

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:



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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

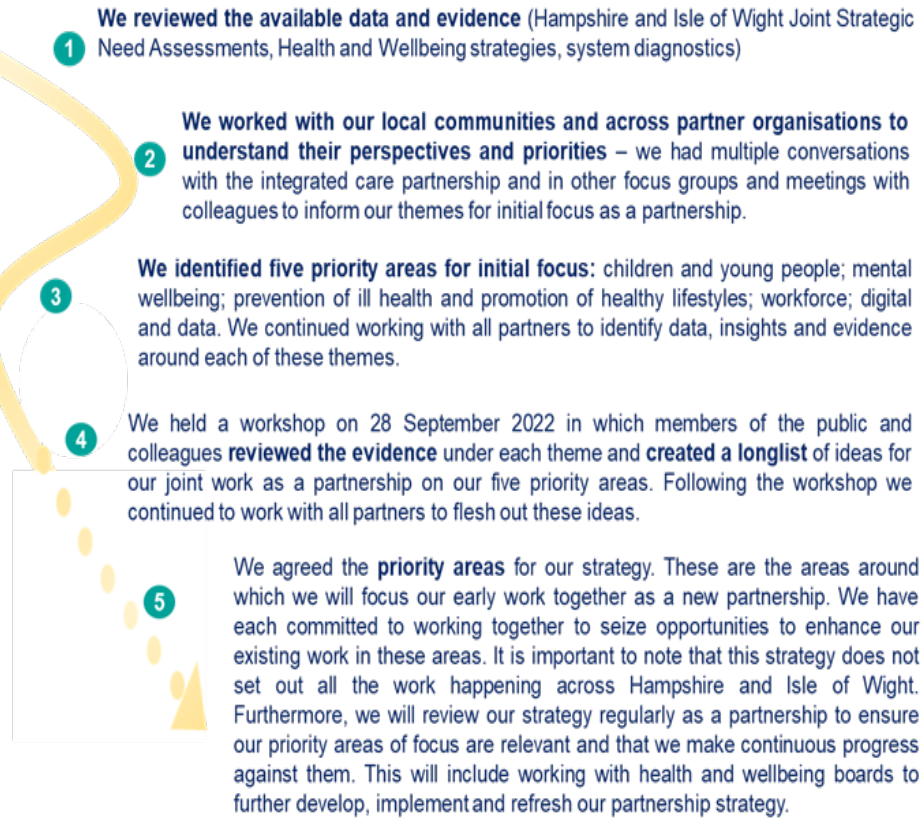
Portsmouth, Southampton, Isle of Wight and Hampshire joint strategic needs assessments and strategies, plus the combined system wide needs assessment and covid impact needs assessment

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.

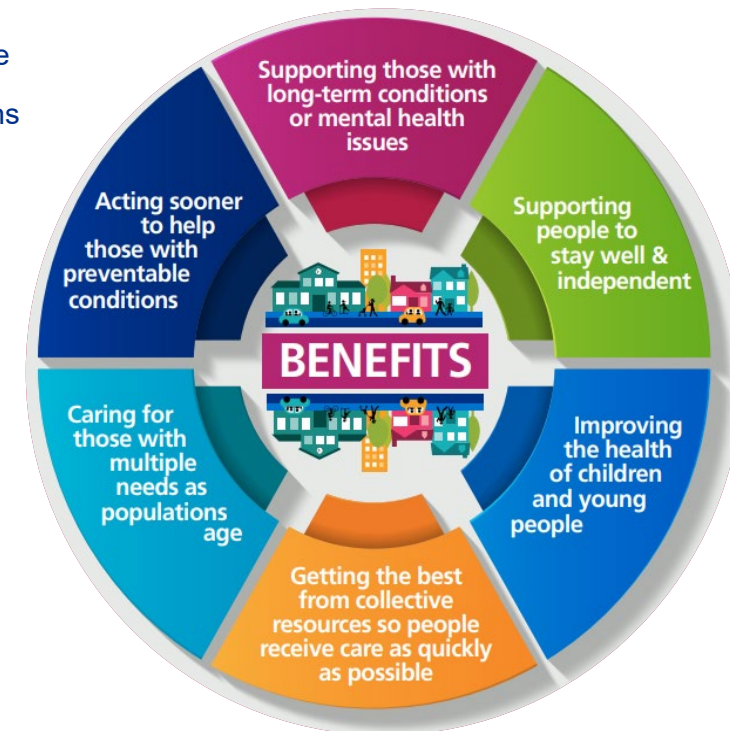
In doing so, over the medium to longer term, this will:

- 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



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**



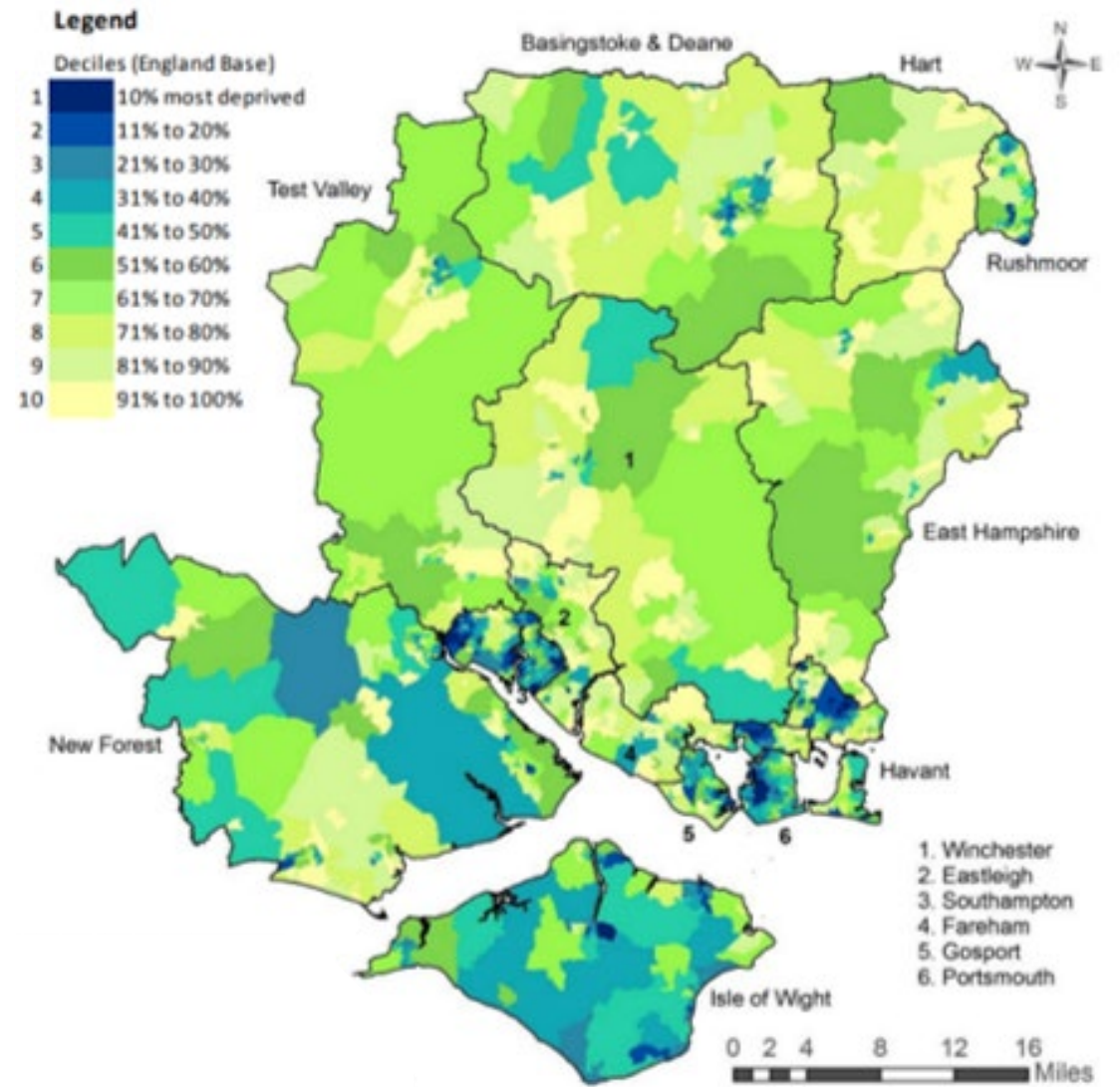
Empower people to use digital solutions

Support our **workforce**

Improve how we **share information**

Continue to improve our **digital solutions**

Context



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**.

