

THE OVERVIEW AND SCRUTINY COMMITTEE

16 FEBRUARY 2015

WINCHESTER CITY COUNCIL'S ROLE IN PUBLIC HEALTH

REPORT OF HEAD OF HEALTH AND WELLBEING

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RECENT REFERENCES:

OS91 – Batch 5 Informal Scrutiny Groups – 20 January 2014

CAB2633 – Draft Portfolio Plans 2015/16 – 3 December 2014

EXECUTIVE SUMMARY:

At the Overview and Scrutiny Committee in January 2014, it was agreed that officers would bring a report to a future meeting on the City Council's role in public health. The purpose of this report is to inform Members about the legislative framework that underpins work in this area and to provide details about the partnership arrangements that have been put in place locally to develop and oversee delivery of a district action plan.

RECOMMENDATIONS:

- 1 That the Overview and Scrutiny Committee notes the information provided in this report and identifies any issues for further more detailed consideration at a future meeting.

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### WINCHESTER CITY COUNCIL'S ROLE IN PUBLIC HEALTH

#### REPORT OF HEAD OF HEALTH AND WELLBEING

#### DETAIL:

##### 1 Introduction

- 1.1 Statutory responsibility for public health moved from the NHS to Local Government in April 2013 as part of the implementation of the Health and Social Care Act 2012. The Act abolished Primary Care Trusts (PCTs) and Strategic Health Authorities – England's 152 PCTs were replaced with 211 Clinical Commissioning Groups, led by clinicians.
- 1.2 Section 12 of the Act conferred a new duty on local authorities - upper-tier (i.e. County Councils) and Unitaries - to take appropriate steps to improve the health of the people who live in their areas. The Secretary of State for Health continues to have overall responsibility for improving health – with national public health functions delegated to Public Health England (PHE), an executive agency of the Department of Health.
- 1.3 The Act established Health and Wellbeing Boards as statutory committees of all upper-tier and unitary authorities to act as a forum for key leaders from the local health and care system to work together to:-
  - a) Improve the health and wellbeing of people in their area;
  - b) Reduce health inequalities; and,
  - c) Promote the integration of services.
- 1.4 Subsection 12(4) of the Act gave local authorities powers to make grants or lend money to organisations or individuals in order to improve public health; it is for the local authority to determine the appropriate terms of such grants or loans.

##### 2 Strategic Context

- 2.1 A strategic overview of the health and social care needs of people living in Hampshire is provided by the 2013 Hampshire Joint Strategic Needs Assessment (JSNA), which is compiled by the HCC Public Health Team. It presents 'the big picture' of the health and wellbeing needs and inequalities of the population both now and in the future.

- 2.2 The Hampshire Joint Health and Wellbeing Strategy 2013 – 2018 was published following a seven month consultation process led by the statutory Hampshire Health and Wellbeing Board and a detailed analysis of the JSNA findings – the strategy is shown at Appendix 1. The strategy clarifies key priorities and sets out four broad areas of work to improve health across the County.
- 2.3 The information collected in the JSNA has also been broken down into separate CCG areas – the Winchester District is included in the JSNA extract for the NHS West Hampshire CCG along with Eastleigh, the New Forest, and Test Valley.
- 2.4 Public Health England publishes Health Profiles for each local authority area on an annual basis. The profile is designed to help local government and health services understand their community's needs so that they can work to reduce inequalities and improve health and wellbeing. The data is fairly high level but it does provide a snapshot of the general health of the population across the district.
- 2.5 Specialist officers in the HCC Public Health Team provide support in helping to source and analyse data at a ward level wherever possible to inform local priorities.

### 3 The District Council Role in Public Health

- 3.1 'Ensuring that our communities are healthy and safe' is one of the main aims under the Active Communities priority outcome in the Winchester District Community Strategy. Making a positive difference to the health and wellbeing of our residents is at the heart of almost everything we do. Many City Council services have a strong base in public health from activities such as Environmental Health, Sport and Leisure and Housing, to the less obvious services such as Planning, Estate Management, Licensing, Culture and Economic Development. In addition to the direct delivery of services, the Council is also able to act as a commissioner, or an enabler and facilitator by drawing together a range of partners to help address areas of health inequalities.
- 3.2 Although statutory responsibility for public health and the provision of local health services rests with Hampshire County Council and the NHS West Hampshire Clinical Commissioning Group respectively in this area, district and borough councils have an absolutely critical role to play.
- 3.3 Since the health reforms were first mooted by the Government, the District Council Network has been utilising its influence and energy at the national level to highlight the crucial role of district councils in public health in two-tier areas. Following a series of seminars and consultations, the culmination of this work was the production of a major publication in 2013 'District Action on Public Health – *How district councils contribute towards the new health and wellbeing agenda in local government*'. A web link to the full document is shown under the background documents section at the end of this report and

two hard copies have been placed in the Members' Room. The document explains that the achievement of public health improvements in two-tier areas is dependent on the delivery of districts frontline statutory and discretionary services, innovative use of public assets and the strength of local partnerships. It stresses that with the continuing squeeze on public sector resources, the growing demand for health services and health inequalities widening, statutory Health and Wellbeing Boards must acknowledge the multifaceted role of districts and integrate this into a 'whole system' focus on preventative public health policy.

#### 4 A Partnership Approach

- 4.1 The City Council has a strong track record of positive partnership working and its approach to health and wellbeing is no exception. A 'new look' Winchester District Health and Wellbeing Partnership Board (WDHWPB) was established in September 2011 to ensure that the City Council was in the best possible position to respond to the implications of the planned health reforms.
- 4.2 The partnership brings together a wide range of partners from across WCC, the NHS, statutory agencies and voluntary and community sector organisations. Its strength can be attributed to the identification of jointly agreed priorities through a district level action plan, effective leadership, a clear strategic focus and close alignment to County level structures. Most importantly positive relationships have been established with representatives from West Hampshire NHS Clinical Commissioning Group (CCG).
- 4.3 The current Chair of the Board is Dr Andrew Isbister. Dr Isbister is the CCG's lead GP for the Winchester locality, which includes 13 practices, 99 GPs and almost 143,000 registered patients – roughly 27% of the total CCG population. The Portfolio Holder for Environment, Health and Wellbeing is the Vice-Chair.
- 4.4 The work of the partnership is linked into that of the statutory Hampshire Health and Wellbeing Board (HHWB) through the District Health and Wellbeing Forum. The Forum meets quarterly and brings together the chairs, portfolio holders and lead officers from the district level health and wellbeing boards. It provides a two-way link that gives opportunities for top down and bottom up influencing. The forum is chaired by Cllr Peter Moyle who sits as one of the district and borough council representatives on HHWB.
- 4.5 Thanks to the commitment of its members the WDHWPB is thriving. It has proved to be an invaluable opportunity to network and to share information and best practice. By identifying shared issues and priorities partners can focus action more effectively, reduce duplication and target scarce resources appropriately.
- 4.6 The partnership now meets on a bi-annual basis in June and December. The varied agenda for the last meeting in December 2014, which attracted over 40 people, included performance updates from the public health grant aided projects, a presentation from the University of Winchester (Centre for the Arts

as Wellbeing) on 'Arts on Prescription', a workshop style discussion to help prioritise specific objectives in the district action plan, a presentation from the CCG on its Long Term Conditions Strategy, a review of the Supporting Families Programme and a briefing on Phase 2, an update on the Community Agents project in Winnall, Highcliffe and Stanmore, and partner updates.

## 5 Local Priorities

- 5.1 The health and wellbeing priorities for the Winchester District have been set out in an evidence based action plan. The plan, which steers the work of the partnership, is kept under constant review and is included in the Portfolio Plan for Environment, Health and Wellbeing – the current plan is shown at Appendix 2.
- 5.2 The plan is a 'living' document and is closely aligned to the Hampshire Joint Health and Wellbeing Strategy. The plan reflects the four high level strategic goals set out in the Hampshire strategy with a couple of additions i.e. 'Living Well' has been changed to 'Living **and Working** well', and a fifth strand has been added 'Efficient Delivery and Effective Communications'.
- 5.3 The majority of residents in the Winchester District lead active, healthy and fulfilling lives but this affluence and good health is not geographically shared across the district. Tackling areas of health inequalities is an important element of the action plan and provides a key focus for the work of the board. Ward level health data is being utilised to inform the work of the Fairness and Equality Informal Policy Group.
- 5.4 There are no significant new resources going towards public health locally so this plan is necessarily about pulling together our combined efforts, skills and resources and using our existing capacity more intelligently.

## 6 External Funding

- 6.1 In November 2013 the first round of a new public health grants programme was launched. The HCC Director of Public Health made funding available from the HCC Public Health budget - £500K in 2013/14 and £500K in 2014/15. It was a condition of the programme that all applications had to be processed and endorsed by district level health and wellbeing partnerships. Following a rigorous assessment process, funding was allocated to a range of initiatives that helped address local health priorities and which were also consistent with needs identified in the Hampshire Joint Health and Wellbeing Strategy. A further funding round followed in February 2014 followed by a final 'mop up' in August 2014.

## 6.2 The Winchester board secured funding for the following projects:

Round 1		
Project	Partners	Amount
Hampshire Workplace Wellbeing Charter	Collaborative project between Hart, Rushmoor, Winchester, Eastleigh & Basingstoke & Deane councils	£15,000
Community Health & Wellbeing Offer	WCC Sport & Physical Activity	£5,992
Dementia Champions Project	Collaborative project between Test Valley, Winchester, Eastleigh & New Forest councils  Delivered by Andover Mind	£60,000
Round 2		
Winchester Breastfeeding Welcome Scheme	Lanterns Children's Centre/Winchester Breastfeeding Group	£4,390
Young Parents Project at Stanmore	Carroll Centre	£8,075
Head to Toe – health promotion for people made vulnerable by homelessness	Trinity Winchester	£31,992
Kit Bags & Berets Reminiscence project	Winchester Alzheimer's Society	£8,970
Community Cooking Skills for Men	WCC Health & Wellbeing	£1,362
Healthy Eating project	Winchester Nightshelter	£8,000
Round 3 (Mop up)		
Community Health & Wellbeing Offer –	WCC Sports & Physical Activity	£2,000

extend reach of project		
a) Support & advice on healthy eating to clients with mental health difficulties  b) Online teaching resources for mental health professionals & Nightshelter staff	Winchester Nightshelter	£10,000
Total		£155,781 (all projects)  £80,781 (district specific projects)

- 6.3 Board members and other partners put in an enormous amount of time and effort to help secure the grants set out in paragraph 6.2.above. Each of the successful bids had to demonstrate relevance to priorities set out in the JHWS and our district action plan. In addition, applications had to include robust project plans with clear and measurable outcomes.

#### OTHER CONSIDERATIONS:

#### 7 COMMUNITY STRATEGY AND PORTFOLIO PLANS (RELEVANCE TO):

- 7.1 This area of work primarily falls under the Active Communities priority outcome ‘ensuring that our communities are healthy and safe.’ It is also a key objective in the Environment, Health and Wellbeing Portfolio Plan, ‘working with a range of partners through the Winchester District Health and Wellbeing Partnership Board to maintain and improve the health and wellbeing of residents in the district.’

