

NOTICE OF MEETING

Meeting	Health and Wellbeing Board
Date and Time	Thursday, 15th December, 2022 at 10.00 am
Place	Ashburton Hall, Elizabeth II Court, The Castle, Winchester
Enquiries to	members.services@hants.gov.uk

Carolyn Williamson FCPFA
Chief Executive
The Castle, Winchester SO23 8UJ

FILMING AND BROADCAST NOTIFICATION

This meeting may be recorded and broadcast live on the County Council's website and available for repeat viewing, it may also be recorded and filmed by the press and public. Filming or recording is only permitted in the meeting room whilst the meeting is taking place so must stop when the meeting is either adjourned or closed. Filming is not permitted elsewhere in the building at any time. Please see the Filming Protocol available on the County Council's website.

AGENDA

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

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 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.

3. MINUTES OF PREVIOUS MEETING (Pages 5 - 8)

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. ELECTION OF VICE CHAIRMAN AND BOARD SPONSOR FOR LIVING WELL

To elect a Vice Chairman for the Board and a Board Sponsor for Living Well.

7. STRATEGIC LEADERSHIP: TERMS OF REFERENCE REVIEW
(Pages 9 - 16)

To review the Health and Wellbeing Board Terms of Reference.

8. HAMPSHIRE HEALTH AND WELLBEING STRATEGY - HEALTHIER COMMUNITIES (Pages 17 - 42)

To review ongoing work as part of the Healthier Communities strand of the Health and Wellbeing Strategy.

9. STARTING WELL: HOUSEHOLD SUPPORT FUND (Pages 43 - 72)

To outline the approach for allocation of the Department for Work and Pensions Household Support Fund Extension across Hampshire.

10. STRATEGIC LEADERSHIP: HAMPSHIRE PLACE ASSEMBLY (Pages 73 - 76)

To note the governance arrangements and purpose of the Hampshire Place Assembly.

11. STRATEGIC LEADERSHIP: INTEGRATED CARE STRATEGY DEVELOPMENT (Pages 77 - 140)

To provide an update on the development of the Integrated Care Strategy.

12. FORWARD PLAN (Pages 141 - 146)

To consider the Forward Plan for topics at future meetings of the 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 attend the public sessions of the meeting. If you have any particular requirements, for example if you require wheelchair access, please contact members.services@hants.gov.uk for assistance.

County Councillors attending as appointed members of this Committee or by virtue of Standing Order 18.5; or with the concurrence of the Chairman in connection with their duties as members of the Council or as a local County Councillor qualify for travelling expenses.

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Agenda Item 3

AT A MEETING of the Health and Wellbeing Board of HAMPSHIRE COUNTY
COUNCIL held at The Castle, Winchester on Thursday, 6th October, 2022

Chairman:

* Councillor Liz Fairhurst

Councillor Roz Chadd	Ron Shields
* Graham Allen	Alex Whitfield
* Simon Bryant	David Radbourne
Steve Crocker	Ann Smith
* Ros Hartley	* Jason Avery
* Dr Matt Nisbet	Donna Jones
Sam Burrows	Dave Powell
Emma Boswell	* Suzanne Smith
* Dr Gareth Robinson	* Councillor Michael Hope
* Gill Kneller	* Paula Anderson
Councillor Anne Crampton	* Terry Norton
* Julie Amies	* Tracey Clare Dunlop
* Councillor Pal Hayre	

*Present

46. APOLOGIES FOR ABSENCE

Apologies were received from Ron Shields, Donna Jones, Dave Powell, Karen McManus, Alex Whitfield, Penny Emeritt, Councillor Anne Crampton, Councillor Roz Chadd and John Amos.

47. 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.

48. MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 16 June 2022 were agreed as a correct record and signed by the Chairman.

49. DEPUTATIONS

There were no deputations.

50. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman noted that Monday 10 October would be World Mental Health Day and also noted the launch of the County Council's Chat About scheme whereby organisations offer spaces for individuals to chat with others to support and signpost people as they need. The Chairman also noted that the County Council would be sharing resources with staff on how to manage stress, and how to maintain wellbeing during times of change, including around retirement.

Members were reminded that the Healthwatch report had been circulated via email on 25 August 2022 and that the Hampshire Safeguarding Adult Board Annual Report had been circulated for wider sharing within members' organisations.

The Board noted that, due to the changes in membership as a result of the introduction of Integrated Care Systems, the Terms of Reference review and the appointment of the Vice Chairman would be delayed until the next Board meeting in December.

The Chairman announced that the Hampshire Place Assembly workshop would be taking place following the Board meeting and encouraged Members to attend.

51. **HAMPSHIRE COUNTY COUNCIL PHARMACEUTICAL NEEDS ASSESSMENT 2022-2025**

The Health and Wellbeing Board reviewed the Pharmaceutical Needs Assessment 2022-2025 following public consultation.

Whilst not part of the remit of the assessment the challenges facing rural communities in accessing pharmacy provision, particularly in isolated areas of the county with no delivery service, were noted and it was agreed that cross-organisation support was valuable in tackling this. It was agreed that this would be discussed with the Integrated Care Boards as commissioners of pharmacy provision.

RESOLVED:

That the Health and Wellbeing Board approve the Pharmaceutical Needs Assessment 2022-2025 prior to publication.

52. **STRATEGIC LEADERSHIP: INTEGRATION AND BETTER CARE FUND PLAN 2022/23**

The Health and Wellbeing Board considered the recent developments associated with the Hampshire Integration and Better Care Fund (BCF) Plan.

The Board noted that the County Council's BCF submission had already been signed off in order to meet required deadlines and noted the three sections to the submission as set out within the report. The focus of the submission and the

continued joint vision remained as a collaborative and integrated health and social care pathway supporting people's independence within their communities.

Board members noted the allocation of the BCF funding envelope (totalling £143 million) and the future intentions recognising that the BCF could transition into a more comprehensive arrangement linking with the newly established Hampshire Place Assembly.

In response to members' questions it was noted that:

- A wide range of co-production groups, links with partner organisations and existing relationships within integrated networks ensured that the patient views and experiences were continually sought and fed back in order to help shape plans.

RESOLVED:

That the Health and Wellbeing Board notes:

- i) the approach to the 2022/23 Better Care Planning requirements.
- ii) that due to a mismatch between national planning requirements and local Health and Wellbeing Board arrangements the Chairman had taken action, as set out within the report, to enable submission within the required timescales.

53. **STRATEGIC LEADERSHIP: JSNA UPDATE AND WORKSHOP**

The Health and Wellbeing Board received an update on the Joint Strategic Needs Assessment programme of work and upcoming workshop.

The Board noted the statistics and demographics slide and recognised the importance of enabling access (for example, the use of appropriate terminology) to this information and how it would be interpreted differently across different organisations. An example was shared by the Hampshire Fire and Rescue Authority who had used the data to inform their Community Risk Management Plan.

RESOLVED:

That the Health and Wellbeing Board note the update.

54. **HEALTHIER COMMUNITIES: HEALTH PROTECTION ANNUAL REPORT**

The Health and Wellbeing Board considered the Health Protection Annual Report of the Director of Public Health.

Members noted that, following the establishment of the Health Protection Board, this was the first annual report that had been produced and focused heavily on the Covid 19 response and vaccination programme. Members praised the successes within the report and the work of the Public Health teams day-to-day.

In terms of the Covid 19 vaccination programme, it was noted that 175,000 autumn booster jabs had been administered to date across Hampshire. There was also general discussion regarding vaccination programmes and the work of GP surgeries to deliver these. Members also noted the importance of community engagement and communication related to vaccination anxiety and reaching out to those groups who had a lower uptake.

RESOLVED:

That the Health and Wellbeing Board notes the 2021-2022 Health Protection Annual Report of the Director of Public Health and proposed areas of work requiring partnership engagement.

55. **FORWARD PLAN**

RESOLVED:

The Board agreed to add an item on the Hampshire Fire and Rescue Authority Community Safety Plan to the agenda for the June/July 2023 meeting (meeting date to be confirmed).

The Board received and noted the remainder of the Forward Plan.

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Wellbeing Board
Date:	15 December 2022
Title:	Terms of Reference Review
Report From:	Chief Executive

Contact name: Democratic and Member Services

Tel: 0370 779 5788 **Email:** emma.cousins@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to enable the Health and Wellbeing Board to review their Terms of Reference and to propose any changes to Cabinet and County Council for agreement.

Recommendation

2. That a section be added to the existing Health and Wellbeing Board Terms of Reference as new paragraphs at 9.12 and 9.13 as below:

‘To receive updates and reports from the Hampshire Health and Social Care Place Board including all matters pertaining to the Better Care Fund, delivery of Better Care Fund savings and governance of the Better Care Fund plan.’

‘That the Health and Wellbeing Board contributes to the Integrated Care Partnership Strategy.’

3. That the Hampshire Health and Wellbeing Board review Paragraph 9 of the existing Terms of Reference and propose any suggested changes to this Paragraph to Cabinet and County Council for their consideration.

Contextual Information

4. The Health and Wellbeing Boards bring together key leaders from the local health and care system to improve the health and wellbeing of their population and reduce health inequalities through developing a shared understanding of the health and wellbeing needs in Hampshire. The Board has agreed a [Joint Health and Wellbeing Strategy for 2019-24](#) and a more

detailed business plan sits alongside the strategy to support and monitor progress.

5. The Terms of Reference for the Health and Wellbeing Board form part of the Hampshire County Council Constitution (Part I, Chapter 10) (see Appendix 1) and therefore require both Cabinet and Full Council agreement to amend. Following a Board Member request, it was agreed that the Board should have the opportunity to review the existing Terms of Reference and propose any suggestions for inclusion to Cabinet and Full Council for consideration.
6. Paragraphs 1-8 of the Terms of Reference set out process and procedure which is required to be followed in the same manner as all other County Council Committees and Panels. Paragraph 9 of the Terms of Reference sets out the role and function of the Health and Wellbeing Board.
7. Following the establishment of the Hampshire Health and Social Care Place Board, a joint body comprising of County Council and Integrated Care Board representatives, and the reporting of matters pertaining to the Better Care Fund to the Health and Wellbeing Board, it is proposed that a section be added into the Terms of Reference as set out in Recommendation 2 above.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

This proposal does not link to the Strategic Plan but, nevertheless, requires a decision to either amend or not amend the existing Terms of Reference.

Section 100 D - Local Government Act 1972 - background documents

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

Document

Location

None

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

This report does not make any proposals which would have an impact on groups with protected characteristics.

Part 1: Chapter 10

The Health and Wellbeing Board

1. Health and Wellbeing Board

The County Council has appointed a Health and Wellbeing Board for Hampshire which will be a key partnership for promoting the health and wellbeing of the residents of Hampshire.

2. Composition

The Health and Wellbeing Board includes within its membership:

- 2.1. At least one Hampshire County Council elected Member nominated by the Leader of the County Council
- 2.2. The Director of Adults' Health and Care
- 2.3. The Director of Children's Services
- 2.4. The Director of Public Health
- 2.5. At least one representative of each Integrated Care Board which commission health services for the population of Hampshire, as nominated by the relevant Integrated Care Board
- 2.6. A representative of the Local Healthwatch organisation for Hampshire nominated by the Local Healthwatch organisation
- 2.7. A representative of NHS England (Wessex) nominated by NHS England (Wessex)
- 2.8. The Police and Crime Commissioner for Hampshire
- 2.9. A representative of Hampshire and Isle of Wight Fire and Rescue Service
- 2.10. Up to two elected members of the District, Borough and City Councils within Hampshire nominated by those Councils
- 2.11. A representative of the Chief Executives of the Hampshire District, Borough and City Councils to be nominated by those Councils
- 2.12. A representative of the voluntary and community sector nominated by the Hampshire Voluntary Sector Consortium

- 2.13. A representative of the Acute Trusts providing services in Hampshire nominated by those Trusts
- 2.14. A representative of the Community and Mental Health Trusts providing services in Hampshire nominated by those Trusts
- 2.15. A representative of the Hampshire Constabulary.

3. Proportionality

The rules relating to political proportionality for appointments to County Council Committees do not apply to the Health and Wellbeing Board.

4. Appointment of Substitute Members of the Health and Wellbeing Board

4.1. Allocation

As well as allocating seats on the Health and Wellbeing Board, the County Council will at the Annual General Meeting of the County Council in the year of the ordinary election of the County Council appoint a designated Substitute Member for each member of the Health and Wellbeing Board.

4.2. Powers and duties

Substitute Members will have all the powers and duties of any Ordinary Member of the Board but will not be able to exercise any special powers or duties exercisable by the person they are substituting.

4.3. Substitution

Substitute members may attend meetings in that capacity only:

- 4.3.1. to take the place of the Ordinary member for whom they are the designated substitute;
- 4.3.2. where the Ordinary member will be absent for the whole of the meeting; and
- 4.3.3. after notifying the Chief Executive 5 Working days before the meeting of the intended substitution.

5. Chairman of the Health and Adult Social Care Select (Overview and Scrutiny) Committee

The Chairman of the County Council's Health and Adult Social Care Select (Overview and Scrutiny) Committee shall have a standing invitation to attend Meetings of the Health and Wellbeing Board and shall, at the discretion of the Chairman be able to participate in the meeting, but shall not be able to vote on any matter.

6. Election of Chairman and Vice-Chairman of the Health and Wellbeing board

The Chairman of the Health and Wellbeing Board will be appointed by the County Council at the Annual General Meeting of the County Council in each year pursuant to Standing Order 6 of the County Council's Standing Orders. The Vice Chairman of the Board will be elected by the Health and Wellbeing Board at the first Meeting of the Health and Wellbeing Board following the Annual General Meeting of the Council in each year.

7. Voting rights of members of the Health and Wellbeing Board

All members of the Health and Wellbeing Board and any Sub-Committee of the Board shall be full voting members of the Board or Sub-Committee.

8. Sub-Committees

The Health and Wellbeing Board may appoint one or more Sub-Committees of the Board to advise the Board with respect to any matter relating to the discharge of functions by the Board.

9. Role and function

The role and function of the Health and Wellbeing Board will be:

- 9.1. For the purpose of advancing the health and wellbeing of the people of Hampshire, to encourage persons who arrange for the provision of any health or social care services in Hampshire to work in an integrated manner.
- 9.2. To provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under Section 75 of the National Health Service Act 2006 in connection with the provision of such services.
- 9.3. To encourage persons who arrange for the provision of any health or social care services in its area to work with the Health and Wellbeing Board.
- 9.4. To encourage persons who arrange for the provision of any health or social care services and persons who arrange for the provision of any health-related services in Hampshire to work closely together.
- 9.5. To undertake a Joint Strategic Needs Assessment ('JSNA') for Hampshire having regard to any guidance issued by the Secretary of State and ensuring the involvement of the Local Healthwatch organisation, the people who live and work in Hampshire and each relevant District, Borough or City Council.

- 9.6. To oversee and assure the translation of that JSNA into a Joint Health and Wellbeing Strategy ('JHWS') to address the identified health and social care needs, having regard to the extent to which the needs could be met more effectively by the making of arrangements under Section 75 of the National Health Service Act 2006 and to guidance issued by the Secretary of State and ensuring the involvement of the Local Healthwatch Organisation and the people who live and work in Hampshire.
- 9.7. To give the County Council its opinion on whether the County Council, in the exercise of its functions, is giving due regard to the JSNA and the JHWS.
- 9.8. To join up commissioning through a robust knowledge of need by ensuring the delivery of a comprehensive JHWS by the County Council, Integrated Care Boards (ICBs) and other partners.
- 9.9. To provide an opinion to ICBs and the County Council on whether commissioning plans have taken proper account of the JHWS and to give NHS England its opinion on the matter where appropriate.
- 9.10. To consider the exercise or proposed exercise of the commissioning functions of NHS England in relation to Hampshire.
- 9.11. To engage with the NHS on major service changes and reconfigurations ensuring that proposals are developed collaboratively and that they take advantage of opportunities for greater integration of services.

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Wellbeing Board
Date:	15 December 2022
Title:	Hampshire Health and Wellbeing Strategy – Healthier Communities
Report From:	Cllr Anne Crampton, Board Sponsor for Healthier Communities

Contact name: Simon Bryant

Tel: 0370 779 3256

Email: Simon.bryant@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to provide an update to the Hampshire Health and Wellbeing Board on the priorities and progress of the Healthier Communities strand of the Hampshire Health and Wellbeing Strategy and how the Districts and Borough Councils have contributed to health and wellbeing.

Recommendation

That the Hampshire Health and Wellbeing Board:

2. Note and support 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.

Executive Summary

3. The Hampshire Health and Wellbeing Strategy outlines the key priorities for Healthier Communities within Hampshire. This is a broad and multifaceted strand of the Strategy, and this paper provides an update on the delivery of the priorities along with examples of some of the good practice going on across the local system.
4. Local Communities have been central in the response to the COVID-19 Pandemic, and relationships between local authorities, the NHS, voluntary sector and community groups have been strengthened in ways which were

unimaginable previously. This partnership working has delivered a strong support offer to those most vulnerable in the community and stands us in good stead for the future as we work together on the development of the ICP strategies meeting the needs of the Hampshire population.

Contextual Information

5. The Healthier Communities priority recognises that to improve the health of the whole population and address health inequalities, all partners need to work together to address the wider social, economic and environmental determinants of health.
6. Districts and Boroughs are working with their local partners and communities to develop and promote initiatives which promote health including as part of statutory roles of planning, housing and environmental health
7. There is a broad range of partnerships and programmes taking place across the County which are highlighted in the presentation

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> Healthier Communities Deep Dive	<u>Date</u> March 2021
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

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	

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2. Equalities Impact Assessment:

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

Healthier Communities:

The District and Borough actions
that support the Health and
Wellbeing Board

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December 2022

District councils play a key role in keeping us healthy. They provide core local services, including economic development, planning, housing, leisure, wellbeing and environmental services for local communities - areas that are increasingly recognised as vital components of population health systems.



Background –

- We wanted to understand how the 11 districts in Hampshire with differing populations took action on the Health and Wellbeing Board priorities
- The majority of councils responded to the survey with actions varying from place to place.



Joint Strategic Needs Assessment

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The JSNA and associated data is being used by district and boroughs to inform policy development and actions plans, such as the Local Plan

Data is also used to inform targeted local level initiatives and service plans relating to climate change, physical environment, social and economic factors and community safety elements.

Data discussed regularly at Health & Wellbeing Partnership meetings.

Keeping people Safe and Well at Home

Extensive partnership working taking place between district/boroughs, NHS, Public Health and Fire Service. Achieved through strategy policies and Partnership Boards – Community Safety, Safeguarding, Supporting Communities.

Councils supporting a number of social issues that impact on the safety and stability of family life – homelessness and rough sleepers, hoarding, drug & alcohol use, convictions and prison and careers schemes.

Practical support provided through DFG funding for home adaptations, regular checks and maintenance carried out on council owned properties, grant funding to support mental & physical health, and improved medical access ie/defibrillators in community settings.

A lot of networks set up during the pandemic with partners and community groups are continuing with a new focus - ie/ Homes for Ukraine scheme.

Some councils have embedded **Health Begins at Home MOU** into Housing, Community and/or Wellbeing strategies and action plans with others not aware of the status or offer of training

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Planning and Licensing considerations

Consideration through the planning process has included – ensuring new development sites provide elements that support health & wellbeing including walking & cycling routes, green space, leisure & recreation facilities, community gardens etc. Also, utilising CIL to support the delivery of health facilities

Consideration through the licensing process has included - ensuring health risks are mitigated in relation to environmental health issues (noise, pollution, air quality, healthy houses) and also safeguarding measures in relation to taxi drivers.

Further working with Public Health would be useful around other elements such as fast food outlets

Partnership working with PCNs

All district & boroughs are collaboratively working with PCNs, CCGs and other teams including Living Well Team and Social Prescribers.

Regular meetings being held to facilitate partnership working and discuss service model approaches between partners - such as which organisation is best placed to run the GP referral scheme.

Suggestion that there could be more of a coordinating role between PCN's and Local Authorities.

Living Well Priorities and commitment to a systems approach to (eg) obesity

Will your organisation commit to the system approach to obesity and where relevant smoking in pregnancy?

Most district & boroughs are delivering a variety of measures that aim to increase physical activity and promote active lifestyles, such the Get Up and Go scheme, promoting ShapeUp4Life. These initiatives in turn help to address obesity rates.

Further engagement is required on other initiatives.

What can your organisation do to support the holiday activities?

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Most district & boroughs are promoting and signposting to holiday activities taking place through partner organisations. Support is also being provided to other key partners that support families such as food banks, community centres.

Some councils also operate their own play scheme programmes though the holidays to support mental wellbeing, encourage participation in sport and foster healthy relationships.

What is your organisation doing to tackle domestic abuse

Most district & boroughs are addressing this as part of a multi-agency approach through Housing and Community Safety Teams.

Signposting to relevant organisations, and referrals being made to key agencies.

Many councils are further developing the work in this area, associated policies and action plans, and are looking to appoint champions/ambassadors.

What actions are being taken in your organisations to tackle mental health as a result of the pandemic

Mental Health is a key priority for many of the district & boroughs, for staff and residents.

Partnership working and signposting to key organisations including MIND, MHA, CAB, leisure centre providers, PCN's and Social Prescribers.

Community initiatives being delivered such as the Health Coach Project, Dementia Festivals, Debt Support, 'Every Mind Matters', participation in Mental Health Awareness Week.

Not all councils have identified a champion/sponsor for suicide prevention. Many do have Lead officers in place.

Most councils are providing training sessions, some with inhouse trained specialists, to frontline staff and case managers.

Theme Priority Areas (October 2021)

Basingstoke:
Supporting the development of a new hospital in the borough.

New Forest:
'We Can Be Active' project to be delivered with Everyone Active.

East Hampshire:
Green initiatives that will help support the environment.

Eastleigh:
School's mental health & wellbeing conference, re-establishing Local Children's Partnership

Hart:
Facilitating the Hart and Rushmoor Local Children's Partnership.

Winchester:
Producing a new Local Plan by 2024.

Projects to support the Healthier Communities Objectives

The Activity Buddy Scheme

- The Activity Buddy Scheme was launched in June 2022 and forms part of EBC's 'We Are Undefeatable Campaign' which targets the extremely clinically vulnerable to encourage them to lead a more active and healthier life. To date, 9 individuals with a mental or physical disability have been matched with a physical activity buddy.

Holidays Activity and Food (HAF) Programme

- EBC coordinated the delivery of the summer HAF programme which provided 365 individuals on a low income or in receipt of free school meals with an opportunity to enjoy fun, creative learning days and a free hot lunch at Itchen Valley Country Park. EBC plans to run similar schemes through HAF in Easter and Summer 2023.

Warm Welcome

- EBC recently launched 'Warm Welcome', working in partnership with community organisations to create a directory of warm spaces across the Borough that people can access for free, keep warm and get involved in an activity. A total of 13 venues have signed the Eastleigh Warm Welcome Charter, with more organisations also looking to offer their venue as warm space over the winter period.

Park Sport Programme

- Park Sport, an annual activity programme for young people aged 5-16, attracted a total 2,382 people over a four-week period across the summer and provided discounts for families in receipt of benefits. There was an increase in female participation and overall attendance from bookings compared to last year.



Projects to support the Healthier Communities Objective

- NFDC working with local art therapy charity hArt, have developed a programme of Arts on Prescription. The programme offers targeted support for identified individuals aged 18+ referred with high level mental health issues. The 12 week set programme of 2 hours per session. The exit route for these programmes are Creative Cafés that are also run by the organisation.
- Taken an Asset Based Community Development approach to community engagement within one of our most isolated communities that has large social housing and high levels of ethnic diversity. By working with trusted partners in the respective communities we have been able to bring them together, identify key issues and opportunities to grow the pride of place and community cohesion. It has enabled us to pilot the wrap around support to this community.
- NFDC have been working with community organisations to offer wrap around support to targeted communities. By having Citizens Advice and members of various Council departments (on a rota basis) attend community settings alongside the local Food Larders it allows us to have significant conversations with members of the communities that are in most need getting support to individuals and improving the efficiency of the teams
- Through the Local Children Partnership we have piloted the Back to Basics campaign aimed at supporting school age young people to manage their mental health and to train significant adults to have constructive conversations regarding the basic steps that can help to improve resilience, such as increasing activity levels, getting enough sleep, eating healthily etc.
- As part of a consortium with Citizens Advice New Forest, local charities and the local food banks the district have commissioned a Cost of Living report that has highlighted the issue locally. The group was also successful in getting funding from the Trussell Trust to appoint a Local Campaigns Manager to support vulnerable people with regards the cost of living crisis.

Case Studies

East Hampshire District Council – Projects to support the Healthier Communities Objectives

- East Hampshire Locality Leisure and Health Service in partnership with Everyone Active, PCN's and EHDC. This is a new project which has been piloted in East Hampshire and has been running for six months. There are 1 full time Health Coaches in each Leisure Centre, to provide a bespoke client physical activity plan for six months. This is a free service (to those in receipt of benefits) for people aged 11 years plus. The project has seen over 500 referrals from GP's and Social Prescribers with Depression/Anxiety, Obesity and Hypertension being the main referral reasons.
- Established a close working relationship with the three PCN's to ensure that there are a wide range of Community health roles across the district such as Social Prescribers and Children and Young People Mental Health Workers/Social Prescribers.
- The Welfare fund has commissioned a dedicated debt adviser employed by Citizens Advice to work with vulnerable people and address the rising concerns of the Cost-of-Living Crisis.
- Annual Dementia Festival to provide key information for people and their families living with Dementia. Provide Dementia Friendly activities including Dementia Walking Football and a Dementia Choir.

Case Studies

Winchester City Council - Projects to support the Healthier Communities objectives;

- **Half term and School Holidays**

In partnership with local coaching provider ActiveMe 360, Winchester City Council organise daily sports/activity sessions across identified areas of the district during half term and school holidays; focusing on children living in deprived areas. Our previous programme;

- Attracted just over 200 girls and boys aged 5-13 years.
- 31% of children engaged were deemed 'inactive' by their parents.
- 82% of children rated the programme as 'highly enjoyable'.

- **Winchester Park Yoga**

Winchester City Council organised free park yoga sessions to residents within the local community of St Michael's Ward during May – September 2022 to improve physical activity rates, mental wellbeing and to promote active lifestyles. On average just over 50 people of all ages and abilities attended each week.

- **Munch Nutrition**

Winchester City Council supported Munch Nutrition to deliver educational sessions with parents and children on healthy lifestyles, cooking and nutrition.

- **Primary School Sports Programme**

In partnership with local coaching provider ActiveMe 360, Winchester City Council support the delivery of a number of activity programmes across our local primary schools within the district.

Case Studies

Test Valley Projects to support the Healthier Communities objectives.

A focus on our ward of highest deprivation in Andover. This is an ICB funded multi –agency community lead approach to address health and wellbeing inequalities, initiatives include:

- Walk ‘n’ talk for mental health walks and
- Training 4 local Mental Health First Aiders
- Grow your own food project
- Community gardens
- Mental Health drop-ins
- Family drop-ins, craft & lunch in school holidays
- Mental Health & Young People strategy and action plan which is an Andover Vision project to pull together and coordinate the support for children and young peoples mental health

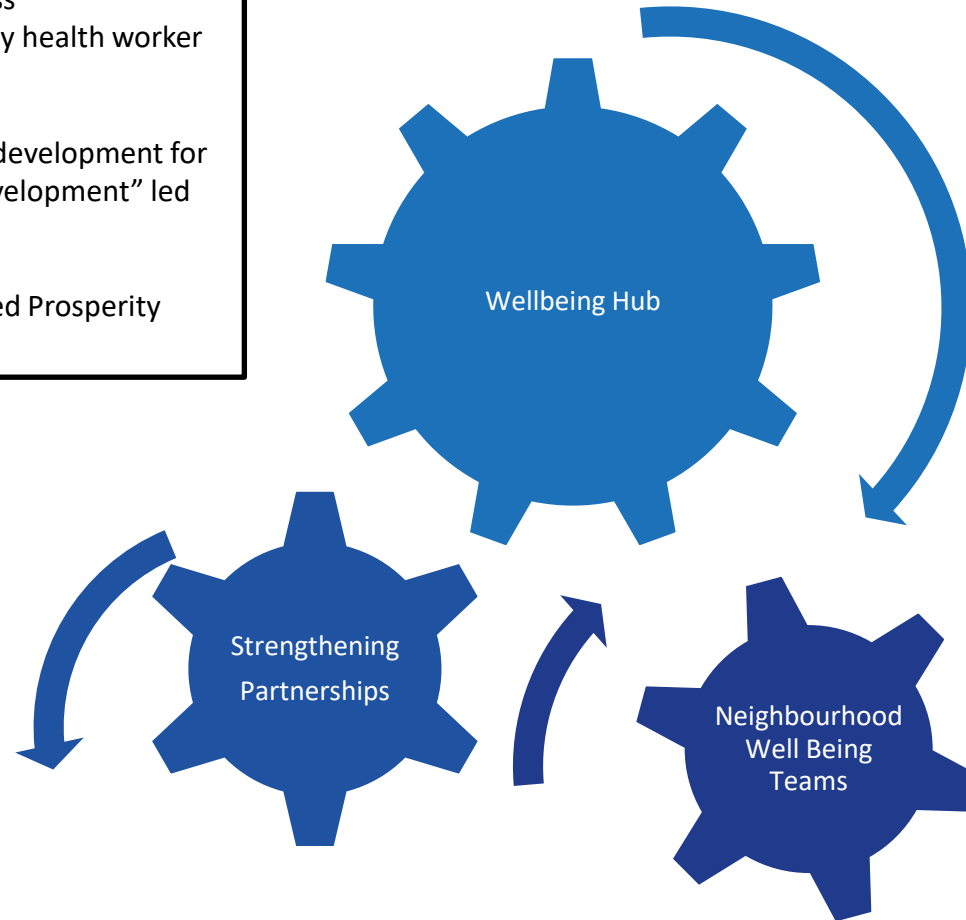
Wider Test Valley

- Health Walks continue to be run by Test Valley with 150 people walking each week run by 38 volunteers
- Cost of Living work including grants and signposting to support as part of the Test Valley Partnership priorities
- Employment of Mental Health specialist within the Housing Team to work with people in crisis often linked to mental health.

