

AT A VIRTUAL MEETING of the Health and Wellbeing Board of HAMPSHIRE
COUNTY COUNCIL, on Thursday, 1st October, 2020

Chairman:

* Councillor Liz Fairhurst

* Councillor Judith Grajewski

Councillor Zilliah Brooks

* Councillor Patricia Stallard

Councillor Roy Perry

Councillor Ray Bolton

*Present

Co-opted members

Dr Barbara Rushton, Graham Allen, Simon Bryant, Steve Crocker, Dr Peter Bibawy, Dr David Chilvers, Cllr Philip Raffaelli, Tricia Hughes, Christine Holloway, Julie Amies, Alex Whitfield, Rob Cole, Dr Rory Honney, Dr Matt Nisbet, Nick Tustian and Anja Kimberley

Councillors Keith Mans and Roger Huxstep were present with the agreement of the Chairman.

124. APOLOGIES FOR ABSENCE

Apologies were noted from the following Members:

Mark Cubbon, Co-opted Deputy for Provider Representative: Acute Health Trusts

Michael Lane, Police and Crime Commissioner for Hampshire

Ron Shields, Provider Representative: Community and Mental Health

Sue Harriman, Co-opted Deputy for Provider Representative: Community and Mental Health

David Radbourne, NHS England (Wessex)

Amanda Lyons, Co-opted Deputy for Wessex Local Area Team of NHS England

Dr Sarah Schofield, West Hampshire Clinical Commissioning Group

Dr Nicola Decker, North Hampshire Clinical Commissioning Group

Cllr Anne Crampton, District/Borough Council Member Representative

125. DECLARATIONS OF INTEREST

All Members who believe they have a Disclosable Pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to Part 3 Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore all Members with a Personal Interest in a matter being considered at the meeting should consider, having regard to Part 5, Paragraph 4 of the Code, whether such interest should be declared, and having regard to Part 5, Paragraph 5 of the Code, consider whether it is appropriate to leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with the Code.

There were no declarations of interest.

126. **MINUTES OF PREVIOUS MEETING**

The minutes of the 2 July meeting were reviewed agreed.

127. **DEPUTATIONS**

There were no deputations received.

128. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made the following announcements:

- The Chairman made Members aware of the Public Health, Adult Social Care, and Hampshire and Isle of Wight COVID19 Updates that have recently been shared at the HASC. The Board is continuing to follow along closely and the Weekly COVID19 Hampshire Update is a useful source for the most up to date information.
- The Healthy Homes Survey has now been circulated as part of the Healthier Communities theme supported by the Board and the Chairman requested that Members share extensively with colleagues and organizations.
- A report from the Autism Partnership Board analysing the data on the incidents of people with autism across HIOW has also been circulated and will likely be of interest to Members.

129. **STRATEGIC LEADERSHIP: HEALTH INEQUALITIES AND RISKS**

The Board received a report from the Director of Public Health at Hampshire County Council and the Strategic Leadership Sponsor for the Board. Members received an overview on health inequalities and risks, outcomes, approach in relation to the impact of Covid-19.

The Integrated Care System plans going forward will consider inequalities and differences in health across population to best determine where to focus efforts. Similarly, the Health and Wellbeing Board strategy aims to address inequalities and gaps based on age, gender, ethnicity, access to healthcare, disparities, etc. alongside the impact of Covid to work with communities to provide support and address poor outcomes.

In response to questions, Members heard:

Sophisticated risk assessment profiles considering age, ethnicity, gender, and underlying health issues are used to protect NHS colleagues and determine where and how they work.

Healthwatch colleagues understand the consideration of excess deaths and the importance of collaboration and support for the council in addressing any issues. Current number of excess deaths are low and will need to be reviewed over a

longer period. Resources will be circulated to Board Members following the meeting.

The effect of the move to digital health care access and exploring how to further this work will be critical. Unpaid carers have been struggling with increasing issues about lack of support and will need further help. A further and recent report about informal carers will be circulated to Members following the meeting - 92 million hours of unpaid care were provided to people with needs across England, on top of routine unpaid hours, a truly astounding amount of time and dedication.

Health care has changed more in the last 6 months than over the last 20 years and this work has been of much value. Good Wifi connection to access digital services will be key, ideally fibre optic to the front door especially in rural Hampshire.

Excess deaths not attributed to Covid in care home settings will be critically important to understand but will need to be reviewed over time. Work has been commissioned with partners to better understand the situation and will be shared with colleagues.

While there were challenges with face to face engagement, the digital revolution has been inclusive and reached a broader population. There is an increased awareness for identifying digitally excluded people and particular areas or pockets where deprivation is a factor, and an onus on organizations to reach out to these communities to address concerns in a joint up way.

