

RECORD OF THE MEETING of the Health and Wellbeing Board on
Wednesday, 6 March 2024 at 10.00 am in the Executive Meeting Room,
Guildhall, Portsmouth

Present

Councillor Matthew Winnington, Cabinet Member for Community Wellbeing,
Health and Care

Councillor Steve Pitt, Leader of Portsmouth City Council
Councillor Suzy Horton, Cabinet Member for Children, Families &
Education
Councillor Lewis Gosling, Conservative group representative
Councillor Graham Heaney, Labour group representative

Bernie Allen, Deputy Place Director, Integrated Care Board
Helen Atkinson, Director of Public Health, PCC
Roger Batterbury, Healthwatch Portsmouth
Andy Biddle, Director of Adult Social Care
Natalie Brahma-Pearl, Chief Executive, PCC
Sarah Daly, Director of Children, Families & Education, PCC
David Goosey, Portsmouth Safeguarding Adults Board
James Hill, Director of Housing, Neighbourhood & Building Services
Gemma Nichols, Portsmouth Creates
Terry Norton, Deputy Police & Crime Commissioner
Dr Jason Oakley, University of Portsmouth
Jo Pinhorne, Solent NHS Trust
Lorna Reavley, The Hive
Paul Riddell, Hampshire & Isle of Wight Fire & Rescue Service
Dr Mark Roland, Portsmouth Hospitals University Trust
Frances Soul, Portsmouth Education Partnership

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

Councillor Winnington, Cabinet Member for Community Wellbeing, Health and
Care opened the meeting. He noted that Bernie Allen of the Hampshire & Isle
of Wight Integrated Care Board (HIOW ICB) was replacing Jo York.

The Board thanked Paul Riddell, who was leaving the Hampshire & Isle of
Wight Fire & Rescue Service at the end of March, for his contribution to the
Health & Wellbeing Board (HWB) over the years.

Apologies for absence were received from Dr Linda Collie (Clinical Lead/
Clinical Executive (GP) Health & Care Portsmouth, HIOW ICB), Sarah Beattie
(Probation Service), Penny Emerit (Portsmouth Hospitals University Trust,
represented by Dr Mark Roland), Superintendent Mark Lewis and Assistant
Superintendent Paul Markham (Hampshire Constabulary), and Joanne
Shankland (City of Portsmouth College).

2. Declarations of Interests (AI 2)

Councillor Winnington declared a non-prejudicial interest in agenda item 8 as
he worked for Home-Start Portsmouth.

3. Minutes of previous meeting - 29 November 2023 (AI 3)

RESOLVED that the minutes of the Health and Wellbeing Board held on 29 November 2023 be approved as a correct record subject to the following amendments:

Minute 37

Paragraph 2, line 7 - "Jo Shankland is a member of the PSCP Board representing Further Education."

Minute 41

Paragraph 1, line 2 - "The majority of Portsmouth schools are now in one of 14 Multi-academy Trusts and share responsibility for the results along with the Local Authority and its schools."

Paragraph 1, line 9 - "Portsmouth has been designated one of 24 Priority Education Investment Areas (PEIA)."

Paragraph 4, line 2 - "Students joining at Entry Level, Level 1 and 2 because of not having Maths and English."

4. Matters arising

Stroke Recovery Service - minute 20 (28 June 2023)

Andy Biddle, Director of Adult Social Care, said that the Stroke Association (SA) had been asked to look at other sources of support and present practice research which could be shared with ICB colleagues but he had not heard yet, probably because of staff absence at the SA. He would pursue the matter and bring a proper update to the HWB when he had had a response.

Tackling Poverty Steering Group - minute 40 (29 November 2023)

James Hill, Director of Housing, Neighbourhood & Building Services, noted that the Tackling Poverty Steering Group was now the Tackling Poverty Partnership Group and a formal sub-group of the HWB. It had met to assess its purpose, format and aims and to develop a shared action plan around partnership working, access to information (for residents, services, volunteers etc), food security, resident engagement and involvement, and employment and skills. The Spring budget statement took place today but so far there had been no formal government announcement about the continuation of the Household Support Fund (HSF) after 31 March. The HSF was very significant for Portsmouth as it provided around £3m for a range of support to help with the cost of living. At its February meeting the Cabinet had agreed to continue to provide support for 2024/25, including the Cost of Living online hub and helpline, support officer, and support for voluntary sector provision, including the food support network. HWB members were asked to share the link with their organisations so it was clear for residents and employees where they could seek support. A progress report would be brought back to the HWB.
[Post-meeting note - Link was sent to the HWB on 8 March 2024]

5. Age Friendly City (AI 4)

Alan Burnett (President) and Steve Bonner (Chair) of the Pompey Pensioners Association (PPA) made a deputation about the priorities and concerns of older residents. The HWB thanked them for their deputation.

