

<b>Briefing</b>	Health and Wellbeing Board
<b>Date and Time</b>	Thursday, 1st July, 2021 at 10.00 am
<b>Place</b>	Remote
<b>Enquiries to</b>	members.services@hants.gov.uk

## **AGENDA**

**1. APOLOGIES FOR ABSENCE**

To receive any apologies for absence.

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

To note the minutes of the Health and Wellbeing Board meeting on 18 March 2021.

**3. CHAIRMAN'S ANNOUNCEMENTS**

To receive any announcements the Chairman may wish to make.

**4. BOARD SURVEY RESPONSE AND ACTIONS (Pages 15 - 20)**

To receive an update on a strong Health and Wellbeing Board work plan of both strategic, prioritised topics and effective, results-oriented ways of working based on survey feedback from Members.

**5. THE HAMPSHIRE AND ISLE OF WIGHT INTEGRATED CARE SYSTEM DEEP DIVE (Pages 21 - 28)**

To receive a focused update on the Hampshire and Isle of Wight Integrated Care System.

**6. AGEING WELL THEME FOCUS (Pages 29 - 46)**

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

**7. JOINT STRATEGIC NEEDS ASSESSMENT UPDATE** (Pages 47 - 52)

To receive an update on Hampshire's Joint Strategic Needs Assessment (JSNA) which considers the current and future health and wellbeing needs and inequalities within the population.

**8. UPDATE TO PHARMACEUTICAL NEEDS ASSESSMENTS** (Pages 53 - 60)

To receive a verbal update on Pharmaceutical Needs Assessment.

**9. FORWARD PLANNING FOR FUTURE MEETINGS** (Pages 61 - 64)

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

This informal briefing is being held remotely to enable Board Members to receive important updates whilst observing Covid related social distancing. Items which are not exempt or confidential will be webcast in the interests of public access and transparency.

# Agenda Item 2

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

Chairman:

\* Councillor Liz Fairhurst

\* Councillor Judith Grajewski

Councillor Zilliah Brooks

\* Councillor Patricia Stallard

Councillor Roy Perry

Councillor Ray Bolton

\*Present

## **Co-opted members**

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

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

## **143. APOLOGIES FOR ABSENCE**

Apologies were noted from the following Members:

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

Dr Sarah Schofield, West Hampshire Clinical Commissioning Group

Michael Lane, Police and Crime Commissioner for Hampshire

Ron Shields, Provider Representative: Community and Mental Health

David Radbourne, NHS England (Wessex)

Steve Crocker, Director of Children's Services

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

## **144. DECLARATIONS OF INTEREST**

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

should consider, having regard to Part 5, Paragraph 4 of the Code, whether such interest should be declared, and having regard to Part 5, Paragraph 5 of the Code, consider whether it is appropriate to leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with the Code.

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

**145. MINUTES OF PREVIOUS MEETING**

The minutes of the 10 December meeting were reviewed agreed.

**146. DEPUTATIONS**

There were no deputations received.

**147. CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made the following announcements:

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

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

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

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

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

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

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

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

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

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

RESOLVED:

That the Health and Wellbeing Board--

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

## 149. **HEALTHIER COMMUNITIES THEME FOCUS**

### **a. Theme Deep Dive**

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

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

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

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

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

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

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

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

In response to questions, Members heard:

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

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

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

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

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

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

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

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

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

RESOLVED:

That the Health and Wellbeing Board--

- Noted the contents of the Briefing Paper and the direction of travel being taken by the HIOW ICS as it develops.
- Note the Healthy Homes project progress and endorse the planned next steps to develop and roll out a joint induction opportunity, and multi-agency training including educational videos.
- Note the good practice examples of work going on across Hampshire to develop healthier communities, along with the value of partnership working in this area to reduce health inequalities in Hampshire.
- Support the exploration of a Health Begins at Home Memorandum of Understanding which would allow organisations to make a commitment towards the use of housing to improve the long-term health and wellbeing of communities.
- Receive a status report on current Disabled Facilities Grant (DFG) practice at a future Health and Wellbeing Board meeting.
- The Hampshire Health and Wellbeing Board request all Planning Authorities to review their Local Plans with particular regards to current and emerging design standards for healthy homes.

#### **b. Local Transport Plan 4**

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

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



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

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

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

In response to questions, Members questions --

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

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

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

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

The recent ratification of a refresh of the plan for prominence to physical activity and Energise Me’s H10W physical activity strategy and active transport will further address inequalities via structural determinants that impact physical activity and active transport. Remote appointments, working from home and opportunities around access and shared learning will be shared. Continued

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

RESOLVED:

That the Health and Wellbeing Board--

- To note the process by which the LTP is being developed and the opportunity for Board members to influence its future direction.
- For Board members to consider responding to the local transport plan engagement.

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

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

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

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

### **Strategic Leadership**

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

### **Starting Well**

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

## **Living Well**

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

## **Aging Well**

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

## **Dying Well**

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

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

### **Healthier Communities**

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

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

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

#### **RESOLVED:**

That the Health and Wellbeing Board--

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

#### **151. FORWARD PLANNING FOR FUTURE MEETINGS**

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

Members noted the following:

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

- Upcoming workshop for development of the next physical activity strategy from all different sectors and request to bring this forward to the Board with appreciation of colleague's engagement and commitment to physical activity.
- Joint Strategic Needs Assessment update to follow over the summer.
- Signing off the on Pharmaceutical Needs Assessment expected at the next meeting.
- An update requested on the Joint Hampshire and Isle of Wight children and young people's mental health and emotional wellbeing Local Transformation Plan following on from December 2019.
- Following on to the excellent LTP4 presentation request for planning colleagues to attend for similar discussion.
- Organizational support and how we behave in the new world and request to carve our time to facilitate cultural differences and working together better.

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

*The meeting concluded at 12:15pm.*

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Chairman,

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# Health and Wellbeing Board Survey Response and Actions

Simon Bryant, Director of Public Health  
1 July 2021



Hampshire  
County Council

# Contributing to the Board

## Findings

- The Board Member role should be much more active in addressing the boundaries between organisations rather than a more passive role of hearing reports and updates from projects.
- The role of a Board member as being one of supportive challenge.
- Bringing together the Districts and Boroughs sharing ideas and best practices to formulate strategies to improve healthcare across Hampshire.
- To take action to help to deliver the strategic objectives of the board, modelling behaviours that build positive relationships with colleagues and other sectors.
- The attendance at the board has improved. More members are contributing to the discussions, more voices being heard. The language being used feels more supportive and collaborative. Many more acknowledgements of people and organisations working together and articulating the benefit of this.