#### 8 RESOURCE IMPLICATIONS:

- 8.1 There are no additional financial implications arising from this report over and above the staff resources already allocated to this area of work.

#### 9 RISK MANAGEMENT ISSUES

- 9.1 This report provides Members with information about City Council’s role in public health and a review of progress by the Winchester District Health and Wellbeing Partnership Board against the priorities set out in the district action plan that also contribute to achieving the Active Communities outcome of the Community Strategy. Scrutiny of this area of work forms part of the wider corporate approach to risk management, by enabling Members to identify and

explore areas where performance is below acceptable levels or difficulties which are preventing progress in delivering important projects

#### BACKGROUND DOCUMENTS:

District Councils' Network – The District Offer to Public Health – *How district councils are contributing towards the public health agenda in local government*

Copy can be viewed on the following link:

<http://districtcouncils.info/files/2013/02/District-Action-on-Public-Health.pdf>

#### APPENDICES:

Appendix 1 – Hampshire's Joint Health and Wellbeing Strategy 2013/18 – *Working together for a healthier Hampshire*

Can also be viewed under 'key documents' on the following link:

<http://www3.hants.gov.uk/healthandwellbeing/healthandwellbeing-board-info.htm>

Appendix 2 – Winchester District Health and Wellbeing Partnership Board – Local Action Plan 2013/15 – *Working towards a Healthier Winchester*

Can also be viewed on the following link:

<http://www.winchester.gov.uk/community/health-wellbeing/health-amp-wellbeing-partnership-board/>



# Hampshire's Joint Health and Wellbeing Strategy

*Working together for a healthier Hampshire*

## 2013–2018



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# Introduction

## What is this strategy about?

Hampshire's Joint Health and Wellbeing Strategy has been developed by Hampshire's Health and Wellbeing Board to improve health across the county. This includes supporting you to look after your own health and wellbeing and ensuring that the right services are delivered where and when they are needed the most.

To make sure that our limited resources are used where they will make the most difference, the Board will focus on four areas of work. They are:

### Starting well

**So every child can thrive.**

### Living well

**Empowering people to live healthier lives.**

### Ageing well

**Supporting people to remain independent, have choice, control and timely access to high quality services.**

### Healthier Communities

**Helping communities to be strong and support those who may need extra help.**

To achieve all of this everyone needs to get involved. Most importantly we all need to take responsibility for our own health and wellbeing. People who choose to look after their health are more likely to live healthier, longer lives, be free from disease and illness.



## How has the Strategy been developed?

### Hampshire's Health and Wellbeing Board

Hampshire's Health and Wellbeing Board is made up of organisations who plan and buy services that improve the health and wellbeing of the residents of Hampshire. It has been established as a requirement of the Health and Social Care Act (2012) and includes representatives from:

- Hampshire County Council
- District Councils
- Clinical Commissioning Groups
- NHS Commissioning Board (Wessex)
- HealthWatch
- Community and Voluntary Groups.

In order to understand the needs of the people of Hampshire better we developed a Joint Strategic Needs Assessment (JSNA). This pulls together a wide range of information about the current and future health and wellbeing of the local population along with the associated inequalities. The current version is available from:

**[www.hants.gov.uk/jsna](http://www.hants.gov.uk/jsna)**

The JSNA highlights the key issues for the county and has informed the four goals of this strategy, that will guide our work. It will be used by all organisations that make up the Board to steer how we work together, what services we buy and how they are delivered.

## Consultation

Between March and October 2012, a number of consultation events were held to inform the development of this strategy. The first set of goals were shared with 115 partner organisations in May 2012. Their comments were included in the Joint Health and Wellbeing Strategy consultation document, which was produced to support a three-month public consultation on the proposed goals. During the consultation over 50 events were held and views were sought from partner organisations and residents.

## Outcome of the consultation

Over 1,400 people took part in the consultation and 800 suggestions were received. The information gathered has been used to shape this strategy. Comments received included the following:

“It’s not just about organisations it’s about the general public doing things differently.”

“Don’t tell us, help us change our behaviour.”

“Some people need more help than others, you need to focus on them.”

“Keep it simple.”

“Health and Wellbeing is about more than health and social care services, it’s about housing, education, transport...”

“Good to have four priorities, but this needs to be supported by a few clear areas for action.”

“Why can’t services talk to one another. Stop blaming one another and start working together.”

“What difference will the Strategy make, it must be more than a document – it needs to be a real culture shift.”

## Getting involved

The Health and Wellbeing Board welcomes your comments at any time. Once a year we will hold a stakeholder event and produce an annual report detailing our progress. This will be used to provide information on what we have done, what difference it is making and what we expect to do in the following year.

The Board meets four times a year in public and you are welcome to come to any of these meetings. To find out about when and where we will be meeting visit:

**[www.hants.gov.uk/healthandwellbeing-board](http://www.hants.gov.uk/healthandwellbeing-board)**

or contact 01962 845605

You can also get involved by:

- joining your local Patient Participation Group (PPG) through your local GP Surgery
- joining Hampshire HealthWatch through **[www.hants.gov.uk/healthwatch](http://www.hants.gov.uk/healthwatch)** or telephone 01489 611675



# Starting well

## The vision

We want all our children and young people in Hampshire to thrive and achieve their full potential. To help them achieve this we want them to feel safe and be physically and emotionally healthy.

The Health and Wellbeing Board will work with Hampshire's Children's Trust. Together we will work to improve children and young people's health and wellbeing in Hampshire. The detail of the work in Hampshire to improve the lives of children and young people is in the Children and Young Peoples Plan (CYPP). This strategy highlights areas which have been identified as priorities through the public consultation and that Health and Wellbeing Board members feel need additional attention.

## Why is it important?

Having the best start in life significantly contributes to our adult lives in terms of economic wellbeing, which influences our life and health outcomes. We need to work together so that the children and young people of today can make a positive contribution to society in the future.

Most children in Hampshire grow up to lead successful lives as adults, but there are some who do not. In particular, children from poorer backgrounds often do not achieve the success of others.

Using information from the JSNA we know that the birth rate is rising and that:



One in five people in Hampshire are children.



One in eight children under 18 years are growing up in poverty.



Increasing numbers of children have complex health and social care needs.

## What do we want to achieve?

We will work together to ensure there are accessible, high quality services that work well together. The CYPP already sets out the direction and priorities for services for children, young people and families in the county and this is delivered through Hampshire’s Children’s Trust. The Board will compliment the work of the CYPP by focusing on:

**supporting children with disabilities to achieve their full potential.**

Many more children and young people now survive into adult life with complex conditions that require lifelong care, support and treatment. As they grow up they need access to specialist services to help them live full lives and reach their full potential.



## What happens now and what will happen in the future?

What happens now	What will happen in the future
<p>For many children with disabilities moving from childhood to adulthood means moving from services that cater for children and young people to those that focus on adults. This can make a time of change even more difficult and confusing as there is a potential for:</p> <ol style="list-style-type: none"> <li>1. a breakdown in routine</li> <li>2. a loss of friends and familiar carers</li> <li>3. an inability to continue with a plan of treatment</li> <li>4. emotional distress and feeling of loss</li> <li>5. not being followed up by services in a timely and appropriate manor.</li> </ol>	<p>Services will continuously work better together and involve young people and their families. They will have identified appropriate services in advance and have a clear plan as to what will happen and when it needs to be in place.</p> <p>Services will not be disruptive as each young person will have a plan of action that organises a smooth transition between child-centred to adult-focused services.</p>

## What changes can you expect to see?

There are already a variety of services available for children with disabilities and their families. However, children and families have told us that current services could be improved and they need to work better together. Over the coming year we will address this by focusing on:

- the co-ordination of services for children with disabilities and their families by improving the way organisations work together, access to therapy and support services.
- improving the transition from child-centred services to adulthood for young people with extra support needs, by getting children's and adult services to work better together. They will work with each young person and their family to set up an individual plan early, so that a plan of action can be put in place to smooth their transition to adult services.

## Where can you get information and advice?

Contact Hampshire County Council Children's Services **0845 603 5620** or read the CYPP at: **[www.hants.gov.uk/cypp](http://www.hants.gov.uk/cypp)**





# Living well

## The vision

We want all people in Hampshire to be able to live healthy lives. To achieve this we will focus on encouraging people to take action to stay as healthy as possible. To make this happen we will work to ensure that everyone has access to the right information and access to support.

## Why is it important?

A large numbers of deaths in Hampshire are due to heart disease, strokes and cancers. Most of these can be influenced by how we live our lives and some by how our health services can support us. We will encourage people to take control to understand how healthier lifestyles can be fun and rewarding and helps to prevent disease for those at risk.

The JSNA provides information about local people. It tells us that:



Smoking is the major cause of preventable ill health and early death.  
**18% of Hampshire adults smoke.**



Drinking above recommended levels of alcohol increases your risk for liver disease and cancer.  
**In Hampshire 250,000 people drink too much.**



Being obese means that you are at a higher risk of cancer, bad joints, diabetes, heart disease, high blood pressure and liver disease.  
**In Hampshire a quarter of adults are obese.**



One in six adults experience mental ill health at any one time and people with mental ill health are twice as likely to have serious physical illnesses.

## What do we want to achieve?

To support people to live well we will help people to take steps to have a healthier lifestyle. This will ensure that:

**fewer people die early from avoidable illnesses.**

## What changes can you expect to see?

We will focus on ensuring people of all ages live well. This involves working closely with individuals, families and organisations that provide services. It will take some time before the biggest changes will be seen. You should be able to see the following improvements:

- Fewer people choose to drink harmful amounts of alcohol.
- More people are helped not to start smoking and greater numbers stop smoking.
- More people decide to eat the recommended five portions of fruit and vegetables a day.
- More people have a better understanding as to what they can do to protect their emotional and mental health.
- Better targeted sexual health information and advice.
- People of all ages choose to increase how active they are in their daily lives, as well as taking more exercise.

## Where can you get information and advice?

If you are thinking of quitting smoking, drinking less alcohol or losing weight there are a number of places to get information, support and advice. A good place to start is Change4Life:

**[www.nhs.uk/Change4Life](http://www.nhs.uk/Change4Life)**

Telephone: 0300 123 4567



# Ageing well

## The vision

We want everyone to be healthy and to live full lives. When people do have a long term illness they should be supported to be able to control their condition effectively. This is important for people with long term conditions as they may need ongoing medical care and be limited in what they can do for many years.

## Why is it important?

People are living longer and many more people are living to over 85 years old. Consequently, the amount of care and support that people require is increasing and the cost of providing care is going up.

Adults living with a physical disability, learning disability or mental ill health tell us that they want to be independent and have choice and control over their lives. Older people and their families have said that they need more information and advice to lead a more active and healthy life and cope with getting older, so that they can live longer into a healthier old age.

We know from the JSNA that:

- Hampshire has an ageing population. The number of over 65s is expected to increase by 29.8% between 2011 - 2021 and the number of over 85s is to increase by 50.5%.
- The number of falls is increasing and is the major cause of injury and accidental death in older people.
- There is a rising number of people living with long term conditions due to an ageing population, obesity and improved survival rates as a result of better treatment.
- Dementia is the major cause of needing social care and for carer breakdown.



