

COMMUNITY OVERVIEW AND SCRUTINY PANEL -16 JUNE 2015

NEW FOREST HEALTH AND WELLBEING BOARD

1. INTRODUCTION

- 1.1 This report describes the role of the New Forest District Council and its partners in improving the health and wellbeing of those living in the district. It details the current framework which supports the relationship between the district and county level ensuring that the health needs of New Forest residents are best understood and improvements supported and managed.

2. OVERVIEW

- 2.1 The New Forest District Council has a vital role to play in supporting the County to deliver public health improvement. The New Forest has had a public health partnership including the NHS, Local Authority, and the voluntary and independent sector for over 16 years. The Local Government White Paper, Strong and Prosperous Communities (2006) identified Health and Wellbeing Partnerships as a means of improving joint working between the local government and the NHS. The New Forest Health and Wellbeing Partnership Board developed from the existing public health partnership in June 2008 in response to that White Paper.
- 2.2 The New Forest Health & Wellbeing Partnership Board is responsible for improving health and wellbeing in the New Forest through addressing public health priorities identified through the Hampshire Joint Strategic Needs Assessment (JSNA)¹ and the Joint Hampshire Health and Wellbeing Strategy (JHWS).² (For further information see Appendix 1: Terms of Reference) Whilst the JHWS provides a high level overview, the NFDC has a wealth of local knowledge and data disaggregated by wards or even smaller geographical areas which enables us to produce local socio-economic profiles of different groups, such as young people, older people, disabled people and people from different ethnic groups. This is vital for supporting targeted public health improvement and will contribute towards the JSNA and ensures that the New Forest Health & Wellbeing Partnership Board is able to identify key priority areas for its local residents.
- 2.3 The work of the partnership is linked into that of Hampshire's Health and Wellbeing Board through the District Health and Wellbeing Forum. The Forum meets quarterly and brings together the chairs and lead officers from District Health and Wellbeing Boards. It provides a two way link that gives opportunities for top down and bottom up influencing.

3. LOCAL DATA & THE NEW FOREST HEALTH PROFILE 2014

- 3.1 Data from the Public Health Observatory informs us that the health of people in the New Forest is generally better than the England average.³ Deprivation is lower than average, however about 13.3% (3700) children live in poverty. Hampshire Public Health have scrutinised this figure and have shown that at a very local level (LSOA- sub units of wards) children living in poverty make

¹ For further information see: <http://www3.hants.gov.uk/factsandfigures/jsna.htm>

² To access the JHWS please look under Key Documents at the following link:
<http://www3.hants.gov.uk/healthandwellbeing/healthandwellbeing-board-info.htm>

³ To download the New Forest Health Profile reports from 2006-2015 please see:
<http://www.apho.org.uk/resource/item.aspx?RID=50468>

up 10 of the top 20 and 45 of the top 100 LSOA's and there are more children living in poverty in the New Forest than any other District. (See Appendix 2) It is recognised that children who grow up in poverty lack many of the experiences and opportunities that others take for granted and can be exposed to severe hardship and social exclusion. Potential impacts include:

- lower educational attainment;
- low self-esteem and low aspiration;
- poor nutrition and obesity;
- lower life expectancy;
- poor and overcrowded housing;
- anti-social behaviour;
- higher rates of teenage pregnancy;
- lack of access to leisure, cultural and recreational facilities;
- continuing inter-generational cycle of deprivation

3.2 The Public Health England (PHE) 2015 profile for the New Forest District shows that in comparison to the rest of England the New Forest is doing worse in the following areas; alcohol specific hospital stays for the under 18s, excess weight in adults, incidence of malignant melanoma, excess winter deaths and killed and seriously injured on the road (see Appendix 3)

3.3 The New Forest has the highest age structure in Hampshire (see Appendix 4). While poor health and disability are not inevitable consequences of ageing and the majority of older people remain independent, the prevalence of long term and other health conditions e.g. cancer and dementia increases with older age and functional abilities may decline. Subsequently older people are the highest users of health and social care services and have higher hospital admissions rate for conditions such as Coronary Heart Disease (CHD) and Stroke.

3.4 20% of all of Hampshire's Gypsy and Traveller population live in the New Forest (see Appendix 5) Gypsies and Travellers generally suffer from poor health and lower life expectancy. A recent study suggested that the life expectancy of Gypsies and Travellers is the lowest of any group in the UK, and is between 10 and 12 years less than the settled population⁴.

