

HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING of the Health and Wellbeing Board held on Wednesday, 2 December 2015 at 9.00 am in Conference Room A, Civic Offices, Portsmouth.

Present

Dr James Hogan (in the Chair)

Councillor Donna Jones
Councillor Gerald Vernon-Jackson

Dr Janet Maxwell
Innes Richens
Di Smith
Rob Watt
Patrick Fowler Healthwatch Portsmouth
Dianne Sherlock
Sue Harriman
Ursula Ward
Jackie Powell

Officers Present

David Williams
Matt Gummerson
Reg Hooke
Rachael Roberts
Lee Loveless
Mary Shek

34. Welcome, apologies for absence and declarations of members' interests (AI 1)

The Chair, Dr Jim Hogan, welcomed everyone and asked for introductions around the table. Apologies for absence had been received from Cllr Luke Stubbs, Cllr Neill Young and Ruth Williams.

There were no declarations of members' interests.

35. Minutes of previous meeting - 16 September 2015 - and Matters Arising (AI 2)

RESOLVED: The minutes of the meeting held on 16 September 2015 were approved as a correct record.

The following matters arose regarding minute 30 'A Proposal for Portsmouth: A Blueprint for Health and Care in Portsmouth'

- (i) The joint PCC/CCG/PHT and Solent letter to the secretary of State - Matt Gummerson confirmed that this had been sent and a response had been chased.
- (ii) Ursula Ward had fed back into this process having discussed this with the PHT Board.

It was noted that the Blueprint was later on this meeting's agenda for a progress update.

36. The Blueprint for Health and Care in Portsmouth (AI 3)

The report by Innes Richens and David Williams had been circulated to members the day before. Copies were available at the meeting and on the website. David Williams presented the paper which was for noting as this was to advise on the development of thinking for the way forward for the integration. He stressed the importance of the whole spectrum of activity (as evidenced in the diagrams within the report). So far progress was in line with government and the King's Fund guidance, and had been commented on within the Chancellor's autumn statement the previous week. Pages 3 to 4 of the report set out how implementation was taking place with investigation of the powers invested to the boards and to see how much progress Health & Wellbeing Board can make without the need for external permission. The governance arrangements at PCC and the CCG were also being looked at as well and the role of the Health & Wellbeing Board.

David Williams further reported that:

- There would be a series of steps for each organisation to ratify.
- There are areas of commissioning currently reserved to NHS England or Public Health England.
- There will need to be a decision made regarding accelerating the process and how the role of the Health & Wellbeing Board can be strengthened.

Innes Richens drew attention to page 11 of the report which set out how the changes would be delivered, such as:

- How PCC/CCG undertake commissioning together and how the funding for this could be joined up.
- The scope of the Health & Wellbeing Board.
- Looking at commitment to a single provision for a frontline delivery and regarding the impact on the organisations.
- Discussions were taking place on backroom support functions such as HR.

It was noted that all the organisations had pressures around the finances so this should not be decided in isolation but should be planned together.

Questions were raised by members regarding the legal and financial implications and how influence could be placed on the council's social care budgets but it was confirmed that Health & Wellbeing Board could express views to the council but authority on the actual budget lay with the council.

Councillor Donna Jones wished to record her disappointment that she had not been involved in consultations on this paper, so she was pleased it was an information and not decision item at this stage. As Leader of PCC she welcomed the direction of travel for the Blueprint and asked that she and her Cabinet Member for Health & Social Care were kept involved in the process. In response David Williams apologised for the late delivery and stressed that the report was for noting and this was part of a long journey for which members would be kept involved and there would be papers brought back to the Health & Wellbeing Board, with each of the organisations having the opportunity to be appropriately briefed before decisions were taken.

In response to other questions it was noted that the autumn budget had put more pressure on the budgets of the member organisations involved but each area should still develop its proposals. With regard to the ring-fencing of monies for adult social care, Councillor Donna Jones as Leader reported that PCC had launched an online consultation regarding a proposed extra 2% on the Council Tax to ensure protection of services. The government were not provided extra funding for the implications of the living social wage which could mean £1.5-2 million which was not funded by the government and was for the local authority to find.

Dr Hogan as Chair stressed that the papers were for noting and there were lessons learned in taking partners forward and being briefed appropriately. This area would continue to be developed with reports being brought back to the Health & Wellbeing Board (as well as the Cabinet and CCG Board).

37. Portsmouth Safeguarding Adults Board Annual (PSAB) Report (AI 4)

This report was presented by Rachael Roberts, from PCC Adult Social Care, who went through the headlines from the report. The PSAB was preparing for the implementation of the implications of the Care Act and met on a regular basis, as did the sub-groups, to working on their priorities. There was also close work with Hampshire County Council for a pan-Hampshire approach e.g. on fire safety, workforce development etc.

