

CABINET MEMBER FOR COMMUNITY WELLBEING, HEALTH & CARE

RECORD OF DECISIONS of the meeting of the Cabinet Member for Community Wellbeing, Health & Care held on Monday, 9 December 2024 at 5.00 pm at the Guildhall, Portsmouth

Present

Councillor Matthew Winnington (in the Chair)

Councillors Matthew Cordy
Spencer Gardner
Graham Heaney

21. Apologies for absence

There were no apologies for absence.

22. Declarations of interest

There were no declarations of interest.

23. Combatting Drugs Partnership Annual Review

Alan Knobel, Public Health Principal, introduced the report and gave a presentation, noting that some data was indicative as it could not be published until it was approved at national level. Drugs were more problematic now as they were stronger than traditional ones, leading to an increased number of deaths. Issues with ketamine use increased health problems.

In response to questions from members about how completion for treatment was measured, Mr Knobel explained that people were discharged from treatment when they were no longer using substances. It was a judgement call and an agreement between the person and worker as to when the person felt they no longer needed treatment. Staff tested regularly for drug consumption. The process could be quick or take years. However, there were some who disengaged or relapsed.

The spike in deaths was due to an issue in the summer with a batch of heroin contaminated with nitazene. As there were about drug related 30 to 40 deaths annually an increase of five was a significant increase percentage wise. There was a very high number of overdoses and deaths would have been much higher if not for hostel staff administering naloxone.

As to the reasons for fewer suspensions from school, Mr Knobel could not give the exact answer but it was probably because there was more service provision to support young people and keep them in school. Members agreed it was better that young people were in school as then it was known what they were doing.

The impact of disrupting supply chains on the overall supply was probably limited as what was done in Portsmouth could not influence the national situation, for example, county lines networks coming from London. According to recent information there was less heroin in Portsmouth, probably as the Taliban had been cracking down on opium production, but trying to disrupt supply was like squeezing a balloon. The police prioritised the networks that caused the most harm.

Councillor Winnington thanked Mr Knobel for his report which was as illuminating as ever. He appreciated all the work Mr Knobel and his team did. The CDP would report back next year with an update. When talking to organisations like the police and the Portsmouth Safeguarding Adults Board a major focus was county lines which fitted in strongly with the CDP. There had been quite serious incidences with spice recently as it could be mixed with synthetic opioids and the last few weeks in hostels had been particularly unpleasant. Training staff to use naloxone (to counteract overdoses) had saved lives so he was proud the council had invested in it. The CDP was a statutory organisation with regular meetings and provided an opportunity to involve different groups, including those with lived experience. Mr Knobel agreed the CDP was a useful addition to the work done in the city and built on the work of the former drug action team.

The Cabinet Member noted the report which is for information and is not subject to call-in.

24. Public Health Annual Report 2024

Dominique Le Touze, Assistant Director of Public Health, introduced the report and gave a presentation to show the four risks to posed to health by climate change: extreme heat, flooding, air pollution, insect-borne diseases. Members watched a video of the measures taken by the Royal Albert Day Centre to protect people from heat while they were in the garden, for example, providing more shade, and to ensure they were drinking enough fluids.

In response to comments from members about the Clean Air Zone (CAZ) not meeting expectations, Ms Le Touze said the CAZ had not been able to sufficiently reduce nitrogen dioxide in the shortest possible time frame as per the Ministerial Directive. Transport officers were working with JAQU (Joint Air Quality Unit) and finishing the current targeted feasibility study to determine further measures to improve air quality. They were waiting to hear from central government as the CAZ was a live issue.

Councillor Winnington noted the report had been to the Health & Wellbeing Board and would go to the Cabinet as the council looked at public health holistically. The video was one of four (the others were about Arundel Court Primary School's Eco Club, surveillance at the Port for insect-borne diseases, an interview with a GP / Clean Air Champion on how to make residents aware and avoid risks). He would ask the Transport team if there was any progress but had thought from the beginning that the CAZ would not work as it would not tackle the issue. Although some areas in the CAZ had better air quality, some outside it had worse. He hoped the current government would consider

the matter more carefully than the previous one and not just see it as rubber stamping. The council had requested measures that would make a difference, for example, a car scrappage scheme, but did not get it. He thanked officers for the report; he had learnt a lot about insects. Ms Le Touze said there had been outbreaks of dengue in Europe, for example, in Paris in the summer because of mosquitoes so the more monitoring Portsmouth could do as a port city the better.

The Cabinet Member noted the report which is for information and is not subject to call-in.

