



Hampshire and Isle of Wight

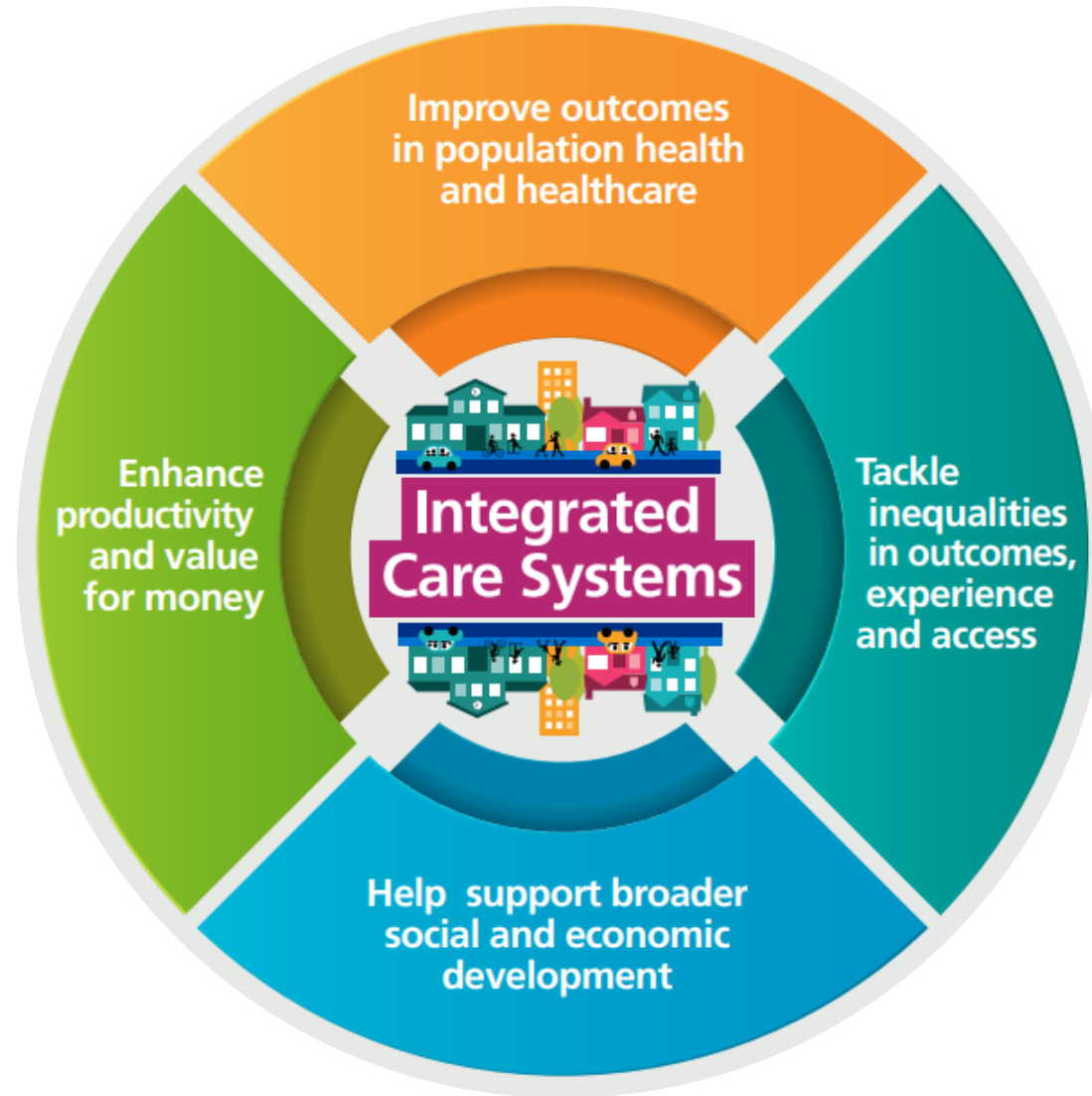


Hants and IOW Social Prescribing Network Conference

Lena Samuels, Chair of HIOW ICB



The purpose of an Integrated Care System



Our vision

- Realise the potential of collaborative working to enable people in our communities to live healthier, longer lives.
- We will do this by listening to local people and using their input to shape services and by building on our partnerships with local authorities, emergency services colleagues, voluntary organisations and local communities for the benefit of our populations.
- We have a shared ambition to be one of the best health and care systems, with local partners continuing to work closely together with the wider community to deliver consistency of care, break down barriers between services and reduce inequalities.
- Our aim is to provide care that is tailored to individual needs, delivered at the right time and in the right place.