## What do we want to achieve?

The Health and Wellbeing Board knows that there is a lot to be done to improve opportunities for people to age well, particularly for people with a long term conditions (such as heart disease, arthritis, depression, diabetes, lung disease) or with people living with a disability. The Board will focus on helping people with support needs so that:

**adults in need of treatment, care and support have choice, control and timely access to high quality services, based on need.**



## What changes can you expect to see?

Organisations will work more closely together to provide care that is better co-ordinated around the needs of individuals. Services will focus on helping people to manage and be in control of their own health conditions and maintain their independence. This will involve:

- Working with people to get the right care and support when and where they need it, by bringing together services and teams of staff so that they can provide care and support in a more joined up way.
- Diagnosing people earlier who have dementia and providing them and their families with better support.
- Preventing older people from falling and providing better co-ordinated support to help people recover once they have had a fall.

## Where can you get information and advice?

The Board is encouraging everyone, especially people with long term health conditions, to take an active part in keeping themselves well. You can get more information, support and advice from:

- Adult Services **0845 603 5630** [www.hants.gov.uk/contactus](http://www.hants.gov.uk/contactus)
- NHS Choices - [www.nhs.uk](http://www.nhs.uk)
- Your GP surgery.

# Healthier Communities

## The vision

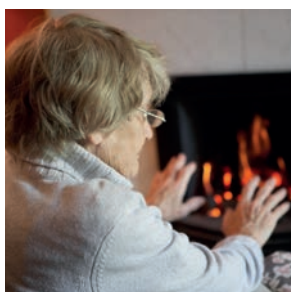
A healthy community should be a place where people feel safe and have high quality public services. They should also have flexible transport links, adequate access to shops and have good quality housing. Achieving this requires a variety of different organisations to work together. The Board plans to influence organisations, partnerships, business and community groups so that every community has access to all the things they need to make it possible for everyone to live a full life.

## Why is it important?

The environment we live in, how safe we feel, our finances and the facilities available in our neighbourhood can all affect our health.

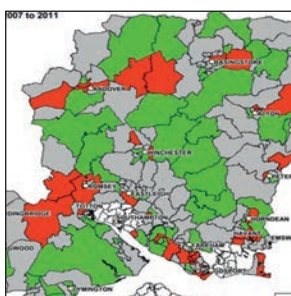


## We know that in Hampshire:



### Fuel poverty

In Hampshire one in four rural households are living in poverty. Nationally, one in five households containing someone over 60 years old is fuel poor.



### Healthy life expectancy gap

There is a significant difference between areas of Hampshire with the longest life expectancy compared to places with the lowest life expectancy.



### Financial hardship

Economic circumstances mean more families and individuals are finding themselves in financial hardship.



# Making it happen

## Aims of the Health and Wellbeing Board

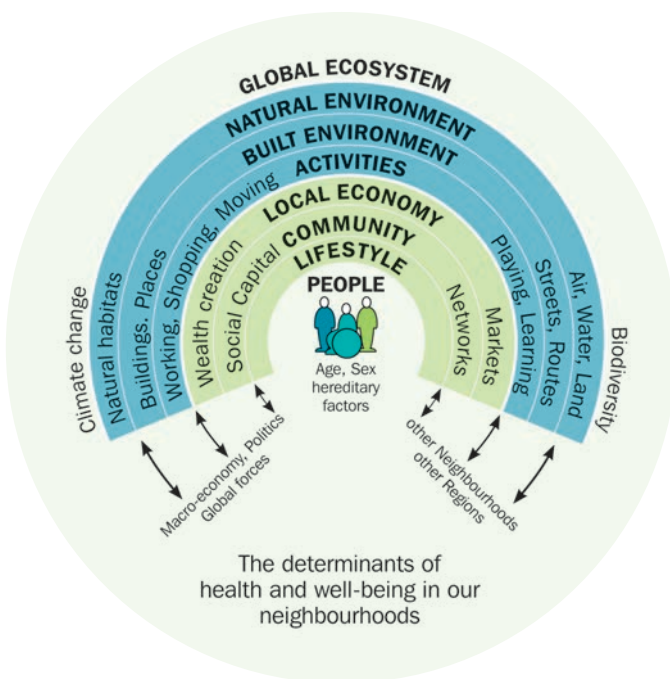
We want to make a real difference to the lives of the people of Hampshire. In order to do this we will:

- help you to look after your own health and wellbeing
- ensure that the right types of health and wellbeing services are delivered where they are needed the most.

Achieving this will require everyone to do things differently.

## Working better together

Our long term health is influenced by a number of factors, including whether or not we have a job, how much money we have, the type of house we live in and the lifestyle that we follow. The Board will take into account a variety of issues that affect our health and wellbeing, including those shown in the diagram below:



Our feeling of wellbeing and our chances of living a life free of disease are influenced by a number of things. We have little control over some of them and these need central government, Councils, voluntary organisations, businesses and the NHS to change. We do have some control over our own lifestyles and can make healthy choices about what we eat and drink, and how much exercise we take.

Source The health Map, Barton and Grant 2006 based on a public health concept by Whitread and Dahlgren, The Lancet 1991

Improving the health and wellbeing of the people of Hampshire requires everyone to get involved. Individuals, organisations and the Board all have a part to play. We all need to work together to make Hampshire a place where everyone can enjoy their lives with the best possible health and wellbeing.

## What can you do?

Everyone in Hampshire can help make our county a healthier place. We can all do things that protect ourselves and reduce the chances of us being unwell and experiencing longer term ill health.

Being healthy helps us take part in the things that we want to do. It means that we can get the most out of life, whether that is being with our family, our friends and communities, or taking advantage of what's on offer throughout Hampshire.

We can all do things that will keep us as physically fit and mentally well as possible. If you're thinking about changing your lifestyle, there are a variety of organisations ready to help you. They are listed under each of the goals.

## What can your organisation do?

This strategy cannot be delivered by the Board alone. It needs organisations as well as individuals to help us support everyone to live healthier lives and ensure that the right sort of information, treatment, care and support is available.

We need to work together to make sure that services are well publicised, available where and when people need them and provide the right support that will make a real difference.

Community and voluntary groups have a particularly important role to play in supporting individuals, families and communities to make healthier choices and supporting people to live independent lives.

## What will the Health and Wellbeing Board do?

The Board has identified four overarching goals. These will ensure that we can better target the limited resources available to support people living in Hampshire to have healthier lives. We will work with Hampshire's Children's Trust to support the delivery of the CYPP - particularly for children with disabilities as they move into adulthood. The Board will support improvements to services to help people remain independent and have choice and control in their daily lives.

 **Starting well**

 **Living well**

 **Ageing well**

 **Healthier Communities**



## Keeping track of progress

The Board will develop a plan detailing the changes that need to be made. Progress will be reviewed annually and the Board will publish an annual report to show what has been achieved.

## What difference will this make?

The Board will work to make the required changes so that:

- children with disabilities are supported to achieve their full potential
- fewer people die early from avoidable ill health
- adults in need of treatment, care and support have choice, control and timely access to high quality services, based on need
- the significant gap between people with the worst health and the those with the best health in Hampshire will be reduced.

## Contact

You can find out more about Health and Wellbeing in Hampshire by visiting:

**[www.hants.gov.uk/healthandwellbeing-board](http://www.hants.gov.uk/healthandwellbeing-board)**

or contact:

Email: [samantha.hudson@hants.gov.uk](mailto:samantha.hudson@hants.gov.uk)

Telephone: 01962 845605

## Winchester District Health and Wellbeing Partnership Board - Local Action Plan 2013/15

### 'Working Towards a Healthier Winchester'

This plan is organised around four main areas of work which are aligned to the priorities set out in the Hampshire Joint Health and Wellbeing Strategy 2013 – 2018:

1. **Starting and Developing Well:** pregnancy, birth, early years and children and young people aged between 5 – 18 years (up to 24 years with additional needs).
2. **Living and Working Well:** adults from 18 years and people of working age.
3. **Ageing Well:** people aged 55 years and over.
4. **Healthier Communities:** developing strong, supportive and resilient communities.

A fifth strand has been added to acknowledge the importance of identifying efficiencies and new ways of working and also to improve communications between organisations and with the residents of the Winchester District:

#### 5 **Efficient Delivery and Effective Communications**

Proposed actions have been drawn from the Joint Strategic Needs Assessment (JSNA) and needs assessments, current evidence and local intelligence, including outputs from the stakeholder conference in October 2012.

The plan has also been informed by the local priorities of West Hampshire Clinical Commissioning Group, the Winchester District Community Strategy, Winchester City Council Portfolio Plans, other relevant partnership action plans. It is a 'living' document which will continue to evolve as the evidence base is updated and new strategic level plans are produced e.g. Joint Strategic Needs Assessment and Community Strategy refresh.

The focus of the plan is on addressing problems and issues which no one partner can tackle alone. The development of the Board and its delivery plan is part of Winchester City Council's response to the recent health reforms set out in the Health and Social Care Act 2012 and the need to ensure that there is a forum where important crosscutting agendas can be supported.

## Starting and Developing Well

### Rationale :-

**Population:** Approximately 25% of the population of the Winchester District is under 19 years of age – around 29,100 children and young people. This is similar to the national figures, with 23.9% of England's population being 0-19 years of age. In 2013, there were 1,260 live births in Winchester, representing a general fertility rate<sup>1</sup> (GFR) of 57.6.

Winchester's child population according to the 2011 census<sup>2</sup>

	Winchester		
	Male	Female	Total
Age 0-4	3,395	3,180	6,575
Age 5-9	3,647	3,248	6,895
Age 10-14	4,192	3,914	8,106
Age 15-19	3,449	4,079	7,528

### Children in Poverty

There are 1,800 (8.8%) of children living in poverty, compared to 20.6% nationally and 12.1% in Hampshire. Benchmarking against the CIPFA nearest neighbours<sup>3</sup> shows that Winchester is doing better than the comparators, with Sevenoaks having 11.9%, South Oxfordshire having 8.5%, East Hampshire having 9.2%, and Test Valley having 10.7%. However, there is some variation across the area, with some areas having significantly higher proportions of children living in poverty, such as the wards of St Luke (19.7%) and St John and All Saints (17.6%).

<sup>1</sup> The number of live births per 1,000 women aged 15-44. Measure of current fertility levels.

<sup>2</sup> Source: HCC PH JSNA Population tool - based upon source: ONS 2011 (census based) mid-year population estimates for Lower Super Output Areas (LSOAs)

<sup>3</sup> CIPFA (The Chartered Institute of Public Finance and Accountancy) developed the Nearest Neighbours Model to aid local authorities in comparative and benchmarking exercises. The factors upon which the classifications are based provide a balanced representation of the authorities' traits. The variables employed in making the assessment are all therefore descriptive of characteristics of the area each authority administers and not of the way in which resource of services are taken into account.

The impact of growing up in poverty can be seen across health, education and communities and extends across the life course. Poverty and low socio-economic status have a profound effect on child health. Children from low income families are at a disadvantage, even before birth, and are more likely to have a lower birth weight or be stillborn. They are also more likely to die in the first few weeks of life or in infancy, and more likely to have a disability than children born into richer families. Children growing up in poverty are more likely to suffer acute illnesses and infections during childhood, have a higher prevalence of chronic conditions, and feel the impact of these conditions more than those from richer backgrounds<sup>4</sup>.

