



NOTICE OF MEETING

HEALTH AND WELLBEING BOARD

WEDNESDAY, 17 JUNE 2020 AT 10.00 AM

VIRTUAL REMOTE MEETING - REMOTE

Telephone enquiries to Joanne Wildsmith Democratic Services
Email: joanne.wildsmith@portsmouthcc.gov.uk

If any member of the public wishes to submit written representation please email the above contact by noon the day before the meeting.

Health and Wellbeing Board Members

Councillors Matthew Winnington (Joint Chair), Gerald Vernon-Jackson CBE, Suzy Horton, Matthew Atkins and Judith Smyth
Innes Richens, Mark Cubbon, Dr Linda Collie (Joint Chair), Ruth Williams, Dianne Sherlock, Sue Harriman, Alison Jeffery, Andy Silvester, Jackie Powell, Steven Labedz, Frances Mullen, Sarah Beattie, Steve Burridge, Barbara Swyer, Sandy Thomson, Roger Batterbury and Professor Gordon Blunn

Dr Linda Collie (Joint Chair)

Plus one other PCCG Executive Member: Dr Elizabeth Fellows and Dr N Moore

Portsmouth Councillor Standing Deputies: Councillor Luke Stubbs

(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

A G E N D A

- 1 Chair's introduction and apologies for absence
- 2 Declarations of Interests
- 3 Minutes of previous meeting - 5 February 2020 (Pages 3 - 8)

RECOMMENDED that the minutes of the previous meeting of the Health

and Wellbeing Board held on 5 February 2020 be approved as a correct record.

4 Local Outbreak Planning (Pages 9 - 24)

The report by the Director of Public Health seeks to

- update the Health & Wellbeing Board on new requirements for Local Outbreak Plans in response to the Covid-19 pandemic
- make recommendations on how the local governance for this process will be configured

RECOMMENDED that the Health and Wellbeing Board agree:

- 1. the proposals for a local Health Protection Board and the Terms of Reference**
- 2. the proposals for a Local Engagement and Oversight Board and the Terms of Reference**
- 3. membership for the Local Engagement and Oversight Board.**

Agenda Item 3

HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING of the Health and Wellbeing Board held on Wednesday, 5 February 2020 at 10.00 am in Conference Room A, Civic Offices, Portsmouth.

Present

Dr Linda Collie, CCG (in the Chair)

Councillor Matthew Winnington
Councillor Gerald Vernon-Jackson CBE
Councillor Rob Wood
Councillor Judith Smyth (co-opted)

Innes Richens, CCG & PCC
Alison Jeffery PCC
Jackie Powell CCG Lay
Sarah Beattie, Probation
Inspector Steve BurrIDGE
Prof Roger Batterbury UoP
Professor Gordon Blunn
Suzannah Rosenberg (rep for Solent NHS)
Helen Atkinson, DPH, PCC
Nicole Cornelius (rep for PHT)

PCC Officers Present

David Williams
Kelly Nash

12. Welcome and Introductions (AI 1)

Dr Collie welcomed everyone to the meeting and aired a suggestion that the strategic priority setting meeting be brought forward following the end of the formal meeting which was agreed (to start at 12.30pm in the Civic Offices.)

13. Apologies for absence (AI 2)

These had been received from Steve Labedz, Sue Harriman (who was represented by Suzannah Rosenberg), Frances Mullen, Dr Nick Moore and Mark Cubbon (represented by Nicole Cornelius). Dianne Sherlock would be attending the afternoon session.

14. Declaration of Members' Interests (AI 3)

Cllr Rob Wood made a declaration of interest, which was not pecuniary or prejudicial, when mention was made of Motiv8 as his daughter is the Chief Officer.

15. Minutes of previous meeting 8 January 2020 and matters arising (AI 4)

a) Matters Arising - Minute 4 and Minute 25/2019 - Dental Provision

Replies had been received from NHS England to the letters sent on behalf of the Health & Wellbeing Board by the Joint Chairs; these had been circulated to all members. Councillor Gerald Vernon-Jackson did not feel the replies had given the necessary reassurance that deprived areas would be covered by the new contracts (which would not be location specific for Paulsgrove and Portsea), and would like for further objections to be raised, which was supported by Councillor Judith Smyth. Innes Richens also gave support of the PCCG in exploring the powers of scrutiny and seeking an audience with the Executive Lead for NHS England and he undertook to further explore the legal powers available.

