

Health and Wellbeing Board Annual update

March 2021



Executive summary

Recent focus has been on health inequalities and risks with the impact of COVID-19. In addition to the COVID-19 response, challenges, and recovery plans in place across themes, often interconnected, Board Sponsors have worked to deliver the Strategy as outlined in the Business Plan with critical measures in place and continued monitoring.

Theme summaries



Strategic leadership

Simon Bryant

► Key developments

With the implementation of virtual meetings, much improved attendance at Board meetings. Inclusion and introduction to new and Deputy Members with further engagement planned to support stability of membership. The Board is evolving to being more proactive and action oriented. All Board Sponsors have taken on leadership for themes as below in driving priorities forward, identifying and reviewing performance metrics. Wider joint planning has been implemented with feedback and insight engagement from all Members considered for forward planning, and a recent Board Survey completed. Co-production, communication, action, accountability, and public engagement will be ongoing priorities.

► Inequalities

The COVID-19 pandemic has highlighted the urgent and continuing need to tackle health inequalities. Following a successful workshop on inequalities the strategic group focusing on this work has been refreshed with an organisational development workshop in Spring 2021 with updated Terms of Reference to ensure strategic and engaged Board membership with reach across all key organisational stakeholders. The NHS Long Term Plan remains a guiding document in the agenda setting for prevention activities overseen by the board all of which play a critical contributing role to improving health outcomes for all with strong collaboration between Public Health and NHS partners in response to the NHS Phase 3 return and the need to understand how restoration of services can prioritise reducing inequalities.

Evaluation of Prevention and Inequalities as a result of COVID-19 presented to the Health and Wellbeing Board highlighted the impacts of the pandemic on inequalities in health. Heightened public awareness of COVID-19 and the risk factors associated with it likely contributed to increased impact of some prevention work streams such as the QUIT4COVID initiative which was a collaboration between primary care and public health and saw hundreds of individuals contact the quit smoking services. The system wide work on preventing cardiovascular disease is accelerating at pace following close collaboration between

primary care and prevention leadership colleagues and with cardiovascular disease accounting for a quarter of the gap if life expectancy between richest and poorest, provides an exciting opportunity to close this gap locally. Two key action research projects from the previous year's plan were successfully completed and will guide an evidence-based approach to improving delivery of brief intervention to reduce excess alcohol consumption and optimise uptake of physical health checks for individuals with Serious Mental Illness (SMI) in primary care respectively.

► **Priorities and actions**

Joint Strategic Needs Assessment (JSNA) programme and COVID health impact assessment. Completion of Census 2021 and preliminary data, expected end of 2021, will enable refreshes of many datasets and indices. Pandemic has highlighted the urgent and continuing need to tackle health inequalities. Deliver commitments in the **Climate Change Strategic Framework**. Public health input to consultation responses to local plans and relevant planning applications and Spatial Planning and Air Quality workshop to follow.



Starting well

Steve Crocker

► **Key developments**









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







► **Covid impact and mitigation**

COVID-19, and the associated lockdowns and restrictions upon the everyday lives of children, young people and families has had significant and generally negative impacts upon the mental health and emotional wellbeing of children and young people. It is too early to reliably predict the full impact that this disruption will have had upon the mental health. After an initial dip from March to May 2020, presentations of serious self-harm (requiring hospital treatment) quickly rose to levels not previously seen. Referrals into specialist CAMHS have risen significantly against previous years. The shift from face to face appointments to digital service delivery for most was implemented quickly, and Hampshire CAMHS services continued seeing patients or receiving referrals; but there are limits to what digital innovation has been able to support.

The wider challenges for schools of supporting both face to face learning in school whilst delivering home based learning has been extremely challenging for schools. Covid has clearly been a challenge for many of the families social care teams work with, exacerbating and magnifying existing issues. For some families their situation, affected by Covid, have brought them to the attention of Children's Social Care thus increasing demand at level 4 at points in time. A joint commissioning strategy has been developed and agreed by the Joint Commissioning Board to ensure that planning and delivery of services is done in a holistic, joined up way. CAMHS and substance misuse workers have had their posts extended.

► Progress against metrics

Theme and aim	Update
 Increase mental health support in schools	<p>Only two MHSTs (supporting approximately 16 schools) have been allocated to Hampshire to date.</p> <p>Hampshire is set to benefit much more from the next few waves of MHSTs which are due to be confirmed by April 2021, to cover the next six waves of MHST rollout.</p>
 Waves 5-10 of the MHST programme will focus upon getting teams installed into schools in 4 CCG areas with no such provision at present.	
 Nationally, the Link Programme can be potentially rolled out to all schools	<p>The Link Programme is being rolled out more widely, though the impacts of Covid upon schools has limited recruitment into this programme to date to four completed programmes (of a planned seven).</p>
 Number of young people (under 18) in specialist substance misuse services Baseline 437	<p>432</p>
 Young people with problematic drug/alcohol use are able to access specialist substance misuse treatment Target is for 315 young people to access treatment	<p>697 </p>
 Number of young people whose parents are accessing substance misuse services offered support Target of 30 young people access support	<p>44 </p>

