

THE MEETING of the Health and Wellbeing Board on Wednesday, 17 July 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 Raymond Dent, Portsmouth Independents Group
Councillor Suzy Horton, Cabinet Member for Children, Families &
Education

Roger Batterbury, Healthwatch Portsmouth
Andy Biddle, Director of Adult Social Care
Natalie Brahma-Pearl, Chief Executive, PCC
Claire Currie, Assistant Director, Public Health
Sarah Daly, Director of Children, Families & Education, PCC
Phil Foxton, Hampshire & Isle of Wight Fire & Rescue Service
David Goosey, Portsmouth Safeguarding Adults Board
Cate Mullen, Head of Inclusion, PCC
Lorna Reavley, The Hive
Peter Ridley, Portsmouth Hospitals University Trust
Frances Soul, Portsmouth Education Partnership
Mike Stoneman, Deputy Director of Education, PCC
Peter Woodward, Probation Service

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

Councillor Winnington, Cabinet Member for Community Wellbeing, Health &
Care, opened the meeting. The meeting had moved from the original date of 26
June so that it did not fall within the pre-election period for the general election
on 4 July.

The HWB welcomed Councillor Dent as the representative from the Portsmouth
Independents Party, and Chief Inspector Paul Markham, who had replaced
Superintendent Mark Lewis.

Apologies for absence were received from Dr Linda Collie (Clinical Lead/ Clinical
Executive (GP) Health & Care Portsmouth, HIOW ICB),
Councillor Graham Heaney (Labour group representative), Bernie Allen
(Integrated Care Board), Helen Atkinson (represented by Claire Currie), Sarah
Beattie and Paul Edwards (Probation Service, represented by Peter Woodward),
Penny Emerit (Portsmouth Hospitals University Trust, represented by Peter
Ridley), James Hill (Director of Housing, Neighbourhood & Building Services),
Superintendent Paul Markham (Hampshire Police), Gemma Nichols (Portsmouth
Creates), Terry Norton (Deputy Police & Crime Commissioner), Dr Jason Oakley
(University of Portsmouth), Joanne Shankland (City of Portsmouth College) and
Dianne Sherlock (Age UK).

15. Declarations of Interests (AI 2)

Councillor Winnington declared a non-prejudicial interest in agenda item 7 as he
worked for Action Hampshire.

16. Minutes of previous meeting - 6 March 2024 (AI 3)

RESOLVED that the minutes of the Health and Wellbeing Board held on 6 March 2024 be approved as a correct record.

The presentations for agenda items 4 (SEND) and 8 (Healthwatch) are on the website

[Agenda for Health & Wellbeing Board on Wednesday, 17th July, 2024, 10.00 am Portsmouth City Council](#)

17. SEND (Special educational needs and disability overview) (AI 4)

Mike Stoneman, Deputy Director of Education, gave a verbal update on the soon to be refreshed SENDAP Strategy (special educational needs & disabilities and alternative provision) and Change Programme. He outlined how the Strategy sat within the Children's Trust structure and its draft objectives. Portsmouth was working with Brighton & Hove and East and West Sussex County Councils at a regional level to test reforms that were set out in the recent Green paper. The investment through the Change Programme is also helping Portsmouth address local challenges. The SEND inspection anticipated for 2024 or 2025 would be for the local area, not just the local authority, and would now include alternative provision. Partners would receive briefings. The outcome would be a statement focusing on "experiences and outcomes" rather than a single word judgement. The Harbour School (run by Delta) had been judged Inadequate due to safeguarding concerns but was now on a trajectory to Good.

