

Health and Wellbeing Board

Wednesday, 8th March, 2023
at 5.30 pm

Conference Room 3 - Civic Centre

This meeting is open to the public

Members

Councillor Fielker (Chair)

Councillor Dr D Paffey

Councillor Savage

Councillor P Baillie

Councillor White

Debbie Chase – Director of Public Health

James House - Managing Director, Southampton Place,
Hampshire and Isle of Wight Integrated Care Board

Robert Henderson – Executive Director Wellbeing
(Children and Learning)

Claire Edgar – Executive Director Wellbeing and
Housing (DASS)

Rob Kurn – Healthwatch

Dr Sarah Young - NHS Southampton Clinical
Commissioning Group,

Dr Hana Burgess – Mental Health Clinician

Dr Michael Roe – Local Paediatrician

Paul Grundy - Chief Medical Officer at University
Hospital Southampton NHS Foundation Trust;

Contacts

Claire Heather

Senior Democratic Support Officer

Tel: 023 8083 2412

Email: claire.heather@southampton.gov.uk

BACKGROUND AND RELEVANT INFORMATION

- **Purpose of the Board**
- The purpose of the Southampton Health and Wellbeing Board is:
- To bring together Southampton City Council and key NHS commissioners to improve the health and wellbeing of citizens, thereby helping them live their lives to the full, and to reduce health inequalities;
- To ensure that all activity across partner organisations supports positive health outcomes for local people and keeps them safe.
- To hold partner organisations to account for the oversight of related commissioning strategies and plans.
- To have oversight of the environmental factors that impact on health, and to influence the City Council, its partners and Regulators to support a healthy environment for people who live and work in Southampton
- **Smoking policy** – The Council operates a no-smoking policy in all civic buildings.
- **Mobile Telephones:-** Please switch your mobile telephones to silent whilst in the meeting
- **Fire Procedure** – In the event of a fire or other emergency, a continuous alarm will sound and you will be advised, by officers of the Council, of what action to take
- **Access** – Access is available for disabled people. Please contact the Democratic Support Officer who will help to make any necessary arrangements.
- **Southampton Corporate Plan 2022-2030** sets out the council's direction and how we will play our part in fulfilling Southampton's huge potential. Our plan focuses on four key themes.
- Strong foundations for life - For

Responsibilities

The Board is responsible for developing mechanisms to undertake the duties of the Health and Wellbeing Board, in particular

- Promoting joint commissioning and integrated delivery of services;
- Acting as the lead commissioning vehicle for designated service areas;
- Ensuring an up to date JSNA and other appropriate assessments are in place
- Ensuring the development of a Health and Wellbeing Strategy for Southampton and monitoring its delivery.
- Oversight and assessment of the effectiveness of local public involvement in health, public health and care services
- Ensuring the system for partnership working is working effectively between health and care services and systems, and the work of other partnerships which contribute to health and wellbeing outcomes for local people.
 - Testing the local framework for commissioning for: Health care; Social care; Public health services; and Ensuring safety in improving health and wellbeing outcomes

Use of Social Media:- The Council supports the video or audio recording of meetings open to the public, for either live or subsequent broadcast. However, if, in the Chair's opinion, a person filming or recording a meeting or taking photographs is interrupting proceedings or causing a disturbance, under the Council's Standing Orders the person can be ordered to stop their activity, or to leave the meeting. By entering the meeting room you are consenting to being recorded and to the use of those images and recordings for broadcasting and or/training purposes. The meeting may be recorded by the press or members of the public. Any person or organisation filming, recording or broadcasting any meeting of the Council is responsible for any claims or other liability resulting from them doing so. Details of the Council's Guidance on the recording of meetings is available on the Council's website.

Dates of Meetings: Municipal Year 2022/2023

21 September 2022
14 December 2022
8 March 2023

people to access and maximise opportunities to truly thrive, Southampton will focus on ensuring residents of all ages and backgrounds have strong foundations for life.

- A proud and resilient city - Southampton's greatest assets are our people. Enriched lives lead to thriving communities, which in turn create places where people want to live, work and study.
- A prosperous city - Southampton will focus on growing our local economy and bringing investment into our city
- A successful, sustainable, organisation - The successful delivery of the outcomes in this plan will be rooted in the culture of our organisation and becoming an effective and efficient council.

CONDUCT OF MEETING

BUSINESS TO BE DISCUSSED

Only those items listed on the attached agenda may be considered at this meeting.

PROCEDURE / PUBLIC REPRESENTATIONS

At the discretion of the Chair, members of the public may address the meeting on any report included on the agenda in which they have a relevant interest. Any member of the public wishing to address the meeting should advise the Democratic Support Officer (DSO) whose contact details are on the front sheet of the agenda.

RULES OF PROCEDURE

The meeting is governed by the Executive Procedure Rules as set out in Part 4 of the Council's Constitution.

QUORUM

The minimum number of appointed Members required to be in attendance to hold the meeting is 3 who will include at least one Elected Member, a member from Health and Healthwatch.

DISCLOSURE OF INTERESTS

Members are required to disclose, in accordance with the Members' Code of Conduct, **both** the existence **and** nature of any "Disclosable Pecuniary Interest" or "Other Interest" they may have in relation to matters for consideration on this Agenda.

DISCLOSABLE PECUNIARY INTERESTS

A Member must regard himself or herself as having a Disclosable Pecuniary Interest in any matter that they or their spouse, partner, a person they are living with as husband or wife, or a person with whom they are living as if they were a civil partner in relation to:

- (i) Any employment, office, trade, profession or vocation carried on for profit or gain.

(ii) Sponsorship:

Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

(iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.

(iv) Any beneficial interest in land which is within the area of Southampton.

(v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.

(vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.

(vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:

- a) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or
- b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class

Other Interests

A Member must regard himself or herself as having an, 'Other Interest' in any membership of, or occupation of a position of general control or management in:

Any body to which they have been appointed or nominated by Southampton City Council

Any public authority or body exercising functions of a public nature

Any body directed to charitable purposes

Any body whose principal purpose includes the influence of public opinion or policy

Principles of Decision Making

All decisions of the Council will be made in accordance with the following principles:-

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the “rationality” or “taking leave of your senses” principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, ‘live now, pay later’ and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

AGENDA

1 APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)

To note any changes in membership of the Board made in accordance with Council Procedure Rule 4.3.

2 STATEMENT FROM THE CHAIR

3 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary interests in any matter included on the agenda for this meeting.

NOTE: Members are reminded that, where applicable, they must complete the appropriate form recording details of any such interests and hand it to the Democratic Support Officer.

4 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)

To approve and sign as a correct record the minutes of the meeting held on 14th December 2022 and to deal with any matters arising, attached.

5 HEALTH IN ALL POLICIES: THE NEXT PHASE APPROACH AND FRAMEWORK TO REDUCE HEALTH INEQUALITIES IN SOUTHAMPTON

Report of Cabinet Member for Health, Adults and Leisure proposing the next steps to embed a Health in All Policies approach in Southampton.

6 GIVING CHILDREN THE BEST START IN LIFE: UPDATE ON DELIVERY OF SOUTHAMPTON'S CHILDREN & YOUNG PEOPLE'S STRATEGY AND START WELL PROGRAMME

Report of Cabinet Member for Health, Adults and Leisure, providing an update on delivery of the Southampton Children and Young People's Strategy and Start Well programme.

7 INTEGRATED CARE PARTNERSHIP INTERIM INTEGRATED CARE STRATEGY

Report of the Cabinet Member for Health, Adults and Leisure detailing progress since December 2022 on the Interim Integrated Care Strategy

Tuesday, 28 February 2023

Director – Legal, Governance and HR

This page is intentionally left blank

HEALTH AND WELLBEING BOARD
MINUTES OF THE MEETING HELD ON 14 DECEMBER 2022

Present: Councillors Fielker (Chair), White and Professor Margetts

Debbie Chase - Director of Public Health
James House - Managing Director, Southampton Place, Hampshire and Isle of Wight Integrated Care Board
Robert Henderson - Executive Director Wellbeing (Children and Learning)
Terry Clark - Director of Commissioning, Integrated Health and Care
Dr Ros Hartley - Director of Partnerships/Strategic Partnership Lead
Dr Sarah Young – NHS Southampton Clinical Commissioning Group
Dr Hana Burgess – Mental Health Clinician
Dr Michael Roe – Local Paediatrician
Dr Christine McGrath
Rob Kurn - Healthwatch

10. **APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)**

Apologies were noted from Councillors P Baillie and Paffey, Dr Hana Burgess, Dr Paul Grundy and Dr Sarah Young.

11. **ELECTION OF VICE - CHAIR**

RESOLVED: to appointment Dr Sarah Young as Vice-Chair of the Board for the Municipal Year 2022-23.

12. **MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

RESOLVED: that the minutes of the meetings held on 6th October 2021, 2nd March and 21st September 2022 be approved and signed as a correct record.

13. **ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2022**

The Board considered the report of the Director of Public Health which presented the Director of Public Health's Annual Report 2022.

Through discussion of the report with the Board, Dr Debbie Chase highlighted that this year had been about exploring in more depth health inequalities arising from the Pandemic, how we can make improvements and reduce risk going forward through the adoption of a framework that aimed to:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities; and
- Strengthen the role and impact of ill-health prevention

The report concluded with 5 recommendations:

1. Amplify leadership across agencies to celebrate, sustain and protect our local commitment to reducing health inequalities;
2. Maximise the impact of our core business on the 'causes of the causes' of health, wellbeing and inequality;
3. Continue to do what we know works;
4. Commit to a new way of working with and alongside our communities – a different relationship is good for us all
5. Harness and assure the benefit of system working to improve health.

RESOLVED:

- (i) The Health and Wellbeing Board supported the recommendations set out in the report;
- (ii) In recognition of the significant impact that local organisations have on the local population's health and wellbeing, Health and Wellbeing Board partners support joint work as Anchor Institutions. Specifically, this would involve considering their organisation's role in collective action to increase the impact of local employment, procurement and estate on health and wellbeing as well as consideration of environmental impact.

14. **INTEGRATED CARE PARTNERSHIP INTERIM INTEGRATED CARE STRATEGY**

The Board considered the report of the Cabinet Member for Health, Adults and Leisure outlining the key priorities in the draft Interim Integrated Care Strategy of the Integrated Care Partnership.

It was acknowledged that the Strategy was in its infancy and that work was ongoing in developing the way forward. The Strategy in its broadest sense was being developed to include five key themes:

1. Children and Young People
2. Mental Wellbeing
3. Good Health
4. Workforce Shortage
5. Digital solutions/better intelligence.

The Board discussed how the public and voluntary sector were able to engage with the process.

RESOLVED:

- (i) To note and support the direction of travel as outlined in the draft strategy;
- (ii) To seek views from the board on how we ensure that the Southampton City Health and Wellbeing Board are part of the continuing development and delivery of the priorities within the draft strategy.

15. **JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) ANNUAL SUMMARY AND HEALTH AND WELLBEING STRATEGY UPDATE**

The Board considered the report of the Cabinet Member for Health, Adults and Leisure providing a summary JSNA and an update on the progress of the Health and Wellbeing Strategy 2017-25.

RESOLVED:

- (i) The Board noted the findings of the JSNA summary;
- (ii) The Board noted the progress against the Health and Wellbeing Strategy to date;
- (iii) The Board re-committed to the promotion and implementation of the strategy; and
- (iv) The Board continued to lead a multi-faceted approach to reducing health inequalities and improving health. It agreed that priorities for the next year should be COVID-19 recovery, protecting a good start in life, all age mental health, reducing smoking prevalence and embedding a Health in All Policies approach locally, as well as a focus on building and improving effective system leadership and partnerships within the new health infrastructure.

16. **PROPOSAL TO ADOPT THE PREVENTION CONCORDAT FOR BETTER MENTAL HEALTH**

The Board considered the report of the Cabinet Member for Health, Adults and Leisure proposing the adoption of the Prevention Concordat for Better Mental Health.

RESOLVED:

- (i) To proceed with the preferred option to adopt the OHID Prevention Concordat for Better Mental Health for Southampton, including the following steps:
 - Submit an application to OHID to join the Prevention Concordat
 - Establish a multi-agency partnership for adult mental health & wellbeing, with links to relevant groups and networks
 - Identify a leader for adoption of the Concordat in Southampton who ideally sits on the Health & Wellbeing Board
 - Review the Hampshire and Isle of Wight (HIOW) Mental Health Needs Assessment alongside data and intelligence around need for Southampton
 - Conduct a Community Asset Mapping exercise
 - Co-develop a plan for mental health and wellbeing based on local priorities
- (ii) To continue with a separate multi-agency Southampton Suicide Prevention Partnership for the city, to support the delivery of the Southampton Suicide Prevention Plan 2020-23.

17. **SEXUAL HEALTH NEEDS ASSESSMENT**

The Board considered the report of the Cabinet Member for Health, Adults and Leisure summarising the work to understand and improve sexual and reproductive health outcomes in Southampton.

RESOLVED:

- (i) To consider the findings of the health needs assessment, specifically that implementation of recommendations and clinical joint-working was taken forward through a renewed sexual health network at place level (Southampton); and
- (ii) That sexual health and wellbeing was promoted across the city's communities and the health and care system via strong relationships and partnerships; reducing stigma through conversations in the community and at health and care touch points, and improving awareness and access to services when residents need them, will contribute to improving sexual health outcomes.

18. **TOBACCO, ALCOHOL AND DRUGS STRATEGY 2023-2028**

The Board considered the report of the Cabinet Member for Health, Adults and Leisure proposing the approval of the new Tobacco, Alcohol and Drugs Strategy 2023-2028.

RESOLVED:

- (i) To approve the new Tobacco, Alcohol and Drugs Strategy for the city (as attached at appendix 1); and
- (ii) To recommend that Cabinet approve the Strategy for adoption at their 20th December 2022 Cabinet meeting.

DECISION-MAKER:	Health and Wellbeing Board
SUBJECT:	Health in All Policies: the next phase approach and framework to reduce health inequalities in Southampton
DATE OF DECISION:	8 March 2023
REPORT OF:	Cllr Fielker, Cabinet Member for Health, Adults and Leisure

<u>CONTACT DETAILS</u>			
Executive Director	Title	Director of Public Health	
	Name:	Debbie Chase	Tel: 023 8083 3694
	E-mail	Debbie.Chase@southampton.gov.uk	
Author:	Title	Consultant in Public Health	
	Name:	Kate Harvey	Tel: 023 8254 5354
	E-mail	Kate.harvey@southampton.gov.uk	

STATEMENT OF CONFIDENTIALITY

None.

BRIEF SUMMARY

Improving health outcomes and reducing health inequalities in Southampton requires action across a wide range of determinants of health. Considering health within related wider policy making can help enable cities to have a powerful positive influence on the places and conditions in which people are born, grow, work and live, impacting on mental, physical and social health and, in turn, on the City's development and growth.

To scale local efforts and progress in improving population health and reducing health inequalities, the Health and Wellbeing Board and Full Council agreed to support further implementation of a Health in All Policies (HiAP) approach in Southampton prior to COVID-19 when approving the Health and Wellbeing Strategy in 2017. The approach is a key principle for implementation of the Health and Wellbeing Strategy and has been echoed as commitments of the SCC Corporate Plan and Southampton's Health and Care Strategy.

This paper re-invigorates discussions on HiAP, summarising examples of progress and outlining the next steps to embed health, wellbeing and health equity in public policy across all sectors. Building on learning and progress from elsewhere, the next phase approach covers opportunities in three key areas:

- **processes** that support effective consideration of health and health inequalities in all policies
- **programme-based developments** that develop a specific service or programme in a way that improves health and wellbeing
- **strategic joint action** around single topics that drive health and health inequalities

Key opportunities identified for the next phase of work are:

Processes

- Embedding health advice in strategy and policy development with development of web pages and a suite of resources to support teams across the city.
- Strengthening the use of Equality and Safety Impact Assessments in policy and strategy decision-making within the Council.
- Encouraging and providing support for the use of Health Impact Assessments in policy and strategy decision-making.

Programme-based activities

- Further strengthening of the importance placed on health in the planning process.
- Scoping opportunities for collaborative work to develop health within housing policy and programmes.
- Greater promotion and support for implementation of active travel within transport programmes.

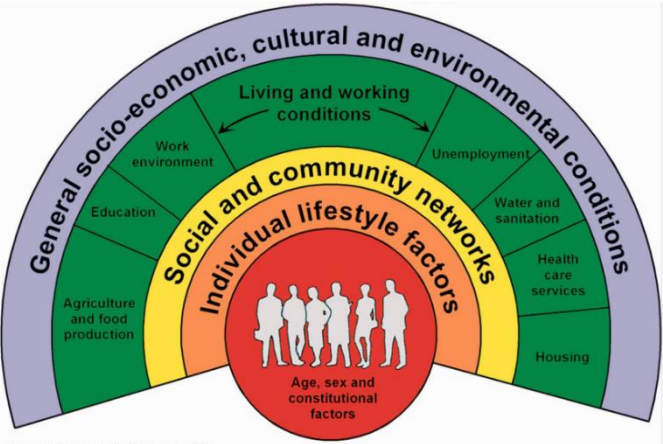
Strategic joint action

- Supporting opportunities to consider health and health inequalities in scheduled policy and strategy reviews, as identified by the SCC policy team review, including in the first instance the SCC people strategy to increase the beneficial role of SCC as an employer.
- A focus on health and health inequalities resulting from wider organisations' work through the Southampton Pound programme.
- Explicit focus on health and health inequalities impacts of neighbourhood and locality working.

RECOMMENDATIONS:

	(i)	That Board members note the progress made in considering health within a wide range of policies in Southampton and commit to continued leadership to champion and further embed this approach within their organisations and across the City.
	(ii)	That the Board supports the proposal to further develop a health in all policies approach that takes action through: processes; programmes; and strategic joint action.
	(iii)	That the Board highlights any opportunities (see the summary above) that are felt to be of particular priority, considering or suggesting any additions that they have identified within their respective organisations or partnerships and noting the programme's approach to building confidence and motivation across policy makers.
	(iv)	That the Health and Wellbeing Board receives an update on progress in delivery against this agenda, successes and the next phase of work in 12 months' time.

