

MINUTES OF THE MEETING of the Health and Wellbeing Board held virtually on Wednesday, 24 November 2021 at 10.00 am

Present

Councillor Jason Fazackarley, (Joint Chair) in the Chair

Councillor Lewis Gosling
Councillor Suzy Horton
Councillor Kirsty Mellor
Councillor Jeanette Smith
Councillor Gerald Vernon-Jackson

Dr Linda Collie, PCCG (Joint Chair)
Councillor Dave Ashmore
Helen Atkinson, Director of Public Health, PCC
Roger Batterbury, Healthwatch Portsmouth
Hayley Berington, Probation Service
Andy Biddle, Adult Social Care, PCC
Clare Jenkins, Portsmouth Police
David Goosey, Portsmouth Adult Safeguarding Board
Frances Mullen, City of Portsmouth College
Jackie Powell, Portsmouth CCG
Paul Riddell, Hampshire Fire & Rescue Service
Suzannah Rosenberg, Solent NHS Trust
Dianne Sherlock, Age UK
Jo York, Health and Care Portsmouth

Non-voting members

Officers present

Sam Graves, Matthew Gummerson, Kelly Nash, Charlie Pericleous, Rachael Roberts

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

Councillor Jason Fazackarley, Cabinet Member for Health, Wellbeing & Social Care, as Chair, opened the meeting. All present introduced themselves.

Apologies for absence were received from Sarah Beattie (Probation Service, represented by Hayley Berington), Penny Emerit (PHUT), Sue Harriman (Solent NHS Trust, represented by Suzannah Rosenberg, Director of Operations), Dr Nick Moore (Portsmouth CCG), Andy Weeks (Hampshire Fire & Rescue Service) and David Williams, PCC.

29. Declarations of Interests (AI 2)

There were no declarations of interest.

30. Minutes of previous meeting - 22 September 2021 (AI 3)

RESOLVED that the minutes of the Health and Wellbeing Board held on 22 September 2021 be approved as a correct record.

31. Matters arising and verbal update

In view of much happening in the wider health system currently that could be of interest to members of the Board, Andy Biddle and Jo York gave a brief update on developments

Andy Biddle, Director of Adult Care, updated the Board on current pressures in health and care. As there has been focus since October over ambulances queuing ("holds") at QA Hospital, which are linked to occupancy, the CCGs and the PHT have worked on a plan for submission to NHS England to eradicate holds. Queuing affects SCAS' ability to respond to calls. The plan has five main areas covering prevention of unnecessary admissions, examination of processes between the "front and back doors" and managing safe discharges.

- A new everyday emergency care centre for people who walk-in started in November and can see up to 60 people per day; it increases capacity in the Emergency Department by 12 spaces. In addition, a modular ward will open in December to further increase capacity in the ED.
- A "same day emergency care / medical village" concept where people are seen and treated on the same day, to ensure the right clinical expertise so can make rapid decisions
- A high impact multi-disciplinary team with a comprehensive knowledge of community resources that can help reduce unnecessary admissions.
- Increased use of the clinical assessment service so people at risk of admission can be seen by a GP to see if a conveyance to hospital is needed. Capacity has been increased at the Urgent Treatment Centre at St Mary's Hospital.
- Discharge To Assess (D2A) beds in the community have been increased to enable more timely discharges and also capacity in the Portsmouth Rehabilitation and Reablement Team to provide more therapy and domiciliary care. Adult Social Care is trying to address staffing issues in domiciliary care as otherwise there is a risk of increased ED admissions.

Winter will bring increasing pressures because of people mixing more and flu in addition to Covid. Vaccinations have decreased the severity of Covid cases but there are still beds occupied with Covid cases as well as patients admitted for other reasons but who caught Covid in hospital.

Jo York, Managing Director of Health & Care Portsmouth, said the update covered the situation well. In response to questions she explained that hourly sprints are an internal improvement programme used at QA to make short, sharp changes to improve processes. The Trust has used sprints for some time, particularly to resolve flow issues; they are helpful as part of the bigger package of measures mentioned by Andy Biddle.

