



Joint Health and Wellbeing Strategy – GPs and the council working together for Portsmouth

2012 / 2013 – 2013 / 2014

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1. Foreword

Cllr Leo Madden and Dr Jim Hogan, Chair and Vice-Chair of the Shadow Health and Wellbeing Board

Health and wellbeing, for individuals and for those that care for them, is one of the vital components of a good life. As joint chairs of Portsmouth's Shadow Health and Wellbeing Board, we know that we have a real opportunity to make a step change in the way the health system, in its broadest possible sense, supports people to lead healthy lives. The services that we commission must focus on improving the outcomes that matter most for local people.

The Joint Health and Wellbeing Strategy is the mechanism for the local authority and the Clinical Commissioning Group (CCG) to address the needs identified in the [Joint Strategic Needs Assessment \(JSNA\)](#), by setting out agreed priorities for collective action by the key commissioners – the local authority, the Clinical Commissioning Group and the NHS Commissioning Board. It is also an opportunity to identify how commissioning of wider health related services could be more closely integrated with commissioning of health and social care services.

Local government and the NHS have a long and successful history of collaboration and cooperation, with other partners, communities and organisations across the city. We look forward to the opportunities provided by the localisation of responsibility for healthcare as part of the Health and Social Care Act, and the development of this strategy in particular, to strengthen joint work between the council, GPs and others. The civic pride and strong sense of identity that comes with living, working and visiting Portsmouth creates a firm foundation on which to build and sustain this new era and to make significant improvements to the health and wellbeing of our local population.

We would like to thank all those who have contributed to the development of this strategy and, most importantly, all those working to continue to improve the health and wellbeing of local people. We will keep on consulting and engaging as the strategy progresses because we cannot stress enough the importance we place on the views of residents, service users and relevant organisations.

Councillor Leo Madden
Portfolio holder for health and social care,
Portsmouth City Council

&

Dr Jim Hogan
Chief Clinical Officer, Portsmouth Clinical
Commissioning Group

2. Executive Summary

Our vision is for everyone in Portsmouth to be supported to live healthy and independent lives, with care and support that is integrated around the needs of the individual at the right time and in the right setting.

We will lead the commissioning of joined-up care that improves the health and wellbeing of the whole population, intervening earlier, promoting independence and reducing inequality. We will build on the well known, well established services that people know and use, while always seeking to use resources in the most efficient way.

We will do things because they matter to local people, we know that they work and we know that they will make a measurable difference to their lives.

Our objectives will be to:

1: Enhance quality of life for people with dementia

Our priority in the short-to-medium term will be to improve the quality of dementia services and the care that those with dementia receive.

2: Support people to maintain their independence and dignity

Our priority in the short-to-medium term is to strengthen community-based provision to support independence and avoid unnecessary admissions to hospital.

3: Ensure all children get the best possible start in life by concentrating on the pre-birth to 5 years old age group

Our priority in the short-to-medium term is to deliver an integrated pathway pre-birth to 5 that is easily understood and accessed by parents and carers as well as professionals

4: Improve outcomes for local people's health and wellbeing by driving up the quality, and ensuring the safety, of all services

Our priority in the short-to-medium term is to ensure that the commissioners represented on the board are checking that all providers of care have effective safeguarding procedures in place.

3. Introduction

Portsmouth is a great waterfront city, and supporting local people to be healthy and live well is a key part of our vision for the future. Today, Portsmouth is multi-faceted, with huge strengths, assets and opportunities, and big ambitions. This strategy seeks to ensure everyone in the city has the care and support they need to participate fully in the city's future.

Portsmouth is a bustling island city on the south coast of England, with a population in 2011 of just over 205,000 people.¹ In the past decade a number of key projects kick-started the modernisation of the city including Gunwharf Quays, and the success of this complex, crowned by the iconic Spinnaker Tower, re-energised the city to start thinking like a great waterfront city. The university has continued to expand, the first new council houses for a generation have been built, and the new Queen Alexandra Hospital opened its doors.

All of these developments and many more besides have meant that Portsmouth in the early 21st century is a city on the up. The next phase of the city's regeneration promises to build on that momentum with exciting plans for Tipner and the city centre amongst other things. However, the Joint Strategic Needs Assessment on which this health and wellbeing strategy is built also shows significant challenges. The health of people in Portsmouth is generally worse than the England average and there are significant health inequalities. Life expectancy for men living in the most deprived areas is nearly eight years lower than for men living in the least deprived parts of the city. For women, the gap is four years. Nearly half of the private sector housing stock was built before 1919, which is more than twice the England average.

Factors such as poor health and living conditions affect individuals and families' capacity to drive forward the economic growth of the city and participate in the benefits that brings. With an ageing population the city must find ways to support the growing numbers of frail elderly people and their loved ones who look after them by improving the care they receive. We must also encourage healthy lifestyles which can support greater independence later in life. Through the work of the Shadow Health and Wellbeing Board we will integrate the care that people are offered at key stages in their life, whether that is supporting young families in their first years or joining up health and social care services in the community to prevent people staying in hospital for longer than they want or need to. And we will keep seeking to improve the services that are available to local people, ensuring that those services are safe and that people have a positive experience of care.

Health and wellbeing is everyone's business and this is an exciting time for the city as a whole and for the health and wellbeing agenda in particular. The return of public health to local government, the creation of new partnerships to bring health and local council decision makers together, a shared understanding of the needs and opportunities in the city, and a strategy to drive this forward are the cornerstones of our vision. A vision in which health and wellbeing for all supports the goal of making Portsmouth a great waterfront city.

¹ NHS Portsmouth has responsibilities for commissioning services for the 215,622 people who are registered with Portsmouth City GP Practices. The difference in population numbers arises because patients who live outside the Portsmouth City Council boundary can register with City GP Practices.

4. Background

The Health and Social Care Act sets out a requirement for the local authority and the Clinical Commissioning Group (CCG) to develop a Joint Health and Wellbeing Strategy (JHWS) that demonstrates how need, that has been identified through the Joint Strategic Needs Assessment (JSNA), is to be addressed. You can read and explore the JSNA at <http://www.portsmouth.gov.uk/yourcouncil/19059.html>.

