

## **HEALTH AND WELLBEING BOARD**

MINUTES OF THE MEETING of the Health and Wellbeing Board held on Wednesday, 20 September 2017 at 10.00 am in Conference Room A, Civic Offices, Portsmouth.

### **Present**

Councillor Luke Stubbs (in the Chair)

Councillor Jennie Brent  
Councillor Leo Madden

Innes Richens  
Dr Linda Collie  
Peter Mellor  
Jackie Powell  
Alison Jeffery

### **Officers Present**

Kelly Nash  
David Williams  
Claire Currie

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

Councillor Stubbs opened the meeting welcoming members and officers and inviting introductions.

Apologies for absence had been received from Councillors Gerald Vernon-Jackson and Ryan Brent. Councillor Donna Jones was detained in another meeting. Apologies had also been received from Dianne Sherlock, Sue Harriman and Patrick Fowler. Dr Jason Horsley was represented at the meeting by Claire Currie.

There were no declarations of interest at the start of the meeting but Jackie Powell did explain her counselling role with young people when discussion took place on the Public Health Annual Report.

#### **16. Minutes of previous meeting - 21 June 2017 (AI 2)**

There was a small error in Minute 12 last full paragraph the "ACF Leadership" should refer to "ACS Leadership".

**RESOLVED, that subject to the minor amendment, the minutes of the Health & Wellbeing Board held on 21 June 2017 were agreed as a correct record.**

**17. Draft Pharmaceutical Needs Assessment (PNA) (AI 3)**

Claire Currie, PCC Consultant in Public Health, presented this report. There is a statutory responsibility for the Health and Wellbeing Board to publish a PNA every 3 years. The purpose of this report is to seek approval of the report for consultation from 23 October until 22 December 2017. The primary purpose of a PNA is that it is used to respond to applications to open a community pharmacy. The PNA aims to identify gaps in current services or improvements that could be made to current or future service provision. The steering group who have undertaken the assessment represents key stakeholders. . In conducting this assessment, a survey of community pharmacy contractors was undertaken to which 30 of the 41 local pharmacies responded, and a public survey had 168 complete responses. Data was also gathered to understand contracts held by community pharmacies with NHS England Area Team, the CCG and the PCC public health team.

The PNA considers pharmaceutical services serving the Portsmouth residents to meet the need of the population. This is based on there being good coverage, good access, including delivery services to housebound residents, and a good range of services offered through pharmacies. Consideration has also been given to anticipated changes over the three year period the PNA will cover, including known developments.

In response to questions the following matters were clarified:

- How the consultation was taking place - there are a list of statutory consultees and the public would be consulted. PCC communications colleagues and Healthwatch were involved and had advised regarding the forthcoming public consultation and would help with promoting the consultation.
- As this is a weighty document the executive summary aimed to provide a summary of the conclusions of the assessment. In the same format as the previous PNA, there would be a survey of 6 questions which will be posted on the PCC consultation page of the website; help would be given to individuals where needed to complete this. A communications strategy for advertising the survey was being compiled, which may include an article in Flagship.
- Is Portsmouth below the national average for provision? Claire responded that the number of community pharmacies per head of population Portsmouth is broadly in line with the national average.
- The process for applying for new pharmacies via NHS England was explained. An individual wishing to open a community pharmacy

makes an application to NHS England. This application is considered with reference to the PNA as it is this document which determines whether there is a gap in current provision and therefore where there is a need for a community pharmacy to open.

- The effect of future developments (such as the large scale plans at Tipner) and increased student numbers in the city on the need to ensure the 1.6km proximity - this is a guideline distance and walking and driving times are also considered. The Tipner development is likely to have good road access to pharmacies and the student halls were mainly central where there was good coverage. Most pharmacies offer a home delivery service (over 90% in Portsmouth).
- The take-up of the provision to dispose of unwanted medicines at pharmacies was queried - GPs do advise patients of this facility as GPs are not able to accept patient medications for disposal. GPs and community pharmacists do review of prescriptions routinely.
- Community pharmacies provide flu vaccinations. This service provides greater access to flu vaccinations in the city and there is good coverage of providers in the city.

It was noted that the 3 year review process would allow for changes in local population requirements, patterns of demand and trends (such as increased delivery of prescriptions from distance selling pharmacies) to be analysed.