## Actions

- Members feeling able to speak freely is key with both public and workshop meetings being used as appropriate
- The Board Members continue to build trust as the Board matures further
- Co-production is a central part of all board activities ensuring the population's voices are heard



# Our Governance

## Findings

- A clear definition of what the Health and Wellbeing Board is would help define the governance
- The agenda is well chaired with good time allowed for discussion and clarity around recommendations and actions.
- The Board whilst strategic needs to consist of those who can, on behalf of their respective organisations, take decisions 'on the day' associated with resources, assets, budgets and officers.
- To encourage the Board to look "upstream" at the structural causes of illness.

## Actions

- A forward plan item has now been added to the agenda as a standing item to seek direction from Members.
- An action tracker will soon be implemented against tasks set out for the Board and progress made.
- Each theme and the strategy is reviewed annually

# Measuring Outcomes

## Feedback

The board should be clear on outcomes.

## Action

Measures have been presented as part of the annual updates of themes and this will continue.

**Strategic Leadership** Clear outcomes that are measurable across the system that are well defined and can be reviewed, adapted, and the power of all the Board members used to influence a change in outcome.

The outcomes will be key in our board working though the increased trust and collaboration

We use data and insight to develop plans and programmes including data from the population feedback and collaboration.

# Questions?



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## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Hampshire Health and Wellbeing Board
<b>Date:</b>	1 July 2021
<b>Title:</b>	Hampshire and Isle of Wight ICS development
<b>Report From:</b>	Richard Samuel, Director of Transition and Development

**Contact name:** Richard Samuel

**Tel:** 02380 725620

**Email:** richardsamuel@nhs.net

#### Purpose of this Report

1. The purpose of this report is to provide an update on the ongoing development of Hampshire and Isle of Wight Integrated Care System (ICS). The update follows publication of the Government White Paper, [Integration and Innovation: working together to improve health and social care for all](#), in February which outlines plans to support the development of Integrated Care Systems (ICSs) as statutory organisations. It has been supported by a recently published [ICS Design Framework](#) from NHS England which sets out the consistent requirements for systems and defines the parameters for the tailoring to local circumstances which is key to success.

#### Recommendation(s)

That the Hampshire Health and Wellbeing Board:

1. Receive the report and note the direction of travel and anticipated development work planned for 2021/22.
2. Note that, while the focus in 2021/22 is on a series of technical, structural and transitional changes, the intention is that this will be followed by a longer period of development. The delivery of an Integrated Care System in readiness for 1 April 2022 is not an end in itself but is intended to provide the foundation for continued and long term development within Hampshire and the Isle of Wight.

## **Executive Summary**

3. This report seeks to provide a concise background on the key proposals set out in the White Paper and the proposed approach established within Hampshire and the Isle of Wight to enable development throughout 2021/22 to enable our system to respond to the proposals.

## **Contextual Information**

4. The White Paper outlines plans for ICSs across every part of England to become statutory bodies, taking on commissioning functions of Clinical Commissioning Groups and some of those of NHS England. This is a progression on the system work which has developed throughout England following the creation of sustainability and transformation plans and the subsequent creation of Sustainability and Transformation Partnerships. As part of national approach, NHS England accepted Hampshire and Isle of Wight STP's application in October 2020 to become an Integrated Care System.
5. As set out in NHS England's ICS Design Framework, legislative reform is planned, with the intention to remove barriers to integrated care and create the conditions for local partnerships to thrive. NHS leaders have been asked, working with partners in local government and beyond, to continue developing Integrated Care Systems during 2021/22, and prepare for new statutory arrangements from next year.

## **Performance**

6. The ambition for ICSs is significant. Successful systems will align action and maintain momentum during transition, with systems continuing to make progress in improving outcomes and supporting recovery while embedding new arrangements for strategic planning and collective accountability across partners.
7. The core purpose of an ICS is to improve outcomes in population health and healthcare, tackle inequalities in outcomes, experience and access, enhance productivity and value for money, and help the NHS support broader social and economic development

## **Co-Production**

8. The next phase of ICS development should be rooted in underlying principles of subsidiarity and collaboration. While the White Paper recognises that local flexibility is important in designing local approaches, it described common

features that every system is expected to have and develop, as the foundations for integrating care. The reasons given are that:

- decisions taken closer to, and in consultation with, the communities they affect are likely to lead to better outcomes
- collaboration between partners, both within a place and at scale, is essential to address health inequalities, sustain joined-up, efficient and effective services and enhance productivity
- local flexibility, enabled by common digital capabilities and coordinated flows of data, will allow systems to identify the best way to improve the health and wellbeing of their populations.

## Conclusions

9. It is requested that the report is noted and endorsed, recognising that 2021/22 is an iterative period of development.
10. The role of Health and Wellbeing Boards continues to be vital and the development of Hampshire and Isle of Wight ICS as it prepares to fulfil a range of statutory responsibilities from 1 April 2022 is dependent on the leadership and support of a wide range of partners, boards and groups.

## REQUIRED CORPORATE AND LEGAL INFORMATION:

### Links to the Strategic Plan

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

### Other Significant Links

<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u>	<u>Date</u>

## **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:**

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



**Hampshire and Isle of Wight Integrated Care System update**  
**Health and Wellbeing Board**  
**July 2021**

**1. Introduction**

- 1.1 This paper provides an update on the ongoing development of Hampshire and Isle of Wight Integrated Care System (ICS). We continue to work closely with health and care partners, in-line with national policy and local plans for health and care to support people to stay as healthy as possible and achieve the best possible health outcomes for the communities we serve.
- 1.2 The update follows publication of the Government White Paper, [\*Integration and Innovation: working together to improve health and social care for all\*](#), in February which outlines plans to support the development of Integrated Care Systems (ICSs) as statutory organisations.

**2. Summary of key White Paper proposals relating to Integrated Care Systems**

- 2.1 The White Paper outlines plans for ICSs across every part of England to become statutory bodies, taking on commissioning functions of Clinical Commissioning Groups and some of those of NHS England. This is very much in the same direction as work we are already progressing locally.