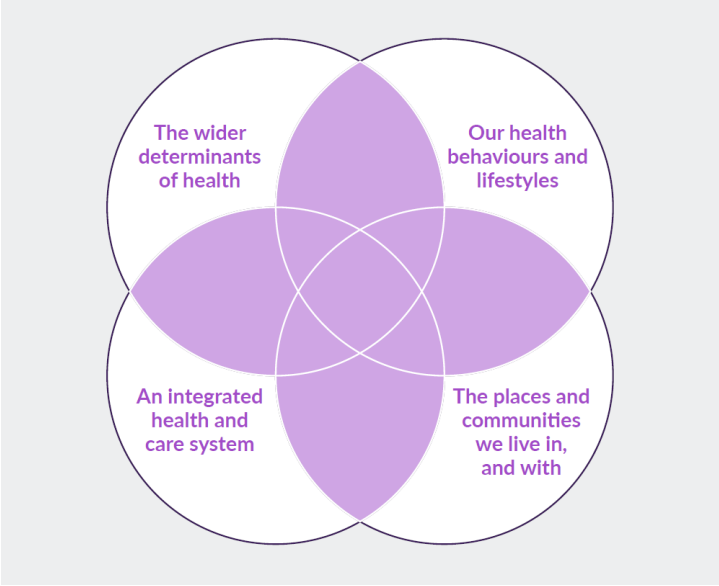
REASONS FOR REPORT RECOMMENDATIONS	
1.	The recommendations in this report arise from a review of guidance and good practice in this area. The review identified that there is further scope to strengthen and amplify existing joint working across sectors to use a HiAP approach to improve health outcomes and reduce health inequality in Southampton.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	<p>The specific proposals have been developed with pragmatism and capacity in mind and with the opportunity to review the scale of approach after 12 months. Alternative approaches considered and rejected include:</p> <ul style="list-style-type: none"> - No longer considering health within processes, strategy and programme activities (missing the opportunity to harness additional positive impact for Southampton residents from scheduled work and failing to deliver Health and Wellbeing Strategy principles and commitments) - Taking a more intensive approach towards implementing HiAP in the City, such as joining the WHO Healthy Cities initiative, at this stage (presenting significant resource implications).
DETAIL (Including consultation carried out)	
	Background and rationale
3.	Cities such as Southampton have a powerful positive influence on their residents' mental, physical and social health, including through land use, design, infrastructure support and development of employment and economic opportunities. Good health and health equity support realisation of aspirations for economic prosperity and opportunity for all. In a virtuous circle, this economic growth and opportunity in turn can improve population health and reduce inequality.
4.	<p>City commitments recognise the importance of considering health and health inequalities in policy making, including:</p> <ul style="list-style-type: none"> • SCC Corporate Plan <ul style="list-style-type: none"> ○ “Physical and mental health and wellbeing are cornerstones for a good quality of life and a thriving city”. The plan commits to reducing health inequalities and protecting and promoting health and wellbeing for everyone who lives, works and learns in the city. • Southampton Health and Wellbeing Strategy 2017-2025 <ul style="list-style-type: none"> ○ “Southampton has a culture and environment that promotes and supports health and wellbeing for all”; “our principles...consider health in all policies”. • Southampton Health and Care Strategy 2020-2025 <ul style="list-style-type: none"> ○ “The vision we share in Southampton is about enabling everyone to live long, healthy and happy lives, with the greatest possible independence”. • Southampton Children and Young People’s Strategy 2022-27 <ul style="list-style-type: none"> ○ “We want all children and young people in Southampton to get a good start in life, live safely, be healthy and happy and go on to have successful opportunities in adulthood”. • Southampton Economic and Green Growth Strategy 2020-30

	<ul style="list-style-type: none"> ○ “We aim for a thriving economy based on fair employment and good quality work for all which will contribute to improving health outcomes and to reducing health inequalities in the city”
5.	In Southampton, progress has been made in considering health in a range of policies impacting the wider determinants of health and wellbeing but significant challenges in the city remain. Health outcome indicators show that the health of Southampton residents is stalling and falling behind England benchmarks in some cases and unfair, avoidable and systemic differences in these outcomes (health inequalities) remain. A Southampton Covid-19 Health Impact Assessment in 2022 ¹ highlighted that the pandemic increased the health gap in society, meaning that many people living in the city do not have the same level of opportunity, health and wellbeing that we aspire to for our residents.
6.	There remains further scope to build this approach and consider health and health inequalities consistently across all aspects of the Council and local partners’ work.
	Influences on health
7.	Population health and health inequalities in Southampton are influenced by a wide range of factors, with the wider determinants (social, economic, commercial and physical environment – see Figure 1) estimated to drive around half of health outcomes ² . Many of these contributors to health are driven by policy and operational decisions within the scope of Southampton City Council and its partners, but the extent to which these decisions explicitly consider their impact on health is variable.
8.	<p>Figure 1 – The Wider Determinants of Health³</p>  <p>Source: Dahlgren and Whitehead, 1991</p>
9.	Improving health and reducing inequalities in Southampton requires a focus on physical and mental health across the whole population. Recognising that

¹ COVID-19 Impact Assessment update August 2022 (Southampton City Council, 2022) <https://data.southampton.gov.uk/health/disease-disability/covid-19/covid-19-updates/>

² Social determinants of health and the role of local government (Local Government Association, 2020) https://www.local.gov.uk/sites/default/files/documents/22.52%20Social%20Determinants%20of%20Health_05_0.pdf, page 6

³ Dahlgren G, Whitehead M. 1991. Policies and Strategies to Promote Social Equity in Health. Stockholm, Sweden: Institute for Futures Studie

	<p>health is shaped by a range of factors shown above, this involves all four pillars that form the basis for a population health system⁴:</p> 
10.	<p>Local policy drivers specifically relating to health inequalities sit across organisations and functions in the city. As highlighted in the Director of Public Health’s Annual Report, these include:</p> <ul style="list-style-type: none"> • Giving every child the best start in life • Enabling all children, young people and adults to maximise their capabilities and have control of their lives. • Creating fair employment and good work for all. • Ensuring a healthy standard of living for all. • Creating and develop healthy and sustainable places and communities. • Strengthening the role and impact of ill health prevention⁵.
11.	<p>Delivering sustainable improvements in health therefore requires wider systems thinking, with political support and strong senior leadership key drivers of success successful. There is already commitment from the Health and Wellbeing Board and Council to consider health across wider policy areas, recently reconfirmed in the Corporate Plan. SCC is also a member of the Key Cities network⁶, which advocates for the ‘Health First’ principle⁷ to embed HiAP. More widely within the Council, there are also plans to strengthen the quality and consistency of equality and safety impact assessments.</p>
	<p>Health in All Policies approaches</p>
12.	<p>The World Health Organisation defines a HiAP approach as: “<i>An approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts</i>”</p>

⁴ A vision for population health: towards a healthier future (The King’s Fund, 2018)

<https://www.kingsfund.org.uk/publications/vision-population-health>

⁵ Fair society, healthy lives: strategic review of health inequalities in England post-2010 (The Marmot Review, 2010) <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

⁶ <https://keycities.uk/about/>

⁷ where health is embedded within a city’s plans, strategies, governance and decision-making, and where cities are planned to support good mental, physical and social health

	<i>in order to improve population health and health equity.” They strongly advocate for this approach.</i>
13.	The approach recognises that wide ranging sectors and functions often hold the key to improving population health. The growing body of evidence and case studies are founded on joined up working that considers the direct and indirect health impacts of wider core business whilst delivering other core outcomes and statutory functions (see Figure 2, below).
14.	<p>Figure 2 - How a HiAP approach works, Public Health England 2016⁸</p> <p>A cross-sector approach to improving health, wellbeing and health equity by focusing on joined-up decision-making across multiple services, programmes and policy areas.</p> <p>Highlights health, wellbeing, equity, and sustainability consequences of different policy and decision-making options.</p> <p>Identifies how decisions in other services, departments and sectors affect health – and how better health can support achievement of other sectors' goals.</p> <p>Engages multiple stakeholders to work together to improve health and advance other goals, which in turn reduce demand for scarce resources.</p> <p>Emphasises co-benefits, encourages a multi-lens perspective and points to the need for inclusive boundary-spanning language and joined-up narratives.</p>
15.	<p>Approaches elsewhere cover a wide range of activities, from one-off collaborations right through to international HiAP programmes, such as the World Health Organisation’s Healthy Cities initiative and Key Cities Network health first approach. A number of local authorities have also implemented a HiAP approach over the past decade⁹ including:</p> <ul style="list-style-type: none"> • Warwickshire County Council (2022): over-arching strategic support for HiAP, engagement activity and comprehensive web toolkit including good practice and evidence • East Sussex County Council (2021): new Healthy Places team with a focus on planning for health and developing partnership working • Southwark Council (2018): established a Cabinet Member portfolio for Public Health and Social Regeneration and reviewed existing services using a health lens • Newcastle City Council (2018): a WHO Healthy City • Hertfordshire County Council (2016): brought together planning, environment, housing and public health teams

⁸ Local wellbeing, local growth: adopting Health in All Policies (Public Health England, 2016) <https://www.gov.uk/government/publications/local-wellbeing-local-growth-adopting-health-in-all-policies>

⁹ Further examples, including programme and strategic case studies, can be found in Local wellbeing, local growth: implementing Health in All Policies at a local level: practical examples (Local Government Association and Public Health England, 2016) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/560593/Health_in_All_Policies_implementation_examples.pdf

	<ul style="list-style-type: none"> • Luton Borough Council (2016): use of co-investment, accountability agreements and an integrated impact assessment policy • Greenwich Council (2016): delivered 'Health: Everyone's Business' development course for all staff to enable decision-makers to champion health and integrate health improvement goals into policy development.
16.	<p>The work elsewhere demonstrates HiAP activities that fall into three broad categories, giving us a local framework for action⁷:</p> <ul style="list-style-type: none"> • Process-based: developing new mechanisms to improve collaborative working towards better health • Programme-based: developing a particular service or programme by focusing on collaborative working • Strategic: taking a specific public health issue and identifying and collaborating with other sectors that have an impact
17.	<p>The key enablers that support a HiAP approach include:</p> <ul style="list-style-type: none"> • A shared understanding of the vision, values and aims of the approach • Leadership for HiAP that also fosters joint ownership • Engagement and development of strong trusted relationships between departments or partnerships • Identifying shared goals and mutual benefits • Collaborative working, e.g. to develop a partnership response to a single health issue • Development of tools, resources, evidence-base and other support to enable teams to consider how their outputs affect health and health equity.
18.	<p>Specific HiAP values (as outlined in 'Making Life Better: a whole system strategic framework for Public Health', NI Department of Health, Social Services and Public Safety (2014)¹⁰) may include:</p> <ul style="list-style-type: none"> - Social justice, equity and inclusion - Engagement and empowerment - Collaboration - Evidence informed - Addressing local need
	<p>Progress considering Health in All Policies</p>
19.	<p>A range of activities undertaken by SCC are already aligned with a HiAP approach and focus on reducing inequalities and delivering benefits for Southampton residents' health and wellbeing. A number of opportunities to further expand impact have also been identified across each of the three areas for action.</p>
20.	<p><u>Process-based activities that consider HiAP</u></p> <p>Progress includes:</p>

¹⁰ Making Life Better: a whole system strategic framework for Public Health (NI Department of Health, Social Services and Public Safety, 2014) https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/making-life-better-strategic-framework-2013-2023_0.pdf

	<ul style="list-style-type: none"> • Growth in capability and capacity in planning for health and facilitating wider systems thinking and change for improved health and wellbeing. • Regular policy team review of key areas of influence for health through the Public Health business planning process. • Use of the Social Value Act in procurement processes (including the Southampton Pound activities). • Processes to embed partnership working to implement a HiAP approach in the Integrated Care System in Southampton. <p>With further planned activities involving:</p> <ul style="list-style-type: none"> • The use of health impact assessments for planning developments meeting the proposed threshold in the draft Local Plan. • Implementing learning from the Public Health Intervention Responsive Studies Teams (PHIRST)¹¹ evaluation of investing in specialist resource to build and facilitate system capability to create healthy environments in Southampton (including the new spatial planning for health role). <p>Further opportunities include:</p> <ul style="list-style-type: none"> • Strengthening the use of Equality and Safety Impact Assessments in policy and strategy decision-making within the Council. • Encouraging and providing support for the use of Health Impact Assessments in policy and strategy decision-making. • Embedding health advice in strategy and policy development with development of web pages and a suite of resources to support teams across the city.
21.	<p><u>Programme-based activities that considers HiAP</u></p> <p>Progress includes:</p> <ul style="list-style-type: none"> • Collaborative work across teams to develop a new draft Local Plan that has a healthy foundation and a basis in social value, aligned to work on the Southampton Pound. • The Future of Work Programme, including business support to encourage inclusive growth, delivery of net-zero targets and implementation of The Good Work Charter. • Ongoing programme to support teams across Southampton City Council make intelligence-led decisions and policy in relation to the wider determinants of health. <p>With further planned activities including:</p> <ul style="list-style-type: none"> • Development of Southampton as a sustainable food place with associated health outcomes. • Inclusion of health and health inequalities benefits from delivery of UK Shared Prosperity Fund projects. • Ongoing work to increase the impact of large organisations, Anchored to Southampton, through their work as employers, purchasers, estate owners and community partners. <p>Further opportunities include:</p>

¹¹ <https://phirst.nihr.ac.uk/>

	<ul style="list-style-type: none"> • Further strengthening of the importance placed on health in the planning process. • Scoping opportunities for collaborative work to develop health within housing policy and programmes. • Greater promotion and support for implementation of active travel within transport programmes.
22.	<p><u>Strategic joint action that considers HiAP</u></p> <p>Progress includes:</p> <ul style="list-style-type: none"> • Development of a new Tobacco, Alcohol and Drugs Strategy with significant involvement from teams across the council. • Scoping of a whole systems approach towards the food environment in Southampton. • Adoption of the Prevention Concordat for Better Mental Health, and development of a multi-agency partnership group of teams and organisations which influence the wider determinants of mental health and wellbeing in Southampton. • Consideration of health as a key factor in new SCC Biodiversity and Net Zero strategies. • Health equity influencing work with Southampton’s Anchor Institutions (see more below). <p>With planned activities including:</p> <ul style="list-style-type: none"> • Scoping of public health input into transport and highways asset management policy. <p>Further opportunities include:</p> <ul style="list-style-type: none"> • Supporting opportunities to consider health and health inequalities in scheduled policy and strategy reviews, as identified by the SCC policy team review, including in the first instance the SCC people strategy to increase the beneficial role of SCC as an employer. • A focus on health and health inequalities resulting from wider organisations’ work through the Southampton Pound programme. • Explicit focus on health and health inequalities impacts of neighbourhood and locality working.
	<p>Proposal for discussion</p>
23.	<p>Leadership to embed the vision for the HiAP and the ongoing programme of work outlined below, will enable health and health inequalities to be effectively integrated and articulated in policy and decision making in the city. The proposed approach is based on a framework that supports action through:</p> <ul style="list-style-type: none"> - Processes that support effective consideration of health and health inequalities in all policies - Programme-based developments that develop a specific service or programme in a way that improves health and wellbeing - Strategic joint action around single topics that drive health and health inequalities

24.	<p>The implementation plan recognises the importance of capability/confidence, opportunity and motivation in widening adoption of HiAP approaches. To support this, the workplan includes a focus on:</p> <p>Capability</p> <ul style="list-style-type: none"> - Development of a package of structured support, guidance, tools and evidence-base to support and develop the ability of policy makers across the City to effectively consider health needs, inequalities and evidence-based responses within their core functions. This will include input to bring together, build on and tailor existing HiAP tools such as health impact assessments, health equity assessment tools and checklists. - Improvements in access to, and interpretation of, evidence and intelligence through the corporate drive to be a more intelligence-led local authority. - Development of a process to oversee and assure delivery with the Policy department of Southampton City Council, supported by annual update to the Health and Wellbeing Board and ongoing oversight of the Southampton Health and Care Strategy commitments through the Better Care Steering Board. <p>Opportunity</p> <ul style="list-style-type: none"> - Inclusion of health and health inequalities within core business and functions using the framework of process, programme and strategic activities - Engagement with cabinet members and executive leads (via cabinet member briefings and directorate management team meetings) to confirm the initial focus on the opportunities identified in this paper and further suggestions agreed by Board members. - Further engagement with large organisations anchored to Southampton to increase the health and health inequalities benefits of their work as employers, estate owners, purchasers and community partners. <p>Motivation</p> <ul style="list-style-type: none"> - Continued engagement across City partnerships to lead for a HiAP approach and continue to develop and embed the shared vision to improve health inequalities and outcomes in Southampton (led by public health and all Board members). - Collation and sharing of case studies, ‘beacons of good practice’ and celebration of successful health in all policies approaches.
25.	A 12-month update to the Board is proposed to update on delivery against plan, achievements and next phase opportunities from this work.