Poverty perpetuates poor health, with conditions such as asthma, bronchitis and anxiety-related illnesses linked to damp and cold housing, and diabetes and obesity linked to an inability to afford all but the cheapest foods, usually with poor nutritional content.

Poverty and material deprivation appears to have a negative effect on parenting, which can increase the risk of child abuse and neglect. Poor children were more likely to be on the child protection register than more privileged children and they are also much more likely to be taken into care, which has major associated implications for child mental health.

#### **Smoking & Alcohol use in Pregnancy:**

Smoking and alcohol use during pregnancy are linked to an increased risk of premature birth and low birth weight. Birth weight has major consequences for survival in early infancy, health throughout childhood and into adult life. Low birth weight is a major risk factor for infant deaths and has also been linked to an increased risk of coronary heart disease, hypertension, respiratory illnesses, stroke and type 2 diabetes.

Risk of sudden unexpected infant death is increased by maternal smoking and maternal depression – both higher in poor households; Poor women are more likely to smoke and smoke more heavily in pregnancy<sup>4</sup>. The dangers of smoking to unborn babies include a lack of oxygen which increases the risk of cot death, bronchitis and pneumonia in the first year of life, and the risk of developing asthma and attention deficit disorder later in life.

11.8% of mothers in the Winchester District are smoking at the time of delivery, compared to 12.7% nationally and 11.8% in Hampshire. The Winchester figure would appear higher than it should be, as the area is far wealthier than many parts of England, with far lower rates

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<sup>4</sup> Professor Nick Spencer. Health Consequences of Poverty for Children. Published by End Child Poverty.  
[http://www.endchildpoverty.org.uk/files/Health\\_consequences\\_of\\_Poverty\\_for\\_children.pdf](http://www.endchildpoverty.org.uk/files/Health_consequences_of_Poverty_for_children.pdf)

of deprivation in many parts, and therefore it could be expected that the figures should be lower.

Alcohol during pregnancy is associated with an increased risk of miscarriage and stillbirth. Fetal exposure to alcohol is also the leading known cause of intellectual disability, and it can also lead to a condition called Foetal Alcohol Syndrome (FAS) which affects the way a baby's brain develops. FAS was previously thought of as a rare outcome of alcohol use in pregnancy but the incidence of Foetal Alcohol Spectrum Disorder (FASD), a broad term that describes a continuum of mental and physical developmental abnormalities resulting from alcohol consumption in pregnancy, is thought to be around 1% of live births in Europe, making it the most common, non-genetic cause of learning disability in the UK.

There is little reliable evidence of the incidence of FAS in the UK, but estimates suggest it could be around 0.21 per 1,000 live births. In 2013 there were 1260 live births in Winchester, which would equate to 0.26 cases in Winchester per year (around 1 case every 4 years). Data on the incidence of the full range of FASD is emerging and it is clear that some populations are at higher risk than others, particularly populations that experience high levels of social deprivation and poverty. International estimates of FASD suggest that 10-20 children per 1,000 live births could be affected, which could mean 12-25 children in Winchester per year. However, this is likely to be an underestimate as FASD is expected to be under-diagnosed<sup>5</sup>.

**Breastfeeding:** The evidence is well-established, for both the benefits to mother and baby of breastfeeding, and the significant risks of not breastfeeding. Babies who breastfeed at a lower risk of gastroenteritis, respiratory infections, sudden infant death syndrome (SIDS), obesity, type 1 & 2 diabetes, and allergies (e.g. asthma, lactose intolerance)<sup>6</sup>. We know that rates tend to fall with increasing levels of social disadvantage<sup>7</sup>, again putting a disadvantage upon those children growing up in poverty.

Initiation rates in Winchester are good at around 78.5%, compared to 73.9% nationally, but continuation rates are poor. The breast feeding rate drops to around 57% by 6/8 weeks after birth, compared to 47.2% nationally. This drop off is obviously a larger problem nationally, but there is still room for improvement at a local level.

<sup>5</sup> NHS Hampshire (2011). Hampshire Alcohol Needs Assessment. [http://www3.hants.gov.uk/hampshire\\_alcohol\\_needs\\_assessment\\_2010-11.pdf](http://www3.hants.gov.uk/hampshire_alcohol_needs_assessment_2010-11.pdf)

<sup>6</sup> Source: <http://www.unicef.org.uk/BabyFriendly/About-Baby-Friendly/Breastfeeding-in-the-UK/Health-benefits/>

<sup>7</sup> Professor Nick Spencer. Health Consequences of Poverty for Children. Published by End Child Poverty. [http://www.endchildpoverty.org.uk/files/Health\\_consequences\\_of\\_Poverty\\_for\\_children.pdf](http://www.endchildpoverty.org.uk/files/Health_consequences_of_Poverty_for_children.pdf)

**Healthy weights:** Research shows that children who stay a healthy weight tend to be fitter, healthier, better able to learn, and more self-confident. They're also much less likely to have health problems in later life<sup>8</sup>. Obese children are more likely to be ill, be absent from school due to illness, experience health-related limitations and require more medical care than normal weight children. Overweight and obese children are also more likely to become obese adults, and have a higher risk of morbidity, disability and premature mortality in adulthood<sup>9</sup>. The main obesity-related conditions that can develop during childhood and adolescence include asthma, type 2 diabetes, musculoskeletal problems, mental health disorders and cardiovascular risk factors. Maintaining healthy weights in children is closely linked to physical activity and regular exercise.

Uptake of the National Child Measurement Programme was good in the Winchester District. Rates of 'Healthy Weights' are high compared with Hampshire in both year groups (Joint highest district in Year R with 81.4% of children having a healthy weight, and highest in Year 6 with 75.9% having a healthy weight). NCMP 2012/13 percentages and numbers for Winchester were: Year R 6.9% obese & 11.5% overweight; Year 6 11.4% obese & 11.1% overweight. Figures for Year R obesity vary across the district from 4.2% in St Paul to 10.4% in St Luke and 8.6% in St John and All Saints. Figures for Year 6 obesity also vary across the district from 4.7% in Compton and Otterbourne to 18.5% in St John and All Saints and 17.6% in Wickham. This shows that, whilst Winchester as a whole is doing well in comparison to figures for Hampshire (7.7% Year R and 15% of Year 6 obese) and England (9.4% Year R and 19% of Year 6 obese), there are areas where there are far higher numbers of children who are a very unhealthy weight, and this increases their risk of ill health in childhood and in later life.

**Injury in infants & children:** The evidence suggests association between childhood unintentional injuries<sup>10</sup> and risk factors such as deprivation, maternal age and maternal mental wellbeing. Children living in poverty are almost twice as likely to live in bad housing. This has significant effects on both their physical and mental health, as well as educational achievement. The risk of death due to injury is increased among poor children as they are more likely to live in unsafe housing, play in unsafe areas and live closer to main roads.

In 2012-13, 109.4 children (aged 0 to 14 years) per 10,000 resident population were admitted to hospital for unintentional and deliberate injuries. These data indicate that, compared to the rest of Hampshire, Winchester has a relatively high rate of hospital admissions due to

<sup>8</sup> Source: <http://www.nhs.uk/Livewell/childhealth6-15/Pages/child-health-measurement-programme-healthy-weight-advice.aspx>

<sup>9</sup> Source: [http://www.noo.org.uk/NOO\\_about\\_obesity/obesity\\_and\\_health/health\\_risk\\_child](http://www.noo.org.uk/NOO_about_obesity/obesity_and_health/health_risk_child)

<sup>10</sup> The NICE guidance uses the term 'unintentional injuries' rather than 'accidents' as: "most injuries and their precipitating events are predictable and preventable"[1]. The term 'accident' implies an unpredictable and therefore unavoidable event.



injury in children (Hampshire value 96.6, range 76.9 – 109.4 per 10,000 population).

'Vulnerable' children and young people are at greater than average risk of an unintentional injury due to one or more factors – such as if they are under the age of 5 years (generally, under-5s are more vulnerable to unintentional injuries in the home); are over the age of 11 (generally, over 11s are more vulnerable to unintentional injuries on the road); have a disability or impairment (physical or learning); are from some minority ethnic groups; live with a family on a low income; or live in accommodation which potentially puts them more at risk (this could include multiple-occupancy housing and social and privately rented housing).

### **Emotional and Mental Health and Wellbeing**

Poor children are more likely to experience mental health problems and to suffer the consequences of parenting failure associated with chronic stress, debt and depression induced by economic disadvantage. Conduct disorders are most strongly socially patterned, but psychiatrically diagnosed conditions such as attention deficit hyperactivity disorder (ADHD) also show an association with deprivation<sup>11</sup>.

### **Educational Attainment:**

Economic disadvantage remains strongly associated with poorer performance, on average, at every key stage. It is a leading Government priority to narrow the attainment gaps between disadvantaged pupils and their peers. Attainment levels at the end of the Early Years Foundation Stage and at GCSE are generally good **but** the widening gap in achievement between children from disadvantaged backgrounds and their peers is a major concern.

Children from poorer backgrounds lag at all stages of education. By the age of three, poorer children are estimated to be, on average, nine months behind children from more wealthy backgrounds. By the end of primary school, pupils receiving free school meals are estimated to be almost three terms behind their more affluent peers. This gap persists and increases throughout secondary school leading to poorer attainment at GCSE and reduced employment opportunities and earning potential throughout life<sup>12</sup>.

<sup>11</sup> Professor Nick Spencer. Health Consequences of Poverty for Children. Published by End Child Poverty. [http://www.endchildpoverty.org.uk/files/Health\\_consequences\\_of\\_Poverty\\_for\\_children.pdf](http://www.endchildpoverty.org.uk/files/Health_consequences_of_Poverty_for_children.pdf)

<sup>12</sup> Child Poverty Action Group. The impact of poverty. <http://www.cpag.org.uk/content/impact-poverty>

'School readiness' indicates the proportion of children achieving a "good level of development" (GLD)<sup>13</sup> in the Early Years Foundation Stage. The level of school readiness is closely related to future educational attainment and there are significant gaps by social background in the level of school readiness. Nationally in 2012/13, 36% of children eligible for free school meals and 55% of other children achieved this level. In Winchester, the proportion of pupils eligible for free school meals (FSM) achieving a "good level of development" in the Early Years Foundation Stage in 2014 is 45%. The equivalent figure for pupils not eligible for free school meals and unclassified pupils is 75%, meaning there is a gap in attainment of 30 percentage points.

In school, disadvantaged children are also showing an attainment gap. Nationally, the percentage of pupils aged 11 and eligible for free school meals achieving level 4 and above in reading, writing and mathematics<sup>14</sup> was 60.1%. The percentage of all other children achieving the same level was 78.8%, showing an obvious gap in attainment. The table below shows that Winchester is performing worse than the CIPFA statistical neighbours for reading, writing and mathematics at key stage 2, with only 49% of FSM pupils achieving level 4+. The attainment gap is also larger in Winchester (32 percentage points), showing that pupils from poorer backgrounds are not doing as well in Winchester as pupils from poorer backgrounds in other similar areas.

