

NOTICE OF MEETING

Meeting	Health and Wellbeing Board
Date and Time	Thursday, 1st October, 2020 at 10.00 am
Place	Virtual Teams Meeting - Microsoft Teams
Enquiries to	members.services@hants.gov.uk

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

FILMING AND BROADCAST NOTIFICATION

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

AGENDA

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence received.

2. DECLARATIONS OF INTEREST

All Members who believe they have a Disclosable Pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Part 3 Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore all Members with a Non-Pecuniary interest in a matter being considered at the meeting should consider whether such interest should be declared, and having regard to Part 5, Paragraph 2 of the Code, consider whether it is appropriate to leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with the Code.

3. MINUTES OF PREVIOUS MEETING (Pages 3 - 14)

To confirm the minutes of the previous meeting.

4. DEPUTATIONS

To receive any deputations notified under Standing Order 12.

5. CHAIRMAN'S ANNOUNCEMENTS

To receive any announcements the Chairman may wish to make.

6. STRATEGIC LEADERSHIP: HEALTH INEQUALITIES AND RISKS
(Pages 15 - 18)

To receive an update on the impact of Covid-19 on health inequalities and risks in relation to Health and Wellbeing priorities.

7. STARTING WELL: THEME UPDATE (Pages 19 - 36)

To receive an update on the priorities and progress of the Starting Well strand of the Health and Wellbeing Strategy and the impact of the Covid-19 pandemic on progress in this area.

8. STARTING, LIVING AND AGEING WELL: HAMPSHIRE PHYSICAL ACTIVITY STRATEGY UPDATE (Pages 37 - 78)

To receive a report on the risks and the impact of Covid-19 on physical activity levels across Hampshire with particular attention to inequalities the physical activity sector.

9. FORWARD PLAN FOR FUTURE MEETINGS (Pages 79 - 82)

To review anticipated future business items and progress on actions for the Health and Wellbeing Board.

ABOUT THIS AGENDA:

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

ABOUT THIS MEETING:

The press and public are welcome to observe the public sessions of the meeting via the webcast.

Agenda Item 3

AT A MEETING of the Health and Wellbeing Board of HAMPSHIRE COUNTY
COUNCIL held remotely on Thursday, 2nd July, 2020

Chairman:

* Councillor Liz Fairhurst

* Councillor Judith Grajewski

Councillor Zilliah Brooks

* Councillor Patricia Stallard

Councillor Roy Perry

Councillor Ray Bolton

*Present

Co-opted members

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

Cllr Keith Mans and Cllr Roger Huxstep were present with the agreement of the Chairman.

112. APOLOGIES FOR ABSENCE

Apologies were noted from the following Members:

Sarah Schofield, West Hampshire Clinical Commissioning Group

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

Michael Lane, Police and Crime Commissioner for Hampshire

Sue Harriman, Co-opted Deputy for Provider Representative: Community and Mental Health

David Radbourne, NHS England (Wessex)

Amanda Lyons, Co-opted Deputy for Wessex Local Area Team of NHS England

Dr Andrew Whitfield, Co-opted Deputy for North East Hampshire and Farnham Clinical Commissioning Group

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

113. DECLARATIONS OF INTEREST

Members were mindful that where they believed they had a Disclosable Pecuniary Interest in any matter considered at the meeting they must declare that interest at the time of the relevant debate and, having regard to the circumstances described in Part 3, Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter was discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore Members were mindful that where they believed they had a Non-Pecuniary interest in a matter being considered at the meeting they considered whether such interest should be declared, and having regard to Part

5, Paragraph 2 of the Code, considered whether it was appropriate to leave the meeting whilst the matter was discussed, save for exercising any right to speak in accordance with the Code.

There were no declarations of interest.

114. **MINUTES OF PREVIOUS MEETING**

The minutes of the previous meeting held on 12 December 2019 were agreed.

115. **DEPUTATIONS**

There were no deputations received.

116. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made the following announcements:

Dr Nick Broughton leaving Southern Health

The Chairman thanked Dr Nick Broughton for all his hard work and leadership at Southern Health and for his role as a provider representative for Community and Mental Health NHS Trusts on the Board. She wished him all the best at Oxfordshire Health NHS Foundation Trust.

Kate Jones leaving as Board Manager

The Chairman also thanked Kate Jones, the Board Manager, for all her hard work and efforts on behalf of the Health and Wellbeing Board. Kate will be missed but will continue her role as a policy advisor in Adults' Health and Care.

Safeguarding Adults Report

The Chairman touched on the Safeguarding Adults Report that had been circulated via email alongside the Agenda. The Director of Adults' Health and Care was present to answer any questions; there were none.

Pharmaceutical Needs Assessments

The Chairman invited the Director of Public Health to make an announcement regarding Pharmaceutical Needs Assessments (PNAs) which have now been postponed till 2022.

117. **PUBLIC HEALTH COVID-19 OVERVIEW AND IMPACT ON HEALTH AND WELLBEING AND OUTBREAK CONTROL PLANS**

The Board received a report from the Director of Public Health at Hampshire County Council. Members heard regarding the first wave of the virus, what the second wave may look like, the R value and how it is used. It is difficult to construct one for Hampshire or small geographies, in relation to the spread of infection. Currently, the R value is low due to high levels of lockdown compliance.

Measures are now being eased and further non-pharmaceutical interventions in place. More children are now in school, and more businesses and places are open for a better economy but with a careful balance. Testing is now available for anyone with symptoms and mitigation in place to address impacts on physical and mental health during the lockdown. There has been greater responsibility and ability to direct resources to where they are delivery is needed. It is unlikely though that a vaccine will be available in the immediate future.

In response to questions, Members heard:

Based on modelling, there is a chance of a second wave later in the year, combined with winter pressures. The Board has a strong role in encouraging flu vaccines.

While there had been a delay in sharing contact tracing data with local government, these issues are being resolved. There has been a higher volume of testing and a better sense of capacity needed. The microbiology team at the Trust have been working hard running a 20-minute test using a lab in a van. It is accurate and there is a pilot now for practical logistics to serve care homes, etc. although the weather does affect testing. The saliva test is more user friendly and being tested in Southampton in a partnership with Southampton University.

Track and trace systems have been developed. Work is now in progress closely across systems and linking in with outbreak control boards, districts, and boroughs to develop an agile framework to manage at a local level.

Public Health and integrated care partnerships play a key role managing outbreaks and the contact tracing funding allocation is a critical piece.

Local data from a variety of sources were initially slow in coming through but is now being received regularly by post code.

The outbreak plan includes seven themes to lead on as outlined in the paper. These cover care homes, schools, quick response, numerous complicated diverse high-risk settings, learning from others, testing and contact testing, working to prevent further spread, and support shielded, vulnerable people.

Facilitating information sharing and collaboration between local care partnerships and boards will allow systems to work together to support vulnerable residents or manage issues in specific patches in a more joined up way with stronger NHS links.

A significant amount of work is underway with shielded patients and those with vulnerabilities (including Black and Minority Ethnicities (BAME), age, multi-morbidities, etc.) As residents are getting out more often, work needs to be done to keep them safe in the event of a second wave.

Colleagues from the voluntary sector have been supporting communities and the consistent challenges they have faced has included lack of involvement in planning for next period and further outbreaks, safely relaunching the services they run, and financial duress – real concerns that will need addressing. They have played an important part with a focus on response to Covid rather than those that generate income but lacked early sight on planning during the response. Recovery for the voluntary sector and wider health impact to ensure a strong community going forwards will require a holistic approach and assistance with the complicated guidance.

One impact of the virus is the way services will continue to be delivered into the future and it will be important to proceed cautiously. Engagement results from the public regarding access to information, experiences, and ease of accessing services for mental and physical health, as well support from voluntary organizations will be important to consider. Impact on the BAME population, while not large in Hampshire is still vital. Socially distancing and regulating air pollution to decrease virus spreading while encouraging walking and cycling options could help alongside emergency measures and response for outbreak control. Funds have been allocated for road conversions and other opportunities to benefit health. The disparities report was not out at the time of publishing, but it is important to consider and plan for preventing further impact of Covid.

General Practitioners (GPs) have remained open offering triage digitally or by telephone, and dental practices have offered minimal services due to risks but gradually reopening. There have been difficulties for some people not able to access services physically or virtually. There are new communications coming forward soon in collaboration with Citizen's Assembly.

The Leader of Hampshire County Council noted that Public Health leadership played a key role in success and that the new normal would look different when it came to transportation. People have just gotten on and helped each other, friends and neighbours. The funding issues highlighted for charities have been noted. Difficult situations require a clear idea of objectives and in this case, it was to reduce the spread of the virus. Future outbreaks are possible and hot spots must be identified and quickly resolved. Communication and interchange will remain vitally important and the use of technology has been a way forwards for working together to ensure Hampshire has had good results.

The Executive Member for Public Health endorsed regular communications and discussion to get simple and important messages out to residents. It is important to support the economy, but there needs to be absolute clarity and consistent joint up messaging.

Helpful feedback, community engagement, and communication are key elements. The final aspect is evaluating the impact in the context of health and wellbeing, physical and mental health. This is still in the early stages and an

ongoing piece of work, to be followed up with further reports back with more data and analysis.

RESOLVED:

That the Health and Wellbeing Board--

- Noted the Context of the COVID-19 Pandemic
- Noted the impact on Health and Wellbeing and the need to monitor outcomes and take work forward to tackle the impact reviewing service development plans.
- Noted the development of Outbreak Control Plan

118. CARE HOME SUPPORT OFFER AND UPDATE

The Board received a presentation from the Director of Adults' Health and Care at Hampshire County Council alongside a report with most recent data and developments.

Members received an overview of the key elements and heard that all Hampshire organizations had come together to provide services and support with humanity, compassion, and care. The speed and voracity of the impact of Covid, even with the response of many organizations and the Voluntary Care Sector (VCS), left the care home sector particularly and significantly affected.

There have been some lags due to data delays but review of key data has had a significant impact on learning and work is already underway to better understand the causes of excess deaths in care homes. Each and every death is tragic for loved ones, but also for the care home families that function as such.

From a Hampshire perspective, actions have been taken to provide support for the care sector in meeting key challenges with nearly 4 months in response mode and continuing to fight the pandemic. Asymptomatic people remain a challenge for a novel virus as well as the transmission profile, PPE supply chain challenges and guidance, clear and present danger, testing for residents and staff, lockdown and closures of communities, effects of not having visits from family and friends, significant emotional, psychological, mental health impacts, concerns for safety of key workers, and protecting and reassuring BAME staff.

Grants for infection prevention and control measures have been taken forward swiftly in order to establish the Care Home Support Board with multiagency support for a response plan and delivery and distribution of funds to every care home setting in Hampshire, including advance payments prior to receiving government funding and a second payment in process now. Multidisciplinary team meetings, stringent grant conditions and audit have been put into place.

In response to questions, Members heard:

Routine testing started mid-April and it is possible some deaths towards the beginning were possibly Covid-related but had not been tested. Other factors such as acute capacity for stepdown placement in combination with other challenges contributed to numbers. There is variability in the data and the average over the period is used.

Excess deaths have included people's private homes, care homes, and hospitals. Doctors had the option to add the presence of Covid on death certificates. There were concerns about some people who didn't go to the hospital because of media messaging, though hospitals have accepted critical patients through the pandemic period. The graphs depicted are not up to date to current time, but deaths are lower now, so that curve may reset as some people may have died earlier than anticipated. The statistical analysis would be very useful though every loss remains tragic for families, friends, and carers.

Ensuring people in care homes have personalised support plans and death plans based on personal and family preferences continues to be part and parcel of the care support plan from a national level of strategy. Digital notes are accessible to paramedics and patient preferences are front and centre of their care. Providing ethical care and having the care sector moving as one is critical to focus and be responsive around supporting people. Healthwatch have also joined the group for multiagency care home support arrangements.

Currently, people are being admitted to care homes but in lower numbers and work is taking place by the Hampshire Care Association to reinforce that care homes remain open, safe, and are continuing to provide the highest quality of care. The relationship between the Primary Care Network (PCN) and care homes remains key.

Members thanked the Director's leadership and the department and noted that the stories of members of staff in the care sector going above and beyond have been quite moving.

RESOLVED:

That the Health and Wellbeing Board--

- Is assured by the work underway to support the care home sector through the development of a care home plan and notes the contents of this report.
- Recognised the impacts upon the care home and wider social care sector and thank all those staff working across the sector for the humanity, compassion and care shown throughout their responses to Covid-19.
- Will receive further updates at future meetings on continuing work to support the care sector.

