



NOTICE OF MEETING

HEALTH AND WELLBEING BOARD

WEDNESDAY, 25 NOVEMBER 2020 AT 10.00 AM

VIRTUAL REMOTE MEETING - REMOTE

Telephone enquiries to Anna Martyn Tel 023 9283 4870
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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 Labeledz, Frances Mullen, Sarah Beattie, Steve Burrige, 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 Nick Moore

(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 two working days 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 interest**

3 **Minutes of previous meeting - 23 September 2020** (Pages 3 - 10)

RECOMMENDED that the minutes of the previous Health and Wellbeing Board meeting held on 23 September 2020 be approved as a correct record.

4 **Portsmouth Safeguarding Adults Board - Annual Report** (Pages 11 - 30)

The Independent Chair, David Goosey, will be presenting the annual report.

5 **Local Outbreak Engagement Board activity related to the pandemic**
(Pages 31 - 34)

Kelly Nash, Corporate Performance Manager, will present the attached report which is for information only.

6 **Plan for Health and Care Portsmouth** (Pages 35 - 80)

Innes Richens, Chief Of Health and Care Portsmouth, will present the Plan for Health and Care Portsmouth 2020-2023. The Health and Wellbeing Board are asked to consider and discuss the priorities set out.

7 **Portsmouth Mental Health Alliance** (Pages 81 - 94)

Dr Fiona Wright, Consultant in Public Health, will present the attached report.

8 **Physical Activity Strategy refresh** (Pages 95 - 98)

Dominique Le Touze, Public Health Consultant, will present the attached report which is for information only.

9 **Health and Wellbeing Strategy refresh** (Pages 99 - 100)

Kelly Nash, Corporate Performance Manager, will present the attached report which is for information only.

Agenda Item 3

HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING of the Health and Wellbeing Board held virtually on Wednesday, 23 September 2020 at 10.00 am

Present

Dr Linda Collie, PCCG and Joint Chair (in the Chair)

Councillor Matthew Winnington (Joint Chair)
Councillor Matthew Atkins
Councillor Suzy Horton
Councillor Judith Smyth

Steve Ash, Hampshire Fire & Rescue Service
Roger Batterbury, Portsmouth Healthwatch
Mark Cubbon, Portsmouth Hospitals Trust
Alison Jeffery, PCC
Steve Labeledz, Portsmouth Education Partnership
Rob Mitchell, Portsmouth Police
Dr Nick Moore, PCCG
Jackie Powell, PCCG
Innes Richens, PCCG / PCC
Dianne Sherlock, Age UK

Non-voting members

Officers present

Alice Dickson, Matt Gummerson, Sam Graves, Dominique Le Touze, Bethan Mose, Kelly Nash, Pam Turton, David Williams, Lisa Wills

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

Dr Collie, Clinical Leader and Chief Clinical Officer of Portsmouth Clinical Commissioning Group (PCCG), as Chair, opened the meeting by welcoming members to the second virtual meeting of the Health and Wellbeing Board, necessitated by the COVID 19 restrictions, and explained how the meeting would work. All present introduced themselves.

Apologies for absence had been received from Helen Atkinson (represented by Dominique Le Touze and Bethan Mose), Superintendent Steve Burrige (represented by Rob Mitchell), Councillor Lee Hunt, Frances Mullen, Suzannah Rosenberg and Councillor Gerald Vernon-Jackson. Dr Moore gave his apologies as he had to leave the meeting at 11.30 am.

28. Declarations of Interests (AI 2)

Councillor Winnington would chair item no.5 (CCG Consultation) so that Dr Collie could participate in discussion.

29. Minutes of previous meeting - 17 June 2020 (AI 3)

RESOLVED that the minutes of the Health and Wellbeing Board held on 17 June 2020 be approved as a correct record.

30. Local Outbreak Engagement Board (information item) (AI 4)

Kelly Nash, Corporate Performance Manager, introduced the report, highlighting the Local Outbreak Engagement Board's (LOEB) recent activity in sections 4.1 and 4.2. Its work includes examining the outcomes of a series of exercises looking at scenarios. The Board's regular monthly meetings are scheduled for the foreseeable future with the next one on 28 September. Levels of discussion were excellent.

Councillor Smyth was reassured by the Board's actions and said it should maintain its rigour. In response to questions from Dr Moore, Councillor Smyth and David Williams explained the current situation with the homeless and Covid-19. Plans were in hand for longer-term accommodation and two properties in Southsea had been leased for self-contained accommodation to offer different levels of help with independence and addiction. Negotiations were coming to a close for a third site. The plans should result in a net increase in accommodation for the homeless across Portsmouth. The good work done in the hotels would continue in a more permanent setting. Funding had been received for the homeless and street sleepers but there was no further specific guidance yet. There were good systems in place and inter-agency working was phenomenal. David Williams thanked all those present for their contribution.

With regard to rising Covid-19 infections the LOEB was exercising its outbreak plans as there was a case in a primary school the previous day and one at Portsmouth Grammar School.

Councillor Winnington, Joint Chair, chaired the LOEB; the meetings were well attended and had challenging conversations. The LOEB gave the opportunity to be involved with local sectors and it was key that it worked with different organisations in Portsmouth to get their engagement. It could meet more frequently if required. As a sub-committee of the Health & Wellbeing Board it had delegated authority to act on local lockdowns. Councillor Winnington paid tribute to the huge amount of work done with the homeless and to Councillor Darren Sanders, Cabinet Member for Housing & Preventing Homelessness, and all the Housing team across the council who had worked on this. The council was well ahead of the game with their work in the hotels and Southsea accommodation.

Kelly Nash explained the local outbreak plan was being updated in the light of the changing Covid-19 situation, including reflecting that the homeless were no longer in hotels. An exercise was scheduled to test the scenario if

someone tested positive for Covid-19 in the new accommodation as it could be difficult for vulnerable people to follow guidelines.

Steve Ash, Group Commander, Hampshire Fire & Rescue Service, noted the positive work around the public health emergency. He asked if there was a wider impact on the homeless with regard to moving them to a more sustainable position. Dominique Le Touze, Public Health Consultant, said work had been done before the homeless left the hotels on what would be the best accommodation model and the self-contained model was the most suitable as it gave a degree of stability and support. The Society of St James helped with substance misuse and mental health support. Data gathering was still at an early stage. David Williams said over 400 people had been supported but hotels were not ideal for everyone and now more could be done to find more appropriate settings. However, the initial response was brilliant and now people could move to a more established footing and tailored support.

Deputy Police Commander Rob Mitchell noted there had been challenges from the police perspective because of challenging behaviour. However, some homeless people had felt safer being off the streets for the first time in years. There were many unidentified vulnerable people who were sofa surfing. He congratulated Housing for their work. The new accommodation model was promising and he hoped Portsmouth residents could be made aware of the success stories arising from adversity.

RESOLVED that the Health and Wellbeing Board note the report.

31. CCG Consultation - Health & Care Portsmouth - Your views and next steps (AI 5)

Councillor Winnington took the chair for the agenda item. Dr Collie introduced the report, explaining that 18 September was a preferred date for receipt of feedback rather than a final deadline. There was still time to give feedback before the CCG's Governing Board met on 21 October; as many views as possible were needed on the implications of the proposal before a decision was made.

Councillor Smyth requested a short informal meeting before 21 October to debate the implications of the scenarios. Innes Richens, Chief of Health & Care, PCCG, said a meeting would be an opportunity to test scenarios relating to governance arrangements before going live. Councillor Smyth would like to be invited to the meeting.

Dianne Sherlock, CEO of Age UK, said Age UK had surplus funding until the end of the financial year but if in-home services had to shut down they would need to use it survive. She was concerned about the future of funding for the voluntary and community (VCO) sector as there might be divisions between Portsmouth and Hampshire. Organisations, including Age UK, might suffer financially if they fell between boundaries. David Williams explained the PCCG was working very closely with the other six CCGs and Maggie Maclsaac (lead for the Integrated Care Service), including developing of a strategic commissioning board arching across the wider geographical area.

He acknowledged concerns and said the VCO sector would be well heard; there would have to be some type of devolution in the model to enable the VCO voice to be heard. Portsmouth would listen and look out for VCOs in terms of their contribution. The journey may be longer than envisaged but he genuinely believed it would serve residents.

Dianne Sherlock thanked David Williams and Dr Collie for all their work with the VCO sector. Dr Moore echoed the fantastic work which showed how well organisations work together. Councillor Winnington agreed with Councillor Smyth's suggestion of meeting before the Governing Board to discuss how to take Portsmouth forward in an integrated system. As Joint Chair of the Health & Wellbeing Board and Cabinet Member for Health, Wellbeing & Social Care he had responded to the other CCGs' merger consultations along with David Williams and Dr Collie. Adult Social Care had already given feedback and he urged organisations to do so. By working together Portsmouth had more strength to meet the needs of its residents and influence the wider system. Jackie Powell echoed Councillor Winnington's comments as the proposal was clear about what Portsmouth could do in a wider area, not just in Portsmouth. Mark Cubbon was grateful for the opportunity to respond; the PHT endorsed the HCP and had already responded in support of it. Patients saw the benefits of many years of integration though some points still needed to be worked through, for example, the implications of the arrangements for the two-thirds of patients who are from outside Portsmouth, and how resources would be mapped out. Dr Collie noted that working through examples around QA Hospital was something the informal group could focus on. Having the whole spectrum of the city represented, as on the Health & Wellbeing Board, was needed.

Councillor Smyth noted that Hampshire and the Isle of Wight were going through a phase of separating commissioning and provision which could be a threat to Portsmouth's integrated provision and joint working. Dr Collie said Maggie Maclsaac was having the same conversations with councils in the other CCG areas. Written responses to the consultation could be sent to Dr Collie, David Williams or Innes Richens. If the Governing Board supported the proposals there would be further legal and HR processes and the CCG would formally approach NHS England to change its constitution.

Councillor Winnington thanked everyone for their contributions.

It was RESOLVED that

- 1) the Health and Wellbeing Board note the report;**
- 2) feedback from today's meeting be included in the consultation;**
- 3) a meeting of an informal working group be arranged before 21 October.**

32. Public Health update on the wider determinants of health during the Covid-19 pandemic (AI 6)

Dominique Le Touze, Public Health Consultant, introduced the report on behalf of Helen Atkinson (interim Director of Public Health), noting that Covid-19 had highlighted existing inequalities. Existing work undertaken in

conjunction with the council's Transport team on air quality, active travel and physical activity undertaken with the council's Transport team had huge potential to reduce the effects of Covid-19.

Councillor Horton expressed frustration that initiatives could not move more quickly. She understood the reasons for the delay to the child obesity Superzone pilot around Arundel Court Primary Academy but was disappointed it was postponed until September 2021. Schools were saying the current time was a window of opportunity to move forward. It had taken three years to get a play street and there had been massive resistance but now it was like pushing on an open door. She had heard from four parents that week begging for school streets. If funding could be re-directed to any school interested in a similar scheme it would give a clear message on health. Dr Moore agreed the current situation presented an opportunity and was keen to proceed with the pilot. Councillor Smyth noted that with more parents from working from home they could walk their children to school. It is a generational opportunity and parents could be enlisted. A delay to initiatives could affect children for the rest of their lives with regard to obesity. Getting local communities involved in the initiatives involved could lead to better mental health in the city and fewer cars so it would be a good legacy. Alison Jeffery agreed the delay was disappointing. Arundel Court had strong leadership and its concerns would be important to hear. At the same time officers could possibly work with them to lessen any administrative burdens. Pam Turton thanked members for their support for school streets. She would arrange a meeting to see what could be done sooner rather than later to expedite them. There was no update yet on funding.

Councillor Atkins emphasised the importance of comprehensive consultation on closing streets and subsequent loss of road space and parking as some residents were unaware of changes until they had happened. Sometimes the views of wards with more car owners were not taken into account. Traffic was rising and although most people wanted to avoid congestion initiatives would not work without public support.

Dianne Sherlock said Age UK had submitted a bid together with Portsmouth Together and the Hive to consider volunteering as a way of developing skill sets and employability. The bid linked perfectly to the school streets initiatives as it could provide opportunities for people to support children to be active. All volunteers would be DBS checked and a volunteer recruitment co-ordinator employed to link to initiatives. The results of the bid would not be known for a month. Dr Collie noted the CCG was working closely with Public Health on active travel.

Dominique Le Touze thanked members for their support and comments. The Superzone was established before Covid-19 and it may be possible to continue and adapt some elements of active travel, for example, Public Health were working closely with Radian Housing. She agreed the current situation gave a new opportunity to work on pressing issues such as active travel.

Councillor Winnington thanked Dominique Le Touze, Bethan Mose and Andrea Wright and recognised the contribution of the Public Health team,

especially Bethan, whose work showed the human aspects of air quality and pollution. Portsmouth was bold enough to run pilot schemes and even if they did not work they at least provided empirical evidence.

Councillor Smyth read out comments from Dr Andrew Williams, a retired GP, showing his support for Energise Me and the activity agenda.

Dominique Le Touze said the refreshed Health and Wellbeing Strategy would go to the Board's meeting on 25 November and the Energise Me Strategy (Energise Me were the regional provider for physical activity) on 3 February. The two strategies complemented each other.

It was RESOLVED that

- 1) the Health and Wellbeing Board note the report;**
- 2) the 25 November meeting receive a report on the refreshed physical activity strategy**
- 3) the 3 February meeting receive a report on the Energise Me strategy.**

33. Community Safety Strategic Assessment (AI 7)

Lisa Wills, Strategy & Partnership Manager, explained the Board was exercising one of its statutory duties since the merger with the Community Safety Partnership last year by approving the priorities in the Strategic Assessment and recommendations below. The format was slightly different from previous years. Part 1 was circulated in June and the final current draft incorporated conclusions and priorities for the following year. Sam Graves, with support from Alice Dickson and Alan Knobel, had worked on the Strategic Assessment in difficult circumstances.

Sam Graves, Community Safety Researcher, introduced the presentation. The Strategic Assessment had been circulated to members of the Board. It was draft confidential but members could submit comments.

Lisa Wills, Strategy & Partnership Manager, read out comments from Councillor Lee Hunt.

Councillor Atkins mentioned Councillor Hunt's comments and asked if there was evidence of more sexual violence and rape in Portsmouth and if it was associated with domestic violence. He asked if sexual violence needed to be extracted as a separate issue to see if there was a trend. Rob Mitchell said there had been three unconnected stranger attacks in Portsmouth in the last 12 to 14 weeks. One perpetrator was on remand, one was active with major crime and one was in custody. Although these crimes stood out as shocking the numbers were small and not unusual. Historic cases accounted for a lot of sexual violence as people were now strong enough to report it. Reports of rape were not always current (they could be 10 to 40 years old) but were included in the statistics of the year they were reported. Many were domestic or acquaintances. A historic investigation into the abuse of young boys was still generating cases. He was happy with the report from the police perspective but if the Partnership wanted sexual violence to be treated as a separate priority it was up to them. Wherever he has worked in Hampshire, about 30% of violent crime was domestic abuse.

Knife crime was a national concern and was being tackled by several initiatives such as Operation Sceptre and working with young people, including those who have lived experience of domestic violence. There was a growing trend in ordering items online; some orders were intercepted and the offenders dealt with offline. Drugs were at the heart of much crime. DCI Nick Heelan, lead for violent crime and county lines, thought there should be a new approach to drugs policy and funding interventions. Portsmouth had a large, ageing drug dependent population who comprise a customer base for dealers. If they were tackled, then the exploiters could be tackled. The approach was to try to deal with the need for drugs rather than just locking people up.

Sam Graves agreed the number of stranger attacks was not massive but they were high profile and would be monitored carefully. She was more concerned with low level of 'formal action taken' (FAT) outcomes on rape cases. Jackie Powell commented on the drop in performance in drug treatment and asked how consistent sufficient funding could be obtained to underpin programmes. Programmes cannot be constantly reduced then expanded.

Dr Collie said the priorities would be approved as an interim community safety plan for the next 12 months. Councillor Smyth and Rob Mitchell agreed with Jackie Powell's comments on funding as provision was needed to help with the base of dependent people who need help. Sam Graves said there had been a massive drop in people in treatment though numbers were rising now. There was a national increase in drug misuse. Matt Gummerson, Strategic Lead for Intelligence, had spoken to Alan Knobel, Health Development Manager (and Substance Misuse lead), and there was a clear correlation between the decline in funding and the number of people in treatment. Funding for substance misuse had reduced from £4.8m in 2013/2014 to £2.8m now. Additional funding would be very welcome but it was unclear where it would come from. Alison Jeffery agreed the situation with funding was challenging as it was very difficult to stretch it across other areas which had also had funding reductions. Dominique Le Touze said that in addition to a 5.5% year on year reduction in the public health budget since 2013 Covid-19 was revealing inequalities.

The Board agreed to add a recommendation that there should be a sufficient budget for tackling drug misuse, particularly the base of dependent people who need help.

The presentation slides would be circulated to the Board.

It was RESOLVED that the Health and Wellbeing Board

- 1) Approve the new priorities.**
- 2) Use the information in the strategic assessment to develop an interim community safety plan for the next 12 months.**
- 3) Use the document to guide evidence-based day to day decision making and resource allocation.**
- 4) Recognise that in the current climate of reduced resources across services, we need to focus on improving performance by working**

together in relation to identified gaps in knowledge or additional recommended research (Appendix J).

5) Where possible there should be sufficient budget for tackling drug misuse; particularly the treatment budget for drug dependent people who need help.

34. Troubled Families Early Help Self-Assessment (information item) (AI 8)

Alison Jeffery, Director of Children, Families and Education, introduced the report, noting how central government had asked Portsmouth to show how it has used the troubled family programme to drive reform across the Partnership to support families. Portsmouth had done well across many areas. A priority for future work was to improve data analysis to bring more data sets together to develop predictive analytics. This was relevant to thinking on prevention across the health and care strategy. The work of Children's Services was very relevant to community safety as well as adult services. Innes Richens endorsed these comments; he was keen to look at further ways in which whole family working could be progressed in the city. Jackie Powell thought it would be helpful to consider how families are defined in all their complexity.

RESOLVED that the Health and Wellbeing Board note the report.