Our NHS in Hampshire and Isle of Wight



Our component parts

Integrated Care Partnership

Brings together many different partners with **strong working relationships**. The Integrated Care Partnership has a strong relationship with place and has developed a strategy owned by the whole system.

HIOW Integrated Care Board

The board meets its statutory duties, and the new organisation **works in new ways** in support of the broader formation of the system. The 5-year plan is agreed and informed by the Integrated Care System strategy.

Four Place partnerships

Our places have a clear relationship with both the Integrated Care Board and the Integrated Care Partnership and appropriate delegated authority. A lead for place is agreed working with all partners at place to **reduce inequalities and integrate services**.

Provider collaboratives and Local Delivery Systems

Existing collaboratives have further developed and we have established new collaborations each with clear and distinct responsibilities. We **transform services** and improve our resilience.

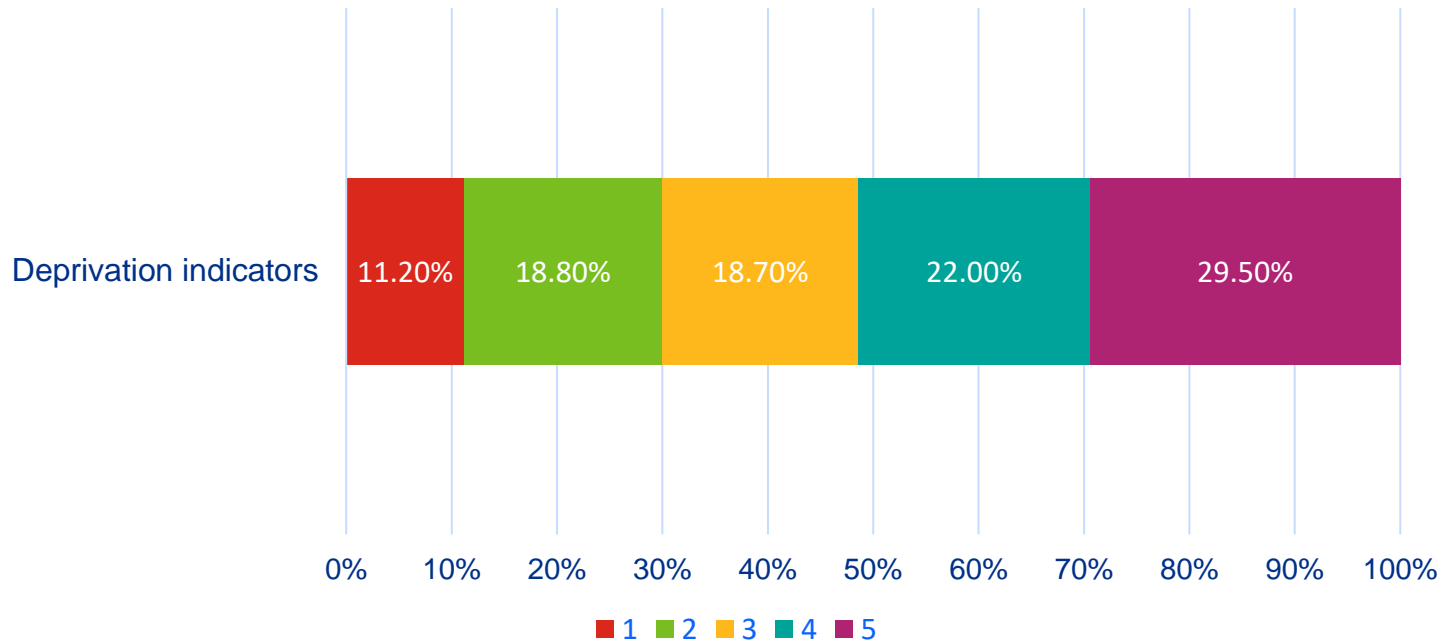
Hampshire and Isle of Wight Transformation Programmes

Our programmes are aligned to our strategic priorities. They operate consistent with appropriate oversight and assurance so we know that we are making a **positive impact on outcomes**.



