

AT A MEETING of the HEALTH AND WELLBEING BOARD held at The Castle, Winchester on Wednesday, 4 February 2015.

PRESENT

Chairman:

- p Councillor Liz Fairhurst (Executive Member for Adult Social Care and Public Health, Hampshire County Council)

Vice-Chairman:

- p Dr Barbara Rushton (Chair, South Eastern Hampshire Clinical Commissioning Group)

- p Councillor Roger Allen (Gosport Borough Council)
- p Dr David Chilvers (Chair, Fareham & Gosport Clinical Commissioning Group)
- p John Coughlan (Director of Children's Services and Deputy Chief Executive, Hampshire County Council)
- p Gill Duncan (Director of Adult Services, Hampshire County Council)
- p Mary Edwards (Chief Executive, Hampshire Hospitals NHS Foundation Trust)
- p Dominic Hardy (Director of Commissioning Operations, NHS England Wessex)
- p Sue Harriman (Chief Executive, Solent NHS Trust)
- a Simon Hayes (Police and Crime Commissioner)
- p Christine Holloway (Chair, Healthwatch Hampshire)
- p Dr Sam Hullah (Chair, North Hampshire Clinical Commissioning Group)
- p Councillor Keith Mans (Executive Lead Member for Childrens Services and Deputy Leader, Hampshire County Council)
- p Dr Ruth Milton (Director of Public Health, Hampshire County Council)
- a Cllr Peter Moyle (Leader of Rushmoor Borough Council)
- p Dr Sarah Schofield (Chair, West Hampshire Clinical Commissioning Group)
- p Gary Smith (Head of Policy, Hampshire County Council)
- p Nick Tustian (Chief Executive, Eastleigh Borough Council)
- p Councillor Pat West (Hampshire County Council)
- p Dr Andrew Whitfield (Chair, North East Hampshire and Farnham Clinical Commissioning Group)
- p Peta Wilkinson (Chief Executive, Enham)

Also in attendance:

Councillor Roy Perry, Executive Member for Policy & Resources and Leader of Hampshire County Council

Councillor Patricia Stallard, Chairman of Hampshire Health and Adult Social Care Select Committee (standing observer)

Dr Paul Howden (Deputy Chair, Fareham & Gosport Clinical Commissioning Group)

72. **BROADCASTING ANNOUNCEMENT**

The Chairman announced that the press and members of the public were permitted to film and broadcast the meeting. Those remaining at the meeting were consenting to being filmed and recorded, and to the possible use of those images and recording for broadcasting purposes.

73. **APOLOGIES FOR ABSENCE**

Apologies were received from:

- Paul Archer, Director of Policy & Governance at Hampshire County Council. His Substitute Gary Smith, Head of Policy and Programmes, attended in his place.
- Dave Yates, Chief Executive, New Forest District Council. Nick Tustian, Chief Executive, Eastleigh Borough Council attended in his place.
- Katrina Percy, Chief Executive, Southern Health NHS Foundation Trust. Sue Harriman, Chief Executive, Solent NHS Trust attended as substitute.
- Cllr Peter Moyle, Leader of Rushmoor Borough Council. Cllr Anne Crampton his substitute was unable to attend in his place.
- Cllr Brian Bayford, Executive Member for Health and Housing, Fareham Borough Council. Cllr Roger Allen, Gosport Borough Council attended as substitute.
- Simon Hayes, Police and Crime Commissioner. Robin Jarman his substitute was unable to attend in his place.

74. **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 Personal Interest in a matter being considered at the meeting they considered whether such interest should be declared, and having regard to Part 5, Paragraph 4 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.

75. **MINUTES**

The Minutes of the Health and Wellbeing Board meeting held on 4 November 2014 were confirmed as a correct record and signed by the Chairman.

Matters arising: under minute 64 (Winterbourne View Update) it had been mentioned that the Board could look at housing issues in future. The request for this topic to be included on a future agenda for the Board was reiterated. It was noted this issue had been discussed at a public health sub group of the Board, and public health could report back to a future Board meeting.

76. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman highlighted that a Seminar was being arranged for the Board on Tuesday 24 March. It was planned to focus on End of Life Care

at this seminar.