119. HAMPSHIRE WELFARE RESPONSE

The Board received a presentation from the Director of Adults' Health and Care at Hampshire County Council alongside a report on welfare response arrangements.

Members heard a tribute to NHS partners, carers, and voluntary sector organizations supporting a significant number of clinically vulnerable residents. Food and pharmacy deliveries were arranged where friends, family or neighbours were not available. Volunteer support continued to be referred via business as usual services. Collaboration arrangements are in place now, however this was a tall task for the department.

Compliments have been received around delivery of food and reassurance. People have appreciated those outward-bound calls and colleagues have worked to avoid duplication. Sharing information with districts and Voluntary Care Sector (VCS) allowed for the provision of comprehensive support. While some people may have been called twice, it was preferable to do so and ensure services had been offered.

The length of time people have been spending in lockdown has had an impact on financial hardship advice requests in call centres and an increase in and additional support for domestic abuse and hidden issues. Call centre operatives have been experienced, sensitive to the issues, and offered resources and help. Support has been provided for people with substance abuse and rough sleepers.

Food box support for the shielded is coming to an end in July but more work remains to be done. Enhancing independence and supporting people through issues that have developed with staying home so long will be key priorities, alongside caring for mental health and wellbeing. Adults' Health and Care will continue to support carers and provide day opportunities as well as domiciliary care. The department has been contacted by a much larger group of older adults than prior to Covid and there have been challenges with hard to reach groups (including rough sleepers) to continue to provide services. The additional numbers referred did not include people that were already receiving help.

In response to questions, Members heard:

A shared purpose and collaboration led to a quick and easy response to come together to address these particular challenges, but it will be vital to take this work forward. The voluntary sector would like to be engaged in planning discussions early and navigate challenges regarding to reopening, transport, capacity, etc.

There have been no real surprises in the figures. There is continued learning and work on accessibility alongside VCS, districts, and boroughs. More work remains especially in the areas of protecting BAME residents and key workers, rough sleepers, etc. Local community-based organizations have stepped up to provide support. The local resilience forum collaboration has brought in every representative group to have as much line of sight as possible, including the faith community, Good Neighbour volunteers, and other grassroots groups.

In the early weeks there had been challenges with clarity about those out there that potentially needed help. Based on shielded and secondary lists from local authorities, some residents may have gotten multiple calls for support but there is more concern for those who may have fallen through the cracks. In the event of a second wave, that information would be key.

Data sharing now considers all those complexities and there will not be confusion going forwards. Initially, people who did not give permission to share data had their details protected and they could not be shared. Information and advice from government and getting that information quickly was remarkable but to feed them in for General Data Protection Regulation (GDPR) would have needed retrofitting. Lists were being created from hospitals with an amazing response with social prescribers supporting them and constructing personalized care plans. It was an important learning curve and there is now an algorithm to find those at high risk in the event of a second or local outbreak.

RESOLVED:

That the Health and Wellbeing Board--

- Notes the work that has taken place to date by the public and voluntary sector organisations and their partners in Hampshire to support the needs of its most vulnerable citizens and the wider community.
- Is assured by the systems that have been put in place across Hampshire, as set out in this report, to support the county's most vulnerable residents as well as the wider community during the Covid-19 pandemic.

The Chairman called for a 5-minute break at this time.

120. **CHILDREN'S SERVICES UPDATE ON COVID RESPONSE**

The Board received a presentation from the Director of Children's Services at Hampshire County Council with an update on the Starting Well theme and mitigating the impact of Covid on children.

Members heard that safeguarding work is continuing as well as looking after children in care. While there was a 3 Phase response planned, there has not been a need to move past Phase 1 which is business as usual but working differently.

Statutory responsibilities have been met using technology to be able to see children. Technology has had a huge impact on working differently and allowed virtual visits in many cases and in some, face to face visits as well in keeping with the guidance. There has been quick response and reassuring where necessary. There have been roughly the same percentage of face to face and virtual visits and teenagers have preferred the new ways of working with technology-aided reviews.

The number of referrals had dropped off in April but were back up in May and currently above those levels in June by 15%. This likely reflects increase in tensions and instability in families brought about by the impact of the lockdown.

Children's Services has worked to keeping children in care engaged and entertained and provided support for foster carers. Covid has provided to be a challenge in terms of placements and similarly young adults were unable move on at 18 to independent accommodation.

Children will remain in care due to the current challenges for matching placements and this is likely to continue for some time. People have concerns about taking new children into their families under the current circumstances. Two homes have been deliberately closed to provide more resiliency in the staff rota in the remaining facilities. Foster carers have been magnificent at nurturing their children and work with partners continue. Staff have been kept informed and appreciated which was well-received. Lessons learned and review prior to the next phase continues moving forward in a slightly modified environment.

Schools have been closed since end of March but remained open for key workers and critical vulnerable children while working hard to understand and follow the guidance. Currently, numbers have really increased, including students with Education, Health and Care Plans (EHCP) as well as those with underlying health needs.

Schools have been supported with home learning, wellbeing, technology needs, resolving challenges with laptop availability and orders, etc. as well as the wider reopening of primary schools and priority order of return, in keeping with the guidance.

Key restraints have included the number of staff and size of premises. It has proved very difficult to physically get everyone back into the school. More than 25,000 students back in school, one of the highest in the country.

School construction sites are now open. New school place schemes are due to progress as planned. The areas most affected include home school transport and early years. Recovery plans are in place, however current restrictions may be changed by September.

School admissions rounds are complete. Early years and childcare both private and state funded have been affected as providers may have lost their income or staff have been furloughed. The guidance was also changed but a brokerage service was created for parents and providers to connect and hopefully with sufficient capacity by September.

In response to questions, Members heard:

The courts were out of step, but resolutions have been negotiated.

The continuing education of children over lockdown would be reviewed to ensure learning had been taking place. Standards developed around online learning needs to be in place as Ofsted inspect against Department for Education (DFE) standards. Ofsted are likely to do some form of assurance to see how schools

have coped with Covid to highlight best practices and lessons learned; it would not be an inspection as such, rather an investigation.

The same would take place from a local perspective in order to develop good practice guides around online learning. It has been an imperfect teaching method and not pedagogically sound in the primary sector or in terms of being useful for young children. Members noted that understanding and addressing the impact on mental health and engagement or disengagement with school is critical.

Schools are not expected to be open over the summer and there is DFE guidance around summer and play schemes. Previously, the guidance was unhelpful, and colleagues are reviewing current guidance which will hopefully allow for larger bubbles that allow more schemes. If private providers do not operate within this guidance, their insurance would become invalid.

Members noted an opportunity during the return to school in September to encourage walking and cycling while avoiding public transport which would be both safer and environmentally friendly. Outdoor learning, some time to acclimatize and express how children felt would be very important. While there are rights to maintain transport, healthy ways to get to school when possible would be encouraged.

Members also noted that summer placements are crucial for NHS staff to continue to work and necessary for the work force.

RESOLVED:

That the Health and Wellbeing Board--

- Notes the report.

121. **CO-PRODUCTION UPDATE**

The Board received a verbal update from the Healthwatch representative regarding a productive meeting with Adults' Health and Care colleagues to embed coproduction and encourage patients' and the public's voice to achieve coproduction responsibilities.

Members heard that coproduction would be added as an item on Health and Wellbeing Board reports going forwards and that the sponsor of each theme would be responsible for embedding and including it in future presentations for sharing ideas and making suggestions. Good practice guidance will be shared and colleagues working on co-production will be invited to share reports with the Board. The strategic leadership sponsor could take on this oversight and progress followed with an action tracker review at each meeting.

The Director of Adults' Health and care supported and endorsed this approach and the Board noted the update.

122. **DISTRICT FORUM REPORT ON HOUSING AND HEALTH TOPIC**

The Board received an update from Member and District/Borough Representative on a recent Healthy Homes needs assessment and a Healthy Homes workshop in collaboration with the district forum and Public Health.

Members heard a brief overview of the report and recommendations for implementing the required actions. A project officer was now in place and a multiagency Healthy Homes group would be meeting later this month to provide support in meeting the expectations.

Members thanked those involved and endorsed the endeavour, that involved working collaboratively and differently to avail new opportunities. District and borough council partners are having positive conversations with colleagues identifying collaborative work and goals to keep moving forwards.

Members expressed that this work should go on to include and help those areas with the largest health inequalities and shortcomings in the wider community.

RESOLVED:

That the Health and Wellbeing Board--

- Receives a report on the Disabled Facilities Grant (DFG)¹ processes to establish whether arrangements are consistent and equitable approach across the county;
- Supports further exploration of measures to increase the use and reuse of adapted properties to support people with disabilities or older people with developing needs to live more independently within their community;
- Supports development of a framework for working more collaboratively. This framework will set out how organisations can contribute to shared induction and training programmes to strengthen links and partnerships between organisations;
- Encourages their respective organisations to actively use and contribute to the Kahootz site² to share best practice, learning opportunities (multiagency training programmes) and areas for development; and
- Ensures guidance around safeguarding in relation to hoarding is applied within their respective organisations

123. **"WAS NOT BROUGHT" POLICY**

Members noted that images and references should be further refined and reviewed by professionals, carers, and the target audience to ensure the leaflet speaks to them. While there had been collaboration, these comments regarding images and testing would be incorporated and the leaflet updated. The Chair of the Adults' Safeguarding Board noted that the goal remains to promulgate and promote professional curiosity.

RESOLVED:

That the Health and Wellbeing Board--

- Review the updated Policy based on suggestions made for ratification at their upcoming meeting in October.

The meeting ended at 12:50pm.

Chairman,

HAMPSHIRE COUNTY COUNCIL

Report

Committee	Health and Wellbeing Board
Date:	1 October 2020
Title:	Health Inequalities and Risks
Report From:	Director of Public Health

Contact name: Simon Bryant

Tel: 02380 383326

Email: Simon.bryant@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to provide an update on the inequalities and COVID-19 impacts in relation to the Health and Wellbeing priorities
2. The update will be provided by way of a presentation on the day of the Board and will be published after the meeting.

Recommendation(s)

3. To note the inequalities and health and wellbeing impact of COVID-19 to the residents of Hampshire.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

NB: If the 'Other significant links' section below is not applicable, please delete it.

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
Direct links to specific legislation or Government Directives	
<u>Title</u> COVID-19 Recovery Strategy	<u>Date</u> July 2020

Section 100 D - Local Government Act 1972 - background documents	
<p>The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)</p>	
<u>Document</u>	<u>Location</u>
None	

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

2.1 This paper does not contain any proposals for major service changes which may have an equalities impact other than to improve outcomes, and assess and mitigate the health inequalities and risks as a result of the pandemic.

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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board
Date:	1 st October 2020
Title:	Children's Services Update on Covid Response
Report From:	Steve Crocker, Director of Children's Services

Contact name: Suzanne Smith

Tel: 01962 845450

Email: Suzanne.smith2@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to provide an updated to the Hampshire Health and Wellbeing Board on the priorities and progress of the Starting Well strand of the Health and Wellbeing Strategy. The presentation also addresses the impact of the Covid-19 pandemic on progress in this area.

Recommendation(s)

That the Hampshire Health and Wellbeing Board:

2. Note the report.

Executive Summary

3. Each chapter of the Health and Wellbeing Strategy is underpinned by an action plans setting out the priorities for action. The presentation to be delivered to the Health and Wellbeing Board outlines the priorities, progress and next steps for the Starting Well action plan and identifies the impact of the Covid-19 pandemic on progress.

Co-Production

4. The report and presentation have been co-produced between Children's Services, Health and Public Health.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

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- 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 Post Covid.

