



NOTICE OF MEETING

HEALTH AND WELLBEING BOARD

WEDNESDAY, 23 NOVEMBER 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.

Public health guidance for staff and the public due to Winter coughs, colds and viruses, including Covid-19

- Following the government announcement 'Living with Covid-19' made on 21 February and the end of universal free testing from 1 April, attendees are no longer required to undertake any 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.
- We strongly recommend that attendees should be double vaccinated and have received any boosters they are eligible for.
- If unwell we encourage you not to attend the meeting but to stay at home. 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 still being advised to follow this guidance for five days, which is the period when you are most infectious.
- 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 protects us from coughs, colds and winter viruses, including Covid-19.
- 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.

Health and Wellbeing Board Members

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

Dr Linda Collie (Joint Chair), Helen Atkinson, Roger Batterbury, Sarah Beattie, Andy Biddle, Sarah Daly, Penny Emerit, Prof Anita Franklin, David Goosey, James Hill, Clare Jenkins, Maggie

MacIsaac, Frances Mullen, Lorna Reavley, Paul Riddell, Suzannah Rosenberg, Dianne Sherlock, David Williams and Jo York

Dr Linda Collie (Joint Chair)

(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.

A G E N D A

1 Apologies for absence

2 Declarations of interest

3 Minutes of previous meeting held on 21 September 2022 (Pages 5 - 16)

RECOMMENDED that the minutes of the previous meeting held on 21 September 2022 be approved as a correct record.

4 Violence against women and girls (Pages 17 - 22)

To update the Board on the local response to this agenda, following the publication of the national strategy.

5 Community Safety Survey (Pages 23 - 30)

To present the main findings of the Community Safety Survey 2022.

6 Community Safety Assessment (Pages 31 - 36)

Community Safety Partnerships have a statutory requirement to produce an annual strategic assessment (or update) as well as a three-year partnership plan (refreshed annually). This document fulfils the obligation to produce the strategic assessment and informs the refresh of the partnership plan.

7 Hampshire Race Plan

Hampshire Police will give a presentation.

8 Combatting Drugs Partnership (Pages 37 - 42)

- To inform the Health and Wellbeing Board (HWB) of the new Combatting Drugs Partnership (CDP), its purpose and aims.
- To seek approval from the HWB for the proposed reporting process for the CDP reporting into the HWB.

9 Blueprint for Health & Care Portsmouth (Pages 43 - 62)

To describe how NHS Hampshire and Isle of Wight Integrated Care Board (HIOW ICB) and Portsmouth City Council (PCC) along with other key partners in the city, will work together to further strengthen the place-based health and care integration in the city.

10 Integrated Care Partnership Strategy (Pages 63 - 72)

There will be a presentation for this agenda item.

11 Social Value report (Pages 73 - 82)

To present to the Board with a summary of activity taking place in Portsmouth City Council and begin a discussion about how a citywide social value approach can support the Health and Wellbeing Board to deliver on the joint Health and Wellbeing Strategy.

12 Dentistry in Portsmouth (Pages 83 - 92)

To contain recommendations for consideration by the Board which will focus on the number of dentists in Portsmouth increasing as well as more dentists being able and willing to maintain lists of NHS patients

13 Air Quality and Active Travel Priority (Health and Wellbeing Strategy) (Pages 93 - 98)

1. To provide an update to the Board on the air quality and active travel priority of the Health and Wellbeing Strategy.
2. To recommend areas where Board member organisations can contribute to this priority, as key local anchor institutions.

14 Terms of Reference for Health Protection Board (Pages 99 - 104)

To note that as we enter a new phase of living with COVID, the Health Protection Board has refreshed its Terms of Reference to reflect a broader remit to share information between partners on a wider range of infectious diseases and environmental hazards in addition to COVID-19.

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.

Agenda Item 3

MINUTES OF THE MEETING of the Health and Wellbeing Board on
Wednesday, 21 September 2022 at 10.00 am in the Guildhall, Portsmouth

Present

Councillor Matthew Winnington, in the Chair

Dr Linda Collie, Clinical Lead/ Clinical Executive (GP) Health
and Care Portsmouth, Hampshire and Isle of Wight Integrated
Care Board (Joint Chair)
Councillor Lewis Gosling
Councillor Suzy Horton
Councillor Gerald Vernon-Jackson

Andy Biddle, Director of Adult Care, PCC
Helen Atkinson, Director of Public Health, PCC
Roger Batterbury, Healthwatch Portsmouth
Sarah Beattie, National Probation Service
Sarah Daly, Director of Children's Services & Education
David Goosey, Portsmouth Safeguarding Adults Board
James Hill, Director of Housing, Neighbourhood & Building
Services
Professor Sherria Hoskins, University of Portsmouth
Clare Jenkins, Portsmouth Police
Alison Lawrence, Portsmouth Safeguarding Adults Board
Councillor Terry Norton, in capacity as Deputy Police & Crime
Commissioner
Lorna Reavley, The Hive
Paul Riddell, Hampshire Fire & Rescue Service
Alasdair Snell, Russell, Solent NHS Trust
David Williams, Chief Executive, PCC
Jo York, Health and Care Portsmouth

Non-voting members

Officers present

Matthew Gummerson, Kelly Nash, Clare Rachwal

Sarah Kaddour, Speciality Registrar in Dental Public Health,
NHS England and Improvement (shadowing Helen Atkinson)

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

Councillor Matthew Winnington, Cabinet Member for Health, Wellbeing and
Social Care, as Chair, opened the meeting. All present introduced
themselves.

Apologies for absence were received from Penny Emerit (Portsmouth
University Hospitals Trust), Professor Anita Franklin (University of
Portsmouth), Frances Mullen (City of Portsmouth College) and Dianne

Sherlock (Age UK). Councillor Vernon-Jackson gave apologies for late arrival as he had another meeting. The Board agreed to consider agenda item 8 (Pharmaceutical Needs Assessment) last in order to accommodate Councillor Vernon-Jackson. For ease of reference the minutes will be kept in the original order.

25. Declarations of Interests (AI 2)

There were no declarations of interest.

26. Minutes of previous meeting - 22 June 2022 (AI 3)

RESOLVED that the minutes of the Health and Wellbeing Board held on 22 June 2022 be approved as a correct record.

27. University of Portsmouth Medical School (AI 4)

Professor Sherria Hoskins, Executive Dean, Faculty of Science & Health, University of Portsmouth, gave a verbal update on the proposed medical school.

A bid for a medical school was considered in 2016 but was paused while the nursing programme was re-invigorated and embedded. The strategic road map showed the University was ready to bid in 2019. The small team working on the bid includes someone who has worked on five medical school bids. University departments such as communications and estates are included. The goal is to be ready to launch graduate entry medicine (GEM) by September 2024. Graduate entry will help widen participation as entrants could have joined a degree course with lower A-Level grades than those required for undergraduate medical school entry. Digital and high-fidelity learning will take the place of dissection and prosection which is quite common now. Students will work in problem-based teams. The aim is to move from 50 entrants annually to 80. The four-year GEM programme is shorter than undergraduate medical courses.

Once there is a medical school in the area doctors apply for work in GP services and hospitals as the career has an educational element. The focus is on Portsmouth, the Isle of Wight and West Sussex with the intent to "grow our own" though entrants will come from other regions too. To increase participation outreach will start at junior school age. The school will take local graduates as they often stay in the area. A lower entry tariff will help increase diversity which will better reflect the region's patients. The programme will include many more GP and community placements so students get to know the area and its patients. Another USP will be physician associates.

Students will not work in silos like traditional medical schools but will need to work in multidisciplinary teams. The programme is being developed in partnership with Portsmouth Hospitals University Trust, Southern Health and Solent NHS Trust and GPs. Community stakeholders will be involved through the development of a public and patient interaction group (PPI). The contingency partner is Brighton & Sussex Medical School.

New medical schools are needed as 50,000 additional doctors are needed (14,500 graduates annually). Smaller, regional focused schools can help the health economy. The University is civic focused and will invest its own money. The school would benefit research on regional health needs and show what has to be focussed on. A medical school will have a halo effect as other areas of study will benefit. It would recruit more and better students and staff. In addition, medical technology is significant in the area and could create many jobs

General Medical Council (GMC) approval is an eight-stage process. In addition, the curriculum has to map on to that of Brighton & Sussex as they would take over if the University cannot do it. The bid has to meet the University's estate planning, community engagement, curriculum and quality assurance processes. Funding needs to be in place by September 2024, either from the government or a wealthy philanthropist.

The University has just completed stage 2 of the GMC process. Stage 3 ("a medical school in a folder") is due to be submitted at the end of September and is a major "stop / go" stage. Student recruitment can start at stage 6 or plans may have to hibernate then. The University is exploring degree apprenticeships but they are not very feasible. There could be a branch model where the University delivers the programme but under another institution's name. The annual fees would be £27,000; employers are likely to pick up the deficit; in some regions the Integrated Care Board (ICB) is the employer. The University would like the Board's help when developing the PPI as Portsmouth is one of the most "under-GPd" areas so needs a GP focused medical school. The PPI needs to identify and co-ordinate the best outreach approach in schools.

The Board thought the proposed school was an incredibly exciting opportunity for the city. The ICB were equally passionate and were happy to link with the University. The recent GP summit had shown the importance of such institutions for longer-term improvement. From a multi-agency point of view the council is happy to help with lobbying and encouraging engagement. A local medical school is good for inspiring young people and if it trains local people it will take them out of poverty and they will stay in the area. From a public health point of view it will be a good opportunity for community projects to tackle health inequalities, to improve prevention and deal with the key issues all Board members face. Having more diverse applicants is good as top grades do not necessarily make the best doctors (and applicants cannot always gain a place with top grades).

Solent NHS Trust provides a careers programme on behalf of the ICB with guest speakers at primary and secondary schools. They are happy to support outreach work.

Councillor Winnington thanked Professor Hoskins for her update. Councillor Vernon-Jackson was very excited about the proposed school. Medical schools make a significant difference to their communities. The council is happy to lobby in its favour as Portsmouth does best when it speaks with one voice.

RESOLVED that the Health and Wellbeing Board note the update.

28. Portsmouth Safeguarding Adults Board - Homelessness Thematic report (AI 5)

David Goosey, Independent Chair of the Portsmouth Safeguarding Adults Board, introduced the report. He confirmed homeless day services operated all year round.

The Board commended the review, which was an emotional read and a powerful way to tell stories. It spoke to the Health and Wellbeing Strategy as well as Portsmouth residents. The risk of homelessness is greater in the current situation and it is an opportunity to place the circumstances faced by homeless residents on the health inequality agenda. The links with drugs and alcohol are obvious and what is striking is the "story behind the story", for example, childhood abuse, which is worth remembering.

Mr Goosey agreed with the finding that the four men in the review were left to access and refer themselves to services. A PSAB workshop had considered this point in that the men were signposted to services but did not access them. A key theme to work on is what agencies can do to get frontline staff to do a bit extra to ensure people access services.

The Board noted that some homeless people felt safer in a hostel than a hotel so hotels are not necessarily what they want; organisations should not make assumptions on their behalf. The Office of the Police and Crime Commissioner is adamant about using trauma informed approaches and urges organisations to see how they weave them into their work. The Director of Housing, Neighbourhood & Building Services had shared the review with staff. There is now accommodation better suited to the needs of the homeless and support at the point of need. The council and its partners are consulting on the homelessness strategy with a view to merging it with the rough sleeping strategy to ensure a more seamless service to residents.

Councillor Winnington thanked Mr Goosey for the in-depth review. It had examined a particular point in time from which we have moved on. He proposed adding a recommendation recognising the work taking place on referrals by the PSAB and within the local health and care system. As a support worker he saw how people can feel lonely, ashamed and isolated from everything and unable to talk to anyone about childhood issues.

RESOLVED that the Health and Wellbeing Board

- 1. Note the findings and recommendations from the Thematic Review.**
- 2. Write to the Hampshire and Isle of Wight Integrated Care Board (HIOW ICB) to request that the ICB review the health-related actions in the action plan and consider whether these actions are relevant across the HIOW ICB.**
- 3. Ask the HIOW ICB to consider the provision of care and support to residents of HIOW who are homeless as part of the ICS responsibility for acting to minimise health inequalities, and request the ICB**

confirm to the Portsmouth HWB Board the actions the ICB intends to take.

4. Recognise the work taking place on referrals by the PSAB and within the health and care system.

29. Health and Wellbeing Strategy - Tackling Poverty (AI 6)

Helen Atkinson, Director of Public Health, introduced the report, pointing out the increase in the number of children living in relative low income families (77.6% of which are in work) and the variation between wards. The cost of living crisis has exacerbated existing inequalities. There is anecdotal evidence of children not attending school as they do not have uniform or equipment. Tackling poverty is the first of the five themes in the Health and Wellbeing Strategy to report to the Board but they are all linked. The development session on 12 October will comprise a formal meeting followed by a workshop, where each organisation provides examples of work they are already doing; any examples not yet received need to be sent to Ms Atkinson and Mr Gummerson.

Ms Atkinson acknowledged the work of Mark Sage, Tackling Poverty Co-ordinator. Although much work is already happening poverty seems such a huge issue and it can be hard to identify actions. However, many Board members are major local employers so before 12 October they could consider if they pay the living wage, provide sufficient hours, offer flexibility around other responsibilities and opportunities to progress and lift themselves up. Solent NHS Trust gave a good example earlier today of working together. The October session will focus on the cost of living crisis. Mark Sage and the Tackling Poverty Steering Group have worked on the cost of living checklist and how to identify residents most at risk because of health, care or other needs. Work will continue as winter approaches on how the Board can work with, for example, Switched On Portsmouth and the Hive.

The Board thought it was good to have an action plan with smaller scale actions everyone can do. There is considerable support available but people are not always accessing it so it could be shared with the wider membership, for example, displaying information on staff noticeboards on sources of help. Public Health are developing a strong communications plan as even those who work in the public sector do not always know about the support available. There will be single points of access where residents can find out about help. Conversations are also taking place with Health & Care Portsmouth. The Board said that although some residents will need help for the first time and a structure and a plan are necessary, services need to avoid overplanning and should be open to flexibility.

James Hill thanked the Board for recognition of Mark Sage's work. Although his work mainly helps council tenants (he is funded by Housing) perhaps the council and partners could better target resources to avoid duplication. Quick wins are not always the smartest solution. David Williams noted communications and data capture were designed to glean as much insight as possible to share with other agencies as they can learn a lot from each other, for example, GPs' own checklist which will reach more people.

Councillor Winnington recorded his thanks on behalf of the Board to Mark Sage. The link between poverty and issues like those described in the Homelessness Thematic review cannot be underestimated and if poverty can be addressed collectively that would help prevent issues arising in adulthood. He hoped to see everyone on 12 October.

RESOLVED that the Health and Wellbeing Board note the report.

30. Public Health Annual Report (AI 7)

Helen Atkinson, Director of Public Health, introduced the report. She acknowledged the work of Matthew Gummerson and his team in building the insight, intelligence and research function, which has produced a strong Joint Strategic Needs Assessment (JSNA), as it is important to understand the population's needs. Therefore, this year's annual report is based on the JSNA. Mr Gummerson showed some examples of infographics used to illustrate data in the Executive Summary which is available on the PCC website along with the full report. More detail on specific areas is available on request.

Councillor Winnington thanked Ms Atkinson and Mr Gummerson. The annual report has a big impact on services and is a useful tool for helping the council make the best use of its resources. The team's intelligence information was a great help to the council during Covid.

RESOLVED that the Health and Wellbeing Board note the report.

31. Pharmaceutical Needs Assessment (AI 8)

Matthew Gummerson, Head of Strategic Intelligence & Research, introduced the report, noting that while the Pharmaceutical Needs Assessment (PNA) was being prepared two consolidation requests (to move from two sites to one) had been received. The Board's response was submitted to NHS England but no decision has been made yet so is not reflected in the current PNA. If agreed, the Board can issue a supplementary statement in the light of any changes.

Councillor Vernon-Jackson had a briefing with one of the big pharmacy companies where issues with contracts were highlighted. About 90% community pharmacy income comes from the NHS which is cash-limited so is not inflation proof. By the end of 2024 about 75% could shut as they are not economically viable, which is very worrying in view of the huge pressure on GPs. In Scotland all new pharmacists are qualified as dispensers so can issue prescriptions and Wales is likely to follow suit. Councillor Vernon-Jackson proposed four amendments which are in keeping with the consultation responses:

Section 1.2

- After paragraph 1 add another one: "As a city with the worst of patients per GP ratio across the country pharmacy services are a crucial part of primary care services across the city."
- End of paragraph 2 - change the full stop into a comma and add "and there should be no reduction in pharmacies."

- Bullet point 4 - amend to show that a 20-minute walk does not apply to people with limited mobility.

Section 1.3

- Bullet point 3 - change "could" to "would" in the second sentence.

The Board agreed the proposed amendments in general terms with Matthew Gummerson to ensure these are appropriately worded in the final PNA.

Jo York had spoken to Simon Cooper, Director of Medicines Optimisation, about pharmacies. Delegated authority for commissioning pharmacy, optometry and dentistry services has moved from NHS England to the Integrated Care Board (ICB) and is continuing to develop. Contracts are being reviewed but there is unlikely to be the level of closure mentioned above. The ICB will continue to raise concerns as pharmacies are essential for supporting self-care and removing pressure from GPs. Decisions to close cannot just be a business decision. All new pharmacists, including in England, will be accredited prescribers with effect from 2026 but it is a complicated issue. Ms York can provide more information.

As a carer, Councillor Horton said that the proposal to close a particular pharmacy would remove her relatives' independence, which in turn would worsen health. Pharmacists know their customers' needs so closing pharmacies may have unintended consequences for health and finance.

Helen Atkinson said it was helpful that commissioning was moving to the ICB as it can use local intelligence to make decisions. Community pharmacies are independent businesses and like other small businesses will be impacted by workforce shortages and the cost of fuel. The Board needs to think how it can support them as it supports all small businesses and to consider pharmacies when considering the health workforce and the population's health needs.

With regard to pharmacies being refused permission to open in some locations because of possible competition, Ms York explained it was a complicated issue and big chains are a big threat to small businesses generally. However, moving forward there will be more opportunity to influence and have a level of control over decisions.

David Williams advised the Board to check that the proposed amendments could influence the role of strategy in decision making. It was helpful to get delegation from the Board to check the amendments are going to enable it to secure its aims. Then the amendments can be referred to the ICB for their awareness.

Councillor Winnington thanked Councillor Vernon-Jackson for his comments and agreed that delegation to the ICB could be helpful.

RESOLVED that the Health and Wellbeing Board approve the final Pharmaceutical Needs Assessment 2022 as set out at Appendix A and with the amendments proposed by Councillor Vernon-Jackson.

32. Better Care Fund Plan 2022/2023 (AI 9)

Jo York, Managing Director, Health & Care Portsmouth, introduced the report. The Plan is an annual event but fairly little changes each year. A considerable amount of funding is spent on services that are the core element of delivery to prevent hospital admissions and support early discharge. It includes funding for Portsmouth Rehabilitation & Reablement Team and services such as Spinnaker Ward. As integration is strengthened changes to the schedule will be reflected more clearly, for example, Safe Space will move to the health and wellbeing schedule, and some mental health services will move. Two other pieces of work are taking place: one on the Southsea Unit and consolidation of the Jubilee Unit; one with the Hive, Red Cross and Salvation Army to strengthen voluntary sector support to prevent hospital admissions and embed voluntary services within statutory ones.

RESOLVED that the Health and Wellbeing Board

- 1. Approve the Portsmouth Better Care Fund plan for 2022/23, to be submitted to NHS England and Improvement (NHSE/I) by 26 September 2022.**
- 2. Note work ongoing to support integrated health and care provision that is funded via the BCF.**

Councillor Vernon-Jackson joined the meeting at 11.21 am.

