
NOTICE OF MEETING

HEALTH AND WELLBEING BOARD

WEDNESDAY, 21 SEPTEMBER 2016 AT 10.00 AM

CONFERENCE ROOM A - CIVIC OFFICES

Telephone enquiries to Joanne Wildsmith, Democratic Services Tel: 9283 4957

Email: joanne.wildsmith@portsmouthcc.gov.uk

Health and Wellbeing Board Members

Councillors Luke Stubbs (Joint Chair), Donna Jones, Gerald Vernon-Jackson CBE, Ryan Brent and John Ferrett

Dr James Hogan (Joint Chair), Innes Richens, Ruth Williams, Healthwatch Portsmouth, Dianne Sherlock, Sue Harriman, Jackie Powell and Tim Powell

Plus one other PCCG Executive Member: Dr Linda Collie , Dr Elizabeth Fellows , Dr Dapo Alalade and Dr Tim Wilkinson

Portsmouth Councillor Standing Deputies:

Councillor Colin Galloway

(NB This Agenda should be retained for future reference with the minutes of this meeting.)

Please note that the agenda, minutes and non-exempt reports are available to view online on the Portsmouth City Council website: www.portsmouth.gov.uk

Deputations by members of the public may be made on any item where a decision is going to be taken. The request should be made in writing to the contact officer (above) by 12 noon of the working day before the meeting, and must include the purpose of the deputation (for example, for or against the recommendations). Email requests are accepted.

A G E N D A

1 Welcome, Apologies for Absence and any declarations of Members' Interests

Apologies for absence have been forwarded by Councillor Luke Stubbs, Innes Richens, Dianne Sherlock and Ruth Williams.

Dr J Hogan will be chairing this meeting.

2 Minutes of Previous Meeting - 22 June 2016 (Pages 1 - 6)

RECOMMENDED that the minutes of the meeting of the Health & Wellbeing Board held on 22 June 2016 be approved as a correct record to be signed by the Chair.

3 Blueprint for the Health and Care Portsmouth Programme - Update (Pages 7 - 14)

Report by Portsmouth Health and Care Executive attached which sets out progress so far with the Blueprint for Health and Care in Portsmouth and identifies the next actions to be undertaken.

The Health and Wellbeing Board is RECOMMENDED to:

- i) note the progress so far in progressing the Blueprint for Health and Care in Portsmouth;**
- ii) comment on the proposed next steps for the programme.**

4 Healthwatch Annual Report Summary (Pages 15 - 34)

This summary will be presented by Patrick Fowler from Portsmouth Healthwatch.

5 Portsmouth Safeguarding Adults Board - Strategic Plan (Pages 35 - 52)

The Portsmouth Safeguarding Adults Board Strategic Plan is attached for presentation by the PSAB Chair Robert Templeton.

RECOMMENDED that the Health and Wellbeing Board is note the report.

6 Recruitment of Joint Director of Public Health (verbal update)

David Williams, Chief Executive PCC, will give a verbal update on the process.

7 Decisions by Primary Care Commission Committee on GP Surgery Closures (information item) (Pages 53 - 54)

Information report prepared by Steve McInnes, CCG - for noting.

8 Date of next HWB meeting (information item)

To note that the next Health & Wellbeing Board meeting will be on Wednesday 30 November at 10am in Conference Room A of the Civic Offices.

Members of the public are now permitted to use both audio visual recording devices and social media during this meeting, on the understanding that it neither disrupts the meeting or records those stating explicitly that they do not wish to be recorded. Guidance on the use of devices at meetings open to the public is available on the Council's website and posters on the wall of the meeting's venue.

Agenda Item 2

HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING of the Health and Wellbeing Board held on Wednesday, 22 June 2016 at 10.00 am in Conference Room A, Civic Offices, Portsmouth.

Present

Dr James Hogan (in the Chair)
Councillor Luke Stubbs
Councillor Donna Jones
Councillor Gerald Vernon-Jackson CBE
Councillor Ryan Brent
Councillor Colin Galloway (standing deputy)
Dr Janet Maxwell
Innes Richens
Ruth Williams
Patrick Fowler
Dianne Sherlock
Sue Harriman
Jackie Powell
Linda Collie

Officers Present

David Williams & Kelly Nash

46. Welcome, apologies for absence and declaration of members' interests (AI 1)

Jim Hogan, as chair for this meeting, welcomed everyone and announced that no deputation requests had been received. He invited all the representatives present to introduce themselves.

There were no declaration of members' interests.

Apologies for absence had been received from Cllr John Ferrett and from Tim Powell.

47. Minutes of previous meeting - 2 December 2015 and Matters Arising (AI 2)

RESOLVED that the minutes of the Health & Wellbeing Board meeting held on 2 December 2016 be agreed as a correct record.

Matters Arising - Dr Hogan, asked that as it had been six months since the last meeting, that Innes Richens give a short verbal update on the developments on '**The Blueprint**' (minute 36/15). Innes Richens reported that this is now referred to as 'Health & Care Portsmouth', aiming to join up health and social care in sensible ways and to improve the quality of care received. A lot of effort was going into bringing together community nursing and community care for adult social teams, and there was now co-location of social workers and community health workers, for which there were great benefits for them talking directly to one another. GPs were working in alliance with Solent NHS Trust, looking at primary care services to ensure effective responses. There were also discussions taking place regarding back office/support services, infrastructure and the management of estates in the city. Consideration was also being given to bringing together care records and IT systems, to allow professionals greater access (with the necessary permissions) with the involvement of PHT regarding accessing shared IT systems by the Emergency Department. A piece of work was also being undertaken regarding early intervention and on the removal of barriers for arrangements for front line services, legally and contractually.

Sue Harriman and members of the Board shared their positive experiences of co-location of staff, and Dianne Sherlock was grateful for the inclusion of the voluntary sector, through the Living Well Team being part of the intervention process. Patrick Fowler was grateful to Innes Richens and Sarah Austin for attending the Healthwatch Board to update them on this progress.

48. PCC Membership Update (for information) (AI 3)

The Health and Wellbeing Board noted the City Council's annual appointments to HWB being Councillors Donna Jones (PCC Leader), Cllr Luke Stubbs (joint chair of HWB), Cllr R Brent (Lead member for Children's Services) and Cllr Gerald Vernon-Jackson CBE (Leader of the Opposition), with the addition of Cllr John Ferrett as a co-opted member of HWB. Cllr Colin Galloway was a standing deputy.

