, increased dependence and confusion. During social distancing restrictions many people experienced reduced levels of activity, however, for those with long term conditions who were shielding, this impact would have been even greater.

Diet has been impacted by the pandemic with hospitality closed more people were cooking from home, however the quality of food has varied across different groups. Children from disadvantaged background were most likely to eat more junk food and less likely to be eating more fruit and vegetables and these children, who were entitled to free school meals, may also have experienced food insecurity. There were also large peaks in alcohol purchasing over the two periods of social restrictions with increases of alcohol, drinks and tobacco products.

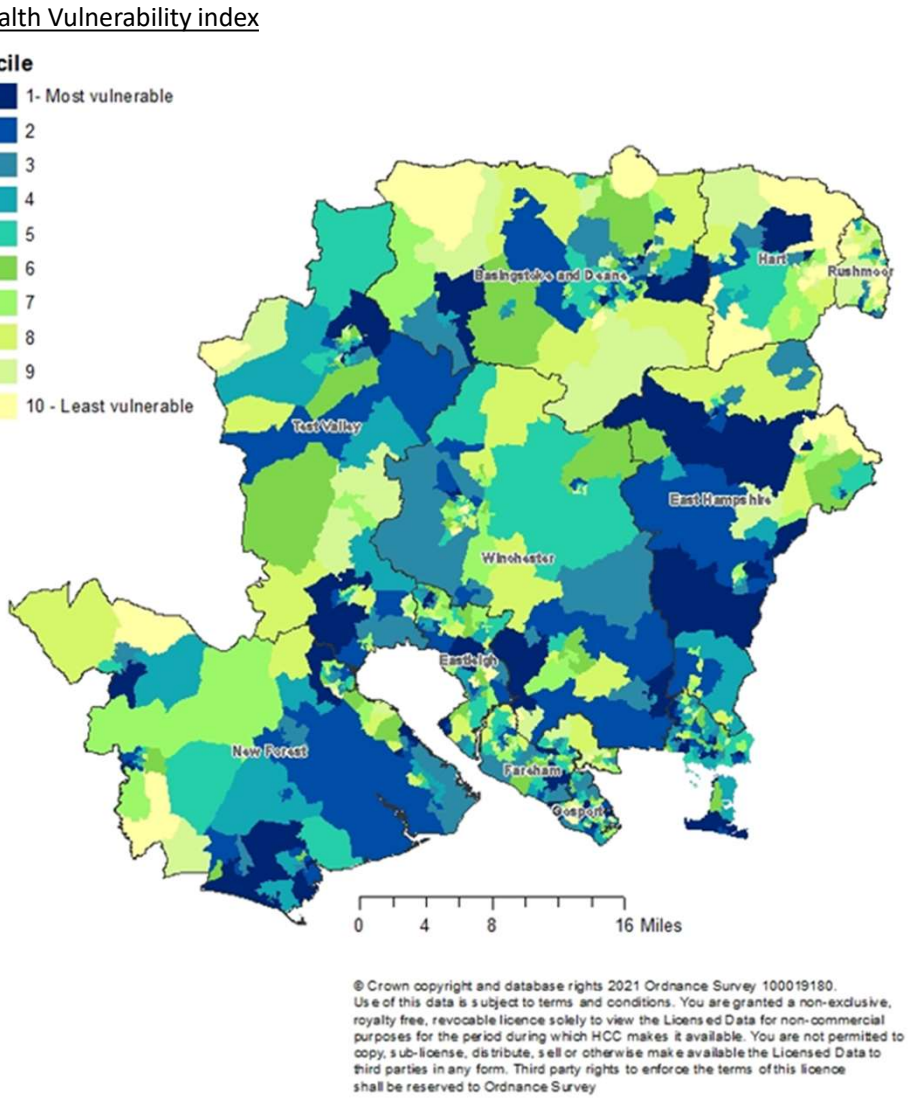
Smoking rates have declined over the course of the pandemic, with an estimated million people stopping smoking since the beginning of the pandemic. However contrary to this there is a concern that some of those who stopped smoking may have taken up smoking again due to the stress experienced during the pandemic and that existing smokers may be smoking more frequently

Work-life balance. During the pandemic many people's working arrangements changed with nearly half (46.6%) of people in employment doing some work from home from April 2020. Of these around one third (30.3%) worked a greater number of hours than usual. Working long hours has been shown to be an risk to health, with people working 55 hours or more per week having an increased risk of heart disease or stroke. Reported benefits of working from home include; reduced time spent travelling to work, reduced sickness absence rate, helping fathers to be more present and have greater involvement in childcare. Many workers have reported that they would like to continue some home working once social distancing restrictions end

Who in our population may be more at risk of health vulnerabilities?

The Health Vulnerability index has been produced calculated by combining the factors, such as long term condition prevalence, age ,overcrowding, which have been shown to be high risk for severe outcomes from contracting COVID-19 and provides an overall estimate of the vulnerability of people living in these areas to severe health outcomes from COVID-19.

Rural areas across East Hampshire, Test Valley, the New Forest and Basingstoke and Deane are the areas which show as most vulnerable on the map. More urban areas such as Rushmoor, Fareham and Gosport, have lower vulnerability to severe health outcomes from COVID-19 overall but vulnerable populations are still evident in these districts.



6. Healthy places.

How COVID-19 has impacted populations differently depending on where they live and circumstances

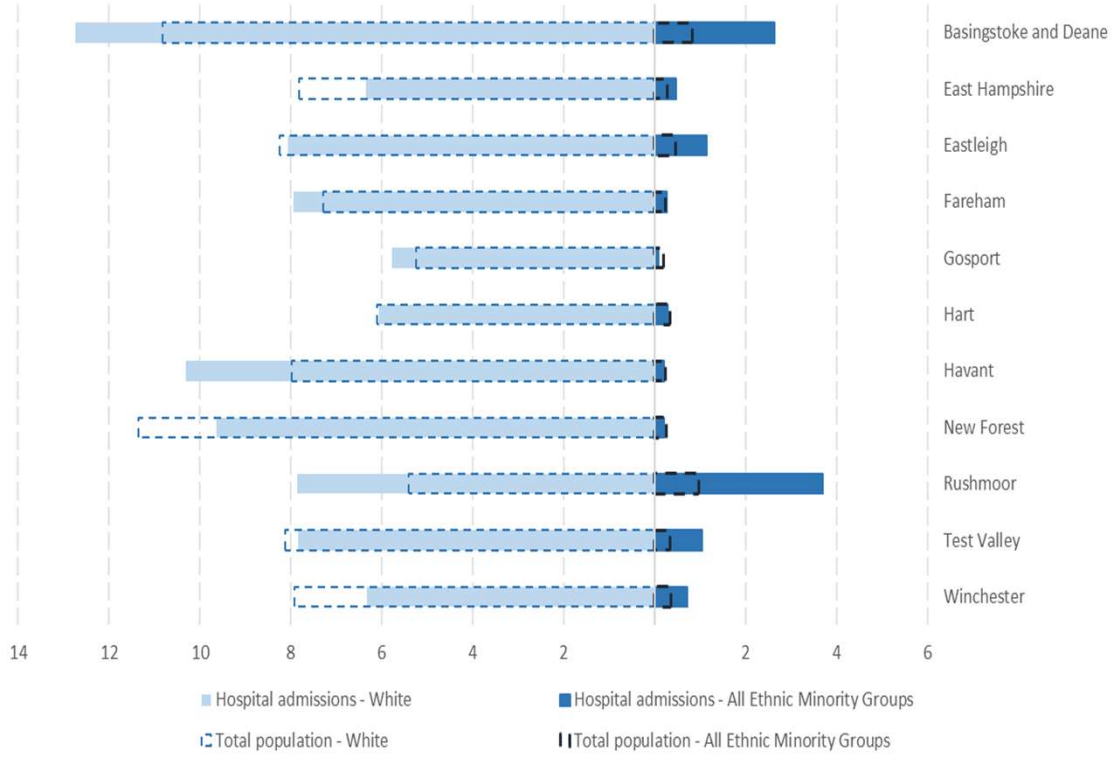
Place: Where has been directly impacted upon by COVID-19?

Place

Basingstoke and Deane & Rushmoor had significantly higher COVID-19 rates of cases, admissions and deaths compared to other districts

Admissions rates in the more deprived areas were 2.1 times higher for males and 1.8 times higher for females than those in the least deprived areas.

COVID-19 admissions compared with population structure by district, 18th February 2020 to 31st May 2021



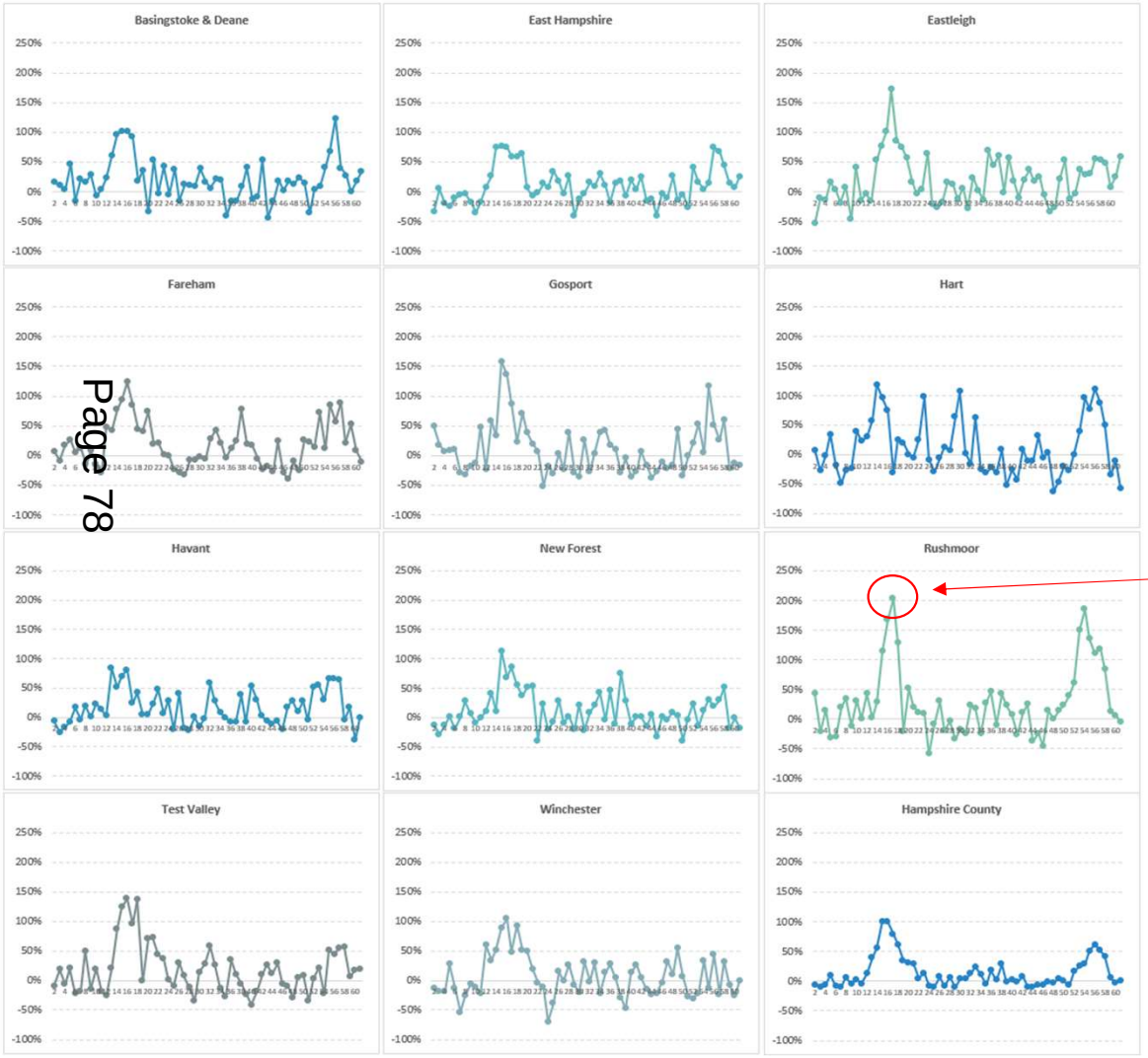
Rushmoor and Basingstoke & Deane districts have specific vulnerabilities

- urban
- densely populated areas
- areas considered most deprived
- high proportion of people working in front line roles such as health care and the service industry.
- greatest ethnic diversity with a larger population of people from an Asian background.
- more likely to be living in multigenerational housing are more likely to be living in overcrowded housing

However district level still masks variation e.g. Andover area in Test Valley

Place: Where has been directly impacted upon by COVID-19?

Excess deaths as a share of usual deaths in Hampshire districts, Week ending 10th Jan 20 to week ending 26th Feb 21



Source: Excess deaths data summary for week 24 2021, LKIS South East, Public Health England

Life expectancy trends from 2015 to 2020 suggest that inequalities have widened significantly, disproportionately impacting on those living in the more deprived areas.

Levels of excess mortality varied across the districts of Hampshire during the COVID-19 pandemic. When excess deaths are examined as a proportion of usual deaths, the highest peaks are noted in Rushmoor district

Rushmoor experienced over 200% more deaths than would usually be expected

Place: What has been indirectly impacted upon by COVID-19?

Education has been significantly impacted on due to school closures. Time spent learning declined for secondary pupils with the greatest loss evident in areas of higher deprivation. There are many reasons why those children from deprived background had reduced participation in learning. For example reduced access to digital resources, parental educational attainment, language barriers and challenges for home schooling in overcrowded households. Concerns for vulnerable children who in lockdown became a 'hidden population' due to reduced contact and social interaction with educational and health professionals

Access to green space will have impacted people very differently during lockdown depending on where they lived and their type of accommodation. Those people living in smaller, more crowded homes with less access to private garden space would have experienced greater stress during social distancing restrictions than those with garden and additional living space.

Air quality has been positively impacted on. During the 'Stay at Home' restrictions motor vehicle travel was 63% lower than in the same month in 2019. Overall in 2020 motor vehicle travel reduced by 21.3% compared with 2019. The largest decrease was shown for buses and coaches, followed by cars, whilst the use of pedal cycles increased by almost 50%

Crime data present a mixed picture depending on the type of crime. Robbery and theft dropped dramatically during 2020, however there are reports of young people being at increased risk from county lines as criminal groups find new online ways and social media platforms to coerce young people into drug running. Domestic abuse has also seen an increase during the pandemic, national domestic abuse helpline reported a 66% rise in calls and a 950% increase for visits to the website compared with pre-COVID-19. With the increase in domestic abuse the number of Children in care is also increasing.

Economic policy has been introduced throughout the pandemic designed to mitigate the negative impact of the public health interventions on businesses and employees**.** Around 80% of hospitality and food businesses creased trading during lockdown. Consequently, those working in food service, accommodation, arts and entertainment were the workforce most affected. Young working age population had the highest rates of furlough. People aged 16 to 24 years and those aged 65 years and over were the main drivers for the annual decrease in the number of people in employment, whilst people aged 50 years and over were most affected by redundancy. The unemployment rate for people from a minority ethnic background increased by a larger proportion than those from a White background.

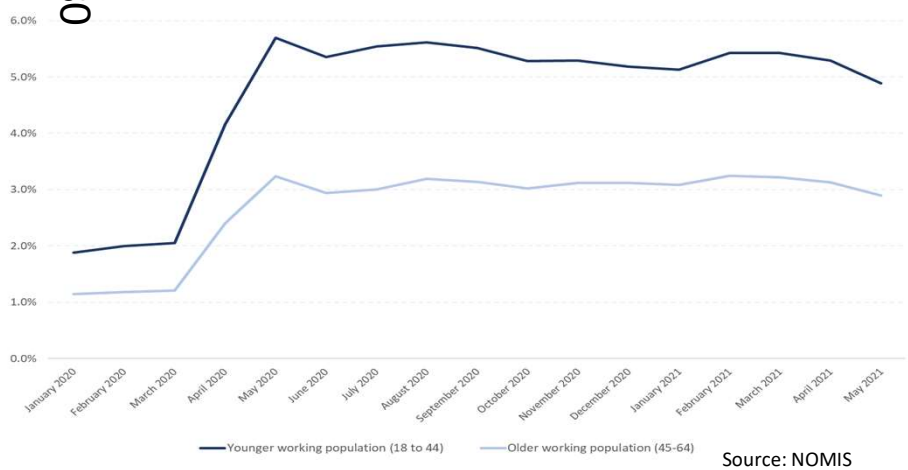
Which businesses were more vulnerable due to economic policy?

The index aims to assess the variations in how vulnerable businesses are to the impacts of the COVID-19 pandemic restrictions across Hampshire.

Based on a review of evidence, four key vulnerability factors were identified:

- Business Size - businesses with under 10 employees most vulnerable [NOMIS]. Business income used SEIS and CJRS as proxy [HMRC]
- Sector that the business operates in - Sectors most vulnerable – Accommodation and Food Service Activities, Arts, Entertainment and Recreation and Other Service Activities [NOMIS]
- Mobility of consumers [Google Mobility data]
- The type of business (e.g. operating online or in-store) – data not available

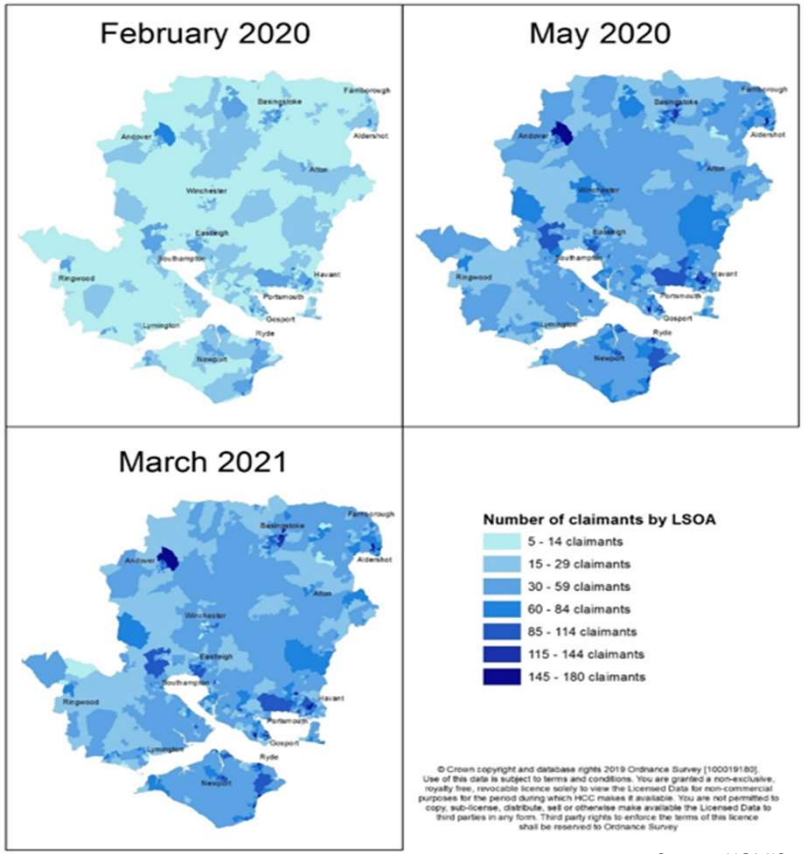
Claimant count percentage uptake by working age group



Source: NOMIS

Claimant count was higher and increased significantly more in the younger working age, 18-44 years

Number of people claiming out of work benefits changed during the COVID pandemic



Source: NOMIS

Which businesses and districts across Hampshire and Isle of Wight were more vulnerable due to economic policy?

Hampshire & IOW Public Health Intelligence

Business Vulnerability Index: Sum of Ranks

District	Furlough (Average take up rate per month)	Mobility - Retail and Recreation (difference from baseline)	Self-Employment Income Support Scheme (Average takeup rate by grant)	Vulnerable Industry (Rate per 1,000 business)	Vulnerable business size (Rate per 1,000 business)	Claimant Count Rate (Increase between Feb 2020 and Feb 2021 - proportion of residents	Sum of Ranks
South East	**12.15%**	**N/A**	**68.70%**	**110.31**	**902.50**	**3.22%**	
Hampshire (not including IOW)	**11.24%**	**-44.04**	**67.55%**	**98.56**	**893.27**	**2.72%**	
Basingstoke and Deane	10.26%	-46.28	66.26%	82.65	908.58	2.68%	33
East Hampshire	11.71%	-43.74	65.35%	95.38	906.15	2.66%	37
Eastleigh	11.38%	-45.20	70.37%	83.27	909.92	2.37%	36
Fareham	11.71%	-44.99	69.23%	100.66	884.03	2.49%	38
Gosport	10.22%	-36.08	71.30%	170.16	897.91	3.43%	39
Hart	11.47%	-51.57	66.67%	94.26	912.91	2.46%	43
Havant	11.45%	-44.16	74.07%	106.90	905.64	3.61%	50
New Forest	12.88%	-37.39	67.36%	120.45	890.84	2.59%	39
Rushmoor	11.30%	-46.89	70.21%	100.73	871.72	3.20%	40
Test Valley	9.93%	-42.48	65.22%	89.97	899.71	2.35%	16
Winchester	11.34%	-52.89	62.71%	93.96	845.68	2.41%	25
Isle of Wight	13.95%	-35.82	68.22%	205.72	863.59	3.75%	

Less vulnerable compared to the South East average
Similar vulnerability compared to the South East average
More vulnerable compared to South East average

For each indicator, every district was compared to the South East average and the colours of the tartan rug were calculated based on statistically difference to the South East

Businesses in Hart and Havant were identified to be most likely to be vulnerable to the impacts of the COVID-19 pandemic restrictions, with businesses in Test Valley and Winchester being the least likely to be vulnerable.

