

## HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING of the Health and Wellbeing Board held on Wednesday, 13 February 2019 at 10.00 am in Conference Room A, Civic Offices, Portsmouth.

### Present

Councillor Matthew Winnington (in the Chair)

Councillor Rob Wood  
Councillor Jennie Brent

Innes Richens  
Dr Jason Horsley  
Mark Cubbon  
Dianne Sherlock  
Tracy Sanders CCG  
Dr Nick Moore  
Mark Cubbin PHT  
Matthew Hall, Solent NHS

### PCC Officers Present

Kelly Nash  
David Williams  
Julia Katherine  
Ed Skinner

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

Apologies for absence had been received from Dr Linda Collie, Jackie Powell, Siobhan McCurrach, Councillor Luke Stubbs and Councillor Gerald Vernon-Jackson CBE.

There were no declarations of interest and introductions were made around the table.

#### 2. **Minutes of previous meeting - 28 November 2018 and matters arising (AI 2)**

**RESOLVED that the minutes of the Health & Wellbeing Board held on 28 November 2018 be agreed as a correct record to be signed by the Chair.**

Matters Arising - Minute 63 - HIOW Sustainability Transformation Partnership - it was noted that the requested letter had been sent on behalf of the Health and Wellbeing Board, signed by the Joint Chairs, on 4<sup>th</sup> December (as appended to the minutes).

### **3. Portsmouth Safeguarding Adults Board annual report (AI 3)**

Robert Templeton, Chair of Portsmouth Safeguarding Adults Board (PSAB) presented their annual report. This was a statutory duty and their separate business plan would be circulated to HWB members after this had been approved by the PSAB in March. Their overriding duties were to ensure that partners work together to keep people safe and where there are failures to commission Safeguarding Adults Reviews (SARs).

Robert Templeton expanded on the safeguarding work that had been taking place in support of Portsmouth Hospital Trust (regarding the CQC rating), which Innes Richens had also been involved with, to look at serious incidents and agree a work plan. An improvement board had been established at QA hospital, including Children's Social Services, which had already seen changes in the culture in tackling issues there. Staff were receiving training on the Mental Capacity Act (MCA) to give greater understanding, with the use of a virtual ward to enact complex decision making scenario.

There was also the issue of pooled resources been the 4 safeguarding boards locally and working with partner organisations in areas or quality, workforce, common policy and practice. A challenge experienced nationally was the variation in responses to safeguarding matters and this was seen locally with the need to ensure a consistent approach in dealing with adults with learning disabilities. Therefore the reviews gave the opportunity to see common threads.

In response to questions the following additional information was given:

- There are close links with the Portsmouth Safeguarding Children's Board, with meetings planned to take place on the same day as PSAB, so there is not a silo approach and the transition of children to adults is recognised.
- To ensure that safeguarding is well understood a public information film had been commissioned on what it means and where to get further advice.
- The "source of risk" in the table on page 5 of the report was the referral source, i.e. where the referral had come from, and whilst this showed low levels from domestic violence these referrals may come through other pathways.
- A peer review was planned for safeguarding practice which would look further at the collection and recording of data.
- How would the finding (page 9) regarding lack of communication be addressed? This would be covered in the business plan with recommendations from SARs (taking place only where appropriate) to challenge commissioners.
- The training on changes in MCA also included Liberty Protection safeguards, aiming for a common standard of training in Portsmouth

and across all 4 board areas (Robert also chairs the Southampton and Hampshire ASBs), introducing a common assessment tool for them.

- With the changing landscape Portsmouth's own pressures were seen to be different for those of the county, and the local relationships are important in understanding the needs of the community, so the peer review would be helpful to give the necessary focus here.
- Policy changes can be influenced through the LGA with Robert Templeton chairing the national network of chairs. There is also a regional group of chairs looking at SARs issues, such as families looking for "justice" in the outcomes and challenges to the legal status of the reviews.
- The importance of including the Third Sector was acknowledged to see what support is available via the voluntary sector and to celebrate the work taking place here (with awards, not just looking at where things go wrong) in treating people with dignity. This was welcomed by Dianne Sherlock who stated that Age UK Portsmouth had been well supported.
- Mark Cubbon was grateful for the work that had taken place at Queen Alexandra Hospital, with the benefits of sharing knowledge being seen, although there was still more to do to ensure consistency between Portsmouth and Hampshire processes which lead to pressures for hospital staff.

Councillor Winnington, as Chair, thanked Robert for presenting the annual report and for the work taking place arising from this and the business plan.

**The PSAB annual report for 2017-18 was noted.**

#### **4. Tobacco Harm Reduction (AI 4)**

Dr Jason Horsley introduce this report which set out the concerns of illicit tobacco being in circulation which worked against the council's efforts with this getting children hooked on smoking and having links to criminality and the product is even less healthy than other tobacco. The price and taxing of tobacco is not the only way to tackle health issues. The report summarised the work taking place by public health and trading standards officers with limited resources.

In response to questions the following additional information was given:

- Matthew Hall reported that those with mental health issues are 3 times more likely to use tobacco, and as health providers in Portsmouth Solent NHS Trust have smoke-free venues and offer interventions, but find the take-up is low.
- The PCC wellbeing service encouraged and helped with quitting smoking but it is hard to reach all and specific groups need to be targeted. The Public Health funding would not be known for 2020 until late 2019 which makes it difficult to plan services.

