



NOTICE OF MEETING

HEALTH AND WELLBEING BOARD

WEDNESDAY, 15 FEBRUARY 2023 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 2022 and the end of universal free testing from 1 April 2022, 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 2022 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 2022, 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, Maggie Maclsaac,

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

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

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

AGENDA

Apologies for absence

Declarations of interest

Minutes of previous meeting held on 23 November 2022 (Pages 5 - 14)

RECOMMENDED that the minutes of the meeting held on 23 November 2022 be approved as a correct record.

Portsmouth Safeguarding Adults Board Annual Report 2021-2022 (Pages 15 - 30)

RECOMMENDED that the content of the annual report from the Portsmouth Safeguarding Adults Board be noted.

Preventing Violent Extremism Strategy (Pages 31 - 38)

To update the Health and Wellbeing Board on the Local Authority's plans to meet the Prevent statutory duty.

Pharmaceutical Needs Assessment and wider pharmacy issues (Pages 39 - 50)

1. To propose that the Pharmaceutical Needs Assessment (PNA) approves a revised PNA for consultation that identifies a gap.
2. To propose a more streamlined local process for agreeing the response to a consolidation application.

Health & Wellbeing Strategy - Education priority

There will be a presentation at the meeting on this agenda item.

Combatting Drugs Partnership Needs Assessment and Plan (Pages 51 - 64)

1. The purpose of the report is to inform the Health and Wellbeing Board (HWB) of the Combatting Drugs Partnership (CDP) needs assessment and Substance Misuse Plan for Portsmouth.
2. To seek approval from the HWB for the Substance Misuse Plan for Portsmouth.

Superzone pilot (Pages 65 - 72)

To update the Health & Wellbeing Board on the progress of the Superzone pilot in the Charles Dickens ward.

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

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

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Agenda Item 3

MINUTES OF THE MEETING of the Health and Wellbeing Board on
Wednesday, 23 November 2022 at 10.00 am in the Guildhall, Portsmouth

Present

Dr Linda Collie, Clinical Lead/ Clinical Executive (GP) Health & Care Portsmouth, Hampshire and Isle of Wight Integrated Care Board (in the chair)

Councillor Matthew Winnington (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
Ros Hartley, Hampshire & Isle of Wight Integrated Care Board
James Hill, Director of Housing, Neighbourhood & Building Services
Paul Markham, Portsmouth Police
Councillor Terry Norton, in capacity as Deputy Police & Crime Commissioner
Mark Orchard, Portsmouth Hospitals University Trust
Lorna Reavley, The Hive
Dianne Sherlock, Age UK
Alasdair Snell, Solent NHS Trust
David Williams, Chief Executive, PCC
Jo York, Health & Care Portsmouth

Non-voting members

Officers present

Natasha Edmunds, Sam Graves, Caroline Hopper, Alan Knobel, Jane Lamer, Dominique Le Touze, Matthew Gummerson, Kelly Nash,

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

Dr Linda Collie, Clinical Lead/ Clinical Executive (GP) Health & Care Portsmouth, Hampshire and Isle of Wight Integrated Care Board, as Chair, opened the meeting. All present introduced themselves.

Apologies for absence were received from Councillors Yinka Adeniran and Brian Madgwick, Penny Emerit (Portsmouth Hospitals University Trust), Superintendent Clare Jenkins (Portsmouth Police), Frances Mullen (City of Portsmouth College), Paul Riddell (Hampshire Fire & Rescue Service) and

Suzannah Rosenberg (Solent NHS Trust). Councillor Horton gave apologies for late arrival as she had another meeting.

It was agreed to consider agenda item 12 (Dentistry) after item 9 (Blueprint for Health & Care Portsmouth) as Jo York had to leave for another meeting but for ease of reference the minutes will be kept in the original order.

37. Declarations of Interests (AI 2)

There were no declarations of interest.

38. Minutes of previous meeting - 21 September 2022 (AI 3)

RESOLVED that the minutes of the Health and Wellbeing Board held on 21 September 2022 be approved as a correct record.

39. Matters arising

Minute 31 - Pharmaceutical Needs Assessment (PNA)

Councillor Vernon-Jackson noted that since the previous meeting the closure of the pharmacy in Elm Grove had been approved even though the Board had said it did not want the number of pharmacies to fall as it would put pressure on other parts of the health service. Matthew Gummerson, Head of Strategic Intelligence and Research, said the decision to close was based on the previous PNA and the council was only notified in the last few weeks. There was not much officers could do but they could issue a supplementary statement to be brought back to the Board.

40. Violence against women and girls (AI 4)

Caroline Hopper, Corporate Projects Manager, introduced the report, noting that White Ribbon Day took place on 25 November. Councillor Norton asked those attending the annual conference this Friday on violence against women and girls to feed back any learning; it was not livestreamed so people could speak freely.

RESOLVED that the Health and Wellbeing Board note the update.

41. Community Safety Survey (AI 6)

Matthew Gummerson, Head of Strategic Intelligence and Research, introduced the report and thanked the Responsible Authorities who provide partnership funding to support the analyst role for their support. As the survey fed into the assessment it made sense to introduce the survey together with the Partnership Strategic Assessment of Crime, Anti-social Behaviour, Reoffending and Substance Misuse: Update for 2021/22; the update was a statutory requirement. Sam Graves, Community Safety Analyst, gave a presentation on the findings of the survey and the key points in the Strategic Assessment. The survey has run since 1997 so has captured long-term data trends. Violence against women and girls has been added to the assessment as an additional focus this year. Officers have talked to all council Directorates in the council about the survey's findings as crime is everyone's business and would talk to the police soon. They reiterated they would be happy to discuss the findings in more detail with other partners.

Councillor Vernon-Jackson suggested adding fear of crime as a priority as it was as important as crime itself as it imprisoned people in their homes. He also suggested including a section on ensuring people are safe in the city, for example, the illegal use of e-scooters caused much alarm for the elderly.

Councillor Norton said it was good to see crime prevention on the agenda but there was a question of perception. The crime most people fell victim to was fraud whereas the crimes the police attended most frequently were domestic abuse. Residents wanted a visible police force but cybercrime was fought behind computer screens. Residents would probably want the police to deal with violence and knife crimes rather than e-scooters. However, there has been a net gain in the number of police officers with 600 due to be in place by March 2023. This meant the police could now start considering category two crimes such as illegal e-scooter use. In addition, some matters such as installing road signs or lighting in parks were not the responsibility of the police. Tackling crime was a partnership approach. The Police Commissioner had some funding available for smaller projects.

Dianne Sherlock said that residents' fear of being scammed was the biggest battle in encouraging them to socialise and do other activities like shopping or banking online. A network of Digital Champions across the city was trying to help but it was a "forever battle."

Officers advised the Chair they could check who perceived Buckland and Somerstown as unsafe; it was probably not people who lived there and such perceptions increased inequalities.

RESOLVED that the Health and Wellbeing Board note the report.

42. Community Safety Assessment (AI 7)

As noted above, the Community Safety Assessment was considered together with the Community Safety Survey.

RESOLVED that the Health and Wellbeing Board approve that:

- 1. The first priority is amended to include a focus on violence against women and girls.**
- 2. The information in this strategic assessment (and the previous 2020/21 version) is used to guide evidence-based day to day decision making and resource allocation.**

43. Hampshire Race Plan (AI 8)

Chief Inspector Paul Markham, Portsmouth Police, gave a verbal update, explaining that the Plan was a national initiative to improve policing for black people; the police had been trying to address issues raised since the 1981 Scarman and 1983 MacPherson Reports. The Plan had four main workstreams and set out to improve outcomes for black people as the police was an outlier in public service. An update would be brought to the next Board.

Councillor Norton gave credit to the work being done, noting that the Hampshire & Isle of Wight force had won diversity awards. They ensured

young blacks got legal aid when they were arrested and data on strip searches was examined. Informing young people about job opportunities in the police was difficult as there were areas where schools had closed the door to external agencies, perhaps because of academisation. It was difficult for the police to enter schools and overworked teachers taught PSHE or citizenship as a third subject with generic resources which left gaps in subjects. However, the police needed more BAME officers and schools were key to promoting to opportunities. Six new school liaison officers had been appointed. It might be a matter of targeting the right schools as some were fantastic. Furthermore, teachers were best placed to identify children who might be at risk of being crime victims, for example, those who seemed over-sexualised, or often had brand new trainers denoting they could be involved in county lines.

Sarah Daly said there were excellent relationships with schools and academy trusts via the Portsmouth Education Partnership. Any challenges with accessing schools should be addressed to the Director or Deputy Director of Education as schools would relish support.

RESOLVED that the Health and Wellbeing Board note the update.

44. Combatting Drugs Partnership (AI 9)

Alan Knobel, Public Health Principal, introduced the report.

Councillor Winnington thanked all those involved with creating the Partnership, especially as it had been done at short notice. It had already met and the next meeting was the following week. He was not entirely sure if it was necessary but it was a statutory body and there were actions already in place at Hampshire and Isle of Wight (HIOW) level. The Partnership was doing everything it was required to and involving the right people; it was appropriate it was a sub-board of the Health & Wellbeing Board, also a statutory body, as with HIOW and Southampton.

The Chair noted working as a partnership was more effective than in isolation. Councillor Norton agreed, saying the 10-year drugs strategy was a good idea though the knee-jerk timescale was unfortunate. The social acceptability of drug taking was one of today's biggest generational problems and it was the lowest placed in society who suffered the most. He advised taking a similar approach as with wearing seatbelts or not smoking on planes where non-compliance was now unacceptable. Gangs could be tackled at government level but much could be done at local level. He urged everyone to get involved with the Pan-Hampshire Drugs Forum. Councillor Vernon-Jackson mentioned the possibility of residential detox though offenders had to be willing to do it.

RESOLVED that the Health and Wellbeing Board

- 3. Approve the Combatting Drugs Partnership becoming a sub-group.**
- 4. Approve the receipt of an annual plan and progress report from the Combatting Drugs Partnership.**
- 5. Agree to review the needs assessment and drug & alcohol delivery plan at its meeting on 15 February 2023.**

45. Blueprint for Health & Care Portsmouth (AI 10)

Jo York, Managing Director, Health & Care Portsmouth (HCP), introduced the report and highlighted a couple of areas to be explored further. Firstly, workforce challenges had to be faced while supporting local people in employment. The HCP had set up a small working group on how to work with local schools, colleges and universities. It was not just the University's proposed medical school but also more local initiatives that might make a big difference. The second challenge was how to create a community empowered NHS, one that optimised and supported the huge voluntary and community sector to enable people to access health care or other support such as exercise or social prescribing. The aim was to make support more mainstream, not just have pockets of excellence.

David Williams welcomed the report. It was important to keep the Blueprint up-to-date and fresh. Portsmouth was in a different health and care landscape and currently in a transitional phase. The HCP could use the Health & Wellbeing Board (HWB) to articulate what and why it was taking action, who was involved and how it operated. It was important to recognise that its actions were being examined. Local innovation, creativity and integration would be an important influence on other tiers in the system. Updates on the Blueprint would be brought back fairly regularly to the Board along with good news stories.

Dianne Sherlock thanked Ms York for the report. Age UK's Close Encounters project had just received funding from the National Lottery for the next four years; the project helped people back into the community and comprised intensive one-to-one work. Age UK was happy to share the project with as many people as possible. Councillor Winnington said it was striking how Portsmouth's integration was seen as different; other areas wanted to learn from it and how it had reached its position. The Blueprint was great for Portsmouth to have as an ongoing position as the CCG moved to the Integrated Care Board. Portsmouth was fortunate to have the team and also its voluntary and community sector. The HWB was at the heart of the wider network of local organisations.

RESOLVED that the Health and Wellbeing Board note the update.

46. Integrated Care Partnership Strategy (AI 11)

Ros Hartley, Director of Partnerships, Hampshire & Isle of Wight Integrated Care Board (ICB), introduced the report and highlighted the five priorities. The focus was on major aspects that would make a difference rather than numerous smaller ones while avoiding duplication. Meetings in the next few weeks would agree the direction of travel for strategic priorities with the real work starting in the New Year, while still acknowledging short-term pressures. The Strategy was an opportunity to consider priorities differently. All the issues discussed today were important. Ms Hartley thanked all those who have engaged so far.

David Williams thanked Ms Hartley and her colleagues and noted it was an interesting transitional time. While the five priorities were laudable they showed that individuals with the greatest opportunity to influence them felt

they did not have sufficient voice through other parts of the system. It could result in the Integrated Care Partnership (ICP) voicing the areas that were missed but were not always at the forefront of delivery or spend, and the two parts of the system that should be together might begin to drift apart. The most important aspect was the wiring between the two parts of the system. It remained to be seen how influence between the ICB and the ICP would develop over time and how the ICB could influence up the chain; the latter being driven by constitutional priorities, none of which were in the five in the Strategy. All parties needed to continue to engage. Inequality was a key issue but organisations did not always know what they meant when they talked about it. Local authorities and not just the ICB had statutory obligations with regard to inequality. It was the ICP's strategy not the ICB's. Allocating resources would be a challenge but the Portsmouth voice of place had to be heard.

Councillor Winnington agreed the issues were critical and that the ICB would be pulled in two different directions on a statutory basis. The question had arisen at recent conferences. At one the NHS Chief Executive had described her priorities but they were not linked to strategies emerging from ICPs, which focused on prevention. The ICP Strategy's priorities fed into the council's priorities. Much of the funding came from the ICB. Integrated working was very important as Portsmouth could have so much influence and say what worked well. The matters discussed today related to the wider determinants of health and wellbeing in the population which were much broader than GPs, hospitals and the social care system.

Councillor Vernon-Jackson said Portsmouth had significantly better integration of health and social care services, for example, hospital discharges were better and quicker than in Hampshire. Therefore, other areas should aspire to Portsmouth's standards and not reduce them. The ICB should fight to keep Portsmouth's high standards. Mr Williams said this was why organisations needed to understand what they meant when talking about inequalities and outcomes.

