



NOTICE OF MEETING

CABINET

TUESDAY, 9 JULY 2019 AT 12.00 PM

EXECUTIVE MEETING ROOM - THE GUILDHALL

Telephone enquiries to Jane Di Dino, Democratic Services Tel 9283 4060

Email: jane.didino@portsmouthcc.gov.uk

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

Membership

Councillor Gerald Vernon-Jackson CBE (Chair)

Councillor Steve Pitt (Vice-Chair)

Councillor Dave Ashmore

Councillor Suzy Horton

Councillor Darren Sanders

Councillor Jeanette Smith

Councillor Lynne Stagg

Councillor Matthew Winnington

Councillor Rob Wood

Councillor Lee Hunt

(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.

AGENDA

- 1 Apologies for Absence**
- 2 Declarations of Interests**
- 3 Record of Previous Decision Meetings - 11 and 17 June 2019 (Pages 5 - 18)**

A copy of the record of the previous decisions taken at Cabinet on 11 and 17 June 2019 are attached.

RECOMMENDED that the records of decisions of the Cabinet meetings held on 11 and 17 June 2019 are approved as correct and signed by the Leader.

4 Additional appointments to Outside Bodies (Pages 19 - 20)

The Cabinet is asked to consider additional appointments to outside bodies for the 2019/20 municipal year, where vacancies still exist following Cabinet of 11 June 2019. The list of nominations received from the Conservative Group is attached.

5 City of Sanctuary (Pages 21 - 32)

Purpose.

The purpose of this report is to provide Cabinet with information about the Portsmouth City of Sanctuary agenda, its implications for Portsmouth, the expectations and associated resource implications upon the Council as a supporter of this initiative. The report also seeks the advice of members on how we should respond to this agenda.

RECOMMENDED that the Cabinet:

Cabinet is recommended to:

- 1. Note that there is local appetite for Portsmouth to become a recognised City of Sanctuary and that Portsmouth City Council has already openly pledged support for the agenda.**
- 2. Agree that it is important that the Council responds to this agenda as one body.**
- 3. Agree that the cost of establishing the scheme at £16,000 in 2019/20 for coordinating this activity and making sure the Council fulfils its obligation the City of Sanctuary are funded by a contribution from the Environment & Community Safety portfolio reserve.**

6 Southsea Coastal Scheme (Pages 33 - 36)

Purpose

The purpose of this report is to seek approval for authority to be delegated to The Director of Regeneration to award the Construction contract for the Southsea Coastal Scheme (the Scheme) and to inform members of the submission of the Schemes' Full Business Case to the Environment Agency in Autumn 2019, based on the current designs.

RECOMMENDED that the Cabinet delegate authority to the Director of Regeneration to enter into the Construction contract for the Southsea Coastal Scheme, subject to prior approval by the Procurement Gateway Board.

7 Merger of Coroner Areas in Hampshire (Pages 37 - 66)

Purpose.

To provide background information on, and seek an agreement in relation to, the appropriate merger of Coroner services with Hampshire County Council or the Isle of Wight.

RECOMMENDED that the Cabinet:

- 1. Approve option 1 to pursue a merger of coronial areas in Hampshire.**

2. **Delegate to the Director of Culture, Leisure and Regulatory Services the management of the merger process.**

8 Youth Offending Team Strategic Youth Justice Plan (Pages 67 - 94)

Purpose

To share with the Cabinet details of Portsmouth Youth Offending Team's (PYOT) Annual Youth Justice Strategic Plan 2019/20 (Appendix 1) and seek approval for that Plan.

RECOMMENDED that Council approve the plan and priorities set out within it.

9 The City Council's Response to the Aquind Proposal (Pages 95 - 110)

Purpose.

The purpose of this report is to provide Cabinet with information about the proposal by Aquind Ltd to develop an electricity interconnector and to outline what some of the implications for Portsmouth might be. The report also seeks the advice of members on how we should respond to this proposal.

RECOMMENDED that the Cabinet:

1. **Note that Aquind are seeking to develop an electricity Interconnector between the UK and France with a converter station in Lovedean. They are proposing to "land" the high voltage DC (HVDC) electricity cable at Eastney and run it up through Portsmouth to the converter station at Lovedean.**
2. **Note that despite representations from Portsmouth City Council that the Aquind proposal should be determined by the relevant local planning authorities (including Portsmouth City Council), the Government has decided that the proposal was a 'Nationally Significant Infrastructure Project' that should be determined by the Secretary of State through the Development Consent Order process.**
3. **Seek the support of Full Council to reinforce the Cabinet's objection to the route of the HVDC cable whilst also working constructively with Aquind and other stakeholders.**
4. **Agree that the Council responds to this proposal in a coordinated way and where possible works with neighbouring councils on any common approaches.**

10 Health and Care Operating Model (Pages 111 - 142)

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.

The purpose of this paper is to update on progress of this Health & Care Portsmouth operating model since proposals were adopted by the PCCG's Governing Body and the Portsmouth Health and Wellbeing Board in November and approved by PCC's Cabinet in February 2019.

Based on the learning gained from implementing the operating model and in response to the call from the Cabinet and Governing Body to seek further opportunities for deeper integration, this paper also sets out the benefits case and options to achieve this.

RECOMMENDED that the Cabinet:

- 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. Agree the proposals for further integration set out at section 13 of this report, including the preferred option for integrating of PCCG Accountable Officer and PCC Chief Executive functions.**

Members of the public are permitted to use both audio visual recording devices and social media during this meeting, on the understanding that it neither disrupts the meeting nor 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.

Whilst every effort will be made to webcast this meeting, should technical or other difficulties occur, the meeting will continue without being webcast via the Council's website.

This meeting is webcast (videoed), viewable via the Council's livestream account at <https://livestream.com/accounts/14063785>

Agenda Item 3

CABINET

RECORD OF DECISIONS of the meeting of the Cabinet held on Tuesday, 11 June 2019 at 3.00 pm at the Guildhall, Portsmouth

Present

Councillor Gerald Vernon-Jackson CBE (in the Chair)

Councillors Steve Pitt
Dave Ashmore
Suzy Horton
Darren Sanders
Jeanette Smith
Matthew Winnington
Rob Wood
Lee Hunt

51. Apologies for Absence (AI 1)

Apologies for absence had been received from Councillor Lynne Stagg.

52. Declarations of Interests (AI 2)

There were no declarations of members' interests.

53. Record of Previous Decision Meeting - 25 March 2019 (AI 3)

RESOLVED that the record of decisions of the previous Cabinet meeting held on 25 March 2019 were approved as a correct record, to be signed by the Leader.

54. Annual Appointments to Outside Bodies (AI 4)

The nominations which had been received were considered and appointments were made are published on a separate schedule.

55. Representation to the Minister for Children regarding "Strengthening Families" funding for Children's Social Care (information item) (AI)

Councillor Gerald Vernon-Jackson, as Leader, had written to challenge the government's criteria which penalised local authorities, like Portsmouth, which had been rated as "Good" by Ofsted. Councillors Rob Wood as Cabinet Member for Children and Families and Councillor Suzy Horton as Cabinet Member for Education, were both grateful for the letter being sent to stress the continued need for investment in preventative measures at Portsmouth and minister had recently visited and been impressed by inclusion at local schools. Councillor Winnington, as Cabinet Member for Health, Wellbeing and Social Care, added that work was also taking place with families where parents were alcohol dependent, which should be built on.

The information report was noted.

56. Water Quality Issues in the Solent Catchment Area and Planning Decisions (AI 6)

Sim Manley, Development Manager, presented the report which set out the implications of the advice received from Natural England and the work taking place with them and with PUSH to find solutions. The legal advice received was that decisions should not be issued on proposals which have an overnight stay and for the need for proposals to be 'nitrate neutral'. The report set out the lobbying and other measures being suggested to mitigate this restriction.

Cabinet members were concerned that government departments were giving contradictory advice at a time when housing targets were being set for the city's development. Councillor Gerald Vernon-Jackson, as Leader, was taking this up with the Local Government Association (LGA) and had written to the two Secretaries of State to address this. Cabinet Members were also mindful of the Council's resolution on Climate Emergency. Councillor Sanders, as Cabinet Member for Housing, was aware of the concern of local landlords who wished to develop. Councillor Winnington raised public health matters regarding water quality for swimming and farming and fisheries implications that needed broader work with partners and neighbouring local authorities.

It was noted that this report was also being brought to the attention of the Planning Committee the following week.

The Cabinet:

- (1) Noted the issues covered in the report, in particular the implications for the authority and determination of planning applications;**
- (2) Endorsed the actions and mitigations proposed in sections 3.9 - 3.13 to respond to this issue.**

57. D-Day 75 Commemorations (information) (AI)

At the conclusion of the meeting Councillor Jeanette Smith, Cabinet Member for Resources, wished to ensure that the gratitude of the Cabinet was placed on record for the excellent work by the Events Team and all staff involved in making the commemorations so momentous.

Councillor Lee Hunt, as Cabinet Member for Community Safety, also praised the work and support of the emergency services.

The Leader and Deputy Leader had received very positive feedback from members of the public and the Leader of the Council would be writing to thank staff on behalf of the Cabinet.

The meeting concluded at 3.32 pm.

Councillor Gerald Vernon-Jackson CBE
Leader of the Council

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Appointing body	Name of Body	Period of service	Number of Appointees required	Notes	Previous Representatives	Appointments
	Portsmouth Adoption Panel	3 years	1 nominee (for appointment by the Panel)		Jennie Brent (19/6/18)	Jennie Brent
	Motiv8 (Registered Charity)	Annual	1 observer		Steve Pitt (19/6/18)	Steve Pitt
Education	Education Advisory Board	Annual	Cabinet Member for Education, spokespersons and Chair of Education, Children & Young People Scrutiny Panel		Suzy Horton Hannah Hockaday Tom Coles Neill Young (All 19/6/18)	Suzy Horton Tom Coles Terry Norton (3 x spokespersons) Plus Chair or ECYP Panel = Frank Jonas
	Elementary Education Act Trust board	Annual	4 (These usually include the Cabinet Members for Education and Children & Families).	2 or 3 meetings p.a. - dates are set as required.nothing yet set for later in year as trustees are asked their availability	Suzy Horton Hugh Mason Hannah Hockaday Neill Young (All 19/6/18)	Suzy Horton Hugh Mason Rob Wood (+ vacancy)
	Standing Advisory Council for Religious Education	4 years	*(Only 1 of the 4 places up for renewal which under SACRE constitution should be a Cllr)		Cllr Suzy Horton Maria Cole <u>*Ryan Brent (No longer a Cllr)</u> Taki Jaffer	Cllr Tom Coles
Culture Leisure & Sport	Aspex Visual Arts Trust (Registered Charity and Company)	Annual	1 (observer)		Steve Pitt (10/2018)	Steve Pitt
	Baffins Community Association (Registered Charity)	Annual	1		Darren Sanders (19/6/18)	Darren Sanders
	Buckland Community Association (Registered Charity)	Annual	2		Jason Fazackarley Leo Madden (Both 19/6/18)	Jason Fazackarley Leo Madden
	City of Portsmouth Sports Council	Annual	3	4 times/yr - 11 July , 10 Oct , 9 Jan 2020	Steve Pitt (19/6/18) Scott Payter-Harris (19/6/18) 1 vacancy	Steve Pitt (2 vacancies)
	Cosham Community Association – Management Committee (Registered Charity)	Annual	1	Cosham Community Centre is now owned and managed by Portsmouth City Council - the association ended 31/12/18.	Hannah Hockaday (19/6/18)	(vacancy)

Appointing body	Name of Body	Period of service	Number of Appointees required	Notes	Previous Representatives	Appointments
Culture Leisure & Sport	Duke of Edinburgh Award Scheme – Hampshire Forum (Registered Charity)	Annual	1		Steve Pitt (03/08/2018)	Chris Attwell
	Eastney Area Community Association (Registered Charity)	Annual	1		Jennie Brent (19/6/18)	Jennie Brent
	Farlington Marshes Management Committee	Annual	4	14 Nov at 2pm - usually lasts an hour	Hugh Mason (19/6/18) Simon Boshier (19/6/18) Steve Pitt (19/6/18) Ken Ellcome (6/7)	Hugh Mason Steve Pitt + 2 vacancies
	Fratton Community Association	Annual	1		Dave Ashmore (6/7/18)	Dave Ashmore
	Hampshire Archives Trust - Annual Meeting	Annual	1		Appropriate PCC officer (19/6/18)	PCC (officer)
	Hampshire Countryside Access Forum	3 years	1		Vacancy held.	Vacancy
	International Boatbuilding Training College Portsmouth	Annual	1		Alicia Denny (19/6/18)	Rob Wood
	Kings Theatre Trust Ltd (Charitable Company)	Annual	2		Hugh Mason Luke Stubbs (Both 19/6/18)	Hugh Mason plus vacancy
	Landport Community Association (Registered Charity)	Annual	1		Yahiya Chowdhury (19/6/18)	Claire Udy
	Maritime Archaeology Trust (formerly Hants & Isle of Wight Trust for Maritime Archaeology).	Annual	1		Matthew Winnington (19/6/18)	Matthew Winnington
	Mary Rose Trust (Registered Charity and Company)	Annual	2 nominations (for Trust approval) + Lord Mayor ex officio		Rob Wood Jason Fazackarley Lord Mayor (All 19/6/18)	Rob Wood Jason Fazackarley & Lord Mayor ex officio
	Milton Village Community Association (Registered Charity)	Annual	1		Ben Dowling (19/6/18)	Ben Dowling
	New Theatre Royal Trust (Registered Charity and Company)	Annual	1		Will Purvis (19/6/18)	Will Purvis
	Overlord Embroidery Trust Liaison Committee	Annual	Cabinet Member for Culture, Leisure & Sport + 2 others.	usually just one annual meeting in September at D-Day Story but date will be decided once reps are known - it usually includes the Cabinet Member for Culture, Leisure and Sport	Steve Pitt Frank Jonas Judith Smyth (All 19/6/18)	Judith Smyth Steve Pitt (1 vacancy)

Appointing body	Name of Body	Period of service	Number of Appointees required	Notes	Previous Representatives	Appointments
Culture Leisure & Sport	Paulsgrove Community Association (Registered Charity)	Annual	1		Claire Udy (6/7/18)	Claire Udy
	Peter Ashley Activity Centre Management Committee (Registered Charity)	Annual	1		Lee Mason (19/6/18)	(vacancy)
	Portsmouth Royal Dockyard Historical Trust	Annual	1 can be a non Councillor		Alicia Denny (19/6/18)	Rob Wood
	Stacey Community Centre Management Committee	Annual	1		Darren Sanders (19/6/18)	Darren Sanders
	Stamshaw & Tipner Community Centre Association (GMC)	Annual	1		Leo Madden (19/6/18)	Leo Madden
	West Paulsgrove Scout & Community Association	3 years	1 Not necessarily an elected member.	Meeting every two months,the next meeting is agreed at each meeting, starting at 7.30. next meeting will be 25/04/2019	Vacancy held.	(vacancy)
Environment and Community Safety	Standing Conference on Problems Associated with the Coastline (SCOPAC)	Annual	1		Hugh Mason (19/6/18)	Hugh Mason
	LGA Coastal Issues Special Interest Group	Annual	1		Hugh Mason	Hugh Mason
	Portchester Crematorium Joint Committee	Annual	2 Cabinet Members		Dave Ashmore Jeanette Smith (19/6/18)	Steve Pitt + Jeanette Smith
	Portsmouth Plastic Free Coastlines Steering group	Annual	1 Councillor		Will Purvis (19/6/18)	Will Purvis
	Project Integra Strategic Board	Annual	1 + deputy		Dave Tompkins (6/7/18) (vacancy for deputy)	Dave Ashmore Graham Heaney (deputy)
	Solent Sea Rescue Organisation	Annual	1		Lee Mason (19/6/18)	Lee Hunt
Environment and Community Safety	Southern Inshore Fisheries & Conservation Authority (formerly Southern Sea Fisheries Cttee)	Annual	1		Matthew Winnington (19/6/18)	Matthew Winnington
	Southern Regional Flood & Coastal Committee	Annual	1		Hugh Mason (2015)	Hugh Mason
	Trading Standards South East Limited (known as TSSE)	Indefinite	1 member or officer		Officer representative (19/6/18)	Member vacancy/officer
being & are	Portsmouth Disability Forum (Registered Charity and Company)	Annual	2		Jennie Brent Vacancy from Oct 18	Cal Corkery Suzy Horton

Appointing body	Name of Body	Period of service	Number of Appointees required	Notes	Previous Representatives	Appointments
Health, Wellbeing & Social Care	Portsmouth Fostering Panel	3 years	1	Once a month - 9th April, 23rd April, 14th May, 31st May, 11th June, 9th July, 13th August , 10th September, 8th October, 12th November, 10th December 2019		(Vacancy)
Housing	Lord Mayor of Portsmouth's Coronation Homes - Board	ex officio	1	meet every 4-6 weeks	Lord Mayor (19/6/18)	The Lord Mayor
	Fratton Big Local	Annual	1 Fratton Ward Councillor	May 7th, June 11th , July 2nd, August 6th, September 10th, October 1st, November 5th (Away Day), December 3rd Meeting held in Fratton Community Centre 12.00noon -2.00pm.	Dave Ashmore (full member) Tom Coles (deputy) 19/6/18	Dave Ashmore Tom Coles (deputy)
	Hampshire & Isle of Wight Local Government Association	Annual	3	<ul style="list-style-type: none"> 14 June 2019 (Annual) – HCC 27 September 2019 – Rushmoor BC 29 November 2019 – Havant BC <u>Meetings Held Quarterly</u>	Lee Mason (19/6/17) Judith Smyth (19/6/18) Gerald Vernon-Jackson (6/7/18)	Judith Smyth Gerald Vernon-Jackson (1 vacancy)
	Improvement & Efficiency South East (IESE) LGA representative	Annual	1		Darren Sanders (19/6/18)	Darren Sanders
	Improvement & Efficiency South East (IESE) LGA representative - Non Exec Director	ongoing	1		Lee Mason (19/6/18)	Rob Wood
	Port Advisory Board	On-going	1 ex-officio (Cabinet Member for PRED or Port responsibility) + 5 Plus deputies if required	There are 4 meetings a year and they are held every quarter.	Ben Dowling (ex-officio) Hugh Mason Gerald Vernon-Jackson Donna Jones Frank Jonas Judith Smyth (19/6/18)	Judith Smyth Hugh Mason Gerald Vernon-Jackson Steve Pitt + vacancy
	Public Service Board	Ex officio for the Leader.	1	No further meeting dates as merging with other board.	Gerald Vernon-Jackson (ex-officio as Leader) 19/6/18	Gerald Vernon-Jackson
	PUSH (Partnership for Urban South Hampshire) Joint Committee	Annual	1 + 1 deputy		Gerald Vernon-Jackson with Ben Dowling as deputy	Gerald Vernon-Jackson with Steve Pitt as deputy
	PUSH Overview & Scrutiny Committee	For time being	1 + deputy	6pm at Fareham BC	Judith Smyth (full) No deputy.	Judith Smyth vacancy for deputy

Appointing body	Name of Body	Period of service	Number of Appointees required	Notes	Previous Representatives	Appointments
	SIGOMA (Special Interest Group of Municipal Authorities admin by the LGA)	Annual	1 + deputy	the full schedule of 2019/20 Member meetings will be set at the July Full meeting and AGM (which is the next one) . The annual meeting takes place at the LGA annual conference Bournemouth this year over 2-4 July	Lee Mason (19/6/18) (vacancy for deputy)	Member vacancy/officer rep for deputy
	St Thomas's Cathedral Council	Annual	1		Gerald Vernon-Jackson	Chris Attwell
	William Shepherd Charity & Elizabeth Mary Claypitt Charity	Not stated	2		Churchwarden and the vicar of St Mary's Church	Churchwarden and vicar
PRED	Building Control Partnership	Annual	1		Ben Dowling (member rep) Claire Upton-Brown (officer rep)	Steve Pitt (member rep) Head Of Planning (officer rep)
	Hampshire Buildings Preservation Trust – Annual Meeting (Registered Charity)	Annual	1		14/6 vacancy held.	Vacancy
	Minerals and Waste Development Framework Members' Steering Group	Annual	Ex officio for Cabinet Member PRED.		Ben Dowling (ex officio) 19/6/18	Gerald Vernon-Jackson
	PATCH Ltd (Registered Company)	Annual	Up to 3		Rob Wood (19/6) Ryan Brent (if he is willing to continue) 19/6/18 Tom Wood (6/7/18)	Cal Corkery Tom Wood Chris Atwell
	Solent Forum	Annual	1		Ben Dowling (3 Aug 18)	Ben Dowling
	Tourism South East (Registered Company)	Annual	2	The date for this year's meeting has yet to be finalised but they hope that it will be 26 September 2019.	Steve Pitt Scott Payter-Harris	Steve Pitt 1 vacancy
	European City Twinning Committee	3 years	5 including the Leader and Lord Mayor + 2	The committee meets once every 2 months approximately.	Jeanette Smith (representing the Leader) Lynne Stagg Yahiya Chowdhury Claire Udy Jo Hooper Lord Mayor (ex-officio)	The Lord Mayor (ex officio) Jeanette Smith Lynne Stagg + Claire Udy + vacancies
	Haifa/ Portsmouth Friendship Committee	2 years	5		Hugh Mason Frank Jonas Lee Mason + 2 vacancies	Tom Coles Hugh Mason Dave Ashmore Jeanette Smith + 1 vacancy

Appointing body	Name of Body	Period of service	Number of Appointees required	Notes	Previous Representatives	Appointments
PRED	South East Employers	Annual	1 + 1 deputy. Note: that PCC used to be able to appoint 2 reps and 2 deputies.		Jim Fleming (19/6/18) Stephen Morgan (19/6/18) Darren Sanders - deputy (6/7/18) 1 deputy vacancy	Darren Sanders Stephen Morgan (deputy)
Traffic and Transportation	National Parking Adjudication Service Management Committee - <u>now</u> known as Parking & Traffic Regulations Outside London (PATROL)	Ex officio Cabinet Member for T&T	1	The joint committee meetings are held annually in July in London. The next meeting will be held on Tuesday 16 July and papers will be sent to those members who confirm attendance	Lynne Stagg (ex officio)	Lynne Stagg
	Solent Transport Joint Committee (formerly known as Transport for S Hants - Joint Cttee	Annual	1 Normally Cabinet Member for T&T.		Lynne Stagg	Lynne Stagg
	Transport Liaison Group	Annual	3 ex officio (Cabinet Member + group spokespersons)		Lynne Stagg Simon Boshier Yahiya Chowdhury	i) Graham Heaney ii) Lynne Stagg (Cabinet Member) iii) Simon Boshier 3 = T&T Cabinet Member and spokespersons

CABINET

RECORD OF DECISIONS of the meeting of the Cabinet held on Monday, 17 June 2019 at 1.00 pm at the Guildhall, Portsmouth

Present

Councillor Gerald Vernon-Jackson CBE (in the Chair)

Councillors Steve Pitt
Dave Ashmore
Suzy Horton
Lee Hunt

58. Apologies for Absence (AI 1)

These had been received from Councillors Lynne Stagg, Matthew Winnington, Jeanette Smith, Darren Sanders and Rob Wood.

59. Declarations of Interests (AI 2)

There were no declarations of members' interests.

60. Forward Plan Omission (AI 3)

With regards to the item relating to the Significant Property Acquisition, the Cabinet noted:

- (1) The omission to the Forward Plan for June 2019
- (2) The publication of the omission notice.

61. Significant Property Acquisition (AI 4)

Tom Southall, Assistant Director, Property & Investment, presented his report and it was reported that Chris Ward, Director of Finance & Section 151 Officer would be making a full presentation to Council at the meeting later in the day. Paragraphs 3.7 to 3.10 of the report set out the importance of the site and its influence on the economic development of the city. Chris Ward stressed that this would be a long term regeneration asset for 35 years plus.

Councillor Gerald Vernon-Jackson, as Leader, reiterated that this would be a long term decision, taken for the economic development of the city, so he wished to add an addition recommendation to set up a cross-party board for its governance.

Councillor Steve Pitt, Deputy Leader, agreed that this was a long term strategic asset that needed discussion at full Council, and which would benefit the north of the city as well as the whole city. Councillor Dave Ashmore agreed that council influence was important for the future of this site, including consideration of the environmental impacts and infrastructure there.

The Cabinet approved DECISIONS (1) & (2)

(1) Subject to the approval of the City Council of the recommendations (3) below, that delegated authority be given to the Director of Regeneration and the Director of Finance & Section 151 Officer, taking advice from the City Solicitor, and in consultation with the Leader of the City Council to approve the completion of the acquisition of Lakeside North Harbour.

(2) That a cross-party board be established as the governing entity to oversee the overall strategic management of the asset.

The Cabinet RECOMMENDED to Council:

(3) (a) That the acquisition of Lakeside North Harbour Business Park be added to the Council's Capital Programme and financed by borrowing, subject to:

- i) The satisfactory completion of the outstanding due diligence**
- ii) A financial appraisal (based on the completed due diligence) being approved by the Director of Finance & Section 151 Officer which demonstrates that the total financial impact and financial risks are affordable and manageable by the Council over the longer term.**

(b) That the following Treasury Management Limits be approved:

i) That the authorised limit for external borrowing be increased to £807m

ii) That the operational boundary be increased to £777m

(4) That the Council notes that the following urgent decisions have been taken by the Chief Executive in accordance with Standing Order 58 of the Council's Procedure Rules in order that advance treasury management preparations could be made for the transaction should the Council approve the acquisition:

i) That the investment counter party limit for Barclays Bank Plc has been temporarily increased to £100m

ii) That the sector limit for investments in money market funds has been temporarily increased to £104m.

(5) Note that in approving the temporary changes to the treasury management limits, no obligation to acquire the property has been entered into and no long term financial liabilities have been incurred. The changes simply enable the Council to accumulate the necessary funding in a risk managed and cost efficient manner and have funds available should the transaction be approved, the risks are considered negligible.

