

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board
Date:	14 March 2019
Title:	Strategy for the Health and Wellbeing of Hampshire 2019–2024
Report From:	Director of Adults' Health and Care

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1. Recommendations

That the Health and Wellbeing Board:

- 1.1 Notes the summary of feedback received during engagement on the draft Strategy in January and February 2019
- 1.2 Approves the revised high-level Strategy for the Health and Wellbeing of Hampshire 2019–2024
- 1.3 Notes that the draft priorities for 2019/2020 contained in the Appendix to the Strategy will be refined to create a 2019/2020 business plan for the Health and Wellbeing Board and agrees to receive a business plan to sign off at the next meeting on 27 June 2019

2. Summary

- 2.1. Hampshire's first Joint Health and Wellbeing Strategy ends in March 2019. Over the course of the last year, the Board has been developing the approach and high-level content for a new five-year Strategy and signed off a draft version in December 2018. Engagement on the draft Strategy has taken place over the course of January and February 2019, with partner organisations and other interested individuals and groups. A summary of the feedback is presented in this report, and the Board is asked to comment on the revised version presented alongside this report, with a view to finalising the main Strategy document. Please note that further design work will be done once the text of the Strategy is approved.
- 2.2. Following approval of the vision and priorities, the intention is that a business plan be created for 2019/2020, with a small number of actions for each of the key areas in the Strategy. These will be jointly agreed with partners and leads assigned to ensure accountability. The business plan will also contain a number of performance measures, to monitor progress on delivery of the priorities over the next five years. The Board will receive the business plan for discussion and sign off at its next meeting on 27 June 2019.

3. Engagement process

- 3.1. The intended audience for the engagement exercise on the draft Strategy was public, private, voluntary and community sector organisations and other interested individuals and groups in Hampshire who contribute to improving the health and wellbeing agenda.
- 3.2. Engagement took place over a five-week period, between Friday 18 January and Friday 22 February 2019. The draft Strategy was circulated to all Board Members, with a request that they disseminate it within their own organisations and encourage feedback. Within the County Council, the draft was circulated to all County Councillors and Directors, as well as to a number of other staff and to key external stakeholder organisations. The draft Strategy was also made publicly available on the County Council's website, with an invitation for people to submit feedback either by filling in a short online survey or by emailing comments to the Board.
- 3.3. The draft Strategy was offered in other formats on request. A small number of people requested, and were sent, printed copies, including Large Print.
- 3.4. The Board Manager attended 11 meetings to present the draft Strategy and other Board members also took opportunities to discuss the draft in meetings they attended.
- 3.5. 25 responses to the online survey were received, with 13 of these being submitted on behalf of organisations. A further 19 organisations or individuals submitted feedback by email.

4. Summary of feedback to the online survey

- 4.1. Respondents to the online Hantsweb survey were asked for their view on the vision and approach proposed for the draft Strategy and whether it would move the Board's work forward in a positive way. 84% (21 people) agreed that it would move the Board's work forward positively. 16% (4 people) were not sure, and no one disagreed.
- 4.2 Respondents were asked if they felt there were any key issues missing from the draft Strategy and, if so, to suggest what else should be included. 72% (18 people) wanted to suggest additional issues, 24% (6 people) felt no key issues were missing, and 4% (1 person) was unsure. A wide range of topics were mentioned as being either missing or needing more emphasis in the Strategy, and these are listed below.

Starting well

- More focus on the needs of teenagers
- Domestic abuse and the effects on women and children
- Breastfeeding
- Impact of maternal obesity
- More collaborative working with children themselves

Living well

- Physical health needs of people with learning disabilities, autism or mental health needs

- More preventative services for people in middle age, not just those approaching frailty
- Drug and alcohol misuse prevention
- More emphasis on volunteering (as well as work) to improve mental health

Ageing well

- Action to encourage hard to reach older people to access services

Dying well

- Achieving consistency of bereavement support for Hampshire parents

Healthier communities

- Health and wellbeing of increasing numbers of rough sleepers
- Focus on air quality
- Fuel poverty
- Greater emphasis on the role of charities in supporting social care
- Lack of joint working to improve access to transport
- Support with finding and sustaining employment, eg through linking more with local businesses and industry
- Housing and planning – covered but more depth required

