

HAMPSHIRE COUNTY COUNCIL

Report

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| Committee: | Hampshire Health and Wellbeing Board |
| Date: | 16 June 2022 |
| Title: | Health and Wellbeing Board Annual Update 2021-2022 |
| Report From: | Simon Bryant, Director of Public Health |

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Purpose of this Report

1. The purpose of this report is to update the Board on the progress of ongoing work to support the delivery of the Joint Health and Wellbeing Strategy.

Recommendation(s)

2. That the Hampshire Health and Wellbeing Board:
 - Note the update, progress, and upcoming priorities of the Board's work.
 - Actively share the report with constituent members' boards and committees to ensure further engagement and development of the plan for 2022/23.
 - For all Board Members to share progress on areas of priority to include in the final report for the Health and Adult Social Care Scrutiny Committee.

Executive Summary

3. The Health and Wellbeing Board has continued to focus on health inequalities and risks under the continuing impact of Covid-19. In addition to the Covid-19 response, challenges, and recovery plans in place across themes, often interconnected, Board Sponsors have continued to strive to deliver the Strategy as outlined in the business plan with updated priorities, critical measures in place and monitoring against metrics.

Contextual Information

4. As a follow up to the Health and Wellbeing Board business plan, this report outlines key issues and developments, Covid impact and mitigations, coproduction and collaboration progress against metric, and upcoming priorities within each theme of the current Strategy in place until 2024.

Performance Review by Theme

Strategic Leadership, Simon Bryant

Key Issues and Developments

5. This year has seen a number of reports highlighting the impact of the pandemic:

[Joint Strategic Needs Assessment](#)

6. [COVID-19 Health Impact Assessment](#) – a retrospective view of the first two waves of the pandemic and what has meant to our local populations, reviews national guidance and policy to date and what the potential impacts have been and will be on our populations.
7. [JSNA Demography](#) - focussing on the age structure of our population and future projections and the socio demographic and protected characteristics of our population.
8. [JSNA Vital Statistics](#) - detailing births and deaths data and trends analysis
9. [JSNA Healthy Places](#) - this chapter focuses on the social and commercial drivers for health – includes district reports.
10. [Inclusion Health Groups](#) -This report focuses on the inclusion health groups across Hampshire and where possible aims to quantify these communities in our population, where they live, their demographics and describe the potential health outcomes and challenges they may face (includes district summary).

These reports enabled the board and board members to plan health and care services focusing on health inequalities and the impact of the pandemic

Public Health Annual Report

11. The Director of Public Health [report](#) highlighted the mental health impacts of COVID on the population across all ages. The report set out key areas of work alongside recommendations that the board was asked to support. The recommendations were:

- i. Work with partners across Hampshire to promote a prevention-focused approach towards improving the public's mental and emotional health through progressing the work of Hampshire's Mental Health Prevention Concordat.
- ii. Work alongside community, voluntary sector and district partners to identify how we can support mental health and wellbeing for people from ethnic minority backgrounds and other populations at increased risk of COVID-19 in Hampshire. This includes utilising Community Researchers to engage with their communities to understand key issues around mental and emotional health and wellbeing.
- iii. Mobilise community assets to promote mental and physical health and wellbeing via the implementation of a Community Champion programme, whilst also strengthening communities through a sustained Men's Activity Network.
- iv. Strengthen the pathways for people with co-occurring mental health and alcohol and drug use conditions, working with the NHS Transforming Mental Health Services programme
- v. Ensuring that mental health services are equally accessible for everyone, including those from ethnic minority groups who are more likely to have been affected by the impact of COVID-19.
- vi. Focus on the wider social and economic factors to address inequalities and mental health. For example, understanding the impact of COVID-19 on people's personal finances and mental wellbeing and seeking to address these through targeted resources for residents and training programmes to support front-line staff.
- vii. Building capacity and capability across frontline workforces to prevent mental health problems and promote good mental and emotional wellbeing within their everyday practice using the Public Mental Health Leadership and Workforce Development Framework Call to Action.
- viii. Continuing to promote public-facing culturally competent mental and emotional wellbeing resources and targeted communications campaigns, especially to address areas of inequalities

Population Coproduction and Partner Collaboration

Membership Changes

12. The membership of the board has changed with new members and deputies representing: Police and Crime Commissioner, the District and Borough Council Chief Executives, Clinical Commissioning Group, Hampshire Fire and Rescue Service, Healthwatch Hampshire and Acute Health Trusts.

Next Priorities

13. [JSNA Healthy Lives](#) – providing a focus on risk factors including behavioural risk factors and some of the wider determinants of health.
14. [JSNA Healthy People](#) - focussing on the health outcomes of our population and the health inequalities which are evident.
15. The Pharmaceutical Needs assessment will be published in the autumn. This is a statement of the pharmaceutical services provided that are necessary to meet needs in the area and is the market entry document to enable NHS E/I and the ICS to commission pharmacy services for the population.

Role of the Board

16. With the development of the two Integrated Care Systems (ICS) which will continue to serve Hampshire residents - Hampshire and Isle of Wight Integrated Care System (ICS) and Frimley Health and Care ICS Board, membership of the Health and Wellbeing Board will be reviewed accordingly, and the Terms of Reference updated as necessary.

Starting Well, Steve Crocker

Key Issues and Developments

17. The standard funding model for children eligible for Continuing Care has been running for a year, it has simplified the administration process and allowed front line professionals to focus on ensuring the right care is in place to meet the child's needs. Although it is still the ambition to implement a pooled budget, this has now been delayed until 23/24 to review extending the standard funding model to include non care items of expenditure such as travel and insurance.
18. Hampshire County Council and the CCG explored the possibility of jointly commissioning care support, however the different requirements and regulatory frameworks meant that the services and associated documentation were different. Combining the service specifications risked removing the differentiations and having two specifications undermined the benefits of a joint framework. Although it was decided that stand alone processes would better meet each partners needs, we continue to work in partnership to ensure that both parties requirements are mutually understood and that ultimately Hampshire children and families receive more joined up services, regardless of how they are purchased.

19. A series of workshops were held in Spring 2021 which reviewed the domestic abuse pathways and customer journey maps were produced from the child's perspective. The maps demonstrated the large volume of stakeholders involved for families experiencing domestic abuse and the difficulties often encountered in navigating available services. The workshops suggested that more information is required about the services available to ensure that families are accessing the right support and that agencies are referring families appropriately, including setting expectations about their services. In addition, all services adopting a trauma informed approach was identified as key to improving the experience for families. The final action plan, including a list of agreed recommendations for improvements, will be reported to the Hampshire Domestic Abuse Partnership Board in June 2022.