The meeting concluded at 1.10 pm.

Councillor Gerald Vernon-Jackson CBE
Leader of the Council

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Agenda Item 4

Appointing body	Name of Body	Period of service	Number of Appointees required	Previous Representatives (2018/19)	Appointments Cabinet June 2019	Nominations for Cabinet July 2019
	Elementary Education Act Trust board	Annual	Previously 4; these usually include the Cabinet Members for Education and Children & Families	Suzy Horton Hugh Mason Hannah Hockaday Neill Young (All 19/6/18)	Suzy Horton Hugh Mason Rob Wood (+ vacancy)	Terry Norton and Matthew Atkins increase to 5?
Culture Leisure & Sport	City of Portsmouth Sports Council	Annual	3	Steve Pitt (19/6/18) Scott Payter-Harris (19/6/18) 1 vacancy	Steve Pitt (2 vacancies)	Scott Payter-Harris
	Farlington Marshes Management Committee	Annual	4	Hugh Mason (19/6/18) Simon Boshier (19/6/18) Steve Pitt (19/6/18) Ken Ellcome (6/7)	Hugh Mason Steve Pitt + 2 vacancies	Terry Norton
	Hampshire Countryside Access Forum	3 years	1	Vacancy held.	Vacancy	Benedict Swann
	Kings Theatre Trust Ltd (Charitable Company)	Annual	2	Hugh Mason Luke Stubbs (Both 19/6/18)	Hugh Mason plus vacancy	Luke Stubbs
	Overlord Embroidery Trust Liaison Committee	Annual	Cabinet Member for Culture, Leisure & Sport + 2 others.	Steve Pitt Frank Jonas Judith Smyth (All 19/6/18)	Judith Smyth Steve Pitt (1 vacancy)	Frank Jonas
	Peter Ashley Activity Centre Management Committee (Registered Charity)	Annual	1	Lee Mason (19/6/18)	(vacancy)	Matthew Atkins
Leader	Hampshire & Isle of Wight Local Government Association	Annual	3	Lee Mason, Judith Smyth, Gerald Vernon Jackson	Judith Smyth Gerald Vernon Jackson and vacancy	Lee Mason
	PUSH Overview & Scrutiny Committee	For time being	1 + deputy	Judith Smyth (full) No deputy.	Judith Smyth vacancy for deputy	Luke Stubbs
	Port Advisory Board	On-going	1 ex-officio (Cabinet Member for PRED or Port responsibility) + 5 Plus deputies if required	Ben Dowling (ex-officio) Hugh Mason Gerald Vernon-Jackson Donna Jones Frank Jonas Judith Smyth (19/6/18)	Judith Smyth Hugh Mason Gerald Vernon-Jackson Steve Pitt + 2 vacancy	Donna Jones and Frank Jonas

Appointing body	Name of Body	Period of service	Number of Appointees required	Previous Representatives (2018/19)	Appointments Cabinet June 2019	Nominations for Cabinet July 2019
PRED	European City Twinning Committee	3 years	5 including the Leader and Lord Mayor + 2	Jeanette Smith (representing the Leader) Lynne Staggs Yahiya Chowdhury Claire Udy Jo Hooper Lord Mayor (ex-officio)	The Lord Mayor (ex officio) Jeanette Smith Lynne Staggs + Claire Udy + vacancies	Linda Symes Lee Mason
	Haifa/ Portsmouth Friendship Committee	2 years	5	Hugh Mason Frank Jonas Lee Mason + 2 vacancies	Tom Coles Hugh Mason Dave Ashmore Jeanette Smith + 1 vacancy	Matthew Atkins
	Tourism South East	Annual	2	Steve Pitt & Scott Payter-Harris	Steve Pitt (1 vacancy)	Scott Payter-Harris

Agenda Item 5

Agenda item:



Title of meeting: Cabinet

Date of meeting: 9 July 2019

Subject: Portsmouth City of Sanctuary

Report From: David Williams, The Chief Executive

Report by: Caroline Hopper, Strategy Unit

Wards affected: All

Key decision: No

Full Council decision: No

1. Purpose of report

- 1.1. The purpose of this report is to provide Cabinet with information about the Portsmouth City of Sanctuary agenda, its implications for Portsmouth, the expectations and associated resource implications upon the Council as a supporter of this initiative. The report also seeks the advice of members on how we should respond to this agenda.

2. Recommendations

- 2.1. Cabinet is recommended to:
- 2.1.1 Note that there is local appetite for Portsmouth to become a recognised City of Sanctuary and that Portsmouth City Council has already openly pledged support for the agenda.
 - 2.1.2 Agree that it is important that the Council responds to this agenda as one body.
 - 2.1.3 Agree that the cost of establishing the scheme at £16,000 in 2019/20 for coordinating this activity and making sure the Council fulfils its obligation the City of Sanctuary are funded by a contribution from the Environment & Community Safety portfolio reserve.

3. Background

3.1 City of Sanctuary is a national movement, traditionally focused on enabling asylum seekers and refugees, fleeing violence and persecution, to be better understood, welcomed, safe and supported by local services and communities. It is underpinned by a charter, based upon three key principles:

- Learn (what it means to seek sanctuary);
- Embed (take positive action to be welcoming); and,
- Share (develop a culture of best practice and advocacy).

3.2 Established in 2005, with the support of Sheffield City Council and over 100 local community organisations, Sheffield became the UK's first 'City of Sanctuary'. This status was achieved through a collective commitment to welcome and inclusion, development of a range of community cohesion activities, a programme of awareness raising and advocacy, and development of befriending services.

3.3 In February 2019 the British Red Cross in partnership with ArtReach approached Portsmouth City Council seeking:

- Endorsement of 'Portsmouth City of Sanctuary';
- That the council actively seek ways of including and supporting those seeking sanctuary within their usual activities;
- That the Council be a supporter of Portsmouth City of Sanctuary;
- That the Council support Portsmouth City of Sanctuary to practically establish the agenda through sustainable governance and communication platforms.

3.4 This city's aspiration is to build work streams of action in respect of a broader range of people (asylum seekers, refugees, veterans, the homeless, and those suffering domestic abuse and hate crime) across the public, private, education and voluntary sector - making it a truly cross cutting agenda, relevant to a number of directorates within the Council.

3.5 Portsmouth City of Sanctuary launched on 19th June 2019 with the support of more than eighty local organisations, including endorsement from Portsmouth City Council. Locally the agenda is in its infancy, and the Council needs to consider how best to meet its own support pledge, whilst supporting the local aspirations in a way that is sustainable.

3.6 Prior to the Council's organisational endorsement of the agenda, several services areas within PCC's directorate of Children, Families and Education had already individually engaged with Portsmouth City of Sanctuary; having identified it as complementary to their own business as usual activities. No work has yet been undertaken internally in respect of the pledge principles of learn, embed and share. Given the broad reach of the agenda in Portsmouth, the Council needs to consider how to best move forward in an organised approach to enable benefits to be maximised and reduce duplication of effort.

4. Timeline

June 2019

PCC Endorse Portsmouth City of Sanctuary Launch.

Portsmouth City of Sanctuary Launch, PCC support social media coverage, Portsmouth News coverage (feature article) focuses on the Veteran element.

July- Sept 2019

Proposed - PCC assigns a strategic lead to this agenda who will bring together relevant departments and drive forward pledged commitments.

Proposed - PCC supports movement to develop sustainable governance structures.

Sept 2019 - April 2020

Proposed - PCC review of own organisational policy, business as usual activity and communication to align with City of Sanctuary vision and principles.

5. Implications for Portsmouth

5.1 The City of Sanctuary agenda provides support for marginalised people within Portsmouth but also provides opportunity for Portsmouth to be seen by residents, investors and visitors (including UK and International students) as an attractive and caring destination and place to live. The positive consequences of this narrative for the local economy and local authority are yet to be fully fiscally considered.

5.2 It is likely that there will be many benefits associated with increased partnership working. More tangibly this agenda holds the potential to reduce demand on core services over time through increased community capacity and through the development of more efficient support pathways. However getting this right will require appropriate internal capacity in the first instance to establish the necessary policies and processes and engagement frameworks. There is also potential for increased talent acquisition in areas of need such as teaching and health services. This would also require coordination to ensure potential benefits are maximised.

5.3 Whilst there is potential for reduced demand if this agenda is implemented effectively, highlighting the needs of vulnerable members of society holds the potential for increased demand on core service in the short term. There is also a potential for increased public awareness to convert into increased political pressure upon the local authority to manage issues, such as street homelessness and veterans mental health, managing this enquiry would impact some service areas. These dis-benefits would be short lived with internal capacity in place to ensure benefit realisation.

5.4 There is a potential for negative reputational damage if the Council is publically perceived to be inadequately supportive of the agenda or not meeting the commitments we have made.

5.5 Ensuring sufficient capacity to maximise beneficial and mitigate negative consequences associated with the agenda will have resource implications. There are options for ensuring all work required is undertaken effectively: backfill of existing strategic capacity, re-prioritising capacity within relevant service areas, and utilisation of existing resources within the HIVE, or combination of these. Reprioritising capacity to achieve the activity stated within the timeline in Section 4 has been estimated to cost approximately £16,000 (1 day per week strategic management and co-ordination for a period of 9 months). Resource may also be needed to develop wider stakeholder engagement, city wide partnerships and/or governance structures (although HIVE could support this work).

6. Reasons for recommendations

6.1 Portsmouth City of Sanctuary is an agenda with significant local interest. It will require capacity to maximise the benefits associated with this agenda and ensure a coherent and efficient organisation response. Without such capacity there is a risk of duplicated effort, missed opportunity, sustained increased demand on services, and organisational reputational damage.

7. Equality impact assessment (EIA)

7.1 A preliminary Equality Impact Assessment has been completed and reviewed by PCC Access & equality advisor.

8. Legal Implications/City Solicitor comments

8.1 There is no immediate legal implications arising from this report.

9. Director of Finance and Information Services comments

9.1 The cost of the resource required to establish the activity and place the scheme on a 'firm footing' outlined in paragraph 4 will be funded from the Environment & Community Safety portfolio reserve. As mentioned in para 5.3, there is the potential for the scheme to reduce demand and costs to the Council in the future.

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

Appendices:

None.

Signed by:

.....
DAVID WILLIAMS
Chief Executive
Portsmouth City Council

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Equality Impact Assessment

Preliminary assessment form 2018

www.portsmouthccg.nhs.uk

www.portsmouth.gov.uk

The preliminary impact assessment is a quick and easy screening process. It should:

- identify those policies, projects, services, functions or strategies which require a full EIA by looking at:
 - negative, positive or no impact on any of the equality groups
 - How are going to mitigate or remove any potential negative impacts
 - opportunity to promote equality for the equality groups
 - data / feedback
- prioritise if and when a full EIA should be completed
- justify reasons for why a full EIA is not going to be completed

Directorate:

Executive

Service, function:

Strategy

Title of policy, service, function, project or strategy (new or old) :

Portsmouth City of Sanctuary

Type of policy, service, function, project or strategy:

- ☐ Existing
- ☒ New / proposed
- ☐ Changed

Q1 - What is the aim of your policy, service, function, project or strategy?

To work with Portsmouth's City of Sanctuary group to:

- Find out what it means to be seeking sanctuary, and be active in awareness raising;
- Take positive action, to make welcome and inclusion, more explicit within our organisation values;
- Support sanctuary seekers through our policies and practice, and to include them in our activities; and,
- Let others know about the positive contribution those seeking sanctuary make to our society, and the benefits of a welcoming culture to everyone.

Q2 - Who is this policy, service, function, project or strategy going to benefit or have a detrimental effect on and how?

Portsmouth City Council will benefit from the opportunity to reduce demand on core services through increased community capacity and through the development of more efficient support pathways.

Those identified as seeking sanctuary (asylum seekers, refugees, veterans, the homeless, and those suffering domestic abuse and hate crime) will benefit from being made aware of relevant services, opportunities and policy updates that are specifically relevant to them. These specific groups were identified as in need of proactive action by Portsmouth City of Sanctuary group. This group is made up of over eighty local services working with vulnerable groups. This diverse group has helped us to understand the action that needs to be taken.

Q3 - Thinking about each group below, does, or could the policy, service, function, project or strategy have a negative impact on members of the equality groups below?

Group	Negative	Positive / no impact	Unclear
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pregnancy and maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Marriage & civil partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other excluded groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Note:Other excluded groups examples includes,Homeless, rough sleeper and unpaid carers. Many forms of exclusion are linked to financial disadvantage. How will this change affect people on low incomes, in financial crisis or living in areas of greater deprivation?

If the answer is "negative" or "unclear" consider doing a full EIA
If there are any potential negative impacts on any of the protected characteristics, What have you put in place to mitigate or remove the negative impacts/barriers?

n/a

Q4 - Does, or could the policy, service, function, project or strategy help to promote equality for members of the equality groups? e.g. A new service has been created for people with a disability to help them gain employment this would mean that this helps promote equality for the protected characteristic of disability only.

Group	Yes	No	Unclear
Age	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pregnancy or maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Marriage & civil partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other excluded groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the answer is "no" or "unclear" consider doing a full EIA

Q5 - Do you have any feedback data from the equality groups that influences, affects or shapes this policy, service, function, project or strategy?
Please add in the text boxes below what feedback / meetings you have attended for each specific protected characteristic

Group	Positive or negative feedback
Age	No direct
Disability	No direct
Race	No direct
Sex	No direct
Gender reassignment	No direct
Sexual orientation	No direct
Religion or belief	No direct
Pregnancy and maternity	No direct
Marriage & civil partnership	No direct
Other excluded groups	No direct

Q6 - Using the assessments in questions 3, 4 and 5 should a full assessment be carried out on this policy, service, function or strategy?

☐ yes ☒ No

PCC staff-If you have to complete a full EIA please contact the Equalities and diversity team if you require help Tel: 023 9283 4789 or email: equalities@portsmouthcc.gov.uk

CCG staff-If you have to complete a full EIA please email: sehccg.equalityanddiveristy@nhs.net if you require help

Q7 - How have you come to this decision? Summarise your findings and conclusion below

Because of the on-going nature and cross-cutting theme of this agenda consultation work undertaken to date had been provided though partner organisation and the city of Sanctuary group. A full EIA is not required at this stage because we intend to conduct target consultation in line with the implementation of the key principles of learn, embed and share within the Council as organisation. This agenda is not a PCC initiative it is a City Wide group led by the voluntary and community sector that we as a council have pledged our support.

This proposal is to work with Portsmouth City of Sanctuary group to ensure that we are providing inclusive and welcoming support to those identified as seeking sanctuary. This agenda aligns with our existing council plan in respect of building strong and enabled communities, making sure that equalities principles underpin everything that we do.

Q8 - Who was involved in the EIA?

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Gina Perryman (Access & equality advisor)

This EIA has been approved by: Paddy May

Contact number: 023 9283 4020

Date: 19/06/2018

PCC staff-Please email a copy of your completed EIA to the Equality and diversity team. We will contact you with any comments or queries about your preliminary EIA.

Telephone: 023 9283 4789, Email: equalities@portsmouthcc.gov.uk

CCG staff-Please email a copy of your completed EIA to the Equality lead who will contact you with any comments or queries about your preliminary . Email: sehccg.equalityanddiversity@nhs.net

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Agenda Item 6



Portsmouth
CITY COUNCIL

Agenda item:

Title of meeting:	Cabinet Meeting
Subject:	Southsea Coastal Scheme
Date of meeting:	9 th July 2019
Report by:	Director -Regeneration
Wards affected:	St Thomas, St Jude, Eastney and Craneswater
Key Decision:	No
Full Council	No

1. Purpose

- 1.1 The purpose of this report is to seek approval for authority to be delegated to The Director of Regeneration to award the Construction contract for the Southsea Coastal Scheme (the Scheme) and to inform members of the submission of the Schemes' Full Business Case to the Environment Agency in Autumn 2019, based on the current designs.

2. Recommendations

- 2.1 For Cabinet Members to delegate authority to the Director of Regeneration to enter into the Construction contract for the Southsea Coastal Scheme, subject to prior approval by the Procurement Gateway Board.

3. Background Information

- 3.1 The Southsea Coastal Scheme is a significant investment in the infrastructure of the City to reduce the risk of coastal flooding and erosion at Southsea. The Scheme covers 4.5km (2.8miles) of coastline from the Royal Garrison Church to Eastney Barracks. The Scheme is designed to protect over 8,000 properties, 700 businesses, multiple heritage sites and key infrastructure from the risk of coastal flooding. Approximately 4,000 of these properties are at risk of direct inundation from flooding. The seafront, along with Southsea Common, is a focal point for recreation and tourism and is hugely important for the City as an asset and functioning flood defence.

- 3.2 The Scheme has completed the Principal Design stage and public consultation moving forward as agreed with the submission of a major planning application at the end of June 2019.
- 3.3 Using the Principal Design, the team has begun a fully OJEU compliant procurement process to appoint a Construction Contractor. A short-listing process has been completed and 3 bidders have been invited to tender for the contract, they are, Van Ord, Bam Nuttall and Boskalis, three internationally recognised coastal flood defence contractors.
- 3.4 Appointment of the Construction Contractor will allow a Full Business Case to be completed and submitted to the Environment Agency for approval to release funding for construction from central government.
- 3.5 The construction contract has been written with a number of break clauses which limit financial commitment and allows the Council to terminate should either the funding not be made available from central government, or the costs of construction for a frontage is not demonstrating Best Value. Appointment of this contract is important to allow Early Contractor Involvement (ECI) work with the Designers to identify savings for the Scheme. This is critical for progression of the Scheme to construction in 2020.

4. Reasons for Recommendation

The appointment of a construction contractor will allow Full Business Case completion and submission within the ambitious timescales of the project driven by the Environment Agency Capital programme.

- 4.1 This authorisation allows for Early Contractor Involvement works to be undertaken between the Contractor and Design supplier.
- 4.2 The appointment will identify savings and allow construction to commence in 2020 reducing the risk of flooding in Southsea.

5. Equality Impact Assessment

- 5.1 An Equalities Impact Assessment has been undertaken for the scheme at Principal Design stage and further assessments will be undertaken during the Detailed Design process.

6. Legal Implications

The delegation sought is sensible and the legal implications limited in that the functional decision to commit to contract is, as per the report to vest with the appropriate Director.

7. Director of Finance's comments

- 7.1 The cost of appointing the contractor will be met from the Southsea Coastal defence capital scheme previously approved by Full Council. There will be no financial or contractual commitment to continue into construction until the Full Business Case has been approved by HM Treasury and Central Government Funding has been awarded. (See 3.5).
- 7.2 The cost of procurement will be met from the approved capital programme.

.....
Signed by: **Tristan Samuels - Director Regeneration**

Appendices:

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
Nil	

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

.....
Signed by: **Councillor Gerald Vernon - Jackson, Leader of the Council**

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Agenda Item 7



Portsmouth
CITY COUNCIL

Agenda item:

Title of meeting: Cabinet Decision Meeting

Date of meeting: 9th July 2019

Subject: Merger of Coroner Areas in Hampshire

Report by: Director of Culture, Leisure and Regulatory Services
and City Solicitor

Wards affected: All

Key decision: No

Full Council decision: No

1. Purpose of report

To provide background information on, and to seek an agreement in relation to, the appropriate merger of Coroner services with Hampshire County Council or the Isle of Wight.

2. Recommendations

That the Cabinet:

2.1 Approves the option 1 to pursue a merger of coronial areas in Hampshire.

2.2 Delegate to the Director of Culture, Leisure and Regulatory Services the management of merger process.

3. Background

3.1 The Local Authority management of the Portsmouth and South Hampshire Coroner Service was transferred to Portsmouth City Council from Hampshire County Council from 1st April 2015.

3.2 In Hampshire there are 4 Coroner areas Central, Southampton and the New Forest, Portsmouth and South East Hampshire, North East Hampshire and the Isle of Wight. The retirement of the Portsmouth and South East Senior coroner, Central/Southampton and New Forest and the North East Senior coroner posts present an opportunity to amalgamate all the services and improve the effectiveness, efficiency and economy for all parties.

3.3 Hampshire County Council and Portsmouth City Council consulted with The Chief Coroner on 7th February 2019 and discussed a proposed merger. The

options comply with the recommendation in The Chief Coroner's Guidance No 14 - Merger of Coroner areas' which states:

"...the number of Coroner areas should be reduced in order to create sensibly sized coroner areas, taking into account the numbers of reported deaths, geographical sized and types of Coroner work in the area. In many cases 3,000 - 5,000 reported deaths would be an appropriate number, although smaller or larger areas may in places be appropriate."

- 3.4 The decision from this Cabinet meeting will be included in the business case to the Chief Coroner and Lord Chancellor.

3.5 Options

3.6 **Option 1: Hampshire Coroners Service.**

Merger incorporating the following coronial areas:-

Portsmouth and South East Hampshire, Southampton, Central and New Forest, North East Hampshire.

3.7 **Option 2: Portsmouth City Council and the Isle of Wight Coroner Service**

Merger incorporating the following coronial areas:-

The City of Portsmouth and the Isle of Wight.

- 3.8 Both merger options will:-

- Positively review the needs of the bereaved ensuring they are prioritised and met through the service operating under unified processes and procedures.
- Not impact on current service delivery
- Provide better resilience and allow the coronial service to better deal with fluctuations in demand,
- Ensure retained local justice
- Provide a consistent and streamlined service to meet the needs of bereaved families without adversely impacting on quality
- Accord with national policy and guidance in the context of a move towards larger coronial areas.
- Streamline existing processes for all partners, ensuring consistent delivery within the County and Hampshire Police service.
- Ensure the consistent and best use of the existing Coroner software (WPC).
- Improve outcomes including inquest timeliness.
- Provide staffing continuity across service area (managing sickness/caseload managed via WPC elsewhere within the area).
- Increase available support should mass fatality occur, there will be more staff in the area to cope as well as an increase in shared resources (hospitals/pathologists etc.)
- Make better and consistent technology at inquest.

- 3.9 The cost of the Coroners service to PCC in 2018/19 was £728,400 (after recharging HCC for deaths occurring outside of PCC in the SE Hants area).

The financial implications of the two options are as follows:

3.9.1 Hampshire Coroner Service - based upon 2018 activity, the proposed merged area will deal with approximately 7,800 deaths per annum. There will be a saving at Senior Coroner level as the revised structure with one senior and two area coroners replaces the existing structure of Senior Coroners in each area. This saving will be shared across the merged region. In addition the business plan indicates a number of other potential savings arising from economies of scale, improved buying power and other initiatives which have yet to be fully quantified but a prudent estimate of £25,000 to PCC is indicated. As indicated in the business plan, the future charging methodology for the new coronial area has yet to be agreed. Historically the recharge of costs to HCC under the existing arrangement has been based on place of recorded death so for Portsmouth this will include non-resident deaths in QA hospital. The first table in the business plan records PCC as having 58.9% of the Portsmouth & SE Hants Coronial area costs in 2018/19. At current levels of demand for the service, a revised methodology based upon population or residence has the potential to reduce the cost share to PCC.

3.9.2 Portsmouth & Isle of Wight Coroner Service - in this model HCC take back responsibility for the SE Hants area so, based upon 2018 levels of demand for the service, the merged area would deal with approximately 2,500 deaths per annum. The financial impact of the proposed revised structure of one Senior Coroner and a part time Area Coroner together with savings from economies of scale and improved buying power indicate a potential saving to PCC of approximately £15,000. PCC would also seek to review the existing charging mechanism for deaths in QAH with HCC.

4. Equality impact assessment (EIA)

An equality impact assessment is not required for this report as the recommendations do not have a potential negative impact on any of the protected characteristics as described in the Equality Act 2010.

5. Legal comments

The report accurately refers to the relevant Guidance. Given the retirements of the relevant Senior Coroner's within Hampshire this is an apposite time to consider area mergers.

Both business cases offer savings which will in due course expose any participating Coronial area to the potential considerations of staff loss (redundancy), merger (staff TUPE) and lease surrender or grant depending upon what court or administrative function is retained or dispensed with. This said neither option exposes colleagues upon an immediate basis and any such plans would be subject to compliance with the TUPE duties and the need to fully consult all involved.

6. Director of Finance comments

- 6.1 The 2019/20 budget for the current Coroners service in PCC is £862,000. The proposed merger options indicate that savings from a revised structure, economies of scale and better buying power will be shared across participant authorities through a revised charging mechanism. The scale of the saving to PCC will depend upon the final methodology agreed.

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Signed by:
Stephen Baily
Director of Culture, Leisure and
Regulatory Services

.....

Signed by:
Peter Baulf
City Solicitor

Appendices:

Appendix 1 Proposed Hampshire Coroner Service

Appendix 2 Proposed Portsmouth and IOW Coroner Service

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
2009 Coroner's and Criminal Justice Act	https://www.legislation.gov.uk/ukpga/2009/25/contents
Guidance No.14 Mergers of Coroner Areas	https://www.judiciary.uk/wp-content/uploads/2013/09/guidance-no14-mergers-of-coroner-areas.pdf
Cabinet report 6/11/14 Management and location of Coroners Service to within PCC	https://democracy.portsmouth.gov.uk/documents/g2395/Public%20reports%20pack%2006th-Nov-2014%2013.00%20Cabinet.pdf?T=10

The recommendation(s) set out above were approved/ approved as amended/ deferred/

rejected by on

.....

