

AT A MEETING of the Health and Wellbeing Board of HAMPSHIRE COUNTY  
COUNCIL held at the castle, Winchester on Thursday, 27th June, 2019

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, Steve Crocker, Cllr Anne Crampton, Cllr Philip Raffaelli, Christine Holloway, Nick Broughton, Shantha Dickinson, Simon Bryant, Dr Andrew Whitfield, Dr Matt Nisbet, Tricia Hughes, Julie Amies and Anja Kimberley

Cllr Huxstep was present at the invitation of the Chairman.

**91. APOLOGIES FOR ABSENCE**

Apologies were noted from the following Members:

Cllr Patricia Stallard, Executive Lead Member Children's Services  
Dr Sarah Schofield, Chairman West Hampshire Clinical Commissioning Group  
Dr Peter Bibawy, Clinical Chair North East Hampshire and Farnham Clinical Commissioning Group  
Michael Lane, Police and Crime Commissioner for Hampshire  
Nick Tustian, Chief Executive Eastleigh Borough Council  
Alex Whitfield, Chief Executive Hampshire Hospitals NHS FT  
Dr Nicola Decker, Clinical Chair North Hampshire Clinical Commissioning Group  
David Radbourne, Regional Director of Strategy and Transformation, NHS England  
Dr David Chilvers, Clinical Chair Fareham & Gosport Clinical Commissioning Group  
Dr Rory Honney, GP West Hampshire Clinical Commissioning Group  
Mark Cubbon, Chief Executive Portsmouth Hospitals Trust  
Amanda Lyons, Director of Strategic Transformation Hampshire, IOW and Thames Valley, NHS England  
Carol Harrowell, Voluntary Sector Representative  
Dr Paul Howden, Deputy Chair, Fareham & Gosport CCG  
Maggie Maclsaac, Chief Executive, Hampshire CCGs Partnership  
Sue Harriman, Chief Executive, Solent NHS Trust

**92. DECLARATIONS OF INTEREST**

Members were mindful that where they believed they had a Disclosable Pecuniary Interest in any matter considered at the meeting they must declare that interest at the time of the relevant debate and, having regard to the circumstances described in Part 3, Paragraph 1.5 of the County Council's

Members' Code of Conduct, leave the meeting while the matter was discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore Members were mindful that where they believed they had a Non-Pecuniary interest in a matter being considered at the meeting they considered whether such interest should be declared, and having regard to Part 5, Paragraph 2 of the Code, considered whether it was appropriate to leave the meeting whilst the matter was discussed, save for exercising any right to speak in accordance with the Code.

93. **MINUTES OF PREVIOUS MEETING**

The minutes of the last meeting were reviewed and agreed

94. **DEPUTATIONS**

No deputations were received at this meeting.

95. **ELECTION OF VICE CHAIRMAN**

It was noted that the Board is required to appoint the Vice Chairman each year. The Chairman nominated the current Vice Chairman, Dr Barbara Rushton. There were no other nominations and it was unanimously agreed that Dr Rushton will continue in the role of Vice Chairman.

RESOLVED:

Dr Barbara Rushton be appointed as Vice Chairman of the Health and Wellbeing Board for 2019/20.

96. **CHAIRMAN'S ANNOUNCEMENTS**

A. Gosport War Memorial Hospital Deaths

There is a new police investigation regarding deaths that occurred at Gosport War Memorial Hospital between 1987 and 2001. This follows the publication in June last year of the Gosport Independent Panel Review into these events and a subsequent response from the Government in November. Since September 2018 a dedicated team of staff from the Eastern Policing Region have been assessing the panel's findings, to establish if there is sufficient new evidence to support a further police investigation. On 30 April 2019 a statement was issued on behalf of the Eastern Policing Region, confirming that a new, full police investigation will be carried out. The HASC is continuing to monitor this situation, to consider if there is any further learning or follow up for the Hampshire health and care system as a result of this issue.

B. Southampton Lifelab and Airport

The Chairman invited Members to represent the Health and Wellbeing Board at upcoming engagement events at the Southampton Lifelab and Southampton Airport. Board Members were invited to contact the Chairman or Board Manager for further information if they were interested in either of these opportunities.

### C. LGA Collaboration

The Chairman requested the Vice Chair, Dr. Barbara Rushton to provide an update as she had recently attended some training for Health and Wellbeing Board members at the Local Government Association (LGA). The LGA was particularly keen for health colleagues to participate in training. It was agreed that dates for future training at the LGA would be sent to Board members by the Board Manager.