Covid Impact and Mitigations

20. The longer-term impact of the Covid pandemic has seen a sustained increase in demand for services from children's social care. Referrals for assessment and intervention have been at least 20%, and at times 30% higher than pre-pandemic levels for the last 10 months and there is no evidence this is likely to reduce. Additional funding has been made available for social workers and other family practitioners to respond to this, but there remain ongoing recruitment issues (nationally), adding to the pressures on the service.
21. 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. 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 also risen significantly against previous years. The March 2022 referral level of 1,237 was the highest single month on record, 46.2% higher than the equivalent figure in March 2019 (the last March before the pandemic). Whilst March 2020 levels were impacted by the first Covid lockdown, referral levels since that time have continued to increase, as evidenced in Table 1 below. Similarly, whilst waiting lists for assessment and treatment, and total open caseloads were relatively static between March 2019 and March 2020, the combination of increased referrals, and increased acuity for those young people open to CAMHS during the pandemic has seen numbers for those awaiting assessment, awaiting treatment and open to treatment all rise significantly compared to pre-pandemic levels. The growth in the number of children awaiting assessment and treatment has also increased the amount of clinical capacity that CAMHS services need to invest each month in ensuring the safety of those on those waiting lists. Without this, more of the additional capacity that has been created in CAMHS services through additional

investment would have translated into additional treatment and assessment capacity.

Table 1: External Referrals into Hampshire CAMHS 2019-2022

| Date | Referrals to CAMHS | % Change from 2019 |
|--------|--------------------|--------------------|
| Mar-19 | 846 | N/A |
| Mar-20 | 700 | -17.3% |
| Mar-21 | 1042 | 23.2% |
| Mar-22 | 1237 | 46.2% |

22. Specialist CAMHS services in Hampshire made the shift from face to face appointments to digital service delivery for most children and young people quite quickly and the service continued to receive referrals through the pandemic.

23. In addition to increasing the CAMHS digital offer, effort was focused upon ensuring a continuation of the work of the CAMHS Transformation Board. Whilst this Board had been established to address some of the challenges associated with the pre-pandemic waiting times for CAMHS, it was also anticipated that a global pandemic would be detrimental to children's mental health, and that therefore it would be important to maintain a focus upon supporting service transformation to address both the historic challenges and the new emerging impacts as a result of the Pandemic.

24. This work has led to:

- i. Increased capacity in the Hampshire CAMHS eating disorder services capacity.
- ii. Increased capacity in the intensive home treatment CAMHS service (i2i).
- iii. Increased capacity in the Core CAMHS service to address historic waiting lists, and increased demand from the Pandemic (estimated at that time as being approximately 25%)
- iv. Establishing a new Paediatric Psychiatric Liaison service to support children and young people in mental health crisis at acute hospitals
- v. Continued expansion of the NHS 111 Mental Health Triage service, a 24/7 all age mental health service that puts children, young people and parents in contact with mental health professionals able to support a range of mental health crisis situations impacting children and young people, supported at most times by a dually staffed rapid response vehicle which can support young people in their communities and homes around mental health crisis situations without a need to visit hospital.
- vi. Increased capacity in Hampshire CAMHS early help and support capacity
- vii. Commissioning of a new Digital mental health early help service (Kooth.com) for 11-25 year olds across Hampshire
- viii. Increased capacity in the Hampshire community counselling services.
- ix. The development of a new community and voluntary sector mental health grants fund to support the third sector in supporting these services.

25. The combined impact of the above has been to increase the proportion of Hampshire children and young people accessing NHS funded mental health services to well above the levels of the NHS Long Term Plan, and to transform the number of clinical contacts offered within CAMHS services to Hampshire children and young people. The NHS Long Term Plan sets targets for the number of additional children and young people who will be accessing NHS funded mental health services against a baseline set in April 2016. For 2021/22, the target of additional children and young people (over and above the 2016 Baseline) to be accessing NHS funded mental health services was 9,427 for Hampshire, Southampton and Isle of Wight CCG. The actual number of additional children and young people accessing NHS funded mental health services in 2021/22 was 12,780, exceeding the national target for this area by 35.6%. This investment has also helped to clear waiting lists within higher risk areas of community CAMHS services (such as Children's Eating Disorder services), though as Table 1 above shows, the number of children awaiting assessment and/or treatment overall has risen. This investment has also helped to clear waiting lists within higher risk areas of community CAMHS services (such as Children's Eating Disorder services).
26. The mental health ramifications of the Pandemic upon children and young people have not only presented or been felt in NHS services. Schools have reported a range of impacts arising from the pandemic implied in changes in the behaviours of children and young people in and around school and college. To help mitigate some of these impacts, the NHS response has also been proactive in Hampshire. In addition to the local investments in service transformation outlined above the Hampshire Children's Mental Health Commissioning Team has also been working with local partners in the County Council, schools and other local partners to successfully:
- a. Attract funding to secure a further five Mental Health Support Teams (MHSTs) into Hampshire from January 2022, with a further four to arrive in January 2023 and three more from January 2024. Each MHST improves the resilience of the mental health early help offer in supported schools with a pupil population of approximately 8,000.
 - b. Deliver the DfE/Department of Health funded Link Programme into over 80 schools and colleges over the last 2 years, improving relationships between schools and CAMHS services and supporting whole school approaches to promoting positive mental health.
 - c. Working with NHS and wider colleagues to improve the quality of the digital help offer and the availability of freely available digital resources to support children, young people, parents and families around children's mental health.
 - d. Working with HCC colleagues to shape a common approach to the utilization of the DfE Wellbeing for Education Resilience funding that the County Council managed. This collaboration resulted in expansion of the capacity of the Kooth.com service in 2021/22, and resulted in improved mapping and communication of the Hampshire children's mental health

offer now reflected on the Hampshire-wide Family Information Services Hub (FISH).

27. The NHS Tier 4 CAMHS Service is commissioned at a regional level, and delivered by an NHS Provider Collaborative led by Sussex Partnership NHS Trust. This approach has a clear aim of reducing the number of children in out of area placements, and providing more care closer to home. However, a surge in demand for services, closure of some private facilities where concerns over quality have been raised and a shortage of specialist workforce required to meet this demand have led to significant issues with availability of Tier 4 beds for Children and Young People.

28. This reduction in NHS mental health beds is having a significant knock on financial and service pressure on children's social care services..

Coproduction and Collaboration

29. The joint commissioning strategy developed and agreed by the Joint Commissioning Board identifies a small number of priority projects where partnership working is critical to success. By having clear joint priorities alongside joint accountabilities, the Board aims to ensure teams can work effectively together to deliver joint goals.

30. Joint evaluation of the CAMHS and substance misuse worker roles co-located in social care has demonstrated positive outcomes for families which has a positive impact on partner services. Following the evaluation, funding has been secured for future years and a joint performance framework has been put in place to track progress.

