

AT A MEETING of the Health and Wellbeing Board of HAMPSHIRE COUNTY  
COUNCIL held remotely on Thursday, 18th March, 2021

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, Dr Peter Bibawy, Dr Nicola Decker, Cllr Anne Crampton, Cllr Philip Raffaelli, Tricia Hughes, Christine Holloway, Julie Amies, Alex Whitfield, Suzanne Smith, Dr Rory Honney, Paula Anderson, Mary O'Brien and Anja Kimberley

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

**143. 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

Michael Lane, Police and Crime Commissioner for Hampshire

Ron Shields, Provider Representative: Community and Mental Health

David Radbourne, NHS England (Wessex)

Steve Crocker, Director of Children's Services

The Chairman noted that Members Julie Amies and Simon Bryant would join the meeting following the Isle of Wight Health and Wellbeing Board also taking place that morning.

**144. 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.

Cllr Anne Crampton declared an interest as an employee of the Branksomewood Surgery in Fleet part of the North East Hampshire and Farnham CCG.

**145. MINUTES OF PREVIOUS MEETING**

The minutes of the 10 December meeting were reviewed agreed.

**146. DEPUTATIONS**

There were no deputations received.

**147. CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made the following announcements:

A survey of all Board Members was completed and many thanks for the time that colleagues took to share their views. COIVD working has further helped develop the strong partnerships which was highlighted in the survey responses. This feedback will be taken forward with a view to informing and advising Board Sponsors as we continually review the strategy and key metrics and involvement across the Board's activities. Some key themes include how the Board is run for more effective debate and feedback to others to ensure it is a strong leadership forum. This includes reviewing how the Board links into the system and wider partners who can influence Health and Wellbeing including parish councils and those communities not widely represented. The majority of suggestions align, and Board Sponsors will be asked to provide an update at the next meeting. Further suggestions include key topics relating to health and wellbeing further broadening out the programme of work as we have been doing to include transport, and wider determinates of health. This will all be taken forward in a strong work plan of both topics and ways of working.

A brief update on the Integrated Care System will follow and views from the ICS Executive considered in due course as to the impact on Board membership.

**148. THE HIOW INTEGRATED CARE SYSTEM: NATIONAL CONTEXT, LOCAL PROGRESS TO DATE AND NEXT STEPS**

The Board received an update from CCG representatives on the Hampshire and Isle of Wight Integrated Care System (ICS) geography and areas within the Frimley ICS.

Members heard that the white paper reviews legislation and proposals for the health and care bill coming into force April 22, building on previous plans and working together. It doesn't address reforms to social care and public health which will be dealt with later this year. The aim is for joint working and with a

duty to collaborate effectively to improve outcomes for residents at the place level with integrations between NHS and other partners. Provider collaboratives will need specific details to be worked through guided by legislation.

The NHS body will need to be set up alongside a health and care partnership to meet statutory must dos. The sub structure beneath the top structure – remains to be implemented along with defining place, maximize existing structures and best way to proceed. Health and Wellbeing Boards will be key to that and how can they help improve outcomes for the population.

The HIOW ICS and Frimley ICS will need to ensure coproduction to get it right from all perspectives. Building on the journey thus far, all coterminous areas of Hampshire’s complicated geography will need to be included in moving forwards. Representation from both ICSs will be critical when discussed in depth in due course. Increased clarity with specific detailed guidance will improve collaboration with joined up conversations with both ICSs. While ICS boundaries are not set down in statute, further discussions will be required across all partners working within both ICSs to ensure boundary issues are considered.

Members noted that working within tribes of NHS and local authorities and committing as a group to explore how we work and be ahead of national guidance and support, with curiosity about each other ways of working ahead of statutory changes.

The Chairman requested that any questions regarding this item be emailed in ahead of the item to be reviewed in depth at an upcoming meeting. A further discussion with partners will follow in both the Hampshire and Isle of Wight ICS and the Frimley Health and Care ICS to consider implications and next steps of the White Paper proposals.

RESOLVED:

That the Health and Wellbeing Board--

- Noted the contents of the Briefing Paper and the direction of travel being taken by the HIOW ICS as it develops.

## 149. **HEALTHIER COMMUNITIES THEME FOCUS**

### **a. Theme Deep Dive**

The Board Sponsor for Healthier Communities provided an update noting that the pandemic has brought economic hardship, social isolation, increased loneliness and the need for agencies such as local authorities, NHS and voluntary sector has been highlighted in supporting communities in the recovery phase and beyond. The Healthy Homes Workshop, workforce training, green spaces, homelessness have been priorities with inspiring outcomes for Hampshire boroughs and districts.

