



NOTICE OF MEETING

HEALTH AND WELLBEING BOARD

WEDNESDAY, 22 SEPTEMBER 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, Clare Jenkins, Frances Mullen, Professor Gordon Blunn and Paul Riddell

Dr Linda Collie (Joint Chair)

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

Portsmouth Councillor Standing Deputies:

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

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

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

AGENDA

- 1 Apologies for absence
- 2 Declarations of interest

3 Minutes of previous meeting - 7 July 2021 (Pages 3 - 12)

RECOMMENDED that the minutes of the previous meeting held on 7 July 2021 be approved as a correct record.

4 Local Outbreak Engagement Board update (Pages 13 - 16)

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

The report originally marked on the agenda "to follow" was published on 17 September.

5 Annual Report from the Director of Public Health (Pages 17 - 18)

The Director of Public Health will give a presentation at the meeting.

6 Health and Wellbeing Strategy update (Pages 19 - 20)

The purpose of the report is to update Health and Wellbeing Board members on progress with developing Health and Care Portsmouth.

The report originally marked on the agenda "to follow" was published on 17 September.

7 Health & Care Portsmouth update (Pages 21 - 24)

To update Health and Wellbeing Board members on progress with developing Health and Care Portsmouth.

The report originally marked on the agenda "to follow" was published on 17 September.

8 Dates of future meetings

To confirm the dates of future meetings (all Wednesdays at 10 am) as 9 February, 22 June, 21 September and 23 November 2022.

Agenda Item 3

MINUTES OF THE MEETING of the Health and Wellbeing Board held virtually on Wednesday, 7 July 2021 at 10.00 am

Present

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

Councillor Jason Fazackarley (Joint Chair)
Councillor Lewis Gosling
Councillor Suzy Horton
Councillor Kirsty Mellor
Councillor Jeanette Smith
Councillor Gerald Vernon-Jackson

Helen Atkinson, Director of Public Health, PCC
Roger Batterbury, Healthwatch Portsmouth
Andy Biddle, Director of Adult Care, PCC
Dr John Knighton, Portsmouth Hospitals University Trust
Alison Jeffery, Director, Children, Families & Education, PCC
Clare Jenkins, Portsmouth Police
Dr Nick Moore, Portsmouth CCG
Jackie Powell, Portsmouth CCG
Suzannah Rosenberg, Solent NHS
Jim Couch, Hampshire Fire & Rescue Service
Jo York, Health & Care Portsmouth

Non-voting members

Officers present

David Adams, Sayma Begum, Hayden Ginns, Matthew Gummerson, Anthony Harper, Dominique Le Touze, Amanda McKenzie, Bruce Marr, Kelly Nash, Mark Sage, Lisa Wills

8. 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.

Dr Collie gave an update on membership and welcomed new members. The previous co-chair, Matthew Winnington, is no longer in his post as Cabinet Member for Health, Social Care and Wellbeing, and she requested that the thanks of the Board for his work be recorded, and welcomed the new Cabinet Member, Councillor Jason Fazackarley.

Dr Collie welcomed new members to the Board from the other political groups on the local authority as it had been agreed in June 2019 to broaden membership against the terms of reference and ensure cross-party representation on the Board beyond that specified.

All those present agreed with the suggestion that the Board strengthen links to the Safeguarding Boards in the city by providing the opportunity for Safeguarding Chairs to receive papers and participate in discussions at the Board if they wish by co-opting them as members.

Dr Collie thanked Steve Labeledz, former co-chair of the Portsmouth Education Partnership, for his work with the Board. She welcomed the new Chair, Frances Soul.

Bernie Allen, Deputy Director of Planning Analytics, and Sayma Begum, Domestic Abuse Analyst, were shadowing the meeting.

Apologies for absence had been received from Sarah Beattie (Probation Service), Penny Emerit (represented by John Knighton, Medical Director, PHUT), Sue Harriman (represented by Suzannah Rosenberg), Maggie MacIsaac (Hampshire & Isle of Wight ICS, represented by Jo York), Frances Mullen (Portsmouth College), Dianne Sherlock (Age UK) and David Williams (Portsmouth City Council). Andy Biddle (Adult Social Care) had to leave early due to another commitment.

9. Declarations of Interests (AI 2)

Councillor Mellor declared a personal, non-prejudicial interest for agenda item 10 as she is a patient at the Guildhall Walk Surgery. Councillor Smith declared a personal, non-prejudicial interest as she is in full-time paid employment with the Hampshire branch of Unison. Dr Moore and Dr Collie declared an interest as they are GPs at practices that may receive patients from the Guildhall Walk Surgery.