Andy Biddle, Director of Adult Social Care, introduced the report and explained its purpose was to demonstrate how Portsmouth was working as an age friendly city. He thanked all those who had contributed to the audit. The council would continue to support partners to analyse gaps in provision. Everyone knew cash was tight but there were probably measures everyone could do. Some council officers had met the PPA and were looking at the areas mentioned in the deputation.

In discussion, the following points were raised:

Councillor Heaney had attended a Q & A session with the PPA and Councillor Pitt and thought there was some mismatch with the Ageing Population Strategy and communications, for example, the PPA was unaware there had been a report on the age friendly city at the HWB's September meeting. The council needed to publicise its activities so people who worked with older people were aware of available support.

Councillor Horton mentioned the current survey on bus shelters and offered to refer the request for using bus passes later at night to the BSIP (Bus Service Improvement Plan). Children singing carols in care homes was an example of intergenerational work but it might not be communicated adequately. From her experience of supporting older people she asked where carers could go for support. The Carers' Centre was brilliant as carers were surrounded by information that kept the cared for person independent.

Councillor Pitt noted there was a shortage of trustees and a struggle to recruit them so more should be done to promote vacancies and not waste older people's experience. Volunteering was beneficial as shown by an audit conducted by Boathouse No.4 on the benefits their volunteers gained. He would pass on the PPA's request of having an article on the PPA and its calendar of meetings in Flagship each year.

Helen Atkinson said a huge amount of work was being done on social connectedness (tackling loneliness), one of the priorities for the Integrated Care Partnership, but it was a question of how to promote it. Volunteering was a good opportunity to tackle loneliness and was the theme of a recent meeting. Examples included choirs working with younger people with mental health or those with dementia. Organisations needed to work with the voluntary and community (VCO) sector on how to market opportunities. Councillor Winnington had discussed with the Hive recently how to interact better with people who wanted to volunteer as many wanted to do it. *[Post-meeting note - The PPA's manifesto was sent to the HWB on 6 March 2024]*

RESOLVED that the Health & Wellbeing Board

- 1. Note the outcomes of the activity audit;**
- 2. Support ongoing work as set out at paragraph 4.2 to establish gaps in provision and formulate recommendations to address these.**

6. Portsmouth Safeguarding Children Portsmouth Partnership Annual Report (AI 5)

Scott MacKechnie, Independent Chair & Scrutineer of Local Safeguarding Children Partnerships, introduced the report and gave a few highlights. The Scrutineer part of the role was new and an opportunity to review governance and improve outcomes for children and families. Pressures on the system were the legacy from the Covid pandemic, the cost of living, recruitment and retention of staff, and increased complexity of need. The steady increase in eligibility for free school meals in the last seven years showed the impact of poverty. The Family Support Plan was launched in January 2023. The training team was growing a safeguarding culture across the city to help identify the most vulnerable children. There was an increased demand for universal services and an upward trajectory to the Multi-Agency Safeguarding Hub but a reduction in children referred to Tier 4 (the highest level of intervention). Portsmouth had a strong Compact Audit. The Partnership continued to refresh its priorities and had developed a new strategy for 2023/25.

Sarah Daly said Portsmouth's Partnership was agile and could respond as need arose. The introduction of a Head of Adolescents and Young Adults post has led to progress on risk and exploitation, for example, through relationships with the British Transport Police, and seeing the child first. Where children had been taken to rapid review none had been taken to an extended panel review as learning was done quickly. In response to questions, she explained the neglect identification and measurement tool was clunky but now the lived experience of the child and family was taken into account so plans could be implemented far more quickly. Practitioners continually saw neglect, sometimes to the point of exhaustion, and had to see when they needed to implement the right intervention. She would correct the figure of 62.6% at the end of page 12 in the report.

Natalie Brahma-Pearl said the report was very thorough and it was good to hold up a mirror. Firstly, she asked if the next report would see a reduction in the number of electively home educated (EHE) children. Ms Daly said there had been a small increase but smaller than nationally. Reasons for home education were shifting but were still linked to the pandemic such as anxiety and mental health. Some children returned to school in a relatively short time. The EHE Team saw that the education met the child's needs and could help them return to school.

