NORTH HAMPSHIRE • VOLUNTARY SECTOR HEALTH & WELLBEING FORUM

North Hampshire Voluntary Sector Health and Wellbeing Forum

Thursday 22nd October 2026

Registration 9.30am | Start 10am

Connecting local voluntary and community organisations with health and care partners

Basingstoke Voluntary Action

Hart Voluntary Action

Rushmoor Voluntary Services
Local support for local people

NHS
Hampshire and Isle of Wight

Community First
making life better for everyone

British Red Cross



Led by Basingstoke Voluntary Action • Hart Voluntary Action • Rushmoor Voluntary Services

A locally led conversation

Led by

Basingstoke Voluntary Action
Hart Voluntary Action
Rushmoor Voluntary Services

Working with

NHS Hampshire and Isle of Wight and Community First

Our purpose

Build understanding, strengthen connections and hear what local groups need next.



Welcome

Daniel Neat | Chief Executive, Basingstoke Voluntary Action




NHS
Hampshire and Isle of Wight
BVA
Basingstoke
Voluntary Action
Community First
making life better for everyone
HART
VOLUNTARY
ACTION
RUSHMOOR
Voluntary Services
Local support for local people
BritishRedCross
Action
Hampshire
mind Andover
Art
Well
Free the wonder of
your imagination
Autism
Hampshire
part of Avenues Group
Believe in
children
Barnardo's
BASINGSTOKE & AREA
TINNITUS SUPPORT GROUP
CARING, SHARING & FRIENDSHIP
Basingstoke
NeighbourCare
BeActive
HAMPSHIRE
beyond here
BREAKOUT
YOUTH
Cardiac Health
Fitness for Life
Community
Churches
Connected
citizens
advice
Hart
सिटिजन
एडभाइस
citizens
advice
Rushmoor
Daisy Chain Café
Circle of Support
Energise
Me
FLEET
COMMUNICARE
GamCare
Support starts here
gloji
Hampshire
Hart
DISTRICT COUNCIL
Hampshire
County Council
headroom
YOUNG PEOPLE'S CHARITY
healthwatch
Hampshire
home
group
home
instead.
kooth
OCH
ODIHAM COTTAGE HOSPITAL
OpenSight
PARITY
For People With Multiple Disabilities
RUSHMOOR
BOROUGH COUNCIL
Salus
MEDICAL SERVICES
SAMARITANS
Farnborough & District
Sasha's
project
A SAFE PLACE
shaw trust
Simon Says
Smokefree
HAMPSHIRE
Stepping
Stones DS
TalkPlus
Boaz
tec
the Environment Centre (tec)
the
Pink
Place
V4Y
VISION4YOUTH

Meet your North Hampshire LIOs

Basingstoke Voluntary Action | convening, representation, support and community connections.

Rushmoor Voluntary Services | Donna Bone, Chief Executive: Rushmoor, community transport and cross-boundary experience.

Hart Voluntary Action | Caroline Winchurch, Chief Executive: local groups, volunteering and community priorities.



Basingstoke Voluntary Action

Daniel Neat | Chief Executive, Basingstoke Voluntary Action

Our role: connect, enable and sustain local support

500+ VCSE members supporting local communities

Everyday prevention - Volunteering, wellbeing walks, social connections and practical help happen close to home.

Sustainable groups - Core infrastructure: funding, governance, volunteers and partnership support.

Stronger partnerships - BVA connects grassroots experience with health, care and public-sector decisions.

BVA Basingstoke Voluntary Action

The Orchard

A community asset for wellbeing

- Community groups
- Café and social connection
- NHS and clinic provision
- Accessible local support



Rushmoor and services across boundaries

Donna Bone | Chief Executive, Rushmoor Voluntary Services

Volunteering, group support and community development

Work Well – support for people with health issues and/or disabilities to get back/in to work

Blooming Marvellous – supported volunteering for people living with poor mental health

Wellbeing Walks – six walks per week in green spaces

Befriending and Buddying – supporting people who are socially isolated

Friday Lunch Club – games, lunch and friendship

Community Transport – passenger transport and bus hire

RUSHMOOR Voluntary Services
Local support for local people


RUSHMOOR
connect
Linking communities in Hampshire
An accessible door to door transport service for residents living in Farnborough and Aldershot
(Eligibility criteria apply)
Regular journeys to help you...
Shop locally
Farnborough, Aldershot and Camberley shops plus local garden centres
Stay connected
Attend social groups, visit family & friends
Attend appointments
GP & Dental appointments (we do not offer hospital transport)
Contact us
Call us on
01252 398451
www.rvs.org.uk
Accessible for all
Our vehicles are fully accessible with low steps, handrails and a tail lift
connect
Hampshire County Council
RUSHMOOR Voluntary Services
RUSHMOOR BOROUGH COUNCIL


FLEET
connect
Linking communities in Hampshire
An accessible door to door transport service for residents living in Fleet, Church Crookham, Crookham Village and Elvetham Heath
(Eligibility criteria apply)
Regular journeys to help you...
Shop locally
Fleet, Farnborough and Camberley shops plus local garden centres
Stay connected
Attend social groups, visit family & friends
Attend appointments
GP & Dental appointments (we do not offer hospital transport)
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RUSHMOOR Voluntary Services
Hampshire County Council
Fleet Town Council
Church Crookham Parish Council

Hart Voluntary Action

Caroline Winchurch | Chief Executive, Hart Voluntary Action

Counselling Services – covering youth counselling, adult counselling, family counselling, walk & talk, depression peer support groups.

Counsellor Support – accredited training, clinical supervision, student placements, counselling rooms for hire at Odiham Cottage Hospital

Hart Health Walks

Hart's Community Garden

Hart & Rushmoor Young Carers

Shared Working on Health-related initiatives in Hampshire

CHAT Volunteering

supporting the Hampshire and IOW Volunteering for Health site, one of 15 sites across England exploring new ways of engaging and supporting volunteering within NHS settings, primarily hospitals. This will include piloting the re-opening of the Health Information Point at North Hampshire Hospital using a team of volunteers.

Promoting other Action Hampshire-led initiatives:

- Let's Be Smokefree Hampshire
- Raising Voices in Research – currently looking for village halls/community venues to get involved
- Healthy Neighbourhood Health Programme – Hampshire Local Infrastructure Organisations (LIOs) have been identified as stakeholders to advocate on behalf of our local VCSE.

NHS Hampshire and Isle of Wight | Clare Whalley

- Commissioning context and how decisions are shaped.
- Care closer to home, neighbourhood health and the NHS 10 Year Health Plan.
- How community groups and LIOs can influence local partnership working.
- Please reference the 29 agreed Hampshire neighbourhoods and clarify the relevance to North Hampshire.

NHS
Hampshire and Isle of Wight

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Hampshire and Isle of Wight

Strategic commissioning and planning process

Overview of process
Discussion about HIVCA involvement
14 September 2026

Hampshire and Isle of Wight

NHS
Hampshire and Isle of Wight



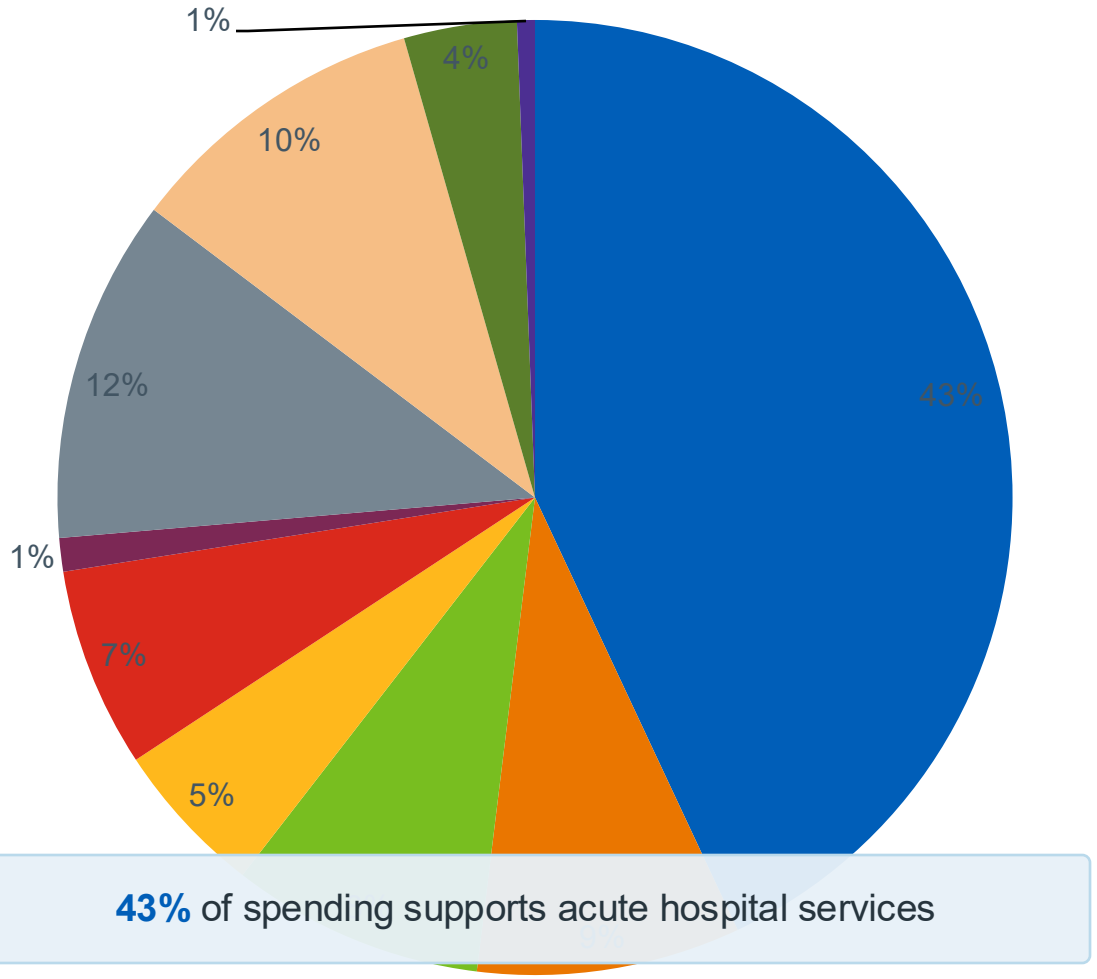
- 2.1 million people
- 4 upper tier local authorities
- 10 district and borough councils
- 142 GP practices
- 4 acute hospital trusts
- 5 emergency departments
- 7 urgent treatment centres
- 1 community and mental health trust
- 2 ambulance services