Mr Stoneman outlined strengths before moving to challenges, which included the need to increase attainment and progress for children with SEN support. However, the attainment for those with an EHCP (Education, Health & Care Plan) was comparatively good. Attendance was still a big national issue, particularly at secondary level but better at primary level. All settings reported difficulties in meeting SEN needs because of volume and complexity of needs. Portsmouth had nine inclusion centres and five special schools. The specialist nursery at Cliffdale had closed as more space was needed for school-age children. Hubs for children with SEN were being considered. Out of city placements were expensive and not good for families as they had to travel. Portsmouth was in a better financial situation than some areas but if the pressure on the High Needs Block continued the current DSG carry forward would be lost. Investment was needed for more early intervention to stem the tide and reduce pressure on the High Needs Block. Previously 90% of requests for an EHCP were completed within the statutory 20-week limit but this had dropped significantly due to capacity and demand. A recovery plan aimed to return compliance to the situation of 18 months ago is in place but could take up to two years to realise this. The majority of requests come from Early Years and KS1. Finally, current support and the role of the wider network were outlined.

In response to questions about capital inclusion grants, officers explained they were for educational settings rather than community based nurseries but Education was considering how to provide capital support in Early Years settings so it was a timely question. Officers recognised innovative practice from schools could be transferred to Early Years. Sarah Daly noted there were

significant questions for the new Secretary of State to address on SEND. A report expected in the next few weeks would show how broken the system was and propose recommendations on how to fix it. EHCP requests had increased 140% since the reforms were introduced in 2014. 19-year-olds had worse outcomes than ten years ago. As there was no point in inspecting a broken system there have been calls from many quarters to delay inspections of local areas until the Government has reviewed the position and set out clearly a way forward.

Councillor Horton used to get calls from parents about SEND every few months but now they were daily. Full Council had debated a Notice of Motion on SEND the previous day, where she had proposed an amendment to make it reflective of what the council was doing. In the absence of sufficient funding Portsmouth's best asset was its relationships; it constantly had to promote the narrative to both the engaged and the not engaged. Councillor Horton and Mr Stoneman had recently attended a DfE event which highlighted the connection between neurodiversity and digital addiction. Councillor Horton was proud of what the city did but it was frustrating there were still failings and it was not good enough for young people.

Councillor Winnington thanked officers for the good and necessary overview.

RESOLVED that the Health & Wellbeing Board note the update.

- 18. Health & Wellbeing Strategy 2022-2030 performance update (AI 5)**
Matthew Gummerson, Assistant Director, Strategic Intelligence & Research, introduced the report and summarised the Strategy's progress since the HWB had agreed it in 2022. Office of National Statistics (ONS) data was used to see if efforts to treat "the causes of the causes" were effective, but since the ONS had paused their Health Index due to funding pressures the council had created a dashboard of Portsmouth data using the Public Health Outcomes Framework. The report gave a chance to flag up emerging issues. The overall picture had not changed with four indicators improved, four decreased, 15 unchanged; 23 were significantly worse than England and five were better. Indicators were chosen as they were significant challenges for Portsmouth. It was important to note that national data had to be cleansed and compiled as it came from 2022/2023 and might not show yet if the HWB's approach was working. The HWB had to ask if it was seeing the changes it wanted to see.

Councillor Winnington thanked officers for the report and commended the innovative approach of tackling "the causes of the causes." The report had a positive approach but showed there was much work to do across the system and also the challenges where there was no control. It highlighted paradoxes such as high levels of both obesity and physical activity. The findings could be made available in different formats if requested.

RESOLVED that the Health & Wellbeing Board note the report.

- 19. Violence Against Women and Girls Strategy development update (AI 6)**
Caroline Hopper, Corporate Projects Manager, introduced the report. Work on the Violence Against Women and Girls (VAWG) Strategy started in 2022 and

