Our shared plan
To improve health and wellbeing in Basingstoke and Deane
2016 to 2020
Basingstoke and Deane Health and Wellbeing Partnership is a voluntary network of organisations seeking to improve health outcomes for the population of the borough through local leadership and influence. The Shared Plan to improve Health and Wellbeing in Basingstoke and Deane 2016 to 2020 demonstrates the common commitment from each partner agency to make a contribution to these outcomes and to reduce health inequalities in the borough.

It also provides a clear message for us as residents, patients and service users to take responsibility for our own health and wellbeing and to seek support and information to help us lead a healthy and happy life.

The Shared Plan recognises there is already a lot of good work taking place across the borough and the priority is to ensure this can be built upon and communicated more effectively. It challenges organisations to ensure that services are inclusive and accessible and that expertise, efforts and resources are directed towards a common purpose.

This Shared Plan is set in the context of transformational change in the health service and a time of growth for the borough. The Health and Wellbeing Partnership and its constituent organisations are well placed to inform significant policy and development opportunities.

### The Shared Plan

The Health and Wellbeing Partnership understands the intrinsic link between physical and mental wellbeing. It also appreciates the importance of everyone being informed about our own wellbeing and that of people around us. Therefore the Shared Plan focuses on increasing personal and community resilience leading to enhanced wellbeing. In simple terms, it is about:

**Helping us all to Be Well**

The Partnership will aim to improve universal awareness and access to information about health and wellbeing. Community-based activity will focus on prevention and early intervention, especially in geographic areas with high levels of deprivation or with ‘at risk’ populations in order to seek to reduce health inequalities.

### Objectives

There are two objectives of the Plan:

1) **To support and raise awareness of activities and services in the community, we will:**

- act together to improve and disseminate information in a people-centred way
- promote healthy choices and self-management of health and wellbeing by signposting residents to information, services and activities using a range of public communication networks available to partner organisations
- develop collaborative project activity on preventative and early intervention measures in areas or to populations with higher prevalence of risk and involve residents in the design of activities
- assist practitioners to offer early intervention options through social prescribing, providing ‘turnaround’ support which may prevent an escalation to ill-health requiring more specialist treatment

2) **To influence the design of places and systems to make it easier for our residents to be and stay well, we will:**

- advocate the characteristics of Healthy Communities through all available channels of consultation and development of our major housing growth and regeneration areas
- support the Local Planning Authority to conduct Health Impact Assessments for planning applications as necessary, where there are expected to be significant impacts on the health and wellbeing of the local population or particular groups within it, or on health infrastructure and/or the demand for healthcare services
- work with strategic partners to address vulnerability linked to the wider determinants of health (e.g. homelessness, education, community safety)
- make a positive contribution to the consideration of new ways of working as part of the sustainability and transformation programme for health services

### INDEX

2 Introduction
3 Objectives
4 Priorities
9 Outcomes
12 Communicating
13 Coordinating
15 Appendix

---

1 See Appendix 1 for a list of organisations represented on the Health and Wellbeing Partnership

What do we mean by physical activity?

Physical activity describes any movement of the body that uses energy. This broad definition means that nearly all types of activity can be beneficial including: exercise, sport, play, dance and ‘active living’ such as walking, cycling for transport, housework, gardening and work. Regular moderate intensity physical activity, leaving us feeling warm, sweaty and slightly out of breath, has significant benefits for health.

Why is increasing physical activity a priority?

- 42% of adults in Basingstoke and Deane do not do the recommended amount of physical activity of 150 minutes per week (Health Profile 2015, Public Health England)
- 22.2% of adults in the borough are classified as obese (Health Profile 2015, Public Health England)
- Studies show that there is approximately a 20% to 30% lower risk of depression and dementia for adults participating in daily physical activity (Mental Health Foundation)
What do we mean by mental wellbeing?

Mental wellbeing describes our mental state – how we are feeling and how well we can cope with day-to-day life. Our mental wellbeing can change, from day to day, month to month or year to year.

The concept of feeling good incorporates not only the positive emotions of happiness and contentment, but also emotions such as interest, engagement, confidence and affection, and having a sense of purpose such as working towards valued goals, and experiencing positive relationships. It also includes strengthened resilience in coping with physical or mental illness, or social disadvantage.

Why is increasing mental wellbeing a priority?

• There has been an increasing prevalence of anxiety and mood disorders amongst the adult population in Basingstoke and Deane (Indices of Multiple Deprivation 2015, DCLG)
• One in four adults will experience a mental health episode in their lifetime (Time for Change campaign, 2016)
• People with poorer mental health are at significant risk of social isolation (Hampshire Joint Strategic Needs Assessment 2015)

What do we mean by positive healthy behaviours?

