

MINUTES OF THE MEETING of the Health and Wellbeing Board held
virtually on Wednesday, 9 February 2022 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)
Sarah Daly, Director of Children, Families & Education, PCC
Helen Atkinson, Director of Public Health, PCC
Roger Batterbury, Healthwatch Portsmouth
Sarah Beattie, Probation Service
Penny Emerit, Portsmouth Hospitals University Trust
Clare Jenkins, Portsmouth Police
Frances Mullen, City of Portsmouth College
Jackie Powell, Portsmouth CCG
Dianne Sherlock, Age UK
David Williams, Chief Executive, PCC
Jo York, Health and Care Portsmouth

Non-voting members

Officers present

Sayma Begum, David Goosey, Matthew Gummerson,
Dominique Le Touze, Bruce Marr, David Moorman, Kelly
Nash, Lucy Rylatt, Lisa Wills

1. 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 Andy Biddle (Adult Social Care), Anita Franklin (University of Portsmouth), Gordon Muvuti (Solent NHS), Rachael Roberts (Adult Social Care) and Suzannah Rosenberg (Solent NHS).

The Children's Safeguarding report was considered when Lucy Rylatt arrived at 11 am (due to a prior commitment) but for ease of reference the minutes will be kept in the original order.

2. Declarations of Interests (AI 2)

There were no declarations of interest.

3. Minutes of previous meeting - 24 November 2021 (AI 3)

RESOLVED that the minutes of the Health and Wellbeing Board held on 24 November 2021 be approved as a correct record.

Minute 31 - In response to a query about capacity at the Urgent Treatment Centre at St Mary's, Jo York said staffing has improved which has increased capacity. The UTC is currently operating from 8 am to 8 pm and is working to return to its previous hours of 8 am to 10 pm.

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

Kelly Nash, Corporate Performance Manager, introduced the report. The Local Outbreak Engagement Board (LOEB) has met three times since the previous Health & Wellbeing Board (HWB) meeting. Dates have been set until April and then proposals for future meetings will be brought to the HWB.

RESOLVED that the Health and Wellbeing Board note the report.

5. Health and Wellbeing Strategy

Helen Atkinson, Director of Public Health, introduced the report and thanked all those who have contributed to the Health and Wellbeing Strategy for 2022-2030. Nearly 500 responses to the consultation were received, which is a good response rate, and showed overwhelming and clear support for the Strategy. Respondents put forward many additional ideas that will inform the plans that are developed for each of the priorities. Where ideas are not covered by the Strategy they will be shared with the appropriate organisations, for example, other parts of the council or Health and Care Portsmouth.

Ms Atkinson thanked those who have volunteered to be board level sponsors for the priorities, as follows:

- Penny Emerit, Portsmouth Hospitals - Air Quality and Active Travel
- Supt Claire Jenkins, Portsmouth Police - Positive Relationships
- Sarah Daly, PCC - Education
- David Williams, PCC - Housing
- Helen Atkinson, PCC - Poverty

However, all organisations and the HWB are requested to play a part as everyone needs to own and contribute to the Strategy so that it is a success. It is proposed that a work programme for the short to medium term is brought back to the next meeting of the HWB for approval, describing how that will be done in more detail. Partner organisations are requested to consider the strategy at their own boards where appropriate, including recommending the strategy to the PCC and CCG Governing Body.

Those present agreed with the suggestion that the Director of Housing, Neighbourhood & Building Services (HNBS) become a full member of the HWB. Housing is fundamental to health and wellbeing and the Director is already on the board of Health Care & Portsmouth. It is one of the wider determinants of health and should be emphasised.

As for the lower number of respondents that agreed or strongly agreed that positive relationships were a priority, Mr Gummerson suggested it may be because the wording was the least intuitive as to what it was suggesting. Looking at the comments he is comfortable that respondents were not clear about what the Strategy was trying to achieve so officers need to examine how they work as the it progresses.