Members heard that there have been three main priorities - family, friends and community resilience, housing, and the built and natural environment. Local communications have been key to the response. Strengthened relationships and shared knowledge will continue to take work forwards with some pre-pandemic initiatives but most to address new pandemic needs - food pantries, employment and skills hubs, and community grants. The pandemic has exposed inequalities within our communities, and work to address health inequalities includes the Healthier Communities Programme in North Hampshire, along with targeted work to raise awareness of key public health messages with the Nepali Community in North East Hampshire.

There is a broad range of partnerships and programmes working together to keep people safe at home. Following the Healthy Homes Workshop in January 2020, a working group was established in the summer of 2020 to take forward the workshop and needs assessment recommendations. This includes strengthening multiagency working through joint training opportunities. Survey recommendations are being implemented based on shared determinants of health which includes a joint induction offer across health/care/housing with the aim of more efficient and positive pathways for clients. The potential "Health Begins at Home" memorandum of understanding will be shared for organisations to commit to long term health outcomes and the support of the Board would be appreciated. Understanding home adaptation processes and policies will help guide the next steps as outlined in the business plan.

Homelessness prevention work commissioned by the STP and the impact of remarkable effort for people experiencing homelessness who have the worst health outcomes. While the scale of the effort by health and social care and local authority partners right across the geographical footprint of Hampshire has been significant, it is not a start and finish activity. The numbers change and for a sense of the scale of the data from March 2020, there were 1700 people homeless with a high percentage underlying physical and mental health conditions and health needs, even when registered with GPs.

Highlighting outcomes achieved together with a growing multidisciplinary team approach and working groups with transformed access to mental health services for adults and older adults across the community. Development of primary care services access, acute hospital discharge with people presenting homeless, and housing outreach services for people facing multiple challenges.

Driven by changing narrative, shared learning, home being the underpinning social determinants of health and a common purpose with sustained appetite for whole system changes. A large percentage of people facing homelessness need provision of wrap around support and emergency or shared housing to help them lead their best lives and overcome deteriorating mental health and manage debt. Concerns have been shared with local authority partners regarding rent and mortgage arrears, the end of furlough, and moratorium on eviction to accelerate broader system collaboration. Without a home, nothing else can fall into place and the development of health begins at home.

The aim of the built and natural environment priority is that new developments are designed with health and wellbeing in mind, encouraging active travel and

physical activity with sustainability at the core. There are a number of examples of where this approach has been successfully developed. Walking, cycling, and running have increased over the pandemic and the new County Council walking and cycling principles presented and considered in Local Transport Plan (LTP) 4 is next on today's Agenda. Physical activity in local community and schemes delivered by council and voluntary sector are key. It is unfortunate that it took a pandemic to make these changes, but lessons learned will continue to be reflected in work following on past the pandemic.

In response to questions, Members heard:

Homelessness and addiction services are connected but this aspect of health services is often underfunded and underserved. Consistent working with partners has coproduced specifications with voices of people who have lived with it, for those currently experiencing homelessness on a more outreach type basis.

It will be critical to take positive actions happening in parts of the geography to upscale it with wider initiatives consistently for everyone. Recently formed districts and boroughs community recovery forum includes sharing learning in areas and potentially expanding the impact. Linking to Council wide equivalent, welfare and recovery forum to have these important conversations is key to upscaling.

Willingness for people to operate in partnership across the patch but also feedback on disconnected local authority structure will help the business of joining up and avoid designing in a weakness, in order to have a single voice.

While homes having green spaces and the outside environment are important the internal building specifications of homes are too. With a shift towards working from home, cooking at home, and being healthy - the space to do so inside is critical with minimum specifications considered by developers. A significant part of the Healthy Homes Needs Assessment is to bring together partners to improve the built structure of housing. The Public Health team also contributes to new development consultations and consider improving indoor spaces in building applications.

Members noted that NHS health outcomes are key to the success of ICS and homes are an integral determinant of health. Improving homes to make them warmer and more sustainable will prevent winter deaths due to cold and be in keeping with the County's Climate Emergency.

Future home designs, size and layout and transport plans have a significant impact on health. While Building for Life standards exist for healthy homes these guidelines should be considered in local building and transport planning to future proof developments.

Members thanked those presenting for a very thought-provoking discussion that highlighted the need for a housing workshop and was exceedingly helpful and useful. The Executive Member for Children and Young People noted that some homes have been too small for families to live in comfortably through the multiple

lockdowns. Safeguarding issues, difficult situations, and the safety and wellbeing of children and young people also needs consideration engaging planners and districts to ensure that when homes are built, they are fit for purpose and for the future.

Members agreed to bring these conversations back to their organizations and encourage districts and boroughs to add these considerations into their planning iterations. After further discussion, an additional final recommendation was proposed, seconded and agreed by Members to strongly encourage taking these factors into account.