49. Special Educational Needs & Disabilities (SEND) Strategy (AI 4)

Dr Julia Katherine presented her 6 monthly update on the SEND Strategy and updated HWB on the readiness for inspection. The strategy is one of the 4 priorities within the Children's Trust Plan, and this had been refreshed to extend to 2019. As yet the date for inspection was not known and it would be over a 5 day period for the local authority, and this would focus on demonstrated outcomes.

Councillor Donna Jones asked to see the detailed strategy document, and this would be made available to members.

In response to questions, Julia Katherine reported that there is now a joint commissioning group and examples of good practice (such as early years and mental health) with other providers. She also explained that the SEND code of practice would apply to all schools, regardless of academy status.

Innes Riches emphasised the collaborative approach to the forthcoming inspection with meetings taking place between Julia Katherine's team and CCG colleagues. It was reported that an area to pay particular attention to was the transition to adult services to ensure there are robust processes for the 0-25 age group.

The Chair thanked Julia for the presentation of her report, which was noted.

50. Public Health Annual Report (Information Report) (AI 5)

Dr Janet Maxwell presented the annual report for Public Health, which the chair suggested be considered in conjunction with the Ipsos Mori Survey findings (agenda item 7 relating to Portsmouth Health and Lifestyle Survey 2015). This had been a postal and on-line survey and the findings showed the extent of residents' willingness to change behaviours. Janet Maxwell felt that prevention is key and there is the need to support implementing the lifestyle changes. The survey results had also highlighted health inequalities, such as male in the most deprived areas of the city dying 8 years earlier than those in other parts of the city. There was more work to do with those with entrenched health issues, such as supporting those wishing to quit smoking (three-quarters of smokers said they wanted to give up) and promoting good oral health (7% of respondents said they had never visited a dentist).

Section 12 of the report set out the summary of recommendations. These included the promotion of self-help and embracing of digital solutions (but without excluding those without IT access). Work with the voluntary sector was taking place through the extension of 'Portsmouth Together' funding for 2 years, which would be a city-wide partnership.

Janet Maxwell would report back to the Health & Wellbeing Board regarding progress.

During discussion of the issues raised, Cllr Stubbs welcomed the report to respond to the survey findings but did not feel that the membership of the Health & Wellbeing Board should be made too large. It was noted that the city shared poor health outcomes (in relation to the rest of the South region) with similar cities like Southampton. More community settings were needed for the healthchecks. Stronger advice was expected from Public Health England regarding the impact of low cost alcohol.

The map used dividing the city into 3 areas was questioned; some members felt that this masked the problems in the west side of the city, but this was based on arrangement of services in a north/south/central split. It was reported that ward data would still be available. The split of resources between different parts of the city was queried and Dr Maxwell would need to look into this information.

In response to questions raised on the possible benefits of e-cigarettes as a tool to give up or reduce smoking the Director of Public Health stated that the long term consequences were still not known. Public Health England was now saying that this method is healthier, so part of the advice locally was that

it is recognised that it is a tool in helping to give up (Dr Hogan reported that GPs locally were discussing whether to prescribe them). There is still the need to promote good lung health and clean air.

The positive messages of self-help and use of technology to access this, at a time of limited resources, was welcomed.

Discussion also took place regarding licensed premises and the need to promote alternatives to drinking to young people, partly through healthier high streets and work was continuing to tackle the illegal alcohol and tobacco trade. It was acknowledged that it would require lobbying for health to become one of the nationally recognised licensing objectives (for this then to be considered by the Licensing Committee locally when looking at applications).

The Health and Wellbeing Board noted the Public Health Annual Report and Janet Maxwell would report back on the refreshed priorities to the next HWB meeting.

51. Childrens Health Visiting Service (Information Report) (AI 6)

Kate Lees presented her information report regarding public health services for 0-5 year olds as well as the new responsibility for local authorities for commissioning all of the 0-19 year old Healthy Child Programme. The government's 'call to action' in 2011 had also stressed the importance of the first 1000 days for all outcomes. The health visit services followed a national model and there is a universal offer to all families with mandated health checks. Paragraph 4.4 of the report set out the 6 high impact areas for children's health which the health visitors focus on. There is also a specialist health visiting service for children with disabilities and an infant feeding team.

The Family Nurse Partnership is looking to change the referral criteria in line with changes being made nationally. The service is recognised nationally as one of the best performers.

The graph at paragraph 7.1 set out how the public health grant funding was used. The changes to funding and savings to the children's budget meant that the skill-mix of staff in the health visiting service was being reviewed, and there would be a temporary reduction in capacity whilst there was recruitment and training of staff (refer to paragraph 8.1 of the report). Members of HWB felt that the delivery of outcomes should be monitored. The positive impact of the health visitors going to families to create stability was recognised.

A question was raised by a member of the public attending regarding links with schools; Kate responded that the care follows the child with the health visitor handing over information to the school nurse.

The chair thanked Kate Lees for her report, which was noted.

52. Portsmouth Health & Lifestyle Survey of Adults (AI 7)

(This information item was considered in conjunction with the earlier Public Health Annual Report.)

53. Shared Director of Public Health Arrangements (AI 8)

David Williams, Chief Executive of Portsmouth City Council, gave a verbal update on the progress of discussions in the Hampshire & Isle of Wight area. Due to the pressures on budgets and the similar health problems being faced by Portsmouth and Southampton councils in their area, the two local authorities were pursuing the appointment of a joint Director of Public Health. Hampshire and the Isle of Wight had been involved in earlier discussions before the two cities decided to look at a joint appointment and the PCC Employment Committee had authorised David Williams to take this forward. Some of the partner organisations would be involved in the recruitment process. Innes Richens reported that the CCG were supportive of this direction to build upon the strong relationship with public health. This was seen to be a large responsibility for one individual across the two cities.

54. Update on Information Sharing Protocols (Information report) (AI 9)

Dr Janet Maxwell presented this information report which underpins the integrated work undertaken. The framework helped to clarify definitions and responsibilities and included legal gateways. She urged all HWB members to go through this with their staff to ensure the principles were adhered to. This had been agreed by the Children's Trust Board.

In response to queries raised regarding the implementation and the role of contractors, David Williams reported that there would be a rigorous process of sharing information with non-signatories and each of the agencies would have to have an information governance officer.

55. Date of next meeting (information item) (AI 10)

It was noted that the next Health & Wellbeing Board meeting would take place on Wednesday 21st September at 10am.

Any other business - Dianne Sherlock announced that on 29 June an Action Portsmouth Group event regarding integrated personal commissioning was taking place at which Innes Richens would update the voluntary sector on the progress on the 'Portsmouth Blueprint'.

The meeting concluded at 11.45 am.

