



NOTICE OF MEETING

HEALTH AND WELLBEING BOARD

WEDNESDAY, 22 JUNE 2022 AT 10.00 AM

COUNCIL CHAMBER - THE GUILDHALL, PORTSMOUTH

Telephone enquiries to Anna Martyn Tel 023 9283 4870

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

Health and Wellbeing Board Members

Councillors Matthew Winnington (Joint Chair), Gerald Vernon-Jackson CBE, Suzy Horton and Lewis Gosling

Dr Linda Collie (Joint Chair), Jo York, Penny Emerit, Maggie MacIsaac, Andy Silvester, Jackie Powell, Helen Atkinson, Roger Batterbury, Sarah Beattie, Andy Biddle, Sarah Daly, Prof Anita Franklin, Clare Jenkins, Frances Mullen, Paul Riddell, Suzannah Rosenberg and Dianne Sherlock

Dr Linda Collie (Joint Chair)

Plus one other PCCG Executive Member: Dr Elizabeth Fellows

Information with regard to public access due to Covid precautions

- Following the government announcement 'Living with COVID-19' made on 21 February attendees will still be requested to undertake an asymptomatic/ lateral flow test within 48 hours of the meeting until the end of March (This guidance will be updated at that point). Around one in three people who are infected with COVID-19 have no symptoms so could be spreading the virus without knowing it. Asymptomatic testing - getting tested when you don't have symptoms - helps protect people most at risk by helping to drive down transmission rates.
- We strongly recommend that attendees should be double vaccinated and have received a booster.
- If symptomatic we encourage you not to attend the meeting but to stay at home, avoid contact with other people and to take a PCR test in line with current UKHSA advice.
- We encourage all attendees to wear a face covering while moving around crowded areas of the Guildhall.
- Although not a legal requirement attendees are strongly encouraged to keep a social distance and take opportunities to prevent the spread of infection by following the 'hands, face, space' and 'catch it, kill it, bin it' advice that also protects us from other winter viruses.
- Hand sanitiser is provided at the entrance and throughout the Guildhall. All attendees are encouraged to make use of hand sanitiser on entry to the Guildhall.

- Those not participating in the meeting and wish to view proceedings are encouraged to do so remotely via the livestream link.

(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

Risk assessment for Council Chamber

1 Apologies for absence

2 Declarations of interest

3 Minutes of previous meeting held on 9 February 2022 (Pages 7 - 14)

RECOMMENDED that the minutes of the previous meeting held on 9 February 2022 be approved as a correct record.

4 Health & Wellbeing Board and Review of Partnership (Pages 15 - 20)

To present to the Board findings of the light-touch review of working arrangements, and make suggestions for future developments.

5 Local Outbreak Engagement Board update (Pages 21 - 26)

To recommend to the Board sustainable arrangements for local outbreak management. (Appendix 1 to follow)

6 Health & Wellbeing Strategy update (Pages 27 - 42)

To present a framework for delivery and monitoring of the Health and Wellbeing Strategy agreed in February 2022.

7 Integrated Care System and Clinical Commissioning Group update (Pages 43 - 46)

To update the Health and Wellbeing Board on plans to develop local arrangements in Portsmouth to complement the system wider arrangements of the integrated care system.

8 Community Safety Annual Report (Pages 47 - 60)

To present a progress report on the Community Safety Plan 2020-2022.

9 Autism and Neurodiversity

Clare Rachwal, Deputy Head of Market Development & Community Engagement, will give a presentation at the meeting.

10 Policing Race Action Plan

Verbal update by Superintendent Clare Jenkins, Portsmouth Police

11 Multiply Funding

Report to follow

12 Dates of future meetings

To confirm the dates of future meetings (all Wednesdays at 10 am) as 15 February, 28 June, 27 September, 29 November 2023.

Members of the public are now permitted to use both audio visual recording devices and social media during this meeting, on the understanding that it neither disrupts the meeting or records those stating explicitly that they do not wish to be recorded. Guidance on the use of devices at meetings open to the public is available on the Council's website and posters on the wall of the meeting's venue.

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

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Coronavirus Risk Assessment for the Council Chamber, Guildhall

Date: 1 April 2022 (based on Living safely with respiratory infections, including COVID-19, 1 April 2022)

Review date: Ongoing

Author: Lynda Martin, Corporate Health and Safety Manager, Portsmouth City Council

Coronavirus Risk Assessment for the Council Chamber, Guildhall

Manager's Name and Job Title completing Risk Assessment:	Lynda Martin Corporate Health and Safety Manager	Risk Assessment Dept:	Corporate Services	Date:	1 April 2022	Signature:	
		Location:	Council Chamber, Guildhall				

Hazard	Who could be harmed and how	All controls required	How controls will be checked	Confirmed all in place or further action required
Risk of exposure to Covid-19 virus - Ventilation	Staff, contractors and attendees	<ul style="list-style-type: none"> There are no longer capacity limits for the Guildhall Chamber. We encourage all attendees to wear a face covering when moving around crowded areas of the Guildhall and the council chamber. The mechanical ventilation system works efficiently and the South Special Rooms Supply and Extract fans are fully operational during times when the Council Chamber is in use. Pedestal fans - positioned in each of the wing areas and along the back wall behind the pillars, maximum speed and modulation setting. 	Staff will ensure ventilation system and fans are operational.	In place
Risk of transmission of virus - Risk mitigation	Staff, contractors and attendees	<p>The Guildhall has the following measures in place:</p> <ul style="list-style-type: none"> Face Coverings – as per government guidance, we encourage you to continue to wear a face covering whilst in the venue & crowded places especially when walking around the building. Enhanced Sanitisation & Cleaning – we will carry out enhanced cleaning procedures between meetings and we encourage you to sanitise your hands on entry and regularly throughout your visit at the sanitisation points provided. 	The Guildhall Trust and PCC Facilities Team to implement and monitor.	In place
Risk of transmission of virus - Hygiene and Prevention		<ul style="list-style-type: none"> Updated government guidance from 1 April advises people with a respiratory infection, a high temperature and who feel unwell, to stay at home and avoid contact with other people, until they feel well enough to resume normal activities and they no longer have a high temperature. From 1 April, anyone with a positive COVID-19 test result is being advised to follow this guidance for five days, which is the period when you are most infectious. Although not a legal requirement attendees are strongly encouraged to keep a social distance and take opportunities to prevent the spread of infection by following the 'hands, face, space' and 'catch it, kill it, bin it' advice that also protects us from other winter viruses. Wash hands for 20 seconds using soap and water or hand sanitiser. Maintain good hygiene particularly when entering or leaving. Hand sanitiser and wipes will be located in the meeting room. No refreshments will be provided. Attendees should bring their own water bottles/drinks. All attendees should bring and use their own pens/stationery. Attendees are no longer required to undertake an asymptomatic/ lateral flow test within 48 hours of the meeting however we still encourage attendees to follow the Public Health precautions we have followed over the last two years to protect themselves and others including vaccination and taking a lateral flow test should they wish. It is strongly recommended that attendees should be double vaccinated and have received a booster. 	The Guildhall Trust and PCC Facilities Team to implement and monitor.	In place
Financial Risk	Staff, contractors and attendees	<ul style="list-style-type: none"> The council meeting may need to be cancelled at short notice if the Covid-19 situation changes due to local outbreaks, local sustained community transmission, or a serious and imminent threat to public health. Technology in place to move to virtual council meeting if required and permitted by legislation. 	Financial commitments minimised wherever possible.	In place

Agenda Item 3

MINUTES OF THE MEETING of the Health and Wellbeing Board held virtually on Wednesday, 9 February 2022 at 10.00 am

Present

Councillor Jason Fazackarley, (Joint Chair) in the Chair

Councillor Lewis Gosling
Councillor Suzy Horton
Councillor Kirsty Mellor
Councillor Jeanette Smith
Councillor Gerald Vernon-Jackson

Dr Linda Collie, PCCG (Joint Chair)
Sarah Daly, Director of Children, Families & Education, PCC
Helen Atkinson, Director of Public Health, PCC
Roger Batterbury, Healthwatch Portsmouth
Sarah Beattie, Probation Service
Penny Emerit, Portsmouth Hospitals University Trust
Clare Jenkins, Portsmouth Police
Frances Mullen, City of Portsmouth College
Jackie Powell, Portsmouth CCG
Dianne Sherlock, Age UK
David Williams, Chief Executive, PCC
Jo York, Health and Care Portsmouth

Non-voting members

Officers present

Sayma Begum, David Goosey, Matthew Gummerson,
Dominique Le Touze, Bruce Marr, David Moorman, Kelly
Nash, Lucy Rylatt, Lisa Wills

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

Councillor Jason Fazackarley, Cabinet Member for Health, Wellbeing & Social Care, as Chair, opened the meeting. All present introduced themselves.

Apologies for absence were received from Andy Biddle (Adult Social Care), Anita Franklin (University of Portsmouth), Gordon Muvuti (Solent NHS), Rachael Roberts (Adult Social Care) and Suzannah Rosenberg (Solent NHS).

The Children's Safeguarding report was considered when Lucy Rylatt arrived at 11 am (due to a prior commitment) but for ease of reference the minutes will be kept in the original order.

2. Declarations of Interests (AI 2)

There were no declarations of interest.

3. Minutes of previous meeting - 24 November 2021 (AI 3)

RESOLVED that the minutes of the Health and Wellbeing Board held on 24 November 2021 be approved as a correct record.

Minute 31 - In response to a query about capacity at the Urgent Treatment Centre at St Mary's, Jo York said staffing has improved which has increased capacity. The UTC is currently operating from 8 am to 8 pm and is working to return to its previous hours of 8 am to 10 pm.

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

Kelly Nash, Corporate Performance Manager, introduced the report. The Local Outbreak Engagement Board (LOEB) has met three times since the previous Health & Wellbeing Board (HWB) meeting. Dates have been set until April and then proposals for future meetings will be brought to the HWB.

RESOLVED that the Health and Wellbeing Board note the report.

5. Health and Wellbeing Strategy

Helen Atkinson, Director of Public Health, introduced the report and thanked all those who have contributed to the Health and Wellbeing Strategy for 2022-2030. Nearly 500 responses to the consultation were received, which is a good response rate, and showed overwhelming and clear support for the Strategy. Respondents put forward many additional ideas that will inform the plans that are developed for each of the priorities. Where ideas are not covered by the Strategy they will be shared with the appropriate organisations, for example, other parts of the council or Health and Care Portsmouth.