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Hampshire Wellbeing Board

Starting Well Update

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March 2020

Starting Well Priorities

1. Implement the Emotional Wellbeing & Mental Health Strategy recommendations

2. Increase mental health support in schools

3. Using technology to support better mental health

4. Promote physical activity

5. Reduce the proportion of women smoking at the time of delivery

6. Support breast feeding

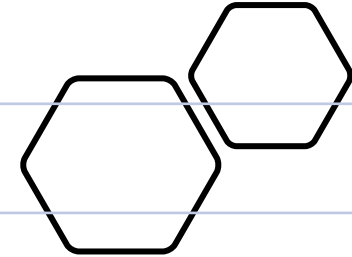
7. Co-design, collaboration and procurement to enable system integration

8. Partnership working on continuing health care

9. Work with partners to build resilience in children and their families

10. Improve support to families and young people with problematic drug and alcohol use to mitigate the impact of substance misuse and domestic violence

11. Improve outcomes for children in receipt of children's social care through technology-enabled care (TEC) and collaborative working



1. Implement the Emotional Wellbeing & Mental Health Strategy recommendations

Baseline

When looking at PHE 3 year trend data:

- Hampshire currently have hospital admission for self-harm (10-24yrs) significantly higher than England 626.2/100,000 compared to 444.0/100,000 (2018-19)
- Hampshire currently has hospital admission rates mental health conditions higher than England 98.6/100,000 compared to 88.3/100,000 (2018-19)

Aims

- Develop a strategy to reduce hospital admissions for self-harm and mental health conditions over the next 3-5 years to bring Hampshire into line with England rates for:
 - Hospital admission rates for self harm among children and young people (10-24)
 - Hospital admission rates for mental health conditions among children and young people (0-17)

Activity Completed/Underway

- Hampshire EWBMH for CYP Strategy launched
<https://documents.hants.gov.uk/public-health/EmotionalWellbeingChildrenYPStrategy.pdf>
- Communications plan in delivery to promote awareness of the strategy.
- Task and Finish group for each of the six Priority Areas established.
- Self-Harm Toolkit in development.
- Analysis of school survey response completed and shared amongst partners
- Launch of Hampshire Health in Education website providing information and advice, teaching resources and training.
- Progression of investment plans to transform contact capacity in Hampshire CAMHS and tackle waiting times for assessment/treatment.
- CYP loss and bereavement resource produced and shared
- Partnership established to embed consistent approach to Trauma Informed practice

Post Covid Challenges

- Lots of different work going on to address need particularly in education settings. Need to establish good evidence base of scale of need, interventions and sustainability.
- Working at an ICS level to respond to Covid MH impacts upon children, young people and families
- Continuation of CYP Mental Health Transformation Board work streams to improve:
 - CAMHS Access and waiting times for assessment / treatment
 - Provision for children and young people in mental health crisis
 - Collaboration around commissioning for prevention, early help and targeted outreach services
 - Developing quality, outcomes and delivery of the NHS Long Term Plan.

2. Increase mental health support in schools

Baseline

Historically Mental Health support in schools has been limited to liaison between specialist CAMHS services and schools, with additional paid for support relating to psychological wellbeing from Educational Psychology services.

DfE and the DoH have announced two national programmes to transform mental health support for schools and to enable schools to adopt a whole school approach to mental health: Mental Health Support Teams in Schools (MHSTs) and the Link Programme.

Aims

- At least 25% of the schools' population covered by 2023 by the MHST programme. The Link Programme can be potentially all schools.
- Wave 3/4 expressions of interest focussed upon getting teams installed into schools in 4 CCG areas with no such provision at present. For HloW this means prioritising the following areas to complement the two MHSTs secured during Wave 2 in Gosport and Havant, which go live in January 2021.
 - North East Hants and Farnham CCG – Rushmoor – Expression of Interest Unsuccessful
 - North Hampshire CCG – Basingstoke – Expression of Interest Unsuccessful
 - West Hampshire CCG – Test Valley & New Forest – Expression of Interest Unsuccessful
 - Isle of Wight CCG – Island wide – Expression of Interest successful (2 teams)

Activity Completed/Underway

- The Havant and Gosport teams have fully recruited into their two Mental Health Support Teams in schools that Hampshire successfully bid for in Wave 2.
- Training commenced in January 2020 and interventions start from January 2021.
- Mobilisation for existing teams is being overseen by Sussex Partnership Foundation Trust (SPFT) - Hampshire CAMHS.
- SPFT have already trained some school ambassadors who will link in with MHSTs as these are key to the collaborative model for partnership.
- Anna Freud centre is rolling out the school Link programme across England. The CCG Partnership's Maternity and Child Health team is coordinating this across a further four groups of schools during the Autumn 2020 term (focussed on Fareham and Gosport and South East Hampshire to complement the MHSTs offer and test the approach. Other areas will be the focus from Jan 2021.

Post Covid Challenges

- There is an emerging national concern relating to the recruitment of qualified NHS Band 7 mental health supervisors. Where this has become a problem it could undermine the efficacy of the model which is highly prescriptive. Commissioners are working closely with the SPFT service to monitor recruitment issues associated with future MHST waves. It was not a problem for Hampshire in Wave 2.
- The MHST selection process is competitive and there are fewer teams than CCGs. Rigorous competition will likely mean fewer MHSTs than we want. Three of the four expressions of interest for new teams in mainland Hampshire were unsuccessful.
- Whilst there are no specific caps on participation in the DfE/DHSC funded Link programme for schools, there are cost and resource implications for CCGs. CCGs are working with Hampshire CAMHS and IoW CAMHS to roll out the Link Programme from Autumn 2020. Hampshire CAMHS and commissioners are also working with HCC to support delivery of the Wellbeing for Education Return programme funded by the DfE.

3. Using technology to support better mental health

Baseline

- Think Ninja Self Help Smart phone App – commissioned from May 2019. Up to 85,000 licenses for the App commissioned as a flagship digital component of Hampshire system-wide mental health offer service. Fewer than 1,000 licenses are currently activated.
- Healthier Together is an established digital platform, App and resource intended to provide easy access to information about the full range of health services for children and young people, including mental health resources. No reliable baseline of App downloads is centrally reported, but the service is now locally commissioned.
- DadPad is now available to all Hampshire families to support partners of new mothers in the months following a birth. Baseline of roll-out to be established in 2019-20.
- Specialist CAMHS referrals consistently above 674 capacity per month in 2019-20.

Aims

- By December 2021 up to 85,000 children and young people will have been offered the Think Ninja app across Hampshire and the Isle of Wight.
- Ongoing increases in referrals to Community Counselling and Tier 3 CAMHS services will bring CAMHS referral levels to less than 674 per month to support more timely assessment.

Activity Completed/Underway

- Schools introduced to Think Ninja, with support from HCC Inclusion Managers.
- Individual schools being targeted to act as champions for rollout of Think Ninja App.
- Comms are being developed to promote GP promotion of Think Ninja App.
- Opportunities to promote the Think Ninja App with community groups (Social Prescribing) are also being explored.
- Participation work planned with parents, children and young people around digital utilisation to inform future service design and investment in digital transformation interventions.

Post Covid Challenges

- Promoting take up of the Think Ninja App, which has increased dramatically since March 2020. The timetable for delivery of the rollout may need to be revised and much greater take-up would be needed to see a reduction in referrals to CAMHS and community Counselling services.
- Contract monitoring of community CAMHS and Counselling services has been interrupted within the NHS by Covid-19 and are only now being reinstated.
- Digital take-up is behind schedule and more work is needed with children, young people and families to inform the utilisation of technology to support better health, including mental health. Work is being undertaken with the Healthier Together digital platform to standardise digital content around self help and management resources over the remainder of 2020-21.

4. Promote physical activity

Baseline

- Year 2 data 2018-19
 - Number of CYP active every day (18.3%)
 - Number of CYP active every week (26.2%*)
 - Number of individual respondents (2445)
- Numbers have remained broadly static – this is a new data set, working through schools randomly. It is premature to consider any trend. What we can say is that insufficient numbers of CYP are undertaking activity which would be beneficial for positive health outcomes.
- Next data set due to be published December 2020, which potentially will have been affected by COVID-19 school closures.

* Data collection and reporting has changed for this indicator making comparison difficult. Clarification is being sought and revised indicator will be supplied)

Aims

- Increase in the number of CYP active every day doing 60 minutes or more of moderate/vigorous activity (18.5% baseline)
- Increase in the number of CYP active across the week who are doing 60 minutes or more on any day (26.2% baseline*)
- Number of schools selected to be part of the Active Lives (CYP) Survey completing the survey (Individual respondents 2527)

Post Covid Challenges

- H&WB Board asked to note the development of new joint Physical Activity Strategy led by Energise Me (Active Partnership) and Public Health working with health (NHS) and other Children's Services teams. This will include CYP.
- Engaging schools to embed physical activity through whole school approach – culture, removal of barriers, training and confidence, participation in Active Lives CYP survey. Linking up being active in school, in families and in community – whole system approach.

Activity Completed/Underway

- Partnership developed between Public Health, Energise Me, Outdoor Education (Children's Services), Early Years (Children's Services), Active Travel (Economy, Transport & Environment) and Health in Educational Settings and other agencies to increase number of active CYP.
- This partnership has considered the results from the Hampshire Schools' Surveys led by the Health in Education Settings lead, which provides some pupil and teacher insight into physical activity and PE. This is being developed into an action plan which it is anticipated will be taken forward as schools and early years recommence in September 2020.
- Supporting digital resources have been updated in light of COVID-19. For reference these include – [Daily Activity](#) (Energise Me) [Hampshire Health in Education](#) (Public Health) [Physical Education and Outdoor Education](#)(Children's Services) [Active travel to school](#)(Economy, Transport & Environment)
- Joint innovations between partners during COVID-19 and beyond:
 - 'With schools and early years settings affected by COVID-19 work to increase activity levels of children and young people has been challenging. Partners including Energise Me and Outdoor Education (HIAS PE) working with School Games Organisers have developed a digital PE offer which schools have been able to promote to pupils via parents and carers. This offer is continuing through the school holidays with the [Trek to Tokyo Challenge](#).
 - Active Travel have again worked on encouraging active travel for transitioning pupil year groups and have been supporting the return to school messaging.
 - The Annual PE Conference will now be offered to Hampshire & IOW schools as a digital event. The theme this year will highlight the positive impact physical activity has on emotional wellbeing and mental health.

5. Reduce the proportion of women smoking at the time of delivery

Baseline

In 2015/16

Smoking at time of delivery (SATOD) in Hampshire was **9%**. Approximately **53% (627)** of pregnant smokers were referred for stop smoking support by maternity services .

8.2% (107) set a quit date and **38% (41)** stopped smoking for 4 weeks

(Data source: Hampshire Stop Smoking Service, Contract year 2015/16).

Target

As set out in the Hampshire Smoking in Pregnancy Strategy 2017-20:

- Reduce SATOD in Hampshire to 7% by 2020.
- Increase referrals of pregnant smokers to Hampshire stop smoking service to 100% using an opt out system by 2020.
- Increase the uptake of stop smoking support by pregnant smokers with 50% of referrals setting a quit date by 2020.
- Increase the 4 week quit rate to 55% and the 12 week quit rate to 25% of those setting a quit date by 2020.

Progress on Targets – in 2019/20

- **A steady, but slow reduction in smoking in pregnancy, in line with a national trend.**
- SATOD in Hampshire is **8.7%**
- Vast geographical inequality in Hampshire SATOD rates remain, ranging from 1.6% to 25.7%
- Incomplete data* for 2019/20 indicates increase in numbers of maternity referrals to the stop smoking service to **752**, with **360 (48%)** quit dates set, **148** pregnant 4 week quitters (**41%**) and **82 (23%)** pregnant women quit for 12 weeks

*Data source: Hampshire SSS, 2019/20 contract year – from Oct. 2019 to Sept. 2019 not yet complete

Activity/Project

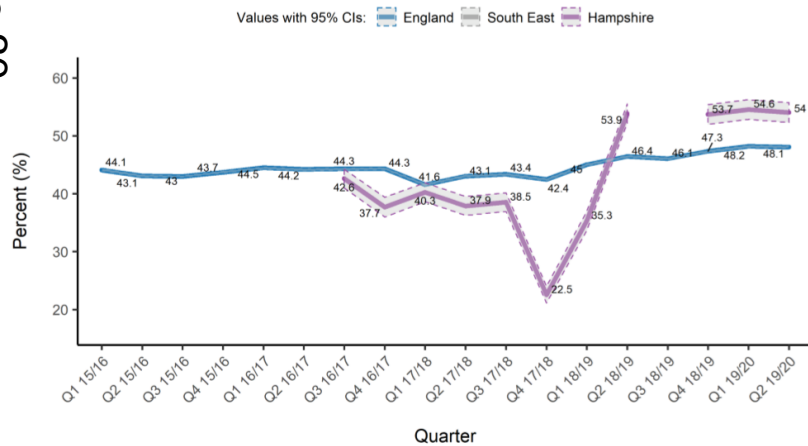
- A strategic whole systems approach has been set up across Local Maternity System (LMS) areas, with established, multi-agency Smokefree Pregnancy Steering Groups coordinating activity.
- Referral Pathways to stop smoking services have been established with systems for auditing CO monitoring at 'booking-in' appointments.
- Midwives provided with new CO monitors and training to ensure a consistent message and approach.
- Evidence based, stop smoking in pregnancy support provided by SSS or in-house from the midwifery team.
- Launch due of a smokefree pregnancy communications campaign for pregnant women, families and professionals across Hampshire.

