

AT A MEETING of the Health and Wellbeing Board of HAMPSHIRE COUNTY COUNCIL held at the castle, Winchester on Thursday, 12th December, 2019

Chairman:

The Vice-Chair, Dr Rushton, assumed the role of Chairman for this meeting.

*Present

Co-opted members

Dr Barbara Rushton, Graham Allen, Simon Bryant, Dr Sarah Schofield, Cllr Anne Crampton, Cllr Philip Raffaelli, Tricia Hughes, Christine Holloway, Dr Nick Broughton, Alex Whitfield, Suzanne Smith, Dr Matt Nisbet, Julie Amies and Rob Cole

101. APOLOGIES FOR ABSENCE

Apologies were noted from the following Members:

Cllr Liz Fairhurst, Chairman, Executive Member for Adult Social Care and Health
Nick Tustian, Co-opted Deputy for District/Borough Council Chief Executives Representative

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

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

Dr Rory Honney, Co-opted Deputy for West Hampshire Clinical Commissioning Group

Michael Lane, Police and Crime Commissioner for Hampshire

Dr Andrew Whitfield, Co-opted Deputy for North East Hampshire and Farnham Clinical Commissioning Group

David Radbourne, NHS England (Wessex)

Cllr Zilliah Brooks, Deputy to Executive Member for Adult Social Care and Health

Anja Kimberley, Substitute to the Police and Crime Commissioner for Hampshire

Maggie Maclsaac, Co-opted Deputy for South Eastern Hampshire Clinical Commissioning Group

Cllr Judith Grajewski, Executive Member for Public Health

Cllr Ray Bolton, Deputy to Executive Member for Public Health

Dr David Chilvers, Fareham & Gosport Clinical Commissioning Group

Dr Paul Howden, Co-opted Deputy for Fareham & Gosport Clinical Commissioning Group

Cllr Patricia Stallard, Executive Lead Member for Children's Services and Young People

Dr Nicola Decker, North Hampshire Clinical Commissioning Group

Dr Peter Bibawy, North East Hampshire Clinical Commissioning Group

Cllr Roger Huxstep, Chairman, Health and Adult Social Care Select Committee

102. 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.

103. **MINUTES OF PREVIOUS MEETING**

The minutes of the last meeting on 27 June 2019 were reviewed and agreed, subject to adding Dr Nick Broughton's title.

In response to Members discussing co-production on page 10 of the minutes, a query was heard from a Member regarding papers received by the board on March 2018 and following January 2019 meeting, when it had been agreed to organise a co-production workshop. It was noted that whereas a workshop had been discussed, the main priority was that engagement and coproduction with service users and carers should be embedded in all of the workstreams of the strategy. There is already significant evidence that co-production is taking place in workstreams across the system by HWB partner organisations. The Director of Adults' Health and Care was happy to discuss this further outside the meeting.

104. **DEPUTATIONS**

No deputations were received at this meeting.

105. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made the following announcements:

New Director of Public Health

The Chairman congratulated Simon Bryant on his formal appointment as Director of Public Health for Hampshire County Council, following a rigorous recruitment process. Simon will also serve as the Director of Public Health for the Isle of Wight, under Hampshire's new long-term partnership arrangement with the Isle of Wight.

County Council Libraries Public Consultation

The Chairman announced that Hampshire County Council will begin a public consultation on the library service, which will run from Thursday 9 January to Thursday 18 March 2020.

The County Council manages a network of 48 Council-run and 4 Community-run libraries. The service also includes a Learning in Libraries offer, a School Library Service and a Home Library Service. As well as the traditional book-borrowing functions, libraries host a range of events and activities, increasingly acting as hubs for the community.

In November 2019, Hampshire County Council approved proposals that would enable the library service to save £1.76 million by 2021. The proposals called for a mixture of efficiency changes, income generation projects, and operational savings. The Council will be asking for people's views on these proposed changes and the feedback received will inform decisions to be made by the Executive Member for Recreation and Heritage in summer 2020.

No decisions will be made on any of the proposals in the consultation, until people have had the opportunity to give their views. A link to the consultation will be shared with customers and partners (including members of the Health and Wellbeing Board). Printed copies will also be available from any Hampshire County Council library from midday on Thursday 9 January.

Notification of an Event of Interest

The Chairman drew the attention of Board members to the Annual Health and Wellbeing Board Political and Clinical Leadership Summit: Leading Healthier Places which will be taking place on 18 March 2020 at the Local Government Association, 18 Smith Square in London (09:30-15:30). This will be the sixth LGA/NHS Clinical Commissioners summit for Health and Wellbeing Board chairs, lead members in care and health, and CCG chairs. Further details on the programme will be circulated to Board Members.

