

## **HEALTH AND WELLBEING BOARD**

MINUTES OF THE MEETING of the Health and Wellbeing Board held on Wednesday, 15 February 2017 at 10.00 am in Conference Room A, Civic Offices, Portsmouth.

### **Present**

Councillor Luke Stubbs (in the Chair)  
Councillor Gerald Vernon-Jackson CBE  
Councillor John Ferrett

Innes Richens  
Dr Jason Horsley  
Patrick Fowler, Healthwatch Portsmouth  
Jackie Powell  
Alison Jeffery  
Peter Mellor  
Dr J Lake

### **Officers Present**

Kelly Nash  
David Williams

#### **1. Apologies for Absence, Declarations of Interest and Introductions (AI 1)**

Apologies for absence had been received from Councillor D Jones, Councillor R Brent, Dr Hogan, Sue Harriman, Ruth Williams and Dianne Sherlock.

There were no declarations of interest.

#### **2. Minutes of Previous Meeting - 30 November 2016 (AI 2)**

**RESOLVED** the minutes of the Health & Wellbeing Board held on 30 November 2016 were agreed as a correct record to be signed by the Chair.

#### **3. Portsmouth & SE Hants CCG Operating Plan 2017-19 (AI 3)**

Innes Richens presented the CCG's Operating Plan 2017-19; these plans had been required annually and would form part of the national NHS process and now cover a 2 year period of operation. This was produced for the 3 CCGs in the Portsmouth & South East Hants area, in recognition of how much is planned together. The Plan sets out the key expectations in the delivery of the HIOW Sustainability & Transformation Plan (STP) and showed delivery on national indicators and the collective work that had taken place on the Portsmouth Blueprint. The document set out the financial challenge ahead.

## Questions

HWB members asked questions including:

- The structure of joint committees and governance arrangements; there would be joint planning of the allocation of resources and there is a shared integrated commissioning unit.
- Would a more accessible version of the plan be made public? This had been designed for a specific purpose so did not lend itself well to public readership but the CCGs did try to share the information within its own publications and websites.
- Was there a concern regarding the number of GPs reaching retirement? Innes did not believe that Portsmouth has a greater number of GPs reaching retirement than the national average, but the concern is that the demand for their services is increasing and thereby their workload.
- Was a 'channel-shift' approach being adopted at GP surgeries to help reduce their workload? On-line appointments and some prescriptions were offered.
- How the current situation with Harry Sotnick House was affecting discharges from hospital and was their sufficient capacity elsewhere? It was reported that Harry Sotnick House had voluntarily suspended the block contract following last year's Care Quality Commission (CQC) inspection and in the meantime other care home providers had been used as there is capacity in the city, and the squeeze point was actually in domiciliary care which was being looked at.
- Whilst care home places are available are they affordable? Innes confirmed that the spend had decreased over the last year but there is an increase for domiciliary care.
- What public consultation is taking place? Innes reported on the engagement of views and 'The Big Conversation' and the use of social media, including seeking opinions on issues such as the use of regional centres.
- The historical poor performance of transfers from QA Hospital's A&E Department within 4 hours and if this was improving? Peter Mellor responded that there is the need to prevent the numbers of people needing to go to A&E which should be addressed in the Operating Plan, and for the hospital the flow of beds (and reliance on discharge rates) remained of concern with the relevant agencies continuing to work together. It was also noted that there had not been a noticeable change in demand for A&E services despite the consolidation of walk-in services. Healthwatch Portsmouth had visited QA Hospital in November to look at the discharge process and would be following this up with meetings with former patients to discuss their experiences, and this information would be shared.
- Innes Riches would provide requested information to Cllr Stubbs regarding the availability of the Estates Strategy Business Case for St James'.