10. Minutes of previous meeting - 3 February 2021 (AI 3)

RESOLVED that the minutes of the Health and Wellbeing Board held on 3 February 2021 be approved as a correct record.

11. Health and Care Portsmouth and update from place-based partnership event on 16 June

Jo York, Managing Director, Health & Care Portsmouth, gave a verbal update on the place-based partnership event on 16 June, which was supported by the Local Government Association and included many Health & Wellbeing Board (HWB) members. The LGA's report of the event was published the previous day. The Portsmouth Provider Partnership, comprising health and local authority services, participated. The purpose was to consider the place-based arrangements outlined in the NHS White Paper and their effect on Portsmouth from April 2022. Those present felt the event was very positive and gave an opportunity to reflect on place and the commitment to Portsmouth. Organisations need to continue their long history of partnership working at all levels to ensure the best outcome for residents.

The next steps are to consider how to achieve future options for place-based arrangements within the Integrated Care System (ICS); a memorandum of understanding will probably be required on delegation to place. In the week commencing 26 July the wider group will reconvene. Health & Care

Portsmouth have already had conversations with the ICS on how to maximise levels of delegated authority to ensure local decision making. A formal report will be brought back to the HWB in due course.

12. 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. In response to questions, officers explained that

Any changes to the LOEB would affect arrangements around the Health Protection Board but there are currently no plans to change the way of working for the LOEB.

At the time the report was written infection rates were significantly lower but now the rate is doubling weekly across Hampshire and the Isle of Wight and nationally, indicating the foothills of a third wave

The local Contact Tracing Team reaches 96% cases they are asked to contact. The team now takes on cases immediately from the national team rather than after 36 hours. However, it is a small team and cases have risen dramatically so some are passed back to the national team. The team is still reaching cases to ensure they self-isolate, have support and close contacts are identified.

The current approach to financial support for self-isolation has been discussed in the national press. The government payment scheme has rigorous restrictions but Portsmouth is doing as much possible via the Hive to provide support such as in kind payments and food shopping. There is a foundation tier doctor working with the self-isolation pathway to identify what else can be done to help.

The new testing centre, which has replaced the one in Eldon Road, opened on 26 June in the car park of the former Sainsbury's in Commercial Road. There is parking in other areas of the city centre. The building itself is being used for other purposes.

RESOLVED that the Health and Wellbeing Board note the report.

13. Health and Wellbeing Strategy refresh

Kelly Nash, Matt Gummerson, Strategic Lead for Intelligence, and Hayden Ginns, Assistant Director, Commissioning & Performance introduced the report, outlined progress to date and gave a presentation highlighting key themes. A further draft would be brought back in September and a final version towards the end of the year. Helen Atkinson, Director of Public Health, thanked them for their work.

Portsmouth is 114 out of 149 upper tier local authorities in the ONS Health Index. Although Portsmouth is not an outlier with regard to deprivation its position relative to England and on the Health Index has worsened since 2015. Themed areas are highlighted as it is felt the strategy needs to focus on a small number of drivers which have a high impact - "the causes of the

causes." In addition, two significant issues are poverty and housing. Poverty is part of a broader issue along with economic development. The lack of a safe and secure place to live is linked with poverty and wellbeing.

There is a strong consensus on the link between the capacity to build positive relationships and happy, healthy lives. Capacity to build positive relationships is compromised if people have suffered trauma and leads to "blocked relationships." Some groups such as care leavers and the elderly are over-represented in social isolation and difficulties with maintaining relationships.

The importance of early language development was emphasised as it has a long-term impact on improving outcomes. For example, reading for 15 minutes per day with children improves outcomes dramatically. School absence, a factor in low attainment, was already an issue before Covid-19.

Two additional key issues are poor air quality and lack of physical activity which contribute to issues including respiratory disease and obesity. A combination of hyper-targeting approaches and systemic work is suggested to tackle them.

In response to questions from members as to how the strategy links with the council's other strategies, officers explained it is an influencing document setting out what the HWB would like to see driving individual organisations and they can then see how what is happening matches aspirations. Officers agreed it would be helpful to reflect budget lines in the strategy's final version to show where each strand lies. Members thought the strategy was the most important strategy the council would ever do and that the HWB needs to drive local government and health organisations so that they centre their priorities around it.