Hampshire and Isle of Wight Deprivation Profile

Percentage of neighbourhoods in each deprivation quintile, with 1 being the most deprived and 5 being the least deprived



Out of the 42 Integrated Care Systems in England, Hampshire and Isle of Wight ranks 11th least deprived nationally. However, substantial pockets of deprivation exist in our communities and we are working to close the gap between the health outcomes of our most and least deprived population groups.

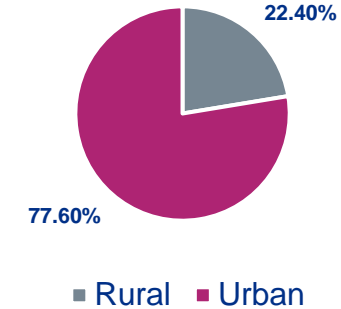
Source: <https://www.health.org.uk/publications/long-reads/integrated-care-systems-what-do-they-look-like>



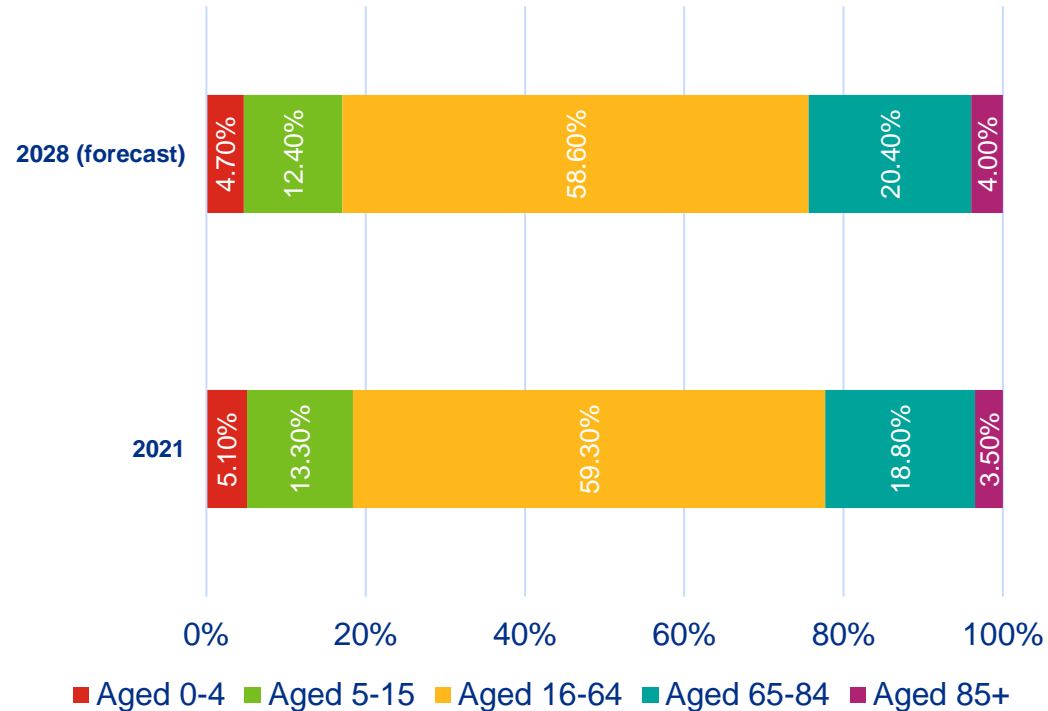
Our population



Urban/ Rural population (Hampshire, 2021)



Population by age (Hampshire)



Isle of Wight population profile:

- The Island has a population of 140,400 compared to 1,502,980 living on the mainland in Hampshire.
- Over the past 10 years, there has been a 24.7% increase in people aged 65 and over living on the Island, compared with a 5.3% decrease in people aged 15 to 64 years, and a 6.3% decrease in children aged under 15 years old.



ICP strategy development





Mental wellbeing	Children and young people
Prevention of ill-health and promotion of healthy lifestyles	
Digital and data	Our people (workforce)

1 We reviewed the available data and evidence (Hampshire and Isle of Wight Joint Strategic Need Assessments, Health and Wellbeing strategies, system diagnostics)

Over 120 attendees

2 We worked with our local communities and across partner organisations to understand their perspectives and priorities – we had multiple conversations with the integrated care partnership and in other focus groups and meetings with colleagues to inform and our themes for initial focus as a partnership.

3 We identified five priority areas for initial focus: children and young people; mental wellbeing; prevention of ill health and promotion of healthy lifestyles; workforce; digital and data. We continued working with all partners to identify data, insights and evidence around each of these themes.

