# HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING of the Health and Wellbeing Board held on Wednesday, 20 June 2018 at 11.00 am in Conference Room A, Civic Offices, Portsmouth.

**Present**

Councillor Matthew Winnington and Dr Linda Collie (in the Chair)

Councillor Gerald Vernon-Jackson CBE
Councillor Luke Stubbs
Councillor Rob Wood
Councillor Leo Madden (non-voting member)
Sarah Austin
Innes Richens
Dr Jason Horsley
Dr N Moore
Patrick Fowler
Alison Jeffery
Andy Silvester

**Officers Present**

Kelly Nash, Jo York and Alan Knobel

## 40. Apologies for absence, Declarations of Interest and Introductions (AI 1)

Apologies for absence had been received from Mark Cubbon, David Williams and Dianne Sherlock.

Declarations of Interest - Councillor Wood made a declaration when the Mutiny event was mentioned as his daughter works for Motiv8, but this is non prejudicial or pecuniary.

## 41. Membership Update (for information) (AI 2)

The 4 City Council appointments were noted of Councillors Matthew Winnington, Gerald Vernon-Jackson, Rob Wood and Luke Stubbs. (Councillor Leo Madden remains a non-voting member as Chair of Health Overview and Scrutiny Panel.)

## 42. Minutes of Previous Meeting - 21 February 2018 (AI 3)

Councillor Madden pointed out minutes 37, page 3, "Holding to Account by HWB" should refer to "if it was seen that a **body**" which was agreed as a correction.

**Subject to this amendment the minutes were agreed as a correct record**.

## 43. Joint Health and Wellbeing Strategy Monitoring Framework (AI 4)

Dr Jason Horsley presented his report which looked at comparators for England and with similar CCG areas. Whist the life expectancy figures were going in the right direction there was more work to be focussed on smoking. He pointed out that alcohol related hospital admissions were now amber as there was a good service at the hospital, but that this did not necessarily imply that Portsmouth did not have a significant problem with alcohol-related harm.

Arising from questions the following arose:

- Depression and dementia were not rated as good or bad as Portsmouth is generally good at detecting these and it is important to capture rates of identification as much as prevalence of conditions.

- It is difficult to provide concrete indicators for mental health as the datasets are not as mature as for physical health, so those suggested are more generally proxy indicators.

- Under 18 pregnancies - the rate had started to rise at a time when there had been changes to the sexual health services and could be affected by availability of contraceptives (and specialist implant services) as well as educational aspirations. Alison Jeffery responded that school standards were improving (shown by Ofsted inspection results) but school attendance figures need to be addressed (1 in 5 secondary pupils having less than 90% attendance in recent figures) and this is also a worrying indicator about perceptions around education and value. It was agreed that consideration should be given to including school attendance indicators within the Framework.

- It was noted that some of the sample groups, such as for the U18 pregnancies and looked after children, are very small and that can drive fluctuations, so they need to be considered in the context of a trend over time. Public Health England had over 100 indicators so this report was looking at areas where focus was being made on making a difference.

- There was concern at the high level of 10-24 year olds being admitted to hospital due to self-harm. Dr Horsley would check whether poisoning was included as well as alcohol.

**RESOLVED that the current Portsmouth position on the indicators presented be noted.**

## 44. Delivering the Portsmouth Blueprint Commitments - Progress Report (AI 5)

Jo York presented the paper on the delivery of the Portsmouth Blueprint Commitments 3 years in of a 5-10 year Sustainable Transformation Programme (STP). She highlighted areas of particular note in providing local delivery of the 7 commitments, which included:

- Establishing acute home visiting service and the imminent change to the GPs out of hours service (giving access to patient notes)
- Engagement with the voluntary sector in supporting people to stay well
- Bringing together of back office functions
- Use of SystmOne by GP practices, a shared system that Adults Services could also use
- A joint estates strategy for the city and more co-location of teams
- New model of care - multi speciality community provider
- Improvements to emergency care via access to 24 hour primary care out of hours service
- More integration of health and social care teams and close links to Education as well as to the voluntary sector

In response to questions the following points were raised

How evaluation of projects can be made public - Jo York responded that the purpose of the Blueprint was to bring together the strategic programmes into a context for both the public and staff. Evaluation was taking place with colleagues in the SE Hants area on outcomes and also with Healthwatch.

It was acknowledged that the public do not always understand the different parts of the health service, and debate took place regarding the SE Hants model approach and decision making systems. The integrated model of care is circled around QA Hospital so it needs to be incorporated in the model but a home/community/family first approach is also being taken. Sarah Austin reported on examples of successful bridging services such as in mental health.