Creating a Health & Well Being Movement in Andover

Investing in community partnerships

- Exploring colocation opportunities across TVBC/ICB/PCN/VCSE linked to community health worker proposals and health hub.
- Investing in programme of learning and development for partners in “Asset Based Community Development” led by Nurture.
- Utilizing opportunities through the Shared Prosperity Fund to pilot this work.



Develop the existing Andover C-19 Vaccination site, located at Chantry Centre into a Health Hub. This is proof of concept project to inform the future Andover MasterPlan and the development of a Well Being Quarter.

The objectives of this project are:

- Provide a shared estate to deliver health & care interventions driven by need to the Andover Population
- Improve population health through delivery of accessible preventative health that is integrated with wider social determinants
- Evaluate high street location as an effective delivery vehicle for Health
- Improve high street services, increase footfall and contribute to local economic growth

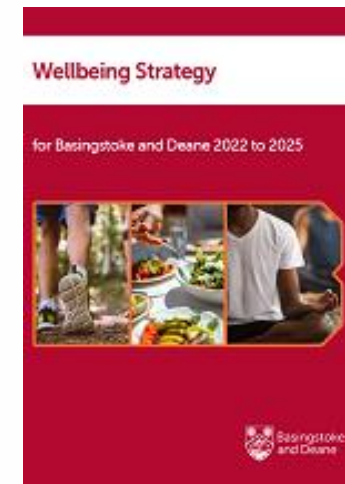
Establish Neighbourhood Well Being Teams working in neighbourhood locations in most deprived areas based on community health worker model. Working in a proactive, approach that wraps around household to connect with Social, Health & VCSE services

Outcomes:

- Improved Health & well being amongst deprived populations
- Gather insights on the needs of local communities
- Creates Community Cohesion and strength-based communities
- Provides employment routes into health & care from our communities that use services the most, ensuring that our workforce reflect our communities better
- Create jobs and apprenticeship opportunities breaking cycles of poverty

Projects to support the Healthier Communities Objectives:

- ❑ Working with Solutions4Health to ensure their weight management services are clearly visible and accessible throughout the borough. Currently five courses in Basingstoke and Deane, including one located in the Health Hub in town centre.
- ❑ Council commission “Relax Kids” to work with young children to tackle anxiety in schools. These 6 week sessions receive very positive feedback from pupils, teachers and parents and often schools commission further sessions once “taster” has ended.
- ❑ An online Wellbeing Toolkit which covers topics such as physical activity, healthy eating and self-care. It contains links to signpost people to local services.
- ❑ Developing a programme which will see Cookstars Basingstoke deliver healthy cooking sessions for young people. These courses will cover nutritional and wellbeing education.





Here for Hart – An example of effective partnership working



- **Hart District Council (HDC) Community Partnerships Team have created 'Here for Hart'.**

It is the umbrella under which we are **working with our partners and communities to help people, stay well, feel included in their community and supported** through the challenges they face.

- HDC work with health, leisure and voluntary sector to **identify and address gaps in local activities and support with grants.**

- Creation of the **'Here for Hart' Directory of Services** in partnership with Hart Voluntary Action. An Online Directory with over 450 organisations that can offer local help, support and information [Here for Hart Directory](#)

- HDC have run numerous **virtual and face to face events** in the last 18 months, to ensure that health, leisure and voluntary sector are **working together on key themes** including, Community Recovery (from Covid), Young People's Wellbeing, Older Person's Wellbeing, Hypertension, Physical Health and, Mental Health & Wellbeing.

- HDC also run **meetings with a core group of 'Here for Hart' partners** every couple of months to share **concerns, ideas and solutions to 'PermaCrisis' events** that are having major impact on the community . These include Homes for Ukraine and Cost of Living Crisis.

- HDC are also able to use the 'Here for Hart' network to **mobilise events at very short notice.**

A key example is a number of engagement events for Hosts and Ukrainian guests with key partners including Hart Voluntary Action, Citizen's Advice Hart, DWP, Hampshire Libraries (Fleet & Yateley), TalkPlus, iTalk and Richmond Fellowship.

- In summary, a **positive that has come out of Covid is greater partnership working**, where HDC can **engage with more organisation, more rapidly, and greater numbers especially through Teams.** This enables more effective support for residents both online and face to face.

Next Steps



Further engagement and clear asks from the Health and Wellbeing board



Further connection through the Hampshire Place Assembly



Lead Member and Chair to meet with District leads



New Partnership Post

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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Wellbeing Board
Date:	15 December 2022
Title:	Household Support Fund
Report From:	Suzanne Smith, Assistant Director, Children’s Services

Contact name:

Tel: 01962 845450

Email: Suzanne.smith2@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to outline the approach for allocation of the Department for Work and Pensions (DWP) Household Support Fund Extension across Hampshire for the period October 2022 to March 2023.

Recommendation(s)

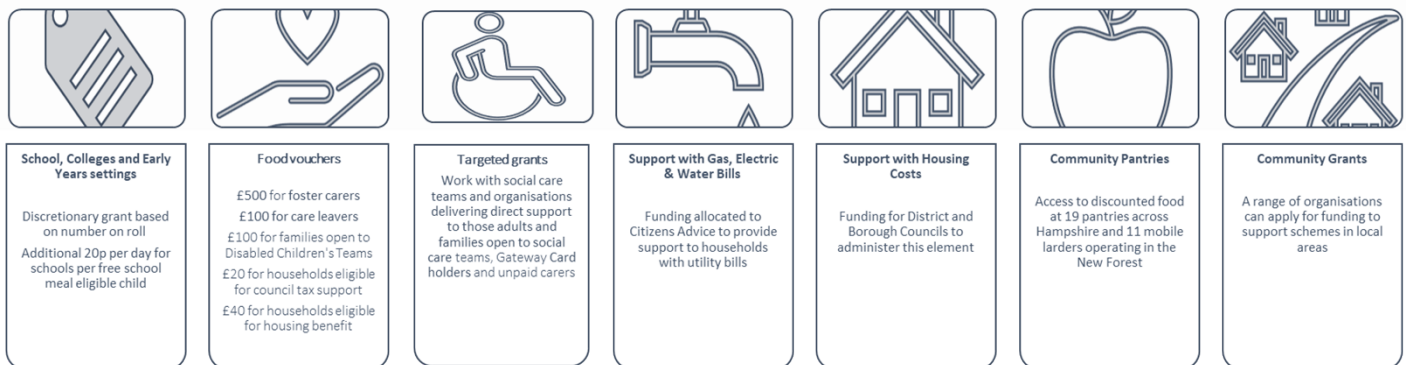
That the Hampshire Health and Wellbeing Board:

2. Note the wide range of schemes available to support vulnerable households during the winter.
3. Share details of the offer and signpost to households who may benefit from the initiatives in place.
4. Encourage local organisations to apply for community grants.
5. Encourage households to use their local community pantry

Executive Summary

6. This report seeks to outline the approach and allocation of funds for the DWP Household Support Fund extension across Hampshire. A key aim for the programme will be to continue to support sustainable and environmentally beneficial food poverty support.

- Although the grant no longer has ringfenced spend relating to types of households, the grant guidance stresses that the fund is intended to cover a range of low income households including families with children of all ages, pensioners, unpaid carers, care leavers and disabled people. The proposed Hampshire offer has initiatives in place to support these targeted cohorts.
- The diagram below summarises the schemes on offer from the scheme.



Contextual Information

- On 26 May 2022 the Government announced, as part of measures to provide help with global inflationary challenges and the significantly rising cost of living, that the £421m Household Support Fund (HSF) would be extended from 1 October 2022 to 31 March 2023.
- The final guidance relating to the grant extension was shared with local authorities on 30 September 2022 ([Household Support Fund: guidance for local councils - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/household-support-fund-guidance-for-local-councils)). The guidance confirms that Hampshire County Council's allocation is £7,124,127.25, to be spent between 1 October 2022 to 31 March 2023. Despite being a grant extension, any grant underspend from the grant relating to the previous period cannot be carried forward and there are some changes to the grant guidance.
- The DWP's expectation is that the grant should primarily be used to support households in the most need particularly those including children and pensioners who would otherwise struggle with energy bills, food and water bills. Energy bills may be of particular concern to low income households during the period of the scheme and Local Authorities should especially consider how they can support households with the cost of energy. It can also be used to support households with essential costs related to those

items and with wider essential costs. In exceptional cases of genuine emergency it can additionally be used to support housing costs where existing housing support schemes do not meet this exceptional need.

4. The main change to the grant for October 2022 – March 2023 compared to previous Household Support Fund allocations is that there is no ringfence of any proportion of the funding for specific cohorts of people. However, there is a requirement for all Authorities to operate at least a part of their scheme on an application basis. This means residents should have the opportunity to come forward to ask for support. There is also an expectation of Authorities to particularly consider those groups who may not have benefitted from any of the recent cost of living support.

Performance

5. All funding granted to third party organisations (including schools, colleges, early years providers and district and borough councils) will be supported by a grant agreement setting out the conditions of the funding as well as reporting requirements.
6. Third party organisations will be required to report to the County Council on how they have spent the funding provided, in line with the DWP grant criteria.
7. The management information required by the DWP for this grant round will require a more granular data collection from grant recipients. For each award as well as the spend and volumes, the number of households is also required. Whereby, if one family received £15 food vouchers from their schools for their 2 children this will be reported as a total spend of £30, with a volume of 2 for 1 household.
8. Spend information is required by;
 - Household composition (household with children, with pensioners, with a disabled person or other)
 - Category (energy and water, food excluding FSM support in the holidays, free school meal support in the holidays, essentials linked to energy and water, wider essentials or housing costs)
 - Type of support (vouchers, cash, third party, tangible item or other)
 - Access route (application based, proactive support, other)

Consultation and Equalities

9. Consultation and engagement have been undertaken as part of developing and delivering the connect4communities programme.
10. School and colleges have previously been consulted regarding their preferred method of supporting children with food by way of a questionnaire.
11. An Equalities Impact Assessment has been completed and is included in this report.

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

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
Agenda for Executive Lead Member for Children's Services Decision Day on Tuesday, 22nd November, 2022, 2.00 pm About the Council Hampshire County Council (hants.gov.uk)	22 November
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>
Household Support Fund: guidance for local councils - GOV.UK (www.gov.uk)	

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>

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:

Please use the link below to access the full equalities impact assessment. The implementation of the programme will have either a positive or neutral impact on groups with protected characteristics.

[EIA0335-DWP-HouseholdSupportFundExtension-October2022.pdf \(hants.gov.uk\)](#)



Cost of Living *Resources*

Table of Contents

- National Context: Overview, Analysis and Impact
- Government Support
- Local Authority Response
- District and Borough Council Response
- Hampshire and Isle of Wight Fire and Rescue Service
- Voluntary and Community Sector
- Mental Health and Wellbeing
- Partner Landscape – Health

National Context

This overview was compiled as part of the Hampshire County Council Cost of Living workstream overseen by the Care Governance Board. The national context remains largely unchanged and there is a growing body of research and evidence pointing to primary and secondary impacts of cost of living on both Hampshire residents, and the public sector workforce.

- **UK inflation continues to remain at a high level.** The Consumer Prices Index (CPI), including owner occupiers' **housing costs** (CPIH) rose by 8.8% in the 12 months to September. Over the same period, CPI rose by 10.1%, up from 9.9% in August. The Bank of England measures the current **inflation rate at 10.1%** (against a Government target of 2%) and expects it to remain above 10% for several months before showing any decline¹.
- The **rising cost of food** is driving the latest rise in living costs, along with energy bills and transport costs. Overall, the price of budget food in supermarkets rose by 17% in the year to September according to the ONS. The rise in the cost of groceries has been accelerated by the war in Ukraine, which has disrupted grain, oil and fertiliser supplies from the region².
- **Household energy bills increased** by 54% in April 2022 and were due to increase by a further 80% in October. The new **Energy Price Guarantee** will limit the October increase to 27%. There is **no price cap on non-domestic energy** so increases in business energy bills could be larger still, affecting the economic viability of some and feeding through to higher consumer prices in general³.
- The Financial Conduct Authority (FCA) reported that an **increasing number of people are struggling to keep up with their bills** (7.8m people – an increase of 2.5m people since 2020). They also report that one in four people are in financial difficulty or could quickly find themselves in difficulty if they suffered a financial shock⁴.
- **Increased strike action** is also anticipated across a range of Public Sector occupations, including nurses, teachers, firefighters.
- National Grid has warned of the risk of **short periods of blackouts** during the hours of 4pm and 7pm on the coldest days during January–February.
- **Increased risk of fraud** – e.g., Citizens Advice research found that more than three quarters of UK adults said they have been targeted by a scammer this year – a 14% increase compared to this time last year (see here).
- **Recent polling by Age UK** on social care and the cost of living found that 10% of over 60s have or are planning to scale back their social care because of affordability issues.

Citizen's Advice Analysis

- The number of clients who have had pre-payment meters fitted due to fuel arrears and debt has significantly increased.
- In the last eight months, fuel voucher requests have gone up by around 300%. This evidences a steady growth of clients unable to pay their energy bills.
- There is a significant rise in the number of social tenants accessing citizens advice with cost of living issues as well as private tenants and homeowners.
- There has been a rise in people going to citizens advice for debt assessments, in turn this shows there are more clients in fuel debts and council tax arrears.
- There has been a large increase in the number of clients threatened with homelessness.
- Since October 2020, there has been a significant rise in people asking for practical energy saving advice, as well as energy efficacy measures (non-eco) and a decrease in clients asking for building repairs and improvements.
- The number of clients being supported with fuel debt increased to over 800 in Oct 2022 from just under 100 in May. There has been a steady increase in sewage and water debts over the same period.
- On average citizens advice are seeing more clients that have a long term health condition or disability for cost of living issues.
- Foodbank usage has more than doubled in the last two years. The age range accessing foodbank support the most is 35 – 44, but there was a significant rise in all age groups, specifically in the over 65's and under 25's.
- There has been a rise in charity support and localised social welfare.

Disproportionate Impact

The rising cost of living is not impacting everyone equally. People who are already experiencing inequity and poverty will be disproportionately affected. Analysis to understand population cohorts most impacted and at risk of poor health outcomes during cold weather may be beneficial.

People with a disability

- People with a disability typically spend more on essential goods and services, like heating, insurance, specialist equipment, accessible transport and specialist food and therapies. This cohort of the population has already faced disproportionate impacts from Covid – with many people with a disability continuing to live in social isolation (increasing dependency on energy usage within their home).
- Polling of 1000 families with a disabled child or adult in their household across the UK in 2022 found that 72% said they have been
- 55% of disabled adults reported difficulty paying energy bills, 36% difficulty with housing payments (compared with 40% and 27% of non-disabled people respectively). pushed into debt this year due to increases to food and energy prices. More than half (55 per cent) admitted to borrowing money from friends and family to pay bills, with two in five (40 per cent) saying they will go without food to save money. More than three quarters (77 per cent) said the financial pressure is affecting their mental health.

Ethnic minority households

- Black or Black British adults are finding it most difficult to afford energy bills at 68%, compared to 59% of Asian or Asian British adults and 44% White adults.

Low income households

- Higher costs increase the risk of more people falling into problem debt, particularly for lower income families. People in problem debt are nearly three times as likely to have 'bad' or 'very bad' health. The cost-of-living crisis is a health emergency too – The Health Foundation
- Adults who paid their gas or electricity by prepayment (72%) more frequently reported difficulty affording energy than those who pay for gas and electricity using either direct debit or one-off payments (42%) 5.

Families with dependent children

- One in five UK households containing dependent children experienced fuel poverty in 2020 – Institute of Health Equity

Cold weather and fuel poverty can exacerbate poor health and wellbeing, including:

- Respiratory problems
- Circulatory problems
- Long term conditions (e.g., Diabetes) and Dementia
- Physiological thermoregulation in older people
- Mental health – constantly worrying about having enough money to pay bills or buy food can also lead to stress, anxiety and depression. Chronic stress also has impacts on physical health including high blood pressure and weakened immune systems.

The **Centre for Progressive Policy** vulnerability Index looks across: fuel poverty, food insecurity, child poverty, claimant count, economic inactivity and low pay

Government Support

Access to Government support is largely automatic for those eligible except for the Household Support Fund. Government continues to promote 'usual' support e.g., child benefits, winter fuel payments, free school meals etc. Further announcements pending the Autumn Statement, now expected on 17 November 2022.

[Energy Bills Support Scheme](#)

All households with a domestic electricity connection in England, Scotland and Wales are eligible for the £400 discount.
Application: Automatic – no need to apply

[Energy Bill Relief Scheme](#)

The scheme will be available to everyone on a non-domestic contract including:

- businesses
- Voluntary Sector organisations, such as charities
- Public Sector organisations such as schools, hospitals and care homes who are:
 - on existing fixed price contracts that were agreed on or after 1 December 2021
 - signing new fixed price contracts
 - on deemed / out of contract or variable tariffs
 - on flexible purchase or similar contracts

Application: Automatic – suppliers will apply reductions to the bills of all eligible non-domestic customers.

[Household Support Fund](#)

Made available to County Councils and Unitary Authorities in England to support those most in need to help with global inflationary challenges and the significantly rising cost of living.

[Help for Households – Business Partners](#)

Various schemes operated by retailers and independent businesses as set out online.

Local Authority Response

The County Council's focus on making the most of the wide range of information and support services already available is largely in line with other local authorities. Further data analysis could help HCC better understand the equality impacts and target information, advice and support.

[Cost of living hub | Local Government Association](#)

- Themes around: Food, Fuel, Health, Money, Partnerships, Skills and Employment
- Around 15 district councils have declared a "cost of living emergency" – some of these involve "cost of living plans" which largely involve co-ordinating and highlighting existing support alongside targeted distribution of the Household Support Fund

[CCN Budget Analysis](#)

- The level of additional inflationary and demand costs are more than double that of previous estimates by PwC for CCN – at **£3.5bn in inflationary costs**.
- County leaders warn any further funding reductions would be '**worse than austerity**'. CCN says that some of its member councils would regrettably propose a 'core offer' or minimum level of service to stave off financial bankruptcy – meaning councils would **only be able to deliver statutory services**

Local information and resources:

- Hampshire – [Keep Warm Keep Well](#) and [Connect to Support Hampshire](#)
- Hampshire Adults' Safeguarding Board – National Safeguarding Adults Week 2022: [Cost of Living / Fuel Poverty and Safeguarding](#)
- Southampton – [Getting help with the Cost of Living](#)
- Isle of Wight – [Cost of living](#)
- Portsmouth – Cost of living was the topic for the [Big Portsmouth Survey](#)

Hampshire County Council response is coordinated centrally through a cross-departmental officer working group. Key messages have been shared with external providers to ensure support and referral information are signposted.

District and Borough Council Response



[Test Valley Borough Council Cost of Living Support](#)



[East Hampshire District Council Cost of Living Support](#)

Colleagues are currently working up a proposal for EHDC funded financial support to compliment the County's Household Support Fund.



[New Forest District Council Cost of Living Information](#) and digital pamphlet outlining help and support available to New Forest residents.



[Rushmoor Borough Council Cost of Living Help](#)

Updates expected in light of the Autumn Budget Statement.



[Eastleigh Cost of Living Support Page](#)

A webpage containing information, guidance, advice and support for those experiencing financial hardship due to the cost of living.

[Warm Welcome Scheme](#)

A list of organisations and venues who are part of the our Warm Welcome directory and who are offering places which people can access for free to take part in activities, have a cup of tea and stay warm over the winter months.



[Havant Cost of Living Support](#)

Working alongside other local organisations who are providing information to the public, including Citizens Advice, Community First and the Libraries, among others. Encouraging those offering warm spaces to sign up to the national directory.

Hampshire and Isle of Wight Fire and Rescue Service

Hampshire and Isle of Wight Fire and Rescue Service have developed clear set of key messages to help spot signs of vulnerability due to increasingly risky behaviours in response to Cost of Living challenges – focused on ‘the 5 Cs’.

Behaviours include using more candles instead of electric lights, lighting open fires and using other alternative forms of heating, such as plug-in heaters, alternative ways of cooking, such as camping stoves, people choosing to live out of one room only – need for smoke detection/carbon monoxide alarm in main living space.

The crews are guided and supported to engage sensitively with those in the community affected by the cost of living challenges.

[Hampshire & Isle of Wight Fire & Rescue Service – Cost of Living](#)

[HIWFRS Home Fire Safety Card](#)

[HIWFRS Cost of Living Digital Partners Asset](#)

COST OF LIVING SUPPORT

With the rising cost of living making this a challenging time for many, we want to make sure residents across Hampshire and Isle of Wight know how to keep themselves, their loved ones and their homes safe from fire.

We need the support of our valued and trusted partners to help us reach and support the most vulnerable members of our community who may be in fuel hardship.

Our five Cs: carbon monoxide, cooking, clothing, candles, chimneys, highlight home fire safety risks that people may be taking as they respond to increased living costs.

HOW WE CAN HELP - SAFE AND WELL VISITS

We're now offering Safe and Well home fire safety visits to even more members of our communities to help protect them and their homes from fire at this challenging time.

During a Safe and Well visit we will:

- **Identify any potential fire risks** and discuss with the occupier how they can prevent or reduce the risk
- **Ensure occupants have working smoke alarms**, install where necessary, and advise on maintenance and testing
- **Ensure occupants have carbon monoxide detectors**, where needed, install if necessary and discuss the dangers
- **Help put together a household escape plan** and identify any mobility issues that may impede an evacuation
- **Issue fire retardant bedding, furniture throws and nightwear** where needed
- **Give basic advice** on topics such as falls prevention and smoking

WHO DO WE VISIT?

- Those you're concerned might be struggling with fuel hardship
- Ages 65 and over
- Evidence of fire risk concerns - e.g. burn marks on bedding and furniture
- Signs of hoarding
- Signs of unsafe cooking practices
- Hearing impairments - might not hear a smoke detector sounding
- Cognitive impairments that would impact their response and ability to evacuate
- Mobility impairments that would impact their ability to evacuate
- Anyone who is substance or alcohol dependant

HOW YOU CAN SUPPORT US

If you're concerned somebody is in fuel hardship, displaying unsafe practices in their home (think 5 Cs), or meets the other criteria for a home fire safety visit, we need your help so we can get in touch and support them.

- **Make a referral on our website** - be sure to include as much detail as possible, including that this is a fuel hardship referral in the comments box

023 8062 6751
community.firesafety@hantsfire.gov.uk

If you can, speak to the individual first about Safe and Well so they're not surprised to hear from us and know help is on the way.

Thank you for playing your part to help us to support our community during these challenging times.

THE 5 Cs

- Carbon Monoxide**
Do you know it's your landlord's job to make sure a carbon monoxide alarm is fitted in your home?
- Cooking**
Barbecues and camping stoves are unsafe to use indoors and put you at risk of carbon monoxide poisoning
- Chimneys**
Get yours swept and checked professionally if you're planning to light an open fire this winter
- Clothing**
Beware where you dry clothes. Clothes can get caught on electric heaters and burn
- Candles**
Keep lit candles away from curtains and bedding and be sure to blow out when you leave the room

Look out for these signs that may indicate someone you meet is struggling with fuel costs:

- Living primarily in one room,
- Using plug-in heaters, or other alternative heating arrangements;
- Increased use of candles or alternative source of lighting;
- Concerns over cooking



Voluntary and Community Sector



Energise Me have access to grants for organisations to apply for support to help through the cost of living crisis, where here this might stop physical activity taking place e.g. cost of putting floodlights on, people or families having to stop activity because they can't afford it etc.

[Covid-19 Emergency Funds for physical activity and sport – Energise Me](#)

They can also help youth organisations or organisations working with young people, with investment to build physical activity into their offer.

[Energise YOUTH Funding – Energise Me – Hampshire and Isle of Wight](#)

An important message came from Thomas Richardson, Associate Professor of Clinical Psychology University of Southampton in a recent Cost of Living Summit to build low cost or no cost physical activity into weekly schedule to help manage mental health.



Action Hampshire has launched a [Cost of Living resource page](#) – this signposts individuals and VCSOs to information and guidance.

Mental Health and Wellbeing



[Mental Wellbeing Hampshire](#) is a partnership of organisations working to support good mental health and wellbeing in our communities, promoting key public health messages and signposting to services.

Money and Mental Health Partnership is a multi-agency partnership coordinating work aimed at promoting financial and mental health literacy and increasing workforce knowledge, confidence and skills across organisations working with people at risk of poor financial and mental health.

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[Chat About](#) is a free scheme encourages organisations and businesses to offer a space to connect with others, and staff to undertake mental wellbeing training and gain awareness of where to signpost.

Partner Landscape - Health

The **Hampshire and Isle of Wight Integrated Care System** website includes a [Winter help and support page](#) with links to support and information available via local authorities and wider communities.

The **Hampshire and Isle of Wight Integrated Care Board** has also initiated a series of meetings of health and local authority representatives to explore opportunities for sharing information and joint approaches.

The **Hampshire Place Assembly** has identified Cost of Living as a priority area, to be the topic of a session in early 2023. The Hampshire Joint Strategic Needs Assessment has also recently been updated and is being promoted with partners on the **Hampshire Health and Wellbeing Board**.

Hampshire Hospitals NHS Foundation Trust have put into place a wellbeing hub, rewards platform, updated mileage rates, benefits page, foodbank contacts, hardship fund and have welcomed feedback and ideas from staff. Salary advance scheme and further extension of salary sacrifice offerings are currently being explored.

Southern Health NHS Foundation Trust have taken the approach of supporting the workforce has been through a combination of listening into action, temporary changes to terms and conditions (mileage rates), and signposting people to avenues for confidential financial wellbeing support as well as support for Pre-registration Clinical Apprentices, pension support and newsletters, bringing forward the Christmas pay day, discretionary use of faster payments for staff, supplementing the cost of meals at work and therapeutic meals support. Instant pay and longer term pay and reward options are currently under consideration. A dedicated Financial Wellbeing page on staff portal links to Citizen's Advice, cost of living helpline (HloW ICB), discounts/lifestyle support, energy bills and saving, fuel hardship and fire safety advice, food banks, housing advice (ICB Housing Hub), money service advice, salary sacrifice schemes, union support and hardship funds, and Employee Assistance Program (EAP).

Frimley Health and Care have set up this [Cost of Living support page](#).

thank
you

Please circulate this widely across and beyond
your organisations as needed.



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connect4
communities

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Household Support Grant Briefing

Background and context

- This extension to the Government's Household Support Fund will see £421 million distributed through county and unitary councils to support households in the most need with food, energy and water bills, during the period October 2022 to March 2023.

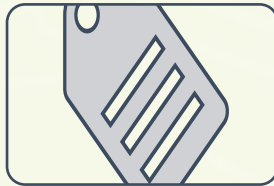
Page 64 The fund can be used to support households with essential costs related to those items and with wider essential costs. Additionally, in exceptional cases of genuine emergency, it can be used to support housing costs where existing housing support schemes do not meet this exceptional need.

- In a change to previous schemes, there is no ringfence of any proportion of funding within this round, and a requirement to operate at least part of the scheme on an application basis has been introduced.
- The Household Support fund will continue to be administered by the connect4communities programme.

In Hampshire

- Hampshire County Council's share of the Household Support Grant is **£7.124 million**. Local authorities must spend the funding between 1 October 2022 and 31 March 2023.
- Hampshire County Council has worked with partners, including representatives from the voluntary and charitable sector, Adults' Health and Care, Local Children's Partnerships, the Supporting Families Programme, Schools, Colleges, Children's Social Care, Early Years and Childcare providers, libraries, catering and supplies teams, and communications to further develop the '**connect4communities**' programme.