The strategy will help to drive integration of health, social care and public health with the wider public, voluntary and private sectors, and community and citizen assets. Building on an integrated Joint Strategic Needs Assessment, we will align health and other public service interventions across the 'life course' from pre-conception to the end of life. Underpinning this will be a community focussed primary care model. We aim to create integrated commissioning and delivery systems for public services aimed at improving the health and wellbeing of people in Portsmouth.

The Marmot Review shows that our health and wellbeing is influenced by a range of complex, multi-layered factors – the 'determinants of health'. Improving the health and wellbeing of local people will involve action on a wide range of these layers of influence, and a joint strategy that shapes the commissioning decisions of key parts of the health and social care system is part of that process. Through better integration of service planning and service provision, we will be able to avoid duplication and increase the efficiency and quality of services for the community, whilst maximising the use of resources in the current demographic and financial climate.

We will focus on improving outcomes at a local level – the Shadow Health and Wellbeing Board will use the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy to set and measure outcomes for the local community. We will also seek to align these local priorities with the national Outcomes Frameworks for the NHS, public health and adult social care. Agreement of local priorities should underpin commissioning plans and other agreements to undertake action together, in order to make the greatest impact across the health and care system and beyond. The Joint Health and Wellbeing Strategy sets out how partners will work together to deliver the agreed priorities. It will also inform and support discussions with wider partners beyond the Shadow Board to drive health and wellbeing improvements for the whole community, and highlight where closer working would add the greatest value in order to impact on the wide range of factors that influence health and wellbeing.

We expect this strategy to be a 'living' document – as priorities change to reflect the changing needs of Portsmouth's people, our focus for action will need to change with them. We consulted on this over the summer of 2012, with local people and a wide range of organisations engaging in a debate to refine and improve these initial proposals.

5. Vision

Our vision is for everyone in Portsmouth to be supported to live healthy and independent lives, with care and support that is integrated around the needs of the individual at the right time and in the right setting.

We will lead the commissioning of joined-up care that improves the health and wellbeing of the whole population, intervening earlier, promoting independence and reducing inequality. We will build on the well known, well established services that people know and use, while always seeking to use resources in the most efficient way.

We will do things because they matter to local people, we know that they work and we know that they will make a measurable difference to their lives.

6. Objectives

The shadow board agreed that there should be a clear focus on specific areas where the board and its strategy could make a difference (and crucially *demonstrate* this impact in the short-to-medium term). The objectives below emerged from analysis of need from the JSNA and elsewhere as well as understanding of partners' existing priorities. They represent the initial focus for the strategy and not the whole range of priorities for health and wellbeing that the board will seek to address over the coming years. Section 8 of this draft strategy shows some of the areas that the board recognises as significant but which are effectively covered within existing plans and strategies.

For each of the objectives below, the strategy sets out why it is a priority, what partners will do in order to bring about the improvements sought, and what success will look like. Other information supporting the reasons for including these actions (e.g. case-studies) will be included as appropriate, and for each action we will be clear on the outcomes through which progress will be measured. More detailed action plans are in place but not included within this strategy.

Objective 1: enhance quality of life for people with dementia

Our priority in the short-to-medium term will be to improve the quality of dementia services and the care that those with dementia receive. One of our key aims in the city is to '*Maintain maximum independence and dignity in old age*' (draft Public Health Strategy 2012). By concentrating on maximising independence and promoting social cohesion and family support we can help the frail elderly to remain out of hospital or care and remain at home. Improving the ways in which we support people to maintain maximum independence and dignity in old age will also impact on their carers:

- Locally, dementia was the third most common reason for caring for someone (35%) - significantly higher than the England rate (26.4%)
- Of all local carers, 41 % were aged 65+ years and 75% of people being cared for were aged 65+ years
- Local carers usually look after one person - usually a spouse/partner (42%), or parent aged 65+ (35% - higher than the national level of 29%)

We also know that encouraging healthy lifestyles earlier in life can significantly impact on independence later in life. Vascular dementia accounts for 27% of cases in Portsmouth, while long-term conditions related to smoking, excessive drinking and poor diet are contributory factors. The National Dementia Strategy and the Joint Commissioning Framework for Dementia describe the impact that lifestyle can have upon dementia prevalence in the phrase "what's good for the heart is good for the head". Unhealthy lifestyles followed by today's cohort of middle-aged people will impact on the prevalence of vascular-related disease in older age - including dementia.

The evidence in the Joint Strategic Needs Assessment (JSNA) tells us that between 2011 and 2026 the population aged 65+ years will increase by 28% and those aged 75+ years by 35%. In contrast, the working age population (16-64 years) will decline by 1%, and under 15s will increase by 5%. Implementation of the national Dementia Strategy is therefore a priority for health and social care. Locally, there are 1,167 people on GP dementia registers - 0.6% of registered patients. There are about 1,000 fewer people on GP dementia registers than is predicted by national prevalence estimates for our registered population.

Another key issue is that people in Portsmouth are relatively high users of anti-psychotic drugs in 65+ year olds compared to other parts of the region and nationally. Anti-psychotics are associated with increased mortality when used in elderly people with dementia. Non-pharmacological approaches to dealing with anxiety and behavioural problems should be more widely used.

Early diagnosis (whilst traumatic for individuals and their families) and associated early access to support services, are key parts of the national Dementia Strategy and adopting this approach would increase the number recorded with mild dementia. If dementia is diagnosed early, more can be done to delay the progression of the disease. It can allow time for giving advice and training to people with dementia and their carers so they can cope better with the disease. This in turn can reduce the need for hospital care, delay the need for long-term residential care and allow families to plan for the future. It can also ensure people with dementia and their carers can become engaged with networks of support that promote resilience.

