

Local Strategic Engagement Project

Tools and Resources

Name of Tool or Resource: Hampshire Health and Wellbeing Partnership Board: Conference Report

Name and region of local authority/organisation that developed this tool or resource:
Hampshire Council, South East

Purpose and brief description of resource: report of a conference dedicated to making Hampshire a healthier and better place to live

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Hampshire Health and Wellbeing Partnership Board

First Annual Conference

“Improving Health and Wellbeing in Hampshire”

Tuesday 23 June 2009

Winchester Guildhall

Conference Report

June 2009

“Working together to make Hampshire a healthier and better place to live”

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**Programme for Health and Wellbeing Partnership Board Conference
“Improving Health and Wellbeing in Hampshire”**

**Tuesday 23 June 9.15am - 4.00pm
Winchester Guildhall**

“Working together to make Hampshire a healthier and better place to live”

9.45	Welcome	Professor Jonathan Montgomery, Joint Chair of the Health and Wellbeing Partnership Board
	Embracing the Health and Wellbeing Agenda – <i>the opportunities and challenges</i>	Liz Steel Head of Public Health South Central Strategic Health Authority
10.00	Leading the delivery of Health and Wellbeing – <i>review of the Health and Wellbeing Partnership</i>	Mike Ellis SOLACE Enterprises
10.45	Taking Action – <i>the voluntary sector contribution to delivery of the Local Area Agreement</i>	Jenny Edwards and Alison Harper
11.35	Healthier Hampshire – <i>developing the Health and Wellbeing Strategy</i>	Samantha Hudson Hampshire County Council/NHS Hampshire
1.30	Healthy Communities Workshops	A selection of 8 showcase workshops
3.45	Future Actions	Councillor Hindson Chair of the Health and Wellbeing Partnership Board

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Embracing the Health and Wellbeing Agenda – *the opportunities and challenges*

Liz Steel South Central Strategic Health Authority



Hampshire Health and Well-being Strategy

Liz Steel, Head of Public Health
South Central Strategic Health Authority
23 June 2009

"NHS South Central – Improving health and alleviating the causes of poor health for the benefit of patients, the public and taxpayer alike in Oxfordshire, Buckinghamshire, Berkshire, Hampshire and the Isle of Wight"



- Health and well-being are everyone's business
- South East to be one of the healthiest regions in Europe
- Improving health and well-being of all
- Addressing underlying causes of ill-health in a sustainable way
- Reducing inequalities in health between areas and populations

The South East England Health Strategy
A strategy for improving health and well-being in the South East region



- Tackling Health Inequalities – a Programme for Action
- Marmot Review – Strategic Review of Health Inequalities in England
- Global Commission on Social Determinants of Health
- World Health Organisation Healthy Cities Programme



Determinants of Health

- Environment
- Employment
- Housing
- Education
- Inequalities
- Crime and fear of crime
- Social exclusion
- Regeneration
- Economy and business
- Community involvement
- Leisure facilities

Lifestyle Factors

- Stress
- Physical activity
- Diet
- Smoking
- Sexual behaviour
- Drug use

All impact on the health and well-being of individuals and communities



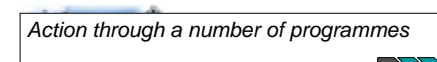
"To advance the cause of health for all, and to end these inequalities, these injustices, within a generation... that is the task we have set ourselves and we must not bend in our resolve to see it through. **It is an enormous challenge, but the prize is great;** a healthier, more prosperous and fairer world.... So to tackle these inequalities we must take urgent and co-ordinated action – globally, nationally and locally - and we must build on the progress we have made so far."



Do you share this vision for a healthy city?

- Security from **crime**
- A sustainable **healthy environment**
- Suitable, sustainable and **safe housing**
- Generalized access to **nutritious foodstuffs**
- A healthy **economy** with economic opportunity
- Free, quality **public education**
- Safe modes of **transportation**
- An appropriate **health care and public health** infrastructure

(cf. World Health Organization Regional Office for Europe 3rd Edition, 1997).



Action through a number of programmes





Comment from a delegate on their feedback sheets:

"I particularly liked Liz's presentation which set an excellent start to the day"

Leading the delivery of Health and Wellbeing – review of the Health and Wellbeing Partnership

Mike Ellis SOLACE Enterprises

Solace Enterprises was commissioned by the Health and Wellbeing Partnership Board to review the Board. At the conference he presented his findings

	Why?	What?	What?
 <p>Health and Wellbeing Partnership Conference</p> <p>Improving Health and Wellbeing in Hampshire</p>  <p>Mike Ellis</p>	<ul style="list-style-type: none"> • PWC and SOLACE Enterprises • Regional funding • Performance Improvement Programme • Tailored support • Light touch • Add value 	<ul style="list-style-type: none"> • Interrelationships • Gaps • Overlaps • Structures • Roles • Processes • Effectiveness 	<ul style="list-style-type: none"> • Leadership • Champions • Membership • Decision Taking

How?

- Document review
- Interviews
- Discussion
- Good practice

What does it feel like?

- Early days
- Positive
- Potential
- Relationships
- Engagement
- Listened to

Relationships

- Positive
- Committed
- People not structures
- Continuity?
- Consistency?
- Local engagement?

- Role and membership of Hampshire HWBP Board
 - Executive role
 - Focus on small number of long term goals
 - Recognise, share and encourage local action
 - Collaboration locally
- Clear vision
 - Monitor and review strategy
 - Stronger links to local structures
 - Board governance - strategy and review
 - Executive group - delivery
 - Review capacity
 - Build on good practice
- Do the ideas and suggestions in the presentation make sense and would they help improve the effectiveness of the Partnership?
 - What do you think about the proposed membership of the Board and Executive group?
 - What three key issues do you think the Board should be tackling ?

Following individual table discussions all delegates were invited to join a whole conference discussion, which was facilitated by Jonathan Montgomery.

TOP ISSUES;

'Put your money where your mouth is' – allocate funding be that new or existing money needs to flow with priorities

Decision making – a better understanding of the governance arrangements

Inequalities need to be looked at and a targeted response is needed

Less borough wide data more use of super output data to identify 'hot spots'

Social determinants of health must be addressed – social and economic determinants of health

Tackle health inequalities by tackling a targeted approach

Better communication between central and local

Clear communication

OVERVIEW OF DISCUSSION

Framework required that enables bold decisions and ability to allocate funding

Understand inequalities

Membership of the Health and Wellbeing Partnership Board should consider a smaller executive, but must be mindful as to how all interests can be represented, possibly through smaller task groups. We need a small group that is functional and strategic, right people at the right level.

More work is needed to map out strategic groups and relationship to LSP's and H&WBP Boards.

Clarity of role is essential and strong process around meetings

Communication needs to be strengthened

Structure needs to be reviewed

Purpose of the meeting and the mandate defined

Stronger link with organisations that Board members represent

Comment from a delegate on their feedback sheet:

"The evaluation by Mike Ellis and Professor Montgomery was excellent"

Taking Action – the voluntary sector contribution to delivery of the Local Area Agreement

Jenny Edwards introduced by Sue Dovey

Taking Action: Voluntary & Community Sector (Third Sector) contribution to the delivery of the LAA

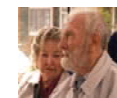


Jenny Edwards & Alison Harper
VCS LAA coordinators
Community Action Hampshire



Third Sector contribution to Health
and Wellbeing LAA Targets

Currently we are
focusing on LAA
targets relating to older people



Health and Wellbeing

is dependent on our meeting our needs

- whatever age we are



Groups give:

- Food, shelter, movement, rest, touch
- Safety & Security
- Giving and receiving attention
- Emotional connection to others
- Respect & Status
- Autonomy and Control
- To contribute to the wellbeing of others
- Community
- Understanding
- Meaning and purpose



- As we get older and our capacities change (e.g. with illness, less mobility, confusion) and we have to adapt the ways we meet our needs.
- We often become more dependent on others' support in how our needs are met.
- Yet older people still need their autonomy - to have a major say in how they are supported.
- And they still need to contribute to others' wellbeing.