The connect4communities programme



School, Colleges and Early Years settings

Discretionary grant based on number on roll
Additional 20p per day for schools per free school meal eligible child



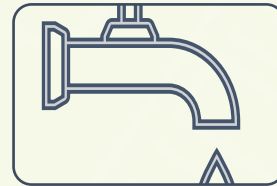
Food vouchers

£500 for foster carers
£100 for care leavers
£100 for families open to Disabled Children's Teams
£20 for households eligible for council tax support
£40 for households eligible for housing benefit



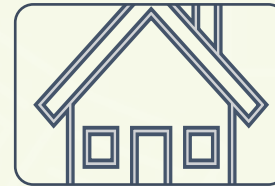
Targeted grants

Work with social care teams and organisations delivering direct support to those adults and families open to social care teams, Gateway Card holders and unpaid carers



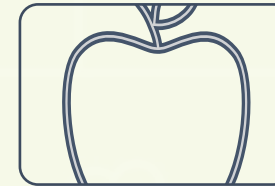
Support with Gas, Electric & Water Bills

Funding allocated to Citizens Advice to provide support to households with utility bills



Support with Housing Costs

Funding for District and Borough Councils to administer this element



Community Pantries

Access to discounted food at 19 pantries across Hampshire and 11 mobile larders operating in the New Forest



Community Grants

A range of organisations can apply for funding to support schemes in local areas

Connect4Communities Directory – signpost to what is available locally
Supply of **air fryers** for households without access to economic cooking facilities



connect4
communities

Food vouchers

- All care leavers not in prison will receive two **£50 vouchers for food**: one in January 2023, another in March 2023
 - Vouchers will be issued through Care Leavers Teams and will be redeemable in a range of supermarkets
 - An estimated **678 care leavers** and **103 young people aged 16+ in supported lodgings** will benefit from these vouchers
- 517 in-house **foster carers** will receive **£500 food voucher** to contribute to the cost of living this winter
- District councils will distribute food vouchers: **£20** to households in receipt of **council tax support**, and **£40** to those only in receipt of **housing benefit**. This support should benefit nearly **86,000** households.

Those with disabilities & unpaid carers

- Two £50 food vouchers for **670 families of children** open to the Disabled Children's Team leading up to Christmas
- Work with social care teams and organisations providing direct support to enable grants to be targeted towards further support over the winter period. Around **7,000 adults** with disabilities and **2,000 Gateway Card holders** could benefit from this funding.
- Work with organisations that support approximately **133,000 unpaid carers** in Hampshire to reach those most in need of support.

Support with utility bills

- Support available through local Citizens Advice branches.
- Grant funding provided to enable Citizens Advice to provide **targeted support with fuel bills**. Individual awards dependent upon circumstances.

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Working with Citizens Advice will reduce the potential for double funding with other grants available which, in turn, will ensure that any financial support can be provided alongside broader support and advice.

- Around **1,700 households expected to benefit** from this support.

Exceptional housing support

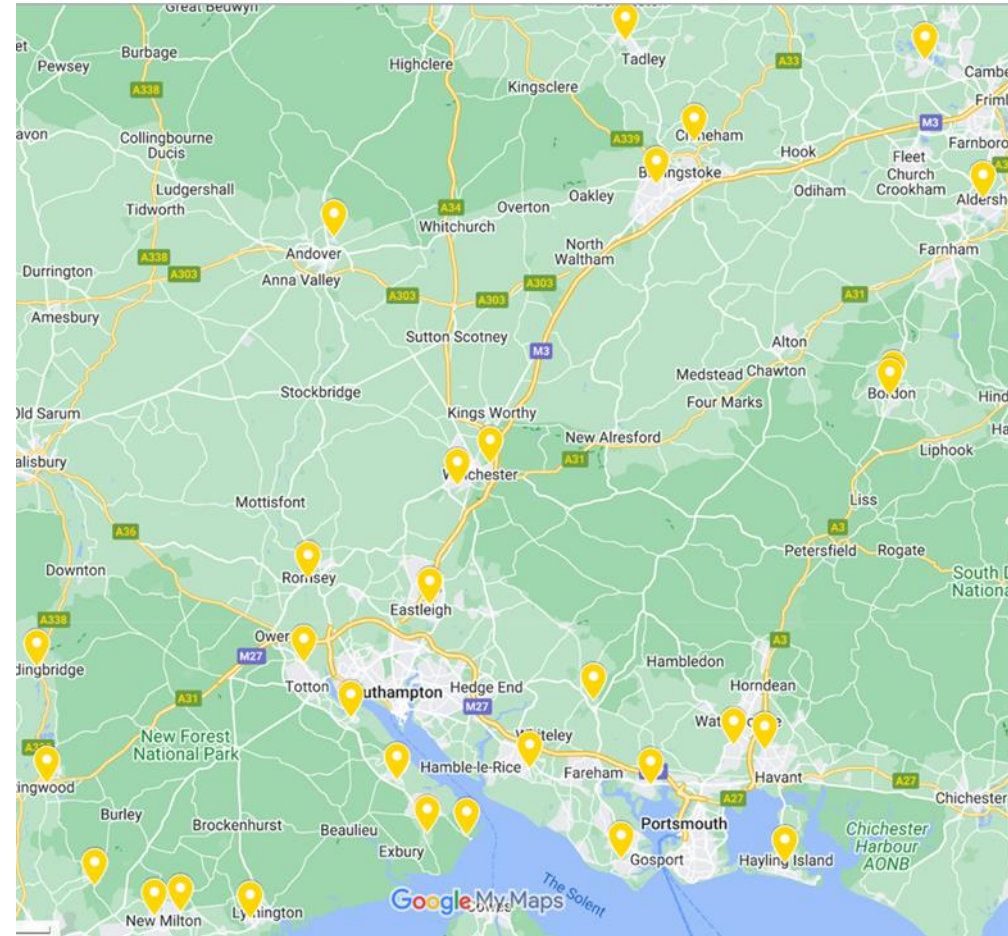
- For cases of **genuine emergency**, where existing housing support schemes do not meet need
- Administered through District and Borough Councils
- Eligibility for Discretionary Housing Payments (DHPs) must be considered first, and consideration given to whether there is a statutory risk of homelessness and therefore a duty of support is owed through the Homelessness Prevention Grant (HPG)
- Cannot use for mortgage arrears or unsustainable tenancies.

Community pantries

To date there are 19 community pantries and 11 mobile larders that have previously been awarded funding from the Household Support Grant which has enabled them to become part of the Community Pantry network.

- Who is eligible?

Anyone can access their local community pantry; all it takes is to sign up as a member at the pantry which then allows use of the community pantry once a week. The membership process is managed through the pantry directly.



Link to google map

https://www.google.com/maps/d/viewer?mid=1qvZvrC1L8DK_VVbXE_pAE5mw8uno2V0&ll=51.061462714849014%2C-1.3129534989542146&z=10

Information about where Community Pantries are currently located is also published on the directory: <https://fish.hants.gov.uk/kb5/hampshire/directory/results.page?familychannel=2-6&qt=pantry&term=&sorttype=relevance&familychannel=0>

- Basingstoke Community Pantry
- Café 1759
- Carrol Centre Food Pantry
- FareShare Mobile Larder - Blackfield
- FareShare Mobile Larder - Bransgore
- FareShare Mobile Larder - Calshot
- FareShare Mobile Larder - Fordingbridge
- FareShare Mobile Larder - Hythe
- FareShare Mobile Larder - Marchwood
- FareShare Mobile Larder - Nedderman Centre
- FareShare Mobile Larder - New Milton
- FareShare Mobile Larder - Pennington
- FareShare Mobile Larder - Ringwood
- FareShare Mobile Larder - Totton
- Gosport Community Pantry
- Growing Places Community Pantry
- Hayling Island Community Pantry
- Munch Community Food Pantry
- Popley Fields Food Pantry
- RCS Community Pantry - Andover
- RCS Community Pantry - Eastleigh
- RCS Community Pantry - Romsey
- Sacred Heart Community Pantry
- Tadley Community Food Pantry
- The Community Cupboard
- The Wickham Pantry
- Unit 12 - Community Food Pantry
- Waypoint Hub
- Woodsy's Pantry, Portchester
- Yateley Community Pantry

Community grants

- **£0.5M** available to provide grants that will enable a flexible and responsive approach to **meeting local need**, as and when they are identified.
- Community, voluntary and charitable organisations as well as education settings, faith groups and town and parish councils will be able to apply for a community grant. Education settings will also be able to request funding for ancillary items should they be aware of a family in need.
- The evaluation panel will meet on a weekly basis so payment for approved applications can be made swiftly. Applications for a Community Grant can be submitted immediately and until March 2023.
- Applications can be made via: <http://connect4communities.org>
- Details of the support offered through all awarded grants will also be published on the website.

How you can help

- **Share details** of the offer and signpost to households who may benefit from the initiatives in place
- Encourage local organisations to **apply for community grants**
- Encourage households to use their local **community pantry**

Questions?

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- Website: <http://connect4communities.org>
- Email: connect4communities@hants.gov.uk
- Telephone: **0300 555 1384**
- Directory: <https://fish.hants.gov.uk/kb5/hampshire/directory/home.page>
- Citizens Advice: [Community Support - Search Results | Family Information and Services Hub \(hants.gov.uk\)](#)
- District and Borough Councils: [District Planning Authorities | Hampshire County Council \(hants.gov.uk\)](#)

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Wellbeing Board
Date:	15 December 2022
Title:	Hampshire Place Assembly
Report From:	Simon Bryant, Director of Public Health

Contact name: Sumaiya Hassan

Tel:
03707794072

Email: sumaiya.hassan@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to set out the governance and purpose of the Hampshire Place Assembly, a forum to bring together representatives from key agencies and partners to agree on priority areas to work on.

Recommendation(s)

That the Hampshire Health and Wellbeing Board:

2. Endorse the purpose and priorities of the Hampshire Place Assembly
3. Members attend and engage with the forum to discuss health and wellbeing at a Hampshire place level connecting the priorities identified with other relevant forums.

Executive Summary

4. With a change to the NHS system and the advent of Integrated Care Partnerships (Hampshire & Isle of Wight and Frimley), we need to adapt our ways of working as system partners including to work together to improve health and wellbeing across the ICP footprint.
5. The assembly builds on the work of the Hampshire Health and Wellbeing Board, District Health and Wellbeing boards and the ICPs, and will enable us to prioritise system wide, collaboration, innovation and communications, with

a data driven approach around population needs across Hampshire as a Place.

Contextual Information

6. The initial place assembly workshop on 6 October 2022 highlighted the following areas of important areas of focus:
 - Address cost of living, workforce, and mental health/resilience challenges
 - Balance wider strategic partnerships and collaborations with local nuances and micro-disparities on the ground
 - Ensure all relevant partners including education, mental health, housing take part in the assembly
 - Mapping needs, assets and gaps for joint commissioning to deliver services
 - Empower people to improve their own health
 - Prioritise trauma informed approach

Performance

7. While outcomes are harder to measure at this level, we would look at process and outcome measures for all areas of work.
 - 7.1. Feedback from the assembly will be shared with members for engaging in further work within organisations and local places.

Co-Production

8. The Hampshire Place Assembly has a wide representation to ensure the Integrated Care System strategy reflects the coproduced priorities and challenges at the Hampshire place level to improve the health and wellbeing of residents. The first Assembly included the following organisations:
 - Hampshire Health and Wellbeing Board Members
 - Hampshire Children and Young People Select Committee
 - Hampshire Health and Adult Social Care Select Committee
 - People with Lived Experience of Suicide
 - Hampshire County Council Children's Services, Adults' Health and Care, Public Health, and Climate Change Team
 - Hampshire Care Association
 - Personalisation Expert Panel
 - Carers Together

- Health Education England
- Local Medical Committees
- Department of Work and Pensions
- Hampshire Council for Voluntary Services Network
- Hampshire Leadership Forum
- Acute and Community Trusts
- Hampshire Local Optical Committee
- Community Pharmacy South Central
- Child and Adolescent Mental Health Services
- National Parks
- NHS Mental Health Teams
- University of Winchester
- Solent Local Enterprise Partnership
- Police and Crime
- District Chief Executives
- Department of Work and Pensions
- Disability Initiative

9. Nominations for other representatives are welcomed.

Conclusions

10. Future meetings will continue on a quarterly basis, following each Health and Wellbeing Board.
11. The next meeting of the assembly will follow the Board meeting on 15 December with a focus on co-producing the ICS Strategy followed by topic-specific work programmes like Cost of Living and Live Longer Better (older people's health) throughout the year.

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

Section 100 D - Local Government Act 1972 - background documents

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

Document

Location

None

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Wellbeing Board
Date:	15 December 2022
Title:	Integrated Care Strategy Development
Report From:	Ros Hartley, Director of Partnerships, Hampshire & Isle of Wight ICS

Contact name: Ros Hartley

Email: ros.hartley1@nhs.net

Purpose of this Report

1. This paper provides an update on the development of the Hampshire & Isle of Wight ICS Interim Integrated Care Strategy which has been developed in partnership with local Authorities
2. A draft copy of the Hampshire & Isle of Wight ICS Strategy accompanies this paper. It will continue to be amended up to the end of December.
3. Frimley ICS have also been developing their strategy and will be sharing their final document with the Board in due course following a review of the themes as part of the H&WBB Assembly discussions

Recommendation(s)

That the Hampshire Health and Wellbeing Board:

3. Receive the reports and note the priorities identified in the strategy.
4. Consider its role in helping to deliver the emerging priorities across both ICS's

Executive Summary

5. Hampshire County Council is part of the Hampshire and Isle of Wight Integrated Care System, which was set up in July 2022 as part of the new Health and Social Care Act 2022. The Integrated Care system sees the formation of two

new statutory health and care components; the Integrated Care Board and the Integrated Care Partnership.

6. Integrated Care Partnerships are formed of upper tier local authorities and member(s) of the newly formed Integrated Care Board. The partnerships can choose to co-opt other members. Their primary purpose is to develop the Integrated Care Strategy for the Integrated Care System and to oversee and ensure the delivery of this strategy.
7. Whilst the Integrated Care Partnership is still in formation, there is a national requirement that Integrated Care Partnerships write an Interim integrated care strategy by December 2022.
8. Work has been ongoing over the last year, alongside partners in Local Authorities and other partners (e.g. Fire and Rescue, Police, Voluntary and Community Sector, Healthwatch, Local residents etc.) to build a case for change based on local evidence and insight in order to develop the strategic priorities for health and care in the Hampshire and Isle of Wight System.
9. The purpose of the Hampshire and Isle of Wight Integrated Care Strategy is to describe our ambitions and priorities across the system where we can achieve tangible benefits by working together as a new, wider partnership. It should build on the work of the Local Health and Wellbeing Boards, which should not duplicate, but set priorities where joint working, beyond place, is most helpful.
10. The Hampshire and Isle of Wight Integrated Care Partnership is establishing the governance support required to ensure the partnership is successful in the delivery of the strategy.
11. The attached strategy sets out the proposed strategic priorities for the Hampshire and Isle of Wight System but is still in draft form as it continues to have final amendments made throughout December
12. A final version will be circulated to the Board toward the end of December. Partners will then work together to further develop the detailed delivery plan and refine the strategy to ensure the priorities remain relevant and progress against them is measured.
13. The Hampshire Place Assembly will continue to provide a forum for a wide range of colleagues from many organisations to have a discussion about the strategic priorities from both Hampshire and the Isle of Wight ICS and Frimley ICS to make it real for the residents of Hampshire.

Conclusions

14. The daft strategy has been developed in partnership with local authorities; the Joint Strategic Needs Assessment and Health and Wellbeing Strategy for Hampshire alongside those of our other local authorities which have been used to inform the case for change and priorities.
15. The strategy has been developed in close partnership working with the Directors of Public Health from the local authorities to ensure that it builds on and supports the work ongoing at a place level. To ensure the effective delivery of the strategy, it is recognised that partnership working with our Health and Wellbeing Boards will be vital.
16. Recently released non-statutory guidance sets out the roles and duties of H&WBBs and clarifies their purpose within the new system architecture. [Health and wellbeing boards – guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/health-and-wellbeing-boards)
17. It recommends that H&WBBs consider the integrated care strategies when preparing their own strategy to ensure that they are complementary.
18. Along with other local leaders, H&WBBS will continue to lead action at place level to improve people's lives and remain responsible for promoting greater integration and partnership between the NHS, public health and local government.

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

Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>
Integrated Care Systems: design framework	June 2021
Thriving places Guidance on the development of placebased partnerships as part of statutory integrated care systems	September 2021
Health and social care integration: joining up care for people, places and populations	February 2022
Health & Wellbeing Board Guidance	November 2022

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 noting.

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DRAFT

All sections of this document are draft and under frequent revision and edit

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Hampshire and Isle of Wight Interim Integrated Care Strategy DRAFT

As at 24 November 2022 (for publication December 2022)

This interim strategy has been jointly developed by partners and stakeholders of our integrated care partnership

Our integrated care partnership brings together a broad range of organisations from the NHS, local authorities, the fire and rescue service, police, Healthwatch and the voluntary sector. These organisations work together to look at where we can work together in even better ways to join up care, reduce health inequalities, and support communities and local people to be healthier, happier and wealthier. The integrated care partnership is responsible for setting the strategy for health and care in Hampshire and Isle of Wight to meet local healthcare, social care and public health needs. This interim strategy has been jointly developed by partners and stakeholders. We will continue to work with new and existing partners to further develop and deliver our strategy.



Intention is to have this or just organisation names if that's preferred) on inside cover of the document

Foreword

Building a better future together

The Hampshire and Isle of Wight Integrated Care Partnership brings together a broad alliance of partners whose key focus is centred on improving the health, happiness, wealth and wellbeing of the population. Building on our strong track record of working together as partners and with local people, we look to the future with great optimism. We are united in our ambition to work with communities to create a society in which every individual can truly thrive throughout the course of their life, from childhood through to old age. Our mission is to deal with the pressures and challenges of today, seize opportunities and together build a better future.

Through working closely with local communities, with regard to health and care, we know that people want:

- More choice and control over their own health and wellbeing
- Clear, timely and accessible information and communication to support them to better manage their own lives, including their health and care, and
- To be able to access a greater range of services and resources from their homes and communities, making the best use of technology where appropriate.

Providing better joined up services in Hampshire and Isle of Wight

We share a vision of being one of the best health and care systems in England, drawing on national and international innovation and research to support our work. Our strategy requires a commitment from all partner organisations across all sectors to work together in new and different ways to address our challenges and transform our health and care system. We aim to address the challenges people experience in accessing services and to ensure that services feel joined up and seamless to the people using them.

This interim strategy, our first as a new integrated care partnership, is ambitious. It is set against a challenging backdrop. Local people are experiencing widening inequalities, varied access to services and in some cases, poor experiences of health and care support. The Covid-19 pandemic and significant increases to the cost of living have placed additional pressure on households and individuals, as well as on voluntary,

community and public sector resources including education, housing, fire, police, social care and health services. Demand for health services is increasing more quickly than its funding and more quickly than we can recruit and train staff. Funding levels in social care have been repeatedly cut for over a decade, whilst care demands have continued to rise. The November 2022 Autumn Statement is positive for health and care finances but challenges remain. Rising inflation, increasing energy prices and government fiscal policy, impact households and businesses across the country, and place additional pressure on already overstretched public and voluntary services.

We know too, that staff across our various organisations continue to work incredibly hard under continued strain and that the impact of the pandemic is far from over. Recruiting, developing, supporting and retaining outstanding staff across all partner organisations is a core strategic priority for us as a partnership, to enable us to deliver excellent outcomes and services for local people, as well as developing new roles. We want all colleagues in employed and voluntary roles within Hampshire and Isle of Wight to feel they can make a fulfilling contribution and build a rewarding career.

It is vital that we work on our priorities together to provide a health and care service fit for all for the future

Across our system, we have lots of plans, strategies and insight. Through the integrated care partnership, we are embracing the opportunity to better coordinate our efforts and strengthen the golden thread which connects us, our services and our support for local people. We are committed to working together to explore new options to make best use of the collective resources available. This interim strategy is a strong first step and will continue to evolve and build momentum as we develop how we work together. We would like to thank the huge number of colleagues and members of our local communities for their input in shaping this interim strategy and their ongoing commitment, insight and support.

We are ready for the opportunities ahead and we are committed to working together to provide the best possible care and support, and ultimately, to improve the health, happiness, wealth and wellbeing of local people.

Developing our interim strategy

Our interim strategy has been created through our Integrated Care Partnership, rooted in the needs of local people and communities.

Together we have looked at the data and evidence available through joint strategic needs assessments and existing local health and wellbeing strategies. Through these we have identified the key issues facing residents and services across Hampshire and Isle of Wight. Our aim in this strategy is to focus initially on a small number of priority areas in which our partnership can make the most meaningful positive difference by working together. We have identified actions we can take together as a partnership, based on the evidence of what works across Hampshire and Isle of Wight, other parts of the country and elsewhere in the world.

This interim integrated care partnership strategy provides a strategic direction and key commitments at a headline level. It is not a detailed operational plan. Our local authorities and the NHS are required to give full attention to the partnership strategy in considering how we plan, commission and deliver services. The integrated care board and NHS partners take into account this partnership strategy when developing more detailed delivery plans to support the national requirement for a five-year NHS 'joint forward plan' by April 2023.

Information and people involved in shaping this strategy



1 We reviewed the available data and evidence (Hampshire and Isle of Wight Joint Strategic Need Assessments, Health and Wellbeing strategies, system diagnostics)

2 We worked with our local communities and across partner organisations to understand their perspectives and priorities – we had multiple conversations with the integrated care partnership and in other focus groups and meetings with colleagues to inform and our themes for initial focus as a partnership.

3 We identified five priority areas for initial focus: children and young people; mental wellbeing; prevention of ill health and promotion of healthy lifestyles; workforce; digital and data. We continued working with all partners to identify data, insights and evidence around each of these themes.

4 We held a workshop on 28 September 2022 in which members of the public and colleagues reviewed the evidence under each theme and created a longlist of ideas for our joint work as a partnership on our five priority areas. Following the workshop we continued to work with all partners to flesh out these ideas.

5 We agreed the priority areas for our interim strategy. These are the areas around which we will focus our early work together as a new partnership. We have each committed to working together to seize opportunities to enhance our existing work in these areas. It is important to note that this strategy does not set out all the work happening across Hampshire and Isle of Wight. Furthermore, we will review our strategy regularly as a partnership to ensure our priority areas of focus are relevant and that we make continuous progress against them. This will include working with health and wellbeing boards to further develop, implement and refresh our partnership strategy.

This strategy:

- ✓ builds on **work already completed** (including the joint strategic needs assessments and health and wellbeing strategies)
- ✓ focuses on **better integration of health, social care, wider public sector and voluntary sector services**
- ✓ sets priorities for joint working where **collective working (beyond place) is most helpful**
- ✓ Is **co-developed** with a wide range of partners
- ✓ **will be updated regularly** to reflect the changing needs of local people and opportunities to work even more effectively together

Our strategy on a page

Stand by to update with final version



Our shared aims	Improve outcomes in population health and healthcare	Tackle inequalities in outcomes, experience and access	Enhance productivity and value for money	Help the NHS support broader social and economic development.
Our challenges	Our population is growing and ageing. Improvement in life expectancy has stalled and begun to fall. Vulnerable people are dying younger and suffering poorer health than the general population. Inequalities are getting worse and drive worse outcomes. Challenges in workforce supply, funding, demand for services outstripping supply, impact of Covid-19 and cost of living. Without check inequalities will grow, years lived in poor health will increase and services will not cope.			
A radically different approach	Working together across all partners to take a community-centred approach to wellbeing. Seizing the opportunities offered by working together as a system and partnership with a mandate to use collective resources in new and different ways to build a better future - health, happiness, wealth and wellbeing.			
Priority areas: Themes that emerged from evidence and conversations in Hampshire and Isle of Wight	Children and young people We want all children to get the best possible start in life, regardless of where in Hampshire and Isle of Wight they are born.	Mental wellbeing We want mental wellbeing to be at the forefront of all that we do and to ensure as much importance is given to mental wellbeing as physical health.	Promoting good health and providing proactive care We want to enable every individual to live more of their life in a state of good health and be able to access resources and services in their communities.	
Initial areas of focus for the partnership	Work to ensure the “best start in life” for every child by focussing on the care and support that families receive in the first 1000 days of a child’s life			
	Providing proactive, integrated care for people with complex needs to provide care closer to home and shift focus from cure to prevention			
	Improving social connectedness (reducing social isolation) to enhance people’s physical and mental health and wellbeing			
	Supporting people with the cost of living to reduce the impact of financial pressures on people’s lives			
	Better supporting people affected by childhood trauma by adopting a trauma informed approach			
We will focus on these areas to enable delivery of our priorities	Our workforce: We want to ensure we can attract, recruit and retain people with the right skills and values to enable provision of high quality health and care services for the population of Hampshire and Isle of Wight.		Build workforce capacity to meet demand	Ensure the availability of the right skills and capabilities
	Digital solutions, data and insights: We want to harness the benefits that digital solutions can offer and ensure they are available to everybody, regardless of age and household income		Empower people to use digital solutions	Support our workforce
Developing the “Hampshire and Isle of Wight way”	As we work together to deliver our priorities, we will continue to learn together, and build our culture, capabilities and collaboration as a new integrated care partnership: working with communities; adopting a continuous learning approach; developing a shared understanding of our opportunities and challenges, and shared vision; focusing on outcomes; building a high trust and high support culture; drawing on insights from all partners; listening to each other; focussing on priorities that resonate with all partners; making the best use of collective resource and capacity, strengthening our population health approach and developing our approach to collective assurance and accountability.			
	Ensure people who provide services are well supported and feel valued Improve information sharing between IT systems Improve our digital solutions			

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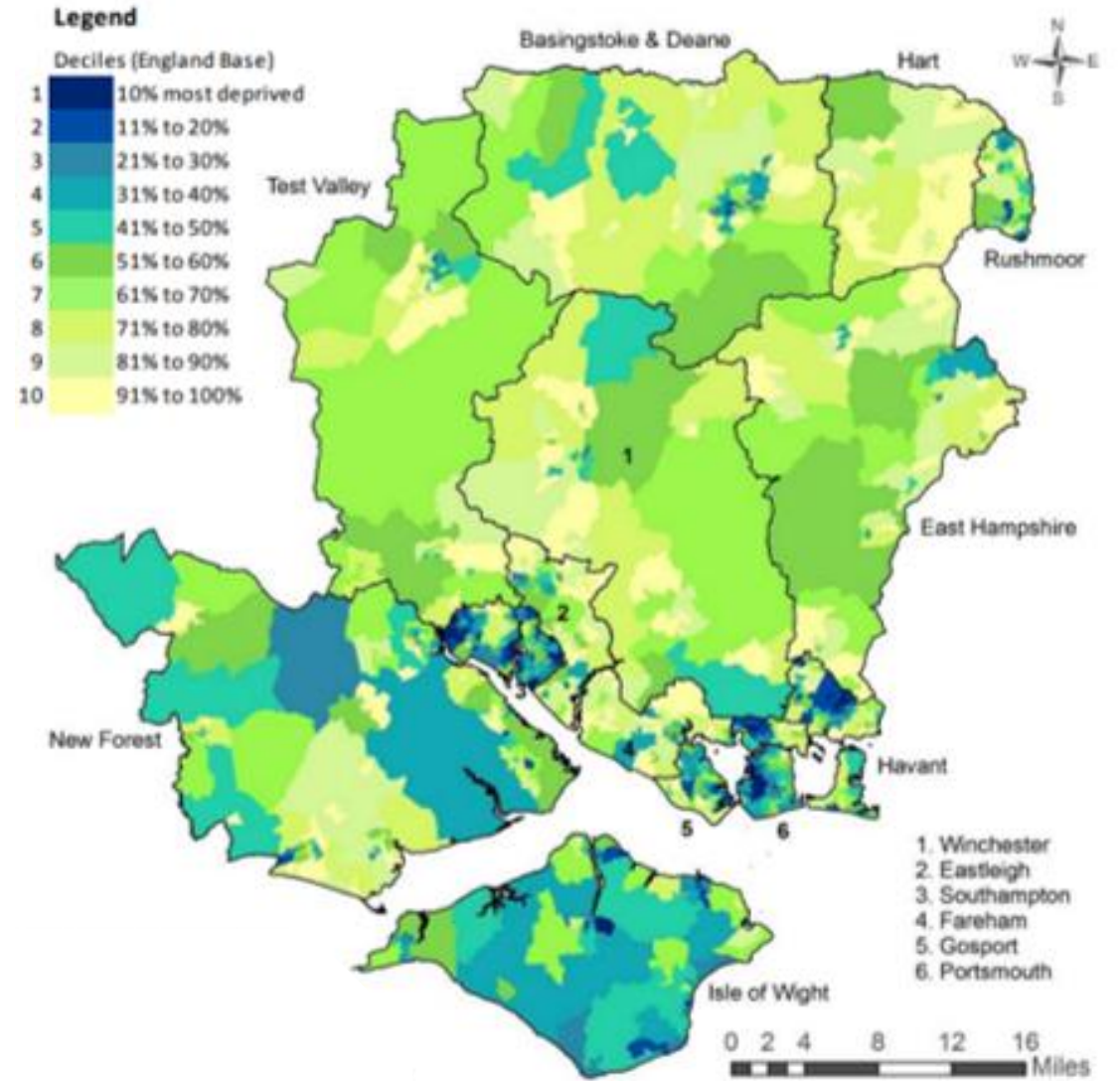
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Page 89
Introduction and context

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The population we serve



The Hampshire and Isle of Wight integrated care system serves a population of 1.9 million people and is the 10th largest of the 42 systems across England. Our four places – Hampshire, Portsmouth, Southampton and Isle of Wight - are the foundation of our system.