Signed by:
Leader on behalf of the Cabinet

**ALTERATION OF CORONER AREAS UNDER SCHEDULE 2 OF THE CORONERS
AND JUSTICE ACT 2009¹
MINISTRY OF JUSTICE BUSINESS CASE TEMPLATE FOR MERGERS**

NAMES OF CORONER AREAS THAT ARE PROPOSING TO MERGE

- **Portsmouth & South East Hampshire**
- **Isle of Wight**

PROPOSED NAME OF NEW AREA

- **Portsmouth & IOW**

INFORMATION ON AREAS THAT PROPOSE TO MERGE

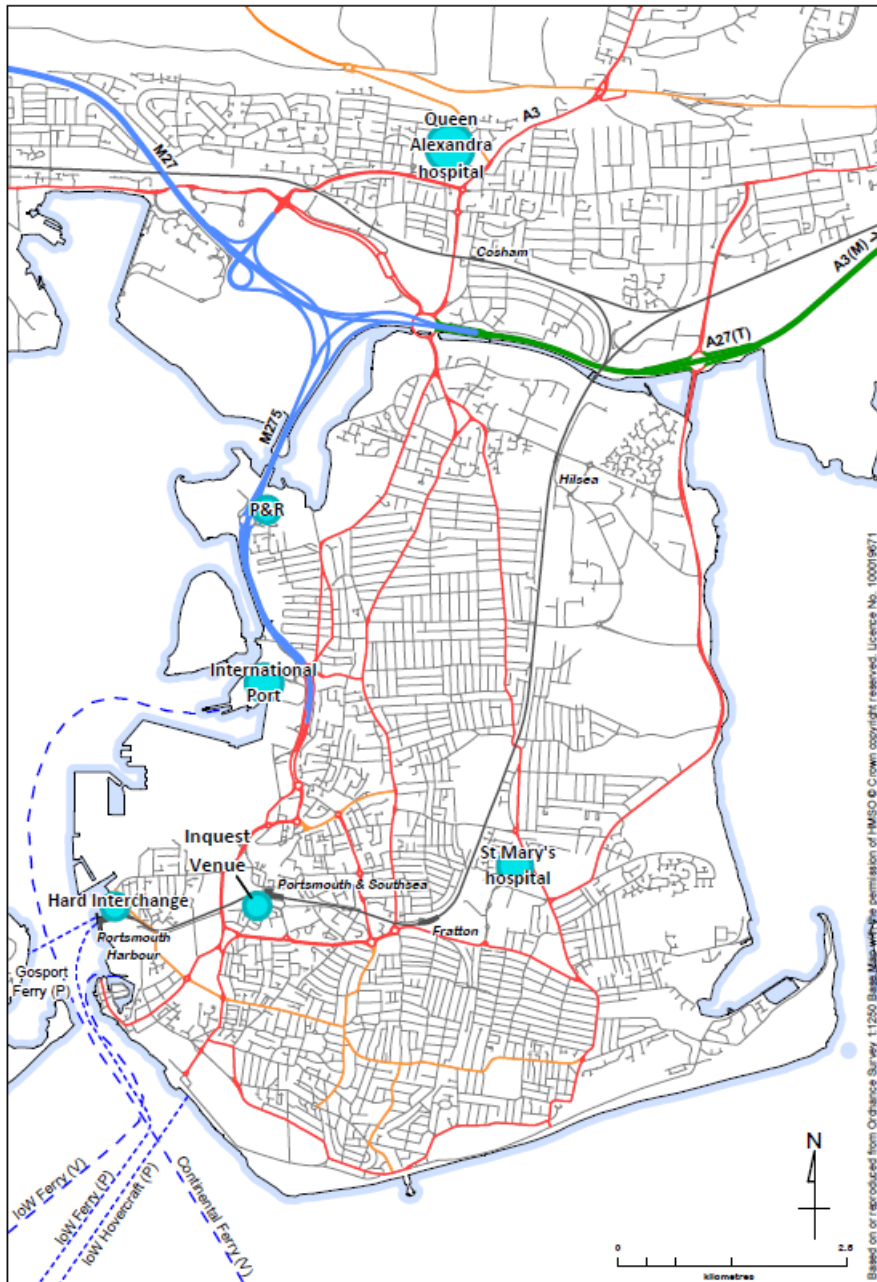
Coroner area	Portsmouth & South East Hampshire	Isle of Wight	Portsmouth and Isle of Wight
Geographical area covered	Portsmouth, Havant, Fareham, Gosport, Petersfield	Isle of Wight	Portsmouth City and the Isle of Wight
Local authority/ authorities that fund(s) coroner area and %	Hampshire County Council 39% / Portsmouth City Council 61% (17/18)	Isle of Wight Council	Portsmouth City Council and Isle of Wight
Relevant authority (formerly lead authority)	Portsmouth City Council	Isle of Wight	Portsmouth City Council
Police Force(s)	Hampshire Police	Hampshire Police	Hampshire Police
Transport links	A27, A3,A3(M), M275 Portsmouth and numerous local stations Ports for international cruise and freight and ferry services	The Solent - cross Solent ferries/cross channel ferries/cruise liners/freight vessels	ALL
Major hospitals	1 (Queen Alexandra Hospital)	1 (St Mary's Hospital - acute)	ALL
Prisons in area	none	HMP Isle of Wight HMP Albany	ALL
Other state detention facilities	none	none	none
Courtrooms/ inquest venues	1 (Portsmouth)	1 (Isle of Wight)	ALL
Office/staff accommodation – location and capacity	Civic Offices, Guildhall Square Portsmouth. Office suite for 6, court and jury room	Seaclose Offices. 1 general office for 2 officers, inquest room for 1 officer, office for HMC and as interview room.	ALL
Employer of coroner's officers'	Portsmouth City Council	Isle of Wight Council	Portsmouth City Council
Name of senior coroner	David Horsley	Caroline Sumeray	

¹ <http://www.legislation.gov.uk/ukpga/2009/25/schedule/2>

Coroner area	Portsmouth & South East Hampshire	Isle of Wight	Portsmouth and Isle of Wight
Number of area coroners	0	0	1 (part-time)
Number of assistant coroners	4	1	2
Number of coroner's officers	4.5 (4.04 FTE)	2.5	6.5
Number of administrative support staff	1.5 (1.5 FTE)	2	3.5
Number of deaths reported in 2018/19	2,643	835	3,478
Inquests held in 2018/19	289	120	409
Post mortem rate as % of reported deaths in the previous calendar year	40%	53%	40%

- IOW to provide map of the area showing the current position and the position in the event of a merger. Both maps should show details of for instance inquest venues, hospitals, prisons and transport links.

- PCC Map of existing and the proposed position (no changes)



SENIOR CORONER APPOINTMENT

- Why are you seeking a merger now (ie which area's senior coroner is stepping down, when and why)?
 - This merger is proposed to follow national policy established by the Chief Coroner to merge smaller coronial areas and to replace part time and acting Coroners with full time equivalents with a much larger case load.
 - Senior Coroner David Horsley has announced his intention to retire at the end of October 2019. At present his coroner's jurisdiction comprises of Portsmouth and South East Hampshire. Portsmouth City Council are the lead local authority for this area, with Hampshire County Council providing funding

for the number of deaths which occur within the South East Hampshire boundaries.

- The proposal is to merge the Portsmouth area with the Isle of Wight.
- The proposed merger provides an opportunity to create a larger district comprising of one local authority lead coroner's jurisdiction and to reduce the number of Senior Coroners.
- How do you propose to appoint the senior coroner for the new merged area – (i.e. does the relevant authority propose to appoint one of the senior coroners from the affected areas or to hold an open competition)?
- The recommendation is for the existing two coroner areas to be merged into a single area. The merged area will require one full time Senior Coroner who will be supported by one part-time area coroner and assistant coroners as required. Appointment will be made in line with Guidance 14 - Merger of Coroner Areas.
- Are all affected senior coroners aware of and content with this approach?
- IOW HMC is aware of the changes pending in Portsmouth and will need to be provided with the details of any proposals - as part of the consultation process
- PCC HMC is aware and content with the proposals.

IMPACT OF PROPOSED MERGER ON SERVICE DELIVERY

- What will be the impact of the proposed merger on service delivery?
- The merger will have a positive impact on service delivery.
- There will be better resilience and allow the coronial service to better deal with fluctuations in demand.
- Use of the WPC (caseload management system) will be more consistent and best utilised.
- Staffing continuity across service area will benefit from greater resilience, sickness/caseload managed via WPC from elsewhere within the area.
- Local justice will be retained
- There will be an improved responsiveness to future demand
- Improved outcomes, including improved inquest timeliness and performance.
- An increase in available support should mass fatality occur, more staff in the area to cope, more resources already shared (hospitals/pathologists etc)
- A more consistent and better use of technology at inquests
- The harmonisation of working practices and policies which should generate efficiency savings and bring economies of scale.
- Will additional coronial or administrative support be provided in the new area? (eg. will additional coroners need to be recruited or will workloads be increased/redistributed etc? How will additional caseloads be managed?)
- The merged area will deal with approximately 2,500 deaths per annum.
- In order to provide resilience and support to the Senior Coroner, it is intended to hold an open competition to appoint a part time Area Coroner.
- It is expected that the existing officers and administration staff provided by IOW will TUPE to be employed by PCC following a consultation process.
- What will be the impact of the merger on associated services – such as post-mortem examinations, and mortuary provision?
- In the first instance there will be a positive impact in that a standard consistent approach will emerge leading to greater efficiency, economy and outcomes

- It is envisaged that secondary benefits will also be gained by obtaining efficiencies from aggregating the various supply chains into one.
- Body storage and post mortem facilities are currently based at two NHS hospitals across the proposed merger area in Queen Alexandra Hospital (Portsmouth) and St Mary's Hospital (Isle of Wight). There will be no change in the location of these post mortem examinations or mortuary provision.
- How will the relevant local authority administer the new coroner area?
 - Portsmouth City Council proposes to be the relevant local authority for the new coroner area. They will provide financial and HR support for the new coroner area.
- How will administrative governance be achieved between the relevant local authority and other funding local authorities?
 - The Isle of Wight Council and Portsmouth City Council already have an established working relationship and on approval of the merger, both authorities will enter into legally binding agreements that clearly set out the provision of the service, accountability, responsibilities, monitoring arrangements and financial arrangements.
- How will the affected local authorities manage budgets?
 - Budgets will be managed on a full open book accounting basis, where costs are split between the member authorities based on the existing formula based on case load.
 - Regular recharges of proportionate costs to be levied (quarterly as a maximum).
 - Any existing contractual arrangements currently in place with Isle of Wight Council will be managed by Portsmouth City Council upon merger and when these come to an end, it is hoped that new procurement of services will achieve economies of scale and create financial savings which will benefit both authorities.

IMPACT OF MERGER ON THOSE WORKING IN / WITH THE SERVICE

- What will be the impact of the merger on:
 - **Coroners** (eg. will the workloads of the Senior Coroner, Area Coroner (if applicable) and assistant coroners be effected? Will all existing assistant coroners transfer to the new area? Are the current assistant coroners all currently working and being trained? Do they or will they all have the Chief Coroner's recommended 15 days a year of work?)
 - The Senior Coroner in the merged area will manage a moderate workload, equivalent to the existing Portsmouth and SE Hants area, albeit over an increased geographical area. It is proposed that a part time Area Coroner will be appointed to provide valuable support and local knowledge to the Senior Coroner.
 - Reduced out of hours disruption (shared between Senior and part-time Area Coroner)
 - Increased resilience as the IOW assistant Coroner is due to retire in 2019.

Coroners' officers

- Coroner officers in Portsmouth are employed by PCC with some on police terms and conditions. Coroner officers in IOW will TUPE to be employed by Portsmouth City Council. Staff will remain in their current locations.
- Increased support and resilience. As the service continues to improve digitally, working across different locations will be straightforward and acceptable, resulting in an equality of workload distribution across both areas. Use of IT will support the Coroner's Officers and aid closer working and communication with colleagues.

Other staff in the coroner's offices

- Team leader is employed with PCC terms and conditions
- Back office support of the PCC coroner service - finance, HR, Payroll, payments and income - unaffected. HCC support service will increase.
- Needs IOW addition
- Court hearings would remain at Portsmouth and IOW, any existing court support staff will continue to support the Senior Coroner in these locations when the court is sitting

Pathologists

- Post mortems would continue to take place in Portsmouth and IOW hospitals so there will be no impact on pathologists. The merged area will provide further resilience in the IOW.

RESOURCE IMPLICATIONS OF MERGER

- What will be the impact of the merger on resources in terms of:
Costs of delivering the service – existing costs and predicted costs for amalgamated area (see tables in Annex A which may assist with this)
 - Increased buying power may produce better value contracts in areas including toxicology and funeral directors (removals);
 - A potential opportunity to retain pathologist services.
 - The consistent approach from a single Senior Coroner directive will potentially make savings in contracts such as histology.
 - A single unified service will increase resilience, and streamline processes and procedures.

Accommodation for staff - none.

Inquest accommodation

- Each area already contains a court/inquest venue which will be retained. There will be increased flexibility in availability and a choice of location for inquests.

IT

- Both Portsmouth City Council and the Isle of Wight currently use WPC. Discussions will be held with this provider to unify the contracts and for the systems to merge, allowing all staff and Coroners to see cases for the entire merged area. Potential to reduce licence costs

Post mortem examination costs (including transport and storage) for each area.

- Deceased persons will continue to be removed to mortuaries in Portsmouth and IOW so the transport and storage arrangements are not expected to change, other than any contracts being transferred to the lead Authority

- Post mortem examinations will continue to be held within the hospital trusts using hospital pathologists.
- Better technology will reduce the expert and witness expenses
- Improved methods of working and streamlining of processes will improve timeliness, reduce costs and result in efficiency savings across the service.

LEGAL IMPLICATIONS

- Are you aware of any legal issues that need to be resolved before a merger can go ahead (in addition to the Lord Chancellor making an order under Schedule 2 of the 2009 Act)? If so please give details.

No

VIEWS OF THOSE AFFECTED BY MERGER

- Do all affected local authorities support the merger? Please provide details.
- Have the local authority councillors / cabinets approved the merger? Please provide details.
 - Initially this paper will drive approval at PCC.
 - IOW would seek LA approval after consultation has taken place.
- What is the view of affected coroners and their staff?
 - Views will be collected as part of the consultation process and this element will be updated at that point.
- How will bereaved people be affected by the merger – eg travelling to inquests, being able to contact coroners' offices?
 - There will be a positive impact on the families of the deceased with increased accessibility to the service and the courts.
- Have you sought the views of other affected stakeholders - such as police authority and constabulary, hospitals, prisons, GPs, faith groups and funeral directors? Please provide details.
 - Views will be collected as part of the consultation process and this element will be updated at that point
- What are the views of other stakeholders?
 - Views will be collected as part of the consultation process and this element will be updated at that point
- What impact will the merger have in terms of disability, gender and racial equality? None

RISKS AND MITIGATING ACTIONS

- Please provide details of any risks identified and mitigating action (to be) taken.

ALTERNATIVE OPTION(S)

- Please describe other options considered, in addition to the proposed merger, and the advantages and disadvantages for each option.

Alternative Option - Portsmouth City Council merges with Hampshire County Council

Advantages include a positive impact on service delivery, standardisation of processes, increased service resilience and harmonisation of working practices from a service led by one Senior Coroner, efficiency savings and economies of scale.

CONTACT WITH THE CHIEF CORONER'S OFFICE / MINISTRY OF JUSTICE / CONSULTEES

- Have you had previous discussions with the Chief Coroner on the proposed merger? (This is a requirement before MoJ can formally consult on the merger.) Please provide details of the discussion.
- Have you had previous contact with MoJ on the proposed merger? Please provide details.
 - PCC received a letter from MoJ in December 2018 proposing a merger of the 4 existing Hampshire County Coroner areas. A meeting was held on 7th February 2019 at the Royal Courts of Justice between the Chief Coroner, Ministry of Justice, Senior Coroners and representatives from both Hampshire County Council and Portsmouth City Council. The Chief Coroner, along with representatives from MoJ expressed their support for a merger of the four existing coronial areas.
- Are you happy for this business case in its entirety to be sent to all consultees? If not please provide details.
- Please list consultees for the consultation on the proposed merger – the organisation's name and the most appropriate email address - at **Annex B**. MoJ will remove email addresses from **Annex B** before sending the business case to consultees.
- Further information on the merger process is available in the form of Chief Coroner guidance at: <http://www.judiciary.gov.uk/wp-content/uploads/2014/05/guidance-14-mergers-of-coroner-areas.pdf>.

Annex A**Resource implications of the merger***Table A: Details of current Senior Coroners and Area Coroner/s (if applicable) in each existing coroner area*

Position (eg Senior Coroner, Area Coroner)	First name	Surname	Current salary (including National Insurance and pension contributions)	Long Inquest Payments (if applicable) or other additional payments	Proposed salary in amalgamated area (if applicable) (including National Insurance and pension contributions)
Senior Coroner - Portsmouth and South East Hampshire	David	Horsley	2018/19: £157,400	2018/19 - none	New Senior Coroner and part time Area Coroner salary to be agreed by the LA
			2017/18: £144,870	2017/18: - none	
Senior Coroner - Isle of Wight	Caroline	Sumeray	2018/19: £35,800	2018/19: £74,000	
			2017/18: £35,500	2017/18: £80,605	

Table B: Office costs

Category	Portsmouth & South East Hampshire	Isle of Wight	
Fees for Assistant Coroner(s)	£41,000	£1,100	The appointment of an Area Coroners will reduce the use of Assistant Coroners
Salary costs of Coroner's officer(s) <i>(including National Insurance and pension contributions)</i>	£162,500	£76,200	£238,700
Salary costs of administrative staff <i>(including National Insurance and pension contributions)</i>	£41,400	£2,500	£43,900
Staff and Inquest accommodation	£45,000	£19,000	£64,000
IT costs	£17,100	£16,000	£33,100
Post mortem/Pathologist costs etc	£770,300	£387,100	£1,157,400
Other costs?	£21,400	£30,800	£52,200

Annex B**List of consultees**

[Please include:

- *All effected Senior Coroners, Area Coroners and Assistant Coroners in the areas in question;*
- *relevant local authority contacts from all neighbouring coroner areas (MoJ can assist with this if necessary);*
- *all MP's with constituencies within the effected coroner areas;*
- *pathologist contacts;*
- *representatives of local funeral directors within the effected coroner areas;*
- *representatives from hospitals and/or prisons within the area;*
- *the Chief Coroner (MoJ will have the relevant contact details)*
- *local police contacts(MoJ can assist with this if necessary and will include a national ACPO contact as standard))*

Organisation	Email address <i>(please note these will be removed when business case is sent to consultees)</i>
David Horsley (Senior Coroner)	David.horsley@portsmouthcc.gov.uk
Robert Stone (Deputy Coroner)	Robert.stone@portsmouthcc.gov.uk
Samantha Marsh (Assistant Coroner)	Samantha.marsh@portsmouthcc.gov.uk
Lincoln Brookes (Assistant Coroner)	Lincoln.brookes@portsmouthcc.gov.uk
Steven Lewsley (Team Leader)	Steven.lewsley@portsmouthcc.gov.uk
David Gregory (Coroners Officer)	David.gregory@portsmouthcc.gov.uk
Karen Hamilton (Coroners Officer)	Karen.hamilton@portsmouthcc.gov.uk
Karen Hyde (Coroners Officer)	Karen.hyde@portsmouthcc.gov.uk
Sophie Simpson (Coroners Officer/Admin Assistant)	Sophie.simpson@portsmouthcc.gov.uk
Lisa John (Coroners Officer)	Lisa.john@portsmouthcc.gov.uk
Lorraine Porter (Superintendent Registrar)	Lorraine.porter@portsmouthcc.gov.uk
Portsmouth City Councillors	fullcouncil@portsmouthcc.gov.uk
PCC Pathologists	
Hampshire Constabulary	
Hampshire Fire Service	
South Central Ambulance Service	
Stephen Morgan MP Portsmouth South	stephen.morgan.mp@parliament.uk
Penny Mordaunt MP Portsmouth North	penny.mordaunt.mp@parliament.u
David Williams PCC Chief Executive	David.williams@portsmouthcc.gov.uk
Stephen Baily Director of Culture and Regulatory Services (PCC)	Stephen.baily@portsmouthcc.gov.uk
Association of Chief of Police Officers (ACPO)	
Community Safety Team PCC	CommunitySafety@Portsmouthcc.gov.uk
Portsmouth NHS Trust, Queen Alexandra Hospital (QAH)	
Bereavement Services Manager (QAH)	
Dignity Funeral Services	
Barrells Funeral Services	

Faith and Equality Groups	
West Sussex Coroner Service	hm.coroner@westsussex.gov.uk

**ALTERATION OF CORONER AREAS UNDER SCHEDULE 2 OF THE CORONERS
AND JUSTICE ACT 2009¹
MINISTRY OF JUSTICE BUSINESS CASE TEMPLATE FOR MERGERS**

NAMES OF CORONER AREAS THAT ARE PROPOSING TO MERGE

- Central Hampshire
- Southampton and New Forest
- North East Hampshire
- Portsmouth and South East Hampshire

PROPOSED NAME OF NEW AREA

- Hampshire

INFORMATION ON AREAS THAT PROPOSE TO MERGE

- Please provide key details in the table as follows:

Coroner area	North East Hampshire (Basingstoke)	Portsmouth & South East Hampshire	Central, Southampton & New Forest	Hampshire
Geographical area covered	Basingstoke, Alton, Fleet, Farnborough, Aldershot	Portsmouth, Havant, Fareham, Gosport, Petersfield	Southampton, New Forest, Winchester, Eastleigh, Andover, Romsey	All areas from left columns
Local authority/ authorities that fund(s) coroner area and %	Hampshire County Council 100%	Hampshire County Council 41.1% / Portsmouth City Council 58.9% (18/19)	Hampshire County Council 56.8% / Southampton City Council 43.1% (18/19)	Hampshire Council, Southampton City Council, Portsmouth City Council % to be agreed
Relevant authority (formerly lead authority)	Hampshire County Council	Portsmouth City Council	Hampshire County Council	Hampshire County Council
Police Force(s)	Hampshire Police	Hampshire Police	Hampshire Police	Hampshire Police
Transport links	M3, A31, A339, A33, A34. Basingstoke train station, plus numerous local train stations. Farnborough air facility and Blackbushe	A27, A3, A3(M), M275 Portsmouth and numerous local stations Ports for international cruise and freight and ferry services	M3, M27, A34, A303, A31, Southampton Central train station, Southampton Parkway, Winchester train station, plus numerous local	All links from left columns

¹ <http://www.legislation.gov.uk/ukpga/2009/25/schedule/2>

Coroner area	North East Hampshire (Basingstoke)	Portsmouth & South East Hampshire	Central, Southampton & New Forest	Hampshire
	private airport		train stations. Southampton Airport. Southampton Docks with cruise terminal.	
Major hospitals	1 (North Hampshire Hospital)	1 (Queen Alexandra Hospital)	2 (University Hospital Southampton and Royal Hampshire County Hospital)	All hospitals from left columns
Prisons in area	none	none	HMP Winchester	HMP Winchester
Other state detention facilities	1 (Parklands Hospital)	none	Antelope House, Woodhaven, Melbury Lodge (MH Facilities)	All from left columns
Courtrooms/ inquest venues	1 (Basingstoke Law Courts hired room)	1 (Portsmouth)	1 (Winchester)	Basingstoke (registration rooms) Portsmouth Winchester
Office/staff accommodation – location and capacity	1 (Basingstoke - room in registration office for 3 staff). A court room is hired in law courts for inquests.	Civic Offices, Guildhall Square Portsmouth. Office suite for 6, court and jury room	1 office in Winchester for 11 incl Senior Coroner. 2 small inquest rooms and use of Council Chamber for larger inquests	Winchester and Portsmouth (Basingstoke Office to close)
Employer of coroner's officers'	Hampshire County Council plus CO currently employed by Senior Coroner	Portsmouth City Council	Hampshire County Council	Hampshire County Council
Name of senior coroner	Andrew Bradley	David Horsley	Grahame Short	To be appointed
Number of area coroners	0	0	0	2
Number of assistant coroners	3	4	4	5
Number of coroner's officers	1	4.5 (4.04 FTE)	4	9.5

Coroner area	North East Hampshire (Basingstoke)	Portsmouth & South East Hampshire	Central, Southampton & New Forest	Hampshire
Number of administrative support staff	1 (0.6FTE)	2 (1.5 FTE)	5 (4.81)	6 (two admin in Central have been promoted to CO to cover vacant positions)
Number of deaths reported in the previous calendar year	1,456	2,643	Central: 1493 Southampton & NF: 2205	7,797
Inquests held in the previous calendar year	163	289	Central: 174 Southampton & NF: 236	862
Post mortem rate as % of reported deaths in the previous calendar year	31%	40%	Central: 33% Southampton & NF: 36%	Average 35%

- It would be helpful if you would also attach maps of the area showing the current position and the position in the event of a merger. Both maps should show details of for instance inquest venues, hospitals, prisons and transport links.



SENIOR CORONER APPOINTMENT

- Why are you seeking a merger now (ie which area's senior coroner is stepping down, when and why)?

This merger is proposed to follow national policy established by the Chief Coroner to merge smaller coronial areas and to replace part time and acting Coroners with full time equivalents with a much larger case load.

On the retirement of Senior Coroner for Southampton and New Forest Keith Wiseman in April 2014, Mr Grahame Short who was the existing appointed Senior Coroner for Central Hampshire became Acting Senior Coroner of this jurisdiction in addition. Hampshire County Council is the relevant local authority for these two jurisdictions, with Southampton City Council funding a percentage based on the number of deaths falling within its boundaries.

Senior Coroner Andrew Bradley has announced his intention to retire at the end of June 2019. At present, his jurisdiction of North East Hampshire is a part time jurisdiction. Hampshire County Council is the relevant local authority for this area, providing full funding.

Senior Coroner David Horsley has announced his intention to retire at the end of October 2019. At present his coroner's jurisdiction comprises of Portsmouth and South East Hampshire. Portsmouth City Council are the lead local authority for this area, with Hampshire County Council providing funding for the number of deaths which occur within the South East Hampshire boundaries.

The proposal is to merge Central Hampshire, Southampton & New Forest, North East Hampshire and Portsmouth and South East Hampshire.

The proposed merger provides an opportunity to create a larger district comprising of one local authority lead coroner's jurisdiction and to reduce the number of Senior Coroners.

- How do you propose to appoint the senior coroner for the new merged area – (i.e. does the relevant authority propose to appoint one of the senior coroners from the affected areas or to hold an open competition)?

