



Summary of the two Integrated Care Strategies of Hampshire and Isle of Wight ICS and Frimley ICS

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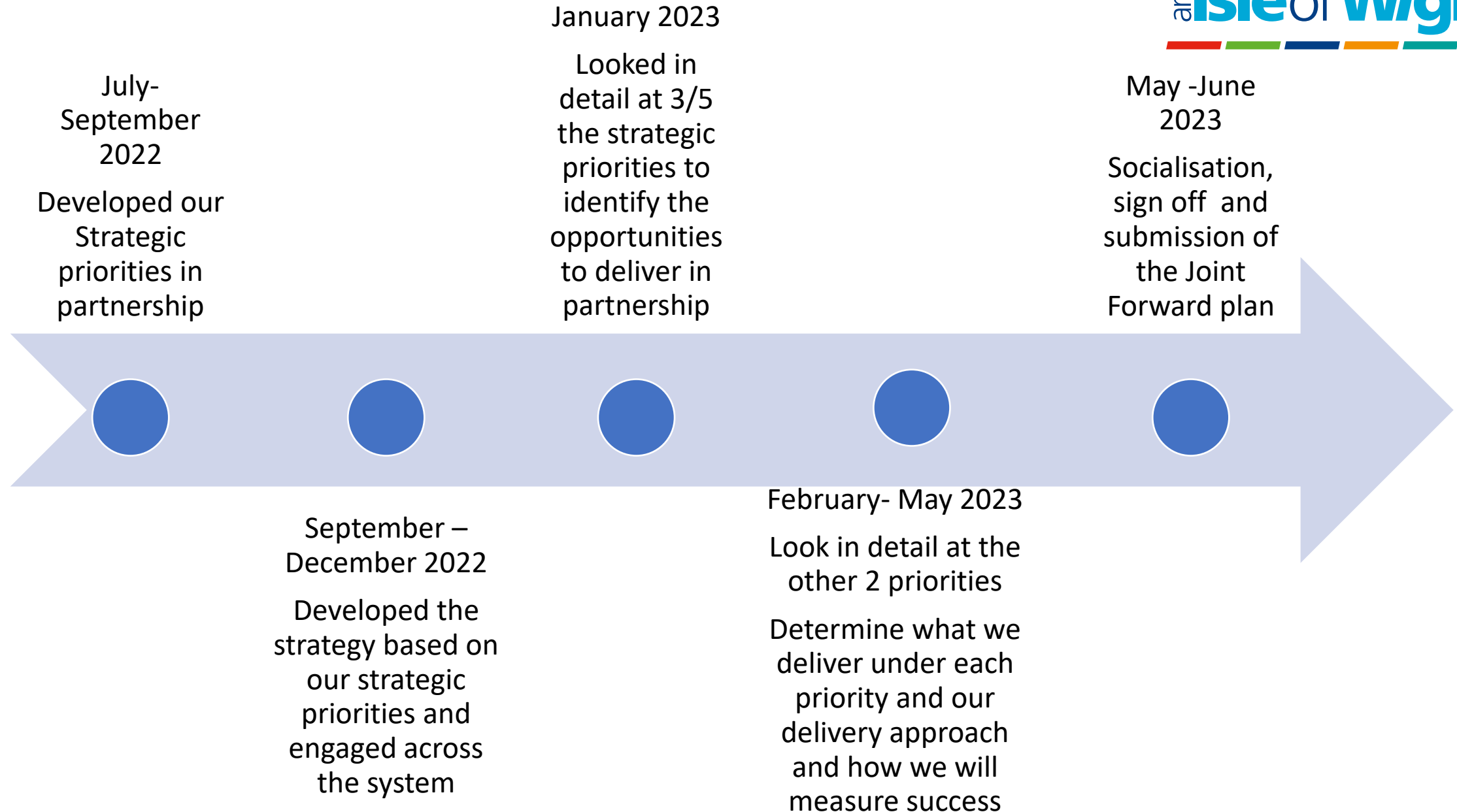


Update on Integrated Care Strategy and Partnership

Our partners involved



Progress to date



OUR STRATEGY ON A PAGE



OUR 5 PRIORITIES AND KEY AREAS OF FOCUS:

Continue and develop our **trauma-informed approach**

Co-locate services to enable a **family-based approach**

Further develop a **joint children's digital strategy**

Improve access to **bereavement support**

Address inequalities in access and services

Support the **mental health and wellbeing** of our staff.