We have identified over 600 Third Sector organisations in Hampshire that provide support to older people to help them maintain an independent life

(Sources: e.VOLve website; CAH Health and Wellbeing e-mail network; CAH Action News Updates/Communiqué mailing list; Hampshire Community Care Group Advisory Service website; district CVS websites; Supporting People providers list)



- Half of those 600 organisations are small community groups often set up and mostly run by older people for older people.
- These community groups are the “eyes, ears and heart of the community” looking out for older people who are living in their homes



- Most towns and villages throughout Hampshire usually have one or more of these groups providing social activities e.g. lunch clubs, talks, crafts, friendship groups, visits.
- Many also have community associations that help older people to get to medical appointments, shops, Post Office for pensions, visiting a partner in residential care



Case Study 1

- A lunch club that meets 3 days a week and provides line dancing, keep fit, genealogy, ceramic painting, internet café, podiatrist, befrienders service, and does fundraising.
- Daisy Wheeler sets up the tables for lunch. She is 93! She is life president as she started it up.
- The morning my colleague phoned, the cook had gone down with a bug and not come in. So Daisy Wheeler stepped into the breach, not for the first time, and was cooking for 30. She was described as "absolutely inspirational"



Case Study 2

A Voluntary Community Care Association

- Provides transport
- 150 regular customers
- 60-70 volunteers drivers including 4 transport coordinators
- But they do more to help people e.g. transport coordinators are an informational information point
- Volunteers do odd jobs e.g. helped a recently widowed man to get rid of some furniture
- People say "I'm so glad there's an organisation like you - it's wonderful".



Issues for Community Organisations

- Virtuous circle: vitality of volunteers and members + highly valued support and information from Brendoncare Club Hampshire and Hampshire Voluntary Care Group Advisory Service
- Negative circle: Aging volunteers getting tired + lack of younger people wanting to join + falling numbers, falling finances. Individuals carrying too big a load.
- Great success in providing companionship and friendship. Can make it difficult for new people to join the group (risk of being cliquy)
- The companionship helps relieve depression but you have got to get people there in the first place



Needs met through Community groups:

- Food, shelter, movement, rest, touch
- Safety & Security
- Giving and receiving attention
- Emotional connection to others
- Respect & Status
- Autonomy and Control
- To contribute to the wellbeing of others
- Community
- Understanding
- Meaning and purpose



Charities

The other 50% of the Third Sector are charities

- Some are part of a national network of charities e.g. Age Concern, Princess Royal Trust for Carers, WRVS, University of the Third Age.
- Some are Hampshire based charities e.g. Carers Together, Basingstoke and Alton Cardiac Rehabilitation Charity
- CVSs that provide home improvements and shop mobility as well as infrastructure support to VCOs
- Community Centres e.g. Alton Community Centre



Examples of Charities work

Age Concern Hampshire in Basingstoke

- 9 activity(day) centres in Basingstoke where they do things like exercise, reminiscence, games and quizzes
- The weekly Age Concern Café in Basingstoke offers a friendly welcome and is a social highlight for many older people. For those coming alone we have "Tea & Company" volunteers who have time to sit and chat and help them make new friends
- Now a whole group of people who have become friends meet regularly



Case Study 3

- Mrs. x is a lady in her 80's who used to be very lonely and leave the house infrequently. She began coming to the Café on her mobility scooter. With support from the Tea & Company volunteers she made several friends at the Café and is now a regular.
- As her confidence has grown Mrs. x has started poetry writing again and shares her poems with her new friends, sometimes reading them aloud to the group. The Café has given her a new social circle and something to look forward to each week. Her increased confidence has led to her going out more to other activities as well - the U3A poetry group and a local social club. She also ventures into town more - shopping, to meet her sister etc. Her emotional well being has certainly improved.



Examples of Charities work cont.

Basingstoke and Alton Cardiac Rehab

- provides exercise classes and health education for people who have had heart attack/surgery.
- Its new Staywell Scheme is a preventative health scheme for people at relatively high risk of heart disease.
- It has a centre(gym) in Alton.



Examples of Charities work cont


- Carers Together run carers support groups providing signposting, information, speakers, individual advocacy, outreach, opportunities for sharing and off loading and companionship - "talking about me as a person rather than me as a carer".
- They run a Carers Active Listening Line, a Carers Active Support Service which provides respite care for carers and also companionship to people who are isolated and Clear Action Planning for Everyone so that people have a plan if they get into difficulties.



www.action.hants.org.uk

Case Study 4

- “One of Carers Together’s clients used their CALL service (Carers Active Listening Line – 9am to 11pm, 365 days a year) on Christmas Day to talk to a volunteer about the day he had just given his wife who suffers with Alzheimer’s. He wanted reassurance that what he had done was good.”



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Examples of Charities work cont

Community First New Forest as well as being an infrastructure support body, it also provides the following services to help people remain independent in their own homes e.g.


- A caring and sitting service for the elderly and those in need
- A low cost handyman service
- Transport services



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Examples of Charities work cont


- **Alton Community Centre** provides a wide range of Adult education classes for the whole community.
- On Tuesdays they run a Day Centre for the Elderly when they do things like talks from visiting speakers, quizzes, cross words and games, going to places of interest, have entertainments, fun dances, chair robics and learning new skills



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Partnership working

- There is a lot of partnership working between the Third Sector and Statutory Sector. E.g. OPAL



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- Some people we talked to said that they do a lot of partnership working and it works well.



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Partnership working

- There is a lot of partnership working between the Third Sector and Statutory Sector. E.g. OPAL
- Some people we talked to said that they do a lot of partnership working and it works well.
- Some groups find that organisations in the statutory sector have difficulty in understanding VCOs.



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Third Sector: Future developments and issues

Community groups

Continue to play a vital role in enabling older people:

- to live independent lives
- met their needs for autonomy, contributing to other people’s wellbeing and meaning and purpose

But

- Infrastructure support and small grants essential to enabling these groups to keep going



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Third Sector: Future developments and issues

Charities

Will continue to provide many important services to older people

- Still more scope and willingness for working in Partnership with Statutory Services to deliver new and improved services

But

- Personalisation - uncertainty as to which services people will buy for themselves and which services Adult Services and NHS will continue to fund through contracts and grants



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Third Sector: Future developments and issues

- Need to develop more opportunities for older and younger people to enjoy each others company and learn from each other e.g. community centres that provide opportunities and forums.
- Social Enterprises (SE) are likely to grow in number with the advent of personalisation. The post war generation of older people may well prefer this kind of organisation structure as it builds on their knowledge and experience



Healthier Hampshire – developing the Health and Wellbeing Strategy

Samantha Hudson Hampshire County Council/NHS Hampshire

Health and Wellbeing Partnership Strategy

Samantha Hudson
Senior Project Manager
(Partnerships)

Making partnership working add value

partnership

“Ask not what your country can do for you; ask what can you do for your country”

partnership

Developing a partnership Strategy

Why & What

- Why do we need a partnership Strategy?
- What will it do?

Why do we need a partnership Strategy

- Define our shared focus
- Make health and well being everyone's business
- Better address the wider determinants of health
- To create a mutual environment of innovation
- To begin to answer the BIG QUESTION

Starting point

- Sustainable Community Strategy
- Local Area Agreement
- Joint Strategic Needs Assessment



Consultation Proposals

MAKING A DIFFERENCE

The purpose of the Strategy is to ensure that partners work together to make a real difference to the lives of the people of Hampshire. Together partners will seek to make significant improvements through focusing on achieving the following strategic outcomes:

- Improved physical and mental wellbeing
- Reductions in health inequalities
- Increased healthy life expectancy

Consultation Proposals

PROPOSED AREAS FOR FOCUS

It is proposed that the Strategy focuses on the following areas:

- Increased opportunities for more people to take greater responsibility for their own lifestyle by promoting healthy living
- Ensure that all sections of the community experience better health
- Better coordinated support for people at risk of needing hospital care or entering an institution
- Enabling people to take informed choices in order to live as active and independent lives as possible
- Maximising the opportunities and meeting the challenges of an ageing population
- Building strong, supportive communities

Consultation Proposals

WHO IS RESPONSIBLE FOR DELIVERING THE STRATEGY?

We all have a role in helping to make the necessary changes.

