

AT A MEETING of the Health and Wellbeing Board of HAMPSHIRE COUNTY
COUNCIL held remotely on Thursday, 10th December, 2020

Chairman:

* Councillor Liz Fairhurst

* Councillor Judith Grajewski
* Councillor Patricia Stallard
Councillor Ray Bolton

Councillor Zilliah Brooks
Councillor Roy Perry

*Present

Co-opted members

Dr Barbara Rushton, Graham Allen, Simon Bryant, Steve Crocker, Dr Peter Bibawy, Dr David Chilvers, Cllr Anne Crampton, Cllr Philip Raffaelli, Tricia Hughes, Christine Holloway, Julie Amies, Ron Shields, Alex Whitfield, David Radbourne, Dr Rory Honney and Dr Matt Nisbet

Councillor Roger Huxstep was present with the agreement of the Chairman.

133. APOLOGIES FOR ABSENCE

Apologies were noted from the following Members:

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

Dr Sarah Schofield, West Hampshire Clinical Commissioning Group

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

Michael Lane, Police and Crime Commissioner for Hampshire Ron Shields, Provider Representative: Community and Mental Health

Dr Nicola Decker, North Hampshire Clinical Commissioning Group

134. 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 received.

135. MINUTES OF PREVIOUS MEETING

The minutes of the 1 October meeting were reviewed agreed. Members wished to note the urgency of collaborating with transport colleagues on active travel and feeding into the Local Transport Plan. It was confirmed that this will be taken forward to the next meeting and is on the 18 March 2021 agenda for fuller discussion. It was noted that Members are continuing to work on this individually and responding to consultations.

136. DEPUTATIONS

There were no deputations received.

137. CHAIRMAN'S ANNOUNCEMENTS

The Chairman made the following announcements:

The COVID Clinical Vulnerabilities Index has been updated with November 2020 data and has now been published on the COVID JSNA pages. The link will be circulated to Members following the meeting and also noted below--

<https://documents.hants.gov.uk/public-health/jsna-covid19/Vulnerabilities-report.pdf>

138. MENTAL HEALTH AND WELLBEING RECOVERY UPDATE

The Board received an update from the Director of Public Health on the work currently taking place to support the mental health and wellbeing of Hampshire residents, including work linked to COVID-19 Recovery. Members heard:

There has been impact on mental health and wellbeing with long-term, disproportionate impact and increasing inequalities in some population groups. Review of the psychological impact on mothers, Black and Asian minority groups, are continuing alongside providing support.

This was an existing County Council priority and a commitment to work on Mental health prevention work these areas through the concordat with new challenges and priorities as a result of Covid. Work has continued with partners and a coordinated mental health plan delivered in collaboration through organizations and areas.

Communications and messaging have followed a system wide approach which is a critical element of supporting recovery with key messages, support, and guidance and high engagement on social media. Existing inequalities in children and young people have been exacerbated and work continues through existing partnerships and workstreams. Promoting messaging and signposting to adults who have faced financial challenges, unemployment and those at risk of poor mental health. There is provision of seed funding for community organizing and champions. Older adults have faced disproportionate loneliness, depression, and physical deconditioning and collaboration continues with colleagues to

continue initiatives and ensuring access to support. Volunteers have been skilling up and continue to signpost to services.

Conversations have been linked up in preparation for the Mental Health Partnership Board meeting in early 2021. Alongside gathering local intelligence, feedback from school surveys, and local priorities for a system wide effort for prevention of mental health problems and suicide, as well as early intervention at the STP level for those most at risk and needing to access services. Joint efforts will continue across systems to support strategic partners and provide leadership across public and voluntary sectors considering service user voice and lived experiences. Bereavement services will be coordinated with further funding to expand across the geographical footprint.

Work continues as part of the Mental Health Concordat that was signed last year.

In response to questions, Members heard:

While the strategy is to signpost people to various services and organizations, it would lead to increased referrals and direct engagement. People are encouraged to take personal actions to increase their mental health and any direct linking to services are self-referrals.

A huge amount of work is being undertaken by the voluntary sector, faith communities, district, borough, and parishes, alongside statutory organizations to provide services to vulnerable people in the community. For carers and those with learning disabilities and autism, significant pressure and stress has built up due to national restrictions. The consequences will continue in the medium to long term in terms of mental health concerns engendered by the pandemic. Services will need to continue and increased when they can be provided as the pandemic abates.