In discussion the following points were made:

Alison Jeffery agreed it was an important strategy for the city. The importance of improving relationships is shown more and more in thinking on the welfare state, for example, as in Hilary Cottam's work. The council accepts the need for a strong education strategy. Over the last four years the Portsmouth Education Partnership has shown itself to be a strong and healthy partnership. Schools are determined to overcome the Portsmouth Paradox (low school attainment despite good Ofsted ratings) as they recognise that children need qualifications to improve their life chances. Poverty needs to be recognised more strongly and be more prominent in the strategy. Economic strategy is hugely important for health and wellbeing as families need sufficient income to support themselves. Sometimes they cannot spend time with their children as they have to have two jobs so economic conditions have a direct impact on wellbeing.

The causes of the causes discussion is in line with the policing approach. Although the strategy has clear links with the community safety strategy around domestic abuse, the links with poverty, child neglect and serious violence do not seem to be so clear.

It is important to link the provision already in place and use the strategy to drive changes that organisations would like to see. Tackling poverty and inequality are top priorities. Educational attainment is linked to good mental health. Schools may be rated good but pupils struggle with attainment as they are struggling with mental health, especially as the country is emerging from Covid.

As the new Cabinet Member for Health, Wellbeing & Social Care, Councillor Fazackarley said it was encouraging to see so many organisations participating in the strategy. He would do what he could to support the strategy; there are some funds despite the council not being awash with cash.

From the point of health, the NHS and CCG agree that the priority is to work on wider determinants of health to tackle inequalities. Supporting and resourcing the strategy is linked to future place-based arrangements with local delegation of NHS budgets held by the ICS. Continuing the integrated approach between health and the council will be an important focus in the next few months for the strategy. The PHUT sees the outcomes of health inequalities at the front end and agreed Portsmouth is currently at a pivotal moment coming out of Covid. The PHUT welcomes conversations and will use their influence as the NHS to help.

If significant factors like poverty and housing are excluded then the strategy will be hamstrung. If people do not have basic security such as a roof over their heads then it is very difficult for them to start improving their lives. Poverty impacts on inequality. For example, people having two jobs but still on in-work benefits and having to use food banks shows a real problem with poverty. If underlying problems are not tackled then the positive impact of tackling the causes of the causes will not be seen.

Officers agreed that links to the Joint Strategic Needs Assessment and the Violence Reduction Unit's work need to be clarified. When presenting issues they are considered separately but it is recognised that they are not separate as they underpin poor outcomes and are connected. The strategy used to sit above other strategies in the "bookcase model" as an overarching strategy but it is now seen as an underpinning strategy. Some issues such as Education could be both underpinning and overarching but it is still an essential priority. If Board members would like to be involved with any of the themes they should contact Kelly Nash. [Slides of the presentation were sent to the Board].

RESOLVED that the Health and Wellbeing Board:

- 1. View the presentation at the meeting which will explain the process through which the initial outline Health & Wellbeing Strategy (HWS) has been developed.**
- 2. Agree the priorities to be further worked up in more detail.**
- 3. Agree the process for further development of the HWS.**

14. Air Quality Board

Dominique Le Touze, Public Health Consultant, introduced the report, explaining that the proposed executive board will replace the current Air Quality Board. It will have a wider remit and report regularly to the HWB. It will

be chaired by the Cabinet Member for Climate Change and Green Recovery. It will examine gaps and consider how to drive the agenda forward.

In response to questions from members, officers agreed Fratton Road and Kingston Road were an area of concern. The Clean Air Zone (CAZ) parameters are set by central government so there is less influence locally. The council can be more ambitious and continue to reduce air pollution, which does not respect ward boundaries. Including these roads in the CAZ would not have made any difference to Portsmouth meeting its air quality target. Fratton Road is in a significantly deprived area and the council did not want to include it in the CAZ in case it drove out shops.

RESOLVED that the Health and Wellbeing Board note the report.

15. Domestic Abuse Bill

Bruce Marr, Head of Harm and Exploitation, introduced the report. In response to questions from members, he explained that

Under the Domestic Abuse Act there is a duty to hear survivors' voices and the provider (Stop Domestic Abuse) will ensure their voices are heard. However, usually victims want to move on with their lives, unlike substance misuse where former users want to provide support to others, but there is nothing stopping them being involved in the Domestic Abuse Local Partnership Board.