	Delivery and timescales																																																																		
26.	<p>The proposed action plan for the first five months is detailed below:</p> <table border="1"> <thead> <tr> <th>Action</th> <th>March</th> <th>April</th> <th>May</th> <th>June</th> <th>July</th> </tr> </thead> <tbody> <tr> <td>Proposal to Health and Wellbeing Board</td> <td style="background-color: #4F81BD;"></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Proposal to Southampton Health and Care Strategy Group</td> <td style="background-color: #4F81BD;"></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Project Initiation Document including workplan to support opportunities</td> <td style="background-color: #4F81BD;"></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Establish small task and finish group within PH team</td> <td style="background-color: #4F81BD;"></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Refreshed stakeholder mapping</td> <td style="background-color: #4F81BD;"></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Programme of engagement events across identified departments/teams</td> <td></td> <td style="background-color: #4F81BD;"></td> <td style="background-color: #4F81BD;"></td> <td></td> <td></td> </tr> <tr> <td>Identification of HiAP beacons</td> <td></td> <td></td> <td style="background-color: #4F81BD;"></td> <td style="background-color: #4F81BD;"></td> <td></td> </tr> <tr> <td>Use learning from engagement events to develop process and governance</td> <td></td> <td></td> <td style="background-color: #4F81BD;"></td> <td style="background-color: #4F81BD;"></td> <td></td> </tr> <tr> <td>Development of suite of tools e.g. checklists, guidance, HIA, ESIA, HEAT</td> <td></td> <td></td> <td style="background-color: #4F81BD;"></td> <td style="background-color: #4F81BD;"></td> <td></td> </tr> <tr> <td>Piloting and testing of the tools and oversight/assurance</td> <td></td> <td></td> <td></td> <td></td> <td style="background-color: #4F81BD;"></td> </tr> </tbody> </table>	Action	March	April	May	June	July	Proposal to Health and Wellbeing Board						Proposal to Southampton Health and Care Strategy Group						Project Initiation Document including workplan to support opportunities						Establish small task and finish group within PH team						Refreshed stakeholder mapping						Programme of engagement events across identified departments/teams						Identification of HiAP beacons						Use learning from engagement events to develop process and governance						Development of suite of tools e.g. checklists, guidance, HIA, ESIA, HEAT						Piloting and testing of the tools and oversight/assurance					
Action	March	April	May	June	July																																																														
Proposal to Health and Wellbeing Board																																																																			
Proposal to Southampton Health and Care Strategy Group																																																																			
Project Initiation Document including workplan to support opportunities																																																																			
Establish small task and finish group within PH team																																																																			
Refreshed stakeholder mapping																																																																			
Programme of engagement events across identified departments/teams																																																																			
Identification of HiAP beacons																																																																			
Use learning from engagement events to develop process and governance																																																																			
Development of suite of tools e.g. checklists, guidance, HIA, ESIA, HEAT																																																																			
Piloting and testing of the tools and oversight/assurance																																																																			
RESOURCE IMPLICATIONS																																																																			
<u>Capital/Revenue</u>																																																																			
27.	None – to be delivered within existing resource and aligned to existing public health team portfolios																																																																		
<u>Property/Other</u>																																																																			
28.	None.																																																																		
LEGAL IMPLICATIONS																																																																			
<u>Statutory power to undertake proposals in the report:</u>																																																																			
29.	Health and Social Care Act 2012 (Health and Wellbeing Boards: functions, para 195 Duty to encourage integrated working)																																																																		
<u>Other Legal Implications:</u>																																																																			
30.	None.																																																																		
RISK MANAGEMENT IMPLICATIONS																																																																			
31.	None.																																																																		
POLICY FRAMEWORK IMPLICATIONS																																																																			
32.	None, proposal aligns with Health and Wellbeing Strategy																																																																		

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All
<u>SUPPORTING DOCUMENTATION</u>	

Appendices	
1.	None
Documents In Members' Rooms	
1.	None
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	No
Data Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.	No
Other Background Documents	
Other Background documents available for inspection at:	
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None

Agenda Item 6

DECISION-MAKER:	Health and Wellbeing Board
SUBJECT:	Giving children the best start in life: Update on delivery of Southampton's Children & Young People's Strategy and Start Well programme
DATE OF DECISION:	8 March 2023
REPORT OF:	Councillor Fielker, Cabinet Member for Health, Adults and Leisure

<u>CONTACT DETAILS</u>			
Executive Director	Title	Executive Director Wellbeing (Children and Learning)	
	Name:	Robert Henderson	Tel: 023 8083 4899
	E-mail	Robert.henderson@southampton.gov.uk	
Author:	Title	Deputy Director Integrated Commissioning Head of Quality Assurance, Children and Learning	
	Name:	Donna Chapman Stuart Webb	Tel: 07879898227 023 80 834102
	E-mail	d.chapman1@nhs.net Stuart.webb@southampton.gov.uk	

STATEMENT OF CONFIDENTIALITY
N/A
BRIEF SUMMARY
<p>The Children and Young People (C&YP) Strategy 2022 - 2027 was launched and published in the Summer of 2022. The strategy builds on previous Children and Young People's plans and the Start Well chapter of the city's Five Year Health and Care Strategy 2020 – 2025. It sets out a vision that all children and young people in Southampton get a good start in life, live safely, be healthy and happy, and go on to have successful opportunities in adulthood.</p> <p>In order to achieve the vision, the strategy sets out the following core principles:</p> <ul style="list-style-type: none"> • Early intervention, prevention, and inclusion • Relationship based work • Locality working • A skilled and stable workforce <p>Alongside the C&YP Strategy, eight Strategic Plans were also published in the Summer of 2022. The following plans identify the key tasks and actions necessary to achieve the objectives of the overarching C&YP Strategy:</p> <ul style="list-style-type: none"> • Corporate Parenting • Early Years • Education • Emotional and Mental Health Wellbeing

- Participation
- Prevention and Early Intervention
- Special Educational Needs and Disabilities (SEND)
- Youth Justice

To ensure the delivery and monitoring of the overarching C&YP Strategy and the eight strategic plans, the Southampton Children and Young People’s Strategic Partnership Board (CYPSPB) was established in September 2022. The board oversees the delivery of the city’s C&YP Strategy and Strategic plans and provides strategic leadership and direction to improve outcomes for all children and young people in the city.

The purpose of this report is to provide an update for the Health and Wellbeing Board on the actions being taken through the C&YP Strategy and Start Well chapter of the Health and Care Strategy to give every child a good start in life.

RECOMMENDATIONS:

(i)	<p>That the Health and Wellbeing Board note and support:</p> <ul style="list-style-type: none"> - The progress made in respect of Child Friendly Southampton; particularly, the nomination of the ‘health’ badge. This could provide an opportunity for all partners, whether primarily working with children or adults, to come together to build a collective <u>whole family</u> focus on emotional and mental health and healthy weight. Both have also been identified as priorities and commitments for the next two years in the Health & Care Strategy. - The citywide focus on Trauma Informed Practice, again a priority and commitment in the Health & Care Strategy. Partners are encouraged to sign up to the Emotional & Mental Health training led by the Anna Freud Centre and Charlie Waller Trust which is being rolled out across the city. - The city council priority regarding locality working. - The Board’s corporate parenting responsibilities in respect of the city’s Southampton children.
-----	--

REASONS FOR REPORT RECOMMENDATIONS

1.	Southampton City Health and Wellbeing Board has identified the health and wellbeing of children and young people as one of its key priorities and has requested an update on plans and priorities.
2.	Children and young people aged 0-24 make up 36.4% (94,605) of Southampton’s population. Improving outcomes for children, young people and their families will not only benefit a significant part of the city’s population but will also have a beneficial impact for the future of Southampton, as “a City of opportunity where everyone thrives” – supporting each of the 3 key priorities: Economic growth with social responsibility; Skills and employment and Healthier and safer communities.
3.	There is a strong case for improving the health and wellbeing of children and young people in Southampton, who, as an age group, are relatively more disadvantaged than the rest of the population. About 1 in 5 children are in low income families and will experience poor housing, family debt and financial anxiety, and food insecurity. 18% of children live in the most deprived areas of the city, compared to 12% for the overall population. Those that live in the most


	deprived quintile of Southampton have poorer outcomes across several areas, including child poverty, breastfeeding, maternal smoking, obesity, educational attainment, disability and proportion of looked after children. The Covid pandemic has further impacted on poverty in the city and particularly affected children and young people's emotional and mental health, as evidenced by local surveys and increased referrals into specialist CAMHS. A survey in August 2020 of 180 Children and Young People aged 8-25 years found that 65% felt that their mental health had worsened during peak of lockdown, particularly female and non-binary children and young people.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
4.	N/A
DETAIL (Including consultation carried out)	
5.	<p>Priorities for giving children and young people a good start in life</p> <p>The previous report presented to the Health and Wellbeing Board on 2 March 2022 identified 4 key areas for system action. Each of these areas, why they are a priority and how they are being taken forward are summarised below.</p>
6.	<p><u>The First 1001 Days</u></p> <p>The first 1001 days of a child's life, from conception to age two, is a window of opportunity. It is a time of particularly rapid growth and brain development. It is widely recognised that the care given during this period has more influence on a child's future than at any other time in their life. The government described their vision for this within The Best Start for Life, published in 2021 by the Department for Health and Social Care. In April 2022, the Government announced £300m across three years for the Family Hubs and Start for Life funding package that would go to 75 local authorities, including Southampton. This funding is being provided to support the delivery of the ambitions within the Best Start for Life.</p>
7.	<p><u>Emotional and mental health and wellbeing</u></p> <p>In 2022, there are an estimated 15.9% of children and young people in Southampton aged 6 - 19 years old with a probable mental health disorder, representing a 50% increase in prevalence rate (+2,450) compared to 10.5% in 2017. This figure is predicted to continue rising significantly, in part due to the impact of Covid-19 and the more recent Cost of Living crisis. Southampton's Emotional and Mental Health Wellbeing Plan has the following priority areas:</p> <ul style="list-style-type: none"> • Promoting resilience, building strong prevention & early intervention. • Improving access – 'no wrong door'. • Improving services for children and young people with Eating Disorders. • Improving care for the most vulnerable and reducing health inequalities. • Improving crisis care. • Improving the transition to adulthood. • Developing the children and young people's workforce • Developing different ways of service delivery, maximising digital • More emotional & mental health support for children with Neurodiversity • Continuing to prevent suicide and its impact on families. • Improving local intelligence and measuring of outcomes.

8.	<p><u>Healthy Weight</u></p> <p>Tackling obesity is one of the greatest long-term health challenges. The World Health Organisation suggests that overweight and obese children are likely to stay obese into adulthood and more likely to develop non-communicable diseases like diabetes and cardiovascular diseases at a younger age. In Southampton, in 2019/20, the percentage of children in Reception Year who are overweight including obese, was 24.1%, (23.0% nationally), while 75.0% (76.1% nationally) are healthy weight. In Year 6, during the same period in Southampton 37.6% (35.2% nationally) are overweight including obese, 60.7% are healthy weight (63.4% nationally). Obesity prevalence is highest amongst the most deprived groups in society. Children in the most deprived parts of the country are more than twice as likely to be obese than their peers living in the richest areas. Children living in Redbridge, Bitterne and Bevois are more likely to be overweight/obese.</p> <p>In 2019, Southampton was part of a Tackling Childhood Obesity Scrutiny Inquiry which resulted in a number of recommendations around the food environment, active environment, supporting Southampton schools to make healthy choices easier alongside a commitment to a whole systems approach to reducing obesity.</p>
9.	<p><u>Locality based prevention and early intervention work with families in their local communities</u></p> <p>Early intervention means identifying and providing early support to children and young people who are at risk of poor outcomes, such as mental and/or physical health problems, food poverty, poor academic attainment, or involvement in crime or antisocial behaviour. Effective early intervention works to prevent problems occurring, or to tackle them head-on before they get worse. Those that live in the most deprived quintile of Southampton have poorer outcomes across a number of areas, including child poverty, breastfeeding, maternal smoking, obesity and educational attainment. To address these key issues and truly understand where work needs to be targeted, there is a need to better understand and work with local neighbourhoods.</p> <p>Southampton’s Prevention and Early Intervention Plan continues to focus on the priorities and outcomes seen in Southampton’s Children & Young People’s Strategy with a strong emphasis on reducing inequalities and the effect of on inequalities. The plan highlights the benefits of a good start in life, focusing on maternal health and outcomes, infant feeding, the development of Family Hubs as a holistic, one-stop-shop for families to access support, as well as health visiting and Families First.</p>
10.	<p>Key Progress and impact against Priorities since April 22</p> <p>The following is a summary of the main developments and improvements this year.</p> <p><u>First 1001 days</u></p> <ol style="list-style-type: none"> 1. Improvement of birth outcomes in maternity services by working towards the Saving Babies Lives Care Bundle, supporting Continuity of Care in families who need it the most

	<ol style="list-style-type: none"> 2. Public health messages during pregnancy and in early childhood. Women smoking in pregnancy has reduced significantly to 9.7% which is only slightly higher than the national average of 9.1% 3. Continuation of the Phoenix programme, intensive support with women in Southampton who have experienced, or at risk of, repeated pregnancies that result in children needing to be removed from their care 4. Continued focus on breastfeeding through the breastfeeding network and peer support. Breastfeeding prevalence at 6-8 weeks has increased and is 53.4% compared to national average of 49.3%
11.	<p><u>Emotional and mental health and wellbeing</u></p> <ol style="list-style-type: none"> 1. Successful rollout of a digital mental health and wellbeing service, Kooth for young people aged 11 to 25 years launched in early 2022 2. Launch of mental health/emotional wellbeing module within the Healthy Early Years Award 3. Four Mental Health Support Teams now in place covering 90% of Southampton's schools – offering one to one support, workshops for pupils, families and education staff 4. Southampton has recently been chosen as one of three areas nationally to pilot a new emotional health training programme to the wider workforce who come into contact with children and young people in 2023. This will be delivered by Anna Freud Centre and the Charlie Waller Trust. The aim of this is to mirror the model of mandatory safeguarding training 5. Work with adult mental health services to expand Child and Adolescent Mental Health Services (CAMHS) to young people up to the age of 25 and improve the transition to adulthood, allowing greater continuity of care. A new coordination and information service is being commissioned towards the end of 2022/23.
12.	<p><u>Healthy weight</u></p> <ol style="list-style-type: none"> 1. Prevalence data for 2021/22 for children in Reception year for obesity (11.0%) and excess weight (22.4%) were similar to the national average (10.1% and 22.3% respectively). For Year 6 the prevalence of obesity (25.1%) and for excess weight (39.8%) were higher than the national average (23.4% and 37.7% respectively). Levels in the previous academic year (2020/21) showed an unprecedented increase in childhood obesity both Reception year and Year 6 but the most recent data for Reception year indicated that levels had returned to pre-pandemic levels whereas for Year 6 levels of obesity and excess weight remained higher. 2. The 2021 scrutiny inquiry into tackling childhood obesity drove forward a range of actions for childhood obesity prevention including scaling-up of healthy settings programmes targeting schools and early years providers, signing up to the Local Authority Declaration on Healthy Weight, a series of projects to promote a healthier food and the initiation of our Whole Systems Approach. 3. Other projects have also been initiated as a result of Southampton City Council's focus on tackling childhood obesity including the pilot of the HealthyWey training toolkit for 0-19 workforce as part of a study led by Liverpool John Moores University, SCC support for the roll out of the Early LifeLab programme (an educational intervention to support children in making healthy choices about food, levels of physical activity and sedentary pursuits, and their sleep patterns) to all primary schools in Southampton and the development of

	<p>an SCC pathway (in collaboration with clinicians) for young people with clear safeguarding escalation and de-escalation markers.</p>
13.	<p><u>Locality based prevention and early intervention work with families in their communities</u></p> <ol style="list-style-type: none"> 1. Extension of the Families First (Early Help) Locality Model, including offering further parenting support and mental health support workers to strengthen the available offer, assisting families holistically with a wider range of support in recognition of how the health and wellbeing of parents affect the children and young people in their care. 2. Development of Family Hubs, including the award of national funding. 3. Detailed review of 0-19 Public Health Nursing, with a focus on developing workforce and integration of Public Health Nursing with Family Hubs and Families First services. 4. Development of a Young People's service, based in localities, with the development of a Young Person's Hub to increase the timeliness of decision making and work with young people and their families restoratively. The service seeks to reduce duplication and remove service specific referral criteria/ thresholds, reduce duplication and connect with a wider youth offer.
14.	<p>Key areas of focus for the Priorities going forward for 2023/24</p> <p><u>First 1001 days</u></p> <ol style="list-style-type: none"> 1. Continued rollout and implementation of Family Hubs adhering to the three key principles: <ul style="list-style-type: none"> o Access: There is a clear, simple way for families to access help and support through an integrated approach o Connection: professionals and services working together to create a universal front door, with shared outcomes o Relationships: prioritising strengthening relationships and building on family strengths. 2. Focus on getting the key workstreams of Family Hubs right for the families and communities of Southampton. <ul style="list-style-type: none"> o Perinatal mental health and parent-infant relationships o Parenting support o Infant feeding support o Home learning environment services o Publishing 'Start for Life' offer o Parent and Carer Panels 3. The focused and continued integration of Family Hubs into other service areas, such as health visiting, Early Years and Families First to support the above principles
15.	<p><u>Emotional and mental health and wellbeing</u></p> <ol style="list-style-type: none"> 1. Rollout of 24/7 mental health crisis provision for children and young people that combines crisis assessment, brief response and intensive home treatment functions. 2. Redesign of support to children and young people attending social, emotional and mental health schools in Southampton. 3. Continued implementation of Mental Health Support Teams in schools in Southampton – aiming for 100% coverage.