It was agreed that the following action be taken:

- i) The HWB to write to the Secretary of State, Executive Lead in NHS England to seek an audience;
- ii) A letter go from the Joint Chairs to the Chair of Health, Overview & Scrutiny Panel (HOSP) to ask for this to be reviewed by HOSP and HOSP be asked to consider using their powers to challenge the NHS England's course of action;
- iii) The Joint Chairs write to both Portsmouth MPs to alert them to PCC's opposition to their proposed procurement process due to the need to secure local provision in two areas of great need.
- iv) The Joint Chairs write to the Chair of the Integrated Care System copying in correspondence to the other HWBs in Hants and IoW area.

b) Accuracy of Minutes

Alison Jeffery asked that minute 8 on Domestic Violence and Abuse Strategic Review have additional wording at resolution to reflect " That the HWB Joint Commissioning Group review options for drawing on local resources to provide more sustainable support".

The minutes were agreed subject to the above amendment on Minute 8, resolution (2).

16. Preventing Violent Extremist Strategy (AI 5)

Rachael Roberts attended for this item as Chair of the Prevent Board, for the HWB to have oversight of the strategy and plan.

Jackie Powell asked if the EU funding for the Project Orpheus would be honoured? Charlie Pericleous, Prevent Co-ordinator confirmed that it would be unchanged by the UK withdrawal from the EU. Councillor Smyth felt it would be useful to see the criteria for the Prevent Delivery Board. Alison Jeffery reported on the Home Office guidance on Extinction Rebellion.

The Health and Wellbeing Board

- i) Noted the contents and would provide governance to the Prevent Delivery Board;
- ii) Asked that each responsible agency undertake a Prevent training audit.
- iii) Asked that each responsible agency communicate the referral process for raising concerns of radicalisation (Multi-Agency Safeguarding Hub - MASH).

17. Serious Violence Problem Profile (presentation) (AI 6)

Hayden Ginns and Matthew Gummerson gave a full presentation (copies had been made available to all HWB members). The focus was on tackling knife crime and preventative work, and they explained the needs assessment on the complexity of knife crime and the statistics/risk profile. Incidents of most serious violence has doubled in 4 years, although the numbers are relatively small, but there is concern due to the level of harm involved. Young people are disproportionately affected as both victims and perpetrators. 'County Lines' is also a significant issue for Portsmouth, and there would be an update report to a future HWB meeting.

Other issues highlighted included:

- Linkages to school exclusions
- Criminal exploitation - funding had been attracted and work was taking place with the Troubled Families Programme
- Sharing of sensitive information between agencies to identify risk of harm
- More work is taking place on tracking those at risk of criminality

Questions were raised by HWB members including:

- How the voices of young people were heard - this will take place in a safeguarding arena

Alison Jeffery stressed the need to recognise the exploitation of young people being caught up in County Lines who are themselves victims which linked with Modern Slavery issues.

Dr Collie, as Chair, thanked Hayden and Matthew for their informative presentation.

18. Homelessness Strategy 2018-2023 (AI 7)

Sharon George explained that whilst she was the Interim Head of Housing Needs and Support Teresa O'Toole would take over this role from 1 March and would be reporting to HWB in the future. The intention was to align the two strategies, to cover both homelessness and rough sleepers. The report set out the developing relationships with partner agencies, with Housing providing the physical accommodation but partners helping to provide a sustainable home. This was being brought here for HWB to consider how it would wish to monitor the strategy in the future?

Councillor Vernon-Jackson asked why some of the initiatives he was aware of were not included, which would help in providing more places and sustainable accommodation? This was due to these being in the Rough Sleepers Strategy and it was agreed that there was a need to align the 2 strategies and the report was brought here to ask how HWB wished to receive this information in the future. Councillor Winnington supported the recommended approach for twice yearly reports and alignment of the 2 strategies and he reported that the Cabinet Member for Housing also supported this. He also reported on the collaborative approach being taken in the Homeless Healthcare Team and Suzannah Rosenberg reported on the Keep Well Collaboration and Cold Weather fund. Steve Burrige commented on the fact that homelessness can affect anyone and the links to domestic abuse and substance misuse.

The HWB members asked that measurable targets be included in the future strategy document, with RAG ratings, and examples of initiatives and factual data.