Secondly, in relation to the high levels of obesity for reception age children and the low numbers of GPs, dentists and health visitors in the city, the HWB might need to raise the role of health visitors as they interacted with pre-school age children; otherwise children would be obese teenagers and adults along with the ensuing health problems. Ms Daly said the issue started pre-birth with midwifery and was linked to the importance of a child's first 1,001 days and school readiness. If parents were not supported at the earliest opportunity then children could not be given the best start. The social experiment of lockdown did not work for children because of the lack of activity and socialisation. Organisations needed to ask what they could offer parents. Ms Atkinson thought obesity was a bigger problem than the first 1,001 days; it was a national and international problem. There were

worsening rates of poor diet, alcohol and substance misuse, and lack of exercise. According to Marmot pre-birth was more important as it impacted on long-term conditions. It was a whole societal issue as people lived in a world where everything was expected to be fast and easy, for example, takeaway meals. The HWB represented some of the city's biggest employers and their role as anchor institutions could reduce demand on the Emergency Department. The HWB had to change the conversation and take major action.

RESOLVED that the Health & Wellbeing Board note the report.

7. Homelessness Strategy (AI 6)

James Hill, Director of Housing, Neighbourhood & Building Services, and Jo Bennett, Assistant Director, Housing Need & Supply, introduced the report. HWB members were particularly asked to think how different partners could be part of the Street Homeless and Rough Sleeping Partnership and working groups to achieve the five strategic aims.

Terry Norton noted that the link between homelessness, criminality and shoplifting was increasing whereas other crime seemed to be decreasing so it would be good if the police could be involved with discussions on homelessness. Councillor Pitt recommended a focus on the way the homeless were exploited by networks as there was no evidence they were criminals; people on the streets needed support. The government's change of policy last August on leave to remain led to a huge amount of work for Ms Bennett's team, for which thanks should be put on record, and was then reversed. There has been a huge change in the type of people on the streets, who were not the same demographic as seven years ago. Section 21 notices have led to increases in homelessness because some landlords wanted to evict and not because they were selling the property. Families were struggling with rising rents, even those with working parents, and pleading for support. National changes in policy were needed so the council could intervene earlier. Support should be embedded in structures; the council should not have to be creative to find solutions, otherwise an "absolute bomb" would go off when families reached a cliff edge.

Dr Roland said QA had recently had its second fire break week which included a presentation on homelessness. There was a small but significant "tail" of people stuck in hospital as they were homeless. He hoped Sister Kerry Gilbert would link up with Ms Bennett. He also noted that the disadvantage to young people caused by the pandemic through lost confidence and the ability to engage in normal life was underestimated. The impact on health and social care services was significant, for example, at times up to half of the patients in paediatric wards were young adolescents with mental health issues.

David Goosey welcomed the strategy. The Portsmouth Safeguarding Adults Board (PSAB) had discussed the deaths of adults, some of whom were ex-offenders. It was seeking about £15,000 to examine barriers to housing ex-offenders; any contributions were welcome. The PSAB would be happy to help with the new safeguarding policy. Terry Norton said the police had integrated offender management homes and had about £10m available for

commissioning so although he could not make a commitment he invited approaches. £500,000 was also available in the Anti-Social Behaviour Fund. Councillor Winnington had seen many changes in his role as a support worker such as people being homeless who had never been homeless before.

RESOLVED that the Health and Wellbeing Board

- 1. Note the new Homelessness Strategy 2024 - 2029;**
 - 2. Note the Five Strategic Aims of the Strategy and the next steps to develop action plans;**
 - 3. Note the change in emphasis of the previous partnership board and identifies where HWB partners can engage with the partnership and the working groups to achieve the strategic aims;**
 - 4. Promote the strategy and its aims with HWB partner organisations.**
- 8. Positive Relationships - Health & Wellbeing Strategy thematic update (AI 7)**

James Hill, Director of Housing, Neighbourhood & Building Services, gave a verbal update. Notes of the well attended development session on positive relationships in November 2023 had already been shared with the HWB and today provided an opportunity to update on two pieces of work that would take forward the positive relationships work: a 'systems' review of the services provided to street homeless and a Positive Relationships conference.

Systems review of street homeless services

This work was already highlighted as an action arising from the Homeless Strategy and formed part of the Strategy's action plan. The scope included services that were commissioned or provided by Public Health and the Housing Service in the Council and both Helen Atkinson and James Hill had agreed with respective Cabinet Members that services would participate in the system review. They asked the Council's systems development service to scope the work and Dave Adams (Lead Interventionist) had spent time with the day service and the outreach teams. He confirmed the scope of the review worked and there was room for improvement or scope to improve the current system. It was clear that though the scope initially focussed on specific services, the cohort accessing the services would have multiple contact points with the health and wellbeing system, the voluntary and community sector services, and would pull in learning from previous work on adults with complex needs and learning from the findings of the recent Adult Safeguarding Board's review of adults who had sadly passed away whilst being street homeless. The work would also give rise to challenge, and question if services were joined up in the way they were providing services and/or had the right offer in place. There was also scope for this work to help inform how services would build on the development year they were in for the Health Determinants Research Collaboration work.