Councillor Horton urged those present to be constantly aware of how the Strategy fits in with other strategies. It reinforces the strategic importance of having conversations with partners. Councillor Smith said restorative practice should be the baseline of all work as it is a platform that allows strategies to move forward.

Ms Nash supported all the comments made; the Strategy would take a steer from the HWB as actions and ways of working are paramount to success. A report is needed for the next meeting to tidy up membership so it could incorporate the suggestion about the Director of HNBS. In the meantime, he could be invited to observe and then be co-opted if the HWB agrees.

Those present commended the Strategy and thanked officers for their work and the respondents.

RESOLVED that the Health and Wellbeing Board:

- 1. Note the response to the consultation**
- 2. Note the additions to the document since the draft was presented in November 2021**
- 3. Approve the document and recommend that this is considered by Boards of the represented organisations, and adopted by the city council and the governing board of the clinical commissioning group.**
- 4. Agree that a work programme for the Board in the short to medium term relating to the strategy is presented to the HWB at the next meeting.**

6. Domestic Abuse Strategy refresh

Lisa Wills, Strategy & Partnerships Manager, and Bruce Marr, Head of Harm & Exploitation, introduced the report, noting that confirmation of funding for 2022/23 has yet to be received so that approval is sought subject to confirmation. Last year confirmation was not received until March or April.

In response to questions on integration with the voluntary sector, officers said as part of the first strategy a practitioners' group was created. Although it has met only once it saw the revised strategy last October and is happy with it. The group includes frontline practitioners and representatives from the voluntary sector. It will review the Strategy's progress and carry out tasks such as testing the referral flow chart to ensure everyone follows the same processes. At the moment the group is looking for another chair. The Domestic Abuse Local Partnership Board has to have members from the voluntary sector so the commissioning providers Stop Domestic Abuse and Victim Support are part of the Board.

Regarding incidents with women in the private housing sector being harassed by workmen employed by their landlords, officers are aware of the issues and are starting a new piece of work as part of the requirement to provide safe accommodation. The council's private sector housing lead could be part of the working group that is being created to examine safe accommodation in private sector and local authority housing. Work is progressing and members will be updated. The needs assessment had recommended that housing associations are accredited with the Domestic Abuse Housing Alliance (DAHA) to show they have policies to support victims of domestic abuse and how they operate as employers.

Members commended the report for completing gaps in provision.

RESOLVED that the Health and Wellbeing Board:

- 1. Approves the refreshed Domestic Abuse strategy 2020-2023 (paragraph 3.5).**
 - 2. Agree that all partners provide a data set, agreed with the community safety analyst, including data from GP surgeries, to monitor calls for service and progress against priorities set out in Part 2 of the strategy (section 4).**
 - 3. Agrees the provisional funding allocation to meet the new duty to provide Safe Accommodation (paragraph 3.4) and**
 - 4. Agrees that, if funding levels from the DLUHC change for 2022/23 decisions for the allocation of this funding is delegated to the Domestic Abuse strategic group.**
- 7. Refreshing the Blueprint for Health and Care in Portsmouth**
Jo York, Managing Director of Health & Care Portsmouth (HCP), introduced the report.

Those present noted the amount of work that had gone into the report. Ms York confirmed the intention is not to lose the priority of improving outcomes for Portsmouth people and it would be more prominent in the final iteration of the Blueprint.

With regards to gaps in provision such as dental care, Ms York explained dental care was not included the first iteration as it was commissioned by NHS England and not a responsibility of the CCG. The first iteration focused on primary medical care and community services. When the Integrated Care System (ICS) starts it will take on the commissioning responsibility for dentistry, pharmacy and optometry. HCP will examine where there are gaps and look at what they can do to improve provision. Dentistry is a complex matter and there are issues with workforce shortages and contracts. It is the biggest issue in Healthwatch's postbag. Portsmouth is mentioned in the Department of Health & Social Care's integration white paper published today.