	<p>4. Development of a single point of access for Early Intervention Mental Health support across the City, aligned to the Children’s Resource Hub.</p> <p>5. Improved mental health support offer to vulnerable young people and children looked after.</p>
16.	<p><u>Healthy weight</u></p> <p>Our Whole Systems Approach uncovered some of the underlying drivers of childhood obesity which could be influenced by a function across SCC and externally. The next steps will be to consider how interventions across the system could be prioritised (interventions from the Whole Systems Approach are listed below):</p> <ol style="list-style-type: none"> 1. System intent (leadership). <ul style="list-style-type: none"> • Consistent messages across policies on active travel and increased pedestrianisation. • Health and wellbeing impact on children considered across design and decisions. 2. System design (structures, rules, information flows). <ul style="list-style-type: none"> • Clearer statement of health and the impact on children and young people in Planning Policy and within design standards. • Clear policy for green spaces/active travel in new developments. • Support for the implementation of legislation promoting a healthy weight environment e.g. HFSS guidance. 3. System feedback (strengthening protective policies, guidelines, and interventions) <ul style="list-style-type: none"> • Promotion of stronger child/family friendly working policies • Stronger SCC policy to limit high fat, sugar salt food and drink promotion on SCC controlled sites. • Green spaces- Green flag standards for green spaces and equipment-(to increase use of green spaces) park staff trained to increase access among young people. 4. System materials (training, campaigns and buffers which can protect the system) <ul style="list-style-type: none"> • Promote the work of the welfare team so all SCC and wider colleagues. • Increase uptake of settings-based programmes (HH5/HEYA)
17.	<p><u>Locality based prevention and early intervention work with families in their local communities</u></p> <ol style="list-style-type: none"> 1. Work with children, young people and families in locality areas to ensure that services are right and accessible for their community’s needs. 2. Focus on local delivery of <u>Core20PLUS5</u> , a national approach to support the reduction of health inequalities. 3. Development of Southampton as a Child Friendly City. 4. City wide roll out of Healthy High Five & Healthy Early years Award.
18.	<p>An Outcomes Framework for measuring the impact of our plans</p> <p>Underpinning the C&YP Strategy an integrated cross-agency Outcomes Framework is being developed to track desired outcomes, behaviours, obsessions, and measures that contribute to achieving the Strategy’s vision.</p>

		<p>Vision: All children get a good start in life, live safely, be healthy & happy and go on to have successful opportunities in adulthood.</p> <p>Strategic Priorities</p> <table border="0"> <tr> <td>Good start in life</td> <td>Live Safely</td> </tr> <tr> <td>Be happy and healthy</td> <td>Learn and achieve</td> </tr> </table> <p>Outcomes (see Appendix I for outcomes against each priority)</p> <p>Behaviours:</p> <table border="0"> <tr> <td>Confident</td> <td>Accountable</td> <td></td> </tr> <tr> <td>Inquisitive</td> <td>Respectful</td> <td>Working as a team</td> </tr> </table> <p>Obsessions</p> <ul style="list-style-type: none"> - Becoming a UNICEF Child Friendly City - Improving mental health and wellbeing for CYP - Inclusive Education Southampton charter. - Providing support for families in communities - Improving outcomes for vulnerable young people <p>Quantifiable Measures (under development through Strategic Plan working groups) to be reported quarterly to C&YP Partnership board. Example measures:</p> <ul style="list-style-type: none"> - take up of Early Years Places - Under 18 conception rates - First time entrants to youth justice system 	Good start in life	Live Safely	Be happy and healthy	Learn and achieve	Confident	Accountable		Inquisitive	Respectful	Working as a team
Good start in life	Live Safely											
Be happy and healthy	Learn and achieve											
Confident	Accountable											
Inquisitive	Respectful	Working as a team										
19.	Supporting the Outcomes Framework, we will also seek feedback from children and young people, for example through the Child Friendly City and #BeeWell initiatives. #BeeWell is a programme, piloted in Greater Manchester, that is now being rolled out across Hampshire and Isle of Wight to measure the wellbeing of young people via annual school surveys. It is aimed for the first annual survey to be rolled out in Southampton in Autumn 2023 https://gmbeewell.org/											
RESOURCE IMPLICATIONS												
<u>Capital/Revenue</u>												
20.	Not applicable to this report											
<u>Property/Other</u>												
21.	Not applicable to this report											
LEGAL IMPLICATIONS												
<u>Statutory power to undertake proposals in the report:</u>												
22.	Children’s Act 1989 and Children & Young Peoples Plan (England) Regulations 2005											
<u>Other Legal Implications:</u>												
23.	None											
RISK MANAGEMENT IMPLICATIONS												
24.	The main risks to achieving the ambitions in the C&YP Strategy and Start Well programme are summarised below:											

	<ol style="list-style-type: none"> 1. Workforce shortages are one of the biggest challenges facing the NHS and social care in England. The NHS staffing gap in trusts in England alone stands at around 110,000 full-time equivalents, but new research from the Health Foundation outlines how this gap is likely to grow substantially by 2030. Workforce shortages are also pervasive in adult social care in England, with recent data from Skills for Care suggesting there were over 100,000 vacancies in the sector on an average day in 2020/21. 2. Financial resource in the consideration of competing priorities – the balance of preventive work versus crisis care 3. Changing landscape of provision, development of Project Fusion as two key providers come together.
POLICY FRAMEWORK IMPLICATIONS	
25.	None

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Outcomes

Documents In Members' Rooms

1.	None
----	------

Equality Impact Assessment

Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	ESIA already completed for the CYP strategy
---	--

Data Protection Impact Assessment

Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.	No
--	-----------

Other Background Documents

Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
-------------------------------------	---

1.	None
----	------

This page is intentionally left blank

Outcomes for each of the C&YP Strategy Priorities

Each of the 4 priorities and their outcomes are listed below:

Priority 1: Good start in life outcomes

- Children and young people will have the best start in life
- Vulnerable families are identified early and supported
- All children are supported to reach their full potential and achieve their aspirations

Priority 2: Live safely outcomes

- Services will work together to improve lives and outcomes for all children, young people, and their families
- All children and families get the help they need at the earliest opportunity, within their own communities
- All children and young people, live safely within their homes and families
- Organisations supporting all children and families will work to a common practice framework
- All children and young people will be at the heart of our response
- Young people at risk of harm in the community will receive effective help and protection.

Priority 3: Be happy and healthy outcomes:

- Improving lives of all children
- Children and young people have positive social, emotional, and mental health
- Ensure education settings are inclusive and promote the wellbeing of pupils and staff
- Children and young people adopt healthy attitudes and habits and enjoy physical activity and healthy eating in everyday life for benefits to their physical and mental health
- Children and young people have a positive, informed approach to risk taking
- Children and young people can participate and have a voice
- We will ensure that the transition for young people with specific needs from children to adult health and social care services is seamless and that they do not go without services because they reach a specific age.

Priority 4: Learn and achieve outcomes:

- Focus on improving educational progress and attainment
- All children and young people experience suitable, high-quality education that meets their individual needs and enables them to achieve their aspirations
- All young people are provided with suitable and high-quality post-16 education, employment, and training
- Work in partnership with education providers to raise standards for all children and young people
- Provide sufficiency of high-quality early years and school places

This page is intentionally left blank

Agenda Item 7

DECISION-MAKER:	Health and Wellbeing Board
SUBJECT:	Integrated Care Partnership Interim Integrated Care Strategy
DATE OF DECISION:	8 March 2023
REPORT OF:	Cllr Fielker, Cabinet Member for Health, Adults and Leisure

<u>CONTACT DETAILS</u>			
Executive Director	Title	Chief Strategy and Transformation Officer Hampshire and Isle of Wight Integrated Care Board	
	Name:	Caroline Morison	Tel: 023 80
	E-mail	caroline.morison@nhs.net	
Author:	Title	Director of Partnerships/Senior Strategic Partnership Lead	
	Name:	Ros Hartley/ Fran White	Tel: 023 80
	E-mail	Ros.hartley1@nhs.net / f.white1@nhs.net	

STATEMENT OF CONFIDENTIALITY
None
BRIEF SUMMARY
<ul style="list-style-type: none"> This report sets out the progress since December on the Interim Integrated Care strategy and an update on the delivery of the Interim Integrated Care strategy priorities. <p>Background</p> <ul style="list-style-type: none"> Southampton City Council is part of the Hampshire and Isle of Wight Integrated Care System, which was set up in July 2022 as part of the new Health and Social Care Act 2022. The Integrated Care system sees the formation of two new statutory health and care components, the Integrated Care Board and the Integrated Care Partnership. Integrated Care Partnerships are formed of upper tier local authorities and member(s) of the newly formed Integrated Care Board. The partnerships can choose to co-opt other members. Their primary purpose is to develop the Integrated Care Strategy for the Integrated Care System and to oversee and ensure the delivery of this strategy. Whilst the Integrated Care Partnership is still in formation, there was a national requirement that Integrated Care Partnerships write an Interim integrated care strategy by December 2022. Work has been ongoing over the last year, alongside partners in Local Authorities and other partners (e.g., Fire and Rescue, Police, Voluntary and Community Sector, Healthwatch, Local residents etc.) to build a case for change based on local evidence and insight

in order to develop the strategic priorities for health and care in the Hampshire and Isle of Wight System.

The Interim Integrated Care Strategy development and delivery

- The purpose of the Integrated Care Strategy is to describe our ambitions and priorities across the Hampshire and Isle of Wight system where we can achieve tangible benefits by working together as a new, wider partnership across the system. It should build on the work of the Local Health and Wellbeing Boards, should not duplicate, but set priorities where joint working, beyond place, is most helpful.
- The Interim strategy was published in December 2022. Since December, the Integrated Care Partnership has held several workshops across partner organisations, including colleagues from organisations in Southampton City to determine what can be delivered in partnership under each of the five priority areas.
- This culminated in an ICP assembly on 8 February which started to prioritise what the partnership could deliver at scale and in partnership, recognising that much of the work is either already ongoing at place through the work of health and wellbeing strategies. Each priority area identified several partnership deliverables which could be started within the year and noted several considerations and projects which needed longer term consideration. Some priority areas also identified partnership structures (e.g., the HIOW Children and Young People partnership board) which exist across the HIOW system already where the work could be taken forward. Work is now ongoing with those programmes to develop delivery plans for 23/24.
- The Assembly on 8 February also included discussions about the vision of the Integrated Care System and the associated behaviours that would be required to enable partnership working across the Hampshire and Isle of Wight geography. The outputs of these workshops are being collated to develop a vision statement for the ICS and a charter of behaviours for the Partnership which will be further tested and engaged on in the lead up to the first joint ICP committee on the 11th April.
- The Integrated Care Partnership is establishing the governance support required to ensure the partnership is successful and the delivery of the strategy. Two focus groups have been held in January and February 2023 to work through the detail of how the Integrated Care Joint Committee would work including chairing, quoracy, membership and frequency.
- Following these conversations, a number of actions have been identified to ensure that the Integrated Care Partnership Joint Committee is governed effectively. A proposed terms of reference is being drafted for the first ICP Joint Committee which will include proposals on membership, chairing arrangements, quoracy, frequency and voting for the committee.
- The Joint Committee for the Integrated Care Partnership will then formally start to meet on a regular basis.

- In recognition of the discussion at the Southampton Health Overview and Scrutiny panel around dental services in the city. One of the advantages of working together across an ICS geography is that we will have more autonomy over local services. We know Southampton’s residents continue to struggle to access dental services, and this is partly due to the existing health inequalities which already exist in the city. We also know that the proportion of our population accessing dentistry services across the city is slightly lower than other parts of Hampshire and Isle of Wight. However, the improvements to access following the closedown during the pandemic is on the same trajectory as the rest of Hampshire and Isle of Wight. Working as an ICS gives us an opportunity to work together to improve services locally and we will need to collectively focus on improving oral health of our local population.

RECOMMENDATIONS:

	(i)	To note and support the direction of travel as outlined in the interim strategy
	(ii)	To seek views from the board on how we ensure that the Southampton City Health and Wellbeing Board are part of the continuing development and delivery of the priorities.

REASONS FOR REPORT RECOMMENDATIONS

1.	The strategy has been developed in partnership with local authorities; the Joint Strategic Needs Assessment and Health and Wellbeing Strategy for Southampton City alongside those of our other local authorities have been used to inform the case for change and priorities. The strategy has been developed in close partnership working with the Directors of Public Health from the local authorities to ensure that it builds on and supports the work ongoing at a place level. To ensure the effective delivery of the strategy, it is recognised that partnership working with our Health and Wellbeing Boards will be vital.
----	--

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2.	Not applicable
----	----------------

DETAIL (Including consultation carried out)

3.	Please see attached the current version of the Interim Integrated Care Strategy.
----	--

RESOURCE IMPLICATIONS

Capital/Revenue

4.	There are no resource implications inherent in supporting the Interim Integrated Care strategy.
----	---

Property/Other

5.	There are no property or other implications.
----	--

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

6.	Health and Care Act 2022
----	--------------------------

Other Legal Implications:

7.	None
RISK MANAGEMENT IMPLICATIONS	
8.	None
POLICY FRAMEWORK IMPLICATIONS	
9.	None

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Interim Integrated Care Strategy

Documents In Members' Rooms

1.	None
----	------

Equality Impact Assessment

Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	No – ESIAs are carried out at an individual project level
---	--

Data Protection Impact Assessment

Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.	No
--	-----------

Other Background Documents

Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None

HAMPSHIRE AND ISLE OF WIGHT

INTEGRATED CARE STRATEGY

December 2022

This document sets out our interim strategy with five agreed priority areas to drive forward the next phase of our work together. It will be further reviewed, developed and refined through 2023.



This interim strategy has been jointly developed by partners and stakeholders from across Hampshire and Isle of Wight

The integrated care partnership is responsible for setting the strategy for health and care in Hampshire and Isle of Wight to meet local healthcare, social care and public health needs. We will continue to work with new and existing partners to further develop and deliver our strategy. This interim strategy has been jointly developed by partners and stakeholders, including:



Contents

Introduction

Page 4

Context

Page 8

Our strategic priorities

Page 13

Delivering the strategy

Page 21

To jump to individual sections, please hover over the section title above, then Ctrl+ click to follow the link

Page 35

Foreword	Page 4
Developing our strategy	Page 5
Selecting our priorities as a partnership	Page 6
Our strategy on a page	Page 7

The population we serve	Page 9
The issues that affect our health and wellbeing	Page 10
The challenging environment in which services are operating	Page 11
Working with local communities	Page 12

Working in partnership	Page 14
Children and Young People	Page 15
Mental Wellbeing	Page 16
Good health and proactive care	Page 17
Key enablers	Page 18
Our people (workforce)	Page 19
Digital solutions, data and insights	Page 20

Our four places	Page 22
Our integrated care System	Page 23
Our strengths-based approach	Page 24
Developing our learning system	Page 25
Benefitting broader society and environmental sustainability	Page 26
Funding and finance	Page 27
Implementation and iteration	Page 28

Foreword

Building a better future together

The Hampshire and Isle of Wight integrated care partnership is committed to improving the health, happiness, wealth and wellbeing of the population. Building on our strong track record of working together as partners and with local people, we look to the future with great optimism. We are united in our work with people and communities, creating a society in which every individual can thrive throughout the course of their life, from birth to old age. Our mission is to deal with the pressures and challenges of today, seize opportunities and together build a better future.

Through working closely with local communities, we know that people want improved health and wellbeing, as well as:

- More choice and control over their own health and wellbeing
- Easier access to services and resources, and when they need it – the right support and care, in the right place, and the right conversations, at the right time.

This strategy focuses on the some of the wider factors which impact on our lives and health more broadly, and drive our need for support, health and care services. In 'healthcare' terms, we know that getting appointments with a dentist, GP and access to emergency care is a significant concern. There are short and long term things we are doing to address this. The healthcare system's 'joint forward plan' due in April 2023, will focus on the more targeted actions we need to take to improve access and the effectiveness of our healthcare services.

As a new partnership, we will initially focus on the following five priorities:



Providing better joined up services in Hampshire and Isle of Wight

This strategy is ambitious; set against a challenging backdrop. Local people are experiencing widening inequalities, varied access to services and in some cases, poor experiences of health and care support. Covid-19 and increases to the cost of living have placed additional pressure on households and individuals, voluntary, community and public sector resources including education, housing, fire, police, social care and health services. Demand for health services is increasing more quickly than funding and more quickly than we can recruit and train staff. Funding levels in social care have been repeatedly cut for over a decade, whilst care demands have continued to rise. The November 2022 Autumn Statement is positive for health and care finances but challenges remain. Rising inflation, increasing energy prices and government fiscal policy place additional pressure on already overstretched services.

We know too, that staff across our various organisations continue to work incredibly hard under continued strain and that the impact of the pandemic is far from over. Recruiting, developing, supporting and retaining staff across all partner organisations is a core strategic priority for us as a partnership.

It is vital that we work on our priorities together to improve health and wellbeing

We are embracing the opportunity to better coordinate our work together. We are committed to working differently, and more closely together, to explore new innovations and options to make best use of the collective resources available. This interim strategy is a strong first step and will continue to evolve and build momentum over time.

We would like to thank the huge number of colleagues and members of our local communities for their input in shaping this interim strategy and their ongoing commitment, input and support.

Developing our strategy

Information and people involved in shaping this strategy

The views of local people and other stakeholder insights

Healthwatch, Hampshire Together and Isle of Wight public engagement, workforce and digital strategy coproduction, community engagement events, staff engagement, co-design workshops, focus groups, surveys, Members of Parliament

Joint strategic needs assessment and Health and Wellbeing Board strategies

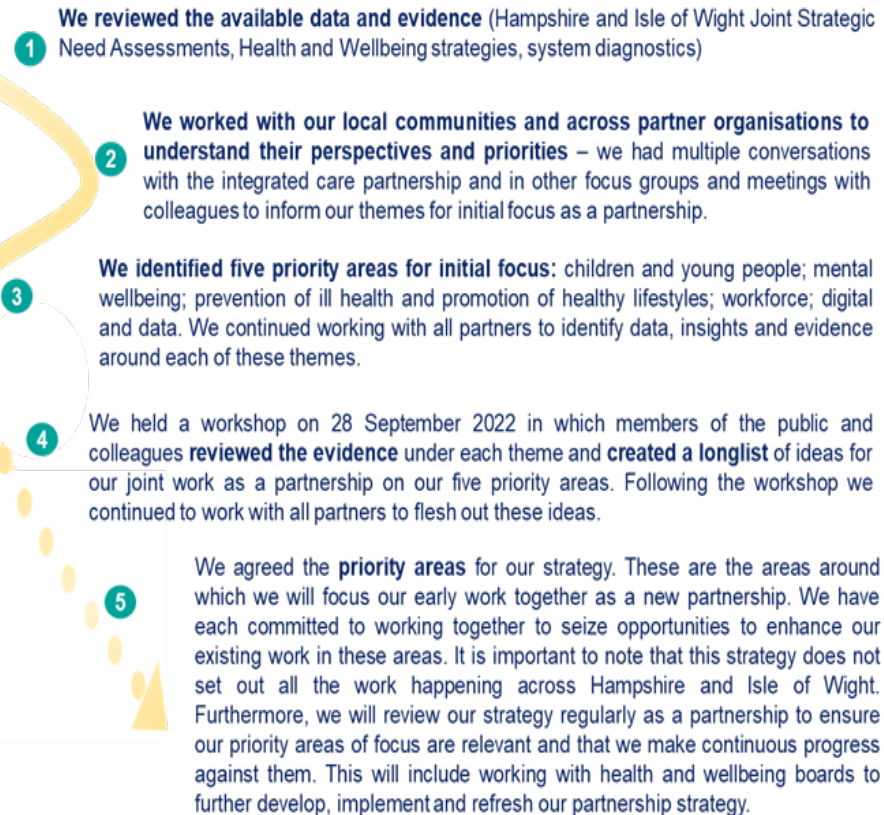
Portsmouth, Southampton, Isle of Wight and Hampshire joint strategic needs assessments and strategies, plus the combined system wide needs assessment and covid impact needs assessment

Partner perspective, priorities and strategies

Councillors; governors; public health; voluntary sector; strategy, workforce, finance, nursing, medical and other health & care professionals; fire; police; education; adult & childrens services; housing; clinical cabinet; prevention & inequalities, digital, quality & transformation boards; system chiefs; Health & Wellbeing Boards

Other data, evidence and information

Marmot Review, Care Quality Commission, NHS Staff Survey, Hospital Episode Statistics, financial & workforce returns, NHS payments to General Practice, Skills for Care workforce estimates, reference costs, Office for Health Improvement and Disparities; Office for National Statistics



- This strategy:**
- ✓ builds on **work already completed** (including the joint strategic needs assessments and health and wellbeing strategies)
 - ✓ focuses on **better integration of health, social care, wider public sector and voluntary sector services**
 - ✓ sets priorities for joint working where **collective working (beyond local places) is most helpful**
 - ✓ is **co-developed** with a wide range of partners
 - ✓ has regard to the NHS Mandate 2022-23
 - ✓ will **be updated regularly** to reflect the changing needs of local people and opportunities to work even more effectively together

This interim strategy provides a strategic direction and key commitments at a headline level. It is not a detailed operational plan. Our local authorities and the NHS are required to give full attention to this interim strategy in considering how we plan, commission and deliver services. For example, the integrated care board and NHS partners will take into account this interim strategy when developing more detailed delivery plans to support the national requirement for a five-year NHS 'joint forward plan' by April 2023.