33. Autism and Neurodiversity (AI 10)

Clare Rachwal, Deputy Head of Service, Market Development and Community Engagement, gave a presentation about a project run with the Portsmouth Autism Community Forum (PACF) on how Autistic and Neurodivergent (AND) people experience public services, to identify gaps in service provision and to create a new strategic plan. There is a lack of accurate data around the prevalence of autism and neurodivergence in the population due to a variety of factors including under-diagnosis but research suggests that between 1-3% of the population are autistic. Autistic people are at double the risk of early death, have a significantly higher suicide risk and are the least likely of people with disabilities to be in work. The wait for diagnosis is currently over two years and there is a lack of support leading up to and after diagnosis. With regard to access to support people are often signposted around different services, and very often do not receive the support needed. During the course of the project many people reported that interactions with adult mental adult health services can be traumatising and exacerbate existing problems.

Themed recommendations include increased support for transition from children's to adults' services (a transition lead has started with PCC), a new one-stop-shop at the Charles Dickens Centre, new mandatory training for health and social care staff. Stigma and labelling people need to be avoided as this cohort is not often well understood. Ms Rachwal has been supporting the mental health transformation work to ensure services are inclusive. Projects include support into employment, a peer group and art sessions. However, they are either short-term funded or not funded at all. The council is seeking funding for some of them. Change can happen by individuals and

services scrutinising themselves to improve their knowledge, understanding and acceptance.

Mr Biddle noted Veronica Price (PACF Chair) is an essential contributor to this work and would have joined the meeting today had she been available. It is important work is carried out in conjunction with people with lived experience which Adult Social Care is using to shape its action planning. It is taking a lead from Children's Services by moving away from a focus on diagnosis; if someone needs support then diagnosis is irrelevant. It will not cost much but is a short-term move.

Helen Atkinson agreed, noting there has already been much applicable research. Often services focus on needs other than physical needs. It is known that vulnerable groups are more likely to adopt unhealthy behaviours which are often not dealt with so lead to physical health problems. Making every contact count (brief interventions) is important. Being in a workplace is the best for mental and physical health, which links to today's discussion on poverty.

Councillor Horton asked whether it was a matter of neurodivergence increasing or not being diagnosed. Sometimes it could be generational so perhaps families could have wraparound support.

Superintendent Jenkins said the police had 30 Autism Ambassadors across Hampshire and the Isle of Wight. A virtual training session shows how to support and communicate with AND people and make the environment suitable for them. Structure is often lost in the transition to adult services.

Jo York thought the report was hard-hitting and necessary. It needs to be seen how much transformation work is linked up properly. The ICB is keen to work with the PACF.

Ms Rachwal said prevention is at the core. Understanding is key to seeing what the differences are that present problems. It is hoped to see fewer people coming to mental health services. There are links with physical health and genetic conditions but they are not very well understood. Some physical health services are seeing a higher prevalence of AND. Some interventions do not work with AND people as pathways are too rigid. Other services are hugely interested in the project as people they work with have neurodivergent conditions such as ADHD. Tailoring the approach to the individual is what matters. It is about being aware of the prevalence of AND and having understanding in the workforce to enable better support.

The Board agreed communication is key so employers need to make time for staff to communicate with services which could prevent problems.

David Goosey said the report emphasises areas of grey as it is not always clear who has AND. It might be that someone is not "difficult" but has adverse trauma or an underlying condition. Ms Rachwal said services sometimes undervalue what can be achieved. Sometimes people have had negative public sector experiences; they may be expected to change but behaviour

change theory is not well understood. Change appears different to people with AND so different approaches are needed to effect it.

Councillor Winnington thanked Ms Rachwal for the report which was a wake-up call to do the best for AND people. The power of peer support cannot be underestimated. The employment figures are stark so attitudes and stigma need to change; so many older people with AND have no expectation of employment.

RESOLVED that the Health and Wellbeing Board note the update.

Link to the presentation is here

[Agenda for Health and Wellbeing Board on Wednesday, 21st September, 2022, 10.00 am Portsmouth City Council](#)

34. Health & Wellbeing Board - Revised Terms of Reference (AI 11)

Kelly Nash, Corporate Performance Manager, introduced the report, explaining that the revised terms of reference (TOR) reflect changes in the membership and the relationship with the ICB. The TOR will go to the Governance & Audit & Standards Committee for inclusion in the council's constitution. One amendment is inclusion of the Serious Violence Duty and there is a requirement to include the Combatting Drugs Partnership, who will attend the next meeting. More significant changes may be needed when final government guidance is issued.

RESOLVED that the Health and Wellbeing Board

- 1. Note the proposals in the draft guidance on Health and Wellbeing Boards and the response from the Joint Chairs at Appendix 1.**
- 2. Agree the revised constitution at Appendix 2.**

35. GP Summit update (AI 12)

Jo York, Managing Director, Health & Care Portsmouth, introduced the update report on the GP summit held on 4 August.

Councillor Vernon-Jackson thanked Ms York and her team. Some very interesting points had arisen from the summit which need following-up with a wider invite. The proposed medical school is a long-term solution as it will "grow our own" and its students are likely to stay in the area as other students often do; likewise, primary care can adopt the recruitment methods used by the PHUT. However, there are issues such as GPs retiring early because working longer adversely affects their pensions; the Home Office is not issuing visas for medical staff who want to stay here; the requirement for a post-graduate qualification to train GPs deters existing ones. Everyone can make a difference to provide the care everyone wants.

Councillor Winnington said the summit was a worthwhile event. Colleagues from Fareham and Southampton were included as there were needs in the areas covered by the former CCGs. Integrated working is important as effective solutions can be shared. Ms York added there was joint working with Health Education England and the ICB. The visit to a practice helped raise

understanding of the challenges faced on both the professional and public side.

RESOLVED that the Health and Wellbeing Board note the report.

The next meeting is on Wednesday 23 November at 10 am.

For reference the dates for meetings in 2023 are 15 February, 28 June, 27 September and 29 November (all Wednesdays at 10 am).

The meeting concluded at 12.15 pm.

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Councillor Matt Winnington and Dr Linda Collie (Chair)

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Agenda Item 4

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)



Portsmouth
CITY COUNCIL

Title of meeting:	Portsmouth Health and Wellbeing Partnership Board
Subject:	Violence Against Women and Girls (VAWG); Strategy and Delivery
Date of meeting:	23 rd November 2022
Report by:	Caroline Hopper, Corporate Projects Manager, The Executive
Wards affected:	All

1. Requested by Councillor Fazackarley

2. Purpose -

To update the Board on the local response to this agenda, following the publication of the national strategy.

3. Information Requested

3.1 Summary: VAWG is a topical issue with many stakeholders. In the last year, a national strategy has refreshed the focus on the agenda bringing together the spectrum of offences for the first time. It is noted that locally there are several existing arrangements for responding to VAWG with independent governance structures and that strengthening connectivity between arrangements is an area for further exploration. It is also noted that further consideration will be given about how best to draw in other relevant workstreams to help create the societal step change required.

4. Background to this report: There has been an increased focus nationally on the prevalence of Violence Against Women and Girls (VAWG). The term VAWG has come to embody a range of unacceptable and damaging behaviours; including rape and other sexual offences, stalking, domestic abuse, 'honour-based' abuse (including female genital mutilation and forced marriage and 'honour' killings), 'revenge porn' and 'upskirting'. Whilst men can also be victims of these behaviours, women and girls are disproportionately affected, and the term VAWG is used to refer to all victims of these offences regardless of the gender of the victim. The National VAWG strategy, published in July 2021, is overarching, with the ambition of reducing the prevalence of violence against women and girls, and improving the support and response for victims and survivors¹. The strategy recognises that VAWG is a

¹ Tackling violence against women and girls strategy, Home Office, July 2021 [Tackling violence against women and girls strategy - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97441/tackling-violence-against-women-and-girls-strategy-july-2021.pdf)

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societal issue that can only be addressed through a concerted and multifaceted approach. This Strategy has been followed by a dedicated and complementary national Domestic Abuse Strategy and Action Plan, along with a refreshed National Statement of Expectations to help those responsible for commissioning services do so effectively². Within all of this, there are shared themes:

- Put the victim/survivor at the centre
- Have a clear focus on perpetrators
- Take a systemic approach
- Acknowledge the gendered nature of VAWG
- Raise awareness, engage, and empower communities to prevent VAWG

5. Snapshot of VAWG in Portsmouth:

- There have been increases in sexual offences, since 2019/20, although some of these increases may be driven by improved recording, increased reporting, or police activity³.
- Sexual offences are committed at all times of the day/night, with reports increasing from mid-afternoon through to the early hours of the morning (3pm-2am).
- There are no strong geographical patterns for harassment and stalking, reinforcing that woman and girls are subjected to these types of behaviour when going about daily life. High Streets and areas with hospitality venues showed higher numbers of reports
- Domestic abuse continues to be the largest driver of violent crime, accounting for 44% of assaults recorded by police.
- There is some evidence that some victims/survivors of domestic abuse may be experiencing more and frequent incidents, while there has also been a reduction in charges and domestic abuse cases heard at court, highlighting the need to focus on holding medium and high-risk perpetrators to account.
- Data is showing a positive increase in awareness of unhealthy and abusive relationships, with the continuing success of the campaign 'Is This Love'
- The Community Safety Survey 2022, the best measure of resident's views on levels of ASB and crime in the community, identified a higher proportion of women felt unsafe in certain parts of the city, than men⁴.

² Tackling Domestic Abuse Plan, Home Office, March 2022 <https://www.gov.uk/government/publications/tackling-domestic-abuse-plan>

³ Community safety plan, strategic assessment, research and analysis programme, performance monitoring. The Strategic Assessment Update September 22

⁴ Violence Against Women and Girls - Findings from the Community Safety Survey 2022, Portsmouth City Council Cabinet paper, September 2022.

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6. Local response: Within the Portsmouth area there are several existing arrangements for responding to VAWG with their own governance structures:

Hampshire Constabulary Portsmouth District, Tactical Plan 2022-2023 sets out the Police's response to VAWG crime following three pillars: Improve Trust and Confidence in Policing, Pursuit of Perpetrators and Safer Spaces. Within this plan there is a focus on learning from and working with partners to establish a strong 'call it out' culture that encourages community upstanding and raises awareness, whilst also being proactive about identifying those who pose risk, monitoring risk and a systemic approach to offender management⁵. This plan is overseen by the Portsmouth District Police Commander.

The Portsmouth domestic abuse strategy aims to ensure that everyone in the city, especially young people, understand what a healthy relationship looks like, know where to get support, for as long as required, and those perpetrating unhealthy or abusive behaviour are held to account and supported to change. The accompanying plan is systemic and multiagency working with health, police and voluntary sector providers, focusing on identification, assessment, reducing risk through intervention and raising awareness. Governance for this strategy is via the Health and Wellbeing Board.

Portsmouth has benefited considerably from Safer Streets funding. Safer Streets links the community safety strategy with regeneration and infrastructure work. It delivers behavioural and situational measures that challenge underlying social norms that create the context for criminal activity and builds local capacity to respond as a key mechanism to improving feelings of safety. Safer Streets 4 in 2022/23 will see the continuation of initiatives including active bystander training, peer mentorship work in schools, and on-going development of a network of safe spaces across the city. This work is being undertaken in partnership with the neighbouring authorities of Gosport, Fareham, Havant and the Isle of Wight. Governance for Safer Streets is via the Hampshire Office of the Police and Crime Commissioner (OPCC) Executive Board.

Whilst each of the above arrangements are distinctly separate, they are connected operationally through lead officers, and key partners, such as the police and the Council, are represented within each's governance arrangements.

7. Other supporting Activity:

In recognition that no one organisation can tackle VAWG alone, in 2021 the OPCC launched a multi-agency task group to tackle VAWG across Hampshire and the Isle of Wight. This task group has membership from the Police, Local Councils, and voluntary sector providers. This group is focused on building a problem profile, increasing confidence to report, expediting legal process, prevention and managing offenders.

The Council, OPCC and some other local organisations have signed up to White Ribbon. This agenda is about long-term culture change in the community and in leading organisations like the Council. It focuses on engaging men and boys, shifting the focus away from women's responsibility to keep themselves safe to men and boys taking responsibility for unhealthy or

⁵ Hampshire Constabulary, VAWG Tactical Plan, July 2022

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violent behaviour. International White Ribbon Day occurs annually on 25th November, whilst the White Ribbon accreditation is an ongoing piece of work.

In 2021, aligned to the National VAWG strategy, Transport Champions were appointed to consider how the transport network in the UK could be improved to better protect women and girls. Transport Champions for tackling VAWG report published by Transport for West Midlands sets out 13 recommendations. These recommendations provide a good steer in respect of designing out crime within business-as-usual activity. An update to the Government's Manual for Streets, which sets out design standards for the road network, is also expected as part of the VAWG strategy.

8. Emerging success:

- From 1st July 2021 a new contract was awarded to Stop Domestic Abuse combining three separate domestic abuse services into one therefore improving response options to victims. One example of this is being able to work with the whole family when safe to do so.
- 16 venues have been trained as 'We Stand Together' venues, and hundreds of people working in the Night-time Economy (NTE) have received active bystander training via Police Licencing and Safer Streets Community in Motion. Across the city, the Police are seeing an increase in premises recognising sexual misconduct as an issue and numerous similar incidents where staff safeguard victims and challenge perpetrators.
- Op Rigging patrol strategy within the NTE has enabled, large number of vulnerable people safeguarded each night, partnership work around street pastors and safe space to protect the vulnerable, and identification of risk individuals to prevent further harm and divert perpetrators away from causing harm. There has also been effective use of Community Protection Notice Warnings since June 2021 to reduce the risk perpetrators pose to the vulnerable people, which are monitored with notices being issued for those who are repeat perpetrators.
- Safer Streets has enabled investment in additional CCTV, lighting, and community art to improve feelings of safety and natural guardianship in some public footpaths including Cosham underpass and Belmont Path. There have been no instances of criminal activity, including VAWG crime reported in these places following improvements.

9. Conclusion:

It is noted that in Portsmouth work in partnership through the Police's Tactical Plan, the Domestic Abuse Strategy, Safer Streets, and other activity such as White Ribbon is addressing some core elements of the agenda. Each element is working well in its own system, and there is some connection through lead officers and governance membership. It is noted that there is potential for a more connected response to coordinate activity and ensure communication with the public is coherent and maximised. Exploring this could be undertaken alongside a review of existing

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plans, as a useful next step. The VAWG task group established by the OPCC has started to join up different pieces of work regionally. VAWG is a broad and complex agenda, which by its nature extends past traditional delivery boundaries of community safety. It is noted that if all avenues within the Government's ambitious VAWG strategy are to be addressed, we will need to find a way to bring in other relevant agendas including education, regeneration, culture, and leisure, as all have an equally pervasive role in creating the step change in cultural norms required.

.....
Signed by Paddy May, Corporate Strategy Manager

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
Community safety plan, strategic assessment, research and analysis programme, performance monitoring. The Strategic Assessment Update September 22	Corporate Strategy
Hampshire Constabulary, VAWG Tactical Plan, July 2022	Corporate Strategy
Tackling violence against women and girls' strategy, Home Office, July 2021	Tackling violence against women and girls strategy - GOV.UK (www.gov.uk)
Tackling Domestic Abuse Plan, Home Office, March 2022	https://www.gov.uk/government/publications/tackling-domestic-abuse-plan
Violence Against Women and Girls - Findings from the Community Safety Survey 2022, Portsmouth City Council Cabinet paper, September 2022	Democratic Services

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Agenda Item 5



Title of meeting: Health & Wellbeing Board

Date of meeting: 23rd November 2022

Subject: Community Safety Survey 2022 - Key Findings

Report by: Sam Graves, Community Safety Analyst
Matt Gummerson, Head of Strategic Intelligence

Wards affected: All

Key decision: No

Full Council decision: No

1. Purpose of report

- 1.1 To present the main findings of the Community Safety Survey 2022. This item is for information only.

2. Recommendations

- 2.1 It is recommended that the Health & Wellbeing Board:
- (i) Use the findings of the Community Safety Survey to guide evidence-based day to day decision making and resource allocation.

3. Background

- 3.1 The Community Safety Research team, now part of the Public Health Intelligence team, have undertaken a face-to-face survey with residents on behalf of the Safer Portsmouth Partnership every two years since 2012. This survey is an opportunity to consult directly with residents and allow them to tell us about their views and experiences of crime and anti-social behaviour (ASB). It is also an important source of data, as it does not rely on residents having reported crimes and ASB to the police or other agencies.
- 3.2 Trained fieldworkers conducted structured interviews with a broadly representative sample of 1,255 Portsmouth residents at various locations across the city in February and March 2022. The full report of the findings was shared with key stakeholders, including Cabinet as an appendix to the report on Violence Against Women and Girls presented on 27th September. The Executive Summary, attached

as Appendix A, is also available on the Safer Portsmouth Partnership website: [Executive Summary \(saferportsmouth.org.uk\)](https://saferportsmouth.org.uk) along with the full report: [Survey \(saferportsmouth.org.uk\)](https://saferportsmouth.org.uk)

- 3.3 These findings form part of the annual update to the Strategic Assessment of Crime, ASB, Substance Misuse, and Re-offending that is also being presented at this Health and Wellbeing Board meeting. The survey findings have been presented to most council directorates as part of discussions about how they can support community safety priorities as part of council's duties to consider crime, disorder and community safety in all their activities under the Crime and Disorder Act 1998 (section 17).

.....
Signed by:

Helen Atkinson, Director of Public Health

Appendices:

- (i) Appendix A - Portsmouth Community Safety Survey 2022 - Executive Summary

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



Portsmouth Community Safety Survey 2022 Executive Summary

June 2022

Introduction

The Community Safety survey is carried out every two years, with trained fieldworkers conducting face-to-face structured interviews with Portsmouth residents in various locations across the city. The fieldwork for this survey took place in February and March 2022.

This survey is an opportunity to consult directly with residents and allow them to tell us about their views and experiences of crime and anti-social behaviour (ASB). It is also an important source of data, as it does not rely on residents having reported crimes and ASB to the police or other agencies.

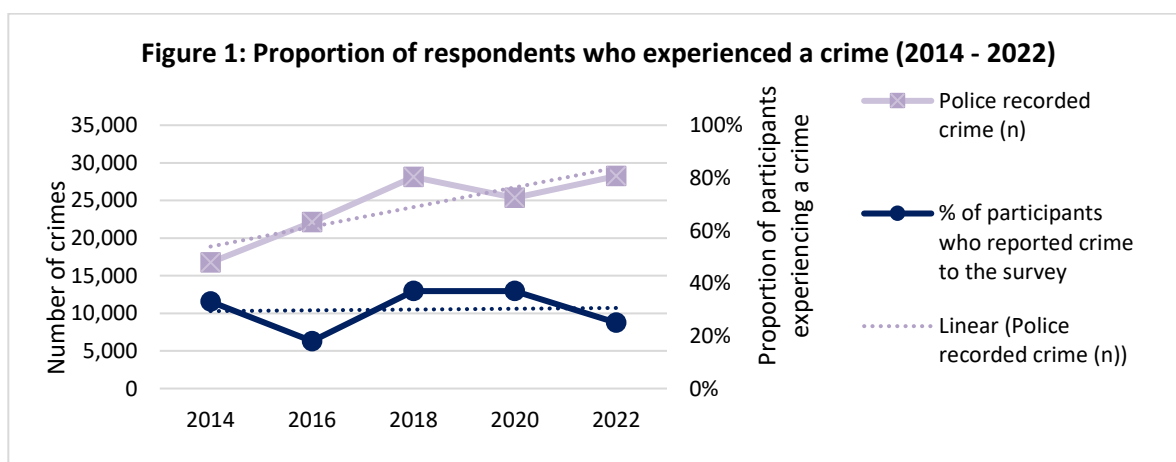
Demographics & Statistical Significance

This is a robust survey; **1,255 Portsmouth residents participated**, and the participants were broadly representative of Portsmouth's population. This allowed for statistical analysis for some of the key questions that we have been asking since 2014. Where there were statistically significant changes, these are referenced in the main text, but more details can be found in Appendix 2.