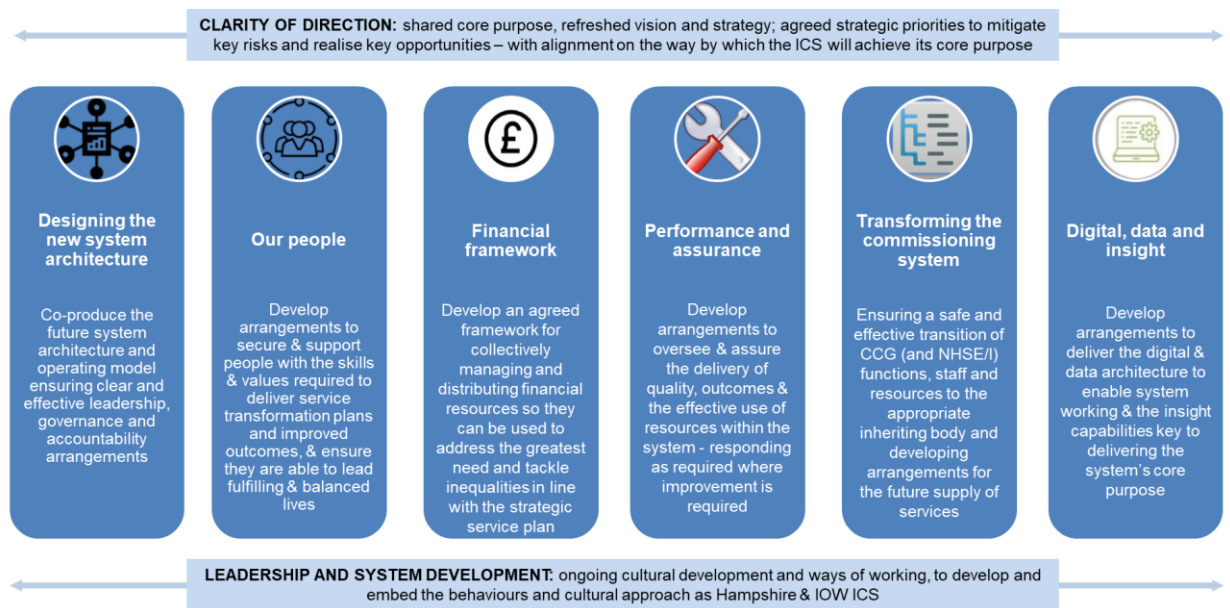
Under the proposals ICSs will comprise:

- an **ICS NHS Body** (responsible for developing a plan to meet the health needs of the population - directly accountable for NHS spend, performance and the day to day running of the ICS);
  - an **ICS Care Partnership** (with representation from health, social care, public health, local authorities, and Health and Wellbeing Boards, responsible for developing a plan that addresses the wider health, public health, and social care needs of the system).
- 2.2 Under plans ICSs (composed of both the ICS NHS Body and the ICS Partnership) will be accountable for the health outcomes of the population. A central intention of the legislation is to drive improved integration and collaboration to reduce inequalities and support people to live longer, healthier and more independent lives. Importantly, Health and Wellbeing Boards (HWBs) will remain in place and will continue to have a key responsibility at place level to bring local partners together, as well as developing the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.
- 2.3 A duty to collaborate will be created to promote collaboration across the healthcare, public health and social care system. This will apply to all partners within systems, including local authorities. The White Paper identifies two primary forms of collaboration/integration which will be underpinned by the legislation:

- **Places:** integration between the NHS and others, principally local authorities, to deliver improved outcomes to health and wellbeing for local people. The White Paper cites the primacy of place within successful ICSs;
  - **Provider Collaboratives:** integration, typically but not exclusively between NHS partners, to remove barriers and make working together across the NHS an organising principle. These collaboratives can be shaped by geography or service.
- 2.4 The proposals set out minimum consistent requirements, which the partners that make up each system are free to supplement with further arrangements. We anticipate, therefore, that there will not be any legislative provision about arrangements below ICS level – with flexibility given to develop decision-making processes and structures that work most effectively for us. The White Paper does, however, set a clear ambition/expectation that the ICS NHS Body will be able to delegate significantly to ‘place’ level and to ‘provider collaboratives.’

### 3. Hampshire and Isle of Wight Integrated Care System progress

- 3.1 Hampshire and Isle of Wight Integrated Care System was established following approval by NHS (Joint) Executive Group on 5 December 2020. This recognises the good progress that has already been made in working together as a partnership of NHS, local government organisations and other colleagues, to join up the planning, transformation and delivery of health and care services for our population. As part of this development process, Hampshire and the Isle of Wight Sustainability and Transformation Partnership [STP] had set out both its proposed development priorities, proposed ICS governance arrangements and operating model.
- 3.2 The proposals set out in the Hampshire and Isle of Wight ICS submission are broadly in-line with the Government White Paper, which reflects the work we are already progressing locally across Hampshire and the Isle of Wight to build on our existing partnerships to meet the needs of our population, further joining up health and care services for the benefit of the communities we serve.
- 3.3 The anticipated permissive nature of the forthcoming legislation as it relates to integration and delivery arrangements in place and at provider collaborative is positive in that allows for the continued development of arrangements for ‘place’ based integration across Hampshire and the Isle of Wight and for the development of provider collaboratives (both in local geographies and across provider sectors). We continue to work closely with health and care partners across the Hampshire and Isle of Wight system on the development of these arrangements.
- 3.4 Following publication of the White Paper, the Hampshire and Isle of Wight Health and Care Leadership Group reviewed and approved a framework that would form the basis of the Hampshire and Isle of Wight system development plan. This framework is set out in Fig 1. below:



- 3.5 On 16 June 2021 NHS England and NHS Improvement published an [\*Integrated Care Systems Design Framework\*](#) which sets out the consistent requirements for systems and defines the parameters for the tailoring of ICSs to local circumstances which is key to success. It goes beyond likely minimum statutory requirements and sets out the ambition from NHS England and NHS Improvement on what will be necessary for systems to be successful as they continue to work on recovery from the pandemic and the wider delivery of the Long Term Plan.
- 3.6 A process of mapping current arrangements across place and provider collaborative is now underway with an update on progress and first draft System Development plan reviewed at the meeting of the Health and Care Leadership Group on 23 June.
- 3.7 The timeline for the implementation of future arrangements remains 1 April 2022, with a further development programme envisaged for a period thereafter to ensure the full opportunities presented to the local health and care system are realised.
- 3.8 Meanwhile Hampshire, Southampton and Isle of Wight Clinical Commissioning Group has been in existence since 1 April following the successful merger of West Hampshire, Southampton City and Hampshire and Isle of Wight Partnership of CCGs (which enabled closer joint working between Fareham and Gosport, Southern Eastern Hampshire, the Isle of Wight and North Hampshire CCGs). Portsmouth CCG remains a statutory body and continues to work closely with the CCG. Maggie Maclsaac is Accountable Officer for Portsmouth CCG, as well as Chief Executive of Hampshire, Southampton and Isle of Wight CCG and Hampshire and Isle of Wight ICS.
- 3.9 For 2021/22 the ICS is a non-statutory body that brings together NHS providers, local authorities and commissioners to provide collective leadership to the Hampshire and Isle of Wight health and care system.
- 3.10 The Government's proposals set out an ambitious legislative programme that seeks to accelerate the development journey that health and care in Hampshire and the Isle of