4. WIDER DETERMINANTS OF HEALTH

4.1 The Marmot Review 'Fair Society, Healthy Lives' (Feb 2010)⁵ underlines the social gradient in health, where the lower a person's social position, the worse their health is. Health inequalities results from social inequalities. Interventions and action must be focussed on all of the population but with a scale and intensity proportionate to the level of disadvantage. The Marmot Review calls this 'proportionate universalism'. Six policy priorities are highlighted for action in the Review; giving every child the best start in life, enable all children and young people and adults to maximise their capabilities and have control over their lives, create fair employment and good work for all, ensure healthy standard of living and sustainable places and communities and strengthen the role and impact of ill health prevention. The Review

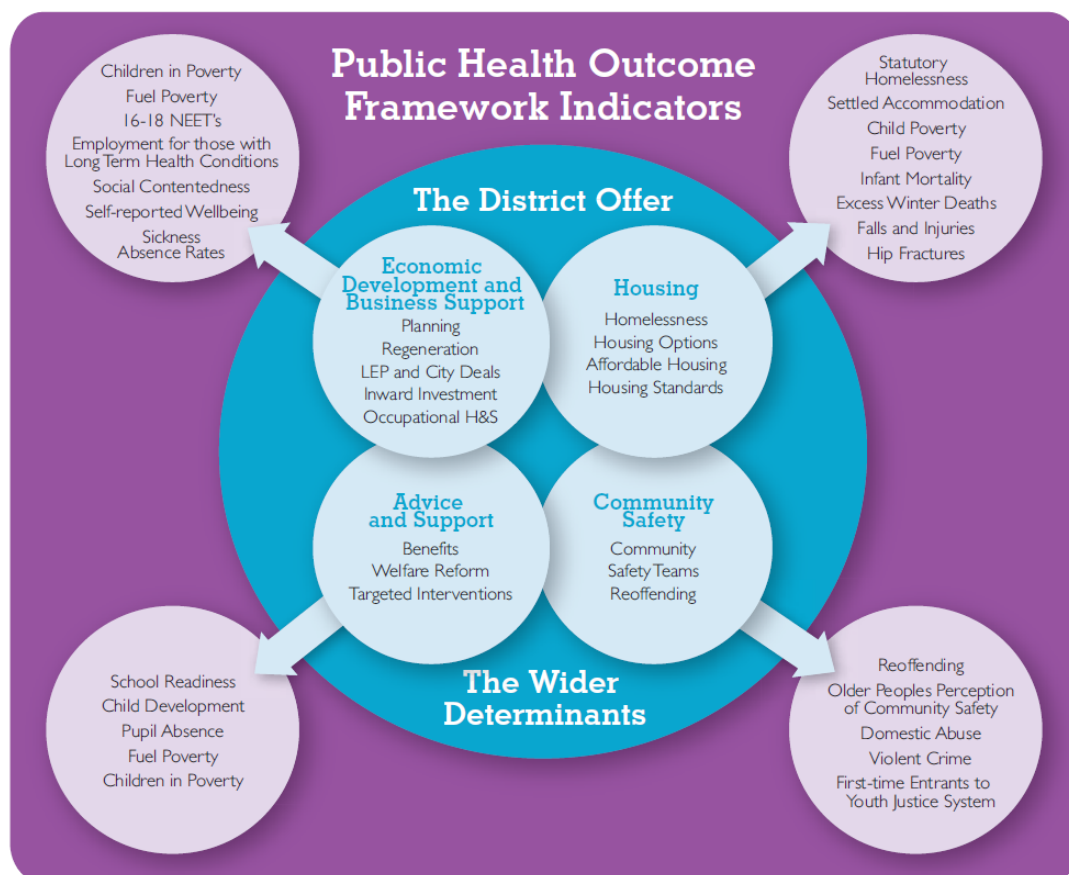
⁴ The Health and Wellbeing of Gypsies and Travellers, An Irish Traveller Movement in Britain Briefing, 2012

⁵ For further information please see: <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

clearly states that action is required by both central and local government, as well as the NHS, the third and private sector and community groups. Successive policy documents, including public health and local government white papers, have provided a mandate for local government involvement in tackling health inequalities. It is stated that National policies will not work without effective local delivery systems. Therefore the role of the New Forest Health and Wellbeing Partnership Board is even more important to ensure local representation and action for health improvement. Local knowledge and experience is vital for reducing health inequalities.