31. The Hampshire Children's Trust Children and Young People's Plan has been refreshed for 2022 to 2025. The plan has been developed through engagement with children and young people in focus groups and a survey for parents, carers and professionals. Partners have then worked together in a series of workshops to create a plan based on this feedback for how partners can work together to improve outcomes. The plan is due to be launched in June.

32. Children's Services and Public Health have been working together to identify transformation opportunities for improving outcomes of children and families accessing the Public Health Nursing and the Family Support Services and Intensive Support Workers. This work has included a 'discovery phase' of a staff survey, interviews for key stakeholders and three focus groups with staff from within the services (both the interviews and focus groups included representation from Hampshire Parent Carer Network) and the findings are currently being assimilated ahead of the 'design phase' of two workshops.

Progress Against Metrics

33. Updated metrics are shown in the table below where they are available, it has not been possible to provide updates in all areas due to delays in national reporting and the impact of COVID-19 restrictions with school closures and low response rates.

34. A summary of available updated metrics is provided in the table below.

| Theme & Aim | Update |
|--|--|
| <p>Increase mental health support in schools</p> <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.</p> <p>Nationally, the Link Programme can be potentially rolled out to all schools.</p> | <p>Only two MHSTs (supporting approximately 16 schools) have been allocated to Hampshire to date. 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> <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> |
| <p>Young people with problematic drug/alcohol use are able to access specialist substance misuse treatment</p> <p>Number of young people (under 18) in specialist substance misuse services</p> <p>Baseline 437</p> | <p>399</p> <p>Total numbers of under 18s in treatment in 2021/22 are similar for the same period last year (396) although remain 9% lower than the baseline figure.</p> <p>Since 1st July 2018, the young people's service has been expanded to support young adults aged 18-24 years. In 2021/22, a total of 568 young adults aged 18-24 were accessing either specialist or targeted treatment. This represents a 24% increase in the total numbers in treatment compared to the same period last year (459).</p> <p>To reflect the increased numbers of young people aged 11-24 years in treatment, additional investment has been made in the service for 2022-23. This additional capacity includes specific targets to increase the under 18s in treatment.</p> |

| | |
|--|---|
| <p>Children are offered support where parental substance misuse is identified</p> <p>Number of young people, whose parents are accessing substance misuse services, are offered support</p> <p>Target of 30 young people accessing support.</p> | <p>79</p> <p>Figures for 2021/22 show there has been an 80% increase in the number of young people supported compared to those previously reported (44), with numbers more than doubling compared to baseline.</p> <p>Additional investment for 2022/23 will allow the service to continue to meet increasing demand.</p> |
| <p>Reduce the proportion of women smoking at the time of delivery</p> <p>Reduce smoking at time of delivery (SATOD) in Hampshire to 7% by 2020.</p> <p>Increase referrals of pregnant smokers to Hampshire stop smoking service to 100% using an opt out system by 2020.</p> <p>Increase the uptake of stop smoking support by pregnant smokers with 50% of referrals setting a quit date by 2020.</p> <p>Increase the 4 week quit rate to 55% and the 12 week quit rate to 25% of those setting a quit date by 2020.</p> | <p>SATOD rate 2020/21 7.9% (carbon monoxide monitoring was paused during COVID and so the identification of smokers at booking may have been reduced).</p> <p>Maternity referrals to Smokefree Hants: 702 women (2020/21) 811 women (2021/22)</p> <p>'In house' maternity opt-out stop smoking service are currently being rolled out across NHS Trusts (delivery from Oct 2022). Therefore, pregnant women will no longer be routinely referred to Smokefree Hampshire.</p> <p>41% (between Oct 2021 to April 2022); previous contractual year was 34%</p> <p>4 week quit rate: 54% (Oct 2020 to Sep 2021) 12 week quit rate: 28% (Oct 2020 to Sep 2021)</p> |
| <p>Increase in mothers continuing to breastfeed at 6-8 weeks</p> <p>50%</p> | <p>57.5% (Nov 2021 to Jan 2022)</p> |
| <p>Number of children jointly funded for continuing care</p> <p>11 (Baseline)</p> | <p>62 – jointly funded for CC 9 - jointly funded via Section 117 Aftercare</p> |

Next Priorities

35. To progress the domestic abuse 'Journey of a Child' action plan with leads from each agency.
36. HCC Children's Services, Public Health and CCG CYP MH commissioners have continued to work around the development of the offer for CYP with challenging behaviour. The HIOW ICS-wide Key Worker service is now live, providing improved support for CYP with LD/A on the Dynamic Support Register (which highlights those children and young people with greatest risk. The Complex Children's Panel has helped to build consensus around the development of new resilient placement options such as the Hayter House project in Romsey, due to go live in the Spring/Summer of 2023, whilst opening up access to similar provision in Southampton at a new development (Westwood House). The CCG has maintained its commitment to support HCC efforts that will improve the resilience of HCC Children in Care residential services and settings and Foster Care through funding for improved psychological insight and leadership. The CCG has also committed to funding to develop the reach and scope of Portage Service in relation to more vulnerable children of school age in 2022/23 and 2023/24.
37. To agree and implement opportunities for improving outcomes of children and families accessing the Public Health Nursing and the Family Support Services and Intensive Support Workers arising from the current discovery project underway.
38. To seek opportunities to incorporate and align Public Health Services into the Holiday Activity and Food (HAF) Programme signposting offer. There is significant alignment between Public Health priorities and the aim of HAF in respect of health eating, activity, obesity and signposting to other forms of support.

Living Well, Dr Barbara Rushton

Key Issues and Developments

39. 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.
40. Importantly partners have continued to work together to support the vulnerable population providing advice and guidance on who to contact and how to access services. Face to Face appointments have returned.

41. 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.
42. Adults' Health & Care, Energise Me, and NHS partners are looking at how we can support better ageing. There are four areas of focus: continence, social isolation, dementia and falls
43. Nationally, a "Live Longer Better campaign" has been established and Energise Me has invested into the national community of practice and learning which has a large network across the country.
44. The Whole System Approach' (WSA) pilot to tackle obesity in Rushmoor has now been initiated in Havant
45. 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 individuals with high blood pressure.

