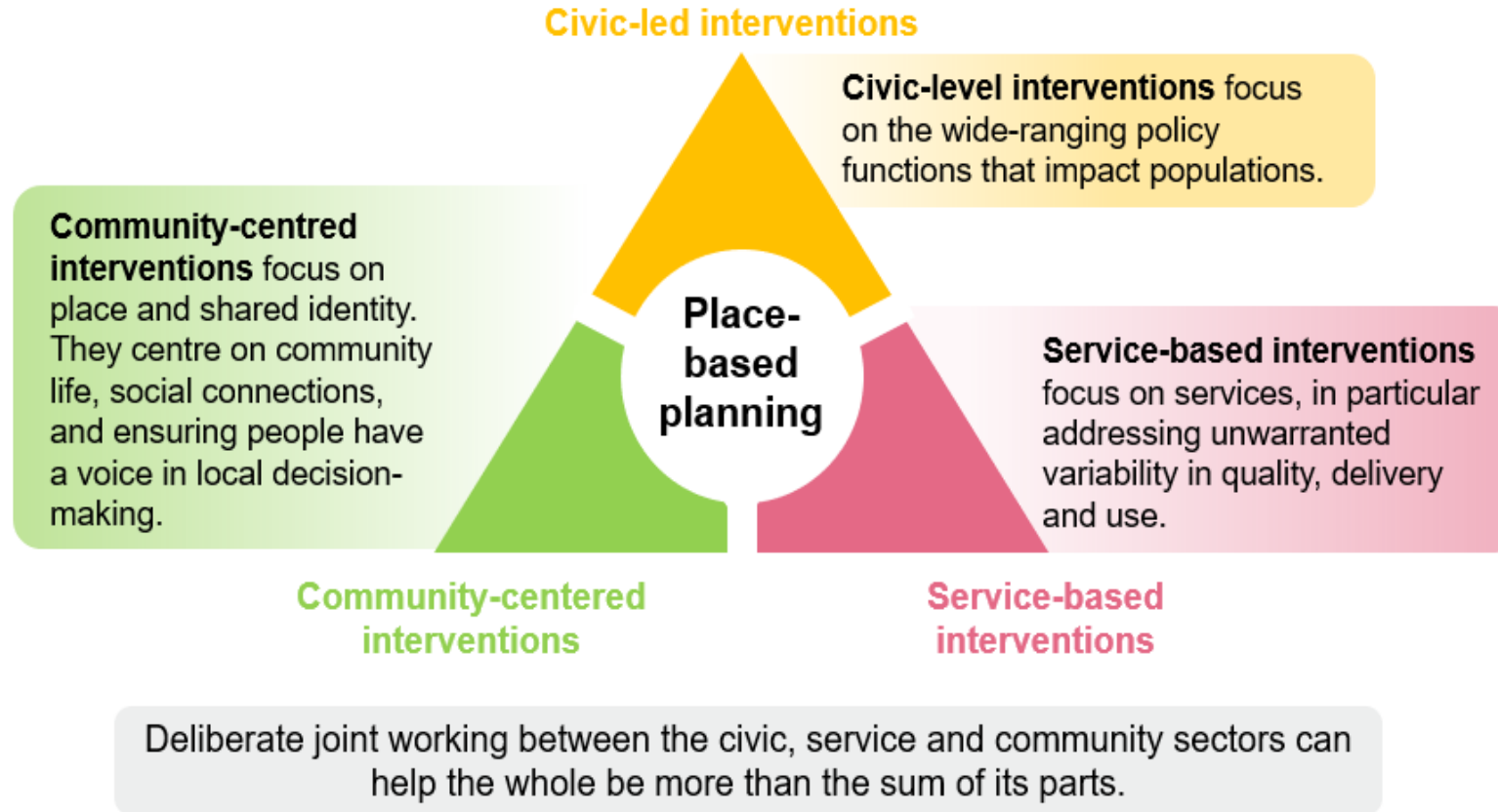
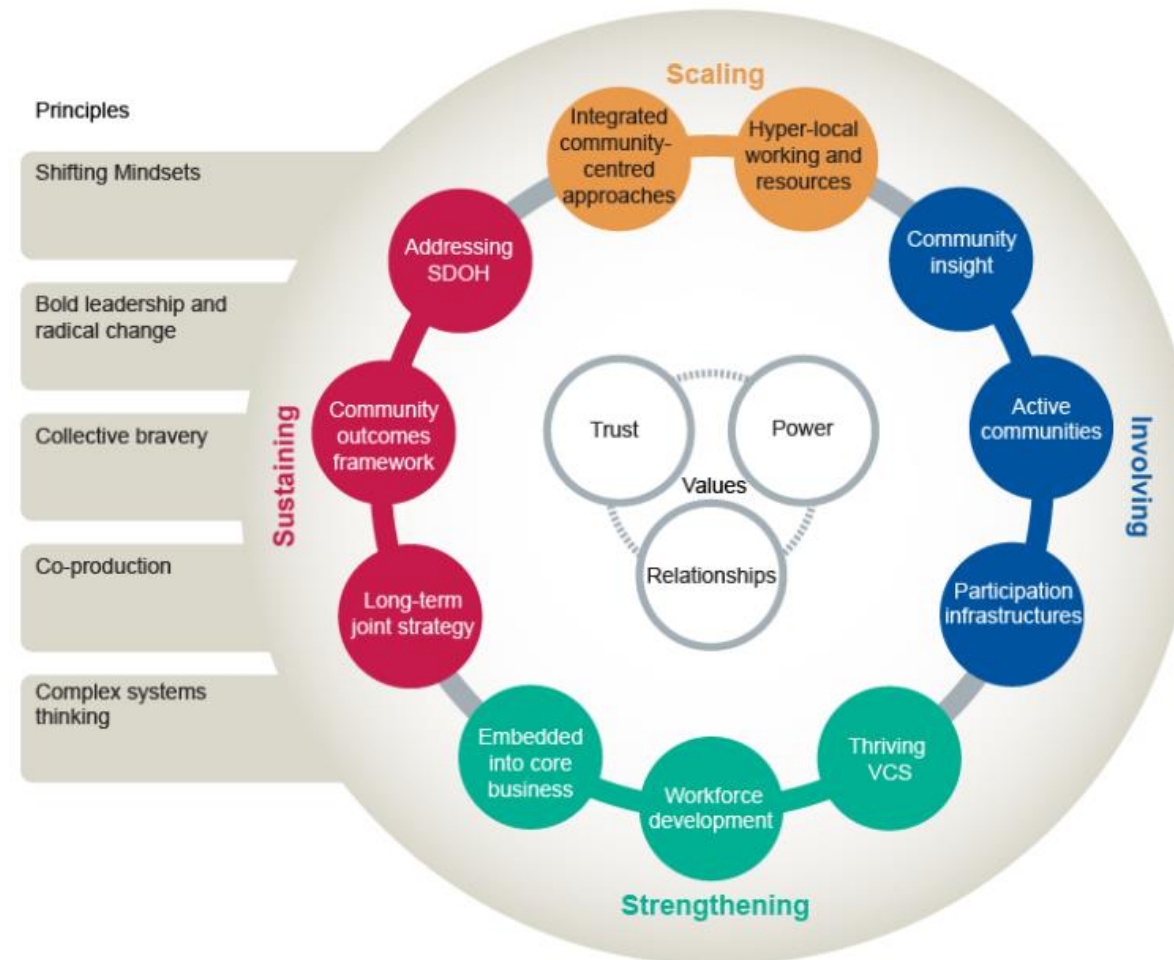