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).



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

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.

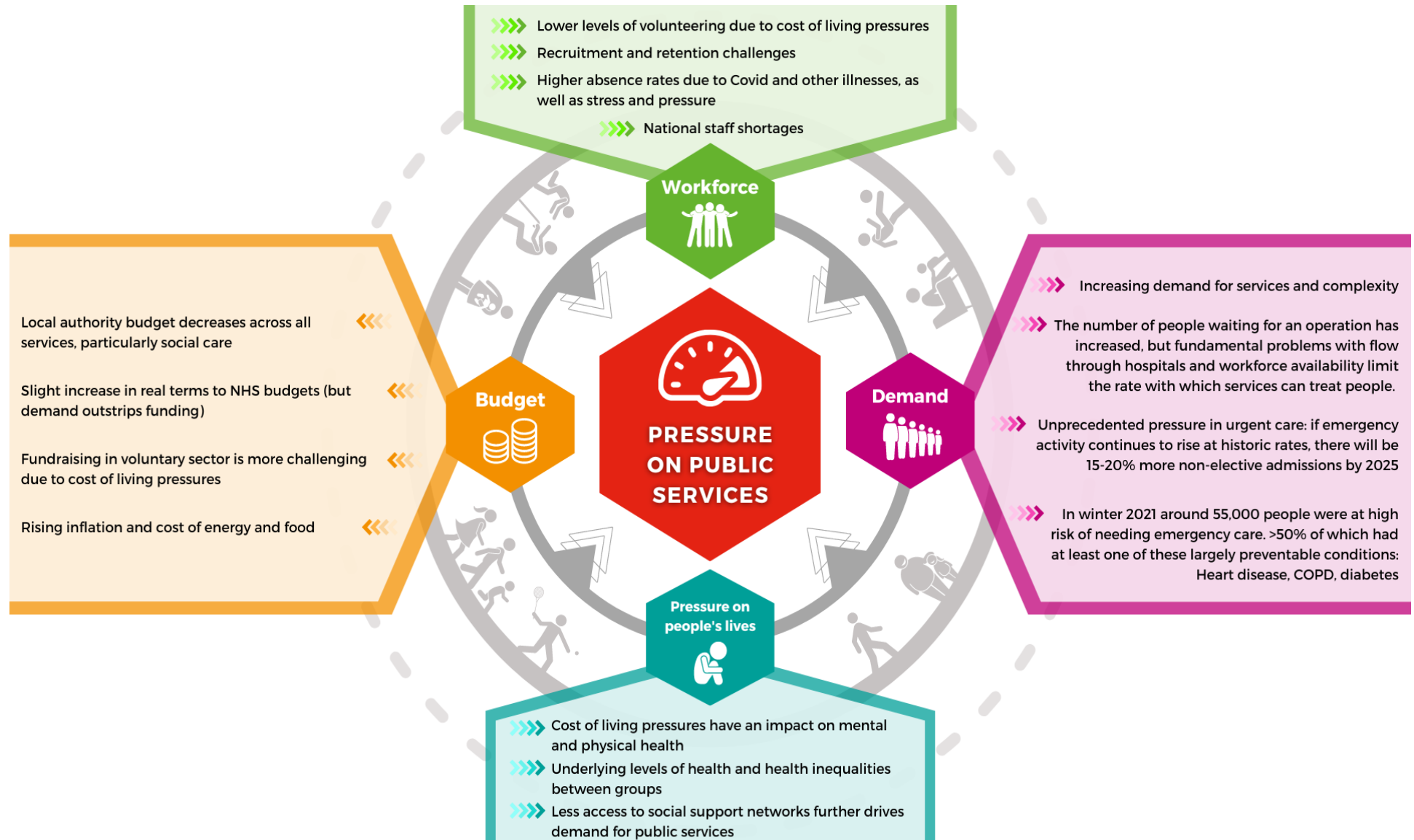
Southampton is ranked 55th most deprived authority in England. 28% of Southampton's population live in neighbourhoods within the 20% most deprived areas nationally.

