



Meeting	Health and Environment Policy Committee
Date and Time	Thursday, 19th September, 2024 at 6.30 pm.
Venue	Walton Suite, Guildhall Winchester and streamed live on YouTube at www.youtube.com/winchestercc

Note: This meeting is being held in person at the location specified above. Members of the public should note that a live video feed of the meeting will be available from the council's YouTube channel (www.youtube.com/winchestercc) during the meeting.

A limited number of seats will be made available at the above named location however attendance must be notified to the council at least 3 working days before the meeting. Please note that priority will be given to those wishing to attend and address the meeting over those wishing to attend and observe.

AGENDA

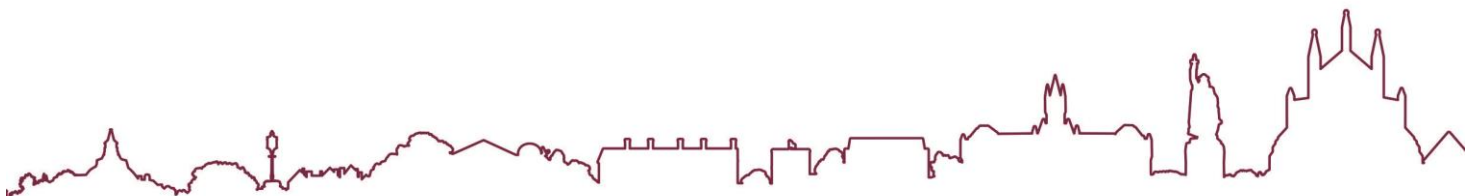
PROCEDURAL ITEMS

- 1. Apologies and Deputy Members**
To note the names of apologies given and deputy members who are attending the meeting in place of appointed members.
- 2. Appointment of Vice-Chairperson for Municipal Year 2024/25**
- 3. Declarations of Interest**
To receive any disclosure of interests from Members and Officers in matters to be discussed.

Note: Councillors are reminded of their obligations to declare disclosable pecuniary interests, personal and/or prejudicial interests in accordance with legislation and the Council's Code of Conduct.

If you require advice, please contact the appropriate Democratic Services Officer, prior to the meeting.

- 4. Chairperson's Announcements**
- 5. To note the dates and times of future meetings of this committee.**



- Tuesday 3 December 2024 at 6.30pm
- Wednesday 26 February 2025 at 6.30pm

6. **Minutes** (Pages 5 - 18)

Minutes of the additional meetings held on 22 January 2024 and 31 January 2024.

BUSINESS ITEMS

7. **Public Participation**

To receive and note questions asked and statements made from members of the public on matters which fall within the remit of the Committee.

NB members of the public are required to register with Democratic Services three clear working days before the meeting

(contact: democracy@winchester.gov.uk or 01962 848 264).

Members of the public and visiting councillors may speak at this Committee, provided they have registered to speak three working days in advance. Please contact Democratic Services **by 5pm on Friday, 13 September 2024** via democracy@winchester.gov.uk or (01962) 848 264 to register to speak and for further details.

8. **Council Health Priorities (Presentation)** (Pages 19 - 42)

9. **Air Quality Strategy (Presentation) - to follow**

10. **Council Plan 2025-30 (Presentation)** (Pages 43 - 52)

11. **To note the Work Programme for 2024/25** (Pages 53 - 54)

Laura Taylor
Chief Executive

All of the Council's publicly available agendas, reports and minutes are available to view and download from the Council's [Website](#) and are also open to inspection at the offices of the council. As part of our drive to minimise our use of paper we do not provide paper copies of the full agenda pack at meetings. We do however, provide a number of copies of the agenda front sheet at the meeting which contains the QR Code opposite. Scanning this code enables members of the public to easily access all of the meeting papers on their own electronic device. Please hold your device's camera or QR code App over the QR Code so that it's clearly visible within your screen and you will be redirected to the agenda pack.



11 September 2024

Agenda Contact: Claire Buchanan, Senior Democratic Services Officer
Tel: 01962 848 438 Email: cbuchanan@winchester.gov.uk

**With the exception of exempt items, Agenda, reports and previous minutes are available on the Council's Website www.winchester.gov.uk*

MEMBERSHIP

Chairperson: Cramoysan (Liberal Democrats)

Vice-Chairperson: To be appointed

Conservatives

Bolton

Liberal Democrats

Aron
Bennett
Brophy
Latham
Power

Green

Lee

Conservatives

Brook and Warwick

Deputy Members Liberal Democrats

Eve and Tippett-Cooper

Green

Wallace and White

Quorum = 3 members

PUBLIC PARTICIPATION AT MEETINGS

Representations will be limited to a maximum of 3 minutes, subject to a maximum 15 minutes set aside for all questions and answers. To reserve your place to speak, you are asked to **register with Democratic Services three clear working days prior to the meeting** – please see public participation agenda item for further details. People will be invited to speak in the order that they have registered, subject to the maximum time period allowed for speaking not being exceeded. Public Participation is at the Chairperson's discretion.

FILMING AND BROADCAST NOTIFICATION

This meeting will be recorded and broadcast live from the Council's YouTube channel. The meeting may also be recorded and broadcast by the press and members of the public – please see the Access to Information Procedure Rules within the Council's Constitution for further information, which is available to view on the [Council's website](#). Please note that the video recording is subtitled, but you may have to enable your device to see them (advice on how to do this is on the meeting page).

VOTING

- apart from the Chairperson, every Member has one vote when a matter before the meeting requires a decision.
- in the event of an equality of votes, the Chairperson may exercise a casting vote and that vote may be exercised in any way seen fit.
- a Member may abstain from voting, or vote differently from how they may have indicated during the debate, without further explanation.
- the way each Member voted will not be recorded in the minutes, unless a motion to have a Recorded Vote has been passed.

Public Document Pack Agenda Item 6

HEALTH AND ENVIRONMENT POLICY COMMITTEE

Monday, 22 January 2024

Attendance:

Councillors
Cramoysan (Chairperson)

Bolton
Brophy
Greenberg

Morris
Wise

Apologies for Absence:

Councillors Tippett-Cooper and Warwick

Deputy Members:

Councillor Brophy (as deputy for Councillor Tippett-Cooper)

Others in attendance who addressed the meeting:

Councillors Learney (Cabinet Member for Climate Emergency), Lee and Wallace

[Full Video Recording](#)

1. **APOLOGIES AND DEPUTY MEMBERS**

Apologies and deputy members for the meeting were noted as above.

2. **APPOINTMENT OF VICE-CHAIRPERSON FOR THE MEETING**

RESOLVED:

That, Councillor Morris be appointed Vice-Chairperson for this particular meeting of the committee.

3. **DECLARATIONS OF INTEREST**

There were no declarations made at the meeting.

4. **CHAIRPERSON'S ANNOUNCEMENTS**

The Chairperson drew members attention to the supplementary agenda that had been circulated and published in relation to the minutes of the meeting held on 5 December 2023.

The committee agreed to accept the minutes as a late item onto the agenda requiring approval.

RESOLVED:

That the minutes of the previous meeting held on the 5 December 2023 be approved and adopted.

5. **PUBLIC PARTICIPATION**

Councillors Lee and Wallace addressed the committee in relation to item 6 and their comments are summarised under the relevant minute below.

6. **FUTURE OF WASTE AND RECYCLING (PRESENTATION)**

Councillor Wallace addressed the Committee on this item.

In summary, Councillor Wallace made reference to the following points which were responded to accordingly by Councillor Learney and the Service Lead: Environmental Services:

- The importance of recycling to residents and welcomed the efforts of officers to improve the council's waste collection service.
- Recognised the key target date for having a new waste management process in place was March 2026, and sought clarification on the action being taken by the council to manage the two main risks (the completion of Hampshire's new MRF and the availability of waste collection vehicles) which could impact this target date.

Councillor Lee addressed the Committee on this item.

In summary, Councillor Lee made reference to the following points which were responded to accordingly by Councillor Learney and the Service Lead: Environmental Services.

- Pleased to see a large response to the public survey.
- Made reference to the need and importance of improved waste management and recycling collection being key for natural resource support for lifestyle and prosperity.
- Waste prevention, reuse, recycling, recovery and disposal was the waste hierarchy; everyone needed to rethink their relationship with waste and consumption and what was best for the environment.

- Reassurance that the council will not lose sight of the need for parallel messaging about the correct consumption with least impact as the council introduces its future waste and recycling service.
- Read a statement made on behalf Dr Dixon which emphasised that there were too many confusing choices of what could and could not be recycled which were situated in many different locations.
- In conclusion, Councillor Lee stated that there was a need for consistent, comprehensive and 'easier to understand' recycling options from the least number of sites possible, which did not rely entirely on goodwill.

Councillor Learney introduced the item emphasising that since the matter was presented to the committee in June 2023, significant developments had taken place. In particular, the Government had announced the results of the consistency consultation and advised local authorities what was required in order to recycle under the banner of 'Simpler Recycling' going forward.

The committee noted that the council had carried out extensive consultation and received a significantly high response rate to the public engagement survey of November 2023, the results of which provided a broad representative range from all age groups and households to steer the creation of a system that works for all residents.