# How can the Hampshire and IOW ICS improve health and wellbeing and reduce health inequalities?



[Source: Population Intervention Triange](#)

# We must take a community centred and asset-based approach to deliver health and wellbeing and reduce health inequalities



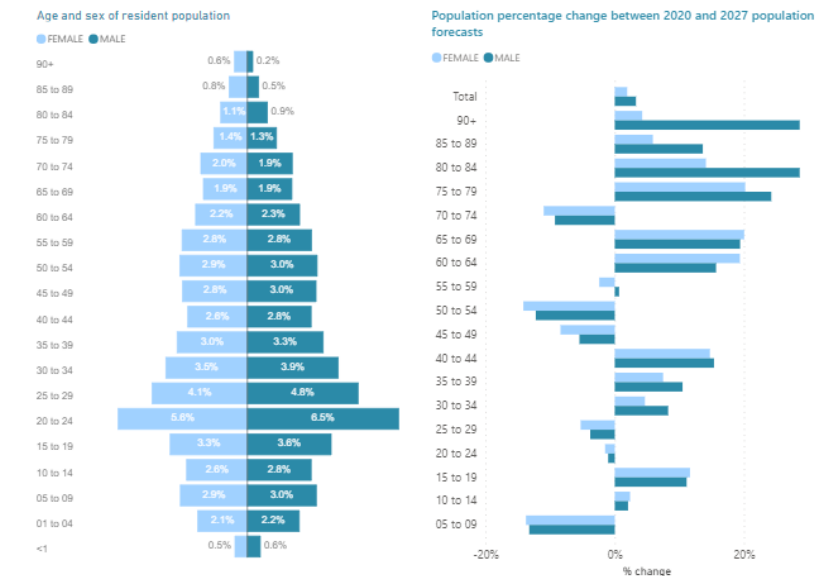
[Source: Community-centred public health: Taking a whole-system approach](#)

# What can we do about this together?

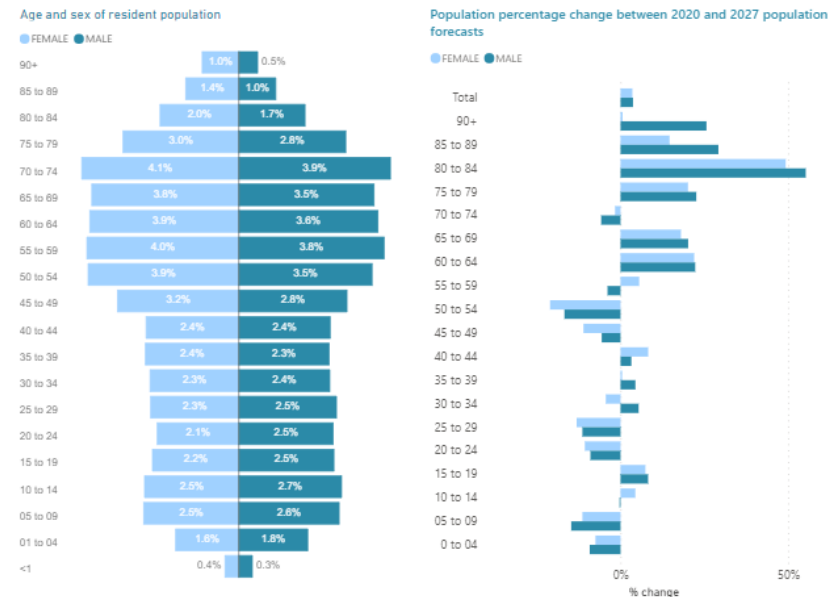
- Focus on the 'first 1,000 days' to have an impact on children's health in adult life.
- Prevent ill health across the life course
- Prevent poor mental wellbeing and take a partnership approach to suicide prevention
- Build prevention into health and care pathways to address modifiable risk factors - (smokers, overweight/obesity, meeting 5-a-day, physical inactivity, alcohol)
- Develop a targeted approach for the delivery of NHS Health Checks
- Tackle preventable cardiovascular disease, cancer and diabetes
  - Healthy Hearts - case-finding hypertension, high cholesterol and atrial fibrillation
  - Cancer prevention and early diagnosis to enable earlier treatment for improved outcomes
  - Diabetes – refer prediabetics to the National Diabetes Prevention Programme, Attain 'Three Treatment Target' to prevent diabetes complications
- Address avoidable mortality (preventable - through effective primary prevention and public health measures, and treatable through more effective and timely health care interventions).
- Reinstate screening programmes and improve uptake.
- Increase vaccination uptake - Childhood & Adult immunisations, including COVID-19 and Influenza
- Address workplace health
- Reduce antimicrobial resistance (AMR) impacted by changing clinical care due to COVID-19
- Take a system approach to air quality, climate change and sustainability

