

MINUTES OF THE MEETING of the Health and Wellbeing Board on
Wednesday, 28 June 2023 at 10.00 am in the Executive Meeting Room,
Guildhall, Portsmouth

Present

Councillor Matthew Winnington, Cabinet Member for Community
Wellbeing, Health & Care (Joint Chair)
Dr Linda Collie, Clinical Lead/ Clinical Executive (GP) Health & Care
Portsmouth, Hampshire and Isle of Wight Integrated Care Board (Joint
Chair, in the Chair)

Councillor Lewis Gosling, Conservative group
Councillor Suzy Horton, Cabinet Member for Children,
Families & Education

Helen Atkinson, Director of Public Health, PCC
Roger Batterbury, Healthwatch Portsmouth
Sarah Daly, Director of Children's Services & Education, PCC
Sharon George, Housing, PCC
James Hill, Director of Housing, Neighbourhood & Building
Services, PCC
Andy McDonald, Chief Inspector, Hampshire Constabulary
Kelly Nash, Strategy Team, PCC
Terry Norton, Deputy Police & Crime Commissioner
Jo Pinhorne, Solent NHS Trust
Innes Richens, The Hive
Rachael Roberts, Adult Social Care, PCC
Sally Scattergood, Housing, PCC
Jon Sparkes, Solent NHS Trust
Jane Walker, Adult Social Care, PCC
David Williams, Chief Executive, PCC
Jo York, Health & Care Portsmouth

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

Dr Collie, Clinical Lead/ Clinical Executive (GP) Health & Care Portsmouth,
Hampshire and Isle of Wight Integrated Care Board, opened the meeting. She
welcomed Councillors Steve Pitt (Leader) and Graham Heaney (Labour
Group representative) and thanked those who had stepped down.

Apologies for absence were received from Councillor Graham Heaney,
Councillor Steve Pitt, Sarah Beattie (National Probation Service), Andy Biddle
(Adult Social Care, represented by Rachael Roberts and Jane Walker), Penny
Emerit (Portsmouth Hospitals University Trust), Paul Markham (Hampshire
Constabulary, represented by Andy McDonald), Kirsty Ranford (City of
Portsmouth College), Lorna Reavley (The Hive, represented by Innes
Richens) and Paul Riddell (Hampshire Fire & Rescue Service).

11. Declarations of Interests (AI 2)

There were no declarations of interest.

12. Minutes of previous meeting - 15 February 2023 (AI 3)

RESOLVED that the minutes of the Health and Wellbeing Board held on 15 February 2023 be approved as a correct record.

13. Integrated Care Board - Joint Forward Plan

Jo York, Integrated Care Board (ICB) Director for Portsmouth & Managing Director, Health & Care Portsmouth (HCP), introduced the report.

David Williams said it was a sensible strategy for what was quite a difficult time. It was important the voice of place came through clearly going forward in order to influence the strategy and its relationship with resources. The Health & Wellbeing Board (HWB) should keep a close eye on the Plan's many priorities, especially the factors that made the most difference to the population. There may be big battles ahead on equality and equity so the Plan should try to distil the myriad of conflicting priorities on distribution of resources into something workable.

Helen Atkinson requested it was minuted that the local Portsmouth place priorities in the report were not those HCP had formally raised and agreed; those in the report were a subset of what was agreed. In addition, there was nothing on health improvement and tackling inequalities. Kelly Nash confirmed they were a subset of what HCP had submitted and the priorities would be clarified by the HWB at its September meeting.

Councillor Winnington said the HWB had to be very conscious going forward that its priorities, which were agreed earlier this year, were reflected and fed back. If partners had the money to deliver it had to fit in with the priorities. Portsmouth was already in a good position as Community Safety and the Children's Trust Board had merged into the ICB. The Plan looked good but partners could either operate at the Hampshire and Isle of Wight (HIOW) or Portsmouth level; it was about working with partners. He accepted the Plan with Helen Atkinson's proviso as the HWB had to keep looking to see its priorities were reflected and its focus local.