Upon the retirement of Andrew Bradley from the North East Hampshire jurisdiction, it is intended for Hampshire County Council to appoint Grahame Short as Acting Senior Coroner.

The total caseload for Central Hampshire and Southampton and New Forest is c.3500 deaths per annum, therefore with the addition of North East Hampshire at c.1500 deaths per annum, the total of deaths would rise to c.5000.

In order to provide resilience and support to Mr Short, whilst a merger of the larger area is considered upon Mr Horsley's retirement in October 2019, Hampshire County Council would seek both the Chief Coroner and the Ministry of Justice's approval to appoint an acting Area Coroner in this interim period.

In May 2019, since the business case for a merger has been in discussion, Mr Short has also announced his intention to retire at the same time as Mr Horsley; at the end of October 2019.

On discussion with the Ministry of Justice and the Chief Coroner's Office, Hampshire County Council has decided to proceed with the recruitment process to appoint a new Senior Coroner to cover three jurisdictions of North East Hampshire, Central Hampshire and Southampton and New Forest, with a view to become Senior Coroner of the whole merged area when the statutory instrument has been agreed.

A further open competition will be held to appoint two area coroners for the merged areas with the approval of the Chief Coroner and the Ministry of Justice.

- Are all affected senior coroners aware of and content with this approach?

All three Senior Coroners are aware of this approach and have agreed that a merger of the four jurisdictions is a sensible and pragmatic approach in order to provide a consistent and more efficient service for the residents of Hampshire.

IMPACT OF PROPOSED MERGER ON SERVICE DELIVERY

- What will be the impact of the proposed merger on service delivery?

The merger will have a positive impact on service delivery.

Processes and procedures will become standardised across the merged jurisdiction under leadership from one Senior Coroner. Harmonisation of working practices and policies should generate efficiency savings and bring economies of scale.

It is recognised that Hampshire is a large county and therefore it is intended to continue to serve its residents by continuing to hold inquests in Basingstoke, Winchester and Portsmouth.

- Will additional coronial or administrative support be provided in the new area? (eg. will additional coroners need to be recruited or will workloads be increased/redistributed etc? How will additional caseloads be managed?)

The merged area will deal with approximately 7,800 deaths per annum based on the last calendar year Ministry of Justice Return (2018).

A new Senior Coroner for the three Hampshire County Council jurisdictions will be appointed following an open competition with a view to becoming the Senior Coroner for the entire merged jurisdiction.

In order to provide resilience and support to the Senior Coroner, it is intended to hold an open competition to appoint two full time Area Coroners.

Hampshire County Council provides coroners officers and administrative support to three areas at present. It is expected that the existing officers and administration staff provided by Portsmouth City Council will TUPE to be employed by HCC following a consultation process.

The Senior Coroner in Basingstoke currently privately employs one coroner's officer and discussions are being held with HR in order to move this role under HCC.

- What will be the impact of the merger on associated services – such as post-mortem examinations, and mortuary provision?

Body storage and post mortem facilities are currently based at four NHS hospitals across the county in North East Hampshire County Hospital (Basingstoke), Royal Hampshire County Hospital (Winchester), University Hospital Southampton, and Queen Alexandra Hospital (Portsmouth).

Body removals will continue to these four hospitals.

Post mortems will continue to be carried out at these hospitals.

Due to the existing close working relationships of Coroners across all areas and the unification of Hampshire under one police force and ambulance provider, a new Sudden Death policy will be implemented on May 1st 2019 which anticipates a reduction in deceased persons being removed to mortuaries. This is estimated to be reduced by 20% therefore reducing mortuary storage costs, removal fees and staff time.

- How will the relevant local authority administer the new coroner area?

Hampshire County Council proposes to be the relevant local authority for the new coroner area and therefore be responsible for full administration including the appointment of Senior and Area Coroners and employment of coroner's support staff.

Discussions are currently being held to decide the best charging method.

- How will administrative governance be achieved between the relevant local authority and other funding local authorities?

Hampshire County Council, Southampton City Council and Portsmouth City Council have already established a good working relationship given the funding arrangements that currently exist.

On approval of the merger, all three local authorities will enter into legally binding agreement that clearly sets out the provision of the service, accountability, responsibilities, monitoring arrangements and financial arrangements.

- How will the affected local authorities manage budgets?

Hampshire County Council will be the relevant local authority for the merged area and therefore will take responsibility for effectively managing the overall budget.

Existing contractual arrangements currently in place with Portsmouth City Council will be managed by Hampshire County Council upon merger and when these come to an end, it is hoped that new procurement of services will achieve economies of scale and create financial savings which will benefit all three authorities.

IMPACT OF MERGER ON THOSE WORKING IN / WITH THE SERVICE

- What will be the impact of the merger on:
 - Coroners (eg. will the workloads of the Senior Coroner, Area Coroner (if applicable) and assistant coroners be effected? Will all existing assistant coroners transfer to the new area? Are the current assistant coroners all currently working and being trained? Do they or will they all have the Chief Coroner's recommended 15 days a year of work?)

Due to the scale and average number of deaths for the merged area, it is proposed for the Senior Coroner to be supported by two full time area coroners.

All existing assistant coroners would transfer to the new area giving a total of 5, as two assistants already work in both Portsmouth and South East and in Central and Southampton. The current assistant coroners are all currently working and being trained and all work the minimum of 15 days per year.

- Coroners' officers

Hampshire County Council currently employs the coroner's officers for Central Hampshire and Southampton and New Forest and an administrator in Basingstoke. There are two offices in Basingstoke and Winchester. The staff currently based in Winchester would remain in place, with proposals to move the existing coroner's officer who will become a HCC employee from Basingstoke to the Winchester office

Portsmouth and South East Hampshire coroner's officers are employed by Portsmouth City Council so they therefore will TUPE to be employed by Hampshire County Council. Staff would remain in the offices in Portsmouth. Now that the coroner's service is becoming more digital, working across different locations is made possible, particularly as coronial decisions and signatures are made via the electronic case management system (WPC).

- Other staff in the coroner's offices

Court hearings would still go ahead in Basingstoke and therefore the existing administrator/court officer would support the Coroner in this location when court is sitting.

Court hearings and staff would remain in place in Portsmouth.

- Pathologists

Post mortems would continue to take place in Winchester, Basingstoke, Southampton and Portsmouth so therefore the pathologists would continue as before.

- Others?

RESOURCE IMPLICATIONS OF MERGER

- What will be the impact of the merger on resources in terms of:

- Costs of delivering the service – existing costs and predicted costs for amalgamated area (see tables in **Annex A** which may assist with this)
- Accommodation for staff

It is proposed to close the office accommodation in Basingstoke and the coroner's officer for this jurisdiction will be co-located with the staff based in Winchester. The inquests in Basingstoke are currently held in the law courts, however they will now be heard in ceremony rooms in the Registration building. Both of these changes will incur savings.

There will be savings in terms of Coroners salary due to a reduction from three Senior Coroners to one Senior with two Area Coroners. There will also be a reduction in use of Assistants who sit at a daily rate, particularly for long inquests.

Having one team under the leadership and guidance of one Senior Coroner will provide resilience along with streamlined processes and procedures.

When contracts reach the point of renewal, the larger merged jurisdiction will provide economies of scale.

- Inquest accommodation

Inquests will continue to be held in Basingstoke, Winchester and Portsmouth therefore the merger will not impact this existing service.

Savings will be made, as detailed above, in holding inquests in registration ceremony rooms in Basingstoke, rather than in the law courts.

- IT

Both Portsmouth City Council and Hampshire County Council use the WPC case management system. Discussions will be held with this provider to unify the contracts and for the systems to merge, allowing all staff and Coroners to see cases for the entire merged area.

- Post mortem examination costs (including transport and storage) for each area

Deceased persons will continue to be removed to mortuaries in Basingstoke, Winchester, Southampton and Portsmouth so therefore the transport and storage arrangements are not expected to change, other than that the Portsmouth and South East Hampshire removal contracts and NHS trust contract will be transferred to Hampshire County Council.

Post mortem examinations will continue to be held within the hospital trusts using hospital pathologists.

- Any other costs / savings?

LEGAL IMPLICATIONS

- Are you aware of any legal issues that need to be resolved before a merger can go ahead (in addition to the Lord Chancellor making an order under Schedule 2 of the 2009 Act)? If so please give details.

No.

VIEWS OF THOSE AFFECTED BY MERGER

- Do all affected local authorities support the merger? Please provide details.

Hampshire County Council and Southampton City Council both support the proposed merger. Portsmouth City Council is yet to agree pending cabinet meetings.

- Have the local authority councillors / cabinets approved the merger? Please provide details.

As above.

- What is the view of affected coroners and their staff?

All three current Senior Coroners are retiring and therefore will not be affected by the merger.

- How will bereaved people be affected by the merger – eg travelling to inquests, being able to contact coroners' offices?

Bereaved people will benefit from the merger in that the whole county will be operating under unified processes and procedures. Staff located in Winchester and Portsmouth will take cases for the whole merged area, which will provide better resilience. Inquests will remain in locations where they are being held currently.

- Have you sought the views of other affected stakeholders - such as police authority and constabulary, hospitals, prisons, GPs, faith groups and funeral directors? Please provide details.

Please see consultation document provided with business case. (Yet to be completed pending agreement of Portsmouth City Council to merger.)

- What are the views of other stakeholders?

See above.

- What impact will the merger have in terms of disability, gender and racial equality?

There will be no impact.

RISKS AND MITIGATING ACTIONS

- Please provide details of any risks identified and mitigating action (to be) taken.

No risks have been identified at this stage.

ALTERNATIVE OPTION(S)

- Please describe other options considered, in addition to the proposed merger, and the advantages and disadvantages for each option.

ALTERNATIVE OPTION ONE: Coroner Jurisdictions remain the same with Portsmouth City Council appointing a like for like Senior Coroner

Advantages:

- Portsmouth City Council have civic pride in hosting a coroner's service
- Continuity of service for Portsmouth and South East Hampshire coroners support staff

Disadvantages:

- The retirement of the Senior Coroner for Portsmouth and South East Hampshire offers the opportunity for the whole of the Hampshire County Council Local Authority area to be coterminous with that of the coroner's jurisdiction. Under the existing laws as dictated by the Coroner's and Justice Act 2009, a merger of coroner areas must contain the whole of a local authority area or more than one local authority area.
- Financial savings will not be made as discussed in sections above

ALTERNATIVE OPTION TWO: South East Hampshire and Portsmouth City Council separate leaving South East Hampshire to merge with the three existing jurisdictions with Portsmouth City Council remaining a separate jurisdiction of itself

Advantages:

- Portsmouth would retain civic pride in hosting a separate coroner's jurisdiction

Disadvantages:

- Portsmouth City Council area deals with 1500 per annum and therefore would be considered too small and would not reflect both the Chief Coroner and Ministry of Justice recommendations to reduce the number of small and part time coronial jurisdictions
- Due to the reduction in size of the area, staff redundancies would potentially need to be considered by Portsmouth City Council

ALTERNATIVE OPTION THREE: Portsmouth City Council merges with the Isle of Wight

Advantages:

- Portsmouth City Council already have an existing cross organisational relationship with the Isle of Wight Council
- Portsmouth shares transport links with the Isle of Wight
- Opportunity for savings to be made by the Isle of Wight (reduction in long inquest payments compared to a salaried Coroner position)

Disadvantages:

- The Isle of Wight already has an existing part time Senior Coroner who would need to be considered

CONTACT WITH THE CHIEF CORONER'S OFFICE / MINISTRY OF JUSTICE / CONSULTEES

- Have you had previous discussions with the Chief Coroner on the proposed merger? (This is a requirement before MoJ can formally consult on the merger.) Please provide details of the discussion.
- Have you had previous contact with MoJ on the proposed merger? Please provide details.

A meeting was held on 7th February 2019 at the Royal Courts of Justice between the Chief Coroner, Ministry of Justice, Senior Coroners and representatives from both Hampshire County Council and Portsmouth City Council. The Chief Coroner, along with representatives from the MoJ. expressed their support for a merger of the four existing coronial areas.

- Are you happy for this business case in its entirety to be sent to all consultees? If not please provide details.

Yes

- Please list consultees for the consultation on the proposed merger – the organisation's name and the most appropriate email address - at **Annex B**. MoJ will remove email addresses from **Annex B** before sending the business case to consultees.
- Further information on the merger process is available in the form of Chief Coroner guidance at: <http://www.judiciary.gov.uk/wp-content/uploads/2014/05/guidance-14-mergers-of-coroner-areas.pdf>.

Annex A**Resource implications of the merger***Table A: Details of current Senior Coroners and Area Coroner/s (if applicable) in each existing coroner area*

Position (eg Senior Coroner, Area Coroner)	First name	Surname	Current salary (including National Insurance and pension contributions)	Long Inquest Payments (if applicable) or other additional payments	Proposed salary in amalgamated area (if applicable) (including National Insurance and pension contributions)
Senior Coroner - Central, Southampton, New Forest	Grahame	Short	2018/19: £159,963	2018/19: £0	New Senior Coroner salary to be agreed by the LA
			2017/18: £139,794	2017/18: £0	
Senior Coroner - Portsmouth and South East Hampshire	David	Horsley	2018/19: £157,400	2018/19: £0	New Area Coroner salary to be agreed by the LA
			2017/18: £144,870	2017/18: £0	
Senior Coroner - North East Hampshire (Basingstoke)	Andrew	Bradley	2018/19: £72,292	2018/19: £0	New Area Coroner salary to be agreed by the LA
			2017/18: £76,932	2017/18: £0	

Table B: Office costs

Coroner area	North East Hampshire (Basingstoke)	Portsmouth & South East Hampshire	Central, Southampton & New Forest	Hampshire
Fees for Assistant Coroner(s)	£0	£41,000	£27,136	Due to the appointment of Area Coroners, it is expected that the use of Assistant Coroners will reduce
Salary costs of Coroner's officer(s) <i>(including National Insurance and pension contributions)</i>	£37,109	£162,500	£182,475	£382,084
Salary costs of administrative staff <i>(including National Insurance and pension contributions)</i>	£14,966	£41,400	£103,666	£132,646 (minus x2 admin from Central)
Staff accommodation	£13,433	£45,000	£15,000	£60,000 (Basingstoke office to close)
Inquest accommodation	£980	-	-	-
IT costs	£5,691	£17,100	£18,091	£40,882 (potential savings to be made in amalgamated case management contract)
Post mortem/Pathologist costs etc	£272,395	£770,300	£814,745	£1,857,440
Other costs?	£5,684	£21,400	£12,415	£39,499 (potential savings to be made with economies of scale)

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Agenda Item 8



Title of meeting:	Cabinet Meeting
Date of meeting:	09.07.19
Subject:	Portsmouth Youth Offending Team (PYOT) Annual Youth Justice Strategic Plan 2019-20
Report by:	Lisa Morgan, PYOT Service Leader.
Wards affected:	All
Key decision:	Yes
Full Council decision:	Yes

1. Purpose of report

1.1 To share with the Cabinet details of Portsmouth Youth Offending Team's (PYOT) Annual Youth Justice Strategic Plan 2019/20 (Appendix 1) and seek approval for that Plan.

2. Recommendations

2.1 To approve the plan and the priorities set out within it.

3. Background

3.1 The PYOT Annual Strategic Youth Justice Plan 2019/20 has been agreed by members of the YOT Partnership Management Board and requires final approval by Cabinet in line with local governance processes.

3.2 This year's plan has been updated following a review of the previous year's plan and in accordance with the current operational and strategic priorities as agreed by the YOT Partnership Management Board.

3.3 The Plan notes achievements in 2018/19 and identifies a range of partnership working activities which are in place. It also highlights work planned for 2019/20 in respect of key performance indicators and other aspects of our work.

4. Reasons for recommendations

4.1 Local Authorities have a statutory duty to submit an annual youth justice plan relating to their provision of youth justice services to the Youth Justice Board (YJB), which can be published in accordance with the directions of the Secretary of State. Key areas of content are stipulated within guidance issued by YJB, subject to local arrangements for

governance and sign off. The Annual Plan 2019/20 has been agreed by members of the YOT Partnership Management Board based on analysis of current risks and needs. It now requires final approval by Cabinet in line with local governance processes.

5. Equality impact assessment

5.1 An equality impact assessment is not required as the recommendations do not have a disproportionate negative impact on any of the specific protected characteristics as described in the Equality Act 2010 for the following reasons:

5.1.1 This is a statutory requirement for us to produce Youth Justice Strategic plan under Section 40 of the Crime and Disorder Act 1998

5.1.2 The Youth Justice plan is an annual review to ensure the plan is up to date and relevant, various agencies and bodies have had the opportunity to comment on the review of the strategy for example: the YOT management board.

5.1.3 The overall aim of this review is to update on the progress made within the strategic plan to date and to make clear the objectives, priorities and necessary changes that are still required to improve service delivery within the YOT

5.1.4 The review does not include any changes to the service provision or policy so an EIA is not required in this instance.

6. Legal implications

6.1 Section 40 of the Crime and Disorder Act 1998 states:

1) It shall be the duty of each local authority, after consultation with the relevant persons and bodies, to formulate and implement for each year a plan setting out:

- (a) How youth justice services in their area are to be provided and funded; and
- (b) How the youth offending team or teams established by them (whether alone or jointly with one or more other local authorities) are to be composed and funded, how they are to operate, and what functions they are to carry out.

6.2 There are no other legal requirements to note, save that the current plan has been confirmed as meeting the content requirements set out by a representative of the Youth Justice Board.

7. Director of Finance's comments

7.1 The Portsmouth Youth Offending Team budget for 2019/20 reflects the YOT's management and service delivery structure identified in the plan, and there are no direct financial implications associated with this report.

7.2 The Portsmouth Youth Offending Board are aware that the strategic plan needs to be delivered within the constraints of the budget, as identified in the priority listing, and receive regular financial monitoring reports.

7.3 The YOT Management Board also recognises that the budget is currently being pressured by reducing grants and saving requirements in partner budgets.

Signed by: Gail Hancock, Deputy Director Children and Families Services,
Children, Families and Education

Appendices:

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
Youth Justice Strategic Plan 2019-20	Appendix 1

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

.....

Signed by:



PORTSMOUTH YOT (PYOT) YOUTH JUSTICE STRATEGIC PLAN 2019-20

(As required under S40 of the Crime and Disorder Act 1998)

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1. Introduction

Under S40 of the Crime and Disorder Act 1998, it is the duty of each local authority, after consultation with partner agencies, to formulate and implement an annual youth justice plan setting out:

- How youth justice services in their area are to be provided and funded
- How the youth offending team (YOT) or equivalent service will be composed and funded, how it will operate, and what functions it will carry out.

Review of progress against priorities for 2018/19 can be found in pages 15 to 17. This year, a further year-long plan will be submitted in anticipation of new guidance being issued by the Youth Justice Board on the requirement for plans from 2020/21. The priorities set for 2019/20 are outlined in more detail on pages 18 to 20 and are:

- Portsmouth Youth Justice services are offered innovatively, within resource available, across the partnership
- Delivery of Quality Assurance and Management Oversight Frameworks supports 'good' service delivery, and informs ongoing improvement in delivery of practice.
- Reducing First Time Entrants, Reoffending and Use of Custody
- Embedding National Standards 2019

2. Summary of Achievements and Good Practice 2018/19

Early in 2018/19, PYOT Partnership Management Board established a Service Development Plan following benchmarking against new HMIP inspection standards. This Plan has been successfully implemented, and ongoing elements will be carried over into both strategic and operational delivery plans for 2019/20. In particular, performance reporting for PYOT has been revised and enhanced, monitoring mechanisms for assessment timeliness have been implemented, key policies have been updated to ensure currency, and a new range of intervention programmes have been developed for frontline delivery. An inter-YOT Review with Southampton YOS in October 2018 has provided a baseline for assessment of practice, and plans are in place to repeat it this year to test impact of improvement work. An Internal PCC Audit was also carried out in March/April 2019 and has confirmed the YOT has a good sense of place.

Factors impacting on all 3 national key performance indicators have been subject to additional scrutiny, afforded by increased Service Leader capacity, over the year. Analysis has been undertaken in respect of FTE, Custody, Reoffending, LAC and Offending,

and Education over 2018/19, and will inform planning and delivery in 2019/20. Performance regarding disproportionality has been relatively good, and therefore not analysed, but is monitored via quarterly data.

Good progress has been made on understanding the LAC/YOT cohort, and measures are in place to build on this. The existing 'LAC and Offending' quarterly meetings have continued to take place, working to an Action Plan agreed jointly by YOT, Childrens Social Care and the Police in September 2018. A process for 6-monthly snapshot analyses has been established to monitor cohort characteristics, and bi-monthly joint case audits are now taking place with Managers and Practitioners from both service areas (and input from Police) for QA and improvement purposes. The YOT's Priority Young People (PYP) scheme has also been revised to build better links with IRO/CP Chairs.

Systems for youth to adult (Y2A) transitions have also been reviewed, following learning from a significant incident in March 2018 and alongside revisions to the pan-Hampshire Y2A Protocol several months later. As part of this, an existing Y2A Programme has been updated and implemented in Portsmouth, to support young people reaching Y2A transition as well as transfer. Regular 'Y2A' meetings are held (every 6 weeks) with colleagues from the National Probation Service (NPS), Community Rehabilitation Company (CRC) and the local authority Through Care Team (TCT) to ensure relevant cases are discussed and factors relating to transitions in care are also taken into account.

Drawing from examples of effective practice elsewhere and an understanding of its cohort, the YOT has also developed a range of new intervention packages which staff can deliver to children under our supervision including:

- Safety Mapping (based on work done by the Contextual Safeguarding Network)
- Knife Crime Awareness (including safety planning and conflict management)
- Peer Pressure (including content exploring exploitation)
- Engage (for post- Breach work to increase compliance).
- Girls Programme (tackling factors underlying offending behaviour)

Currently under development are programmes in relation to drugs supply and exploitation, substance misuse and motivation to change. Other programmes will be developed during 2019/20 based on emerging caseload profiling.

Additionally, work delivered by the local Junior Attendance Centre has been developed over 2018/19; seeking to increase the number of children attending, enhancing awareness of its delivery through an Open Day held in January 2019, and updating the range of sessions available in light of changes to the YOTs caseload since the JAC's inception. This will continue into 2019/20 through a process of updating session content, and building greater links between JAC and YOT staff as well as building on partnerships with other organisations such as the OPCC Youth Commission and Street Doctors.

A successful Open Day was also delivered by Restorative Justice Practitioners and the YOT Referral Order and Volunteer Co-Ordinator as part of Restorative Justice Awareness Week in November 2018. They have sought to enhance and expand the range of reparation options and Panel venues available across the City. This included building on existing joint-working with Portsmouth City Council's youth and community services to make use of their shared facilities, and developing links within the retail sector.

The PYOT Service Leader has worked with others to enhance the range of development opportunities for partnership staff. In 2018, WRAP training was delivered to YOT staff by the local Prevent leads. In 2019, a joint workshop to identify resources to tackle exploitation was held with YOT and local Barnardos staff. Two Youth to Adult (Y2A) workshops were delivered in January 2019 to launch an updated pan-Hampshire Y2A Protocol, attended by staff from YOT, Community Rehabilitation Company (CRC), National Probation Service (NPS) and the local Through Care Team. Additionally, the YOT Service Leader worked with the local MAPPA Co-Ordinator and a Hampshire YOT Team Manager to revise the existing YOT/MAPPA Memorandum of Understanding and deliver MAPPA training to all YOT Team and Case Managers across pan-Hampshire. Most recently, an 'Introduction to Youth Justice' workshop was delivered to multi-agency practitioners on behalf of Portsmouth Safeguarding Children's Board (PSCB), to increase awareness of the YOTs work. It has now been agreed that this will be added to annual training calendars for both PSCB and PCC.

PYOT also relaunched their Service User Feedback Strategy alongside PCC's Children and Families annual 'Feedback February' event in 2019. The YOT secured a high level of feedback from children under supervision, and are awaiting collated returns to inform next steps. Fundamentally, our new strategy will seek feedback from children around 3 key questions, in a variety of formats and forums, and be developed over 2019/20 to include victim satisfaction, parent/carer feedback and sentencer evaluation.

3. Structure and Governance

As outlined in last year's plan, the PYOT partnership provides youth justice services for the Portsmouth City Council (PCC) area comprising the local Youth Offending Team (YOT), Junior Attendance Centre (JAC) and Appropriate Adult (AA) services contracted out to The Appropriate Adult Service (TAAS). Broader preventative functions in the PCC area are served via Early Help and Prevention service, and supported by a range of programmes offered via third sector organisations.

Nationally, the YOT is supported and overseen by the Youth Justice Board for England and Wales, a non-departmental public body sponsored by the Ministry of Justice. Locally, the YOT continues to be positioned with the Harm and Exploitation branch of Children and Families Services. It is overseen by the PYOT Partnership Management Board which is chaired by the Local Super Intendant and meets on a quarterly basis, consisting of representatives from the 4 statutory agencies, Children's Services (including Education), Hampshire Constabulary, National Probation Service and Health. A representative of Her Majesty's Courts and Tribunal Services and the lead Member for Children's Services are additional core members. The local Board holds the YOT to account by monitoring performance against both national and local indicators, reported on a quarterly basis via the YOT Service Leader, and ensuring that it maintains compliance with the terms and conditions of YJB Grant.

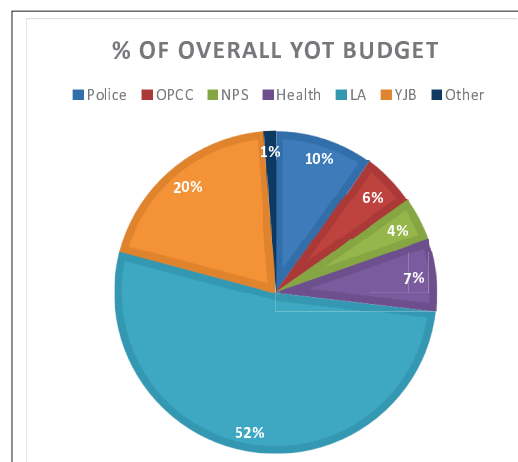
A Strategic Partnership Map for Portsmouth City is currently under review and not available at the time of submission. However, the Head of Harm and Exploitation attends the Safer Portsmouth Partnership (SPP), and is embedded within the wider Children and Families Senior Management Team, reporting to the Deputy Director for Children's Services. The Service Leader has maintained links within the pan-Hampshire area, and developed good working relationships more locally in Portsmouth since coming into post in March 2018. YOT Team Leaders are well-established, and have links to key operational functions delivered across the City, including Resource Panel, Supported Housing Panel, the Joint Decision Making Panel and local Courts.

