

MINUTES OF THE MEETING of the Health and Wellbeing Board on
Wednesday, 23 November 2022 at 10.00 am in the Guildhall, Portsmouth

Present

Dr Linda Collie, Clinical Lead/ Clinical Executive (GP) Health & Care Portsmouth, Hampshire and Isle of Wight Integrated Care Board (in the chair)

Councillor Matthew Winnington (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
Ros Hartley, Hampshire & Isle of Wight Integrated Care Board
James Hill, Director of Housing, Neighbourhood & Building Services
Paul Markham, Portsmouth Police
Councillor Terry Norton, in capacity as Deputy Police & Crime Commissioner
Mark Orchard, Portsmouth Hospitals University Trust
Lorna Reavley, The Hive
Dianne Sherlock, Age UK
Alasdair Snell, Solent NHS Trust
David Williams, Chief Executive, PCC
Jo York, Health & Care Portsmouth

Non-voting members

Officers present

Natasha Edmunds, Sam Graves, Caroline Hopper, Alan Knobel, Jane Lamer, Dominique Le Touze, Matthew Gummerson, Kelly Nash,

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

Dr Linda Collie, Clinical Lead/ Clinical Executive (GP) Health & Care Portsmouth, Hampshire and Isle of Wight Integrated Care Board, as Chair, opened the meeting. All present introduced themselves.

Apologies for absence were received from Councillors Yinka Adeniran and Brian Madgwick, Penny Emerit (Portsmouth Hospitals University Trust), Superintendent Clare Jenkins (Portsmouth Police), Frances Mullen (City of Portsmouth College), Paul Riddell (Hampshire Fire & Rescue Service) and

Suzannah Rosenberg (Solent NHS Trust). Councillor Horton gave apologies for late arrival as she had another meeting.

It was agreed to consider agenda item 12 (Dentistry) after item 9 (Blueprint for Health & Care Portsmouth) as Jo York had to leave for another meeting but for ease of reference the minutes will be kept in the original order.

37. Declarations of Interests (AI 2)

There were no declarations of interest.

38. Minutes of previous meeting - 21 September 2022 (AI 3)

RESOLVED that the minutes of the Health and Wellbeing Board held on 21 September 2022 be approved as a correct record.

39. Matters arising

Minute 31 - Pharmaceutical Needs Assessment (PNA)

Councillor Vernon-Jackson noted that since the previous meeting the closure of the pharmacy in Elm Grove had been approved even though the Board had said it did not want the number of pharmacies to fall as it would put pressure on other parts of the health service. Matthew Gummerson, Head of Strategic Intelligence and Research, said the decision to close was based on the previous PNA and the council was only notified in the last few weeks. There was not much officers could do but they could issue a supplementary statement to be brought back to the Board.

40. Violence against women and girls (AI 4)

Caroline Hopper, Corporate Projects Manager, introduced the report, noting that White Ribbon Day took place on 25 November. Councillor Norton asked those attending the annual conference this Friday on violence against women and girls to feed back any learning; it was not livestreamed so people could speak freely.

RESOLVED that the Health and Wellbeing Board note the update.

41. Community Safety Survey (AI 6)

Matthew Gummerson, Head of Strategic Intelligence and Research, introduced the report and thanked the Responsible Authorities who provide partnership funding to support the analyst role for their support. As the survey fed into the assessment it made sense to introduce the survey together with the Partnership Strategic Assessment of Crime, Anti-social Behaviour, Reoffending and Substance Misuse: Update for 2021/22; the update was a statutory requirement. Sam Graves, Community Safety Analyst, gave a presentation on the findings of the survey and the key points in the Strategic Assessment. The survey has run since 1997 so has captured long-term data trends. Violence against women and girls has been added to the assessment as an additional focus this year. Officers have talked to all council Directorates in the council about the survey's findings as crime is everyone's business and would talk to the police soon. They reiterated they would be happy to discuss the findings in more detail with other partners.

Councillor Vernon-Jackson suggested adding fear of crime as a priority as it was as important as crime itself as it imprisoned people in their homes. He also suggested including a section on ensuring people are safe in the city, for example, the illegal use of e-scooters caused much alarm for the elderly.