the HWB approved its development in 2023. Since then officers had talked to key stakeholders and had had survey responses from over 800 residents. Meeting children and young people at the Unloc Student Voice event showed they were experiencing more insidious behaviours like racism and sexism rather than higher harm ones. Work showed the need for key overarching principles such as taking a trauma-informed approach and for VAWG work to be intrinsically linked to all areas as it was everyone's business. More work was needed to make it safe to explore unhealthy behaviours as the number who got support was relatively small. More was being done with less funding. Some messages from years ago still occurred, for example, difficulty navigating help and support, which could lead to deaths so more had to be done listen to people with lived experience. Early thinking confirmed the need for strong pillars of work around domestic abuse. The "Is This Love?" campaign had some success but there were still really low numbers engaging in support and having workplace conversations. The amount of sexual violence was relatively small but the fear of it was big. There was some success with the night-time economy, for example, Safe Spaces, but there was more to do across venues to ensure people felt safe. Continuum of discussion was needed rather than waiting for initiatives like White Ribbon and in ways people could hear without assuming one message suited everyone. As anchor institutions the HWB could be the change they wanted to see and ensure they did all they could, for example, gaining accredited White Ribbon status. The full report sought to align with the publication of the Safer Accommodation Needs Assessment and the Strategic Assessment Review in the autumn and would lead to an action plan.

Andy Biddle said the report showed the importance placed on a key issue in society. Clarity of communication was often the key along with giving people confidence they could make a difference. Change started with individuals. The message should be that VAWG was unacceptable. Councillor Horton welcomed the element of optimism in the report. The Portsmouth Education Partnership had developed nationally recognised toolkits and had commissioned work on peer on peer abuse, a piece of the jigsaw that needed referencing in the Strategy. Work should start in schools as it linked to relational practice and was an area where schools were crying out for support.

Ms Hopper said work in schools would be part of the early intervention workstream. Staff in schools were affected by the same issues. She acknowledged the Strategy included men and boys. The term VAWG had been taken from the National Police Chiefs' Council's definition which included anybody affected by behaviours, regardless of gender. Officers had discussed whether the Strategy's title could be clarified or have a different name but the behaviours disproportionately affected women and girls.

Councillor Winnington thanked officers for the report which was appreciated. It showed the steps everyone could do and he looked forward to the full report.

RESOLVED that the Health and Wellbeing Board note the report.

20. Integrated Care Partnership Social Connectedness priority (AI 7)

Claire Currie, Assistant Director of Public Health, introduced the report, noting that Helen Atkinson, Director of Public Health, was the Senior Responsible

Officer for the Social Connectedness priority of the Hampshire Isle of Wight Integrated Care System Strategy. This priority aims to complement the Portsmouth Health and Wellbeing Board Positive Relationships priority. Local Authorities and Voluntary and Community Sector representatives, as well as other colleagues, are working together with the aim of playing our roles to meaningfully involve and connect people to build a greater sense of belonging. Initiatives to contribute to the national Loneliness Awareness Week and a "sandpit" event held in collaboration with the NIHR Applied Research Collaboration (ARC Wessex) are recent examples of activities in support of this programme. As employers HWB members could ask themselves how they supported local residents and their staff in contributing to social connectedness.

Councillor Winnington mentioned Father Bob White's work in Fratton which had a fantastic response at the ICP's Assembly on Social Connectedness in February in Southampton. The events such as those in Victoria Park and Paulsgrove will be piloted in more economically deprived areas but could be used elsewhere. Councillor Winnington's previous job with a dementia support group had shown there were many unknown isolated people so there was much to learn.

RESOLVED that the Health and Wellbeing Board

- 1. Note the activity underway in the city to promote social connectedness.**
- 2. Consider opportunities for this work to further complement the positive relationships priority for the city.**
- 3. Consider examples or approaches which members of the Health and Wellbeing Board can contribute in their efforts to promote social connectedness through their roles as employers or in delivering services to local residents.**

21. Healthwatch Portsmouth: Health Inequalities Research Findings (AI 8)

Roger Batterbury, Chair of Portsmouth Healthwatch, gave a verbal update on the findings of the community based research into health inequalities. It was key that people were close to the heart of services and more joined up thinking was needed to include the digitally excluded. He hoped the findings could be the basis of an HWB development session in the autumn with Siobhain McCurrach (Director) and the project lead from the University of Portsmouth. Healthwatch would ask communities how to find solutions, take ownership and progress to the next step. A report was going to the ICB on 9 October from the point of the view of the wider Hampshire & Isle of Wight (HIOW) area. The main issues arising from the research were dentistry, primary care, appointments, the Emergency Department (ED) and SEND.