Relative stability in staffing has been achieved after a number of staff changes in 2017/18 and the current team structure is outlined in [Appendix A](#). Of note, in September 2018, the team welcomed a new Speech and Language Therapist (SALT) post for 5.5 hours per week. A successful bid for health funding will now extend this provision into 2019/20 and increase it to 0.4 post. In respect of volunteers, the Referral and Volunteer Co-Ordinator has worked to increase the number available to support the YOT in its work and at the time of writing 11 were fully trained and available, with a further 3 awaiting training required to commence their role.

4. Resources and Value for Money

The PYOT Team Structure is provided in [Appendix A](#). The forecast 2019/20 budget is outlined below, alongside all partner contributions reflected as % of the overall YOT budget.

Agency	Staffing Costs	Payments in kind	Other delegated funds	Total
Police		85,098		85,098
Police and Crime Commissioner	46,700			46,700
Probation	5,000	33,000		38,000
Health	30,900	30,700		61,600
Local Authority	381,200		68,900	450,100
Wales Assembly Government				0
YJB	143,000		27,500	170,500
Other	10,000			10,000
Total	616,800	148,798	96,400	861,998



Through partner contributions, PYOT meets minimum staffing requirements and statutory functions. A budget review during 2018/19 identified that funding levels enable the service to be delivered as required, but no more than that, and that there were no additional funding streams available for recurring budget. The Children and Families Services contribution was rebased to better reflect actual sums provided and is the biggest contribution. Additional funding has been sourced for the SALT post (for 2019/20), but all other contributions either remain as they were for the previous year or reflect small reduction. In terms of wider contribution:

- HMCTs do not provide cash or in-kind contributions. However, they are represented at the YOT Board to contribute to overall decision making given their clear links to youth justice.
- In-kind contributions are received from Police, Probation and Health in term of staffing (with Probation also providing a small cash sum). Wider management provision, and premises/support services, are provided to the YOT on a nominal basis.
- Grant funding from the OPCC (confirmed until March 2020) directly funds PYOT's Referral Order and Volunteer Co-Ordinator post and contributes to the increased Service Leader post to support analysis and strategic planning.
- Cash contribution from Public Health supports delivery of Substance Misuse services which can be accessed by the YOT, from CCG for the YOT CAMHS Nurse and funding via Health and Justice streams directly funds SALT provision.
- The YJB Effective Practice Grant is used to support the ongoing development of the service, across a range of staff roles and projects within the team. This has been reduced slightly for 2019/20 and therefore does not reflect any increases in costs incurred on a year on year basis (e.g. salary increments)
- Reserves from the Remand Grant supported the YOT's ability to meet increasing costs in that area of work in 2018/19 as demand outstretched existing resource. That reserve has now been spent, and with a Remand Grant which provides less than 10% of last year's costs this is an area of significant stretch.
- The YJB Junior Attendance Centre (JAC) Grant is used to secure suitable venue and staffing levels to enable JAC delivery. In 2018/19, this included enhanced levels of oversight to review current delivery and this will continue into 2019/20.

Overall, the YOT budgets (in totality) will afford delivery of the service for this year. However, if any further reductions were to be announced, there would likely be no option but to review staffing levels and/or service delivery as this now constitutes the majority of the YOT budget. Given pressures already identified, and the range of improvement work being delivered, the knock on impact of that would be for the YOT to have no options but to reduce the quality and/or capacity of the service it provides.

5. Partnership arrangements

Strategic partnerships are outlined in Section 3. Financial contributions are outlined in Section 4.

PCC's ambition to be a 'Restorative City' has continued, and restorative practice is delivered across the work of Children and Families Services. Roles and responsibilities within the Harm and Exploitation branch of Children and Family Services are now established with exploration of overlap and opportunities for joint working undertaken. This will be explored further in 2019.

PYOT continues to be based at the Civic Offices, working at venues across the City (e.g. for reparation and Referral Order panels). The team is co-located with Portsmouth MASH and South Locality Children's Social Care Team, close to the Through Care Team and Senior Managers for the wider service. Harm and Exploitation services are located on another floor within the same building and relevant managers meet on a monthly basis to facilitate growing links. Police, Health, Education and Housing representatives are also based within the Civic building and Courts services are within walking distance of the office. The local Police custody suite will move from its central location during 2019/20.

The YOT Management Team still comprises professionals from Probation, Social Work and Education backgrounds, providing a good mix of knowledge and expertise and secondments from other agencies remain in place for relevant staff. Changes have been made to local delivery of substance misuse services to extend availability, and the YOT now has its own 'Substance Misuse Champion' to support practice within the team.

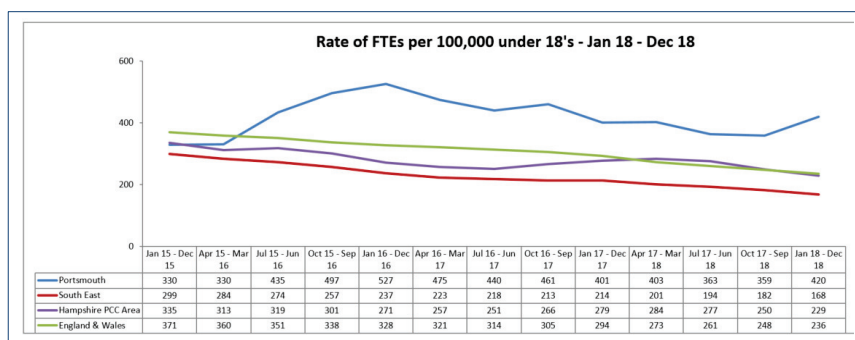
Appropriate Adult services are still delivered via The Appropriate Adult Service (TAAS) under contract held between them, Hampshire Constabulary and the 4 pan-Hampshire YOTs (4YOT-Portsmouth, Southampton, Hampshire and Isle of Wight). The Portsmouth Junior Attendance Centre (JAC) is open to 4YOT referrals given local geographical boundaries. Arrangements for Saturday/Bank Holiday Court Officer cover are also shared with Hampshire YOT for the same reason, with a dedicated PYOT manager available each time.

Between the 4 YOTs, representation to some pan-Hampshire forums is shared; the PYOT Service Leader attends the MAPPA Delivery Sub-Group and OPCC Hate Crime Working Group on behalf of 4YOT managers. For PYOT, the Service Leader attends pan-Hampshire meetings: Liaison and Diversion Service (HLDS), Concordat on Children in Custody, TAAS Contract Review meetings as well as Y2A Meetings and the Operational MET group. For restorative justice (RJ), a pan-Hampshire practitioner network has been developed and is attended by PYOT RJ staff.

More locally, the YOT is linked to Children's Services Senior Management Team (SMT) via the Head of Harm and Exploitation. The YOT Service Leader attends regular 'All Managers' Meetings, and reports to SMT on a 6 monthly basis. An annual report is also submitted to the Portsmouth Safeguarding Children's Board. YOT Team Leaders are linked to local forums, and attend Court User Groups for the area on a minimum annual basis.

6. Overview of end of year 2018/19 PYOT performance against KPIs:

First Time Entrants



Work completed in this area 2018/19:

- Analysis of the FTE cohort, to identify key trends and recommendations to support ongoing reduction (which will be repeated in 2019/20)
- Development of monitoring measures for PYOT Triage Panel
- Implementation of Out of Court Disposal (OCD) Clinics, and associated processes, following recommendations made in the HMIP Thematic on OCD.
- Increased links with Early Help and Prevention services, including development of a 'Risk of Anti Social Behaviour and Offending' (RASBO) screening tool.
- Review of Youth Community Resolution (YCR) delivery, including new systems for screening and signposting.

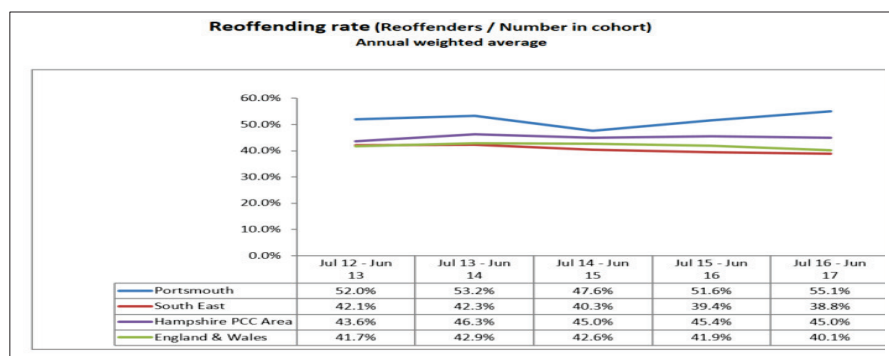
Headlines:

- FTE rates were reducing, but have recently increased.
- 4YOT (Pan-Hampshire) Managers are working with Hampshire Police colleagues to understand Force Area rises and put plans in place to address them.

Work planned or 2018/19:

- Enhance 'early identification' across the PYOT partnership of those at risk of offending (e.g. use of RASBO).
- Increase links with Early Help and Prevention and third sector to support prevention and diversion.
- Continue to develop YOT interventions
- Work with pan-Hants YOT colleagues to
 - Increase scrutiny of youth OCD
 - Reduce FTE rates
 - Establish point-of-arrest diversion scheme (as required by National Standards 2019)

Reducing Reoffending



Work completed in this area 2018/19:

- Testing of the reoffending tracking tool to support its use.
- Analysis of reoffending rates to identify key trends and recommendations to support ongoing reduction and development of 'Caseload Profile' to inform service delivery.
- Remodelling of the Priority Young Person (PYP) Scheme (which will be ongoing in 2019/20) and renewed focus on Assessment, Planning, Intervention and Review.
- Focussed work to reduce criminalisation of Looked After Children.
- Development of a range of intervention programmes, based on effective practice principles and good practice examples, and review of JAC delivery.
- Development of Service User Feedback and Quality Assurance mechanisms

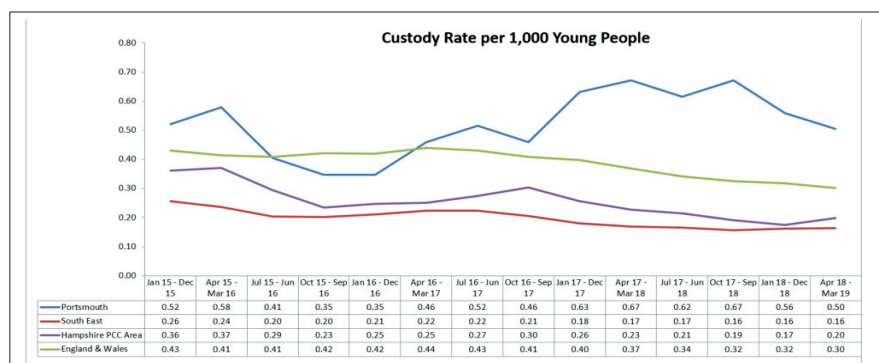
Headlines:

- Reoffending rates have continued to rise.
- Work undertaken in 2018/19 will not show impact yet due to data lag.

Work planned or 2019/20:

- Enhance capacity for analysis within existing resource to inform partnership planning.
- Monitor 'offence to outcome' timeliness.
- Continue Y2A delivery and develop similar for custody cases and LAC and Offending joint- working with Police and Social Care.
- Enhance and evaluate Priority Young Person scheme.
- Embed performance and QA frameworks to improve timeliness and quality of assessment, planning and delivery.
- Ensure service delivery is informed and influenced by feedback and evaluation.

Reducing Use of Custody:



Headlines:

- Use of custody has been successfully reduced over 2018/19.
- Analysis will be repeated to support further reduction.

Work planned or 2019/20:

- Review Report Writing and Gatekeeping Guidance to enhance quality of PSRs
- Review each custodial sentence for learning.
- Develop partnership approaches and strategies to, particularly in relation to serious youth violence (SYV).
- Explore the incidence of SYV and exploitation within the YOT cohort to identify measures required to reduce it.
- Enhance resettlement planning processes with partners, based on constructive resettlement principles and use of the new resettlement checklist.

Work completed in this area 2018/19:

- Analysis of custody rates to identify key trends and recommendations to support ongoing reduction (and additional exploration of increase in remand costs).
- Maintained delivery of visits and contacts for relevant cases.
- Remodelling of the Priority Young Person (PYP) Scheme (which will be ongoing in 2019/20) and renewed focus on Assessment, Planning, Intervention and Review.
- Development of a range of intervention programmes, based on effective principles
- Introduction of a new 'resettlement checklist' based on constructive resettlement principles.

7. Areas of strength and stretch

Areas of strength:

The YOT Partnership has increased its understanding of the cohort via enhancement of its data collection and performance reporting. Links between strategic governance and oversight (e.g. The YOT Management Board) and operational delivery (frontline staff) functions have been strengthened through development of Board to Service updates and a new performance dashboard. Frontline staff engage positively with children and young people, and are committed to continuous service improvement. They have been supported to understand their own roles and responsibilities, and how these contribute to wider partnership aims (including the YOT's performance monitoring framework), within a developing culture of accountability across the Team. Creativity in intervention delivery is evident, particularly with regards to Restorative Justice, and can be enhanced further by ongoing delivery of structured intervention packages now in place. Team members are supported via regular supervision with YOT Managers who are equally keen to develop good practice models across the service. Performance improvement work undertaken in response to previous inspections is supported by additional resource within the leadership and business support areas of the team which has increased capacity for development. Relative stability in staffing levels, combined with a reduction in overall caseloads, now allows a period of reflection and consolidation.

Areas of stretch:

Self-assessment completed in 2018 identified a need to revise and review systems within the team. This has been achieved, but now needs to be embedded, expanded and measured through effective implementation of operational management oversight and quality assurance processes over 2019/20. In particular, the timeliness and quality of assessment, planning, intervention and review will be a focus, not least due to its anticipated impact on reoffending rates. Use of Service User Feedback will also be important, to inform the YOTs delivery at the frontline. Use of performance data will also be further refined to support accuracy and effectiveness of local analysis, which in turn will inform intervention review and delivery over time as well as strategic planning. Impact on delivery will be assessed by the local YOT Partnership Board. Additionally, implementation of new National Standards will be a key focus in 2019/20, measured via delivery of the required Self-Assessment activity from September 2019 onwards.

8. Risk to Future Delivery against the youth justice outcome measures:

Risks to PYOT's future delivery against youth justice outcome measures are inherent within reducing and/or short-term contributions from some of its partners, which inhibit effective, long term planning. Budgetary pressures are experienced across the partnership, though commitment remains to ensure youth justice services are adequately supported and appropriately resourced. In relation to PYOT's delivery against youth justice outcome measures, key identified risks (and actions intended to mitigate) are as follows:

First Time Entrants	Key Risks	Mitigation/Intended Actions
	Changes outside the service (e.g. Police practice or reduction of prevention services) impacting on FTE rates. Seriousness of offending and/or offence denial reducing opportunity for lower level disposals.	Continued exploration with pan-Hampshire YOT leaders and Constabulary colleagues. Strengthen work by wider partners (e.g. Early Help and Prevention) to identify and reduce criminogenic need at the earliest opportunity and solicitors re: no comment interviews.
Reoffending	Key Risks	Mitigation/Intended Actions
	Reducing partnership resource resulting in unmet need and/or ability to respond. Timeliness and quality of delivery (including engagement strategies) inhibiting delivery of effective interventions.	Continued partnership working and sourcing of alternative delivery (e.g. voluntary sector), particularly in relation to risk of exploitation. Focus on delivery of management oversight and quality assurance frameworks within YOT, as well offence to outcome timeliness in conjunction with partners.
Use of Custody	Key Risks	Mitigation/Intended Actions
	Increase in custodial sentencing due to repeat offending, and/or serious youth violence. Resettlement strategies impacted by external factors	Continued partnership working and development of strategies (e.g. PYP) and interventions (e.g. Knife Crime Awareness) Awareness and development of constructive resettlement across the partnership.

9. Overall Summary:

Portsmouth YOT remains positioned within the Children and Families directorate of Portsmouth City Council, and has begun to embed itself within the Harm and Exploitation branch in light of the overlap between offending and exploitation. Following a self-assessment in early 2018/19, the YOT has successfully delivered a Service Development Plan to enhance and improve its delivery over the past 12 months. Ongoing (and new) actions will be incorporated within Strategic and Operational Plans for 2019/20, enabling them to be incorporated within 'business as usual' and consolidate steps taken to date. Performance reporting has also been revised, and analysis on key areas undertaken, to ensure the local Partnership YOT Board is informed by proper evaluation of local issues, and subsequent recommendations.


This Strategic Youth Justice Plan will provide an over-arching framework under which that plan can be delivered, and clearly outlines headline activities to be completed over 2019/20. It will be supported by an Operational Team Plan, to cover the same period. Progress against outcome measures will be subject to internal review in December 2019, with full year updates provided via PYOT's Strategic Youth Justice Plan to be submitted for 2020/21.

Signed:



(Chair of the PYOT Management Board)

Dated:

20.6.19.


10. Review of progress against PYOT Priorities 2018/19 - Strategic Youth Justice Plan

Outcome	Service Activity	Target/Success Measure	Commentary on progress
1. Portsmouth Youth Justice services are offered innovatively, within resource available, across the partnership	Overall: Developing links with partners to support wider strategic priorities e.g CSE, LAC, Missing. Ongoing review of YOT budget/contributions, alongside needs analysis.	YOT services delivered effectively within budget in 2018/19.	Links were developed via PSCB and PCC Harm and Exploitation Services. PYOT services were delivered within available resource in 2018/19. A review of resource/contribution was completed in October 2018, and updated in January 2019 to inform budget planning for 2019/20.
	a) YOT embedded within 'Harm and Exploitation' branch of C&F Services	YOT evidences 'hidden harm' approach within day to day work.	Links embedded at Service Leader level. Operationally, assessment of risk of CSE expanded to include CCE by local variation and new toolkit in use. Joint working in delivery of awareness raising and preventative approaches (e.g. with Edge of Care service).
	b) Range of YOT Interventions reviewed (including RJ and JAC) - including those re: use of social media- and use of local toolkits	YOT intervention programmes reflect risk/need and offending profile of YOT cohort	Analysis completed for FTE/Reoffending/Custody/Education and LAC. Caseload Profile developed as part of Quarterly Performance Report. Risk of Anti Social Behaviour and Offending (RASBO) screening tool developed. JAC sessions updated and content reviewed. Range of intervention programmes developed. SALT provision secured to support this. Resources for safe use of internet and social media identified.
	c) Clear links and pathways in place to other local services	Casework evidences use of pathways to develop and	Pathways mapped and confirmed via central "Referrals and Toolkits" online folder; incorporated into revised Risk Assessment and Management police. Quality Assurance mechanisms developed to measure this, and will be implemented across 2019/20.

Outcome	Service Activity	Target/Success Measure	Commentary on progress
	(e.g. Early Help, CSE, Troubled Families)	support sustainable change	
2. Culture of performance and accountability is embedded within PYOT	Overall: PYOT Performance and QA Framework to identify key areas and trends to inform service delivery and continuous development; ensuring roles and responsibilities within this are understood and consistently applied.	Adherence to YOT Service Development Plan Strengthened performance framework in place to inform decision making by YOT Board.	Performance Framework enhanced and expanded via Quarterly Report to Board. Service Development Plan implemented and measured, alongside Strategic and Operational Plans. Progress mapped at quarterly Board meetings, and in-house workshops with staff. Timeliness tracker trialled and revised for use within team. Inter-YOT Review completed with Southampton YOS in October 2018 and Internal Audit in March/April 2019. Team Away Day held 10.04.19 to build on work done to date and set out clear accountabilities going forward. New quality assurance mechanisms developed and launched at Away Day.
	a) Engagement and evaluation mechanisms in place to inform service delivery	Mechanisms in place and pro-actively evaluated (including annual report to YOT Board)	Engage (Post-Breach) Programme developed. Engagement mechanisms reviewed via SALT practitioner September 2018-March 2019. New Engagement, Enabling Compliance and Enforcement Policy issued April 2019. Service User Feedback Strategy launched February 2019; to be expanded in 2019/20.
	b) Strengthened Quality Assurance processes in place.	QA Framework in place, informing service delivery and demonstrating good practice is in place	Existing QA measures were reviewed 2018/19. New QA tools were trialled during Inter-YOT Review in October 2018 and have been enhanced, alongside a range of practitioner checklists which will support development of required practice. Joint audits with Children's Social Care occur every other month to explore LAC and Offending joint working. New

Outcome	Service Activity	Target/Success Measure	Commentary on progress
			Management Oversight Strategy (completed March 2019) will be delivered and embedded over 2019/20.

Outcome	Service Activity	Target/Success Measure	Commentary on progress
3. First Time Entrants rate reduced	PYOT FTE cohort is analysed and understood, and relevant factors addressed through work across the partnership.	Reduction in FTE (G= <313, A= 314-400, R=>401)	FTE analysis was completed and submitted to local Board in September 2018, along with recommendations to inform strategic approach. Year end rate = 420)
4. Reoffending rate reduced	Reoffending cohort is analysed and understood, and relevant factors addressed through work across the partnership	Reduction in reoffending rate (G= <36%, A= 36.1-39%, R= >39%)	Reoffending analysis was completed and submitted to local Board in January 2019, along with initial recommendations to inform strategic approach. PYP Scheme has been remodelled and will undergo continual review in 2019/20. Intervention packages have been reviewed and enhanced. Year end binary rate= 55.1%
5. Use of Custody reduced	Custody cohort is analysed and understood, and relevant factors addressed through work across the partnership.	Reduction in use of custody rate (G=<0.38, A=0.39-0.45, R= >0.45)	Custody analysis completed and submitted to local Board in July 2018, along with initial recommendations to inform strategic approach. PYP Scheme has been remodelled and will undergo continual review in 2019/20. Intervention packages have been reviewed and enhanced.

			<p>Resettlement approaches have been reviewed in light of constructive resettlement, and new approaches being developed to support this.</p> <p>Year end rate= 0.50%</p>
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11. PYOT Priorities 2019/20 - Strategic Youth Justice Plan

Outcome	Team lead officer	Service Activity	Target/Success Measure	Actions
1. Portsmouth Youth Justice services are offered innovatively, within resource available, across the partnership NB- This is the same as Outcome 1 2018/19, but has been updated to reflect new service activities for 2019/20.	Chair of YOT Partnership Board and YOT Leadership Team	Overall: Ongoing review of YOT budget and contributions, alongside needs analysis. Development of partnership working to support the YOT's wider strategic priorities, including joint bids where appropriate.	YOT services are delivered effectively within budget in 2019/20.	Deliver services within allocated budget 2019/20. Ongoing review of effectiveness and impact of service delivery. Opportunities for additional funding to be explored.
		a) Develop YOT delivery with 'Harm and Exploitation' services	Joint approaches and models of delivery are in place.	Identify scope for joint delivery (e.g. range of workshops and/or preventative approaches).
		b) Enhance range of YOT Interventions through expansion of YOT programmes and partnership working.	YOT intervention programmes continue to reflect risk/need and offending profile of YOT cohort.	Develop range of 'in-house' programmes. Support other services to develop same (in respect of risk of offending). Increase specialist inputs via partnership working (e.g. keeping yourself safe projects).