RESOLVED:

That the Health and Wellbeing Board--

- Noted the contents of the Briefing Paper and the direction of travel being taken by the HIOW ICS as it develops.
- Note the Healthy Homes project progress and endorse the planned next steps to develop and roll out a joint induction opportunity, and multi-agency training including educational videos.
- Note the good practice examples of work going on across Hampshire to develop healthier communities, along with the value of partnership working in this area to reduce health inequalities in Hampshire.
- Support the exploration of a Health Begins at Home Memorandum of Understanding which would allow organisations to make a commitment towards the use of housing to improve the long-term health and wellbeing of communities.
- Receive a status report on current Disabled Facilities Grant (DFG) practice at a future Health and Wellbeing Board meeting.
- The Hampshire Health and Wellbeing Board request all Planning Authorities to review their Local Plans with particular regards to current and emerging design standards for healthy homes.

#### **b. Local Transport Plan 4**

Members received an update from Public Health and Transportation colleagues currently collaborating on the refresh of the Local Transport Plan (LTP). This has been a valuable opportunity to incorporate the health of Hampshire residents, as transport has a wide-ranging impact on not just access, but on the wider determinants of health.

Members heard that the impact of place and how transport shapes it from spatial aspects of roads, green spaces, cycling and walking infrastructure to connectivity of streets if residents are able to access community feel safe. Unfortunately, the

negative consequences are most felt by disadvantaged groups including noise, air quality and separation with a physical and mental health impact.

The transport strategy is currently in the engagement stage for the Local Transport Plan 4. Following this there will be a consultation stage after which it is planned to adopt a new plan by the end of the year. This is the time to influence and shape before putting pen to paper. Engagement is taking place on 2 design principles, the LTP objectives and the drivers of change including: changing climate, environment, changing society, changing economy, and changing technology. The design principles mark a change in policy direction and are “the engine” of the LTP.

Some headline finding of the technical evidence base and research were reviewed, notably around decarbonisation of the transport system, health and transport trends, and the impact of pollution from transport on health.

In response to questions, Members questions --

The rise in homeworking presents an opportunity to reduce the need to travel. Rail usage and future strategies will need to respond to the longer-term impact of the pandemic. Rail patronage, of all modes, has seen the biggest drop during the pandemic. The industry is currently developing strategies to support a strong recovery but in a very uncertain future. The historic rail system was commercially based on supporting long distance commuting to London. This is considered likely to change because of the rise in remote working. Post pandemic, the rail network will need to adapt to offer a much broader market of services and offers including a more local rather than London centric operating model.

It was recognised that the car was an important mode of transport that has brought significant freedoms and prosperity. It is the dominant mode in most rural parts of Hampshire. The strategy would need to balance the needs of car drivers and other modes carefully. It will be important to encourage and support people through positive changes and take the people along the journey.

The LTP would include a rural topic paper reflecting the complex nature and challenges faced by residents of villages without surgeries, shops, or buses. Solution like enhanced fibre networks to improve connectivity should have a role to play in such locations.

Members commended the report and focus on implications for health. Younger generations already have changed behaviours and getting people on board must also make it easier for individuals to make the right choices. Inequalities will be improved and there is scope to impact even the smaller journeys and increase physical activity there.

The recent ratification of a refresh of the plan for prominence to physical activity and Energise Me’s H10W physical activity strategy and active transport will further address inequalities via structural determinants that impact physical activity and active transport. Remote appointments, working from home and opportunities around access and shared learning will be shared. Continued

investment in the green strategy, hospital infrastructure, travel links etc. and the response to the climate emergency will further this journey.

RESOLVED:

That the Health and Wellbeing Board--

- To note the process by which the LTP is being developed and the opportunity for Board members to influence its future direction.
- For Board members to consider responding to the local transport plan engagement.

*The Director of Public Health joined the meeting at this time.*

*A ten-minute comfort break was taken at 11:35am.*

## 150. **HEALTH AND WELLBEING BOARD ANNUAL REPORT**

The Director of Adults' Health and Care introduced the Health and Wellbeing Board's annual report from the Director of Public Health, with a key focus on inequalities as result of covid but also pre-existing factors. Each Board Sponsor provided an update on progress, impact of Covid, challenges, key developments and upcoming priorities within their theme.

### **Strategic Leadership**

Members heard that the work of the Board had been taken forward in the last year via virtual meetings with good discussions improved attendance, a survey carried out, and that the Joint Strategic Needs Assessment had been paused but was now being picked up with additional information expected from the current Census. Inequalities identified through Covid and earlier, are being addressed through various Boards best placed to take action and threaded through all work. Climate change work has started at the County Council and also further across partnership in relation to health, as well as key areas in planning and local developments to improve health and wellbeing outcomes at the place level.

### **Starting Well**

Members heard that following on from the recent update to the Board, significant investment and activity has taken place in regards to children's mental health including close working with Clinical Commissioning Groups (CCGs). The impact of Covid with children not being at school and additional pressures on families with the effects of lockdown expected to be seen for some time with significant work and interventions put in place to support families and young people across agencies. A joint commissioning strategy with CCGs has been agreed and will delivering targeted work around domestic abuse and parenting pathways as priorities.