# Our Resident Populations

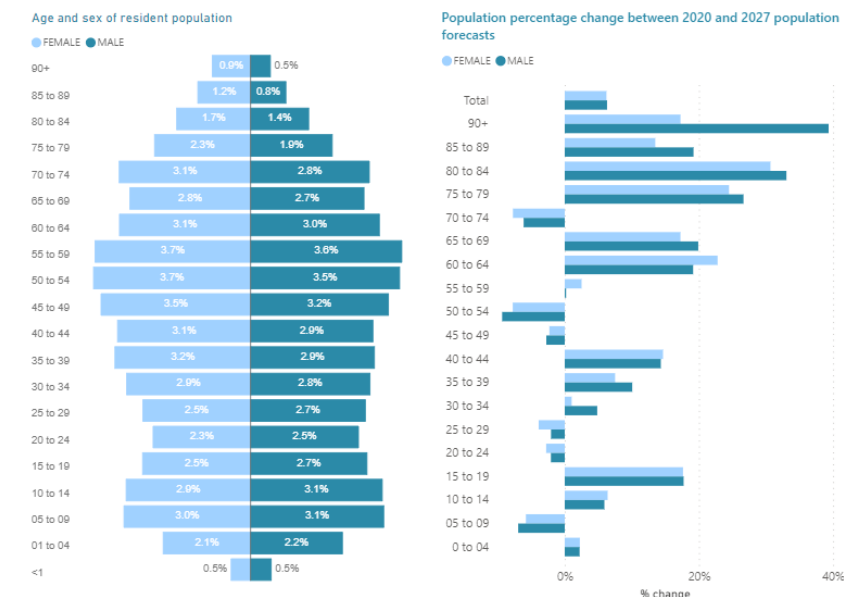
## Portsmouth, 212,760 residents



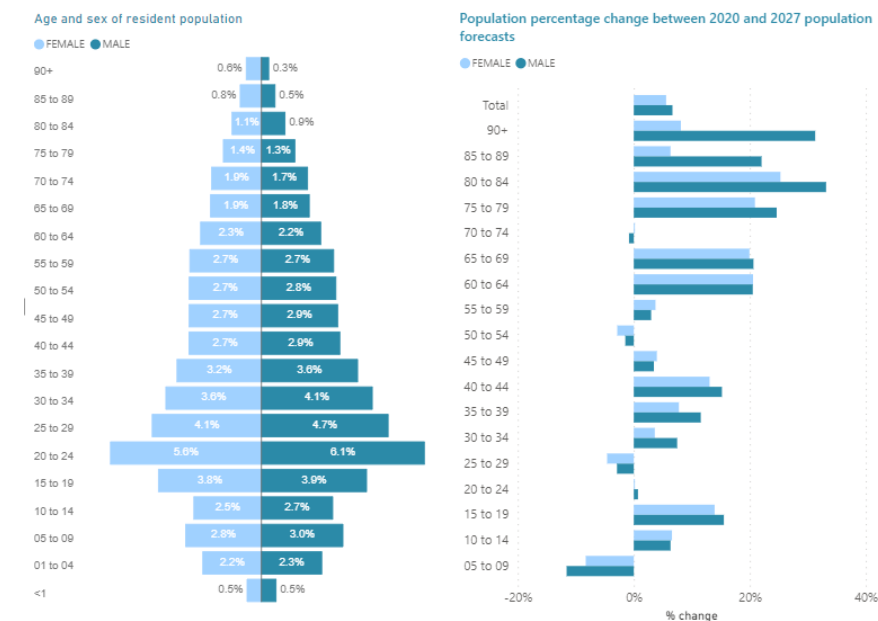
## Isle of Wight, 142,300 residents



## Hampshire, 1,409,500 residents



## Southampton, 260,000 residents



Very different population structures across each local authority in the ICS. Hampshire and Isle of Wight have a much older population structure, whereas Portsmouth and Southampton's population are much younger reflecting the student populations.

# Southampton Priorities: Health and Wellbeing Strategy 2017 - 2025



## HWBB Priorities and Indicators



### Outcome

### What are we going to do?



People in Southampton live active, safe and independent lives and manage their own health and wellbeing

- Encourage and promote healthier lifestyle choices and behaviour, with a focus on smoking, alcohol / substance misuse, healthy weigh, and physical activity including walking and cycling more.
- Encourage and promote healthy relationships and wellbeing of individuals of all ages, carers and families, particularly for those at risk of harm and the most vulnerable groups through increasing early help and support.
- Support people to be more independent in their own home and through access to their local community, making best use of digital tools including Telecare.
- Ensure that information and advice is coordinated and accessible.
- Prioritise and promote mental health and wellbeing as being equally important as physical health.
- Increase access to appropriate mental health services as early as possible and when they are needed.
- Make every contact count by ensuring all agencies are able to identify individual needs and respond /refer to services as appropriate.
- Promote access to immunisation and population screening programmes.



Inequalities in health outcomes are reduced

- Reduce the health inequalities gap between the most deprived and least deprived neighbourhoods in the city using the evidence of what works in the Marmot review of Health Inequalities.
- Take action to improve men's health to reduce the difference between male and female life expectancy through community based initiatives to deliver behaviour change.
- Reduce inequalities in early childhood development by ensuring good provision of maternity services, childcare, parenting and early years support.
- Work with schools to improve healthy lifestyle choices and mental wellbeing and reduce the harm caused by adolescent risk taking.
- Target access to advice and navigation to services to those who are most at risk and in need, to improve their health outcomes.
- Ensure that health inequalities are taken into account in policy development, commissioning and service delivery.
- Provide support to help people access and sustain quality jobs, targeting those who are long term unemployed or with families.



Southampton is a healthy place to live and work with strong, active communities

- Support development of community networks, making best use of digital technology, community assets and open spaces.
- Improve housing standards and reduce illness and avoidable deaths related to fuel poverty.
- Develop an understanding of, and response to, social isolation and loneliness in the city.
- Work with city planners to ensure health is reflected in policy making and delivery.
- Deliver a cleaner environment through a clean air zone with vehicle access restrictions to the city.
- Work with employers and employees to improve workplace wellbeing through healthier work places.