Strategic leadership

- Sustainability of the workforce across health and social care
- More joined-up approaches to delivering information across the county
- Potential conflict between on the one hand prioritising digital solutions and on the other hand improving social connections and reducing isolation

4.3 Respondents were then asked how they or their organisation could contribute towards delivering the proposed priorities and activities for 2019/2020. Many respondents gave examples of how they are already involved in work to deliver on the Strategy's priority areas or made suggestions for how they would like to be involved in the future. A small number of respondents highlighted issues that could block their participation in delivery, including frustration at lack of integration (eg around information sharing), the need to improve links between county and district/borough level teams and lack of funding.

4.4 Finally, respondents were asked if they had any other feedback on the draft Strategy or the impact it could have on local people. A number of people fed back that the draft strategy was clear and well laid out. The inclusion of the wider determinants of health and the new 'Dying well' theme were welcomed, as was the intention to develop performance measures. There was desire for more detail and clarity about who will lead on delivering actions and how organisations will work together on outcomes. Individuals advocated for the Strategy to place more emphasis on particular issues, such as air pollution, learning disability services, lower level mental health issues, improving pupil behaviour in schools, and support for isolated older people who are not IT literate. There were no specific areas that were raised by multiple people.

5 Summary of feedback received by email or during meetings

5.1 The Board was grateful to also receive feedback through 19 emailed submissions and through discussions in a number of different meetings with partner organisations.

Overarching feedback

5.2 Overall, the response to the draft and the proposed direction of travel for the Board's work has been welcomed. There was appreciation that the new Strategy is evidence based, focusing on tackling inequalities and strength-based approaches and that it will be accompanied by performance metrics. It was regarded as being clear and accessible, although it was recommended that in due course a plain English summary would be good, to sit alongside it. There was recognition that the Strategy aligned well with national priorities in the NHS Long Term Plan published in January 2019 and locally with the agenda for the NHS, local government and other partners. Prevention however was highlighted as an issue that needed greater prominence, and this has been picked up in the revised draft.

5.3 A common issue raised was the wish to see more detail on specific deliverables and how performance improvement would be measured. This will be addressed in the development of a business plan, with performance measures, following agreement of the Strategy document. Tackling inequalities was agreed to be an important feature of the Strategy, but there was a desire to see more detail about where within the county resources and activity would be targeted to achieve greatest impact in narrowing the gap between those with the best and worst health. It was recommended that Board members should scrutinise more evidence of areas of health and social care where there is evidence of outcomes being worse for some more than others, depending on socio-economic status.

5.4 Concern was raised by a number of respondents about lack of resources in the current financial climate to deliver desired outcomes and the impact of cuts on services. One borough council emphasised the importance of more joint working across all organisations and the need for greater commitment from the Board to explore sharing diminishing resources to achieve common objectives. The Board was encouraged to invest more time and resource in proactively collaborating with and supporting the work of local district and borough council Health and Wellbeing Boards.

5.5 Also, given the size and complexity of Hampshire, there was an understandable challenge raised about how to make sense of all the strategies and plans that different parts of the system are required to produce, how to align them, and how to communicate the key messages to staff in our organisations.

Starting well

5.6 There was strong support for the mental health and emotional resilience priority. It was recognised that more investment is needed in early intervention and prevention approaches to reduce the need for and demand on specialist services, with one respondent particularly concerned that preventative opportunities in the early years (0–5) and in schools are likely to be missed unless there is more investment in these areas. Equally, there was a view that

specialist services also need increased capacity to see those people who require specialist intervention.

- 5.7 Individual responses recommended different cohorts of children and young people who should be prioritised in the Strategy, for example, young carers, young people from Black and Minority Ethnic groups, young people with autism, ADHD, or mental ill health, young people who would benefit from connecting with nature to address obesity and mental health issues, and young people impacted by poverty, for example as a result of welfare benefit cuts.
- 5.8 Various helpful drafting comments and suggestions about performance measurement were also received.