Ms Atkinson thanked those who have volunteered to be board level sponsors for the priorities, as follows:

- Penny Emerit, Portsmouth Hospitals - Air Quality and Active Travel
- Supt Claire Jenkins, Portsmouth Police - Positive Relationships
- Sarah Daly, PCC - Education
- David Williams, PCC - Housing
- Helen Atkinson, PCC - Poverty

However, all organisations and the HWB are requested to play a part as everyone needs to own and contribute to the Strategy so that it is a success. It is proposed that a work programme for the short to medium term is brought back to the next meeting of the HWB for approval, describing how that will be done in more detail. Partner organisations are requested to consider the strategy at their own boards where appropriate, including recommending the strategy to the PCC and CCG Governing Body.

Those present agreed with the suggestion that the Director of Housing, Neighbourhood & Building Services (HNBS) become a full member of the HWB. Housing is fundamental to health and wellbeing and the Director is already on the board of Health Care & Portsmouth. It is one of the wider determinants of health and should be emphasised.

As for the lower number of respondents that agreed or strongly agreed that positive relationships were a priority, Mr Gummerson suggested it may be because the wording was the least intuitive as to what it was suggesting. Looking at the comments he is comfortable that respondents were not clear about what the Strategy was trying to achieve so officers need to examine how they work as the it progresses.

Councillor Horton urged those present to be constantly aware of how the Strategy fits in with other strategies. It reinforces the strategic importance of having conversations with partners. Councillor Smith said restorative practice should be the baseline of all work as it is a platform that allows strategies to move forward.

Ms Nash supported all the comments made; the Strategy would take a steer from the HWB as actions and ways of working are paramount to success. A report is needed for the next meeting to tidy up membership so it could incorporate the suggestion about the Director of HNBS. In the meantime, he could be invited to observe and then be co-opted if the HWB agrees.

Those present commended the Strategy and thanked officers for their work and the respondents.

RESOLVED that the Health and Wellbeing Board:

- 1. Note the response to the consultation**
 - 2. Note the additions to the document since the draft was presented in November 2021**
 - 3. Approve the document and recommend that this is considered by Boards of the represented organisations, and adopted by the city council and the governing board of the clinical commissioning group.**
 - 4. Agree that a work programme for the Board in the short to medium term relating to the strategy is presented to the HWB at the next meeting.**
- 6. Domestic Abuse Strategy refresh**
Lisa Wills, Strategy & Partnerships Manager, and Bruce Marr, Head of Harm & Exploitation, introduced the report, noting that confirmation of funding for 2022/23 has yet to be received so that approval is sought subject to confirmation. Last year confirmation was not received until March or April.

In response to questions on integration with the voluntary sector, officers said as part of the first strategy a practitioners' group was created. Although it has met only once it saw the revised strategy last October and is happy with it. The group includes frontline practitioners and representatives from the voluntary sector. It will review the Strategy's progress and carry out tasks such as testing the referral flow chart to ensure everyone follows the same processes. At the moment the group is looking for another chair. The Domestic Abuse Local Partnership Board has to have members from the voluntary sector so the commissioning providers Stop Domestic Abuse and Victim Support are part of the Board.

Regarding incidents with women in the private housing sector being harassed by workmen employed by their landlords, officers are aware of the issues and are starting a new piece of work as part of the requirement to provide safe accommodation. The council's private sector housing lead could be part of the working group that is being created to examine safe accommodation in private sector and local authority housing. Work is progressing and members will be updated. The needs assessment had recommended that housing associations are accredited with the Domestic Abuse Housing Alliance (DAHA) to show they have policies to support victims of domestic abuse and how they operate as employers.

Members commended the report for completing gaps in provision.

RESOLVED that the Health and Wellbeing Board:

- 1. Approves the refreshed Domestic Abuse strategy 2020-2023 (paragraph 3.5).**
 - 2. Agree that all partners provide a data set, agreed with the community safety analyst, including data from GP surgeries, to monitor calls for service and progress against priorities set out in Part 2 of the strategy (section 4).**
 - 3. Agrees the provisional funding allocation to meet the new duty to provide Safe Accommodation (paragraph 3.4) and**
 - 4. Agrees that, if funding levels from the DLUHC change for 2022/23 decisions for the allocation of this funding is delegated to the Domestic Abuse strategic group.**
- 7. Refreshing the Blueprint for Health and Care in Portsmouth**
Jo York, Managing Director of Health & Care Portsmouth (HCP), introduced the report.

Those present noted the amount of work that had gone into the report. Ms York confirmed the intention is not to lose the priority of improving outcomes for Portsmouth people and it would be more prominent in the final iteration of the Blueprint.

With regards to gaps in provision such as dental care, Ms York explained dental care was not included the first iteration as it was commissioned by NHS England and not a responsibility of the CCG. The first iteration focused on primary medical care and community services. When the Integrated Care System (ICS) starts it will take on the commissioning responsibility for dentistry, pharmacy and optometry. HCP will examine where there are gaps and look at what they can do to improve provision. Dentistry is a complex matter and there are issues with workforce shortages and contracts. It is the biggest issue in Healthwatch's postbag. Portsmouth is mentioned in the Department of Health & Social Care's integration white paper published today.

Councillor Vernon-Jackson and David Williams had met the ICS a few days ago. Feedback from services is that Portsmouth residents receive better support when leaving hospital than Hampshire residents due to the health service and the local authority working closely together. However, there is a fear that the ICS could make integration go backwards and it is unclear if

there will be a place to hear the Portsmouth voice, which is worrying as Portsmouth's needs are different to those in other parts of Hampshire.

Ms York said the design and development work of the ICS had been challenged by Covid. Planned work was delayed although the ICS then had to revise some of it and has relaunched the task groups, on some of which HCP is represented. The ICS's operating model needs to be clear, reflect residents' needs and acknowledge the similarities and differences with Southampton. The key is to get the operating model right and then support local delivery systems within the four-place (Portsmouth, Southampton, Hampshire, Isle of Wight) based footprint. It is important not to let differences, for example, around the QA boundary have a negative impact. HCP are working hard as they realise the city cannot go backwards as the population's needs are too great. The ICS is now in place to listen to the development work and everyone is beholden to influence it.

Mr Williams said the NHS had a "turned ear not a tin ear" to the local democratic accountability as part of its structures. Portsmouth will keep battling at different levels to make sure its views are heard. The more the HWB can be surefooted the better equipped it will be to engage with providers and across Hampshire and the Isle of Wight. The more progressive the agenda when delivering outcomes for residents, whether social care clients, patients or residents, the more Portsmouth is in a stronger position to engage with other tiers.

Age UK have been pursuing Portsmouth's case since 2019 as there is concern Portsmouth residents may be left behind. The voluntary sector will continue to be noisy as it would be easy to be left out. Contributions from the voluntary sector via Action Hampshire will start being made the following week.

Penny Emerit said the PHUT covers more than Portsmouth but outcomes for Portsmouth are equally important as for other areas; it is not "either or." From a delivery perspective the PHUT offers equal services through the lens of South East Hampshire. From a planning perspective the differences in outcomes that need improving have to be described first and then the providers have to pay attention as to how they deliver the outcomes for different areas. It is question of combining delivery with co-existence. Ms York agreed it is not a case of "either or" and the design and development conversations need to discuss how the delegation model can do this and build on the strength of existing integration. The model also needs to consider how dentistry and GPs are supported so there is less demand for acute healthcare. The design stage aims to clarify accountability in the next few weeks. HCP is already ahead of some integrations by bringing funding together in a joined-up way.

Those present echoed the comments and said Portsmouth was in a strong place so could do stronger work across different levels. What is needed in Portsmouth could be shared across the wider footprint but with Portsmouth's needs taken into account. Planning is not just from the top.

The Chair noted the points made and hoped the concerns would be resolved.

RESOLVED that the Health and Wellbeing Board approve the refreshed priorities for the Blueprint for Health and Care in Portsmouth.

8. Portsmouth Safeguarding Children Partnership Annual Report, 2020-21
Lucy Rylatt, Safeguarding Partnerships Manager, introduced the report.

Those present thanked Ms Rylatt for the excellent practice described in the report and the team for their hard work. In response to questions, Ms Rylatt said that as a result of the cases of Mr D and Child G all agencies have completed the recommendations made in the reviews, there are transition protocols in place in partner agencies and Adult Services have appointed a Transition Lead to work across services. Two weeks ago the Safeguarding Adults' Board and Safeguarding Children's Partnership jointly launched a "deep dive" to see how effective the new transition arrangements are.

Operation Keepsake does not exclude older females and non-binary people as well as older males. Other work is examining the concerns that Operation Keepsake addresses and there are several other projects taking place but the DfE and National Panel have requested that annual reports are kept succinct.

RESOLVED that the Health and Wellbeing Board note the report.

9. Draft Pharmaceutical Needs Assessment update

Matt Gummerson, Strategic Lead for Intelligence, introduced the report.

In response to concerns from Councillor Vernon-Jackson about pharmacies closing and causing difficulties for elderly or infirm people accessing the remaining ones, Mr Gummerson explained the Pharmaceutical Needs Assessment (PNA) sets out needs and gaps in provision in the area and is a basis for new pharmacies when they open. The PNA cannot stop pharmacies closing and unfortunately there is no mechanism to prevent closures. However, it can look at walking times between pharmacies and reflect concerns.

Jo York mentioned electronic prescriptions and deliver services so people can access pharmacies in different ways. She asked if HCP could do anything to support as part of the transition arrangements to the ICS. However, Councillor Vernon-Jackson has had feedback that electronic prescriptions are a non-starter and even though pharmacies can deliver prescriptions people cannot talk to them if they are shut. Ms York acknowledged pharmacies are often the first port of call for people's medical needs and is happy to work with Public Health to give them any necessary support. Dr Collie asked if opening hours as well as locations could be included in the PNA because during out of hours times patients have to pay for taxis or district nurses have to deliver prescriptions.

Helen Atkinson thanked Mr Gummerson's team for their work and explained the PNA is a statutory duty for the HWB even though it may not be the team's highest priority. The commissioners who decide whether a pharmacy closes

or not are NHS England so feedback can be passed to them. Public Health are engaging with the CCG and NHS England and work jointly with neighbouring HWBs to provide information for the PNA. Opening hours will be included in the PNA but these may have changed by the time of publication. Councillor Vernon-Jackson noted that NHS England had refused to talk about the removal of dental practices in Portsea and Paulsgrove. Hopefully, a greater Portsmouth ICS might be better than NHS England.

RESOLVED that the Health and Wellbeing Board:

- 1. Agree the process for consultation and final approval as set out in section 3.3**
- 2. Agree that the draft PNA can be approved by the joint chairs on behalf of the HWB in March 2022**
- 3. Agree that the DPH responds to consultations of PNAs from neighbouring areas on behalf of the HWB where the Portsmouth HWB is a statutory consultee and ask the HWB to note the response**

10. Physical Activity Strategy refresh

Dominique Le Touze, Consultant in Public Health, introduced the report.

In response to questions about how the Physical Activity Strategy (PAS) fits in with the Health & Wellbeing Strategy, and how poverty and mental health are addressed as these factors affect activity, officers explained the PAS (which covers Hampshire and the Isle of Wight) looks in much more detail at levers which prompt activity and addresses barriers such as mental health through particular projects that enable certain groups to be more active.

With regard to focussing on more deprived areas and then spreading to the rest of the city, it is a "yes and" response. There is a definite need to focus on areas of higher deprivation. However, many measures are population level and small incremental changes can make a massive difference to the population's overall health.

Jo York noted that as there was not yet a mass rush back to workplaces the HWB needs to consider how it can support employers who have staff working from home in order to prevent health issues as they will have lost activity. Officers agreed to consider this as part of the active travel and air quality strands as there is now approval for the strategy; increasing active travel is a crucial role for the HWB.

Councillor Horton noted the "strategy synergy" and how shining the light on one variable shows the links between different strategies. For example, school streets are much more than about physical activity; they encompass the community and language and lead to better health. Initiatives can appear piecemeal but they ripple into better health.

Helen Atkinson said the Health & Wellbeing Strategy is a "meta strategy" and the PAS is just one part, along with factors like smoking and alcohol, that looks at the underlying causes of the causes to find out why people are not ready to change as this is more effective than giving out messages. When underlying factors like housing and positive relationships change then people

can make healthier choices. Some people need more enabling than others, particularly in view of the inequalities revealed and exacerbated by Covid. All organisations need to act as anchor institutions and practise what they preach.

RESOLVED that the Health and Wellbeing Board note the report.

11. Dates of future meetings

The next meeting is on Wednesday 22 June at 10 am. The remaining meetings in 2022 are 21 September and 23 November (all Wednesdays at 10 am).

The meeting concluded at 11.55 am.

Councillor Jason Fazackarley and Dr Linda Collie
Chair

Agenda Item 4



Title of meeting: Health and Wellbeing Board

Date of meeting: 22nd June 2022

Subject: Health and Wellbeing Board - Review

Report by: David Williams, Chief Executive, Portsmouth City Council

Wards affected: All

Key decision: No

Full Council decision: No

1. Purpose of report

- 1.1 To present to the Board findings of the light-touch review of working arrangements, and make suggestions for future developments.

2. Recommendations

2.1 The Health and Wellbeing Board is recommended to:

- Agree proposed adjustments to the membership of the Board as set out in section 5, and received revised Constitution at the September meeting
- Note the need for balance across children's and community safety issues on the agenda
- Agree to dedicating more developmental space to relevant matters where collaborative working would be beneficial, particularly those arising from the revised Health and Wellbeing Strategy 2022-2030.

3. Background

- 3.1 Health and Wellbeing Boards (HWBs) were introduced as part of the Health and Social Care Act 2012. They are statutory in all upper tier local authorities in England. The initial Portsmouth HWB brought together Elected Members, key council officers, the Portsmouth Clinical Commissioning Group (PCCG), the NHS Commissioning Board and local Healthwatch to develop a Joint Strategic Needs Assessment and deliver it through a Joint Health and Wellbeing Strategy.



- 3.2 The HWB is a statutory committee of the council and has been formally established as such since April 2013.
- 3.3 In 2019, work was undertaken to consider whether the efficiency and effectiveness of strategic partnership working in the city could be improved. It had been identified that across the three main partnerships looking at "people" issues in the city, there was significant commonality of membership, and often the same issues were being considered at each.
- 3.4 Following review, it was agreed that the Safer Portsmouth Partnership (which had been the city Community Safety Partnership) and the Children's Trust Board would be brought together under the umbrella of the Health and Wellbeing Board, reflecting the statutory nature of the Board and the extent to which the issues considered are key drivers of health and wellbeing. The Board constitution and membership were refreshed to reflect the broader agenda. It was agreed that working groups would continue to:
- broaden the core membership to include the superintendent of police, representation from Hampshire Fire and Rescue, from the National Probation Service, Community Rehabilitation Company and from the Portsmouth Education Partnership
 - broaden the objectives to include specifically the strategic assessment of needs and issues in relation to Crime and Disorder and children's wellbeing; and the requirement to maintain a relationship with the office of the Police and Crime Commissioner and city safeguarding boards.
 - note that from time to time, the Board may establish sub-boards to deal with matters that are delegated to it.
- 3.5 No changes to voting rights were proposed as these related, and continued to relate, specifically to the role of a Health and Wellbeing Board in the commissioning of the local Health and Care system (for example, in relation to local pharmacy provision).
- 3.6 It was also agreed that after some period of time operating in the revised format, there would be a review of the ways of working and consideration given to any changes that are required.
- 4. Reviewing the ways of working**
- 4.1 From engagement with partners previously involved primarily in the Children's Trust Board and the Safer Portsmouth Partnership, there was no particular appetite expressed to return to the previous arrangements. However, there is some concern that issues relating to children and community safety are getting the right level of visibility, and it was noted that there is an opportunity for more

of these issues to be fed into the forum. The refresh of the Health and Wellbeing Strategy was felt to provide a very helpful platform for this, particularly given the priority areas around education and positive relationships.

4.2 From other partners, there was a sense that the Board was very helpful in providing a forum for partners to come together and consider issues, but also a sense that agendas are very busy and that more developmental time would be welcome, particularly to consider some of the challenging issues in more detail. Again, it was felt that the refreshed strategy may be a helpful platform for identifying issues for consideration.

4.3 It was also felt that the Board is a helpful forum for ensuring that there is a strong focus on the way that processes and structures of organisations are serving the city and achieving the necessary outcomes. Reference was made to the fact that the Board had sought to hold agencies to account for issues such as dental provision in the city, and had made representations around the fragmented nature of domestic abuse funding. It was felt that it was important to continue to shine a light on these matters on behalf of the city, and to advocate for city priorities.

5. Review of membership

5.1 Since the review of the Boards in 2019, there have been some changes made to the membership of the Health and Wellbeing Board:

- the University of Portsmouth have been invited to join, and co-opted as a member

- HIVE Portsmouth has become a significant part of the health and wellbeing landscape of the city and is not currently represented directly, but there is enthusiasm for its representation

- the Office of the Police and Crime Commissioner have indicated that they would like to attend meetings as the HWB functions as the city's community safety partnership

- the CCG will fold into the new integrated care system (ICS) and that will need to be reflected in the membership of the Board.

5.2 In light of these changes, it is recommended that the Terms of Reference are amended to take account of these and invitations to the Board extended accordingly. Non-statutory members will not be voting members of the board on relevant items, in line with the current way of working, so no changes are proposed to this part of the terms of reference

5.3 Revised terms of reference will be presented to the Board in September and when agreed will be recommended to the Governance, Audit and Standards Committee of the City Council.

6. Next steps

6.1 Beyond the changes suggested in section 5, It is not proposed to make significant changes to the membership or terms of reference of the Board at this point, but it is worthy of note that with the demise of the Portsmouth CCG and the introduction of the statutory ICS, the HWBB is the only statutory partnership board representing the wider health and well-being interests of the city. In the light of this and the other reflections is also recommended that:

- Consideration is given to the relationship and role of the HWBB vis a vis the other elements of the new Health and Care regime, notably the Integrated Care Partnership (ICP, under development) and the Integrated Care Board (ICB)
- Consideration is given to how we use the opportunity of the new Health and Wellbeing Strategy to ensure a balance on the HWB agenda across the children's and community safety agendas
- Consideration is given to creating developmental time for the Board to consider challenging issues collaboratively in more detail than the current format allows.

7. Reasons for recommendations

7.1 The current HWB Terms of Reference were agreed in 2019 and incorporated the functions of the Safer Portsmouth Partnership and the Children's Trust Board, with the expectation that an opportunity to review this way of working would be given after an interval.

7.2 The recommendations reflect feedback received, changes to the legislative framework for health and care, and invite further comment and discussion.

8. Integrated impact assessment

8.1 There is no change to policy or delivery recommended in the report. Detailed impact assessments will be undertaken on particular policies and initiatives as they emerge from the work of the Health and Wellbeing Board.

9. Legal implications

9.1 The basis and legality for the proposed amendments is set out in the body of the report. The appendix attached reflects the proposed changes to the Health and Wellbeing Constitution.

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.

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Signed by: David Williams, Chief Executive, Portsmouth City Council

Appendices: None

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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Agenda Item 5



Title of meeting:	Health and Wellbeing Board
Date of meeting:	22 nd June 2022
Subject:	Local outbreak management arrangements
Report by:	Helen Atkinson, Director of Public Health, Portsmouth City Council
Wards affected:	All
Key decision:	No
Full Council decision:	No

1. Purpose of report

- 1.1 To recommend to the Board sustainable arrangements for local outbreak management.

2. Recommendations

2.1 The Health and Wellbeing Board is recommended to:

- stand down the Local Outbreak Engagement Board and note thanks to all members for their important and valuable work in steering and assuring the local pandemic response.
- build on the relationships and learning developed in the Health Protection Board to retain the forum in a slightly different format to provide a wider health protection function for the city, with revised Terms of Reference to return to the September 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 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 a 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.

3.4 Over the two years of the pandemic, the Local Outbreak Engagement Board has carried out a huge amount of work, including:

- Regularly receiving a summary of the latest intelligence and data relating to Covid-19 in the local community.
- 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 vaccination programme locally.
- Considering matters relating to testing
- Regularly reviewing and agreeing the Local Outbreak Management Plan to ensure that the city arrangements were robust.

4. Refreshed arrangements for local outbreak management

- 4.1 In recent months, and following several waves of infection that have had a significant impact on society, the Government have felt able to reduce restrictions and are adopting an approach centred on living safely with Covid and other respiratory illnesses. Regimes for testing, contact tracing, self-isolating and enforcement have been reduced. Alongside this, the vaccination offer continues and plans are underway for further programmes.
- 4.2 On this basis, it is sensible to consider the local arrangements in place, and it is recommended to stand down the Local Outbreak Engagement Board. This is in line with steps that have been taken in other local authority areas. The Health and Wellbeing Board is recommended to formally note thanks to all members of the Local Outbreak Engagement Board for their important and valuable work in steering and assuring the local pandemic response.
- 4.3 The Local Outbreak Management Plan has been revised to reflect the most recent guidance and position in relation to implementation. This is attached as Appendix A, and the Health and Wellbeing Board is recommended to approve the document. It should be noted that DHSC have indicated the intention to produce a contingency framework later in the year, and the plan will be further updated on receipt of this to reflect the approach set out.
- 4.4 It should also be noted that as well as the Local Outbreak Engagement Board, the city stood up a Health Protection Board, with wide representation, who looked at issues in detail and operated as a forum for exchanging knowledge and information, and for providing cross-agency advice, challenge and support. The Board met weekly for most of the pandemic, moved to a fortnightly pattern earlier in 2022 and have recently moved to meeting every four weeks. In all, there have been 70 meetings of the Health Protection Board so far.
- 4.5 This Board has been invaluable as a mechanism for sharing information and working through issues jointly, and it is recommended that as the covid situation stabilises, we build on the relationships and learning developed in the Board, and retain the forum in a slightly different format to provide a wider health protection function for the city. For example, there will continue to be outbreaks of infectious diseases that need to be managed, and ongoing risks to health. It will also meet the requirement for each upper tier LA to have a local health protection board as part of the transfer of public health to local government in 2013. Sharing information and approaches across organisations on a regular basis will put the

city in a stronger position in future. It is recommended that the membership is refreshed to reflect this changed role and that the Board meets quarterly. If an urgent situation arises, the Board will be convened on an extraordinary basis. The Board will make reports to the Health and Wellbeing Board as necessary, and will continue to review the Local Outbreak Management Plan.

- 4.6 A proposed revised Terms of Reference for the Health Protection Board, reflecting this changed role, will return to the Health Protection Board in September for approval.

5. Reasons for recommendations

- 5.1 Arrangements were put in place to address the extraordinary circumstances of the pandemic, and respond to government requirements for oversight of the response. As the situation stabilises, it is sensible to review local arrangements for outbreak management and health protection and ensure these are effective and sustainable.

6. Integrated impact assessment

- 6.1 There is no change to policy recommended in the report. Detailed impact assessments will be undertaken on particular policies and initiatives as they emerge from the work of the Health Protection Board.

7. Legal implications

- 7.1 The basis and legality for the proposed amendments is set out in the body of the report.

8. Director of Finance's comments

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

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

Appendices:

Appendix A - Local Outbreak Management Plan

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: Helen Atkinson, Director of Public Health, Portsmouth City Council

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Agenda Item 6



Title of meeting: Health and Wellbeing Board
Date of meeting: 22nd June 2022
Subject: Health and Wellbeing Strategy
Report by: Helen Atkinson, Director of Public Health
Wards affected: All
Key decision: No
Full Council decision: No

1. Purpose of report

1.1 To present a framework for delivery and monitoring of the Health and Wellbeing Strategy agreed in February 2022.

2. Recommendations

2.1 The Health and Wellbeing Board is recommended to:

- note the delivery plans attached at Appendix 1
- agree the work programme for the Health and Wellbeing Board set out in section 4.4.

3. Background

3.1 In February 2022, the HWB agreed a new Health and Wellbeing Strategy 2022-2030.

3.2 The document focused in five priority areas, which were developed over a period of many months and through a range of workshops involving nearly 100 stakeholders and other consultation. These are:

- Tackling Poverty
- Improving Educational attainment
- Positive Relationships
- Housing
- Air quality and active travel.

3.3 In approving the strategy document, it was noted that the approach being taken, with a focus on systemic causal issues and creating the conditions in which people can thrive, requires the Board to work differently in delivering the strategy and monitoring progress. The document set out a way of working to address this.

4. Delivering and monitoring the Health and Wellbeing Strategy

4.1 Each priority has a named board-level sponsor, supported by an appropriate officer lead/leads. They will be responsible for providing an annual update to the HWB, on a rolling basis, that will give a narrative overview of system-wide efforts to address the issue, highlighting how partners are working together to achieve measurable change in these complex areas that underpin positive outcomes across the system. While the sponsor and lead will coordinate this reporting and convene groups where required, the strategy requires all organisations to be actively identifying where and how they can support this work through their own plans and strategies.

4.2 Wherever possible we will build on the strong local partnerships already in place in Portsmouth. This will also be an opportunity to bring new partners from the HWB and the wider system into those discussions, or to seek strategic-level buy-in from organisations where additional activity is required. For example, this could lead to a new ‘Memorandum of Understanding’ that sets out the commitment each organisation is making to a topic.

4.3 Work has already developed in setting out the delivery plans for each theme and this is attached at Appendix 1. The Health and Wellbeing Board is asked to note these plans as the basis for driving forward the themes that have been identified. Plans broadly cover the actions that are planned in the short and medium term in support of the long-term goals.

4.4 The provisional schedule of priority-focused sessions is:

HWB Date	Theme	Sponsor
September 2022	Poverty	Helen Atkinson, Director of Public Health, PCC
November 2022	Air Quality	Penny Emerit, Chief Executive, Portsmouth Hospitals University NHS Trust
February 2023	Education	Sarah Daly, Director of Children, Families and Education, PCC
June 2023	Positive Relationships	Superintendent Clare Jenkins, Portsmouth District

		Commander, Hampshire Constabulary
September 2023	Housing	David Williams, Chief Executive, PCC

4.5 It was also previously agreed that partners and sectors represented on the board will all need to engage in developing new ways to achieve real change on the priorities set out in this strategy but much of the change we want to see will rely on the efforts of local people. The HWB agreed that we will seek to develop a ‘Principles-focussed evaluation’ approach as part of our wider engagement with local communities around delivery of the strategy’s priorities. This would require restating the priorities as a set of principles to create a sense of ownership of action that stems from these. The evaluation would then focus on assessing where these principles have or have not been lived out in HWB members’ relationships and actions. This is work that will be considered as part of the reports that come forward for each theme.

4.6 Over the longer-term, the ONS Health Index provides an objective framework for assessing the impact over time of the HWB’s focus on the ‘causes of the causes’. While there is a lag between activity and updated data, it gives a good baseline of our population’s health before the pandemic and will allow the board to assess:

- If we are making a measurable difference over time on the priorities the board identifies
- If that is having an effect on the overall health of the local population, over time and in comparison to other areas

4.7 We will also track progress and trends against key measures used by HWB partners such as:

- Long-term indicators taken from the Public Health Outcomes Framework and other established frameworks
- Insights from regular city-wide resident surveys using the City Vision’s themes and aspirations.

4.8 Key relevant indicators will be included in the thematic reports that come forward and an annual summary of progress and impact will be presented to the HWB.

5. Reasons for recommendations

5.1 The refreshed HWS was agreed in February 2022 and covers the period 2022 to 2030. At the time of approval it was agreed that a more detailed delivery and monitoring framework would return to the HWB for approval.

6. Integrated impact assessment

6.1 Detailed impact assessments will be undertaken on particular policies and initiatives as they emerge.

7. Legal implications

7.1 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).

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

7.3 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

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

8. Director of Finance's comments

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

8.2 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.

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Signed by: Helen Atkinson, Director of Public Health

Appendices:

Appendix 1 - Health and Wellbeing Strategy delivery plans

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: Helen Atkinson, Director of Public Health, Portsmouth City Council

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Appendix 1 - Health and Wellbeing Strategy Delivery Plan

YEAR 1	YEAR 2	YEAR 3
Tackling Poverty (please note - delivery plan to be further developed by Tackling Poverty Steering Group 10th June 2022)		
1. Providing immediate support to people in financial hardship		
Cost of living crisis action plan		
Increase access to money advice		
Provide local welfare assistance		
Action on energy bills		
2. Helping people access the right employability support at the right time		
Increase access to employability support		
Reduce the risk of benefit sanctions		
3. Supporting a community-level response to local needs		
Community provision to reduce daily living costs		
Support financial inclusion		
Air Quality		
1. Knowledge sharing and collaboration (working as a system to maximise gains)		
<ul style="list-style-type: none"> a. Empower existing partnerships to drive forward the air quality agenda in Portsmouth, including identifying additional opportunities for working collaboratively to improve air quality and encourage greater uptake of active travel b. Enable communities to access resources, advice and support to meet their own needs 		
Establish Air Quality and Active Travel Board (agree membership, scope and ToR)		
Scoping exercise to determine work already underway in each organisation and opportunities for further collaboration		
Collaborate on detailed delivery plan (outcomes logic model) via workshop in September 2022		
2. Building capability and opportunity of access (improve equity and equality)		
<ul style="list-style-type: none"> a. Promoting inclusion in active travel improvement measures across the city and for different social and demographic groups b. Leading by example by ensuring our services reduce air pollution and promote active travel c. Providing additional support for those who may have greater barriers to taking up active travel or reducing emissions 		
Support refresh and delivery of Portsmouth Air Quality Strategy (2017-2027) (PCC)		

YEAR 1	YEAR 2	YEAR 3
Support delivery of Portsmouth Local Transport Plan to 2038 (PCC)		
Support Delivery of ICS NHS Green Plan (including NHS Solent Trust Green Plan; PHUT Green Plan)		
Support Portsmouth Port Carbon Zero by 2030 and Zero Emissions by 2050 plans		
Improve air quality around Arundel Court Primary Academy as part of Superzone pilot		
Collaborate as organisations to access the Workplace Sustainable Travel Fund (2021/22) (PCC)		
Support distribution of Clean Air Fund to support businesses impacted by introduction of CAZ (PCC)		
Support delivery of corporate travel plans including car clubs		
Collaborate on Electric Vehicle charging point installation to ensure the most fair, effective, efficient delivery.		
3. Improving infrastructure (to reduce pollution and promote modal shift through quality, safe infrastructure) <ol style="list-style-type: none"> a. Promote the use of planning, licensing and transport policies to deliver strategic aims for increasing active travel and reducing air pollution b. Support proposals that will deliver improvements in active travel and air quality c. Work collectively to influence local and national policy to meet our strategic objectives 		
Support refresh and delivery of Portsmouth Air Quality Strategy (2017-2027) (PCC)		
Support delivery of Portsmouth Local Transport Plan to 2038 (PCC)		
Support delivery of ICS NHS Green Plan (including NHS Solent Trust Green Plan; PHUT Green Plan)		
Support Portsmouth Port Net Zero plans		
Support delivery of corporate travel plans including car clubs		
Collaborate on Electric Vehicle charging point installation to ensure the most fair, effective, efficient delivery.		
Support delivery of the Zero Emission Bus Regional Area (Portsmouth awarded £6.5 million to replace 34 diesel buses with new electric buses on three key routes across the Gosport, Fareham and Portsmouth area) (PCC, in partnership)		
Housing		
1. Implementing the Homelessness & Rough Sleeping Strategy to provide support for those vulnerable people in greatest need of housing		
Review of Homelessness and Rough Sleeping Strategy and creation of new single strategy encompassing the statutory homeless and non-statutory homeless provision in the City. (PCC - Assistant Director Housing Needs & Supply)	Consult on draft Homelessness and Rough Sleeping strategy and approve final strategy and action plan. Implement new strategy. Potential need to revise the City Council's allocation policy (via Full Council)	Monitor the impacts of the new Homelessness and Rough Sleeping Strategy (PCC - Assistant Director Housing Needs & Supply)