RESOLVED that the Health and Wellbeing Board note the update.

47. Social Value report (AI 12)

Natasha Edmunds, Director of Corporate Services, introduced the report.

Helen Atkinson said social value aligned with the Health & Wellbeing Strategy and underpinned the ethos of how organisations worked together. It would be brought back to a development session to see how everyone has taken responsibility for the priorities. The organisations on the Board were major employers and how they did business impacted on residents. Social value was aligned with other issues such as climate change and the work done by QA Hospital, as illustrated in Mark Orchard's report.

Members said since procurement rules had changed in 2021 there was much more scope for applying social value in the best in the community's best interest, not just obtaining value for money. The move from policy to practice could bring together the massive need in the city with the massive will to give

if done well. The pressure to keep surviving sometimes pushed out space for creative thinking. However, a policy with live examples would help the model to be understood and embedded. Other organisations were welcome to adopt the model.

RESOLVED that the Health and Wellbeing Board

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

48. Dentistry (AI13)

Jo York, Managing Director, Health & Care Portsmouth, introduced the report, which had been requested by a Notice of Motion at Full Council on 11 October 2022. The Integrated Care Board (ICB) took on responsibility from NHS England for commissioning dentistry, optometry and pharmacy services in July 2022. Commissioning at ICB level gave the opportunity to consider matters from a more local perspective. The regional commissioning and contract team was very small and specialist and ensured consistency but this created tensions with what happened locally. Despite the best intentions the team has been unable to develop relationships with local providers. However, it was early days and the ICB was working closely with NHS England during the transition. The ICB was considering governance and delegation so that arrangements had a local flavour but with a consistent approach across the region.

There were still huge challenges in recruiting NHS dentists and ensuring equitable access because of levels of deprivation. Hampshire & the Isle of Wight was a priority in the South-East region and Portsmouth was a priority area there along with Gosport, Havant and the Isle of Wight. When the procurements for units of dental activity went online from April 2023 the ICB would have to ensure they were more successful than previous ones. The 2006 contract was acknowledged to have created perverse incentives so it was being renewed nationally; the process was part-way through.

The biggest challenge locally was recruitment. Dentists often worked where they trained but there was no local dental school. There had been reliance on dentists from the EU so international recruitment was now being considered. The ICB was working to increase training places and build relationships with providers in order to understand and resolve the challenges.

Helen Atkinson said that the Dental summit in June 2022 had recommended the creation of two steering groups: one to bid for a Centre for Dental Development based at the University's Dental Academy to bring more dental students to Portsmouth, and the other to focus on oral health. The latter group was bidding for transformation funding to extend the current oral health promotion to all schools and care homes to prevent the need for acute services. Students would be used in some schools and care homes and with the homeless. Fluoridation was controversial but was the most effective way to prevent childhood tooth decay. The Health & Care Bill proposed that the

Secretary of State had powers to implement fluoridation, rather than local authorities.

The Chair said expectations had to be realistic but everyone was working on how best to resolve the challenges.

David Williams said the choice of priorities would impact on the delivery of services. It did not strongly appear in the report but there were glimmers on how the current procurement approach affected service equity. It would be interesting to see how the ICB interfaced with the Integrated Care Partnership and with regional and national policy. The way units of dental activity were awarded adversely affected areas of deprivation. Ms York agreed with the shortcomings of current contract. The challenge was that the less "dentally fit" a mouth the longer it took dentists to provide care, which meant they could not treat other patients. The question was how to have a locally commissioned service that recognised differences. Some areas of health have managed to do this more flexibly. The oral health strategy needed to be got right to get more "dentally fit" mouths. Ms Atkinson agreed as Portsmouth's population was doubly impacted. Poor oral health correlated with poor diet, especially one high in sugars. Health inequalities were greater as accessing services was difficult and if people could not pay for treatment they were doubly affected. It was not just a question of access but also understanding and not stigmatising hard to reach communities, an important lesson when commissioning services. It was the same with Covid when the most deprived communities did not always come forward for vaccinations; health services had to work differently to engage with them.

RESOLVED that the Health and Wellbeing Board note the update.

49. Update on the Air Quality and Active Travel priority of the Health and Wellbeing Strategy (AI 13)

Mark Orchard, Chief Financial Officer, Portsmouth Hospitals University Trust, introduced the report and mentioned the Portsmouth Green Partnership Charter which was signed last Friday. He thanked Dominique Le Touze for writing the report.

The Chair noted that active travel was linked to reducing obesity and improving wellbeing.

RESOLVED that the Health and Wellbeing Board note the update.

50. Terms of Reference for Health Protection Board (AI 14)

Dominique Le Touze, Assistant Director of Public Health, introduced the report, noting the Board was now the Health Protection Forum.

It was agreed to add Healthwatch to the membership.

RESOLVED that the Health and Wellbeing Board note the report.

The Chair thanked everyone for their reports and the interesting conversations. The meeting concluded at 12 noon.

The next meeting is on Wednesday 15 February at 10 am.

Meetings in 2023 are 28 June, 27 September and 29 November (all Wednesdays at 10 am).

Councillor Matt Winnington and Dr Linda Collie (Chair)

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Agenda Item 4

Portsmouth Safeguarding Adults Board Annual Report



2021 - 2022

Statement from the Independent Chair

I am pleased to introduce the annual report of the Portsmouth Safeguarding Adults Board for 2021-22.

During the year, all coronavirus restrictions were lifted, with organisations slowly adapting to new ways of working, and the pressures that had been stored in the system becoming evident. Primary and secondary health services, alongside adult social care, had been strained, and people across all organisations felt exhausted. I want to pay tribute to all staff working to safeguard adults in the city of Portsmouth for their dedication and continued efforts.



As you will see from the Board's key achievements later in this report, our work to coordinate adult safeguarding has continued.

We have involved Alcohol Change UK in some new training, following the publication of a report: [How to use legal powers to safeguard vulnerable dependent drinkers](#). The new training, for safeguarding staff across Portsmouth and the Isle of Wight, highlights the long-term effects of alcohol on executive brain functions, and how this affects mental capacity. Lessons learnt from this training are altering policy and practice for the better.

We began work on a policy to manage the risks for young people moving into adulthood, a comprehensive new approach which will bring significant benefits to young adults at risk.

We launched our new strategic plan, which puts engagement at the heart of the Board's work. We also created a new subgroup to bring together those working, both formally and informally, to safeguard adults, with the aim of pooling our knowledge and experience about adults at risk in the city, and exploring new ways of working with these adults.

We also engaged with several safeguarding adults reviews, with two completed during the year. The recommendations from these two important but tragic cases are helping to improve the way services are delivered.

David Goosey

Independent Chair

Our vision

"Working throughout the city with our communities and other partnerships to make Portsmouth a city where adults at risk of harm are safe and empowered to make their own decisions and where safeguarding is everyone's business."

Our strategic priorities

During 2021-22 we refreshed our strategy, aiming to be more ambitious and link with the work of other strategic partnerships in Portsmouth including the Health and Wellbeing Board.

We consulted widely with stakeholders and engaged our membership about our future direction. With the continuing impact of the COVID-19 pandemic on services, we agreed that the strategy would be underpinned by a one-year action plan initially. We plan to review the strategy in 2022-23 to consider what has been achieved and how future progress should be made.

The [strategy](#) and [action plan](#) both set out the following priorities:

1. **Community engagement:** to engage more effectively with our service users, carers and communities, including people from groups we have not always engaged with in the past, such as homeless adults and adults who misuse substances.
2. **Interprofessional practice and relationship-based practice:** to build a competent, confident workforce, by supporting professionals from different agencies to work together. We plan to promote the use of the Multi-Agency Risk Management framework, strengthen professional supervision, and provide more opportunities for multi-agency training and sharing of good practice.
3. **Safeguarding practice:** to continue our efforts to review experience when things have not gone as planned and to publicise best practice.

Work will start on the new action plan in 2022-23.

Case study: Fire safety framework (Jane*)

Jane was a single lady who lived alone in a first-floor flat owned by a housing association. She found walking difficult and at times also experienced poor mental health. There was a high level of hoarding in all rooms and the exit from the flat was blocked with clutter. Apart from having someone come to service her gas, she was distrustful of services and did not let anyone into her flat. There were multiple ignition sources in the flat.

Jane's housing association worked with her over a period of months to build her trust, initially speaking to her through her letterbox until she felt able to let them in. The member of staff used the 4LSAB hoarding guidance and completed a hoarding risk assessment. They also worked with other agencies, supporting Jane into therapy via her GP, and referring her to adult services.

Using the new fire safety framework, they also identified that Jane was vulnerable to fire risks due to the issues affecting her and her environment. They referred Jane for a 'Safe and Well' visit from Hampshire and Isle of Wight Fire and Rescue Service, and completed a 'person-centred fire risk assessment'. Jane was issued with smoke alarms and fire-retardant bedding, and professionals helped her to understand what she could do to reduce the risk of a fire.

*Name changed to protect identity

Key achievements in 2021-22

This year the Board has:

- Developed a new [4LSAB Fire Safety Framework](#) to provide professionals with support and guidance for the effective management of fire risks within the home or residential care setting. The four Boards held an online launch event which was attended by 135 people
- Published a new [Safeguarding Adults Review Policy](#) which incorporates the best practice identified in a national review of SARs
- Reviewed and revised the [4LSAB Multi-Agency Framework for Managing Allegations Against People in a Position of Trust](#) and [4LSAB Multi-Agency Learning and Development Guidance for Safeguarding Adults](#)
- Delivered online webinars with Hampshire SAB on **Safeguarding Concerns**, which were attended by 232 staff from a range of organisations
- Delivered six online training sessions with Isle of Wight SAB on **Safeguarding Vulnerable Dependent Drinkers: Using legal frameworks to protect high risk, chronic dependent drinkers**, part of a national project led by Alcohol Change UK. Findings from the project were presented to Board members and other strategic leaders in October 2021
- Completed **multi-agency audits** to provide assurance to the Board about the effectiveness of safeguarding in Portsmouth. The first was on the quality of safeguarding referrals submitted to the Adult MASH and the quality of decision-making about these referrals. The second was on the use of the

[Multi-Agency Risk Management Framework](#) (MARM) and included a staff survey to help the Board understand the perceptions and experiences of professionals using MARM. Action plans were developed following these audits

- Begun working on a new **Multi-agency Framework for Managing Risk and Safeguarding People Moving into Adulthood**. The aim of this work is to strengthen the safeguarding support available to young adults aged 18 years with pre-existing vulnerability and risk factors as they move into adulthood. It recognises that safeguarding arrangements for young adults need to take account of their distinct safeguarding needs. This framework will be completed and published in 2022-23
- Worked with the Portsmouth Safeguarding Children Partnership (PSCP) to set up a **Harmful Practices Group**. Harmful Practices includes abuse such as: honour-based abuse, forced marriage, and Female Genital Mutilation (FGM). The group is a multi-agency forum which includes community groups. It commits to working together to end harmful practices and to ensure there is appropriate support for all adults, children and young people who have experienced, or are at risk of, this type of abuse. The group led on activities linked to **FGM Zero Tolerance Day** including a [training session for professionals](#), lesson plans for schools, and masterclasses for teachers
- Established a new **Engagement subgroup** to lead on developing and maintaining strong links with the community to ensure effective safeguarding
- Held new **workshop-style Board meetings** to promote discussion of key issues. One such workshop involved voluntary sector partners and looked at how organisations can work together more effectively to support people who have multiple and complex needs, such as: substance misuse, mental health issues, and homelessness
- Received analysis of data and learning from the new **Drug Related Deaths** process which is led by Portsmouth City Council Public Health
- Conducted a **training needs analysis** and met with workforce development leads from partner agencies to review the analysis and identify priority areas for multi-agency training
- Supported **National Safeguarding Adults Week 2021**. Working jointly with the other 4LSABs, the Board developed and promoted resources on a different key topic each day using our website and social media
- Chaired the **4LSAB Coordination and Liaison Working Group**. The group brings together the statutory partners of all the 4LSABs to discuss strategic issues affecting safeguarding across the region. The business included discussion of the implications and practicalities of the health sector reforms and establishing of the new Integrated Care Systems, homelessness, and domestic abuse

"Virtually is brilliant! So much easier and more time efficient."

~ Attendee at Safeguarding Concerns webinar

"This was the best training I have been on covering this area of practice."

~ Attendee at Alcohol Change training

"The case studies are such a great way of bringing the information to life."

~Attendee at Fire Safety Framework launch

Learning from Safeguarding Adults Reviews

The Care Act 2014 states that a Safeguarding Adults Review (SAR) must take place when: 'there is reasonable cause for concern about how the Safeguarding Adults Board, members of it or others worked together to safeguard the adult, and death or serious harm arose from actual or suspected abuse'.

The Care Act also gives Safeguarding Adults Boards the discretionary power to review cases where these criteria are not met.

The Board has a SAR subgroup which is multi-agency, with members who have a specialist role or experience in safeguarding adults. The group holds monthly meetings and during 2021-22 met jointly with the PSCP Learning from Cases Committee (LfC) when there were cases involving both children's and adult services.

Summary of SAR activity during 2021-22

The Board published two SARs in 2021-22, 'YL' and 'Pamela Ratsey', the findings of which are outlined in the next section.

Two reviews which were initially commissioned in 2019-20 are still ongoing and are due to be published in 2022-23. Due to the COVID-19 pandemic, work on these reviews was paused and they have therefore taken longer than usual to complete.

Two referrals were carried forward from 2020-21 as they were subject to an internal review by the referring agency. The SAR subgroup considered the findings from these and concluded they did not meet the criteria for a mandatory review as there was no multi-agency learning identified and the agency had already put in place an action plan to address its findings.