Furthermore we know that there are particular issues faced by particular groups:

- Higher prevalence of dementia amongst older adults with learning disabilities compared to the general population (22% vs 6% aged 65+).
- It is associated with a range of potentially challenging behaviours and health problems.

- People with Down's syndrome are at particularly high risk of developing dementia (usually Alzheimer's type), with the age of onset being 30-40 years younger than that for the general population.
- Amongst people with moderate to profound learning disabilities, deaths from dementia are more common in men than women.

You told us that identifying dementia was important and that we should make sure a wide range of professionals were trained to recognise it so that people are diagnosed early and no one 'falls through the gap'.

We are proposing the following targets for action and achievement during 2012/13 and 2013/14:

We will:

- Improve the knowledge and skills of wider professionals to be able to support and recognise people with dementia;
- Work with providers to improve the levels of consultation undertaken with service users with dementia;
- Implement the dementia pathway;
- Increase the diagnosis rates for dementia and increase the rates of people with dementia supported to live at home;
- Improve dissemination and quality of information available to patients and carers;
- Increase support for carers through support of peer groups, dementia cafes and expert patient carers;
- Improve communication across the dementia pathway, reducing the steps in the pathway for patients and carers so that they only have to tell their story once;
- Improve knowledge and awareness of dementia amongst the local community;
- Promote Dementia Champions in Acute Hospitals;
- Complete an audit of GP practice use of anti-psychotic drug prescribing;
- Take steps to optimise the use of technological solutions to support daily living.

And through this we expect to see:

- Improved Awareness, Ability, Action and Attitude around dementia;
- Earlier diagnosis and intervention. Portsmouth has made excellent progress in diagnosing dementia and is the 23rd most improved PCT in 2011, with the 20th best levels of diagnosis. We will continue to build on this in line with our principles of intervening earlier and supporting independence;
- Better quality of life for those living with dementia and their carers;
- Decreases in the prescribing of anti-psychotic drugs.

Objective 2: Support people to maintain their independence and dignity

Our priority in the short-to-medium term is to strengthen community-based provision to support independence and avoid unnecessary admissions to hospital. We know that in Portsmouth the Hospital Trust has higher than average levels of admission to hospital from A&E and longer stays in hospital than average. There is a serious need to improve admission avoidance action and facilitate earlier discharge because hospitals in general are not the healthiest places.

The community-based health and social care offer needs to be joined up, clearly communicated and linked to GP practices so that it optimises its contribution to admission avoidance and appropriate discharges. The evidence we have gathered about how people experienced health and social care services when they came for help after a fall shows that:

- Older people's top concern when being admitted to hospital was that they should be able to retain their independence and go back to live in their own homes.
- There is a need to reduce radically the number of assessments which people undergo. In the hospital setting there were individuals who had had up to 15 separate assessments – each one carried out as if it were the first assessment.
- The number of 'hand offs' between services and moves between wards to accommodate clinicians was excessive.
- There was clear evidence of records being taken which were never referred to again.
- Three days and more could pass between referral to Adult Social Care and receiving any kind of response.

We have established a Health and Social Care Partnership in Portsmouth which is addressing the issues raised. We know from the work in Portsmouth and elsewhere that there is a need for better linkage between primary and community care to ensure more people receive support closer to home and avoid hospital admission. The evidence in Portsmouth and elsewhere in respect of rehabilitation and re-ablement services suggests that developing a clearer, more timely offer in respect of re-ablement will reduce dependence and improve outcomes. There is also evidence that it is likely that individuals' conditions change when they leave the acute hospital so that assessments of what support they may need are best carried out either on their return home or in a community-based bed.

We know that there is a need to improve take up of early health care advice and support in the highest need neighbourhoods in the city where people are less likely to seek advice early from their GPs. We have a commitment to improve access to community-based health services across the city but particularly in high need areas in an effort to address inequalities.

The main focus of all community-based work must be about supporting individuals to be as independent as possible. Through encouraging people to exercise some choice and control it is more likely that their conditions will be able to be managed in the community and that they will be able to sustain any recovery. Even people who are eligible for continuing health care or are being offered end of life care can and should be offered as much choice as possible. In these most complex cases we are committed to shifting the focus of care from the hospital to the community when this is appropriate and in line with the individual's wishes and needs.

You told us that there needs to be a range of different ways to access primary care, including access to emergency and out of hours support but also being able to see the people you need to at the time that suits you. You said that professionals such as social workers and GPs need to work together more closely, and you suggested ways that more support could be given to carers. And many of you talked about the ways in which people can keep themselves independent – our job should be to help you to help yourselves.

We are proposing the following targets for action and achievement during 2012/13 and 2013/14:

We will:

- Clarify and promote to GPs and the wider community the health and social care services available in the community, and improve the availability of community and primary care services during the out-of-hours periods (including weekends).
- Re-launch Portsmouth's integrated re-ablement and rehabilitation service when its review has been completed and the service is operating 7 days a week, and work with GPs to encourage better use of the integrated teams.
- Join up the Continuing Healthcare Service into one team, pooling resource between health and social care and improving responsiveness to individuals requiring this care.
- Integrate community-based health and social care teams initially as a pilot linked to one of the GP cluster areas in the city to streamline service delivery and make access to support in the community easier for those who need it.
- Provide information and training for paid carers about health's Single Point of Access and opening access to this for them.
- Deliver improved arrangements at the hospital for admission and discharge.
- Establish a single point of access for all professionals that will simplify where they can get good quality advice and support when considering a hospital admission.
- Support and strengthen ambulance services to access better options for an individual's care than taking them to hospital where this is clinically warranted.
- Develop a process for hospital discharge that reduces the number of frail elderly people staying in hospital beds awaiting assessments when medically ready for discharge.
- Work with nursing and care homes to ensure they have access to good advice and support when considering an emergency hospital admission for one of their residents.
- Launch a new diabetes service in the community that will work with GPs and patients to manage their care more actively, reducing emergency care where this is unwarranted.
- Improve advanced care planning for people approaching end of life that supports their choice of where they wish to die and avoids unwarranted hospital admission.
- Develop telecare services in the city and increase uptake.
- Build community networks by using third sector and community organisations to provide more opportunities for social engagement

And through this we expect to see:

- Improved awareness amongst clinicians and other professionals about the community-based health and social care offer.
- Earlier community-based interventions with people seeking support or needing treatment which avoided hospital admissions
- Joined up approaches to re-ablement and rehabilitation that support people to retain or regain their independence.
- Evidence that interventions are shaped around individuals' needs and offer people more control over the nature of the support they receive.
- Effective support for family carers which facilitates their caring roles.
- Access to the Single Point of Access for paid carers so that they can refer people for help as promptly as possible.

