Portsmouth CITY COUNCIL

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NOTICE OF MEETING

HEALTH AND WELLBEING BOARD

WEDNESDAY, 7 JULY 2021 AT 10.00 AM

VIRTUAL REMOTE MEETING

Telephone enquiries to Anna Martyn Tel 023 9283 4870
Email: anna.martyn@portsmouthcc.gov.uk

Health and Wellbeing Board Members
Councillors Jason Fazackarley (Joint Chair), Gerald Vernon-Jackson CBE, Suzy Horton, Lewis Gosling, Kirsty Mellor and Jeanette Smith
Dr Linda Collie (Joint Chair), Jo York, Penny Emerit, Maggie MacIsaac, Andy Silvester, Jackie Powell, Helen Atkinson, Roger Batterbury, Sarah Beattie, Dianne Sherlock, Sue Harriman, Alison Jeffery, Clare Jenkins, Frances Mullen, Andy Weeks and Professor Gordon Blunn

Dr Linda Collie (Joint Chair)
Plus one other PCCG Executive Member: Dr N 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.

A G E N D A

1 Apologies for absence

2 Declaration of interests

3 Minutes of previous meeting - 3 February 2021 (Pages 5 - 12)

RECOMMENDED that the minutes of the previous meeting held on 3 February 2021 be approved as a correct record.

4 Membership changes and co-opting members

The Chair will give a verbal update.

5 Health and Care Portsmouth and update from place based partnership event on 16 June

The Chief Executive will give a verbal update.

6 Local Outbreak Engagement Board (Pages 13 - 22)

This information report by the Director of Public Health is to update the Health and Wellbeing Board on the work of the Local Outbreak Engagement Board (sub-committee of the Health and Wellbeing Board).

7 Health & Wellbeing Strategy - Refresh (Pages 23 - 26)

To present an initial outline Health and Wellbeing Strategy and seek agreement from the Health and Wellbeing Board of the priorities to be further worked up through stakeholder workshops.

8 Air Quality Board (Pages 27 - 30)

The purpose of this report is to outline to the revised governance arrangements to oversee and coordinate the fulfilment of PCC's statutory obligations in relation to the development of a Local Air Quality Action Plan and Council commitments to improving air quality within Portsmouth.

9 Domestic Abuse Bill (Pages 31 - 44)

To update the Health and Wellbeing Board on the new Domestic Abuse Act 2021 statutory duty for tier one local authorities.

10 Guildhall Walk Surgery (Pages 45 - 52)

The report provides an update to the Health and Wellbeing Board on issues relating to the Guildhall Walk Healthcare Centre.

11 Children's Public Health Strategy (Pages 53 - 78)

The report is to inform the Board of the work to develop a new Children's Public Health Strategy (2021-23), to outline the agreed short-term activities and long-term objectives, to seek views and opinions from the Board prior to the public launch of the strategy, to seek commitment from Board members

that their organisations will support the delivery of the outcomes.

12 Changing Futures (Pages 79 - 86)

To update the Health and Wellbeing Board on the scoping phase of the Changing Futures project.

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HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING of the Health and Wellbeing Board held virtually on Wednesday, 3 February 2021 at 10.00 am

Present

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

Councillor Matthew Winnington (Joint Chair)
Councillor Suzy Horton
Councillor Jeanette Smith

Helen Atkinson, Director of Public Health, PCC
Roger Batterbury, Healthwatch Portsmouth
Gordon Blunn, University of Portsmouth
Penny Emerit, Portsmouth Hospitals University Trust
Councillor Lee Hunt
Alison Jeffery, Director, Children, Families & Education, PCC
Jacqueline Markie, Community Rehabilitation Company
Clare Jenkins, Portsmouth Police
Frances Mullen, Portsmouth College
Jackie Powell, PCCG
Suzannah Rosenberg, Solent NHS
Andy Weeks, Hampshire Fire & Rescue Service

Non-voting members

Officers present

Julia Katherine, Dominique Le Touze, Kelly Nash, David Williams, Lisa Wills

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

Dr Linda Collie, Chief Clinical Officer, Portsmouth Clinical Commissioning Group, as Chair, opened the meeting. All present introduced themselves.

Apologies for absence had been received from Councillor Matthew Atkins, Councillor Judith Smyth, Sarah Beattie, Mark Cubbon (represented by Penny Emerit, Deputy Chief Executive, PHUT), Dr Nick Moore and Dianne Sherlock.

Dianne Sherlock (Age UK) passed on her thanks to PCC and the CCG for their acknowledgement and understanding of the voluntary sector, who are currently being contacted by Adult Social Care to book Covid vaccinations for charity staff workers; this is an outstanding offer they are gratefully taking up. She also gave thanks for enabling the voluntary sector to access quality training opportunities such as Making Every Contact Count and Connect 5, as well as Safeguarding training. The sector is grateful for these opportunities.

2. Declarations of Interests (AI 2)

There were no declarations of interest.

3. Minutes of previous meeting - 25 November 2020 (AI 3)

RESOLVED that the minutes of the Health and Wellbeing Board held on 25 November 2020 be approved as a correct record.

Matters arising - minute 44 - Physical Activity Refresh
Dominique Le Touze, Public Health Consultant, gave a verbal update on the Physical Activity Strategy (Energise Me). Energise Me, the council's partner, who are conducting the strategy in Hampshire and the Isle of Wight, are carrying out a consultation. Workshops start on 8 February with a launch date planned for early April. Despite delays caused to the consultation and workshops by Covid, staff illness and being unable to meet people in person, the intention is to proceed. A written report will be brought to the next meeting of the Board when the launch is underway.

The Board considered agenda item 7 - Community Safety Plan 2021 / 2022 - first due to the speakers' other commitments but the minutes will be kept in the original order for ease of reference.

4. Local Outbreak Engagement Board (information item) (AI 4)
Kelly Nash, Corporate Performance Manager, introduced the report and summarised the Local Outbreak Engagement Board's (LOEB) activity since the previous HWB meeting.

Councillor Winnington, Cabinet Member for Health, Wellbeing & Social Care, thanked Kelly Nash for the report and everyone involved in the LOEB for making a difference in Portsmouth. LOEB members' questions had usually already been answered at its meetings thanks to the thorough and professional reports. The LOEB shows the success of partnership working across Portsmouth, without which the city would be nowhere near as good as it is at providing for residents.

RESOLVED that the Health and Wellbeing Board note the report.

5. Integrated Care System - New Models (information item) (AI 5)
David Williams, Chief Executive, introduced the report, which described Health Care & Portsmouth's response to the NHS' "Integrated Care - Next Steps" consultation. The response was submitted just after Christmas and he apologised that it was not brought before the Board ahead of the NHS's deadline for responses. The response had been compiled in difficult circumstances.

Councillor Winnington said the response did not follow leading questions but reflected the situation in Portsmouth and had made its case clearly. The onus is on all organisations to work together as the more they are intertwined the more difficult they will be to unpick. However, working with the wider Hampshire & Isle of Wight area is important as there are many commonalities.

It needs to be ensured that Portsmouth's voice is heard in the wider area. He thanked David Williams and Kelly Nash for co-ordinating the response and all those involved in the submission. Jackie Powell agreed from an NHS point of view with the response. Other CCG lay members noted the importance of a wider footprint but also of wider flexibility.

RESOLVED that the Health and Wellbeing Board note the report.

6. SEND update (AI 6)

Julia Katherine, Head of Inclusion, introduced the annual report. In response to Councillor Smith's queries on the red (not yet achieved) areas in the Post-Inspection Action Plan, she explained that

- Annual Health Checks (no.5) - there are data issues as recording is captured on different systems and it is proving challenging to monitor progress. Dr Collie said children are still being encouraged to have annual health checks despite Covid.
- Health pathway for looked after children (no.6) - this is being redesigned to ensure a more integrated approach and to capture data; it is more a case of data issues rather than work not being done.
- Re-referrals to CAMHS (no.13) - a new score card has been developed to look at performance indicators for SEMH (social, emotional, mental health) needs; it is not overall waiting times but when a problem re-occurs.
- Information about the proportion of young people with SEND in independent or supported living (no.17) - there is currently no way of capturing the information for this age group up to 25 years old; discussions on how to resolve this issue had started but were delayed by Covid.
- Transition between paediatric and adult health services (no.18) - the protocol needs to ensure it covers transition to the full range of Adult services.

As well as data issues, Covid has caused delays in some areas with staff deployed to other roles. Alison Jeffery said the data issues related particularly to Adult Social Care and Solent and that after Covid officers need to resolve them.

Councillor Horton thanked those involved for the SEND accommodation review. Despite a declining population it is unlikely there would be spare SEND accommodation in schools as the number of children with SEND is increasing. One of the silver linings of Covid is the even better relationship between schools and families. There has been constant positive feedback from schools and families on close working relationships, including the work of the Link Co-ordinators, posts which have now been made permanent. These relationships need to be maintained as the city recovers from Covid.

Julia Katherine explained that the Local Offer website is the main way of providing guidance and information to young people with additional needs during Covid. It is a 'one-stop-shop' of information and guidance for young people, families and professionals and covers the support and services available for children and young people with SEND and additional needs

across education, health, social care, the voluntary and community sector and leisure. The site has been developed in co-production with young people with additional needs and their families and includes content such as news, events, videos and blogs, so it is not just a directory of services; it is also a tool for commissioners. Officers would welcome ideas on how to further raise awareness of the website. Feedback via the annual SEND parent/carer survey confirms that when people access the website, they usually find what they are looking for, however there are still some people who are not aware of this resource. Alongside the 2021 survey, which is open until 19 March, there is also a campaign to further raise awareness of the local offer. Information has previously, for example, been sent to GP surgeries etc but word of mouth is always the best way to share this type of information.

The Chair thanked officers for the report.

RESOLVED that the Health and Wellbeing Board note the report.

7. Community Safety Plan 2021 / 2022 (AI 7)

Lisa Wills, Strategy & Partnership Manager, introduced the report, noting that it was the first time the Community Safety Plan has been brought to the Board since the Safer Portsmouth Partnership's incorporation into the Board in June 2019. The Plan draws on existing resources rather than duplicating existing work. There is a major focus on young people with work such as the Trusted Adult programme to try and prevent them going into crime. The police are rolling out a training programme on the impact of early trauma and jointly developing a youth strategy across Portsmouth. Crime overall decreased by 11% during the first lockdown though violence against the person offences peaked in July.

Covid has caused operational problems but changes to priorities are not anticipated; however, the Plan is an interim document. Further analysis will be fed into the Health & Wellbeing Strategy later in the year. One positive outcome of the lockdown was moving homeless people into hotels whilst managing related anti-social behaviour. Many were then helped into self-contained support tenancies. The Public Health team successfully bid for nearly £800,000 central government funding to support homeless people with multiple problems. An expression of interest in the MHCLG's Changing Futures programme could result in £1.5m over the next two years to further co-ordinate services for the homeless. Community safety issues are complex and inter-related as shown by the Venn diagram. As an example, reducing demand for drugs by providing treatment reduces the number of young people at risk of being drawn into County Lines. There is no separate priority on re-offending but work on other priorities such as drug and alcohol misuse together with work with young people will prevent it.

Councillor Lee Hunt, Cabinet Member for Community Safety, thanked Lisa Wills and all involved for the report. The Plan shows the extent to which community safety runs through services. Councillor Hunt recently wrote to all concerned to remind them of their statutory duty to reduce crime and re-offending. Responsible authorities are required to produce detailed work to identify priorities against crime despite reduced funding. One of the most

welcome opportunities was for the homeless who are now in mainstream living because of partnership working, which will help free them from drug abuse and other problems. Visits to community groups show that the public support the approach of wanting more and better activities for young people such as sports facilities.

With regard to policing domestic abuse is the most common driver of assault and he is pleased to work with the Police & Crime Commissioner to address these issues. It is well-known that many of those who witness or suffer domestic abuse go on to commit it so the cycle of crime needs to be broken early on. It is very sad that the number of children at risk of exploitation has doubled in the last few years. The council supported the Chief Constable's bid for extra funding to tackle County Lines and career criminals. An issue everyone needs to do more about is alcohol and how it is used in Portsmouth, especially when the night-time economy returns. Alcohol found at crime scenes alcohol was ABV 6.5% or higher and the homeless drink more from plastic containers than bottles or cans. Another serious problem is knife crime; during a recent weekend the police were stretched to the limit because of knife crime. It is important to note that the number of incidents of knife crime recorded by police in the city is still relatively low, but being closely monitored.

Clare Jenkins supported the report and thanked those involved in it, noting that the recommendations and actions are what the police will work on in the next 12 to 24 months. She agreed with everything that has been said on hidden crime, particularly with crime that may become apparent after Covid. Police records show that children who witness domestic abuse often go missing, commit anti-social behaviour and then more serious crime. Trauma informed approaches are used more often now when engaging with offenders. Officers are being trained to look at what has happened to an individual to inform effective early intervention. The ability for young people to engage with trusted adults is essential. Domestic abuse initiatives include Ask for ANI at pharmacies and Safe At Home at supermarkets as these are the few places when people can escape controlling environments.

Councillor Suzy Horton noted that youth provision stretches across several portfolios and there is also funding from the Hampshire Violence Reduction Unit. Portfolios are mapping efficiency in the current cash-strapped times to ensure the child is at the centre. The whole start with trauma is so significant. Young people need to be given other choices in life so it is important to emphasise youth provision.