Councillor Norton said it was good to see crime prevention on the agenda but there was a question of perception. The crime most people fell victim to was fraud whereas the crimes the police attended most frequently were domestic abuse. Residents wanted a visible police force but cybercrime was fought behind computer screens. Residents would probably want the police to deal with violence and knife crimes rather than e-scooters. However, there has been a net gain in the number of police officers with 600 due to be in place by March 2023. This meant the police could now start considering category two crimes such as illegal e-scooter use. In addition, some matters such as installing road signs or lighting in parks were not the responsibility of the police. Tackling crime was a partnership approach. The Police Commissioner had some funding available for smaller projects.

Dianne Sherlock said that residents' fear of being scammed was the biggest battle in encouraging them to socialise and do other activities like shopping or banking online. A network of Digital Champions across the city was trying to help but it was a "forever battle."

Officers advised the Chair they could check who perceived Buckland and Somerstown as unsafe; it was probably not people who lived there and such perceptions increased inequalities.

RESOLVED that the Health and Wellbeing Board note the report.

42. Community Safety Assessment (AI 7)

As noted above, the Community Safety Assessment was considered together with the Community Safety Survey.

RESOLVED that the Health and Wellbeing Board approve that:

- 1. The first priority is amended to include a focus on violence against women and girls.**
- 2. The information in this strategic assessment (and the previous 2020/21 version) is used to guide evidence-based day to day decision making and resource allocation.**

43. Hampshire Race Plan (AI 8)

Chief Inspector Paul Markham, Portsmouth Police, gave a verbal update, explaining that the Plan was a national initiative to improve policing for black people; the police had been trying to address issues raised since the 1981 Scarman and 1983 MacPherson Reports. The Plan had four main workstreams and set out to improve outcomes for black people as the police was an outlier in public service. An update would be brought to the next Board.

Councillor Norton gave credit to the work being done, noting that the Hampshire & Isle of Wight force had won diversity awards. They ensured

young blacks got legal aid when they were arrested and data on strip searches was examined. Informing young people about job opportunities in the police was difficult as there were areas where schools had closed the door to external agencies, perhaps because of academisation. It was difficult for the police to enter schools and overworked teachers taught PSHE or citizenship as a third subject with generic resources which left gaps in subjects. However, the police needed more BAME officers and schools were key to promoting to opportunities. Six new school liaison officers had been appointed. It might be a matter of targeting the right schools as some were fantastic. Furthermore, teachers were best placed to identify children who might be at risk of being crime victims, for example, those who seemed over-sexualised, or often had brand new trainers denoting they could be involved in county lines.

Sarah Daly said there were excellent relationships with schools and academy trusts via the Portsmouth Education Partnership. Any challenges with accessing schools should be addressed to the Director or Deputy Director of Education as schools would relish support.

RESOLVED that the Health and Wellbeing Board note the update.

44. Combatting Drugs Partnership (AI 9)

Alan Knobel, Public Health Principal, introduced the report.

Councillor Winnington thanked all those involved with creating the Partnership, especially as it had been done at short notice. It had already met and the next meeting was the following week. He was not entirely sure if it was necessary but it was a statutory body and there were actions already in place at Hampshire and Isle of Wight (HIOW) level. The Partnership was doing everything it was required to and involving the right people; it was appropriate it was a sub-board of the Health & Wellbeing Board, also a statutory body, as with HIOW and Southampton.

The Chair noted working as a partnership was more effective than in isolation. Councillor Norton agreed, saying the 10-year drugs strategy was a good idea though the knee-jerk timescale was unfortunate. The social acceptability of drug taking was one of today's biggest generational problems and it was the lowest placed in society who suffered the most. He advised taking a similar approach as with wearing seatbelts or not smoking on planes where non-compliance was now unacceptable. Gangs could be tackled at government level but much could be done at local level. He urged everyone to get involved with the Pan-Hampshire Drugs Forum. Councillor Vernon-Jackson mentioned the possibility of residential detox though offenders had to be willing to do it.

RESOLVED that the Health and Wellbeing Board

- 3. Approve the Combatting Drugs Partnership becoming a sub-group.**
- 4. Approve the receipt of an annual plan and progress report from the Combatting Drugs Partnership.**
- 5. Agree to review the needs assessment and drug & alcohol delivery plan at its meeting on 15 February 2023.**

45. Blueprint for Health & Care Portsmouth (AI 10)

Jo York, Managing Director, Health & Care Portsmouth (HCP), introduced the report and highlighted a couple of areas to be explored further. Firstly, workforce challenges had to be faced while supporting local people in employment. The HCP had set up a small working group on how to work with local schools, colleges and universities. It was not just the University's proposed medical school but also more local initiatives that might make a big difference. The second challenge was how to create a community empowered NHS, one that optimised and supported the huge voluntary and community sector to enable people to access health care or other support such as exercise or social prescribing. The aim was to make support more mainstream, not just have pockets of excellence.

David Williams welcomed the report. It was important to keep the Blueprint up-to-date and fresh. Portsmouth was in a different health and care landscape and currently in a transitional phase. The HCP could use the Health & Wellbeing Board (HWB) to articulate what and why it was taking action, who was involved and how it operated. It was important to recognise that its actions were being examined. Local innovation, creativity and integration would be an important influence on other tiers in the system. Updates on the Blueprint would be brought back fairly regularly to the Board along with good news stories.

Dianne Sherlock thanked Ms York for the report. Age UK's Close Encounters project had just received funding from the National Lottery for the next four years; the project helped people back into the community and comprised intensive one-to-one work. Age UK was happy to share the project with as many people as possible. Councillor Winnington said it was striking how Portsmouth's integration was seen as different; other areas wanted to learn from it and how it had reached its position. The Blueprint was great for Portsmouth to have as an ongoing position as the CCG moved to the Integrated Care Board. Portsmouth was fortunate to have the team and also its voluntary and community sector. The HWB was at the heart of the wider network of local organisations.

RESOLVED that the Health and Wellbeing Board note the update.

46. Integrated Care Partnership Strategy (AI 11)

Ros Hartley, Director of Partnerships, Hampshire & Isle of Wight Integrated Care Board (ICB), introduced the report and highlighted the five priorities. The focus was on major aspects that would make a difference rather than numerous smaller ones while avoiding duplication. Meetings in the next few weeks would agree the direction of travel for strategic priorities with the real work starting in the New Year, while still acknowledging short-term pressures. The Strategy was an opportunity to consider priorities differently. All the issues discussed today were important. Ms Hartley thanked all those who have engaged so far.

David Williams thanked Ms Hartley and her colleagues and noted it was an interesting transitional time. While the five priorities were laudable they showed that individuals with the greatest opportunity to influence them felt

they did not have sufficient voice through other parts of the system. It could result in the Integrated Care Partnership (ICP) voicing the areas that were missed but were not always at the forefront of delivery or spend, and the two parts of the system that should be together might begin to drift apart. The most important aspect was the wiring between the two parts of the system. It remained to be seen how influence between the ICB and the ICP would develop over time and how the ICB could influence up the chain; the latter being driven by constitutional priorities, none of which were in the five in the Strategy. All parties needed to continue to engage. Inequality was a key issue but organisations did not always know what they meant when they talked about it. Local authorities and not just the ICB had statutory obligations with regard to inequality. It was the ICP's strategy not the ICB's. Allocating resources would be a challenge but the Portsmouth voice of place had to be heard.

Councillor Winnington agreed the issues were critical and that the ICB would be pulled in two different directions on a statutory basis. The question had arisen at recent conferences. At one the NHS Chief Executive had described her priorities but they were not linked to strategies emerging from ICPs, which focused on prevention. The ICP Strategy's priorities fed into the council's priorities. Much of the funding came from the ICB. Integrated working was very important as Portsmouth could have so much influence and say what worked well. The matters discussed today related to the wider determinants of health and wellbeing in the population which were much broader than GPs, hospitals and the social care system.

Councillor Vernon-Jackson said Portsmouth had significantly better integration of health and social care services, for example, hospital discharges were better and quicker than in Hampshire. Therefore, other areas should aspire to Portsmouth's standards and not reduce them. The ICB should fight to keep Portsmouth's high standards. Mr Williams said this was why organisations needed to understand what they meant when talking about inequalities and outcomes.

RESOLVED that the Health and Wellbeing Board note the update.

47. Social Value report (AI 12)

Natasha Edmunds, Director of Corporate Services, introduced the report.

Helen Atkinson said social value aligned with the Health & Wellbeing Strategy and underpinned the ethos of how organisations worked together. It would be brought back to a development session to see how everyone has taken responsibility for the priorities. The organisations on the Board were major employers and how they did business impacted on residents. Social value was aligned with other issues such as climate change and the work done by QA Hospital, as illustrated in Mark Orchard's report.

Members said since procurement rules had changed in 2021 there was much more scope for applying social value in the best in the community's best interest, not just obtaining value for money. The move from policy to practice could bring together the massive need in the city with the massive will to give

if done well. The pressure to keep surviving sometimes pushed out space for creative thinking. However, a policy with live examples would help the model to be understood and embedded. Other organisations were welcome to adopt the model.

RESOLVED that the Health and Wellbeing Board

- 1. Note the activity underway to develop a social value approach**
- 2. Consider the opportunities that exist for expanding the approach in the city**
- 3. Consider if the topic would be helpful for discussion in a future development session to explore ideas in more depth.**

48. Dentistry (AI13)

Jo York, Managing Director, Health & Care Portsmouth, introduced the report, which had been requested by a Notice of Motion at Full Council on 11 October 2022. The Integrated Care Board (ICB) took on responsibility from NHS England for commissioning dentistry, optometry and pharmacy services in July 2022. Commissioning at ICB level gave the opportunity to consider matters from a more local perspective. The regional commissioning and contract team was very small and specialist and ensured consistency but this created tensions with what happened locally. Despite the best intentions the team has been unable to develop relationships with local providers. However, it was early days and the ICB was working closely with NHS England during the transition. The ICB was considering governance and delegation so that arrangements had a local flavour but with a consistent approach across the region.

There were still huge challenges in recruiting NHS dentists and ensuring equitable access because of levels of deprivation. Hampshire & the Isle of Wight was a priority in the South-East region and Portsmouth was a priority area there along with Gosport, Havant and the Isle of Wight. When the procurements for units of dental activity went online from April 2023 the ICB would have to ensure they were more successful than previous ones. The 2006 contract was acknowledged to have created perverse incentives so it was being renewed nationally; the process was part-way through.

The biggest challenge locally was recruitment. Dentists often worked where they trained but there was no local dental school. There had been reliance on dentists from the EU so international recruitment was now being considered. The ICB was working to increase training places and build relationships with providers in order to understand and resolve the challenges.

Helen Atkinson said that the Dental summit in June 2022 had recommended the creation of two steering groups: one to bid for a Centre for Dental Development based at the University's Dental Academy to bring more dental students to Portsmouth, and the other to focus on oral health. The latter group was bidding for transformation funding to extend the current oral health promotion to all schools and care homes to prevent the need for acute services. Students would be used in some schools and care homes and with the homeless. Fluoridation was controversial but was the most effective way to prevent childhood tooth decay. The Health & Care Bill proposed that the

Secretary of State had powers to implement fluoridation, rather than local authorities.

The Chair said expectations had to be realistic but everyone was working on how best to resolve the challenges.

David Williams said the choice of priorities would impact on the delivery of services. It did not strongly appear in the report but there were glimmers on how the current procurement approach affected service equity. It would be interesting to see how the ICB interfaced with the Integrated Care Partnership and with regional and national policy. The way units of dental activity were awarded adversely affected areas of deprivation. Ms York agreed with the shortcomings of current contract. The challenge was that the less "dentally fit" a mouth the longer it took dentists to provide care, which meant they could not treat other patients. The question was how to have a locally commissioned service that recognised differences. Some areas of health have managed to do this more flexibly. The oral health strategy needed to be got right to get more "dentally fit" mouths. Ms Atkinson agreed as Portsmouth's population was doubly impacted. Poor oral health correlated with poor diet, especially one high in sugars. Health inequalities were greater as accessing services was difficult and if people could not pay for treatment they were doubly affected. It was not just a question of access but also understanding and not stigmatising hard to reach communities, an important lesson when commissioning services. It was the same with Covid when the most deprived communities did not always come forward for vaccinations; health services had to work differently to engage with them.

RESOLVED that the Health and Wellbeing Board note the update.

49. Update on the Air Quality and Active Travel priority of the Health and Wellbeing Strategy (AI 13)

Mark Orchard, Chief Financial Officer, Portsmouth Hospitals University Trust, introduced the report and mentioned the Portsmouth Green Partnership Charter which was signed last Friday. He thanked Dominique Le Touze for writing the report.

The Chair noted that active travel was linked to reducing obesity and improving wellbeing.

RESOLVED that the Health and Wellbeing Board note the update.

50. Terms of Reference for Health Protection Board (AI 14)

Dominique Le Touze, Assistant Director of Public Health, introduced the report, noting the Board was now the Health Protection Forum.

It was agreed to add Healthwatch to the membership.

RESOLVED that the Health and Wellbeing Board note the report.

The Chair thanked everyone for their reports and the interesting conversations. The meeting concluded at 12 noon.

The next meeting is on Wednesday 15 February at 10 am.

Meetings in 2023 are 28 June, 27 September and 29 November (all Wednesdays at 10 am).

Councillor Matt Winnington and Dr Linda Collie (Chair)