Key Stage 2	Pupils Achieving Level 4+; in Reading, Writing and Mathematics	Free School Meals Pupils Achieving Level 4+; in Reading, Writing and Mathematics	All Other Pupils Achieving Level 4+; in Reading, Writing and Mathematics	Attainment Gap
Test Valley	81	55	83	28
<b>Winchester</b>	<b>79</b>	<b>49</b>	<b>81</b>	<b>32</b>
Sevenoaks	77	54	80	26
East Hampshire	80	53	82	29
South Oxfordshire	79	58	81	23

<sup>13</sup> Children are assessed as having reached a good level of development (GLD) if they are assessed as reaching at least the expected level in the prime areas of learning (personal, social and emotional development; physical development; and communication and language) and in the specific areas of mathematics and literacy. The GLD changed when the revised EYFS was introduced in 2012

<sup>14</sup> in 2013

Nationally, the percentage of pupils aged 16 and eligible for free school meals achieving 5+ grades A\*-C including English and mathematics GCSE<sup>15</sup> was 38.1%. The percentage of all other children achieving the same level was 64.8%, again showing an obvious gap in attainment. In Hampshire, 27.4% of children eligible for free school meals achieved 5+ grades A\*-C including English and mathematics GCSE, compared to the South East figure of 33% . In Hampshire 62.7% of all other children achieved 5+ grades A\*-C including English and mathematics GCSE, compared to 65.7% in the South East. This highlights that Hampshire has an even wider gap than the figures for England and the South East.

Winchester has a higher percentage of all pupils achieving 5+ grades A\*-C including English and mathematics GCSE<sup>16</sup> (69.9%) than the CIPFA neighbours (see table below) but the gap between pupils eligible for free school meals and all other pupils is still comparable to the other areas. However, whilst the number of pupils in Winchester eligible for free school meals achieving this level at GCSE (35.3%) is higher than in Hampshire, it is lower than the England average, which is of concern, and the attainment gap for Winchester (36.8% points) is larger than that for the whole of England, which highlights this as an issue.

GCSE	All Pupils at the End of KS4 Achieving 5+ A* - C Including English and Mathematics	Free School Meals Pupils at the End of KS4 Achieving 5+ A*-C Including English and Mathematics	All Other Pupils at the End of KS4 Achieving 5+ A* - C Including English and Mathematics	Attainment gap
<b>England</b>		38.1	64.8	26.7
<b>Hampshire</b>		27.4	62.7	35.3
<b>Winchester</b>	69.9	35.3	72.1	36.8
<b>Test Valley</b>	63.1	25.3	65.4	40.1
<b>Sevenoaks</b>	69.4	40.9	73.5	32.6
<b>South Oxfordshire</b>	61.8	25	64.4	39.4
<b>East Hampshire</b>	64.8	33.3	66.3	33

<sup>15</sup> in 2013

<sup>16</sup> in 2013

**Teenage conceptions:** Teenage parenthood is closely associated with lone parenthood and girls in social class V households are 10 times more likely to become teenage mothers than those in social class I households<sup>17</sup>. In 2012, the Winchester under 18 conception rate was 15.4 per 100 females aged 15-17 years, with 54.5% resulting in termination. Figures for aggregated periods were 18.2 for 2008-10 (117 conceptions), reducing to 16.2 for 2009-11 (105 conceptions) and reducing again to 15.3 in 2010-12 (99 conceptions). In Winchester, under 18 conceptions resulting in termination of pregnancy were 57% in 2008-10, 56% in 2009-11 and 60.6% in 2010-12.

The under 16 conception rate (conceptions per 1000 females aged 13-15) was 2.8 in the period 2008 – 2010 (17 conceptions), increasing to 3.6 in the period 2009 – 2011 (22 conceptions) and reducing slightly to 3.3 in 2010-12 (20 conceptions). Under 16 conceptions resulting in termination of pregnancy were 64.7% in 2008-10, 59.1% in 2009-11 and 50% in 2010-12.

Generally Winchester has very low rates of teenage conceptions, but there are a few wards in the district where the rates are higher. These are St Luke (ranked 34<sup>th</sup> in Hampshire), Whiteley (57<sup>th</sup>), Kings Worthy (60<sup>th</sup>) and Wickham (69<sup>th</sup>).

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<sup>17</sup> Professor Nick Spencer. Health Consequences of Poverty for Children. Published by End Child Poverty.  
[http://www.endchildpoverty.org.uk/files/Health\\_consequences\\_of\\_Poverty\\_for\\_children.pdf](http://www.endchildpoverty.org.uk/files/Health_consequences_of_Poverty_for_children.pdf)

Ref	Issue(s)	Objective  What we want to achieve	Action(s)  What we will do	Key partners  Who we will work with	Measures of success & timescale  How we will know we have made a difference	Link to Public Health Outcomes Framework	Priority rating
1	Teenage conceptions (links with 5 below)	A reduction in teenage conception rates particularly in priority wards  Support young parents	Support communication of Hampshire Teenage Conception Care Pathway - <a href="http://www3.hants.gov.uk/sre-education-policy-november-2010.pdf">http://www3.hants.gov.uk/sre-education-policy-november-2010.pdf</a> (page 31)  Maintain dialogue with LIT  Identify opportunities to support programmes addressing wider related issues and risk factors for teenage pregnancy (e.g. alcohol & substance misuse, child poverty/ educational attainment/ school attendance, SRE)  Ensure priority wards are clearly and consistently	Winchester Teenage Pregnancy & Risky Behaviours Local Implementation Team (lead)  Catch 22 (Targeted Substance Misuse Service for young people)  Supporting Families in Winchester Local Coordination Group (LCG) - Troubled Families Programme	Under 18/16 conception & termination rates – 3 year aggregated data  Intelligence from Catch 22  Improvements in related risk factors, such as educational attainment, in priority areas.	2.4 Under 18 conceptions	Medium

			<p>defined, using rates of conceptions and other related risk factors (e.g. deprivation)</p> <p>Deliver young parents project at the Carroll Centre, Stanmore to provide advice/support to young parents on a range of issues and develop social support networks – HCC Public Health funding</p>	<p>Winchester Community Safety Partnership (CSP)</p> <p>Voluntary &amp; Community Sector organisations</p> <p>Hampshire County Council Public Health Team</p> <p>GPs &amp; other Primary Care colleagues</p>			
2	Breastfeeding	<p>An increase in the number of women breastfeeding their babies at birth and continuing at 6-8 weeks and beyond</p> <p>An increase in the number of women from priority wards breastfeeding</p>	<p>Develop a 'Breastfeeding Welcome' scheme for Winchester District in retail and community venues, with an ultimate goal of Winchester being a breastfeeding friendly district (with all venues and employers signed up) – HCC Public Health funding</p> <p>Develop and publicise local breastfeeding groups in target areas as part of the 'Breastfeeding welcome scheme'.</p>	<p>Winchester Breastfeeding Local Implementation Group (lead)</p> <p>Children's Centres</p> <p>Southern Health NHS Foundation Trust (Health Visiting Team)</p> <p>GP Practices</p>	<p>Breastfeeding rates at initiation and at 6-8 weeks – Child Health Database</p> <p>Numbers of venues participating in 'Breastfeeding Welcome' scheme.</p>	2.2 Breastfeeding	Medium

		their babies	Analyse breastfeeding data to identify target areas	Local retailers Libraries/Discovery Centre Hampshire County Council Public Health Team			
3	Smoking in pregnancy  Alcohol in Pregnancy	A reduction in the number of mothers who continue to smoke during pregnancy  A reduction in those who drink during pregnancy and a reduction in the number of children with FASD.	Consistent publicity available in all children's centres  Raise awareness of importance of not smoking in pregnancy and ensure signposting to services  Encouraging 'smoke free homes' and the '7 steps out of the house' message.  Reinforcing the 'no smoking in cars with children' message  Engage with development and delivery of Hampshire County Council Tobacco control strategy.  Promotion of clear, consistent messages around alcohol and	Children's Centres  Southern Health NHS Foundation Trust – Health Visitors  Midwives  Hampshire County Council Public Health Team	Number of women smoking at time of delivery	2.3 Smoking status at time of delivery	Medium/High

			pregnancy  Signposting to services which can help with reducing alcohol intake.				
4	Healthy weights (children)	An increase in the number of children maintaining a healthy weight by eating well and being active	<p>Support the development of healthy eating programmes in children's centres, schools and community settings</p> <p>Seek to provide an environment that enables healthy weight, using levers such as planning and transport provision - including access to green spaces and play areas, safe roads/pavements to promoting walking/cycling for the whole family.</p> <p>The district council role as a planning authority can be very influential in helping to make safe planned environments. A 'health' supplement to the planning policy of the authority would cover many of the determinants of ill health and other harm.</p>	<p>Hampshire Healthy Weights Strategy Group</p> <p>Children's Centres</p> <p>Winchester Sport &amp; Physical Activity Alliance (SPAA)</p> <p>Places for People (Leisure)</p> <p>Voluntary and Community Sector organisations</p> <p>Hampshire County Council Public Health Team</p>	NCMP data	2.6 Excess weight in 4/5 and 10/11 year olds	High



			<p>Develop and support initiatives to encourage physical activity in children outside of the school curriculum</p> <p>Supporting the Hampshire Physical Activity Strategy 'Everyday Active'.</p>				
5	Risky behaviours (links with 1 above)	<p>A reduction in alcohol and substance misuse (including 'legal highs') by young people</p> <p>A reduction in the number of young people who smoke</p> <p>A reduction in alcohol related hospital admissions for under 19s</p>	<p>Clarify the scale of the use of 'legal highs' by 14+ age range, particularly in City Centre</p> <p>Identify opportunities to support initiatives tackling risky behaviours</p> <p>Support programmes which aim to prevent young people taking up smoking</p> <p>Link with the Hampshire County Council Substance Misuse Strategy.</p>	<p>Winchester Teenage Pregnancy &amp; Risky Behaviours Local Implementation Team</p> <p>Winchester Community Safety Partnership</p> <p>HCC Trading Standards</p> <p>Voluntary and Community Sector organisations</p> <p>Hampshire County Council Public</p>	<p>Data for number of confiscations in hotspots/target areas</p> <p>Trading Standards test purchases</p> <p>Hospital admission data</p>	2.9 smoking prevalence – 15 year olds	High

				Health Team  Winchester Early Help Hub  Winchester Supporting Families LCG			
6	Injury to infants & children	A reduction in hospital admission rates for injuries to under 18s	Identify the underlying reasons for seemingly high hospital admissions. Is the data robust? What are the injuries? What are the causes?  The district council role as a planning authority can be very influential in helping to make safe planned environments. A 'health' supplement to the planning policy of the authority would cover many of the determinants of ill health and other harm.	Hampshire Hospitals NHS Foundation Trust (A&E)  Hampshire County Council Public Health Team  Public Health England Wessex team	Hospital admission data	2.7 Hospital admissions caused by unintentional and deliberate injuries in under 18s	Tbc  Awaiting district data-PHE Wessex (South-East Knowledge & Intelligence Team) working on it

