

MINUTES OF THE MEETING of the Health and Wellbeing Board on
Wednesday, 21 September 2022 at 10.00 am in the Guildhall, Portsmouth

Present

Councillor Matthew Winnington, in the Chair

Dr Linda Collie, Clinical Lead/ Clinical Executive (GP) Health
and Care Portsmouth, Hampshire and Isle of Wight Integrated
Care Board (Joint Chair)
Councillor Lewis Gosling
Councillor Suzy Horton
Councillor Gerald Vernon-Jackson

Andy Biddle, Director of Adult Care, PCC
Helen Atkinson, Director of Public Health, PCC
Roger Batterbury, Healthwatch Portsmouth
Sarah Beattie, National Probation Service
Sarah Daly, Director of Children's Services & Education
David Goosey, Portsmouth Safeguarding Adults Board
James Hill, Director of Housing, Neighbourhood & Building
Services
Professor Sherria Hoskins, University of Portsmouth
Clare Jenkins, Portsmouth Police
Alison Lawrence, Portsmouth Safeguarding Adults Board
Councillor Terry Norton, in capacity as Deputy Police & Crime
Commissioner
Lorna Reavley, The Hive
Paul Riddell, Hampshire Fire & Rescue Service
Alasdair Snell, Russell, Solent NHS Trust
David Williams, Chief Executive, PCC
Jo York, Health and Care Portsmouth

Non-voting members

Officers present

Matthew Gummerson, Kelly Nash, Clare Rachwal

Sarah Kaddour, Speciality Registrar in Dental Public Health,
NHS England and Improvement (shadowing Helen Atkinson)

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

Councillor Matthew Winnington, Cabinet Member for Health, Wellbeing and
Social Care, as Chair, opened the meeting. All present introduced
themselves.

Apologies for absence were received from Penny Emerit (Portsmouth
University Hospitals Trust), Professor Anita Franklin (University of
Portsmouth), Frances Mullen (City of Portsmouth College) and Dianne

Sherlock (Age UK). Councillor Vernon-Jackson gave apologies for late arrival as he had another meeting. The Board agreed to consider agenda item 8 (Pharmaceutical Needs Assessment) last in order to accommodate Councillor Vernon-Jackson. For ease of reference the minutes will be kept in the original order.

25. Declarations of Interests (AI 2)

There were no declarations of interest.

26. Minutes of previous meeting - 22 June 2022 (AI 3)

RESOLVED that the minutes of the Health and Wellbeing Board held on 22 June 2022 be approved as a correct record.

27. University of Portsmouth Medical School (AI 4)

Professor Sherria Hoskins, Executive Dean, Faculty of Science & Health, University of Portsmouth, gave a verbal update on the proposed medical school.

A bid for a medical school was considered in 2016 but was paused while the nursing programme was re-invigorated and embedded. The strategic road map showed the University was ready to bid in 2019. The small team working on the bid includes someone who has worked on five medical school bids. University departments such as communications and estates are included. The goal is to be ready to launch graduate entry medicine (GEM) by September 2024. Graduate entry will help widen participation as entrants could have joined a degree course with lower A-Level grades than those required for undergraduate medical school entry. Digital and high-fidelity learning will take the place of dissection and prosection which is quite common now. Students will work in problem-based teams. The aim is to move from 50 entrants annually to 80. The four-year GEM programme is shorter than undergraduate medical courses.

Once there is a medical school in the area doctors apply for work in GP services and hospitals as the career has an educational element. The focus is on Portsmouth, the Isle of Wight and West Sussex with the intent to "grow our own" though entrants will come from other regions too. To increase participation outreach will start at junior school age. The school will take local graduates as they often stay in the area. A lower entry tariff will help increase diversity which will better reflect the region's patients. The programme will include many more GP and community placements so students get to know the area and its patients. Another USP will be physician associates.

Students will not work in silos like traditional medical schools but will need to work in multidisciplinary teams. The programme is being developed in partnership with Portsmouth Hospitals University Trust, Southern Health and Solent NHS Trust and GPs. Community stakeholders will be involved through the development of a public and patient interaction group (PPI). The contingency partner is Brighton & Sussex Medical School.

New medical schools are needed as 50,000 additional doctors are needed (14,500 graduates annually). Smaller, regional focused schools can help the health economy. The University is civic focused and will invest its own money. The school would benefit research on regional health needs and show what has to be focussed on. A medical school will have a halo effect as other areas of study will benefit. It would recruit more and better students and staff. In addition, medical technology is significant in the area and could create many jobs

General Medical Council (GMC) approval is an eight-stage process. In addition, the curriculum has to map on to that of Brighton & Sussex as they would take over if the University cannot do it. The bid has to meet the University's estate planning, community engagement, curriculum and quality assurance processes. Funding needs to be in place by September 2024, either from the government or a wealthy philanthropist.