Post Covid Challenges

- Support from senior management in each NHS Trust as part of a smoke free Trust approach; developing a Trust-wide offer of stop smoking support to meet requirements in [NHS Long Term Plan](#).
- Developing a joint strategic approach across Hampshire and Isle of Wight with co-ordination across the LMS and Wessex Academic Health Science Network (Patient Safety Collaborative, NHS England and NHS Improvement and Public Health commissioners).
- Ongoing difficulties with prioritising access to midwives for training, exacerbated by Covid
- Progress made with CO monitoring at appointments now challenged by restrictions in taking CO readings
- Discrepancies between effectiveness of maternity referral systems amongst trusts, exacerbated by redeployment of staff during Covid.
- Emerging trends in conception and smoking rates associated with the pandemic, that may have consequences for rates of smoking in pregnancy

6. Support Breastfeeding

Hampshire - proportion partially or totally breastfed
Local authority compared to England and Region



Source: Public Health England, Breastfeeding at 6 to 8 weeks after birth

Baseline

- Number of partially or totally breast fed babies at 6-8 weeks remains consistent and is better than the bench mark. New way of recording data is demonstrating a higher rate of breastfeeding - most recent data 54%. (The target is 50% but efforts to increase breastfeeding continue).

Aim

- Increase in mothers continuing to breastfeed at 6-8 weeks.

Activity Completed/Underway

- Southern Health’s Health Visitors are working towards Unicef Breast Feeding Initiative (BFI) Gold Status (the highest level of breastfeeding support).
- High Impact Area (HIA) Board infant feeding group led by Southern Health.
- The Local Maternity Service (LMS) have committed to maternity services working to achieve Unicef BFI accreditation. This will help align Maternity and Health Visiting approaches to supporting mums.
- The LMS are appointing a programme manager to lead their infant feeding group which will link in with the Hampshire HIA Partnership Board infant feeding workstream.
- Agreement of LMS funding for Hampshire/Isle of Wight wide Dadpad licence for 4 years includes breastfeeding information around how Dads can support breastfeeding mums. Work to localise the product is being led by HHFT.
- 0-19 Public Health Nursing Service, launch of [Hampshire Healthy Families](#) website providing advice and support in a timely way

Post Covid Challenges

- Consistent messaging and advice around breast feeding from all professionals whom a mum / baby may come into contact with.

7. Co-design, collaboration and procurement to enable system integration

Baseline

- Few jointly commissioned contracts for services, often of relatively low value and with short term funding agreements
- No pooled budgets
- Engagement during procurement stage, but limited at co-design stage

Aims

- Establish an effective Joint Commissioning Board to facilitate identification of opportunities and provide shared accountability
- Identification of joint strategic commissioning priorities, starting with mental health crisis care and S117 wraparound support
- Where appropriate, evaluate opportunities for pooled budgets and shared resourcing.
- Apply to become a national Children and Young People's Integration Pilot site - Application deadline 15th April.

Activity Completed/Underway

- Review and rationalisation of governance landscape between Children's Services, Public Health and the CCGs
- Joint Commissioning Board established and Terms of Reference approved
- Review of ICS governance and priorities underway.

Challenges

- Tension between local versus at-scale development of priorities – local decision-making needs to be joined up at an ICS level to ensure equity of access to services across the county.
- Collaboration at a Hampshire and Isle of Wight level means interfacing with the multiple governance regimes of 3 local authorities (i.e Health and well-being Boards).
- Competing demands for resources across health and social care.

8. Partnership working on continuing health care

Baseline

Number of children jointly funded

- | | |
|-----------------------|----|
| • Pre MARP 2018/19 Q3 | 11 |
| • 2020/21 Q1 | 35 |

Aims

- Governance and processes are in place to support joint decision making regarding eligibility and funding for Continuing Care and Section 117 After Care.
- The process for agreeing eligibility and funding for Continuing Care and Section 117 After Care is efficient and effective with clearly defined roles and responsibilities and decision making documented.
- One source of data is developed which shows the whole picture of children in the Continuing Care and Section 117 After Care pathway.

Activity Completed/Underway

- Introduction of a joint pathway for consideration of cases which require intervention from health, social care and/or education which has moved online successfully.
- The Hampshire Multi Agency Resource Panel (MARF) provides the forum for joint agreement regarding eligibility and funding contributions Continuing Care and Section 117 After Care.
- Processes are working well and next steps are to move towards standardising funding contributions to further streamline the process and continue to develop multi agency partnership working.
- An appeals process has been implemented for any professionals or service users wishing to challenge the MARF decision.

Challenges

- The number of complex cases which require joint arrangements relating to challenging behaviour are increasing and may require a different eligibility assessment.

9. Work with partners to build resilience in children and their families

Baseline

- 65% of families referred for an Intensive Worker/Specialist worker in 2019 had at least one trigger trio issue present.
- Emotional /mental health was the primary need identified in families stepping up from level 3 to level 4.

Aims

- Increase family resilience thus reducing the demand for social care interventions by;
 - keeping more children and young people safely at home through prevention and reunification
 - working with partners to embed a whole family approach to meet the needs of both children and parents thereby improving safeguarding and improving outcomes for whole family.

Activity Completed/Underway

- CAMHS / Substance misuse Specialist workers are co-located in social care delivering interventions to 'priority cohort' families.
- A successful test & learn project was completed with DWP worker co-located in a Care leavers Team. Partnership working, led by the DWP, is currently scoping community based Youth Hubs
- Scoping exercise has been undertaken in relation to current relationships between Adult Wellbeing Centres and children's social care.
- TSC Partnership Manager scoping opportunities to work with new and existing partners to meet identified needs.

Issues/Challenges

- The impact of Covid on children's social care resources– both in terms of the anticipated increase of 10-15% in demand but also the increased need of existing families who have struggled as a consequence of Covid and seen an escalation of risks and issues
- There is no identified sustainable funding for the majority of Specialist roles after March 2021. This will impact on service delivery and therefore impact outcomes for families. Discussions are in progress to identify Children's Services requirements and partnerships to meet shared outcomes.

10. Improve support to families and young people with problematic drug and alcohol use to mitigate the impact of substance misuse and domestic violence

Baseline

- Young people (under 18) in specialist substance misuse services - 437 (18-19)
- Number of young people whose parents are accessing substance misuse services offered support (Year to date) – 0 (no service in place (18-19))

Aim

- Young people with problematic drug/alcohol use are able to access specialist substance misuse treatment. Target is for 315 young people to access treatment.
- Children are offered support where parental substance misuse is identified. Target of 30 young people access support.
- Increase number of substance staff trained in DA risk assessment

Activity Completed/Underway

- 49% increase in young people (under 18) in substance misuse treatment - 651 (Q4 19-20)
- New young people's substance misuse service up to 25 years.
- Family Recovery Workers embedded working with Children's Services. Over 400 parents supported since the service began in July 2018.
- Bespoke service for children with substance misusing parents – 49 young people accessing support (Q4 19-20)
- All frontline staff in substance misuse service trained in use of DA risk assessment.

Post Covid Challenges

- Managing capacity / level of demand of the Young Peoples Substance Misuse Service with an increased age (18-25 years) and complexity of cohort
- Reduction in referrals for targeted (short-term) support from Education settings during COVID-19
- Uncertainty of funding for FRW posts from April 2021.
- Managing capacity / level of demand (volume and complexity) on domestic abuse services with identification of C&YP being exposed to DA during lockdown.

11. Improve outcomes for children in receipt of children's social care through technology-enabled care (TEC) and collaborative working

Baseline

- Since the service was launched in Children's Services in 2015, over 100 CYP have been assessed and there are currently 70 active users.

Aims

- To enable greater independence, safety and welfare tracking whilst providing a cost effective alternative to physical support.

Activity Completed/Underway

- Trailblazing pilot – UK's first Children's Residential Care TEC explored in Hampshire with confirmed benefits to the individuals and the Council.
- Ongoing positive feedback from families using TEC, and professionals referring for the service.
- Working with DCTs and OT to mainstream the service and fast-track eligible cases through CAP, including a new off-line referral form (coming out in May 2020).

Post Covid Challenges

- Public perception of seeing TEC as a "money saving" scheme as opposed to its focus on improving outcomes could be impacting on uptake.
- Further education is required to increase the volume of referrals to the service.

Questions?



HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board
Date:	1 October 2020
Title:	Update on the Impact of COVID-19 on Hampshire's physical activity plans, development, and actions
Report From:	Julie Amies, Board Member and Chief Executive, Energise Me

Contact name:

Tel: 07958 918064

Email: Julie.amies@energiseme.org

Purpose of this Report

1. The purpose of this report is to raise awareness and highlight the risks of the impact of COVID-19 on:
 - physical activity levels across Hampshire with particular attention to inequalities
 - the physical activity sector

Recommendation(s)

2. Share relevant insight across partners to inform future actions and investments
3. Use the insight to inform recovery/restoration plans.
4. Encourage the schools that are selected, to take part in the Children and Young People Active Lives Survey to gather better data to inform future actions and investments.
5. Use physical activity as a resource to improve people's physical and mental wellbeing.
6. Embed physical activity in all care pathways
7. Support and engage in the development of the next physical activity strategy

Executive Summary

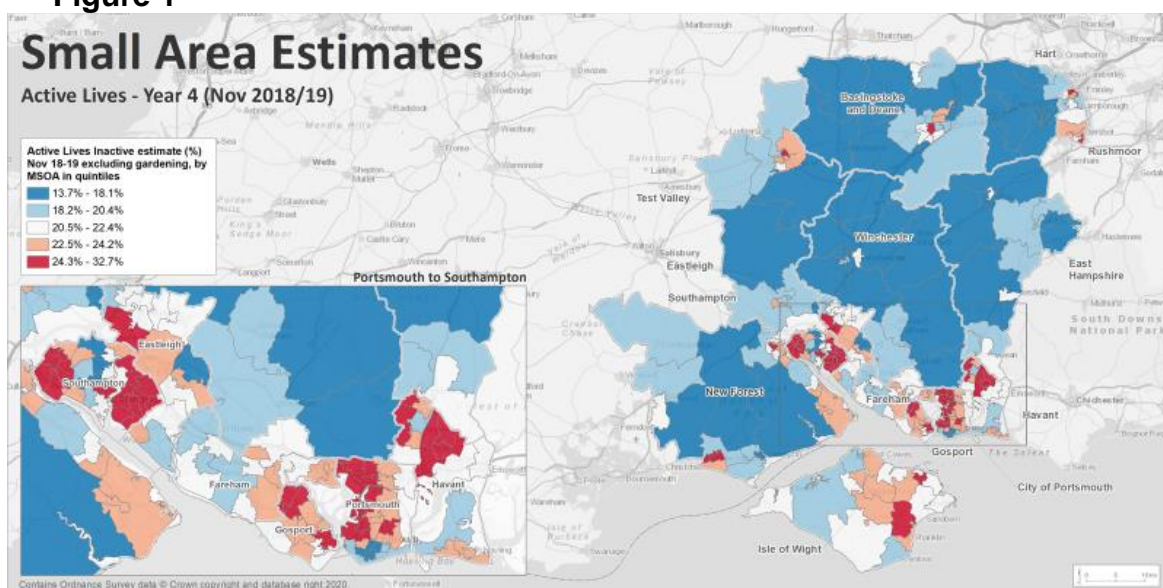
8. Chief Medical Officer, Chris Whitty said in a COVID-19 daily briefing, “there is no situation, there is no age and no condition where exercise is not a good thing”. Government messaging was strong during lockdown and people were allowed to leave their homes for one hour of exercise each day. Being active mattered to people and overall activity levels held up throughout lockdown. As clubs and facilities closed their doors, people tried new things and built new habits and experiences. Many people discovered walking, jogging and cycling and said that they wanted to continue these beyond lockdown. For example, more than 858,000 people downloaded the NHS-backed Couch to 5K app between March and the end of June, up 92% on the previous year. That said, it was apparent that a person’s gender, affluence, ethnicity, disability, and age all had a huge impact on their likelihood to be active. The demographic groups that are prioritised in the Hampshire and Isle of Wight Physical Activity [Strategy](#) and the audiences partners were focused on prior to the pandemic were still finding it harder to be active.
9. This report sets out the impact of COVID-19 especially on these priority groups and audiences across Hampshire. It draws upon national research conducted by Sport England, the Youth Sport Trust, and others.
10. The report looks at some of the actions that are being taken by the physical activity, voluntary and public sectors to address inequalities. Also, to maintain and build on the progress made over the last 4 years to reduce levels on inactivity in our population.
11. It also looks to the future and how, this board, and partners across Hampshire will need to play their part because no one organisation can achieve this on their own.