## **Living Well**

Members heard that as a result of the pandemic, inequalities have been highlighted across population and though care has been available, not everyone has been able to access care and for the majority it has not been face to face. There has been good work focused on health and wellbeing around those shielding and homeless. Encouraging registering and receiving care have demonstrated examples of agencies working together. There has been a focus on mental health throughout the year. While there has been Covid related challenges with the anti-smoking program during pregnancy, the work is continuing and new investment to for weight management and obesity prevention. Increase in self harm, domestic abuse, and poor mental health have escalated as a result of social isolation. The focus remains on the underserved and on how to offer health and care and support them in taking up the services. Digital tools have kept the work moving forwards and coproducing solutions alongside voluntary sector.

## **Aging Well**

Members heard paralleled joint working across Hampshire and particularly noting the contribution of the Voluntary Care Sector (VCS) alongside statutory organizations which have been at the forefront supporting residents in collective response. The one-year anniversary of the first national lockdown will take place on 23 March and be a national day of reflection to consider what has been endured and those lost. Colleagues are urged to observe the minute's silence at noon for a moment of reflection. Work undertaken in support of older people continues to extend beyond including the welfare helpline and supporting those shielding and vulnerable. Over a hundred thousand residents identified as clinically vulnerable or otherwise have been contacted and supported. The Healthy Homes Needs Assessment identifies key issues to be addressed. Technology and focused use in supporting residents has been a key development with continued use, leaving no one behind as a feature of collective working and shared ambitions. Fantastic examples of critical work have been taking place across the county and community, bringing good work forwards and maintaining new effective ways of working. Representation for carers has helped support the extended community to keep people safe and independent. VCS and faith communities have supported marginalized areas with local response centres and food banks. Those most vulnerable are prioritized for vaccination and in the transition out of lockdown, there is much catching up to be achieved in terms of services and support.

## **Dying Well**

Members heard this was a timely conversation about the HIOW and Frimley ICS with regards to this particular chapter reflecting work and learning from across both geographies. The End of Life (EOL) Board established with key representatives and wider community representation. Bereavement and care after death, rollout of ReSPECT to be implemented in May and the difficulties for providers and hospices over Covid and understanding their significance in the end-of-life pathway. The SCAS pathway has been critical to patients being transferred to die at home. Progress against metrics is currently on hold due to

Covid impact but the HIOW ethical framework takes into account the fundamental principles such as everyone matters and the harm that could be suffered minimized, based on development work and collaboration of clinicians across the area. Funding and resources have been secured for ePaCCS rollout in the autumn.

### **Healthier Communities**

Members heard that at the last physical meeting at healthy homes workshop was limited by the size of the venue but the pandemic has shown new ways of working with increased capacity. Recovery workshops have identified examples of good practice shared with districts and boroughs. New policies have been put into place in light of the Covid impact with successful homelessness strategies and local response centres stepping out to the mark with VCS and local authority support. Issues coming to light with mental and physical challenges and financial hardships have been signposted to new initiatives with partners keen to share knowledge across communities.

Members thanked all Board Sponsors and noted the positive progress. It was noted that a deep dive would follow on the ICSs and Boards that fall within and that inequalities will remain the firm focus of the partnership.

Members requested a visually appealing and engaging summary of the Annual Report be circulated to be shared with colleagues and organizations and it was confirmed this would be taken forward as an action.

#### **RESOLVED:**

That the Health and Wellbeing Board--

- Note the update, progress, and upcoming priorities of the Board's work.
- Actively share the report with constituent members' boards and committees to ensure further engagement and development of the plan for 2021/22.

#### **151. FORWARD PLANNING FOR FUTURE MEETINGS**

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

Members noted the following:

- An update would follow as part of Strategic Leadership and the embedding of a culture of co-production.
- Embedding positives of Covid learning and united approach for a thumbnail sketch across chapters and supporting each other in addressing inequalities for residents.

- Upcoming workshop for development of the next physical activity strategy from all different sectors and request to bring this forward to the Board with appreciation of colleague's engagement and commitment to physical activity.
- Joint Strategic Needs Assessment update to follow over the summer.
- Signing off the on Pharmaceutical Needs Assessment expected at the next meeting.
- An update requested on the Joint Hampshire and Isle of Wight children and young people's mental health and emotional wellbeing Local Transformation Plan following on from December 2019.
- Following on to the excellent LTP4 presentation request for planning colleagues to attend for similar discussion.
- Organizational support and how we behave in the new world and request to carve our time to facilitate cultural differences and working together better.

The next formal meeting of the Board will take place on Thursday 1 July.

*The meeting concluded at 12:15pm.*

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Chairman,