- The Health and Well Being Partnership Board will be the custodian of the Strategy. The Partnership Board will establish a set of indicators that will help determine if targets are being met. Progress against all targets will be published through an annual report.
- Everyone living and working in Hampshire can contribute to making the Strategy a success.

HAVE YOUR SAY

TWO EXERCISES

1. VISION STATEMENT – your hopes and aspiration for the future
2. MAKING A DIFFERENCE – what benefits should people experience

EXERCISE 1

A VISION FOR HEALTH AND WELLBEING CONTRIBUTING TO A VISION STATEMENT

“A vision is a clear and inspirational hope for the future”

In order to ensure that the Strategy articulates the ambitions of all partners we are keen to develop a clear vision statement that encapsulates our hopes and aspirations for the future.

1. Each person identifies key words that they feel describe the positive impacts of successful delivery of the Strategy. Each word or phrase should be written on a piece of card.
- 1.2 Once each person has identified one or more words they should be shared with everyone on the table.
- 1.3 Together pick out words that are common as well as others that the group also think are important.
- 1.4 Now try and create a phrase that everyone thinks could become part of a vision statement. At this stage there is no need to form a complete statement. Whatever the table decides should describe the long term change for Hampshire that they would like see brought about in an ideal world, as a result of everyone working together.
- 1.5 Once the phrase or phrases have been agreed please place them in the centre of the table to be collected. All phrases will be published in the Conference Report and will be considered when developing the vision statement for the Strategy.

KEY WORDS

Live longer, Live well. Longer healthier lives,
Lifestyle, leisure, fitter
Quality of life
Physical , social, mental and emotional wellbeing
Healthier now and in the future
Happy Healthier Hampshire

KEY THEMES

EQUITY - cohesive, (fully) inclusive fair address/target health inequalities, access, specific groups

HAPPY – fun, happier, better life, contentment

SAFE – Safeguarding, protection, safe communities

INDEPENDENCE - Informed choices, timely access to information, empowering, supporting

PREVENTION – hospital admission, appropriate measures

COMMUNITY – local solutions, community development

KEY PHRASES

Fitter, healthier and happier people who are living in stronger prosperous communities

Everybody encouraged , fully supported and informed to take healthier choices to improve their emotional and physical wellbeing

To live longer independent fulfilling lives

HEALTHIER HAMPSHIRE: Working better together (to change the way we live today) **for a healthier tomorrow**

EXERCISE 1 FEEDBACK

Table 1	
KEY WORDS	Live longer, live well: prosper: Sustainability independence – remain independent; fun, complete sense of well being; feel safe; sense of community; inclusion, togetherness
KEY PHRASE(S)	Live longer, live well Everyone will live longer and live well in an inclusive society where all are able to prosper in a safe and sustainable way
Table 2	
KEY WORDS	Equality, Equity, Informed communities, informed commissioners, awareness of services to improve access and avoid duplication, seamless. A developed awareness of the importance of health, Access to health services ‘independent living for all, informed choice, Lifestyle, preventative, health, access, support, trust, healthier improved health, a successful outcome is more than who pays or provides support, personal, local solutions to individual needs.
KEY PHRASE	People feel improved health and wellbeing
Table 3	
KEY WORDS	Improvement, sustainable, focused, equal, longer life, better life, independence, involving all, fulfilled lives, developing potential, making positive contribution, community focused, means something to everybody – buy in from everyone. People able to make informed choices. People are more engaged in the health and well being partnership, people are living healthier lives, ageing population have access to information , support and choice to live independently, Equality, improvements participation Quality of Life, access, Greater uptake of usage if community services ,swimming pools/health centres Prevention of admission to hospital where possible, WARP/intensive support, clear communication, partnerships, be seen to deliver outcomes (SMART objectives)
KEY PHRASE(S)	To improve the quality of life for everyone through timely access to information and appropriate preventative measures The strategy will help deliver measurable outcomes for individuals or groups, taking in to account their wishes, quality of life, including timely access to information and services which will enable them to live a fulfilling life in their communities. This will be achieved using the partnership approach to service delivery
Table 4	
KEY WORDS	Clear and concise, SMART, no jargon, joined up working, communication, client focused, realistic, co-ordinated, short/long term aims, informed, balanced, pathway, direction, precise, accurate, adaptable and locally relevant, flexible, clear baseline, inclusive – innovative working at local level, bottom up, top down Empowering , service user focused, inclusive,

Table 5	
KEY WORDS	Coordinated, inspire, innovation , physical and mental wellbeing, leadership/champions, supporting and motivating, individuals through practical, accessible means to achieve their desired physical and mental well being,
KEY PHRASE(S)	Tackling health inequalities. Inspiring Hampshire to be physically and emotionally active. In many communities health and wellbeing is well down on individuals agenda's and survival week to week means jobs, housing feature most highly
Table 6	
KEY WORDS	Person centred services, equal access, living well, good quality of life, enjoy life, working together, healthier future generations, outcomes, quality access for all groups equality, delivery, together, ambitious, change, enabled, included supported, individual, improve lives, sustain good health
KEY PHRASE(S)	Enabling individuals to make choices, healthier now and in the future, equality of access for everyone, delivering effective change, putting people's health first, social justice, healthy and harmonious Hampshire
Table 7	
KEY WORDS	Client consultation, safety, sustainable, throughout life, happy, equality, partnership, equal opportunity, collaborative, diversity, improving, healthiest, bright future, community, integrated age group, respect outcome.
KEY PHRASE(S)	Happy healthy Hampshire, everyone in Hampshire has access to the best health and social care to enable them to have a bright and happy future. MISSION - To be the wealthiest, happiest county in England. VISION We will so this by targeting resources at ward level life expectancy (e.g. Innovations and proportionally higher deprivation. Encouraging community cohesion (old mixing with young etc)
Table 8	
KEY WORDS	Mutually agreed, contentment, easily understood, involvement, improved outcomes, lead, together, ambitious, driven, belief we will make a difference, healthy life, informed, supported, focused, self esteem, enable a society where individuals enjoy healthy lifestyles and emotional wellbeing, healthy ,choice, independence, informed active,
KEY PHRASE(S)	HEALTHIER HAMPSHIRE – encouraging everyone to feel supported and informed to make choices to improve their well being
Table 9	
KEY WORDS	Balance and fun, feeling part of one community, healthier, safe communities, people in control of their own lives, belonging to / part of/contributing/including, local community, inclusive and participation in community, choice, enjoyment, shared vision and responsibility, quality, market rebrand healthy lifestyle, positive working partnership, knowledge of the bigger picture not just at ground level, shared vision, shared responsibility, working together to make a difference, greater choice and equality, everyone to achieve and enjoy life

Table 10	
KEY PHRASE(S)	Working with the communities of Hampshire to improve the quality of life for all through equitable use of resources, effective partnerships, measurable outcomes and clear outcomes.
Table 11	
KEY WORDS	A decent home for all, support, coordinated and funded, solutions to big problems, ambitious use of resources to third sector to act on social determinants of health, not alone literally and psychologically, more community involvement, improved health within the community or less no more inequality regarding health, whole person improved, better life chances delivered, improving all but closing the gap a sense of well being, control over personal life, increase in life expectancy, reducing childhood obesity
KEY PHRASE(S)	Improve the social and mental well being of individuals by improving the communities in which we live Improving but closing the gap
Table `12	
KEY WORDS	Happiness, being valued, respect, working together, reduction in illness, increase in good health, joint approach, shared goals/agenda, realistic aims, equality, fairness, equality, happiness, fulfilment, living life well, support your local community, delivery of services, working together
KEY PHRASE(S)	Happier, Healthier Hampshire Eat well, be healthier, and look after yourself.
Table 13	
KEY WORDS	Feel happy – what made me smile again
KEY PHRASE(S)	Remove barriers both geographically, politically and organisationally for the benefit of all residents and the workforce of the County Determine priorities based on smaller output areas for each district The HCC H&W Board aims to ensure that a coordinated approach to tackle the health and well being needs of individual communities and organisations throughout Hampshire