Wight have been on for more than years. The proposals are founded on the core principle that health and care must be based on collaboration and partnership working – and the legislative programme is designed to enable this at local levels.

- 3.11 The development programme being progressed in partnership across Hampshire and the Isle of Wight will equip local health and care partners to secure the greatest benefit for our population from the opportunities created by the coming legislation.
- 3.12 In May the Queen's speech set out a bill to legislate for the Government's proposals, due for readings in Parliament in July. We will continue to share any developments in a timely way.

**ENDS**

## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Hampshire Health and Wellbeing Board
<b>Date:</b>	1 July 2021
<b>Title:</b>	Ageing Well Theme Focus
<b>Report From:</b>	Graham Allen, Director of Adults' Health and Care

**Contact name:** Graham Allen

**Tel:** 03707 795574

**Email:** graham.allen@hants.gov.uk

### Purpose of this Report

The purpose of this report is to provide an update to the Health and Wellbeing Board on the priorities and progress on the Ageing Well chapter of the Hampshire Health and Wellbeing Board Strategy. The presentation looks back at some of the impacts of the last year and future ambitions and developments for the work programme.

### Recommendations

That the Hampshire Health and Wellbeing Board:

1. Note the progress on 'Ageing Well' partnership working over the last year and future plans to adapt and recover after Covid-19
2. Support a stronger partnership approach on technology enabled care, especially with NHS partners
3. Endorse use of the Live Longer Better programme as an umbrella approach to the Ageing Well chapter for 2021/22

### Executive Summary

Each chapter of the Hampshire Health and Wellbeing Strategy is underpinned by priorities and a business plan summarises planned areas for focus. Building on

the Board’s recent [Annual Report](#), the presentation accompanying this report outlines recent progress and future development in the Ageing Well theme area.

**Performance**

The agreed performance metrics for Ageing Well in the Health and Wellbeing Board business plan are covered in the accompanying presentation.

**Consultation and Equalities**

This is a progress update. Consultation and equality impact assessment work has not therefore been needed.

**Co-Production**

The last year has seen particularly strong collaboration and co-production across Health and Wellbeing Board partners, the care sector and the voluntary and community sector in the rapid development of a number of key new initiatives, such as the Hampshire Welfare Line and to implement a new joint approach to hospital discharge. Through both the Local Resilience Forum and HCC’s Bronze, collaborative and coproduction groups were established including a dedicated Carers Bronze, chaired by Carers Together, alongside welfare cells built around the voluntary and community sector and local partners, including the Faith Community. These networks continue to be instrumental in wellbeing checks and regular contacts with older, vulnerable residents.

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

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

## **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:**

This is a progress update to the Board, therefore an equalities impact assessment has not been completed.

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# Health and Wellbeing Strategy Ageing Well update



1 July 2021

# HWB Strategy: 2019-2024

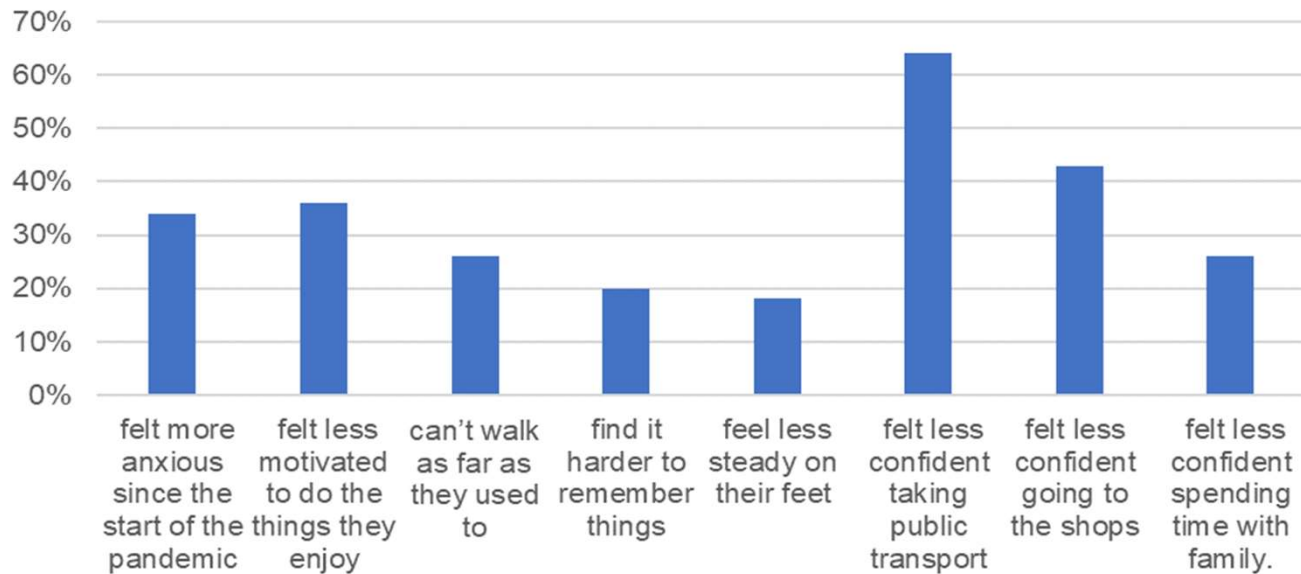
## Ageing Well priorities

1. Continue to develop connected communities which can support people to live happy, healthy lives in the place of their choosing
2. Enable people to plan for a fulfilling, purposeful older age
3. Create healthy home environments which allow people to stay well and independent into older age
4. Enable people to lead healthy, active lives