Councillor Jeanette Smith was concerned the fall-out from Covid will be massive with regard to early intervention, alcohol intake, children not attending school and increased crime. Lisa Wills agreed responses had to be co-ordinated around Covid and new roles have been created in Children's Services to support children in the short-term. In the long-term life is likely to return to normal which is why the Plan is for 12 months for the time being; the strategic priorities are unlikely to change. Councillor Hunt said the only way to survive is to work together. Organisations have their own strategies which they can report back on to the Board to help address local priorities.

Alison Jeffery said that with regard to missing children Children's Services work closely with the police. There are very few who repeatedly go missing. County Lines is a very real threat and a few looked after children are caught up in it; it is essential to disrupt County Lines activity. There is good partnership working in Portsmouth. In addition, targeted services provide early help and work with families in their homes on behaviour change. However, it is difficult working out how to increase support while there is increased pressure on social care as spending has to go on statutory and reactive social care. Funding was increased in 2016 but has since remained static. Officers cannot be complacent about the extent of early intervention. They also have to be mindful of the pressures and economic impact of Covid and families' increased needs. All organisations can do is work closely together but it is an ongoing challenge; for example, young offenders often have communication difficulties and this is something the SEND Strategy addresses.

Councillor Hunt noted many services such as Community Wardens are not statutory as they are funded by bids or local taxation. However, officers are constantly having to bid for funding and it is uncertain if staff will be in post after one or two years. Alison Jeffery said Children's Services benefit from the Housing Revenue Account.

Roger Batterbury said the report was helpful and informative. Comments were interesting, especially those on short-termism of contracts and staffing. He hoped the public would be involved in the re-tendering opportunities mentioned in Priorities A and B.

David Williams thought the Board needed to track where Covid had a disproportionate impact. Children and young people have been strongly impacted by lockdown. Appendix 1 notes there is a more than 20% increase in first-time entrants to the youth justice system but Appendix 2 notes a reduction of 28% of crimes with a substantive outcome. A future meeting could examine first-time entrants to youth justice as it is a multi-agency issue. Meetings could also examine how to avoid the double blight of Covid and entry to youth justice. Alison Jeffery noted there is much discussion around first-time entrants to youth justice, which is a key priority across Hampshire. It is important to have consistent sanctions and not push people into the youth justice system which can be a criminogenic environment in itself. In addition, she noted the fragmented and short-term funding for addressing domestic violence; support for reducing it needs to be secure when allocating resources.

RESOLVED that the Health and Wellbeing Board

- **That the Health and Wellbeing Board approve the plan (appendix 1)**
- **That responsible authorities take the plan forward for endorsement to their organisational senior management groups in order to encourage a collaborative leadership approach.**

The meeting concluded at 11.25 am.

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Councillor Matthew Winnington and Dr Linda Collie
Chair

Dates of future meetings for reference:

16 June, 22 September, 24 November - all Wednesdays at 10 am

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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:	7th July 2021
Report by:	Director of Public Health, Portsmouth City Council
Wards affected:	All

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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

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 2020, and this was established as sub-committee of the Health and Wellbeing Board. The Health and Wellbeing Board has received regular summaries of the work of the LOEB since it was established.

4. Summary of Local Outbreak Engagement Board activity since February

4.1 Since February's HWBB meeting, the LOEB has met five times. Full minutes of board deliberations are published at https://www.portsmouth.gov.uk/ext/coronavirus-covid-19/local-outbreak-control-plan

4.2 Significant business has included:

- Approving the revised Local Outbreak Plan, ensuring that all requirements were fulfilled.
- 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 issues in relation to the developing vaccination programme.
- Considering matters relating to testing.

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 progress on test, trace and isolate, vaccination, enforcement, provision of PPE, testing etc;
- Consideration of the effectiveness of the plan in addressing high risk groups and settings; and
- Risks, looking at what are the issues that may cause Portsmouth to see an increase in infections.

4.3 In relation to risks, the most recent concerns highlighted have been the emergence of the Delta variant, which is now the dominant strain in Portsmouth, as it is across the rest of the country; the risks posed by the increase in cases amongst young people and those not vaccinated; and the risk of increased community transmission as restrictions ease and new variants emerge.

4.4 The most recent assurance report considered by the LOEB is attached as Appendix 1.

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.

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

Appendices

Appendix 1 - Local Outbreak Engagement Board Assurance Report - June 2021

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

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

Title of document	Location

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Portsmouth CITY COUNCIL

Appendix 1 - Local Outbreak Engagement Board - Assurance report - June 2021

Local Context - data and intelligence

Source	Status	RAG
Early warning indicators	Mobility indicators show increased amounts of contacts since the Roadmap was announced. Early warnings of health impact e.g. NHS 111 calls remain stable. Modelling work suggests rising cases will be picked up more slowly due to asymptomatic transmission and that hospital activity will remain low until the autumn.	AMBER
Cases - weekly rate per 100,000	Case rates have remained low over the past four weeks	RED
Testing positivity ratio	Positivity has risen to 3%, and is at nearly 5% for community testing (Pillar 2)	AMBER
Confirmed outbreaks and clusters	There are a growing number of outbreaks and clusters in schools, workplaces, and hospitality and leisure settings particularly those linked to the night time economy.	AMBER
Neighbouring authorities / region	Rates of Covid-19 are above the national average in Southampton and have risen sharply over the last two weeks, with similar rises seen in university towns in the region. Rates are lower but rising in Hampshire and IoW.	AMBER
Enduring transmission	There are currently no specific local areas of concern.	GREEN
Variants of Concern	Delta variants is clearly the dominant variant in Portsmouth, regionally and nationally. The increased transmissibility of delta compared to alpha is driving the current wave of infections.	RED

Commentary:

The number of new confirmed Covid-19 infections in Portsmouth has risen sharply over the last two weeks as the more transmissible delta variant has become dominant and replaced alpha variant. The pausing of step 4 of the Roadmap will not reduce this spread but will allow more time to vaccinate more of the population, and to better understand the potential impact of delta variant on risk of hospitalisation.

New hospital COVID-19 cases remain low. There is always a lag between rising infections and rising hospitalisations but the younger age profile of current cases suggests this may not lead to pressure on acute systems over the summer. However there is potential for a more significant wave of infections when schools return after the summer and, despite the success of the vaccination programme, this could lead to significant pressure on acute systems that coincides with normal Winter pressures. Covid-19 mortality is very low with one death of a Portsmouth resident within 28 days of a positive test in the last four weeks.

Nationally the delta variant (B.1.617.2), which was classified as a Variant of Concern by Public Health England on 6th May 2021, is now the dominant variant in all regions and is estimated to represent over 90% of all cases. PHE's risk assessment is clear that it is more transmissible, and suggests it is leads to greater risk of hospitalisation. There is a reduction in vaccine effectiveness for delta compared to alpha after 1 dose but this reduces to almost nothing after second doses.

Local Activity

Source	Status	RAG
Test and Trace (including self-isolation support)	Bid to extend asymptomatic testing beyond 30th June to March 2022 now with DHSC for review. Rating as Amber until longer term plans approved by DHSC.	AMBER
Vaccination	Overall uptake is high in cohorts so far eligible. Work is underway to encourage uptake in all population groups. Rating remains Amber as uptake is monitored with programme continuing to roll out.	AMBER
Non-pharmaceutical interventions (including business compliance and PPE availability)	No concerns in this area.	GREEN

Commentary

Testing:

- There has been a large increase in asymptomatic testing uptake in recent weeks, with 150 supervised tests and 1936 self-test kits delivered in the week to 15th June.
- Reasons for the increase in uptake may include the instigation of the mobile service, that moves around the city and offers both supervised and self-test pick up. In addition the closure of the University's testing centre in early June may be increasing footfall.
- A bid was completed last week to extend asymptomatic Community Testing beyond the 30th June to end of March 2022. DHSC is currently reviewing the bid. The proposal continues the current model, comprising a static site with 4 stations, a mobile testing service aiming to engage high risk groups and occupations, and pharmacy testing. All sites offer both supervised testing and self-test kit collection.
- The Local Testing Site at Eldon Road will close on 30th June. The DHSC have approved a new Local Testing Site at Commercial Road, on the former Sainsbury's car park. The new site is planned to operational from 26th June, opening from 08.00 - 13.30 for PCR (symptomatic) testing and 14.30 - 20.00 for (asymptomatic) LFD self-test pick up.
  The other Local Testing Site in the city at North Harbour has a lease until the end of September 2020.

Contact tracing:

- The Local Contact Tracing Team received 231 cases for local contact tracing in the last 7 days (Thu 17/6 - Wed 23/6), an average of 33 a day. The weekly figure is an increase of 131% on the previous seven day period, when there were 100 cases.
- In May, the case completion rate was 92% (151/165 cases successfully contact traced), in excess of the target rate of 88.4% as achieved prior to Local 0 by the National-Local Test & Trace partnership.
- We continue to monitor ICERT reports daily from PHE, which bring together contact tracing data from Common Exposure Reports and Postcode Coincidence Reports to enhance cluster detection and review for low risk sites that may need further investigation. We share any emerging concerns with partners in environmental health, education or other settings.

Self-isolation support

- The contact tracing team continue to triage referrals to the HIVE for a welfare visit for those people deemed vulnerable that we cannot get in touch with on the phone. As part of our contact tracing interview with all cases checks are made on support needs.
- Work is underway to develop a protocol or pathway for those seeking self-isolation support. This brings together local support and insight from the Local Authority, CCG, HIVE and partners, together with a review of best international practice.

Latest data on requests and payments via NHS Test and Trace Support is outlined below:

	Main Scheme	Discretionary Scheme	Total (Combined)
Number of Applications Received	1434	1144	2578
Number of Applications Paid	635	354	989
Total Paid (£)	£317,500.00	£177,000.00	£494,500.00
Number of Applications Declined	769	758	1527
Number of Applications in Progress	30	32	62

Vaccination

The NHS Covid vaccination programme (CVP) roll out is progressing with access to appointments for local residents at five GP sites for registered patients (one per Primary Care Network) and through the national booking system at two community pharmacies and St James' Hospital - the community vaccination centre. Queen Alexandra, the hospital hub site has wound down as eligible health and social care worker vaccinations have largely been completed.

Phase two of the vaccination programme continues to roll out in descending age order with all adults (18+, including those who turn 18 before 1st July 2021) are eligible to book vaccination. Individuals who have not yet come forward in all of the defined eligible groups can still book and should be encouraged to come forward for vaccination as soon as possible - it is not too late. The national target by which all adults are expected to have been offered their first dose is now 19th July 2021.

Informed by local data and experience of other vaccination programmes, work to address inequalities continues and is a collaborative effort across PCNs, Solent NHS Trust, NHS Portsmouth Clinical Commissioning Group, Portsmouth City Council and the HIOW Covid-19 Vaccination Programme. Pop up vaccination clinics are being planned for July and outreach work is ongoing to reach individuals who are homeless and those engaged in substance misuse treatment. Local insights work is underway to further understand concerns and barriers in some groups, particularly younger adults within local communities, alongside other engagement activities.

Non-pharmaceutical interventions

Since the extension of the Government's easements until the 19th July the activities undertaken by the PCC Covid Business Compliance Officers (CBCOs) has increased. During this period the hospitality sector has seen a rise in reports of non-compliant activities being identified through public reporting, our partners and common exposure information from Public Health. The expected easing of restrictions, the popularity of sporting events such as the Euros and a desire to return to the expected pre-covid normal on the 21st June are likely explanations for such.

Consequently, the CBCOs have intensified their focus upon hospitality venues to ensure compliance with the amended Health Protection Regulations adopted by the Government on the

16th June and guidance imposed by them until the 18th July. This magnification of effort has increased the number of visits being carried out daily, the number peaking at 60 inspections on the 19thJune. Since late October 2020, approximately 9,200 physical interventions have been made to businesses by the CBCOs, with 280 being carried out during the 7 days up to 20th June. Levels of compliance have been very high throughout with an average compliance score over this period of 89.6% and over the last 7 days at 98%. Despite these high levels of compliance, 38 noncompliance's were found during the last 7 days and therefore the officers will be continuing to engage with premises in order to educate and persuade all to comply fully and prevent the transmission of the virus until all restrictions are lifted.

Good availability of PPE locally, and positive feedback around access to this from local providers. Local LRF drops have ended and settings now need to work with existing supply lines - these are broadly working effectively. System for accessing PPE through the LRF is now well-embedded. Notification has been received that providers will continue to be able to access PPE through national supply lines until March 2022. It has now been confirmed that at this point, the portal will remain in place but items will be chargeable. Further consultation with areas about how the model will work post-March 22 is ongoing.

Assurance levels on key risk areas in the Portsmouth outbreak plan provided by the Regional DHSC and PHE Teams as part of the national assurance programme where we FULLY MET 7/12 assurance areas and MET the other 5.

Assurance area	Commentary
High-risk settings	The plan outlines high risk settings and populations, and potentially underserved communities. Section on demographics touches on the size of the BAME population and localities where deprivation is highest. Although these high risk groups are not specifically profiled in the plan by place, the plan does describe the development and use of the HIOW Vulnerability Indices which infers that this tool will be used to identify the most vulnerable groups with respect to COVID-19 outcomes.
High-risk populations & underserved communities	Good level of detail on how vulnerable populations will access information and support. For example: • The plan describes measures in place for community support around contact tracing for those who are particularly vulnerable and/or “hard to reach”. • Good level of detail on community engagement via PCC local contact tracing service to maximise the trace and isolate components of the COVID response • Clear detail on additional support available for individuals and settings to support isolation, including in the most vulnerable groups/settings • The HIOW COVID Vaccination Programme Equalities Group is working to ensure equity of access to vaccination for vulnerable groups. • Comms and engagement plan in development (linking to HIOW-wide communications and community engagement work) which includes consideration of vulnerable communities- increasing testing and vaccine uptake.