<p align="center">Exercise 2 MAKING A DIFFERENCE</p>	<p align="center">% RANKING OF PROPOSED STRATEGY GOALS</p>	
<p><i>The purpose of the Health and Well Being Strategy is to improve the quality of life of the people of Hampshire by taking action to address specific health and well being issues.</i></p>	<p>If you could only deliver three areas of work which three would they be?</p>	
<p>The following draft strategic outcomes have been developed as a response to the Joint Strategic Needs Assessment, Local Area Agreement targets and the aspirations from the Hampshire Sustainable Community Strategy.</p>	<p><i>communities are better organised (enabled) to support (respect) one another (and have fun)</i></p>	<p align="center">39%</p>
<p>Look at the following bullet points and consider if they reflect the kind of outcomes that should be prioritised within the Strategy. The key determining factor should be ‘<i>will they make a difference to the lives of people working and living in Hampshire</i>’:</p>	<p align="center"><i>reduced health inequalities</i></p>	<p align="center">28%</p>
<ul style="list-style-type: none"> • <i>improved physical and mental wellbeing</i> • <i>increased healthy life expectancy</i> • <i>reduced health inequalities</i> • <i>earlier identification of people at risk</i> • <i>more support to enable people to live independently and make informed choices about their own health and well being</i> • <i>communities are better organised to support one another</i> 	<p><i>more support(choice) to enable people to live independently and (separate into two) make informed choices about their own health and well being</i></p>	<p align="center">11%</p>
<p>Discuss the following 3 Questions</p>	<p><i>improved physical and mental wellbeing (can these two be separated)</i></p>	<p align="center">10%</p>
<p>1. Are there any outcomes missing? (Does it need to be more specific about promoting healthy lifestyle and could it highlight the wider determinants of health more?)</p>	<p align="center"><i>increased healthy life expectancy</i></p>	<p align="center">8%</p>
<p>2. What kinds of actions do you think will be needed to ensure improvement happens? (What is already happening to address these issues and what more needs to be done?)</p>	<p><i>earlier identification of people at risk (prevention agenda)</i></p>	<p align="center">4%</p>
<p>3. If you could only deliver three areas of work which three would they that be?</p>		

EXERCISE 2 FEEDBACK

TABLE	ALL	
Outcomes	(Improved) Physical and mental (and emotional) wellbeing - Long healthy life expectancy Health equality Make healthy lifestyles more explicit in the outcomes	
WERE ANY STRATEGIC AREAS MISSING?	Feeling safe, safeguarding / protecting vulnerable people Wider determinants of health Reduce isolation Prevention Support for vulnerable people Social justice through equal access Encourage healthy lifestyles Sustainable improvement	
WHAT ACTIONS WERE SUGGESTED THAT COULD HELP DELIVER THE STRATEGIC OUTCOMES	<p>Good available housing*</p> <p>Improving communities – transport**, environment – addressing the wider determinants of health</p> <p>Little money to pump primes activity</p> <p>Innovation not just doing the same as we always have done</p> <p>Improved access</p> <p>Services that empower</p> <p>Target more deprived communities</p> <p>Increase public knowledge – sell the benefits,</p>	<p>Local action plans</p> <p>Local well informed champions</p> <p>Better , clear communication</p> <p>Be positive</p> <p>Exercise, nutrition and increased self esteem</p> <p>Strong leadership</p> <p>Clear outcome measures</p> <p>Provide best practice</p> <p>Accountability</p> <p>empower people</p> <p>Fuel poverty</p> <p>commissioning, more partnership working</p>

Delegates valued the opportunity to discuss the Strategy and feedback the following

*Well structured table discussions, Very informative, with some good ideas that came out of the group discussion
A great way to approach influencing the Strategy*

SECTION 2 – HEALTHY COMMUNITY WORKSHOPS

Workshop report back sheet

The Health and Wellbeing Partnership Board are committed to promoting good practice and talking up the good work that is happening throughout Hampshire. In order to share the good work already happening in Hampshire the section of the conference was dedicated to showcasing eight areas of work that are supporting delivery of the Local Area Agreement targets.

The workshop brief was to:

- Explore the topic areas within a strategic context and how projects showcased can contribute to improving health and well being.
- Give participants ideas about how they might get similar projects up and running, the challenges and how they can be overcome.

Workshops were designed to run twice and included the following options:

1. **Alcohol** – Tackling Alcohol issues in Hampshire
2. **Tackling Fuel Poverty** – Winter Warmth initiatives
3. **Smoking** – “Stub it Out” successful interventions
4. **Stemming the rise of obesity** - Physical Activity and Nutrition
5. **Maintaining people in independent living** – Supporting People to live independently
6. **Healthy Workplaces** – Showcasing local initiatives
7. **Working in Partnership** – Developing community responses to reduce emergency admissions to hospital
8. **Informed Choices** – Improving information and support for older people

Delegates valued the workshops and the following comments were written on the evaluation sheets:

*Well run workshop, very informative and time to discuss.
Very good interactive format
Lots of useful info Excellent speaker and lots of good ideas*

Workshop Title	Alcohol
Workshop facilitator(s)	Mike Webb and Di Martin
Contact details	mike.webb@hants.gov.uk
Strategic Fit	
Local Area Agreement	Alcohol has been recognised as a cross cutting issue by the LAA executive and given Flagship status. This has led to the development of a county wide alcohol partnership board, which until recently was chaired by the Director of Public Health.
Joint Strategic Needs Assessment	Alcohol is an issue that is picked up by the JSNA. However a more comprehensive overview of local work is available in the substance misuse SRIP and the CDRP alcohol SRIP.
Workshop overview	
<p>The workshop gave an overview of the Hampshire alcohol strategy, the Ten Point Plan, http://www3.hants.gov.uk/education/dat/alcohol.htm outlining some of the work that is currently taking place around this. It then outlined two new pilot projects that have been recently started. The first is an alcohol Tier Two service that takes alcohol referrals from both health providers as well as criminal justice services. It covers the central OCU area and has, so far, seen some very encouraging results. The second is an alcohol liaison nurse working within Basingstoke Hospital, taking referrals from all parts of the Hospital. Both projects are base upon national good practice and highlight the need to support people who are drinking at harmful levels.</p>	
The challenges and pitfalls	
<p>The challenge with both services is to secure permanent funding for them; currently they will both end next in early 2010. An evaluation is currently being carried out that will help to inform this decision. It is also important to look to expand this work to cover the remaining parts of Hampshire, as currently provision is limited to specific areas. The involvement of local agencies has been important in the development of this work; the projects would not have established themselves as quickly as they had if local support had not been forthcoming.</p>	
Exercises	
<p>We asked delegates to take part in some simple awareness raising exercises that are carried out with new referrals to this service above. This included completing a drinks diary, which allows an individual to look at how much alcohol they are drinking in a week and how much this might cost. Delegates also used beer goggles, which imitate how a drunk person would be visually impaired by alcohol and a number of delegates attempted to walk in a straight line while wearing them.</p>	

Workshop Title	Fuel Poverty & Winter Warmth Roadshow
Strategic Fit	
Local Area Agreement	Wellbeing Agenda NI187
Joint Strategic Needs Assessment	Fuel Poverty, energy efficiency, keeping warm, safe and well.
Sustainable Community Strategy	Local development framework
Workshop Overview	
<p>Information was provided on Gosport BC Winter Warmth Roadshow, how we started and how successful it has become. At this event we have organisations and agencies such as Gosport Voluntary Action, Fire Service, In Touch (HIA), The Pension Service, CAB, Age Concern, University of the 3rd Age, Trading Standards to name but a few. We also have courtesy of Lloyds Pharmacy Diabetic and blood pressure testing. We have the town criers outside in the High Street with information of who is in the Town Hall and encouraging people to attend. We also have an energy efficiency trailer offering advice and information. There is also a quiz with a prize such as an energy efficient washing machine, kindly donated by e-on. And a raffle going on throughout the afternoon, all prizes that are donated by the attendee's.</p> <p>Advice and information was also provided at the workshop on fuel poverty and the agencies/organisations we signpost for help. Included were the statistics on associated winter deaths for older people because of insufficient heating, cold homes, and associated problems such as damp and condensation. Children who are also in fuel poverty creates educational under achievement, social exclusion, physical and psychological ill health.</p> <p>I discussed cost monitors (smart metering) and how to operate a meter visually to show how they work. Notes were provided on what makes a home decent, damp and condensation problems, and energy efficiency within the home. Temperature cards were available and a free powerdown unit was also given away to those who attended the workshop. I also opened the discussion on utility company 'switching' and the benefits of looking around at more competitive pricing.</p> <p>Details were also provided on the 60+ in Gosport booklet that is free and packed with information, how Gosport BC and Gosport Voluntary Action developed the booklet. The outcome has been an excellent networking forum for professional organisations, agencies and the voluntary sector who exchange ideas and up to date information. We would like to see an older person's forum created and are working closely with groups to achieve this.</p> <p>Telecare was also detailed as this has been a hugely successful project for Gosport, with targets being reached easily and within a short space of time. The development of the project with outcomes was discussed.</p>	

1.The challenges and pitfalls and how they were overcome

The Winter Warmth Roadshow is an annual project that is developing and growing each year. The difficulty in finding a suitable venue was the biggest challenge. Two years ago we were given permission by the CEO to use the Town Hall reception on a Saturday (market day). We open the event on the first Saturday of November and since this has been a central point in the High Street the numbers have been fantastic.

