

## **HEALTH AND WELLBEING BOARD**

MINUTES OF THE MEETING of the Health and Wellbeing Board held on Wednesday, 25 September 2019 at 10.00 am in Conference Room A, Civic Offices, Portsmouth.

### **Present**

Councillor Matthew Winnington (in the Chair)

Councillor Gerald Vernon-Jackson CBE

Councillor Rob Wood

Councillor Judith Smyth (co-opted)

Dr Linda Collie, CCG

Dr Nick Moore, CCG

Dr Jason Horsley, Director of Public Health

Sue Harriman, Solent NHS

Alison Jeffery Director of Children's Services

Siobhain McCurrach Healthwatch Portsmouth

Jackie Powell CCG Lay Member

Steven Labedz, Portsmouth Education Partnership

Frances Mullen, Portsmouth College

Supt. Steve Burrridge

David Williams PCC Chief Executive

Kelly Nash PCC

### **22. Welcome, Apologies and Introductions (AI 1)**

Councillor Winnington, chairing the meeting, welcomed everyone and introductions were made of those present.

Apologies for absence had been received from Innes Richens, Mark Cubbon and Dianne Sherlock.

### **23. Declarations of Members' Interests (AI 2)**

There were no declarations of members' interests.

### **24. Minutes of Previous Meeting - 19 June 2019 (AI 3)**

Councillor Smyth had previously raised the need for more outcome focussed work by the board; Kelly Nash confirmed that an item would be brought to the November meeting to take up this point.

Dr Moore raised a couple of typographical errors on page 3 of the minutes which should refer to GPs being "interested" in receiving information

(regarding exclusions), and also the use of expertise of partner organisations and the need for a "joined up" approach.

Subject to the above, the minutes of the previous meeting held on 19 June 2019 were approved as a correct record.

## **25. Dental Provision (AI 4)**

Julia Booth presented the submitted report on behalf of NHS England. The report outlined their response to the termination of 3 contracts (where there had been under-performing) within 3 months, which had left a gap. Therefore 2 pieces of work were underway to firstly make interim arrangements for dental provision and secondly to procure new longer term contracts. 3 separate providers had agreed to undertake extra activity, prioritising cases of urgency. There was now a temporary 1 year contract with Portsmouth Dental Academy. NHS England was working closely with all 3 providers and there would be an overlap from the temporary to permanent providers in the city.

Elected member representatives on the HWB Board were concerned that there were gaps in areas of significant deprivation and wanted to ensure that dentists were present in Portsea and Paulsgrove. Julia Booth responded that this provision would be asked for within the tender but it was for the providers to say where they will cover. It was confirmed that NHS England property department was being consulted regarding the possible expansion to the Lake Road surgery in Buckland. Members stressed the importance of this provision in deprived area and the possible impact on hospital services, so the public should be made aware of the progress of plans. NHS England had written to Colosseum patients regarding alternative provision and a briefing had taken place with Healthwatch Portsmouth (who had put information on their website).

Ms Booth reported that the procurement survey had been published within the last 2 weeks, and she would feedback the comments raised by HWB Board members to their procurement group and noted the comments made regarding the way news had broken, with a better process of communication needed. Stakeholder letters had also been sent out via the CCG and HWB. They would continue to work with the local authority to promote good oral health for children and enhanced services for under 5s had been piloted over the wider region as well as the national Starting Well campaign. Dr Horsley offered assistance in similar promotion in more deprived areas.

The Chair thanked Julia Booth for attending and asked that updates be communicated to HWB Board Members

## **26. Safeguarding Issue - HWB response to PSAB Review (AI 5)**

Councillor Winnington, as Chair, reminded members not to discuss the individual details of the case but focus on the 2 wider recommendations which had been brought to the attention of the Health & Wellbeing Board.

Rich Johns, the Independent Chair of the Portsmouth Safeguarding Children Board (PSCB), was in attendance to present the item on behalf of the PSCB and the Portsmouth Safeguarding Adults Board, also stressing the need for anonymity for 'Mr D' and recommendations had come from the independent reviewer and had been through the PSAB sub group, with these 2 recommendations being identified as having broader implications and which had therefore been referred to HWB. Recommendation 13 relates to accessibility of services and equipment designed to assist in cases of obesity and recommendation 18 relates to health outcomes for those with learning disabilities. The PSAB was therefore asking for assurances that these areas are being addressed. The PSAB wanted to see progress on providing services for all, which is not always easy in these specialist fields, and noted that the other recommendations were being considered by other bodies. Alison Jeffery also referred to lessons being learnt from the case of Child G.

**It was agreed that a clear response report be brought to the November meeting of HWB regarding the lessons learnt from this case regarding specialist provision in response to the independent reviewer's recommendations 13 and 18.**

## **27. Director of Public Health's Annual Report (AI 6)**

Dr Jason Horsley presented his annual report "*Harm from illicit drugs and how to prevent it*" accompanied by Adam Holland who had undertaken research incorporated within it. The main conclusion was that a lot of this harm was not just physical but the wider social and mental harm to individuals and their families and the links to organised crime.

Dr Horsley raised areas of debate such as a national ban proving ineffectual; prices of drugs had not risen and the enforcement agencies could not stop a supply coming into the country (or being present in prisons). He asked if there should be a continuation of the same, a more draconian approach or a move to partially legalise or decriminalise drugs? It was hard to know the level of usage of illegal substances. It was however known that a small proportion of users were completely dependent, with links to mental illness, deprivation and adverse childhood experiences (neglect and abuse). It was thought that nationally drug use has decreased over the last decade, but there has been a slight increase in the proportion of young people (16-24 year olds) reporting recent drug use. There has also been a rise in those using opiates and crack cocaine. Most deaths nationally and locally are from opiates (due to higher potency), at a time of central cuts to associated services.