Theme and aim	Update
Reduce the proportion of women smoking at the time of delivery (SATOD)	
 Reduce SATOD in Hampshire to 7% by 2020	9.3%
 Increase referrals of pregnant smokers to Hampshire stop smoking service to 100% using an opt out system by 2020	Data for 2019/20 indicates increase in numbers of maternity referrals to the stop smoking service to 819
 Increase the uptake of stop smoking support by pregnant smokers with 50% of referrals setting a quit date by 2020	274 (33.5%) quit dates set
 Increase the 4 week quit rate to 55% and the 12 week quit rate to 25% of those setting a quit date by 2020	157 pregnant 4 week quitters (76%) and 126 (50%) pregnant women quit for 12 weeks 👍
 Increase in mothers continuing to breastfeed at 6-8 weeks 50%	54.7% 👍
 Number of children jointly funded for continuing care 11 (Baseline)	67 👍

► Next priorities

A review of the domestic abuse pathway to understand the families open to social care services accessing domestic abuse services and the wider domestic abuse services and support landscape. Hampshire County Council and CCGs domiciliary care provision review and future implementation of a pooled budget for standard funding model. A review of the parenting pathway to include the Children's Services Department, Public Health and CCG services and collective support offer review for children with challenging behavior, including therapeutic responsibilities.



Living well

Dr Barbara Rushton

► Key issues and developments

Covid -19 has highlighted the inequalities in our population and it has been harder for those already at risk to manage their physical and mental health to 'Live Well'. Health and Care services have remained open, **Health and the Local Authorities have been working together** to support those **shielding**, "targeted communications" to the vulnerable population and work to support those experiencing **homelessness**. **Quit 4 Covid** anti-smoking programme and the **Healthy Hearts** model. A pilot to tackle obesity in areas and cross sector working with **EnergiseMe**. Transition to digital solutions, interventions and new innovations designed to support people to live well have involved collaboration across organisations and traditional boundaries, with many examples of positive co-production. Active engagement with key groups such as people living in the **most deprived areas** of Hampshire and certain **ethnic communities**, increasing local stakeholder participation, registered patients, etc. with social prescribers within primary care working with wellbeing centres.

► Covid impact and mitigations

Less people have come forward with significant mental and physical conditions **increasing the harm** to them from potential disease including cancer and cardiovascular disease. Lockdown impacted on income and ability to work increasing self-harm isolation, domestic abuse and poor mental wellbeing.

► Progress against metrics

Due to COVID-19, there is still work to do to achieve further reduction in the proportion of women smoking at the time of delivery; to reduce the gap in smoking between people in routine and manual occupations and the general population; to implement a whole systems approach to childhood obesity; and to implement the Hampshire physical activity strategy.

► Next priorities

Tackling the inequalities that lead to poorer health outcomes has to remain front and centre of our approach to prevention and self-care programmes. Gear up for the **COVID-19 impact on mental health** and ensuring service capacity and resilience in the coming year. Ongoing robust **digital solutions** to support independence. HIOW will become an Integrated care system ICS on 1 April 2021 with a Partnership Board representing health and care. Alongside the Prevention and Inequalities Board statutory partners will continue to work with communities to **coproduce solutions** that work for them alongside the voluntary sector. **'With people not to them'** to enable communities to lead healthier lives and develop the local community assets to focus on **supporting populations most at risk**.



Ageing well

Graham Allen






► Key issues and developments





COVID-19 has had a disproportionate effect on older adults, with evidence showing heightened levels of loneliness, depression and physical deconditioning. Services continue to deal with growing complexity of care needs. With statutory, independent and voluntary sector services operating in an emergency response mode for much of the last year, work on established priorities have had to be adapted. Organisations have worked together more collaboratively than ever before on many issues, with a new joint approach on hospital discharge being particularly significant, thanks to the combined efforts of the NHS, local government and the care sector. Through both the Local Resilience Forum (LRF) and HCC Bronze, collaborative and coproduction groups have been established through a dedicated Carers Bronze, chaired by Carers Together, alongside welfare cells built around the voluntary and community sector and local partners, including the Faith Community.

► Covid impact and mitigations

The pandemic has galvanised efforts and supporting older people's mental health and reducing social isolation. Huge collaborative effort, with more than 85,000 clinically extremely vulnerable people offered support through each lockdown. Welfare Helpline, Public Health England Active at Home booklet and the Connect to Support care guide resources and targeted communications. Initiatives to enable older people to lead healthy, active lives including Falls prevention have continued alongside work with Energise Me. **Staying Well at Home campaign** which included the delivery of approx. 4,500 information packs to community partners for those most at risk of deconditioning. Wider use of technology has rapidly accelerated.