How NHS funding is spent locally

Spend per head of population, 2025/26

£2,645 per resident

Population: 1,969,030 | Expenditure: £5,208.1m



43% of spending supports acute hospital services

Spend per resident

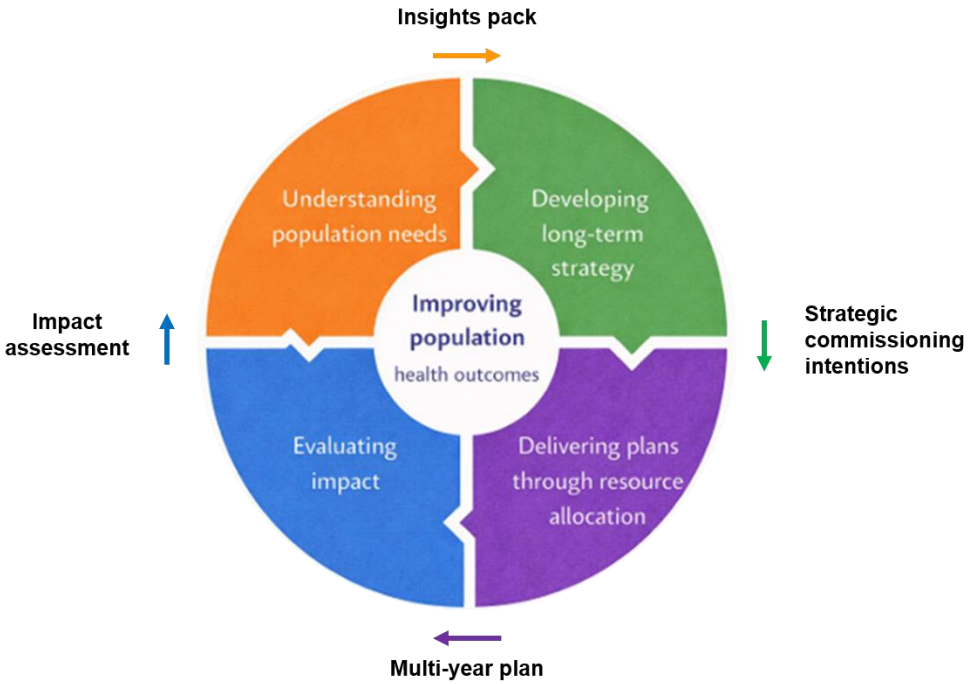
Acute hospital services	**£1,138**
Mental health	**£236**
Community services	**£226**
Continuing care	**£139**
Prescribing	**£179**
Primary care	**£30**
Delegated primary care	**£308**
Specialised commissioning	**£272**
Other programme services	**£101**
Running costs	**£16**

Figures supplied in the 2025/26 expenditure summary.

Overview

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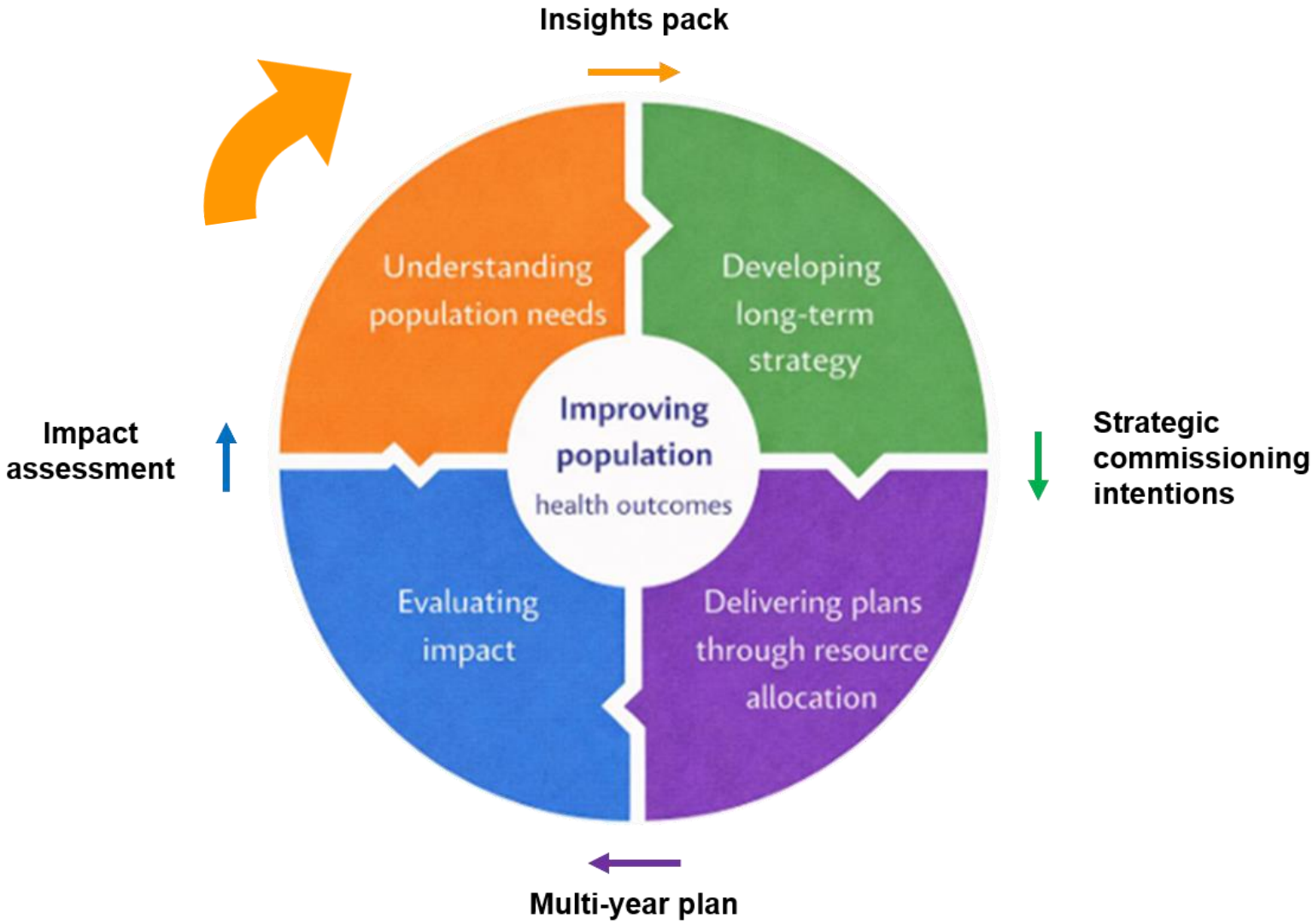
Stocktake of previous year's planning	May 2026	Summary system strategy: 'Fit for the future: turning plans into action'
		Plan for ongoing impact evaluation
Insights	June	Gather information and feedback from multiple sources about population, needs, and services
	July	Draft summary insights about population need and services, and engage partners to refine insights
Strategic direction and commissioning intentions	August	Consider how best to respond to the refreshed insights
	September	Develop strategic intent, commissioning intentions and system development roadmap
Multi-year planning and resource allocation	Rest of 2026	Develop multi-year plan, financial plan, NHS contract changes and links with non-NHS partners
	2027 onwards	Engage providers and local partners to deliver



Insights

Insights – a key part of our strategic commissioning and planning process

Hampshire and Isle of Wight



Insights summary



Part A focusses on the needs of the population

1 Who lives here now, and what's distinctive
2 Future population change and housing growth
3 Deprivation and inequality hotspots
4 Preventable disease burden – where avoidable demand is created
5 Uptake versus prevalence – where services are not reaching need
6 Digital access and exclusion
7 Travel time and service access pinch points
8 Inequality in utilisation: who uses, does not, services v catchment
9 Segmentation and priority cohorts

Part B focusses on services and alignment to need

10 Where are biggest mismatches provision and need
11 Where current arrangements may limit flexibility or value
12 Where workforce supply is the critical blocker
13 Where buildings, locations or estate constraints limit improvement
14 Where provision is most vulnerable to disruption or failure
15 System and provider sustainability
16 Affordability
17 Biggest opportunities for change – quality, equity, sustainability and value?

Insights report

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Hampshire and Isle of Wight

Summary

- The insights report reiterates the case for change, amplifies our understanding of the issues faced, endorses our outcomes framework, reinforces our strategic direction with neighbourhoods, and challenges us to go much further.
- Key opportunities may sit at the overlap of deprivation, multi-morbidity, frailty, mental health and barriers to access.

Headlines from the insight report

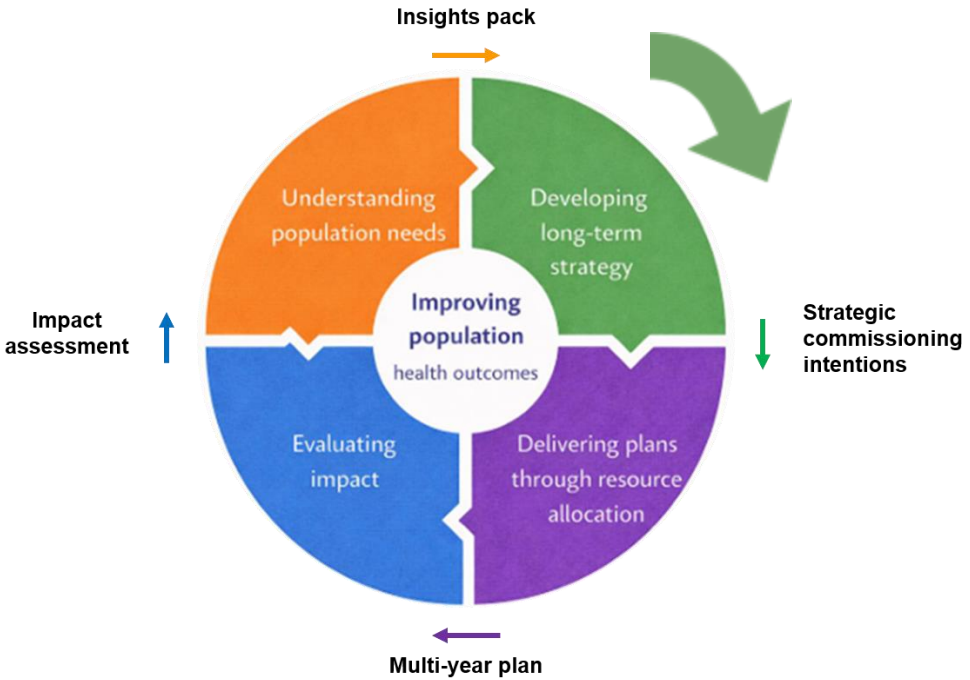
- Good system averages conceal sharply different local realities.
- There is a 15-year disparity in healthy years across different parts of Hampshire and Isle of Wight
- Living in poor health for over 20 years is the norm in some areas.
- There are a diverse range of reasons for the challenges and inequalities faced by different communities.
- There are variations in the services we offer and the access to services, and these variations seem to reflect history rather than a response to different needs.
- The funding allocation for the NHS in Hampshire and Isle of Wight is in line with the national formula (£5.9bn 2027/28).
- Half of our health spend relates to 15% of the population, with the majority on acute services.
- Many people would be better cared for in a non-acute setting.
- Benchmarking indicates scope for improvement, both by avoiding hospital admissions for ambulatory care sensitive conditions and by supporting prompt discharge from inpatient settings (for physical and mental health).