Objective 3: Ensure all children get the best possible start in life by concentrating on the pre-birth to 5 years old age group

Our priority in the short-to-medium term is to deliver an integrated pathway pre-birth to 5 that is easily understood and accessed by parents and carers as well as professionals.

Research tells us that good services for young children, with early identification of needs and timely support for those who need it, mean that children can progress and do well in later life. Parents of children up to the age of 5 years in the city tell us that they often struggle to get the right support at the right time to help them with their parenting role and achieve the best possible outcomes for their children. There are many services available to help children and families but people do not always know what is available at the time they need them and services are not always well co-ordinated, streamlined or consistently available to families.

The Joint Strategic Needs Assessment (JSNA) and Pre birth to 5 needs assessment (2010) provided some encouraging headlines, including:

- Access to maternity services – in Portsmouth 98% of all mothers have a full assessment of needs by 12+6 weeks of pregnancy (national target is 91%). However, within this a percentage of women book their pregnancy late which has health and wellbeing implications for the unborn baby.
- Infant mortality rates in Portsmouth have been declining over time and are now below the national average. However this hides the huge inequalities gap in which the infant mortality rate for children with parents in the routine and manual groups in Portsmouth is in the worst 20% across the country.
- Smoking – the local % of females smoking at the time of delivery of the baby has improved from 19.6% (2009/10) to 17.9% (2010/11). However, Portsmouth's rate of women continuing to smoke during pregnancy is higher than regional or national rates and a third of mothers under 20 are still smoking at the time of delivery. This is a particular problem in the routine and manual social groups. It is the main contributory factor in the high infant mortality figures for those groups.
- Low birth weight – while there is variation between GP practices, no practice is significantly different from each other in relation to babies born who weigh under 400g at birth and therefore more likely to experience disability.

There remain significant areas of concern around areas such as:

- We continue to see a higher proportion of children 0-5yrs admitted to hospital than in other areas of this region. The significant majority of these admissions are in an unplanned way, often via emergency services such as the Emergency Department or other walk-in services and, further, are for conditions such as Upper Respiratory Tract infections and gastroenteritis where, with earlier intervention and advice, admission could have been avoided. For children and their families, this can lead to a poor experience of their care and health.
- There continues to be a high level of referrals to children's social care. In the 12 months ending in March 2012 there were 2,226 referrals, of which 873 were under 5s (39%). However, a significant proportion of these referrals do not require ongoing social work involvement.
- Child Poverty - there are significant pockets of deprivation within Portsmouth and in one ward 57% of children live in relative poverty. The basis of good health starts pre-birth and has repercussions throughout the life course. For example, males in Portsmouth's poorest wards die 7.7 years earlier than those living in our more affluent wards.
- Domestic abuse – the recent review by the Children's Trust and Safer Portsmouth Partnership highlighted the impact of family violence on children. Pregnancy can trigger the onset of abuse or an escalation in its severity and NSPCC research found children who witness domestic violence

suffering a range of negative outcomes. 5,000 incidents of domestic abuse were reported to the police in 2011/12 but domestic abuse is severely under-reported so this is the tip of the iceberg.

- Breast feeding – breast feeding rates at initiation are above the national average (74.8% vs 73.6%) but below it by 6-8 weeks (45.2 vs 45.6). The gap between those who initiate and those who are still breast feeding at 6-8 weeks is significant and there is no evidence of closing the gap. At 2 weeks, breast feeding has reduced by 40% on average.
- Healthy Weight – levels of obesity for children in Reception year in Portsmouth are above the national average, with as many as one in five children obese in areas around the city centre. Some of the less deprived areas of Portsmouth, such as Baffins and Drayton and Farlington, have high levels of children who are overweight and heading for obesity.
- Immunisations and vaccinations - Measles, Mumps and Rubella vaccinations when measured at 2 years are lower at 89% than the national target for 2010/11 of 95% uptake.
- Oral Health - there is less access to dentistry by children aged 0-2 years compared to 3-5 years. Fewer boys access dental care compared to girls in both age groups. Paulsgrove and St Thomas wards have the lowest access by boys and girls in both age groups.
- Safeguarding Children - 52 of the 245 children in need under 5 (21%) in Portsmouth has a mother who was a teenager when they were born. Teen parenthood is therefore a priority.

We will commission person-centred services, with the customer at the heart of everything we do. Consultation with families shaped the Pre Birth to Five pathway's emphasis on minimal change of professionals through the early years, with accessible services, improved communication across GP practices and a clear understanding of what is offered to parents. Families want to see inclusive services particularly with dads, young parents, and families with children with disabilities, and with children centres placed at the heart of service delivery.

We will focus on actions where the SHWB can make a difference, taking account of the work that has occurred with the pre birth to 5 strategy development, making use of the experience that has developed in terms of partnership and cross organisational commissioning and use these achievements to influence other work streams.

You told us that focussing our efforts in the community, whether through Children's Centres or increasing the numbers of Health Visitors, was the right way to go, but that we need to do more to join things up e.g. linking in GP surgeries. You also highlighted the challenge parents find in getting the support they need at the time they need it, and the impact this can have on parents' and childrens' health and wellbeing.