There were 15 new SAR referrals received in 2021-22. Four of these related to the deaths of people who had experienced self neglect in the period leading up to their

deaths. Following a review of the information held by different agencies about these people, the subgroup concluded that the criteria for a mandatory review were not met. For one of these cases, a meeting with the landlord (a housing association) identified some learning about the process for flagging and checking in with tenants who may be at risk. This learning was shared with other landlords in the city by Portsmouth City Council, who have this year set up a safeguarding forum. In view of the number of self neglect deaths identified, the SAR subgroup recommended to the Board that some assurance work on self neglect should be carried out in 2022-23 and the Board accepted this recommendation.

Two further referrals were considered but were also not found to meet the criteria for a mandatory review. In one case, actions were identified for individual agencies through a safeguarding enquiry that had been carried out by Adult MASH under section 42 of the Care Act, and plans were put in place to address these actions.

The remaining nine referrals were for the deaths of homeless people, who were either rough-sleeping or housed in temporary accommodation. None of these cases met the criteria for a mandatory review. In 2020-21, the Board commissioned a thematic review of homeless deaths to examine the issues relevant to such deaths in detail, using four cases as examples. The review will conclude in 2022-23 and will provide findings and learning relevant to the referrals for homeless people received this year.

YL Safeguarding Adults Review

The YL SAR was published in November 2021. YL was a young woman in her early twenties who had a history of mental illness and a diagnosis of Emotionally Unstable Personality Disorder. YL was also the mother of a young child. When her mental health began to deteriorate, she was placed in temporary accommodation due to the perceived risk to her child. YL's self harming behaviour began to escalate and she tragically took her own life some months later.

The SAR was conducted by an independent reviewer and the key findings were:

1. The multiagency partnership did not always work in partnership effectively.
2. Appropriate assessments were not always completed so needs were not always identified or risks mitigated.
3. Support was not always provided to meet identified need.
4. The voice of the adult was not always heard.
5. Safeguarding practice was not always optimal.

The Board accepted the findings of the review and a multi-agency workshop was held with senior managers from partner agencies to develop an action plan. Actions planned or underway include:

- Update and promote the Family Approach protocol and resources
- Develop guidance on supporting people who are or may become homeless including the 'Duty to refer'
- Ensure that the findings inform service development and the implementation of the Community Mental Health Framework

- Develop training and materials for staff on Emotionally Unstable Personality Disorder
- Review discharge-planning to ensure care and support needs are assessed as part of the discharge plan
- Develop a referral pathway to ensure early consideration is given to the care and support needs of adults at risk placed in temporary accommodation
- Build relationships between Children's Social Care and Mental Health services.
- Develop understanding of the Care Act 2014 and services for carers among Children's Social Workers.

The action plan is being monitored by the Quality Assurance subgroup.

Pamela Ratsey Safeguarding Adults Review

The Pamela Ratsey SAR was published in January 2022. It was the family's wish that Pamela's full name be used in the review instead of a pseudonym. Pamela was an older person who lived in Hampshire and was placed in a Portsmouth residential care home by Hampshire County Council. Concerns were raised by her family and other agencies about poor care and neglect, and a safeguarding enquiry was carried out by Portsmouth City Council. Pamela sadly died as a result of pneumonia and a pressure sore. The coroner found that neglect contributed to her death.

An independent reviewer carried out the SAR and the key findings were:

1. There was minimal engagement with Pamela's family and services did not seek their views or listen to their concerns.
2. There was a lack of clarity and consistency in the consideration of Pamela's mental capacity.
3. There was a lack of professional curiosity and risk management.
4. Pamela's complex care needs were neglected at the home, and internal concerns about managing these needs were not shared with the placing authority or on hospital discharge.
5. Several services did not escalate concerns about Pamela's increasing needs
6. Safeguarding enquiries were not personalised and did not effectively reduce the risk of neglect.
7. There were delays in reviewing Pamela's care and arranging for her to move.

The reviewer identified a number of improvements which had been made since the incident to address these findings, including the introduction of a Quality Improvement Team, new processes within the Adult MASH, improved electronic recording practices within Community Nursing, and a new Pressure Ulcer Panel.

The Board accepted the findings of the review and an action plan has been developed. Actions include:

- Review of the Multi Agency Risk Management Framework
- Improving cross border communication between Portsmouth City Council and Hampshire County Council about high-risk cases
- Reviewing the safeguarding information available for care homes

- Assurance work on Mental Capacity and reviews of care plans.

4LSAB Fire Safety Development Subgroup

The 4LSAB Fire Safety Development subgroup continues to review and share learning from serious fire incidents to ensure that effective inter-agency processes, procedures and preventative practices are in place.

In 2021-22 a total of four incidents, involving four injuries and one fatality, met the Fire Safety Development Subgroup criteria for review in the Portsmouth local authority area. One incident resulted in two injuries. It should be noted that, for the fatality reviewed, the cause of death is yet to be determined as the case is awaiting the Coroner's verdict at the time of writing.

For each of the cases a full review of the individual's risk factors, their supporting agencies and the cause of incident was conducted by the subgroup. In terms of the identified risk and vulnerability factors, the following themes emerged from these reviews:

- For 40% of the incidents reviewed, it was confirmed that the individual involved **lived alone**, and 20% identified the individual as being **homeless**.
- The **average age** of the individuals involved in the incidents reviewed was **66**.
- For 80% of the cases reviewed, the **gender** of the individual involved was **male**.
- For 40% of the cases reviewed, the individuals were known to Portsmouth Adult Services and were **in receipt of care and support services**.
- None of the cases reviewed identified hoarding and self neglect as a vulnerability factor.
- For 40% of the cases reviewed, **poor mental health** was identified as a vulnerability factor.
- For 20% of cases reviewed, **poor mobility** was identified as a vulnerability factor
- For 20% of cases reviewed, **substance misuse** was identified as a vulnerability factor

In reviewing causes of fire, the following themes emerged:

- 40% of the cases reviewed identified the most likely cause as 'Accidental – carelessness with smoking material'.
- For the case resulting in two injuries (40%) the cause was identified as a gas explosion.
- 20% of the cases reviewed identified the most likely cause of the incident as 'Accidental – unattended cooking'.

In December 2021, the subgroup reviewed its work and identified a series of best practice pointers.

Safeguarding activity in Portsmouth

Safeguarding Duty

Under Section 42 of the Care Act, a local authority has a duty to make enquiries or cause others to make enquiries in cases where it has reasonable cause to suspect:

- that an adult has needs for care and support (whether or not the local authority is meeting any of those needs) and
- is experiencing, or is at risk of, abuse or neglect and
- as a result of those care and support needs, is unable to protect themselves from either the risk of, or experience of, abuse or neglect.

Portsmouth has an Adult Multi-Agency Safeguarding Hub (MASH) with a team of social workers and police officers working together who have direct links with colleagues in areas such as health, trading standards and children's safeguarding. The MASH manages a high volume of referrals.

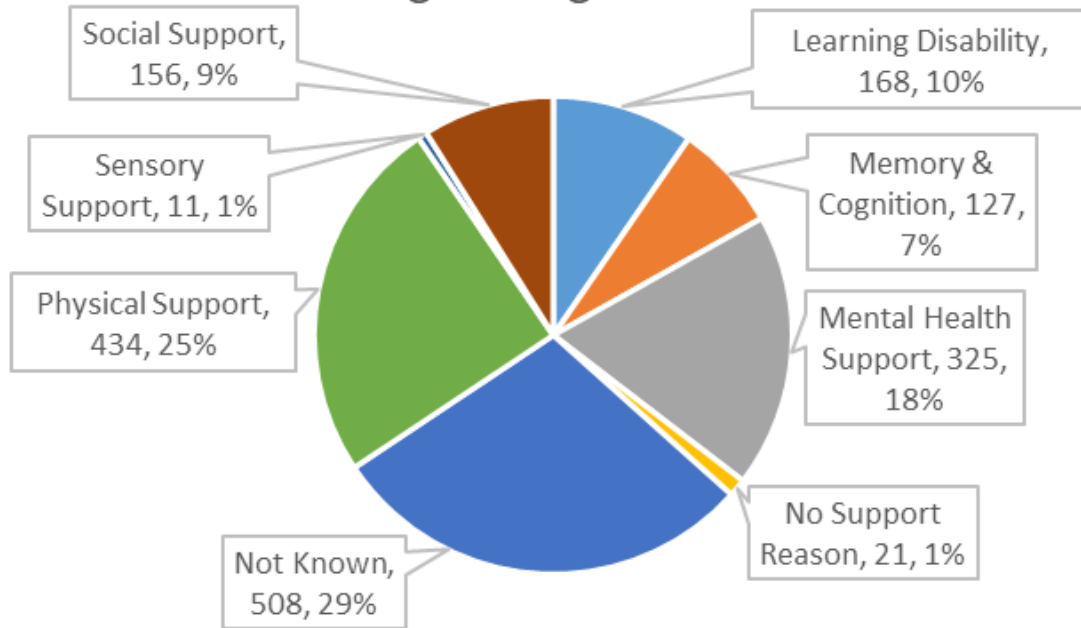
Data collected by the MASH gives further information about who has experienced abuse or neglect in Portsmouth, where abuse has taken place, and the types of risk they have experienced. The information below is taken from the NHS Digital Safeguarding Adults Collection end of year return.

If an issue about an adult's safety or welfare is raised with the MASH, it is called a 'Safeguarding Concern'. The MASH will assess the concern and take appropriate action.

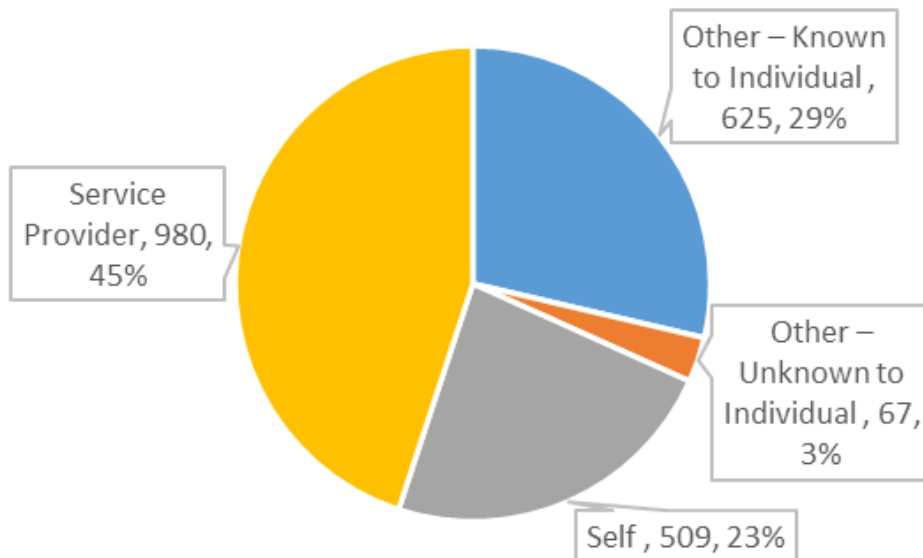
There were 2,181 concerns raised in 2021-22 about 1,502 individuals.

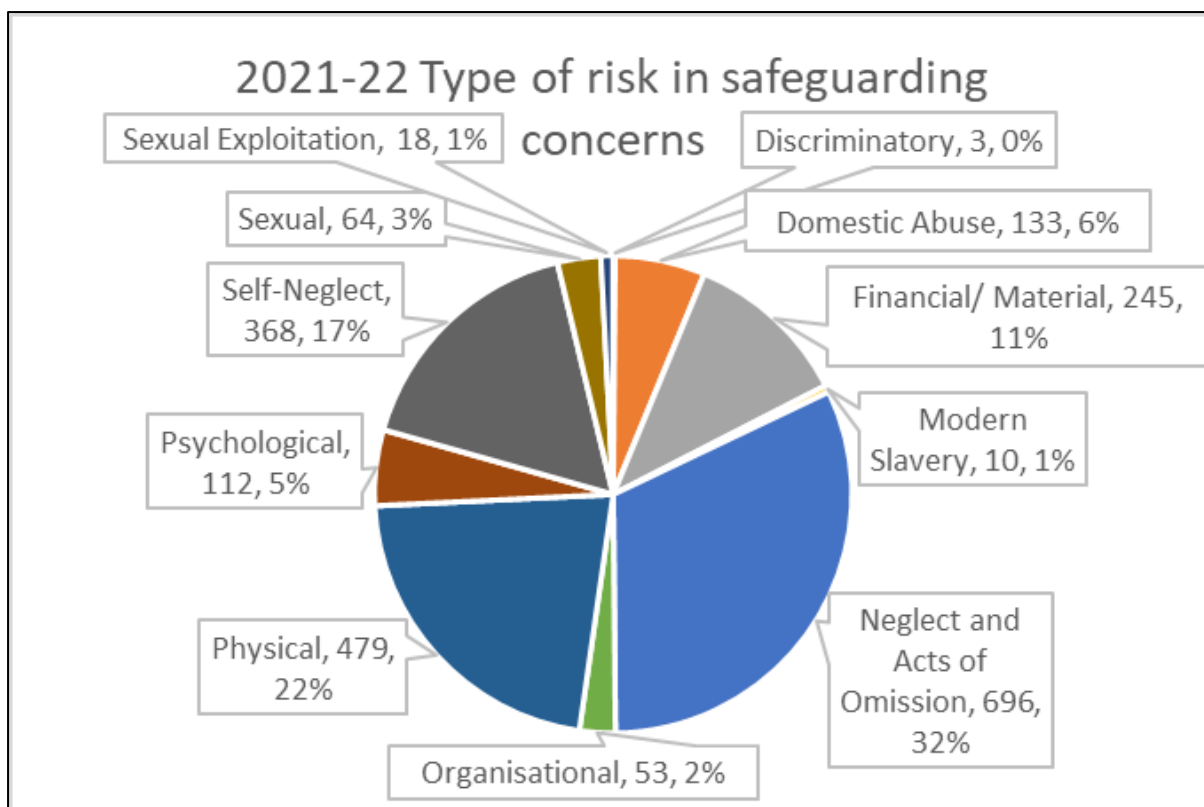
More information about the individuals involved in safeguarding concerns is shown below.