People in Southampton have improved health experiences as a result of high quality, integrated services

- Improve health outcomes for residents, at a lower cost, through integration and joint working across all health and council services.
- Prioritise investment in and embed a prevention and early intervention approach to health and wellbeing across the city.
- Deliver a common approach to planning care tailored to the needs of the individual or family.
- Deliver the right care, at the right time, in the right place by working as locally as possible and shifting the balance of care out of hospital to community providers.
- Maximise opportunities for prevention and early intervention through making every contact with services count.



### How will we measure success?

The Public Health Outcomes Framework is a comprehensive list of desired outcomes and indicators that help measure how well public health and wellbeing is being improved and protected in an area. The Health and Wellbeing Board will focus on a selection of these indicators that a) require the most improvement and b) will best indicate progress towards the outcomes in this strategy.

Priority area	Measure		
Overarching	Life expectancy at birth	Life expectancy at 65 years	Healthy Life Expectancy at birth
	Under 75 years mortality rate from cardiovascular disease	Under 75 years mortality rate from respiratory disease	Mortality rate from causes considered preventable
	Smoking status at time of delivery	Breastfeeding prevalence at 6-8 weeks after birth	Child excess weight in 4-5 and 10-11 year olds
Children & Young People/ Early years	Population vaccination coverage – MMR for one dose (2 years old)	Looked after children rate	School readiness
	Children in low income families (under 16s)	Hospital admissions caused by unintentional and deliberate injuries (0-14 years)	Under 18 years conception rate
	Smoking prevalence in adults	Suicide rate	Depression recorded prevalence
Adults	Injuries due to falls in people aged 65 years and over	HIV late diagnosis	Under 75 years mortality rate for liver disease considered preventable
	TB incidence (3 year average)		
Healthy settings	Fraction of mortality attributable to particulate air pollution	Percentage of people aged 16-64 years in employment	Excess winter deaths index

The full Public Health Outcomes Framework can be found at [www.phoutcomes.info](http://www.phoutcomes.info)

# Healthy Southampton



# Southampton Priorities: Health and Wellbeing Strategy 2017 – 2025

## Where are the challenges now?

- In Southampton, men live 13 months less and women live 8 months less compared to the England average
- Southampton women live for a longer period in poorer health (19.9 years) than Southampton men (17.6 years) and women nationally (19.6 years) *[Poorer health years = Life Expectancy – Healthy Life Expectancy]*
- The mortality rate from causes considered preventable and the under-75 mortality rates from cardiovascular disease and respiratory diseases remains higher than England. In recent pooled periods, Southampton rates for men have declined but have increased for women for these three indicators.
- Under 75 mortality from preventable liver disease, data 2016-18 & 2017-19 highest since 2001-03, significantly higher than England
- Comparing the most deprived 20% of Southampton to the least deprived 20%, life expectancy at birth gap 8.7 years for men and 4.1 years for women (2018-20)
- Excess weight in 4/5 years old and 10/11 years old higher than England and with a steeper overall increase
- Children in relative low income families, consistently significantly higher than England and overall gap getting worse
- Local depression prevalence (12.4%) has increased similarly along with national rates (12.3%) for 2020/21
- TB incidence locally (9.8 per 100k) significantly higher than England (8.6 per 100k) and lowest since 2001-03
- Data for people in employment to end of March 2021 saw Southampton significantly higher than England, however the impact of COVID-19 has since seen significant increases and also sub-city variation

# THE HEALTH OF THE ISLE OF WIGHT POPULATION

- The Isle of Wight has a population of around 142,300 individuals, of which 28.7% are aged 65 years and over. This is **older** than the England average (18.5%).
- It has **high levels of deprivation** with 12 areas in the top 20% most deprived in England.
- **Healthy life expectancy is significantly lower** than the national average and has fallen in recent years, most markedly in women.
- **Inequalities in healthy life expectancy are evident** with those living in most deprived areas of the Isle of Wight living a smaller proportion of their lives in good health.
- The Global Burden of Disease study has identified the highest risk factors driving lower quality of life due to disease on the Isle of Wight as **high body-mass index, tobacco, occupational risks and alcohol use**. The highest causes of years lived with disability in the area are **musculoskeletal disorders (22.8%) and mental disorders (17.0%)**.
- Isle of Wight residents reported slightly **lower life satisfaction and lower happiness** than the national average.
- **COVID-19 and the associated restrictions** have both had an impact on the population's mental health.
- **Housing has become less affordable compared to gross median earnings** since 2002. A smaller proportion of homes are available for social renting than in England as a whole
- There are a lower proportion of people living in fuel poverty than in England as a whole (8.9% compared to 13.4%) but there are **small areas with higher fuel poverty, especially within Newport and Ryde**.

## Healthy Places - healthy homes

### 1. System approach

- i. Through a 'Health Begins at Home Memorandum of Understanding (MOU)', commit all system partners to work collaboratively to ensure that residents are able to live in a healthy and safe home. This includes signing up to take action against our four main priorities; preventing homelessness through improved partnership working, ensuring everyone can stay safe in their homes, joint strategic decision making and commissioning, and processes to continually learn and improve.

### 2. Champion excellence

- i. Promote and monitor the application of national housing standards which improve health, including Nationally Described Space Standards, Minimum Energy Efficiency Standards, Housing Health and Safety Rating System (HHSRS)
- ii. Through workforce development, increase awareness and understanding of the relevant standards

### 3. Home safety

- i. In partnership with Hampshire and Isle of Wight Fire and Rescue Service, take a coordinated approach to reducing ill health and potential fatalities from carbon monoxide, smoking-related fires and second-hand smoke

### 4. Climate change

- i. Consider climate change in all work programmes across this strategy and identify what mitigating actions need to be taken
- ii. Monitor and improve air quality across the Island
- iii. In partnership with Energise Me, deliver the 'We Can Be Active' strategy on the Island, to inspire and support active lifestyles alongside developing sustainable, active transport options

## Healthy People - mental health and emotional wellbeing

### Partnership approach

Through our Mental Health Alliance we will focus on prevention and early intervention to:

Build community resilience including: identifying and mapping support needs and available services; developing network of mental health champions

Training and upskilling in mental health first aid, debt and anxiety

Coordinated communications and signposting of the partnership campaign: 'It's OK to not be OK'

- i. We will support a Trauma Informed Approach, working with the Office of the Police and Crime Commissioner and her team to ensure that our services understand the impact of people's past histories and respond in an appropriate way.