The Service Lead: Environmental Services gave a detailed presentation which provided an update on developments, progress made since June 2023, clarification from Hampshire County Council on their position with a one system approach to be put in place for all Waste Collection Authorities (WCA), a breakdown of survey responses following the consultation, the key modelling options and results, the financial position including New Burdens Funding and Extended Producer Responsibility, collaborative working with other authorities and the target deadlines and core time constraints. The views and comments of the committee were sought for inclusion in the report to Cabinet on 8 February 2024 to consider how this matter should be taken forward.

The committee proceeded to ask questions and comment on the following matters which were responded to by the Cabinet Member and the Service Lead: Environmental Services:

- (i) Contamination in Recycling – The committee expressed concern regarding contamination in recycling bins and the levels of contamination tolerated before rejection of the entire bin. Questions were asked about the process of sorting contamination at the Material Recovery Facility (MRF), including the impact on person-power and the risk of rejecting other materials due to contamination.
- (ii) Survey Results and Public Engagement - Councillor Greenberg welcomed the excellent results of a waste and recycling survey and questioned whether its success was due to residents' passion for recycling or specific strategies employed by the council. Further queries were raised about the cost implications and life cycle analysis of waste and recycling processes, including the impact of co-mingling on MRF costs.

- (iii) Financial and Environmental Implications - The committee asked questions in relation to the detailed breakdown of costs associated with various waste and recycling options, including capital and operational expenses, future financial risks, and the potential need to increase taxes.
- (iv) Clinical and Glass Waste Collection – The committee sought clarification regarding the continuation of clinical waste collections and the council's plans for glass recycling. The potential role of recycling centres in glass collection and the timeline for introducing soft plastics recycling was also raised.
- (v) Use of Electric Vehicles for Collections - The importance of using electric vehicles for increased collection rounds, particularly for weekly food waste, was highlighted to mitigate environmental impacts.
- (vi) Biodiesel Usage and Competition – The committee discussed the use of biodiesel for council vehicles and the potential competition for biodiesel resources, emphasising the need to explore alternatives.
- (vii) Deposit Scheme Impact and Practicalities – The committee raised the potential impact of the upcoming deposit scheme on glass waste and its practicality for residents who rely on delivery services.
- (viii) Food Waste Bin Capacity and Flexibility – The committee queried the flexibility of food bin capacity to accommodate different household sizes and the lessons to be learned from other councils' experiences.
- (ix) Negotiations with Other Authorities - Concerns were expressed about the potential challenges in negotiating waste and recycling strategies with other authorities, particularly those with differing financial positions or ambitions.
- (x) Collection of Batteries and Small Appliances – Clarification was sought on whether collections of batteries, small electrical appliances, and disposable vapes would continue alongside normal waste collection.
- (xi) Public Engagement and Communication - The importance of engaging hard-to-reach groups in recycling initiatives and ensuring widespread understanding and buy-in for the programme was emphasised.
- (xii) Reduction Strategy - The council was urged to consider further investment in communication and education about waste reduction and to evaluate the financial, environmental, and ethical benefits of such initiatives.

At the conclusion of debate, the committee thanked officers for the informative presentation and the progress carried out to date and welcomed the positive outcomes from the survey and the engagement and promotion carried out within the local community.

RESOLVED:

1. That, following a vote thereon, the co-mingling approach to simpler recycling be unanimously supported as the preferred option of the committee going forward; and
2. That the contents of the presentation be received, and the comments raised by the committee, as summarised above, be noted by Cabinet at its meeting on 8 February 2024.

The meeting commenced at 6.30 pm and concluded at 8.15 pm

Chairperson

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Public Document Pack

HEALTH AND ENVIRONMENT POLICY COMMITTEE

Wednesday, 31 January 2024

Attendance:

Councillors
Cramoysan (Chairperson)

Bolton
Brook
Brophy

Morris
Williams
Wise

Apologies for Absence:

Councillors Greenberg, Tippett Cooper and Warwick

Deputy Members:

Councillors Brook (as deputy for Councillor Warwick), Brophy (as deputy for Councillor Greenberg) and Williams (as deputy for Councillor Tippett-Cooper)

Others in attendance who addressed the meeting:

Councillors Becker (Cabinet Member for Community and Engagement), Horrill, Lee and Wallace

Others in attendance who did not address the meeting:

Councillor Cook and Councillor Porter (Cabinet Member for Place and Local Plan)

[Full Video Recording](#)

1. **APOLOGIES AND DEPUTY MEMBERS**

Apologies for the meeting were noted as above.

2. **APPOINTMENT OF VICE-CHAIRPERSON FOR THE MEETING**

RESOLVED:

That Councillor Morris be appointed Vice-Chairperson for this meeting of the committee.

3. **DECLARATIONS OF INTEREST**

There were no declarations made at the meeting.

4. **CHAIRPERSON'S ANNOUNCEMENTS**

The Chairperson advised that the purpose of the meeting was for councillors to be briefed on the proposals on hospital investment from the Hampshire & Isle of Wight Integrated Care Board (ICB) and the Hampshire Hospitals NHS Foundation Trust. The view and comments of the committee would help inform the consultation response made on behalf of the council by the Cabinet Member for Community and Engagement.

5. **PUBLIC PARTICIPATION**

Max Priesemann, Philip Glassborow, Danny Chambers, Chons Muller, Councillor Wallace, Councillor Horrill and Councillor Lee spoke raising questions and comments in respect of agenda Item 5 as summarised below.

6. **HAMPSHIRE TOGETHER: MODERNISING OUR HOSPITALS AND HEALTH SERVICES (CONSULTATION DOCUMENT ATTACHED) - PRESENTATION**

The Chairperson welcomed to the meeting Caroline Morison (Chief Strategy & Transformation Officer, Hampshire & Isle of Wight Integrated Care Board (HIOW ICB)), Alex Whitfield (Chief Executive, Hampshire Hospitals Foundation Trust), Dr Lara Alloway (Chief Medical Officer, HIOW ICB), Dr Nick Ward (Interim Chief Medical Officer and Consultant Paediatrician, Hampshire Hospitals Foundation Trust), Dr Charlotte Hutchings (GP and Clinical Director for North & Mid Hampshire, HIOW ICB) and Elizabeth Kerwood (Associate Director of Community Involvement, HIOW ICB).

A copy of the consultation documents and other information had been circulated with the [agenda pack](#).

Philip Glassborow, Max Priesemann, Danny Chambers, Chons Muller, Councillor Wallace, Councillor Horrill and Councillor Lee addressed the Committee and raised the following points and questions as summarised below:

a) **Philip Glassborow**

Thanked the NHS for their service, but there should continue to be an Accident & Emergency department in Winchester for two main reasons - access and resilience. If all emergencies needed go to a new hospital at Basingstoke, this would place a strain on the ambulance service. The recent critical incident declared at Basingstoke Accident and Emergency due to high levels of attendance indicated that two facilities were better than one.

b) **Max Priesemann**

Whilst supportive of proposals for a new hospital, questioned whether outcomes for the population would be improved and also the evidence that capacity was not achievable at the existing site. Increased travel to a new hospital may impact on patient waiting times and on the capacity of the ambulance service. Patients and visitors travelling to a new hospital would

require a public transport solution to be in place. Queried why Micheldever had been rejected as a potential site, despite this being central and with good transport links. There would be more carbon impact from increased travel and building a new hospital. There should be options to modernise and develop existing sites to match current demand.

c) Danny Chambers

Thanked NHS staff for their work and referred to the capacity of community health care that meant patients attended Winchester hospital more frequently. The proposals had created anxiety for these residents who may need to travel to Basingstoke for health services. Raised concerns at guarantees of Treasury funding for the project and expectations that a new hospital would be completed by 2032.

d) Chons Muller

As the current petition holder against removal of the Accident & Emergency department and other acute services from Winchester, queried whether proposed new facilities at Junction 7 of the M3 would have sufficient capacity. The NHS and the council could work together to revisit land options in the district such as at St John Moore Barracks, Barton Farm and land owned by Winchester College in the north of Winchester.

e) Councillor Wallace

Thanked the NHS team for their work in helping residents understand the proposals under consideration. Pointed out that all three options presented the same outcome for Winchester residents. Asked for examples of other hospitals that only dealt with planned surgeries. Referred to commitments that the proposals would improve waiting times and services to patients, and asked how the council would remain engaged throughout the project to ensure these were delivered. Stated that residents in the Meon Valley were likely to have their nearest specialist and emergency care centres at Queen Alexandra Hospital in Portsmouth – had there been any analysis of increased patient numbers here? Regarding net carbon zero, what work had been undertaken to quantify the emissions related to the new hospital and how was net zero to be achieved, especially from increased travel to the new facility.

f) Councillor Horrill

Welcomed the government's investment in local NHS services and reiterated that it was important that residents take up the opportunities to be engaged in the consultation process. Regarding concerns of residents, could it be explained what exactly was a 24:7 doctor led urgent treatment centre when compared to the existing Accident and Emergency facilities at Winchester? What criteria would be used to decide where patients would be referred, and by whom? Pointed out that Southampton General Hospital remained geographically closer for some residents of the district. Was there a back-up

plan should the proposals not take place and what could stop the undertaking for investment? Had NHS staff been engaged in the consultation processes?

g) Councillor Lee

Welcomed proposals that delivered improved sustainable health services and value for money efficiencies along with improved net zero and environmental credentials. Raised concerns of increased transport and travel times to Basingstoke. There was increased travel costs and car parking charges for patients and visitors and for those without private transport, public transport was inadequate. The Hampshire County Council local transport plan would not address travel arrangements regarding a new Basingstoke hospital and to neighbouring facilities such as Queen Alexandra. Had local development plans across the NHS Trust's catchment area fed into the options presented, so to help with future proofing capacity and providing assurances that services were adequate? Was NHS illness prevention initiatives and primary and social care sufficient, especially having regard to residential developments such as at Welbourne?