35. Children's Trust Plan 2020-2023 (AI 9)

Alison Jeffery, Director of Children, Families and Education, introduced the report. The Plan had a new, broader safeguarding strategy, including prevention of offending by young people and responses to exploitation and domestic abuse. Emotional wellbeing and mental health had been identified as a self-standing priority in this Plan. A commitment to tackling racism had been added to the Strategic Spine. Innes Richens said the CCG are also doing aligned work on adult and CCG priorities with the aim of having health and care priorities for adults and families in one place, mirroring the work on children's services. Alison Jeffery thanked everyone who had been involved with the Plan. An event held on 14 September showed the multi-agency commitment to it. Dr Collie said it was evident it reflected issues that had been discussed with Public Health and NHS colleagues. The co-production element was particularly welcome.

RESOLVED that the Health and Wellbeing Board note the report.

36. Dates of future meetings

Dates of future meetings were agreed (all Wednesdays at 10 am):

25 November, 3 February, 16 June, 22 September, 24 November

The meeting concluded at 12 noon.

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Councillor Matthew Winnington and Dr Linda Collie
Chair

Agenda Item 4

Portsmouth Safeguarding Adults Board Annual Report



2019 - 2020

Statement from the Independent Chair

I am pleased to be able to introduce the Portsmouth Safeguarding Adults Board's Annual Report for 2019-20.

I was appointed to the role of Independent Chair in the Autumn of 2019. My background is as a registered social worker with a keen interest in effective leadership particularly in public services and especially in safeguarding contexts. I am passionately committed to improving outcomes for vulnerable adults who need safeguarding and I hope to encourage all agencies in the city with responsibility for safeguarding to focus on outcomes relentlessly.



I have noticed excellent working relations in the city between all of the partner agencies and there is obviously a deep commitment to helping those people who need safeguarding. The Portsmouth Safeguarding Adults Board (PSAB¹) brings those people together regularly to coordinate safeguarding activity. The Board has been working on key priorities (mentioned later in this report) during the last two years or so and making progress. But a new more ambitious strategy is necessary to achieve key outcomes. This process was started towards the end of 2019-2020 and will continue through the next year. I hope to be able to present a new Strategic Plan by March 2021.

During 2019-20 the Board published one Safeguarding Adults Review into the circumstances leading to the emergency admission into hospital of Mr D. Lessons have been learned from those circumstances one of which was the need to improve the way vulnerable young people are supported through the transition into adulthood, which for some involves significant changes in service provision. I am pleased to report that a new Transition Policy and associated procedures have been developed. We looked forward to testing the effectiveness of that new policy and procedure in the coming months.

The 23rd March 2020 will be forever etched as an historical moment of considerable importance; the day the UK went into lockdown to help prevent further Covid 19 infections. Safeguarding services across the City had to change rapidly and it is likely those services will continue to be affected for months and years to come.

David Goosey, Independent Chair

¹ A glossary of terms and acronyms is available on page 15 of this annual report

Our vision

"Working throughout the city with our communities and other partnerships to make Portsmouth a city where adults at risk of harm are safe and empowered to make their own decisions and where safeguarding is everyone's business."

Our strategic priorities

During 2019-20 the Board worked on its business plan for the first of a three year planning cycle. The same strategic priorities will continue for the Board's work in 2020-21, with the new Independent Chair leading on a full review of priorities during the year. The Board's strategic planning is firmly underpinned by a multi-agency assessment of key risks to keeping people safe across the City.

All work will be underpinned by the principles of 'Making Safeguarding Personal' (MSP), an approach which enables safeguarding to be done with, not to, people – 'no decision about me, without me'. MSP principles ensure that safeguarding is person-centred and outcome focused.

Priority 1: Improve practice in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)

Adults at risk are empowered to make decisions where they have the mental capacity to do so. Adults at risk who do not have mental capacity are supported to ensure decisions are made in their best interests and that legal safeguards are in place.

The PSAB asked partners to carry out a self audit of their MCA work, which provided assurance to the Board in many areas. However, there is still work to be done around understanding, compliance and training on MCA.

Partners were also asked to identify action plans following their self audits. Following these audits, the 4LSAB (4 Local Safeguarding Adults Boards) Quality Assurance subgroup made several recommendations, including promoting the Hampshire MCA toolkit and a new national e-learning package. A new working group has been set up across the 4 areas to work on the implementation of the new Liberty Protection Safeguards and this group will also consider MCA practice.

The work undertaken by PHT to improve MCA practice, and the support offered by the PSAB and PSCP in 2018-19 through the Safeguarding Improvement Board have led to significant improvements in MCA and DoLS practice which have been confirmed by the CQC inspection report, published in January 2020.

Priority 2: Increase the number of care providers rated good or outstanding by CQC

Service users experience high quality and safe care in all care settings in Portsmouth.

The work of the joint Portsmouth City Council (PCC) and Portsmouth Clinical Commissioning Group (PCCG) Quality Improvement Team is now embedded. The joint Quality Improvement Board carries out detailed monitoring of the work on this priority using a newly developed quality dashboard. The work of this team has

included supporting care homes with a quality audit process, which led to a ratings increase from 'Requires Improvement' to 'Good' for three of the homes involved. The team has also set up a City-wide activities coordinator network, and is developing 'Champions Forums' in different specialist areas, such as infection prevention and control. The PSAB receives regular reports and information about care provision in the City from the Quality Improvement Team, Adult Social Care, and CQC.

Priority 3: Pan-Hampshire working

Adults at risk will experience a consistency of approach across all agencies working in Portsmouth, Southampton, Hampshire and the Isle of Wight. Additional staff training will improve how adults at risk are identified and supported. Areas we will improve on are:

- *supporting the whole family in a joined-up way*
- *supporting people who self-neglect through hoarding*
- *early signposting to sources of support for people who are vulnerable*

We will also work with partners on a pan-Hampshire basis to:

- *reduce fire deaths by supporting adults at risk to improve fire safety*
- *monitor and learn from deaths, and ensure that any failures in the system are identified and addressed effectively*

A key area of 4LSAB work this year has been to review the 4LSAB Multi-Agency Safeguarding Policy and toolkit, which was first published in 2016. This process is close to completion and the policy will be relaunched in 2020-21.

The 4LSAB Fire Safety Development Group launched the new Hoarding protocol at an event hosted by Hampshire Fire and Rescue Service during National Safeguarding Week. They also worked on a new Fire Safety framework for use across the four areas, which is due for launch in 2020-21.

Portsmouth's Trading Standards team worked with the Trading Standards South East and agencies across the 4LSAB area to hold an event for staff during National Safeguarding Week. The event aimed to raise awareness of financial abuse and scams, and asked attendees and organisations to pledge to roll out the 'Friends against Scams' training in their organisation. The work was followed up by the PSAB at its Board meeting in November 2019.

The 4LSAB's Quality Assurance subgroup undertook some work on 'Making Safeguarding Personal' (MSP), identifying learning from Safeguarding Adults Reviews and case audits across the 4LSAB area. A staff survey of practitioners and managers was carried out to review their understanding of MSP, and any barriers they were experiencing in implementing it. This was followed up with a workshop to look at next steps and develop an action plan.

The Hampshire SAB's Housing subgroup was extended to become a 4LSAB subgroup and now has representation from Portsmouth.

Priority 4: Improve the quality of transition

Service users moving between Children's Services and Adult Services receive timely, effective and coordinated support to help them stay safe and plan for adulthood.

Families are supported in a holistic and joined-up way by all professionals.

The PSAB and Portsmouth Safeguarding Children Partnership (PSCP) have worked with the other Safeguarding Adults Boards and Safeguarding Children Partnerships in Hampshire, Southampton and the Isle of Wight to develop a 'Family Approach' protocol and supporting toolkit. The 'Family Approach' aims to secure better outcomes for children, adults with care and support needs, and their families by co-ordinating the support they receive. The PSAB and PSCP delivered two multi-agency training sessions on this in September 2019, and a further session was put on in December 2019 following demand from staff.

PCC's Children and Families Services, in partnership with adult services in the council, Solent NHS Trust and the voluntary sector, has developed a Family Safeguarding Model to improve the safeguarding of children further and to improve outcomes for adults.

In September 2019, the PSAB and PSCP hosted a joint event on Adverse Childhood Experiences ('ACES'). This was supported by the Office of the Police and Crime Commissioner and delivered by CIS'ters, a local charity which supports women who were sexually abused as children. The event was well attended by staff from many agencies, and aimed to develop their understanding of the science behind ACEs, trauma-informed practice, and the importance of taking a family approach.

Agencies have been updating their transition policies in response to learning from the Mr D Safeguarding Adults Review and this work has been overseen by the PSAB SAR subgroup.

Priority 5: Ensure PSAB decision making is underpinned by robust data

Service users and carers are assured that Board priorities and plans are shaped by evidence, and that resources are allocated where they are most needed.

The Board now receives regular data at each meeting from the Adult Multi-Agency Safeguarding Hub (MASH), Hampshire Constabulary, and Hampshire Fire and Rescue Service, and a 4LSAB dataset has been adopted, which will enable the collection of data from other organisations including NHS Trusts in the coming year. The data from the Adult MASH is also supplemented by an audit of referrals for one week each quarter, which provides a more detailed understanding of what actions other than safeguarding enquiries have been taken.

Where themes have been identified where more work is needed, we have sought bespoke data to help understand the issues. For example Public Health has provided information on substance misuse in the City, and SCAS has provided data on concerns relating to homeless people.

There is still more work to be done to understand the data in more detail and use it to inform our strategy. A particular focus for next year will be on data to help us understand outcomes for service users.

Priority 6: Improve safeguarding adults practice within Portsmouth

Adults at risk will receive a high quality response if referred to safeguarding services, in line with 'Making Safeguarding Personal' principles. If they do not meet the threshold for safeguarding, agencies will work together effectively to ensure that risks are documented and managed.

At 4LSAB level, the Workforce Development subgroup has reviewed the multi-agency Learning and Development strategy, which is designed to support the development of best practice in adult safeguarding work. The Workforce Development subgroup identified self-neglect as a key priority for staff development, and developed a toolkit and learning briefing for staff on the subject.

The Portsmouth Adult MASH developed a new referral form for safeguarding concerns, designed to guide professionals through the process of making a safeguarding referral, improve the information provided in referrals, and ensure that the referrer speaks to the adult and gains their consent before making the referral. With the support of the PSAB, the MASH team hosted several 'Meet the MASH' training sessions aimed at key groups of staff, They also revised their report template to assist those completing s42 safeguarding enquiries to do so according to best practice.

Priority 7: Develop engagement with service users, carers and the public

Service users, carers and the public understand that safeguarding is everybody's business. They have access to information about safeguarding, including how to raise a concern and how to keep safe. There are mechanisms for service users, carers and the public to engage with the Board.

Jointly with the other three LSABs, the Board commissioned an 'animation scribe' video to help explain to service users and the public what safeguarding is and the process of raising a concern. This was launched during National Safeguarding Week and used as a basis for a social media campaign on key safeguarding themes. The [video](#) can be accessed on the 'Portsmouth Safeguarding Adults Board' YouTube channel.

ADULT SAFEGUARDING



THE RIGHT TO LIVE SAFELY,
**FREE FROM
HARM ABUSE OR NEGLECT**

This year we reviewed our website, taking into account feedback from our partners. We also commissioned our website provider to review the accessibility of our website, to make sure it meets the new requirements.

As part of National Safeguarding Week 2019, Portsmouth Hospitals Trust organised a Domestic Abuse information stand in the foyer at Queen Alexandra Hospital. Members of the public, service users and carers (as well as staff) had the chance to meet different service providers in the City and the Safeguarding Adults Board team. Over 100 people engaged with us during the day.

Learning from Safeguarding Adults Reviews

The Care Act 2014 states that a Safeguarding Adults Review (SAR) must take place when:

"there is reasonable cause for concern about how the Safeguarding Adults Board, members of it or others worked together to safeguard the adult, and death or serious harm arose from actual or suspected abuse".

The PSAB has a SAR subgroup which is chaired by the Director of Quality and Safeguarding from NHS Portsmouth Clinical Commissioning Group. The group is a multi-agency group with members who have a specialist role or experience in safeguarding adults. The group met monthly during 2019-20 and part of each meeting was conducted jointly with the Portsmouth Safeguarding Children

Partnership's (PSCP) Learning from Cases Committee (LfC), working together on cases which might involve both children's and adult services.

Publication of 'Mr D' SAR

In May 2019, the PSAB published the 'Mr D' SAR, which reviewed the circumstances that led to Mr D's emergency admission to hospital in September 2017 with a grade 4 pressure sore and osteomyelitis. Mr D was a young adult with a learning disability who had previously been in the care of the local authority. The review was undertaken by an Independent Author and overseen by a review panel. The recommendations from the review were as follows:

1. *That the Board, together with the Portsmouth Safeguarding Children's Board (PSCB), seek assurance from Adult Social Care and Children's Social Care that they have reviewed and revised as appropriate the Transition Process from Children's to Adult Services, with a particular focus on Looked After Children and Care Leavers, including ensuring their staff have a proportionate knowledge of the relevant social care legislation and practice.*
2. *That the Board seek assurance from the PSCB that it monitors its partner agencies' implementation of the Mental Capacity Act 2005 in their involvement with parents and carers.*
3. *That the Board seek assurance that the local authority's Legal Services have reviewed and revised as appropriate its procedures and practice for advising both Children's and Adult Services on the implications of the Mental Capacity Act 2005 for their young people transitioning from Children's to Adults' Services.*
4. *That the Board seek assurance from the PSCB that its member agencies are ensuring parents and carers are challenged appropriately if they do not cooperate with agreed Care Plans, with a particular focus on children in transition to Adults' Services.*
5. *That the Board seek assurance from PSCB and its own member agencies that they monitor Supervision Procedures and Practice to ensure that staff are supported to develop professional working relationships and encouraged to show 'professional curiosity'.*
6. *That the Board seek assurance from partner agencies that they and the services they commission, have appropriate systems and processes in place to ensure the effective implementation of the Mental Capacity Act 2005 and its supporting Code of Practice, in particular in respect of Unwise Decisions.*
7. *That the Board seek assurance from Children's Social Care that it has reviewed and revised the Looked After Children Review process to ensure it is fit for purpose and that independent Advocates are used to ensure that those children who may have difficulty participating in the Reviews are enabled to do so effectively.*

8. *That the Board seek assurance from partner agencies that they, and the services they commission, have appropriate process and systems in place to monitor adults with care and support needs who make frequent use of their emergency and out-of-hours services.*
9. *That the Board seek assurance from Adult Social Care that it has reviewed and revised as appropriate its policies and procedures for the provision of assessments and implementation of Care Plans to ensure that they are compliant with the Care Act 2014 and its supporting Statutory Guidance, with particular reference to the provision of Independent Advocates and those who do not engage with services.*
10. *That the Board seek assurance from partner agencies that they and those services they commission have reviewed and revised as appropriate, their 'did not attend' (DNA) policies and procedures.*
11. *That the Board seek assurance from partner agencies that they have reviewed the processes by which consideration is given as to whether there are grounds for a formal investigation into whether any offences have been committed under s44 of the Mental Capacity Act 2005.*
12. *That the Board seek assurance from partner members that they, and the services they commission, ensure that assessments are holistic and multi-agency and that staff are encouraged to demonstrate 'professional curiosity' to look beyond the 'presenting issue'.*
13. *That the Board seek assurance from the Health and Wellbeing Board that services are being developed to ensure that they are accessible to all, including those who are obese.*
14. *That the Board seek assurance from the Queen Alexandra Hospital that they have reviewed and revised as appropriate their Discharge policies and procedures to ensure that adults with additional care and support needs are discharged safely into the community.*
15. *That the Board seek assurance from partner members but from Adult Social Care in particular that they have reviewed and revised as appropriate their policies and practice re communicating with adults with learning disabilities and/or communication difficulties.*
16. *That the Board seek assurance from partner agencies that they and the services they commission have in place effective staff development and monitoring processes to ensure that staff know when and how to raise safeguarding concerns with the local authority.*
17. *That the Board seek assurance that the Adult Multi-Agency Safeguarding Hub has reviewed and revised as appropriate its Policies and Procedures for triaging safeguarding concerns to ensure proportionate responses in accordance with the principles of Making Safeguarding Personal.*

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

The Independent Author's recommendations were accepted in full by the PSAB and a multi-agency action plan was developed to address them.

Similar themes were identified to a learning review ('Child G') being conducted by the PSCP at the same time. These included:

- transition
- mental capacity and consent
- family engagement
- escalation
- honest conversations and professional curiosity

Given that many of the agencies involved were the same and there were overlaps between the workforces, it was decided to publish the reviews together and to combine and monitor the action plans jointly.

The PSAB and PSCP jointly held nine multi-agency training sessions in May/June 2019, reaching 237 staff to share the learning from the cases. Three of these sessions were held at Queen Alexandra Hospital. Staff were asked to commit to making changes to their practice based on their learning and this was followed up with a sample of attendees. Learning from the reviews has also subsequently been embedded in routine training opportunities for staff, for example via the regular briefings held by the Principal Social Worker. The Board Manager also delivered a training session to Hampshire-based staff, to share the learning across the wider health and care system.

A member of staff from Portsmouth Hospitals Trust created these 'visual minutes' to sum up the learning from the training event she attended.

also included consultation with young people and their families through the SEND Board. The PSAB and PSCP are due to conduct a joint piece of work to quality-assure transition work in 2020-21.

The Mr D SAR summary report and a learning briefing are available to read in full on the PSAB website at portsmouthsab.uk/scrs-2/.

Summary of SAR activity during 2019-20

Two SAR referrals were carried forward from 2018-19. Neither referral was found to have met the statutory criteria for a mandatory SAR, and in one case, following scoping, there was no learning identified.

In the other case it was identified that there may be learning for substance misuse services within the city for cases when a client is discharged following detoxification treatment. A learning event was therefore held with all the agencies involved in the case to explore this issue further. This event identified a range of good practice, including a wide range of high quality support and information provided by specialist drug services, the GP, the community and peers. Practitioners knew the person well and were able to offer him individual and tailored support. There were two areas identified where things could have been done differently, but it was unlikely to have changed the outcome. In future cases, opioid blockers will be explored, and alcohol services will liaise with mental health services at the point of discharge if required.

Fourteen new SAR referrals were received in 2019-20.

One referral met the statutory criteria for a mandatory SAR and a SAR has therefore been commissioned which will take place in 2020-21. A SAR panel has been convened, Terms of Reference drafted, and expressions of interest have been sought from independent authors.

For three cases, further scoping information has been requested from organisations involved, and a decision will be made in 2020-21 as to whether the cases meet the SAR criteria.