The University has just completed stage 2 of the GMC process. Stage 3 ("a medical school in a folder") is due to be submitted at the end of September and is a major "stop / go" stage. Student recruitment can start at stage 6 or plans may have to hibernate then. The University is exploring degree apprenticeships but they are not very feasible. There could be a branch model where the University delivers the programme but under another institution's name. The annual fees would be £27,000; employers are likely to pick up the deficit; in some regions the Integrated Care Board (ICB) is the employer. The University would like the Board's help when developing the PPI as Portsmouth is one of the most "under-GPd" areas so needs a GP focused medical school. The PPI needs to identify and co-ordinate the best outreach approach in schools.

The Board thought the proposed school was an incredibly exciting opportunity for the city. The ICB were equally passionate and were happy to link with the University. The recent GP summit had shown the importance of such institutions for longer-term improvement. From a multi-agency point of view the council is happy to help with lobbying and encouraging engagement. A local medical school is good for inspiring young people and if it trains local people it will take them out of poverty and they will stay in the area. From a public health point of view it will be a good opportunity for community projects to tackle health inequalities, to improve prevention and deal with the key issues all Board members face. Having more diverse applicants is good as top grades do not necessarily make the best doctors (and applicants cannot always gain a place with top grades).

Solent NHS Trust provides a careers programme on behalf of the ICB with guest speakers at primary and secondary schools. They are happy to support outreach work.

Councillor Winnington thanked Professor Hoskins for her update. Councillor Vernon-Jackson was very excited about the proposed school. Medical schools make a significant difference to their communities. The council is happy to lobby in its favour as Portsmouth does best when it speaks with one voice.

RESOLVED that the Health and Wellbeing Board note the update.

28. Portsmouth Safeguarding Adults Board - Homelessness Thematic report (AI 5)

David Goosey, Independent Chair of the Portsmouth Safeguarding Adults Board, introduced the report. He confirmed homeless day services operated all year round.

The Board commended the review, which was an emotional read and a powerful way to tell stories. It spoke to the Health and Wellbeing Strategy as well as Portsmouth residents. The risk of homelessness is greater in the current situation and it is an opportunity to place the circumstances faced by homeless residents on the health inequality agenda. The links with drugs and alcohol are obvious and what is striking is the "story behind the story", for example, childhood abuse, which is worth remembering.

Mr Goosey agreed with the finding that the four men in the review were left to access and refer themselves to services. A PSAB workshop had considered this point in that the men were signposted to services but did not access them. A key theme to work on is what agencies can do to get frontline staff to do a bit extra to ensure people access services.

The Board noted that some homeless people felt safer in a hostel than a hotel so hotels are not necessarily what they want; organisations should not make assumptions on their behalf. The Office of the Police and Crime Commissioner is adamant about using trauma informed approaches and urges organisations to see how they weave them into their work. The Director of Housing, Neighbourhood & Building Services had shared the review with staff. There is now accommodation better suited to the needs of the homeless and support at the point of need. The council and its partners are consulting on the homelessness strategy with a view to merging it with the rough sleeping strategy to ensure a more seamless service to residents.

Councillor Winnington thanked Mr Goosey for the in-depth review. It had examined a particular point in time from which we have moved on. He proposed adding a recommendation recognising the work taking place on referrals by the PSAB and within the local health and care system. As a support worker he saw how people can feel lonely, ashamed and isolated from everything and unable to talk to anyone about childhood issues.

RESOLVED that the Health and Wellbeing Board

- 1. Note the findings and recommendations from the Thematic Review.**
- 2. Write to the Hampshire and Isle of Wight Integrated Care Board (HIOW ICB) to request that the ICB review the health-related actions in the action plan and consider whether these actions are relevant across the HIOW ICB.**
- 3. Ask the HIOW ICB to consider the provision of care and support to residents of HIOW who are homeless as part of the ICS responsibility for acting to minimise health inequalities, and request the ICB**

confirm to the Portsmouth HWB Board the actions the ICB intends to take.