Telecare was also a difficult project at the start. We have since created a data base of organisations, agencies, and voluntary groups, opening up networking and partnering opportunities. Presentations, assessments all followed and we now have 242 clients in Gosport in just 2.5 years enabling people to stay in their own homes, safe and secure but if help is needed it is only a press button away to the monitoring centre and responders.

Workshop Title	Smoking – <i>“Let’s Stub it Out”</i>
Workshop facilitator(s)	Neil Lockett, Public Health, NHS Hampshire, Wendy Bennett, Quit4Life service, HCHC Sarah Preece, H&loW Tobacco Alliance
Contact details	neil.lockett@hampshire.nhs.uk 023 8062 7639
Strategic Fit	
Local Area Agreement	LAA NI123 (PCT VSB05) 4-week quitter smoking target. Reducing health inequalities – target populations in Hampshire Reducing smoking prevalence to 21% or less in all districts by end 2010.
Joint Strategic Needs Assessment	Smoking prevalence. Cancer rates reductions. Life expectancy improvements across most deprived areas COPD reductions. Vascular health improvements
Sustainable Community Strategy	Smoking reduction a specific and high priority within district SCSs and HWB Partnership Plans
Workshop Overview	
<p>The presentation looked at smoking prevalence and local needs; the service model operated in Hampshire; how service users are managed in their quitting; the LAA smoking target now and in the future, and finally how partners do and could work together better together to ensure that Hampshire meets the national 2010 target and specifically addresses the smoking inequalities associated with low income earners and vulnerable people.</p> <p>The workshop had a mix of participants from local agencies, including statutory and voluntary sectors, plus included smokers, non-smokers and ex-smokers and this added a useful dimension to the workshop in terms of how Q4L ensure a personal and person-centred focus in their service model and access to their stop smoking services.</p> <p>From the debate it was clear that everyone had a strong perception about what stop smoking services are and how they work (however not always the real one!), and what could be a barrier to people quitting. This debate became particularly relevant as we considering the 16,000 vulnerable people who are on the Hampshire Supporting People (SP) programme at any one time. This will be followed up proactively through liaison between SP providers and the Quit4life service.</p> <p>We agreed that if we are to reach those people who experience the greatest health inequalities then it is essential that we hear clearly and directly from them: do we have the right service for them, do they know about it, and why don’t they use it or what would help them to use it? Until we have some answers to these questions the workshop group thought that we would be widening the ‘inequalities gap’, rather than closing it? The workshop drew on participants own perspectives of health intervention services and some of the barriers who may prohibit target groups accessing them? This clearly has importance for social-marketing approaches and how we can engage smokers within the population included in the Supporting People programme.</p> <p>Social marketing research carried out in Hampshire’s most deprived areas is something which participants identified as an outstanding item and would have cross-cutting value to a range of health improvement programmes.</p>	

4. Stemming the rise of obesity - Physical Activity and Nutrition

NHS
Hampshire

Stemming the rise in obesity - Healthy Weights in Hampshire

- **Introductions**
- **National context and problem in Hampshire**
- **Local programmes and initiatives**
 - Children & families
 - Adults

NHS
Hampshire

National Context

- Prevalence of obesity has trebled since 1980s
- 62% of adults and 30% of children were overweight or obese in 2006 (HSE)
- Increases the risk of a wide range of diseases and illness / associated costs NHS and wider economy
- Reduces life expectancy on average by 11 years
- Has a complex system of determinants
- Changes to eating patterns and less active lifestyles are the main reason for the rising prevalence
- Lower social classes most affected – particularly women and children.

NHS
Hampshire

Healthy Weight, Healthy Lives: A cross government strategy for England 2008

- Describes the challenge of an obesogenic society and sets out a new ambition:
 - 'to be the first major country to reverse the rising tide of obesity and overweight with the initial focus on children'*
- **Five main policy areas**
 - Children, healthy growth and healthy weight.
 - Promote healthier food choices.
 - Building physical activity into our lives.
 - Creating incentives for better health.
 - Personalised advice and support

NHS
Hampshire

Joint Strategic Needs Assessment (JSNA) Physical Activity levels in Hampshire- Adults

NHS
Hampshire

Prevalence Obesity (very overweight) in Year R (school entry) in Hampshire

NHS
Hampshire

Prevalence Obesity (very overweight) in Year 6 in Hampshire

NHS
Hampshire

Targets – Theme A and F

- **A - Children & Young People (C&YPP Priority 2)**
 - Increase levels of breast feeding at 6-8 weeks (NI 53)
 - Reduce levels of obesity in Year R and Year 6 (NI55 and 56)
 - Healthy Schools
 - Cook & Eat programmes
 - LPSA 2 Childhood obesity target 2010/11
- **F – Health & Wellbeing of Adults**
 - All age all cause mortality (NI 120)
 - Adults doing 30minutes activity x 5 a week (LPSA 2 target 9)

NHS
Hampshire

Local Strategy for Hampshire – a framework

- Understanding the local problem and setting local goals
- Local leadership and structures
- Interventions
 - Children – healthy growth and healthy weight
 - Promoting healthier food choices
 - Building physical activity into our lives
 - Creating incentives – workplace
 - Personalised support for those already overweight or obese
- Monitoring & Evaluation
- Building local capacity and capability

NHS
Hampshire

Supporting Change4Life

- It is recommended that anyone involved in addressing obesity / healthy weights should:
 - Register as a Local Supporter on Change4Life to receive regular email updates and to gain access to the brand assets. To do this visit www.nhs.uk/change4life (go to the Partners & Supporters section) or by calling the NHS workforce helpline: **0300 123 1004**.
 - Where possible design new activities and services - using the Change4Life brand - to help young families in your area eat better and move more.
 - Visit the Department of Health website to order free support materials (leaflets, posters, stickers, guides etc) from DH Orderline: www.dh.gov.uk/change4life

Slimming on Referral Tier 2 of Care Pathway for adults



- Service for obese adults (BMI 30+) with co-morbidities and higher CVD risk (diabetes, CHD register)
- Assess motivation to change
- Primary care ► slimming group or internet service
- 12 week programme (aiming for 5-10% wt loss)
- Implemented in Havant, Gosport and Rushmoor
- Service provided by Weight Watchers; Slimming World; Rosemary Connelly
- Pilot - 3,500 referrals by Sept 2009. Evaluation report Dec 2009

Interventions Children, healthy growth and healthy weight



- Breast feeding
- Infant nutrition
- Increase uptake of healthy eating and physical activity in early years
- Healthy Schools (healthy eating and physical activity)
- Cook & Eat Programmes (schools and communities)
- Change4Life – Children & family focus in first 2 years

Interventions Promoting healthier food choices



- The Eatwell plate
- Improve access to healthy food and drinks
 - Places to breast feed – workplaces and communities
 - Access to fruit and vegetables
- Increasing knowledge and skills
 - Cooking (buying and preparing)

Interventions Building physical activity into our lives



Physical Activity in Hampshire - joint framework for action

- Active coordination
- Activity for all (including active health and Social Care Services)
- Active Start (children)
- Active communities
- Active Workplace