YEAR 1	YEAR 2	YEAR 3
	<i>(PCC - Assistant Director Housing Needs & Supply)</i>	
Embed rough sleeping pathway and begin three-year implementation of Rough Sleeping Initiative 5 <i>(PCC - Assistant Director Housing Needs & Supply)</i>	Develop a sustainable housing model <i>(PCC - Assistant Director Housing Needs & Supply)</i> <i>Chair of the Portsmouth City Rough Sleeping & Homelessness Partnership Group)</i>	Move to new model of provision for the Rough Sleeping Pathway <i>(PCC - Assistant Director Housing Needs & Supply)</i> <i>Chair of the Portsmouth City Rough Sleeping & Homelessness Partnership Group)</i>
2. Work to develop models of housing that suitable people at different stages in their lives and reflect their needs		
Develop the support needs available for those who are vulnerable in their own home to remain safe. Refresh the 'telecare service', rebrand and launch a revised offer (Safe at Home). <i>(PCC - Assistant Director Housing Management)</i>		
Widen the provision and take up of safe at home technology services <i>(PCC - Assistant Director Housing Management)</i>		
Consult on additional licensing for HMOs to help protect those who live in these properties by ensuring that properties are inspected and well managed <i>(PCC - Assistant Director Housing Management)</i>	Subject to the decision, implement an HMO additional licensing scheme <i>(PCC - Assistant Director Housing Management)</i>	
3. Develop stronger models of support for landlords and tenants to support long term successful tenancies		
Continue the pilot of the landlord/tenant mediation scheme <i>(PCC - Assistant Director Housing Management)</i>	Evaluate the pilot and look to establish a financially sustainable model.	
Continue to build the working relationships between social housing providers in the city Reinvigorate a RSL housing management forum to share practice and discuss areas of common		

YEAR 1	YEAR 2	YEAR 3
<p>interest. Establish a RSL building services forum to focus on repairs and maintenance to share practice and discuss areas of common interest.</p> <p><i>(PCC - Assistant Director Housing Needs & Supply PCC - Assistant Director Housing Management PCC - Assistant Director Building Services)</i></p>		
<p>Use the Private Rental Sector Governance Board as a forum for city-wide partners to discuss how the private rented sector can work better for those that use it</p> <p><i>(PCC - Assistant Director Housing Management)</i></p>		
Positive relationships		
<p>Supporting and enabling individuals to grow their 'relational capital' requires a step change in many areas of city life over the next 10 years. These changes can be categorised as:</p> <p>A Organisaional culture - the way we work with colleagues, deliver services to customers, and collaborate with other organisations</p> <p>B Community - the way we relate to our neighbours and our 'place' including the environment, housing and other public services</p> <p>C The next generation - how we teach our children, at home and in school, to manage emotions and/or resolve conflict, how and when we need to intervene</p>		
1. Adopting restorative approaches that aim to repair relationships where appropriate to support our most vulnerable		
<p>Trauma informed policing pilot - findings from Portsmouth pilot positive - funding being sought to continue</p> <p>Redesigning the pathways and support for perpetrators of domestic abuse - on going but capacity is an issue</p> <p>Portsmouth Model of Family Practice is underpinned by relational practice and promoting restorative approaches through the Portsmouth Deal with Parents - led by parent Board</p> <p>Delivery of Relational and Restorative Practice Training to the children's workforce</p>	<p>Develop model for organisational culture that promote front-line relational practice</p> <p>Embed and sustain PCSO post in Early Help</p> <p>Wave 2 and Wave 3 Relational Practice in schools</p>	

YEAR 1	YEAR 2	YEAR 3
<p>Changed child protection planning along relational principles and enabled better co-production of plans with children and families. Process is centred on relationships with families and have very strong feedback from families on their relationship with their social worker</p> <p>In schools - over 200 professionals trained in restorative practice since 2017 and 160 trained in PACE Trafalgar school has taken a whole school approach to relational practice. Very strong evidence of impact with zero exclusions for over 18 months - compared to some similar secondary schools with much higher levels of exclusions - well over 100 for most schools in the same period</p> <p>We have engaged 17 schools plus the college (making up Wave 1) in developing similar practice and these schools have all visited Trafalgar, joined an Action Learning Set and received training from a national lead (Mark Finnis). We are currently recruiting for Wave 2 schools from January 2023</p> <p>Police Community Support Officer role within the council's Early Help Team - early intervention, to help solve problems before they escalate</p> <p>. Working in conjunction with the tier 3 service family support workers, to help identify risk of potential offending using the RASBO (Risk of Anti-Social Behaviour and Offending) toolkit.</p> <p>Supporting family support workers to implement SMART plans to promote change when risks of offending behaviours have been identified.</p> <p>UP2U Family practice - Delivering sessions around behaviour change.</p> <p>Provide targeted direct 121 interventions with young people between the ages of 5-19, looking at the risks identified from the RASBO, providing education around these areas of concern.</p> <p>Building relationships rather than just partnerships with the Tier 3 service and wider community, sharing information when for a policing purpose or safeguarding concern.</p>		

YEAR 1	YEAR 2	YEAR 3
<p>Support family support workers with completion of CERAF 's and recommendations given for interventions if risk scored as 'low'. Should risk be scored as 'medium' connection made with police SPOC to ensure collaborative approach to SMART plan and prevent duplication.</p> <p>PCSO uses a restorative framework when working with young people and inviting them to be part of the solution.</p> <p>Portsmouth Mediation Service continue to work across the city with services, staff and residents to promote and deliver restorative solutions. They provide training, 121 support and community mediation services. Their stated aim is for Portsmouth to become a restorative city.</p>		
<p>2. Giving front-line staff the permission and the power to find the right solutions for clients regardless of which agency they approach</p>		
<p>Domestic abuse referral pathway to encourages staff to collaborate and share information appropriately,</p> <p>Collaborative work with police to challenge unhealthy relationships via High Harm Team</p> <p>Embed 'Team Around the Worker' approach in Early Help and Safeguarding Services for Children and young people -efficient and effective data sharing</p> <p>Work collaboratively with partners and community members through TAF (Team Around the Family) meetings.</p> <p>Creating an atmosphere of trust between police and the young people using restorative approaches and connecting before correcting with any direct intervention work.</p> <p>Raising awareness of Community Partnership Information (CPI) submissions to aid in the building of the bigger picture.</p> <p>Explore opportunities to increase family use of support services compared to calls to service</p>		<p>Work with partners to 'temperature check' their organisational culture re front line staff, relational practice and information sharing</p> <p>Workforce conferences - restorative approaches, trauma informed practice - what do staff need to be able change the way they work?</p> <p>Changing Futures - services will be commissioned in a joined- up way so they are responsive to local and individual needs</p> <p>Front line staff empowered with skills to meet clients' needs in ways that respect their needs responsibilities and relationships with permission to do is right for individual cases that fall below statutory thresholds</p> <p>Referral routes/sign posting to voluntary support services and non-statutory services</p>

YEAR 1	YEAR 2	YEAR 3
<p>Work with the OPCC to produce a three-year plan of school delivery, including prevention of criminal or sexual exploitation of children, knife crime, County Lines and Healthy Relationships, and violence against women and girls</p> <p>Upskill school staff and empower them to continue to deliver these topics within their PSHE lessons, supported by resources made available on Safe4Me website.</p> <p>Continue to train School SPOCS (single point of contact) to ensure awareness of concerns being raised with education, supported by newly recruited Education PCs which will be in post for the new academic year.</p> <p>Changing Futures - long term system change allowing appropriate level information sharing of personal information between operational staff from community mental health, probation, housing and substance misuse services.</p>		<p>Challenging cultural norms in relation to violence against women via White Ribbon Accreditation</p> <p>Develop an approach to community relational/restorative champions</p> <p>Awareness raising campaigns</p>
3. Engaging residents in community-based work to build social and relational capital in all areas of the city		
<p>Delivery of restorative circles and conferences in the community through Portsmouth Mediation Service (Hotwalls project)</p> <p>Building Safer Communities Community workshops - outcomes being used to support new diversionary offer for young people and community restoration work in Old Portsmouth (see above)</p> <p>Domestic abuse - Healthy Relationships and early intervention with high harm perpetrators supported by Police</p> <p>Launch of Family Safeguarding Model - relational practice at whole family level in the context of child protection</p> <p>Enhance psychiatric liaison offer for young people in mental health distress at the Hospital through alternative relationship-based models</p> <p>Implementing the PACE (Play, Acceptance, Curiosity, and empathy) model of relational practice with traumatised children</p>		<p>Funding V&C support to facilitate restorative conversations in the community to reduce conflict</p> <p>Build capacity for facilitated circles/conferences to address community conflict</p> <p>As part of a new round of funding, police are working with the OPCC to produce a three-year plan of school delivery, this will encompass, CCE, Knife Crime, County Lines and Healthy Relationships, CSE and VAWG. This will incorporate training for partners within education to create a legacy programme, where we upskill staff and empower them to continue to deliver these topics within their PSHE lessons, these will be supported by resources designed by our expert associates, which will be made available on Safe4Me.</p>

YEAR 1	YEAR 2	YEAR 3
<p>We will also continue to provide training to our School SPOCs to ensure they are aware of the concerns being raised with education, this will be supported by our newly recruited Education PCs which will be in post for the new academic year.</p>		
<p>Educational attainment</p>		
<p>1. Supporting families in pregnancy and the early years to give children the best start</p>		
<p>Implement the Best Start in Life Action Plan, focusing on improving early identification of vulnerable women and families: In the 2021 Autumn budget the government committed £301.75m for 75 upper tier local authorities to deliver the Start for Life and Family help services over the next three financial years. PCC as one of 75 upper tier local authorities are committed in delivering the functions of the start for life family hub ambition. This will enhance the universal and extended offer to families within our community including support for infant parent mental health, breastfeeding, parenting along with funding for home learning environment recovery programmes to support children and families in being ready to start school.</p>		
<p>Develop an Early Years and Childcare Service led programme to encourage families to access free and low-cost activities across the city, with a clear link to development of language and learning skills: In July 2022 the council will launch the Portsmouth Pioneers programme (formally known as 50 Things to do before you're 5 in Portsmouth). The programme targets interesting locations and activities that are available across the city for families and children to explore. Learning cards will be available on the Visit Portsmouth website which help parents encourage conversations about the activities and develop language skills with their children by actively visiting and exploring the locations. The project's aims are to:</p> <ul style="list-style-type: none"> • Engage parents in accessing Portsmouth's cultural heritage with their young children (city museum, Cumberland house, historic dockyard, Fort Nelson etc) and to support and promote an acceptance of the value of Portsmouth's cultural capital • Promote the use of Portsmouth's leisure facilities (parks, libraries etc) • Get families out into the community to support children's physical development whilst visiting cultural and historic sites within the city • Develop young children's communication, language and literacy skills through visiting Portsmouth's rich cultural heritage • Create a partnership model of professionals working as part of PCC's 'Commitment to Early Language Development' • Promote digital awareness for our under 5's in a constructive way, with a move away from screen time technology and a move towards the use of app technology whilst out in the community • Create an inter-generational appreciation of our city - grandparents sharing with young children their local and personal histories as they take part in the project • Share our city's culture and history so that future generations are 'brought up' immersed in Portsmouth's history and culture 		
<p>2. Developing a citywide culture of aspiration and expectation, including consistent messages about what is needed to support children in their education</p>		