Contextual Information

12. In 2017 the physical activity strategy that forms part of this Board’s Health and Wellbeing Strategy, recognised that physical activity is one of the leading risk factors for death worldwide. It provided a framework for all organisations involved in the development and co-ordination of physical activity and sport across Hampshire to:
 - accelerate the reduction of inactivity amongst adults
 - reverse the rising trend of inactivity amongst females
 - narrow the gap in levels of inactivity between those adults with (or at risk of) a long-term health condition and those without
 - improve levels of physical activity among children and young people

13. Prior to COVID-19, activity levels were on the rise across Hampshire. Using data from the [Active Lives Survey](#)¹ across Hampshire and Isle of Wight from November 15/16 to Nov 18/19 more people were active². Amongst these adults, greater numbers of women, older people and those with a disability or long-term health condition were getting active. In fact, improvements in female inactivity levels had seen the gender inequality gap almost disappear. These are all areas where the sector has focused investment. This was positive progress against the ambitions set out in the physical activity strategy.
14. The results did however show inequalities linked to affluence and limiting illness. Those in lower socio-economic groups and those not in employment, such as looking after family and home, retired, long-term sick or disabled are more likely to be inactive. In addition, those with a limiting illness are less likely to be active. The results also showed some very big differences in inactivity in some local authority areas across Hampshire, figure 1. For example, our most inactive area in Hampshire is twice that of the most active area, 32% and 16.8% respectively. Results also show a drop in the activity levels of those aged 16-34 and appears to be driven by males.

Figure 1

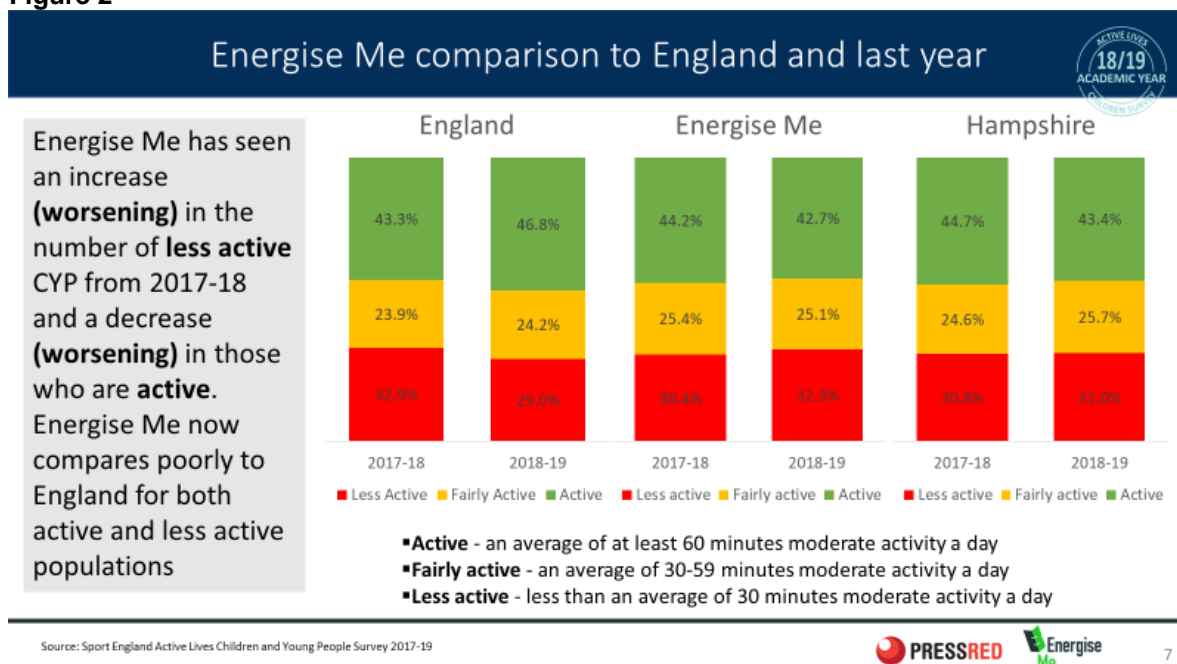


15. Active Lives data for children and young people (CYP) began in 2017. From the most recent Hampshire data, activity levels amongst CYP across Hampshire were getting worse between 2017-18 and 2018-19, figure 2.

¹ Source: Sport England, Active Lives Adults, Nov 15/16 to Nov 18/19, age 16+, excluding gardening

² Percentage of people aged 16+ doing at least 150 minutes of physical activity per week. Bouts of 10 minutes of moderate intensity, vigorous activity counts as double

Figure 2



Impact of COVID-19 – what do we know?

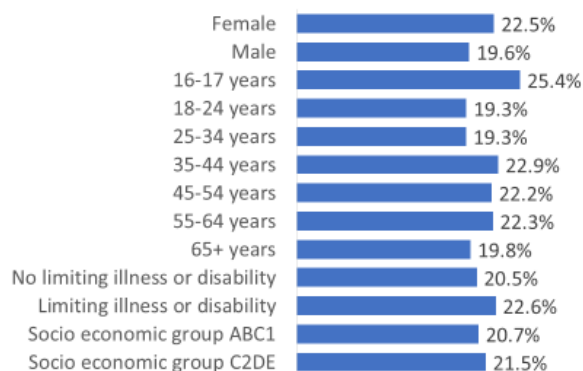
16. While the effects of the ongoing COVID-19 pandemic and the requirement for social distancing for some physical activity are not clear, there are risks that this period could slow or halt the increase in activity that we have seen since the start of our physical activity strategy. We could also see a worsening of inequalities.
17. We have been able to contextualise national findings in the Hampshire area through regular communications, written and virtual, with a range of partners across the voluntary and public sectors in Hampshire throughout COVID-19. Also through local research conducted by [Hampshire County Council's Public Health Intelligence Team](#)

Adults

18. Sport England commissioned [Savanta ComRes](#) to survey the English public to assess their activity levels during lockdown. This took place each week for the first 8 weeks of the lockdown. Almost 20% of each demographic group reported doing “a lot less” physical activity compared to an average week before COVID-19 restrictions. Of concern would be the widening gap between male and female activity levels and lower activity levels amongst those 75+ years, those with a limiting illness, single occupancy households and children. Refer to appendix 1. We will not know the full extent of the impact of COVID-19 until Active Lives data is released in May 2021.

Impact of COVID-19 on physical activity

Those doing 'a lot less' physical activity or exercise compared to a typical week



Each week for the initial eight weeks of lockdown, Savanta ComRes surveyed the English public to assess their activity levels.

Almost 20% of each demographic group was doing 'a lot less' physical activity compared to an average week before Covid-19 restrictions.

This may have had a larger impact on those demographic groups with low 'active' levels and further exaggerated inequalities.

We will not know the full extent of the impact until future Active Lives data is released.



19. Sport England also conducted [local voices research](#) to give a voice to local communities and places reflecting their current experiences of living with Covid-19. Some of the findings that resonate across Hampshire include:

- widening inequalities was impacting on wellbeing. People are adversely affected by poor mental health, access to education, financial hardship and increased risk of experiencing domestic violence.
- access to a garden or local green space; housing type and access to information are contributing factors to people's ability to be active during this time.
- The agility of the voluntary sector as trusted partners with the right relationships has helped others to connect to communities. New relationships have opened up. This has been especially helpful to distribute investment to those in most need.
- The redeployment of staff contributed to the formation of new relationships and blurring of sectoral boundaries (page 11 of the report provides a quote from our experience in Hampshire).
- Hyper-local thinking is critical now and into the foreseeable future. People have been discovering what's on their doorstep and continuing to make best use of very local and accessible assets.
- The importance of feeling safe has reinforced some communities' need to stay local. This is particularly significant for vulnerable and poorer communities where existing health conditions are prevalent.

- People are valuing time spent with children and partners discovering new shared activities or responsibilities. This includes being active and often exercise has joined households together. Where families are active, children and young people are more likely to be active.
- There seems to be a lot more 'obvious' evidence of the linkages between physical activity and mental wellbeing.
- Some people are walking and cycling more, using their commute time differently as well as valuing the difference clean air and safe spaces bring.
- Digital poverty is a significant concern for places working with the vulnerable, disabled people and disadvantaged; yet it's also opened up new connections and enabled some places to reach new audiences.
- Councils are working hard to keep supporting leisure providers during the coronavirus crisis but the huge pressure on council funding has meant it's not easy to meet the needs of the leisure trusts.
- Councils and trusts want to explore what service redesign in addition to looking at how future operating models can be developed collaboratively.

Children and Young People

20. An [evidence paper](#) was commissioned by The Youth Sport Trust (YST), a national children's charity for play and sport. It looked at the impact of COVID-19 restrictions on children and young people and found that there are “substantial and wide-ranging implications for young people’s mental health and wellbeing³. Cited in the report were feelings of loneliness, missing things during lockdown, older children worrying about life after lockdown, uncertainty about future employment, the impact of physical distancing and consequent social deprivation, and mental health issues – disproportionately reported amongst those of Black, Asian, and minority ethnic (BAME) origin⁴.
21. Sport England conducted research into [Children’s experience of physical activity in lockdown](#). Their lives have been massively disrupted with widespread closure of spaces and places e.g. playgrounds, leisure centres, pitches, courts etc. According to parents and carers, just 19% of children were doing an hour of physical activity (meeting CMO guidelines) on a typical day. Most worryingly perhaps of all, 7% of children aged 7 – 16 years said they were doing nothing at all to stay active in lockdown. Children from a less affluent or a Black and minority ethnic background are likely to be doing less

³ [Evidence Paper: The Impact of Covid-19 Restrictions on Children and Young People July 2020](#)

⁴ It is recognised that the term BAME is inadequate for describing such a large and varied population. Alternatives can only be used where a research sample allows. This is why you will read different references throughout the report.

activity than their peers. The closure of schools (except for children of key workers) has made it harder for some children, especially teen girls, less affluent children and those from Black and Asian backgrounds, to stay active as they rely on at school provision to be active in their everyday lives.

The Physical Activity Sector

22. Community Leisure UK, a members' association representing registered charities, societies or community interest companies (with a public benefit asset lock) delivering public leisure, sport and/or culture services for communities across the UK has produced an [impact report](#). Cited are the very real chance that contracts could be terminated early. In addition, over a third of trusts will be non-viable or insecure by the end the financial year (March 2021). Nationally, 4350 FTEs have already been made redundant or planned for redundancy. The age categories of 18-24 and 25-34 year olds are most affected. Only 56% of facilities reopened when they were allowed to and 108 facilities (across leisure and culture) are at risk of permanent closure / rationalisation. We do not have Hampshire specific data but colleagues at Districts, Boroughs and Unitary authorities have reported ongoing dialogue relating to these challenges.

Risks

23. It has been widely reported that COVID-19 has disproportionately affected those people who were already facing challenges in their lives. The same is true for participation in physical activity. The groups and audiences most at risk include:

- Females
- Those 75+ years and especially those who have been shielding or those who have been caring or have needed to start caring for someone
- Those with a longstanding condition or illness and especially those who have been shielding
- People living alone
- People without children in the household
- People from some Black, Asian and minority ethnic backgrounds
- Children and young people
- People on low income
- People without access to private outdoor space

Action taken during the COVID-19 pandemic in the physical activity sector

24. A timeline of events can be seen at appendix 2.

25. At the start of the pandemic, two very clear priorities were set out for the physical activity sector by the national lead body for the sector, Sport England:

- **Supporting the sector:** Action to ensure it comes through this period in as strong a position as possible; and
- **Keeping the nation moving:** Doing everything we can to encourage people to stay active, wherever possible.

26. To deliver on these priorities, Sport England:

- Set up a webpage for up to date information:
<https://www.sportengland.org/news/coronavirus-information-sector>
- Launched **#StayInWorkOut** asking the sector to [Join the Movement](#), a consumer-focused campaign to inspire and encourage people to #StayInWorkOut while adhering to government guidelines
- Provided a [multi-million pound package of support](#) for organisations that help the nation stay active.

27. To support these clear priorities, Energise Me provided local support:

- Provided up to date webpages with news of what people can do to [stay active. This was also translated into a resource for social prescribers to use during welfare calls.](#)
- Sent weekly sector news to sector partners including coaches, volunteers, local authorities, and others working in the sector.
- Organised regular virtual calls with local authorities and joined many voluntary sector calls to understand needs and provide support.
- Sent monthly newsletters to individuals who were signed up and wanted support to get active.
- Provided regular updates via social media.
- Supported School Games Organisers to help keep children active [#HSGDailyChallenge](#)
- Worked with the voluntary sector to get funding to groups adversely affected by COVID-19 (see below for more information)

Investing in Communities

28. Very early in the pandemic, Sport England committed up to £210 million to help the sport and physical activity sector through the pandemic.