To read the joint strategic needs assessments, please visit:
Hampshire: [Joint Strategic Needs Assessment \(JSNA\) | Health and social care | Hampshire County Council \(hants.gov.uk\)](#) **Isle of Wight:** [JSNA - Overview - Service Details \(iow.gov.uk\)](#)
Southampton: [Joint Strategic Needs Assessment \(JSNA\) \(southampton.gov.uk\)](#) **Portsmouth:** [Joint strategic needs assessment - Portsmouth City Council](#)

Selecting our priorities as a partnership

We codeveloped the following strategy design principles to support us as a partnership, in deciding which priorities we should include in our strategy:

- ✓ People and communities have told us are important to them
- ✓ Address the root causes of what affects people's health and quality of life
- ✓ Address health inequalities
- ✓ Address at least one of the following points:
 - Making care and services more joined up for people
 - Making it easier for people to access the services they need
 - Giving people more choice and control over the way their care is planned and delivered
- ✓ Affects more than one geographical area (i.e. place) and warrants a system-wide focus. (If the priority area only affects one place then it is better sitting in a local health and wellbeing strategy)
- ✓ Are supported by a strong, evidence-based case for change – for example there are currently poor outcomes in this area
- ✓ Need all system partners to work together to tackle them and make best use of our combined capacity and capabilities
- ✓ Are recognisable and relevant to all system partners and support existing strategies
- ✓ Are within our gift as a partnership to impact.

The intended impact of our strategy

Ultimately, the aim of our work together as a partnership is to improve the health, happiness, wealth and wellbeing of the local population.

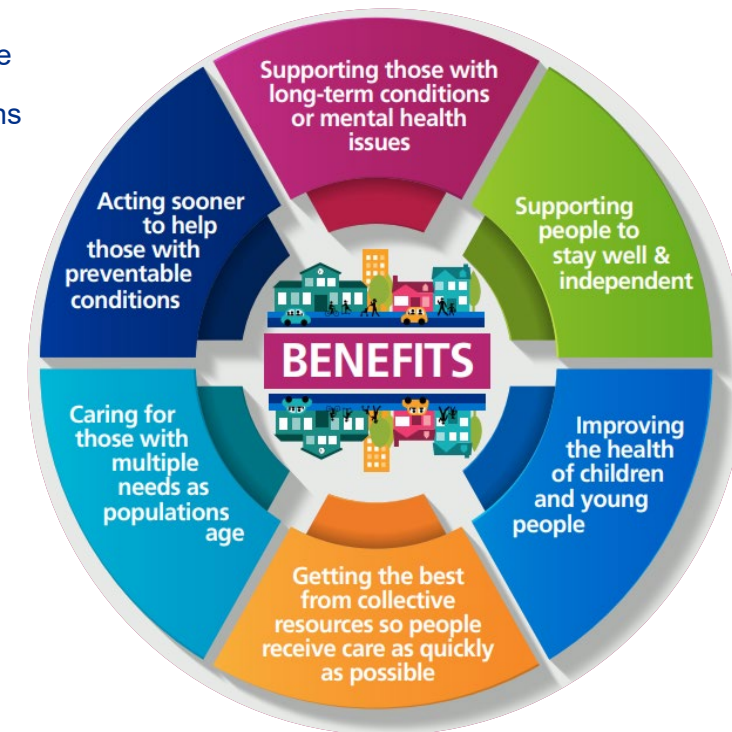
In doing so, over the medium to longer term, this will:

- Reduce the demand for health and care services
- Enable us to further improve the quality of service we provide
- Relieve pressure on the people who work in our organisations
- Enable us to live within our financial means

Alongside our work as a whole system partnership, various partners will continue to work together to do all they can to meet the health and care needs of local people in increasingly effective ways. This includes:

- Partnerships in each of our places, ie: Hampshire, Southampton, Isle of Wight, Portsmouth and at neighbourhood level;
- Partnerships working with people with very specific needs, for example around housing;
- Collaboration within 'sectors', eg: primary care, acute hospital trusts and the voluntary and community organisations

In combination, our efforts will deliver the benefits shown right.



OUR STRATEGY ON A PAGE



Page 39

OUR PRIORITIES AND KEY AREAS OF FOCUS:

Focus on the “**best start in life**” for every child in the first 1000 days of their life

Improve **access and mental health outcomes** for children and adolescent mental health services

Better connect people to avoid **loneliness and social isolation**

Promote **emotional wellbeing** and **prevent psychological harm**

Improve mental health and emotional resilience for **children and young people**

Improve **social connectedness**

Provide **support in community settings** for healthy behaviours and mental wellbeing

Ensure **equal importance** is given to mental wellbeing and physical health



Work with schools and other key partners on prevention and early intervention

Continue and develop our **trauma-informed approach**

Co-locate services to enable a **family-based approach**

Further develop a **joint children's digital strategy**



Focused work to **prevent suicide**

Improve access to **bereavement support**

Address **inequalities in access and services**

Support the **mental health and wellbeing of our staff.**



Provide **proactive, integrated care** for people with complex needs

Minimise potential health and wellbeing **impact of cost of living pressures**

Support **healthy ageing** and people living with the impact of ageing

Combine resources around groups of **greatest need**



Evolve our **workforce models** and building **capacity to meet demand**

Ensure the availability of the **right skills and capabilities**

Ensure people who provide services are **well supported and feel valued**

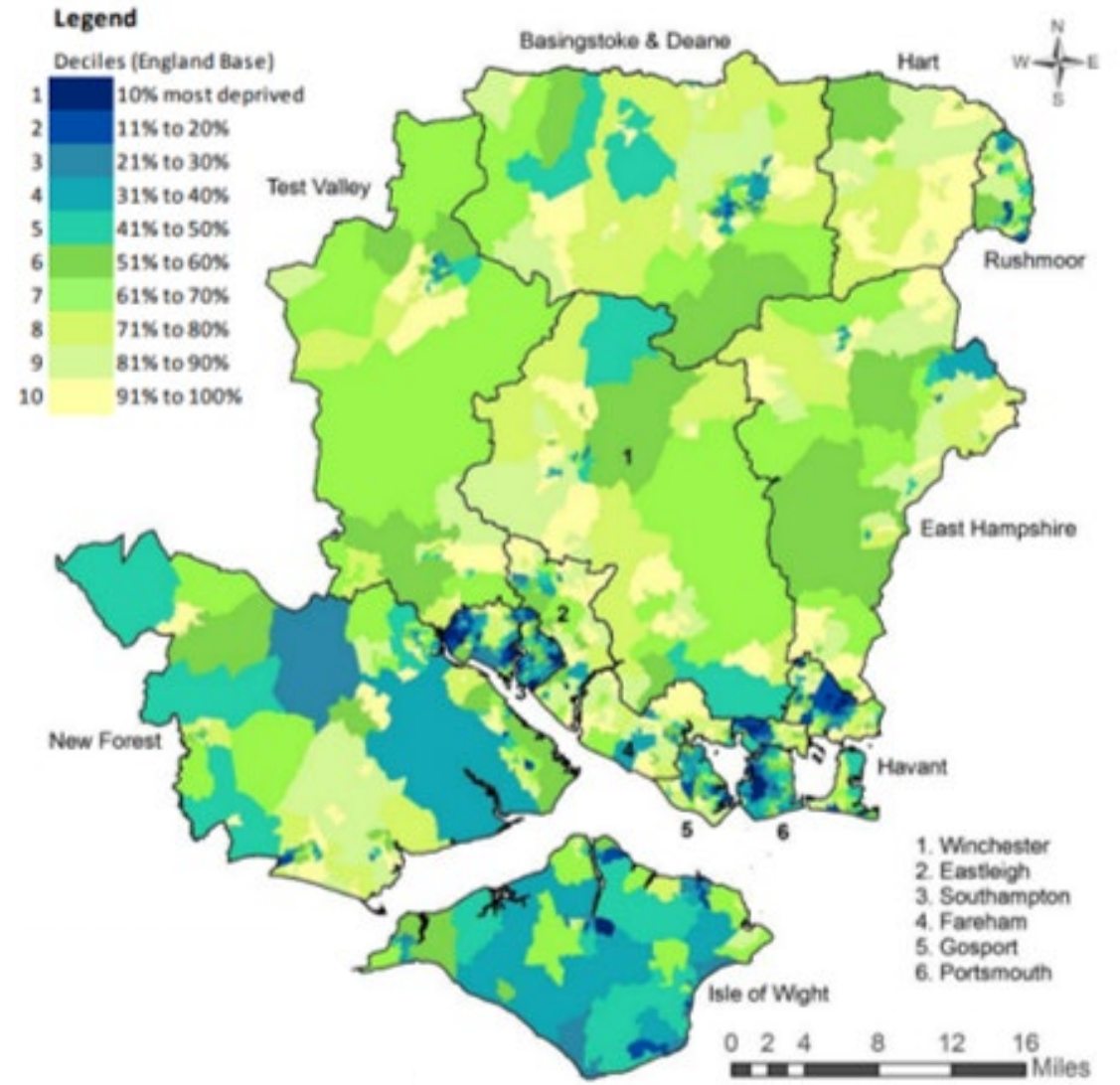


Empower people to use digital solutions

Support our **workforce**

Improve how we **share information**

Continue to improve our **digital solutions**



The population we serve



The Hampshire and Isle of Wight integrated care system is the 10th largest of the 42 systems across England. Our four places – Hampshire, Portsmouth, Southampton and Isle of Wight - are the foundation of our system.

Overall, our population is ageing and living with increasing frailty and multiple health needs, especially in rural areas, particularly west Hampshire and the Isle of Wight. In urban areas such as Southampton, Portsmouth, and north-east Hampshire, the population is more ethnically diverse compared to the rest of the area (overall 93.8% white). There are also higher levels of deprivation and mental health vulnerability in these areas. The age of people living on the Isle of Wight is similar to other places popular with retirees, but more people live alone. We also have coastal communities; 92.7% of the Island's population are resident in areas defined as coastal. These areas have lower life expectancy and higher rates of many diseases in comparison to non-coastal areas.

In Hampshire and Isle of Wight, healthy life expectancy has decreased in most areas, meaning people are living more of their lives in poor health. This is particularly the case for people living in the most deprived areas. Smoking, poor diet, physical inactivity, obesity and harmful alcohol use remain leading health risks, resulting in preventable ill health.

Health Inequalities

Health, as well as people's experience of public services, vary depending on where a person is born and lives as an adult, their level of income and education and factors such as ethnicity, gender, age and sexuality. This is known as experiencing **health inequalities**; addressing these inequalities in Hampshire and Isle of Wight is a priority that runs throughout this strategy. Some people and communities experience significantly poorer **access, outcomes and life expectancy** than the rest of our population. In Hampshire and Isle of Wight we see:

- Higher levels of emergency care compared to the rest of England, especially in more deprived areas, where access to primary care, outpatient and planned care are lower.
- Deaths from cancer, circulatory and respiratory diseases are the greatest causes of the differences in life expectancy between the most and least deprived. More deprived areas see higher levels of heart disease, diabetes, chronic obstructive pulmonary disease and mental health issues. People living in these areas are also more likely to experience not just one, but multiple ongoing health conditions.
- A boy born in our most deprived areas will live on average between 6.1 years to 9.1 years less compared to a boy born in our least deprived area, and for a girl, between 2.3 years to 5.5 years less.
- Covid-19 has created additional health and social care needs and disproportionately impacted people living in more deprived areas, people with learning disabilities, older people, men, some ethnic minority groups, people living in densely populated areas, people working in certain occupations and people with existing conditions.
- Premature mortality in people with severe mental illness is higher than the national average on the Isle of Wight, Southampton and Portsmouth.


Looked after children
3.95x higher

Across Hampshire and Isle of Wight, the most deprived 20% of residents see higher rates in the following areas than the least deprived 20% of residents:


Child poverty
4.84x higher


Claimant count
5.06x higher


Recorded crime rates
3.02x higher


New IDVA (domestic violence) referrals
5.58x higher

The issues that affect our health and wellbeing

People are dying due to preventable and avoidable ill health and there are wide inequalities in life expectancy. Almost every aspect of our lives – our jobs, homes, access to education, public transport and whether we experience poor attachment in early years, trauma as a result of adverse childhood experiences, poverty, racism or wider discrimination – impacts our health and, ultimately, how long we will live. These factors are often referred to as **the wider determinants of health**.

Page 42



source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute in US to rank countries by health status

Long term conditions: Around 30 per cent of all people with a long-term physical health condition also have a mental health problem with a higher proportion reporting high levels of anxiety

Housing: Those in rented accommodation are more likely to feel lonely often, especially in 16–24-year-old population groups

Health behaviours: Adults with depression are twice as likely to smoke as adults without depression. People with schizophrenia are three times more likely to smoke than other people and tend to smoke more heavily.

Social connectiveness: Those with an underlying health condition more likely to feel lonely often – especially in the younger 16–24-year-old population groups

The impact of deprivation

On average, people in the more deprived areas of Hampshire and Isle of Wight live a shorter life than those in the least deprived areas (**3 years less for men and 2.8 years for women**). They are also more likely to spend more of their life in poor health. Portsmouth and Southampton see greater levels of deprivation, ranking 57 and 55 out of 317 local authorities in England (where a ranking of 1 = the local authority with the highest level of deprivation).

Hampshire is among the least deprived authorities although there are areas that fall within the most deprived areas in the country. 10% of children in Hampshire aged 0 to 15 years are living in income deprived families, and 9% of residents aged 60 or over experience income deprivation

Isle of Wight is the 80th most deprived authority in England. 92.7% of the population are resident in areas defined as coastal, which have lower life expectancy and higher rates of many diseases in comparison to non-coastal areas (Chief Medical Officer's Report, 2021). Just over half the population of the Island lives in area which are in the three deciles of highest deprivation.

Portsmouth is ranked 57th most deprived authority in England. 13% of Portsmouth's population live in the 10% most deprived areas nationally, and over 60% are in the most deprived two quintiles. 25% of households in Portsmouth are in relative poverty. In 2019/20 17% of children were in absolute low-income families (before housing costs). This varies from 29% of children in the most deprived ward to 7% of children in the least deprived ward.

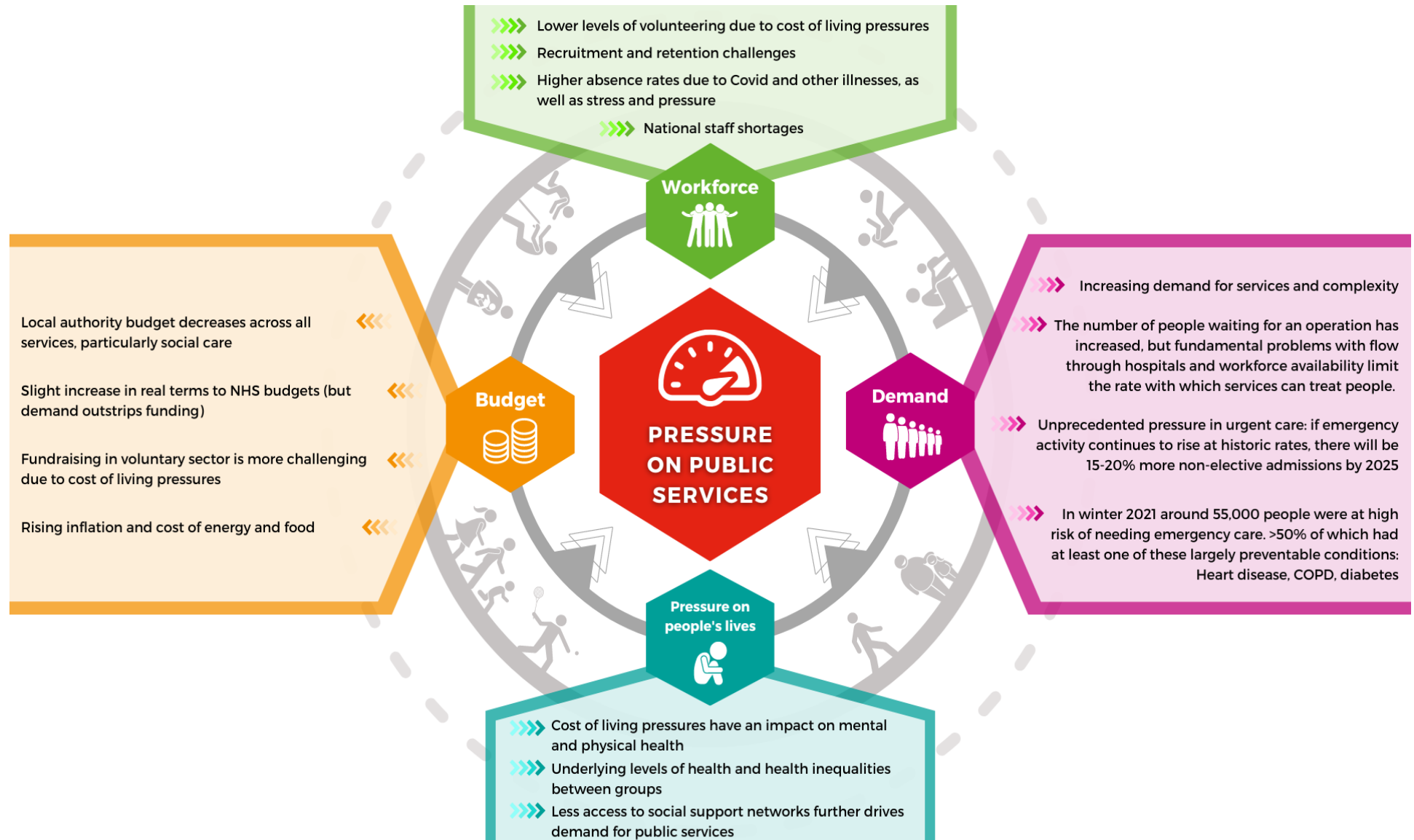
Southampton is ranked 55th most deprived authority in England. 28% of Southampton's population live in neighbourhoods within the 20% most deprived areas nationally.