Improve social connectedness

Provide **support in community settings** for healthy behaviours and mental wellbeing

Ensure **equal importance** is given to mental wellbeing and physical health

POPULATION OF 1.9M:

- Varied demographics
- Areas of deprivation
- Variation in life expectancy
- Strong partnership working to seize opportunities



Focus on the **"best start in life"** for every child in the first 1000 days of their life

Improve **access and mental health outcomes** for children and adolescent mental health services

Work with schools and other key partners on **prevention and early intervention**



Better connect people to **avoid loneliness and social isolation**

Promote **emotional wellbeing** and **prevent psychological harm**

Improve mental health and emotional resilience for **children and young people**

Focused work to **prevent suicide**



Minimise potential health and wellbeing **impact of cost of living pressures**

Provide **proactive, integrated care** for people with **complex needs**

Support **healthy ageing** and people living with the impact of ageing

Combine resources around **groups of greatest need**



Evolving our **workforce models** and building **capacity to meet demand**

Ensure the availability of the **right skills and capabilities**

Ensure people who provide services are **well supported and feel valued**



Empower people to use digital solutions

Support our **workforce**

Joint data, information and insights

Improve how we **share information**

Continue to improve our **digital solutions**

What's been achieved

- 2 system wide events – over 200 people attended
- A statutory Joint Committee designed and being established
- Priorities agreed for our Integrated Care Strategy and supported by all partners which focus on improving the wellbeing and outcomes for our local people
- Enthusiasm and commitment to build on what we have and work in partnership to take further
- Vision statement being finalised
- Charter of Behaviours being finalised
- Delivery in partnership linking to Operating Plan and Joint Forward plan



Example actions to progress

1. Children and Young People –

- Awareness campaign across the system building on the first 1000 days

2. Mental Wellbeing –

- Hold a community conversation targeting those underserved communities with joint targeted action across the system on World Mental Health day
- Align messages across the system with clear succinct coordinated comms even if delivered locally

3. Good health and proactive Care –

- Establish a community of practice to take this forward
- Map social prescribers and link community data to medical data

4. Digital & Data Insights –

- Set up a partnership assembly/ lunch meeting that is specific to data and digital.
- Utilise the success of the Population Health Management data sharing agreement as a comms piece across partnerships.

Next steps

Informing the NHS Joint Forward Plan

- Define the key deliverables for the Integrated Care Partnership for the next 12 months and longer term informed from the 8th February assembly
- Define the ways in which the system will measure success and the impact the proposed changes will have

Further developing the Integrated Care Partnership

- Develop the partnership vision and behaviours to test with the ICP joint committee
- Define the next steps for the ICP assembly and the development of the integrated care partnership

Ensuring delivery against our strategic priorities

- Identify or establish the forums /programmes where the key deliverables will be taken forward and ensure the right membership
- Establish and refine the governance to support the delivery of the work including the Integrated Care Partnership Joint Committee and any supporting structures

Frimley Health and Care



Frimley

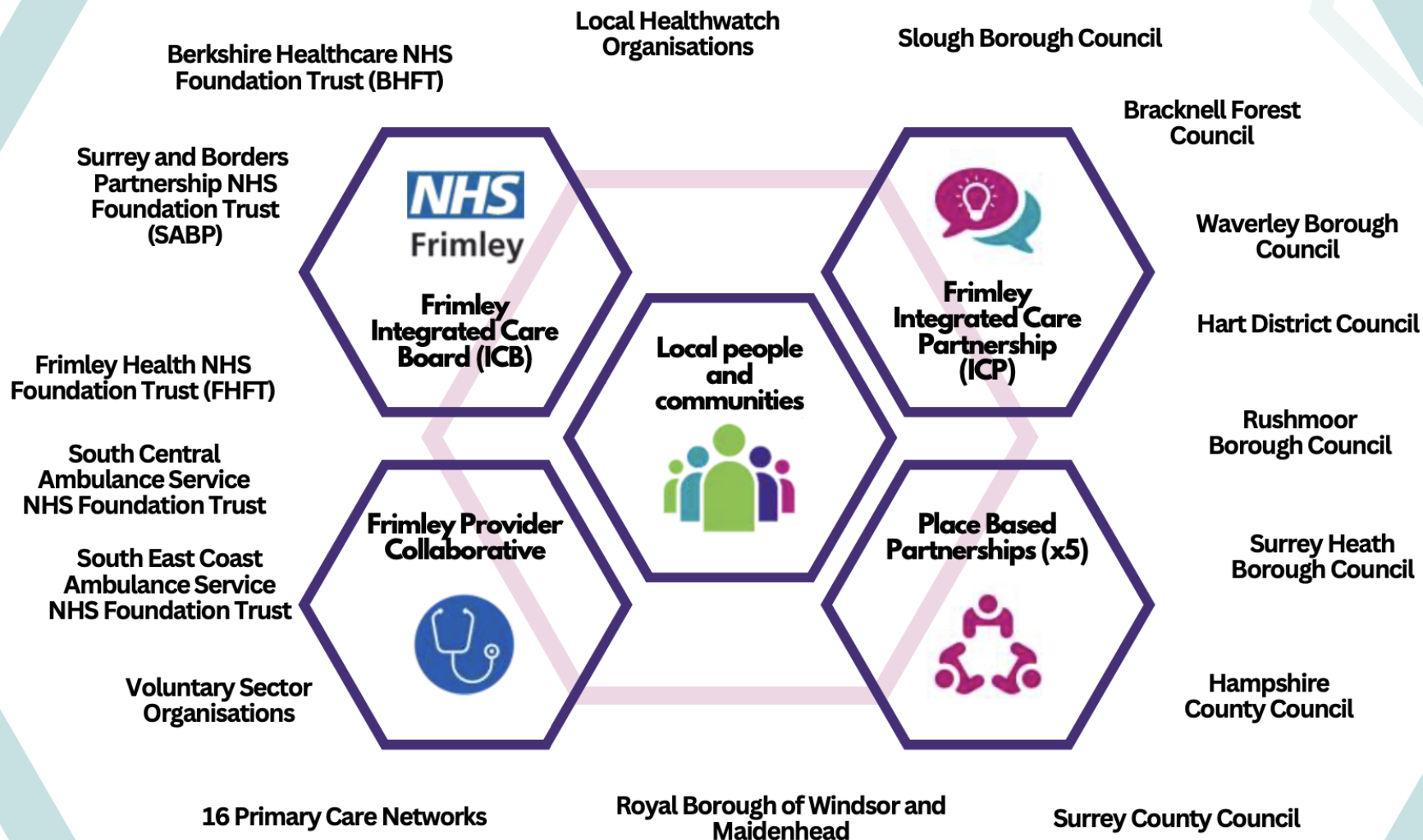
Update on ICS Strategy
Hampshire Health & Wellbeing Board
2nd March 2023



ASCOT • BRACKNELL • FARNHAM • MAIDENHEAD • NORTH EAST HAMPSHIRE • SLOUGH • SURREY HEATH • WINDSOR



Frimley Health and Care Integrated Care System (ICS)



[Click here to learn more about our Partners](#)

Creating Healthier Communities – The Frimley ICS Strategy

"Creating Healthier Communities" was published in 2019 as the first Frimley Health and Care ICS Strategy. The strategy was designed following significant co-production between partner organisations, the third sector, our workforce, patients and the public.

The strategy was heavily informed by the data and insight available from the Connected Care platform and led to the formation of six Strategic Ambitions which have comprised the programme architecture for strategy delivery between 2019 and 2022.



The Integrated Care Partnership is now leading and overseeing a review and refresh of our 2019 strategy in order to ensure it is fit for purpose in the next period ahead.

Our Integrated Care Partnership (ICP)

The Frimley Integrated Care Partnership, established in July 2022 is a joint committee between upper tier Local Authorities in the Frimley ICS geography and the NHS Frimley Integrated Care Board. At its core is an ICP Assembly, bringing together clinical and professional leaders of public sector, voluntary sector and charitable organisations which have an interest in improving the health and wellbeing of over 800,000 people who reside in the Frimley ICS geography. The ICP provides a platform for a broad range of stakeholders who are committed to making this ambition a reality.

Building on our engagement with our partners, we have established the Frimley ICP to have a strategic role, considering what arrangements work best in our local area by creating a dedicated forum to enhance relationships between leaders across the health and care system.

The agreed remit for the ICP is to:

- Consider and set the strategic intent of the partnership; act as final approver of the ICS Strategy, including the proposed programmes of work, outcomes and intended benefits
- Act as an objective 'guardian' of the ICS vision and values, putting the populations needs and the successful operation of the ICS ahead of any sector or organisation specific areas of focus.
- Provide a forum for consideration of wider determinants of health and health inequalities, taking fullest advantage of the opportunities arising to hear the views and perspectives of the broadest range of local stakeholders and democratic representatives.

The assembly will ensure a voice for those who speak on behalf of their communities and bring a very new approach to the design of our strategy. The Assembly met for the first time in September 2022 and again in November 2022, primarily to progress the consideration and production of this refreshed strategy document.

Timescales

Engagement Output Generation

22nd November:
ICP Workshop takes place

25th November:
Review contributions from
those unable to attend ICP

Refresh Strategy Content

By 8th December:
Strategy refresh is drafted

9th December:
Circulate for ICP review

15th December:
Follow on amendments
made and shared

Finalise and submit Draft Interim Strategy

20th December:
Final deadline for
comments

23rd December:
Submit to DHSC/
NHS England

Next Steps

December-March
Further engagement on
interim Strategy

March 2023
ICP sign off of final interim
strategy

Boards and Committees across the Partnership will have an opportunity to formally review and comment during Q4 2022/23, including the ICB Board. Final approval of the strategy is a responsibility reserved for the ICP which will want to assure itself that broad engagement has been undertaken. Patient and Public views will be sought through a number of channels, including the engagement portal.

Partnership engagement

On Tuesday 22nd November, the second Frimley ICP Assembly took place at South Hill Park Arts Centre in Bracknell. The event brought together over 50 members of the ICP, representing local Health, Care, Local Authority, Healthwatch and Voluntary Sector organisations from across the Frimley Geography. Through a face to face facilitated workshop, Assembly Members from across the ICS met together to:

- Understand the journey so far on the development of the ICS strategy
- Explore what has changed since the co-production of the strategy in 2019
- Enable ICP Assembly members to co-design the key areas of focus for our ICS strategy refresh

The feedback gathered during this session and from other stakeholders who weren't able to join on the day, has been used to support and shape the development of this strategy refresh.



Collective feedback

- The language, messages and engagement of the strategy need to be translated into something our population wants to embrace. We must **hear the voice of our population** to support co design of solutions
- The strategy must be **inclusive of all partners** to provide transparency and collective opportunity across the system
- Improved understanding of the current landscape and assets is important so we can make connections and **understand multiple partner perspectives**
- Stronger working with the **voluntary sector** is imperative
- The future is uncertain - we must be **open and honest about the reality we face** - both in terms of challenging economic situation and increased demand on services



Raise the aspirations of our children and young people
Hear the children and young person's voice
Support the next generation - quality of life post 16
Greater working synergy with education

Starting Well

What does living well mean to our adults and older population?
This cohort often has the greatest health needs - how do we better engage?
Feels very disease focussed - should this be more about wider determinants?
Dual aim for this ambition - Living healthily and living well

Living Well

We need a VCSE Alliance to support these conversations
Understand the unique aspects of community assets, needs and priorities
Stronger links with Secondary Care to support community needs when discharged
Stronger links with Local Authority and Primary Care Networks (PCNs)

People, Places and Communities

What can we do to support a wider staff network including voluntary sector?
How can we tackle the temporary staffing problem as a system & across system?
How can we consider incentives to live and work in Frimley?
We need a shared narrative across partners

Our People

Values must reflect our 'collective' organisation
Exposure to more people. We need the reach out to learn how we can change culture
How is value demonstrated and who is best placed to express this?
Improved visibility of what's happening across the system?

Leadership and culture

How far can and should we share money and resources?
Co-design of joint investment models
Promotion of economic growth, shared goals and objectives
How do we have an honest conversation with the public?

Outstanding use of resources



DRAFT (V2) Creating Healthier Communities Strategy Refresh 2022

Frimley Health and Care
Integrated Care System



Starting Well

Priorities

The development of the new ICS Children and Young People (CYP) portfolio transformation plan marked a clear **call to action**. As the ICS looks forward, we are raising the importance of our work to improve the health and wellbeing of children and young people.

There is a clear case for greater and faster transformation of CYP care and services:

- A quarter of our population are CYP
- We know that there is variation in the care of CYP and their outcomes that we must tackle
- The pandemic has widened existing health inequalities and worsened the health of our CYP, particularly their mental health
- The cost-of-living crisis is affecting low-income households and puts the health of children at greater risk
- The health and care services that we provide to CYP are struggling to meet demand

Our call to action comes with optimism about what we can collectively achieve. It has been shaped and developed by the key partners and stakeholders who will be instrumental in delivering it. They are committed to ensuring this plan succeeds and transforms the lives of Children and Young People across Frimley. The ICS has invested in a small team of experts to help lead its delivery, in partnership with our 5 places, voluntary sector, local authority and service leads.

This is an ambitious programme, shaped and agreed by the Place and CYP leads from across the system, with the support of colleagues in neighbouring ICSs. Their commitment is to work together to deliver this programme, alongside their day-to-day responsibilities for managing and leading Children's services across the ICS. As part of the Children and Young People portfolio review and subsequent strategy, a clear direction of travel and programme has been developed with 5 areas of focus, which includes Starting Well.

1. Starting well
2. Transforming neurodiversity services
3. Transforming CYP mental health
4. Supporting children with life long conditions
5. Improving SEND

Starting Well Priorities include:

- Addressing health inequalities through a focused approach to meeting the needs of vulnerable children who experience deprivation and poverty across our communities, including the newly published Core20PLUS framework for children.
- Babies and Children in the first 1001 days through to primary school, ensuring that every child is "school ready" for when they are ready to enter the education system
- Supporting and strengthening partnerships around health visiting and school nursing.

Children and young people in Frimley

Across Frimley ICS there are around 8,000 births a year

Slough has the highest fertility rate in England

1500 of those aged 0-19 are known to smoke

More than 8,000 children aged under 10 are currently living in deprivation and in poorly insulated homes

The prevalence of mental health has increased during the pandemic. 16% aged 5-16 now estimated to have a disorder, compared with 11% in 2017

Approximately 15% of pupils have a special educational need

26% are from a BAME background. Ethnic diversity varies greatly. (13% in Bracknell Forest, 60% in Slough)



Living Well

Priorities

Despite the challenges of Covid, the Living Well ambition has made strong progress, building on the momentum of our previous partnership work together to hone in on those populations who can most benefit from this approach.

The work of the partnership to systematically identify specific population health improvements, most particularly with regard to **hypertension, obesity and tobacco** will make a step change in the long-term population health for local people and their families. The learning we have generated during the last three years will continue to be an important foundation for our future aspirations of working together, as we seek to scale and spread our interventions in order to reduce health inequalities and improve healthy life expectancy.

A system focus on **effective primary prevention measures** is crucial and a systematic and coherent preventative approach is necessary – not just looking at interventions that focus on individual behaviours but delivering a strategic approach to healthy places, strengthening and connecting into communities in a better way.

The Living Well ambition is delivered locally at each 'Place' but within a collective systematic approach. 9 Priorities included in the 'Living Well' Framework:

1. Smoking
2. Education, Employment and income deprivation
3. Reducing Health Inequalities
4. Obesity (incl. healthy diet) and Physical Inactivity
5. Family/social support
6. Targeted lifestyle support for those with the greatest need
7. Built environment
8. Healthy Hospital Strategy
9. Air Pollution

We will be continuing with our 3 main priority areas (**CVD Prevention, Healthy Weights, Smoking**). The priorities give a rounded mix of primary, secondary and tertiary prevention interventions. They contribute to the outcomes expressed in the Living Well framework and help address health inequalities.

Places have indicated other priorities from the framework, and that will continue, and these are priorities we will focus on together, collaboratively; the common thread across the 5 Places, to maximise the opportunities and impact.

- **Focussing on Health Inequalities** - to improve and reduce variation in health outcomes across disease areas in our system aligning to the CORE20PLUS5 approach
- Support Health Improvement **behaviour change programmes** across the ICS
- **Healthy Conversations** – opportunistically encouraging individuals to consider their lifestyle and health with a view to identifying small but important changes.
- Identify communities and priorities in common with other ambitions particularly **Starting Well** and **Community Deal**
- Support **community engagement** with groups with poorer health & wellbeing outcomes to understand barriers and **co-produce solutions**
- Develop our capability to co-produce solutions to the **wider determinants** that cause poor lifestyle behaviours, which will be enabled by the Community Deal
- **Social Prescribing** to support vulnerable people, linking with community hubs.
- Ensure addressing **prevention** and **inequalities** is everybody's business
- Focus on addressing **equalities and inclusion** issues to ensure uptake (wider preventative interventions) is maximised in all communities
- Roll out **Tobacco Dependency programme**, to ensure the provision of a resilient, sustainable programme that supports more people to quit smoking.
- Renewed commitment to **smoke free sites** across our services and develop a tobacco control and e-cigarette strategy
- Develop a Frimley ICS **Healthy Weights Strategy** and action plan and delivery of the Health promotion campaign work
- Enhance **Physical Activity awareness** in secondary care – moving towards activity prescription in clinical practice and training for staff
- Explore **staff offers** of support around: Smoking, Healthy Weight and hypertension



People, Places and Communities

Achievements

NHS Charities Community Partnership Grants funding supported a range of place-based initiatives that foster the concept of community/voluntary sector support to build a stronger co-production approach. The funding was linked to supporting early intervention, reducing disparity, or focusing on preventative health and social care, with a particular emphasis on diversity within the population.

The outcomes of these projects include:

- Individuals being supported to become more independent and integrated into communities supported by the VCS, including Cares support and signposting.
- The Wellbeing Circle project has been able to create a trusting and collaborative partnership across local authority, health, and the voluntary sector supporting individuals health and wellbeing at home through a personalised care approach.
- Supporting culture events with young activists against racism linking public health messaging to diverse cultural, faith and differences spiritual perspectives
- Promoting key health messages linking with the Diversity Calendar
- New links established with underserved communities e.g., Polish/ Gypsy Roma Traveller
- People are digitally connected with families and others reducing loneliness and Isolation
- Over seven hundred individuals are registered as community champions to support BAME population
- A community Innovation Fund established across places to support local community projects.

By working in close partnership, we will be able to create more opportunities for shared ownership across different work programmes to better reduce health inequalities.

Priorities

The impact of the pandemic has been felt by everyone and it is important that we understand the difficulties people are facing, whether they be related to health, housing, finances, or family. Building on the expertise of partners, voluntary sector, and charities we will work together to make fundamental change to collaborate with communities to make healthier choices. We also recognise that there is additional work which our partnership can do to better support Unpaid Carers which are a critical component of our health and care workforce.

The future priorities for this ambition are:

- Supporting the implementation of the South East Mental Health Compact which seeks to transform mental health services at scale and pace, including redefining the relationship between mental and physical care
- Creating relationships with all the Voluntary Community Social Enterprise (VCSE) organisations to be key strategic partners in shaping, improving, and delivering services, to tackle the wider determinants of health and create community asset partnerships
- A clear approach to engaging with our population at place and system levels, including representation at place-based partnerships and the ICS partnership to inform decision making
- Ensuring all of our diverse populations are represented with the creation of an ICS inclusivity framework
- Exploring citizen leadership and creating opportunities to develop decision making in our communities
- Using data and insight to focus on where the biggest impact can be made – for example children and families or those most affected by the increase in the cost of living and housing with fuel poverty
- Using the expertise in local authorities to develop a cross-cutting approach on co-production, co-design and promoting independence and sustainability to enable empowered and thriving communities.
- Identifying and supporting innovation through small scale grassroots community projects using the learning of the Innovation Funds project
- Continually looking for ways to measure success impact and outcomes in conjunction with the starting well and living well ambitions
- Collaborating with our communities to recruit those with lived experience to support a co-produced offer supporting and developing peer leaders for the system
- Working with partners to make best use of funding and joint working opportunities to deliver our commitments around the Serious Violence Duty
- Work with partners and those with lived experience across the system to develop a framework and policy as how to engage with those with lived experience at all levels with the ICS
- Support from Frimley Academy to provide opportunities for training and development of our workforce to hold community conversations and co-produce plans for improvement
- Sharing and spread of good practice in the diverse ways of working, to support the community deal approach.
- Working with people and communities around developing our shared approach to Palliative and End of Life Care, supporting people of all ages to die well and in a way that supports families and communities better cope with these difficult times.

Our People

Priorities

Workforce challenges in health and care have been talked about for years, but the scale of challenge in the last two years have been unprecedented. Partners across the health and care system are working hard to ensure we have the workforce we need now and in the future. We need to be clear where we best deliver through a system focus- where we are stronger together to resolve some of our most difficult and longstanding workforce challenges.

Our ambitions are aligned to the Frimley system strategy, and the initiatives we develop framed by the NHS People Plan.

We are undertaking a strategy refresh with our partners to agree our 'at scale' workforce transformation priorities – engagement and intelligence so far tells us we should focus on three target areas:

1. **Creating a joint workforce model for health and care – more connection, agility, equity and opportunity for our people, regardless of their employing organisation**
2. **Widening access to employment and keeping the people we have– working with our staff and our communities to remove barriers, truly listen to people to understand what they need to join us and stay with us**
3. **Strengthening partnership working and new models of care - Supporting our teams to drive transformation and to work in partnership to deliver high quality integrated care**

Many of our system programmes are truly making a difference. It is important to recognise what works well and use data to measure progress. It is also important to know when we need to take a different path. We will ensure everything we invest in has a clear purpose, is value adding and is transparently evaluated.



Leadership and Cultures

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Priorities

We will continue to ensure that we create opportunities for communities, people and partners to develop our cultures of compassion and belonging together. We will work to cultivate our whole system leadership and partnership working which finds new ways to tackle our complex system challenges. We will ensure we expand our system leadership and culture offers strengthening our collective capability for advanced system partnership working that makes a difference with our communities. We will also create the space to stimulate radical thinking, meaningful collaboration and bold action to tackle inequalities. We will base the way we work around the 'Frimley Way' so that we are building our cultures in the way we do our work together across the system.

We will deliver our system **equality, diversity and inclusion ambitions** – building on our equality diversity and inclusion strategy which is focused on being anti-racist, free of all forms of discrimination, bullying and harassment. We will build more diverse leadership, representative of the diversity of our system. These will be enabled through a range of supporting interventions:

- Frimley ICB mirror board
- Cultural Intelligence
- Reciprocal Mentoring

We will develop our system wide **Freedom to Speak Up strategy and vision** – empowering our people to speak up when things are not right and co-design improvements. Embedding freedom to speak up in our inclusive culture and share learning across the system so we make a positive difference

By leveraging our **leadership networks** – we will accelerate the spread and adoption of system change and maximise the impact of those that have benefited from our leadership and culture interventions through a community of practice

Nurturing a **shared learning culture** will create the space to stimulate radical thinking, meaningful collaboration and bold action to tackle inequalities, harnessing collective intelligence and wisdom of all parts of our system to emerge. We will continue to broaden access to our leadership programmes supporting underrepresented partners to take part in our offers.

Enabling greater **community led capability** development will support and empower the communities we serve, in the places that they live. We will listen to what's important to them and develop our community and partner leadership skills together.

Alliance and coalition building will create a more permissive environment of collaborative networks and adaptive partnerships and link with the systems other ambitions and programmes (e.g. children and young people)

We will expand our **culture and leadership offers** – to reflect our system challenges and build our system leaders of the future and ensure a mixed offer of programmes and activities that can support more people to benefit



95% tell us that having the time and space to reflect on their role, their influence and how to improve and lead realistic change in their organisation is making a big difference in their working lives

100% strongly agreed that the programme enhanced their confidence and skills in connecting and collaborating across boundaries



To watch a short film about **Courageous Conversations** please click on the icon or scan the QR code



Outstanding use of resources

Priorities

The system will work collaboratively to a **single system resource** envelope across the health and care system in support of clinical and operational strategies to deliver the key strategic ambitions.

We will work to enable more **fully informed decision making** in the use of the resources available to deliver the greatest possible value for the health and wellbeing of the population.

We seek to predict future demand under a “do-nothing” scenario and to develop our ability to:

- **reduce the need for costlier healthcare interventions** through investment in preventative and wellbeing interventions
- **utilise digital innovation** to deliver greater value for our population
- **optimise capacity** to meet demand and better mitigate demand that could be addressed more effectively elsewhere

The targeting of health inequalities is a key action for the delivery of a **sustainable service model** which provides the greatest possible value. It is well-evidenced that deprivation drives health inequalities which in turn drive greater utilisation of resource-intensive treatment. A focus on the improvement of health and wellbeing outcomes in our most deprived neighbourhoods will therefore have the greatest impact on consumption of resource in the treatment of poor health, which will free resource for reapplication in further preventative and wellbeing developments.

The development of planning and delivery **relationships with the voluntary sector, charitable organisations including hospices and commercial sector providers** has the potential to enable the application of a far greater level of resource than statutory organisations are able to bring to bear in the delivery of best value for our population’s health and wellbeing. This must therefore be a priority as we work to deliver this objective.

In light of the finite nature of our resource, the system should have a **conversation with the public** which seeks to articulate the limitations of our financial and workforce capacity in order that a more fully informed public is able to help us to prioritise our resource application.

Finally, our physical estates continue to experience significant challenge with the need for urgent capital investment clearly visible. The most pressing example of this is the use of RAAC plank building materials across the Frimley Park Hospital site, reducing the ability to use the full estate for patient services. A priority for this period will include securing additional investment to address this challenge.

Digital, analytics and transformation priorities

- Further developing the breadth, capability and use of our Shared Care Record
- Continue to expand the nationally leading use of remote monitoring as a prevention opportunity
- Improving the seamless flow of data between organisations across the health and care system
- Improving data quality, timeliness and breadth of data being shared
- Improving digital literacy and the use of insights to drive evidence based decision making
- Embedding a system wide analytics operating model that optimises the use of analytics resources and focuses on driving meaningful outcomes
- Scaling nationally leading, locally developed, population health intelligence tools to support other systems across the UK
- Increasing the use of evaluation to support decision making and rapid improvement cycles
- Moving from descriptive analytics to greater emphasis on predictive and prescriptive techniques and data science
- Greater focus on patient reported outcomes and better understanding the voice of our residents
- Greater insight supporting evidence based decision making at system, place and neighbourhood levels. Incorporating wider determinants and resident provided information to drive population health management and system intelligence.
- Support a move towards self-care and prevention by integrating the good work in health and social care with app and resident-facing technology integration.
- Use digital tools and evaluation of our interventions to underpin work to reduce inequalities for residents across the system.
- Increase the flexibility of our estate by maximising digital ways of working
- Stronger integration with children’s social care and education to support targeted and coordinated wellbeing offer to children to start well.