Overall, our population is ageing and living with increasing frailty and multiple health needs, especially in rural areas, particularly west Hampshire and the Isle of Wight. In urban areas such as Southampton and Portsmouth, the population is younger (particularly owing to university students) and more ethnically diverse here and in north-east Hampshire compared to the rest of the area (overall 93.8% white). There are also higher levels of deprivation and mental health vulnerability in these areas. The age of people living on the Isle of Wight is similar to other places popular with retirees, but more people live alone. We also have coastal communities; 92.7% of the Island's population are resident in areas defined as coastal. These areas have lower life expectancy and higher rates of many diseases in comparison to non-coastal areas.

Steeped in iconic history, areas of outstanding natural beauty, and hundreds of miles of coastline, this is a beautiful part of one of the most prosperous countries in the world – but we know that not all members of our community are in a position to experience it as such. In Hampshire and Isle of Wight, healthy life expectancy has decreased in most areas, meaning people are living more of their lives in poor health.

This is particularly the case for people living in the most deprived areas. Smoking, poor diet, physical inactivity, obesity and harmful alcohol use remain leading health risks, resulting in preventable ill health.

We know that baseline levels of health, as well as people's experience of public services, are not the same for everybody and can vary depending on where somebody was born and lives as an adult, their level of income and education and factors such as ethnicity, gender, age and sexuality. This is known as experiencing **health inequalities**; addressing these inequalities in Hampshire and Isle of Wight is a priority that runs throughout this strategy.

Demographics 	In the next 5 years, the 75+ age group is expected to grow by 18% with likely increases in complex multimorbidity, a big driver of health service need, particularly in west Hampshire and Isle of Wight. But younger populations in Southampton and Portsmouth drive different needs. Cancer and circulatory disease accounted for just over half of the deaths (51%) across Hampshire and Isle of Wight in 2020. Ethnic diversity varies across the patch and is increasing overall.
Deprivation 	Life expectancy and healthy life expectancy at birth are lowest for people living in more deprived areas of the patch. On average, people in the more deprived areas live a shorter life than those in the least deprived areas (3 years less for men and 2.8 years for women). They are also more likely to spend more of their life in poor health.
Maternity, children and young people 	There were 18,945 births in 2020, continuing the decrease in birth rate observed in recent years. Smoking rates among pregnant women (9.1%) are above the national ambition of 6% by end of 2022. Many babies and mothers would have missed out on the best start in life during the Covid-19 pandemic, which also led to increasing childhood obesity, mental health disorders and missed vaccinations.
Behaviours 	Smoking (at 92.7% recording is lower than England), poor diet, physical inactivity, obesity and harmful alcohol use are leading health risks, driving preventable ill health. Tobacco, high body mass index and high blood sugars drive the most death and disability across the system.
Inequalities 	Several population groups across Hampshire and the Isle of Wight experience more health risks and outcomes compared to England. People in disadvantaged areas are at greater risk of having multiple conditions and that too, 10 to 15 years earlier than people in affluent areas. Trends for both Southampton and Isle of Wight show increases in male life expectancy inequality. Additionally, Covid-19 has exposed, exacerbated, and created new health and social care inequalities.
Ill health and multimorbidity 	Southampton and Portsmouth have higher preventable, premature death rates due to cancer, cardiovascular, liver and respiratory disease compared to England, again highlighting the focus on prevention. Deaths from these key causes are also major contributors to the gap in life expectancy between the most and least deprived quintiles across the system. Cardiovascular disease is the single biggest condition where lives can be saved. These issues need to be tackled through effective public health measures and primary prevention.

Produced by the Hampshire & Isle of Wight, Southampton and Portsmouth Public Health Intelligence Teams

The issues that affect our health and wellbeing

As is the case elsewhere in the United Kingdom, people are dying earlier than they should due to preventable and avoidable ill health and there are wide inequalities in life expectancy. Almost every aspect of our lives – our jobs, homes, access to education, public transport and whether we experience poverty, racism or wider discrimination – impacts our health and, ultimately, how long we will live. These factors are often referred to as **the wider determinants of health**.

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source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute in US to rank countries by health status

<p>Long term conditions: Around 30 per cent of all people with a long-term physical health condition also have a mental health problem with a higher proportion reporting high levels of anxiety</p>	<p>Housing: Those in rented accommodation are more likely to feel lonely often, especially in 16–24-year-old population groups</p>	<p>Health behaviours: Adults with depression are twice as likely to smoke as adults without depression. People with schizophrenia are three times more likely to smoke than other people and tend to smoke more heavily.</p>	<p>Social connectiveness: Those with an underlying health condition more likely to feel lonely often – especially in the younger 16–24-year-old population groups</p>
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The impact of deprivation

Life expectancy and healthy life expectancy at birth are lowest for people living in more deprived areas. On average, people in the more deprived areas of Hampshire and Isle of Wight live a shorter life than those in the least deprived areas (**3 years less for men and 2.8 years for women**). They are also more likely to spend more of their life in poor health. Portsmouth and Southampton see greater levels of deprivation, ranking 57 and 55 out of 317 local authorities in England (where a ranking of 1 = the local authority with the highest level of deprivation).

Hampshire is among the least deprived authorities although there are areas that fall within the most deprived areas in the country. 10% of children in Hampshire aged 0 to 15 years are living in income deprived families, and 9% of residents aged 60 or over experience income deprivation

Isle of Wight is the 80th most deprived authority in England. 92.7% of the Island's population are resident in areas defined as coastal and these coastal areas have lower life expectancy and higher rates of many diseases in comparison to non-coastal areas. Just over half the population of the Island lives in area which are in the three deciles of highest deprivation.

Portsmouth is ranked 57th most deprived authority in England. 13% of Portsmouth's population live in the 10% most deprived areas nationally, and over 60% are in the most deprived two quintiles. 25% of households in Portsmouth are in relative poverty. In 2019/20 17% of children were in absolute low-income families (before housing costs). This varies from 29% of children in the most deprived ward to 7% of children in the least deprived ward.

Southampton is ranked 55th most deprived authority in England. 28% of Southampton's population live in neighbourhoods within the 20% most deprived areas nationally.

Health Inequalities

Some communities experience significantly poorer **access, outcomes and life expectancy** than the rest of our population. In Hampshire and Isle of Wight we see:

- Higher levels of emergency care compared to the rest of England, especially in more deprived areas, where access to primary care, outpatient care and planned care are lower.
- Deaths from cancer, circulatory and respiratory diseases are the greatest causes of the differences in life expectancy between the most and least deprived. More deprived areas see higher levels of heart disease, diabetes, chronic obstructive pulmonary disease and mental health issues. People living in these areas are also more likely to experience not just one, but multiple ongoing health conditions.
- A boy born in our most deprived areas will live on average between 6.1 years to 9.1 years less compared to a boy born in our least deprived area, and for a girl, between 2.3 years to 5.5 years less.
- Covid-19 has created additional health and social care needs and disproportionately impacted people living in more deprived areas, people with learning disabilities, older people, men, some ethnic minority groups, people living in densely populated areas, people working in certain occupations and people with existing conditions.
- Premature mortality in people with severe mental illness is higher than the national average on the Isle of Wight, Southampton and Portsmouth.

Across Hampshire and Isle of Wight, these are some of the differences between the most deprived 20% of residents and the least deprived 20%:



Revisions needed to this graphic: acronyms and using the correct measure for educational attainment (DPHs)

The challenging environment in which services are operating

Our strategy is set in the context of an increasingly difficult environment for all partner organisations.

Although NHS funding has not decreased in real terms, demand for services increases faster than the funding. The NHS is responding to ever more complex and long-lasting care needs without an accompanying increase in resource. In local authorities, budgets for the full range of services, including housing, education, public health and social care, have drastically reduced for over a decade, whilst demand and complexity of need has continued to grow, as have challenges sustaining the independent sector care market.

Recruiting and retaining health and care staff remains a challenge. Local employment levels are relatively high but low skilled. National staff shortages have been further exacerbated by the Covid-19 pandemic and the current cost of living. Meeting these challenges requires looking in new ways at the workforce we have, including new staffing models and the ability for staff to create meaningful career paths across health and social care. For our staff to provide excellent care to local people, they need to feel well looked after and supported and have access to opportunities to grow their skills and talents.

Cost of living pressures affect residents and services alike. Rising inflation and increased costs of energy and food have a negative impact on people's health, which drives up demand for healthcare services. Modelling carried out by Bristol University recently found that the impact of cost of living pressures over the winter could cause between 5 and 13% additional demand for urgent care and mental health services¹.

Demand for all health and care services is continually increasing. The number of people waiting for an operation has increased, but fundamental problems with flow through hospitals and workforce availability limit the rate with which services can treat people. Urgent care is currently experiencing unprecedented pressure. For both physical and mental healthcare, many people are being admitted to hospital who would be better looked after in the community. People are staying in hospital longer than is beneficial - waiting to be discharged, and then sometimes being readmitted. If emergency activity continues to rise at historic rates, there will be 15-20% more non-elective admissions by 2025. This will put increased pressure on our ability to treat people waiting for planned care procedures.

There are several drivers for these pressures including people's underlying health, difficulties recruiting staff, higher levels of absence due to Covid-19 and the amount of funding available. In winter 2021 there were around 55,000 people in Hampshire and Isle of Wight at particularly high risk of needing emergency care, of whom just over half had at least one of the following, largely preventable conditions: heart disease, chronic obstructive pulmonary disease, and diabetes.

Addressing the issues that affect people's health and wellbeing in such a challenging environment requires us to think differently. This strategy is not about simply doing more, it is about taking a radically different approach.

¹ Revealed: how cost of living pressures will exacerbate emergency care demand | Comment | Health Service Journal (hsj.co.uk)

We are working with local communities to understand what is most important to them


In developing this strategy, we have reflected on insight from our local communities, which partners across the partnership have sought in a number of ways.


What we did

 Surveys on a range of topics, online and face to face, in clinical and community settings, with many directly targeted to different local communities

 Co-design groups, workshops and events on topics such as our community involvement approach, digital transformation and the development of the new integrated care partnership

 Attended local community events, both in person and virtually

 Discussed issues at regular Integrated Care Board and other groups with representatives from across communities


 Focus groups on a range of topics


 Funding partners such as Healthwatch and community groups to undertake targeted research

 Engagement programmes to support procurement and transformation plans


What we heard


 People want more join up between different services, from GPs to hospitals to social care; education and housing too


 People want to be more involved in how their care is delivered, to have better communication with health and care services, and be clearer about what is available to them

 Access is an issue, with people identifying the need for more specialist access and shorter waiting times, and more consistent support services across our geography

 Whilst people say digital technology has its benefits, it is important to ensure that no-one is left behind. Face to face appointments are still highly valued

 Cost of living is a concern across the system. Also people see opportunities to improve and expand the health and care workforce including use of volunteers

 Other issues weigh on people too. In rural areas, equipment and plant theft are big concerns. In urban areas people are concerned with protecting their homes and property

 Carers and young carers support, and greater collaboration with schools, primary care and other health services is vital

Our response to the needs of our population is primarily through our work in local places

This strategy has been developed in collaboration with local authorities to ensure this strategy builds on the work of our four health and wellbeing boards and their strategies and plans in our four local places - Hampshire Southampton, Portsmouth and the Isle of Wight.

Our strategy identifies a small number of priority areas where there is an opportunity to add value across our four places, recognising that most of the work undertaken to tackle health inequalities, improve health outcomes and service delivery, and contribute to social and economic development is delivered in local places.

These are the themes that are common to all four local health and wellbeing strategies:

Children and Young people	<ul style="list-style-type: none"> Reduce Inequalities Work with parents, families, schools and early years settings Improve physical wellbeing and improve lifestyles Improve emotional wellbeing and mental health
Living Well and Improving Lifestyles	<ul style="list-style-type: none"> Encourage healthier lifestyle choices and healthy approaches in schools and organisations Promote mental wellbeing and reduce mental ill health Promote active travel, create a greener, cleaner environment
Connected Communities	<ul style="list-style-type: none"> Joined up approaches across providers Building community networks Building on social capital
Housing	<ul style="list-style-type: none"> Ensure residents are able to live in healthy and safe homes Ensure home environments enable people to stay well Recognise and ensure that communities and families are not adversely impacted through poverty

Hampshire	<ul style="list-style-type: none"> Enable planning for older age living Ensure Palliative Care Collaboration is in place Support those at end of life to be in preferred settings Encourage improvement in skills and capacity to have early conversations on end of life Improve bereavement support and service locally
Isle of Wight	<ul style="list-style-type: none"> Invest in prevention and early intervention to help health and wellbeing Improve housing standards and reduce fuel poverty, social isolation and loneliness Include health inequalities in policy development and commissioning Reduce health inequalities gap in the city
Portsmouth	<ul style="list-style-type: none"> Provide immediate support to people in financial hardship Helping people access the right support at the right time Repair relationships to support our most vulnerable Develop stronger models of support for landlords and tenants for longer, successful tenancies Develop models of housing that suit individual needs Implement Homelessness and Rough Sleeping Strategy to provide support for the most vulnerable
Southampton	<ul style="list-style-type: none"> Support people to live active, safe and independent lives and management their own wellbeing Reduce inequalities in health outcomes, make Southampton a healthy place to live and work with strong and active communities Ensure people in Southampton have improved health experiences as a result of high-quality integrated service

The work we do together as a whole integrated care system complements and supports the work that we do together in our four places

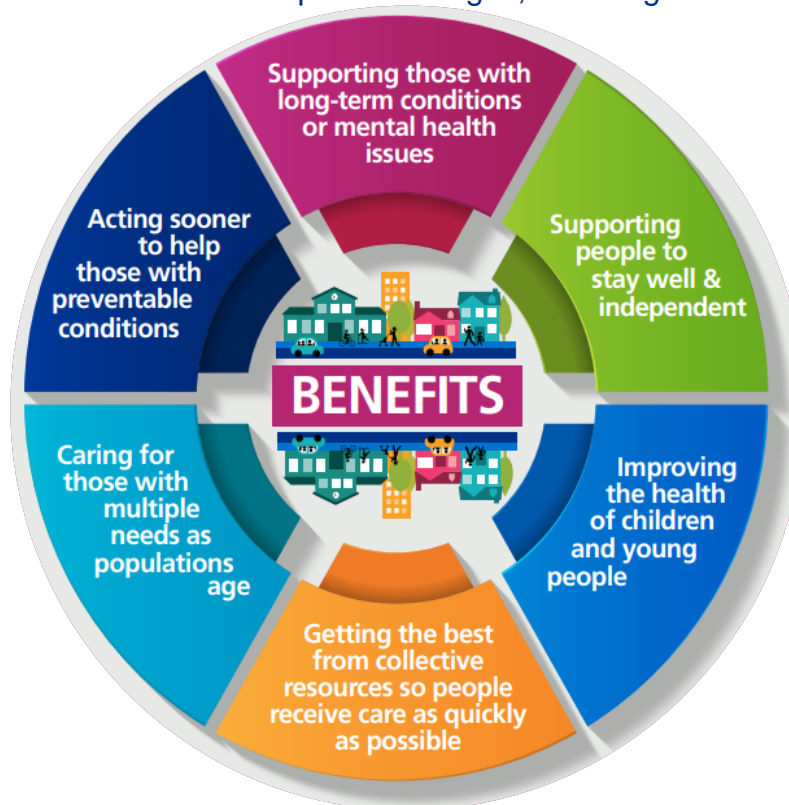
What is an integrated care system?

NHS England defines an integrated care system as “partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.” ([NHS England » What are integrated care systems?](#))

The purpose of integrated care systems is to bring partner organisations together to:



Collaborating as an integrated care system is expected to help health and care organisations to tackle complex challenges, including:



Every part of our integrated care system has a role to play in delivering the priorities set out in this strategy.

Our **four local places** analyse the health and care needs of their residents and set local strategies for meeting these needs in their area. Their work feeds into and informs this partnership interim strategy document. The four places take local action to deliver for the needs of their local communities alongside the priorities agreed in this document.

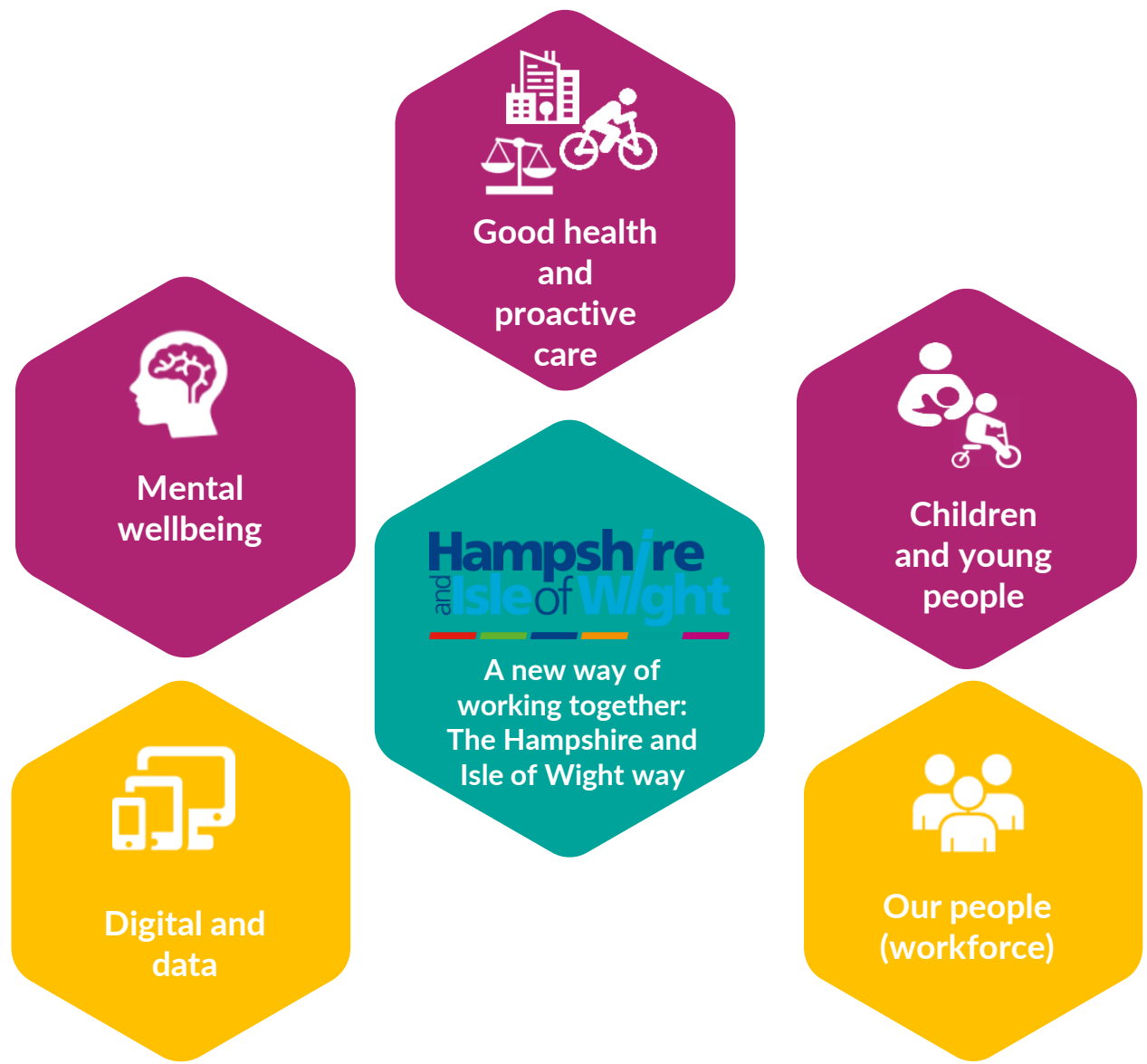
The Integrated Care Partnership develops the strategy to address root causes of health and wellness, tackle health inequalities and bring partners together to work together in new ways. The Integrated Care Partnership sets strategic priorities based on sound evidence and that are within our gift to tackle as a partnership.

Our **Integrated Care Board** is responsible for planning NHS services across Hampshire and Isle of Wight and allocating resources across all health services. The integrated care board will ensure that the planning, quality monitoring, improvement and transformation of health services aligns and contributes to the priorities described in this partnership strategy.

Each organisation in our integrated care system sets strategies that address the challenges and opportunities facing their specific organisation. As partners that have worked together to agree partnership strategic priorities, these organisations will ensure that their organisational strategies contribute to the delivery of the priorities set out in this document.

Our strategic priorities

SECTION IN DRAFT



Core to our strategy: a new way of working together in partnership

To enable the best possible outcomes for the people of Hampshire and Isle of Wight, we are thinking and acting beyond the core services we deliver (and the way we currently deliver these services) to focus on improving the overall wellbeing of our population. We know that health and care is impacted by multiple factors including education, housing, employment and environment. We also know that the links between our services and the way people access them, and ‘flow’ through them – can make a big difference to experiences, outcomes and the efficiency of these services. We can only address these factors through partnership working between all public services, the voluntary, community, faith and social enterprise sector, our local businesses and employers and, most importantly, communities themselves. To do this we need to move towards:

- a radically different and more ambitious partnership approach to supporting people to build health, happiness, wealth and wellbeing, recognising the importance of the wider determinants of health and focus on reducing health inequalities.
- High-quality **care and support for our population** built on collaboration between all partners removing any artificial divides and using our collective resources to best affect, making decisions based on data, intelligence and insight
- model of **community empowerment** which listens to and works alongside communities and enables and supports people to live healthy, independent lives, reducing the need for services and ensuring that, when people do need services, we deliver consistently **high quality, efficient, effective services** wherever people go in Hampshire and the Isle of Wight.

On 28th September 2022 we held an event with a wide range of stakeholders, who will be involved in the integrated care partnership moving forward, to help us to determine our strategic priorities. Together, we developed a set of principles based on feedback for how we should work as a partnership:

1. use the voice of the public, communities, patients and our staff to shape our work
2. use evidence on which to base our decisions, looking critically at the wider determinants of health inequalities, innovative and evaluative in our approach
3. focus on where we can make improvements and the experience people have of all our services, making changes centred around local people and populations
4. keep engaging across the system so that:
 - our priorities are co-produced and all partners have an opportunity to shape them;
 - we understand the priorities driving each of our partner organisations;
 - all partners can recognise the importance and relevance of whole system strategic priorities.
5. not seek to detract from organisations’ existing strategies or health and wellbeing board plans. Our work should supplement and support existing plans and strategies.
6. use clear language to describe our work.

Hampshire and Isle of Wight partners have worked together over the last year to design the integrated care partnership; including what our priorities should be and how we will deliver them as a system. Whilst the partnership is still in its formation there are a number of features which will support in the development of the integrated care partnership:

- ✓ Our partnership will develop and change over time as we work together and learn more
- ✓ We will build from what is already working well in the system
- ✓ Our places are the foundation of the partnership
- ✓ We have opportunities through coming together at scale and will focus on what we can add to support people across our system

Five priority areas emerged from our initial assessment of data and understanding insights from communities and colleagues. Working together in our new partnership, we will initially focus on these five priority areas:



Selecting our priorities as a partnership

Our priorities seek to address the challenges, described on page xxx within the context of the current environment, described on page xxx, focusing on an initial, small number of priority areas for us to work together on as a new partnership over the next few years.

When deciding on our priorities, we considered the extent to which each priority was a significant problem or opportunity in Hampshire and Isle of Wight, and the potential the partnership has to make progress in terms of better meeting the needs of local people, and supporting them to lead healthier, happier, wealthier lives with an increased sense of wellbeing.

This is an interim strategy, produced during the formative months of the partnership, at the end of 2022. The partnership is committed to working together to further explore the proposed areas of focus under each of our strategic priorities, develop detailed delivery plans, and continually improve and refine the strategy to ensure our priorities remain relevant and that we make continuous progress against them.

We codeveloped the following strategy design principles to support us as a partnership, in decided which priorities we should include in our strategy. These principles are as follows:

- ✓ People and communities have told us are important to them
- ✓ Address the root causes of what affects people's health and quality of life
- ✓ Address health inequalities
- ✓ Address at least one of the following points:
 - Making care and services more joined up for people
 - Making it easier for people to access the services they need
 - Giving people more choice and control over the way their care is planned and delivered
- ✓ Affects more than one geographical area (i.e. place) and warrants a system-wide focus. (If the priority area only affects one place then it is better sitting in a local health and wellbeing strategy)
- ✓ Are supported by a strong, evidence-based case for change – for example there are currently poor outcomes in this area
- ✓ Need all system partners to work together to tackle them and make best use of our combined capacity and capabilities
- ✓ Are recognisable and relevant to all system partners and support existing strategies
- ✓ Are within our gift as a partnership to impact.

The intended impact of our strategy

Ultimately, we intend for our work together as a partnership to improve the health, happiness, wealth and wellbeing of the local population.

In doing so, over the medium to longer term, this will:

- Reduce the demand for health and care services
- Enable us to further improve the quality of service we provide
- Relieve pressure on the people who work in our organisations
- Enable us to live within our financial means

In the meantime, partners in local places; partnerships working with people with very specific needs, for example around housing; and organisations with common features, such as our primary care colleagues, acute hospital trusts and the voluntary and community sector, will continue to work together to do all they can to meet the health and care needs of local people in increasingly effective ways.

In combination, through our immediate and longer-term work together, across the whole system and more locally, we deliver on the intended benefits of integrated care, as previously described:



Our strategic priorities

Stand by to update with final version



Our shared aims	Improve outcomes in population health and healthcare	Tackle inequalities in outcomes, experience and access	Enhance productivity and value for money	Help the NHS support broader social and economic development.
Our challenges	Our population is growing and ageing. Improvement in life expectancy has stalled and begun to fall. Vulnerable people are dying younger and suffering poorer health than the general population. Inequalities are getting worse and drive worse outcomes. Challenges in workforce supply, funding, demand for services outstripping supply, impact of Covid-19 and cost of living. Without check inequalities will grow, years lived in poor health will increase and services will not cope.			
A radically different approach	Working together across all partners to take a community-centred approach to wellbeing. Seizing the opportunities offered by working together as a system and partnership with a mandate to use collective resources in new and different ways to build a better future - health, happiness, wealth and wellbeing.			
Priority areas: Themes that emerged from evidence and conversations in Hampshire and Isle of Wight	Children and young people We want all children to get the best possible start in life, regardless of where in Hampshire and Isle of Wight they are born.	Mental wellbeing We want mental wellbeing to be at the forefront of all that we do and to ensure as much importance is given to mental wellbeing as physical health.	Promoting good health and providing proactive care We want to enable every individual to live more of their life in a state of good health and be able to access resources and services in their communities.	
Initial areas of focus for the partnership	Work to ensure the “best start in life” for every child by focussing on the care and support that families receive in the first 1000 days of a child’s life			
	Providing proactive, integrated care for people with complex needs to provide care closer to home and shift focus from cure to prevention			
	Improving social connectedness (reducing social isolation) to enhance people’s physical and mental health and wellbeing			
	Supporting people with the cost of living to reduce the impact of financial pressures on people’s lives			
	Better supporting people affected by childhood trauma by adopting a trauma informed approach			
We will focus on these areas to enable delivery of our priorities	Our workforce: We want to ensure we can attract, recruit and retain people with the right skills and values to enable provision of high quality health and care services for the population of Hampshire and Isle of Wight.	Build workforce capacity to meet demand	Ensure the availability of the right skills and capabilities	Ensure people who provide services are well supported and feel valued
	Digital solutions, data and insights: We want to harness the benefits that digital solutions can offer and ensure they are available to everybody, regardless of age and household income	Empower people to use digital solutions	Support our workforce	Improve information sharing between IT systems
Developing the “Hampshire and Isle of Wight way”	As we work together to deliver our priorities, we will continue to learn together, and build our culture, capabilities and collaboration as a new integrated care partnership: working with communities; adopting a continuous learning approach; developing a shared understanding of our opportunities and challenges, and shared vision; focusing on outcomes; building a high trust and high support culture; drawing on insights from all partners; listening to each other; focussing on priorities that resonate with all partners; making the best use of collective resource and capacity, strengthening our population health approach and developing our approach to collective assurance and accountability.			

