

AT A MEETING of the Health and Wellbeing Board of HAMPSHIRE COUNTY
COUNCIL held remotely on Thursday, 2nd July, 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, Dr Nicola Decker, Cllr Anne Crampton, Cllr Philip Raffaelli, Tricia Hughes, Christine Holloway, Alex Whitfield, Dr Rory Honney and Julie Amies

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

112. APOLOGIES FOR ABSENCE

Apologies were noted from the following Members:

Sarah Schofield, West Hampshire Clinical Commissioning Group

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

Michael Lane, Police and Crime Commissioner for Hampshire

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

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

113. 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.

There were no declarations of interest.

114. **MINUTES OF PREVIOUS MEETING**

The minutes of the previous meeting held on 12 December 2019 were agreed.

115. **DEPUTATIONS**

There were no deputations received.

116. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made the following announcements:

Dr Nick Broughton leaving Southern Health

The Chairman thanked Dr Nick Broughton for all his hard work and leadership at Southern Health and for his role as a provider representative for Community and Mental Health NHS Trusts on the Board. She wished him all the best at Oxfordshire Health NHS Foundation Trust.

Kate Jones leaving as Board Manager

The Chairman also thanked Kate Jones, the Board Manager, for all her hard work and efforts on behalf of the Health and Wellbeing Board. Kate will be missed but will continue her role as a policy advisor in Adults' Health and Care.

Safeguarding Adults Report

The Chairman touched on the Safeguarding Adults Report that had been circulated via email alongside the Agenda. The Director of Adults' Health and Care was present to answer any questions; there were none.

Pharmaceutical Needs Assessments

The Chairman invited the Director of Public Health to make an announcement regarding Pharmaceutical Needs Assessments (PNAs) which have now been postponed till 2022.

117. PUBLIC HEALTH COVID-19 OVERVIEW AND IMPACT ON HEALTH AND WELLBEING AND OUTBREAK CONTROL PLANS

The Board received a report from the Director of Public Health at Hampshire County Council. Members heard regarding the first wave of the virus, what the second wave may look like, the R value and how it is used. It is difficult to construct one for Hampshire or small geographies, in relation to the spread of infection. Currently, the R value is low due to high levels of lockdown compliance.

Measures are now being eased and further non-pharmaceutical interventions in place. More children are now in school, and more businesses and places are open for a better economy but with a careful balance. Testing is now available for anyone with symptoms and mitigation in place to address impacts on physical and mental health during the lockdown. There has been greater responsibility and ability to direct resources to where they are delivery is needed. It is unlikely though that a vaccine will be available in the immediate future.

In response to questions, Members heard:

Based on modelling, there is a chance of a second wave later in the year, combined with winter pressures. The Board has a strong role in encouraging flu vaccines.

While there had been a delay in sharing contact tracing data with local government, these issues are being resolved. There has been a higher volume of testing and a better sense of capacity needed. The microbiology team at the Trust have been working hard running a 20-minute test using a lab in a van. It is accurate and there is a pilot now for practical logistics to serve care homes, etc. although the weather does affect testing. The saliva test is more user friendly and being tested in Southampton in a partnership with Southampton University.

Track and trace systems have been developed. Work is now in progress closely across systems and linking in with outbreak control boards, districts, and boroughs to develop an agile framework to manage at a local level.

Public Health and integrated care partnerships play a key role managing outbreaks and the contact tracing funding allocation is a critical piece.

Local data from a variety of sources were initially slow in coming through but is now being received regularly by post code.

The outbreak plan includes seven themes to lead on as outlined in the paper. These cover care homes, schools, quick response, numerous complicated diverse high-risk settings, learning from others, testing and contact testing, working to prevent further spread, and support shielded, vulnerable people.

Facilitating information sharing and collaboration between local care partnerships and boards will allow systems to work together to support vulnerable residents or manage issues in specific patches in a more joined up way with stronger NHS links.