Nine of the referrals were scoped and reviewed by the SAR subgroup but were not found to have met the statutory criteria for a mandatory SAR. In one case a learning event was held, led by Public Health. One was reviewed as part of the Learning Disabilities Mortality Review (LeDeR) programme and, while there was learning for one organisation which put in place an action plan, there were no multi-agency concerns. Another identified no learning for Portsmouth organisations, but the case was passed to Hampshire SAB, as the person came from their area and it was considered there may be learning for their members.

Following the work on these cases, learning was identified and recommendations made to individual agencies and PSAB.

Some of the actions taken or planned in response include:

- A task-and-finish group has been convened to ensure that the Multi-Agency Risk Management Framework is embedded in the culture and practice of all organisations. The PSAB has also commissioned training on this for 2020-21.

- Member organisations were asked to provide the PSAB with assurance that the 4LSAB Escalation Protocol was embedded within their organisation and that it was being used appropriately.
- Staff and residents in premises where there is a higher risk of drug overdoses will receive training on overdose prevention.
- Homeless supported housing commissioning is under review.

In a further case, it was decided that it would be beneficial to hold a discretionary multi-agency learning review, despite the case not meeting the criteria for a mandatory SAR. This is planned for 2020-21.

A number of the cases referred in 2019-20 involved housing and substance misuse services, so attendees from Housing and Public Health were invited when required. The subgroup received presentations on drugs and alcohol misuse, and services for homeless people. The subgroup's membership has now been expanded to include a member from Housing. In 2020-21 the PSAB will take part in a project led by the charity Alcohol Change UK to address safeguarding of vulnerable change-resistant drinkers.

In 2018-19, the SAR subgroup introduced a process to identify deaths of people who had been rough sleeping. While there were no deaths identified in 2019-20 of people who were currently rough sleeping, the process did identify four deaths of people who were homeless and housed in temporary accommodation. SAR referrals were made for all these cases, and, while none met the criteria for a mandatory SAR insofar as the deaths were not deemed to have resulted from abuse or neglect, learning was identified and some changes made to services in response. One example is the 'Towards Better Health' project. Set up in February 2020 with funding secured by Public Health, it aims to bring health services including GPs, and physical and mental health nurses closer to people at risk of rough sleeping, by conducting weekly surgeries, drop-ins and in-reach in the homeless day centre and main homeless hostel. A member of the MASH team now also provides specific support to homeless services on safeguarding matters.

The 4LSAB Fire Safety Development Group also looks at all fire deaths in the 4LSAB area, to identify learning applicable to all areas. In 2019-20, one Portsmouth case was considered by this group and it was also referred to the SAR subgroup.

2019-20 has seen a higher than usual number of referrals. As most of these have not met the statutory criteria for a mandatory SAR, it is likely that this increase reflects the work of the Board in promoting the SAR referral process, including through the publication of the Mr D SAR and associated training, rather than underlying issues with services. The increased number of referrals has been helpful in identifying learning and themes for further work.

Safeguarding Activity in Portsmouth

Safeguarding Duty

Under Section 42 of the Care Act, a local authority has a duty to make enquiries or cause others to make enquiries in cases where it has reasonable cause to suspect:

- that an adult has needs for care and support (whether or not the local authority is meeting any of those needs) and
- is experiencing, or at risk of, abuse or neglect and
- as a result of those care and support needs, is unable to protect themselves from either the risk of, or experience of, abuse or neglect.

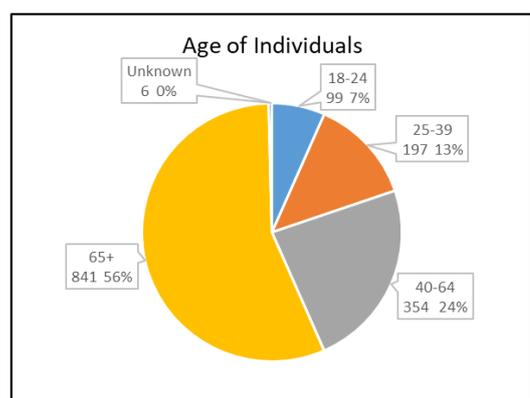
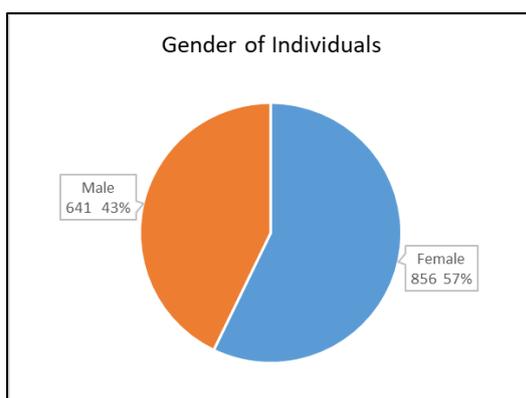
Portsmouth has an Adult Multi-Agency Safeguarding Hub (MASH) with a team of social workers and police officers working together who have direct links with colleagues in areas such as health, trading standards and children's safeguarding. The MASH manages a high volume of referrals.

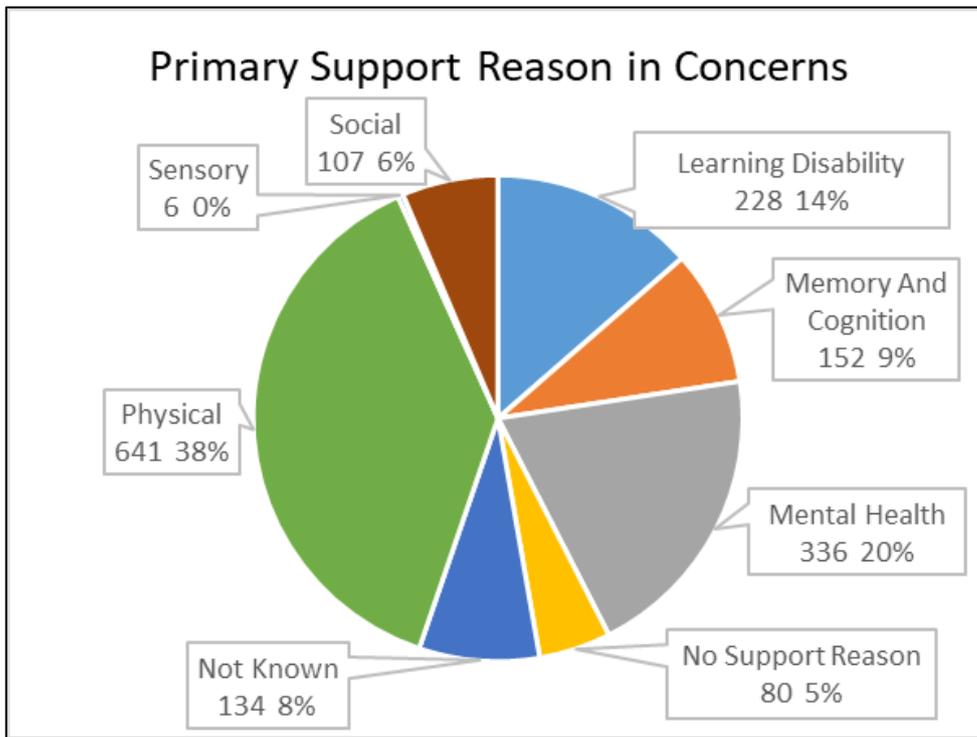
Data collected by the MASH gives further information about who has experienced abuse or neglect in Portsmouth, where abuse has taken place, and the types of risk they have experienced. The information below is taken from the NHS Digital Safeguarding Adults Collection end of year return.

If an issue about an adult safety or welfare is raised with the MASH, this is categorized as a *Safeguarding Concern*. The MASH will then assess the concern and take appropriate action.

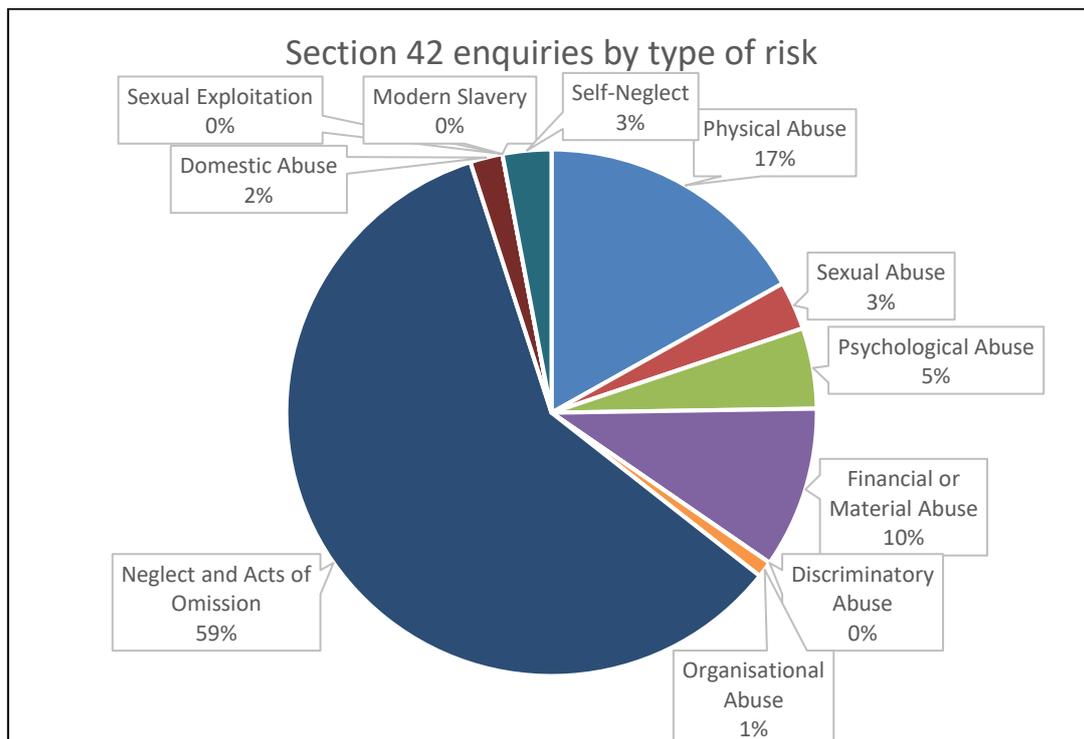
There were 2,224 concerns raised in 2019-20 about 1,497 individuals.

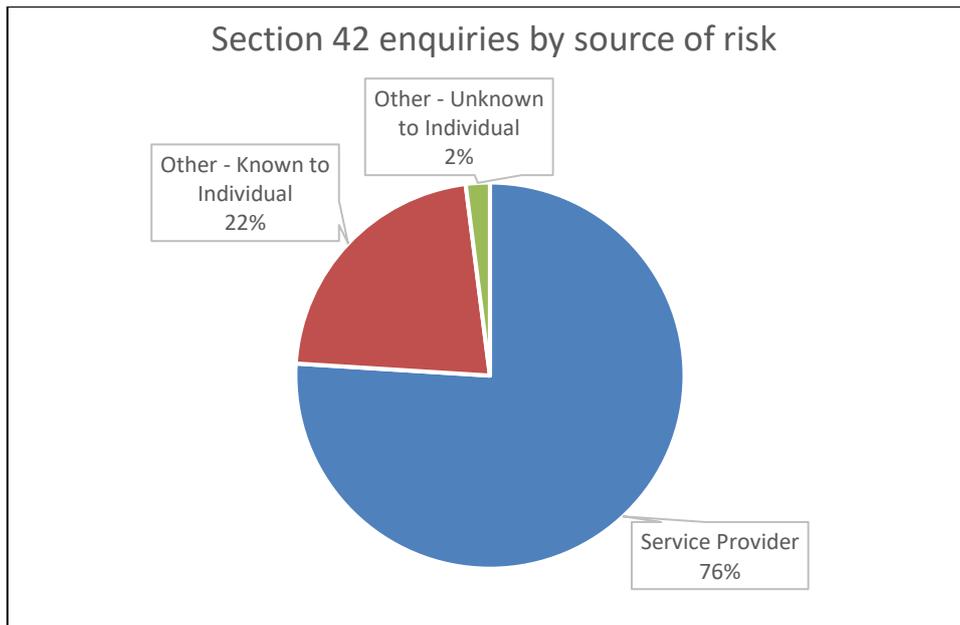
More information about the individuals involved in safeguarding concerns is shown below.





294 safeguarding concerns were taken forward as formal *Safeguarding Enquiries* under Section 42 of the Care Act.





The Board also receives data regularly from Hampshire Constabulary and Hampshire Fire and Rescue Service.

In 2019-20 Hampshire Constabulary reported:

- 10 incidents of Honour Based Violence where the victim was over 18.
- three incidents of trafficking of a person over 18.
- 798 high risk domestic crimes
- 607 incidents of hate crime

HFRS carried out 1032 Safe and Well visits in Portsmouth in 2019-20.

There was 1 domestic homicide in Portsmouth in 2019-20.

There was 1 fire death in Portsmouth in 2019-20.

Contact us



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Glossary

4LSAB - The Portsmouth, Southampton, Hampshire and Isle of Wight Safeguarding Adults Boards.

4LSCP - The Portsmouth, Southampton, Hampshire and Isle of Wight Safeguarding Children Partnerships.

CCG - Clinical Commissioning Group. They are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

CQC - Care Quality Commission. The independent regulator of all health and social care services in England.

DoLs - Deprivation of Liberty Safeguards. Part of the Mental Capacity Act 2005. A set of checks that aims to make sure that any care that restricts a person's liberty is both appropriate and in their best interests.

HFRS - Hampshire Fire and Rescue Service.

LeDeR - Learning Disabilities Mortality Review programme. A national programme funded by the NHS to review the deaths of people with a learning disability. It aims to reduce premature deaths and health inequalities for people with learning disabilities.

LfC - Learning from Cases Committee (a committee of the Portsmouth Safeguarding Children Partnership, which also meets jointly with the Safeguarding Adults Review subgroup of the Portsmouth Safeguarding Adults Board).

LSAB - Local Safeguarding Adults Board.

MASH - Adult Multi-Agency Safeguarding Hub. A multi-agency team including social workers and police officers which is the first point of contact for adult safeguarding concerns.

MCA - Mental Capacity Act 2005. The Act is in place to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment.

MSP - Making Safeguarding Personal. A personalised approach that enables safeguarding to be done with, not to, people.

NHS - National Health Service.

PHT - Portsmouth Hospitals NHS Trust. A large district general hospital providing comprehensive acute and specialist services. The main site is Queen Alexandra Hospital in Portsmouth.

PSAB - Portsmouth Safeguarding Adults Board. A multi-agency partnership which oversees and coordinates work to keep adults at risk safe in Portsmouth.

PSCP - Portsmouth Safeguarding Children Partnership. A partnership which brings together all the main organisations who work with children and families in

Portsmouth, with the aim of ensuring that they work together effectively to keep children safe. (Formerly known as the PSCB - Portsmouth Safeguarding Children Partnership.)

SAB - Safeguarding Adults Board.

SAR - Safeguarding Adults Review. A multi-agency review process which Safeguarding Adults Boards must carry out to identify learning when an adult at risk dies or is seriously harmed as a result of abuse or neglect, and there are concerns about the way in which organisations worked together to safeguard the adult.

SCAS - South Central Ambulance Service NHS Foundation Trust.

SEND - Special Educational Needs and Disability

Appendix

What is Safeguarding?

“Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.” (Care Act 2014)

Who are we?

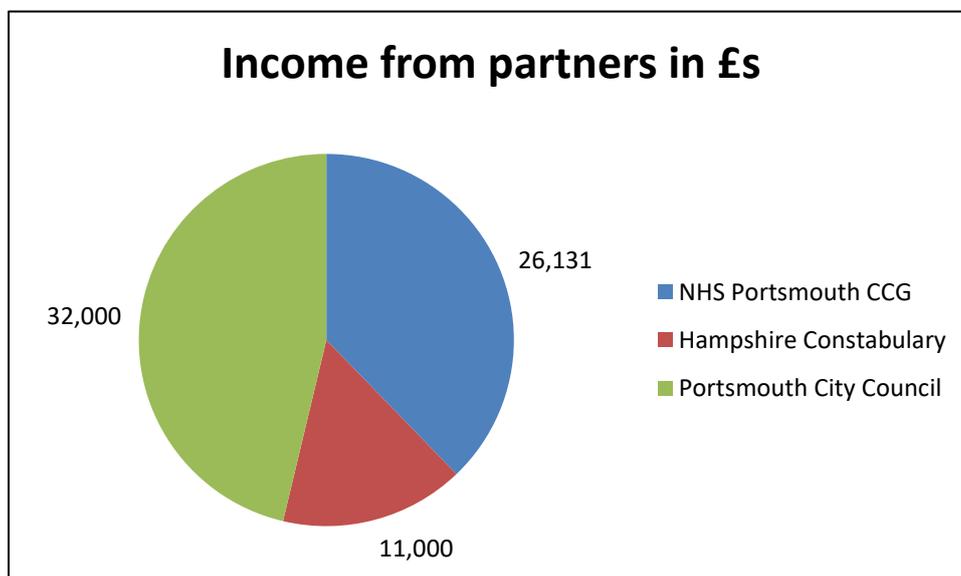
The Portsmouth Safeguarding Adults Board (PSAB) is a partnership of key organisations in Portsmouth who work together to keep adults safe from abuse and neglect. These include:

- Adult social care
- Health
- Emergency services
- Probation services
- Housing
- Community organisations

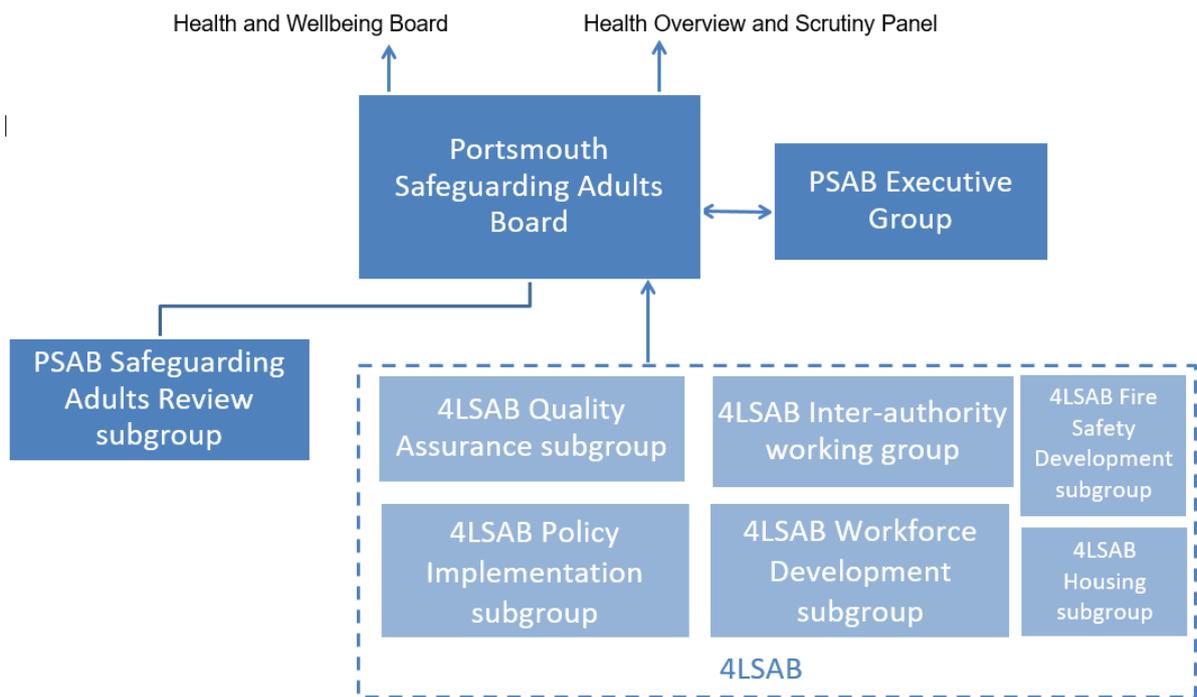
The Board has an independent chair that can provide some independence from the local authority and other partners. This is especially important in terms of:

- offering constructive challenge
- holding member agencies to account
- acting as a spokesperson for the PSAB.