7. Key areas of focus

"Health outcomes are driven by a wide range of factors. If we are truly going to 'build back fairer' we need a comprehensive recovery strategy that incorporates preventative action at every level"

Living Safely with Covid. Moving toward a Strategy for Sustainable Exit from the Pandemic.

Hampshire & IOW Public Health Intelligence

Key areas of focus

- Many of the underlying health risk factors for COVID-19 are the result of poor conditions associated with the social determinants of health. The rate of improvement of the health of the Hampshire population has slowed and is unequal with the proportion of time spent in good health decreasing.
  - PHM workstream – focus on modifiable behaviours
  - Focus on lifestyle interventions at person and place level – smoking, obesity, physical activity

"Early intervention to prevent health inequalities"

- Older people, ethnic minority groups & those living in deprived areas were disproportionately affected by the severe outcomes of COVID-19.

  Commissioned services - proportionate universalism approach

"Ensure proportionate universal allocation of resources and implementation of policies".

  - Provider outcomes focused- health equity impacts– requires good data collection to identify population groups and measure outcomes

"Put health equity and wellbeing at the heart of local, regional and national economic planning and strategy"

- Women of working age have been disproportionately affected by Long COVID
  - Reform workplace occupational health policy to recognise the debilitating condition and support employees physically and mentally
  - PCN health and wellbeing coaches – could provide a supportive role providing practical lifestyle advise - NICE guideline [NG188] published December 2020

Health Equity in England: The Marmot Review 10 Years On | The Health Foundationuidance-1.pdf

"Health outcomes are driven by a wide range of factors. If we are truly going to 'build back fairer' we need a comprehensive recovery strategy that incorporates preventative action at every level"

Living Safely with Covid. Moving toward a Strategy for Sustainable Exit from the Pandemic.

Key areas of focus

- Children and young people – limited social development in the very young, missing key life experiences, mental health, educational and economic long term impacts uncertain but clearly has had a huge impact – how do we help this cohort of our population increase resilience for the future?
  - Share HIA report with our ETE , education and children's services colleagues to identify possible actions (e.g., digital and remote learning experiences – lessons learnt)
  - Work with the business sector (maybe through the district links) to encourage more opportunities for young people such as apprenticeships and work experience to provide economic and educational certainty

"Increase the number of post-school apprenticeships and support in-work training throughout the life course"

- Build on and consolidate relationships established during the pandemic to work more creatively' e.g., NHS, Social care, CSU, Public health, community researchers and community organisations

- Focus on staff health and wellbeing – in particular we need to recognise and support those who have worked in the pandemic response who may be suffering stress, feeling burnt out or experiencing trauma

Health Equity in England: The Marmot Review 10 Years On | The Health Foundationuidance-1.pdf

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board
Date:	7 October 2021
Title:	Strategic Leadership: Business Plan 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 outline the current priority areas for each of the themes within the Health and Wellbeing Board Business Plan and provide actions for Board Members to progress collectively and within their organisations.

Recommendation(s)

That the Hampshire Health and Wellbeing Board agree to take forward actions outlined in each of the theme areas in the presentation.

Performance

1.1. A review of our business plan confirmed we have achieved what we set out to do. The impact of Covid-19 has led to theme areas being revaluated and the priorities noted set out as areas of focus.

Co-Production

1.2. The business plan was originally developed with input from Public Health and a number of other local authority and CCG colleagues and complements the priorities in the NHS Long Term Plan. Further feedback was sought from Members and Sponsors along the way to provide representation and input. Ongoing feedback will be welcomed in order to continuously improve the working of the Board and the effectiveness of the plan.

Conclusions

2. Alongside updates priority areas and taking forward actions collectively, the Board is striving to increase visibility and measurable impact.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

Links to previous Member decisions:	
Title	Date
Health and Wellbeing Board Business Plan Update	December 2019
Health And Wellbeing Board Business Plan Update	June 2019
Direct links to specific legislation or Government Directives	
Title	Date

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:

0. **Equality Duty**

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

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

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

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

1. **Equalities Impact Assessment:**

It is expected that equality impact assessments are completed as appropriate across the system for specific work programmes or decisions that feature in the business plan.

Health and Wellbeing Board Business Plan Update

Simon Bryant, Director of Public Health

Who are we? What do we do?

The role of the Health and Wellbeing Board is for the purpose of advancing the health and wellbeing of the people of Hampshire and to encourage persons who arrange for the provision of any health or social care services in Hampshire to work in an integrated manner.

The Health and Wellbeing Board agrees a 'Joint Health and Wellbeing Strategy'. The current strategy has been agreed for 2019-2024.

There is a new emphasis on collaboration, population health and integration, including new models of care and recognising the power of place in development of Integrated Care Systems and the value of:

- collaborating at different levels in the system;
- building up from places and neighbourhoods;
- providing leadership across the system; and
- focusing on functions that are best performed at scale.

Board Achievement and Priorities

A review of our business plan shows we have achieved what we set out to do. Updates on all theme areas are being received by the Board and built into the forward planning:

- Post Covid challenges noted in Starting Well theme update
- Working through Covid challenges noted in Living Well theme update
- Progress and ongoing priorities for Healthy Communities theme update
- Focus areas through Covid for Ageing Well theme update
- The Dying Well theme update will be received at today's meeting

The following slides outline the current priority areas for each of the themes and actions for Board Members.

'Strategic Leadership' Simon Bryant

Priority Areas	Actions
Refresh the JSNA to ensure board actions are based on the population health needs	Sign off the JSNA and embed findings with own organisation and agree actions to take forward together
Embed the physical activity strategy and to support the focus on those who are the least active	Agree joint actions and develop local action plans for own areas of responsibility Organisations and individuals make the #WeCanBeActivePledge target of 250 in the first year
Continue to develop membership, structures and visibility in light of ICS developments and the needs of the Board	Ongoing review

'Starting Well' Steve Crocker

Priority Areas	Actions
The emotional wellbeing of children in the context of Covid recovery	Further co-ordination of actions and plans
The rise in domestic abuse in the context of Covid recovery	Overseeing the work of partners engaged in the approach to tackling Domestic Abuse and to understand the broader impact of domestic abuse during Covid and the impact upon services

"Living Well' Dr Barbara Rushton

Priority Areas	Actions
Healthy hearts • Long term plan asks for reduction of 150,000 strokes and heart attacks by 2029 • 136,000 die from CVD compared to 100,000 from covid last year • 30% of people with hypertension are undiagnosed • 30% of people with hypertension have their own BP monitor • Healthy hearts programme distributed 5000 monitors to surgeries where BP less well controlled	• To focus on reducing heart disease through collective action on risk factors smoking, and obesity • The Board is asked to alert patients and practices of new cases whether you are in an acute, community, social care or third sector organization
Implementing "we can be active" strategy • Many people have gained excess "covid pounds" • Lockdown has increased social isolation and reduced mental health and wellbeing which exercise has been shown to improve • Many people are still afraid to come outside and exercise	• The Board is asked to note the ask for leaders to work together to implement the strategy and to support the focus on those who are the least active • Organisations and individuals are asked to help make the #WeCanBeActivePledge target of 250 in the first year

"Ageing Well' Graham Allen

Priority Areas	Actions
Embed the physical activity strategy	That the Board to commit to the roll out of Energise Me training on the benefits physical activity for older people within their organisations to improve the knowledge and confidence of the paid and unpaid workforce in having conversations to support behaviour change
To work collaboratively with health partners to extend the use of HCC's TEC Service to further support Hampshire's Ageing Well Strategy – focussing initially on falls and UCR in North and Mid Hants.	For the Board to confirm their commitment to increasing the role of TEC in supporting Hampshire population to 'Age Well' through: 1) Health partner investment in direct referral pathways from NHS services (initially Falls Car & UCR) to help reduce demand on services 2) Actively supporting the promotion of the Hampshire 'Private Pay' TEC service, by raising awareness of the local offer across NHS and voluntary sector organisations, so that more Hampshire residents are able to benefit from the local TEC offer. *Further details in Appendix.*

Healthier Communities' Cllr Anne Crampton

Priority Areas	Actions
Keeping People Safe and Well at Home - the Health Begins at Home MOU is being finalized - a shared commitment between HIOW system partners to work collaboratively to ensure that individuals live in a healthy, safe, and secure home. This includes a commitment to joint action against four main priorities: 1. Preventing homelessness through improved partnership working 2. Ensuring everyone can stay safe in their own homes 3. Committing to joint strategic decision making and commissioning across health, housing, social care and community services 4. Setting out processes to continually learn and improve A workforce development proposal is being produced which will include an overview of current training resources available and recommendations to ensure continued partnership working across the system to help keep people safe and well at home.	To endorse the final version of the Health Begins at Home MOU To promote the Keeping People Safe and Well at Home training resources within relevant networks and encourage participation/ uptake To review the recommendations from the workforce development proposal and identify the most appropriate workstream to take these forward
Healthy Environments - ensuring health considerations are fully integrated into local plans and planning policies, carrying out longer term planning on threats to health such as climate change, and ensuring air quality is considered by all including the NHS	All partners to engage in the improvement of air quality and the development of an action plan

‘Dying Well’

Priority Areas	Actions
Consistent approach to end of life care development of Hampshire wide EOLC Dashboard Develop a common approach to end of life care plans and programme across the system such as the ReSPECT tool or other Ensuring reaching out to all communities successfully, mapping of existing service provision complete Specialist bereavement training and service provision shared via community portals	Agree the actions outlined in the Dying Well report to be received today Promote bereavement work and support services

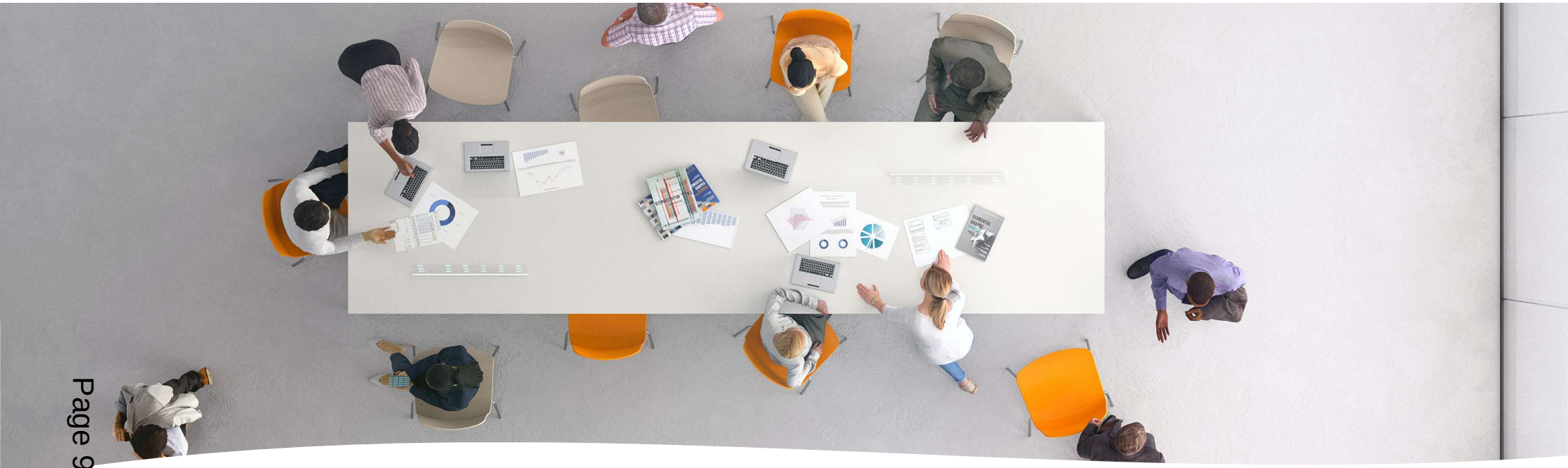
Collective Actions for the Board

The business plan shows that we have achieved key priorities for the system.

As a Board we need oversight of key actions and a watching brief monitored through annual updates.

The Board needs to move to agreed collective action on areas where we can be effective. This will include areas that need senior input, or areas of health and wellbeing where improvements in outcomes have not progressed positively.

This will require engagement by all parties and use of collective resources.



Thank you to all Board Sponsors for their updates on current priorities and actions.

Questions and discussion

Appendix

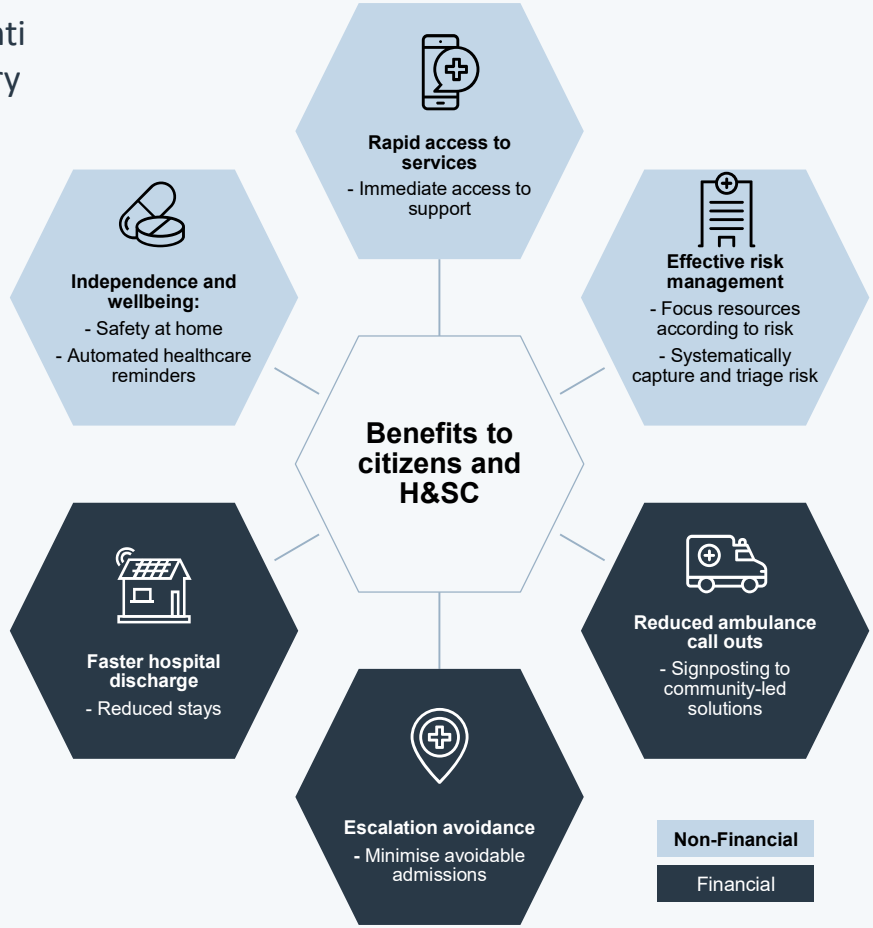
Technology enabled care (TEC) can support better health outcomes and promote good system flow across Integrated Care Systems (ICS).

There is an opportunity to extend the use of HCC's Award winning Argenti TEC Service to address immediate pressures and support system recovery plans, as well as longer-term goals.

Argenti consistently delivers tangible improvements and evidenced financial benefits. Benefits to the healthcare system are shown aside.

A system approach to funding and planning of TEC services can support the Ageing Well agenda and keep even more people out of hospital by:

- Avoiding unnecessary hospital admissions and improving flow, in particular on the emergency pathway
- Promoting self-care and early preventative action by promoting Private Pay TEC through PCNs and social prescribers
- Provide risk mitigations and for patients on pre and post-operative elective pathways e.g. falls detectors for people on MSK pathways



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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board
Date:	7 October 2021
Title:	We Can Be Active Physical Activity Strategy
Report From:	Julie Amies

Contact name: Julie Amies

Tel: 07958 918064 **Email:** julie.amies@energiseme.org

Purpose of this Report

1. The purpose of this report is to share the recently published "We Can Be Active Physical Activity Strategy" and ask for the board to adopt it in the Health and Wellbeing Strategy.

Recommendation(s)

That the Hampshire Health and Wellbeing Board:

2. Adopts the We Can Be Active Physical Activity Strategy for inclusion in the Health and Wellbeing Strategy.

3. Led by the project sponsors, facilitate action planning sessions with relevant people and organisations for the starting well, living well and ageing well chapters of the health and wellbeing strategy. These actions to be integrated into the Board's business plan.

Executive Summary

4. This report sets out the work that has been carried out to develop a new physical activity strategy for Hampshire and the Isle of Wight. It outlines a process that has been built on principles of co-production and engagement with priority groups of people whose voices are often not heard. It sets out the mission and the 5 broad goals and seek the board's support for its adoption in the health and wellbeing strategy.

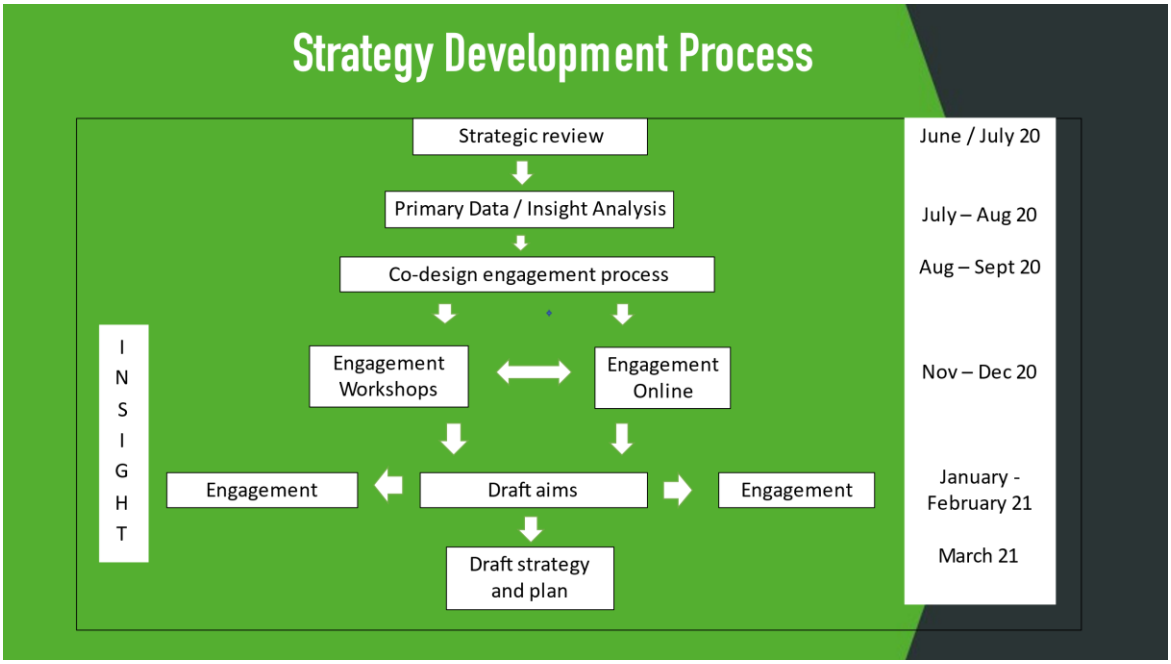
Contextual Information

5. A project sponsors board comprising representatives from all public health teams across Hampshire and the Isle of Wight, the Hampshire, Southampton and Isle of Wight Clinical Commissioning Group and Energise Me who led the production of the strategy.

Delivering the last physical activity strategy, we needed to take a test and learn approach to understand why people and communities found it difficult to be physically active. The evidence base of what worked wasn't available. We know much more about how we can deliver activity relevant to our priority groups and how we can lead physical activity conversations across the area to influence others to make change**.** The **project sponsors** board reviewed what we had learned:

- Tackling inequalities needs to sit at the heart of the strategy**.** Research conducted by Sport England and Com-Res throughout COVID19, tells us that some of our inactive groups have been adversely impacted and in some cases are at greater risk because of their long-term health condition(s).
- You need the voices of the people your strategy is trying to reach. You need to understand what gets in the way of being active, for the individual and the community.
- It takes time to understand and support inactive people to become more active.
- You need to co-produce the strategy with colleagues who have/could have a role to play in the strategy development and delivery. People and organisations who work with or have experience working with our priority audiences: children and young people, people with long term conditions, women and communities with high levels of inactivity.