A significant amount of work is underway with shielded patients and those with vulnerabilities (including Black and Minority Ethnicities (BAME), age, multi-morbidities, etc.) As residents are getting out more often, work needs to be done to keep them safe in the event of a second wave.

Colleagues from the voluntary sector have been supporting communities and the consistent challenges they have faced has included lack of involvement in planning for next period and further outbreaks, safely relaunching the services they run, and financial duress – real concerns that will need addressing. They have played an important part with a focus on response to Covid rather than those that generate income but lacked early sight on planning during the response. Recovery for the voluntary sector and wider health impact to ensure a strong community going forwards will require a holistic approach and assistance with the complicated guidance.

One impact of the virus is the way services will continue to be delivered into the future and it will be important to proceed cautiously. Engagement results from the public regarding access to information, experiences, and ease of accessing services for mental and physical health, as well support from voluntary organizations will be important to consider. Impact on the BAME population, while not large in Hampshire is still vital. Socially distancing and regulating air pollution to decrease virus spreading while encouraging walking and cycling options could help alongside emergency measures and response for outbreak control. Funds have been allocated for road conversions and other opportunities to benefit health. The disparities report was not out at the time of publishing, but it is important to consider and plan for preventing further impact of Covid.

General Practitioners (GPs) have remained open offering triage digitally or by telephone, and dental practices have offered minimal services due to risks but gradually reopening. There have been difficulties for some people not able to access services physically or virtually. There are new communications coming forward soon in collaboration with Citizen's Assembly.

The Leader of Hampshire County Council noted that Public Health leadership played a key role in success and that the new normal would look different when it came to transportation. People have just gotten on and helped each other, friends and neighbours. The funding issues highlighted for charities have been noted. Difficult situations require a clear idea of objectives and in this case, it was to reduce the spread of the virus. Future outbreaks are possible and hot spots must be identified and quickly resolved. Communication and interchange will remain vitally important and the use of technology has been a way forwards for working together to ensure Hampshire has had good results.

The Executive Member for Public Health endorsed regular communications and discussion to get simple and important messages out to residents. It is important to support the economy, but there needs to be absolute clarity and consistent joint up messaging.

Helpful feedback, community engagement, and communication are key elements. The final aspect is evaluating the impact in the context of health and wellbeing, physical and mental health. This is still in the early stages and an

ongoing piece of work, to be followed up with further reports back with more data and analysis.

RESOLVED:

That the Health and Wellbeing Board--

- Noted the Context of the COVID-19 Pandemic
- Noted the impact on Health and Wellbeing and the need to monitor outcomes and take work forward to tackle the impact reviewing service development plans.
- Noted the development of Outbreak Control Plan

118. CARE HOME SUPPORT OFFER AND UPDATE

The Board received a presentation from the Director of Adults' Health and Care at Hampshire County Council alongside a report with most recent data and developments.

Members received an overview of the key elements and heard that all Hampshire organizations had come together to provide services and support with humanity, compassion, and care. The speed and voracity of the impact of Covid, even with the response of many organizations and the Voluntary Care Sector (VCS), left the care home sector particularly and significantly affected.

There have been some lags due to data delays but review of key data has had a significant impact on learning and work is already underway to better understand the causes of excess deaths in care homes. Each and every death is tragic for loved ones, but also for the care home families that function as such.

From a Hampshire perspective, actions have been taken to provide support for the care sector in meeting key challenges with nearly 4 months in response mode and continuing to fight the pandemic. Asymptomatic people remain a challenge for a novel virus as well as the transmission profile, PPE supply chain challenges and guidance, clear and present danger, testing for residents and staff, lockdown and closures of communities, effects of not having visits from family and friends, significant emotional, psychological, mental health impacts, concerns for safety of key workers, and protecting and reassuring BAME staff.