Covid Impact and Mitigations

46. Fewer people have come forward with significant mental and physical conditions increasing the harm to them from potential disease including cancer and cardiovascular disease.
47. Carbon Monoxide monitoring at booking is temporarily on hold. This has resulted in a reduced level of women coming forward as smokers 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
48. 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.
49. 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

50. Ambition to increase the 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

Coproduction and Collaboration

51. 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.
52. The whole System Approach to obesity collaboration continues in Rushmoor and was recently established in Havant. A new District is planned for 22/23 and shows the recognition of system partners value in working together to achieve shared objectives.
53. The We Can Be Active Strategy, a co-produced strategy for physical activity was adopted by the Health and Wellbeing Board in October 2021.
54. Healthy Hearts programme has recruited to a pharmacist led cardiovascular disease prevention team designed to support Primary Care Network teams in optimising medication used to an treat individual's risk factors
55. A Health Equity Audit was undertaken for smokefree Hampshire 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.
56. Working with MIND across Hampshire we are contacting every registered SMI patient to offer advice guidance and support in relation to vaccinations

Progress against Metrics

57. 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 31st December to combat Omicron.
58. 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.

59. 40% of people who set a quit date with Smokefree Hampshire were from routine and manual occupations. Of those people in routine and manual occupations setting a quit date, 67% went on to successfully quit for 4 weeks.
60. 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.
61. The Physical Activity Strategy was launched in 2021. 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.
62. 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.

Next Priorities

63. Tackling the inequalities that lead to poorer health outcomes has to remain front and centre of our approach to prevention and self-care programmes.
64. Cardiovascular disease prevention remains a priority for the Prevention & Inequalities Board across the ICS
65. Important to restart programmes that have been paused while the system specifically needs to gear up for the Covid-19 impact on mental health and ensuring service capacity and resilience in the coming year.
66. We will continue to ensure that we increase accessibility to digital tools and they are promoted further within the system
67. 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. The Board should facilitate deeper integration across agencies as well as ensure its priorities are reflected in the forthcoming integrated care strategy.

Aging Well, Graham Allen

Key Issues and Developments

Live Longer Better Programme

68. The Live Longer Better programme is part of a national revolution by Sir Muir Gray and led locally by Public Health, Demand Management & Prevention and Energise Me. The programme aims to support older people to increase their healthy life expectancy, reverse the effects of lockdown and reduce demand on health and care services.
69. The integral aspect of Live Longer Better is a cultural shift in how we support older people; from 'care' that implies doing tasks for people, to 'coaching' – doing tasks with people. To enable this, we need to increase levels of physical activity in people as they get older.
70. To deliver the Live Longer Better programme in Hampshire, we have identified four key areas of focus: falls, continence, social isolation and dementia. All are interlinked and provide opportunities where physical activity can prevent the condition, or improve the quality of life of people who experience them.
71. To date we have:
- Relunched Steady and Strong (evidence-based falls prevention classes), with 86 classes open across the county.
 - Developed information for Social Workers on continence to promote opportunities to prevent or reverse incontinence, rather than manage it with containment products.
 - Undertaken insights and engagement with Hampshire residents about strength and balance.
 - Developed content for a Live Longer Better microsite for Hampshire residents.

Technology-enabled Care and Digital Enablement for Older People

72. **Digital Enablement:** Supporting older people to become digitally enabled brings a variety of benefits, many of which have been highlighted during the COVID pandemic, for example helping people to access services and remain socially connected. The previous year's grant funded activity has continued to deliver providing digital literacy training and access to connected equipment.
73. Further to this in partnership with the CCG, NHS England Health Equalities Partnership (HEP) funding has been utilised to establish a digital inclusion network, so that good practice and opportunities can be mapped, shared and acted upon across statutory partners and voluntary community and

social enterprise (VCSE) organisations. In addition the HEP funding is being utilised to provide digital champions training to VCSE partners to enable further training opportunities for digitally excluded individuals, as well as supporting the refurbishment of donated devices that can be loaned to people with free data.

74. Care Technology: Hampshire County Council's Care Technology partnership has continued to develop throughout the pandemic period, with the mainstreaming of our Cobots programme, the introduction of the Automated Wellbeing Call Service, using AI to support individuals and families who were shielding to access broader support services and a greater use of care technology to supplement or replace more traditional forms of care. The partnership has supported in excess of 30,000 individuals in the last 8 year and currently provides TEC services to circa 13,000 Hampshire residents.
75. We are now working with colleagues in using care technology to support short-term service following hospital discharge and within and beyond our discharge to assess units. The focus of this work is to enabled people to return home with support that helps them remain independent for longer and with less reliance on more intensive and intrusive forms of care; in the last year we have helped reduce the need for over 100,000 hours of home care, maximising people's independence for longer.

Covid Impact and Recovery

76. Older people are, of course, one of the key population groups to have been disproportionately affected by the impact of the Covid-19 pandemic. There have been continued collective efforts across the whole system to support the health and care needs of older people and effective flow through the system. As outlined in the last COVID Update presented to the Health and Adult Social Care Select Committee there are continued comparatively high volumes of demand and complexity of demand across community and hospital settings due to a range of factors. The social care market in Hampshire is continuing to experience significant pressures with regards to the recruitment and retention of staff.
77. Adults' Health and Care continues to provide high levels of support to the care sector. The department continues to work closely with care and support providers to maintain required levels of care and ensure stability in the market. This includes the Call2Care and Connect2Care campaign designed to attract new people to work in the care sector.
78. It is important to recognise that Hampshire County Council have distributed close to £80m of Government grant support to the social care sector over the last two financial year and also made additional payments in the last financial year of £18m to support the sector.

79. Each week, Hampshire community partners support over 400 individuals to be discharged from acute hospitals, with HCC leading on some two-thirds of these discharges. The vast majority of individuals are either able to go or return home with support (in some cases additional support), returning to a previous care home where they resided before admission or being admitted to temporary discharge to assess bed-based facility as part of our successful Short Term Service approach through HCC Care. Thereafter people move on, typically to an ongoing service level / type of care should they need it following a Care Act assessment outside of the hospital at a later point, when they have had an opportunity to better recover.
80. In relation to hospital discharges, new [Updated guidance](#) has been issued regarding hospital discharges following the end of the Civil Contingencies pandemic response. Key elements of the previous guidance are retained, but these are no longer a requirement. The new guidance sets out that arrangements and processes are a local decision and subject to local finances. That said, the previous approach is promoted as best practice.