Interventions Creating incentives for better health



- Workplace
 - Healthy Food choices
 - Active travel – staff and visitors
 - Supportive physical environment – e.g. secure cycle parking; access to showers and changing facilities
 - Recreational facilities and promotion of lunch breaks (healthy eating and walking)
- Reduced costs to memberships to leisure facilities
- Hampshire wide learning network (NHS & LAs) to support development of workplace health & wellbeing plans

Interventions Personalised advice and support for those already overweight or obese



- Adults
 - Care pathway for overweight and obese adults (4 Tiers)
 - Training and development for frontline staff on signposting and referral through pathway
 - Commissioning and evaluation of wt management services (Tier 2 and Tier 3)
- Children
 - Mapping of current Service Provision 2008
 - Care pathway – consultation Feb 2009
 - Evaluation of current service provision
 - Routine feedback to parents of their child's measurements
 - Deliver Change4Life locally

Monitoring & Evaluation Building local capacity and capability



- Monitoring & Evaluation
 - Evidence base for healthy weights is limited. Use NICE guidance
 - New services and policies should have planned and resourced evaluations
 - Monitoring of population level obesity prevalence will continue via National Child Measurement Programme and GP recording
- Capacity & Capability
 - All partners aware of part they play in delivering this overall strategy
 - Local front line staff (health and non health professionals) aware of their role and trained to intervene appropriately
 - Raising issue of weight sensitively
 - Behavioural Change
 - Signposting
 - Advice

Change4Life www.nhs.uk/change4life



National Social Marketing campaign which aims to:

- Reposition the issue of obesity, highlighting to parents the links between weight and preventable illnesses and their responsibility to ensure their children eat better and take regular exercise.
- Provide a helpline and website offering information about healthy eating, ideas for being active and access to a database of local activities.
- Work with commercial partners, such as supermarkets, food manufacturers and the media, ensuring they sign up to our Terms of Engagement to support Change4Life by working on healthy eating and physical activity initiatives.
- Provide resources for health care professionals to disseminate to patients, developed using evidence from research with consumers and stakeholders, including a clear set of messages around healthy eating and moving more.

Supporting Change4Life



- We recommend that anyone involved in supporting Change4Life at a local level - including health care professionals - should register as a Local Supporter to receive regular email updates and to gain access to the brand assets. You can register by:
 - visiting www.nhs.uk/change4life (go to the Partners & Supporters section) or by calling the NHS workforce helpline: 0300 123 1004.
- Use the brand guidelines and brand assets (logos, characters and images) available online to create your own Change4Life materials for existing healthy living activities or events.
- Access healthy living insights, best practice, ideas and the Change4Life Local Supporter's toolkit on the Change4Life website.
- Make use of sub-brand toolkits as they are launched throughout the year (such as Breakfast4Life and Walk4Life).
- Where possible design new activities and services - using the Change4Life brand - to help young families in your area eat better and move more.
- Visit the Department of Health website to order free support materials (leaflets, posters, stickers, guides etc.) from DH Orderline: www.dh.gov.uk/change4life.

"Cook & Eat" Programme for Hampshire



Partnership Programme - Big Lottery Chances4Change funding
Developed in partnership by Hampshire PCT, HC3S (Hampshire County Council Catering Services), Winchester & Eastleigh Healthcare Trust, Eastleigh Borough Council.
Six week after school programme designed for children and parent/carers.
Course led by school cook (or HC3S representative) and member of school staff.
Parents/carers and children work together to develop cooking skills, and improve knowledge and understanding of the importance of a balanced diet.



MEND
www.mendprogramme.org.uk



What Next

- Multi Agency Healthy Weight Strategy Group for Hampshire
- Links to local district / borough LSP's / Health & Wellbeing and Partnerships
- Circulate draft strategy and gain feedback

Workshop Title	Promoting independent living for vulnerable people
Workshop facilitator(s)	Peter Rush
Contact details	01962 832162 peter.rush@hants.gov.uk
Strategic Fit	
Local Area Agreement	NI142 'Number of vulnerable people who are supported to maintain independent living' as measured by those who receive a long term Supporting People funded service is one of the 33 NIs chosen for inclusion in the Hampshire LAA. A separate NI, NI141 applies to Supporting People funded short term services and measures the number of people who achieve independent living. A target has been set to improve performance from 96.1% in 2007/08 to 96.67% over the 3 years of the LAA 08/09 – 10/11 In 2007/08 some 12,000 people in Hampshire were supported by SP funded services to maintain their independence.
Joint Strategic Needs Assessment	The JSNA identified significant differences in life expectancy and health inequalities amongst older people across Hampshire. Housing and the provision of preventative services to enable people to maintain their independent status has been identified as playing a key part of a health & wellbeing strategy.
Sustainable Community Strategy	Promoting independence for vulnerable people directly contributes towards the following objectives identified under the theme ' <i>Ambitions for achieving a sustainable Hampshire</i> ': A4. Social and affordable housing needs are met, including provision to support rural communities. A5. Hampshire's communities are cohesive and inclusive, and vulnerable people are safeguarded.
Workshop Overview	
<p>The workshop focused on the way that the Supporting People partnership has worked to ensure that all contracted services have specific measurable outcome targets reflective of local need to ensure that the overall countywide improvement target can be met. It looked at how the statutory agencies involved: District Housing departments, the County's Adult Services department, and Hampshire NHS have worked together through SP with Third sector providers to ensure that services delivered to vulnerable individuals meet their needs and are delivered in a customer focussed manner.</p> <p>It looked at how traditionally SP funded services had been focussed on delivering support to individuals in social housing, and how in the context of Hampshire where of 143,000 pensioner households, 110,000 are home owners, whilst only 10,000 are local authority provided, 15,000 by registered social landlords, and 9,000 privately rented this needed to change. How to begin to address this issue SP had commissioned; Community support services, where the traditional sheltered warden service role had been expanded into the wide community to work with people including owner occupiers; how the provision of community alarm services had been expanded and joined up with wider telecare services; how a Home from Hospital service had been established covering Basingstoke, Hart, Rushmoor & East Hants, jointly funded with Adult Services, aimed at providing a more joined up service to enable people to be discharged from hospital quicker than they otherwise would have been; and how three cross county gardening services would be starting in July with a twin focus of providing an intensive when a crisis arises & also more on-going basic maintenance.</p>	

Workshop Title	Health and wellbeing in the work place setting
Workshop facilitator(s)	Colin Alborough, Environmental Health Manager, Rushmoor BC & Chair Hampshire Health and Safety EHOs Group
Contact details	(only provide your details if you are willing to be contacted) colin.alborough@rushmoor.gov.uk 01252 398398
Strategic Fit	
Local Area Agreement	Relevant priorities Theme F Manage the risk of emergency hospital admission and length of stay, especially for vulnerable people Improve health and wellbeing whilst reducing inequalities between areas with high and low deprivation scores
Joint Strategic Needs Assessment	Reference made to the issues for Rushmoor BC. For example, Rushmoor has the: HIGHEST: unemployment premature deaths from CHD, cancers and heart attacks adult binge drinking and highest alcohol related hospital admissions adult obesity ethnic population density of population/lowest proportion of green spaces OF NOTE: high smoking high deaths from lung cancer high teenage conception rates low educational attainment lowest healthy life expectancy at age 65 pockets of significant deprivation/high deprivation affecting children
Workshop Overview	
Showcase One : Healthy Workplace Awards	
<p>The aim of the award scheme is to promote health and wellbeing through the recognition of organisations that proactively work to improve the health of their staff...and to support those aspiring to do so.</p> <p>This work supports the following LAA targets, Theme F, Health and Wellbeing in the following ways :</p> <ul style="list-style-type: none"> • Managing the risk of emergency hospital admission and length of stay <ul style="list-style-type: none"> ○ By developing sound health and safety in workplaces as measured by NI134 – Number of emergency bed days 	

- Improving the health and wellbeing of people in Hampshire
 - By sound occupational health, and health promotion as measured by NI120 – All age all cause mortality, Local PI, 16+ smoking rate, Local PI, Adults doing 30 mins activity 5 times a week and Local PI, Alcohol related hospital admissions

Showcase 2 : Flexible Warranting/Twin Peaks

This initiative allows health and safety enforcement officers from Hampshire/loW Local Authorities (LAs) and the HSE (Health and Safety Executive) to make appropriate interventions in (almost) any workplace to promote good health and safety by working in partnership.