In discussion the following points were raised:

Awareness of HAF (Holiday Activities & Food) needed to be increased in view of some research participants saying they could not afford holiday clubs. If children were not in school then they would not know about HAF as information came via schools. In addition, e-bulletins and online booking for HAF were no help to the digitally excluded so other methods were needed. People who were isolated in the first place were at a disadvantage. Providing accessible information and not just online had to be more than a default. The PHUT could work with partners to

have the right conversation with the community on how to access the new ED. Healthwatch was working with partners on the next stage and had just published a report on access to information.

The feedback was useful and showed the importance of communications. For example, there were now more primary care appointments but public perception was otherwise and as perception drove behaviour clearer engagement was needed. Members agreed communities needed to be listened to in order to build trust. Using local community centres as information hubs reinforced the direction of work. The ICP was doing a survey to understand the digital inclusion aspect. A new health and employment lead (funded by the ICB) had started at the council. The postholder would be made aware of Healthwatch's findings.

Councillor Pitt said call backs were useless for people at work. Gatekeepers on reception sometimes gave the impression residents were a nuisance and some felt abandoned by GPs. This was a matter of poor practice and not money. He was happy to help Healthwatch, who noted this was a familiar experience.

From the Hive's point of view, employment and the lack of accessible taxis were huge issues for people with disabilities, along with access to healthcare.

Councillor Winnington thanked Healthwatch for their report. He agreed employment for people with disabilities or health conditions was often forgotten about. People should not have to hide mental health conditions as they had empathy and knew how systems worked. They could share their experiences, raise awareness and help colleagues with their issues. It was good the community had a voice in the research but outside support was needed to solve issues.

RESOLVED that the Health and Wellbeing Board note the update.

22. Dentistry in Portsmouth update (AI 9)

Simon Cooper, Director of Podiatry, Optometry & Dentistry, NHS HLOW, introduced the report and highlighted the context within which dentistry was commissioned. Firstly, people did not register with dentists as they did with GPs, a common misperception. Although dentists could keep a list of patients for regular appointments they were not obliged to keep someone on a list once a course of treatment ended. When a practice closed there was no obligation to find patients a new one which was the case when a GP practice closed. Secondly, dentists were paid according to units of dental activity (UDA) and if patients needed several UDAs the dentist was only reimbursed for the highest rated one. Every dentist could be paid different rates for UDAs. Dentists still had to handwrite prescriptions as they did not have electronic prescribing.

The latest data showed an increasing number of residents getting appointments so the situation was improving but some were still struggling to find an NHS dentist. The Dentaaid bus made 51 visits between February to June 2024. Dentaaid targeted the most vulnerable people by working with organisations like food banks. Dentaaid dentists were paid volunteers who were contracted differently from NHS dentists

The biggest challenge was the dental workforce. Whereas doctors had to work at least one year in the NHS after qualifying, dentists could work in the private sector straightaway. Mr Cooper would like the University's Dental Academy to become a School of Dentistry. However, in the meantime the ICB were engaging with individual contractors and the situation on the Isle of Wight had stabilised so that residents did not have to come to Portsmouth for treatment.

Councillor Pitt said the state of dentistry was a systemic failure of government for 80 years and any interference had made it worse. He acknowledged the situation was improving but continually having to shop around to find a dentist was unhelpful, especially if people with dental anxiety had to keep starting again.

Mr Cooper was having similar conversations in other areas, had spoken at a select committee on dentistry and had close links with the Chief Dental Officer. He had good relationships with the South East region, who were aligned about what they wanted to do, and was looking to engage widely and influence upwards to keep reinforcing messages.