#### **RESOLVED - the Health and Wellbeing Board:**

**(1) Approved the Draft Portsmouth Pharmaceutical Needs Assessment (PNA) report for public consultation from 23rd October to 22nd December 2017.**

**(2) Approved that the steering group respond to consultations of PNA's from neighbouring areas on behalf of the HWB where the Portsmouth HWB is a statutory consultee and ask the HWB to note the response.**

#### **18. Public Health Annual Report (information item) (AI 4)**

Claire Currie, PCC Consultant in Public Health, presented this item. The draft annual report "The stories behind the statistics" was almost ready for sign-off however small adjustments could be made. Alison Jeffery requested reference to the range of the education strategy and she would liaise with Claire to give her comments.

During the discussion of this item the following comments were made:

- The document clearly showed how smoking and drinking were being tackled but there was concern at the high level of road traffic related incidents, which were preventable accidents and it was asked how this was being tackled? The city council are promoting active travel and quieter cycle routes as well as key messages on cycling safety and safer school routes, and there was clear liaison between public health and transport to address these issues.
- Air quality issues linked in with the promotion of open spaces and encouragement of use of parks; it was reported that Victoria Park would have improved lighting to help encourage extended use. The air quality monitoring information is handled by Environmental Health colleagues and this issue was being also being examined on a regional and national level.
- The promotion and expansion of hire bikes in the city - it was reported that discussions were taking place between the University of Portsmouth and private providers, and the scheme at Park & Ride may be expanded.
- The issues covered in the report would help inform the Local Plan and Local Transport Plan.
- Self-harm - there was concern expressed regarding the higher local levels compared to the national average and this is being tackled with an in-depth assessment taking place with partner agencies to form a multi-agency action plan, which also linked in with work to prevent suicide and young persons' mental health. Other work has also been undertaken in working with schools on emotional resilience.
- Substance mis-use - the work being undertaken by the recovery hub was commended and its capacity and number of users was queried. There is also a nationally recognised specialist alcohol nursing service at the hospital.

**The Director of Public Health's Annual Report for 2016 was noted.**

## **19. Health & Wellbeing Strategy - Refresh (AI 5)**

Kelly Nash, PCC Corporate Performance Manager, presented the Director of Public Health's report which set out the themes that had been discussed with stakeholders and would then go out to a wider, public consultation. This was focusing on where value can be added and to see if there are any gaps. The updated draft would then be brought back to the Health & Wellbeing Board in November.

The style of the document was welcomed and comments made included:

- The need to ensure that young people's mental health was not overlooked as a theme, and that this along with the links to poverty and substance mis-use could be strengthened, as well as mental health issues for older persons too (substance mis-use here was a concern for GPs where patients were self-medicating). Therefore mental health for all settings was seen to be a key theme for the HWB.
- It was suggested that the Sustainability and Transformation Plan was referenced (but not duplicated within the document and work was continuing for the Health Overview & Scrutiny Panel on the STP)
- There was variation on population figures due to sources used, therefore census or projection status should be stated
- What was the process for "holding leaders to account"? It was reported that invitations would be made to attend the Health and Wellbeing Board.

All the HWB partner organisations would have the opportunity to discuss the themes in more detail before the Strategy goes out to public consultation and the refreshed document would be brought back to HWB in November for approval.

The Chair asked that the minutes be circulated to the HWB members to remind them of this discussion.

#### **RESOLVED - The Health and Wellbeing Board:**

- (1) Commented on the proposed principles, objectives and focus areas set out in Appendix A**
- (2) Agreed the proposals for next steps set out in section 5.**

#### **20. Dates of future meetings (Information item) (AI 6)**

The next HWB dates of 29<sup>th</sup> November 2017 and 21<sup>st</sup> February 2018 at 10am were noted.

#### **21. Alcohol Related Liver Disease (additional item - for information) (AI 7)**

Councillor Stubbs had agreed to the addition of this information item to the agenda, which had been circulated to members. Dr Nick Moore presented the updates received from Dr Elizabeth Fellows, showing data relating to both the wider Wessex region and the Portsmouth area. Dr Keogh's report on the Portsmouth statistics, and drew attention to the 284 ARLD patients in 2015, this represented using over 4,600 bed days for Portsmouth Hospitals. This data was important to feed into strategies for reducing harm.

During discussion of this item, the following was raised:

- Whilst the potential costs and savings can be estimated there are also the quality of life issues for patients and the pressures on the medical system
- There are public campaigns to reduce alcohol consumption although there can be mixed messages in the media about the effects of alcohol which do not always reflect the effects on long term health. Early intervention is key therefore work with schools in raising awareness is important.
- Dr Moore also explained the fatty liver links with obesity and cirrhosis which are preventable illnesses
- Nationally there is strong advocacy through bodies such as Alcohol Concern, to help lobby for legislative changes.

The meeting concluded at 11.20 am.

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Councillor Luke Stubbs  
Chair