Portsmouth CITY COUNCIL

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NOTICE OF MEETING

HEALTH AND WELLBEING BOARD

WEDNESDAY, 25 SEPTEMBER 2019 AT 10.00 AM

THE EXECUTIVE MEETING ROOM - THIRD FLOOR, THE GUILDHALL

Telephone enquiries to Joanne Wildsmith, Democratic Services Tel: 9283 4057
Email: democratic@portsmouthcc.gov.uk

If any member of the public wishing to attend the meeting has access requirements, please notify the contact named above.

Health and Wellbeing Board Members
Councillors Matthew Winnington (Joint Chair), Gerald Vernon-Jackson CBE, Luke Stubbs, Rob Wood and Judith Smyth

Innes Richens, Dr Jason Horsley, Mark Cubbon, Dr Linda Collie (Joint Chair), Ruth Williams, Dianne Sherlock, Sue Harriman, Alison Jeffery, Andy Silvester, Siobhain McCurrach, Jackie Powell, Steven Labedz, Frances Mullen, Sarah Beattie, Steve Burridge, Barbara Swyer and Sandy Thomson

Dr Linda Collie (Joint Chair)
Plus one other PCCG Executive Member: Dr Elizabeth Fellows and Dr N Moore

Please note that the Health & Wellbeing Board Commissioning Sub Committee will take place at 9am in the Executive Meeting Room. Papers available on request from kelly.nash@portsmouthcc.gov.uk

(NB This agenda should be retained for future reference with the minutes of this meeting).

Please note that the agenda, minutes and non-exempt reports are available to view online on the Portsmouth City Council website: www.portsmouth.gov.uk

Deputations by members of the public may be made on any item where a decision is going to be taken. The request should be made in writing to the contact officer (above) by 12 noon of the working day before the meeting, and must include the purpose of the deputation (for example, for or against the recommendations). Email requests are accepted.

A G E N D A

1 Welcome, Apologies and Introductions

2 Declarations of Members' Interests

3 Minutes of Previous Meeting - 19 June 2019 (Pages 5 - 10)

RECOMMENDED that the minutes of the Health & Wellbeing Board held on 19 June 2019 are approved as a correct record.

4 Dental Provision (Pages 11 - 14)

Julia Booth, NHS England will give a presentation on the attached report.

5 Safeguarding Issue - HWB response to PSAB Review (Pages 15 - 18)

Purpose.
To enable the Health and Wellbeing Board to consider implications of the recent Portsmouth Safeguarding Adults Board (PSAB) safeguarding review.

Recommendations
The Health and Wellbeing Board is recommended to consider response to the recommendations set out in paragraph 4.2

6 Director of Public Health's Annual Report (Pages 19 - 36)

The report followed.

7 Health & Care Portsmouth Operating Model : progress report (Pages 37 - 60)

Purpose.
Portsmouth City Council (PCC) and NHS Portsmouth Clinical Commissioning Group (PCCG) have continued to develop and deliver successful integrated working across health and care for the City, as described by the shared Health & Care Portsmouth programme of work. During 2018/19 the two organisations took significant steps to integrate key statutory functions, establishing a single operating model for the planning and delivery of Health & Care Portsmouth.

In July, the Cabinet of the city council and the PCCG Governing Board agreed a series of next steps to progress this model. The purpose of this paper is to update on progress of this Health & Care Portsmouth operating model.

The Health and Wellbeing Board is recommended to:
a. Note the progress so far on the integration of PCC and PCCG functions in support of the Health and Care Portsmouth operating model
b. Note the progress on proposals for further integration, including the preferred option for integrating of PCCG Accountable Officer and PCC Chief Executive functions.
c. Note that further work now needs to take place to develop the voice and relationship with local providers in the work, and to articulate the link with

the developing NHS architecture; and consider where there might be practical opportunities to develop this.

This report will follow.

8 Proposal for a pilot superzone to tackle childhood obesity and create a healthier environment (Pages 61 - 66)

Purpose.
The purpose of this report is to present a proposal for a pilot superzone around a Portsmouth primary school

Recommendations
The Health and Wellbeing Board is asked to:
- Approve the proposal to implement a pilot superzone around a Portsmouth primary school with the aim of creating a healthier environment.

9 Economic Development Strategy & City Vision (Pages 67 - 70)

Purpose
To update the Health and Wellbeing Board on progress with work previously undertaken to develop an Economic Development Strategy for Portsmouth; and related work now in development to articulate a city vision.

10 Responding to Climate Change (Pages 71 - 74)

Purpose.
To update the Health and Wellbeing Board on actions being taken by Portsmouth City Council in response to the Notice of Motion adopted on 19th March 2019, to declare a climate emergency in Portsmouth.

11 Dates of future meetings (for information)

Members are asked to note the previously agreed dates of Wednesdays at 10am:

- 27th November 2019
- 5th February 2020

Members of the public are now permitted to use both audio visual recording devices and social media during this meeting, on the understanding that it neither disrupts the meeting or records those stating explicitly that they do not wish to be recorded. Guidance on the use of devices at meetings open to the public is available on the council's website and posters on the wall of the meeting's venue.

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HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING of the Health and Wellbeing Board held on Wednesday, 19 June 2019 at 10.00 am in Conference Room A, Civic Offices, Portsmouth.

Present

Dr Linda Collie (in the Chair)

Councillor Gerald Vernon-Jackson CBE
Councillor Luke Stubbs
Councillor Rob Wood

Innes Richens
Dr Jason Horsley
Dianne Sherlock
Alison Jeffery
Siobhain McCurrach
Sarah Austin
Jackie Powell
Steven Labedz
Frances Mullen
Mick Thompson
Steve Burridge
Sandy Thomson
Barbara Swyer
Dianne Sherlock
Frances Mullen

Non-voting members

Councillor Judith Smyth
Nicole Cornelius

Officers Present

David Williams
Kelly Nash

13. Welcome to new members and introductions (AI 1)

Dr Collie welcomed new members to the Health & Wellbeing Board and introductions were made around the table.

14. Apologies for absence (AI 2)

These had been received from Councillor Matthew Winnington, Sue Harriman and Mark Cubbon (who was represented by Nicole Cornelius).

15. Declarations of Interest (AI 3)

There were no declarations of interest.

16. Minutes of previous meetings - 13 February and 20 March (Special) 2019 and matters arising (AI 4)

It was noted that the minutes of 13 February 2019 should have Mark Cubbon's name appearing on the attendance list once.

Subject to that correction the minutes of 13 February were approved as a correct record, and the minutes of 20 March 2019 were approved as a correct record, as submitted.

Matters Arising from the minutes:
Regarding the membership for the widened Health & Wellbeing Board (HWB) it was reported that at the City Council's annual meeting in May when the PCC member appointments were made the Leader had asked that consideration be given to further cross party representation by inclusion of a Labour group member. The HWB's own terms of reference, as agreed on 20 March 2019, did not have this as a specified member, but there was the ability to co-opt, therefore Councillor Judith Smyth was asked to join the meeting as the Labour Group's representative on this basis.

17. New Safeguarding Children Partnership Arrangements for Portsmouth; Wider Partnership Working to Reduce Risk and Vulnerability (AI 5)

Alison Jeffery, PCC Director of Children, Families & Education, introduced her report to share the safeguarding arrangements. The report set out what is taking place more widely to decrease risk and vulnerability of young people. There is also work taking place with colleagues from Hampshire, Southampton and the Isle of Wight, with agreed strategic and scrutiny arrangements. Alison Jeffery drew members' attention to the questions posed in the report at section 4.1.

Comments made by HWB members included:

- Was there a robust early warning system (including with schools) to be alert where children were not yet known to Social Care but there are concerns, and are there links with other groups to then held with reintegration of children in care to return to their families? Alison Jeffery reported that those coming into the system unknown to Children's Social Care was rare, with most on Child Protection Plans, and social workers worked with families to try to prevent separation. A reunification exercise was taking place with voluntary sector and statutory partners to address raising reunification numbers and successful outcomes. Schools also gave support to families.
- Child and Adolescent Mental Health Services (CAMHS) (paragraph 3.9) - it was asked how stretched the service was? Sarah Austin reported that whilst waiting times are not long for the initial

assessments they are of concern for complex therapy. There were also instances in which professional Tier 3 interventions were not seen as the appropriate level of intervention and this needed to be explained to families. Alternatives could sometimes be the use of Relate (for older children) and through schools.

- Working across county lines (paragraph 3.10) it was reported that the multi-agency 'Missing Exploited and Trafficked Operational Group' meetings regularly take place to share intelligence on children most at risk.

- Para 3.12 - Adverse childhood experiences and 'trauma-informed' practice - Hampshire Constabulary are keen to give this wider promotion.

- Safeguarding training - the need to ensure all voluntary sector staff at the HIVE desk in the Central Library receive this training (and it is kept up to date) was raised. It was reported that this training can be accessed via the Children's Safeguarding Board.

- Public health issues included "superzones" around schools being explored for healthy environments, such as the Scottish licensing model on alcohol pricing.

- Concern on exclusion levels and what happened to excluded pupils in Portsmouth and those withdrawn by their parents. Alison Jeffery reported that discussions were taking place with headteachers on the use of fixed term and permanent exclusions, and an inclusive approach was championed. There is also a new protocol for withdrawing children from should for elective home education, to ensure the parents meet with the school and local authority. GPs were also interesting in receiving information, although this may need the parents' consent but school nurses were made aware.

- Use of the expertise of partner organisations and the need for a jointed up approach, which would be raised with the local Members of Parliament (wider than just Portsmouth).

Innes Richens undertook to work with Alison Jeffery to bring back more proposals on staff development.

The Health and Wellbeing Board resolved to:

(i) Note the proposed new partnership arrangements (set out in Appendix 1 of the report) which balance economies of scale in terms of strategic/policy development at a pan-Hampshire level with a strong focus on the quality and effectiveness of local services and joint working on the ground.

(ii) Note and consider the wider work undertaken in recent years to strengthen joint approaches to reducing risk and vulnerability, potential barriers to further progress, and how these might be tackled.

18. Draft Portsmouth Homelessness Strategy 2018-2023 (AI 6)

Teresa O'Toole, Housing Operational Support Manager, presented the report from the Assistant Director of Housing. This had been brought to the Health and Wellbeing Board for consultation and to seek feedback and had also been taken to other forums such as private landlords and commissioning groups. It was acknowledged that further work needed to take place on health links.

Comments raised by Health & Wellbeing Board Members included:

- The cost and use of emergency accommodation locally; work is taking place with private sector landlords regarding the provision of affordable housing and a specialist new facility was being built by PCC at St. Paul's Square for temporary accommodation.
- It was noted that there is a PCC cross-party Homelessness Working Group with partner organisations which would be looking at the effectiveness of the strategy, and more funding had been received to help people as individuals
- There is a need to ensure that transitioning from children to adults and care leavers was smooth and appropriate facilities are used for young people. Data has been analysed to see where care leavers feature for rough sleepers.
- Healthwatch Portsmouth had encountered problems with homeless people trying to register at GP surgeries with the provision of necessary information. It was noted that joint work is taking place between CCG, Solent NHS and PCC Public Health regarding access to mental health and substance health services for the homeless, and Solent NHS also have projects tackling Social Isolation and Positive Minds which have housing factors. It was noted that veterans also can struggle to access housing. GPs are undertaking more outreach work for the homeless and Public Health is looking at advances in Southampton in the homeless accessing healthcare and for boosting healthcare checks for those with enduring mental health issues.

With regard to comments on the strategy not referring to some health needs (such as learning disability, mental health) Teresa O'Toole asked if wording could be considered by HWB members to encapsulate the many and varied health circumstances that people facing homelessness experience.

Dr Collie thanked everyone for their feedback and asked that any further comments be made available to Paul Fielding as part of this consultation process.

19. Safer Portsmouth Partnership Transition - key community safety priorities (information/discussion item) (AI 7)

Superintendent Steve Burridge presented his letter which had been sent as the outgoing Chair of the Safer Portsmouth Partnership SPP) and thanked the support team for making the mechanisms work for the transition to continue the important work of the SPP, much of which would continue through the continuation of the sub groups. He felt it was important to set an action plan to evaluate the transition at the end of the year.

Alison Jeffery, previous Chair of the Children's Trust, reported on their transition, and there would be future involvement of a wide range of partners to meet twice a year.

The amalgamation of SPP and the Children's Trust by broadening the remit of HWB also meant that there could be joint bids taken forward, such as to the Police & Crime Commissioner.

The Health & Wellbeing Strategy was half way through the 3 year implementation and when refreshed this would reflect the work of the 3 amalgamated bodies. In the meantime there was an opportunity for the Director of Public Health's annual report to reflect this broader remit. Members were keen for an action plan to measure outcomes that can be reviewed e.g. the number of children going into care, the number of hospital discharges etc.

Kelly Nash confirmed that all the listed actions in the letter were being programmed into the Action Plan for the Health & Wellbeing Board and undertook to circulate the current workplan for the year, which includes an annual review of the work of the Health & Wellbeing Board.

20. Code of Conduct (information item) (AI 8)

This was an information item; David Williams PCC Chief Executive reported that this is used at Portsmouth City Council had set out the standards of conduct expected that members of the board should strive to adopt.

21. Dates and times of meetings and extra item (AI 9)

Kelly Nash took the opportunity to inform members that a new **Economic Development Strategy** was being worked on, for which a health perspective was needed and an email would be sent round to HWB members to ask for volunteers to take part in discussions.

Dates of future meetings were noted for Wednesdays at 10am:

25th September 2019
27th November 2019
5th February 2020

The meeting concluded at 11.25 am.

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Dr Linda Collie
Chair

Update for Portsmouth Health and Wellbeing Board

on NHS dental service provision in Portsmouth

Background regarding the commissioning of general dental services

NHS England holds contracts with dental care providers on behalf of the NHS, as part of its responsibilities for the commissioning and oversight of all NHS dental services (including general dental services, specialist community dental services and secondary care (hospital) dental services). General dental services and specialist community dental services are commissioned in line with national regulations, with dental providers commissioned to deliver care and treatment as measured by units of dental activity.

Decision by Colosseum Dental Group to cease providing NHS dental services at three Portsmouth dental practices

The Colosseum Dental Group informed NHS England that they wished to give notice on the contracts under which they provided NHS general dental services at the following three dental practices in the Portsmouth area, with effect from 31 July 2019:

- Portsea Dental Clinic, John Pounds Centre, 23 Queen Street, Portsmouth, PO1 3HN
- Paulsgrove Dental Clinic,Paulsgrove & Wymering Healthy Living Centre, 219-225 Allaway Avenue, Portsmouth, PO6 4HG
- Southsea Dental Clinic, 96 Victoria Road North, Southsea, PO5 1QE

The services Colosseum was commissioned to provide at the three practices accounted for around 10 per cent of the NHS dental provision commissioned within the local area, with 22 other dental practices also providing NHS services to patients.

Colosseum was contractually obligated to continue delivering care for NHS patients at the practices until 31July. While we understand Colosseum was experiencing staffing challenges, it is disappointing that the provider did not act in the best interests of their patients by ceasing to provide services at the three practices ahead of their contractual obligations ending on 31 July. NHS England took formal action as a result of this breach of their contracts to deliver NHS care. Breach notices were issued to Colosseum, who will need to declare this should they decide to bid for contracts to provide any NHS dental services in the future. All payments made to Colosseum for any NHS services they have not delivered will also be recovered.

As mentioned above, we understand Colosseum were experiencing some staffing and recruitment challenges. The national Interim NHS People Plan published in June 2019 recognises that dental workforce challenges are not unique to the Portsmouth area and commits to addressing this, in order to ensure the dental workforce can meet patient needs.

Action taken by NHS England to maintain the capacity of NHS dental services in Portsmouth

In response to Colosseum's decision to close the three dental clinics, our immediate priority has been to maintain the capacity of local NHS dental services in the interim period, whilst a procurement process is undertaken to commission new long-term NHS dental services to serve patients in Portsmouth and to put in place the contractual arrangements to support this.

NHS England is legally required to undertake such a procurement process to award any new long-term contracts for the provision of NHS dental services.

We have therefore been working with other existing local dental practices, so that we can support them to provide more appointments for NHS patients in the interim period, where individual practices are able to do so. We asked all other dental practices in the area to indicate whether they would be in a position to deliver additional NHS care, so that we could fund them to provide this.

We have finalised an agreement with the Bupa Dental Care practice in Cosham to provide additional appointments for NHS patients. The Bupa practice, located at 90 Northern Road, Cosham, PO6 3ER, is just over a mile from the Paulsgrove dental practice that had been run by Colosseum.

The Perfect Smile dental practice that runs two dental surgeries in the city (the Maple House Surgery and the Perfect Smile practice in Cosham), has also just confirmed that they will be able to provide additional NHS treatment at both surgeries and will be in a position to start doing so shortly. We are working to finalise arrangements with them to put these arrangements in place as soon as possible. The practice is hoping that a further dentist will be able to start treating patients at the practice soon in order to increase the current availability of appointments they are able to provide.