<p>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</p>	<p>Housing: Those in rented accommodation are more likely to feel lonely often, especially in 16–24-year-old population groups</p>	<p>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.</p>	<p>Social connectiveness: Those with an underlying health condition more likely to feel lonely often – especially in the younger 16–24-year-old population groups</p>
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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.

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 affect, 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
- **We 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.



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

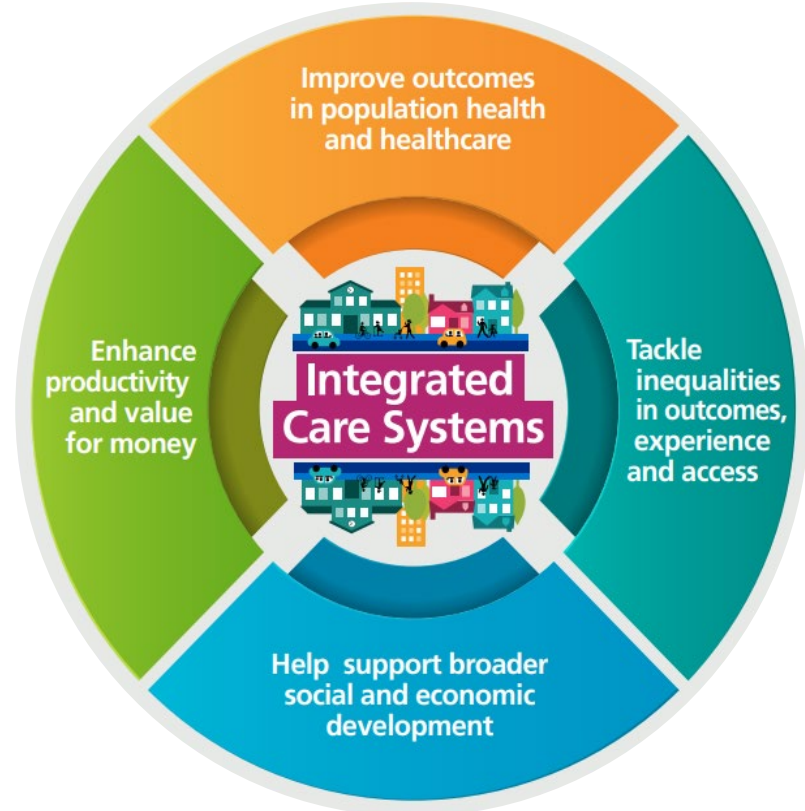
Hampshire	<ul style="list-style-type: none"> Enable planning for older age living Ensure Palliative Care Collaboration is in place Support those at end of life to be in preferred settings Encourage improvement in skills and capacity to have early conversations on end of life Improve bereavement support 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:



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.

