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Portsmouth CITY COUNCIL

NOTICE OF MEETING

HEALTH AND WELLBEING BOARD

WEDNESDAY, 4 DECEMBER 2013 AT 9.00 AM

THE EXECUTIVE MEETING ROOM - THIRD FLOOR, THE GUILDHALL

Telephone enquiries to Vicki Plytas on 023 9283 4058
Email: vicki.plytas@portsmouthcc.gov.uk

Health and Wellbeing Board Members
Councillors Leo Madden (Chair), Rob Wood, Mike Hancock, Sandra Stockdale, Jim Patey and Robert New.
Dr James Hogan (Vice Chair), Dr Elizabeth Fellows, Dr Andrew Mortimore, Julian Wooster, Innes Richens, Mark Orchard and Tony Horne.

Standing Deputies for Lib Dem Councillor members: Councillor David Fuller, Councillor Eleanor Scott, Councillor Gerald Vernon-Jackson and Councillor Jason Fazackarley
Standing Deputy for Labour councillor members: Vacant
Standing Deputy for Conservative councillor member: Vacant

Standing Deputies for non-councillor members: Dr Dapo Alalade, Dr Linda Collie and Dr Tim Wilkinson.

Non-voting members: David Williams

(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 and introductions - (Chair) Councillor Leo Madden

2 Apologies for Absence

3 Declarations of Members' Interests

4 Minutes of the meeting held on 25 September 2013 (Pages 1 - 8)

RECOMMENDED that the minutes of the meeting of the Health and Wellbeing Board held on 25 September 2013 be confirmed and signed by the Chair as a correct record.

5 NHS Call to Action (Pages 9 - 18)

Purpose
To receive from Innes Richens, Chief Operating Officer, Portsmouth Clinical Commissioning Group (PCCG), an update on the work that has been undertaken locally to respond to the NHS Call to Action. The formal report to the PCCG Board in September 2013 is attached for information.

RECOMMENDED that the Health and Wellbeing Board note the progress being made in responding to the NHS Call to Action.

6 Health and Social Care Partnership Stakeholder Event

Presentation from Robert Watt, Head of Adult Social Care, and Jo York, Interim Head of the Integrated Commissioning Unit, on the outputs of the Health and Social Care Partnership stakeholder event on 7 November and the next steps in agreeing the local plans for the Integration Transformation Fund.

7 Joint Health and Well Being Strategy and Joint Strategic Needs Assessment Annual Summary 2013 (Pages 19 - 28)

Purpose
To receive from Dr Andrew Mortimore, Interim Director of Public Health, a report which highlights the findings from the Joint Strategy Needs Assessment (JSNA) Annual Summary for 2013 and considers how the issues highlighted in the JSNA can inform the board's priorities and the new Health and Well Being Strategy for 2014, taking into account the wider socio-economic and environmental determinants of poor health.

RECOMMENDED that the HWB:

- **Agree that the summary of key issues set out in the JSNA identifies the key challenges for improving the health and wellbeing of Portsmouth's residents.**
- **Note that members of the HWB have the opportunity to make more detailed contributions as part of the consultation on the JSNA which runs until the end of January 2014**
- **Agree that, in principle, the scope of the Joint Health and Well Being Strategy should be broadened during the refresh in 2014 to cover wider issues impacting on health and wellbeing as set out in the remainder of the report.**

8 Date of the Next Scheduled Meeting.

The next scheduled formal meeting of the Health and Wellbeing Board will be held on 16 April 2014.

NB: Please note that at the close of the formal meeting of the Health and Wellbeing Board there will be a workshop exploring new ways of working in order to address the challenges and priorities in the JSNA (see report under item 7).

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HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING of the Health and Wellbeing Board held on Wednesday, 25 September 2013 at 9.00 am in the Executive Meeting Room, Guildhall, Portsmouth.

Present

Councillor Leo Madden (Chair)
Councillor Rob Wood
Councillor Sandra Stockdale
Councillor Jim Patey
Councillor Mike Hancock CBE MP
Dr Elizabeth Fellows, Portsmouth Clinical Commissioning Group
Dr James Hogan, Portsmouth Clinical Commissioning Group (Vice Chair)
Innes Richens, Chief Operating Officer, Portsmouth Clinical Commissioning Group
Tony Horne, Healthwatch Portsmouth
David Williams, Chief Executive of Portsmouth City Council
Julian Wooster, Director of Children's & Adult Services, Portsmouth City Council
Matt Smith, Associate Director of Public Health, Portsmouth City Council

Also in Attendance

John Attrill, Portsmouth Learning Disability Champion
Angela Dryer, Assistant Head of Social Care, Portsmouth City Council
Matt Gummerson, Principal Strategy Adviser

Councillor Peter Eddis, Chair of HOSP was present in the Public Gallery

40. Welcome and introductions – (Chair) Councillor Leo Madden (AI 1)

Councillor Leo Madden, Chair of the Board welcomed everyone to the meeting.

41. Apologies for Absence (AI 2)

Apologies for absence were received from Councillor Neil Young, Dr Andrew Mortimore and Mark Orchard, NHS England (Wessex).

42. Declarations of Members' Interests (AI 3)

There were no declarations of members' interests.

43. Minutes of the meeting held on 26 June 2013 (AI 4)

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 26 June 2013 be confirmed and signed by the Chair as a correct record.

44. Winterbourne View response (for information only) (AI 5)

(TAKE IN PRESENTATION)

Mr John Attrill, Portsmouth Learning Disability Champion and Ms Angela Dryer, Assistant Head of Adult Social Care, Portsmouth City Council gave a presentation that outlined the actions underway in response to the Winterbourne View report which has led to revised regulations.
In particular,

- Health and care commissioners will review all current hospital placements and support everyone inappropriately placed in hospital to move to community-based support as quickly as possible and no later than 1 June 2014

and

- Every area will put in place a locally agreed joint plan for high quality care and support services for people of all ages with challenging behaviour, that accords with the model of good care.

