

HAMPSHIRE COUNTY COUNCIL

Report

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| Committee: | Hampshire Health and Wellbeing Board |
| Date: | 18 March 2021 |
| Title: | Health and Wellbeing Board Annual Update |
| Report From: | Simon Bryant, Director of Public Health |

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Purpose of this Report

1. The purpose of this report is to update the Board on the progress of ongoing work to support the delivery of the Joint Health and Wellbeing Strategy within the limitations of the Covid-19 impact.

Recommendation(s)

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

Executive Summary

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

Contextual Information

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

Performance Review by Theme

Strategic Leadership, Simon Bryant

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

Key Developments

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

Joint Strategic Needs Assessment (JSNA)

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

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

Inequalities

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

Climate Change

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

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

Planning and Local Developments

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

Starting Well, Steve Crocker

Key Issues and Developments

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

Covid Impact and Mitigations

24. Covid-19, and the associated lockdowns and restrictions upon the everyday lives of children, young people and families has had significant with generally negative impacts upon the mental health and emotional wellbeing of children and young people. It is too early to reliably predict the full impact that this disruption will have had upon the mental health. After an initial dip from March to May 2020, presentations of serious self-harm

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

Coproduction and Collaboration

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

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

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

Progress Against Metrics

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

| Theme & Aim | Update |
|---|---|
| <p>Increase mental health support in schools</p> <p>Waves 5-10 of the MHST programme will focus upon getting teams installed into schools in 4 CCG areas with no such provision at present.</p> <p>Nationally, the Link Programme can be potentially rolled out to all schools.</p> | <p>Only two MHSTs (supporting approximately 16 schools) have been allocated to Hampshire to date. Hampshire is set to benefit much more from the next few waves of MHSTs which are due to be confirmed by April 2021, to cover the next six waves of MHST rollout.</p> <p>The Link Programme is being rolled out more widely, though the impacts of Covid upon schools has limited recruitment into this programme to date to four completed programmes (of a planned seven).</p> |
| <p>Number of young people (under 18) in specialist substance misuse services</p> <p>Baseline 437</p> | <p>432</p> |
| <p>Young people with problematic drug/alcohol use are able to access specialist substance misuse treatment.</p> <p>Target is for 315 young people to access treatment.</p> | <p>697</p> |

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| <p>Number of young people whose parents are accessing substance misuse services offered support</p> <p>Target of 30 young people access support.</p> | 44 |
| <p>Reduce the proportion of women smoking at the time of delivery</p> <p>Reduce SATOD in Hampshire to 7% by 2020.</p> <p>Increase referrals of pregnant smokers to Hampshire stop smoking service to 100% using an opt out system by 2020.</p> <p>Increase the uptake of stop smoking support by pregnant smokers with 50% of referrals setting a quit date by 2020.</p> <p>Increase the 4 week quit rate to 55% and the 12 week quit rate to 25% of those setting a quit date by 2020.</p> | <p>9.3%</p> <p>Data for 2019/20 indicates increase in numbers of maternity referrals to the stop smoking service to 819</p> <p>274 (33.5%) quit dates set</p> <p>157 pregnant 4 week quitters (76%) and 126 (50%) pregnant women quit for 12 weeks</p> |
| <p>Increase in mothers continuing to breastfeed at 6-8 weeks</p> <p>50%</p> | 54.7% |
| <p>Number of children jointly funded for continuing care</p> <p>11 (Baseline)</p> | 67 |

Next Priorities

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

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

Living Well, Dr Barbara Rushton

Key Issues and Developments

37. What we have seen over the course of 2020/21 is that Covid -19 has highlighted the inequalities in our population and it has been harder for those already at risk to manage their physical and mental health and to 'Live Well'
38. Although Health and Care services have remained open for business throughout the year there have been changes to the way that individuals have been able to access support for both physical and Mental Health services. There have been concerns about the hidden harm being done through the impacts of not accessing care, compounded by the concerns over staff wellbeing, resilience and capacity to deliver services.
39. Importantly Health and the Local Authority have been working together to support those shielding enabled "targeted communications" to the vulnerable population providing advice and guidance on who to contact and how to access services. This includes work to support those experiencing homelessness.
40. Work has been ongoing to mitigate the recent increases in the number of women smoking while the Quit 4 Covid programme has been a good example of a targeted intervention to all smokers. The Healthy Hearts model for cardiovascular disease prevention has also been developed to tackle unwarranted variation across our geography.
41. A pilot to tackle obesity in Rushmoor was implemented and is a good example of cross sector working while EnergiseMe have facilitated a wide ranging consultation to shape the forthcoming physical activity strategy.
42. We have learnt a lot about the opportunities to enable people to access care through digital means. Transition to digital solutions has provided 1000s of online therapeutic mental health interventions for patients across Hampshire and there has been an improved 111 Mental Health service to support all ages across the system.
43. We have also seen examples of digital solutions to support those to live well such as pulse oximetry, while Hampshire's Connect to support and the personalised care websites host a library of free self-help resources such as lifestyle, weight and mood management tools.
44. Many of the interventions and new innovations designed to support people to live well have involved collaboration across organisations and traditional

boundaries, with many examples of positive co-production. The ambition going forward is that agencies continue to build on this spirit of co-operation through a whole system approach which as a result of the increasing need to tackle inequalities will need to shift its focus to continue to support those people to live healthy lifestyles.