The Better Care Fund Plan poses no additional financial risks to PCC budgets. It focuses on reducing hospital and long-term care admissions. It has

a joint approach to funding, for example, the long-term plan for the Southsea Unit to be an integrated D2A unit by consolidating other sites and eventually closing Jubilee House. Staff are being recruited to enable 40 beds at the Southsea Unit. BCF and NHS investment can be used to support PCC. Mr Biddle said the Hospital Discharge Fund had been confirmed until 31 March 2022. Therefore, it is not included in the new financial year but it has enabled detailed negotiations on funding between the CCG and PCC.

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

Kelly Nash, Corporate Performance Manager, introduced the report. The two main points are that the Local Outbreak Engagement Board (LOEB) signed off a new Local Outbreak Management Plan in September, and at Healthwatch's request discussed the findings of the recent national report on lessons learnt. The local response has always tried to find a balance between the national policy framework and local interventions. The LOEB continues to meet monthly.

RESOLVED that the Health and Wellbeing Board note the report.

33. Health and Wellbeing Strategy

Helen Atkinson, Director of Public Health, introduced the report. The Health and Wellbeing Strategy is progressing to wider consultation with the aim of being agreed by the Board in February 2022. The Strategy includes many of the issues identified in the recommendations of the Chief Medical Officers' recently published report on coastal areas. The Board is always looking for volunteers to be champions at Board level for each of the Strategy's areas and will identify named leads for each priority before the strategy returns for final approval. Matt Gummerson, Strategic Intelligence Lead, gave a presentation which summarised the draft report, previous discussions at the Board, and the outputs of recent strategy development workshops that have informed the draft strategy now being presented for approval.

The Chair said it was important for the Board to take the lead on the Strategy. Members thought the Strategy was excellent and reflects the City Vision but there were concerns it might "wither on the vine" if it does not receive the commitment it needs at high levels in all organisations represented on the Board. It needs to influence all other plans which means a culture change.

Councillor Horton wanted the Strategy to be at the core of day-to-day working. The focus on restorative practice and relational approach is important. The practice and approach had transformed a Portsmouth school, for example, where it had helped break a cycle of trouble for an excluded pupil as they were now equipped with the tools to live a healthier life. What can shift cultures is the examination of language; a command of language helps pupils make themselves safe and healthy. Small changes need to be made to embed the Strategy to show commitment.

Jackie Powell said the ranking of 113/149 local authorities for children's social, emotional and mental health is a sobering thought. As a counsellor for young people she finds that the emphasis on attainment can sometimes be

counterproductive. Lifelong learning is important so people do not feel they have missed their chances for good if they had problems at school.

Jo York agreed the Strategy should not be left on a shelf; it applies to how all the "anchor" organisations operate and the difference they can make. Seeing the changes to individuals is important. The causes of the causes align with the NHS' work, which is not just about providing care, but as an employer seeing if it has workforce strategies that tackle poverty and encourage people to work for it.

Matt Gummerson acknowledged concerns the consultation period might be too short as it covered Christmas and the New Year but extending it would mean the Strategy could not be approved until the Board's June meeting. He is working closely with the Community Engagement team who advise extension would not significantly change the number of responses. There is an event on restorative practice event at the Guildhall this week which is an example of the type of event that can provide more opportunities for meaningful public engagement than an online consultation.

Andy Biddle said the relationship with health and care services needs to change so that they are not overwhelmed. Factors such as obesity damage people's long-term health and independence and they will become stuck in a loop of overuse of acute services unless the Strategy is put into practice. It is a massive opportunity for partnership work, including with the Integrated Care System. Organisations are working with people to help them improve themselves and their lives. Communications are key and need to be shared in an accessible way; people need to hold on to three or four simple messages.