The Board is funded through contributions from its statutory partners (Portsmouth City Council, NHS Portsmouth Clinical Commissioning Group and Hampshire Constabulary). The agreed contributions are:



The structure of our Board and its subgroups is shown in the diagram below. In the areas of Policy Implementation, Workforce Development, Quality Assurance and Housing, we have shared '4LSAB' working groups with the neighbouring Boards (Hampshire, Southampton and the Isle of Wight). This helps ensure we work in a joined-up and coordinated way with our partners across the region on common priorities.



Agenda Item 5

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



Portsmouth
CITY COUNCIL

Title of meeting:	Health and Wellbeing Board
Subject:	Local Outbreak Engagement Board
Date of meeting:	25 th November 2020
Report by:	Director of Public Health, Portsmouth City Council
Wards affected:	All

1. Requested by

Chair, Health and Wellbeing Board

2. Purpose

- 2.1 To update the Health and Wellbeing Board on the work of the Local Outbreak Engagement Board (sub-committee of the Health and Wellbeing Board).

3. Background

- 3.1 At the Health and Wellbeing Board in on June 17th 2020, it was reported that Nationally Government had 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.
- 3.2 Government guidance required 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

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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.

3.3 Terms of reference for a Local Outbreak Engagement Board (LOEB) were agreed at the Health and Wellbeing Board on 17th June, and this was established as sub-committee of the Health and Wellbeing Board. The Health and Wellbeing Board received a report on activity between June and September at its last meeting.

4. Summary of Local Outbreak Engagement Board activity since September

4.1 Since June, the LOEB has met three times. Full minutes of board deliberations are published at <https://www.portsmouth.gov.uk/ext/coronavirus-covid-19/local-outbreak-control-plan> . Significant business has included:

- Continuing to oversee the Local Outbreak Plan, including significant changes relating to the local testing picture.
- Regularly receiving a summary of the latest intelligence and data relating to COVID-19 in the local community. This information is updated weekly and is also placed on the Local Outbreak Plan page on the PCC website at the link above.
- Considering changes to powers and regulations and ensuring that proposed responses are appropriate.
- Receiving reports relating to Test and Trace payments to support those at risk of hardship through losing income because of a requirement to self-isolate.
- Considering progress in developing a local contact tracing service.
- Considering the development of a local escalation framework.

4..2 The LOEB also receives a regular assurance report which summarises the supporting work of the local Health Protection Board, which is providing the focus for local outbreak prevention activity, and assesses the local preparedness picture. The report is structured around four key areas:

- Local context, looking at local data including the early warning indicators
- Local activity, looking at confidence in a range of local matters such as enforcement, provision of PPE, testing etc.
- Assurance to PHE, looking at the confidence in the seven areas of the plan required to be included; and
- Risks, looking at what are the issues that may cause Portsmouth to see an increase in infections.

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- 4.3 At the most recent meetings, the LOEB have noted that the infection rates in the city have been rising, although until very recently this trend had mainly been in the young adult population. The LOEB were ready to consider a recommendation to work with national bodies to raise Portsmouth's national tier before the increased national restrictions were introduced on the 5th November 2020. The Board will be engaged in considerations around any future tier allocated to the city under arrangements following the 2nd December national lockdown review date.
- 4.4 In relation to risks, the rate of infection among the young adult population in the city meant that the activity in the University was a high risk; it will be important to keep monitoring this particularly if there is movement of populations in the Christmas vacation and then another mass return.
- 5. Future working**
- 5.1 The LOEB will continue to meet on a monthly basis, and will receive reports summarising the activity of the Health Protection Board and the resultant assurance levels. The Board is a helpful forum for providing check and challenge around local outbreak arrangements, and for ensuring that the arrangements are fully appropriate to the city and its communities.
- 5.2 Summary reports of LOEB activity will be presented to each Health and Wellbeing Board meeting.

.....
Signed by Helen Atkinson, Director of Public Health, Portsmouth City Council

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

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

Title of document	Location

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Agenda Item 6



A PLAN FOR HEALTH & CARE PORTSMOUTH

2020-2023

Introduction

In 2015 the Health & Care Portsmouth partnership set out its commitments and blueprint for the future of health & care in the city. These commitments have informed and shaped how partners have delivered and improved health & care for city residents. Whilst the blueprint is now 5 years old, its basic principles and intent remain broadly correct. Since their publication, the engagement and work with local people and partners in the city continues to reinforce their direction and ambitions.

In 2020 we have been reviewing and refreshing the blueprint commitments and the plans that deliver them, initially drawing together existing plans for children, adults and public health. This is a part of the continuing work of the Health & Care Portsmouth partnership to align our work and to establish a single strategic planning & commissioning leadership for health & care in Portsmouth. It supports the delivery of the broader Portsmouth Health & Wellbeing Strategy and further drives the integration between Portsmouth Clinical Commissioning Group and Portsmouth City Council.

At this stage, the intent is to draw existing health & care plans and priorities together in order to engage and co-produce a refreshed set of plans that are built by the multiple partnerships that are responsible for delivering their outcomes. The revised plans will be broadly in the same format and set out 3yr priorities for adults, children & families and public health. When taken together, this collection of plans describe the full range of **health & care** intentions for the city.

A Plan for Health & Care in Portsmouth



Purpose of this Paper

There are multiple programmes of work currently refreshing key health & care strategies and priorities, led by the respective partnership or lead agency for that plan. For example, Safeguarding strategies are being reviewed and overseen by the partners involved in the respective adults & children's Safeguarding Boards.

This paper brings together the revised Health & Care Portsmouth priorities and plans. Engagement and co-work with partners in health & care (and beyond) is at differing stages

dependent on the plan, with some plans still in very early form. This is appropriate given the collective commitment to co-production and transparency by city partners.

Health & Care Portsmouth Commitments

The Health & Care Portsmouth **Blueprint Commitments** are undergoing refresh as part of this work. This is being co-ordinated by the Portsmouth Health & Care Executive partnership. The revised Commitments are given at **Appendix One**.

Children & Families

For **Children and their Families**, extensive work has been ongoing throughout this year to review priorities. The Portsmouth Children's Trust partnership is co-ordinating this work. There are 6 priorities:

1. Improve education outcomes - the Education Strategy
2. Improve early help and safeguarding - the Safeguarding Strategy
3. Improve physical health - the Physical Health Strategy
4. Improve Social, Emotional and Mental Health - the SEMH Strategy
5. Improve outcomes for children in care and care leavers - the Corporate Parenting Strategy
6. Improve outcomes for children with Special Educational Needs and Disabilities - the SEND Strategy

Further detail of the key objectives of each of the above plans is given in **Appendix Two**.

In addition, the Children's Trust Plan 2020-2023 has a 'strategic spine' - five areas that all strategies need to progress:

- a. A 'deal' with parents: a social contract with families and co-production
- b. The Portsmouth Model of Family Practice: restorative and relational Practice which is trauma-informed and whole-family
- c. Strong Organisations: Excellent Workforce: leadership development, restorative organisations and high-quality professional development - training and coaching
- d. Performance and Quality Management: using data well and learning from front-line practice
- e. Community capacity building: enabling the community and the voluntary sector to meet need

Public Health

For **Public Health**, a similar review of work priorities is underway, with a particular emphasis on making connections between individual plans and wider actions on the determinants of ill health, including tackling inequalities. **Appendix Three** summarises current Public Health work priorities.

Adults

For **Adults**, the collated plans for health & care are presented here for the first time together in draft form. These 6 draft plans will form the focus of our ongoing partnership engagement and co-production in order to finalise & deliver an integrated set of outcomes for adult health & care in Portsmouth.

The 2020-2023 Health & Care Portsmouth Strategy for Adults has 7 priorities:

1. Personalisation of care and support

2. Improving health and well-being and strengthening our communities using an asset building approach
3. Strengthening primary and community care services
4. Supporting vulnerable people through the prevention and management of long-term conditions
5. Improving access to acute /secondary or specialist services – would include system resilience, urgent care and elective care pathways and TRUE
6. Improving access to mental health services at all stages of the pathway; well-being, access to community support, primary MH services, secondary care and planned and crisis services

Appendix Four gives the 6 draft plans in full.

In addition there are 7 areas that need to be progressed by each of the above plans:

- a. Contracting approach
- b. Workforce development
- c. Maximising use of SystemOne (single care record)
- d. Co-production approach
- e. Improving use of Business Intelligence to inform decision making
- f. Safeguarding and liberty protections
- g. Accommodation strategy

Learning from Covid-19

In revising and refreshing the city's plans for health & care, our strategies have taken the learning from the 2020 response to covid19; these are referenced and included in the plans themselves.

Recommendations

The Governing Board of the CCG are asked to:

- Consider, discuss and endorse the ongoing & further engagement with partners all plans within the scope of the Health & Care Portsmouth plan.

Innes Richens

Chief of Health & Care Portsmouth

November 2020

Appendix One: Refreshed Health & Care Portsmouth Commitments
Appendix Two: Children & Families Strategic Priorities
Appendix Three: Public Health Strategic Priorities
Appendix Four: Adults Strategic Priorities and Plans

The Health & Care Portsmouth Commitments: Refreshed for 2020

Introduction

Developed in 2015, the Blueprint for Health & Care Portsmouth has informed and shaped how partners in the city have delivered and improved health & care for residents. Whilst the Blueprint is now 5 years old, its basic principles and intent remain broadly correct. Since their publication, the engagement and work with local people and partners in the city continues to reinforce their direction and ambitions.

Much has been achieved in the city to deliver on these commitments during the past five years and there is acknowledgement that there is still more we can collectively do. The Blueprint set out 7 commitments for health & care in the city; these have been revised and refreshed for 2020, adding 2 further commitments:

1. We work continuously to improve the quality of health & care in Portsmouth, for all individuals and communities, visibly demonstrating how the diversity of local communities is reflected in the work.
2. We 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 their preferred point of care co-ordination; we continue to improve access to primary care services when people require it on an urgent basis.
3. We underpin this with a programme of work that supports the individual to maintain good health and prevent ill health. We strengthen the support for local peoples' health and care from both statutory and community organisations so that people become more resilient and know how to access community services when needed.
4. We 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.
5. We are committed to having a well led, well organised, highly professional and engaged workforce that uses data well to inform services and care and continuously learns from frontline practice.
6. We establish a new constitutional way of working to enable statutory functions of public bodies in the City to act as one and to improve local people's involvement and influence in health & care in the city. This includes 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.
7. We establish improved and integrated ways of delivering health and care services for the City. This will be achieved through a range of ways including the formal integration of some services. For local people this will mean they do not have to experience multiple assessments, will be offered choices about how they are treated, be offered opportunities to explain what is most important to them and be referred more straightforwardly to the services they need.
8. We simplify the current configuration of urgent, 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
9. We focus on building capacity and resources at a local level and in communities in the City to enable them to commission and deliver services at a locality level within a framework set by the city-wide Health & Wellbeing Board.

Appendix Two

The 2020-2023 Children's Trust Plan Strategic Priorities

November 2020 Draft

The Priorities for Children & Families



The 2020-2023 Children's Trust Plan - refreshed from 2017-2020, has Six Priorities:

1. Improve education outcomes - the Education Strategy
2. Improve early help and safeguarding - the Safeguarding Strategy
3. Improve physical health - the Physical Health Strategy
4. Improve Social, Emotional and Mental Health - the SEMH Strategy
5. Improve outcomes for children in care and care leavers - the Corporate Parenting Strategy
6. Improve outcomes for children with Special Educational Needs and Disabilities - the SEND Strategy

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In addition, the Children's Trust Plan 2020-2023 has a 'strategic spine' - five areas that all strategies need to progress:

- a. A 'deal' with parents: a social contract with families and co-production
- b. The Portsmouth Model of Family Practice: restorative and relational Practice which is trauma-informed and whole-family
- c. Strong Organisations: Excellent Workforce: leadership development, restorative organisations and high quality professional development - training and coaching
- d. Performance and Quality Management: using data well and learning from front-line practice
- e. Community capacity building: enabling the community and the voluntary sector to meet need

All strategies under the Children's Trust Plan are being refreshed including the system-wide response, recovery and reset in regard to Covid-19.

The Priorities for Children & Families:

1. Education



10 Strategic Objectives

- a) Attainment and progress – improving results at all Key Stages
- b) Inclusion – Enabling more children with SND to attend mainstream schools
- Digital learning – Access to digital learning for all children
- Literacy and language – Developing key skills for learning in all children
- e) Recruit and retain teachers – Ensuring we have sufficient teaching capacity and quality
- f) COVID-19 secure schools – Ensuring schools are safe places for children and staff
- g) Safeguarding in schools – Ensuring high quality safeguarding of children
- h) Emotional health & wellbeing – Promoting good child mental wellbeing through schools
- i) School attendance – Reducing school absence
- j) Sufficient school places – Ensuring all children have a school place

The Priorities for Children & Families:

2. Safeguarding



10 Strategic Objectives

- a) Universal services & early help – meeting child and family need at an early point
- b) Integrated Early Help Service – Delivering a high quality Solent NHS/City Council early help service
- c) An effective MASH – ensuring that children experiencing harm are identified and appropriately referred
- d) Family Safeguarding practice – joint children’s and adult’s services working to keep families safe
- e) Youth offending and violence – reducing youth crime and anti-social behaviour
- f) Reducing exploitation – tackling criminal and sexual exploitation of adolescents
- g) Tackling domestic abuse – reducing the prevalence and impact of domestic abuse
- h) Reducing neglect – tackling the most prevalent form of child abuse
- i) Quality assurance and learning – ensuring high quality front-line safeguarding practice
- j) Intelligence-led safeguarding – using our data to identify risk and harm and respond accordingly

The Priorities for Children & Families:

3. Physical Health



8 Strategic Objectives [DRAFT]

- a) Reduce childhood obesity – to reduce later poor health outcomes
- b) Increase physical activity – to enable children and young people to stay healthy
- c) Effective sexual health advice – reducing sexually transmitted diseases and teenage conceptions
- d) Alcohol and substance misuse – reducing harmful use of substances
- e) Promoting breastfeeding – to promote strong attachment and provide babies with a healthy start
- f) Deliver the Better Births plan – delivering the national strategy locally
- g) Immunisations & vaccinations – improving local uptake
- h) Long-term conditions pathways – ensuring effective care across primary, acute and community health services

The Priorities for Children & Families:

4. Social, Emotional Mental Health



11 Strategic Objectives

- a) Early attachment – achieving secure carer-child attachments in the first 1000 days
- b) Advice, guidance and self-help – enabling children to care for their own emotional health
- c) Strong, confident workforce – enabling all professionals to work confidently with emotional distress
- d) Early help and digital offer – on-line support for children and young people
- e) Wellbeing in education – making schools positive spaces for children’s mental health
- f) Neuro-diversity pathway – new ways of identifying and responding to neuro-diversity
- g) LAC and care leavers – mental health support for our children in care and care leavers
- h) Other vulnerable groups of children – including young carers, young offenders and self-harmers
- i) CAMHS developments – reducing waiting times and further improving treatment outcomes
- j) Suicide prevention – whole-system working to prevent suicide
- k) Loss and bereavement – care for children experiencing loss

The Priorities for Children & Families:

5. Looked After Children and Care Leavers



8 Strategic Objectives

- a) Integrated multi-agency service – co-located multi-agency and multi-disciplinary working
- b) Enabling strong relationships – enabling children to develop and sustain positive family and friend relationships
- c) Quality care and pathway plans – high quality child-level plans
- d) High quality placements and accommodation – ensuring right level and quality of foster care and residential care placements including accommodation for care leavers
- e) Improve placement stability – to provide children with stability and continuity of care
- f) Improve education, employment and training – improving progress, attainment and inclusion
- g) Physical and mental health – including regular health checks
- h) Transform care leavers offer – ensuring a comprehensive offer in line with our pledge

The Priorities for Children & Families:

6. Special Educational Needs and Disabilities



7 Strategic Objectives

- a) SEND inclusion – inclusive schools for children with SEND and reducing demand for out of city placements
- b) Inclusion of children with SEMH needs – with a focus on reducing exclusions and demand for alternative provision
- c) Preparing for adulthood – achieving the Preparing for Adulthood outcomes
- d) Autism and neurodiversity – autism-friendly services and improving support
- e) SEND Joint Commissioning – comprehensive and alignment commissioning of SEND services
- f) Co-production with children and families – working with families and young people to co-design support
- g) Workforce and practice – developing front-line practice with children with SEND and their families

Appendix Three: Public Health Priorities (Draft)



There are 6 priorities for Public Health

- Reduce the harm caused by substance misuse including alcohol misuse
- Reduce the prevalence of smoking, including smoking in pregnancy, across the city working with partners to ensure sustained system wide action
- Reduce unwanted pregnancies by increasing access to Long-Acting Reversible Contraception (LARC) in general practice, maternity and abortion pathways, and strengthening LARC pathways with vulnerable groups
- Promote positive mental wellbeing across Portsmouth and reduce suicide and self-harm in the city by delivering the actions within Portsmouth's Suicide Prevention Plan (2018-21) and the STP Suicide Prevention Plan (2019-20)
- Reduce the harms from physical inactivity and poor diet
- Work with Council partners to address the health impacts of the built environment

And there are 4 cross-cutting programmes:

- Strengthen the intelligence function for the Council and Portsmouth Health and Care Partnership
- Address health inequalities with targeted attention on those that have the greatest need and are more likely to experience serious consequences of COVID-19
- Work with Council partners to improve the wider determinants of health by improving educational attainment, employment opportunities, housing, transport, planning and the built and natural environment
- Continue to lead the response to the COVID-19 pandemic focusing on public health advice to the council, partners and our residents.