Population Coproduction and Partner Collaboration

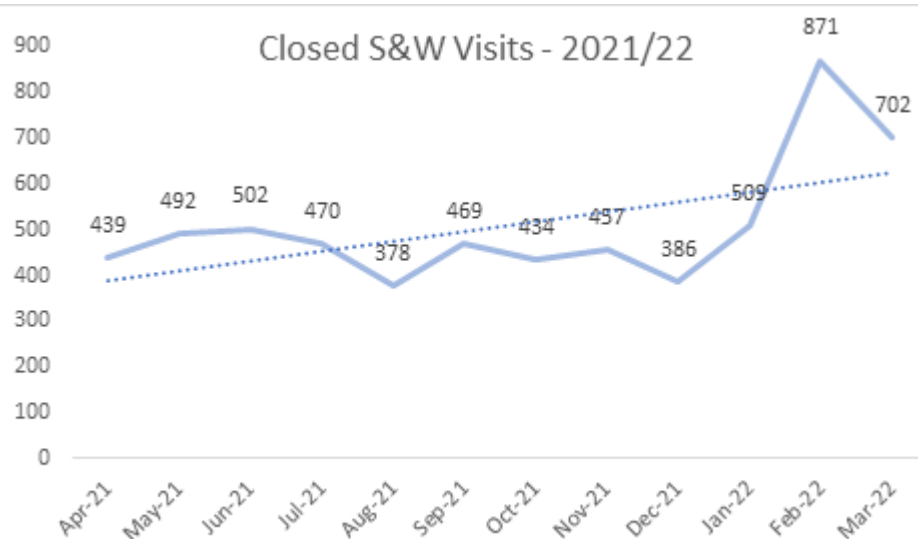
81. The Carers Bronze Group, established during COVID and chaired by Carers Together has developed into the Carers Operational Group providing a place for carers organisations and local partners to come together to respond to the needs of unpaid carers, in addition and in support of the Hampshire Carers Partnership Board.
82. The Live Longer Better programme has a growing stakeholder group with a number of representatives across the system. We will work with specific care service areas to implement the programme and intend to include older people using the services in the design. We are also working with Hampshire County Council's Insights and Engagement team to utilise Hampshire Perspectives as part of the development of workstreams.

Progress Against Metrics

Increase in number of Hampshire Fire & Rescue Safe and Well visits

| Month | Closed Visits |
|--------------|---------------|
| Apr-21 | 439 |
| May-21 | 492 |
| Jun-21 | 502 |
| Jul-21 | 470 |
| Aug-21 | 378 |
| Sep-21 | 469 |
| Oct-21 | 434 |
| Nov-21 | 457 |
| Dec-21 | 386 |
| Jan-22 | 509 |
| Feb-22 | 871 |
| Mar-22 | 702 |
| Total | 6109 |

Performance has remained constant over much of 2021/22, albeit with increased numbers over the last couple of months. This increase, during the last quarter of the year, is likely down to the relaxation in restrictions due to the pandemic enabling the Service to visit more vulnerable people.



Uptake of flu vaccination

Data is published by STP/ICS area - up to the end of February 2022. Uptake of the flu vaccine for older adults continues to be high in Hampshire:

Over 65s:

HIOW – 85.7% of people aged over 65 have been vaccinated.

Frimley – 83% of people aged over 65 have been vaccinated.

These figures compare favourably with the 82.3% rate for England as a whole.

Covid-19 vaccination

Healthcare workers:

HIOW – 59.7% of healthcare workers have been vaccinated, compared to 60.5% in England
Frimley (covering NE Hampshire) is slightly lower at 58.5% for healthcare workers.

It is worth noting that the figures for flu vaccination of healthcare workers have dropped since 2020/21, largely due to the prioritisation of the Covid-19 vaccination for frontline workers.

As part of the ongoing system response, Hampshire has continued 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 continues to identify and encourage people who are less likely to come forward for their vaccination.

HIOW – 95.8% of people 80 years and over had been fully vaccinated (3 doses), 94.8% had received a booster
Frimley – unable to access this data

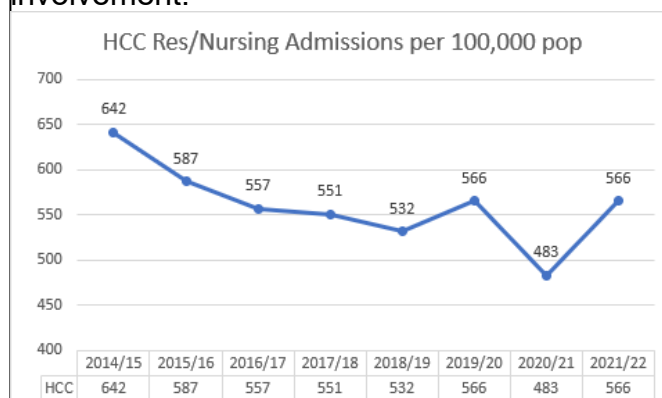
Source: Foundry, 25/05/22

Permanent admissions to residential/nursing homes 65+

The chart below shows admissions from 2014/15 to 2021/22.

As at March 2022, the permanent yearly admissions for people aged 65+ was 1766, equating to 566 per 100,000 population. The admission rate dropped dramatically during the Covid-19 pandemic and has now returned to a similar rate, however as seen over a longer trajectory (shown in the chart below) the reliance on permanent residential and nursing care is decreasing. This is a strategic intention, moving away from long-term care and aiming to support a higher proportion of people to remain independently (or with care) in their own homes and in more enabling care settings, such as extra care housing.

NB this data relates only to admissions where HCC was placing an individual in residential or nursing care. It does not reflect admissions organised by an individual or their family without HCC involvement.



Next Priorities

83. The following areas have been prioritised initially for the Live Longer Better programme:

- Day Services, to help people move more to provide activities that reduce sedentary behaviours and increase strength and balance.
- Extra Care, services to support more provision of physical activity on site and working with local leisure providers. This will also incorporate the coaching element as described above for the domiciliary care provided.
- Argenti, to support those with technology enabled care to access preventative opportunities for falls.
- District and Borough Council, by developing Communities of Practice with key leads in local authorities to develop their own Live Longer Better action plan within the scope of the Hampshire objectives.
- Undertake insights on continence, and further develop the insights for strength and balance.
- Deliver a Hampshire-wide offer of activities tailored to older people which incorporate strength and balance.

Dying Well, Alex Whitfield

Executive Summary

84. Following on from a deep dive presentation in October 2021, the purpose of this report is to update the Health and Wellbeing Board on progress by HIOW and Frimley ICS' in relation to End of Life Care key priorities for improvement, outlined below:

- **Priority 1:** Ensure person-centred care, choice and control is consistently in place across Hampshire to help people live well with life-limiting conditions.
- **Priority 2:** Support people at end of life to return to or remain in their preferred setting in the last days and hours of life.
- **Priority 3:** Improve skills and capacity across Hampshire to ensure people are encouraged and supported to have early and timely conversations about end of life wishes and choices. This will help individuals and their families to plan and prepare in advance.

- **Priority 4:** Work together effectively across organisations to provide well integrated care and consistent palliative care, building on a shared care plan irrespective of organisational or funding boundaries.
- **Priority 5:** Improve access to bereavement support and services locally, for all age groups, especially for parents, families and educational communities following the death of a child, for children experiencing the loss of a parent, and for long-term carers who may also need support when their caring role ceases.