- ii. Our aim is to ensure that each person who dies, each person who is bereaved, and every member of our community who has thoughts and anxieties about death, dying and bereavement is supported in an appropriate way.

### 2. Service improvements

- i. Implement the Isle of Wight mental health strategy, '*No Wrong Door*' which has been coproduced with people who use services, staff and wider stakeholders. The strategy aims to open up access to mental health services that work together across the island system, providing holistic person-centred care. There is a particular focus on mental health crisis care, and strengthening the provision of services to people with complex needs across the life course.

- ii. Work together with services that support the mental health of children and young people to improve mental health and emotional wellbeing outcomes.

### 3. Mental healthy workforce

- i. Improve mental health and wellbeing in our workforces through policy and workforce development. For the Isle of Wight Council, this will be through the Health and Wellbeing Framework which has been designed to help staff feel well, healthy and happy at work and provides support such as Employee Assistance Programmes and Mental Health First Aiders (MHFA).

## Healthy Lives - health inequalities

### 1. Place based approach

Work with community groups on key workstreams to reduce inequalities in health:

- i. Take coordinated action on food insecurity through the Holiday Activity and Food Programme (HAFP), supporting families in receipt of free school meals
- ii. Implement the Healthy Hearts programme to improve the cardiovascular health of the population through primary and secondary prevention, with a focus on those most at risk
- iii. Review healthcare provision in line with the NHS programme of CORE 20 plus 5

### 2. Tackling poverty

- i. Take an Island-wide approach to identifying need in relation to poverty and ensure mitigating actions are evidence-based and joined up
- ii. Halve fuel poverty across the Island by 2030 through promotion of cheapest energy tariffs, improvements in energy efficiency and proactively identifying households for Housing Health and Safety Rating System

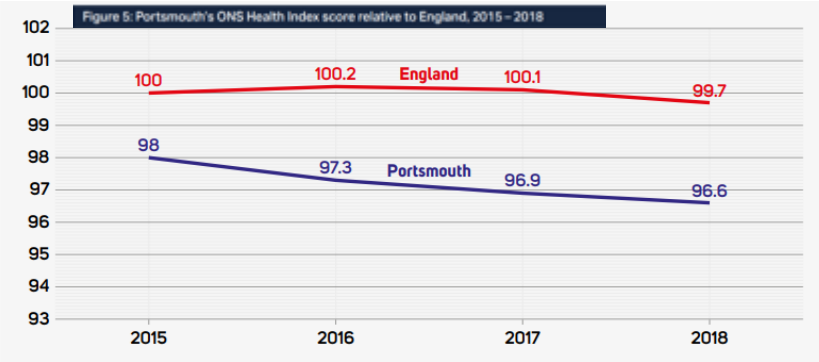
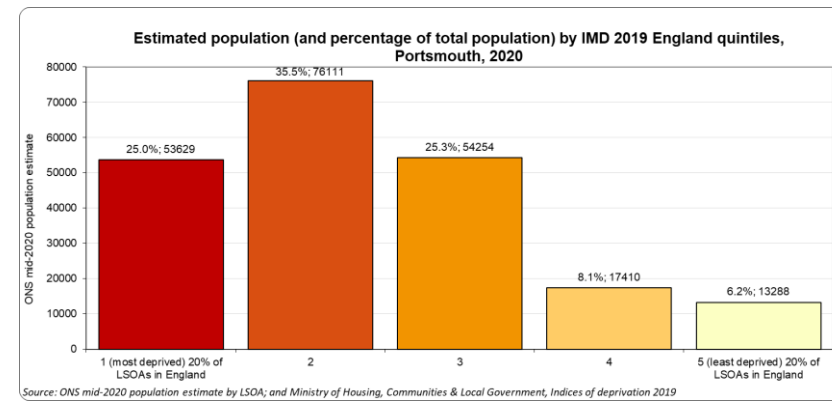
### 3. Support healthy lifestyles

- i. Implement a lifestyle plan (smoking, healthy weight, physical activity, alcohol) that supports and enables people to improve their health through preventive action and adopt healthy lifestyles; changing our environments so they are health promoting; and ensuring we focus on those most at risk from experiencing poor outcomes.

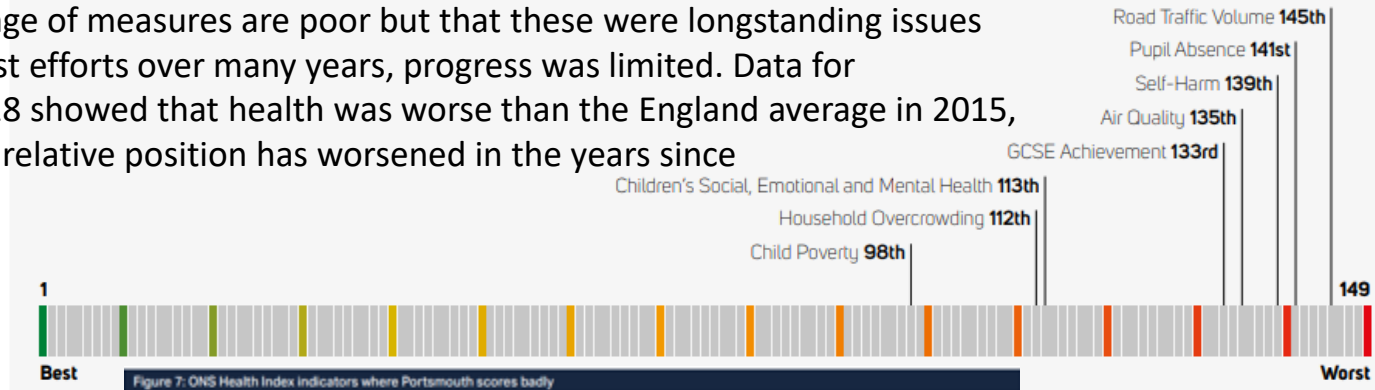


# Portsmouth Priorities: place matters

- Portsmouth is a deprived city – it has pockets of affluence rather than pockets of deprivation: 13% of Portsmouth’s population live in the 10% most deprived areas nationally, and nearly 90% are in the most deprived three quintiles
- 25% of households in Portsmouth are in relative poverty (below 60% of median income after housing costs) but this is as high as 45% in some smaller geographies.