**RESOLVED that the CCG's Operating Plan 2017-19 be noted.**

## **4. Future in Mind Transformation Plan (AI 4)**

Stuart McDowell, Senior Project Manager (and CAMHS Commissioner) from the Integrated Commissioning Service, reported on the development of the 'Future in Mind' report and Transformation Plan. He reported that there is £406k p.a. funding over the next 5 years. He circulated a progress report which was in the form of a recent presentation and the following issues arose during discussion of the 8 priority areas:

### **Priority 1 - Early help service implementation**

Relate had been successful in the tendering process with their consortium bid. Stuart reported that this new self-referral service would be officially launched the following week and this would include advertising of the service in schools. Councillor Vernon-Jackson was concerned by the gap in provision since Off the Record closed in December with the need for confidential counselling for young people and he asked that the Elm Grove provision (as well as the main base at Cosham) receives publicity.

### **Priority 2 - Communications**

It was important to ensure the young people and parents are aware of the services available and how to access these, and they are being involved in the process such as the development of the central website. Councillor Vernon-Jackson again asked that the Elm Grove service be promoted and he was concerned that the services may not be available at the best times for teenagers. Alison Jeffery asked that there be liaison to ensure that family support services at PCC are also included with communication about service options.

### **Priority 3 - Whole Schools Strategy**

Sarah Christopher, a SENCO lead, had been recruited to develop this strategy and to look at capacities at schools in the city and the demand for specialist CAMHS services. Dr Horsley asked if mapping was also taking place regarding preventative work and resilience.

Alison Jeffery said that while schools made their own decisions about how best to prevent problems and promote resilience, the Children's Services Department was strongly championing the strategy within the newly formed Portsmouth Education Partnership. Resilience was seen as a key factor in promoting better attainment and would be included within a new education strategy for the city. A key element of the emotional well-being strategy was the promotion of restorative practice within schools, as an approach for resolving conflicts.<sup>1</sup>

### **Priority 4 - Implementation of Specialist Perinatal Support Service**

This regional support was for all ages of mothers, and a successful bid had brought in extra funding to this area which had previously been a gap in support. This would be delivered by Southern Health running from March. Alison Jeffery stressed the need for a joined up approach with midwifery and health visiting services.

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<sup>1</sup> 14 schools had signed up to work with each other to promote restorative approaches in their schools and promote the work more widely across the city.

### **Priority 5 - CYP IAPT**

This work was for the collaborative training and upskilling of the CAMHS workforce. There would be liaison with the service in Oxford. It was also reported that there had been recent changes at senior management level in CAMHS which had delayed progress. Alison Jeffery suggested that within the resource constraints it would be very helpful if some workers from family support services could be included in the programme as they could beneficially deliver low level CBT interventions with family members, A whole family approach was very important in addressing mental health issues for children and young people.

### **Priority 6 - Acute Self Harm Pathway review**

A clinical tool for hospital use was being considered and analysed to help identify whether or not young people need to be admitted or instead receive support in the community. There was also work taking place to educate the workforce regarding self-harm.

Dr Horsley explained the need for psychiatric assessments for admissions and therefore the dependency on a timely assessment process. Peter Mellor also commented on the unsuitability of the hospital setting for mental health patients but alternative placements and services may not be available. Alison Jeffery also stressed the importance of staff in acute settings sharing information with the Multi-Agency Safeguarding Hub (MASH) so that young people in need of a swift safeguarding response could receive it.

### **Priority 7 - Review Transition Arrangements from CAMHS to Adulthood**

It had been found that only a small number of young people transfer from CAMHS to adult mental health services. The transitional experience was being reviewed as well as the protocols.

### **Priority 8 - Involving Young People & Families in decision making and design/delivery of CYP MH services**

Young people and parents were being encouraged to be involved in decision making and the design of services/products, as seen with the communications strategy. Healthwatch Portsmouth were keen to be involved.

The website was being expanded and the future use of online counselling was being explored. In answer to a question about the involvement of young people in the recent tender exercise for the early help service, Stuart said that they had been involved in the design of the specification but not directly in the procurement decision.

**RESOLVED that the Future in Mind Transformation Plan (Refresh) be noted.**

## **5. Date of Next Meeting (for information) (AI 5)**

It was noted that the next meeting of the Health & Wellbeing Board would take place on Wednesday 21<sup>st</sup> June at 10am in Conference Room A in the Civic Offices.

The meeting concluded at 11.20 am.

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Councillor Luke Stubbs  
Chair