Living well

- 5.9 A number of responses suggested that there should more emphasis in the Strategy on activity to address a variety of causes of premature mortality. For example, the Strategy highlights cancer as the main cause of death, but it was felt that more should be included about how to address this, through early diagnosis and prevention, as well as cancer screening. Premature mortality in those who are seriously mentally ill, and the effects of smoking, lung and heart disease on early death were also raised.
- 5.10 There was also a request to make specific reference to the health challenges faced by working age people living with sensory loss and other disabilities, particularly people with learning disabilities. Additional focus was also recommended to support other groups who experience poor health outcomes (including homeless people, sex workers, gypsy and traveller people and other people from black and minority ethnic groups).

Ageing Well

- 5.11 The preventative and strength-based ethos of the Ageing Well part of the Strategy was welcomed, although it was felt that this work needed to start earlier with mid-life adults, to avoid later issues with frailty and ill health. However, responses recommended a stronger focus on tackling dementia and supporting those who with complex needs who were *already* experiencing ill health, disability, or the growing load of caring for a spouse or other relative/friend. There was reference to the importance of home or day care based respite and timely responses to periods of change or crisis, as ways of supporting very disabled people to remain living in the place of their choice for much longer. One council was keen to ensure that the results of the planned healthy homes needs assessment should be shared with districts and boroughs to influence housing development plans.

Dying Well

- 5.12 The inclusion of 'Dying Well' as a new theme for the Strategy was universally welcomed by those who commented on it. Responses stressed that it was important not just to focus on the last days and weeks of life, but that the theme should cover a much longer period of time. Some respondents did not like the title 'Dying Well', preferring variations such as 'Ending Well' or the NHS's strapline the 'Last 1000 Days'. However, many embraced the plain English of 'Dying Well' and felt it was important to encourage more open conversations about death, and to 'call it what it is'.
- 5.13 Respondents recognised this was a new theme but were keen to see it develop and deepen as a work programme for the Board, with more detailed

work areas and metrics that were carefully thought through. The importance of supporting the carers of a dying person, both before death and through the bereavement process, was highlighted. It was noted that families have varying ability to cope with supporting a loved-one to die at home. It was recommended that there should be extensive engagement with people with a range of experiences to co-design services and approaches.

Healthier Communities

- 5.14 This part of the Strategy, which focuses on the wider determinants of health, was welcomed as a critical enabling theme to improve health and wellbeing. Indeed one response suggested that much more weight should be given to improving health outcomes via addressing socio-economic factors, and that on the whole the Strategy focuses too much on individuals and issues that cost the health and care system money (such as obesity and diabetes).
- 5.15 Respondents were particularly keen to see the high level content in the Strategy develop into some concrete plans to achieve progress across the county in each district area. There was a recognition that a wide range of organisations need to be involved – including local businesses and industry, as well as public sector bodies, national parks, and the voluntary and community sector. One respondent suggested it would be helpful to have an action plan for each Hampshire district to outline the local activities that would contribute towards delivering the Strategy. Another respondent suggested a number of actions to improve Hampshire’s environment, for example around mitigating climate change and designing more sustainable transport schemes.
- 5.16 There has been good collaboration with districts and boroughs to feed into the content and future plans for this part of the Strategy, helpfully coordinated by the Hampshire Districts Health and Wellbeing Forum. For example, a number of district and borough housing officers commented on the draft, highlighting good work that is already taking place to influence the building of affordable, well designed new homes that meet people’s changing needs over time. It was felt that homelessness should be a higher priority for action, given how important a factor it is in people’s health and wellbeing. It was emphasised that tackling homelessness is everyone’s responsibility, for example through the Homelessness Reduction Act and the Duty to Refer. A whole range of public sector organisations (including social services authorities, prisons, colleges and hospitals) are now responsible for identifying and referring a service user who is homeless or may be threatened with homelessness, to a local housing authority of the service user’s choice, with their consent.
- 5.17 Two respondents highlighted the importance of focusing on improving housing options for particular groups, with one response suggesting co-housing for older people, and another recommending more joint working between Adults’ Health and Care and housing authorities to support more adults with physical or learning disabilities with housing options in the community, rather than residential settings.
- 5.18 The importance of partnership working was highlighted in a joint response from the New Forest and South Downs National Park Authorities, who were keen to work in partnership with other sectors to help deliver health and wellbeing outcomes. The potential for local organisations to inform commissioning of services was also welcomed, with a suggestion that this could be measured and

tracked by the Board, by requiring Clinical Commissioning Groups and the County Council to consult district and borough councils and the Councils for Voluntary Services (CVSs) on draft commissioning specifications.