			Use NICE guidance <sup>18</sup> to plan action around injury prevention, including ensuring that local plans and strategies for children and young people's health and wellbeing include a commitment to preventing unintentional injuries among them. In particular, the plans and strategies should aim to prevent unintentional injuries among the most vulnerable groups to reduce inequalities in health. This commitment should be part of a wider objective to keep children and young people safe.				
7	Emotional & mental health	A continued improvement in the emotional & mental health of children & young people	Link with the Hampshire's Children's Trust Joint Hampshire Strategy for Emotional Wellbeing and Mental Health For Children and Young People.  Raise awareness and	West Hants CCG - Winchester Locality  Children's Centres  Voluntary & Community Sector	The findings of the 'Tell Us' to survey around emotional wellbeing of children and young people. (this will be	2.8 emotional wellbeing of looked after children	High

<sup>18</sup> Source: <https://www.nice.org.uk/guidance/ph29>

		<p>understanding the importance of children and young people having good mental health and emotional wellbeing – publicity, campaigns</p> <p>Work with local schools and other agencies involved with children and young people to promote good mental and emotional health and wellbeing.</p> <p>Link into supporting families work.</p> <p>Support the countywide Fit Fest CAMHS led initiative – planned for June/July 2015 at UoW</p> <p>Working with other agencies to tackle stigma, raise awareness and improve the underlying determinants of poor mental health and emotional wellbeing (e.g. housing, planning, employment , supporting families etc.).</p>	<p>organisations</p> <p>Hampshire County Council Public Health Team</p> <p>Hampshire County Council ‘Children and Families’ and ‘schools teams’.</p> <p>Local schools</p> <p>Public Health England</p> <p>CAMHS</p>	<p>hopefully soon be complimented by a national measure of EWB in CYP)</p> <p>Number of issues being flagged up by schools</p> <p>Number of Issues picked up through the two year development checks - Health Visitors</p>		
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			<p>Investigate potential 'gaps' in service provision for 7 – 14 year olds – from prevention through to treatment.</p> <p>Encourage continued support for voluntary sector youth counselling services, alongside reviewing evidence of effectiveness.</p> <p>Keep watching brief over local Child &amp; Adolescence Mental Health Service (CAMHS) – invite CAMHS local Service Manager to give progress update to Board. Include inquiries around links with Adult Mental Health Services (AMHS), both around transition from CAMHS to AMHS, and around AMHS support for parents.</p> <p>Signpost people to appropriate support services at the earliest possible stage – work with schools and GPs to ensure that they are aware</p>				
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			<p>of support services</p> <p>Develop awareness raising training course for staff</p> <p>Organise a 'Mental health and Emotional Wellbeing' themed event in 2015 – 'Throwing a Spotlight on Mental Health'</p>				
8	Educational Attainment	<p>Maintain the good levels of achievement at early years foundation state and GCSE</p> <p>Prioritise narrowing the attainment gaps between disadvantaged pupils and their peers</p>	<p>Further research on effective actions / interventions to reduce this gap and increase educational attainment across the spectrum.</p> <p>Check update of the indicator for the school readiness attainment gap – as all children under 7 are now eligible for free school meals – how will those children who are socially disadvantaged be classified at this age?</p>	<p>Children's Centres</p> <p>Voluntary &amp; Community Sector organisations</p> <p>Hampshire County Council Public Health Team</p> <p>Hampshire County Council 'Children and Families' and 'schools teams'.</p> <p>Local schools</p>	<p>Attainment gaps between those children eligible for free school meals (FSM) and all other children at school entry, age 11 and GCSE.</p> <p>The aim is for the gaps to decrease (by improving the children eligible for FSM)</p>		High

## Living and Working Well

### Promoting healthier behaviours and encouraging people to take responsibility for their own health and wellbeing

#### Rationale :-

**Alcohol:** Alcohol leads to health and social harm via toxicity, intoxication and dependence: toxicity can lead to chronic disease, intoxication can cause acute social and health effects (such as unintentional injuries), and dependence can lead to chronic health and social problems. Alcohol contributes to a broad range of physical and mental health problems including cancers, cardiovascular disease, gastrointestinal disease, low birth weight, foetal alcohol spectrum disorder, depression, suicide, injury and death from accidents and assaults<sup>19</sup>.

Winchester has the highest prevalence of binge drinking<sup>20</sup> in Hampshire (at 19.3% in Winchester and 17.7% in Hampshire) and is also higher than the South-East average (18.1%). This compares to 17.1% in Severnoaks, 19.2% in South Oxfordshire, 17.7% in East Hampshire and 20.1% in England.

In 2008/9, estimates indicate that 21.5% of people over 16 in Winchester were increasing risk drinkers<sup>21</sup>, compared to 20.9% in Sevenoaks, 21.1% in South Oxfordshire, 21.4% in East Hampshire and 20% in England. In the same time period, 6.8% of people over 16 in Winchester were higher risk drinkers<sup>22</sup>, compared to 6.5% in Sevenoaks, 6.4% in South Oxfordshire, 6.5% in East Hampshire and 6.75% in England. This makes Winchester slightly higher than CIPFA neighbours and the England average which is of concern

In 2012/13, Winchester had a rate of 445 per 100,000 population (directly age standardised) for hospital admissions involving an

<sup>19</sup> NHS Hampshire (2011). Hampshire Alcohol Needs Assessment. [http://www3.hants.gov.uk/hampshire\\_alcohol\\_needs\\_assessment\\_2010-11.pdf](http://www3.hants.gov.uk/hampshire_alcohol_needs_assessment_2010-11.pdf)

<sup>20</sup> Estimate of the percentage of adults who consume at least twice the daily recommended amount of alcohol in a single drinking session (8 or more units for men and 6 or more units for women)

<sup>21</sup> Increasing risk drinking is defined as the consumption of between 22 and 50 units of alcohol per week for males, and between 15 and 35 units of alcohol per week for females. This is shown as a percentage of over drinkers aged over 16 years.

<sup>22</sup> Higher risk drinking is defined as more than 50 units of alcohol per week for males, and more than 35 units of alcohol per week for females. This is shown as a percentage of over drinkers aged over 16 years.

alcohol-related primary diagnosis or an alcohol-related external cause. A recent survey suggests that the cost of alcohol related admissions in Hampshire is highest for the 55 – 74 year age group. The Standardised Admission Ratio (SAR)<sup>23</sup> for alcohol related harm for England is 100, for Hampshire it is 75.2 and for Winchester it is 65.7. The wards of St John and All Saints (96.7) and St Michael (78.6) both have SARs for alcohol related harm above the Hampshire average.

**Smoking:** Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. NICE estimates that there are 11,322 smokers (12.8% or 1 in 8 adults) in the district. The rate is much higher amongst those in routine and manual jobs where according to the Integrated Household Survey over 1 in 4 (26.7%) are smokers. The percentage of women smoking in pregnancy remains a concern (see section 1). The smoking prevalence in Winchester is lower than both the national prevalence (19.5%) and the prevalence in CIPFA nearest neighbours - Test Valley (16.2%), East Hampshire (18%), Sevenoaks (16%), and South Oxfordshire (13.2%).

The total annual cost of smoking in Winchester is estimated at £3,426,967. This can be broken down as:

- NHS costs: £2,534,777 i.e. 12,241 GP consultations, 3,432 practice nurse consultations, 2,349 outpatient visits, 564 hospital admissions and 6,806 prescriptions.
- Costs to businesses (productivity losses): £851,578
- Passive smoking costs: £39,441 (adults: £28,027; children: £11,415)

In Winchester, the estimated rate of deaths attributable to smoking is 189.8 per 100,000 of the population aged over 35. This is lower than the Hampshire rate (232) and compares favourably to CIPFA nearest neighbours - 219 in Test Valley, 218 in South Oxfordshire, 207 in East Hampshire, and 231 in Sevenoaks.

**Healthy Weights:** Being overweight or obese can increase the risk of a number of serious and potentially life-threatening health conditions, such as type 2 diabetes, coronary heart disease, some types of cancer (such as breast and bowel), stroke, mobility problems, joint problems, some breathing difficulties, sleep apnoea, possible fertility issues and increased risk during pregnancy, and some psychological problems.

<sup>23</sup> Standardised Admission Ratio = MSOA Observed / Adjusted MSOA Expected admissions \* 100. England Expected value is the sum of all the Adjusted MSOA Expected admissions.



It is estimated that 18.9 % of adults in the Winchester District are obese, 58.5% are overweight or obese, and only 33.3% of adults eat healthily. This is compared to figures of 23.7% of Hampshire adults obese, 19.7% of adults in Sevenoaks, 20.2% in East Hampshire and 18% in South Oxfordshire. All Winchester wards have lower percentages of adults obese than the Hampshire value – but the wards of Boarhunt and Southwick and Denmead are the highest in Winchester, both at 23.4%. (Detailed figures for children are shown in the ‘Starting and Developing Well’ section above.) In 2012, 63.8% of adults achieved at least 150 minutes physical activity per week, compared to 56% nationally, which is obviously positive but there is still room for improvement.

**Workplace Health:** Each year more than 130 million working days in the UK are lost to sickness absence. The positive impact that employers who pay attention to the health and wellbeing of their workforce and invest and/or take measure to improve / maximise this health and wellbeing can have on health and wellbeing is well documented. There is also strong evidence of the economic benefits to employers of having a healthy workforce (e.g. reduced sickness absence, lower staff turnover and improved productivity).

Ref	Issue(s)	Objective  What we want to achieve	Action(s)  What we will do	Key partners  Who we will work with	Measures of success & timescale  How we will know we have made a difference	Link to Public Health Outcomes Framework	Priority rating
9	Workplace health	A healthier workforce across the district	<p>WCC to achieve 'Excellent' level in the Workplace Wellbeing Charter, and to obtain 'The Investors in People Health and Wellbeing Good Practice Award'</p> <p>Assist with publicity and encourage employers in Winchester District to sign up to the 'Workplace Wellbeing Charter'</p> <p>Pump prime a workplace health specialist to liaise with businesses to encourage sign up – HCC Public Health funding (in collaboration with Hart, Rushmoor, Eastleigh &amp; Basingstoke)</p>	<p>WCC, Rushmoor BC, Basingstoke &amp; Deane BC, Hart BC &amp; Eastleigh BC</p> <p>Hampshire County Council Public Health Team</p>	<p>Number of organisations / businesses signed up to the Hampshire Workplace Wellbeing Charter</p> <p>Number of organisations /businesses achieving 'Commitment', 'Achievement', and 'Excellent' levels</p>	1.9 sickness absence rate	High

10	Healthy weights (adults) - (see 4 above for children)	An increase in the number of adults maintaining a healthy weight	<p>Support healthy eating programmes</p> <p>Sport &amp; Physical Activity Programmes</p> <p>Using planning powers to tackle the 'obesogenic environment' – by reducing fast food / junk food outlets and increasing accessible outdoor spaces and active transport options.</p> <p>Working with local supermarkets and other retailers to encourage a healthier food environment.</p> <p>Support the Cycling Strategy</p>	<p>Hampshire County Council Public Health Team</p> <p>SPAA</p> <p>Planners</p> <p>Local retailers</p>	<p>Number of adults achieving a healthy weight</p> <p>Number of adults achieving recommended levels of physical activity.</p> <p>Sport England participation statistics</p>		High
11	Smoking (also see 3 above – smoking in pregnancy)	A reduction in the number of people smoking	<p>Raise awareness of importance of not smoking.</p> <p>Engage with development and delivery of Hampshire County Council Tobacco</p>	Hampshire County Council Public Health Team			High

