

## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Hampshire Health and Wellbeing Board
<b>Date:</b>	16 June 2022
<b>Title:</b>	Living Well Theme Focus
<b>Report From:</b>	Dr Barbara Rushton, Board Sponsor for Living Well

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#### Purpose of this Report

1. The purpose of this report is to provide an updated to the Hampshire Health and Wellbeing Board on the priorities and progress of the Living Well strand of the Health and Wellbeing Strategy. The presentation also makes reference to some of the schemes that have been implemented rapidly as a result of the pandemic.
2. Recommendation(s)

That the Hampshire Health and Wellbeing Board:

#### 3. Reduce the proportion of women smoking at the time of delivery

The Board are asked to note the reduction in the numbers smoking at delivery but the need to keep focus on this area

#### 4. Reduce the gap in smoking between people in routine and manual occupations & the general population

Although two thirds of people set a quit date after 4 weeks there is always more that could be done and more targeted interventions are being employed

#### 5. Implement whole systems approach to childhood obesity in one area of Hampshire

The Board is asked to support and promote the Healthy Weight strategy within their organisations including working collaboratively through a whole system approach

**6. Implement the Hampshire Physical Activity Strategy with a specific focus on enabling the workforce to be competent to promote physical activity for life**

The Board is asked to ensure their organisations are sighted on and contribute to the Strategy implementation

**7. Signpost to and encourage the systematic use of effective tools/initiatives (including digital) that will enable people to improve their self-management and provide peer support for long-term conditions**

The Board is asked to note the various tools open to clinician and the public to support them in their conditions

### **Executive Summary**

8. This report seeks to highlight the key challenges and developments relating to the various workstreams within the Living Well chapter including the activities to reduce smoking, tackling childhood obesity, the launch of the physical activity strategy, cardiovascular disease programmes and digital tools to support self-management.
9. There are many examples of collaboration between agencies within the chapter update, and as Hampshire & the Isle of Wight becomes an Integrated Care System ICS on 1 July 2022 there will be new opportunities to accelerate integration improve outcomes, tackle inequalities, enhance productivity and support community development across agencies.

### **Contextual Information**

10. The impact of the past two years continues to be far-reaching and it may be some time before we return to pre-pandemic levels of physical and mental health. We have learned more about those most at risk from serious illness during Covid-19 and how early behavioural changes like exercise, weight management, stopping smoking and optimising control of blood pressure will lead to healthier life expectancy for all
11. Importantly Health and the Local Authority have continued to work together to support those shielding enabled “targeted communications” to the vulnerable

population providing advice and guidance on who to contact and how to access services. This includes work to support those experiencing homelessness.

12. Throughout 2021/22 work was undertaken to amplify media messages about smokers being at increased risk from Covid. An offer of digital/telephone stop smoking support continued and the accessibility of stop smoking medications enhanced, with more pharmacies and vape shops providing services. A second Quit4Covid GP text messaging campaign was delivered to encourage all smokers to seek expert advice. Support for pregnant women has continued through the 'Speak to your Midwife' targeted social media campaign and ongoing partnership work with NHS Trust Smokefree Pregnancy Steering Groups to promote midwife referrals.
13. In 2022/23 work is planned to ensure that the most vulnerable clients have access to face to face support and to review the experience of clients affected by substance misuse, mental illness and long term conditions, with a view to making pathways more accessible and improving outcomes.
14. Nationally, a "Live Longer Better campaign" has been established to *"to develop a new culture: from care to enablement, using activity (physical, cognitive and emotional) as the driver to increase healthspan for older adults"*. Energise Me has invested into the national community of practice and learning which has a large network across the country. The opportunity to share resources and learning is being made available to colleagues and the website pages that Hampshire Adults' Health & Care are developing are anticipated to connect to this national work.
15. The 'Whole System Approach' (WSA) pilot to tackle obesity in Rushmoor remains in place, despite Covid-19 pandemic pressures, demonstrating partner(s) commitment to this shared agenda. Having become an example of success in establishing multi-agency collaboration with a place based focus, the WSA model has now been initiated in Havant with another pilot area to commence in 2022/23. The 'EnergiseMe' authored Physical Activity Strategy is now published and EnergiseMe are working with partners to facilitate the delivery of the strategy.
16. We have learnt a lot about the opportunities to enable people to access care through digital means. Transition to digital solutions has provided 1000s of online therapeutic mental health interventions for patients across Hampshire and there has been an improved 111 Mental Health service to support all ages across the system.
17. HLOW was a *trailblazer* site for the national NHS BP@Home programme. Approximately 6000 blood pressure monitors were distributed to GP surgeries to support the remote management of individual's with high blood pressure.