YEAR 1	YEAR 2	YEAR 3
Develop and implement a "Portsmouth Deal" with parents		
<p>Proactively support access to opportunity and experiences for young people to help them see the possibilities that exist for them, building on the citywide Aspirations Week: We are building on Aspirations Week by continuing to develop an employer offer to schools for speakers and events. This is underpinned by a range of key events for schools and college in the city that include the National Apprenticeship Week bus tour (in partnership with Shaping Portsmouth), Get Inspired, Moving Forward (specialist SEND event) and the Careers and Apprenticeship show. A joint project with the Solent LEP is funding a key member of staff to work with schools to develop meaningful employer engagement. Grant funding for the iCAN personal development/careers programme supports schools and community champions to deliver a programme that enables young people to develop an aspirational plan for their future and build a network that can support them to achieve their goals.</p>		
Working with Windmills, and funded through SUN, a parent/carer pack is being developed to support conversations about careers and raising aspirations.		
<p>Develop access to careers advice and support for young people including the Apprenticeship Hub and My Future in Portsmouth Youth Hub: A DWP Youth Hub is now in place as partnership programme between Economic Development & Skills and Education. The Hub is funded until March 2023 and supports young people aged 16 -25 in receipt of universal credit to seek employment. In addition to this the Careers and Progression Team offer support to young people who are NEET or risk of NEEET through schools, colleges and a community based service of drop-ins.</p>		
<p>3. Develop models to promote school attendance and inclusion</p>		
<p>Continue to drive restorative and relational practices in schools and other services to address barriers to inclusion: Headteachers and senior leaders in 14 schools across the city have made a commitment to relational practice. The work with school to develop Relational and Restorative Practice is being led by Trafalgar School (part of the Salterns Academy Trust) on behalf of the Portsmouth Education Partnership. Senior leaders from each school are receiving coaching which covers 'developing a restorative mindset and culture', restorative conversations and language, using circles and holding meetings differently, and dealing with conflict and practicing sustainability in their schools. Pastoral leaders in the schools have received training on "Relational Practice in Action". The headteacher and leaders from each school will receive ongoing support from Trafalgar School to develop and implement school level action plans. A second wave of schools is planned in 2023.</p> <p>In addition to the RP work there are a number of actions that are being taking forward to improve attendance and reduce suspensions / exclusions. This includes a re-launch of the Miss School Miss Out attendance campaign in 22/23. A copy of the full strategy can be found here.</p> <p>The Portsmouth Safeguarding Children Partnership continues to deliver a range of training courses to equip the children's workforce to practice restoratively. There is a close fit between Restorative Practice and work across PCC on trauma (e.g. PACE), behaviour change (e.g. motivational interviewing), whole-family practice (e.g. family safeguarding and early help), and Child Centred Policing.</p>		
<p>Continue to look at the service offer for families, children and young people that promotes positive engagement, including the holiday activities and food offer, youth and play provision: Holiday Activities and Food (HAF) programme has been commended by DfE for our inclusive approach. Following a</p>		

YEAR 1	YEAR 2	YEAR 3
<p>successful first year in 2021 we have an even broader programme in 2022 including a wide range of sport, arts, and creative activities, with all events offering a healthy lunch, food education, and sign-posting to additional family support.</p> <p>We are also delighted to have teamed up with the Historic Dockyard to offer all families eligible for free school meals an annual explorer pass for the whole family.</p>		

Agenda Item 7



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Title of meeting:	Health and Wellbeing Board
Subject:	Update on local arrangements to support the HIOW integrated care system
Date of meeting:	22 nd June 2022
Report by:	Jo York, Managing Director, Portsmouth Clinical Commissioning Group
Wards affected:	FOR INFORMATION

1. Requested by

- 1.1 This report has been requested by the co-Chairs of the Health and Wellbeing Board.

2. Purpose

- 2.1 To update the Health and Wellbeing Board on plans to develop local arrangements in Portsmouth to complement the system wider arrangements of the integrated care system.

3. Background

- 3.1 There is a strong history of partnership working in Portsmouth, and there are a number of key documents that set out the shared understanding and priorities among local partners. These include:

- The City Vision developed through the Imagine Portsmouth exercise led by the community and which all partners have contributed to
- The recently refreshed HWB strategy, developed through the mature Health and Wellbeing Board arrangements
- Health and Care Portsmouth Blueprint with clear service improvement priorities and plan.

- 3.2 The development of the ICS presents an opportunity to strengthen the partnership arrangements to improve health outcomes and reduce health inequalities both locally and working at scale in the ICS

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3.3 In the new arrangements, it is expected that the ICS will become accountable for the statutory functions previously exercised by the CCG, and some functions also previously provided by NHS England. Services in the future will be commissioned at the level where it makes most sense to do so to ensure the best outcomes, and that there will be a focus on place-based working as part of these arrangements. It is expected that the new way of working will strengthen integration between health and care services, and colleagues from the Portsmouth local system continue to actively contribute to the development of thinking around the necessary structures and relationships in the ICS that will enable this work to happen successfully.

4. Functions and governance from July 2022

- 4.1 The Governance Framework for the Integrated Care Board (ICB) has been agreed which includes: the Constitution, Scheme of Reservation and Delegation (SoRD) which is supported by a Functions and Decision Map, published in the Governance Handbook. Governance work is continuing to ensure that 'Places' have direct access to the ICB Board, input into system working and can continue with their priorities for their local populations.
- 4.2 There is a working assumption that at July 2022 the Place Director will be responsible for continuing to discharge those commissioning functions carried out by PCCG and existing S75 arrangements continue to be governed via the Joint Commissioning Board.
- 4.3 As previously discussed at the Governing Board, it is proposed that to enable the smoothest possible delivery of work programmes locally, to provide the greatest resilience and adaptability to change, and to enable continued and strengthened integration in Portsmouth, existing s75 agreements will be brought together into one overarching s75, with schedules that set out the separate elements that are covered. Our aspiration is that over time, there are six schedules, mirroring key work programmes, as well as an "enabling" schedule that brings together corporate and support functions.
- 4.4 A draft structure has now been released for engagement looking at key roles that will be required to enable "places" to function as part of the wider ICS. The draft structure envisages that at place level, there will be a "place director", as well as a clinical director and lead nurse/AHP role. At this point, it is not clear what additional "place" based roles will be put in place, for example, around finance.

5. Local governance to support the arrangements

- 5.1 Work is underway in the ICB to set out the key local delegations that will support place-based working but still enable the right level of oversight and accountability.

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- 5.2 Alongside this, we will need to put in place robust partnership arrangements to support place-based decision-making and resource allocations, linked to the work programmes that are underpinned by the s75 agreement.

- 5.3 The Joint Commissioning Board, which will continue to be the forum where senior leaders of the partner organisations come together to ensure that activities are effective and support improvement locally. As previously discussed by the Governing Board, it is recommended that the Joint Commissioning Board is the basis for developing a wider Portsmouth Health and Care Partnership, to ensure that all key local partners are represented in strategic planning for the city. This will be achieved by broadening arrangements to include key providers, acute trust, primary care alliance and VCSE. This will need to happen in the context of, and in alignment with, the wider work on ICS design and the development of the model for delegation to place.

.....
Signed by Jo York, Managing Director of Portsmouth Clinical Commissioning Group

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 8



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

Title of meeting:	Health and Wellbeing Board
Subject:	Community Safety Plan 2020-2022 - Progress report
Date of meeting:	22 nd June 2022
Report by:	Lisa Wills, Strategy & Partnership Manager
Wards affected:	FOR INFORMATION

1. Requested by

This report has been requested by Supt. Clare Jenkins and David Williams. The Cabinet member for Community Safety has also requested a progress report to the Council's Cabinet.

2. Purpose

To update members on the progress towards addressing the priorities in the Community Safety Plan 2020-22 and to recommend the priorities are rolled forward to 2023.

3. Background

The current community safety plan supports the City Vision 2040 and aims to make sure all our residents, communities feel safe, feel like they belong, and can thrive. The plan also supports the 'Positive Relationships' priority in the Health and Wellbeing Strategy 2022-30.

4. Progress to date

Since the plan was developed, a number of actions have been taken forward, a summary of which are set out below:

Priority A: Tackling violent crime; continuing to focus on domestic abuse, knife enabled violence and sexual violence.

4.1 The updated Domestic Abuse Strategy was approved by the Health and Wellbeing Board on 9th February. The most recent performance data available is from Q1 and Q2 2021/22; the delivery plan was reviewed in June. The next meeting is July 12th. Key work streams and most recent RAG ratings¹:

¹ The commentary for each area is taken from the most recent DA Monitoring Framework report - Q1 & Q2 2021.