John Attrill made the following points:

- It was important to make sure that people with learning disabilities know their rights and know how they should be treated. They need to know how to complain and to whom they should complain.

- Most people with learning disabilities want to work. Some city council contractors are willing to employ people with learning disabilities but others are less willing to do so.

Ms Angela Dryer said that the Joint Strategic Plan focussing on support for those with challenging behaviour (mentioned in the presentation) should be ready to bring to the Health & Wellbeing Board by June 2014.

In response to questions the following points were made:

- If Portsmouth Primary Care Trust (PCT) had placed anyone from Portsmouth in Winterbourne View, then the PCT would have known had there been any problems as the people would have been funded through the PCT. Currently five people had funded placements out of the city. In addition there were some Social Care clients with placements outside the city. All of these had been reviewed and are reviewed on an annual basis by Portsmouth.

- Many people with learning disabilities still did not know how to complain but Healthwatch is able to assist those wishing to make a complaint where appropriate. In addition there were moves to try to get

'easier to read' documents to those with learning disabilities in order to give them more information.

- Some families who have a relative with learning disabilities regard this as a stigma and therefore may not take appropriate steps to request help. However, many more GPs are aware of help available for those with learning difficulties and more people are registered than in the past. Currently there are around 700 people registered with learning disabilities. Often though, families just cope.

During discussion the following concerns were expressed:

- There was a need to make sure that systems were in place to cope with the situation where a person with learning difficulties had been cared for by their parents until their parents died. This would mean they suddenly came into the care system without any prior experience of being cared for anywhere other than at home.

- With regard to complaining, carers are often unable to help. They are unable to complain on behalf of a person with learning difficulties where that person is old enough to act on their own behalf but do not wish to complain. There was a need to find a mechanism to take complaints made by carers on behalf of individuals in their care as seriously as those made by the individuals themselves. Often the individual had sufficient capacity for some things but not for others, so it was important to listen to the carers. However, this was often a difficult judgement call to make.

Councillor Madden invited questions from the public.

- In response to a query from Alex Whitfield of Solent NHS Trust, concerning whether those people who had been placed out of the city could be brought back in to placements within the city if that is what they wanted, Angela Dryer said that these placements were made by PCT so she would have to find out and report back.
- Mark Woodgate of Choices Advocacy Portsmouth stressed the importance of the availability of independent advocates for those with learning difficulties wishing to make a complaint. He said that with regard to Winterbourne View, independent advocacy had not been available.

John Attrill said that the Department of Health had raised this. Currently anyone can call themselves an advocate. His view is that there must be a high quality independent advocacy service through which those with learning difficulties could channel complaints.

Angela Dryer said that in Portsmouth independent advocates were provided.

The Chair thanked John Attrill and Angela Dryer for their presentation and also those who had asked questions.

45. Joint Health and Wellbeing Strategy 2012/13-2013/14, Monitoring Report (AI 6)

(TAKE IN REPORT)

Dr Matt Smith introduced the report and said that Agenda Item 7 was also linked to it. Dr Smith explained that the purpose of the report was to inform the Health & Wellbeing Board of Portsmouth's position on the outcomes listed in the National Outcome Frameworks for the NHS, Adult Social Care and Public Health and the national indicator set for Clinical Commissioning Groups. This would help to identify areas of improving trends, identify areas of concern and identify issues of concern which are not currently a priority for the Health & Wellbeing Board.

RESOLVED that

(1) The Health & Wellbeing Board note Portsmouth's position against the relevant national outcomes frameworks.

(2) The Health & Wellbeing Board consider the extent to which the following issues are addressed through the current Joint Health & Wellbeing Strategy or through other partnership boards:

- **Lifestyle issues impacting on health and wellbeing eg smoking, healthy weight.**
- **Ensuring that social-environmental factors impact positively on health and wellbeing eg use of open spaces, the built environment, employment, the economy, housing and winter warmth.**
- **Children are the subject of a specific objective. No partnership body is responsible for identifying and taking strategic decisions about improving the health and wellbeing of adults' or of older persons' age groups.**

46. Joint Strategic Needs Assessment - draft Annual Summary (AI 7)

(TAKE IN PRESENTATION)

Dr Smith gave his presentation and said that they were about to release the draft annual summary.

In response to a query about how the public would be involved in consultation, Dr Smith said that the draft would be placed on the website, there would be a survey via Survey Monkey and visits would be made to various groups to collect information to feed into the results.

The Chair of the Board, Councillor Leo Madden, said that a discussion about this could take place as part of the Health & Wellbeing Board's 4 December meeting which could form part of the consultation exercise.

During discussion the following matters were raised:

- In response to a query about how collectively can we tackle the issue of the high proportion of children under 5 being classified as obese, Dr Smith said that we do have a healthy weight strategy and the focus of this has been on the 0 to 5 age group. However, they wish to adopt a broader approach by focussing on parenting - in particular on promoting the healthy eating message. The most recent figures suggest that the obesity trend is slightly worsening - in line with the national average.

- In response to a query about how we know if we have achieved anything for the money being spent on the strategy to reduce obesity in children, Dr Smith said that outcomes from the Healthy Weight Strategy and the Healthy Cities work would be brought to a future meeting of the Health & Wellbeing Board. Dr Elizabeth Fellows said that much work was being done particularly to target pregnant ladies especially through health visitors providing advice on weaning. Evidence collected from a small pilot scheme showed better results than when the scheme was rolled out on a larger scale.