106. STRATEGIC LEADERSHIP: COMMISSION OF INQUIRY – VISION FOR HAMPSHIRE 2050

Representatives from the Hampshire 2050 Commission provided a summary of the Hampshire 2050 Commission of Inquiry (the Commission). Members heard:

The Commission was established by the former Leader of the County Council, Cllr Roy Perry in 2018 and ran throughout 2019. The purpose of the Commission was to consider submitted evidence, to deliberate upon key issues and to make recommendations on a Vision for Hampshire 2050 which will guide and contribute to the future prosperity, quality of life, and protection and enhancement of the character and environment of Hampshire

Fifteen Commissioners from a variety of backgrounds, but all with strong links to Hampshire, were appointed by Cllr Perry to consider a range of evidence provided across a number of strategic themes; Demographic and societal challenges, Economy, Work, Skills & Lifestyle, Environment and Quality of Place, Mobility and Rural Hampshire.

Each strategic theme hearing was open to the public and was led by a respective service manager who sought supporting evidence, predominantly from experts and Partners (through, for example Member groups). Public opinion was also collected through both online 'vox pop' interviews and via an online survey. In addition to the strategic theme hearings, it also became apparent throughout the process that an additional 'cross-cutting' theme hearing was required to consider areas of deprivation, which exists in pockets across Hampshire and so cannot be ignored, digital, as future digital skills will become embedded within social infrastructure and how youth and community engagement can feature in the process.

After the strategic theme hearings, Commissioners then undertook two closed deliberation sessions to shape their conclusions and recommendations. The key output took the form of the Commissioners Summary report which included key values including Hampshire the Place, People and Communities, Diversity and Sustainability (to ensure that recommendations could be delivered in the long term), Leadership and Collaboration and Measures of Success and five key drivers for change; the changing climate (which was also identified as the most important priority), changing economy, changing population and society, changing technology and the changing environment (in its own right, in addition to the changing climate).

The Commissioners' Summary Report was provided to Members in the meeting and an electronic copy shared after the meeting. The report was adopted together with a number of initial recommendations and actions (shared within the presentation) at an Extraordinary Full Council Meeting on 23 September 2019. The Climate Change Strategy and Action Plan was then introduced emerging from both the Commission and the County Council's declaration of a Climate Emergency in July 2019.

This high-profile work programme, currently in its early phase, will seek to embed Climate Change mitigation and resilience across the County Council's strategies and policies across the next 2-5 years, develop partnerships, community and expert groups and provide leadership with exemplar projects and behavioral driven communications. Cabinet are due to consider the proposed Hampshire wide target for mitigation of net zero carbon emissions by 2050, and a resilience target of 2 degrees Celsius on 6 January 2020.

Synergies and overlapping themes with the Health and Wellbeing Board were highlighted in the report. Full details of all of the Commission hearings including all hearing reports, the Commissioners Summary Report, evidence, public interview videos and survey responses can be found in the link below:

<https://www.hants.gov.uk/visionforhampshire2050>

In response to questions, Members heard:

It was encouraging and positive to see climate change being addressed though it means much more than a reduction in proportionality and percentage of emissions. Balancing climate change while attracting business, reducing areas of deprivation, and ensuring social justice will remain a challenge. The 2050 Commission will work with districts, leaders, and cross-party working groups to provide support and guidance with conflicting priorities. Collaboration will continue with Public Health as well as linking with district forums to check for alignment in 6 months' time.

For Hampshire residents, while public perception may not appear to be that of an emergency, the response is never quite ambitious enough with limited scope as a local authority. Positive leadership will need to be communicated to help the public understand the shift, but national policy review and changes are also imperative.

There is a great deal to be welcomed from the Commission of Inquiry and it is encouraging that success, for example, could be measured for wellbeing, rather than simply GDP. While this important piece of work is being led by the County Council, the relationship with unitary authorities, care with inclusive language to encourage collaboration and partnerships will be key to success.

RESOLVED:

That the Health and Wellbeing Board:

- Noted the Member endorsed values, principles and drivers for change detailed within the Commissioners' Summary Report (set out in the Section titled Commissioners' Summary Report)
- Noted the Member endorsed recommendations for further work (set out in the Section titled Extraordinary Full Council Meeting)
- Noted the arrangements being made for the onward delivery and implementation of the Commission (set out in the Section titled Climate Change Strategy and Action Plan); and
- Agreed to support and explore further work wherever practicable with the Commission and Climate Change work programmes through, but not limited to, the examples provided in the Section titled Synergies with the Hampshire Health and Wellbeing Strategy.