4.2 The Marmot Review showed that poor health does not arise by chance and is not simply attributable to genetic make-up, unhealthy lifestyles and a lack of access to medical care, important as these factors are. Instead, differences in health status reflect the differing social and economic conditions of local communities. The influence of these wider determinants on health requires policy interventions to be increasingly intelligence-led and preventative, focusing on the root causes of ill health (the ‘causes of the causes’), rather than simply treating the consequences of its development. Tackling these conditions determining people’s health outcomes requires action, across the life-course, well beyond the influence of the NHS and health services. In this model district councils are the key stakeholders in improving the wider determinants. From economic development to housing and occupational health and safety, districts have a fundamental impact on shaping communities and enabling residents to lead fulfilling, healthy lives.

4.3 The New Forest District Council therefore has a key role to play in improving the wider determinants of health⁶ see figure 1 below.



⁶ District Councils’ Network, ‘District Action on Public Health’. The full report can be read at: http://www.rtpi.org.uk/media/11215/district-action-on-public-health__2013__rtpi_endorsed.pdf

Figure 1: District Councils role in improving the wider determinates of health

5. THE NEW FOREST HEALTH & WELLBEING PARTNERSHIP BOARD

- 5.1 The New Forest Health and Wellbeing Partnership Board brings together partners across the NHS, Local Authority, voluntary and independent sector. The board meets twice yearly and agrees and discusses the New Forest health and wellbeing plan. The plan is due to be renewed at the end of June 2015. The board is chaired by Annie Righton Head of Public Health and Community Safety at the NFDC.
- 5.2 The Board fulfils the following roles:
- a. co-ordinate the district health and wellbeing plan, ensuring the interrelationship of themes, managing relationships within the local partnership board, between the other Hampshire local partnership boards and the Hampshire wide Health and Wellbeing Board
 - b. promote health based community development / community based health improvement
 - c. coordinate the gathering of the local voice on health and wellbeing
 - d. liaise between local people and Health and Wellbeing board
 - e. commission health improvement activity
 - f. offer scrutiny and challenge
- 5.3 The New Forest health and wellbeing plan is an active working document for reducing social and health inequalities and improving health and wellbeing. The plan includes actions on a range of factors that affect the health and wellbeing of a population including economic issues, education, housing, and environmental factors. The plan responds to health and wellbeing needs identified in the statutory JSNA and JHWS and other relevant needs assessment, as well as in local qualitative studies. Interventions are based on evidence of effectiveness or, where this is not yet available, established good practice, and will provide value for money. The delivery of key actions is monitored.
- 5.4 The New Forest health and wellbeing plan identified actions have been mapped against the four strategic goals of the JHWS in order to complement one another. (See Appendix 6 for a high level overview of the existing plan) The remainder of this report summarises the key work that is happening across the New Forest area overseen by the New Forest Health & Wellbeing Partnership Board under 4 main areas:
- Starting well
 - Living well
 - Ageing well
 - Healthy communities

6. STARTING WELL

- 6.1 There are a number of priority areas and associated actions under Starting Well these include:

Priorities 2013/2015	Project Examples
• Breastfeeding	Breastfeeding Welcome Scheme, Bonding for Partners leaflet. NFDC Website signposting, DVD for the GTR community

<ul style="list-style-type: none"> • Children and Young People Mental Health 	Supporting schools to better manage CYP mental health, awareness raising with partners, introduction to MH across NFDC. Regular multi-agency group meeting across the New Forest
<ul style="list-style-type: none"> • Child poverty 	Development of a local action plan
<ul style="list-style-type: none"> • Alcohol Admissions U18's 	Public health education session to all year 6's from September 2014. New pathway School Nurse team to follow up all alcohol related hospital admissions for under 18's.
<ul style="list-style-type: none"> • Healthy Weight 	Regular working group chaired by NFDC & Southern Health looking at supporting the third sector to roll out Change for life clubs in all primary and secondary schools.
<ul style="list-style-type: none"> • Smoking in Pregnancy 	Health visitors working in partnership with Children Centre's and Schools to increase referral rates to quit4life. School nurses will be taking smoking information posters into schools which have been chosen to specifically target this year group (age 12-13) when delivering the immunisation sessions, Making Every Contact Count.