Strategic intent

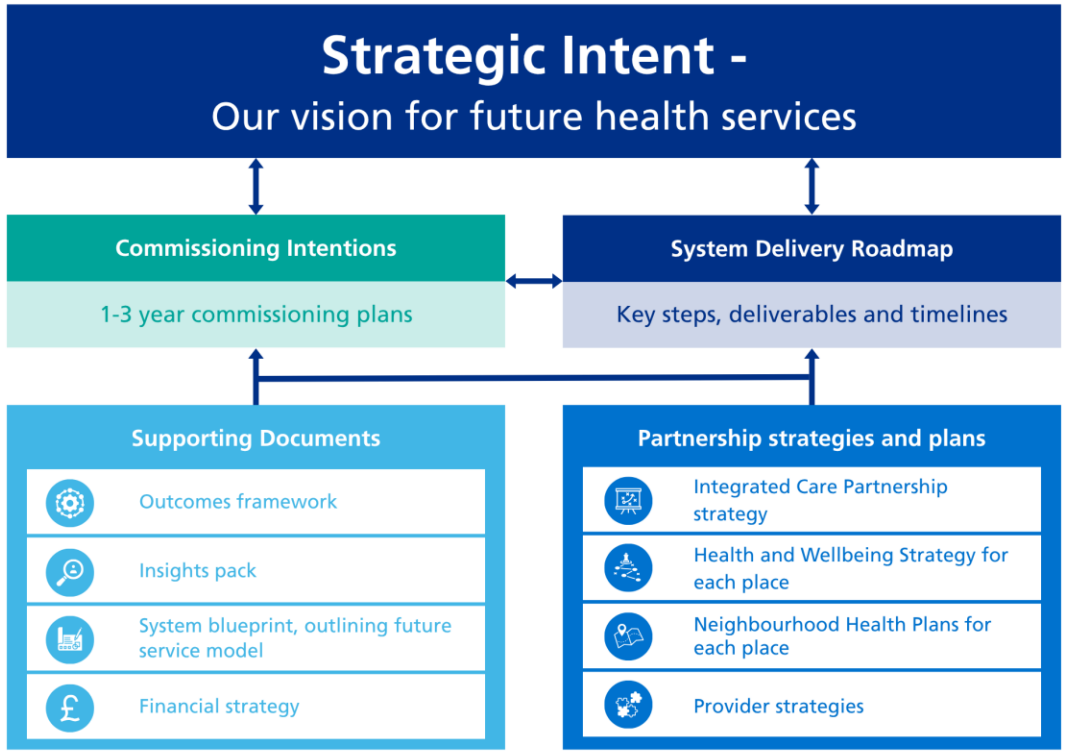
Strategic intentions

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Hampshire and Isle of Wight

Our current focus is on developing the long-term strategy and 3-year commissioning intentions



Key strategic and commissioning documents and how they inter-relate



Strategic intent – proposed document

NHS
Hampshire and Isle of Wight

It will describe the 'north star', set outcomes, explain strategic choices and outline implications. It will refer to (not reproduce) other documents, such as insight report, commissioning intentions, service design, delivery milestones, financial schedules, workforce plans and contractual requirements.

Purpose

- Provide overarching 5-year vision for NHS in Hampshire and Isle of Wight
- Describe future state for the system
- Set outcomes to improve population health and reduce inequalities
- Outline strategic choices and the implications for commissioning
- Provide basis and approach for the 3-year commissioning plan
- Describe capabilities, governance, financial and contractual conditions needed to deliver strategic intent
- Outline how the changes for system will be phased, tested, evaluated and developed over time

Engagement

Through the process of developing this document, we will:

- Agree how population-based commissioning will operate in practice and steps to achieve it
- Determine outcomes required to improve population health and reduce inequalities
- Identify how these outcomes will be used to set priorities and allocate resources
- Consider how system needs to operate, such as commissioning footprints, service delivery models, provider collaboratives, local flexibility or consistency, governance and accountability, plus ICB role and capabilities

Scope

- Our 5-year intent – set overarching goals
- What will be different for local people
- Case for change – challenges and opportunities identified in insights about population and services
- Health outcomes – drawn from existing framework and supporting documents
- Choices and reasons – rationale for strategic direction and 'north star' identified, linked to fuller appraisal(s) or further work if required
- Future model of care – the nature of services and scale of shifts required
- Shared decision-making – how we will respond to opportunity from local government reform
- Approach - to population-based commissioning
- How we work – with places, providers and partners
- Roadmap – summary of deliverables and timelines

Summary of our outcomes framework

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Hampshire and Isle of Wight

We will improve healthy life expectancy and reduce the gap for people in different communities across Hampshire and Isle of Wight

We will achieve this through a focus on physical and mental wellbeing at all ages: Starting Well; Developing Well; Living Well; Aging Well; Dying Well
We will ensure we get the best value from our resources, and deliver improved outcomes within our financial allocation
We will deliver fairer outcomes by focusing on multiple disadvantage and reduce health inequalities

We will support children to lead healthy, active, happy lives, while halting the rise in obesity	We will support improved cardiovascular, renal and metabolic health and reduce preventable deaths	We will improve the impact of and satisfaction with healthcare for all groups and communities across our population	We will increase the number of people living well and independently	We will plan and design care with you and around your needs
You will see: • Improved pre-conception and maternal health and wellbeing • More children and young people physically active and fewer overweight or obese • Improved dental outcomes for children and young people • Improved physical and mental health and wellbeing in children and young people	**You will see:** • Improved prevention, with earlier detection and management of CVRM risk factors and conditions • More people successfully quitting smoking, and fewer people smoking • More people successfully and sustainably managing their weight • Fewer premature and preventable deaths from CVRM conditions	**You will see:** • Increased satisfaction with access to and experience of primary care services • Increased access for underserved communities • Earlier diagnosis and treatment in adult and children's physical and mental health services • Increased trust in healthcare providers and increased satisfaction of all services	**You will see:** • Improved physical heath outcomes for people with severe mental illness and learning disabilities • Fewer people not working due to long-term illness or injury • More people being treated where they live, and virtually • People living more years in good physical and mental health	**You will see:** • More personalised care, involving shared care planning and decision making • A flexible workforce that is fully equipped to meet increasing complexity and need closer to home • More pathways focussing on people's needs rather than condition • More patient reported measures (PROMs and PREMs) being used

Identifying and assessing the choices

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For each topic (below), we have identified the high-level choices available and assessed them against criteria (right).



Topics that we identified in May 2026 for further work

1. Health, local government and partners work together to address inequalities and co-design neighbourhood models
2. Commissioning and funding models to improve outcomes and reduce inequalities
3. Configuration of services recognising long-standing sustainability issues, especially in the acute sector
4. Roles and responsibilities for different parties, and the scale of activity, workforce and funding shifts between sectors
5. Aspects of future model to progress via market-shaping, tendering or delegation to providers through population-based contract models.

Criteria when assessing the high-level range of choices

Each choice is compared with continuing current arrangements and assessed against its ability to:

- address the topic
- outcomes, quality, experience, access and inequalities
- value and financial sustainability
- care team, workforce, provider and partner effects
- deliverability
- constitutional standards and national targets
- environmental sustainability where relevant
- governance and statutory accountability

We have used these high-level assessments to develop a proposed way forward and next steps . . .

Strategic intent – draft in progress

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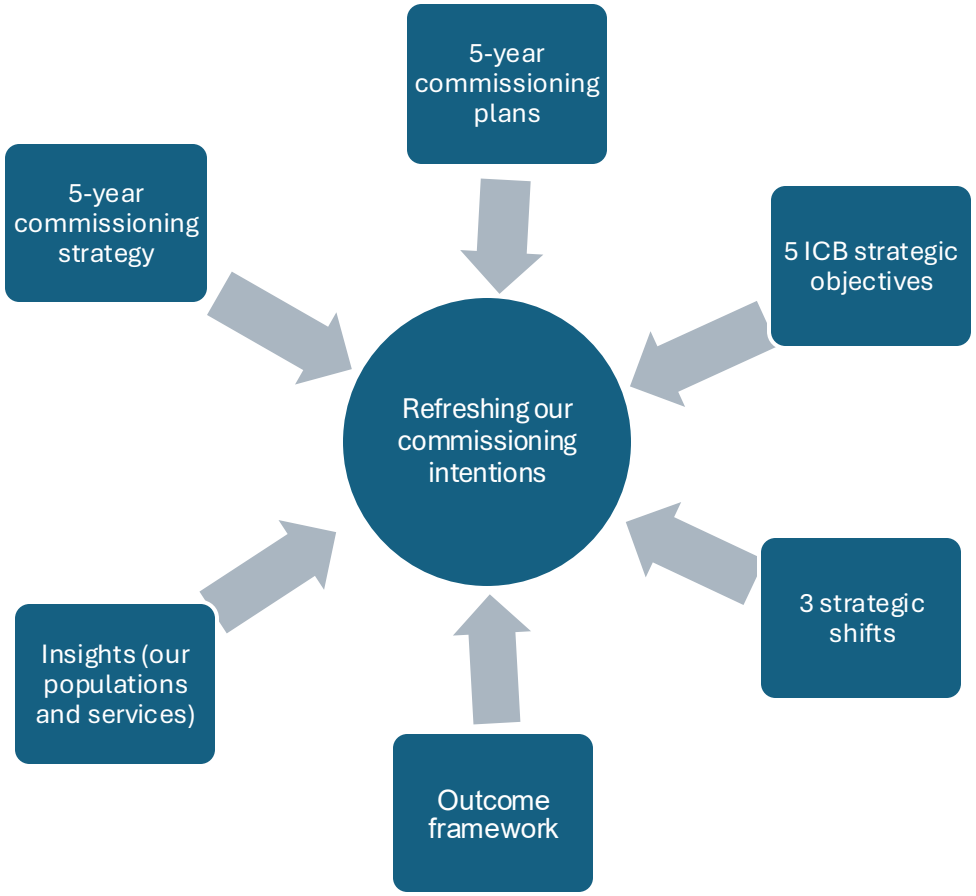
Summary of intentions as strategic commissioners

- Our goal is to increase everyone's years in good health whilst reducing the inequality gap across different communities.
- Everyone will receive care that is safe, personalised, compassionate and equitable.
- Neighbourhood services will be the principal mechanism through which we will offer and deliver care.
- People will be able to obtain advice, manage their health and access care through a coherent combination of digital, telephone, home-based and face-to-face services.
- We will give children the best start and intervene earlier, by strengthening prevention in pregnancy through to early years.
- We will commission preventative, integrated and needs-led services for people whose needs cross physical health, mental health, learning disability and/or neurodiversity pathways.
- We will remove the inequitable and excessively long waits for assessment or treatment in some services.
- We will offer assessment and treatment at home or in neighbourhoods when appropriate, with hospitals focussing on care that can only be delivered in a hospital setting.
- Everyone will have 24/7 access to safe, high-quality care, through a combination of urgent care in each neighbourhood and centres of excellence for specialist emergency care.
- We will support people to remain independent at home wherever this is safe and appropriate, with credible alternatives to admission and timely support to return home.
- We will aim to adhere to people's wishes during their deterioration in health and end-of-life care.
- Our contracting will move towards population-based and outcome-focussed models, with resources and incentives aligned to population need and improved outcomes.
- We will use joint commissioning arrangements where it incentivises NHS and non-NHS partners to work together effectively at neighbourhood, local authority and system level.
- We will reset the health system to connect population priorities, commissioning and provision in neighbourhoods, places and across Hampshire and Isle of Wight.