Jo York explained the report was a draft and it was aimed to get a good draft by the end of June with sign off in July; the HWB's comments could be fed back. She acknowledged concerns about place and said Portsmouth were discussing with ICB colleagues how place sat within the ICB. There were advantages to working with HIOW but there needed to be clarity on what was done where. Workshops over the summer included one with wider ICB partners. Jo York and David Williams were progressing work on each of the four places to get voices heard and listen to ICS colleagues. She was happy to work with Kelly Nash to feedback comments with an update to the next HWB.

In response to Healthwatch's concerns that savings could affect patient care and services, Jo York said all ICBs nationally had been asked to reduce running costs by 30%. A mutually agreed resignation scheme was an opportunity for staff to leave before any operational redesign. However, the

ICB was aware there were a number of gaps and needed to consider what interim arrangements could be put in place. Gaps could be closed where staff had similar roles.

Sarah Daly said that as Portsmouth has deprivation and inequalities it had to lead on its priorities, take control, be proactive, say how to do something better and go to the right meetings. Innes Richens mentioned the new VCS (voluntary and community sector) HIOW network that interfaced with the ICS and advised it would be wise for the HWB to see how the VCS was structured and represented at both local and regional level. It was another voice that could influence at regional level. Jo York agreed the role of the VCS could be included in the ICB's next update to the HWB.

Helen Atkinson said many HCP people were supporting the ICP strategy delivery plans. For example, Hayden Ginns was leading the Children's priority delivery plans and Claire Currie the social connectedness (tackling isolation) delivery plan, which she was working with the Hive on, so HCP was at the forefront of influencing work in the ICS.

Terry Norton said a politician needed to be sighted at some point on developments with the HIOW VCS network, someone with whom Portsmouth could raise an agenda in government departments. Councillor Winnington said the issue had been discussed at the ICP Steering Group earlier this year. The group met again in July. It was chaired by his counterpart in Southampton with the role rotating annually.

Jo York and Kelly Nash would collate the HWB's comments for the draft Forward Plan, which must be received by 30 June, the accompanying letter could be distributed with the minutes.

RESOLVED that the Health and Wellbeing Board

- 1. Receive the report and support the approach to the development of the Joint Forward Plan.**
- 2. Note the work in progress to develop the Joint Forward Plan.**

14. Fusion Project update

Jo Pinhorne, Deputy Chief Operating Officer, and Jon Sparkes, Medical Director for Solent Adult Services, Solent NHS Trust, introduced the report. Lynne Hunt, current chair of Southern Health NHS Foundation Trust, had just been appointed chair of the new organisation, and the appointment process for the new CEO started next week.

Helen Atkinson said DPHs and AD Children's Commissioning leads had been meeting bi-monthly with the Southern Health Medical Director around on children's and sexual health services which enabled open and honest conversations. All teams and services were dependent on each other as they were fully integrated. Portsmouth staff in these areas felt they were being listened to and part of the conversation. Healthwatch agreed, adding that conversations should continue after April 2024 when the new organisation came into being. The Healthwatch chair was a community partner co-chair. Jo York noted that councillors at the Health Overview & Scrutiny Panel last

week wanted to continue the integrated approach. It was important commissioning linked into conversations with community partners. The rationale on integration was to improve services to residents as currently they were like buses in that residents could not access them at all or they all came at once. Residents only wanted to say something once. Engagement work was critical to get the right model.

Jon Sparkes said there had been much work on integration to reach this point, for example, the QA discharge figures showed how well Portsmouth was doing. The aim was to level up elsewhere rather than level down in Portsmouth.

Councillor Winnington thanked Solent for the report which he had requested as so far there had been nothing at the HWB on Fusion. Solent NHS focused on urban areas like Portsmouth and Southampton, which was one of its strengths. Southern Health had a chequered history and there was concern colleagues in the other organisations may think it was a takeover. Integration did not involve just the council and the NHS but VCS partners. Fusion was an opportunity to rebuild relationships with the VCS sector. He was concerned that the benefit of Fusion was still not apparent; there were real concerns about integration and how it would be implemented. Regarding the six-week engagement programme, he had not received an invitation about Fusion. The HWB represented the employees of the organisations involved in Fusion who lived in Portsmouth so he would like to see more engagement.