Pan-Hampshire's core strategic assets

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

The strength of our communities

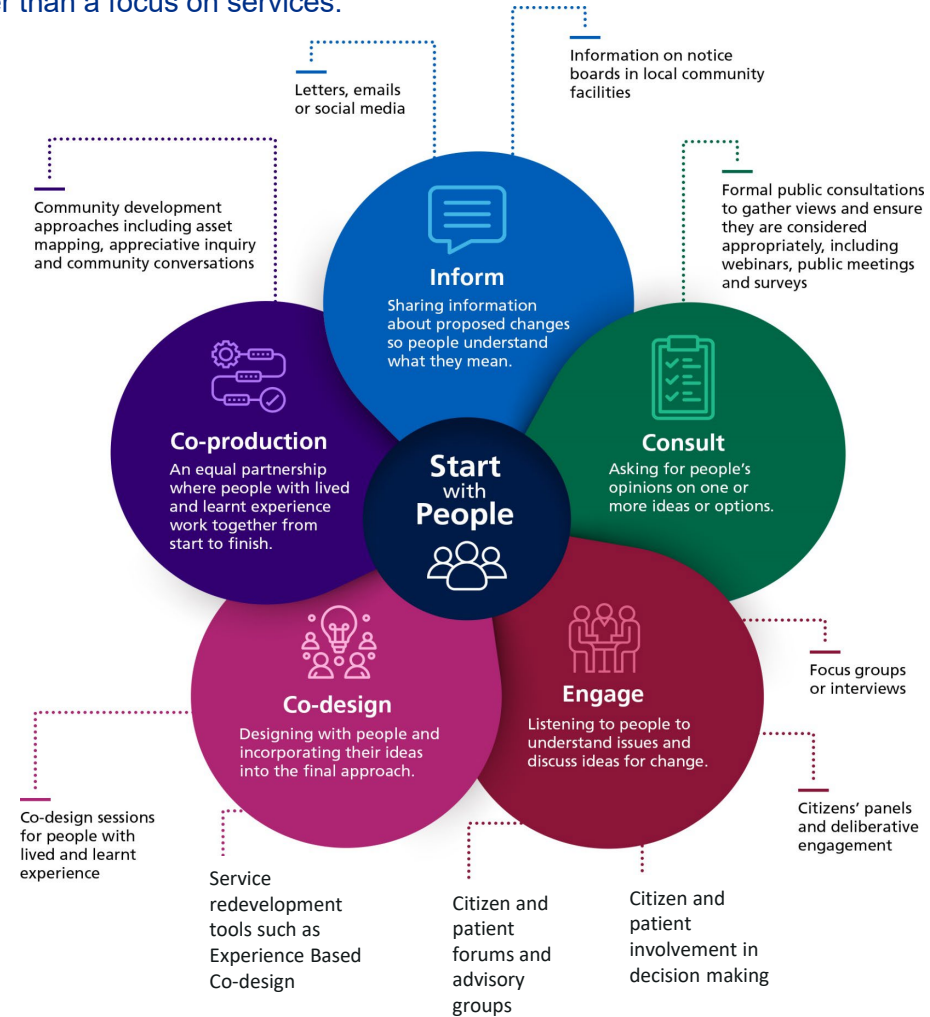
Our ambition is it to harness the resources, skills, knowledge and experience of the communities we serve. We have strong communities, within which many people give their time and skills as volunteers, and thousands of people providing unpaid care to their loved ones. Our voluntary, community and social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



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.

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:



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.