The representatives of Hampshire Hospitals Foundation Trust (HHFT) and Hampshire and Isle of Wight Integrated Care Board (HIOW ICB) then gave their presentation to the committee. The presentation was made available on the [council's website here](#) following the meeting. Where available, responses to matters raised during the public and visiting councillor deputations were provided during their presentation or the ensuing discussion.

Following conclusion of the presentation, the committee proceeded to ask questions and comment on the proposals which were responded to in detail and can be referred to in the [recording of the meeting](#). In summary the following matters were raised and responded to:

Urgent Treatment Centre

- a) What was the percentage of patients attending Accident & Emergency at Winchester and who would still be able to be treated at the new Urgent Treatment Centre?
- b) How would a patient be managed (or a parent with an unwell child) who attended the Urgent Treatment Centre who then needed to then be dealt with at Specialist Acute Hospital?
- c) Which NHS professionals were to manage the Urgent Treatment Centre workload, and could be it confirmed that they have all the necessary skills and experience?
- d) Would the proposals regarding an Urgent Treatment Centre at Winchester result in cardiac trauma treatment times being longer?

Staffing

- e) Would there be an impact on the retention of specialist NHS staff if services are to be re-located – especially for those without their own transport?
- f) Was there any indication of the number of staff currently located at Winchester, compared to that proposed in the future?
- g) What more could be done to ensure that NHS hospital staff had opportunities to take part in the consultation? Could there be assurances that all residents were given opportunities to be fully engaged as some communities were more affected than others?

Funding

- h) Was the capital funding of £700 – 900 million proposed by the Treasury guaranteed and was delivery of the project assured (including construction) within the time scales proposed?
- i) Were there any outstanding conditions from the Department of Health and Social Care to be met regarding the funding from the new hospital programme – for example regarding the proposed Urgent Treatment Centre at Winchester?

Model of Care

- j) What was the logic of relocating the existing centre of excellence for stroke care away from Winchester?
- k) What sort of NHS services were now to be more prioritised in community and local care?
- l) How would the proposals impact on antenatal and neonatal care?
- m) How would the proposals positively impact on ‘step down services’ and enhance getting patients through the system, so not bed-blocking? How would it relate to patients being transferred to care homes in some instances?
- n) Was there assurance that the Royal Hampshire County Hospital buildings would remain safe and fully maintained until no longer used? Were existing services adequate and safe without investment?
- o) Had the National Hospital Programme taken into consideration advances in technology and science?

Location

- p) Were hospital catchment areas to move or were they to merge? Had neighbouring hospital trusts input to the proposals, for example whether may add additional pressures?
- q) What would happen if the preferred new site identified at J7 M3 was not able to be obtained?

- r) Has there been modelling or study of ambulance response times from across the Winchester district to the new hospital site, including for time critical medical matters such as strokes? Would there be additional budget to help with increased transport transfers between sites?
- s) There were a number of potential sites assessed based on several criteria, including for ambulance response times for category one incidents.
- t) Would there be an impact on patient survival rates of major trauma being in Winchester being referred to J7 M3?
- u) Was it possible to commit that no services from Winchester would be moved until the new hospital at J7 M3 was built, given the time frame currently referred to?
- v) What was the usage of carbon at the new site versus the existing sites and in terms of the invested carbon in building a new hospital, what analysis had been done and what was the return on investment?

Engagement

- w) Regarding the process undertaken regarding the options presented and the feedback being gathered and ensuing decision making processes; can there be assurances that there had been no undue political influence?

The committee then proceeded to debate the proposals. In summary the following matters were raised:

Urgent Treatment Centre

- a) Regarding concerns at the closure of Accident & Emergency facilities, there should be comparison to what services existing Urgent Treatment Centres actually provide.

Staffing

- b) Staffing and travel to a new hospital was a concern. Social care budgets and the increasing demands on social care was also a concern due to deficits in the Hampshire County Council budget.
- c) Any concerns regarding staffing was more an issue for the future due to the project's timescales.

Funding

- d) There was concern that the funding for the project may not be forthcoming when it was so far into the future and confirmation of the Treasury's commitment was necessary.

Model of care

- e) The case presented by HIOW ICB and NHS Hospitals regarding the Hampshire Together project was convincing, however retaining access to Accident & Emergency services at Winchester was crucial for some residents. There were issues about social inclusion regarding travel and associated costs.
- f) The Queen Alexandra Hospital and Southampton General who combined had experienced three critical incidents due to capacity since the consultation on the proposals had launched.
- g) Moving elective surgery and specialist services to one location was encouraging.
- h) It was disappointing that retaining Accident & Emergency (along with paediatrics and maternity services at Winchester) was not one of the options presented by the Hampshire Together consultation.
- i) Although there was some support for a new hospital at J7 M3, it must be recognised that for residents of Winchester there was opposition to the apparent downgrading of services located at the existing site and whether this may impact negatively on medical emergency outcomes.
- j) There was logic of consolidating expert and specialist resources and that this would lead to efficiencies. However, this would inevitably mean changing locations that patients need to travel to, and that this would impact more on some residents. The proposals did not encompass a commitment to a transport strategy, including the establishment of useable travel connections between several places in Winchester district to the new hospital.
- k) The community needed excellent maternity services accessible to them here and now. Could delays to the project have a detrimental impact on this?

Location

- l) Had there been any preliminary discussions with the planning authority regarding planning matters related to the new site?
- m) More expensive travel for Winchester residents to a new hospital at J7 M3 would be much less for residents from the north of Hampshire.
- n) Residents of the Upper Meon Valley ward of the Winchester district were concerned about speed of access and quality of service, and if were travelling by ambulance from this area, they would arrive at a new hospital at J3 M3 at around the similar time that they would at Winchester.
- o) An impact assessment of the proposals should have explored any effect on the ambulance service and response times.

Engagement

p) Residents should refer to the details presented by the Hampshire Together project to appreciate the facts about the decision that was being made and to fully understand the issues.

q) Consultation on the proposals must reach all sectors of the community and utilise appropriate methods of forum as appropriate.

In conclusion, the Chairperson thanked members of the public for participating in the meeting and representatives from Hampshire Hospitals Foundation Trust (HHFT) and Hampshire and Isle of Wight Integrated Care Board (HIOW ICB) for their attendance and informative presentation.

RESOLVED:

That the views and comments of the committee be noted as summarised above, to inform the response of the Cabinet Member for Community and Engagement to the consultation.

The meeting commenced at 6.30 pm and concluded at 10.05 pm

Chairperson

Winchester City Council health priorities briefing

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Health and Environment Policy Committee
19 September 2024

Agenda Item 8



Purpose of the health priorities briefing

Objectives

1. To provide context as to the key agencies, institutions and stakeholders involved in supporting health and wellbeing outcomes.
2. To share high level health data to understand how well (or not) the Winchester district is performing in terms of healthy people, lives and places.
3. To identify our health priorities and test against, and align with, existing plans.
4. To map the council's work to our health priorities, building on what is already happening and recognising the wider health benefits to be gained.

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Outcomes

- Clear health priorities for Winchester district.
- Clear role the council can play to support, enable and facilitate activities to sustain or improve these priorities.

Policy Committee is asked:

- Support using the priorities to target and focus our approach to achieving the best health outcomes?
- Support the “business as usual” approach of delivering health outcomes from the council's work ?

1. Agencies and institutions contributing to good health and positive wellbeing in Hampshire



Hampshire & IOW Integrated Care Strategy (December 2022)

1. The council's contribution to good health and positive wellbeing across the district

Influencing the planning and provision of health infrastructure and services through:

- Local Plan and development management
- Integrated Care Board
- Hampshire Health & Wellbeing Partnership
- Winchester District Partnership & Community Forum
- Community & Voluntary Sector grants – e.g. CAB

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Delivering and investing in services and projects, e.g.

- Sports facilities – leisure centres, pitches, pavilions
- Access to nature
- Open space and play areas
- Housing and homelessness
- Arts and culture
- Employment & skills

2. Joint Strategic Needs Assessment (JSNA) – high level data

Hampshire's JSNA looks at the current and future health and wellbeing needs and inequalities within the Hampshire population.

It provides a rich data source for assessing and comparing Winchester district's population health across a range of determinants.