Positive healthy behaviours are reflected in lifestyle choices that contribute to improved health and wellbeing, such as eating well, being active, developing friendships and effectively managing life experiences. People with positive healthy behaviours are more aware of potential harm and choose to moderate behaviours such as smoking, use of alcohol, following poor diets, and sexual risk taking, that are known to lead to poor health outcomes.

Why is increasing positive healthy behaviours a priority?

• Over 24% of adults in Basingstoke and Deane smoke, one of the highest rates in Hampshire (Health Profile 2015, Public Health England)^3
• Use of alcohol and drugs is a factor leading to a risk of people becoming or remaining homeless (NHS Choices)
• The main risk for Type 2 diabetes is being overweight and contributory lifestyle factors include an unhealthy diet and lack of exercise (Hampshire Joint Strategic Needs Assessment 2015)

^3 This refers to tobacco smoke only and not the use of e-cigarettes
What do we mean by social connections?

Social connections enable people and communities to be able to fully participate in society, including having access to services. Social isolation is the complete or near-complete lack of contact between an individual and other people and can occur at any stage of life. Loneliness can be a result of social isolation, and disproportionately affects older people.

Why is increasing social connections a priority?

- Studies have shown that people with stronger social relationships had a 50% increased likelihood of survival than those with weaker social relationships (Public Health England)
- Social isolation in older people is associated with increased risk of death from any cause (Hampshire Joint Strategic Needs Assessment 2015)
- Studies have concluded there is strong evidence to show that volunteering improves wellbeing (NHS Choices)

How will we know if the Shared Plan is successful?

There are so many factors that impact on health and wellbeing that it is not possible to attribute the activities of this Plan to any changes to health profiles at population level. Nevertheless, the following outcomes will be used to provide an overall assessment as to whether the health of the borough’s residents has improved over the life of the Plan, and at the end of the Plan period a commentary will show what Partnership activity has contributed to each outcome.

### Physical activity

<table>
<thead>
<tr>
<th>Partnership priority</th>
<th>Desired outcomes</th>
<th>Physical activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a) Rates of physical activity increase</td>
<td>a) Percentage of adults (16+) undertaking 150 minutes of moderate intensity physical activity (Sport England Active People Data 2015)</td>
</tr>
<tr>
<td></td>
<td>b) Rates of inactivity decrease</td>
<td>b) Percentage of adults (16+) who are inactive (Sport England Active People Data 2015)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Basingstoke and Deane</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Basingstoke and Deane</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Partnership priority</th>
<th>Mental wellbeing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a) There is an increase in the sense of wellbeing among residents of Basingstoke and Deane</td>
</tr>
<tr>
<td></td>
<td>b) The number of hospital stays for self-harm reduces and improves compared to the Hampshire average</td>
</tr>
<tr>
<td></td>
<td>a) Average response of residents to the question ‘Overall, how happy did you feel yesterday’ (Office of National Statistics Annual Population Survey)</td>
</tr>
<tr>
<td></td>
<td>Basingstoke and Deane</td>
</tr>
<tr>
<td></td>
<td>Compared to England population 3rd decile</td>
</tr>
<tr>
<td></td>
<td>B) Standardised rate per 100,000 population (Health profile 2015)</td>
</tr>
<tr>
<td></td>
<td>Hampshire</td>
</tr>
<tr>
<td></td>
<td>Basingstoke and Deane</td>
</tr>
</tbody>
</table>
### Positive healthy behaviours

**Desired outcomes**
- a) The rate of smoking prevalence; and
- b) smoking related deaths among adults reduces and improves compared to the Hampshire average
- c) Prevalence of drug misuse reduces
- d) The number of obese adults reduces

**2015 to 2016 Baseline indicator**

<table>
<thead>
<tr>
<th></th>
<th>Hampshire</th>
<th>Basingstoke and Deane</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) % adults aged 18 and over who smoke (Health profile 2015)</td>
<td>15.4%</td>
<td>24.1%</td>
</tr>
<tr>
<td>b) Smoking related deaths standardised rate per 100,000 population (Health profile 2015)</td>
<td>227.7</td>
<td>235.0</td>
</tr>
<tr>
<td>c) Prevalence of opiate and/or crack use standardised rate per 100,000 population (Health profile 2015)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basingstoke and Deane</td>
<td>4.3</td>
<td>22.2%</td>
</tr>
</tbody>
</table>