Natalie Brahma-Pearl made three points. Firstly, if Portsmouth had a dental school the message could be reinforced to encourage young talent to work in the NHS rather than the more lucrative aesthetic dentistry. Secondly, there were only 12 dental schools in the UK compared with over 40 medical schools so there was a lower supply of dentists. The Cardiff dental school offered to pay students' fees if they stayed in the NHS for two years after qualifying. Thirdly, dentists did preventative work such as checking for conditions like mouth cancer which would cost more if not noticed early.

Mr Cooper noted that if there was a dentist in a deprived area people from other areas would travel there, so data needed to show who had appointments and what was making a difference. He agreed with comments on the link between tooth decay in children and hospital attendance. He was scoping out fixed sites Dentaaid could go to which would free up dental buses, possibly so they could be offered to schools. Getting consent for children to have treatment could be difficult but a video link to enable their parents to give consent might help reduce delays. Dentaaid's BrightBites was an oral health education programme for children which explained the importance of oral health. Public Health were aware of positive indications of a more national focus on oral health improvements.

Councillor Winnington noted the challenges but it was really good that more local people were seeing dentists. His time as a support worker had shown the importance of mouth health. The Dentaaid buses had made a big difference. He looked forward to an update, especially on the work in schools.

RESOLVED that the Health and Wellbeing Board note the report.

23. Portsmouth Community Pharmacy Summit - Six months on (AI 10)

Claire Currie, Assistant Director of Public Health, introduced the report and gave a brief overview of progress on the four themes arising from the Summit. There had been no pharmacy closures or consolidations since then. National

arrangements following on from the current contractual framework were still expected. She thanked colleagues for work to date in supporting the community pharmacy sector as it has been a collective effort.

Joanne Williams, Deputy Director Medicines Optimisation, and Hinal Patel, Community Pharmacy Clinical Integration Lead, outlined developments in the pharmacy workforce and training. From September 2026 newly qualified pharmacists would be prescribers and the Integrated Care System (ICS) multi-professional collaborative group were looking at prescribing capacity across all professions. Portsmouth Medicines Optimisation would offer two cross-sector training posts to support with supervision during the trainee year. The ICS workforce had worked with the University of Winchester on a new independent prescribing course which was more attractive to community pharmacy as delivery was hybrid.

On 31 January 2024 all elements of Pharmacy First went live. There were seven conditions that pharmacists that could treat without requiring seeing a GP. Since the Summit there had been much work on mobilising the service. As the ICB had commissioned SystmOne licences they could electronically refer patients to a community pharmacy. In February 700 patients were treated for the seven conditions which avoided GP or ED visits. Under NHS England's national Pathfinder pilot the ICB had six sites, including one in Portsmouth, for community pharmacies to support primary care. The ICB would monitor and evaluate the pilot once it had gone live to understand its impact and value. A national Healthwatch survey had shown 74% residents wanted to visit a pharmacy in the first place.

Councillor Winnington had convened the Summit with Councillor Vernon-Jackson and was really pleased with progress such as SystmOne licences linking in with Pharmacy First and the work done with Shaping Portsmouth. It had to be remembered that pharmacies were retail businesses as well as part of the health and care system. The connections made and the work at national level could productively link in with work in Portsmouth and the wider H10W.

RESOLVED that the Health and Wellbeing Board

- 1. Note the collaborative efforts across many partners to support Community Pharmacies in the city through seeking to optimise existing services as well as implementing new initiatives.**
- 2. Note that continued efforts are needed to ensure a strong Community Pharmacy sector in the city.**

24. Dates of 2025 meetings (AI 11)

The HWB agreed the dates of 2025 meetings - 5 March, 25 June, 24 September and 3 December (all Wednesdays at 10 am). Dates for remaining meetings in 2024 are 25 September and 20 November.

The meeting concluded at 12.10 pm.

Councillor Matthew Winnington and Dr Linda Collie (Chair)