Data are collated around three dimensions, each of which focusses on a series of related factors:

- Healthy people
 - *Who are the specific groups of people that need additional support?*
- Healthy lives
 - *What are the factors and circumstances that affect health?*
- Healthy places
 - *How can we create an environment that promotes positive health?*

JSNA dimensions and associated factors

Healthy Lives

Risk Factors

- Alcohol, Drugs, Smoking,
- Weight & Diet
- Physical activity
- Sexual health

Maternity

- Birth weight
- Smoking status at delivery

Risk factors for Children

- Children in needs, in protection, looked after
- School attainment, exclusions, absences
- NEET - not in education, employment or training
- Child poverty and youth justice system

Risk factors for Adults

- Employment, low income, zero contracts
- Cost of living
- Violence and domestic abuse

Healthy People

Multimorbidity

- Multiple conditions

Mental Health & Wellbeing

- Common mental health disorders
- Serious mental health illness
- Health service referrals

Population groups

- Carers
- Learning disabilities
- Special education needs and disability (SEND)

Older adults

- Hospital admissions, hip fractures
- Dementia

Healthy Places

Physical environment

- Coastal communities
- Green spaces
- Access to leisure facilities

Home environment

- Food security, food banks
- Housing affordability, tenure, homelessness

Social & economic environment

- Social isolation
- Digital access, quality
- Household income, benefit claims, occupation

Community safety

- Crime, road safety and accidents, licenced premises - gambling and alcohol

Environment

- Traffic emission
- Transport - car ownership, active travel
- Energy consumption, renewable electricity, recycling
- Air quality
- Weather - heat & cold, flooding, storms

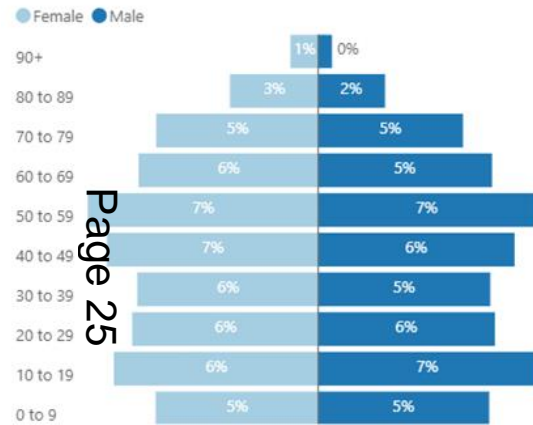
Winchester people and place summary

This page provides background information for consideration whilst looking through the rest of the report: population structure, population density and deprivation. Anchor institutions are public sector organisations which have an important presence in place as they are large employers.

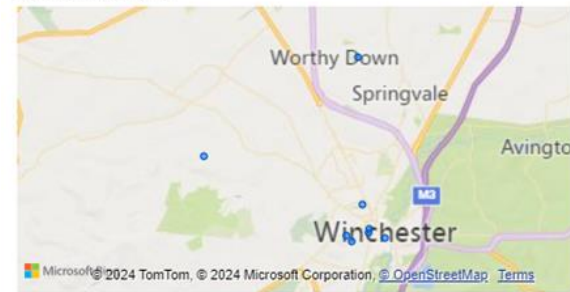
Select area:
Winchester

127,448 Population, 2021
20.9% Proportion 65+
192.8 Population density

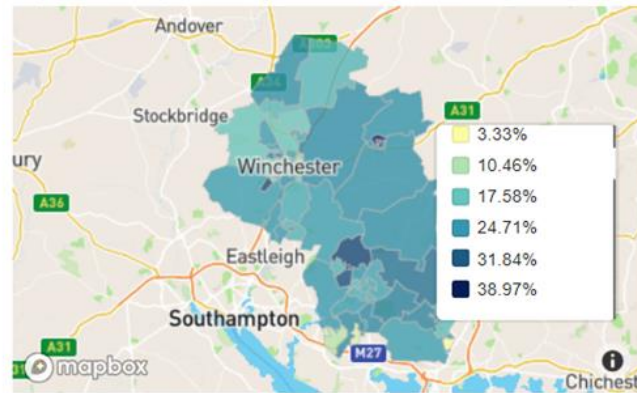
Population by age, Census 2021



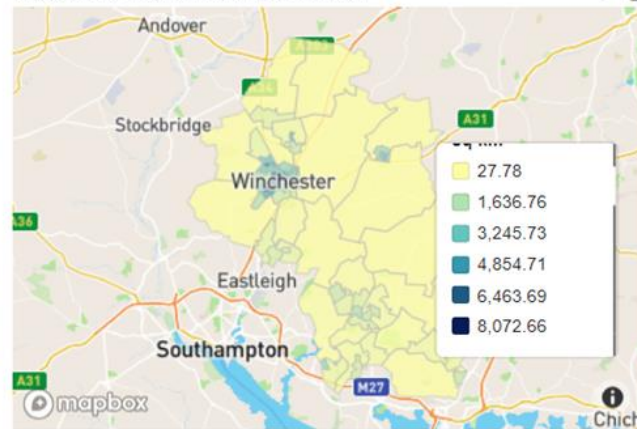
Anchor institutions



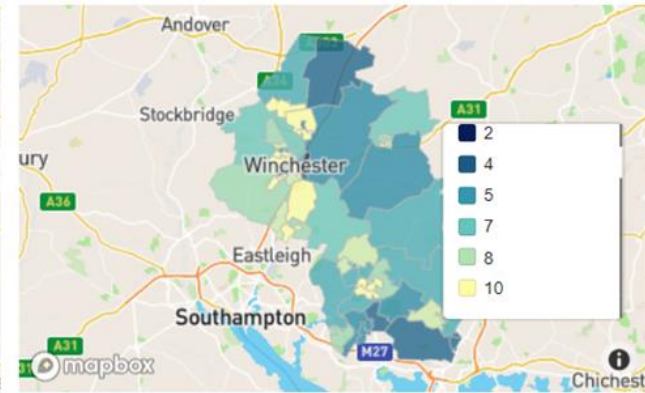
Proportion of the population aged 65 and over, Census 2021



Population density (per sq km), Census 2021



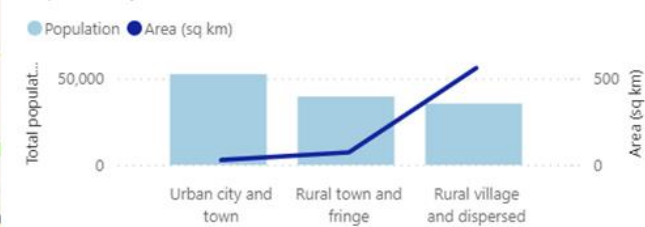
Deprivation (IMD 2019, 1=most deprived)



Total population by deprivation decile (1=most deprived), 2021



Population by urban rural classification, Census 2021



HEALTHY PEOPLE

Life expectancy

- Healthy life expectancy

Multimorbidity

- Multiple long-term conditions

Mental Health & Wellbeing

- Impact of COVID-19
- Common mental health disorders
- Serious mental illness (SMI)
- Self-harm & suicide

COVID-19

- Post COVID and long COVID

Population groups

- Carers
- Learning disabilities
- Special education needs and disability (SEND)
- Inclusion Health Groups
- Older adults

Performs well

Multimorbidity

12.3% of population in the district with 2 or more conditions is lower than Hampshire as a whole (13.6%) – best performing is Hart at 6.6%

Life expectancy for males (82 years) and females (85.5yrs) is better than in Hampshire and England

Population groups

Winchester district has a lower percentage (7.4% of pop) of unpaid carers than Hampshire (8%) and fourth lowest of all the county's districts.

The prevalence of learning disabilities in Winchester district is below that of Hampshire and England.

The rate of educational health plans per 1,000 population is one of the lowest in Hampshire.

Population groups

Inclusion health groups

Winchester district has the highest percentage of population identified as Gypsy, Roma or Irish Traveller (0.4%) and highest proportion of Roma or Irish Traveller population aged 24 or younger (45%)

Winchester is the district where veterans are more likely to report that their life is limited 'a lot' by their disability than those in the general population, at 43%

Older people

Ageing population, predicted population growth largest in the 85+ cohort.

Estimated prevalence of dementia is 7.5% of population aged 65+ - fourth highest in Hampshire.

Mental health & wellbeing

29% of people reported high anxiety – higher than Hampshire (26.3%) and third highest of all the county's districts

12.5% of people self-reported a low happiness score – higher than Hampshire (9.5%) and fourth highest of the districts.

10.6% of people registered with depression in Winchester district

Potential areas of focus

Multiple conditions data



Multimorbidity

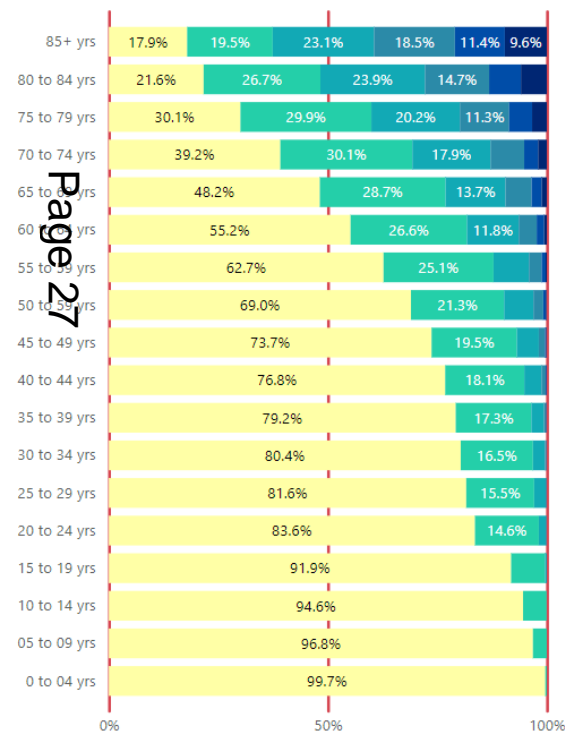


Select an area:

- Basingstoke and Deane
- East Hampshire
- Eastleigh
- Fareham
- Gosport
- Hampshire
- Hart
- Havant
- Isle of Wight
- New Forest
- Rushmoor
- Test Valley
- Winchester

Percentage of patients by age group and the number of conditions

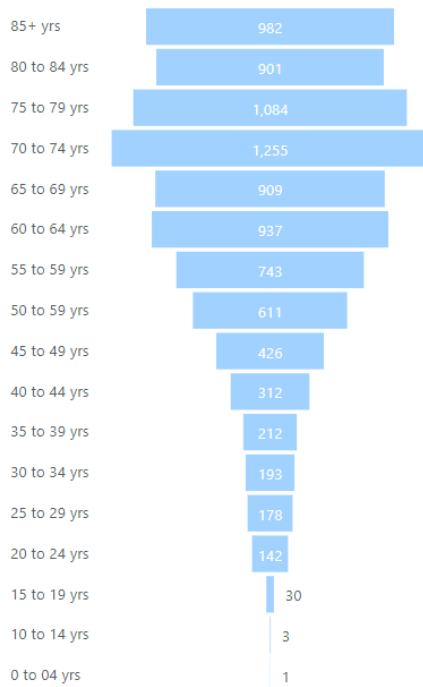
Number of LTC 0 1 2 3 4 5+



Select number of conditions:

- 0
- 1
- 2
- 3
- 4
- 5+

Number of patients by age group



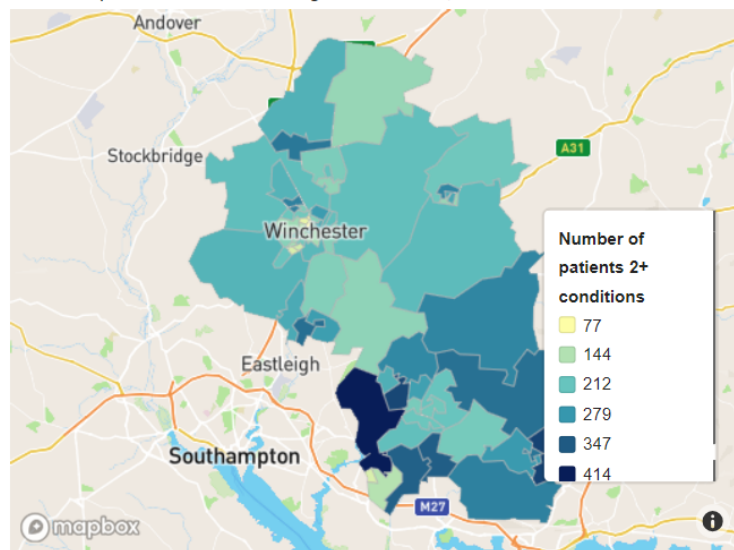
Number of people with 2 or more conditions in Winchester

15,765

Proportion of the Winchester population with 2 or more conditions

12.3%

Number of patients with 2 or more long term conditions, Winchester



To note CHIE data will not provide a complete picture of multi-morbidity as not all GP practices are represented in CHIE however the data can be used as a proxy to highlight patterns and potential areas for focus. Number of patients in Rushmoor and Hart may be especially undercounted as some residents will be registered with practices in Surrey which CHIE did not cover.

Healthy Lives

Lifestyle Risk Factors

- Alcohol, Drugs, Smoking,
- Weight & Diet
- Physical activity
- Sexual health

Maternity

- Birth weight
- Smoking status at delivery

Risk factors for Children

- Children in needs, in protection, looked after
- School attainment, exclusions, absences
- NEET - not in education, employment or training
- Child poverty and youth justice system

Risk factors for Adults

- Employment, low income, zero contracts
- Cost of living
- Violence and domestic abuse

Performs well

Lifestyle risk factors

Winchester district has a:

- higher percentage of physically active adults and children than Hampshire.
- higher rate of people eating the recommended 5 per day than Hampshire or England.

Winchester district compares better than England for:

- children's weight.
- smoking rates.
- rate of alcohol-related mortality.

Maternity

6.2% of all live births are low in weight in Winchester district - England 6.4% and the South- East 5.6%.

Child mortality in Winchester district is lower than Hampshire and England.

Risk factors for children

Second lowest proportion (9%) of children living in low- income households.

Second lowest rate (0.6%) in Hampshire of unauthorised absences from school.

Risk factors for adults

Winchester district is the second-best performing district for percentage of jobs paying lower than minimum wage at 8.2%

Lifestyle risk factors

Sexual health:

- STI diagnosis per 100,000 in the district is 510.49 – the second highest in Hampshire.
- Chlamydia detection rate per 100,000 aged 15-24 is 1333 – the third highest in Hampshire.

Risk factors for children

There are higher rates of emergency admissions to hospital for injuries for children and young people than national.

Higher rates are shown in the in the north of Winchester district for both children under 15 and young people aged 15-24

Risk factors for adults

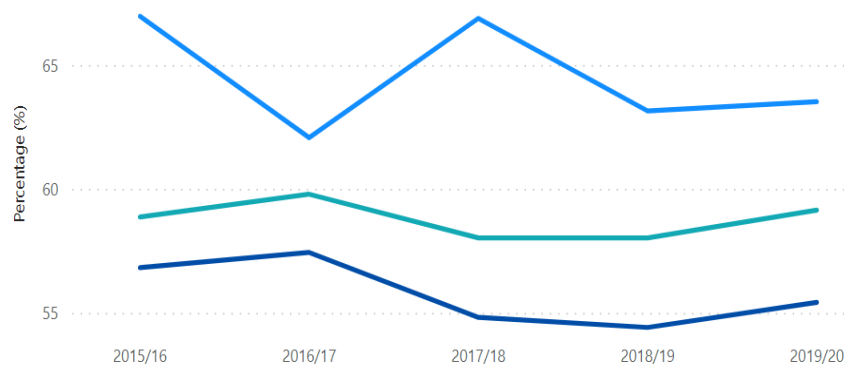
Most serious violence offences per 10,000 for the district is 4.11 – fourth highest in Hampshire.

Potential areas of focus

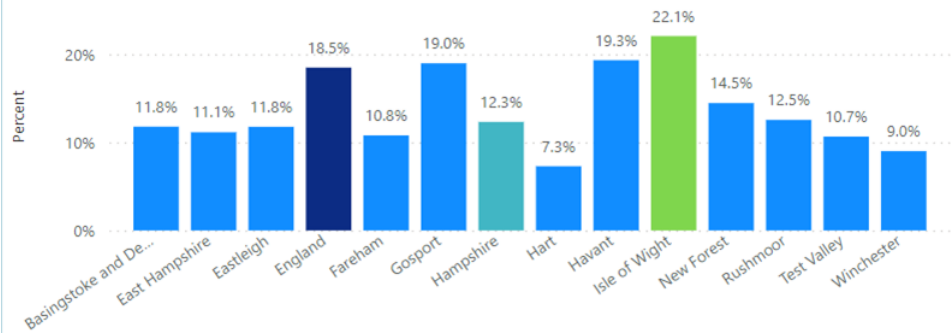
Healthy Lives - data

Proportion of the population meeting the recommended '5 a day' on a 'usual day'

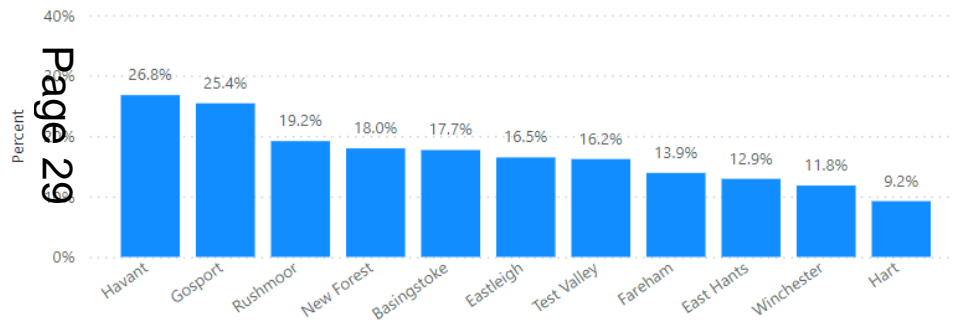
● England ● Hampshire ● Winchester



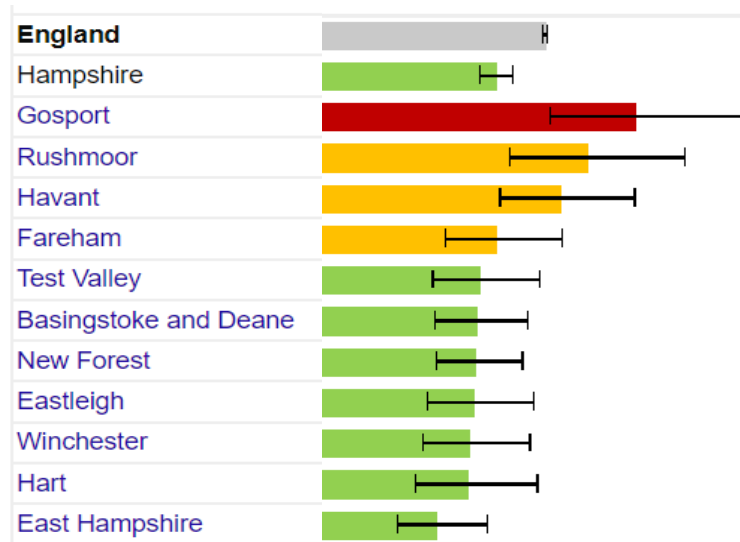
Proportion of children living in low income households, 2020/21