It was RESOLVED that:

- (1) The Head of Housing Needs, Advice and Support updates the Health and Wellbeing Board on progress with the Action Plan on a twice yearly basis;**
- (2) The HWB notes the potential for the Homeless Strategy and the Portsmouth City Rough Sleeping Partnership Strategy (2018-2020) to be aligned. That will provide the opportunity for the Rough Sleeping multi-agency Board to have oversight of the local authority and partners' work in relation to the statutory homeless duties and non-statutory homeless duties.**

19. Special Educational Needs and Disability (SEND) Strategy (AI 8)

Alison Jeffery, PCC Director Children, Families and Education, and Hayden Ginns, Assistant Director Commissioning & Performance, presented the report written by Julia Katherine, Head of Inclusion (who had sent her apologies for absence). The report set out the outcome of the Local Area SEND Inspection that had taken place in July 2019, for which PCC had not required a Written Statement of Action.

Whilst there had been a positive report there were some areas for further development (identified in paragraph 2.8). Suzannah Rosenberg responded on behalf of Solent NHS Trust that the CAMHs waiting times were reducing and showing significant improvements; in May 2019 of 142 young clients 69 waited in excess of 18 weeks, and by December 27 young people were on the waiting list, with the longest wait of 9 weeks. This was sometimes reprioritising the use of key staff and the waiting times for autism diagnosis were still needing to be addressed.

The report also included the SEND Strategy priorities on the "plan on a page" (see page 88). Hayden Ginns reported that the parents that made most contact with PCC and Solent NHS had concerns regarding autism and neuro-diversity; they did not always want a formal diagnosis but for more understanding. These parents were also forming self-run groups. Another

area being looked at was the correlation with exclusion levels and encouraging inclusive schooling.

The Cabinet Members present welcomed the positive report by Ofsted and that the Department of Education had given recognition and will use Portsmouth as an exemplar of SEND work, and they congratulated all staff involved in providing these services. Councillor Smyth also commended the work of Alison Beane at the Mary Rose School in meeting targets for neuro-diversity there. Councillor Suzy Horton attended the meeting for this item as the Cabinet Member for Education also praised the achievements made through partnership work, and the need to ensure that this was continued to tackle mental health issues for young people in the city.

HWB members queried if the tackling of the waiting lists had been at the expense of other areas? It was reported that the resource position would be kept under review and Suzannah Rosenberg reported that 2 workers had been moved to tackle the unacceptable waiting times for CAMHs.

The Health & Wellbeing Board noted the update and:

- (i) Endorsed the SEN Strategy for 2019 to 2022, noting links with wider health and care strategy, particularly around mental health support for 18-25 year olds;**
- (ii) Endorsed Portsmouth's aspiration to become an even more inclusive city;**
- (iii) Asked that a regular update be provided to HWB;**
- (iv) Congratulated all staff involved in the positive outcome report of the Local Area SEND Inspection in July 2019.**

20. Energy and Water at Home - Draft Strategy (AI 9)

Mark Sage, the Tackling Poverty Co-ordinator, presented this report, the aim of which was to ensure that people have access to affordable energy and use this appropriately. The consultation exercise was just finishing with a report being submitted to Cabinet on 10 March. It was estimated that 11k residents live in fuel poverty in Portsmouth and 18k homes are rated E, F & G so are classed as 'cold homes'. Mark Sage circulated copies of Local Energy Advice Partnership (LEAP) leaflets and asked HWB member organisations to consider how they can work with the proposed strategy and areas of fuel poverty work and he was seeking to strengthen links with the health bodies (such as for respiratory clinics and mental health).

Councillor Vernon-Jackson commented on the need for insulation levels to be considered for new developments and was concerned about conditions for some private rented sector tenants. Mark Sage confirmed that PCC's Housing Department ensured that new properties (and retrofits) were to a higher standard than required under Building Regulations. He expanded on the ways to tackle fuel poverty and that Housing sought to change electric to gas heating (but inefficient old gas boilers were removed) due to energy costs.

Members found the map of fuel poverty in the city interesting, which also reflected the age of properties in different wards. Gordon Blunn commented that architects would also consider how to keep buildings cool in the future. Councillor Smyth felt there should be caution regarding use of gas heating due to the contribution to global warming and also stressed the need to encourage landlords to have high standards of insulation. David Williams saw the role of HWB as having a part in the dialogue on amending Building Regulations.

The presentation was noted.

21. City Vision (Information report) (AI 10)

David Williams, PCC Chief Executive, presented this report and thanked all HWB members who had participated in the development of the City Vision. There had been focus groups and a Citizens' Assembly was envisaged. Partners had been consulted and a steering board had been established. Speakers would be invited to speak to that board and ideas for presentations there would be welcome.

Members of HWB congratulated Portsmouth Hospitals Trust for their recent CQC inspection overall rating "good"; Nicole Cornelius would feed this back.