The challenging environment in which services are operating

Our strategy is set in the context of an increasingly difficult environment for all partner organisations. Addressing the issues that affect people's health and wellbeing in such a challenging environment requires us to think differently. This strategy is not about simply doing more, it is about taking a radically different approach.

Page 43

Meeting these challenges requires looking in new ways at the workforce we have, including new staffing models and the ability for staff to create meaningful career paths across organisations and professions. For our staff to provide excellent care to local people, they need to feel well looked after and supported and have access to opportunities to grow their skills and talents.



We are working with local communities to understand what is most important to them

In developing this strategy, we have reflected on insight from our local communities, which partners across the partnership have sought in a number of ways. We considered the below in creating our strategic priorities.

What we did



Surveys on a range of topics, online and face to face, in clinical and community settings, with many directly targeted to different local communities



Co-design groups, workshops and events on topics such as our community involvement approach, digital transformation and the development of the new integrated care partnership



Attended local community events, both in person and virtually



Discussed issues at regular integrated care board and other groups with representatives from across communities



Focus groups on a range of topics



Funding partners such as Healthwatch and community groups to undertake targeted research



Engagement programmes to support procurement and transformation plans

What we heard



People want more join up between different services, from GPs to hospitals to social care; education and housing too



People want to be more involved in how their care is delivered, to have better communication with health and care services, and be clearer about what is available to them



Access is an issue, with people identifying the need for more specialist access and shorter waiting times, and more consistent support services across our geography



Whilst people say digital technology has its benefits, it is important to ensure that no-one is left behind. Face to face appointments are still highly valued



Cost of living is a concern across the system. Also people see opportunities to improve and expand the health and care workforce including use of volunteers



Other issues weigh on people too. For example, in rural areas, equipment and plant theft are big concerns. In urban areas people are concerned with protecting their homes and property



Carers and young carers support, and greater collaboration with schools, primary care and other health services is vital

Our strategic priorities



Core to our strategy: a new way of working together in partnership

We are thinking and acting beyond the core services we deliver (and the way we currently deliver these services) to focus on improving the overall wellbeing of our population. Links between our services and the way people access them, and 'flow' through them –make a big difference to experiences, outcomes and the efficiency of these services.

How will we deliver improved outcomes?

- Through a radically different and more ambitious partnership approach to supporting people to build health, happiness, wealth and wellbeing, recognising the importance of the wider determinants of health and focus on reducing health inequalities.
- Providing high-quality **care and support for our population** built on collaboration between all partners removing any artificial divides and using our collective resources to best effect, making decisions based on data, intelligence and insight
- Promoting greater **community empowerment**, based upon a strengths-based and trauma informed approach which listens to and works alongside communities.

What are we focusing on?

Five priority areas emerged from our initial assessment of data and understanding insights from people, communities and colleagues – see below.

Working together in our new partnership, we will initially focus on these five priority areas:



How will we work as a partnership?

On 28th September 2022 we held an event with a wide range of stakeholders, who will be involved in the integrated care partnership moving forward, to shape our priorities. We developed a set of principles for our work as a partnership, set out below.

The integrated care partnership will:

- Use the voice of the public, communities, people that use services, and our staff to shape our work
- Use evidence on which to base our decisions, looking critically at the wider determinants of health inequalities, innovative and evaluative in our approach
- Focus on where we can make improvements and the experience people have of all our services, making changes centred around local people and populations
- Keep engaging and involving people across the system so that:
 - our priorities are co-produced and all partners have an opportunity to shape them;
 - we understand the priorities driving each of our partner organisations;
 - all partners can recognise the importance and relevance of whole system strategic priorities.
- Not seek to detract from organisations' existing strategies or health and wellbeing board plans. Our work should supplement and support existing plans and strategies.
- Use clear language to describe our work.

Based on these principles, we will develop the "Hampshire and Isle of Wight way":



What have we heard from our communities and partners?

“Children and young people are our first priority; they are the future of Hampshire and the Isle of Wight”

- “We know if you get it right in the first 1,000 days, then the chances of positive outcomes are massively increased”
- “If a child enters school with a health inequality, this gap is likely to never close”
- “Adverse childhood experiences can lead to trauma, which may increase the risk of cardio-vascular disease, poor mental health, obesity, not educated, repeat victim and perpetrator – if we can work together on it will really benefit us”
- Young carers are cut off and potentially suffering from social isolation

The outcome we want to achieve: We want all children to have the best possible start in life, regardless of where they are born, and have positive physical, emotional and mental wellbeing.

Areas for improvement

- **Best start in life:** Many babies and mothers missed out during the pandemic, which exacerbated health inequalities and led to increasing obesity, mental health issues and missed vaccinations.
- **Obesity:** the England average is 9.9% in reception year - children on the Island and Portsmouth are above this, and Southampton is 9.9%. The British Medical Journal reports hospitalisation, illness and avoidable long term conditions could be reduced by 18% if all children were as healthy as the most socially advantaged.
- **Mental health:** Children whose parents have a mental health disorder, those in a family with unhealthy family functioning, and/or in lower income households are more at risk of developing a mental health disorder. 16,485 children and young people accessed NHS funded mental health services in 2021/22 (37% more children than in 2019/20). When compared to their peers, children under the care of mental health services are almost 20 times more likely to enter the judicial system. We've seen a 295% increase in referrals to children and young people inpatient services since the start of the pandemic (over 50% of this for specialised eating disorder services)
- Increases in **Education Health and Care Plans** for children with Special Educational Needs and Disabilities.
- **Looked-after children and young people** have poorer outcomes including mental and physical health, education and offending rates.

What do we know works?

- If children and families **get the best start during pregnancy and in a child's first 1,000 days** of life, then the likelihood of that child going on to achieve more through education, maximise their potential and lead healthy independent lives increases.
- **Intervening early**, redirecting resources towards prevention and working restoratively with families and individuals supports them to build on their own strengths and resilience to improve their lives. Family hubs provide additional resource in three geographies to extend and deepen family support programmes and support parents early on in their parenting journey
- **Strong integrated pathways of support** eg: there is strong evidence in Portsmouth that children want school based support on healthy lifestyles and mental health support. Early support for child emotional wellbeing including schools based programme - e.g. My Happy Mind.
- **Peer support** groups for pregnant women and their families
- Focused, family-based multi-professional support for **children with neurodivergence**.

Our areas of focus as a new partnership

Building on what we know works, and further research and innovation, we will work together to explore what more or different we can do in:

- Focusing on the **“best start in life”** by ensuring families receive good care and support (including for their mental wellbeing) during pregnancy and in the first 1,000 days of a child's life
- **Improving access and mental health outcomes** for children and adolescent mental health services
- **Working with schools and other key partners on prevention and early intervention** to reduce the risk and increase protective buffers at an individual, relationship, community and societal level, e.g.: encouraging physical activity to support mental and physical health. Focus on direct causes of ill health and wider determinants of health and wellbeing. Meeting the health needs of vulnerable groups including ‘looked after children’, care experienced young people and reducing violence against women and girls.
- Continuing our **trauma-informed approach** led by Public Health, Police and Crime Commissioner and Hampshire and Isle of Wight Constabulary
- **Redesigning and co-locating services** to enable a family-based approach to accessing services, co-designed with parents and carers to ensure a ‘whole family approach’
- Further developing a **joint children's digital strategy**

What are the benefits for:

Local people: reduced health inequalities, improved mental health and wellbeing (reduced anxiety, reduced suicides, reduced eating disorders) and physical health, improved educational attainment, better inclusion and engagement in schools, societal benefits e.g. reduction in crime

Our staff: reduced pressure and increased satisfaction at work

Partners: positive impact on society and the economy, reduced demand for services in the future.

What have we heard from our communities and partners?

“The non-clinical route into mental health and wellbeing support is just as important as the clinical route”

- Prioritising and promoting mental health and wellbeing is a priority across all partners, for all population age groups
- “Focus on illness is too strong and should be more of a focus on wellness”
- “Secondary care in mental health is just the tip of the iceberg - there needs to be many rafts of supporting scaffolds in place”
- “We need to challenge ourselves that access is the same and equitable”, and continue to improve parity of physical and mental health
- We need to state tangible solutions with ambitious targets and do a few things well

The outcome we want to achieve: improve the population’s mental health, emotional wellbeing and physical health, by focussing on prevention and working more closely with communities in the provision of excellent, equitable, joined-up services, care and support.

Areas for improvement

- **Prevalence of mental health conditions varies across our geography**, e.g. the Island has the highest prevalence of severe mental illness, followed by Southampton and Portsmouth
- **Mental health problems have greater and wider impact in some groups than others**, e.g. the largest proportion of the population claiming Employment Support Allowance due to mental health problems is those aged 18-24yrs; impacts are inequitable in deprived and ethnic minority communities
- **Waiting times are below the national average and peer top quartile for some services**, e.g waiting times for children and young people, people living with a serious mental illness who have not had their regular ‘physical health check’ in primary care, and below national targets for improving access to psychological therapies and dementia diagnosis
- **There is a mismatch between the needs of population and the capacity of services**, and this varies across our system, so some people more impacted than others
- **Far reaching mental health impact of Covid19 still to be fully realised**; but has exacerbated inequalities for marginalised people/groups, especially those struggling with their mental health and wellbeing before the pandemic.

What do we know works?

- **Collaboration and determined focus on prevention and early intervention** e.g. Isle of Wight’s Mental Health Alliance, partnering between Shout mental health text service & 111 Mental Health Triage Team, social prescribing.
- **Single points of access and ‘no wrong door’ approaches** - through join up between local authorities, primary care and voluntary care / social enterprises, improve the quality and availability of urgent care
- **Lessening the stigma around mental health and wellbeing** – coordinated communication campaigns between services / organisations e.g. ‘Its OK not to be OK’
- **Digitally enabled support and care**, e.g.: psychological therapies and advice and information
- **Adopting ‘outreach’ approaches** through other healthcare interactions e.g. dentists, opticians to identify individuals who may be at risk
- **Expanding access to support in local communities** via innovation between partners e.g. co-location of services, mobile/pop up support in ‘trusted’ places where people live or gather e.g. Hampshire Homeless Health Teams, Joint work with Faith Leaders (Covid 19 Vaccination)

Our areas of focus as a new partnership

Building on what we know works, and further research and innovation, we will work together to explore what more or different we can do in:

- **Emotional wellbeing** and prevention of psychological harm - including excess morbidity and excess mortality associated with severe mental illness and promoting attachment in early years.
- **Improving mental health and emotional resilience** for children and young people, especially as they move into adulthood, and for families, parents and carers of children
- **Better connecting people** to reduce loneliness/isolation
- Focused work to **prevent suicide**
- **Improving access to bereavement support** and services
- **Addressing inequalities in access and outcomes and enabling people to navigate through services**
- Ensure people with **serious mental illness** can access the right help and support when needed
- **Provide a greater focus on support with addiction** including drugs, alcohol and gambling

What are the benefits for:

Local people: reduced health inequalities, improved mental health and wellbeing (reduced anxiety, reduced suicides, reduced eating disorders) and physical health, greater independence, and for children and young people - improved educational attainment

Our staff: reduced pressure and increased satisfaction at work

Partners: increased effectiveness, improved productivity and workforce supply (resulting from improved mental health and physical health and/or reduced caring responsibilities for others with mental health support needs), positive impact on the economy, unmet need recognised and addressed.

Good health and proactive care

What have we heard from our communities and partners?

“We need to be tackling the ‘causes of the causes’ of people’s ill health”

- If trends continue, preventable ill-health and deaths will grow, as will health inequalities and our services will become increasingly unsustainable. There is a great deal we can and are doing, but there is more we could do together
- Deprivation is often hidden in rural communities – we need to prioritise areas of greatest need/ inequality – recognising we can’t do all of this at once
- There is a role for all partners in improving health of our population, not just in terms of managing the conditions that people have already been diagnosed with, but addressing some of the wider determinants of health, so that people can live more years in better health.

The outcome we want to achieve: We want to narrow the health gaps between the richest and poorest, enable every individual to live more of their life in a state of good health, and make sure people can access resources and services in their communities to manage their own health and wellbeing.

Areas for improvement

- **Outcomes vary widely**, eg: some of the lowest avoidable and preventable mortality rates in some areas, other areas significantly above national median
- **Some people suffer poorer health and die younger**, eg: people with learning disabilities (life expectancy 14 years less for males, 18 years less for females), people who are homeless, gamblers, refugees, carers, people with mental health needs (eg: a person with schizophrenia dies up to 20 years earlier, the last 7 years in poor health)
- **The greatest contribution to life expectancy gap** between the most and least deprived is linked to circulatory diseases, cancer and respiratory diseases
- **Stagnating life expectancy improvements** particularly in the more deprived areas, (especially females). Time spent in good health has decreased
- **Impacts wider than health**, eg alcohol and drug misuse lead to higher propensity to be a victim or perpetrator of violence
- **These outcomes can be changed**, eg: smoking remains the biggest preventable killer and major contributor to health inequalities; alcohol admissions are increasing, particularly in Southampton and west Hampshire; top issues noted in patient records: 1. hypertension, 2. depression, 3. obesity
- **Feeling isolated** is linked to early death, poor health and wellbeing - social isolation is associated with a greater risk of inactivity, smoking, risk-taking behaviour, coronary heart disease, stroke, depression and low self-esteem.

What do we know works?

- **Taking a life course approach** recognising there are a wide range of protective and risk factors that influence health and wellbeing over the life span and that people's outcomes can be improved throughout life
- **Reducing health inequalities** through the life course requires a whole-of-society approach dealing comprehensively with all health determinants. We know that clinical care only contributes to 20% of an individual's health outcomes and therefore to improve our population health and wellbeing we need to focus on the other contributing factors, eg: health behaviours (smoking, diet, alcohol), socioeconomic factors (family/social support), the environment people live in (housing)
- **Promoting healthy behaviours** eg: healthy diet, healthy weight, physical activity, smoking cessation - helps with major conditions i.e. cancer, depression, dementia, diabetes and cardiovascular disease.
- **Better connecting people** (tackling social isolation) improves health outcomes and reduces the need for health services and residential care, supports employment and increases workplace productivity. Services which build on the community model of empowerment, like social prescribing, voluntary and community befriender services and local government community connector services all have positive impacts. These services can deliver up to a 68% reduction in using services; up to 88% of people who access these services have a better understanding of their community support and a 10% increase in wellbeing measures eg: connectedness to others.
- **Providing proactive, integrated care for people**, especially those with complex needs, providing care closer to home, shifting focus to prevention, and reducing reliance on support services including urgent or emergency care.
- **Core 20+5 approach** to health inequalities: focusing on the most deprived 20% of the population plus other local population groups experiencing inequalities in five clinical areas: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension.

Our areas of focus as a new partnership

Building on what we know works, and further research and innovation, we will work together to explore what more or different we can do in:

- **Improving social connectedness and support in communities** – leveraging existing community assets and empowering citizens across all stages of life, building overall community wealth
- **Providing support for healthy behaviours and mental wellbeing in community settings**; targeted approaches on evidence-based issues eg: lung health checks, vaping prevention in children, visual impairment for those with learning disabilities, reducing the direct health harm and broader population impact of unhealthy relationships with drugs and alcohol, increased physical activity
- **Ensuring equal importance is given to mental wellbeing and physical health** and tackling the stigma of mental health
- Supporting people to minimise the potential health and wellbeing impacts of **cost of living pressures**
- **Providing proactive, integrated care** for people with complex needs, including frailty
- **Supporting healthy ageing and people living with the impact of ageing**, providing bespoke support to people that may be at greater risk of poor outcomes due to old age, building prevention into pathways, eg: smoking, obesity, 5-a day, physical activity, alcohol, drugs
- **Combining resources** on housing, mental health, refugees, homeless, rough sleepers and ‘Core20+5’

What are the benefits for:

local people: no matter what a person’s circumstances are, they can be assured of dignity and security as they age; improved health, happiness, wealth and wellbeing; longer lives and increased overall years of good health

our staff: reduced pressure and increased satisfaction at work, with a focus on prevention and early intervention

partners: people living longer, healthier, happier, wealthier lives which reduces demand and unmet need, delivers efficiencies, improved effectiveness

Our people, digital technology and data are key to enabling us to deliver our priorities

Our people: the people that work across all our services are vital to the delivery of this strategy. We have a highly skilled, dedicated and committed workforce across Hampshire and Isle of Wight, including a huge contribution from volunteers and informal carers.

External factors lead to increased demands on services and the people that deliver them. People are living and working longer, necessitating radical changes in how we structure work, e.g.: flexibility, mid-career shifts, re-skilling, and delayed retirement. The health and wealth of the workforce affects the health and wealth of local people. In the NHS, 1 in 4 staff members are 'lower paid' (defined as earning up to £12.73 per hour in 2021/22, just below average UK hourly earnings). By comparison, around 4 in 5 social care employees are 'lower paid' by the same measure. Our workforce has faced unprecedented challenges over the Covid-19 pandemic and demonstrated exceptional resilience, including adopting new practices to sustain services for the benefit of local people.

Our workforce is stretched, both in Hampshire and Isle of Wight and across the country. Workforce wellbeing remains a key priority across all sectors. In June 2022 alone the NHS lost 476,900 days (nationally) to sickness and absence due to anxiety, stress and depression. As of September 2021, nearly 100,000 NHS vacant posts, and 105,000 in social care were being advertised nationally. An estimated extra 475,000 jobs are needed in health and 490,000 in social care across the country by the next decade. We recognise the imperative to re-examine the way we work and innovative delivery pathways supported by digital technology.