Pupils entitled to Free School Meals (FSM), Spring Term 2022

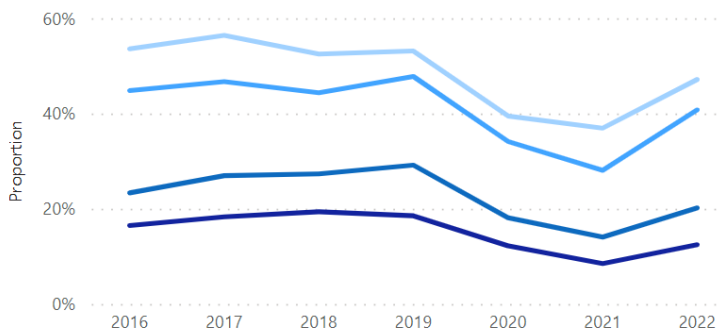


Alcohol-related mortality, 2021



Proportion of adults walking or cycling for transport

● Five times per week ● Three times per week ● Once per week ● Once per month



Source: [JSNA](#), Healthy Lives, and OHID [Fingertips](#)

Healthy Places

Physical environment

- Coastal communities
- Green spaces
- Access to leisure facilities

Home environment

- Food security, food banks
- Housing - affordability, tenure, homelessness

Social & economic environment

- Social isolation
- Digital access, quality
- Household income, benefit claims, occupation

Community safety

- Crime, road safety and accidents
- Licenced premises - gambling and alcohol

Environment

- Traffic emission
- Transport - car ownership, active travel
- Energy consumption, renewable electricity, recycling
- Air quality
- Weather - heat & cold, flooding, storms

Performs well

Physical environment

Coastal communities: No Winchester district communities classified as 'left behind'.

Highest rate in Hampshire of public sports facilities per 10,000 at 20.3 (England 13.2).

Home environment

Winchester district has a lower rate of overcrowded homes (by number of bedrooms) in than Hampshire, 1.6% compared with 2.2%, and England (4.4%).

In 2022/23 the rate of homeless households per 1,000 households was lower in Winchester district (2.6) than Hampshire (3.1) and England (6.6).

Social & economic environment

Areas with greater social isolation across Winchester district included Winnall and Stanmore, Alresford and Denmead.

High proportions of people working as managers or directors and in professional occupations

Community safety

79% of residents rated the community they live in as safe; this ranks in the middle of the Hampshire districts, slightly higher than England and Wales (78%)

Environment

The rates of walking and cycling for transport are higher than England and Hampshire.

Physical environment

Proportion of homes with a private garden is lower than any other Hampshire district – 85.6% and lower than England - 88.4%

Home environment

Winchester district is the least affordable district in Hampshire, with fewer properties for social or private rent than England.

Slightly higher proportion of households living in fuel poverty (9.1%) than Hampshire (8.2%) and more in the rural areas.

There are areas of food insecurity in Winchester city (Winnall and Stanmore), also Springvale, Alresford, Wickham and Bishops Waltham

Community safety

Number of road accidents between 2018-22 in Winchester district – 1,449 (second highest in Hampshire) & 2,034 casualties (highest).

Environment

Winchester district has one of the highest domestic energy consumption rates in Hampshire (in 2021) at 63.9 (Kt oil equivalent).

Air pollution is worst in the south of the district, however, there are also be pockets or poor air quality within urban areas of Winchester city.

Potential areas of focus

Healthy Places – Summary

Winchester had a population of around 127,500 in 2021, of which 20.9% were aged 65 and over. This was slightly younger than the Hampshire average which had around 21.7% of the population aged 65 and over.

There were higher proportions of the population aged 65 and over in the more rural areas of the district, especially around Alresford (39%), Bishops Waltham (34%) and Oliver's Battery (34%).

The population density was 192.8 people per square kilometre, which was lower than the overall population density of Hampshire (374.8). Winchester city is the main urban area which held nearly 41% of the district population. A further 31% of the population lived in rural town and fringe area, whilst the remaining 28% were in rural villages.

Overall, Winchester district has a high level of affluence, although there are pockets of deprivation within areas of Winchester city (Stanmore and Winnall).

Winchester at a glance:

Topic	Areas most at risk	Areas least at risk
Deprivation	Stanmore, Winnall	Teg Down, Fulflood, Oliver's Battery, rural areas around South Wonston, Twyford and Brambridge, Waltham Chase
Green space	Whiteley, South Wonston	Most other areas lower risk
Private gardens	Winchester town centre, Denmead and Southwick	Oliver's Battery and Hursley
Transiency	Stanmore	Waltham Chase
Sports	East Winchester	Weeke and Fulflood, Bishop's Waltham, Southwick
Food insecurity	Winnall, Stanmore, Springvale, Alresford, Wickham, Bishop's Waltham	Most other areas lower risk
Fast food outlets	Winchester town centre, Weeke	Rural areas lowest risk
Fuel poverty	Stanmore, rural areas around Bramdean and Meonstoke	Alresford
Social isolation	Alresford, Stanmore, Winchester town centre, Denmead	Rural areas around Bramdean, South Wonston, Newton, and towards Waterlooville
Digital	Wickham, Winnall	Fulflood, Badger Farm
Mental wellbeing	Stanmore, Winnall	Rural areas around Winchester city
Income / benefits	Winnall, Stanmore, Bishop's Waltham	Fulflood
Crime	Winchester town centre	Most other areas lower risk
Air quality	Whiteley	Sutton Scotney, Alresford
Heatwaves	Winnall and Highcliffe	Oliver's Battery and Hursley, Hambledon and West Meon
Flooding	Whiteley, Denmead, Hambledon	Most other areas lower risk

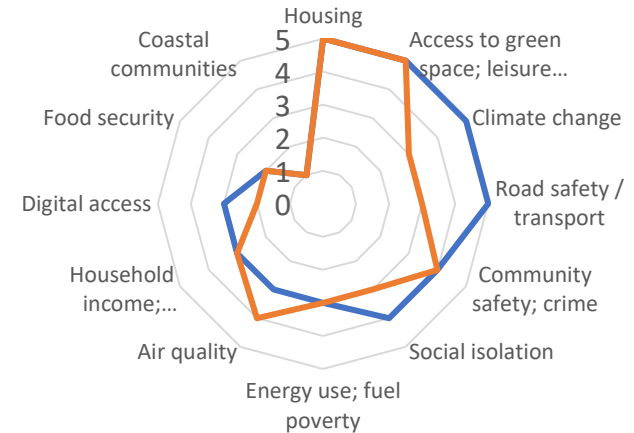
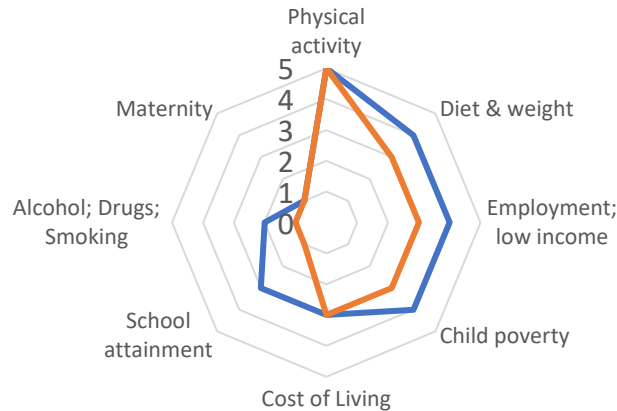
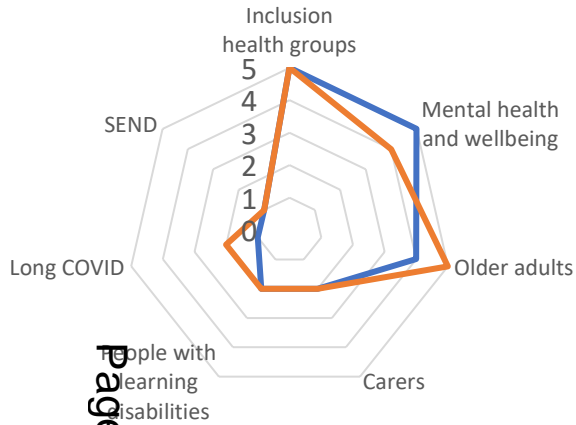
3. Our health priorities

It is important for us to:

- Consider all health-related factors reflected in the JSNA and the data-led relevance of each factor for Winchester district
- Identify priorities over which we have influence, and to which we can contribute meaningfully.
 - Cabinet member and officer's desk-based assessment and prioritisation of factors, based on:
 - Ability of WCC to influence or drive positive change (including through our enablement of third parties)
- Short list the health-related factors on which the council should focus its activity.