Identified risks

Highest local risk factors are currently considered to be:

- The 'Delta variant' of coronavirus, is currently the dominant strain circulating in Portsmouth as it is across the UK.
- We are seeing cases in the city increase in young adults and those not vaccinated. This is not currently leading to increased hospitalisations locally but we are seeing an increase in Covid admissions in other areas of the country, ie North West of England.
- Risk of increased community transmission as restrictions ease and new variants spread.

RAG: Green = no cause for concern;

Amber = some cause for concern / requires monitoring;

Red = serious cause for concern / requires action

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Portsmouth CITY COUNCIL

Title of meeting:	Health and Wellbeing Board
Date of meeting:	7th July 2021
Subject:	Health and Wellbeing Strategy
Report by:	Helen Atkinson, Director of Public Health
Wards affected:	All
Key decision:	No
Full Council decision:	No

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1. Purpose of report

1.1 To present an initial outline Health and Wellbeing Strategy (HWS) and seek agreement from the Health and Wellbeing Board (HWB) of the priorities to be further worked up through stakeholder workshops.

2. Recommendations

2.1 The Health and Wellbeing Board are recommended to:

- View the presentation at the meeting which will explain the process through which the initial outline HWS has been developed
- Agree the priorities to be further worked up in more detail
- Agree the process for further development of the HWS

3. Background

3.1 On 5th February 2020, members of the HWB came together in a development session to consider the approach to the new HWS for the city. It was proposed, and there was broad consensus in support, that the new strategy should focus on the significant issues where Portsmouth is an outlier from the rest of the country, and where existing conditions are driving poorer outcomes for the population. 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 the position on the identified priorities (likely to be substantial in some cases) and what new issues emerge.

3.4 HWB agreed in November 2020 that this work should resume early in 2021 and include a specific focus on understanding the immediate and longer-term pandemic effects. In April 2021 HWB were sent a broad outline of a HWS based on those discussions from early 2020, and asked to reflect on several issues:

- *Have the priorities / areas to focus on changed?*
- *Has the impact of the pandemic changed what we need to do or how we do it?*
- *How can partners influence those underpinning issues that drive poor outcomes across a range of issues ('the causes of the causes')?*

3.5 Feedback received so far has been used to inform the developing HWS that will be presented in outline form at the HWB on 7th July.

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 Blueprint for Health and Care in Portsmouth and the developing priorities for Health and Care Portsmouth. In essence:

- 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.
- The Health and Wellbeing Strategy will focus on the wider determinants in the city - what is stopping people in the city thriving, and therefore what needs to happen to enable them to thrive.
- The city's Imagine Portsmouth 2040 sets out the long term vision for the future of our city agreed by a wide range of representatives of residents, businesses and organisations who live and work in Portsmouth.

5. The outline priorities for the HWS

5.1 The work with stakeholders in 2020, and the response from HWB members to the latest version of a strategy outline from Spring 2021, suggests broad agreement around the focus on a small number of key drivers of poor outcomes. We refer to these as ‘the causes of the causes’. Three of these potential priorities

have been developed into illustrative action plans that will be presented at the HWB:

- Educational attainment
- Air quality and sustainable travel
- Positive relationships in safe communities

5.2 In addition, two further areas will be presented for further consideration about the HWB's role and whether to include within the HWS:

- tackling poverty and the impact on inequality, and
- ensuring people live in homes that meet their needs and support healthy lives

6. Next steps

6.1 Following agreement of these or an amended set of outline priorities at HWB, it is proposed that themed workshops for each priority will bring together a range of stakeholders to develop more details plans for each, including measures of success. These will then form a HWS to be agreed by the HWB in September 2021 and consulted on during the autumn, with the final strategy approved by HWB in winter 2021.

7. Reasons for recommendations

7.1 The current HWS was agreed in 2018 and covers the period 2018 to 2021. A refreshed HWS is therefore required to meet the statutory duty on the local authority and CCG to develop a HWS.

7.2 The proposals set out above:

- build on work already carried out by members of the HWB in 2020 to identify priorities for improvement locally
- reflect and support the City Vision agreed earlier in 2021
- position the role of the HWB in setting the medium-to-long term priorities to improve outcomes for residents and communities in Portsmouth that will be delivered through Health and Care Portsmouth.

8. Integrated impact assessment

8.1 An Integrated Impact Assessment will need to be undertaken as part of the further development of the strategy.

9. Legal implications

9.1 Section 116A of the Local Government and Public Involvement in Health Act 2007 (as amended) ("the 2007 Act") places a statutory duty upon local

authorities and their partner CCGs to develop a joint health and wellbeing strategy (JHWS).

9.2 Section 116B of the 2007 Act requires local authorities and CCGs to have regard to relevant JSNAs and JHWSs when carrying out their functions.

9.3 The 2007 Act places a duty upon the HWB to have regard to the statutory guidance published by the Secretary of State when preparing JHWSs

9.4 That statutory guidance highlights that HWBs must give consideration to the Public Sector Equality Duty under the Equality Act 2010 throughout the JHWS process.

10. Director of Finance's comments

10.1 There are no direct financial implications arising from the recommendations contained within this report.

10.2 Future schemes and initiatives will require financial appraisal on case by case basis in order to support decision making. Before any schemes or initiatives will be able to proceed, specific funding sources would need to be identified and in place.

……
Signed by:

Appendices:

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

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

Title of document	Location

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

……
Signed by:

Portsmouth CITY COUNCIL

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

Title of meeting:	Health and Wellbeing Board
Subject:	Air Quality Improvement Programme: Governance Arrangements
Date of meeting:	7th July 2021
Report by:	Pam Turton and Dominique Le Touze
Wards affected:	All

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1. Requested by

2. Purpose

The purpose of this report is to outline to the revised governance arrangements to oversee and coordinate the fulfilment of PCC's statutory obligations in relation to the development of a Local Air Quality Action Plan and Council commitments to improving air quality within Portsmouth.

3. Information Requested

There is wide recognition across the Council that poor air quality will impact those who live and work in the City, and often disproportionately impacts the most vulnerable individuals and communities. The impacts on health have been documented previously, but to summarise:

- Long-term exposure to air pollution can cause chronic conditions such as cardiovascular and respiratory diseases as well as lung cancer, leading to reduced life expectancy.
- Short-term increases in levels of air pollution can also cause a range of health impacts, including effects on lung function, exacerbation of asthma, increases in respiratory and cardiovascular hospital admissions and mortality.
- The annual mortality of human-made air pollution in the UK is roughly equivalent to between 28,000 and 36,000 deaths every year.
- It is estimated that between 2017 and 2025 the total cost to the NHS and social care system of air pollutants (fine particulate matter and nitrogen dioxide), for which there is more robust evidence for an association, will be £1.6 billion[1].

[1] Air pollution: applying All Our Health - GOV.UK (www.gov.uk)
http://www.kingsfund.org.uk/publications/improving-publics-health 25 Cost Effective Actions to Reduce Air Pollution In Central London, I. Kilbane-Dawe, Parliament Hill Research, 2012

Portsmouth CITY COUNCIL

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Coordinated Approach to Air Quality Improvement

Whilst the impact of poor air quality is a public health issue, tackling air pollution requires multidisciplinary action. Much broader consideration of the implications for PCC is needed, something which has become increasingly clear as a result of the recent Coroner's Inquest concerning the death of Ella Kissi-Debrah (December 2020).

Responding to the challenge of air quality is an issue which will touch all parts of Portsmouth and, consequently, needs a whole systems approach that recognises the inter-related and interdependent pieces of the puzzle to identify and address the root causes of poor air quality. The government's Clean Air Strategy[2] sets out the need for comprehensive action that is required from across all parts of government and society to meet these goals and the need for leadership at all levels, and the same applies at the local level.

Governance Arrangements

To ensure coordination and focused activity, an executive board will be established with representatives from all departments in the Council, and chaired by the Cabinet Member for Climate Change and Green Recovery.

Once established, this Board will oversee the air quality improvement activity from across the Council and Health and Wellbeing Board Partners ensuring strategic alignment between the programme and business as usual activity. It will also provide a link between PCC activity on air quality and that of partner organisations in the city such as the NHS and University.

The issues relating to air quality are suggested as a theme for the refreshed Health and Wellbeing Strategy (also to be considered at the 7th July HWBB meeting) and therefore it is recommended that reports will be provided to the Health and Wellbeing Board twice annually to provide assurance of progress, an indication of the future work programme and to highlight areas where collective support is required.

The first activity of the new Executive Board will be undertaking a full review of the work currently underway in the Council and Partners initially in order to develop an understanding of the totality of activity underway, to ensure coordination and the maximisation of outputs. It will also identify links with other associated workstreams that improve air quality as a co-benefit.

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http://www.rbkc.gov.uk/pdf/air_quality_cost_effective_actions_full_report.pdf 26 Air Quality And Road Transport, RAC Foundation, 2014 http://www.racfoundation.org/research/environment/air-qualityroad-transport-report-ricardo-aea

[2] Clean Air Strategy 2019: executive summary - GOV.UK (www.gov.uk)

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……
Signed by (Director)

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Portsmouth CITY COUNCIL

Title of meeting: Health and Wellbeing Board

Date of meeting: 7th July 2021

Subject Domestic Abuse Bill - statutory responsibility for local authorities.

Report by: Bruce Marr, Head Harm and Exploitation

Wards affected: All

Key decision: Yes

Full council decision: No

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1 Purpose of report

1.1 To update the board on the new Domestic Abuse Act 2021 statutory duty for tier one local authorities.

2 Recommendations

The Health and Wellbeing Board:

2.1 Notes the report

2.2 Agrees that the Health and Wellbeing Board will oversee governance of the new Domestic Abuse Local Partnership Board.

2.3 Agrees that the new statutory duty to have a Domestic Abuse Local Partnership Board is part of the Domestic Abuse Steering group function.

2.4 Recommends to Cabinet that the New Burdens Funding for New Statutory Domestic Abuse Duty (2021-22) grant is passported and subject to this, agrees funding allocation for Safe Accommodation for 2021/22 as outlined in paragraph 4.3.

2.5 Agrees that, in light of the frequency of meetings, the Health and Wellbeing Board agree that future funding allocation decisions for the 2021/22 funding be delegated to the Domestic Abuse steering group (paragraph 4.3.5).

3 Background

3.1 The Domestic Abuse Act 2021 received Royal Ascent on 29th April 2021. Part 4 of the Act places a new duty on (tier one) local authorities in England to support victims of domestic abuse and their children by commissioning refuges and other safe accommodation. The Act requires local authorities to:

- Appoint a multi-agency Domestic Abuse Local Partnership Board which it must consult as it performs certain specified functions.
- Assess, or make arrangements for the assessment of, the need for domestic abuse support in their area for all victims (and their children) who reside in relevant safe accommodation, including those who come from outside of their area (annually).
- Prepare and publish a strategy for the provision of such support to cover their area having regard to the needs assessment (every 3 years).
- Give effect to the strategy (through commissioning / de-commissioning decisions).
- Monitor and evaluate the effectiveness of the strategy.
- Report back annually to central government.

3.2 To assist tier one authorities in meeting the new duty the MHCLG awarded Portsmouth a total of £546,809. £50,000 was awarded as a one off payment to help local authorities make preparations to meet the new duty (which was carried forward) and £496,809[1] for 2021/22 to assist with the administrative burden and support costs for the provision of safe accommodation for victims of domestic abuse and their children.

3.3 The draft MHCLG guidance advises that "in the spirit of the New Burdens Doctrine, the new duty will be funded in future years. The amount of funding from April 2022 will be a matter for the next Spending Review."

3.4 The government are consulting local authorities[2] on the new duty with the proposal that the commencement date for part 4 of the Act is 30th August 2021 and a duty on local authorities to publish their strategy by 31st October 2021.

4. Progress to date

4.1 On 17th March 2021 the Domestic Abuse steering group agreed, in principle, to take on responsibility of the "Domestic Abuse Local Partnership Board" as required under the legislation. This included agreeing the Terms of Reference and reporting back to the Portsmouth Health and Wellbeing Board annually.


DA Bill.doc


TOR draft - DA partnership board.doc

4.2 A new Domestic Abuse analysis role has been created to meet the assessment and reporting requirements of the Act. The successful applicant formally started in the role on 24th May 2021. The priority will be to complete the needs assessment, which does not need to be submitted, followed by updating the Domestic Abuse strategy, which needs to be submitted to the MHCLG by the end of August.

[1] https://www.gov.uk/government/consultations/funding-allocation-methods-new-domestic-abuse-duty
[2] End of consultation is 23:45 on 27th July 2021

4.3 The recommendation is that at this time £375,000 of the allocation is committed. The majority of this is for Stop Domestic Abuse (SDA) who are the current DA provider and were awarded the new contract, which started on 1st July 2021. In preparation for this additional funding the published tender specification confirmed that "In light of the possibility of additional grant funding for Domestic Abuse provision either directly awarded to Local Authorities' or where there is a requirement for Local Authorities' to apply, there is a possibility that the value of this contract may change and therefore need to be modified to provide additional services; this is acceptable under the Public Contract's regulations 2015 (regulation 72)."

The current recommended allocation for 2021/22 is:

4.3.1 £45,000 for the Domestic Abuse analyst role employed by Portsmouth City Council. This role supports the local authority to meet the administrative burden of the act.

4.3.2 £110,000 for the staff support costs for the additional 5 bed refuge provision. This provision is outside the scope of the DA contract, is delivered by Stop Domestic Abuse and was initially additional provision funded by Home Office Covid funding. Stop Domestic Abuse have secured an agreement directly with PCC housing to continue to lease the property and to fund this independently.