- ### Workforce challenges in Hampshire and Isle of Wight
- Domiciliary care workforce shortages, particularly in Isle of Wight, south-west and south-east Hampshire
 - NHS workforce supply pipelines unable to keep pace with current demand, particularly for nursing, midwifery, medical and allied health roles
 - Our workforce is not representative of the communities we serve, which might then impact on the inclusivity of services we provide
 - Staff morale and engagement scores are generally declining across the NHS.

Digital solutions, data and insights: harnessing the power and innovation of technology and information technology will help us to deliver better quality, more efficient care, closer to people's homes and communities, in a way that fits people's individual needs and lifestyles. Joining up data, technology and information systems will also support us to join up our care and improve services and support our workforce to be more efficient. It is vital that we are able to share data across our partnership that enables us to develop a shared picture of where there is greatest need and inequality. This will support new, trusting, more informed ways of working across organisations. Data held by the NHS, and generated by smart devices worn by individuals, presents opportunities to support everyone with access to their health information and personalise many more health and support interventions.

However, the complexity, cost and time it takes to introduce some new digital solutions, join up data and create insight we can act on continues to present a challenge. Additionally, most local people understand the benefit of digital solutions and shared data, but we must continue to be respectful of the views and preferences of those who still have reservations or are unclear.

For example:

Sharing patient information

A Wessex Care Records survey highlighted:

- 86% of respondents understood their information was shared for their care and treatment, but less were aware it was shared for planning services (46%)
- Respondents were positive about potential future uses such as sharing for planning and improving services (77%)
- There was less support for sharing with other organisations, i.e.: the charities/universities carrying out research (58%), other organisations, such as councils, providing care and support (53%) and companies developing new treatments (38%)

Face-to-face still highly valued

Hampshire Fire Service asked what people thought the challenges were to accessing services. Respondents said access to technology was the main barrier (46% said face to face communication was best)

Remote monitoring needs to be effective

Healthwatch England asked people about their experience of remote monitoring. People said there are many benefits to blood pressure monitoring at home, including peace of mind, feeling in control and convenience, but there are serious questions about whether the benefits of better health are being realised and gaps in GP processes need to be addressed to avoid demotivating people and missing opportunities to address blood pressure problems.

Our people (workforce)

What have we heard from our communities and partners?

“Without the workforce, none of our ambitions will be achieved”

- “We can’t do anything without our people. They need to be supported, inspired and have good access to continuous development.
- “[We need] a workforce that is engaged, empowered and always learning and striving to improve.”
- “There is the opportunity join up our training and retention offer, including creating employment opportunities for our local population to improve their health outcomes”
- Reductions in workforce puts pressure on loyal staff and shortages are getting worse across all roles
- The rising cost of living is creating downward pressure on the real wages of our workforce and making it even harder to recruit
- Our workforce doesn’t match need with some areas very well served and others (often more deprived) areas underserved
- There is some duplication in roles, especially between “first contact” staff

The outcome we want to achieve: We want to ensure we can attract, recruit and retain people with the right skills and values to enable provision of high quality health and care services for the population of Hampshire and Isle of Wight.

Areas for improvement

- Untapped resources in **voluntary and community** sector
- Increasing **sickness absence** rates, eg: NHS increased to 5.2% in June 2022; 23.2% of sickness due to anxiety, stress, depression and other mental health
- Annualised growth for the health workforce is 4% per year over the past five years, but there is still **shortfall**, NHS vacancies at 10% in south east region April –June 2022. 2021/22 NHS staff **retention** rate at 14%
- At the time of the 2011 census, there were 39,437 **unpaid carers** across our system providing for family members or friends. The total number is now likely to be much higher. However, during Covid-19, we have seen a breakdown in unpaid carer arrangements and voluntary and community sector care support is also compromised. Many of the people being supported in this way are living with long term, often life long, care and support needs. Without the amazing commitment and dedication of unpaid carers the health and care system would quickly come to a standstill.
- Shortages in one workforce group results in additional pressures on other agencies, eg a shortage of specialist mental health staff has an impact on police, who are not the most appropriate to deal with those in crises.

What do we know works?

- Concerted focus to improve **diversity, inclusivity and belonging** and the development of a universal workforce
- Collaboration in **recruitment and retention**, including international recruitment
- Making **every contact count**
- **Health and wellbeing at work**, including support for menopause and staff fast track referrals into support services
- Joining up **pathways into education** around healthy lifestyles into care, health and voluntary sector roles
- **Levelling up through employment** - securing good work is a key indicator to improve individual, and collective, health and economic wellbeing outcomes
- **Organisational development** networks across partner organisations to work together on development and share best practice
- ‘**Education to employment**’ projects working with schools and colleges
- Joint **leadership and transformation** programmes eg: Hampshire 2020 programme

Our areas of focus as a new partnership

Building on what we know works, and further research and innovation, we will work together to explore what more or different we can do in:

- **Evolving our workforce models and building capacity to meet demand:** Grow the workforce for the future by extending recruitment and working closely with education providers, building our ability to share system resources and move between organisations, harness the untapped support of volunteers and implement effective, collaborative workforce planning which accounts for labour market flows across health and care sectors and their interaction with the wider economy, designing innovative new workforce models and roles with career pathways
- **Ensuring the availability of the right skills and capabilities** to deliver, safe high-quality care.
- **Ensuring people who provide services are well supported and feel valued**, taking a system-wide approach to organisational development and support offers for our staff, including access to mental health first aid support and trauma counselling, and supporting people with unpaid caring roles, as well as improving diversity and inclusivity.

These initial actions focus on the critical issues in health and care workforce; however, the partnership is committed to workforce solutions that benefit all partners.

What are the benefits for:

Local people: better availability of staff with the right capabilities means better access to high quality services. There is a direct link between staff feeling supported and valued and being able to deliver high quality, compassionate care.

Our staff: increased fulfilment, increased job and career satisfaction, lower levels of stress, avoid duplication of recruitment and training requirements, feel able to deliver care of the quality to which they aspire, improved personal health and wellbeing.

Partners: improved workforce supply and pipeline; creation of new roles to support delivery of key priorities at place (e.g. case management). If staff shortages in one part of the system are addressed, this has a positive impact on workforce capacity across all sectors. Positive impact on the economy and wider determinants of health for local people employed locally.

What have we heard from our communities and partners?

“There is a known need for digital systems to be integrated and compatible: without this there is a decline in efficiency and collaboration”

- “A shared single picture of vulnerability is essential so that we can target activity to the sections of the population that need it most”
- “It’s about the enablers. That’s where we can get traction as a system”
- Systems are not connecting with each other: too many systems creates duplication. We are wasting time by not have the right access to the right equipment or networks to do work in real time.
- Increased awareness and concern about digital exclusion. This is not just about access to computers and the internet, but includes issues such as privacy, disability and access for carers.

The outcomes we want to achieve: 1. We want to harness the benefits that digital solutions can offer to our local people, carers and staff, ensuring they are available to everybody, regardless of age, disability or household income. 2. We want to develop our shared picture of which population groups have the greatest need – we will do this through building a rich, joint partnership data picture, and use this to develop the best services and support for the people of Hampshire and Isle of Wight.

Areas for improvement

- People are now using **digital tools for online consultations**, accessing their GP record, and to seek advice and guidance.
- **Digital exclusion** is having an increasing impact on the most vulnerable in our society. People that are digitally excluded often pay more for household bills, earn less, have lower levels of educational attainment and can suffer more from social isolation, which impacts on both mental and physical health.
- We have a **range of different IT systems** that do not all “talk” to each other.
- Our **data sets** are not yet as sophisticated or joined up as they need to be. Consequently, our activities as a partnership lack the evidence base that could be available to enable excellent decision making including individual care and service planning.
- Health and care can be **slower to adopt** digital innovation.

What do we know works?

- **Giving local people more control of their care** for example by sharing your Covid-19 status or ordering repeat prescriptions through the NHS App or viewing your latest test results and communicating with your healthcare professional via ‘patient portals’.
- **Providing users with simple secure access to the information they need**, for example by providing care homes with access to the system-wide shared care record to see any new patients history such as medications and allergies.
- **Bringing information from multiple sources together in one place** and reducing the number clicks and logins, for example with single sign on to the shared care record or through electronic patient record portals.
- **Reducing unnecessary travel time** for staff and people using services by providing secure mobile access to systems and giving people the choice of virtual consultations.

Our areas of focus as a new integrated care partnership:

Building on what we know works, and further research and innovation, we will work together to explore what more or different we can do in the following areas:

- We will **empower local people** to use digital solutions through promoting and engagement in digital services. We will provide resources and support for local people to engage in digital to ensure equity of access to all health and care services
- We will **support our workforce** to be confident and competent in using digital solutions to provide high quality care
- We will **improve how we share information** between organisations and remove the organisational, digital, data and technology boundaries created by legacy systems to better support care provision and the creation of integrated datasets to support planning.
- We will **continue to improve our digital solutions**, focusing initially on investment in shared electronic health and care records. We will explore digital innovations in improving health and modernising care and experience, including the use of apps and wearable devices

What are the benefits for:

Local people: can receive care at home, where appropriate and only need to say things once. People feel they are always involved and have control of their own care, can access care and information in a way that meets their individual needs and helps them to make choices about their own health and wellbeing. Our local people do not feel digitally excluded and can access to a range of services.

Our staff: can access equipment that is modern, reliable and fast, and helps productivity, releasing more time for providing care. Staff can review and update patient records when and where they need to, using joined up systems that talk to each other. Staff can easily communicate with colleagues across different organisations involved in the care of local people.

Partners: Reduced efficiencies by saving staff time and avoiding duplication; facilitates joined up care and services; enables real-time, consistent capturing of information which improves our understanding of people’s needs and helps decision making; enables joined up data sets to support better planning, including our population health approach.

Page 53

How we will deliver our partnership strategy



Our response to the needs of our population is primarily through our work in local places

This strategy draws upon the work of our four health and wellbeing boards and their strategies and plans in our four local places - Hampshire Southampton, Portsmouth and the Isle of Wight.

Our strategy identifies a small number of priority areas where there is an opportunity to add value across our four places, recognising that most of the work undertaken to tackle health inequalities, improve health outcomes and service delivery, and contribute to social and economic development is delivered in local places.

These are the themes that are common to all four local health and wellbeing strategies:

Children and Young people	<ul style="list-style-type: none"> Reduce Inequalities Work with parents, families, schools and early years settings Improve physical wellbeing and improve lifestyles Improve emotional wellbeing and mental health
Living Well and Improving Lifestyles	<ul style="list-style-type: none"> Encourage healthier lifestyle choices and healthy approaches in schools and organisations Promote mental wellbeing and reduce mental ill health Promote active travel, create a greener, cleaner environment
Connected Communities	<ul style="list-style-type: none"> Joined up approaches across providers Building community networks Building on social capital
Housing	<ul style="list-style-type: none"> Ensure residents are able to live in healthy and safe homes Ensure home environments enable people to stay well Recognise and ensure that communities and families are not adversely impacted through poverty

Hampshire	<ul style="list-style-type: none"> Enable planning for older age living Ensure Palliative Care Collaboration is in place Support those at end of life to be in preferred settings Encourage improvement in skills and capacity to have early conversations on end of life Improve bereavement support and service locally
Isle of Wight	<ul style="list-style-type: none"> Invest in prevention and early intervention to help health and wellbeing Improve housing standards and reduce fuel poverty, social isolation and loneliness Include health inequalities in policy development and commissioning Reduce health inequalities
Portsmouth	<ul style="list-style-type: none"> Provide immediate support to people in financial hardship Helping people access the right support at the right time Repair relationships to support our most vulnerable Develop stronger models of support for landlords and tenants for longer, successful tenancies Develop models of housing that suit individual needs Implement Homelessness and Rough Sleeping Strategy to provide support for the most vulnerable
Southampton	<ul style="list-style-type: none"> Support people to live active, safe and independent lives and management their own wellbeing Reduce inequalities in health outcomes, make Southampton a healthy place to live and work with strong and active communities Ensure people in Southampton have improved health experiences as a result of high-quality integrated service

The work we do together as a whole integrated care system complements and supports the work that we do together in our four places

What is an integrated care system?

NHS England defines an integrated care system as “partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.” ([NHS England » What are integrated care systems?](#))

The purpose of integrated care systems is to bring partner organisations together to:



Page 55

Every part of our integrated care system has a role to play in delivering the priorities set out in this strategy.

Our **four local places** analyse the health and care needs of their residents and set local strategies for meeting these needs in their area. Their work feeds into and informs this partnership interim strategy document. The four places take local action to deliver for the needs of their local communities alongside the priorities agreed in this document.

The integrated care partnership develops the strategy to address root causes of health and wellness, tackle health inequalities and bring partners together to work together in new ways. The integrated care partnership sets strategic priorities based on sound evidence and that are within our gift to tackle as a partnership.

Our **Integrated Care Board** is responsible for planning NHS services across Hampshire and Isle of Wight and allocating resources across all health services. The integrated care board will ensure that the planning, quality monitoring, improvement and transformation of health services aligns and contributes to the priorities described in this partnership strategy.

Organisations come together in **collaboratives and networks** to address particular strategic themes.

Each organisation in our integrated care system sets strategies that address the challenges and opportunities facing their specific organisation. As partners that have worked together to agree partnership strategic priorities, these organisations will ensure that their organisational strategies contribute to the delivery of the priorities set out in this document.

Using our collective strengths and assets

Our strategy focuses on a small number of initial priority areas to make the best use of our combined resources, including the strengths of our local communities and our **strategic assets** across Hampshire and the Isle of Wight. As we work together to deliver our priorities, we will also develop the way that we work together as a partnership, continuing to learn together and draw on our collective insights and talented people. Our approach focuses on the strengths of individuals, community networks and other assets – and not their deficits – led by a focus on outcomes rather than a focus on services.

The strength of our communities

Our ambition is it to harness the resources, skills, knowledge and experience of the communities we serve. We have strong communities, within which many people give their time and skills as volunteers, and thousands of people providing unpaid care to their loved ones. Our voluntary, community and social enterprise sector is a significant asset and makes a huge contribution to our communities.

Thousands of students attend higher education here and we are home to outstanding centres of research and innovation in our local universities industry and academic health science network. We have a thriving cultural scene and industries providing employment and infrastructure.

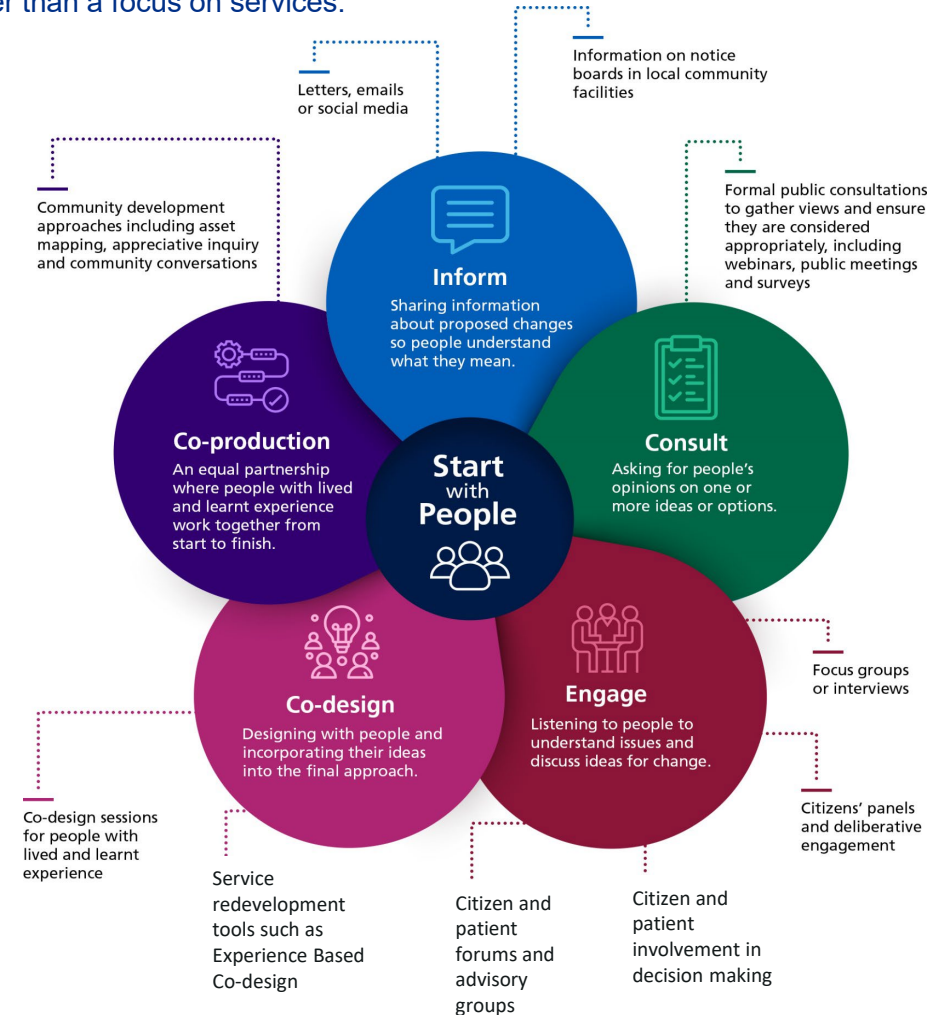
Using these assets we will address health inequalities, improve and innovate the way we deliver services, support economic growth and support local people to improve their health, happiness, wealth and wellbeing.

As described earlier, we have drawn upon insights from local people to inform this interim strategy. Our community involvement approach, incorporates many ways of working with local people (see right), and builds on existing best practice here and in other places, strengthening the valuable relationships we have, and meeting the needs of our diverse communities.

As part of this, we are launching a project aimed at supporting under-served communities to participate in research to improve access, resources and support. The project brings together voluntary; community; social enterprise; local government; health and adult social care partners, the University of Winchester and people with lived experiences. This will be instrumental in the delivery of this strategy and our ongoing work as a partnership with our local communities.

Pan-Hampshire's core strategic assets

- £79bn** economy with specialisms including maritime, aviation and aerospace
- A prime International gateway** centred on the three major ports, Europe's premier business airport (Farnborough) and Southampton International Airport
- Page 56** The heart of the UK Defence sector across armed, naval and air forces
- Housing development opportunities with 46,000 outstanding permissions**
- A world class higher education offer** with seven universities and research assets including the National Oceanography Centre
- 785,530 visitors in 2019** (up 21% from previous year)
- Comprehensive transport infrastructure** by road, rail and water
- Unique environmental assets** with two national parks, three AONBs, and 290 miles of coastline
- CO₂ emissions lower than average** and falling faster



Developing our learning system

Together we will design a learning and improvement system, building on excellent practice across Hampshire and Isle of Wight, and drawing on evidence and best practice from the highest performing health and care systems nationally and internationally. We will develop a unified approach to change and transformation, and how we will deliver the best outcomes for local people, making the best use of our resources. This will have implications for how we plan, design, deliver and sustain change and improvement. Key to this are our collective insight and innovation capabilities.