Commissioning intentions

Refreshing our commissioning intentions

Hampshire and Isle of Wight



Refreshing our commissioning intentions	
Now	Draft 5-year strategic commissioning intentions for each major commissioning portfolio.
Rest of August	Finalising strategic commissioning intentions, including through engaging system partners.
September	Developing provider-specific commissioning intentions for 30th September letters.
October	Quantification of commissioning intentions in our financial, activity and performance plans

We will need to plan for likely national ‘must-dos’

NHS Hampshire and Isle of Wight

The NHS is committed to the following must-dos by 2028/29; not all yet have a specific 2027/28 trajectory

Elective and cancer waiting times

- 92% 18-week referral to treatment by the end of 2028/29.
- Maintaining performance against the 28-day Faster Diagnosis Standard (FDS) at 80%
- Improving 31 and 62 day standards to 96% and 85% respectively.
- Improve diagnostic waiting times to 1% over 6 weeks

Urgent and emergency care

- Improve A&E waiting times to 85% of patients wait no more than 4 hours
- Reducing 12hr waits
- Improve Ambulance Category 2 waits to 18 minutes.

Primary care and community services

- Ensure 90% of clinically urgent patients are seen on the same day.
- Maintain the additional 700,000 urgent dental appointments per year.
- At least 80% of community health service activity occurring within 18 weeks.
- Maximise pharmacy first and roll out new services (emergency contraceptives and HPV vaccination).

Mental health, learning disability and autism

- 73,500 people accessing individual placement and support and providing 915,000 courses of NHS Talking Therapies treatment.
- 94% coverage of mental health support in schools and colleges, reaching 100% by 2029.
- Reduce inappropriate out of area placements.
- Reduce reliance on mental health inpatient care for people with a learning disability and autism, delivering minimum 10% reduction yearly

Pathway transformation

- Make demonstrable progress towards transition to UEC digital-first and clinically prioritised access
- Make demonstrable progress towards a digital-first, patient-led outpatients model

Finance and productivity

- Delivery of the 2% annual productivity ambition, as a minimum
- Delivery of a break-even financial position without deficit support funding

Aligning strategic commissioning to our strategic objectives



People receive joined-up, proactive care in their neighbourhood, with more care delivered closer to home and fewer avoidable hospital interventions

- ✅ Increased % of care delivered via neighbourhood teams
- ✅ Reduced hospital attendance
- ✅ Reduced repeat GP attendances
- ✅ Reduced unnecessary outpatient appointments

A skilled, flexible workforce in place and able to meet needs; people promise has been met

- ✅ Staff engagement, survey and wellness scores are much improved
- ✅ Robust and sufficient workforce

The system intervenes earlier, inequalities are reduced, and the focus is on health improvement not responding to ill health

- ✅ Reduced gap in life expectancy, especially for CORE20+5 populations
- ✅ Increased uptake in immunisations, vaccinations, screening and health checks

Integrated data, digital tools and AI enable proactive, planning, better decision making and more connected care

- ✅ Reduced 'hand-offs' and onward referrals
- ✅ Greater use of shared care records and population health intelligence
- ✅ Greater digital maturity/ automation

Resources are consistently directed to the areas of greatest need, improving outcomes and long-term financial sustainability

- ✅ Recurrent savings invested in areas of need
- ✅ Delivery of financial plan
- ✅ Cost per weighted head of population aligned to service delivery (value for money)

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Involving partners and communities

















Our summer tour of engagement

46 neighbourhoods across Hampshire and Isle of Wight









Engaging system partners

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Hampshire and Isle of Wight

May 2026	June	July	August	**September**	Rest of 2026	2027 onwards
Summary system strategy submitted to NHSE (in response to Jim Mackey)	Gather information and feedback from multiple sources	Draft summary of insights about population need and health services	Consider how best to respond to insights	Develop strategic intent, commissioning intentions and system roadmap	Develop multi-year plan, financial plan and contract changes	Engage providers and local partners to deliver

Focus on September – involving providers, partners and stakeholders to develop strategic intent

Week 1 – 31 Aug
Agree scope and purpose

Week 2 – 7 Sep
Share draft storyboard

Week 3 – 14 Sep
Draft sections of strategic Intent

Week 4 - 21 Sep
Refine draft sections

Week 5 – 28 Sep
Full draft strategic intent plus roadmap

30 September
Summarise intent in ICB letters to Trusts

Who we are involving

- ICB Executives and ICB teams
- Primary Care Collaborative
- Trust Provider Collaborative
- NHS Chairs and Executives
- Voluntary sector alliance (HIVCA)
- Neighbourhood health teams
- Directors of Public Health
- Directors of Adult Social Services
- Directors of Children's Services
- ICB Board
- *Members of:*
- ICP Joint Committee
- Health and Wellbeing Boards
- Health and Care Partnerships
- Combined County Authority for Hampshire and the Solent

REFRESHMENT BREAK



Community First: learning together

Health and Wellbeing Forums – Overview



Health and Wellbeing Webinars – two themes covered in 2026 available on Community First's Health Forums webpage:-

- ✓ **Paths to Recovery: A Collaborative Look at Addiction and Support Services**
- ✓ **Building a Healthier Future for Women: Screening, Strategy and Support**

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Community First: learning together

Social Prescribing – what is it and how does it enable connections?







Hampshire and Isle of Wight

Community First: learning together

Hampshire and Isle of Wight Social Prescribing Network (HSPN) – Overview

HSPN Webinars – two themes covered in 2026 available on Community First's Hampshire and Isle of Wight Social Prescribing Network webpage:-

- ✓ **Supporting Young People to Thrive: Community-Based Approaches**
- ✓ **Closing the Health Gap: Tackling Inequalities and Improving Population Health**



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Hampshire and Isle of Wight

PARTNER CONTIBUTION • COMMUNITY FIRST

Hants & IoW Social Prescribing Network, Voluntary Sector Health & Wellbeing Webinars, and Face-to-Face 2026-27 Member Event Dates...

- **Thursday 12th November 2026** – **13:00–14:00** - Voluntary Sector Health & Wellbeing Forum **Webinar** - *'Reaching Men Where They Are: Community Approaches to Health'*

- **Wednesday 25th November 2026** - **10:30-13:00** - **Mid Hampshire** Voluntary Sector Health & Wellbeing Forum *'Networking and Showcase Event'* – The United Church, Jewry St. Winchester, SO23 8RZ

- **Wednesday 9th December 2026** - **13:00–14:00** - Hampshire and Isle of Wight Social Prescribing Network **Webinar** - *'Good Work and Health: Supporting People into and within Employment'*

- **Wednesday 10th February 2027** - **13:00–14:00** - Voluntary Sector Health & Wellbeing Forum **Webinar** (Theme TBC)

✓ It's free to register as a member via the Health Forums webpage

Hampshire and Isle of Wight

Led by Basingstoke Voluntary Action • Hart Voluntary Action • Rushmoor Voluntary Services



Hampshire and Isle of Wight Social Prescribing Network (Angela)

Conference and Showcase

Wednesday 14 April 2027 - 09:30-14:30

Utilita Bowl Botley Rd, West End, Southampton, SO30 3AY

HIOW Social Prescribing Network

NHS Hampshire and Isle of Wight

Led by Basingstoke Voluntary Action • Hart Voluntary Action • Rushmoor Voluntary Services

Brief Questions and Discussion: Community First

Is there anything you would like to ask or understand better?

Which speakers or practical examples/themes would you like to suggest?

How could another North Hampshire Health and Wellbeing Forum held next year, build on today?

Are you involved in Social Prescribing and if so, how?

What works for you and your beneficiaries and what barriers are there?

What would improve this for you or your organisation – re information, strengthening working relationships…

Adults' Health and Care

Hampshire County Council Adults' Services Prevention First Approach

Philippa Mellish, Head of Care Governance, Adults' Health and Care

Hampshire County Council

CQC rated Hampshire as ‘Good’

- **Our score of 67 places the authority firmly within the CQC "Good" category**
- Our rating places us:
  - Within the upper third of local authorities nationally
  - Among the stronger-performing authorities within the SE region, positioned joint fifth
  - Higher than neighboring authorities including: Portsmouth, Isle of Wight, Southampton, Kent, Reading, Brighton & Hove

“People are at the heart of how this local authority designs and delivers care.”

Mary Cridge, CQC Director of Adult Social Care and Local Authority Assessment

People said their experience of Hampshire's social care services was Good:

- People said their assessments and care planning were person-centred, strength-based and respectful
- Most people felt heart, valued and understood with social workers taking time to explore their history, emotional needs and goals
- People appreciated flexible care arrangements that supported independence and choice – particularly highlighting the benefits of Direct Payments and the Virtual Wallet which made them 'easy, transparent and available 24/7 with no paperwork'
- People reported that prevention and early support services had positive impacts on daily life, helping maintain independence and reducing isolation
- Unpaid carers reported improved access to respite and access to extensive, free support, which people valued
- People were encouraged to participate in safeguarding enquiries as much as they chose to, supported by advocacy where needed

VCSE focus

Feedback from Leaders and partners - "**They praised effective relationships with health, district councils, and voluntary organisations**".

CQC said "**The LA worked collaboratively with voluntary and charity organisations to understand and meet social care needs. The LA maintained established relationships with the VCSE and supported integrated approaches**".

"**Feedback from community partners was generally positive about collaboration, noting that working with voluntary and charity sector groups was a clear strength and that the local authority supported organisations through training and resources**".