4.3.3 £70,000 for the continuation of Up2U: My Choice. This is delivered by Stop Domestic Abuse and has been funded from the MHCLG for the previous 3 years; who have advised that they expect previously funded programmes to continue. Up2U: My Choice is a programme that supports victims of domestic abuse with complex and multiple needs who, through their own experience of abuse display unhealthy relationship attitudes and behaviours that increase the likelihood of them having another abusive relationship in the future.

4.3.4 £150,000 to provide additional emergency community safe accommodation support as part of a sanctuary scheme to be delivered by Stop Domestic Abuse. This is a new initiative and will provide additional support for victims to remain safely in their home, can be supported in deciding the future of their relationship and is designed to make the home situation safer for both the victim and their children. Provision includes a significantly higher level of support for the victims, keyworker and behaviour change interventions for the abusive partners and out of hours support.

4.3.5 This leaves £171,809 unallocated and will be allocated on completion of the needs assessment and strategy. However nationally there are also a number of other grant allocations which Local Authorities or specialist domestic abuse providers can apply for (either directly to government or via the Office of the Police and Crime Commissioner) which is all short term funding and partners have reported difficulties in being able to

recruit to the additional posts. This might have an impact on our ability to commission future provision once needs have been identified.

5. Integrated Impact Assessment

5.1 An integrated impact assessment is not required, as the recommendations do not have a significant positive or negative impact on communities and safety, regeneration and culture, environment and public space or equality and diversity. This will be reviewed on completion of the needs assessment.

6. Legal Implications

6.1 As outlined in the body of the report, the recommendations set out above will facilitate the Council's performance of its new statutory duties as a local authority in relation to the support of victims of domestic abuse as contained in Part 4 (sections 57 to 60) of the Domestic Abuse Act 2021, which came into force on 29th April 2021.

7. Finance Comments

7.1 In 2020/21 Portsmouth City Council was successful in receiving a ring fenced grant of £399,915 for South East Hampshire partners for Domestic Abuse, for which the commitments only lasted until the end of March 2021. This was built into the 2021/22 budget, but will need to be adjusted as this does not recur in 2021/22. Instead Portsmouth City Council will receive the New Burdens Funding for New Statutory Domestic Abuse Duty (2021-22) grant (£496,809), which the Ministry of Housing and Local Government has identified as an unringfenced grant, and in accordance with Portsmouth City Council procedures, the use of this grant will need to be agreed by Cabinet, before any commitments can be entered into.

7.2 As already mentioned, the funding beyond 2021/22 will be subject to the Spending Review. Apart from the member of staff, all the other recommended expenditure in this report is for 2021/22 which limits the risks to Portsmouth City Council should the funding change for 2022/23 onwards. Once Cabinet has decided the funding for 2021/22, then further funding allocation decisions should be made for 2021/22 only as the grant terms do not allow for a carry forward of the grant into future years.

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Signed by: Alison Jeffery, Director of Children, Families and Education

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:

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Portsmouth CITY COUNCIL

Meeting:	Domestic Violence and Abuse Steering Group
Subject:	Domestic Abuse Bill statutory duty on tier one authorities
Date of meeting:	17th March 2021
Report by:	Bruce Marr Head: Harm and exploitation Service

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1. Summary

The Domestic Abuse Bill is due to become law in April 2021; although it has yet to receive Royal Assent. Part 4 of the DA Bill places a new statutory duty on Tier One Local Authorities.

2. Purpose of report

For the DVA steering group to be informed of the new statutory duty on the Local Authority and its partners and to approve membership requirements.

3. Recommendations

3.1 For the DVA steering group to approve that the DVA Steering Group takes on responsibility of the "Domestic Abuse Local Partnership Board" as required under the legislation.

3.2 For the DVA steering group to approve the "key partners" of the DA Local Partnership Board as identified in paragraph 4.4

3.3 To approve the draft terms of reference chair and chair and vice chair???

4. Background

4.1 The DA Bill:

4.1.1 Places a duty on each Tier One local authority in England to:

- Appoint a multi-agency Domestic Abuse Local Partnership Board which it must consult as it performs certain specified functions.
- Assess, or make arrangements for the assessment of, the need for domestic abuse support in their area for all victims (and their children) who reside in relevant safe accommodation, including those who come from outside of their area (annually).
- Prepare and publish a strategy for the provision of such support to cover their area having regard to the needs assessment (every 3 years).
- Give effect to the strategy (through commissioning / de-commissioning decisions).

- Monitor and evaluate the effectiveness of the strategy.
- Report back annually to central government.

4.1.2 Requires the Secretary of State to issue statutory guidance, having consulted the Domestic Abuse Commissioner, local authorities and such other persons as considered appropriate.

4.1.3 Requires all local authorities in England to have regard to the statutory guidance in exercising their functions under Part 4.

4.1.4 Requires tier two councils to co-operate with the Tier One authority, so far as is reasonably practicable

4.2 The board must consist of key partners with an interest in tackling domestic abuse and supporting victims, including their children and must include at least one person:

4.2.1 representing the tier one authority[1]

4.2.2 appearing to the authority to represent the interests of victims of domestic abuse

4.2.3 appearing to the authority to represent the interests of children of domestic abuse victims

4.2.4 appearing to the authority to represent the interests of charities and other voluntary organisations that work with victims of domestic abuse in its area

4.2.5 appearing to the authority to represent the interests of persons who provide, or have functions relating to, health care services in its area

4.2.6 appearing to the authority to represent the interests of persons with functions relating to policing or criminal justice in its area

4.3 The board can include other representation not listed above to support their local approach to tackling domestic abuse and the membership should reflect the specific needs of a local area.

4.4 The membership of the current DA steering group appears to meet this new requirement with the confirmation that the key partners on the board includes:

4.4.1 The local authority Domestic Abuse strategic lead to represent Portsmouth City Council (PCC)

4.4.2 The PCC and OPCC[2] jointly commissioned domestic abuse provider to represent the interests of victims of domestic abuse and charities and other voluntary organisations

4.4.3 The Head of Safeguarding Children, Children Social Care to represent the interests of children

4.4.4 A safeguarding representative from Portsmouth Clinical Commissioning Group to represent the interests of persons who provide health services and

4.4.5 A Chief Inspector from Hampshire Constabulary to represent the interests of the police and criminal justice

[1] And at least one representative appearing to represent the interests of Tier Two authorities within the Tier One authority area

[2] Office of the Police and Crime Commissioner for Hampshire and the Isle of Wight

4.5 The proposed draft terms of reference are designed to make clear how and why representatives were selected and the process which bodies can go through to express their interest in becoming a member of the Board.

4.6 To assist tier one authorities in meeting the new duty the MHCLG[3] have awarded Portsmouth £496,809 to assist with the administrative burden and support costs for the provision of safe accommodation for victims of domestic abuse and their children.

[3] Ministry of Housing Communities and Local Government

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Domestic Abuse Partnership Board
TERMS OF REFERENCE
April 2021

Purpose and Role

Portsmouth Domestic Abuse Partnership Board is a partnership group responsible for supporting Portsmouth City Council (PCC) in meeting its duty under Part 4 of the Domestic Abuse Act. The board will be a sub group of the Heath and Well Being Board.

The Board will work together to:

- Support, advise and work in partnership across the city to ensure victims of domestic abuse have access to adequate and appropriate support within safe accommodation services
- Improve outcomes for victims of domestic abuse, including their children, through a strategic approach to identifying and addressing gaps in support within safe accommodation services.
- Provide strategic governance for the development and delivery of the domestic abuse strategy for Portsmouth
- Provide strategic governance for the development and delivery of the MARAC process

Frequency of meetings

The Board will meet on a quarterly basis.

Membership

The Board is made up of a number of responsible bodies and agencies that by law, must be represented. These are:

- PCC Domestic Abuse strategic lead
- The PCC and OPCC[1] jointly commissioned domestic abuse provider to represent the interests of victims of domestic abuse
- The Head of Safeguarding Children, Children Social Care to represent the interests of children
- The PCC and OPCC jointly commissioned domestic abuse provider to represent the interests of charities and other voluntary organisations
- A safeguarding representative from Portsmouth Clinical Commissioning Group to represent the interests of persons who provide health services
- A Chief Inspector from Hampshire Constabulary to represent the interests of the police and criminal justice

The board will also have representation from the following agencies:

- The OPCC
- Solent NHS
- Commissioned substance misuse service
- PCC housing department
- National Probation Service (and the Community Rehabilitation Company until such time as these services have restructured)
- PCC Public Health

[1] Office of the Police and Crime Commissioner for Hampshire and the Isle of Wight

- Portsmouth Hospital Trust
- PCC Targeted Early Help and Prevention
- PCC adult social care
- Ministry of defence
- Portsmouth Safeguarding Children's Partnership Board manager
- Victim Support
- Safer Portsmouth Partnership Strategy and Partnership manager
- Chair of DA Practitioners Group

The Board will be chaired by the Deputy Director Children Social Care
Vice Chair of the Board will be [Insert name and role]

The role of Chair and Vice Chair will be reviewed every 3 years in line with the domestic abuse strategic refresh.

Members of the Board are responsible for ensuring they report back and feed into the Board on behalf of their represented group / body.

Roles and Responsibilities
The Board members will:

- Provide advice and data to support the production of a robust local needs assessment to identify and understand the needs of domestic abuse victims within their area; including those that present from out of area to access safe accommodation.
- Provide expert advice and support to oversee the development of a local strategy based on this needs assessment, agreeing the appropriate steps needed to meet the needs identified.
- Support the effective engagement with domestic abuse victims and expert services in understanding the range and complexity of needs.
- Support commissioning and decommissioning decisions (where appropriate). This can include when and how commissioning is undertaken to ensure the best and most appropriate services are made available for victims.
- Members ensure join up across other related areas such as, but not limited to, housing, health, targeted early help and prevention, early years and childhood support, adult and children's social services and police and criminal justice services.
- Advise and support in dealing with issues raised and identified from engagement through formal and informal routes.
- Escalate issues to the relevant representative / body
- Oversee the development of a monitoring framework to ensure improved outcomes for clients, their children and where possible, those who use abusive behaviours.

Agendas
Members will be able to put forward suggested agenda items for consideration. The secretariat will circulate final agendas 7 calendar days ahead of meetings.

Standing agenda items will include:

- Monitoring framework

- Delivery plan
- Research and analysis

Absence
Where members are unable to attend a meeting, they are responsible for informing the Board ahead of the meeting and, as far as possible, should ensure a representative attends who is authorised to make decisions on behalf of the organisation / body.

Governance
The chair / Board will report back to the Portsmouth Health and Wellbeing Board annually.

The Board will support PCC in reporting back to MHCLG on delivering the duty in line with statutory guidance and the standardised reporting form.

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Portsmouth CITY COUNCIL

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

Title of meeting:	Health and Wellbeing Board
Subject:	Guildhall Walk Healthcare Centre
Date of meeting:	7th July 2021
Report by:	Jo York, Managing Director, Portsmouth CCG
Wards affected:	Charles Dickens

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1. **Requested by**
   Health Overview and Scrutiny Panel

2. **Purpose**
   This paper provides an update to the Health and Wellbeing Board on issues relating to the Guildhall Walk healthcare centre.

3. **Information Requested**
   The paper comes to the Board following a requirement from the Health Overview Scrutiny Panel for the CCG to work with the Health and Well Being Board and Guildhall Walk patients and practice to secure alternative provision for patients in the event of the practice closure. Full details are in Appendix 1.

……
Signed by (Director)

Appendices:

1. **Guildhall Walk Healthcare Centre report for Health and Wellbeing Board July 2021**

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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Appendix 1 - Guildhall Walk Healthcare Centre report for Health and Wellbeing Board July 2021

Introduction

This paper provides an update to the Health and Wellbeing Board following a requirement from the Health Overview Scrutiny Panel for the CCG to work with the Health and Well Being Board and Guildhall Walk patients and practice to secure alternative provision for patients in the event of the practice closure.

Background

The CCG's Primary Care Commissioning Committee made the decision not to re-procure the APMS contract currently held by Partnering Health Limited (PHL) for the Guildhall Walk Healthcare Centre. The contract will cease on 30 September 2021. A key factor influencing this decision was uncertainty about the future of the building, the Landlord has recently served notice for the practice to vacate the building by 4 September 2021. An extension is being sought until the end of September, though it was always planned for patients to move to new practices ahead of Guildhall Walk closing to allow for a smooth transition.

The Guildhall Walk Healthcare Centre is located close to the city centre, with a list size of 8,400 patients. A project plan has been developed to support the closure of the practice and to secure alternative provision for all patients currently registered with the practice.

Patient engagement

Patients have now received three letters regarding the closure. The first informed them of the decision to close the practice; the second invited them to engagement events held by the CCG to

provide more information; and the third letter gave people the opportunity to choose a new practice from a list specific to their home address.

Three engagement events were held between the 21st - 29th April at different times of the day to help ensure there was an option that would work for patient's varying availability. Given Covid restrictions these were online events but in the letter a phone number was given so that anyone without online access could dial in. Questions were invited ahead of these events and there was also chance to raise these during the sessions.

Approximately 50 patients attended these events and the feedback was positive. A presentation was used which went through why the practice was closing, the process for patients being moved to a new practice and answering some questions that patients might have. After each session, any new questions raised by patients, either during the event or received via email/phone, were added to the presentation. These included questions around repeat prescriptions, access to online systems e.g. E-consult, the Covid-19 vaccination programme and what would happen if you were moving house shortly. A copy of the presentation has been included (Appendix A). The frequently asked questions and answers were added to the CCG website: https://www.portsmouthccg.nhs.uk/guildhall-walk/faq/. The link for this was included in the third patient letter inviting them to choose a new practice.