25. Support for elderly and vulnerable residents in Portsmouth this winter with the RSV vaccination programme

Helen Atkinson, Director of Public Health, introduced the report, noting there had been media coverage of the four viruses - RSV, Covid, norovirus, flu - that created winter pressures. The Joint Committee on Vaccination and Immunisation were very clear that part of the roll out of the RSV vaccination was looking at broader evidence of its effectiveness. The vaccine could not be bought privately as it was delivered via a national programme and call-up like the Covid vaccine. Health & Care Portsmouth were working hard to encourage older vulnerable adults to get seasonal flu and Covid vaccinations (the Get Winter Strong campaign had started on 7 October) and so far take-up was good. However, there was still a need to target those with underlying conditions. In the context of wider support to reduce vulnerability there were several initiatives such as food pantries and help with keeping warm and advice around energy bills. The Healthy Walks programme had recently celebrated its 20th birthday. There was good evidence that one-to-one support facilitated access to services. Emerging Evidence on the RSV vaccine would return to the portfolio.

In response to concerns about short use-by dates and supplies of the Covid vaccine leading to potential waste, Ms Atkinson said she could raise the issue with the Integrated Care Board (ICB) as it was a national not local issue. All vaccines were procured by the government with a very tight ordering process. There were issues with stock rotation as out-of-date vaccines had to be returned to be destroyed; vaccines involved a cold chain as they had to be kept at a certain temperature to be effective. It was a logistical challenge and relied on GP practices (the main providers of the vaccine) and pharmacists ordering and returning stock. Considering how much stock was involved (which was why people were asked to get flu and Covid vaccines together) the programme worked in the main and was quite impressive.

Councillor Winnington thanked officers for the informative report. The council did not have control over the vaccination programme but it could ensure people got those they were entitled to. Those with underlying conditions could go to their surgery rather than their employer. As the Health & Wellbeing Board represented several local major employers it could remind its members to encourage their staff to get vaccinated.

The Cabinet Member noted the report which is for information and is not subject to call-in.

26. Autism Strategic Action Plan 2024-2027

Andy Biddle, Director of Adult Social Care, introduced the report and thanked Kayley Sayers (Transformation Lead, Autism) and her team.

In response to questions from members, Mr Biddle explained that Oliver McGowan training was a national initiative named after someone with autism who had suffered harm. It aimed to take learning from adverse circumstances and raise awareness at immediate and more intense levels amongst people who worked with autistic and neurodivergent people. It was not compulsory but was more a community aspiration and for businesses whose staff worked in public facing roles. *Post-meeting note: links to the videos for consultation on the Action Plan and on "autism training" for businesses were shared with members.*

Although there were checks for people with learning disabilities who were also diagnosed as autistic, good progress had not been seen yet with the annual health checks. The checks were about trying to address health inequalities and were a priority for ICB colleagues. As they entailed trying to build something rather than using existing initiatives a longer timescale was more realistic.

With regard to co-production, residents with autism and their carers were involved from scratch in 2022 in research to identify priorities. On the "ladder of co-production" the level was set at "working with" people. The video of how the draft Action Plan was created was informed by residents and was felt fully to be a co-produced piece of work, as far as this was possible.

ASC had attracted some short-term funding but as more aspects of work with autism became embedded it had to make a business case for resources and consider how to use existing ones. For example, ASC asked what skills the workforce had and which were needed so if someone left it had to decide if they would be replaced on a "like for like" basis or seen what skills were needed.

With regard to an increase in the number of diagnoses, there was still a very significant waiting list both locally and nationally. People wanted a diagnosis as it provided confirmation or was a gateway for support. ASC worked with people's needs as that was a statutory requirement. Councillor Winnington agreed with working on the basis of needs, not diagnosis. He highlighted three areas: co-production; the very positive feedback from autistic people who were experts by experience; training and employment, which was especially important for independent living and moving from children's to adult services; employment could be a gateway to better wellbeing if the right support was given. Councillor Winnington had opened the new Room One which was absolutely fantastic. It was peer-led in conjunction with partners in the city and an example of what Portsmouth did well. Portsmouth would be held to account as a council but would do the best for autistic residents.

The Cabinet Member noted the report which is for information and is not subject to call-in.

27. Developing strength based practice in Adult Social Care

Andy Biddle, Director of Adult Social Care, introduced the report and thanked Marijke Cochrane (Quality & Performance Manager) and Vernon Nosal (Transformation Manager) for their work. He would bring back updates to the portfolio.

Councillor Winnington said strength based practice had been around for a while now. It was a matter of making the best use of staff skills and experience and getting more "bang for our buck". He thanked officers for the interesting and valuable reports.

The Cabinet Member noted the report which is for information and is not subject to call-in.

The meeting concluded at 6.29 pm.

Councillor Matthew Winnington
Chair