Covid Impact and Mitigations

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

Coproduction and Collaboration

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

- telephone support, the provision of 'Quit with Bella' app support and home visiting for the most vulnerable members in our community (pre Covid-19)
51. Teams focussed on obesity have engaged with key partners, such as MIND, food retailers and housing associations to explain the approach and why it's important while increasing local stakeholder participation in the Whole System Approach
 52. Energise me have provided workforce training for the health sector, social prescribing and volunteer workforces and recruited a post to work across the system through the National Academy for Social Prescribing Thriving Communities Programme
 53. Working with MIND across Hampshire we are contacting very registered SMI patient to offer advice guidance and support in relation to vaccinations with a hope of further maintaining this activity to improve take up and completion of SMI health checks to reduce the mortality gap
 54. Social prescribers within primary care working with wellbeing centers and improving advice and guidance on the steps to wellbeing bridging the gaps between physical and mental health.

Progress Against Metrics

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

Reducing the proportion of women smoking at the time of delivery

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

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

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

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

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

Implement the Hampshire Physical Activity Strategy

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

Next Priorities

64. 2020/21 has provided unprecedented challenges for partners in supporting individuals to live well. Tackling the inequalities that lead to poorer health outcomes has to remain front and centre of our approach to prevention and self-care programmes. The system specifically needs to gear up for the Covid-19 impact on mental health and ensuring service capacity and resilience in the coming year.
65. The importance of robust digital solutions to support independence have proven to be more valuable than ever, so we will continue to ensure that the digital tools are promoted further to the public and amongst professionals to deliver the right care, at the right time, in the right environment and provide robust Information to support people to manage their conditions in the community.
66. HIOW will become an Integrated care system ICS on 1 April 2021 with a Partnership Board representing health and care. Alongside the recently formed Prevention and Inequalities Board statutory partners will continue to work with communities to coproduce solutions that work for them alongside the voluntary sector.
67. In order to see positive outcomes the various programmes of work are committed to doing things 'with people not to them' to enable communities to lead healthier lives and develop the local community assets to focus on supporting populations most at risk.

Aging Well, Graham Allen

Key Issues and Developments

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

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

Covid Impact and Mitigations

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

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

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

Coproduction and Collaboration

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

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

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

Progress Against Metrics

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

| | |
|---|--|
| <p>Covid-19 vaccination</p> | <p>Frimley (covering NE Hampshire) is lower at 81.2% for over 65s and 72.4% for frontline healthcare workers.²</p> <p>As part of the system response, Hampshire has been working to prioritise and vaccinate older age groups who are at highest risk of dying from COVID-19 as well as key frontline workers who work with the most vulnerable. Work is underway to identify and encourage people who are less likely to come forward for their vaccination.</p> <p>For COVID-19 vaccine, as of 31 Jan: Frimley – 91.4% of people 80 years and over had been vaccinated HIOW – 92.7% of people 80 years and over had been vaccinated</p> |
| <p>Permanent admissions to residential/nursing homes 65+</p> | <p>As at December 2020, the permanent yearly admissions rate for people aged 65+ was 1605, equating to 534 per 100,000 population. This is down from 544.9 per 100,000 population in December 2019. It is important to note however that this data relates only to admissions where HCC was placing an individual in residential or nursing care. It does not reflect admissions organised by an individual or their family without HCC involvement.</p> |

Next Priorities

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

Dying Well, Dr Peter Bibawy

Key Issues and Developments

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

Covid Impact and Mitigations

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

Coproduction and Collaboration

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

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

Progress Against Metrics

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

Next Priorities

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

Healthier Communities, Councillor Anne Crampton

Key Issues and Developments

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

Covid Impact and Mitigations

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

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

Coproduction and Collaboration

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

Progress Against Metrics

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

Next Priorities

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

Finance

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

Conclusions

107. With the significant positive changes and growth to the Board, we expect to take forward updated priorities and actions, monitor progress in a systematic way and continue to tackle inequalities. It is intended recent insight and retrospection about the Board's work will help mature and develop its system leadership role and strengthen partnerships, working across Hampshire.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

| | |
|--|------------------------------|
| Links to previous Member decisions: | |
| <u>Title</u> Health and Wellbeing Board Business Plan Update | <u>Date</u> December 2019 |
| Direct links to specific legislation or Government Directives | |
| <u>Title</u> | <u>Date</u> |

Section 100 D - Local Government Act 1972 - background documents

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.)

| | |
|-----------------|-----------------|
| <u>Document</u> | <u>Location</u> |
| None | |

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

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