Victimisation

A quarter of participants reported that they had been a victim of at least one crime in the previous 12 months (excluding online crime), which is a significant reduction from the 2020 survey (25% compared with 37%). However, it is likely that this lower level of victimisation is at least partially due to changes in behaviour brought about by Covid-19 related restrictions and **has been offset by an increase in online crimes.**¹

Despite the lower victimisation rate compared with 2020, **the overall trend since 2014 has been fairly stable**, contrasting with police recorded crime levels which have been increasing during this time period. This indicates that the increases in most types of crime reported to the police over this period are likely to be due to changes in the way crime is recorded, rather than genuine increases in crime (Figure 1).



¹ While the reporting period does not include lockdowns, restrictions were still easing in the first couple of months up until May 2022, and it has taken some people longer to go back to their previous lifestyle behaviours.

This survey found that **people with mental health issues were more likely to be victims of crime** than those with other or no disabilities, which is also consistent with other research.² Conversely, those aged over 75 years / retired were less likely to be victims of crime.

Crime Reporting

The most common crimes reported to this survey were: threats/intimidation (7.2% of participants), phishing resulting in money or data stolen (4.9%) and online fraud (4.8%). This compares to 12.1% of respondents being a victim of threats/intimidation in 2020. While online crime has increased, **most other types of crime reported to this survey have reduced or remained stable since 2020.**

This **supports 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. However, the way this information has been collected has changed this year, so it is not possible to directly compare the volume of online crime reported to previous surveys with this survey.

This survey found that only just over half (**58%**) of crimes of crimes experienced by participants were reported; with most being reported to the police (**49% of all crimes disclosed**) rather than any other agency. This is higher than the previous survey in 2020 (46%) but the same level as in 2016 (58%).

A separate question about online crime was included in the survey for the first time this year. A similar proportion of online crime was reported (59%), although online crime was mostly reported to banks (42%) or the relevant company/website (30%), and only 22% was reported to the police.

Knife Crime

Almost half of the participants thought knife crime was a problem in Portsmouth (46%) which is a 5 percentage point³ increase from 2020, although most held these beliefs because of what they had seen in the news or on social media, or heard from others. **Despite the increase in the perception of knife crime being a problem, the proportion of participants having witnessed, or experienced knife crime was similar to 2020:**

- Seen someone carrying a weapon (10%)
- Witnessed knife crime (4%)
- Experienced knife crime (1%)

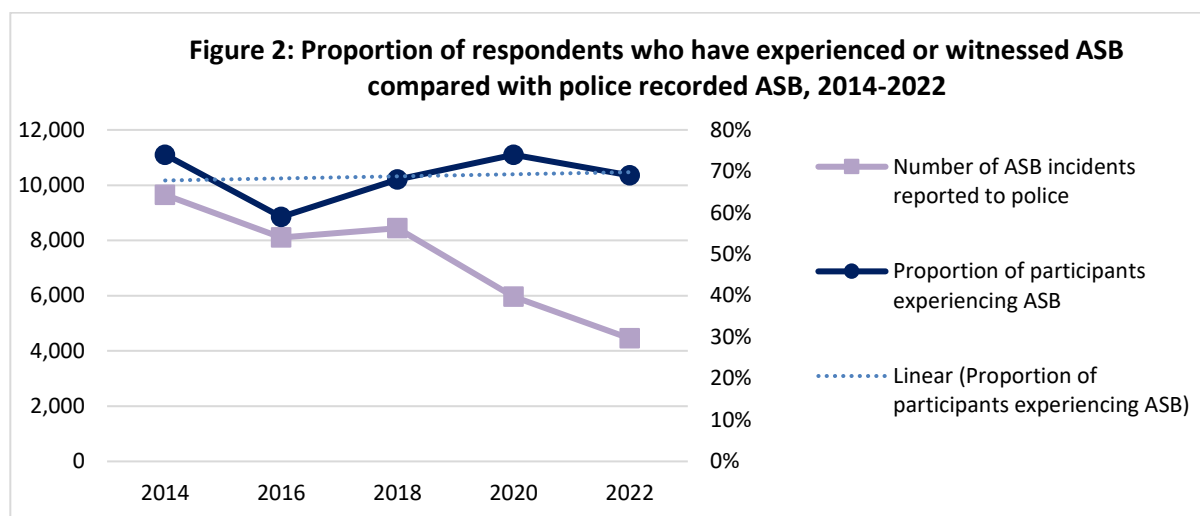
While this survey found that knife crime has not increased since 2020, knife crime continues to be visible in the community and continued focus on knife-enabled serious violence is recommended.

² See [Final-Strategic-Assessment-2020-21-09.12.21-Public.pdf \(saferportsmouth.org.uk\)](#)

³ A **percentage point** is the unit for the arithmetic difference of two percentages. For example, moving up from 40 percent to 44 percent is an increase of 4 percentage points (but a 10-percent increase) in the quantity being measured.

Anti-Social Behaviour

Levels of **ASB reported to this survey have been fairly stable overall since 2014**, contrasting with the reducing trend seen in police recorded ASB (Figure 2).



This continues to support the view that levels of ASB have not changed but instead residents are less likely to report it to the police. This may not necessarily be a negative thing if residents are reporting to other agencies instead.

The most reported ASB issues to this survey were:

- People hanging around (19%),
- People using/supplying drugs (18%), and
- Noise in the street (15%).

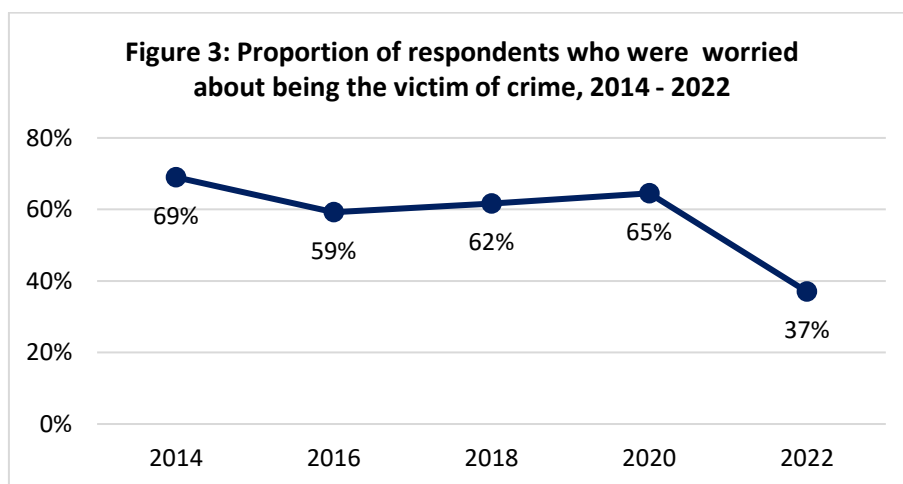
While the proportion of participants reporting drug misuse has reduced (from 21% in 2020) levels are still much higher than 2018 or earlier, showing that this is still an issue for our residents.

Although percentages cannot be directly compared because the methodologies are different, the Crime Survey of England and Wales for 2019 found **the second most commonly experienced or perceived behaviour was 'people using or dealing drugs' which shows that this is a national issue, and not unique to Portsmouth, and may correlate with reductions in funding for drug treatment.** The comparison of the two surveys demonstrates that the ASB experienced in Portsmouth is broadly similar to the national picture, but that **street drinking and intimidating behaviour are perceived to be causing more issues locally** than nationally.

The **largest increase was seen in the category of traffic issues**, which includes a variety of behaviours such as people cycling on pavements, parking inconsiderately, using streets as rat runs, and more recently E-scooters used in a way that causes a nuisance. Additionally, when the 'other' category was analysed, **E-scooters were mentioned by 4.9% (n61) respondents making it a notable additional ASB issue for residents.**

Fear of Crime

Fear of crime has reduced substantially, with 37% (n794) worried about being a victim of crime in 2020, compared to previous years where between 60-70% were worried (Figure 3).



This could be due to a change in patterns of behaviour during the pandemic, with many more people working from and spending more time at home. Additionally, during lockdown periods, some communities pulled together, and some people looked out for their neighbours more than usual. This sense of community may have had a positive effect on fear of crime. However, this increase is likely to be temporary and caution should be taken when interpreting this result.

Just over half of participants (54%) said there were areas of Portsmouth they avoided because they felt unsafe. Women were more likely to feel unsafe than men (64% and 44% respectively), and the likelihood of feeling unsafe was also higher for those who were sick/disabled (65%).

Somerstown and Buckland are the areas where the most people felt unsafe or were avoided (16% and 12% respectively). **This has been the case for the last twenty years.** While this is largely due to a 'bad reputation', there are currently also **concerns about groups or gangs, dodgy people and drug use or dealing.**

The City Centre did not rank in the top ten most unsafe areas prior to 2014 but was identified as the third or fourth most unsafe/commonly avoided area from 2016 onwards and for similar reasons to Somerstown and Buckland.

Women's Safety

There was a request raised at the extraordinary City Council meeting on 7th December 2021 for a Safety Audit to allow Portsmouth residents to share their views about how public lighting and CCTV could be improved to promote safer streets and a safer public domain for women and girls. It was decided that the final Community Safety Survey questions could be amended slightly to enable the survey to collect this information.

The places that **women most avoided or felt unsafe** were similar to those mentioned by males, although generally a slightly higher proportion of women felt unsafe in these areas than men: **Somerstown (19%), City Centre (13%) and Buckland (12%) were the most commonly mentioned**

areas. Most participants reported feeling unsafe or avoiding neighbourhood areas and very few women specified particular roads or locations.

Overall, most female participants felt unsafe because they had heard that these areas had a **bad reputation**, although some participants provided more concrete reasons such as **drug issues, a high crime rate, groups or gangs hanging around or poor lighting**. This, together with the fact that residents have reported feeling unsafe in these areas since the survey began 20 years ago, means that there is scope for doing further work to improve the reputation of these areas, alongside work to tackle drug misuse and crime.

Overwhelmingly female 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**.

The Police and Crime Commissioner for Hampshire has committed to recruiting an extra 600 officers across Hampshire to improve police visibility reduce crime, although it will take time before all the new officers complete their training and are deployed. There has also recently been a review of, and improvements to, lighting and CCTV in the city as part of the Safer Streets Initiative,⁴ so it is recommended that the findings of this survey are used as part of an evidence base for any further, targeted infrastructure work in the identified areas and for more positive communications to try and reduce the reputational issues.

⁴ See Appendix 6 in the main report for a summary of Safer Streets Work

Agenda Item 6



Title of meeting: Health & Wellbeing Board

Date of meeting: 23rd November 2022

Subject: Partnership Strategic Assessment of Crime, Anti-social Behaviour, Reoffending and Substance Misuse: Update for 2021/22

Report by: David Williams

Written by: Sam Graves, Community Safety Analyst

Wards affected: All

Key decision: No

Full Council decision: No

1. Purpose of report

- 1.1 Community Safety Partnerships have a statutory requirement to produce an annual strategic assessment (or update) as well as a three-year partnership plan (refreshed annually). This document fulfils the obligation to produce the strategic assessment and informs the refresh of the partnership plan.
- 1.2 The '*Partnership Strategic Assessment of Crime, Anti-social Behaviour, Re-offending and Substance Misuse: Update for 2021/22*' provides an update on crime trends and serious violence, identifies any emerging issues, and reviews the community safety priorities.¹
- 1.3 Taking the updated crime data into consideration, it is recommended that the priorities identified in 2020/21 remain largely the same, with the inclusion of an additional focus on violence against women and girls as part of the first priority. This is to reflect the national and local focus on this work.
 - (i) Tackling violent crime, continuing to focus on **violence against women and girls**, domestic abuse, knife-enabled violence, and sexual violence
 - (ii) Tackling drug-related harm, with a focus on increasing access to treatment and closer working across physical and mental healthcare.
 - (iii) Early identification of and interventions with children and young people at risk of exploitation or abuse, of misusing substances and of offending

¹ For the full wealth of data and analysis please refer to the full Strategic Assessment for 2020/21 at [Strategic Assessments - Safer Portsmouth](#) or contact the community safety researchers directly - csresearchers@portsmouthcc.gov.uk

- (iv) Improve accessibility and capacity of mental health provision for children, young people, and adults.
- (v) Increase the awareness of cyber-related harm and how it impacts service users.

2. Recommendations

- 2.1 It is recommended that the Health & Wellbeing Board:
- (i) Amend the first priority to include a focus on violence against women and girls.
 - (ii) Use the information in this strategic assessment (and the previous 2020/21 version) to guide evidence-based day to day decision making and resource allocation.

3. Background

- 3.1 The Safer Portsmouth Partnership was incorporated into the Health and Wellbeing Board in June 2019. The constitution of the board was amended to take on the statutory duties of a local community safety partnership. The Health and Wellbeing Board is now the vehicle through which the five statutory partners - council, fire, police, health and probation² - work together to reduce crime, anti-social behaviour, substance misuse and reoffending as required by Sections 5 and 6 of the Crime and Disorder Act 1998 (as amended).³
- 3.2 The responsible authorities are required by sections 5 of the Act to produce a detailed piece of analysis (strategic assessment), that identifies local priorities for action. Strategic assessments and updates are produced by the Public Health Intelligence Team using a range of data from partner agencies, including police recorded crime, to provide a summary of local and national crime trends, checks the partnership's current priorities and identify any emerging issues
- 3.3 Please see attached Appendices for the findings of the strategic assessment update.
- (i) Appendix A - Key Messages from the Partnership Strategic Assessment of Crime, Anti-Social Behaviour, Substance Misuse and Reoffending: Update for 2021/22
 - (ii) Appendix B - Partnership Strategic Assessment of Crime, Anti-Social Behaviour, Substance Misuse and Reoffending: Update for 2021/22 (this is not for public distribution due to the inclusion of provisional data, a version which can be publicly disseminated will be produced after final amendments are made and will be available on the Safer Portsmouth website).

² Also referred to as the 'responsible authorities'

³ <https://www.legislation.gov.uk/ukpga/1998/37/section/5> and <https://www.legislation.gov.uk/ukpga/1998/37/section/6>

4. Reasons for recommendations

The Crime and Disorder Act 1998 (as amended) Secs 5 and 6 set out the requirements for community safety partnerships to prepare a strategic assessment in accordance with Regulations 5 to 7. The 2020/21 strategic assessment identified five main priorities that address the underlying issues of crime and anti-social behaviour.

This assessment update will inform the refresh of the partnership plan, and by providing collaborative leadership alongside our partners in order to address these issues, the levels of crime and anti-social behaviour should reduce and make residents safer.

5. Integrated impact assessment

Impact Assessments will be undertaken as required on the specific work to take forward the priorities identified in this needs assessment.

6. Legal implications

The report is compliant in that it is a statutory function to produce a strategic assessment. The assessment considers the needs of groups that may be impacted in particular as a result of having a protected characteristic. The emphasis change is sustainable and focuses upon particular groups as supported by relevant and up to date data, the emphasis is objectively defensible.

7. Director of Finance's comments

There are no direct financial implications arising from the recommendations contained within the report. The plans developed in response to this assessment by the Health and Wellbeing Board will need to continue to operate within their approved Cash Limit.

Appendices:

- (i) Appendix A - Key Messages from the Partnership Strategic Assessment of Crime, Anti-Social Behaviour, Substance Misuse and Reoffending: Update for 2021/22
- (ii) Appendix B - Partnership Strategic Assessment of Crime, Anti-Social Behaviour, Substance Misuse and Reoffending: Update for 2021/22

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:

David Williams, Chief Executive, PCC

Appendix A - Key Messages from the Partnership Strategic Assessment of Crime, Anti-Social Behaviour, Substance Misuse and Reoffending: Update for 2021/22

- Opportunities to commit crimes in public places have largely returned to pre-pandemic levels, but increased use of online platforms for working, shopping and socialising mean that there are still increased opportunities for online exploitation and cybercrime to take place.
- There were 28,119 police recorded crimes in Portsmouth during 2021/22, which equates to a crime rate of 131 per 1,000 residents and is higher than the average for other similar local authority areas (111 per 1,000).
- Consideration of several data sources suggest that overall levels of crime have remained stable in comparison with 2019/20. This is consistent with the national picture, where reductions in acquisitive crime were offset by increases in cybercrime.
- Violence with injury and most serious violence have remained fairly stable since 2017/18, with the exception 2020/21 where lower levels were seen as a result of restrictions and behaviour changes associated with the pandemic.
- There have been increases in stalking and harassment, domestic abuse, violence without injury, sexual offences, robbery, knife-enabled serious violence, possession of a weapon, drug offences, and public order offences since 2019/20, although some of these increases may be driven by improved recording, increased reporting, or police activity.
- Domestic abuse continues to be the largest driver of violent crime, accounting for 44% of assaults recorded by police.
- There is some evidence that some victims/survivors of domestic abuse may be experiencing more and frequent incidents, while there has also been a reduction in charges and domestic abuse cases heard at court, highlighting the need to focus on holding medium and high-risk perpetrators to account.
- Data is showing a positive increase in awareness of unhealthy and abusive relationships, with the continuing success of the 'Is This Love' Campaign increasing hits to the domestic abuse web pages, more schools having their policies available, more 'Right to know' disclosures and 'Right to ask requests,' and more concerns raised by maternity services. There has also been an increase in domestic abuse being identified within adult social care, adult mental health services and children and families undergoing SAFs compared to a couple of years ago.

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Title of meeting: Health and Wellbeing Board
Subject: Combatting Drugs Partnership
Date of meeting: 23rd November 2022
Report by: Helen Atkinson, Director of Public Health
Report Author: Alan Knobel, Public Health Principal
Wards affected: All
Key decision: No
Full Council decision: No

1. Purpose

- 1.1 The purpose of the report is to inform the Health and Wellbeing Board (HWB) of the new Combatting Drugs Partnership (CDP), its purpose and aims.
- 1.2 To seek approval from the HWB for the proposed reporting process for the CDP reporting into the HWB.

2. Recommendations

- 2.1 The Health and Wellbeing Board approve the Combatting Drugs Partnership becoming a sub-group.
- 2.2 The Health and Wellbeing Board approve the receipt of an annual plan and progress report from the Combatting Drugs Partnership
- 2.3 The Health and Wellbeing Board agree to review the needs assessment and drug & alcohol delivery plan at its meeting on the 15th February 2023

3. Background

- 3.1 The National Drug Strategy, '[From harm to hope: A 10-year drugs plan to cut crime and save lives](#)', was published in December 2021, with three strategic priorities
 - Breaking drug supply chains
 - Delivering a world-class treatment and recovery system and
 - Achieving a generational shift in the demand for drugs

- 3.2 Guidance setting out how Local Authorities should implement this strategy was subsequently published¹. This guidance included the requirement to set up a 'Combatting Drug Partnership' (CDP).
- 3.3 Alcohol is a significant cause of harm in Portsmouth. In the city our specialist treatment and recovery services are integrated for alcohol and illegal drugs. Therefore, while the 10-year drugs strategy primarily focuses on the use and supply of illegal drugs, our partnership will also consider alcohol dependence and wider alcohol-related harms where identified by our needs assessment.
- 3.4 Each CDP is required to have a Senior Responsible Owner (SRO). In Portsmouth the SRO is Helen Atkinson, Director of Public Health. The SRO will have responsibility for chairing the CDP and reporting to central Government on progress.
- 3.5 The aims of the CDP include:
- To bring together senior leaders and organisations to oversee and support the implementation and meet the requirements of the National Drug Strategy, and identified local priorities concerning drugs and alcohol.
 - To provide leadership and strategic oversight, working collaboratively across agencies to reduce drug and alcohol harm through prevention; accessible, evidence-based and effective treatment; promotion of long-term recovery; and enforcement activities across Portsmouth.
- 3.6 The CDP has a multi-agency membership, detailed in Appendix A.