2021-22 Primary Support Reason in safeguarding concerns



2021-22 Source of risk in safeguarding concerns





If a safeguarding concern meets the criteria from section 42 of the Care Act (see above) a Safeguarding Enquiry will be initiated. The local authority has the power to carry out discretionary enquiries if the criteria are not met.

758 formal Safeguarding Enquiries were concluded in 2021-22.

In **97%** of enquiries where risk was identified, action taken led to the risk being reduced or removed.

In line with 'Making Safeguarding Personal (MSP)', where possible, the adult involved in the enquiry will be asked about what they want to happen or what they want to be achieved during the enquiry. In **98%** of cases when the adult expressed their desired outcomes, these were fully or partially achieved at the conclusion of the enquiry.

The Board also receives data regularly from Portsmouth City Council housing and trading standards services, Portsmouth Hospitals University NHS Trust, Solent NHS Trust, Hampshire Constabulary, and Hampshire and Isle of Wight Fire and Rescue Service.

In 2021-22 Hampshire Constabulary reported:

- **13** incidents of honour-based violence where the victim was over 18
- **4** incidents of trafficking of a person over 18

- **746** high risk domestic crimes
- **848** incidents of hate crime.

Hampshire and Isle of Wight Fire and Rescue Service carried out **869** Safe and Well visits in Portsmouth in 2021-22.

There were **0** domestic homicides in Portsmouth in 2021-22.

There was **1** fire death in Portsmouth in 2021-22.

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Glossary

4LSAB - The Portsmouth, Southampton, Hampshire and Isle of Wight Safeguarding Adults Boards.

CCG - Clinical Commissioning Group. They are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

FGM - Female Genital Mutilation

ICS - Integrated Care System. Integrated care systems are partnerships of organisations that come together to plan and deliver joined up health and care services.

LfC - Learning from Cases Committee (a committee of the Portsmouth Safeguarding Children Partnership, which also meets jointly with the Safeguarding Adults Review subgroup of the Portsmouth Safeguarding Adults Board).

LSAB - Local Safeguarding Adults Board

MARM - Multi-Agency Risk Management

MASH - Adult Multi-Agency Safeguarding Hub. A multi-agency team including social workers and police officers which is the first point of contact for adult safeguarding concerns.

MCA - Mental Capacity Act 2005. The Act is in place to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment.

MSP - Making Safeguarding Personal. A personalised approach that enables safeguarding to be done with, rather than to, people.

NHS - National Health Service

PSAB - Portsmouth Safeguarding Adults Board. A multi-agency partnership which oversees and coordinates work to keep adults at risk safe in Portsmouth.

PSCP - Portsmouth Safeguarding Children Partnership. A partnership which brings together all the main organisations who work with children and families in Portsmouth, with the aim of ensuring that they work together effectively to keep children safe.

SAB - Safeguarding Adults Board

SAR - Safeguarding Adults Review. A multi-agency review process which Safeguarding Adults Boards must carry out to identify learning when an adult at risk dies or is seriously harmed as a result of abuse or neglect, and there are concerns about the way in which organisations worked together to safeguard the adult.

Appendix

What is Safeguarding?

“Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.” (Care Act 2014)

Who are we?

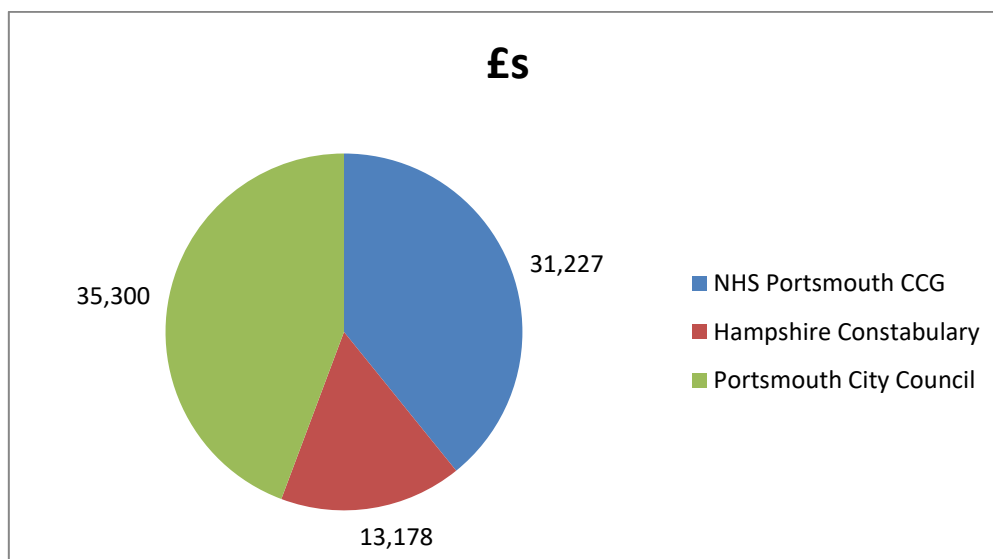
The Portsmouth Safeguarding Adults Board (PSAB) is a partnership of key organisations in Portsmouth who work together to keep adults safe from abuse and neglect. These include:

- adult social care
- health
- emergency services
- probation services
- housing
- community organisations.

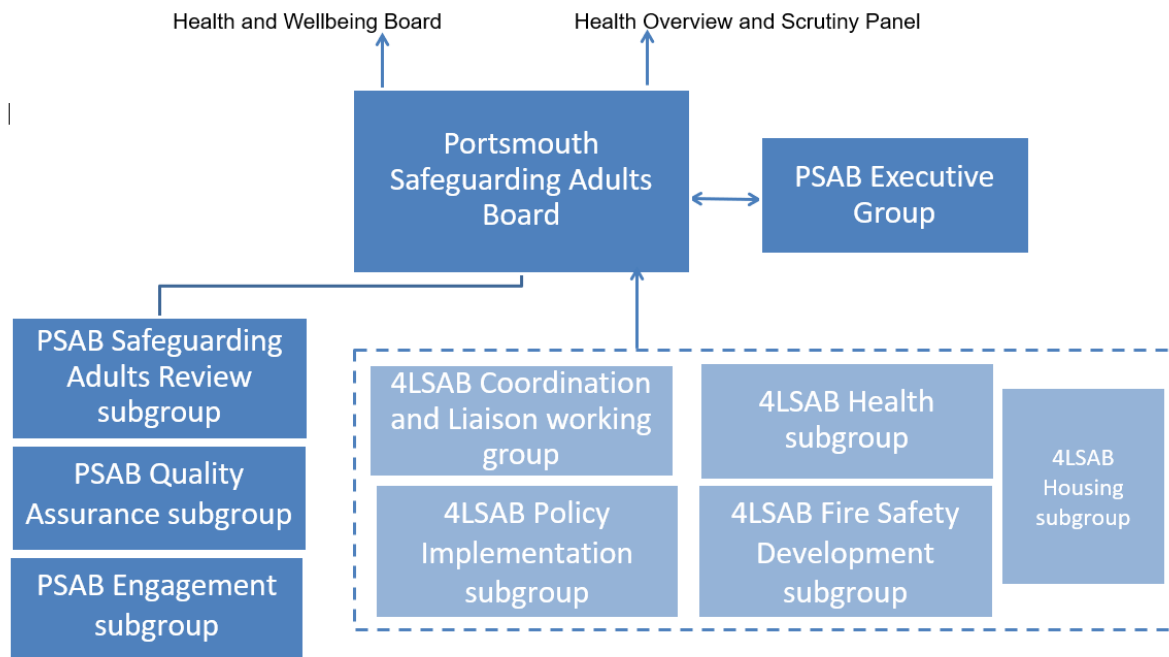
The Board has an independent chair that can provide some independence from the local authority and other partners. This is especially important in terms of:

- offering constructive challenge
- holding member agencies to account
- acting as a spokesperson for the Board.

The Board is funded through contributions from its statutory partners (Portsmouth City Council, NHS Portsmouth Clinical Commissioning Group and Hampshire Constabulary). The contributions received in 2021-22 were:



The structure of the Board and its subgroups is shown in the diagram below. In the areas of policy implementation, fire safety and housing, we have shared '4LSAB' working groups with the neighbouring Boards (Hampshire, Southampton and the Isle of Wight). This helps ensure we work in a joined-up and coordinated way with our partners across the region on common priorities. The addition of a 4LSAB Health subgroup was also approved by the Board in March 2022 and this subgroup will start work from April 2022 onwards.



Agenda Item 5



Title of meeting:	Health and Wellbeing Board
Date of meeting:	15 th February 2023
Subject	Preventing Violent Extremism Strategy
Report by:	David Jones, Deputy Director (Interim), Adult Social Care
Wards affected:	All
Key decision:	No
Full council decision:	No

1 Purpose of report

- 1.1 To update the Health and Wellbeing Board on the Local Authority's plans to meet the Prevent statutory duty.

2 Recommendation

The Health and Wellbeing Board to endorse:

- 2.1 To support the continuation of Prevent delivery at current levels to meet the local authorities' statutory obligations under Section 26 of the Counter Terrorism and Security Act 2015.

3 Background

- 3.1 The Prevent strategy is one of the four elements of CONTEST, the national counter terrorism strategy, covers all forms of extremism and has three strategic objectives:
 - a. Respond to the ideological challenge of terrorism and the threat we face from those who promote it;
 - b. Prevent people from being drawn into terrorism and ensure that they are given appropriate support; and
 - c. Work with sectors and institutions where there are risks of radicalisation that we need to address
- 3.2 Section 26 of the Counter Terrorism and Security Act 2015 placed responsibilities on "specified authorities" in the exercise of their functions to have "due regard to the need to prevent people from being drawn into terrorism". This became a legal requirement on the 1st of July 2015¹. Specified

¹ <https://www.gov.uk/government/publications/prevent-duty-guidance>

authorities include the local authority, criminal justice, including prisons, education sector, health and social care and the police.

- 3.3 In complying with the duty, all specified authorities should demonstrate an awareness and understanding of the risk of radicalisation in their area. The guidance identifies sector specific duties with three themes throughout:
- a. Effective leadership - those in leadership positions to have mechanisms to understand the risks, ensure staff have the capabilities to respond to risk, communicate and promote the importance of the duty and implement the duty effectively.
 - b. Working in partnership - demonstrate evidence of productive co-operation, in particular with local Prevent co-ordinators, the police and local authorities, and co-ordination through existing multi-agency forums, for example Community Safety Partnerships.
 - c. Appropriate capabilities - ensure frontline staff have the training and skills to be aware of Prevent, how to challenge the extremist ideology and be able to support people who may be exploited by radicalising influences.

4 Local Authority delivery performance benchmarks

- 4.1 The Home Office have designed the following benchmark to enable local authorities² and their partners to assess Prevent delivery in their local area against statutory requirements and best practice delivery.

This includes a requirement to produce an annual self-assessment and action plan based upon the local counter terrorism risk profile.

- a) The organisation has a local risk assessment process reviewed against the Counter Terrorism Local Profile.
- b) There is an effective multi-agency partnership board in place to oversee Prevent delivery in the area.
- c) The area has an agreed Prevent Partnership Plan.
- d) There is an agreed process in place for the referral of those identified as being at risk of radicalisation.
- e) There is a Channel Panel in place, meeting monthly, with representation from all relevant sectors.
- f) There is a Prevent problem solving process in place to disrupt radicalising influences.
- g) There is a training programme in place for relevant personnel.
- h) There is a venue hire policy in place, to ensure that premises are not used by radicalising influencers, and an effective IT policy in place to prevent the access of extremist materials by users of networks.
- i) There is engagement with a range of communities and civil society groups, both faith based and secular, to encourage an open and transparent dialogue on the Prevent Duty.

² <https://www.gov.uk/government/publications/prevent-duty-toolkit-for-local-authorities-and-partner-agencies>

- j) There is a communications plan in place to proactively communicate and increase transparency of the reality / impact of Prevent work and support frontline staff and communities to understand what Prevent looks like in practice.

Home Office Assessment 2022

- 4.2 The Home Office assesses Prevent operational delivery and Channel practice in Portsmouth to be strong, with aspects highlighted as national good practice. The current service provides expertise and support to stakeholders and the Channel Panel in managing cases.
- 4.3 The partnership working with other local authorities on developing policies and sharing best practice has been deemed particularly effective. Good feedback received from Prevent training and community engagement with groups and individuals are also positively noted.
- 4.4 There is a well-attended and effective Prevent Delivery Board which oversees delivery in Portsmouth and creates a Prevent Partnership plan. A revised training, communication and community engagement plan are in development in partnership with the Hampshire and Isle of Wight Prevent Board.

Annual Assurance Statement

- 4.5 In addition, the Home Office now require the completion of an annual assurance statement in relation to the Channel Panel and the Prevent Duty. This will be completed each year by the Channel Panel chair, in conjunction with standing channel panel members. The assurance documentation linked to the Prevent Duty is currently produced by the Hidden Harm Coordinator, Charlie Pericleous, and Education Officer, John Webster.

Documents to be produced/updated on an annual basis include:

1. Action plan
2. Situational risk assessment
3. Corporate risk assessment
4. Venue hire/speaker policy
5. Training plan
6. Community engagement strategy
7. Communication strategy

5. Project Orpheus

- 5.1 The Prevent team sought external funding opportunities and was successful in October 2018 in securing 3.5 years funding for the EU Interreg Orpheus project. The total 3.5-year funding for the project, which included costs for the two posts was €522,692, with the EU contributing 60% (€331,615) and the City Council contributing 40% (€221,077). The funding for the Orpheus project ceased in December 2022.