### Social Connections

**Desired outcomes**
- a) The number of client contacts for advice and support increases between single people with no children and Basingstoke and Tadley Citizens Advice
- b) The number of volunteers supporting charities and community groups in Basingstoke and Deane increases

**2015 to 2016 Baseline indicator**

- a) 3,500 clients (31% of all clients) (Citizens Advice Basingstoke annual review 2014 to 2015)
- b) 12,996 volunteers (Basingstoke Voluntary Action 2014 to 2015)

### Helping us all to be well – reducing inequalities

**Desired outcomes**
- The difference in life expectancy between wards with the highest and lowest indices of deprivation is reduced in the borough

**2015 to 2016 Baseline indicator**

- Difference in Life expectancy in Basingstoke and Deane (Local health profiles 2008-2012) 11.45 years

Other measures will also be used to record activity under each priority.
Communicating our message

The Partnership’s universal message for residents and providers of services is presented in a simple graphic form:

Be Well & informed
Be Socially connected
Be Physically active
Be Mentally resilient
Be Aware of harm

The need to be well informed is at the heart of our aim.

This emphasises the need for the Partnership to ensure services and activities are promoted and encourages us all to seek out information to help us to be well.

Coordinating our activity

The Health and Wellbeing Partnership will encourage all organisations with an interest in the wellbeing of our residents to contribute to the objectives and priorities of this Shared Plan. The involvement of residents and communities in helping to design and improve health provision will be key, as is the need to ensure services and activities are promoted.

Activity relating to each priority will be coordinated by a lead group which will update the full Health and Wellbeing Partnership twice yearly. The lead groups will also decide what further measures can be used to record activity under each priority.

Coordination and promotion of the communications messages will be the responsibility of the Partnership Leadership Team.

The Leadership Team will update the Basingstoke Area Strategic Partnership of progress as required.
Coordinating our activity

Be Physically Active
Focus on participation in physical activity
Coordination: Sport and Physical Activity Alliance

Be Mentally Resilient
Focus on personal resilience and community support
Coordination: Mental Health Alliance

Be Aware of Harm
Focus on lifestyle risks and public health
Coordination: Public Health Alliance

Be Socially Connected
Focus on neighbourliness and social interaction
Coordination: Voluntary Sector Forum

Be Well Informed
Focus on communication channels including ‘Connect to Support’ Directory to enable self-management and social prescribing; collation of partnership activity to ensure information sharing and promotion; influence through consultation
Coordination: Basingstoke and Deane Health and Wellbeing Partnership – Leadership team

Other partnership networks contributing to these priorities:
- Children, Young People and Families Partnership
- Employment and Skills Zone
- Community Safety Partnership (Vulnerabilities Group)
- Social Inclusion Partnership
- Older Persons Partnership
- Housing Priority Action Group
- Climate Change Forum
- Cultural Forum
- Disability Forum
- Multi-cultural Forum

Organisations / networks represented on the Basingstoke and Deane Health and Wellbeing Partnership
(2016 - 2017 - to be updated annually)

- Basingstoke and Deane Borough Council
- Basingstoke Voluntary Action
- Child and Adolescent Mental Health Services (Sussex Partnership NHS Foundation Trust)
- Children, Families and Young People’s Partnership
- Safer North Hampshire Community Safety Partnership
- Cultural Forum
- Disability Forum
- Hampshire Hospitals NHS Foundation Trust
- Hampshire Wellbeing Services CiC
- Hampshire County Council
- Healthwatch Hampshire
- Mental Health Alliance Group
- Multicultural Forum
- North Hampshire Clinical Commissioning Group
- Older Persons Partnership
- Patient Participation Group
- Public Health Alliance Group
- Sebastian’s Action Trust (Children with Complex Needs)
- Southern Health NHS Foundation Trust
- Sport and Physical Activity Alliance
- St Michael’s Hospice
- Voluntary Sector Forum
- Vulnerabilities Operational Group
- West Hampshire Clinical Commissioning Group

Other community organisations and networks are engaged as appropriate.

Leadership Team
Basingstoke and Deane Health and Wellbeing Partnership
(2016 - 2017 - to be updated annually)

- Marion Short - Basingstoke and Deane Borough Council
- Stephen Morgan - Basingstoke Voluntary Action
- Simon Bryant - Hampshire County Council
How do I find out more?

www.basp.basingstoke.gov.uk/
health-and-wellbeing-partnership
customer.service@basingstoke.gov.uk
01256 844844

If you need this information in a different format, for example large print, CD or braille, please contact the council.

©Basingstoke and Deane Borough Council September 2016