			<p>control strategy.</p> <p>Identify opportunities to support smoking cessation initiatives</p> <p>Promoting smoke free open areas</p> <p>Encourage local workplaces to promote quitting services as part of workplace health.</p> <p>Support national No Smoking Day</p> <p>Raise profile and awareness of 'Quit' services</p>				
12	Alcohol	A reduction of the number of 'increasing' and 'higher risk' drinkers	<p>Engaging with the HCC Substance Misuse Strategy</p> <p>Promotion of clear, consistent messages around alcohol</p> <p>Promoting and designating alcohol free public areas</p>	<p>Hampshire County Council Public Health Team</p> <p>WHCCG</p> <p>Local retailers</p>	<p>Number of 'higher risk' and 'increasing risk' drinkers</p> <p>Alcohol related hospital admissions or</p>		High

			<p>Working with local retailers on reducing the sale of super strength alcohol and responsible selling of alcohol</p> <p>Promoting 'responsible drinking' and other messages around alcohol.</p> <p>Signposting to services which can help with reducing alcohol intake.</p>		social disturbances		
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## Ageing Well

### Promoting active and healthy ageing

#### Rationale :-

**Demographics:** Demographic change is one of the biggest challenges facing the Winchester District. By 2026 it is estimated that 22.7% of the population will be 65+. Figures from Census 2011 show an increase of 44.4% in the 60 – 64 age range, a 27.9% increase in 65 – 69 years, and a 24% increase in the over 85s. Census 2011 figures also show that there are 36,400 over 55s in the district, an increase of 16.27% from 2001.

Winchester's over 55 population according to the 2011 census<sup>24</sup>

	Winchester		
	Male	Female	Total
Age 55-59	3,352	3,205	6,557
Age 60-64	3,754	3,909	7,663
Age 65-69	3,096	3,277	6,373
Age 70-74	2,323	2,619	4,942
Age 75-79	1,888	2,171	4,059
Age 80-84	1,378	1,931	3,309
Age 85+	1,064	2,277	3,341

Winchester has 10.1% of older people living in deprivation, compared to the Hampshire value of 10.6%. However, the wards of St John and All Saints (23.1%), St Luke (14.2%), and St Bartholomew (13.1%) are the highest in the district.

Poor health is not an inevitable consequence of ageing, but age is a risk factor for many conditions and therefore, as people live longer, we would expect increasing numbers of falls and people living with dementia and other long term conditions. Approximately

<sup>24</sup> Source: HCC PH JSNA Population tool - based upon source: ONS 2011 (census based) mid-year population estimates for Lower Super Output Areas (LSOAs)

14% of people aged under 40 have a long-term condition, compared with 58% of people aged over 60 (DH 2012). There is an association between prevalence of long-term conditions and socioeconomic status. The least privileged in society have 60% higher prevalence of long-term conditions, and 30% higher severity of conditions than the most privileged (DH 2012). Although the number of people with 1 long-term condition is projected to be relatively stable in the coming years, the number of people with 'multiple' long-term conditions is projected to rise significantly by 2018 (DH 2012).

**Dementia:** Dementia is a key priority for the Winchester District. The 2011/12 prevalence of diagnosed dementia in the GP registered population in Winchester district is 0.6%, compared to 0.5% nationally. In 2009 the Winchester District had the third highest number of people with a formal diagnosis of dementia in Hampshire – this has fallen to the 6th highest in 2011/12. It is estimated that more than half of dementia cases are undiagnosed. There were 730 people on the dementia register in Winchester district in 2011/12, compared to a forecasted number of around 1700 – this could mean that only around 43% of people with dementia have a formal diagnosis. In Winchester district, the number of people over 65 years of age with dementia is expected to increase to 1,835 in 2014 to 1,927 in 2016, 2,223 in 2020<sup>25</sup>, 2,550 in 2025 and 2,984 in 2030. Winchester will remain in the top half of districts for numbers of people with dementia for the next two decades.

The prevalence of dementia increases with age, especially in the 'older' old age groups. Dementia is often experienced in conjunction with a range of other long-term conditions, and there are clear links of increased risk of incidents of accidental fires and injuries. It also has major health and wellbeing implications for carers, many of whom are elderly themselves.

**Loneliness & Isolation:** the majority of the Winchester District is rural with poor public transport networks. This can leave older people feeling isolated and lonely with limited access to services. Nationally, around 20% of people over 65 are mildly lonely (this would equate to around 4,356 people in Winchester district), and 8-10% of people feel intensely lonely (which would equate to up to 2178 people in Winchester district). Research suggests that isolation and loneliness can have a devastating effect on an older person's physical and mental health and wellbeing - the World Health Organisation has stated that isolation & loneliness is a bigger risk to health than smoking or obesity. It has significant links to a range of chronic conditions including hypertension, depression and dementia – increasing the risk of developing Alzheimer's disease by 50%. National studies estimate that 1 in 10 older people experience chronic loneliness and can spend 70 – 90% of their time alone in their own home. Poor health contributes to loneliness

<sup>25</sup> Data Source: Projecting Adult Needs and Service Information (PANSI) & Projecting Older People Population Information System (POPPI). Analysis by Hampshire Public Health Intelligence Team.

in older people. Data analysed by the Office for National Statistics found that 59% of people over 52 and in poor health said they felt lonely sometimes or often compared with 21% in excellent health. Loneliness is highest among the over 80s. It is predicted that by 2020, there will be around 3430 people aged 65-74 and 6893 aged over 75 living alone in the Winchester district.

**Falls:** Falls are one of the main causes of loss of independence in older people. They are the largest cause of emergency hospital admissions in older people, and significantly impact on long term outcomes, for example they are a major precipitant of people moving from their own home to long-term nursing or residential care. In Winchester district, the rate of emergency hospital admissions for injuries due to falls in persons aged over 65 was 1,749 per 100,000 population (age-sex standardised) in 2012/13, with higher rates for females than males and higher rates for those over 80 years of age.

The consequences of hip fractures are significant – 10% of people sustaining a fracture will die within a month, 25% will die within 12 months, 30% will need long term care and 70% will suffer permanent new dependency in 2 or more Activities of Daily Living. 1 in 3 people over 65 and 1 in 2 people over 80 fall yearly. 40% of ambulance calls to people over 65 are due to falls. The 2012/13 rate of emergency admissions for hip fractures in people aged 65 and over was 523 per 100,000 population (directly age and sex standardised) – this was 141 admissions.



Ref	Issue(s)	Objective  What we want to achieve	Action(s)  What we will do	Key partners  Who we will work with	Measures of success & timescale  How we will know we have made a difference	Link to Public Health Outcomes Framework	Priority rating
13	Dementia	People with dementia and their carers are able to lead active and fulfilling lives in their local communities for as long as possible	<p>Support the 'Dementia Friendly Communities' programme</p> <p>Deliver the actions agreed as part of WCC's membership of the Hampshire Dementia Action Alliance</p> <p>Support the development of an Extra Care housing scheme in central Winchester</p> <p>Raise awareness and understanding of dementia – publicity, campaigns</p> <p>Deliver 'Kit Bags &amp; Berets' reminiscence project via Winchester &amp; District</p>	<p>Winchester District Older People Partnership (WDOPP)</p> <p>HCC Older People Wellbeing Team</p> <p>Alzheimer's Society</p> <p>Andover MIND</p> <p>GP Practices</p> <p>Community Independence Team (CIT)</p> <p>Dementia</p>	<p>CIT – numbers of people worked with or given information &amp; advice</p> <p>Increase in wellbeing as a result of participation in 'Kit Bags &amp; Berets' project</p> <p>General increase in dementia awareness following delivery of 'Dementia Champions' Project, number of sessions delivered, number of</p>	4.16 Estimated diagnosis rate for people with dementia	High

			<p>Alzheimer's Society – HCC Public Health funding</p> <p>Deliver 'Dementia Champions' project via Andover Mind – HCC Public Health funding (in collaboration with Test Valley, Eastleigh &amp; New Forest)</p> <p>Signpost people with dementia and their carers to appropriate support services at the earliest possible stage – work with GPs to ensure that they are aware of support services for patients identified with the early signs of dementia (through the 'enhanced service' contract for 2013/14)</p> <p>Investigate other support which can be provided for carers</p> <p>Support Dementia Awareness Week 2015</p>	<p>Friendly Winchester Action Group</p>	<p>Champions identified</p>		
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			<p>Use Dementia Champions to cascade dementia awareness sessions to WCC staff, particularly those in customer facing roles</p> <p>Investigate ways to mainstream the 'Singing for Wellbeing' project</p> <p>Investigate the expansion of the 'Safer Places' scheme to include people with dementia</p>				
14	Loneliness & isolation	A reduction in the percentage of older people in the district feeling lonely or isolated 'sometimes' or 'often'	<p>Develop a clear methodology to establish the baseline – surveys, sampling etc.</p> <p>Deliver Community Cooking Skills sessions – HCC Public Health funding</p> <p>Encourage a coordinated approach to the provision of information to older people</p>	<p>HCC Older People Wellbeing Team</p> <p>Age Concern Hampshire – including Village Agents, OPAL Information &amp; Advice and Food &amp; Friendship</p>	<p>CIT – numbers of people worked with or given information &amp; advice</p> <p>Increase in wellbeing due to participation in Community Cooking Skills sessions</p>	<p>1.18 Social isolation</p> <p>1.19 Older people's perception of community safety</p>	High

		<p>in the district. Support projects &amp; initiatives which aim to tackle loneliness &amp; isolation in older people, including volunteering initiatives.</p> <p>Support the Community Meals Service – MOW and the complementary Food &amp; Friendship service.</p> <p>Investigate the potential to develop the 'Men in Sheds' initiative for older men in the Winchester District.</p> <p>Recruit and equip more Cookery Demonstrators. Expand Community Cooking Skills programme throughout the District.</p> <p>Investigate the potential of developing the 'ping pong' initiative. Show the film to groups throughout the district. Encourage people to set up little games; seek grant aid/financial support</p>	<p>services</p> <p>Hampshire County Council Public Health Team</p> <p>Winchester District OPP</p> <p>Parish Councils</p> <p>Winchester Community Safety Partnership</p> <p>VCS organisations</p> <p>CIT</p> <p>Health &amp; Wellbeing Cafes (Southern Health / Age UK partnership)</p>			
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			for table top sets, initial hall hire, fuel costs etc.				
15	Falls	A reduction in the number of older people losing their independence due to falls and fractures  (Closely linked to loneliness & isolation)	Support the provision of community based postural stability classes  Risk spotting activity – the TRIGGER TOOL – training should be made mandatory for frontline staff  Organise a campaign during Falls Prevention Week in June highlighting the importance of eating a calcium rich diet, doing regular weight bearing exercises, not smoking and reducing alcohol consumption  Support CCG in promoting detection and treatment of osteoporosis in people who have suffered ‘fragility fractures’ to help prevent hip fractures in future injuries/falls  Encourage the development	Falls & Bones Health Group (West)  Southern Health NHS Foundation Trust – Falls Prevention Team  GP Practices  CIT  Hampshire Hospitals NHS Foundation Trust - RHCH  Winchester District Older People Partnership  HCC OP Wellbeing Team – ‘Better	Falls data  Number of PSI classes  CIT – numbers of people worked with or given information & advice	2.24 Injuries due to falls in people aged 65 and over  4.14 Hip fractures in people aged 65 and over	High

			<p>of Tai Chi and Nordic Walking classes and similar falls prevention initiatives</p> <p>Encouragement of physical activity (across the lifecourse) – using awareness raising, activity friendly planning of transport and open spaces, safer communities, etc.</p>	<p>Balance for Life' programme</p> <p>Active Lifestyles Steering Group (WCC)</p> <p>SPAA</p> <p>Age Concern Hampshire Wellbeing Services – provides activities such as Tai Chi, Nordic walking, yoga etc.</p>			
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## Healthier Communities

### Rationale :-

**Deprivation & health inequalities:** the Winchester District is generally considered to be affluent but health inequalities exist in certain wards primarily St John & All Saints (Winnall & Highcliffe), St Luke (Stanmore) and St Barnabas (Weeke). St John & All Saints has been identified as one of the wards in Hampshire where male life expectancy of 77.8 years is significantly lower than the England average. General life expectancy in the Winchester District is 81.6 years for men and 84.9 years for females. St John and All Saints is also lower on female life expectancy, at 81.2 years.