18. The CCG also funded the acquisition of additional functionality within a widely adopted text-messaging platform used by primary care. This allows for patients to share blood pressure readings taken at home with their doctor from the comfort of their own home.
19. Ongoing work continues to increase GP awareness of the nationally supported UCLPartners risk stratification tool which helps clinicians prioritise their management of patients with CVD risk factors. Our systems own Population Health Management tool remains under development but is closely linked with the CVD Prevention work stream and will provide additional case hypertension finding functionality in the year to come. The Healthy Hearts model for cardiovascular disease prevention has also been developed to tackle unwarranted variation across our geography.
20. Many of the 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. Tier 2 weight management support, for example, is available through digital app, virtual and face to face (in person) formats to flexibly serve user preference and adapt to circumstance (pandemic affected access).

### **Covid Impact and Mitigations**

1. The impact of Covid-19 on smoking prevalence in the general population has been mixed, with the Hampshire 2020 adult prevalence at 8%. Referrals to Smokefree Hampshire from primary and secondary care reduced by approximately 40% during 21/22. However, the number of people referring themselves for support increased significantly. As a result the number of people quitting smoking with Smokefree Hampshire in 21/22 has remained consistent. For pregnant women, smoking at time of delivery reduced in Hampshire from 9.3% to 7.9%. Although positive, this data needs to be interpreted within the context of Covid-19 and the fact that CO monitoring at booking was paused for the majority of 21/22. This is likely to have significantly have reduced the identification of pregnant smokers.
23. Health Check delivery was severely compromised by the impact of COVID on primary care capacity (as well as latterly by the national shortage of blood test bottles). The time has been used to improve structures for Health Check commissioners (Public Health) and providers (Primary Care) to share learning and collaborate. As Health Checks recommence it is hoped these structures will allow for improved delivery and targeting of this valuable national programme as well as aligning with other planned opportunities to support improved CVD risk factor detection such as the Community Pharmacy Hypertension service and pulse and blood pressure checks at vaccination clinics.

24. Funding is being sought to support a broad MECC training offer applicable to a range of common upstream behavioural risk factors (such as smoking, diet and physical activity) which will upskill the health care work force to have healthy conversations in a variety of settings and with the intention of increasing clinical interactions like the health check.

## **Performance**

25. *The COVID-19 vaccination programme has been a key factor in helping people to remain well in the community. Over 4 million doses have been given locally and the system mobilised quickly to ensure that over Winter 2021 everyone was offered a booster vaccination by 31<sup>st</sup> December to combat Omicron.*

## **Reducing the proportion of women smoking at the time of delivery**

26. Smoking at Time of delivery in Hampshire in 20/21 is estimated to be 7.9%. This is a reduction from 19/20 (9.3%) and the lowest prevalence recorded to date. Whilst this is a positive sign, this data must be considered within the context of Covid-19 where CO monitoring was paused at midwife appointments for most of the year. This will have impacted the identification of women who were both smoking at time of booking (SATOB) and smoking at time of delivery (SATOD). Local variation in trust SATOD data continues, with areas of the highest deprivation having much higher smoker rates.
27. Smokefree Hampshire continued to offer a bespoke pathway for pregnant women with 416 setting a quit day in 20/21 and 56% of these achieving a 4 week quit.

