

HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING of the Health and Wellbeing Board held on Wednesday, 3 October 2018 at 10.00 am in Conference Room A, Civic Offices, Portsmouth.

Present

Dr Linda Collie (in the Chair)
Councillor Matthew Winnington
Councillor Gerald Vernon-Jackson CBE
Councillor Luke Stubbs
Councillor Rob Wood
Councillor Leo Madden (non-voting)

Innes Richens
Sue Harriman
Alison Jeffery
Dr Nick Moore
Lois Howell (for M Cubbon)
Jackie Powell (for A Silvester)
Dominique Le Touze (for Dr Horsley)

Officers Present

Kelly Nash & Joanne Wildsmith

47. Apologies (AI 1)

Apologies for absence had been received from Mark Cubbon (represented by Lois Howell), Andy Silvester (represented by Jackie Powell), David Williams, Siobhan McCurrach and Dr Jason Horsley (represented by Dominique Le Touze).

48. Declarations (AI 2)

Councillor Rob Wood declared that his daughter works for Motiv8, which was a non-pecuniary interest for him.

49. Previous Minutes - 20 June 2018 (AI 3)

Matters Arising:

- minute 43 Joint health and wellbeing strategy monitoring framework -It was confirmed that alcohol and poisoning were both coded causes of self-harm hospital admissions for 10-24 year olds

- minute 45 Drug Related Harm - it was reported that the contract with the Society of St James had been reduced.

Accuracy:

- minute 44 Portsmouth Blueprint, 3rd line of page 4 should read "reduce the target further **down**"

RESOLVED with the above correction that the minutes be approved as a correct record.

50. Membership Update (AI 4)

It was noted that the new Healthwatch Portsmouth representative for HWB was Siobhain McCurrach.

51. Trafalgar Medial Group Practice and The Eastney Practice Merger (for info) (AI 5)

This information item was noted.

52. Blueprint for Health and Care in Portsmouth (information report) (AI 6)

Innes Richens had made a full presentation at the previous meeting, so this was a short update. In answer to a question on the SEND Hub Kelly Nash reported that the co-location of support services for families was being investigated.

53. Partnership Working (AI 7)

Innes Richens presented David Williams' report, explaining the background to moving to a new partnership arrangement which would also require an expanded membership to cover Health and Wellbeing, the Safer Portsmouth Partnership and the Childrens' Trust Board. It was envisaged that the new body would meet 3 times a year, but here could be conferences too on the themes of both "people" and "place". The structures of the 3 bodies would continue so that the sub committees would remain in place.

There would need to be a further paper on the revised terms of reference (due to be brought to the November HWB meeting) and this would need to go to PCC's Council for approval.

The following questions and comments arose:

- Whilst the body would evolve to include a wider membership, as the Health Wellbeing Board is a statutory body the revised terms of reference would require council approval
- The structures for each body's sub committees would remain in place
- The follow-up report on the structures would need to reflect the strategic level of joining up the 3 bodies and detail the statutory reporting requirements

- With only 3 meetings to deal with the business of 3 bodies would the agenda be manageable? Innes responded that the intention was for strategic priorities to receive full debate.

RESOLVED that the Health and Wellbeing Board agreed the proposals for a revision of partnership structures in Portsmouth, including revision to the remit of the Health and Wellbeing Board.

54. Director of Public Health's Annual Report 2017 (information report) (AI 8)

Dominique Le Touze presented Dr Jason Horsley's annual report as the Director of Public Health on the subject of childhood obesity, setting out a coordinated approach to tackle the issue in the city and which also reflected national concerns. The report set out the mapping of data in Portsmouth and work taking place to try to change behaviours on a small group and individual basis as well as focusing on wider determinants of food and exercise (to include how movement takes place around the city and designing a walking city).

The following comments and questions were raised:

- the need to understand what children think and how to influence their behaviours, also targeting the parents - it was reported that the 'You Say' survey was being used for feedback
- the difficulty in countering national external influences, such as food promotions
- learning lessons from elsewhere (the examples from Finland and Germany) and working with other departments to achieve the joint aims
- the two local case studies provided useful and positive stories
- the positive outcomes were noted, although one member was concerned about straying into "nanny state" territory
- it was noted that whilst this is an independent report by the DPH it should be taken forward for further joint working with other departments and organisations to sign up to; a joint plan arising from this would mean a co-produced solution

Dominique Le Touze responded that the preparation of this report was a statutory responsibility for the Director of Public Health, but stemming from it the joint action plan would be useful.

RESOLVED that as well as noting the publication of the Director of Public Health's annual report, the HWB members invited Dr Horsley to consult partners in bringing forward a broad plan of key issues, and this should be brought to the attention of PCC's Cabinet.