4. Recognise the work taking place on referrals by the PSAB and within the health and care system.

29. Health and Wellbeing Strategy - Tackling Poverty (AI 6)

Helen Atkinson, Director of Public Health, introduced the report, pointing out the increase in the number of children living in relative low income families (77.6% of which are in work) and the variation between wards. The cost of living crisis has exacerbated existing inequalities. There is anecdotal evidence of children not attending school as they do not have uniform or equipment. Tackling poverty is the first of the five themes in the Health and Wellbeing Strategy to report to the Board but they are all linked. The development session on 12 October will comprise a formal meeting followed by a workshop, where each organisation provides examples of work they are already doing; any examples not yet received need to be sent to Ms Atkinson and Mr Gummerson.

Ms Atkinson acknowledged the work of Mark Sage, Tackling Poverty Co-ordinator. Although much work is already happening poverty seems such a huge issue and it can be hard to identify actions. However, many Board members are major local employers so before 12 October they could consider if they pay the living wage, provide sufficient hours, offer flexibility around other responsibilities and opportunities to progress and lift themselves up. Solent NHS Trust gave a good example earlier today of working together. The October session will focus on the cost of living crisis. Mark Sage and the Tackling Poverty Steering Group have worked on the cost of living checklist and how to identify residents most at risk because of health, care or other needs. Work will continue as winter approaches on how the Board can work with, for example, Switched On Portsmouth and the Hive.

The Board thought it was good to have an action plan with smaller scale actions everyone can do. There is considerable support available but people are not always accessing it so it could be shared with the wider membership, for example, displaying information on staff noticeboards on sources of help. Public Health are developing a strong communications plan as even those who work in the public sector do not always know about the support available. There will be single points of access where residents can find out about help. Conversations are also taking place with Health & Care Portsmouth. The Board said that although some residents will need help for the first time and a structure and a plan are necessary, services need to avoid overplanning and should be open to flexibility.

James Hill thanked the Board for recognition of Mark Sage's work. Although his work mainly helps council tenants (he is funded by Housing) perhaps the council and partners could better target resources to avoid duplication. Quick wins are not always the smartest solution. David Williams noted communications and data capture were designed to glean as much insight as possible to share with other agencies as they can learn a lot from each other, for example, GPs' own checklist which will reach more people.

Councillor Winnington recorded his thanks on behalf of the Board to Mark Sage. The link between poverty and issues like those described in the Homelessness Thematic review cannot be underestimated and if poverty can be addressed collectively that would help prevent issues arising in adulthood. He hoped to see everyone on 12 October.

RESOLVED that the Health and Wellbeing Board note the report.

30. Public Health Annual Report (AI 7)

Helen Atkinson, Director of Public Health, introduced the report. She acknowledged the work of Matthew Gummerson and his team in building the insight, intelligence and research function, which has produced a strong Joint Strategic Needs Assessment (JSNA), as it is important to understand the population's needs. Therefore, this year's annual report is based on the JSNA. Mr Gummerson showed some examples of infographics used to illustrate data in the Executive Summary which is available on the PCC website along with the full report. More detail on specific areas is available on request.

Councillor Winnington thanked Ms Atkinson and Mr Gummerson. The annual report has a big impact on services and is a useful tool for helping the council make the best use of its resources. The team's intelligence information was a great help to the council during Covid.

RESOLVED that the Health and Wellbeing Board note the report.

31. Pharmaceutical Needs Assessment (AI 8)

Matthew Gummerson, Head of Strategic Intelligence & Research, introduced the report, noting that while the Pharmaceutical Needs Assessment (PNA) was being prepared two consolidation requests (to move from two sites to one) had been received. The Board's response was submitted to NHS England but no decision has been made yet so is not reflected in the current PNA. If agreed, the Board can issue a supplementary statement in the light of any changes.

Councillor Vernon-Jackson had a briefing with one of the big pharmacy companies where issues with contracts were highlighted. About 90% community pharmacy income comes from the NHS which is cash-limited so is not inflation proof. By the end of 2024 about 75% could shut as they are not economically viable, which is very worrying in view of the huge pressure on GPs. In Scotland all new pharmacists are qualified as dispensers so can issue prescriptions and Wales is likely to follow suit. Councillor Vernon-Jackson proposed four amendments which are in keeping with the consultation responses:

Section 1.2

- After paragraph 1 add another one: "As a city with the worst of patients per GP ratio across the country pharmacy services are a crucial part of primary care services across the city."
- End of paragraph 2 - change the full stop into a comma and add "and there should be no reduction in pharmacies."

- Bullet point 4 - amend to show that a 20-minute walk does not apply to people with limited mobility.

Section 1.3

- Bullet point 3 - change "could" to "would" in the second sentence.

The Board agreed the proposed amendments in general terms with Matthew Gummerson to ensure these are appropriately worded in the final PNA.