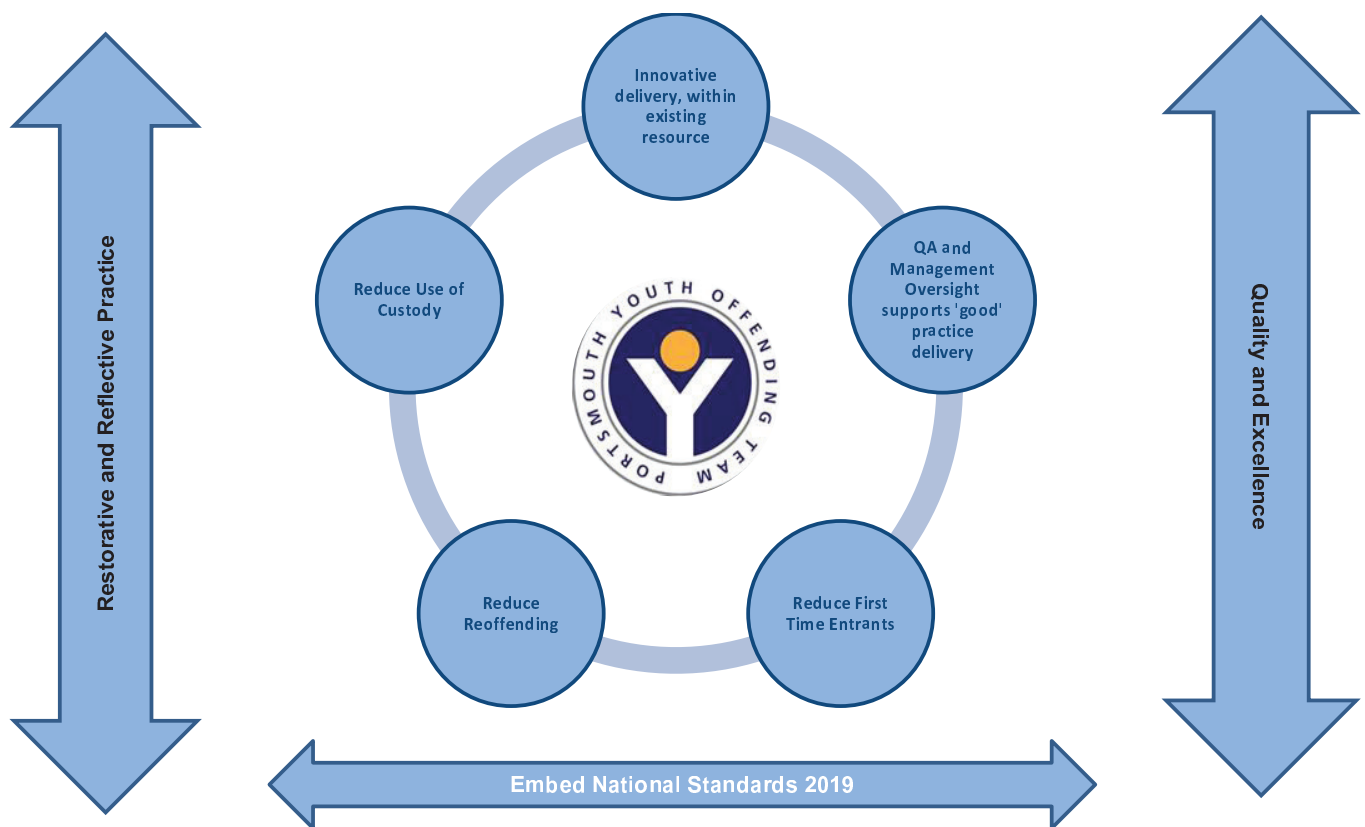
Outcome	Team lead officer	Service Activity	Target/Success Measure	Actions
		c) Ongoing review of service delivery against strategic aims.	Service delivery is fit for purpose.	Review roles and responsibilities within the team. Identify opportunities to develop. Revise as required.
2. Delivery of Quality Assurance and Management Oversight Frameworks supports 'good' service delivery, and ongoing improvement in delivery of practice. NB- This has changed. Outcome 2 for 2018/19 referred to developing a culture of performance and accountability. This will now progress to ensure quality delivery.	YOT Service/Team Leaders	Overall: Implementation of PYOT Management Oversight Strategy, including Quality Assurance measures. Outcomes and impact to be evidenced in day to day work and contribute to wider planning.	QA outcomes inform the work of the Board.	Embed new strategies and updated policies within team. Monitor new processes and outcomes/impact.
		a) Embed internal Management Oversight Strategy and new QA processes.	Casework evidences effective management oversight.	Build on recent development to embed within practice. Ensure steps are delivered as required. Complete additional case/supervision audits to assess implementation and impact.
		b) Seek external assessment of above through i) internal audit and ii) inter-YOT review	External audits support ongoing improvement	Internal review April- June 2019, alongside HMIP-style audit. Inter-YOT Review October 2019.
		c) Self-assess against new National	Self-Assessment is completed and demonstrates good	Self-Assessment to be undertaken September 2019-March 2020, and

Outcome	Team lead officer	Service Activity	Target/Success Measure	Actions
		Standards 2019 in relation to operational a (YOT) aspects.	level of compliance.	submitted to YJB April 2020. Policy/QA to be updated as required.

Outcome	Team lead officer	Service Activity	Target/Success Measure	Actions
3. First Time Entrants rate reduced	YOT Service Leader	PYOT FTE cohort is analysed, understood and reduced by addressal of relevant factors via partnership working.	Reduction in FTE (G= <313, A= 314-400, R=>401)	Work with Hampshire Police and pan-Hampshire YOT colleagues to explore and reduce trends across the county. Review FTE analysis to identify key trends. Map local services' ability to respond and support development of required responses to enhance local prevention offer.
4. Reoffending rate reduced	YOT Service Leader	Reoffending cohort is analysed and understood, and relevant factors addressed through work across the partnership	Reduction in reoffending rate (G= <36%, A= 36.1-39%, R=>39%)	Enhance analysis and review. Continue to develop caseload profile and corresponding interventions. Monitor remodelling of PYP and identify other projects based on shared learning across the sector.

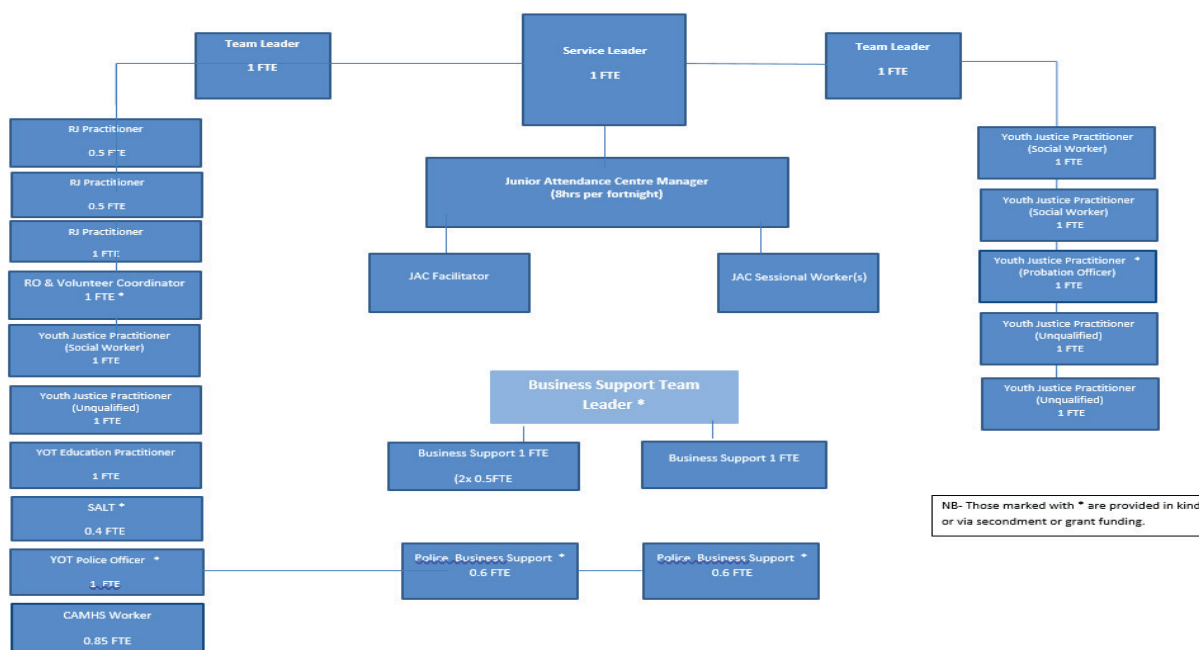
5. Use of Custody reduced	YOT Service Leader	Custody cohort is analysed and understood, and relevant factors addressed through work across the partnership.	Reduction in use of custody rate (G=<0.38, A=0.39-0.45, R= >0.45)	Review custody analysis and resulting recommendations. Revise resettlement pathways and sources of support. Closely monitor remand levels and develop remand reduction strategy if required.
6. National Standards 2019 embedded within work of YOT Partnership Board.	Chair of YOT Partnership Board and YOT Leadership Team	NS Audit to completed Sept 19-March 2020 including gap analysis to inform future strategic planning.	NS Audit completed an action plan agreed (if necessary)	Self-Audit to be completed with all Board Members by December 2019. NS Champion roles to be identified amongst Board Members and continue into 2020.

12. PYOT Plan on a Page



Appendix A: Portsmouth YOT Structure as at 01.06.2019

Portsmouth YOT Structure as at 01.06.2019



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Agenda Item 9

Agenda item:

Title of meeting: Cabinet

Date of meeting: 9 July 2019

Subject: The Aquind Interconnector Project

Report From: Chief Executive

Report by: Paddy May, Strategy Unit

Wards affected: All

Key decision: No

Full Council decision: No

1. Purpose of report

- 1.1. The purpose of this report is to provide Cabinet with information about the proposal by Aquind Ltd to develop an electricity interconnector and to outline what some of the implications for Portsmouth might be. The report also seeks the advice of members on how we should respond to this proposal.

2. Recommendations

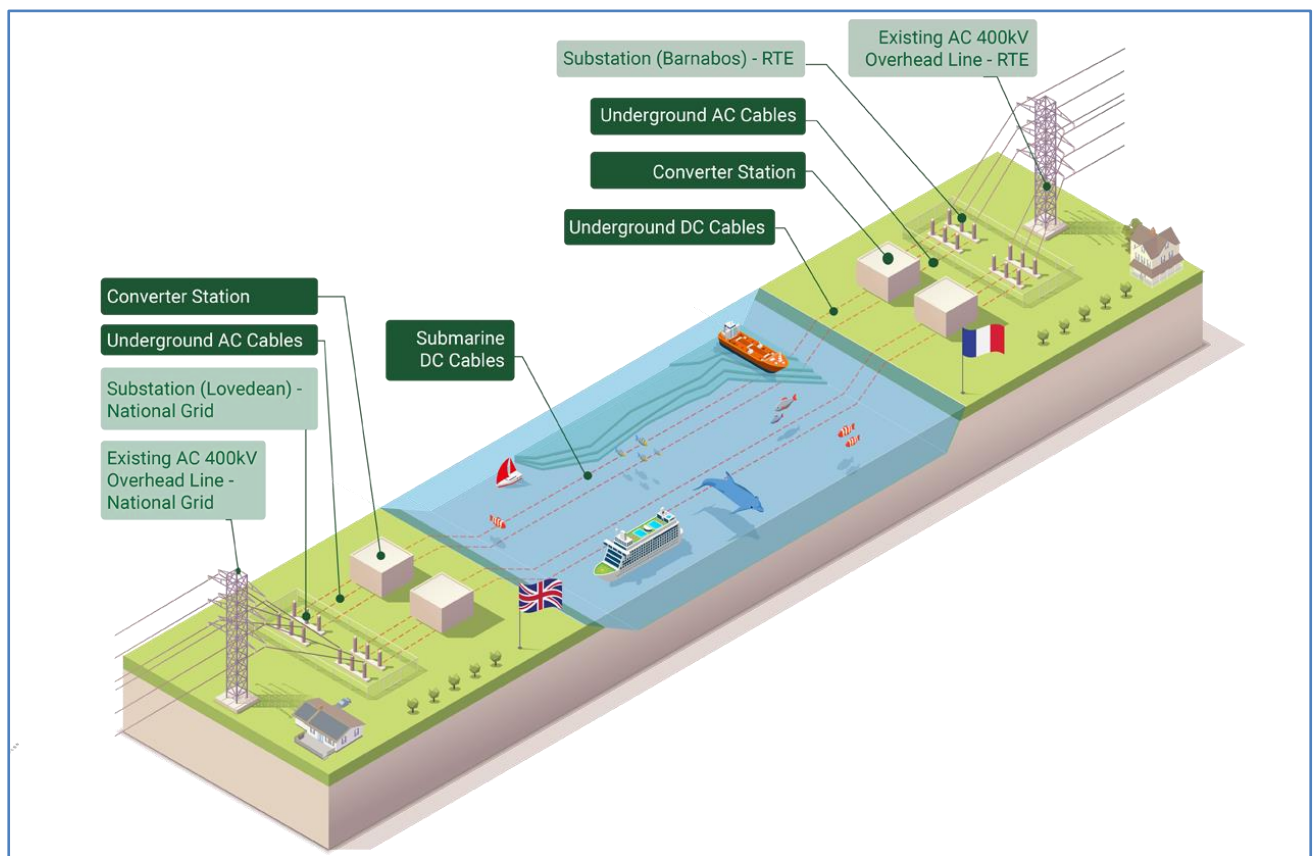
- 2.1. Cabinet is recommended to:
- 2.1.1 Note that Aquind are seeking to develop an electricity Interconnector between the UK and France with a converter station in Lovedean. They are proposing to "land" the high voltage DC (HVDC) electricity cable at Eastney and run it up through Portsmouth to the converter station at Lovedean.
 - 2.1.2 Note that despite representations from Portsmouth City Council that the Aquind proposal should be determined by the relevant local planning authorities (including Portsmouth City Council), the Government has decided that the proposal was a 'Nationally Significant Infrastructure Project' that should be determined by the Secretary of State through the Development Consent Order process.
 - 2.1.3 Seek the support of Full Council to reinforce the Cabinet's objection to the route of the HVDC cable whilst also working constructively with Aquind and other stakeholders.
 - 2.1.4 Agree that the Council responds to this proposal in a coordinated way and where possible works with neighbouring councils on any common approaches.

2.1.5 Note that any additional external costs incurred in the current year associated with the need to make an informed and considered response to the proposal will be met from the Council's Corporate Contingency.

3. Background

3.1 Aquind Ltd is proposing to construct and operate an underground and marine electricity interconnector between the south coast of England and Normandy in France (the AQUIND Interconnector). This interconnector will have capacity to transmit up to 16 million MWh (or 16 TWh) of electricity annually or approximately 5% of Great Britain's total electricity consumption and 3% of the French total electricity consumption. The technology used will allow the flow of electricity both ways. Aquind are proposing that the interconnector cable will come ashore at Eastney and that the cable will run up through Portsmouth to a converter station in Lovedean. This converter station will convert the electricity from direct current (DC) to alternating current (AC) and will feed the AC electricity into the National Grid (or will convert national grid power from AC to DC to transmit to the French converter station in Normandy).

3.2 The diagram below is from the Aquind website and shows how the concept of the interconnector will work.



3.3 Aquind have stated that in 2015 National Grid confirmed their substation at Lovedean, near Waterlooville, as the preferred substation which would

connect the interconnector to the national electricity network. In June 2016, AQUIND signed a grid connection offer with National Grid for connection to the existing Lovedean substation. AQUIND then considered their preferred options for the preferred locations for the converter station, the landfall point and the HVDC cable route. They identified their preferred landfall point as Eastney (their documentation refers to a car park near Fort Cumberland). Aquind stated that they looked at alternative landfall sites, including Hayling Island, but that they discounted this because of the difficulties in crossing Langstone Harbour and the use of the Hayling road bridge for the crossing.

- 3.4 Whilst the exact route for the HVDC cable, once it has hit land, is yet to be finalised, documents from Aquind have stated that the route for the HVDC cable will follow built-up urban areas within Portsmouth including Eastney, Milton, Anchorage Park and Drayton. Their initial proposal was that the HVDC cable will be buried, along with a data cable, within hard standing areas of existing Portsmouth highways including the A288, the A2030 (Eastern Road) and Farlington Avenue, before heading on to Lovedean via Purbrook and the A3. We are currently discussing with Aquind how disruption can be minimised and so, for example, we are exploring with them whether the cable could go between the Eastern Road and the coastal defences rather than along the Eastern Road. It should be noted that although a route up through Langstone Harbour would minimise disruption this would not be acceptable in planning terms because of international and national ecological designations relating to the harbour. The Council will also want to ensure that any construction will not materially impact on air quality and air pollution either directly or through any congestion caused. This is something that will need to be negotiated with Aquind.
- 3.5 On 19 June 2018, Aquind sought a Direction from the Secretary of State for Business, Energy and Industrial Strategy under section 35 of the Planning Act 2008 (the 'PA 2008') that their proposal be treated as development for which development consent under the PA 2008 is required. Leaders of the Local Authorities in the area wrote to oppose this proposal. However, on 30 July 2018, the Secretary of State issued a Direction confirming that the development should be treated as a Nationally Significant Infrastructure Project. The Secretary of State decided this because:
- The proposal is similar in size to a generating station that would qualify to be considered as nationally significant.
 - Following the process through the Planning Act 2008 development consent process, provides the certainty of a single, unified consenting process and fixed timescales.
 - It reduces the need to apply for separate consents from the Marine Management Organisation and local planning authorities.

This means that Aquind must submit an application for a Development Consent Order ("DCO") to the Secretary of State to obtain the necessary consents for the construction and operation of the proposal. Because of this, Portsmouth and neighbouring authorities will not be the planning authority for the proposal, but will be a consultee and will be able to submit

evidence to the Planning Inspector who will be considering the application on behalf of the Secretary of State. The Inspectorate will subsequently make a recommendation to the relevant Secretary of State. Details of the application and supporting documents are on the following website:

<https://infrastructure.planninginspectorate.gov.uk/projects/south-east/aquind-interconnector/>

- 3.6 To summarise, Aquind have obtained agreement from the Secretary of State that their proposal is a project of national significance and that since it will be dealt with through the DCO process, the relevant Secretary of State will make a decision having received a recommendation from a Planning Inspector. The Council will be able to make representations to the Inspector but will not be making the decision.

4. Timeline

- 4.1 Aquind undertook consultation on its proposals between 27/2/19 and 29/4/19. The consultation documents are still available to view and download on their consultation website at www.aquindconsultation.co.uk. The City Council had concerns about the consultation process but notwithstanding this, the Director of Regeneration at Portsmouth City Council provided a detailed response to their consultation document. This is attached as Appendix 1 and is summarised in Section 5 below.
- 4.2 Aquind have stated that they expect to submit their DCO application in quarter 3 2019. After receipt of the application, there will be 28 days for the Planning Inspectorate to review the application and decide whether or not to accept it for examination. If the timeframe is met, and the proposal is accepted for examination, the public and other consultees will be able to give their written views on the proposal before the public examination starts. It is expected that the public examination would take place in Spring 2020 and could last up to 6 months. The Planning Inspectorate will make a recommendation to the Secretary of State (within three months of the close of the public examination). The Secretary of State will have a further three months to make the final decision.
- 4.3 Aquind have stated that if they obtain a DCO that they expect to start construction works in early 2021 with the interconnector becoming operational by 2023.

5. Implications for Portsmouth

- 5.1 Whilst Portsmouth will not be making the planning decision on this proposal, it is important that we continue to fully engage with the process to ensure that if Aquind are given permission to proceed with their proposal that we are able to represent the interests of Portsmouth and the residents of the City. A range of different services are engaged with the proposal including planning, highways, parks and property. If the proposal goes ahead we will also have an important issue of helping to communicate to our residents.
- 5.2 As stated above the Director of Regeneration responded to the Aquind consultation (see Appendix 1). This consultation response made the following key points in the summary:

- Alternative options for connecting to the national grid not properly explored
- Alternative options for landfall not properly explored with inconsistent application of factors e.g. the constraints for Hayling Island about Langstone Harbour and the road bridge also apply to the Portsmouth proposal
- Insufficient consideration of the disruption to Portsmouth of the construction works and insufficient account taken of the environmental, social and economic effects of the proposal and different options
- Insufficient promotion of the consultation and concerns about the quality of the consultation process
- The need to consider the cumulative impact of this with other development proposed such as the flood defence work
- Guarantees that appropriate mitigation will be in place to counter the disruption caused during the development phase
- The establishment of a "fund for community" to benefit the communities affected by hosting the development

The response also looked in detail at traffic and transportation issues, air quality issues, impact of coastal flood defences, archaeology issues and impacts on socio-economics / human health.

- 5.3 If Aquind are successful in their DCO application it is worth noting that they will be seeking Compulsory Purchase Powers to acquire land or interests in land to implement their proposals. As a recognised Statutory Provider they do have certain rights to undertake works but they have stated they will be seeking CPO Powers in addition to these rights. They have advised that these powers would not be used on any residential properties within Portsmouth but this process could affect interests held by the Council.
- 5.4 Members are asked to consider whether they wish to maintain the Council's approach that we should object to the route of the HVDC and that it should not be laid in Portsmouth. It is suggested that the views of Full Council are sought to confirm whether this is the view of the Council.
- 5.5 However, whilst the City Council may wish to object to the proposal, or aspects of the proposal, it is important that we maintain a positive working relationship with Aquind. We have a Duty to Cooperate with Aquind as they develop their proposal and we have already worked jointly with them on a number of studies. We are in the process of signing a planning performance agreement with them which will enable further joint work to be undertaken. We need to work with Aquind to make sure that if the project goes ahead the people of Portsmouth are not disadvantaged by the project. This would mean, for example, that if community facilities are lost during or because of the construction, that replacement facilities are available or reinstated to at least as good a standard.
- 5.6 With a complex project such as this, it is important that we respond as one organisation. Processes have been put in place to help facilitate this and officers are looking to strengthen this with arrangements to log all

engagements with Aquind. Regular meetings are also taking place to ensure that everyone is aware of what is happening on the Aquind project. The Aquind proposal will also impact on neighbouring authorities (including Hampshire County Council as the Highways authority and Havant BC, East Hants DC and Winchester CC as planning authorities). Whilst our interests might not always align, it is important that where possible we seek to promote a common line on common issues. Officers are working with their colleagues in neighbouring councils to try to ensure that this happens but we still need to make sure that all decisions are within the overall PCC approach that is agreed.

- 5.7 Whilst the planning performance agreement will help fund posts / backfill and a number of the joint studies and work needed on the Aquind proposal, we may wish to commission some of our own studies as well. This will require resource and we may wish to instruct Counsel for the examination or for legal advice before the examination. If this can be done jointly with others it will reduce the cost, but officers will need to identify what potential costs may be needed to deal with the Aquind Project and come back to Members with further details. We will seek to recover costs, where possible, from Aquind in terms of the time that is being spent on this project. Officers will also need to develop a detailed project plan of what needs to be done in line with the key milestones detailed in Section 4.

6. Reasons for recommendations

- 6.1 The Aquind project has potential significant implications for the City and so it is important that Members are aware of the proposal and what the implications might be. As a Council we need to be aware that there may be resource implications for us to deal with the Aquind project and that we will need to respond in a positive and coordinated way.

7. Equality impact assessment (EIA)

- 7.1 With this project being an Aquind Project dealt with through the Secretary of State it will be for them to ensure that the appropriate impact assessments, including the equalities assessment, are fully completed.

8. Legal Implications/City Solicitor comments

- 8.1 Legal comments are made throughout the report in as far as they relate to the procedural steps involved in a DCO application.
- 8.2 The Council is considering whether to enter into a planning performance agreement with Aquind to recover associated costs to the planning department in undertaking the additional work that will be required of the department as a consultee to a DCO application.
- 8.3 The Council is highly likely to instruct Counsel at the inquiry stage to present its position on the scheme as a consultee.

9. Director of Finance and Information Services comments

- 9.1 If the Council maintains its position of objecting to the route of the HVDC cable then it may need to incur significant expenditure. The exact amount of expenditure is at this time unknown. For any necessary additional expenditure in 2019/20, required to make an informed and considered, the

Council will need to release funding from the Corporate Contingency. Any necessary additional expenditure beyond the current financial year will need to be reviewed as the challenge develops and factored into the forthcoming budget process. Any expenditure that the Council incurs is spent at risk.

- 9.2 As well as incurring external expenditure the Council will also need to dedicate internal staff resources to this project and re-prioritise resources accordingly.
- 9.3 Should the HVDC be laid on land, the Council will need to work closely with Aquind to ensure that as a minimum is in a no worse financial position.

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

Appendices:

Appendix 1 - PCC Consultation Response to Aquind Ltd

Signed by:

.....
 DAVID WILLIAMS
 Chief Executive

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

..... Signed by:



Aquind (by email)
aquindconsultation@becg.com

Regeneration
Civic Offices
Guildhall Square
Portsmouth
PO1 2AU

29 April 2019

Dear Sir/Madam

Re: Aquind Interconnector consultation response

Thank you for the consultation on this project and Portsmouth City Council's response is set out below.

1. A summary of key concerns

- 1.1 The proposal should demonstrate that there is a need for any new electricity infrastructure project of this nature and clarify whether the original business case is still valid, from when the National Grid Transmission Studies identified 10 substations that could accommodate the Interconnector. The reasons for early discounting of 7 substations should be included.
- 1.2 The Council considers the project should be determined by the relevant local authorities through the planning application process rather than a Development Consent Order. By a joint letter with East Hampshire District Council, Hampshire County Council, Havant Borough Council, South Downs National Park Authority and Winchester City Council dated 11 March 2019 the Council wrote to the Secretary of State to confirm this point.
- 1.3 The rejection of the potential location of Chickerell, near Weymouth, was made on the basis that a connection would require "rebuild of the substation and wider reinforcements across the network" (para 2.4.3.5 of PEIR Chapter 2). The Overarching National Policy Statement for Energy (ONPSE EN-1) recognises the need for new network infrastructure but that the suitability of appropriate solutions based upon technical considerations and constraints alone would not balance consideration of wider environmental effects. In this context, the Council's view is that insufficient consideration has been given to assessing alternative landfall options along the south coast particularly those that would not cause major disruption in a highly built up area such as Portsmouth.
- 1.4 Available information on alternative options and their impacts appears inconsistent and insufficient to judge the conclusions drawn. Consideration of alternative landing points and cable routes for the Interconnector appears incomplete. Hayling Island, for instance, is discounted for constraints associated with crossing Langstone Harbour and inability of Langstone bridge to carry the cables; the same constraints exist for Eastern Road bridge that also forms a crossing of the same environmentally sensitive harbour. Cabling along the former Hayling railway 'Billy' line could have significant benefits during construction compared with a highway route, for any future disruption of repair/maintenance of the Interconnector over its lifetime use and path improvement upon completion.

