



NOTICE OF MEETING

HEALTH OVERVIEW & SCRUTINY PANEL

THURSDAY, 26 JANUARY 2023 AT 2.00 PM

VIRTUAL REMOTE MEETING

Telephone enquiries to Lisa Gallacher, Local Democracy Officer 02392 834056
Email: lisa.gallacher@portsmouthcc.gov.uk

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

Membership

Councillor Ian Holder (Chair)
Councillor Matthew Atkins
Councillor Graham Heaney
Councillor Mark Jeffery
Councillor Abdul Kadir
Councillor Brian Madgwick

Councillor Arthur Agate
Councillor Ann Briggs
Councillor Joanne Burton
Councillor Martin Pepper
Councillor Michael Read
Councillor Julie Richardson

Standing Deputies

Councillor Yinka Adeniran
Councillor Dave Ashmore
Councillor Ryan Brent

Councillor Stuart Brown
Councillor Leo Madden
Councillor Lee Mason

(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

AGENDA

- 1 **Welcome and Apologies for Absence**
- 2 **Declarations of Members' Interests**
- 3 **Minutes of the Previous Meeting (Pages 3 - 10)**

4 Solent NHS Trust (Pages 11 - 12)

Andrew Strevens, Chief Executive Officer, will answer questions on the attached report.

5 South Central Ambulance Services update. (Pages 13 - 18)

Tracy Redman, Head of Operations South East, will answer question on the attached report.

6 Public Health update (Pages 19 - 40)

Helen Atkinson, Director of Public Health, will answer questions on the attached report.

7 Dates of future meetings

The Panel are asked to agree the proposed dates of future meetings (all Thursdays 1:30pm)

22 June
21 September
23 November
23 January
14 March

Agenda Item 3

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 15 December 2022 at 2 pm as a Virtual Remote Meeting

Present

Councillor Ian Holder (Chair)
Councillor Matthew Atkins
Councillor Graham Heaney
Councillor Mark Jeffery
Councillor Arthur Agate, East Hampshire District Council
Councillor Julie Richardson, Havant Borough Council

31. Welcome and Apologies for Absence (AI 1)

Apologies for absence had been received from Councillors Brian Madgwick, Ann Briggs (Hampshire County Council), Joanne Burton (Fareham Borough Council) and Martin Pepper (Gosport Borough Council).

32. Declarations of Members' Interests (AI 2)

There were no declarations of interest.

33. Minutes of the Previous Meeting (AI 3)

RESOLVED that the minutes of the meeting held on 22 September 2022 be agreed as a correct record.

34. North Harbour Medical Group

Members asked Jo York, Managing Director, Health & Care Portsmouth, to give an update as a matter of urgent business on the recent announcement that the North Harbour Medical Group (NHMG) would close. Ms York said that the practice had formally given notice on their contract and although there was a six-month notice period it would be difficult for the practice to continue because of operational workforce challenges so it was likely to close in spring 2023. The Hampshire & Isle of Wight Integrated Care Board (ICB) are working on a managed transfer of the current patients. The ICB will write to patients in early January to identify which practices they can move to. The ICB will manage the transfer in February and March and is working with other practices, especially those in the north of Portsmouth. The ICB had tried to find alternatives to handing back the contract, including a merger, but nothing had come to fruition. On Monday the ICB had written to patients explaining the process though there may be delays because of the postal strikes. Patients were being advised not to register with other practices as this would be done for them.

In response to questions from members, Ms York explained that

There were just over 9,000 patients registered at the practice, most of whom live in Cosham.

One GP had given notice, another was on long-term sick leave and there were vacancies in operational management and the nursing team. The longer the situation was left the more destabilised the practice would become so it was better to close it and transfer patients sooner rather than later.

Having to transfer patients was not ideal and it was very difficult for any practice to decide to give notice on a contract. The ICB thinks it can accommodate all the patients. Other practices are actively recruiting for staff, especially the two nearest to NHMG. Patients will be asked to give up to three preferences for their new practice, which will be met where possible. The ICB needs to ensure that demand matches capacity and that patients with chronic conditions or at the end of life will have additional support. With regard to retaining staff with specialist expertise, the ICB will do its best to retain NHS staff; there will be individual conversations between new employers and employees.

The ICB is working with the NHS Commissioning Support Unit to ensure a smooth automatic transfer of patients based on patient postcodes. The ICB is also working with TPP (who run SystemOne) so that records can be transferred within the timeframe.

The ICB has a detailed project plan but the risk is the pressure on other practices in Portsmouth. The ICB has to see how they can create and recruit additional workforce whilst being very careful not to put additional risk on practices which are already struggling.

With regard to the recent GP Summit, some of the challenges are national, for examples, GP shortages and the perverse incentives with pensions which makes it less attractive for older GPs to continue working. Locally there is additional funding via resilience bids and plans on how to develop city wide services. There is a communications campaign to help the public understand that it is not just GPs that can help them. The ICB will also work with Healthwatch.

The ICB had been working with the practice for a while and knew it had been struggling. Attempts to keep the practice running had not come to fruition and the contact was handed back last week. Once the staff knew everyone would know which is why the ICB was moving quickly with planned messaging. There is an email and telephone number for patients if they have any concerns.

Originally there were five GPs and now there are two. The practice had tried to recruit but it was very difficult. There are also challenges with the building and a recent loss of nursing and operational staff. Turnover in all practices and the NHS generally is higher than previously. There had been active conversations with NHMG staff to find mutually agreeable redeployment terms but in view of the lack of alternatives to closure it was decided to transfer patients sooner rather than later.

The ICB together with the council is looking at other sites, some of which are in the south of Portsmouth, and the Highclere site. The property situation in Cosham is challenging so the aim is to continue with Highclere as it already has planning permission though it is a long-term alternative, about two years away. Although there are the Cosham Park House, Wootton Street and the Drayton surgeries the ICB is still looking at the estate in Cosham in case Highclere cannot proceed.

The NHMG has a few patients who live outside Portsmouth so the ICB is working with practices outside the city. However, the vast majority live in Portsmouth. All patients will be accommodated and registered in other practices.

Portsmouth having one of the lowest GP to patient ratios was acknowledged as challenging and the ICB will continue to work with primary care partners, including Adult Social Care and the voluntary sector. The ICB is also working with the PQCA, set up in September, to recruit new doctors although the scheme was not as successful as hoped. Some GPs find locum jobs more attractive. GP recruitment is also a problem on the Isle of Wight. The ICB has already restructured the ICB team to spend time on how it responds to the Fuller report on "Next steps for integrating primary care," in addition to managing current demands, including Strep A.

Dates for engagement events for NHMG patients and those in nearby practices had not been set yet but it was hoped to publicise them next week. They will probably be in the first or second week of January. There will also be events for councillors and MPs.

The HOSP thanked the ICB for their hard work on the matter.

35. South Central Ambulance Service update (AI 4)

Tracy Redman, Head of Operations South East, gave apologies as she was unable to attend due to severe operational pressures.

RESOLVED that the report be noted.

36. Portsmouth Hospitals University Trust update (AI 5)

Mark Orchard, Chief Financial Officer, introduced the report.

In response to questions from members, the following matters were clarified:

Automatic Number Plate Recognition is being rolled out in all car parks.

Asked whether the £58.3m capital investment would be sufficient in view of rising prices, Mr Orchard explained that the scheme cost £64.9m and the Trust funds the gap via discretionary capital supported by the HIOW ICB. About £5m has been spent already and the scheme is now reaching the planning and design stage. Contingency for inflation is built into the contract

There is a guarantee maximum price contract with the provider but it is only as good as the design that was signed off. If the design is altered costs could increase so the Trust will save changes until the building goes live.

Workforce planning is not dissimilar to that for the current ED. The current staff to patient ratio is for a bigger ED; it has to be overstaffed to enable visibility as it has lots of pockets. However, workforce planning will have to reassessed when staff move into the new ED. Since the start of the new development the Trust has recruited additional senior nurses and consultants, including some from nearby organisations.

The new ED should reduce the length of ambulance holds as all facilities will be in one place, for example, diagnostics; it will be a self-contained emergency village that will reduce bottlenecks. The improvement programme will increase flow from the "front door" to discharge. Currently holds are longer than they should be due to constraints and demand; Portsmouth is also "under-doctored." There is massive pressure at the moment, particularly with Strep A. The new premises are designed to meet national standards such as the maximum four-hour wait for 95% patients.

Joint working with the council is going as well as it could be and Mr Orchard thanked them for their support. Two-thirds of QA's catchment area is in Hampshire and they have greater challenges. Some integration is more complicated than it could be as there are three primary care alliances. The 111 and 999 services are currently overwhelmed.

The HOSP thanked Mr Orchard for his report.

RESOLVED that the report be noted.

37. Adult Social Care update (AI 6)

Andy Biddle, Director of Adult Care, introduced the report.

In response to questions from members, Mr Biddle explained that the Community Independence Service operates during office hours whereas the Portsmouth Rehabilitation & Reablement Team operates throughout the week. If consolidating services creates more resources then more people can be helped. Hospital stays can have a big impact on people's abilities so they need to return to independent living as soon as possible. The new service will also be for people in the community and will launch around April 2023. Members asked for an update to be included in the next regular report to HOSP.

The HOSP thanked Mr Biddle for his report.

RESOLVED that the update be noted.

38. Southern Health NHS Trust (AI 7)

Paula Hull, Director of Nursing & Allied Health Professions, and Nicky Creighton-Young, Director of Operations for Portsmouth and South East

Hampshire, introduced the report and outlined progress on the proposals to create a single NHS Trust to bring together community, mental health and learning disabilities. The aim is to avoid fragmentation and boundaries when accessing services, duplication and postcode lotteries. The proposals include about 500 staff in West Sussex and all community and mental health services in the Isle of Wight. The service model has been led by people working on the ground. Although there have been some engagement events there need to be more. It is hoped to have the business case for all organisations by March 2023 and the new organisation formally acknowledged by April 2024. Southern Health aims to work collaboratively with primary care, for example, it worked in partnership with other organisations to support a practice in North Hampshire that had to hand back their contract.

In response to questions from members, it was clarified that

With regard to increased referrals from SCAS for the Urgent Community Response pathway, it was the same nursing teams and therapies supporting the response but was challenging in terms of activity and increase. However, the pathway, and its aim of keeping people close to or near their home, is working. The Trust is continually developing the workforce with roles such as emergency nurse practitioners and associate practitioners. Recent work with the fire brigade has seen a significant improvement in preventing hospital admissions and more efficient uses of nurses. Ms Hull asked for the panel's support for the Urgent Community Response pathway. The virtual frailty wards ensure patients can return home at the earliest opportunity. Collaborative working with SCAS and acute hospitals allows the right patients to be prioritised.

The panel praised the bed management figures. Campaigns such as "home for lunch" are paying dividends in increasing discharge flow. There are six extra surge beds open at the moment so there are 88 beds rather than the baseline of 82.

As some members had been unaware of the engagement event on 25 November, Ms Hull and Ms Creighton-Young said they would check membership details.

Councillor Richardson mentioned issues with drugs, alcohol and mental health in Hayling Island where the police were constantly involved. Ms Hull said Solent NHS Trust ran drug and alcohol services but there are partnership arrangements. Sometimes people on Southern's caseload need Solent's support. There are regional meetings and forums, which include the police, where information can be cascaded. With the new Fusion it was hoped to see closer arrangements. In addition, this time of year is difficult for people, especially if they are estranged from their families. Ms Creighton-Young offered to follow up Councillor Richardson's concerns.

39. Health & Care Portsmouth and Hampshire & Isle of Wight Integrated Care Board (AI 8)

Jo York, Managing Director of Health & Care Portsmouth, introduced the report. Julie Maskery, Strategic Projects Director, Hampshire Hospitals NHS

Foundation Trust, outlined progress on the Elected Hub. About £35m from the Transformation Fund has been allocated to the Elective Hub, which aimed to reduce the backlog created by Covid, as non-elective cases were often displaced by urgent ones. The Hub will be standalone but adjacent to the Royal Hampshire County Hospital in Winchester. The three main specialities will be orthopaedic (hip and knee), urology, and ear, nose and throat, as they are the biggest challenges. Patients have a choice about whether to go the Hub or more locally. Surgeons will list their job plan sessions in the Hub. A small percentage of patients will need an in-person pre-operative assessment, but it is expected about 90% will have a virtual assessment managed via pre-assessment clinics. The aim is to keep assessment locally as much as possible.

There will be a ten-hour operating list each day six days per week. HCP are looking at similar successful centres to see how they operate to draw on best practice. The Hub brings together clinicians and is clinically led by doctors, nurses and allied health professionals. A detailed business case has to be submitted by the end of 2023. Building would commence in early 2024 though if it can be brought forward this will be done. They are working with the contractors who have been appointed. Healthwatch have been very helpful in consulting patients. The feedback, such as the need for patient transport, will be taken into account. More consultation groups will be held in the New Year.

In response to questions from members, Ms Maskery clarified that in the ten-hour operating day there would be a mix of consultants during the ten hours and not all would be in the theatre. Ten hours is a standard day for operating theatres. A key objective is parity of access for elective services.

In response to questions about dentistry, Jo York reported some good news in that there are two new dental procurements in Portsmouth and the practices should start with effect from April 2023. However, there are still huge challenges with less of the population accessing NHS dentists than average. The ICB is working with Public Health on an oral health strategy and with the University of Portsmouth on a new initiative for a Centre for Dental Development. There are considerable workforce challenges and the ICB continues to petition the University to upgrade the Dental Academy to a Dental School. Although there is more international recruitment it is harder to fill posts in the NHS than in the private sector. The next regular update to the HOSP can include dentistry.

With regard to strikes, QA is not a strike site. The ICB is working closely with SCAS and is not anticipating the area to be overly affected in the current round of strikes but is monitoring the situation closely.

The situation is extremely challenging for the Urgent Treatment Centres (UTC), especially with Strep A, but they are working closely with St Mary's to maintain capacity as there has been a huge increase in demand. The UTCs are looking to return to the 10 pm closing time in the New Year. There have been some staffing changes at senior level so there is now a hospital director at both Portsmouth and Southampton which should make a good difference.

The HOSP thanked Ms Maskery and Ms York for the report.

The meeting ended at 3.40 pm.

Councillor Ian Holder
Chair

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Agenda Item 4



Proposals to bring together community, mental health and learning disability services January 2023

Solent NHS Trust continues to work with Southern Health NHS Foundation Trust, Isle of Wight NHS Trust, and Sussex Partnership NHS Foundation Trust to bring together community and mental health services across Hampshire and Isle of Wight. Together, we are working towards the development of a strategic case. This will describe in more detail the recommendation to create a new organisation, for community and mental health services across Hampshire and Isle of Wight, alongside other potential options that the original review of community and mental health services considered. It will outline any key risks and potential benefits and help our organisations make the decision as to whether to invest in developing a full business case which will include detailed plans for a new organisation.

The strategic case will be presented to each provider organisation's Board with a preferred option on how best we can work together. With support from each Board, the case will then be submitted to NHS England for review. Subject to that review, we will then proceed to develop a full business case setting out detailed plans for the new organisation.

All partners are committed to ensuring patients are front and centre of our approach, which will be clinically-led, transparent, and inclusive. The engagement we undertake with local communities, staff and stakeholders will be two-way, to ensure that everyone's voices are heard and the changes put in place are widely endorsed.

Our programme of community engagement is based on a well-established understanding of the communities we serve. An engagement steering group has been established to oversee and support the programme which includes Healthwatch, representatives of currently unrepresented communities and partner community engagement leads. This group has met twice (in November and January). Our engagement will continue through the preparation of the strategic case, full business case, to day one of the new organisation and beyond. We will seek to understand more about what a great community and mental health organisation looks like for both current users of our services, their families and carers and prospective users for the future.

Following the success of the first virtual stakeholder engagement event on 22 November, which was attended by around 70 stakeholders from the local community and partner organisations, we will be holding a second event, this time in person, with partners and staff from all organisations involved in February.

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Agenda Item 5

South Central Ambulance Service **NHS**

NHS Foundation Trust

Title	Health Overview and Scrutiny Panel
Author	Tracy Redman - Head of Operations SE South Central Ambulance Service NHS Foundation Trust (SCAS)
Date	January 2023

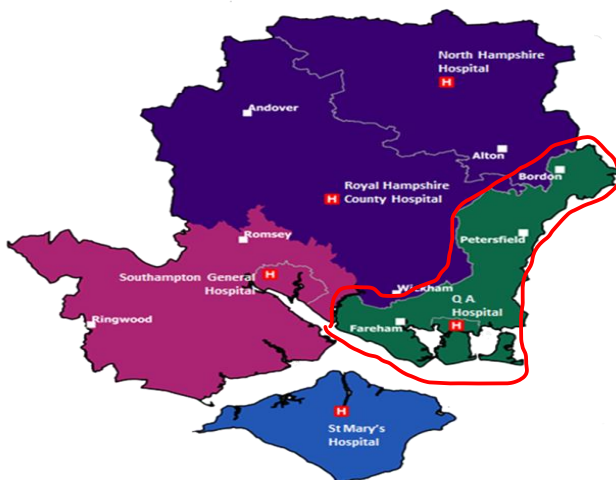
Contents

- Introduction / SCAS South East
- Developments
 - Integrated Urgent Care
- Demand / Performance
- Challenges / Opportunities
 - Operational Pressures
 - Transformation Review
 - Patient Care
 - Hospital/System resilience and capacity - impact on Hospital Handover delays
 - SCAS Improvement Plan
- Summary

Introduction / SCAS 999 South East

South Central Ambulance Service NHS Trust provides emergency, urgent and non-emergency healthcare services, along with commercial logistics services. The Trust delivers most of these services to the populations of the South Central region - Berkshire, Buckinghamshire, Oxfordshire and Hampshire - as well non-emergency Patient Transport Services in Surrey and Sussex. In Hampshire SCAS 999 operate in 3 'nodes'.

SCAS 999 - South East Hampshire



Over 100k - 999 calls a year



Approx. 50k ambulance conveyances a year



Approx. 50k patients treated at home / signposted to other services



Circa 300 frontline operational team members



Up to 35 ambulances on duty at the busy times of day



One main hub site with satellites

Developments

Integrated Urgent Care

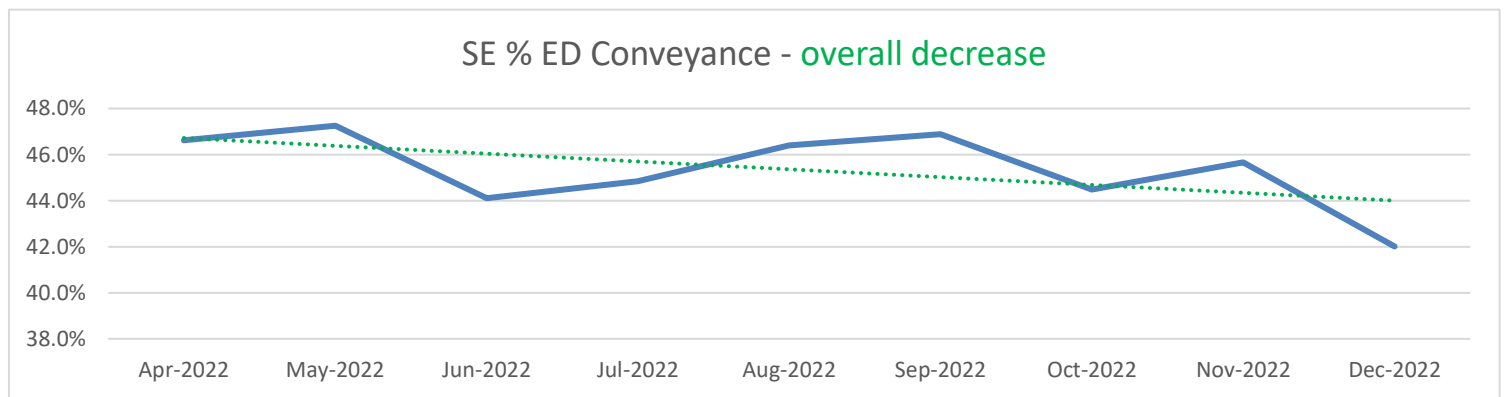
SCAS continue to work closely with partner health and social care providers to ensure efficient and effective collaboration. SCAS frontline clinicians work closely with Community Teams as well with Primary Care, with a single point of access in place to support this and enhance clinical decision making.

In addition, wider health and social care colleagues from Social Services, Mental Health and Maternity services are directly supporting SCAS and patients by being embedded in the SCAS Clinical Co-ordination Centre.

SCAS are integral to ongoing programmes of work to support patients being treated in their own home or at the most appropriate place. This includes SCAS clinicians managing conditions at home; either via the telephone or face to face and onward referrals to other health care professionals where required. This has been enhanced with the development and ongoing improvements to 'SCAS connect', which is a digital platform to support clinical decision making and patient signposting. There are now well embedded processes for SCAS clinicians to discuss the patients' needs with other clinicians, both in and out of hospital, to determine the best course of action / ongoing care needs for the patient.

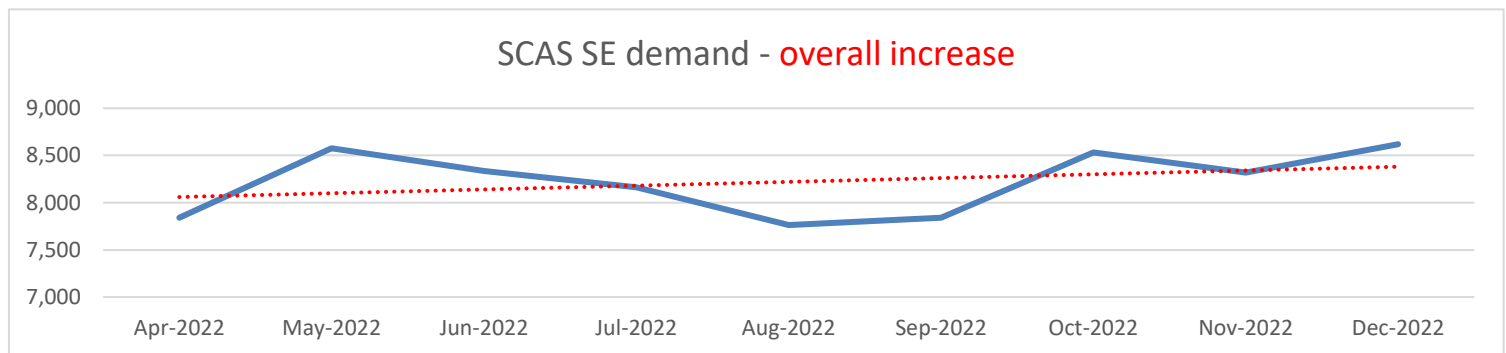
This approach not only ensure the patient appropriate and timely care, but it also supports the agenda of working towards keeping the Emergency Department (ED) for Emergencies.

SCAS SE continue to consistently convey less than the national target of 49% of its incoming 999 demand to the Emergency Dept.

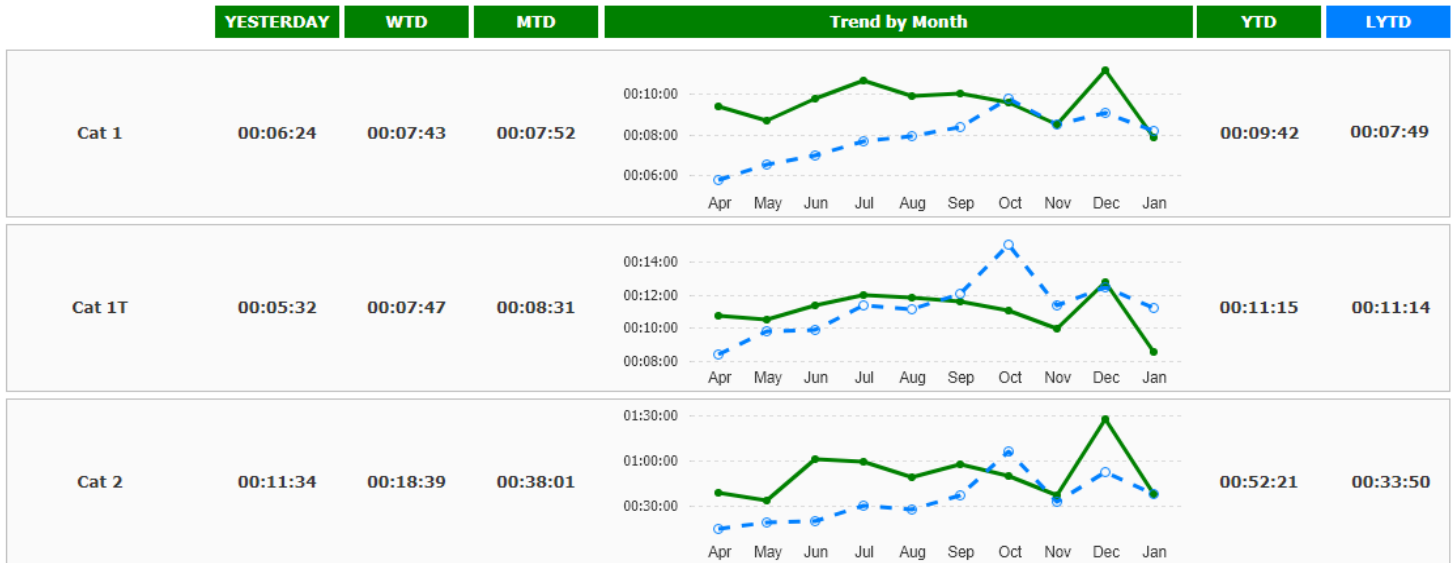


999 Demand / Performance

Demand in the South East has seen an increase in recent months, which has been reflected across the SCAS region, although some reduction is emerging through January.



Performance South East SCAS (data produced 12.01.23)



Whist demand has seen a general increase over the year, this was more evident through December. Combined with workforce challenges and significant hospital delays this resulted in a deterioration in performance through December. Improvements in performance across the board are being seen in January

Challenges / Opportunities

Operational pressure

All ambulance services across the UK work to a national framework - Resource Escalation Action Plan (REAP). This framework has four levels with associated actions, designed to maintain an effective and safe operational and clinical response for patients.

REAP level one	Steady state
REAP level two	Moderate state
REAP level three	Severe
REAP level four	Extreme pressure

SCAS have operated at REAP 3 or 4 for many months including a declared Critical Incident on the 19th December – the current status is REAP 3 which reduced from REAP 4 on the 12th January.

Transformation Review

The transformation review continues, with work ongoing to determine how improvements and efficiencies can be made. This will primarily include the workforce and deployment models.

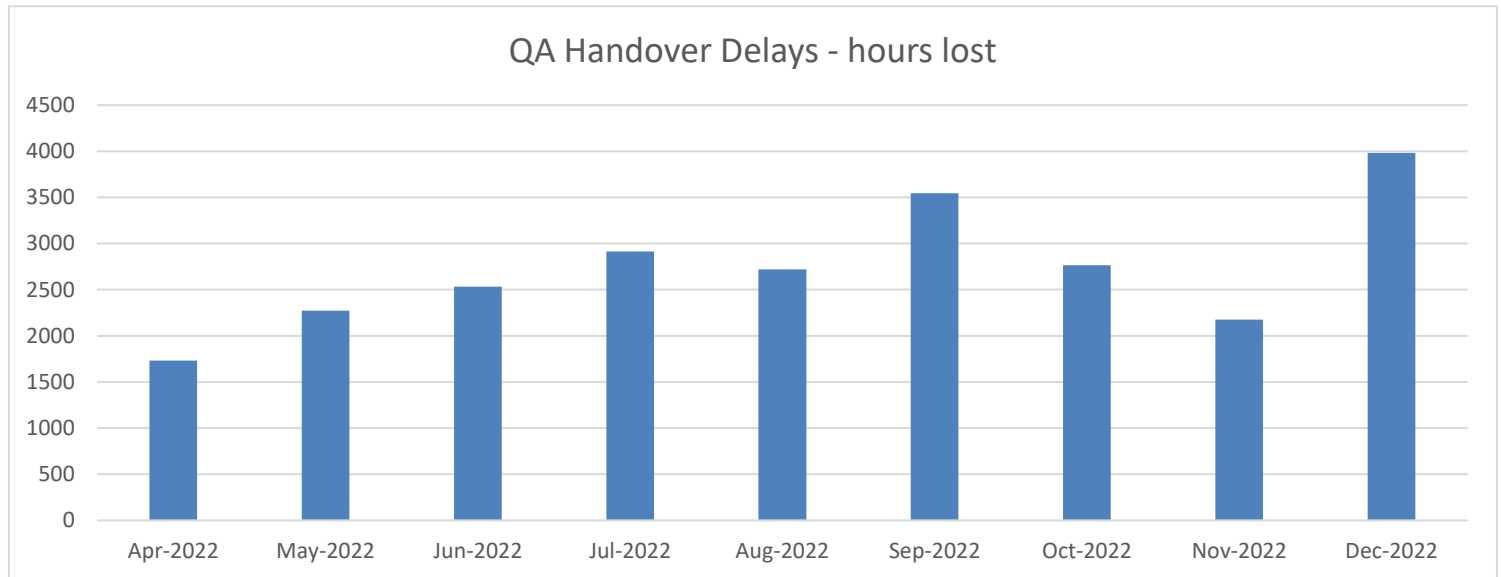
Patient care

SCAS continues to work hard to ensure patients received the right care, in the right place, at the right time. This includes ongoing collaboration with system and ICS partners to develop and enhance pathways / information sharing and clinician connectivity. Patients continue to be prioritised based on their needs however some of our lower acuity patients are waiting longer than we would like

Hospital/System resilience and capacity - Impact of Hospital Handover delays

Hospital handover delays remain a significant challenge to the SCAS service delivery.

The delays are measured to a national standard of 15 minutes from the arrival at hospital to the handover of the patient. The time lost is where a patient is unable to be handed over within the 15 minutes. The result is that SCAS resources are tied up and unable to respond to other patients in the community during this time.



SCAS continue to work closely with NHSI/E, HIOW ICS and the Local Delivery System (LDS) to mitigate the effects of these delays on patient care, and the impact on staff. There are a number of actions in train to support the reduction of handover delays to include actions from all system partners. To note, significant improvements are being seen in January so far and work will continue to sustain this position.

SCAS Improvement Plan

SCAS recognise the current challenges and the need to make improvements. There are 4 Executive led workstreams now in place to provide focussed leadership, to ensure effective policies and procedures in place and working, with an active learning loop in place.

1 Patient Safety and Experience:

- Safeguarding issues are well managed, with all staff trained to the appropriate level.
- Timely incident reporting, investigation and action to avoid repeat incidents.
- All vehicles and sites have the equipment and medicines staff need, with faults quickly reported and fixed.
- All vehicles and sites are clean, with proactive infection prevention and control measures.

2 Culture and wellbeing:

- Speaking up, listening up and following up is happening across the Trust, with insights triangulated to drive Trust-wide improvement.
- All staff feel safe at work, with a zero tolerance approach to all types of inappropriate behaviour.
- All staff have access to learning and support that allows them to do their current role to the highest standard and progress their career.

3 Governance and well-led:

- Governance systems enable strategic oversight and planning by the Trust Board.
- Risk management systems support frontline teams deliver safe, high quality care and enable the Trust Board to actively manage strategic risks.

- Improved relationships and communication between senior leaders and staff, with leaders accessible and in-touch with teams across the Trust.

4 Performance and recovery:

- Improved performance for 999 and 111 call handling and ambulance response times.
- Reductions in hospital handover times through internal improvements and joint working with health and care system partners.
- The Trust builds sustainable capacity through recruitment, retention and improved ways of working, with all staff able to access the training and support to needed to provide safe, high-quality care.

Summary

The NHS, including the Ambulance sector continues to face significant challenge and pressures.

Demand, workforce and hospital delays remain the key issues across the country. Despite this, SCAS have remained at or near 'best in class' against other Ambulance Trusts in England.

That said, there is clearly a huge amount of work to be done to ensure we are able to provide the excellent service that we continue to strive for. This can only be achieved by working together with our partners across the whole health and social care system.

We will continue to focus on the needs of our patients and the health and wellbeing of our staff.

There are exciting changes and developments in train and SCAS remain an integral part of this going forward.

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HOSP – Delivering the Public Health Business Plan 2022/23

Helen Atkinson - Director of Public Health

Thursday 26th January 2023

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6. In House Wellbeing Service
7. Substance misuse
8. Sexual Health
9. Children’s Public Health Strategy
10. Healthy Weight
11. Physical Inactivity
12. Mental Health and Emotional Wellbeing
13. Community Champions and Live Well Events
14. Health Protection
15. Joint Working - Air Quality and Climate Change, Transport & Planning, Cost of Living

Public Health Business Plan 2022/23: Priorities

There are 7 priorities for Public Health for 2022/23:

- Reduce the harm caused by substance misuse including alcohol misuse
- Reduce the prevalence of smoking, including smoking in pregnancy, across the city working with partners to ensure sustained system wide action
- Reduce unwanted pregnancies by increasing access to Long-Acting Reversible Contraception (LARC) in general practice, maternity and abortion pathways, and strengthening LARC pathways with vulnerable groups
- Promote positive mental wellbeing across Portsmouth and reduce suicide and self-harm in the city by delivering the actions within Portsmouth's Suicide Prevention Plan (2022-25) and the ICB Suicide Prevention partnership programme.
- Promote healthy weight, reducing the harms from physical inactivity and poor diet.
- Work with Council partners to address the health impacts of the built and natural environment.
- Enable an intelligence-led approach to addressing key health and care priorities for the city including supporting the ongoing response to COVID-19

Service	Provider/s	Contract terms	Update
Locally commissioned services (smoking cessation, alcohol awareness, supervised consumption, needle exchange, emergency hormonal contraception, Long Acting Reversible Contraception, NHS Health Checks)	GP practices and community pharmacy	Term: rolling year on year	These services have been recommissioned from 1 st April 2021. These services are paid for by activity on patient led basis, however NHS Health Checks is invitation only and is a local authority mandated service. Long Acting Reversible Contraception provision is co commissioned between PCC and the Portsmouth Place ICB. The work is supported through local partnerships and networking, workforce development and quality improvement initiatives
Integrated Drug and Alcohol treatment and support service. Including: assessment and case management, medical interventions, psychological and social support interventions, specialist substance misuse housing support	Society of St James (SSJ)	Commenced 1 st June 2022 initially until 31 st March 2026, but flexibility to extend up to 31 st March 2032.	This service has recently been re-commissioned. The new contract was awarded to the incumbent lead provider, SSJ. SSJ are working in partnership with an NHS provider called Inclusion, who provide drug and alcohol services across the country. Additional elements within the new contract include: expanded opening hours to 7 days per week, expand women only provision, expanded support for carers/families, provide some alcohol only provision and deliver abstinence based supported housing.
Sexual Health (contraception, testing and treating sexually transmitted infections, HIV prevention and testing, sexual health promotion, Psychosexual Counselling, Networks and training)	Solent NHS Trust	Current contract extended to end of March 2024.	Includes mandated services. This joint contract with commissioners across Hampshire, Portsmouth, Southampton and Isle of Wight Local Authorities and ICB offers face to face and remote provision, including home self-sampling STI/HIV testing and treatments by post where appropriate. A Systems Thinking Review is beginning roll in new interventions and measures throughout Spring 2023, including a clinician led telephonic front door.
Health Visiting & School Nursing and National Childhood Measurement Programme (in conjunction with Children's and Families Directorate)	Solent NHS Trust	Section 75 agreement - ongoing	Solent NHS Trust are commissioned by Children's Services to deliver Health Visiting and School Nursing
Healthwatch	The Advocacy People	Term; 4 years with options to extend up to 7 years	Mandated service - and new contract which commenced April 2021 with The Advocacy People

Joint Working – Portsmouth through HCP

- Aligning commissioned functions where appropriate with ICB Portsmouth and PCC Adults/Children's through Health and Care Portsmouth S75s
 - Shared resources
 - Potential to align funding on programme areas
 - Main benefits from PH services perspective to improve outcomes for residents
 - Better join up of sexual health commissioning (remove false barriers between funding / provision)
 - Opportunity to improve join between mental health and substance misuse services
 - Strong links with the Homeless Primary Healthcare Team
 - Link / support into Primary Care Networks as they develop Jointly agreed Patient Group Directives (prescribing) with ICB Portsmouth
- Strengthened Intelligence links including:
 - Supporting intelligence-led Population Health Management approaches across Health and Care Portsmouth (H&CP) 'Place'
 - Providing maps and analysis e.g. using SHAPE to support H&CP planning and decision-making
 - Engaging ICB Portsmouth in joint approaches to key city challenges through the Knowledge Network, Modelling Stakeholders meeting etc

Public Health Intelligence

- In addition to what is in the Business Plan, we have led the data and insight aspect of the council's response to the Cost of Living crisis. We have built a dashboard bringing together key data on vulnerability to, and impact of, the cost of living crisis in Portsmouth, and presented updates on the current position to a range of stakeholders.
- The [Joint Strategic Needs Assessment \(JSNA\)](#) annual summary was published in September 2022 as the [Director of Public Health's Annual Report](#).
- The HWB approved the [Pharmaceutical Needs Assessment](#) for publication in October 2022, and the Armed Forces Covenant Needs Assessment will be published in February 2023.
- We provide the data and intelligence to inform the transition to 'living with Covid', including ongoing monitoring, surveillance of future threats and modelling of potential scenarios across HIOW health and care system. We have successfully managed the transition of Covid-19 data and reporting from response to business as usual, including testing, vaccination and contact tracing data, and developed new reporting for wider health protection indicators.
- Delivery and monitoring of the city's Health and Wellbeing Strategy is ongoing.

Public Health Intelligence (cont.)

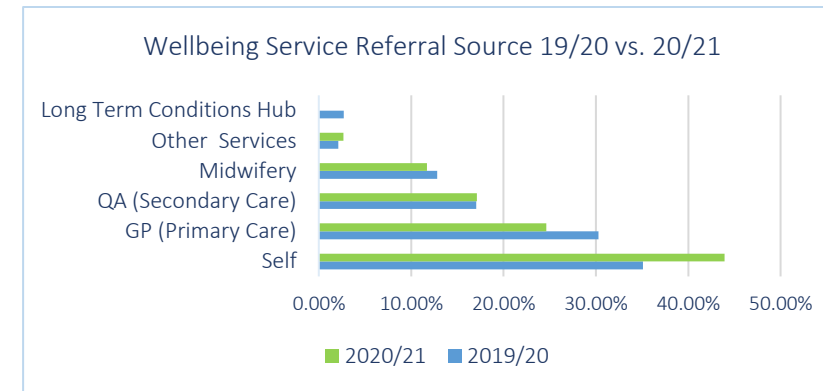
- The annual update to the Strategic Assessment for Crime, ASB, Re-offending and Substance Misuse was presented to the HWB in November. The team has led the production of a new Substance Misuse Needs Assessment and provided data and analytical support to inform the work of the Safer Portsmouth Partnership, including the a Research and Analysis programme and support to the Violence Reduction Unit.
- We continue to develop more joined up approaches to the production and use of 'knowledge' across the council, with partners in Portsmouth and with PH Intelligence teams across HIOW. This includes providing the data, intelligence and evidence to inform and support promotion of a Population Health Management approach in partnership with Health and Care Portsmouth and through the Integrated Care System
- We are building the strategic relationship with the University of Portsmouth, and leading the development of a more research-active council to support evidence-informed decision-making. A number of research projects have been funded and further strategic opportunities are being explored.

In house service - Wellbeing Service



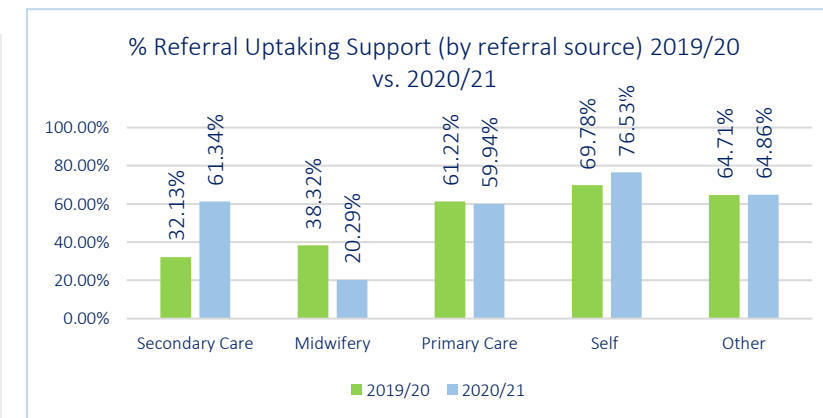
Overview:

- Wellbeing team currently providing support via telephone (approx. 55%) support (inc. Microsoft Teams and Zoom)
- Approx. 45% of support is now provided face to face; mostly weight management support
- Currently 311 active clients, plus 49 new referrals
- Offering 12 Week Weight Management Programme 'Let's Bounce Back' with links to physical activity; aim to support 700+ residents to respond to any weight gain/physical inactivity occurred during lockdowns
- New website launched December 2021 - promoting health improvement, enables client to self refer with ease, and provides wide range of links to support (both local and national)



Referrals:

- Overall up 106% on previous year (Oct 19/Sept 20 to Oct 20/Sept 21) – key increase in self-referrals (8.82%)
- Slight decline in referrals from midwifery and primary care (-5.65%)
- Secondary care referrals remain similar, with respiratory accounting for approx. 25.5% of all secondary care referrals (20/21), an increase of 2.5% on previous year
- Overall uptake of service increased from 52% to 60.92% - mostly from secondary care referrals
- Jan-Apr 2022 has seen an increase of 170% in referrals on same period in 2021, predominantly self referrals



Support Provided:

In the year to 30th September 2021 the Wellbeing Service provided 2504 interventions, comprising:

- 2159 (86.22%) smoking/nicotine support of which, 1073 (49.7%) set quit date
- 327 (13.06%) weight management support
- 18 (0.72%) alcohol support

Historically, smoking cessation support was approx. 66% of Wellbeing service provision, this changed significantly during covid-19 but is currently back to being 2/3rds of provision.

Wellbeing Service screen all clients for main four risk factors:

- Smoking status
 - BMI check
 - Physical activity levels
 - Alcohol consumption
- and
- Mental Wellbeing (Edinburgh Warwick)

Reduce the harm caused by substance misuse

The Combating Drugs Partnership is developing a new substance misuse plan. This has 3 strategic priorities proposed, each with objectives and measures and an action plan. This is linked to an extra £1m of investment due from the Government into treatment services by 2024/25.

1. Disrupt local drug supply chains and drug related crime

1.1 Disruption of county lines

1.2 Reduce cuckooing and the risk this causes to vulnerable adults

1.3 Targeting our most prolific drug dependent offenders with both enforcement and rehabilitation

1.4 Increase sharing of community intelligence (CPI forms) from our partners, including drug treatment services

1.5 Increase the targeting of adults that exploit young people to run drugs through the increased use and enforcement of Child Abduction Warning Notices (CAWN)

1.6 Reduce drug related anti-social behaviour in our neighbourhoods

2. Improve the quality, capacity and outcomes of our drug & alcohol prevention and treatment services

2.1 Increase the number of people engaging in community drug and alcohol treatment

2.2 Increase the percentage of people successfully completing drug and alcohol treatment

2.3 Reduce drug related deaths

2.4 Improve support for people with co-occurring substance misuse and mental health conditions

2.5 Improve support for people with long term physical health conditions

2.6 Increase the number, and proportion of our treatment population, who access residential rehabilitation

2.7 Increase the number of people engaging with community drug and alcohol treatment, from the criminal justice system, particularly those leaving prison.

2.8 Offer everyone who is rough sleeping, or within the rough sleeping accommodation pathway, access to enhanced treatment and support

2.9 Increase the capacity of peer-led support, including the use of peer mentors in our treatment services, to promote and sustain recovery

2.10 Increase volunteering and employment opportunities for people in recovery

2.11 Achieve the drug and alcohol commissioning quality standards

3. Reduce the misuse and harm caused to young people by drugs & alcohol

- 3.1 Improve prevention activities, including provision of drug education in schools and other settings and an increase in screening by children's professionals.
- 3.2 Improve the capacity, quality and outcomes of our young people's drug and alcohol treatment service
- 3.3 Increase diversionary support for young people, especially those at risk of entering the criminal justice system.
- 3.4 Develop our workforce to increase their awareness of young people's substance use, systematically screen, intervene and effectively refer for specialist support when required.
- 3.5 Decrease criminal exploitation of young people with links to drug or alcohol misuse

Sexual Health

- Teenage conception data for 2020* worsened, therefore work continues to explore opportunities to facilitate improvements
- Collaborative work with general practices continues with the aim to facilitate efficient, improved pathways of care related to LARC provision for non contraceptive and contraceptive use (including with East Shore, Uni City, Trafalgar, Portsdown, Drayton practices/practice groups)
- Contraception in maternity commenced, however delays with Badgernet to report provision to date. Communications and engagement with partnering services has commenced with the aim to maximise on the service
- Portsmouth partnership work continues to facilitate the local implementation of the national 'contraception management in pharmacy' pilot (tier 1: free repeat oral contraceptives; tier 2: free oral contraception initiation)
 - Tier 1: 10 active pharmacy sites (Tier 1 work rolling out nationally Jan 2023)
 - Tier 2: 8 active pharmacy sites
- Portsmouth continues to have high STI testing rate (highest in South East, 2021) and high positivity for New STIs (second highest in South East, 2021*), including for Chlamydia and Gonorrhoea
- Systems Thinking Review within Solent NHS Trust sexual health service to inform recommissioning for April 2024
 - Redesign phase complete, roll-in phase commencing comprising of new system for managing residents when they call into the service through the Single Point of Access line, new meaningful measuring systems and workforce development for the workforces involved.

*Latest data available

Partnership working: Children's Public Health Strategy 2021 - 2023

No.	Long-term Strategic Priority & Vision
1	The Best Start As far as possible, all women and their partners make an informed decision about becoming pregnant; all women have access to opportunities which improve their physical and mental health throughout their pregnancy and into parenthood.
2	Thriving Parents In Portsmouth we believe that parents are key to helping children and young people achieve their very best. Parents will be supported to fulfil their role to the very best of their abilities, whilst taking responsibility for helping to create the city we all want our children to thrive in.
3	The Impact of Poverty For all families to have access to pathways, opportunities and living conditions that support their child's long-term physical health, reducing the inequalities that exist as a result of poverty.
4	Environmental and Social Planning For all new plans and key decisions regarding the built environment and healthy place-shaping to have embedded within their process a focus on the physical health of maternity, children and young people.

Healthy weight –nutrition/poor diet and obesity

Children

- Continue delivering National Child Measurement Programme (NCMP) and use the insight to utilise the limited resources effectively.
- Delivering targeted children's weight management, via OLIVE (health visiting), extended brief advice (school nursing) and family weight management (Wellbeing Service). Up-take within school age services is fairly low, so is a focus for the next year.
- Superzone – piloting a place-based approach to tackle childhood obesity. Working with Arundel Court Primary Academy, using insight from children to design interventions, with regular amends based on continuous feedback. Interventions around active travel and school meals are priorities for next 6 months.

Adults

- The Wellbeing Service's and Pompey in the Community's weight management programmes, delivered city-wide, predominately in groups and incorporating physical activity. Both programmes are going well with good results.
- The dedicated pathway for pregnant women who have a BMI over 25, has seen low numbers in the first year as the new pathway has embedded. Work underway with midwifery this spring to review the pathway and increase up-take.

All ages

- Provide nutrition/healthy eating advice and training as required by various departments/organisations to support positive dietary behaviours.

Physical inactivity and utilising outdoor spaces

Physical inactivity

- Continue to lead the Active Portsmouth Alliance, a multi-agency partnership, working collaboratively to delivery the physical activity action plan for the city. Organising quarterly meetings and leading/supporting specific actions to support our most inactive communities to be more active.
- Work with key partners including (but not limited to) the Integrated Care Board, Primary Care, Active Travel and Transport teams to develop and pilot new initiatives e.g. Physical Activity Local Incentive Scheme with GP practices and support established programmes e.g. school streets.
- Promotion of physical activity to key target groups i.e. least active, remains an on-going focus, exploring how brief advice and physical activity opportunities can be incorporated into other topics/agendas.

Utilising outdoor spaces to make being active easier

- Portsmouth is the first city in the UK to pilot the Athletic Skills Model (developed in the Netherlands) which is based on 10 fundamental movements needed by our bodies. Initial training of local sports and leisure staff in 2021, and introduced to youth and community staff in 2022, with further training booked for summer 2023 and currently scoping feasibility of designing and implementing supporting Athletic Skills Gardens.
- Supporting various partners to increase casual recreational and/or active travel via projects, for example, re-vamp of Arundel Park as part of the Superzone and Active Pompey Neighbourhood.

Mental health and emotional wellbeing

- There is an expectation that there will be an increase in debt, financial insecurity issues and a rise in unemployment compounding mental health distress in the coming months, we are working with debt collection and debt advice services in the city to ensure that the system screens for mental wellbeing and signposts effectively.
- We are also working with mental health service providers to ensure that they screen patients for debt and money issues and signpost to debt support services.
- We are building capacity in anticipation of an increase of low-level mental and emotional distress across the city. Working with employers and trade groups through the Portsmouth Mental Health Alliance to offer mental health & wellbeing training (Connect 5), as part of their workplace wellbeing workstream.
- Review underway of Suicide Prevention Action Plan and refresh scheduled, informed by audit on coroner's records of suicides and national intelligence on emerging 'at-risk' population groups to target prevention training and resources at key 'touch-point' e.g. community leaders, businesses and service providers.
- Set-up is complete of the local real time surveillance (RTS) i.e. gathering intelligence on suspected suicides that have taken place locally, trigger postvention and response protocols for local partners response &/or escalating further action and provides the means to offer timely support to people who have been bereaved or affected by a suspected suicide.
- Locally we are leading the way on postvention for children and young people who are bereaved by suicide, the training and resource piloted here will also be utilised to build capacity regionally through the STP suicide prevention fund and regional RTS systems.

Community Champions

- The Community Champions Programme's priority areas include Mental health and wellbeing, Access to healthcare, Cost of Living and COVID-19. (Priority areas as identified by communities themselves e.g. menopause)
- The priority areas inform the weekly messages and most recently community champion meetings (Mental health overview, December 2022 and Cost of Living January 2023)
- Currently there are approximately 20 individuals that have been recruited onto the programme, however, the wider network has an additional 50 members making the total to approximately 70 people.
- Engagement varies from the sharing of the weekly message, attendance at Live Well sessions (a couple of volunteers have attended) and regular attendance at meetings.
- Examples of success include the sharing of messages via social media by an organisation which could have up to 500 views, individuals sharing with their contacts ranging from two or three contacts to over 100.

Live Well Events

- Live Well events are community outreach events for communities in deprived areas of the city, bringing services to the community directly and from a wide range of services within the council and from partners in the health, care and voluntary sector.
- The events themselves provide access to money advice, advice on energy and the range of grants available, health advice on issues such as healthy eating, exercise, mental health, smoking cessation, drugs and alcohol and vaccination etc.
- 13 Live Well Events have been delivered between April 2022 and end of Dec 2022:
 - Two in Handsworth House
 - Three in partnership with the Portsmouth food bank – King’s Church
 - Four in partnership with Landport Larder – Landport Community Centre
 - Two in partnership with the Portsea Pantry – John Pound Centre
 - Two at the Paulsgrove Community Centre
- In addition, further smaller cost of living focused events have been delivered with the Jami Mosque and supported services to attend Chat over Chai
- Over 700 conversation themes have been recorded across 11 events
- Key themes coming out of the conversations were:
 - Service provision
 - Mental health and physical health
 - 267 conversations were themes relating to cost of living, especially – benefits, energy advice, financial assistance with bills, housing concerns, personal finance and water saving tips / sewage
- Positive feedback from staff and members of the public attending e.g. *“I liked the information and advice....very helpful and a good place to find out information.”*
- Next steps – further sessions planned in January and February 2023 in Landport, Portsea, Kings Church and Paulsgrove’s new pantry. Further development of the Live Well model is underway, working closely with the Cost of Living worker and Portsmouth Wellbeing Service.

Health protection

- **Air Quality**

- Multi-agency Air Quality Board chaired by PH to deliver the Health and Wellbeing Board priority on Air Quality and Active Travel. Delivery Plan for coming year in place.
- Continued provision of health intelligence to support Transport colleagues in the delivery of the city's Clean Air Zone.
- Transport colleagues undertaking a range of projects (e.g behavioural change project to reduce car use, promoting active and sustainable travel), which delivers against broader health priorities (prevention, obesity and physical activity).

- **Health Protection Forum** – has now replaced the 'Health Protection Board' as a refreshed quarterly meeting, taking an 'all hazards approach' to share health protection issues and plans between partners in the city
- **Health Protection enquiries** to Portsmouth public health are answered by a team of experts on a rota basis, who offer advice normally within one working day.
- **Infectious disease and environmental hazards** – we continue to support partners, including UKHSA, with managing the consequences of incidents and outbreaks of infectious disease.

Sustainability and wider determinants

Greener NHS

- Public Health Portsmouth represent HIOW public health on Energy and Sustainability ICS Board

Climate Change

- Cross-agency Portsmouth Climate Action Board created 2019 in response to Climate Emergency, Chaired by University, Public Health and Portsmouth Hospital Trust included on membership

Green & Healthy City

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- Public Health have provided 2 years of full time funding for a Green and Healthy City Officer to oversee delivery of the City Greening Strategy and coordinate 'greening work' in the city
- Post managed in Public Health to align with health priorities, particularly inequality. Strategic support from Planning Policy.

Cost of Living

- Public Health is supporting the PCC wide project to tackle the CoL crisis through managing the CoL Support Officer, offering face-to-face appointments to those most in need, and engaging in outreach work in the city
- Working with partners through the Switched On Partnership and other channels to mitigate the effects of cold homes on health during the CoL crisis
- Working with Health and Care Portsmouth to ensure NICE guidance on limiting the health impact of Excess Cold and Cold Homes is met within the city.

Joint Working – Transport

- Public Health is a member of Local Transport Plan 4 working group that brought the plan to fruition.
- Member of the Parking Strategy working group (revision of the strategy is in progress)
- Key strategic objectives deliver positive health outcomes.
- Providing health intelligence to support flagship programmes and policies, including:
 - South East Hampshire Rapid Transit scheme (rapid bus travel)
 - Refreshed Air Quality Strategy
 - Future Transport Zone to promote active travel
 - Support for funding bids

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Transforming public transport



Delivering cleaner air



Prioritising walking



Prioritising cycling



Supporting business

Joint Working - Planning

- Portsmouth Local Plan has a clearly articulated policies on air quality , health and wellbeing and Health Impact Assessment (HIA) for major development applications.
- Public Health are working with Development Management colleagues to
 - consistently require HIAs
 - respond to scoping requests and
 - to develop a clearly articulated framework for HIA submissions
- Public Health routinely consults on development applications including :
 - Planning Performance Agreements
 - steering stakeholder groups for strategic development and regeneration proposals
- Providing health intelligence to support programmes and policies, including:
 - Major developments
 - Regeneration proposals