85. This report seeks to provide an update regarding the progress of both Hampshire and Isle of Wight ICS (HIOW) End of Life Care Board and Frimley Health and Care ICS Steering Group, regarding the following:

- Key Issues and Developments
- Covid Impact and Recovery
- Population Coproduction & Partner Collaboration
- Progress against Metrics

86. The key priorities for End-of-Life Care across each ICS are outlined below, having been determined by the relevant ICS Board/Steering Groups perspective of areas which need further development and aligned with the national priorities. These priorities will be reviewed on a regular basis, informed by the regular update of the End of Life Care matrix – the findings and recommendations from which will be pulled into the ICS work plans and updated accordingly.

Population Coproduction and Partner Collaboration

HIOW ICS Update

Community Engagement

87. Recognising the needs of our patients, families, carers and community partners are crucial to inform the development and delivery of PEOLC, during 2022/23, HIOW ICS identified engagement with our community as a dedicated workstream.
88. Work was initiated in October 2021, following which a series of community conversations have been held to understand what matters most (rather than what we believe matters most). The ICS have followed the Solent approach to community engagement, where we have listened to our community and initiated a programme of work to focus on a clearly defined group, those at most risk of a poor experience at end of life. We will ensure the continued inclusion of people with a learning disability and those who support them, working with them to design solutions and evaluate the impact of these changes based on measures the community have designed.

89. Alongside this pivotal and innovative approach to community engagement, the ICS have established links with the Wessex Care Record (WCR) to initiate a piece of work supporting the EOL Interoperability Working Group. Alongside WCR expertise, we are working to develop an audit which works to a) create a formal body of evidence to confirm understanding of existing patient expectations concerning the sharing of records and b) engaging with professionals, patients, carers and their families to understand expectations of how we should share records. The findings of this audit will inform the formation of a technical solution to sharing of EOL records and form part of the community engagement portfolio for PEOLC across the ICS.

Stakeholder Engagement

90. HIOW ICS PEOLC Board has recently restructured to further strengthen PEOLC/ICS leadership and professional expertise within the Board and various working groups. The revisions to the Board include plans to report to the ICS Transformation Board (once formed) as part of the wider ICS governance infrastructure. The PEOLC Board will report to the ICS Transformation Board on all aspects of the PEOLC Programme of work. Alongside this, regular reports are now provided to both the HIOW ICS Quality Board (from a quality perspective) and Hampshire Health and Wellbeing Board to ensure system wide input and awareness of the PEOLC programme.

91. To ensure discussions held at Board are informed by the wide range of skills and expertise across our system, we have worked with colleagues to ensure various groups feed in and out of the Board, strengthening our communication and wider stakeholder engagement, going forward. These groups include the PLACE PEOLC Steering Groups (with acknowledged need to re-establish these in two PLACE areas) to represent the views of our PLACE localities, Hospice Collaborative (recently formed with time to explore collectively as a collaborative of independent hospices) and CYP Clinical Network (as a specialist voice for CYP). All these groups are pivotal to informing the ICS direction of travel around PEOLC locally. It is this broad range of stakeholders that have been part of our plans to shape and drive the key deliverables of our Board.

Frimley ICS Update Community Engagement

92. The ICS is in the process of producing English and BAME EOLC videos. These videos will include translations into top 5 BAME languages that are spoken locally. Service users' experiences will be captured to encourage the local population to access EoLC support services.

93. The following booklets are regularly updated to improve outcomes for patients at the end of their life:

- Looking after someone at the end of their life
- A guide to reaching our communities in end-of-life care
- We are sorry for your loss
- Looking after someone at the end of their life

Stakeholder Engagement

94. Ensuring that people have equity of outcomes at the end of life requires an awareness and commitment to deliver appropriate palliative care. Seeking an understanding of the patient's beliefs about health and illness is imperative. This facilitates the delivery of high-quality, personal, sensitive, and appropriate care founded on mutual trust, respect of the patient's nationality, culture, age, gender, and political and religious beliefs. A booklet for staff "A Guide to reaching our communities in end-of-life care" was published and circulated across the system. The aim is to assist health and care professionals to better meet the spiritual needs of people for whom they care. This is raising awareness of the different cultural needs that our population may have.

95. Stakeholders have completed the Ambitions Framework for PEOC for the third time, there is an upward trend toward level 5. The outcomes help to inform the workplan for 22/23. One of the key areas identified was to continually make improvements by having a data set from across the system. The exceptional depth and breadth of clinical and care information afforded by the Frimley ICS data model gives us the opportunity to construct insightful and potentially anticipatory insights into whole population palliative and end of life needs and supports identification of individual residents' end of life support requirements earlier.

| EOC AMBITIONS SELF ASSESSMENT | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|---------|---------|---------|---------|---------|--|-------------|---------|---------|---------|---------|---------|--|-------------|---------|---------|---------|---------|---------|
| | | Frimley ICS Combined Selfassessment tool | | | | | | | Frimley ICS | | | | | | | Frimley ICS | | | | | |
| | | All attendees | | | | | | | | | | | | | | | | | | | |
| | | 21.11.2018 | | | | | | | 17/05/2021 | | | | | | | 16.05.2022 | | | | | |
| | | Level 0 | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | | Level 0 | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | | Level 0 | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Ambition 1: Each Person Seen as an Individual | | 0.0% | 9.1% | 27.3% | 36.4% | 27.3% | 0.0% | | 0.0% | 0.0% | 0.0% | 31.60% | 63.20% | 5.30% | | 0.0% | 0.0% | 0.0% | 26.3% | 73.7% | 0.0% |
| Ambition 2: Each person gets fair access to services | | 0.0% | 10.0% | 40.0% | 40.0% | 10.0% | 0.0% | | 0.0% | 0.0% | 0.0% | 50% | 50% | 0.0% | | 0.0% | 0.0% | 0.0% | 66.7% | 33.3% | 0.0% |
| Ambition 3: Maximising comfort and well-being | | 0.0% | 0.0% | 12.5% | 25.0% | 56.3% | 6.3% | | 0.0% | 0.0% | 0.0% | 6.30% | 68.80% | 25% | | 0.0% | 0.0% | 0.0% | 18.8% | 68.8% | 12.5% |
| Ambition 4: Care is coordinated | | 50.0% | 8.3% | 8.3% | 12.5% | 20.8% | | | 0.0% | 0.0% | 13.0% | 47.80% | 39.10% | 0.0% | | 0.0% | 0.0% | 4.3% | 30.4% | 56.5% | 8.7% |
| Ambition 5: All staff are prepared to care | | 0.0% | | 14.3% | 42.9% | 42.9% | 0.0% | | 0.0% | 0.0% | 0.0% | 0.0% | 57.10% | 42.90% | | 0.0% | 0.0% | 0.0% | 28.6% | 71.4% | 0.0% |
| Ambition 6: Each community is prepared | | 0.0% | | 75.0% | 25.0% | 0.0% | 0.0% | | 0.0% | 0.0% | 25.0% | 50% | 25.00% | 0.0% | | 0.0% | 0.0% | 0.0% | 25.0% | 75.0% | 0.0% |