# Key areas of Ageing Well focus during Covid-19

- Supporting older people's mental health and wellbeing during Covid-19 – multi-agency response
- Hampshire Welfare Helpline established
- Healthy Homes Needs Assessment completed
- Adapted falls prevention and other physical activity work
- Continued development of technology enabled care to support independence at home for longer
- Successful implementation of Discharge to Assess model across Hampshire health and care systems, with 'Home First' the aim wherever possible

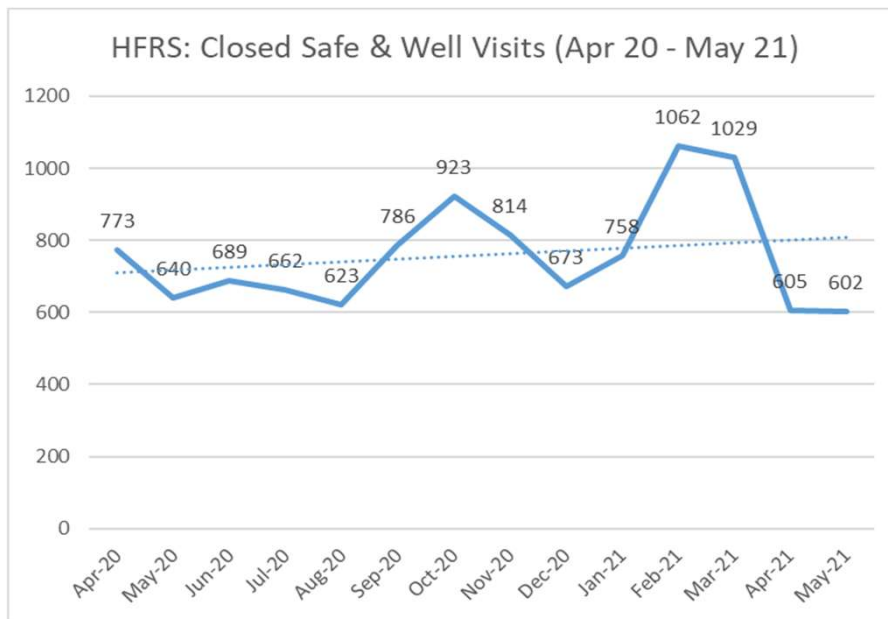
# Change in older people's health and wellbeing six months into the Coronavirus pandemic



*Source: Age UK: The impact of COVID-19 to date on older people's mental and physical health*

# Increase in number of HFRS Safe and Well visits

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Month (2020/2021) & (2021/2022)	Count
Apr-20	773
May-20	640
Jun-20	689
Jul-20	662
Aug-20	623
Sep-20	786
Oct-20	923
Nov-20	814
Dec-20	673
Jan-21	758
Feb-21	1062
Mar-21	1029
Apr-21	605
May-21	602

# Hampshire vaccination progress

- As of 30 May 2021, 74.3% of the Hampshire population had received their first dose of COVID-19 vaccine. 49% had received their second dose.
- People vaccinated with at least one dose in older age groups (data up to 6 June):
  - 50-59 – **91.6%**
  - 60-69 – **94.1%**
  - 70-79 – **96.5%**
  - 80+ – **97.1%**
- 2020-21 saw the highest flu vaccine uptake ever achieved nationally. Data is published by STP/ICS area - up to end Dec:
  - H10W - 83.5% of people aged over 65 have been vaccinated compared to 80.2% for England
  - H10W - 77.7% of healthcare workers have been vaccinated, compared to 75.3 in England



# Hampshire permanent admissions to residential and nursing homes

- Rates of permanent admissions for the 65+ age group are declining. For 2020/21, the yearly admissions rate for people aged 65+ was 1501, equating to 499.4 per 100,000 population. This is down from 605.9 per 100,000 population for 2019/20.
- NB this data relates only to admissions where HCC was placing an individual in residential or nursing care. It does not reflect admissions organised by an individual or their family without HCC involvement.

# Digital enablement

- Supporting older people to become digitally enabled brings a variety of benefits, many of which have been highlighted during the COVID pandemic, eg helping people to access services and remain socially connected
- **HCC's Demand Management and Prevention Team** started a Digital Enablement (DE) project in Autumn 2020, in response to the reintroduction of COVID restrictions and fewer volunteers to meet needs. Digital training was provided to enable callers to shop and obtain prescription online – supporting vulnerable residents to self serve.
- Many local **voluntary and community** organisations have also moved into the DE arena in order to support adults no longer able to access their face-to-face service
- Some examples of activity supporting a partnership approach to digital enablement include:
  - **Brendoncare** were grant funded to digitally upskill members least likely to take up their digital offers (men over 70 and carers). Project to include training volunteers, volunteers training members and tablet loan. Initially in Fareham and Gosport, but a Hampshire-wide org.
  - **Libraries in Learning** ran digital training for people referred from the Hampshire Welfare Line
  - **Unity** is training staff / volunteers to offer 1:1 digital literacy support via the **Connector/SP service** .
  - **Carers Infection Control Grant**: 105 carers supported to date. Digital technology funded: 37 laptops, 29 tablets, 7 Alexa / Echo, 6 mobiles, 1 Wifi costs for a year
- Partnership working will continue across HCC, NHS and voluntary and community sector to ensure people have access to ongoing digital support and other activities in the community



# HCC Care Technology Programme

- Partnership with PA Consulting – the Argenti Partnership
- Significant impact on Social Care practice and delivery
  - 37,000 referrals since 2013
  - Over 13,000 people currently supported to live at home
    - Either with just Care Technology or alongside Home Care
- Over £14m cost benefits identified over 6 years
- Innovative platform – work with Dementia Pathway, Use of Consumer Devices (Amazon Alexa), Support to Carers, Short-term services from Hospital Discharge (RDS, D2A)
- **Cobots** – Programme underway, new partnership with Cyberdyne (Jpn) with focus on workforce and double handed care



# Working in partnership on digital

- Greater focus on 'Digital Shift', TEC data integration, digital platforms and broader technical opportunities
- Opportunity for developing Digital landscape and initiatives with the NHS
  - An opportunity to cross the boundaries using tech and digital platforms where there are common areas of interest and Integrated Working
  - E.g. Ageing Well
    - Anticipatory Care
    - Urgent Care Response
  - Potential for Direct Referral Routes into TEC e.g. Falls Care, Delirium Pathway
  - Facilitation of Remote Triage/Consultations
  - Dementia services
  - Supporting Carers to care longer and avoid escalation to secondary care
- Key HCC contact for ongoing engagement is Mark Allen, Head of Technology Enabled Care [mark.allen@hants.gov.uk](mailto:mark.allen@hants.gov.uk)

# Falls prevention

- Re-establishing face to face falls prevention services after COVID-19
- Retaining innovations from online offer developed during 2020
- Exploring new settings for interventions

## **Opportunity:**

- Develop pathways and offer to ensure support for early intervention through to higher risk
- System approach to include aligning council and NHS offer, healthy homes priorities (eg adaptations) and wider physical activity strategy to increase strength and balance

# Live Longer Better programme

- To increase the 'healthy life expectancy' of older people in Hampshire
- Using physical activity as a lever to increase independence
- Changing the culture and attitudes towards older people from vulnerable to valuable.