- Concerning the number of premature deaths from cancer, a query was raised about whether the drugs prescribed were influenced by cost. Dr Hogan said that cost was not an issue and patients were prescribed the best drugs for their cancer. However, locally, the main problem concerning cancers was late presentation. This meant that often treatment had to be palliative rather than curative.

- With regard to the number of patients with dementia, Dr Smith confirmed that the number of sufferers was expected to increase. He said early intervention was very important and that this was a key objective.

- A query was raised about why environmental factors locally were worse than in other parts of the country. Matt Gummerson said that the age of the housing stock in Portsmouth was a particular problem in that the level of thermal comfort was lower because of the age of the stock. Dr Smith said that there were also links to poverty.

The Chair noted the 3 month consultation period for the JSNA and noted that there would be feedback at the 4 December Health & Wellbeing Board meeting. The Chair thanked Dr Smith for his presentation.

47. Creating a sustainable and thriving local health and social care system for Portsmouth (Al 8)

(TAKE IN PRESENTATION)

Dr Jim Hogan and Innes Richens gave the presentation which outlined the national challenge, the local challenge and the challenges relating to the Health and Wellbeing Board.

In response to queries the following matters were clarified:

- With regard to feedback on targets, this was based on statistical evidence but also on actual experiences of people as the latter is much more likely to influence change.

A general discussion took place on matters relating to the Queen Alexandra Hospital. Does the public want a centre of excellence or just a good all-round general hospital? With regard to the vascular issues, there seemed to be many versions of what is best for the people of Portsmouth. People tend to follow the local press and the issues are often slanted towards what Portsmouth people would lose rather than looking at what would provide the people of Portsmouth with the best service. In terms of letters, the hospital receives as many letters of praise as of complaints. This is a reversal of what has happened in the past when complaints far out-numbered praise.

Dr Hogan said that as commissioners and providers, the general feeling is that the public is not sufficiently engaged in plans for delivery of local health services.

The Chair of the Board said that we need to involve people through consultation. Matt Gummerson said that engagement needs to be genuine and open and contact with groups such as neighbourhood forums needs to be regular.

Mr Tony Horne of Healthwatch said that a debate was needed concerning designing a process and to do this properly, the debate needs to be extended to the totality of the health system including mental health. There needs to be a process for securing a general consensus from stakeholders.

The Chair of the Board invited members of the public to make their comments.

Ms Sue Mullen representing a group of people who have come together in response to the Social Care Act said that their role was to monitor new structures. She said that they had been very pleasantly surprised at the Clinical Commissioning Group's work and were also pleased that Healthwatch seems to be moving in a positive direction. Her group also felt that the Health & Wellbeing Board and the Health Overview Scrutiny Panel both had a great potential role to play. She said that as money is not available in large quantities, there needed to be a strategy in place to ensure that money was spent wisely. Any decision concerning losing anything from Queen Alexandra Hospital would need to be carefully done. She said there was a need for politicians to look at the wider issues, for example - what does the local hospital do well? There was a need to think strategically rather than insisting on keeping everything in Portsmouth.

Councillor Peter Eddis said that in the past there had been some very poor examples of consultation and that it was important that these consultations work well.

Alex Whitfield (Solent NHS Trust) asked for clarification on whether their vision as a provider was aligned with the CCG's. Dr Hogan stated that the vision of community and social care providers was generally aligned with the CCG's vision.

Dr Hogan said that applying for foundation trust status can complicate matters as that could bring aspirations that are not aligned. There is a need to align the commissioning vision with those providing the service. He had concerns that applying for foundation trust status may potentially derail the overall health economy strategy.

Councillor Mike Hancock said that politicians are not qualified to decide on whether services in Portsmouth or elsewhere are best. He said that currently the information available is confused. Politicians find it difficult to get satisfactory answers as to where services could be better given.

Dr Hogan agreed that the debate particularly on vascular services was very confused. The commissioning environment has become more complicated especially in terms of what constitutes specialist care and what does not.

Danny Soper-Dyer (ERS Medical) said that in his view as a member of the public a joined-up approach is key and that the council and the hospitals need to find a way of getting everyone involved. He agrees that people relating their experiences were better than statistics in driving change.

The Chair thanked everyone for their contributions.

RESOLVED that

(1) The matters raised in the presentation be noted.

(2) A report be brought back to a future meeting of the Board.

The Chair of the Board, Councillor Leo Madden provided an update on the appointment process for a new Director of Public Health. He told the Board that the position has been advertised. The appointment panel which was made up of members had been set up for Tuesday 1 October 2013 and with the benefit of professionals' advice it was hoped to make an appointment at that time. Mr David Williams, Chief Executive said that there had been close liaison with Public Health England in producing a technical panel. Mr Tony Horne of Healthwatch, Dr Tim Wilkinson of the Clinical Commissioning Group and representatives from the Faculty of Public Health Medicine and Public Health England. Ultimately the decision would be made by members of the city council but with professional advice.

48. Date of the Next Scheduled Meeting (Al 9)

The next scheduled public meeting of the Health & Wellbeing Board will be held on 4 December 2013.

The formal meeting ended at 10.45 am.

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Councillor Leo Madden
Chair

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NHS Portsmouth Clinical Commissioning Group

Portsmouth CITY COUNCIL

THIS ITEM IS FOR INFORMATION ONLY

Agenda item:

Title of meeting:	Health and Wellbeing Board (HWB)
Subject:	Briefing Paper: 'The NHS Belongs to the People: A Call to Action' - NHS England
Date of meeting:	4 December 2013
Report by:	Innes Richens, Chief Operating Officer, PCCG
Wards affected:	All

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1. Requested by

Dr James Hogan, Vice-Chair of the HWB

2. Purpose

To provide background briefing information to members of the HWB on the NHS Call to Action ahead of a presentation on progress to date.