- 1.5 The Council reserves its position in relation to the use of CPO powers by the Developer. The Council expects that the Developer will seek to demonstrate that the project meets an overriding public interest in order to justify the use of such powers which at this stage is not proven. As this is subject to further negotiation the Council would welcome further information from the Developer regarding its intentions in this regard. The Council will seek to robustly protect its landholdings and anticipates that the Developer will seek first to acquire any land or interests in land by genuine negotiation in the standard way, and only consider CPO powers as a matter of last resort. The Council anticipates needing to make further representations in relation to CPO issues at later stages of the process.
- 1.6 The promotion of the formal consultation in local media and via social media is considered insufficient. More resources/advertising should be allocated to promoting the consultation events and promoting the consultation to the wider population as well as those directly impacted by the proposed cable route; for example, people who use the recreational areas that will be affected would likely be unaware of the consultation and would have missed this opportunity to voice their opinion. The engagement with other stakeholders, community or interest groups and others who may have an interest in the proposed development as well as hard to reach groups has not been sufficient for a project of this size and significance.
- 1.7 The Council note the options appraisal for a converter station around Lovedean reference avoiding 'densely populated areas' to the east and south as well as the constraint of a 'well-traversed highway network', which is contradicted by the selection of Portsmouth as the location for the substantive part of the cable route. Covering just 40sqkm, Portsmouth is the most densely populated city outside of London, at over 5000 people per sq km. The A2030 (Eastern Road) conveys in excess of 40,000 vehicles per day and represents only 1 of 3 road links between Portsea Island and the mainland. Any reduction in capacity on one of these three key routes seriously reduces the resilience of the already strained highway network in Portsmouth.
- 1.8 A final route through Portsea Island and the mainland beyond has yet to be defined. It is not clear why Portsmouth has been chosen as the landfall point for the on-shore cable and even if large parts of the route were to be off-highway, there would still be considerable scope for disruption. It has been suggested the cable route will encroach into the highway as little as is practicable, however, in certain locations this will be unavoidable. The implications of cabling through the highway would, however, be far greater than off-road routing and result in severe impacts upon traffic movement with significant disruption and inconvenience to city residents, businesses and visitors. Queueing, diverted or rat-running traffic will significantly impact air quality, detrimentally impairing the ability of PCC to achieve its statutory obligations.
- 1.9 In national policy, where a new energy NSIP may give rise to substantial impacts on the surrounding transport infrastructure, including during its construction phase, the applicant should mitigate these impacts of the development. Given the serious congestion on the local highway network this must look beyond simply Construction Management to mitigate issues in construction.
- 1.10 A fund for community benefits to secure localised improvements for road users must also assist project mitigation. Biodiversity enhancement measures and a delivery programme for such improvements at Eastney beach after completion of works for the landfall underground connection bay would also form essential mitigation works.
- 1.11 The potential for cumulative effects and co-ordination of the Interconnector project with other development schemes must be assessed. A number of planned works and events conflict with the proposed cable route(s). The most significant of these will be the Coastal flood defences being renewed along both the eastern side of Portsea Island and the Seafrost, Eastney to Old Portsmouth; these schemes will clash with the Interconnector construction programme. Whilst coastal defences work will not encroach into the A2030, there will be a

number of associated HGV movements, as compound space is extremely restricted. Due to constraints imposed upon these works as a result of the protections placed upon Langstone Harbour, no delay can be accepted as the programme is carefully planned to avoid impacting on protected wildlife for overwintering periods.

- 1.12 The absence of a clear rationale and weighting of environmental, social and economic effects, taking into account of technical feasibility, call into question the discounting of the East Wittering cable route where crossing private land could have significant benefits during construction compared with mainly highways routing.

Specific topics

2. Traffic and transport (Chapter 21)

- 2.1 The likely traffic delay resulting from the development is noted with many links within Portsmouth predicted to experience Major Adverse impacts (listed within Appendix 21.2). It is suggested that LinSig software will be used to model the impact of temporary traffic signals; this software will not model the wider network and detail cumulative impacts and therefore is highly unsuitable and not fit-for-purpose to accurately predict the likely impact of lane and road closures, especially on those routes deemed most sensitive. Modelling must account for wider issues/development closures that affect the network during the construction phase. This is especially important with regards emergency services response; statistics from South Central Ambulance Service (SCAS) show that for every one minute of delay to their response, patients' life expectancy decreases by 10% in cases of cardiac arrest. It will therefore be necessary to understand the scale of any delays caused in order for emergency services to be able to respond accordingly.
- 2.2 A defined route through Portsmouth has yet to be determined and remains unclear whether the favoured route is entirely through Highways land or varying between Highway and privately owned land. This is especially prevalent in the Milton area of Portsmouth where two very different alignments are indicated. The implications of the Highway route would be far greater than the mostly off-road route however both potential alignments would be expected to cause significant disruption to residents, businesses and visitors.
- 2.3 The A2030 - Eastern Road - is a prime example; large parts of it will be significantly affected over an extended period of time. The A2030 conveys in excess of 40k vehicles per day and forms one of only three road links between Portsea Island and the mainland. Any reduction in capacity on one of these three key routes will seriously reduce the resilience of an already strained highway network in Portsmouth. Given the density of population in Portsmouth and significantly congested road network, a development of this type in this location would be highly unsuitable and it must be questionable what appropriate mitigation would be capable of being implemented to manage the impacts of the works.
- 2.4 Significant impacts would be experienced by all road users along the routing of the cable during construction. The roads proposed to form the cable route through Portsmouth are mostly classified roads and form a corridor linking the eastern areas of the city to the national strategic network. It is expected that motorised users of the affected roads and non-motorised users including pedestrians and cyclists will be significantly affected.
- 2.5 Some details of potential vehicle movements have been given in the PEIR that may not be expected to be material to the operation of the highway network *provided these movements take place outside of peak periods*. Works are suggested to take place between 07:00-19:00 each day, however, it is unlikely that such working hours could be permitted. Planned works on traffic sensitive routes in the city are normally only allowed during off-peak hours, which in practice are typically between 09:30-15:30 each day. Portsmouth also operates a number of works embargoes coinciding with major events, Bank Holidays and for the entire month of

December. Only emergency works will be permitted during these periods. The currently proposed construction programme does not appear credible given the likely restrictions on road space in Portsmouth.

- 2.6 Abnormal loads are briefly noted in Chapter 21 of the PEIR. The frequency and/or proposed route of abnormal loads are not detailed. Aquind's consultants have suggested that 50T cable drums would be brought to site each day from the Ferryport (where the cable drums are proposed to be stored). This would result in abnormal loads being transported through the centre of Portsmouth on a daily basis, which would inevitably disrupt traffic and bus services even if undertaken outside of peak hours.
- 2.7 A detailed Construction Traffic Management Plan would be required, with a tailored CTMP produced for each phase detailing the Traffic Management requirements, to manage traffic effectively and minimise delays. Details of consultation carried out with residents should also be included, to be agreed with the LHA. A full set of Traffic Management drawings will be required as part of the CTMP which will be agreed by the LHA and Colas. Presently the traffic management drawings are very high level and simply indicate where lane closures/road closures are required, and additional table in Appendix 21.1 details this in more detail. It is suggested that roads closed will allow vehicular access for residents outside of working hours; this will be unacceptable, access to residents and business should be retained at all times.
- 2.8 At engagement meetings with Aquind's transport consultants, it was suggested that due to the scale of the project, more than one contractor is likely to be granted contracts for work packages associated with this project. It is of paramount importance that coordination is achieved between the two (or more) contractors as delays to one (or more) of the contractors have the potential for additional and unnecessary delay especially of working on the same section of road. The CTMP should detail how this relationship would work if multiple contracts are to be awarded and who will ultimately be responsible for coordinating highways works.
- 2.9 The City Council is currently in receipt of ministerial directives from DEFRA with regard to the Air Quality in Portsmouth. Whilst the areas subject to these directives are not located along the proposed cable routing, it is likely that the works will result in diverting trips to the other two main routes which each have a ministerial directive placed upon them (A3 & A2047). Recent Air Quality modelling also suggests that the air quality in Portsmouth is worsening with the areas of exceedance likely to increase from 4 to approx. 12. Compliance in the areas subject to ministerial directives must be achieved by mid-late 2021, putting this date firmly within the construction period for this project. A sustained period of disruption as would be caused by the proposed works has the very real potential of contributing further to the poor air quality in Portsmouth and this in itself should be a key reason to consider alternative routes outside of the city.
- 2.10 The Overarching National Policy Statement for Energy (ONPSE EN-1), in para 5.13.6, states that a new energy NSIP may give rise to substantial impacts on the surrounding transport infrastructure, including during the construction phase of the development. The applicant should mitigate these impacts with an aim to secure more sustainable patterns of transport development when considering mitigation measures (para 5.13.9); funding to bring forward proposals for increased capacity in the P+R (Tipner) earlier may, for instance, present an effective management measure for road congestion and mitigate against contributing to poor air quality.
- 2.11 Network co-ordination will be required for major events that form important contributors to the city's local economy as a visitor destination, such as Bank Holiday weekend music events and The Great South Run. The latter is a 10km road race held in Southsea and Eastney every October that require extensive road closures. No highway works can be in place during such major events. The proposed programme of works for the development will likely clash with significant schemes being delivered in Portsmouth and risks delaying these work packages; in

the case of proposed works associated with the Transforming Cities Fund any delay could jeopardise the overall delivery given the time restrictions likely to be placed upon the funding. The City Council, in conjunction with Hampshire County Council and the Isle of Wight Council, has been shortlisted for a share of this Fund. The proposed cable route will intersect and travel along sections of the route proposed to form the new South East Hampshire Rapid Transit (SEHRT) network. If successful in obtaining funding, the programme of works will run until 2022 and is time limited. Implementation of what will be a congested delivery period could not be delayed nor could newly installed highway infrastructure be disturbed or undermined.

- 2.12 Through a PFI, Colas contractually undertake the network duty of coordination of third parties/statutory undertakers on the public highway acting as Local Highway Authority. All works on the public highway are required under the New Roads and Street Act and Traffic Management Act to have notices served correctly on the Street Works Register, appropriate traffic regulation orders etc. Colas highlight a need for collaborative working/programming and raise concern that presently the PEIR provides no details on of procedural requirements for any highways works, including any necessary seasonal embargo or other traffic sensitivity limitations.

3. Air Quality (Chapter 22)

- 3.1 The PEIR appears to significantly downplay the potential effects on Air Quality, detrimentally impairing the ability of PCC to achieve its statutory obligations (see para 2.9 above).

4. Impact on Coastal Flood Defences

- 4.1 The potential cable routing through the recently a completed Flood Defence bund along Milton Common raises serious concerns about the integrity of the defence bund and resulting effects on liabilities and guarantees for these completed works. There is no information on maintenance of the defence works, reference to relevant guidance or construction into flood defence as a last resort option.
- 4.2 The PEIR states "flood defence integrity would need to be maintained". The suggested routing "via the footpath which forms part of the sea defences" does not recognise that the cables would not be formed in a surface layer trench of the bund but require excavation into the sea defences designed as lower level rock armour along the foreshore.
- 4.3 The potential impact on flood risk cover fluvial and pluvial rather than on coastal or tidal effects, which is disappointing when options for part of the works to be through existing Flood Defence infrastructure is included. There is no sequential test assessment of route options.
- 4.4 Phase 4 of the North Portsea Island defence scheme will be on site and under construction over the proposed period for the Aquind project. There is no indication of where Aquind propose compounds along Eastern Road. From work already undertaken and pre-construction planning and agreements for Phase 4 of the North Portsea Island defence scheme it is clear that compound space along the A2030 corridor is severely limited.

5. Socio-Economics/Human Health (Chapters 24 & 25)

- 5.1 A detailed assessment of the impact on individual parks, recreation, sports pitches and other areas of open space provision will be required. Any loss of open space will result in significant adverse effects on health and well-being. Although described as temporary and will be restored upon completion, the PEIR identifies an integral part of understanding of the impacts on open space and recreational areas will be the duration of construction activities. The timing/programming of works associated with sports pitches will also inevitably be integral to potential impacts. The following sub-paragraphs set out particular considerations that the Developer will need to take account of in carrying out a detailed assessment.

- 5.2 There is no mitigation or reprovision of open space and sports pitches during the period of works with detrimental effects on leisure/recreational provision, play facilities serving local communities, interruption to tenancies of allotment plots affecting the health and well-being of residents.
- 5.3 It is anticipated that there may be a negative impact on the operations of the municipal golf course with potential loss of membership and casual play on the local leisure/recreation offer, and effects on trading operations of leaseholders and concessions.
- 5.4 It is considered that there may be an impact on, and loss of, open space for the holding of events or use to support events elsewhere in the city.
- 5.5 The Developer will need to assess the impacts of a loss of established or mature trees and their contribution to air quality, health and well-being that cannot be readily compensated for in the shorter-term by equivalent numbers of replacement (smaller) tree planting.
- 5.6 The temporary loss of parking provision that serves the open spaces during construction will affect public access to these spaces. A localised change to patterns of dog walker activity would be likely to impact recreational disturbance on the SPA for waders and brent geese. In this context, a financial contribution will be necessary to mitigate the impact on the SPA.
- 5.7 It is expected that there will be a long-term impact on land drainage, water pipe and irrigation networks from heavy plant movements and cable excavations.
- 5.8 The proposed programme of cable works will potentially give rise to a loss of business activity within the city due to increased congestion.

6. Archaeology (Chapter 20)

- 6.1 In relation to land between the north side of the railway mainline and the administrative boundary of the city there are no cultural heritage assets recorded. There are some fields, open space north of the reservoir and Zetland field that may contain as yet unrecorded archaeological features although the majority of the route follows the existing road network where the likelihood of exposing archaeological features and/or deposits is considered to be negligible.
- 6.2 The land south of the railway mainline follows the existing road network (A2030) as well as Farlington playing fields where there no cultural heritage assets are recorded but the possibility remains of yet unrecorded archaeological features within the recreational ground. Land south of the A27 and Eastern Road roundabout consists of intertidal mudflats within Langstone Harbour. This is a drowned prehistoric landscape with the possibility of uncovering ancient peat deposits, as well as stray archaeological finds. Opposite the junction of Norway Road/Eastern Road is Kendall's Wharf where previous Geotechnical surveys have not recorded any archaeological features or deposits although the potential for as yet unrecorded features does remain, albeit not high.
- 6.3 Much of the route south of Kendall's Wharf to Milton Common follows the existing road network where the likelihood of exposing archaeological features and/or deposits is considered to be negligible. Other parts of Milton Common are made up largely of modern waste material, dumped over former intertidal mudflats and clays where the archaeological potential is considered to be negligible.
- 6.4 Land further south between Milton Common and Henderson Road splits the potential route two ways. One follows the existing road network where the likelihood of exposing archaeological features and/or deposits is considered to be negligible. The other includes (1) the area of relative high ground immediately to the east of St James' Hospital believed to have been occupied in the prehistoric era and any construction may expose archaeological features and/or stray finds and (2) the cable route crosses the line of the former Portsmouth Canal and whilst excavations may expose infilled remains of the canal basin (yet to be properly recorded), it is doubtful works would expose enough of the feature for interpretable sections to be

recorded. The route also crosses the allotments to the south of Locksway Road; this area contains no recorded heritage assets, although there is potential for as yet unrecorded archaeological features and/or deposits to be found.

- 6.5 At its far south-east end the cable route crosses surviving WWII Beach Defences at Eastney. It would be necessary for construction to avoid damage to these defences. The areas of beach and adjacent to it are considered of low archaeological potential, although as always there is a chance of as yet unrecorded archaeological features and/or deposits being exposed during groundworks. As for Fort Cumberland Road and private road linking it, the likelihood exposing archaeological features and/or deposits is considered to be negligible.
- 6.6 A full archaeological survey along the final cable route through the city should be provided.

7. Other heritage assets (Chapter 20)

- 7.1 Although the final cable route is still to be defined, at Eastney is Fort Cumberland (a scheduled monument and Grade II* listed building) as well as WWII Beach Defences (Grade II listed structures). Along the proposed cable route on the A2030, at its junction opposite Burrfields Road, is Great Salterns (Grade II listed building). Any impact on these heritage assets should be avoided.
- 7.2 In response to Historic England's scoping opinion response that particular attention should be paid to Fort Cumberland and an expectation that all options to choose a route that will not impact the Fort will be explored, the PEIR confirms the proposal would entail no physical impacts within or near the scheduled monument constraint area and the onshore cable route would be buried with no setting impacts.

8. Ground conditions (Chapter 18)

- 8.1 There are areas of significant site contamination along the identified route options and areas that have been previously remediated. Until the applicant assesses available records and create a conceptual model with knowledge about what is known about the ground conditions it remains problematical to comment further.
- 8.2 The boreholes locations shared by the applicant with the City's Contaminated Land Team were chosen for convenience and access rather than pollution risk. The initial survey is only indicative and there will be additional phase of works to consider ground pollution. The sampling to assess pollution along the length of the cable route and assess risks before starting any works should target areas of pollution and be based on a Conceptual Model of the risks created in accordance with CLR11 and following BS10175:2011+A2:2017 'Investigation of Potentially Contaminated Sites Code of Practice'.
- 8.3 The survey by Aquind was to be completed at a later date by completing the desk study research and then undertaking further sampling as suggested in the updated Conceptual Model. Whilst most proprietary environmental searches will highlight areas of industrial use and so likely pollution, commercial searches do not include records that should be viewed for other site investigations and other sources of information such as historical petroleum storage, trade directory entries that are often variable between companies. The PEIR confirms councils have been contacted but it does not follow BS10175 because the information gathering phase has not yet been undertaken - at this stage the consultations from other local authorities have been 'noted' but not responded to. The work deviates from best practice and risks not adequately assessing pollution. It is expected this will be corrected when all responses have been consolidated.
- 8.4 Without the adequate level of detail about the sample locations and defined cable route, the survey cannot be targeted and the assessment of risks cannot be undertaken. The PEIR confirms the applicant intend checking council records for the full cable route and updating their conceptual model.

- 8.5 Whilst a general Method Statement should be in place to resolve unforeseen pollution encountered, there should be assessment and remediation documents in place for foreseeable areas to guide site working, remediation and waste disposal.
- 8.6 The PEIR confirms the applicant would not intentionally import contaminated soils that could pollute aquifers but detail is required as clean soil only must be used for restoration of areas of public open space.
- (a) The remediation of any disused landfill sites that the cable route may encounter must not be compromised, and the quality of restoration soils left at the surface should be proven clean and documented as such so no concerns are created and the migration of bulk gases (carbon dioxide and methane) must be prevented both during and after works
 - (b) If crossing the city's coastal defences that are in places created using restoration soils, the structural integrity must be ensured and chemical suitability of the soils in this area of public access maintained and proven clean
 - (c) Any polluted locations or areas of remediation should be known in advance, and the approach to these areas to ensure no new exposures, not allowing the movement of pollution, both during and after works should be documented in advance of works.

9. Onshore Ecology (Chapter 16)

- 9.1 The level of assessment and information on biodiversity is still being formulated, including mitigation to secure enhancement measures.
- 9.2 Until the defined route is identified there is potential for significant effects on bird disturbance to the Solent SPAs (notably the adjacent Langstone and Chichester Harbour SPA, designated predominantly to protect over-wintering birds) and Functionally Linked Land lying outside the physical boundaries of the SPA/Ramsar sites used by birds associated with the designated sites or measures for mitigation required to reduce impacts to acceptable levels to ensure the Conservation of Habitats and Species Regulations 2017 (the Habitat Regulations) and integrity of any relevant European sites are met. The impacts must be appropriately considered through a Habitats Regulations Assessment.

10. Cumulative effects (Chapter 28)

- 10.1 Chapter 28 has yet to be completed although sets out the intended methodology. In the absence of assessment the applicant and relevant local authorities should agree the approach to assessment and mitigation of how such a proposal would be implemented alongside other developments.
- 10.2 New development at Fraser Range Eastney (at para 28.6.3.7) is identified. A planning application for this site, ref 19/00420/FUL, has been formally submitted for new housing (for around 130 dwellings) with sea defence works, which is pending registration.
- 10.3 Reference is also made to Coastal Defence Schemes for Portsea Island (at para 28.6.3.8). A planning application for Phase 4(A) of the North Portsea Island defence scheme, between Kendall's Wharf and the A2030 (Eastern Road), was formally submitted on 23 April 2019. Furthermore, the £115 million Southsea Sea Defence project is also expected to be submitted by the end of May 2019; it covers a 4.5km stretch of seafront, from Old Portsmouth to Eastney, designed to protect 8,077 homes and 704 businesses from the risk of tidal flooding for the next century. Construction is programmed to start in early 2020 and the project completed in 2026. Further details of the project can be found at: <https://southseacoastalscheme.org.uk/>

11. Land acquisition and rights over land (Chapter 24)

- 11.1 In addition to comments at para 1.5, with reference to the Council's position on the use of CPO powers, whilst reserving its position in this regard, the acquisition of any easements in

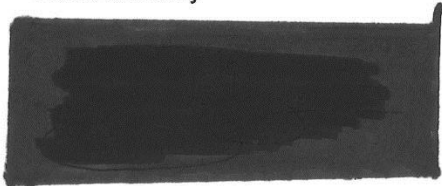
highway subsoil must be subservient to the rights and obligations of the Highway Authority and the management needs of the Highway network.

- 11.2 The Council also reserves its position regarding the temporary use of any Council land affected by the current proposals including acquisition of any interest in land within 1km of the landfall for construction, and operation of infrastructure required, as such details are unknown at this stage.

12. Conclusions

- 12.1 The City Council anticipates that all the issues identified above will be addressed in the formal documentation that will be submitted as part of your DCO application. The Council is willing to work with you on this as appropriate.
- 12.2 The City Council does, however, reserve its right to add to and/or expand on the matters raised herein as the application progresses.

Yours faithfully



Tristan Samuels
Director of Regeneration



Agenda item:

Title of meeting: Cabinet

Date of meeting: 9th July 2019

Subject: Health & Care Portsmouth Operating Model : Next steps

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

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.
- 1.2 The purpose of this paper is to update on progress of this Health & Care Portsmouth operating model since proposals were adopted by the PCCG's Governing Body and the Portsmouth Health and Wellbeing Board in November and approved by PCC's Cabinet in February 2019.
- 1.3 Based on the learning gained from implementing the operating model and in response to the call from the Cabinet and Governing Body to seek further opportunities for deeper integration, this paper also sets out the benefits case and options to achieve this.

2. Recommendations

2.1. The Cabinet 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. Agree the proposals for further integration set out at section 13 of this report, including the preferred option for integrating of PCCG Accountable Officer and PCC Chief Executive functions.

3. Background

- 3.1 Portsmouth is a city where chief executives, accountable officers and senior executives have been working together 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 endured 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.

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 has been launched, 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 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 around the people in the city, not the organisations providing the services. Significantly, 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, very specifically in relation to housing, but also looking at work around 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 (to name a few).

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, 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 is in place 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 PCCG/PCC 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 on (June '19)

d) Commissioner and Provider Integration:

- Health & Care Portsmouth goes beyond PCCG and PCC functions, the 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 are reviewing capacity and functions where there are potential overlaps or benefits for a more formal integrated arrangement. This specifically focuses on our individual 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.

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 is changing. 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 achieve 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.
- 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 significantly with the existing Health & Care Portsmouth principle that the foundation of effective healthcare is strong local primary care (and this was reflected in our Portsmouth Blueprint for Health & Care, 2015). 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 very 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.
- 8. NHS Portsmouth Clinical Commissioning Group Governing Body, November 2018**
- 8.1 PCCG’s Governing Body, in supporting the Health & Care Portsmouth operating model at its meeting in November 2018, commented on the need to broaden the scope of the model to consider the connection between health, social care and public health with other key priorities for the City including education & schools, looked after children & families, special education needs, sexual health services and the work PCC delivers in neighbourhoods and communities.
- 9. Portsmouth Health & Wellbeing Board, November 2018**
- 9.1 The Health & Wellbeing Board considered and endorsed the Health & Care Portsmouth operating model and strongly supported the direction of travel.
- 9.2 The Board noted the expectation 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 for wider system reform and has broadly supported throughout the vision for the Hampshire and Isle of Wight system that has been articulated. However, the Board has also recognised that in trying to capture the very complex set of functions, relationships and dependencies, there are some tensions between the wider system and the local system. These are not considered to be insurmountable and fundamentally amount to three main concerns:

- **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. A wider formula for the HIOW system needs to allow the flexibility for local circumstances to be mapped across where this is appropriate.
- **Local accountability** - developing tailored approaches to local needs requires local place leaders working together in local systems, particularly as the interface with social care services and early help and prevention is critical.
- **Equity in how communities are understood** - to respond to need appropriately in different areas, flexibility is needed to do things differently when a granular understanding supports the view 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.

10. PCC Cabinet, February 2019

10.1 The Health & Care Portsmouth operating model was considered and endorsed by PCC Cabinet in February 2019. Further, the Cabinet requested that:

- the respective Accountable/Chief Executive Officers, working within their scheme of delegations and constitutional powers, review the management and staffing structures currently in place in order to align this capacity with the new Health & Care Portsmouth operating model and for this to include cost-share arrangements and;
- agreed that the Chief Executive of PCC should work with the accountable officer of PCCG to consider further opportunities for integration, consistent with the NHS long term plan, and present such proposals to the health and wellbeing board at the earliest opportunity

11. Benefits of further Local Government and NHS integration

(i) Why 'Place' Matters to Local Government

11.1 In the current discussions about NHS reform and the Long Term Plan, the term 'place' is routinely used to describe a geography based on Local Authority

boundaries. This in itself is problematic given the diversity of Local Authorities in the Hampshire & Isle of Wight area:

- Hampshire County Council and Boroughs/Districts: mixed rural and urban
- Portsmouth: densely populated urban
- Southampton: urban
- Isle of Wight: largely rural and an island

- 11.2 In many respects, 'place' can be used to describe a range of entities, from a local community within a ward in a city, to an island, to a county. Local Authorities are uniquely experienced in working with multiple communities and 'places' and could bring this to the planning and delivery of health & care for local residents.
- 11.3 'Place' – whether this be based on geography, communities or individuals – is important to local government because it is the basis upon which residents experience the majority of services on a daily basis. In fulfilling their statutory functions, Local Authorities ensure a connection with the reality of residents – housing, environment, relationships, education, work, leisure, culture, parking and transport; health and care is one aspect of this wider reality of 'place'.
- 11.4 This variety of experience of 'place' gives rise to a variation of need. Whilst population, community and individual needs will share many common features, many needs are unique to 'place'. A City's transport issues will not be the same as a rural community's, an Island's economic development challenge will not be the same as deprived urban ward etc. This variation in need will inevitably result in a variation of health & care need and this requires an equivalent variation in planning and provision.
- 11.5 The importance of 'place' is written into the statutory functions of Local Authorities; figure 1 below summarises the key statutory functions of Local Authorities that have the most direct impact on health & care.