At the end of the meeting a short deputation was made by Dr Andrew Williams regarding measures to tackle Portsmouth's low life expectancy figures by encouraging physical activity levels. He was grateful for the support of CCG and the Primary Care Trust and would attend the next meeting to make a presentation. Helen Atkinson, Interim Director of Public Health, would make contact with him.

From 12.30pm a separate strategic priorities setting session was held for HWB members in the Civic Offices.

22. Dates of meetings (information item) (AI 11)

These were noted as Wednesdays at 10am:

17th June, 23rd September and 25th November.

The meeting concluded at 12.00 pm.

Councillor Dr Linda Collie
Joint Chair

Agenda Item 4



Portsmouth
CITY COUNCIL

Report to: Health & Wellbeing Board

Subject: Local Outbreak Planning

Date of meeting: 17th June 2020

Report from: Helen Atkinson - Director of Public Health

Report by: Kelly Nash, Corporate Performance Manager

Wards affected: All

Key decision: No

1. Purpose of report

- 1.1 To update the Health & Wellbeing Board on new requirements for Local Outbreak Plans in response to the Covid-19 pandemic; and to make recommendations on how the local governance for this process will be configured.

2. Recommendations

- 2.1 The Health and Wellbeing Board is recommended to:
 - 1. agree the proposals for a local Health Protection Board and the Terms of Reference
 - 2. agree the proposals for a Local Engagement and Oversight Board and the Terms of Reference
 - 3. agree membership for the Local Engagement and Oversight Board.

3. Background

- 3.1 On Friday 22nd May, national Government announced the requirement for Local Outbreak Control Plans (CoVid-19) to be developed to reduce local spread of infection and for the establishment of a Member-led Covid-19 Engagement Board for each upper tier Local Authority to communicate with the general public, supported by an Officer-led Health Protection Board connected into existing Local Resilience Forum command structures (PCC GOLD). A £300m funding offer to upper tier Local Authorities accompanied this announcement, though individual allocations and related conditions on the use of this funding have not yet been published.
- 3.2 Work is continuing on the design of the national test and trace programme which was launched on Tuesday 26th May. This will form a central part of the government's Covid-19 recovery strategy. The primary objectives of the national test and trace programme, and our local programme including the requirements for

outbreak plans, will be to control the Covid-19 rate of reproduction (R), reduce the spread of infection and save lives. In doing so, we can help to return life to as normal as possible, for as many people as possible, in a way that is safe, protects our health and care systems and releases our economy.

- 3.3 Achieving these objectives will require a co-ordinated effort from local and national government, the NHS, GPs, businesses and employers, voluntary organisations and other community partners, and the general public. Local planning and response will be an essential part of the Test and Trace service, and local government has a central role to play in the identification and management of infection. To that end, £300m in national government funding will be provided to local authorities in England to develop and action their plans to reduce the spread of the virus in their area.
- 3.4 Building on the statutory role of Directors of Public Health (DPHs) at the upper tier local authority level, and working with Public Health England's (PHE) local health protection teams (HPTs), local government will build on existing health protection plans to put in place measures to identify and contain outbreaks and protect the public's health. Local DPHs will be responsible for defining these measures and producing the plans, working through Covid-19 Health Protection Boards. They will be supported by and work in collaboration with Gold command emergency planning forums and a public-facing Board led by council members to communicate openly with the public.
- 3.5 Cross-party and cross-sector working will be strongly encouraged, and all tiers of Government will be engaged in a joint endeavour to contain the virus, including Local Resilience Forums, NHS Integrated Care Systems and Mayoral Combined Authorities. Councils are free to work at wider geographic levels if they so choose.

4. Local Plans

- 4.1 Government guidance requires that local plans should be centred on 7 themes:
- Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, identifying potential scenarios and planning the required response).
 - Identifying and planning how to manage other high-risk places, locations and communities of interest including sheltered housing, dormitories for migrant workers, transport access points (e.g., ports, airports), detained settings, rough sleepers etc. (e.g. defining preventative measures and outbreak management strategies).
 - Identifying methods for local testing to ensure a swift response that is accessible to the entire population. This could include delivering tests to isolated individuals, establishing local pop-up sites or hosting mobile testing units at high-risk locations (e.g. defining how to prioritise and manage deployment).
 - Assessing local and regional contact tracing and infection control capability in complex settings (e.g., Tier 1b) and the need for mutual aid (e.g. identifying specific local complex communities of interest and settings, developing assumptions to estimate demand, developing options to scale capacity if needed).

- Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g., data management planning including data security, data requirements including NHS linkages).
- Supporting vulnerable local people to get help to self-isolate (e.g. encouraging neighbours to offer support, identifying relevant community groups, planning how to co-ordinate and deploy) and ensuring services meet the needs of diverse communities.
- Establishing governance structures led by existing Covid-19 Health Protection Boards and supported by existing Gold command forums and a new member-led Board to communicate with the general public.

- 4.2 All upper tier local authorities need to develop local outbreak control plans in June ahead of further phases of the national infection control framework. This work is being supported by eleven pilot areas (Surrey in the SE) that are rapidly developing best-practices and capturing learning. Local councils outside these areas will be invited to participate in regular engagement and best-practice sharing sessions provided by the LGA and ADPH.
- 4.3 A National Outbreak Control Plans Advisory Board will be established, led by Tom Riordan, CEO Leeds City Council, to draw on expertise from across local government and ensure the national Test and Trace programme builds on local capability, and to share best practice and inform future programme development. The local plans, linked with the work of the Joint Biosecurity Council, will be at the heart of the next phase of the response.
- 4.4 DPHs will lead the development of Local Outbreak Plans and work with PHE local HPTs to lead the work on contact tracing and managing outbreaks in complex settings and situations. HPTs will lead at centre level and DPHs will lead within their Authorities. This is described as Level 1 which is delivered with partners at local levels. The management of local outbreaks is resource intensive work and so local authorities through the leadership of their DPHs and PHE will work closely together in building capacity of both the local authority teams and the PHE local HPTs, which will be a key part of the Local Outbreak Control Plans.

5. Contact tracing

- 5.1 The national approach to contact tracing has been highly iterative and remains so, but is proposed to include two main elements:
- **NHSX Covid 19 App:** This is an innovative, but largely untested approach to using technology to support people to identify when they are symptomatic, order swab tests, and send tailored and targeted alerts to other app users who have had close contact. Even when fully operational, this feature of the national model will be insufficient as a standalone approach due to limitations in terms of reach and functionality.
 - **National Contact Tracing Service (NCTS):** This incorporates a significant scaling up of the tried and tested contact tracing approach and has 3 proposed tiers:

Tier 3: A new cohort (c.25, 000) of contact tracing call handlers based within a national call handling centre providing phone-based contact tracing (PBCT);

Tier 2: A significantly increased cohort (c.3, 000) of trained contact tracing specialists providing phone-based contact tracing (PBCT) to be recruited through a national recruitment approach;

Tier 1b: A regionalised network, including sub-regional and localised delivery providing contact tracing, consequence management and support in relation to complex settings, cohorts and individuals / households.

Tier 1a: A national co-ordinating function to lead on policy, data science, and quality assurance of the service.

5.2 Tier 1b will have 3 primary functions:

1. Complex Contact Tracing with:

- Potentially complex settings (For example: Special Schools, Homeless Accommodation; DV refuges; Police Stations; HMO's; Day Centre Provision; NHS Settings; Social Care settings; Statutory Service HQ's; residential children's homes)
- Potentially complex cohorts (For example: rough sleepers; faith communities, asylum seekers)
- Potentially complex individuals and households (For example: Clinically shielded; Learning Disability; diagnosed Mental Illness; Rough Sleepers; Victims of Domestic Abuse; complex social-economic circumstances)

2. Providing direct support to those identified through contact tracing for whom adherence to self-isolation measures may be challenging, including links into locality hub pathways for our shielded and vulnerable cohorts.

3. Consequence management as a result of managing an outbreak in a complex setting or within a complex cohort.

6. The role of the Local Resilience Forum

6.1 The Strategic Co-ordinating Group of the Local Resilience Forum has responsibility to agree and co-ordinate strategic actions by Category 1 and 2 responders for the purposes of the Civil Contingencies Act in managing demand on systems, infrastructures and services and protecting human life and welfare. The SCG has crucial capabilities in aligning and deploying the capabilities of a range of agencies at local level in supporting the prevention and control of transmission of COVID-19. An LRF may often cover multiple local authority areas and at a local level, the relationship between each local authority and the SCG needs to be agreed and understood by stakeholders. In this respect, the SCG will add value to co-ordination and oversight across larger geographical footprints. Local areas are best left to determine how these arrangements will work.