3 Our health priorities- assessment and prioritisation of factors

— Importance — Ability to influence



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Healthy People

Inclusion health groups
Older people
Mental health & wellbeing

Healthy Lives

Physical activity
Healthy weight & diet
Well paid jobs and household income
Cost of living

Healthy Places

Housing
Access to green space
Climate / Air Quality
Road safety / transport
Community safety / Crime
Social isolation
Energy consumption & generation

3. Our health priorities - aims

We will aim to:

- Sustain our good performance and improve under performance to help reduce health inequalities between people and places.

To do this we will continue to:

1. Help people to remain healthy and live independently for longer. (Healthy People)
2. Help prevent ill health and long-term conditions. (Healthy Lives)

To support these aims we will continue to deliver or enable activity to:

Address and mitigate factors that contribute to ill health and poor wellbeing. (Healthy Places)

3. Alignment with existing and emerging policy

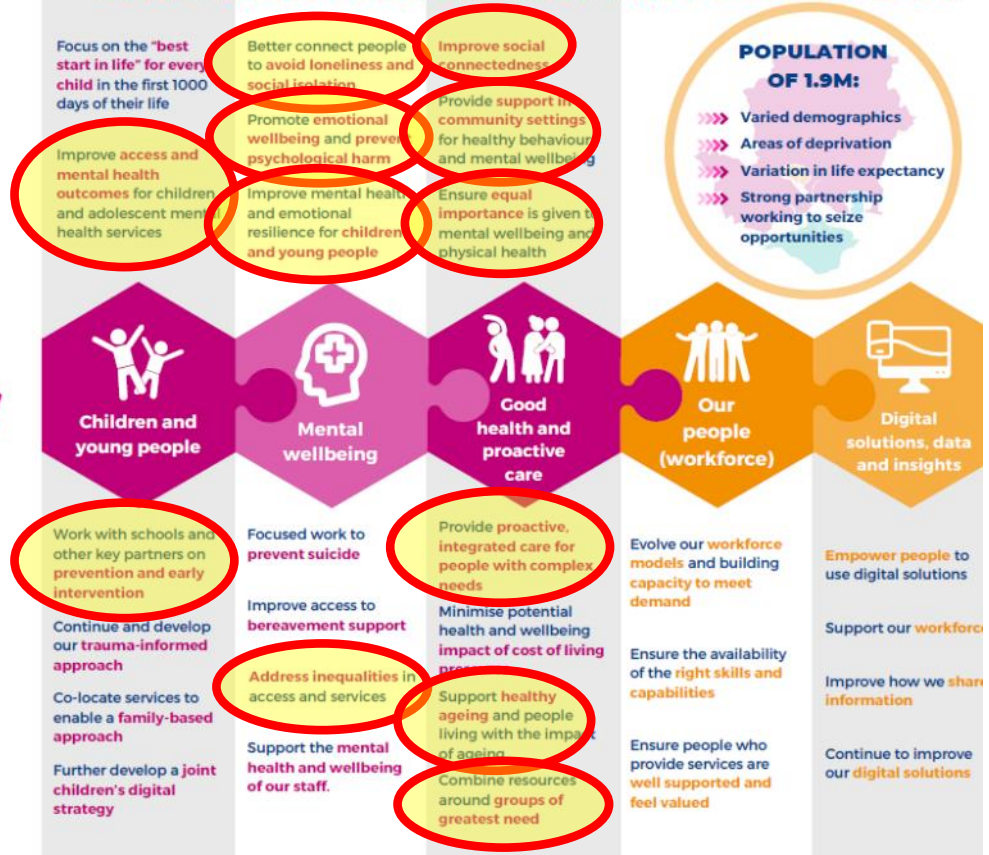
Hampshire & IOW Integrated Care Strategy



OUR STRATEGY ON A PAGE



OUR PRIORITIES AND KEY AREAS OF FOCUS:



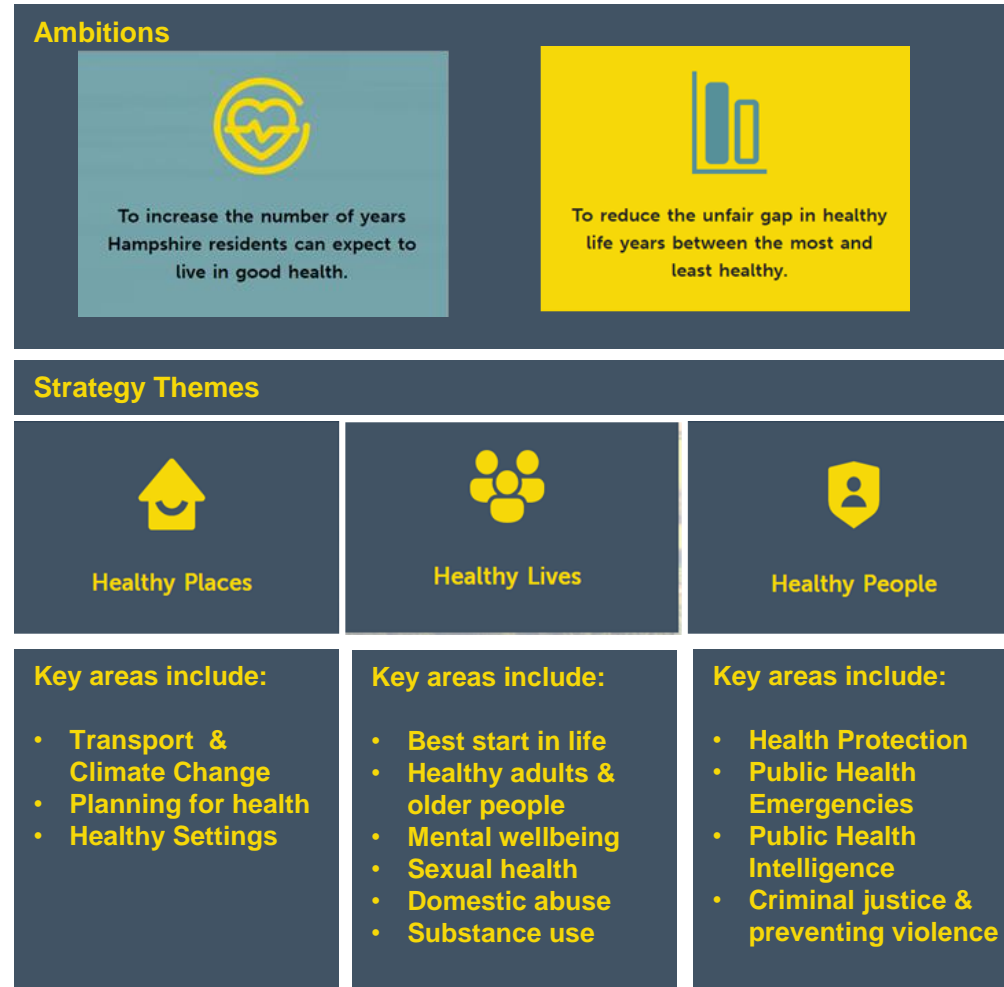
3. Alignment with existing and emerging policy

Hampshire Public Health Strategy 2023-26

The strategy recognises that we can make the biggest impact on people's lives by addressing the building blocks of health by;

- Advocating for **health and wellbeing priorities to be reflected in all local policies**
- **Supporting communities to be strong and connected** to reduce loneliness and isolation
- **Ensuring neighbourhoods are well designed** to help people make healthy choices
- Advocating for more **affordable and well-designed housing** that can meet individuals' varying needs
- Supporting **sustainable, accessible transport and active travel**
- **Improving access to green spaces** (such as parks and other open spaces), **blue spaces** (such as canals, ponds, rivers and beaches) and other **leisure facilities**
- Improving **air quality**.

The County Council, district and borough councils and the community and voluntary sector are well placed to influence these factors



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4. Map the council's work to our health priorities

Alignment with the current Council Plan

An ambition to...

*“**reduce health inequalities**, tackling the environmental, financial and housing problems that most affect **those with the biggest health challenges**”*

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Intentions to...

*“**focus on the most disadvantaged areas, communities and groups**, supporting a greater diversity of residents”*

“partner with the new NHS local bodies to address the health and well-being needs of priority communities and priority populations”

4. Our health priorities – mapped to council work

Our health priority aim (PEOPLE)	Council Plan
1. Help people to remain healthy and live independently for longer	Focus on the most disadvantaged areas, communities and groups, supporting a greater diversity of residents
Our Health Priority	Our Activity
Inclusion health groups	<ul style="list-style-type: none"> ○ WSLP's GP referral scheme and 50+ club ○ Older Persons Partnership ○ Dementia Friendly Winchester
Older adults	<ul style="list-style-type: none"> ○ Walking groups ○ Cultural strategy ○ Live Longer Better project
Mental health and wellbeing	<ul style="list-style-type: none"> ○ Everyone Active contract ○ Community & voluntary sector grants – Youth Counselling

Our health priority aim (LIVES)	Council Plan
2. Help prevent ill health and long-term conditions	Partner with local bodies to address the health and well-being needs of priority communities and priority populations.
Our Health Priority	Our Activity
Physical activity	<ul style="list-style-type: none"> ○ Everyone Active contract ○ Schools coaching programme ○ Holiday sports coaching ○ Park yoga
Well paid jobs and household income	<ul style="list-style-type: none"> ○ Green Economic Development Strategy ○ First Foot Forward employment course for council tenants ○ Housing tenancy sustainment
Healthy weight & diet	<ul style="list-style-type: none"> ○ Food vouchers ○ Food banks and pantries
Cost of living	<ul style="list-style-type: none"> ○ Council and private rented tenants support with budget plans and money management ○ Council Tax Support Fund 2024 ○ Increase in the income banded thresholds of the Council Tax Reduction scheme