3. Information Requested

Appendix A sets out the briefing paper presented to the PCCG Board at their last meeting in September.

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Signed by

Appendices: Appendix A - **Briefing Paper: 'The NHS Belongs to the People: A Call to Action' - NHS England**

THIS ITEM IS FOR INFORMATION ONLY

NHS Portsmouth Clinical Commissioning Group

Briefing Paper: 'The NHS Belongs to the People: A Call to Action' - NHS England, July 2013

1 Introduction

'The NHS Belongs to the People: a Call to Action', produced by NHS England in July 2013, recognises the successes of the NHS but also the current and future challenges facing it. It sets out the case for change for the NHS, suggesting the types of developments required and commits to a national programme of engagement with both NHS users and staff in order to generate further proposals.

The full paper can be downloaded via the NHS England website here:
http://www.england.nhs.uk/2013/07/11/call-to-action/

This briefing paper summarises the key messages from that paper and sets out NHS Portsmouth Clinical Commissioning Group's response.

2 The Challenges to the NHS

'A Call to Action' identifies the following national challenges to the NHS:

Increasing life expectancy: Between 1990 and 2010 life expectancy in England increased by 4.2 years. Whilst premature deaths from heart and circulatory disease have reduced in the UK, we are not performing as well as other countries on some conditions (such as cancers).

High resource use for long term conditions: one quarter of the population have a long term condition and use a high proportion of health care services:

- 50% of GP appointments
- 70% of hospital beds
- 70% of total healthcare spend

People with more than one condition and, particularly, people living with higher levels of deprivation use higher levels of NHS resource.

Changing Burden of Disease: the 30% of people with one or more long term conditions account for £7 out of every £10 spent on healthcare in England. A model of hospital-based delivery of care no longer makes sense for managing this pattern of ill health, which requires a range of inputs and a good degree of co-ordination in the community.

Increasing emergency and hospital care demand: in England, over the past 10 years there has been a 35% increase in emergency hospital admissions and a 65% increase in secondary care episodes for those over 75yrs. There has been a rise of 2.6% per year of hospital re-admissions.

Patient Experience: whilst a 2011 Commonwealth Fund Study of eleven national health services reported that 88% of patient in the UK described the quality of care they received from the NHS as excellent or very good, there are clearly areas requiring significant improvement. In particular, the frail older population, black and ethnic communities, younger people and vulnerable children traditionally report poorer experiences of our NHS services.

Patient Safety: high-profile cases such as Mid-Staffordshire Hospital and Winterbourne View demonstrate what happens if safety is not core to our business. Continuous attention to safety is required.

Health Inequalities: differences in health, illness and life expectancy are experienced by people from different groups in society. Health inequalities are generated by multiple influences - such as education,

gender, geography, and economics. Only 15-20% of inequalities in mortality rates can be directly influenced by health interventions that prevent or reduce risks.

Ageing Society: The proportion and absolute numbers of older people are predicted to grow, in particular in the over 85s. Two thirds of people admitted to hospital are over 65 years old and 70% of hospital emergency bed days are for the same age group. Health care expenditure on over 75s is, perhaps unsurprisingly, 13-times greater than the rest of the adult population.

Dementia: the number of people with dementia is predicted to rise from 800,000 currently to over 1 million by 2021, though more recent evidence suggests these predicted levels may be too high.

Lifestyle Risk Factors in the Young: the risk of developing debilitating illness is increased by personal and lifestyle circumstances. Drinking, smoking, poor diet and lack of exercise contribute to premature mortality. Evidence to support effective interventions is still patchy. There is not yet enough evidence to be confident about what will ensure, for example, sustainable weight loss for individuals.

Rising Expectation: patients and the public are increasingly expecting access to the latest therapies, more online information and also greater involvement in their care. The NHS needs to keep pace with other sectors in providing easier access to information and services. Increasingly people want seven-day per week access to primary care that is near their home, work or local shops and pharmacies.

Increasing Costs: the NHS provides a more extensive range of treatments, drugs and services each year. Many of these innovative therapies are at an increased cost and the range of services adds to NHS costs placing pressure on the affordability of a public NHS.

Limited Financial Resources: there is consensus at a national level that the NHS can expect its budget to remain flat in real terms or to increase with overall GDP growth at best over the coming years. This represents a slow-down in spending growth for the NHS. The gap between projected spending requirements and resources available is approximately £30billion between 2013/14 and 2020/21 (assuming no changes are made).

Pressures on Social Care: spending settlements for social care services have not kept pace with demand for social care, adding to the increased demand for NHS services.

Limited Productivity Improvement Opportunities: NHS productivity between 1995 and 2010 grew by 0.4% (Office of National Statistics, 2010) whilst in the economy as a whole it grew by 2%. The application of productivity measures and comparisons to a health service is still vigorously contested. However, NHS England's analysis suggests the NHS efficiency challenge could be 5-6% by 2015/16 (currently it is 4%). Measures already being implemented to meet the current productivity challenge (£20billion) will not be enough - a fundamentally more productive service is needed.

3 Future Opportunities

Throughout 'A Call to Action' a number of opportunities to address these challenges are highlighted. The table below summarises these. Many of these are already within the CCG's commissioning plan and being implemented locally; the table that follows gives a brief update on local delivery.