Specific reference to:

- Workshops to help VCS organisations to measure impact
- Provision of training, e.g. safeguarding
- Linking organisations to trauma-informed support training and resources
- Facilitating regular contact with commissioned VCSE groups

However, some partners also raised concerns relating to:

- **Funding and volunteer shortages, with some partners saying they would welcome local authority support with volunteer recruitment.**

Prevention First - Our Vision

Our vision is for every person in Hampshire to live a long, healthy and independent life, in the place they call home, with the people and things that they love, belonging to safe and thriving communities.



We want to prevent, reduce and delay the need for social care through earlier intervention and a strong focus on the people and communities who make up the greatest demand for care and support, and experience the poorest health and wellbeing.

Guiding Principles

Reduce inequalities in access to care and support services	Take data driven and evidence informed action	Strengthen co-production and community empowerment	Work as a whole system partner	Develop a skilled and confident workforce
Strengthen links with underrepresented communities to support equitable access to preventative support.	**Improve use of data and evidence to understand demand and design, interventions.**	**Strengthen connections between statutory services and community-based support.**	**Strengthen integrated working with system partners at a neighbourhood level**	**Embed prevention in everyday practice and through a skilled and confident workforce.**



Strategic ambitions

Prevention is a continuous process across a person's journey.

Preventing people from developing care and support needs

Reducing the level of need where it exists

Delaying the progression to more complex or costly support



Each strategic ambition sets out:

What we'll do:
Clear commitments focused on prevention and independence.

What success looks like:
Better outcomes for residents, carers and communities.

How we'll measure progress:
Evidence and data that demonstrate impact.

Partnering with us: how we can work together

These ten steps have been developed in partnership and reflect our call to action:

- Support healthy, independent ageing
- Support equity in access to services and outcomes
- Make every contact count
- Prevent health deterioration, protect health and reduce avoidable harm
- Test, learn and improve
- Maximise independence and least restrictive practice
- Work together and with us to deliver change
- Improve the health and wellbeing of unpaid carers
- Take joint action on Dementia
- Strengthen volunteers



Consistent Messages

"If we get it right, communities will help each other and prevention becomes everyone's responsibility."

"Health Neighbourhoods provide an opportunity to improve knowledge sharing, community connections and preventative support."

"A single, maintained source of information could significantly improve outcomes and partnership working."

"When information is accessible, accurate and tested with lived experience, it makes a real difference."

"People sometimes need an informal conversation and community connection rather than a formal programme."

"Volunteering, peer support and community networks are a vital part of prevention."

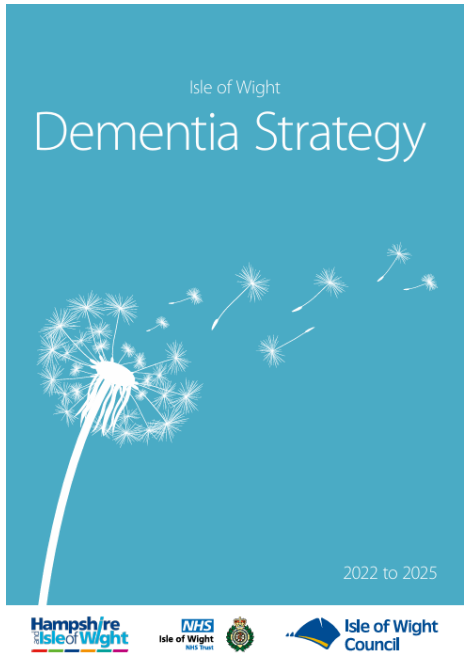
"The ambition should be to reach carers earlier and make preventative support available before crisis point."

"Preventative carers assessments create opportunities to identify needs earlier and connect carers to support."

"Technology should be introduced earlier as part of preventative support, not as a crisis response."

"Stable accommodation underpins health, wellbeing and independence."

A dementia strategy for Hampshire









NHS ENGLAND TRANSFORMATION FRAMEWORK – THE WELL PATHWAY FOR DEMENTIA

PREVENTING WELL

Risk of people developing dementia is minimised

"I was given information about reducing my personal risk of getting dementia"

STANDARDS:

Prevention[1]
Risk Reduction[5]
Health Information[4]
Supporting research[5]

DIAGNOSING WELL

Timely accurate diagnosis, care plan, and review within first year

"I was diagnosed in a timely way"

"I am able to make decisions and know what to do to help myself and who else can help"

STANDARDS:

Diagnosis[1][5]
Memory Assessment[1][2]
Concerns Discussed[3]
Investigation[4]
Provide Information[4]
Integrated & Advanced Care Planning[1][2][3][5]

SUPPORTING WELL

Access to safe high quality health & social care for people with dementia and carers

"I am treated with dignity & respect"

"I get treatment and support, which are best for my dementia and my life"

STANDARDS:

Choice[2][3][4], BPSD[6][2]
Liaison[2], Advocates[3]
Housing[3]
Hospital Treatments[4]
Technology[5]
Health & Social Services[5]
Hard to Reach Groups[3][5]

LIVING WELL

People with dementia can live normally in safe and accepting communities

"I know that those around me and looking after me are supported"

"I feel included as part of society"

STANDARDS:

Integrated Services[1][3][5]
Supporting Carers[2][4][5]
Carers Respite[2],
Co-ordinated Care[1][5]
Promote independence[1][4]
Relationships[3], Leisure[3]
Safe Communities[3][5]

DYING WELL

People living with dementia die with dignity in the place of their choosing

"I am confident my end of life wishes will be respected"

"I can expect a good death"

STANDARDS:

Palliative care and pain[1][2]
End of Life[4]
Preferred Place of Death[5]

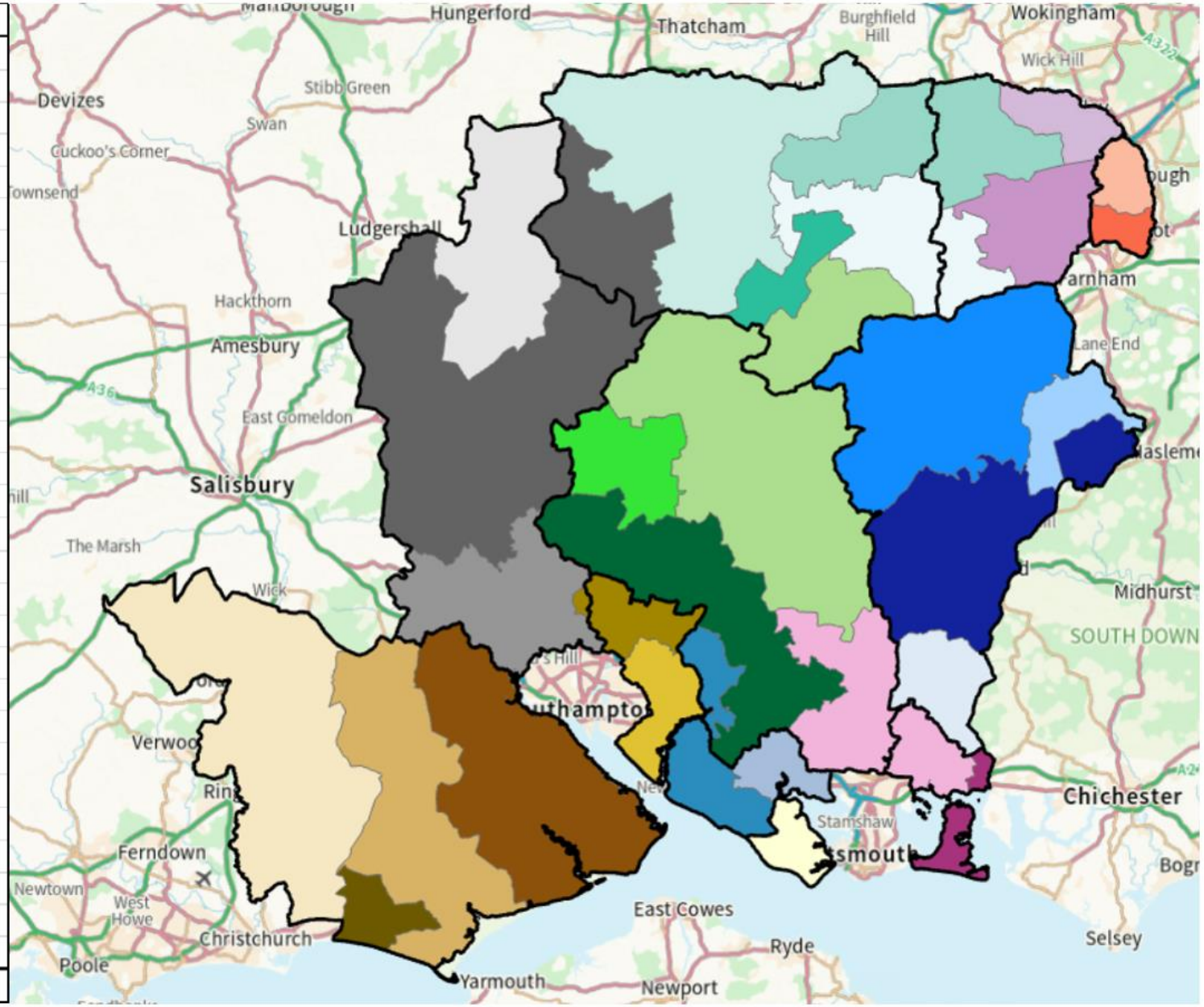
References: (1) NICE Guideline. (2) NICE Quality Standard 2010. (3) NICE Quality Standard 2013. (4) NICE Pathway. (5) Organisation for Economic Co-operation and Development (OECD) Dementia Pathway. (6) BPSD – Behavioural and Psychological Symptoms of dementia.

Neighbourhood Health

- On 8 October, the Hampshire Health and Wellbeing Board signed off the **Hampshire Strategic Neighbourhood Health Plan.**
- Sets out our shared vision and approach to developing neighbourhood health across Hampshire, including:
  - Neighbourhood geographies,
  - Strategic aims,
  - Implementation approach,
  - Emerging priorities for delivery.
- A comprehensive Neighbourhood JSNA has been produced and is available on our webpages.
- Combining this information with local knowledge and insight can help identify the communities and topics that would benefit most from further focus and exploration.
- Active work underway to shape Adults' Services 'core offer' and priorities for Neighbourhood Health

Hampshire neighbourhood boundaries, 09 September 2026

Neighbourhood	Colour	Resident population
B&D Central / Hart South West		67,730
B&D Central South		56,984
B&D East / Hart North West		42,087
B&D West		41,203
East Hampshire Central		38,701
East Hampshire North East		27,201
East Hampshire North West		40,385
East Hampshire South		22,769
Eastleigh North		84,860
Eastleigh South		65,090
Fareham East		56,361
Fareham West		67,367
Gosport		82,298
Hart East Fleet		49,691
Hart East Yateley & Blackwater		28,030
Havant North		113,664
Hayling Island and Emsworth		28,003
New Forest Coastal		31,101
New Forest South		33,965
New Forest Waterside		77,354
New Forest West		33,163
Rushmoor Aldershot		43,770
Rushmoor Farnborough		60,743
Test Valley Central		26,745
Test Valley North		63,245
Test Valley South		44,880
Winchester City		60,303
Winchester North		19,590
Winchester South		35,203
LGR Boundary		



Population data source: Hampshire County Council - Universal Services Directorate
2025 based Small Area Population Forecasts by LSOA

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Helping individuals with Crisis support through the Crisis and Resilience Fund (CRF)

Heating Oil:

Do you need support with heating oil costs? | Children and Families | Hampshire County Council

This support is for low-income households who are at risk of running out of heating oil because of rising costs.
Priority is given to households that:

- Cannot afford the minimum cost of a heating oil delivery
- Are running low on heating oil
- Are at immediate risk of being unable to heat their home or access hot water.
- For new applicants, the value of the payment is £400

For those residents that have already had a payment they will automatically receive a second payment, of £300, in the coming weeks.