6. The strategy development process is outlined below.



7. The strategy has drawn on data and insight from many sources including the Active Lives Adult and Active Lives Children national surveys and the joint strategic needs assessment. This insight guided us to the people and communities with the lowest levels of physical activity and who we really needed to reach through the engagement phase. “A Big Online Conversation” was carried out through November and December 2020. We wanted to know what helps people to be active and what gets in the way. We heard from over 800 individuals including young people via focus groups in school and community settings. We made a promise at this stage to listen and to act We Can Be Active Big Online Conversation

8. The ideas and experiences people shared during the We Can Be Active conversation, were matched to the World Health Organisation’s Global Action Plan on Physical Activity, a plan which is based on extensive analysis of physical activity data and evidence from around the world. Using this data and insight, a big planning session was held in March 2021. It was attended by over 200 people from organisations across Hampshire and the Isle of Wight. People from arts and culture, business, transport, environment, health, education, housing, local government, VCFSE sectors and people who took part in the online conversation.

   The We Can Be Active Strategy was written after the planning event and set out a joint mission “to inspire and support active lifestyles so we can *all* be active in a way that suits us”. It also set out 5 clear goals using the words of our neighbours, friends, family, patients and colleagues:

   1. Positive early experiences for our children and young people

2. Opportunities that meet our needs and interests and are accessible and easy to find
3. Places and travel routes where we all feel safe and are encouraged to be active
4. Support to help us get started or keep moving when we feel like we can't do it alone
5. Bold leaders working together to create happier and healthier communities

9. Behind each of these goals are personal stories and experiences that highlight things that need to change if we are *all* to be active in a way that suits us. Many stories from around the county can be found here: Physical Activity Blogs This strategy has been created by at least 800 individuals across Hampshire and the Isle of Wight.

10. The strategy is just the start. We need to support its implementation, individually and collectively through this board, in our organisations and any other areas where we have influence. Energise Me has set out the role it can play and what it will do We Can Be Active - We will. The Integrated Care System Prevention and Equalities Board has made physical activity one of its top two priorities and Energise Me is working with the board to set out the action it will take. Sixty pledges to support its implementation have been received so far and it would be great if board members could add theirs, at a personal, professional and better still both levels.

11. The first step for this board is to adopt the strategy and write it into its health and wellbeing strategy. With the leadership and support of the project sponsors, we need to facilitate action planning sessions to identify the things that the board is uniquely positioned to do to help people and communities start well, live well and age well.

Co-Production

12. The strategy had co-production designed into the process from inception to the completion. With over 800 voices across the county from a wide range of backgrounds and over 200 plus people and organisations that have contributed through the events and conversations, co-production has sat at the centre of this work.

Conclusions

13. The We Can Be Active Strategy has laid some strong foundations on the principles of co-production and engagement with people and communities that we seldom hear from. We need to build out from these foundations to build support for its implementation in our organisations and communities we

serve and to keep the promise we made “We will listen. We will act. We won’t rest until everyone has the confidence and support to be active on their own terms”.

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
OR	
This proposal does not link to the Strategic Plan but, nevertheless, requires a decision because:	

Other Significant Links

Links to previous Member decisions:	
Title Starting, Living And Ageing Well: Hampshire Physical Activity Strategy	Date December 2019
Direct links to specific legislation or Government Directives	
Title	Date

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 disproportionally low.

2. **Equalities Impact Assessment:**

3. An inequalities impact assessment has not been undertaken for this report as it reports on a strategy that has been developed to tackle inequalities that exist within physical activity.

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We Can Be Active

What do Hampshire and Isle of Wight communities need to be active?

Coordinated by

Energise Me

Why it matters

Regularly raising our heart rate and moving in a way that makes us feel out of breath can:

Reduce our risk of depression by 30%

Reduce our risk of major illnesses - such as heart disease, stroke, and respiratory illness by up to 50%

We believe everyone should have access to these benefits - regardless of age, gender, race, ability or background.

> "When I am able to exercise, I feel better, my head feels clearer. Then I am more confident to do things."

Anonymous We Can Be Active online conversation participant

The story of We Can Be Active

We Can Be Active began with a big online conversation open to everyone in Hampshire and the Isle of Wight. The words on the following pages grew out of that conversation.

Energise Me paired people's ideas with global evidence of what helps people to be active. This led to five themes, each with its own set of goals.

These goals might stem from your words. They might come from the words of your neighbours, friends, family or teammates.

We Can Be Active is a call for us all to join forces to make it easier to be active. 'We' is you and me and the individuals and organisations all around us. We can all be active and help others to be active.

You don't need to have been part of the story from the beginning. Each new voice adds to and strengthens our story. And if you feel that your voice is not represented then we *need* to hear from you.

Let's move together to address inequalities and make Hampshire and the Isle of Wight a happier and healthier place to live.

At the moment...

People with a **disability or long-term health condition** are twice as likely to be inactive.

People from low income households are less likely to be active than those with higher incomes.

Over half of children are not achieving the recommended 60 minutes of physical activity per day.

Almost half of **adults aged 75+** are inactive and this population is projected to grow significantly.

People from Black or South Asian ethnic groups are less likely to be active than those from White ethnic groups.

LGBT+ people are significantly less likely than heterosexual people to do enough exercise to maintain good health.

On average, **women** are less likely to be active than men.

382,600 adults (23.5%) are doing less than 30 minutes of physical activity per week.*

This is not equality. We need to understand why these inequalities exist and work together to address them.

*Source: Sport England, Active Lives Adults Nov 2019/2020

Our mission:

To inspire and support active lifestyles so we can *all* be active in a way that suits us.

Success will be:

People who once struggled to be active feeling the positive benefits of increased activity.

Being active is essential. How we do it is up to us. If it raises our heart rate and makes us feel out of breath it counts.

We need

1. **Positive early experiences** for our children and young people.
2. **Opportunities** that meet our needs and interests, and are accessible and easy to find.
3. **Places and travel routes** where we *all* feel safe and are encouraged to be active.
4. **Support** to help us get started or keep moving when we feel that we can't do it alone.
5. **Bold leaders** working together to create happier and healthier communities.

Positive early experiences for our children and young people.

Our first experiences of physical activity and sport stay with us. They shape how active we are as children and often as adults too. So, these experiences need to be great!

We will:

Work *with* children and young people to create positive experiences.
Only children and young people can say what makes a positive experience for them. We'll listen and work with them to create or improve activities.

Embed physical activity across all aspects of school life.
Physical activity, arts and culture, and being outdoors can all support children's health and wellbeing. We'll work with pupils, teachers, families and carers to create a joined-up wellbeing offer.

Enhance community provision in areas where fewer young people are active.
We will come together as families, communities and organisations to increase physical activity and play in our homes and neighbourhoods.

"My overriding memory of PE at school is people laughing at me..." We Can Be Active online conversation participant

"[I wish I had] more access to things I like [and] the confidence to go." 17-year-old, Hampshire

"I've lost interest in swimming now. I like to walk... it's better as I can go on nice countryside walks with amazing views and listen to music." 17-year-old, Hampshire

"A lot of the activities aren't local and it means travelling..."
We Can Be Active online conversation participant

Success:

- New and enhanced opportunities to be active created *with* children and young people.
- More young people in our least active areas regularly taking part in physical activity *and* enjoying the experience.

Opportunities that meet our needs and interests, and are accessible and easy to find.

At the moment, opportunities suit some of us better than others. We need to work together to make sure we all have equal opportunities - whatever our age, gender, ability, race, sexuality or background.

We will:

Diversify opportunities by creating activities *with* people who find it hard to be active.
We'll be creative in adding movement into other interests and in finding ways to make sessions affordable and accessible.

Increase the number of informal neighbourhood activities by providing support to kickstart ideas.
Neighbourhood activities enable people to be active in a sociable way closer to home.

Increase the range of activities available to people with health conditions and disabilities.
We'll work *with* people with health conditions and disabilities to adapt sessions and create new ones that meet their needs.

Make activities easier to find by increasing the number of sessions published to OpenActive data standards.
Publishing information in a consistent way means it can be featured in campaigns and activity finders. We'll increase the number of sessions published via opensessions.io and leisure booking systems.

Page 15

"... having activities that are fun where exercise is a by product work for me."
We Can Be Active online conversation participant

"I'd like easy to get to (can't drive), neighbourhood walking groups, just to go round the local area."
We Can Be Active online conversation participant

"I have a long term health condition and people instantly don't want me to hurt myself or make it worse."
We Can Be Active online conversation participant

"I'm a full-time wheelchair user and there doesn't seem to be many accessible exercise classes around..."
We Can Be Active online conversation participant

"People aren't always aware of what the local physical activity offer is - need one place that provides this information."
We Can Be Active online conversation participant

Success:

- A broader range of opportunities to be active created *with* people who feel they lack the confidence or opportunity to take part.
- More people from the least active communities outlined on p.4 regularly enjoying being active.
- More local activities published to OpenActive data standards, making activities easier to find.

Places and travel routes where we *all* feel safe and are encouraged to be active.

The places where we live, work and play, influence our activity levels. The options for travelling between them can also make a big difference. Both need to make it easy and appealing to be active for all ages.

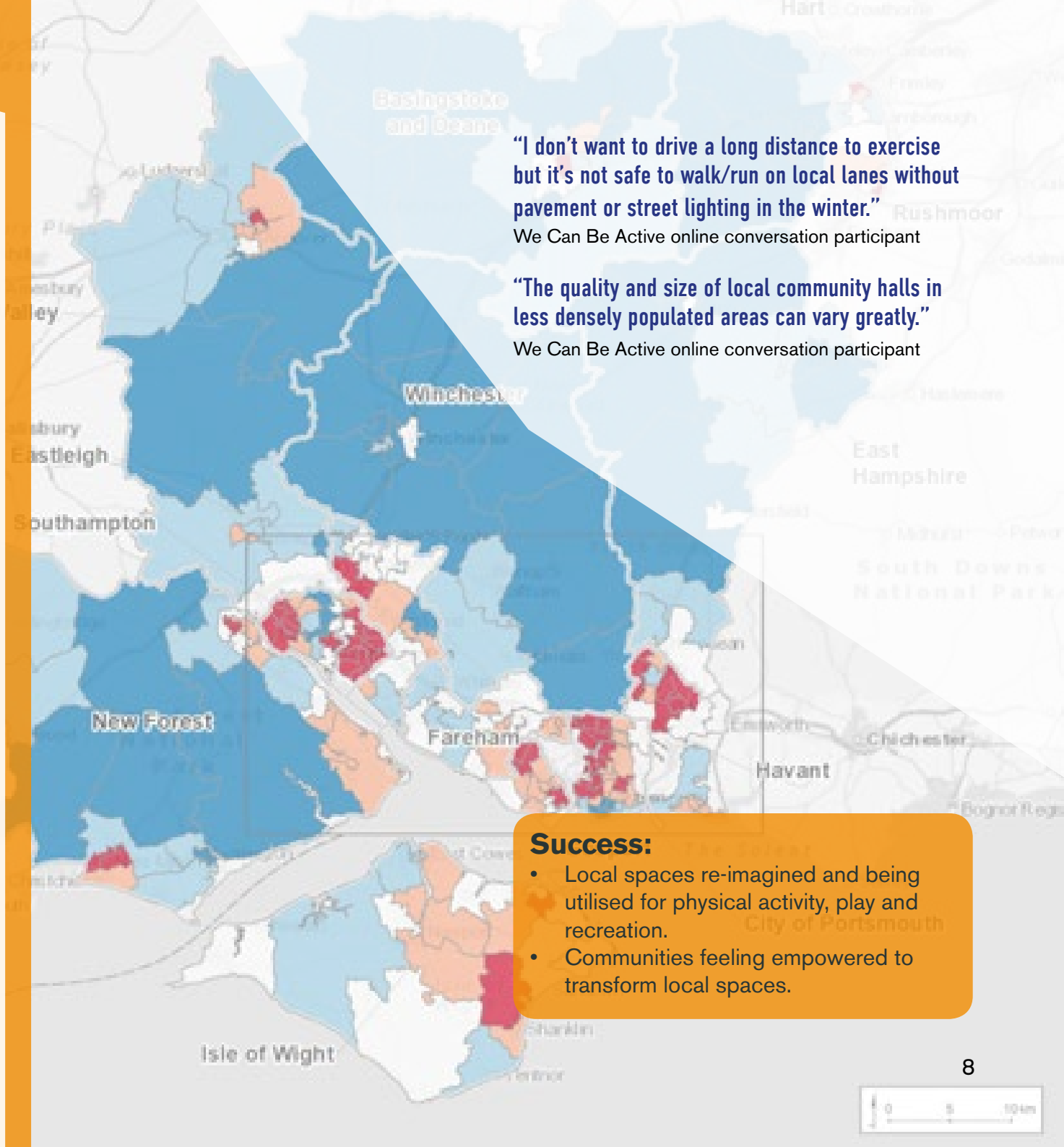
We will:

Increase the range of places to be active by unlocking permission to use under-utilised spaces.
Utilising new and non-traditional spaces will mean more people can be active in locations and environments that suit them.

Build community and cross-sector partnerships to transform local spaces.
Communities are full of ideas to make spaces safe, accessible and attractive for outdoor play and recreation. We'll provide support, where needed, to turn ideas into reality.

Come together as communities, planners and policy-makers to create Healthy Streets.
Every decision we make about our streets is an opportunity to make it easier and more appealing to walk or cycle. We'll work together to create streets that encourage movement.

Page 15



"I don't want to drive a long distance to exercise but it's not safe to walk/run on local lanes without pavement or street lighting in the winter."
We Can Be Active online conversation participant

"The quality and size of local community halls in less densely populated areas can vary greatly."
We Can Be Active online conversation participant

Success:

- Local spaces re-imagined and being utilised for physical activity, play and recreation.
- Communities feeling empowered to transform local spaces.

Support to help us get started or keep moving when we feel that we can't do it alone.

At the moment, not everyone feels supported to be active. We need to work together to develop appropriate support mechanisms so that none of us feel that we can't be active.

We will:

Learn more about the support that is needed and work together to make it available on demand.
We need to understand what support is needed and how best to make it available to those who need it most.

Promote campaigns which challenge perceptions around who can be active and how.
Campaigns can help raise awareness, generate excitement and inspire us to be active. We will promote national and local campaigns that use inclusive images and encourage more people to be active.

Be We Can Be Active champions and have supportive physical activity conversations.
Guidance from people we trust can help us gain the confidence to be active. We Can Be Active champions will offer encouragement and advice to help others get started.

"I am overweight, I have mental health issues and people don't understand how difficult that is... I know I can be lazy... People think it's a choice and some of it is, but when you are in it then tell me how easy it is to fix - because it isn't and I can't do it on my own."
We Can Be Active online conversation participant

"Somewhere to turn to when I need the encouragement/support, either to be active with them or just a bit of 'you can do this'. I know I should be accountable but it is easier when you have someone else helping you."
We Can Be Active online conversation participant

Success:

- People who once struggled to be active feel appropriately supported to take part in physical activity.
- Increased visibility and awareness of physical activity campaigns.

Bold leaders working together to create happier and healthier communities.

We can all lead change in our communities. But it will happen faster if we work together. Physical activity is one part of a bigger health and wellbeing picture. Rather than compete with the other parts, we need to join forces to improve health and happiness.

We will be:

Can-do in creating solutions to make things happen, even when they feel hard.

Open in working with others to achieve happier, healthier and stronger communities.

Human in the way we communicate and in admitting when we get things wrong.

We will:

Listen and learn from one another.

Champion active lifestyles at home, work and play and when moving from place to place.

Work together to measure the impact of We Can Be Active.

"I don't want my kids to be active because I can't afford to feed them more." Parent, Southampton

"At present, there are charities/health orgs/education etc fighting each other for funding, pushing their own agendas... This... should focus on grass roots community and must physically go out and promote the message that health in its fullest expression is the aim and not just "fitness"."
We Can Be Active online conversation participant

Success:

- People from all walks of life leading change in our communities.
- 250 individuals and organisations making a #WeCanBeActivePledge to inspire and support active lifestyles in Year 1.

Measuring success

Success: People who once struggled to be active feeling the positive benefits of increased activity.

The simplest measure of success for We Can Be Active will be an increase in activity levels across Hampshire and the Isle of Wight. We'll monitor this through Sport England's Active Lives Surveys, paying particular attention to our least active communities.

But We Can Be Active is about more than numbers. It's also about a shift in the way we work together, as individuals and organisations, to meet the needs of local people.

As such, success will also be measured through an increase in strong partnerships, satisfaction with opportunities, and on the quality of what we learn and how we use that to support active lifestyles for all.

All of these things will help accelerate our mission each year bringing us ever closer to reaching the ultimate goal where we can *all* be active in a way that suits us.

Increase in activity levels across Hampshire and the Isle of Wight, particularly within our least active communities.	**More people working together** to inspire and support active lifestyles.	**Increased satisfaction** with the quality, range and acessibility of opportunities to be active.	**Positive benefits of physical activity** reported by people who have increased their activity levels.	**Greater shared understanding** of how best to inspire and support active lifestyles.
Measured through Active Lives Survey data and a reduction in the % of people classed as inactive.	Measured through We Can Be Active Pledges, interviews and attendance at learning events.	Measured through surveys, focus groups, and interviews, with learnings used to shape future developments.	Measured through surveys, interviews, and stories, with learnings used to shape future developments.	Measured through the confidence of those involved in We Can Be Active to inspire and support active lifestyles.

Combining data, stories, and reflections from individuals and organisations

Measurement milestones

SEPT 21 Measurement workshop to develop joint plans, targets and toolkit.

NOV/DEC 21 Local Active Lives Survey data published.

DEC 21 We Can Be Active learning event.

MAY 22 Local Active Lives Survey data published.

JULY 22 Annual review of data, impact, learning and goals.

Energise Me will coordinate events and publications to support measurement and learning

We Can Be Active Pledges

"I will be an example because having a life threatening illness isn't going to stop me being active." Elizabeth Greagsbey

"We will encourage physical activity within our young parents groups."
Yellow Brick Road Projects

"We will improve the level of physical activity children and young people participate in during school hours as well as out of school."
Testlands

"We will look at how we can tailor sessions to be more suited to people who have disabilities or who are living with long-term health conditions." Hampshire FA

"We will support this strategy by connecting people through our Wilder Communities programme to help make their local spaces better for people and wildlife."
Hampshire and Isle of Wight Wildlife Trust

"I will support the IOW youth council to consult and engage other young people to deliver on this agenda."
Stephen Woodford, Isle of Wight Council

"I will help encourage new members to join the group of seniors I attend and buddy up to ensure they don't feel alone as I realise some are a little nervous when joining a new venture." Vanessa Raynbird

"I will work with our Natural Environment and Recreation team to increase access to outdoor/green spaces for people to be active." Calum Drummond, Winchester City Council

"We will work with the local authority and businesses in the city centre to encourage engagement, look at safe walking and cycling routes and encourage businesses to sign up their staff to initiatives."
Winchester Business Improvement District (BID)

"I will lead and organise physical activity for young people and inspire future leaders to motivate others."
Nick Hutton, School Games Organiser

"I will focus on strengths within the local area to start to build programmes that local people want and need."
Jo Pike, Fairthorne Manor Community Manager

What will you do to inspire and support active lifestyles?

#WeCanBeActivePledge

"We will try to diversify the offer, particularly for women and girls and change the narrative that football has to be organised, two hours long and just for experienced players with good levels of fitness."
Hampshire FA

"We will expand our Youth Engagement programme, which will help more children and young people from deprived and diverse backgrounds undertake physical activity in green and natural spaces."
New Forest National Park Authority

"I will be proactive at connecting arts and culture with a range of broader partners, to showcase how arts and physical activity can align." Caz Creagh, Creative Learning and Participation Manager, Eastleigh Borough Council

"We will advocate for investment in multi-use games areas and other play infrastructure for older children, teens and young adults."
Winchester SALT

"I will provide support to clients when they don't know where to begin."
Amy Burt, The YOU Trust

"I will champion that Everyone Active will put people at the centre of everything they do."
Natalie Austin, Everyone Active

"I will champion physical activity within Southern Health with our staff and service users." Heather Mitchell, Southern Health

"We will work with schools across Hampshire and promote active travel to and from schools."
Travel Planning Team, Strategic Transport, Hampshire County Council

"We will work with other council departments and organisations, both linked into and outside of our Active Portsmouth Alliance to ensure delivery against agreed actions."
Portsmouth Public Health team

"We will encourage our youth and play teams to use the strategy to empower the families we work with to adopt healthier lifestyles by empowering them to make healthier choices and embed physical activity into their lives."
Play, Youth and Community Service, Portsmouth City Council

"We will join with Energise Me, the NHS and other partners across Hampshire and the Isle of Wight to create physically active places and communities which protect and improve the health of the population, especially those who are most at risk."
Hampshire & IOW Public Health teams

Share your pledge via Energise Me's website or on social media using the hashtag
#WeCanBeActivePledge

We Can Be Active

However we choose!