Strategic leadership

- 5.19 A number of respondents commented on the digital ambitions set out in the draft Strategy. Partners in the voluntary sector were keen to be involved in initiatives to increase older people's awareness of and ability to use Connect to Support Hampshire and other digital solutions in their everyday life but stressed the need to ensure that those people who do not use the internet are not disadvantaged. It was also recognised that IT solutions do not just need to work within Hampshire, they need to link with other areas' systems.
- 5.20 One respondent recommended that the strategy should have a much stronger and more explicit commitment to ensuring that the voice of patients, service users and families is reflected in the design and delivery of services.

6 Response to the feedback

- 6.1 It has been very helpful for the Board to receive a diverse range of feedback from interested and clearly well informed individuals and organisations on the draft Strategy. Overall, the feedback received has not suggested the need to substantially change the high level Strategy and its overarching priorities so these remain largely the same.
- 6.2 Some people recommended changes in emphasis, such as to be more clear about the importance of prevention, or asked for corrections or clarifications to aid understanding: amendments have been made to try to respond to these points. Where people raised issues relating to improving NHS and social care service delivery, for example for older people who were already very frail and with complex needs, it is expected that workstreams that sit within 'Strategic Leadership' will take forward action in this area, for example through the Patient Flow and Onward Care and the Integrated Intermediate Care programmes, and the Joint Carers' Strategy.
- 6.3 Although there was not widespread support for the introduction of any different high level priorities, a very clear theme from the feedback was a desire to see more detail about how the Strategy would be delivered and how organisations would work together to deliver the priorities. This detail will be set out in the business plan and performance metrics which are now being developed. A communications plan will also be produced, to ensure a systematic approach to communicating the new priorities and areas of activity across the organisations on the Board and in the wider Hampshire community.

7 Development of the business plan for 2019/2020

- 7.1 The Board is being asked to approve the high level priorities for the new Strategy at its meeting on 14 March. The year 1 priorities and draft performance measures presented in the draft Strategy (and now contained within an Appendix to the revised Strategy) will be developed to create a business plan for the Board to monitor over the course of 2019/2020. Priorities will be developed for Healthier Communities and Strategic Leadership, as well as the four core

themes. An annual business plan will be created for each subsequent year of the five year Strategy.

- 7.2 Each theme in the business plan will be sponsored by a nominated Health and Wellbeing Board Member, whose role will be to help set the direction and prioritise what goes in the business plan relating to each theme, galvanising support and partner sign-up. The sponsor and their organisation will not be delivering all the work, as activities will generally require the contribution of multiple parts of the Hampshire system.

8 Equalities

- 8.1 An Equalities Impact Assessment has not been prepared for the Strategy itself, since it contains such broad priorities. However, with the Board's agreement it is proposed that an Equalities Impact Assessment should be prepared that covers the business plan, since this plan will provide more detailed areas of activity that can be more practically assessed for their impact on people with protected characteristics.

CORPORATE OR 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:	yes
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

[Hampshire's Joint Hampshire Health and Wellbeing Strategy 2019–2024: Draft](#)

IMPACT ASSESSMENTS:

1. Equality Duty

1.1. 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 under the Act;

Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;

Foster good relations between persons who share a relevant protected characteristic 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 characteristic connected to that characteristic;

Take steps to meet the needs of persons sharing a relevant protected characteristic 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 which participation by such persons is disproportionately low.

1.2. Equalities Impact Assessment:

The Strategy has been informed by analysis of the needs of the population as set out in the Joint Strategic Needs Assessment. A key principle of the Strategy is to tackle inequalities, and to focus on reducing the significant difference between those with the best and worst health in Hampshire. It is proposed that an Equalities Impact Assessment be prepared alongside the Board's new business plan, since this will have more specific areas of activity that can be assessed for the impact on people with protected characteristics.

2. Impact on Crime and Disorder:

2.1. No specific issues have been identified.

3. Climate Change:

How does what is being proposed impact on our carbon footprint / energy consumption? N/a

How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts? N/a