

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 Dyer, 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 (AI 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 (AI 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.

Councillor Leo Madden
Chair