► Progress against metrics

Action	Update
 Increase in number of Hampshire Fire & Rescue Safe and Well visits	April 2020 713 September 2020 714
	May 2020 608 October 2020 791
	June 2020 651 November 2020 597
	July 2020 615 December 2020 343
	August 2020 576 January 2021 167
	<p>The figures represent the number of 'closed' Safe & Well in Hampshire. This is the number of referrals that HFRS has dealt with so will include telephone referrals, actual visits, people refusing visits, etc. Performance has remained strong over much of 2020, albeit with reduced numbers of referrals in the last couple of months.</p>
 Non-elective emergency admissions in people aged 65+	<p>This measure is not being reported on, given the impact of COVID-19 on NHS activity</p>
 Uptake of flu vaccination	<p>This year, there has been the highest flu vaccine uptake ever achieved nationally.</p> <p>Data is published by STP/ICS area – up to end December:</p> <p>HLOW 83.5%  of people aged over 65 have been vaccinated compared to 80.2% for England</p> <p>HLOW 77.7%  of healthcare workers have been vaccinated compared to 75.3% in England</p> <p>Frimley (covering NE Hampshire) is lower at 81.2% for over 65s and 72.4% for frontline healthcare workers</p>

Action	Update
 COVID-19 vaccination	<p>As part of the system response, Hampshire has been working to prioritise and vaccinate older age groups who are at highest risk of dying from COVID-19 as well as key frontline workers who work with the most vulnerable. Work is underway to identify and encourage people who are less likely to come forward for their vaccination.</p> <p>For COVID-19 vaccine, as of 31 January:</p> <p>Frimley 91.4%  of people 80 years and over had been vaccinated</p> <p>HIOUW 92.7%  of people 80 years and over had been vaccinated</p>
 Permanent admissions to residential/nursing homes 65+	<p>As at December 2020, the permanent yearly admissions rate for people aged 65+ was 1,605, equating to 534 per 100,000 population. This is down from 544.9 per 100,000 population in December 2019.</p> <p>It is important to note however that this data relates only to admissions where Hampshire County Council was placing an individual in residential or nursing care. It does not reflect admissions organised by an individual or their family without Hampshire County Council involvement.</p>

► Next priorities

The Cobot technology programme, work to review the Disabled Facilities Grant scheme and increase physical activity for older people and other vulnerable groups has been impacted by COVID-19.



Dying well

Dr Peter Bibawy

► Key issues and developments

The issues around End of Life (EOL) have developed well with key representation from all acute, community, hospice and commissioning teams. Task and finish groups have been established including looking at patients and carers and bereavement and after death and focused on key homelessness, Learning Disabilities and multi-cultural communities. Collaboration and representation from each locality and various sectors including hospices, acute, community, commissioning etc all with specialist knowledge of EOL and links to each of the 4 locality EOL Steering Groups in HloW who are the engines for implementation across LCPs and EOL Interoperability Working Group is currently developing a framework to invite patient and carer engagement.

► Covid impact and mitigations

The impact of Covid on the stability of Hospice Providers has been highlighted and discussions held with NHSE/I to understand how we can support, recognising their significant contribution to the EOL Pathway. New SCAS Pathway developed to support patients due to be transferred to die at home, to support actions to be taken should they die during their journey home. The single Community syringe driver and PRN charts in place across Hampshire, updated in late 2019 in response to the Gosport Report. Additional EOL pharmacies identified and contracted.

► Progress against metrics

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

► Next priorities

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



Healthier communities

Councillor Anne Crampton

► Key issues and developments

Healthy Homes Working Group established, driving coordinated action to deliver the priorities from the Healthy Homes Workshop in Jan 2020 and address the areas identified. Districts and Boroughs Community Recovery meeting established to identify commonalities around the impact of COVID-19 on local communities, share good practice in relation to community recovery, and explore collaborative opportunities to address impacts. Hampshire's first Active Places Summit took place in October 2020. The Healthy Homes workforce development plan is based on the outcomes of a survey which was contributed to by over 260 partners across health, care, housing and the voluntary sector in Hampshire and other schemes have also prioritized community engagement.

► Covid impact and mitigations

Government directives to accommodate all rough sleepers and those imminently at risk of rough sleeping. Districts/ Boroughs established Local Response Centre's alongside the Voluntary Sector to support those most vulnerable in the community. Partnership working has been key, with relationships across communities/ organisations built and strengthened in ways which were unimaginable prior to the pandemic. The Community Recovery Group have identified many impacts of the pandemic on local communities including mental health and physical wellbeing, financial hardships and social isolation. Districts and Boroughs are working with their communities and local partners to develop and promote initiatives which aim to mitigate against the negative impacts of the pandemic including the development of community pantries, employability support and community grant funds.

► Progress against metrics

Work will continue to identify measures and mechanisms to capture future progress and lessons learned, involving a combination of quantitative metrics and qualitative examples or case studies from across the system.

► Next priorities

Progress Healthy Homes Action Plan – development of a collaborative induction offer, educational videos on identified topics, and networking opportunities including 'organisational champion' roles. Developing and promoting initiatives to support community recovery, and using the Districts/ Boroughs Community Recovery forum to share knowledge across the County.

Finance

The work and priorities of the Health and Wellbeing Board Business Plan are delivered within the existing financial resources of the partner organisations involved.

Conclusion

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