



Annual update summary

July 2022

Executive summary

The role of the Health and Wellbeing Board is for the purpose of improving the health and wellbeing of the people of Hampshire and to encourage persons who arrange for the provision of any health or social care services in Hampshire to work in an integrated manner.

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.

The value of the Health and Wellbeing Board is working together in partnership. Throughout this year we have developed and improved our feedback and dialogue both within the board meetings, but also communications to and comments from board members. Following the meetings this year we have received information on the key items. For the Joint Strategic Needs Assessment (JSNA), the Inclusion Health Report was well received and the majority of agencies used the JSNA, recognising the importance of understanding the population needs, however work continues to ensure all partners base their planning on population-based data. All agencies are engaged across the themes that have been discussed this year, with some more work required on some specific areas of work. These are being progressed through partnership boards.

As the board develops further, the partners increase discussion on these and priority areas.

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.



Strategic leadership

Simon Bryant

► Key Issues and Developments

Hampshire's JSNA looks at the current and future health and wellbeing needs and inequalities within our Hampshire population. It is used to inform and guide the planning and commissioning (buying) of health, wellbeing and social care in the local authority area

This year has seen a number of reports, some highlighting the impact of the pandemic.
(Right click on the below links and open in new tab):

- [Joint Strategic Needs Assessment](#)

 [COVID-19 Health Impact Assessment](#)

 [JSNA Demography](#)

 [JSNA Vital Statistics](#)

 [JSNA Healthy Places](#)

 [Inclusion Health Groups](#)

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](#)

The Director of Public Health report highlighted the mental health impacts of COVID-19 on the population across all ages.

- [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 (NHS England and NHS Improvement) and the ICS (Integrated Care System) to commission pharmacy services for the population.



Impact of Covid on children

Steve Crocker

► Key Issues and Developments

The longer-term impact of the Covid-19 pandemic has seen a sustained increase in demand for services from children's social care and mental health services.

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.

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. Referrals into specialist CAMHS (Child and Adolescent Mental Health Services) 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).

This work has led to:

- Increased capacity across various areas of CAMHS services.
- Establishing a new Paediatric Psychiatric Liaison.
- 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.
- Commissioning of a new Digital mental health early help service (Kooth.com) for 11–25 year olds across Hampshire.
- Increased capacity in the Hampshire community counselling services.
- 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%.

► Co-production and Collaboration

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.

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.

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 for partners to work together to improve outcomes.

► Progress against metrics

Theme and aim	Update
 Increase mental health support in schools	Only two MHSTs (Mental Health Support Team) (supporting approximately 16 schools) have been allocated to Hampshire to date.
 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.	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.
 Nationally, the Link Programme can be potentially rolled out to all schools	The Link Programme is being rolled out more widely , though the impacts of Covid-19 upon schools has limited recruitment into this programme to date to four completed programmes (of a planned seven).

Theme and aim	Update
 <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 1 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>

Reduce the proportion of women smoking at the time of delivery



Reduce smoking at time of delivery (SATOD) in Hampshire to **7%** by 2020.

SATOD rate 2020/21

7.9% 

(carbon monoxide monitoring was paused during Covid-19 and so the identification of smokers at booking may have been reduced).

Theme and aim	Update
 Increase referrals of pregnant smokers to Hampshire stop smoking service to 100% using an opt out system by 2020	Maternity referrals to Smokefree Hants: 702 women (2020/21) 811 women (2021/22)
 Increase the uptake of stop smoking support by pregnant smokers with 50% of referrals setting a quit date by 2020	41% (between October 2021 to April 2022); previous contractual year was 34% .
 Increase the 4 week quit rate to 55% and the 12 week quit rate to 25% of those setting a quit date by 2020	54% 4 week quit rate (Oct 2020 to Sep 2021). 28%  12 week quit rate (Oct 2020 to Sep 2021).
 Increase in mothers continuing to breastfeed at 6-8 weeks 50%	57.5%  (Nov 2021 to Jan 2022).
 Number of children jointly funded for continuing care 11 (Baseline)	62  Jointly funded for CC (continuing care) 9 jointly funded via Section 117 Aftercare.