29. To help reduce the negative impact of COVID-19 and the widening of inequalities in the nation's health and physical activity levels, Sport England partnered with Active Partnerships, and a few national partners, all of whom had established relationships with local organisations or the ability to connect to new local organisations. Energise Me has received £150k so far to distribute to organisations working with the identified priority groups; those with long-term health conditions, those from Black, Asian and minority ethnic groups and those from lower socio-economic backgrounds. Existing partners and new ones have benefited from this funding and those in receipt of funds so far can be seen at Appendix 3. We have benchmarked how Hampshire's

awards have been distributed in comparison to England by primary priority audiences

Awards made	30. England	31. Hampshire & IOW
Long term health condition	32.18% ⁵	33.19%
People with a disability	34.22%	35.40%
Black, Asian and Minority Ethnic	36.19%	37.10%
Lower socio-economic groups	38.41%	39.31%

30. This work has had benefits beyond the investment. New partner organisations and the role that they play have been discovered and new connections made. Training and development needs have been identified and will inform workforce development and 'influencing the sector' areas of work. Wider discussions and opportunities have opened including a working group in a borough, made of multiple partners, to address high levels of inactivity. Partners are looking at how physical activity can sit at the heart of local recovery planning.

- Analysing the award applications and reflecting on the conversations that have taken place, the following insight has been uncovered:
- Small charities struggling financially with fundraising events cancelled and grant funding sources paused.
- More people experiencing mental health challenges. Both those who had pre-existing conditions and those who didn't.
- People with long-term health conditions doing less activity. A result of reduced opportunities to be active coupled with loss of motivation and lack of confidence.
- Rising anxiety among people with long-term health conditions leaving their homes.
- Support networks, regular social interaction and opportunities to leave home having disappeared. This has left adults from priority groups feeling isolated and lonely. Also true of young people, particularly from disadvantaged backgrounds and vulnerable groups. For example, young carers and young people who identify as LGBTQ+.
- Lockdown restrictions placed significant pressure on families and on those with [caring responsibilities](#)

⁵ Percentage of total funds awarded by primary priority audience

- Publishes in [Carers Week](#) nationally, 4.5 million additional adults are caring for older, disabled or seriously ill relatives or friends since the Covid-19 pandemic
- Organisations have shown great resilience and agility to adapt, and at pace. Moving services and activities online gave a lifeline to the groups and individuals these organisations support. But with limited resources to operate these, the injection of Investing in Communities funding was timely.
- Organisations have seen delivery costs rise. This has been both for online provision and small group, social distanced activity.
- Lockdown restrictions may have eased. But there is still a strong call and need for continued online provision.
- Covid-19 has resulted in changes to circumstances and behaviours. People in the priority groups who were active have become less active/inactive. Households who weren't on low income have become so.
- Leisure providers re-opening facilities are under pressure to focus on profit-making activities. This limits their ability to provide activities needing a cross-subsidy e.g. Cardiac rehab, etc.

Summer Activities

31. Romsey and Park Community (Havant) Schools organised a programme of summer activities and free childcare for families across Hampshire and the Isle of Wight in 56 venues. The programme was aimed at families whose children qualified for free school meals or those who were vulnerable or experiencing issues with transitioning out of lockdown. Twenty-eight venues hosted Family Fun Days with over 2794 families attending over the summer holiday period. Every family were given a two-course cooked lunch and took part in activities including; arts, cultural and physical, cooking, the Daily Mile and daily storytelling. Families on average were much bigger this year with family groups of 9+ regularly attending the venues, families average attendance this year was 8 visits, with many families coming more often. Links were also established with the Library service and the summer reading challenge was delivered from each site.

Moving Forward

Social Prescribing Application

32. Looking ahead, Energise Me has submitted an application to work with Sport England and the National Academy for Social Prescribing (NASP) on a project to support local communities to create, extend and improve activities, for and alongside, those most impacted by COVID. The project will work with other sectors including Arts Council England, Natural England, NHS England, NHS Charities, NASP and Money and Pension Services.

Development of a New Physical Activity Strategy 2021

33. Work has started on the next physical activity strategy for Hampshire and the Isle of Wight. All public health teams are sponsoring the project to develop the strategy. A different approach is being taken to develop the strategy, including a commissioned piece of online consultation and focus groups with target audiences; those with long-term health conditions (or at risk of), women, children and young people and targeted communities. We need the help of board members and their organisations and network of organisations to help mobilise colleagues across the system to engage in these online forums. Also, to encourage people from these target audiences to join the conversation.

34. A draft of this strategy will be brought to the board in the spring of 2021.

Conclusion

35. The Board's strategy set out clearly where partners needed to direct their efforts. It is evident that where there were existing inequalities, these are likely to have been exacerbated by the pandemic and we need to maintain the focus on these groups and audiences. How partners respond collectively to the challenge can and will make a difference to activity levels and inequalities.

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> Previous Health and Wellbeing Board Meeting	<u>Date</u> 12 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:

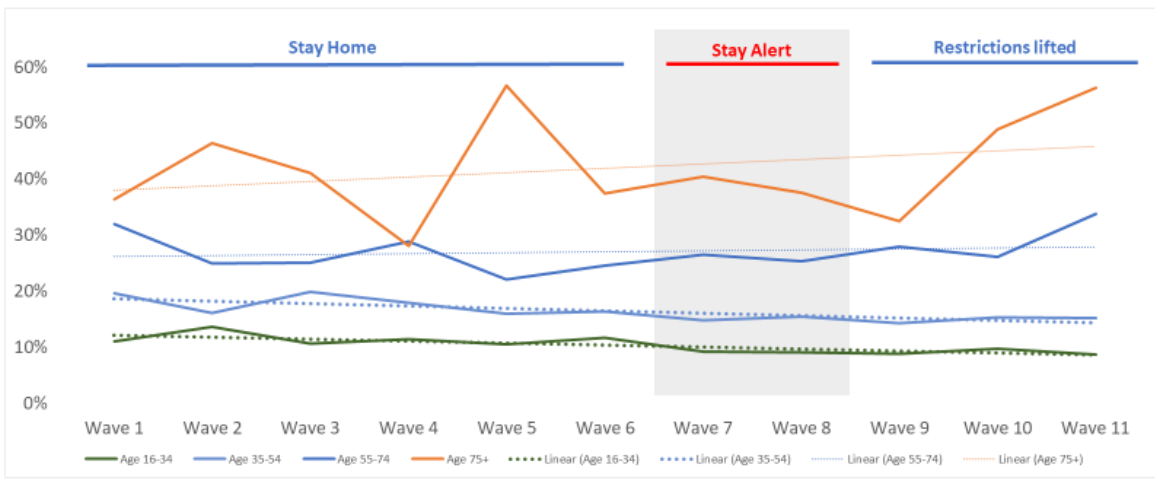
2.1 An equalities impact assessment has not been undertaken for this report as the purpose is to update the Board on progress made in regards to the Hampshire Physical Activity Strategy.

Appendix 1

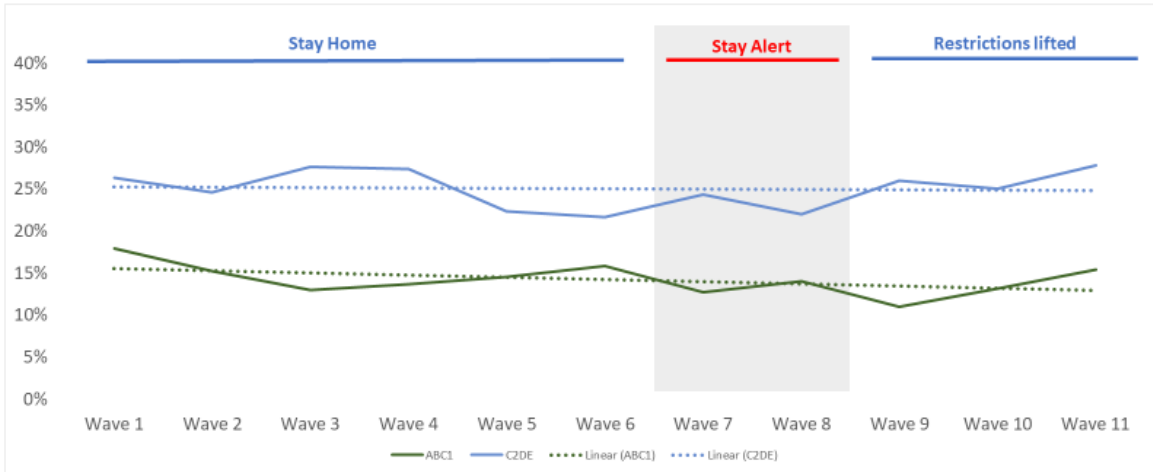
Percentage of adults not doing at least 30 minutes Gender



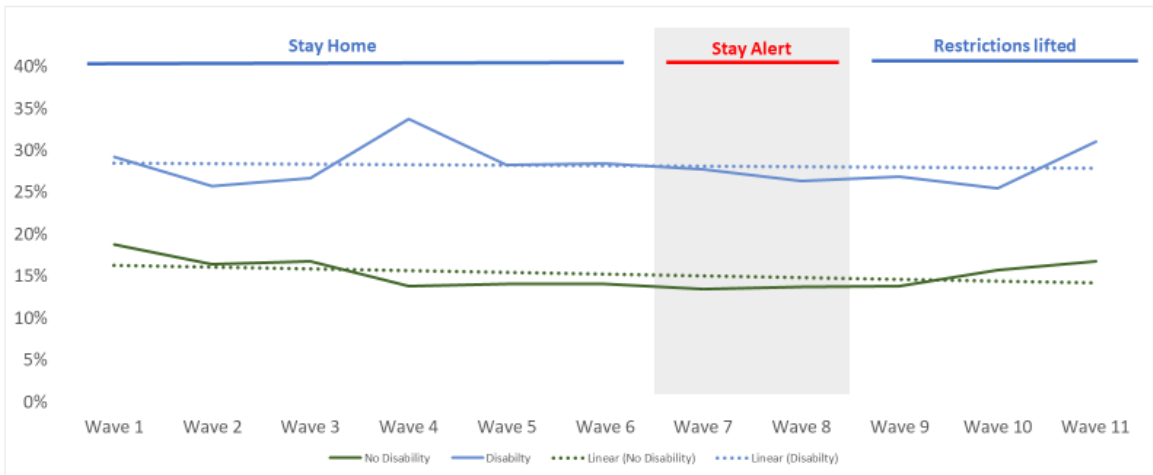
Percentage of adults not doing at least 30 minutes Age