96. The two hospices Thames and Phyllis Tuckwell are working together and aligning their service to promote equitable care across the system. A showcase event was held in March to mark the 2021 achievements. Achievements for 2021 presented includes:

- Rapid Response service Pilot ended in March 2022. Funding awarded to continue for the next 12 months. This service is to increase capacity of the current services.
- Thames Hospice co-connect Bereavement support – this is bereavement support for local people whose bereavement has been adversely impacted by the pandemic.
- Thames care@home – provides personal care to clients in their own homes, that have a prognosis of less than 6 weeks.
- Brigitte Trust – Neurological support group for people with MND, MS, MSA and PSP
- Implementation of ReSPECT – This was rolled out in August 2021.
- Urgent community Response / Hospital at Home (now called frailty virtual ward – allows patients with severe frailty to be treated in last few months of life or in final illness at home.
- Homeless pathway – making sure people who are homeless have a choice about their care at end of life.

Key Issues and Developments

Frimley ICS Update

| Deliverables | Update |
|--|---|
| Deliverable 1: EOLC Strategy | <ul style="list-style-type: none"> • EOLC self-assessment tool kit used to measure Frimley ICS progress against the 6 ambitions. • This is completed every year to establish gaps and task and finish groups for the year. • 2022 is the third year for Frimley ICS using the assessment toolkit and there has been progress noted across all ambitions. |
| Deliverable 2: ReSPECT | <ul style="list-style-type: none"> • ReSPECT was rolled out in August. • Data monitoring and review – report, follow up reviews, compliance and feedback. • Utilisation data is monitored regularly and it shows an increase across the system. • Ongoing promotion via Frimley ICS website. • Online training offered and face to face training is provided as necessary or when requested. |
| Deliverable 3: Education and Training | <ul style="list-style-type: none"> • The steering group continuously reviews and identifies new training needs. • Ongoing promotion across the system on accessing training • Training Hub offering training support across the system. |

| | |
|--|--|
| Deliverable 4: Multicultural and EOLC | <ul style="list-style-type: none"> • Training data being maintained and reviewed. • A booklet for staff “A Guide to reaching our communities in end of life care” published and circulated across the system. • Booklet can be accessed via Frimley website • Videos (films) to be created that focus on encouraging the public from different backgrounds to access EOLC. |
| Deliverable 5: Bereavement and Care after Death | <ul style="list-style-type: none"> • Planning more Death Fair sessions for 2022. • Supporting other areas that want to run Death fair sessions and sharing information. • Continue to attend Dying Matters awareness week activities to learn from other areas. |

HIOW ICS Update

| Deliverables | Update |
|--|---|
| Deliverable 1: EOLC Strategy | <p>Initial focus on completing the EOL Self-Assessment Tool & Matrix shared by National Team.</p> <ul style="list-style-type: none"> • EOLC self-assessment tool kit populated to baseline HIOW ICS position against the 6 PEOLC ambitions. • Top Gaps Identified including: a) Shared Records b) Community Engagement (Promoting discussion around death, dying and bereavement) • Due to be completed annually, next in September 2022 to review/establish gaps and task and finish groups for year ahead. • Following restructure of the ICS PEOLC Board, strengthening links to the wider ICS structure, development of a HIOW ICS Strategy has now been proposed |
| Deliverable 2: EOL Interoperability | <p>Focussed on developing a technical solution to sharing information concerning PEOLC. Approach to enable operational delivery will need to follow.</p> <ul style="list-style-type: none"> • Business Analyst assigned. ICS have developed set of User Requirements (including an EOL Dataset) – signed off by Board • Working closely with Wessex Care Record with specific funding stream to support workstream • Series of Models considered in Options Paper – formally approved development of a “Hybrid” model • WG have agreed to work up technical specification for long-term Hybrid Solution. • Specific expertise requested of WCR to consider immediate amendments to CHIE against user requirements. • Work aimed to support a short term and long-term solution to support PEOLC patients. |

| | |
|--|--|
| Deliverable 3: Education and Training | <p>Focussed on developing a Training and Education Model across ICS – targeted at specific bands initially.</p> <ul style="list-style-type: none"> • Series of training sessions identified for specific staffing groups from within existing HIOW offer. • Working with HEE to build into existing platform and establish within HEE Learning Pathways • Further engagement and communication planned to secure ICS wide commitment to this provision. |
| Deliverable 4: Community Engagement | <p>This group was initially focussed on how we work with our community to support development of PEOLC.</p> <ul style="list-style-type: none"> • Two Community Conversations held, commencing Summer 2021, recommendation being to focus on a clearly defined group – those at most risk of a poor experience of PEOLC. • We will work with people with a learning disability and those who support them to design the solutions. • We shall evaluate the impact of those changes with measures decided by people with a learning disability |
| Deliverable 5: Bereavement & Care after death | <ul style="list-style-type: none"> • Learning shared from Frimley ICS around Death Fairs ran during 2021. • Portsmouth and South East ran a series of targeted discussions around Death for BAME community • Linking in with Libraries to hold a series of Death Fairs in HIOW. • Guidance for Volunteers drafted for further discussion |

Covid Impact and Recovery

97. The EoLC Groups within each ICS continue to offer support to stakeholders. We have developed on our priorities in the last year and made significant changes to respond to PEoLC during a pandemic. The guidance, protocols, and pathways to support changes across the ICS are continuously reviewed as part of covid-19 recovery and the relevant steering groups continue to review PEOLC guidance across the system.

Progress against Metrics

98. Access to an ICS Palliative and End of Life Care dashboard has previously been outlined as a challenge with the Hampshire Health and Wellbeing Board. The proposed way forward at that time was to support a recently formed South East Regional team working group formed to develop a series of proposed indicators on which to form a dashboard.

99. Following a series of meetings, the Regional team have recently communicated a series of National core metrics for 2022/23 outlined within the new Palliative and End of Life Care Strategic Clinical Networks Budgetary Framework. The series of core metrics have provided a basis on

which all ICS' are now working to capture a baseline understanding of Palliative and End of Life Care across the ICS.

100. It is anticipated that the data associated with these core metrics will be available from quarter 2 2022/23. It is recognised that further work is required to strengthen the range of core metrics associated with PEOLC alongside a framework of measurable outcomes associated with various workstreams. This work is being completed alongside our efforts to develop methods of evaluation with our community and community partners.