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	Supporting people with the cost of living to reduce the impact of financial pressures on people’s lives			
	Better supporting people affected by childhood trauma by adopting a trauma informed approach			
	Providing healthy lifestyles and mental wellbeing support in community settings for examples schools and youth groups, community centres			
We will focus on these areas to enable delivery of our priorities	Our workforce: We want to ensure we can attract, recruit and retain people with the right skills and values to enable provision of high quality health and care services for the population of Hampshire and Isle of Wight. .	Build workforce capacity to meet demand	Ensure the availability of the right skills and capabilities	Ensure people who provide services are well supported and feel valued
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EDITABLE: THIS COPY WILL BE REMOVED FROM FINAL VERSION

Children and Young People

What have we heard from our communities and partners?

“Children and young people should be our first priority; they are the future of Hampshire and the Isle of Wight”

- “We know if you get it right in the first 1,000 days, then the chances of positive outcomes are massively increased, even if they then experience adversity after first three years”
- “If a child enters school with a health inequality, this gap is likely to never close”
- “Adverse childhood experiences and trauma can lead to cardio-vascular disease, poor mental health, obesity, not educated, repeat victim and perpetrator – if we can work together on it will really benefit us”
- Young carers are cut off and potentially suffering from social isolation

The outcome we want to achieve: We want all children to have the best possible start in life, regardless of where in Hampshire and Isle of Wight they are born, and have positive physical, emotional and mental wellbeing.

Where we are today?

- **Best start in life:** Many babies and mothers have missed out on the best start in life during the Covid-19 pandemic, which exacerbated existing health inequalities and led to increasing childhood obesity, mental health disorders and missed vaccinations.
- **Obesity:** the England average is 9.9% in reception year - children on the Island and Portsmouth are above this, and Southampton is 9.9%. The British Medical Journal reports hospitalisation, illness and avoidable long term conditions could be reduced by 18% if all children were as healthy as the most socially advantaged.
- **Mental health:** Children whose parents have a mental health disorder, those in a family with unhealthy family functioning, and/or in lower income households are more at risk of developing a mental health disorder. 16,485 children and young people accessed NHS funded mental health services in 2021/22 (37% more children than in 2019/20). When compared to their peers, children under the care of mental health services are almost 20 times more likely to enter the judicial system. There has been a 295% increase in referrals to children and young people inpatient services since the start of the pandemic (over 50% of this for specialised eating disorder services)
- Increases in **Education Health and Care Plans** for children with Special Educational Needs and Disabilities.

What do we know works?

- If children and families **get the best start in a child's first 1,000 days** of life, then the likelihood of that child going on to achieve more through education, maximise their potential and lead healthy independent lives increases.
- **Intervening early**, redirecting resources towards prevention and working restoratively with families and individuals supports them to build on their own strengths and resilience to improve their lives. Family hubs provide additional resource in three geographies to extend and deepen family support programmes and support parents early on in their parenting journey
- **Strong integrated pathways of support** eg: there is strong evidence in Portsmouth that children want school based support on healthy lifestyles and mental health support. Early support for child emotional wellbeing including schools based programme - e.g. My Happy Mind.
- **Peer support** groups for pregnant women and their families
- Focused, family-based multi-professional support for **neurodiverse children**.

Our areas of focus as a new partnership

Building on what we know works, and further research and innovation, we will work together to explore what more or different we can do in:

- Focusing on the **“best start in life” for every child** by ensuring families receive good care and support (including for their mental wellbeing) in the first 1,000 days of a child's life
- **Improving access and mental health outcomes** for children and adolescent mental health services
- **Working with schools on prevention and early intervention** to reduce the risk and increase protective buffers at an individual, relationship, community and societal level. Meeting the health needs of vulnerable groups including 'looked after children' and care experience young people
- Continuing our **trauma-informed approach** led by Public Health, Police and Crime Commissioner and Hampshire Constabulary
- **Co-locating services** to enable a family-based approach to accessing services, co-designed with parents and carers to ensure a common language and understanding across services
- Further developing a **joint children's digital strategy**

What are the benefits for:

Local people: reduced health inequalities, improved mental health and wellbeing (reduced anxiety, reduced suicides, reduced eating disorders) and physical health, improved educational attainment, better inclusion and engagement in schools, societal benefits e.g. reduction in crime

Our staff: increased fulfilment knowing they can deliver the above, plus reduced pressure, increased satisfaction

Partners: positive impact on society and the economy, reduced demand for services in the future.

Mental wellbeing

Working through comments from mental health team – awaiting wording and data updates



What have we heard from our communities and partners?

“The non-clinical route into mental health and wellbeing support is just as important as the clinical route”

- Prioritising and promoting mental health and wellbeing is a priority across all partners, for all population age groups
- “Focus on illness is too strong and should be more of a focus on wellness”
- “Secondary care in mental health is just the tip of the iceberg - there needs to be many rafts of supporting scaffolds in place”
- “We need to challenge ourselves that access is the same and equitable”, and continue to improve parity of physical and mental health
- We need to state tangible solutions with ambitious targets and do a few things well

The outcome we want to achieve: improve the population’s mental health, emotional wellbeing and physical health, by focussing on prevention and working more closely with communities in the provision of excellent, equitable, joined-up services, care and support.

Where we are today?

- **Prevalence of mental health conditions varies across our geography**, e.g. the Island has the highest prevalence of severe mental illness, followed by Southampton and Portsmouth
- **Mental health problems have greater and wider impact in some groups than others**, e.g. the largest proportion of the population claiming Employment Support Allowance due to mental health problems is those aged 18-24yrs; impacts are inequitable in deprived and ethnic minority communities
- **We are below the national average and peer top quartile for some services**, e.g waiting times for children and young people, people living with a serious mental illness who have not had their regular ‘physical health check’ in primary care, and below national targets for improving access to psychological therapies and dementia diagnosis
- **There is a mismatch between the needs of population and the capacity of services**, and this varies across our system, so some people more impacted than others
- **Far reaching mental health impact of Covid19 still to be fully realised**; but has exacerbated inequalities for marginalised people/groups, especially those struggling with their mental health and wellbeing before the pandemic.

What do we know works?

- **Collaboration and determined focus on prevention and early intervention** e.g. Isle of Wight’s Mental Health Alliance, partnering between Shout mental health text service & 111 Mental Health Triage Team, social prescribing.
- **Single points of access and ‘no wrong door’ approaches** - through join up between local authorities, primary care and voluntary care / social enterprises, improve the quality and availability of urgent care
- **Lessening the stigma around mental health and wellbeing** – coordinated communication campaigns between services / organisations e.g. ‘Its OK not to be OK’
- **Digitally enabled support and care**, e.g.: psychological therapies and advice and information
- **Adopting ‘outreach’ approaches** through other healthcare interactions e.g. dentists, opticians to identify individuals who may be at risk
- **Expanding access to support in local communities** via innovation between partners e.g. co-location of services, mobile/pop up support in ‘trusted’ places where people live or gather e.g. Hampshire Homeless Health Teams, Joint work with Faith Leaders (Covid 19 Vaccination)

Our areas of focus as a new partnership

Building on what we know works, and further research and innovation, we will work together to explore what more or different we can do in:

- **Emotional wellbeing** and prevention of psychological harm - including excess morbidity and excess mortality associated with severe mental illness.
- **Improving mental health and emotional resilience** for children and young people, especially as they move into adulthood, **and for families, parents and carers of children**
- **Better connecting people** to avoid loneliness and social isolation
- Focused work to **prevent suicide**
- **Improving access to bereavement support** and services locally, for all age groups
- **Addressing inequalities in access and outcomes and enabling people to navigate through services**
- **Supporting the mental health and wellbeing of our staff** through policy and workforce development eg: Mental Health First Aiders

What are the benefits for:

Local people: reduced health inequalities, improved mental health and wellbeing (reduced anxiety, reduced suicides, reduced eating disorders) and physical health, greater independence, and for children and young people - improved educational attainment

Our staff: increased fulfilment knowing they can deliver the above, plus reduced pressure, increased satisfaction

Partners: increased effectiveness, improved productivity and workforce supply (resulting from improved mental health and physical health and/or reduced caring responsibilities for others with mental health support needs), positive impact on the economy, unmet need recognised and addressed.

Promoting good health and providing proactive care

What have we heard from our communities and partners?

“We need to be tackling the ‘causes of the causes’ of people’s ill health”

- If trends continue, preventable ill-health and deaths will grow, as will health inequalities and our services will become increasingly unsustainable. There is a great deal we can and are doing, but there is more we could do together
- Deprivation is often hidden in rural communities – we need to prioritise areas of greatest need/ inequality – recognising we can’t do all of this at once
- There is a role for all partners in improving health of our population, not just in terms of managing the conditions that people have already been diagnosed with, but addressing some of the wider determinants of health

The outcome we want to achieve: We want to enable every individual to live more of their life in a state of good health and be able to access resources and services in their communities and to narrow the gap between the richest and poorest.

Where we are today?

- **Outcomes vary widely**, eg: some of the lowest avoidable and preventable mortality rates in some areas, other areas significantly above national median
- **Some people suffer poorer health and die younger**, eg: people with learning disabilities (life expectancy 14 years less for males, 18 years less for females), people who are homeless, gamblers, refugees, carers, people with mental health needs (eg: a person with schizophrenia dies up to 20 years earlier, the last 7 years in poor health)
- **The greatest contribution in life expectancy gap** between the most and least deprived is linked to circulatory diseases, cancer and respiratory diseases
- **Stagnating life expectancy improvements** particularly in the more deprived areas, (especially females). Time spent in good health has decreased
- **These outcomes can be changed**, eg: smoking remains the biggest preventable killer and major contributor to health inequalities; alcohol admissions are increasing, particularly in Southampton and west Hampshire; top issues noted in patient records: 1. hypertension, 2. depression, 3. obesity
- **Feeling isolated** is linked to early death, poor health and wellbeing - social isolation is associated with a greater risk of inactivity, smoking, risk-taking behaviour, coronary heart disease, stroke, depression and low self-esteem.

What do we know works?

- **Taking a life course approach** recognising there are a wide range of protective and risk factors that influence health and wellbeing over the life span and that people's outcomes can be improved throughout life
- **Reducing health inequalities** through the life course requires a whole-of-society approach dealing comprehensively with all health determinants. We know that clinical care only contributes to 20% of an individual's health outcomes and therefore to improve our population health and wellbeing we need to focus on the other contributing factors, eg: health behaviour (smoking, diet, alcohol), socioeconomic factors (family/social support), the environment people live in (housing)
- **Promoting healthy behaviours** eg: healthy diet, healthy weight, smoking cessation - helps with major conditions i.e. cancer, depression, dementia, diabetes and cardiovascular disease
- **Better connecting people** (tackling social isolation) improves health outcomes and reduces the need for health services and residential care, supports employment and increases workplace productivity. Services which build on the community model of empowerment, like social prescribing in healthcare settings, voluntary and community befriender services and local government community connector services all have positive impacts. These services can deliver up to a 68% reduction in using services; up to 88% of people who access these services have a better understanding of their community support and a 10% increase in wellbeing measures eg: connectedness to others.
- **Providing proactive, integrated care for people**, especially those with complex needs, providing care closer to home, shifting focus to prevention, and reducing reliance on support services including urgent or emergency care.
- **Core 20+5 approach** to health inequalities: focusing on the most deprived 20% of the population plus other local population groups experiencing inequalities in five clinical areas: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension.

Our areas of focus as a new partnership

Building on what we know works, and further research and innovation, we will work together to explore what more or different we can do in:

- **Improving social connectedness and support in communities** - leveraging existing community assets and empowering citizens
- **Providing support for healthy behaviours and mental wellbeing in community settings**; targeted approaches on evidence-based issues eg: lung health checks, vaping prevention in children, visual impairment for those with learning disabilities
- **Ensuring equal importance is given to mental wellbeing and physical health and tackling the stigma of mental health**
- Supporting people to minimise the potential health and wellbeing impacts of **cost of living pressures**
- **Providing proactive, integrated care** for people with complex needs
- A **healthy ageing** approach, supporting people to benefit from smoking cessation, alcohol dependency and weight management services; building prevention into pathways regards modifiable risk factors (smoking, obesity, 5-a day, physical activity, alcohol/drugs)
- **Combining resources** on housing, mental health, refugees, homeless, rough sleepers and 'Core20+5'

What are the benefits for:

For local people: no matter what a person's circumstances are, they can be assured of dignity and security as they age; improved health, happiness, wealth and wellbeing; longer lives and increased overall years of good health

For staff: more able to meet needs of local people, fulfilling work, less pressure, with a focus on prevention and early intervention

For partners: people living longer, healthier, happier, wealthier lives which reduces demand and unmet need, delivers efficiencies, improved effectiveness

Our people, digital technology and data are key to enabling us to deliver our priorities

Our people: the people that work across all our services are vital to the delivery of this strategy. We have a highly skilled, dedicated and committed workforce across Hampshire and Isle of Wight, including a huge contribution from volunteers and informal carers.

External factors lead to increased demands on services and the people that deliver them. People are living and working longer, necessitating radical changes in how we structure work, eg: flexibility, mid-career shifts, re-skilling, and delayed retirement. The health and wealth of the workforce affects the health and wealth of local people. In the NHS, 1 in 4 staff members are 'lower paid' (defined as earning up to £12.73 per hour in 2021/22, just below average UK hourly earnings). By comparison, around 4 in 5 social care employees are 'lower paid' by the same measure. Our workforce has faced unprecedented challenges over the Covid-19 pandemic and demonstrated exceptional resilience, including adopting new practices to sustain services for the benefit of local people.

Our workforce is stretched, both in Hampshire and Isle of Wight and across the country. Workforce wellbeing remains a key priority across all sectors. In June 2022 alone the NHS lost 476,900 days (nationally) to sickness and absence due to anxiety, stress and depression. As of September 2021, nearly 100,000 NHS vacant posts, and 105,000 in social care were being advertised nationally. An estimated extra 475,000 jobs are needed in health and 490,000 in social care across the country by the next decade. We recognise the imperative to re-examine the way we work and innovative delivery pathways supported by digital technology.

Workforce challenges in Hampshire and Isle of Wight

- Domiciliary care workforce shortages, particularly in Isle of Wight, south-west and south-east Hampshire
- NHS workforce supply pipelines unable to keep pace with current demand, particularly for nursing, midwifery, medical and allied health roles
- Our workforce is not representative of the communities we serve, which might then impact on the inclusivity of services we provide
- Staff morale and engagement scores are generally declining across the NHS.

Digital solutions, data and insights: harnessing the power and innovation of technology and information technology will help us to deliver better quality, more efficient care, closer to people's homes and communities, in a way that fits people's individual needs and lifestyles. Joining up data, technology and information systems will also support us to join up our care and improve services and support our workforce to be more efficient. Data held by the NHS, and generated by smart devices worn by individuals, presents opportunities to support everyone with access to their health information and personalise many more health interventions.

However, the complexity, cost and time it takes to introduce some new digital solutions, join up data and create insight we can act on continues to present a challenge. Additionally, most local people understand the benefit of digital solutions and shared data, but we must continue to be respectful of the views and preferences of those who still have reservations or are unclear. For example:

- **Sharing patient information** – a Wessex Care Records survey highlighted:
 - 86% understood their information was shared for their care and treatment, but less were aware it was shared for planning services (46%)
 - Respondents were positive about potential future uses such as sharing for planning and improving services (77%)
 - There was less support for sharing with other organisations, ie: the charities/universities carrying out research (58%), other organisations, such as councils, providing care and support (53%) and companies developing new treatments (38%)
- **Face-to-face still highly valued** – Hampshire Fire Service asked what people thought the challenges were to accessing services. Respondents said access to technology was the main barrier (46% said face to face communication was best)
- **Remote monitoring needs to be effective** – Healthwatch England asked people about their experience of remote monitoring. People said there are many benefits to blood pressure monitoring at home, including peace of mind, feeling in control and convenience, but there are serious questions about whether the benefits of better health are being realised and gaps in GP processes need to be addressed to avoid demotivating people and missing opportunities to address blood pressure problems.

Our people (workforce)

What have we heard from our communities and partners?

“Without the workforce, none of our ambitions will be achieved”

- “We can’t do anything without our people. They need to be supported, inspired and have good access to continuous development.
- “[We need] a workforce that is engaged, empowered and always learning and striving to improve.”
- “There is the opportunity join up our training and retention offer, including creating employment opportunities for our local population to improve their health outcomes”
- Reductions in workforce puts pressure on loyal staff and shortages are getting worse across all roles
- The rising cost of living is creating downward pressure on the real wages of our workforce and making it even harder to recruit
- Our workforce doesn’t match need with some areas very well served and others (often more deprived) areas underserved
- There is some duplication in roles, especially between “first contact” staff

The outcome we want to achieve: We want to ensure we can attract, recruit and retain people with the right skills and values to enable provision of high quality health and care services for the population of Hampshire and Isle of Wight.

Where we are today?

- Untapped resources in **voluntary and community** sector
- Increasing **sickness absence** rates, eg: NHS increased to 5.2% in June 2022; 23.2% of sickness due to anxiety, stress, depression and other mental health
- Annualised growth for the health workforce is 4% per year over the past five years, but there is still **shortfall**, NHS vacancies at 10% in south east region April –June 2022. 2021/22 NHS staff **retention** rate at 14%
- At the time of the 2011 census, there were 30,437 **unpaid carers** across our system providing for family members or friends. The total number is now likely to be much higher. However, during Covid-19, we have seen a breakdown in unpaid carer arrangements and voluntary and community sector care support is also compromised. Many of the people being supported in this way are living with long term, often life long, care and support needs. Without the amazing commitment and dedication of unpaid carers the health and care system would quickly come to a standstill.

What do we know works?

- Concerted focus to improve **diversity, inclusivity and belonging** and the development of a universal workforce
- Collaboration in **recruitment and retention**, including international recruitment
- Making **every contact count**
- **Health and wellbeing at work**, including support for menopause and staff fast track referrals into support services
- Joining up **pathways into education** around healthy lifestyles into care, health and voluntary sector roles
- **Levelling up through employment** - securing good work is a key indicator to improve individual, and collective, health and economic wellbeing outcomes
- **Organisational development** networks across partner organisations to work together on development and share best practice
- ‘**Education to employment**’ projects working with schools and colleges
- Joint **leadership and transformation** programmes eg: Hampshire 2020 programme

Our areas of focus as a new partnership

Building on what we know works, and further research and innovation, we will work together to explore what more or different we can do in:

- **Building workforce capacity to meet demand:** Grow the workforce for the future by extending recruitment and working closely with education providers, building our ability to share system resources and move between organisations, harness the untapped support of volunteers and implement effective, collaborative workforce planning which accounts for labour market flows across health and care sectors and their interaction with the wider economy, designing innovative new roles with career pathways to suit tailored needs.
- **Ensuring the availability of the right skills and capabilities** to deliver, safe high-quality care.
- **Ensuring people who provide services are well supported and feel valued**, taking a system-wide approach to organisational development and support offers for our staff, including access to mental health first aid support and trauma counselling, and supporting people with unpaid caring roles, as well as improving diversity and inclusivity.

What are the benefits for:

Local people: better availability of staff with the right capabilities means better access to high quality services. There is a direct link between staff feeling supported and valued and being able to deliver high quality, compassionate care.

Our staff: increased fulfilment, increased job and career satisfaction, lower levels of stress, avoid duplication of recruitment and training requirements, feel able to deliver care of the quality to which they aspire, improved personal health and wellbeing.

Partners: improved workforce supply and pipeline; creation of new roles to support delivery of key priorities at place (e.g. case management). If staff shortages in one part of the system are addressed, this has a positive impact on workforce capacity across all sectors. Positive impact on the economy and wider determinants of health for local people employed locally.

Digital solutions, data and insights

What have we heard from our communities and partners?

“There is a known need for digital systems to be integrated and compatible: without this there is a decline in efficiency and collaboration”

- “A shared single picture of vulnerability is essential so that we can target activity to the sections of the population that need it most”
- “It’s about the enablers. That’s where we can get traction as a system”
- Systems are not connecting with each other: too many systems creates duplication. We are wasting time by not have the right access to the right equipment or networks to do work in real time.
- Increased awareness and concern about digital exclusion. This is not just about access to computers and the internet, but includes issues such as privacy, disability and access for carers.

The outcome we want to achieve: We want to harness the benefits that digital solutions can offer to our local people, carers and staff, ensuring they are available to everybody, regardless of age, disability or household income.

Where we are today?

- People are now using **digital tools for online consultations**, accessing their GP record, and to seek advice and guidance.
- **Digital exclusion** is having an increasing impact on the most vulnerable in our society. People that are digitally excluded often pay more for household bills, earn less, have lower levels of educational attainment and can suffer more from social isolation, which impacts on both mental and physical health.
- We have a **range of different IT systems** that do not all “talk” to each other.
- Our **data sets** are not yet as sophisticated or joined up as they need to be to enable excellent decision making including individual care and service planning.
- Health and care can be **slower to adopt** digital innovation.

What do we know works?

- **Giving local people more control of their care** for example by sharing your Covid-19 status or ordering repeat prescriptions through the NHS App or viewing your latest test results and communicating with your healthcare professional via MyMedicalRecord
- **Providing users with simple secure access to the information they need**, for example by providing care homes with access to the system-wide shared care record to see any new patients history such as medications and allergies.
- **Bringing information from multiple sources together in one place** and reducing the number clicks and logins, for example with single sign on to the shared care record or through electronic patient record portals.
- **Reducing unnecessary travel time** for patients and local people by providing robust secure mobile access to systems and giving patients the choice of virtual consultations.

Our areas of focus as a new integrated care partnership:

Building on what we know works, and further research and innovation, we will work together to explore what more or different we can do in the following areas:

- We will **empower local people** to use digital solutions through promoting and engagement in digital services. We will provide resources and support for local people to engage in digital to ensure equity of access to all health and care services
- We will **support our workforce** to be confident and competent in using digital solutions to provide high quality care
- We will **improve how we share information** between different IT systems and remove the organisational, digital, data and technology boundaries created by legacy systems to better support care provision and the creation of integrated datasets to support planning
- We will **continue to improve our digital solutions**, focusing initially on investment in shared electronic health and care records. We will explore digital innovations in improving health and modernising care and experience, including the use of apps and wearable devices

What are the benefits for:

Local people: can receive care at home, where appropriate and only need to say things once. People feel they are always involved and have control of their own care, can access care and information in a way that meets their individual needs and helps them to make choices about their own health and wellbeing. Our local people do not feel digitally excluded and can access to a range of services.

Our staff: can access equipment that is modern, reliable and fast, and helps productivity, releasing more time for providing care. Staff can review and update patient records when and where they need to, using joined up systems that talk to each other. Staff can easily communicate with colleagues across different organisations involved in the care of local people.

Partners: Reduced efficiencies by saving staff time and avoiding duplication; facilitates joined up care and services; enables real-time, consistent capturing of information which improves our understanding of people’s needs and helps decision making; enables joined up data sets to support better planning, including our population health approach.



How we will deliver our partnership strategy

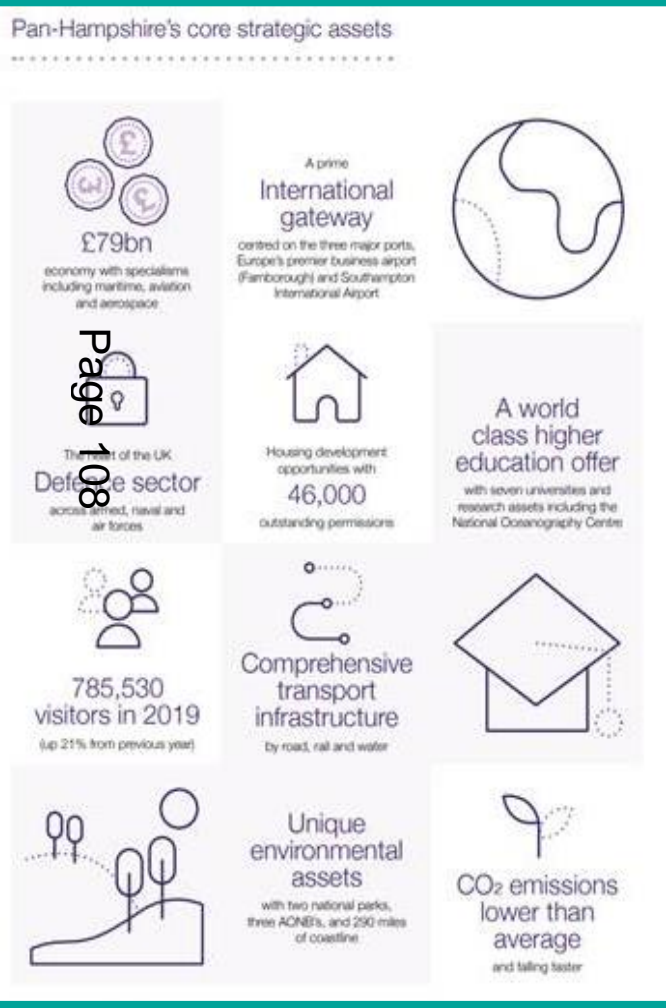
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SECTION IN DRAFT



Our 'strengths based' approach

Our strategy focuses on a small number of initial priority areas to make the best use of our combined resources, including the strengths of our local communities and our **strategic assets** across Hampshire and the Isle of Wight. As we work together to deliver our priorities, we will also develop the way that we work together as a partnership, continuing to learn together and draw on our collective insights and talented people.



The strength of our communities

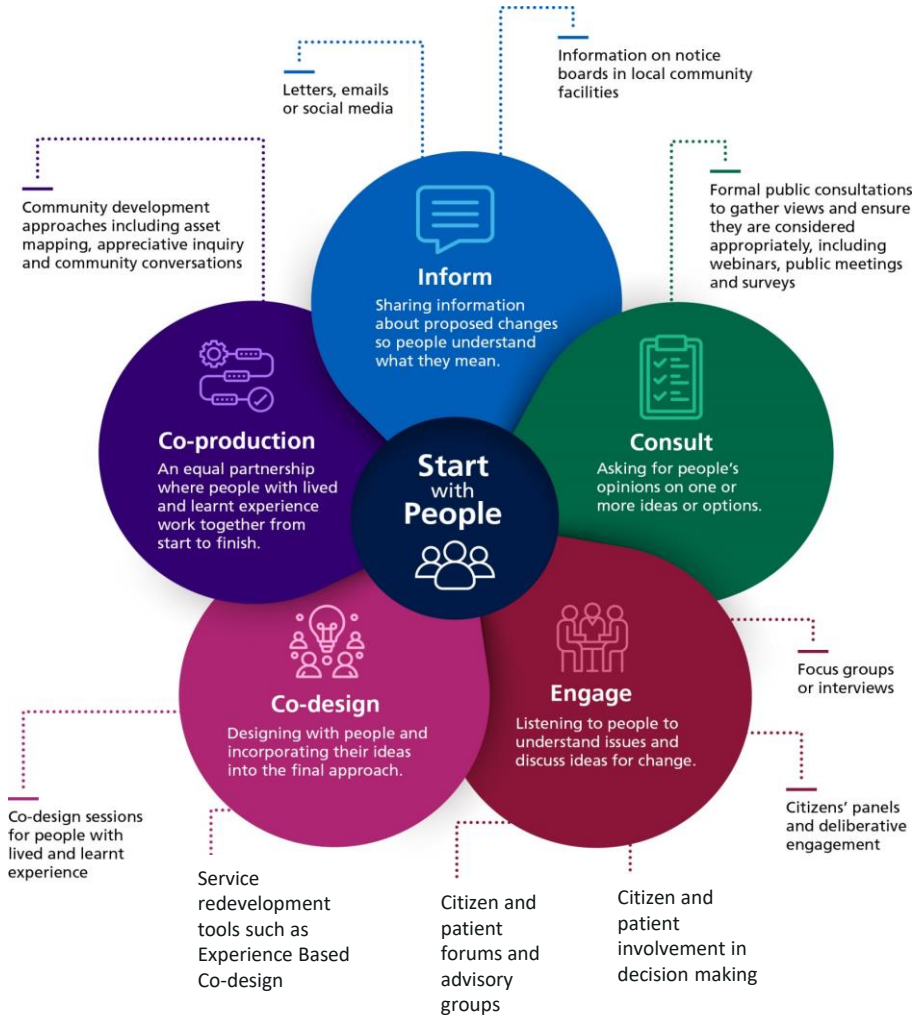
Our ambition is it to harness the resources, skills, knowledge and experience of the communities we serve. We have strong communities, within which many people give their time and skills as volunteers, and thousands of people providing unpaid care to their loved ones. Our voluntary, community and social enterprise sector is a significant asset and makes a huge contribution to our communities.