Connecting with groups harder to connect with due to excess Covid risks will be key to work through any resurgence. Care services are open with a triage system in place and easier in many ways, but challenges remain with safe in-person visits. Staff in primary care have also been reassessed and enabled due to the ability to work remotely with video consultations and access to patient records. Work is being done to ensure that people are no longer afraid of trying to come forward and this must continue.

While there have been inequalities in primary care access and challenges around digital consults, late diagnoses, etc. for some, there have been different thresholds of accessing services. The next step is to address the concerns of those exacerbated by lack of access.

Not leaving communities behind, building health resilience, disease prevention, and preventing ill health are ongoing priorities. The Joint Strategic Needs Assessment will also be refreshed in light of Covid for awareness of changes in need and up-to-date, longer term data.

RESOLVED:

That the Health and Wellbeing Board--

- Noted the inequalities and health and wellbeing impact of COVID-19 to the residents of Hampshire.

130. **STARTING WELL: THEME UPDATE**

The Director of Children's Services at Hampshire County Council provided an update on the priorities and progress of the Starting Well strand of the Health and Wellbeing Strategy and the impact of the Covid-19 pandemic on progress in this area. Members heard:

While services are holding up well through the response to Covid, new trauma and a range of other factors have been leading to family breakdown.

In reviewing the Starting Well priorities with Covid-related challenges, universal services were not always in place and thus there were fewer collective eyes on children. Families did not always have the support or help they would have usually had and rather than receiving early assistance, children are now becoming visible having suffered serious harm.

With schools and nurseries currently open, the number of referrals will now continue to rise. The cohort entering the system from April to August was distressing to witness but social workers worked diligently to help them. Universal services will now be able to identify families needing help early on.

Emotional wellbeing issues at school did not quite play out as anticipated. Many children have enjoyed the last 6 months and there was less repair of trauma, but more anxiety about returning to school full time – a slightly different and new worry.

An action plan based the impact of Covid will determine priority areas and picking up on key issues with a joint delivery partnership, including self-harm tool kits, school surveys, websites with resources and training, etc.

In tackling wider issues, reducing wait times for treatment, acute setting colleagues for paediatric psychiatric liaison services, prevention and early help models and mental health support teams in schools have been prioritized in keeping with the NHS long term plan. Work continues to bring in young people and family voices to bolster bids for increase in mental health support and provide link programmes between the voluntary sector, mental health, and schools. Partnership with young people for digital offers and how to best connect them to services, digital options, and Child and Adolescent Mental Health Services (CAMHS) solutions in addition to face to face meetings.

Physical education in schools, maternity smoking cessation, encouraging breastfeeding, strong referral pathways and tools to support people remain priorities alongside existing Covid challenges.

In terms of codesign and collaboration, working well together requires doing so consistently and timely with a focus on the action plan for an effective joint commissioning board with strategic commissioning priorities, positive feedback, formalizing work to be completed and refining by partners.

Work in mental health pathways slowed down during lockdown due to Covid priorities but are now approaching being business as usual and with

improvements in those pathways. The Isle of White is represented in these arrangements as well. The decision-making body and forum around continuing care is embedded with all partners for effective care commissioning, packages, and managing care support markets collectively together.

Next steps are now being considered in developing a different approach of how these packages are funded. The number of children coming into the system are rising but being tracked and addressed with colleagues. There was more virtual working over lockdown, but there has been a return to face-to-face working in meeting the rise in demand. Family recovery workers for substance issues and domestic abuse have been working through increasing demand and monitoring continues to provide support, training, and risk assessments for staff.

Priorities have been agreed with Adults' health and care for enabled care offers and how children's services can avail them to provide families with technology enabled packages and building their confidence in using them, especially for shielded and vulnerable children, ensuring social care teams really understand what is on offer and the benefits that can be accessed.

In response to questions, Members heard:

There have been challenges but also positive outcomes and good work at the district and council level and efforts made to do better with more involvement, a coherent approach and joint up working.

A district level health and wellbeing co-ordinator has been recruited with part-funding from Hampshire County Council and will be coordinating at the district level, which is an opportunity to use resources already available to reflect in a broader spectrum. There is a Public Health district link also working closely to consider complexities and ensure that priorities are embedded in the districts.

The bid to secure additional cross county mental health services was not successful and the Ninja self-help application received mixed reception with limited advertisement and uptake. It had been targeted for under 18 but was less appealing to older young adults. It is a piece of work that remains to be done.

Endorsing the range of work and providing support for CAHMS in light of the shocking figures for self-harm hospital inpatients, comparing them to national numbers, and potential interventions. The Children's Commissioner published report in February highlighting disparate levels of funding which affected Hampshire significantly. This report will be circulated to Members following the meeting. Acute Trusts colleagues confirmed they would support more funds being allocated to CAMHS, as the best place for treatment is home.

With regards to codesign with service users or other providers, clarity for improving the baseline and engagement would be helpful. The action plan will identify the best places to work together and how to bring together shared priorities. There is a 12-month action plan until next March and going forwards, more explicit details will be shared.