Our Health and Wellbeing Strategy 2022-30 started with a recognition that health outcomes on a range of measures are poor but that these were longstanding issues where, despite best efforts over many years, progress was limited. Data for Portsmouth in 2018 showed that health was worse than the England average in 2015, and that the city’s relative position has worsened in the years since

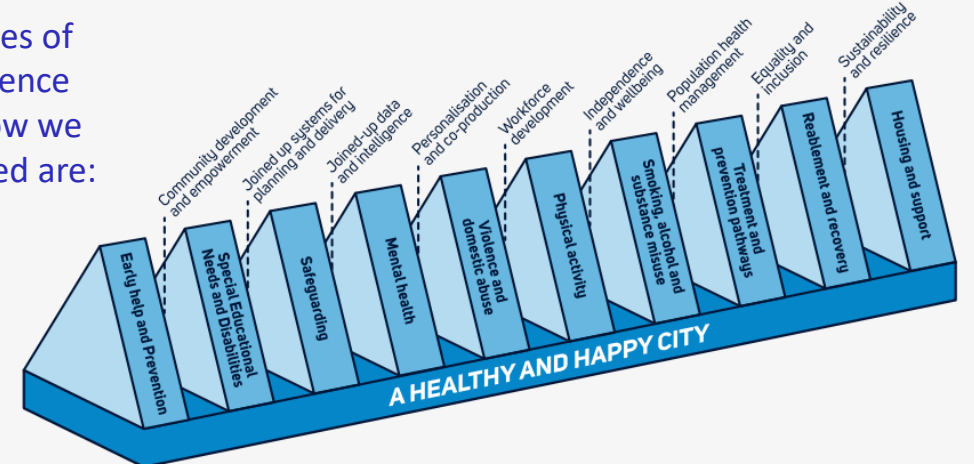


## Portsmouth’s Health and Wellbeing Strategy 2022-2030:

**We want Portsmouth to be a healthy and happy city, in which each person has the education, care and support they need for their physical and mental health.**

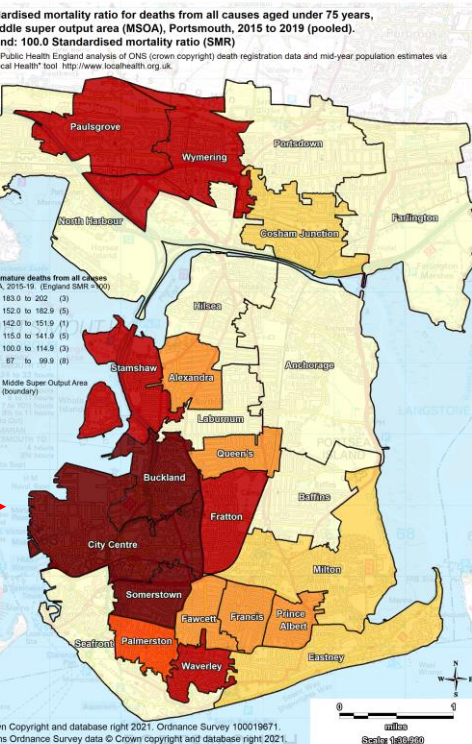
Using a strong evidence base, we have identified five issues which we are describing as the “causes of the causes” – the underlying factors in our city that lead to some of the issues which in turn influence health and wellbeing. Rather than look at individual services and responses, we are looking at how we create the conditions for good health and wellbeing in Portsmouth. The themes we have identified are:

- Tackling Poverty
- Educational Attainment
- Positive Relationships in safer communities
- Active Travel and Air Quality
- Housing



## Life expectancy and long term conditions

- ## % adults who smoke



- 14% of Portsmouth adults are estimated to be current smokers (APS) but this is significantly higher in council/social housing (41%), in routine and manual occupations (27%), and in those with a longer term mental health condition (37%) according to local survey data
- Alcohol use is the biggest risk factor in Portsmouth adults in terms of Years Lived with Disability. 1 in 5 people (22%) are drinking to unhealthy levels, with up to 4,400 adults estimated to be alcohol dependent.
- In 2021 just over 1,000 adults were in treatment at specialist drug misuse services in Portsmouth, with a similar number estimated as unmet need.
- 2/3 adults in Portsmouth are overweight or obese (19/20 ALS). In 2020/21 28% of year 6 pupils in Portsmouth were obese
- In 2020/21, Portsmouth had 1,986 households (22 per 1,000) owed a prevention or relief duty under the Homelessness Reduction Act, was significantly higher than England (11.3 per 1,000 households) or the SE.

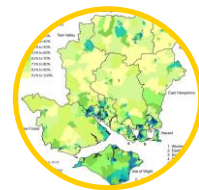
- Standardised mortality ratios in more deprived areas are twice that of the England average
- Main causes of life expectancy gap (cardiovascular disease, cancer and respiratory disease) all significantly higher than England.
- U75 mortality from breast cancer is the highest rate in the country and increasing
- Mortality from COPD (m) is among highest in country

# What do we know about need in Hampshire



**Demographics** – At 1.9m, is the 10th largest of England's 42 ICSs. Ethnic diversity is dispersed, varies across the ICS and increasing overall. HIOW's population is **ageing**. In the next 5 years, the 75+ age group, is expected to grow by **18%** with likely increases in complex multimorbidity, a big driver of health service need, particularly in West Hampshire and Isle of Wight. But younger population structures in Southampton and Portsmouth also drive different needs. Cancer and circulatory disease accounted for over half of the deaths (**51%**) across the ICS in 2020.