## **Reduce the gap in smoking between people in routine and manual occupations & the general population**

28. OHID Fingertips data has updated methodology on smoking prevalence in adults (APS) to account for new local authority and CCG boundaries. It is therefore, no longer directly comparable to previous years.
29. In Hampshire the proportion of people who smoke in routine and manual groups is 9.3% compared with 8% of adults overall. (England:12.1%, SE Region:11.1%)
30. 40% of people who set a quit date with Smokefree Hampshire were from routine and manual occupations (Contract Year 21/22) Of those people in

routine and manual occupations setting a quit date, 67% went on to successfully quit for 4 weeks.

31. In Smokefree Hampshire contract year 21/22 72% of 4 week quitters were from priority groups, which include routine and manual, alongside those affected by mental illness, long term conditions, people who are unemployed or pregnant.
32. Referrals to Smokefree Hampshire from primary and secondary care reduced by approximately 40% during 2020/21 however, during 2021/22 they have returned to approximately 70% of pre-covid levels. The number of people referring themselves for support increased significantly in the past two years.

### **Implement whole systems approach to childhood obesity in one area of Hampshire**

1. The Healthy Early Years Award was developed to engage early years practitioners in a whole settings approach to health. Five Rushmoor early years settings piloted the award, including topics on Healthy Weight and Healthy Eating, and Physical Activity and Active Play. This is now live to all early years settings in Hampshire, and will be promoted further in 2022.

### **Implement the We Can Be Active Strategy**

2. The We Can Be Active Strategy sets out 5 goals to achieve its mission “To inspire and support active lifestyles so we can all be active in a way that suits us”. Success has been defined as “People who once struggled to be active feeling the positive benefits of increased activity”. The emerging Integrated Care System has a crucial role to play encouraging active lifestyles due to the opportunity for contacts with people using health services. The Prevention and Inequalities Board selected physical activity as one of two priority focus areas. An action plan is being developed to embed physical activity training into workforce development and clinical pathways.
3. In the last year 47 clinicians have been trained through the Physical activity clinical champions training and 35 individuals trained through the Supporting others to be physically active training for social prescribers.
4. Hampshire County Council Public Health have identified resource (0.5 FTE) to facilitate the implementation and achievement of physical activity ambitions within its sphere of influence.
5. The [Get Active website](#) is being developed that can be used by people and organisations to signpost activity.

**Signpost to and encourage the systematic use of effective tools/initiatives (including digital) that will enable people to improve their self-management and provide peer support for long-term conditions**

37. Video & Telephone Consultation – secondary care procurement in progress. Primary care has just completed procurement for practices
38. A number of PCN's are acting as self-care demonstrators for particular conditions, reviewing and evaluating self-care apps. Includes diabetes & weight management, low-level MH/anxiety issues, BP at Home
39. Virtual wards/social care – Use of remote monitoring technologies including wearables and bio sensors to enable patients who would otherwise be in hospital to remain at home, including supporting the prevention of avoidable admissions and facilitating early discharge.
40. Primary Care Pods – SE Hants enables patients to self-provide clinical data (measurements, readings and self-rated scores) without the usual requirement of a face-to-face appointment.
41. ICS Digital Team working with social care have deployed 400 iPads to care homes to support ward rounds with GP's. A digital maturity survey is planned to horizon scan ICS requirements and prioritise less digitally mature care homes
42. Portsmouth & South East Digital Inclusion Community Network promoting collaborative working, sharing of best practice and awareness raising. CCG providing financial support to colleagues within the voluntary sector in PSEH to:
  - access online digital champions training support
  - purchase and/or refurbish devices for loan
  - provide short-term access to free mobile data for use with loaned devices
43. HIVE and Community First are recruiting digital champions, working with Age UK, Citizens Advice and You Trust to support citizens including those with learning disabilities. Working with libraries to create digital learning hubs.
44. Community First provide IT support with 6 tablets and 6 Chromebook available to loan and provide training to develop a positive mindset and employment related skills. 1 in 3 participants have a disability and 50% of referrals are from mental health service with others from DWP etc. In addition they are in the process of applying for further sim cards from Vodafone and have recently been

able to help a referral from a social prescriber to support a patient with mental health needs to have a phone to access health support.