Dr James Hogan
Chair

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Agenda Item 3

Title of meeting:	Health and Wellbeing Board
Date of meeting:	21 st September 2016
Subject:	A Blueprint for Health and Care in Portsmouth - progress so far and planned developments
Report From:	Portsmouth Health and Care Executive
Wards affected:	All
Key decision:	Yes
Full Council decision:	No

1. Purpose

- 1.1 To set out progress so far with the Blueprint for Health and Care in Portsmouth and to identify the next actions to be undertaken.

2. Recommendations

- 2.1 The Health and Wellbeing Board is recommended to:
- i) note the progress so far in progressing the Blueprint for Health and Care in Portsmouth;
 - ii) comment on the proposed next steps for the programme.

3. Background

- 3.1 The Blueprint for Health and Care in Portsmouth has now been adopted for a year, and has guided a number of developments around joint working over this period. It is therefore timely to consider the progress made so far, and identify the next actions that will be undertaken.
- 3.2 The Blueprint set out some of the drivers for change that require a combined strategic response amongst health partners, specifically:
- 3.3 **Population Need:** Before taking into account any other factors, the city population is expected to grow by 9000 (around 4%) between 2011 and 2030, with a 19.5% increase expected in the number of people over 85 by 2021.

This is a significant demographic shift which will place pressure on services. In this context there are further need factors that will have a major impact, including poverty levels and entrenched health inequalities (and the nature of fluid populations make these harder to overcome). Key points of note are that:

- 30% of the population have a long term condition; most of these have more than one
- People with long-term conditions use 50% of GP appointments and 70% of hospital beds
- Almost half of all the deaths in Portsmouth are caused by heart disease, stroke cancers and respiratory conditions
- Dementia is expected to have increased in prevalence by 31% by 2020
- Over 17,000 residents are unpaid carers.

3.4 Fragmented quality of care: Against this background of substantial need, we know that the existing system does not fully address the requirements of the population. There is consistent feedback from patients about the need to join up care. We have multiple systems for recording care across different services, distribution of services across the city, and overly hospital-centric care. We have poor outcomes in key groups, and evidence points to fragmented care as a cause of this.

3.5 Workforce: In trying to address need, it is important to note that there are shortfalls in the number of GPs, community nurses, social workers and carers in the city. The capacity of the current workforce is stretched, and technology is not always used to support work.

3.6 Value for money: There are significant pressures on budgets year on year, which means that it is vital to find opportunities for taking costs out of the system, and ensuring that maximum value is derived from all the available resources.

3.7 To respond to these challenges, a number of core changes were identified:

- Greater need for multi-disciplinary skills within roles
- Strengthen primary, community and voluntary sector care
- Improve use of the city's estate
- Develop a single care record and reduce IT systems
- Move towards outcomes-based commissioning and contracting

4. The Blueprint Commitments

4.1 The case for change in the Blueprint, which all partners in the Portsmouth Health and Care Executive signed up to, translated the identified needs and responses into seven commitments, a blend of principles and actions that

would be undertaken in partnership to shape the local health system to be the system that Portsmouth needs. The commitments are that we:

1. will build our health and care service on the foundation of primary and community care, recognising that people have consistently told us they value primary care as generalists and preferred point of care co-ordination; **we will improve access to primary care services when people require it on an urgent basis.**
2. underpin this with a **programme of work that aims to empower the individual to maintain good health and prevent ill-health**, strengthening assets in the community, building resilience and social capital.
3. **bring together important functions that allow our organisations to deliver more effective community based frontline services and preventative strategies:** this includes functions such as HR, Estates, IT and other technical support services.
4. **establish a new constitutional way of working to enable statutory functions of public bodies in the city to act as one.** This would include establishing the single commissioning function at the level of the current Health and Wellbeing Board with delegated authority for the totality of health (NHS) and social care budgets
5. **establish a single or lead provider for the delivery of health and social care services for the city.** This would involve looking at organisational options for bringing together health and social care services into a single organisation, under the single leadership with staff co-located. The scope of this would include mental health, wellbeing and community teams, children's teams, substance misuse services and learning disabilities. In time, it could also include other services currently residing in the acute health sector or in primary care.
6. **simplify the current configuration of urgent and emergency and out of hours services**, making what is offered out of hours and weekends consistent with the service offered in hours on weekdays so that people have clear choices regardless of the day or time.
7. **focus on building capacity and resources within defined localities within the city** to enable them to commission and deliver services at a locality level within a framework set by the city-wide Health and Wellbeing Board.

5. Progressing the programme - what has been achieved so far

5.1 Considerable progress has been made across partners in developing strong joint working across the partnership and examples have included:

- developing locality teams for adult services, bringing together community NHS nursing with adult social care fieldwork teams

- implementation of co-located multi-agency teams for children and young people's services
- implementation of the Living Well Service, a partnership between the NHS, Portsmouth's Adult Services and both the local and national AgeUK service
- development of the 3rd Sector engagement programme, which has included resourcing of schemes in the city supporting the principles of the "Blueprint"
- setting up and delivery of the local 'Acute Visiting Service', a GP visiting service managed and offered across multiple practices in the city
- primary care, community NHS services and core wellbeing services have now transferred to the same IT system software (SystemOne TPP) which will enable improved sharing of records and support integrated working
- integration of the NHS Portsmouth CCG's Chief Operating Officer and Director of Adults' Services functions into a single role
- achieving shared governance and financial arrangements under the Better Care Fund

5.2 This represents a significant level of change activity designed to improve customer outcomes and the efficiency and effectiveness of the wider system.

6. The broader landscape

6.1 Alongside the development of the Blueprint, a centrally-driven planning process for health services, the Sustainability and Transformation planning process, has been attempting to develop a system-wide Hampshire and Isle of Wight plan that is aligned with objectives set out in the NHS 5 year forward view. Nonetheless, within this process there is clear recognition that there are different tiers of planning and delivery to be considered in this, with certain services requiring a local, place-based approach and other services requiring a much larger footprint. To define how care should be delivered across HIOW, the following model has been developed:

Footprint	Population	Example of care delivery planning
Individuals and families	1	Self-care, self-management
Local integrated teams	30-50k	Local integrated teams
Health and wellbeing boards	250k	Place-based models of integrated care in the community
Acute catchment population	500k	Referral systems and operational resilience
HIOW wide	1-2m	Safe and sustainable 24-7 acute services, supporting infrastructure
Beyond HIOW	2m+	Highly specialised services such as tertiary mental health services

- 6.2 The tiers of planning are flexible and are intended to be compatible with other initiatives and other similar types of collaboration. However, the recognition is helpful as it makes clear that activity is expected to be taking place at a local level that is compatible with the wider STP objectives, and recognises that there is huge complexity.
- 6.3 Concurrently, discussions have been underway across local authorities with central government about brokering a local devolution deal, and the implications for the governance and scope of local government in the region. This process has the potential to provide a platform for further discussions about public service reform. An example is the plan for a shared Director of Public Health
- 6.4 Within this context, it is important to identify a clear direction for local working that addresses locally identified concerns. It is inevitable that there will be potential overlaps of work, or tensions between agendas, but these will need to be managed as they arise, rather than waiting for a static environment to be established.