55. Adult Social Care Challenge (presentation item) (AI 9)

A presentation was made by Innes Riches as PCC Director of Adult Services, Angela Dryer (Assistant Director) and Richard Webb (Finance Manager) entitled 'Adult Services - Sustainability Strategy' - the presentation slides would be made available on the website as part of the record for the meeting. They set out the challenges locally in the context of national picture which included:

- Rate of admissions for people aged 65+ higher per 100,000 population than national and regional picture in 2016-17
- 71% of new service users aged 65+ who received a reablement service, went on to receive either a costed package of care or equipment /adaptation
- 61% of new service users aged 65+ who requested support were discharges from hospital
- Domiciliary care weekly average costs are rising, package volumes are increasing and people are receiving services for longer
- Overall cost basis at average package / placement levels present lower than national / regional but there are hidden costs in terms of numbers entering services, longer term use of resources, models of supported living, and increasing use of PCC bed base provision for short term use
- Draft accommodation strategy data analysis shows supply of residential and nursing home care exceeds demand and will continue to do so even with demographic changes
- The quality of residential and nursing homes in Portsmouth is a concern with a higher % of homes rated Inadequate or Requires Improvement by The Care Quality Commission regionally and nationally
- Work identified through various interventions has evidence of ineffective processes and systems, driving duplication and significant waste

PCC has been successful in supporting more people to live independently at home and in the community, but the main challenges remained quality of care (although CQC ratings were improving), affordability and the cost of the workforce at a time of budget overspending. Richard Webb explained the financial pressures (slide 4 showed a projected national gap between expenditure and funding of £9bn for local authorities by 2019/20¹) and Older Persons Physical Disability (OPPD) client volume trends showing increased demands, especially in domiciliary care.

Angela Dryer reported on the 3 key drivers to address this problem:

- Enabling a higher proportion of people to help themselves earlier and empowering them to be more resilient and live independently

¹ University of Birmingham study May 2017

- Providing the right support for the right period of time, to ensure that people continue to be independent
- Providing care and support (including when we provide residential care) by working across the Local Authority, other public, private, voluntary, health and care economy organisations, to ensure quality and affordability

She stressed the importance of individuals' choice in making informed decisions affecting their later life. Affordability would also be aided by the use of technology, where appropriate. Care at home would also help to reduce hospital admissions.

Innes Richens concluded that the message was to be ambitious and brave in making improvements, seeking support and involvement when changing services.

The following issues arose from the presentation:

- The transition phase from child to young adult is not always addressed
- What use of technology was envisaged? This including sensor movement systems (such as 'Just Checking'), medicine management, possible systems like 'Alexa', tracking shoelaces (with consent), gas monitoring sensors etc. It was reported that the take-up of Telecare systems used by PCC depended on the availability of suitable responders, which may need further exploration regarding the use of trusted volunteers. The need to continue human support too was emphasised.
- The implications of and preparation for reduced access for EU workers earning under £30k to the care system - work was taking place with care associations on this and the impact would not be seen immediately
- A restorative approach across health and social care was evident for the whole family in supporting people to make their own choices
- Minimum wage implications for night staff in care homes and use of technology there - it was reported that sensor systems were used at night and a 12 week project analysis had taken place to look at the necessity of waking night staff to be based at residential homes, as well as considering the safety issues. Funding for the sleep-in staff was being investigated and further updates from government were awaited.
- The low take-up of direct payments was acknowledged, partly due to the tax and National Insurance implications and finding carers the people knew and trusted.
- The role of early intervention to help address the pressures on emergency care - PCC Adult Services had an Independence and Wellbeing team to coordinate groups for older persons to help enable

them to help themselves (such as cookery classes, healthy walks, allotments, 'Men in shed' schemes etc.). The Housing Service also involved at involvement in dementia friendly schemes.

56. Complex Needs (AI 10)

Dominique Le Touze, Public Health Consultant, presented the Director of Public Health's report.

In response to a question from Councillor Madden on the consultation process Kelly Nash reported that information from the rough sleeper strategy would be made available to him. She also explained the aim of gathering intelligence for commissioning purposes and to strive to unblock any barriers.

Councillor Winnington asked that members encourage as many people as possible to respond to the consultation.

RESOLVED that the Health and Wellbeing Board

- (1) Endorsed the development of the "Team around the Establishment" model linked to homeless and supported housing services, and agreed to receive further progress reports;**
- (2) Endorsed the need to move forward with data-matching and case study exercise, to enable conversations with information governance officers of relevant organisations to move forward.**

57. Dates of future meetings (AI 11)

The dates of the next meetings of 28th November and 13th February were noted, to commence at 10am.

It was suggested that an item on System Reform Plan be brought to one of these meetings.

The meeting concluded at 11.35 am.

Dr Linda Collie
Chair