7. LIVING WELL

7.1 There are a number of priority areas under Living Well these include:

Priorities 2013/2015	Project Examples
<ul style="list-style-type: none"> • Sun Awareness 	Yearly campaign to raise awareness of good sun behaviour and spotting the signs of skin cancer, targeted work with schools and school nurses. BAD to attend New Forest Show
<ul style="list-style-type: none"> • Healthy Weight 	Health Walks, exercise referral scheme, Slimming World and Weight Watchers referral scheme
<ul style="list-style-type: none"> • Smoking cessation 	Promoting local quit for life service
<ul style="list-style-type: none"> • Alcohol Awareness 	Targeted education campaign during alcohol awareness week. 2014 focused on 'Know your Numbers' with the academic health science network (AHSC)

8. AGEING WELL

8.1 There are a number of priority areas under ageing well

Priorities 2013/2015	Project Examples
Dementia	Sports Reminiscence Sessions, Memory Group, developing dementia friendly high streets, business and communities. Supporting the development of Dementia Action Groups and sharing good practice through the New Forest Dementia Action Group which is co-chaired by NFDC & West Hampshire CCG. Co-ordinating the

	development and marketing of New Forest Dementia News. Rolling out dementia awareness training amongst staff in the NFDC.
Falls	Better Balance for Life; increase Steady & Strong Community Postural Stability Classes, Health Walks. Currently working with the CCG and Southern on developing a pilot lifting service in the New Forest
Advice & Guidance	Signposting, Older People's information event is being held on the 22 nd July in Lyndhurst to market available activities.

9. HEALTHY COMMUNITIES

9.1 There are a number of priority areas under ageing well

Priorities 2013/2015	Project Examples
Gypsy & Travellers	Development of 'health DVD' following research that has looked into the health needs of the GT communities living in 'bricks and mortar'
Fuel Poverty/excess seasonal mortality	Rolling out the 'Hitting the Cold Spots' project
Reducing social isolation and loneliness	Men's Community Cooking Skills, Promote and signpost to the Village Agents. Promote trigger tool training.

7. EQUALITY & DIVERSITY IMPLICATIONS

7.1 All projects are developed in accordance with the New Forest District Council's Statement of Commitment to Equalities.

8. ENVIRONMENTAL IMPLICATIONS

8.1 There are no specific Environmental implications arising from this report.

9. CRIME & DISORDER FUNCTIONS

9.1 There are no specific Crime & Disorder functions as a result of this report.

10. FINANCIAL IMPLICATIONS

10.1 Whilst there are no financial implications as a result of this report, the District Council and the NHS have had for many years a joint funding arrangement for its Public Health Partnership.

11. RECOMMENDATIONS

That the Panel supports: -

- 11.1 The New Forest Health and Wellbeing Partnership Board in promoting the health and wellbeing agenda across the New Forest to partners and the wider population and in providing strategic leadership based on identified needs and policy;
- 11.2 The involvement of New Forest District Council in any County arrangements for public health; and
- 11.3 The alignment of our local partnership work is clearly aligned to the priorities of the current Hampshire Health & Wellbeing Partnership Board.

For further information:

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Background Papers:

Published documents

Appendix 1: NEW FOREST STRATEGIC HEALTH AND WELLBEING BOARD

Terms of Reference

Aims of the New Forest Strategic Health and Wellbeing Board

1. Improve health and wellbeing in the New Forest.
2. To promote the health and wellbeing agenda across the New Forest to partners and the wider population by providing strategic leadership across all agencies in the New Forest.

Objectives of the Board

1. Identify and agree public health priorities and develop a localised evidence based action plan for the district which responds to issues identified through the Joint Strategic Needs Assessment (JSNA), Hampshire Health and Wellbeing e West Hampshire CCG priorities.
2. Develop and strengthen partnership working across statutory and voluntary sectors and to share good practice, reduce duplication and ensure best value.
3. Influence commissioning of services to deliver the needs of the New Forest community and co-ordinate the delivery of programmes and services that address health and wellbeing priorities.
4. Co-ordinate effective and efficient use of any available resources to deliver the priorities in the health and wellbeing action plan.
5. Develop and maintain joint understanding and an efficient and effective dialogue with local GPs and other Clinicians via the Clinical Commissioning Group (CCG) for West Hampshire.
6. Ensure that the local action plan embraces the work of other key local partnerships e.g. Community Safety Partnership (CSP), Older People Partnership (OPP), Sports and Physical Activity Alliance (SPAA), and Local Children's Partnerships (LCPs).

Members of the Board

Portfolio Holder for Health and Leisure, New Forest District Council
Consultant for Public Health, Hampshire County Council
Head of Public Health and Community Safety, New Forest District Council
Health Policy Development Manager, New Forest District Council
Head of Housing, New Forest District Council
Head of Communities and Employment, New Forest District Council
Chief Officer, Community First
District Service Manager for New Forest, Hampshire County Council Adult Services
Clinical Service Manager, Unscheduled Care (West), Southern Health NHS Foundation Trust
Locality Clinical Lead for Totton and Waterside Localities
Locality Clinical Lead for West New Forest Locality
Locality Business Manager, West New Forest
District Service Manager for New Forest, Hampshire Youth Service, Hampshire County Council
Locality Clinical Manager for New Forest, Southern Health NHS Foundation Trust
Sport and Youth Development Officer, New Forest District Council
Head of Health Partnerships, Hampshire County Council
Deputy Area Manager, West Area Mental Health Team, Southern Health NHS Foundation Trust

Schedule of meetings

The Board will meet bi-annually with additional meetings as required.

Member contribution

Members of the group collectively contribute:

1. To the annual review of the Hampshire Joint Strategic Needs Assessment, setting of priorities and development of the Action Plan, and where appropriate, setting up of local working groups to tackle the priorities.
2. To developing and agreeing reporting protocols to the Hampshire Health and Wellbeing Board.
3. To the coordination and resourcing of the Board.
4. To the raising of agenda items.
5. Contribute to local working implementation groups set up to deliver the Action Plan.

2013/2014

Appendix 2: Child Poverty in the New Forest

- 4.1 Hampshire County Council undertook a needs assessment, using a “basket” of 20 indicators, as part of their duty to respond to the issue and named Local Children’s Partnerships as key groupings to make a difference locally.
- 4.2 The needs assessment was undertaken in 2011. It can be viewed at: http://www3.hants.gov.uk/child_poverty_needs_assessment_2011.pdf
- 4.3 The data presents New Forest District as having significant levels of child poverty. The assessment at the very local level provides a significant insight. Local Super Output Areas (LSOAs) are small areas within Wards – and in that way, they are a good level of analysis for a District such as NFDC to assess the general “understanding” that deprivation/poverty exists in pockets right across the District (as against a perhaps more “obvious” aggregation in a larger urban area).
- 4.4 The report reviews indices of poverty in LSOA (sub units of Wards) across the whole of Hampshire. Those listed first have the most adverse incidence and impact. LSOAs in the New Forest were the first six listed. They also make up 10 of the top 20 and 45 of the top 100 and there are more in the New Forest than any other District. An indication of the distribution across the District can be seen from the table below:

Hampshire child poverty ranking – 20 LSOAs where child poverty has the greatest incidence and impact