- 5.2 Project Orpheus works with other coastal cities and universities within France, Belgium and Netherlands to develop online and offline methods to build resilience to radicalisation within young people. The project has focused on strengthening online safety measures, including tackling misinformation, and has developed a prevention model for violent extremism.
- 5.3 Locally, over 240 young people have received online awareness and resilience training; over 110 have participated in safe space activities; frontline workers have received relevant training on managing difficult discussions and online safety. Each of these cohorts have delivered their targets in increasing awareness and confidence. In addition, over 500 staff received Prevent training in 2022. The link to the Orpheus website is here: orpheusproject.eu.
- 5.4 The Orpheus project has been highlighted as a national good practice LGA case study - please see link - [Project Orpheus: Building resilience to online extremism in Portsmouth | Local Government Association](#)

6. Current Arrangements in Portsmouth

- 6.1 Portsmouth established a Prevent Delivery board in 2015 and has representatives from the specified authorities:

Local Authority (to represent relevant departments)
Youth Offending Team
Health
Education representation (to represent schools, FE & HE)
Regional Prevent FE/HE lead
Portsmouth University
Portsmouth Channel Chair
Probation
Community Rehabilitation Company
Police

Staff

- 6.2 Prevent is a statutory duty and Rachael Roberts and David Jones (Interim), provide the strategic lead. Operational delivery is currently strong, however is reliant on the Hidden Harm Coordinator and Hidden Harm Education Officer posts, who were initially funded by the Home Office and are now currently funded via an EU external grant and a 40% contribution from the Community Safety portfolio reserves. This external funding ended in December 2022.

Education support

- 6.3 Support has been given to education settings since the Prevent Duty became legislation in 2015. A dedicated Education Officer has increased the capacity for delivery and focussed support since 2017. Schools regularly request training for whole teams or specific groups such as senior leaders or the governing body. Schools also know there is a point of contact for advice on vulnerability or

increasing children's resilience to radicalisation. A quarterly newsletter is produced so that relevant updates and signposting to best practice is shared across all settings.

7. **Channel and Safeguarding**

The Channel process, including the Channel panel, is part of the Prevent strategy. The Channel process is a multi-agency safeguarding approach to identify and provide early support to individuals who are at risk of being drawn into terrorism or violent extremism. Channel works by partners jointly assessing the nature and the extent of the risk and where necessary, providing an appropriate support package tailored to the individual's needs. The three key stages of Channel are:

- i. Identify individuals at risk of being drawn into terrorism or violent extremism.
- ii. Assess the nature and extent of risk; and
- iii. Develop the most appropriate support plan for the individuals concerned.

Channel addresses all forms of violent extremism. Referrals can come from a wide range of individuals and partners and could include youth offending teams, social services, health, police, education and local communities. If appropriate, a multi-agency panel is convened to provide appropriate support and intervention.

A monthly Channel panel is established in Portsmouth and has been recognised by the Home Office for its effective multi-agency approach to ensure positive outcomes for those referred and those that are adopted as cases. This is currently chaired by David Richards, MASH manager in children's social care.

8. **Counter Terrorism Local Profile (CTLP)**

A Counter Terrorism Local Profile (CTLP) is an assessment of risk that informs planning and delivery locally. The CTLP is presented to the Prevent Delivery Board by Counter Terrorism Policing South-East (CTP-SE) on an annual basis. A version that is approved for wider circulation is then sent out to Portsmouth Prevent Board partners. The CTLP recommendations and identified risks are used to form the basis of the Portsmouth Prevent Delivery Plan. The Prevent Board and action plan identify broad themes that could lead to inter-authority partnership work across Hampshire and the South-East.

9. Integrated Impact Assessment

As this report is an update on current arrangements for the Prevent Strategy a IIA is not required.

10. Finance Comments

- 10.1 It is acknowledged that the Prevent team obtained external funding for this area in the past. Some of these funds may roll forward to support 2023/24, however, unless new sources of external funding are secured, continued activity would need to be covered from PCC's existing budget allocations.
- 10.2 The final funding requirement for 2023/24 should be understood by year end. In preparation for 2023/24 Finance are highlighting the potential need to locate budget; the assistance of other Directorates may be required to resolve any budget shortfall.

11 Legal Comments:

- 11.1 As indicated in the body of the report, section 26(1) of the Counter-Terrorism and Security Act 2015 ("the Act") places a duty upon "specified authorities", in exercising their functions, to "have due regard to the need to prevent people from being drawn into terrorism". This is referred to as the "Prevent Duty".
- 11.2 The City Council is such a "specified authority" in accordance with Schedule 6 of the Act.
- 11.3 The Home Office has issued statutory guidance to authorities regarding the Prevent Duty under section 29 of the Act. Under section 29(2) of the Act, authorities must have regard to that guidance in carrying out the duty.

.....
 Signed by: David Jones, Deputy Director (Interim), ASC - 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
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The recommendation(s) set out above were approved/ approved as amended/
deferred/ rejected by on

.....
Signed by:

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Agenda Item 6



Title of meeting:	Health and Wellbeing Board
Date of meeting:	15 th February 2023
Subject:	Pharmaceutical Needs Assessment 2023 and wider pharmacy issues
Report by:	Matt Gummerson, Head of Strategic Intelligence and Research, Public Health Portsmouth
Wards affected:	All
Key decision:	Yes/No
Full Council decision:	Yes/No

1. Purpose of report

- 1.1 The Health and Wellbeing Board (HWB) has a statutory responsibility to publish a statement of the needs for pharmaceutical services of the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA). The current PNA was published in October 2022 and stated that further losses of pharmacy provision in the city were likely to create a gap. A consolidation application approved by NHS England (NHSE) in November 2022 has resulted in the closure of the Rowlands Pharmacy at 24 Elm Grove, Southsea, PO5 1JG, and consolidation onto the site at 30 Osborne Road, Southsea, PO5 3LT. This paper therefore proposes that the PNA approve a revised PNA for consultation that identifies a gap.
- 1.2 The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 were amended from 1st October 2022 so that HWBs will have 30 days to submit representations on consolidation applications rather than the previous 45 days. Portsmouth's PNA makes clear that, in most circumstances, the HWB will indicate that granting a consolidation would create a gap. This report therefore proposes a more streamlined local process for agreeing that response.

2. Recommendations

- 2.1 The HWB is asked to:
 - 2.1.1 Approve the proposed changes in section 4 that will form part of revised PNA 2023.
 - 2.1.2 Agree that the draft PNA can be signed off for consultation by the joint-chairs of the HWB by 1st March 2023.
 - 2.1.3 Agree that the HWB response to future consolidation applications can be approved by the joint-chairs of the HWB as part of a revised process set out in section 6

3 Background

- 3.1 The PNA is a report on the local needs for pharmaceutical services. It is used to identify gaps in current services or improvements that could be made to current or future service provision. The PNA needs to be seen within the wider context of the role of community pharmacies in supporting the vision and priorities of the Integrated Care System (ICS). This will be discussed in more detail following a presentation at the HWB about the Integrated Care Board's (ICB) plans for a new Community Pharmacy Strategy for Hampshire and the Isle of Wight. This will cover a range of issues that are wider than the scope of the PNA, including:
- the changing balance between in-person collection of prescriptions vs online options, and the risks this potentially creates around the other vital roles pharmacies play in accessing advice and guidance and purchasing Pharmacy Only Medicines
 - the workforce and funding pressures facing the pharmacy system
 - how local partners can work together to mitigate these risks and challenges including to health inequalities.
- 3.2 The specific content of the PNA is set out in schedule 1 of the NHS (Pharmaceutical & Local Pharmaceutical Services) Regulations 2013. Portsmouth published its most recent PNA on 1st October 2022.
- 3.3 The Portsmouth PNA 2022 stated that the HWB consider the location, number, distribution and choice of pharmaceutical services serving the Portsmouth residents to meet the needs of the population. However, it also made clear that "*further reductions in provision of services would require an updated assessment of the needs of the local population*". On 24th October 2022 the HWB was notified that a consolidation application resulting in the closure of the Rowlands Pharmacy at 24 Elm Grove, Southsea, PO5 1JG, and consolidation onto the site at 30 Osborne Road, Southsea, PO5 3LT had been granted. In line with the 2022 HWB, this creates a gap which necessitates producing an updated assessment of the pharmaceutical needs for Portsmouth.
- 3.4 While the HWB response to the consolidation application in July 2022 did not identify a gap, this was assessed against the previous (2018) PNA that applied at the time. A gap can therefore only now be identified by issuing a new PNA, which requires a 60 day consultation with a range of specified organisations. This report therefore asks the HWB to approve the production of a revised draft PNA for consultation, as summarised in section 4 below. The population health analysis that forms the bulk of the PNA has not been updated since the last PNA was agreed so this will not change. Neither will the overall conclusions i.e. that:
- a) with the exception of gaps created by the additional closures (Elm Grove, Drayton Community Pharmacy, Sainsbury's Lloyds Farington), coverage is sufficient based on current levels of provision.
 - b) the HWB would not support any further consolidation requests unless there were obvious advantages in terms of operational robustness (workforce etc) that clearly outweigh any loss of service / coverage.

3.5 As the PNA now makes clear that further closures would create a gap, in future this can just be addressed by issuing a supplementary statement, rather than a revised PNA. These supplementary statements would still be brought to the HWB for information. Their effect would be to allow another pharmacy to apply to open in place of the closing pharmacy, if that consolidation application was refused by NHSE in line with the HWB's recommendation.

4 Proposed Portsmouth PNA 2023-2026

4.1 The majority of the analysis that makes up the PNA published on 1st October remains unchanged. The following sections will be updated to reflect the loss of three community pharmacies since that date:

- Section 4 - description of services available in each locality
- Section 6 - access to NHS pharmaceutical services
- Section 11 - gaps in provision

4.2 Gaps in provision will be clearly identified as set out below, with further detail in Appendix 1.

4.2.1 **The closure of the Rowlands Pharmacy at 24 Elm Grove, Southsea, PO5 1JG, and consolidation onto the site at 30 Osborne Road, Southsea, PO5 3LT, creates a geographical gap in the community served by the previous site on Elm Grove.** The HWB is satisfied that there is a current need for a pharmacy with disabled access, on or within 100m to the north or south of Kings Road or Elm Grove (Southsea, PO5). The pharmacy would be required to be open between 10:00 - 19:00 Monday to Friday, providing the following services:

- all essential services
- the community pharmacist consultation service
- the new medicine service
- hypertension case finding service
- supervised consumption service
- Hepatitis C Testing Service
- Smoking Cessation Service, and
- flu vaccinations

4.2.2 **The closure of the Lloyds Pharmacy at Fitzherbert Road, Farlington, PO6 1RR, creates a geographical gap in the community served by the previous site.** The closure of this site and that at 246b Havant Road, means there is only one pharmacy provider in the ward. The HWB is satisfied that there is a current need for a pharmacy with disabled access, in Drayton and Farlington ward. The pharmacy would be required to be open between 09:00 - 18:00 Monday to Saturday and 10:00 to 16:00 on Sunday, providing the following services:

- all essential services
- the community pharmacist consultation service
- the new medicine service
- hypertension case finding service
- supervised consumption service

- Hepatitis C Testing Service
- Smoking Cessation Service, and
- flu vaccinations

4.2.3 The closure of Drayton Community Pharmacy at 246b Havant Road, Drayton, PO6 1PA on 15th February 2023 creates a gap for a pharmacy offering the 'out of hours' services (as provided by a 100 hours pharmacy) operating in the area which could be met by a new pharmacy or by an existing provider increasing their hours. The HWB is satisfied that there is a current need for a pharmacy that is open as a minimum between 17:00 and 22:00 seven days per week with disabled access, in the northern locality of Portsmouth to the east of the A3, providing the following services:

- all essential services,
- the community pharmacist consultation service,
- smoking cessation service,
- the new medicine service, and
- flu vaccinations

4.3 As well as identifying the gaps created by the recent closures, the conclusion will reiterate the point made in the 2022 PNA that "*the Health and Wellbeing Board (HWB) would not wish to see reductions in the current availability of pharmaceutical services. Pharmacies are a crucial part of primary health services in the city*". On this basis, future closures of pharmacies will be considered to create a gap that another provider offering similar services could fill.

5 Revised process for approving the HWB response to consolidation applications

5.1 In November 2017 the HWB agreed a procedure for how to meet its statutory duty to make a representation to NHSE on consolidation applications of community pharmacies in its area (i.e. where pharmacy businesses on two or more sites propose to consolidate to a single existing site).

5.2 The procedure involved different approaches for applications considered by the HWB to be either contentious or non-contentious. In each case however the procedure involved consultation with HWB members and ward councillors impacted by the application. This would consider information provided in the application and, where useful, spatial analysis undertaken by the PCC Public Health Intelligence team to support identification of gaps in pharmaceutical provision.

5.3 It was agreed in 2017 that this procedure would be reviewed following any change to the Regulations. From 1st October 2022 the Regulations were amended to reduce the time available to the HWB to submit its response from 45 days to 30 days from date of notification of an application. This would make meeting the previously agreed procedure challenging. Furthermore, the changes describe in section 3.5 makes this procedure unnecessary. Under the PNA published in October 2022, and reiterated in the proposed PNA 2023, almost all consolidation applications will be

opposed by the HWB. There may be exceptions where the impact on services to residents will be minimal e.g. if two pharmacies in very close proximity offering a similar range of services wished to consolidate.

5.4 With the new PNA making the HWB's response to future consolidation applications clear in advance, and the reduced timeframe making consultation with the wider board impractical in a meaningful sense, it is proposed that:

5.4.1 the HWB response to future consolidation applications can be approved by the HWB chairs following a recommendation by the Director of Public Health.

5.4.2 HWB members and ward councillors affected are informed of consolidation applications and the proposed HWB response at least 10 days before submission.