The Chairman reported that NHS England had surveyed Health and Wellbeing Boards regarding whether they plan to adjust their ambitions relating to reducing non elective admissions, compared to what was submitted in Better Care Fund Plans. Due to the short turnaround required she had agreed a response on behalf of the Board, which had been circulated to Board members. The response for Hampshire was that there are no plans to change the targets for non-elective admissions in our BCF Plan, although the actual data from 2014/15 will mean a revised baseline to work from.

77. **POSITIVE PARTNERSHIPS STRATEGY**

The Board received a report from the Director of Adult Services at Hampshire County Council (Item 5 in the Minute Book), regarding the Positive Partnerships Strategy. The strategy was presented by Ross Smith and Rachel Harrison, service users who were part of the strategy working group.

The Board heard:

- That the strategy had been co-produced between the County Council and a working group of service users
- The key message from service users was that they wanted to have a life not just be alive
- The strategy highlighted the importance of personalisation – of providing services based on an individuals needs
- That transition from children's to adults services was important and work was ongoing to support this aspect
- That technology increasingly helped people to remain independent, although some people would need support to make the most of the opportunities presented by technology

Board Members commented:

- That they welcomed the strategy and supported its goals
- That district councils were keen to help implement the strategy in regard to the services they provide such as leisure provision. The Chairman suggested the topic be discussed at District Health and Wellbeing Forums.

RESOLVED:

That the Health and Wellbeing Board endorse the Positive Partnerships strategy, and receive a further report on the implementation of the strategy in a years time.

78. **MENTAL HEALTH**

The Board received a report from the Director of Adult Services (Item 6a in the Minute Book) regarding the seminar 'mental health matters' held on 24 October 2014. The report was presented by Tracey Butler (managing director of Raise, a mental health training company, who facilitated the seminar) and Dr Lesley Stevens (Clinical Director for Mental Health,

Southern Health NHS Foundation Trust).

The Board Heard:

- That there had been a positive atmosphere at the seminar, which provided a good platform for joined up working going forwards
- That a steering group for the Wessex area was looking at parity of esteem between mental health and physical health. It was important to recognise the interaction between the two – the importance of meeting the physical health needs of those with mental health problems, and considering the mental health needs of those with a physical health problem e.g. those with long term conditions experiencing anxiety or depression
- That people are familiar with steps to take to promote their physical health such as diet and exercise, however people are often not aware of what to do to support their mental health
- That there were opportunities to co-produce improvements to service provision with service users and service providers
- That health leaders should be honest with service users about the financial situation, so they understand the reasons behind changes to services, and can help make sure changes are effective

Board Members commented:

- That the Clinical Commissioning Groups were supporting the service provider (Southern Health NHS Foundation Trust) to provide services in the community as much as possible, and to integrate mental health services in Integrated Care Teams
- That Healthwatch are contacted frequently about mental health issues, and this may be an area of priority for Healthwatch Hampshire for the coming year
- It was suggested that the Health and Wellbeing Board seek to consider mental health when looking at any other health issue. It was also noted that local authorities and the NHS are large employers and could start with ensuring support to their own staff's mental health was robust
- That a bid was being prepared by South Eastern Hampshire CCG to be a vanguard Multi-speciality Community Provider (MCP). The support of the Board for this approach would be welcomed. It was agreed to share the bid with the Chairman following the meeting, noting the short deadline for submission of the bid

The Board also received a report on the local implementation of the Mental Health Crisis Concordat from the crisis concordat steering group (Item 6b in the Minute Book).

The Board also noted the issues referred to it by the Health Overview and Scrutiny Committee in May 2014 regarding demand for adult inpatient mental health beds, and the briefing note provided in December 2014 by the service provider (Southern Health NHS Foundation Trust) regarding their response to this ongoing situation (Item 6c in the Minute Book). Cllr Mans commented that it was unfortunate to see the need for additional inpatient beds, when the provider had closed a number of inpatient beds in recent years. It was noted that the Health and Adult Social Care Select Committee was continuing to monitor adult mental health services

following those changes, which saw increased focus on supporting individuals with mental health needs in the community. It was agreed that thought be given to how the Board take forward it's oversight of mental health services, given it's strategic role, and the need to be mindful of the role of the Health and Adult Social Care Select Committee to scrutinise provision of health services.