Coordinated by

Energise Me

We Can Be Active

What will Energise Me do?

Coordinated by

Energise Me

Let’s do this!

We Can Be Active was created by over 800 individuals and organisations across Hampshire and the Isle of Wight. It will take all of us, and more, working together to make it a success. We all have our individual roles to play. This document outlines what Energise Me will do as part of its role in coordinating We Can Be Active.

Energise Me is part of a national network of Active Partnerships, receiving investment from Sport England to help build physical activity and sport into everyday life. The charity works across Hampshire and the Isle of Wight to champion active lifestyles and create a happier, healthier and stronger future for local people.

Over 1.6 million people in Hampshire and the Isle of Wight already experience the positive benefits of an active lifestyle. But persistent inequalities prevent 23.5% of our local population from being as active as they would like to be. Energise Me will focus its efforts on reducing these inequalities so that we can *all* be active in a way that suits us.

Energise Me will work with physical activity, health, and community partners to embed movement into health care, education, planning and transport systems. We will listen to and advocate for inactive communities, ensuring their voices are heard in policy discussions. And, through our role on Health and Wellbeing Boards, we will encourage others to use their influence to enable active lifestyles.

We are committed to learning and developing as a team and will share our progress, with openness and honesty, at the We Can Be Active event in July 2022. In the meantime, we’d love to hear from you if you would like to work with us on any of our contributions to We Can Be Active.

Julie Amies
Chief Executive, Energise Me

Positive early experiences for our children and young people.

Our first experiences of physical activity and sport stay with us. They shape how active we are as children and often as adults too. So, these experiences need to be great!

We will:	Energise Me will:
Work *with* children and young people to create positive experiences. Only children and young people can say what makes a positive experience for them. We'll listen and work with them to create or improve activities.	**Listen to and advocate** for children and young people who struggle to be active. **Support schools, youth groups and activity providers** to consult young people about physical activity, and provide guidance and investment to turn their ideas into reality.
Embed physical activity across all aspects of school life. Physical activity, arts and culture, and being outdoors can all support children's health and wellbeing. We'll work with pupils, teachers, families and carers to create a joined-up wellbeing offer.	**Collaborate** with community, mental health and research partners to develop, test and evaluate a pilot programme with one local school. **Share learning** with schools across Hampshire and the Isle of Wight through reports, events, and targeted conversations.
Enhance community provision in areas where fewer young people are active. We will come together as families, communities and organisations to increase physical activity and play in our homes and neighbourhoods.	**Source and share local data and insight** to help providers connect with young people who struggle to be active. **Connect with families and organisations in 5 communities** with low activity levels and support them to create positive early experiences.

Opportunities that meet our needs and interests, and are accessible and easy to find.

At the moment, opportunities suit some of us better than others. We need to work together to make sure we all have equal opportunities - whatever our age, gender, ability, race, sexuality or background.

We will:

Diversify opportunities by creating activities *with* people who find it hard to be active.
We'll be creative in adding movement into other interests and in finding ways to make sessions affordable and accessible.

Increase the number of informal neighbourhood activities by providing support to kickstart ideas.
Neighbourhood activities enable people to be active in a sociable way closer to home.

Increase the range of activities available to people with health conditions and disabilities.
We'll work *with* people with health conditions and disabilities to adapt sessions and create new ones that meet their needs.

Make activities easier to find by increasing the number of sessions published to OpenActive data standards.
Publishing information in a consistent way means it can be featured in campaigns and activity finders. We'll increase the number of sessions published via opensessions.io and leisure booking systems.

Energise Me will:

Support *any* organisation or group that works with communities to find creative ways to build physical activity into and alongside their offer.

Support 5 communities with high levels of inactivity and inequalities to find places, people and resources to make their ideas happen.

Connect charities, support groups and activity providers through the Hampshire and Isle of Wight We Are Undefeatable Network so they can work together to increase opportunities.

Raise awareness and understanding of OpenActive through events and case studies featuring local activity providers.

Work with national partners to make sure local authorities, leisure providers and smaller organisations have the tools, resources and support they need to open their data.

Places and travel routes where we *all* feel safe and are encouraged to be active.

The places where we live, work and play, influence our activity levels. The options for travelling between them can also make a big difference. Both need to make it easy and appealing to be active for all ages.

We will:

Increase the range of places to be active by unlocking permission to use under-utilised spaces.
Utilising new and non-traditional spaces will mean more people can be active in locations and environments that suit them.

Build community and cross-sector partnerships to transform local spaces.
Communities are full of ideas to make spaces safe, accessible and attractive for outdoor play and recreation. We'll provide support, where needed, to turn ideas into reality.

Come together as communities, planners and policy-makers to create Healthy Streets.
Every decision we make about our streets is an opportunity to make it easier and more appealing to walk or cycle. We'll work together to create streets that encourage movement.

Energise Me will:

Support schools to share learning from the Open School Facilities project to inspire others to open their facilities for community use.

Advocate for creative use of under-utilised spaces by collating and sharing innovative examples from across the globe.

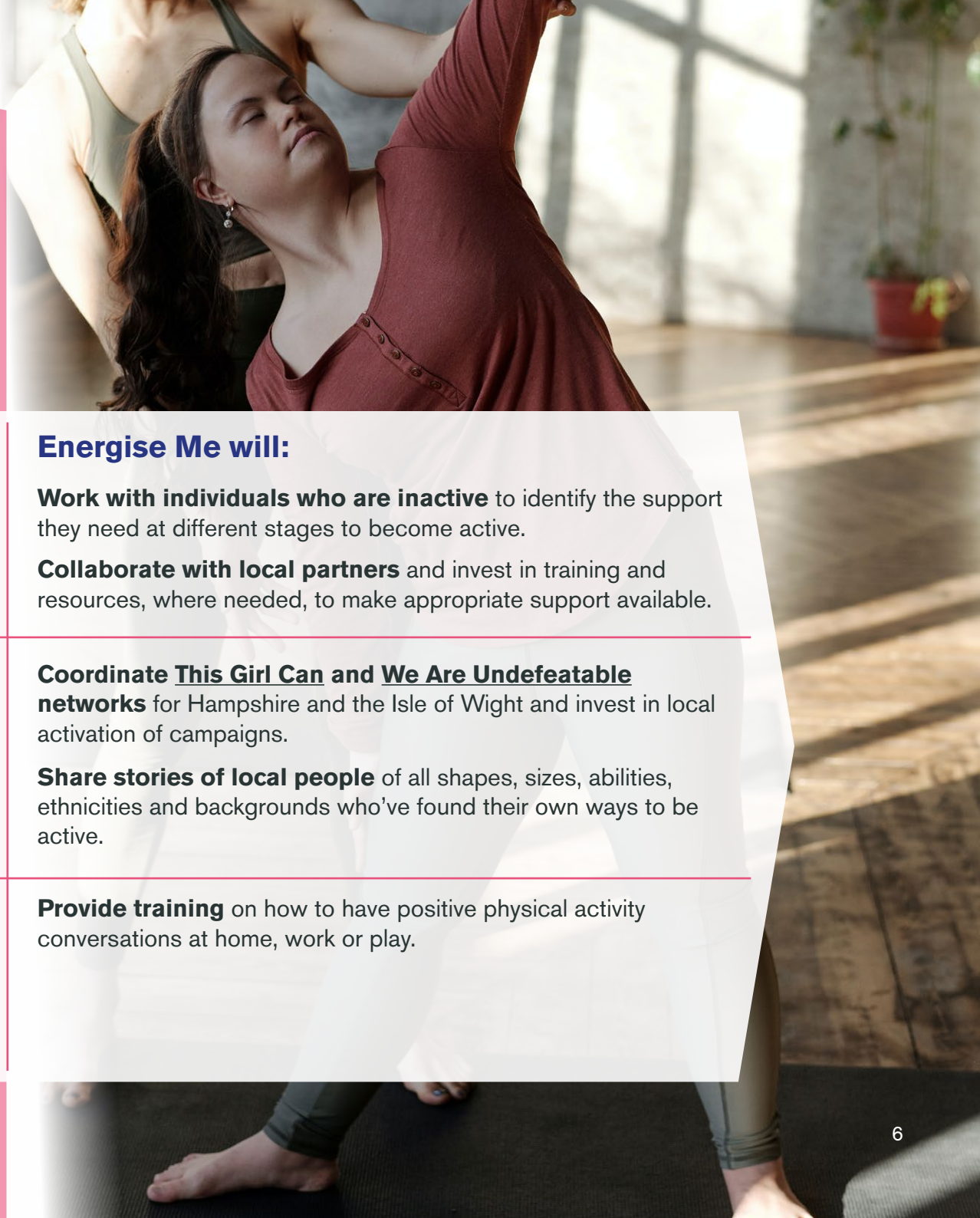
Work with 5 local communities with low activity levels to explore how local spaces and travel routes affect their activity levels.

Support communities to build innovative partnerships to transform local spaces into safer and more inviting places to be active.

Listen to and advocate for communities' physical activity needs in local development discussions.

Support to help us get started or keep moving when we feel that we can't do it alone.

At the moment, not everyone feels supported to be active. We need to work together to develop appropriate support mechanisms so that none of us feel that we can't be active.



We will:	Energise Me will:
Learn more about the support that is needed and work together to make it available on demand. We need to understand what support is needed and how best to make it available to those who need it most.	**Work with individuals who are inactive** to identify the support they need at different stages to become active. **Collaborate with local partners** and invest in training and resources, where needed, to make appropriate support available.
Promote campaigns which challenge perceptions around who can be active and how. Campaigns can help raise awareness, generate excitement and inspire us to be active. We will promote national and local campaigns that use inclusive images and encourage more people to be active.	**Coordinate This Girl Can and We Are Undefeatable networks** for Hampshire and the Isle of Wight and invest in local activation of campaigns. **Share stories of local people** of all shapes, sizes, abilities, ethnicities and backgrounds who've found their own ways to be active.
Be We Can Be Active champions and have supportive physical activity conversations. Guidance from people we trust can help us gain the confidence to be active. We Can Be Active champions will offer encouragement and advice to help others get started.	**Provide training** on how to have positive physical activity conversations at home, work or play.

Bold leaders working together to create happier and healthier communities.

We can all lead change in our communities. But it will happen faster if we work together. Physical activity is one part of a bigger health and wellbeing picture. Rather than compete with the other parts, we need to join forces to improve health and happiness.

We will:	Energise Me will:
Listen and learn from one another.	**Coordinate and collate content for 4 learning events per year,** providing space for individuals and organisations to connect and share experiences. **Share our learning** from commissioned insight and action learning projects.
Champion active lifestyles at home, work and play and when moving from place to place.	**Find We Can Be Active Champions** from a range of sectors and diverse communities and provide support and evidence to help them advocate for physical activity. **Support young people to be bold leaders** for physical activity through Energise YOUth.
Work together to measure the impact of We Can Be Active.	**Coordinate a measurement group** to explore how we can measure the impact of We Can Be Active together. **Invest in a framework and tools** that can be used by everyone involved in We Can Be Active to measure and demonstrate joint impact.

We Can Be Active

What will you do?

Coordinated by

Energise Me

We Can Be Active

The insight behind the Hampshire and Isle of Wight strategy

Coordinated by

Energise Me

Jump in!

Why we developed We Can Be Active

Regularly raising our heart rate and moving in a way that makes us feel out of breath can:

- **Reduce our risk of major illnesses** - such as heart disease, stroke and respiratory conditions - by up to 50%
- **Reduce our risk of depression** by 30%
- **Lower our risk of early death** by up to 30%

Source: NHS Benefits of Exercise

In short, physical activity is essential for our health and wellbeing - not to mention all the other benefits it can bring.

But, not all of us feel like we *can* be active...

Many of us are not as physically active as we would like to be

81%

of disabled adults want to do more activity than they currently do.
(Activity Alliance)

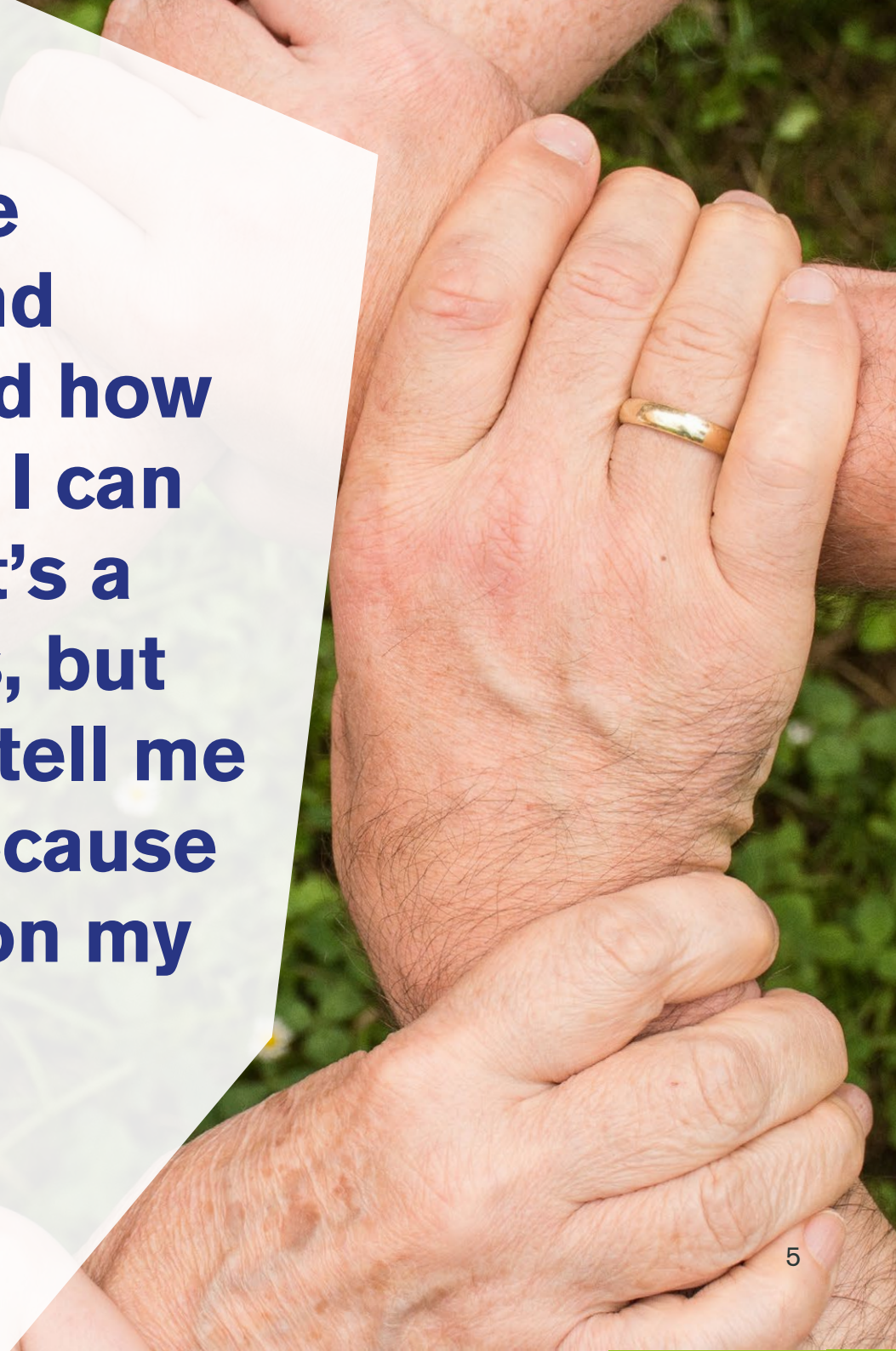
75%

of women want to be more active.
(This Girl Can insight)

69%

of people with a long-term health condition would like to be more active.
(We Are Undefeatable insight)

Something is stopping us...



“I am overweight, I have mental health issues and people don’t understand how difficult that is... I know I can be lazy... People think it’s a choice and some of it is, but when you are in it then tell me how easy it is to fix - because it isn’t and I can’t do it on my own.”

We Can Be Active online conversation participant

National research says...

- Fear of judgement
- Fear of making health conditions worse
- Fear of losing disability benefits
- Lack of accessible and affordable opportunities
- Negative past experiences

...are all preventing people from being active.

Local people say...

- Low confidence, poor mental health, and fear of being judged
- People not wanting them to hurt themselves
- Not feeling safe
- Lack of accessible and affordable opportunities
- Memories of hating PE at school

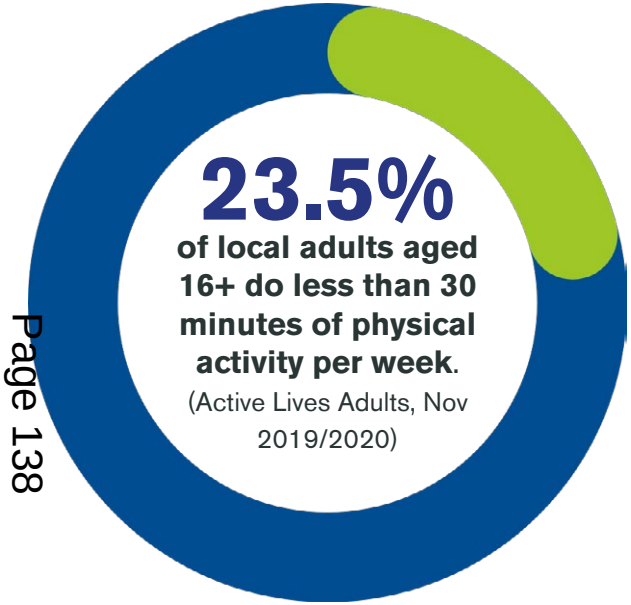
...are all preventing them from being as active as they want to be.

Source: Sport England, We Are Undefeatable, This Girl Can, Activity Alliance, and We Can Be Active

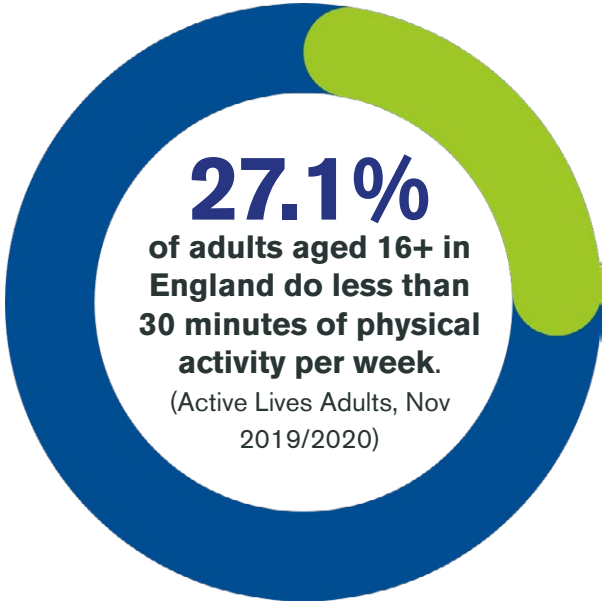
Activity levels in Hampshire and the Isle of Wight

What's the impact on activity levels?

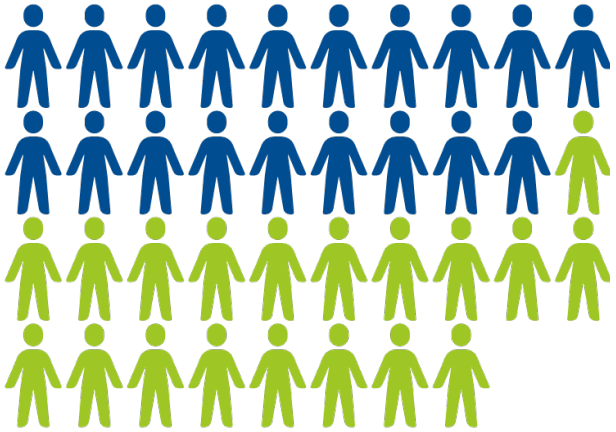
In Hampshire and the Isle of Wight:



Local figures compare favourably to England:



But, this doesn't mean we can relax.
23.5% is 382,600 of us living with a higher risk of major illness and depression because we lack the support or opportunity to be active in a way that suits us.



We need to understand why and make changes together.