Work to prepare for a systems intervention was commencing, including:

- Forming the intervention team and identifying key resources to be involved and exploring opportunities for others to be involved;
- Essential resources include HNAS/Public Health/ASC/SDS;

- Development session attendees agreed the need to have a steering group to complement the reporting line to the HWB and the Council's Cabinet structure;
- Looking to commence the initial phase of work in April (lasting approximately 4 to 6 weeks).

Commitment would be to the check phase so there was an opportunity for a team representing the services currently involved in the commissioning and delivery of the day services and outreach to study the system from the perspective of the 'cohort' accessing/using the services. Detail from this phase would be brought back to partners to review and agree the next steps to 'redesign' the service with scope to flex the boundaries of the redesign.

Summary

- The development session created a clear consensus (and appetite) to find a vehicle to continue the work to support adults with complex needs.
- The rough sleeping day service and outreach service was an area identified in the Homeless Strategy for improvement and the scoping confirmed both the scope for improvement and the suitability for a systems approach and a clear connection to previous learning.
- The HWB would be updated. It was hoped the work would be exciting and make a marked difference and perhaps prevent homelessness in the first place.

Dr Oakley gave an update on the Restorative Relationships & Practice conference taking place (provisional date Monday 15 July) in the University's Eldon Building that hoped to attract around 200 delegates. It was jointly organised by the council, University, NHS and VCO sector, and was funded by NHS workforce training and education. Delegates would learn about initiatives such as pro-social tools and Schwartz Rounds.

RESOLVED that the Health and Wellbeing Board note the update.

9. Family Hubs and Start for Life (AI 8)

Amanda Hales-Owen, Head of Integrated Early Help and Prevention, introduced the report, noting that Family Hubs supported families with children aged up to 19 (25 if they had special educational needs and disabilities), unlike Children's Centres. When creating the Family Hubs officers looked at JSNA data and outcomes they wanted to improve and noted key gaps. Parents did not want a "one size fits all" approach. Start for Life was a way of giving information for support in a child's first 1,001 days and not just online. There was more work on perinatal and parent / infant relationships because of the grant weighting, for example, six-to-eight week observation for new babies, earlier intervention by speech and language therapists and the PEEP approach to make the most of home learning environments. Recruiting health visitors was a challenge so officers needed to use current resources differently. Some of the workforce were qualified nurses doing extra training to be either health visitors or school nurses. VCOs were being commissioned to run universal sessions. Finally, the programme had to be sustainable when funding ended in March 2025.

Terry Norton was reassured to hear the Family Hubs went up to age 25 as there was often a gap between children's and adults services so people had to wait for support. Bridging the gap was very important. Councillor Horton was thankful for Home-Start who had performed a miracle in obtaining funding and starting work. She echoed comments on the short-term nature of funding, the cliff edge when it stopped and how to plan the way out of it. Lockdown was an experiment "that would never have got through an ethics committee," leading to some school-age children not being able to dress themselves or go to the toilet and their parents thought it was the authorities' role to teach them. It was a question of how to promote the sense of "it's everyone's business" for issues such as weight and toileting the same as with safeguarding. However, she was optimistic.

Sarah Daly thanked Ms Hales-Owens and her team as they have worked above and beyond in setting up the Family Hubs and Start for Life.

RESOLVED that the Health and Wellbeing Board note the report.

10. University of Portsmouth - Making Contextual Offers (AI 9)

Dr Jason Oakley, Head of the School of Health & Care Professions, gave a verbal update, noting there was a real increase in awareness of the University's importance in the civic agenda. It wanted to raise aspirations and remove barriers. Higher education had its own funding issues and entrance was increasingly competitive. There was a worrying decrease in applications to nursing courses; it was hoped the postgraduate medical school would start with 54 students who would then stay in the area, likewise with nurses and radiographers. Postgraduate courses had a 20% discount for alumni to build up the momentum to stay in the area. Contextual offers meant looking at an applicant's circumstances very carefully and then making a bespoke offer which recognised the challenges they had had getting this far. Some information about the policy was commercially sensitive but for art courses a portfolio of work was more important than grades in showing potential and all health care courses used interviews to assess aptitude and personal qualities.