The project has been rolled out nationally, and has received a national innovation award. It saves lives and promotes timely and appropriate interventions. Previously, agencies' areas of responsibility left a 'risk gap' in the middle, where the risks were too low for HSE to prioritise and not in the LA portfolio to inspect. Now Hampshire LA have taken on the "middle risk businesses" that were in the gap:

- Motor Vehicle Repair
- All warehousing
- Nursing homes
- Dry cleaners

This is a simple administrative change but focuses limited resource on higher risk premises and maximises health benefits to businesses, employees, residents.

Supports LAA targets: Theme F: Health and Wellbeing

- Managing the risk of emergency hospital admission and length of stay
 - NI134 – Number of emergency bed days
- Improving the health and wellbeing of people in Hampshire
 - NI120 – All age all cause mortality
 - LPI 16+ smoking rate
 - LPI Adults doing 30 mins activity 5 times a week
 - LPI Alcohol related hospital admissions
- By
 - Focussing interventions through 'twin peaks'
 - Appropriate and timely interventions through joint warrants

Challenges Showcase One

Promoting scheme to encourage wider participation from businesses and employers of all sizes.

Like the 'carrot' approach this offers but there is so much more that could be bundled into this work.

This initiative is currently cost neutral due to local support in providing the reward element. Increased numbers participating and receiving the reward may put that at risk and other rewards would have to be identified.

Challenges Showcase Two

Lowish number of interventions

Better still if law reformed

Key discussion points

Wider partnership working possibilities included :

- using the enforcing authorities to carry bundled health messages into the workplace (in addition to the health benefits of good health and safety, food safety, smokefree work, etc)
- wider 'health focussed initiatives' being brought into the workplace such as offering cardio vascular screening for employees/health checks on site at work such as those scheme delivered on site by Southampton PCT and various charities for a nominal charge,
- possibility of 'workplace activities' being promoted to a wider population
- the importance of third sector/other specialist agencies offering support to employees e.g. on matters such as stress related problems/alcohol/mental health and the importance of signposting and providing support to employees through this means

Workshop Title	Working in Partnership – Developing community responses to reduce emergency admissions to hospital	
Workshop facilitator(s)	Chandra McGowan Lisa Sheron	
Contact details	chandra.mcgowan@hants.gov.uk lisa.sheron@hampshire.nhs.uk	
Strategic Fit		
Local Area Agreement	Key indicator - NI134	
Workshop Overview		
<ul style="list-style-type: none"> • Many people admitted who could be managed at home 12m • Many people with complex clinical needs can't get back home once they are admitted <ul style="list-style-type: none"> ○ We know we can do this better ○ But need to work TOGETHER to <ul style="list-style-type: none"> - prevent unnecessary admissions – LAA for N134 - facilitate early discharge <div style="margin-left: 400px;"> <p>CIT</p> <p>RR</p> <p>VN</p> <p>GP triage</p> <p>Info DTs</p> </div>		
Summary of Discussions		Pitfalls and Challenges experienced
<ol style="list-style-type: none"> 1) specify what contribution the voluntary sector can make to the 134 agenda 2) be consistent / proportionate / qualitative with your commissioning of the sector 3) send CAH the 134 action plan as ask them to ask the sector what contribution they can make 4) make use of what is already there e.g. - environmental health services at district level (funding and schemes) and communication / meeting mechanisms 5) invest in some change management / implementation facilitators rhetoric doesn't match reality 6) note specific services such as Telecare / Falls prevention groups and Men's groups for some focused work 		<p>Structures needed to be set up to manage the System with operational Task and Finish Group to jointly deliver Changes; links to Practice based Commissioning localities + with South Central Ambulance</p> <p>Development of JOINT COMMISSIONING HEALTH & SOCIAL CARE to deliver Strategic Change needed to ensure appropriate shift in service development and delivery</p>

Workshop Title	Informed Choices – Improving information and support for older people
Workshop facilitator(s)	Caroline England (HCC) and Nicki Conyard (Havant BC)
Contact details	caroline.england@hants.gov.uk
Strategic Fit	
Local Area Agreement	The workshop was about exploring National Indicator 139, “Provide information and support to enable older people to live independently” with particular reference to the work of the Havant Borough Wellbeing Partnership.
Joint Strategic Needs Assessment	It addresses the changing population profile of Hampshire with reference to the increasing numbers of older people. We used different scenarios of older people’s situations to demonstrate that older people are not a homogeneous group but contains many different ages, needs and ways of accessing information.
Sustainable Community Strategy	Contributes to the following long term ambition: Hampshire’s residents can make choices to improve their health and wellbeing.
Workshop overview	
<p>We split the group into three smaller groups. Each smaller group was given a different scenario of an older person who had a particular need for information. They all had different ages and situations as we wanted to stress the fact that there are now at least three generations of older people, as well as the fact that within the term “older people” are many different needs. Each group had to discuss where they thought the older person would go for information and what questions they would ask. We brought the groups back together and as a large group shared what they had discussed.</p> <p>We then talked about the work that had been undertaken in Havant regarding older people’s wellbeing. We talked about the county Older People’s Wellbeing Strategy and how a local plan in Havant was developed to take it forward locally. Much discussion was had with older people in Havant, culminating in a big conference in June 2007. The different agencies involved then formed the Havant Borough Wellbeing Partnership to take forward the actions identified at the conference. The Havant Over 50s Forum was flagged up as being integral to this work. Also playing a very important role was Angel Radio, which is a community radio station for older people run by older people. Angel Radio taped the conference and then broadcast it at a later date so that older people who were not able to attend could hear it. After the broadcast it hosted a phone-in about older people’s wellbeing with Mary Mitchell from Age Concern Hampshire, who was able to answer questions.</p> <p>We demonstrated that this work is an excellent way of joining up county and local priorities, using the LAA and relevant National Indicators.</p> <p>Participants returned to their smaller groups and designed an information pack for their older person. We then brought the groups back together and discussed what had been produced.</p> <p>We talked about National Indicator 139 and how work is being taken forward to support it in Hampshire.</p> <p>Finally, we discussed how to get information to older people and ways of checking that the message has reached them.</p>	

Workshop focus	
<p>We talked in particular about the Havant Borough Wellbeing Partnership. We talked about the achievements, which included the conference, the action plan, the district and county links, and working to the LAA.</p> <p>We also talked about the challenges, which included partnership working, maintaining momentum, securing funding and having conflicting priorities.</p> <p>In terms of doing things differently we did have a small amount of money in Havant to fund projects that would support the action plan. We realised that we set the aims and objectives of the funding too broadly so had to review and redraft them.</p>	
Key Activities	
INFORMATION PAC	
<p>Not produce an info pack <u>BUT</u> an info sheet:</p> <ul style="list-style-type: none"> Brief one liners about services out there with contact to signpost people onto the organisations <u>OR</u> provide a service where people can 'tick' their choices and be contacted if they are less proactive <p>With specific sections such as - Are you taking early retirement? Using your skills, contacts,</p> <ul style="list-style-type: none"> Local timetable of events e.g. Age Concern, Community Centres Relevant adverts – meals on wheels etc Order line number FAQ's section <p><u>Advice Pack</u></p> <ul style="list-style-type: none"> Available in a range of different media, Large Print versions List of phone numbers Fridge magnets 	
<p><u>Alan</u></p> <p>Does he want to volunteer or does he want a new job? (formal or informal?)</p> <p>CAB, Library, Volunteer Bureau, Job Centre+ , Local Adult Education</p> <p>Do PC World run pre-retirement course?</p> <p>Are there community based pre-retirement courses he could attend at no/small cost?</p> <p>Talk to other groups – U3A</p> <p>Talk to friends/neighbours – what do they do?</p>	<p>His?</p> <p>Will what and do change pension?</p> <p>Can he supplement pension?</p> <p>What skills does he have others can use?</p> <p>What skills do people want?</p> <p>What would his hobby be if he had the time?</p> <p>What are his new responsibilities going to be?</p> <p>How can he maintain the ability to work with a range of people?</p> <p>What commitment does he wish to make short/long term?</p>