Received over 300 post-it note contributions

4 We held a workshop on 28 September 2022 in which members of the public and colleagues reviewed the evidence under each theme and created a longlist of ideas for our joint work as a partnership on our five priority areas. Following the workshop, we continued to work with all partners to flesh out these ideas.





Working with
nearly 1,000
partner
organisations

5

We are seeking input from partners on several potential areas of joint work including further improving how we work together to:

- **Ensure the “best start in life” for every child** by focussing on the care and support that families receive in the first 1000 days of a child’s life
 - **Provide proactive, joined up care for people with complex needs** to provide even better care, closer to home and shift focus from cure to prevention
 - **Improve social connectedness (reducing social isolation)** to enhance people’s physical and mental wellbeing
 - **Support people with the cost of living** to reduce the impact of financial pressures on people’s lives
 - **Support people affected by childhood trauma**
 - **Provide healthy lifestyles and mental wellbeing support in community settings**
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What we have heard from our system partners so far

- Tackle avoidable mortality through more effective, timely health care interventions
- Increased focus on prevention and healthy behaviours – tackling the ‘causes of the causes’
- Address major drivers of the healthy life expectancy gap, including circulatory, cancer and respiratory diseases
- Improve access to primary care and elective care, in particular outpatients

- Prevent ill health across life course to ensure healthy ageing
- Refresh the ‘post acute model’ to better support people, address high readmissions and social care pressures

- Implement our integrated neighbourhood model of care
- Credible workforce strategy that prioritises staff health and wellbeing to better support them, increase their satisfaction and productivity
- Create new opportunities for local employment to address people shortages, address Equality, Diversity and Inclusion imbalances, impact wider determinants of health and benefit the wider socio-economics of local area
- Create an integrated data set that links outcomes, resources and money spent to ensure a deeper understanding of value and enable population health management
- Use systems convergence, our Shared Care Record and interoperability to share information more seamlessly across organisations



- Address the wider determinants of health that are related to poor mental health outcomes
- Establish at scale care management for people with the most complex mental and physical health and care needs
- Improve access to NHS funded community mental health services and preventative care

- Use data insights to identify worsening inequalities gaps and devise interventions to level up and close these gaps
- Modernising care and experience through digital transformation, taking into account the needs of people who may be digitally excluded
- Work with partners in recognising and addressing the wider determinants of health

- Focus on first “1,001 days” to impact on children’s health in adult life
- Improve access to mental health services for children and young people
- Focus on adverse childhood experiences and trauma
- Focus on mental wellbeing during pregnancy and early childhood



Integrated Care Board Membership

All members contribute strategic, delivery and operational leadership experience and insight to the Board's responsibilities for the quality and performance of integrated NHS care – each member also contribute additional perspectives including, but not limited to, those indicated here.

When the ICB was established in July 2022, we committed to review the structure and membership of the Board after six months. Plans are in place to start this review in January.

Executive members



Non executive members

Partner members





No Limits – a case study

Supporting Young People in Hospital Emergency Departments

No Limits is an award-winning, local, independent charity providing a unique combination of prevention, early intervention and crisis support to young people, based on a nationally evidenced model.

No Limits Youth Workers provide wellbeing support to young people aged 11-26 who attend the emergency department in crisis, whether that is through violent crime or mental health crisis.

They are in 5 emergency departments across Southampton, Hampshire, Portsmouth and Isle of Wight hospitals.

The team of ED Youth Workers are committed to empowering children and young people to achieve positive changes in their lives, providing direct support to children and young people in the emergency department and in the community by connecting them with specialist support and other community services through Social Prescribing.



No Limits – a case study

Working with 111

- No Limits works in partnership with the **111 Mental Health** team to support 11-25 year olds across Hampshire who are accessing 111 for advice and support with their Mental Health and Wellbeing.
- A Social Prescriber will work with them to create a well-being plan that focuses on priorities and connects young people with local community groups, activities and events, education and employment opportunities and statutory services for practical and emotional support to improve wellbeing.

No Limits – a case study

The No Limits project in North Hants

- The Hampshire Emergency Department team have achieved 7 day a week service with a regular working pattern across sites.
- Data shows topics discussed regularly by young people include: anxiety, depression, low mood, stress, self-harm, suicidal feelings, issues with family relationships, friendships and school.
- No Limits worked with 362 young people throughout the year at Basingstoke and Winchester emergency departments.