The pandemic has hit the deprived community harder and the roots of inequality and poverty on mental health and wellbeing are critical to identify and address. There has been a specific strand on debt and insecurity to understand and consider what is behind mental health issues. There is an initial pilot that will be expanded and ensuring discussion and signposting regarding financial concerns in frontline services. This work will be brought back to the Partnership Board to work in a focused way at a strategic level.

The effects of delays in mental health service provisions and CAMHS wait list are being monitored as well as the impact on housing assessment delays with new funding expected. 3.1m in funding was recently announced for Hampshire and the Isle of Wight, recognizing significant deficiency and access issues, with a commitment to core services, enhancing prevention, and investment in schools. Autism and learning disability services remain areas of concern with additional pressures and priorities, as well as access to crisis services for young people. Those in the most extreme crisis have been the focus in receive weeks and further funding is expected there as well. Keeping children in school is a priority for colleagues and partners, and in Hampshire, primary and secondary attendance continues to be strong.

Pre-existing issues and inequalities highlighted by Covid have moved up the agenda and ideally, the positive impact of increased volunteering remains in the community.

Cabinet has approved economic recovery plans, but it will be important to consider the data on referrals and delays post-Covid and mitigations for managing the long-term impact. Actions and pressure to push positive changes forward continues and the Mental Health Partnership Board is a major step forward.

Following on to previous discussion about housing and physical activity, taking preventative action to collaborate and as communities for mental health and wellbeing improvements. A survey will be circulated soon to gather insight and feedback regarding the working of the Board and the measures used to mark progress. Differences in areas and why those discrepancies exist can be drawn from meaningful data.

Understanding how the data translates into people's actual mental health in order to find the baseline and measure post-Covid outcomes incrementally to establish goals and measure progress is preferable to being reactive. Plans are in place with key performance indicators, rather than the number of people using the service.

In the restoration and recovery phase, it has been difficult for many vulnerable and hard to reach residents, including Black and Minority Ethnicities, and community champions are in place to help open those communication channels to provide help and services to address health inequalities.

The baseline data for commissioned services is being held and reviewed to inform future priorities and progress to be taken to the Mental Health Partnership Board, with an update to the Health and Wellbeing Board in 2021 on the work that is taking place.

RESOLVED:

That the Health and Wellbeing Board--

- Notes the ongoing work to improve the mental health and wellbeing of Hampshire residents alongside partners through the Mental Health and Wellbeing Plan. This delivers on Hampshire County Council's pledge of commitment made through the Mental Health Prevention Concordat.

139. **LIVING WELL THEME FOCUS**

The Board Sponsor for Living Well provided an update on the priorities and progress of the Living Well strand of the Health and Wellbeing Strategy and the schemes implemented rapidly as a result of the pandemic. Members received a review of the priorities and a quick overview of the key actions and collaborations.

For this item, Alex Whitfield noted as a declaration of interest that she is on the Inequalities Board along with Simon Bryant.

In response to questions, Members heard:

Covid has had a positive effect on quitting smoking, which contributes to health inequality. The targeted, collaborative work of CCGs, Public Health, and General Practitioners with registered smokers and over 700 self-referrals in delivering action, to lower the risk of smoking and having Covid or other respiratory illnesses.

An ambitious Healthy Hearts Programme is in place as heart attacks and strokes are the most likely cause of death with the most significant difference in socio-economic status. This pharmacist led program aligns with national programme and provides opportunities to work further upstream in finding the causes, encouraging no smoking, physical activity, and weight loss. Unhealthy weight remains a risk for long-term conditions and obesity remains a complex issue. A pre-Covid pilot was paused but will restart when partners have the capacity to expand into other areas of Hampshire incorporating their lessons learned.

Promoting physical activity for life and training around the work force element was covered at the previous meeting. A new regional colleague has joined to extend the community activity across the area and reach target audiences of those less active or inactive. Information to follow for Members to share and push the information to cover all geographical areas.

Digital self-care includes educational websites, video libraries, and applications, in addition to a services finder on the Hampshire and Isle of Wight website. In order to keep NHS resources and hospitals resilient virtual wards allow for home monitoring, so only the most vulnerable are admitted at the right time. Resources, videos, and webinars are available for social prescribing.