Thousands of students attend higher education here and we are home to outstanding centres of research and innovation in our local universities and academic health science network. We have a thriving cultural scene and industries providing employment and infrastructure.

Using community assets we will address health inequalities, improve and innovate the way we deliver services and support local communities to improve their health, happiness, wealth and wellbeing.

As described earlier in this document, we have drawn upon insights from local people to inform this interim strategy. Our community involvement approach, incorporates many ways of working with local people (see right), and builds on existing best practice carried out by partners and communities here and in other places, strengthening the valuable relationships we have, and meeting the needs of our diverse communities.

As part of this, we are launching a project aimed at supporting under-served communities to participate in research to improve access, resources and support for these communities. The project brings together voluntary; community; social enterprise; local government; health and adult social care partners, the University of Winchester and people with lived experiences. This will be instrumental in the delivery of this strategy and our ongoing work as a partnership with our local communities.



Developing our learning system

Together we will design a learning and improvement system, building on excellent practice across Hampshire and Isle of Wight, and drawing on evidence and best practice from the highest performing health and care systems nationally and internationally. We will develop a unified approach to change and transformation, and how we will deliver the best outcomes for local people, making the best use of our resources. This will have implications for how we plan, design, deliver and sustain change and improvement. Key to this are our collective insight and innovation capabilities.

Our population health approach: building capability across the “four Is”

Building these capabilities will enable us to deliver a population health management approach to support us in delivering our strategic priorities.

Infrastructure	Intelligence
<p>Organisational and human factors such as dedicated systems leadership and decision making on population health and PHM</p> <p>Digitised health & care providers and common integrated health and care record</p> <p>Linked health and care data architecture and a single version of the truth</p> <p>Information Governance – whole system data sharing and processing arrangements that ensure data is shared safely securely and legally</p>	<p>Advanced analytical tools and software and system wide multi-disciplinary analytical teams, supplemented by specialist skills</p> <p>Analyses and actionable insight – to understand health and wellbeing needs of the population, opportunities to improve care, manage risks and reduce inequalities</p> <p>Alignment of multi-disciplinary analytical and improvement teams to work with and advise providers and clinical teams</p> <p>Development of a cross system ICS intelligence function providing support to all levels of system</p>
Interventions	Incentives
<p>Care model design and delivery through proactive and anticipatory care models with a focus on prevention and early intervention and reducing health inequalities</p> <p>Community well-being – asset based approach, social prescribing and social value projects</p> <p>Citizen co-production in designing and implementing new proactive integrated care models</p> <p>Monitoring and evaluation of patient outcomes and impact of intervention to feed into continuous improvement cycle</p>	<p>Incentives alignment – value and population health based contracting and blended payment models</p> <p>Workforce development and modelling – upskilling teams, realigning and creating new roles</p> <p>Enabling governance to empower more agile decision making within integrated teams</p>

Research and innovation

There are vast opportunities for research and innovation to help address challenges around:

- workforce
- mental health and wellbeing, particularly for children and young people
- new approaches to care for people living with long term conditions and for older people
- making the best use of digital solutions
- accessing routine care following the Covid-19 pandemic.

Some of these innovations help us to deliver the right things at the right times in the right place, making the most efficient use of workforce and empowering people in their own care. Other innovations drive technical efficiencies in established pathways of care. As in other global health systems, the adoption of innovations in health and care is patchy, driven by the way innovation is prioritised and funded. In the United Kingdom, we invest heavily in invention, but our ability to make use of inventions does not always keep pace.

Working as an integrated care partnership allows us to better align all the organisations in our system to make better use of innovations. Other factors that support this include the merging and therefore better alignment of central bodies, and our collective experiences of working through the Covid-19 pandemic, which changed our understanding of what is possible and how to enable rapid invention, adaptation and use of innovations. In Hampshire and Isle of Wight we will seek out research and innovation that directly supports our five strategic priorities, work out how these can be adopted across our partners and services, and develop our capacity and capability to sustain and spread innovations as part of our learning system approach. In doing so we will make best use of:

- Relationships with academic networks and institutions
- Commercial support and relationships with industry
- Design support and implementation science
- Real world evidence about what works well
- National networking, sharing, learning and supporting.

Ensuring our organisations benefit broader society and support environmental sustainability

Our organisations as “anchor institutions”

Large businesses, local authorities, NHS and other public sector organisations, are rooted in their local communities and can make a big contribution to local areas in many ways, far beyond our core purpose as organisations. The term **anchor institutions** refers to large organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. Anchors get their name because they are unlikely to relocate, given their connection to the local population, and have a significant influence on local health and wellbeing.

The Health Foundation developed the graphic (bottom left) to show how NHS organisations act as anchor institutions in their local communities. Although the graphic refers to the NHS, the same principles apply to partners, including local authorities, universities and large employers.

We are increasingly conscious of our potential to make an even greater contribution to broader society and the environment and are working to better understand and realise this potential. In our workforce priority, we describe our ambition to work together to improve the health, happiness, wealth and wellbeing of local people working in our organisations, and our future workforce, drawing more and more local people into employment and volunteering.

What makes the NHS an anchor institution?

NHS organisations are rooted in their communities. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing health care. The NHS can make a difference to local people by:

Purchasing more locally and for social benefit
In England alone, the NHS spends £27bn every year on goods and services.

Using buildings and spaces to support communities
The NHS occupies 8,253 sites across England on 6,500 hectares of land.

Working more closely with local partners
The NHS can learn from others, spread good ideas and model civic responsibility.

Reducing its environmental impact
The NHS is responsible for 40% of the public sector’s carbon footprint.

Widening access to quality work
The NHS is the UK’s biggest employer, with 1.6 million staff.

As an anchor institution, the NHS influences the health and wellbeing of communities simply by being there. But by choosing to invest in and work with others locally and responsibly, the NHS can have an even greater impact on the wider factors that make us healthy.

The Health Foundation

References available at www.health.org.uk/anchor-institutions
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Opportunities to work together for a cleaner, greener environment for us all

Another area of focus for us as anchor institutions, is our work to address the climate crisis, as described below.

- **Reducing carbon emissions** through energy and water efficiencies and clean technology installations will contribute to cleaner air across Hampshire and Isle of Wight, and offer the potential to reduce the pressure on our system by lowering rates of chronic disease such as cardiovascular disease in our local population
- **Supporting local biodiversity** through creating or enhancing green spaces on our estate (land) to promote residents, staff and wider community health and wellbeing now and in the future
- **Empowering and supporting our workforce** to make greener decisions through creating an innovative environment, where our people feel able to embrace sustainability practices in their day-to-day actions and has a positive effect on their wellbeing at work
- **Reducing indirect environmental impacts** and maximising social value by choosing local and conscientious suppliers where possible e.g. maximising efficiencies in transporting of goods
- **Reducing operational waste** including choosing low carbon alternatives such as reusable equipment and reutilising where possible

Our partnership is committed to maximising our positive contribution to our local area wherever possible.

System funding and finance

All system partners are operating within an increasingly difficult national economic environment. Local authorities continue to work creatively with partners and populations to deliver statutory services within revenue and capital resources. At the time of writing, the impact of the recent 2022 Autumn Statement is still being worked through by councils. However, it is assumed that the overarching position remains relatively unchanged. Challenges coping within normal inflationary pressures, over a decade of reductions in core budgets, in addition to the significant unfunded growth in demand and costs, particularly in adults' and children's social care, and the crisis in special education needs, means that some local authorities are now pressing for fundamental change either in the way these services are funded, or in our statutory obligations.

This further demonstrates the need to focus on the priority areas set out in this interim strategy to improve the health and wellbeing of local people. Partners are also keen to better understand the totality of our funding envelope and explore opportunities to work together to make best use of the funding available.

Money the NHS in Hampshire and Isle of Wight receives

The NHS in Hampshire and Isle of Wight receives £3.7bn for the health and care of its population, equating to approximately £1,756 per head of population. This is a high level of funding per head of population but it is overfunded using a national formula and we expect to receive the lower levels of funding growth than other parts of the country in future years, with potentially reduced additional central support for individual NHS organisations' inherent financial challenges.

Of Hampshire and Isle of Wight's £3.7 billion NHS funding:

- £2.1 billion is spent on NHS providers within Hampshire and Isle of Wight, of which £0.3bn is spent on mental health services (a small proportion of which is with providers outside of Hampshire and Isle of Wight).
- £0.3 billion is spent on GP services with a further £0.3bn on wider primary care
- £0.2 billion is spent on continuing care services for people with very complex health and care needs
- £0.1 billion is spent with local councils, including through joint funding arrangements.

Broadly speaking, we receive the same level of income from activities such as training and research and development as other systems of a similar size and scale. However, some systems do receive much more funding for research and development - this is an area we will look to grow in Hampshire and Isle of Wight.

Nationally and in our system, local authorities are facing financial pressures in adult and children's social care, public health and the broader services that impact health and wellbeing outcomes. At the same time the health and care system faces further activity, workforce and financial challenges going forward across the NHS, local authorities and the voluntary sector.

Making best use of our resources

As a partnership, we are working together to explore what we can do to make better use of our resources, including:

- How to deliver efficiencies so that more funding can be made available to deliver our five strategic priorities
- Developing an equity model to ensure investment decisions are driven by population need and support reductions in the health inequalities described in this interim strategy
- Collectively driving funding to the right places to ensure best value, care and support for local people
- Making more use of pooled funds through the use of Section 75 agreements between local authority and NHS partners, and similar, where appropriate
- Exploring how we could operate an 'open book' financial culture
- Developing our shared approach to taking difficult financial decisions
- Exploring how all partner organisations can support local economic development.

Section 75 agreements

Section 75 of the NHS Act 2006 allows partners (NHS bodies and councils) to contribute to a common fund which can be used to commission health or social care related services. This power allows a local authority to commission health services and NHS commissioners to commission social care. It enables joint commissioning and commissioning of integrated services.

Established section 75 arrangements are already in place between our integrated care board and our four upper tier local authority areas. This mechanism has resulted in a major increase in pooled budgets over the years in some parts of our system, where partners have agreed to share risks and rewards and accountability for outcomes.

Further integration of care, while complex to deliver, is recognised as a much needed response to the challenges of rising demand and budgetary constraints. Our ambition is to utilise the section 75 agreements as the vehicle to further drive integration of services at a local level and also deliver on the strategic objectives of this strategy.

Implementation and delivery plans, measuring progress and learning as we go

During the early part of 2023, we will:

- publish easy read and summary versions of our interim strategy, and invite further reflections and feedback from local people and partners to further inform our next work together to translate this strategy into delivery, as well as future refreshes of this strategy
- work together and with local people, especially those with lived experience, to
 - develop our delivery framework for each of our priority areas
 - create a clear dashboard to measure and report progress in our delivery of our strategy on a quarterly and annual basis. This will be publicly available to ensure transparency and promote accountability
 - establish effective ways of reflecting on, and learning from our work together as a 'learning system'
- use this interim strategy to inform the development of the NHS five-year joint forward plan, and inform future versions of individual health and wellbeing strategies, NHS organisations' plans and other strategies and plans

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If you would like to be involved in these activities, please contact [\[insert contact email address, refer to ICS website?\]](#)

An ongoing, iterative process of strategy development across our partnership

Our interim strategy sets out the initial priorities we will address together as a partnership. We will regularly review our five priorities to ensure that they remain relevant to our context and environment and that we are delivering improvements in these areas for our local community.

The integrated care partnership strategy is informed by other local strategies and plan, and in turn informs the refresh of those strategies and plans over time. This is an iterative process, and joining up the priority areas across our various strategies and plans forms part of our new ways of working together.

The integrated care partnership strategy *informs* the development of other local plans and strategies



A wealth of local plans and strategies *inform* the development of the integrated care partnership strategy



Aims and objectives

The Integrated Care Partnership (ICP) is required to publish an initial draft interim strategy by the end of December 2022. For systems which already have an ICS Strategy, this will be a “refresh” of that strategy. JSNAs and Health & Wellbeing Board strategies to inform the strategy.

Through a face to face facilitated workshop with our ICP Assembly Members from across the Frimley ICS we aim to:

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

Following the insight generated at the ICP meeting on 22nd November, a refreshed draft strategy will be published and circulated to ICP members for review and comment prior to the draft submission on 23rd December.



The journey so far

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

The strategy was heavily informed by the data and insight available from the Connected Care platform and led to the formation of six Strategic Ambitions which have comprised the programme architecture for strategy delivery between 2020 and 2022.

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The two Objectives of the Strategy are:

- Improving Healthy Life Expectancy
- Reducing Health Inequalities

All of our strategic intent should be aligned to these objectives.



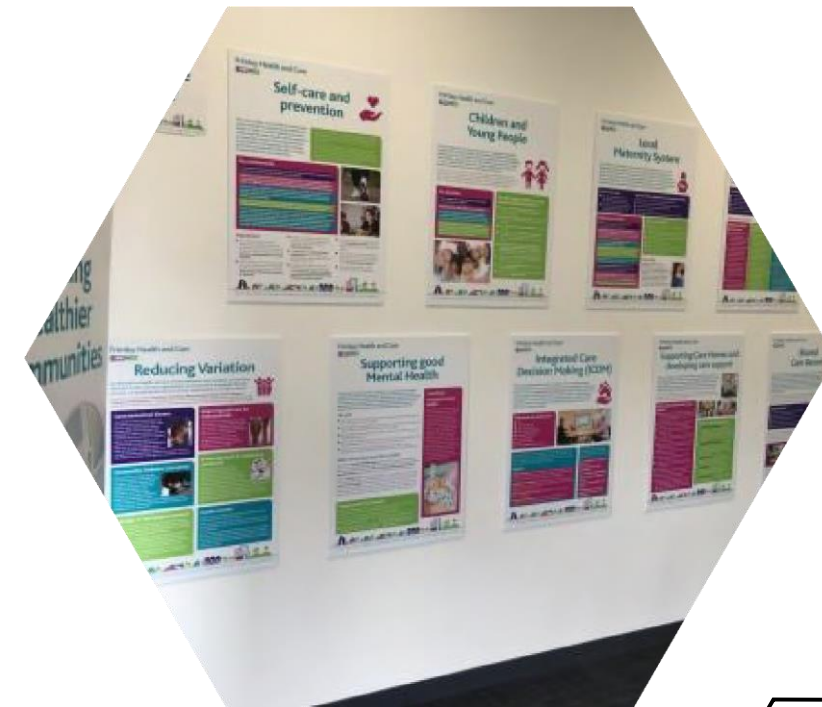
Creating healthier communities with everyone



Inspiration Station 2019

Throughout July 2019 we invited over 250 people from a cross-section of our organisations to come through our 'Inspiration Station'. This included representation from all our partner organisations, community representatives and our voluntary sector colleagues.

The aim of the sessions was to bring different expertise and experience together to collaboratively discuss what is important for our people locally. It helped us to focus on where to put our collective energy and work together to shape the 'creating healthier communities' plan for the next five years.







Our strategic ambitions

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Creating healthier communities with everyone



November ICP

The ambition stations

By rotating thorough each of the six Ambition Stations all ICP members will have the opportunity to familiarise themselves with the ambitions.

Each station will share information relating to the ambition around the following:

- Background to the ambition
- What have been the achievements to date What next for the ambition?

There will be then be the opportunity to discuss the following:

- Does the ambition still reflect what we want to achieve as a system?
- What has changed for this ambition?
- What three areas of focus would you like to see reflected in the refresh?

Output Generation

Engagement

ICP Workshop takes place

22nd November: Review contributions from those unable to attend ICP

Refresh Strategy

shared

By 8th December:

Strategy refresh is drafted

9 Circulate for ICP review

15 Follow on amendments made and

Content

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Finalise and submit

20th December:

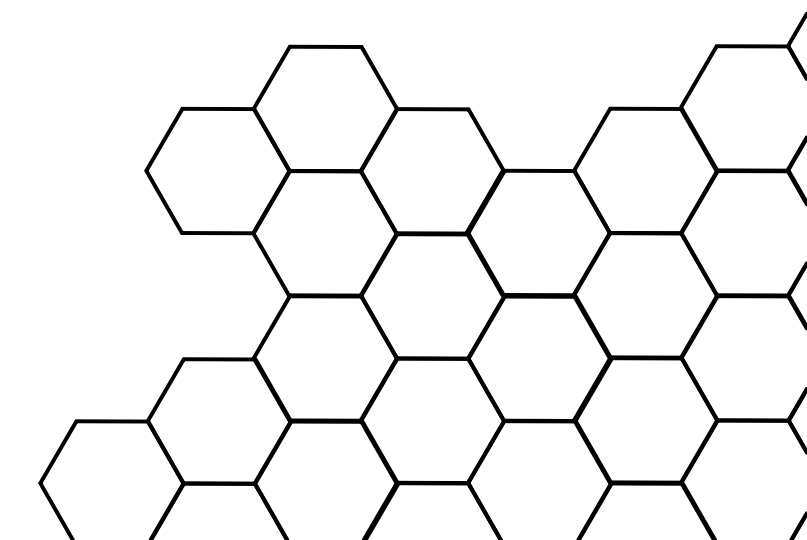
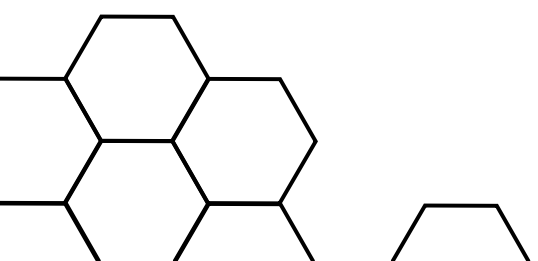
23rd December:
NHS England

Draft Interim Final deadline for Submit to DHSC/

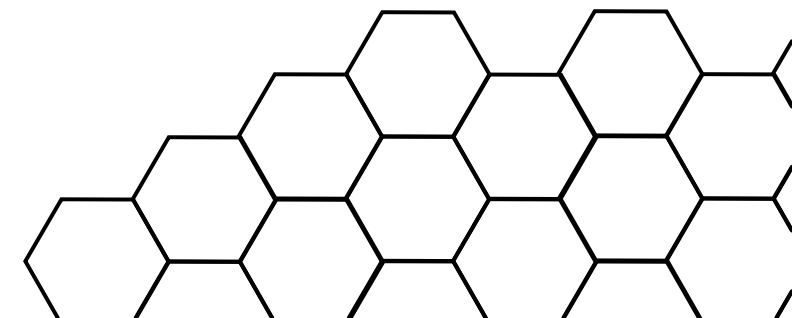
Next Steps

December-March
Further engagement on interim Strategy

March 2023
ICP sign off of final interim strategy

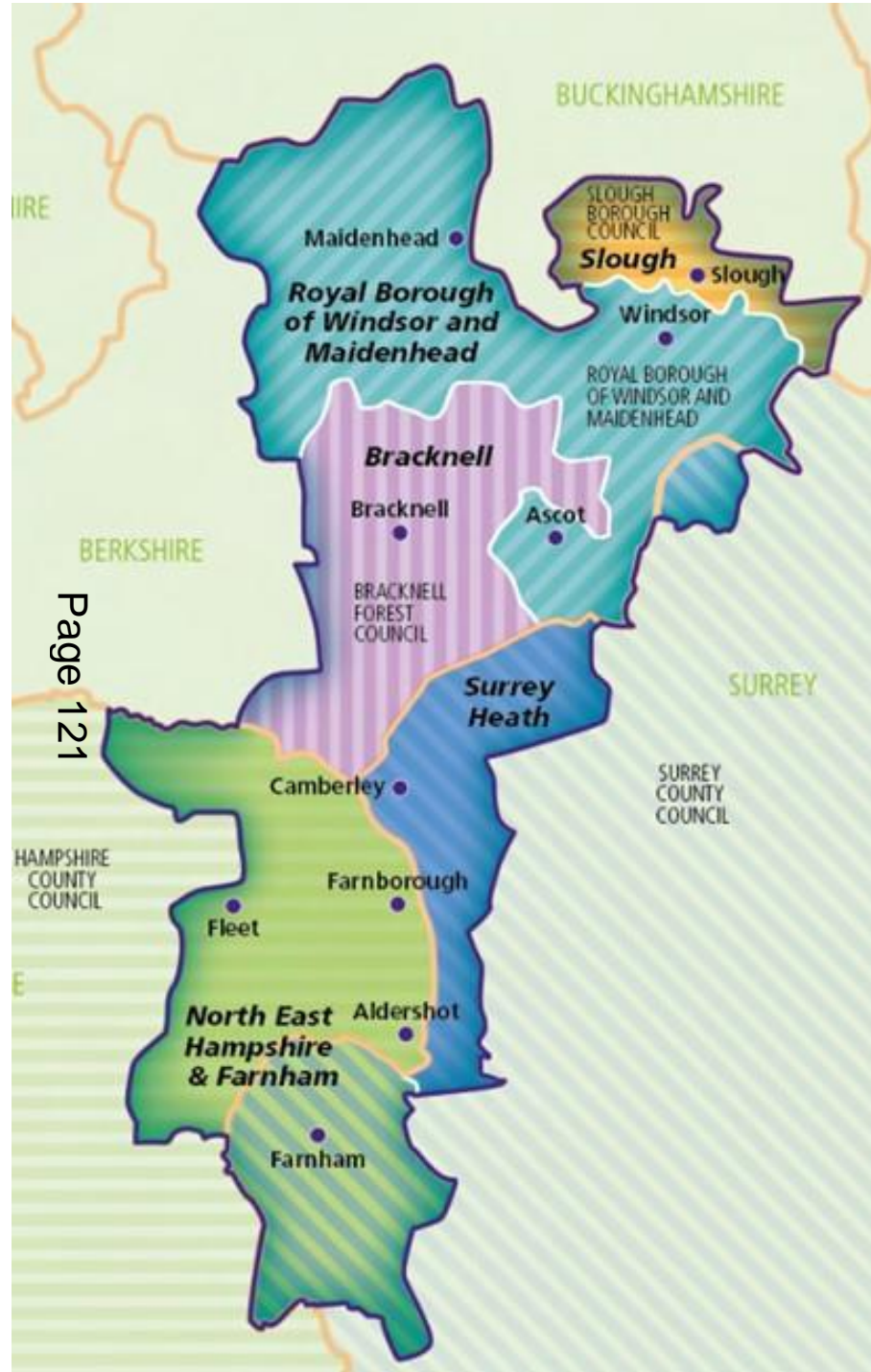


Timescales





Using our insights



Deprivation

People that live in recognised areas of deprivation will often have poorer outcomes. Most of our population do not live in an area of deprivation. Over 30% are in the 10% least deprived in society. All areas contain pockets of deprivation but they can be less visible due to nearby affluence. In Slough there are more people living in deprivation.



Demographics

Population - 800,000



x100K



3% of the population live in the most deprived areas of England, while the region also includes large affluent areas.

Population increase by 2036



(about 47,000 people with largest increases in the over 60's and 13-18 age group)

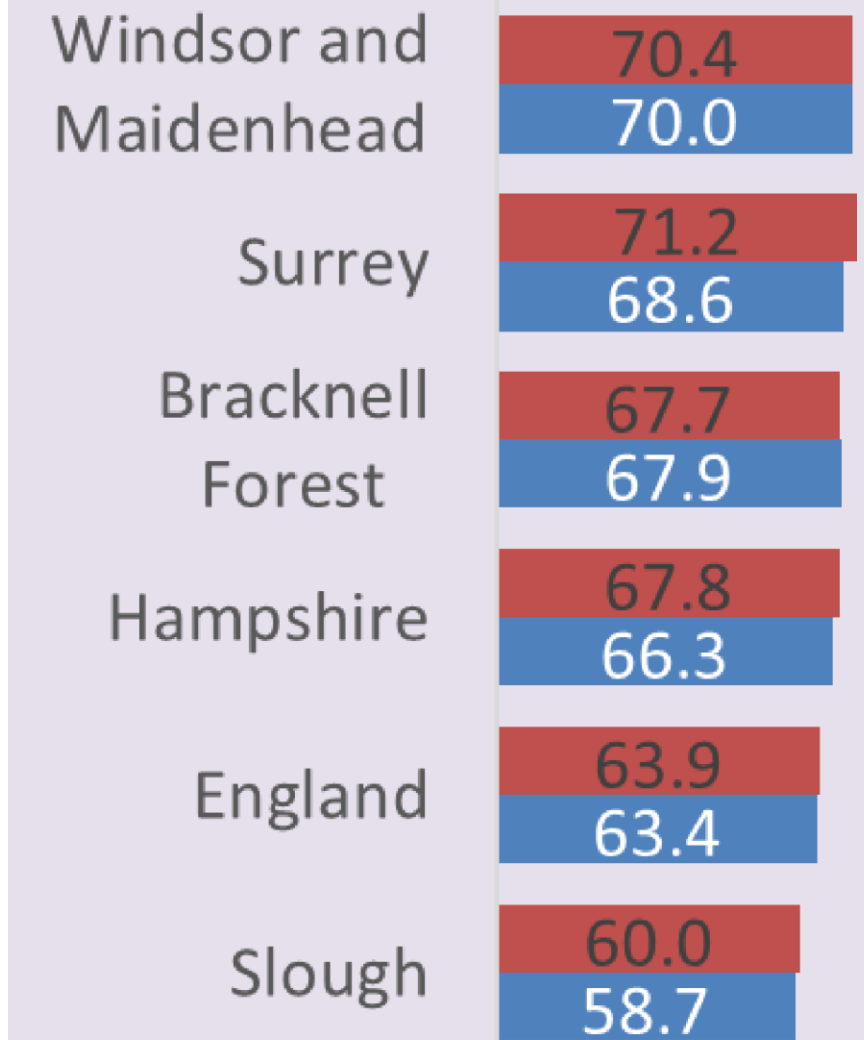


(13.5%)

Healthy life expectancy at birth (years)

2016-2018

Female (Red)
Male (Blue)

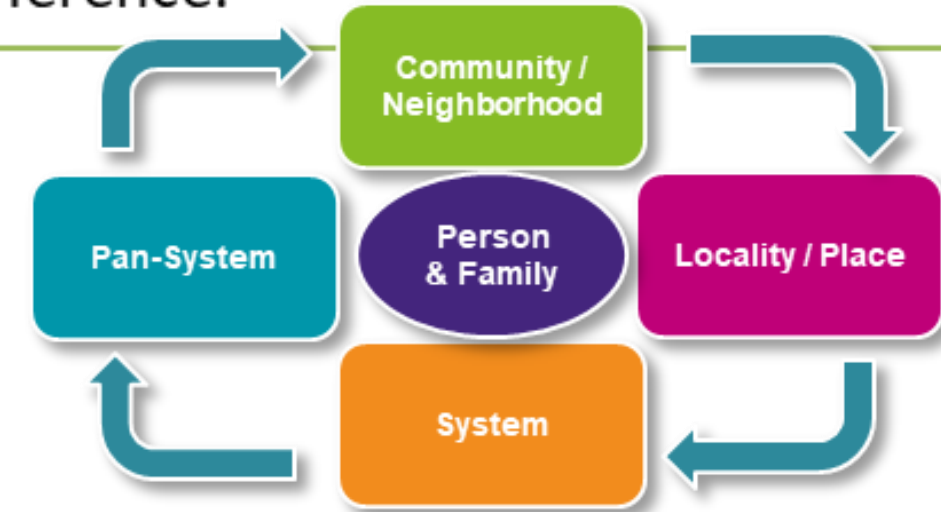


Overall goals:

- Living healthier for longer
- Reducing health inequalities



Our relationships are central to what we do and how we work. We will work with our communities, however large or small, to better understand, develop and build on what's already working, investing where we can make a real difference.