Living well

Barbara Rushton

► Key issues and developments

For adults 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.

- 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.
- An offer of digital/telephone stop smoking support.
- 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.
- 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.
- The Whole System Approach' (WSA) pilot to tackle obesity in Rushmoor has now been initiated in Havant.
- HIOW was a *trailblazer* site for the national NHS BP@Home programme. Approximately 6,000 blood pressure monitors were distributed to GP surgeries to support the remote management of individuals with high blood pressure.

► Co-production and Collaboration

- 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.
- The whole System Approach to obesity collaboration continues.
- The We Can Be Active Strategy, a co-produced strategy for physical activity was adopted by the Health and Wellbeing Board in October 2021.
- 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 treat an individual's risk factors.
- 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 and targeted social media campaigns.

- Working with MIND (mental health charity) across Hampshire we are contacting every registered SMI (Serious Mental Illness)

patient to offer advice, guidance and support in relation to vaccinations

► Progress against metrics

- 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 December to combat Omicron.
- 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.
- 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 four weeks.
- 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 year's settings in Hampshire and will be promoted further in 2022.
- 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.
- An action plan is being developed to embed physical activity training into workforce development and clinical pathways.



Ageing well

Graham Allen

► Key issues and developments

Live Longer Better Programme

The Live Longer Better programme is part of a national revolution by Sir Muir Gray and led locally by Public Health, Adult Services 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.

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.

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.

To date we have:

- Relaunched 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

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.

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 partnership has supported in excess of 30,000 individuals in the last eight years and currently provides TEC services to circa 13,000 Hampshire residents.

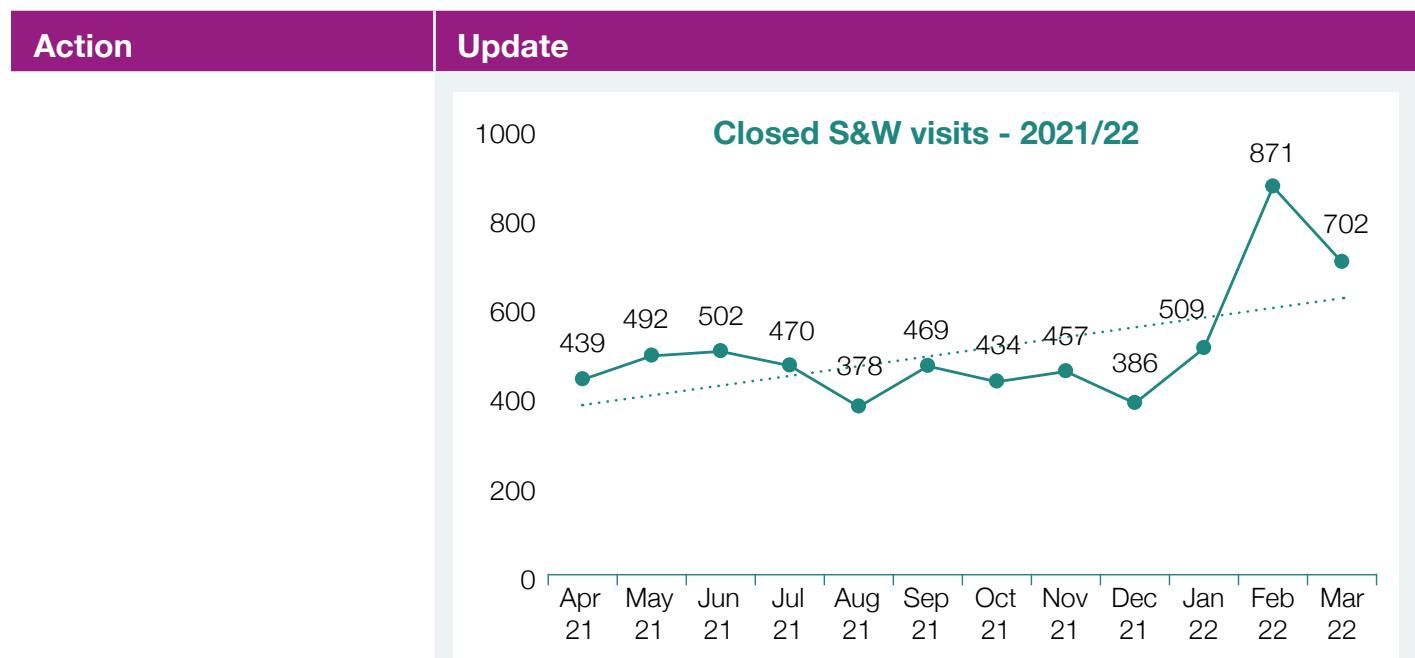
1. We are now working with colleagues in using care technology to support short-term service following hospital discharge and within and beyond our discharge to assess units. The focus of this work is to enable people to return home with support that helps them remain independent for longer and with 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.