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- *Promote healthy relationships (7 actions) - overall AMBER.* Work continues to improve measures for GP and practice nurse appointments where domestic abuse is discussed. There was a substantial increase in unique views to the DVA pages on the SPP website that demonstrates the continuing success of the 'Is This Love Campaign' in raising awareness. However, the 'Right to Ask' requests were similar to the previous year. There were fewer Early Help Assessments where domestic abuse was identified.
- *Improve identification and assessment (6 actions) - overall AMBER.* There has been an increase in identified DVA in Solent Adult Mental Health service users and in Adult Social Care cases where a Section 42 is triggered, which could indicate more clients experiencing domestic abuse or increased awareness in these services. More Single Assessments (SAFs) were completed but a higher proportion of them did not flag domestic abuse as being involved. The proportion of referrals from health providers remains substantially lower than during the period when the IRIS training was running in 2015/16.
- *Challenge and support those who use abusive or unhealthy behaviours (4 actions) - overall RED.* The current data continues to highlight that very few people who use abusive or unhealthy behaviours are accessing and/or completing interventions. Service capacity is an on-going issue.
- *Hold to account those who use coercive control and violence (6 actions) - overall AMBER.* Data monitoring shows that while DVA incidents, crimes and repeat perpetrators continue to increase, the number of arrests and charges have dropped considerably, although the number of cases heard at court has started to increase in the past few months. Recent discussions with police colleagues have moved some actions to green status.
- *Improve performance monitoring, quality assurance and workforce development (6 actions) - overall AMBER.* Data shows that where services users are accessing and engaging with medium, high risk and Refuge support, these services are helping most clients to reduce their risk.
- *Provide Safe Accommodation - NO RAG RATING YET.* The new statutory duty to provide support for those in safe accommodation is now in force. Funding has been provided to support this additional work by the Department for Levelling Up, Communities and Housing. The new domestic abuse analyst, Sayma Begum, is working alongside Sam Graves to maximise the benefits of this new post.

4.2 Serious violence duty: No date has been set for the implementation of the new '*Serious Violence Duty*' (contained in the Police, Crime, Sentencing and Courts Bill) that requires local community safety partners to address serious violence in their area. In many ways the new duty replicates the existing duties of community safety partnerships and will not come

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into force until 2022/23. This is something we do anyway in Portsmouth so there will be a minimal impact and sufficient capacity to deliver.

4.4 Knife enabled violence: the proportion of knife crime victims under 25 has been reducing since 2018/189 and has fallen from 44% in 2019/20 to 36% in 2020/21². The Community Safety Survey (see Appendix A) found a slight increase in concern about knife crime but the proportion those who had witnessed, or experienced knife crime remained stable. (See also Priority C below for the work of the Violence Reduction Unit.)

4.5 Sexual violence: in addition to the continued commissioning (jointly with the OPCC) of Yellow Door, to provide increased capacity in the ISAV service (Independent Sexual Violence Advocates) in Portsmouth, the St Giles Trust have been commissioned to raise awareness of risk of gang violence in schools (targeted years 6 & 7).

Schools and colleges have also received seminars on their new responsibility to have policies in place to reduce the risks of sexual harassment and violence between children and HIPS are reviewing the response to young people at risk of exploitation across the partnership.

Additional resource was secured to bid for and deliver against the Home Office Safer Streets Funding programme (via the OPCC). There have been four funding rounds, mostly targeted at the safety of women at night and in the community.³ Caroline Hopper from PCC's Regeneration team led this work and with colleagues from the Isle of Wight, has secured just under £1m in the past 12 months. Strong collaboration across council departments and partner agencies has characterised this work, delivering a combination of situational crime reduction measures, training, artwork, and infrastructure projects. See Appendix D

5. Domestic Homicide Reviews (DHRs): Sadly, there are two on-going DHRs; The first is complete and we expect a response from the Home Office in July before it is published. The offender was convicted and sentenced to life in prison, (to serve a minimum of 23 years) in March 2021. The second is still in train. A formal 'reflective' session with staff involved is being held on 30th June and the first draft report is due once this is complete. The offender was convicted and sentenced to 6.5 years in July 2021. The implementation of recommendations will be monitored by the Domestic Abuse Strategy Group and included in the revised strategy.

² Serious Violence Problem Profile Refresh Dec 2021

³ Women are more likely to be the victims of sexual violence than men, Strategic Assessment 20/21, p. 69

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6. *Priority B: Tackling drug-related harm, with a focus on increasing access to treatment and closer working across physical and mental healthcare*

6.1 The substance misuse treatment and support service was retendered last year and is delivered by the Society of St James (with Inclusion NHS as a subcontractor). See Appendix B for details.

6.2 Public Health development work has focused on bids and processes to increase funding and treatment. The core funding for the services comes from the Public Health Grant (£2.6m approx.) and Adult Social Care (£330k). During 2021/22 Portsmouth has also benefited from two additional funding grants, the Rough Sleeping Drug & Alcohol Treatment grant (approx. £680k) and the Universal Grant (£397k).

6.3 These grants have increased provision for rough sleepers and those at risk of rough sleeping and those involved in the criminal justice system. There is now a dedicated rough sleeper team and an enhanced dedicated criminal justice team. Funding has provided increased treatment capacity and is funding increased use of residential rehabilitation. A new substance misuse strategy group has been established. Service user and stakeholder events are planned in the coming months. A new strategy will then be developed.

6.4 In the light of the findings from Dame Carole Black's review of the sector, the Government has recently confirmed increased funding for drug treatment services for the next three years. The main aim of this additional funding is to increase treatment capacity by 20% (currently around 1000 people in treatment at any one time in Portsmouth) and provide a treatment place to every offender with an addiction. The government has provided a range of areas we should seek to invest in, including professionally qualified Doctors, nurses, social workers and psychologists etc.

6.5 During 2021/22⁴:

- There was a 9.12% (n.121) increase in the number of adults accessing substance misuse treatment, from 1327 to 1448 during the 12-month period. The greatest increase was amongst alcohol clients which increased from 309 to 384 (24.27%), but there were also increases amongst opiate and non-opiate drug users.
- We fully implemented our rough sleeping drug and alcohol team, providing targeted access to treatment for rough sleepers and those at risk of rough sleeping. The team are currently supporting 101 people.
- We expanded our criminal justice team, working with drug and alcohol using offenders, from 3 to 8 staff. We re-introduced arrest referral, with daily visits to the police custody

⁴ Summary provided by Alan Knobel, Public Health Development Manager

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centre to pro-actively engage with offenders. Enhanced work with Probation, the courts and Prison Service is underway.

- Drug related deaths had been falling in Portsmouth before 2021/22, however during the year there was a likely increase in deaths (numbers to be confirmed by the coroner's office at a later date), this is partly explained by a number of deaths suspected to be linked to a batch of contaminated heroin which impacted the city during August 2021.
- Work to improve provision for people with co-occurring mental health and substance misuse conditions is progressing at an Integrated Care System level (linked also to the Changing Futures project)

7. *Priority C: Early identification of and interventions with children and young people at risk of exploitation or abuse, of misusing substances and of offending.*

7.1 Work on early intervention with children and young people is business as usual for Portsmouth Children's Services. This includes the work of the Violence Reduction Unit funded by the Home Office/OPCC to reduce serious violence, strategically aligned with work on Early Help, troubled families, school inclusion, reducing youth crime and the Safeguarding Partnerships work on criminal exploitation.

7.2 The approach to the VRU work in Portsmouth to date has been characterised by two principles:

- a) To embed the work on violence reduction within existing partnerships and strategies rather than create a competing structure without the same deep foundations. A local VRU co-ordinator - supported by the Assistant Director for the council and CCG - has 'held the ring' on the Violence Reduction Response Strategy, attending all the relevant Boards that have a role to play in the reduction of violence
- b) Prioritising the front-line wherever possible in grant spend to make a difference to children's lives.

7.3 The Youth Offending Team (YOT) monitors the number of first-time entrants (FTEs) into the criminal justice system, reoffending rates and custody numbers. The Youth Justice Plan sets out actions to reduce this number. YOT staff work closely with the Early Help and Prevention team and with the Police Community Support Officer (now embedded in the Early Help service) who also helps family support workers to identify risks of offending or ASB. The YOT was inspected earlier this year and the outcome is expected shortly.

7.4 The Serious Violence Problem Profile referred to at 4.4, provides information on the changing scale of the issue in the city, headline findings included:

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- At national level there has been a decrease in victims of violent crime as well as a decrease in hospital admissions for assaults with a sharp object
- Serious violence in Portsmouth is reducing - this has been driven by a reduction in the crime category of most serious violence
- There has been an increase in domestic abuse incidents reported to the police - however the proportion of arrests leading to a charge has reduced substantially
- Queen Alexandra hospital has recorded decreases in drug and alcohol related Emergency Department and ambulance attendances - this is very likely to be due to covid restrictions and is anticipated to return to previous levels post pandemic
- Rates of Looked After Children and Children in Need have decreased
- Portsmouth has recorded a 13.8% decrease in the number of young people at risk of CSE and an increase in those at risk of CCE - resulting in an over 4.5% increase in those at risk of exploitation generally

7.5 These figures demonstrate the continued positive impact of our mainstreaming approach and Portsmouth is therefore in a strong position to continue to deliver against the OPCC/Home Office requirements.

7.6 Portsmouth funding has been provisionally agreed for 2022/23 £169,497, pending a successful application from the OPCC to the Home Office. Once funding is confirmed by the Home Office, the OPCC are proposing to move away from the current 'hub and spoke' model and centralise the core functions, whilst maintaining links with each local authority.

8. Priorities for the coming year

8.1 The Covid 19 pandemic has had a significant impact on levels of crime - increasing opportunities for online crime but reducing levels of domestic burglaries for example. Despite this, violence - especially most serious violence - has remained relatively stable over the past two years, and known risk factors including, domestic violence and abuse, poor mental health and substance misuse, that often result in young people and adults becoming involved in crime and anti-social behaviour, are also likely to have increased.

8.2 The community safety Strategic Assessment (SA) for 2020/21 approved by the H&WBB in November last year, incorporates a summary of the Serious Violence Problem Profile and detailed analysis of the needs of those using safe accommodation⁵. The SA reviews the priorities of the current plan and assessed that the key priorities remain the same, with minor adjustments suggested to reflect the refreshed context.

8.3 In addition to the three priorities above, the SA identified the need to improve accessibility and capacity of mental health provision for children, young people and adults and increase awareness of cyber related harm. Actions underway to address these issues include:

⁵ New statutory requirement Domestic Abuse Act 2021

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- a) Work to deliver the Social Emotional and Mental Health Strategy (SMEH) 0-25 yrs 2020-23 overseen by the SMEH Board reporting to the Health and Wellbeing Board. The vision includes:
- establishing a clearly understood needs-led model of support for children and young people with Social Emotional Mental Health difficulties, which will provide access to the right help at the right time through all stages of their emotional and mental health development.
 - Ensuring that children and young people have access to a range of early help in supporting their emotional wellbeing and mental health needs which will prevent difficulties escalating and requiring specialist mental health services.
- b) This is a national issue exacerbated by the Covid 19 pandemic. The Online Safety Bill is currently making its way through the parliamentary system. Further research into cybercrime with University of Portsmouth. Survey to understand more about resident's experience and response to cybercrime to shape appropriate local response. We will also update the Safer Portsmouth website with information about how to protect yourself from being scammed and what to do if your online security is compromised.

8.4 In the light of these findings, and the need to understand what the "new normal" is for Portsmouth, the existing priorities in the Community Safety Plan will be rolled forward to 2023. The existing Community Safety Plan is attached as Appendix C for information.