7. The role of the Integrated Care System (ICS)

- 7.1 Just as the Public Health “system within a system” is necessary to a strong Local Outbreak Plan, so the Capabilities of the whole system, including the ICS, will be crucial to preventing and managing Outbreaks. Both are necessary parts of a system. A good local Outbreak Plan will:
1. Have a clear role for the Strategic Co-ordinating Group in deploying and aligning multi-agency capabilities in furtherance of the Plan
 2. Ensure that agencies play to their strengths and capabilities and do not try to do the roles of others with specific statutory responsibilities or more suited to a specific role
 3. Ensure the capabilities needed from all agencies, from analysts and data specialists to clinicians, local authority, NHS, police and voluntary sector functions are harnessed for appropriate roles ranging from supporting those self-isolating to the use of legal powers where needed.
 4. Ensure NHS infection control capabilities will deliver clinical leadership fully playing their part in supporting the leadership of the Director of Public Health in NHS and Care settings, and the ICS and NHS organisations will facilitate this

8. Recommended terms of reference and membership of the Local Health Protection Board

- 8.1 The Local Health Protection Board will be an operational group that will develop and be responsible for the ongoing implementation of the Local Outbreak Plan. Draft Terms of Reference are set out at Appendix 1. It is recommended that as a minimum, this group includes:

Director of Public Health (PCC) - Chair

Assistant Director - Regulatory Services, PCC (and Deputy Chair)

Representative from PCC communications

Assistant Director - Adult Social Care (care homes a key focus of Local Outbreak Plans)

Deputy Director of Children, Families and Education - Education (schools a key focus of Local Outbreak Plans)

Emergency Planning and Resilience Representative

PHE - link to wider health protection structures

Housing (appropriate representation to pick up homeless and sheltered housing as both groups are a focus of the Local Outbreak Plans)

Culture and Leisure (link to high-risk locations or events)

The HIVE (Supporting local vulnerable people to self-isolate)

PCC finance (to support resource allocation)

CCG - Infection control specialism

Portsmouth Hospitals Trust

Solent NHS

- 8.2 It is recommended that the Board meets at least weekly in the immediate phase to drive the development of the plan. There will be scope for extraordinary meetings if required.

9. Recommended terms of reference and membership of the Local Engagement Board

- 9.1 The Local Engagement Board will provide strategic oversight for the Health Protection Board and the development of the Local Outbreak Plan. Draft Terms of Reference are set out at Appendix 2. Guidance envisages that this oversight is provided through the Health and Wellbeing Board, in its statutory role as bringing local system partners together. It is recommended that in Portsmouth, the Local Engagement Board is established as a sub-committee of the Health and Wellbeing Board, as the full board has a wide membership and only meets quarterly. A sub-committee can have a focused membership and be more responsive to immediate need of the Health Protection Board.
- 9.2 It is recommended that the membership of the Board is balanced to be composed half of elected members, and half of other membership, with the elected membership representing political proportionality. It is therefore recommended that the membership is:

Cabinet Member for Health, Care and Wellbeing (PCC) - Chair

5 elected members (1 Liberal Democrat, 2 Conservatives, 1 Labour and 1 Progressive Portsmouth Party)

Director of Public Health

Accountable Officer (PCCG)

Healthwatch

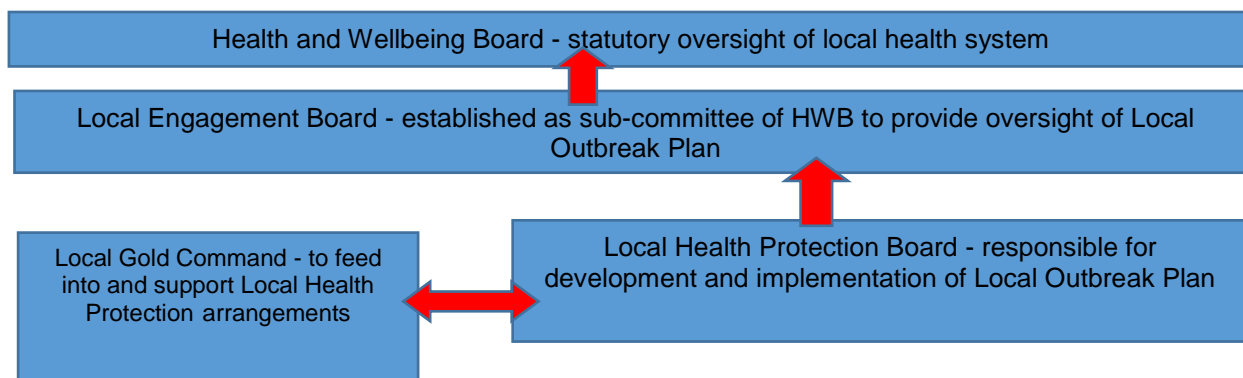
The Hive

2 additional members drawn from Health and Wellbeing Board

- 9.3 Views on which partners from the Health and Wellbeing Board should fill the remaining spaces are sought.
- 9.4 It is recommended that the Local Engagement Board sub-committee is established formally through the Health and Wellbeing Board meeting on 17th June, and meets monthly. There will be scope for extraordinary meetings if required.