For good health, The UK's Chief Medical Officers recommend being active for at least:

- **180 minutes** per day for 1-5 year olds
- **60 minutes** per day for 5-18 year olds
- **150 minutes** at a moderate intensity per week for adults

OR

- **75 minutes** at a vigorous intensity per week for adults

Moderate intensity physical activity, such as brisk walking, increases our breathing but we are still able to talk easily.

Vigorous intensity physical activity, such as running, gets us breathing fast and makes it more difficult to talk.

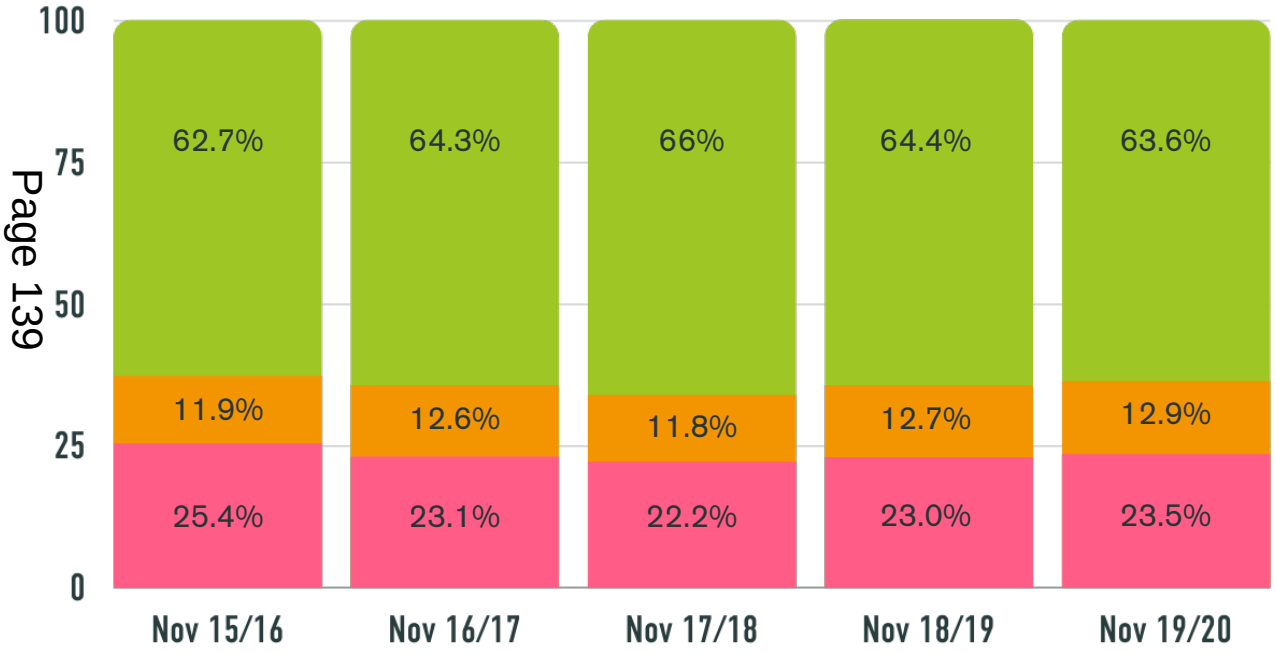
Source: Sport England, Active Lives Adults

How does this vary over time?

Active — % of people aged 16+ doing at least **150 minutes** of physical activity per week in bouts of 10 minutes of moderate intensity.

Fairly Active — % of people aged 16+ doing **30-149 minutes** per week of physical activity.

Inactive — % of people aged 16+ doing **less than 30 minutes** of physical activity per week. This includes people doing nothing, 1-29 minutes of moderate intensity exercise or light only exercise.



Data was holding up well ahead of the pandemic, with a statistically significant improvement since 2015/2016. But COVID-19 has disrupted physical activity and has taken us back to a point of no significant change from the 2015/2016 baseline.

Source: Sport England, Active Lives Adults

If we take a closer look at inactivity

The Active Lives Adult data can be broken down further to show how much physical activity people who are classed as inactive are doing. The majority are doing no physical activity at all.

14.1%
of local adults were doing no physical activity at all.
(Active Lives Adults, Nov 2019/2020)

8.3%
of local adults were doing light only exercise, missing the intensity.
(Active Lives Adults, Nov 2019/2020)

1.1%
of local adults were active but for less than 30 minutes per week.
(Active Lives Adults, Nov 2019/2020)

All is not equal...

23.5%
of local Adults (aged 16+) were classed as inactive in 2019/2020.

31.6%
of local Adults (aged 16+) from Social Grades 6-8 were classed as inactive in 2019/2020.

32.3%
of local Children and Young People were classed as inactive in 2018/2019.

33.7%
of local adults (aged 16+) from the most deprived communities (IMD Decile 1) were classed as inactive in 2018/2019.

37.1%
of local adults (aged 16+) living with a long-term health condition or disability were classed as inactive in 2019/2020.

In addition, national data reveals that:

People from Black or South Asian ethnic groups are less likely to be active than those from White and Mixed race ethnic groups.

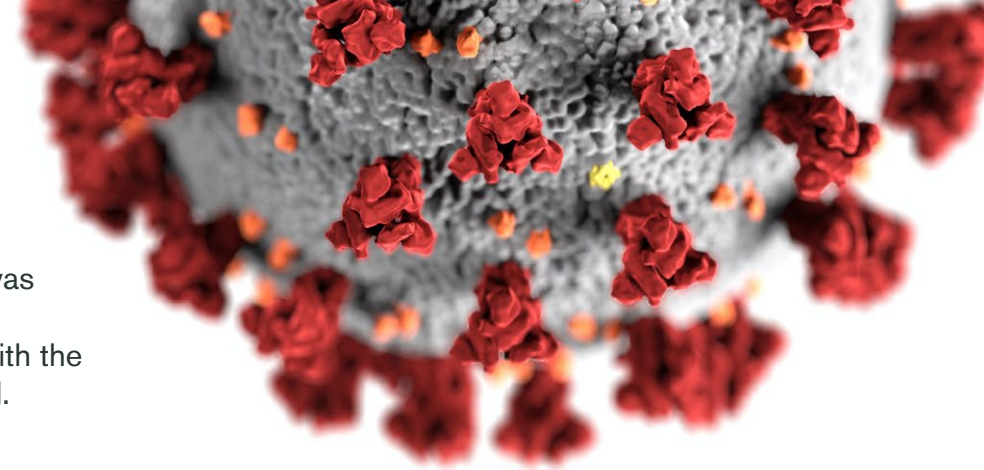
People who identify as LGBT+ are significantly less likely than heterosexual people to do enough exercise to maintain good health.

On average, **women** are less likely to be active than men.

Almost half of **adults aged 75+** are inactive.

Source: Sport England, Active Lives Adults and Children and Young People

The impact of COVID-19



In the initial stages of national lockdown, almost 20% of each demographic group was doing 'a lot less' physical activity compared to an average week before COVID-19 restrictions. The pandemic has had a disproportionately negative impact on those with the lowest activity levels so the inequalities outlined on the previous page have widened.

Socio-economic

Compared to 12 months ago, activity levels have fallen amongst all groups, with those from lower socio-economic groups (routine/semi-routine jobs and those who are long-term unemployed or have never worked) seeing larger drops in activity levels than those from higher socio-economic groups)managerial, administrative and professional occupations).

Long-term health conditions and disability

Decreases in activity levels were strongest during the initial lockdown phase amongst both those with and without a disability or long-term health conditions. The scale of drops was slightly greater for disabled people or those with a long-term health condition, which may be attributed to the requirement for those with health conditions to shield.

Gender

Male activity levels fell more quickly with a larger drop during the initial lockdown (mid-March to mid-May). They then recovered more quickly, whereas female activity levels remained more consistently lower than 12 months earlier. This indicates that women who've seen activity levels fall may take longer and require more support to return.

Ethnicity

Black and Asian (excluding Chinese) adults, as well as those in the 'other ethnic group', have been disproportionately affected by the pandemic. Amongst those from Asian backgrounds, men's activity levels have dropped the most. Despite this, women of Black and Asian (excluding Chinese) ethnicities remain the least active.

Age

The 16-34 and 55-74 age groups saw large drops in physical activity at the start of lockdown but activity levels recovered into mid-September to November. The 35-54 age group saw a smaller but consistent drop throughout the period. The 75+ age group, however, saw consistently large drops throughout the period with no real signs of recovery. This indicates the older age group may need additional support to recover activity levels.

Source: Sport England, Active Lives Adults

We need to work together

The stubborn inequalities and issues that local people and national research have highlighted aren't things one person or one organisation can solve on their own.

We Can Be Active is a call for individuals and organisations to work together to make sure nobody is prevented from living an active lifestyle.

To achieve this, we need to understand more about who is and isn't currently active in Hampshire and the Isle of Wight and why. The data and insight in this pack will help focus our joint efforts. It provides a starting point that we can build on by chatting to local people and working together to achieve positive impact.

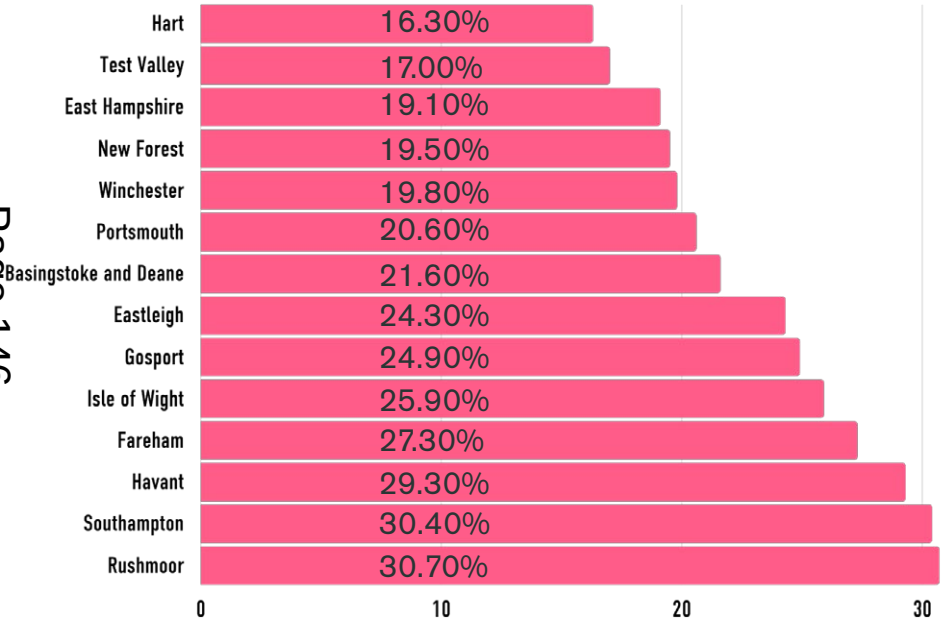
Places and travel

“Our bodies are designed to move, but we have been thrown into an environment that makes it all too easy to be stagnant. Creating easier opportunities to be active by changing our environment is important.”

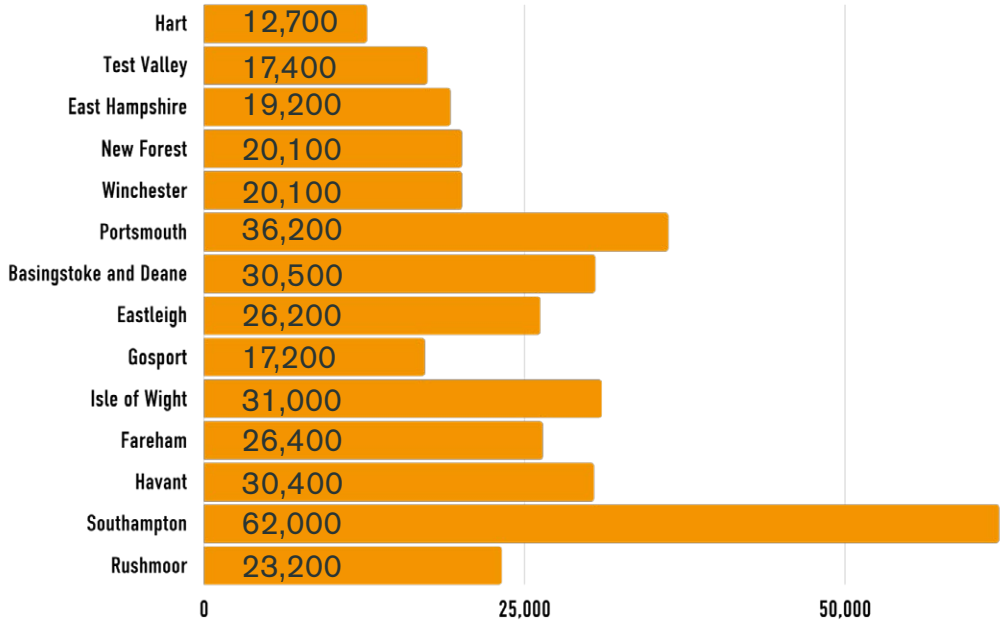
We Can Be Active online conversation participant

Some localities are less active than others...

Percentage of population classed as inactive (Nov 19/20)



Number of adults (aged 16+) classed as inactive (Nov 19/20)



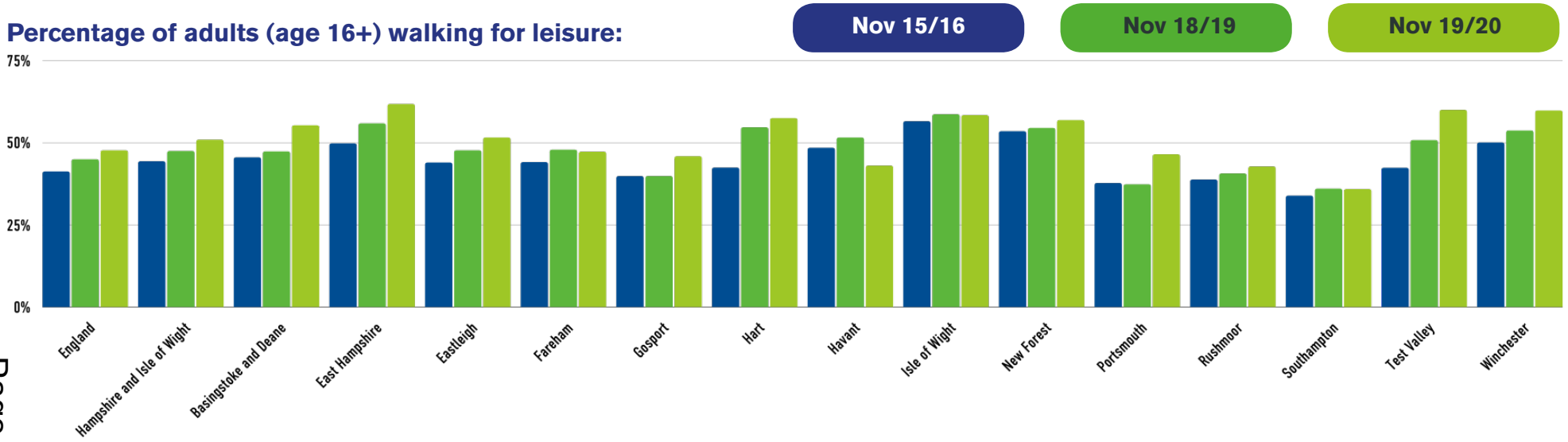
Fareham, **Havant**, **Southampton** and **Rushmoor** all have higher levels of inactivity than the national average of 27.1%.

If we look at these percentages in relation to population size, **Southampton** has the highest number of adults classed as inactive (over 16% of the Hampshire and Isle of Wight total).

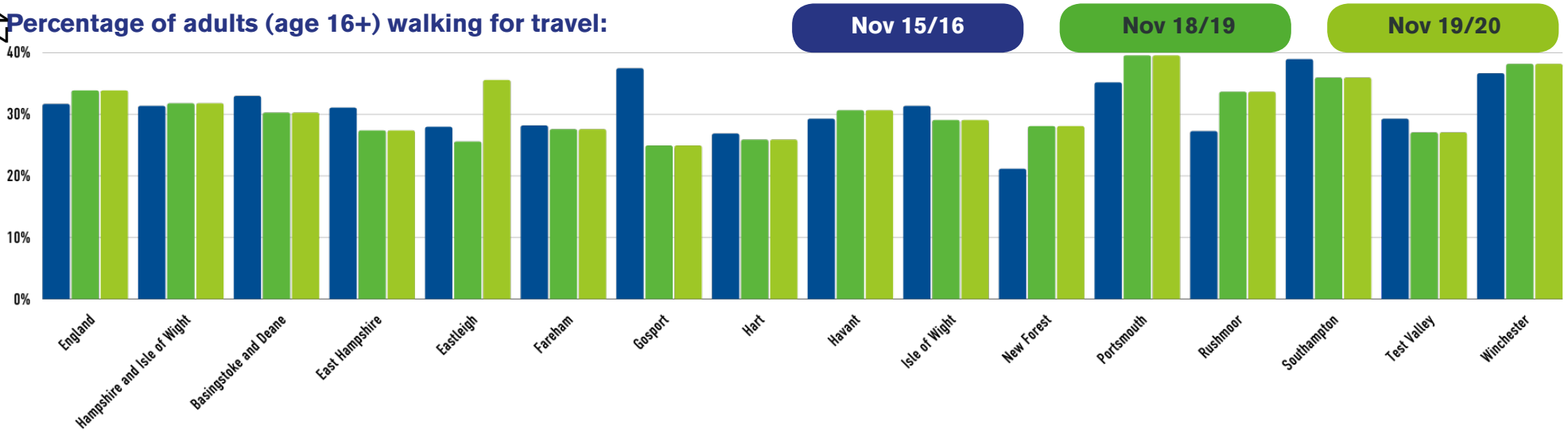
Source: Sport England Active Lives Adults

Spotlight on walking

Percentage of adults (age 16+) walking for leisure:



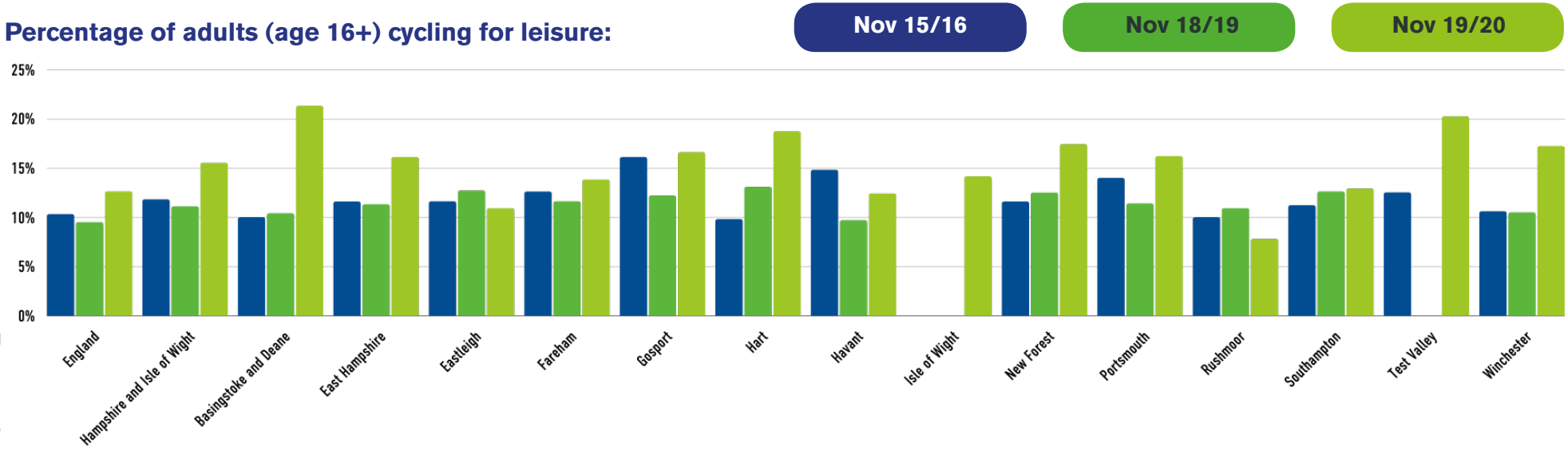
Percentage of adults (age 16+) walking for travel:



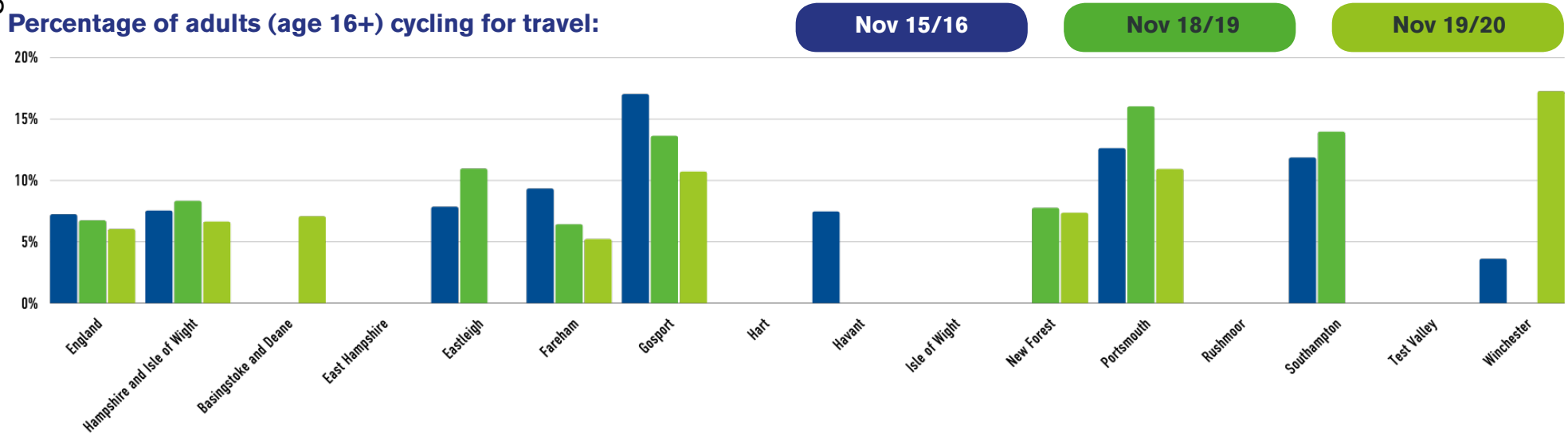
Source: Sport England Active Lives Adults

Spotlight on cycling

Percentage of adults (age 16+) cycling for leisure:



Percentage of adults (age 16+) cycling for travel:



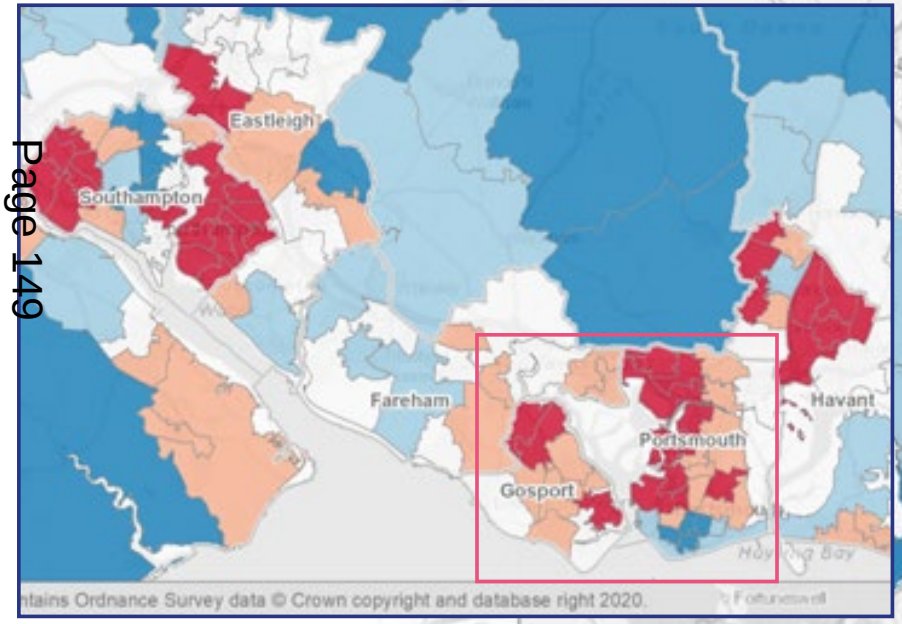
Source: Sport England Active Lives Adults. There is insufficient Active Lives Adults survey data available at a local authority level for some localities.

Pinpointing inactivity

Active Lives Inactive estimate (%) Nov 18-19 excluding gardening, by MSOA in quintiles

- 13.7% - 18.1%
- 18.2% - 20.4%
- 20.5% - 22.4%
- 22.5% - 24.2%
- 24.3% - 32.7%

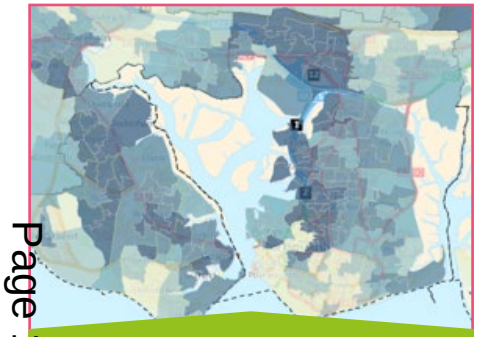
RED indicates higher rates of inactivity. The more we zoom in, the closer we get to pinpointing our most inactive communities.



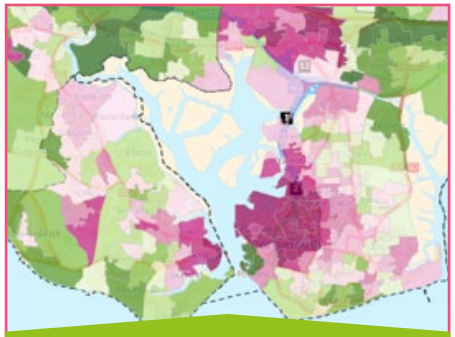
Source: Sport England Active Lives Adults

Income and Occupation

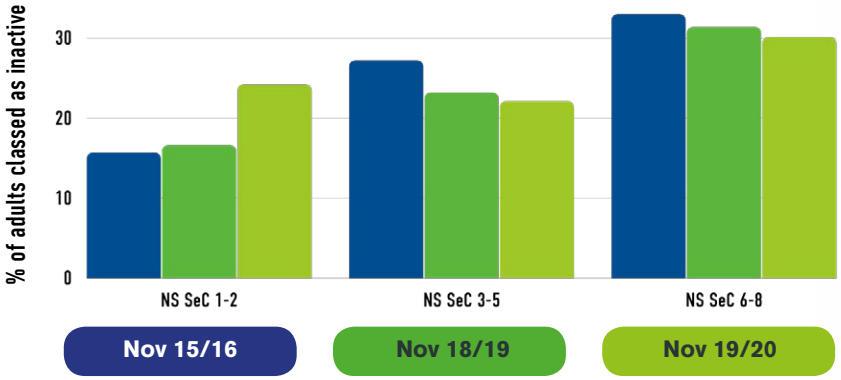
Across Hampshire and the Isle of Wight, people in routine/semi-routine jobs and those who are long-term unemployed or have never worked (NS-SeC 6-8*) are the least likely to be active. The maps below highlight the correlation between inactivity, socio-economic status, and income deprivation.



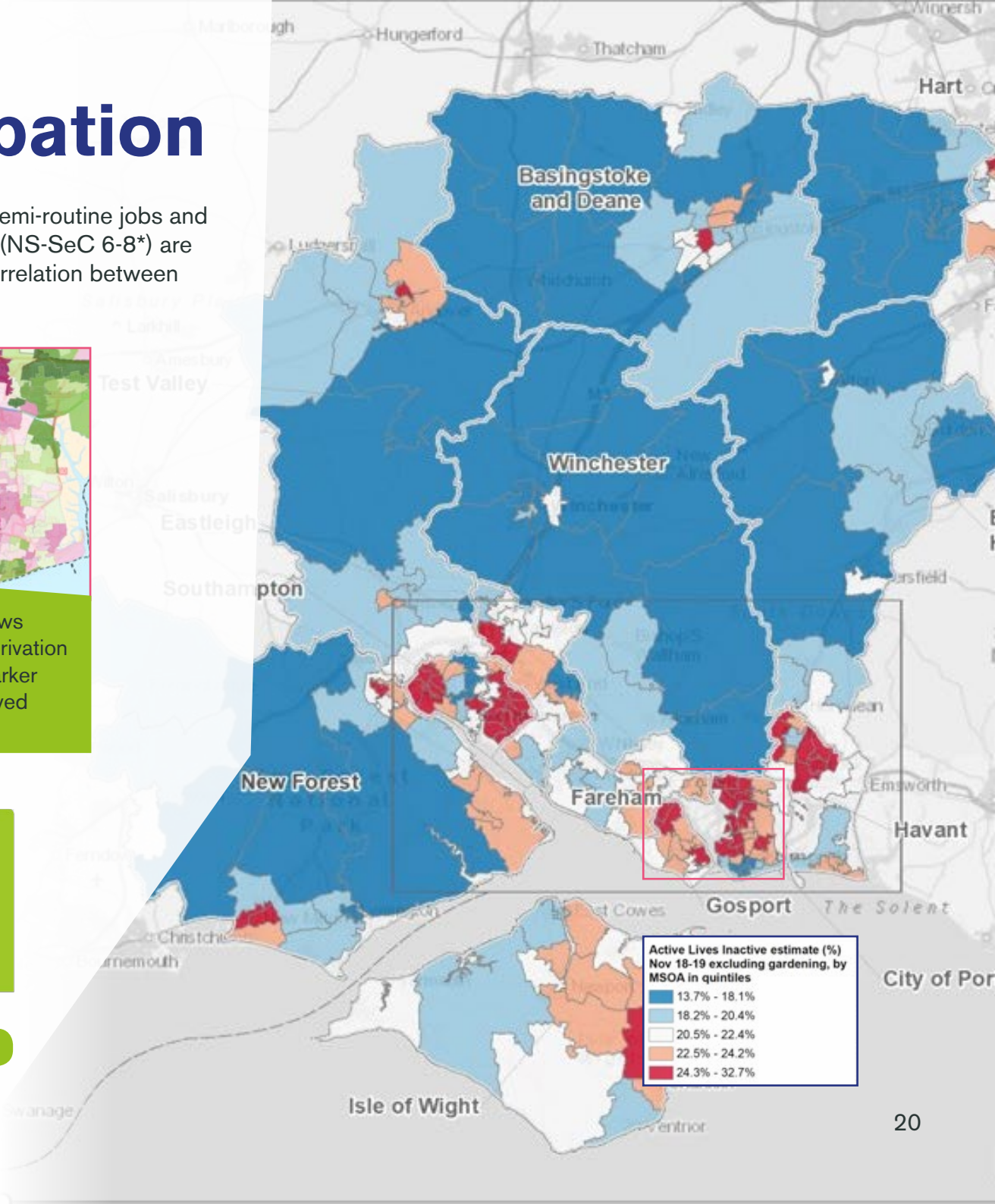
Darker shading shows a higher percentage of people in National Statistics Socio-economic Classification (NS-SeC) groups 6-8.



Darker pink shading shows areas where income deprivation affects children, while darker green shows least deprived areas.



Source: Sport England Active Lives Adults



Children and young people

“[I wish I had] more access to things I like and the confidence to go.”

Young person, Hampshire, Me & Activity Report

“My overriding memory of PE at school is people laughing at me.”

We Can Be Active online conversation participant

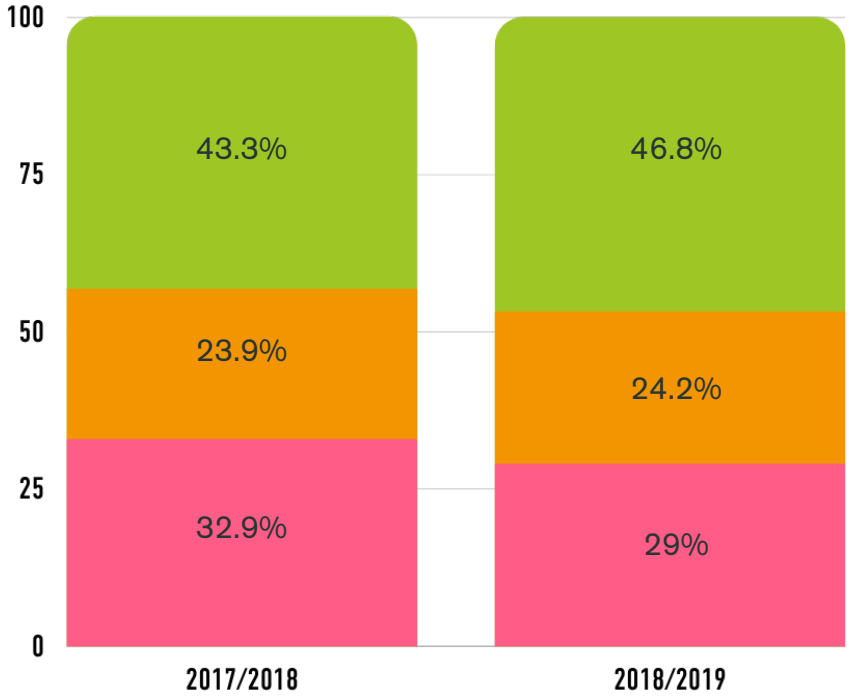
Children and Young People

Active % of children aged 5-16 doing an average of 60 minutes or more of physical activity per day.

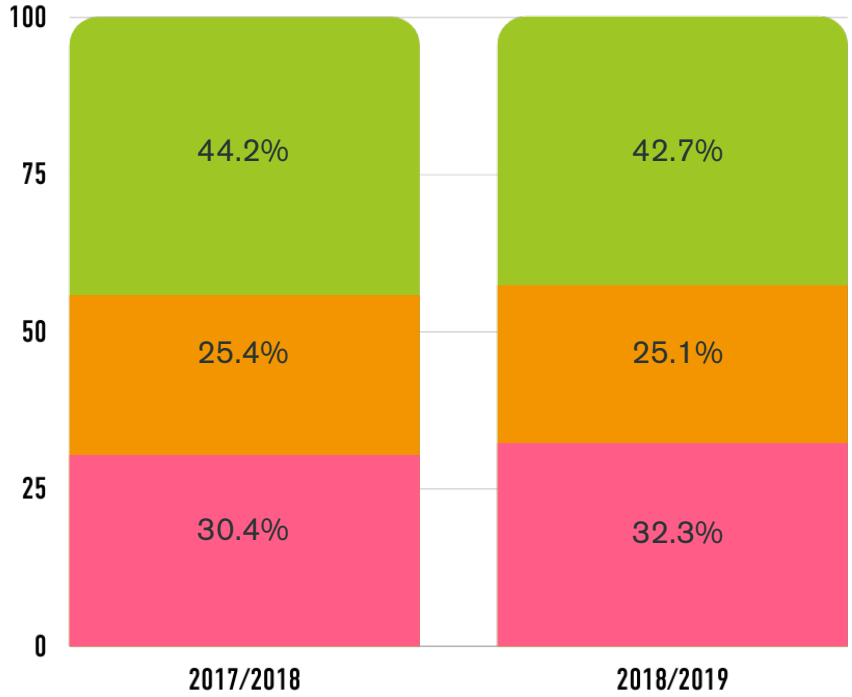
Fairly Active % of children aged 5-16 doing an average of 30-59 minutes of physical activity per day.

Inactive % of children aged 5-16 doing less than an average of 30 minutes of physical activity per day.

England



Hampshire and Isle of Wight



Source: Sport England Active Lives Children and Young People

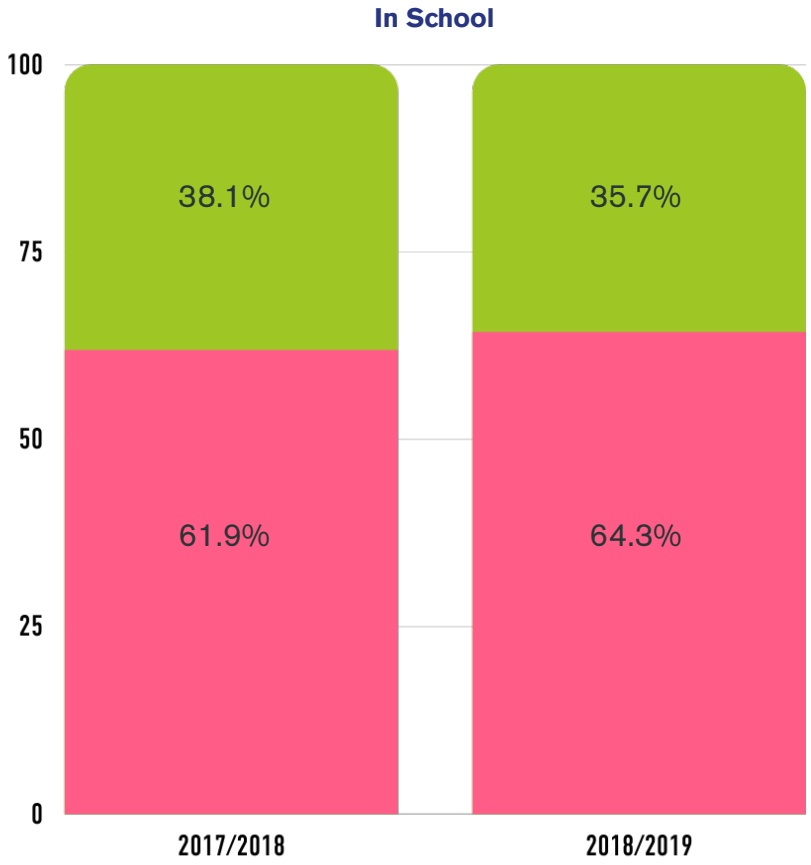
Activity levels in and outside school

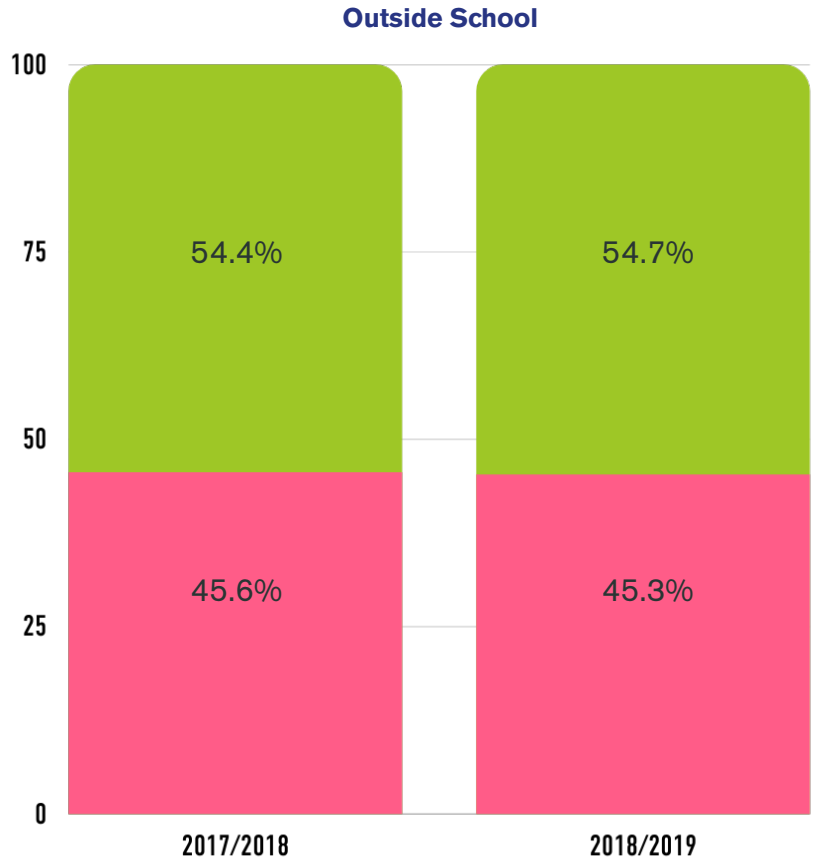
The Chief Medical Officers recommend:

30 minutes inside school + **30** minutes outside school = **60** minutes per day

Active % of children aged 5-16 doing an average of 30 minutes or more a day.

Less active % of children aged 5-16 doing less than an average of 30 minutes of physical activity per day.





Source: Sport England Active Lives Children and Young People

Activity levels by demographic group

Active % of children in Hampshire and Isle of Wight (by demographic group) achieving an average of 30 minutes or more per day.

% of all children in Hampshire and Isle of Wight achieving an average of 30 minutes or more per day.

FAS stands for Family Affluence Scale: a measure of material family wealth.

Source: Sport England Active Lives Children and Young People

Physical literacy

The international Physical Literacy Association's definition of physical literacy has five elements:

Motivation | **Competence** | **Understanding**

Confidence | **Knowledge**

The organisation says these help an individual **"value and take responsibility for engagement in physical activities for life."**

Do young people in Hampshire and Isle of Wight agree with these statements?