101. Details of the initial core metrics are outlined below:

TABLE OF CORE METRICS 2022/23

| Priority | Core metrics | Reporting |
|---------------------------------|--|--|
| Improving Access | 1. a) Total number of people identified as in their last year of life and b) percentage of individuals in the last year of life who have been offered personalised care planning (NHS LTP) 2. Establish and measure against regional baseline of available services for all ages 24/7PEoLC | Either locally identified, or based on an agreed baseline and trajectory depending on maturity (Quarterly from the start of Q2) Completion of baseline, building on Jan 2022baseline and 24/7 SPOC bids (Number and % by ICB, by the end of Quarter 2 and any changes by Quarter 4) |
| Improving Quality | 3. No of staff with improved staff confidence, knowledge and skills in PEOLC, focussing on PCSP at EoL (NHS LTP) | Numbers/% of staff attended training, including PCI, E-ELCA, QOFQI (end of Quarter 4) |
| Improving sustainability | 4. At least 33% of ICS/ ICB in each region have PEoLC as a strategic priority in ICS/ICB plans | Reviewing ICB/ ICS plans (by end of Quarter 1) |

Next Priorities

102. Alongside the continuation of the Working Groups focussed on delivery, reporting to the ICS PEOLC Boards/Committees our ICS' will also be working on the following:

| Area of Work | Details | ICS Area |
|---------------------------|--|------------------|
| Data Dashboard | National team have shared framework of data requirements in May 2022 which ICS' will report against from Q2 onwards. | Frimley and HIOW |
| Dying Matters Week | A series of information sessions were offered to our community as part of Dying Matters Week (May 22). | Frimley and HIOW |

| | | |
|--|---|------------------|
| | Inc. ICS Board opened to the Community. Share learning to inform plans for 2022/23. | |
| Health and Care Bill | Following news of the pending Health and Care Bill, approach to exploration of services offered by hospices being considered – core/specialist services delivered, gaps and areas for collaboration. | Frimley and HIOW |
| Death Fairs | Death Fair sessions topics are being translated into English videos first then later into other languages (Polish Urdu, Panjabi and Nepalese). Death fairs being developed within HIOW in first instance. | Frimley and HIOW |
| Self-assessment tool and EOL Strategies | To be completed yearly to help identify gaps and opportunities. HIOW working to draft PEOLC ICS Strategy alongside this. | Frimley and HIOW |
| EOL Medicine Authorisation Charts | Different charts for the North and South in order to standardise paperwork used between providers, aim to reduce paperwork burden on prescribers & improve safety | Frimley |
| Single Point of Contact | Models being developed across HIOW and group established to share learning to inform HIOW wide model. | HIOW |

Healthier Communities, Councillor Anne Crampton

Key Issues and Developments

Healthy Homes

103. Over the last year, a Healthy Homes Working Group has been taking forward the recommendations outlined in the Healthy Homes Needs Assessment.
104. We have successfully delivered a workforce development programme focused on keeping people safe at home which includes the following:
- Webinar series- To date, we have run 4 webinars out of our series of 6 which focused on Money Matters, Tenants Rights, Domestic Abuse and Anti-social behaviour. Future sessions will focus on Hoarding & Fire Safety and Social Prescribing.
 - Short videos- We have [published](#) short introductory videos on topics such as fuel poverty, Safe & Well visits and Disabled Facilities Grants.

- Joint Induction Programme- we have drafted a proposal to develop a joint induction programme across housing, health, care and community services to support more collaborative working across the system.

105. In addition to the workforce development programme, we are in the final stages of publishing a Health Begins at Home Memorandum of Understanding. The Hampshire Health Begins at Home MoU is designed for everyone working within the HLOW system, to make a change in the way we work together, innovate together and commission together. There are specific actions and outcome measures around preventing homelessness by promoting partnership working, ensuring everyone can stay safe and healthy in their own homes and supporting multiagency workforce development opportunities.

Healthy Environments

106. In order to progress the shared aim of healthier, more sustainable environments, we have achieved the following in the last year:
- Delivered four workshops with the Town and County Planning Association with colleagues from across Hampshire and the Isle of Wight to create recommendations for improving air quality
 - Developed the Hampshire Local Transport Plan 4 to support active lifestyles and quality places
 - Explored options for establishing a Healthy Environments Working Group to provide a coordinated approach to delivering health and wellbeing outcomes through the built and natural environment.

Districts and Boroughs Recovery

107. The District and Borough recovery group continued to meet as we moved out of COVID restrictions and into the early stages of recovery. The meeting takes place monthly and brings together representatives from all 11 District and Borough councils with a focus on those who work in their local community and on the Health and Wellbeing agenda. The meeting is chaired by a District or Borough member and the planning of each meeting is coproduced between the chair and the HCC Demand Management and Prevention Change Unit. Membership of the meeting is also extended to partners in Public Health and Health and aims to encourage partnership working and sharing of information among attendees.

Covid Impact and Recovery

108. The District and Borough Recovery Group meet monthly with a theme, guest speakers and topics that focus on Health and Wellbeing and COVID recovery. Guest speakers have included Public Health, Citizens Advice and Health colleagues. District and Borough colleagues also have an opportunity to share their priorities and challenges with peers.

Population Coproduction and Partner Collaboration

109. To inform the Health Begins at Home Memorandum of Understanding, we have liaised with a number of key strategic and operational groups to ensure the priorities and actions are both practical and ambitious. The key aims of the MOU is to improve collaboration amongst partners working to support people to live in a healthy environment.

Next Priorities

110. Healthy Homes:
- Publish the Health Begins at Home Memorandum of Understanding and invite stakeholders to sign up.
 - Complete and evaluate the Healthy Homes Webinar series, and explore the possibility of further topics such as smoke-free homes.
 - Further develop the joint induction programme in collaboration with ICS learning and development teams.
111. Healthy Environments:
- Explore opportunities to deliver action on air quality with partners with the joint agenda of health
 - Establish a Healthy Environments Working Group
112. District and Borough Council recovery:
- Continue to identify opportunities for collaborative working
 - Be informed of the emerging ICS priorities and align with District and Borough priorities where appropriate
 - Continue to work together on key issues such as poverty, mental health and community engagement

Finance

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

Conclusions

114. With continued 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, develop its system leadership role, and strengthen partnerships, working across Hampshire.

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> Health and Wellbeing Board Annual Report | <u>Date</u> March 2021 |

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.)

| <u>Document</u> | <u>Location</u> |
|-----------------|-----------------|
| None | |

EQUALITIES IMPACT ASSESSMENT:

0. 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.

1. Equalities Impact Assessment:

It is expected that Equalities Impact Assessment will be completed as appropriate across the system for specific work programmes or decisions.