Percentage of adults not doing at least 30 minutes Social Grade



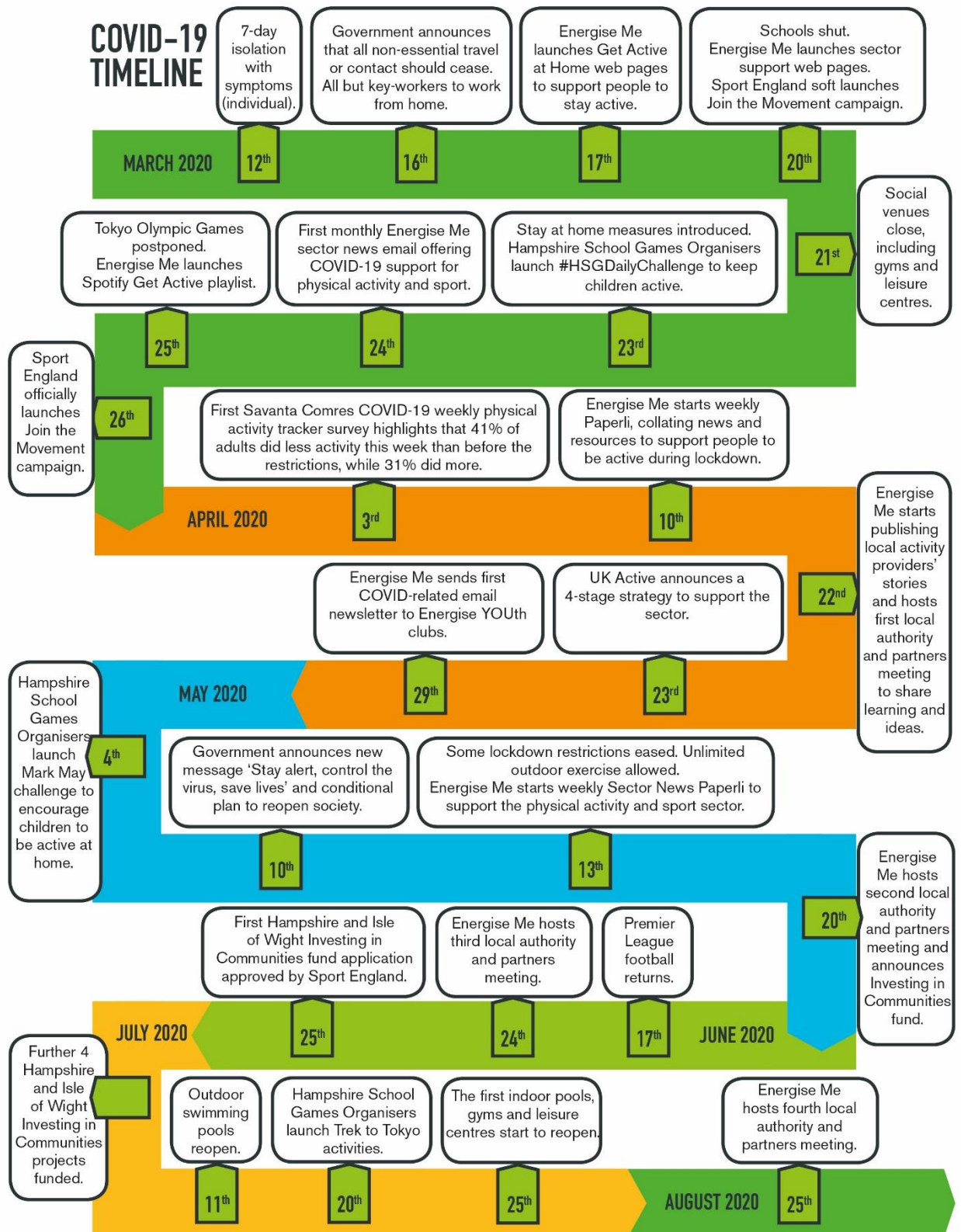
Percentage of adults not doing at least 30 minutes Disability



Percentage of adults not doing at least 30 minutes Children



Appendix 2



Appendix 3

Organisation	Organisation type	District	Audience	Project Description	Amount approved
Basingstoke & District Disability Forum (BDDF)	Registered Charity	Basingstoke & Deane	Lower Socio Economic Group, People with disabilities	BDDF support people with disabilities and promote disability awareness. They provide support groups and activities for people with disabilities and/or chronic pain and those with mental health issues. Funding needed to support resumption of their weekly/bi-weekly Chair Yoga and Wednesday Walking Club activities. Chair Yoga sessions to be videoed and streamed to enable those still shielding to continue to take part. Sessions to run weekly rather than bi-weekly to enable them to cater for demand but meet government guidelines in providing safe, socially distanced activity.	£3,750.00
BH Live	Social Enterprise	Portsmouth	Long term health conditions	Programme of guided and supported exercise classes for groups with long-term health conditions, e.g. Cardiac Rehab. Mix of online sessions and small group, socially distanced in-person sessions. Plus, telephone support from IT technicians to offer one to one troubleshooting and guidance to get people set up to participate in virtual classes.	£4,322.00
Breakout Youth	Registered Charity	Hampshire	Lower Socio Economic Group	Breakout Youth support LGBTQ+ young people across Hampshire; many of whom were experiencing increased isolation, anxiety, and reduced physical activity.	£4,000.00

				Funding provided for specific online sessions dedicated to creating physical activity ideas and 'activity packs' co-designed by the young people, purchase of items for the packs, and organisation of 'challenges' to encourage activity.	
Breathe Easy	Constituted voluntary organisation	IOW	Long term health conditions	Introduction of a new five-week summer programme, Keep Active Restart Exercise (KARE). Outdoor sessions delivered by a respiratory exercise specialist in local parks and seafronts. Small, socially distanced groups of up to 5 people for one hour a week (10 groups). Sessions designed to help participants re-engage with others following lockdown and provide support and encouragement from the instructor through motivation and behaviour change techniques. Opportunity to take part in various aerobic, resistance, flexibility, and balance exercises in preparation for the Keep Active classes resuming indoors later in the year. Exercising at home to be encouraged by providing every participant with a resistance band and a copy of the British Lung Foundation Exercise Handbook. Additional telephone support to be provided.	£2,625.00

Community First (Winchester social prescribing project)	Registered Charity	Winchester	Long term health conditions	10-week Yoga4Health course delivered online by a local instructor. Course supported by the College of Medicine and specifically designed to help patients improve their physical and psychological wellbeing. Available evidence has shown it to be beneficial for those suffering with anxiety, depression and social isolation. It is a course that can be run for those with no experience of yoga at all, be adapted for those who have done little exercise beforehand as well as being suitable for those who, due to health conditions such as fibromyalgia, may only be able to be able to do chair exercises. Socially distanced group session to be held at the start and end of the course to give attendees an opportunity to meet each other in person with a view to forming a peer led support group to help reduce feelings of isolation.	£1,550.00
Community First (New Forest Young Carers)	Registered Charity	New Forest	Lower socio- economic group, People with disabilities	Physical activity provision has long been part of the offer from NFYC, but COVID brought this all to a halt, with one project in particular (a dance project in association with CAMHS) being sorely missed by the young people. Funding enabled online and socially distanced activity for young carers and their families, as well as some staff support, and equipment to enable.	£3,725.00

Enham Trust	Registered Charity	Test Valley	People with disabilities	<p>Enham Trust support some of those most vulnerable – people with disabilities - who have often been forgotten as they are forced to shield behind closed doors for months and have experienced a huge decline in their activity levels. Many of the individuals they support normally take part in a wide variety of activities throughout the week as part of an active lifestyle.</p> <p>However, the pandemic put a stop to these activities. Funding enabled a range of activities that provide a vital source of physical activity to those being support and who are particularly vulnerable during the pandemic. This includes activities such as Boccia, skittles, parachute games, physiotherapy sessions, gardening activities and supported socially distanced walks.</p>	£8,750.00
FolkActive	Community Interest Company	Southampton	Long term health conditions	<p>FolkActive CIC are a social enterprise, using traditional music, songs and dances to: improve health and wellbeing; bring communities together; and educate young and old. Funding enabled livestreamed & pre-recorded folk dance sessions for older people, and people living with dementia, facilitating activity, and creating a social 'space' to reduce loneliness.</p>	£7,112.60

Hampshire Cultural Trust/Recovery College	Registered Charity	Hart	Long term health conditions People with disabilities Lower socio economic group	The Recovery Colleges in Surrey and North East Hampshire provide learning opportunities to help support people with mental and physical health conditions through their recovery. Funding enabled Hampshire Cultural Trust to run three 12 week online physical activity courses for students enrolled at the Recovery College who are living with disabilities and/or long-term health conditions including mental health conditions. Online classes comprised Seated Yoga, Dance Fitness & Mindful Movement.	£1,950.00
Home-Start Hampshire	Registered Charity	Gosport & Fareham, Havant, Meon Valley, New Forest, Rushmoor & Hart, Weywater	Lower socio economic group	Many families face complex and multiple needs which can be led by or lead to poor physical health. These challenges have been exacerbated significantly by Covid-19 – children not attending school, reduced household income and loss of support networks that families rely on. Delivery of a new wellbeing programme through to October 2020 involving: <ul style="list-style-type: none"> digital and telephone support to existing and newly referred families, offering advice and connecting them to a range of online resources around physical activity. a new 12-week online family wellbeing group to support adoption of physical activity habits (walking, 	£6,012.00

				<p>sports, children's games, fun engagement activities) within a supportive community structure.</p> <ul style="list-style-type: none"> • loan of Sport Sacks to 100 families from deprived areas to offer practical ideas and equipment for engaging in physical activity and active family play. Resources to be pooled after initial use to form an equipment library for the charity to use. 	
Isle Access	Registered Charity	IOW	People with disabilities	Prior to the pandemic Isle Access was providing a cycling programme using adapted bikes. Delivery was put on hold one week before lockdown and their aim is to re-start in September 2020. Isle Access will purchase a stock of cycling helmets to enable a safe resumption of their adapted cycling programme.	£720.00
Luke Brown Dance/ThickSkin Theatre		Eastleigh	Lower socio economic group	The pandemic led to many participants losing their income and initially being unable to continue attending dance classes. Funding supported delivery of 'donation based' online dance classes to enable participants on low and no income to keep active in the way that is familiar and enjoyable for them. Opportunity to introduce additional chair-based or gentle dance classes for older participants and outdoor classes for people with/recovering from mental health conditions.	£3,452.00

Move Momentum	Registered Charity	Winchester	Lower socio economic group, People with disabilities	Move Momentum (MM) is a dance charity based in Winchester that provides classes that are accessible, inclusive, and affordable for everyone. Academies are primarily for young people from low-income households ; however, they also target young people that experience mental health issues . Liberate Dance classes are wheelchair-based dance exercises for youth and adults with physical disabilities or long-term health conditions . GEMS class is for over 65s many of whom have long-term health conditions . Funding enabled classes to continue online, after COVID severely impacted the charity's finances, and allowed the introduction of in-person classes for the Autumn term.	£7,465.00
Pavilion on the Park	Registered Charity	Eastleigh	People with disabilities, People with long term health conditions and lower socio-economic groups	This investment will provide essential funding for Pavilion on the Park to continue to operate and to support user groups of the facility. Funding will enable the re-start of adapted delivery of the Cycles4all and Sensory4all projects. For individuals with disabilities and long-term health conditions, it will help to keep the cost affordable. The funding will also support community organisations who are struggling to resume in the wake of COVID-19. Grants will allow groups to use the Pavilion free of charge	£10,000.00

				initially and at a heavily discounted rate for an extended period to meet social distancing guidelines and welcome their users back.	
Retro Rangers	Voluntary Group	Rushmoor	People with long term health conditions and lower socio-economic groups	Additional equipment is needed to facilitate play in small groups. Retro Rangers do not have enough footballs, bibs, training discs or goal-keeping gloves. Retro Rangers also needs to purchase some cleaning and medical supplies to minimise the risks of COVID-19 as much as possible and enable older members and those with underlying health conditions to return with confidence.	£300.00
Rushmoor Voluntary Services	Registered Charity	Rushmoor	BAME, People with LTHC, People with disabilities, LSEG	RVS has identified that elders within their Nepali community and people with mental health conditions have become isolated in the pandemic and, with rising anxiety and loss of confidence, are reluctant to take a step back into their community. Funding supports RVS to develop and deliver two separate support groups over a 6-month period to gently encourage people in priority groups to re-engage with the community and start to participate in activities for their health and wellbeing. Gardening is great gentle, physical exercise connecting with the outdoors, whilst safely connecting with others and establishing new supportive networks. It has proven benefits for mental health. Sessions will be user led and based in	£9,310.00

				community gardens and allotments and outdoor spaces.	
Solent Youth Action	Registered Charity	Southampton, Eastleigh, Havant	Lower socioeconomic groups	Youth charity supporting complex, vulnerable and disengaged young people aged 10 – 25 who have disabilities, mental health issues, are young carers, young offenders, those who display violence at home and NEETS. Funding enabled production of tailored activity videos featuring youth workers that the young people know and trust, delivered in a suitable tone and in an appropriate way. Activities to be ones that the young people ask for and that the charity typically delivers in a face to face setting that encourage physical activity, positive well-being, communication and independence e.g. boxing, yoga, mindfulness, fitness and strength conditioning.	£1,892.00
Stepping Stones DS	Registered Charity	Hart	People with disabilities	Local charity providing practical and emotional support to children with Down syndrome and their families. Funding enabled continuation of the online delivery of dance and movement classes, from April through to end July and then from early September to end October, including administration costs necessary to keep the schedule running smoothly. Physical activity sessions that help the children to develop gross motor skills and build	£2,000.00

				confidence. An opportunity to do regular, weekly exercise alongside lessening the effects of social isolation.	
The Handy Trust	Registered Charity	New Forest	Lower socio economic groups, People with long term health conditions	The Handy Trust work closely with people from lower income households, supporting those in poverty. Funding is enabling a mix of informal and structured activities (football, basketball, tennis, frisbee, cricket, rounders) that can be done as individuals, in pairs and in groups. The programme will be run from Sep 20 through to Mar 21. Sessions will be run indoors and outdoors in line with government guidelines.	£3,866.00
Winchester & District Young Carers	Charitable Incorporated Organisation	Winchester	Lower socio economic groups	Young carers are children and young people who care for a family member with a long-term illness or disability, including mental health conditions, or those who misuse alcohol or drugs. Young carers have reported feeling lonely, isolated, and unmotivated. Many were finding fewer opportunities to be active. Funding enabled purchase and loan of activity packs to young carers, allowing them to feel less isolated, and engage in more activities (alone and with family members).	£1,807.29
Winchester Go LD	Registered Charity	Winchester	People with disabilities	Winchester GoLD supports adults with learning disabilities, their families, dependants, and carers. Funding enabled extension a 3-week pilot of a new Walk & Talk service, which proved successful in giving service users the opportunity to take	£5,517.00

				part in one hour of safe, regular weekly exercise whilst accessing important face to face support on a one to one basis to help them in managing their mental health. Through building confidence and familiarity with the set walking routes the charity's aim is to equip and motivate their service users to go walking for exercise independently, with family members or in pairs (at a social distance), through this period and beyond.	
Yellow Brick Road Projects	Registered Charity	Test Valley	Lower socio economic groups	YBRP works with disadvantaged young people, with a vision to end youth homelessness. Funding enabled delivery of a weekly virtual support group for families, for 22 weeks. The programme involves Joe Wicks-style workouts as requested by the families. It also focuses on other health and wellbeing outcomes e.g. mindfulness, relaxation, heart health, nutrition/healthy eating and five to thrive as well as weaning, oral health and smoking cessation. Families are also encouraged and supported to explore free physical activities available online.	£4,359.00
				Total	£94,484.89



**Health & Wellbeing Board
COVID-19 & the impact on
physical activity
1 October 2020**



"...once lockdown went into place, it exposed the fault lines in society: those who could work from home and those who could not; those who could retreat to holiday homes and those in crowded flats; those with income reserves and those who could not afford to buy food; those in a position to offer home education to their children and those not so fortunate or well equipped."