7. How the Blueprint commitments become reality

- 7.1 Locally, therefore, we need to continue to push forward with implementing the broad vision set out in the Blueprint. This means focusing on a number of core actions to support the commitments:
- as a next step from co-locating our services, put in place an integrated management and delivery structure for children's early help services and also for adults health & care community services; this will initially be between the NHS and City Council but we are also keen to see how the third sector might form a part of this delivery - plans would not affect the individual governance and decision-making arrangements in partner organisations.
 - implement proposals for 'Discharge to Assess' and 'Frailty' services which have been planned with wider system partners and form part of our response to managing urgent care in the City
 - finalise first phase plans for the Portsmouth Primary Care Alliance/Solent 'community hub' and agree implementation, with our initial aim being to improve in-hours capacity for urgent demand currently experienced in GP practices and also in NHS community services.
 - agree and deliver the next stages of our City's approach to joining up our IT systems - and accelerate work looking at the role wider technologies and social care can play in managing our health and care challenges.

- 7.2 The Health & Care Portsmouth programme has a much broader set of plans than the focus areas listed above - including further work on estates, Better Care Fund, partnership opportunities with the third sector and bringing together our strategic planning capacity.
- 7.3 In particular, over the coming months, we will be working on further embedding our local 'Blueprint' plans within the wider Hampshire and Isle of Wight Sustainability & Transformation Plans (STPs). The CCG will be expected to submit a 2 year Operating Plan to NHS England by December, and the aim is to ensure that this not only reflects our Blueprint schemes but also demonstrates how Portsmouth will deliver its share of the wider STP.
- 7.4 We will also need to develop a coherent approach to communication and workforce engagement, as so much of the achievement of the objectives rely on the workforce changing practices, processes and overcoming differences in professional and organisational bases.

8. Equality impact assessment (EIA)

- 8.1 A preliminary EIA was completed in developing the Blueprint document and concluded that there will be no negative impact on any of the protected characteristics arising from the strategy. Any individual projects or measures arising from the strategy will be subject to impact assessments in their own right.

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Signed by:

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location
A Blueprint for Health and Care in Portsmouth	HWB

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Annual Report Summary 2015-16

Health & Wellbeing Board - 21st September 2016

Agenda

1. Introduction - inc our 8 statutory functions
2. Reflecting on 2015-16
3. Looking ahead to 2016-17
4. GP mystery shopping summary
5. Summary & questions...

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healthwatch



Healthwatch
Portsmouth

Annual Report 2015/16

Introduction

- Healthwatch Portsmouth is the **local, public led, independent** group that make sure people's voices are heard in decisions about health and social care services.
- **Funded** by central Government **via** Portsmouth City Council, one of **152 local projects** under umbrella of Healthwatch England.
- Healthwatch Portsmouth Board **decide the priorities** for the team to focus on.
- Staff team of 3, plus volunteers.

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Our 8 statutory functions:

1. Promote / support local people in **commissioning, provision and scrutiny** of local services.
2. Enabling people to **monitor** standards and **inform improvements**
3. Obtaining **local views** and making these known.
4. Producing reports / **recommendations for service improvements** to commissioners / providers.
5. Provide **information & advice** re access to services so choices made.
6. Forming **views on standards** - sharing this with Healthwatch England.
7. Making recommendations to Healthwatch England to advise CQC to make **special reviews**.
8. Provide **intelligence to Healthwatch England...**



Reflecting on 2015-16:

1 of 6

Our key aims for 2015-16 were to:

1. **Increase awareness & understanding of our role and how people can access the team**
2. **Grow relationships with commissioners and providers to help influence meaningful change**
3. **Increase opportunities for local people to influence how local health & care services are provided**

We have achieved these by...

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Reflecting on 2015-16:

2 of 6

- ✓ Attending over 60 local events and meetings, speaking with around 900 local people
- ✓ Supporting volunteers to contribute to improving the local health and care landscape
- ✓ Providing input to influence engagement plans for the Clinical Commissioning Group (CCG), Solent NHS Trust and Portsmouth Hospitals Trust (PHT)
- ✓ Collaborating with NHS England to involve local people in commissioning of services <https://www.youtube.com/watch?v=-Gw4DjSUvIQ>
- ✓ Supporting local research to determine links between access to cancer screening and levels of deprivation in the city
- ✓ Contributing to how senior health and care representatives will engage with local people on the Portsmouth Blueprint...



Reflecting on 2015-16:

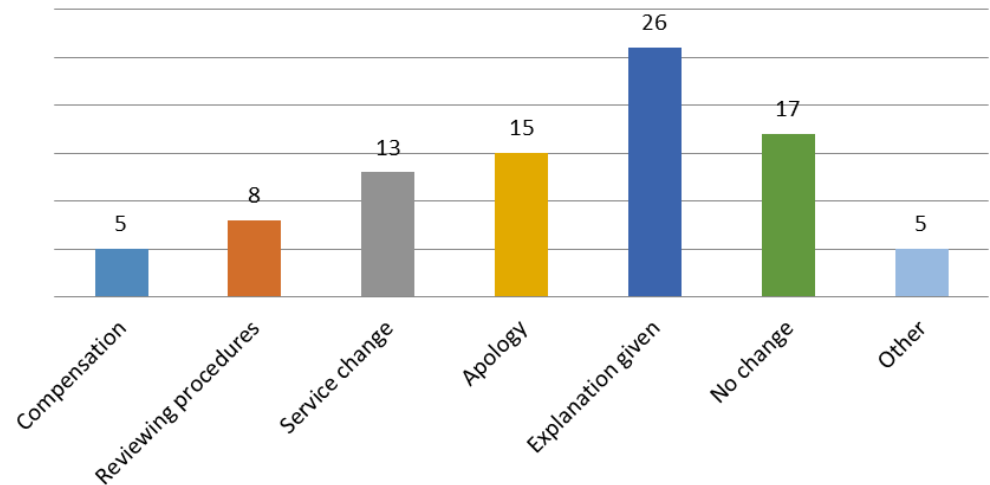
3 of 6

Advocacy service

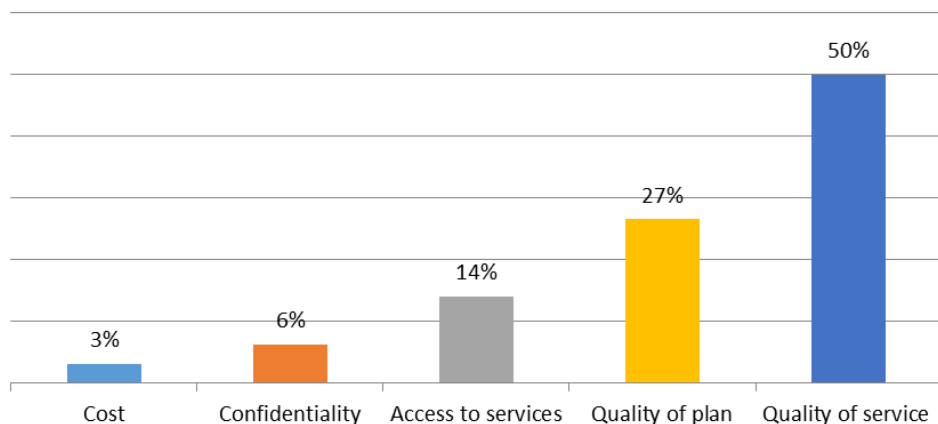
- ✓ Caseload management
- ✓ 63 people helped with one or more complaint
- ✓ Range of outcomes achieved.

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**Healthwatch Portsmouth Advocacy:
Complaints Outcomes: to 15/4/16**



**Healthwatch Portsmouth Advocacy Complaints by
Category: to 15/4/16**



Reflecting on 2015-16:

4 of 6

- ✓ 550+ Healthwatch Portsmouth 'members'
- ✓ 2,600 followers on social media
(Twitter/Facebook)
- ✓ 38,500+ website hits (48% Portsmouth & 68% new visitors)
- ✓ 68,700+ total page views
- ✓ Online directory containing 900+ services averaging 2,260 searches per month



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- ✓ Guildhall Walk
 - ✓ Independent survey of 300+ local views
 - ✓ CCG amended final proposals



Reflecting on 2015-16:

6 of 6

- ✓ Board meetings
 - ✓ Public meetings in different locations
 - ✓ Information sharing & scrutiny of priorities and invited speakers (inc HOSP, Blueprint)
- ✓ Portsmouth Race Equality Network Organisation (PRENO)
 - ✓ Attendance at public events
 - ✓ Workshops on accessing pharmacies and walk-in centre
- ✓ GP mystery shopping...

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Looking ahead to 2016-17

- ✓ Wider information collection & follow up strategy
- ✓ Further develop links with providers to be 'critical friend' / 'conduit' for feedback - Enter & Views.
- ✓ Widening referral sources for advocacy service
- ✓ Cancer project - Part 2: Barriers (& solutions) to screening?
- ✓ Health outcomes for people with learning disabilities
- ✓ Review satisfaction with Healthwatch Portsmouth
- ✓ Training and capacity building...

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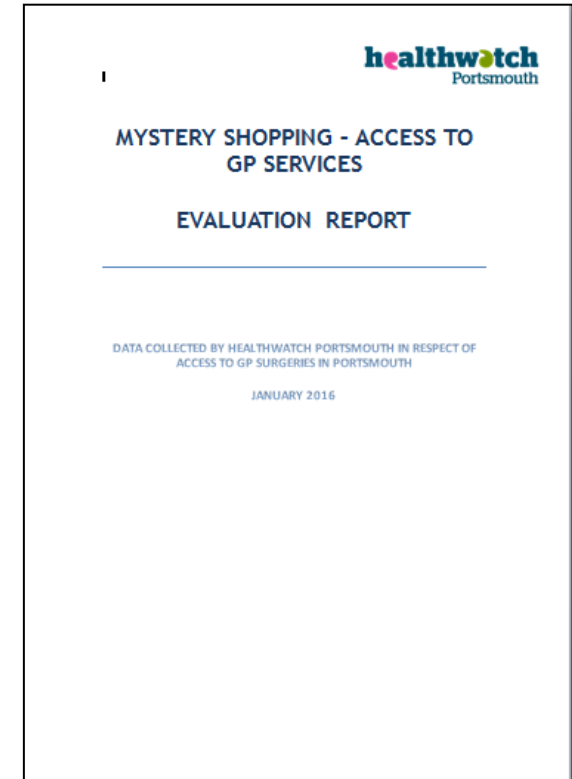


GP Mystery Shopping - Summary

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Data collected by
Healthwatch Portsmouth
in respect of access to
GP surgeries in Portsmouth

January 2016



GP Mystery Shopping - Methodology

- All surgeries anonymously ‘mystery shopped’ re:
 - Waiting times for routine/urgent appointments
 - Opening times & availability of information.
 - Guidance for patients re ID when registering.
- Letter to notify all practices activity taking place.
- Telephone calls and website reviews.
- Guidance from CCG re service standards.

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GP Mystery Shopping - Findings 1/3

- Appointment system
 - All patients able to book routine appointments in person or by phone
 - Only 4 offer automated phone booking service
 - Variety of online booking options available
 - **Recommendation** - HWP investigate inconsistencies.
- Out of hours phone message
 - Inconsistent approach - different information, some poor re-direction, some wrong details provided.
 - **Recommendation** - Practices review / change message where needed.



GP Mystery Shopping - Findings 2/3

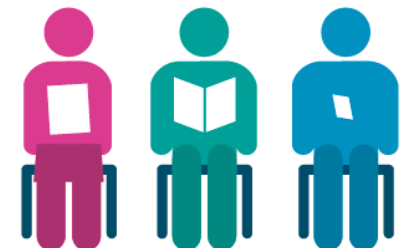
- Website out of hours advice
 - Only 38% gave correct information.
 - 21% gave mis-leading or unhelpful advice
 - **Recommendation** - Surgeries review online details to ensure correct, clear and consistent.
- Current waiting times

Some provided clear processes to access urgent appointments.

 - Others - first come, first served.
 - Routine appointment wait - 1 to 35 days.
 - **Recommendation** - Review impact of longer waiting times.

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WAITING ROOM



GP Mystery Shopping - Findings 3/3

- Opening hours
 - All surgeries offer extended hours but some inconsistency over how promoted to patients.
 - **Recommendation** - surgeries highlight clearly the services available, when and how accessed.
- Registration information
 - Inconsistent approach re evidence of ID - only 5 did not require photo ID.
 - **Recommendation** - CCG provides clarity to surgeries over what is and what is not required for a patient to register - Surgeries to share with staff.