Jo York had spoken to Simon Cooper, Director of Medicines Optimisation, about pharmacies. Delegated authority for commissioning pharmacy, optometry and dentistry services has moved from NHS England to the Integrated Care Board (ICB) and is continuing to develop. Contracts are being reviewed but there is unlikely to be the level of closure mentioned above. The ICB will continue to raise concerns as pharmacies are essential for supporting self-care and removing pressure from GPs. Decisions to close cannot just be a business decision. All new pharmacists, including in England, will be accredited prescribers with effect from 2026 but it is a complicated issue. Ms York can provide more information.

As a carer, Councillor Horton said that the proposal to close a particular pharmacy would remove her relatives' independence, which in turn would worsen health. Pharmacists know their customers' needs so closing pharmacies may have unintended consequences for health and finance.

Helen Atkinson said it was helpful that commissioning was moving to the ICB as it can use local intelligence to make decisions. Community pharmacies are independent businesses and like other small businesses will be impacted by workforce shortages and the cost of fuel. The Board needs to think how it can support them as it supports all small businesses and to consider pharmacies when considering the health workforce and the population's health needs.

With regard to pharmacies being refused permission to open in some locations because of possible competition, Ms York explained it was a complicated issue and big chains are a big threat to small businesses generally. However, moving forward there will be more opportunity to influence and have a level of control over decisions.

David Williams advised the Board to check that the proposed amendments could influence the role of strategy in decision making. It was helpful to get delegation from the Board to check the amendments are going to enable it to secure its aims. Then the amendments can be referred to the ICB for their awareness.

Councillor Winnington thanked Councillor Vernon-Jackson for his comments and agreed that delegation to the ICB could be helpful.

RESOLVED that the Health and Wellbeing Board approve the final Pharmaceutical Needs Assessment 2022 as set out at Appendix A and with the amendments proposed by Councillor Vernon-Jackson.

32. Better Care Fund Plan 2022/2023 (AI 9)

Jo York, Managing Director, Health & Care Portsmouth, introduced the report. The Plan is an annual event but fairly little changes each year. A considerable amount of funding is spent on services that are the core element of delivery to prevent hospital admissions and support early discharge. It includes funding for Portsmouth Rehabilitation & Reablement Team and services such as Spinnaker Ward. As integration is strengthened changes to the schedule will be reflected more clearly, for example, Safe Space will move to the health and wellbeing schedule, and some mental health services will move. Two other pieces of work are taking place: one on the Southsea Unit and consolidation of the Jubilee Unit; one with the Hive, Red Cross and Salvation Army to strengthen voluntary sector support to prevent hospital admissions and embed voluntary services within statutory ones.

RESOLVED that the Health and Wellbeing Board

- 1. Approve the Portsmouth Better Care Fund plan for 2022/23, to be submitted to NHS England and Improvement (NHSE/I) by 26 September 2022.**
- 2. Note work ongoing to support integrated health and care provision that is funded via the BCF.**

Councillor Vernon-Jackson joined the meeting at 11.21 am.

33. Autism and Neurodiversity (AI 10)

Clare Rachwal, Deputy Head of Service, Market Development and Community Engagement, gave a presentation about a project run with the Portsmouth Autism Community Forum (PACF) on how Autistic and Neurodivergent (AND) people experience public services, to identify gaps in service provision and to create a new strategic plan. There is a lack of accurate data around the prevalence of autism and neurodivergence in the population due to a variety of factors including under-diagnosis but research suggests that between 1-3% of the population are autistic. Autistic people are at double the risk of early death, have a significantly higher suicide risk and are the least likely of people with disabilities to be in work. The wait for diagnosis is currently over two years and there is a lack of support leading up to and after diagnosis. With regard to access to support people are often signposted around different services, and very often do not receive the support needed. During the course of the project many people reported that interactions with adult mental adult health services can be traumatising and exacerbate existing problems.

Themed recommendations include increased support for transition from children's to adults' services (a transition lead has started with PCC), a new one-stop-shop at the Charles Dickens Centre, new mandatory training for health and social care staff. Stigma and labelling people need to be avoided as this cohort is not often well understood. Ms Rachwal has been supporting the mental health transformation work to ensure services are inclusive. Projects include support into employment, a peer group and art sessions. However, they are either short-term funded or not funded at all. The council is seeking funding for some of them. Change can happen by individuals and

services scrutinising themselves to improve their knowledge, understanding and acceptance.

Mr Biddle noted Veronica Price (PACF Chair) is an essential contributor to this work and would have joined the meeting today had she been available. It is important work is carried out in conjunction with people with lived experience which Adult Social Care is using to shape its action planning. It is taking a lead from Children's Services by moving away from a focus on diagnosis; if someone needs support then diagnosis is irrelevant. It will not cost much but is a short-term move.