There had been a couple of adult safeguarding reviews, the main themes emerging from these were regarding communication, with the action plans being taken forward on these. The reviews were published on the PSAB website which also set out its policies and procedures. There were approximately 1,300 referrals each year with a higher proportion of these needing a greater response, including those concerning financial abuse, physical harm and neglectful care by providers.

In response to questions it was noted that the number of referrals was comparable with similar sized boards and there was more awareness leading to increased referrals and these were then signposted appropriately and the multi-agency "MASH" in Portsmouth (under the Safer Portsmouth Partnership) was helpful in improving communication. It was noted that there was member training on safeguarding awareness which was combined for children and adults. This was welcomed by the councillors present and it was felt it was particularly important for the spokespersons and group leaders to have this training.

Discussion took place regarding the possible cuts to domestic violence funding within the council's budget although it was noted that other schemes such as the Iris scheme in primary care would be continuing and the work of the police whose budgets had been more protected by the Chancellor. Councillor Jones reported that a letter would be going from Councillor New (as Cabinet Member for Environment & Community Safety) to the Police Commissioner to ask for funding and she stressed that the cuts to domestic violence were at the moment for 2017/18 and with efforts to secure future funding.

Rachael was thanked for her report which was noted.

38. Portsmouth Safeguarding Children's Board (PSCB) Annual Report (AI 5)

Reg Hooke presented this report as chair of the PSCB and reiterated the functions of the board to protect children by holding agencies to account, holding training sessions for professionals and upholding the standards by review. There was integration with the Safer Portsmouth Partnership, the Children's Trust and the Health & Wellbeing Board. There were also links with the Tackling Poverty strategy and the Mental Health strategy.

Priorities: Page 3 of the report set out the four strategic priorities for 2014-17: firstly to ensure that the voice of the child was heard, tackling neglect and the risk of neglect, improving communication between bodies and lastly the board to challenge itself and scrutinise its own effectiveness. An emerging theme for the city was the tackling of child sexual exploitation. Reg Hooke was pleased to report that the Ofsted inspection findings as set out in the report had given a "good" result for the PSCB. There were a number of areas of challenges which included female genital mutilation, tackling radicalisation, supporting care leavers and mental health provision. There was also the scrutinising of restructuring around less budget provision.

Questions and matters arising from the report:

- It was asked which areas would be helpful to have further funding if it were available? In response Reg Hooke felt that the analytical capability was crucial for the accessing of multi-agency information and the capacity of officers to develop this as well as the capturing of the voice of the child.
- It was noted that the report showed that all partners were involved and agencies were participating within the audit process.

- Cllr Jones stated that the council budget savings of £11 million did not target adult and children's social care but they were asked to come within their previous cash limits.
- It was reported that the radicalisation of young people was being tackled through the Prevent programme and future funding for this would be through the Home Office's support rather than from the city council. There was a strong involvement via schools in Portsmouth in the Prevent agenda.
- It was also noted that the schools councils were being encouraged to engage and schools were participating in the 'capturing of voices'.
- It was also reported that the Child Death Overview Panel was now having a more local arrangement for Portsmouth but they were still sharing annual data from across Hampshire.

Reg Hooke was thanked for his presentation.

RESOLVED Members of the Health and Wellbeing Board received the Portsmouth Safeguarding Children Board Annual Report and noted areas of progress and challenges identified in the context of services being planned and commissioned.

39. JSNA - annual summary and progress with outcomes in JHWS (AI 6)

Dr Janet Maxwell as the Director of Public Health gave a presentation on the JSNA annual summary, identifying areas in which there were improvements or where things had worsened in the city. She displayed maps profiling the deprivation levels by wards; those in the 1% highest deprivation areas would be where work would be targeted. The displayed graphs illustrated the diseases that were linked to preventable deaths, the highest being circulatory followed by cancer, respiratory and digestive (see page 11 of the JSNA report).

Trends: There was improvement in childhood obesity, teenage conception, new cases of TB and infant mortality. However there were worsening trends for alcohol related hospital stays and hip fractures. It was noted that road injuries was a big issue for Public Health and there were more efforts being made to influence road safety.

Dr Maxwell reported on the work of City Deal funded programmes to support those with health issues maintain their employability, early years work, integrating health visitors and the importance of the Portsmouth Together volunteering work. The chosen areas concentrate on strong community links were Fratton and Somerstown.

Public health officers were also involved in the refresh of the Portsmouth Plan looking at the economic development and infrastructure changes to promote walkability and breathability in Portsmouth and were working closely with the University of Portsmouth and making a national bid for 'urban living' funding.

Questions: In response to questions from Health and Wellbeing Board members, the following extra information was given:

- It was noted that female mortality rates had previously been better than male mortality rates.
- **Housing** There were other issues that were affecting the most deprived wards such as social housing. It was noted that more people were going into the private rented sector. Councillor Vernon-Jackson reported on the building of fewer council houses in the Hampshire area. Councillor Jones felt that lead developments would be mostly outside of Portsmouth, and developers in Portsmouth would say it was not viable for social housing to be provided within the city although the major developments outside of Portsmouth in the Solent PUSH area would have a large proportion of social housing. Janet Maxwell stressed the integration with the housing services and with those visiting the vulnerable to do risk assessments.
- **Training on JSNA** It was suggested that online training be given to group leaders and any other interested parties by Joanne Kerr (the Head of Public Health Intelligence) to show how to get the greatest value from the online tools that form part of the JSNA.

40. Mental Health and Wellbeing Strategy (AI 7)

Lee Loveless presented this report which requested the adoption of the Mental Health and Wellbeing Strategy 2016-2021 which had been brought together by a multi-agency group, setting out 11 pledges through the topic 'experts'. In consultation with each of these a pledge group had been formed. Once the strategy was adopted by the HWB there would be the developing of an action plan which would be brought back to HWB for approval in June 2016.

Janet Maxwell stressed there was a new approach for mental wellbeing being seen as an integrated part of people's lives and it was felt that Portsmouth were leading the way in this cultural shift. Councillor Jones was interested in the pledge to change and challenge attitudes and behaviour in turn reduce the stigma and isolation. Councillor Jones stressed that that the city council as a whole was very interested in the subject of mental health and had recently passed a cross-party Notice of **Motion** on the subject.

The action plan should be in place by the 1st April and would be reported back to the Health and Wellbeing Board after that.

The Chair thanked Lee Loveless and Matt Smith for this report.

RESOLVED that the Board adopted the proposed Mental Health and Wellbeing Strategy 2016-2021.

41. Progress of the Wellbeing Service (AI 8)

Mary Shek presented this report which gave an update to the Health and Wellbeing Board on the progress since the previous report in June and the launch of the Service on 1st October. The Service was to give support to residents on alcohol, smoking and diet advice for their wellbeing, taking a holistic approach working with Housing and other departments. There had been a smooth handover of clients in the transition and there had been a quiet launch so they would not be overwhelmed by requests initially but there would be the use of national branding from March. A majority of staff were in place (see paragraph 4.4 of the report) and she was pleased to report that this included apprentices. Of the 419 referrals, half of these were from GPs.

Training was taking place for staff regarding safeguarding and it was hoped there be a migration to a single IT system that was also used by the GPs.

In response to questions Mary Shek gave additional information:

- Staff going into homes already received safeguarding training.
- Dialogue was taking place with other services to try and ensure there was not duplication - there were locality teams sharing information and there was liaison with the Children's Centres.
- It was hoped that there would be demonstrable outcomes by April.

Dianne Sherlock appreciated working with Mary Shek from the voluntary sector angle. It was noted that Mary had been approached to give advice by other local authorities.

Mary was thanked for her report and it was asked that all partners feedback to her in relation to the capability and capacity of the Wellbeing Service e.g. referrals, waiting times and any barriers.

The HWB noted:

- (1) the progress of the new integrated wellbeing service**
- (2) the role and strategic priorities of the Wellbeing Service within the wider health & social care system.**

42. Dementia - HWB Priority Update (information report) (AI 9)

Matt Gummerson reported this was a regular item and any questions could be forwarded to Preeti Sheth. This report was noted.

43. Public Health Annual Report (AI 10)

Janet Maxwell presented this report. She reported on the refresh of the Portsmouth Plan which is an underpinning document for development in the city. It includes chapters dealing with transport and health, for which there was involvement in various issues such as:

- The Hard redevelopment
- The Park and Ride to reduce congestion and increase safety
- The bid for Urban Living.

- Sustainability and Health were also included within work on flood defences and the food economy.

Dr Maxwell was working with other directorates such as Housing and Education regarding employment for mental health support for people to keep them in work and also regarding the Healthy City Team to bring in funding.

The information report was noted.

44. Future work programme of HWB for 2016 (AI 11)

Matt Gummerson reported that during the year the workstreams had shaped the work programme and now a lot of work was taking place on the Blueprint and so future items would be brought back relating to this. There would continue to be the statutory annual reports and the intention was to share the work programme before the next meeting of the 17th February.

45. Date of next meeting (AI 12)

It was noted that the next meeting would take place on the 17th February at 10 am.

Additional business was raised in that:-

- (1) It was Matt Gummerson's last meeting, so the Chair thanked him on behalf of the HWB for his help and support in establishing and progressing the work of the Board. Councillor Jones extended her good wishes to him in his new position working with Health and the University.
- (2) In response to a question regarding the publicity for these meetings it was noted that these are public meetings and information was on the Portsmouth City Council's website and the HWB newsletter.

The meeting concluded at 11.00 am.

Dr James Hogan
Chair