Jo Pinhorne agreed to feedback comments. She explained the new organisation had to be a foundation trust and out of the four organisations only Southern Health was a trust so it had to be the shell of the arrangement. She had been in conversations that showed a genuine desire to be part of something new. April 2024 was almost the start of work rather than the end where it would be decided which services were at what level. Partnerships would be new from then but work would continue. Partners were gathering feedback now as staff engagement was key as staff were the ones who delivered services.

Jon Sparkes had taken on his role as it gave community services a stronger role in helping to hear the patient voice. As one organisation it held more power, for example, building virtual wards in Portsmouth was different from Hampshire, so it could be fed back to the ICB that one size did not fit all. He acknowledged concerns that Portsmouth's successful models and services should be protected and not diluted or downgraded. However, wider services could provide more resilience, for example, Parkinson's nurses where there were currently only one or two in Portsmouth. Larger services such as community nurses would be place based; widening the scope meant learning from elsewhere.

Jo York acknowledged the concerns but Portsmouth had to be realistic about its challenges and demands, for instance, with mental health and workforce challenges. Fusion needed to provide resilience and then move together to develop what was best; community engagement was key. Services were still either hard to access or not joined up enough. Portsmouth could learn from

local authority colleagues. Fusion had to deliver along with the ICB, ICP, ICS and the Fuller Report on how to integrate primary care with community nursing. Everyone had a role to play as well as Fusion and the ICB to get health care where it needed to be.

Roger Batterbury agreed, noting that Healthwatches across the region had had to fight to get involved with Fusion and had continually asked questions about place. He asked if Penny Emerit was involved. Healthwatches had been asked what name the new organisation should have, which was perhaps not a very high priority.

Jo York admitted the project had not got wider engagement quite right yet. There would be no changes until April 2024 so in the meantime the ICB could support colleagues on wider engagement so everyone was clearer on the wider benefits for staff and communities. She would feedback the Board's comments to the ICB. The Chair noted regular updates would return to the HWB.

RESOLVED that the Health and Wellbeing Board note the report.

15. Better Care Fund update

Jo York, Managing Director, Health & Care Portsmouth, introduced the report. She explained that Jubilee House had closed and that it and the Victory Unit had moved into a new unit, the Southsea Unit, at Harry Sotnick House. There was a desire to rename the unit, perhaps on a Sherlock Holmes theme.

Councillor Winnington agreed the discharge to assess model showed the success of integrated working with the voluntary sector. The Better Care Fund was another area with financial pressures and was not receiving funding from central government. Getting discharge to assess right helped everything as it helped people leave hospital. Jo York agreed it was a real success story though there was still further to go to improve admission avoidance.

RESOLVED that the Health and Wellbeing Board

- 1. Ratify the submitted Better Care Fund End of Year Return 2022/23 v1.3.**
- 2. Approve the draft Better Care Fund Narrative before submission to national NHS England Better Care Fund Team on 28 June 2023.**
- 3. Approve the draft Better Care Fund Planning Template 2023/25 before submission to national NHS England Better Care Fund Team on 28 June 2023.**

16. Pharmaceutical Needs Assessment 2023

Helen Atkinson, Director of Public Health, introduced the report, explaining the role of PNAs and that choosing to publish the draft revised Pharmaceutical Needs Assessment (PNA) (option A) could put the HWB at risk of being challenged legally and could be a financial risk of not following the national regulations on producing a PNA. The ICB was trying to protect existing pharmacies during the cost of living crisis while managing the risk of not being able to employ qualified staff. If we followed Option A it could lead to poor

relations with the Local Pharmaceutical Committee (LPC). If the HWB chose the recommended Option B a supplementary statement on the proposed closure of the pharmacy at the Farlington Sainsbury's was not necessary due to not creating a gap in provision. The guidance has changed so that 100-hour pharmacies could reduce hours to 72 hours, which meant the Drayton pharmacy changing its hours would not create a gap. The Elm Grove pharmacy closure was included in the existing PNA. The map of pharmacy provision would be re-drawn.