6 Reasons for recommendations

6.1 PNAs are relevant when deciding if new pharmacies are needed, in response to applications by businesses, including independent owners and large pharmacy companies. Applications are contested by applicants and existing NHS contractors and can be open to legal challenge if not handled properly. They also inform commissioning decisions by local commissioning bodies.

6.2 The content of PNAs is set out in Schedule 1 to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. They must include:

- A statement of the pharmaceutical services provided that are necessary to meet needs in the area;
- A statement of the pharmaceutical services that have been identified by the HWB that are needed in the area, and are not provided (gaps in provision);
- A statement of the other services which are provided, which are not needed, but which have secured improvements or better access to pharmaceutical services in the area;
- A statement of the services that the HWB has identified as not being provided, but which would, if they were to be provided, secure improvements or better access to pharmaceutical services in the area;
- A statement of other NHS services provided by a local authority, the NHS Commissioning Board (NHS England), an Integrated Care Board (ICB) or an NHS Trust, which affect the needs for pharmaceutical services;
- An explanation of how the assessment has been carried out (including how the consultation was carried out); and
- A map of providers of pharmaceutical services.

6.3 There is a regulatory duty (NHS (Pharmaceutical & Local Pharmaceutical Services) Regulations 2013 No 349: Part 2: Reg 8) to have a 60 day consultation about the contents of the assessment it is making. It is proposed that this consultation will be undertaken from 1st March 2023, closing on Monday 1st May 2023.

5. Integrated impact assessment

5.1 An Integrated Impact Assessment was completed on the previous PNA and the findings remain applicable to this updated PNA.

6. Legal implications

6.1 There is a statutory duty requiring the Health and Wellbeing Board to undertake and publish this needs assessment under section 128A of the National Health Service Act 2006 and regulations made under that section, namely the National Health Service (Pharmaceutical & Local Pharmaceutical Services) Regulations 2013 ("the 2013 Regulations")

6.2 Regulations 3 to 9 and Schedule 1 of the 2013 Regulations set out the detailed requirements as to the content of needs assessments and the manner in which the assessment is to be made and published.

7. Director of Finance's comments

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

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Signed by:

Helen Atkinson, Director of Public Health

Appendices:

Appendix 1 - Draft updated section to PNA identifying a current gap

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
Pharmaceutical Needs Assessment 2022	https://www.portsmouth.gov.uk/wp-content/uploads/2022/03/portsmouth-pharmaceutical-draft-needs-assessment-2022-accessible.pdf

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

.....

Signed by:

Appendix 1 - Draft updated section to PNA identifying a current gap

Section 2.1 on p46 [Pharmaceutical needs assessments: Information pack for local authority health and \(publishing.service.gov.uk\)](#)

The regulations require Pharmaceutical Needs Assessments to include statements of the pharmaceutical services that the HWB has identified that are not provided within its area but which the board is satisfied:

- need to be provided in order to meet a current need

Such gaps could be for:

- a pharmacy providing a specified range of services

The regulations are silent as to how the health and wellbeing board identifies any gaps. It is suggested that there are three levels where gaps may exist. 1. geographical gaps in the location of premises – are premises in the right locations? Are there any current gaps in the spread of premises? 2. geographical gaps in the provision of services 3. gaps in the times at which, or days on which, services are provided

Portsmouth's 2022 PNA stated that "*further reductions in provision of services would require an updated assessment of the needs of the local population*". Below is the proposed text for the sections in our revised PNA in which we will identify gaps.

1. The closure of the Rowlands Pharmacy at 24 Elm Grove, Southsea, PO5 1JG, and consolidation onto the site at 30 Osborne Road, Southsea, PO5 3LT, creates a geographical gap in the community served by the previous site on Elm Grove.

An estimated additional 2,009 residents are no longer within a 5 minute walk of a pharmacy as a result of this closure. While the expectation is not that everyone will be within 5 minutes' walk of a pharmacy, there are large numbers of older residents in sheltered and retirement accommodation in the area for whom the distance to alternative provision is potentially too far and this does represent a reduction of provision of services geographically. In addition, the closed site was accessible to disabled people while the continuing site is not.

Kings Road / Elm Grove is a busy road with lots of footfall from people of all ages, including those who travel through the area to reach the city centre. It includes several substance misuse and homeless services. A pharmacy here can meet the needs of a wide range of communities beyond those living in close proximity. There is currently no supervised consumption service available in the evening in the south locality, which could be an additional barrier to getting people with supervised consumption needs back into work. Barriers to accessing support for this client group can lead to additional pressures on emergency healthcare services.

Taking into account the above information, the Health and Wellbeing Board is satisfied that there is a current need for a pharmacy with disabled access, on or within 100m to the north or south of Kings Road or Elm Grove (Southsea, PO5). The pharmacy would be

required to be open between 10:00 - 19:00 Monday to Friday, providing the following services:

- all essential services
- the community pharmacist consultation service
- the new medicine service
- hypertension case finding service
- supervised consumption service
- Hepatitis C Testing Service
- Smoking Cessation Service, and
- flu vaccinations

2. The closure of the Lloyds Pharmacy in Sainsburys at Fitzherbert Road, Farlington, PO6 1RR

The closure of the Lloyds Pharmacy at Fitzherbert Road, Farlington, PO6 1RR, creates a geographical gap in the community served by the previous site. The closure of this site and that at 246b Havant Road, means there is only one pharmacy provider in the ward. The 2022 PNA made clear that further reductions in pharmacy provision in the city would create gaps in coverage. The closure of the Lloyds pharmacy at Fitzherbert Road means the loss of a site with considerable footfall and easy access for a range of people due to its location in a large supermarket.

It results in an additional 1,838 residents no longer being within a 10 minute walk of a pharmacy. There are additional communities, including areas with high proportions of older residents and pockets of severe deprivation, who are outside of that 10 minute walk radius already and for whom this represents a further reduction in their ability to access pharmaceutical services. The vast majority of residents not within a 10 minute walk of a pharmacy, including as a result of these closures, are in the northern locality of Portsmouth.

Taking into account the above information, the Health and Wellbeing Board is satisfied that there is a current need for a pharmacy with disabled access, in Drayton and Farlington ward. The pharmacy would be required to be open between 09:00 - 18:00 Monday to Saturday and 10:00 to 16:00 on Sunday, providing the following services:

- all essential services
- the community pharmacist consultation service
- the new medicine service
- hypertension case finding service
- supervised consumption service
- Hepatitis C Testing Service
- Smoking Cessation Service, and
- flu vaccinations

3. The closure of Drayton Community Pharmacy at 246b Havant Road, Drayton, PO6 1PA on 15th February 2023 creates a gap for a pharmacy offering the 'out of hours' services (as provided by a 100 hours pharmacy) operating in the area which could be met by a new pharmacy or by an existing provider increasing their hours.

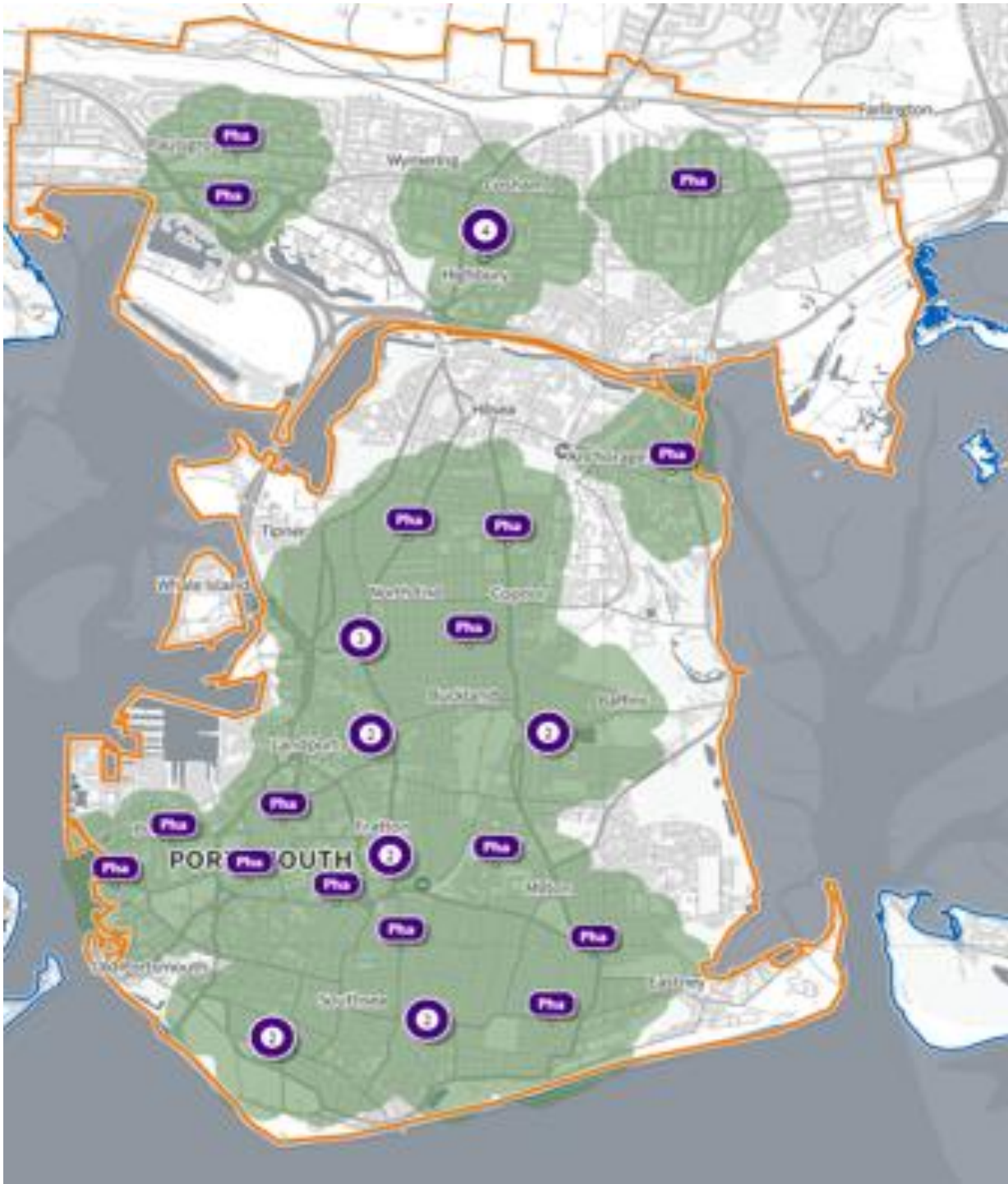
The PNA states that 100 hour pharmacies have given Portsmouth residents greater access to pharmaceutical services by extending opening hours both in the morning and late into the evening plus extended weekend coverage. These pharmacies meet an identified need for pharmaceutical services for both 'out of hours' dispensing services and for the general population who wish to seek professional help for health and lifestyle advice, treating minor ailments and conditions that may be managed by self-care.

The closure of one of the four 100 hour pharmacies will reduce the public's access to these services and potentially increase pressure on other parts of the primary of the care system. Closure of this site would mean there is only one pharmacy providing these extended hours in the northern part of the city and none at all on the eastern side of the city.

Taking into account the above information, the Health and Wellbeing Board is satisfied that there is a current need for a pharmacy that is open as a minimum between 17:00 and 22:00 seven days per week with disabled access, in the northern locality of Portsmouth to the east of the A3, providing the following services:

- all essential services,
- the community pharmacist consultation service,
- smoking cessation service,
- the new medicine service, and
- flu vaccinations

Figure 1. Map showing 10 minute walk times to Portsmouth pharmacies without the pharmacies at Elm Grove, Havant Road and Fitzherbert Road



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Title of meeting: Health and Wellbeing Board

Subject: Combatting Drugs Partnership Needs Assessment and Plan

Date of meeting: 15th February 2023

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 Combatting Drugs Partnership (CDP) needs assessment and Substance Misuse Plan for Portsmouth.
- 1.2 To seek approval from the HWB for the Substance Misuse Plan for Portsmouth.

2. Recommendations

- 2.1 The Health and Wellbeing Board note the substance misuse needs assessment
- 2.2 The Health and Wellbeing Board approve the Substance Misuse Plan for Portsmouth 2023-2026

3. Background

- 3.1 The Health and Wellbeing Board received a report detailing the formation of the new Combatting Drugs Partnership (CDP), its aims and objectives at their previous meeting on the 23rd November 2022.
- 3.2 This report highlighted a requirement of the local CDP to complete a comprehensive needs assessment and develop a local plan to reduce the harm caused by substance misuse.
- 3.3 The Health and Wellbeing Board agreed to review the needs assessment and plan at this meeting.

Reasons for Recommendations

4. Needs Assessment

4.1 A detailed substance misuse needs assessment (Appendix 1) was completed and presented to the CDP at the end of November 2022.

4.2 The needs assessment highlighted some key challenges in Portsmouth:

- Poor physical and mental health of substance misusers, with high levels of unmet need
- A high level of alcohol related harm
- Lack of capacity within our young people specialist substance misuse service
- A high number of people prescribed high doses of morphine within primary care and multiple items alongside morphine

4.3 The needs assessment makes 34 recommendations in total, however the key recommendations were:

- To develop access to primary care services and expand homeless health care provision to address the significant unmet physical health need.
- To improve mental health pathways, with increased provision of co-located posts including mental health workers within recovery services and vice versa to address the significant unmet mental health need.
- Target resources to help reduce the high level of alcohol-related harm in the city, deal with an increase in demand for treatment services and tackle the low proportion of alcohol successful completions via an expanded alcohol-specific team.
- Set up a task and finish group to investigate and implement measures to increase the proportion of successful alcohol and non-opiate treatment completions.
- Increase the capacity of provision for young people, considering standalone services as the needs of young people differ from that of adults (also 18-24years), and develop improved relationships with schools and services such as Portsmouth Youth Offending Team.
- Move away from Silo commissioning, for example, work closely with rough sleepers' commissioners to understand how resources can be utilised and funding complement existing workstreams without duplicating work.