- Current work was taking place to try to de-normalise tobacco use and encourage smoke-free spaces - Dianne Sherlock welcomed the smoke free children's play park in Fratton, but raised the issue of enforcement and links with organised crime.
- There is research available on the tipping point of the economy of illicit tobacco with a pack of legitimate cigarettes costing £9 and illicit ones nearer £3.
- Dr Horsley was concerned by the high profile of e-cigarette sponsorship for motor racing.
- Work was taking place at the International Port to ensure Portsmouth is not a soft target, by Trading Standards officers. Ed Skinner further reported on the local intelligence based interventions and the use of specialist detection dogs.

Councillor Winnington thanked the officers for the report which he had requested to this meeting due to its cross-portfolio relevance, and due to the challenges being experienced locally (Portsmouth being the second highest in South East for purchasing of illicit tobacco) and this was also being raised with the Police & Crime Commissioner.

The contents of the information report were noted.

## **5. Health and Wellbeing Board - Revised Constitution (AI 5)**

Kelly Nash and David Williams presented the report by PCC's Chief Executive. This was an update from previous discussions regarding the expanded terms of reference to include the Children's Trust and the Safer Portsmouth Partnership (SPP), with meetings having taken place with their representatives. The SPP had requested a small amendment to allow the forming of sub-groups. David Williams thanked all involved in this work which was part of the broader journey of integration, which would help to effectively lobby in the future, and open up dialogues with other HWBs.

It was noted that whilst the Voluntary Sector was within the membership it was not reflected within the aims, which could be addressed.

Tracy Sanders reported that this would be going to the March CCG Board for adoption and to ensure that there is proper discharge of CCG functions.

Councillor Winnington, as Chair, welcomed the broader scope as outlined and this would also be considered by the City Council.

**RESOLVED that the Health and Wellbeing Board support the changes to the constitution for the Health and Wellbeing Board as set out in the report.**

## **6. SEND Strategy and self-evaluation (update/information report) (AI 6)**

Dr Julia Katherine, Head of Inclusion, presented the update report

(the associated full SEND strategy was too large to include with papers but is available on the Portsmouth local offer website:

[www.portsmouthlocaloffer.org](http://www.portsmouthlocaloffer.org)).

She summarised the six key strands of work:

- i) Inclusion - recent developments include a definition of Inclusion that has been co-produced with parents and young people (as appended to the report) and an 'Ordinarily Available Provision' document to explain what support children can expect to be able to receive in any mainstream school in the city.
- ii) Implementation (of the SEND Reforms) and performance - looking at improving outcomes for children and young people with SEND in the city and their families.
- iii) Joint Commissioning - delivering the new statutory duty to jointly commission services across the local authority and health partners.
- iv) Participation and co-production - to empower young people with SEND and their parents and carers to participate, co-produce and review services and support available to them.
- v) Early Identification and Early Support for SEND - across health, education and care services.
- vi) Preparation for Adulthood - to ensure access to services during the transition from children's to adult services and into adulthood, for education, training and employment opportunities (Portsmouth is a pilot area for work on this)

A local area SEND inspection is due within the next 2 years by Ofsted and the Care Quality Commission, and as part of this there is a self-evaluation which has been completed and which Health & Wellbeing Board members should be familiar with.

There had been very positive feedback from the annual parent and carer survey with 85% of the 501 parents who responded reporting that they felt listened to. A report on the findings was being finalised. Section 3.4 of the report set out the identified areas of strength, with 98.4% of new assessments being completed within the 20 week statutory timeframe (Portsmouth was above national averages).

Areas for development (Section 3.5) included increasing school attendance and reducing exclusions, with a current publicity campaign. It was known that children with special needs are over-represented in both groups likely to be excluded and those likely to be absent from school, so this was being targeted. Similarly educational outcomes for pupils with lower level special needs was another area of focus. Portsmouth has been successful in receiving funding for provision of a special free school for pupils with autism to open in September 2021.

In response to questions raised the following additional information was given:

- Recording systems are being developed as currently there are different recording systems for education, social care and health

- The previous review did not accurately reflect the on-going input of health colleagues but the robust strategy and action plans are in place and reflect the multi-agency assessment process
- The publicity campaign to encourage attendance '#missschoolmissout' needed further circulation to GPs (Julia Katherine would liaise with Dr Nick Moore to access the GP Target group).
- Dr Horsley raised the links shown in studies between health problems and prematurity, and joint work was taking place with health colleagues to tackle smoking, with improvements expected to take several years to filter through.
- For Portsmouth there are around 4000 pupils with SEN, of these, 1500 have a statutory Education, Health and Care Plan (around half of whom have their needs met in mainstream schools), and the main increase in SEND numbers are for more complex needs rather than low level.

Dr Katherine was thanked for her informative report, the contents of which were noted.

## **7. NHS Long Term Plan (AI 7)**

Innes Richens presented the information report which set out how health and public care work together and their long-term plan signalled a move towards NHS integrating care systems. This raised the issues of commissioning functions, addressing health inequalities and public health functions. This covered the integration with local authority roles but there was further guidance regarding GPs. Innes' view was that the city was in a strong position to deliver this long-term plan.

It was asked whether this represented a genuine increase in funding and asked how Portsmouth would retain a local focus in these proposals? A lot of work had already taken place by both PCC and CCG to increase integration and strengthen local working, so there would be a clear voice for the city and also through the hospital's network of service. It was noted that the Primary Care Networks were also looking at changes in contract work for GPs. The relationship with QA Hospital would remain key and there would also be opportunities to make progress independently.

HWB members would keep abreast of developments and updates would be brought to future meetings.

## **8. Date of next meeting (AI 8)**

The date of the next meeting was agreed as Wednesday 19 June 2019 at 10am.

The meeting concluded at 12.00 pm.

Councillor Matthew Winnington, Chair