'I like playing sport' and **'I like being active'** Years 1-2
'I enjoy taking part in exercise and sports' Years 3-11

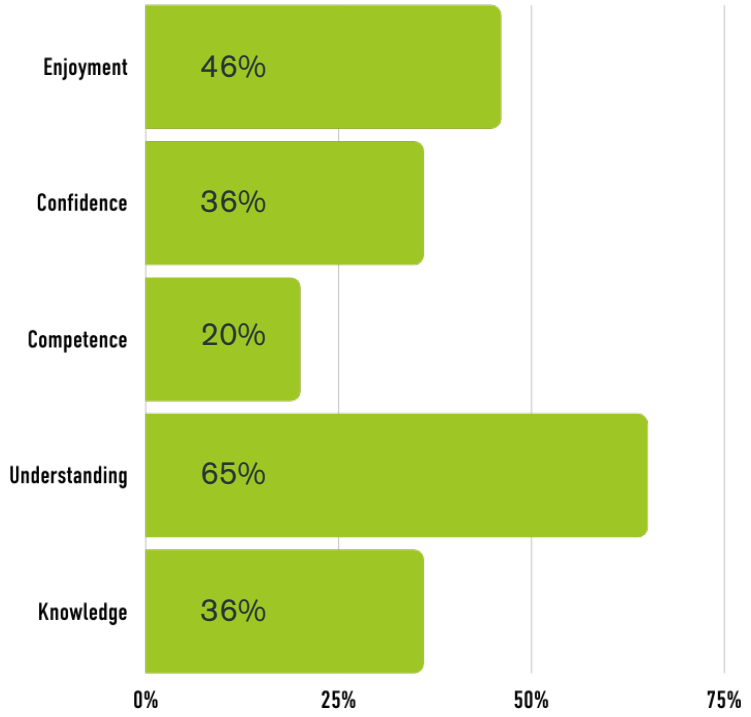
'I feel confident when I exercise and play sports' Years 3-11

'I find sport easy' Years 1-2
'I find exercise and sport easy' Years 3-11

'I understand why exercise and sports are good for me' Years 3-11

'I know how to get involved and improve my skills in lots of different types of exercise and sports' Years 7-11

% of young people who 'strongly agree':



Source: Sport England Active Lives Children and Young People Survey 2018-19

If we take a closer look at physical literacy

There are significant differences in who 'strongly agrees':

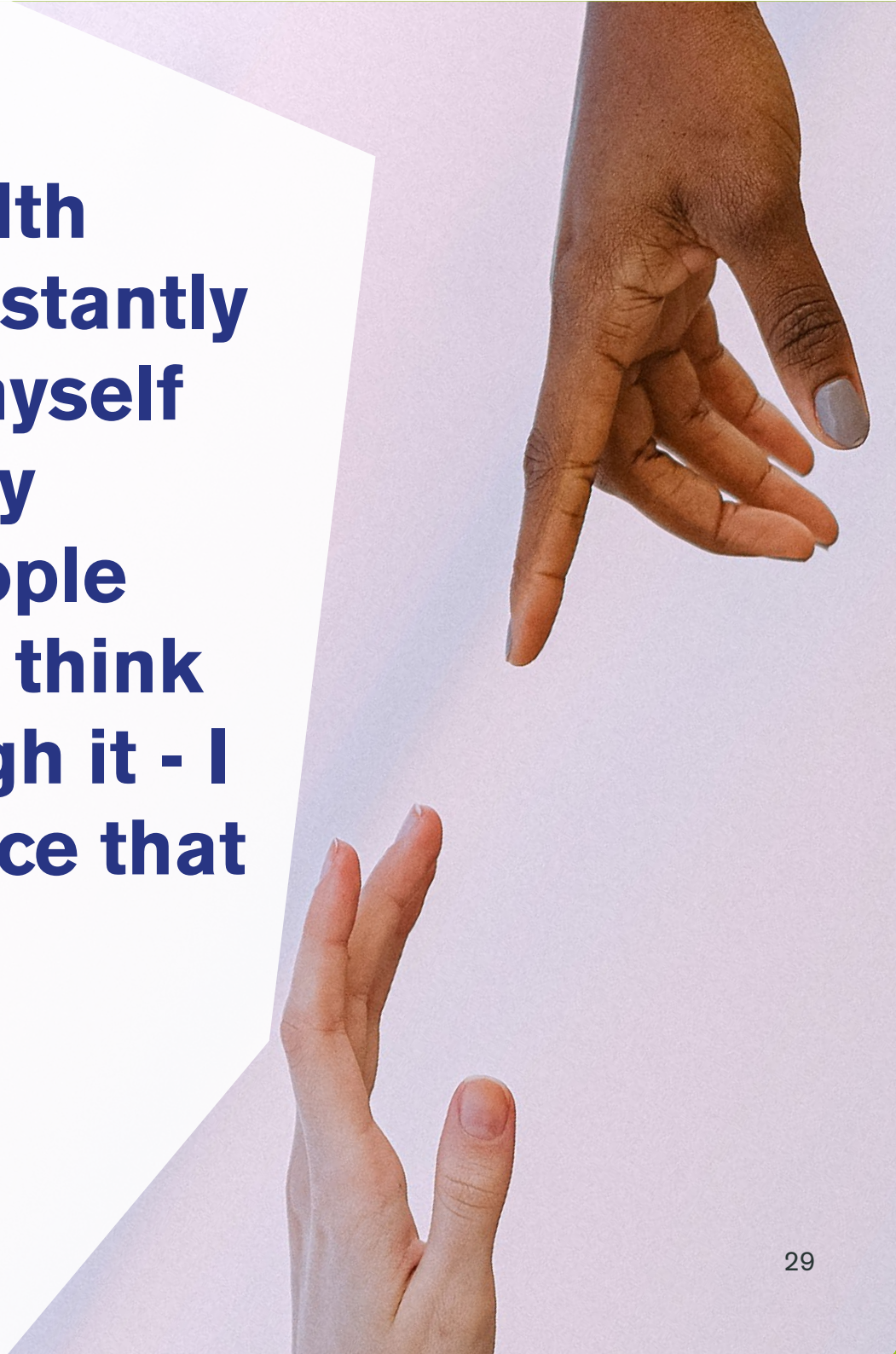
*FAS stands for Family Affluence Scale: a measure of material family wealth.

Source: Sport England Active Lives Children and Young People Survey 2018-19

Spotlight on inequalities

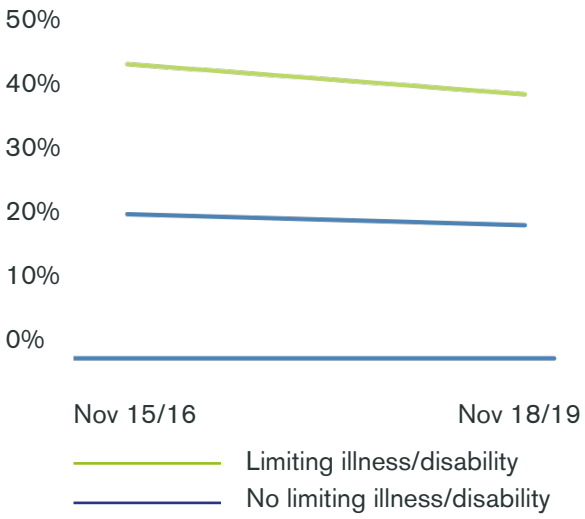
“I have a long-term health condition and people instantly don’t want me to hurt myself or make it worse. I worry about it when other people worry about it or I don’t think they can help me through it - I don’t have the confidence that they can support me.”

We Can Be Active online conversation participant



People living with long-term health conditions and/or disabilities

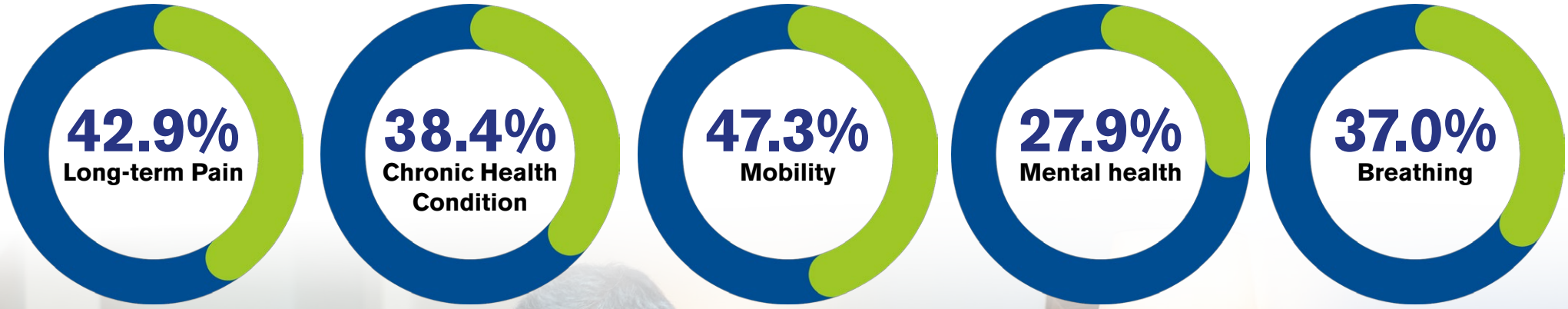
The trend for people with a long-term health condition and/or disability who were classed as inactive has reduced since 2015/2016. However, the 2019/2020 data has seen an increase in the inactive percentage from the previous year. Those with health conditions and disabilities are still nearly twice as likely to be inactive as those without. This has been compounded by the pandemic.



Source: Sport England Active Lives Adults

Types of health condition

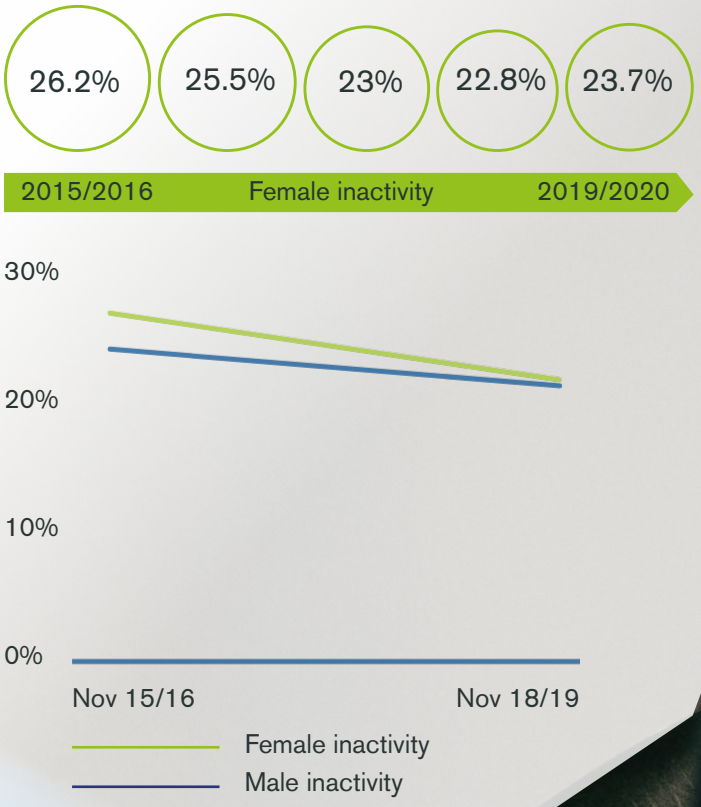
Percentage of adults (age 16+) with health conditions doing less than 30 minutes of physical activity per week:



Source: Sport England Active Lives Adults

Women

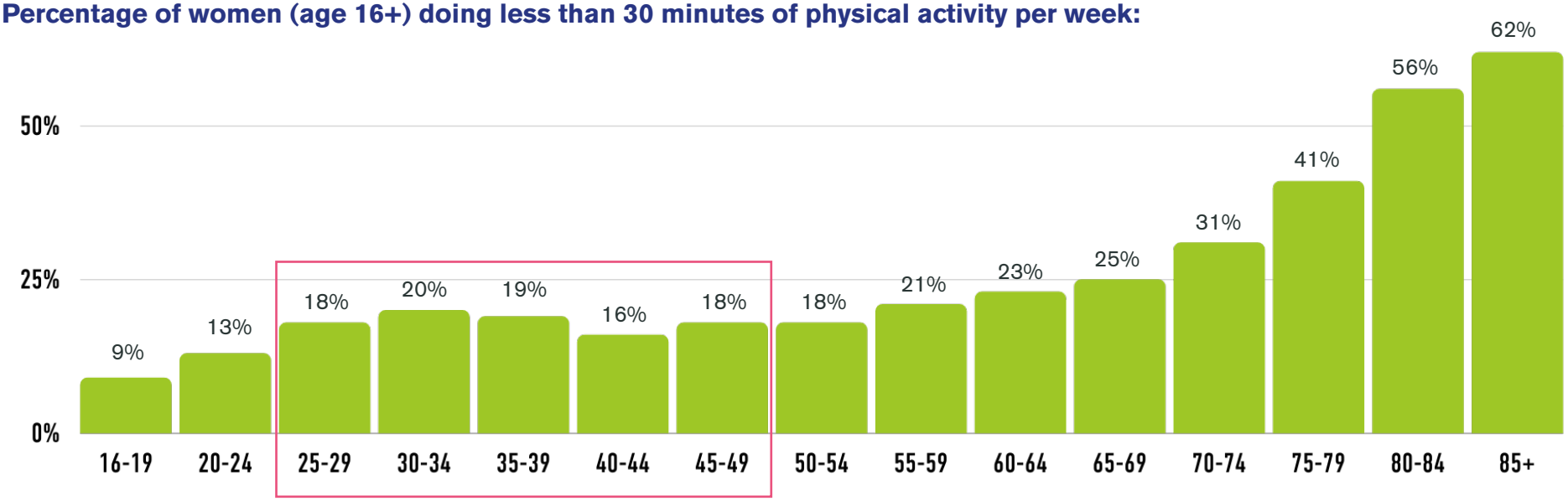
The trend for women doing less than 30 minutes of physical activity per week has reduced since 2015/2016. Female inactivity (green line) has reduced at a faster rate, so the stubborn gender gap in male and female activity levels was finally beginning to close. **However**, early indications suggest that the pandemic is having a longer-term impact on women's activity levels than it is on men's so it's likely this gap will widen again.



Source: Sport England Active Lives Adults

Women at different life stages

Percentage of women (age 16+) doing less than 30 minutes of physical activity per week:



Our activity levels change throughout our lives and are often impacted by major life events.

In Hampshire and the Isle of Wight, if we combine data from Nov 15/16 to Nov 18/19, the first peak in physical inactivity among women is within the 30-34-year-old age bracket. This age group registered the most births in 2019, according to the Office of National Statistics report. An increase in inactivity within this age group would be consistent with insight that suggests women struggle to prioritise time for themselves after childbirth.

We become less active in later life. Research indicates that menopause can have a big impact.

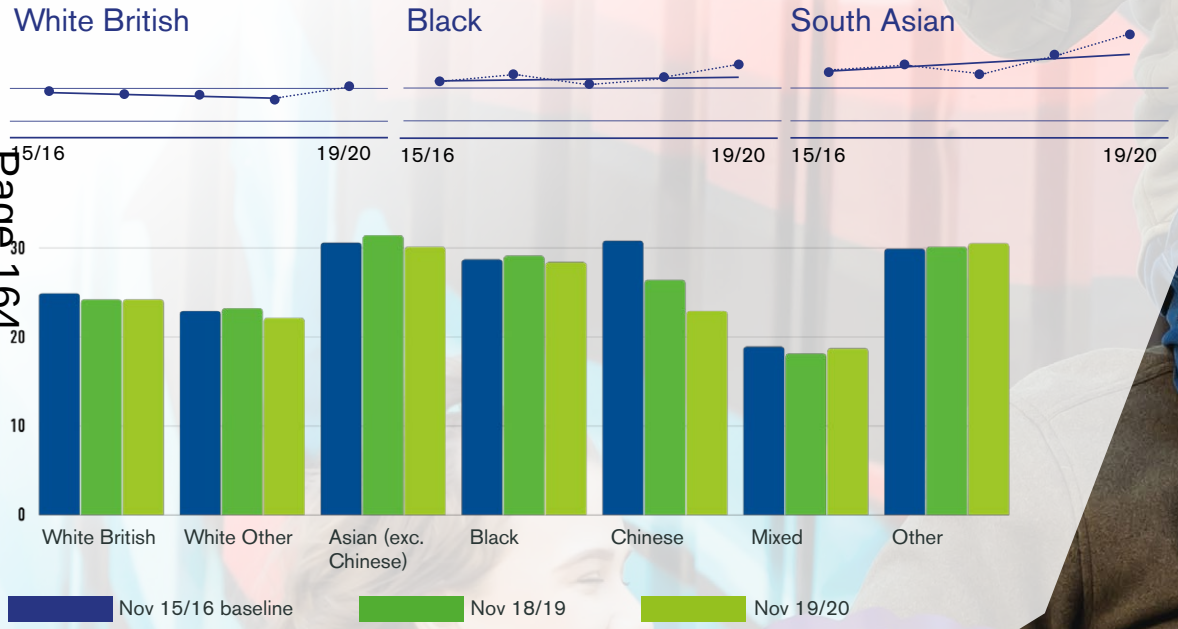
In Hampshire and the Isle of Wight, if we combine data from Nov 15/16 to Nov 18/19, we can see a steady increase in inactivity among women from age 55 upwards. The average age for women to reach the menopause in the UK is 51 years, with natural menopause typically occurring between ages 45 and 55. Research by Women in Sport revealed that 30% of women reported being less active during menopause. Women also experience increased risk of osteoporosis and cardiovascular disease after menopause.

Source: Sport England Active Lives Adults

Black and South Asian

There is insufficient Active Lives Survey data available at a Hampshire and Isle of Wight level to explore physical activity levels by ethnicity. However, national data reveals that Black and South Asian adults and those within the 'Other' ethnic group are less likely to be active than those who are White or Mixed race.

Inactivity by ethnicity (England data Nov 15/16 to Nov 19/20):

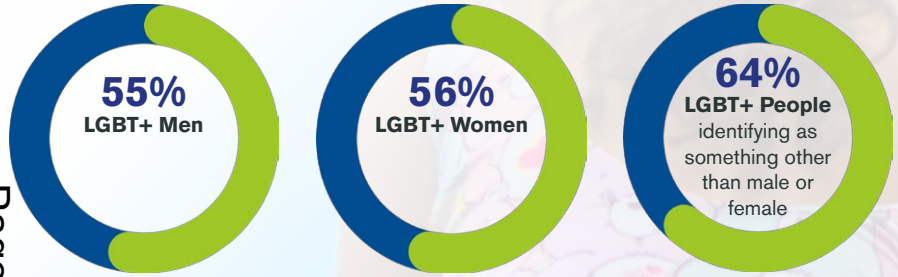


Source: Sport England Active Lives Adults

LGBT+

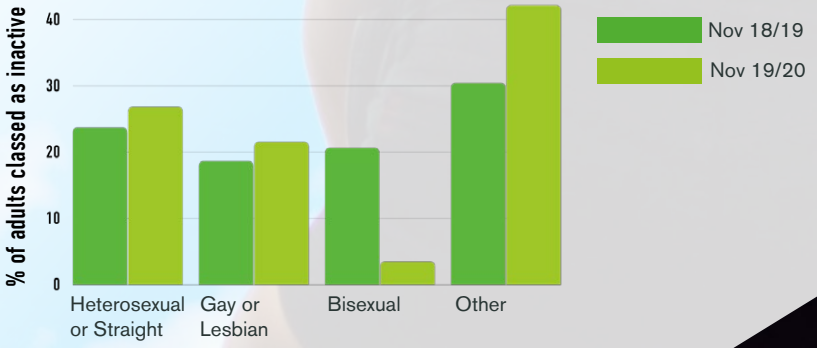
There is insufficient Active Lives Survey data to explore physical activity levels by sexuality at a Hampshire and Isle of Wight level. However, there is national evidence to suggest that LGBT+ People - particularly those who identify as something other than male or female - are less likely to be active enough to maintain good health compared to the general population.

Pride Sports 2016 research commissioned by Sport England shows:



were not active enough to maintain good health, compared to 33% of men and 45% of women in the general population.

Sexual Orientation was added to the Active Lives survey in 18/19:



Source: Sport England Active Lives Adults

Additional Resources

- Energise Me, Hampshire and Isle of Wight insight
- Sport England, Know Your Audience - National data and insight
- Women in Sport, Research, Advice, and Publications about women
- Activity Alliance, National reseach on disabled people in sport and recreation

If you would like to chat about the data and insight in this pack, please get in touch with Sophie Burton, Strategic Lead - Insight and Workforce, Energise Me: **sophie.burton@energiseme.org**

We Can Be Active

However we choose!

Coordinated by

Energise Me

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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board
Date:	7 October 2021
Title:	Update on the development of Integrated Care Systems in Hampshire and Isle of Wight
Report From:	Ruth Colburn-Jackson, Managing Director, Hampshire, Southampton and Isle of Wight CCG Daryl Gasson, Executive Place Managing Director, Frimley CCG

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Tel: 07974733118 **Email:** ruth.colburn-jackson@nhs.net

Purpose of this Report

1. This paper provides an update on the development of the two Integrated Care Systems (ICS) which will continue to serve Hampshire residents - Hampshire and Isle of Wight Integrated Care System (ICS) and Frimley Health and Care ICS. This update builds on a briefing provided at the previous meeting of the Board.