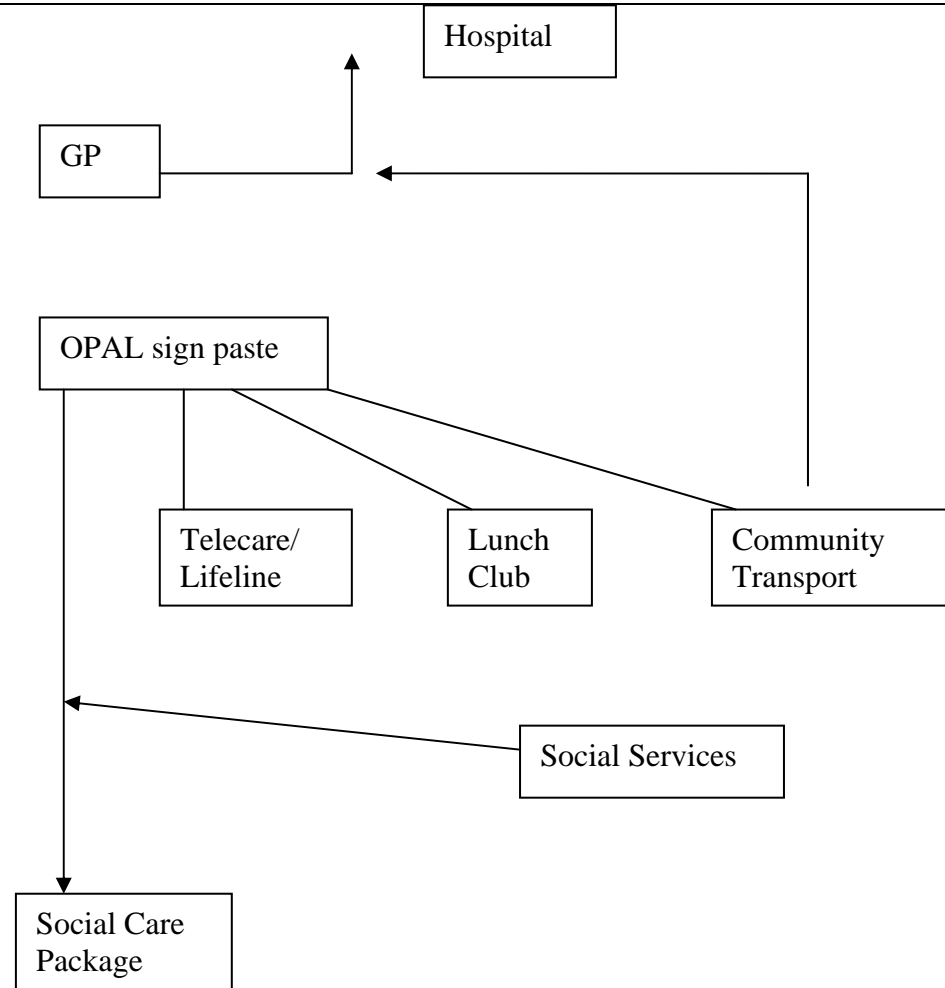
Ex 3

Community Support Service

- How will Iris hear about the service
- Service will signpost to other local services
- Links to GPs/District Nurses important

Questions

- Cost/entitlement to support
 - Depends on referral route
1. OPAL
 2. List + contacts for community services/lunch clubs/friendship groups
 3. Information on Life Lines
 4. Funding
 5. Options
 - support to stay at home – funding implications
 - Sheltered accommodation
 6. Advocacy workers
 7. Forgetfulness?
 - Causes → and
 - terms of care needed
 8. Support groups for Dementia/confusion
 9. Prevention:
 10. House Adaptation/Safety



SECTION 3 - EVALUATION

Closing Remarks

Cllr Hindson Joint Chair of the Health and Wellbeing Partnership Board

An overview of the day was given highlighting the key messages from each speaker as follows;

Liz Steel from South Central Strategic Health Authority presentation

Embracing the Health and Wellbeing Agenda – *the opportunities and challenges* set the mood for the day highlighting the wider determinants of health.

Mike Ellis SOLACE Enterprises presentation **Leading the delivery of Health and Wellbeing** – *review of the Health and Wellbeing Partnership* helped focus the discussion and delegates debated the key areas for focus and composition of the Board.

Jenny Edwards was introduced by Sue Dovey Community Action Hampshire and her presentation **Taking Action** – *the voluntary sector contribution to delivery of the Local Area Agreement* gave a valuable insight into the role of the sector and the massive contribution made.

Samantha Hudson Hampshire County Council/NHS Hampshire set the scene for the development of **Healthier Hampshire** – *the Health and Wellbeing Strategy* and delegates had round table discussions on the vision for health and well being in Hampshire and the focus for the Strategy.

One of the most valuable parts of the day was through networking and the workshops. The workshops offered a wonderful opportunity to showcase the valuable work already started. Delegates were invited to take part in two workshops and had the opportunity to learn how others had tackled the following areas of work;

Alcohol – Tackling Alcohol issues in Hampshire

Tackling Fuel Poverty – Winter Warmth initiatives

Smoking – “Stub it Out” successful interventions

Stemming the rise of obesity - Physical Activity and Nutrition

Maintaining people in independent living – Supporting People to live independently

Healthy Workplaces – Showcasing local initiatives

Working in Partnership – Developing community responses to reduce emergency admissions to hospital

Informed Choices – Improving information and support for older people

The workshop was closed after Cllr Hindson thanks delegates for their participation and the people who had put a lot of time into planning and making the conference a success.

Conference Feedback Sheet			
50% return of feedback sheets			
Pre –conference information – please tell us how helpful you found the information provided prior to attending the conference			
Excellent	Good	Average	Poor
28%	39%	28%	5%
Building – Please tell us your thoughts on the appropriateness of the venue			
Excellent	Good	Average	Poor
40%	53%	7%	0%
Food – Please tell us your thoughts on the food – general comment <i>Could have been more vegetables</i>			
Excellent	Good	Average	Poor
47%	47%	6%	0%
Presentation on developing the Health and Well Being Partnership			
Excellent	Good	Average	Poor
9%	67%	24%	0%
Discussion on developing the Health and Well Being Partnership			
Excellent	Good	Average	Poor
9%	70%	18%	3%
Good to hear everyone’s views			
Presentation on the Voluntary Sector contribution			
Excellent	Good	Average	Poor
14%	51%	26%	9%
Interesting but too specific			
Presentation on developing the Health and Well Being Strategy – <i>General comments Liked the exercises, We had some excellent discussions</i>			
Excellent	Good	Average	Poor
34%	56%	7%	3%

Workshops – Please tell us how helpful you found the workshop			
Workshop 1			
Excellent	Good	Average	Poor
35%	62%	3%	0%
Workshop 2 – Please state the workshop that you attended			
Excellent	Good	Average	Poor
41%	56%	3%	0%
What could we have been done to improve the event? (please provide your comments below)			
<p>Provide table plan, list of delegates and organisation names on tags</p> <p>More clarity on the Board prior to the event</p> <p>Bottled water – not very environmentally friendly Share the Mike Ellis report</p> <p>Clear table workshop objectives with appropriate facilitators Videos would have been helpful</p> <p>Acoustic in King Charles suite made it difficult to hear</p> <p>Workshops Should assume audience knows about the determinants of health</p> <p>People need a greater understanding of the LAA, Community Strategy structures and how the board fits in</p> <p>Opportunities to showcase projects, Copies of slides More small group discussions</p>			
What did you most enjoy from the event? (please provide your comments below)			
<p>Very little, well organised, excellent, well done</p> <p>A chance to influence the Strategy, hearing about good practice</p> <p>Networking Realising we are doing also already Everything</p> <p>Hearing about the wider wellbeing agenda Workshops</p>			
What action will you take to improve health and well being in Hampshire?			
Reduce Inequalities and address the wider determinants of health		Share information with colleagues	
Think about developing an organisational Wellbeing Strategy		6 monthly get together	
Develop CHD scheme		We need to talk to one another more	
Would you be interested in joining a health and well being network to share best practice? Please tick box that applies.			
Yes	52%		