The Board also noted the recommendations made to the Board by the Health and Adult Social Care Select Committee regarding use of Section 136 of the mental health act (Item 6c in the Minute Book). It was reported that agreement had been reached to provide three places of safety for children, within inpatient mental health units, to avoid children detained under section 136 being taken to inappropriate settings such as police stations. This provision would be operational from 1 April 2015, and a briefing note had been provided on the service. Board Members welcomed this development.

RESOLVED:

- That the seminar report be circulated widely and shared via board members' websites and included in the Health and Wellbeing Board communications.
- That the virtual planning group be retained in order to provide a 'sounding board' to reflect on progress and support initiatives such as the new community based network of support.
- That when the District Forum report to the Board in September 2015 they include actions that they are taking / planning to take to promote good mental wellbeing.
- That the Public Health Group provides updates on the breadth of work being undertaken to describe the extent of the issues and how it intends to consider a strategic approach to enable actions going forward over 2015-2016.
- That the Crisis Concordat Group considers how best to respond to the seminar findings on crisis care and incorporate any agreed actions in to their action plan and verbally report these to the next Board meeting.
- That Wessex Local Area Team Parity of Esteem Group provide an annual overview on progress towards parity of esteem.
- The Health and Wellbeing Board note the content of the report on the Mental Health Crisis Concordat, and the priorities for local delivery of the Concordat.
- The Chairman of the Health and Wellbeing Board write to the Chairman of the Health and Adult Social Care Select Committee to provide an update on the aspects raised in their recommendations and any action due to be taken by the Board.

79. **SUPPORTING (TROUBLED) FAMILIES PROGRAMME**

The Board received a report from the Director of Policy & Governance at Hampshire County Council (Item 7 in the Minute Book), regarding the Supporting (Troubled) Families Programme in Hampshire. A supporting presentation was given by Ian Langley, Strategic Lead for the Programme at Hampshire County Council.

The Board heard that:

- The second phase of the Supporting (Troubled) Families Programme widened the criteria for families being selected for the programme to include families with health problems
- Due to strong performance under phase 1 of the programme, Hampshire was starting phase 2 early, in January 2015
- It was highlighted that the best way to identify families for the programme was through local staff using their knowledge of families they come across, rather than simply using data

Board Members commented:

- That Hampshire had been successful with the programme to date, including when families had been followed up to see whether early outcomes (e.g. gaining employment) had been sustained

RESOLVED:

That the Health and Wellbeing Board:

- Note Phase 2 developments to date and Hampshire's early entry into Phase 2 of the programme on 1 January 2015
- Note and actively promote Hampshire's Troubled Families Outcome Plan (Appendix D to the report) to health partners.
- Note and act upon the three key areas outlined in paragraph 8.3, in particular to promote the programme and family centred approach to health partners, especially the identification and engagement of families where pre-school children fail to thrive, domestic abuse exists or where substance misuse or mental/physical health issues are prevalent.

80. **SAFEGUARDING CHILDREN BOARD ANNUAL REPORT**

The Board received a report from the Director of Children's Services at Hampshire County Council (Item 8 in the Minute Book) regarding the Annual Report of the Hampshire Safeguarding Children Board for 2013/14.

The Board heard that:

- West Hampshire Clinical Commissioning Group represent the Hampshire CCGs on both the Adults and Children's Safeguarding Boards. They feedback to the other CCGs through regular 'Hampshire Five' meetings of all the CCGs, and each CCG feeds back messages to their member GP practices and local medical committee
- Interagency arrangements exist specifically to co-ordinate between agencies in relation to Missing Exploited and Trafficked children

RESOLVED:

The Health and Wellbeing Board:

- Note that the child protection partnership is working effectively across Hampshire but there are severe pressure points in relation to the increased complexity of cases and activity in the system
- Consider the implications of the Child Sexual Exploitation problem

- profiling across Hampshire for their individual agencies
- Ensure that learning from Serious Case Reviews is embedded in respective agencies and leads to effective information sharing between organisations

81. **PRIMARY CARE CO-COMMISSIONING**

The Board received a presentation from Dr Tim Cotton (Clinical Director Primary Care, West Hampshire Clinical Commissioning Group) on behalf of the Hampshire Clinical Commissioning Groups (Item 11 in the Minute Book) regarding the commissioning of primary care services.