**“Prevent ill health across the life course to ensure healthy ageing”**



**Deprivation** - Life expectancy and healthy life expectancy at birth are lowest for people living in more deprived areas of the ICS. On average, people in the more deprived areas of the ICS 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.

**“Take a system leadership role with partners in recognising and addressing the wider determinants of health”**



**Maternity, early years and children and young people** - **18,945 births** in 2020, continuing the decrease observed in recent years. Smoking rates among pregnant women (9.1%) are above the national ambition of 6% by 2022 end. Many babies and mothers would have missed out on the best start in life during the COVID-19 pandemic, which is also leading to increasing childhood obesity, mental health disorders and missed vaccinations.

**“Focus on the ‘first 1,000 days’ to impact on children’s health in adult life, alongside the six national early years and school-age high impact areas including the seventh locally identified high impact area on maternal smoking”**



**Lifestyles** - Smoking (at 92.7% smoking status recording is lower than England), poor diet, physical inactivity, obesity (3rd highest QOF recorded prevalence rate), and harmful alcohol use are leading health risks, driving the ICS's burden of preventable ill health. Tobacco, high body mass index and high blood sugars drive the most death and disability across the ICS. They are also responsible for people becoming seriously ill with COVID-19

**“Address leading health risks for the prevention and treatment of long term conditions”**



**Inequalities** - Several population groups in the ICS experience more health risks and outcomes compared to England. People in disadvantaged areas are at greater risk of having multiple conditions and that too, 10 to 15 years earlier than people in affluent areas. Trends for both Southampton and Isle of Wight show increases in male life expectancy inequality. Additionally, COVID-19 has exposed, exacerbated, and created new health and social care inequalities.

**“Use data insights to identify worsening inequalities gaps and devise interventions to level up and close these gaps”**

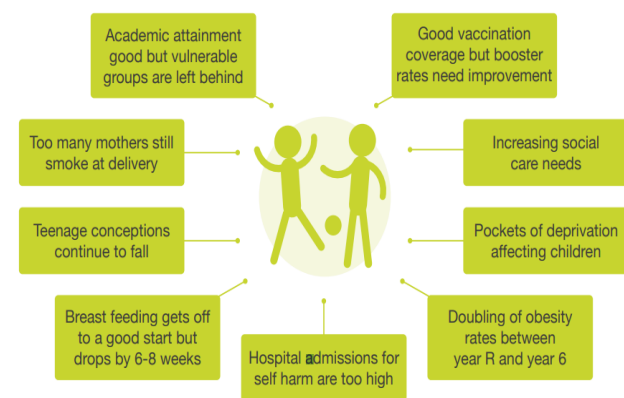


**Ill health and Multimorbidity** – Southampton and Portsmouth have higher preventable, premature death rates due to cancer, cardiovascular, liver and respiratory disease compared to England, again highlighting the focus on prevention. Deaths from these key causes are also major contributors to the gap in life expectancy between the most and least deprived quintiles across the ICS. CVD is the single biggest condition where lives can be saved.

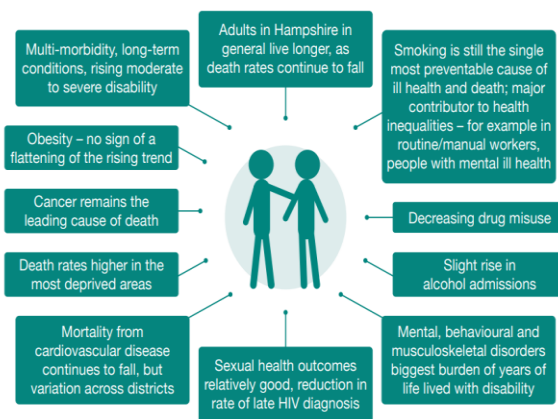
**“Tackle avoidable mortality (preventable - through effective primary prevention and public health measures, and treatable through more effective and timely health care interventions).”**

# Hampshire: Health and Wellbeing Strategy 2019 - 2024

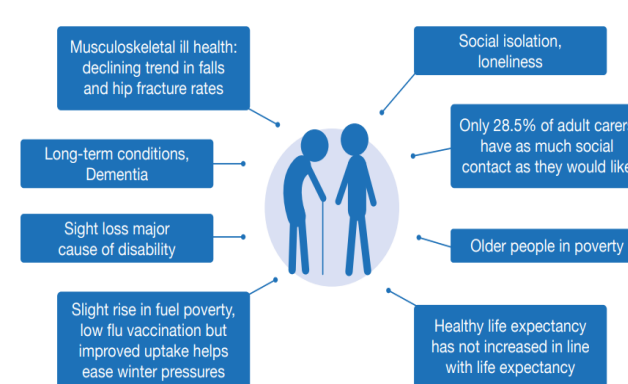
## Starting well



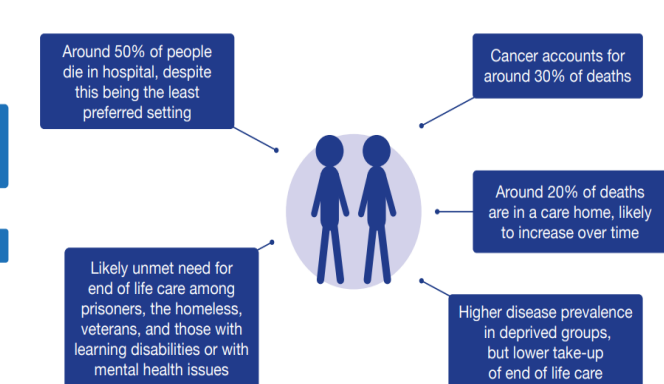
## Living well



## Ageing well



## Dying well



## Key priorities for improvement

- Improve mental health and emotional resilience for children and young people and their families.
- Improve physical health in children and young people through prevention and early intervention.
- Work more collaboratively across organisations, disciplines and with children and young people and their families to improve outcomes and services, including integrated or aligned approaches where appropriate.