While the programme is fantastic and nationally recognized, the personalized care website needs to be more accessible and the profile for these useful resources need to be raised. Hospitals have been positive and worked very hard with positive engagement from midwifery teams. A social media campaign will follow in January targeting partners as well due to household interactions being important in prevention and support. Social prescribing is an effective approach in helping the front lines.

Targeting manual occupations and deprived areas and measuring the take up of offers from providers is best done by geography and occupations. With no recent census, information was generated from questionnaires and targeting via social media, physical strategies, and GP referrals to get residents into the service.

PCNs are eligible to join the link workers groups to learn more from each other. Shared learning and capturing outcomes with a high-level strategy will be useful in activating community leadership and sharing interventions. Effective structures with PCNs and districts and boroughs are part of population health management and the plan to get local networks and communities of practice and sharing established.

RESOLVED:

That the Health and Wellbeing Board--

- **Reduce the proportion of women smoking at the time of delivery**

Notes the progress in this area and highlight the value of working in partnership on this and other key priorities to reduce health inequalities in Hampshire.

- **Reduce the gap in smoking between people in routine and manual occupations & the general population**

Notes the work achieved by our acute providers in this area and support a renewed effort through Public Health, NHS Commissioning, NHS provision and the voluntary sector to reduce the proportion of women smoking at the time of delivery.

- **Implement whole systems approach to childhood obesity in one area of Hampshire**

Supports and promotes the Healthy Weight agenda within their organisations including working collaboratively through a whole system approach.

- **Implement the Hampshire Physical Activity Strategy with a specific focus on enabling the workforce to be competent to promote physical activity for life**

Ensures their organisations are sighted on and contribute to the Strategy Consultation.

- **Signpost to and encourage the systematic use of effective tools/initiatives (including digital) that will enable people to improve their self-management and provide peer support for long-term conditions**

Notes the various tools open to clinician and the public to support them in their conditions.

There was a 10-minute comfort break taken 11:36am.

140. **MODERNIZING OUR HOSPITALS: IMPACT ON POPULATION HEALTH IN RELATION TO THE STRATEGY**

Representatives from Hampshire Hospitals NHS Trust and Hampshire and Isle of Wight Partnership of CCGs provided an overview of the Hampshire Together: Modernising our Hospitals and Health Services programme in relation to the impact on population health.

Councillor Jackie Porter spoke on this item to raise points about the calendar of the consultation and the impact, alongside adults, especially on children and young people aged 0-19. It would be useful to clarify and explain the choices in

the consultations and separate the site options from the clinical options, which can be confusing to the public. While the physical architecture and child friendly buildings are appreciated, the specifics of how Hampshire Together will support children's physical and mental health and provide support and flexibility for families is critical. For those needed specialized care, children and families should not need to travel long distances. Need based support for the family's other children impacted and care for the children of NHS staff should also be considered.

Members heard:

The Modernizing Our Hospitals programme aligns with the Health and Wellbeing Board Strategy will include a combination of programmes and some of the transformation pillars in north and mid Hampshire, measuring local impact and collecting community led responses.

As part of the Integrated Care Partnership, the focus will be on services but also culture and relationships. A single point access will shape how people utilize services considering data, information, understanding population data packs, root causes of poor health, procurement, need-based help for frequent users, etc. Emerging discussion has shown the potential for real community led opportunities. Potential impacts and key considerations (such as patient outcomes, health inequalities, workforce, sustainability, service delivery, effect on other providers, and accessibility) alongside statutory responsibilities are considered in developing the business case.

The integrated impact assessment is by an external organization at Stage 2, mindful that the study area encompasses approximately a million people, including all protected characteristics and ages in the new model of care. Options are being finalized to be taken forward to public consultations. Collaboration continues with South Coast Ambulance Service to address mitigations, as well as considering transport accessibility by private vehicles, public transport, blue light ambulance, etc. to ascertain timings and identifying affected residents for mitigations. There can also be changes in infrastructure over a period of time.

Two possible locations have been announced and consulting on both options, as well as clinical models. The real drive is to provide as much care as possible close to where people live, especially children who are often visited at their local GPs. Provisions for a helipad will be included in location considerations and would be easier on a green field site.

Programmes should consider tackling prevention and health inequalities as pre-planned goals. Similarly, it would be useful to consider idea transport situations and analyse benefits and disadvantages, rather than simply compare them to current problematic scenarios. For those not arriving by ambulance, can patients' concerns be addressed and for better outcomes, possible subsidies, and opportunities.