We are proposing the following targets for action and achievement during 2012 - 2014:

We will:

- Improve information sharing across organisational boundaries to unblock challenges
- Support evidence based programmes that support parents in Portsmouth to develop, such as the Family Nurse Partnership and parenting programmes
- Support implementation of Children's Centres and Health Hubs which are aligned with GP practices and enable GP's to engage with this approach
- Strengthen the role of the GP Practice as a core member of the multi-disciplinary team around the child and family
- Ensure more specialist support is available in the community to enable GPs and families to better manage the care of children who have a long term health problem, such as asthma
- Double the Health Visitor workforce for Portsmouth and focus their interactions with families to enable positive parenting and good outcomes for all children in the early years
- Work with providers of NHS care to develop a Single Point of Access for children & their families where they require immediate and emergency care
- Ensure local maternity services are delivering the developments required
- Support the Early Intervention Project (domestic abuse service)

And through this we expect to see:

- Increased use of the universal healthy child programme with developmental health assessments increasing in coverage at 1 and 2.5 years
- Improved parenting capacity amongst teenage parents
- Reduction in un-planned emergency care that results in unwarranted hospital stays
- Improved early detection and intervention for post-natal depression
- Increasing the Early Years Foundation Stage Profile outcome scores for 'Communication, Language and Literacy' and 'Personal and Social Development'
- Narrowing the gap in Early Years Foundation Stage at school entry between the most deprived areas and the rest of the cohort of children
- Improved rates of breastfeeding
- Reduced levels of obesity when measured in school reception year.

Objective 4: Improve outcomes for local people's health and wellbeing by driving up the quality, and ensuring the safety, of all services

As strategic leaders of the local systems of health and wellbeing, the partners on the Shadow Health and Wellbeing Board have a key role in driving up the quality of the services people use, ensuring those services provide a safe environment and protecting people from avoidable harm. Our first priority is to ensure that the commissioners represented on the board are checking that all providers of care have effective safeguarding procedures in place. This is particularly important during a time of heightened risk due to potentially significant changes to service delivery.

The Health and Wellbeing Board should have active links with the Adults and Children's Safeguarding Boards and receive regular reports from these Boards about any local issues/concerns and strengths. It will be important to develop with commissioners in the Clinical Commissioning Group, Adults Services and Children's Services and Public Health an agreed set of expectations in terms of the evidence that should be sought from providers in respect of the quality and safety of their services.

Quality is inextricably linked to effective safeguarding and the Board will have a role in developing a shared approach to maintaining high standards of commissioning and delivery. It will be important to ensure communication between different commissioners and providers about their roles in safeguarding is continuously improved.

You told us that we need to engage with local communities so that they know what is being done, whether in safeguarding vulnerable adults and children or improving services, and so that we can learn from you what the biggest issues are for local people.

We are proposing the following targets for action and achievement during 2012-14:

We will:

- Bring together best practice around safeguarding across health, adults and children's social care to share learning and identify improvements
- Establish a programme of regular reports from the Adults and Children's Safeguarding Boards
- Ensure that all commissioning organisations embed the Children's Trust *Safeguarding Compact: Organisational Compliance Standards* in their contracting arrangements
- Work with the South Eastern Hampshire and Gosport and Fareham CCGs to develop an agreed set of measures for quality and safety which can be shared by health and social care commissioners in the three CCG areas

And through this we expect to see:

- Reduction of the percentage of agencies that provide services to children that require an improvement plan regarding safeguarding
- Improvements in outcomes for children and young people and their families as set out in the national Children's Safeguarding Performance Information Framework
- Increased proportion of people who use services who feel safe and who say those services have made them feel safe and secure.

7. Implementation and monitoring

The strategy will be supported by detailed plans that clearly set out the arrangements for implementing the strategy. The board will monitor progress on activity through key milestones as well through the National Outcome Frameworks. Both of these are ongoing pieces of work, but the tables below are examples of potential milestones based on what is in the strategy, and separately examples of the measures relating to the National Outcome Frameworks that broadly align with the objectives in the strategy. This will form the basis of a formal framework for managing performance against the objectives in this strategy as it develops.

Example milestones:

Objective	Milestone
<u>1. Enhance quality of life for people with dementia</u>	Implement the dementia pathway
	Audit of GP practice use of anti-psychotic drug prescribing
	Conduct review of community services to enable those with dementia to 'live well'
	Increase diagnosis prevalence rate
<u>2. Support people to maintain their independence and dignity</u>	Re-launch '7 day a week' re-ablement and rehabilitation service including promotion to GPs
	Create single joined-up Continuing Healthcare Service with pooled resources
	Pilot integrated community-based health and social care teams around one GP Cluster
	Establish single point of access for professionals to get advice and support when considering a hospital admission
	Launch new diabetes service in the community with GPs and patients
<u>3. Ensure all children get the best possible start in life by concentrating on the pre-birth to 5 years old age group</u>	Implement the Family Nurse Partnership programme
	Implement Children's Centres and Health Hubs which are aligned with GP practices
	Increase the use and number of Health Visitors in the city
	Develop a Single Point of Access for children and their families when they require immediate and emergency care
<u>4. Improve outcomes for local people's health and wellbeing by driving up the quality, and ensuring the safety, of all services</u>	Report to the Board from Health and Adults and Children's Safeguarding Boards bringing together best practice
	Agreed set of expectations in terms of the evidence that should be sought from providers in respect of the quality and safety of their services.
	Clarity about different roles in safeguarding communicated to commissioners and providers

Example links to national outcomes frameworks:

Objective	Outcomes Framework	Measure
<u>1. Enhance quality of life for people with dementia</u>	Adult Social Care Outcomes Framework 4A	People are supported to plan ahead and have the freedom to manage risks the way that they wish
	Public Health Outcomes Framework 4.16	Dementia and its impacts - Placeholder title - indicator in development
	NHS outcomes framework 2.6	Enhancing quality of life for people with dementia Placeholder title - indicator in development
	NHS outcomes framework	Health related quality of life for people with long term conditions (EQ5D)**
<u>2. Support people to maintain their independence and dignity</u>	Adult Social Care Outcomes Framework 2C	Delayed transfers of care from hospital, and those which are attributable to adult social care
	NHS outcomes framework 3.6	The proportion of older people (65 and over) who were: (i) still at home 91 days after discharge from hospital into rehabilitation services (see ASCOF 2B) (ii) offered rehabilitation following discharge from acute or community hospital (see ASCOF 2C)
	Public Health Outcomes Framework	Emergency readmissions within 30 days of discharge from hospital Placeholder title - indicator in development
	Public Health Outcomes Framework 2.24	Age-sex standardised rate of emergency hospital admissions for falls or falls injuries in persons aged 65 and over
<u>3. Ensure all children get the best possible start in life by concentrating on the pre-birth to 5 years old age group</u>	NHS outcomes framework 4.5	Women's experience of maternity services
	NHS outcomes framework 4.8	Improving children and young people's experience of health care [Placeholder title - indicator in development]
	Public Health Outcomes Framework 2.2	2.2i Breastfeeding initiation 2.2ii Breastfeeding prevalence at 6-8 weeks after birth
	Public Health Outcomes Framework 2.6	2.6i Proportion of children aged 4-5 classified as overweight or obese
	Public Health Outcomes Framework	Domestic abuse Placeholder title - indicator in development
<u>4. Improve outcomes for local people's health and wellbeing by driving up the quality, and ensuring the safety, of all services</u>	Adult Social Care Outcomes Framework 4	a) The proportion of people who use services who feel safe - People are free from physical and emotional abuse, harassment, neglect and self-harm
		b) The proportion of people who use services who say that those services have made them feel safe and secure
	Children's Safeguarding Performance Info Framework	N5 The rate of hospital inpatient admissions caused by unintentional and deliberate injuries to children and young people aged 0-17. N6 The rate of Accident and Emergency attendance caused by unintentional and deliberate injuries to children and young people aged 0-17
	NHS Outcomes Framework D.4	a) Patient experience of primary care b) Patient experience of hospital care

8. Other issues that are being actively monitored

We recognise that there are some issues which are crucial to the health and wellbeing of people in Portsmouth but which are not included in the joint health and wellbeing strategy at this stage. The board's aim is develop whole system leadership. As a shadow board we have aimed to agree some selective but ambitious priority objectives. In addition to these, the issues set out below are areas that the board recognises as significant but where there are existing plans in place and which the board is satisfied are sufficient at this time. We have included a brief summary of the issue locally and how it is being addressed. We will add to these issues as the board's work develops and will reflect them within the strategy as appropriate.

Alcohol

There are nearly 9,000 dependent drinkers in the city and 43,000 people drinking regularly above recommended levels. Portsmouth suffers from higher rates of alcohol related crime, higher prevalence of under-age drinking, and the highest rate of alcohol related hospital admissions in the South East. The Safer Portsmouth Partnership's strategic assessment identified alcohol misuse as one of the main drivers for violent crime.

We are addressing this through a range of activity, described in more detail in the Alcohol Strategy whose delivery is led by the Safer Portsmouth Partnership, including:

- A comprehensive range of community alcohol treatment services
- QA Alcohol Specialist Nurse Service
- Enhanced Intervention and Brief Advice (IBA) in pharmacies
- Improved education and support for children and parents
- Frequent Flyers project
- Enforcement activities (underage drinking, night time economy)
- Increased alcohol work with offenders

This is already delivering improved outcomes, with a slowing of the rate of growth in hospital admissions, reductions in night time economy related violence and admissions by frequent flyers, and an increase in people receiving alcohol treatment. We will build on this through implementing initiatives such as the National Alcohol Strategy, as well as local activity such as the widespread introduction of Intervention and Brief Advice (IBA).

Diet / obesity

Nearly a quarter (23%) of the population of Portsmouth are obese. Figures show that significantly fewer adults in Portsmouth eat healthily compared to the England average. There is a known link between deprivation and obesity, lack of exercise and unhealthy diet, and we know from lifestyle surveys that the highest levels of being overweight or obese are found in the most deprived areas (53% in Charles Dickens Ward compared to 40% in Drayton and Farlington). In 2010/11 over 24% of children entering primary school and over 34% entering secondary school were overweight or obese. Although these local rates are showing signs of slight improvement and are probably in line with national trends, they are still well above the regional rates.

We are addressing these issues through 3 key themes:

Theme 1 – changing the obesogenic nature of the city by indentifying and changing local policies that determine the way the environment in which people live and work influences healthy diet, healthy weight and taking physical exercise.

Theme 2 – making healthier choices easier by ensuring residents are able to choose from a range of opportunities to increase their physical exercise and improve their diet.

Theme 3 – helping those burdened with obesity by ensuring that adults and children in Portsmouth have access to complete care pathways for the management of obesity.

Smoking

Estimates for Portsmouth show that 26% of adults smoke, while 32% of pregnant women under the age of 20 are still smoking at the time of delivery. We have a range of services including secondary care referrals, Fitness for Surgery, and widespread use of social marketing with a specific local focus and effective use of partnership working. We have seen some improvements around smoking cessation, including a 97% increase in those setting a quit date from 2006/07 to 2009/10, and reductions in smoking during pregnancy. We aim to meet our increased targets by implementing the recommendations of research on social marketing, increasing our partnership working, focussing on deprived areas and implementing a Health Equity Audit.

Domestic Abuse

Also led by the Safer Portsmouth Partnership, the implementation of the Domestic Abuse Commissioning Strategy is well underway across the city and will result in a 'co-ordinated community response' to this major issue. The strategic approach agreed with the Children's Trust and Portsmouth's Safeguarding Children Board is to:

- Raise awareness and understanding the general population but particularly among young people so people are more likely to seek support at an early stage.
- Ensure front line staff can identify the signs of domestic abuse and are confident in assessing risk to improve early intervention and reduce the demand for high cost services.
- Adapt current training programmes to include awareness raising and risk assessment and develop the skills of the workforce
- Maintain current services but manage demand differently to enable referrals from all city services and create capacity to intervene earlier

9. Things that we plan to look at further for next year

We want this strategy to be a 'living' document. As priorities change to reflect the changing needs of Portsmouth's people, our focus for action will need to change with them, and this is an opportunity to highlight potential issues that the board need to be explored in more detail as the strategy evolves.