The Board heard:

- That currently the majority of primary care services are commissioned by NHS England, with Clinical Commissioning Groups (CCGs) only commissioning local enhanced services
- That there are opportunities for CCGs to have greater involvement in the commissioning of primary care services via: greater involvement with commissioning by NHS England; Joint Commissioning with NHS England or Delegated Commissioning
- It was hoped bringing commissioning of primary care closer to commissioning of secondary and tertiary care would help develop a comprehensive out of hospital care system
- CCG governance arrangements were being strengthened to manage any potential conflicts of interest in commissioning GP services. Committees would be required which would include representatives of Healthwatch and the Health and Wellbeing Board as non-voting members
- Of the Hampshire CCGs, North Hampshire and North East Hampshire had opted for a Joint Commissioning model, West Hampshire, South East Hampshire and Fareham & Gosport CCGs had opted for a Delegated Commissioning model
- The ambition was to enable services to be commissioned cohesively focused around the needs of the patient, avoiding the current dis-connect between hospital and out of hospital services

Board Members commented:

- That one of the ways the local health system was moving in this direction was the vanguard bid for a Multi-speciality Community Provider (MCP), one of the options for the future shape of services envisioned in the NHS Five Year Forward View
- It was hoped this approach would simplify what could currently be fragmented commissioning approaches, and address the need to review how primary care services work alongside hospital based services, to move care towards the community and be financially sustainable in the future
- Primary and Acute Care Systems (PACS) is another option in the NHS Five Year Forward View which could be explored in future
- That care needed to be taken to ensure services were commissioned for the benefit of patients, not the benefit of providers. It was responded that robust structures were in place, including that primary care commissioning committees would be chaired by a lay member and vice chair, and would have a non

clinical majority (although would receive relevant clinical input)

RESOLVED:

That the Board note the approach to primary care co-commissioning being taken in Hampshire.

82. **PHARMACEUTICAL NEEDS ASSESSMENT**

The Board received a report from the Director of Public Health at Hampshire County Council (Item 9 in the Minute Book) regarding the Pharmaceutical Needs Assessment for Hampshire. The report was presented by Simon Bryant (Consultant in Public Health at Hampshire County Council).

The Board heard:

- That while the Healthy Living Pharmacy initiative was outside the scope of the Pharmaceutical Needs Assessment, meetings were taking place to establish how to take advantage of this programme in Hampshire

Board Members commented:

- Thanks was given to those who had helped compile the needs assessment.

RESOLVED:

That the Board approve the Pharmaceutical Needs Assessment for Hampshire for 2014-2018.

83. **HEALTHY WEIGHT STRATEGY 2015-2019**

The Board received a report from the Director of Public Health at Hampshire County Council (Item 10 in the Minute Book) regarding the draft Hampshire Healthy Weight Strategy for 2015-2019. A supporting presentation was provided by Sian Davies (Consultant in Public Health at Hampshire County Council).

The Board heard:

- That 65% of adults in Hampshire are either overweight or obese. Obesity has an impact on people personally and is a risk factor for long-term conditions, cancer and other diseases. For those that are morbidly obese, it can reduce life expectancy by 10 years. Obesity has also been estimated to cost the NHS £300 million a year in Hampshire and to cost employers in the UK \$7 billion annually
- The causes of obesity are complex, and not just down to the behaviour of the individual. This means the strategy has to involve many partners not just those in the health sector
- The strategy looks at the whole life course, and has three main objectives: To support an environment that makes healthy choices the easy choice, to encourage positive lifestyle changes and to enable access to evidence based interventions for those who need

them. It recognises that inequalities in health exist and these need to be recognised.