In discussion, the HWB welcomed the medical school as Portsmouth was really struggling with the GP to patient ratio. The Clinical Director of the Dental Academy had said that 70% dentistry could be delivered by the wider dental team. Dentistry also took place in the community like care homes and early years settings. The University was the key partner in the HDRC bid which was bringing £5m to the city. The HDRC work could further understand why people were not finding the right pathway to university. Healthwatch noted the University offered some great opportunities to involve patients. Councillor Winnington thought the HDRC would make a big difference and the University was a key partner along with the Hive. He thanked Dr Oakley for his report and the University for keeping aspirations in the city high. *[Post-meeting note - the slides were published on the website]*

RESOLVED that the Health and Wellbeing Board note the update.

11. Combatting Drugs Partnership Annual Report (AI 10)

Alan Knobel, Public Health Principal, introduced the report and highlighted key points. Additional government ring-fenced funding had increased investment in services, targeted work and staffing. The number of people successfully in treatment had increased by about 25%; however, there was a reduction in opiate users accessing treatment which was now a government priority. More crack users in Portsmouth were seeking treatment. Two new drugs specialist nurses at QA would hopefully identify users in a role similar to that of the specialist alcohol team. Heroin was being replaced by synthetic opioids that were more dangerous and unpredictable. If users smoked as well as took drugs it created a whole raft of conditions. Women represented a quarter of people in drug and alcohol treatment so more specific, holistic and multi-agency provision was needed as they had different needs and traumas. There was a high prevalence of domestic abuse by male perpetrators in the drug and alcohol treatment system. The OPCC was leading with workshops and action planning to engage with prison leavers, a major area of focus in Portsmouth, the Isle of Wight and Southampton.

Councillor Pitt noted national coverage of drug users in the LGBTQ+ community as misuse was roughly double that of other communities and asked if there were problems accessing services, perhaps because of sexual or mental health or isolation and users did not feel comfortable. Mr Knobel said it was a hidden issue as stimulants and patterns of use were different. There was a dedicated LGBTQ+ outreach worker and the service was developing links with sexual health services and other partners; staffing was more stable so work could develop. Terry Norton said the OPCC worked closely with services. Drug offences had very slightly increased. The force had introduced a drugs test on arrest to help signpost users to support. There was much work being done but more could always be done. Councillor Winnington thanked Mr Knobel for the report; the Combatting Drugs Partnership had met the previous day and the content was always very interesting, particularly around children and improvements in recent months.

RESOLVED that the Health and Wellbeing Board note the annual report.

12. Air Quality and Active Travel - Health and Wellbeing Strategy (AI 11)

Trevor Mose, Head of Sustainability at PHUT, introduced the report on behalf of Mark Orchard and highlighted achievements from the Air Quality and Active Travel Board. More hard-hitting campaigns as with smoking might be needed for air quality. Although it was up to individual organisations to produce active and green travel plans as they knew their staff, they were likely to be similar. Organisations were lucky to have support from the Highways Authority funded My Journey scheme as it gave access to initiatives like integrated ticketing and micro-mobility. Employers needed to promote them to their staff to encourage take-up. School Streets were a great opportunity to influence behaviour for life. The council has managed to leverage vast amounts of funding to increase the electronic vehicle charging infrastructure so the city could be ready as the proportion of electronic vehicles increased. The mutual benefits of the climate change aspect of air quality had not been exploited. The focus was currently on travel and transport but not linked to greening which could be a more productive way of campaigning. The role of Clinical

Champions in influencing behaviour could be expanded. The Board may need to take a systemic approach to see if anything had been missed.

In response to queries from Councillor Heaney about how widely travel plans were shared and monitored, Dominique Le Touze, Assistant Director, Public Health, said organisations were asked to share plans as part of the Air Quality and Active Travel Review but not all organisations were represented and some plans were not very advanced. It was for organisations to be aware of the potential impact and benefits of a travel plan. The Board could promote the opportunity but it would be helpful to gather the information. Mr Mose said QA was trying to achieve best practice; it was research intensive but the information was needed to make progress. Car parking always attracted interest. Councillor Winnington thanked officers for the report and Councillor Horton mentioned the bus shelter survey and extended hours for the older person's bus pass.

RESOLVED that the Health and Wellbeing Board note the report.

13. Any other business

Matt Gummerson, Assistant Director, Strategic Intelligence & Research, requested consent from the HWB, which it gave, to sign off a bid to the OPCC's Anti-Social Behaviour Fund for redeployable cameras on behalf of the Community Safety Partnership. Terry Norton recommended signing off any requests as one bid.

Dates for remaining meetings in 2024 (all Wednesdays at 10 am) are 26 June, 25 September and 20 November.

The meeting concluded at 12.10 pm.

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Councillor Matthew Winnington and Dr Linda Collie (Chair)