The Fire service offers schemes around self-esteem for children and due to Covid, had lost many of the referrals from school nurses and other colleagues with a decline in numbers participating. While there have been fewer eyes on children, this component is beginning to be built back in.

Involving partners, patients, and districts will be critical and voluntary sector colleagues requested being included in planning at the earliest possible stages.

Members congratulated the department and partners on their efforts.

RESOLVED:

That the Health and Wellbeing Board--

- Noted the report.

131. **STARTING, LIVING AND AGEING WELL: HAMPSHIRE PHYSICAL ACTIVITY STRATEGY UPDATE**

Members received an update from Energise Me representatives on the impact of Covid on physical activity, with a focus on inequalities and modifiable actions in linking the risks to the general population in terms of exercise and obesity.

Members heard:

In terms of the context for existing inequalities, research has focused on local voices and looking at what was happening at the local level in disadvantaged communities, with work continuing through and after the Covid period. As an organization and sector making connections to people, building trust with targeted groups and providing funding to help them build activity into their own lives. The social prescribing application was successful in taking part across the region to match supply and demand, to innovate around people experiencing disadvantage, and provide benefit from physical activity with further recruitment underway with support of regional partners.

Covid exposed fault lines in society and research confirms the same - physical activity levels are lower for disadvantaged people. Getting people moving would help with some of these challenges. The map shared translates numbers pre-Covid, but it is unclear if those numbers will increase going forward and a new data drop is expected in March. Currently mapped are those points where organizations and partners stepped in to create a message, but case studies indicate that it is not always easy.

Highlights from cases studies depict various situations. While lack of outdoor space can be an issue, using free NHS applications was up 92% and downloaded by 850,000 people nationally. People in the work force can be encouraged, if they are able, to help others. In some cases, such as online classes for wheelchair dances, going online made it easier to access due to no travel and channel efforts into the classes at home. Some have even gone international, a positive aspect of Covid. Online offers will remain but in person activities will pick up.

Place based work continues in Hampshire and while things can appear one way on paper, in speaking to the community in some cases it was contradictory – people loved where they lived and were happy to stay and be part of it, but perhaps green spaces existing but didn't allow for playing ball, being active, etc. Finding ways to work around these challenges would help take the work forwards.

Local communities are connecting, and the approach is key to helping people care for themselves and get fitter. Improved mental health is a significant benefit that goes along with physical fitness.

In response to questions, Members heard:

The question of why some people exercise and some do not, remains at the heart of the issue.

A recent consultation has taken place regarding transport and cycling benefit for communities and their health and wellbeing, but concrete results will require a system approach. Ideally physical activity ought to be built into people's days so as not have to make a separate decision.

A focus on active travel, working with partners to bring travel within the scope of the physical activity strategy, and inviting transport officers to a Board discussion would be useful. Work with Environment Transport and Environment colleagues and travel team will continue, and parish councils will be involved to benefit local communities and help local people access the significant benefits of physical activity.

Post-Covid anxiety after extended shielding and in the true spirit of co-production, communication about physical activity without turning people off, being inclusive, using non-sports terminology, and reaching all parts of the population has been the priority for an overall improvement to physical and mental health and wellbeing.

Energize Me cannot be effective on their own. Board members can help with making change in their communities, alongside traditional consultations. There needs to be more conversations with the people hardest to reach with the help of external organization to make connections, which includes low socioeconomic groups, women, people with underlying conditions, among others. Without supporting the structural changes and transport arrangements, inadvertently embedding inequitable uptake of exercise can worsen health outcomes.

The recommendations were approved by a majority with four abstentions.

RESOLVED:

That the Health and Wellbeing Board--

- Share relevant insight across partners to inform future actions and investments
- Use the insight to inform recovery/restoration plans.

- Encourage the schools that are selected, to take part in the Children and Young People Active Lives Survey to gather better data to inform future actions and investments.
- Use physical activity as a resource to improve people’s physical and mental wellbeing.
- Embed physical activity in all care pathways
- Support and engage in the development of the next physical activity strategy

132. **FORWARD PLAN FOR FUTURE MEETINGS**

Members considered anticipated future business items and progress on actions for the Health and Wellbeing Board.

There was a request to include strategic transport colleagues at the next meeting to discuss arrangements, implications on physical wellbeing and influencing future plans.

Considering physical activity as a bigger issue and a general discussion was suggested.

The Health and Wellbeing Strategy ranges across age groups and can span the strategy. How different organizations take responsibility for delivering on the strategy, how to share the work being done and at scale from parishes upwards is critical. Board Members must go back to their organizations, action the work, and provide updates.

The Board received a request for the Modernizing Our Hospitals Programme on the next agenda.

The next Health and Wellbeing Board meeting will take place on 10 December 2020.

The meeting ended at 12:36pm.

Chairman,