Appendix Four

Health & Care Portsmouth Adults Strategic Priorities

November 2020 Draft

The Priorities for Adults



There are 6 priorities for Adult's Health & Care:

1. Personalisation of care and support
2. Improving health and well-being and strengthening our communities using an asset building approach
3. Strengthening primary and community care services
4. Supporting vulnerable people through the prevention and management of long term conditions
5. Improving access to acute /secondary or specialist services – would include system resilience, urgent care and elective care pathways and TRUE
6. Improving access to mental health services at all stages of the pathway; well-being, access to community support, primary MH services, secondary care and planned and crisis services

And there are 7 cross-cutting priorities:

- a. Contracting approach
- b. Workforce development
- c. Maximising use of SystemOne
- d. Co-production approach
- e. Improving use of Business Intelligence to inform decision making
- f. Safeguarding and liberty protections
- g. Accommodation strategy

Health & Care Portsmouth Personalisation and Care Support Strategy 2020-23

Introduction: Health & Care Portsmouth's Adults Plan 2020-23

The Health & Care Portsmouth Adults Plan describes 6 priorities that form the basis of our work to improve the health & care of adults in Portsmouth. The **Personalisation & Care Support Strategy** is one of these six priority areas and draws together a wide range of improvement work involving a significant number of partners and people.

The six priorities of the Health & Care Portsmouth Adults Plan are:

1. Personalisation of care and support
2. Improving health and well-being and strengthening our communities using an asset building approach
3. Strengthening primary and community care services
4. Supporting vulnerable people through the prevention and management of long term conditions
5. Improving access to acute /secondary or specialist services – would include system resilience, urgent care and elective care pathways and TRUE
6. Improving access to mental health services at all stages of the pathway; well-being, access to community support, primary MH services, secondary care and planned and crisis services

Of equal importance, there are 7 cross-cutting programmes of work, representing standards and improvements we aim to be embedded in all six of the above priorities. These are:

- a. Safeguarding and liberty protections
- b. Contracting approach
- c. Workforce development
- d. Maximising use of SystemOne
- e. Co-production approach
- f. Improving use of Business Intelligence to inform decision making
- g. Accommodation strategy

All of the above have been reviewed and refreshed to incorporate our learning from the wide ranging response to the covid-19 pandemic and the specific recovery and reset actions have been incorporated into the work programmes of each plan.

Vision

To deliver personalised responses to the individual based on their circumstances

Principles

Treat people with dignity, compassion and respect, appreciating that a person's beliefs, feelings and values do not become invalidated by their health & care needs

Provide co-ordinated care, support and treatment, working across multiple services to ensure consistency of care and care records

Offer personalised care, support and treatment – patient choice, shared decision making, personal health budgets

Enable people to recognise and develop their strengths and abilities so they can live an independent and fulfilling life – social prescribing, community based support, patient activation and supported self management

Covid-19 Recovery

- Restore continuing health care CHC assessment and care planning, using Personal Health Budgets as default

Objectives

- Development of the market to increase care and support options across the City:
 - Domiciliary care intervention and review
 - Increase use of assisted technology
 - Day services developments
 - Increase supported living opportunities
- Personalised care planning support
 - E-care planning
 - Improved management of extra contractual referral (ECR) processes, aligned to CHC integrated governance arrangements
 - Future planning including end of life care planning

Year 1 Plan & deliverables

Priority area	Tier of planning	Milestone to be achieved	Status
Covid recovery and restoration	City	Full restoration of CHC, in line with assurance targets for business as usual from 1 September 2020.	Complete
		Review of all patients discharged from hospital between 19 March 2020 and 31 August 2020 for on-going needs and to determine	On track

		whether a CHC Assessment is required to establish future funding arrangements to be completed by 31 March 2021	
Development of the market to increase care and support options across the City	City	Implementation of the findings of the domiciliary care intervention and review	Ongoing
	City	Continuing to explore and develop opportunities to increase use of assisted technology to support domiciliary care packages	Ongoing
Personalised care planning support	City	Review of ECR processes with a view to align with integrated CHC governance arrangements with a new processes and delivery model being fully operational from April 2021	Underway
	PSEH, within HIOW framework	Ongoing work to increase use of future and advanced care planning, including sharing of information and templates, ongoing training and monitoring and evaluation being key work stream elements.	Ongoing

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3yr Intentions

Priority Area	Ambition
Development of the market to increase care and support options across the City	
Personalised care planning support	

Outcomes & Indicators

To be confirmed

Health, Wellbeing & Communities Strategy 2020-23

Introduction: Health & Care Portsmouth's Adults Plan 2020-23

The Health & Care Portsmouth Adults Plan describes 6 priorities that form the basis of our work to improve the health & care of adults in Portsmouth. The **Health, Wellbeing & Communities Strategy** is one of these six priority areas and draws together a wide range of improvement work involving a significant number of partners and people.

The six priorities of the Health & Care Portsmouth Adults Plan are:

1. Personalisation of care and support
2. Improving health and well-being and strengthening our communities using an asset building approach
3. Strengthening primary and community care services
4. Supporting vulnerable people through the prevention and management of long term conditions
5. Improving access to acute /secondary or specialist services – would include system resilience, urgent care and elective care pathways and TRUE
6. Improving access to mental health services at all stages of the pathway; well-being, access to community support, primary MH services, secondary care and planned and crisis services

Of equal importance, there are 7 cross-cutting programmes of work, representing standards and improvements we aim to be embedded in all six of the above priorities. These are:

- a. Safeguarding and liberty protections
- b. Contracting approach
- c. Workforce development
- d. Maximising use of SystemOne
- e. Co-production approach
- f. Improving use of Business Intelligence to inform decision making
- g. Accommodation strategy

All of the above have been reviewed and refreshed to incorporate our learning from the wide ranging response to the covid-19 pandemic and the specific recovery and reset actions have been incorporated into the work programmes of each plan.

Vision

To improve the health and well-being of people in the city by bringing people and services together to identify issues and to solve them with access to support, using the combination of individual, social and physical assets that exist within local communities.

Principles

We will identify and make use of individual and community assets rather than focus on problems

We will acknowledge and build on what people value most and always aim to provide services where and how they are needed

Covid-19 Recovery

The response to the covid-19 pandemic demonstrated the importance of working alongside local communities, in particular voluntary networks and organisations, to support the most vulnerable people.

Key lessons learned from the response in Portsmouth that are incorporated into this strategy are:

- The sustainability of the significant voluntary capacity mobilised in response to the pandemic over the medium-longer term
- Good practice and introduced innovation e.g. through developing safe volunteering guidance, introducing Fasttrack DBS checks. There is benefit in learning from such innovations and embedding them into new 'BAU' arrangements.
- Statutory and voluntary/community partners have demonstrated effective partnership working, which has enabled a high-quality and impactful response. Sustaining, and further developing, joint working approaches forms part of this strategy delivery.
- The sharing of data and information between agencies has supported an effective response; maintaining and developing more effective data/information sharing approaches is key to delivery of this strategy
- The resilience and capacity of the voluntary & community sector has been impacted by the pandemic; this strategy aims to incorporate joint working between the statutory and vcs sectors to ensure capacity & resilience does not limit ongoing delivery where it is needed
- There is a desire not to create dependencies or expectations which cannot be sustained or resourced over the medium-longer term (e.g. those which could undermine strengths-based approaches and lead to poorer outcomes)

Objectives

The Strategy has four key objectives:

1. Improve population health management (PHM) approach
 - a. HLOW procurement of a PHM tool to support risk stratification
2. Strengthening the role of the Voluntary and community sector (VCS) in service delivery.
 - a. Strategic partnership with the HIVE

- b. Review of existing commissioned services
- 3. Increase provision of preventative support options to help people manage their own health and wellbeing
 - a. Community helpdesk
 - b. Community development and capacity building, including community catalyst
 - c. Strategic review of social prescribing (including additional PCN development in care co-ordinators and health and wellbeing coaches)
 - d. Reduce social isolation, aligned with BBI recommendations and national initiatives, to improve health and well being
- 4. Making every contact count
 - a. Closer working with public health and housing teams

Year 1 Plan & deliverables

Priority area	Tier of planning	Milestone to be achieved	Status
Improve population health management(PHM) approach	City delivery within HIOW framework	Procurement of HIOW wide PHM tool to support clinical risk stratification across PCNs, locality and the ICS	On track
Strengthening the role of the VCS in service delivery	City	Completion of a strategic partnership MOA with the HIVE and identify sustainable infrastructure funding to support this by 31 March 2021	On track
		Continued involvement of HIVE Portsmouth within PPP and the Strategic Partnership Group to ensure VCS contribution to new models of care on a whole system basis	Underway
		Review of existing VCS commissioning and contracting arrangements from April 2021 to promote co-production of services with end users	Underway
Increase provision of preventative support options to help people manage their own	Locality and City wide	Develop and implement sustainable operating model for Community Helpdesk from 31 March onwards Ongoing delivery and evaluation of the community catalyst/capacity	On track

<p>health and wellbeing</p>		<p>building schemes, comparing models and effectiveness</p> <p>Review of social prescribing model in light of changes to existing service provision by 31 March 2021, with new service model being established from April 2021. This will ensure integration and closer collaboration with additional planned investment within PCN's for care coordinators and health and wellbeing coaches.</p> <p>Development of clearer pathways and support between sectors to facilitate greater awareness of and appropriate response to mental health issues within the community, facilitating additional early intervention through the ongoing work of the Mental Health Alliance.</p> <p>Ongoing partnership working with BBI to increase whole system awareness, recognition, and response to reducing social isolation as a pivotal factor in improving health and wellbeing. Project scoping underway.</p> <p>Recognition of the role of locality teams as a legacy from Covid-19 with volunteers helping people within their neighbourhood and as a vehicle for engagement and coproduction.</p>	<p>On track</p> <p>On track</p> <p>Underway</p> <p>Underway</p> <p>Underway</p>
<p>Making every contact count</p>	<p>Locality and City wide</p>	<p>Continuing to develop closer working arrangements with public health and housing colleagues as part of the H&C Portsmouth operating model</p> <p>Supporting the refreshing of the City Health and Well Being Strategy and aligning priorities within the adults plan</p> <p>Analysis of demand in conjunction with public health through helpdesk CRM to ensure pathways and commissioning strategy align with needs.</p>	<p>On track</p> <p>Underway</p> <p>Underway</p>

3yr Intentions

Priority area	Ambition
<p>Population health management</p>	<p>PHM approach well established and embedded within PCNs and at City level to support integrated locality teams target interventions to prevent onset of LTC, ill health and deterioration</p>
<p>VCS as a strategic partner in service development and delivery supporting community development</p>	<p>Hive continues to operate as a well-established strategic partner within the City, supporting PCC and PCCG with the commissioning and delivery of VCs alternatives to statutory provision</p> <p>VCS is a recognised partner in care pathways across the whole system for LTC's, mental health and opportunities to improve health and wellbeing through community solutions.</p>
<p>Provision of preventative support options to help people manage their health and well-being</p>	<p>Wide range of targeted preventative support options in place, under pinned by a robust community development offer, encompassing social prescribing and sustainable community helpdesk model and continued capacity building and social enterprise in agreed priority areas.</p> <p>'Making every contact count' within VCSE to ensure that it contributes and adds value where appropriate to system priorities of improving patient flows, placed based care and healthy communities</p>

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Key Outcomes & Indicators

TBC_ – will be developed in line with work already undertaken with public health to develop outcome measures to support The Hive.

Health & Care Portsmouth Primary & Community Care Strategy

Introduction: Health & Care Portsmouth's Adults Plan 2020-23

The Health & Care Portsmouth Adults Plan describes 6 priorities that form the basis of our work to improve the health & care of adults in Portsmouth. The **Primary & Community Care Strategy** is one of these six priority areas and draws together a wide range of improvement work involving a significant number of partners and people.

The six priorities of the Health & Care Portsmouth Adults Plan are:

1. Personalisation of care and support
2. Improving health and well-being and strengthening our communities using an asset building approach
3. Strengthening primary and community care services
4. Supporting vulnerable people through the prevention and management of long term conditions
5. Improving access to acute /secondary or specialist services – would include system resilience, urgent care and elective care pathways and TRUE
6. Improving access to mental health services at all stages of the pathway; well-being, access to community support, primary MH services, secondary care and planned and crisis services

Of equal importance, there are 7 cross-cutting programmes of work, representing standards and improvements we aim to be embedded in all six of the above priorities. These are:

- a. Safeguarding and liberty protections
- b. Contracting approach
- c. Workforce development
- d. Maximising use of SystemOne
- e. Co-production approach
- f. Improving use of Business Intelligence to inform decision making
- g. Accommodation strategy

All of the above have been reviewed and refreshed to incorporate our learning from the wide ranging response to the covid-19 pandemic and the specific recovery and reset actions have been incorporated into the work programmes of each plan.

Vision

To 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 their preferred point of care co-ordination. We will improve access to primary care services when people require it

on an urgent basis. We will continue to build a community-based health & care system to better support people at home and to minimise time within hospital.

Principles

Primary and community NHS healthcare is for all regardless of social and economic status. Every individual must have access to good health & care.

Health & care services are effective, preventive and form an integral part of the local, regional and national system of health & care. Services are multi-sectorial, working across boundaries, reflecting that health & care do not exist in isolation.

Good primary and community health & care is person-centred and family-centred, considering the physical, emotional, mental and whole well being of the person as well as their cultural, linguistic and social needs.

Primary & community health & care is based on inter-disciplinary teams, including the person and their family, who work collaboratively towards common goals. Health & care staff are trained to work together, encouraged to develop a team spirit and continuously improve their skills and the quality of the services they deliver.

Primary & community health & care is integrated, co-ordinating the activities and services involved in a person's care, across settings, services and boundaries.

Primary & community health & care is accessible, in person and virtually, and enables access to the broader health & care system and community resources where these are part of the individual's care. This includes providing people and professionals with access to their health & care information where this enables the delivery of good care.

Primary & community health & care achieves good outcomes for people and their families and addresses inequalities in outcomes that exist between people and communities.

Primary & community health & care uses resources wisely, taking into account the costs to tax payers and the health & care system.

Covid-19 Recovery

- Recovery and restoration of primary and community services post COVID
 - primary and community care services restoration – Ensuring a safe and sustained transition in Primary Care from a full total triage model, maintaining virtual triage, self-management and strengthening MDT working
 - Optimising use of digital approaches to triage and assessment
 - Management of potential second wave of COVID-19 and impact of local outbreaks – delivering of virtual covid monitoring in community

Objectives

- Primary care network (PCN) development and integrated locality teams
 - Primary care resilience and development of new roles
 - Neighbourhood model
- Integrated intermediate care to reduce hospital admissions
 - Strengthening admission avoidance and home first approach (role of PRRT /CIS)
 - Review of health and care bed based services to understand number and type of community beds required eg step-up /D2A /rehab and re-ablement
- Rehab and reablement strategies to maximise independence
 - Review of current rehab services in light of learning from COVID-19- including specialist rehab provision
 - Sensory service intervention
 - Review of respite services for people with LD

Year 1 Plan & deliverables

Priority area	Tier of planning	Milestone to be achieved	Status
Covid recovery and restoration	HIOW / PSEH planning and coordination	100% General practices restored to usual levels where clinically appropriate by Sept 2020	Complete
		All general practices offering both face-to-face and digital appointments where clinically appropriate	Complete
		Virtual covid monitoring in primary and community care established by 30 November	On track
Primary care network (PCN) development and integrated locality teams	PCN locality and City wide	PCN recruitment to additional roles completed (100% spend committed) by Mar 2021 Review and redefine the neighbourhood model programme within P3, based on the one team	On track

	PCN locality and City wide	approach across primary, community health and social care by end November 2020	underway
Integrated intermediate care to reduce hospital admissions	City within PSEH framework and with PSEH monitoring arrangements	<p>Ensuring sufficient winter capacity – option appraisal for increasing bedded capacity to be complete by November 2020.</p> <p>Phase 1 of integrated intermediate care review to be completed by 31 March 2021 to include fully embedding D2A approach</p>	<p>On track</p> <p>Progress could be delayed due to recruitment timeframe of programme lead</p>
Rehab and reablement strategies to maximise independence	<p>City / PSEH</p> <p>City / PSEH</p> <p>City</p> <p>City</p>	<p>To ensure community services are able to support the aftercare needs of inpatients recovering from COVID-19 by 31 March 2021</p> <p>Restore community specialist services, implementing patient initiated follow-ups where appropriate to begin waiting list recovery by 31 March 2021</p> <p>Completion of sensory services intervention (tbc)</p> <p>Review of respite services for people with LD (tbc)</p>	<p>Underway</p> <p>underway</p> <p>Underway</p> <p>Underway</p>

3yr Intentions

Primary care network (PCN) development and integrated locality teams	<p>Resilient PCN model in place with new roles and ways of working well established and supported by robust Citywide provision, where this makes sense.</p> <p>Integrated locality team model in place across primary, community health and social care which includes close working with VCS as part of wider neighbourhood model.</p>
Integrated intermediate care to reduce hospital admissions	<p>Robust, integrated intermediate care service in place to reduce admissions to acute hospital and long term care, routinely delivering against key targets. Placements. Reduced number of delays in hospital as D2A approach well embedded and operating as BAU.</p>
Rehab and reablement strategies to maximise independence	<p>Strengthened community rehab and reablement services in operation</p>

Key Outcomes & Indicators

Primary care network (PCN) development and integrated locality teams	
Integrated intermediate care to reduce hospital admissions	<ul style="list-style-type: none"> • At least 95% of patients are discharged to home from hospital • Delivery of 2h community rapid response (increase in preventable admissions)
Rehab and reablement strategies to maximise independence	

Health & Care Portsmouth Vulnerable People and Long-Term Conditions Strategy 2020-23

Introduction: Health & Care Portsmouth's Adults Plan 2020-23

The Health & Care Portsmouth Adults Plan describes 6 priorities that form the basis of our work to improve the health & care of adults in Portsmouth. The **Vulnerable People and Long-Term Conditions Strategy** is one of these six priority areas and draws together a wide range of improvement work involving a significant number of partners and people.