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GP Mystery Shopping - Conclusion

- Important to have **clear and consistent** information to enable fair access to services for all.
- Healthwatch Portsmouth have identified **good practice** and **gaps** in way information provided to patients.
- Recommendations shared with surgeries, city-wide PGG & endorsed by the CCG - changes implemented
- More 'shopping' next year.
- Next steps
 - Patient review of GP surgeries
 - 11 surgeries covered
 - Findings to be published



PPG review of GP Surgeries

Patient Participation Group Practice Rating:



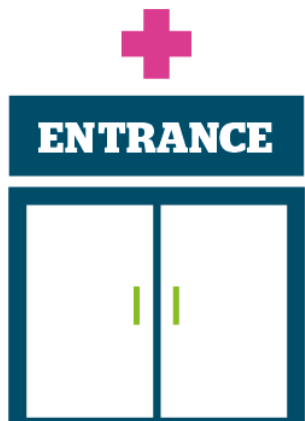
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Portsmouth

Thank you for your time. Any questions?

Find out more at: www.healthwatchportsmouth.co.uk

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Portsmouth Safeguarding Adults Board Strategic Plan 2016 -2017



www.portsmouthsab.uk



Funded by:



Working in partnership with:



Our plan

Our strategic plan sets out:

- **Our vision**

This sets out the vision of the SAB and the outcomes we want to achieve for the people of Portsmouth.

P5

- **Our strategic priorities for 2016 – 17**

This outlines our areas of focus to achieve our vision. The strategic priorities and objectives provide direction and continuity to our annual work plan.

P6

- **Our annual work plan**

This includes key actions and target timescales to achieve our strategic plan.

P11

What is safeguarding adults?

“Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.” Care Act (2014)

Who are we?



The Portsmouth Safeguarding Adults Board (PSAB) is a partnership of key organisations in Portsmouth who work together to keep adults safe from abuse and neglect. These include:

- Adult social care
- Health
- Emergency services
- Prison and probation services
- Housing
- Community organisations.

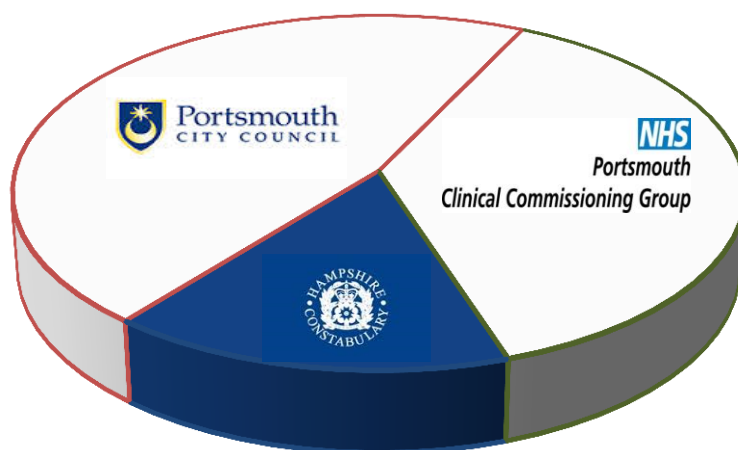
A full list of the partners of the PSAB is inside the front cover.

The board has an independent chair that can provide some independence from the local authority and other partners. This is especially important in terms of:

- offering constructive challenge
- holding member agencies to account
- acting as a spokesperson for the PSAB

How are we funded?

The budget has not been reduced and remains at the same level as previous years.

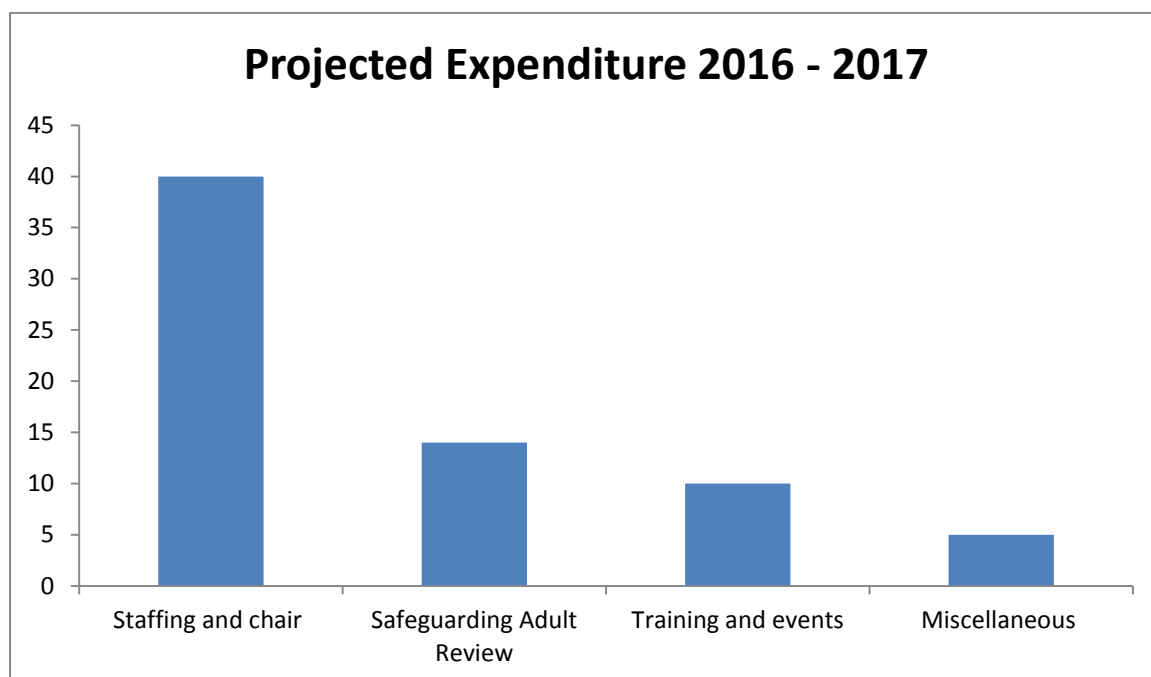


■ Portsmouth Clinical Commissioning Group £26k

■ Hampshire Constabulary £11k

■ Portsmouth City Council £32k

Total £69k



Our Vision

“

Our Vision is...

“Portsmouth is a city where adults at risk of harm are safe and empowered to make their own decisions and where safeguarding is everyone's business”

”

The Care Act 2014 sets out a clear legal framework for how local authorities and other organisations should protect adults at risk of abuse or neglect. Safeguarding Adults Boards are a legal requirement and work to the Department of Health six principles of safeguarding:

Empowerment

- Presumption of person led decisions and informed consent.