5. Partnership Plan

5.1 In response to the need identified within the needs assessment a high level 3-year substance misuse plan has been developed (Appendix 2). This plan includes three priorities:

1. **Disrupt local drug supply chains and drug related crime**
2. **Improve the quality, capacity and outcomes of our drug & alcohol prevention and treatment services**

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

- 5.2 Each priority has an identified priority champion who will oversee delivery of that priority and report to the CDP.
- 5.3 Each priority has a number of objectives which will form part of a detailed delivery plan.
- 5.4 Each priority also has a number of measures, which will be included within a performance framework. This performance framework will provide quarterly tracking data to show the CDP the direction of travel, allowing the partnership to monitor performance.
- 5.5 The Director of Public Health will provide an annual report to the Health & Wellbeing Board on the progress against each priority and provide an annual performance framework.

6. 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 Combating Drugs Partnership.

7. Legal implications

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

8. Finance comments

There is no financial information presented in this report. Individual items within the plan need to be assessed on case by case basis.

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

Appendices

Appendix 1 Substance Misuse Needs Assessment 2022

Appendix 2 Substance Misuse Plan for Portsmouth 2023-2026

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Substance Misuse Plan for Portsmouth 2023-2026

National Context

On 6th December 2021, in response to Dame Carol Black's review, the Government published their ten-year drug strategy 'From Harm to Hope: A ten-year drugs plan to cut crime and save lives.'¹ The strategy has an ambition to reduce drug use to an overall 10-year low, and includes three core priorities, to:

1. Break the drug supply chain
2. Deliver a world class treatment and recovery system
3. Achieve a shift in the demand for recreational drugs

The strategy is supported by an increase in investment (nearly £900 million) with expected outcomes nationally by 2024 to include:

- Preventing nearly 1,000 deaths
- Delivering around 54,500 new high-quality drug and alcohol treatment places
- Contributing to the prevention of $\frac{3}{4}$ of a million crimes
- Closing over 2,000 more county lines
- Increasing disruption of illegal drug supply activities
- Reversing the rising trend on drug use and to reduce overall use towards a 30 year low.

The Portsmouth Combatting Drugs Partnership aims to bring together senior leaders and organisations to oversee and support implementation of this local plan. Portsmouth's Combating Drug Partnership (CDP) commenced in September 2022, with the Director of Public Health appointed as the Senior Responsible Owner, reporting to central government on progress.

The CDP aims 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. Local priorities within this plan are based on the findings and recommendations of a comprehensive needs assessment.

¹ [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives)

Portsmouth Needs

Portsmouth has not had a standalone substance misuse needs assessment since 2012. During this time substance misuse has been integrated into the Safer Portsmouth Partnership strategic assessment. A needs assessment was undertaken in Autumn 2022, it combines both national and local data. It also utilised a 2021 substance misuse stakeholder survey, which provided an opportunity to consult directly with residents and stakeholders and allow them to tell us about their views and experiences of substance misuse services in the city.

Due to time constraints the needs assessment took a pragmatic approach, resulting in some gaps in knowledge. The gaps highlighted further understanding required including the prevalence and needs in some priority groups, such as people with learning difficulties, sex workers, women, Black Asian Minority Ethnic (BAME) communities and people that engage in Chem sex. As this needs assessment is a developing document, it is recommended that it is updated when this information is available.

Physical and mental **health** were both re-occurring themes through many of the sections. Ill-Physical health was prominent in the impact section particularly the data on drug related deaths and was a common concern amongst stakeholders and service users around the unmet physical health need of people that are known to drug and alcohol services.

Mental health was the most common concern In the stakeholder feedback, with concerns including lack of resource, too many barriers to access services, stigma and discrimination, a lack of co-ordination between Mental health and substance muse services and services not treating mental Health and substances misuse as a co-occurring condition. Mental health appeared in the Emergency Department (ED) admissions data where a large proportion of overdoses seen at the ED were due to paracetamol or antidepressant medication indicated a high level of mental health need in the city. The data on those in treatment also highlighted a high proportion had some level of a mental health need however approximately only half were getting any support or treatment.

Alcohol was a prominent theme though-out the sections. Portsmouth has a high-level of alcohol related harm in the city, the number of new presentations for alcohol support is increasing particularly new presentations for women, yet the number of successful completions for alcohol, along with non-opiates, in Portsmouth in on a downward trajectory indicating that more resource is needed to focus on alcohol specific work. An area where Portsmouth is doing better is the increase in number of people leaving prison with an identified drug and alcohol need engaging in community treatment, this area of work has been resourced since 2021 with a dedicated Criminal justice team focusing on improving pathways, highlighted that having a focused resource such as alcohol specific team could help.

Young people specialist substance misuse services in Portsmouth had been an area of disinvestment for some time. There has been a lack of capacity with currently only one full time young person worker that sits within children social care, the lack of capacity has invertedly meant that referrals into the service and numbers in treatment are low. An increase in Young People's provision would mean that pathways with key services such as Youth Offending and education can be improved. Young people are

more likely to take drugs than adults in Portsmouth and while it is believed that they are less likely to be dependent, the experimental stage experienced increases a young person's risk of becoming dependent on drugs in adulthood. Young people substance misuse contributes to much of the anti-social behaviour seen in the city and is a common factor in youth offending and young people's attendance seen at the emergency department.

Joint commissioning can add benefit and reduce duplication. As services are currently being resourced with an expected increase in funding over the next few years, it is only sensible to work with other commissioners to really understand what is happening in the city and where the unmet need and gaps in service provision are. Commissioned services should all complement each other ensuring that those that need support in the city receive it.

Over the counter and prescription drugs were an identified issue. Although the needs assessment primarily focuses on illicit drugs, there was some reference to over the counter or prescription drugs. The data on Emergency Department attendances have seen an increase in paracetamol and anti-depressant overdoses, with paracetamol overdoses more prevalent than opiate. Portsmouth is the worst performing area for the number of people receiving a high volume of Morphine sulphate solution, with a higher rate than the national average of patients prescribed multiple items on top of a prescription of Morphine sulphate oral solution and a higher rate than the national average of patients with a total oral morphine equivalent dose of 120mg or more per day. A recommendation would be the need to further investigation to the possible causes of high levels of use of morphine with other drugs and consideration as to whether patients can reduce or stop the use of morphine.

Needs Assessment Recommendations

Overall, there were a total of 34 recommendations throughout the needs assessment with the key themes and recommendations including:

1. Significant unmet physical health need: a need to develop access to primary care services and expand homeless health care provision
2. Significant unmet mental health need: improved pathways, with increased provision of co-occurring posts and MH workers co-located within Recovery services and vice versa.
3. Target resource to help reduce the high level of alcohol-related harm in the city, deal with an increase in demand and tackle the low proportion of alcohol successful completions via an expanded alcohol-specific team.

4. Successful completions have been on a downward trajectory for alcohol & non-opiate drug using clients: a task and finish group to investigate and implement measures to increase the proportion of successful completions.
5. Increase the capacity of young people specialist treatment provision, considering their needs differ from that of adults (also 18-24years) develop improved relationships with schools and services such as Youth Offending Team.
6. Move away from Silo commissioning – e.g. work closely with rough sleepers commissioners to understand how resources can be utilised and funding compliment existing workstreams but not duplicate work.

This plan supports the wider Portsmouth **Health and Wellbeing Strategy 2022 - 2030**²

² [health-and-wellbeing-strategy-january-2022-accessible.pdf \(portsmouth.gov.uk\)](https://www.portsmouth.gov.uk/health-and-wellbeing-strategy-january-2022-accessible.pdf)

Three-year Strategic Vision

In three years' time Portsmouth will have made progress towards achieving the Government's ten-year strategy, underpinned by a trauma-informed approach within our work. We will have made it harder for drug dealers to supply to our residents, focusing our resources on the county lines groups that cause the most harm to our young people and vulnerable adults. We will also have reduced drug related crime through a combination of enforcement and rehabilitation, using different access points in the criminal justice system to proactively engage offenders into treatment.

We will have improved drug and alcohol treatment in the city. We will have increased the capacity and quality of our workforce. We will have recruited professional staff, including more nurses and social workers. All staff will have achieved or be working towards an accredited specialist substance misuse training programme. From harm reduction to long term recovery, our services will engage and meet need. We will particularly focus on increasing dependent alcohol persons in treatment and increase successful outcomes.

Young people in Portsmouth will be better protected from the harm caused by drug misuse. We will have improved support for families where a parent has a substance dependence. We will divert young people away from risky drug or alcohol use and protect the most vulnerable from exploitation. We will have increased capacity within our young person's treatment service, supporting more than double the number of young people than currently.

Throughout our work over the next three years we will have sought to engage and involve people with a lived experience, either of substance dependence themselves, or that of a loved one. We will have supported the development of increased peer-led support for service users and carers. We will have people with a lived experience as part of the Combating Drugs Partnership and our delivery groups. This work will be progressed by achieving our three key priorities.

Three strategic priorities

- 1. Disrupt local drug supply chains and drug related crime**
- 2. Improve the quality, capacity and outcomes of our drug & alcohol prevention and treatment services**
- 3. Reduce the misuse and harm caused to young people by drugs & alcohol**

Priority 1: Disrupt local drug supply chains and drug related crime

Priority Champion: Acting Superintendent Paul Markham, Hampshire Constabulary

Objectives

- 1.1 Disruption of county lines
- 1.2 Reduce cuckooing and the risk this causes to vulnerable adults
- 1.3 Targeting our most prolific drug dependent offenders with both enforcement and rehabilitation
- 1.4 Increase sharing of community intelligence forms (CPIs) from our partners, including drug treatment services
- 1.5 Increase the targeting of adults that exploit young people to run drugs through the increased use and enforcement of Child Abduction Warning Notices (CAWN) and Slavery & Trafficking Risk Orders.
- 1.6 Reduce drug related anti-social behaviour in our neighbourhoods

Measures

- Number of county lines closed
- Number and amount of drug seizures
- Number CPI drug reports
- Number of CAWN notices and subsequent enforcement activity
- Reported drug related anti-social behaviour in the residents' community safety survey

Delivery Groups

Operation Fortress multi-agency meetings

Hampshire Reducing Reoffending Group

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

Priority Champion: Emma Seria-Walker, Assistant Director of Public Health

Objectives

- 2.1 Increase the number of people engaging in community drug and alcohol treatment
- 2.2 Increase the percentage of people successfully completing drug and alcohol treatment
- 2.3 Reduce drug related deaths
- 2.4 Improve support for people with co-occurring substance misuse and mental health conditions
- 2.5 Improve support for people with long term physical health conditions
- 2.6 Increase the number, and proportion of our treatment population, who access residential rehabilitation
- 2.7 Increase the number of people engaging with community drug and alcohol treatment, from the criminal justice system, particularly those leaving prison.
- 2.8 Offer everyone who is rough sleeping, or within the rough sleeping accommodation pathway, access to enhanced treatment and support
- 2.9 Increase the capacity of peer-led support, including the use of peer mentors in our treatment services, to promote and sustain recovery
- 2.10 Increase volunteering and employment opportunities for people in recovery
- 2.11 Achieve the drug and alcohol commissioning quality standards³
- 2.12 Develop a Carers' plan to increase support and involvement

Measures

- Rate of drug related deaths
- Numbers in treatment by substance
- Successful completion of treatment by substance
- Percentage of the treatment population which access residential rehabilitation
- Number of offenders engaged in police cells
- Percentage of prisoners leaving prison who engage in community treatment
- Number of drug rehabilitation requirements (DRR) and Alcohol Treatment Requirements (ATR)
- Number of Individual Placement and Support (IPS) service users finding paid employment

³ <https://www.gov.uk/government/publications/commissioning-quality-standard-alcohol-and-drug-services/commissioning-quality-standard-alcohol-and-drug-treatment-and-recovery-guidance>

Delivery Groups

Complex Needs steering group

Portsmouth Criminal Justice working group

Hampshire reducing re-offending group

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

Priority Champion: Mark Poingdestre, Deputy Head of Operations, Inclusion (Midlands Partnership NHS Foundation Trust)

Objectives

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

Measures

- Number of young people accessing treatment
- Increased referrals from education, youth offending agencies and self-referrals
- Successful completions for treatment
- Number of young people receiving drug education and awareness sessions
- Number of staff receiving substance misuse awareness training and training to support screening and referral.
- Number of young people being criminally exploited

Planning / Delivery Groups

Young people substance misuse delivery group (to be formed)

Children's Public Health Strategy Board

Adolescent Strategic Board (to be formed)

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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)



Portsmouth
CITY COUNCIL

Title of meeting:	Health and Wellbeing Board
Subject:	Superzone pilot
Date of meeting:	15 th February 2023
Report by:	Andrea Wright, Public Health
Wards affected:	Charles Dickens

1. Requested by

Councillor Matthew Winnington, Cabinet Member for Health, Wellbeing & Social Care

2. Purpose

To update the Health & Wellbeing Board on the progress of the Superzone pilot in the Charles Dickens ward.

3. Information Requested

3.1 Background

- 3.1.1 A Superzone is a place-based approach to improving urban environments for health, covering a 400m radius around a central point. The initiative brings together people from across the system to address local issues identified as factors that limit wellbeing. The project was originally established to tackle the drivers of childhood obesity and was first piloted in London.
- 3.1.2 In Portsmouth, Arundel Court Primary Academy (ACPA) in the Charles Dickens ward is the central point of the Superzone. The road boundaries of Fratton Road, Lake Road, Commercial Road and Canal Walk are approximately 200m from the school (Appendix 1).
- 3.1.3 A total of 3 schools expressed an interest to pilot the Superzone. The rationale for choosing ACPA was based on its high levels of childhood obesity, its location in the ward with the highest deprivation and in an Air Quality Management Area.
- 3.1.4 Extensive work was carried out with school pupils to determine the environmental barriers and enablers for them to be healthy. A thematic analysis of their insight uncovered four themes: healthy food environment, active places, cleaner air and community safety.