The six priorities of the Health & Care Portsmouth Adults Plan are:

1. Personalisation of care and support
2. Improving health and well-being and strengthening our communities using an asset building approach
3. Strengthening primary and community care services
4. Supporting vulnerable people through the prevention and management of long term conditions
5. Improving access to acute /secondary or specialist services – would include system resilience, urgent care and elective care pathways and TRUE
6. Improving access to mental health services at all stages of the pathway; well-being, access to community support, primary MH services, secondary care and planned and crisis services

Of equal importance, there are 7 cross-cutting programmes of work, representing standards and improvements we aim to be embedded in all six of the above priorities. These are:

- a. Safeguarding and liberty protections
- b. Contracting approach
- c. Workforce development
- d. Maximising use of SystemOne
- e. Co-production approach
- f. Improving use of Business Intelligence to inform decision making
- g. Accommodation strategy

All of the above have been reviewed and refreshed to incorporate our learning from the wide ranging response to the covid-19 pandemic and the specific recovery and reset actions have been incorporated into the work programmes of each plan.

Vision

To strengthen the support for those most vulnerable including the effective prevention and management of long-term conditions so that people receive the responses they need to become more resilient & independent and know how to access services when needed.

Principles

We will know, support and represent those in greatest health & care need in the city, focusing on tackling health inequalities.

We believe in personal independence, supporting people to be in control of their own health and care and less dependent on services.

We will work continuously to improve the integration and co-ordination of health & care for people who are vulnerable or who live with a long-term condition so that the person experiences their care as centred on their needs and delivered by one team, regardless of organisational boundaries.

We believe in the continued development of a single care record that is accessible by the person, their family and the professionals who are involved in their care.

We support and champion social, community and clinical leadership in the design and delivery of high-quality health & care that focuses on the whole person and addresses underlying inequalities in health & care.

We believe in proactive primary care, with links to local communities, alongside improved access in the community to staff with multi-disciplinary skills necessary to manage the complexity of vulnerability and long-term conditions.

We support vulnerable adults so they can confidently make their own decisions and give informed consent regarding their care.

We will continuously review and build support and services that are capable of managing the growing health & care needs of the city and that take account of the cost to residents and tax payers.

Covid-19 Recovery

- Provision of ongoing support to support those most clinically extremely vulnerable (CEV) patients in the event of increasing local or national outbreaks requiring further restrictions to prevent the spread of the COVID-19 pandemic.

Objectives

- Ongoing support to those people classified as clinically vulnerable including those from BAME communities
 - Proactive delivery of flu vaccination programme to meet targets
 - Local Delivery of Covid vaccination programme
- Provision of support to people in care homes and within the wider care sector
 - Effective infection prevention and control
 - Care sector resilience
 - Enhanced care home service implementation
 - Reduced conveyance to acute hospital
- Prevention and effective management of long term conditions
 - Long term conditions hub development

- Pathway specific developments eg respiratory
- Support for carers
 - Reducing breakdown of support packages due to carer stress
- Provision of support to people with a learning disability in line with the Transforming Care agenda
 - Identification of people on GP registers and annual health checks completed
 - Review of respite services
 - Pathway review of ADHD and autism pathways

Year 1 Plan & deliverables

Priority area	Tier of planning	Milestone to be achieved	Status
Covid recovery and restoration	City	Develop and implement local infrastructure to support those residents identified as CEV in the event of further local or national restrictions as a result of COVID-19 by 30 th October 2020	Complete
Ongoing support to people classified as clinically vulnerable	City delivery within HIOW & PSEH planning framework	Achievement of flu vaccination programme in line with national targets by 31 March 2021.	Underway (risk around availability of stocks)
	City delivery within HIOW & PSEH planning framework	Roll-out of covid vaccination programme in line with national and regional guidance from December 2020	Scoping underway at HIOW
Provision of support to care sector (including care homes)	City	Effective infection, prevention and control processes deployed across the care sector to reduce risk and spread of infection, including establishment of designated C19 positive site provision	Ongoing
	City	Operational and financial support package in place to maintain care sector resilience through the winter	Underway
	City	Enhanced care home DES offer in place to all homes from October 2020	Complete
	City delivery aligned with FGSEH	Reduction in conveyances to acute hospital as part of ICP admission avoidance and frailty work programmes	On track

Prevention and effective management of long term conditions (LTC)	City delivery within PSEH framework and alignment PSEH	Review learning from pre Covid LTC hub project and relaunch a programme to deliver a new care model aligned to PCNs by 30 th December 2020. Ongoing pathway specific projects for diabetes, heart failure and respiratory including review of specialist community services and provision of same day emergency care (SDEC) solutions.	Underway Underway
Support for carers	City	Ongoing support to carers to reduce risk of package breakdown. review of service in model in light of learning from Covid19	Underway
Provision of support for people with learning disabilities	City	Annual health checks completed for all patients with an LD on GP practice registers 67% by March 2021 Review of respite services	On track Underway

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3yr Intentions

Priority Area	Ambition
Ongoing support to people classified as clinically vulnerable	Robust prevention strategies to protect the most vulnerable through deeper engagement and collaboration with communities
Provision of support to care sector (including care homes)	Resilience care sector operating in the City supported by primary and community health and care services to support people within their place of residence for longer.
Prevention and effective management of long term conditions (LTC)	Improved access to support for people with LTC to help them effectively manage their condition and reducing risk of deterioration as well as reducing the requirement for admission to acute hospital
Support for carers	Robust and varied support offer for carers in place to reduce risk of breakdown of care at home provision due to carer stress
Provision of support for people with learning disabilities	Transformation of the service offer for people with learning disabilities, that better supports the transition from childhood to adulthood to support people maintain their independence and wellbeing. Including development of robust community pathways for ADHD/ autism and flexibility within the respite offer.

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Outcomes & Indicators

Priority areas	Outcomes and indicators
Ongoing support to people classified as clinically vulnerable	<ul style="list-style-type: none"> 75% uptake of flu vaccination programme in high priority groups achieved by February 2021

Provision of support to care sector (including care homes)	<ul style="list-style-type: none"> • Increased resilience of care sector, with effective support offer • Reduction in ambulance conveyance to acute hospital from care homes
Prevention and effective management of long term conditions (LTC)	<ul style="list-style-type: none"> • Improved management of LTC in line with agreed clinical indicators • Reduction in emergency hospital admissions for people with LTC
Support for carers	<ul style="list-style-type: none"> • Reduced breakdown of care at home offer as a result of carer stress
Provision of support for people with learning disabilities	<ul style="list-style-type: none"> • 67% uptake of annual LD health checks by 31 March 2021

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Health & Care Portsmouth Secondary, Acute and Specialist Healthcare Strategy 2020-23

Introduction: Health & Care Portsmouth's Adults Plan 2020-23

The Health & Care Portsmouth Adults Plan describes 6 priorities that form the basis of our work to improve the health & care of adults in Portsmouth. The **Secondary, Acute and Specialist Care Strategy** is one of these six priority areas and draws together a wide range of improvement work involving a significant number of partners and people.

The six priorities of the Health & Care Portsmouth Adults Plan are:

1. Personalisation of care and support
2. Improving health and well-being and strengthening our communities using an asset building approach
3. Strengthening primary and community care services
4. Supporting vulnerable people through the prevention and management of long term conditions
5. Improving access to acute /secondary or specialist services – would include system resilience, urgent care and elective care pathways and TRUE
6. Improving access to mental health services at all stages of the pathway; well-being, access to community support, primary MH services, secondary care and planned and crisis services

Of equal importance, there are 7 cross-cutting programmes of work, representing standards and improvements we aim to be embedded in all six of the above priorities. These are:

- a. Safeguarding and liberty protections
- b. Contracting approach
- c. Workforce development
- d. Maximising use of SystemOne
- e. Co-production approach
- f. Improving use of Business Intelligence to inform decision making
- g. Accommodation strategy

All of the above have been reviewed and refreshed to incorporate our learning from the wide ranging response to the covid-19 pandemic and the specific recovery and reset actions have been incorporated into the work programmes of each plan.

Vision

To work in partnership to continuously achieve excellence in acute and specialist health care.

Principles

We will design and deliver hospital and specialist care that has the whole person in mind, respecting people's preferences and integrating physical, emotional, mental and social health. Our hospitals and specialist services will be enabled to fulfil their role for the communities they serve.

We will continuously strive for safe, high quality, reliable and person-focused hospital and specialist care, with staff and services who are able to pursue the best outcomes for their patients.

We will build services that empower patients and staff through information, technology and transparency

We will work to create care management systems that integrate hospital, specialist care with community, primary and social care, improving the person's continuity of care particularly where this involves multiple services or transitions between services.

We will continue to work hard improving access to urgent and planned hospital care, identifying and making improvements large and small, breaking down silos and forming partnerships between different health & care sectors, including residents and their communities.

Covid-19 Recovery

- Restoration of cancer services
 - Includes provision of prevention, treatment, management and recovery
- Recovery of elective services
 - Restoration of elective services and single system approach to managing waiting lists
- Winter surge and escalation planning
 - Strengthening system resistance in light of Covid second wave and impact of local outbreaks
 - To manage increase ED and NEL demand over winter

Objectives

- Transforming urgent and elective care (TrUE) services in the community programme delivery
 - Simplify and increase resilience of community based urgent care services as an alternative to ED
 - Strengthen out of hospital, community based elective and diagnostic services
 - Delivery of interim and long term procurement strategy to deliver the above
- Delivery and restoration of sustainable model of elective and cancer services
- Delivery of NHS 111 First and Same Day Emergency Care solutions
 - Strengthen provision of CAS as gateway to primary and community services to reduce conveyance
 - Frailty hub developments
- Increase resilience of specialist services

- Review of specialist palliative care services
- Critical care review

Year 1 Plan & deliverables

Priority area	Tier of planning	Milestone to be achieved	Status
Covid recovery and restoration	HIOW / PSEH	Planned restoration levels of acute activity in place to improve access, address long waiting patients and target shortfall in capacity (see outcomes and key indicators for full details)	On track (being monitored at HIOW)
	HIOW/PSEH	Ensure seasonal (winter) plans are developed across PSEH to mitigate additional pressures and ensure patient safety and care is maintained	Underway
	PSEH/HIOW	Maintain ED attendances, NEL admissions, bed occupancy and MFFD to agreed threshold levels to ensure flow across the PSEH and maintain patient safety	On track
	PSEH	Understanding the need for surge capacity from a second wave of Covid-19	Underway
	PSEH/HIOW		Underway
Transforming urgent and elective care (TrUE) services in the community programme delivery	PSEH	Complete Practice Plus (prev Care UK) contract extension negotiations by 31 December 2020	On track
		Complete due diligence process and sign contract extension for IPC service by 31 March 2021	Underway
		Complete all provider MOU for urgent care service delivery included within TrUE	Underway
		Undertake longer term procurement planning.	Underway
Delivery and restoration of sustainable	PSEH/HIOW	Focus on restoration as above and	Underway

model of elective and cancer services		<ul style="list-style-type: none"> • Deliver diagnostic access programme to secure improvements • Embed digital innovations and speciality specific pathway developments for elective and cancer and transformation by 31 March 	<p>Underway</p> <p>Underway</p>
Delivery of NHS 111 First and Same Day Emergency Care solutions	<p>City / PSEH</p> <p>City</p>	<p>Review of Portsmouth CAS model and capacity to effectively deliver NHS 111 first, ensure there is a shared business continuity plan across PSEH</p> <p>Increase access to Same Day Emergency Care (SDEC) service model by 31 March 2021</p> <p>Fully embed current admission avoidance schemes and ensure consistent implementation 2021</p> <p>Development of a community based frailty hub within the City (aligned to integrated intermediate care model)</p>	<p>On track</p> <p>Underway</p> <p>Underway</p> <p>Underway</p>
Increase resilience of specialist services	PSEH	Review of specialist palliative care services by 31 March 2021	Delayed

3yr Commissioning Intentions

Priority area	Commissioning ambition and objective
Transforming urgent and elective care (TrUE) services in the community programme delivery	Long term procurement of new model of urgent and elective community provision complete and service delivery models in operation
Delivery and restoration of sustainable model of elective and cancer services	Continued achievement of cancer and elective standards enabling reduced waiting times and improved access for elective and cancer services; including improved access for diagnostics and improved early detection of cancer. Improved primary and community pathways and support for those not requiring secondary care intervention
Delivery of NHS 111 First and Same Day Emergency Care solutions	Robust CAS model in place as the gateway to urgent care services and SDEC model fully embedded as BAU leading to reduced conveyances and emergency inpatient admissions
Increase resilience of specialist services	Sustainable model of provision in place across PSEH for specialist community services

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Outcomes & Indicators for year 1 priorities (based on agreed national, HIOW and PSEH indicators)

Priority area	Key indicators and outcomes
Elective care and cancer	<p>89% restoration of outpatient first appointments by October (national expectation 100%) - will achieve by March (100% when factoring in A&G impact)</p> <p>91% restoration of outpatient follow-up care by October (national expectation 100%) - will achieve by March</p> <ul style="list-style-type: none"> At least 25% of all first and 60% of follow-ups appointments conducted virtually <p>82% restoration of Day Case by October (national expectation 90%) - will achieve by March</p>

	<p>Inpatient elective care restored to 90% by October (national expectation 90% by October)</p> <p>2ww referrals returned to pre-COVID levels by Sept 2020</p> <p>Reduction in 52wk elective waits to pre-COVID levels by March 2021 (national expectation 100% by October)</p> <p>100% Restoration of MRI, CT and Endoscopy by Oct 2020 (national expectation 100%)</p>
Urgent care	<p>Zero tolerance to >30 minute ambulance holds</p> <p>ED attends maintained at <270 per day (220 adults /50 paed)</p> <p>Bedded capacity maintained at 85% (Urgent/ Medicines/ Mental Health) and 92% (Community) occupancy and acute bed days lost reduced to <80</p> <p>MFFD maintained at <30</p> <p>Admissions through SDEC pathways increased to 110 patients/day</p> <p>>50% of high acuity dispositions (ED and Cat 3/4 ambulances) that have been downgraded within the CAS.</p>

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Adult Mental Health Strategy

Introduction: Health & Care Portsmouth's Adults Plan 2020-23

The Health & Care Portsmouth Adults Plan describes 6 priorities that form the basis of our work to improve the health & care of adults in Portsmouth. The **Adult Mental Health Strategy** is one of these six priority areas and draws together a wide range of improvement work involving a significant number of partners and people.

The six priorities of the Health & Care Portsmouth Adults Plan are:

1. Personalisation of care and support
2. Improving health and well-being and strengthening our communities using an asset building approach
3. Strengthening primary and community care services
4. Supporting vulnerable people through the prevention and management of long term conditions
5. Improving access to acute /secondary or specialist services – would include system resilience, urgent care and elective care pathways and TRUE
6. Improving access to mental health services at all stages of the pathway; well-being, access to community support, primary MH services, secondary care and planned and crisis services

Of equal importance, there are 7 cross-cutting programmes of work, representing standards and improvements we aim to be embedded in all six of the above priorities. These are:

- a. Safeguarding and liberty protections
- b. Contracting approach
- c. Workforce development
- d. Maximising use of SystemOne
- e. Co-production approach
- f. Improving use of Business Intelligence to inform decision making
- g. Accommodation strategy

All of the above have been reviewed and refreshed to incorporate our learning from the wide ranging response to the covid-19 pandemic and the specific recovery and reset actions have been incorporated into the work programmes of each plan.

Vision

To create a mental health system that promotes wellbeing, prevents the development of mental health problems at the earliest opportunity, provides timely access to support and contributes to a society that values mental wellness as a foundation of our communities.

Principles

We believe in prioritising early intervention and preventative health and social care services that allow individuals to have more choice and control over their own lives, to plan ahead and keep control at times of crisis in their health and care.

We support the creation of wellbeing services in or close to people's communities so that people can access support for a range of lifestyle issues which allows them to manage these better themselves.

We support communities that are able to support the needs of the most vulnerable, those with learning difficulties, with enduring mental health or physical health problems including hearing or visual loss or problematic addictions.

We work with parents and families to provide a co-ordinated approach to the health & welfare of children & young people

We work with people, families and organisations to improve engagement and support for older people in their communities and reduce isolation

We continue to develop a sustainable health and care system that achieves a shift in focus from acute care to community and primary care, early intervention, prevention and maximizes the contribution of the voluntary and community sector.

We will work to continuously improve the quality of mental health services in the city, from early intervention and primary care through to crisis support and acute care.

We support a recovery approach in all support and services that work with people with enduring or complex mental health conditions.

We believe people should have a strong voice about how services are designed and delivered in their community and their city.