- The strategy focusses on making sure healthy choices are the easy choice, and developing communities and work place practices which support healthy lifestyles
- It was noted that all frontline staff could initiate conversations with people they deal with, to prompt them to reflect on their lifestyle, not just GPs
- The strategy would be consulted upon, and action plans developed to implement the proposed approaches

Board Members commented:

- That University Hospital Southampton host research on nutrition, and were willing to be involved in work associated with the strategy
- That there were links with mental health, and the Supporting Troubled Families Programme
- That there was a perception of eating disorders increasing. It was noted that the approach to eating disorders was clinically led, whereas this strategy was at a population level. However, thought would be given to how to tackle this issue in approaches aimed at adolescents
- That links needed to be made with local plans, to ensure public spaces supported active lifestyles, and the walking and cycling strategy due to be developed by the County Council was a part of this
- It was queried whether there was opportunity for the Board to lobby the food and drinks industry, and for district councils to look at limiting the licensing of fast food outlets and takeaways. It was noted this was a complex area, but discussions were underway to explore opportunities.

RESOLVED:

The Health and Wellbeing Board:

- Note progress on the Hampshire Healthy Weight Strategy 2015-2019
- Support the Hampshire Healthy Weight Strategy 2015-2019 through the next stage, which will be to go to public consultation
- Note that the final Hampshire Healthy Weight Strategy 2015-2019 will be presented to the Health and Wellbeing Board once consultation has been completed.

84. **WINTER PRESSURES AND SYSTEM RESILIENCE**

The Board considered a presentation from the Director of Adult Services and Director of Public Health at Hampshire County Council, and the Chief Officer of South Eastern and Fareham & Gosport Clinical Commissioning Groups on behalf of the Hampshire CCGs (Item 12 in the Minute Book). The presentation reflected on the pressures experienced in the local health system over the winter, responses to manage the situation, and ongoing learning.

The Board heard:

- That Hampshire was served by a number of hospitals, and had experienced increased pressures this year compared to previous years as multiple hospitals/systems had escalated to red/black at the same time
- Data demonstrated that the pressures arose from high levels of people being admitted to hospitals with respiratory and cardiac problems, not simply high unnecessary Accident & Emergency attendances
- High levels of staff sickness had also exacerbated the situation
- The 111 service had experienced double the call volumes compared to the same period the previous year
- Bed pressures were compounded by availability of staff to support discharge over weekends and bank holidays, indicating more needed to be done to move to seven day working in the NHS and social care
- Responses locally had involved investment in additional beds and extra staff
- Learning from the situation had been that there were opportunities to reduce the complexity of discharge processes, and potential benefits to stronger operational control across systems in times of high pressure

Board Members commented:

- That the CCGs were grateful to the County Council for the response of social care staff to support individuals during this pressure period
- The pressures for acute hospitals meant their elective surgery had to be suspended, which would have an impact on their funding situation. Acute providers had also needed to use agency staff to cover for staff sick leave which was expensive
- While the NHS 111 service may be risk averse in the number of ambulances despatched to calls, arrangements were in place with the ambulance service which meant that while an ambulance may attend a call out, less than 50% of those seen would end up being conveyed to a hospital setting
- That in some cases GPs are deployed at Accident & Emergency departments to help manage cases which arrive there but don't need to be admitted. It was noted that the Emergency Care Intensive Support Team (ECIST) had published a report on mechanisms that help manage demand at A&E. However, it was commented that it would be preferable to have a better established model of working between primary care and acute care.
- That the situation reinforced the importance of building multi professional teams who could support individuals with complex needs in a community setting, to avoid them becoming a hospital inpatient
- That the Health and Adult Social Care Select Committee would be considering this issue at their March meeting. Further reflections could be brought back to the next meeting of the Board, alongside wider approaches to Multi-speciality Community Providers and out of hospital care

- That the cold weather was continuing. It was agreed a statement from the Chairman of the Board be released to remind the public of what to be mindful of during the winter

RESOLVED:

That the Board note the work undertaken locally to manage winter pressures, and receive an update on the learning at the June 2015 meeting.

85. **BETTER CARE FUND: UPDATE**

The Board received a briefing note from the Director of Adults Services at Hampshire County Council (Item 13 in the Minute Book) regarding progress with implementation of the Better Care Fund in Hampshire.

RESOLVED:

That the update on the Better Care Fund is noted.

86. **DATE OF NEXT MEETING**

The Chairman announced that the next meeting of the Board was due to take place on 25 June 2015 at 10:00am.

Chairman, 25 June 2015