## Opportunities

- Use the Live Longer Better programme as an umbrella approach to the Ageing Well Chapter for 2021/22
- Focus on key areas that impact on health and social care: falls, continence and social isolation
- Boost enabling factors such as digital skills and workforce development
- Linking in with ICS system work on physical activity

# HWB Board are asked to:

- Note the progress on Ageing Well partnership working over the last year and plans to adapt and recover after Covid-19
- Support a stronger partnership approach on technology enabled care, especially with NHS partners
- Endorse use of the Live Longer Better programme as an umbrella approach to the Ageing Well Chapter for 2021/22

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## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee</b>	Health and Wellbeing Board
<b>Date:</b>	1 July 2021
<b>Title:</b>	Hampshire Joint Strategic Needs Assessment Work Programme
<b>Report From:</b>	Director of Public Health

**Contact name:** Simon Bryant

**Tel:** 0370 779 3256

**Email:** [Simon.Bryant@hants.gov.uk](mailto:Simon.Bryant@hants.gov.uk)

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

1. The purpose of this report is to provide Members of the Health Wellbeing Board with an update on the Hampshire Joint Strategic Needs Assessment (JSNA) work programme.

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

2. For the board to note the JSNA work programme and further support the development with engagement by member organisations.

#### **Executive Summary**

3. During the pandemic the JSNA work programme was suspended due to the need of the Public Health Intelligence Team to undertake COVID-19 data response work. It is anticipated that the JSNA work programme will recommence summer 2021. However, this is dependent on COVID-19 response work reducing significantly.
4. The JSNA work programme will be phased and consist of three JSNA work areas (outlined below), consisting of a 'COVID-19 Health Impact Assessment', a 'Core Document' and the 'Main Chapters'. To provide a headline measure of health, the Main Chapter will be structured on the [Office for National Statistics \(ONS\) 'Health Index' domains](#), linking with the [Dahlgren and Whitehead model of social determinants of health](#). All aspects will take a life course approach covering all ages. The JSNA work programme is summarised in the diagram (see Appendix A). The three phased JSNA work areas are:

#### 4.1. COVID-19 Health Impact Assessment: Early summer 2021

This report aims to look at the impact COVID-19 has had on the residents of Hampshire and the IOW.

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

Priority topics/themes identified from this report will inform the core JSNA documents and main chapters.

#### 4.2 JSNA Core Documents: Late Summer 2021

*“Pandemics have had lasting effects on the structure of the population and the COVID-19 pandemic is no exception, through changes in births, deaths and migration”.*

- Demographics including protective characteristics, deprivation and life expectancy/healthy life expectancy.
- Vital statistics – mortality and birth data

At this stage the full impact of COVID-19 on the Hampshire and IOW population is unclear. However, data from existing registration processes will help us understand the developing impact of the pandemic.

#### 4.3 JSNA Main Chapters: Autumn / Winter 2021.

The ONS ‘*Health Index*’ domains is split into three broad areas:

- Healthy people
  - Mortality: healthy life expectancy, avoidable deaths
  - Physical health conditions: dementia, musculoskeletal conditions, respiratory conditions, cardiovascular conditions, cancer, kidney disease
  - Difficulties in daily life: disability that impacts daily activities, difficulty completing activities of daily living (ADLs), frailty
  - Personal well-being: life satisfaction, life worthwhileness, happiness, anxiety
  - Mental health: suicides, depression, self-harm
- Healthy living
  - Physiological risk factors: diabetes, overweight and obesity in adults, hypertension
  - Behavioural risk factors: alcohol misuse, drug misuse, smoking, physical activity, healthy eating
  - Unemployment
  - Working conditions: job-related training, low pay, workplace safety



- Risk factors for children: infant mortality, children’s social, emotional and mental health, overweight and obesity in children, low birth weight, teenage pregnancy, child poverty, children in state care
- Children and young people’s education: young people’s education, employment and training, pupil absence, early years development, GCSE achievement
- Protective measures: cancer screening, vaccination coverage, sexual health
- Healthy places
  - Access to green space: public green space, private outdoor space
  - Local environment: air pollution, transport noise, neighbourhood noise, road safety, road traffic volume
  - Access to housing: household overcrowding, rough sleeping, housing affordability
  - Access to services: distance to GP services, distance to pharmacies, distance to sports or leisure facilities
  - Crime: personal crime
  - Mental well-being tool
  - Social isolation

These chapters will provide a strategic view with recommendations for more detailed themed reports.

5. ‘Inclusion Health Groups: 2022’

Inequalities will be central to the JSNA programme of work and outputs. Needs and outcomes of inclusion health groups will be considered in the work. [Inclusion health](#) is a ‘catch-all’ term used to describe people who are socially excluded, typically experience multiple overlapping risk factors for poor health (such as poverty, violence and complex trauma), experience stigma and discrimination, and are not consistently accounted for in electronic records (such as healthcare databases). These experiences frequently lead to barriers in access to healthcare and extremely poor health outcomes. People belonging to inclusion health groups frequently suffer from multiple health issues, which can include mental and physical ill health and substance dependence issues. This leads to extremely poor health outcomes, often much worse than the general population, lower average age of death, and it contributes considerably to increasing health inequalities. There will be differences in needs within socially excluded groups (for example between men and women) and these differences must be understood and responded to appropriately.

Suggestions of inclusion health groups - homelessness, drug and alcohol dependence, travellers, sex workers, vulnerable migrants, victims of modern slavery, people in contact with criminal justice system.