No. LSOA code Ward and District

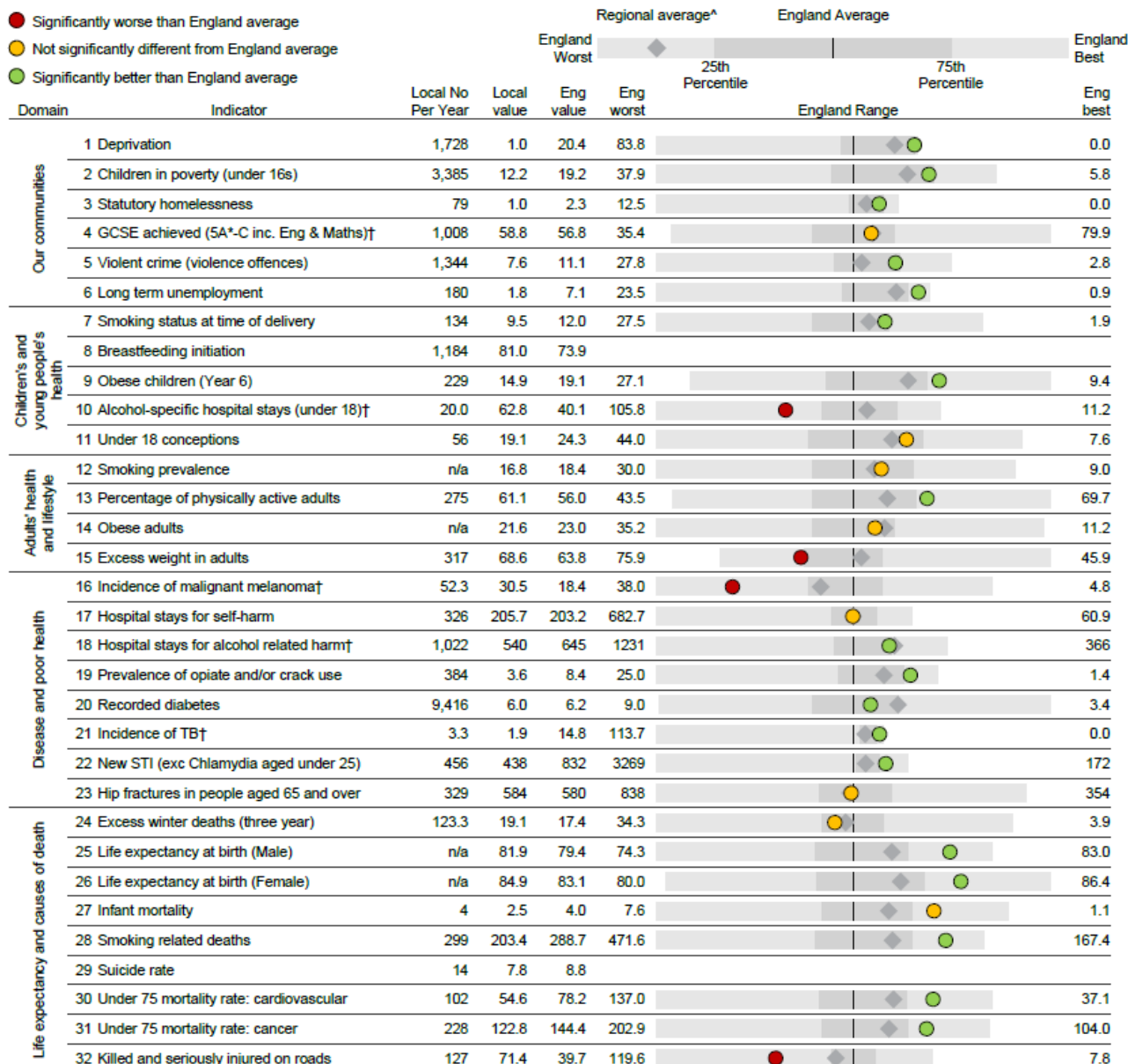
1	Milton	New Forest	
2	Pennington	New Forest	
3	Holbury and North Blackfield	New Forest	
4	Butts Ash & Dibden Purlieu	New Forest	
5	Fernhill	New Forest	
6	Totton East	New Forest	
7	Warren Park		Havant
8	Fernhill	New Forest	
9	Fernhill	New Forest	
10	Warren Park		Havant
11	Barncroft		Havant
12	Totton West	New Forest	
13	Bondfields		Havant
14	Warren Park		Havant
15	Bondfields		Havant
16	Warren Park		Havant
17	Hart Plain		Havant
18	Bondfields		Havant
19	Warren Park		Havant
20	Dibden & Hythe East	New Forest	

- 4.5 This therefore indicates that the District exhibits the highest levels of need in Hampshire within a range of LSOAs across the District.
- 4.6 From Hampshire’s related briefing note, it is recognised that children who grow up in poverty lack many of the experiences and opportunities that others take for granted and can be exposed to severe hardship and social exclusion. Potential impacts include:
- lower educational attainment;