In all letters issued an email address and phone number were provided in case patients had questions.

Supporting patients to find alternative provision

In the letter inviting patients to make a choice of new practice they'd like to attend, a link and QR code were provided to an online survey so they could register their choices. For patients without online access a phone number was provided for them to make their choice by telephone. Thirty five patients used this telephone option. Patients initially had just over two weeks to make their choices. A text message reminder was sent out on 26 May which extended the deadline for responding from 31 May to 2 June to give patients additional opportunity to make their choices. This text message also served to help reach any patients who may not have received the letter as they hadn't updated the practice with a change of address. A small number of patients got in touch following the text reminder. The letter outlined that if you didn't wish to make a choice then you would be assigned to a practice within the boundary of your home address, where people didn't make a choice the allocation is usually to the practice closest to their home address.

1,075 patients responded expressing a preference of which practice to move to with 6,547 choosing not to complete the survey and to have the allocation done for them. During this patient engagement process we identified that approximately 700 patients on the Guildhall Walk Healthcare Centre register had left the practice or moved out of area, meaning the list size of the practice is smaller than originally thought.

Around the end of June a letter will go to patients confirming their new practice. Any patient who didn't express a choice of new practice to move to and may subsequently be unhappy with the practice they've been allocated can of course choose to move themselves to an alternative practice which has availability. Patients will be able to do this by completing a registration form online through a practice's website or by making direct contact with the practice to obtain such a form.

At the outset of this patient engagement work we looked to work with Guildhall Walk Healthcare Centre's patient participation group but were informed that there wasn't an active group within the practice.

Practice engagement

The CCG held initial discussions with practices across the city prior to any decision being made and received assurances that there was capacity with regard to premises and workforce to accommodate the Guildhall Walk patients. Now that we have received responses from patients on which practice they want to move to, and allocated those who didn't make a choice, more detailed discussions with individual practices have taken place. From these discussions the CCG has gained further assurance on the numbers that can be accommodated and the support that may be required so that the transfer of patients can be accomplished in a safe and managed way.

We are assured that practices are in a position to accommodate the first choice for all patients who gave their ranking of preferred practices.

The CCG is supporting the receiving practices in taking on these new cohorts of patients. This is largely through a funding scheme which allows additional time for managing the transfer and dealing with on-going health and care needs over a short period of time.

Timeframe for transfer of patients to alternative primary care provision

The transfer of patients to their new practice is to be undertaken by the end of August at the latest with an aim of trying to achieve this by the end of July. The Guildhall Walk practice is starting to lose some of its workforce and whilst mitigations are being put in place, this alongside the notice from the Landlord, means it may be sensible to move patients across slightly earlier than originally intended. This has been discussed and agreed with the receiving practices.

Support for vulnerable patients during the transfer to a new practice

The CCG, in conjunction with the practice, completed an Equality Impact Assessment (see Appendix B for a final draft undergoing approval) to draw out the potential impact on patients and any mitigation that can be implemented. Vulnerable patients that may need additional support when moving practice have been identified as below –

- Shared Care prescribing patients = 55 patients
- Homeless = 70
- Housebound = 6
- Cystic Fibrosis = 2
- Care Homes = 5
- Mental health issues and other vulnerable patients that require regular appointments = 98
- Safeguarding concerns = 32
- Learning Disabilities = 20
- Cancer Patients = 34
- TOTAL = 324

The CCG and the practice will ensure these patients are offered additional support. A number of patients have also been identified that will require on-going care, such as wound dressings, and this will also be flagged to the receiving practices. A meeting has been arranged to for mid-June to

firm up the support that patients may require and this includes learning any lessons from another practice closure that occurred previously in the city and how this was managed.

The Medicines Optimisation Team will support both PHL and receiving practices with the process of transfer including disposal of any controlled drugs as required and ensuring an extended repeat prescription period to enable receiving practices time to action new requests.

The CCG project team is working to ensure that other services, either provided by PHL or by others at the Guildhall Walk premises, are available by alternative means in a timely manner. This includes the Safe Space service which provides an all-round health and wellbeing service as well as a safe place for anyone who is looking for a short respite on a night out and can help individuals contact friends and or family if they have any health or safety concerns. The provision of this service is being reviewed in terms of its scope and potential new location, and there are two viable options for an interim solution if required.

Homeless services

There are around 100 homeless patients registered at the Guildhall Walk practice. The existing outreach service in the city will be in place until September and a business case is being developed by a local Primary Care Network (PCN - group of GP practices working together) for a revamped and enhanced service. At the same time, three practices have been identified within that PCN that are located close to the existing homeless accommodation in the city. Homeless patients registered at Guildhall Walk will be re-registered at one of these practices unless they have specifically chosen somewhere else. This will mean that the PCN and the practices within it will be able to collectively manage the majority of homeless patients, sharing knowledge and using peer support to offer the best service possible. The CCG is also developing a local add-on to contractual requirements for practices in the city to support homeless patients. This will reflect pro-active and enhanced care above core contract requirements, including but not limited to the following –

- the proactive promotion of health services to the local homelessness community ensuring that they are aware of the services available to them
- flexible registration procedures allowing for permanent registration to anyone who wants it
- flexible appointment systems including walk in surgeries and longer appointment times for people with multiple needs
- the provision of training to appropriate practice staff (such as care navigators) ensuring an understanding of and sensitivity towards the particular problems faced by homeless people.
- As well as the issues associated with health and homelessness, training should provide staff with a general understanding of the range of problems faced by homeless people, eg access to appropriate housing and problems with benefits
- appropriate referral to counselling and CPN services if applicable

The CCG is confident that homeless patients will not experience a reduction in service as a result of the closure of the Guildhall Walk surgery and subsequent need for patients to transfer to an alternative practice.

It should also be noted that some of the homeless patients registered with Guildhall Walk may already be receiving support through some other initiatives, for example the Homeless Healthcare Team located in Hope House Hostel and the mobile van that was used to deliver Covid-19 vaccines to the city's homeless residents.

Special Allocation Service

The Guildhall Walk practice, through PHL, currently provides this service for patients that have been removed from other practices in the city for violent or threatening behaviour. Advanced discussions have been held with PHL to continue providing the service for Portsmouth and other parts of Hampshire and the Isle of Wight, utilising the appropriate workforce within PHL. The intention is to use digital solutions where appropriate and operate from strategic sites for face to face appointments (including one in or close to Portsmouth). It is therefore anticipated that the service will continue seamlessly.

Project plan

An extract from the project plan detailing some of the key steps is provided below.

Action	Start Date	End Date	Progress
Primary Care Commissioning Committee made decision not to re-tender APMS contract but to disperse patient list	28/01/2021	28/01/2021	Completed
First patient letter to be sent outlining closure & process for moving to new practice.	02/03/2021	02/03/2021	Completed
Speak to all practices regarding potential patient numbers	04/03/2021	30/03/2021	Completed
Process for patient transfer confirmed	15/03/2021	19/03/2021	Completed
Identify most vulnerable patients and agree how transfer is going to be managed	15/03/2021	31/05/2021	Identification completed. Work with receiving practices on-going
Development and implementation of preliminary EIA	16/03/2021	30/04/2021	Completed
All practice boundaries to be confirmed	18/03/2021	23/04/2021	Completed
Stakeholder correspondence sent to all relevant parties	22/03/2021	26/03/2021	Completed
Second patient letter to be sent providing engagement event details	01/04/2021	01/04/2021	Completed
Special Allocation Scheme re-provision	01/04/2021	31/08/2021	In progress
Safe Space re-provision	01/04/2021	31/08/2021	In progress

Patient engagement event - 21/4/21	21/04/2021	21/04/2021	Completed
Patient engagement event - 28/4/21	28/04/2021	28/04/2021	Completed
Patient engagement event - 29/4/21	29/04/2021	29/04/2021	Completed
Development and implementation of full EIA	26/04/2021	30/04/2021	Completed (awaiting approval)
Third patient letter to be sent inviting patients to choose a new practice	12/05/2021	12/05/2021	Completed
Patient survey closes	02/06/2021	02/06/2021	Completed
Analysis of patient survey results and assessment against agreed capacity per practice	02/06/2021	18/06/2021	Completed
Fourth patient letter to be sent informing them of their new practice and the date they will be registered with this practice from.	28/06/2021	30/06/2021	Planned
Transfer of patients and supportive measures	01/07/2021	31/07/2021	Planned

Unfortunately, due to Purdah, we have been unable to actively engage with the Health and Wellbeing Board in its full capacity until this meeting. However, the new Cabinet Member for Health, Wellbeing and Social Care, Cllr Jason Fazackarley, who is also joint chair of the Health and Wellbeing Board, has previously been briefed about the decision and process for the transfer of patients.

Conclusion

The CCG has worked closely with patients and practices in the city to secure alternative provision for all patients of the Guildhall Walk surgery, following the decision not to re-procure the contract. We are in a position to accommodate the expressed wishes of those patients who made a choice of preferred new practice and plans are in place to support vulnerable patients.

The project plan is on track to help ensure that patient transfers are conducted in a timely and seamless fashion.

The Board is asked to note the update briefing.

Portsmouth CITY COUNCIL

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Title of meeting:	Health and Wellbeing Board
Subject:	Children's Public Health Strategy
Date of meeting:	7 July 2021
Report by:	Helen Atkinson
Wards affected:	All

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1. Requested by

2. Purpose

- To inform the Board of the work to develop a new Children's Public Health Strategy (2021-23).
- To outline the agreed short-term activities and long-term objectives.
- To seek views and opinions from the Board prior to the public launch of the strategy.
- To seek commitment from Board members that their organisations will support the delivery of the outcomes.

3. Information Requested

The most recent children's physical health strategy was published in 2018, with a 3 year action plan. The strategy has been governed through the Stronger Futures Board.

The revised strategy will sit as one of 5 key strategy documents which make up the Children's Trust Plan and will be governed through the new Children's Public Health Board.

The new strategy recognises that a great deal of good work has been done and that there are many examples of positive impact and improvements for children and young people's outcomes. However, many of the initially identified objectives have been the mainstay of improvement work in the City for many years and continue to be a challenge. These include obesity at the end of Years R and 6, chlamydia detection, conception rates for under 16's, weight of and smoking by pregnant women, children killed or seriously injured in road traffic accidents.

Our data is clear with regard to the areas of challenge we have as a system. The data is unlikely to have changed a great deal since the end of 2019. However, there is recognition

that The Covid pandemic will have a long-lasting impact. We also consider where there is a place to reflect on this and how to take forward learning from working differently.
The new, broader strategy seeks to go 'back to basics', to focus on long-term change. For example, we know that poverty is a key factor in predicting long-term outcomes and could focus on tackling this with regards to physical health. The strategy seeks to articulate the long-term impacts of fundamental changes to our approach and to describe:

- The 'game changers' - areas of focus which will secure long-term improvement in outcomes for children and young people
- The high expectations the whole system will have of itself in supporting change
- The commitment which the system, parents and others make to long-term change.

The strategy focuses on influencing commissioning activity in its broadest sense and the associated work streams across the system. It outlines what we should be doing and where, across a range of strategies and work streams - we articulate the 'ask' of others in driving forward improvements to children and young people physical health.

The strategy underpins the belief that the use of behavioural insights is important to securing the success. The ambition is to create a culture where using behavioural insights is everyday practice, allowing healthy behaviours to thrive across our population. At the heart of every physical health challenge lies multiple behavioural challenges (for the public and professionals). To address these challenges locally it is important for us to understand our target audience and the groups within that population.

The document has 8 short-term activity areas and 4 long-term ambitions:

- Perinatal mental health and infant SEMH
- Reduction of smoking
- Healthy weight of pregnant women
- Breastfeeding initiation
- Long-acting reversible contraception (LARC)
- Healthy weight at the end of Year R and 6
- Increase activity levels of children and young people
- Reduce the number of young people experimenting with and using substances long-term.

Strategic priorities

A. **The best start -** As far as possible, all women and their partners make an informed decision about becoming pregnant; all women have access to opportunities which improve their physical and mental health throughout their pregnancy and into parenthood.

Portsmouth CITY COUNCIL

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B. **Thriving parents -** In Portsmouth we believe that parents are key to helping children and young people achieve their very best. Parents will be supported to fulfil their role to the very best of their abilities, whilst taking responsibility for helping to create the city we all want our children to thrive in.
C. **Reducing the impact of poverty -** For all families to have access to pathways and opportunities that support their child's long-term physical health, reducing the inequalities that exist as a result of poverty.
D. **Healthy places and the built environment -** For all new plans and key decisions regarding the built environment and healthy place-shaping to have embedded within their process a focus on the physical health of maternity, children and young people.

……
Signed by (Director)

Appendices:

Draft Children's Public Health Strategy

Draft Children's Public Health Strate

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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Children's Public Health Strategy

2021 - 2023

Published May 2021

Portsmouth's multi-agency strategy for improving long-term physical health outcomes for children.

Contents

A. Introduction

Portsmouth has had a Physical Health Strategy for children and young people over a number of years. It is recognised that a great deal of good work has been done and that there are many examples of positive impact and improvements for children and young people's outcomes.

Many of the initially identified objectives have been the mainstay of improvement work in the City for many years and continue to be a challenge. Now is the time to take a different approach, to be radical and to target stuck or stubborn improvement areas.