Most harm to individuals is to their life opportunities, as they are in the penal system there are restrictions to their education and employment and more vulnerability to organised crime and homelessness, with impacts on their children and at great public cost. Therefore the risk versus legislative changes needed further consideration, and the presentation slides showed experiences in different countries, with links between decriminalisation and lower death rates.

Section 7 set out the Director of Public Health's conclusions, including the need to review the legislation and lobby government which should treat this as a health issue (currently overseen by the Home Office). Dr Horsley also raised areas for future exploration, such as drugs consumption rooms, festival drug checking, more education in schools regarding the harm and giving strategies for children to resist taking drugs and work with the local universities to understand the scale of risks. The final version of the report was being designed and was due to be published in October.

It was reported that the link to this report on the agenda was wrong and needed to be rectified. The HWB Safety Advisory Group was investigating festival safety issues further. Supt. Steve Burrige responded that the police had to act with impartiality and they were also involved in cross agency work to address vulnerability and county lines work. Festivals were the subject of a national debate.

The Chair and HWB members welcomed the report, which would be further disseminated, and the further issues arising from it would continue to be discussed here and at other forums.

## **28. Health & Care Portsmouth Operating Model : progress report (AI 7)**

Dr Linda Collie and David Williams presented this further update report; progress had been reported to the PCCG Board and PCC's Cabinet, with Solent NHS and Portsmouth Hospitals being involved in the process of delivering successful integration across health and care services in the city. Section 4 of the report detailed progress from the Blueprint plans and Section 6 detailed the first phase of the health and care operating model with the launch of new services and extension of joint leadership roles and joint commissioning.

Dr Collie explained how this would be delivered in parallel with the National Health's long term plan with 5 primary care networks in Portsmouth, with work now taking place on how these would work with the clusters. Section 10 of the report set out further proposals to increase integration between PCCG and PCC, with the extended leadership team to include the Accountable Officer functions, with delegated defined functions (and sub committee of HWB) and creating a joint finance role CCG/PCC.

David Williams reported that discussions had taken place with partner organisations and there continued to be the need for close engagement with providers for this to succeed, especially as there remained some peculiarities of boundaries with Hampshire and the Isle of Wight, with the need to look at Portsmouth City geography. Dr Collie stressed that work was taking place at all levels. Sue Harriman added her support on behalf of Solent NHS and reported that the NHS 10 year plan is also looking at tailoring services for people rather than organisational boundaries. Jackie Powell and Siobhan McCurrach both commented on public engagement and the need to make the process as clear as possible in communications. Dr Collie clarified that NHS England needs to approve the accountable officer role.

**RESOLVED that the Health and Wellbeing Board:**

- i) Noted the progress so far on the integration of PCC and PCCG functions in support of the Health and Care Portsmouth operating model.**
- ii) Noted and endorsed the progress on the proposals for further integration, including the preferred option for integrating of PCCG Accountable Officer and PCC Chief Executive functions.**
- iii) Noted that further work now needs to take place to develop the voice and relationship with local providers in the work, and to articulate the link with the developing NHS architecture and consider where there might be practical opportunities to develop this.**

**29. Proposal for a pilot superzone to tackle childhood obesity and create a healthier environment (AI 8)**

Dominique Le Touze presented the Director of Public Health's report. In Portsmouth 1 in 4 Reception Class children were classified as obese, above the national average. Whilst a lot of work was already taking place with children and families there had not been a significant impact so a new approach was being considered for a 1 year pilot "superzone". This would extend the idea of playstreets used elsewhere and seek to reduce the expansion of fast food outlets and their offers (encouraging healthier options and portions). This would need a co-ordinated approach between the Council, health sector and parents. The pupils at Arundel Court Primary School, in Charles Dickens ward, had been asked their views and experiences of what they liked and disliked in their environment; they were concerned by litter, dog fouling and safety concerns that prevented them using open spaces. Table 1 in the report detailed the workstreams.

There would also be wider implementation of initiatives such as the playstreets and the Pompey Monster scheme which encouraged walking to school (this was being copyrighted for sale to other councils). There would also be use of community warden presence to promote safety. It was noted that the school which had expressed interest in participating had then made a presentation by the children on their views, and this direct feedback from children was welcomed by the Board. Steve Labeledz commented that having sought their views the children would need to see something happen as a result of this exercise.

**The Health and Wellbeing Board approved the proposal to implement a pilot superzone around a Portsmouth primary school (Arundel Court Primary School) with the aim of creating a healthier environment.**

**30. Economic Development Strategy & City Vision (AI 9)**

David Williams presented this report; the far reaching Economic Development Strategy incorporated health and wellbeing and a joint approach would help in bids for funding for the broader health economy. This was for the

development of a City Vision not just a PCC vision, with engagement of partners and communities. Councillor Winnington welcomed the broader definition of key workers for the city, to include care workers and teaching assistants. It was noted that the list of key stakeholders had not been stated in the report.

This information report was noted.

### **31. Responding to Climate Change (AI 10)**

Kelly Nash reported that since the Council had stated a Climate Change Emergency in March and the Cabinet had approved actions, a multi-agency board had been established, chaired by the University of Portsmouth, with a wide membership. The first meeting of the board had taken place the previous week and further updates would be given.

The information report was noted.

### **32. Dates of future meetings (for information) (AI 11)**

The next meetings would take place on Wednesdays at 10am:

- 27 November 2019 (post meeting: this was rescheduled to 8 January)
- 5 February 2020

The meeting concluded at 12.07 pm.

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Councillor Matthew Winnington (Joint Chair)