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

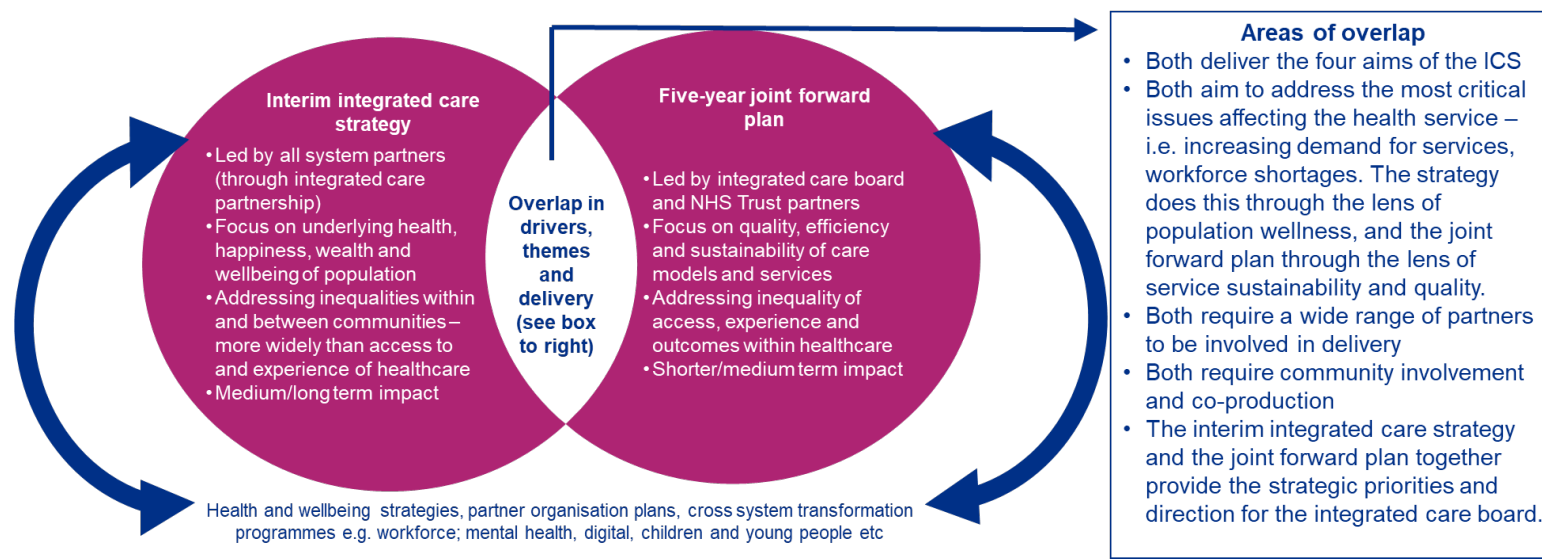
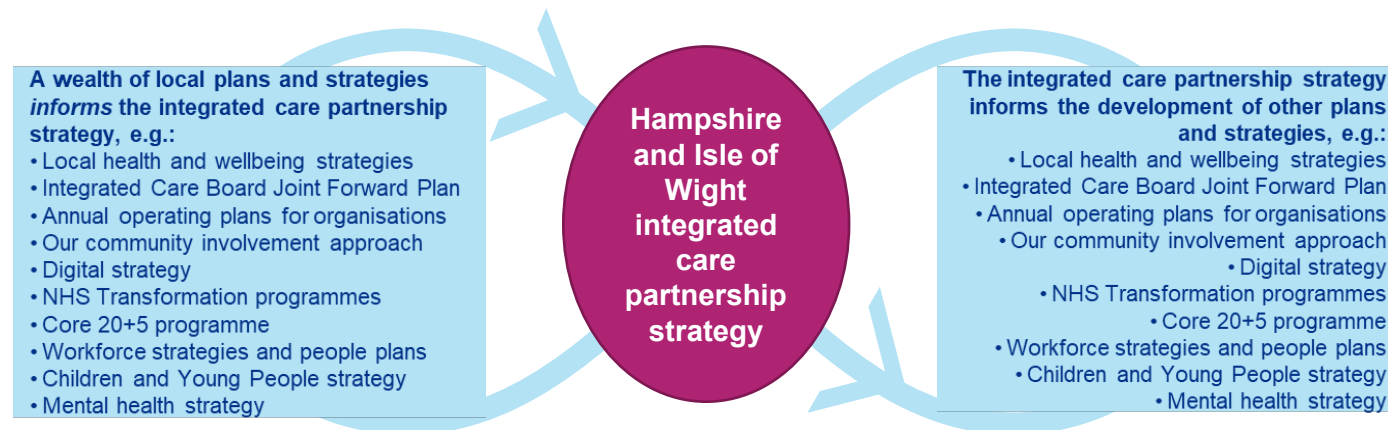
The integrated care partnership strategy is informed by other local strategies and plan, and in turn informs the refresh of those strategies and plans over time. This is an iterative process and joining up the priority areas across our various strategies and plans forms part of our new ways of working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



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	
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.			