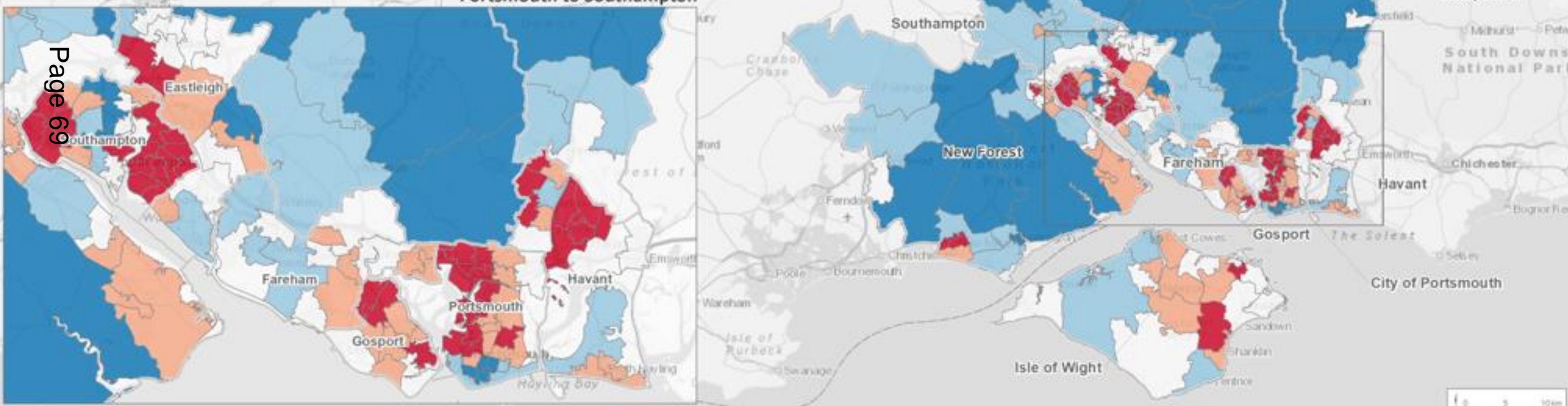
Society and the slow burn of inequality. The Lancet May 2020

Small Area Estimates

Active Lives - Year 4 (Nov 2018/19)

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

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

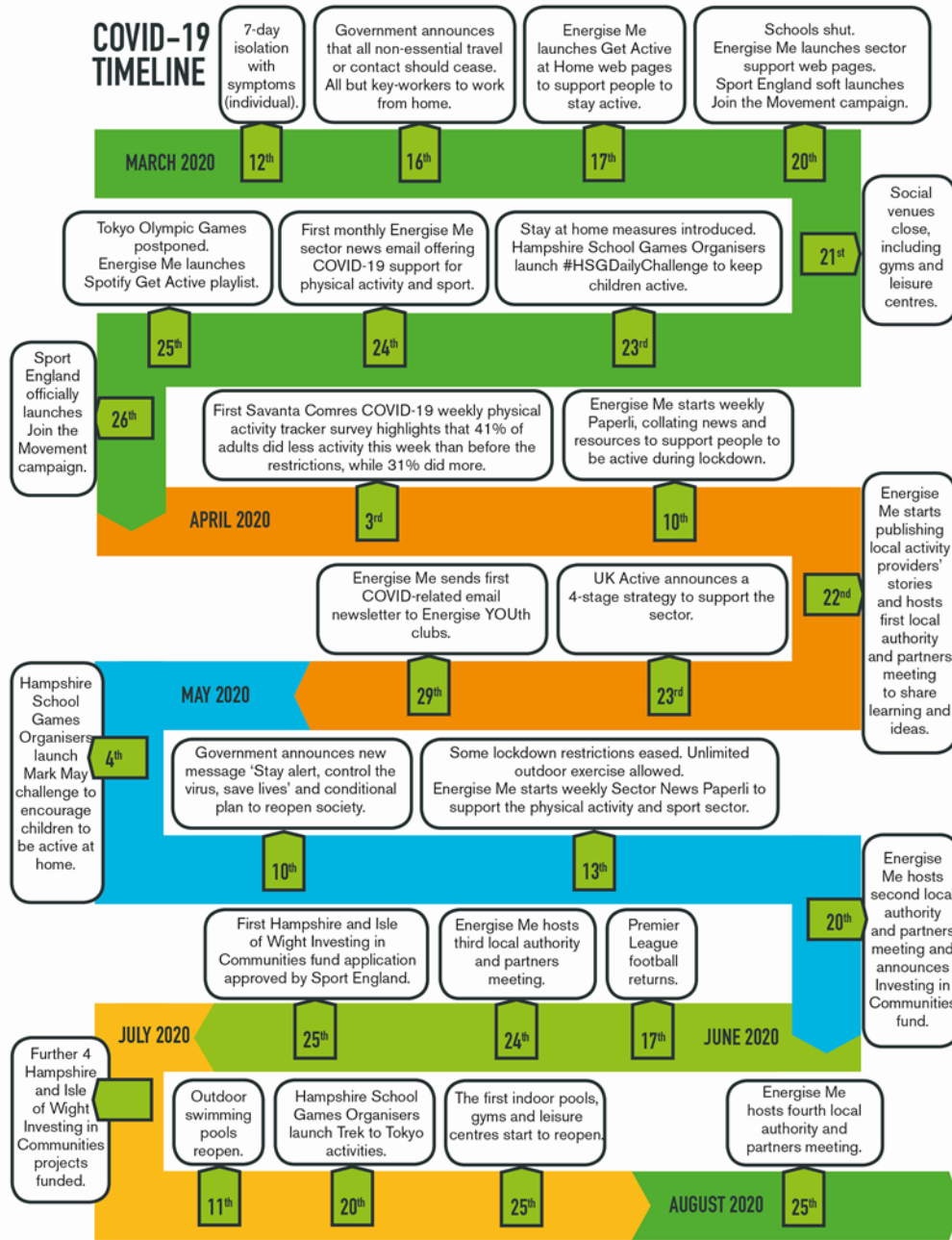


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Numbers of People in targeted groups inactive Pre COVID-19

- 204 000 People aged 35-74 years were inactive
- 192 000 Females were inactive
- 115 000 NS sec 6-8 were inactive
- 114 000 People with a limiting illness were inactive
- 82 000 People over 75 years were inactive

COVID-19 TIMELINE



Meet Sophie who discovered Couch to 5K during lockdown. Sophie never saw herself as someone who would write a blog about getting active. But lockdown and a **lack of outdoor space** prompted her to #jointhemovement with Couch to 5k. Sophie wanted to get to grips with those extra lockdown pounds and 'keep up' with friends who were taking on exercise challenges.

[An unexpected path from couch to 5k](#)



Key worker who loves to move



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Meet Ros, a physiotherapist at the Royal Hampshire County Hospital who runs a small business [Love to Move](#) offering exercise classes in **adapted Tai Chi and Pilates**.

Ros usually works in outpatients but was moved to work on the wards during the crisis.

Ros teaches adapted Tai Chi and Pilates to support her outpatients who suffer with conditions such as hypermobility and fibromyalgia. She says “Tai Chi in particular, is a helpful way to help people with fibromyalgia to exercise. It’s more accessible than most forms of exercise. It helps to start to get people moving and is also very mindful, which is helpful when you suffer from persistent/chronic pain.

During lockdown, Ros took her classes online.

Amanda from Momentum has seen their accessible online classes become a huge success.

Momentum is a local charity that aims to make dance accessible to everyone. They make dance accessible to disadvantaged children. They also offer Gems classes for over 65's and Liberate Dance for wheelchair users. Most of Momentums members are those who would be considered vulnerable and at risk. To maintain as much normality as possible, they needed to take their offer online. The classes support participants all round well-being. They are not just about dance. They are about the people and the support network they've built.

Retaining and Growing Accessibility with online classes



Moving referral classes online



Specialising in GP exercise referral for older people and those with chronic conditions such as COPD, diabetes, arthritis and osteoporosis, Christine delivers classes specific to individual needs. Pre-lockdown she taught over 18 classes a week for a range of organisations including Places for People and the Saints Foundation. She now busy offers a range of daily online classes including Pilates, Yoga, Les Mills Body Balance, Legs Bums and Tums and HIIT from her garage.

Discussion

What action can we, our organisations & networks do to help communities be active?

THANK YOU

julie.amies@energiseme.org

www.energiseme.org



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Health and Wellbeing Board Forward Plan for Future Meetings

Item	Meeting	Notes
Strategic Leadership		
Commission of Inquiry – Vision for Hampshire 2050	12 December 2019	Written update expected September 2020
Health and Wellbeing Board Business Plan Update	12 December 2019	Update pending
Hampshire System Planning for Winter	12 December 2019	
Starting Well		
Joint Hampshire and Isle of Wight Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan	12 December 2019	Annual refresh update
Hampshire Safeguarding Children Board Annual Report	12 December 2019	Annual report
Theme Focus	1 October 2020	Rescheduled from cancelled March meeting
Living Well		
Hampshire Safeguarding Adults Board Annual Report	19 March 2020	Meeting cancelled, circulated via email
"Was Not Brought" Policy	2 July 2020	Feedback given, to return early 2021
Starting, Living and Ageing Well		
Hampshire Physical Activity Strategy	12 December 2019	Update expected 1 October 2020
Healthier Communities		
District Forum Report on Housing and Health Topic	2 July 2020	Rescheduled from cancelled March meeting. Survey circulated via email.
Covid-19 Updates		
Public Health Covid-19 Overview and Impact on Health and Wellbeing and Outbreak Control Plans	2 July 2020	
Care Home Support Offer and Update	2 July 2020	
Hampshire Welfare Response	2 July 2020	
Children's Services Update on Covid Response	2 July 2020	
Additional Business		
Co-Production Update	2 July 2020	Verbal update

Forward Plan	1 October 2020	New standing item
Integrated Intermediate Care	Expected March 2021	
Written Updates		
Autism Partnership Board Report		To be circulated September 2020
Modernising Our Hospitals Programme Engagement Resources		To be circulated when received

Health and Wellbeing Board Action Tracker

Action	Assigned To	Priority (High, Medium, Low)	Complexity (High, Medium, Low)	Date Assigned	Date Due	Status (Complete, In Process, On hold)	Notes
Adding Forward Planning and Action Tracker to Meetings	Board Manager	Medium	Low	2 July 2020	1 October 2020	Complete	
Adding Co-Production to Future Reports coming to the Board	Board Manager	Medium	Low	2 July 2020	1 October 2020	Complete	
Board Sponsor Meetings	Strategic Leadership Sponsor	High	High	11 August 2020	10 December 2020	In Process	
Board Member Survey	Board Manager	High	Medium	17 September 3030	10 December 2020	In Process	

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