Changes in consultation information has been confusing for the public and it would be helpful to simplify the language to exclude health jargon and reviewed by the patient panel to ensure it is accessible and clear. Transport remains a

fundamental consideration for people utilizing services and it's critical to be mindful of traffic, parking, children and family members, limitations for those taking public transportation, and similar case reviews or real experiences when analysing the data, journey times, and accessibility. The analysis of travel time is broken down by deprivation, public and private transport, travel times, ethnic minorities and protected groups affected, and vast amount of data and maps explored and considered.

GPs, elected representatives, and Public Health colleagues have engaged in conversations providing feedback to ensure that access to services extends to all communities and there are effective links with GPs and Public Health for a joint up approach to services, e.g. alcohol and substance abuse, for a positive impact. While infrastructure and other unknowns remain a challenge, having the right framework and assurances for adequate resources and staff, is good approach for accessibility and affordability of care. The public will need to understand that the new consultation is a different one and separate from the planning application.

While access and infrastructure will support people closer to people where they live, for some people travel time will be longer. There are distinct advantages to centralized services and the vision is that there would be alternate closer GPs or digital services for those affected. The County Council continues working alongside colleagues to provide infrastructure support. Residents would benefit from more community and outpatient care and clinicians would then be able to deliver better specialized care.

A Joint Health and Social Care committee has been formed with the Southampton City Council with robust interest and engagement in the project in order to scrutinize and oversee the process. The next meeting will take place on 18 January and will be accepting representations.

It was noted that local government elections and the pre-election period may overlap with consultations and resulting delays. Following the CCG led consultation opening to the public, the Board would appreciate having sight of plans and progress as this is an incredible opportunity to take on board and value feedback and comments to benefit the population.

RESOLVED:

That the Health and Wellbeing Board--

- Will be updated regarding and following the consultation for sight of plans and progress

141. **HAMPSHIRE SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT**

The Independent Chair of the Hampshire Safeguarding Children Partnership (HSCP) provided an independent analysis of the safeguarding services provided

to children and young people in Hampshire over 2019/20 and a summary of the work undertaken to deliver the HSCP's Business Plan and priorities over the next year.

Councillor Jackie Porter spoke on this item and wished to record thanks from all County Councillors for maintaining the high safeguarding standard with the help of teachers, care givers, child minder, sports coaches, and others. The public's support for safeguarding remains solid and thanks goes out to all County Council staff and partner organizations. Members agreed and echoed their appreciation and sentiments for all the hard work witnessed this year.

Revised arrangements, new programmes implemented and transformation through training, funding, audit, practice review, etc. as part of the partnership have covered critical areas of safeguarding. The pandemic has put extra pressures on all services and colleagues but there has been a heartfelt response and the partnership elevated to a level previously unseen. There has been superb work and no complacency, ensuring a line of sight for the most vulnerable children and the partnership stronger than before.

It was noted there were three priorities and that will be taken back for amendment.

With regards to temporary protections, this data is not covered within this report but there has been an increase in the complexity of case work. Families are struggling with Covid pressures and issues related to substance abuse, domestic abuse, and parents' mental health issues. There have been some delays in adoption and care orders and currently an uneven picture, but there is no complacency and thanks to all those with continued involvement in safeguarding youngsters.

The independent chair of the Safeguarding Adults' Board confirmed that work continues with a family approach and Hampshire remains in a strong place.

RESOLVED:

That the Health and Wellbeing Board note that--

- The Annual Report of the Hampshire Safeguarding Children Partnership and in particular the assessment that arrangements remain effective
- The transition to the new arrangements under Working Together 2018 was successfully implemented in September 2019, and within these arrangements the statutory status of the three Safeguarding Partners; Hampshire County Council, Hampshire Constabulary and the Clinical Commissioning Group. The HSCP will continue to ensure the effective implementation of the arrangements for Safeguarding Partners laid out in Working Together 2018
- That whilst the report covers the year 2019/20, the ongoing COVID-19 pandemic has impacted on requirements for service and has seen a renewed commitment to partnership working.

142. **FORWARD PLAN FOR FUTURE MEETINGS**

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

It was confirmed that transport remains an important issue and will be featured at the next meeting for discussion and included as part of the Annual Report of the Board. The Board Sponsor for Strategic Leadership provided assurance that the transport item will be included as it is a critical aspect in the health of communities.

The meeting concluded at 12:55pm.

Chairman,