Councillor Vernon-Jackson noted that it sometimes looks as if changes have not taken place but the relationship with healthcare and schools is significantly better than it was 20 years ago. Poverty is a concern as work used to be a way out of poverty but this is not the case now. This is worrying in the long term as it means people cannot escape poverty. It would be very disappointing if the Strategy does not make a difference.

RESOLVED that the Health and Wellbeing Board:

- **Agree the content of the document for consultation**
- **Agree board level leads for each of the priorities**
- **Support the recommendations from the Chief Medical Officer's recent report into health outcomes in coastal communities**
- **Agree the process for consultation**
- **Agree that the final document will return for agreement in February 2022.**

34. Portsmouth Adult Safeguarding Board Annual Review

David Goosey, Independent Chair, introduced the report and suggested the PSAB could be a vehicle for implementing the Health & Wellbeing Strategy. He outlined the PSAB's activity over the previous year and the actions taken in response to the challenges of Covid. The PSAB is working on four key safeguarding adults reviews, one of which (concerning YL) will be published today on its website. It is also engaged in a thematic review of homeless

deaths during Covid; progress on the review could be brought back to the Board as it may add perspective to the Health & Wellbeing Strategy. While restorative practice is relatively easy to use with children it is not so straightforward with the homeless or substance misusers.

The Strategic Plan aims to include new practices so frontline practitioners can work effectively and respond to adults at risk. A much wider range of people need to be encouraged to be involved in safeguarding adults. A sub-group has been established to drive this work and a report will be brought back to the Board in the coming months. There is also an increased focus on "forgotten" adults such as the homeless, substance misusers, dependent drinkers. The PSAB is already focusing on the transition to adults as transition points are moments of risk. The way the PSAB works is being re-shaped so it is more user-focused. The Strategy is interim and is being worked on during the next year. The aim is to make more use of the PSAB in the city and make it more centrally focused in the Health & Wellbeing Strategy. If HWB members think there are imperatives the PSAB should be engaged in they are welcome to comment.

Dr Collie said the case study illustrating making safeguarding personal was powerful. The message needs to be got across that professionals are here to help as people might be afraid of what might be done "to" them rather than "with" them.

Dianne Sherlock said Age UK have enjoyed a growing relationship with safeguarding and it is good to see the groups the PSAB has created and with which the voluntary sector has been involved. The relationship is going from strength to strength. Jackie Powell noted the value of embedding restorative approaches in practice. The voluntary and community sector provide support that makes engagement with statutory services easier or unnecessary.

The Chair thanked David Goosey on behalf of the Board.

RESOLVED that the Health and Wellbeing Board note the report.

35. Safer Portsmouth Partnership - Strategic Assessment

Councillor Dave Ashmore, Cabinet Member for Community Safety & Environment, introduced the Strategic Assessment by explaining that the Board's constitution had changed in 2019 to incorporate the statutory duties of a local community safety partnership, as part of a local "eco-system" that includes sub-groups looking at specific issues, for example, Domestic Abuse, Serious Violence etc. The Assessment should inform decision making by the five Responsible Authorities in relation to community safety and can act as a guide for all partners on key issues.

Sam Graves, Community Safety Researcher, gave a presentation summarising key crime trends and the data that has informed the recommendations on the new and continuing priorities. In addition, she reminded partner that the Community Safety survey is repeated every two years, with the next one due to start in early 2022 with fieldwork done in February or March. Students are trained to speak face-to-face to about 1,000

residents so the survey does not rely just on police recorded crime and hears about crime that is not reported or recorded. The survey analysis, and the Strategic Assessment, are examples of the work funded by the Safer Portsmouth Partnership pot, a small pooled budget which pays for targeted communications work and analysis. Officers will be in touch with the Responsible Authorities to review funding for this year and future years, building on the contributions partners have made to this pot for the last fifteen years or so. Hopefully the value of the work is evident.