David Williams supported option B, noting there were changes in the pharmacy market as in all retail. The HWB could stretch its wings and make recommendations to the ICB or direct to the Department of Health and Social Care (DHSC) for a need to review how the market was structured as it performed a public good and it was important to get the voice of local people. Councillor Winnington supported option B without issuing a supporting statement as that could put the out of hours pharmacy in Drayton at risk. If another pharmacy moved in they could refuse to do the additional hours. He agreed the Farlington Sainsbury's pharmacy was not very well used. Last year's PNA worked as it stopped a merger and had also helped the Hilsea pharmacy stay open. However, it was frustrating to be stuck between a rock and a hard place and government legislation changing at the wrong time did not help.

Helen Atkinson said only nine consultation responses had been received as consultation was only for pharmacies and professionals in the field. Councillor Winnington agreed the PNA was a useful tool and councillors could be made aware so they could raise the alert if they heard of pharmacies closing.

Jo York supported option B. All ICBs now have delegated commissioning responsibility for pharmacy but there were a number of challenges. The development of a community pharmacy strategy was at an early stage. It was important to engage with the ICB and other HWBs.

RESOLVED that the Health and Wellbeing Board

- 1. Consider the consultation responses in section 4 and appendix A;**
- 2. Decide to pursue option B as set out in section 5.1 and 5.2 without issuing a Supplementary Statement.**
- 3. Agree to make representations to the ICB, copying in other Health & Wellbeing Boards.**

17. Community Safety Plan update

Lisa Wills, Strategy and Partnership Manager, introduced the report.

Terry Norton gave an update from the Office of the Police & Crime Commissioner (OPCC). The net gain of about 635 police officers in HIOW would help deliver the Plan's priorities. A new geographical model with, for example, named officers in area cars and Area Commanders with response patrols, would help deliver priorities. The requirement for new officers to have a degree had been replaced with a more direct entry scheme which might encourage recruitment.

Last year the Home Secretary had requested a review on the unwarranted demand mental health was placing on policing. The review had identified the Humberside model of "right care right person" and led to an agreement to work on a national partnership between the police and health. Hampshire police had been asked to consider its response to the model. They have already been implementing a "Street to sweep" model for three to four years. The force was dedicated to protecting people and still acted where mental health issues involved criminality, Section 135 of the Mental Health Act (MHA), life was at risk, excessive violence in hospitals, or people were missing but with the latter it had to be asked what was appropriate for the police to do, for example, returning a child under the care of social services who kept running away. Under Section 136 of the MHA there were now mental health ambulances, unmarked vehicles to move people subtly and community cafés where situations can be de-escalated. Hampshire was in a good place with relations between frontline officers and mental health services. However, the issue of the police and mental health may need to return to the HWB. The Chair commended the police involvement with Project Fusion.

Sarah Daly said the report was valuable and voiced concern on the short-term funding on place-based work in the city. For example, in the summer there were many negative reports about groups of young people so resources were needed for community outreach. It was noted the police were funding work at the Hotwalls to tackle anti-social behaviour. It was important to reflect on the partnership working between health and the police, especially with trafficked children who were most vulnerable and at risk of exploitation.

RESOLVED that the Health and Wellbeing Board note the report.

18. Violence Against Women and Girls Strategy

Caroline Hopper, Corporate Projects Manager, introduced the report and said it was important to note that Violence Against Women and Girls (VAWG) covered a spectrum of behaviours such as honour-based violence and was not only domestic abuse. The Domestic Abuse Strategy Group had welcomed the VAWG Strategy at its meeting yesterday. Everyone needed to be aware of risks such as agendas that did not recognise all forms of abuse and to consider how organisations communicated effectively so that no-one felt the issue was not about them.