The high level of access to triage services was noted - this is used in most GP surgeries to give the appropriate referrals e.g. to physio.

Members asked about the current situation on hospital discharge figures. Sarah Austin reported that the situation and figures were being analysed by the A&E Board and for the next winter to be dealt with satisfactorily the rates would need to be 92% occupancy and 8% empty beds, and to get there complex discharges needed to be further reduced from current levels of 250 (May 2018), currently fluctuating 140-170 between Hants and Portsmouth. The Portsmouth target is 49 which is achieved by close work with social care

which had kept the acute trust on 'Green' status most days since Easter, which was an extraordinary position in recent years. The ambition was to reduce the target further own to 30 Portsmouth patients waiting for discharge, which would give the QA Hospital enough flexibility in the system for the winter. The intention was not to cancel operations and for elective surgery to take place. This included a model of resilience and putting together neighbourhood teams to help stop people going into hospital in the first place. It was reported that the SystmOne used by GPs was not compatible for Childrens Services and this was a provider issue (a new Mosaic system would be used by Childrens Services).

It was noted that a mental health assessment unit had been approved and capital works would take place at QA Hospital in the autumn.

Whilst the Equalities Impact Assessment (EIA) had been a preliminary EIA undertaken 3 years ago, and new ones were done for new services coming on line, but the existing overall EIA could be revisited by Jo York.

**RESOLVED that the Health and Wellbeing Board noted the progress made through the adults' delivery element of the Health and Care Portsmouth Programme to deliver the Portsmouth Blueprint.**

**45. Drug Related Harm (AI 6)**

a) Report on Drug Related Harm

Alan Knobel presented his report. There are 1427 heroin and cocaine users in Portsmouth and there is a disproportionate level of drug related harm and crime in the city. The most recent statistics showed 55 drugs related deaths over 2 years (see paragraph 4.1). The average age of those dying was 35 years for men and 37 for women, which is a young age to die. The average age of drug related deaths has been increasing though with older drug users now dying of other health complications linked to long-term drug use.

Public Health England had undertaken cost and benefits analysis of drug treatment:
*"for every £1 spent on young people's drug and alcohol treatment there is a lifetime benefit of £5-£8*
*And*
*For every £1 spend on adult treatment £2.50 is saved in crime and NHS costs"*

The report set out the reductions in numbers accessing treatment since 2014/15 and the reduced level of investment in these services. A separate alcohol pathway had been set up away from the drug users settings, and there is a young persons drugs service.

Paragraph 4.3 set out drug related acquisitive crime figures in the City 2013-17.

Results from the a survey carried out in schools in 2014/15 found 4.7% of 15 year olds had used cannabis within the last month (see section 5.1). The national picture is that drug misuse is seen in 38% of serious case reviews and currently there is a significant unmet need regarding parental drug and alcohol dependency.

The spending levels on drugs were set out - on average a heroin user spends £1,400 month, and the crime committed by heroin/crack users (not in treatment) can cost £26,074 per year. The link to reducing crime levels through the provision of treatment was explored in the report, and Alan also referred to the links with long term unemployment, mental health and housing needs. The trend for drug related harm was increasing in Portsmouth at a time when preventative services and funding have been reduced.

b) Fentanyl Briefing

Dr Jason Horsley as Director of Public Health gave a verbal update on the potential harm that could be caused with Fentanyl (a strong opioid medication) being 400x the strength of heroin and gave an overview of the rise in drug related deaths experienced in USA and Canada (first detected 2012). There is a danger of contamination in recreational drugs and from a clinical point of view it needs more antidote to treat users. This had so far only been implicated in a few deaths in UK - mitigating factors here include lower level of opioids in the health care system and free access to rehab treatment. However there are economic drivers so there is a concern it will get into the UK system and enforcement cannot stop the supply and testing regimes will be needed at a time when spending on drugs services has been reduced.

Areas to explore included:

- Drugs consumption rooms
- Better testing user supplies
- Giving heroin assisted therapy

Increasing the supply of Naloxone also has challenges for emergency workers. There is a nasal spray that is being developed but it is likely to be more expensive and the approval processes for its use are not completed yet.

**RESOLVED that the contents of the report and verbal update be noted.**

**46. Dates of next meetings (for information) (AI 7)**

The previously agreed dates of 3rd October and 28 November were noted. A further date of 13 February 2019 was also agreed (this would be circulated to members). Meetings to be 10am until 12 noon.

The meeting concluded at 1.05 pm.

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Dr Linda Collie
Joint Chair