## Key priorities for improvement

- Work together to enable people to live healthier lives focusing on the main lifestyle risk factors for cancer, circulatory disease and long-term conditions.
- Improve the population's mental wellbeing and reduce mental ill-health.
- Enable people with long-term conditions to live healthier lives for longer and reduce variation in outcomes.

## Key priorities for improvement

- Continue to develop connected communities which can support people to live happy, healthy lives in the place of their choosing.
- Enable people to plan for a fulfilling, purposeful older age.
- Create healthy home environments which allow people to stay well and independent into older age.
- Enable older people to lead healthy, active lives.

## Key priorities for improvement

- Ensure person-centred care, choice and control is consistently in place across Hampshire to help people live well with life-limiting conditions.
- Support people at end of life to return to or remain in their preferred setting in the last days and hours of life.
- Improve skills and capacity across Hampshire to ensure people are encouraged and supported to have early and timely conversations about end of life wishes and choices.
- Work together effectively across organisations to provide well integrated care and consistent palliative care.
- Improve access to bereavement support and services locally, for all age groups

*Working together for a healthier Hampshire*





**HAMPSHIRE**  
CONSTABULARY

## Six areas of focus



## Police & Crime Plan Priorities





# FORCE CONTROL STRATEGY

2022 - 2023

## CROSS STRAND THEMES

VIOLENCE AGAINST  
WOMEN & GIRLS  
(VAWG)

WEAPONS  
(INCLUDING  
FIREARMS)

TECHNOLOGY

COMMUNITY  
TENSION, HATE  
CRIME & COHESION

PARTNERSHIPS

PREPARE

PREVENT

PROTECT

PURSUE



MODERN SLAVERY &  
HUMAN TRAFFICKING



SERIOUS  
VIOLENCE



COUNTERING  
TERRORISM



FRAUD & CYBER  
ENABLED CRIME



DRUG RELATED  
COMMUNITY HARM



CHILD ABUSE  
& EXPLOITATION



DOMESTIC  
ABUSE

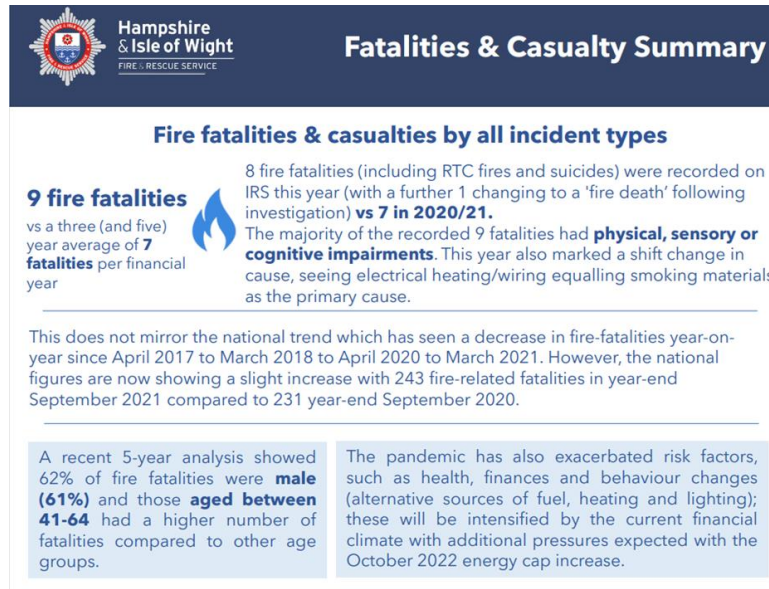


SERIOUS & ORGANISED  
ACQUISITIVE CRIME



PARTNERSHIP, PUBLIC CONFIDENCE AND LEGITIMACY

# Our current Strategic Assessment of Fire Risk



### 103 fire casualties

53% male, 24% related to cooking  
47% female, 37% related to cooking  
Up 20% from 86 in 2020/21  
vs a 3-year average of 95  
vs a 5-year average of 99

50% (52) went to hospital with injuries that appeared slight, overcome by gas smoke or slight burns. This was followed by 29% (30) of casualties given first aid at the scene. This is mirrored in previous years. **Cooking** remains the main cause of fire casualties. **Income and deprivation** remain significant influencing factors for fire casualties.



### 475 RTC casualties

No change vs the 3-year average of 475  
-2% vs the 5-year average of 487

Analysis over a 5-year period shows the majority of RTC casualties were male (61%) and within the 17-40 year old age range. 19% suffered back / neck injuries and 11% from lacerations - 58% of these injuries were 'slight' over the 5-year period.

There has been changes to patterns of RTC critical response. Response times have been extended over the latter half of 2021/22 due to the rural, remote and challenging location of some incidents.



### 240 SSC casualties

-10% vs the 3-year average of 267  
-8% vs a 5-year average of 260

+13% vs April - March 2021  
Influenced by 82% increase in assisting other agencies (52 to 95)

- Population growth remains important – and is factored into various analyses, including how we target our Safe and Well visits (one of the core components of our Prevention activity). This analysis will be iterated by the Census data releases, with population growth varying significantly across our Operational Groups (see slide 10).
- The ageing population also presents us with risks, and a focus for some of our prevention activity.
- Increased obesity continues to be a growing challenge with some focus internally on our bariatric response.
- Medical response data from our Electronic Patient Record Form shows that 48% of patients are over 66 year-olds and breathing problems or chest pains are two of the main job types.
- Our prioritisation and focus of Protection (commercial fire safety and enforcement) continues with an ongoing assessment of premises most at risk of fire (based on Experian data), with a heightened focus on those commercial premises which also have sleeping accommodation.
- There is also an ongoing organisational focus on reducing the number of false alarms, which continue to increase both locally and nationally.
- We have seen increases in staff sickness (beyond Covid) in the last two years, with an increase in stress related absence and a reduction in (self-assessed) staff wellbeing and mental health.
- Climate change and increased adverse weather events remain significant risks, as demonstrated by ongoing external modelling and forecasts, and as evidenced by the recent heatwave with, for example, an over 300% increase in fires in the open during 12-19 July 2022 compared to the same period last year.