Issues of child and adult obesity, smoking prevalence and teenage conceptions are generally worse in areas of identified deprivation. The majority of residents experiencing health inequalities are social housing tenants or from marginalised communities e.g. gypsies and travellers, Nepalese.

**Poverty:** approximately 1,800 children (8.8%) in the Winchester District are living in poverty (i.e. living in homes taking in less than 60% of the UK median income). Poverty is closely linked to poor educational attainment levels (see details in 'Starting and Developing Well' above). The Wards with the highest numbers of children living in poverty are St Luke (19.7%) and St John and All Saints (17.6%).

**Access to services:** there are pockets of rural deprivation in the district with potential access problems to health, social care and other services.

**Welfare reform:** the impact of welfare reform is likely to hit these areas hardest and potentially increase health inequalities.

**Troubled Families:** the majority of families in the district, who meet the criteria for this voluntary programme, live in areas of identified deprivation and many are social housing tenants – of the 80 families identified for inclusion on the programme (as at beginning November 2014) 93% are WCC or Housing Association tenants and 45% live in Stanmore, Winnall, Highcliffe and Weeke. The criteria for Phase 1 of the programme are linked to worklessness, crime and anti-social behaviour, and school attendance. Hampshire has been invited by the DCLG to start implementation of Phase 2 of the programme in January 2015. The three criteria currently used to identify families will be expanded to six headings – families will need to meet criteria under at least 2 of the headings in order to be considered becoming part of the Phase 2 cohort. The six headings are:

1. Parents and children involved in crime and anti-social behaviour.
2. Children who have not been attending school regularly.
3. Adults out of work or at risk of financial exclusion and young people at risk of worklessness.
4. Families affected by domestic violence and abuse.
5. Parents and children with a range of health problems.
6. Children who need help.

Addressing issues related to child and adult **mental health** has become increasingly important to the Supporting Families programme and is also a concern within the wider community. The partnership will maintain a focus on mental health across the life course – from building resilience and promoting attachment in early years, to diagnosing and supporting conditions and encouraging the provision of appropriate treatment services. Children and adults falling just below the threshold for specialist services are of particular interest to the board.

**Domestic Abuse:** domestic violence makes up 19% of all violence against the person and 22% violence against the person with injury. Incidents often occur on Saturday evenings and generally involve female victims in their 20s and male offenders in their 30s. Source: Winchester Community Safety Partnership Strategy - Annual Refresh 2012/13.

**Fuel Poverty:** fuel poverty has severe effects on some of the most vulnerable people in society particularly older people and families with children. Figures from 2010 estimated that 5,212 homes were living in fuel poverty in the Winchester District i.e. 11.2% compared to an average of 11.5% in the south east region.



Ref	Issue(s)	Objective  What we want to achieve	Action(s)  What we will do	Key partners  Who we will work with	Measures of success & timescale  How we will know we have made a difference	Link to Public Health Outcomes Framework	Priority rating
16	Health inequalities	<p>Reduce inequalities and improve health and wellbeing in areas of identified deprivation</p> <p>Deliver 'Head to Toe' initiative for vulnerable/homeless people – delivered by Trinity Winchester – HCC Public Health funding</p> <p>Deliver Healthy Eating project for Nightshelter clients – delivered by Winchester Nightshelter – HCC Public Health funding</p> <p>Community Health &amp; Wellbeing Offer</p>	<p>Develop programme of evidence based health &amp; wellbeing initiatives targeted at WCC tenants in priority areas to include: healthy eating, sport &amp; physical activity etc.</p> <p>Deliver programme</p>	<p>WCC Housing Services</p> <p>WCC Sport &amp; Physical Activity Team</p> <p>SPAA</p> <p>Voluntary &amp; Community Sector organisations</p> <p>Children's Centres</p> <p>Hampshire County Council Public Health Team</p>	<p>Healthy eating booklet produced</p> <p>No of participants</p>	<p>1.1 Children in poverty</p> <p>Outcome 2 – reduced differences in life expectancy &amp; healthy life expectancy between communities (through greater improvements in more disadvantaged communities)</p>	High

		project to be delivered by WCC Sport & Physical Activity team – HCC Public Health funding. Priority given to areas of identified need	Organise a 'Mental health and Emotional Wellbeing' themed event in 2015 – Throwing a Spotlight on Mental Health'				
17	Supporting (Troubled) Families Programme	<p>'Turning around' the lives of families signed up to the programme</p> <p>Phase 2 (Year 4) target – to identify and engage with 63 families</p>	<p>Deliver 'Supporting Families in the Winchester District' Phase 2</p> <p>Use intervention funding to support delivery of programme outcomes and family plans</p> <p>Organise a 'Mental health and Emotional Wellbeing'</p>	<p>Winchester Local Coordination Group</p> <p>Winchester Early Help Hub</p> <p>Voluntary and Community Sector organisations</p> <p>Hampshire County Council</p> <p>Health partners</p>	<p>For families engaged with the programme:</p> <ul style="list-style-type: none"> <li>-School attendance above 90%</li> <li>-Reduced exclusions</li> <li>-Reduced offending</li> <li>-Reduced ASB</li> <li>-Compliance with licence</li> <li>-Improved EH outcomes</li> <li>-Increased EYFS/Health Check score</li> <li>-Reduction in MISPER</li> <li>-Adults in work</li> <li>-Young people in education,</li> </ul>		High

			<p>themed event in 2015 – Throwing a Spotlight on Mental Health’</p>	<p>including – GPs, CCG, Southern Health (including School Nurses and Health Visiting Team)</p> <p>Southern Health – The Recovery College</p>	<p>employment or training</p> <ul style="list-style-type: none"> <li>-Secured tenancy and/or managed debts</li> <li>-Reduced number of domestic incidents</li> <li>-Reduced risks to victim</li> <li>-Sustained perpetrator support/engagement</li> <li>-Improved physical and mental health</li> <li>-Sustained engagement with alcohol/drug misuse support</li> </ul>		
18	Access to services	Equitable access to services for people living in isolated rural communities		<p>HCC – Children’s &amp; Adult Services</p> <p>Community transport providers</p> <p>Lunch Club providers</p>			Medium/High

				<p>Southern Health NHS Foundation Trust (Community health services)</p> <p>Community Meals Service - Meals on Wheels and Food &amp; Friendship</p> <p>Age Concern Hampshire – including Village Agents, OPAL Information &amp; Advice and Food &amp; Friendship services</p>			
19	Fuel poverty	Vulnerable households stay warm and healthy in	Support 'Hitting the Cold Spots'	HCC Older People Wellbeing	Programme data		High

		Winter	programme for 2014/15  Publicise winter warmth education campaigns	Team  Environment Centre  Winnall Community Association  Climate Change Programme Board  WinACC  Insulate Hampshire  WCC Housing			
20	Domestic Abuse (see also Supporting Families above)	Greater awareness of DA issues generally  A reduction in the number of domestic abuse incidents in the Winchester District	Support the work of the DVF and CSP to:- - raise awareness of DA issues - build links to other DA forums	Winchester District Domestic Abuse Forum  Winchester Community Safety Partnership	Police data re number of DA incidents	1.11 Domestic abuse	High

			<ul style="list-style-type: none"> <li>- support White Ribbon Day</li> <li>- develop an outreach programme e.g. schools, key target areas</li> </ul> <p>Deliver 3 year Linx programme in secondary schools – funded by Supporting Families and led by King's School – to commence Spring term 2015</p>	<p>Winchester Supporting Troubled Families LCG</p> <p>Hampshire County Council Public Health Team</p>			
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**Efficient Delivery and Effective Communications**

**Rationale :-**

One of the main messages from the stakeholder conference in October 2012 was the need to improve communications both between organisations and with the general public.

<b>Ref</b>	<b>Issue(s)</b>	<b>Objective</b>  <b>What we want to achieve</b>	<b>Action(s)</b>  <b>What we will do</b>	<b>Key partners</b>  <b>Who we will work with</b>	<b>Measures of success &amp; timescale</b>  <b>How we will know we have made a difference</b>	<b>Priority rating</b>
21	Need to communicate key health messages to residents	Clear and efficient health messages delivered to target groups and wider community	Participate in Change4Life campaigns  Include voluntary sector in all communications  Closer engagement with CCG Communications	West Hampshire CCG Communications Team  Primary Care colleagues  WCC Communications Team  WCC Housing /	Level of awareness of campaigns / messages	High

			<p>Team</p> <p>Cascade Hampshire Health &amp; Wellbeing e-bulletins</p>	<p>Housing Associations</p> <p>Voluntary sector organisations</p> <p>HCC Communications Team</p> <p>Patient Participation Groups</p> <p>WCC Health at Work Group</p> <p>Hampshire County Council Public Health Team</p> <p>Public Health England</p>		
22	Need to improve and streamline communications between and within organisations	Clear and effective communications between organisations / agencies	Develop a district focussed Health & Wellbeing e-bulletin to communicate	All partners	E-bulletin distributed at least twice a year	High



			local updates, new initiatives and services, funding opportunities, general news etc.			
23	Develop a consistent approach to the delivery of shared health objectives in the West Hants CCG area	Exploit opportunities for joint working across West Hants CCG area	Establish regular joint meetings to identify areas for potential collaboration	West Hants CCG - Locality Leads  CCG Communications Team  'Health' leads for WCC, EBC, TVBC & NFDC  HCC Public Health Team	Numbers of joint initiatives	High
24	Resources	Efficient use of limited resources	Develop a programme of low cost, high impact interventions to address issues identified in this plan	All partners		High