Theme	'A Call to Action' Recommendations	CCG Response
Better Prevention of Disease	Working more closely with partners such as Public Health, Local Authorities and Health & Wellbeing Boards to find ways to influence people's behaviors, encouraging healthier lifestyles Develop similar methods of assisting people adapt their diet, take more exercise or drink less alcohol as currently used to stop smoking. Review of health spending and how investment in prevention may be scaled up over time. Refocus the NHS workforce on prevention in order to better support individuals in community & primary care settings	The CCG has routinely made a commitment to public health work despite it not being a statutory CCG function. For example, the CCG's 2013 stakeholder event had a focus on inequalities in men's health, with a set of recommendations adopted at the August CCG Governing Board meeting. The CCG has strongly supported the need for a Director of Public Health for Portsmouth within Portsmouth City Council The CCG actively supports Public Health membership of key business groups The CCG is an active member of the Portsmouth Health & Well Being Board CCG sign-up to the Joint Health and Wellbeing Strategy based on the Joint Strategic Needs Assessment incorporated into the CCGs Commissioning Strategy
Give people with long term conditions better control of their health	Support self-management, personalised care planning and shared decision making Implement Personal Health Budgets Manage patients and help them manage themselves, by understanding their individual risks (also known as 'risk stratification'). Ensure patients are supported by a range of professionals - ensuring there is close co-ordination amongst these different professionals. Facilitate this model by use of technology Work with Local Authorities and Health & Wellbeing Board to deliver more community-based care, including care delivered in people's homes.	Personalised care planning and shared decision-making is being adopted in Long Term Conditions care; for example it is in place for End Of Life care Personal Health Budget pilot is currently in place for NHS Continuing HealthCare Risk stratification: we are currently trialing different approaches in GP practices Integrated community teams - with primary care, health and social care are being trialed by clusters of GP practices in the City Technology: currently 2 projects underway (Florence and Portsdown Practice) Integrated commissioning with Portsmouth City Council is in place and being expanded

Theme	'A Call to Action' Recommendations	CCG Response
Integrated, 7-day week services (including urgent care services)	New thinking on how to provide joined up services across health and social care is needed, including at weekends. Develop 7-day per week access to primary care provided near people's homes, work or local pharmacies. Autumn 2013: expect first report of the National Medical Director on how to improve access to more services seven days a week. NHS England are currently conducting a review of urgent & emergency services (including addressing 7-day week services).	We have supported a primary care development programme, run by local GP practices working in clusters; this includes social care services and aims to join up services We currently transfer £3.2m of its allocation to Portsmouth City Adult Social Care per year to support integrated out-of-hospital care, including urgent care. This will rise over the next 3 years as part of the national Integration Transformation Fund delivery. We have delivered a review of urgent care - starting with the front-door of the Emergency Dept. The CCG will be commissioning a revised model of service for ED from October. We will next review minor injuries and walk-in provision in the City. We have made the national short-list to become an 'integration pioneer' – which will bring additional support to the City to join up services.
Maintain a focus on safety	Make it easier for staff and patients to report incidents and near misses.	We monitor the quality and safety of all NHS funded services through monthly quality reviews with each provider. Outcomes from these reviews are reported to the CCG Governing Board. We conduct service visits to talk to patients and staff and assess quality of services. We conduct clinical review of specific services with clinicians from that service (eg Solent Adult Mental Health Services) We have a dedicated, Portsmouth-specific Quality Team We review provider productivity plans to assess impact on quality of services. We have established feedback forms for GPs to raise any issues about services directly to the CCG as well as a feedback form on our CCG website for members of the public.

Theme	'A Call to Action' Recommendations	CCG Response
Tackle health inequalities with partners	Work closely with Local Authorities, Public Health and others to ensure co-ordination of healthcare, social care and public health services.	We are an active member of the Portsmouth Health and Well Being Board We have an established Integrated Commissioning Unit with Portsmouth City Council that includes elements of Public Health commissioning (eg services for children). The Integrated Commissioning Board oversees this arrangement and aligns priorities and plans.
Support older people to stay independent	Develop solutions such as Extra-care housing (very sheltered housing with care) for older people and people with long term conditions.	We continue to be a partner in the City's joint accommodation strategy that delivers extra-care.
Harness Transformational Technologies	Patients should have the same level of access, information and control over their healthcare as they do in other sectors (eg banking). Offer online access to individual medical records, test results and appointment bookings. Facilitate email consultations with individual clinicians. Develop at-home monitoring for long term conditions. From April 2013, 50 existing UK online centres in local settings (eg libraries, cafes) to receive funding to develop as digital health hubs for people to access online health information (eg from NHS Choices)	Currently 2 tele-health projects underway (Florence and Portsdown Practice) supporting people with long term conditions. We are working with GP practices to develop online booking, access to medical records and test results. We are a member of the Portsmouth & SE Hampshire IT Enablement programme – which aims to join up IT across different services to support better patient care We would acknowledge the need for broader regional and national support and approaches to improving access to technologies that assist staff and patients to deliver better care.
Transparent Data	Dramatic improvements need to be made in the supply of timely and accurate data - for people, clinicians and commissioners. From July 2013, publication of the results of the Friends and Family Test.	We agree and acknowledge that, whilst our local approaches to improving data continue, these must be supported by ongoing improvements at a regional and national level.

Theme	'A Call to Action' Recommendations	CCG Response
Move away from 'one-size-fits-all' models of care	Consider how the health service can invest in work to understand the biological basis of common diseases.	The CCG would be supportive of national moves to develop this area of work.
Seeing healthcare as a source of economic growth	Investment in individual's health delivers wider benefits to society and the economy (eg by reducing illness costs to the taxpayer, by improving the health of the workforce). NHS is the largest customer for the UK health and life sciences industries and Britain is a leader in biomedical research.	We recognise the wider benefits to society and the economy of supporting individuals to maintain or improve their health and wellbeing.
Invest in best-value services	Be rigorous about applying best-value considerations not just to drugs and technology but also throughout the healthcare system - including different models of delivering health and care services.	We are constantly improving our planning and procurement processes to assess for best-value for the Portsmouth pound.