Covid-19 Recovery

- Expansion and improvement of mental health services, to support increasing demand for mental health services and higher acuity.
 - Restoration of IAPT services
 - Restoration of MH rehab services for people with enduring MH issues
 - 24/7 crisis lines maintained

Objectives

- Improving well-being through increased access to community based support
 - Strengthening role of Positive Minds

- Primary and community MH services provision
 - New MH roles in primary care
 - MH assessment pathway – ‘one team approach and ‘no wrong door’ concept
- Timely access to secondary care provision
 - Increase therapeutic activity for those on CMHT caseload (A4 - phase three letter)
 - Recovery approach
 - Inpatient beds
- Crisis service response
 - Ed re-direction
 - Section 136 / place of safety provision
- Dementia pathway
 - Strengthening support for carers
 - Integration with physical health services in the community
 - Delirium pathway

Year 1 Plan & deliverables

Priority area	Tier of planning	Milestone to be achieved	Status
Covid recovery and restoration	City (within HIOW framework / agreed recovery plan)	Sustainable mental health services in place to manage the anticipated increase in demand and acuity by 30 November 2021 (investment requirements included in HIOW RR plan submission)	On track
		100% IAPT services restored by December 20	On track
		24/7 crisis line HIOW 111 triage service sustained	Complete
Restoration of Solent MH rehab services by 30 th Sept		Complete	
Improving MH well-being and community based support	City	Review and strengthen role of Positive Minds as ‘gateway’ to MH services for primary care	Underway
Strengthening Primary and community MH services provision	City (within HIOW framework / agreed	Delivery of PCN DES new MH roles as part of an agreed primary and community pathway April 2021	On track

	transformation plan for CMH)	Development of vision and action plan for MH assessment services aligned with CMHF ensuring 'no wrong front door' when accessing mental health support and seamless transitions between services based / dependent on need. In order for new service model to be mobilised from April 2021	On track
Timely access to secondary care provision	City	<p>Increase therapeutic activity for those on CMHT caseload (A4 - phase three letter)</p> <p>Good quality mental health assessments to negate need to repeatedly tell their story coupled with seamless pathways to enable the most appropriate level of support which can be stepped up or down dependent on need.</p> <p>Community rehabilitation - Ensuring least restrictive and local placements as early as possible</p>	<p>Complete</p> <p>On track</p> <p>On track</p>
Improving community based dementia pathway		<p>Developing community based alternatives to admission as part of integrated intermediate care offer</p> <p>Supporting Dementia Friendly City Community Rehabilitation</p>	<p>Underway</p> <p>Underway</p>

3 Year Intentions

Priority area	Ambition
Covid recovery and restoration	MH Services modelling anticipated increase in demand levels of 30% as per national predictors. Full extent of this increase in demand and rising levels of acuity and its impact have yet to be realised.
Improving MH well-being and community based support	Building on lower level support through third sector organisations such as the Portsmouth PositiveMinds services. Helping people manage their own condition using personalised recovery support from family and social networks within their local community. This to include children and young people transitioning between children to adults services.
Strengthening Primary and community MH services provision	<p>Applying core principles of the CMHF vision over the next 3 yrs to develop new integrated models of primary and community mental care aligned with PCN footprints which are able to support adults and older adults with a range of long-term severe mental illnesses. This approach to ensure;</p> <ul style="list-style-type: none"> • No-one falls through the gaps in service provision due to eligibility criteria / thresholds • No wrong front door to access mental health services • Good quality MH assessments regardless of where someone presents, negating the need to repeatedly tell their story • Transformed services are co-produced with service users and carers and experts by experience • Timely access to psychological therapies which support recovery • Clear provision / pathways to support children and young people as they transition from children's mental health services to adults.

<p>Timely access to secondary care provision</p>	<p>Establishing a 'no wrong front door' approach to ensure access to mental health services is timely and appropriate based on need, supported by good quality mental health assessments regardless of where someone presents. There is seamless movement throughout the system enabling both a 'step up' and 'step down' access for appropriate care and support. All interventions to be recovery focused to enable the service user to become active participants in their own community to a level they can manage.</p>
<p>Improving timeliness of Crisis response services</p>	<p>Seamless pathways between the crisis, psychiatric liaison services including ED redirect and NHS 111 mental health triage services with primary and community and secondary care services to enable right time right place support and prevent 'hand offs' between service providers.</p> <p>Inclusion of appropriately trained peer support workers integrated into the Crisis team and availability of clear city wide provision of Crisis alternatives such as Safe Haven models.</p>
<p>Improving community based dementia pathway</p>	<p>Clear accessible Dementia support services for both the person diagnosed with dementia and their family / carers integrated as part of the community mental health team and the older persons physical health / frailty teams to ensure parity of care and access. A key focus will include:</p>

Key Outcomes & Indicators

- 90% of Emergency Psychiatric Liaison referrals seen within 1 hour (Core 24 Standard)
- All mental Health assessments of a person in crisis, undertaken <4 hours
- 95% of CYP with mental health need seen within 4 hours of accepted referral
- Mental health OOA referrals eliminated by March 2021



Title of meeting:	Health and Wellbeing Board
Date of meeting:	25 th November 2020
Subject:	Briefing on Portsmouth Mental Health Alliance
Report by:	Dr Fiona Wright, Consultant in Public Health, Portsmouth City Council Gordon Muvuti, Director of Partnerships, Solent NHS Trust
Wards affected:	All
Key decision:	Yes/No
Full Council decision:	Yes/No

1. Purpose of report

- To introduce the Health and Wellbeing Board (HWB) to the Portsmouth Mental Health Alliance (PMHA).
- To update and raise awareness within the board on the purpose of the alliance membership, current work streams, examples of work to date and future plans.
- To agree the accountability of the PMHA to the Health and Wellbeing Board and the terms of reference of the alliance.

2. Recommendations

- The Health and Wellbeing Board notes the establishment of the PMHA, membership organisations, work streams, the work to date and future plans.
- The HWB board is asked to agree the terms of reference and accountability of the alliance.
- Individual HWB board members and organisations - consider how they get involved in and support the work of the alliance (including training, communications and embedding a trauma informed approach).

3. Background

3.1 The COVID-19 pandemic and the impact on mental health and wellbeing.

Evidence from previous pandemics and outbreaks (such as SARS and Ebola) has shown a negative impact on the community's mental health and wellbeing. We might expect this to be even greater for COVID-19 as it continues and given the impact on the economy. The pandemic can be viewed as a "collective trauma". The impact of non-pharmaceutical interventions, for example the "lockdown" of March 20, have far reaching impacts on mental health directly through loss of social contact and through impacting on the wider determinants of health such as unemployment. There is widespread evidence of the unequal impact of the pandemic, especially for Black and Minority Ethnic (BAME) and low-

income groups. It is also likely that we will see a widening impact on mental health inequalities. The impact on mental health is seen across the life course. Figure 1 is a visual representation of some of the expected impact of the pandemic on mental health across the life course.

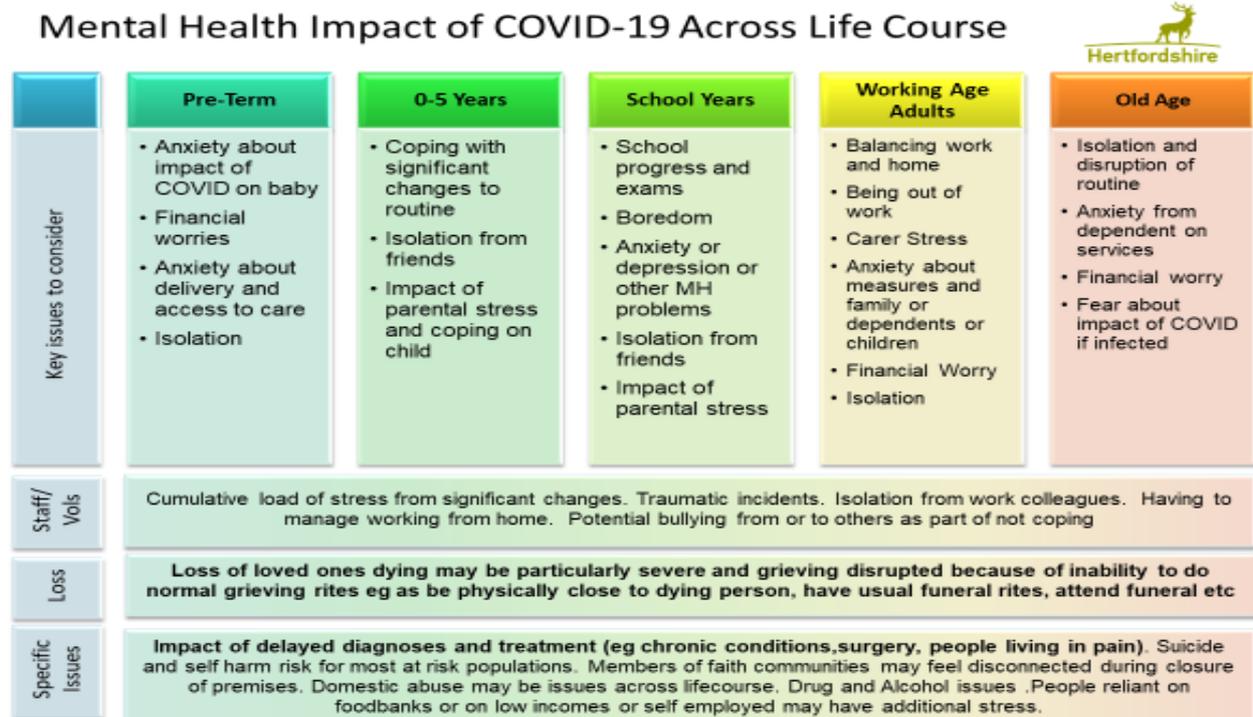


Figure 1. Adapted with permission from Hertfordshire County Council.

Research evidence is emerging of the impact of the pandemic on mental health, for example through a number of longitudinal studies. Much is still to be understood and there is a paucity of robust national or local data though tools are in development (e.g. the recent Wider Health Impacts of COVID-19 tool developed by Public Health England). Population level indicators also mask underlying differences within population groups. The impact of the pandemic and associated interventions on mental health such as anxiety and depression are also varying over time.

Some key messages from the research evidence to date are.

- 49.6% adults in UK expressed increased anxiety in April but this then reduced in May.
- Loneliness was higher amongst those not in employment or on low incomes
- Young adults and women were more likely to report worse mental health and wellbeing (due to family and caring responsibilities and social factors).
- Some evidence that mental health and wellbeing outcomes were worse in adults with long term illness, urban residents and key workers.
- Population estimates are difficult but 7 - 53.8% of BAME population groups experience psychological impact of COVID-19.
- The prevalence of mental health issues on children increases with age, affecting the older age groups more than younger age groups.

- 7% increase in complex bereavement expected due to the impact on normal grieving rituals.
- 20% of people treated in critical care are expected to have a post-traumatic reaction.
- BAME patients account for 24.9 per cent of the patients admitted to UK intensive care units due to COVID-19, it is reasonable to expect they will experience a significant negative psychological reaction.
- People with existing mental health problems and/or drug and alcohol dependency are at greater risk of adverse mental health consequences.
- Mental health impacts are being seen amongst those with no previous history of mental health disorders.
- Alcohol consumption in the general population has increased.
- 20% of people unemployed say they are not coping and have experienced suicidal thoughts. Employment is a strong indicator of mental health.
- People in a lower socioeconomic bracket are likely to be more affected.
- 50% of health workers feel their mental health declined and over 20% are more likely to leave the sector as a result of COVID-19.
- Given the impacts on mental health and determinants of health an increase in suicide rates is expected.

3.2. The Portsmouth Mental Health Alliance

This alliance was set up in May 2020 in response to the COVID-19 pandemic. The aim of the alliance is to bring people and organisations together from across the City to improve the mental health and wellbeing of all who live, work or study in Portsmouth. Given the context of the pandemic a key part of its vision is to develop and embed a trauma informed approach. Figure 2 states the meaning of a trauma informed approach. Taking this on board, from the outset the alliance has taken a collaborative, “bottom up” and system wide approach. This approach also allows us to maximise capacity and work with communities - seen as essential given the scale and complexity of the challenge responding to mental health needs across the city at this time.

“Being trauma-informed is much more than just a ‘simple’ word or term. It is multi-layered and a whole system approach. It should apply to every sphere of an organisation and be fully embedded into the different levels of a system. This includes integrating trauma-related aspects, knowledge and concept into things such as training, recruitment, induction, policies, procedures, mission statements, language used, having experts of experience, the environment, team meetings, supervision, reflective practice, leadership style, and so much more!”

Figure 2. Trauma informed approach.

The alliance is co-chaired by Gordon Muvuti, Director of Partnerships, Solent NHS Trust and Dr Fiona Wright, Consultant in Public Health, Portsmouth City Council. Hollie Morris, Solent NHS Trust, acts as project manager across the alliance. Following an initial presentation of the likely impact on mental health, suggested interventions and an

introduction to the trauma informed approaches, the subsequent meetings took the format of thematic virtual workshops. Leads have volunteered, with active engagement of members inside and outside of the meetings brought their knowledge, expertise and influence to develop several work streams. Figure 4 below lists the resulting work streams of the alliance developed by this collaborative process above. For each we state, the importance of the work stream, the focus/approach in Portsmouth and examples of work being undertaken. A detailed action plan is in development.

The focus of the alliance is across all ages, although most of the work of the alliance has related to adults with a firm link to the children's Social Emotional Mental Health strategy that is already well established. There is also work under way on the longstanding challenge of co-occurring conditions (people with substance misuse and mental health issues) which remains a service issue, although Portsmouth has strong examples of good practice. For some areas of work that are enabling and cross cutting, the wide membership of the alliance provides an important opportunity. These include embedding the trauma informed approach, collaboration on training offers, community engagement (including engaging People with Lived Experience (PLE) and the coordination and strengthening of communications across agencies). The breadth of the multi-agency approach is visible in the leads of the work streams and the involvement of a wide range of organisations. A strap line and public statement developed for the alliance by the communications group is shown in Figure 3. The full draft terms of reference (including list of member organisations) is in Appendix 1.

“Portsmouth Mental Health Alliance - Bringing our City together to improve mental health & wellbeing for all”

The Portsmouth Mental Health Alliance is a collaboration of partners working together to improve the mental health and wellbeing of everyone living and working across the city. The partnership involves representatives from local communities including voluntary organisations, healthcare providers and businesses. The Alliance is supported by Portsmouth City Council, Portsmouth Clinical Commissioning Group and Solent NHS Trust.

Figure 3: Portsmouth Mental Health Alliance strap line and public statement



Figure 4 - Work streams of the alliance with lead, focus and examples of current work.

Work streams of the PMHA (lead)		Why is this important?	Focus	Examples of work underway
1	<p>Embedding the Trauma Informed Approach</p> <p>Madhi Ghomi, Clinical Director and Consultant Counselling Psychologist, Solent NHS Trust</p>	<p>The pandemic is an experience of collective and individual trauma. Working together we can understand signs and impact of trauma and poor mental health and respond and lead in an effective and compassionate way.</p>	<p>Embedding a trauma informed approach across the work of the alliance and the city.</p>	<p>Bringing organisations together to coordinate workplace training offer on mental health across the city; including trauma informed training.</p>
2	<p>Community Engagement and Upskilling Communities</p> <p>Carolyn Barber, Good Mental Health Cooperative</p>	<p>Community engagement important to ensure link with assets as well as deficits, empower diverse communities to support their own mental health and engage with and improve the quality of services. Working with people with lived experience is an important tenet of a trauma informed approach and of addressing the needs of marginalised groups.</p>	<p>Initial focus on a BAME community event. Will broaden out with series of community workshops on topical issues. Also developing an approach to involving people with lived experience in the alliance.</p>	<p>Online event raising awareness of mental health and COVID-19 in the BAME community. Online workshop on 'Managing Money Worries' Produced list of online emotional first aid courses for circulation to voluntary/community sector.</p>
3	<p>Communications and Coordination of Information</p> <p>Catherine Morrow, Press and Communications Manager, Solent NHS Trust</p>	<p>Use the network of partners of the alliance to get messages out e.g. businesses, community groups and statutory organisations. Economise on efforts. Wide range of themes e.g. self-care, signposting for support, debt, social isolation</p>	<p>Building on work already going on across organisations. Developing a communication plan with themes, partners and channels.</p>	<p>Publicising BAME event (above). Increasing public messaging in the light of second national lockdown. Series of articles on mental health in the Portsmouth news.</p>
4	<p>Debt and Financial Issues</p> <p>Mark Sage (PCC Tackling Poverty Coordinator) and Dan Warren-Holland (Solent</p>	<p>Well established that there is a two way vicious circle between debt and mental ill health. Rising debts and loss of employment and housing issues. There is concern that when reactive schemes (e.g. furlough)</p>	<p>Improve early identification of debt and mental health issues by up-skilling the workforce and strengthening pathways. Increase access to money</p>	<p>Pilot Citizens Advice Portsmouth (CAP) advisers training to ask all clients about their mental health. Proto-type training for further roll out in 2021 if effective.</p>



Work streams of the PMHA (lead)		Why is this important?	Focus	Examples of work underway
	Mind Head of Support and Recovery Service)	come to an end there will be a greater need. Evidence that certain groups are not seeking advice.	advice by promoting hope and reducing shame and stigma.	Work stream members will deliver an online workshop in December on Managing Money Worries, in partnership with the Community Engagement work stream. Linking PCC income maximisation campaign with PMHA communications strategy.
5	Bereavement Dr Paul Beadon, Consultant Clinical Psychologist	Increase in deaths from COVID-19. Also increase in complex bereavements (e.g. due to not saying goodbye to loved ones), including suicide.	Develop an education resource for upskilling professionals in providing bereavement support in the light of the pandemic. Set out clear and accessible signposting for professionals making referrals for bereavement support – with reference to level of complexity of presentation. Monitoring for changing demand upon bereavement services.	Mapping of bereavement resources in the city – using this to provide clear signposting to professionals Develop a video resource tailored to local professionals in health and social care, as well as voluntary services Liaise between multiple work streams and facilitate local bereavement service's forum. Liaison over commissioning services for those bereaved by suicide.
6	Children and Young People Stuart McDowell, Senior Project Manager, Children and Families Commissioning, Portsmouth CCG and Portsmouth City Council	Deterioration in children and young people's mental health. Including due to time out of school, loss of social contact, parental anxiety. Longstanding challenge with the age group in transition between services.	Link the Social and Emotional Mental Health (SEMH) Strategy for the city with the work of the alliance. Particular focus on the age group in transition between adults and children.	Explore extending the digital mental health service offer for 18 - 25 year olds. Support the development of an SEMH Scorecard that includes mental health related service data for 18 - 25 year olds. Liaise with university to support mental health and wellbeing of students.
7	Raising Awareness in Workplaces and supporting staff and volunteers	Economic impact on businesses in the city.	Working with businesses in the city to raise awareness	Supporting Shaping Portsmouth to convene engagement events with employers in the city to raise



Work streams of the PMHA (lead)		Why is this important?	Focus	Examples of work underway
	Gordon Muvuti, Director of Partnerships, Solent NHS Trust	Opportunity to access people (particularly those on low income) in their workplace settings and work with large employers	and support mental health of staff	awareness of mental health in the city. Training and messaging re good mental health and sign posting to support through business networks.
8	Suicide Prevention Dr Fiona Wright, Consultant in Public Health, Portsmouth City Council	Increase in suicide rates expected. Opportunity with the funded STP suicide prevention programme and local suicide prevention plan informed by the evidence from the last suicide audit.	Embed suicide prevention across the work of the alliance and ensure needs of Portsmouth attended to in the STP suicide prevention programme and funding.	Developing real time surveillance and post-prevention support. Resources and training developed for Portsmouth schools community to support children and young people who have been bereaved by suicide.

