CABINET MEMBER FOR COMMUNITY WELLBEING, HEALTH & CARE

RECORD OF DECISIONS of the meeting of the Cabinet Member for Community Wellbeing, Health & Care held on Tuesday, 5 December 2023 at 4.00 pm at the Guildhall, Portsmouth

Present

Councillor Matthew Winnington (in the Chair)

Councillors Lewis Gosling Graham Heaney Brian Madgwick

15. Apologies for absence

There were no apologies for absence.

16. Declarations of interest

There were no declarations of interest.

17. Outcome of the Integrated Sexual and Reproductive Health tendering process

Hannah Byrne, Public Health Principal, introduced the report.

Councillor Heaney had attended an interesting presentation the previous day about the impact of Systems Thinking on the Integrated Sexual and Reproductive Health (ISRH) Service and noted its success had made a difference to the quality of the service and the people who used it. Ms Byrne attended national meetings and said the service's success was exciting as other areas of the country were struggling.

In response to questions from members, Ms Byrne would check with partners if it was possible to know who else tendered for the service as it may be commercially sensitive.

With regard to the impact on the grant of increasing inflation, sexual health was one of the areas mandated by the Public Health grant. There were always advances in sexual health medicine, for example, around behavioural change and infections needed to be closely monitored as they were unpredictable. In view of the uncertainty, officers worked in collaboration to strengthen resources and were transparent about what residents needed and what was available. Helen Atkinson, Director of Public Health, explained that in the wider public health context the contract was funded by a ring-fenced grant and officers did not always know until the end of March how the grant would be for the next financial year.

In the event of an outbreak of a disease such as Mpox (monkey pox) there were national conversations to ensure that vaccination costs were covered and how to benefit from additional contacts with residents. Ms Byrne was on the national commissioners' committee for sexual health which helped with knowing opportunities for investment. Prevention is a priority for Public Health.

Councillor Gosling said the wide-ranging conversations should be celebrated given the effects on people seeking treatment. Regional sites gave the option of not bumping into people they knew. It was also a good time to celebrate the extra funding for the opt-out HIV testing. Ms Atkinson said it was important to note that the opt-out funding went directly to Acute NHS Trusts. Pilots have identified new HIV diagnosis. NHS England commissioned HIV services and fund treatment and care but local government fund sexual health services. However, there was good collaboration and a good relationship between commissioners. The new clinical front door, a result of systems thinking, helped residents go where it best suited them.

Councillor Winnington thanked members for their comments and officers for the report and their work. The council was fortunate to have their expertise. The Systems Thinking intervention was the first time it had been done with an NHS service. The staff really engaged with it and it had increased the service's potential. Solent NHS Trust was positive about the contract. The uplift in funding was needed but working together across the region, such as with the funding for the opt-out testing, was a strength of local government.

The Cabinet Member noted the report which is for information only and is not for call-in.

18. Portsmouth Carers Service

Andy Biddle, Director of Adult Care, introduced the report.

Members said the inspection was an opportunity to improve what was already a good service.

Mr Biddle said that going by the experience of five pilot local authorities the amount of work involved in a Care Quality Commission (CQC) inspection was huge and should not be under-estimated. It was not currently known when Portsmouth would be inspected as secondary legislation giving the CQC powers to inspect was still going through Parliament. Once that was passed, the CQC would name the first tranche of inspections and start notifying authorities in December. The CQC would probably choose a mix of authorities, for example, based on size and status (unitary, county etc) and factors like levels of deprivation.

In response to questions from members on measuring quality of life for carers, he said the nationally required Carers' Survey, which was carried out every other year, included questions on social contact. However, Adult Social Care (ASC) would like to improve that sort of co-production by working with engagement teams across the council to get more contemporaneous feedback.

Councillor Winnington thanked Mr Biddle, Ben Muller (Acting Team Manager) and his team at the Carers' Centre. He looked forward to the renewal of the Carers' Strategy and Carers' Service Plan in March 2024 as they would complement each other. The pilots would help show the way inspection worked and a little more information would be published each week. The Chief Adult Social Care inspector was at the recent National Children and Adult Services Conference.

The Cabinet Member noted the report which is for information only and is not for call-in.

19. Shared Lives - Strategy and development

Andy Biddle, Director of Adult Care, introduced the report.

In response to questions from members, Mr Biddle said where people living in Shared Lives accommodation went when they reached 25, for example, with friends, on their own or stayed in Shared Lives, very much depended on the individual's needs though he could find out. They may need continuity if they have been living in foster care so could move to Shared Lives or ASC could help them gradually become more independent. ASC valued independence and could help people to achieve it but if they needed more support as they turned 18 it would be a slower journey. About two years ago a facility opened to support adults with mental health needs to progress to independent living in their own time.

The needs of the individual decided whether carers were paid band 1 or 2 rates. There was also a banding for exceptional needs. As to whether the payment affected any benefits the carers were receiving, Mr Biddle thought it might only if there was some sort of restriction on sub-letting though most carers owned their homes so this would not apply. People who rented their homes could be Shared Lives carers. For carers living alone the loss of the single person council tax discount was probably not compensated though the care compensated for it as it was a regulated service. He did not think ASC calculated how benefits would be affected for single occupants. Theoretically carers might not be able to get council tax benefit if they were getting the carer payment.

Councillor Winnington thanked the Shared Lives team and carers. It was a fabulous service as it provided what people wanted incredibly effectively. As it led to savings of up to about £60,000 annually it made sense to expand. He looked forward to the next phase of the service's development and an update report. Anyone interested in becoming a carer was invited to contact the council.

The Cabinet Member noted the report which is for information only and is not for call-in.

The meeting concluded at 4.43 pm.

Councillor Matthew Winnington
Chair