This new, broader strategy seeks to go 'back to basics', to focus on long-term change. For example, we know that poverty is a key factor in predicting long-term outcomes and could focus on tackling this with regards to physical health. The strategy seeks to articulate the long-term impacts of fundamental changes to our approach and to describe:

- The 'game changers' - areas of focus which will secure long-term improvement in outcomes for children and young people
- The high expectations the whole system will have of itself in supporting fundamental change
- The commitment which the system, parents and others make to long-term change

The strategy focuses on influencing commissioning activity in its broadest sense and the associated work streams across the system. It outlines what we should be doing and where, across a range of strategies and work streams - we articulate the 'ask' of others in driving forward improvements to children and young people physical health.

Our data is clear with regard to the areas of challenge we have as a system. The data is unlikely to have changed a great deal since the end of 2019. However, there is recognition that The Covid pandemic will have a long-lasting impact. We also consider where there is a place to reflect on this and how to take forward learning from working differently.

Alongside its long-term ambitions, the strategy will also seek to have a positive impact on short-term deliverable activity.

The revised strategy will sit as one of 5 key strategy documents which make up the Children's Trust Plan 2020-23.

B. Context

Giving every child the best start in life has lasting impacts on health and wellbeing and helps to reduce the gap in outcomes between the most and least disadvantaged. A good start contributes to reductions in obesity, heart disease and mental ill-health and promotes educational achievement and employment. The scope of this strategy therefore focuses on pre-birth, babies, toddlers, children and young people 0 to 19 years, recognising the roles of prevention and the influence of the environment, maternity, primary and community care, as well as urgent and emergency care on health and wellbeing.

The context of increasing demand on health and care services, alongside financial constraints is well rehearsed. Aiming to meet these challenges, innovative ways of working are being designed across the system to meet the needs of Portsmouth's children, young people and families. This is being delivered in a complex landscape, with work programmes spanning differing geographical footprints often stretching beyond Portsmouth.

Nationally, Public Health England undertook an extended collaborative process to identify ten areas where they believe the biggest impact can be made for the public's health over the five year strategy (2020-25)[1]. These areas are noted as:

- smoke-free society
- healthier diets, healthier weight
- cleaner air
- better mental health
- best start in life
- effective responses to major incidents
- reduced risk from antimicrobial resistance
- predictive prevention
- enhanced data and surveillance capabilities
- new national science campus

Appendix B summarises the Public Health Outcomes Framework 2019–2022, from which the priorities within this strategy are drawn.

[1] PHE Strategy 2020-25 - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/831562/PHE_Strategy_2020-25.pdf

C. Our principles and priorities

Principles

1. Starting from our last 'best place' - building on what we know works for Portsmouth, we will drive a culture of innovation and continual improvement.
2. The need for long-term, cultural change is central to success if we are to see a sustained improvement in the health and wellbeing outcomes for young people.
3. A City-wide, partnership approach is the only way to ensure we secure long-term, cultural change.
4. A whole family, holistic approach in planning and delivering pathways will be used, and based on restorative principles.
5. Understanding and holding centrally the importance of relational approaches, building on the Restorative approaches Portsmouth has successfully developed.
6. Coproduction - children, young people and their families will be listened to and involved in designing, planning and evaluating care.
7. Acknowledging the interdependency of improving physical health outcomes. These include work across education, safeguarding, primary and secondary health services.

Strategic priorities

A. **The best start -** As far as possible, all women and their partners make an informed decision about becoming pregnant; all women have access to opportunities which improve their physical and mental health throughout their pregnancy and into parenthood.

B. **Thriving parents -** In Portsmouth we believe that parents are key to helping children and young people achieve their very best. Parents will be supported to fulfil their role to the very best of their abilities, whilst taking responsibility for helping to create the city we all want our children to thrive in.

C. **Reducing the impact of poverty -** For all families to have access to pathways and opportunities that support their child's long-term physical health, reducing the inequalities that exist as a result of poverty.

D. **Healthy places and the built environment -** For all new plans and key decisions regarding the built environment and healthy place-shaping to have embedded within their process a focus on the physical health of maternity, children and young people.

D. The case for change

Within Portsmouth there have been many successes in health improvement. The Needs Assessment published in Oct 2019[2] noted in particular:

- Portsmouth's infant mortality rate has consistently been below the England average, has increased within the last period.
- MMR immunisation is slightly higher than the England average, and has historically shown an improving trend. Rates for Diphtheria, Tetanus, Polio, Pertussis and Hib immunisation are above those nationally.
- Immunisations of children in care are higher than the England average.

However, there continues to be a number of key areas in which sufficient, sustained progress has not been made. These are:

- The percentage of low birthweight babies has increased but is in line with the national average. However, the proportion of very low birthweight babies is the sixth highest in the country.
- The proportion of children who are obese at Reception Year rose and is above the national average.
- The proportion of Year 6 pupils who are obese also rose to 21.7% and is above the national average.
- The number of A&E attendances for children age 0-4 years has now been above the national rate for two years, having historically been considerably below the national rate.
- Rates of smoking by pregnant women remain above the national average and did not improve in the last year.
- Levels of nitrogen dioxide and particulate matter are causing concern for air quality in Portsmouth.
- The rate of under 18's admitted to hospital with alcohol specific conditions has remained steady but remains above the national average, which has continued to improve, for the last three periods.
- Conception rates for under 18's have increased and are above the national and statistical neighbour averages.

There has long been an evidence base that firmly links poverty and health inequality. More recent research notes:

[2] 2019 CNA Strategic Summary

"The most frequently assessed social determinant in child health research is socioeconomic status (SES), most notably income. In general, most studies have shown that children in low-income households are more likely to experience respiratory illnesses, injuries, and other adverse health outcomes" *Victorino and Gauthier 2009*

"There is a strong association between income and health, with many health outcomes improving incrementally as income rises. Income can affect many aspects of health and in turn, have a knock-on effect on other social determinants. For example, a parent's income may influence a child's early development and educational opportunities, which in turn can affect a child's employment opportunities and their income" *Joseph Rowntree Foundation. (2014) How Does Money Influence Health?*

In Portsmouth, poverty continues to have a negative impact on a high proportion of the population:

- The percentage of children living in poverty in Portsmouth is consistently above the England average, although levels have fallen and the gap to national has reduced slightly.
- The proportion of children under 16 years experiencing income deprivation is highly variable across the city's wards. Levels range from a low level of 4.5% in Drayton & Farlington, to 43.2% in Charles Dickens electoral ward.
- The proportion of workless households in Portsmouth is higher than the England average, and has increased significantly due to the impact of the Covid-19 pandemic.
- The rate of family homelessness per 1,000 households is considerably higher than the national average and has increased in Portsmouth in recent years.

E. Our approach to behavioural insights

We believe that the use of behavioural insights is important to securing the success of our strategy. Our ambition is to create a culture where using behavioural insights is everyday practice, allowing healthy behaviours to thrive across our population. At the heart of every physical health challenge lies multiple behavioural challenges (for the public and professionals). To address these challenges locally it is important for us to understand our target audience and the groups within that population. Likewise, we must understand their current 'behaviour' and influencers, for example internal or external to them, physical or emotional and why the influencers are effective.

National guidance

Behaviour change: guides for national and local government and partners - GOV.UK (www.gov.uk) (2020)	For national and local government and partners to support people to have healthier behaviours. Based on the Behaviour Change Wheel framework, these guides can be used to help; develop behaviour change interventions from scratch, build on or modify existing interventions and choose from existing or planned interventions. These guides provide a framework for understanding behaviour in its context and for developing interventions and policies to change behaviour. They can be used flexibly according to need and circumstance, rather than following a fixed sequence of steps. They introduce tools and provide case examples for each of these processes.
Overview | Behaviour change: digital and mobile health interventions | Guidance | NICE [NG183] (2020)	Guidance for intervention using a digital or mobile platform to help with physical health challenges, including stopping smoking, eating more healthily, becoming more active, reducing alcohol intake, or practising safer sex.
Improving people's health: applying behavioural and social sciences - GOV.UK (www.gov.uk) (2018)	A comprehensive and collaborative strategy to enable public health professionals to use behavioural and social sciences to improve health and wellbeing.
Overview | Behaviour change: individual approaches | Guidance | NICE [PH49] (2014)	Guideline covering changing health-damaging behaviours among people aged 16 and over. Recommendations range from developing local behaviour change policy and strategy to delivering, monitoring and evaluating interventions.
Applying Behavioural Insights to Health (2010)	Sets out the importance of behaviour in policy making, the role of the Behavioural Insights Team in the Cabinet Office and how behavioural science insights can be applied to health using the MINDSPACE framework.
Overview | Behaviour change: general approaches | Guidance | NICE [PH6] (2007)	A set of principles that can be used to by practitioner to encourage people to adopt a healthier lifestyle.

A mutual understanding across the workforce (consistent 'behavioural literacy') is important as we build a thorough evidence base, strengthen evidence-based practice and strengthen the resources that are available. In developing this, it is vital to have a mutual understanding of behavioural insights theory, practice and the tool that are available across the workforce. The Behaviour Change Development Framework (BCDF - accessible via https://behaviourchange.hee.nhs.uk), provides a structure for professionals across the workforce and a toolkit to help identify appropriate training requirements across the health and social care sector.

At a strategic level (including commissioners and planners) our workforce will have a mutual understanding of Behaviour Change and will understand how to embed it though planning and commissioning activity. Strategic and workforce leads will use the Behaviour Change Development Framework to enable a mutual understanding of behaviour change and how to embed its use.

The Behaviour Change Wheel (2011) is a useful strategic tool providing a structured approach to understand challenges around physical health, how we are addressing them currently and potential to strengthen resources to improve outcomes for our residents (further guidance available - www.unlockingbehaviourchange.com/pdf).

At an operational level (including service managers and frontline staff) the level of knowledge and expertise is varied, depending on the level of interventions provided by individuals, teams or organisations. There are a range of national toolkits and e-learning modules available (https://behaviourchange.hee.nhs.uk), which can be used to develop knowledge and understanding, appropriate to each role. Alongside this, we will make greater use of our local training and champions to embed and support practice development.

F. A partnership approach

In order to have a lasting, positive impact on children and young people's health outcomes, we must secure the commitment of the whole system. In doing this, we must ensure that policies and strategies fully reflect the priorities within this strategy. This is not to say that work is duplicated, rather it should bring together a wealth of work in a coordinated way.

When considering our influence over commissioning, we are seeking to work with partners to understand how they do things. This is not about the 'process' of purchasing and managing services but about how the system can further improve planning and decision-making to support the physical health of maternity, children and young people.

Children and Young People's Strategies

Children's Public Health Strategy	Corporate Parenting Strategy	SEMH Strategy	Safeguarding Strategy	Send Strategy
Education Strategy				

Council / Partnership Strategies

Health and Wellbeing Strategy	Creating Sustainable Communities Strategy	Regeneration Strategy	Air Quality Strategy	Parks and Open Space Strategy
Southsea Seafront Strategy	Local Development Framework	All age Physical Activity Strategy	Tackling Poverty Needs Assessment	All age Healthy Weight Strategy

Plans and Opportunities

Sports and Leisure - Future Plan	Children's Health Commissioning Plan	Children's care planning	Shaping the future of housing	Cleaner, greener and safer - transport vision
Greening Strategy implementation	Delivery of community services	Local Maternity System		

G. Short-term activity

The following activities seek to make improvements over the coming 3 year period in key areas. These build on existing good practice, lessons learned in the City about what works and national research evidence.

Activity area 1 - maternal health	
Strategic Lead	Kelly Pierce - Head of Integrated Early Help and Prevention
Objective	Perinatal mental health and infant SEMH
Activity outline	This priority activity is managed and monitored within the 'Best Start in life' Action Plan. It's key focus is on improving early identification of vulnerabilities for women and their families, identifying and supporting women and their partners when they deal with mental health issues and seeks to build strong attachment and resilience.
Key Performance Indicators	
Timescale	

Activity area 2 - maternal health	
Strategic Lead	Helen Simmons - Wellbeing Service Manager, Public Health
Objective	Reduction of smoking
Activity outline	I. Smoking Cessation (Wellbeing) Clinic within St Mary's Maternity Unit; midwives and health visitors to directly book in to. Medication offer expanded to include e-cigarettes. II. Smoking Cessation (Wellbeing) Clinic to be established alongside community midwives cited in Paulsgrove Healthy Living Centre. III. Focus on smoke free homes (families) inclusion of partners (smokers) to above settings. Medication offer expanded to include e-cigarettes (once current pandemic conditions permit)
Key Performance Indicators	• Increase in uptake of support from pregnant women and partners • Decrease in the number of mothers smoking at birth • Increase in number of children under 4yrs living in smokeless households
Timescale	6 months to measure if effective in increasing uptake of support and quit rates through pregnancy.

Activity area 3 - maternal health	
Strategic Lead	Public Health Midwife, Maternity Services
Objective	Healthy weight of pregnant women
Activity outline	I. II. III.
Key Performance Indicators	
Timescale	

Activity area 4 - maternal health	
Strategic Lead	Midwifery
Objective	Breastfeeding initiation
Activity outline	I. Review the delivery of breastfeeding support for women in later stages of pregnancy and around birth episode II. III.
Key Performance Indicators	• Rates of breastfeeding initiation at or above national • Rates of breastfeeding at 6-8 weeks at or above national
Timescale	2021-22

Activity area 5 - maternal health	
Strategic Lead	Hannah Byrne - Health Development Manager, Public Health
Objective	Long-acting reversible contraception (LARC)
Activity outline	I. LARC available in maternity settings, with a follow up pathway into primary care and the integrated sexual health service. II. Implementation of cross practice referrals within primary care to enable equitable access to LARC for patients across all GP practices. III. Referral pathways from the pharmacy emergency contraceptive service into the integrated sexual health service. IV. Work alongside children's social care to support looked after children and care leavers to improve workforce confidence and support around Relationships and sex education (RSE) and health education. V. Work alongside services supporting parents of children who are vulnerable / known to children's social care regarding informed choices with regarding interpregnancy intervals /family planning
Key Performance Indicators	• Under 18s conception rate per 1,000 to be similar or below the England rate • Increase total prescribed LARC per 1,000 • Increase uptake rate of under 25 year olds attending specialist contraceptive services per 1,000 • Increase rate of under 25 year olds choosing LARC, excluding injection at sexual health clinic per 1,000 • FNP - LARC uptake
Timescale	Implement within 2021/22, with evaluations at the end of the financial year to inform year 2 of implementation.