Delivering our strategic ambitions and overall objectives requires working at a variety of scales when planning, delivering and evaluating change.

by Place

Key insights

Figure 1

- Slough compared to other parts of the system is ***younger, higher % BAME, more densely populated*** and ***multigenerational households*** and ***more deprived***

Figure 2

- Adjusting for age and sex, Slough has significantly ***higher prevalence of a wide range of conditions and risk factors***. There are strong associations between deprivation, ethnicity and prevalence of conditions such as diabetes and hypertension (see next slide)
- Increased prevalence of chronic diseases lead to ***health inequalities*** as well as disproportionate impact of Covid-19



Demographics overview

Place name	# Population	# Average Age	% BAME Ethnic Groups	% Multigenerational households	% household >=5	Index of Multiple Deprivation (IMD)
Bracknell Forest	120,774	39.5	11.4 %	6.0 %	25.8 %	7.2
NEHF	237,110	41.0	11.2 %	7.3 %	27.4 %	7.5
RBWM	185,289	40.9	16.3 %	8.2 %	31.0 %	8.1
Slough	173,721	35.0	61.2 %	13.4 %	51.0 %	4.0
Surrey Heath	99,074	42.0	12.1 %	7.6 %	27.2 %	7.9
Total	815,968	39.6	23.3 %	8.6 %	33.0 %	6.9

Figure 2: Age-sex standardised prevalence of conditions by Place

Colour represents statistical significance: **Significantly Higher** | Similar | **Significantly Lower**

RegisterDescription	Bracknell Forest	NEHF	RBWM	Slough	Surrey Heath	Total
Asthma	5.67%	5.13%	4.99%	5.46%	5.10%	5.19%
Atrial fibrillation	2.14%	2.20%	2.34%	1.88%	2.17%	2.18%
BMI >= 35	6.83%	5.88%	4.43%	6.76%	5.79%	5.79%
Cancer	3.75%	3.71%	3.94%	2.93%	3.39%	3.61%
CHD	2.70%	2.60%	2.81%	4.39%	2.60%	2.92%
CKD	3.62%	2.73%	3.39%	4.20%	2.08%	3.13%
COPD	1.42%	1.46%	1.08%	1.68%	1.15%	1.34%
Current Smokers	11.26%	10.16%	9.63%	11.75%	9.76%	10.42%
Dementia	0.73%	0.81%	0.82%	0.76%	0.88%	0.81%
Depression	12.15%	11.35%	9.26%	8.19%	9.91%	10.08%
Diabetes	5.61%	5.47%	4.75%	11.18%	5.14%	6.16%
Epilepsy	0.61%	0.56%	0.48%	0.48%	0.54%	0.53%
Heart failure	0.96%	1.00%	0.95%	1.36%	0.68%	0.98%
Heart Failure Lvsd	0.37%	0.35%	0.36%	0.52%	0.14%	0.35%
Hypertension	14.66%	13.60%	13.20%	18.36%	13.20%	14.34%
Learning disability	0.35%	0.38%	0.30%	0.58%	0.43%	0.41%
Medium/High Alcohol consumption	7.37%	8.50%	9.89%	3.24%	8.72%	7.75%
Mental health	0.70%	0.74%	0.74%	1.18%	0.64%	0.79%
Mental health Lithium	0.05%	0.05%	0.06%	0.04%	0.04%	0.05%
Non-Diabetic Hyperglycaemia	4.37%	5.51%	3.96%	7.31%	3.61%	5.07%
Obesity	8.83%	7.87%	6.06%	9.28%	7.26%	7.74%
PAD	0.43%	0.44%	0.36%	0.64%	0.39%	0.44%
Palliative Care	0.44%	0.39%	0.78%	0.72%	0.32%	0.53%
Rheumatoid arthritis	0.59%	0.56%	0.49%	0.71%	0.59%	0.57%
Stroke/TIA	1.51%	1.53%	1.62%	1.86%	1.53%	1.60%



Understanding health inequalities – Deprivation and Ethnicity

Key insights

Figure 3

Deprivation

- Higher prevalence of smoking and obesity in deprived areas (but lower alcohol consumption)
- Strong association for diabetes, COPD, Heart failure and many other conditions
- Lower prevalence rates for Cancer which could reflect under-diagnosis

Ethnicity

- Asian / Asian British notably higher for Diabetes, Non Diabetic Hyperglycaemia and CHD
- Black / black British notably higher for Diabetes, Hypertension, CKD, Obesity
- Non-white ethnicities tend to be lower for alcohol consumption and smoking (as well as COPD)



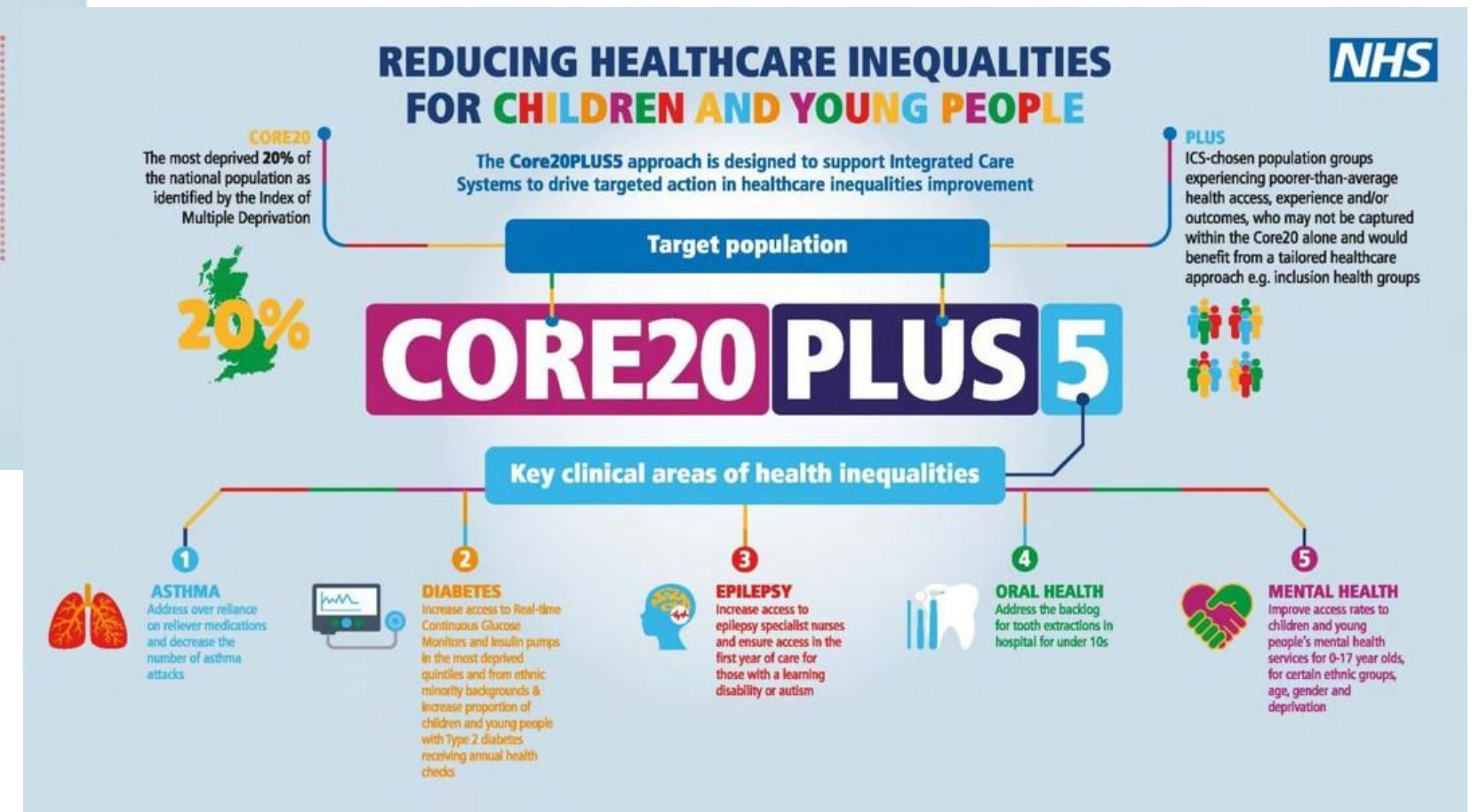
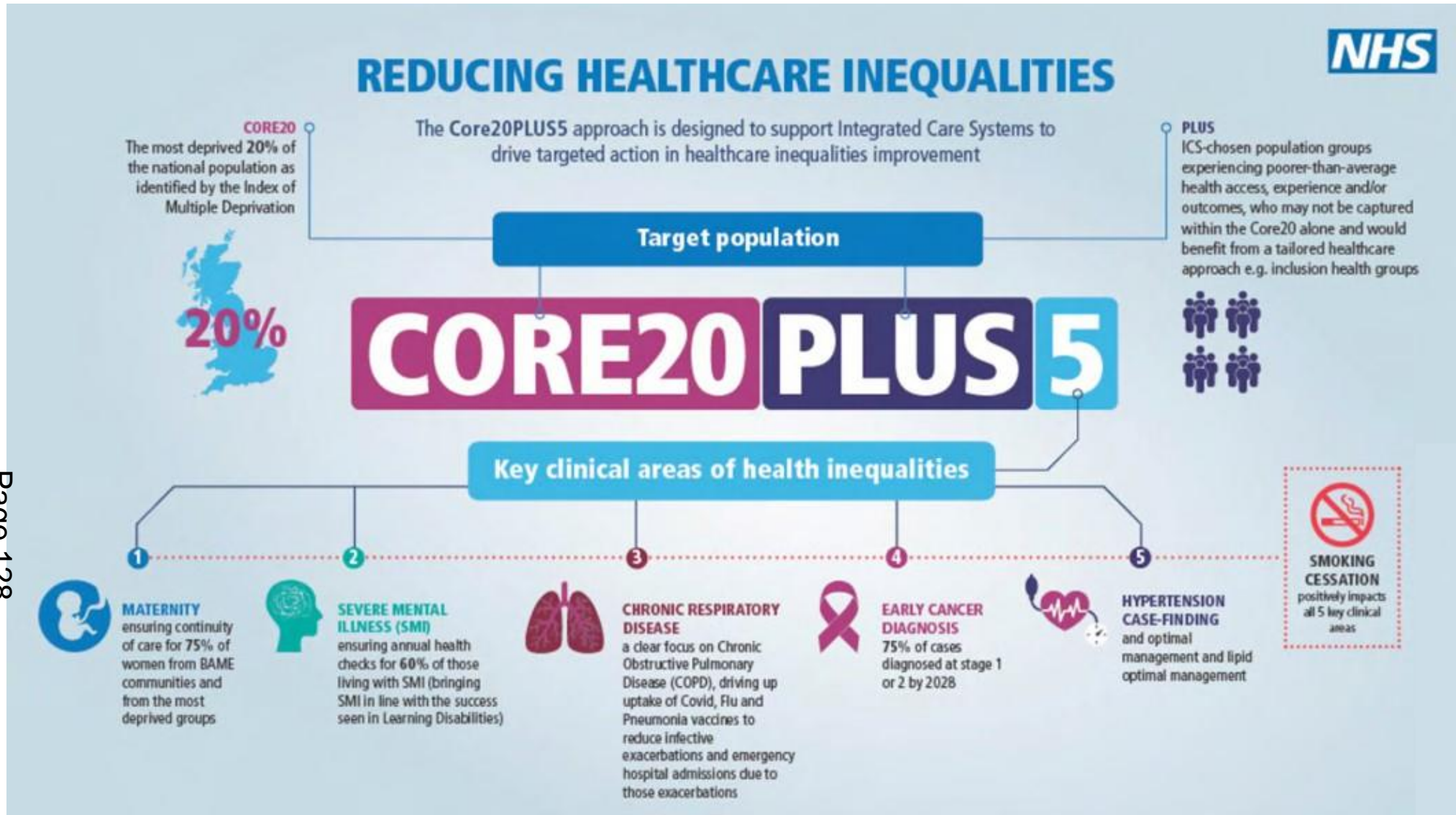
Figure 3: Age-sex standardised prevalence of conditions by Deprivation Quintile and Ethnicity

Colour represents statistical significance: **Significantly Higher** | Similar | **Significantly Lower**

RegisterDescription	Variation by DEPRIVATION QUINTILE (1= 20% most deprived areas)					Variation by ETHNICITY				
	1	2	3	4	5	Asian or A...	Black or B...	Mixed	Other Et...	White
Asthma	5.6%	5.5%	5.5%	5.1%	5.1%	5.4%	4.3%	5.3%	3.1%	5.7%
Atrial fibrillation	2.1%	2.0%	2.1%	2.3%	2.2%	1.2%	1.2%	1.7%	1.8%	2.4%
BMI >= 35	8.3%	7.4%	7.4%	6.3%	4.5%	4.4%	8.3%	5.6%	3.8%	6.4%
Cancer	2.9%	3.0%	3.3%	3.6%	3.9%	2.1%	3.4%	2.9%	3.2%	3.9%
CHD	4.2%	4.0%	3.4%	3.0%	2.5%	4.8%	2.4%	3.2%	2.5%	2.8%
CKD	4.7%	4.0%	3.7%	3.3%	2.7%	3.3%	5.8%	3.6%	2.1%	3.2%
COPD	2.6%	2.1%	1.9%	1.5%	0.9%	0.7%	0.5%	0.8%	0.9%	1.5%
Current Smokers	15.3%	13.9%	13.4%	10.9%	7.8%	6.1%	7.1%	9.2%	9.6%	12.0%
Dementia	0.9%	0.9%	0.8%	0.8%	0.8%	0.6%	1.1%	0.8%	0.8%	0.8%
Depression	11.1%	10.0%	11.6%	10.4%	9.6%	5.3%	6.4%	8.4%	6.1%	12.2%
Diabetes	11.8%	10.5%	7.8%	6.3%	4.4%	14.3%	11.2%	10.0%	6.1%	5.0%
Epilepsy	0.7%	0.6%	0.6%	0.6%	0.5%	0.3%	0.3%	0.4%	0.3%	0.6%
Heart failure	1.6%	1.4%	1.2%	1.0%	0.8%	1.2%	1.0%	1.0%	0.7%	1.0%
Heart Failure Lvsd	0.7%	0.5%	0.4%	0.4%	0.3%	0.3%	0.3%	0.3%	0.2%	0.4%
Hypertension	18.4%	17.7%	16.1%	14.6%	12.7%	18.8%	21.2%	17.0%	12.8%	14.0%
Learning disability	0.7%	0.6%	0.5%	0.4%	0.3%	0.4%	0.4%	0.4%	0.3%	0.4%
Medium/High Alcohol consumption	3.9%	4.1%	6.1%	7.6%	9.5%	2.1%	2.2%	3.8%	5.6%	9.3%
Mental health	1.4%	1.3%	1.0%	0.8%	0.6%	0.8%	1.5%	1.0%	0.6%	0.8%
Mental health Lithium	0.1%	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%
Non-Diabetic Hyperglycaemia	8.0%	7.1%	5.5%	5.0%	4.2%	9.0%	8.1%	6.5%	5.1%	4.3%
Obesity	11.0%	10.1%	9.4%	8.3%	6.1%	8.1%	11.2%	8.4%	5.6%	8.0%
PAD	0.7%	0.7%	0.6%	0.5%	0.3%	0.4%	0.4%	0.6%	0.4%	0.5%
Palliative Care	0.7%	0.6%	0.5%	0.5%	0.5%	0.5%	0.5%	0.4%	0.5%	0.5%
Rheumatoid arthritis	0.6%	0.7%	0.6%	0.6%	0.5%	0.8%	0.4%	0.6%	0.4%	0.6%
Stroke/TIA	2.1%	2.0%	1.8%	1.7%	1.4%	1.7%	2.2%	1.4%	1.5%	1.6%



Core20 plus 5





Core 20 population breakdown across places



Percentage population by Place by deprivation quintile

Place name	1	2	3	4	5
Bracknell Forest	0.03%	4.23%	24.95%	27.11%	43.69%
NEHF	2.87%	9.69%	12.45%	17.73%	57.27%
RBWM	0.10%	5.11%	13.77%	19.24%	61.78%
Slough	8.19%	53.04%	23.45%	14.20%	1.12%
Surrey Heath	0.05%	7.30%	13.05%	14.64%	64.97%
Total	2.60%	16.73%	17.01%	18.34%	45.32%

Population count by Place by Deprivation quintile

Place name	1	2	3	4	5	Total
Bracknell Forest	38	5,108	30,156	32,766	52,810	120,878
NEHF	6,785	22,922	29,466	41,958	135,530	236,661
RBWM	183	9,487	25,559	35,716	114,698	185,643
Slough	14,140	91,543	40,472	24,511	1,936	172,602
Surrey Heath	47	7,215	12,900	14,481	64,239	98,882
Total	21,193	136,275	138,553	149,432	369,213	814,666

Age standardised prevalence of selected registers for most deprived 20% of the population

Place name	Cancer	COPD	Hypertension	Mental health
Bracknell Forest	3.46%	2.05%	14.20%	0.37%
NEHF	3.11%	2.82%	16.87%	1.09%
RBWM	3.16%	2.17%	15.32%	1.52%
Slough	2.82%	1.92%	18.82%	1.37%
Surrey Heath	2.63%	2.17%	14.99%	0.69%

Total population on selected registers for most deprived 20% of the population

Place name	Cancer	COPD	Hypertension	Mental health	Total
Bracknell Forest	136	69	524	46	675
NEHF	795	722	4,352	335	5,385
RBWM	236	158	1,119	133	1,436
Slough	1,767	1,118	12,318	1,228	14,601
Surrey Heath	155	120	813	72	1,021

Key insights

- Majority of the 20% most deprived population within Frimley ICS resides in Slough and NEHF
- When looking at the age standardised prevalence of COPD, Hypertension and Mental Health within this population, it is significantly greater in prevalence compared to the connected Care baseline population. Prevalence of Cancer is significantly lower in this cohort which could be due to reduced screening.

Key insights

1. There is a greater over-representation of BAME ethnic groups (50.3%) within the population in deprivation quintile 1 (most deprived) in the ICS and an under-representation in the least deprived population (9.9%).
2. Some key communities with known health inequalities are much more likely to live in deprived areas. For example, Gypsy Roma Traveller community is almost 7x more likely to live in the most deprived areas than less deprived areas and for Nepalese residents it is 3x.
3. Lifestyle risk factors – obesity and smoking are more prevalent in deprived populations, however high alcohol consumption is lower.

1.	1	2	3	4	5	Total
# Average Age	35.2	35.6	37.4	39.8	42.1	39.6
% BAME Ethnic Groups	50.3 %	49.6 %	29.0 %	21.6 %	9.9 %	23.1 %
% Multigenerational households	9.3 %	9.2 %	7.0 %	6.2 %	4.6 %	6.2 %
% household >=5	44.8 %	44.5 %	35.8 %	30.7 %	24.0 %	31.2 %

2. Age Standardised Prevalence in 20% most deprived population (Quintile 1-2) vs rest of population

RegisterDescription	Prevalence DSR Quintile 1-2	Prevalence DSR Quintile 3-5	Prevalence DSR Quintile 1-2 vs 3-5
GRT Residents	0.4 %	0.1 %	6.65
Nepalese Residents	3.7 %	1.2 %	3.05

3. Age Standardised Prevalence in 20% most deprived population (Quintile 1-2) vs rest of population

RegisterDescription	Prevalence DSR Quintile 1-2	Prevalence DSR Quintile 3-5	Prevalence DSR Quintile 1-2 vs 3-5
Current Smokers	14.2 %	9.7 %	1.47
BMI >= 35	7.4 %	5.4 %	1.37
Medium/High Alcohol consumption	4.3 %	8.6 %	0.50

*Prevalence DSR- Age sex standardized prevalence rates were utilized as it controls for the differences in age and sex distribution by place.

Deprivation (Core 20) and QoF conditions



Key insights

- Prevalence of almost all QOF conditions is higher in deprived areas, including CVD risks that are a large contributor to overall health inequalities. For example, diabetes is almost 2x more prevalent than in the rest of the population.
- Lower prevalence of cancer could also indicate a need for greater screening in deprived communities.

*Prevalence DSR- Age sex standardized prevalence rates were utilized as it controls for the differences in age and sex distribution by place.

Age sex standardised Prevalence in Deprivation quintiles 1-2 vs rest of the population

RegisterDescription	Prevalence DSR Quintile 1-2	Prevalence DSR Quintile 3-5	Prevalence DSR Quintile 1-2 vs 3-5
Diabetes	10.5 %	5.3 %	1.98
Mental health	1.3 %	0.7 %	1.84
COPD	2.2 %	1.2 %	1.83
PAD	0.7 %	0.4 %	1.75
Learning disability	0.6 %	0.4 %	1.72
Heart Failure Lvsd	0.5 %	0.3 %	1.61
Non-Diabetic Hyperglycaemia	7.0 %	4.5 %	1.55
Heart failure	1.4 %	0.9 %	1.47
CHD	3.9 %	2.7 %	1.44
Obesity	10.5 %	7.6 %	1.40
CKD	3.9 %	3.0 %	1.32
Hypertension	17.7 %	13.7 %	1.29
Stroke/TIA	1.9 %	1.5 %	1.26
Palliative Care	0.6 %	0.5 %	1.21
Rheumatoid arthritis	0.7 %	0.5 %	1.21
Dementia	0.9 %	0.8 %	1.17
Mental health Lithium	0.1 %	0.0 %	1.17
Epilepsy	0.6 %	0.5 %	1.13
Asthma	5.3 %	5.1 %	1.05
Osteoporosis 75	0.3 %	0.3 %	1.01
Depression	10.0 %	10.0 %	1.00
Atrial fibrillation	2.0 %	2.2 %	0.90
Cancer	3.0 %	3.7 %	0.80

Core 20 population Cancer and Screening programs





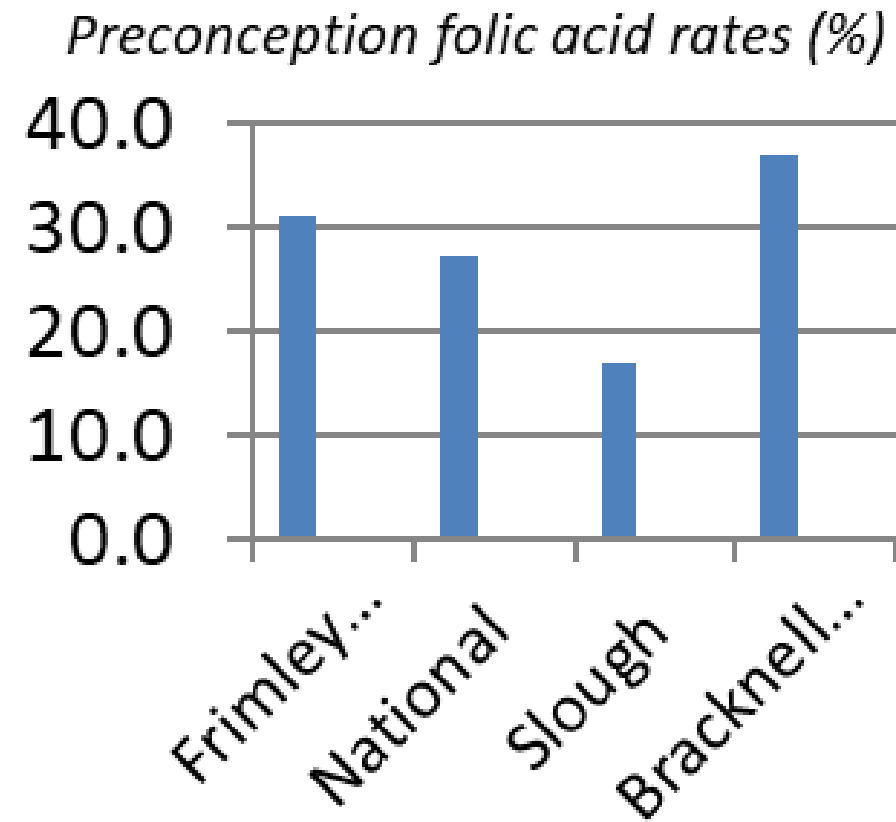
Percentage of diagnosed cancers by source of referral, split out by Deprivation Quintiles					
Source of Referral	1	2	3	4	5
General Practitioner	53.4%	54.3%	55.2%	57.0%	59.2%
Consultant	35.0%	35.8%	33.9%	32.9%	30.4%
AE department or following AE admission	6.3%	4.8%	5.0%	3.9%	3.8%
National Screening Programme	5.3%	5.1%	5.9%	6.2%	6.6%

Key insights

- Those in the most deprived population have a lower percentage of cancers referrals made from all sources including National Screening programs and GPs, compared to the least deprived population (quintile 5). A greater percentage of diagnosed cancers are referred from Consultants or AE departments for deprived cohorts
- For certain care processes such as Cervical Screening, achievement is lower within the 20% most deprived population, which could suggest more effort is needed to reach these communities.
- For care processes such as BMI and Blood pressure reviews, there is greater achievement in the more deprived population.

Achievement of key care processes and treatment target (20% most deprived vs rest of population)

IndicatorType	Indicator % Quintile 1-2	Indicator % Quintile 3-5	% Indicator Diff Quintile 1-2 vs Quintile 2-5
Process	61.5 %	61.8 %	-0.3 %
Urine ACR	33.0 %	43.5 %	-10.6 %
Retinal screening	51.1 %	59.1 %	-7.9 %
LD annual health check	59.0 %	66.8 %	-7.9 %
Cervical screening	63.7 %	70.7 %	-7.0 %
LD annual health check & action plan	55.8 %	62.3 %	-6.5 %
Rheumatoid Arthritis review	40.1 %	43.9 %	-3.8 %
Fracture risk assessment	7.1 %	8.9 %	-1.8 %
CHADVASc score	29.3 %	30.7 %	-1.4 %
Creatinine	84.5 %	84.7 %	-0.2 %
HbA1c	84.3 %	84.3 %	0.1 %
CHAD score	1.3 %	1.1 %	0.2 %
BMI	75.7 %	74.8 %	0.9 %
Blood pressure	74.1 %	73.0 %	1.1 %
Foot examination	72.8 %	71.5 %	1.3 %
Cholesterol	75.8 %	74.4 %	1.5 %
Smoking review	76.2 %	74.3 %	1.9 %



Booking after 16 Weeks

- Black/African/Caribbean or Black British:
 - 18.5% (WPH) and 22.4% (FPH)
- White:
 - 9.8% (WPH) and 6.9% (FPH)

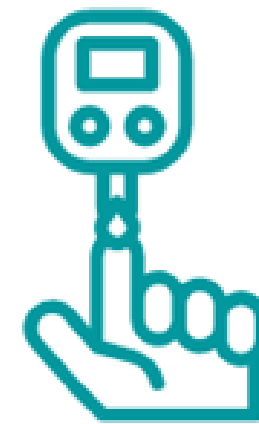
55.8%

of FHFT's pregnant women have 1 or more long term condition
Compared
 to an expected rate of 33 %



5.6% **smoking** at time of pregnancy (9.6% national average)

Data - April 2020 - April 2021



25.9% Asian/ British Asian
 16.2% Black/ Black British
 10.5% White
 Diagnosed with **gestation diabetes**