Fig 1: The Statutory Functions of Local Authorities in relation to Health & Care

<p>Statutory responsibilities in relation to adults who are in need of social care</p> <p>The Director of Adult Social Care is responsible for:</p> <ul style="list-style-type: none"> • Assessing local needs and ensuring availability and delivery of a full range of adult social services • Professional leadership and implementation of standards • Promoting local access and ownership and driving partnership working • Delivering an integrated whole systems approach to supporting communities • Promoting social inclusion and wellbeing 	<p>Statutory responsibilities in relation to reducing health inequalities and improving public health</p> <p>Local authorities have a duty to take appropriate steps to reduce inequalities and improve the health of the people who live in their areas.</p> <p>The duties of the Director of Public Health include:</p> <ul style="list-style-type: none"> • the weighing and measuring of certain children • providing health checks for eligible people • securing the provision of open access sexual health services • making arrangements to secure the provision of a public health advice service to CCGs
<p>Role of local government in relation to the wider determinants of health</p> <p>Regardless of the council 'type' (whether unitary, upper or lower tier), local authorities have a crucial role to play, and are uniquely placed to deliver in a number of areas that are of fundamental importance in realising improved health and wellbeing, including:</p> <ul style="list-style-type: none"> • Reductions in homelessness • Improvements in air quality • Reductions in unemployment • Improved community cohesion and inclusion 	<p>Statutory responsibilities in relation to children and families</p> <p>Local Authorities are responsible for securing the provision of services which address the needs of all children and young people, including the most disadvantaged and vulnerable, and their families and carers.</p> <p>In discharging these responsibilities, the Director of Children's Services (DCS) will work closely with other local partners to improve the outcomes and well-being of children and young people.</p> <p>The DCS is responsible for the performance of local authority functions relating to the education and social care of children and young people.</p>

11.6 The current direction towards the further development of the Health & Care Portsmouth operating model has already identified how integration can strengthen the discharge of these functions, and by doing so, contribute to improved health outcomes and system management. Further developments of the model will consider the wider range of opportunities available - for example, around the economic development agenda, around housing, education or around environmental quality.

(ii) Connecting local delivery and local accountability for that delivery – and the role of the Health and Wellbeing Board.

11.7 The Health and Wellbeing Board has a strong cross-section of local representation that can ensure that local delivery is absolutely representative of local need and requirement. The model proposed will ensure a strong connection between the understanding of local need, gathered from a wide-variety of sources and considered over a range of dimension, and the commissioning and delivery of services in response to this need.

(iii) Strengthen leadership & governance for health and care in Portsmouth

11.8 Linked to the point above, the bringing together of the responsibility for commissioning healthcare in the city will ensure that there is a strong leadership and a clear, unified leadership voice for Portsmouth. The arrangements will facilitate clarity in governance at an executive, clinical and political level.

(iv) Make best use of combined resource (skills, expertise and money) and reduce waste through avoiding duplication of functions;

- 11.9 The local system will begin to consider the impact of the "Portsmouth £" in the city, ensuring it is targeted to the right responses and services and available to the people who need it. Health & Care Portsmouth can apply resource to those areas where there is a distinctive city character to the underlying cause or response

(v) Achieve a better focus on health and care outcomes for people in the city;

- 11.10 Health & Care Portsmouth ensures that form follows function so that the models of commissioning and delivery are those most likely to secure improved outcomes.

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

- 12.1 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	<p>Enables delivery of the 'triple integration' of the NHS LTP: primary + specialist (acute) care, physical + mental health and health + local government.</p> <p>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.</p>
All ways of working must be focused on the achievement of best outcomes within the available resource	<p>Allows decision-making for health & care to be directly linked to the combined resources available 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 its functions and responsibilities.</p> <p>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, single governance (both during transition and in the end state).</p> <p>Achieves a reduction in the back office costs (and drives a focus on delivery of quality, performance and value for money. Delivers management efficiencies and other efficiencies by bringing together and aligning NHS and Local Authority contract management (including procurement where required).</p>
Resource needs to be applied with an understanding of the whole person and whole place	<p>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.</p>

	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	<p>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).</p> <p>Is aligned to the expectations of regulators and other stakeholders (health and care partners and beyond).</p> <p>Provides a clear direction and positive future for health & care staff and reduces risk of loss of talent</p>
HCP must ensure that democratic accountability and clinical leadership is retained in the city, to foster community engagement.	<p>Recognises primary care (and 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)</p> <p>Strengthens the democratic accountability of the Portsmouth Health & Wellbeing Board to the residents of Portsmouth. Strengthens the public accountability of the NHS, the Local Authority and locally, democratically elected political and clinical leadership for health & care services planned and delivered for Portsmouth people.</p> <p>Is able to achieve a greater understanding of local population needs and hear the voice of local people through continuous engagement and demonstrate how this informs decisions and delivery of local health & care</p>

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

13.1 Considering the progress achieved on the Health & Care Portsmouth operating model and the direction of the NHS as set out in the Long Term Plan, Health & Care Portsmouth continues to represent a strong 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. The first phase of the operating model bringing together key functions for adults, children & families and public health move the City towards a more unified leadership and, in considering the request from both PCCG Governing Body and PCC Cabinet to move towards deeper integration, three proposals can be described. For each proposal there will be differing options for implementation which needs to be considered against the criteria/benefits defined previously.

13.2 The three proposals for deeper integration between PCCG and PCC are:

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

The options to achieve this are:

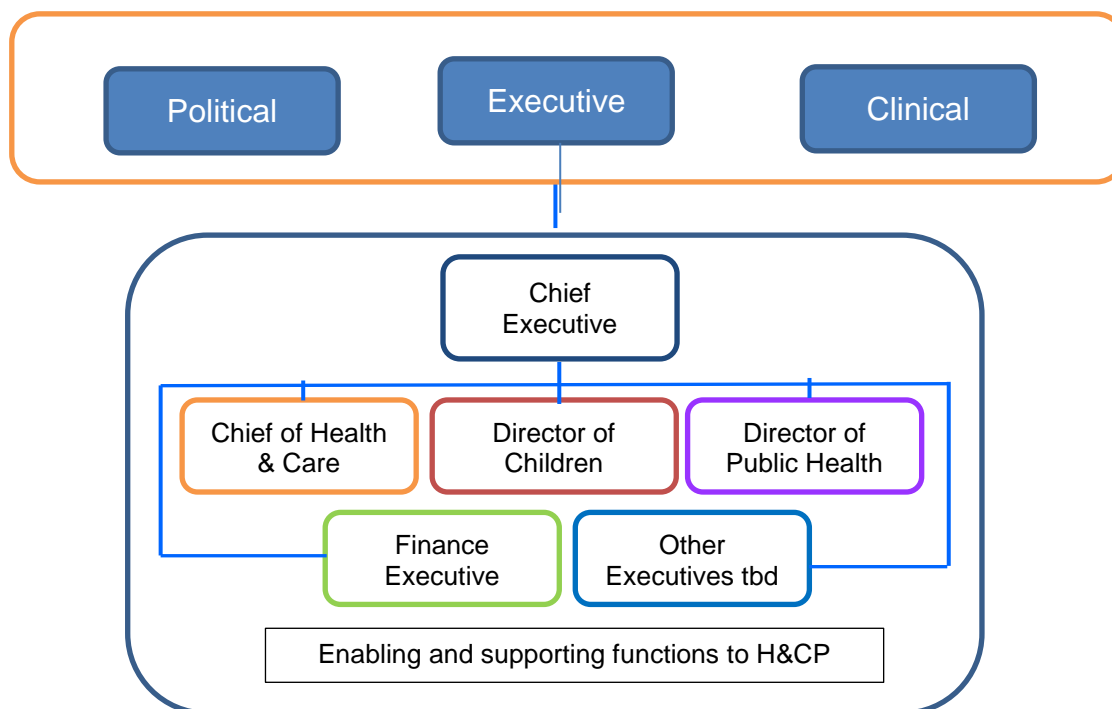
- i. 'Job share' AO role between PCCG and PCC
- ii. PCCG AO functions incorporated into PCC CEO role; Clinical Leader of PCCG retained and confirmed (working with political leadership of PCC, representing the CCG membership)
- iii. PCCG AO functions incorporated into another role reporting to PCC CEO
- iv. Do nothing, retain current arrangements
- v. AO Functions for PCCG incorporated into HIOW ICS
- vi. AO functions delivered by the system convenor for the Portsmouth and South East Hampshire Integrated Care Partnership
- vii. Establish a single CCG AO function between Portsmouth & Southampton

13.3 A detailed options appraisal has been undertaken on this and is summarised as Appendix 2. It is recommended that support is given 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. 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 via a process through NHS England.

13.4 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

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



13.6 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.

b) Delegate defined functions and decisions to the Health & Care Portsmouth Commissioning Committee from both PCCG and PCC

- The Health & Care Portsmouth Commissioning Committee, 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 their financial and other resources.
- Pursuing this proposal will require further clarity about the scheme of delegations between this Committee and the Cabinet and respective Portfolio Holders. It would also require consideration of the ongoing role of the CCG Governing Body in light of any agreed delegations from it to this Committee.

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

- Although proposed in the first phase of the Health & Care Portsmouth operating model, little progress has been achieved to assess the

benefits, risks and options available to PCCG and PCC for integration of the key finance functions aligned the integrated functions for adults, children & families and public health. Options include:

- Create a Deputy Chief Finance Officer (CFO) for Health & Care Portsmouth reporting to the respective CFOs for PCCG and PCC utilising current capacity gaps or vacancies in each organisation to create the role and in order to reduce management & running costs
- Identify within each finance team in both PCCG and PCC roles that could be redefined with joint responsibilities, using existing roles to create joint capacity

14. The Health & Care Portsmouth Roadmap

14.1 The development of Health & Care Portsmouth is defined across 6 dimensions:

- Leadership and governance
- Strategy and planning
- Managing collective resources
- Care redesign
- Workforce and organisational development
- Accountability and performance management

14.2 The roadmap at Appendix 3 sets out the plan to deliver on the next phase of the Health & Care Portsmouth operating model.

14.3 This clearly represents a significant programme of change, and an outline risk assessment is also included as Appendix 4.

15. Equality impact assessment (EIA)

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

16. City Solicitor comments

16.1 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 losses 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.

17. Head of finance's comments

- 17.1 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

Appendix 2: Next steps options appraisal

Appendix 3: Health & Care Portsmouth Roadmap

Appendix 4: Health & Care Portsmouth outline risk assessment

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



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	In progress
<p>There has been significant investment primary and community care services supporting improved access to primary care. An Acute Visiting Service (AVS) has been commissioned which provides a dedicated GP home visiting service on behalf of practices to registered patients requiring an urgent visit in their own home. This increase capacity enables patients to be seen quicker and helps to increase capacity within general practice and is delivering an additional 6,000 on the day home visits per annum.</p> <p>In addition, the GP Enhanced Access service is delivering urgent primary care appointments on Saturdays 08:00-18:00 and on weekday evenings from 18:30-20:00. The provision of routine appointments on Saturdays has also recently commenced, improving access to primary care services.</p> <p>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. Currently half the population of Portsmouth are benefiting from this service.</p>	<p>From June 2018 PCCG has commissioned an Integrated Primary Care Service incorporating the provision of three interconnected services: Out of Hours (OOHs), the AVS, and GP Enhanced Access. Integrated provision of the three interdependent services will ensure safe, effective delivery of primary medical care services 24 hours a day, 7 days a week, and improve access to primary care services by increasing capacity outside of core general practice operating times.</p> <p>In addition to this we will be exploring (through the development of robust business cases) further rollout of the MSK triage in general practice across the city.</p> <p>Ongoing work 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</p>

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	In progress
<p>A collaborative approach has been taken to include the VCS as an equal partner in the provision of health and care to Portsmouth residents. Through the signposting service, an easy access route for GPs has been available to access non-medical support from the VCS for their patients.</p> <p>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, a proposal for a ‘sitting service’ is being developed.</p> <p>A jointly agreed a commissioning plan for the development of social prescribing within the City. Existing contracts have been reviewed, with joint commitment for the development of a replacement integrated social prescribing service. Due to start in June 2018.</p> <p>Adult Social Care strategy development has led to establishing its Principles for Transformation which will enable <i>‘Nothing for us without us’</i> embedded in service design, monitoring and evaluation; and <i>Core Outcomes agreed across ASC</i> (at individual, operational and strategic levels) of <i>good health, independent lives, meaningful days and employment, social inclusion</i>.</p> <p>Through the Integrated Personalised Commissioning Programme (IPC) we have seen the completion of over 2000 personalised care and support plans and the establishment of</p>	<p>It is envisaged that both the sitting service and the integrated social prescribing service will be co-located and operated through a Single Point of Contact (SPOC) 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.</p> <p>ASC will be developing outcome-based commissioning across ASC that includes options for extending use of personal budgets, ISFs, micro enterprise etc. This work will be aligned with, supported by and build upon IPC pilot work which will include personal health budgets too.</p> <p>The development of a Long Term Condition (LTC) Hub in the city which would pool existing primary, community, and secondary care professionals into a single team, ensuring patients receive consistent, high-quality care. The LTC Hub will predominantly focus on empowering individuals to maintain good health by equipping them with education, skills, and knowledge leading to lasting self-management techniques and behavioural change.</p> <p>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 in the long term will improve the offer and enable greater integration with the long term conditions hub.</p>



<p>500 integrated budgets which meet the criteria of personal health budgets, with a small number converting into direct payments.</p> <p>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.</p> <p>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.</p> <p>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.</p>	<p>Through the Mental Health Transformation programme, the concept of a 'Well-Being House' is being developed 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.</p> <p>The local delivery system is continuing to develop more effective whole system approaches to children's mental health.</p> <p>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.</p> <p>A more radical, effective and sustainable approach to care, support and education provision for children with autism.</p>
<p>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</p>	
<p>Achieved so far</p>	<p>In progress</p>
<p>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 (bar two) and Solent NHS Trust use TPP SystmOne as their primary clinical system. From the remaining two GP practices not on the system, one is scheduled to go-live from April 18, and the other is in discussion with PCCG about transferring to SystmOne.</p>	<p>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.</p> <p>In recognition of the inconsistencies with existing healthcare estate within the city (in terms of condition, statutory compliance, functional</p>



<p>The Communications and engagement teams have embarked on a programme of joint working and support and have developed a shared communications and engagement programme to support HCP.</p> <p>Working with partners across primary, community, secondary care, and the local authority, PCCG has 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.</p> <p>Children's teams have already been 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.</p>	<p>suitability, quality, and accessibility), and the fact there is NHS and Local Authority owned 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.</p> <p>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.</p>
<p>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</p>	
<p>Achieved so far</p>	<p>In progress</p>
<p>Partnership working between PCCG and PCC has increased, leading to the appointment of a Joint LA Director of Adults Services role and CCG Chief Operating Officer role. This has led to the creation of the Health & Care Directorate including and team approach across commissioning, transformation adult social care, quality and safeguarding.</p>	<p>Continuing to develop as a single adults health and care directorate, as well as strengthening integrated commissioning function.</p> <p>Continued discussions across PCCG and PCC as to how we can explore further joint and pooled funding arrangements.</p>

The BCF 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.

Developing model of joint working across PCCG and Solent NHS Trust with combined senior commissioning and Operations Manager post.

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.

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

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 (outlined in section 5), 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

In progress

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 a **further integrated MCP arrangement**, through a formal procurement process at some stage in the future.

Discussions are required to explore the potential of **Portsmouth Hospital Trust (PHT) and the VCS becoming represented in the partnership arrangement**. For the VCS, this could be through the development of a VCS collaboration, 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.



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 3 month period have seen a reduction in 999 calls made by 32% and reduction in conveyances to hospital by 27%.

At the ACS 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 mental health beds leading to a reduction in out of area placements for South East Hampshire patients, savings and improved utilisation of City acute in-patient beds.

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.

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

PCCG has issued to the market its intentions to work with existing system partners over a three year period to implement the national requirements of **Integrated Urgent Care (IUC)**, which seeks to simplify and integrate the current configuration of urgent and emergency services.

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 progress

As part of the development of the Integrated Primary Care Service, from June 2018 and linking with plans to implement IUC, UTC requirements, the CCG intends to amalgamate the existing and complex urgent care landscape into a simplified point of access for patients, which delivers consistent and integrated urgent and emergency care. This includes **linking the Integrated Primary Care Service with the Urgent Treatment Centre, Urgent Care Centre (GP Streaming at ED), a Clinical Assessment Service, and overnight community provision, to provide a compelling alternative to ED** available within 2018-2019.



<p>Partnership working across PSEH to strengthen the Urgent Care Centre and GP streaming within ED to better enable people to receive the most appropriate care.</p> <p>In addition, mental health crisis services have been reviewed and implementation plans in plan for improvement.</p>	<p>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</p>
<p>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</p>	
<p>Achieved so far</p>	<p>In progress</p>
<p>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.</p>	<p>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 due to be piloted shortly.</p> <p>Testing of this was conducted from May 18 and saw individuals that require additional support provided by the 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 model is currently being rolled out to one initial locality with plans to extend to the 2nd and 3rd.</p> <p>We will then need to ensure private provider services are commissioned and develop in a way that best works with the new model of care. Social Care will soon be carrying out a systems intervention on Domiciliary Care which will inform this. 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 respond how people needs it to whilst is more robust and sustainable against market influences experienced nationally (work force issues generally).</p>



	<p>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 DToC, MFFD and to reduce long term care placements.</p> <p>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.</p>
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Health & Care Portsmouth: The Next Phase For Integration: Option Appraisal

Criteria	Options								
	'Job share' AO	CCG AO functions incorporated into PCC CEO role	CCG AO functions incorporated into role reporting to PCC CEO	Do nothing	AO Functions for CCG incorporated into HIOW ICS	AO functions by PSEH system convenor	Two Cities CCG AO function	Delegate defined functions & decisions to the HCPCC	Create a joint finance role
HCP must play an active role in enabling and promoting the wider HIOW system reforms, including the development of ICS models	✗	✓	✓	✗	✗	✗	✗	✓	✓
All ways of working must be focused on the achievement of best outcomes with the available resource	✗	✓	✓	✗	?	?	✓	✓	✓
Resource needs to be applied with an understanding of the whole person and place	✓	✓	✓	?	✗	✗	?	?	✓
Integration must support quality, safety, resilience and continuous improvement of services	?	✓	✓	✓	✗	✗	✗	✓	✓
HCP must ensure that democratic accountability and clinical leadership is retained in the city, to foster community engagement	✓	✓	✓	✗	✗	✗	✗	✓	✓

Ranking:

1. CCG AO incorporated into PCC CEO
2. CCG AO into another role reporting to PCC CEO
3. Joint finance role
4. Delegation to HCP Committee
5. Job share AO/PCC CEO
6. Share CCG AO function across two cities
7. Do nothing
8. AO functions incorporated into PSEH convenor role
9. AO functions incorporated into HLOW ICS role

Appendix 3
Health & Care Portsmouth Roadmap (DRAFT – JUNE 2019)

	HCP aspiration	Lead	Current progress
Health and wellbeing board with oversight	Consider the breadth of issues across the life course, and the opportunities for working together around these	Joint HWB chairs	Agreed revised terms of reference and membership, March 2019. First meeting in reconfigured form, June 2019
	Strategically direct resource at the priorities identified from this way of working.	Joint HWB chairs	Establishment of a commissioning sub-board of the Health and Wellbeing Board - terms of reference agreed in March 2019 and currently in development to look at programme for presentation June 2019
Accountable officer	Strengthen leadership for health and care in Portsmouth	David Williams/ Tracy Sanders/ Dr Linda Collie	Consideration of options for the PCCG accountable officer role in the context of HCP - presentation to HWB, PCC Cabinet and PCCG Governing Board. Seek approval from member practices and formal approval from NHS England
Clinical leadership		Tracy Sanders/ Dr Linda Collie	Reviewing future clinical leadership arrangements in light of possible impact and opportunities of PCNs (to include existing PCCG clinical leadership and GP Alliance).
Executive structure	Make best use of combined resource (skills, expertise and money and reduce waste through avoiding duplication of management and functions	David Williams/ Tracy Sanders/ Rochelle Kneller	Development of clear role descriptions and associated staffing structures to enable discharge of HCP functions in blended structures; put in place relevant s 113 agreements for core roles DCS to become member of CCG Governing Board

	HCP aspiration	Lead	Current progress
Programme Boards	Deliver ambitions for the health and care system locally	Innes Richens/ Alison Jeffery/ Jason Horsley	Adult Social Care strategy board in place; Stronger Futures and SEND Boards in place. MCP Board.
Wider determinants of health	Give consideration to the other influential delivery functions.	HCP leadership and HWB	Broadened membership of HWB and associated sub-groups will support wider conversations around services that are influential on the wider determinants of health
Use of data and intelligence to improve the health & care offer	There is a need to strengthen the intelligence functions to allow better assessment of local need to inform commissioning decisions.	HCP leadership - Jason Horsley	Integrating our skills on the collection and presentation of data locally would have benefits in more informed commissioning and service design. An appointment to Strategic Intelligence lead is underway and this postholder will have a wider-ranging remit to progress this area.
S75 and s113 mechanisms	Revise section 75 agreements to reflect revised operating model including overarching s75 if appropriate	David Williams/ Tracy Sanders	Underway, including development of s75 arrangement for delivery of healthy child programme.
Portsmouth £	Understand totality of HCP resources	Michelle Spandley/ Chris Ward	Early work is underway to scope resource and understand where there are opportunities to more closely align financial planning. Early presentation for June 2019.
Develop a single approach to strategic financial planning to underpin Health & Care Portsmouth	Consider opportunities for shared financial planning (including shared role and function)	Michelle Spandley/ Chris Ward	Further consideration will be given to options around strategic financial planning approaches and roles; and recommendations will be formulated taking into account respective legal and governance processes
Increase efficiency of local system	Clear and transparent financial reporting of integrated commissioning functions leading to	Michelle Spandley/ Chris Ward	Review financial contributions for PCC and PCCG into the HCP operating model to ensure explicit and affordable within the context of



	HCP aspiration	Lead	Current progress
	increased efficiency and identified savings		running costs and other savings requirements for both organisations
Transparency of total resource	Review model for distribution of public health grant	Jason Horsley/ Chris Ward	Identification of public health spending in support of HCP activity to improve health
Local estate	Maximise use of the local estate for health and care delivery	Michelle Spandley/ James Hill/ One Public Estate Programme	<p>Identification of immediate opportunities to move forward issues of interest to the local estate forum have been identified.</p> <p>The One Public Estate programme potentially provides an opportunity to take forward some strategic scale issues and this is to be explored with a view to submitting a bid to the next phase of the programme.</p> <p>In the short term, options for co-location of HCP staff can be considered.</p>
Adult Social Care Strategy	To Follow		
Stronger Futures Programme			
SEND strategy			
Maternity services			
Sexual health commissioning arrangements			
Substance misuse commissioning approach			
Mental health commissioning approach			



	HCP aspiration	Lead	Current progress
MCP			
Core underlying principles	A broad set of principles that describe our approach to integration and ensure these are widely communicated	David Williams/ Innes Richens/ Lucy Elliott	HCP communications plan in development alongside plans for website as a tool for staff and professionals - HCP branding to be rolled out on all communication material.
Change management processes	Clear and transparent briefing material for staff affected by changes, in line with usual change management processes and practice	Rochelle Kneller/ Tracy Sanders/ Lucy Elliott	Regular staff briefings ongoing. Work underway to understand current distribution of work and how this will be carried out in future, including where there will be change to roles and responsibilities.
Organisational development	Establish programme of work around culture change and new ways of working to underpin structural and functional changes	HCP leadership	Identified need to support staff and stakeholders in recognising HCP as an entity, and identifying with its vision, values and ways of working alongside identifying with host organisations and professions. Programme to be developed over the Summer.
Performance management arrangements	It is expected that through the Performance Management Group arrangements around delivery agreements, health providers will also be full partners to these discussions and debates.	HCP leadership	
Performance management, planning and business/governance services	In support of the Health & Care Portsmouth Executive and its programme of work must be explored to find the most effective operating models.	Tracy Sanders/ David Williams	



Health & Care Portsmouth - Risk Assessment

Risk owner	Risk Area	Risk Likelihood	Risk impact	Current Risk Status	Potential outcomes	Mitigation/commentary
David Williams/ Dr Linda Collie	Failure to fully support the wider system transformation	Low	High	Medium	Diversion between local and national agendas challenges delivery at both levels	PCCG and PCC have been active and engaged members of system transformation. The local Blueprint for Health and Care has been identified as an area of strength in the region and has been a vehicle for engaging wider sector partners and stakeholders including political leadership, and the voluntary and community sector. Key mitigation is to ensure that the objectives of the local blueprint and the wider STP align.
David Williams/ Dr Linda Collie	Failure to fully achieve city ambitions as set out in the Blueprint for HCP and associated delivery strategies	Low	High	Medium		
David Williams/ Dr Linda Collie	Changes to operating model create confusion regarding governance and blurred accountability	medium	High	Medium	Poor or invalid decision-making leading to risks of challenge, financial loss and failed objectives	The proposals include a clear delineation between executive, political and clinical leadership and clarity about the respective decision-making and the fora for bringing these together. All associated bodies have clear constitutions and terms of reference. There is an associated communications programme.
David Williams/ Dr Linda Collie	Changes to operating model create confusion regarding financial planning and accountability	Medium	High	Medium	Poor or invalid decision-making leading to risks of challenge, financial loss and failed objectives	Discussions are underway about the appropriate mechanisms for joint financial planning and the potential for a single function.
David Williams/ Dr Linda Collie/ Cllr Gerald Vernon-Jackson	Changes to roles mean that capacity of key individuals is stretched	Medium	Medium	Medium	Key work does not progress due to "bottlenecks"	Ongoing dialogue across leadership triumvirate supported by rigorous processes for holding to account.



Risk owner	Risk Area	Risk Likelihood	Risk impact	Current Risk Status	Potential outcomes	Mitigation/commentary
David Williams/ Dr Linda Collie	There is a lack of public buy-in of understanding of the local proposals	Medium	Medium	Medium	Opposition to change based on misunderstanding	The basis for the proposals is the need to retain local and democratic accountability. The associated communication programme will be vital.
David Williams/ Dr Linda Collie	Change process detracts from delivery	Medium	High	Medium	Staff concerns about positions or lack of understanding undermines delivery	Both organisations have strong change management processes to support staff in change . The associated communication programme will be vital.