3.3. Way forward

The alliance has been in development for six months and it evolves flexibly and responsively. It will continue to provide a forum for specialist mental health services and wider health and wellbeing stakeholders in Portsmouth to work in partnership to improve wellbeing and resilience in our communities into the future.

All work streams are strengthening and planning future work and this is being embedded in the action plan. We will enhance our use of data and evidence of the impact of the COVID-19 pandemic on mental health and wellbeing as it emerges. Across the whole alliance we will strengthen our approach to community engagement (including working with PLE), public facing communications, training offers and acting as a strong advocate for trauma informed approach in the city.

4. Reasons for recommendations

The PMHA established earlier in the year. It has now gained momentum, developed the work streams and an action plan and is strengthening its public facing communications. It is now important to agree formal accountability of the alliance. At this point in the alliance's development it is helpful to take stock with the Health and Wellbeing board and consider future work of the alliance and the engagement of board members.

5. Integrated impact assessment

An integrated impact assessment is not required as the recommendations do not directly impact on service or policy delivery. Any changes made arising from this report would be subject to investigation in their own right.

6. Legal implications

Legal considerations have been taken into account in the preparation of this report and where appropriate embodied within it.

7. Director of Finance's comments

There are no financial implications arising from the recommendations in this report.

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Signed by:

Appendix 1 - Terms of Reference

Portsmouth Mental Health Alliance

Terms of Reference

1. Constitution

- The Portsmouth Mental Health Alliance (PMHA) brings together communities and organisations across the city of Portsmouth to improve everyone's mental health and wellbeing.
- The Alliance aims to work with organisations and communities to promote an effective response to the mental health impact of the COVID-19 pandemic, taking a trauma informed approach.
- The organisations of the PMHA will engage with the whole community to promote mental health and wellbeing and publicise and improve equitable access to support, creating clear pathways for individuals.
- The PMHA will establish several workstreams lead by and with engagement of stakeholders.
- The PMHA will develop and oversee the delivery of an action plan.

2. Purpose

- To develop a mental health and wellbeing action plan in Portsmouth with partners including those from the commercial and business sector; emergency services; health and social care; voluntary sector organisations and police and criminal justice services.
- Part of this plan is to help the wider workforce to be better trained and aware of detecting signs of trauma and emotional distress in order to address these as early as possible to prevent a distress turning into a crisis.

3. Duties

The PMHA will:

- Create a co-ordinated trauma informed approach across the city, working with organisations and systems to manage the mental health impact of COVID-19 and work to improve emotional wellbeing of all our residents.
- Develop a set of priority actions to achieve through agreed workstreams.
- Monitor the progress of project completion within each workstream.
- Identify quick wins and longer-term actions in line with strategic priorities and the trauma informed approach to improving mental health for all in the city.
- Consider and share information which identifies gaps in provision for mental health support and key research outcomes.
- Embed early intervention and addressing wider social and economic determinants of mental ill health within all workstreams
- Develop methods of educating the public and key workers about signs and symptoms which raise concerns, promote tools and methods to improve mental health and wellbeing.
- Work to ensure access to emotional support through community-based support services, dedicated helplines and, developing a joint pathway to universal mental health services for those that need further support.

Strategic Priorities:

- Take a trauma informed approach to improving mental health and wellbeing for all residents of Portsmouth during COVID-19 and beyond.
- Ensure effective prevention, early help and targeted outreach to build resilience and minimise poor mental health in response to COVID-19 and during recovery.
- Target mental health support to those at high risk of poor mental health such as victims and witnesses of domestic abuse, substance misuse, homelessness, people with SMI, disabilities etc.
- Improve and protect mental health and wellbeing through addressing the wider “determinants” of good/poor mental health. For example, embed mental health outcomes within various COVID-19 recovery approaches such as economic and financial recovery.
- Ensuring the workforce is supported, particularly front-line key workers, and those facing other COVID-19 related pressures i.e. social isolation, bereavement, household financial anxiety.
- Ensuring robust and timely support and services are in place to respond to a “surge” or number of surges (including a good primary care, VCS, alternative models, and digital offer) of mental health needs.
- Improving the pathway and care for people in crisis (mental health, trauma, bereavement). Including but not limited to services i.e. access to online/telephone resources and support groups also important.
- Coordinate data, intelligence and evidence to support planning and action (including real time surveillance of suicides and population health management).

4. Membership

- The Membership of this group is by invitation only from the Chair and Co-Chairs of this group. Existing Members can recommend other organisations to the Chair and Co-Chairs who will make the final decision to issue an invitation.
- The Membership can consist of any organisation within Portsmouth in the below sectors who wish to be part of developing the Wellbeing and Recovery Strategy as they represent a key population group or are a stakeholder in mental health. A full list of current membership is shown in Addendum 1.
- Members are expected to have devolved accountability for their lead areas and be aware of the key issues to raise at the meeting and to endorse/support PMHA decision making.
- Members may send a representative from their organisation if they cannot attend a meeting. This is in relation to the main meeting and to any established working groups.

Membership Organisations can be from:

- Commercial and Business Sector
- Emergency Services
- Health, Social Care and other public bodies
- Voluntary Sector Organisations
- Police and Criminal Justice Services

5. Attendees

- The PHMA may call upon any external expertise in relation to their work in developing the strategy to attend the meeting.
- The PHMA may call upon Alliance workstream leads to co-ordinate any new or follow-on requirements, within their specialist areas.

6. Chair

- The Director of Partnerships from the Solent NHS Trust will co-chair the PMHA with the Consultant in Public Health at Portsmouth City Council.

7. Secretary

- The administration of the meeting shall be supported by the PA to the Director of Partnerships who will arrange to take minutes of the meeting and provide appropriate support to the Chairman and committee members.
- The agenda and any working papers shall be circulated to members 3 working days before the date of the meeting.

8. Quorum

No business shall be transacted at the meeting unless the following are present:

- A Co-Chair
- A representative from Portsmouth City Council

9. Frequency

- The PMHA will meet more frequently initially and then monthly.
- Meetings of workstreams, and of leads of workstreams, will take place as required to ensure actions are developed and progressed.

10. Notice of meetings

- Meetings shall be summoned by the secretary of the committee at the request of the Co-Chairs.

11. Minutes of meetings

- Minutes of the meeting will be shared with the members following agreement by the Co-Chair.

12. Authority

- The PMHA has no powers, other than those specifically delegated in these Terms of Reference.
- The PMHA is authorised:
 - To seek any information, it requires from any employee of the organisation in order to perform its duties.
 - To call any employee to be questioned at a meeting of the PMHA as and when required.
 - To liaise with Alliance workstream leads for the development of any new or follow-on requirements, within their specialist areas

13. Reporting

- A Co-Chair will report by exception to the Health and Wellbeing Board (or designated subgroup) on a six monthly basis via a formal written report.
- A Co-Chair will report by exception to the Health and Wellbeing Board (or designated subgroup) on any significant risk matters that could impact on the work of the PMHA.
- The PMHA shall make relevant recommendations to the Health and Wellbeing Board (or designated subgroup) it deems appropriate, via the report from a Co-Chair.
- All reporting groups to the PMHA are required to report to the Health and Wellbeing Board or designated subgroup (via exception reporting).

Version	5
Agreed at PMHA	Date: 13/11/2020
Agreed at Health and Wellbeing Board	Date:
Date of Next Review	Date: 13/05/2021

Addendum 1 of Terms of Reference

List of current member organisations

The Alliance membership is open to representatives from business, voluntary and community sector and statutory organisations from across Portsmouth who seek to work in collaboration to improve the mental health and wellbeing of our city. The current members of the alliance include:

AGE UK
Clinical Commissioning Group Portsmouth
Good Mental Health Cooperative
Hampshire Hypnotherapy
Hampshire Police
HealthWatch Portsmouth
HIVE
Portsmouth City Council
Shaping Portsmouth
Solent Mind
Solent NHS Trust
Southsea Mindfulness
The Society of St James'
The YOU Trust
Together All
RNRMC
University of Portsmouth
Veterans Outreach Support

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

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Signed by:

Agenda Item 8

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(Please note that "Information Only" reports do not require Integrated Impact Assessments, Legal or Finance Comments as no decision is being taken)



Portsmouth
CITY COUNCIL

Title of meeting:	Health and Wellbeing Board
Subject:	Update on physical activity strategy development and implications of COVID 19 pandemic physical activity agenda.
Date of meeting:	25 th November 2020
Report by:	Andrea Wright, Health Development Manager
Wards affected:	All

1. Requested by Health and Wellbeing Board

2. Purpose

- 2.1 The physical activity levels of an individual can significantly impact their health and wellbeing and life expectancy. Inactivity is defined as less than 30 minutes of moderate intensity physical activity per week¹ and is responsible for 1 in 6 deaths in the UK. Being active can prevent and manage over 20 chronic diseases including liver disease, cardiovascular disease, cancer, respiratory conditions and mental ill-health.²
- 2.2 Physical inactivity is widespread in Portsmouth, with approximately 42,000 of the adult population doing less than 30 minutes of activity a week³ and many more not reaching the recommended level of 150 minutes of moderate activity per week⁴. Only 38.1% of Portsmouth's children and young people under 16 undertake 30 minutes of activity a day⁵.
- 2.3 National evidence shows that certain groups are more likely to be inactive, these include: low socio-economic, Black, Asian and Minority Ethnic (BAME) communities, women and girls, those suffering mental health problems, the disabled and those with a long-term conditions.
- 2.4 We know COVID-19 is more likely to disproportionately affect and cause serious illness amongst BAME communities and those living in the most deprived neighbourhoods. It's also these groups who are more likely to be affected by conditions such as cardiovascular disease, obesity and type 2 diabetes, the other preventable risk factors for contracting COVID-19. Evidence is emerging that people

¹ Physical Inactivity Levels in Adults aged 40-60 in England 2015 to 2016, 2017, PHE

² Physical Health: Applying for All our Health, 2019, PHE

³ Active Lives Survey, 2018-19, Sport England

⁴ Chief Medical Officer Guidelines, 2019, Government

⁵ Public Health Outcomes Framework, 2018-19, PHE

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who are overweight or obese are disproportionately affected by COVID-19 infection and at increased risk of needing hospital treatment including critical care and mechanical ventilation and death.⁶

- 2.5 The current pandemic has exacerbated existing inequalities and negatively impacted on activity levels, widening the gap between the most and least active.
- 2.6 Sport England⁷ produced weekly reports on impact of Covid on physical activity during the first lockdown and then at key points thereafter.
- Overall, older people, people on low income, people in urban areas, those living alone and who had to shield found it more difficult to be physically active.
 - Walking and cycling increased after the first lockdown.
 - Between May and Sept, 33% of low income, 29% with disability or longstanding condition and 33% of females were meeting the recommended physical activity levels of 5 x 30 minutes per week.
- 2.7 It's worth noting that access to and attractiveness of open spaces can often impact on behaviour, with good quality public spaces helping to reduce sedentary behaviour. . For some people space is an issue, especially within urban residential areas, for example, 'People of all ethnic minorities are less likely to have a garden than those of White ethnicity, with those of Black ethnicity being least likely to have access to a garden'⁸.
- 2.8 Overall Covid has negatively impacted on physical activity levels with people's ability and motivation deteriorating as lockdown and subsequent restrictions were in place⁶.
- When restrictions ended, people reported feeling safer exercising at home rather than in public spaces.
 - In September physical activity levels within adults were at a lower level than prior to lockdown.
 - When more tiered restrictions came into place in October, adult activity levels further decreased.
 - However, children's activity levels seemed to increase in correlation with new school term in Sept.
- 2.9 The pandemic has on the whole increased health inequalities. However, there are opportunities arising from the pandemic, such as increases in walking/cycling which can be built upon. Investing in active travel can bring environmental, health and economic benefits⁹:
- Promoting active travel can result in reduced emissions of air pollutants, helping to tackle climate change and improve air quality.
 - Active travel can contribute towards the recommended 150 minutes of physical activity for adults each week, which are hugely important for maintaining health.
 - Walking and cycling can contribute towards economic performance by reducing congestion, supporting local businesses and more. The benefit to cost ratio of investments in walking and cycling are estimated at 5:62:1 (or 'very high' value for money)

⁶ Excess weight and COVID-19: insights from new evidence, 2020, PHE

⁷ Covid-19 Briefing, 2020, Sport England

⁸ Access to garden space: England, 2020, Office for National Statistics

⁹ Research Briefing: Active travel: Trends, policy and funding, 2020, UK Parliament

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- 2.10 Emerging evidence from some studies has suggested that long-term exposure to air pollution before the pandemic is associated with severe symptoms from COVID-19 and a greater risk of death¹⁰. Therefore increases in active travel don't just benefit physical activity levels but also help support cleaner air and wider health benefits.
- 2.11 This paper gives a very brief update on the development of our new physical activity strategy, which reflects the impact of the pandemic, and measures to mitigate those impacts.

3. Information Requested

3.1 Regional Physical Activity Strategy

3.1.1 Energise Me, our regional active partnership, is leading on the strategy's development. This is the second Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) regional physical activity strategy to be produced by Energise Me. The strategy is being developed in conjunction with ourselves and colleagues in the three other Public Health teams across SHIP.

3.1.2 The new strategy launching in 2021 aims to tackle activity in those least active. At a population level the biggest health gain lies in encouraging those not active to do some activity.

3.1.3 The new strategy will address some of the barriers to physical activity created by the pandemic such as closure of facilities and the disinclination of vulnerable users to return to exercise facilities. Specifically it will address the impact of Covid on widening the gap between active and inactive.

3.1.4 The strategy timeline:

Summer 2020 - A review of the progress since the last strategy was conducted and an audit of linked strategies, thus ensuring the new strategy is developed based on local learning and evidence. Internal discussions between Energise Me and representatives from the four PH teams took place at regular points and gathering data, to inform discussions.

Autumn 2020 - The public consultation, the 'Big Conversation' is scheduled to run between 17th Nov - 15th Dec 2020. The format is an online conversation that people can add to, agree/disagree with comments, voice theirs, vote on things that have been said etc. It is part-facilitated meaning there is opportunity for a staff member to contact a person for further explanation if necessary. There is also opportunities for focus groups where the online conversation is not appropriate or not the preferred method for residents. The 'Big Conversation' is open to everyone in the SHIP region but there will be a dedicated push to try and engage our key target audiences i.e. inactive and those affected most by Covid.

Winter 2020/21 - A report will be produced summarising the themes and key information from the public consultation. Workshops will then be held with key

¹⁰ Does exposure to air pollution increase the risk of dying from the coronavirus (COVID-19)?, 2020, Office of National Statistics

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stakeholders to explore the findings in more detail. A draft strategy will then be produced based on the two consultations (public/stakeholder) for final comments by stakeholders.

Spring 2021 - New regional physical activity strategy launched

3.1.5 Underpinning the strategy, in Portsmouth further work will be developed by PH and key partners to ensure local needs are being met. The Active Portsmouth Alliance will play a vital role in helping address physical inactivity.

3.2 Active Portsmouth Alliance

3.2.1 The Active Portsmouth Alliance is a multi-agency network who have an interest in physical activity in the widest sense. Partners include PCC, Health, community and voluntary sector, BH Live (the council's leisure providers), University, Navy, Fire service and others. Membership continues to grow year on year and currently sits at over 90. The focus of the Alliance is to work together to improve inactivity levels across the city.

3.2.2 The first meeting since the pandemic started was held over MS Teams on Wednesday 11th November (as many members had been furloughed and others re-deployed), with regular meetings re-established for 2021 to take forward the work of the new strategy.

3.2.3 There is a commitment from partners to work together to harness opportunities and resources and to improve activity levels amongst the most inactive. The Alliance's target groups will be refreshed in line with the upcoming physical activity strategy.

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Signed by:

Agenda Item 9

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Portsmouth
CITY COUNCIL

Title of meeting:	Health and Wellbeing Board
Subject:	Health and Wellbeing Strategy refresh
Date of meeting:	25 th November 2020
Report by:	Director of Public Health, Portsmouth City Council
Wards affected:	All

1. Requested by

Chair, Health and Wellbeing Board

2. Purpose

To update the Health and Wellbeing Board on progress with updating the Health and Wellbeing Strategy.

3. Background

- 3.1 On 5th February, members of the Health and Wellbeing Board came together in a development session to consider the approach to the new Health and Wellbeing Strategy for the city. It was proposed, and there was broad consensus in support, that the new strategy should focus on the significant issues where existing conditions are driving poorer outcomes for the population, e.g. because of the scale of the issue locally or because Portsmouth is an outlier from the rest of the country. The approach suggested would take these areas and identify the things that would be necessary to create a "new normal" for Portsmouth, where outcomes were routinely better than is currently the case.
- 3.2 Four main themes were identified:
- Educational attainment
 - Social isolation
 - Active travel
 - A "liveable and loveable" city - looking at issues such as housing, culture, green environment etc
- 3.3 Unfortunately, it was not possible to progress this work further, as the response to the Covid-19 pandemic absorbed the capacity of officers who would have been working on taking this forward. It is also the case that the full impact of the pandemic on the community has yet to be understood, in terms of how this changes

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the position on the identified priorities (likely to be substantial in some cases) and what new issues emerge.

3.4 It is therefore proposed that work resumes on this early in the New Year, and including a specific focus on understanding the immediate and longer-term pandemic effects.

4. Setting the Health and Wellbeing Strategy in context

4.1 The role of the new Health and Wellbeing Strategy needs to be understood in the context of the other developing plans in the city, most notably the emerging City Vision, the Blueprint for Health and Care in Portsmouth and the developing priorities for Health and Care Portsmouth. In essence:

- The City Vision (Imagine Portsmouth) will provide a clear guide for everyone working in the city on what the people of Portsmouth think is most important to aspire to in the future.
- The Health and Wellbeing Strategy will focus on the wider determinants of health in the city - what is stopping people in the city thriving, and therefore what needs to happen to enable them to thrive.
- The priorities for Health and Care Portsmouth identify the key groups and service areas that need to be the focus of commissioning, and identify where services and responses need to be in place from the earliest points of intervention through to higher level support.
- The Blueprint sets out the aspiration for how services should be received by residents of the city, setting out a range of commitments around access, quality and ways of working - ultimately, the Blueprint is about ensuring that the outcomes and experiences for residents are never compromised because of the way organisations and institutions organise themselves.

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 Signed by Helen Atkinson, Director of Public Health, Portsmouth City Council

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

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

Title of document	Location