Grants for infection prevention and control measures have been taken forward swiftly in order to establish the Care Home Support Board with multiagency support for a response plan and delivery and distribution of funds to every care home setting in Hampshire, including advance payments prior to receiving government funding and a second payment in process now. Multidisciplinary team meetings, stringent grant conditions and audit have been put into place.

In response to questions, Members heard:

Routine testing started mid-April and it is possible some deaths towards the beginning were possibly Covid-related but had not been tested. Other factors such as acute capacity for stepdown placement in combination with other challenges contributed to numbers. There is variability in the data and the average over the period is used.

Excess deaths have included people's private homes, care homes, and hospitals. Doctors had the option to add the presence of Covid on death certificates. There were concerns about some people who didn't go to the hospital because of media messaging, though hospitals have accepted critical patients through the pandemic period. The graphs depicted are not up to date to current time, but deaths are lower now, so that curve may reset as some people may have died earlier than anticipated. The statistical analysis would be very useful though every loss remains tragic for families, friends, and carers.

Ensuring people in care homes have personalised support plans and death plans based on personal and family preferences continues to be part and parcel of the care support plan from a national level of strategy. Digital notes are accessible to paramedics and patient preferences are front and centre of their care. Providing ethical care and having the care sector moving as one is critical to focus and be responsive around supporting people. Healthwatch have also joined the group for multiagency care home support arrangements.

Currently, people are being admitted to care homes but in lower numbers and work is taking place by the Hampshire Care Association to reinforce that care homes remain open, safe, and are continuing to provide the highest quality of care. The relationship between the Primary Care Network (PCN) and care homes remains key.

Members thanked the Director's leadership and the department and noted that the stories of members of staff in the care sector going above and beyond have been quite moving.

RESOLVED:

That the Health and Wellbeing Board--

- Is assured by the work underway to support the care home sector through the development of a care home plan and notes the contents of this report.
- Recognised the impacts upon the care home and wider social care sector and thank all those staff working across the sector for the humanity, compassion and care shown throughout their responses to Covid-19.
- Will receive further updates at future meetings on continuing work to support the care sector.

119. HAMPSHIRE WELFARE RESPONSE

The Board received a presentation from the Director of Adults' Health and Care at Hampshire County Council alongside a report on welfare response arrangements.

Members heard a tribute to NHS partners, carers, and voluntary sector organizations supporting a significant number of clinically vulnerable residents. Food and pharmacy deliveries were arranged where friends, family or neighbours were not available. Volunteer support continued to be referred via business as usual services. Collaboration arrangements are in place now, however this was a tall task for the department.

Compliments have been received around delivery of food and reassurance. People have appreciated those outward-bound calls and colleagues have worked to avoid duplication. Sharing information with districts and Voluntary Care Sector (VCS) allowed for the provision of comprehensive support. While some people may have been called twice, it was preferable to do so and ensure services had been offered.

The length of time people have been spending in lockdown has had an impact on financial hardship advice requests in call centres and an increase in and additional support for domestic abuse and hidden issues. Call centre operatives have been experienced, sensitive to the issues, and offered resources and help. Support has been provided for people with substance abuse and rough sleepers.

Food box support for the shielded is coming to an end in July but more work remains to be done. Enhancing independence and supporting people through issues that have developed with staying home so long will be key priorities, alongside caring for mental health and wellbeing. Adults' Health and Care will continue to support carers and provide day opportunities as well as domiciliary care. The department has been contacted by a much larger group of older adults than prior to Covid and there have been challenges with hard to reach groups (including rough sleepers) to continue to provide services. The additional numbers referred did not include people that were already receiving help.

In response to questions, Members heard:

A shared purpose and collaboration led to a quick and easy response to come together to address these particular challenges, but it will be vital to take this work forward. The voluntary sector would like to be engaged in planning discussions early and navigate challenges regarding to reopening, transport, capacity, etc.