Financial Crisis Self-Referral Route:

Crisis and Resilience Fund - Citizens Advice Hampshire

Residents can apply directly for support through the Citizens Advice CRF service. This:

- Provides crisis payments for residents experiencing a financial shock.
- Includes assessment, eligibility checking and access to wider support services.
- Residents can also receive advice on benefits, budgeting, debt management and income maximisation.

This is the current interim arrangements, whilst longer term provider is procured.



All the details on the wider Crisis and Resilience Scheme can be found here: Connect4Communities | Children and Families | Hampshire County Council

Funded by UK Government

Community Wellbeing Worker Service

Service Aim

To reduce risk factors which may cause someone to tip into financial crisis by supporting access to resilience services and improving the health outcomes of those at risk.

The service will:

- Build financial and personal resilience.
- Improve health outcomes and wellbeing.
- Reduce material deprivation.
- Maximise income and reduce debt.
- Improve social connectedness.
- Support people to remain healthy, well and independent for longer

Who Does the Service Support?

Older Adults

- Focus on adults aged **65–75**
- Individuals at risk of financial hardship
- People requiring support to remain independent

Younger Adults

- Physical disabilities
- Mental health needs
- Support to access volunteering and employment

Priority Focus

- Financial hardship
- Living on low incomes
- Socially isolation
- Dementia or awaiting diagnosis
- At greater risk of poor health outcomes

Eligibility: Hampshire Resident aged 18+ |Financial Hardship or financial shock | needs more than signposting Referred via agreed pathway

A few takeaways

- How can the contribution of Hampshire's VCSE to delivery of the Prevention First and Dementia Strategies be maximised?
- How can the VCSE be enabled to play its part in shaping Neighbourhood Health across Hampshire's 29 neighbourhoods?
- What support do you need to grow and retain volunteers?
- How we work together to connect statutory services with VCSE provision?
- Please help us promote access to heating oil and crisis payments.

BritishRedCross

British Red Cross

North Hampshire



Here for humanity

Assisted Discharge



What happens at Hospital?

- A referral is received by a health care professional from a hospital ward, A&E.
- The referral is reviewed and accepted by the service coordinator/controller.
- The referral is booked in for the planned time of discharge and assigned to the team – within 1 hour
- On arrival at the hospital support worker will complete a dynamic risk assessment to ensure the person being supported can be safely transported home and resettled.
- If needed, the service provides practical discharge support, such as essential items, clothing, toiletries, or equipment to enable a safe return home.
- The person is supported to the vehicle with belongings and transported home. During the journey support workers initiate conversation to build a picture of current support and needs



What happens at Home?

- A home risk assessment is carried out and information about the service, confidentiality, complaints, and GDPR is provided.
- A personalised support plan is developed based on the person's needs for up to 72 hours
- The support worker provides short-term support, practical help, signposting, and referrals to other services where appropriate.
- The home environment is assessed for any falls risks, pendant alarm is contacted, Next of kin can be contacted. Check food in fridge, heating, and any other needs.



Ongoing/End of Support

- Welfare call completed within 24 hours.
- Establish if there is any additional support required (Signposting)
- Welfare home visit completed if required
- Documentation is completed and recorded.
- The case is formally closed.

Home from Hospital



What happens at Hospital?

- A referral is received from a hospital ward, A&E, or another service.
- The referral is reviewed and accepted by the service coordinator.
- The referral is assigned to a support worker
- Within 24 hours, the support worker contacts the person to confirm eligibility, gain consent, and complete an assessment and risk assessment.
- If needed, the service provides practical discharge support, such as essential items, clothing, toiletries, or equipment to enable a safe return home.



What happens at Home?

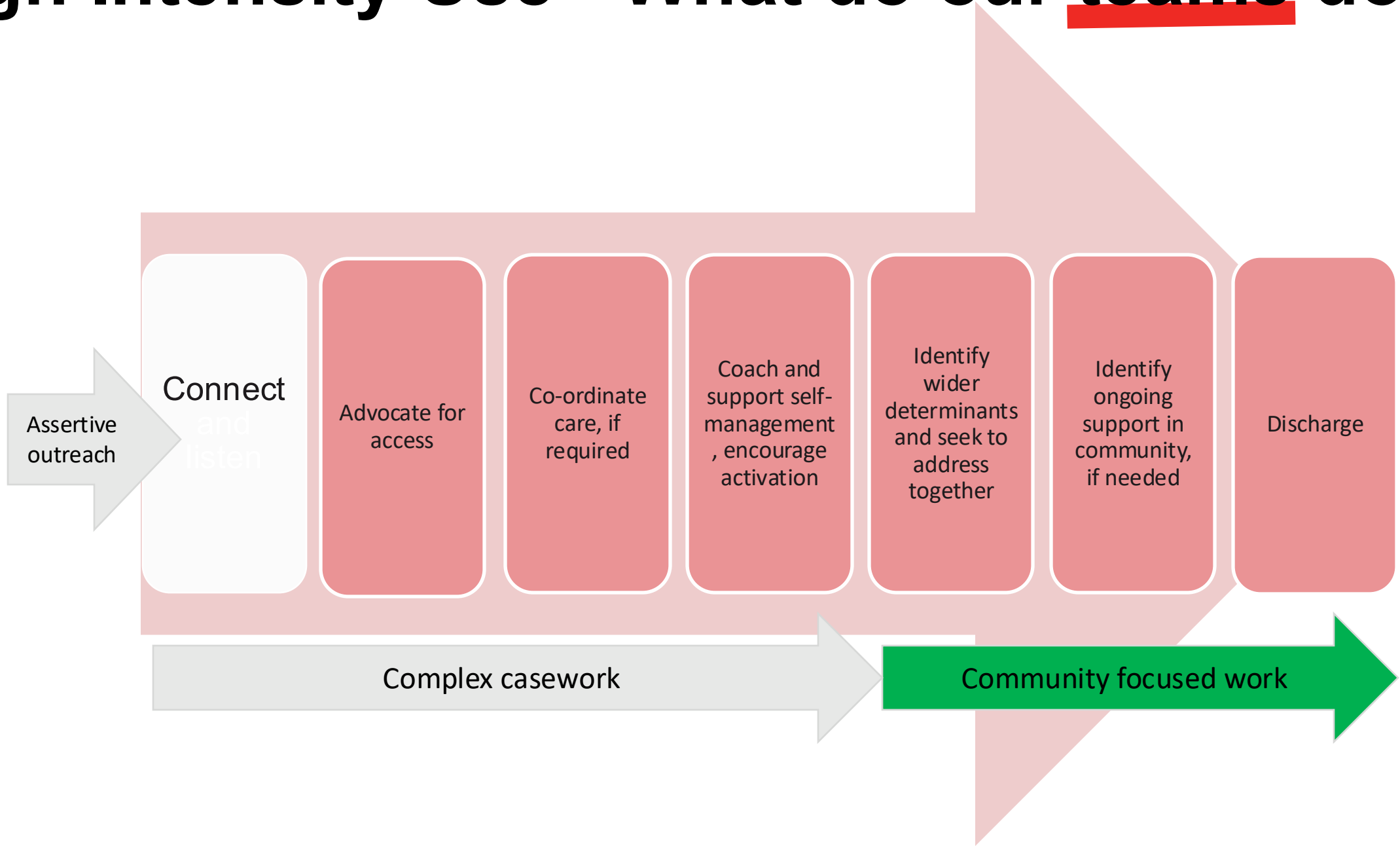
- A home visit is completed.
- A home risk assessment is carried out and information about the service, confidentiality, complaints, and GDPR is provided.
- A personalised support plan is developed based on the person's needs and goals.
- The support worker provides short-term support, practical help, signposting, and referrals to other services where appropriate.
- The support plan is reviewed regularly and updated as needs change.



Ongoing/End of Support

- Progress against agreed goals is monitored and reviewed.
- Support plans are updated and reviewed throughout the intervention.
- When support comes to an end, a final review is completed to assess outcomes and identify any ongoing support needs.
- Documentation is completed and recorded.
- An exit letter and service engagement form are sent to the individual.
- The case is formally closed.

High Intensity Use - What do our teams do?