107. **STARTING WELL: JOINT HAMPSHIRE AND ISLE OF WIGHT CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND EMOTIONAL WELLBEING LOCAL TRANSFORMATION PLAN**

Representatives from the Hampshire and Isle of Wight CCG Partnership presented the Annual Refresh of the Hampshire Local Transformation Plan for Board approval. The publication is the strongest plan to date which responds to emotional and mental health and wellbeing of children. Members heard:

In 2015, Clinical Commissioning Groups (CCGs) were allocated funds to work with targets over a 5-year programme to increase access to Mental Health (MH) services by 35% with increased access and improved services as part of the local transformation plan.

The first joint Hampshire and Isle of Wight (HIOW) plan in 2019 has gone the extra mile in engaging stakeholders and children and young people.

This is an iterative plan with improved governance processes, aligning HIOW priorities. Children and young people's mental and emotional health is everyone's business. Meeting demand, early intervention, and starting at the beginning to address issues before trauma and crisis is critical. The goal is to expand community services and reaching children and young people (CYP) early to prevent later serious mental health intervention. Easy read documents will be available for CYP and parents looking for accessible support to navigate the system.

In response to questions, Members heard:

Acute hospitals are seeing increasing number of young people needing intervention and in acute distress without appropriate treatment.

Percentage increases are not always helpful if the starting point isn't where it ought to be. It is critical to consider the baseline for communities, but 35% is the projected population prediction and it remains a consistent challenge. More significant challenges lie in improving crisis care and investing in timely access, treatment, and prevention.

Prevention begins antenatally in supporting mothers and continuing providing services needed in schools. Fragmented services are difficult for families to navigate and challenging to deliver, especially with a shortage of CYP psychiatrists. While complicated, these remain high priorities, especially as this journey can often be very confusing to a parent. Finding out important information too late as mental health gets progressively worse is difficult. Easy read documents will be one of the most valuable improvements.

Consistency of service and funding has not followed for counselling services, such as the 6-session limit without the autonomy to add more as needed. While there is a lot of data to consider, the sheer length of time involved to locate and access services is critical to address. System navigation for parents will be mapped out with engagement and coproduction with champions to assist in the navigation of complex pathways that need to be understood. Funds will continue to be reinvested in prevention and the right, needed services, such as safe haven in Havant.

Members noted that this is an absolute priority and welcome action as national numbers reflect ever-increasing mental health problems.

RESOLVED:

That the Health and Wellbeing Board:

- Approved the 2019 refresh of the Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan

108. **STARTING WELL: HAMPSHIRE SAFEGUARDING CHILDREN BOARD ANNUAL REPORT**

The Board received an annual report from the Independent Chair of the Hampshire Safeguarding Children's Board highlighting relevant points of interest and information.

New arrangements from September had resulted in a Hampshire Safeguarding Children's Partnership becoming the new statutory vehicle (replacing the Hampshire Safeguarding Children's Board). The Board were asked to agree a revised shared protocol between the Safeguarding Children's Partnership, the Hampshire Safeguarding Adults Board and the Health and Wellbeing Board. Members noted the breadth of work that had been completed over the last year and commended the efforts.

RESOLVED:

That the Health and Wellbeing Board:

- Noted that the child protection partnership is working effectively across Hampshire but there are pressure points in relation to the increased activity in the system and improvement programmes within agencies where relevant.
- Noted that the Hampshire Safeguarding Children Partnership is the new statutory vehicle (under Working Together to Safeguard Children 2018) to coordinate the work of the multi-agency child protection partnership, commission learning reviews, and hold agencies to account for their work individually and together.
- Agreed the updated Protocol between the HSCP, Health and Wellbeing Board, and the Hampshire Safeguarding Adults Board.

The Chairman called for a 10-minute break at this time.

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

The Board received a presentation from the physical activity sector regarding the Hampshire Physical Activity Strategy that cross cuts many themes in the Board's own Health and Wellbeing Strategy. Members heard:

The framework around physical activity has strengthened over the course of time (following the 2015 Sports and Physical Activity Strategy) and there has been a trend in the focus on inactivity. Sport should not be a barrier to people being active and this is an opportunity for change and a prevention agenda. Overcoming inequalities and persuading people and communities is key. Physical inactivity has been shown to have nearly the same effects as smoking and even conservative estimates for cost are high, without the consideration of mental health issues.

Focus on place-based action to support children and young people, inactive women, people with or at risk of disabilities with a whole system approach is needed to bring about the necessary change. Understanding what makes individuals less likely to take action and what affects people's propensity to be engaged in physical activity is critical. The simple ambition is to make physical activity the easy choice.