One example is the link between housing tenure and health and wellbeing, which the JSNA will look at over the coming months. This will explore issues around whether there are particular health issues faced by people living in council housing, and how this may affect the services we provide to particular communities. Mental health was identified by many of the people we consulted with as something where further work is needed.

We consulted on this strategy over the summer of 2012, with local people and a wide range of organisations engaging in a debate to refine and improve the initial proposals developed by the board. We will continue to explore how we can best engage with local people in addressing their health and wellbeing. This includes communicating key messages about lifestyle choices and listening to local people's views about the care and support that they want and need, where local Healthwatch will in future play a key role.

10. Appendices

- A – Principles underpinning the development of Portsmouth's joint health and wellbeing strategy
- B – A picture of Portsmouth (background about the city in 2012 including key health challenges
- C - Glossary of acronyms and key terms

Appendix A – Definition of the principles underpinning the strategy

The strategy will be built on a number of principles that partners agree should shape all our efforts to improve the health and wellbeing of local people.

Promoting and supporting independence: We know that we can improve outcomes for local people, and reduce costs to local services, by delaying need, supporting carers, redesigning community services and support, and supporting people to maintain their independence. Residents over the age of 65 who have experienced ill health consistently report that one of their main fears is that they might lose their independence and may, if they have to go to a hospital, be unable to return home. For vulnerable younger people, programmes such as Supporting People consistently show the benefits of supporting people to maintain their independence. For children and their families our aim is always to support them to maximise the outcomes they can achieve.

Person-centred care and support: People's wellbeing is better served if their disorders are responded to in ways that allow them to retain the ability to engage in as many of their interests and daily routines as possible. Personalisation of delivery is about offering individuals the opportunity to influence how their care and support is shaped so that they optimise their capacity to recover and retain as much independence as possible. This means moving professional and clinical approaches away from a position where "they know best". It means giving the person being offered assistance the opportunity to influence how that help is shaped; involving individuals in the assessment of their needs; and recognising that in order to have the best chance of success, remedies need to take account of the whole person's needs rather than simply treating the presenting disorder.

Reducing inequality – We want to improve health outcomes, increase people's life expectancy and reduce the unfair and unequal differences we see in poor health and early death across the city. The return of responsibility for public health to local government, and the opportunities to work with NHS and other commissioners, is a historic opportunity. We will use this opportunity to improve the overall health and wellbeing of the people of Portsmouth and concentrate on improving the health of the poorest, fastest. In doing so, we will focus firmly on the needs of the residents of Portsmouth, working to shape the environment in which people live, work and play, as well as challenging and tackling inequality and deprivation.

Intervening earlier – we know that intervening earlier offers a real opportunity to improve people's lives, forestall many persistent social problems and end their transition from one generation to the next, and to make long term savings to the public purse.² This applies to the first years of a child's life; supporting older children ready to face the challenges of school and the transition into adulthood; helping adults to make lifestyle choices that prevent problems later in life; and supporting older people to maintain their independence.

Evidence based - we are clear that decisions have to be based on evidence. This is a simple principle but we also recognise that there are challenges: evidence from different sources presents convincing pictures; quantitative and qualitative evidence about the same circumstances may not

² Allen, G (2011). *Early Intervention: the next step*.

easily be amalgamated to present a comprehensive picture; and board members bring different types of expertise and may have different views about relevant evidence methodologies. However, the board as a whole will develop an agreed idea of what success looks like and a view of how the evidence and the strategy can be evaluated, using the Joint Strategic Needs Assessment as our starting point.

Life-course approach - based on the information from the JSNA, tempered by our experience and knowledge of Portsmouth and drawing on the wider lessons learned from the Marmot Review (2010), we will adopt the “Life Course Approach” recommended by the Government in Healthy Lives, Healthy People and as described in the Public Health Strategy for Portsmouth:

- a. Get the best possible start in life. By concentrating on the pre-birth to 5 year old cohort, we will ensure that every child has the best possible start in life through access to universal and targeted services supported by positive parenting.
- b. Help young people to be ready, willing and able to work. By ensuring that each person in Portsmouth has appropriate access to all services and the ability to derive maximum benefit from them, they can either escape or avoid poverty through better education, improved attainment and useful employment by remaining or becoming fit and healthy.
- c. Create a better environment for people to live, work and play. By working with a range of services within the council and with partner agencies, organisations and communities across the city, we can ensure that every aspect of regeneration, housing, climate change, planning and environment is done in a way that promotes the health and well-being of residents.
- d. Encourage healthy lifestyles by helping people to stop smoking, lose weight and drink less. Working with communities and individuals to help them understand and harness their assets and resources so that they can shape their own futures and make informed and appropriate choices about their joint and individual lifestyles.
- e. Maintain maximum independence and dignity in old age. By concentrating on maximising independence and promoting social cohesion and family support we can help the frail elderly to remain out of hospital or care and remain at home.

Appendix B – a picture of Portsmouth

Portsmouth is a great waterfront city, and supporting local people to be healthy and live well is a key part of supporting our vision for the future. Today, Portsmouth is multi-faceted, with huge strengths, assets and opportunities, and big ambitions.

Portsmouth is a bustling island city on the south coast - in 2011, 205,400 people lived in Portsmouth. NHS Portsmouth has responsibilities for commissioning services for the 215,622 people who are registered with Portsmouth City GP Practices. The difference in population numbers arises because patients who live outside the Portsmouth City Council boundary can register with City GP Practices. Portsmouth is a compact city covering 15.5 square miles – 79% of our population lives on Portsea Island. The City continues to be the most densely populated local authority area outside London (51.5 people per hectare). Forecasts predict that the total population will increase by nearly 9,000 between 2011 and 2030.