10. Summary structure

- 10.1 In summary, the reporting structure can be summarised as below:



11. Integrated impact assessment (EIA)

- 11.1 An impact assessment is not required for establishing governance - any decisions that are made through the arrangements will be subject to their own impact assessments at the appropriate time.

12. Legal implications

- 12.1 Legal implications relating to the national programme and local arrangements are set out in the body of the report.

13. Director of Finance Comments

- 13.1 On the 22nd May, the Government announced that £300m would be provided to all local authorities in England to develop and action their plans to reduce the spread of the virus in their area. Each local authority would be required to use funding to develop a tailored outbreak control plan, working with the NHS and other stakeholders.
- 13.2 At the time of writing this report, details regarding both the level of funding allocations to each local authority and the conditions attached to the use of this funding are still awaited. However, it was confirmed within the initial announcement that the funding would be ringfenced for this specific purpose.

.....
Signed by: Helen Atkinson, Director of Public Health

Appendices:

Appendix 1 - Proposed Local Health Protection Board Terms of Reference

Appendix 2- Proposed Local Engagement and Oversight Board Terms of Reference

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

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

Title of document	Location

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

.....
Signed by:

PORTSMOUTH COVID-19 LOCAL HEALTH PROTECTION BOARD

TERMS OF REFERENCE

Purpose

The Covid-19 Local Health Protection Board is responsible for development and operational implementation of local outbreak control plans, to ensure they meet the needs of the local population.

The Board will be supported by and work in collaboration with Gold command emergency planning forums, and be accountable to the Covid-19 Local Engagement Board.

The Local Health Protection Board will link to the overarching response, which will be delivered at different levels and by different organisations, brought together at local authority level under the leadership of the Director of Public Health to ensure a community focus and appropriately tailored response. These levels will include:

- National - a National Outbreak Control Plans Advisory Board will be established to draw on expertise from across local government and ensure the national Test and Trace programme builds on local capability, and to share best practice and inform future programme development.
- Regional - Co-ordination required on a regional level will be provided through the Local Resilience Forum and Integrated Care System arrangements
- Local - Working with Local Engagement Boards to ensure a place-based focus to local health protection.

Objective

The Board will:

- Be responsible for developing and implementing the Local Covid-19 Outbreak Control Plan, including:
 - Planning to prevent and respond to local outbreaks in settings such as care homes and educational settings
 - Identification and management of other high-risk places, locations and communities of interest
 - Identifying methods for local testing to ensure a swift response that is accessible to the entire population.
 - Oversight of contact tracing and infection control capability and capacity in local complex settings and identifying and escalating requirements
 - Ensuring local services can support vulnerable people to self-isolate
- Make recommendations to the Local Engagement Board for the allocation of resources to support the effective delivery of the Plan
- Ensure that the conditions of grant funding are complied with
- Monitoring the expenditure incurred in implementing the plans to ensure it remains affordable within the grant allocation
- Receive and act on data and intelligence, including epidemiology and Early Warning indicators, provided from sources including the HIOW LRF modelling cell, Public

Health England, NHS Test and Trace and the national Joint Biosecurity Centre (JBC)

- Ensure integration of the NHS Test and Trace programme with local communities and services in line with the Local Outbreak Control Plan
- Recommend approaches to community engagement, including with vulnerable and/or higher risk communities of interest
- Recommend the communications strategy for the Local Outbreak Control Plan
- Recommend implementation measures (or make recommendations to other bodies where appropriate) that will prevent virus transmission, for example those contained within the JBC 'playbook'.
- Monitor the response to local outbreaks and ensure learning informs future practice
- Identify, monitor and escalate risks and issues as appropriate (to other local or regional groups).

Accountability

The group will be accountable to the Health and Wellbeing Board, through the Local Engagement Board, established as a sub-committee of the Health and Wellbeing Board in its statutory role bringing together key partners in the local health and care system.