Our population health approach: building capability across the “four Is”

Building these capabilities will enable us to deliver a population health management approach to support us in delivering our strategic priorities. Through good population health management we can target groups of people with greatest need with the best type of evidence-based support.

Infrastructure	Intelligence
<p>Organisational and human factors such as dedicated systems leadership and decision making on population health and PHM</p> <p>Digitised health & care providers and common integrated health and care record</p> <p>Linked health and care data architecture and a single version of the truth</p> <p>Information Governance – whole system data sharing and processing arrangements that ensure data is shared safely securely and legally</p>	<p>Advanced analytical tools and software and system wide multi-disciplinary analytical teams, supplemented by specialist skills</p> <p>Analyses and actionable insight – to understand health and wellbeing needs of the population, opportunities to improve care, manage risks and reduce inequalities</p> <p>Alignment of multi-disciplinary analytical and improvement teams to work with and advise providers and clinical teams</p> <p>Development of a cross system ICS intelligence function providing support to all levels of system</p>
Interventions	Incentives
<p>Care model design and delivery through proactive and anticipatory care models with a focus on prevention and early intervention and reducing health inequalities</p> <p>Community well-being – asset based approach, social prescribing and social value projects</p> <p>Citizen co-production in designing and implementing new proactive integrated care models</p> <p>Monitoring and evaluation of patient outcomes and impact of intervention to feed into continuous improvement cycle</p>	<p>Incentives alignment – value and population health based contracting and blended payment models</p> <p>Workforce development and modelling – upskilling teams, realigning and creating new roles</p> <p>Enabling governance to empower more agile decision making within integrated teams</p>

Research and innovation

There are vast opportunities for research and innovation to help address challenges around:

- workforce (including health impacts on employment and improving workforce efficiency)
- mental health and wellbeing, particularly for children and young people
- new approaches to care for people living with long term conditions and for older people
- making the best use of digital solutions
- accessing routine care following the Covid-19 pandemic.

Some of these innovations help us to better deliver the right things at the right times in the right place, making the most efficient use of workforce and empowering people in their own lives. Other innovations drive technical efficiencies in established pathways of care. As in other global health systems, the adoption of innovations in health and care is patchy, driven by the way innovation is prioritised and funded. In the United Kingdom, we invest heavily in invention, but our ability to make use of inventions does not always keep pace.

Working as an integrated care partnership allows us to better align all the organisations in our system to make better use of innovations. Other factors that support this include the merging and therefore better alignment of central bodies, and our collective experiences of working through the Covid-19 pandemic, which changed our understanding of what is possible and how to enable rapid invention, adaptation and use of innovations. In Hampshire and Isle of Wight we will seek out research and innovation that directly supports our five strategic priorities, work out how these can be adopted across our partners and services, and develop our capacity and capability to sustain and spread innovations as part of our learning system approach. In doing so we will make best use of:

- Relationships with academic networks and institutions
- Commercial support and relationships with industry
- Design support and implementation science
- Real world evidence about what works well
- National networking, sharing, learning and supporting.

Ensuring our organisations benefit broader society and support environmental sustainability

Our organisations as “anchor institutions”

Large businesses, local authorities, NHS and other public sector organisations, are rooted in their local communities and can make a big contribution to local areas in many ways, far beyond our core purpose as organisations. The term **anchor institutions** refers to large organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. Anchors get their name because they are unlikely to relocate, given their connection to the local population, and have a significant influence on local health and wellbeing.






The Health Foundation developed the graphic (bottom left) to show how NHS organisations act as anchor institutions in their local communities. Although the graphic refers to the NHS, the same principles apply to partners, including local authorities, universities and large employers; local authorities already do much on their work as anchor institutions.

We are increasingly conscious of our potential to make an even greater contribution to broader society including supporting economic growth and the environment, and are working to better understand and realise this potential. In our workforce priority, we describe our ambition to work together to improve the health, happiness, wealth and wellbeing of local people working in our organisations, and our future workforce, and drawing more local people into employment and volunteering.

Page 58

What makes the NHS an anchor institution?

NHS organisations are rooted in their communities. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing health care. The NHS can make a difference to local people by:

- **Purchasing more locally and for social benefit**
In England alone, the NHS spends £27bn every year on goods and services.
- **Using buildings and spaces to support communities**
The NHS occupies 8,253 sites across England on 6,500 hectares of land.
- **Working more closely with local partners**
The NHS can learn from others, spread good ideas and model civic responsibility.
- **Widening access to quality work**
The NHS is the UK's biggest employer, with 1.6 million staff.
- **Reducing its environmental impact**
The NHS is responsible for 40% of the public sector's carbon footprint.

As an anchor institution, the NHS influences the health and wellbeing of communities simply by being there. But by choosing to invest in and work with others locally and responsibly, the NHS can have an even greater impact on the wider factors that make us healthy.

The Health Foundation

References available at www.health.org.uk/anchor-institutions
© 2019 The Health Foundation.

Opportunities to work together for a cleaner, greener environment for us all

Another area of focus for us as anchor institutions, is our work to address the climate crisis, as described below.

- **Reducing carbon emissions** through energy and water efficiencies and clean technology installations will contribute to cleaner air across Hampshire and Isle of Wight, and offer the potential to reduce the pressure on our system by lowering rates of chronic disease such as cardiovascular disease in our local population
- **Supporting local biodiversity** through creating or enhancing green spaces on our estate (land) to promote residents, staff and wider community health and wellbeing now and in the future
- **Empowering and supporting our workforce** to make greener decisions through creating an innovative environment, where our people feel able to embrace sustainability practices in their day-to-day actions and has a positive effect on their wellbeing at work
- **Reducing indirect environmental impacts** and maximising social value by choosing local and conscientious suppliers where possible e.g. maximising efficiencies in transporting of goods
- **Reducing operational waste** including choosing low carbon alternatives such as reusable equipment and reutilising where possible

Our partnership is committed to maximising our positive contribution to our local area wherever possible.

Funding and finance

All system partners are operating within an increasingly difficult national economic environment. Local authorities continue to work creatively with partners and populations to deliver statutory services within revenue and capital resources. At the time of writing, the impact of the recent 2022 Autumn Statement is still being worked through by councils. However, it is assumed that the overarching position remains relatively unchanged. Challenges coping within normal inflationary pressures, over a decade of reductions in core budgets, in addition to the significant unfunded growth in demand and costs, particularly in adults' and children's social care, and the crisis in special education needs, means that some local authorities are now pressing for fundamental change either in the way these services are funded, or in our statutory obligations.

The NHS in Hampshire and Isle of Wight receives £3.6bn for the health and care of its population, equating to approximately £1,895 per head of population. This is a relatively high level of funding per head of population compared to the rest of the country; however, in the context of increasing demand for services and rising costs, we will continue to see a challenged financial environment.

This further demonstrates the need to focus on the priority areas set out in this interim strategy to improve the health and wellbeing of local people. Partners are keen to better understand the totality of our funding envelope and explore opportunities to work together to make best use of the collective funding and resources available.

Nationally and in our system, local authorities are facing financial pressures in adult and children's social care, public health and the broader services that impact health and wellbeing outcomes. At the same time the health and care system faces further activity, workforce and financial challenges going forward across the NHS, local authorities and the voluntary sector.

Making best use of our resources

As a partnership, we are exploring what we can do to make better use of our resources, including:

- How to deliver efficiencies so that more funding can be made available to deliver our five strategic priorities
- Developing an equity model to ensure investment decisions are driven by population need and support reductions in the health inequalities described in this interim strategy
- All partners collectively providing and driving funding to the right places to ensure best value, care and support for local people
- Making more use of pooled funds through the use of Section 75 agreements between local authority and NHS partners, and similar, where appropriate
- How to operate an 'open book' financial culture
- Developing our shared approach across all partners to taking difficult financial decisions
- Increased contributions to local economic growth.

Section 75 agreements

Section 75 of the NHS Act 2006 allows partners (NHS bodies and councils) to contribute to a common fund which can be used to commission health or social care related services. This power allows a local authority to commission health services and NHS commissioners to commission social care. It enables joint commissioning and commissioning of integrated services.

Established section 75 arrangements are already in place between our integrated care board and our four upper tier local authority areas. This mechanism has resulted in a major increase in pooled budgets over the years in some parts of our system, where partners have agreed to share risks and rewards and accountability for outcomes.

Further integration of health and social care, while complex to deliver, is recognised as a much needed response to the challenges of rising demand and budgetary constraints. Our ambition is to utilise the section 75 agreements as the vehicle to further drive integration of services at a local level and also deliver on the strategic objectives of this strategy. We will continue to review the opportunities to use section 75 arrangements to further integrate services as the strategy develops and our place-based partnerships grow.

Implementation and iteration

The integrated care partnership strategy is informed by other local strategies and plan, and in turn informs the refresh of those strategies and plans over time. This is an iterative process and joining up the priority areas across our various strategies and plans forms part of our new ways of working together.

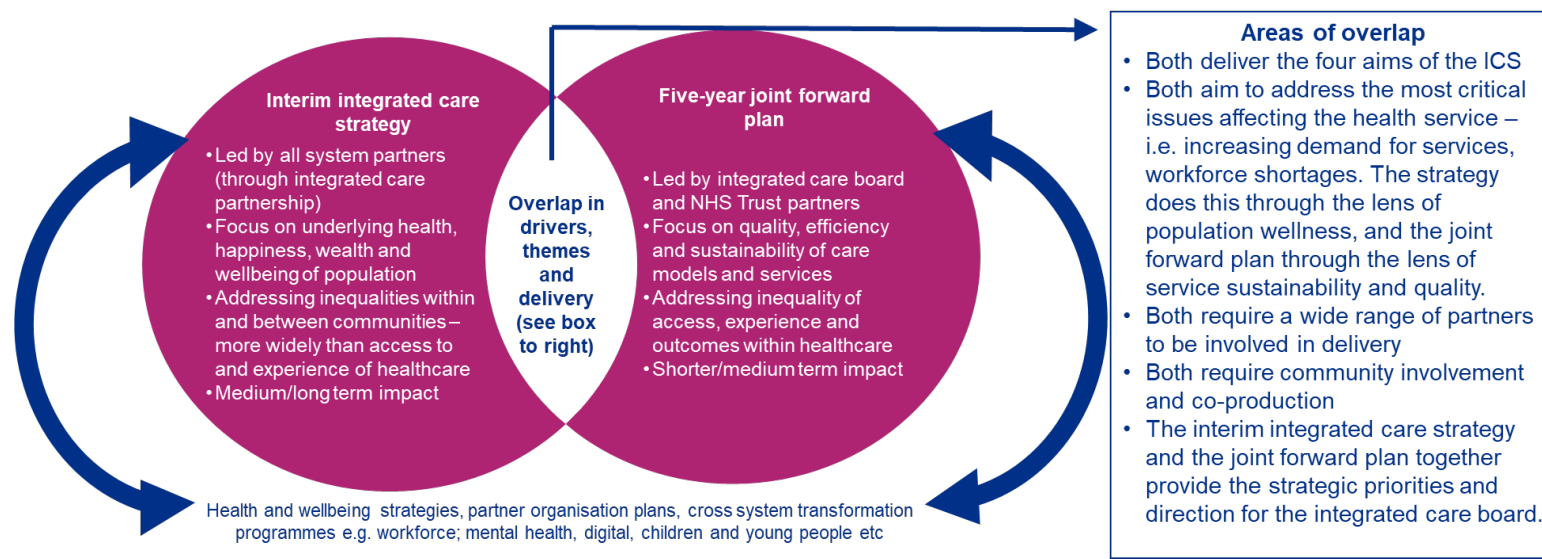
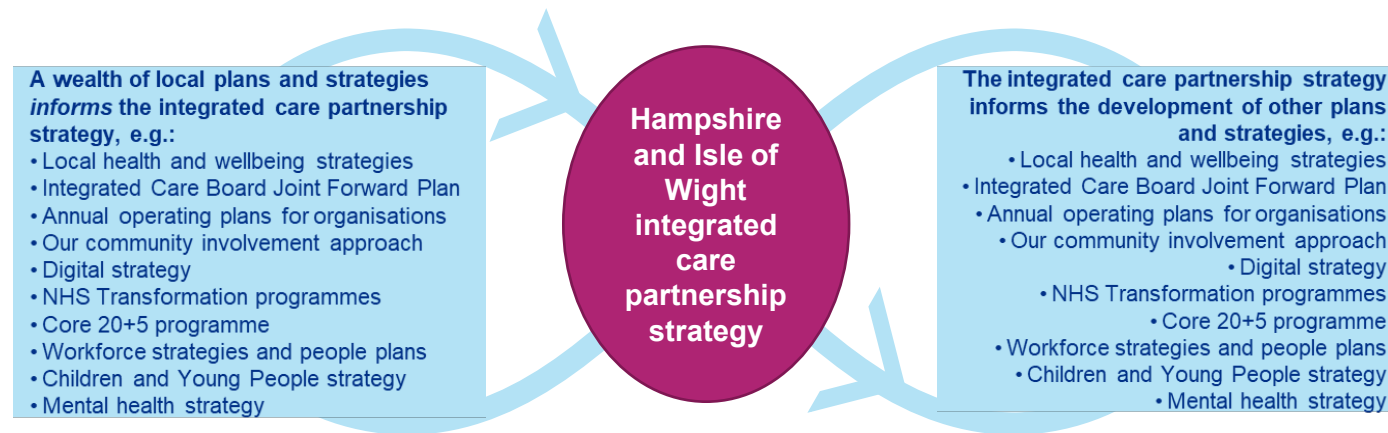
We will regularly review our priorities to ensure that they remain relevant and check that we are delivering improvements in these areas for our local communities. In particular, we will refresh our strategy when new joint strategic needs assessments are created.

During the early part of 2023, we will:

- Publish a summary version of our interim strategy
- Invite further reflections and feedback from local people and partners to further inform our next work together to translate this strategy into delivery, as well as future refreshes of this strategy
- Work together and with local people, especially those with lived experience, to
 - develop our delivery framework for each of our priority areas
 - create a clear dashboard to measure and report progress in our delivery of our strategy on a quarterly and annual basis. This will be publicly available to ensure transparency and promote accountability
 - establish effective ways of reflecting on, and learning from our work together as a 'learning system'
 - use this interim strategy to inform the development of the NHS five-year joint forward plan (see right), and inform future versions of individual health and wellbeing strategies, NHS, voluntary sector and other organisation-specific plans

If you would like to be involved in these activities, please contact hiowicb-hsi.partnerships@nhs.net

Page 60



Our strategy in summary

Our shared aims	Improve outcomes in population health and healthcare	Tackle inequalities in outcomes, experience and access	Enhance productivity and value for money	Help the NHS support broader social and economic development.
Our challenges	Our population is growing and ageing. Improvement in life expectancy has stalled and begun to fall. Vulnerable people are dying younger and suffering poorer health than the general population. Inequalities are getting worse and drive worse outcomes. Challenges in workforce supply, funding, demand for services outstripping supply, impact of Covid-19 and cost of living. Without check inequalities will grow, years lived in poor health will increase and services will not cope.			
A radically different approach	Working together across all partners to take a community-centred approach to wellbeing. Seizing the opportunities offered by working together as a system and partnership with a mandate to use collective resources in new and different ways to build a better future - health, happiness, wealth and wellbeing.			
Priority areas <i>These themes emerged from evidence and conversations in Hampshire and Isle of Wight</i>	Children and young people We want all children to get the best possible start in life, regardless of where they are born.	Mental wellbeing We want mental wellbeing to be at the forefront of all that we do and to ensure as much importance is given to mental wellbeing as physical health.	Good health and proactive care We want to enable every individual to live more of their life in a state of good health and be able to access resources and services in their communities.	
What we will initially focus on together <i>In our work together to deliver on our priority areas, we will:</i>	Focus on the “best start in life” for every child in the first 1000 days of their life	Better connect people to avoid loneliness and social isolation	Improve social connectedness	
	Improve access and mental health outcomes for children and adolescent mental health services	Promote emotional wellbeing and prevent psychological harm	Provide support in community settings for healthy behaviours and mental wellbeing	
	Work with schools and other key partners on prevention and early intervention	Improve mental health and emotional resilience for children and young people	Ensure equal importance is given to mental wellbeing and physical health	
	Continue and develop our trauma-informed approach	Focused work to prevent suicide	Minimise potential health and wellbeing impact of cost of living pressures	
	Co-locate services to enable a family-based approach	Improve access to bereavement support	Provide proactive, integrated care for people with complex needs	
	Further develop a joint children’s digital strategy	Address inequalities in access and services	Support healthy ageing and people living with the impact of ageing	
		Support the mental health and wellbeing of our staff	Combine resources around groups of greatest need	
Enabling priorities <i>Improving workforce, digital, data and shared insights will enable us to deliver our work together around children and young people, mental well being and promoting good health.</i>	Our people (workforce): We want to ensure we can attract, recruit and retain people with the right skills and values to enable provision of high quality health and care services for the population of Hampshire and Isle of Wight.	Evolve our workforce models and building capacity to meet demand	Ensure the availability of the right skills and capabilities	Ensure people who provide services are well supported and feel valued
	Digital solutions, data and insights: We want to harness the benefits that digital solutions can offer and ensure they are available to everybody, regardless of age and household income	Empower people to use digital solutions	Support our workforce	Improve how we share information
The “Hampshire and Isle of Wight way”	As we work together to deliver our priorities, we will continue to learn together, and build our culture, capabilities and collaboration as a new integrated care partnership: working with communities; adopting a continuous learning approach; developing a shared understanding of our opportunities and challenges, and shared vision; focusing on outcomes; building a high trust and high support culture; drawing on insights from all partners; listening to each other; focussing on priorities that resonate with all partners; making the best use of collective resource and capacity, strengthening our population health approach and developing our approach to collective assurance and accountability.			

This page is intentionally left blank