4. Key responsibilities of the Partnership

The Partnership will lead, develop, and oversee the delivery of:

- a joint local needs assessment, reviewing local drug / alcohol data and involving all relevant partners. This includes working together to understand our population and how drugs/ alcohol are causing harm, identifying any challenges in the local system and the changes that are needed to address them. The first needs assessment is required to be completed by the 30th November 2022.
- an agreed local drug and alcohol strategy and delivery plan that reflects the national strategic priorities, including identifying appropriate activities that will deliver the key outcomes outlined in the National Drug Strategy. The first plan is due to be completed and agreed by the 31st December 2022.
- Overseeing and co-ordinating relevant funding streams relevant to this agenda to provide the necessary link between funding and delivery. The planned additional funding, provided as part of the national drugs strategy is detailed in Appendix B.

¹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1092762/Guidance_for_local_delivery_partners_July_2022.pdf

- regularly reviewing progress, reflecting on local delivery of the strategy and current issues and priorities, working in partnership to unblock any barriers and progress plans to enable achievement of defined outcomes.
- report progress to the Portsmouth Health & Wellbeing Board and other local partnerships / Boards as appropriate and central government. This includes reporting on delivery against the National Combating Drugs Outcomes Framework (Appendix C) and other local indicators as agreed by the partnership.

5. Accountability and links

- 5.1 The CDP will report and be accountable to the Portsmouth Health and Wellbeing Board (HWB). On an annual basis the SRO will take a report to the HWB outlining performance against outcomes and plans for the coming year.
- 5.2 The SRO will bring a report to the HWB on the 15th February 2023, summarising the completed drug and alcohol needs assessment and the delivery plan and seeking approval.
- 5.3 Other key groups which the CDP will link include:
 - Hampshire and IoW Integrated Care Board
 - Health and Care Portsmouth Executive
 - Portsmouth Local Safeguarding Adults Board
 - Portsmouth Safeguarding Children Partnership
 - Pan-Hampshire Drugs forum, led by the Police & Crime Commissioner
 - Hampshire Violence Reduction Unit
 - Hampshire and IOW Local Criminal Justice Board

5. Integrated impact assessment

There is no specific 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 Combatting Drugs Partnership.

6. Legal implications

The aim of the Report is in line with Government objectives and there are no legal issues regarding these recommendations.

7. Director of Finance's comments

There are no financial implications as a result of this report as it aims to inform the Health and Wellbeing Board of the new Combatting Drugs Partnership purpose and aims.

.....

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

Appendices

Appendix A

Combatting Drugs Partnership membership

Job title	Organisation
Cabinet Member for Health, Wellbeing & Social Care	Portsmouth City Council
Cabinet Member for Safety in the Community	Portsmouth City Council
Director of Public Health	Portsmouth City Council
Deputy Director of Public Health	Portsmouth City Council
Public Health Principal	Portsmouth City Council
Assistant Director of Housing	Portsmouth City Council
Deputy Director of Adult Social Care	Portsmouth City Council
Head of Service for Adolescents and Young Adults	Portsmouth City Council
Superintendent	Hampshire Constabulary
Chief Inspector	Hampshire Constabulary
Commissioning & Contracts Manager	Office of the Police & Crime Commissioner
Employer & Partnership Manager	Department for Work & Pensions
Head of Portsmouth & Isle of Wight Probation Delivery Unit	Probation service
Director	Society of St. James
Area Manager	Inclusion NHS
Young People substance misuse lead	Portsmouth City Council
Lived experience representatives	Pushing Change
Carer - lived experience representative	Rebound carers group
Head of Access (Mental health)	Solent NHS Trust
Chair - Advisory Board	Healthwatch
SE Region drug & alcohol coordinator	Office for Health Improvement & Disparities
Deputy Director of Medicines Optimisation	Hampshire and Isle of Wight Integrated Care Board

Appendix B

Prior to 2021, substance misuse treatment funding had been reducing nationally, including in Portsmouth. Since Public Health services moved from the NHS to local authorities in 2013/14, there had been a steady decline in funding, due to austerity impacting local authority funding, as well as year on year reductions in the Public Health Grant.

For Portsmouth this meant a reduction in funding from £4.83 million in 2012/13 to a low of £2.8 million in 2018/19.

In 2022/23 base recurring funding from the Public Health Grant is £2.82 million annually.

New funding for 2022/23 onwards

Portsmouth has received notification of different funding streams which will enhance our baseline funding. For the next 3 years we should receive:







	2021/22	2022/23	2023/24	2024/25
Supplemental Substance Misuse Treatment & Recovery Grant²	Received £397k from the Universal Grant	£503k	£825k	£1.59 m
Inpatient detox allocation	£48k	£48k	£48k	£48k
Rough Sleeping Drug & Alcohol Treatment Grant	£720k	£795k	£807k	To be confirmed
Individual Placement and Support³	-	£113k	£142k	£146k

² This grant replaces the Universal Grant. This funding is only confirmed on an annual basis. This grant is conditional on no disinvestment from existing funding.

³ This funding is confirmed on an annual basis.

Appendix C

Figure 1: National Combating Drugs Outcomes Framework

National Combating Drugs Outcomes Framework Our ambition: a safer, healthier and more productive society by combating illicit drugs	
What we will deliver for citizens (strategic outcomes)	Measured by:
 Reducing drug use	<ul style="list-style-type: none"> the proportion of the population reporting drug use in the last year (reported by age) prevalence of opiate and/or crack cocaine use
 Reducing drug-related crime	<ul style="list-style-type: none"> the number of drug-related homicides the number of neighbourhood crimes
 Reducing drug-related deaths and harm	<ul style="list-style-type: none"> deaths related to drug misuse hospital admissions for drug poisoning and drug-related mental health and behavioural disorders (primary diagnosis of selected drugs)
What will help us deliver this (intermediate outcomes)	Measured by:
 Reducing drug supply	<ul style="list-style-type: none"> the number of county lines closed the number of moderate and major disruptions against organised criminals
 Increasing engagement in drug treatment	<ul style="list-style-type: none"> the numbers in treatment (both adults and young people, reported by opiate and crack users, other drugs, and alcohol) continuity of care – engagement with treatment within three weeks of leaving prison
 Improving drug recovery outcomes	<ul style="list-style-type: none"> the proportion who are in stable accommodation and who have completed treatment, are drug-free in treatment, or have sustained reduction in drug use <p>Key additional components integral to recovery include housing, mental health, and employment</p>

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

.....

Signed by:

Agenda Item 9



THIS ITEM IS FOR INFORMATION ONLY

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

Title of meeting: Health and Wellbeing Board

Subject: Revised Blueprint for Heath and Care in Portsmouth

Date of meeting: 23rd November 2022

Report by: Jo York, Managing Director, Health and Care
Portsmouth - Hampshire and Isle of Wight Integrated
Care Board

Wards affected: All

-
1. **Requested by** Chair, Health and Wellbeing Board
 2. **Purpose**
 - 2.1 The attached document is an advanced draft of a revised Blueprint for Health and Care in Portsmouth. The document describes how NHS Hampshire and Isle of Wight Integrated Care Board (HIOW ICB) and Portsmouth City Council (PCC) along with other key partners in the city, will work together to further strengthen the place-based health and care integration in the city.
 - 2.2 Health and Care Portsmouth is a long-standing partnership of six organisations, working together to improve the delivery of health and care services in the city. These are:
 - Portsmouth City Council
 - NHS Hampshire and Isle of Wight Integrated Care Board
 - Portsmouth Primary Care Alliance
 - Solent NHS Trust
 - Portsmouth Hospitals University NHS Trust
 - HIVE Portsmouth
 - 2.3 ***Our vision is for everyone in Portsmouth to be enabled to live healthy, safe and independent lives, with care and support that is integrated around the needs of the individual at the right time and in the right setting. We will do things because they matter to local people, we know that they work and we know that they will make a measurable difference to their lives.***
 - 2.4 Place-based organisations will work as key partners in the Hampshire and Isle of Wight Integrated Care System (HIOW ICS) and with the local delivery system around the acute trust footprint to ensure the successful implementation of health and care services for Portsmouth, in line with the aims of the ICS,

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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)

- 2.5 The development of the ICS presents an opportunity to strengthen partnership arrangements to improve health outcomes and reduce health inequalities both locally and working at scale in the ICS.
- 2.6 In addition to the Health and Care Act 2022, which formalised the statutory development of ICSs, the government have set out their position on a range of related matters. This includes the Integration White paper, which considers how joint working between health and care agencies can be made easier to benefit service users and improve outcomes, and the "People at the heart of care" adult social care reform white paper, setting out proposals for change.
- 2.7 Taken together, these legislative and policy changes add up to a significant package of change which will need all partners in the system to work together to deliver. In Portsmouth, our strong history of partnership means that we are well placed to deliver positive change. We look forward to continuing our journey of integrated health and care so that people experience better care and seamless services and receive the support they need.

3. Information Requested

- 3.1 The attached draft Blueprint sets out how we will work together in Portsmouth, including:
- Governance
 - Key areas of need and challenges
 - Our vision and ways of working
 - Areas of strategic focus
- 3.2 We are now considering what themes need to be reflected in the document as areas where we can work together locally, including around workforce, digital access and estates.
- 3.3 The intention is that the document will be completed over the winter along with the more developed delivery plans for the areas of strategic focus.

.....
Signed by Jo York, Managing Director, Health and Care Portsmouth - Hampshire and Isle of Wight Integrated Care Board

Appendix 1: Draft Blueprint for Health and Care in Portsmouth

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)

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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Health and Care Portsmouth

A new Blueprint for Portsmouth 2023 - 2028

1. Introduction

This document describes how NHS Hampshire and Isle of Wight Integrated Care Board (HIOW ICB) and Portsmouth City Council (PCC) along with other key partners in the city, will work together to further strengthen the place-based health and care integration in the city.

Health and Care Portsmouth is a long-standing partnership of six organisations, working together to improve the delivery of health and care services in the city. These are:

- Portsmouth City Council
- NHS Hampshire and Isle of Wight Integrated Care Board
- Portsmouth Primary Care Alliance
- Solent NHS Trust
- Portsmouth Hospitals University NHS Trust
- HIVE Portsmouth

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

We will work as key partners in the Hampshire and Isle of Wight Integrated Care System (HIOW ICS) and with the local delivery system around the acute trust footprint to ensure the successful implementation of health and care services for Portsmouth, in line with the aims of the ICS:



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

In addition to the Health and Care Act 2022, which formalised the statutory development of ICSs, the government have set out their position on a range of related matters. This includes the Integration White paper, which considers how joint working between health and care agencies can be made easier to benefit service users and improve outcomes, and the "People at the heart of care" adult social care reform white paper, setting out proposals for change.

Taken together, these legislative and policy changes add up to a significant package of change which will need all partners in the system to work together to deliver.

In Portsmouth, our strong history of partnership means that we are well placed to deliver positive change. We look forward to continuing our journey of integrated health and care so that people experience better care and seamless services and receive the support they need.

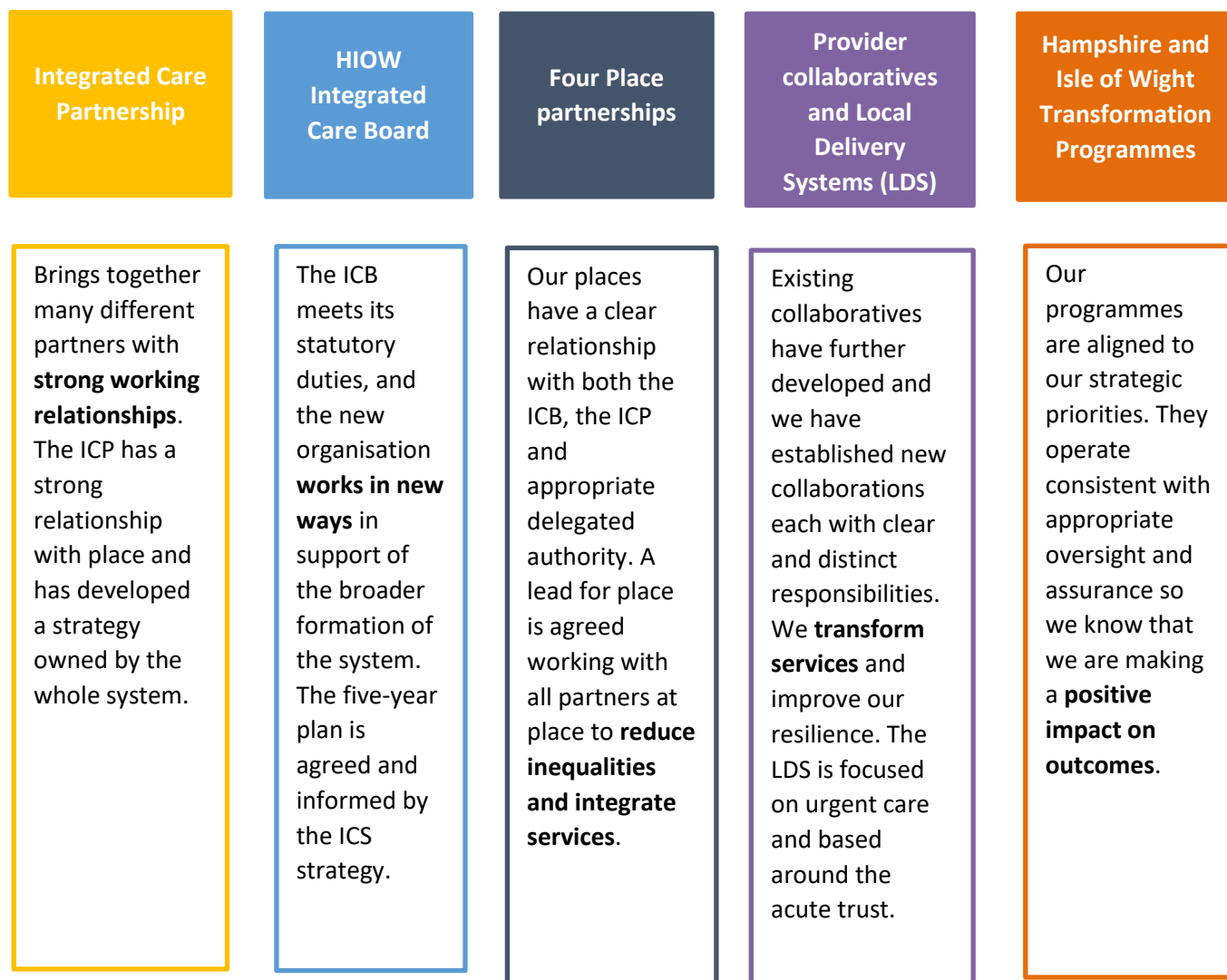
2. Working arrangements and governance

The Health and Care Act 2022 placed integrated care systems on a statutory footing as of 1 July 2022.

Integrated Care Systems (ICSs) comprise of two statutory components. For Hampshire and Isle of Wight, there is:

- A Hampshire and Isle of Wight Integrated Care Partnership (ICP) - a broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS. The Integrated Care Partnership has responsibility for developing an Integrated Care Strategy for Hampshire and Isle of Wight.
- An NHS body, the Hampshire and Isle of Wight Integrated Care Board (ICB), which will be responsible for NHS strategic planning, the allocation of NHS resources and performance, and bringing the NHS together locally to improve health outcomes and health services. This body is the successor organisation for previous Clinical Commissioning Group (CCG) arrangements, with CCG staff, functions and assets have been transferred to the ICB.

The whole system for Hampshire and Isle of Wight is complex, with many decision-making and delivery organisations, but the component parts of the HIOW ICS can be broadly described as below:



The Health and Care Portsmouth Partnership has been designed to work effectively at place level within the governance structures of the ICS.

3. Meeting the needs of our population

Add infographic piece

What are the key issues we need to tackle in Portsmouth?

There are some significant challenges that we need to address in our city:

- **Inequality of access and outcome** - we have some significant inequalities in the city:
 - **Health:** Life expectancy for men and women in Portsmouth is significantly lower than the England average; and it is 7.8 years lower for men in the most deprived areas of the city than in the least deprived. Rates of under-75 mortality rate from cardiovascular diseases, cancer, respiratory diseases and liver disease are worse than the England average. In school year 6 (at the end of primary school) 21.5% of children are classified as obese.
 - **Deprivation** - The [Index of Multiple Deprivation \(IMD\)](#) is the official measure of relative deprivation. Portsmouth (along with Southampton) ranks as significantly

more deprived than any other district within Hampshire and Isle of Wight. Of 317 LA districts in England, Portsmouth is the 57th most deprived by the average rank of each LSOA, the 59th most deprived by average score of LSOA, and 72nd most deprived by the proportion of its LSOAs that are in the most deprived 10% nationally. With only 2 LSOAs in the least deprived 10% nationally, and 15 in the most deprived 10%, Portsmouth has pockets of affluence rather than pockets of deprivation. This concentration of deprivation also means that the impact on the city of the current cost of living crisis is likely to be particularly acute.

- **Educational Attainment** - In many key measures of educational attainment, Portsmouth is ranked lower than other cities. There is a paradox that the city is strong in terms of Ofsted judgements, with 92% of inspected schools and 96% of early years settings assessed to be good or better, but the city has weak outcomes in terms of educational outcomes, particularly at the end of Key Stage 2, when children finish their primary school years and Key Stage 4, when they finish secondary schooling. On the last comparable data (before the pandemic struck), at Key Stage 2, 58% of children achieve the expected standard across Reading, Writing and Maths, compared with 65% of their peers nationally. At Key Stage 4, 35% achieved a strong pass in both English and Maths compared to 43% nationally, and 56% achieved a standard pass in these subjects compared to 65% nationally. For children meeting the expected standard in reading at KS2, the city ranks 148th out of 152 local authority areas; and 147th for the average Attainment 8 score at KS4.
- **Skills** - Educational outcomes have implications for achievement at further and higher education. The most recent statistics show that the proportion of young people not in education, employment or training has risen to 5.2%. There is also concern about the number of young people leaving post-16 without a positive destination. Despite being a university city, Portsmouth has relatively few people with degree level skills; this poses a challenge for residents looking to obtain highly paid work. Portsmouth also has a higher proportion of residents with no skills (6.9%) compared to the average for the South East (5.6%), though this remains lower than the national average (8.0%). Many higher paid and higher skilled jobs are being taken by employees commuting into Portsmouth and not by residents. Resident salaries are lower than the national average despite city workplace wages being higher - this indicates the lower skills level of the local workforce.
- **Pressure on services** - post-pandemic, we are continuing to see considerable pressures in all sections of the health and care economy in the city. Demand for urgent care services in particular is rising, partly as a result of pressures on planned care services and increased waiting times, alongside some significant workforce challenges in the health and care sector.
 - Whilst our Primary Care services continue to increase the number of appointments offered, (September 2022 86,656, September 2021 83,800) the time people wait to be seen is longer (September 2022 38% appointments on the same day, 65% within 7 days; September 2021 42% seen on same day, 72% seen within 7 days)
 - Patients are waiting longer for planned treatment than before the pandemic (August 2022 15,762 people waiting for a planned procedure, of whom 68% were treated in

under 18 weeks, 427 people waited longer than 52 weeks, 24 people waited longer than 78 weeks and 1 patient waited longer than 104 weeks; in August 2019 there were 13,759 patients waiting for a planned procedure, 84% were treated in under 18 weeks, and there was no one waiting over 52 weeks)

- Whilst there are fewer A&E attendances per head of the population at the main local provider of acute services, Portsmouth Hospitals University NHS Trust, there are more ambulances arriving at ED than the national average and local peers, the number of patients admitted to wards from ED is higher than England / rest of H1OW, 65% of emergency inpatient bed days are for the over 65s and there are the highest proportion of readmissions in 75 years category than peers
- During 2022, contacts into the Multi Agency Safeguarding Hub for Children have averaged around 1,236 children per month. Those children moving on into a service referral remains high but it is in line with our statistical neighbours (other cities similar to Portsmouth). Referrals are 'appropriate' meaning that a high proportion of children and families are in need of a service - either statutory safeguarding or early help and support and re-referral rates are higher than historical trends.
- Around 170 children a month are being referred to Child and Adolescent Mental Health Services (CAMHS). This is higher than pre-pandemic levels but with some early signs of this reducing following investment in early help initiatives. This means that only 67% of children are seen within 72 hours. There are currently 132 children waiting to be seen in long-term treatment teams with only 25% seen within 18 weeks.
- Although the Adults psychology service has developed several innovative ways of meeting increasing demands, higher acuity, and recruitment challenges, more patients are waiting longer to be seen. As of September 2022, 70 people had waited more than 2 years and 74 people had waited more than one year.