Councillor Vernon-Jackson and David Williams had met the ICS a few days ago. Feedback from services is that Portsmouth residents receive better support when leaving hospital than Hampshire residents due to the health service and the local authority working closely together. However, there is a fear that the ICS could make integration go backwards and it is unclear if

there will be a place to hear the Portsmouth voice, which is worrying as Portsmouth's needs are different to those in other parts of Hampshire.

Ms York said the design and development work of the ICS had been challenged by Covid. Planned work was delayed although the ICS then had to revise some of it and has relaunched the task groups, on some of which HCP is represented. The ICS's operating model needs to be clear, reflect residents' needs and acknowledge the similarities and differences with Southampton. The key is to get the operating model right and then support local delivery systems within the four-place (Portsmouth, Southampton, Hampshire, Isle of Wight) based footprint. It is important not to let differences, for example, around the QA boundary have a negative impact. HCP are working hard as they realise the city cannot go backwards as the population's needs are too great. The ICS is now in place to listen to the development work and everyone is beholden to influence it.

Mr Williams said the NHS had a "turned ear not a tin ear" to the local democratic accountability as part of its structures. Portsmouth will keep battling at different levels to make sure its views are heard. The more the HWB can be surefooted the better equipped it will be to engage with providers and across Hampshire and the Isle of Wight. The more progressive the agenda when delivering outcomes for residents, whether social care clients, patients or residents, the more Portsmouth is in a stronger position to engage with other tiers.

Age UK have been pursuing Portsmouth's case since 2019 as there is concern Portsmouth residents may be left behind. The voluntary sector will continue to be noisy as it would be easy to be left out. Contributions from the voluntary sector via Action Hampshire will start being made the following week.

Penny Emerit said the PHUT covers more than Portsmouth but outcomes for Portsmouth are equally important as for other areas; it is not "either or." From a delivery perspective the PHUT offers equal services through the lens of South East Hampshire. From a planning perspective the differences in outcomes that need improving have to be described first and then the providers have to pay attention as to how they deliver the outcomes for different areas. It is question of combining delivery with co-existence. Ms York agreed it is not a case of "either or" and the design and development conversations need to discuss how the delegation model can do this and build on the strength of existing integration. The model also needs to consider how dentistry and GPs are supported so there is less demand for acute healthcare. The design stage aims to clarify accountability in the next few weeks. HCP is already ahead of some integrations by bringing funding together in a joined-up way.

Those present echoed the comments and said Portsmouth was in a strong place so could do stronger work across different levels. What is needed in Portsmouth could be shared across the wider footprint but with Portsmouth's needs taken into account. Planning is not just from the top.

The Chair noted the points made and hoped the concerns would be resolved.

RESOLVED that the Health and Wellbeing Board approve the refreshed priorities for the Blueprint for Health and Care in Portsmouth.

8. Portsmouth Safeguarding Children Partnership Annual Report, 2020-21

Lucy Rylatt, Safeguarding Partnerships Manager, introduced the report.

Those present thanked Ms Rylatt for the excellent practice described in the report and the team for their hard work. In response to questions, Ms Rylatt said that as a result of the cases of Mr D and Child G all agencies have completed the recommendations made in the reviews, there are transition protocols in place in partner agencies and Adult Services have appointed a Transition Lead to work across services. Two weeks ago the Safeguarding Adults' Board and Safeguarding Children's Partnership jointly launched a "deep dive" to see how effective the new transition arrangements are.

Operation Keepsake does not exclude older females and non-binary people as well as older males. Other work is examining the concerns that Operation Keepsake addresses and there are several other projects taking place but the DfE and National Panel have requested that annual reports are kept succinct.

RESOLVED that the Health and Wellbeing Board note the report.

9. Draft Pharmaceutical Needs Assessment update

Matt Gummerson, Strategic Lead for Intelligence, introduced the report.