Protection

- Support and representation for those in greatest need.

Prevention

- It is better to take action before harm occurs.

Proportionality

- Proportionate and least intrusive response appropriate to the risk presented.

Partnership

- Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

Accountability

- Accountability and transparency in delivering safeguarding.

Our Strategic Priorities

Making Safeguarding Personal

The PSAB aims to ensure adults are safeguarded in a way that supports them in making choices and having control about how they want to live.

The PSAB will involve people with care and support needs, carers and the wider community in each of its priority areas.

PSAB, in consultation with its wider partnership, service users and their carers and Healthwatch have agreed the following priority areas to enable it to work towards its aims and vision:

1 Data - knowing our population



What are the strategic objectives?

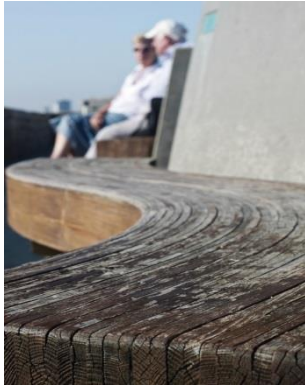
- To know what data is currently collected by all partner agencies and understand what it is telling us.
- To ensure that data collected relates to the PSAB's vision

Where are we now?

There is a lot of good quality data collected by PSAB partners and others relating to safeguarding but we do not have a coordinated approach to optimise the use of the data.

What are the plans for the future?

To establish a multi-agency data sub-group of the PSAB. To facilitate a coordinated approach to understand what the data is telling us and how we can use it to respond to the safeguarding requirements of local people with care and support needs.



What are the strategic objectives?

To commission Safeguarding Adult Reviews and ensure that learning from them and other reviews, local and national, is tangibly embedded in local practice.

Where are we now?

The PSAB has a well-established multiagency Safeguarding Adult Review sub-group.

The process for SAR is functional but is due to be reviewed.

What are the plans for the future?

- To review the process for SARs and ensure there is clear accountability at each stage.
- To formalise links with other sub-groups to ensure learning is embedded throughout practice.
- To have a comprehensive approach to involving families and individuals throughout the SAR process.

Workforce development



What are the strategic objectives?

- To have the whole workforce, including statutory and non-statutory agencies, skilled to safeguard adults that have needs for care and support.
- To ensure the application of learning from SARs is evidenced in practice
- To ensure that learning and development reflects local need and is responsive to change.

Where are we now?

The PSAB is part of a group with three neighbouring Safeguarding Adult Boards (Southampton, Hampshire and the Isle of Wight), known as the Local Safeguarding Adult Boards (LSAB). The 4LSAB has produced a multi-agency Adult Safeguarding Learning and Development Strategy to support implementation of the new statutory safeguarding framework.

There is a comprehensive range of training and development available across agencies. However, there is a need to have a framework which ensures that changes and new developments can be responded to efficiently and effectively.

What are the plans for the future?

- To establish a Portsmouth specific workforce development subgroup.
- To ensure learning is embedded in practice and to have a framework that tests and captures evidence of this.

Leadership and Governance



What are the strategic objectives?

- To fulfil our requirements under The Care Act to help protect adults who have needs for care and support, and are experiencing or are at risk of abuse or neglect.
- To be robust in holding staff, partner agencies and the PSAB and its chair accountable.
- To be part of a wider network of partnerships to ensure safeguarding is understood and effective throughout Portsmouth.

Where are we now?

An independent chair was recruited in 2015 to provide scrutiny and accountability for all agencies represented on the PSAB.

A PSAB Governance group with the lead from each of the three statutory partners has been established in 2016 to oversee the governance of the Board.

The PSAB has a budget with contributions from key partners confirmed for 2016-2017.

What are the plans for the future?

- To ensure the Terms of Reference for the board are updated and fit for purpose.
- To ensure that PSAB processes allow for partnership working including adults with care and support needs and their carers.

Priorities that inform our longer term ambitions beyond this year are:

5

Public Awareness

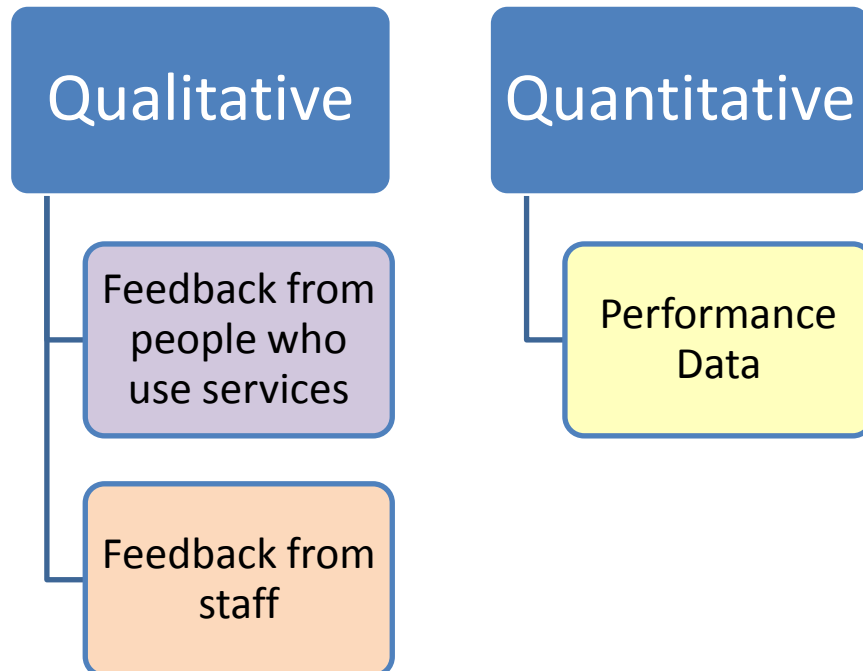
Communities have a part to play in preventing, detecting and reporting neglect and abuse. We will raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;

6

Quality and intelligence

We will know if we are making a difference.
We will be confident that our response to safeguarding is effective, consistent and outcome focused.

Performance measurements



Annual Plan 2016 - 2017

This is a working document which will be updated by the PSAB at regular intervals. If you would like a copy of the most recently updated version please email: psab@portmouthcc.gov.uk

RAG rating: red = outcome not achieved, amber = outcome partially achieved, green = outcome achieved.

Strategic Priority 1: Data - knowing our population

PSAB Objective 1.1 To know what data is currently collected by all partner agencies and understand what it is telling us.