The funding is not ringfenced but the MHCLG say that councils have to provide evidence of how they have met the duty.

Mr Marr is happy to take direction from the HWB about the Member Champion for Domestic Abuse sitting on the Board. Mr Marr currently reports to the Cabinet Member for Community Safety.

Councillor Vernon-Jackson said there was nothing more important tackling domestic abuse as it was a golden thread that affects education, health, criminal justice. It will have a major impact in driving positive change for families. Those present agreed that it was short-term thinking and not sustainable having to bid for funding every few years. It was important to hear the voices of survivors and their families without them necessarily having to sit on the Board.

There are 16 refuge units for victims within the commissioned service, some of which have more than one bed so as to accommodate children. Another five are funded by the provider so Portsmouth has 21 refuge units in total. There is no statutory requirement as to the number of beds but UN Human Rights legislation recommends one per 10,000 adults. Clare Jenkins said that domestic abuse accounted for 50% police investigations; this is greater than the other two police areas in Hampshire. Investment is critical and she is working with the Office of the Police & Crime Commissioner to tackle short-term funding.

RESOLVED that the Health and Wellbeing Board:

1. **Note the report.**
2. **Agree that the Health and Wellbeing Board will oversee governance of the new Domestic Abuse Local Partnership Board.**
3. **Agree that the new statutory duty to have a Domestic Abuse Local Partnership Board is part of the Domestic Abuse Steering group function.**
4. **Recommend 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.**
5. **Agree 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).**

16. Guildhall Walk surgery

Jo York introduced the report, apologising that it could not be produced earlier due to purdah, and outlined how the closure is being managed. The CCG had chosen to end the contract rather than re-procure it, mainly due to uncertainty over the building. The landlord has given notice and requested planning permission for a change of use. The CCG had already ascertained there was sufficient capacity in other practices to accommodate the Guildhall Walk patients. Most will go to the University practice and the new Unicity practice (due to open in December 2021 in Commercial Road). It was felt fairer to have a managed transfer so patients could choose a new practice rather than going out to tender. The transfer process has nearly finished. There are measures to ensure care is not disrupted for vulnerable and homeless patients. An experienced practice manager is working with PHL to identify patients with complex needs.

In response to questions, Ms York explained that

The CCG provides Safe Space together with the council and the Ambulance Service on Friday and Saturday nights to prevent admissions to QA. It stopped during Covid but the CCG are working with public health and the police as there is a huge commitment to provide an alternative venue. The Ambulance Service thought St Luke's Church was too far from Guildhall Walk so discussions are taking place with the council to see if there is any suitable space in Guildhall Square. Safe Space is a separate service to the Guildhall Walk surgery.

The Special Allocation Service is contracted differently and is commissioned alongside other CCGs, who merged in April, but the intention is to continue to work with PHL to provide the service. Options are being examined. The need for face-to-face care is still recognised despite the rise in digital methods.

The aim was to send letters notifying patients of their new practice by the end of last week but there may have been slight delays. Final figures had to be checked so that the primary care network is not destabilised and patients get their preference and practices can accept them. In addition, the IT system had

to transfer patients so that their confirmation letters say when registration starts with their new practice.

RESOLVED that the Health and Wellbeing Board note the report.

17. Children's Public Health Strategy

Anthony Harper, Head of Integrated Children's Commissioning, introduced the report. Alison Jeffery thanked Mr Harper and his colleagues for co-ordinating the strategy and their valuable work. In response to questions, he confirmed that there was co-production with parents as they were involved in the steering group and will be a key part of the strategy board. The Portsmouth Deal for parents will be co-produced; they are also involved with work, especially with regard to Social, Emotional and Mental Health. Co-production is absolutely core to moving forward.

RESOLVED that the Health and Wellbeing Board note the report.

18. Changing Futures

Dave Adams, Lead Interventionist, introduced the report, explaining that although the council was unsuccessful in bidding for Changing Futures funding it could have been constrained by conditions if successful. Changing Futures aims to support people with multiple disadvantages where there is often a mismatch between needs, individuals and services. The council proposes to proceed with a systems thinking review but as the intervention is a big time commitment the scoping is being done now. A more detailed report will be brought back to the Board in September.

Discussions are taking place on how to manage scoping in view of the complexities caused by Covid as normally it would be done in person to see how people access services. Another difficulty is the barrier of information governance as there is no consent from individuals about sharing their information with other services. Discussions are ongoing with services on how to proceed while complying with the law. The questions in the survey of current SSJ clients rely on people's memories but they should provide an initial steer.