4 The National Engagement Programme

NHS England intend to analyse in more detail the trends its highlights in its "Call to Action' paper and publish their findings. Consideration will be given to the recommendations from ongoing reviews (eg the Urgent and Emergency Care Review, the Berwick Review on safety)

There will also be a nationwide campaign called 'The NHS Belongs to the People: a Call for Action'. This will be a programme of engagement to seek contributions to the debate about the future of health and care provision in England.

CCGs will be expected to use the outputs of this engagement programme to develop a 3-5 year commissioning plan.

The engagement programme will involve:

- an online platform hosted by NHS Choices for staff, patients and the public to contribute their views
- 'Future of the NHS' surgeries with staff, patients and public at a local level and led by CCGs, Health & Wellbeing Boards and Local Authorities
- specific events designed to engage with NHS staff
- 'Town Hall' meetings at a regional level to engage local government and regional businesses
- National engagement events focusing on national organisations including the Royal Colleges, charities and the private sector.

Six CCGs: Dorset, North East Lincolnshire, Harrogate and Rural District, Hull, Birmingham South and Central and Enfield have expressed an interest to work with NHS England's Call to Action team on the development and content of the local and national engagement events, which will take place from September 2013.

A range of stakeholders, including members of the public, third sector, Healthwatch and health and wellbeing boards will be involved in the co-design phase and the overall shape of the campaign. The outcome will give the engagement exercise a structure, but not mandate it too much so that it can still fit with CCGs existing priorities.

NHS England are also working through other key elements of the 'Call to Action' campaign which includes producing dedicated resources for CCGs to use in their own campaigns, web and digital plans.

NHS England have also launched a specific consultation on primary care services. 'Improving General Practice – a Call to Action' was launched in August and is seeking views to help shape the future of general practice services in England. The consultation is being conducted primarily through an online survey on the NHS England website and will close by 10th November 2013.

The survey can be found here: http://www.england.nhs.uk/ourwork/com-dev/igp-cta/

5 What will not be considered as part of the solution?

NHS England sets out 3 options it will not consider as part of addressing the challenges set out in its 'A Call to Action':

i. Do nothing: the NHS cannot meet these future challenges without changing
ii. Assume increased NHS funding: NHS England do not believe it is either realistic or responsible to expect anything more than flat funding (adjusting for inflation) in the coming years

iii. Cut or charge for fundamental service or 'privatise' the NHS: reducing the scope of services the NHS offers would contravene the principles of the NHS and its Constitution. Charges for users or co-payments are also inconsistent with these principles.

6 Next Steps and Recommendation

In addition to the integrated of the principles and themes of 'A Call to Action' in the CCGs work programmes the CCG is also taking the following next steps specifically regarding the national initiative:

- Working with member practices specifically on the 'Improving General Practice – a Call to Action'. This will be undertaken through the CCGs newsletter, PIP and its forthcoming member practices commissioning event where specific discussions will be facilitated.

- Jointly discussing this with the Health and Wellbeing Board

- Incorporating stakeholder and public participation in the national programme as part of the CCGs forthcoming Annual General Meeting – specifically seeking ideas and solutions from those attending on what should be considered nationally and locally for the future plans for the NHS

NHS Portsmouth Clinical Commissioning Group Governing Board is asked to note the national 'A Call to Action' paper and the alignment of current CCG work to the recommendations of that paper.

Innes Richens
Chief Operating Officer

August 2013

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Portsmouth CITY COUNCIL

Agenda item:

Title of meeting:	Health and Well Being Board
Date of meeting:	4 December, 2013
Subject:	Joint Health and Wellbeing Strategy and JSNA Annual Summary 2013
Report by:	Dr Andrew Mortimore, Director of Public Health
Wards affected:	All
Key decision:	No
Full Council decision:	No

1. Purpose

The purpose of this report is to:

i. Highlight the findings from the Joint Strategy Needs Assessment (JSNA) Annual Summary for 2103 to the Health and Wellbeing Board.

ii. Consider how the issues highlighted in the JSNA can inform the Boards priorities and the new Health and Wellbeing Strategy for 2014, taking into account the wider socio-economic and environmental determinants of poor health.

2. Recommendations:

2.1 The Health and Wellbeing Board are asked to agree the following recommendations:

(i) Agree that the summary of key issues set out in the JSNA (section 3.2) identifies the key challenges for improving the health and wellbeing of Portsmouth's residents. (Please see attached JSNA Summary in Appendix 1).

(ii) Note that members of the HWB have the opportunity to make more detailed contributions as part of the consultation on the JSNA which runs until the end of January 2014 (section 4.1).

(iii) Agree that, in principle, the scope of the Joint Health and Wellbeing Strategy should be broadened during the refresh in 2014 to cover wider issues impacting on health and wellbeing as set out in the remainder of the report.

3. Background

3.1 With the move of Public Health responsibilities to local authorities in April 2013, there is a real opportunity to take joined-up action which will focus on addressing the socio-economic factors which have the biggest impact on poor health such as poverty, housing, healthy lifestyles, a vibrant economy and enabling young people to achieve their aspirations.

The Board has an opportunity to consider the development of the new Health and Wellbeing Strategy within the wider socio-economic context to tackle the causes of poor health, taking into consideration the Marmot Review into what is effective in tackling inequalities, the council's responsibilities for Public Health, the focus of UK Healthy Cities Phase VI (see 3.3) and the findings in the JSNA.

3.2 Joint Strategic Needs Assessment

3.2.1 The JSNA Annual Summary, 2013 (http://www.portsmouth.gov.uk/media/20131028JSNASummary-proof-06Final.pdf) has been produced to update the overall picture for Portsmouth on local needs and identify the challenges for improving the health and wellbeing of Portsmouth's residents.

The JSNA considers the social determinants of poor health and can inform the Health and Wellbeing Board's priorities for joined up action to tackle health inequalities and the causes of poor health.

The health and wellbeing challenges for Portsmouth are well-documented with for example:

- Male life expectancy being significantly shorter than England and 10.8 years shorter in deprived areas within the city compared to less deprived areas
- 22% of children in Year 6 classified as being obese
- A geographical correlation with residents in parts of Charles Dickens, Paulsgrove, Cosham and St Thomas wards experiencing the highest deprivation within the city, and poorer wellbeing.

3.2.2 The Office for National Statistics groups Portsmouth with other areas with a similar socio-economic profile. On the Public Health Outcomes Framework (for the indicators produced at upper tier local authority level), of a group of 12, Portsmouth is ranked within the top three performing authorities in a number of areas including:

- Female life expectancy
- Employment of people with long term health conditions
- Lower rate of hospital admissions for violence
- Infant mortality
- Hip fractures for the over 80s.

3.2.3 However, despite this Portsmouth still faces some significant challenges and is ranked amongst the worst four of these local authorities for:

- Male life expectancy
- Pupil absence
- 16-18 year olds not in education, employment or training
- Adults in contact with mental health services who live in stable and appropriate accommodation
- % gap in the employment rate between those with a learning disability and the overall employment rate
- Killed and seriously injured on the roads
- Violent crime
- Violent offences
- Reoffending
- % of population exposed to road, rail and air transport noise
- Fraction of mortality attributable to particulate air pollution
- Statutory homelessness[1]
- Low level of utilisation of outdoor space for exercise/health reasons
- Social isolation experienced by Adult Social Care clients
- Smoking in pregnancy
- Obese children in school year 6
- Estimated prevalence of physically active adults
- Successful completion of drug treatment by non-opiate users
- Cervical cancer screening
- Take-up of NHS Health Checks
- Self-reported wellbeing - being satisfied with life and feeling happy
- Take-up of certain vaccinations
- People presenting at late stage of HIV infection
- Deaths due to 'preventable' mortality
- Early deaths due to cardiovascular diseases, cancer
- 'Preventable' early deaths due to respiratory disease
- Preventable sight loss - age related macular degeneration and diabetic eye disease
- Excess Winter deaths.[2]

In addition, Public Health England's Health Profiles show Portsmouth compares poorly in terms of:

- GCSE attainment
- Smoking-related deaths
- Estimated prevalence of increasing and high risk drinking of alcohol.

[1] The Service reports that the majority of statutory homeless households are moved seamlessly into more secure and affordable accommodation

[2] Public Health Outcomes Framework. http://www.portsmouth.gov.uk/media/20131105TartanRugNovUpdate.pdf Accessed 25 November 2013

3.2.4 The JSNA Annual Summary for 2013 identifies a number of challenges that will need to be addressed if the city is to make a significant impact on health outcomes including:

- Tackling poverty
- Continuing to improve GCSE attainment
- Improving the health and wellbeing of males
- Promoting healthy lifestyles for young people and adults (smoking, alcohol, healthy weight and mental wellbeing)
- Early intervention eg to promote healthy lifestyles, show people how to best to manage a long-term condition, encourage people to take-up health appointments such as NHS HealthChecks, cervical screening
- Working with communities to achieve the above.

3.3 (WHO) UK Healthy Cities Network

3.3.1 Portsmouth City Council joined the UK Healthy Cities Network in 2012 (one of 30 UK cities). The UK Healthy Cities Network is part of a global movement for urban health that is led and supported by the World Health Organization (WHO).

The UK Healthy Cities Network engages Local Authorities and their partners in health development through a process of political commitment, institutional change, capacity-building, partnership-based planning and innovative projects.

As members of the UK Healthy Cities Network, Portsmouth receives access to resources and support to develop work which progresses the Healthy Cities priorities.

The new priorities for the Healthy Cities are captured in Phase VI of the programme which runs from 2014 - 2018 and is based on the themes highlighted in the Marmot Review. Appendix 2 provides a description of the Phase VI priorities which are linked to four overarching objectives:

- Investing in health through a life course and empowering people;
- Tackling the European Region's major health challenges of infectious and non-communicable diseases;
- Strengthening people-centered systems and public health capacity and emergency preparedness and surveillance; and
- Creating resilient communities and supportive environments.

4. Next steps

4.1 JSNA consultation

4.1.1 Views on the JSNA are now being sought through consultation which will run to the end of January 2014. The aim of the consultation is to:

- Advise stakeholders about their views of what are the main health and wellbeing issues
- Ask stakeholders for their views about what are the 'root' causes of these issues
- Ask stakeholders for ideas of what we should do to improve wellbeing in Portsmouth
- Ask people what assets we already have to address these issues
- Advise them that their views will be taken into account when constructing the JSNA, the prioritisation of further research and identification of other work to develop the JSNA.

4.1.2 Feedback on the following JSNA consultation questions is being sought from a wide range of agencies, Councillors, voluntary and community groups, neighbourhood groups and residents.

4.2.2 Three workshops will take place in Part 2 of this Board meeting to focus discussion on how we might develop new ways of working, which build on existing good practice to address the challenges and priorities identified in the JSNA.

The workshops aim to test and identify different ways of working to support the existing priorities of the Health and Wellbeing Board and inform future practice.

The three workshops will focus on:

- Communities and health - working with community based skills and assets to improve health and wellbeing.

- Better Housing, Better Health - how housing can help achieve better health outcomes for residents.

- Making Every Contact Count - making the most of the workforce

5. Reasons for recommendations

5.1 This is an opportune time for the Health and Wellbeing Board to review its priorities to inform the development of the new Health and Wellbeing Strategy from 2014, taking into account the wider socio economic context for addressing the determinants of poor health and the priorities and challenges for Portsmouth which have been highlighted in the JSNA.