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

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

**Other Significant Links**

<b>Links to previous Member decisions:</b>	
<u>Title</u>	<u>Date</u>
<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u>	<u>Date</u>

<b>Section 100 D - Local Government Act 1972 - background documents</b>	
<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	

## Appendix A

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

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

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

### JSNA Core Documents: Late summer 2021

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



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

Detailed JSNA Topic reports informed by HIA	Healthy People	Healthy Living	Healthy Places
<p><b>Strategic context</b> – key policy decisions and timeline– NPIs, economic policy, medicines management</p> <p><b>Assessment of impact</b> – evidence of population groups and policy categories themed by impact (health/clinical, Mental well being/economic, education, social care, living conditions)</p> <p><b>Population profile</b> – socio demographic data</p> <p><b>COVID-19 data</b> – infections, social care, primary care, secondary care, long COVID, medicines management, mortality</p> <p><b>Vulnerabilities Indices</b></p> <p><b>Population health impacts discussion by JSNA chapters</b></p>	<ul style="list-style-type: none"> <li>•Mortality: healthy life expectancy, avoidable deaths</li> <li>•Physical health conditions: dementia, musculoskeletal conditions, respiratory conditions, cardiovascular conditions, cancer, kidney disease</li> <li>•Difficulties in daily life: disability that impacts daily activities, difficulty completing activities of daily living (ADLs), frailty</li> <li>•Personal well-being: life satisfaction, life worthwhileness, happiness, anxiety</li> <li>•Mental health: suicides, depression, self-harm</li> </ul>	<ul style="list-style-type: none"> <li>•Physiological risk factors: diabetes, overweight and obesity in adults, hypertension</li> <li>•Behavioural risk factors: alcohol misuse, drug misuse, smoking, physical activity, healthy eating</li> <li>•Unemployment</li> <li>•Working conditions: job-related training, low pay, workplace safety</li> <li>•Risk factors for children: infant mortality, children's social, emotional and mental health, overweight and obesity in children, low birth weight, teenage pregnancy, child poverty, children in state care</li> <li>•CYP education: young people's education, employment and training, pupil absence, early years development, GCSE achievement</li> <li>•Protective measures: cancer screening, vaccination coverage, sexual health</li> </ul>	<ul style="list-style-type: none"> <li>•Access to green space: public green space, private outdoor space</li> <li>•Local environment: air pollution, transport noise, neighbourhood noise, road safety, road traffic volume</li> <li>•Access to housing: household overcrowding, rough sleeping, housing affordability</li> <li>•Access to services: distance to GP services, distance to pharmacies, distance to sports or leisure facilities</li> <li>•Crime: personal crime</li> <li>Mental well-being tool</li> <li>Social isolation</li> </ul>
<p>Inequalities: age, ethnicity, religion, learning or physical disability, sex, sexual orientation,</p>			

## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee</b>	Health and Wellbeing Board
<b>Date:</b>	1 July 2021
<b>Title:</b>	Pharmaceutical Needs Assessment
<b>Report From:</b>	Director of Public Health

**Contact name:** Simon Bryant

**Tel:** 0370 779 3256

**Email:** [Simon.Bryant@hants.gov.uk](mailto:Simon.Bryant@hants.gov.uk)

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

1. The purpose of this report is to provide Members of the Health and Wellbeing Board with an annual update on the pharmaceutical needs assessment and the pharmacy consolidation.

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

2. To note the new timeline for undertaking and approving the Pharmaceutical Needs Assessment.
3. To note the consolidation applications responses

#### **Executive Summary**

4. The National health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 states Health and Wellbeing Boards (HWBBs) are required to produce an assessment of needs for pharmaceutical services in their area at least every three years and to provide analysis for consolidation applications.

#### **Pharmaceutical Needs Assessment**

5. The Hampshire Pharmaceutical Needs Assessment (PNA) looks at the current provision of pharmaceutical services across the districts and how well needs for pharmaceutical services are being met. The latest report is online

and can be found at <http://documents.hants.gov.uk/public-health/HampshirePharmaceuticalNeedsAssessmentFinal2018.pdf>

6. The PNA is used as a starting point for anyone who is thinking of making an application for a new pharmacy. NHS England (NHSE) is required to use it to consider applications to open a new pharmacy, move an existing pharmacy or to commission additional services from a pharmacy. In order to open a community pharmacy, a contract must be granted by NHSE.
7. The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating Pharmaceutical Needs Assessments. Timescales have been updated in light of the pandemic response.
8. The final version of the current Hampshire PNA 2018-2021 was approved by the HWB on 15 March 2018, for the time period 2018 to 2021. Due to current pressures in response to the COVID-19 pandemic, the Department of Health and Social Care has announced that the requirement to publish renewed Pharmaceutical Needs Assessments will be suspended until April 2022. Health and wellbeing boards retain the ability to issue supplementary statements to respond to local changes and pharmaceutical needs during this time.

### **Consolidation Applications**

9. Since 5 December 2016, the Health and Wellbeing Board has had a statutory duty to make a representation to NHSE on consolidation applications of community pharmacies in its area (i.e. where pharmacy businesses on two or more sites propose to consolidate to a single existing site). The Health and Wellbeing Board must respond within 45 days. NHS England collate all responses from interested parties and then makes the final decision on the consolidation application.
10. This briefing presents the consolidation applications Hampshire Health and Wellbeing board have responded to since the publication of the latest PNA. It should be noted that on 25 March 2020 NHS England have taken the decision to suspend work on processing Market Entry, Market Exit and Consolidation applications and was reinstated in 2021.
11. Since the last update in June 2019 three new applications have been received.
12. In addition to the consolidation applications the Hampshire Health and Wellbeing board also made representation for a locality determination application the summary and outcome are also presented below. This is an

assessment of several factors that determine if an area is urban or rural which affects provision of services. This including local housing development information, local population forecast estimates are considered with reference to the guidance provided by the Department of Health this states that there are a range of factors that might be considered in determining whether an area is rural they include:

- environmental – the balance between different types of land use;
- employment patterns (bearing in mind that those who live in rural areas may not work there);
- the size of the community and distance between settlements;
- the overall population density;
- transportation – the availability or otherwise of public transport and the frequency of such provision including access to services such as shopping facilities;
- the provision of other facilities, such as recreational and entertainment facilities.

