

## HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING of the Health and Wellbeing Board held on Wednesday, 3 September 2014 at 9.00 am in Conference Room A, Civic Offices, Portsmouth.

### Present

Councillor Frank Jonas (in the Chair)

Councillor Luke Stubbs  
Councillor Neill Young  
Councillor Gerald Vernon-Jackson  
Councillor John Ferrett

Tony Horne  
Mark Orchard  
Innes Richens  
David Williams  
Julian Wooster  
Dr Janet Maxwell

### Non-voting members

David Williams & Julian Wooster

#### **17. Apologies for absence (AI 1)**

Apologies for absence had been submitted by Councillor Donna Jones and Dr James Hogan.

#### **18. Declaration of Members' Interests (AI 2)**

There were no declaration of members' interests.

#### **19. Minutes of previous meeting - 2 July 2014 - and matters arising (AI 3)**

RESOLVED that the minutes of the Health and Wellbeing Board meeting held on 2 July 2014 were approved as a correct record, to be signed by the chair, and there were no matters arising that were not covered elsewhere on the agenda.

#### **20. Disabled Children's Charter (AI 4)**

Matt Gummerson reported that this subject had been discussed at a previous HWB meeting, and the Portsmouth Disability Forum had requested that the

Health and Wellbeing Board sign up to this document (as attached to the report). The charter had also been discussed by the Children's Trust Board.

Councillor Gerald Vernon- Jackson suggested that the HWB be provided with an update on the new statementing regime; Dr Janet Maxwell agreed that this could be brought to both the HWB and the Children's Trust Board.

RESOLVED that the Health and Wellbeing Board sign the Disabled Children's Charter as a statement of their commitment "to improving the quality of life and outcomes experienced by disabled children, young people and their families, including children and young people with special educational needs and health conditions".

## **21. Influenza - Health Protection (AI 5)**

The report by Dr Janet Maxwell as Director of Public Health gave an overview of the role of the local authority in health protection issues and topical updates would be brought to the HWB, the first concerning influenza (flu).

Barbara Skinner explained the importance of the flu vaccination programme for the local population. Although PCC is no longer responsible for the commissioning it undertakes a supportive role to NHS England, and challenges and undertake surveillance.

The report set out the target groups (those most at risk at paragraph 7.1), and she reported that for the Over 65 group the take-up rate was above the 75% target (at 75.7%), from under 65s this was below 75% and there had been a decrease for pregnant women. For children there is no comparison information available yet. It was reported that all PCC staff dealing with the public would be offered vaccination and at Portsmouth hospitals the take-up had risen from 46 to 59.9%.

Questions were raised regarding the risks associated with a low take up of MMR vaccination, and it was reported that the rate exceeded 95% with a lower level for the 2<sup>nd</sup> vaccination, but staff are working to help maximise take-up.

In response to Cllr Ferrett's question on the cost of PCC staff being vaccinated the following information was later provided:

## Potential Costs for Staff Flu Vaccination by Service

Service	Headcount at 1/1/2014	Cost by Uptake Rate (Based on £8.33 per staff member)				
		20%	40%	60%	80%	100%
Adult Social Care	849	£1,414.43	£2,828.87	£4,243.30	£5,657.74	£7,072.17
Chief Executive Service	21	£34.99	£69.97	£104.96	£139.94	£174.93
Children's Social Care and Safeguarding	373	£621.42	£1,242.84	£1,864.25	£2,485.67	£3,107.09
City Development and Cultural Services	233	£388.18	£776.36	£1,164.53	£1,552.71	£1,940.89
Corporate Assets, Business and Standards	182	£303.21	£606.42	£909.64	£1,212.85	£1,516.06
Customer, Community and Democratic Services	129	£214.91	£429.83	£644.74	£859.66	£1,074.57
Education and Strategic Commissioning	241	£401.51	£803.01	£1,204.52	£1,606.02	£2,007.53
Finance	181	£301.55	£603.09	£904.64	£1,206.18	£1,507.73
Health, Safety and Licensing	147	£244.90	£489.80	£734.71	£979.61	£1,224.51
Housing and Property Services	769	£1,281.15	£2,562.31	£3,843.46	£5,124.62	£6,405.77

HR, Legal and Performance	147	£244.90	£489.80	£734.71	£979.61	£1,224.51
Information Services	118	£196.59	£393.18	£589.76	£786.35	£982.94
Integrated Commissioning Unit	31	£51.65	£103.29	£154.94	£206.58	£258.23
Port	85	£141.61	£283.22	£424.83	£566.44	£708.05
Revenues and Benefits	145	£241.57	£483.14	£724.71	£966.28	£1,207.85
Transport and Environment	337	£561.44	£1,122.88	£1,684.33	£2,245.77	£2,807.21
Schools	4211	£7,015.53	£14,031.05	£21,046.58	£28,062.10	£35,077.63
<b>PCC Exc Schools</b>	<b>3988</b>	<b>£6,644.01</b>	<b>£13,288.02</b>	<b>£19,932.02</b>	<b>£26,576.03</b>	<b>£33,220.04</b>
<b>Total (inc Schools)</b>	<b>8199</b>	<b>£13,659.53</b>	<b>£27,319.07</b>	<b>£40,978.60</b>	<b>£54,638.14</b>	<b>£68,297.67</b>