45. ICS Digital Empowered Citizens workshop held attended by health & care colleagues, voluntary sector organisations and patient representatives to understand what is needed to support people using digital approaches such as self-monitoring equipment, online appointments, etc so that those who would like to use tools are able to.
46. Creation of an ICS Digital Empowered Citizens Working Group to develop a costed plan to support digital inclusion as part of the wider 3 year ICS Digital Transformation Plan

## **Co-Production**

1. HCC Public Health have worked collaboratively with Acute, Maternity and Mental Health Trusts to support the implementation of the NHS Long Term Plan for Tobacco Dependency Services. PHE CLear Deep Dive Assessments have been used to audit smoking cessation pathways with a view to increasing referrals for stop smoking support, especially those from priority groups. Over the course of 2021/22 HCC Public Health have worked closely with NHS Trust Tobacco Dependency Steering Groups to develop 'in-house' smoking cessation models. Collaboration will continue into 22/23 to ensure these models offer a streamlined service and pathway to community stop smoking support.
2. Smokefree Hampshire offer an evidenced based service, available to all smokers in Hampshire targeting high risk groups with bespoke referral pathways to improve access and outcomes. A Health Equity Audit was undertaken 21/22 and ongoing work to enhance the accessibility of the service in 22/23 includes insight work with priority groups to identify their experience as service users & targeted social media campaigns.
3. The whole System Approach to obesity collaboration continues in Rushmoor and was recently established in Havant. A new WSA District is planned for 22/23 and shows the recognition of system partners value in working together to achieve shared objectives.
4. Teams focused on obesity have engaged with key partners, such as MIND, food retailers and housing associations to explain the approach and why it's important while increasing local stakeholder participation in the Whole System Approach

5. The We Can Be Active Strategy, a co-produced strategy for physical activity was adopted by the Health and Wellbeing Board in October 2021.
6. Working with MIND across Hampshire we are contacting every registered SMI patient to offer advice guidance and support in relation to vaccinations with a hope of further maintaining this activity to improve take up and completion of SMI health checks to reduce the mortality gap
7. Social prescribers within primary care working with wellbeing centers and improving advice and guidance on the steps to wellbeing bridging the gaps between physical and mental health, increasing referrals into commissioned services.
8. Recognising the ongoing pressure on General Practice, but also noting the development of the wider Primary Care Workforce through the Additional Roles Reimbursement Scheme (ARRS), we have recruited to a pharmacist led CVD prevention team designed to support Primary Care Network teams in optimising medication used to treat an individual's CVD risk factors (Atrial Fibrillation, High Blood Pressure and Cholesterol). This small workforce is currently being targeted to areas with higher need but with plans to expand the workforce, once funding is secured.

## Conclusions

1. 2021/22 has continued to provide challenges for partners in supporting individuals to live well. We will continue to ensure that the digital tools are promoted further to the public and amongst professionals to deliver the right care, at the right time, in the right environment and provide robust Information to support people to manage their conditions in the community. Hampshire residents are now also welcoming a return to a 'new normal' where in-person clinical contact and in-person interventions can be achieved.
2. COVID-19 has widened existing inequalities and some of the most vulnerable people have been the most badly affected. The focus for all of the above programmes is early intervention and prevention and involve many system partners working on shared solutions. There are good examples of integrated approached to care in the areas covered in this report, but as Hampshire & the Isle of Wight becomes an Integrated Care System ICS on 1 July 2022 there will be new opportunities to improve outcomes, tackle inequalities, enhance productivity and support community development.

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

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

**Other Significant Links**

<b>Links to previous Member decisions:</b>	
<u>Title</u> <a href="#">Living Well Theme Focus</a>	<u>Date</u> December 2020
<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u>	<u>Date</u>

## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

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

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

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

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

### **2. Equalities Impact Assessment:**

An inequalities impact assessment has not been undertaken for this report as it is expected that equality impact assessments would be completed as appropriate across the system for specific work programmes or decisions that feature in this update.