There have been no real surprises in the figures. There is continued learning and work on accessibility alongside VCS, districts, and boroughs. More work remains especially in the areas of protecting BAME residents and key workers, rough sleepers, etc. Local community-based organizations have stepped up to provide support. The local resilience forum collaboration has brought in every representative group to have as much line of sight as possible, including the faith community, Good Neighbour volunteers, and other grassroots groups.

In the early weeks there had been challenges with clarity about those out there that potentially needed help. Based on shielded and secondary lists from local authorities, some residents may have gotten multiple calls for support but there is more concern for those who may have fallen through the cracks. In the event of a second wave, that information would be key.

Data sharing now considers all those complexities and there will not be confusion going forwards. Initially, people who did not give permission to share data had their details protected and they could not be shared. Information and advice from government and getting that information quickly was remarkable but to feed them in for General Data Protection Regulation (GDPR) would have needed retrofitting. Lists were being created from hospitals with an amazing response with social prescribers supporting them and constructing personalized care plans. It was an important learning curve and there is now an algorithm to find those at high risk in the event of a second or local outbreak.

RESOLVED:

That the Health and Wellbeing Board--

- Notes the work that has taken place to date by the public and voluntary sector organisations and their partners in Hampshire to support the needs of its most vulnerable citizens and the wider community.
- Is assured by the systems that have been put in place across Hampshire, as set out in this report, to support the county's most vulnerable residents as well as the wider community during the Covid-19 pandemic.

The Chairman called for a 5-minute break at this time.

120. **CHILDREN'S SERVICES UPDATE ON COVID RESPONSE**

The Board received a presentation from the Director of Children's Services at Hampshire County Council with an update on the Starting Well theme and mitigating the impact of Covid on children.

Members heard that safeguarding work is continuing as well as looking after children in care. While there was a 3 Phase response planned, there has not been a need to move past Phase 1 which is business as usual but working differently.

Statutory responsibilities have been met using technology to be able to see children. Technology has had a huge impact on working differently and allowed virtual visits in many cases and in some, face to face visits as well in keeping with the guidance. There has been quick response and reassuring where necessary. There have been roughly the same percentage of face to face and virtual visits and teenagers have preferred the new ways of working with technology-aided reviews.

The number of referrals had dropped off in April but were back up in May and currently above those levels in June by 15%. This likely reflects increase in tensions and instability in families brought about by the impact of the lockdown.

Children's Services has worked to keeping children in care engaged and entertained and provided support for foster carers. Covid has provided to be a challenge in terms of placements and similarly young adults were unable move on at 18 to independent accommodation.

Children will remain in care due to the current challenges for matching placements and this is likely to continue for some time. People have concerns about taking new children into their families under the current circumstances. Two homes have been deliberately closed to provide more resiliency in the staff rota in the remaining facilities. Foster carers have been magnificent at nurturing their children and work with partners continue. Staff have been kept informed and appreciated which was well-received. Lessons learned and review prior to the next phase continues moving forward in a slightly modified environment.

Schools have been closed since end of March but remained open for key workers and critical vulnerable children while working hard to understand and follow the guidance. Currently, numbers have really increased, including students with Education, Health and Care Plans (EHCP) as well as those with underlying health needs.

Schools have been supported with home learning, wellbeing, technology needs, resolving challenges with laptop availability and orders, etc. as well as the wider reopening of primary schools and priority order of return, in keeping with the guidance.

Key restraints have included the number of staff and size of premises. It has proved very difficult to physically get everyone back into the school. More than 25,000 students back in school, one of the highest in the country.

School construction sites are now open. New school place schemes are due to progress as planned. The areas most affected include home school transport and early years. Recovery plans are in place, however current restrictions may be changed by September.

School admissions rounds are complete. Early years and childcare both private and state funded have been affected as providers may have lost their income or staff have been furloughed. The guidance was also changed but a brokerage service was created for parents and providers to connect and hopefully with sufficient capacity by September.

In response to questions, Members heard:

The courts were out of step, but resolutions have been negotiated.