Councillor Horton thanked officers for the report and urged them to keep the golden opportunity of working with schools, for example, via the Portsmouth Education Partnership, as they were always used as a mechanism for social change. Girls were more confident in speaking out but were still immersed in a strong patriarchy which could lead to incidents or mental health issues. It had to be embedded across all the council's work and not just be tokenistic. Lisa Wills said the Is This Love? campaign was now a priority for Health & Care Portsmouth and had been delivered to all senior schools in Portsmouth. Terry Norton said the police already commissioned so much but could not reach everyone and welcomed the 2022 statutory guidance on relationships. Regarding a consistent approach in schools and what happened with those who withdrew, Councillor Horton said it was a more a matter of culture rather

than specifying the curriculum. Telling people what to do was not the best way to change culture.

In response to questions, Caroline Hopper confirmed there were plans for further consultation on workstreams as the strategy was going to be co-produced with key stakeholders. With regard to preventing duplication with other local authorities, their strategies primarily focused on domestic abuse whereas Portsmouth was minded to cover the whole spectrum of abuse. Portsmouth was building a better picture of local need and where there was best practice which could be built on. It was seeking to map what is available at a regional level so that the VAWG Strategy did not sit alone. Boys and men would be included as they were also affected. There would be a place for everyone affected. The OPCC's offer to share information specific to Portsmouth was welcomed.

RESOLVED that the Health and Wellbeing Board approve the development of a city-wide Violence Against Women and Girls (VAWG) Strategy.

19. Health & Wellbeing Strategy - Housing

Sharon George, Interim Head of Housing Need, Advice & Support, and Sally Scattergood, Assistant Director of Housing, gave a verbal update and tabled a presentation.

In response to questions, as a result of Covid a rough sleeping pathway had been developed for about 105 rough sleepers as Housing wanted to use the opportunity to engage with them and work with other teams to offer support with health and any other needs. A rough sleeping day service is still operating and staff are proactive and go out on the streets to offer support. The HWB commended the phenomenal success of the rough sleeping pathway and the small number of evictions from supported temporary accommodation. It supported the training on damp and mould for frontline staff such as social workers and health visitors who see it when they visit homes. The development session on the Housing priority could examine the issues in the presentation more detail.

The Positive Relationships priority of the Health & Wellbeing Strategy would come to the HWB's next meeting.

RESOLVED that the Health and Wellbeing Board note the update.

20. Stroke Recovery Service update

Rachael Roberts, Deputy Director of Adult Social Care, and Jane Walker, Head of Adult Care & Support introduced the report.

In response to questions, officers said the council could no longer resource the service. It had been delivered by moving money around but this had become more challenging and there was no longer the funding. There was no doubt the service had provided bespoke support for stroke survivors and it was a difficult decision to withdraw from a discretionary service. However, there were other services in the city and in 2022 the NHS had published a

national stroke service model which advocated that services could be provided by the VCO sector amongst other sources of support. Although such a model had not been rolled out in Portsmouth it could be implemented.

Innes Richens was wary that a gap in support may mean picking it up later. Healthwatch shared his concerns and said there had been a local petition. The HWB was a body that could highlight the concerns, which could go to the Portsmouth Health & Care meeting on 12 July and then return to the HWB.

Councillor Winnington was pleased the service had had an extension but it was frustrating there had been no progress with the pathway although it was published last year; other areas had progressed with it. Portsmouth was the only place in HIOW which had such a service but it had never had underpinning funding. The matter could be raised to the HIOW level as a strategy was needed. There had been discussions with the local Stroke Association but more local conversations were needed.

The council had consulted with health colleagues about the possible impact if the service was withdrawn. Primary care was more likely to be affected but there was a robust stroke service in place. The council was looking to see if the voluntary sector had capacity to fill the gap. Dr Collie had met the Director of Adult Social Care to express concerns. There could be questions of equity if other conditions did not have a similar service.

RESOLVED that the Health and Wellbeing Board note the report.

21. Dates of future meetings

The dates of future meetings in 2024 (all Wednesdays at 10 am) were confirmed as 6 March, 26 June, 25 September and 27 November.

RESOLVED that the Health and Wellbeing Board note the dates.

Remaining meetings in 2023 are 27 September and 29 November (both Wednesday at 10 am).

The Chair thanked officers for their reports.

The meeting concluded at 12.27 pm.

Councillor Matthew Winnington and Dr Linda Collie (Chair)