Activity area 6 - healthy lifestyle	
Strategic Lead	Andrea Wright - Health Development Manager, Public Health
Objective	Healthy weight at the end of Year R and 6

Activity outline	I. Social care joint initiative for Tier 4 children who are obese II. National Child Measurement Programme - mandated service that requires annual data collection III. Superzone place-based pilot IV. Continued delivery of the Olive programme through Health Visiting V. Work alongside early years and childcare service to re-establish healthy weight activity across early years settings.
Key Performance Indicators	• Increase healthy weight in Yr R to take Portsmouth above national average • Increase healthy weight in Yr 6 to take Portsmouth above national average • Improved dietary behaviours in children?
Timescale	The Superzone pilot will run during the 21/22 academic year, the NCMP is annually, and the multi-agency Tier 3 initiative will run during 2021 and beyond. Evaluation will be built into all activities and used to inform and improve future provision.

Activity area 7 - healthy lifestyle	
Strategic Lead	Andrea Wright - Health Development Manager, Public Health
Objective	Increase activity levels of children and young people
Activity outline	I. Delivery of an Early Years and Childcare Service led programme to encourage families to access free and low cost activities across the city. II. Daily and Golden Mile. III. School Streets pilot. IV. Further develop and embed active travel initiative including 'Stomp for Stamps' and Pompey Monsters. V. Build on learning of covid and people's use of non-built environments to exercise
Key Performance Indicators	• Increase in the amount of activity children are engaged with. • Increase in use of green space.
Timescale	These activities will run in 2021 and 2022, they will be evaluated and improved where necessary. The School Streets pilot will be evaluated prior to decision on future roll-out.

Activity area 8 - healthy lifestyle	
Strategic Lead	Bruce Marr, Head of Harm & Exploitation, Children's Services Alan Knobel - Health Development Manager, Public Health
Objective	Reduce the number of young people experimenting with and using substances long-term
Activity outline	I. Continued updating, reviewing and promotion of the PCC's PSHE drug, alcohol and tobacco toolkit to schools citywide as well as CPD for PSHE Leads.

	II. Reduce the exploitation of young people where substance use is a factor III. Deliver drugs education and training to the children's workforce Increase access to drug treatment for young people
Key Performance Indicators	• Reduction in the number of young people being exploited where substance use is a factor • Exploitation - • Number of workforce receiving substance misuse training • Number of under 18 in treatment / % successful completions
Timescale	Through to March 2023

H. Long-term strategic priorities

The following priorities seek to make long-term improvements in key areas which underpin children and young people's outcomes. They build on national research evidence, existing best practice from across the country and build on areas of success from across the City.

Priority 1 - The best start			
Strategic Sponsor	Alison Jeffery	**Operational lead**	Kelly Pierce
Vision	As far as possible, all women and their partners make an informed decision about becoming pregnant; all women have access to opportunities which improve their physical and mental health throughout their pregnancy and into parenthood.		
Strategic Objectives	• Develop and underpin a range of pathways which ensure women are making decisions which support them to choose when to become pregnant and to be fit for pregnancy • Improve opportunities for pregnant women to identify physical and mental health challenges, and to access support appropriate to their needs including for women who have been victims of sexual violence. • Embed a culture of developing strong attachment from before birth. • Underpin key messages and workforce capacity across the system, including GP's.		
How will we monitor progress	• Improved breastfeeding rates across the board • Increase in the number of women who are a healthy weight whilst pregnant • Decrease in the number of women who are smoking during pregnancy • Number of vulnerable women supported by Early Help services before 24 weeks of pregnancy		

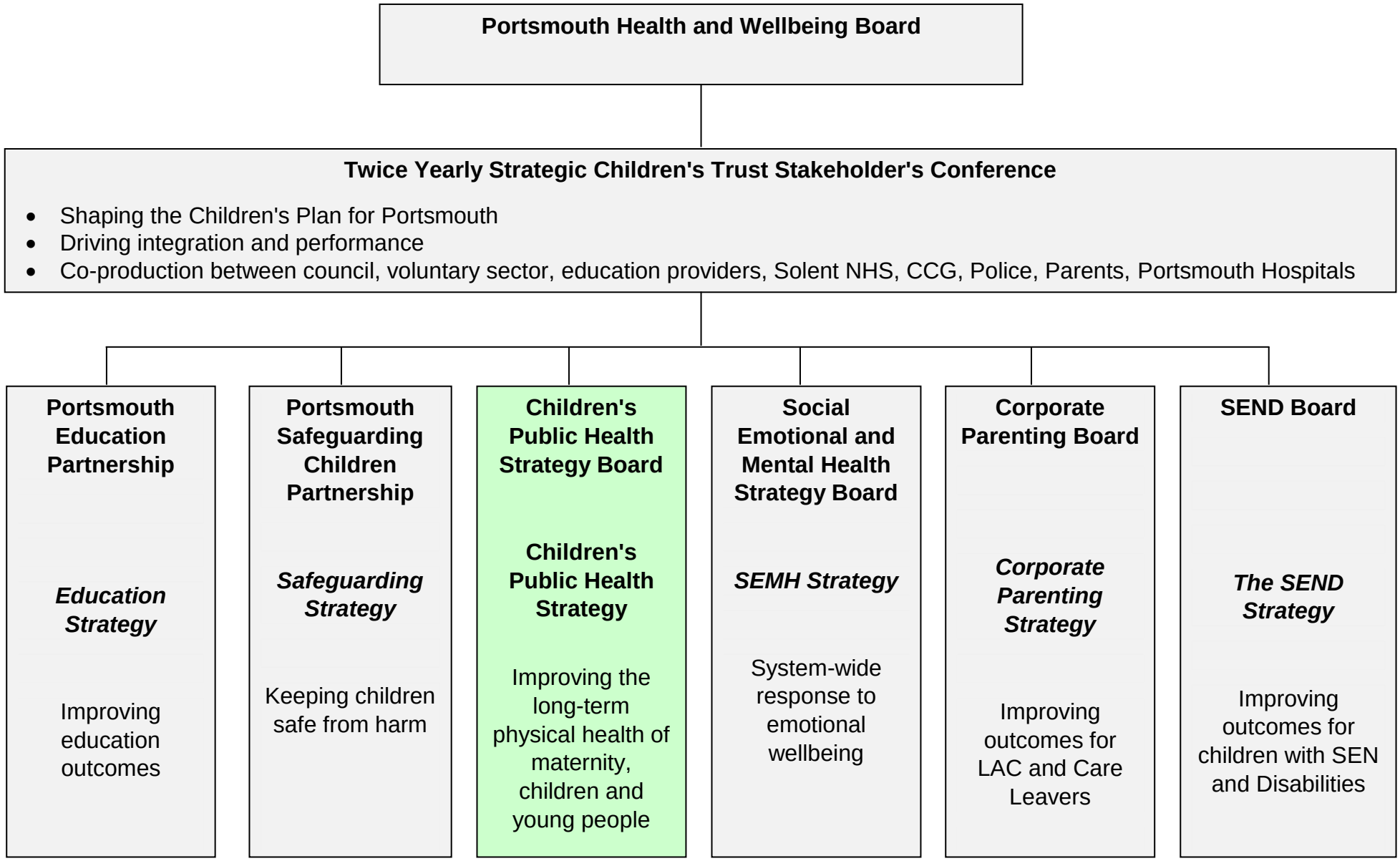
Priority 2 - Thriving parents			
Strategic Sponsor	Hayden Ginns	**Operational lead**	Gill Noble
Vision	In Portsmouth we believe that parents are key to helping children and young people achieve their very best. Parents will be supported to fulfil their role to the very best of their abilities, whilst taking responsibility for helping to create the city we all want our children to thrive in.		
Strategic Objectives	• Development and implementation of a 'Portsmouth deal with parents' • An evidence based understanding of the impact that decisions parents make have and what the systems needs to do to support behaviour change. • Embed a culture of continuing to recognise the importance of strong attachment. • Robust early help and self-help pathways that engage and enable parents to seek the right support at the right time form the right person.		

	• A robust, understood and well managed Childrens Obesity Pathway, which support children and their families when they need it. • Embed the importance of health home and social environments, including reducing the use of tobacco. • Ensure that parents have the right support to identify emerging and low levels of poor mental health, alongside the right early and self-help tools to manage this.
How will we monitor progress	

Priority 3 - The impact of poverty			
Strategic Sponsor		**Operational lead**	Mark Sage
Vision	For all families to have access to pathways, opportunities and living conditions that support their child's long-term physical health, reducing the inequalities that exist as a result of poverty.		
Strategic Objectives	• To have a robust understanding and awareness of the characteristics and needs of families in poverty or at risk of poverty in Portsmouth - including air quality, housing conditions, nutrition, access to training and employment, and financial inclusion and capability. • To reduce the impact of poverty on the health inequalities seen amongst children and their families. • To support families in raising their aspirations, both in terms of their expectations on the system and what they want for their children long-term. • Support families to increase their social capital and inclusion, working in partnership with the voluntary and community sector and HIVE Portsmouth to address issues that drive social exclusion. • To help families to maximise their uptake of entitlements and financial support, through assertive identification of families in financial hardship.		
How will we monitor progress	• Uptake of provision for parents in financial hardship - money, debt and benefits advice; affordable access to food; local welfare provision. • Uptake of relevant entitlements - welfare benefits, Healthy Start vouchers, free school meals, Holiday Activities and Food etc. • Free or affordable provision of healthy activities for young people - adventure playgrounds and youth clubs, Holiday Activities and Food etc. • Number of families receiving support to reduce fuel poverty. • Affordability and quality of housing to underpin prevention of homelessness. • Access to careers advice and support for young people including the Apprenticeship Hub and My Future in Portsmouth. • Access to training and employment opportunities for young people and low income families under the council's Social Value Policy.		

Priority 4 - Environmental and social planning			
Strategic Sponsor	Helen Atkinson	**Operational lead**	Bethan Mose, Public Health Principal (Wider Determinants)
Vision	For all new plans and key decisions regarding the built environment and healthy place-shaping to have embedded within their process a focus on the physical health of maternity, children and young people.		
Strategic Objectives	• To have a robust understanding and awareness of the healthy places characteristics and needs of maternity, children and young people in Portsmouth including air quality, housing accessibility and quality, access to quality green and open space, transport and active travel. • Develop a clear set of built environment priorities for maternity, children and young people that articulates a clear and consistent position at all stages of engagement with built environment policies and proposals. • Engage with the planning and development process to ensure that the built environment fully supports families to make and sustain a healthy, active lifestyle. Engagement with those leading and developing City-wide regeneration and greening strategies and future plans to outline expectations and influence the shaping of both the city and its culture. • Ensure that sports and leisure developments across the City recognise the importance of universal access, designing opportunities that enable all families' equal access. • Embed the principles of effective coproduction across a range of strategic developments which impact of children and families		
How will we monitor progress	• Development of a robust framework for Health Impact Assessment for major development proposals • Adoption of 'Healthy Streets' assessment tool to monitor the success of built and natural environment schemes • Development of an interactive Green Asset Register for the City • PHOF indicators (wider determinants), where appropriate. Where possible, the use of local data on housing, transport and air quality.		

I. Governance and Delivery



J. Monitoring impact

Effective monitoring of the Strategy is essential in ensuring that the delivery plans are having an impact on children and families in Portsmouth.

The Board will be chaired by the Director of Public Health (PCC), with a nominated Public Health Consultant deputising as required. The chair is responsible for ensuring there is an agenda published in advance of each meeting, that the meeting is conducted effectively and that robust oversight of the action plan is maintained.

The Board will initially meet monthly to establish the strategy from January to June 2021 and quarterly thereafter. The Board will:

- Ensure that the Strategy and work plans are meaningfully coproduced
- Agreement of key short-term actions and long term priorities
- Monitoring of agreed activity
- Analysis of the impact of agreed activity
- Improved communication across the system with regard to understanding key priorities, associated activity and reporting of progress and impact
- Sharing of information or gaps in provision, resulting in a proactive and joined up approach to agree consistent approaches on dealing with key issues.
- To consider the financial implications of both activity and the impact of work streams
- To provide a strong voice across the system with regard to maternity, children and young people's Physical Health
- Representatives will act as a conduit for information to and from their area of the system.

The Board will monitor progress through a quarterly report to the corresponding xxx priorities. Quarterly monitoring will include summary performance on:

1. Data and performance indicators
2. Progress of the implementation plans
3. What's going well and what needs to improve

There will be an annual progress report to the Health and Wellbeing Board reporting impact across all xxx priorities.