Action	Outcome indicators	Lead	Timescale	Progress / comments	RAG rating
1.1.1 Map the data that is known to be held by the partnership	100 % return from partners and full agreement by the board that this is total data we have	PSAB Data sub-group	March 2017		
1.1.2 Identify and agree the data that we need to work with to meet the boards objectives into categories i.e. Mental Health, Domestic Violence, Drugs, alcohol, elder etc.	Data identified and documented	PSAB Data sub-group	March 2017		
1.1.3 Develop an information sharing framework to collect – share – analyse data	Framework in place	PSAB Data sub-group	March 2017		

Strategic Priority 1: Data - knowing our population

PSAB Objective 1.2 To ensure that data collected relates to the PSAB's vision

Action	Outcome indicators	Lead	Timescale	Progress / comments	RAG rating
1.2.1 Form a data steering group	Multi-agency group established	Data sub-group chair	October 2016		
1.2.2 Task out the interpretation of the data.	Owner to task and report back actions to board	Data sub-group chair	March 2017 onwards		
1.2.3 Set a framework that collects qualitative narrative from professionals and users	Link to central framework	Data sub-group	March 2017		

Strategic Priority 2: Learning from Safeguarding Adult Reviews

PSAB Objective 2.1 To commission Safeguarding Adult Reviews and ensure that learning from them and other reviews, local and national, is tangibly embedded in local practice.

Action	Outcome indicators	Lead	Timescale	Progress / comments	RAG rating
2.1.1 To develop and test a new SAR process	New process in place	SAR subgroup	Jan 2017		
2.1.2 To raise awareness of the role of the SAR subgroup and referral processes in the workforce	Communication plan developed Agencies communicated with Referrals coming in	SAR subgroup	March 2017		
2.1.3 To develop a process to engage families	Process set up Intelligence available (Review)	SAR subgroup	Jan 2017 (12 months)		
2.1.4 To disseminate learning	Action plan and recommendations linked to workforce development subgroup to share learning	SAR and WD subgroups	Mar 2017		

Strategic Priority 3: Workforce Development					
PSAB Objective 3.1 To have the whole workforce skilled in safeguarding adults that have care and support needs					
Action	Outcome indicators	Lead	Timescale	Progress / comments	RAG rating
3.1.1 Identify appropriate reps from all agencies to lead and participate in the workforce development group.	All agencies identify a lead. Group (multi-agency) is established.	Workforce Development sub-group chair	Oct 2016		
3.1.2 To map what is currently being delivered in relation to safeguarding across agencies; identify what the crossover is and gap analysis.	Each agency provides evidence on what they currently do.	Workforce Development sub-group	Mar 2017		
PSAB Objective 3.2 To ensure that learning and development reflects local need and is responsive to change					
Action	Outcome indicators	Lead	Timescale	Progress / comments	RAG rating
3.2.1 To look at the children's model for multi-agency learning	Understand the model and relevance to adult safeguarding.	Workforce Development sub-group	Jan 2017		

3.2.2 Ensure that there are key links to data and SAR subgroups to pick up and deal with multi-agency messages and learning	Formal links and process established	Workforce Development sub-group	Mar 2017		
3.2.3 To consult with all agencies (particularly private and VCS partners) to identify learning needs to ensure appropriate learning.	Learning needs documented and reflected in programme of learning.	Workforce Development sub-group	Mar 2017		
PSAB Objective 3.3 To ensure the application of learning from SARs is evidenced in practice					
Action	Outcome indicators	Lead	Timescale	Progress / comments	RAG rating
3.3.1 Ensure learning from SARs are fed into Learning and Development plan	See 2.1.4				
3.3.2 Develop Framework to test and capture evidence of learning in practice.	Framework in place and in use	WD sub-group	tbc		

Strategic Priority 4: Leadership and Governance

PSAB Objective 4.1 To fulfil our requirements under The Care Act to help protect adults who have needs for care and support, and are experiencing or are at risk of abuse or neglect.

Action	Outcome indicators	Lead	Timescale	Progress / comments	RAG rating
4.1.1 To ensure the Terms of Reference for the board are updated and fit for purpose.	Updated Terms of Reference agreed and signed off by the PSAB	PSAB chair and manager	Jan 2017		

PSAB Objective 4.2 To be robust in holding staff, partner agencies and the PSAB and its chair accountable.

Action	Outcome indicators	Lead	Timescale	Progress / comments	RAG rating
4.2.2 To develop an accountability framework for the PSAB	Framework agreed by the PSAB and in use	PSAB chair and manager	Mar 2017		

PSAB Objective 4.3 To be part of a wider network of partnerships to ensure safeguarding is understood and effective throughout Portsmouth.					
Action	Outcome indicators	Lead	Timescale	Progress / comments	RAG rating
4.3.1 To Map the current links between PSAB and other boards and partnerships, identifying any gaps and addressing them.	Networking framework in place.	PSAB chair and manager	Mar 2017		

If you are concerned about an adult at risk:

Phone the Adult Safeguarding Team on 023 9268 0810
or email PortsmouthAdultMASH@portsmouthcc.gov.uk

If you are an adult with care and support needs or a carer and would like to hear about or be involved in the future work of the Portsmouth Safeguarding Adults Board please email

psab@portsmouthcc.gov.uk

or write to

**Portsmouth Safeguarding Adults Board Manager,
Portsmouth City Council, Core 5 Floor 5 Civic Offices,
Guildhall Square, Portsmouth, PO1 2AL**

Agenda Item 7

THIS REPORT IS FOR INFORMATION ONLY



Portsmouth
CITY COUNCIL

Title of meeting: Health and Wellbeing Board

Date of meeting: 21st September 2016

Subject: Decisions taken by the Primary Care Commissioning Committee

Report by: Steve McInnes, Primary Care Relationship Manager

Wards affected: n/a

1. **Requested by** NHS Portsmouth Clinical Commissioning Group

2. **Purpose**

2.1 As part of the CCG's practice merger/closure process this report confirms some decisions taken by the Primary Care Commissioning Committee on 20th July 2016.

3. **Recommendations**

3.1 That the Health and Wellbeing Board:

- a. note the decisions of the Primary Care Commissioning Committee set out in the report.

4. **Background**

4.1 As part of the CCG's practice merger/closure process, the Health and Wellbeing Board is to be informed of relevant decisions taken by the Primary Care Commissioning Committee. On 20th July 2016. The committee approved the following:

4.2 **Mergers:** Portsdown Group Practice (J82155) and Northern Road surgery (J82086) – merger date is 1.10.16

4.3 **Closures:** Northern Road surgery (as a *branch site* of Portsdown Group Practice) - closure date is 1.10.16 ; Ramillies surgery (as a *branch site* of Trafalgar Medical Group Practice) – closure date is 31.11.16

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