Work has started in Andover including commissioned research with policy colleagues, general practitioners, etc. and the report is due shortly with any changes that need to be made. Progress will be insight led to drive investment, engaging and taking on feedback but with clear principles for delivery with collaboration amongst a partnership of equals. The physical activity voluntary sector are signposting people to these services and happy to work with new partners, including investing in the workforce and offering free professional training. Reaching high risk individuals and groups such as LGBTQ+ communities who are less likely to be active is key to provide engagement where necessary.

Doing things differently and providing shared opportunities can make a real impact and difference. Meeting with local providers to share learning and setting up the Get Active website to make opportunities available for everyone. Relatable images and curated activities will help join up providers and seekers.

Planning to deliver sustainably will include new interventions and early stages of rollout and evaluation.

The Health and Wellbeing Board can support by championing, co-commissioning, promoting, have conversations about, focusing on inequalities, modeling active behaviours, and providing system leadership for further development. Forty-two organizations across England with shared learning and actions, will create a culture and language of partnerships.

Members noted that in relation to how vital physical activity is to children and young people's mental health issues and the consequences of people's lifestyle, more funding should be invested (much like smoking cessation services) to support the work being done in the voluntary sector for early intervention and to help bring about the population that we would like to see in 2050. It can be frustrating to be able to prescribe a medication, but not necessarily physical activity as it may come at a cost.

In response to questions, Members heard:

It doesn't always take much investment to get started and prevention is key. Engaging individuals and groups in activities that resonate with them builds healthy habits and self-esteem.

With respect to data collection, gardening was excluded as it was sports survey, but is viewed as being active.

Unfortunately, evidence does not suggest that wearable technology alone can create the change that is needed. Achievable manageable activity embedded in daily life and finding opportunities is critical. Organizational wellbeing nudges for staff is a good place to start, for example, psychology suggests that if sports footwear is worn, it is likely to make one move more.

The focus ought to be on those that aren't doing anything as opposed to people who could do more. Prevention is finding those that aren't and prevent them from becoming a statistic. Inactivity can affect everyone and finding the pathways to identify those opportunities is key to intervention.

Bringing these issues to the forefront will allow physicians the opportunity to make every contact count and for patients to self-manage. Modeling behaviour both in day to day life and the workplace can create change. System leadership and redesign is key and while a ban has worked on smoking, it is now a crunch point for inactivity. Physical activity needs to be built into lives and the effect of factors such as transport must be assessed.

The UK is about the most inactive country in the developed world and learning from societal experiences in other nations will guide work in this area. NHS Trust partners are eager to be involved and would appreciate the opportunity. The presentation is available online and will also be shared with all Members.

Members noted that this was an area the Board was passionate about and there is much work to be done in this area.

RESOLVED:

The Health and Wellbeing Board noted the presentation.

110. HEALTH AND WELLBEING BOARD BUSINESS PLAN UPDATE

The Health and Wellbeing Board Manager highlighted the business plan and individual sponsors to help with particular themes. Members heard:

Future meetings will have a deeper dive into one or more themes, and metrics and activities will be examined in more detail. An example dashboard with metrics was shared and sponsors will be asked to narrow down the key metrics to focus on for a full dashboard, beginning with the “starting well” theme. In moving forward with the business plan and new learning, it was noted that more named people will need to be added as leads to the plan. Both qualitative and quantitative outcomes will be reported on. It was also noted that in January a housing workshop with districts and boroughs will be taking place.

Members noted:

A suggested amendment to item 6A to note “the Board and its member organizations”.

Developing theme sponsors is a good starting point but in due course measuring outcomes, visible funding and reducing inequalities is key.

With regard to poverty levels, considering the relative deprivation index and looking at accurate proportionality will allow insightful targets to be set and reduce deprivation across Hampshire.

While it can be difficult to measure outcomes, metrics and indicators for outputs, inputs, and narratives will be used in combination to assess progress and will be built into the Joint Strategic Needs Assessment.

It will be important to work together on how to best deliver these targets, inviting the right people to add value to these conversations, getting into the details, and participating in the solution with a partnership approach.

RESOLVED:

That the Health and Wellbeing Board:

- Noted the overarching business plan for the new Joint Health and Wellbeing Strategy, and that this plan will be regularly updated to keep it current and relevant
- Requested that the six theme sponsors identify appropriate leads to assist with progress reporting on each action
- Requested that the sponsors agree the performance measures for a Health and Wellbeing Board dashboard
- Agreed that at each Board meeting, one or two theme sponsors will report on progress of their theme, so that all themes are covered on an annual basis

Alex Whitfield and Dr Nick Broughton left at this time.