## 97. **INTEGRATED INTERMEDIATE CARE**

The Board received a report from the Director of Adults' Health and Care at Hampshire County Council and supporting presentation from Debbie Butler, Director of Transformation, Patient Flow and Onward Care, regarding Integrated Intermediate Care. Members heard that plans for this proposed new operational model are on track. The proposed joint partnership between Hampshire County Council (HCC) and Southern Health Foundation Trust (SHFT), subject to formal agreement, would operate under a Section 75 agreement. Currently intermediate care services (such as crisis response, reablement and rehabilitation) are being provided separately through Hampshire County Council and Southern Health Foundation Trust, with around 700 staff involved.

The shared vision that has been developed for the proposed new integrated service would provide a strengths-based approach to supporting individuals, and the scope of the services provided would encompass a county wide offer and outcomes, with sufficient flexibility in the operational model to meet local system needs. The proposal is for the new service to be available from 7am to 8pm 7 days a week with same day rapid response within a 6-hour period, where appropriate.

A number of project forerunners are in progress to test enhanced and new ways of working ahead of the proposed full integration in 2020, as outlined in the presentation. Local working groups are being set up to provide support and input to delivery of the IIC service into each system, including user and voluntary sector representation.

Final recommendations for the preferred structure will be brought to an Executive Member Decision Day in October. The aim is for full service rollout in April 2020. The Health and Adult Social Select Committee and the Health and Wellbeing Board will continue to be briefed.

Members thanked the presenter for her leadership and drive to initiate and maintain significant momentum in a short space of time and noted this was an encouraging example of NHS working with local authorities to pool resources effectively to provide a more effective service.

Members agreed this was a positive direction and a solid step forward. Members were interested in learning specifics about the KPIs (Key Performance Indicators) and measurable outcomes for the proposed new service. The importance of working towards a single patient record was stressed. This

Integrated Intermediate Care model builds on other successful, positively evaluated models and further details regarding performance measures will be shared. Collaboration with STPs and district and borough councils (particularly around housing) would be valuable and engagement with users, carers, and with Healthwatch to consider patient experience will inform the development of user-focused measurable outcomes.

RESOLVED:

That the Health and Wellbeing Board:

- Note and support the project approach and the direction of travel in seeking to create an integrated health and social care service.
- Note the managerial, service and legal options available in creating an integrated health and social care and endorse the preferred route to organisational alignment and integration

98. **INTEGRATION AND BETTER CARE FUND AND IMPROVED BETTER CARE FUND UPDATE**

The Board received a presentation from the Director of Adults' Health and Care at Hampshire County Council alongside a report the latest information, key issues, and expectations. Members heard regarding the significance and challenges of aligning all current national policy for developing integrated care delivery and delays in the publication of planning and technical guidance relating specifically to the Integration and Better Care Fund Plan. It was reported that elements of the NHS Long-Term Plan 2019 are significant critical success factors for a shared future vision including the expectation is to deliver new models of out of hospital care, (including intermediate care), for improved population outcomes with significantly improved access to primary care in relation to the adult population.

It was reported that alongside the Integration and Better Care Fund, the three-year, time-limited Improved Better Care Fund (iBCF) was introduced in 2017. This intended to relieve system pressures relating to social care demand and operates within a separate framework of metrics.

The three elements of the nationally pooled fund allocation was explained and it was confirmed that the current Section 75 Partnership Agreement for the pooled fund is being updated to reflect inflationary increases for 2019/20. Insights derived from the national review of Disabled Facilities Grants 2018 were also noted. The national conditions and performance metrics were reported. It was noted that although there has been improved performance in reducing delayed transfers of care, with a 46% reduction in social care delays in Hampshire, there is still further improvement needed for Hampshire to attain top quartile performance nationally.

It was noted that the most pressing issues relate to our ability to collaborate and align across multiple infrastructure bodies to deliver the ambitions that everyone

shares in what is the only program for integrating health, housing, and social care. The proposals in the delayed green paper for social care will also be key to moving forwards. In the meantime, once technical guidance is published the Hampshire system partners will need to refresh the Integration and Better Care Fund Plan for 2019/2020.