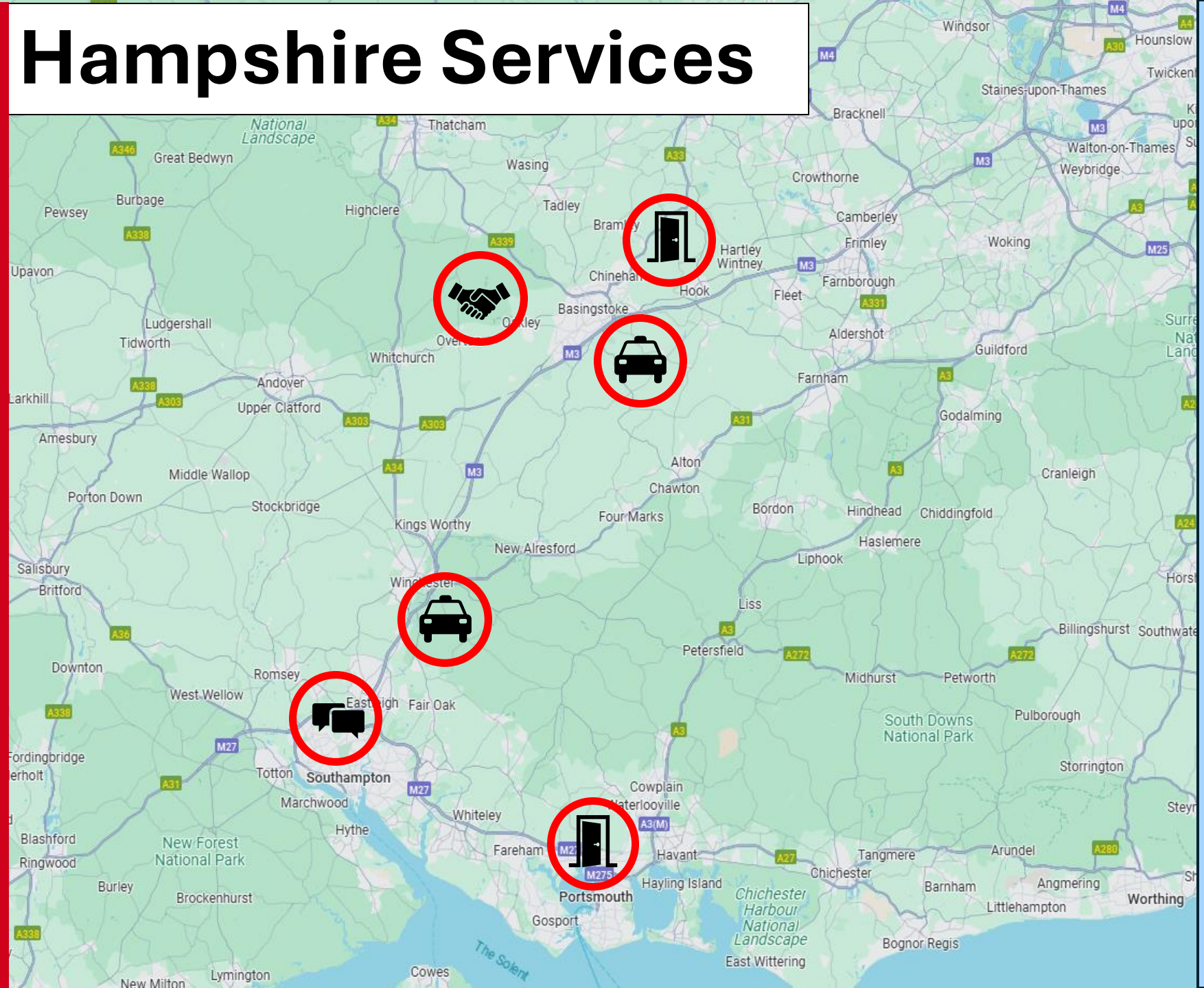


Support Activities

Here are just some of the activities we have completed with the people we support

- Welfare checks
- Building relationships prior to discharge
- Completing environmental risk assessment
- Completing needs assessment
- Practical and emotional support
- Confidence building
- Delivery of emergency provision of clothing or toiletries whilst in hospital
- Shopping for service user
- Shopping completed with service user
- Food parcels delivered from the food bank.
- Support with confidence in mobilisation
- Respite sitting service for cared for
- Equipment collection/drop off
- Signposting/Connecting to community support, including fire safe and well and pendant alarms.
- Signposting/Connecting to financial support, including attendance allowance and benefit checks.
- Support with completing of welfare/disability forms.
- Carer support/signposting/connecting to carers services
- Befriending/social support
- Transport providers to enable community access or attend health appointments
- Checking keys are in key safes/access to key for discharge
- Arranging home delivery/blister pack medications.
- Linking to citizen advice to manage debt/finance issues.
- Low level housework or food preparation
- Pre discharge property inspections.
- Arrangements of deep cleans or pest control referrals.
- White good/furniture access support.
- Admission avoidance support
- Support with accessing application to move
- Safeguarding concerns raised to Adult Social Care BRC Safeguarding Assurance Team
- Support with telephone befriending
- Connecting and accompanying service user to community events
- Support with seeing a loved one when ‘end of life’ hospice care
- Support with cleaning out fridge/freezer
- Arranging deep clean of a property
- Supporting with purchasing clothing via BRC charity shop
- Support with purchasing replacement furniture – beds, sofa, tables
- Connecting to digital technology, teams to be in touch with family members, amenities
- Connecting to mobile network, supporting with smart technology

Hampshire Services



Home from Hospital
- Basingstoke
- Portsmouth

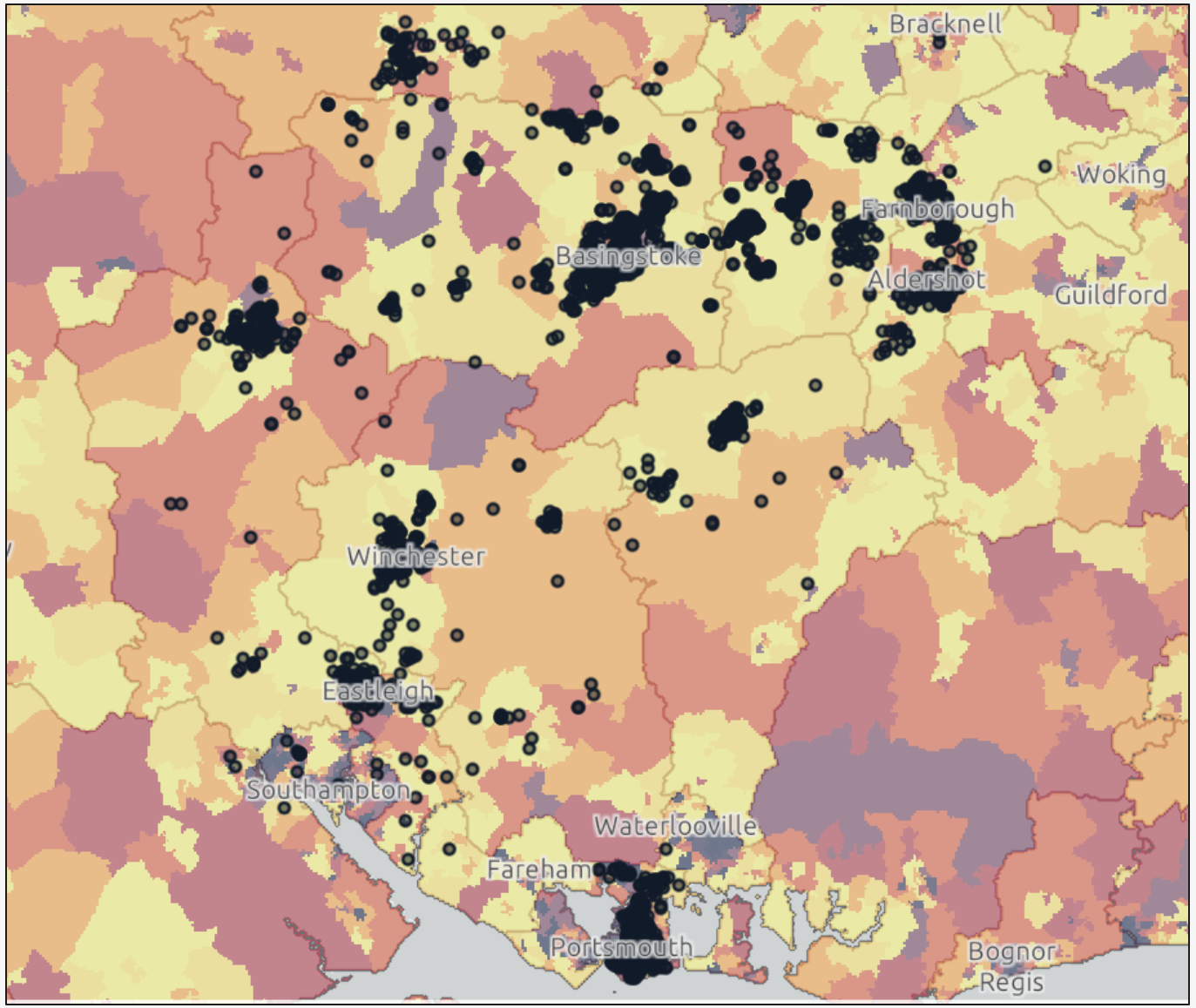
Assisted Discharge
- Basingstoke
- Winchester

Social Prescriber
- North Hants

High Intensity Use
- Southampton

Hampshire Referral Map

Jan – August 2026 referrals received with indices of deprivation



Feedback

"I had a call from Mervynne. She wanted to tell me how wonderful Sallie has been and how much they have both enjoyed her visits, they are going to miss them. She wanted to thank Sallie for the cake and wanted to let her know that they had just enjoyed a slice each."

Service users relative



"Gill has made such a difference to me, and this world would be such a happy place if it was filled with people as kind and giving as Gill."

Service users relative



"She was thrilled and said what an amazingly efficient and professional service we offer!"

Service user



"Sally brought so much joy to Mum during her final months. Through looking at family photos, sharing memories, and spending time talking with her, she provided companionship and comfort that meant a great deal to both Mum and our family. Her warmth, kindness, and ability to connect with Mum far exceeded our expectations. If we were scoring her out of 100, we would give her 200. We are incredibly grateful for the happiness she brought and would like our sincere thanks to be passed on to her."

Service users relative



Stakeholder Feedback

I wanted to share some feedback following the visit today with Sallie to Mr M,

There have been several attempts to engage Mr M with both paid and unpaid external support. While he has occasionally been open to this, he has often declined to continue once meeting them. However, today's visit with Sallie was very positive. This appeared to be largely due to her approach, she was non-judgemental, adapted well to his communication needs, and took the time to really listen to Mr M. She was able to quickly build a good rapport with him, which made a noticeable difference.

Mr M was very happy for Sallie to return, and I felt it was important to recognise how well the visit went.

Thank you for your support in progressing the referral for Mr M, and please do pass on my thanks to Sallie for her support.

Adult Social Services

Case Study

Background

Following a hospital admission for a chest infection and dizzy spell, X, a 96-year-old woman with dementia, mobility difficulties and complex health needs, was discharged home with a package of care and palliative support. Her husband, Y, remained her primary carer and was responsible for coordinating much of her daily support.

Following discharge, a number of challenges emerged, including concerns around wound care, access to continence products, equipment provision, communication between services and increasing carer strain. With limited family support available, Y reported feeling overwhelmed by the number of agencies involved and uncertain about where to seek help.

Our Intervention

Our service provided ongoing wellbeing support through home visits, telephone contacts and advocacy. Working alongside health, social care and voluntary sector partners, the service helped coordinate support and resolve practical issues affecting the couple's wellbeing.