Financial pressures: Financially, these continue to be challenging times for Portsmouth. The biggest share of health and care funding for the city comes from the government (as a health allocation and a grant to the Local Authority). Since 2011/12, overall central government funding to Portsmouth City Council has reduced significantly, as other financial pressures (mainly relating to inflation, Covid-19 recovery, the effects of an ageing population on care services and the increased requirements for safeguarding of vulnerable children) have emerged. Adult and children's social care (representing in excess of 50% of controllable spend) provide services to the most vulnerable, experience the greatest cost pressures, and have historically received significant protection from savings. During the Covid pandemic health funding increased to allow services to treat and protect people, rapidly transforming the way people are treated and then discharged from hospital. In 2022/23 and beyond this additional funding has stopped and is expected to reduce further in 2023/24.

Health and Care Portsmouth has had to make savings and efficiencies to ensure that spending remains in line with income and funding levels. For the council this equates to £104m over the past 11 years, this represents 48% of all controllable spending. In 2022/23 Portsmouth health services have had to make savings of £6.9m (c6% of controllable spending) to balance the books.

By working together as Health and Care Portsmouth to plan and deliver services we can make sure that we use every Portsmouth pound to best effect and create seamless services for our population.

In 2022/23 we are investing in and working to reshape services to support people on discharge from hospital to ensure a timely, appropriate path back to as much independence as possible.

In 2022/23, the council budget proposals sought to ensure that the financial position of both adult and children's social care remains robust both in the short and medium term, and provided additional funding:

- children's social care - £3.9m to cover financial pressures relating to residential placements, care leavers, unaccompanied asylum seekers, inflation and to remove unachievable budget savings
- adult social care - £3.3m to cover the uplift in the national living wage of 6.6% that will be passported to care providers as well as all other inflationary pressures.

However, with significant funding reforms for social care imminent and health funding reducing in real terms, the outlook remains challenging, and the imperative to ensure that we are working as efficiently as possible to drive the greatest possible value out of the Portsmouth Pound remains.

4. Health and Care Portsmouth - setting our direction together

Our City Vision

In 2019 and 2020, partner organisations worked together on an exercise, "Imagine Portsmouth", to create a shared vision for the city.

We worked with 2,500 people representing business and organisations who live and work in Portsmouth to talk about our hopes and dreams for our city. We created big bold plans for what we want in the future; for ourselves, our families, our communities, our businesses and our co-workers.

People described the values they wanted to see lived in the city and the things that are important to them:

We believe in:

- equality
- innovation
- collaboration
- respect
- community

By 2040, we want to see a:

- happy and healthy city

- city rich in culture and creativity
- city with a thriving economy
- city of lifelong learning
- green city
- city with easy travel.

In describing a vision for a happy and healthy city, people described a city where:

"We do everything we can to enhance wellbeing for everyone in our city by offering the education, care and support that every individual needs for their physical and mental health. All our residents and communities live in good homes where they feel safe, feel like they belong, and can thrive."



Our Health and Wellbeing Strategy

The Health and Wellbeing Board (HWB) is a statutory body, which is charged with overseeing the production of a Joint Strategic Needs Assessment for the area, and developing a Health and Wellbeing Strategy, which all organisations delivering health and wellbeing services in the city must have regard to.

In early 2022, the HWB approved a new strategy focusing on addressing the causes of the causes of poor outcomes for residents in Portsmouth, looking at:

- Educational attainment
- Healthy relationships
- Air quality and active travel

- Housing
- Poverty

The theory of change underpinning the approach is that by creating the strongest possible foundation in the city, to enable people to live healthy lives in which they can thrive, we will over time reduce need and demand for services, including more intensive support, and move towards being the city described in the vision.

Portsmouth City Council have recently published a new Corporate Plan, which sets out the priorities for the administration, in terms of key missions for the city. These respond to the current challenges, including the cost of living and the climate crisis.



Hampshire and Isle of Wight ICP strategy and ICB strategic plan

Partners within the ICP are coming together to develop an interim strategic plan that will guide the work of the ICB over the medium term. This strategy will be focused on a short list of priorities that the system can agree collectively on to achieve tangible and early benefits as a result of working together. The ICP strategy will set ambition for, and influence, the ICB joint forward plan.

The themes that are emerging for partners to prioritise include:

- 1. Children and young people**
- 2. Mental wellbeing**
- 3. Prevention of ill-health and healthy lifestyles**
- 4. Workforce**
- 5. Digital and data**

The ICB is also required to produce a joint forward (strategic) plan to be published by 31 March 2023. This will be a shared delivery plan for the ICB, its partner NHS trusts and foundation trusts to meet the physical and mental health needs of their population through arranging and/or providing NHS services. This should include delivery of the universal NHS commitments and address the four core purposes of the ICS. The plan should set out how health organisations will meet the aims of the ICP strategy and should be supported by the whole system.

The principles, priorities and plans for Health and Care Portsmouth will reflect all of these wider drivers and set out the local response, including through an integrated model of delivery.

5. Health and Care Portsmouth - our vision and ways of working

Since 2015, the place-based working in Portsmouth has been defined by the Blueprint for Health and Care in Portsmouth, which set out:

- A strategic case for change
- Commitments to residents
- A vision for health and care provision in Portsmouth
- A set of suggestions for structural changes (single commissioner, single provider)
- A series of local delivery priorities
- Some shared ways of working

Progress against the Blueprint was regularly monitored, including through the Health and Wellbeing Board and it led to many positive developments in the city, including:

- Acute visiting service
- GP enhanced access
- Integrated Primary Care Service
- Developing the Wellbeing Service
- Positive Minds
- Roll out of SystmOne

We have worked to refresh the Blueprint to reflect the new arrangements and changes in our environment, including the recovery from the pandemic and the emerging cost of living crisis.

The original Blueprint document set out a **vision for health and care provision** in Portsmouth, which remains supported by all partners:

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

Our **Health and Care Portsmouth place-based partnership commitments** are that:

- Our local health services will reflect the diversity of populations and needs in our communities
- We will build services as locally as possible to reflect the needs of the community but recognise that it will make sense for some things to be led and delivered at a different scale
- We will always design services from the perspective of the person using them, and make these as seamless as possible, joining up functions and organisations for better experiences and outcomes for service users
- We will remove barriers to accessing services so that everyone can get the help and support they need
- We will involve people in designing services for them and those they care for
- We will make sure that we have a well-led, well-organised and well-supported workforce that we empower to work across organisational boundaries to improve the experiences and outcomes for service users
- We will be honest about what we can and can't do, and explain why
- We will work with people in their communities to develop the relationships and opportunities they need to stay healthy, independent and active in the places they live.

We also agreed some **key principles** for how all health and care partners would work together in the city:

- **OUTCOMES** - improving outcomes for Portsmouth people will be at the heart of place-based working
- **EQUALITY** – Our place-based working will seek to shape service delivery to reduce inequalities in the city
- **EVIDENCE** – Place-based working will be informed by the needs of local communities and evidence of what works
- **INTEGRATION** – Place-based working will integrate service delivery around the needs of individuals and families
- **PREVENTION** - Prevention and early intervention services will reduce dependency on public service delivery
- **PARTICIPATION** - Residents will be active participants in the co-production of services –

- **ACCOUNTABILITY** - Resource allocation decisions will be transparent, contestable and locally accountable
- **VALUE FOR MONEY** - Decisions will be driven by the goal to achieve optimum quality, value for money and outcomes
- **PARTNERSHIPS** - Strong and effective partnership is key to place-based working

On 15 July 2022, HIOW ICB held an online event to discuss how partners will continue to work together at place level in Portsmouth. More than 65 people attended the event which was hosted by David Williams (partner member of the ICB and CEO of Portsmouth City Council), Jo York (Managing Director for Health and Care Portsmouth) and Ros Hartley (Director of Partnerships at HIOW ICB).

Discussions at the event focused on the need to refresh and agree priorities for the city in a new Health and Care Portsmouth blueprint. Part of this work had begun last year, alongside the development of the Portsmouth Health and Wellbeing Strategy 2022-2030 and Portsmouth's City Vision for 2040, where partners came together to discuss the significant challenges facing the city which are contributing to Portsmouth's health inequalities. This includes the cost of living crisis, demand and capacity pressures across the health and care system, residents struggling to access key services, workforce challenges, financial challenges and more.

As part of the workshops, five place-based priority areas were identified:

- **Health improvement** – focusing on addressing health inequalities and improving outcomes
- **Children's services (0-25)** – well developed integrated approach to commissioning and delivery
- **Vulnerable adults** – focusing on mental health, people with learning disabilities and those with the most complex lives, including substance misuse, homeless population
- **Primary and community services integration** – using the Better Care Fund, focusing on frailty and people with long term conditions organised around three key themes:
 - Early intervention and self-care
 - Admission avoidance and effective discharge
 - Proactive care
- **Person-centred care planning** – continuing health care, and independent sector care purchasing

A series of smaller sub-groups are now working to develop these themes into a comprehensive place-based plan for Health and Care Portsmouth.

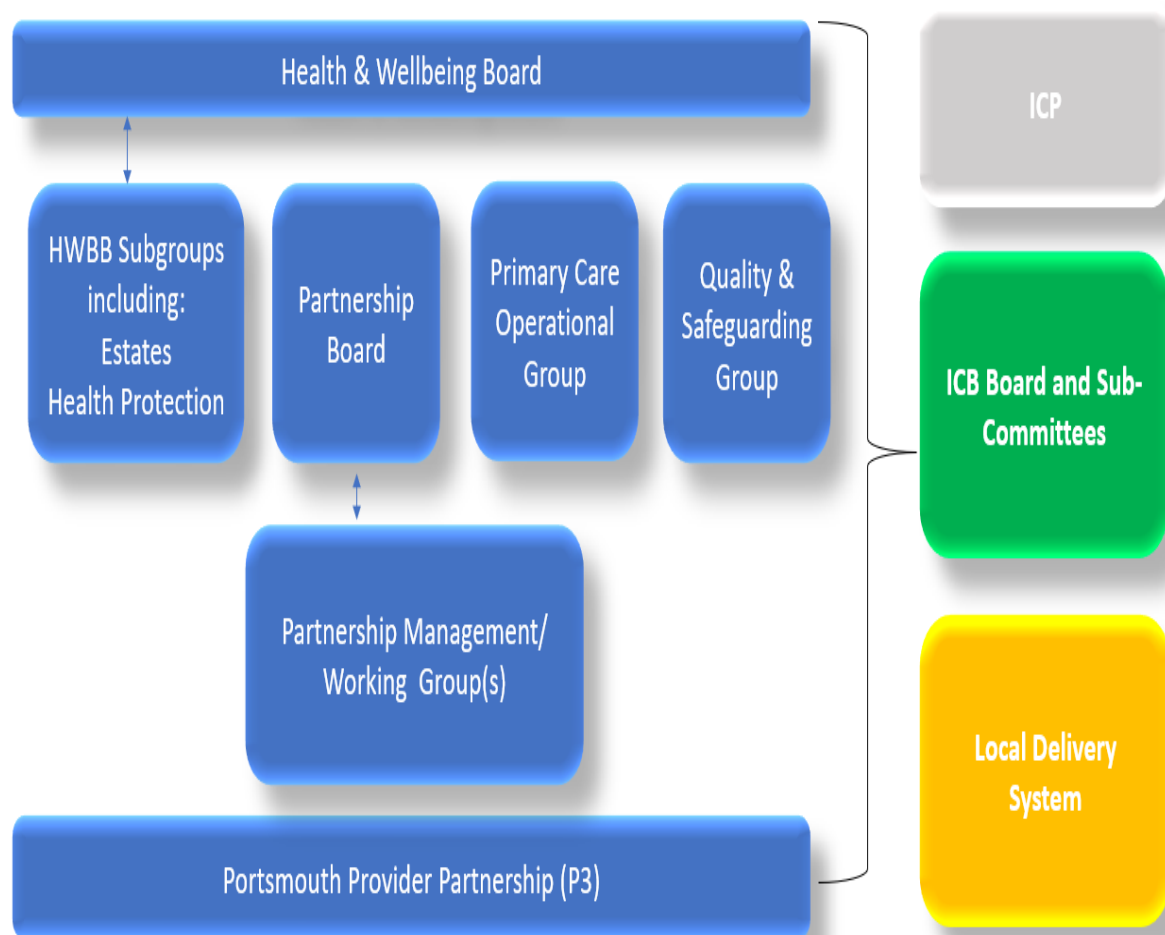
We have also identified shared themes where partners can work together to improve the efficiency and effectiveness of services in Portsmouth, feeding into and aligning with wider ICS level workstreams:

- a. Quality and safeguarding
- b. Workforce
- c. Digital
- d. Practice models and integrated ways of working

Again, we will be using the coming months to agree the key improvement priorities we need to deliver in these areas over the short, medium and longer term.

6. Governance arrangements for Portsmouth's place-based partnership

In Portsmouth, we have put in place robust partnership arrangements to support place-based decision-making and resource allocations. This can be characterised as:



Health and Wellbeing Board (all partner statutory committee) will continue to drive development and implementation of the HWB strategy

Health and Care Portsmouth Place Based Partnership Board (committee of ICB with delegated authority, all HCP partner attendance) oversee delivery of the local HCP delivery strategy and S75 arrangements to include Healthwatch

Portsmouth Safeguarding Boards (Statutory responsibility for Safeguarding - Children and Adult boards), led by PCC and all partners attend

Portsmouth Quality Group (place-based group with local ICB and PCC membership) to oversee quality of local services including primary care and the independent care sector (care homes and domiciliary care)

Primary Care Operational Group (place-based group with local ICB membership) to take the majority of local decisions relating to primary care as per delegation arrangements

Partnership Management Groups (joint working group structure) to Maximise Service Users' Choice and control and to commission safe and effective services that demonstrate value for money. Will provide strategic direction, agree both the health and council budgets as well as monitoring spend, performance and risk management

Portsmouth Provider Partnership P3 (all HCP partners) coming together to drive innovation and the 'engine room' of integration transformation delivery

Role of the HCP Partnership Board

In driving the allocation of resource and delivery of integrated, high-quality and effective services in the city, the Health and Care Portsmouth Place-Based Partnership Board is key. The role of the Board is to:

- Oversee place-based planning driven by population needs assessment
- Provide the key forum for integrated local authority and NHS planning and delivery
- Develop a single strategy and plan for the city
- Promote quality and identify how the health and wellbeing strategic intentions will be supported and enabled through integrated commissioning
- Develop new models of care
- Support local workforce and organisational development
- Oversee delivery of the plan for Portsmouth including through the development of a single approach to performance management
- Ensure that all commissioning decisions are made in line with the principles set out in the HCP Blueprint and other strategies and plans

Aligning health, care and other sector resources to focus on delivering improved outcomes by:

- Building on existing integrated working arrangements
- Overseeing pooled/delegated funds for range of health and care services – adults, children, public health
- Developing and monitoring aligned financial plans and financial performance including forecasts for the year and development of long-term financial strategies for Health and Care
- Ensuring compliance with rules and restrictions associated with any other blocks of funding, including specific grant funding

Partners to the Board include:

- HIOW ICB
- Portsmouth City Council
- Solent NHS Trust
- Portsmouth Primary Care Alliance
- Portsmouth Hospitals University Trust

- HIVE Portsmouth
- Healthwatch
- Health and Wellbeing Board
- Wessex Local Medical Committee

The key mechanism which will bring together the overall picture of the local resources and set out how these need to be applied is the development of the section 75 (s75) agreement, which will enable the ICB and PCC to align objectives and funding.

Integrated governance arrangements between the ICB and PCC and section 75 arrangements

There is a long history of combined roles in the Health and Care Portsmouth arrangements to support integrated delivery of services. Under a 113 agreement, the Chief Executive of the City Council is authorised to be the Executive lead for Health and Care Portsmouth with delegated responsibility to lead a shared executive team, and a remit to continue to secure deeper integration of council and health services within the Health and Care Portsmouth framework and across the wider health and care system.

The council's Chief Executive is therefore authorised to act on behalf of the ICB to develop the best arrangements for delivering this. This includes the remit to form an embedded executive team comprising of the statutory council functions of the Director of Adult Social Services, Director of Children's Services, Director of Public Health, and Clinical Leader (NHS post) and Managing Director of HIOW ICB (Portsmouth place) (NHS post) all posts having powers to exercise executive functions across both the council and the HIOW ICB (under s113 of the Act) and with other health providers as appropriate.

To further strengthen integrated working, building on the section 75 (a75) arrangements that previously existed between Portsmouth Clinical Commissioning Group and Portsmouth City Council (for Continuing Health Care, Better Care Fund and enabling functions delivered through Health and Care Portsmouth) an overarching s75 framework has been agreed which will incorporate:

- Children's services 0-19
- Vulnerable adults
- Population health and wellbeing

Our ambition is to strengthen the integration arrangements and increase the aligned fund arrangements over time, to reflect the responsibilities of the place-based partnership, in line with broader approach of the ICS to planning and delivery of services. We expect this to occur on a phased approach:

Phase 1: Extra Contractual Referrals to be included in arrangements alongside CHC. - this was fully agreed in June 2022 and we are now developing the delivery and governance arrangements in line with the s75 schedule for Continuing Health Care. March - Sept 2022)

Phase 2: Children's budgets to be included, with PCC already committed to bring into the s75 arrangements budgets relating to Special Educational Needs, youth and play services. Work is ongoing with ICB colleagues to look at the alignment of the ICB children's strategy and local place-based arrangements to support these discussions (July - Dec 2022)

Phase 3: Wider budgets relating to primary care, prevention and vulnerable adults. (Now till March 2023)

Development of place-based plan - October 2022 - March 2023)

Launch of place based plan and ongoing implementation (alongside ICP Strategy and ICB Strategic Plan) - March 2023 - March 2028

As our place-based partnership arrangements develop, and the Partnership Board matures, we will also be looking at whether the existing provider s75 arrangements between Solent NHS Trust and Portsmouth City Council can also be managed within the same space.