Members' attention was drawn to the conclusions (paragraph 10) setting out the need for more work to be done across health, social care, workplace and community organisations to improve vaccination rates in clients, patients, staff and residents and this will involve responsible organisations' willingness and leadership to improve uptake. Ultimately, improved vaccination rates will reduce illness and deaths due to influenza infection and will reduce winter pressures on health and social care organisations. In order to drive this and other health protection issues it is important that the Health and Well-being Board have oversight of the Health Protection Agenda.

It was therefore RESOLVED that the Director of Public Health escalates any concerns relating to the protection of the health of the population to the Health and Wellbeing Board. The Director of Public Health may request an annual report from the Health Protection Assurance Group or escalate on the basis of the ongoing surveillance and reporting which underpins the work of the Health Protection Assurance Group.

It was further noted that it is anticipated that opportunities will continue to arise from the public health transfer to local authorities and working in

partnership with services to influence the wider determinants of health which will allow greater improvement in health protection outcomes.

## **22. Healthwatch Annual Report (AI 6)**

Tony Horne presented this report, with Zoe Gray and Simon Haill for Healthwatch Portsmouth, which was a year into their contract. Zoe Gray explained that the Portsmouth model incorporates NHS complaints advocacy services, whereas other areas don't. Examples of successful public engagement events included 'Putting Patients First' in October, with over 70 attendees. Their website had been recognised for its accessibility providing one portal for access to health and social care service information in the city. They were also commended for involvement in the dementia pathways review nationally. Challenges faced included the transition from an appointed to an elected Board and the change of paid staff, however the profile was being raised, the team had doubled and the Board was developing. Their annual focus areas were due to be published shortly.

Simon Haill gave a 4 slide update (made available to view with the HWB papers on the PCC website) covering the achievements of Healthwatch during its first year of existence which included:

- Service directory - one stop directory hosted on the HW website
- Signposting of the public to local health and social care services in Portsmouth
- 60 events of public engagement
- The website had increased usage - 2048 (October 2013) to 9384 visitors (by the end of March 2014)

Their priorities included: cancer services, mental health services, medical equipment, dementia, plus community research projects on GP services and A&E waiting times. Healthwatch wished to be seen as the consumer's champion, advocating for the public and remaining independent.

The Chair thanked them for their presentation, the contents of which were noted.

## **23. Better Care Fund (AI 7)**

Innes Richens, Chief Operating Officer, Portsmouth Clinical Commissioning Group (PCCG) introduced Jo York the Head of Better Care at the PCCG, with their report being circulated at the meeting. She explained that the programme had originally been submitted in April but they were now seeking approval for their resubmission for 19 September, and in the meantime they were receiving regular guidance relating to the submission.

The PCCG's presentation (made available with the HWB papers on the PCC website) showed the rising demand for services, with an ageing demographic of more complex needs whilst there were diminishing financial resources. Integration was a key driver locally and nationally.

The BCF is an ambitious national programme, to move the health and social care system away from sickness and towards wellness and independence. It aimed to bring budgets together into an integrated system, with the reduction in duplication of services.

The board's attention was drawn to a short video explaining the benefits of integration sought through Better Care which can be viewed at <http://www.kingsfund.org.uk/audio-video/joined-care-sams-story>.

In Portsmouth this integration of health and social care services is not a new concept, for example the Integrated Commissioning Unit which works on behalf of PCC and PCCG and the Reablement Team based at QA Hospital. Since 2012 Portsmouth has had a single assessment process, so improvements have already been implemented. The BCF will take this further, with a shift from managing crises to working for earlier intervention and prevention. There would also be close working with the voluntary sector.

There are 3 interconnected projects:

- Establishing fully integrated locality based health and social care community teams
- Review of current bed based provision
- Increase delivery of Reablement services to maximise independence

**Budget:** nationally the scheme is worth £3.9b. In Portsmouth there is a total pooled budget of £15.195m in 2014/15 and £16.409 in 2015/16 - approximately £7m of which is existing funding (£5m relating to community services). An additional £2m could be invested to fund integration) but there is financial risk attached of £1.1m for the CCG (the local payment for the performance element relating to reducing emergency admissions).