Support included:

- Liaison with Adult Social Care, District Nursing, GP services and care providers
- Advocacy regarding carers assessments and respite support
- Follow-up of concerns around pressure sore management and dressing supplies
- Assistance accessing continence products and care equipment
- Support with Council Tax disregard applications and financial matters
- Emotional support and reassurance for the carer
- Signposting to additional community support services

Partnership Working

This case involved close collaboration between:

- Adult Social Care
- District Nursing Services
- General Practice
- Care Providers
- Carers Support Services
- Local Authority Teams
- Community Health Services

Outcome

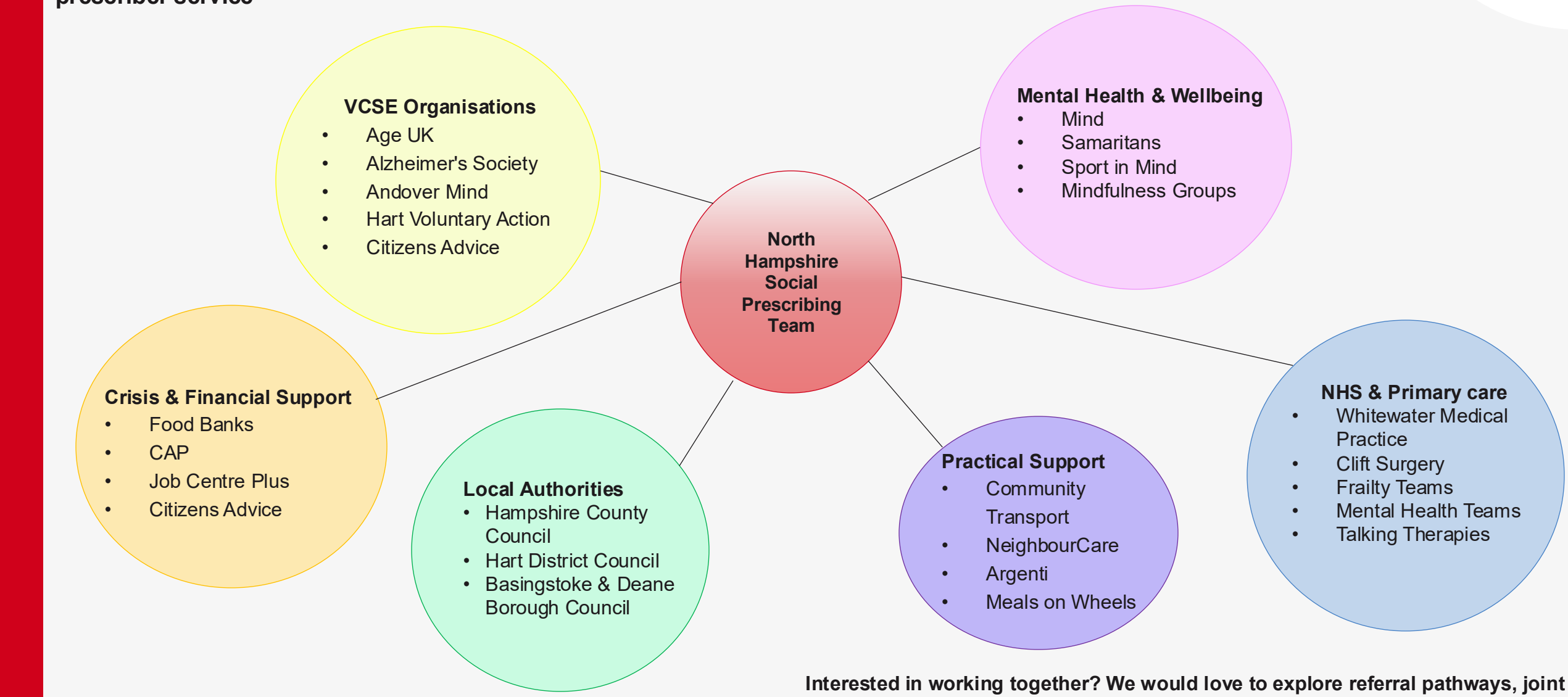
As a result of coordinated multi-agency support:

- Access to essential services, equipment and supplies improved
- Financial pressures were reduced through a successful Council Tax disregard application
- Communication between services became clearer
- Carer support and respite options progressed
- Y reported feeling more informed, supported and confident in his caring role
- X was able to remain safely at home with appropriate support in place



Stronger Together

No single organisation can meet every need. We want to connect people with the right support at the right time through strong local partnerships. These are some of the organisations we have signposted people to via **our North Hants Social prescriber service**



Interested in working together? We would love to explore referral pathways, joint initiatives and partnership opportunities.

Health film



This is a video highlighting our approach to bespoke health services. We have tailored a 4-nation approach and regionally specific solutions to local communities, targeting new areas and increasing visibility of our services.

Play video

Next steps

Contact us

Alison Luff

Operations Manager Health and Care

AlisonLuff@redcross.org.uk

07543304124

What are your LIOs doing in this space? BVA, HVA, RVS

HIVCA (Hampshire and Isle of Wight VCSE Health and Care Alliance)

- A pathway for engagement between the Integrated Care Board, Partnership and System, and the VCSE Sector.
- HIVCA is for all VCSE organisations across HIOW who have an interest in helping to shape health and social care with our partners in other sectors. There are currently around 150 member organisations, representing a spread across the geography, organisations of all shapes and sizes.
- Find out more about becoming a member of HIVCA: www.hivca.org
- Dan Neat, BVA Chief Executive, appointed HIVCA LIO Representative.



What your LIOs are doing in this space BVA, HVA, RVS

The Community Infrastructure Partnership (CIP)
Comprising of 6 Local Infrastructure Organisations: Action Hampshire, Basingstoke Voluntary Action (BVA), Hart Voluntary Action (HVA), One Community, Rushmoor Voluntary Services (RVS), Unity
The CIP is the strategic partnership of place-based Local Infrastructure Organisations across Hampshire, bringing together local knowledge, VCSE expertise, trusted relationships and community intelligence to strengthen infrastructure, influence public services and enable change in place.

Community Directories showcasing VCSE activity at place level, complimenting Connect to Support.

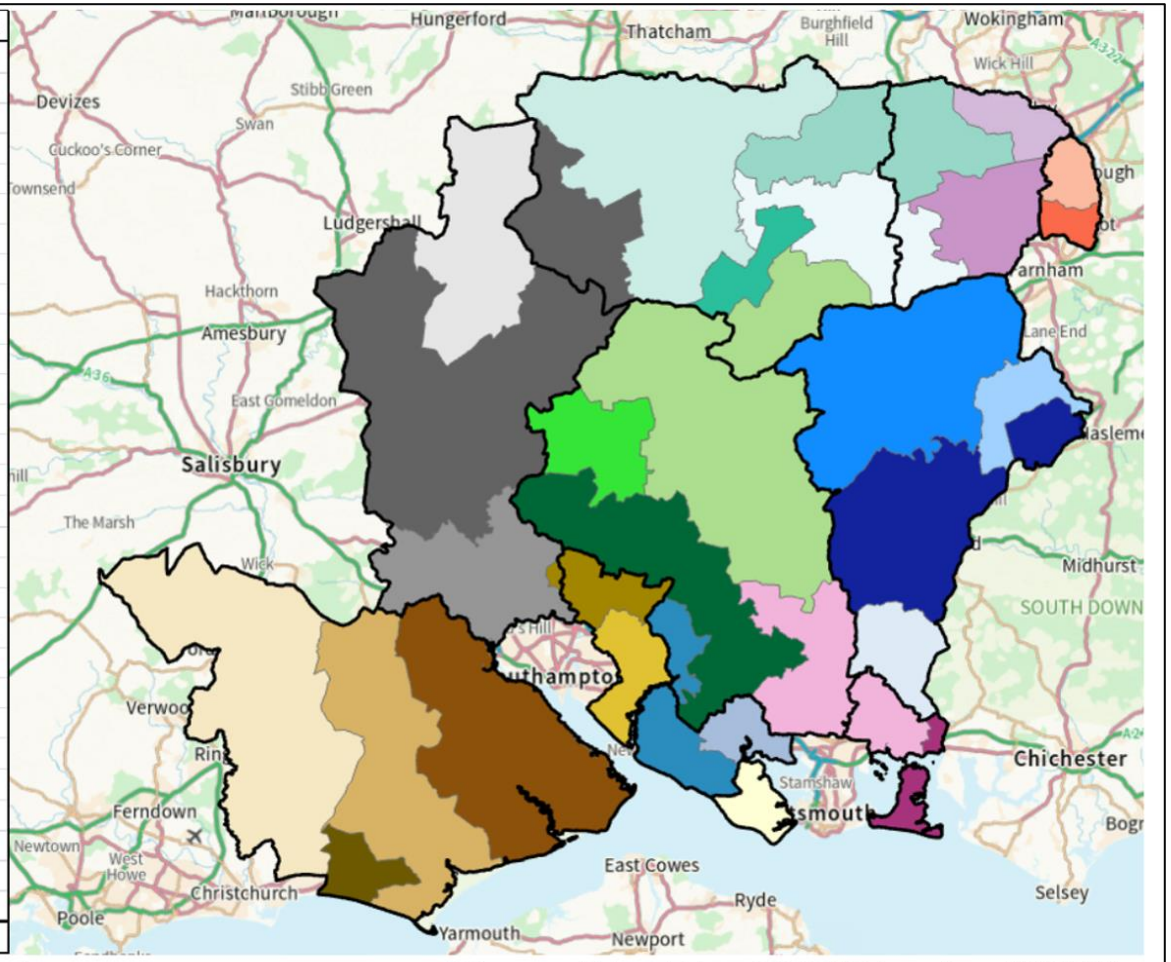
BVA Directory https://www.bvaction.org.uk/directory

Here for Hart Directory https://hereforhartdirectory.org.uk/

Rushmoor Link https://rushmoorlink.org/

Neighbourhood Health

Neighbourhood	Colour	Resident population
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LGR Boundary		



Population data source: Hampshire County Council - Universal Services Directorate
2025 based Small Area Population Forecasts by LSOA

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Upcoming Events

Please do join us for at one of our upcoming events:

- **Restart a Heart CPR/Defibrillator Training** with Hart Valley Community First Responders,11 November – Session 1: 13.00-14.30 or Session 2 15.00-16.30 at Hart Leisure Centre, Fleet
- **Hart and Rushmoor Voluntary Sector Forum**, 30 November – 11.00-12.30 , Hart Civic Offices, Fleet
- **Emergency First Aid at Work**, 27 January 2027 - 09:00 - 16:00 – The Orchard, RG21 4AF
- **Rushmoor Volunteer Recognition Awards**, 10th November- still time to nominate via www.rvs.org.uk



Next Steps & Feedback

Next steps

- Please give your feedback using the QR code and in written form around the hall.
- All of your feedback and the presentations will be shared with you in early November.
- We look forward to welcoming you to future North Hampshire Health & Wellbeing Voluntary Sector Forums.
- Locations will rotate across the area.



NORTH HAMPSHIRE • VOLUNTARY SECTOR HEALTH & WELLBEING FORUM

North Hampshire Health and Wellbeing Forum

Lunch and Networking

Thank you for being part of this important day!



Led by Basingstoke Voluntary Action • Hart Voluntary Action • Rushmoor Voluntary Services