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Integrated Care Partnership Interim Strategy

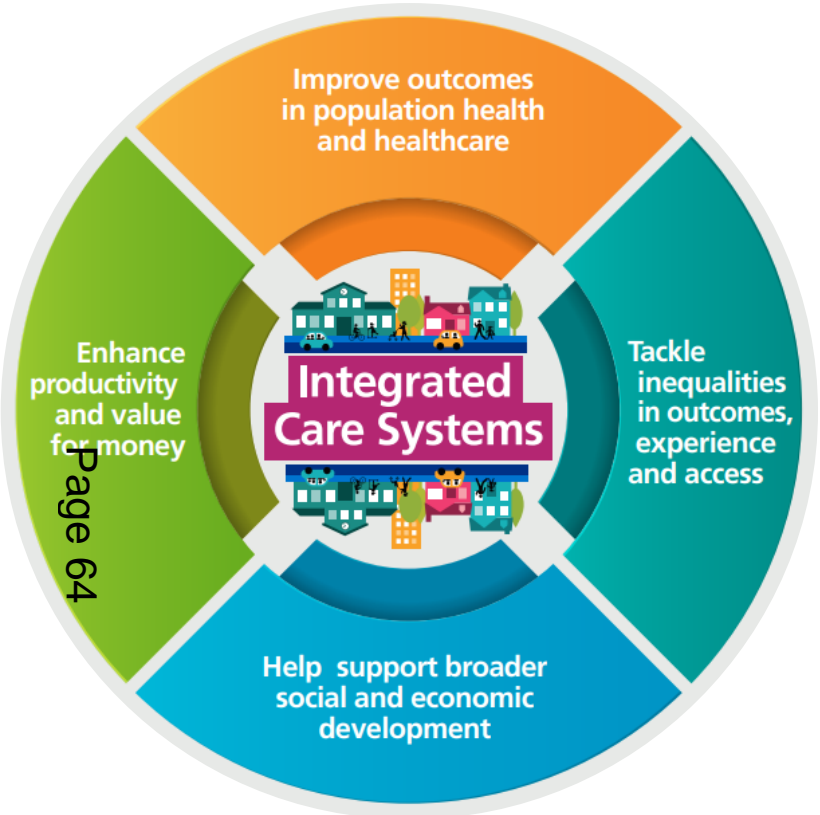
Update, emerging themes and next steps

November 2022

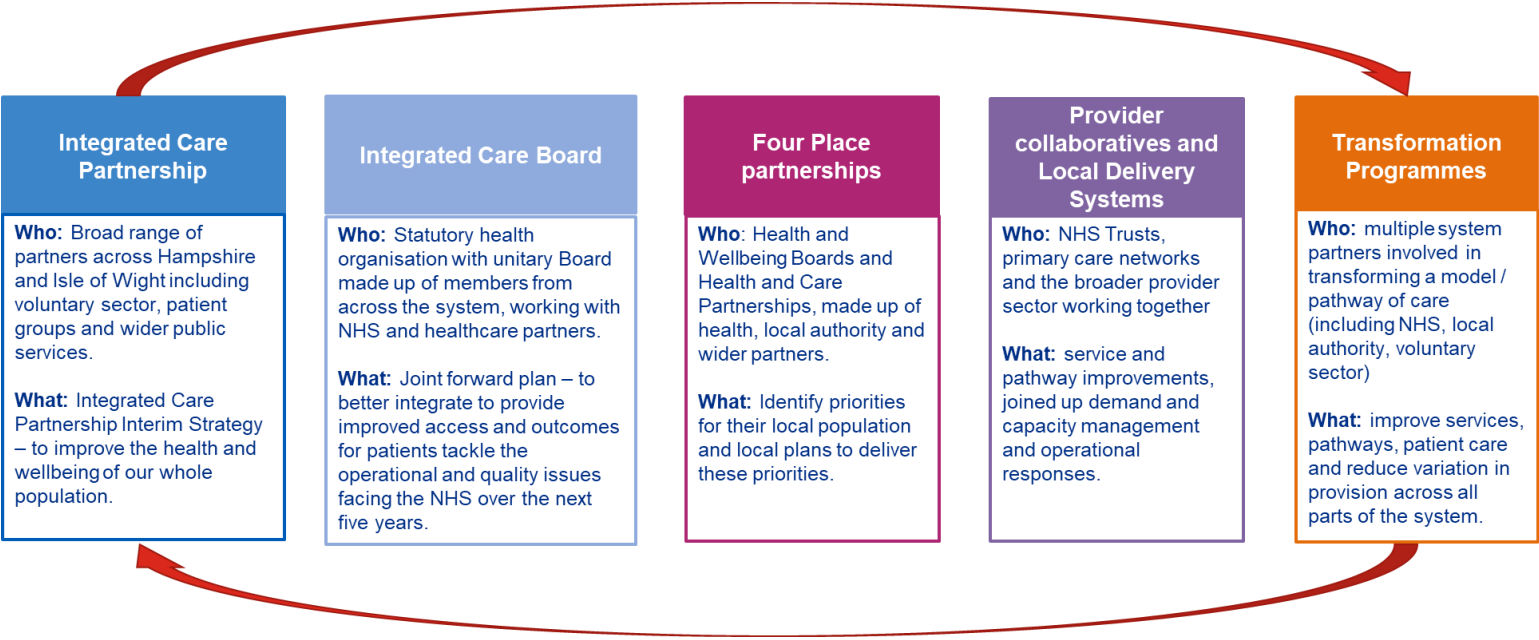
Agenda Item 10



Integrated care systems have four broad aims...



...and consist of a number of partnerships



The approach we take to developing our strategy and plans together will help to strengthen our partnerships

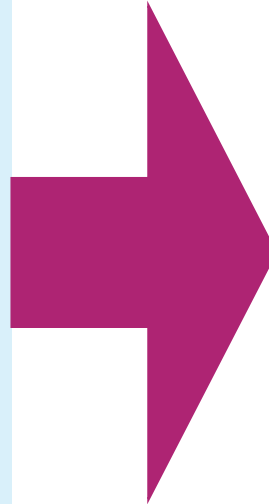


Our aim is to publish an interim strategy by end December and a strategic/joint forward plan by the end of March

Interim Integrated Care Partnership Strategy (December 2022)

Describes our ambitions and priorities where we can achieve tangible benefits by working together as a new, wider partnership across the system

- ✓ builds on **work already completed** (including the Joint Strategic Needs Assessments and Health and Wellbeing Strategies)
- ✓ focuses on **better integration of health or social care services** with “health-related” services
- ✓ sets priorities for joint working where **collective working (beyond place) is most helpful**
- ✓ must be **published and copies distributed**
- ✓ Is **co-developed** with a wide range of partners
- ✓ will likely **be updated** once new arrangements are fully in place



Integrated Care Board joint forward plan (March 2023)

How healthcare partners will deliver services to meet the health needs of our population and deliver the aims of the strategy, ensuring universal NHS commitments are met

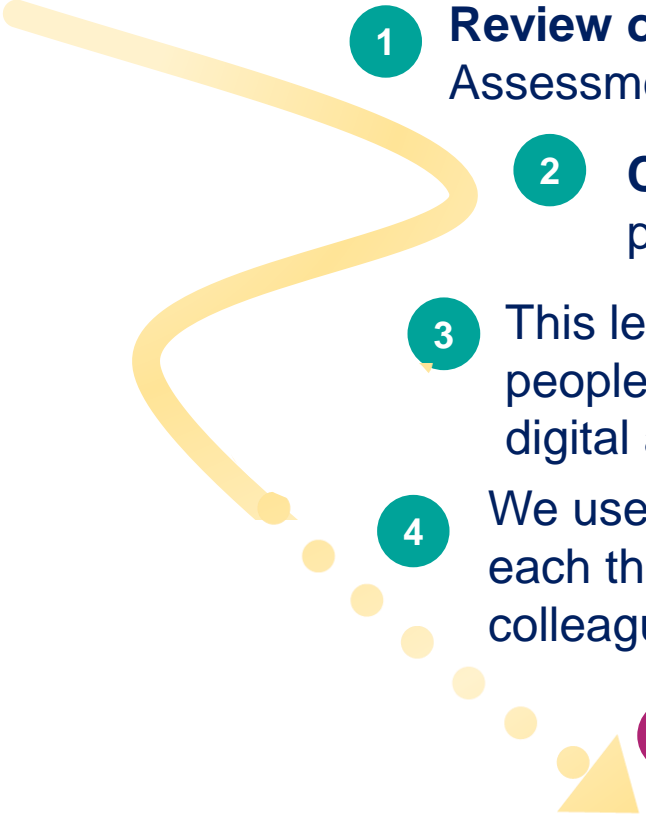
- ✓ sets out how the Integrated Care Board will **exercise its function as commissioner** of health services
- ✓ supports the delivery of the Integrated Care Partnership interim strategy but **covers a wider range of services**
- ✓ is a more **internal-facing** “NHS” document

SOURCE: Department of Health and Social Care guidance on the preparation of integrated care strategies, July 2022

Our strategic priorities for the next five years

Our shared aims	Improve outcomes in population health and healthcare	Tackle inequalities in outcomes, experience and access	Enhance productivity and value for money	Help the NHS support broader social and economic development.	
Our challenges	Our population is growing and ageing. Improvement in life expectancy has stalled and begun to fall. Vulnerable people are dying younger and suffering poorer health than the general population. Inequalities are getting worse and drive worse outcomes. Challenges in workforce supply, funding, demand for services outstripping supply, impact of Covid-19 and cost of living. Without check inequalities will grow, years lived in poor health will increase and services will not cope.				
A radically different approach	Working together across all partners to take a community-centred approach to wellbeing. Seizing the opportunities offered by working together as a system and partnership with a mandate to use collective resources in new and different ways to build a better future - health, happiness, wealth and wellbeing.				
Priority areas: Themes that emerged from evidence and conversations in Hampshire and Isle of Wight	Children and young people We want all children to get the best possible start in life, regardless of where in Hampshire and Isle of Wight they are born.	Mental wellbeing We want mental wellbeing to be at the forefront of all that we do and to ensure as much importance is given to mental wellbeing as physical health.		Supporting people to build health, happiness, wealth and wellbeing We want to enable every individual to live more of their life in a state of good health and be able to access resources and services in their communities.	
Initial areas of focus for the partnership	Work to ensure the “best start in life” for every child by focussing on the care and support that families receive in the first 1000 days of a child's life				
	Providing proactive, integrated care for people with complex needs to provide care closer to home and shift focus from cure to prevention				
	Improving social connectedness (reducing social isolation) to enhance people's physical and mental health and wellbeing				
	Supporting people with the cost of living to reduce the impact of financial pressures on people's lives				
	Better supporting people affected by childhood trauma by adopting a trauma informed approach across our services				
	Providing healthy lifestyles and mental wellbeing support in community settings for examples schools and youth groups, community centres				
We will focus on these areas to enable delivery of our priorities	Our workforce: We want to ensure we can hire and retain excellent staff to deliver health and care services and for our staff to feel fulfilled, motivated and cared for in their careers.	Workforce supply and models	Skills and capability development	Healthy working environments	Developing meaningful careers
	Digital, data and insights: We want to harness the benefits that digital solutions can offer and ensure they are available to everybody, regardless of age and household income	Digital inclusion	“Digital empowerment”	Joined up data and intelligence	Digital systems that work seamlessly together
Developing the “Hampshire and Isle of Wight way”	As we work together to deliver our priorities, we will continue to learn together, and build our culture, capabilities and collaboration as a new integrated care partnership: working with communities; adopting a continuous learning approach; developing a shared vision; focusing on outcomes; building a high trust and high support culture; drawing on insights from all partners; focussing on priorities that resonate with all partners; making the best use of collective resource and capacity, strengthening our population health approach.				

Overview: How did we arrive at the emerging areas of focus?

- 
- 1 **Review of the data and evidence** (Hampshire and Isle of Wight Joint Strategic Need Assessments, Health and Wellbeing strategies, system diagnostics)
 - 2 **Collation of perspectives** (partner interviews to understand perspectives, priorities and strategies, views of local people and other stakeholder insights)
 - 3 This led to the **identification of 5 themes for initial focus**: children and young people; mental wellbeing; prevention of ill health and healthy lifestyles; workforce; digital and data
 - 4 We used the partnership event on the 28 September to **review the evidence** under each theme, together with pre and post events discussions with other system colleagues, and **distilled a longlist** of potential areas of focus from the discussions
 - 5 The next step is to agree the **key areas of focus** for our strategy based on an assessment of the longlist against the design principles we have developed for the strategy, and taking into account the strategy guidance

We started by gathering insights and inputs from a variety of people and sources, including:

1 Review of the data and evidence

2 Collation of perspectives

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The views of local people and other stakeholder insights

Healthwatch, Hampshire Together and Isle of Wight public engagement, people and digital strategy coproduction, community engagement events, stakeholder surveys



Joint strategic needs assessment and Health and Wellbeing Board strategies

Portsmouth, Southampton, Isle of Wight and Hampshire JSNAs and strategies, plus the combined ICS JSNA and covid impact needs assessment



Partner perspective, priorities and strategies

Directors of strategy, medical directors, clinical leaders, public health, fire, police, elected members, adult and children's services, programmes – through clinical cabinet, prevention & inequalities board, digital group, quality board, transformation board, system chiefs, Bluelight Hub, Health & Wellbeing Boards



Other data, evidence and information

CQC, NHS Staff Survey, HES (Hospital Episode Statistics) data, financial and workforce returns, NHS payments to General Practice, Skills for Care workforce estimates, reference costs, Office for Health Improvement and Disparities; Office for National Statistics (the above summarised in system diagnostic)

This suggested five themes to prioritise, which are supported by the national policy backdrop



National aims and expected benefits of integrated care systems:



Suggested themes for Hampshire and the Isle of Wight:

Children and young people	<i>“Children and young people should be our first priority; they are the future of Hampshire and the Isle of Wight”</i>
Mental wellbeing	<i>“The non-clinical route into mental health and wellbeing support is just as important as the clinical route”</i>
Prevention of ill health and promotion of healthy lifestyles	<i>“We need to be tackling the ‘causes of the causes’”</i>
Our people (workforce)	<i>“Without the workforce, none of our ambitions will be achieved”</i>
Digital and data	<i>“There is a known need for digital systems to be integrated and compatible: without this there is a decline in efficiency and collaboration”</i>

Quotes from system partners when discussing possible areas of focus

Our five themes are grounded in national and international policy

Children and young people

- Reducing child health inequalities, what's the problem? reports that adverse health outcomes would be reduced by 18% to 59% if all children were as healthy as the most socially advantaged.
- The Royal College of Paediatrics and Child Health report, State of child health - England: 1 year on, highlights that children living in England have poorer health outcomes than average across the EU15+ (the 15 European Union countries plus Canada, Australia and Norway)
- The NHS Long Term Plan sets out the priorities for expanding Children and Young People's Mental Health Services over the next 10 years

Mental wellbeing

- The Five Year Forward View for Mental Health made a series of recommendations for the NHS and Government to improve outcomes in mental health by 2020/21. The NHS Long Term Plan included further commitments to improve mental health services. In 2022 the Government issued a call for evidence to inform a new, 10-year cross-government Mental health and wellbeing plan.



Prevention of ill health and promotion of healthy lifestyles

- The government states that the 2020s will be the decade of proactive, predictive, and personalised prevention
- The 10 year forward plan signals a clear focus on prevention. A 'renewed' NHS prevention programme will focus on maximising the role of the NHS in influencing behaviour change, guided by the top five risk factors identified by the Global burden of disease study: smoking, poor diet, high blood pressure, obesity, and alcohol and drug use.

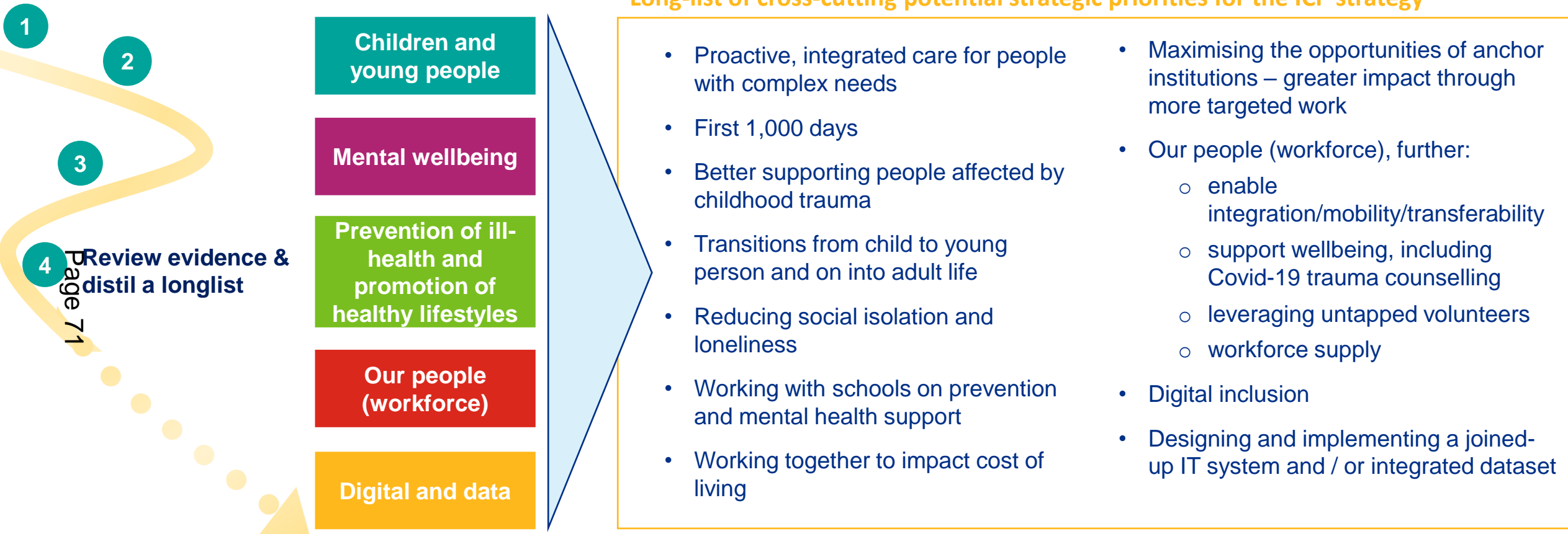
Our people (workforce)

- Addressing staffing issues in the NHS is among the top priorities for the public, reiterating the desperate need for a long-term, fully funded workforce strategy for the health and care service.
- The People Plan 2020/21: action for us all, set out a range of actions to deliver more people, working differently, in a compassionate and inclusive culture.

Digital and data

- Population health is one of the core strategic aims for integrated care systems; to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population, with a specific focus on the wider determinants of health
- Using data held by the NHS, and generated by smart devices worn by individuals, we will be able to usher in a new wave of intelligent public health where everyone has access to their health information and many more health interventions are personalised.

11 potential areas of focus for the strategy have emerged from strategy development discussions to date



Other ideas were considered, but discounted on the basis that they:

- Would be better tackled at Place / organisational level
- Weren't cross-cutting enough i.e., didn't excite all partners
- Would / could be tackled through the emerging themes selected
- Had an evidence base but we haven't heard passion for these areas in our work to date and have agreed with partners to go where the energy is

Next steps

- For the areas we are shortlisting, we will be testing and socialising with colleagues and partners, as well as:
 - gathering further evidence to strengthen the case for change and/or sharpen our strategic focus
 - describing our strategic ambitions for each of the shortlisted priority areas, identifying target outcomes and implementation plans (this work is already in train)
- Testing, socialising, developing through key groups, including
 - Integrated care partnership committee in November
 - Board of the integrated care board in December
 - Health and wellbeing boards
 - ICS NHS Executive Leadership Group
 - Integrated care board senior leaders
 - Peer groups across the system
 - People and public involvement groups
 - Partnership reference group

In the meantime:

- We are working through the early steps in the process of developing the **Integrated Care Board's strategic (joint forward) plan**
- Please email sarah.reese1@nhs.net or Roxanne.ransome@nhs.net if you would like to work through your thoughts on the development of the strategy

Agenda Item 11



Title of meeting: Health and Wellbeing Board

Date of meeting: 23rd November 2022

Subject: Social Value in Portsmouth

Report by: Natasha Edmunds, Director of Corporate Services,
Portsmouth City Council

Wards affected: All

Key decision: No

Full Council decision: No

1. Purpose of report

- 1.1 To present to the Board with a summary of activity taking place in Portsmouth City Council and begin a discussion about how a citywide social value approach can support the Health and Wellbeing Board to deliver on the joint Health and Wellbeing Strategy.

2. Recommendations

2.1 The Health and Wellbeing Board is recommended to:

- Note the activity underway to develop a social value approach
- Consider the opportunities that exist for expanding the approach in the city
- Consider if the topic would be helpful for discussion in a future development session to explore ideas in more depth.