Supporting our health priority aims (PLACES)	Council Plan	
Address and mitigate factors that contribute to ill health and poor wellbeing	Reduce health inequalities, tackling the environmental, financial and housing problems that most affect those with the biggest health challenges	
Our Health Priority	Our Activity	
Housing	<ul style="list-style-type: none"> ○ Local Plan ○ Major development Areas 	<ul style="list-style-type: none"> ○ Housing Strategy ○ Affordable housing
Access to green space and sport facilities	<ul style="list-style-type: none"> ○ Open space assessment ○ New facilities in major development areas 	<ul style="list-style-type: none"> ○ Improving and up-grading existing facilities ○ Playing Pitch Strategy
Climate/ Air quality	<ul style="list-style-type: none"> ○ Carbon Neutrality Action Plan ○ Nature emergency and Local Nature Plan 	<ul style="list-style-type: none"> ○ Biodiversity Action Plan ○ Tree Strategy ○ Air Quality Strategy
Road safety / transport	<ul style="list-style-type: none"> ○ Winchester Movement Strategy ○ Carbon Neutrality Action Plan 	<ul style="list-style-type: none"> ○ Local Cycling and Walking Infrastructure Plan
Energy consumption & generation	<ul style="list-style-type: none"> ○ Housing Retrofit programme ○ Carbon Neutrality Action Plan 	<ul style="list-style-type: none"> ○ Low emission vehicles & EV charging points ○ Local Area Energy Plan
Community safety / Crime	<ul style="list-style-type: none"> ○ Community Safety Partnership ○ Domestic Abuse Housing Alliance (DAHA) improvement project ○ City of Sanctuary 	<ul style="list-style-type: none"> ○ Anti-Social Behaviour (ASB) Grip Funding for additional ASB patrols ○ Violence Against Women and Girls (VAWG) Strategy
Social isolation	<ul style="list-style-type: none"> ○ Social Inclusion Partnership ○ Cultural Strategy 	<ul style="list-style-type: none"> ○ Community & voluntary sector grants

How we will use the identified priorities

- Demonstrate the wider health benefits of our work
- Inform the targeting of our existing services, programmes and support
- Integrate within council grant eligibility criteria
- Supporting evidence for external funding bids
- Drive social media activity related to our wider health improvement initiatives
- Improve understanding across the council of the contribution being made to the wider health of the population

Next steps

- Test against responses to recent residents' survey
- Opportunity to contribute to and align with the Hampshire Health and Wellbeing Strategy review –
- Cabinet Member Decision Day to approve these as our suite of health priorities
- Inform the update of Council Plan in 2025

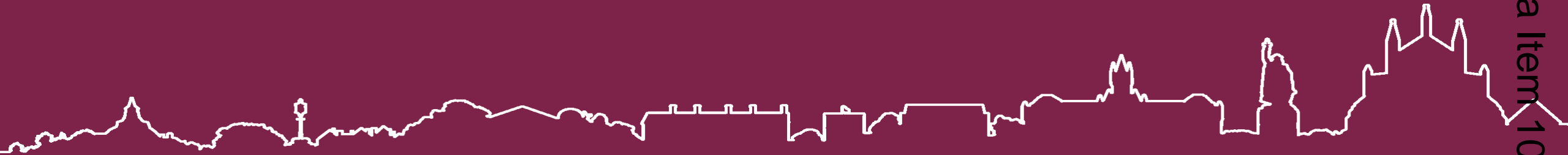
Questions



COUNCIL PLAN 2025 – 30

Presentation to Health & Environment Policy
Committee

19 September 2024



CONTEXT

Purpose:

The Council Plan is a high-level document covering that out what the council wants to achieve and informs other strategies and plans including the Local Plan and individual service plans.








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This presentation summarises the work undertaken to develop the next Council Plan that will cover the period 2025 to 2030.




The Policy Committee is asked to:

Review and comment on the direction of the Council Plan, including the vision, themes and priorities.

BACKGROUND

-  Current Council Plan adopted by Council in January 2020
-  Now into final year of the five-year plan (2020-25)
-  Plan runs until 31 March 2025
-  Opportunity to review the outcomes and priorities for the council and district
-  Priorities will be evidence based (e.g. Residents' Survey, members, parish and staff engagement, businesses).
-  Five year forward look to 31 March 2030
-  Supports the Council to deliver a balanced budget in the future

PROCESS FROM HERE:

-  Committee feedback will be taken into consideration ahead of..
 -  Engagement with Chamber of Commerce, Winchester BID & VCS
 -  Scrutiny Committee discussion on cross-cutting priorities and performance
 -  Public consultation during October
 -  Draft Council Plan to be considered by Scrutiny Committee at its meeting on 12 November 2024
 -  Cabinet on 11 December with recommendation for adoption at Council on 15 January 2025

COUNCIL PLAN 2020 - 2025

We will make a real difference
to the lives of our residents, the strength of our business and the quality of our
environment.

We will listen and work alongside the people and businesses of Winchester district in
tackling the challenges we face.



Tackling the climate
emergency and
creating a greener
district




With a continued focus on:




Cost of living	Greener faster
Pride in place	Listening better

ROLE OF OVERVIEW & SCRUTINY COMMITTEES IN PLAN REVIEW:




Economy & Housing

-  Homes for all
-  Vibrant Local Economy
-  Pride in Place







Health & Environment

-  Living Well
-  Cost of Living
-  Climate Emergency / Greener Faster

The Scrutiny Committee

-  Overall Plan Performance
-  Your Services, Your Voice
-  Listening Better

KEY QUESTIONS FOR HEALTH & ENVIRONMENT:





-  How have our local health and environment challenges changed since 2020?
-  What further challenges and changes will we see by 2030?
-  How well has the 2020-25 Council Plan delivered for our health and environment? What strengths should we maintain? What are the gaps or opportunities?
-  What are the areas our residents and businesses tell us we need to improve?
-  What does success look like in 2030?
-  What are the critical projects to deliver that success?

HEALTH & ENVIRONMENT: EMERGING CHALLENGES?





Political

-  New Government policies
 -  Housing Targets
 -  Warmer Homes Plan
 -  Clean energy commitment
 -  Devolution
 -  Focus on Growth
 -  Simpler Recycling
-  Healthcare/ GP access









Economic

-  Cost inflation and interest rates
-  Place based budgeting
-  Fuel poverty
-  Demand for sport/ leisure facilities

Social

-  Ageing population
-  Inequality / pockets of deprivation
-  Mental health & wellbeing
-  Loneliness/ social isolation


Technological

-  Pressure on infrastructure
 -  Recycling
 -  Transport
-  New technologies / sectors
 -  Energy generation / use
 -  Digital acceleration
 -  Automation
-  Digital access

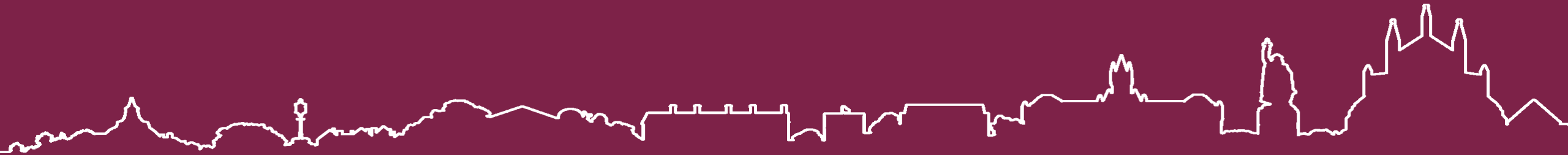
Legal

-  Planning and Infrastructure Bill







Environmental

-  Accelerating environmental challenges
 -  Climate Emergency
 -  Nature Emergency
 -  Nutrient pollution
 -  Air quality
-  Protecting green spaces
-  Flooding

Questions



KEY QUESTIONS FOR HEALTH & ENVIRONMENT:

-  How have our local health and environment challenges changed since 2020?
-  What will be different by 2030?
-  How well has the 2020-25 Council Plan delivered for the health of our residents and environment of the district? What are the gaps or opportunities?
-  What are the areas our residents and businesses tell us we need to improve?
-  What does success look like in 2030?
-  What are the critical projects to deliver that success?

HEALTH AND ENVIRONMENT POLICY COMMITTEE WORK PROGRAMME 2024/25

	Item	Lead Officer	Date for Committee	Date for Cabinet
19 SEPTEMBER 2024				
1	Council Health Priorities (Presentation)	Susan Robbins	19 September 2024	
2	Air Quality Strategy (Presentation)	David Ingram	19 September 2024	
3	Council Plan 2025-30 (Presentation)	Simon Howson	19 September 2024	11 December 2024
3 DECEMBER 2024				
4	Leisure Centre Contracts Annual Performance (Presentation)	Laura Jones/Calum Drummond	3 December 2024	
5	Biodiversity Action Plan Update (HEP041)	Rick Smith	3 December 2024	
26 FEBRUARY 2025				
6	Draft Playing Pitch Strategy	Steve Lincoln	26 February 2025	
7	Update on Simpler Recycling	Andy Hickman	26 February 2025	

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