The city boomed in the 19th and 20th centuries although its importance as a port and strong associations with the Royal Navy predate this. Indeed, the presence of the Royal Navy and the dockyard has long shaped the city's economy and image, acting as a catalyst to create a network of defence and related industries, as well as a naval heritage based tourist industry. Portsmouth is one of the world's great port cities. The city today faces considerable challenges. Based on the 2010 Indices of Multiple Deprivation (IMD), Portsmouth is ranked 76th most deprived out of 326 local authorities in England, with 15% of the city's population experiencing income deprivation. Based on the latest child poverty data (2009), 25% of children in Portsmouth are living in poverty, compared to 21% nationally (England). However, there are areas of the city where levels of deprivation for children and adults alike are significantly higher. Although Portsmouth is home to more than 6500 businesses, including a number of industry leaders in defence, aerospace and IT, employment levels in Portsmouth are low, particularly in areas of the city such as Charles Dickens, Paulsgrove and St Thomas wards. Many of the problematic issues have been established over several generations, or as a result of decline in traditional employment, such as the Naval Base. Cycles of low aspiration and low achievement and outcomes have developed, creating seemingly intractable problems of social inequality.

In the past decade a number of key projects kick-started the modernisation of the city including Gunwharf Quays, a redevelopment on former Ministry of Defence land, opened to the public in 2001, offering new shopping and leisure attractions by the waterfront for residents and visitors, as well as luxury and affordable housing. The success of this complex, crowned by the iconic Spinnaker Tower, re-energised the city to start thinking like a great waterfront city. The university has continued to expand, the first new council houses for a generation have been built, and the new Queen Alexandra Hospital opened its doors.

All of these developments and many more besides have meant that Portsmouth in the early 21st century is a city on the up. However, significant challenges remain. Nearly half of the private sector housing stock was built before 1919, which is more than twice the England average. Despite recent improvements in achievement in some areas (e.g. Early Years

Foundation Stage), only a small proportion of Portsmouth's children attend a maintained primary or secondary school that is judged outstanding, progression at Key Stage 2 is below the national average and nearly half of young people leave maintained secondary schools without five good GCSEs including English and maths.

Data from the Department of Health shows the health of people in Portsmouth is generally worse than the England average and that there are significant health inequalities. Life expectancy for men living in the most deprived areas is nearly eight years lower than for men living in the least deprived parts of the city. For women, the gap is four years. Obesity amongst Reception year children is higher than the England average and so too is the teenage pregnancy rate. Numbers of adult smokers (1 in 4) and rates of alcohol-related hospital admissions are both higher than the England average, as too are excess winter deaths.

The Joint Strategy Needs Assessment identifies the key health and social wellbeing needs of people in Portsmouth. But Portsmouth also has many assets and strengths to address these issues. Across the city, we have the skills and knowledge in family, community and faith groups, in our informal and formal networks, in education, businesses, the voluntary sector and statutory agencies to find local solutions that work and put them into practice.

Appendix C - Glossary of acronyms and key terms

CCG – Clinical Commissioning Group

Portsmouth's Clinical Commissioning Group is the new organisation in Portsmouth that has the responsibility to plan and buy (commission) health care services for people in the city. It is currently in shadow form until it takes over from Portsmouth Primary Care Trust in April 2013. This is subject to a process called 'authorisation' which is an assessment that the CCG is ready to take on responsibilities for local health commissioning.

CTB - Children's Trust Board

A strategic partnership comprising multi-agency senior representation from the major public service delivery partners in Portsmouth, aiming to improve wellbeing for all children and young people (0-19) in Portsmouth

JHWS - Joint Health and Wellbeing Strategy

The Joint Health and Wellbeing Strategy is the mechanism to address the needs identified by the JSNA, setting out priorities for collective action by key commissioners – the local authority, the CCG and the NHS Commissioning Board

JSNA - Joint Strategic Needs Assessment

The Joint Strategy Needs Assessment sets out the big picture of local needs – explore it at <http://www.portsmouth.gov.uk/yourcouncil/19059.html>. It is a process that identifies the current and future health and wellbeing needs of the local population, leading to agreed local commissioning priorities that will improve outcomes and reduce health inequalities.

LSCB - Local Safeguarding Children Board

Representatives from the main statutory agencies who ensure there are suitable robust arrangements for protecting children in Portsmouth

Marmot - The Marmot Review

In November 2008, Professor Sir Michael Marmot was asked by the then Secretary of State for Health to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England from 2010. The final report, 'Fair Society Healthy Lives', was published in February 2010.

NHS CB - National Health Service Commissioning Board

A Special Health Authority was established on 31 October 2011 to make the necessary preparations for the successful establishment of the NHS Commissioning Board (NHS CB) in October 2012 before it takes on full statutory responsibilities in April 2013. Part of the Government's vision to modernise the health service and secure the best possible outcomes for patients, it will authorize CCGs and lead on the delivery of the NHS Outcomes Framework. It will commission directly around £20billion of services nationally including specialized services and primary care. In the meantime, all current NHS planning and delivery responsibilities remain with the Department of Health, strategic health authorities and primary care trusts.

PCT - Primary Care Trust

Primary Care Trusts are part of the NHS and currently commission primary, community and secondary care from providers. They are scheduled for abolition

on 31st March 2013, with CCGs taking on most commissioning responsibilities locally (once authorised) and with some public health responsibilities transferring to the local authority.

SAPB - Safeguarding Adults Partnership Board

Representatives from the main statutory agencies who ensure there are suitable robust arrangements for protecting adults in Portsmouth

SHIP - Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trust Cluster

Local Primary Care Trusts (PCTs) are now working together more closely, and more formally, to ensure that appropriate support can be offered to local Clinical Commissioning Groups (CCGs) as they begin to take up the reins for local commissioning of health services. In this area, four PCTs (Southampton, Hampshire, Isle of Wight and Portsmouth) are now working together as the SHIP PCT Cluster

SPP - Safer Portsmouth Partnership

A strategic partnership bringing together local organisations to tackle crime, anti-social behaviour, substance misuse and reoffending in Portsmouth



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