3. Background

- 3.1 In 2020, Portsmouth City Council recognised the need for a more formalised and structured approach in respect of social value delivery. In response the Social Value Policy was developed in order to bring together the good practice taking place in the city and organisation as well as ensuring that the work was co-ordinated and targeted to achieve the greatest impact.
- 3.2 It was also recognised that there was an opportunity to clearly describe local priorities and needs, and encourage organisations and businesses looking to work in the city to think about how they would help to address these. This work

was clearly linked to the City Vision 2040 in reflecting the themes and values that are important to the city and its residents.

- 3.3 Our work on social value has been driven by taking a critical look at the way we use the Portsmouth Pound, seeking to create lasting and positive impact through the way in which we act to shape a resilient future, for our local and regional communities, businesses and environment.
- 3.4 We committed to looking at all of our activity through this social value lens, with the local people who live and work in Portsmouth being central to the impact we were seeking to achieve.
- 3.5 To guide the work, we developed a policy that focused on three key areas of impact:
- **Social:** Improving the physical and mental wellbeing of local people, strengthening community spirit and collaboration to reduce poverty and social isolation, supporting young people, disadvantaged groups and address inequality, by raising aspirations of our future generations.
 - **Economic:** Improving opportunities for our local SMEs, greater inclusion of the VSCE and social enterprise sectors within our supply chains, driving down unemployment, upskilling the future workforce and addressing skills gaps through apprenticeships and similar schemes. Driving up inward investment and harnessing the Green Revolution to 'build back better'.
 - **Sustainability:** working towards our 2030 Carbon Net Zero goal, improving our air quality, and enhancing our biodiversity through net gains. Evaluating our approach to placemaking and taking care of our heritage as a 'Port City.' Ensuring that communities and businesses are educated and empowered about the vital roles they play in delivering a sustainable future, one which builds back greener
- 3.6 In developing the city council approach, we were careful to take a strengths-based approach, working from the assets we already had. We recognised that social value was already being achieved within the city without any significant direct intervention by the council through local socially minded businesses, existing social enterprises and the work of key partners. This particularly showed itself in the immediate period of the pandemic response, where we saw incredible examples of businesses supporting the community.
- 3.7 But we also recognised that in some areas, the value of this activity was not being fully measured, therefore we had hidden value which we wanted to uncover, measure, and celebrate. We also recognised that by taking a more systematic approach, we could drive more value for our communities, so we could improve outcomes for everyone, but particularly the vulnerable or disadvantaged.

- 3.8 The policy was developed and approved in the shadow of the Covid-19 pandemic, which has obviously had huge impact in our community. We saw social value is as a critical and unifying enabler to the recovery and renewal of the city. The pandemic has both created need - some people have seen their work, homes, relationships, education and health fundamentally changed - but also highlighted need that already existed. At the same time, it highlighted the desire and capacity of organisations and individuals to reach out to provide support wherever they could to those who needed it. We know that it will be important to continue with a supportive and co-ordinated way of working as we move into supporting residents through the cost of living crisis.

4. The policy in practice

- 4.1 The Cabinet approved the policy in March 2021. Much of the work so far has been focused on how we derive more social value from our procurement and contracting activity. We have developed a toolkit, balancing adoption of recognised best practice whilst focusing upon local needs & priorities, to produce an emerging unique Portsmouth model which:
- Provides helpful guidance to suppliers and seeks to demystify social value principles
 - Signposts suppliers towards local policies, needs, facilitators & beneficiaries
 - Incentivises social value commitments and rewards focus upon local needs
 - Recognises and rewards both existing and future targeted social value commitments
 - Focuses upon impact above output and emphasises partnership
 - Can be applied broadly and constantly on a proportionate and relevant basis
 - Provides a simple, flexible means of assessing social value commitments over the procurement life cycle
 - Incentivises through ongoing reward and recognition rather than focusing upon punitive measures
- 4.2 The procurement and contract management social value toolkit used to incentivise, evaluate, monitor and measure the delivery of social value outcomes has been rolled out at significant pace since it was first developed and piloted in the summer of 2021.
- 4.3 The toolkit has been successfully applied to 18 significant contracts through re-tendering, extension negotiations and in term partnership working bringing the collective per annum value of contracts that the toolkit has been applied to over £140M.

- 4.4 In addition to application of the toolkit significant work has been undertaken to develop a central reporting tool that consolidates social value commitments across contracts and applies financial proxies taken from central government's 'National Themes Outcomes & Measures (TOMS)' model to provide a socio-economic financial value.
- 4.5 To date the social value commitments of 11 contracts with a per annum value of approx. £116M have been inputted into the reporting tool. Whilst further work is needed to fully verify figures and fill in gaps, the socio-economic financial output from these contracts currently equates to over £20M.
- 4.6 It is expected that as gaps in reporting are addressed this figure will increase significantly, particularly in relation to environmental measures where we know that suppliers are undertaking activities but may not currently be recording the outputs in a way which is compatible with the TOMs model. Suppliers may also require assistance to provide consistent information in respect of their local supply chain spend which we know is much higher than what has been reported to date.
- 4.7 A full breakdown can be provided upon request, however in summary the £20M figure has largely been generated through:

MEASURE & UNIT	NO.	£SV
Local job creation	195	£5.6M
Jobs for long term unemployed	6	£22.5k
'Support Into Work Assistance' hours	91	£9.6k
Site visits for residents and local school children	56	£3.7K
Weeks of training opportunities provided	1.076	£340k
Weeks of work placements that pay RLW	60	£20.7k
Local supply chain spend	£16.1M	£14.3M
Equipment or resources donated to VCSEs	£42k	£42k
Volunteering hours donated to support VCSEs	479	£8.1k
Equality, diversity & inclusion training hours	132	£13.3k
Donations or in-kind contributions provided to community projects	£23.5k	£23.5k
Volunteering hours provided to community projects	994	£16.8k
Savings of tonnes of CO2e emissions	477	£117.6k

- 4.8 **We wanted more local people in employment**, our suppliers committed to hiring or retaining 195 local people. Of this number 6 long-term unemployed people for a year or longer were part of the employment process.
- 4.9 **We asked for improved skills**, our 11 suppliers committed providing 56 site visits for school children and or local residents, committed to supplying 1,076 weeks of training opportunities i.e. BTEC, City & Guilds, NVQ, HNC - Level 2,3, or 4+ with a view to either being completed during the year, or will be supported by the organisation until completion in the following years; and, further commitment to 56 meaningful work placements that pay Real Living wage according to eligibility in a 12 month period for 6 weeks or more. In addition, there is further commitments for 40 meaningful work placements that pay Real Living wage according to eligibility in a 12-month period for 6 weeks or more.
- 4.10 **We wanted more opportunities for local MSMEs and VCSEs** by committing to spending £16,105,000 in the Portsmouth local supply chain, this generated £14,333,450 in social value financial proxies against their categories. Additionally, we received commitments of donations i.e., £42,000 for equipment or resources donated to VCSEs and 479 voluntary hours to support VCSEs. These figures are commensurate to £14,383,559.
- 4.11 **We asked for ways of reducing inequalities** and are in the process of sign posting suppliers to begin start working with us to the reduction of the gender pay gap for employed staff employed. In the meantime, 137 hours have been committed to include training for equality, diversity and inclusion for both staff and supply chain.
- 4.12 **We wanted ways of improving staff wellbeing and mental health**, our suppliers said they would provide 192 employees with professional support for anxiety and depression i.e., at least six sessions of Cognitive Behavioural Therapy (CBT) or equivalent, following a workplace screening through a questionnaire or other diagnostic methods. Additionally, they committed to providing 36 employees in a 12-month period with workplace screening and support for anxiety and depression.
- 4.13 **We wanted more working with the community**, our suppliers have committed to either making donations or in-kind contributions to the sum of £23,500 to local community projects via the either cash donation and or materials in a 12-month period. They have also said they will provide 994 hours of volunteering time to support local community projects.
- 4.14 **We wanted safeguarding for the natural environment**, currently we have a commitment of £1000 as either donations or investments towards initiatives aimed at environmental and biodiversity conservations and sustainable management projects for both marine and terrestrial ecosystems. In addition, 24

volunteering hours for environmental conservation & sustainable ecosystem management initiatives and a 24-hour commitment for staff training have also been committed adding e.g., SDGs Academy courses, Supply Chain Sustainability School bronze or higher or equivalent.

- 4.15 The Portsmouth model for social value differs from those developed by other public sector bodies through focusing more upon understanding the positive impacts that come from social value activities rather than focusing to highly upon quantifiable outputs. Now that the deconstruction works at Horatia & Leamington Houses are nearing completion a draft case study has been produced which highlights how the contractor (Hughes & Salvidge) worked in partnership with the Council and local community to deliver meaningful lasting positive outcomes through their social value activities.
- 4.16 Key highlights can be summarised as:
- Nearly £300k of social value created
 - The contractor undertook works at Cottage Grove School which equated to 75% of the school's annual maintenance budget
 - 50% of the workforce on the contract are local to Portsmouth
 - Time and equipment donated to community events
 - Replaced the tools of a local tradesperson that had been stolen
 - Donated 11 pallets that were used for exhibiting at community events
 - Recycling / reuse of significant amounts of waste materials
- 4.17 Work to develop the Council's social value web pages is ongoing. The structure and content is currently being finalised but we can confirm that following launch, which is planned for early next year, the following information will be accessible via the pages:
- Portsmouth definition, ethos and model
 - Social value in action - outputs, impacts, case studies
 - News and events
 - Policy, strategy and legislative context
 - Signposting, co-ordination and brokerage
 - Support, training, toolkits and best practice

Care is being taken to ensure that the content and overall tone of the pages is inclusive, welcoming and easy to understand rather than overly technical or academic. The wording, content and structure of the pages will also focus upon social value activities undertaken in the city by all suppliers and partners, irrespective of any direct involvement of the Council. This will help facilitate increased partnership working and the development of the Portsmouth Model, rather than a Portsmouth City Council model only.

5. Broadening the social value approach

- 5.1 We have considered how social value impacts every element of our activity, including how we use our property portfolio as well, and how we approach work with the local VCS. So, for example, our social value policy underpinned a decision to let a unit in a council-owned building to a local community group rather than seek a commercial rent, mindful of the wider value that could be generated for the local community.
- 5.2 We are now seeking to ensure that we are applying a social value lens to all of our activity, including our behaviour as an employer, to ensure that we are inclusive and supportive so that all members of our community, including those who experience barriers to work, have opportunities. Examples of this include our commitments through the Armed Forces Covenant, and the commitments we have made as a disability confident employer.
- 5.3 This approach is in line with the objectives of the Health and Wellbeing Strategy for Portsmouth that was agreed in June 2022. The strategy explicitly acknowledges the role of social value in addressing some of the wider systemic challenges in the city that mean outcomes for some of our residents are not what we would all want them to be. In developing actions and responses to the identified challenges, the strategy recognises that social value provides additional benefits which can aid the recovery of local communities through employment, re-training and community support.
- 5.4 We recognise that our work on social value in the city can be even more effective, and have even more impact, if it represents a way of working that all city partners are able to sign up to, and embrace as far as their own organisational policies and procedures allow.
- 5.5 We would therefore welcome a discussion on the opportunities that a wider social value approach in the city can offer, and how we can embed an approach for the whole city, building on the wealth of experience and good practice that the Health and Wellbeing Board partners are able to bring.

6. Social Value Conference 2023

- 6.1 Following the success of a launch event earlier in 2022, it is planned to hold an annual conference going forward. This will help to maintain the profile of this important initiative, increase momentum and drive inclusion of social value into a growing range of activities city-wide.
- 6.2 The next event will be held during early / mid-February 2023 and again will showcase work undertaken by the Council and our partners as well as providing an update on planned local and national social value developments.
- 6.3 Whilst the agenda is still being finalised the following items are likely to feature:
- *Apprenticeships* - Highlighting the work of the Council, partner organisations and suppliers
 - *Modern Slavery* - Raising awareness and providing an update on the work the being undertaken by the Council to meet its Modern Slavery Statement
 - *Cost of Living Crisis* - Highlighting issues, providing information on support that is available, creating new ideas for support through workshopping
 - *Commissioning* - Showing how social value can be considered within the overall commissioning strategy, showcasing effective partnerships between the Council and its suppliers (Society of St James, Minstead Trust)
 - *Health & Wellbeing* - Update on strategy development, showcasing work undertaken by partners including for the work with BH Live and the initiatives they are driving in the city as the Council's core partner operator
 - *Energy Crisis* - Highlighting how energy consumption can be addressed through sustainability measures, sharing best practice, signposting to support
 - *Website Launch* - Overview of content and structure, gaining of feedback and ideas from partners, creating shared ownership
 - *Toolkit & Reporting Tool* - Overview and training, gaining feedback, workshopping development ideas
- 6.4 Ideas for inclusion in the conference from Health and Wellbeing partners would be welcomed.

7. Reasons for recommendations

- 7.1 The Health and Wellbeing Strategy highlights social value as a driver of improved outcomes for residents in the city, so there is a clear reason for a consideration of a shared approach to social value across HWB partners.

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 There are no direct legal implications arising from the recommendations contained within this report. Future schemes and initiatives will require advice during development in order to support decision making.

10. Director of Finance's comments

- 10.1 There are no direct financial implications arising from the recommendations contained within this report.
- 10.2 Future schemes and initiatives will require financial appraisal on case by case basis in order to support decision making. Before any schemes or initiatives will be able to proceed, specific funding sources would need to be identified and in place.

.....
Signed by: Natasha Edmunds, Director of Corporate Services, Portsmouth City Council

Appendices: No appendices

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

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

Title of document	Location

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

.....
Signed by:

Agenda Item 12

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)



Portsmouth
CITY COUNCIL

Title of meeting: Health and Wellbeing Board

Subject: Dentistry

Date of meeting: 23 November 2022

Report by: Jo York, Managing Director, Health and Care
Portsmouth - Hampshire and Isle of Wight Integrated
Care Board

Wards affected: All

1. Requested by: Full Council

2. Purpose

- 2.1 On 10th October 2022, Full Council debated a notice of motion relating to a shortage of dentists and NHS Dental services in Portsmouth. It was resolved that officers of the local authority would work with the Integrated Care System and dentists in Portsmouth to prepare a report for the Health and Well Being Board. (HWB) for immediate consideration within their remit and scope. This report should contain ambitious recommendations for consideration by the HWB which will focus upon the number of dentists in Portsmouth increasing as well as more dentists being able and willing to maintain lists of NHS patients. This report should be presented to the HWB before Christmas.

3. Information Requested

- 3.1 The report attached as Appendix 1 provides the information as required by the agreed council motion.

.....
Signed by: Jo York, Managing Director, Health and Care Portsmouth - Hampshire and Isle of Wight Integrated Care Board

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



Portsmouth
CITY COUNCIL

Appendices:

Dentistry update, November 2022

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

Dentistry in Portsmouth: update November 2022

Context

1. Hampshire and the Isle of Wight Integrated Care Board now has delegated responsibility for dentistry, alongside pharmacy and optometry. The local authority retain their statutory responsibilities for surveillance and improvement of oral health of our population.
2. Integrated Care Boards (ICBs) have an explicit purpose to improve health outcomes for their whole population and the delegation will allow us to integrate services to enable decisions to be taken as close as possible to our residents. We are working to ensure our residents can experience joined up care, an increased focus on prevention and better access to care and advice.
3. The COVID-19 pandemic caused NHS dental providers to close for routine care, causing backlogs in routine dental treatment. In time dental practices restarted their routine treatment but with new safety controls in place, limiting the capacity for dental providers to see as many residents as before.
4. We know our residents continue to struggle to access dental services, and the existing health inequalities which exist in the city. We also know that the proportion of our population accessing dentistry services in Portsmouth is slightly lower than other parts of Hampshire and Isle of Wight. However, the improvements to access following the closedown during the pandemic is on the same trajectory as the rest of Hampshire and Isle of Wight. There are a range of challenges which need to be overcome to make significant improvements; this paper provides an overview of contractual challenges, the opportunities now available with new arrangements coming into place, and the work currently underway in city to make progress.

Contracting

5. Primary dental care is commissioned as units of dental activity (UDAs) with the number of UDAs awarded to each course of treatment dependent upon the treatment delivered. A UDA is a unit of payment given to providers which is used for different courses of treatments. More complex dental treatments would count for more UDAs than simpler treatments. For example, an examination is one UDA whereas dentures equates to 12

UDAs. clinical activity. The number of UDAs a patient will need in a year will depend upon their oral health.

6. NICE guidelines suggest recalls for treatment range from three to twelve months for children and three to 24 months for adults. There is a direct correlation between deprivation and oral health, with those from more deprived households often needing more UDAs a year as they may have more frequent check-ups with higher treatment need identified which attract more UDAs.
7. The model of existing primary dental care was introduced in 2006 when the General Dental Services (GDS) Contract and Personal Dental Services (PDS) Agreement were introduced. Under that arrangement which remains in place, contracts specify a defined number of UDAs for a defined contract value, with those issued in 2006 based on treatment provided during a 12-month test period in 2004/5. This period, now almost twenty years ago, was during the time when a dental practice could set up where they wished and deliver as much or as little NHS care as they chose. The current dental contract framework and legislation no longer allow practices to set up or provide as much as they wish; for existing practices this is limited to their contracted activity and new NHS practices can only be established after an open procurement process.
8. GDS contracts exist in perpetuity, unless they are voluntarily terminated by the provider or the commissioner as a result of contractual breaches.
9. At the current time a commissioner is not able to reduce contracted activity in one area and move this activity to an area it considers of greater need. There have been annual increases in dental budget allocations as agreed nationally, but this does not take into account increases in population size.
10. There have been a number of contracts that have terminated in Hampshire and Isle of Wight, particularly in Portsmouth, as a result of providers choosing to hand their contract back.

New procurement

11. Prior to the pandemic a procurement was undertaken in the areas of Hampshire and Isle of Wight that were impacted by this the greatest, which included Portsmouth. The recommissioning of general dental services in our area was delayed due to the pandemic.

12. This review was completed by NHS England's Dental Public Health team in January 2022, which also took into account further terminations that had occurred during the pandemic. In line with the results of this review, the South East region are commissioning new contracts in the five areas of greatest need, based upon deprivation, to increase recurrent UDAs in these areas.
13. The number of UDAs commissioned will be proportionate to the deprivation of the local authority so that the more deprived areas have a greater number of UDAs commissioned.
14. The budget available to re-commission is derived from what is currently used to commission non-recurrent activity ending on 31 March 2023, the budget released from recently terminated contracts, as well as reserve funding.
15. This will allow 222,000 UDAs to be recurrently commissioned across Hampshire and Isle of Wight and will give greater choice to patients living and working in the more deprived areas and reduce the need for patients to travel to receive dental care. From April 2023, in Portsmouth this equates to:
 - Portsmouth South: 78,000 UDAs
 - Portsmouth North: 26,000 UDAs
16. This is subject to recruitment and no unforeseen delays with building works or equipment delivery. We will be monitoring mobilisation and working closely with providers to support this where we can. While this is unfortunately 5 months away, the offer of additional funding for additional sessions for urgent care as well as temporary activity for routine care remain and the new allowance under Dental System Reform (DSR) for practices to be paid for over performance up to 10% is also available to practices. With the challenge of recruitment, we do not anticipate these options will increase access significantly.
17. NHS England have advised that the implementation of the minimum UDA value of £23 that was part of DSR has been implemented from 1 October 2022, with one Portsmouth practice benefitting from this change (the other Portsmouth practices already receive a UDA value greater than £23). The other aspects of DSR, including updating the NHS Directory of Service whether they are accepting new patients, require legislative changes which NHS England have been advised is anticipated during November 2022.