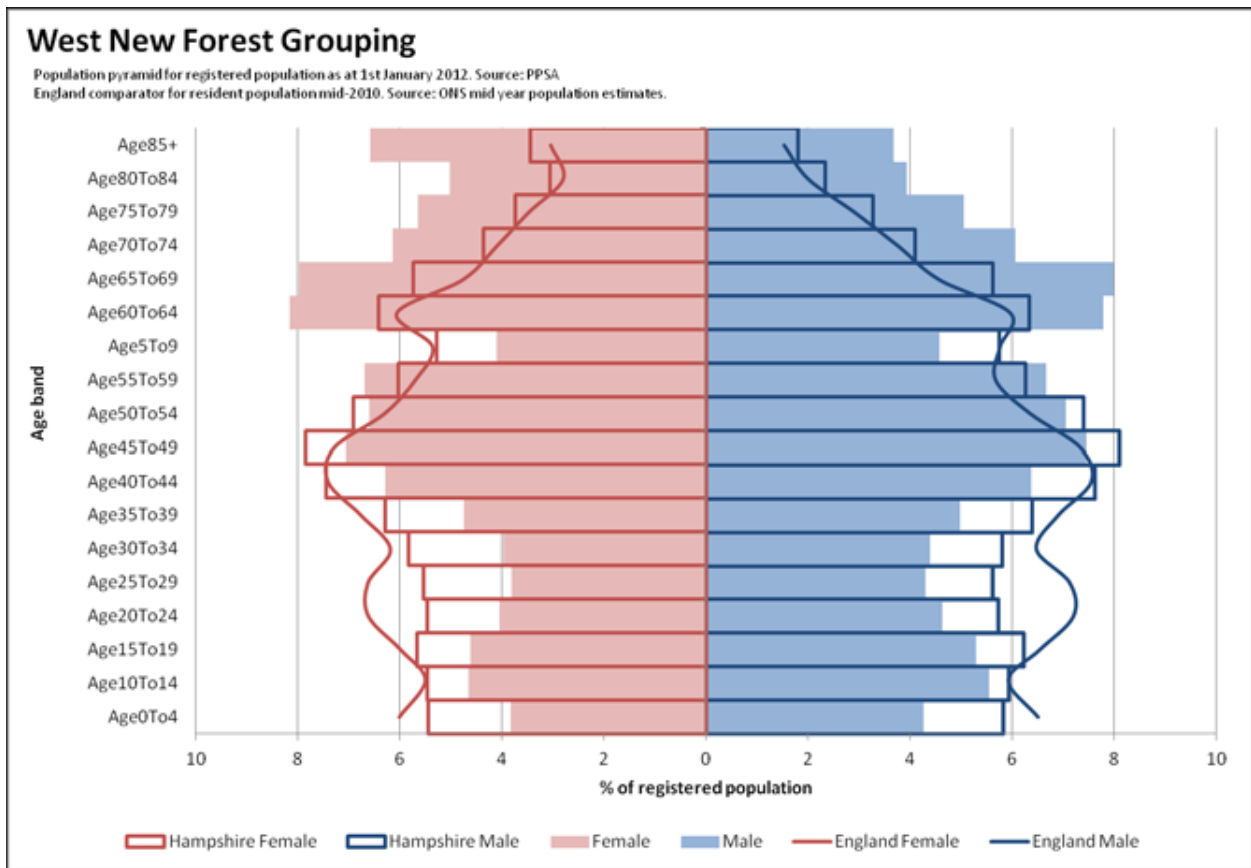
- low self-esteem and low aspiration;
- poor nutrition and obesity;
- lower life expectancy;
- poor and overcrowded housing;
- anti-social behaviour;
- higher rates of teenage pregnancy;
- lack of access to leisure, cultural and recreational facilities;
- continuing inter-generational cycle of deprivation.

Appendix 3: Health Summary for the New Forest

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.



Appendix 4: Age Structure in the New Forest



Appendix 5: Gypsy and Travellers living in the New Forest

Ethnicity by area

Area name	All categories: Ethnic group (number)	White: Gypsy or Irish Traveller (number)	White: Gypsy or Irish Traveller (%)
ENGLAND	53,012,456	54,895	0.10%
SOUTH EAST	8,634,750	14,542	0.17%
Hampshire	1,317,788	2,069	0.16%
Basingstoke and Deane	167,799	163	0.10%
East Hampshire	115,608	267	0.23%
Eastleigh	125,199	191	0.15%
Fareham	111,581	85	0.08%
Gosport	82,622	32	0.04%
Hart	91,033	273	0.30%
Havant	120,684	64	0.05%
New Forest	176,462	423	0.24%
Rushmoor	93,807	155	0.17%
Test Valley	116,398	153	0.13%
Winchester	116,595	263	0.23%

Source: 2011 census

Appendix 6: 2012-2015 New Forest Health & Wellbeing Board Partnership Plan priority areas

Priorities 2013/2015