Helen Atkinson agreed, noting there has already been much applicable research. Often services focus on needs other than physical needs. It is known that vulnerable groups are more likely to adopt unhealthy behaviours which are often not dealt with so lead to physical health problems. Making every contact count (brief interventions) is important. Being in a workplace is the best for mental and physical health, which links to today's discussion on poverty.

Councillor Horton asked whether it was a matter of neurodivergence increasing or not being diagnosed. Sometimes it could be generational so perhaps families could have wraparound support.

Superintendent Jenkins said the police had 30 Autism Ambassadors across Hampshire and the Isle of Wight. A virtual training session shows how to support and communicate with AND people and make the environment suitable for them. Structure is often lost in the transition to adult services.

Jo York thought the report was hard-hitting and necessary. It needs to be seen how much transformation work is linked up properly. The ICB is keen to work with the PACF.

Ms Rachwal said prevention is at the core. Understanding is key to seeing what the differences are that present problems. It is hoped to see fewer people coming to mental health services. There are links with physical health and genetic conditions but they are not very well understood. Some physical health services are seeing a higher prevalence of AND. Some interventions do not work with AND people as pathways are too rigid. Other services are hugely interested in the project as people they work with have neurodivergent conditions such as ADHD. Tailoring the approach to the individual is what matters. It is about being aware of the prevalence of AND and having understanding in the workforce to enable better support.

The Board agreed communication is key so employers need to make time for staff to communicate with services which could prevent problems.

David Goosey said the report emphasises areas of grey as it is not always clear who has AND. It might be that someone is not "difficult" but has adverse trauma or an underlying condition. Ms Rachwal said services sometimes undervalue what can be achieved. Sometimes people have had negative public sector experiences; they may be expected to change but behaviour

change theory is not well understood. Change appears different to people with AND so different approaches are needed to effect it.

Councillor Winnington thanked Ms Rachwal for the report which was a wake-up call to do the best for AND people. The power of peer support cannot be underestimated. The employment figures are stark so attitudes and stigma need to change; so many older people with AND have no expectation of employment.

RESOLVED that the Health and Wellbeing Board note the update.

Link to the presentation is here

[Agenda for Health and Wellbeing Board on Wednesday, 21st September, 2022, 10.00 am Portsmouth City Council](#)

34. Health & Wellbeing Board - Revised Terms of Reference (AI 11)

Kelly Nash, Corporate Performance Manager, introduced the report, explaining that the revised terms of reference (TOR) reflect changes in the membership and the relationship with the ICB. The TOR will go to the Governance & Audit & Standards Committee for inclusion in the council's constitution. One amendment is inclusion of the Serious Violence Duty and there is a requirement to include the Combatting Drugs Partnership, who will attend the next meeting. More significant changes may be needed when final government guidance is issued.

RESOLVED that the Health and Wellbeing Board

- 1. Note the proposals in the draft guidance on Health and Wellbeing Boards and the response from the Joint Chairs at Appendix 1.**
- 2. Agree the revised constitution at Appendix 2.**

35. GP Summit update (AI 12)

Jo York, Managing Director, Health & Care Portsmouth, introduced the update report on the GP summit held on 4 August.

Councillor Vernon-Jackson thanked Ms York and her team. Some very interesting points had arisen from the summit which need following-up with a wider invite. The proposed medical school is a long-term solution as it will "grow our own" and its students are likely to stay in the area as other students often do; likewise, primary care can adopt the recruitment methods used by the PHUT. However, there are issues such as GPs retiring early because working longer adversely affects their pensions; the Home Office is not issuing visas for medical staff who want to stay here; the requirement for a post-graduate qualification to train GPs deters existing ones. Everyone can make a difference to provide the care everyone wants.

Councillor Winnington said the summit was a worthwhile event. Colleagues from Fareham and Southampton were included as there were needs in the areas covered by the former CCGs. Integrated working is important as effective solutions can be shared. Ms York added there was joint working with Health Education England and the ICB. The visit to a practice helped raise

understanding of the challenges faced on both the professional and public side.

RESOLVED that the Health and Wellbeing Board note the report.

The next meeting is on Wednesday 23 November at 10 am.

For reference the dates for meetings in 2023 are 15 February, 28 June, 27 September and 29 November (all Wednesdays at 10 am).

The meeting concluded at 12.15 pm.

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Councillor Matt Winnington and Dr Linda Collie (Chair)