Supt Jenkins thanked officers for the quality of the detailed Assessment, noting how closely it was aligned with the Health & Wellbeing Strategy and policing priorities. If the causes of the causes are not addressed then problems cannot be resolved just by "arresting ourselves" out of them. There was a partnership meeting later that day about street robberies around Guildhall Walk and Charles Dickens ward as about 40 children and young people had been identified as part of the group responsible. It may be that the primary offenders should be arrested but with the others the right interventions need to be in place to find the reasons for their behaviour. There is much to celebrate in Portsmouth. Supt Jenkins volunteered to be the sponsor or lead for positive relationships and restorative practice to prevent young people entering the criminal justice system. Kelly Nash explained that the wider consultation process will include consultation on contributions, including being a lead. Information on nominated leads will be brought back to the Board. Expressions of interest in other forms of support can be dealt with outside the meeting.

Jo York said support for improving mental health access and provision continues to be a priority for Health & Care Portsmouth, who continue to examine how they support and improve access, for example, through Positive Minds. Jackie Powell thought real conversations were needed on hate crime as they will help understand how to eradicate it.

The Chair thanked everyone who contributed for their enthusiasm.

RESOLVED that the Health and Wellbeing Board:

(i) Approve the new recommended priorities as set out in the Executive Summary.

(ii) Use the information in the strategic assessment to develop a community safety plan for the next three years, to be approved by the HWB.

(iii) Use the information in this strategic assessment to guide evidence-based day to day decision making and resource allocation.

(iv) 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.

36. Preventing Violent Extremism Strategy

Rachael Roberts, Deputy Director, Adult Social Care, and Charlie Pericleous, Hidden Harm Co-ordinator introduced the report and outlined how the local authority will meet the statutory Prevent duty.

RESOLVED that the Health and Wellbeing Board:

- a) That ASC take on the strategic lead for the Prevent Duty with operational line management for the operation delivery sitting with the Deputy Director.**
- b) That the Deputy Director for Adult Social Care collaborates with the Deputy Director for Education to ensure the service continues to be responsive to the needs of schools and colleges.**
- c) That delivery and funding options post Autumn 2022 are researched and are presented within a report to the H&WB. This will include opportunities to generate income.**

37. Better Care Fund Plan

Jo York, Managing Director, Portsmouth Health and Care (PHC), introduced the report and confirmed that the Better Care Fund Plan had been submitted to NHS England and Improvement by the 16 November deadline. The previous plan covered 2017 to 2019; in the meantime PHC have continued to operate on the basis of the 2017 plan due to the gap caused by Covid. The new plan updates current work. Some of the requirements for new national metrics are quite problematic in terms of collecting data. The aim is to reach a baseline as the CCGs move towards an Integrated Care System. PHC exceeds its targets as a CCG and local authority.

Jackie Powell noted the good sense of integration across PCC and other organisations but intervention work other than focussing on the acute footprint should not be lost sight of as it is helpful to see the wider context. Jo York explained the way Plan is monitored is quite restricted which is why, for example, children's services are not mentioned. PHC has strengthened integration between the CCG and PCC through an overarching Section 75 framework with schedules for the BCF, CHC etc. PHC are seeing if there can be schedules for children, substance misuse or primary care; the acute footprint is just one sub-section of work. Work is now being done to strengthen the amount of the aligned funding to consider how the "Portsmouth pound" is spent in a single overarching framework. HCP are happy to bring the framework back to the Board so it can see the broader health outcomes that are aimed for.

RESOLVED that the Health and Wellbeing Board:

- i. Approve the Portsmouth Better Care Fund plan for 2021/22, as submitted to NHS England and Improvement (NHSE/I).**
- ii. Note work ongoing to support integrated health and care provision that is funded via the BCF.**

38. Dates of future meetings

The next meeting is on Wednesday 9 February at 10 am. The remaining meetings in 2022 are 22 June, 21 September and 23 November (all Wednesdays at 10 am).

The meeting concluded at 11.53 am.

Councillor Jason Fazackarley and Dr Linda Collie
Chair