8.5 In addition, the SPP Plan 2020-22 explained how the mainstreaming of services has resulted in the development of a range of planning documents that address the three key priorities. Some are in the process of being revised, others are monitored and reported on regularly and are due for refreshing in 2023. All these plans are overseen by existing multi-agency governance arrangements.

- Youth Justice Plan -2021-23 - in the process of being refreshed
- Portsmouth Safeguarding Children Plan - 2020-23
- Social Emotional and Mental Health Strategy - 2220-23
- Adults Safeguarding Adult Board Strategic Plan 2022-23
- VRU response strategy - pending review by OPCC
- Domestic Abuse Strategy - 2022-23 (supported by local police DA improvement plan and aligned with the Hampshire Constabulary Domestic Abuse Strategy) - reported to the DA Strategy Group
- Mental Health Transformation Programme - No Wrong Door - Hampshire and IOW response to national NHS funded programme.⁶
- New Drugs Strategy and spending plans - in development

The community safety plan will therefore be refreshed in line with other key strategies and plans in the city in 2023.

⁶ <https://www.england.nhs.uk/mental-health/adults/cmhs/>

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9. Changes and developments to the community safety landscape

9.1 It is five years since community safety services were embedded across all council services effectively 'mainstreaming' the strategic response to community safety in line with Section 17 of the Crime and Disorder Act 1998 (as amended):

- The Public Health Intelligence team are now responsible for producing the community safety strategic assessment and monitoring the research and analysis programme that supports the plan. Embedding this work within a dedicated team of analysts means that more and better data is easily available from across the organisation.
- Public Health also commission and monitor drug and alcohol treatment services and in December 2021, the government published 'From Harm to Hope', a 10-year strategy the cut crime and save lives, and the Public Health Development lead will be drafting a new local strategy.
- Children's Services lead on early intervention and prevention, youth justice, domestic abuse and the Violence Reduction Unit, pulling these services together in one of the largest mainstream services firmly embeds the approach and helps to sustain funding.
- The operational partnership response to crime and anti-social behaviour is co-ordinated and monitored by the monthly, multi-agency Tasking and Planning meetings, whilst the Housing, Neighbourhoods and Building Services lead the current operational response to ASB⁷ (Community Wardens, CCTV, traveller incursions etc).

9.2 Whilst these arrangements reduce duplication and are arguably more efficient in some ways, there are risks around communication between services and officers. This has been mitigated by the emergence of the virtual workplace and other technological advances and most importantly, by continuing to build and maintain positive relationships within all partner organisations.

9.3 Hampshire's Police and Crime Commissioner's published plan 'More Police, Safer Streets' focuses largely on improving the quality and quantity of policing in the county. There are some crossovers with local priorities such as reducing youth offending and anti-social behaviour. A national review of the role and responsibilities of the Police and Crime Commissioner has recommended a robust review of community safety partnerships.⁸ This may have an impact on the partnership arrangements in the city, removing a level of autonomy for the community safety partnership.

⁷ The current ASB Unit is undergoing a systems intervention

⁸ <https://www.gov.uk/government/publications/part-2-of-the-police-and-crime-commissioner-review/review-into-the-role-of-police-and-crime-commissioners-letter-from-kit-malthouse-mp-to-pccs-accessible>

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9.4 The Ministry of Justice ended the 'Payment by Results' contracts with private providers and reunited what were known as the Community Rehabilitation Companies with the National Probation Service; now referred to simply as the Probation Service. Relationships with partner organisations have been rekindled and work is underway to link prison leavers with local businesses via Shaping Portsmouth. This development has been welcomed by probation professionals and their partners and should result in improved outcomes for those leaving prison or on probation.

10. Research and analysis programme

10.1 Items on the Research & Analysis programme 2021/22 delivered this year include:

- Community Safety Strategic Assessment - including serious violence problem profile and needs assessment for those living in safe accommodation. Presented and approved at the Health and Wellbeing Board in November 2021.
- the Community Safety Survey 2022 - field work began in February 2022 - interviewers are recruited from University of Portsmouth and trained. 1200 face to face surveys completed and analysed by the Community Safety Analyst. A summary of findings is attached as Appendix A, but overall, the findings from the survey indicate a relatively stable picture that supports the decision to roll forward current priorities. Full report available on request)
- a problem profile on modern slavery in Portsmouth - this has been started using police recorded incidents and intelligence - the profile will be developed using data and intelligence from partner agencies and will drive enforcement activity in 2022/23,
- comprehensive 20-page monitoring framework for domestic abuse - this framework was developed with the Domestic Abuse Practitioners' Forum and involves gathering a wide range of data that measures demand, calls for service, and approx. 20 measures identified in the domestic abuse strategy.

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10.2 Items planned for 2022/23 include:

- Consultation (including knife crime) with young people, led by the Youth, Play and Community Service, and supported by Public Health Intelligence.
- Explore tracking perpetrators of DA who have received an intervention
- Further research on cyber crime

The full Research and Analysis programme is available on request.

.....
Signed by Supt Clare Jenkins

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:

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Appendix A - The Community Safety Survey 2022 - headline findings (extract from Sam Graves' report below)

While police recorded crime has been increasing over the last decade, the survey carried out in February 2022 has found that the overall level of crime has remained broadly stable since 2014. This indicates that the increase in police recorded crime is likely to be driven by other factors. This is consistent with findings from the Crime Survey for England and Wales, which has cited improvements to recording processes and practices, inclusion of new offences, variations in police activity, more victims reporting crime and genuine increases in some types of crime as the drivers for the increase seen in that dataset.⁹

The survey findings support the theory that there has been displacement from some times of crime taking place in public areas to online crimes as a result of increased use of online platforms for working, socialising and shopping. This survey found that only one of ten participants who received an unsolicited obscene picture reported this and only one participant reported online crime directly to Action Fraud. This has highlighted there may still be a big gap in official figures for online crime.

This is consistent with the recent Ofsted rapid review which highlighted that online sexual harassment and abuse were widespread.¹⁰ The survey was conducted face-to-face in public areas and disclosures of this type of offence were not expected, so these reports could be the tip of an iceberg. It is therefore recommended that a short focused online survey is conducted to explore this further.

The proportion of participants thinking that knife crime is a problem in Portsmouth has increased slightly, but people's views were largely based on what they had heard or read in the media or from friends/family rather than experience. The proportion of participants who had witnessed or experienced knife crime remained stable.

Levels of ASB reported to this survey have been fairly stable overall since 2014, contrasting with the reducing trend seen in police recorded ASB. This supports the view that levels of ASB have not changed substantially, but that residents are less likely to report it to the police. Not tackling ASB could affect confidence in the police and agencies dealing with these issues as and could result in missed opportunities for early intervention.

Just over half of residents said there were parts of Portsmouth where they felt unsafe or avoided because they feared being a victim of crime. Somerstown and Buckland were the most mentioned areas and have been for the last twenty years. However, the City Centre/Commercial Road area has increasingly become an area where people feel unsafe, particularly at night. Reputation plays a big part in people's perception of these areas, but there are also concerns around groups or gangs, dodgy people, drug use and high crime rates.

⁹ [Crime in England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.gov.uk/government/statistics/crime-in-england-and-wales)

¹⁰ ¹⁰ <https://www.gov.uk/government/publications/review-of-sexual-abuse-in-schools-and-colleges/review-of-sexual-abuse-in-schools-and-colleges>

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Women were more likely to avoid areas or feel unsafe than men, although the areas where they said they felt unsafe are the same as the areas where men said they felt unsafe and for similar reasons. Overwhelmingly participants felt that a greater police presence in these areas would help them feel safer, but other solutions were mentioned, including better lighting and CCTV, also more provision/activities for young people, tackling drug misuse and providing education/awareness. It is recommended that the findings of this survey are used as a base for any further, targeted work in the identified areas and for more positive communications to try and reduce the reputational issues.

Appendix B - Drug and Alcohol Treatment Service - commissioned from Society of St James

The service will provide a range of interventions to support people with drug or alcohol issues, including:

- Harm reduction (e.g. needle exchange, provision of Naloxone the heroin antidote, overdose prevention training)
- Pharmacological interventions (e.g. prescribing of substitute medications such as methadone or buprenorphine)
- Psycho-social interventions (e.g. counselling, 1 to 1 support, group therapy)
- Access in inpatient detoxification and residential rehabilitation
- Specialist support for offenders in the criminal justice system
- Supported housing for people with drug and alcohol issues (approximately 50 bedspaces)
- Family support

New elements of service provision which will be provided in the contract include an increased focus on alcohol only provision, and some specialist/targeted provision:

- Women only provision
- 24/7 parent /carer support line
- Dedicated carers support worker and group
- Interactive website with online referral and increased online support
- Increased opening hours, including evenings and weekends
- Alcohol only support team
- Specialist veterans worker
- Commitment to participate in the Changing Futures project
- Provision of abstinent only housing

Appendix C - Community Safety Plan for Portsmouth - available here:

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)

<https://www.saferportsmouth.org.uk/our-plans/community-safety-plan-2021-22/>

Appendix D - Safer Streets - detail

Safer Streets 2 - £407,000 - targeted situational crime prevention based on geographical distribution of acquisitive crime figures

Safer Streets 3 - £450,000 - targeted crime prevention to reduce violence against women and girls (VAWG) in public places, using crime data and Police Environmental Visual Audit.

- Mentors in Violence prevention pilot in schools and colleges (2 colleges, 3 schools in Portsmouth)
- Development of a network of safe spaces adjacent to public places (shopping areas, parks etc) where women and girls can receive a trauma informed response (10 venues in Portsmouth)
- Safe and strong artwork to be displayed around the city to raise the positive profile of women and girls as intrinsically valuable rather than objects to be desired (5 locations in Portsmouth)
- Situational measures in Cosham Underpass and Belmont Path (Elm Grove) that include lighting & CCTV.
- CCTV on IOW
- A local intelligence mapping service which will enable women to report concerns via text and then receive a follow up call from a local provider (city wide)

Safety of women at night (SWaN) Fund - £100,000k - the following projects will be delivered in partnership with OPCC and IOW Council:

- 'Community in Motion' active bystander training for staff and support services working in the Night-time Economy (NTE) (100 people trained)
- Safe Spaces network at Night, building upon the Safe Space work above focused on NTE (5 venues in Portsmouth)
- 'With You' project working directly with women in the sex industry (focusing on two clubs, 5 massage parlours in Portsmouth)
- 'Stay Safe' pilot, led by Shaping Portsmouth to trial use of cloud-based technology to support those working in the NTE to get home safely (200+ licences issued to staff in Portsmouth venues)

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