

## HAMPSHIRE COUNTY COUNCIL

### Report

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

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#### **Purpose of this Report**

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

#### **Recommendation(s)**

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

#### **Executive Summary**

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

### **Contextual Information**

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

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

### **Family, Friends and Community**

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

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

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

## **Housing**

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

## **Healthy Homes Working Group**

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

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

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

### **Homelessness Prevention**

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

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

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

- **1700 people were homeless** – with the largest concentrations in Portsmouth (528), IOW (278) and Southampton (185). **Even with extraordinary efforts by LA partners at the time, 23 people remained sleeping rough across the County.**
- Within Hampshire hostels<sup>1</sup>, **circa 40% of people have significant underlying physical health conditions**
- Across Hampshire districts:
- **77% have mental ill health**
- **80% misuse substances**
- **61% have co-occurring mental health/substance misuse** – with the largest numbers in Fareham & Gosport
- **Average age circa 31 years old** – with the oldest in Basingstoke (average 45 years); Gosport and Test Valley (av. 40 years) and the youngest in East Hants (av. 25 years)
- **88% of shared accommodation settings do not have a linked GP practice**
- Although many are registered with a GP, in some areas **engagement with primary healthcare services is challenging and many have unmet health needs**

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

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

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

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

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

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

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<sup>1</sup> HCC triage data collection – March and May 2020

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

46. Further details can be found in Appendix 2.

### **Built and Natural Environment**

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

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

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

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



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

## **Performance**

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

## **Co-Production**

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

## **Conclusions**

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

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

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

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

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

**Section 100 D - Local Government Act 1972 - background documents**

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

Document

Location

None

## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

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

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

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

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

### **2. Equalities Impact Assessment:**

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