Monitoring dental contracts

18. All dental contracts are monitored to ensure they reach their contracted activity and dental practices must be within a -4/+2% tolerance at the end of the financial year. Practices that underperform are required to repay the funding for unachieved activity. Where practices over-perform by up to 2% this is deducted from their following year's activity requirement.
19. A performer (dentist) providing largely full time NHS care delivers approximately 7,000 UDAs per annum, although activity can differ from performer to performer. Providers that hold an NHS contract are required to engage dental performers to undertake the delivery of the contracted activity; commissioners do not have a contractual relationship with a performer. The Provider is also responsible for employing the appropriate support staff to deliver their contracted activity.
20. Since July 2022 when practices have been required to deliver 100% of their contracted activity there has been an overall increase in activity, but most of this activity is focussed on reducing the backlog of care and not on new patients.

Routine and urgent care priorities

21. For routine care, details of practices providing NHS dental care can be found on: <https://www.nhs.uk/service-search/find-a-dentist> or by ringing 111 who will provide details of local dental practices providing NHS care.
22. We recognise the anxiety of not having access to an NHS dentist for routine care. NHS England has put in place additional funding to all practices in the region in to provide sessions outside normal contracted hours for patients who did not have a regular dentist and had an urgent need to receive dental treatment. The offer of funding additional sessions remains open so that should practices in Portsmouth subsequently determine they have the staffing levels to safely deliver additional NHS sessions, these will be established.
23. Should any patient need urgent dental care, or they have been able to access temporary urgent care and still require further treatment to stabilise their oral health or need dental treatment before undergoing certain medical or surgical procedures, or be a Looked After Child they will be able to contact one of the above practices to obtain treatment. With the focus

remaining on reducing this backlog, practices may not be able to provide routine care for patients that do not have an urgent clinical need.

National and regional actions

24. A recent procurement has resulted in the award of new contracts in multiple locations across Hampshire and these are anticipated to start delivering care from April 2023. In the meantime, temporary activity continues to be delivered by several practices across our locality, until the new contracts are able to begin to see patients.
25. Earlier this year there was an announcement of planned changes to the NHS dental contract with the first phase now implemented. These changes include arrangements designed to improve patient access.
26. More widely, Health Education England has published '[Advancing Dental Care \(ADC\) Review Report](#)', the culmination of a three-year review to identify and develop a future dental education and training infrastructure that produces a skilled multi-professional oral healthcare workforce, which can best support patient and population needs within the NHS. The Government is currently considering the next steps.
27. In addition, the Government is also considering moving forward with water fluoridation, a public health initiative the Chief Dental Officer [strongly supports](#). As the robust international evidence shows, water fluoridation is another public health tool that can reduce the incidence of tooth decay amongst adults and children – saving potentially thousands of teeth and improving oral health inequality in the process.
28. The [Health and Care Bill](#), currently going through parliament sets out some changes to the water fluoridation legislation in England. If it becomes law, the Bill will allow the Secretary of State, instead of local authorities, to establish new water fluoridation schemes or to vary or terminate existing water fluoridation schemes in England. [Water fluoridation: seeking views on future consultation process - GOV.UK \(www.gov.uk\)](#)

Local actions

29. We know in Portsmouth recruitment and retention has had more of an impact than some other parts of the country. In addition to the new national

contract that will be implemented nationally, we are actively looking at ways to bring performers into the area.

30. We are also building a new dentistry team within the ICB, to help progress our local focus and transformation agenda, as well as a specific focus on recruitment.
31. In June 2022 a Dental Summit was held in Portsmouth, hosted by the University of Portsmouth and chaired by Penny Mordaunt MP. The summit recommended two steering groups be set up to progress the proposals raised at the summit. The first steering group is led by Professor Chris Louca to progress a bid for a Centre for Dental Development at the University of Portsmouth Dental Academy.
32. The summit recommended a second working group, focussing on oral health promotion, to be established by Health and Care Portsmouth and chaired by the Director of Public Health for Portsmouth. To date, this working group has met with the next meeting scheduled for the 24 November 2022. The current work programme is focused on increasing oral health promotion services in key Portsmouth settings. The University of Portsmouth Dental Academy already undertake outreach to some schools, targeting areas of social deprivation, and into care homes and our homeless population in the city. This outreach provides guidance on how to brush teeth and other oral health promotion themes such as a healthy diet. The university's Dental Academy, Solent Special Care Dental Service and Public Health are developing a bid for transformation funding to expand this current offer to all schools and early years settings in Portsmouth. The group will also focus on developing joint oral health promotion campaigns to residents via social media.
33. The ICB is working closely with NHS England as part of the transition of responsibility for dentistry, pharmacy and optometry commissioning. The opportunity to bring these responsibilities into the ICB means we will be able to continue to work at scale – as has been the case with this commissioning for many years – while bringing in a new place-based focus addressing local needs. The place-based Primary Care Operational Groups, which until now have been the local governance route for GP services, have had their remits expanded to take in these new responsibilities.
34. We are aware that access to dental services is a key concern for local people. Across the ICB footprint, we have asked the four Healthwatches to

review the feedback they have received from our communities. The review so far has highlighted that access to NHS dentistry is difficult for many people with services often offered only if people are prepared to pay. Local communities find it difficult to find a dentist for themselves and their children despite making numerous phone calls to many dental practices over a long period of time. Once the review is complete, we will be working with the Healthwatches to determine the next steps and how we work together to identify potential short, medium and long term solutions.

35. The ICB's initial priorities will be to ensure appropriate oral health strategies are in place across the system, and to build relationships with providers, addressing their concerns and supporting them with their services and estates. As this work progresses we will keep the committee updated.

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Agenda Item 13

THIS ITEM IS FOR INFORMATION ONLY

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

Title of meeting:	Health and Wellbeing Board
Subject:	Air Quality and Active Travel Priority (Health and Wellbeing Strategy)
Date of meeting:	23rd November 2022
Report by:	Penny Emerit, Chief Executive, Portsmouth Hospitals University NHS Trust
Report author:	Dominique Le Touze, Assistant Director of Public Health
Wards affected:	All

1. Requested by Health and Wellbeing Board Chair

2. Purpose

2.1 To provide an update to the Board on the air quality and active travel priority of the Health and Wellbeing Strategy.

2.2. To recommend areas where Board member organisations can contribute to this priority, as key local anchor institutions.

3. Information Requested

3.1 The Health and Wellbeing Strategy outlines why air quality and active travel underpins health improvement outcomes, building on the work of the Marmot Review¹ to identify the wider determinants of health.

4. Air Quality and Active Travel in Portsmouth

4.1 Air pollution is the largest environmental risk to the public's health in the UK, contributing to cardiovascular disease, lung cancer and respiratory diseases². It is estimated by Public Health England that long-term exposure to air pollution in the UK has an annual effect equivalent to between 28,000 to 36,000 deaths³. In 2020,

¹ [Fair Society Healthy Lives \(The Marmot Review\) - IHE \(instituteofhealthequity.org\)](https://www.fair-society.org.uk/healthy-lives/the-marmot-review)

² Association of Directors of Public Health (ADPH) 2017 'Air quality: a briefing for Directors of Public Health' <http://www.adph.org.uk/2017/03/air-quality-a-briefing-for-directors-of-public-health/>

³ <https://www.gov.uk/government/publications/health-matters-air-pollution>

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premature deaths in Portsmouth attributed to long term exposure to particulate matter were higher than the national average, making up 6.9% of all premature deaths in Portsmouth, compared with 5.6% of all early deaths in England and the second highest rate in the South East⁴.

4.2 Currently, the pollutants causing the most significant health impacts in the UK are emissions of nitrogen dioxide and particulate matter (PM_{2.5}, PM_{2.5} and PM₁₀). Data from the Public Health Outcomes Framework (PHOF) indicates that concentrations of particulate matter in Portsmouth are on average 9.2 micrograms per metre squared. The second highest in the South East after Medway (9.6 micrograms per metre squared).

4.3 The health effects of air pollution are wide ranging. They include but are not limited to:

- short-term worsening of pre-existing heart and lung conditions and respiratory conditions such as asthma, leading to increased hospital admissions.
- Long-term effects through increased chronic disease and mortality from heart and lung conditions
- There is emerging evidence that other impacts include low birth weight and premature birth in babies, childhood infections and impaired lung development and function as children grow⁵.

4.4 Air quality affects everyone, but there are inequalities in exposure, and air pollution has the greatest impact on the most vulnerable - children, the elderly, those with long-term health conditions, and those living close to main roads where pollution from traffic is worst⁶. Deprived areas are often located close to heavy traffic where air quality is worse. In Portsmouth, people living in some parts of the Charles Dickens ward, which has an Air Quality Management Area (AQMA) located in it, have a significantly worse than average rate of emergency hospital admission for Chronic Obstructive Pulmonary Disorder, Cardiovascular Disease, and under 25 years emergency admissions for asthma.

4.5 The main source of air pollution in Portsmouth is road traffic, which accounts for around half of the air pollution in the city. Other sources are industrial, commercial, domestic, and background and trans-boundary pollution (unavoidably brought into the city via weather systems). Of traffic pollution, around 34% comes from diesel cars; 14% light goods vehicles (diesel); 8% bus; 8% petrol cars; 4% rigid Heavy Goods Vehicles; 1% articulated Heavy Goods Vehicles.

4.6 Reducing car travel and increasing active travel (walking, cycling, bus and train travel) is therefore crucial to reducing air pollution in the city as well as reducing road traffic accidents in Portsmouth which is the fourth worst in the South East with 189 accidents per

⁴ [Public Health Outcomes Framework - at a glance summary \(phe.org.uk\)](https://www.phe.org.uk/publications/health-matters-air-pollution)

⁵ <https://www.gov.uk/government/publications/health-matters-air-pollution>

⁶ Portsmouth Mid-Year Population Estimates 2018 (ONS); Portsmouth Health and Wellbeing Strategy 2018 - 2021

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billion vehicle miles (compared to an average of 95 per billion vehicle miles in the South East, and 86 in England)⁷.

4.7 Active travel has additional co-benefits for health including increasing physical activity, improving mental health and improving community cohesion and economic growth through greater social contact and higher footfall.

5. Action to tackle air pollution and increase active travel

5.1 The multi-agency Air Quality and Active Travel Board was established in February 2022 to take forward the aims of this Health and Wellbeing Strategy priority. The Board has since established a broad membership, agreed terms of reference and undertaken a mapping exercise of existing member organisation policy.

5.2 A mapping exercise of air quality, active travel and sustainability policies and plans for Air Quality and Active Travel Board member organisations found commonalities particularly across travel and transport and the aims for delivery of services. Travel and transport goals included promotion of electric vehicle use and facilitation of active travel for business and leisure (including promotion of walking and cycling infrastructure, e-scooters, public transport and park and ride). These plans were supported by the Portsmouth City Council Transport Strategy 2021 - 2038⁸ and Implementation Plan, Local Cycling and Walking Infrastructure Plan⁹, and the South East Hampshire Rapid Transit network initiative¹⁰, among others.

Promotion of digital services (particularly in health), shared courier services and a focus on limiting unnecessary business travel and flexible working practices all reduced car travel and therefore vehicle emissions.

5.3 A two hour workshop with members in September 2022 developed a delivery plan for the coming year (detailed in Appendix 1). This brought together evidence from the mapping exercise and recommendations for action from all partners, and built on work already underway in the city to tackle air pollution and increase active travel. It contains four main objectives:

1. A public awareness campaign on the impact of air pollution
 - Health threats linked to air pollution (including publicising mortality and morbidity costs linked to air pollution in the city)
 - Clinical champions; management plans for respiratory conditions that accommodate air pollution risks
 - Publicise existing active travel opportunities e.g. park and ride, My Journey, workplace support, walking links to PHT

⁷ [Public Health Outcomes Framework - at a glance summary \(phe.org.uk\)](https://www.phe.org.uk/publication/public-health-outcomes-framework-at-a-glance-summary)

⁸ [Portsmouth Transport Strategy 2021-2038](#)

⁹ [74.463-LCWIP-Plan.pdf \(portsmouth.gov.uk\)](#)

¹⁰ [Homepage - South East Hampshire Rapid Transit \(sehrt.org.uk\)](https://www.sehrt.org.uk/)

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- Anti-idling campaign
- 2. Supports member organisations to develop active travel plans
 - peer support for all members
 - Sharing good practice between members, for example parking permit limitations for staff
- 3. Gaining public and political buy-in for reduced air pollution and increased active travel
 - Start discussions on a shared large-scale highly visible project to promote reduced air pollution and increase active travel for example. green corridor linking Port to city.
 - What is it that gets people on a bike and walking? Desktop and qualitative research to understand motivations and behaviour change
- 4. Coordinated EV infrastructure and policy
 - Sharing agreements for use across member organisations

6. The role of the Health and Wellbeing Board in improving air quality and active travel

- 6.1 Air pollution is the greatest environmental threat to the health of the population in the UK, negatively impacting on climate goals, worsening health outcomes and widening health inequalities in our city.
- 6.2 There are substantial co-benefits from addressing this issue for the climate, local economy, broader physical and mental health and continuing to make Portsmouth a good place to work, thrive and do business. Moreover, by collaborating as a group of anchor institutions, business and citizens working together, greater dividends can be achieved.
- 6.3 As health and wellbeing leaders in the city it is imperative that the Health and Wellbeing Board not only supports but actively champions this clinical priority.
- 6.4 We therefore ask Board Members to:
- Note and endorse the Air Quality and Active Travel Delivery Plan
 - Commit to sharing electric vehicle charging points for staff across member organisations
 - Commit to producing Active Travel Plans within the next year, which inform a shared and integrated Travel Plan for the city
 - NHS members commit to providing clinical champions for the Board from community, primary and secondary care.
 - All partners commit to developing staff wellbeing champions to promote clean air and active travel.

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Signed by (Director)

Appendices:

Appendix 1 - Air Quality and Active Travel Delivery Plan 2022 - 23

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
Health and wellbeing strategy 2022-2030	health-and-wellbeing-strategy-january-2022-accessible.pdf (portsmouth.gov.uk)

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Agenda Item 14



THIS ITEM IS FOR INFORMATION ONLY

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

Title of meeting: Health and Wellbeing Board

Subject: Health Protection Board Terms of Reference

Date of meeting: 23rd November 2022

Report by: Director of Public Health

Wards affected: All

1. Requested by Director of Public Health

2. Purpose

To note that as we enter a new phase of living with COVID, the Health Protection Board has refreshed its Terms of Reference to reflect a broader remit to share information between partners on a wider range of infectious diseases and environmental hazards in addition to COVID-19. As a largely information sharing platform, the name will also change to the Portsmouth Health Protection Forum.

The Portsmouth Health Protection Board was established in 2020, bringing together senior professional leads from agencies across the Portsmouth health and care system, to develop and implement local COVID-19 outbreak control plans, ensuring they met the needs of the local population.

3. Information Requested

Health Protection Forum Terms of Reference (Appendix 1)

.....
Signed by (Director)

Helen Atkinson, Director of Public Health

Appendix:

Health Protection Forum Terms of Reference (Appendix 1)

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

THIS ITEM IS FOR INFORMATION ONLY

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

Title of document	Location

Portsmouth Health Protection Forum Terms of Reference

Purpose of the Health Protection Forum

The Portsmouth Health Protection Forum supports and enables the Director of Public Health to deliver their statutory responsibility to protect the health of the local population. This includes the development and operational implementation of local outbreak control plans, to ensure they meet the needs of the local population.

The Health Protection Forum will take an 'all hazards' approach as outlined above, which will be delivered at different levels and by different organisations, brought together at local authority level under the leadership of the Director of Public Health to ensure a community focus and appropriately tailored approach. These levels will include:

- National/Regional - taking guidance and direction where necessary from central government, including UK Health Security Agency (UKHSA).
- System - Co-ordination required at a system level will be provided through the Local Resilience Forum and Integrated Care System arrangements
- Local - Working to ensure a coordinated, place-based focus to health protection.

Scope

- Health protection practice aims to prevent, assess and mitigate risks and threats to human health arising from communicable diseases and exposure to environmental hazards such as chemicals and radiation.
- The effective delivery of local health protection services requires close partnership working between UKHSA, the NHS, local government and partner organisations.
- Core health protection functions of the Portsmouth Health Protection Forum:
 - Support for emergency preparedness, resilience, and response
 - Communicable disease control (including the growth and spread of anti-microbial resistance) in liaison with UKHSA and partner agencies
 - Risk assessment and risk management
 - Risk communication
 - Incident and outbreak consequence management
 - Monitoring and surveillance of communicable diseases (including emerging infectious disease)
 - Awareness of, and possible response to public health alerts
 - Supporting infection prevention and control in health and care settings
 - Support for immunisation and vaccination programmes
 - Support for environmental population health and control of chemical, biological and radiological hazards - including those outlined in the HIOW LRF Community Risk Register that have implications for human health including, but not limited to: flooding; heatwaves; poor air quality; low temperatures.

Objectives

The Forum will:

- Identify, monitor and escalate risks through surveillance data on infectious disease, immunisations, and environmental threats to inform member organisation planning and policy.
- Receive and share information on all hazards potentially harmful to human health from member organisations.
- Where necessary, member organisations will take action in response to shared information.
- Where necessary, and in consort with existing response structures, mount a coordinated response to incidents, outbreaks and other hazards, which may include:
 - communications and recommendations to the Health and Wellbeing Forum, PCC GOLD, LRF, member organisations and partner organisations not represented at the Forum.
- Receive and act on data and intelligence, including epidemiology and early warning indicators, provided from sources including the HIOW LRF, UKHSA, European Union (EU - via the European Centre for Disease Prevention and Control) and the World Health Organisation (WHO) through the International Health Regulations.
- Recommend approaches to community engagement, including with vulnerable and/or higher risk communities of interest
- Monitor the response to local outbreaks and ensure learning informs future practice
- Be responsible for developing and implementing the Local Covid-19 Outbreak Control Plan, and ongoing contingency planning for Covid-19, including:
 - Planning to prevent and respond to local outbreaks in settings such as care homes and educational settings
 - Identification and management of other high-risk settings, locations and communities of interest
 - Identifying methods for local testing to ensure a swift response that is accessible to the entire population.
 - Oversight of infection control capability and capacity in local complex settings and identifying and escalating requirements
 - Ensuring local services can support vulnerable people to self-isolate
 - Recommend what to include in the communications strategy
 - Ensure that the conditions of relevant grant funding are complied with
 - Monitoring the expenditure incurred in implementing the plans to ensure it remains affordable within the grant allocation

Accountability

The group will be accountable to the Health and Wellbeing Board, in its statutory role bringing together key partners in the local health and care system.

It will also have reporting relationships to:

- HIOW level governance process for functions delivered at this level via the Local Resilience Forum
- Local Gold Command where this is established.

Meetings

- Meetings will be held quarterly, but with extraordinary meetings convened if required.
- Meetings are not held in public
- An agenda and papers will be circulated at least 1 working day before the meeting.
- Conflicts of interest must be declared by any member of the group.

Membership

- Director of Public Health (Chair)
- Assistant Director - Regulatory Services, PCC (Deputy Chair)
- Communications, Health and Care Portsmouth
- Director Adult Social Care or representative
- Director of Children, Families and Education or representative
- Emergency Planning and Resilience Response representative
- UKSHA Consultant in Health Protection
- Housing (appropriate representation to pick up homeless and sheltered housing), PCC
- Culture and Leisure, PCC
- Finance, PCC
- Regeneration, PCC
- The HIVE
- Director of Quality and Safeguarding, Health and Care Portsmouth
- Portsmouth Hospitals University NHS Trust
- Solent NHS Trust
- HM Naval Base
- University of Portsmouth
- Hampshire Constabulary

The Board will invite key advisers as required by the agenda items under consideration.

Specific invitations to persons in other roles may be made where warranted by the business of the meeting.

Quoracy

There will be least six representatives, one of whom will be the Chair or nominated Deputy Chair.

Review

Terms of reference will be reviewed on a regular basis.

References

- [What-Good-Looks-Like-for-High-Quality-Local-Health-Protection-Systems.pdf \(adph.org.uk\)](#)
- Hampshire and Isle of Wight Local Resilience Forum 'Community Risk Register'