It will also have reporting relationships to

- HIOW level governance process for functions delivered at this level via the Local Resilience Forum
- Local Gold Command

Meetings

Meetings will be held weekly, but with extraordinary meetings convened if required.

Meetings are not open to the public

An agenda and papers will be circulated at least 1 working days before the meeting.

Conflicts of interest must be declared by any member of the group.

Membership

- Director of Public Health (PCC) - Chair
- Assistant Director - Regulatory Services (Deputy Chair)
- Representative from PCC communications
- Assistant Director - Adult Social Care
- Representation of Children, Families and Education - Education
- Emergency Planning and Resilience Representative
- PHE
- Housing (appropriate representation to pick up homeless and sheltered housing)
- Culture and Leisure

APPENDIX 1

- The HIVE
- CCG Infection Control specialism
- Portsmouth Hospitals Trust
- Solent NHS

The Board will invite key advisers as required by the agenda items under consideration.

Specific invitations to persons in other roles may be made where warranted by the business of the meeting.

Quoracy

There will be least six representatives, one of whom will be the Chair or nominated Co-chair.

Review

Terms of reference will be reviewed on a bi-monthly basis

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PORTSMOUTH COVID-19 LOCAL OUTBREAK ENGAGEMENT BOARD

TERMS OF REFERENCE

Purpose

The Covid-19 Local Outbreak Engagement Board is responsible for strategic oversight of health protection regarding Covid-19 in Portsmouth, including prevention, surveillance, planning and response, to ensure they meet the needs of the population.

The Board will support the local delivery of the primary objectives of the Government's strategy to control the Covid-19 reproduction number (R), reduce the spread of infection and save lives, and in doing so help to return life to as normal as possible, for as many people as possible, in a way that is safe, protects our health and care systems and releases our economy.

The response will be delivered at different levels and by different organisations, but these will need to be brought together at local authority level under the leadership of the Director of Public Health to ensure a community focus and appropriately tailored response. In addition to the place-based approach overseen by the Board the levels will include:

- National - a National Outbreak Control Plans Advisory Board will be established to draw on expertise from across local government and ensure the national Test and Trace programme builds on local capability, and to share best practice and inform future programme development.
- Regional - Co-ordination required on a regional level will be provided through the Local Resilience Forum and Integrated Care System arrangements
- Local - Local Health Protection Boards defining measures to contain outbreaks and protect health, working through local engagement boards

Objective

The Board will:

- Be responsible for the approval of ongoing development and delivery of the Local Covid-19 Outbreak Control Plan, including:
 - Planning to prevent and respond to local outbreaks in settings such as care homes and educational settings
 - Identification and management of other high-risk places, locations and communities of interest
 - Identifying methods for local testing to ensure a swift response that is accessible to the entire population.
 - Oversight of contact tracing and infection control capability and capacity in local complex settings and identifying and escalating requirements
 - Ensuring local services can support vulnerable people to self-isolate
- Approving recommendations from the Health Protection Board for allocation of resources to support the effective delivery of the Plan
- Ensuring the conditions of grant funding are complied with
- Monitoring the expenditure incurred in implementing the plans to ensure it remains affordable within the grant allocation.

- Advise and agree on community engagement, including with vulnerable and/or higher risk communities of interest
- Approve the communications strategy for the Local Outbreak Control Plan
- Approve implementation measures (or make recommendations to other bodies where appropriate) that will prevent virus transmission, for example those contained within the JBC 'playbook'.
- Monitor the response to local outbreaks and ensure learning informs future practice
- Make recommendations for the wider policy agenda including the recovery workstreams, NHS Recovery and Restoration programme and the Health and Wellbeing Strategy
- Identify, monitor and escalate risks and issues as appropriate.

Accountability

The group will be accountable to the Health and Wellbeing Board in its statutory role bringing together key partners in the local health and care system.

It will also have reporting relationships to

- HIOW level governance process for functions delivered at this level via the Local Resilience Forum

Meetings

Meetings will be held monthly, but with extraordinary meetings convened if required.

Meetings are not open to the public

An agenda and papers will be circulated at least 2 working days before the meeting.

Conflicts of interest must be declared by any member of the group.

Membership

Cabinet Member for Health, Care and Wellbeing (PCC) - Chair

5 elected members drawn with political proportionality

Director of Public Health

Accountable Officer (PCCG)

Healthwatch

The Hive

2 additional members drawn from the Health and Wellbeing Board membership.

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Quoracy

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Review

Appendix 2

Terms of reference will be reviewed on a bi-monthly basis

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