111. STRATEGIC LEADERSHIP: HAMPSHIRE SYSTEM PLANNING FOR WINTER

Representatives from the three acute systems presented a report on winter planning in Hampshire and the Isle of Wight. Members heard:

Work has been undertaken all year for health and social care systems due to an increase in pressures in both attendances and complexity on an annual basis. Implementing sustainable changes and not staying passive or static by looking and learning lessons from painful experiences is critical to collaboration and success.

The Sustainability and Transformation Partnership challenge lies in becoming co-supportive in terms of fundamental aspects, capacity issues, and adequate resources. The goal is to stop people from deconditioning and deteriorating prior to acute crisis, as bringing vulnerable elderly people to hospitals is more detrimental. Prevention or short visits are the priority. Additional resources must be used to change the balance of how challenges are addressed.

In the health economy, the emergency department serves as a barometer for the hospital and lack of primary care, pharmacy advice, etc. all contribute to attendance. Hospital flow is a necessity for safety and requires a multi-factorial approach and obsessive drive affecting the length of stay, timeliness of advice and discharge. For the frail vulnerable elderly, long stays are harmful - keeping everyone safer in their own residences continues to be the goal.

Acute mental health issues have continued to grow for acute systems and require further and continued focus and investment. Evaluating and addressing key risks through collaboration, such as potential issues with work force resilience, flu impact projections, escalation issues, policy and protocols, plans, etc. for a coordinated approach to address ambulance handover delays and severe weather functionality.

Understanding that access is a huge public expectation and ten-fold in primary care for same day appointments but unfortunately, resilience isn't as good as it has been. The "Choose Well" campaign and signposting to lower denominations of care is vital to balancing the public's expectations versus needs as is working across boundaries. The issues often start out in primary care and then are felt in acute hospitals.

All local systems have plans in place but need to be realistic in managing the high-risk workforce by addressing vacancies in critical roles, additional staff on call, increasing the uptake of flu immunizations, etc. While often constrained by national workforce challenges in recruitment, recent efforts to fill positions and being creative and flexible have been successful though specific skill sets remain hard to find, fill, and retain.

Flow through hospitals and social care capacity are issues, alongside the issue of patients medically fit for discharge, but delays can occur due to a combination

of factors – transportation, prescriptions, step-down care, etc. Proactive attention, focus, and actions are being taken on to reduce this as the pressures are now felt all year round with the additional impact of severe weather and flu.

Plans are in place currently, but the concern is not Christmas and New Year social care provision, but the wave of demand from mid-January and the capacity to support people out. Performance-wise this was the major issue last year and even flow is manageable, but a surge is a huge challenge. Planning better and collective investment in getting people back into independent living is the ideal outcome.

Communication has been coordinated across HIOW including a vast array of poster campaigns, local media, social media, radio, etc. to keep in touch and get the message out. New technologies such as MiDoS helps professionals to help identify the most appropriate service and further development is being made to have more access at their fingertips which will be coming online and January 2020. Public access could also be helpful and 111 is already available to everyone.

Efficiencies in the local resilience system (LRS) can be achieved through collaborating with the Hampshire Fire and Rescue Service (HFRS) to address weather challenges and ambulance delays. Awareness of the downstream effort and community safety officers can help with capacity flow out of hospitals addressing risk being created elsewhere in the wider system. Resources are available and it is best for colleagues to follow established protocols for ease of coordination for systematic access.

Queen Alexandra Hospital in Portsmouth have had significant issues with ambulance delays in the past, but over recent months have made immense improvements. The risk does not lie in the acute systems alone but must be managed elsewhere in the wider system.

Patricia Hughes left at this time.

Increasing capacity in primary and non-acute care with pooled resources and additional monies will create further capacity for support to deliver better results. The majority of funding is not for acute systems. Funding must address also the severe mental health crisis and defining the PCP to Acute pathway.

Investment in primary care does not distract from multidisciplinary staff and assessments as there are a finite number of GPs and primary care staff. To address pressures, the critical period must accommodate additional appointments. It can be complicated and difficult for patients to know how to access the right service for their needs.

Collaboration between Primary Care Networks (PCNs) and acute colleagues across the divide would allow for better working. Communication with public will help direct them appropriately and not just to the front door of the hospital. The bigger picture for urgent and/or emergency care is a race to get everything in place, but the yearlong strategy is key.

RESOLVED:

That the Health and Wellbeing Board:

- Noted the overview of the urgent and emergency care programme for Winter 2019/20 and the summary of each Integrated Care Partnership plan, which sets out key initiatives to manage increase demand over the Winter period

Meeting closed at 12:41pm.

Chairman,