In response to questions, Mr Adams explained that systems thinking is usually applied to transactional services but it can be used with people services; for example, the substance misuse intervention three years ago reframed services to be more responsive to individual needs.

The presentation on the Health & Wellbeing Strategy references the Changing Futures work, which started a couple of years ago. Officers can send information on the outcomes of previous systems thinking interventions to members and discuss them in more detail if requested.

RESOLVED that the Health and Wellbeing Board note the report.

The Chair said it was Alison Jeffery's last meeting of the Board as she was moving to a new post in East Sussex. On behalf of the Board she thanked Alison for her work for the Board and for children and families across the city.

The Board gave her its best wishes. Alison said she had worked with some amazing people and a brilliant team who would continue with great partnership working in Portsmouth.

The meeting concluded at 12 noon.

Councillor Jason Fazackarley and Dr Linda Collie
Chair

Dates of future meetings for reference:

22 September, 24 November - Wednesdays at 10 am

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Agenda Item 4

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Portsmouth
CITY COUNCIL

Title of meeting:	Health and Wellbeing Board
Subject:	Local Outbreak Engagement Board
Date of meeting:	22 nd September 2021
Report by:	Director of Public Health, Portsmouth City Council
Wards affected:	All

1. Requested by

Chair, Health and Wellbeing Board

2. Purpose

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

3. Background

- 3.1 At the Health and Wellbeing Board on June 17th 2020, it was reported that nationally Government had announced the requirement for Local Outbreak Control Plans (CoVid-19) to be developed to reduce local spread of infection and for the establishment of a Member-led Covid-19 Engagement Board for each upper tier Local Authority.

- 3.2 Government guidance required that local plans should be centred on 7 themes:

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

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assumptions to estimate demand, developing options to scale capacity if needed).

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

3.3 Terms of reference for a Local Outbreak Engagement Board (LOEB) were agreed at the Health and Wellbeing Board on 17th June, and this was established as sub-committee of the Health and Wellbeing Board. The Health and Wellbeing Board 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 July's HWBB meeting, the LOEB has only met once. 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 included:

- 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.
- 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

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- 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 report reflected that the 'Delta variant' of coronavirus remains the dominant strain circulating in Portsmouth as it is across the UK, and noted the likely increase in infections that would be seen in August.

5 Future working

5.1 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. However, we are moving to a new phase of dealing with the pandemic, so the next meeting will consider the future pattern of meetings. There is a requirement for the city to update the Local Outbreak Management Plan, and the intention is for the LOEB to sign the Portsmouth update off at the next session on 27th September.

5.2 Summary reports of LOEB activity will continue to be presented to each Health and Wellbeing Board meeting.

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

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

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Agenda Item 5



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: Public Health Annual Report 2020/21
Date of meeting: 22 September 2021
Report by: Director of Public Health
Wards affected: All

1. Requested by Director of Public Health

2. Purpose

To note that the Director of Public Health is publishing her statutory Annual Report, 2020/21. The topic of this year's report is Covid-19 and the role of Public Health Portsmouth in supporting the city's response.

The Public Health Annual Report 2020/21 provides a summary of key data and information about Covid-19 in Portsmouth during 2020 and the first part of 2021. It raises issues that have been highlighted by the pandemic and identifies ways of working during the response effort that must not be lost.

3. Information Requested

.....
Signed by (Director)

Appendices:

Public Health Annual Report 2020/21 (PowerPoint version, decision on how best to publish not yet made)

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

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Title of document	Location

Agenda Item 6

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Portsmouth
CITY COUNCIL

Title of meeting:	Health and Wellbeing Board
Subject:	Health and Wellbeing Strategy refresh
Date of meeting:	22 nd September 2021
Report by:	Director of Public Health, Portsmouth City Council
Wards affected:	All

1. Requested by

Chair, Health and Wellbeing Board

2. Purpose

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

3. Background

3.1 In early 2020, work began on refreshing the Health and Wellbeing Strategy for the city. This work has resumed in 2021, and in the July meeting an approach was agreed to focus the strategy around 5 key themes:

- Educational attainment
- Social isolation
- Active travel & air quality
- Poverty
- Housing

3.2 This work has taken longer to progress than originally set out due to the availability of key partners to organise and participate in workshops during the summer months, along with the ongoing pandemic pressures as a result of the Delta variant. However, workshops are now scheduled to identify the drivers around these issues and the areas that the Health and Wellbeing Board will be asked to focus on - the first of these is scheduled for 27th September.