Members considered the benefits of a strong partnership in relation to housing needs for people with physical disabilities related to their need to access adaptations with the potential for a county wide framework and single policy e.g. for a stairlift and the potential for joint work to deliver a process. It was confirmed that one of forty-five recommendations of the national review of Disabled Facilities Grants in 2018 was to have a Health, Housing and Social Care Partnership Group that would enhance the current local Housing Partnership arrangement if adopted.

RESOLVED:

That the Health and Wellbeing Board:

- Note the current position with regard to the Integration and Better Care Fund (IBCF) and Improved Better Care Fund (iBCF) policy.
- Note the approach to the application of the IBCF.
- Note that a Deed of Variation to the current Section 75 agreement will be executed so that Hampshire meets expected National Conditions for a jointly agreed plan.
- Delegate authority to the Chair of the Health and Wellbeing Board to take any decisions that are required in relation to IBCF/iBCF approvals before the next Board meeting on 10 October 2019.

99. **HEALTH AND WELLBEING BOARD REPRESENTATIONS TO PHARMACY CONSOLIDATION APPLICATIONS, 2017 TO JUNE 2019**

The Board received a report from the Interim Director of Public Health regarding Pharmacy Consolidation applications to the Board. The Health and Wellbeing Board has a duty to respond to the consolidation of pharmacies and whether an access gap is created.

Four applications have been included in the appendix and there is a clear methodology to consider and evaluate all potential risks. One application has been accepted, two are awaiting decision and one is in appeal.

RESOLVED:

That the Health and Wellbeing Board:

- Note the findings from the document

## 100. **HEALTH AND WELLBEING BOARD BUSINESS PLAN UPDATE**

The Board received a report and presentation from the Health and Wellbeing Board Manager, on progress with developing the business plan. Theme sponsors have been identified to provide advice to the team as each theme's actions and metrics are developed. Measures to improve both physical and mental health of the population will feature, as well as a range of goals linked to the wider determinants of health, to be achieved by working together across the public sector and targeting interventions appropriately.

Members heard that the business plan will identify both short and longer-term goals. Oversight of progress and unblocking any problems or challenges across the Hampshire system is a key feature of the Board's work. There is some crossover across the thematic age groups and work is happening across all districts and boroughs to support delivery.

The issue of employability across the county was raised and how it affects longer term care and connectivity and it was recommended to collaborate with DWP (Department for Work and Pensions). Planning, land use, and the effect of upstream issues could also be linked in. The Board could hold thematic workshops to create opportunities for those conversations across the table with partner organizations.

Tying in to the County Council's recent declaration of a climate change emergency and the work currently going on across the County Council to develop an action plan is an area of interest and oversight for the Board.

The issue of engaging with seldom heard residents as part of the Board's work was raised. Patient groups are quite defined, and it can be a challenge to engage those who are more difficult to reach. Outreach would take place via the mechanisms that organisations already have in place.

*Dr. Barbara Rushton left at this time.*

Members discussed the coproduction working group which had not met for a year and agreed that the subgroup should fade away and the goals be embedded in the work of the Board. It can be difficult to bring together users and experts (NHS, local government, etc.) and learn lessons across health and social care to ensure effective systems are in place and good practices shared. HCC departments have been using Facebook to successfully target coproduction in a different way. Pooling the experience and engaging with stakeholders, especially difficult to reach groups such as younger or vulnerable people will be key.

Members recognized the contribution of STPs (Sustainability and Transformation Partnerships) and wished to get them further involved and engaged in the Board workshops. The new STP chair is expected to attend the Board's October meeting. The Hampshire 2050 team is also expected to present a session at a future meeting.

Members agreed that passive, polite language may not have a significant impact on the system when an item moves forward from the Board. It is critical to ensure it reaches those it needs to engage and elicit their views. There is a need for development of personal responsibility to bring about desired changes. Positive cultural changes and a shift in the proactivity of the board would lead to an effective repositioning of the board. The Board KPIs should target seriously reducing those difficult to reach communities and areas of deprivation and test regularly against those metrics.

Members thanked the Board Manager and looked forward to revisiting the near final draft of Year 1 Business Plan at October with measurable KPIs, metrics, and include specific commitments, promises, direction of travel and what this might look like.

RESOLVED:

That the Health and Wellbeing Board:

- Notes and supports the direction of travel to produce a business plan for the first year of the new Joint Health and Wellbeing Strategy
- Agrees to receive and sign off the business plan at its next meeting

*The meeting was adjourned at 12:17.*

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Vice Chairman,