

## **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 21<sup>st</sup> 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.

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Dr James Hogan  
Chair