The continuing education of children over lockdown would be reviewed to ensure learning had been taking place. Standards developed around online learning needs to be in place as Ofsted inspect against Department for Education (DFE) standards. Ofsted are likely to do some form of assurance to see how schools

have coped with Covid to highlight best practices and lessons learned; it would not be an inspection as such, rather an investigation.

The same would take place from a local perspective in order to develop good practice guides around online learning. It has been an imperfect teaching method and not pedagogically sound in the primary sector or in terms of being useful for young children. Members noted that understanding and addressing the impact on mental health and engagement or disengagement with school is critical.

Schools are not expected to be open over the summer and there is DFE guidance around summer and play schemes. Previously, the guidance was unhelpful, and colleagues are reviewing current guidance which will hopefully allow for larger bubbles that allow more schemes. If private providers do not operate within this guidance, their insurance would become invalid.

Members noted an opportunity during the return to school in September to encourage walking and cycling while avoiding public transport which would be both safer and environmentally friendly. Outdoor learning, some time to acclimatize and express how children felt would be very important. While there are rights to maintain transport, healthy ways to get to school when possible would be encouraged.

Members also noted that summer placements are crucial for NHS staff to continue to work and necessary for the work force.

RESOLVED:

That the Health and Wellbeing Board--

- Notes the report.

121. **CO-PRODUCTION UPDATE**

The Board received a verbal update from the Healthwatch representative regarding a productive meeting with Adults' Health and Care colleagues to embed coproduction and encourage patients' and the public's voice to achieve coproduction responsibilities.

Members heard that coproduction would be added as an item on Health and Wellbeing Board reports going forwards and that the sponsor of each theme would be responsible for embedding and including it in future presentations for sharing ideas and making suggestions. Good practice guidance will be shared and colleagues working on co-production will be invited to share reports with the Board. The strategic leadership sponsor could take on this oversight and progress followed with an action tracker review at each meeting.

The Director of Adults' Health and care supported and endorsed this approach and the Board noted the update.

122. **DISTRICT FORUM REPORT ON HOUSING AND HEALTH TOPIC**

The Board received an update from Member and District/Borough Representative on a recent Healthy Homes needs assessment and a Healthy Homes workshop in collaboration with the district forum and Public Health.

Members heard a brief overview of the report and recommendations for implementing the required actions. A project officer was now in place and a multiagency Healthy Homes group would be meeting later this month to provide support in meeting the expectations.

Members thanked those involved and endorsed the endeavour, that involved working collaboratively and differently to avail new opportunities. District and borough council partners are having positive conversations with colleagues identifying collaborative work and goals to keep moving forwards.

Members expressed that this work should go on to include and help those areas with the largest health inequalities and shortcomings in the wider community.

RESOLVED:

That the Health and Wellbeing Board--

- Receives a report on the Disabled Facilities Grant (DFG)¹ processes to establish whether arrangements are consistent and equitable approach across the county;
- Supports further exploration of measures to increase the use and reuse of adapted properties to support people with disabilities or older people with developing needs to live more independently within their community;
- Supports development of a framework for working more collaboratively. This framework will set out how organisations can contribute to shared induction and training programmes to strengthen links and partnerships between organisations;
- Encourages their respective organisations to actively use and contribute to the Kahootz site² to share best practice, learning opportunities (multiagency training programmes) and areas for development; and
- Ensures guidance around safeguarding in relation to hoarding is applied within their respective organisations

123. **"WAS NOT BROUGHT" POLICY**

Members noted that images and references should be further refined and reviewed by professionals, carers, and the target audience to ensure the leaflet speaks to them. While there had been collaboration, these comments regarding images and testing would be incorporated and the leaflet updated. The Chair of the Adults' Safeguarding Board noted that the goal remains to promulgate and promote professional curiosity.

RESOLVED:

That the Health and Wellbeing Board--

- Review the updated Policy based on suggestions made for ratification at their upcoming meeting in October.

The meeting ended at 12:50pm.

Chairman,