Population Co-production and Partner Collaboration

2. 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.

► Progress against metrics

Action	Update		
	April 2021	439	November 2021
			457
	May 2021	492	December 2021
			386
	June 2021	502	January 2022
			509
 Increase in number of Hampshire Fire & Rescue Safe and Well visits	July 2021	470	February 2022
			871
	August 2021	378	March 2022
			702
	September 2021	469	
	October 2021	434	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 ICS area – up to the end of February 2022. Uptake of the flu vaccine for older adults continues to be high in Hampshire:

Over 65's:

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.

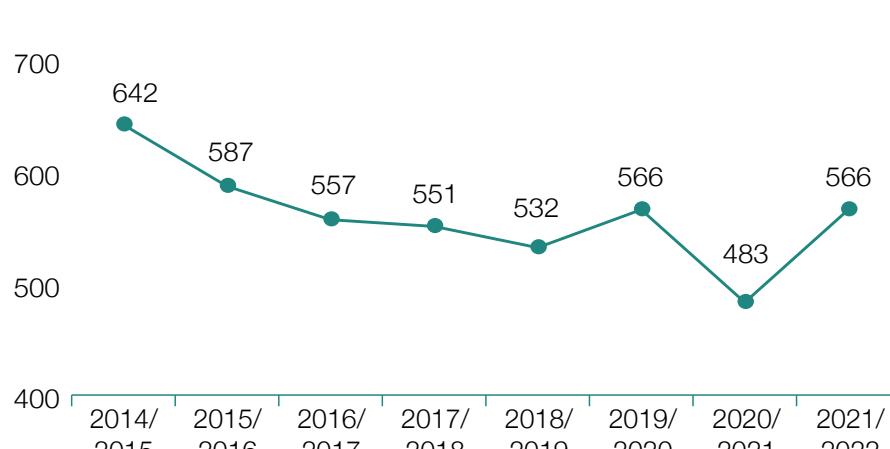
Healthcare workers:

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.

Action	Update																		
 COVID-19 vaccination	<p>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.</p> <p>HIOW 95.8%</p> <p>of people 80 years and over had been fully vaccinated (3 doses), 94.8% had received a booster</p> <p>Frimley – unable to access this data</p> <p>Source: Foundry, 25/05/22</p>																		
 Permanent admissions to residential/nursing homes 65+	<p>The chart below shows admissions from 2014/15 to 2021/22.</p> <p>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.</p> <p>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.</p> <div style="border: 1px solid #ccc; padding: 10px; margin-top: 10px;"> <p style="text-align: center;">800 HCC Res/Nursing admissions per 100,000 pop</p>  <table border="1"> <thead> <tr> <th>Year</th> <th>Admissions per 100,000 pop</th> </tr> </thead> <tbody> <tr><td>2014/15</td><td>642</td></tr> <tr><td>2015/16</td><td>587</td></tr> <tr><td>2016/17</td><td>557</td></tr> <tr><td>2017/18</td><td>551</td></tr> <tr><td>2018/19</td><td>532</td></tr> <tr><td>2019/20</td><td>566</td></tr> <tr><td>2020/21</td><td>483</td></tr> <tr><td>2021/22</td><td>566</td></tr> </tbody> </table> </div>	Year	Admissions per 100,000 pop	2014/15	642	2015/16	587	2016/17	557	2017/18	551	2018/19	532	2019/20	566	2020/21	483	2021/22	566
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► Next priorities

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



Dying well

Alex Whitfield

► Executive Summary

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.