3.3 The findings of the workshops will be presented to the HWBB at the next session, as a draft Health and Wellbeing Strategy for comment and consultation.

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

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

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

Title of document	Location

Agenda Item 7



Title of meeting: Health and Wellbeing Board

Date of meeting: 22nd September 2021

Subject: Health and Care Portsmouth update

Report by: Jo York, Managing Director, Portsmouth CCG

Wards affected: None

Key decision: No

Full Council decision: No

1. Purpose of report

1.1 The purpose of the report is to update Health and Wellbeing Board members on progress with developing Health and Care Portsmouth.

2. Recommendations

2.1 The Health and Wellbeing Board is recommended to:

- i. **Approve the development of joint commissioning in the city, including through the Health and Care Portsmouth commissioning committee**
- ii. **Note work ongoing in support of the move to Integrated Care System**

3. Background

3.1 Health and Care Portsmouth describes the way of working in Portsmouth between partners in the health and care system to drive our local vision, as set out in the Blueprint for Health and Care in Portsmouth. The vision set out in the Blueprint is that:

"Our vision is for everyone in Portsmouth to be enabled to live healthy, safe and independent lives, with care and support that is integrated around the needs of the individual at the right time and in the right setting. We will do things because they matter to local people, we know that they work and we know that they will make a measurable difference to their lives".



- 3.2 All partners in Portsmouth signed up to the vision, and whilst we are refreshing the Blueprint and working towards the development of the integrated care system (ICS) for Hampshire and the Isle of Wight, the vision remains current and is the focus of integrated working in Portsmouth.
- 3.3 A key part of Health and Care Portsmouth has been the coming together of Portsmouth City Council and Portsmouth Clinical Commissioning Group, so that as far as possible, health and care commissioning in Portsmouth is integrated. This way of working continues as the wider system adapts to the new ICS context, and provides a basis for future place-based arrangements to be developed.
- 3.4 One of the elements of Health and Care Portsmouth is a joint commissioning board. Originally established as a sub-committee of the Health and Wellbeing Board, this board was intended to provide effective collaboration, assurance, oversight and good governance across the entirety of its health and care commissioning arrangements, resource allocation and those other functions which influence to the wider determinants of health. In the original Terms of Reference, the committee was charged with oversight of all commissioning functions that are the responsibilities of the CCG and council (in relation to its health and care functions across children's, adults and public health functions).
- 3.5 The original intention for this group was that it should grow and include representatives from what had traditionally been thought of as "provider services", including VCSE representation, as partners to the Board, but at the time this was complicated by the lines around commissioner/provider split and not progressed.
- 3.6 Due to the pressures on capacity created by the Covid-19 pandemic, work to develop the programme for the commissioning board did not develop at the intended pace, but the intention has always been to progress this and it now feels like the appropriate time to reinvigorate the arrangements, and ensure participation from providers.
- 3.7 Given the lapse in time, and the changes to context, legal advice was sought from Bevan Brittan to ensure that the decision-making mechanisms were robust. The key points of the advice were that the committee should be maintained as a Committee of the CCG with Council membership, and provision for the Council members to take decisions on behalf of the Council where they have the delegated authority to do so. It was also confirmed that it would be appropriate to fully involve provider partners as this represented low risk of challenge.
- 3.8 On this basis, the commissioning committee will be reconvened, and work to deliver a work programme that will secure an effective placed based partnership for Portsmouth to enable delegated decision making for Health and Care Portsmouth from Integrated Care Board (ICB)

3.9 Alongside the work to move forward the joint commissioning arrangements, we continue to engage widely across the local health and care system to develop the unique place-based nature for the city, including working to refresh the Blueprint for Health and Care, developing the prospectus that sets out our local governance arrangements and starting to articulate how we believe the city needs to operate to effectively support the Integrated Care Board as it develops. Further reports on the work will be presented to the November Health and Wellbeing Board.

4. Reasons for recommendations

4.1 The Health and Wellbeing Board has previously approved Terms of Reference for the joint commissioning committee. The recommendations ensure that these objectives can be robustly delivered, taking account of the new context for health services in the light of the White Paper and the emerging Health Bill.

5. Integrated impact assessment

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

6. Legal implications

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

7. Director of Finance's comments

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

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Signed by:

Appendices: n/a

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: