

HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING of the Health and Wellbeing Board held virtually on Wednesday, 23 September 2020 at 10.00 am

Present

Dr Linda Collie, PCCG and Joint Chair (in the Chair)

Councillor Matthew Winnington (Joint Chair)
Councillor Matthew Atkins
Councillor Suzy Horton
Councillor Judith Smyth

Steve Ash, Hampshire Fire & Rescue Service
Roger Batterbury, Portsmouth Healthwatch
Mark Cubbon, Portsmouth Hospitals Trust
Alison Jeffery, PCC
Steve Labeledz, Portsmouth Education Partnership
Rob Mitchell, Portsmouth Police
Dr Nick Moore, PCCG
Jackie Powell, PCCG
Innes Richens, PCCG / PCC
Dianne Sherlock, Age UK

Non-voting members

Officers present

Alice Dickson, Matt Gummerson, Sam Graves, Dominique Le Touze, Bethan Mose, Kelly Nash, Pam Turton, David Williams, Lisa Wills

27. Chair's introduction and apologies for absence (AI 1)

Dr Collie, Clinical Leader and Chief Clinical Officer of Portsmouth Clinical Commissioning Group (PCCG), as Chair, opened the meeting by welcoming members to the second virtual meeting of the Health and Wellbeing Board, necessitated by the COVID 19 restrictions, and explained how the meeting would work. All present introduced themselves.

Apologies for absence had been received from Helen Atkinson (represented by Dominique Le Touze and Bethan Mose), Superintendent Steve Burrige (represented by Rob Mitchell), Councillor Lee Hunt, Frances Mullen, Suzannah Rosenberg and Councillor Gerald Vernon-Jackson. Dr Moore gave his apologies as he had to leave the meeting at 11.30 am.

28. Declarations of Interests (AI 2)

Councillor Winnington would chair item no.5 (CCG Consultation) so that Dr Collie could participate in discussion.

29. Minutes of previous meeting - 17 June 2020 (AI 3)

RESOLVED that the minutes of the Health and Wellbeing Board held on 17 June 2020 be approved as a correct record.

30. Local Outbreak Engagement Board (information item) (AI 4)

Kelly Nash, Corporate Performance Manager, introduced the report, highlighting the Local Outbreak Engagement Board's (LOEB) recent activity in sections 4.1 and 4.2. Its work includes examining the outcomes of a series of exercises looking at scenarios. The Board's regular monthly meetings are scheduled for the foreseeable future with the next one on 28 September. Levels of discussion were excellent.

Councillor Smyth was reassured by the Board's actions and said it should maintain its rigour. In response to questions from Dr Moore, Councillor Smyth and David Williams explained the current situation with the homeless and Covid-19. Plans were in hand for longer-term accommodation and two properties in Southsea had been leased for self-contained accommodation to offer different levels of help with independence and addiction. Negotiations were coming to a close for a third site. The plans should result in a net increase in accommodation for the homeless across Portsmouth. The good work done in the hotels would continue in a more permanent setting. Funding had been received for the homeless and street sleepers but there was no further specific guidance yet. There were good systems in place and inter-agency working was phenomenal. David Williams thanked all those present for their contribution.

With regard to rising Covid-19 infections the LOEB was exercising its outbreak plans as there was a case in a primary school the previous day and one at Portsmouth Grammar School.

Councillor Winnington, Joint Chair, chaired the LOEB; the meetings were well attended and had challenging conversations. The LOEB gave the opportunity to be involved with local sectors and it was key that it worked with different organisations in Portsmouth to get their engagement. It could meet more frequently if required. As a sub-committee of the Health & Wellbeing Board it had delegated authority to act on local lockdowns. Councillor Winnington paid tribute to the huge amount of work done with the homeless and to Councillor Darren Sanders, Cabinet Member for Housing & Preventing Homelessness, and all the Housing team across the council who had worked on this. The council was well ahead of the game with their work in the hotels and Southsea accommodation.

Kelly Nash explained the local outbreak plan was being updated in the light of the changing Covid-19 situation, including reflecting that the homeless were no longer in hotels. An exercise was scheduled to test the scenario if

someone tested positive for Covid-19 in the new accommodation as it could be difficult for vulnerable people to follow guidelines.

Steve Ash, Group Commander, Hampshire Fire & Rescue Service, noted the positive work around the public health emergency. He asked if there was a wider impact on the homeless with regard to moving them to a more sustainable position. Dominique Le Touze, Public Health Consultant, said work had been done before the homeless left the hotels on what would be the best accommodation model and the self-contained model was the most suitable as it gave a degree of stability and support. The Society of St James helped with substance misuse and mental health support. Data gathering was still at an early stage. David Williams said over 400 people had been supported but hotels were not ideal for everyone and now more could be done to find more appropriate settings. However, the initial response was brilliant and now people could move to a more established footing and tailored support.

Deputy Police Commander Rob Mitchell noted there had been challenges from the police perspective because of challenging behaviour. However, some homeless people had felt safer being off the streets for the first time in years. There were many unidentified vulnerable people who were sofa surfing. He congratulated Housing for their work. The new accommodation model was promising and he hoped Portsmouth residents could be made aware of the success stories arising from adversity.

RESOLVED that the Health and Wellbeing Board note the report.

31. CCG Consultation - Health & Care Portsmouth - Your views and next steps (AI 5)

Councillor Winnington took the chair for the agenda item. Dr Collie introduced the report, explaining that 18 September was a preferred date for receipt of feedback rather than a final deadline. There was still time to give feedback before the CCG's Governing Board met on 21 October; as many views as possible were needed on the implications of the proposal before a decision was made.

Councillor Smyth requested a short informal meeting before 21 October to debate the implications of the scenarios. Innes Richens, Chief of Health & Care, PCCG, said a meeting would be an opportunity to test scenarios relating to governance arrangements before going live. Councillor Smyth would like to be invited to the meeting.

Dianne Sherlock, CEO of Age UK, said Age UK had surplus funding until the end of the financial year but if in-home services had to shut down they would need to use it survive. She was concerned about the future of funding for the voluntary and community (VCO) sector as there might be divisions between Portsmouth and Hampshire. Organisations, including Age UK, might suffer financially if they fell between boundaries. David Williams explained the PCCG was working very closely with the other six CCGs and Maggie Maclsaac (lead for the Integrated Care Service), including developing of a strategic commissioning board arching across the wider geographical area.

He acknowledged concerns and said the VCO sector would be well heard; there would have to be some type of devolution in the model to enable the VCO voice to be heard. Portsmouth would listen and look out for VCOs in terms of their contribution. The journey may be longer than envisaged but he genuinely believed it would serve residents.

Dianne Sherlock thanked David Williams and Dr Collie for all their work with the VCO sector. Dr Moore echoed the fantastic work which showed how well organisations work together. Councillor Winnington agreed with Councillor Smyth's suggestion of meeting before the Governing Board to discuss how to take Portsmouth forward in an integrated system. As Joint Chair of the Health & Wellbeing Board and Cabinet Member for Health, Wellbeing & Social Care he had responded to the other CCGs' merger consultations along with David Williams and Dr Collie. Adult Social Care had already given feedback and he urged organisations to do so. By working together Portsmouth had more strength to meet the needs of its residents and influence the wider system. Jackie Powell echoed Councillor Winnington's comments as the proposal was clear about what Portsmouth could do in a wider area, not just in Portsmouth. Mark Cubbon was grateful for the opportunity to respond; the PHT endorsed the HCP and had already responded in support of it. Patients saw the benefits of many years of integration though some points still needed to be worked through, for example, the implications of the arrangements for the two-thirds of patients who are from outside Portsmouth, and how resources would be mapped out. Dr Collie noted that working through examples around QA Hospital was something the informal group could focus on. Having the whole spectrum of the city represented, as on the Health & Wellbeing Board, was needed.

Councillor Smyth noted that Hampshire and the Isle of Wight were going through a phase of separating commissioning and provision which could be a threat to Portsmouth's integrated provision and joint working. Dr Collie said Maggie Maclsaac was having the same conversations with councils in the other CCG areas. Written responses to the consultation could be sent to Dr Collie, David Williams or Innes Richens. If the Governing Board supported the proposals there would be further legal and HR processes and the CCG would formally approach NHS England to change its constitution.

Councillor Winnington thanked everyone for their contributions.

It was RESOLVED that

- 1) the Health and Wellbeing Board note the report;**
- 2) feedback from today's meeting be included in the consultation;**
- 3) a meeting of an informal working group be arranged before 21 October.**

32. Public Health update on the wider determinants of health during the Covid-19 pandemic (AI 6)

Dominique Le Touze, Public Health Consultant, introduced the report on behalf of Helen Atkinson (interim Director of Public Health), noting that Covid-19 had highlighted existing inequalities. Existing work undertaken in

conjunction with the council's Transport team on air quality, active travel and physical activity undertaken with the council's Transport team had huge potential to reduce the effects of Covid-19.

Councillor Horton expressed frustration that initiatives could not move more quickly. She understood the reasons for the delay to the child obesity Superzone pilot around Arundel Court Primary Academy but was disappointed it was postponed until September 2021. Schools were saying the current time was a window of opportunity to move forward. It had taken three years to get a play street and there had been massive resistance but now it was like pushing on an open door. She had heard from four parents that week begging for school streets. If funding could be re-directed to any school interested in a similar scheme it would give a clear message on health. Dr Moore agreed the current situation presented an opportunity and was keen to proceed with the pilot. Councillor Smyth noted that with more parents from working from home they could walk their children to school. It is a generational opportunity and parents could be enlisted. A delay to initiatives could affect children for the rest of their lives with regard to obesity. Getting local communities involved in the initiatives involved could lead to better mental health in the city and fewer cars so it would be a good legacy. Alison Jeffery agreed the delay was disappointing. Arundel Court had strong leadership and its concerns would be important to hear. At the same time officers could possibly work with them to lessen any administrative burdens. Pam Turton thanked members for their support for school streets. She would arrange a meeting to see what could be done sooner rather than later to expedite them. There was no update yet on funding.

Councillor Atkins emphasised the importance of comprehensive consultation on closing streets and subsequent loss of road space and parking as some residents were unaware of changes until they had happened. Sometimes the views of wards with more car owners were not taken into account. Traffic was rising and although most people wanted to avoid congestion initiatives would not work without public support.

Dianne Sherlock said Age UK had submitted a bid together with Portsmouth Together and the Hive to consider volunteering as a way of developing skill sets and employability. The bid linked perfectly to the school streets initiatives as it could provide opportunities for people to support children to be active. All volunteers would be DBS checked and a volunteer recruitment co-ordinator employed to link to initiatives. The results of the bid would not be known for a month. Dr Collie noted the CCG was working closely with Public Health on active travel.

Dominique Le Touze thanked members for their support and comments. The Superzone was established before Covid-19 and it may be possible to continue and adapt some elements of active travel, for example, Public Health were working closely with Radian Housing. She agreed the current situation gave a new opportunity to work on pressing issues such as active travel.

Councillor Winnington thanked Dominique Le Touze, Bethan Mose and Andrea Wright and recognised the contribution of the Public Health team,

especially Bethan, whose work showed the human aspects of air quality and pollution. Portsmouth was bold enough to run pilot schemes and even if they did not work they at least provided empirical evidence.

Councillor Smyth read out comments from Dr Andrew Williams, a retired GP, showing his support for Energise Me and the activity agenda.

Dominique Le Touze said the refreshed Health and Wellbeing Strategy would go to the Board's meeting on 25 November and the Energise Me Strategy (Energise Me were the regional provider for physical activity) on 3 February. The two strategies complemented each other.

It was RESOLVED that

- 1) the Health and Wellbeing Board note the report;**
- 2) the 25 November meeting receive a report on the refreshed physical activity strategy**
- 3) the 3 February meeting receive a report on the Energise Me strategy.**

33. Community Safety Strategic Assessment (AI 7)

Lisa Wills, Strategy & Partnership Manager, explained the Board was exercising one of its statutory duties since the merger with the Community Safety Partnership last year by approving the priorities in the Strategic Assessment and recommendations below. The format was slightly different from previous years. Part 1 was circulated in June and the final current draft incorporated conclusions and priorities for the following year. Sam Graves, with support from Alice Dickson and Alan Knobel, had worked on the Strategic Assessment in difficult circumstances.

Sam Graves, Community Safety Researcher, introduced the presentation. The Strategic Assessment had been circulated to members of the Board. It was draft confidential but members could submit comments.

Lisa Wills, Strategy & Partnership Manager, read out comments from Councillor Lee Hunt.

Councillor Atkins mentioned Councillor Hunt's comments and asked if there was evidence of more sexual violence and rape in Portsmouth and if it was associated with domestic violence. He asked if sexual violence needed to be extracted as a separate issue to see if there was a trend. Rob Mitchell said there had been three unconnected stranger attacks in Portsmouth in the last 12 to 14 weeks. One perpetrator was on remand, one was active with major crime and one was in custody. Although these crimes stood out as shocking the numbers were small and not unusual. Historic cases accounted for a lot of sexual violence as people were now strong enough to report it. Reports of rape were not always current (they could be 10 to 40 years old) but were included in the statistics of the year they were reported. Many were domestic or acquaintances. A historic investigation into the abuse of young boys was still generating cases. He was happy with the report from the police perspective but if the Partnership wanted sexual violence to be treated as a separate priority it was up to them. Wherever he has worked in Hampshire, about 30% of violent crime was domestic abuse.

Knife crime was a national concern and was being tackled by several initiatives such as Operation Sceptre and working with young people, including those who have lived experience of domestic violence. There was a growing trend in ordering items online; some orders were intercepted and the offenders dealt with offline. Drugs were at the heart of much crime. DCI Nick Heelan, lead for violent crime and county lines, thought there should be a new approach to drugs policy and funding interventions. Portsmouth had a large, ageing drug dependent population who comprise a customer base for dealers. If they were tackled, then the exploiters could be tackled. The approach was to try to deal with the need for drugs rather than just locking people up.

Sam Graves agreed the number of stranger attacks was not massive but they were high profile and would be monitored carefully. She was more concerned with low level of 'formal action taken' (FAT) outcomes on rape cases. Jackie Powell commented on the drop in performance in drug treatment and asked how consistent sufficient funding could be obtained to underpin programmes. Programmes cannot be constantly reduced then expanded.

Dr Collie said the priorities would be approved as an interim community safety plan for the next 12 months. Councillor Smyth and Rob Mitchell agreed with Jackie Powell's comments on funding as provision was needed to help with the base of dependent people who need help. Sam Graves said there had been a massive drop in people in treatment though numbers were rising now. There was a national increase in drug misuse. Matt Gummerson, Strategic Lead for Intelligence, had spoken to Alan Knobel, Health Development Manager (and Substance Misuse lead), and there was a clear correlation between the decline in funding and the number of people in treatment. Funding for substance misuse had reduced from £4.8m in 2013/2014 to £2.8m now. Additional funding would be very welcome but it was unclear where it would come from. Alison Jeffery agreed the situation with funding was challenging as it was very difficult to stretch it across other areas which had also had funding reductions. Dominique Le Touze said that in addition to a 5.5% year on year reduction in the public health budget since 2013 Covid-19 was revealing inequalities.

The Board agreed to add a recommendation that there should be a sufficient budget for tackling drug misuse, particularly the base of dependent people who need help.

The presentation slides would be circulated to the Board.

It was RESOLVED that the Health and Wellbeing Board

- 1) Approve the new priorities.**
- 2) Use the information in the strategic assessment to develop an interim community safety plan for the next 12 months.**
- 3) Use the document to guide evidence-based day to day decision making and resource allocation.**
- 4) Recognise that in the current climate of reduced resources across services, we need to focus on improving performance by working**

together in relation to identified gaps in knowledge or additional recommended research (Appendix J).

5) Where possible there should be sufficient budget for tackling drug misuse; particularly the treatment budget for drug dependent people who need help.

34. Troubled Families Early Help Self-Assessment (information item) (AI 8)

Alison Jeffery, Director of Children, Families and Education, introduced the report, noting how central government had asked Portsmouth to show how it has used the troubled family programme to drive reform across the Partnership to support families. Portsmouth had done well across many areas. A priority for future work was to improve data analysis to bring more data sets together to develop predictive analytics. This was relevant to thinking on prevention across the health and care strategy. The work of Children's Services was very relevant to community safety as well as adult services. Innes Richens endorsed these comments; he was keen to look at further ways in which whole family working could be progressed in the city. Jackie Powell thought it would be helpful to consider how families are defined in all their complexity.

RESOLVED that the Health and Wellbeing Board note the report.

35. Children's Trust Plan 2020-2023 (AI 9)

Alison Jeffery, Director of Children, Families and Education, introduced the report. The Plan had a new, broader safeguarding strategy, including prevention of offending by young people and responses to exploitation and domestic abuse. Emotional wellbeing and mental health had been identified as a self-standing priority in this Plan. A commitment to tackling racism had been added to the Strategic Spine. Innes Richens said the CCG are also doing aligned work on adult and CCG priorities with the aim of having health and care priorities for adults and families in one place, mirroring the work on children's services. Alison Jeffery thanked everyone who had been involved with the Plan. An event held on 14 September showed the multi-agency commitment to it. Dr Collie said it was evident it reflected issues that had been discussed with Public Health and NHS colleagues. The co-production element was particularly welcome.

RESOLVED that the Health and Wellbeing Board note the report.

36. Dates of future meetings

Dates of future meetings were agreed (all Wednesdays at 10 am):

25 November, 3 February, 16 June, 22 September, 24 November

The meeting concluded at 12 noon.

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Councillor Matthew Winnington and Dr Linda Collie
Chair