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- 3.1.5 These themes informed workshops with a range of professionals linked to health, education, housing and community. The aims, objectives and output indicators agreed between delivery stakeholders, form the basis of the action plan. The goal is to develop a series of multi-faceted interventions to generate short term improvements in healthy eating, physical activity, community safety and air quality.
- 3.1.6 Each intervention has multiple co-benefits for short- and long-term health. Overall, the Superzone aims to positively impact long term child health outcomes, both directly through interventions, and indirectly by collaborating and pooling resources across agencies and the community.
- 3.1.7 The first Superzone pilot in Portsmouth was approved by the Health and Wellbeing Board in Sept 2019 with delivery on course to start in March 2020 just as the Covid-19 pandemic began, which resulted in an unforeseen 18-month delay.
- 3.1.8 The Superzone pilot was restarted in September 2021 with a soft launch, due to the ongoing impact of the pandemic on the school community. As a result, communication and engagement linked to the Superzone has been through ACPA's school network rather than directly with pupils and parents. This has had the unforeseen benefit of using a trusted partner to gain deeper and more honest feedback and insight from children.
- 3.1.9 Delivery during the 21/22 academic year continued to be hampered by the impact of Covid-19 in schools. In the summer term, it was agreed to extend the pilot into the current academic year (22/23) with the additional time being extremely valuable. Most of 21/22 was devoted to learning more about the issues raised by the children and local community and working collectively on solutions to tackle them. On more than one occasion, original plans were altered based on the increased knowledge and insight gained in 21/22.

3.2 Delivery in the 2021/22 academic year

- 3.2.1 Rather than the planned simultaneous launch of actions, a staggered approach was required due to the increased pressures within the school linked to the pandemic response. In hindsight this worked well and is worth considering if future Superzones are rolled out.

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3.2.2 The table below gives a summary of the actions in 2021/22.

Theme	Progress	Insight gained and delivery actions
Healthy Food Environment	<u>Lunchboxes</u> Two lunch box audits completed (7 th and 14 th March).	Insight - Around 200 out of 543 pupils take a packed lunch to school. Lunchbox audits found around 80% of lunchboxes contain sandwiches, crisps, fruit, yoghurt or chocolate bar. Replacements for sandwiches included Dairylea Dunkers, Fridge Raiders, cooked cold food e.g. pasta. Around 70% of Year 5 and 6 children had a piece of fruit in their lunchbox. The audits highlighted a lack of food in some lunchboxes, with some children potentially still hungry after lunch. This was most notable in Year R and 1, despite all KS1 children being all entitled to a universal Free School Meal (FSM). As a result of this audit, the focus of intervention shifted to focusing on the quality and quantity of KS1 lunchboxes, and also increasing FSM up-take. This insight was from last academic year, prior to the cost-of-living crisis, so we can hypothesise that this may be an even bigger issue this academic year. We endeavour to support the school and families to ensure children are getting enough food at lunchtime.
	<u>Food waste</u> Two food waste audits completed, covering both kitchen and children's waste. Discussion with the children around dinners to explore themes arising linked to food waste on specific days.	Insight - Around 19 bags of food waste were produced each week. Certain days created more waste than others depending on the menu, with Wednesday (roast dinner day) creating the most waste, despite the popularity of roast dinners with children. Kitchen waste was also deemed to be high in the initial audits, but a change in kitchen manager specifically tasked to reduce food waste occurred during this audit period, so this will be reviewed again in 2022/3.
Active Places	Daily Mile - delivered regularly across all year groups.	Insight - The school already participated in the Daily mile and is popular with children and teachers alike, with both groups seeing the benefits of regular participation. Children value it for their health and fitness and teachers for both the health and behaviour and concentration benefits in the classroom. Delivery - The Daily Mile was reinstated in September 2021 and is run most days amongst all year groups (R-6), so every child in school regularly takes part in either walking, jogging or running one mile around the outside of their playing field in a marked-out track at some point throughout the school day.
	Mode of travel to school was assessed via 3 x hands-up surveys and observation of 2 school drops offs (wet and dry comparison)	Insight - Around 25% of pupils travel by car each day, with 7 regular drop-off points identified. Cycling and scooting to school was low, despite access to a bike, scooter, or both, being relatively high though out the school (83%). Congestion, illegal parking (on yellow lines, middle of the road, blocking footpaths/residents' bays/other cars) and car idling were issues observed at both observation points (Northam Street and Fyning Street) during the observation exercise. It was also observed that many parents enjoy the social opportunity to chat at drop off/pick up. Car journeys to and from school were higher than expected for an inner-city school with a relatively small catchment area, located in the ward with lowest car ownership in Portsmouth. Up to 78% households do not have access to a car in Charles Dickens ward ¹ .

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Cleaner Air	Smoking at school gate audit completed and observation of cigarette butts on ground around roads leading to school gate	Insight - Only 4 parents/guardians were smoking outside school gate at drop-off and a further 4 were vaping on the day of the audit (of a pupil population of 600 children that day). Very few cigarette butts were visible on the ground around the school gate. This insight demonstrated that smoking at the school gate was less of a concern that originally anticipated.
Community and Safety	Re-design of Arundel Park via Safer Streets and greening funding	<p>Insight - A parental survey and community consultation highlighted that residents didn't feel safe using the park due to recreational drug use (daytime) and anti-social behaviour (evenings). The park layout and landscaping meant that there were lots of areas outside line of sight, which made parents in particular wary of letting children play freely in the area. Dog fouling was also reported as an issue. A Healthy Street Audits highlighted areas for improvement which were fed back into the respective working groups.</p> <p>Delivery - The park was redesigned in Spring 2022 to improve the landscaping and design, and to encourage better residential use. Low bushes were removed, visibility improved within the main area of the park and to paths outside, trees were planted, and dog waste bins installed.</p>

3.3 Delivery in the 22/23 academic year

3.3.1 The focus for this academic year is using the insight gained last year to build on actions already underway to deliver effective interventions, and implement actions delayed by the pandemic.

3.3.2 The table below gives a summary of the next steps for each action already underway.

Theme	Action	
Healthy Food Environment	Improve Healthy Lunchboxes and increase Free School Meal (FSM) up-take	We worked with the school meals provider (Caterlink) to discuss the issues identified both in terms of school meals quality and food waste and poor quality lunchbox content for some children. We are exploring ways Caterlink, the school and other partners could support an increase in up-take of school meals, especially for those children entitled to FSM.
	Reduce food waste	Ideas are currently being discussed further with parents and wider partners and a range of interventions that families would find useful are being developed.
Active Places	Continue the Daily Mile	Ensure children continue to regularly participate in the daily mile, capture data to use in the classroom as part of projects and highlight the benefits for their health and learning.
	Increase active travel to school	<p>Further discussions took place in the Autumn term between stakeholders and a parents survey was issued around how and why they chose the method (active or driving) they do to get to school. The idea was to unpick some of barriers to active travel and ask for potential solutions from the parents themselves. Findings are currently being considered, with relevant and appropriate ideas being feed into the range of active initiatives already underway.</p> <p>Following last year's observations of drop-offs and major safety concerns raised at Northam Street in particular, a road safety audit at school pick-up</p>

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		<p>took place. A road safety officer examined both road layout/markings, aids/barriers to walking and cycling around school gate, and parental driving behaviour at a pick-up on 7th November. The findings are currently being discussed with the key partners involved in active travel action, aiming to inform future plans.</p> <p>A range of interventions are currently underway with the school based on the 21/22 insight, including classroom work, homework and trialling of innovative initiatives such as a scooter library, Wheelie (scoot/cycle) Wednesdays and inter-schools competition around active travel, launching in summer term. A School Streets initiative is also being explored after the idea received positive feedback from parents and children.</p>
Cleaner Air	Reduce smoking at school gate	Following the smoking drop-off observation and cigarette butt audit around the school gate identifying a relatively small number of smokers, the school decided to focus on promoting standard stop smoking interventions to parents.
Community and Safety	Improve Arundel Park and increase usage	A follow-up survey was administered to parents, to gain feedback on the park improvements, with results pending.

3.3.3 In addition to the above actions, work around anti-idling, improving litter and dog fouling in the area and promoting cycling are all planned within the next 6 months. The anti-idling campaign will include classroom work. A campaign targeting litter and dog fouling issues will focus on promoting the My Portsmouth App and encouraging anonymous tip offs, which has been successful in increasing reporting in the past. Work on increasing family cycling will take place in the summer promoting active travel.

3.3.4 In addition to the original action plan, we have been working with the University of Portsmouth to embed the Active Skills Model (ASM) in Portsmouth. The Active Skills Model provides training and support to develop fundamental physical movement skills on a dedicated ASM garden (intergenerational community space to be active), with funding secured for a site within the Superzone. We were the first city in the UK to train local staff in the ASM 10 functional skills principles (course one last April, with the second course planned for the summer) and will be first to develop a supporting ASM garden. A detailed up-date on the ASM will be presented later in the year.

3.4 Evaluation

3.4.1 A detailed evaluation for each of the workstreams is currently underway. Over the coming months this will be complemented with a 'realist evaluation'ⁱⁱ of some aspects of the Superzone, which will explore the context and mechanisms for successful interventions. In other words 'how' and 'why' interventions have been effective, and what is needed to sustain positive effects.

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- 3.4.2 As one of the first Superzones outside London we are working closely with the London Superzone network, benefiting from guidance and information sharing with peer Local Authorities in London, supported by the Greater London Authority.
- 3.4.3 When the Superzone pilot concludes in September 2023, we will start to explore ways that the model could be adapted to other schools around the city, using learning from Arundel Court.

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Signed by (Director)

Appendix:

Appendix 1 - Map describing Superzone location

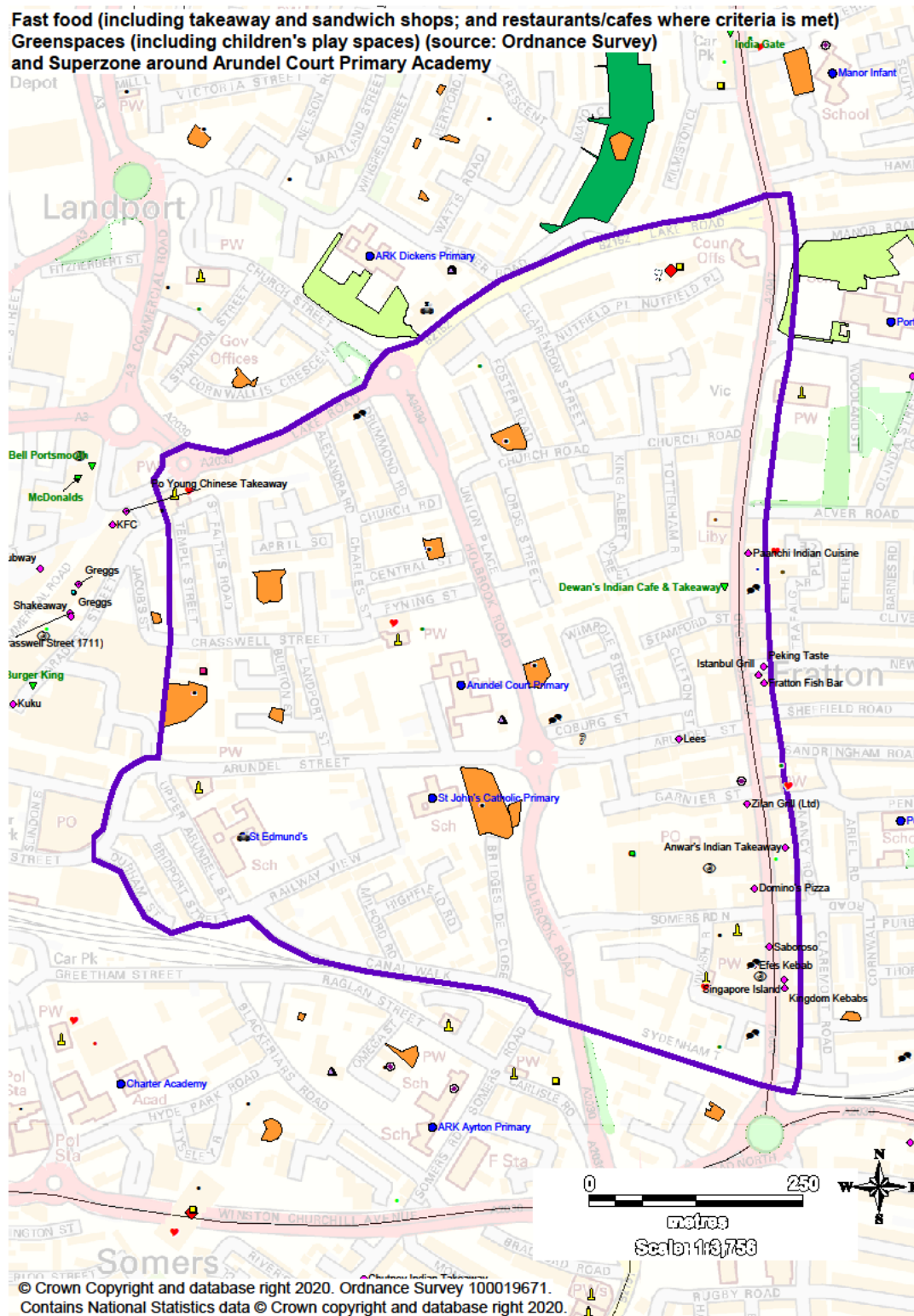
Background list of documents: Section 100D of the Local Government Act 1972

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
Proposal for a pilot superzone to tackle childhood obesity and create a healthier environment	HWB 25 Sep 19 superzone.pdf portsmouth.gov.uk

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Appendix 1 - Map describing Superzone location



ⁱ [Portsmouth Transport Strategy 2021-2038](#)
ⁱⁱ [A brief introduction to realist evaluation \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

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