Members raised the following questions:

- The area of risk for the CCG - it was reported that the A&E performance target at QA Hospital had been a reduction of 3% over the last 3 years.
- Were the discharges from hospital undertaken in a supported way? Innes Richens responded that the Reablement Team is in place to make improvements at the hospital with social care and health workers working together. There are other issues that impact on discharge such as the need for prescribed drugs, specialist equipment etc.
- Sharing of information between agencies - Innes Richens responded that there were improvements with IT projects to have joint access to files, with shared information happening more for children's cases.

- 7 day working to assist in the discharge process - Innes Richens responded that the PCCG try to ensure that key services are offered over 7 days a week in the community.
- How the funding was calculated: this would be given in proportion to how near the target was met. Janet Maxwell stressed that there was the need to respond to the trends of people living longer through preventative work; there was some support of the preventative agenda through the Public Health grant.

The following questions were raised by members of the public:

- What would be the likely impact on other areas of the CCG funding and the hospitals? Innes Riches responded that the £1.1m figure assume the reduction in emergency activity was achieved - whilst this was similar to the previous level of reduced emergency admissions if the target was not met efficiencies would need to be made elsewhere, which would be subject to reports to the appropriate bodies, including the HWB.
- How to quantify the next cohort of the local population needing to make changes in their lifestyles? Janet Maxwell responded that this work was taking place to look at the prevalence of developing conditions (such as diabetes, COPD, heart). There was also the need to undertake more work to tackle young people smoking, reduce drinking in the city and increase physical activity; public health were working closely with colleagues in primary care for an integrated lifestyle approach.
- How these changes could be sustained by involvement of communities - Janet Maxwell confirmed that there is a shift to working on a locality level, including work with schools and workplaces.

As the revised version of the Better Care Fund (BCF) Plan was not yet ready but would need resubmission to NHS England by 19 September 2014 it was:

**RESOLVED that The Chair and Vice-Chair of the Health and Wellbeing Board be authorised to sign-off the plan prior to its resubmission by 19 September 2014.**

#### **24. Care Act 2014 (AI 8)**

Rob Watt, Head of Adult Social Care PCC and his Assistant Head of ASC Angela Dryer gave a presentation on the key points of the Care Act, which modernises and rationalises 60 years of law in social care. This is against a background of reduced public sector funding and includes the assessment of deprivation of liberty (especially with the rise of dementia). Confirmation of the national eligibility criteria was expected in October.

Personalisation was a key consideration with personal budgets being included in the legislation, to give individuals flexibility and choice as well as the right to review arrangements.

There are changes to how care is paid for and capping on how much needs to be paid by an individual towards their costs, with deferred payments (so homes would not need to be sold within their lifetime). A £72k cap (for those of pensionable age) would come in from April 2016. It is not known how many are self-funding currently.

The concerns included the need to ensure there is general awareness of changes; there may be a great demand for assessment. For the assessments there will be involvement of the family and advocacy where required.

There is also flexibility given to the local authority which can delegate the responsibility of Adult Social Care services; but whilst retaining the legal responsibility.

Members then raised questions relating to the following issues:

- How young adults were assessed where there were court awards - it was reported that if they had a disability prior to being 18 they do not pay care costs but this does not apply if the disability is acquired after the age of 18 where they are eligible to pay towards their costs (but guidance was still being sought on this).
- How the implications were being considered - officers were working on consultation guidance and were awaiting feedback to ensure that the financial structure is right as it needs to be in place by April 2015. Work is taking place with neighbouring local authorities. There would also be national and local campaigns to raise public awareness of the changes.

David Williams suggested that the Health and Wellbeing Board work jointly with other HWBs to lobby the national decision makers on key concerns.

The presentation was noted.

## **25. Joint Health and Wellbeing Strategy 2014-17 (AI 9)**

Matt Gummerson reported that the draft strategy had been covered in depth at the previous meeting and the final version now needed the Board's approval.

Councillor Young asked how the delivery of this would be scrutinised, as there were different governing bodies. Officers had previously explained where there is governance by another body, such as the Children's Trust Board and update reports would be brought back to the HWB when required. Julian Wooster suggested that the HWB should be informed of how the assurance process will be completed.

RESOLVED that the Health and Wellbeing Board:

- (1) Approved the final version of the Joint Health and Wellbeing Strategy (JHWS) v 2014 2017 (as set out in appendix A of the report) for publication.
- (2) Agreed that minor revisions can be made in future as plans for individual workstreams are developed, subject to agreement by the Chair and Vice-Chair.

The Chair closed the meeting by thanking members of the Board, officers and members of the public for their participation.

**26. Dates of future meetings (AI 10)**

These were noted as 26 November 2014 at 9am (in the Guildhall) and 25 February 2015 at 10am (at St.James' hospital).

The meeting concluded at 10.47 am.

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Councillor Frank Jonas  
Chair