### **Consultation and Equalities**

13. *Not applicable for this paper*

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

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

**Other Significant Links**

<b>Links to previous Member decisions:</b>	
<u>Title</u>	<u>Date</u>
<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u>	<u>Date</u>

<b>Section 100 D - Local Government Act 1972 - background documents</b>	
<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	



## Appendix A

### December 2019 Consolidation Application

#### **Continuing site**

##### **Boots UK Ltd**

31-37 Chantry Way, The Chantry Centre, Andover, Hampshire. SP10 1LT

#### **Closing site**

##### **Boots UK Ltd**

27 High Street, Andover, Hampshire. SP10 1LJ

#### **HWB representation made to NHS England (December 2019)**

The Hampshire Health and Wellbeing board considered the consolidation application and believed the removal does not create a gap in pharmaceutical services provision as published in the Hampshire Pharmaceutical Needs Assessment 2018 .

#### **Outcome**

Consolidation application granted 26/02/2020. Consolidated on 19/07/2020

### December 2019 Controlled Locality Determination

#### **Background**

Controlled locality determination – For the western boundary of the non – controlled area of Waterlooville, in the main currently bounded by Hambledon Road, A3 and London Road.

#### **HWB representation made to NHS England (December 2019)**

The Director of Public Health on behalf of the Hampshire Health and Wellbeing Board has considered the documentation provided and advise that the area incorporating the Wellington Vale development and the Berewood development should change from a controlled (rural) locality to an uncontrolled (urban) locality.

#### **Outcome**

NHS England and NHS Improvement considered whether or not Wellington Park, Berewood and Newlands is a controlled locality, and have determined that it is not.

## 2020 Consolidation Applications

### **Continuing site**

#### **Boots UK Ltd**

Stanford Road (within Waitrose), Lymington, Hampshire. SO41 9GF

### **Closing site**

#### **Boots UK Ltd**

41-42 St Thomas Street, Lymington, Hampshire. SO41 9ND

#### **HWB representation made to NHS England (February 2020)**

The Hampshire Health and Wellbeing board considered the consolidation application and believed the removal does not create a gap in pharmaceutical services provision as published in the Hampshire Pharmaceutical Needs Assessment 2018.

#### **Outcome**

Consolidation application granted 05/07/2020, consolidated on 30/08/2020

## 2021 Consolidation Applications

### **Continuing site**

#### **Rowlands Pharmacy**

1 Middle Park Way, Leigh Park, Havant, Hampshire, PO9 4AB

### **Closing site**

#### **Rowlands Pharmacy**

86 Bedhampton Road, Havant, Hampshire, PO9 3EZ

#### **HWB representation made to NHS England (March 2021)**

The Hampshire Health and Wellbeing board considered the consolidation application and believed the removal does not create a gap in pharmaceutical services provision as published in the Hampshire Pharmaceutical Needs Assessment 2018.

#### **Outcome**

Consolidation application granted 28/04/2021, waiting for consolidation date to be submitted

Closures from July 2019

Date Closed	Pharmacy Type	Consolidation	Consolidation approved or refused	Pharmacy ODS Code (F-Code)	Health & Wellbeing Board	Pharmacy Trading Name	Pharmacy Owner/Company Name	Address 1	Address 2	Address 3	Address 4	Post Code
27/07/2019	Standard 40 Hour	No		FK510	Hampshire	Boots Pharmacy	Boots UK Ltd	(Waitrose Supermarket)	Dukes Walk	Waterlooville	Hampshire	PO7 7HS
01/11/2019	Distance Selling	No		FC134	Hampshire	Express Prescriptions	Personal Medicines Management Ltd	Unit 41, Gosport Business	Aerodrome Road	Gosport	Hampshire	PO13 0FQ
19/07/2020	Standard 40 Hour	Yes	Approved	FTT15	Hampshire	Boots the	Boots UK Ltd	27 High Street		Andover	Hampshire	SP10 1LJ
30/08/2020	Standard 40 Hour	Yes	Approved	FJT37	Hampshire	Your Local	Boots UK Ltd	41 - 42 St Thomas Street		Lymington	Hampshire	SO41 9ND
01/09/2020	Standard 40 Hour	No		FE707	Hampshire	Lloyds Pharmacy	Lloyds Pharmacy Ltd	9-11 Mengham Lane		Hayling Island	Hampshire	PO11 9BG

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**Health and Wellbeing Board  
Forward Plan for Future Meetings  
1 July 2021**

Item	Notes	DEC 2019	JUL 2020	OCT 2020	DEC 2020	MAR 2021	JUL 2021	OCT 2021	DEC 2021
<b>Strategic Leadership</b>									
Commission of Inquiry – Vision for Hampshire 2050	Written update shared September 2020	<b>X</b>							
Health and Wellbeing Board Business Plan Update		<b>X</b>						<b>X</b>	
Hampshire System Planning for Winter		<b>X</b>							
Board Survey Response and Actions							<b>X</b>		
<b>Starting Well</b>									
Joint Hampshire and Isle of Wight Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan	Update expected December 2021	<b>X</b>							<b>X</b>
Hampshire Safeguarding Children Board Annual Report	Annual report				<b>X</b>				<b>X</b>
Theme Focus	Rescheduled from cancelled March meeting			<b>X</b>					
<b>Living Well</b>									
Hampshire Safeguarding Adults Board Annual Report	Report expected 2021								

Item	Notes	DEC 2019	JUL 2020	OCT 2020	DEC 2020	MAR 2021	JUL 2021	OCT 2021	DEC 2021
"Was Not Brought" Policy	Feedback given, update expected		X						
Theme Focus					X				
<b>Starting, Living and Ageing Well</b>									
Hampshire Physical Activity Strategy		X		X					
Mental Health and Wellbeing Recovery Update					X				
<b>Healthier Communities</b>									
District Forum Report on Housing and Health Topic	Rescheduled from cancelled March meeting. Survey circulated via email.		X						
Theme Focus						X			
<b>Aging Well</b>									
Theme Focus							X		
<b>Dying Well</b>									
Theme Focus								X	
<b>Integrated Care Systems</b>									
The HIOW Integrated Care System - National Context, Local Progress to Date and Next Steps						X			



Item	Notes	DEC 2019	JUL 2020	OCT 2020	DEC 2020	MAR 2021	JUL 2021	OCT 2021	DEC 2021
Joint Strategic Needs Assessment							X		
<b>Annual Report</b>									
Health and Wellbeing Board 2020-21 Annual Report						X			
<b>Written Updates</b>									
Autism Partnership Board Report	Circulated September 2020								
District Forum Housing and Health Survey Findings	To be circulated								