Benefits and sustainability

The optimal use of resources will support the whole system in achieving its vision of improving the lives of our residents and addressing health inequalities. The use of digital technology will empower our workforce to work differently, creating capacity as well as improving quality outcomes for residents. Improving access and the use of technology will also support patients to better navigate the health and care system and empower patients to take greater ownership of their health and wellbeing.

The ambition directly addresses this issue, to drive a service which maximises health and wellbeing outcomes, minimises health inequalities and demonstrably delivers the greatest possible value for the resource entrusted to us on behalf of our population.

Our next steps together

Our Shared Commitment to Delivering Progress

This refreshed ICS Strategy is the first step in the next phase of our joint work together as partner organisations. We are committed to continuing our efforts to deliver improvements against our two Strategic Priorities, **Reducing Health Inequalities** and **Improving Healthy Life Expectancy**. This document sets out where we think the greatest opportunities lie ahead of us in making this a reality for our residents.

Our intention is to work with residents, staff, elected representatives and organisations in Q4 of 2022/23 to share this draft strategy and **hear further feedback** as to how it can be strengthened. We will seek to update the strategy to reflect as much of this feedback as possible, prior to the Integrated Care Partnership being asked to endorse this strategy at its meeting in March 2023.

As we enter 2022/23, we will seek to **work with partners** in their organisations and **Health & Wellbeing Boards** to ensure that we have credible plans for delivering improvement against these strategic ambitions as set out in this document. We have already signalled an intention to bring greater clarity to the expected benefits of this work for residents and staff, backed up by a clear understanding of the metrics and indicators which will tell us whether our shared work in this area is delivering tangible progress.

Delivering on the improvement opportunities identified in this strategy is a **collective responsibility**. We have highlighted these areas of focus because they are deliverable only with ambitious involvement from the organisations which make up our partnership. By **working together** in line with our **shared values**, we will hold each other to account for the delivery of our strategic purpose in the right way.

Over the past three years we have invested significant time in building new delivery capability, creating new vehicles for transformation which are not rooted in the traditional organisational architecture of the twentieth century. We will make the most of our ICP, ICB, Health & Wellbeing Boards and Provider Collaboratives to **achieve our goals** because we know that these partnership constructs will give us the best chance of success.

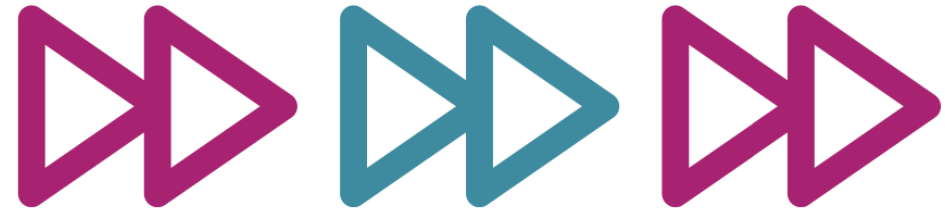
Addressing the wider determinants of health and wellbeing

Our greatest opportunities for achieving success together will come through addressing the broader factors which determine the health and wellbeing of our population.

In the months ahead we will embark on an ambitious agenda-setting approach to making best use of our Integrated Care Partnership to create the time and attention required to delivering shared improvement in these areas. Focus areas which have already been suggested by our partners for subject matter workshops include:

- **Social and Private Housing, Planning and Development**
- **Healthier Spaces, Leisure and Tourism**
- **Economic Development, Skills Development and Training**
- **Understanding the Social Care provider sector and exploring quality improvement opportunities**
- **Making best use of our collective Public Sector physical assets and anchor institutions**
- **Digital provision of health and care support to workforce, patients and residents**
- **Securing long term sustainability, including environmental improvement opportunities and the broader Green agenda**

Delivering improvement from this strategy and therefore improvement for our residents is contingent on identifying the opportunities for change which are present in all of the above. As the ICP continues to evolve and develop, it will provide a critical forum to secure this.





Conclusions

- Both strategies have been developed in partnership with local authorities; the Joint Strategic Needs Assessment and Health and Wellbeing Strategy for Hampshire
- Both strategies have been developed with a broad range of stakeholders and set out the aspiration to unlock the benefits of greater partnership working and using the collective resources more effectively to improve the health of the population.
- Both strategies place an emphasis on the importance of working better with children and families, as well as supporting people to live healthy lives with an emphasis on preventative interventions to reduce the need for health and care services in the long term.
- Both systems recognise the need to review their workforce models to build capacity and ensure the right skills and capabilities are there for the future. The importance of investing in digital solutions and sharing capacity across the partnerships also come through as themes
- Both strategies build on and support the work ongoing at a Hampshire place level. To ensure the effective delivery of the strategy, it is recognised that partnership working with the Health and Wellbeing Board will be vital.

Questions?