In response to concerns from Councillor Vernon-Jackson about pharmacies closing and causing difficulties for elderly or infirm people accessing the remaining ones, Mr Gummerson explained the Pharmaceutical Needs Assessment (PNA) sets out needs and gaps in provision in the area and is a basis for new pharmacies when they open. The PNA cannot stop pharmacies closing and unfortunately there is no mechanism to prevent closures. However, it can look at walking times between pharmacies and reflect concerns.

Jo York mentioned electronic prescriptions and deliver services so people can access pharmacies in different ways. She asked if HCP could do anything to support as part of the transition arrangements to the ICS. However, Councillor Vernon-Jackson has had feedback that electronic prescriptions are a non-starter and even though pharmacies can deliver prescriptions people cannot talk to them if they are shut. Ms York acknowledged pharmacies are often the first port of call for people's medical needs and is happy to work with Public Health to give them any necessary support. Dr Collie asked if opening hours as well as locations could be included in the PNA because during out of hours times patients have to pay for taxis or district nurses have to deliver prescriptions.

Helen Atkinson thanked Mr Gummerson's team for their work and explained the PNA is a statutory duty for the HWB even though it may not be the team's highest priority. The commissioners who decide whether a pharmacy closes

or not are NHS England so feedback can be passed to them. Public Health are engaging with the CCG and NHS England and work jointly with neighbouring HWBs to provide information for the PNA. Opening hours will be included in the PNA but these may have changed by the time of publication. Councillor Vernon-Jackson noted that NHS England had refused to talk about the removal of dental practices in Portsea and Paulsgrove. Hopefully, a greater Portsmouth ICS might be better than NHS England.

RESOLVED that the Health and Wellbeing Board:

- 1. Agree the process for consultation and final approval as set out in section 3.3**
- 2. Agree that the draft PNA can be approved by the joint chairs on behalf of the HWB in March 2022**
- 3. Agree that the DPH responds to consultations of PNAs from neighbouring areas on behalf of the HWB where the Portsmouth HWB is a statutory consultee and ask the HWB to note the response**

10. Physical Activity Strategy refresh

Dominique Le Touze, Consultant in Public Health, introduced the report.

In response to questions about how the Physical Activity Strategy (PAS) fits in with the Health & Wellbeing Strategy, and how poverty and mental health are addressed as these factors affect activity, officers explained the PAS (which covers Hampshire and the Isle of Wight) looks in much more detail at levers which prompt activity and addresses barriers such as mental health through particular projects that enable certain groups to be more active.

With regard to focussing on more deprived areas and then spreading to the rest of the city, it is a "yes and" response. There is a definite need to focus on areas of higher deprivation. However, many measures are population level and small incremental changes can make a massive difference to the population's overall health.

Jo York noted that as there was not yet a mass rush back to workplaces the HWB needs to consider how it can support employers who have staff working from home in order to prevent health issues as they will have lost activity. Officers agreed to consider this as part of the active travel and air quality strands as there is now approval for the strategy; increasing active travel is a crucial role for the HWB.

Councillor Horton noted the "strategy synergy" and how shining the light on one variable shows the links between different strategies. For example, school streets are much more than about physical activity; they encompass the community and language and lead to better health. Initiatives can appear piecemeal but they ripple into better health.

Helen Atkinson said the Health & Wellbeing Strategy is a "meta strategy" and the PAS is just one part, along with factors like smoking and alcohol, that looks at the underlying causes of the causes to find out why people are not ready to change as this is more effective than giving out messages. When underlying factors like housing and positive relationships change then people

can make healthier choices. Some people need more enabling than others, particularly in view of the inequalities revealed and exacerbated by Covid. All organisations need to act as anchor institutions and practise what they preach.

RESOLVED that the Health and Wellbeing Board note the report.

11. Dates of future meetings

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

The meeting concluded at 11.55 am.

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Councillor Jason Fazackarley and Dr Linda Collie
Chair