Data - April 2020 - April 2021

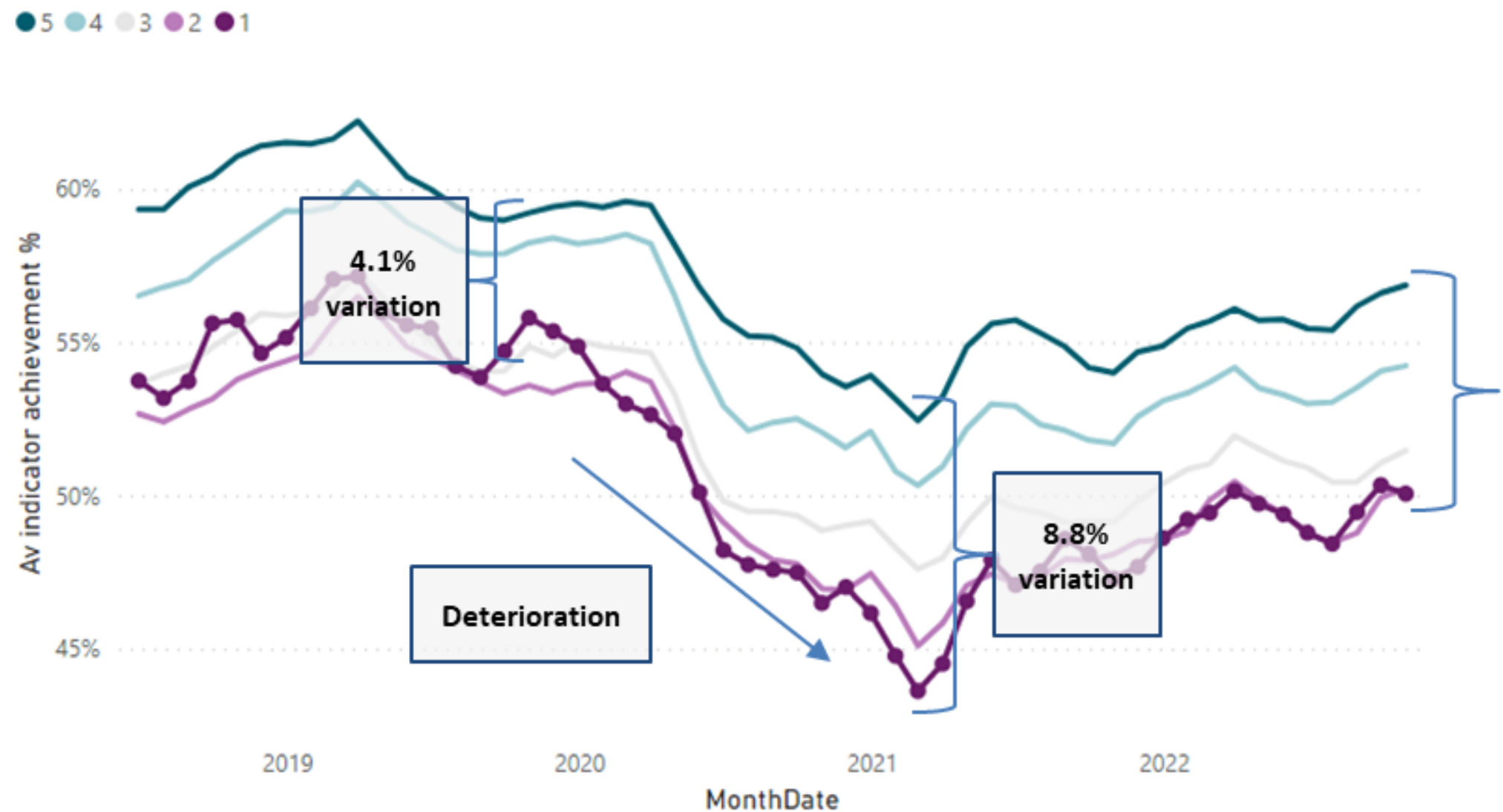
Deprivation (Core 20) and HbA1c control



Key insights

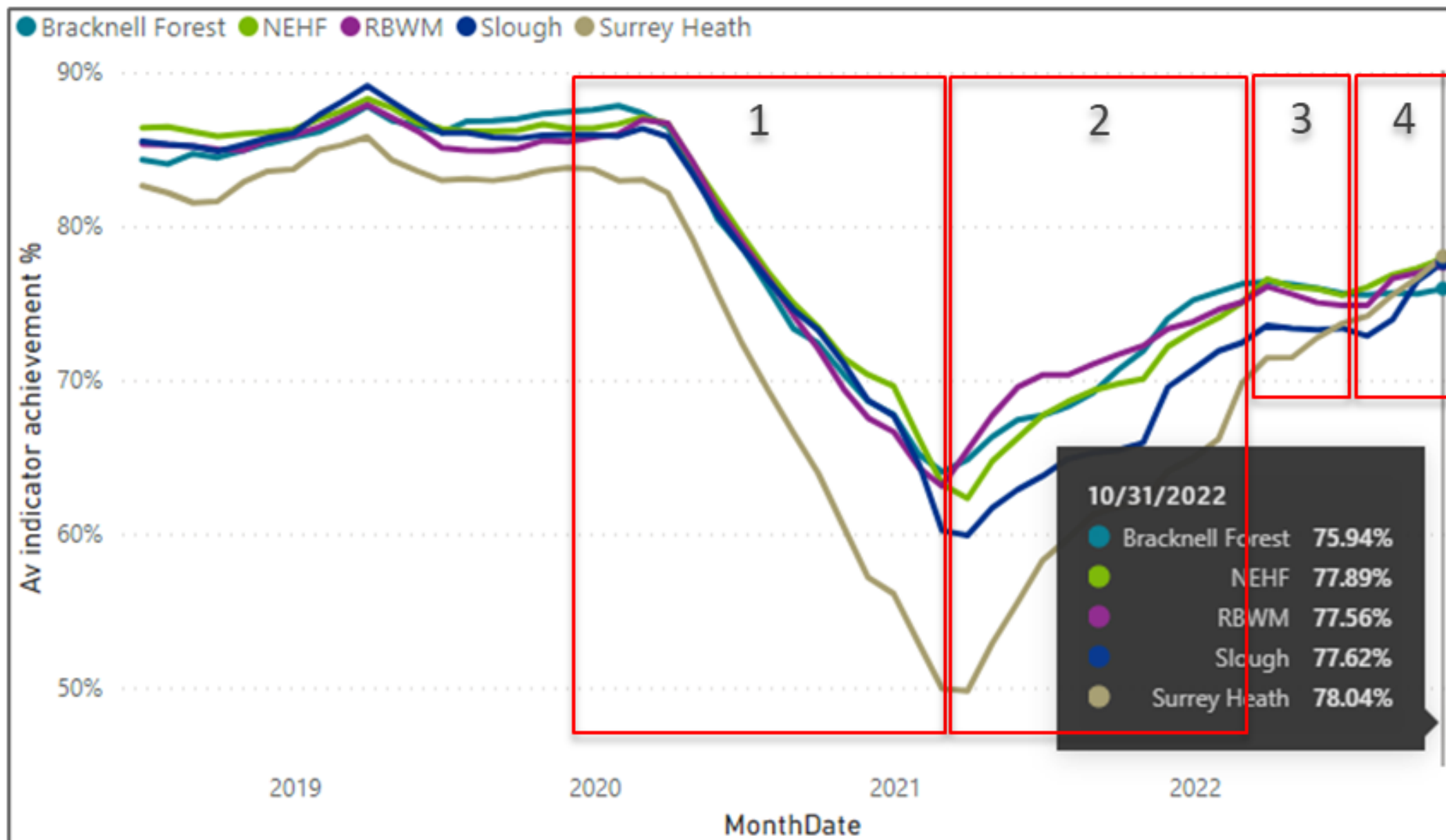
- Control of Diabetes in the Core 20 population deteriorated the most during the first year of the pandemic.
- The proportion of patients with HBA1C ≤ 58 in the most deprived areas fell from 55.3% in Nov 2019 to 47.0% in Nov 2020.
- The gap between most and least deprived areas increased during first year of the pandemic increased from 4% to 9% at the height of the pandemic. It has since fell to 7%

Chart: Trend in proportion of patients with a recorded HBA1C with a value ≤ 58



% achievement of hypertension recording as of 31st October 2022

Data as of 31st Oct 2022



1. **March 2020 – March 2021:** Significant decline in hypertension monitoring due to pandemic
2. **March 2021-March 2022:** Significant recovery in hypertension monitoring but still below pre-pandemic levels
3. **April 2022-July 2022:** Observe a plateau/decline in hypertension monitoring across a number of places in the ICS and system wide initiative around hypertension and diabetes is initiated in July 2022
4. **August 2022 – October 2022:** Trends in hypertension recording improving in most areas

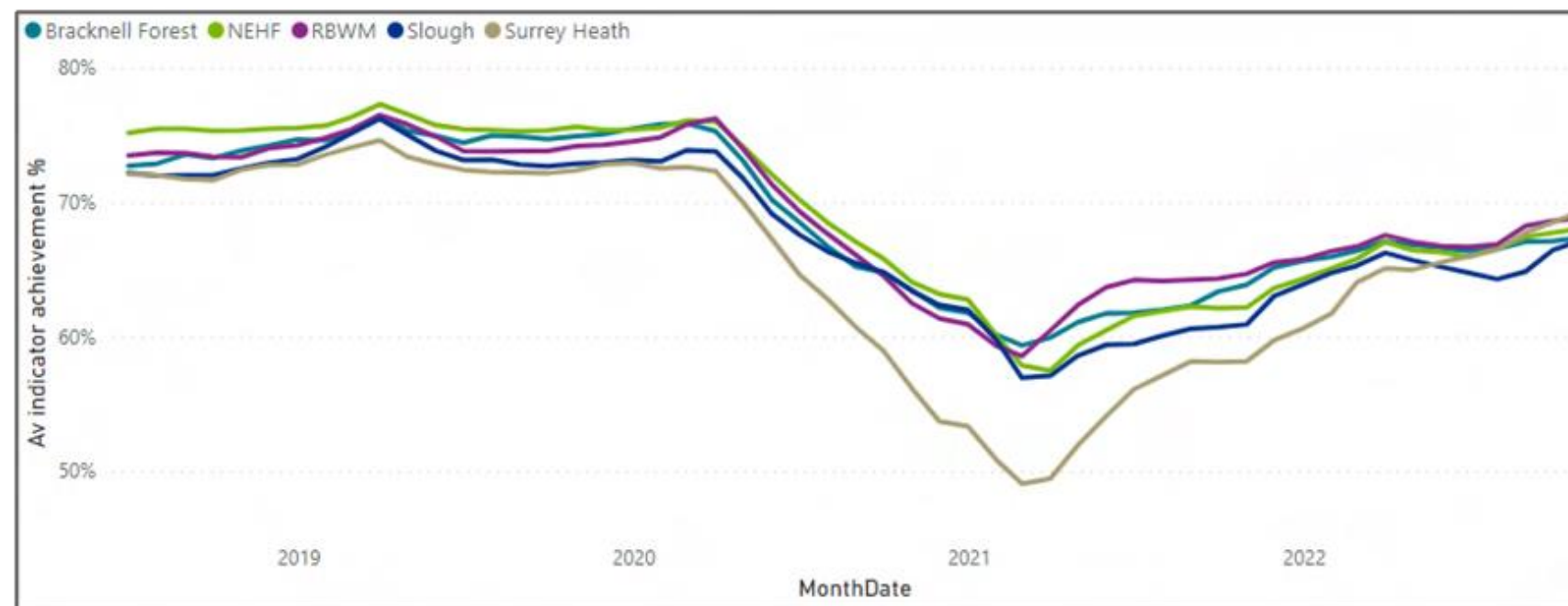


Recent trends – Aggregate achievement across a range of diabetes and hypertension indicators



% achievement of indicators as of 31st October 2022 and change versus 30th June 2022

Data as of 31st Oct 2022



Place name		Bracknell Forest		NEHF		RBWM		Slough		Surrey Heath		Total	
Condition	IndicatorDescription	Current	Chge	Current	Chge	Current	Chge	Current	Chge	Current	Chge	Current	Chge
Diabetes	Total	67.4%	1.4%	68.5%	1.4%	67.8%	1.1%	64.6%	0.9%	70.4%	1.7%	67.3%	1.2%
	HbA1c <= 58 in last 12 months	54.3%	1.1%	55.9%	1.5%	54.1%	1.3%	49.6%	0.9%	56.9%	1.6%	53.6%	1.2%
	HbA1c <= 64 in last 12 months	63.5%	1.9%	65.3%	1.5%	64.1%	1.5%	59.4%	1.0%	67.4%	2.0%	63.4%	1.5%
	HbA1c reviewed in last 12 months	84.6%	1.2%	84.2%	1.1%	85.1%	0.6%	84.9%	0.8%	87.0%	1.5%	85.0%	1.0%
Hypertension	Total	67.3%	0.8%	67.8%	2.6%	69.4%	2.7%	69.7%	4.0%	68.8%	4.3%	68.6%	2.8%
	Blood pressure <= 140/90 for 0-79yo in last 12 months	56.1%	1.2%	54.4%	2.7%	57.6%	2.9%	60.0%	3.9%	56.3%	4.0%	56.8%	2.9%
	Blood pressure <= 150/90 for 80yo+ in last 12 months	70.1%	1.0%	69.1%	2.5%	72.5%	2.0%	72.6%	2.2%	69.2%	4.6%	70.6%	2.4%
	Blood pressure reviewed in last 12 months	75.9%	0.3%	77.9%	2.4%	77.6%	2.7%	77.6%	4.3%	78.0%	4.4%	77.5%	2.8%
Total		67.4%	1.0%	68.1%	2.1%	68.9%	2.2%	67.2%	2.4%	69.4%	3.4%	68.1%	2.2%



Recent trends – Variation by ethnicity and deprivation



% achievement of indicators as of 31st October 2022 and change versus 30th June 2022

Data as of 31st Oct 2022

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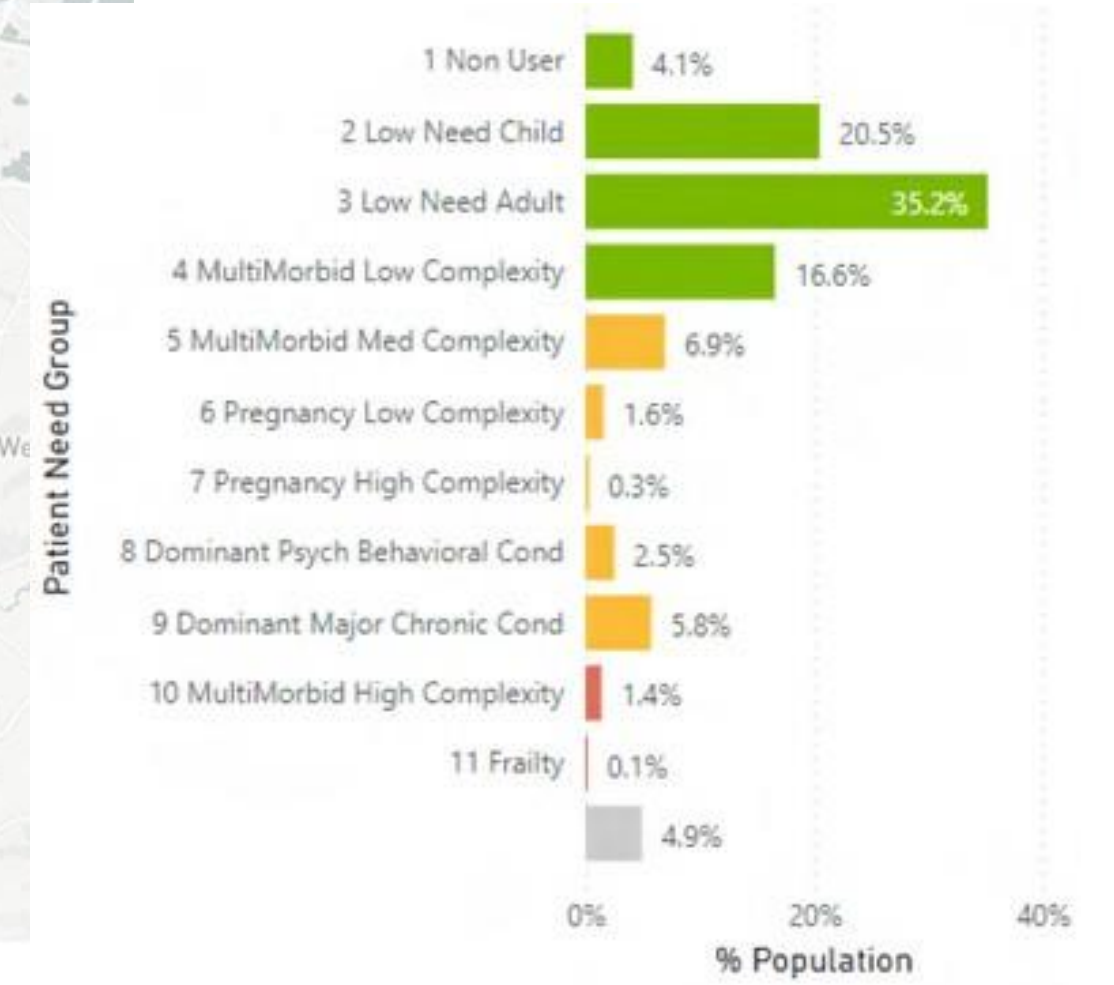
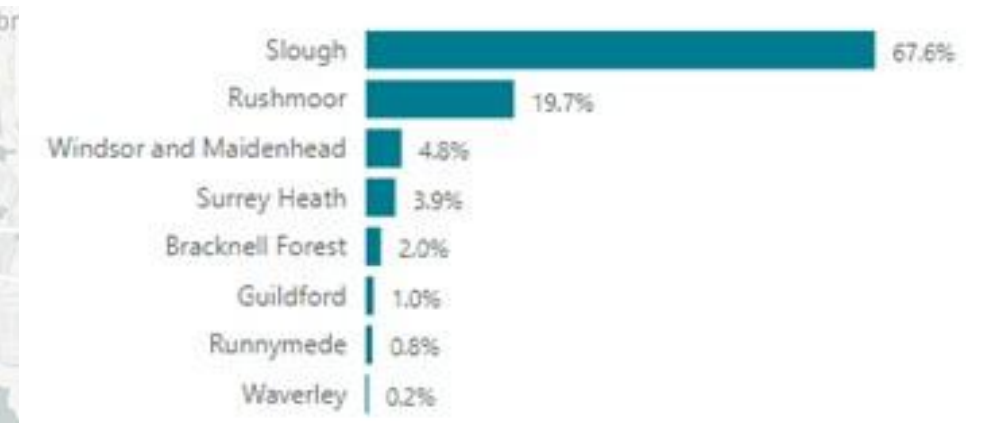
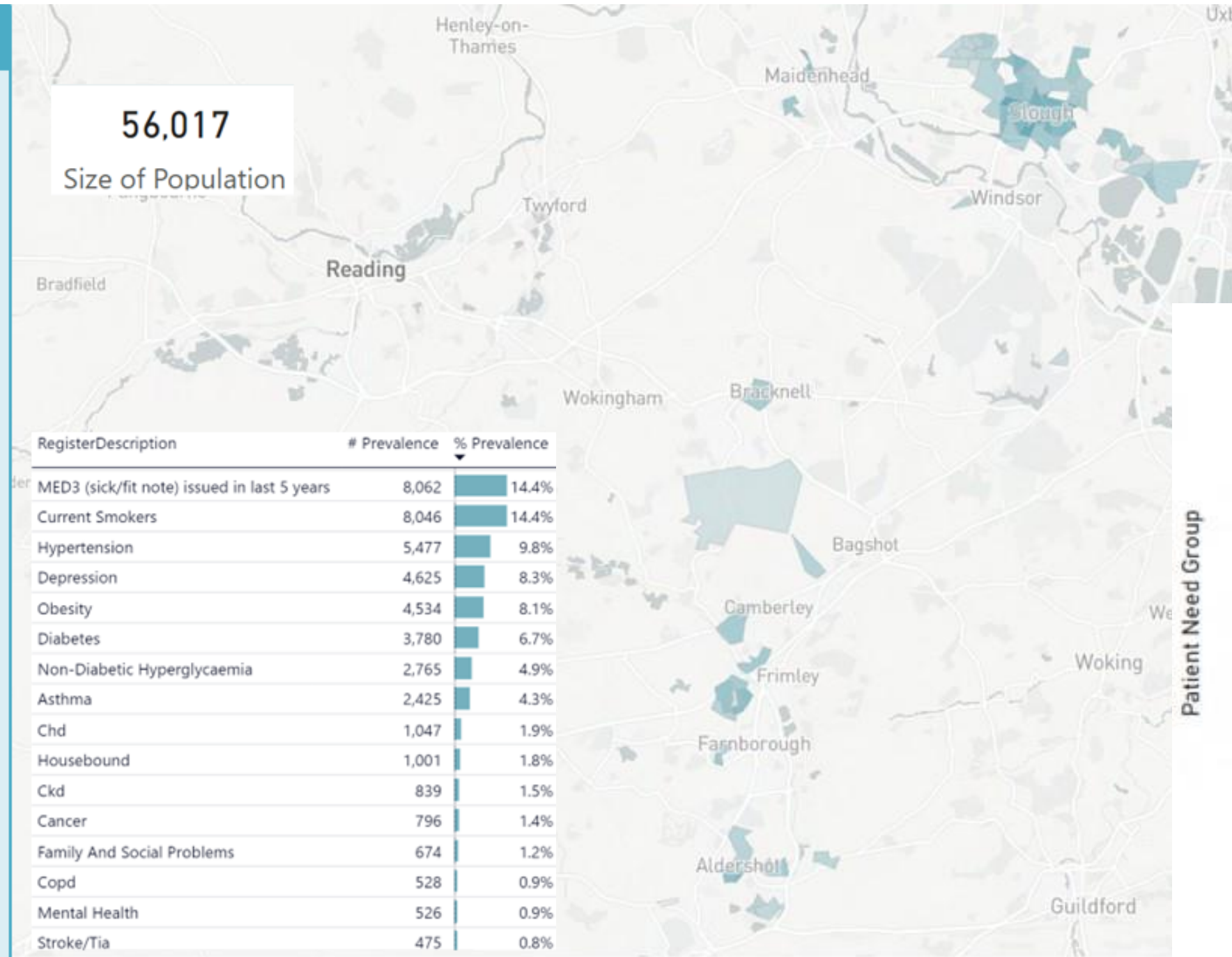
Ethnicity L1		Asian or Asian British		Black or Black British		Mixed		Other Ethnic Groups		White		Total	
Condition	IndicatorDescription	Current	Chge	Current	Chge	Current	Chge	Current	Chge	Current	Chge	Current	Chge
Diabetes	Total	65.7%	0.7%	65.3%	1.9%	67.1%	1.1%	67.1%	1.4%	68.4%	1.4%	67.3%	1.2%
	HbA1c <= 58 in last 12 months	51.0%	0.5%	52.0%	1.6%	53.4%	-0.8%	54.4%	1.0%	55.1%	1.6%	53.6%	1.2%
	HbA1c <= 64 in last 12 months	61.2%	0.6%	59.5%	1.8%	63.9%	1.7%	63.4%	1.4%	64.9%	1.8%	63.4%	1.5%
	HbA1c reviewed in last 12 months	85.0%	0.9%	84.4%	2.4%	84.1%	2.3%	83.5%	1.7%	85.2%	0.8%	85.0%	1.0%
Hypertension	Total	69.2%	2.8%	64.9%	3.6%	65.6%	2.9%	66.7%	3.0%	68.8%	2.8%	68.6%	2.8%
	Blood pressure <= 140/90 for 0-79yo in last 12 months	58.7%	2.6%	53.1%	3.7%	54.5%	3.3%	55.5%	3.4%	56.7%	2.9%	56.8%	2.9%
	Blood pressure <= 150/90 for 80yo+ in last 12 months	69.4%	1.6%	66.9%	0.4%	70.5%	4.3%	71.3%	2.4%	70.7%	2.5%	70.6%	2.4%
	Blood pressure reviewed in last 12 months	78.5%	3.1%	75.5%	3.7%	74.9%	2.2%	74.7%	2.6%	77.6%	2.7%	77.5%	2.8%
Total		67.3%	1.6%	65.1%	2.9%	66.3%	2.0%	66.8%	2.3%	68.7%	2.3%	68.1%	2.2%

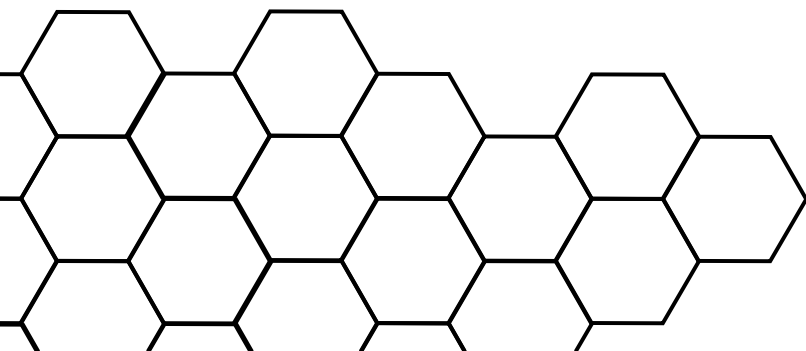
Deprivation Pentile		1		2		3		4		5		Total	
Condition	IndicatorDescription	Current	Chge	Current	Chge	Current	Chge	Current	Chge	Current	Chge	Current	Chge
Diabetes	Total	64.6%	0.3%	65.0%	1.6%	65.7%	0.7%	67.9%	1.3%	69.5%	1.4%	67.3%	1.2%
	HbA1c <= 58 in last 12 months	50.1%	1.3%	50.2%	1.5%	51.5%	0.6%	54.2%	1.2%	56.9%	1.4%	53.6%	1.2%
	HbA1c <= 64 in last 12 months	59.8%	-0.4%	60.0%	2.0%	60.9%	0.5%	64.1%	1.6%	66.7%	1.7%	63.4%	1.5%
	HbA1c reviewed in last 12 months	84.0%	-0.2%	84.7%	1.2%	84.8%	0.9%	85.4%	1.1%	85.1%	1.0%	85.0%	1.0%
Hypertension	Total	70.7%	3.6%	69.8%	3.6%	68.3%	2.7%	69.4%	3.2%	67.9%	2.4%	68.6%	2.8%
	Blood pressure <= 140/90 for 0-79yo in last 12 months	60.0%	3.2%	58.8%	3.8%	56.4%	2.6%	57.8%	3.7%	55.5%	2.4%	56.8%	2.9%
	Blood pressure <= 150/90 for 80yo+ in last 12 months	70.8%	3.9%	71.2%	1.2%	72.0%	2.9%	70.9%	3.1%	70.0%	2.3%	70.6%	2.4%
	Blood pressure reviewed in last 12 months	80.0%	3.8%	79.0%	3.8%	77.4%	2.7%	78.1%	2.8%	76.7%	2.4%	77.5%	2.8%
Total		67.7%	1.9%	67.5%	2.6%	67.2%	1.8%	68.8%	2.5%	68.5%	2.1%	68.1%	2.2%

Deprivation Decile 1-4, EPC D-G [Frimley ICS and living in Frimley]

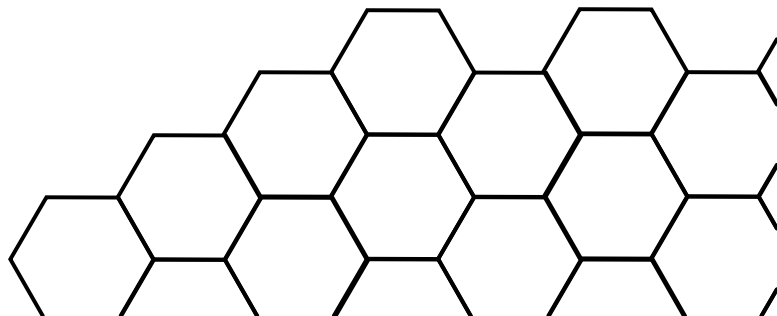
Key insights

- **56k** residents in Frimley ICS living in deprived areas (Deprivation deciles 1-4) and poorly insulated homes (Energy Performance Certificate (EPC) rating of D,E,F or G)
- **1.4%** are in the highest patient need health segments
- **17.1%** are in moderate patient need health segments
- **76.5%** are in lower patient need health segments
- 0.9% (528) have COPD and 4.3% (2,425) have Asthma – conditions which can be exacerbated by cold homes
- 8,121 under 10's
- 4,404 patients who look like they live by themselves
- 837 with LD or SMI
- 4,625 with depression





Creating healthier communities with everyone



**Health and Wellbeing Board
Forward Plan for Future Meetings
15 December 2022**

Item	Notes	MAR 2022	JUN 2022	OCT 2022	DEC 2022	MAR 2023	JUN 2023	OCT 2023	DEC 2023
Strategic Leadership									
Health and Wellbeing Board Business Plan Update	Last received October 2021								
Board Survey Response and Actions	Last received July 2021								
Joint Strategic Needs Assessment (JSNA) Programme Update			X	X					
JSNA Work Programme and HIA Findings Summary	Workshops held on 29/11/21, 27/01/22								
DPH Annual Report: COVID 19 Inequalities in Mental Health and Wellbeing in Hampshire		X							
Health Protection Annual Report				X					
Hampshire Place Assembly and Integrated Care System Strategy					X				
Co-production	December HPA								
Terms of Reference Review					X				
Final Integrated Care System Strategy						X			

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Agenda Item 12

Item	Notes	MAR 2022	JUN 2022	OCT 2022	DEC 2022	MAR 2023	JUN 2023	OCT 2023	DEC 2023
Starting Well									
Joint Hampshire and Isle of Wight Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan	Last Received December 2019								
Theme Focus	Last Received October 2020	X						X	
Household Support Fund and Cost of Living Resources					X				
Living Well									
Theme Focus	Last Received December 2020		X						X
Starting, Living and Ageing Well									
Hampshire Physical Activity Strategy	Last received October 2021								
Mental Health and Wellbeing Recovery Update	Last Received December 2020								
Hampshire Healthy Weight Strategy	Last received December 2021								
Suicide Prevention Strategy for Hampshire	Last received March 2018	X							
Healthier Communities									
District Forum Report on Housing and Health Topic	Last Received July 2020								
Theme Focus					X				

Item	Notes	MAR 2022	JUN 2022	OCT 2022	DEC 2022	MAR 2023	JUN 2023	OCT 2023	DEC 2023
Fire and Rescue Service Draft Community Strategy		X							
Aging Well									
Theme Focus						X			
Dying Well									
Theme Focus							X		
Integrated Care Systems									
The HIOW Integrated Care System (ICS) - National Context, Local Progress to Date and Next Steps	Last received March 2021								
The HIOW I Integrated Care System - Deep Dive	Last received July 2021								
WCS Update	Written Update November 2021		X						
Additional Business									
Forward Plan	Standing item	X	X	X	X	X	X	X	X
Integrated Intermediate Care (IIC)	Last received March 2021								
Modernising our Hospitals: Impact on Population Health in Relation to the Strategy	Last Received December 2020								
Election of Vice-Chairman					X				

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