2. Since the last meeting of the Board, further guidance has been published by NHS England setting out the requirements, based on the Bill that ICSs must deliver in readiness for 1 April 2022. These technical documents form the basis on which NHS England will assesses progress within the NHS throughout the remainder of 2021/22.

Recommendation(s)

That the Hampshire Health and Wellbeing Board:

3. Receive the report and note the direction of travel and anticipated development work planned for 2021/22.

4. Work with other key partners to ensure the role of the Health & Wellbeing Board is clearly defined in the emerging governance framework

Executive Summary

5. Subject to the passage of legislation, and in-line with the requirements set out in the Bill, the statutory arrangements for each ICS will comprise:

    - The **Integrated Care Board** which leads integration within the NHS, bringing together all those involved in planning and providing NHS services to agree and deliver ambitions for the health of the population.

    - The **Integrated Care Partnership.** This is the forum which brings local government, the NHS and other partners together to align ambitions, purpose and strategies to integrate care and improve health and wellbeing outcomes.

6. Place based partnerships operating on a footprint that makes sense for citizens, are the foundations of Integrated Care Systems.

7. During autumn 2021, the statutory arrangements for the ICS and the local place based arrangements in Portsmouth, Southampton, Isle of Wight and Hampshire will be finalised with local partners.

8. Our aim is to maximise joint working arrangements, to contribute to a number of aims:

    - Improvement in population health and healthcare outcomes, tackling inequalities, enhancing productivity and supporting social & economic development
    - Governance arrangements are streamlined
    - Increased opportunities for more joint working, reducing duplication and maximising resources and effort
    - Create an enabling environment to do business within
    - Explore opportunities for further joined up arrangements

9. The development of ICSs across the Hampshire population gives us further opportunity to work together to continue to improve health and care outcomes for the communities we serve.

Contextual Information

10. Integrated Care Systems were established to bring together providers and commissioners of NHS services, local authorities and other local partners to plan and improve health and care services to meet the needs of their population. The core purpose of an Integrated Care System is to:

    - Improve outcomes in population health and healthcare
    - Tackle inequalities in outcomes, experience and access
    - Enhance productivity and value for money

- Support broader social and economic development

11. Integrated care is about giving people the health and care support they need, joined up across public services.

12. The Health and Care Bill is currently making its way through the parliamentary approvals process. The Bill is intended to further support the development of Integrated Care Systems, and make it easier for partners to collaborate to improve health and care for residents. The Bill will establish ICSs (which are currently informal collaborations) as statutory bodies. The functions currently undertaken by Clinical Commissioning Groups will transfer to ICSs.

13. A key aim is to build on and further strengthen local collaboration between partners to address health inequalities, sustain joined up, efficient and effective services, and enhance productivity.

Co-Production

14. There is an expectation that partners and communities are able to shape and influence the design of the ICS and there is a programme of engagement that is underway

15. Through the development of both ICSs we will continue to build on our strong integrated working across our districts and boroughs across Hampshire as well as at county level, which has been further strengthened through our joint ongoing response to the COVID-19 pandemic

Conclusions

16. Development of the ICS and its governance will continue throughout the remainder of 2021/22

17. The role of Health and Wellbeing Boards continues to be vital and the development of Hampshire and Isle of Wight ICS as it prepares to fulfil a range of statutory responsibilities from 1 April 2022 is dependent on the leadership and support of a wide range of partners, boards and groups.

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:	
Title The HIOW Integrated Care System: National Context, Local Progress to Date and Next Steps	Date March 2020 followed by update at 1 July informal briefing

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 disproportionally low.

2. **Equalities Impact Assessment:**

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

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Update on the development of Integrated Care systems for the Hampshire and Isle of Wight for Hampshire Health and Wellbeing Board

7 October 2021

Context

1. This paper provides an update on the development of the two Integrated Care Systems (ICS) which will continue to serve Hampshire residents - Hampshire and Isle of Wight Integrated Care System (ICS) and Frimley Health and Care ICS. This update builds on a briefing provided at the previous meeting of the Board.

2. Integrated Care Systems were established to bring together providers and commissioners of NHS services, local authorities and other local partners to plan and improve health and care services to meet the needs of their population. The core purpose of an Integrated Care System is to:

    - Improve outcomes in population health and healthcare
    - Tackle inequalities in outcomes, experience and access
    - Enhance productivity and value for money
    - Support broader social and economic development

3. Integrated care is about giving people the health and care support they need, joined up across public services.

4. The Health and Care Bill is currently making its way through the parliamentary approvals process. The Bill is intended to further support the development of Integrated Care Systems, and make it easier for partners to collaborate to improve health and care for residents. The Bill will establish ICSs (which are currently informal collaborations) as statutory bodies. The functions currently undertaken by Clinical Commissioning Groups will transfer to ICSs.

5. A key aim is to build on and further strengthen local collaboration between partners to address health inequalities, sustain joined up, efficient and effective services, and enhance productivity.

6. Since the last meeting of the Board, further guidance has been published by NHS England setting out the requirements, based on the Bill that ICSs must deliver in readiness for 1 April 2022. These technical documents form the basis on which NHS England will assesses progress within the NHS throughout the remainder of 2021/22. Guidance received to date include:

    - Thriving places: guidance on the development of place-based partnerships as part of statutory ICSs
    - Working with people and communities
    - Provider collaborative guidance

- Partnerships with the voluntary, community and social enterprise sector
- Effective clinical and care professional leadership
- ICS readiness to operate checklist and statement
- ICS people function, HR and employment commitment
- ICS functions and governance guide
- CCG close down and ICS establishment checklists
- Model constitution
- NHS oversight metrics and framework

Statutory ICS arrangements

7. Subject to the passage of legislation, and in-line with the requirements set out in the Bill, the statutory arrangements for each ICS will comprise:

    - The **Integrated Care Board** which leads integration within the NHS, bringing together all those involved in planning and providing NHS services to agree and deliver ambitions for the health of the population. The ICS NHS Board will be responsible for NHS strategic planning and the allocation of NHS resources. It will receive a financial allocation from NHS England and will be accountable to NHS England for the outcomes it achieves for its population. The ICS NHS Board will be a unitary board with a chair and chief executive, executive and non-executive directors and members from NHS Trusts, general practice and local authorities.

    - The **Integrated Care Partnership.** This is the forum which brings local government, the NHS and other partners together to align ambitions, purpose and strategies to integrate care and improve health and wellbeing outcomes. The ICS Partnership will be established jointly by the NHS ICS Board and the local authorities and has responsibility for preparing an 'Integrated Care Strategy' setting out how the health and social care needs of the population of Hampshire & Isle of Wight are to be met, and how the wider determinants of health and wellbeing will be addressed. The ICS NHS Board and local authorities will have a duty to have regard to this Integrated Care Strategy.

8. Strong local place based partnerships and Provider Collaboratives underpin the way Integrated Care Systems work to deliver their aims. Guidance has now been published on *'Thriving Places'* – setting out expectations about the development of place based partnerships in Integrated Care Systems.

9. Provider Collaboratives are partnership arrangements involving at least two NHS Trusts working at scale, with a shared purpose and effective decision making arrangements to reduce unwarranted variation and inequality in health outcomes, access to services and experience, and to improve resilience (by, for example, providing mutual aid).

10. Recruitment is currently ongoing for the Chair and Chief Executive of the Integrated Chair Partnerships. NHS England and Improvement has recently confirmed the appointment of Lena Samuels as Chair Designate for the Hampshire and Isle of Wight

Integrated Care Board. Lena currently serves as the chair of the ICS and we are delighted that she will be continuing to support the development of the ICS. The Chair for Frimley Health and Care ICP will be announced by the end of September.
The recruitment process to appoint designate chief executives of the anticipated 42 NHS Integrated Care Boards, subject to legislation, has now been commenced by NHS England and Improvement.

Hampshire and Isle of Wight ICS

11. The Hampshire and Isle of Wight ICS serves 1.9 million people living in Hampshire, Southampton, the Isle of Wight and Portsmouth, and is one of 42 ICSs in England. In Hampshire and Isle of Wight, NHS, local government, other public sector partners and voluntary sector partners have been working together for a number of years to improve and integrate care.

12. Place based partnerships, are the foundations of Integrated Care Systems.

13. During autumn 2021, the statutory arrangements for the ICS and the local place based arrangements in Portsmouth, Southampton, Isle of Wight and Hampshire will be finalised with local partners.

Frimley Health and Care ICS

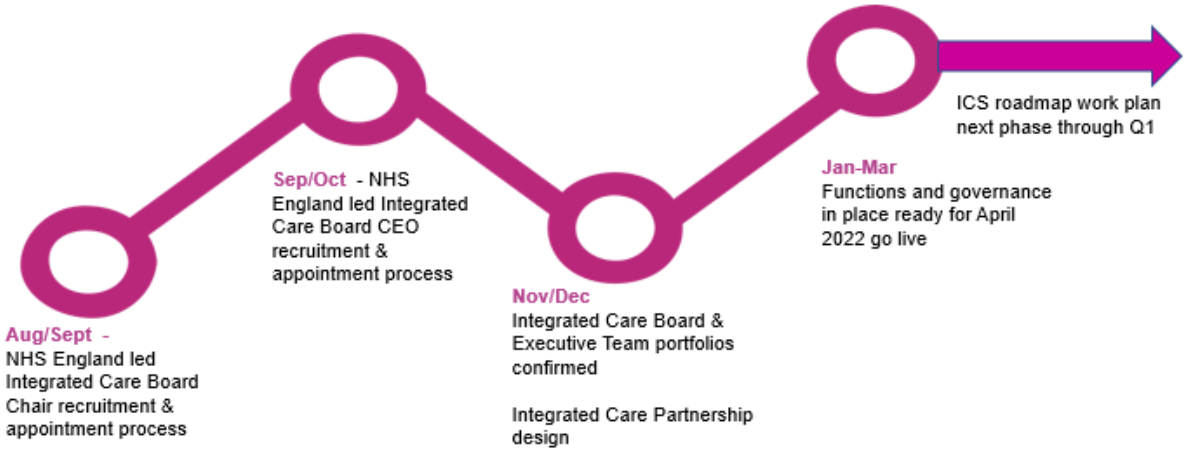
14. Frimley Health and Care ICS serves a population of over 800,000 people living in North East Hampshire and Farnham, Surrey Heath, Bracknell, Royal Borough of Windsor and Maidenhead and Slough. Frimley Health and Care has held ICS status for a number of years and has been working with Local Government, NHS organisations and the community and voluntary sector to integrate care for the benefit of local people.

15. There are five place-based committees bringing together key partners and stakeholders at each of our five places. The North East Hampshire and Farnham Committee serves the Hampshire population and includes representatives from both Hart and Rushmoor Councils. The committee enables further integration of services and to plan together around shared objectives.

16. Frimley Health and Care ICS has been planning its development roadmap over the last year to build on strong relationships both within and beyond the system boundaries, with a commitment to listen to partners, strengthen the ways in which they work together, to offer the best possible services and support to every resident.

Timeline

17. Integrated Care Systems across the country are working to a timescale of becoming statutory organisations by 1 April 2022, subject to legislation. There is a tight timescale to achieve this and some key milestones are outlined below:



Joint working arrangements

18. Local Authority engagement in the development of the ICSs is essential. Both Hampshire and the Isle of Wight ICS and Frimley Health and Care ICS are working closely with all local authority partners throughout this process.

19. We have a long history of the two areas working together across both health but also with Local Authority partners and there are many services already jointly commissioned including Continuing Heath Care, children's services and maternity. There are ongoing discussions on how to strengthen this for benefit of the communities we serve. We are also exploring joint posts in collaboration with North Hampshire, North East Hampshire and the Hampshire districts to tackle health inequalities.

20. Our aim is to maximise joint working arrangements, to contribute to a number of aims:

- Improvement in population health and healthcare outcomes, tackling inequalities, enhancing productivity and supporting social & economic development
- Governance arrangements are streamlined
- Increased opportunities for more joint working, reducing duplication and maximising resources and effort
- Create an enabling environment to do business within
- Explore opportunities for further joined up arrangements

21. Through the development of both ICSs we will continue to build on our strong integrated working across our districts and boroughs across Hampshire as well as at county level, which has been further strengthened through our joint ongoing response to the COVID-19 pandemic. The development of ICSs across the Hampshire population gives us further opportunity to work together to continue to improve health and care outcomes for the communities we serve.

ENDS

Frimley Health and Care

NHS
Hampshire, Southampton and Isle of Wight
Clinical Commissioning Group

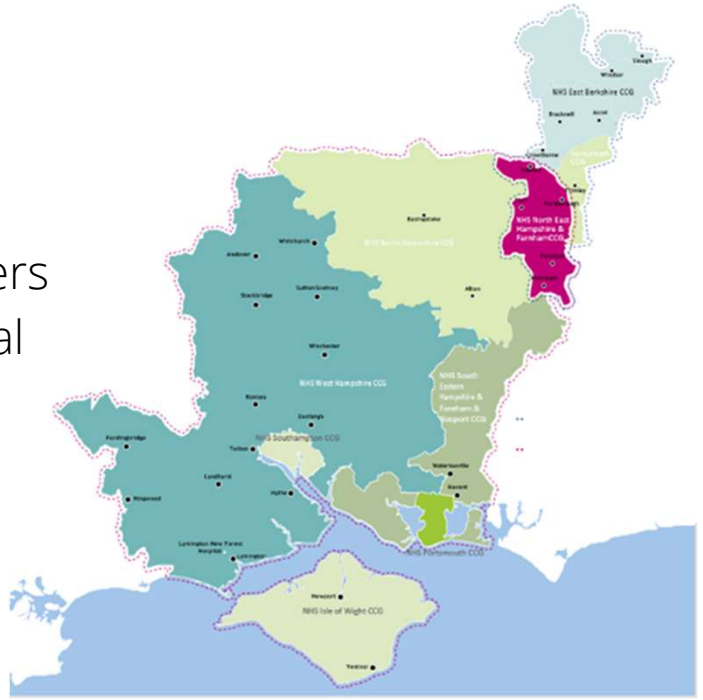
The development of Integrated Care systems in Hampshire and Isle of Wight

Two Integrated Care Systems (ICS) will continue to serve Hampshire residents:

- **Hampshire and Isle of Wight ICS**
- **Frimley Health and Care ICS.**

Integrated Care Systems were established to bring together providers and commissioners of NHS services, local authorities and other local partners to plan and improve health and care services to meet the needs of their population.

Integrated care is about giving people the health and care support they need, joined up across public services



The Health and Care bill

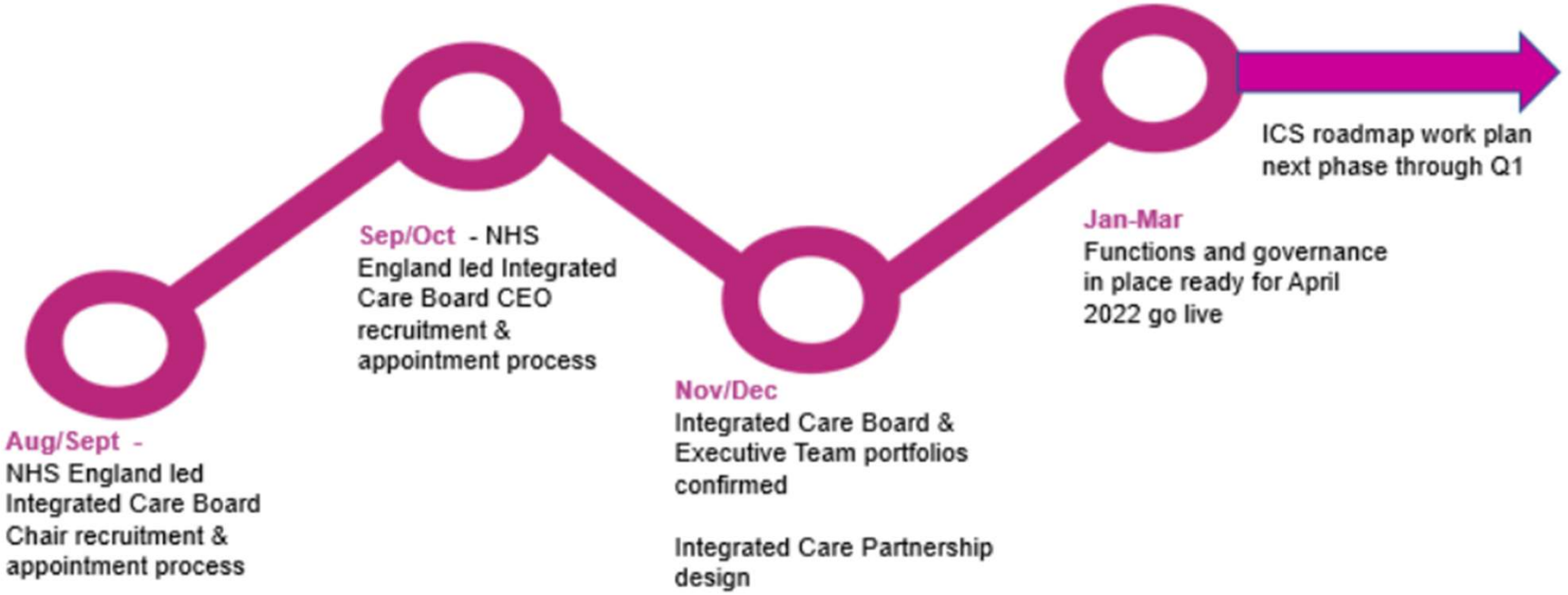
- The Health and Care Bill is currently making its way through the parliamentary approvals process.
- It is intended to further support the development of Integrated Care Systems, and make it easier for partners to collaborate to improve health and care for residents.
- It will establish ICSs (which are currently informal collaborations) as statutory bodies.
- The functions currently undertaken by Clinical Commissioning Groups will transfer to ICSs.

Each ICS will comprise four key elements

A key aim is to build on and further strengthen local collaboration between partners to address health inequalities, sustain joined up, efficient and effective services, and enhance productivity.

Timeline

Integrated Care Systems across the country are working to a timescale of becoming statutory organisations by 1 April 2022, subject to legislation.
There is a tight timescale to achieve this and some key milestones are outlined below:



Joint Working

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

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

Working together in the future

Situation – We have two integrated care systems in adjacent geographies, both of which are focused on improving population health

Complexity – Local Authority boundaries, combined with historical NHS commissioning arrangements, means that our joint approach to co-ordinating our aims, objectives and approach is not as strong as it could be.

Question – What can we do to ensure that this alignment is strengthened for the benefit of our population and our mutual partners (e.g. HCC)

Answer – Between now and statutory transition in April 2022 we will:

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

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Health and Wellbeing Board
Forward Plan for Future Meetings
7 October 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		X						X	
Hampshire System Planning for Winter		X							
Board Survey Response and Actions							X		
Joint Strategic Needs Assessment Programme Update								X	
Starting Well									
Joint Hampshire and Isle of Wight Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan	Update expected December 2021	X							X
Hampshire Safeguarding Children Board Annual Report	Annual report				X				X
Theme Focus	Rescheduled from cancelled March meeting			X					

Item	Notes	DEC 2019	JUL 2020	OCT 2020	DEC 2020	MAR 2021	JUL 2021	OCT 2021	DEC 2021
Living Well									
Hampshire Safeguarding Adults Board Annual Report	Report expected 2021								
"Was Not Brought" Policy	Feedback given, update expected		X						
Theme Focus					X				
Starting, Living and Ageing Well									
Hampshire Physical Activity Strategy		X		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,						X			

Item	Notes	DEC 2019	JUL 2020	OCT 2020	DEC 2020	MAR 2021	JUL 2021	OCT 2021	DEC 2021
Local Progress to Date and Next Steps									
The HIOW I Integrated Care System - Deep Dive							X		
ICS Update								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						
Update to Pharmaceutical Needs Assessment							X		
Additional Business									
Co-Production Update	Verbal update		X						
Forward Plan	Standing item			X	X	X	X	X	X
Integrated Intermediate Care	Pending update					X			

Item	Notes	DEC 2019	JUL 2020	OCT 2020	DEC 2020	MAR 2021	JUL 2021	OCT 2021	DEC 2021
Modernising our Hospitals: Impact on Population Health in Relation to the Strategy					X				
Election of Vice-Chairman								X	
Joint Strategic Needs Assessment							X		
Annual Report									
Health and Wellbeing Board 2020-21 Annual Report	Summary shared for circulation					X			
Written Updates									
Autism Partnership Board Report	Circulated September 2020								
District Forum Housing and Health Survey Findings	To be circulated								