K. Appendix A - The Balanced Scorecard

L. Appendix B - Public Health Outcomes Framework 2019–2022

Public Health England

VISION

To improve and protect the nation's health and wellbeing and improve the health of the poorest fastest

Public Health Outcomes Framework 2019–2022

At a glance

A Overarching indicators

A01 Increased healthy life expectancy

A02 Reduced differences in life expectancy and healthy life expectancy between communities

B Improving the wider determinants of health

Objective

Improvements against wider factors which affect health and wellbeing and health inequalities

Indicators

B01 Children in low income families
B02 School readiness
B03 Pupil absence
B04 First time entrants to the youth justice system
B05 16-17 year olds not in education, employment or training
B06 Adults with a learning disability / in contact with secondary mental health services who live in stable and appropriate accommodation † *(ASCOF 1G and 1H)*
B07 Proportion of people in prison aged 18 or over who have a mental illness
B08 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services * *(B08a - NHSOF 2.2)* †† *(B08b - ASCOF 1E)* ** *(B08c - NHSOF 2.5.i)* †† *(B08c - ASCOF 1F)*
B09 Sickness absence rate
B10 Killed and seriously injured casualties on England's roads
B11 Domestic abuse
B12 Violent crime (including sexual violence)
B13 Levels of offending and re-offending
B14 The percentage of the population affected by noise
B15 Homelessness
B16 Utilisation of outdoor space for exercise / health reasons
B17 Fuel poverty
B18 Social isolation † *(ASCOF 1I)*
B19 Loneliness

C Health improvement

Objective

People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

Indicators

C01 Prescribing of long-acting reversible contraception
C02 Under 18 conceptions
C03 Maternity
C04 Low birth weight of term babies
C05 Breastfeeding
C06 Smoking status at time of delivery
C07 New birth visits
C08 Child development at 2 – 2 ½ years
C09 Child excess weight in 4-5 and 10-11 year olds
C10 Children aged 5-16 sufficiently physically active for good health
C11 Hospital admissions caused by unintentional and deliberate injuries for children and young people under 25
C12 Emotional well-being of looked after children
C13 Smoking prevalence – 15 year olds
C14 Self-harm
C15 Diet
C16 Excess weight in adults
C17 Physically active and inactive adults
C18 Smoking prevalence – adults (over 18s)
C19 Drug and alcohol treatment completion and drug misuse deaths
C20 Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison
C21 Alcohol-related admissions to hospital
C22 Estimated diagnosis rate for people with diabetes mellitus
C23 Cancer diagnosed at stage 1 and 2 ** *(NHSOF 1.4v 1.4vi)*
C24 National screening programmes ^
C26 Take up of the NHS Health Check programme – by those eligible
C27 Long-term musculoskeletal problems
C28 Self-reported well-being
C29 Injuries due to falls in people aged 65 and over

D Health protection

Objective

The population's health is protected from major incidents and other threats, whilst reducing health inequalities

Indicators

D01 Fraction of mortality attributable to particulate air pollution
D02 New STI diagnoses
D03 Population vaccination coverage (children aged under 5 years old)
D04 Population vaccination coverage (children aged 5 years old and over)
D05 Population vaccination coverage (at risk individuals)
D06 Population vaccination coverage (people aged 65 and over)
D07 People presenting with HIV at a late stage of infection
D08 Treatment completion for TB
D09 NHS organisations with board approved sustainable development management plan
D10 Antimicrobial Resistance

E Healthcare public health and preventing premature mortality

Objective

Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities

Indicators

E01 Infant mortality * *(NHSOF 1.6i)*
E02 Proportion of five year old children with dental decay
E03 Mortality rate from causes considered preventable ** *(NHSOF 1a)*
E04 Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke) * *(NHSOF 1.1)*
E05 Under 75 mortality rate from cancer * *(NHSOF 1.4)*
E06 Under 75 mortality rate from liver disease * *(NHSOF 1.3)*
E07 Under 75 mortality rate from respiratory diseases * *(NHSOF 1.2)*
E08 Mortality rate from a range of specified communicable diseases, including influenza
E09 Excess under 75 mortality rate in adults with serious mental illness * *(NHSOF 1.5)*
E10 Suicide rate ** *(NHSOF 1.5.iii)*
E11 Emergency readmissions within 30 days of discharge from hospital * *(NHSOF 3b)*
E12 Preventable sight loss
E13 Hip fractures in people aged 65 and over
E14 Excess winter deaths
E15 Estimated diagnosis rate for people with dementia * *(NHSOF 2.6.i)*

Alignment across the Health and Care System

* Indicator shared with the NHS Outcomes Framework.
** Complementary to indicators in the NHS Outcomes Framework
† Indicator shared with the Adult Social Care Outcomes Framework
†† Complementary to indicators in the Adult Social Care Outcomes Framework

^ Note: The national screening programmes indicators have been combined into C24 to recognise the single screening service.

M. Appendix C - Childhood Obesity Pathway

Child obesity pathway Nov 20

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Title of meeting:	Health and Wellbeing Board
Subject:	Changing Futures - phase 1 scoping
Date of meeting:	7th July 2021
Report by:	Dave Adams and Lisa Wills
Wards affected:	All

---

1. Requested by

James Hill and Jo York - senior sponsors

2. Purpose

To update members on the scoping phase of the Changing Futures project.

3. Background

3.1 In December 2020 MHCLG announced the £46m Changing Futures Fund designed to improve the way systems and services work to support individuals experiencing multiple disadvantage - including a combination of homelessness, substance misuse, poor mental health, domestic abuse, and contact with the criminal justice system.

3.2 Portsmouth developed a similar programme of work between 2016-18 that involved tracking experiences of a small number of individuals through multiple services. One important outcome of this programme was a successful intervention with the city's drug and alcohol service provider. Not only did the redesigned system **increase capacity**, but also enabled the service to drastically **reduce the waiting times** for support of all types, including substitute medication - **at no additional cost.** The process is now not only faster but more person-centred and flexible, as evidenced by staff and client feedback.

3.3 As a result of this initial piece of work, Portsmouth was well-placed to deliver against the Changing Futures outcomes, and submitted an expression of interest (EOI). This was supported by the local authority, CCG and Society of St James (SSJ) as a local service provider. Unfortunately, the city was unsuccessful in securing funding through the programme. However, it is clear from the work undertaken that there is a need to consider how we support individuals with multiple disadvantage; and a will to look at how we work together to address the problems they experience holistically.

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4. The proposal

4.1 The most important element of achieving sustainable change is corporate and political permission to do things differently. Senior leaders and politicians have already demonstrated their commitment to do this by supporting the Expression of Interest. The long term benefits are set out in appendix 1.

4.3 Since external funding is not available at this stage, the proposal, approved by the Health and Care Executive in April, is to undertake a systems thinking intervention over two/three years. A small working group has been established to co-ordinate phase one scoping with a view to bring forward a further report to the board in September seeking approval to continue with the systems thinking intervention itself.

4.4 The local 'system' is defined as involving the following services:

- Housing/Homelessness (including supported housing services)
- Substance Misuse Services (Society of St James)
- Mental Health Services (Solent NHS Trust)
- Police and Probation Services (NPS and CRC)

4.3 The target cohort would fit the Making Every Adult Matter (MEAM) definition of 'complex needs':[1]

- who experience several problems at the same time (e.g. mental health, substance misuse, homelessness, offending)
- whose behaviour impacts on families and communities
- who have ineffective contact with services and
- who live chaotic lives

4.4 Based on national research, local evidence and complex data modelling, the number of adults who meet this definition in Portsmouth is estimated to be in the region of 300-400 at any one time.

5. Scoping and resources

5.1 As discussed above, the Health and Care Executive agreed to undertake phase one scoping. The work is being led by the Systems Development Service Lead Interventionist, Dave Adams, with support from the strategy unit (Lisa Wills and Kelly Nash).

[1] http://meam.org.uk/multiple-needs-and-exclusions/

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5.2 Resources required to scope the project will be limited to Dave Adams' time but also will require full access to individual case files, management and front line staff (for interviews), and live/real time observation of front line work - for each service involved.

5.3 It is crucial the scoping work is accurate and comprehensive, and identifies clearly what needs to be done, and the resources involved.

6. Current position and request for support

6.1 An email was sent on May 14th asking the relevant organisations for support to undertake phase one scoping.

6.2 The email requested access to services and information required relating to information governance. However, in order to have sufficient time to undertake a robust scoping exercise, the most pressing issue at the moment is for Dave Adams to be given permission to visit each service listed in 4.1 to observe processes and talk to staff. To date positive responses have been received from:

- Society of St James
- Local Authority Housing (pending written confirmation)
- Adult Social Care (pending written confirmation)

The Probation Service/CRC are currently considering their position given the two services will begin the process of re-unification on 25th June.

6.3 Subsequent discussions have taken place with the Society of St James; it has been agreed that key workers will ask a number of clients about their experience of working with other services (see appendix 3). The questions have been tested and will be given to staff to use with any clients interested in providing their views.

…… ……
Signed by (Director) Signed by Jo York

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Appendices:

Appendix 1 - Long term benefits of systems thinking intervention
Appendix 2 - Email to participating services
Appendix 3 - Client Questions

Appendix 1 - Long Term Benefits

Individual and communities: [2]

- Portsmouth adults (and their families) who have multiple and complex needs will have improved health, wellbeing, housing, employability, and reduced re-offending, and these outcomes will be sustainable.
- Portsmouth adults with multiple and complex needs will have more opportunities for involvement in the services they need, and influence on decisions that affect them.
- Portsmouth adults with complex needs (and their families) have the support and opportunities to identify and work towards achieving their own life goals and aspirations.

Commissioning and costs:

- More joined up commissioning will exploit opportunities for resource pooling and streamlining of services. ***Research suggests a 26%[3] saving is possible from delivering more coordinated responses.***
- Use learning to develop more cost-effective evidence-based interventions for people with multiple and complex needs.
- Opportunities to invest in prevention activity that will achieve better outcomes and reduce pressure on acute and crisis services.
- Performance will be easier to evaluate by holding composite information about outcomes for customers

There may also be the potential to redirect services away from 'reactive crisis management' into preventative activity. According to research carried out by Landkelly Chase and others, people who fit this definition will cost the public purse between £19,000-£21,000 per person per year (including benefits) which is 4-5 times the benchmark cost of £4,600 for an average individual.[4] Using this cost model, we can surmise the costs to the public purse generated by a core group of 400 people in the city who are likely to have co-occurring conditions to be **£7,600,000.** Assuming services are better co-ordinated this cost could be reduced by **£2m**[5] **across services.**

[2] Adapted from Manchester 'Inspiring Change' programme via Sheffield City Council's complex needs business case
[3] Batterick et al in their two-year study of the MEAM pilots found that better co-ordinated interventions from statutory and voluntary agencies can reduce the cost of wider services us for people with multiple needs by up to 26.4%
[4] This figure is based on the Multiple Exclusion Homelessness sample of users of 'low threshold services, filtered to those who had the characteristics of severe and multiple disadvantage in its broadest sense (Individuals with multiple needs: the case for a national focus, Calouste Gulbenkian Foundation (Making Every Adult Matter, Clinks, Homeless Link and Mind)
[5] £1.967m

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'…*investment in more effective interventions might bring about significant savings, or 'offsets' which might outweigh, or at least mitigate, the cost of investment'* [6]

Appendix 2 - email to participating organisations

Subject	**Message sent on behalf of Jo York (PCCG) and James Hill (PCC) - Changing Futures**
From	Nash, Kelly
To	'jacqueline.markie@justice.gov.uk'; mike.taylor; 'james.mcdermott@twosaints.org.uk'; Roberts, Rachael; Jenkins, Clare; Pearson, Kerry; Jo Perry (NHS); PCCG, Nick Moore (NHS PORTSMOUTH CCG)
Cc	Wills, Lisa; Adams, David; York Jo - Associate Director System Management Urgent Care Lead; Hill, James
Sent	14 May 2021 16:40

Dear colleagues,

For the purposes of completing the scoping activity for the "Changing Futures" style work, which was agreed at the Portsmouth Health and Care Executive on Wednesday 28th April, we would like to request that access is now provided for Dave Adams (Lead Interventionist, PCC) to visit each service, and:

- *observe the process by which demand from clients is received and dealt with;*
- *speak to staff about the jobs that they do and the tasks that they are required to perform; and,*
- *receive data on service performance.*

Dave will be in touch shortly to start arranging visits.

In addition, a central element of this work will be to understand how clients access, are referred between, and are discharged from different services over time. This will enable the team to develop a more detailed picture of the overall client journey and inform the shape of the intervention itself when it begins. Therefore, we would like ***to understand what IG/data protection requirements would need to be met*** *(if not already) to enable us to gather case histories on a sample of clients across all services in scope. This would mean being able to 'match' the record of an individual client in one service with their case history in multiple other services. Please flag any requirements to Lisa.wills@portsmouthcc.gov.uk .*

Thank you

Jo York (Managing Director, Portsmouth CCG) and James Hill (Director of Housing, Neighbourhood and Building Services, PCC)

Appendix 3 - Client Questions (Society of St James)

[6] *Hard Edges* http://lankellychase.org.uk/wp-content/uploads/2015/07/Hard-Edges-Mapping-SMD-2015.pdf

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CHANGING FUTURES

Information for the client

"We are starting a piece of work to look at how several different services work for people, and we want to ask just a few questions to understand your experience of using them. The answers will be shared with the Council to help them understand how services are working, but we will not share your name. Would you be happy to answer them?"

1) Have you ever used any of the following services…? (probation, mental health, housing/homeless services, police, social care, etc.). Make a note if the client volunteers anything different.

2) Have you ever been refused help from any of those services?

3) When using those services, what was the waiting time like, if there was one? Get examples if possible.

4) Have you found you have to keep answering the same questions or telling your story repeatedly?

5) Did you feel that the services you used gave you the help that you needed? Get examples if possible.

6) If you could change one thing about your experience of these services, what would it be?

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

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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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