6. Equality Impact Assessment (EIA)

An EIA will not be required.

7. Head of Finance's comments

There are no financial implications arising from this report.

8. Head of Legal's comments

There are no immediate legal implications arising out of the recommendation.

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Signed by:
Dr Andrew Mortimore
Director of Public Health

Appendices:

Appendix 1: Summary of JSNA Annual Summary 2013
Appendix 2: UK Health Cities Phase VI goals and themes: overview

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

The recommendation(s) set out above were approved/ approved as amended/ deferred/ rejected by …… on ……

……
Signed by:

Portsmouth CITY COUNCIL

APPENDIX 1

Summary of
Joint Strategic Needs Assessment Annual Summary 2013

This summary is '**a** big picture' of health and wellbeing. All the information providing '**the** big picture' (data, charts, maps, reports, evidence of effectiveness etc.) is at: **http://www.portsmouth.gov.uk/living/19059.html**

Portsmouth has significantly higher level of overall deprivation than the England average but within its ONS comparator group of 19 similar local authorities, Portsmouth is not particularly deprived. However, within this group of 19, the city performs comparatively poorly on key outcomes including GCSE achievement, violent crime, people killed or seriously injured on the roads, smoking, alcohol and higher number of deaths than would be expected in the Winter.

People

- Portsmouth has a relatively young population profile compared to England
- The city continues to be very densely populated
- Levels of children and of older people living in poverty are 5% and 2% respectively above the national average
- There are major inequalities with poorer health and wellbeing outcomes
- In particular, between genders – shorter male life expectancy
- And between different areas of the city – with the most deprived areas affected by high rates of unemployment, smoking, alcohol consumption, mental ill-health
- Information from front-line statutory and voluntary services is that increasing numbers of people are in debt and needing help from eg food banks. The needs assessment and Tackling Poverty strategy will be refreshed next year
- We need to continue to apply 2011 Census findings to better understand changing characteristics of populations served – particularly in deprived areas.

Community Safety

Safer Portsmouth Partnership Priorities identify the driving factors behind, or contributing to a range of crime and anti-social behaviour types. Priorities are alcohol misuse, domestic abuse, young people at risk, drug misuse and adult re-offending.

Getting the best possible start in life

- Healthy lifestyles in childhood lay the foundation for good health in future years
- 24% of children live in poverty – but rates are much higher in most deprived parts of the city (half of all children living in poverty in parts of Charles Dickens ward)
- More pregnant women who smoke need to quit - particularly young mums
- More women need to breastfeed their babies for longer
- Teenage pregnancy rates are declining
- Obesity rates for children are declining but are still too high for 10/11 year olds
- The Children's Trust is producing a needs assessment for children and young people - including obtaining the views of children and young people about their own needs.

Helping young people to be ready willing and able to work

- GCSE results are still comparatively low.

Create a better environment for people to live, work and play

- Older housing stock, higher percentage of rented properties, and the number with 'hazards' identified under the Housing Health and Safety Rating System have implications for health and wellbeing
- Fuel poverty is more prevalent in private sector
- Employment rates are better than national average but unemployment is about double the national average in the most deprived ward
- Adult skills are below national level. Numeracy strategy being developed
- The city has a wide range of natural and semi-natural urban greenspaces (eg Farlington Marshes, Southsea Common, and built assets (eg museums and libraries)
- But more adults need to be more physically active.

Encourage healthy lifestyles by helping people to stop smoking, lose weight and drink responsibly

- The planned Health and Lifestyle Survey of adults will give us more information about current local trends and areas of concern
- Relatively high levels of smoking, alcohol misuse and obesity needs preventive and treatment services and continued joint working with local authorities, the voluntary sector and businesses
- Reducing smoking prevalence and obesity prevalence requires continued joint working and services tailored to different stages of life from teenagers through to older age, and to the different needs of each gender at each stage
- Tackling the root cause of shorter male life expectancy requires finding the most effective ways to encourage men to adopt and maintain healthy lifestyles (not smoking, drinking alcohol to excess and maintaining a healthy weight).

Help older people maintain maximum independence and dignity in old age

- Over half of older people in most deprived areas live in poverty
- Excess Winter deaths is a continuing issue.

We know that **the most effective ways** to tackle these issues are to:

- Prioritise actions which reduce inequalities (eg different areas of the city, genders)
- Make sure that the city's regeneration plans reduce inequalities
- Work alongside local communities to find local solutions
- Use the collective resources of statutory and voluntary agencies
- Make sure that information about healthy lifestyles is presented to people in a way they can understand and relate to
- Ensure we (statutory and voluntary agencies) all use each opportunity to actively promote healthy lifestyles and direct people to sources of help ('Making Every Contact Count')
- List the research that needs to happen over the next three years so we can find out more about the root causes of these issues AND the most effective ways to resolve them.

Evidence about specific actions to tackle specific issues is on the JSNA website.

UK Healthy Cities NETWORK

Healthy Cities 21st Century

APPENDIX 2

Phase VI goals and themes: overview			
Overarching Goals			
Tackling Health Inequalities Human rights and Gender		**Promoting city leadership and participatory governance for health** Whole of Government and whole of society approaches Health and health equity in all local policies City Health diplomacy	
Core Themes			
Life course approach and empowering people	**Tackling public health priorities**	**Strengthening people-centred health systems and Public Health capacity**	**Community resilience**
Highly Relevant priority issues			
Early life	Physical activity	Health and Social services	Community resilience
Older people	Nutrition and Obesity	Other wider city services	Healthy Settings
Vulnerability	Alcohol	Public Health Capacity	Healthy urban planning and design
Health Literacy	Tobacco		Healthy Transport
	Mental Health and wellbeing		Climate Change
			Housing and regeneration

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