The University of Portsmouth Dental Academy in the south of the city, which is located less than a mile from one of the other former Colosseum practices, has also agreed to deliver a significant amount of general dental care to NHS patients and we have said that we can facilitate this through a temporary 12 month contract which will be in addition to their existing contract. The existing contract we hold with the Dental Academy, which is part of the University of Portsmouth, is to support the training and education of the dental workforce and to provide a dental service to people who would not necessarily have access to a dentist. This includes working in partnership with community-based organisations that support homeless people, young people, older people, offenders on probation and other groups, as well as working with local children's centres to support better oral care for young children. The additional temporary contract the Dental Academy will hold to provide general dental services to more NHS patients requires them to recruit new staff in order to deliver this service. We are continuing to work with the Academy so that they can establish this service as quickly as possible.

Taken together, the total additional capacity that these three providers have said they could deliver is slightly more than the NHS treatment capacity that Colosseum had provided at its three former practices during 2018/19. These interim arrangements will overlap with the commencement of new long-term NHS dental services within the City.

We have written to patients who previously used the three Colosseum dental practices that have now closed, confirming how they can find details of other local dental practices at the point they need NHS dental care.

Routine dental check-ups should be in line with national clinical guidelines and the time between routine check-ups for each patient can vary from three months to two years, depending on a patient's clinical needs. Patients who are in pain and in need of urgent dental treatment can continue to access this in the same way by calling the NHS 111 service. They will then be referred to a local dental practice to receive any urgent treatment, as needed.

The process to procure long-term dental services

The procurement process to put in place long-term contractual arrangements for new NHS dental services in Portsmouth is now underway. A refreshed service needs assessment has been completed to inform the procurement plans.

As part of the procurement process it is important for us to take time to engage with the market, as well as local people, to ensure the services procured are sustainable and meet the needs of the population. We have developed a survey so that patients and the public can let us have their views on dental services. This will run for four weeks and we will be sharing this with system partners (including the clinical commissioning group, Healthwatch and the local authority) imminently to request any help they can give to promote the survey through their communications channels and networks). Any assistance Portsmouth City Council can give in relation to this would be appreciated. The survey will be available online on the NHS England website and will also be available in easy-read format. There will be a phone number for people to call if they would prefer to talk to someone. We are grateful for the support of a representative from Healthwatch Portsmouth, who is a member of the project group that is managing the procurement.

We will ensure the Health and Wellbeing Board is kept updated as the process progresses and will be contacting the partners in the system to seek feedback to inform the recommissioning of these services, in addition to seeking views from other local stakeholders.

Julia Booth
Acting Head of Primary Care (Hampshire, Isle of Wight and Dorset)
NHS England and NHS Improvement – South East

13 September 2019

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Agenda item:

Title of meeting:	Health and Wellbeing Board
Date of meeting:	25th September 2019
Subject:	Health and Wellbeing Board response to Safeguarding Review
Report From:	Dr Richard John, Independent Chair, Portsmouth Safeguarding Adults Board
Report by:	Alison Lawrence, Portsmouth Safeguarding Adults Board Manager and Kelly Nash, Corporate Performance Manager
Wards affected:	All
Key decision:	No
Full Council decision:	No

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1. Purpose of report

1.1 To enable the Health and Wellbeing Board to consider implications of the recent Portsmouth Safeguarding Adults Board (PSAB) safeguarding review.

2. Recommendations

2.1. The Health and Wellbeing Board is recommended to:

a. Consider response to the recommendations set out in paragraph 4.2

3. Background

3.1 In September 2017, a vulnerable adult - known as Mr D - was admitted to hospital in emergency circumstances with a grade 4 pressure sore and osteomyelitis.

3.2 The Safeguarding Adults Review sub-group recommended to PSAB's Chair that the case met the threshold for a Safeguarding Adults Review because of concerns about the effectiveness of agency involvement with Mr D and his family. Safeguarding Adults Boards are required by the Care Act 2014 to carry out a Safeguarding Adult Review when an adult at risk in their area has been seriously harmed or has died, and abuse or neglect is suspected, and there are

lessons to be learnt about how organisations have worked together to prevent similar deaths or injuries happening in the future.

3.3 A Review Panel was established, and an Independent Author appointed. Terms of Reference for the review were agreed and Individual Management Review reports were requested from all the organisations that had been involved with Mr D. The Panel worked from a chronology of the activities of the agencies involved, the reports they provided and further information sought for clarification. A workshop was also held with practitioners who had worked with Mr D to identify learning and to understand the challenges faced by practitioners at the time. Mr D and his mother also spoke to the Independent Author to contribute their views to the review. This report is an executive summary produced by the Panel, based on the full report produced by the Independent Author. The Board decided not to publish the full report to protect Mr D's anonymity.

3.4 Members of the Health and Wellbeing Board have received copies of the Executive Summary under separate cover.

4. Recommendations of the review

4.1 The PSAB accepted all the independent reviewer's recommendations in March and subsequently approved the proposed multi-agency action plan at its June meeting. The PSAB also agreed that responsibility for ongoing monitoring of the action plan would lie with the Safeguarding Adults Review Sub-Group.

4.2 There were two areas about which it was recommended that the PSAB seek assurance from the Health and Wellbeing Board:

Recommendation 13: That the Board seek assurance from the Health and Wellbeing Board that services are being developed to ensure that they are accessible to all, including those who are obese.

Recommendation 18: That the Board seek assurance from the Health and Wellbeing Board that the lessons identified in recent research into the health outcomes for adults with a learning disability have been recognised and addressed locally by both health and social care agencies, including the development and implementation of Health Action Plans.

4.3 The Health and Wellbeing Board are asked to consider these matters and confirm that they are being addressed in the work of the Board and its partners. Equality impact assessment (EIA)

5. Equality impact assessment (EIA)

5.1 Any equality matters arising through response activity will be considered as a discrete process, as separate EIAs will be completed for these areas of work.

6. City solicitor comments

6.1 The report has incorporated legal implications and accordingly there are no other immediate legal implications arising from this report.

7. Finance Comments

7.1 There are no financial implications to bring to the Board's attention at this stage.

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Signed by: Dr Richard John, Independent Chair - Portsmouth Safeguarding Adults Board

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	**Location**

The recommendation(s) set out above were approved/ approved as amended/ deferred/ rejected by …… on ……

……
Signed by: Name and Title

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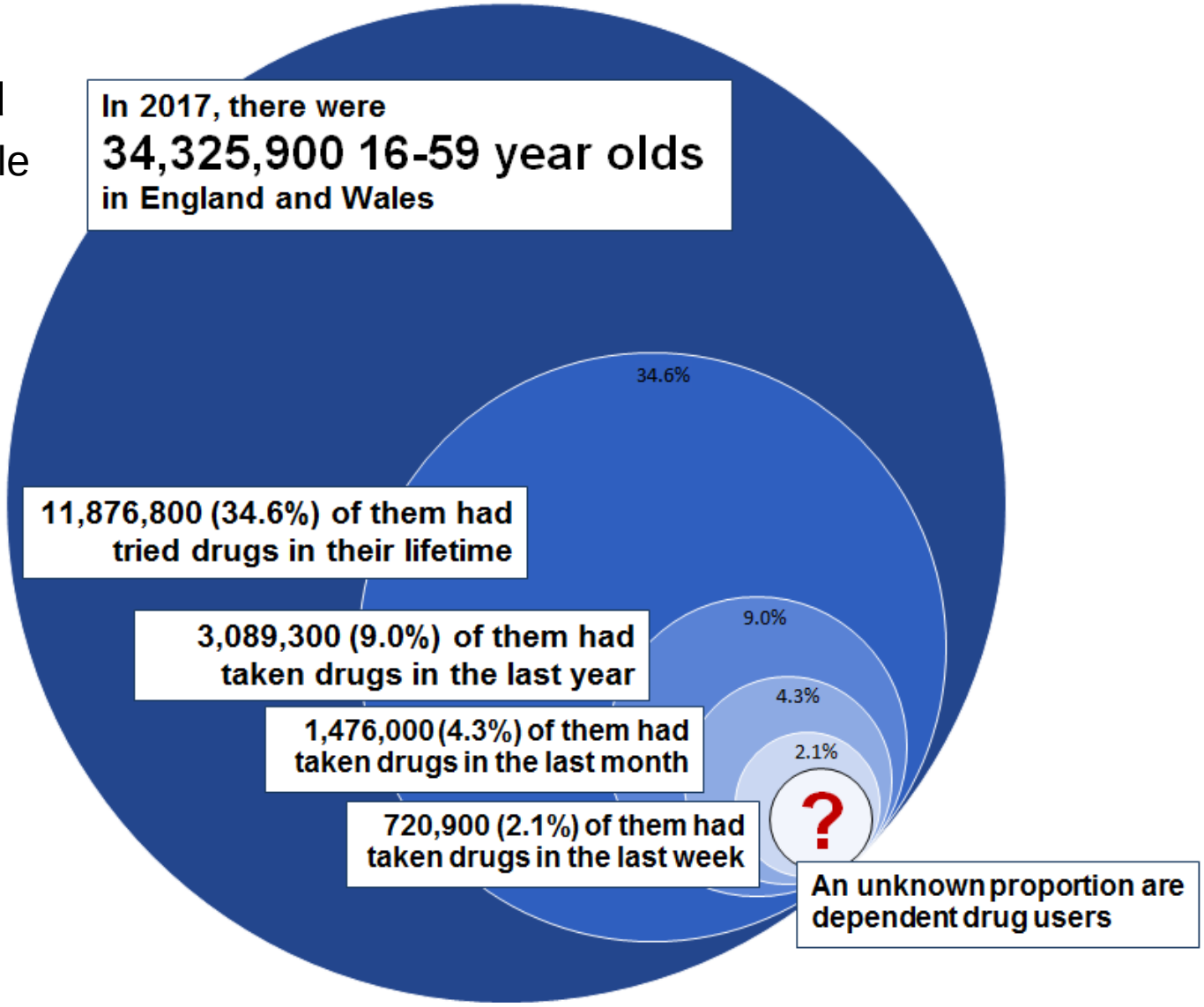
Director of Public Health Annual Report for Portsmouth and Southampton 2018/19

Harm from illicit drugs and how to prevent it

1. Patterns of drug use
2. Why do people use drugs problematically?
3. How many people are using drugs?
4. What are the health harms from drugs?
5. What are the wider harms from drugs?
6. Why are some drugs illegal and what are the alternatives?
7. Conclusions and recommendations

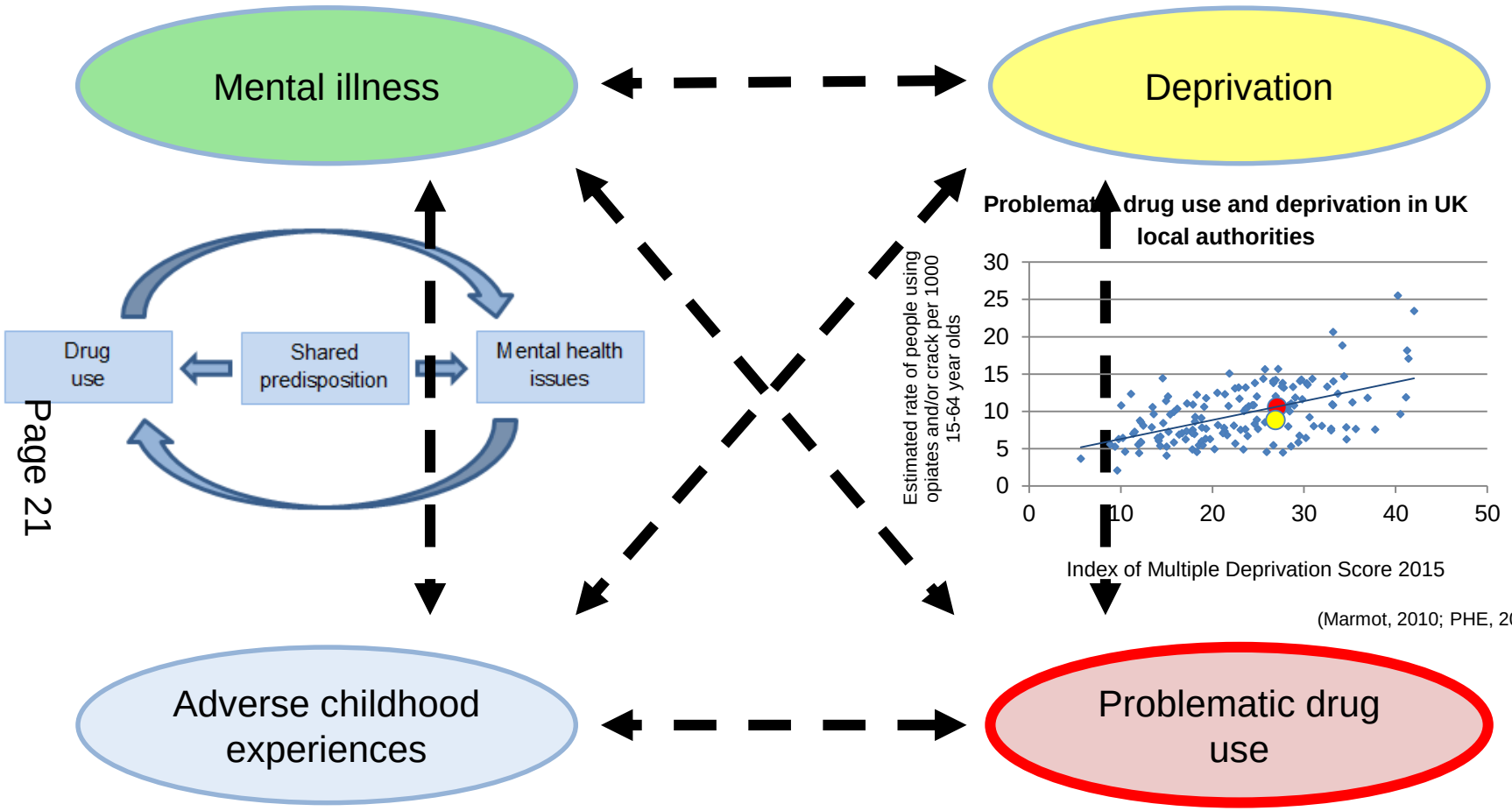
1. Patterns of drug use

The **estimated** number of people using drugs in England and Wales



(Home Office, 2018a; ONS, 2018a)

2. Why do people use drugs problematically?



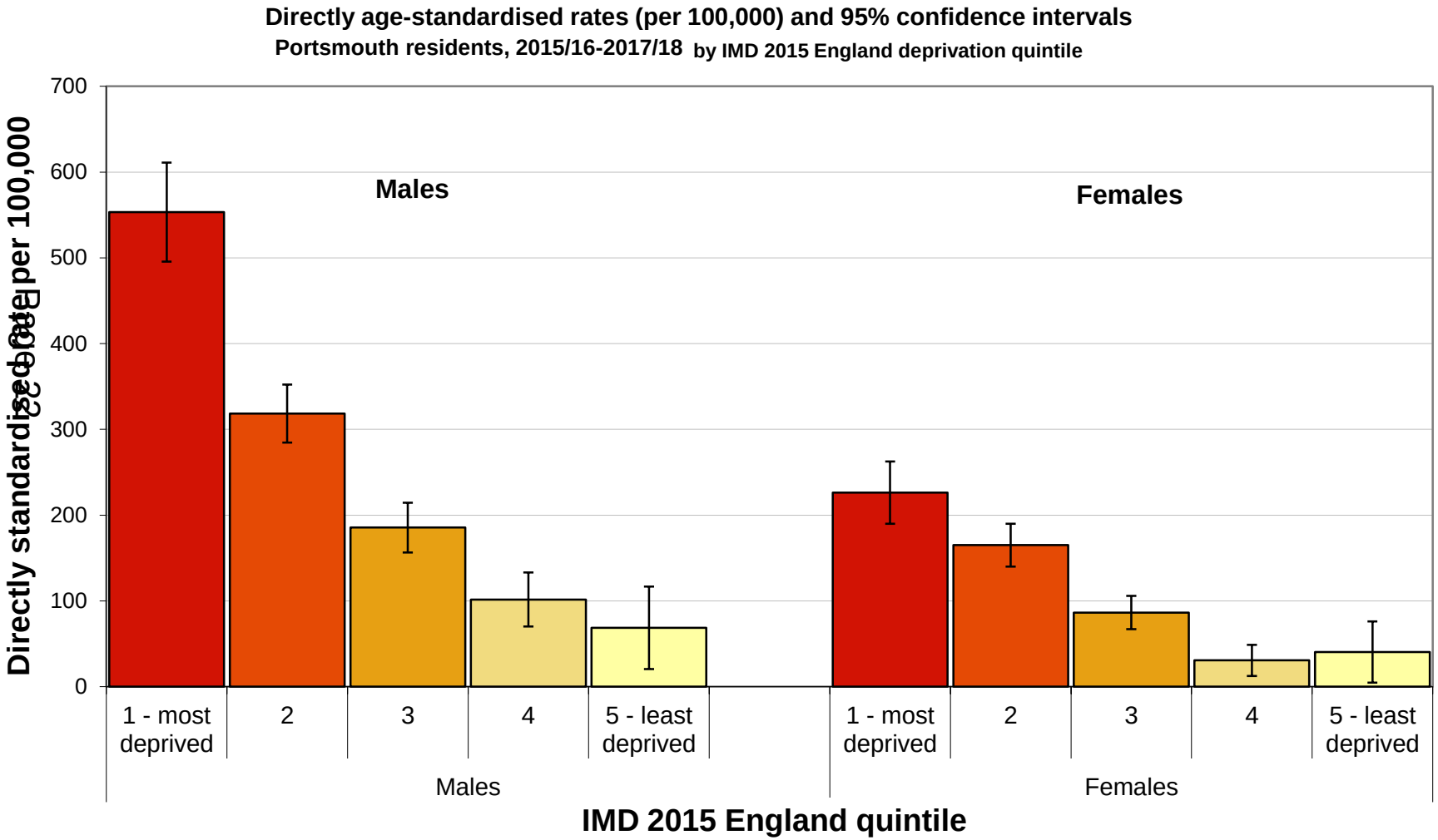
(Marmot, 2010; PHE, 2019b)

"All I've done is just take drugs just so I don't have to think about it"

(Richards, 2018)

Problematic drug use and its key drivers are closely interrelated problems, which must be tackled holistically

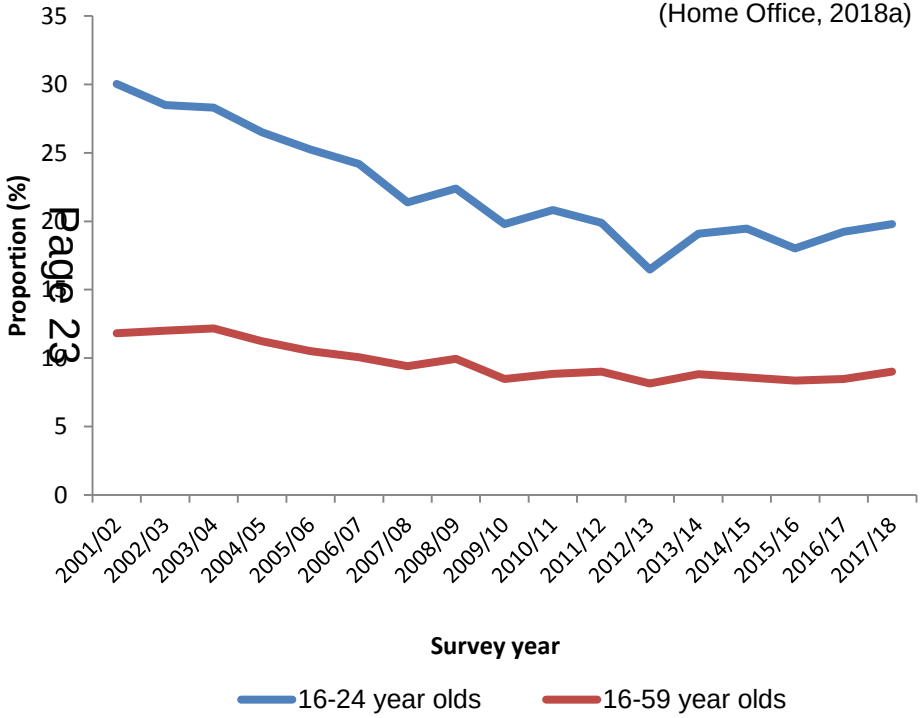
The relationship between hospital admissions for drug related mental and behavioural disorders and deprivation in Portsmouth



3. How many people are using drugs?

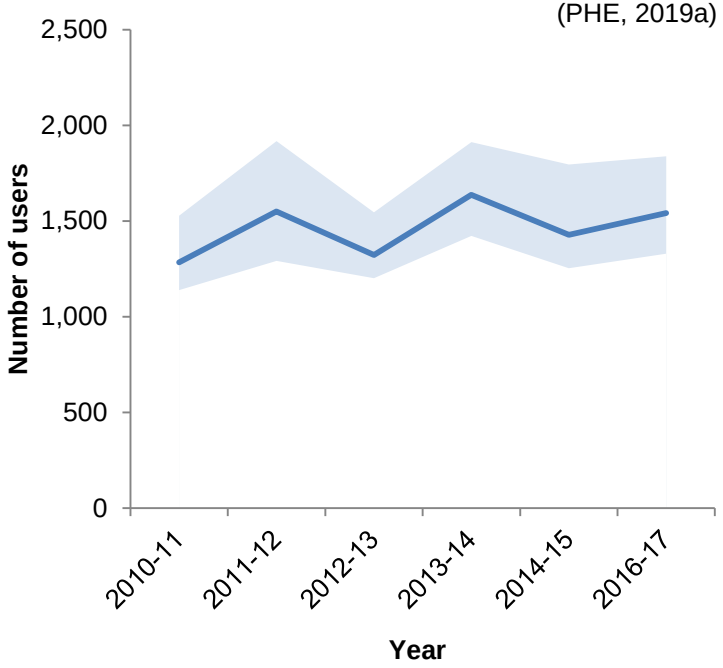
The proportion of England and Wales 16-24 and 16-59 year olds that used an illicit drug in the last 12 months 2001-2018

(Home Office, 2018a)



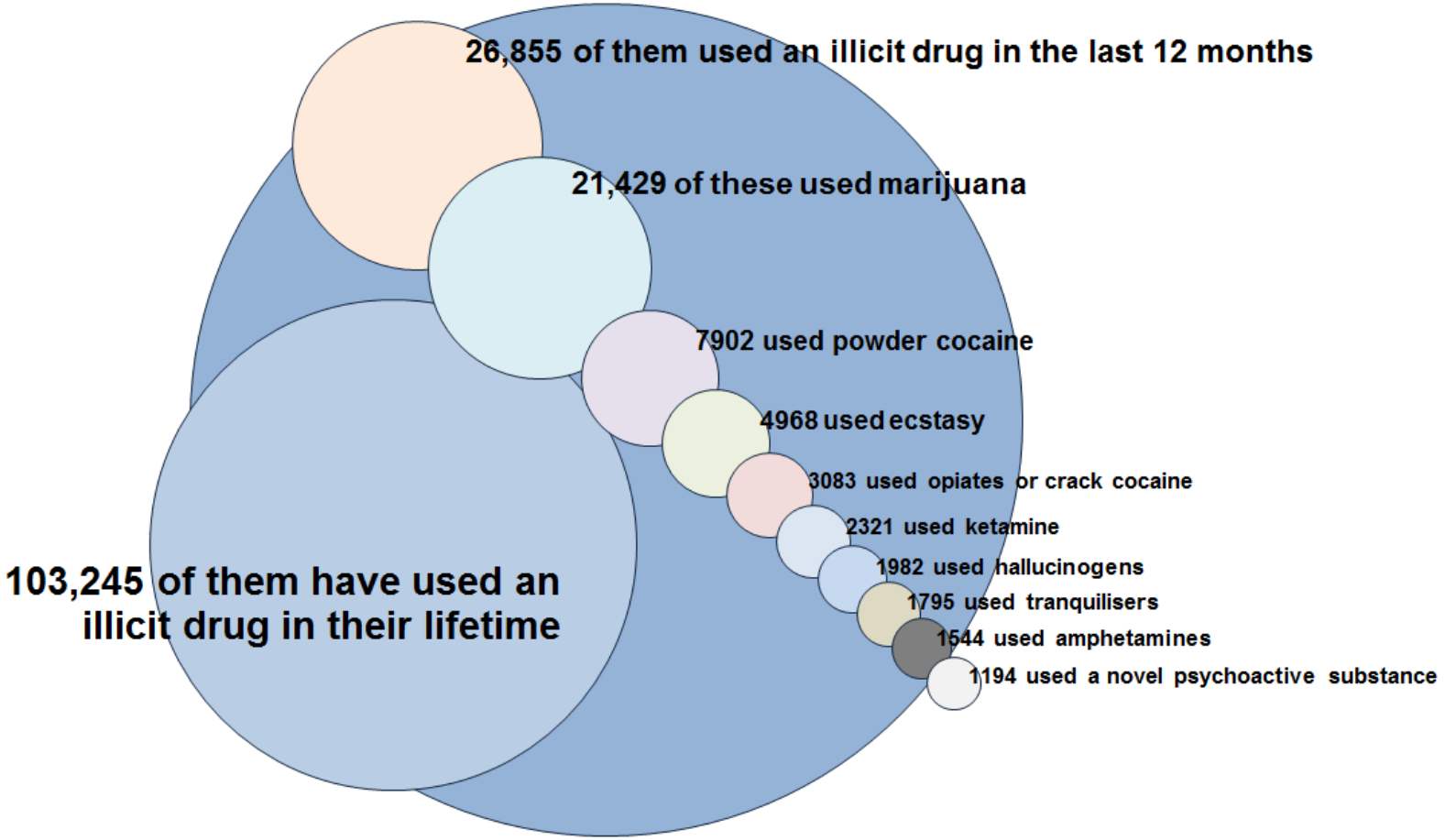
The estimated number of crack cocaine and/or opiate users in Portsmouth 2010-2017

(PHE, 2019a)



The estimated number of people using different drugs in Southampton and Portsmouth

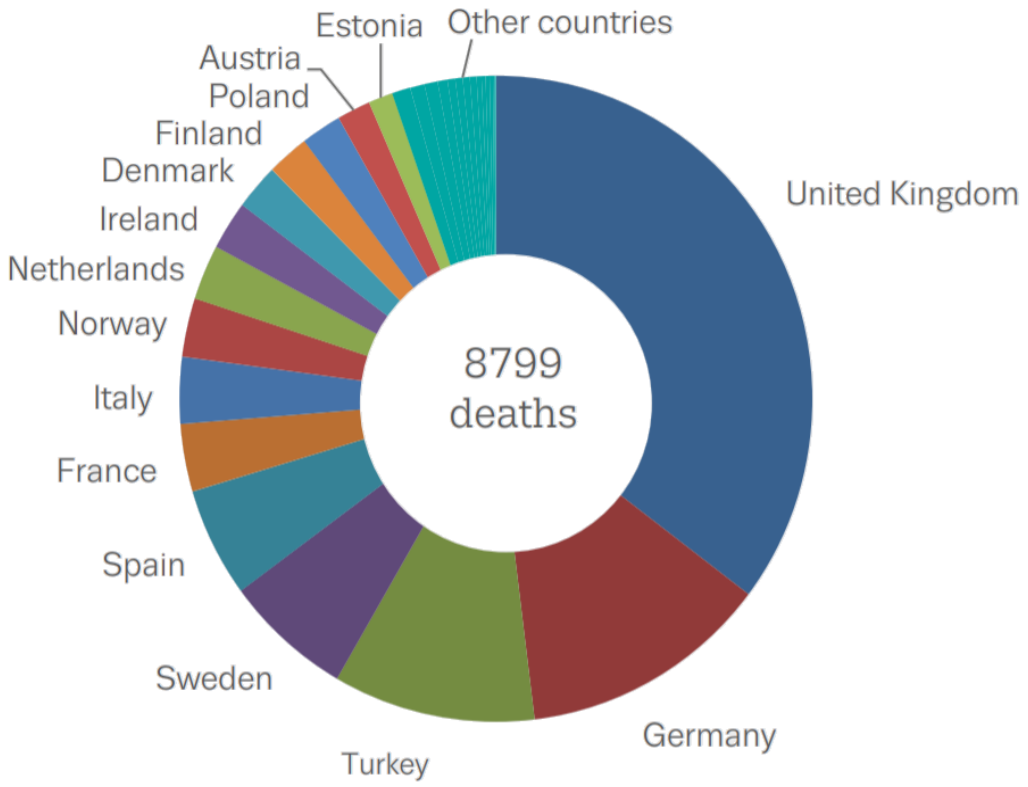
There are 298,397 16-59 year olds in Portsmouth and Southampton



(Home Office, 2018a; ONS, 2018a; PHE, 2019a)

4. What are the health harms from drugs?

Drug related deaths in the EU, Turkey and Norway in 2017 or from most recent data (EMCDDA, 2019)



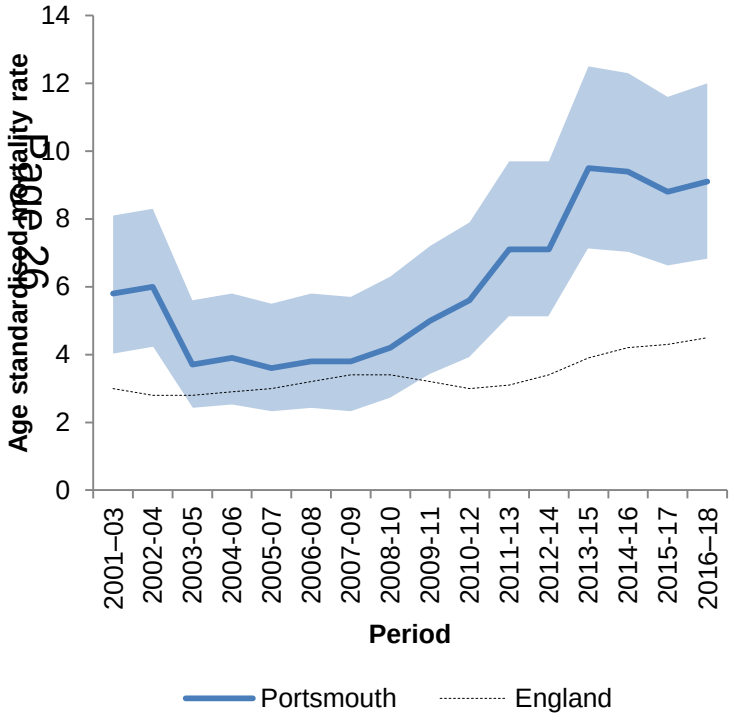
In 2018, the UK had:

- The highest number of drug related deaths (4,359) on record.
- The greatest annual increase (16%) of drug related deaths on record.

(ONS, 2019b)

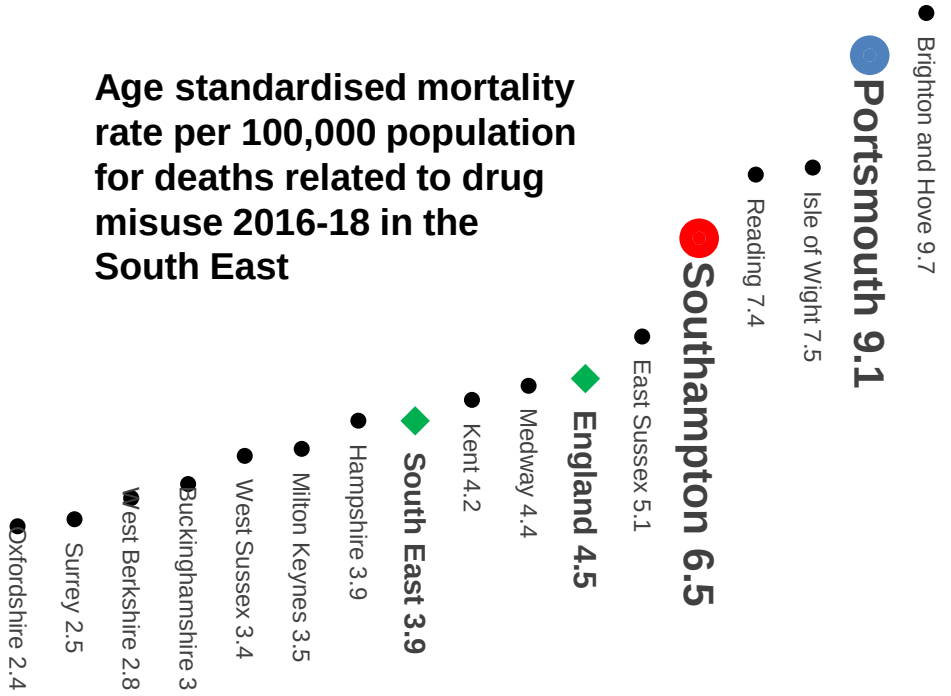
Drug related deaths in Portsmouth

Mortality rate per 100,000 population for deaths related to drug misuse in Portsmouth 2001-2018



(ONS, 2019c)

Age standardised mortality rate per 100,000 population for deaths related to drug misuse 2016-18 in the South East



(ONS, 2019c)

Why are drug related deaths increasing?

The drugs are changing

Drugs are not regulated

They're getting stronger

They're being adulterated

The drug users are changing

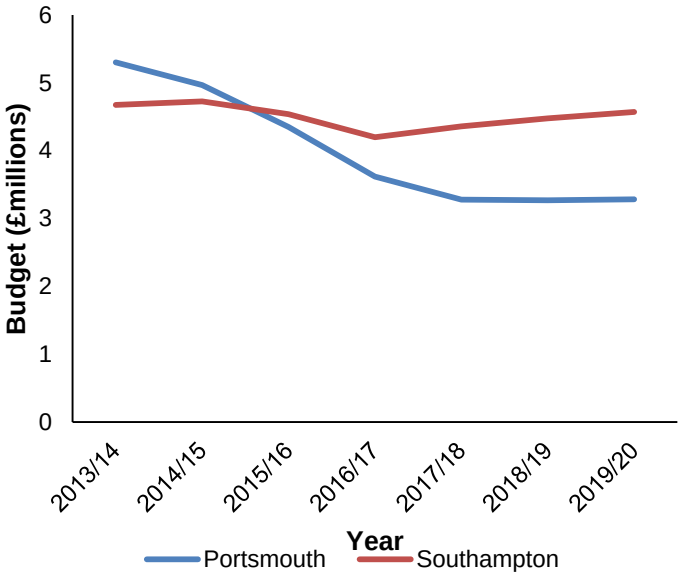
- Homelessness increasing.
- They're getting older (more work needed to review this locally)

We've got the number of users wrong?

- More users not in contact with services?

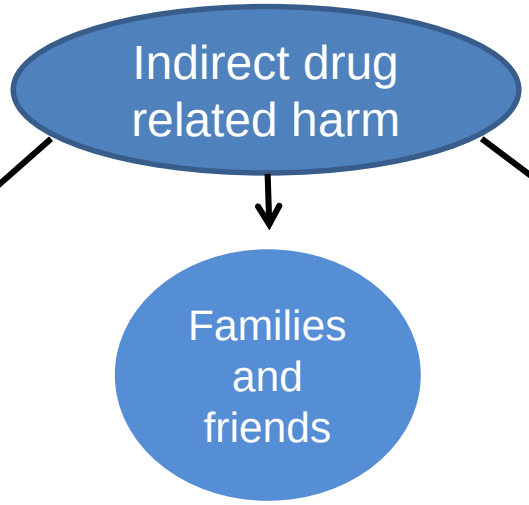
The services are changing

Substance misuse treatment and prevention budget for Portsmouth and Southampton 2013-2020



(MHCLG, 2018)

5. What are the wider harms from drugs?



- Reduced educational opportunities.
- Reduced employment opportunities.
- Sexual exploitation.
- Vulnerability to organised crime.
- Secondary impacts on health – e.g. homelessness, debt, social exclusion.

- Impacts on mental health.
- Domestic violence.
- Impacts on children (ACE).
- Debt,
- Theft.

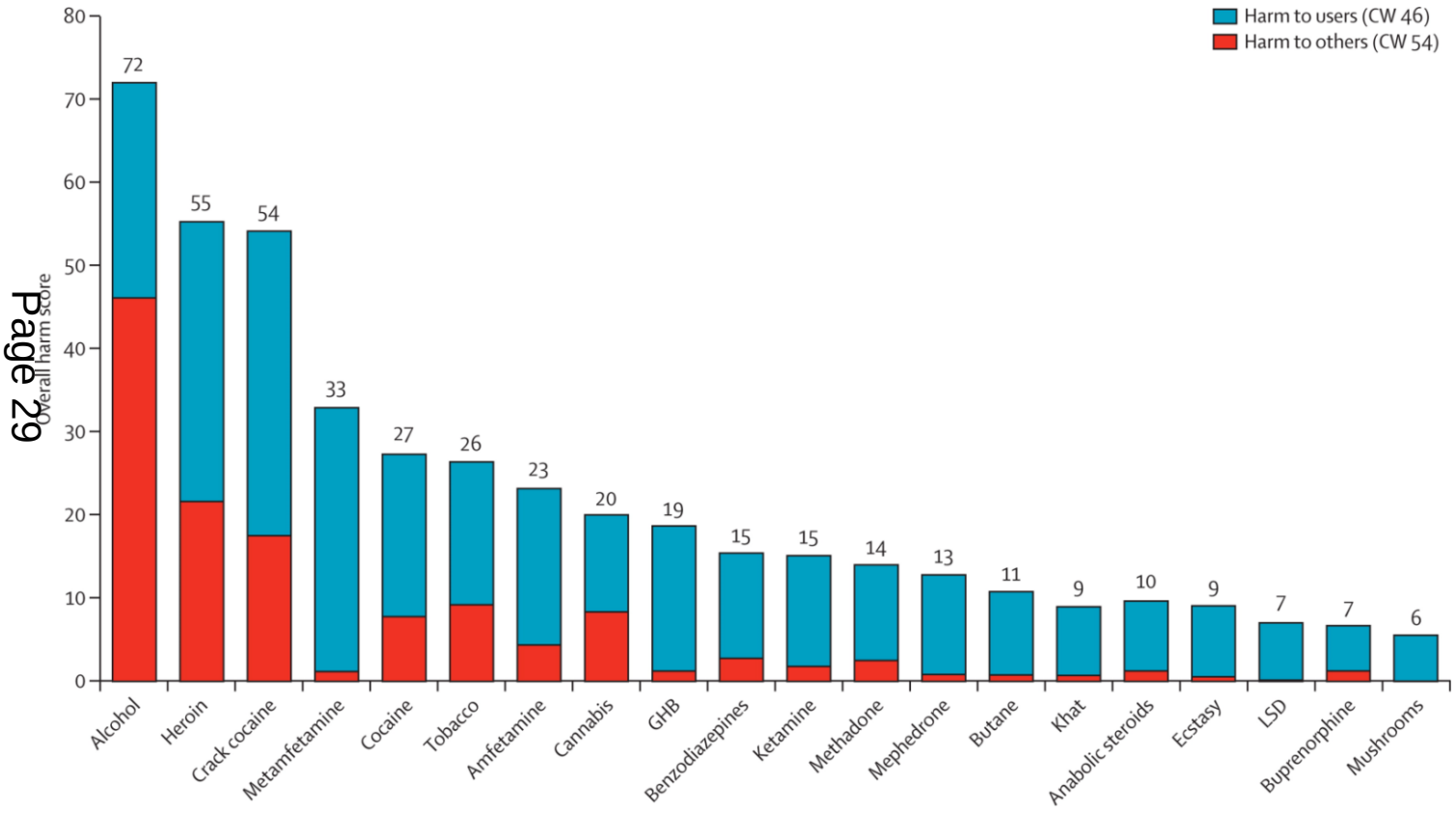
- Public sector costs.
- Drug driving
- Funding of organised crime.
- Funding of terrorism.
- Acquisitive crime.
- Drug related violent crime.
- Harm related to county lines activity.
- Drug litter.
- Driver for corruption.

Changing drug markets and increasing vulnerability - County Lines

Police estimate there are about 100 active lines in Hampshire – fluctuates alot

6. Why are some drugs illegal?

The harm to users and others caused by selected illicit drugs, alcohol and tobacco as determined by multi criteria decision analysis by a panel of experts (Nutt, 2010)



Also: Synthetic cannabinoids (spice) and prescription painkillers

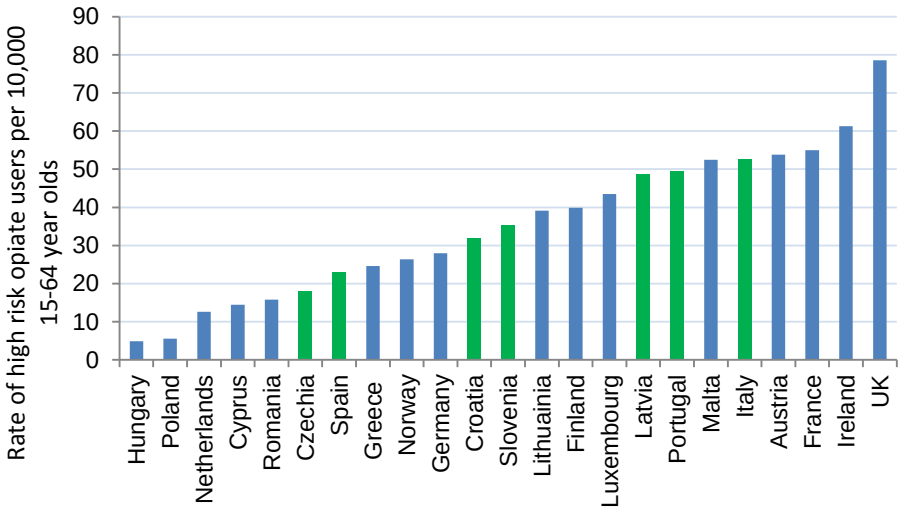
Why are some drugs illegal? – 3 questions

1. Does the law reduce drug use?

2. Does the law reduce drug related harm?

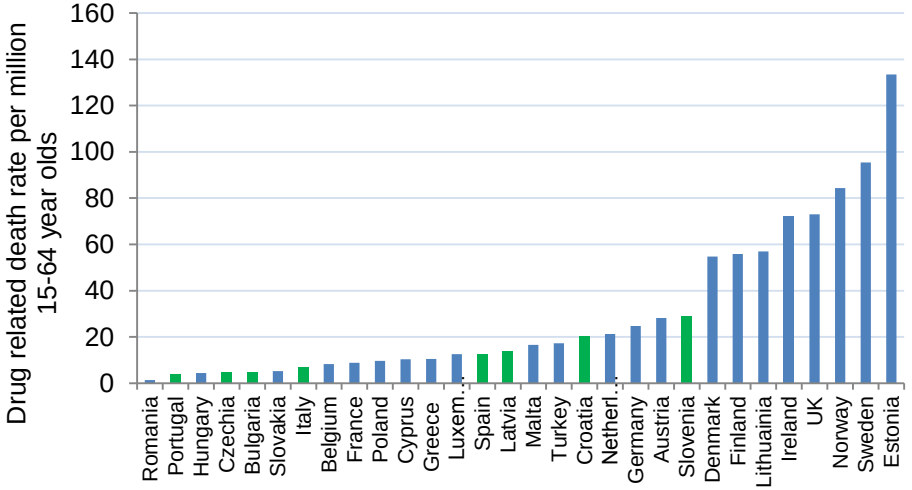
Countries where imprisonment is not a potential punishment for possessing drugs for personal consumption

1. High risk opiate users in EMCDDA countries



(EMCDDA, 2018c)

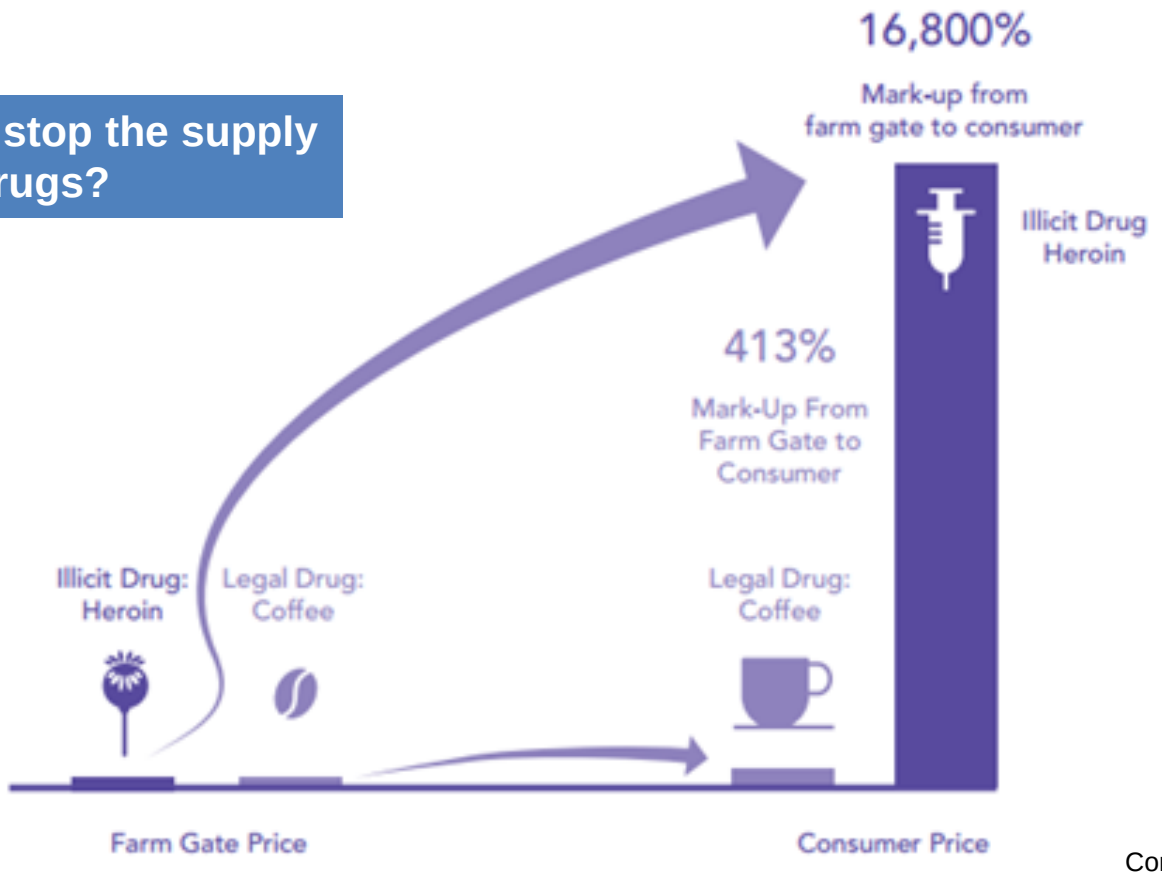
2. Drug related deaths in EMCDDA countries



(EMCDDA, 2018c)

Why are some drugs illegal? – 3 questions

3. Can the law stop the supply of drugs?

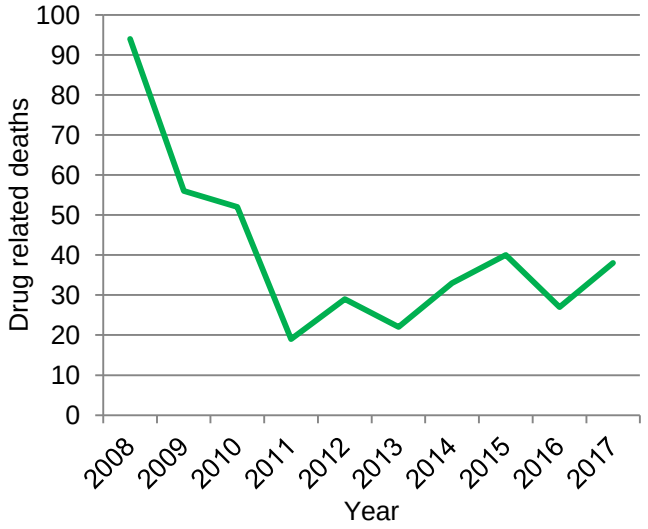


(Global Commission on Drug Policy, 2018)

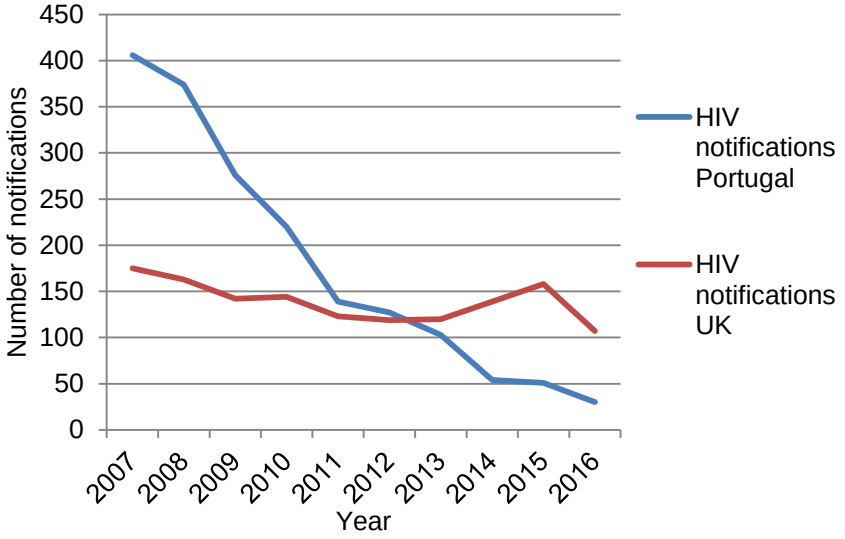
What are the alternatives to prohibition?

- Decriminalise possession? Portugal did this in 2001 and saw reductions in drug related harm

Drug related deaths in Portugal from 2008-2017 from the Portuguese specialist death registry (EMCDDA, 2018c)



Number of cases of HIV diagnosed in people who have injected drugs in Portugal and the UK from 2007-2016 (EMCDDA, 2018c)



- Regulate drugs? To control their contents, how they are sold to who, and to starve criminals of profits

7. Conclusions

- Drug related deaths are increasing as services to combat the issue have less resources to do so.
- The legal status of drugs does not correlate with the harm they cause.
- The law does not, and will not stop demand for drugs or their supply.
- The unregulated nature of the drugs market exacerbates the health harms drugs cause.
- Much of the indirect harm related to drugs is exacerbated or caused by the criminality associated with drug use.
- Many potential solutions to reduce drug related harm require central government actions because they are limited by current legislation or more funding is needed.

What should we do?

Lobby national government:

- Decriminalise the possession of drugs and investigate models of drug regulation
- Commission the Department of Health to write future drug strategies with a due focus on harm reduction
- Address income inequality and deprivation with progressive taxation and address the problems with Universal Credit.
- Strengthen local authority funding for public health teams and mandate the provision of comprehensive drug treatment services
- Consider central funding for under-utilised interventions (heroin assisted therapy, contingency management, take-home naloxone)
- Clarify the law and ensure funding is available to provide drug consumption rooms and drug checking services when need is evidenced
- Strengthen funding for early help and prevention services, social services and mental health services.
- Commission a national evidence based PSHE curriculum including drugs education

What should we do?

Local services are doing brilliant work with the available resources. Other things we could do include:

- Work to assess and increase the coverage of drug treatment, needle-syringe and take-home naloxone services
- Continue work to investigate the demand and evidence for heroin assisted therapy, contingency management, outreach and hospital liaison services
- When legally possible investigate the feasibility of a local drug consumption room and drug checking services
- The Events Safety Advisory Group should continue promoting harm reduction measures including drug checking at music events
- Continue trying to mitigate the negative effects of the introduction of Universal Credit
- The report outlines ways in which we should be engaging with various other bodies including universities, schools and mental health services.

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Portsmouth CITY COUNCIL

Agenda item:

Title of meeting:	Health and Wellbeing Board
Date of meeting:	25th September 2019
Subject:	Health & Care Portsmouth Operating Model : Progress report
Report From:	Chief Executive, Portsmouth City Council and Chief Clinical Officer & Clinical Leader, NHS Portsmouth CCG
Report by:	Innes Richens, Chief of Health and Care Portsmouth and Kelly Nash, Corporate Performance Manager
Wards affected:	All
Key decision:	No
Full Council decision:	No

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1. Purpose of report

1.1 Portsmouth City Council (PCC) and NHS Portsmouth Clinical Commissioning Group (PCCG) have continued to develop and deliver successful integrated working across health and care for the City, as described by the shared Health & Care Portsmouth programme of work. During 2018/19 the two organisations took significant steps to integrate key statutory functions, establishing a single operating model for the planning and delivery of Health & Care Portsmouth within the wider Hampshire and Isle of Wight health and care system.

1.2 In July, and following the previous recommendations from the Health and Wellbeing Board, the Cabinet of the city council and the PCCG Governing Board each agreed a series of next steps to progress this model. The purpose of this paper is to update on progress of this Health & Care Portsmouth operating model.

2. Recommendations

2.1. The Health and Wellbeing Board is recommended to:

a. Note the progress so far on the integration of PCC and PCCG functions in support of the Health and Care Portsmouth operating model
b. Note and endorse the progress on proposals for further integration, including the preferred option for integrating of PCCG Accountable Officer and PCC Chief Executive functions.

c. Note that work will continue with local providers and the wider Hampshire and Isle of Wight health and care system to demonstrate how the approach to integration being adopted within Portsmouth can best support the emerging NHS architecture; and consider where there might be practical opportunities to develop this.

3. Background

3.1 Portsmouth is a city where chief executives, accountable officers and senior executives have been working together closely for some years to develop the right responses to the challenges facing health and care in the city. In 2015, representatives of the five main players in the local health and care system (PCC, PCCG, Solent NHS Trust, Portsmouth Hospitals Trust and the Portsmouth GP Alliance) jointly published a Blueprint for Health and Care in Portsmouth.

3.2 The Blueprint sets out the high level vision for health and care in the city, and also includes aspirations for the future of care in the city:

- The delivery of a Blueprint for Adults Social Care that will drive transformational change in these services to ensure that more people are able to live the lives that they want to live
- Implementation of a Stronger Futures Programme to support vulnerable children and families that will ensure high-quality, sustainable services and improved outcomes
- Continuing to discharge a strategy for supporting special educational need and disability to ensure an inclusive city

3.3 This Blueprint provided a foundation for the city to start developing shared solutions and responses to improve local efficiency, effectiveness and responsiveness in the delivery of health and care services. The joint working and core principles of the Blueprint have flourished in the context of Sustainability and Transformation Plans, and the development of new models and structures. The Blueprint has provided a local vehicle to remove issues caused by working as separate organisations and to join up the commissioning and delivery of services around the care of individuals.

3.4 Sections 4-6 below set out the significant progress made since the development of the Blueprint. The principles embodied by it are squarely aligned to the emergent NHS Long Term Plan and the development of a vibrant community and voluntary sector within the city. In order to build on this momentum, sections 7-10 propose ways in which the Portsmouth Health and Care agenda can be further developed and better outcomes for local people accelerated. They have regard to the wider system reform across HIOW and the achievement of local ambitions for the city population. They have been developed in discussion with health, voluntary sector and local authority colleagues, have the support of the PCCG and Portsmouth City Council and are put to the Board for its endorsement.

4. Delivery of the Blueprint

4.1 Since its inception in 2015, there have been significant achievements delivered through the Blueprint and the associated mechanisms, for example:

- Launch of the Acute Visiting Service that provides a dedicated GP home visiting service on behalf of practices to registered patients requiring an urgent visit in their own home
- Development of the GP Enhanced Access Service, delivering urgent primary care appointments
- An innovative social prescribing service, linked to the voluntary, community & social enterprise (VCSE) sector
- Completion of over 2000 personalised care and support plans and establishment of 500 integrated care budgets as part of the Integrated Personal Commissioning programme
- Bringing together health and social care services into an integrated Early Help and Prevention Service for children and families
- Implementation of an Enhanced Care Home Team, to provide clinical input to care homes in the city to reduce emergency calls and conveyances to hospital.

4.2 These and many other service improvements secured through integrated working across commissioners and with providers have led to demonstrably better outcomes for people in Portsmouth. A more detailed report against the commitments in the original Blueprint is attached at Appendix 1.

5. Further development of Health & Care Portsmouth

5.1 The city continues to have ambitious aims for the services provided to residents. These aims are centred on the people in the city, not the organisations providing the services. In Portsmouth we are taking a wider view on the extent to which other services, traditionally outside of the "health and care" umbrella, are integral to the health and wellbeing of residents. This is specifically in relation to housing and homelessness, but also in tackling poverty, linking with the Voluntary, Community and Social Enterprise sector, and considering the approach to community development. This is in line with the broader consideration being given to a number of the "wicked issues" confronting society that need a multi-disciplinary approach such as serious violence, suicide prevention, alcohol and substance misuse and domestic abuse.

5.2 Therefore, in Portsmouth we have been integrating commissioning and delivery across organisations, so residents do not experience fragmentation of care and support, or unnecessary barriers to access – this is being achieved by the

development and implementation of a Health & Care Portsmouth operating model, with a unified leadership and delivery structure between PCC and PCCG.

6. The first phase of the Health & Care operating model

6.1 During 2018, the first phase of the Health & Care Portsmouth operating model has established combined, joint roles between PCCG and PCC for:

- PCCG and PCC responsibilities for adults health and social care, including the broader CCG commissioning responsibilities
- PCCG and PCC responsibilities for children & families, including the broader functions of PCC for education
- PCCG and PCC responsibilities for public health and well being

6.2 Work to implement the Health & Care Portsmouth operating model since its acceptance in November and February has made the following progress:

a) Children & Families:

- A S113 Agreement has been agreed for the Director of Children & Families (DCS) in PCC to deliver the commissioning duties of PCCG specific to the commissioning of children & families services. The DCS is now a member of PCCG Governing Body.
- The DCS and Chief of Health & Care Portsmouth, with HR expertise, have agreed a single, underpinning staffing structure that unifies PCC and PCCG commissioning capacity; the appropriate HR consultations, engagement and processes are being followed in order to transition to this structure.

b) Adult Services:

- A Blueprint for Adult Social Care in Portsmouth has been launched, with a cross-organisation programme board to ensure its delivery.
- A Section 113 Agreement has been in place between PCCG and PCC since 2016 for the Chief of Health & Care Portsmouth to deliver the statutory duties of PCC specific to adult social care.

c) Health & Care Portsmouth Commissioning Committee:

- Terms of Reference for this joint PCCG/PCC committee have been agreed by the Portsmouth Health & Wellbeing Board (March 2019)
- The Committee held its first development meeting in April to receive the Terms of Reference and agree operating procedures and priorities, including:

- The identification of total health & care financial resource available and committed to adults, children and public health & care for the City
- The scope of the Health & Care Portsmouth work programme – and consideration of connections required to other key factors of City life and the emerging City Plan
- Consideration of how to use JSNA and business intelligence (BI) to inform decisions

The Committee will hold its formal meetings in public, with the first meeting occurring in September 2019.

d) Commissioner and Provider Integration:

- The Health & Care Portsmouth ambition includes reducing duplication and increasing integration between all organisations planning and delivering health & care in the City. Since the approval of the Health & Care Portsmouth operating model PCCG, PCC and Solent NHS Trust have been reviewing capacity and functions where there are potential overlaps or benefits for a more formal integrated arrangement. This specifically focuses on the capacity for significant service change management (also referred to as 'transformation capacity') and quality improvement. The intent is to work to bring together our respective transformation expertise and people around the main Health & Care Portsmouth programmes of work.

- In addition PCCG and Solent NHS Trust have agreed and implemented a joint role for the senior leadership of mental health commissioning and operational service delivery for Portsmouth.

- A s75 agreement is in development for the delivery of 0-19 services in support of the Healthy Child Programme, between Portsmouth City Council and Solent NHS Trust.

e) Health & Care Portsmouth Communication, Engagement and Branding:

- An important enabling programme for Health & Care Portsmouth is the work we do in the City to engage with residents, staff and partners and how we communicate our plans and successes. A joint Health & Care Portsmouth communications & engagement team has been operating for the past year, comprised of the respective communication & engagement leads from PCCG, PCC and Solent NHS Trust. This team has developed and delivered a joint Health & Care Portsmouth communications & engagement programme of work, initially focused on the work delivered around services for adults but now working to include existing and new work on children & families as well as public health.

- As part of this, the increasing use of the Health & Care Portsmouth branding and logo is occurring in the City when any of the partners talk about work on

health & care, with a subsequent increase in use of the Health & Care Portsmouth website (https://healthandcare.portsmouth.gov.uk/).

7. Context to the next phase

7.1 The NHS Long Term Plan, published in January 2019, sets a broad direction for the future of the NHS and indicates that the way NHS providers, commissioners and Local Authorities work together to plan and deliver health & care needs to change. It confirms the continued progression of existing Sustainability & Transformation Partnerships (STPs) into Integrated Care Systems (ICS) which are expected to cover the whole country by April 2021. ICSs are intended to create a shared leadership and achieve a key ambition of the Long Term Plan, the 'triple integration' of primary & acute care, physical & mental health care and health & local government.

7.2 The emerging ICS for Hampshire and the Isle of Wight (HIOW) is based on the previous HIOW STP. Proposals for the evolution of the STP into an ICS were developed during 2018. Whilst these proposals in many respects helpfully pre-empted the expectations of the NHS Long Term Plan, effective models for achieving the third ambition of the 'triple integration' – health & local government – were challenging given the diversity of the large HIOW geography and the differential local government/health integration already in play. Particularly challenging was how to design a model of working that achieved tangible subsidiarity, respecting and recognising the strength of local accountability and local government alongside the need and benefits of working at larger scale on key and shared NHS priorities. The Health & Care Portsmouth operating model potentially offers a way forward on this third aspect of triple integration and the work we are doing locally aligns to the national direction of travel.

7.3 The NHS Long Term Plan also announced the development of Primary Care Networks (PCN), enabling GP practices to work together based on populations of between 30,000 to 50,000, to deliver shared services, allow flexible use of workforce across practices, and enable more proactive care and create locally-based health & care services. This aligns with the existing Health & Care Portsmouth principle, adopted in the Blueprint in 2015 that the foundation of effective healthcare is strong local primary care. It also recognises the requirement for subsidiarity in the delivery and utilisation of resources to provide local healthcare, with significant resource flowing direct to PCNs alongside the corresponding powers to make decisions about how services are best configured to deliver the care needed by their local population. Though early in their development, PCNs in Portsmouth are considering how best to align and situate themselves within the existing City community & care services, in particular the well-established Portsmouth Multispecialty Community Provider (MCP) partnership that has successfully delivered services for residents and is a key element of Health & Care Portsmouth.

7.4 The recent NHSE paper, "Designing Integrated Care Systems" highlighted that *"systems work most effectively where functions at different levels are designed to*

support and complement each other." In the new architecture of the NHS, four levels are described:

- Neighbourhoods: 30-50k populations - relating to Primary Care Networks (PCNs)
- Places: 250k-500k population - relating to Integrated Care Partnerships/Providers (ICPs)
- Systems: 1-3m population - relating to Integrated Care Systems (ICS)
- NHS England/Improvement - 7 regional teams and national team.

7.5 It is clear from the guidance that each function listed for a PCN will need close working across the local NHS services and local government. A mechanism will be needed through which the local NHS and local authority can make joint or single decisions on issues such as:

- working across social care
- prevention and early intervention
- housing
- community and voluntary sector co-working and delivery

7.6 NHSE note that effective PCNs will allow *"NHS and local government services to share functions and staff"*, and mature PCNs will have increasingly sophisticated approaches to the utilisation of data, proactive care to reduce hospital admissions, technology and social prescribing. Success in all of these areas will depend on closely aligned decision-making and resource allocation.

7.7 NHSE guidance also suggests that the "place" tier is where the closest LA/NHS working applies, given that effective operating arrangements are required in respect of:

- Integration of hospital and community services
- 'anticipatory care' not just for older adults but also for children and their families
- Prevention
- Co-working and delivery with the voluntary sector
- Tackling inequalities
- Improving care home quality (local authorities are the 'responsible' authority for the care home sector')
- Assessment of local need
- Collective decisions on the use of resources beyond traditional health and care population health management to address wider determinants, including housing, environment, access to employment and training
- Integration of operational teams to enable rapid response and supporting people with learning difficulties.

7.8 The guidance seems to imply an underlying assumption that boundaries of local authorities and existing NHS community, mental health and acute providers all align. In the case of Portsmouth and South East Hampshire, this is not the case, with two upper tier authorities and a number of district councils. Mechanisms for easing these relationships will be essential.

7.9 At system/ICS level, there is less emphasis on the NHS/LA relationship, but in describing the footprint, the guidance is that this must 'respect patient flow' and be contiguous with LA boundaries, or where not, have clear arrangements for working across boundaries. There is a clear need to ensure close alignment however, including around addressing health inequalities and agreeing best use of the strategic and operational estate.

8. Portsmouth Health & Wellbeing Board, November 2018

8.1 The Health & Wellbeing Board considered and endorsed the outline Health & Care Portsmouth operating model and strongly supported the direction of travel.

8.2 The Board noted that Health and Wellbeing Boards are integral to the development of effective Integrated Care Systems as set out in the NHS Long Term Plan (2018). The Portsmouth Health and Wellbeing Board has strongly advocated wider system reform and has broadly supported the vision for the Hampshire and Isle of Wight system. However, the Board has recognised that in trying to capture the complex set of functions, relationships and dependencies, there are some tensions between the wider system and the local system. These are not insurmountable and fundamentally amount to three main concerns, all related to subsidiarity:

- **Geographies** - there are indisputably a number of functions best delivered at the level of a larger (2m+) population, but community and primary healthcare are interdependent on a whole range of community resources, including social care, schools, housing, leisure provision and the local network of voluntary and community sector provision. However, the HIOW system needs to allow the flexibility for local solutions to local circumstances.
- **Local accountability** - developing tailored approaches to local needs requires local place leaders working together in local systems, particularly as the interface between health, social care and early help and prevention is critical. Leaders and decision makers need to be accountable to their local populations as well as the wider health and care system.
- **Equity in how communities are understood** - to respond to need appropriately, flexibility is needed to do things differently when a granular understanding indicates that it is the right thing to do - this is achieved by allowing resources to be directed as flexibly as possible at the lowest level of geography.

9. Criteria that the next phase of the operating model needs to meet

9.1 In delivering the operating model there are a series of principles and criteria that need to be met, that have regard to the wider system reform and the achievement of local ambition.

Principles	Specific criteria
HCP must play an active role in enabling and promoting the wider Hampshire and IoW system reforms, including the development of ICS models	Enables delivery of the 'triple integration' of the NHS LTP: primary + specialist (acute) care, physical + mental health, and health + local government. Enables and progresses Primary Care Networks and providers working together as Integrated Care Partnerships or Providers (ICPs) with social care and other Local Authority provider services to deliver health & care for populations; enables and accelerates the establishment of ICPs.
HCP ways of working must be focused on the achievement of best outcomes within the available resource	Allows decision-making for health & care to optimise the use of the combined resources available within the community and to the Local Authority and the NHS; sets priorities and allocates resources available for the local population (at 'place' level) in line with these priorities; aligns NHS budgets and expenditure with those of Local Authority, across all of it functions and responsibilities. Establishes an arrangement where there are fewer people around the table to provide clearer, more effective leadership and decision-making – at all tiers of planning and delivery. Creates clearer governance (both during transition and in the end state). Achieves a reduction in back office costs (and drives delivery of quality, performance and value for money). Delivers management efficiencies by bringing together NHS and Local Authority contract management (including procurement where required).
HCP resource needs to be applied with an understanding of the whole person and whole place	Greater integration of health & care planning and decision-making based on the City geography (PCC and PCCG boundaries); significantly deepens the integration of health and local government planning and delivery, and enables a greater whole person and whole population focus to planning and decision-making for health & care – with a strong emphasis on early intervention, prevention and the wider determinants of health. Creates a way of making decisions about and delivering services that goes beyond just health services and social care and incorporates key domains such as environment, housing, community, employment. Joined up planning with a whole person, whole life, whole population focus.
Integration must support quality, safety, resilience and continuous improvement of services	Maintains and improves arrangements for continuous quality improvement, managing variations in performance and creates a way of making decisions that is agile enough to respond to operational pressures and risks to resilience (for example, during high demand periods). Maintains a strong focus on delivery of both operational services and improvement (transformation). Is aligned to the expectations of regulators and other stakeholders (health and care partners and beyond). Provides a clear direction and positive future for health & care staff and reduces risk of loss of talent

HCP must ensure that democratic accountability and clinical leadership is retained in the city, to foster community engagement.	Recognises primary care (Networks and Alliances) as the foundation of the healthcare system and enables the joining up of primary and community care (including social care). Strengthens the democratic accountability of the Portsmouth Health & Wellbeing Board to the residents of Portsmouth. Strengthens the public accountability of the NHS and the Local Authority by democratically elected **political and clinical** leadership for health & care services planned and delivered for Portsmouth people. Is able to achieve a greater understanding of local population needs and hear the voice of local people through continuous engagement to inform decisions and delivery of local health & care

10. Options for next phase of the Health & Care Portsmouth operating model

10.1 Health & Care Portsmouth continues to represent a strong and viable way of achieving effective integration of NHS and local government functions in order to deliver continual improvement of health & care for residents whilst reducing duplication and cost of multiple management infrastructures. This is squarely in line with the NHS Long Term Plan, and stronger integration and performance at the Portsmouth geography will help overall progress within the wider health and care system.

10.2 There are three proposals for deeper integration between PCCG and PCC currently underway:

a) **Extend and consolidate the leadership team to include the Accountable Officer (AO) functions of PCCG to achieve unified and single health & care leadership for the City**

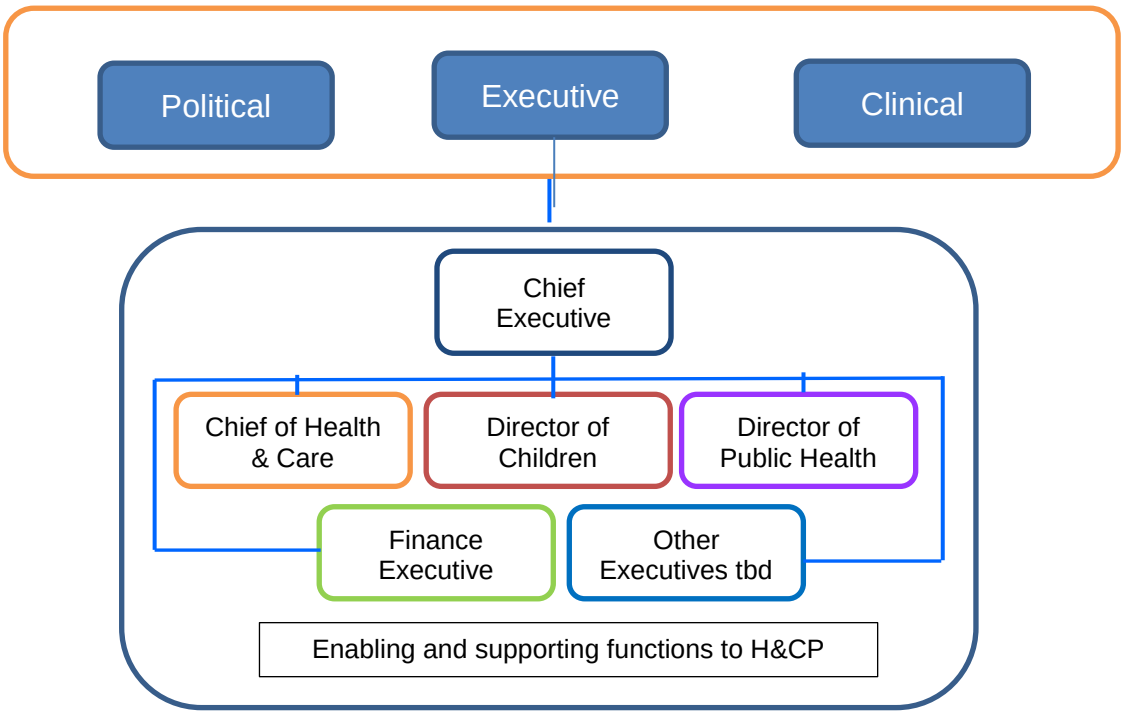
It is important that the Health & Care Portsmouth operating model strongly embraces the benefits of having a triumvirate approach to its leadership arrangements. This means utilising the well-established arrangements in place already for:

- **Clinical leadership** – utilising the Chair, Clinical leader, Clinical Executives of PCCG Governing Board and their clinical leaders in member practice in primary care as well as their networks with clinicians in community, mental health and hospital settings

- **Political leadership** – embracing PCCs elected member model, its constitutional arrangements, leadership of PCC and supporting arrangements such as the cabinet and portfolio holders

- **Executive leadership** – executive officers with responsibilities for health and care, delivering responsibilities for both PCCG and PCC under the direction of a single Accountable Officer

10.3 Together they can drive forward the delivery of our vision for Health and Care Portsmouth. This could be illustrated as:



10.4 This operating structure will also enable all health & care leaders from the City to act as the 'voice of the City' in other system settings including the Portsmouth and South East Hampshire Integrated Care Partnership and the proposed Integrated Care System across Hampshire and Isle of Wight.

10.5 A detailed options appraisal was been undertaken on this and as a result, the PCC Cabinet and PCCG Governing Board both supported a proposal for the accountable officer functions of PCCG to be incorporated into the role of the PCC Chief Executive. This will be achieved by way of established s75 and s113 mechanisms.

10.6 It is important to note that any changes to the CCGs Accountable Officer arrangements are subject to approval by the Secretary of State for Health.

b) Delegate defined functions and decisions to the Health & Care Portsmouth Commissioning Committee (Health and Wellbeing Board commissioning sub-group) from both PCCG and PCC

10.7 The Health & Care Portsmouth Commissioning Committee (Health and Wellbeing Board commissioning sub-group), as defined by its current Terms of Reference, has a scope limited to the delegated authorities of its respective individual members. This can achieve a great deal, however it does not automatically create greater transparency about how priorities are agreed, nor how the respective organisations allocate and align their financial and other resources.

10.8 Pursuing this proposal will require clarity through the scheme of delegation between this Committee, the Cabinet and respective Portfolio Holders. It will also require consideration of the ongoing role of the CCG Governing Body in light of any agreed delegations from it to this Committee. This work will be a major part of the agenda for the commissioning sub-group in the coming months.

c) Create a joint finance role between PCCG and PCC in order to ensure strong financial leadership and governance as part of a unified Health & Care Portsmouth leadership

10.10 It is considered that significant progress could be made to unlock further opportunities in support of the Health and Care Portsmouth model through greater alignment of respective finance functions. Discussions have taken place with Tameside Council and Tameside and Glossop CCG, where greater integration has occurred and benefits have been realised. In the light of this, PCCG and PCC finance teams are working together to develop an options appraisal to arrive at a recommendation for developing integrated ways of working. This appraisal will consider:

- the extent of integration possible (including children's, public health and adults' services)
- the respective powers, constraints and responsibilities of the current CFO roles
- opportunities and risks for the various options
- decision-making and reporting systems - internally and externally - for each organisation
- links to the ICS and ICP as we need to continue enabling system-wide working across Portsmouth and South East Hampshire and the commissioning of services from the hospital.

10.11 The appraisal will lead to recommendations for the approach to be taken, along with practical next steps. This could include consideration of cost/gain share models. It is expected that recommendations will be reported back in November 2019.

11. Future steps

11.1 The successes of Health and Care Portsmouth (including the examples given in Appendix 1) have been achieved through the collective working of all partners in the city, particularly the providers including Solent NHS Trust, Portsmouth Hospitals NHS Trust, the Portsmouth Primary Care Alliance and South Central Ambulance Services. By further integrating the functions and responsibilities for

health and care currently residing in the CCG and local authority, our ambition is to continue to strengthen our ability to work within this wider city partnership.

11.2 It is recognised that the development of the operating model so far has focused primarily on the commissioning element of the local health system and the relationship between PCCG and PCC. However, Health and Care Portsmouth embraces a much wider set of functions, including the vital business of service planning and delivery of health and care services for people in Portsmouth. Health and Care Portsmouth has yet to express a clear vision for future working with and between providers.

11.3 The expectations and success criteria set by NHSE for new models of working, including within integrated care systems, will require all partners to be making aligned decisions to achieve improved service delivery for improved outcomes.

11.5 As part of developing the Health and Care Portsmouth operating model, and in order to define how Health and Care Portsmouth will play a significant role in the emerging architecture of the NHS, we have initiated on-going discussions with key partners, seeking their feedback on future developments as well as the proposals set out above. There are common themes already emerging, most notably a shared desire to understand how we best conduct and deliver the business of health and social care at various tiers in the most effective way. Although there is widespread recognition of the importance of local authority functions and decision-making as part of delivering improved services, there is less certainty about the most effective operating model to achieve this. In particular, there is a concern about achieving a balance between addressing the operational pressures within the NHS and social care services and looking at a wider set of determinants of health and care over a longer timescale.

11.12 The Health and Care Portsmouth model is a strong enabler for the necessary join-up of decision-making and resource allocation at the neighbourhood level, and can assist at ICS and ICP tiers. However, as a future step, it will be helpful for the Health and Wellbeing Board to hear from the perspective of provider partners some practical opportunities to enable the model to develop further.

12. Equality impact assessment (EIA)

12.1 A preliminary EIA has been completed, indicating that there is no requirement for a full EIA at this stage.

13. City Solicitor comments

13.1 The proposals recognise the legal basis for integration via the refreshment of current section 75 and 113 agreements along with new agreements to reflect what is proposed. Within the scope of this process there would by definition need to be a consideration of the basis upon which staff and colleagues are aligned within the context of the employer/employee relationship to the extent that there are potential TUPE issues (with all the usual issues of contractual parity between organisations) along with potential loses of employment stemming from a redundancy process.

Whilst the exact nature of the effect of the proposals are yet to be scoped the comments made here are likely to require adequate financial modelling to occur to mitigate against immediate cost and potential future risk.

14. Head of finance's comments

14.1 The further development of the Health & Care Portsmouth operating model needs to be achieved within existing available resources for each organisation. The model focuses on utilising existing roles within both PCC and PCCG to consolidate functions, reduce duplication and form a single leadership. If the proposals in the paper are supported then work will need to be undertaken to model the cost of the revised arrangements and agree cost share arrangements for the unified executive arrangements described to ensure that they do not add to the costs for each organisation.

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Signed by:
David Williams, Chief Executive, Portsmouth City Council
Dr Linda Collie, Chief Clinical Officer & Clinical Leader, NHS Portsmouth Clinical Commissioning Group

Appendices:

Appendix 1: Delivery on Blueprint Commitment

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location
Blueprint for Health & Care in Portsmouth	https://democracy.portsmouth.gov.uk/documents/s8694/Proposal%20for%20Portsmouth%20Blueprint-%20Appendix%20A.pdf

The recommendation(s) set out above were approved/ approved as amended/ deferred/ rejected by …… on ……

……
Signed by: Name and Title

Portsmouth CITY COUNCIL

Appendix 1

Delivery against the commitments in the Blueprint for Health & Care in Portsmouth (September 2015)

Commitment one: We will build our health and care service on the **foundation of primary and community care**, recognising that people have consistently told us they value primary care as generalists and preferred point of care co-ordination; we will **improve access to primary care services** when people require it on an urgent basis.	
Achieved so far	**Recent progress**
From June 2018 the CCG newly commissioned **Integrated Primary Care Service incorporating the provision of three interconnected services: Out of Hours (OOHs), the AVS, and GP Enhanced Access**, went live across the City. Integrated provision of the three interdependent services has enabled, effective delivery of primary medical care services 24 hours a day, 7 days a week, and improved access to primary care services by increasing capacity outside of core general practice operating times. Evaluation has demonstrated the Integrated primary Care Service performs at a high level, achieving 96.3% compliance when measuring time to treat performance metrics (and achieving 100% for high-risk, emergency dispositions). The service currently delivers 100% shift fill rate for clinical roles, at a comparable pay rate with system partners; this is achieved, in part, by giving clinicians full access to patient records, providing a safer environment to work and reducing clinical risk. The high performance standards, coupled with the assurance around clinician fill rates, evidences the resilience of the Portsmouth CAS model. To help enable GPs to focus their time on seeing patients who require their generalist expertise, a pilot has been established to deliver Musculoskeletal (MSK) triage in general practice. This service **enables patients contacting their GP practice with an urgent MSK issue to access a physiotherapist the same day**. All the GP practice populations are now benefiting from this service.	The Portsmouth Integrated Primary Care Service (IPCS) is working towards ensuring that **all urgent clinical assessments via NHS 111 take place within a Portsmouth primary care service during in-hours** (08:00-18:30, Monday-Friday), via GP practices and local hubs, with access to patients' clinical notes and the ability to direct book an appointment for the patient. It is expected that the in-hours (08:00 – 18:30) CAS in Portsmouth will go-live June 2019. We are supporting General Practice to develop **5 Primary Care Networks (PCNs) across the City** to enable closer working. We will work to enable the ongoing development of the MSK service aligned to PCNs. Ongoing work is in place with practices to look at opportunities to increase capacity and capability within the practice to improve access, such as use of **care navigator roles, e-consult and on-line booking options – many practices are now offering one or more of these solutions.**

Commitment 2 - We will underpin this with a programme of work that aims to **empower the individual** to maintain good health and prevent ill health, **strengthening assets in the community**, building resilience and social capital.	
Achieved so far	**Recent progress**
A collaborative approach has been taken to include the **Voluntary & Community Sector (VCS) as an equal partner** in the provision of health and care to Portsmouth residents through **the creation of The Hive** and the **establishment of the Central Hub** in the Library. Through this service, an easy access route for GPs has been available to access non-medical support from the VCS for their patients. The creation of **Project Bridge** where representatives from a range of VCS organisations and the PCC and PCCG have met to discuss known problems and identify solutions which can be jointly developed. Through the Project Bridge umbrella, the proposal for a 'sitting service' has been developed and is being delivered. **Adult Social Care (ASC) strategy development** has led to establishing its Principles for Transformation which will enable *'Nothing for us without us '*embedded in service design, monitoring and evaluation; and *Core Outcomes agreed across ASC* (at individual, operational and strategic levels) of *good health, independent lives, meaningful days and employment, social inclusion.* Through the **Integrated Personalised Commissioning Programme** (IPC) we have seen the completion of over 2000 personalised care and support plans and the establishment of 500 integrated budgets which meet the criteria of **personal health budgets,** with a small number converting into direct payments. The relationship with the VCS and those with 'lived experience' is also particularly strong within the integrated mental health services. The role of **peer support workers in community mental health** services is now well established.	T**he sitting service and the integrated social prescribing service will be co-located and operated through a Single Point of Contact (SPOC)** through the HIVE central Hub for access to VCS within the City. This will enable a more personalised and tailor made service for carers and their families to be made available through a strengthened VCS resource, offering economies of scale and establishing a strong presence within the City. Work will continue **to embed social prescribing within the Primary Care Networks,** aligned to City wide provision. Adult Social Care is developing outcome-based commissioning across the service, that includes options for extending use of personal budgets, micro enterprises etc. This work will be aligned with, supported by and build upon HIOW Personalised Care Demonstrator project with NHS England to support ongoing development of personal health budgets. The development of a **Long Term Condition (LTC) Hub** in the city which pools existing public health, primary, community, and secondary care professionals into a single team, ensuring patients receive consistent, high-quality care. Developed as a pilot between 2 large GP practices in the City, the LTC Hub is focusing on diabetes and respiratory conditions, empowering individuals to maintain good health by equipping them with education, skills, and knowledge leading to lasting self-management techniques and behavioural change. The current **well-being service**, which offers support lifestyle support to help people manage their weight, alcohol consumption and quit smoking, has been through a systems thinking intervention, leading to a re-design of provision, which will improve the offer and enable greater integration with the long term conditions hub.

In relation to **children's services**, HIOW is one of only four areas in the country where the STP includes a **clear workstream for children's services.** There are credible plans, partly delivered, in relation to supporting primary care around urgent and emergency care avoidance and family health literacy. **Future in Mind Mental Health Transformation** programme includes work in schools and support for the roll-out of consistent restorative practice across the city - seen by NHS England as a strong basis for further integration.	Through the Mental Health Transformation programme, a business case for a **'Well-Being House', Positive Minds** has been finalised to increase support offered for people with low level mental health needs, enabling them to access VCS and community support to help them in a more person centred way and offer community based alternatives to the traditional service offering in order to improve health outcomes. The operating model has been agreed between the delivery partners and a venue is currently being finalised. The local delivery system is continuing to develop more effective whole system approaches to **children's mental health.** Promotion of the **Portsmouth Children's Trust Physical Health Strategy**, to tackle obesity, smoking, drugs and alcohol as well as self-help in lower level health needs. A more radical, effective and sustainable approach to care, support and education provision for **children with autism.**
Commitment 3 - We will **bring together important functions** that allow our organisations to deliver more effective community based front-line services and preventative strategies; this includes functions such as HR, Estates, IT and other technical support services	
Achieved so far	**Recent progress**
Considerable progress has been made towards utilising a **single clinical record across providers** to: improve communication between healthcare professionals; enable improved quality of care; and deliver safe, consistent provision. **All GP practices** within the city and **Solent NHS Trust use TPP SystmOne as their primary clinical system**. The Integrated Primary Care Service also uses SystmOne, giving clinicians full access to patient records during the out of hours period provides a safer environment to work and reduces clinical risk. The Communications and engagement teams from all Health & Care Portsmouth partners have embarked on a programme of joint working and support and have developed a **shared communications and engagement programme** to support HCP.	**Adult social care have been operating on SystmOne since April 2019,** leading to the creation of a **truly joint health and care record**. A request by social prescribing to be able to utilise SystmOne for ease of feedback to health and care professionals has also been made – this will require further investigation in terms of IG issues, appropriateness and cost. Through the Integrated Care Team pilot we have been developing and **testing a single assessment and care plan, using SystmOne** across social work, community nursing, physio and OTs. This further reduces duplication and fragmentation of community services. In recognition of the inconsistencies with existing healthcare estate within the city (in terms of condition, statutory compliance, functional suitability, quality, and accessibility), and the fact there is NHS and Local Authority owned

Working with partners across primary, community, secondary care, and the local authority, PCCG utilised monies received from the national Estate and Technology Transformation Fund (ETTF) to undertake feasibility studies and options appraisals to assess estate potential in the city and progress the development of physical Hubs within the North and Central localities.	buildings in the city that are not fully utilised, creating void space which incurs avoidable cost to the system, a project team has been created to devise and implement **a strategic estates plan** for the city, including primary, community, and local authority partners. This team will implement the projects commenced under the ETTF and continue to develop suitable and sustainable estate solutions for the city.
Commitment 4 - We will establish a **new constitutional way of working** to enable statutory functions of public bodies in the City to act as one. This would include establishing a **single commissioning function** at the level of the current Health & Wellbeing Board **with delegated authority for the totality of health (NHS) and social care budgets**	
Achieved so far	**Recent progress**
Partnership working between PCCG and PCC has increased, leading to the appointment of a joint Local Authority Director of Adults Services role/CCG Chief Operating Officer role in 2016. This has led to the creation of the Health & Care Directorate and team approach across health and care commissioning, transformation of adult social care, quality and safeguarding. The Better Care Fund pooled fund arrangements have been increased to £27 million and now include additional services such as carers, and community beds for both health and care and OT services. The **integrated Early Help and Prevention service** has operated under one Head of Service since March 2017. This has supported the development of a new targeted health visiting offer, and a modernised delivery of universal support.	The creation of a S113 agreement to enable the Director of Children's Services to deliver the commissioning duties of PCCG specific to the commissioning of children & families services. The DCS is now a member of PCCG Governing Body. Continuing to develop as a single adults health and care directorate, as well as strengthening integrated commissioning function. Continued discussions across PCCG and PCC as to how we can explore further joint and pooled funding arrangements. PCCG, PCC, and Solent NHS are currently developing a joint operating model with combined senior commissioning and Operations Manager posts. The aim is to continue to match the integration of front-line operational services with integrated management and leadership. The recommendations within the report on Health and Care Portsmouth Operating Model, Next steps sets out the proposals for further integration, including the preferred option for integrating of PCCG Accountable Officer and PCC Chief Executive functions.

Commitment 5 - We will **establish a single or lead provider for the delivery of health and social care services for the City.** This would involve looking at organisational options for bringing together health and social care services into a single organisation, under single leadership with staff co-located. **The scope of this would include mental health, well-being and community teams, children's teams, substance misuse services and learning disabilities**. In time, it could also include other services currently residing in the acute sector or primary care	
Achieved so far	**Recent progress**
A partnership arrangement has been agreed between PCCG, Solent NHS Trust, PCC, and the PPCA (a GP federation representing general practice), effectively creating a **'virtual Multi-speciality Community Provider (MCP)'** in the city. The MCP programme includes a suite of transformational change projects for health and care services in the city working to provide more effective, efficient, and integrated care; that will delivered the plans for the community model that has been developed jointly by the MCP programme team. A prime example of the partnership working, without boundaries, to date, has been the implementation of the **Portsmouth Enhanced Care Home Team Pilot.** This has provided 5 of the 27 Portsmouth Care Homes with regular clinical input from a nurse led Care Home Team. A further 2 Care Homes have received a full weekly Multi-Disciplinary Team meeting comprising of a GP, Physical and Mental Health Nurses, Pharmacists and Care Home Team staff. This team has direct access to Physio and Occupational Therapy support. The **outcomes for these homes** over a 9 month period, to December 2018, **have seen a reduction in 999 calls made by 32%, reduction in conveyances to hospital by 31%, and emergency admissions reduced by 8%. As well as reduction in calls to primary care of 72% and reduced requirement for urgent GP visits by 75% .** Further roll-out will continue in 2019/20. At a system level a **PSEH Mental health transformation programme** has been established. This has led to partnership working between the two mental health providers to better manage acute in-patient beds leading to a reduction in out of area placements for SEH patients, savings and improved utilisation of City beds.	PCCG is seeking to progress the 'virtual MCP' arrangements further by exploring risk/gain share arrangements and Integration Agreements between the community provider and GP practices for suitable projects within the MCP programme. This work will enable PCCG to better understand the requirements of commissioning further integrated Care Provider arrangements, through a formal procurement process at some stage in the future, in line with National guidance. Discussions are ongoing to include **Portsmouth Hospital Trust (PHT) and the VCS becoming represented in the partnership arrangement.** For the VCS, this could be through the development of The HIVE, in a similar way to which a GP federation represents general practice. This will enable a much broader range of community services to become integrated. Enhanced support to Care Homes is also a system wide priority and commissioners from Fareham and Gosport, South East Hampshire and Portsmouth CCGs are working with clinicians to produce the case for a Care Home Team model that will reduce utilisation of urgent care at scale. **Strengthening of integration of support for children with SEND** to provide more inclusive, affordable care and education, including the potential creation of a Portsmouth specialist SEND hub.

Commitment 6 - We will **simplify the current configuration of urgent and emergency and out of hours services**, making what is offered out of hours and weekends consistent with the service offered in-hours on weekdays so that people have clear choices regardless of the day or time	
Achieved so far	**Recent progress**
Across HSH, commissioners and a number of incumbent providers have entered into a period of co-design to **transform existing urgent care services to meet the national IUC specification,** including the delivery of a Clinical Assessment Service (CAS). Within Portsmouth the Integrated Primary Care Service (IPC) has enabled provision of Integrated Urgent Care (IUC), predominantly centred on a 111 call handling service linked to a fully integrated triage and treatment service. The CAS has been co-located within the IPC, which has the requisite infrastructure in place to provide a consolidated workforce response to all primary care demand within the city. **The integration of the CAS requirement into local urgent primary care provision helps ease these pressures by utilising existing workforce in a flexible manner** to deliver the CAS. The CAS is currently operating 18:30 – 08:00 Monday to Thursday, and 18:30 Friday – 08:00 Monday at weekends, plus bank holidays. The Portsmouth model works on the premise that **senior clinical triage at first point of contact within the CAS is a more cost effective method** of managing demand and **leads to better patient outcomes**. This is enhanced through the utilisation of TPP's SystmOne clinical system, which every GP practice within Portsmouth operates from. Evaluation of the IPC service evidences a positive correlation between the introduction of the Portsmouth CAS model and ED attendances. **During the period of the Portsmouth CAS being in operation ED attendances have reduced by -1%,** compared to an increase of +7.6% in neighbouring CCGs, equating to a potential cost reduction of £418k per annum (when factoring ED attendance and conversion to admission costs). **In addition to this, following clinical validation of ED dispositions from NHS 111, the Portsmouth CAS model has**	The Portsmouth Integrated Primary Care Service (IPCS) is working towards ensuring that **all urgent clinical assessments via NHS111 take place within a Portsmouth primary care service during in-hours (08:00-18:30, Monday-Friday), via GP practices and local hubs, with access to patients' clinical notes and the ability to direct book an appointment for the patient**. It is expected that the in-hours (08:00 – 18:30) CAS in Portsmouth will go-live July 2019. The service is also testing the ability for the local CAS to provide clinical validation by local GPs for NHS 111 dispositions for calling category 3&4 (low urgency) ambulances. This is anticipated to go live from August 2019. As part of the development of the Integrated Primary Care Service, and linking with plans to implement IUC requirements, we are working with partners across the system to explore ways of further amalgamating the existing and complex urgent care landscape into a simplified point of access for patients, which delivers consistent and integrated urgent and emergency care. We envisage this will include further integration and alignment of **Integrated Primary Care Services with Urgent Treatment Centres, Urgent Care Centre (GP Streaming at ED), the Clinical Assessment Service, and overnight community provision, to provide a compelling alternative to ED.** Plans are also underway to establish a PSEH **mental health assessment unit**, to provide better support within ED and general acute inpatient services to people with mental health conditions; which it is envisaged will lead to a reduction in emergency admission or reduced length of stay

demonstrated a diversion of 86% of these dispositions from ED or dispatching an ambulance; this compares with 68% and 67% when comparing with two alternative models in Hampshire. Alongside this, the St Mary's Treatment centre has been designated as a wave one **'Urgent Treatment Centre (UTC),'** again as part of a national initiative to simplify the urgent care offering across the country. In addition, mental health crisis services have been reviewed and implementation plans in plan for improvement.	
Commitment 7 - We will focus on building capacity and resources within defined **localities** within the City **to enable them to commission and deliver services at a locality level** within a framework set by the city-wide	
Achieved so far	**Recent progress**
The **neighbourhood team model**, which is at the heart of the delivery of the new Portsmouth Community model incorporating primary, community, and social care within an integrated team, is being developed in partnership with the PPCA, Adult Social Care and Solent NHS Trust. Adult community nursing and social work teams are already co-located in three cluster teams across the City, working with primary care through the 'virtual ward', multi-disciplinary team arrangements. **Children's teams** are also co-located as part of three geographically focused multi-agency teams, working to deliver the **integrated strategic programme "Stronger Futures",** bringing together public health, mental health and social care/early help services. **A Good Neighbours network** has also been established within the City. This promotes community help and wellbeing, with volunteer led groups developing in three initial areas within the City to offer health and social transport, befriending and social activities, informal care and help with tasks.	**Further development of the Integrated Care Team** approach is well underway. Since June 2018 the new approach has seen individuals that require additional support provided by the fully integrated team either after they have left hospital in order to return them to independence or to wrap care and support around them when they are at risk of being admitted to hospital. **The approach uses a single assessment and care plan and reduces the need for referrals between teams and minimises delays in care provision to individuals**. The model is currently being rolled out to one initial locality with plans to extend to the 2nd and 3rd. Over time this approach will be embedded within Primary Care Networks. We will then need to ensure **private provider services are commissioned and developed in a way that best works with the new model of care**. Adult Social Care has now completed a systems intervention on Domiciliary Care which will inform this. NHS Solent are partnering with a domiciliary care organisation to test a new way of working with care providers. We will take this learning **and establish a care offer that is able to better respond in the way people need it to, whilst being more robust and sustainable** against market influences experienced nationally (work force issues generally).

	Residential and Nursing care services in private homes will be reviewed in the context of Therapy Led Units (TLU) and the benefits of working in a different way to reduce hospital delays, and shorten length of stay and to reduce long term care placements. Linked to the current developments with VCS partners, we are also actively promoting opportunities for the asset development within communities, **enabling communities to increase control over their own health and wellbeing. Community centre approaches offer a stronger way to use local resources and to reshape them to meet local needs.** Coproduction will be integral to ensure that local needs are understood. An approach to ensure robust engagement for service development plans will be put in place.

Portsmouth CITY COUNCIL

Agenda Item 8

Title of meeting:	Health and Wellbeing Board
Date of meeting:	25th September 2019
Subject:	Proposal for a pilot superzone to tackle childhood obesity and create a healthier environment
Report by:	Director of Public Health
Wards affected:	All with a focus on Charles Dickens ward
Key decision:	N/A
Full Council decision:	No

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1. Purpose

1.1 The purpose of this report is to:
- Present a proposal for a pilot superzone around a Portsmouth primary school

2. Recommendations

2.1 The Health and Wellbeing Board is asked to:
- Approve the proposal to implement a pilot superzone around a Portsmouth primary school with the aim of creating a healthier environment.

3. Background

3.1 The Director Public Health's Annual Report 2017 highlighted the local and national issue of childhood obesity. Upon discussion at the Health and Wellbeing Board, it was agreed to consult partners and jointly propose further local action to tackle this complex issue. This paper therefore presents a proposal for a pilot 'superzone' to be implemented in Portsmouth based around Arundel Court Primary Academy, part of the University of Chichester Academy Trust.

3.2 The latest published figures from the National Child Measurement Programme (2017/18) show that in Portsmouth, the prevalence of children overweight or obese is 24.5% (10.7% obese) in Reception (significantly higher than the national average) and 36.2% (21.7% obese) in Year 6 (similar to the national average). Across Portsmouth there is variation between wards and higher levels of obesity are observed in areas experiencing greater deprivation.

4. Reasons for recommendations

4.1 Proposal for a pilot 'superzone'

4.1.1 A superzone is a place based approach to coordinating policy and community action with the aim of reducing childhood obesity in a specific area, as well as achieving co-benefits of reducing air pollution and promoting a safe environment. Superzones are an approximate 400m radius area around a location - for Portsmouth, a primary school has been selected.

4.1.2 A superzone approach brings together a diverse range of partners to tackle problems and design actions with communities to improve their neighbourhoods. It assesses the character, needs and assets of the superzone and then tailors and priorities a mix of actions appropriate to that place.

4.1.3 The pilot superzone would be located around Arundel Court Primary Academy which is located in Charles Dickens ward, one of the more deprived areas of the city. Spatial analysis supports this as an area which has most opportunity to benefit from a focused and co-ordinated approach including by drawing on the many community assets located in the area (e.g. community centres, faith based groups, adventure playground and youth club, library, Family Hub, community garden and green space).

4.1.4 Arundel Court Primary Academy took up the opportunity to conduct curriculum relevant project work surveying their local environment to understand, through children's eyes, what helped or hindered them be healthy. The children's work was impressive and imaginative, drawing on smells, noises and what they saw. Three main themes emerged (reflected in table 1) asking for action on improving the environment, ensuring public spaces are safe and ensuring healthy food is available. Examples of what the children said:

Several classes counted fast food outlets in the local area. The children understood that eating too much fast food and gaining weight "*could lead to illnesses like diabetes and obesity*" and thought that "*to have a healthy environment we need healthier restaurants*."

"Our world will be better without cars because pollution is floating everywhere"

"We need people to stop smoking… it effects our lungs badly"

"*We would like clean open space*"

4.1.5 This work will also support delivery of the National Planning Policy Framework which clearly states that planning policies and decisions should aim to achieve healthy, inclusive and safe places.

4.1.6 A 400m zone around Arundel Court Primary Academy is shown in appendix 1. This area is intended as a guide and is likely to vary in line with school catchment area and take account of other initiatives. Some initiatives as part of the zone may be more appropriately implemented Portsmouth-wide.

4.1.7 The table below details initiatives proposed for inclusion in the superzone. A second Project Bridge session will seek to gather ideas from parents, community members and other partners to build a consensus of actions that will be progressed as part of the superzone. Parental engagement throughout the pilot will be an important component in delivering meaningful change. Actions will then be approved and progressed through appropriate channels, and overseen by a steering group. The pilot superzone is intended to run for an initial 12 month period, followed by a stocktake of whether intended aims are being achieved.

Table 1: Proposed initiatives for inclusion in the superzone

Workstream	Proposed intervention	Portsmouth City Council Directorate	Anticipated Impact
Food Environment	Restrict additional unhealthy A5 hot food takeaways within 400m of school	Planning	Reduce exposure to unhealthy food
Active Places	School streets/ temporary road closures around schools to encourage walking/cycling	Transport	Increase in active travel/physical activity Improve air quality
	Engaging parents in adventure playground and summer food and fun activities	Housing	
	Greening and improving walking routes/ play on the way schemes.	Planning/Transport/ Public Health	
School setting	Participate in Daily Mile (once school build completed) and new outdoor space designed to maximise health.	Public Health	Increase in physical activity
	Implement and expand Pompey Monsters	Transport	Increase physical activity
	Healthier food offer in schools both cooked meal (new contractor) and packed lunches (guidelines/policy to be developed)	Housing host contract for school meals/ Education	Increase in healthy food consumed during school day
Clean Air	Smoke free areas e.g. playgrounds, school gates, consider other outdoor spaces used by children, bus stops	Public Health	Clean air outside school will encourage children to play outside and walk to school - increasing physical activity and perceived safety through higher footfall
Safety	Work with Community Wardens and school children to identify solutions	Clean and Green/ Education/ Public Health	Community owned solutions to improve perceived safety, encouraging children and their families to enjoy outside space

4.2 Key findings of background work

4.2.1 ***Whole Systems Mapping:*** In summer 2018, a whole systems mapping exercise using tools developed by Leeds Beckett University identified local obesity prevention and management activity across health, social care, education, community and voluntary organisations, and elsewhere. Many initiatives were underway across the city but the work highlighted how a more coordinated approach could be helpful. The majority of activities were focused on individual and family action. It was identified that measures to tackle wider environmental drivers of obesity were needed to make healthy choices the easy choices for children, families and young people.

4.2.2 ***Health and Wellbeing Board workshop:*** In November 2018, the Health and Wellbeing Board held a workshop to identify possible further actions. A range of suggestions were put forward including ideas to work with families recognising the importance of parents/carers, as well as ways to optimise the environment.

4.2.3 ***Project Bridge:*** In March 2019, a Project Bridge workshop brought together officers of Portsmouth City Council with the voluntary and healthcare partners. Attendees identified the drivers of obesity - these included the environment children are exposed to in terms of access to healthy food, sports facilities, green space and advertising; support for families; how children move around the city - whether they walk or are driven, among others. Ideas for action from the Project Bridge were i) to work with schools and education, ii) consider a 'why not walk' campaign to challenge the mode of travel for each journey, iii) promoting healthy weight before conception and for new mums, iv) family activities, v) road closures for traffic free days.

4.2.4 ***'Through the eyes of a child' environmental survey:*** Arundel Court Primary Academy took up the opportunity to participate in a project to survey the local environment around their school. Pupils reported on what they felt helped or hindered them to be healthy. Classes in Years 2 to 6 displayed their findings using maps, photographs, drawings, creative writing and a video. Cllr Winnington, Cllr Ashmore and Cllr Stagg along with Council officers visited the school to hear what they children had found. The children highlighted several reasons why they felt proud to grow up in Portsmouth and also had suggestions for how the environment could further help them lead healthy lives.

4.2.5 ***Spatial analysis of assets and hazards:*** City-wide mapping of hazards and assets including deprivation, childhood obesity, access to green space, locations of fast food outlets, community assets (adventure playgrounds, Family Hubs, libraries etc) was undertaken.

4.2.6 An ***evidence review*** gathered understanding about the most promising interventions and opportunities to intervene to prevent and manage childhood obesity.

5. Equality impact assessment

5.1 An equality impact assessment will be conducted for specific initiatives within the superzone plan to inform specific decision making processes appropriately. The superzone steering group will oversee an equality impact assessment for the pilot project and appropriate mitigating actions taken as necessary.

6. Legal implications

6.1 The proposals in this report are consistent with the statutory duties of the Council in relation to the promotion and improvement of public health, in particular the Council's duty under section 2B of the NHS Act 2006 (as amended by section 12 of the Health and Social Care Act 2012) to take such steps as it considers appropriate for improving the health of the people in its area.

6.2 The legal implications that may arise in connection with specific initiatives forming part of the proposed pilot project will be considered and addressed as appropriate in the course of the further scoping of the initiative concerned.

7. Finance comments

7.1 It is currently anticipated that the proposals to create the pilot superzone will be primarily delivered through existing resources and within existing budgets. Where future proposals or initiatives requiring additional funding to enable delivery are identified, they will be be dependent on securing additional funding and the completion of a detailed financial appraisal.

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Signed by: Dr Jason Horsley, Director of Public Health

Appendices:

Appendix 1 - Map describing approximate superzone location

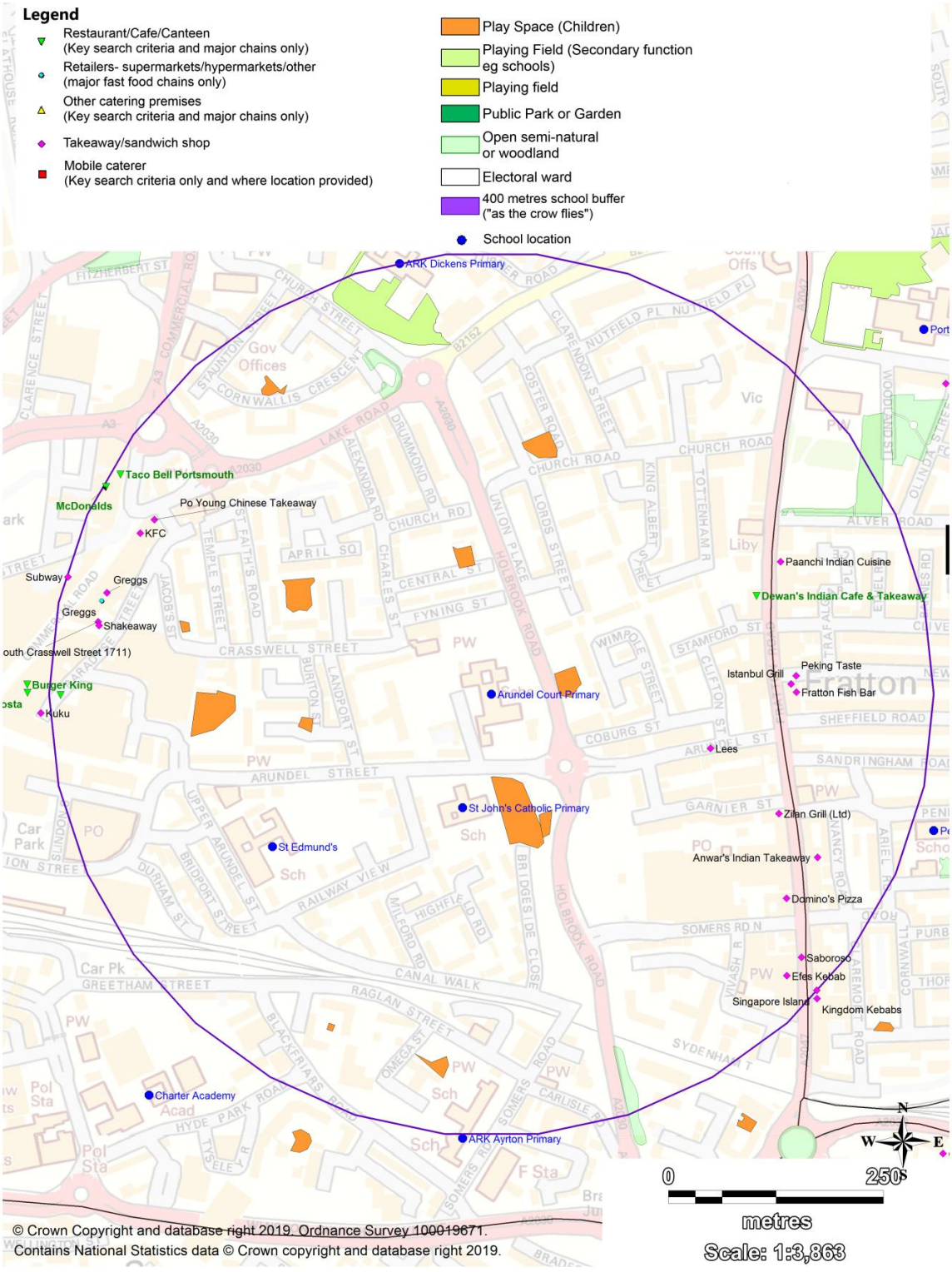
Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document Location

The recommendation(s) set out above were approved/ approved as amended/ deferred/ rejected by …… on ……

Appendix 1: Map describing approximate superzone location



THIS ITEM IS FOR INFORMATION ONLY
(Please note that "Information Only" reports do not require Equality Impact Assessments, Legal or Finance Comments as no decision is being taken)

Portsmouth CITY COUNCIL

Title of meeting:	Health and Wellbeing Board
Subject:	City Vision
Date of meeting:	25th September 2019
Report by:	Chief Executive, Portsmouth City Council
Wards affected:	All

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1. Requested by

David Williams, Chief Executive, Portsmouth City Council

2. Purpose

2.1 To update the Health and Wellbeing Board on progress with work previously undertaken to develop an Economic Development Strategy for Portsmouth; and related work now in development to articulate a city vision.

3. Background

3.1 At the last meeting of the Health and Wellbeing Board, members were alerted to a series of workshops underway to support the development of an economic development strategy for the city, and encouraged to participate. In August, a number of partners came together for a session focused on the relationship between health and the economy.

3.2 The session highlighted a number of significant issues, in particular:

- Portsmouth could develop more as a science and innovation centre. We can be a visible destination for innovation, R&D medical research, for the creative talent that exists here in Portsmouth and attracting talent from outside. There is an opportunity to do both medical and commercial research, using Portsmouth as a test bed for researching new medical innovations and systems. This would benefit the people of Portsmouth, as they would trial the new, better interventions being prepared.
- Many health issues are not do with getting sick, but are are do with housing, eating, employment and those are things that are not directly managed by health organisations like the hospital. We need to make people's lives better as a result of this strategy.
- We talked about getting people ready for employment, improving how people get educated and in particular focusing on apprenticeships as well as further and higher education routes so given that we have a population who are productive. We talked

about being the city that uses the most apprenticeships, taking our local population on the journey with us, and getting them into work at all levels as part of the strategy. The importance of creating a career marketplace for people working in Health across NHS and Social Care, and breaking down barriers across health employment, so people can more easily transfer their skills across health in the widest sense was identified. This could be a way to offer more local career development opportunities, and would also be a way of attracting talent from outside, if people know there are many opportunities here rather than just moving for one job

- Housing for key workers was a key issue, and a perception that there are lots of housing opportunities for students but not key workers, and how important this is to support growth.

3.3 The Health and Wellbeing Board may wish to consider some of these in more detail at some future point, particularly in relation to the workforce.

4. Developing a vision for the city

4.1 A project is also underway to engage with a wide range of residents, businesses, the voluntary and community sector, and other city stakeholders, to understand their future aspirations for the city. These aspirations will ultimately help to shape a city vision. The project is championed by Deputy Leader of the Council, Cllr Steve Pitt, and the overall plan is to consult widely with a broad range of stakeholder groups to understand aspirations for the future of the city.

4.2 The aspiration is for this piece of work to be a citywide project, which involves partner organisations in the development of the consultation approach, rather than as consultees.

4.3 In discussions about the city vision work, questions have been asked about outputs. While, until we have completed the consultation, it is hard to say precisely what the outputs will be, it is clear that for people to visualise we need to set out roughly what we expect to deliver. Having reviewed other vision documents, and considered how to ensure the consultation work looks at all aspects of what makes the ecosystem of a city - it seems possible the output of the work will have a series of themes, with sets of positive words or statements associated with those themes.

4.4 While it is important we don’t have a consultation plan until partners have contributed, having a deliverable outline approach and timeline is necessary to enable planning. The below is intended as a framework for discussion by the steering group:

STEP ONE: initial qualitative research with small cohorts of key stakeholders (see section 6 below), using methods such as 'citizen assembly' style events, focus groups and depth interviews.

STEP TWO: initial qualitative research will be used to inform draft themes and words/statements for a small test survey, to understand which themes and statements resonate and where there are gaps.

STEP THREE: test survey will be used to inform a citywide survey, testing the themes and words/statements, to see which resonate the most. The citywide online survey will be supported by engagement activity, particularly ensuring hard-to-reach groups engaged at step one are not excluded at step three.

STEP FOUR: citywide survey will inform draft vision, which will then be put out for a final consultation prior to launch.

4.5 The city vision consultation is conceived as a citywide project with aspiration for support from partner organisations. Therefore an organisation-neutral campaign identity will be created with a stand-alone website to host the consultation. It is anticipated key partners will support the consultation via their channels.

……
Signed by David Williams, Chief Executive, Portsmouth City Council

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location

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Portsmouth CITY COUNCIL

Title of meeting:	Health and Wellbeing Board
Subject:	Responding to Climate Change
Date of meeting:	25th September 2019
Report by:	Corporate Performance Manager
Wards affected:	All

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1. Requested by

Cllr Winnington, Cabinet Member for Health, Wellbeing and Social Care

2. Purpose

2.1 To update the Health and Wellbeing Board on actions being taken by Portsmouth City Council in response to the Notice of Motion adopted on 19th March 2019, to declare a climate emergency in Portsmouth.

3. Background

3.1 On 19th March, the Council adopted a Notice of Motion, "Proposal to Declare a Climate Emergency in Portsmouth." This resolution included 7 asks of the Cabinet:

- Declare a 'Climate Emergency' then ask partners to sign up, including local business, schools and community groups
- Pledge to achieve net zero carbon emissions in Portsmouth by 2030, considering both production and consumption of emissions according to the Standard provided by the Greenhouse Gas Protocol.
- Require the Leader of the Council to report back to the Council within six months with an action plan, detailing how the Council will work with partners across the city and with central government to ensure that Portsmouth's net carbon emissions (Scope 1, Scope 2 and Scope 3 emissions as defined by the GHG Protocol) are reduced to zero by 2030
- Provide an annual report on Portsmouth GHG emissions, what is working and what is more challenging and progress towards achieving net zero-carbon emissions
- Require the Chief Executive to establish a "Portsmouth Climate Change Board" before the end of July 2019, equivalent to that of Manchester, to underpin our efforts to decarbonise Portsmouth.
- Write to the government requesting a) additional powers and funding to make the 2030 target possible, and b) that ministers work with local government and other governments to ensure that the UK maximises carbon reduction by

2030 in line with the overriding need to limit global warming to a maximum of 1.5^{o}c.

- Develop and implement a community engagement plan to i) fully inform residents about the need for urgent action on climate change ii) offer a vision of a healthier, more child friendly and greener city that is a model of best practice iii) mobilise residents in the delivery of the action plan.

3.2 These actions amount to a significant programme of work, and a plan to deliver these has been developed.

4. Implementing the requirements of the Notice of Motion

4.1 The Notice of Motion is clear that there are two levels of response on this issue - the wider city and partners piece; and the response of Portsmouth City Council as an organisation. In order to implement the requirements of the Notice of Motion, the following actions will be undertaken:

- Significant partners in the city are being asked to sign-up to the Climate Emergency declaration
- Previous work undertaken on the organisation's carbon reduction plan will be refreshed to ensure that this is aspirational, realistic and covers the full breadth of PCC's activity, including the operational footprint (for example, staffing, waste, administrative buildings), housing and commercial stock, and policies (such as planning and procurement). The Carbon Reduction plan has not been actively monitored since 2015, so the refresh will be timely and the plan should be presented for adoption by the Cabinet in autumn 2019.
- Ensure that the refreshed carbon reduction plan includes specific, measureable, achievable, realistic and timely targets, which can be monitored regularly and reported on an annual basis - it is important to recognise that lots of work is happening, or has happened, that can be the building blocks of the plan (for example, work on clean air, single-use plastics, waste stream reduction, vehicle fleet improvements, home energy efficiency).
- Use the process of refreshing the plan to identify asks, in terms of additional powers and specific funding, that will be pursued with ministers and with other organisations
- Alongside the development of the organisation's Carbon Reduction Plan, facilitate the development of a Portsmouth Climate Change Board in support of this work, with a specific role to develop community engagement.

4.2 The Portsmouth Climate Change Board will not be a decision-making body of the local authority, but will instead have a role to promote issues relating to climate change in the city, lobby and raise awareness, and provide a forum for issues relating to climate change on a city wide basis to be shared, discussed and co-ordinated. It could be that the board can commission specific pieces of work to be undertaken on a "task and finish" basis by working groups. Such a Board would be cross organisational and non-political (in terms of leadership) with chairmanship to be held on a revolving basis across member organisations.

4.3 The proposals recognise that much is already happening to support this priority, but that this activity is in need of co-ordination and promotion to ensure that the impact is optimised across the council and the city.

……
Signed by David Williams, Chief Executive, Portsmouth City Council

Background list of documents: Section 100D of the Local Government Act 1972

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