The key priorities for End-of-Life Care across each ICS 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

- Recognising the needs of our patients, families, carers and community partners are crucial to inform the development and delivery of PEOLC (palliative and end of life care), during 2022/23, HIOW ICS identified engagement with our community as a dedicated workstream
- The ICS is in the process of producing English and BAME EOLC videos. These videos will include translations into top five BAME languages that are spoken locally. Service users' experiences will be captured

to encourage the local population to access EoLC (End-of-Life Care) support services.

- 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

► Key issues and developments

Deliverables



EOLC Strategy

Frimley update

- EOLC self-assessment tool kit used to measure Frimley ICS progress against the six ambitions

HIOW update

- 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)



ReSPECT

(Recommended Summary Plan for Emergency Treatment and Care)

Frimley update

- ReSPECT was rolled out in August
- Data monitoring and review – report, follow up reviews, compliance and feedback



EOL Interoperability

HIOW update

Focussed on developing a technical solution to sharing information concerning PEOLC. Approach to enable operational delivery will need to follow.



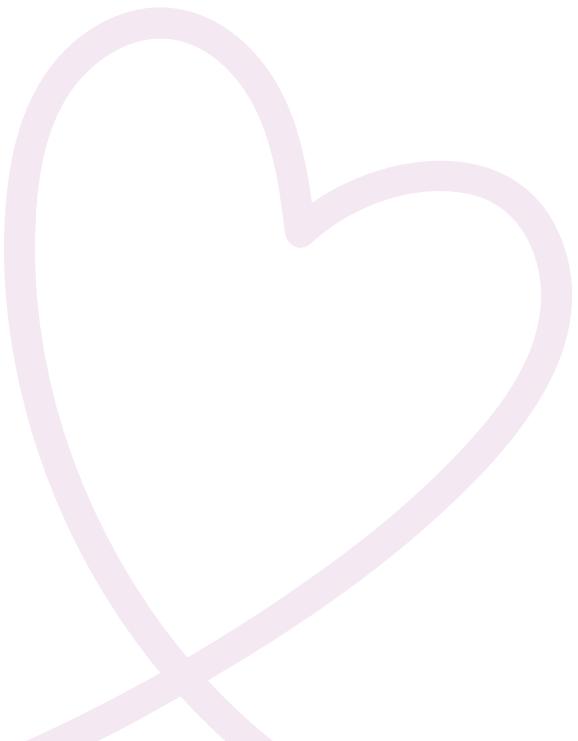
Education and Training

Frimley update

- Training Hub offering training support across the system
- Training data being maintained and reviewed

HIOW update

- **Series of training sessions identified** for specific staffing groups from within existing HIOW offer
- Working with HEE (Health Education England) to build into existing platform and establish within **HEE Learning Pathways**
- Further engagement and communication planned to secure ICS wide commitment to this provision





Multicultural and EOLC

Frimley update

- A booklet for staff “A Guide to Reaching our Communities in End-of-Life care” published and circulated across the system
- Videos (films) to be created that focus on encouraging the public from different backgrounds to access EOLC



Community Engagement

HIOW update

- 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.



Bereavement and Care after Death

Frimley update

- Planning more Death Fair sessions for 2022

HIOW update

- 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** (Hampshire and Isle of Wight)
- **Guidance for Volunteers** drafted for further discussion



► Progress against Metrics

Details of the initial core metrics are outlined below:

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



Healthier communities

Councillor Anne Crampton

► Key issues and developments

Healthy Homes

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 four 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.

The Hampshire Health Begins at Home MoU (Memorandum of Understanding) 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

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

► Population Co-production and Partner Collaboration

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 to improve collaboration amongst partners working to support people to live in a healthy environment.

Conclusion

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.